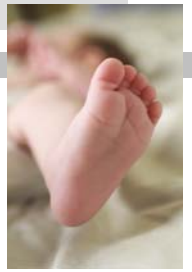

Utah PRAMS Data Book
2000-2001

Utah Department of Health
Division of Community and Family Health Services
Maternal and Child Health Bureau
Reproductive Health Program

January, 2005

Staff from the Maternal and Child Health Bureau, in the division of Community and Family Health Services prepared the Utah PRAMS 2000-2001 Data Book, along with the collaborative efforts of many other individuals. We would like to acknowledge the following people for their time and contribution:

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We would like to extend an appreciation to the members of the Utah PRAMS Advisory Committee for their involvement and support of the PRAMS project.

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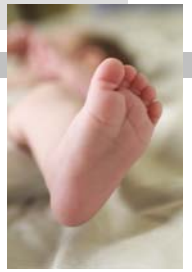
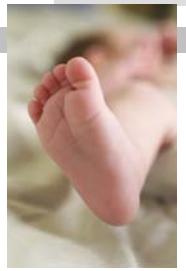


Introduction



Surveillance is the ongoing, systematic collection of population-based data. The data collected can be used to describe behaviors associated with a health event or condition. Analysis of data can be used for planning, implementing, and monitoring health programs and for forming policy.

The Utah Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based, risk factor surveillance system designed to identify and monitor selected maternal experiences and behaviors that occur before, during and after pregnancy as well as the child's early infancy experience. PRAMS is part of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birth weight. PRAMS began in 1987 and data collection started in 1988 in selected states. Utah PRAMS began collecting data in 1999.

The PRAMS questionnaire consists of a series of core questions, which all PRAMS states must include. Each state then has the option of expanding the survey with pre-developed questions from the CDC or state developed questions.

The sample for PRAMS is all mothers who are Utah residents who delivered a live-born infant within the state, including infants who die after delivery. PRAMS excludes stillbirths, fetal deaths, and induced abortions from its sample. Participants are identified through birth certificate records.

Each month the PRAMS questionnaires are sent out to approximately five percent of Utah women who are 2 – 6 months postpartum. Up to three paper surveys are mailed with a telephone follow up for women who have not responded to the mail survey.

A stratified random sampling approach is used in selecting women to participate, to allow separate estimates of population subgroups and comparisons across these subgroups. Once a full year of data are collected, it is then weighted by the CDC to represent the birth population for that year and adjusted for sampling probabilities, nonresponse, and noncoverage.

Each stratum must achieve a weighted response rate of 70% or it is not considered representative of that population. See the PRAMS website at http://www.cdc.gov/reproductivehealth/srv_prams.htm for more detailed information on PRAMS and its methodology.

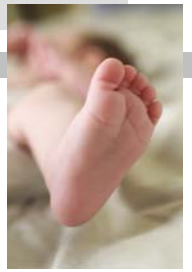
For 2000 and 2001, Utah PRAMS utilized a race/birthweight stratification methodology. Race was separated into three categories: White, Black, and Asian/Pacific Islander/Native American. Birthweight was defined as less than 2500 grams, or 2500 grams or greater. For this time period, a 70 percent response rate was not achieved in the Black and Asian/Pacific Islander/Native American populations and thus cannot be reported independently in this document. Race is therefore reported here as White or other than White.

This book presents data from 2000 and 2001 Utah PRAMS. During this time period, there were 93,548 Utah women who delivered an infant. Of those, 4,825 were sent a survey and 3,616 completed it, giving an unweighted response rate of 74.9% (weighted response rate of 82.7%).

This report contains data on 39 maternal and child health indicators from the PRAMS questionnaire. When available, the Healthy People 2010 objective for the indicator is given as a benchmark to compare Utah's rate to the national goal.

A copy of the PRAMS survey used during this time period can be found in Appendix A.

Introduction



Use of Tables

In order to facilitate understanding of the data contained in this report, we have provided a brief explanation on reading the tables. Each table consists of four columns: a description of population characteristics, the percentage of women with a 95% confidence interval, the population estimate, and the p-value.

Sample Table

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**33.1% ± 2.0%**	**30,583**	
Maternal Age			<.001
≤ 17	**68.4%** ± 14.3%	1,378	
18 - 19	62.0% ± 9.5%	3,209	
20 - 24	38.1% ± 3.7%	**10,956**	
25 - 29	27.4% ± 3.2%	8,601	
30 - 34	23.8% ± 4.1%	3,926	
35 - 39	27.9% ± 7.0%	1,924	
40 +	33.4% ± 13.6%	589	

Total Birth Population

The "Total Birth Population" on each table gives the proportion of women reporting the event for all women with a live birth. Each subsequent category breaks down these women by various characteristics - age, education, race, Hispanic ethnicity, marital status, and infant birthweight - and gives the proportions within these groups.

The 95% confidence interval is the amount added or subtracted to the proportion to get a range that represents the margin of error. A 95% confidence interval means that the probability of observing a value outside of this range is less than 5%. Larger confidence intervals reflect smaller sample sizes.

Population Estimate

The population estimate reflects an estimate of the number of women that reported the event. These numbers are weighted to represent the birth population for the year.

P-value

The p-value indicates whether the difference in proportions between the subgroups is statistically significant and the level of significance.

Bolding

In both the percentage category and the population estimate category one group is bolded. The bold in the percentage category indicates which group is at the highest risk. The bold in the population estimate category indicates which group contributes the largest number of women.

Executive Summary

The Utah Department of Health's Pregnancy Risk Assessment Monitoring System (PRAMS) began collecting data in 1999. PRAMS data are intended to help answer questions that birth certificate data alone cannot answer. In publishing this first databook and disseminating the report widely, it is our hope that the data will be used to provide important information that can guide policy and other efforts to improve care and outcomes for pregnant women and infants in Utah. The databook contains information on 39 maternal and child health indicators from the PRAMS questionnaire. Key findings include:

- The Healthy People 2010 goal is for 80% of nonpregnant women aged 15-44 years to consume at least 400 mcg. of folic acid each day, however only 24.8% of Utah PRAMS respondents reported taking a multivitamin every day of the week in the month before pregnancy.

- Although Utah is close to the 70% Healthy People 2010 goal for intended pregnancies (Utah-66.5% intended), women who were Medicaid participants prior to conception were significantly less likely to report their pregnancy as intended (43.1%).

- The Healthy People 2010 goal is for 90% of pregnant women to begin prenatal care in the first trimester; unfortunately Utah fell short of this goal with only 79.5% of women entering prenatal care in the first trimester. Interestingly, women who entered prenatal care after the first trimester reported an average time of pregnancy recognition as 17 weeks, versus 8 weeks for those who started care in the first trimester.

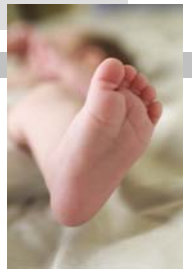
- Almost 30% of women with a prepregnancy underweight body mass index (BMI) had an inadequate weight gain during pregnancy, which is concerning as this can lead to intrauterine growth restriction and/or low birth weight.

- The proportion of obesity in pregnant Utah women increased 39.1% between 1993 (11.5%) and 2002 (16%). Utah data indicate that obese women had a significantly higher risk of infant death when compared to normal weight women.

- Over 65% of Utah women said they were not screened for physical abuse during prenatal care. Approximately half of Utah women said that their provider did not offer HIV testing despite the CDC recommendation for universal screening during their prenatal care. Additionally, 59% of Utah women reported that their health care provider did not talk with them about seat belt use during their pregnancies.

- The Healthy People 2010 goal regarding women who smoke is to achieve 30% cessation among smokers during pregnancy. Utah meets this goal with approximately half of women who smoked in the months prior to pregnancy having quit by the last trimester. However, 39% of these women had resumed smoking during the postpartum period.

Executive Summary



- A large percentage of Utah Hispanic women (60%) reported being without insurance prior to pregnancy. This percentage dropped to 34.2% during the prenatal period and dropped further to 4.3% for delivery.

- The Healthy People 2010 goal is for 75% of women to breastfeed in the early postpartum period. Utah exceeds this goal with 88% of women initiating breastfeeding. In addition, the Healthy People 2010 goal is for 50% of women to be breastfeeding their infant at 6 months of age. Of Utah women who reported initiating breastfeeding, 66% were still breastfeeding at the time they responded to the survey (on average ~ 3 months postpartum).

- One-quarter of Utah women reported moderate to severe postpartum depression. Almost three-quarters of women reported that their providers discussed postpartum depression with them. It is hoped that adequate screening, referrals and treatment are being done.

- The AAP recommends newborns discharged less than 48 hours with a vaginal delivery or 96 hours for a cesarean delivery should be examined within 48 hours of discharge. Despite this recommendation, more than 46% of Utah infants who were discharged early did not see a health care provider within one week.

Multivitamin Use Before Pregnancy

Percentage of Women Who Reported Not Taking a Multivitamin Prior to Conception

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**53.3% ± 2.1%**	**49,672**	
Maternal Age			<.001
≤ 17	60.8% ± 16.0%	1,228	
18 - 19	**70.1%** ± 8.9%	3,686	
20 - 24	62.6% ± 3.6%	**18,156**	
25 - 29	50.4% ± 3.5%	15,932	
30 - 34	43.1% ± 4.8%	7,112	
35 - 39	40.3% ± 7.5%	2,796	
40 +	41.4% ± 14.6%	761	
Education Level			<.001
Less than High School	**69.8%** ± 5.8%	8,884	
Completed High School	60.9% ± 3.7%	**17,825**	
Some College	50.5% ± 3.8%	13,436	
College Graduate	37.5% ± 3.9%	8,504	
Race			<.001
White	52.5% ± 2.2%	**45,880**	
Other than White	**65.3%** ± 2.7%	3,102	
Hispanic Ethnicity			<.001
Hispanic	**69.5%** ± 5.7%	8,686	
Non-Hispanic	50.6% ± 2.2%	**40,547**	
Marital Status			<.001
Married	50.0% ± 2.3%	**38,725**	
Unmarried	**69.6%** ± 5.1%	10,947	
Birthweight			NS
<2500 grams	**55.2%** ± 3.7%	2,952	
2500+ grams	53.2% ± 2.2%	**46,695**	

NS = Not statistically signficant

All women between ages 15-44 who can become pregnant should take a multivitamin that contains folic acid to help prevent neural tube defects. Neural tube defects happen in the first 30 days after a woman becomes pregnant.

In Utah, neural tube defects happen more often in women up to 30 years of age, after their first healthy baby.[1]

The Healthy People 2010 goal is for 80% of nonpregnant women aged 15 - 44 years to consume at least 400 micrograms of folic acid each day. Only 24.8% of Utah PRAMS respondents reported taking a multivitamin every day of the week.

Women who were other than White race, Hispanic, or unmarried reported significantly higher rates of no multivitamin use in the month prior to conception. A significant difference was also found by age and education with women aged 18 – 19 and those with less than a high school education having the highest rate of no multivitamin use.

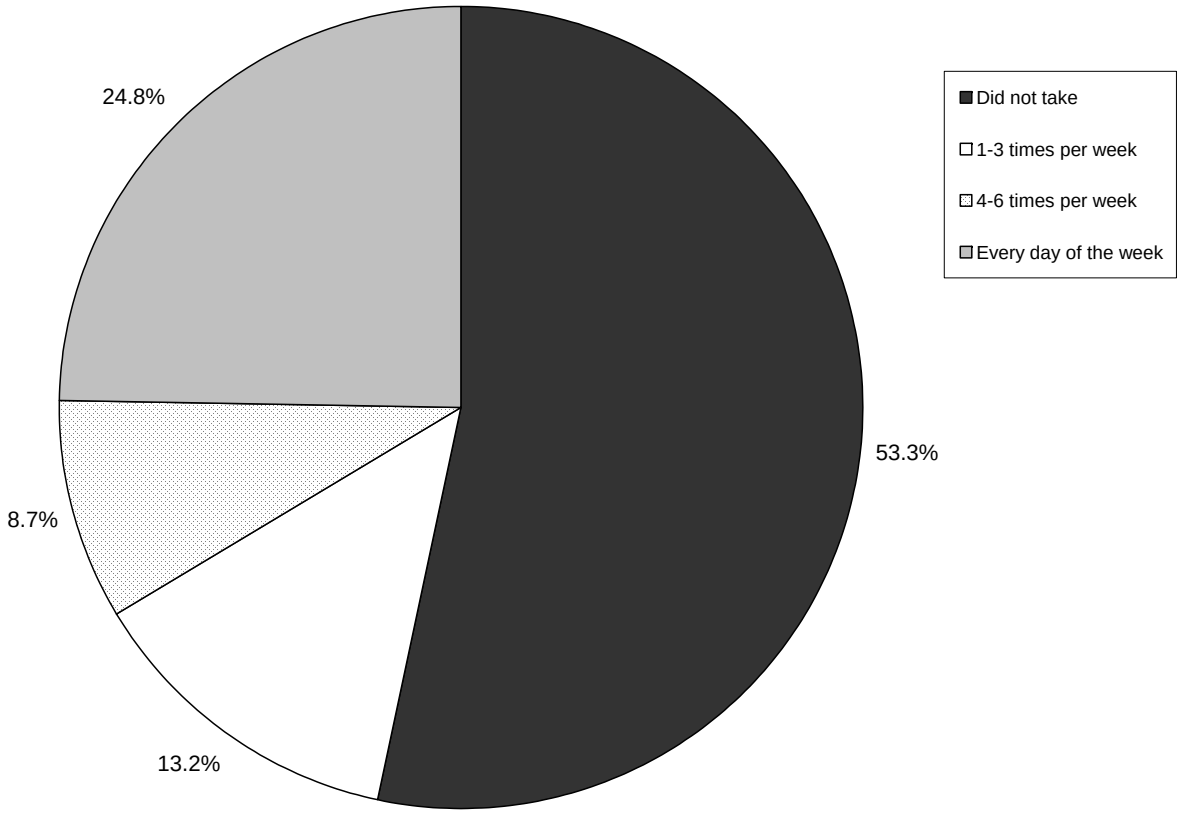
1) Utah Department of Health, Birth Defects Network. Retrieved from: http://health.utah.gov/birthdefect/

Multivitamin Use Before Pregnancy

These characteristics are also noted among women who report the highest rates of unintended pregnancy.

Planning for pregnancy appears to have an effect on women's multivitamin use. Among women who reported their pregnancy as unintended, 66.6% were not taking a multivitamin prior to pregnancy. This is considerably higher than the 43.4% of women who reported their pregnancy as intended but were not taking a multivitamin prior to conception.

Multivitamin Use During the Month Before Pregnancy



Prepregnancy Underweight Body Mass Index

Survey Questions 5 & 6

Percentage of Women Who Had an Underweight Prepregnancy BMI

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value*
Total Birth Population	**19.1% ± 1.7%**	**17,128**	
Maternal Age			<.01
≤ 17	**41.8%** ± 16.2%	821	
18 - 19	25.4% ± 8.1%	1,288	
20 - 24	22.9% ± 3.2%	**6,333**	
25 - 29	17.9% ± 2.7%	5,457	
30 - 34	13.7% ± 3.1%	2,217	
35 - 39	11.4% ± 4.9%	748	
40 +	14.9% ± 10.1%	264	
Education Level			NS
Less than High School	**24.0%** ± 5.6%	2,691	
Completed High School	19.4% ± 2.9%	**5,555**	
Some College	16.8% ± 2.8%	4,318	
College Graduate	18.8% ± 3.3%	4,192	
Race			<.01
White	18.9% ± 1.7%	**15,862**	
Other than White	**22.7%** ± 2.4%	1,052	
Hispanic Ethnicity			NS
Hispanic	15.2% ± 4.7%	1,646	
Non-Hispanic	**19.6%** ± 1.8%	**15,328**	
Marital Status			NS
Married	18.3% ± 1.8%	**13,746**	
Unmarried	**23.4%** ± 4.6%	3,382	
Birthweight			<.001
<2500 grams	**25.6%** ± 3.4%	1,303	
2500+ grams	18.7% ± 1.7%	**15,825**	

NS = Not statistically signficant

* Normal BMI as referrent group

Body Mass Index (BMI) is calculated using a woman's height and weight. The formula is:
(weight in pounds/height in inches^2) X 703.

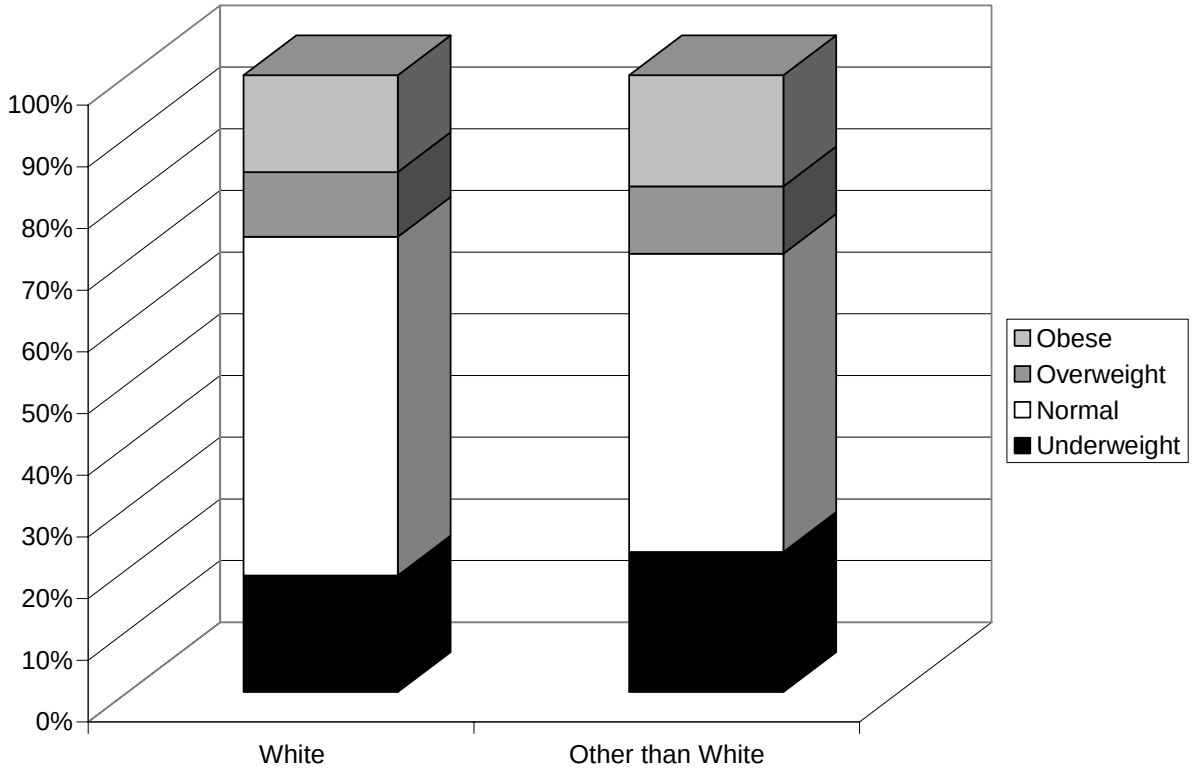
A significantly higher proportion of women who delivered a low birthweight infant had a prepregnancy BMI of underweight (BMI less than 19.8).

Women aged 17 years or less and women of other than White race were also more likely to be underweight prior to conception.

Using Institute of Medicine guidelines for weight gain during pregnancy (25 to 40 pounds), 29.2% of women with an underweight BMI had an inadequate weight gain during pregnancy. This finding is concerning as an inadequate weight gain can lead to intrauterine growth restriction or low birthweight .

Prepregnancy Body Mass Index

Preconception Body Mass Index by Race



Prepregnancy Obese Body Mass Index

Survey Questions 5 & 6

Percentage of Women Who Had an Obese Prepregnancy BMI

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value*
Total Birth Population	**15.7% ± 1.6%**	**14,083**	
Maternal Age			<.001
≤ 17	8.5% ± 8.9%	168	
18 - 19	7.8% ± 4.7%	395	
20 - 24	10.9% ± 2.4%	3,019	
25 - 29	17.8% ± 2.9%	**5,415**	
30 - 34	20.0% ± 3.9%	3,229	
35 - 39	**24.1%** ± 6.7%	1,579	
40 +	15.6% ± 10.4%	277	
Education Level			<.001
Less than High School	15.7% ± 4.8%	1,759	
Completed High School	**18.0%** ± 2.9%	**5,179**	
Some College	17.9% ± 3.0%	1,597	
College Graduate	10.2% ± 2.4%	2,263	
Race			<.05
White	15.7% ± 1.6%	**13,199**	
Other than White	**18.0%** ± 2.3%	836	
Hispanic Ethnicity			NS
Hispanic	**18.3%** ± 5.4%	1,986	
Non-Hispanic	15.4% ± 1.6%	**12,097**	
Marital Status			NS
Married	**15.9%** ± 1.7%	**11,950**	
Unmarried	14.8% ± 4.0%	2,133	
Birthweight			NS
<2500 grams	**16.6%** ± 2.8%	846	
2500+ grams	15.7% ± 1.6%	**13,234**	

NS = Not statistically signficant

* Normal BMI as referrent group

Obese women (BMI > 29.1) are at an increased risk of miscarriage, pre-eclampsia, eclampsia, macrosomia, dystocia, and cesarean section delivery (controlling for diabetes and hypertension).[1]

The Healthy People 2010 goal is to reduce obesity to 15% in adults aged 20 years or older. When teen mothers were excluded from the analysis, the obesity rate in Utah increased from 15.7% to 16.4%.

The proportion of obesity in pregnant Utah women increased from 11.5% in 1993 to 16.0% in 2002, an increase of 39.1%.[1]

Of the women whose pre-pregnancy BMI was obese, 71.9% gained more than the recommended 15 pounds.

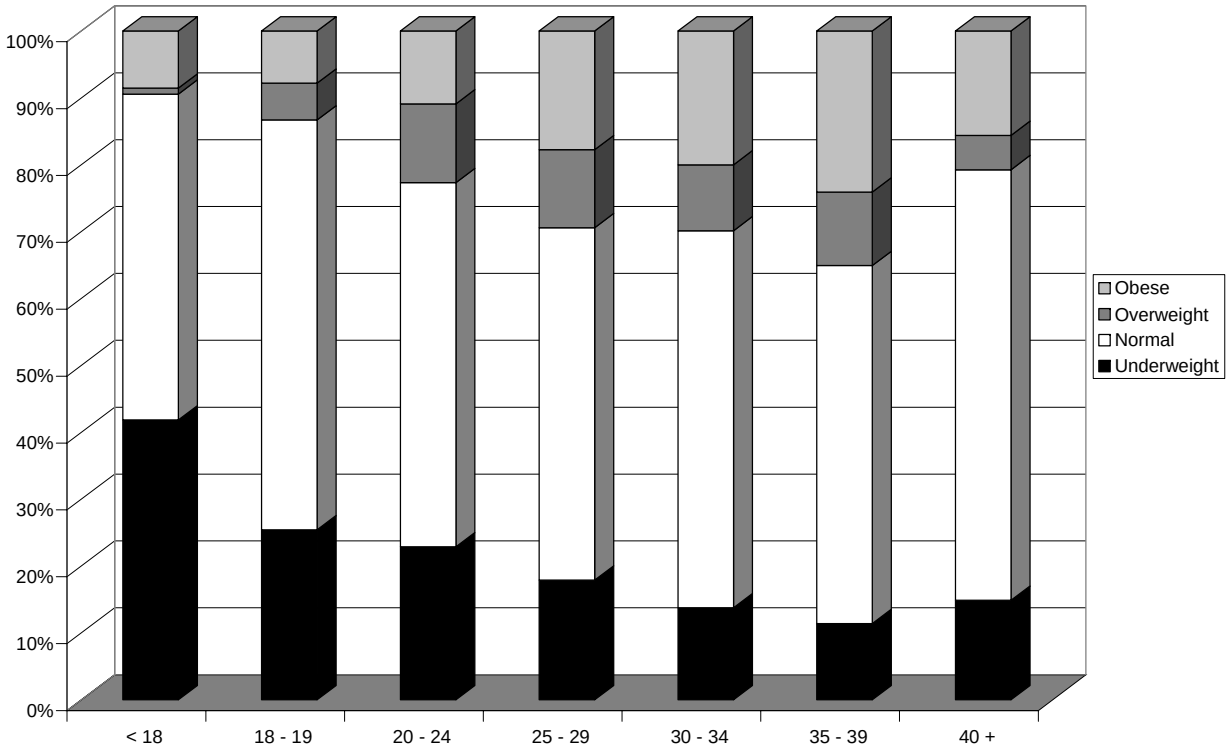
1) Utah Department of Health, Office of Vital Records and Statistics

Prepregnancy Body Mass Index

Among women with a cesarean section delivery, 1 in 6 is attributable to being overweight or obese.[1]

An analysis of infant death in Utah showed that obese women had a significantly higher risk of infant death when compared to normal weight women.[2]

Preconception Body Mass Index by Maternal Age



1) LaCoursiere, Y. (2004). *Population-based trends and correlates of maternal overweight and obesity, Utah 1991-2001*. Manuscript submitted for publication.
2) Infant Death in Utah: a State Review of Non-Anomalous Infant Deaths Due to Perinatal Conditions. Salt Lake City, UT: Utah Department of Health, 2003.

