

2008 Annual Report

Texas Pregnancy Risk Assessment Monitoring System (PRAMS)



**Texas Department of State Health Services
Division of Family and Community Health Services
Office of Program Decision Support**



2008 Annual Report Texas Pregnancy Risk Assessment Monitoring System

Questions regarding the information in this report or other questions about PRAMS should be directed to:

Rochelle Kingsley, MPH
PRAMS Coordinator
Office of Program Decision Support
Division of Family and Community Health Services
Texas Department of State Health Services
512-776-2935
Rochelle.Kingsley@dshs.state.tx.us

This publication was supported in part through funding from the Centers for Disease Control and Prevention (CDC) (Grant # 5UR6DP000479-05), and the Texas Maternal and Child Health Title V Program. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the views of the CDC.

ACKNOWLEDGEMENTS

This report would not be possible without the collaborative efforts of many other individuals. Special thanks to the following organizations and individuals for their contributions to the Texas PRAMS project:

Texas Department of State Health Services (DSHS) Staff

Noreen Almazora, MPH, Research Specialist, Office of Program Decision Support

Sam B. Cooper III, LMSW-IPR, Director, Office of Title V and Family Health

Ben Crowder, Programmer, Applications Development

Evelyn Delgado, Assistant Commissioner, Family and Community Health Services

Rebecca Martin, PhD, Director, Office of Program Decision Support

Clint Moehlman, Statistician, Office of Program Decision Support

Sharon Riley, MS, Research Specialist, Office of Program Decision Support

Debra Saxton, MS, Research Specialist, Office of Program Decision Support

Scott Shively, Statistician, Office of Program Decision Support

Texas A&M Public Policy Research Institute (PPRI)

James Dyer, PhD, Senior Study Director

Martha Garcia-Opersteney, MS, Senior Community Development Specialist

Chris McClendon, Lead Information Technology Consultant

Emily Naiser, MPH, Research Assistant

Alicia Novoa, MPH, Program Manager

Stacy Rhodes, Program Assistant

Andrea Sesock, Project Supervisor

Texas PRAMS Steering Committee

Mark Canfield, PhD, Manager, Birth Defects Epidemiology and Surveillance, DSHS

Sam B. Cooper III, LMSW-IPR, Director, Office of Title V and Family Health, DSHS

Liza Creel, MPH, Program Manager, Texas Health Institute

Frances Deviney, PhD, Director, Texas Kids Count, Center for Public Policy Priorities

Thomas Erlinger, MD, MPH, State Epidemiologist

Patti Fitch, RD, Branch Manager, Nutrition Services Section, DSHS

Natalie Furdek, M.Ed., LPC, Lead Program Specialist, Substance Abuse Program Services, DSHS

Martha Garcia-Opersteney, MS, Senior Community Development Specialist, Texas A&M Public Policy Research Institute

Janice Jackson, MPH, Program Specialist, Center for Health Statistics, DSHS

Janet Lawson, MD, Title V Health Research Development, DSHS

Rebecca Martin, PhD, Director, Office of Program Decision Support

Alicia Novoa, MPH, Program Manager, Texas A&M Public Policy Research Institute

Morgan Sanders, MSSW, State Director of Public Affairs, March of Dimes – Texas Chapter

Suggested citation

Kingsley R, Martin RD. 2008 Annual Report: Texas Pregnancy Risk Assessment Monitoring System. Austin, TX: Division of Family and Community Health Services, Texas Department of State Health Services, 2011.

TABLE OF CONTENTS

Preface.....	5
Background.....	5
Methodology.....	6
The 2008 Texas PRAMS Survey.....	7
How to Read Tables.....	7
Limitations.....	8
Overall Sample Description.....	8
Table 1: Sociodemographic Characteristics of Texas PRAMS Women.....	9
Pregnancy Intention.....	10
Table 2: Intended Pregnancies.....	11
Table 3: Mistimed Pregnancies.....	12
Table 4: Unwanted Pregnancies.....	13
Contraception Use at the time of Pregnancy.....	14
Figure 1: Reasons for No Contraception before Pregnancy.....	14
Vitamins and Folic Acid.....	15
Table 5: Multivitamin or Prenatal Vitamin Use during the Month before Pregnancy.....	16
Table 6: Knowledge of Folic Acid Benefits.....	17
Tobacco Use.....	18
Table 7: Cigarette Smoking Three Months before Pregnancy.....	19
Table 8: Cigarette Smoking during the Third Trimester.....	20
Table 9: Cigarette Smoking Postpartum.....	21
Table 10: Infant Exposure to Cigarette Smoke.....	22
Alcohol Use.....	23
Table 11: Any Alcohol Use Three Months before Pregnancy.....	24
Table 12: Any Alcohol Use during the Third Trimester.....	25
Table 13: Binge Drinking Three Months before Pregnancy.....	26
Table 14: Binge Drinking during the Third Trimester.....	27
Intimate Partner Violence.....	28
Table 15: Physical Abuse Twelve Months before Pregnancy.....	29
Table 16: Physical Abuse during Pregnancy.....	30
Table 17: Prenatal Care Talk about Physical Abuse.....	31

Prenatal Care.....	32
Table 18: Late Entry into Prenatal Care.....	33
Table 19: Not Receiving Prenatal Care Early as Desired	34
Figure 2: Barriers to Prenatal Care.....	35
Figure 3: Prenatal Care Visit Discussion Topics	35
Breastfeeding	36
Table 20: Ever Breastfed.....	37
Figure 4: Reasons for Not Breastfeeding	38
Figure 5: Reasons for Stopping Breastfeeding.....	38
Oral Health.....	39
Table 21: No Dental Visit during Pregnancy.....	40
Infant Health and Safety	41
Table 22: One-week Well-baby Checkup	42
Table 23: Placing Infant on Back to Sleep.....	43
Maternal Postpartum Experience	44
Table 24: No Maternal Postpartum Checkup.....	45
Table 25: Postpartum Contraceptive Use.....	46
Table 26: Healthcare Worker Discussion about Postpartum Depression	47
Summary	48
Appendix – 2008 Texas PRAMS Questionnaire	49

PREFACE

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance system designed to monitor maternal attitudes and behaviors before, during, and after pregnancy. In partnership with the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS), Texas PRAMS is a population-based assessment that monitors the health and behaviors of new mothers in Texas. It provides up-to-date information regarding preconception, pregnancy, and birth trends, and serves as an excellent resource for those seeking to learn more about and develop policy related to pregnancy and early infancy.

This document was developed to provide an overview of the data collected during the 2008 calendar year from a sample that represents all live births to women in Texas. After an introduction to the history of PRAMS and the data collection methodology that it utilizes, data are presented on pregnancy intention, contraceptive use, multivitamin use and folic acid knowledge, substance use (alcohol and tobacco), physical abuse, prenatal care, breastfeeding, oral health, infant health and safety, and maternal postpartum experiences.

BACKGROUND

For most of the 20th century, rates of infant mortality and low birth weight dropped steadily. During the 1980s these rates leveled off and showed no further significant decreases. In 1987, the CDC developed PRAMS to monitor infant mortality and morbidity rates, to help understand perinatal trends, and to examine certain maternal attitudes and behaviors for their role as contributing factors.

In a partnership between the CDC and state health departments, PRAMS was originally implemented in six health departments and now includes 41 states and New York City. For each state, the data collected are population-based and are representative of the entire state's population. Texas became a PRAMS state in 2002. Since then, the questionnaire has addressed many topics, including pregnancy intention, contraceptive use, prenatal care, substance use (alcohol and tobacco), physical abuse, pregnancy-related morbidity, breastfeeding, infant health care and safety, and mothers' knowledge of pregnancy-related health issues, such as adverse effects of tobacco and alcohol use and benefits of folic acid. These data represent an excellent opportunity to assess the health and well-being of new mothers and their infants in Texas.

There is evidence that a number of factors associated with maternal behavior and attitudes can lead to adverse pregnancy outcomes and poor infant health. PRAMS data serve as a valuable resource to researchers and policy makers interested in how maternal attitudes and behaviors are associated with infant mortality and morbidity trends in Texas. PRAMS can help to identify groups of women at high-risk for adverse pregnancy outcomes or that should be the focus of targeted policy and interventions. PRAMS also supplements data available on birth certificate records by providing more in-depth information that is not otherwise available at the state level.

METHODOLOGY

The PRAMS study population includes all women with a live birth¹ delivering in Texas in a given year. Each month, a complete file of recent Texas births is obtained from DSHS vital statistics. A stratified sample of approximately 200 mothers per month is selected from the birth file based on race/ethnicity and infant birth weight. Race/ethnicity is divided into three categories of women: Hispanic, non-Hispanic Black, and non-Hispanic White/Other.² Infant birth weight is divided into low birth weight (less than 2,500 grams) and normal birth weight (greater than or equal to 2,500 grams).

Sampled women are recruited to participate in PRAMS through two modes of data collection – mail and phone. In the first phase, women are contacted through the mail when their infants are approximately 60 to 90 days old. They receive a letter that introduces the PRAMS project and encourages their participation. They are notified that they will be contacted through follow-up mailings that will include a copy of the PRAMS survey. In the six weeks following receipt of the introductory letter, women receive a survey they can complete and return. Women who fail to respond receive two subsequent mailings. The mailed surveys include an infant forehead thermometer as an incentive for completion. The majority of responses are collected by mail.

Women who do not return the survey through the mail are advanced into the phone phase of data collection, which begins after the last mailed survey packet is sent. Over a six-week period, women are called and encouraged to complete the survey over the phone. There are up to 15 call attempts for each phone number provided before ceasing call attempts for a sample member. During all communication, women are informed that their participation is voluntary and that their data will remain confidential and anonymous.

All women have the option of completing the survey in English or Spanish. In Texas, there are two versions of the survey – one for adults and one for minors. The primary difference is that the survey for minors does not include questions related to physical abuse. The survey for minors is different because Texas law requires that any instance of child abuse that is discovered be reported to the proper authorities. Women who complete the survey (via mail or phone) receive a reward in the form of a \$10 gift certificate to Target or Walmart.

Though the sample is pulled from the birth record of all live births, there are instances of infant death between birth and recruitment for the project. Staff members and project documents are sensitive to this possibility. These women are still encouraged to participate and they often have high rates of participation.

After all attempts are made to collect completed surveys from sampled women, the monthly data files are compiled into an annual file and sent to the CDC for cleaning and weighting. To make the data representative of all live births in Texas, the CDC calculates an analysis weight for each respondent. The analysis weight can be interpreted as the number of women in the population that each individual respondent represents. It consists of a sampling weight, a nonresponse weight, and a frame noncoverage weight. For further details about the weighting process used, refer to the CDC PRAMS web page titled “Detailed PRAMS methodology” at <http://www.cdc.gov/prams/methodology.htm>. The finalized PRAMS dataset contains survey variables, operational variables (such as method of survey completion), and linked birth certificate variables, including demographics and medical risk factors.