Fertility Drug Use

Percentage of Women Who Reported Fertility Drug Use

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**5.6% ± 1.0%**	**4,224**	
Maternal Age			<.001
≤ 17	0.0% n/a	0	
18 - 19	1.1% ± 2.0%	41	
20 - 24	3.2% ± 1.4%	743	
25 - 29	6.4% ± 1.9%	**1,679**	
30 - 34	**9.0%** ± 3.0%	1,249	
35 - 39	8.9% ± 4.8%	499	
40 +	1.0% ± 1.2%	13	
Education Level			<.001
Less than High School	2.2% ± 1.9%	218	
Completed High School	4.7% ± 1.8%	1,061	
Some College	4.7% ± 1.8%	1,019	
College Graduate	**9.6%** ± 2.5%	**1,870**	
Race			NS
White	**5.6%** ± 1.1%	**3,972**	
Other than White	4.2% ± 1.2%	152	
Hispanic Ethnicity			<.001
Hispanic	2.1% ± 2.1%	208	
Non-Hispanic	**6.1%** ± 1.1%	**3,959**	
Marital Status			<.001
Married	**6.4%** ± 1.2%	**4,093**	
Unmarried	1.1% ± 1.3%	131	
Birthweight			<.001
<2500 grams	**12.0%** ± 2.6%	530	
2500+ grams	5.2% ± 1.1%	**3,686**	

NS = Not statistically significant

Infertility has been defined as failure to conceive after adequate attempts to become pregnant for 1 year. The criteria for the diagnosis of infertility should be met before an investigation for causes is undertaken. The evaluation of infertility is complex and involves both partners. Anovulation and ovulation disorders are present in approximately 20% of infertile women. Ovulation induction can often be used to treat infertility successfully in such women, however because multiple pregnancy rates are increased and the incidence of perinatal morbidity and mortality for multiple gestation is two to five times that for singleton pregnancies due to preterm births, this therapy should only be employed when the criteria for the diagnosis of infertility have been met.[1]

Women who reported fertility drug use prior to pregnancy were older (30 – 39), more educated, non-Hispanic, and married.

Women who reported conceiving through the use of fertility drugs reported a significantly higher rate of bleeding during pregnancy.

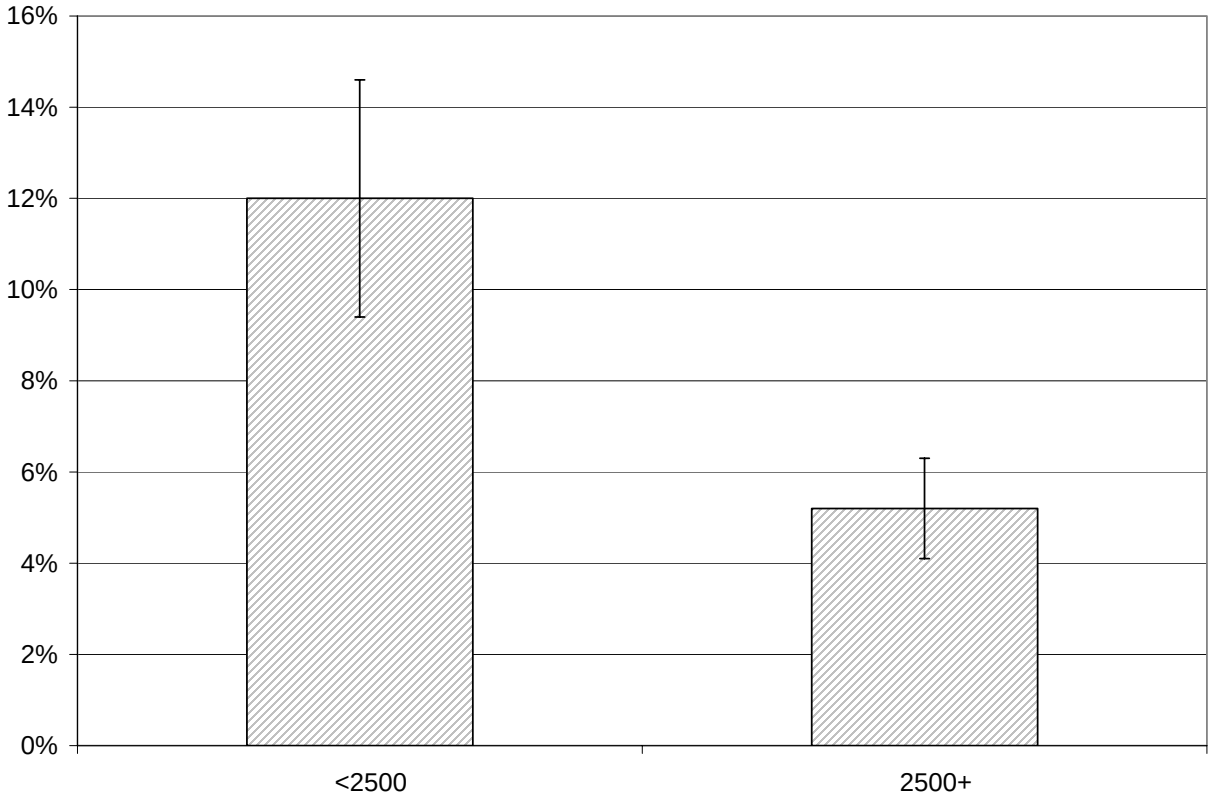
Fertility Drug Use

It is important to note that this question only includes fertility medications; it does not include other fertility treatments such as in-vitro fertilization.

A significantly higher percentage of women who conceived using fertility drugs delivered a low birthweight infant.

In a recent analysis on preterm birth in Utah from 1999 through 2001 which stratified all preterm births into two categories; indicated and idiopathic, a significantly higher proportion of women in the idiopathic category reported fertility drug use to conceive their pregnancy. For this study, analysis included singleton births only.[2]

Percentage of Women Who Reported Using Fertility Drugs by Infant Birth Weight



1) ACOG's Guidelines for Women's Health Care. 1996. Washington D.C.
2) Utah Department of Health. (2004). *Preterm Birth in Utah*. (CDC Grant # U50/CCU817126-03). SLC, UT. Bloebaum L., Baksh L, Barley J. et al.

Unintended Pregnancies

Survey Question 10

Percentage of Women Who Reported Their Pregnancy Was Unintended

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**33.1% ± 2.0%**	**30,583**	
Maternal Age			<.001
≤ 17	**68.4%** ± 14.3%	1,378	
18 - 19	62.0% ± 9.5%	3,209	
20 - 24	38.1% ± 3.7%	**10,956**	
25 - 29	27.4% ± 3.2%	8,601	
30 - 34	23.8% ± 4.1%	3,926	
35 - 39	27.9% ± 7.0%	1,924	
40 +	33.4% ± 13.6%	589	
Education Level			<.001
Less than High School	**52.1%** ± 6.2%	6,472	
Completed High School	41.1% ± 3.7%	**11,944**	
Some College	27.4% ± 3.4%	7,236	
College Graduate	18.6% ± 3.1%	4,220	
Race			<.001
White	32.3% ± 2.1%	**27,980**	
Other than White	**47.5%** ± 3.0%	2,247	
Hispanic Ethnicity			<.001
Hispanic	**42.4%** ± 6.2%	5,242	
Non-Hispanic	31.6% ± 2.1%	**25,171**	
Marital Status			<.001
Married	26.4% ± 2.0%	**20,342**	
Unmarried	**66.6%** ± 5.2%	10,241	
Birthweight			NS
<2500 grams	**35.5%** ± 3.5%	1,881	
2500+ grams	32.9% ± 2.1%	**28,686**	

NS = Not statistically significant

The Healthy People 2010 goal is for 70% of pregnancies to be intended.

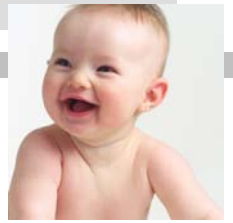
Unintended pregnancy includes births that women reported as wanting later or not at any time in the future.

While 33% of Utah births were reported as unintended, higher rates of unintended pregnancy were reported by women who were less than 20 years of age, had less than a high school education, other than White, Hispanic, and unmarried.

Women with an unintended pregnancy are less likely to seek early prenatal care or to receive adequate prenatal care, more likely to expose the fetus to harmful substances such as tobacco and alcohol due to not being aware of the pregnancy, and are less likely to breastfeed.

This report only includes live births that resulted from an unintended pregnancy, the rate may actually be higher if miscarriages, abortions and stillbirths were included.

Unintended Pregnancies

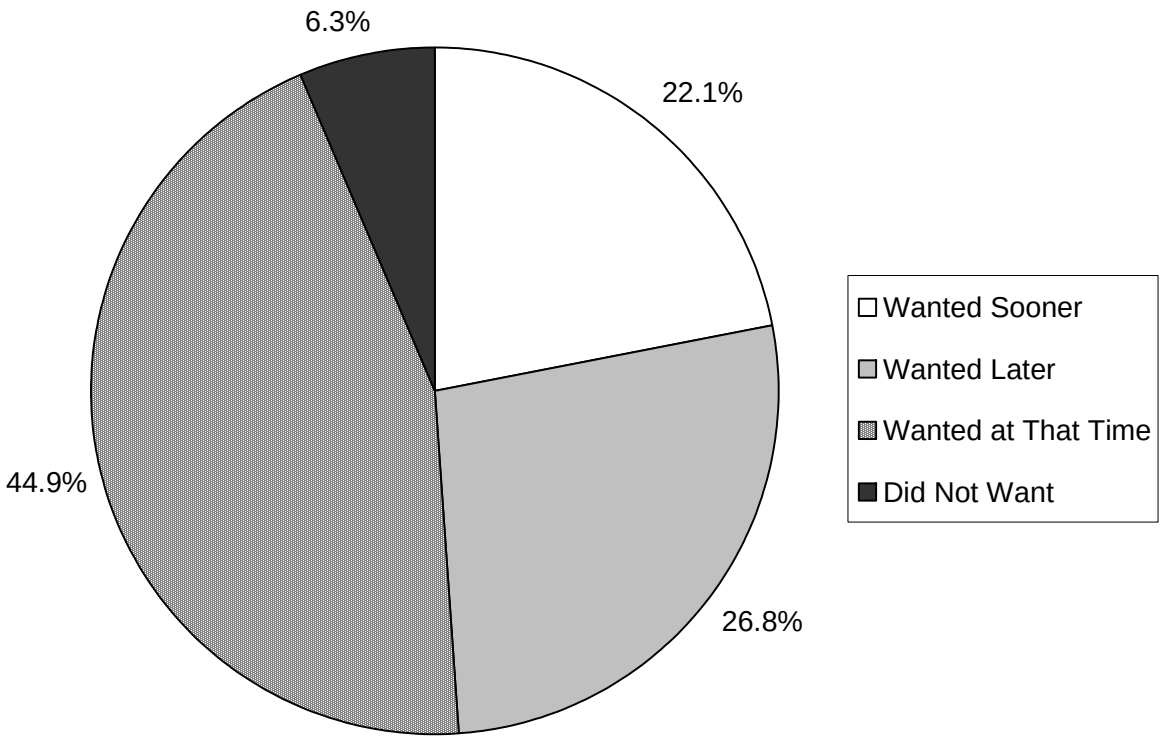


On average, women with an unintended pregnancy entered prenatal care two weeks later than women who indicated their pregnancy was intended.

Women who reported their pregnancy as unintended also had a significantly higher rate of postpartum depression than women whose pregnancies were intended.

Women who were covered by Medicaid prior to conception were significantly more likely to report their pregnancy as unintended (56.9%). Women who reported not having either Medicaid or private insurance prior to conception were also significantly more likely to report their pregnancy as unintended (47.4%)

Pregnancy Intention



Birth Control Use Among Unintended Pregnancies

Survey Question 12

Percentage of Women With an Unintended Pregnancy Who Reported Not Using Birth Control at Conception

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**48.9% ± 3.9%**	**13,341**	
Maternal Age			<.001
≤ 17	**75.2%** ± 17.4%	1,035	
18 - 19	60.1% ± 11.6%	1,797	
20 - 24	51.4% ± 6.4%	**4,995**	
25 - 29	43.0% ± 7.2%	3,221	
30 - 34	40.1% ± 10.4%	1,358	
35 - 39	47.0% ± 15.8%	817	
40 +	20.5% ± 18.0%	119	
Education Level			<.001
Less than High School	**62.8%** ± 8.9%	3,490	
Completed High School	52.8% ± 6.1%	**5,800**	
Some College	42.6% ± 7.5%	2,817	
College Graduate	31.2% ± 8.9%	1,098	
Race			<.001
White	48.4% ± 4.2%	**12,082**	
Other than White	**58.8%** ± 5.0%	1,194	
Hispanic Ethnicity			NS
Hispanic	**55.2%** ± 10.4%	2,371	
Non-Hispanic	47.7% ± 4.1%	**10,914**	
Marital Status			<.001
Married	40.4% ± 4.5%	**7,118**	
Unmarried	**64.5%** ± 6.6%	6,223	
Birthweight			<0.05
<2500 grams	**57.9%** ± 6.6%	978	
2500+ grams	48.3% ± 4.1%	**12,363**	

NS = Not statistically significant

Of all women with an unintended pregnancy, 48.9% were not using birth control at the time they conceived.

Conversely, 51.1% of women with an unintended pregnancy reported using birth control at the time of conception, which could indicate inconsistent, improper use, or failure of contraception.

Over 75% of teens less than 18 years of age who had an unintended pregnancy reported that they were not using birth control at the time of conception.

"Birth control was too expensive for our budget at that particular time and unfortunately still is."

--A PRAMS Mom

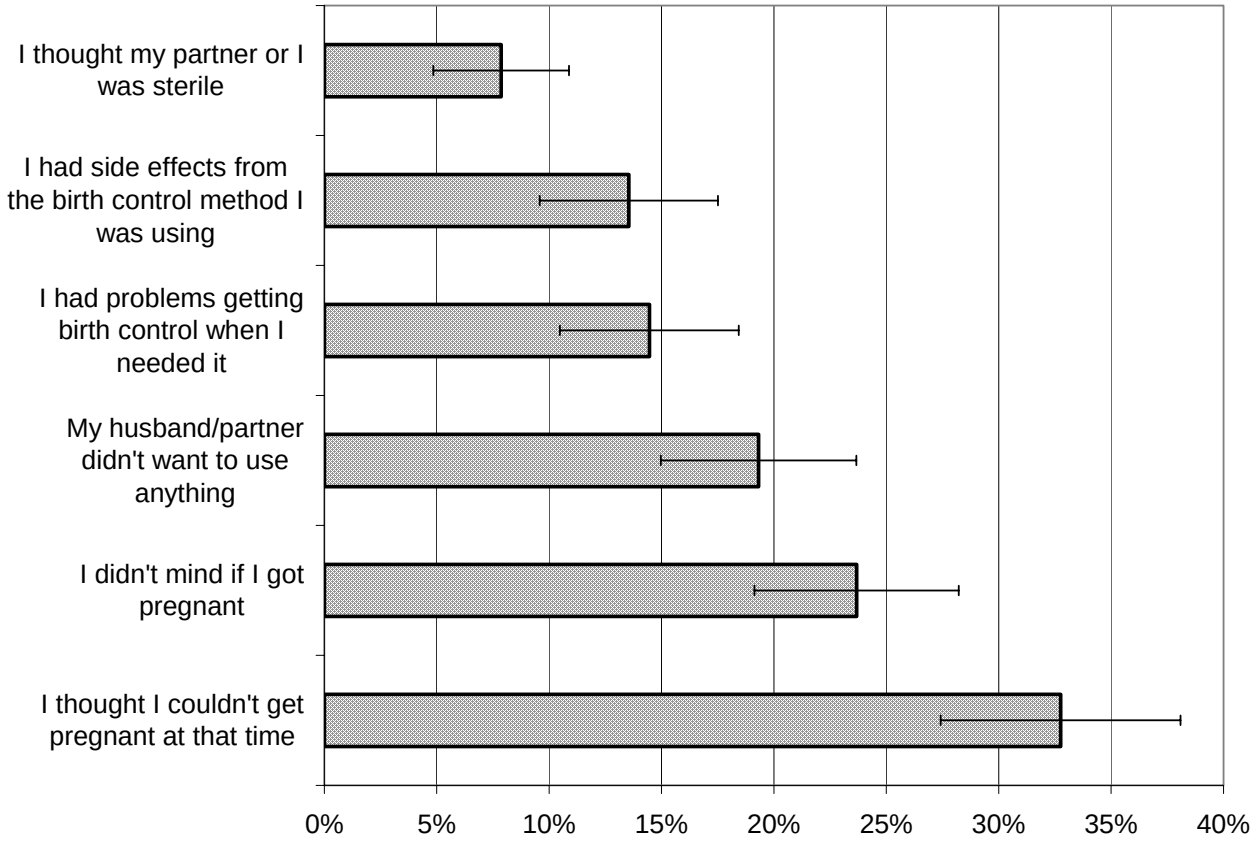
Survey Question 13

Reasons No Birth Control Among Unintended Pregnancies

The most commonly cited reason for not using birth control at the time of conception among women who reported an unintended pregnancy was "I thought I couldn't get pregnant at that time."

Women whose husbands/partners did not want to use birth control were more likely to be unmarried, have a high school education or less, and be other than White race. Among this group, 14% reported abuse in the months before pregnancy.

Reasons For Not Using Birth Control Among Women With an Unintended Pregnancy



Physical Abuse Before Pregnancy

Survey Questions 34a & 34b

Percentage of Women Who Reported Physical Abuse Before Their Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**4.4% ± 0.9%**	**4,044**	
Maternal Age			<.001
≤ 17	**7.8%** ± 6.8%	158	
18 - 19	**7.8%** ± 4.6%	411	
20 - 24	6.3% ± 1.8%	**1,830**	
25 - 29	2.5% ± 1.0%	769	
30 - 34	3.0% ± 2.0%	496	
35 - 39	4.2% ± 3.7%	286	
40 +	5.1% ± 5.9%	94	
Education Level			<.001
Less than High School	**9.4%** ± 3.5%	1,186	
Completed High School	6.0% ± 1.8%	**1,764**	
Some College	2.4% ± 1.0%	623	
College Graduate	1.3% ± 1.0%	302	
Race			<.001
White	4.0% ± 0.9%	**3,471**	
Other than White	**10.0%** ± 2.4%	475	
Hispanic Ethnicity			<.001
Hispanic	**9.6%** ± 3.9%	1,192	
Non-Hispanic	3.5% ± 0.8%	**2,804**	
Marital Status			<.001
Married	2.3% ± 0.6%	1,748	
Unmarried	**14.8%** ± 3.9%	**2,296**	
Birthweight			NS
<2500 grams	**5.9%** ± 1.7%	314	
2500+ grams	4.3% ± 0.9%	**3,731**	

NS = Not statistically significant

Physical abuse is associated with delayed entry into prenatal care, poor maternal weight gain, infection, anemia, and risky behaviors such as smoking, and alcohol use.

Each year, an estimated 40,000 Utah women are physically assaulted by an intimate partner.[1]

The Healthy People 2010 objective is to reduce the rate of physical assault by current or former intimate partners to 3.3 physical assaults per 1,000 people aged 12 years or older. Utah's rate for intimate partner violence would be 35.8 per 1,000 among the PRAMS population. Although this is not a direct comparison, it highlights the high incidence of abuse in the pregnant population.

Women who reported physical abuse in the 12 months prior to pregnancy were younger, less educated, other than White race, and unmarried.

1) Utah Department of Health, Violence and Injury Prevention Program. Retrieved from: http://www.health.utah.gov/vipp/domesticViolence/overview.html

Physical Abuse Before and During Pregnancy

The major source of abuse came from a husband or partner. However, the teenage groups also had a higher rate of abuse from a source other than their husband or partner.

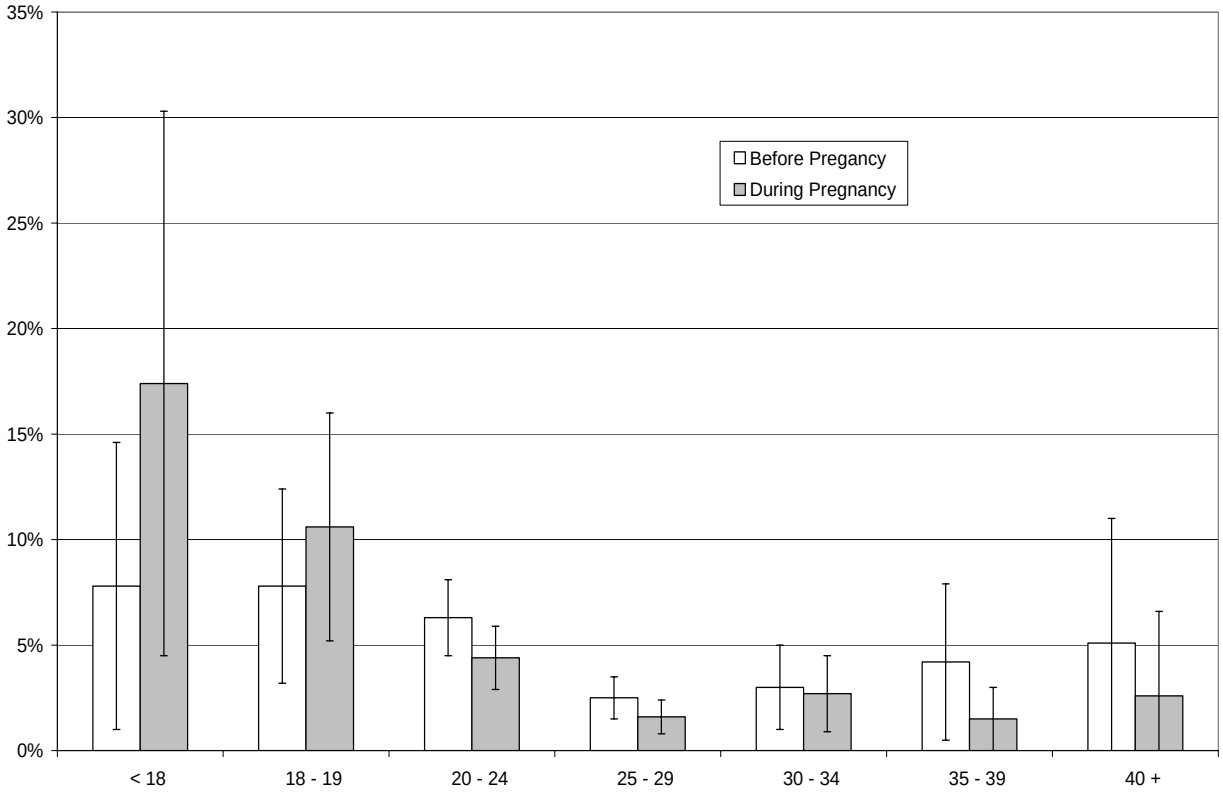
Women who reported abuse in the months before pregnancy were significantly more likely to report their pregnancy as unintended.

Older women reported a decrease in physical abuse during their pregnancy while teen mothers reported an increase in abuse during their pregnancy.

"I was married for 2 years to an alcoholic who abused me all the time, when I found out I was pregnant I left. I just hope other mothers could do the same if they are in the same circumstances as I was. It was hard but I did it."