¹ Adoptive mothers are excluded from the sample. Additionally, the sampling procedures include coding that randomly selects only one infant from a multiple gestation. Multiple births of four or more are excluded altogether.

² In this report, White and Other race/ethnicity were analyzed separately.

THE 2008 TEXAS PRAMS SURVEY

The 2008 Texas PRAMS survey includes 85 questions. All questions undergo extensive validity and reliability checks before they are included in the survey. There are two types of questions: “core” questions that must be asked by all states and “standard” questions chosen by states from a pretested list of questions developed by the CDC or developed by states on their own.

The PRAMS questionnaire is revised every three to four years. States have the option of updating their standard questions just prior to each new revision or “phase.” Within each phase, all questions remain the same. Texas has participated in Phase 4 (years 2002-2003), Phase 5 (years 2004-2008), and Phase 6 (years 2009-2011) of PRAMS. This report is not inclusive of all questions in the Texas PRAMS survey, as the survey covers more than can be concisely addressed here (refer to the questionnaire in the appendix to review all survey questions). Rather, it serves as a general overview of 2008 Texas PRAMS data.

HOW TO READ TABLES

SAS software version 9.2 was used for all analyses, and appropriate statements were used to account for the complex sampling scheme of PRAMS. For each health indicator, descriptive statistics are reported overall and by maternal sociodemographic characteristics (race/ethnicity, age, annual household income, education, marital status, and Medicaid status) and by infant characteristics (birth weight and gestational age). Detailed tables display prevalence estimates, standard errors, 95% confidence intervals, frequencies, and population estimates. Understanding the following terms will help interpret the data presented in the tables.

- **Prevalence (%):** the estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered “yes” to the question.
- **Standard error:** a measure of the sampling variability among all possible samples that could have been drawn from the sampling frame (birth certificate file). If all possible samples were drawn, then some would result in larger estimates and some would result in smaller estimates. The standard error is an average “distance” of each estimate from the true population parameter. A larger sample size will result in a smaller standard error (and more reliable results) because the larger the sample size, the closer the sample is to the actual population itself.
- **95% Confidence Interval:** each confidence interval presented here is a measure of the precision of its associated prevalence. Since the prevalence was calculated from a sample of the population, it is an *estimate* of the true value of the population parameter. Therefore, there are a range of values that might be expected just by chance if one were to use the same sampling method to select many different samples. A larger sample size will result in a more precise estimate, and thus, a narrower confidence interval. If confidence intervals do *not* overlap, then there is a statistically significant difference between the statistics (in this case, the estimated prevalence). However, if confidence intervals *do* overlap, then there may or may not be a statistically significant difference between the statistics.
- **Respondents:** the total number of women who responded to the question. In some cases, mothers who completed the survey did not respond to all questions. Missing data for non-response were not included in analyses.
- **Estimated population affected:** the estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered “yes” to the question.

LIMITATIONS

It is important to understand the limitations of PRAMS data. These limitations may contribute to unreliable estimates and variations in prevalence when comparing PRAMS to other data sources such as birth certificate data. One limitation inherent to self-reported survey data is the potential for recall bias and/or misinterpretation of questions.

Additionally, overall and stratum-specific response rates for PRAMS must be 65% or higher to meet the suggested CDC guidelines for minimal non-response bias. States not meeting this minimum response rate threshold are not included in the national PRAMS sample. In 2008, Texas narrowly missed this threshold with an overall response rate of 64.4%.

For PRAMS, the minimum number of mothers needed for any subpopulation analysis is 30 respondents plus the number of strata in the survey. Since Texas has six strata, a minimum number of 36 respondents in a subpopulation is needed in order to make statistical inference to that subpopulation. Lower sample sizes for certain subpopulations result in less precise estimates (and wider confidence intervals). In some cases the confidence intervals may be too wide to be useful for health planning. In these instances multiple years of data may need to be combined to obtain a larger sample size and, therefore, more stable estimates. Lastly, the results presented in this report are unadjusted (i.e., not controlling for any other variables).

OVERALL SAMPLE DESCRIPTION

The 2008 Texas PRAMS sample included 1,495 women who responded to the survey (64.4% weighted response rate). Maternal demographic characteristics and infant characteristics are displayed in Table 1. Approximately 50% of women were Hispanic, 38.4% were non-Hispanic White or Other, and 11.2% were Black. Over one-quarter of women were 20-24 years of age, and nearly half were 25-34 years of age. Approximately 57% of women reported an annual household income below \$25,000 per year. Close to 42% had attended at least some college, while 28.2% graduated from high school but had not attended college, and 29.3% had less than 12 years of education. Almost 60% of women were married, and 59% reported that their delivery was paid for by Medicaid.

Infants born preterm (less than 37 weeks gestation) and those with low birth weight (less than 2,500 grams) accounted for 11.1% and 7.6% of all births, respectively. These estimates are close to the population parameter. Texas birth certificate data for 2008 indicated that preterm deliveries accounted for 13.2% of all births and low birth weight infants accounted for 8.5% of all births.¹

¹ 2008 Natality File, Texas Department of State Health Services.

Table 1. Sociodemographic Characteristics of Texas PRAMS Women, 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population
			Lower	Upper		
MATERNAL						
Race/ethnicity						
White	33.3	0.6	32.1	34.4	527	131,955
Black	11.2	0.1	11.0	11.4	395	44,436
Hispanic	50.5	0.2	50.1	50.8	487	200,247
Other	5.1	0.6	3.9	6.2	83	20,049
Age (years)						
≤17	6.4	0.8	4.7	8.0	91	25,316
18-19	7.6	0.9	5.9	9.3	122	30,305
20-24	27.9	1.5	25.0	30.8	397	110,980
25-34	46.3	1.6	43.2	49.5	697	184,286
≥35	11.7	1.0	9.8	13.7	188	46,715
Annual Household Income						
<\$15K	40.8	1.6	37.7	43.9	521	148,824
≥\$15K to <\$25K	15.8	1.2	13.4	18.3	215	57,745
≥\$25K to <\$50K	17.1	1.2	14.6	19.5	245	62,225
≥\$50K	26.3	1.2	24.0	28.7	399	95,984
Education (years)						
<12	29.3	1.5	26.4	32.1	349	116,476
12	28.2	1.5	25.3	31.1	405	112,177
>12	42.5	1.4	39.8	45.2	741	168,948
Marital Status						
Married	57.1	1.6	54.1	60.2	834	226,073
Unmarried	42.9	1.6	39.8	45.9	651	169,647
Medicaid Recipient^a						
No	41.0	1.4	38.3	43.8	643	161,977
Yes	59.0	1.4	56.2	61.7	837	232,617
INFANT						
Birth Weight						
Low (< 2,500 g)	7.6	0.0	7.5	7.6	393	30,081
Normal (≥ 2,500 g)	92.4	0.0	92.4	92.5	1,102	367,520
Gestational Age						
<37 weeks (preterm)	11.1	0.8	9.5	12.8	328	44,268
≥37 weeks	88.9	0.8	87.2	90.5	1,167	353,333

^aDelivery paid by Medicaid

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

PREGNANCY INTENTION

The CDC defines an unintended pregnancy as one that is mistimed (wanted later) or unwanted at the time of conception, and an intended pregnancy as one that is wanted at the time of conception or sooner. Understanding unintended pregnancy is essential to understanding fertility, ways to prevent unwanted pregnancies, and assessing unmet needs for contraception.^{1,2} Unintended pregnancy has been associated with an increased risk of maternal morbidity and negative health behaviors during pregnancy, such as delayed prenatal care, and alcohol and tobacco use, which can have adverse health effects on infants.³

PRAMS is one of the best sources of data on unintended pregnancy. The Texas PRAMS survey asks the following question: “Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?” The response options are: “I wanted to be pregnant sooner” (intended), “I wanted to be pregnant later” (mistimed), “I wanted to be pregnant then” (intended), and “I didn’t want to be pregnant then or at any time in the future” (unwanted).

Overall, approximately 56% of pregnancies were intended (Table 2). Women of White and Other race/ethnicity were most likely to report that their pregnancy was intended, at 60.8% and 68.9%, respectively. Black women were significantly less likely than all other race/ethnicity groups to report an intended pregnancy, at 38.3%. Pregnancy intention increased with increasing age; women 25 years of age and older were significantly more likely than younger women to report an intended pregnancy. The following groups of women were also significantly more likely to report an intended pregnancy: those with an annual household income greater than or equal to \$50,000 per year, more than 12 years of education, who were married, and who did not have their delivery paid for by Medicaid.

Overall, approximately 44% of pregnancies were unintended—with 35% mistimed (Table 3) and 9% unwanted (Table 4). Black women had the highest rate of mistimed pregnancies, at 45.2%, which was significantly higher than the rate for women of White or Other race/ethnicity. The mistimed pregnancy rate decreased with increasing age, with the estimated rate highest for women 17 years of age and younger (63.7%) and lowest for women aged 35 or older (13.9%, which was significantly lower than all other age groups). The following groups of women were significantly more likely to report that their pregnancy was mistimed: those with an annual household income less than or equal to \$50,000 per year, less than 12 years of education, who were unmarried, and those who had their delivery paid for by Medicaid.

The unwanted pregnancy rate was highest among Black women, at 16.6%, which was significantly higher than the rate for White and Hispanic women (Table 4). Hispanic women had the lowest rate of unwanted pregnancy, at 7.3%. Among different age groups, the youngest (≤ 17 years) and oldest (≥ 35 years) women reported the highest rates of unwanted pregnancy, at 13.6% and 14.6%, respectively. Women with the highest annual household income ($\geq \$50,000$ /year) were less likely to report an unwanted pregnancy. Unmarried women and those who had their delivery paid for by Medicaid were significantly more likely to report an unwanted pregnancy. Unmarried women had twice the rate (12.8%) of unwanted pregnancy as married women (6.3%).

¹ Santelli J, Rochat R, Hatfield-Timajchy K, et al. The measurement and meaning of unintended pregnancy. *Perspectives on Sexual and Reproductive Health*. 2003; 35: 94-101.

² Centers for Disease Control and Prevention. Unintended pregnancy prevention home page. Accessed on July 21, 2011 at <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm>.

³ Finer L, Kost K. Unintended pregnancy rates at the state level. *Perspectives on Sexual and Reproductive Health*. 2011; 43: 78-87.

Table 2. Characteristics of Women Reporting Intended Pregnancies, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	55.8	1.6	52.7	59.0	1,481	219,958
Race/ethnicity*						
White	60.8	2.3	56.2	65.4	522	79,303
Black	38.3	2.5	33.4	43.2	390	16,815
Hispanic	55.1	2.7	49.9	60.3	483	109,519
Other	68.9	5.6	58.0	79.8	83	13,810
Age (years)*						
≤17	22.7	5.9	11.2	34.3	90	5,737
18-19	41.0	6.0	29.3	52.7	121	12,151
20-24	43.2	3.1	37.1	49.3	394	47,617
25-34	66.4	2.2	62.1	70.7	693	121,794
≥35	71.6	4.1	63.6	79.6	183	32,658
Annual Household Income*						
<\$15K	44.7	2.8	39.2	50.2	515	65,936
≥\$15K to <\$25K	59.1	4.2	50.8	67.4	211	33,470
≥\$25K to <\$50K	51.0	4.0	43.2	58.9	244	31,587
≥\$50K	76.5	2.4	71.9	81.2	397	72,995
Education (years)*						
<12	48.4	3.3	41.9	54.9	346	56,101
12	48.1	3.1	42.0	54.3	401	53,568
>12	66.1	2.1	62.0	70.2	734	110,288
Marital Status*						
Married	66.8	2.0	63.0	70.6	828	150,093
Unmarried	41.6	2.6	36.5	46.6	643	69,646
Medicaid Recipient^a*						
No	69.3	2.2	65.0	73.5	638	110,922
Yes	46.8	2.2	42.4	51.1	828	108,087
INFANT						
Birth Weight						
Low (<2,500 g)	52.5	2.5	47.5	57.5	389	15,615
Normal (≥2,500 g)	56.1	1.7	52.7	59.5	1,092	204,343
Gestational Age						
<37 weeks (preterm)	52.9	4.0	45.0	60.7	323	23,043
≥37 weeks	56.2	1.7	52.8	59.6	1,158	196,915

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 3. Characteristics of Women Reporting Mistimed Pregnancies, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	35.0	1.5	32.1	38.1	1,481	138,351
Race/ethnicity*						
White	29.7	2.2	25.4	34.0	522	38,723
Black	45.2	2.6	40.1	50.2	390	19,849
Hispanic	37.6	2.6	32.5	42.7	483	74,697
Other	23.3	5.1	13.4	33.3	83	4,677
Age (years)*						
≤17	63.7	6.7	50.6	76.8	90	16,072
18-19	50.9	6.0	39.1	62.7	121	15,098
20-24	48.7	3.1	42.6	54.8	394	53,698
25-34	25.7	2.0	21.7	29.7	693	47,158
≥35	13.9	3.1	7.7	20.0	183	6,324
Annual Household Income*						
<\$15K	45.1	2.8	39.6	50.5	515	66,458
≥\$15K to <\$25K	30.3	3.9	22.7	37.9	211	17,171
≥\$25K to <\$50K	40.2	3.9	32.5	47.9	244	24,874
≥\$50K	17.2	2.1	13.0	21.4	397	16,422
Education (years)*						
<12	43.0	3.3	36.6	49.3	346	49,809
12	40.0	3.1	33.9	46.0	401	44,479
>12	26.4	1.9	22.6	30.2	734	44,063
Marital Status*						
Married	26.9	1.8	23.2	30.5	828	60,334
Unmarried	45.7	2.6	40.6	50.7	643	76,513
Medicaid Recipient^a*						
No	24.6	2.0	20.6	28.5	638	39,310
Yes	42.1	2.2	37.8	46.4	828	97,332
INFANT						
Birth Weight						
Low (<2,500 g)	36.6	2.5	31.7	41.4	389	10,871
Normal (≥2,500 g)	35.0	1.7	31.7	38.2	1,092	127,479
Gestational Age						
<37 weeks (preterm)	37.5	4.0	29.7	45.3	323	16,355
≥37 weeks	34.8	1.7	31.5	38.1	1,158	121,996

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 4. Characteristics of Women Reporting Unwanted Pregnancies, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	9.1	0.9	7.3	10.8	1,481	35,814
Race/ethnicity*						
White	9.5	1.4	6.7	12.3	522	12,388
Black	16.6	1.9	12.8	20.3	390	7,278
Hispanic	7.3	1.4	4.6	10.1	483	14,587
Other	7.8	3.2	1.6	14.0	83	1,562
Age (years)						
≤17	13.6	4.7	4.3	22.8	90	3,427
18-19	8.1	3.3	1.6	14.6	121	2,413
20-24	8.1	1.6	5.0	11.2	394	8,941
25-34	7.9	1.2	5.5	10.2	693	14,393
≥35	14.6	3.1	8.4	20.7	183	6,640
Annual Household Income						
<\$15K	10.3	1.6	7.1	13.4	515	15,125
≥\$15K to <\$25K	10.6	2.6	5.4	15.7	211	5,977
≥\$25K to <\$50K	8.8	2.2	4.5	13.0	244	5,420
≥\$50K	6.3	1.3	3.7	8.9	397	5,969
Education (years)						
<12	8.7	1.8	5.1	12.2	346	10,039
12	11.9	1.8	8.3	15.4	401	13,212
>12	7.5	1.2	5.3	9.8	734	12,563
Marital Status*						
Married	6.3	1.0	4.4	8.3	828	14,221
Unmarried	12.8	1.6	9.6	15.9	643	21,433
Medicaid Recipient^{a*}						
No	6.2	1.1	4.0	8.4	638	9,861
Yes	11.1	1.3	8.5	13.6	828	25,603
INFANT						
Birth Weight						
Low (<2,500 g)	10.9	1.6	7.8	14.1	389	3,248
Normal (≥2,500 g)	8.9	1.0	7.1	10.8	1,092	32,566
Gestational Age						
<37 weeks (preterm)	9.6	2.1	5.6	13.7	323	4,202
≥37 weeks	9.0	1.0	7.1	10.9	1,158	31,612

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

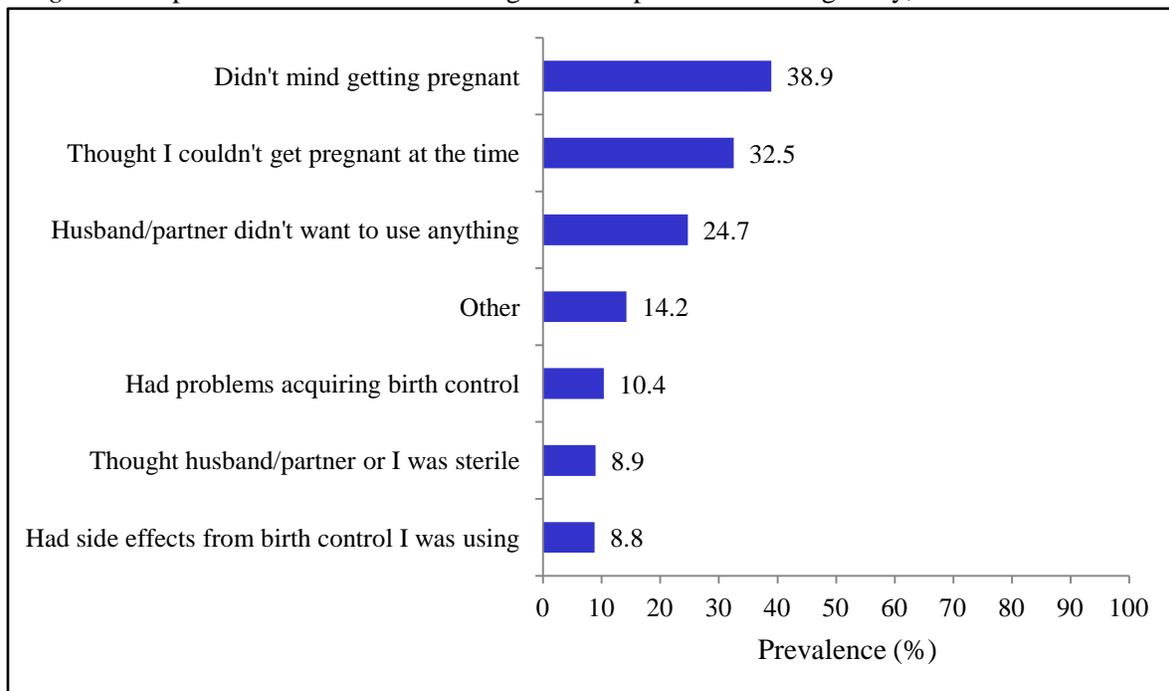
CONTRACEPTION USE AT THE TIME OF PREGNANCY

Overall, 22.3% of women reported using contraception when they got pregnant (data not shown). Unwanted and mistimed pregnancies often result from irregular use of, or failure to use, contraceptives.

It is important to understand why women did not use, or improperly used, contraception even though they were not trying to get pregnant. The PRAMS survey asks, “When you got pregnant with your new baby, were you trying to get pregnant?” Approximately 48% responded that they *were* trying to get pregnant, and approximately 52% responded that they were *not* trying to get pregnant (data not shown).

Of the women who reported that they were *not* trying to get pregnant, 57.3% said that they were *not* doing anything to keep from getting pregnant. These women were given a list of reasons for not using contraception and then they were asked to specify if any of these reasons applied to them. The three most common reasons for not using contraception were that they did not mind if they got pregnant, they thought they could not get pregnant at the time, and/or their husband/partner did not want to use contraception (Figure 1). Approximately 10% of women reported that they had problems acquiring birth control when they needed it.

Figure 1. Reported Reasons for Not Using Contraception before Pregnancy, Texas PRAMS 2008



VITAMINS AND FOLIC ACID

Vitamins and minerals help give our bodies the nutrients they need to stay healthy and repair damage. The best way to get vitamins is through a healthy diet. This is not always easy and, therefore, it may be necessary to take a supplement. For pregnant women, this is especially important; prenatal vitamins are recommended because they contain folic acid and other important nutrients needed during pregnancy.¹

Folic acid is a B vitamin that helps our body produce healthy new cells. Everyone needs folic acid, but it is especially important for pregnant women. When a woman has enough folic acid in her body *before* she conceives, it can help prevent neural tube defects (birth defects of the baby's brain or spinal column). The CDC urges women to take 400 micrograms of folic acid every day, starting at least one month before getting pregnant, to help prevent neural tube defects.^{2,3} To ensure adequate folic acid intake, women can take a vitamin every day with 100% of the daily value of folic acid, or eat a serving of breakfast cereal every day that has been enriched with 100% of the daily value of folic acid.²

The 2008 Texas PRAMS survey asked women the following questions about multivitamin use: "During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?" The response options are, "I didn't take a multivitamin or a prenatal vitamin at all," "1 to 3 times a week," "4 to 6 times a week," or "Every day of the week."