-- A PRAMS Mom

Percentage of Women Who Reported Physical Abuse Before and During Pregnancy by Maternal Age



Insurance Before Pregnancy

Percentage of Women Who Had No Insurance Before Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**27.0% ± 1.9%**	**25,192**	
Maternal Age			<.001
≤ 17	33.4% ± 14.1%	676	
18 - 19	**55.9%** ± 9.2%	2,938	
20 - 24	36.6% ± 3.6%	**10,612**	
25 - 29	20.9% ± 2.9%	6,585	
30 - 34	17.3% ± 3.8%	2,863	
35 - 39	15.8% ± 5.9%	1,102	
40 +	22.5% ± 11.8%	415	
Education Level			<.001
Less than High School	**64.0%** ± 6.0%	8,210	
Completed High School	34.5% ± 3.6%	**10,079**	
Some College	18.7% ± 3.0%	4,984	
College Graduate	6.9% ± 2.1%	1,578	
Race			<.001
White	26.8% ± 2.0%	**23,451**	
Other than White	**35.4%** ± 2.8%	1,684	
Hispanic Ethnicity			<.001
Hispanic	**61.5%** ± 6.0%	7,785	
Non-Hispanic	21.7% ± 1.8%	**17,351**	
Marital Status			<.001
Married	20.7% ± 1.8%	**16,032**	
Unmarried	**58.3%** ± 5.4%	9,160	
Birthweight			<.001
<2500 grams	**32.8%** ± 3.5%	1,764	
2500+ grams	26.7% ± 2.0%	**23,423**	

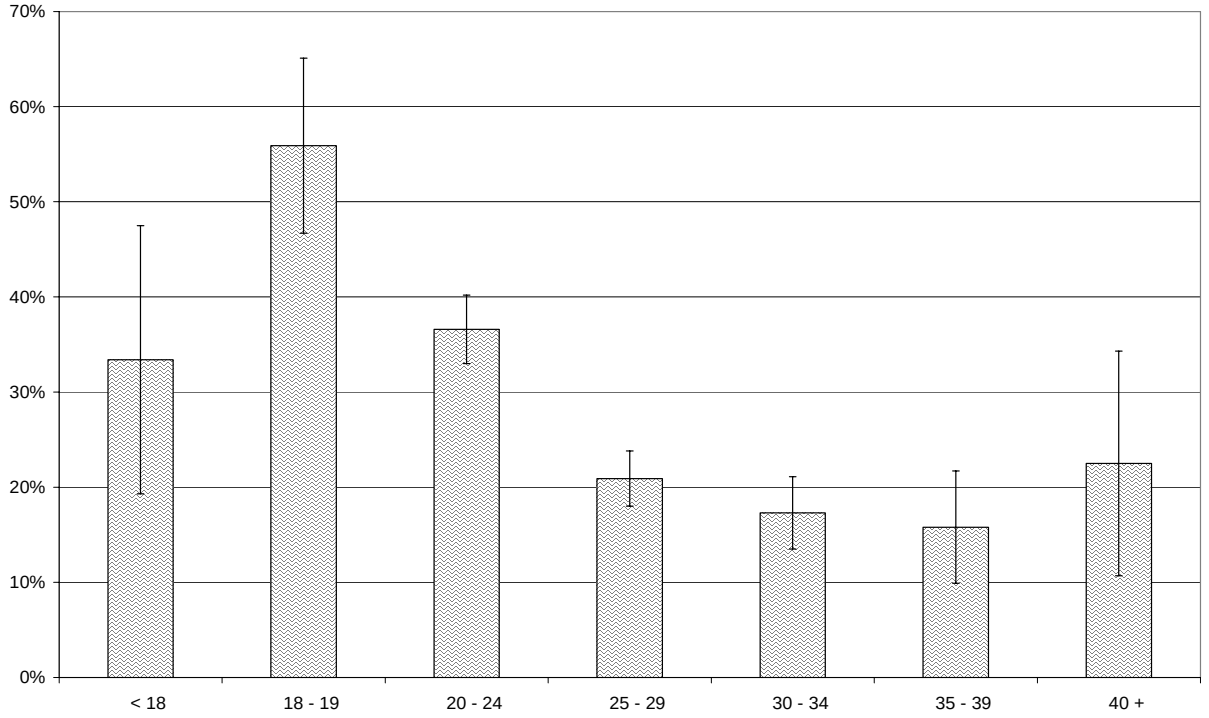
Unmarried women, women with less than a high school education and other than White women reported higher rates of being uninsured before pregnancy.

Over 60% of Hispanic women reported that they had no health insurance prior to pregnancy.

Women with no insurance before conception had significantly higher rates of unintended pregnancy and late entry into prenatal care than women with private insurance.

Insurance Before Pregnancy

The Percentage of Women Who Reported Having No Insurance Before Pregnancy by Maternal Age



Medicaid Before Pregnancy

Survey Question 2

Percentage of Women Who Had Medicaid Before Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**3.9% ± 0.8%**	**3,590**	
Maternal Age			<.001
≤ 17	**15.6%** ± 10.1%	318	
18 - 19	8.5% ± 4.7%	447	
20 - 24	4.6% ± 1.5%	**1,346**	
25 - 29	2.5% ± 1.0%	778	
30 - 34	3.2% ± 1.8%	523	
35 - 39	1.8% ± 1.9%	128	
40 +	2.7% ± 4.0%	49	
Education Level			<.001
Less than High School	**8.4%** ± 2.9%	1,076	
Completed High School	5.7% ± 1.6%	**1,657**	
Some College	2.8% ± 1.3%	753	
College Graduate	0.2% ± 0.3%	45	
Race			<.001
White	3.6% ± 0.8%	**3,118**	
Other than White	**9.9%** ± 1.7%	472	
Hispanic Ethnicity			<.05
Hispanic	**7.6%** ± 3.3%	967	
Non-Hispanic	3.3% ± 0.7%	**2,623**	
Marital Status			<.001
Married	2.4% ± 0.6%	**1,832**	
Unmarried	**11.2%** ± 3.1%	1,758	
Birthweight			<.05
<2500 grams	**5.7%** ± 1.8%	307	
2500+ grams	3.7% ± 0.8%	**3,280**	

Racial and ethnic minority women, unmarried women, and those with less than a high school education were more likely to report being on Medicaid prior to pregnancy.

Women enrolled with Medicaid prior to conception were significantly more likely to report their pregnancy as unintended.

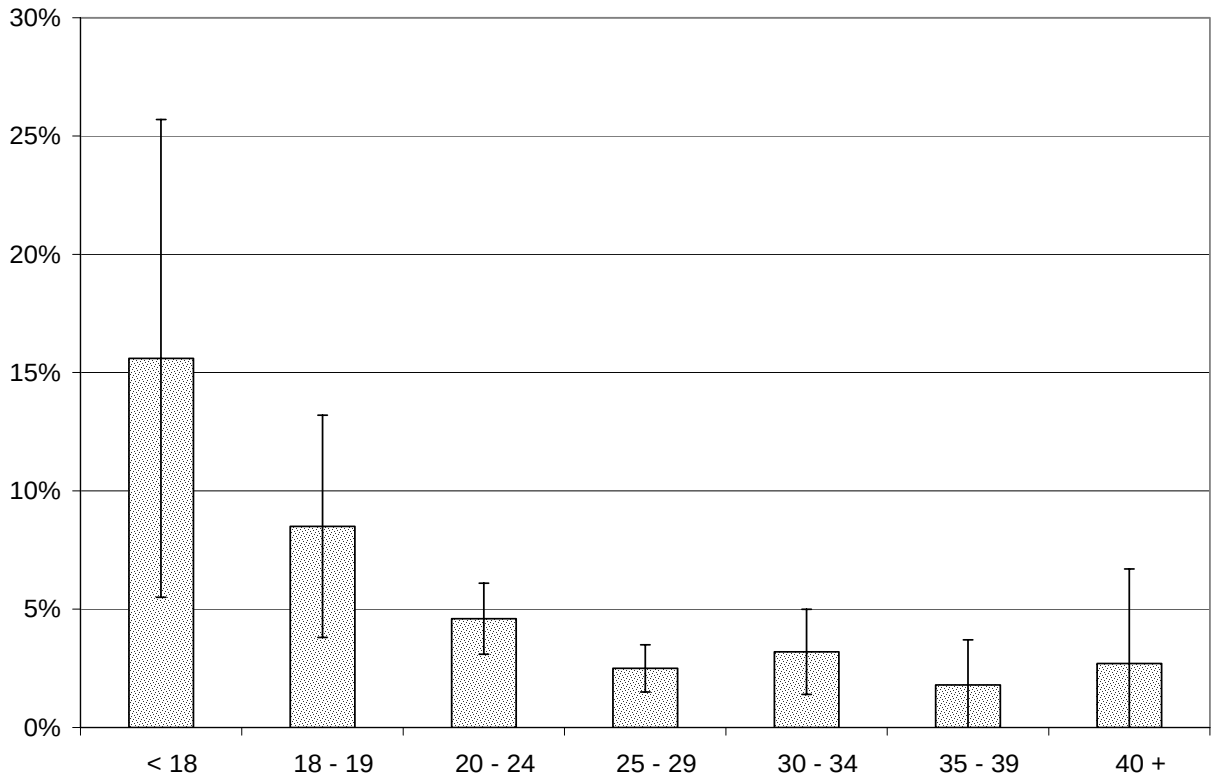
"I am very grateful for the Medicaid Plan. It has really helped us in a time of need."

-- A PRAMS Mom

Medicaid Before Pregnancy

Women under the age of 18 were more likely to report being insured by Medicaid before their pregnancy.

The Percentage of Women Who Reported Being On Medicaid Before Pregnancy by Maternal Age



Late or No Entry into Prenatal Care

Survey Question 16

Percentage of Women Who Reported Entering Prenatal Care After the First Trimester

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**20.5% ± 1.7%**	**19,041**	
Maternal Age			<.001
≤ 17	26.4% ± 13.5%	534	
18 - 19	**36.7%** ± 9.5%	1,919	
20 - 24	23.2% ± 3.3%	**6,715**	
25 - 29	15.2% ± 2.5%	4,775	
30 - 34	19.5% ± 3.9%	3,203	
35 - 39	20.5% ± 6.3%	1,432	
40 +	25.1% ± 12.7%	463	
Education Level			<.001
Less than High School	**38.1%** ± 6.0%	4,831	
Completed High School	23.1% ± 3.3%	**6,733**	
Some College	15.6% ± 2.8%	4,140	
College Graduate	12.2% ± 2.6%	2,752	
Race			<.001
White	19.7% ± 1.8%	**17,132**	
Other than White	**33.8%** ± 2.8%	1,573	
Hispanic Ethnicity			<.001
Hispanic	**35.4%** ± 6.1%	4,460	
Non-Hispanic	18.0% ± 1.7%	**14,313**	
Marital Status			<.001
Married	17.0% ± 1.7%	**13,121**	
Unmarried	**37.9%** ± 5.4%	5,920	
Birthweight			<.05
<2500 grams	**24.5%** ± 3.2%	1,298	
2500+ grams	20.3% ± 1.8%	**17,741**	

The Healthy People 2010 goal is for 90% of pregnant women to begin prenatal care in the first trimester. Utah fell short of this goal with 79.5% of women entering prenatal care in the first trimester.

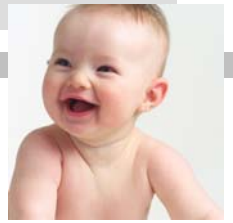
Less than 0.5% of women received no prenatal care.

Women who were other than White race, Hispanic ethnicity, unmarried, or who delivered a low birthweight infant had significantly higher rates of late entry. Significant differences were also found by age and education with women aged 18 – 19 and those with less than a high school education reporting the highest rates of late entry.

"At the time I found out I was pregnant I had a baby that was 4 1/2 months old, so being pregnant was the last thing on my mind."

--A PRAMS Mom

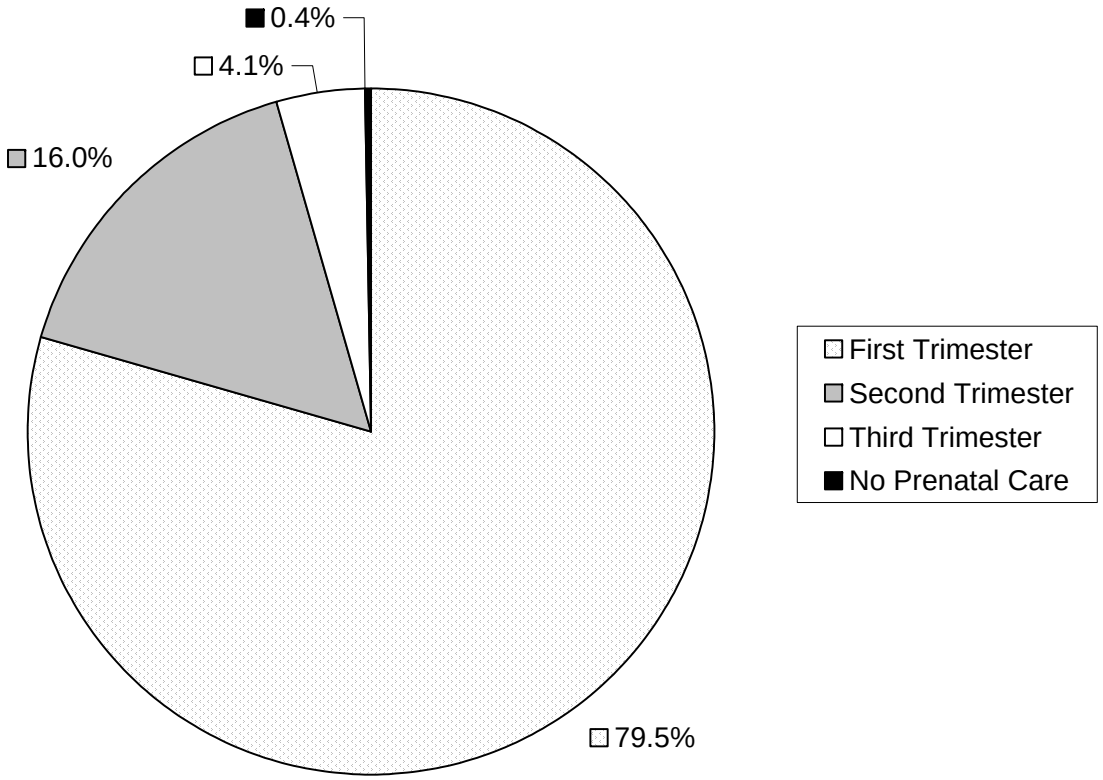
Late or No Entry into Prenatal Care



Women who entered prenatal care after the first trimester reported an average time of pregnancy recognition as 17 weeks, versus 8 weeks for those who entered in the first trimester.

Over 55% of women who received late prenatal care said they received care as early as they wanted. This finding may indicate that many Utah women are not aware that first trimester prenatal care is important or may not value prenatal care.

Timing of Prenatal Care Entry



Prenatal Care as Early as Wanted Among Late or No Entry Survey Question 17

Percentage of Women With Late or No Prenatal Care Entry Who Reported Not Getting Care as Early as They Wanted

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**43.8% ± 4.8%**	**8,198**	
Maternal Age			NS
≤ 17	**60.0%** ± 27.3%	320	
18 - 19	56.9% ± 17.4%	1,065	
20 - 24	47.7% ± 8.2%	**3,126**	
25 - 29	43.6% ± 9.2%	2,069	
30 - 34	32.7% ± 10.5%	1,043	
35 - 39	31.9% ± 17.5%	439	
40 +	~		
Education Level			<.001
Less than High School	**53.0%** ± 10.3%	2,503	
Completed High School	48.8% ± 8.1%	**3,209**	
Some College	37.8% ± 9.5%	1,550	
College Graduate	26.0% ± 10.1%	716	
Race			<.05
White	43.0% ± 5.2%	**7,241**	
Other than White	**51.4%** ± 5.0%	791	
Hispanic Ethnicity			NS
Hispanic	**49.1%** ± 11.2%	2,156	
Non-Hispanic	42.2% ± 5.2%	**5,944**	
Marital Status			<.001
Married	35.9% ± 5.3%	**4,603**	
Unmarried	**60.8%** ± 9.1%	3,595	
Birthweight			<.05
<2500 grams	**53.5%** ± 7.8%	669	
2500+ grams	43.1% ± 5.1%	**7,526**	

NS = Not statistically significant

~ Less than 30 respondents, not reported

"I was too excited and overwhelmed."

--A PRAMS Mom

"I was afraid to go to a doctor because it would make it 'real,' I was in denial and afraid to tell anyone."

--Another PRAMS Mom

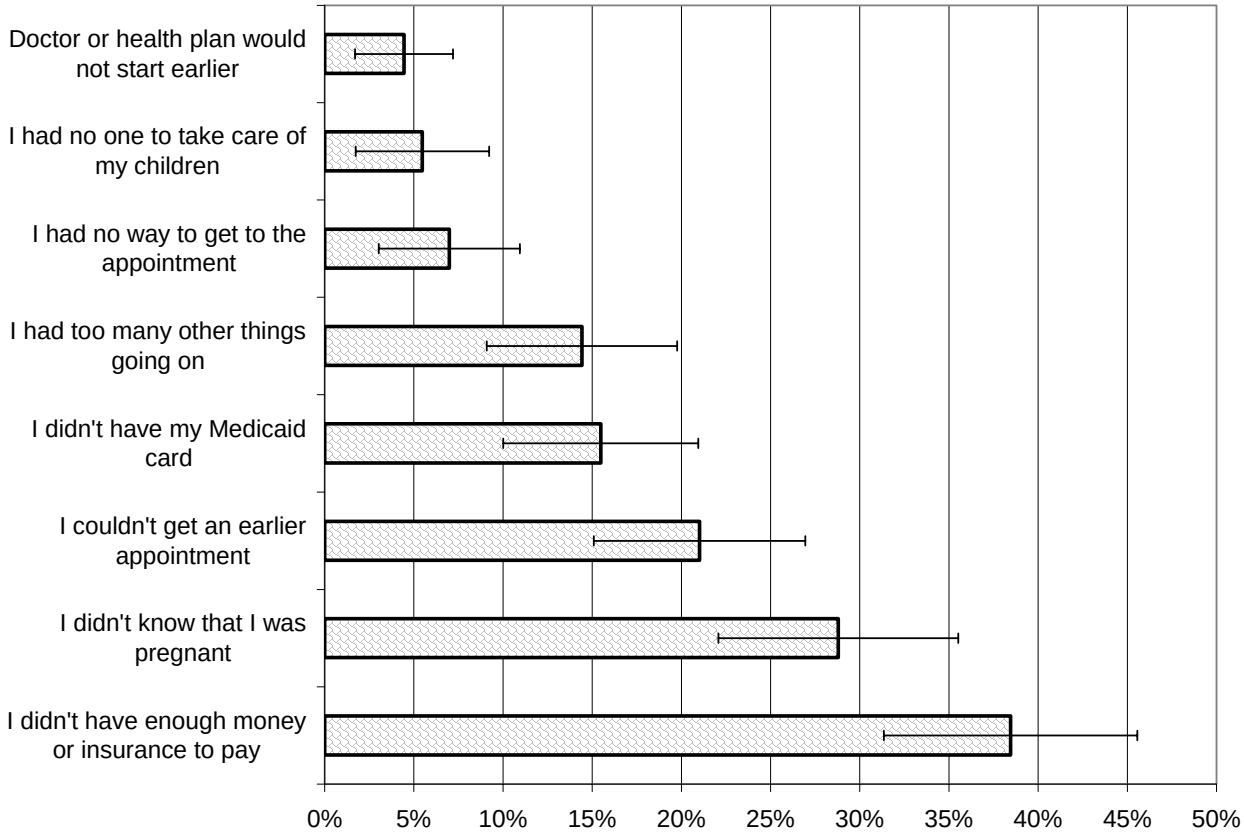
Younger women, those with less than a high school education, other than White race, and unmarried women were more likely to report getting prenatal care as early as wanted despite having late entry into prenatal care.

Survey Question 18

Reasons for Not Getting Prenatal Care as Early as Wanted

Among women who received late or no prenatal care and said they did not get prenatal care as early as they wanted, the most commonly cited reason was lack of money or insurance to pay for care; among this group, 60% reported having no insurance coverage prior to pregnancy.

Reasons Women Reported for Not Getting Prenatal Care as Early as They Wanted



Physical Abuse Discussion With Health Care Provider

Survey Question 22b

Percentage of Women Who Reported Their Health Care Provider Did Not Ask if Someone Was Hurting Them Emotionally or Physically

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**69.2% ± 1.9%**	**62,840**	
Maternal Age			<.001
≤ 17	59.5% ± 15.8%	1,160	
18 - 19	53.8% ± 9.7%	2,560	
20 - 24	69.3% ± 3.5%	19,720	
25 - 29	66.9% ± 3.4%	**20,740**	
30 - 34	73.7% ± 4.4%	11,887	
35 - 39	78.9% ± 6.1%	5,255	
40 +	**84.4%** ± 9.8%	1,517	
Education Level			<.001
Less than High School	50.9% ± 6.3%	6,067	
Completed High School	66.7% ± 3.6%	19,100	
Some College	74.2% ± 3.3%	**19,418**	
College Graduate	**76.6%** ± 3.5%	17,130	
Race			<.001
White	**69.8%** ± 2.1%	**59,470**	
Other than White	58.9% ± 3.1%	2,677	
Hispanic Ethnicity			<.001
Hispanic	53.3% ± 6.4%	6,095	
Non-Hispanic	**71.6%** ± 2.0%	**56,452**	
Marital Status			<.001
Married	**72.1%** ± 2.0%	**54,800**	
Unmarried	54.5% ± 5.6%	8,040	
Birthweight			<.01
<2500 grams	62.8% ± 3.6%	3,273	
2500+ grams	**69.6%** ± 2.1%	**59,536**	

Over 65% of Utah women indicated they were not screened for physical or emotional abuse during their prenatal care.

Only 35% of women who reported they were being physically abused during pregnancy said that their provider asked them if someone was hurting them emotionally or physically.

Pregnancy offers a unique opportunity for providers to screen for domestic violence. The American College of Obstetricians and Gynecologists (ACOG) recommends screening women at the first prenatal visit, once per trimester, and at the postpartum checkup, because women may not disclose abuse the first time they are asked.

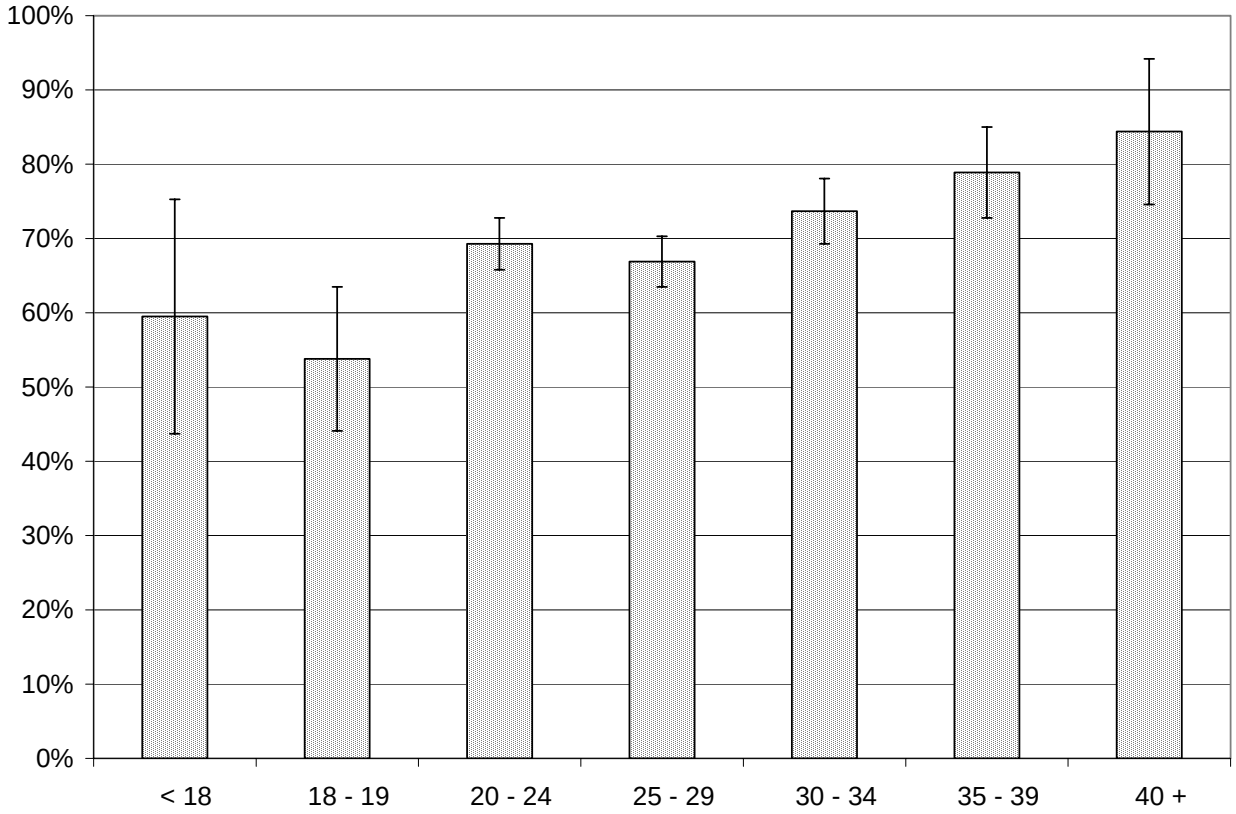
Despite the fact that physical abuse occurs across all racial and age groups, older women in Utah were less likely to be screened for physical abuse, as were more educated, White, Non-Hispanic or married women.