Overall, 38% of women reported that they took a multivitamin or prenatal vitamin at least one to three times a week (Table 5). Women of Other race/ethnicity had the highest rates of multivitamin or prenatal vitamin use, at 62.5%, which was significantly higher than all other race/ethnicity categories. Hispanic women had the lowest rate of multivitamin/prenatal vitamin use, at 30.4%. Among the different age groups, women 35 years of age and older had the highest rate of use, at 55.5%. Women aged 25 and older were significantly more likely to report multivitamin/prenatal vitamin use than younger women, and less than a quarter of women in the prime childbearing ages of 20 to 24 reported using multivitamins/prenatal vitamins. The following groups of women were significantly more likely to report multivitamin/prenatal vitamin use: those with annual household incomes greater than or equal to \$50,000 per year, more than 12 years of education, those who were married, and those who did not have their delivery paid for by Medicaid.

Women were also asked if they had ever heard or read that taking the vitamin folic acid can help prevent some birth defects. Overall, 74.8% of women reported knowledge of the benefits of folic acid (Table 6). Women of White or Other race/ethnicity had the highest rates of reported knowledge, at 77.9% and 81.8%, respectively. Black women had the lowest rate of reported knowledge, at 65.2%. Among Hispanic women, 74% reported knowledge; however as mentioned above, they had the lowest rate of multivitamin/prenatal vitamin use, at 30.4%. Of note, Hispanic women have the highest rates of babies born with neural tube defects.⁴ Knowledge increased with age, from approximately 43% in the youngest age group, to more than 90% among women aged 35 and older. The following groups of women were significantly more likely to report knowledge of folic acid benefits: those 25 years of age and older, with annual household incomes of \$50,000 per year or more, more than 12 years of education, those who were married, and those who did not have their delivery paid for by Medicaid.

¹ March of Dimes. Vitamins and minerals during pregnancy. Accessed on July 21, 2011 at http://www.marchofdimes.com/pregnancy/nutrition_vitamins.html.

² Centers for Disease Control and Prevention. Facts about Folic Acid. Accessed on July 21, 2011 at <http://www.cdc.gov/ncbddd/folicacid/about.html>.

³ National Institutes of Health. MedlinePlus Health Topics: Folic Acid. Accessed on July 21, 2011 at <http://www.nlm.nih.gov/medlineplus/folicacid.html>.

⁴ MMWR Morb Mortal Wkly Rep. 2009 Jan 30;58(3):61.

Table 5. Characteristics of Women Reporting Multivitamin or Prenatal Vitamin Use during the Month before Pregnancy, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	38.1	1.5	35.1	41.1	1,489	151,177
Race/ethnicity*						
White	45.4	2.4	40.7	50.0	525	59,560
Black	39.3	2.5	34.4	44.2	393	17,348
Hispanic	30.4	2.4	25.7	35.2	485	60,884
Other	62.5	5.8	51.1	73.9	83	12,530
Age (years)*						
≤17	30.2	6.2	18.0	42.5	90	7,629
18-19	25.3	5.0	15.4	35.2	122	7,668
20-24	21.0	2.5	16.2	25.9	393	23,217
25-34	47.1	2.3	42.6	51.6	696	86,728
≥35	55.5	4.5	46.7	64.3	188	25,935
Annual Household Income*						
<\$15K	26.2	2.4	21.4	31.0	518	38,923
≥\$15K to <\$25K	28.9	3.8	21.5	36.3	214	16,585
≥\$25K to <\$50K	37.7	3.9	30.1	45.2	244	23,325
≥\$50K	62.3	2.8	56.8	67.8	399	59,781
Education (years)*						
<12	29.1	3.0	23.3	34.9	348	33,822
12	26.8	2.7	21.6	32.1	402	29,943
>12	51.9	2.2	47.5	56.2	739	87,412
Marital Status*						
Married	46.7	2.0	42.8	50.7	832	105,447
Unmarried	26.7	2.3	22.3	31.2	647	45,214
Medicaid Recipient^a*						
No	52.3	2.3	47.7	56.8	642	84,483
Yes	28.2	2.0	24.3	32.1	832	65,396
INFANT						
Birth Weight						
Low (<2,500 g)	42.6	2.5	37.6	47.5	391	12,737
Normal (≥2,500 g)	37.8	1.6	34.6	41.0	1,098	138,440
Gestational Age						
<37 weeks (preterm)	34.5	3.6	27.3	41.6	325	15,166
≥37 weeks	38.6	1.7	35.3	41.8	1,164	136,011

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

**Table 6. Characteristics of Women Reporting Knowledge of Folic Acid Benefits,
Texas PRAMS 2008**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	74.8	1.4	72.0	77.5	1,480	294,658
Race/ethnicity*						
White	77.9	2.0	73.9	81.8	526	102,522
Black	65.2	2.5	60.4	70.1	388	28,455
Hispanic	74.0	2.4	69.4	78.6	483	146,719
Other	81.8	4.7	72.7	91.0	80	16,047
Age (years)*						
≤17	42.8	6.8	29.4	56.1	90	10,780
18-19	63.9	5.5	53.1	74.7	121	19,296
20-24	63.0	3.0	57.2	68.9	394	69,724
25-34	83.7	1.7	80.2	87.1	689	152,335
≥35	92.3	2.5	87.5	97.2	186	42,522
Annual Household Income*						
<\$15K	66.5	2.6	61.3	71.6	519	98,056
≥\$15K to <\$25K	70.0	3.9	62.2	77.7	215	40,395
≥\$25K to <\$50K	76.4	3.3	69.9	83.0	243	47,062
≥\$50K	92.4	1.5	89.4	95.4	398	88,584
Education (years)*						
<12	67.1	3.1	61.1	73.2	345	77,557
12	70.0	2.8	64.5	75.5	398	77,611
>12	83.2	1.7	79.9	86.5	737	139,490
Marital Status*						
Married	81.4	1.7	78.1	84.6	827	182,723
Unmarried	65.9	2.4	61.2	70.7	643	110,558
Medicaid Recipient^a*						
No	81.9	1.9	78.2	85.6	641	132,106
Yes	70.0	2.0	66.1	73.9	833	161,847
INFANT						
Birth Weight						
Low (<2,500 g)	75.6	2.2	71.3	80.0	389	22,513
Normal (≥2,500 g)	74.7	1.5	71.7	77.7	1,091	272,145
Gestational Age						
<37 weeks (preterm)	22.6	3.2	16.2	28.9	326	34,128
≥37 weeks	25.6	1.5	22.6	28.6	1,154	260,530

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

TOBACCO USE

The harmful effects of smoking have been extensively studied and are well-established. Aside from the harmful effects on women's general health, smoking before pregnancy is associated with difficulties and delays in conception. Smoking during pregnancy puts babies at higher risk of premature birth, low birth weight, and sudden infant death syndrome (SIDS). Exposure to secondhand smoke has been shown to cause premature death and disease in children and adults who do not smoke.¹

Texas PRAMS asks mothers about their smoking status before, during, and after pregnancy. Overall, 13.8% of women reported smoking during the three months before pregnancy (Table 7), 6.1% reported smoking during the third trimester (Table 8), and 10.2% reported smoking during the postpartum period (Table 9). For all three time periods, White women were significantly more likely than all other race/ethnicity groups to report smoking (24.9% before pregnancy, 12.5% during the third trimester, and 18.7% postpartum), at approximately twice the rate of Black women and more than three times the rate of Hispanic women. The decrease from reported smoking prior to pregnancy to the postpartum period was most notable among Hispanics, who had a 33% decrease (from 7.5% to 5.0%). Women aged 20-24 and unmarried women had the highest rates of smoking before, during, and after pregnancy. Unmarried women were significantly more likely to report smoking three months before pregnancy and after pregnancy. Women with the highest reported household income (\geq \$50,000/year) had the lowest rates of smoking during all three time periods when compared to all of the lower income categories. Women with low birth weight and preterm babies had higher rates of smoking both before and during pregnancy; and the rate of smoking among women with low birth weight babies was significantly higher than the rate for those with normal weight babies.

The PRAMS survey also asks the question, "About how many hours a day, on average, is your new baby in the same room with someone who is smoking?" The response options are "___Hours" (women are asked to fill in the number of hours), "Less than 1 hour a day," or "My baby is never in the same room with someone who is smoking." Although 10.1% of women overall reported smoking postpartum (Table 9), only 5.5% reported that their baby is in the same room with someone who is smoking (Table 10). Among these women, 62.0% reported exposure one hour a day, 14.0% reported exposure 2-4 hours a day, 7.3% reported exposure 5-9 hours a day, and 16.8% reported exposure 10 or more hours a day (data not shown).

Women were also asked if, during their most recent pregnancy, they felt that they needed services for help to quit smoking, and if they received services to help quit smoking. Among women who reported smoking during the third trimester, 38% reported that they felt they needed services to help quit smoking. However, among women who reported the need for services, only 11% reported that they received these services (data not shown).

¹ Centers for Disease Control and Prevention. Tobacco Use and Pregnancy. Accessed on July 21, 2011 at <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/index.htm>.

Table 7. Characteristics of Women Reporting Cigarette Smoking Three Months before Pregnancy, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	13.8	1.0	11.7	15.8	1,480	54,276
Race/ethnicity*						
White	24.9	2.1	20.9	29.0	524	32,737
Black	12.0	1.7	8.7	15.3	388	5,229
Hispanic	7.5	1.4	4.7	10.2	484	14,832
Other	5.8	2.5	0.9	10.6	81	1,135
Age (years)*						
≤17	11.1	4.2	2.9	19.2	90	2,793
18-19	8.8	2.7	3.6	14.1	121	2,670
20-24	20.3	2.3	15.8	24.9	393	22,475
25-34	11.6	1.4	8.8	14.4	691	21,221
≥35	11.2	2.7	5.9	16.5	185	5,118
Annual Household Income						
<\$15K	15.0	1.8	11.4	18.6	520	22,306
≥\$15K to <\$25K	17.0	3.1	10.9	23.0	214	9,780
≥\$25K to <\$50K	17.7	2.8	12.2	23.2	245	11,009
≥\$50K	10.4	1.8	6.9	13.8	397	9,922
Education (years)						
<12	13.8	2.0	9.8	17.8	345	15,911
12	17.0	2.2	12.6	21.4	398	18,834
>12	11.6	1.4	9.0	14.3	737	19,532
Marital Status*						
Married	10.8	1.2	8.4	13.1	825	24,050
Unmarried	17.6	1.8	14.1	21.2	645	29,803
Medicaid Recipient^a†						
No	10.8	1.4	8.1	13.5	641	17,417
Yes	15.8	1.5	13.0	18.7	834	36,714
INFANT						
Birth Weight†						
Low (<2,500 g)	19.2	2.0	15.3	23.1	389	5,719
Normal (≥2,500 g)	13.3	1.1	11.2	15.5	1,091	48,558
Gestational Age						
<37 weeks (preterm)	19.8	3.1	13.9	25.8	324	8,717
≥37 weeks	13.0	1.1	10.9	15.1	1,156	45,560

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

†Although confidence intervals overlap, p=0.01

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 8. Characteristics of Women Reporting Cigarette Smoking during the Third Trimester, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	6.1	0.7	4.7	7.4	1,476	23,814
Race/ethnicity*						
White	12.5	1.6	9.4	15.5	524	16,343
Black	5.1	1.2	2.8	7.4	388	2,225
Hispanic	2.4	0.8	0.8	4.0	485	4,730
Other	2.6	1.8	0.0	6.2	81	516
Age (years)*						
≤17	5.9	3.1	0.0	12.1	90	1,490
18-19	4.9	2.1	0.9	9.0	121	1,494
20-24	9.5	1.7	6.2	12.8	394	10,483
25-34	4.8	0.9	3.0	6.6	691	8,780
≥35	3.4	1.3	0.8	6.0	185	1,567
Annual Household Income*						
<\$15K	8.2	1.4	5.6	10.9	520	12,230
≥\$15K to <\$25K	6.7	1.9	2.9	10.5	215	3,887
≥\$25K to <\$50K	6.3	1.7	3.1	9.6	245	3,946
≥\$50K	3.0	1.0	1.1	4.9	397	2,838
Education (years)*						
<12	6.3	1.2	3.9	8.7	345	7,272
12	10.0	1.8	6.5	13.5	399	11,092
>12	3.2	0.7	1.8	4.7	737	5,450
Marital Status†						
Married	4.4	0.8	2.9	6.0	826	9,889
Unmarried	8.2	1.2	5.8	10.6	645	13,846
Medicaid Recipient^a*						
No	3.4	0.8	1.9	5.0	641	5,573
Yes	7.8	1.0	5.8	9.8	835	18,096
INFANT						
Birth Weight†						
Low (<2,500 g)	9.5	1.4	6.6	12.3	390	2,823
Normal (≥2,500 g)	5.8	0.7	4.3	7.2	1,091	20,990
Gestational Age						
<37 weeks (preterm)	9.1	2.0	5.2	12.9	325	3,992
≥37 weeks	5.7	0.7	4.2	7.1	1,156	19,822

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

†Although confidence intervals overlap, p=0.01.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 9. Characteristics of Women Reporting Postpartum Cigarette Smoking, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	10.1	0.9	8.4	11.9	1,481	40,032
Race/ethnicity*						
White	18.7	1.9	15.1	22.4	524	24,600
Black	10.7	1.6	7.5	13.8	388	4,650
Hispanic	5.0	1.2	2.6	7.3	485	9,861
Other	4.7	2.5	0.0	9.6	81	921
Age (years)*						
≤17	7.6	3.4	0.9	14.3	90	1,914
18-19	8.4	2.6	3.3	13.6	121	2,548
20-24	15.7	2.1	11.5	19.8	394	17,322
25-34	8.1	1.2	5.8	10.5	691	14,850
≥35	7.4	2.1	3.3	11.6	185	3,398
Annual Household Income*						
<\$15K	12.9	1.7	9.6	16.2	520	19,161
≥\$15K to <\$25K	13.4	2.7	8.0	18.7	215	7,714
≥\$25K to <\$50K	12.5	2.4	7.8	17.1	245	7,768
≥\$50K	4.9	1.2	2.6	7.3	397	4,727
Education (years)*						
<12	10.9	1.7	7.5	14.3	345	12,602
12	14.5	2.1	10.5	18.6	399	16,094
>12	6.7	1.1	4.7	8.8	737	11,337
Marital Status*						
Married	7.5	1.0	5.4	9.5	826	16,676
Unmarried	13.6	1.6	10.5	16.7	645	22,933
Medicaid Recipient^a*						
No	7.0	1.2	4.7	9.3	641	11,381
Yes	12.3	1.3	9.8	14.8	835	28,506
INFANT						
Birth Weight[†]						
Low (<2,500 g)	14.2	1.7	10.8	17.6	390	4,239
Normal (≥2,500 g)	9.8	1.0	7.9	11.7	1,091	35,793
Gestational Age[†]						
<37 weeks (preterm)	16.6	2.9	10.9	22.3	325	7,313
≥37 weeks	9.3	0.9	7.5	11.2	1,156	32,719

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

[†]Although confidence intervals overlap, p=0.02 for birth weight and p=0.01 for gestational age.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

**Table 10. Characteristics of Women Reporting Infant Exposure to Cigarette Smoke,
Texas PRAMS 2008**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	5.5	0.7	4.1	6.9	1,410	20,982
Race/ethnicity						
White	7.4	1.3	4.9	9.9	513	9,595
Black	7.8	1.4	5.0	10.6	358	3,136
Hispanic	3.8	1.1	1.7	5.9	457	7,293
Other	4.9	2.6	0.0	10.0	79	958
Age (years)						
≤17	3.9	2.2	0.0	8.1	84	913
18-19	7.0	2.8	1.5	12.4	112	1,942
20-24	8.0	1.6	4.8	11.3	374	8,630
25-34	4.1	0.9	2.3	5.9	658	7,209
≥35	5.1	2.0	1.1	9.0	182	2,289
Annual Household Income*						
<\$15K	8.5	1.5	5.6	11.3	478	11,953
≥\$15K to <\$25K	2.3	1.0	0.4	4.3	209	1,323
≥\$25K to <\$50K	3.8	1.7	0.4	7.2	238	2,313
≥\$50K	4.0	1.1	1.8	6.2	393	3,808
Education (years)						
<12	4.1	1.1	2.0	6.3	309	4,395
12	7.8	1.7	4.5	11.1	383	8,496
>12	4.9	1.0	2.9	6.8	718	8,091
Marital Status						
Married	4.6	0.9	2.9	6.3	799	10,055
Unmarried	6.8	1.2	4.4	9.1	602	10,849
Medicaid Recipient^a						
No	5.3	1.1	3.1	7.4	630	8,488
Yes	5.7	0.9	3.8	7.5	780	12,494
INFANT						
Birth Weight						
Low (<2,500 g)	5.4	1.2	3.1	7.8	355	1,475
Normal (≥2,500 g)	5.5	0.8	4.0	7.0	1,055	19,507
Gestational Age*						
<37 weeks (preterm)	1.9	0.6	0.6	3.2	292	766
≥37 weeks	5.9	0.8	4.4	7.5	1,118	20,216

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

ALCOHOL USE

Alcohol use during pregnancy has been associated with health problems that affect both the mother and baby, including Fetal Alcohol Syndrome (FAS) and other Fetal Alcohol Spectrum Disorders (FASD), birth defects, and low birth weight.¹ The Office of the Surgeon General, the American Academy of Pediatrics (AAP), and the American Congress of Obstetricians and Gynecologists (ACOG) all maintain that there is no safe amount of alcohol consumption during pregnancy.^{2,3}

Overall, 43.4% of women reported drinking alcohol in any amount during the three months before pregnancy (Table 11), and 7.4% of women reported drinking any amount of alcohol during the third trimester (Table 12). Among all other race/ethnicity groups, White women had the highest reported rate of alcohol consumption before pregnancy (66.5%, which was significantly higher) and during pregnancy (10.6%). The lowest rates of alcohol consumption before pregnancy were reported by women of Other race/ethnicity (19.7%) and Hispanic women (31.5%). The following groups of women were significantly more likely to report drinking in the three months before pregnancy: women with household incomes greater than \$50,000 per year, more than 12 years of education, and those who did not have their delivery paid by Medicaid.

Binge drinking was defined as having five alcoholic drinks or more in one sitting. Overall, approximately 17.5% of women reported binge drinking in the three months before pregnancy (Table 13). White women were significantly more likely than all other race/ethnicity groups to report binge drinking during the three months before pregnancy, at 27.9%. This was double the rate of Hispanic women, nearly three times the rate of Black women, and 23 times the rate of women of Other race/ethnicity, who had a significantly lower binge drinking rate than all other groups, at 1.2%. Overall, only 1.0% of women reported binge drinking during the third trimester (Table 14). Hispanic women reported the highest rate of binge drinking during the third trimester, at 1.5%. Unmarried women had three times the rate of binge drinking during the third trimester as married women (1.7% compared to 0.5%).

¹ Centers for Disease Control and Prevention. Alcohol consumption among women who are pregnant or who might become pregnant --- United States, 2002. *MMWR Morb Mortal Wkly Rep.* 2004; 53(50): 1178-1181.

² Office of the Surgeon General. 2005 Press Release – Advisory on Alcohol Use during Pregnancy. Accessed July 21, 2011 at <http://www.surgeongeneral.gov/pressreleases/sg02222005.html>.

³ American Congress of Obstetricians and Gynecologists. 2008 News Release - Alcohol and Pregnancy: Know the Facts. Accessed on July 21, 2011 at http://www.acog.org/from_home/publications/press_releases/nr02-06-08-1.cfm.