Physical Abuse Discussion With Health Care Provider

Women who reported receiving their prenatal care from a private physician or HMO clinic had the lowest discussion rates.

In a 1999 comparison of national PRAMS data, Utah had the lowest rate of physical abuse discussion of the 17 states reporting.

Percentage of Women Who Reported Their Health Care Provider Did Not Ask if Someone Was Hurting Them Emotionally or Physically by Maternal Age



HIV Discussion With Health Care Provider

Survey Question 22e

Percentage of Women Who Reported Their Health Care Provider Did Not Ask if They Wanted to Be Tested for HIV

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**49.0% ±2.1%**	**44,466**	
Maternal Age			<.01
≤ 17	30.5% ± 15.1%	595	
18 - 19	39.9% ± 9.3%	1,912	
20 - 24	47.1% ± 3.8%	13,413	
25 - 29	49.1% ± 3.6%	**15,195**	
30 - 34	52.9% ± 4.9%	8,587	
35 - 39	**57.8%** ± 7.5%	3,824	
40 +	52.4% ± 14.8%	939	
Education Level			<.001
Less than High School	32.7% ± 5.8%	3,930	
Completed High School	46.8% ± 3.8%	13,387	
Some College	52.0% ± 3.8%	**13,521**	
College Graduate	**57.3%** ± 4.0%	12,808	
Race			<.001
White	**49.7%** ± 2.2%	**42,375**	
Other than White	35.8% ± 2.9%	1,623	
Hispanic Ethnicity			<.001
Hispanic	35.4% ± 6.0%	4,102	
Non-Hispanic	**51.1%** ± 2.2%	**40,193**	
Marital Status			<.001
Married	**51.2%** ± 2.3%	**37,069**	
Unmarried	37.7% ± 5.4%	9,234	
Birthweight			NS
<2500 grams	46.8% ± 3.7%	2,441	
2500+ grams	**49.1%** ± 2.2%	**41,989**	

NS = Not statistically significant

Given the risk of transmission of HIV from an infected mother to her fetus/infant, all women should be screened prenatally. Screening all women is especially vital since available perinatal treatment can reduce the risk of perinatal transmission by as much as two-thirds.

OB/GYNs have a special obligation to provide education about modes of transmission of HIV, protection from infection and the role of testing. ACOG recommends that OB/GYNs should offer voluntary and confidential HIV testing to all women.

In Utah, during 2000-2001 thirteen HIV positive women delivered infants.[1]

1) Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

HIV Discussion With Health Care Provider

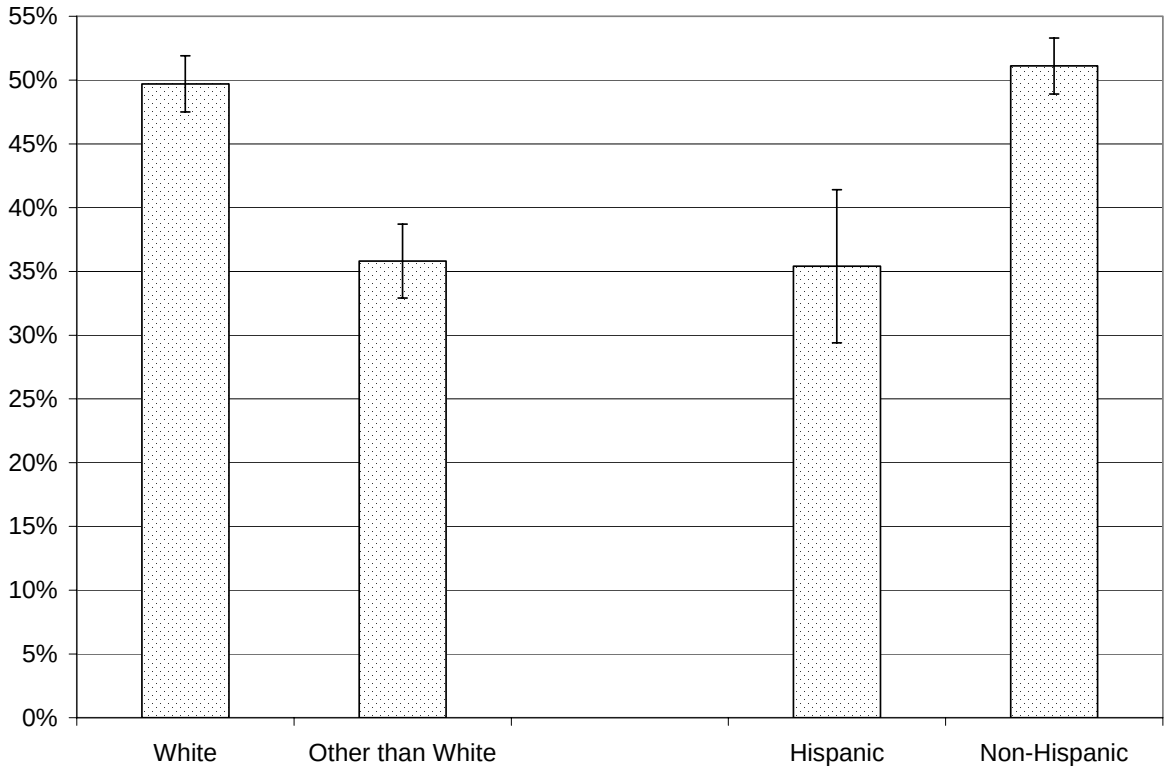
Approximately half of Utah women reported that their provider did not offer them HIV testing during their prenatal care despite the CDC recommendation for universal screening.

Analysis of all 17 PRAMS states collecting this data during 1999 revealed that Utah ranked lowest for prenatal discussion of HIV testing.

"Even though I was not at risk for any venereal diseases/HIV, it concerns me that most doctor's offices do not routinely screen for those diseases during pregnancy here in Utah."

--A PRAMS Mom

Percentage of Women Who Reported Their Prenatal Care Provider Did Not Ask Them If They Wanted to Be Tested for HIV by Race and Ethnicity



Seat Belt Use Discussion With Health Care Provider

Survey Question 21d

Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Seat Belt Use

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**59.0% ± 2.1%**	**53,440**	
Maternal Age			<.05
≤ 17	48.8% ± 16.2%	953	
18 - 19	44.1% ± 9.4%	2,172	
20 - 24	57.4% ± 3.7%	16,346	
25 - 29	60.3% ± 3.5%	**18,503**	
30 - 34	63.3% ± 4.7%	10,250	
35 - 39	60.7% ± 7.5%	4,006	
40 +	**67.4%** ± 13.5%	1,211	
Education Level			<.001
Less than High School	50.5% ± 6.4%	5,974	
Completed High School	56.6% ± 3.8%	**16,212**	
Some College	58.1% ± 3.8%	15,181	
College Graduate	**67.6%** ± 3.8%	15,108	
Race			<.001
White	**59.3%** ± 2.2%	**50,505**	
Other than White	49.9% ± 3.1%	2,278	
Hispanic Ethnicity			NS
Hispanic	57.2% ± 6.3%	6,612	
Non-Hispanic	**59.2%** ± 2.2%	**46,535**	
Marital Status			<.05
Married	**59.9%** ± 2.2%	**45,408**	
Unmarried	54.1% ± 5.6%	8,031	
Birthweight			NS
<2500 grams	55.8% ± 3.7%	2,923	
2500+ grams	**59.1%** ± 2.2%	**50,479**	

NS = Not statistically significant

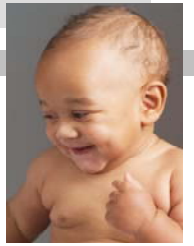
Motor vehicle accidents are the leading cause of death and disability in pregnant women.

ACOG recommends encouraging pregnant women to wear properly positioned restraints throughout pregnancy. Counseling during prenatal care has been effective in increasing seat belt use.

Pregnant women who did not wear seat belts during a crash were two times more likely to have a low birthweight infant than belted pregnant women in a crash.[1]

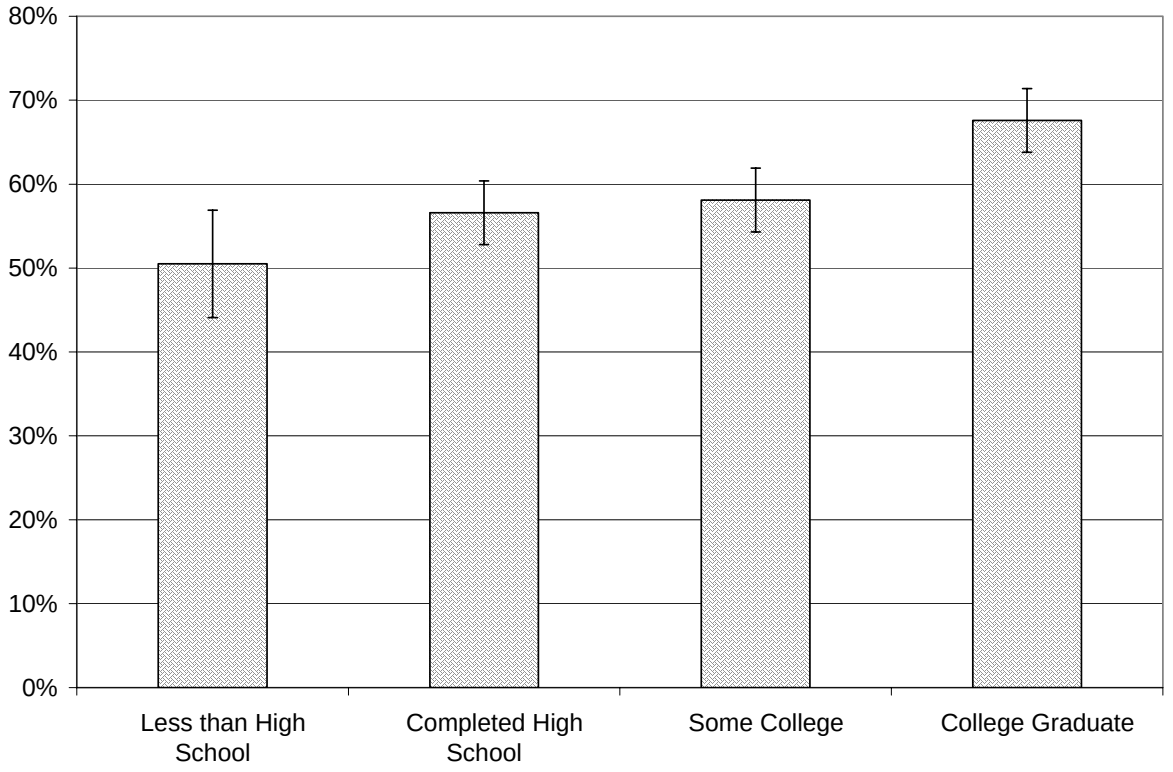
1) Hyde LK, et al. Effect of motor vehicle crashes on adverse fetal outcomes. Journal of Obstet & Gynec. 2003 Aug; 102 (2):279-86.

Seat Belt Discussion With Health Care Provider



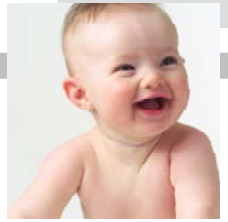
A high percentage of Utah women (59%) reported that their health care provider did not talk with them about seat belt use during their pregnancy. Women who were older, more educated, White, or married were least likely to report discussing seat belt use with providers.

Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Seat Belt Use by Level of Education



Breastfeeding Discussion With Health Care Provider

Survey Question 21b



Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Breastfeeding

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**24.9% ± 1.8%**	**22,681**	
Maternal Age			<.001
≤ 17	9.0% ± 10.8%	175	
18 - 19	6.4% ± 3.9%	315	
20 - 24	20.9% ± 3.0%	5,957	
25 - 29	27.1% ± 3.2%	**8,375**	
30 - 34	32.3% ± 4.6%	5,231	
35 - 39	26.9% ± 6.9%	1,827	
40 +	**43.8%** ± 14.9%	800	
Education Level			<.001
Less than High School	17.2% ± 4.9%	2,031	
Completed High School	21.4% ± 3.1%	6,147	
Some College	25.9% ± 3.3%	6,811	
College Graduate	**31.8%** ± 3.8%	**7,152**	
Race			<.001
White	**25.2%** ± 1.9%	**21,563**	
Other than White	17.5% ± 2.1%	806	
Hispanic Ethnicity			NS
Hispanic	24.3% ± 5.5%	2,798	
Non-Hispanic	**25.0%** ± 1.9%	**19,722**	
Marital Status			<.001
Married	**26.9%** ± 2.0%	**20,467**	
Unmarried	14.8% ± 3.9%	2,214	
Birthweight			NS
<2500 grams	23.4% ± 3.1%	1,228	
2500+ grams	**25.0%** ± 1.9%	**21,435**	

NS = Not statistically signficant

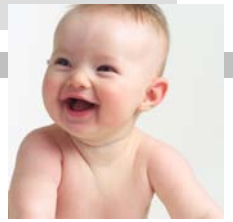
The American Academy of Pediatrics (AAP) states "Breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development."[1]

Women who reported that their health care provider discussed breastfeeding with them were significantly more likely to initiate breastfeeding than those who did not.

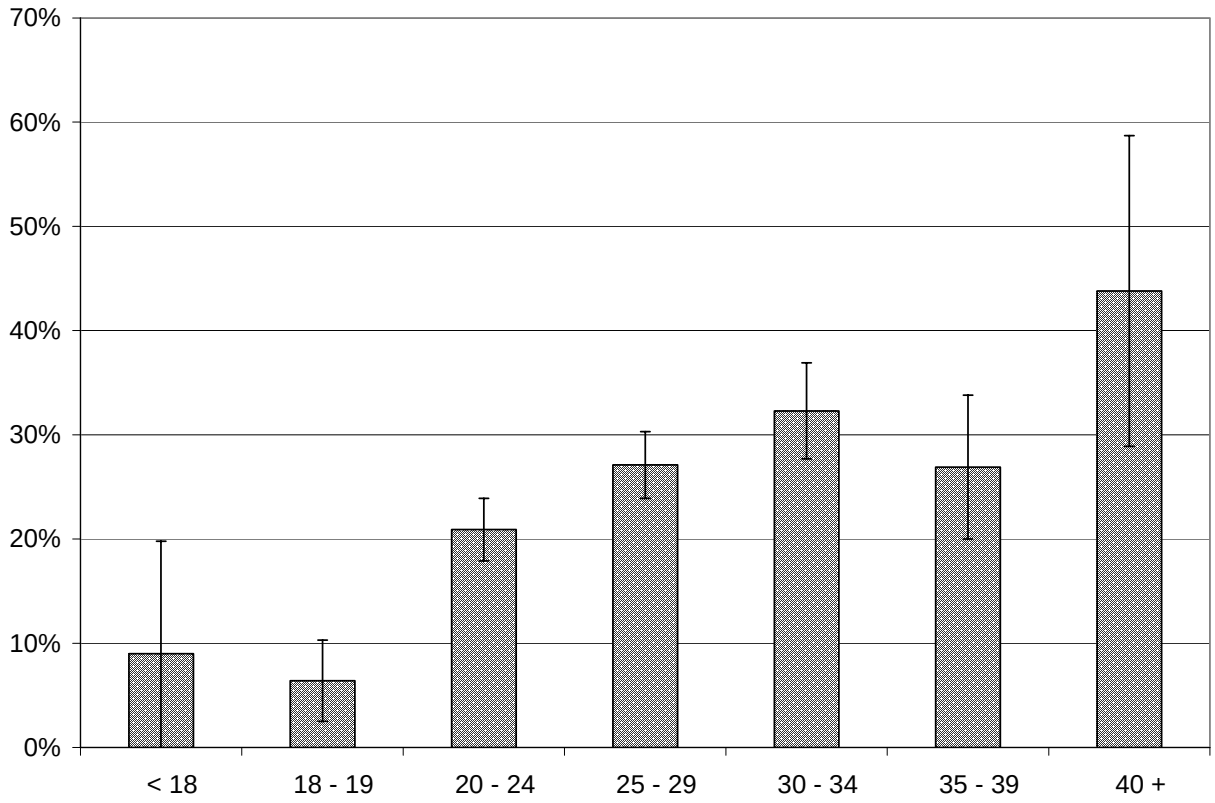
Women with a previous live birth were significantly less likely to have a breastfeeding discussion with their prenatal care provider.

1) Breastfeeding and the use of human milk. American Academy of Pediatrics, Work Group on Breastfeeding. *Pediatrics* 100: 1035-39 (1997).

Breastfeeding Discussion With Health Care Provider



The Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Breastfeeding by Age



Physical Abuse During Pregnancy

Survey Questions 35a & 35b

Percentage of Women Who Reported Physical Abuse During Their Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**3.5% ± 0.8%**	**3,285**	
Maternal Age			<.001
≤ 17	**17.4%** ± 12.9%	350	
18 - 19	10.6% ± 5.4%	559	
20 - 24	4.4% ± 1.5%	**1,278**	
25 - 29	1.6% ± 0.8%	511	
30 - 34	2.7% ± 1.8%	436	
35 - 39	1.5% ± 1.5%	101	
40 +	2.6% ± 4.0%	49	
Education Level			<.001
Less than High School	**10.6%** ± 3.7%	**1,344**	
Completed High School	3.6% ± 1.3%	1,048	
Some College	2.4% ± 1.2%	639	
College Graduate	0.9% ± 0.8%	198	
Race			<.001
White	3.3% ± 0.8%	**2,886**	
Other than White	**7.4%** ± 2.3%	350	
Hispanic Ethnicity			<.01
Hispanic	**7.1%** ± 3.0%	892	
Non-Hispanic	3.1% ± 0.8%	**2,393**	
Marital Status			<.001
Married	2.0% ± 0.6%	1,520	
Unmarried	**11.3%** ± 3.2%	**1,765**	
Birthweight			NS
<2500 grams	**5.3%** ± 1.7%	283	
2500+ grams	3.4% ± 0.8%	**3,001**	

NS= Not statistically significant

Of the women who reported abuse during pregnancy, the majority reported a husband or partner as the perpetrator.

Women who reported physical abuse during pregnancy were significantly more likely to be other than White race, Hispanic, and unmarried. Significant differences were also found by age and education with women less than 18 years of age and those with less than a high school education reporting the highest rates of physical abuse during pregnancy.

Survey Question 81

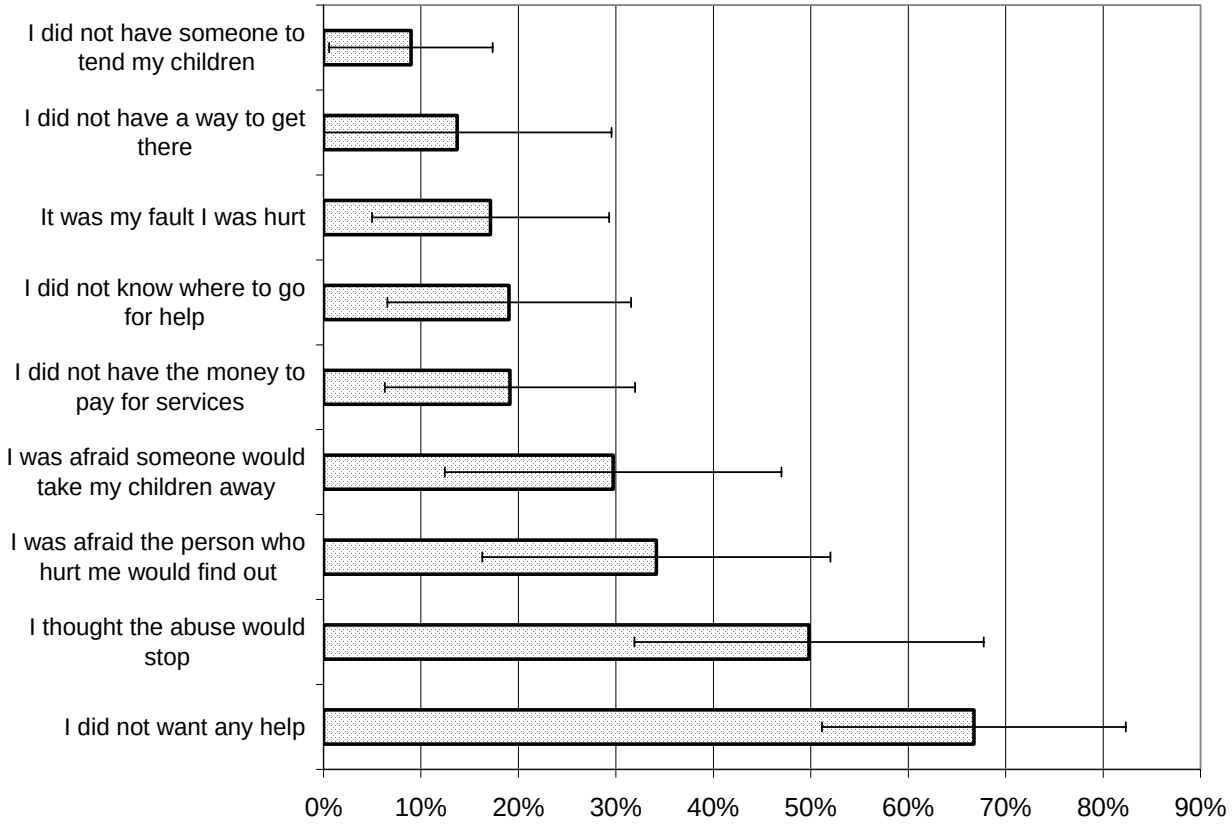
Reasons Physically Abused Women Did Not Seek Help

Of the women who reported physical abuse before or during pregnancy 45.8% said they did not seek help.

The reason most commonly given by women who reported physical violence for not seeking help was not wanting it.

For those who did seek help, the leading source of help was from friends or family.

Reasons Physically Abused Women Reported for Not Seeking Help



WIC Participation

Survey Question 23

Percentage of Women Who Were on WIC During Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**29.3% ± 2.0%**	**26,930**	
Maternal Age			<.001
≤ 17	**63.3%** ± 15.7%	1,243	
18 - 19	61.5% ± 9.1%	3,065	
20 - 24	35.1% ± 3.6%	**10,135**	
25 - 29	25.0% ± 3.1%	7,828	
30 - 34	19.1% ± 4.0%	3,106	
35 - 39	20.2% ± 6.4%	1,384	
40 +	9.3% ± 7.4%	168	
Education Level			<.001
Less than High School	**66.8%** ± 5.8%	8,253	
Completed High School	35.5% ± 3.6%	**10,270**	
Some College	22.4% ± 3.2%	5,920	
College Graduate	9.1% ± 2.4%	2,047	
Race			<.001
White	28.8% ± 2.1%	**24,875**	
Other than White	**41.2%** ± 3.0%	1,931	
Hispanic Ethnicity			<.001
Hispanic	**68.3%** ± 5.7%	8,272	
Non-Hispanic	23.4% ± 1.9%	**18,553**	
Marital Status			<.001
Married	22.8% ± 1.9%	**17,479**	
Unmarried	**62.3%** ± 5.3%	9,450	
Birthweight			<.001
<2500 grams	**36.7%** ± 3.6%	1,954	
2500+ grams	28.8% ± 2.1%	**24,976**	

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is committed to providing quality nutrition and breastfeeding education to Utah families.