Table 11. Characteristics of Women Reporting Alcohol Use Three Months before Conception, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	43.4	1.5	40.4	46.4	1,471	170,383
Race/ethnicity*						
White	66.5	2.3	62.1	71.0	520	86,528
Black	40.4	2.5	35.4	45.3	385	17,476
Hispanic	31.5	2.5	26.6	36.4	482	62,501
Other	19.7	4.7	10.5	28.9	81	3,878
Age (years)*						
≤17	22.3	5.8	10.8	33.7	90	5,614
18-19	23.4	5.1	13.4	33.3	120	7,047
20-24	48.0	3.1	41.9	54.1	390	52,502
25-34	46.9	2.3	42.4	51.4	688	85,531
≥35	43.6	4.4	35.0	52.2	183	19,688
Annual Household Income*						
<\$15K	33.0	2.6	28.0	38.1	517	48,963
≥\$15K to <\$25K	44.1	4.3	35.7	52.5	212	25,086
≥\$25K to <\$50K	50.0	4.0	42.1	57.8	244	30,910
≥\$50K	62.6	2.8	57.0	68.1	395	59,424
Education (years)*						
<12	19.9	2.6	14.8	25.0	343	22,867
12	39.6	3.0	33.7	45.6	398	44,027
>12	62.3	2.2	58.0	66.5	730	103,488
Marital Status						
Married	45.6	2.0	41.7	49.5	822	101,602
Unmarried	40.6	2.5	35.7	45.6	639	68,139
Medicaid Recipient^a*						
No	55.8	2.3	51.3	60.4	636	89,367
Yes	34.7	2.1	30.6	38.8	830	80,208
INFANT						
Birth Weight						
Low (<2,500 g)	42.3	2.4	37.5	47.1	387	12,508
Normal (≥2,500 g)	43.5	1.6	40.3	46.8	1,084	157,876
Gestational Age						
<37 weeks (preterm)	41.7	3.9	34.0	49.4	322	18,055
≥37 weeks	43.7	1.7	40.4	46.9	1,149	152,328

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 12. Characteristics of Women Reporting Alcohol Use during the Third Trimester, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	7.4	0.8	5.7	9.0	1,473	28,940
Race/ethnicity*						
White	10.6	1.5	7.7	13.5	522	13,843
Black	5.9	1.2	3.5	8.3	385	2,559
Hispanic	6.0	1.3	3.5	8.5	482	11,941
Other	3.0	2.1	0.0	7.2	81	598
Age (years)						
≤17	6.2	3.5	0.0	13.2	90	1,569
18-19	2.5	1.9	0.0	6.2	120	743
20-24	5.6	1.5	2.7	8.5	390	6,100
25-34	9.0	1.3	6.4	11.5	688	16,341
≥35	9.2	2.5	4.3	14.0	185	4,189
Annual Household Income*						
<\$15K	5.6	1.4	3.0	8.3	518	8,385
≥\$15K to <\$25K	4.1	1.6	1.1	7.2	212	2,359
≥\$25K to <\$50K	9.1	2.3	4.6	13.7	243	5,611
≥\$50K	12.1	1.9	8.5	15.8	397	11,543
Education (years)*						
<12	4.1	1.4	1.4	6.7	343	4,704
12	5.5	1.4	2.7	8.3	398	6,092
>12	10.9	1.4	8.1	13.7	732	18,144
Marital Status						
Married	8.3	1.1	6.2	10.5	824	18,561
Unmarried	6.2	1.3	3.7	8.7	639	10,379
Medicaid Recipient^a*						
No	10.5	1.4	7.8	13.2	640	16,953
Yes	5.2	1.0	3.2	7.2	829	11,988
INFANT						
Birth Weight						
Low (<2,500 g)	5.0	1.1	2.9	7.2	388	1,491
Normal (≥2,500 g)	7.6	0.9	5.8	9.3	1,085	27,449
Gestational Age						
<37 weeks (preterm)	5.5	1.9	1.9	9.2	323	2,409
≥37 weeks	7.6	0.9	5.8	9.4	1,150	26,532

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 13. Characteristics of Women Reporting Binge Drinking Three Months before Pregnancy, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	17.5	1.2	15.1	19.8	1,475	68,777
Race/ethnicity*						
White	27.9	2.2	23.7	32.2	522	36,552
Black	10.9	1.6	7.8	14.1	385	4,731
Hispanic	13.7	1.9	10.1	17.3	482	27,253
Other	1.2	0.6	0.0	2.4	81	241
Age (years)						
≤17	9.1	4.0	1.3	17.0	89	2,299
18-19	17.4	4.7	8.1	26.7	120	5,235
20-24	19.4	2.4	14.7	24.2	389	21,258
25-34	19.1	1.8	15.5	22.6	690	34,919
≥35	11.1	2.6	6.1	16.1	185	5,066
Annual Household Income						
<\$15K	14.1	2.0	10.2	17.9	517	20,884
≥\$15K to <\$25K	23.2	3.6	16.0	30.3	212	13,186
≥\$25K to <\$50K	18.0	2.9	12.2	23.8	244	11,130
≥\$50K	21.4	2.4	16.7	26.1	398	20,512
Education (years)*						
<12	10.9	2.0	6.9	14.8	342	12,508
12	18.0	2.4	13.3	22.7	398	20,049
>12	21.7	1.9	18.0	25.4	733	36,220
Marital Status						
Married	16.3	1.5	13.4	19.2	825	36,413
Unmarried	19.1	2.0	15.1	23.1	638	32,020
Medicaid Recipient^a						
No	19.4	1.8	15.8	22.9	641	31,267
Yes	16.0	1.6	12.8	19.1	828	36,950
INFANT						
Birth Weight						
Low (<2,500 g)	16.0	1.8	12.4	19.6	386	4,733
Normal (≥2,500 g)	17.6	1.3	15.1	20.1	1,087	64,044
Gestational Age						
<37 weeks (preterm)	14.7	2.8	9.2	20.2	321	6,377
≥37 weeks	17.8	1.3	15.3	20.4	1,152	62,400

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 14. Characteristics of Women Reporting Binge Drinking during the Third Trimester, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	1.0	0.3	0.4	1.7	1,476	4,069
Race/ethnicity						
White	0.5	0.4	0.0	1.3	522	689
Black	1.1	0.6	0.0	2.3	385	495
Hispanic	1.5	0.6	0.2	2.7	484	2,885
Other	--	--	--	--	81	--
Age (years)						
≤17	3.0	2.5	0.0	7.9	90	744
18-19	0.3	0.3	0.0	0.8	120	80
20-24	0.8	0.5	0.0	1.8	391	865
25-34	1.3	0.6	0.2	2.4	689	2,380
≥35	--	--	--	--	185	--
Annual Household Income						
<\$15K	1.4	0.7	0.1	2.7	519	2,036
≥\$15K to <\$25K	1.0	0.7	0.0	2.3	212	569
≥\$25K to <\$50K	2.3	1.4	0.0	5.0	243	1,385
≥\$50K	--	--	--	--	398	--
Education (years)						
<12	1.6	0.8	0.0	3.3	343	1,891
12	1.2	0.6	0.0	2.4	397	1,275
>12	0.5	0.4	0.0	1.3	735	904
Marital Status						
Married	0.5	0.3	0.0	1.1	825	1,209
Unmarried	1.7	0.7	0.3	3.1	640	2,860
Medicaid Recipient^a						
No	0.5	0.4	0.0	1.2	640	822
Yes	1.4	0.5	0.4	2.5	831	3,247
INFANT						
Birth Weight						
Low (<2,500 g)	1.3	0.6	0.2	2.5	389	399
Normal (≥2,500 g)	1.0	0.4	0.3	1.7	1,086	3,671
Gestational Age						
<37 weeks (preterm)	0.7	0.4	0.0	1.4	323	319
≥37 weeks	1.1	0.4	0.3	1.8	1,152	3,750

Note. -- No respondents reported binge drinking, therefore no estimates are presented.

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

INTIMATE PARTNER VIOLENCE

The CDC defines intimate partner violence (IPV) as abuse that occurs between two people in a close relationship. An intimate partner can include a current or former spouse or dating partner. IPV includes four types of behavior: physical abuse, sexual abuse, threats of physical or sexual abuse, and emotional abuse. According to findings from the National Violence Against Women Survey, almost 25% of U.S. women reported that they were raped and/or physically assaulted by a current or former spouse/partner/date at some point in their life.¹

National estimates of violence during pregnancy range from 4% to 8%.² Physical violence has been associated with numerous adverse health behaviors and outcomes, including gynecological problems such as urinary tract infections, substance abuse, depression, unintended pregnancy, late entry into prenatal care, preterm delivery, and low birth weight.^{2,3} In 2008, Texas PRAMS data showed that overall, 8.4% of women reported being abused by a husband/partner or ex-husband/ex-partner during the 12 months before pregnancy (Table 15), and 5.8% reported being abused during pregnancy (Table 16). Black and Hispanic women had the highest rates of abuse before pregnancy (11.6 % and 10.2%, respectively) and during pregnancy (8.0% and 7.2%, respectively). In general, as age, income, and education increased, reported abuse decreased. Women who were less educated (12 years of education or less), unmarried, and who had their delivery paid for by Medicaid were significantly more likely to report physical abuse both before and during pregnancy. During both time periods, unmarried women were significantly more likely (more than three times as likely) than married women to report abuse. Although the differences were not statistically significant, women with low birth weight and preterm babies had higher rates of physical abuse before pregnancy.

The American Congress of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), and the Institute of Medicine (IOM) recommend that physicians screen all women for IPV. ACOG recommends screening at routine obstetrics and gynecology visits, family planning visits, and preconception visits.⁴ Women sometimes will not report abuse the first time they are asked, and abuse may begin later in pregnancy; therefore, women who are pregnant should be screened for IPV at the first prenatal care visit, at least once per trimester, and at the postpartum checkup.

The PRAMS survey asks, “During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about physical abuse to women by their husbands or partners?” Overall, 53.9% of women reported that they had this discussion (Table 17). The women with the highest rates of reported abuse (women who were Black or Hispanic, with annual household incomes of less than \$15,000, less than 12 years of education, who were unmarried, and who had their delivery paid for by Medicaid) were significantly more likely to report having had this discussion.

¹ National Institute of Justice – Findings from the National Violence Against Women Survey. Accessed on July 21, 2011 at <http://www.ncjrs.gov/pdffiles1/nij/181867.pdf>

² Centers for Disease Control and Prevention. PRAMS and Physical Violence and Reproductive Health. Accessed on July 21, 2011 at <http://www.cdc.gov/reproductivehealth/ProductsPubs/PDFs/Physical%20Violence.pdf>

³ Campbell JC. Health consequences of intimate partner violence. *The Lancet*. 2002;359:1331-1336.

⁴ American Congress of Obstetricians and Gynecologists. Screening Tools—Domestic Violence. Accessed on July 21, 2011 at http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=585.

Table 15. Characteristics of Women Reporting Physical Abuse by Husband/Partner or Ex-Husband/ Ex-Partner during the 12 Months before Pregnancy, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	8.4	1.0	6.5	10.3	1,382	30,897
Race/ethnicity*						
White	5.7	1.1	3.5	7.9	510	7,213
Black	11.6	1.8	8.1	15.1	354	4,600
Hispanic	10.2	1.7	6.9	13.6	440	18,600
Other	2.6	1.9	0.0	6.3	75	483
Age (years)†						
≤17	NA	NA	NA	NA	NA	NA
18-19	14.1	4.1	6.0	22.2	119	4,222
20-24	11.9	2.1	7.9	16.0	391	13,062
25-34	6.0	1.2	3.7	8.3	687	10,965
≥35	5.8	2.3	1.3	10.3	185	2,648
Annual Household Income*						
<\$15K	14.2	2.1	10.2	18.3	459	18,644
≥\$15K to <\$25K	10.3	2.6	5.3	15.3	206	5,784
≥\$25K to <\$50K	6.0	2.1	1.9	10.0	231	3,475
≥\$50K	1.3	0.8	0.0	2.8	397	1,244
Education (years)*						
<12	14.6	2.6	9.5	19.7	271	13,762
12	10.7	2.0	6.8	14.5	377	11,310
>12	3.5	0.8	1.9	5.1	734	5,824
Marital Status*						
Married	3.7	0.8	2.1	5.3	816	8,178
Unmarried	14.7	2.0	10.8	18.6	556	21,171
Medicaid Recipient^a*						
No	3.2	0.9	1.4	5.0	632	5,083
Yes	12.1	1.5	9.2	15.1	748	25,254
INFANT						
Birth Weight						
Low (<2,500 g)	11.0	1.7	7.7	14.3	365	3,052
Normal (≥2,500 g)	8.2	1.0	6.2	10.2	1,017	27,845
Gestational Age						
<37 weeks (preterm)	11.7	2.9	6.0	17.3	306	4,777
≥37 weeks	8.0	1.0	6.0	10.0	1,076	26,120

Note. NA, not applicable (women under the age of 18 are not asked about physical abuse).

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

†Although confidence intervals overlap, p=0.01.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 16. Characteristics of Women Reporting Physical Abuse by Husband/Partner or Ex-Husband/Ex-Partner during Pregnancy, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	5.8	0.8	4.2	7.4	1,389	21,484
Race/ethnicity*						
White	3.8	0.9	2.0	5.6	510	4,853
Black	8.0	1.5	5.0	10.9	358	3,187
Hispanic	7.2	1.5	4.4	10.1	442	13,145
Other	1.6	1.6	0.0	4.6	76	299
Age (years)						
≤17	NA	NA	NA	NA	NA	NA
18-19	11.2	3.6	4.1	18.4	118	3,355
20-24	7.7	1.7	4.4	10.9	395	8,482
25-34	4.1	1.0	2.2	6.1	691	7,585
≥35	4.5	2.2	0.2	8.8	185	2,062
Annual Household Income*						
<\$15K	9.4	1.7	6.0	12.8	464	12,444
≥\$15K to <\$25K	6.3	2.1	2.1	10.5	205	3,534
≥\$25K to <\$50K	2.3	1.2	0.0	4.6	233	1,343
≥\$50K	1.0	0.7	0.0	2.3	397	927
Education (years)*						
<12	9.7	2.2	5.4	14.0	271	9,175
12	7.7	1.7	4.5	11.0	382	8,299
>12	2.4	0.7	1.1	3.7	736	4,011
Marital Status*						
Married	2.6	0.7	1.2	4.0	819	5,788
Unmarried	10.1	1.6	6.9	13.3	560	14,631
Medicaid Recipient^a*						
No	2.3	0.8	0.7	3.9	634	3,679
Yes	8.1	1.2	5.7	10.6	753	17,100
INFANT						
Birth Weight						
Low (<2,500 g)	6.4	1.3	3.9	9.0	365	1,791
Normal (≥2,500 g)	5.8	0.9	4.1	7.5	1,024	19,694
Gestational Age[†]						
<37 weeks (preterm)	2.7	1.0	0.8	4.6	305	1,094
≥37 weeks	6.2	0.9	4.4	8.0	1,084	20,391

Note. NA, not applicable (women under the age of 18 are not asked about physical abuse).

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

†Although confidence intervals overlap, p=0.02.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 17. Characteristics of Women Reporting Discussion of Physical Abuse with Provider during Prenatal Care Visit, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	53.9	1.6	50.8	57.0	1,461	209,535
Race/ethnicity*						
White	40.0	2.3	35.4	44.6	519	51,847
Black	61.8	2.5	56.9	66.7	386	26,756
Hispanic	62.8	2.6	57.7	67.9	476	123,260
Other	38.3	6.0	26.5	50.1	77	7,162
Age (years)*						
≤17	68.0	6.4	55.4	80.5	87	16,544
18-19	60.1	5.9	48.4	71.7	118	17,935
20-24	59.0	3.1	53.0	65.1	391	64,263
25-34	49.1	2.3	44.6	53.7	679	88,097
≥35	48.8	4.5	40.0	57.6	186	22,696
Annual Household Income*						
<\$15K	66.3	2.6	61.1	71.4	511	96,711
≥\$15K to <\$25K	50.5	4.4	41.9	59.0	213	28,813
≥\$25K to <\$50K	48.4	4.0	40.5	56.3	239	29,349
≥\$50K	37.9	2.8	32.4	43.5	393	35,893
Education (years)*						
<12	69.8	3.0	63.8	75.7	339	79,194
12	56.6	3.1	50.5	62.7	395	61,994
>12	41.2	2.2	36.9	45.5	727	68,347
Marital Status*						
Married	46.3	2.1	42.3	50.3	815	102,021
Unmarried	63.6	2.5	58.8	68.5	637	106,136
Medicaid Recipient^a*						
No	42.2	2.3	37.6	46.8	629	66,879
Yes	61.9	2.2	57.7	66.2	822	141,209
INFANT						
Birth Weight†						
Low (<2,500 g)	60.3	2.5	55.3	65.2	384	17,719
Normal (≥2,500 g)	53.3	1.7	50.0	56.7	1,077	191,816
Gestational Age						
<37 weeks (preterm)	50.8	4.0	42.9	58.7	321	22,037
≥37 weeks	54.3	1.7	50.9	57.6	1,140	187,498

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

†Although confidence intervals overlap, p=0.02.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

PRENATAL CARE

Early and adequate prenatal care is extremely important to the health of both the mother and baby. Babies of mothers who do not get prenatal care are three times more likely to have low birth weight and five times more likely to die than those born to mothers who do get prenatal care.¹ Health care providers can identify health problems early when they see mothers regularly. This allows early treatment, which can cure many problems and prevent others. Health care providers can also talk to pregnant women about things they can do to give their babies a healthy start to life.

The earlier that prenatal care begins the better. Texas PRAMS asks women how many weeks pregnant they were when they went for their first visit for prenatal care. Almost one-third of women (31.4%) reported that they did *not* receive prenatal care during the first trimester (Table 18). Black and Hispanic women had the highest rates of late entry into prenatal care, at 39.9% and 39.8%, respectively. These rates were significantly higher than the rate for White women (18.3%) and women of Other race/ethnicity (19.4%). Late entry into prenatal care increased with decreasing age, income, and education. Women aged 24 years and younger were significantly more likely than women aged 25 and older to enter prenatal care late. Those with the lowest reported annual household incomes (less than \$15,000 per year) were significantly more likely than all other income groups, and 10 times as likely as women with the highest incomes, to enter prenatal care late (49.3% for those with annual household incomes of less than \$15,000 compared to 4.2% for those with annual household incomes of \$50,000 or more). Women with a high school education or less, women who were unmarried, and those who had their delivery paid by Medicaid were also significantly more likely to enter prenatal care late.

Women were also asked the question, “Did you get prenatal care as early in your pregnancy as you wanted?” Overall, approximately 24% reported that they did not receive prenatal care as early as they wanted (Table 19), which is lower than the percent reported for late entry into prenatal care (31.4%). Women were also given a list of barriers to obtaining prenatal care and then they were asked to specify whether or not they experienced any of these problems. The three most common barriers reported were not having enough money or insurance to pay for prenatal care visits (18.9%), not having a Medicaid card (17.0%), and not being able to get an appointment when they wanted one (16.0%) (Figure 2). The majority of the reported barriers to prenatal care could be eliminated through education and increasing access to services.

The 2008 Texas PRAMS survey also includes a question about discussions women had with their health care providers during prenatal care visits. Women are given a list of topics and asked, for each topic, whether or not someone talked with them about. These topics include, but are not limited to: tobacco, alcohol, and illegal drug use; breastfeeding, birth control, safe medications during pregnancy, and screening for birth defects. Over 80% of women reported having a discussion about safe medications, screening for birth defects, breastfeeding, and postpartum birth control methods (Figure 3). Approximately 70% reported having a discussion about how drinking, smoking, and illegal drug use could affect their baby.

¹ U.S. Department of Health and Human Services Office on Women’s Health. Prenatal care fact sheet. Accessed on July 21, 2011 at <http://www.womenshealth.gov/faq/prenatal-care.cfm>

Table 18. Characteristics of Women who Entered Prenatal Care Late (after the First Trimester), Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	31.4	1.5	28.5	34.4	1,467	122,631
Race/ethnicity*						
White	18.3	1.9	14.6	22.0	523	23,992
Black	39.9	2.6	34.9	44.9	386	17,321
Hispanic	39.8	2.7	34.6	45.0	475	77,515
Other	19.4	4.8	10.0	28.8	80	3,804
Age (years)*						
≤17	59.6	6.9	46.0	73.2	85	13,795
18-19	54.5	6.0	42.8	66.3	117	15,968
20-24	38.1	3.0	32.1	44.0	390	41,985
25-34	23.1	2.1	19.0	27.1	688	41,693
≥35	19.7	3.7	12.5	26.9	187	9,190
Annual Household Income*						
<\$15K	49.3	2.8	43.8	54.9	509	71,603
≥\$15K to <\$25K	30.4	4.0	22.6	38.3	211	17,322
≥\$25K to <\$50K	25.3	3.5	18.4	32.2	244	15,607
≥\$50K	4.2	1.0	2.2	6.2	397	4,039
Education (years)*						
<12	51.8	3.3	45.2	58.3	339	58,715
12	38.9	3.1	32.8	45.0	395	42,643
>12	12.7	1.4	10.0	15.5	733	21,273
Marital Status*						
Married	20.5	1.7	17.1	23.8	824	45,781
Unmarried	46.4	2.6	41.2	51.5	634	76,273
Medicaid Recipient^a*						
No	14.8	1.8	11.4	18.3	639	23,827
Yes	43.5	2.2	39.2	47.9	817	98,743
INFANT						
Birth Weight						
Low (<2,500 g)	31.6	1.6	28.4	34.8	384	113,893
Normal (≥2,500 g)	29.7	2.4	25.1	34.4	1,083	8,737
Gestational Age						
<37 weeks (preterm)	32.0	1.6	28.7	35.2	324	110,689
≥37 weeks	27.2	3.6	20.2	34.2	1,143	11,942