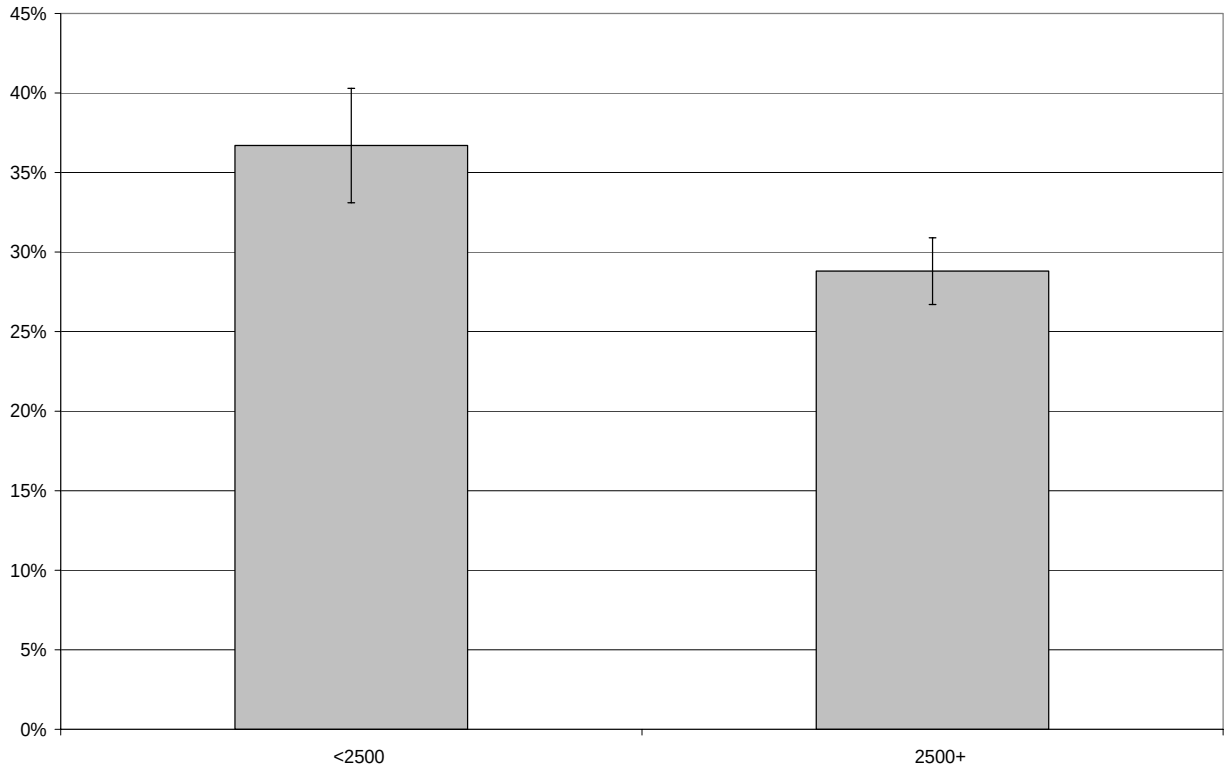
Women enrolled in WIC were younger, had less than a high school education, were other than White race, Hispanic, and unmarried.

"I love the WIC program and really appreciate it."

--A PRAMS Mom

WIC Participation

Percentage of Women Who Reported WIC Participation During Pregnancy by Infant Birth Weight



Prenatal Care Payer

Survey Question 20

Reporting of Prenatal Care Payer

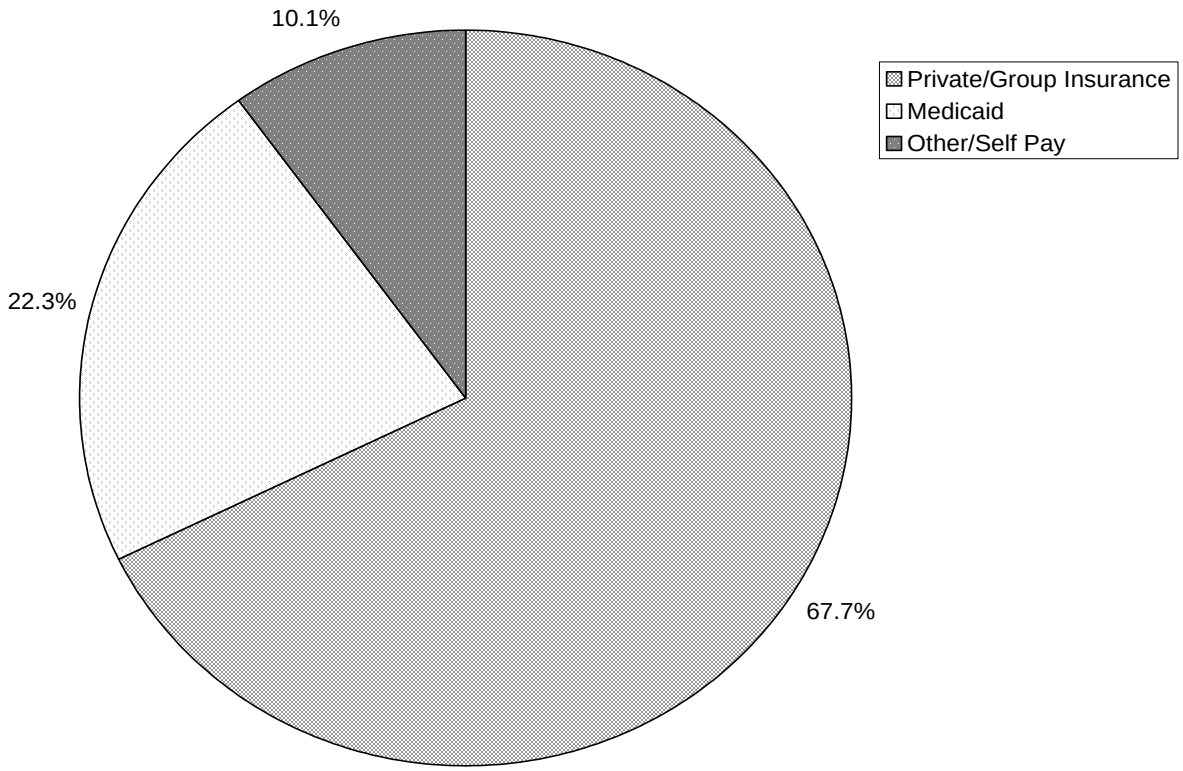
	Private Insurance		Medicaid		Self Paid or Other		
Characteristics	**Percent (95% Confidence Interval)**	**Population Estimate**	**Percent (95% Confidence**	**Population Estimate**	**Percent (95% Confidence**	**Population Estimate**	**P-Value**
Total Birth Population	**67.7% ± 2.0%**	**62,365**	**22.3% ± 1.8%**	**20,529**	**10.0% ± 1.3%**	**9,275**	
Maternal Age							<.001
≤ 17	53.7% ± 15.7%	1,073	32.7% ± 13.7%	654	13.6% ± 10.3%	273	
18 - 19	28.8% ± 8.2%	1,431	**60.4%** ± 9.3%	3,005	10.9% ± 6.7%	542	
20 - 24	59.7% ± 3.7%	17,172	30.4% ± 3.4%	**8,732**	9.9% ± 2.4%	2,847	
25 - 29	74.6% ± 3.1%	**23,403**	15.9% ± 2.6%	4,998	9.5% ± 2.2%	**2,968**	
30 - 34	76.4% ± 4.2%	12,511	13.3% ± 3.4%	2,171	10.4% ± 3.0%	1,702	
35 - 39	**78.6%** ± 6.5%	5,429	12.3% ± 5.6%	853	9.1% ± 4.2%	626	
40 +	75.6% ± 11.8%	1,346	6.5% ± 6.3%	115	**17.9%** ± 10.5%	318	
Education Level							<.001
Less than High School	26.6% ± 5.7%	3,275	**48.0%** ± 6.3%	5,911	**25.4%** ± 5.6%	**3,129**	
Completed High School	62.5% ± 3.7%	18,132	28.0% ± 3.4%	**8,116**	9.5% ± 2.3%	2,765	
Some College	74.9% ± 3.3%	19,740	17.5% ± 3.0%	4,617	7.6% ± 2.0%	2,003	
College Graduate	**87.2%** ± 2.7%	**19,776**	7.5% ± 2.2%	1,703	5.2% ± 1.8%	1,187	
Race							<.001
White	**67.9%** ± 2.1%	**58,775**	21.8% ± 1.9%	**18,894**	**10.2%** ± 1.4%	**8,865**	
Other than White	55.5% ± 2.9%	2,556	**35.5%** ± 2.8%	1,635	8.9% ± 1.6%	410	
Hispanic Ethnicity							<.001
Hispanic	34.3% ± 5.8%	4,159	**31.5%** ± 5.8%	3,811	**34.2%** ± 6.1%	4,146	
Non-Hispanic	**72.5%** ± 2.0%	**57,710**	21.0% ± 1.8%	**16,718**	6.4% ± 1.1%	**5,129**	
Marital Status							<.001
Married	**74.6%** ± 2.0%	**57,397**	16.3% ± 1.7%	**12,542**	9.1% ± 1.3%	**6,963**	
Unmarried	32.5% ± 5.2%	4,968	**52.3%** ± 5.6%	7,986	**15.1%** ± 4.3%	2,312	
Birthweight							<.001
<2500 grams	60.6% ± 3.7%	3,196	**30.2%** ± 3.5%	1,594	9.1% ± 2.2%	482	
2500+ grams	**68.1%** ± 2.1%	**59,127**	21.8% ± 1.8%	**18,930**	**10.1%** ± 1.4%	**8,793**	

Prenatal Care Payer

The majority of women reported having private insurance/HMO coverage for prenatal care services.

For this report, if a woman reported having both Medicaid and private insurance, she is included in the Medicaid category.

Prenatal Care Payer Types



Delivery Payer

Survey Question 42

Reporting of Delivery Payer

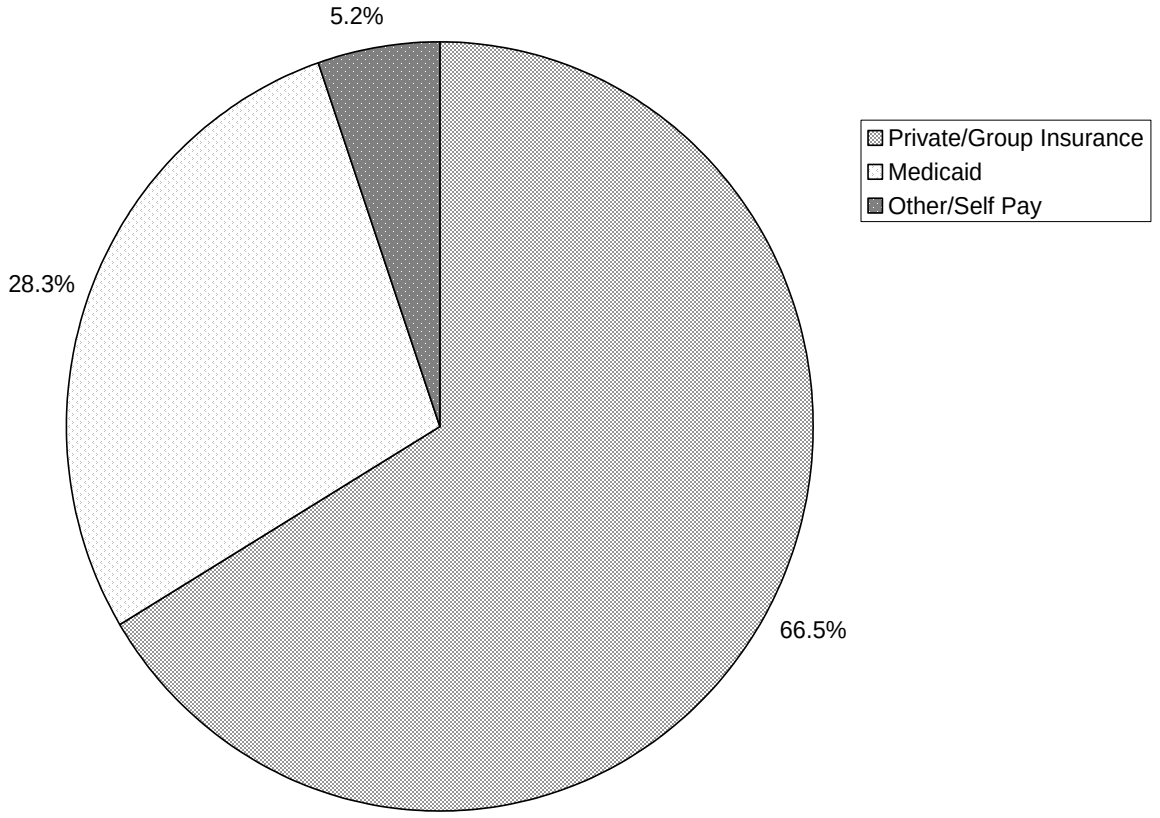
Characteristics	Private Insurance: Percent (95% Confidence Interval)	Private Insurance: Population Estimate	Medicaid: Percent (95% Confidence Interval)	Medicaid: Population Estimate	Self Paid or Other: Percent (95% Confidence Interval)	Self Paid or Other: Population Estimate	P-Value
Total Birth Population	**66.5% ± 2.0%**	**61,879**	**28.3% ± 1.9%**	**26,371**	**5.2% ± 0.9%**	**4,831**	
Maternal Age							<.001
≤ 17	43.9% ± 16.4%	884	52.7% ± 16.2%	1,062	3.4% ± 5.4%	68	
18 - 19	25.5% ± 7.6%	1,343	**70.6%** ± 8.1%	3,713	3.9% ± 3.5%	204	
20 - 24	58.2% ± 3.7%	16,940	36.9% ± 3.6%	**10,731**	4.9% ± 1.6%	**1,440**	
25 - 29	74.5% ± 3.1%	**23,462**	21.4% ± 2.9%	6,735	4.1% ± 1.3%	1,304	
30 - 34	75.7% ± 4.3%	12,466	17.6% ± 3.8%	2,904	6.7% ± 2.4%	1,108	
35 - 39	77.7% ± 6.5%	5,387	16.1% ± 5.9%	1,116	6.2% ± 3.6%	427	
40 +	**78.1%** ± 10.7%	1,397	6.2% ± 4.7%	111	**15.7%** ± 9.8%	281	
Education Level							<.001
Less than High School	24.4% ± 5.5%	3,095	**68.8%** ± 5.8%	8,689	**6.7%** ± 3.0%	849	
Completed High School	61.1% ± 3.7%	17,888	33.4% ± 3.6%	**9,779**	5.5% ± 1.7%	**1,617**	
Some College	74.2% ± 3.3%	19,719	20.1% ± 3.1%	5,346	5.7% ± 1.7%	1,513	
College Graduate	**86.8%** ± 2.7%	**19,721**	9.7% ± 2.5%	2,209	3.4% ± 1.4%	783	
Race							<.001
White	**66.7%** ± 2.1%	**58,302**	28.0% ± 2.0%	**24,455**	5.2% ± 1.0%	**4,556**	
Other than White	54.7% ± 3.0%	2,584	**39.5%** ± 2.9%	1,867	**5.8%** ± 1.4%	275	
Hispanic Ethnicity							<.001
Hispanic	35.4% ± 5.9%	4,433	**60.3%** ± 6.0%	7,556	4.3% ± 2.4%	545	
Non-Hispanic	**71.1%** ± 2.0%	**56,901**	23.5% ± 1.9%	**18,815**	**5.4%** ± 1.0%	**4,287**	
Marital Status							<.001
Married	**73.9%** ± 2.0%	**57,160**	20.9% ± 1.8%	**16,134**	**5.3%** ± 1.0%	**4,079**	
Unmarried	30.0% ± 5.1%	4,718	**65.2%** ± 5.2%	10,238	4.7% ± 2.2%	753	
Birthweight							<.001
<2500 grams	58.3% ± 3.6%	3,108	**38.4%** ± 3.6%	2,047	3.3% ± 1.3%	176	
2500+ grams	**66.9%** ± 2.1%	**58,729**	27.7% ± 2.0%	**24,320**	**5.3%** ± 1.0%	**4,655**	

Delivery Payer

Each year, between 25 and 30% of births are covered by Utah Medicaid.

Comparing payer types during prenatal care and at delivery can be used to approximate how many women were covered under Medicaid's Emergency Only coverage for non-residents without documentation. Although 34% of Hispanic women had no insurance for prenatal care, only 4.3% were uninsured at delivery. Thus an estimate would be that 3,600 Hispanic women were covered under this program.

Delivery Payer



Breastfeeding Initiation

Survey Question 47

Percentage of Women Who Reported Never Breastfeeding

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**12.0% ± 1.4%**	**10,615**	
Maternal Age			NS
≤ 17	**21.8%** ± 13.9%	428	
18 - 19	21.2% ± 8.0%	1,024	
20 - 24	11.3% ± 2.5%	3,142	
25 - 29	11.0% ± 2.3%	**3,294**	
30 - 34	10.6% ± 3.0%	1,655	
35 - 39	13.4% ± 5.8%	888	
40 +	10.1% ± 10.1%	184	
Education Level			<.001
Less than High School	**21.4%** ± 5.4%	2,473	
Completed High School	17.2% ± 3.0%	**4,721**	
Some College	8.3% ± 2.1%	2,121	
College Graduate	4.9% ± 1.8%	1,087	
Race			<.001
White	11.8% ± 1.5%	**9,764**	
Other than White	**17.7%** ± 2.3%	781	
Hispanic Ethnicity			NS
Hispanic	**14.9%** ± 4.6%	1,761	
Non-Hispanic	11.6% ± 1.5%	**8,834**	
Marital Status			<.001
Married	10.1% ± 1.4%	**7,432**	
Unmarried	**21.8%** ± 4.6%	3,183	
Birthweight			<.05
<2500 grams	**14.7%** ± 2.8%	697	
2500+ grams	11.8% ± 1.5%	**9,918**	

NS = Not statistically significant

The Healthy People 2010 goal is for 75% of women to breastfeed in the early postpartum period. Utah reaches this goal with 88% of women initiating breastfeeding.

The World Health Organization states that "breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers." [1]

Women who were other than White race and unmarried had significantly lower rates of initiation of breastfeeding. A significant difference in initiation rates was also found by education, with women who had less than a high school education reporting the lowest initiation rates.

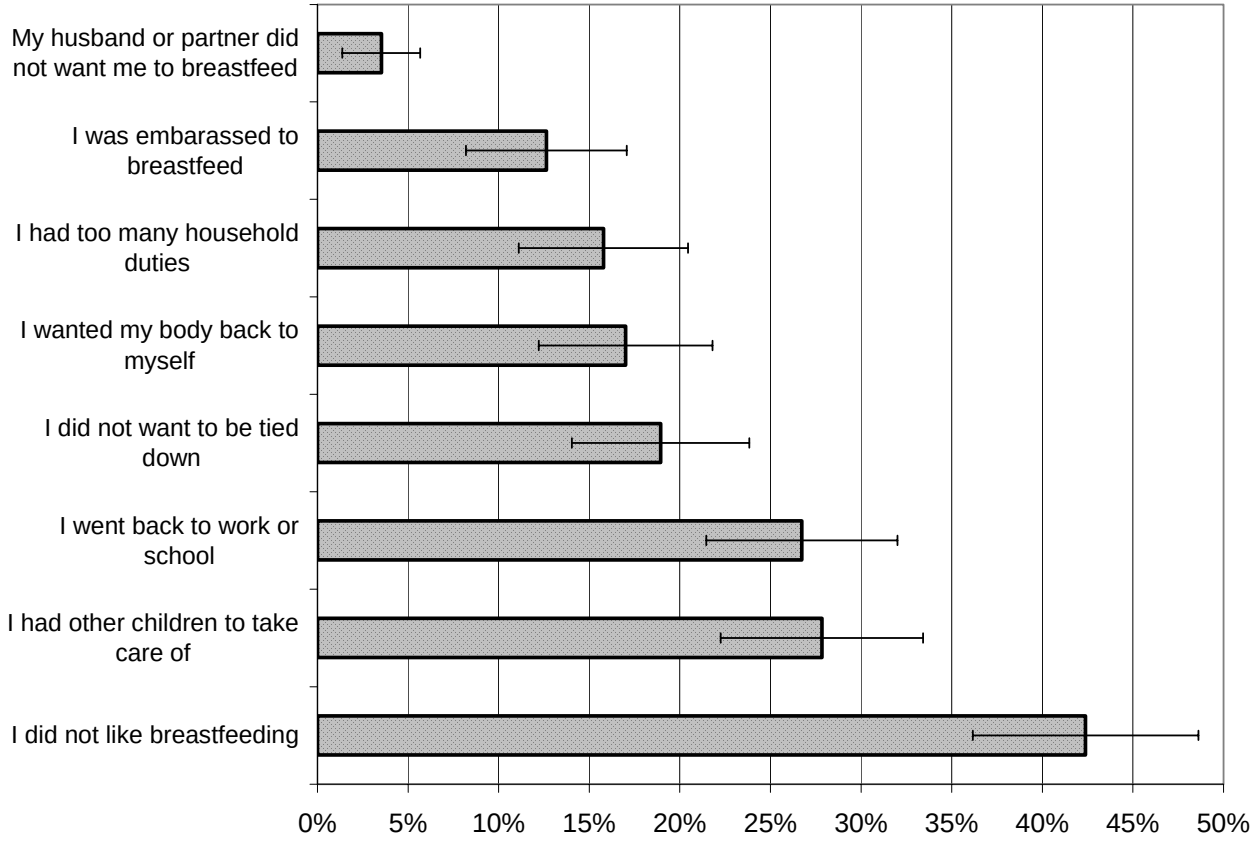
1) Infant and young child nutrition: Global strategy on infant and young child feeding. World Health Organization, 2002, pp. 1-18.

Survey Question 48

Reasons for Not Initiating Breastfeeding

The most frequently reported reason women gave for not initiating breastfeeding was not liking breastfeeding. Among these women, 80% reported a previous live birth.

Reasons Women Reported for Not Initiating Breastfeeding



Breastfeeding Continuation

Survey Question 49

Percentage of Women Who Had Stopped Breastfeeding at Time of Survey

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**33.9% ± 2.2%**	**26,338**	
Maternal Age			<.001
≤ 17	**77.4%** ± 7.1%	1,189	
18 - 19	59.4% ± 5.4%	2,260	
20 - 24	37.8% ± 2.0%	**9,272**	
25 - 29	29.9% ± 1.8%	7,950	
30 - 34	27.8% ± 2.4%	3,888	
35 - 39	21.2% ± 3.3%	1,205	
40 +	36.0% ± 7.9%	574	
Education Level			<.001
Less than High School	**57.3%** ± 3.7%	5,149	
Completed High School	44.6% ± 2.2%	**10,144**	
Some College	29.7% ± 1.9%	6,956	
College Graduate	17.4% ± 1.6%	3,660	
Race			<.001
White	33.2% ± 1.2%	**24,250**	
Other than White	**46.1%** ± 1.7%	1,675	
Hispanic Ethnicity			<.001
Hispanic	**47.6%** ± 3.6%	4,702	
Non-Hispanic	31.8% ± 1.1%	**21,419**	
Marital Status			<.001
Married	28.5% ± 1.1%	**18,918**	
Unmarried	**65.1%** ± 3.1%	7,420	
Birthweight			<.001
<2500 grams	**50.0%** ± 2.1%	2,017	
2500+ grams	33.0% ± 1.2%	**24,311**	

The Healthy People 2010 goal is for 50% of women to be breastfeeding their infants at 6 months of age.

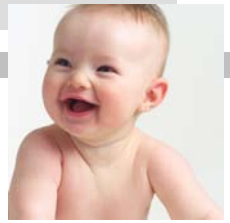
Of the women who reported initiating breastfeeding, 66.1% were still breastfeeding at the time they responded to the survey. However, the survey is filled out, on average, when the infant is three months old. When looking at only those women who filled out the survey when their infant was six months old, 53% reported they were still breastfeeding, showing a decline of 13%.

For those women who reported stopping breastfeeding, the average duration of breastfeeding was 12 weeks.

When health care providers offer encouragement and support, breastfeeding rates may be increased and duration rates extended.

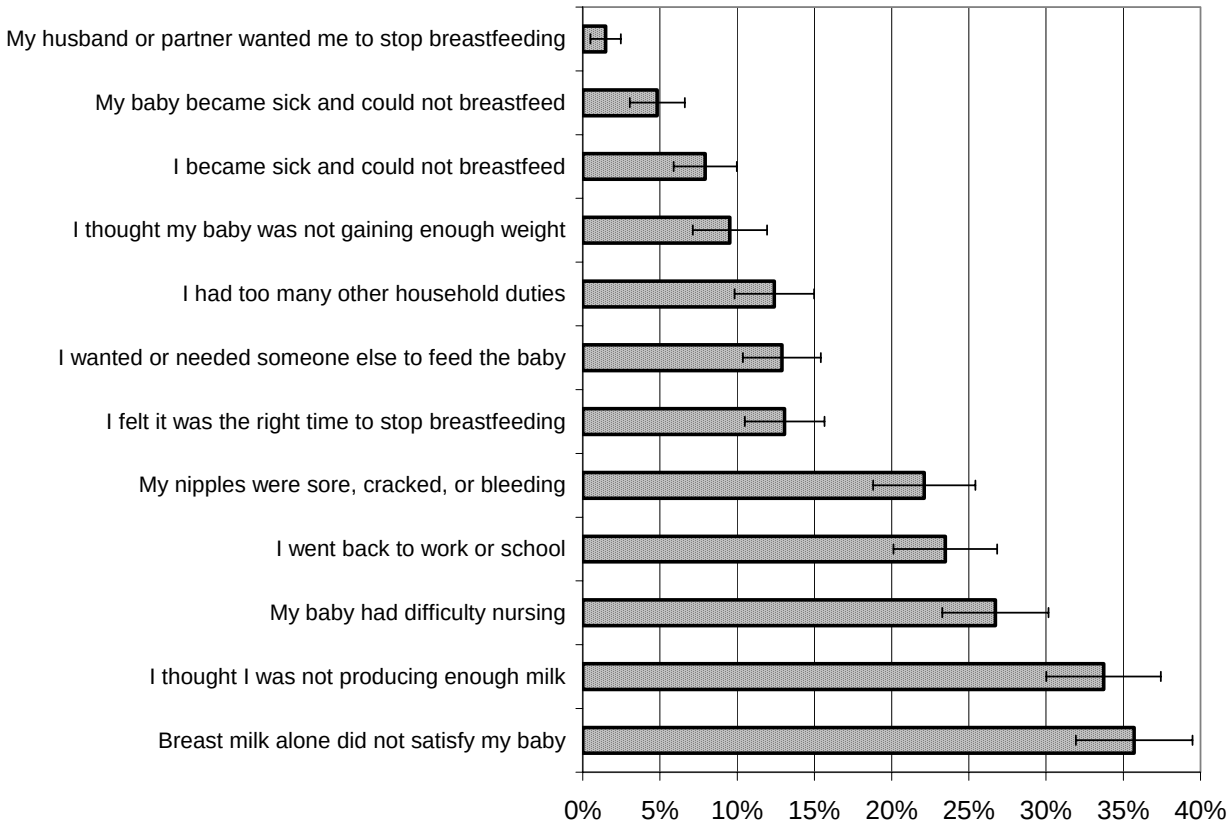
Survey Question 51

Reasons for Stopping Breastfeeding



For women who reported stopping breastfeeding, the most common reasons were that breast milk did not satisfy their baby or they thought they were not producing enough breast milk. Women in the 40+ age group had the highest frequency of responses in these two categories.

Reasons Women Reported for Stopping Breastfeeding



Postpartum Birth Control Use

Survey Question 67

Percentage of Women Who Reported Not Using Birth Control Postpartum

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**11.4% ± 1.3%**	**10,517**	
Maternal Age			NS
≤ 17	13.1% ± 9.8%	265	
18 - 19	13.7% ± 6.4%	721	
20 - 24	10.7% ± 2.3%	3,076	
25 - 29	11.2% ± 2.3%	**3,521**	
30 - 34	9.4% ± 2.6%	1,528	
35 - 39	16.0% ± 5.9%	1,092	
40 +	**18.0%** ± 10.8%	314	
Education Level			<.001
Less than High School	**16.9%** ± 4.6%	2,071	
Completed High School	12.3% ± 2.5%	**3,574**	
Some College	11.1% ± 2.4%	2,925	
College Graduate	8.1% ± 2.1%	1,845	
Race			<.001
White	10.9% ± 1.4%	**9,433**	
Other than White	**20.9%** ± 2.3%	984	
Hispanic Ethnicity			<.001
Hispanic	**17.7%** ± 5.1%	2,158	
Non-Hispanic	10.5% ± 1.3%	**8,359**	
Marital Status			<.05
Married	10.6% ± 1.4%	**8,192**	
Unmarried	**15.3%** ± 4.1%	2,325	
Birthweight			<.05
<2500 grams	**14.0%** ± 2.5%	745	
2500+ grams	11.2% ± 1.4%	**9,747**	

NS = Not statistically signficant

There are some gaps in funding for family planning services in Utah. Unlike many other states, the State of Utah does not provide funding for family planning services. A limited amount of Utah's federal Maternal and Child Health Title V Block Grant funds are distributed to local health departments for family planning services. Planned Parenthood of Utah receives and disseminates federal Title X funds for family planning services for women at or below 100% of the federal poverty guidelines through contracted clinics. In addition, women who qualify for prenatal Medicaid lose coverage, including for family planning services, 60 days after the delivery of their infants. The Department of Health is currently in the process of applying to the Centers for Medicare/Medicaid Services to extend family planning service coverage for this group of women for a period of two years after the birth. Women enrolled in Utah's Primary Care Network are eligible for coverage of family planning services, however the enrollment is frequently capped limiting the number of women who could qualify.

Many employers do not buy coverage plans that include contraception, which creates a barrier for women in getting birth control.

Survey Question 68

Reasons for Not Using Birth Control Postpartum

In Utah over 11% of women reported not using postpartum birth control at the time of the PRAMS survey (2-4 months post partum).

Among all women in the sample, 82.2% reported that their prenatal care provider asked them if they planned on using postpartum birth control. Women were significantly more likely to use birth control postpartum if their providers discussed the issue with them during prenatal care.

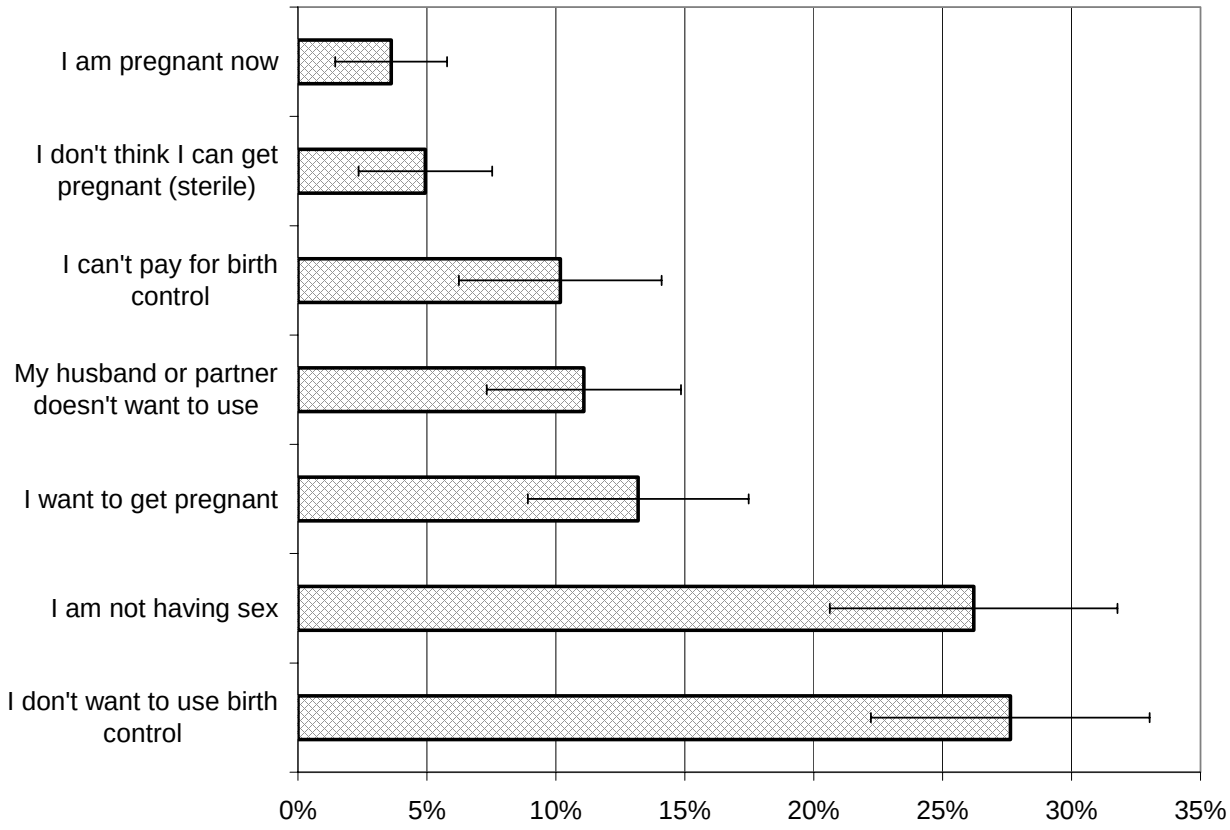
The most frequent reason women gave for not using postpartum birth control was not wanting to use birth control.

Of concern is the 13.2% of women reporting they want to become pregnant and the 3.6% of women reporting they were currently pregnant. It would appear that education about the risks of short interpregnancy spacing is important.

"[I was using] breastfeeding as birth control."

--A PRAMS Mom

Reasons Women Reported for Not Using Birth Control Postpartum



Postpartum Depression

Survey Question 71

Percentage of Women Who Reported Moderate to Severe Postpartum Depression

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**25.0% ± 1.8%**	**23,163**	
Maternal Age			<.001
≤ 17	23.9% ± 14.8%	482	
18 - 19	**35.9%** ± 8.7%	1,884	
20 - 24	27.5% ± 3.3%	**7,969**	
25 - 29	23.1% ± 3.0%	7,235	
30 - 34	24.7% ± 4.3%	4,041	
35 - 39	17.2% ± 5.5%	1,172	
40 +	20.6% ± 12.3%	380	
Education Level			<.001
Less than High School	25.6% ± 5.4%	3,172	
Completed High School	**29.1%** ± 3.4%	**8,485**	
Some College	26.0% ± 3.4%	6,888	
College Graduate	17.7% ± 3.1%	4,022	
Race			NS
White	25.1% ± 1.9%	**21,816**	
Other than White	**25.5%** ± 2.7%	1,195	
Hispanic Ethnicity			NS
Hispanic	21.7% ± 5.2%	2,684	
Non-Hispanic	**25.5%** ± 1.9%	**20,375**	
Marital Status			<.001
Married	23.7% ± 1.9%	**18,323**	
Unmarried	**31.3%** ± 4.9%	4,841	
Birthweight			<.001
<2500 grams	**37.3%** ± 3.6%	1,990	
2500+ grams	24.2% + 1.9%	**21,149**	

NS = Not statistically signficant

One quarter of Utah women reported moderate to severe postpartum depression. After delivery 2.7% of women reported they were very depressed and had to seek help.

Unmarried women and women who delivered a low birthweight infant were significantly more likely to report postpartum depression.

Women who reported physical abuse before or during pregnancy were significantly more likely to report being depressed after delivery.

Nearly 74% of women reported that a health care provider discussed postpartum depression with them.

A recent review of maternal deaths in Utah from 1995 - 2002 found that five women had committed suicide.[1]

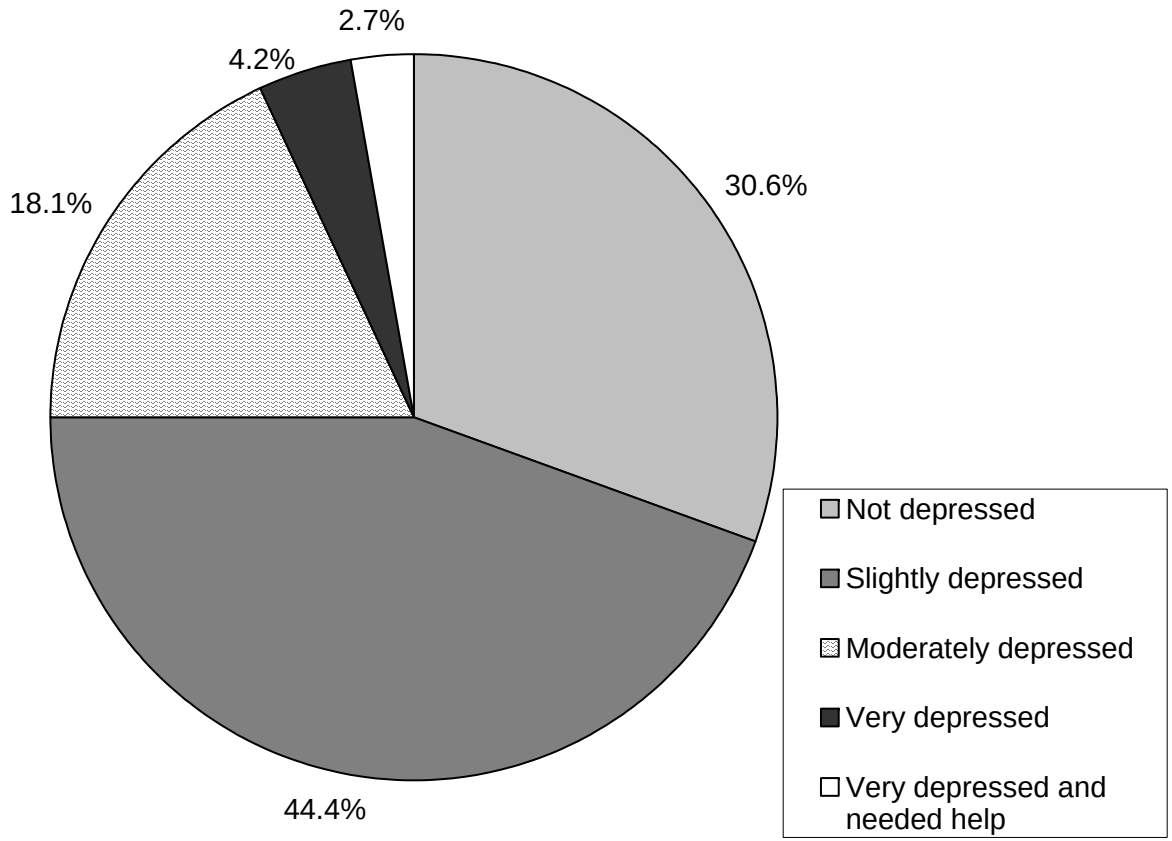
1) Utah Department of Health. (2004). *Utah MCH Facts: Maternal Mortality, 1995-2002.* SLC, UT: Dye, H., Barnard, P.

Postpartum Depression

"Postpartum Depression and the "baby blues" are topics that are rarely addressed. I feel that most women are embarrassed to admit that they felt "blue" after giving birth. I would like to see more education about these issues and more resources for women who are experiencing them."

--A PRAMS Mom

Self-Reported Postpartum Depression



Follow up for Infants With Early Hospital Discharge

Survey Questions 41 & 55

Percentage of Infants With Early Hospital Discharge* Who Did Not See a Health Care Provider Within One Week

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**46.4% ± 2.4%**	**34,356**	
Maternal Age			NS
≤ 17	45.8% ± 19.2%	674	
18 - 19	34.4% ± 10.6%	1,328	
20 - 24	44.8% ± 4.3%	10,241	
25 - 29	45.3% ± 4.0%	**11,596**	
30 - 34	50.8% ± 5.6%	6,711	
35 - 39	53.3% ± 8.6%	2,973	
40 +	**54.8%** ± 16.2%	832	
Education Level			<.05
Less than High School	36.1% ± 7.3%	3,174	
Completed High School	47.2% ± 4.4%	**10,739**	
Some College	**48.1%** ± 4.3%	10,238	
College Graduate	47.8% ± 4.4%	9,480	
Race			<.001
White	**46.9%** ± 2.5%	**32,751**	
Other than White	34.7% ± 3.1%	1,229	
Hispanic Ethnicity			<.05
Hispanic	36.6% ± 7.2%	3,436	
Non-Hispanic	**47.8%** ± 2.5%	**30,759**	
Marital Status			<.05
Married	**48.0%** ± 2.5%	**30,165**	
Unmarried	37.3% ± 6.6%	4,192	

NS = Not statistically significant

* Less than 24 hours for vaginal delivery or less than 96 hours for a cesarean section

The AAP recommends newborns discharged less than 48 hours with a vaginal delivery or 96 hours for a cesarean delivery should have an appointment for examination within 48 hours of discharge.[1]

Higher rates of no follow up were seen among married, non-Hispanic, White women and women with a high school education or more. This finding is different from national trends where higher proportions were found among younger, less educated women.

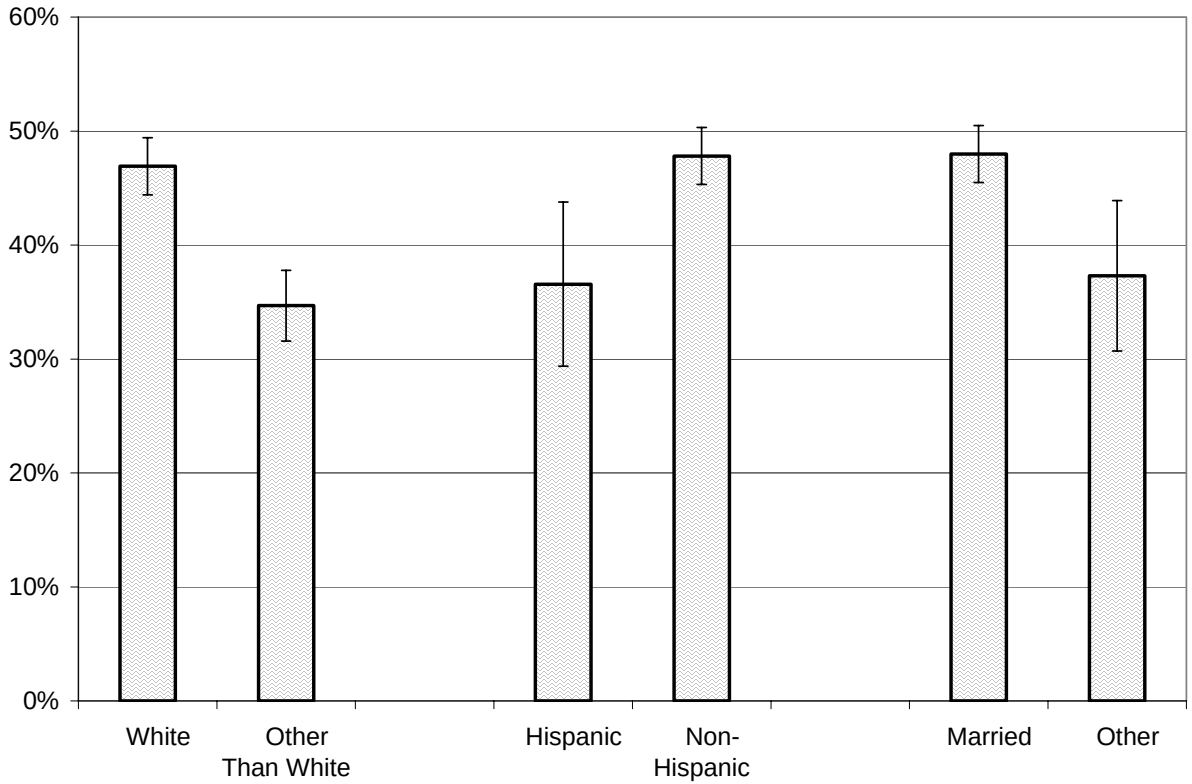
1) Guidelines for Perinatal Care, Fifth Edition. (p. 215) AAP and ACOG. (2002).

Follow up for Infants With Early Hospital Discharge

"We don't have a very good health insurance. ($500 deductible per person, $5,000 deductible for pregnancy) Because of that we ended up paying $10,000 out of pocket for the past 2 pregnancies in 2 years. Both of them were normal deliveries with only 24 hour - stay at the hospital. Because of the huge medical bills, we ended up skipping most of well-baby check ups. The only check up we took our babies to was the 2 week checkup to get PKU tests done. We don't qualify for Medicaid or CHIP. We wished there was an inexpensive clinic where we could take our babies for well baby checkups."

--A PRAMS Mom

The Percentage of Women With Early Hospital Discharge Who Reported No Infant Follow Up Visit Within the First Week by Race, Ethnicity, and Marital Status



Infant Non-Back Sleep Position

Survey Question 54

Percentage of Women Who Reported They Did Not Put Their Baby on Their Back to Sleep

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**27.0% ± 1.9%**	**23,723**	
Maternal Age			NS
≤ 17	**40.6%** ± 8.7%	750	
18 - 19	29.0% ± 4.5%	1,402	
20 - 24	27.7% ± 1.8%	7,603	
25 - 29	27.3% ± 1.7%	**8,103**	
30 - 34	24.1% ± 2.2%	3,758	
35 - 39	24.8% ± 3.5%	1,656	
40 +	24.8% ± 6.2%	452	
Education Level			<.001
Less than High School	**39.1%** ± 6.4%	4,374	
Completed High School	27.8% ± 3.5%	**7,623**	
Some College	25.7% ± 3.5%	6,516	
College Graduate	21.5% ± 3.5%	4,767	
Race			<.001
White	26.5% ± 2.0%	**21,832**	
Other than White	**36.4%** ± 2.8%	1,606	
Hispanic Ethnicity			<.001
Hispanic	**40.1%** ± 6.4%	4,632	
Non-Hispanic	25.0% ± 2.0%	**18,978**	
Marital Status			<.05
Married	26.0% ± 2.1%	**19,100**	
Unmarried	**32.3%** ± 5.4%	4,622	
Birthweight			NS
<2500 grams	**29.3%** ± 3.6%	1,370	
2500+ grams	26.9% ± 2.0%	**22,353**	

NS = Not statistically significant

In June 1992, the AAP issued a policy statement that urged parents to put infants to sleep on their backs to prevent Sudden Infant Death Syndrome (SIDS). In 1994 the national Back to Sleep program officially began.

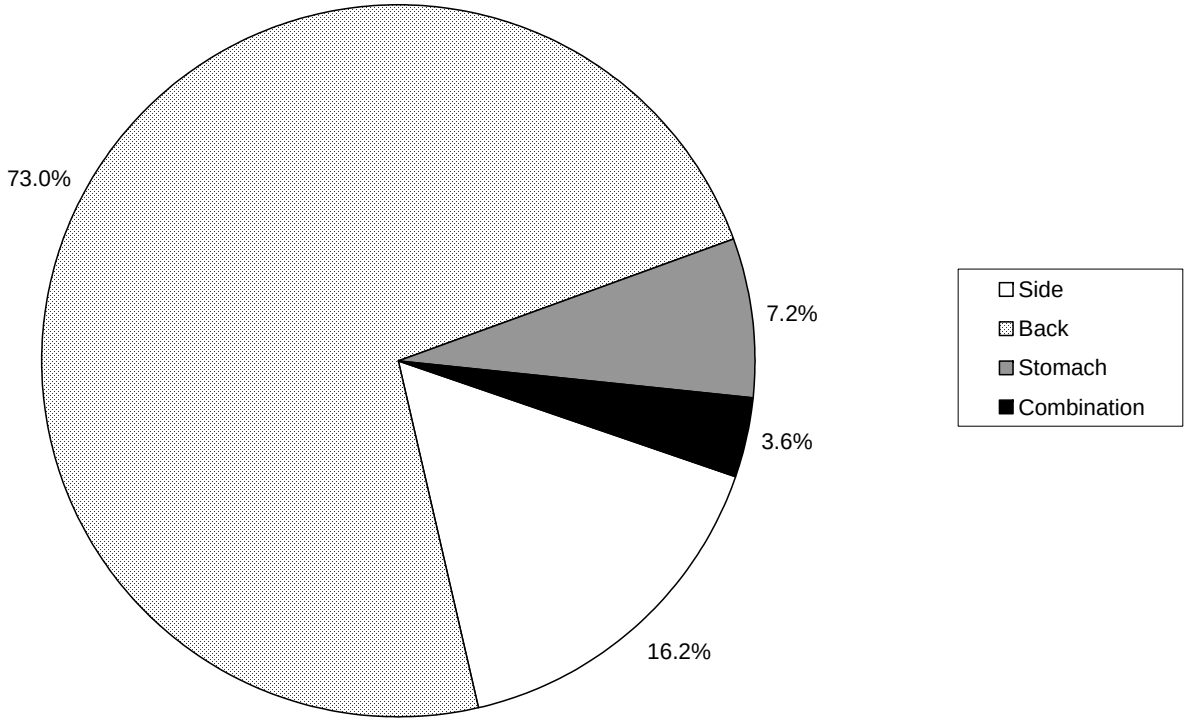
The Healthy People 2010 goal is to increase the percentage of healthy full term infants who are put down to sleep on their backs to 70%. Utah reached this goal with 73% of women reporting they put their infants down to sleep on their backs.

Women who did not report placing their infant on their backs to sleep were significantly more likely to be other than White race, Hispanic, and unmarried. Women less than 17 years old and those with less than a high school education were also significantly less likely to put their infants to sleep on their back.

Infant Non-Back Sleep Position

Of the women who did not place their infants to sleep on their backs, the majority reported placing their infants on their sides to sleep. Only 7.2% reported placing their infants to sleep on their stomachs.

Infant Sleep Position



Alcohol Use 3 Months Before Pregnancy

Survey Question 31a

Percentage of Women Who Reported Drinking Alcohol During the Three Months Before Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**22.7% ± 1.8%**	**20,650**	
Maternal Age			<.001
≤ 17	**29.7%** ± 15.9%	569	
18 - 19	36.8% ± 8.9%	1,879	
20 - 24	24.9% ± 3.3%	**7,118**	
25 - 29	20.3% ± 2.9%	6,318	
30 - 34	16.2% ± 3.6%	2,587	
35 - 39	28.3% ± 7.3%	1,859	
40 +	17.5% ± 12.4%	320	
Education Level			<.001
Less than High School	26.7% ± 5.7%	3,156	
Completed High School	**32.6%** ± 3.6%	**9,386**	
Some College	16.8% ± 2.9%	4,416	
College Graduate	14.5% ± 2.9%	3,243	
Race			NS
White	22.5% ± 1.9%	**19,212**	
Other than White	**25.2%** ± 2.4%	1,162	
Hispanic Ethnicity			NS
Hispanic	21.5% ± 5.3%	2,536	
Non-Hispanic	**23.0%** ± 1.9%	**18,048**	
Marital Status			<.001
Married	17.4% ± 1.7%	**13,277**	
Unmarried	**49.7%** ± 5.6%	7,373	
Birthweight			<.001
<2500 grams	**29.4%** ± 3.4%	1,523	
2500+ grams	22.3% ± 1.9%	**19,117**	

NS = Not statistically significant

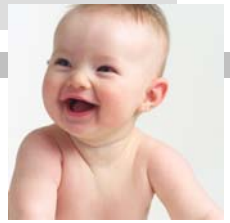
Fetal alcohol syndrome is one of the leading causes of preventable mental retardation in the U.S.

The effects of alcohol consumption on the fetus may occur before a woman is aware that she is pregnant. Because women are more likely to report alcohol use in the first trimester as the time after they knew they were pregnant, alcohol use just before pregnancy may provide a better measure of consumption in the early weeks of pregnancy.[1]

Of the almost 23% of Utah women who reported alcohol use in the three months before pregnancy, 44% reported drinking five or more drinks in one sitting at least one time.

1) Day NL, Cottreau CM, Richardson GA. The Epidemiology of Alcohol, Marijuana, and Cocaine use among women of Childbearing Age and Pregnant Women. Clin Obstet Gynecol 1993;36(2):232-45.

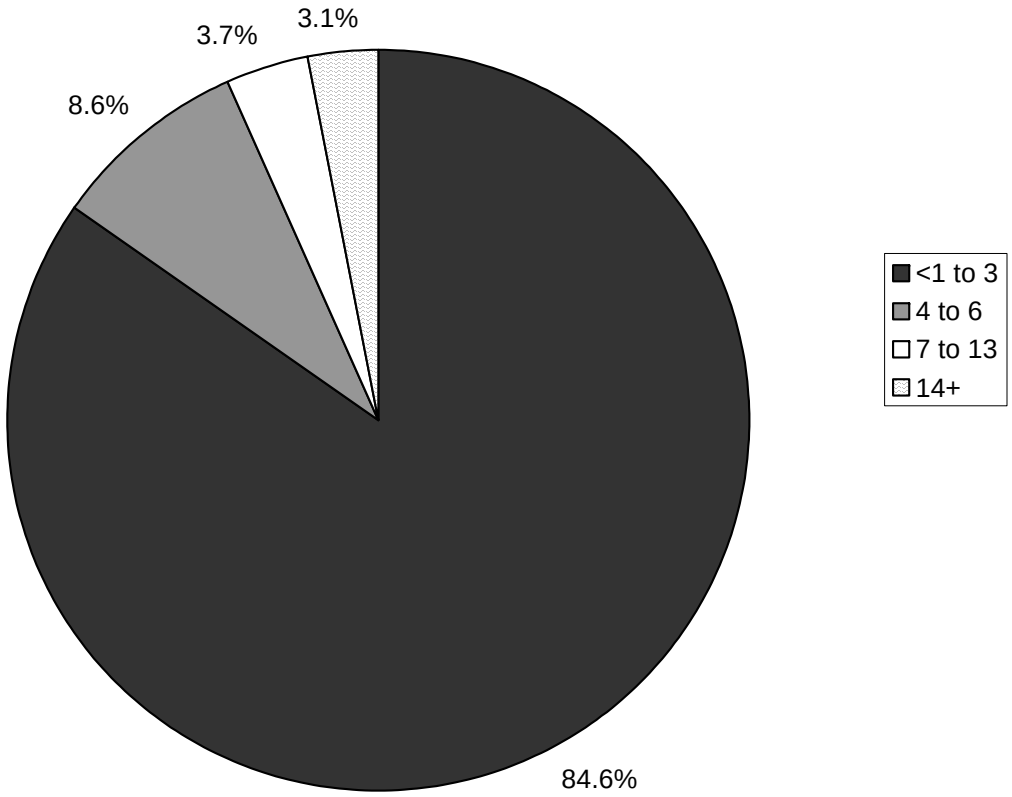
Alcohol Use 3 Months Before Pregnancy



A larger proportion of women who were less than 20 years of age reported drinking in the three months before pregnancy. Almost 50% of women who were unmarried reported drinking in the three months prior to pregnancy.

Of the women who reported drinking in the three months before pregnancy, 84.6% reported drinking less than one to three drinks per week.

Number of Drinks Per Week in the Three Months Before Pregnancy



Alcohol Use the Last 3 Months of Pregnancy

Survey Question 32a

Percentage of Women Who Reported Drinking Alcohol the Last Three Months of Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**3.4% ± 0.8%**	**3,084**	
Maternal Age			NS
≤ 17	2.6% ± 4.9%	49	
18 - 19	4.6% ± 4.0%	240	
20 - 24	2.8% ± 1.3%	**800**	
25 - 29	2.3% ± 1.0%	704	
30 - 34	3.0% ± 1.8%	475	
35 - 39	**10.3%** ± 5.3%	689	
40 +	6.9% ± 7.4%	127	
Education Level			NS
Less than High School	**4.6%** ± 2.8%	559	
Completed High School	3.9% ± 1.6%	**1,131**	
Some College	2.0% ± 1.2%	536	
College Graduate	3.3% ± 1.4%	750	
Race			NS
White	3.3% ± 0.8%	**2,873**	
Other than White	**3.5%** ± 1.0%	162	
Hispanic Ethnicity			NS
Hispanic	**3.8%** ± 2.7%	452	
Non-Hispanic	3.3% ± 0.8%	**2,632**	
Marital Status			<.001
Married	2.5% ± 0.7%	**1,879**	
Unmarried	**8.0%** ± 3.2%	1,205	
Birthweight			NS
<2500 grams	3.0% ± 1.3%	156	
2500+ grams	**3.4%** ± 0.8%	**2,928**	

NS = Not statistically significant

The Healthy People 2010 goal is for 94% of pregnant women to abstain from alcohol and to reduce binge drinking (five drinks or more in one sitting) among pregnant women to 1%.

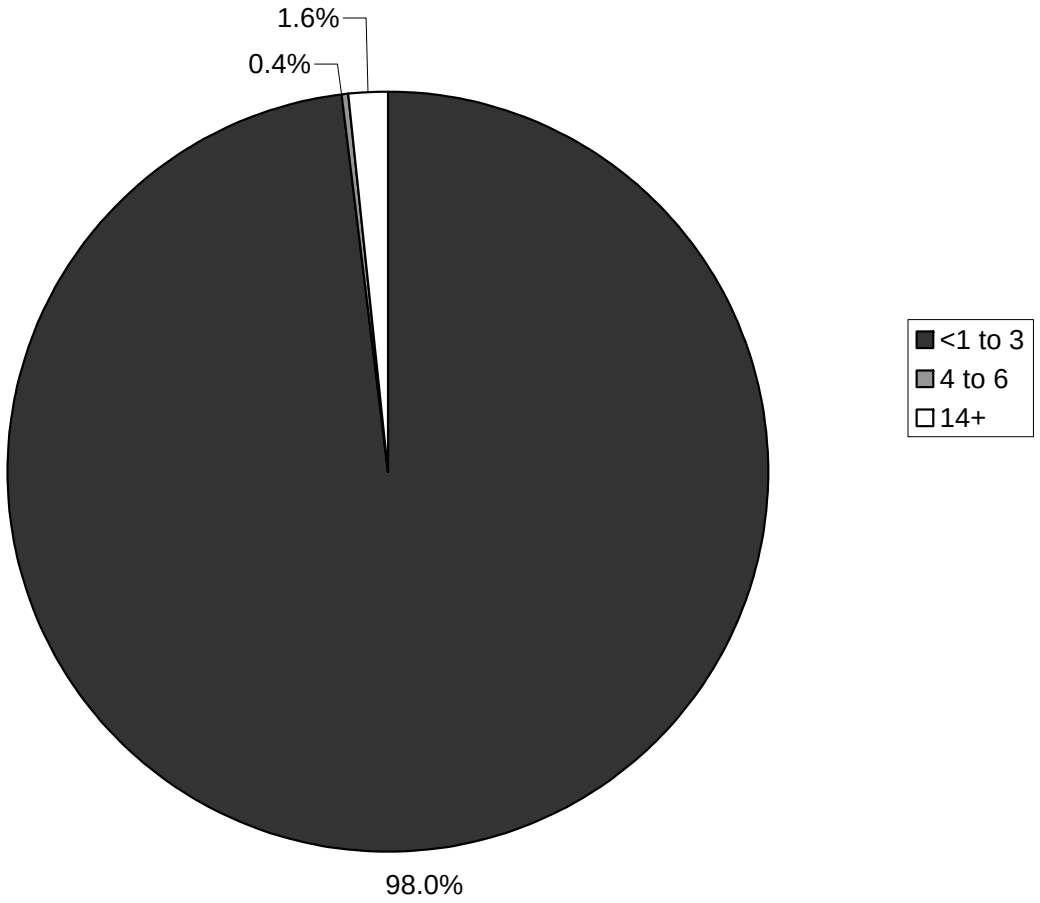
Utah meets this goal with 3.4% of women reporting that they drank in the last three months of their pregnancy. Utah also meets the binge drinking goal with 1% of women reporting they drank five or more drinks in one sitting during the last three months of their pregnancy.

Significantly higher rates of alcohol use during the last trimester were noted among women who were unmarried. Although higher rates were noted among other groups, these differences were not statistically significant.

Alcohol Use the Last 3 Months of Pregnancy

Of the women who did drink in the last three months of their pregnancy, the vast majority (98%) said they drank less than one to three drinks per week.

Number of Drinks Per Week in the Last Three Months of Pregnancy



Alcohol Discussion With Health Care Provider

Survey Question 22a

Percentage of Women Who Reported Their Health Care Provider Did Not Ask Them if They Were Drinking Alcohol

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**27.5% ±1.9%**	**25,042**	
Maternal Age			<.05
≤ 17	20.6% ± 13.8%	402	
18 - 19	23.0% ± 7.9%	1,103	
20 - 24	24.1% ± 3.3%	6,882	
25 - 29	27.0% ± 3.2%	**8,418**	
30 - 34	32.2% ± 4.7%	5,193	
35 - 39	34.1% ± 7.3%	2,298	
40 +	**40.8%** ± 14.4%	748	
Education Level			<.001
Less than High School	19.3% ± 5.0%	2,341	
Completed High School	23.2% ± 3.3%	6,638	
Some College	28.7% ± 3.5%	7,550	
College Graduate	**35.6%** ± 3.9%	**7,981**	
Race			<.001
White	**28.1%** ± 2.0%	**24,050**	
Other than White	16.8% ± 2.1%	771	
Hispanic Ethnicity			<.001
Hispanic	13.6% ± 4.1%	1,580	
Non-Hispanic	**29.6%** ± 2.1%	**23,394**	
Marital Status			<.001
Married	**29.0%** ± 2.1%	**22,086**	
Unmarried	19.8% ± 4.4%	2,957	
Birthweight			<.01
<2500 grams	21.9% ± 3.1%	1,144	
2500+ grams	**27.8%** ± 2.0%	**23,882**	

While many providers know substance use during pregnancy is a problem, they may not routinely screen all pregnant women. Perhaps, this is because of assumptions about women who drink or because of difficulty in addressing the problem.

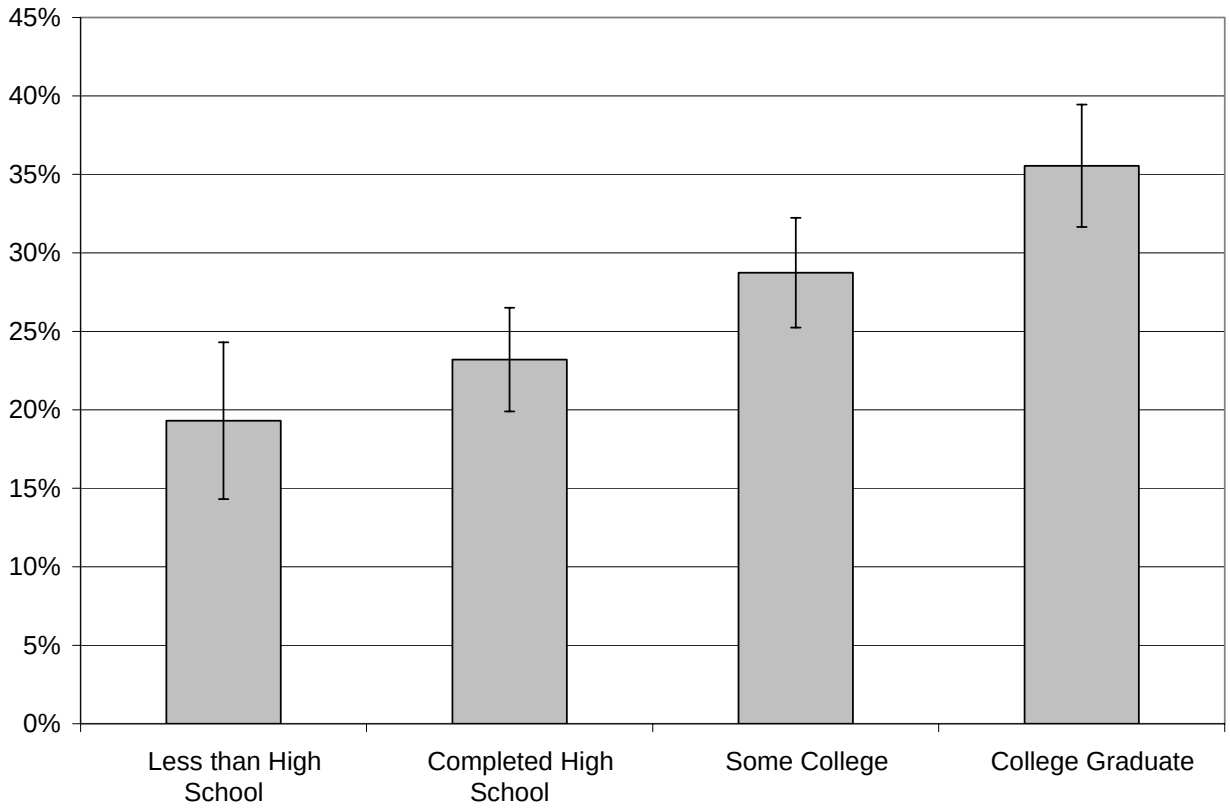
ACOG recommends that all women be questioned thoroughly about past and present substance use at the time of their first prenatal visit. For most women, screening can take 30 seconds. For women with a problem, screening can be accomplished in 5 to 10 minutes. During screening, the health implications of substance use and the benefits of reduction/abstinence should be stressed.

Over 25% of women reported that their health care provider did not discuss alcohol use during pregnancy.

Alcohol Discussion With Health Care Provider

The highest rates for no discussion were seen among older, higher educated, White, non-Hispanic, married women.

Percentage of Women Who Reported That Their Health Care Provider Did Not Ask if They Were Drinking Alcohol by Level of Education



Smoking 3 Months Before Pregnancy

Survey Question 27

Percentage of Women Who Reported Smoking During the Three Months Before Their Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**14.0% ± 1.5%**	**12,830**	
Maternal Age			<.001
≤ 17	23.2% ± 14.0%	451	
18 - 19	**32.2%** ± 9.1%	1,540	
20 - 24	21.3% ± 3.2%	**6,173**	
25 - 29	8.9% ± 2.0%	2,772	
30 - 34	7.1% ± 2.7%	1,144	
35 - 39	9.2% ± 5.0%	621	
40 +	7.1% ± 8.1%	130	
Education Level			<.001
Less than High School	**29.3%** ± 5.8%	3,531	
Completed High School	23.9% ± 3.3%	**6,848**	
Some College	6.6% ± 2.0%	1,752	
College Graduate	2.5% ± 1.3%	560	
Race			<.05
White	13.9% ± 1.6%	**11,891**	
Other than White	**17.4%** ± 2.7%	813	
Hispanic Ethnicity			NS
Hispanic	10.8% ± 4.2%	1,288	
Non-Hispanic	**14.5%** ± 1.6%	**11,486**	
Marital Status			<.001
Married	8.9% ± 1.3%	**6,812**	
Unmarried	**40.8%** ± 5.5%	6,018	
Birthweight			<.001
<2500 grams	**18.8%** ± 3.0%	974	
2500+ grams	13.7% ± 1.6%	**11,856**	

NS = Not statistically significant

Tobacco use increases the risks for ectopic pregnancy, spontaneous abortion, preterm premature rupture of membranes, abruption, placenta previa, preterm delivery, stillbirth, and low birthweight.

Women with statistically higher rates of smoking prior to pregnancy were other than White race, unmarried and had delivered a low birthweight infant. Significant differences were also noted by age and education with women aged 18 – 19 and those with less than a high school education reporting the highest rates of smoking.

Of the women who smoked before pregnancy, the average number of cigarettes smoked per day was 15.

The Healthy People 2010 goal is to have 99% of women abstain from using cigarettes during pregnancy. Utah does not reach this goal with 7.5% of women reporting smoking during the last trimester of their pregnancy.

Survey Question 28

Smoking the Last 3 Months of Pregnancy

The Healthy People 2010 goal regarding women who smoke is to achieve 30% cessation during pregnancy. Utah meets this goal with approximately 50% of women who smoked in the months prior to pregnancy quitting by the last trimester. More than one-third of women reduced the number of cigarettes smoked.

Forty-six percent of Medicaid participants who reported smoking before pregnancy quit by their third trimester and 37.9% smoked fewer cigarettes.

Seventeen percent of women who smoked before pregnancy reported smoking at the same level or higher during the last three months of pregnancy.

Women who reported higher rates of smoking during their pregnancy were between 18 and 19 years of age, had less than a high school education, were Non-Hispanic, unmarried, and had delivered a low birthweight infant.

The average number of cigarettes smoked per day among this group was 13.

Percentage of Women Who Reported Smoking During the Last Three Months of Pregnancy

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**7.5% ± 1.1%**	**6,905**	
Maternal Age			<.001
≤ 17	8.5% ± 8.5%	164	
18 - 19	**16.6%** ± 7.1%	843	
20 - 24	11.0% ± 2.5%	**3,191**	
25 - 29	4.9% ± 1.5%	1,527	
30 - 34	4.6% ± 2.3%	740	
35 - 39	4.6% ± 3.0%	310	
40 +	7.1% ± 8.1%	130	
Education Level			<.001
Less than High School	**18.1%** ± 4.9%	2,204	
Completed High School	13.2% ± 2.6%	**3,824**	
Some College	2.6% ± 1.2%	684	
College Graduate	0.6% ± 0.6%	128	
Race			NS
White	7.5% ± 1.2%	**6,492**	
Other than White	**7.6%** ± 2.3%	357	
Hispanic Ethnicity			<.001
Hispanic	3.8% ± 2.7%	452	
Non-Hispanic	**8.0%** ± 1.3%	**6,397**	
Marital Status			<.001
Married	4.1% ± 0.9%	3,165	
Unmarried	**24.9%** ± 4.8%	**3,740**	
Birthweight			<.001
<2500 grams	**13.1%** ± 2.6%	686	
2500+ grams	7.2% ± 1.2%	**6,219**	

NS = Not statistically significant

Smoking Postpartum

Survey Question 29

Percentage of Women Who Reported Smoking Postpartum

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**9.8% ± 1.3%**	**9,019**	
Maternal Age			<.001
≤ 17	**19.9%** ± 13.4%	390	
18 - 19	**19.9%** ± 7.1%	1,001	
20 - 24	14.6% ± 2.8%	**4,255**	
25 - 29	6.3% ± 1.7%	1,957	
30 - 34	5.8% ± 2.5%	934	
35 - 39	5.2% ± 3.2%	351	
40 +	7.1% ± 8.1%	130	
Education Level			<.001
Less than High School	**23.7%** ± 5.3%	2,914	
Completed High School	16.1% ± 2.8%	**4,653**	
Some College	3.9% ± 1.5%	1,031	
College Graduate	1.5% ± 0.9%	338	
Race			NS
White	9.6% ± 1.3%	**8,333**	
Other than White	**12.0%** ± 2.5%	561	
Hispanic Ethnicity			NS
Hispanic	7.2% ± 3.3%	871	
Non-Hispanic	**10.2%** ± 1.4%	**8,092**	
Marital Status			<.001
Married	5.8% ± 1.1%	4,500	
Unmarried	**29.9%** ± 5.1%	**4,519**	
Birthweight			<.001
<2500 grams	**16.6%** ± 2.8%	865	
2500+ grams	9.4% ± 1.3%	**8,155**	

NS = Not statistically significant

Women who were significantly more likely to smoke postpartum were unmarried, and had delivered a low birthweight infant. Significant differences were also noted by age and education with women aged less than 20 and those with less than a high school education reporting the highest postpartum smoking rates.

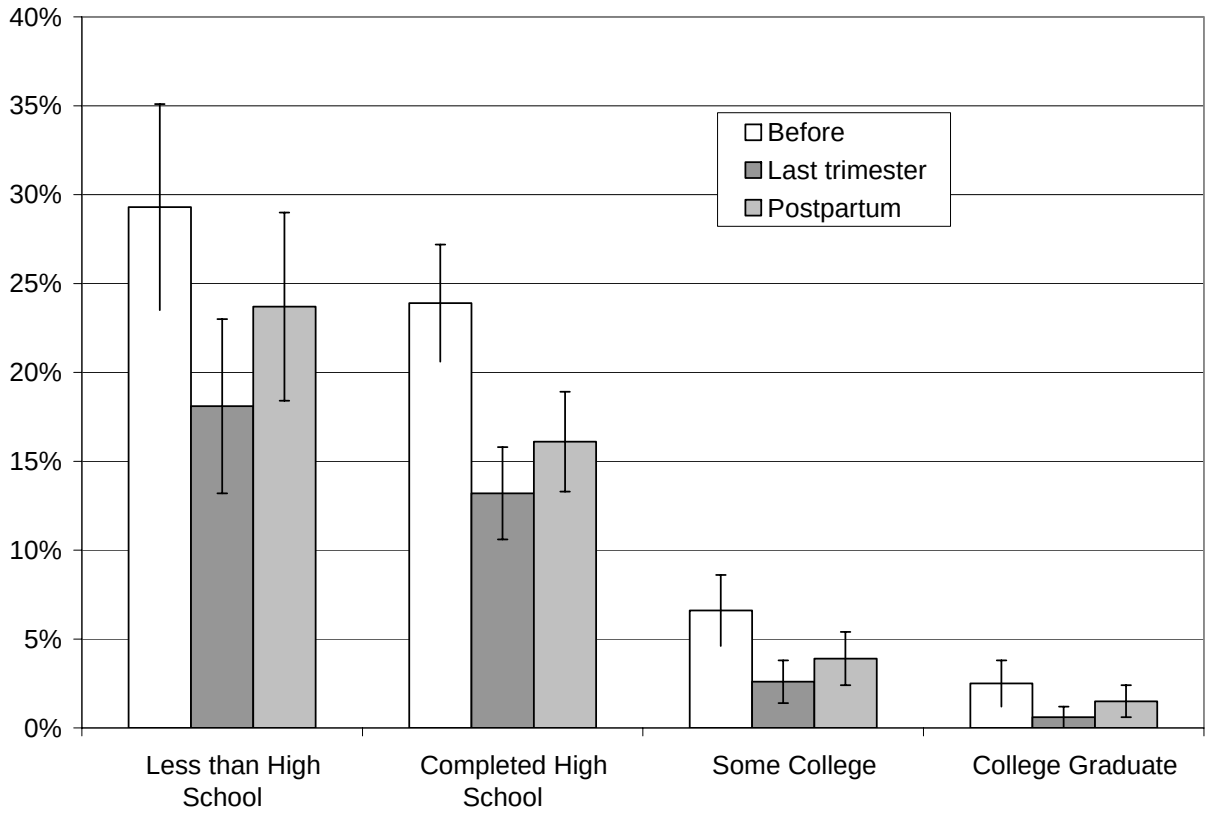
Women who reported smoking in the last trimester or smoking in the postpartum period were significantly more likely to report postpartum depression than women who did not smoke.

Thirty-nine percent of all women and 31.7% of Medicaid clients who had stopped smoking during the last trimester had resumed smoking at the time they completed the survey. The PRAMS survey is filled out on average at three months postpartum; it is assumed that postpartum smoking rates would be higher if women were surveyed again at one year post delivery.

Smoking Postpartum

Smoking rates declined as pregnancy progressed in all age groups; more dramatic declines were noted as the woman's age increased. However, postpartum relapse occurred across all educational and age groups.

Percentage of Women Who Reported Smoking Before, During and After Pregnancy by Level of Education



Smoking Discussion With Health Care Provider

Survey Question 22d

Percentage of Women Who Reported Their Health Care Provider Did Not Ask Them if They Were Smoking

Characteristics	Percent (95% Confidence Interval)	Population Estimate	P-Value
Total Birth Population	**25.4% ±1.8%**	**23,136**	
Maternal Age			<.001
≤ 17	11.2% ± 12.1%	218	
18 - 19	12.7% ± 6.2%	599	
20 - 24	20.5% ± 3.0%	5,858	
25 - 29	27.1% ± 3.2%	**8,382**	
30 - 34	31.3% ± 4.6%	5,050	
35 - 39	33.4% ± 7.3%	2,250	
40 +	**42.5%** ± 14.6%	781	
Education Level			<.001
Less than High School	10.2% ± 3.8%	1,221	
Completed High School	19.7% ± 3.1%	5,625	
Some College	28.7% ± 3.5%	7,520	
College Graduate	**36.6%** ± 3.9%	**8,213**	
Race			<.001
White	**26.0%** ± 1.9%	**22,195**	
Other than White	16.0% ± 2.0%	730	
Hispanic Ethnicity			<.001
Hispanic	13.5% ± 4.3%	1,551	
Non-Hispanic	**27.3%** ± 2.0%	**21,566**	
Marital Status			<.001
Married	**28.4%** ± 2.1%	**21,647**	
Unmarried	10.1% ± 3.5%	1,489	
Birthweight			<.01
<2500 grams	20.7% ± 3.0%	1,083	
2500+ grams	**25.7%** ± 1.9%	**22,037**	

Both ACOG and AAP recommend taking tobacco histories and counseling women who smoke about the importance of tobacco cessation.

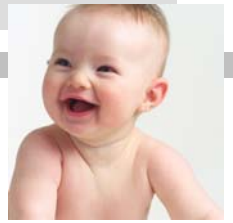
Utah Medicaid provides coverage for smoking cessation treatment for pregnant participants and proactively screens and refers their pregnant participants who smoke to local programs designed for pregnant women.

Smokers were more likely to report having a discussion with their health care provider about smoking than non-smokers.

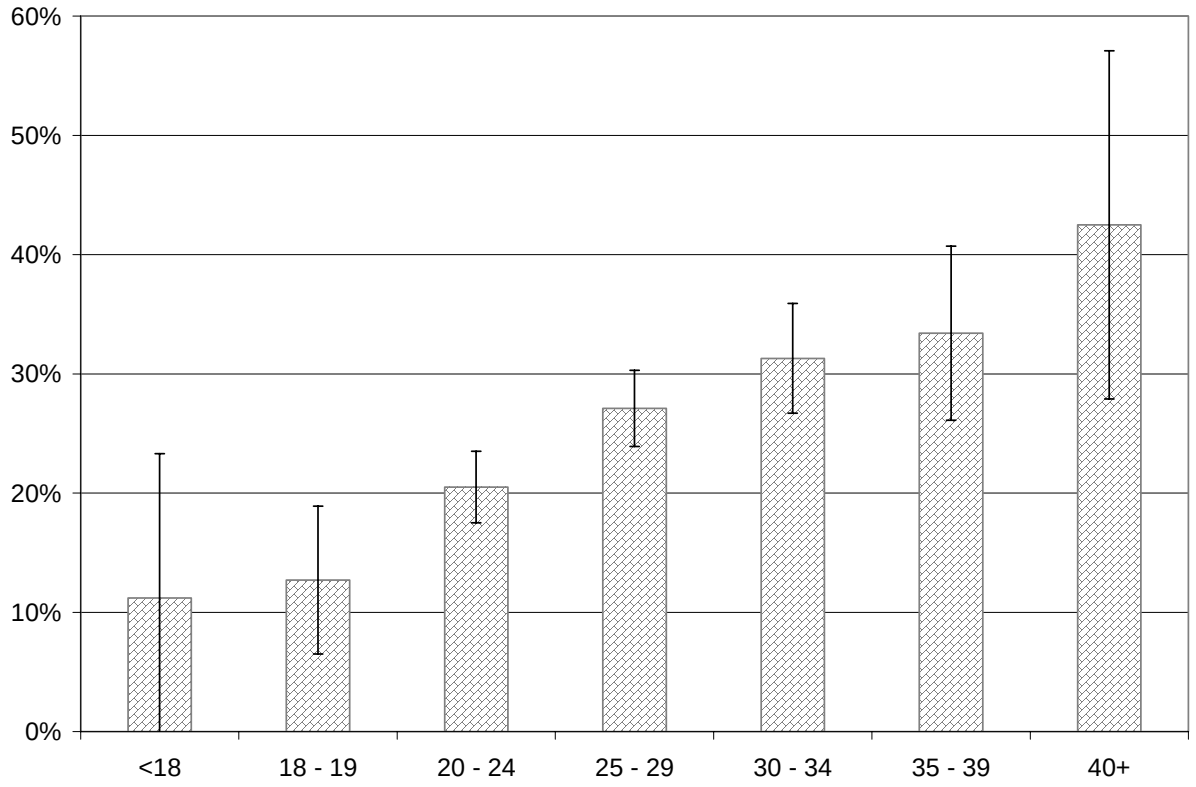
Women who were less likely to be asked if they smoked were older, more educated, White, Non-Hispanic, married, and had delivered a normal birthweight infant.

Studies have shown that the provision of a single 5 to 15 minute counseling session by a trained clinician, plus appropriate printed materials, can increase smoking cessation success. Smoking cessation should be integrated into prenatal care and continue postpartum by the child's pediatrician for cessation success.

Smoking Discussion With Health Care Provider



Percentage of Women Who Reported That a Health Care Provider Did Not Ask if They Were Smoking Cigarettes During Any Prenatal Care Visits by Maternal Age



Appendix A

PRAMS Questionnaire

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
UTAH QUESTIONNAIRE

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. *Just before* you got pregnant, did you have health insurance? (Do not count Medicaid.)

   ☐ No
   ☐ Yes

2. *Just before* you got pregnant, were you on Medicaid?

   ☐ No
   ☐ Yes

3. In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?

   ☐ I didn't take a multivitamin at all
   ☐ 1 to 3 times a week
   ☐ 4 to 6 times a week
   ☐ Every day of the week

4. What is your date of birth?

   _____/_____/_____
   month day year

5. ***Just before*** you got pregnant, how much did you weigh?

   ____ Pounds or _____ Kilos

6. How tall are you without shoes?

   ____ Feet ____ Inches

   or _____ Centimeters

7. Before your new baby, did you ever have any other babies who were born alive?

   ☐ No————————> **Go to Question 10**
   ☐ Yes

8. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) *or less* at birth?

   ☐ No
   ☐ Yes

9. Was the baby just before your new one born *more* than 3 weeks before its due date?

   ☐ No
   ☐ Yes

10. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant? (Check <u>one</u> answer)

    ☐ I wanted to be pregnant sooner
    ☐ I wanted to be pregnant later
    ☐ I wanted to be pregnant then
    ☐ I did not want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to become pregnant?

    ☐ No
    ☐ Yes ————————> **Go to Question 14**

PRAMS Questionnaire

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No
- ☐ Yes ——————> **Go to Question 15**

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant? (Check <u>all</u> that apply)

- ☐ I didn't mind if I got pregnant
- ☐ I thought I could not get pregnant at that time
- ☐ I had side effects from the birth control method I was using
- ☐ I had problems getting birth control when I needed it
- ☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
- ☐ My husband or partner did not want to use anything
- ☐ Other – please tell us: _____

14. Did you take any fertility drugs to help you get pregnant with your new baby? (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)

- ☐ No
- ☐ Yes

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, when you had a pregnancy test or a doctor or nurse said that you were pregnant.)

_____ Weeks or _____ Months

- ☐ I don't remember

16. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

_____ Weeks or _____ Months

- ☐ I didn't go for prenatal care

17. Did you get prenatal care as early in your pregnancy as you wanted?

- ☐ No
- ☐ Yes ——————————> **Go to Question 19**
- ☐ I didn't want prenatal care —> **Go to Question 19**

18. Did any of these things keep you from getting prenatal care as early as you wanted? (Check <u>all</u> that apply)

- ☐ I couldn't get an appointment earlier in my pregnancy
- ☐ I didn't have enough money or insurance to pay for my visits
- ☐ I didn't know that I was pregnant
- ☐ I had no way to get to the clinic or doctor's office
- ☐ The doctor or my health plan would not start care earlier
- ☐ I did not have my Medicaid card
- ☐ I had no one to take care of my children
- ☐ I had too many other things going on
- ☐ Other – please tell us:

If you did not go for prenatal care, go to Question 23

PRAMS Questionnaire

19. Where did you go *most of the time* for your prenatal care visits? (Do not include visits for WIC.)

- ☐ Hospital clinic
- ☐ Health department clinic
- ☐ Private doctor's office or HMO clinic
- ☐ Community health clinic
- ☐ Other – please tell us: _____

20. How was your prenatal care paid for? (Check all that apply)

- ☐ Medicaid
- ☐ Personal income (cash, check, or credit card)
- ☐ Health insurance or HMO
- ☐ Indian Health Service (IHS)
- ☐ Other – please tell us: _____

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.) For each item circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

a. How smoking during pregnancy could affect your baby	N Y
b. Breastfeeding your baby	N Y
c. How drinking alcohol during pregnancy could affect your baby	N Y
d. Using a seat belt during your pregnancy	N Y
e. Birth control methods to use after your pregnancy	N Y
f. Medicines that are safe to take during your pregnancy	N Y
g. How using illegal drugs could affect your baby	N Y
h. Doing tests to screen for birth defects or diseases that run in your family	N Y
i. What to do if your labor starts early	N Y
j. Getting your blood tested for HIV (the virus that causes AIDS)	N Y
k. Physical abuse to women by their husbands or partners	N Y

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker –

a. Ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)	N Y
b. Ask if someone was hurting you emotionally or physically	N Y
c. Ask if you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N Y
d. Ask if you were smoking cigarettes	N Y
e. Ask if you wanted to be tested for HIV (the virus that causes AIDS)	N Y
f. Ask if you planned to use birth control after your baby was born	N Y
g. Talk with you about how much weight you should gain during your pregnancy	N Y

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

23. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ☐ No
- ☐ Yes

24. Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or N (No) if you did not.

a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	N Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)	N Y
c. Vaginal bleeding	N Y
d. Problems with the placenta (such as abruptio placentae or placenta previa	N Y
e. Severe nausea, vomiting, or dehydration	N Y
f. High blood sugar (diabetes)	N Y
g. A kidney or bladder infection (urinary tract infection)	N Y
h. Water that broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)	N Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage)	N Y
j. You were hurt in a car accident	N Y

If you did not have any of these problems, go to Question 26.

25. Did you do any of the following things because of these problem(s)? (Check all that apply)

- ☐ I went to the hospital or emergency room and stayed less than 1 day
- ☐ I went to the hospital and stayed 1 to 7 days
- ☐ I went to the hospital and stayed more than 7 days
- ☐ I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

26. Have you smoked at least 100 cigarettes in the past two years? (A pack has 20 cigarettes.)

- ☐ No————————> **Go to Question 30**
- ☐ Yes

27. In the *3 months before* you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

_____ Cigarettes or _____ Packs

- ☐ Less than 1 cigarette a day
- ☐ I didn't smoke
- ☐ I don't know

28. In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

_____ Cigarettes or _____ Packs

- ☐ Less than 1 cigarette a day
- ☐ I didn't smoke
- ☐ I don't know

29. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

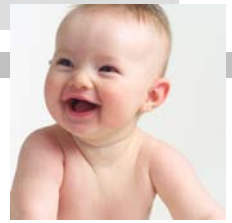
_____ Cigarettes or _____ Packs

- ☐ Less than 1 cigarette a day
- ☐ I didn't smoke
- ☐ I don't know

30. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- ☐ No ————————> **Go to Question 33**
- ☐ Yes

PRAMS Questionnaire



31a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

- ☐ I didn't drink then
- ☐ Less than 1 drink a week
- ☐ 1 to 3 drinks a week
- ☐ 4 to 6 drinks a week
- ☐ 7 to 13 drinks a week
- ☐ 14 drinks or more a week
- ☐ I don't know

31b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- ☐ I didn't drink then
- ☐ I don't know

32a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- ☐ I didn't drink then
- ☐ Less than 1 drink a week
- ☐ 1 to 3 drinks a week
- ☐ 4 to 6 drinks a week
- ☐ 7 to 13 drinks a week
- ☐ 14 drinks or more a week
- ☐ I don't know

32b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- ☐ I didn't drink then
- ☐ I don't know

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

33. This question is about things that may have happened during the *12 months before your new baby was born.* For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

a. A close family member was very sick and had to go into the hospital	N Y
b. You get separated or divorced from your husband or partner	N Y
c. You moved to a new address	N Y
d. You were homeless	N Y
e. Your husband or partner lost his job	N Y
f. You lost your job even though you wanted to go on working	N Y
g. You argued with your husband or partner more than usual	N Y
h. Your husband or partner said he did not want you to be pregnant	N Y
i. You had a lot of bills you couldn't pay	N Y
j. You were in a physical fight	N Y
k. You or your husband or partner went to jail	N Y
l. Someone very close to you had a bad problem with drinking or drugs	N Y
m. Someone very close to you died	N Y

34a. *During the 12 months before you got pregnant,* did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No
- ☐ Yes

34b. *During the 12 months before you got pregnant,* did anyone else physically hurt you in any way?

- ☐ No
- ☐ Yes

35a. *During your most recent pregnancy,* did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No
- ☐ Yes

35b. *During your most recent pregnancy,* did anyone else physically hurt you in any way?

- ☐ No
- ☐ Yes

The next questions are about your labor and delivery.
(It may help to look at the calendar when you answer these questions.)

36. When was your baby due?

_____/_____/_____
month day year

37. When did you go into the hospital to have your baby?

_____/_____/_____
month day year

- ☐ I didn't have my baby in a hospital

38. When was your baby born?

_____/_____/_____
month day year

39. When were you discharged from the hospital after your baby was born?
(It may help to use a calendar.)

_____/_____/_____
month day year

40. After your baby was born, was he or she put in an intensive care unit?

- ☐ No
- ☐ Yes
- ☐ I don't know

41. After your baby was born, how long did he or she stay in the hospital?

- ☐ Less than 24 hours (less than 1 day)
- ☐ 24 to 48 hours (1 to 2 days)
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 or more days
- ☐ My baby was not born in a hospital
- ☐ My baby is still in the hospital

42. How was your delivery paid for?

- ☐ Medicaid
- ☐ Personal income (cash, check or credit card)
- ☐ Health insurance or HMO
- ☐ Indian Health Service (IHS)
- ☐ Other – please tell us: _____

The next questions are about the time since your new baby was born.

43. What is today's date?

_____/_____/_____
month day year

44. Is your baby alive now?

- ☐ No
- ☐ Yes————> **Go to Question 46**

PRAMS Questionnaire

45. When did your baby die? ——> **Go to Question 67**

_____/_____/_____
month day year

46. Is your baby living with you now?

- ☐ No -------> **Go to Question 67**
- ☐ Yes

47. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- ☐ No
- ☐ Yes ————————> **Go to Question 49**

48. What were your reasons for not breastfeeding your new baby? (Check all that apply then go to question 53)

- ☐ I had other children to take care of
- ☐ I had too many household duties
- ☐ I did not like breastfeeding
- ☐ I did not want to be tied down
- ☐ I was embarrassed to breastfeed
- ☐ I went back to work or school
- ☐ My husband or partner did not want me to breastfeed
- ☐ I wanted my body back to myself
- ☐ Other – please tell us: _____

49. Are you still breastfeeding or feeding pumped milk to your new baby?

- ☐ No
- ☐ Yes ————> **Go to Question 52**

50. How many weeks or months did you breastfeed or pump milk to feed your new baby?

_____ Weeks or _____ Months

- ☐ Less than 1 week

51. What were your reasons for stopping breastfeeding? (Check <u>all</u> that apply)

- ☐ My baby had difficulty nursing
- ☐ Breast milk alone did not satisfy my baby
- ☐ I thought my baby was not gaining enough weight
- ☐ My baby became sick and could not breastfeed
- ☐ My nipples were sore, cracked or bleeding
- ☐ I thought I was not producing enough milk
- ☐ I had too many other household duties
- ☐ I felt it was the right time to stop breastfeeding
- ☐ I became sick and could not breastfeed
- ☐ I went back to work or school
- ☐ My husband or partner wanted me to stop breastfeeding
- ☐ I wanted or needed someone else to feed the baby
- ☐ Other – Please tell us: _____

52. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

_____ Weeks or _____ Months

- ☐ My baby was less than one week old
- ☐ I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 64.

53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours

- ☐ Less than one hour a day
- ☐ My baby is never in the same room with someone who is smoking.

54. How do you *most often* lay your baby down to sleep *now*? (Check one answer)

- ☐ On his or her side
- ☐ On his or her back
- ☐ On his or her stomach

55. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- ☐ No ————————> **Go to Question 57**
- ☐ Yes

56. Was your new baby seen at home or at a health care facility, such as a doctor's office, clinic, or other health care facility?

- ☐ At home
- ☐ At a doctor's office, clinic, or other health care facility

57. Has your baby had a well-baby checkup?

- ☐ No ————————————> **Go to Question 61**
- ☐ Yes

58. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

_____ Times

59. Where do you usually take your baby for well-baby checkups? (Check one answer)

- ☐ Hospital clinic
- ☐ Health department clinic
- ☐ Private doctor's office or HMO clinic
- ☐ Community health clinic
- ☐ Other – Please tell us: _____

60. When your new baby goes for well-baby checkups, who pays for those visits? (Check all that apply)

- ☐ Medicaid
- ☐ Personal income (cash, check or credit card)
- ☐ Health insurance or HMO
- ☐ Indian Health Service (IHS)
- ☐ Other – please tell us: _____

61. Has your baby gone as many times as you wanted for a well-baby checkup?

- ☐ No
- ☐ Yes————————> **Go to Question 63**

62. Did any of these things keep your baby from having a well-baby checkup? (Check all that apply**)**

- ☐ I didn't have enough money or insurance to pay for it
- ☐ I had no way to get your baby to the clinic or office
- ☐ I didn't have anyone to take care of my other children
- ☐ I couldn't get an appointment
- ☐ My baby was too sick to go for routine care
- ☐ Other – please tell us: _____

63. Did your baby have any well-baby shots or vaccinations before he or she was 3 months old? (Don't count shots or vaccinations given in the hospital right after birth.) (Check one answer)

- ☐ No
- ☐ Yes
- ☐ My child has not had any well-baby shots but he or she is not 3 months old yet

64. Do you have health insurance or Medicaid for your new baby?

- ☐ No————————> **Go to Question 66**
- ☐ Yes

65. What type of insurance is your new baby covered by? (Check all that apply)

- ☐ Medicaid
- ☐ Private insurance or HMO
- ☐ Child Health Insurance Program (CHIP)
- ☐ Other – Please tell us: _____

If your new baby is covered by CHIP insurance, go to Question 67.

66. Why didn't you enroll your new baby in the Child Health Insurance Program (CHIP)? (Check all that apply)

- ☐ I didn't know about the program
- ☐ I already had insurance
- ☐ I didn't think he or she was eligible
- ☐ Other – Please tell us: _____

67. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragms, foam, IUD, and not having sex at certain times [rhythm].)

- ☐ No
- ☐ Yes ————————> **Go to Question 69**

68. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

- ☐ I am not having sex
- ☐ I want to get pregnant
- ☐ I don't want to use birth control
- ☐ My husband or partner doesn't want to use anything
- ☐ I don't think I can get pregnant (sterile)
- ☐ I can't pay for birth control
- ☐ I am pregnant now
- ☐ Other - Please tell us: _____

69. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

- ☐ No
- ☐ Yes

70. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- ☐ No
- ☐ Yes

71. In the months after your delivery, would you say that you were – (check one answer)

- ☐ Not depressed at all
- ☐ A little depressed
- ☐ Moderately depressed
- ☐ Very depressed
- ☐ Very depressed and had to get help

72. At any time during your pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" (postpartum depression)?

- ☐ No
- ☐ Yes

The next questions are about your family and the place where you live.

73. Which rooms are in the house, apartment, or trailer where you live? (Check all that apply)

- ☐ Living room
- ☐ Separate dining room
- ☐ Kitchen
- ☐ Bathroom(s)
- ☐ Recreation room, den, or family room
- ☐ Finished basement
- ☐ Bedrooms – How many?_____

74. Counting yourself, how many people live in your house, apartment, or trailer?

_____ Adults (people aged 18 years or older)

_____ Babies, children, or teenagers (people aged 17 years or younger)

75. Who lives in the same house with you now? (Check all that apply)

- ☐ My husband or partner
- ☐ Children aged 5 years and under – How many? _____
- ☐ Children aged 6 years and over – How many? _____
- ☐ My mother
- ☐ My father
- ☐ My husband's or partner's parent(s)
- ☐ Friend or roommate
- ☐ Other relative
- ☐ I live alone
- ☐ Other – Please tell us: _____

76. What were the sources of your household's income during the past 12 months? (Check all that apply)

- ☐ Paycheck or money from a job
- ☐ Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- ☐ Unemployment benefits
- ☐ Child support or alimony
- ☐ Social security, workers' compensation, veteran benefits, or pensions
- ☐ Money from a business, fees, dividends, or rental income
- ☐ Money from family or friends
- ☐ Other - Please tell us: _____

77. What was your total household income during the 12 months before you delivered your most recent baby?

- ☐ Less than $10,000
- ☐ $10,000 to less than $15,000
- ☐ $15,000 to less than $20,000
- ☐ $20,000 to less than $25,000
- ☐ $25,000 to less than $35,000
- ☐ $35,000 to less than $50,000
- ☐ $50,000 to less than $75,000
- ☐ $75,000 or more

78. How many people, including yourself, depended on this income?

_____ People

79. During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow $50 or if you got sick and had to be in bed for several weeks? (Check all that apply)

- ☐ My husband or partner
- ☐ My mother, father, or in-laws
- ☐ Other family member or relative
- ☐ A friend
- ☐ Someone else - Please tell us: _____
- ☐ No one would help me

If no one pushed, hit, slapped, kicked, choked, or physically hurt you in any other way during the 12 months before or during your most recent pregnancy, go to Page 15.

80. When you were physically hurt by anyone during the 12 months before or during your most recent pregnancy, whom did you receive help from? For each one circle Y (Yes) if it applies to you or circle N (No) if it does not.

a. Family member	N Y
b. Friend	N Y
c. My doctor	N Y
d. Emergency room or urgent care medical facility	N Y
e. Other health care provider	N Y
f. Counselor, therapist, or social worker	N Y
h. Law enforcement	N Y
i. Statewide Domestic Violence Information Line (1-800-897-LINK)	N Y
j. Other--Please tell us:	N Y

_____

k. I didn't get any help	N Y

If you did receive any help when you were pushed, hit, slapped, kicked, choked, or physically hurt you in any other way during the 12 months before or during your most recent pregnancy, go to Page 15.

81. If you did not receive help, please tell us what kept you from receiving help. For each thing circle Y (Yes) if it applies to you or circle N (No) if it does not.

a. I did not know where to get help	N Y
b. I did not have the money to pay for services	N Y
c. I was afraid the person who physically hurt me would find out	N Y
d. It was my fault that I was physically hurt	N Y
e. I thought the abuse would stop	N Y
f. I did not have someone to tend my children	N Y
g. I was afraid someone would take my children away from me	N Y
h. I did not have a way to get there	N Y
i. I did not want any help	N Y
j. Other –Please tell us:	N Y

_____

Please use this space for any additional comments you would like to make about the health of mothers and babies in Utah