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

**Table 19. Characteristics of Women Not Receiving Prenatal Care as Early as Desired,
Texas PRAMS 2008**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	24.1	1.4	21.4	26.9	1,485	95,111
Race/ethnicity*						
White	19.1	1.9	15.4	22.8	525	25,149
Black	32.6	2.4	27.8	37.4	392	14,367
Hispanic	26.3	2.4	21.7	31.0	482	51,936
Other	16.5	4.5	7.8	25.3	83	3,314
Age (years)*						
≤17	41.3	6.8	27.9	54.6	89	10,139
18-19	37.3	5.8	25.9	48.7	122	11,299
20-24	32.4	2.9	26.6	38.1	393	35,559
25-34	17.4	1.8	13.9	20.9	693	31,738
≥35	13.6	3.0	7.7	19.6	188	6,376
Annual Household Income*						
<\$15K	34.0	2.7	28.8	39.2	517	49,795
≥\$15K to <\$25K	24.7	3.6	17.6	31.8	213	14,144
≥\$25K to <\$50K	24.8	3.4	18.1	31.6	245	15,436
≥\$50K	7.9	1.6	4.8	11.1	399	7,629
Education (years)*						
<12	28.0	2.9	22.3	33.8	345	32,127
12	32.0	2.9	26.3	37.8	401	35,560
>12	16.3	1.7	13.0	19.6	739	27,424
Marital Status*						
Married	17.9	1.6	14.7	21.1	830	40,121
Unmarried	32.2	2.4	27.5	36.9	645	53,969
Medicaid Recipient^a*						
No	13.9	1.7	10.6	17.2	642	22,428
Yes	31.5	2.0	27.5	35.5	831	72,384
INFANT						
Birth Weight						
Low (<2,500 g)	24.0	1.5	21.1	27.0	392	87,430
Normal (≥2,500 g)	25.6	2.2	21.2	30.0	1,093	7,681
Gestational Age						
<37 weeks (preterm)	23.7	1.5	20.8	26.6	326	82,925
≥37 weeks	27.8	3.7	20.6	35.0	1,159	12,186

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Figure 2. Reported Barriers to Prenatal Care, Texas PRAMS 2008

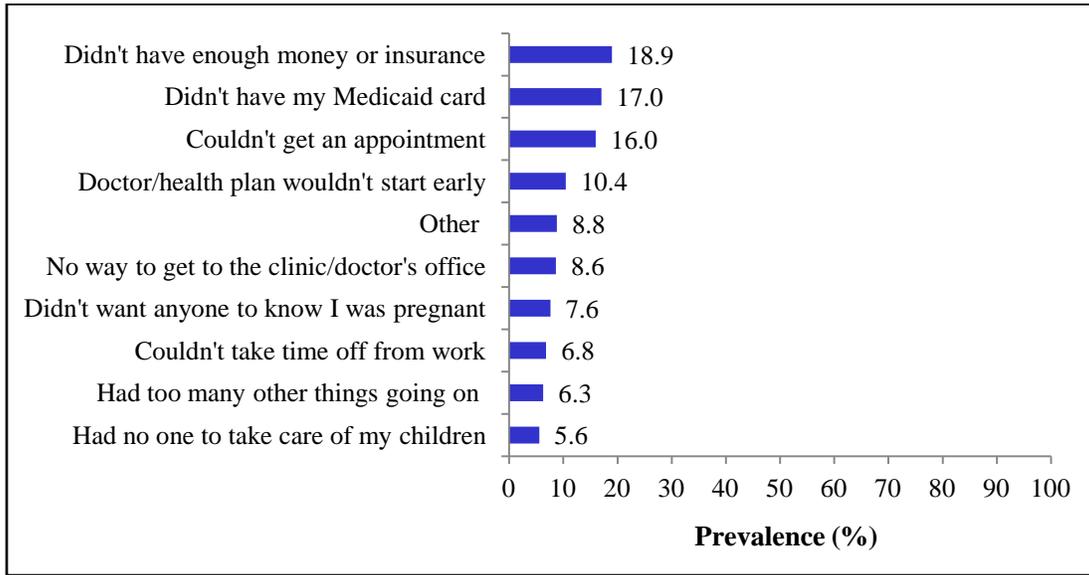
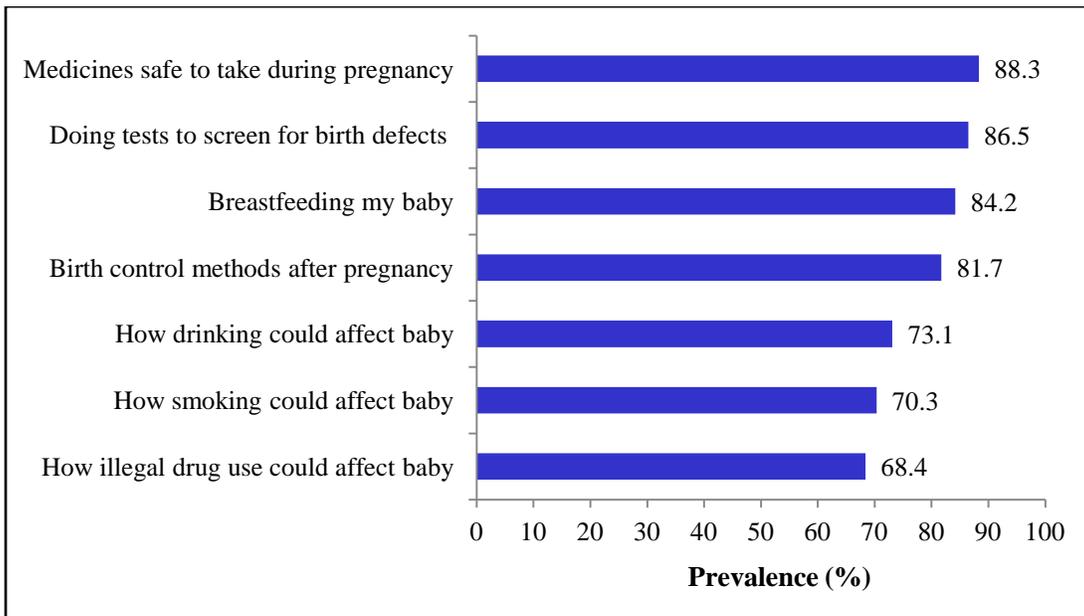


Figure 3. Reported Prenatal Care Visit Discussion Topics, Texas PRAMS 2008



BREASTFEEDING

Breastfeeding is the best source of nutrition for infants. Breast milk has just the right amount of nutrients and antibodies to nourish and protect infants from disease, and it is easier for babies to digest than formula. Breastfeeding has also been shown to be protective against SIDS.^{1,2}

There are also numerous benefits to mothers – breastfeeding can save money that would otherwise be spent on formula, help with postpartum weight loss, and it can also help to establish and strengthen the bond between mother and baby, since physical contact is important to newborns. Additionally, breastfeeding has been associated with a lower risk of type 2 diabetes, breast cancer, ovarian cancer, and postpartum depression in women. Infants who are breastfed are sick less often than those who are not, so women who breastfeed miss fewer days of work.¹

The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for about the first six months of life, and that babies should continue to breastfeed for the first year of life and for as long as is mutually desired by the mother and baby. Barriers to breastfeeding include lack of knowledge of the specific benefits of breastfeeding, social norms (bottle feeding formula has become acceptable in the U.S.), poor family and social support, embarrassment, lactation problems; lack of flexibility in work hours and locations for breastfeeding, expressing milk, and storing milk; and lack of breastfeeding support and education in the hospital setting.³

The Healthy People 2010 Objectives for breastfeeding were for 75% of mothers to initiate breastfeeding, 50% to continue breastfeeding for six months, and for 25% to continue breastfeeding for one year. The 2008 National Immunization Survey results for Texas indicated that 82% of women initiated breastfeeding, 44% were still breastfeeding at six months, and 24% were breastfeeding at one year. Texas met the objective for initiation of breastfeeding but fell slightly short of the objectives for breastfeeding at six months and one year.

The 2008 Texas PRAMS data show that overall, 80.6% of women reported ever breastfeeding (Table 20). Women of Other race/ethnicity had a significantly higher rate of breastfeeding than all other race/ethnicity groups, at 94.9%. Black women were significantly less likely than all other race/ethnicity groups to report ever breastfeeding, at 66.3%. Breastfeeding initiation rates increased with increasing age and income. Unmarried women and those who had their delivery paid for by Medicaid were significantly less likely to report ever breastfeeding. Among women who *never* breastfed, the top three reasons were: “I didn’t like breastfeeding,” “Other,” and “I went back to work or school” (Figure 4).

Only 49% of women reported breastfeeding or feeding expressed breast milk to their baby at the time of the survey—two to four months after giving birth (data not shown). Women were asked to check the reasons why they stopped breastfeeding. The most common reasons checked were: “I thought I was not producing enough milk” and “Breast milk alone did not satisfy my baby” (Figure 5).

¹ U.S. Department of Health and Human Services Office on Women’s Health. Why Breastfeeding is Important. Accessed on July 21, 2011 at <http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/>

² Hauck FR, Thompson JMD, et al. Breastfeeding and reduced risk of sudden infant death syndrome: a meta-analysis. *Pediatrics*. 2011; 128 (1).

³ U.S. Department of Health and Human Services. The Surgeon General’s Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

Table 20. Characteristics of Women Reporting Ever Breastfeeding, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	80.6	1.3	78.2	83.1	1,430	311,909
Race/ethnicity*						
White	78.7	2.0	74.8	82.6	514	101,971
Black	66.3	2.5	61.3	71.2	367	27,241
Hispanic	83.7	2.0	79.8	87.6	467	163,712
Other	94.9	2.8	89.4	100.0	79	18,581
Age (years)*						
≤17	65.7	6.6	52.7	78.6	86	16,333
18-19	73.2	5.4	62.5	83.8	115	21,032
20-24	76.9	2.6	71.7	82.0	379	83,237
25-34	85.6	1.5	82.6	88.6	666	153,308
≥35	82.9	3.3	76.4	89.3	184	37,999
Annual Household Income*						
<\$15K	76.9	2.2	72.5	81.3	494	111,813
≥\$15K to <\$25K	77.6	3.6	70.7	84.6	212	44,263
≥\$25K to <\$50K	79.0	3.4	72.4	85.6	239	48,628
≥\$50K	88.0	1.9	84.2	91.7	393	83,557
Education (years)						
<12	78.8	2.6	73.8	83.9	324	88,683
12	77.1	2.5	72.2	82.0	386	83,990
>12	84.2	1.7	80.9	87.5	720	139,236
Marital Status*						
Married	86.8	1.4	84.0	89.6	804	191,311
Unmarried	72.2	2.2	67.8	76.6	617	118,876
Medicaid Recipient^{a*}						
No	86.0	1.6	82.8	89.2	629	137,444
Yes	76.9	1.8	73.4	80.4	801	174,465
INFANT						
Birth Weight						
Low (<2,500 g)	77.9	2.2	73.5	82.2	363	21,615
Normal (≥2,500 g)	80.9	1.3	78.2	83.5	1,067	290,294
Gestational Age						
<37 weeks (preterm)	75.6	3.6	68.5	82.7	299	31,493
≥37 weeks	81.3	1.3	78.6	83.9	1,131	280,415

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Figure 4. Reasons for Not Breastfeeding, Texas PRAMS 2008

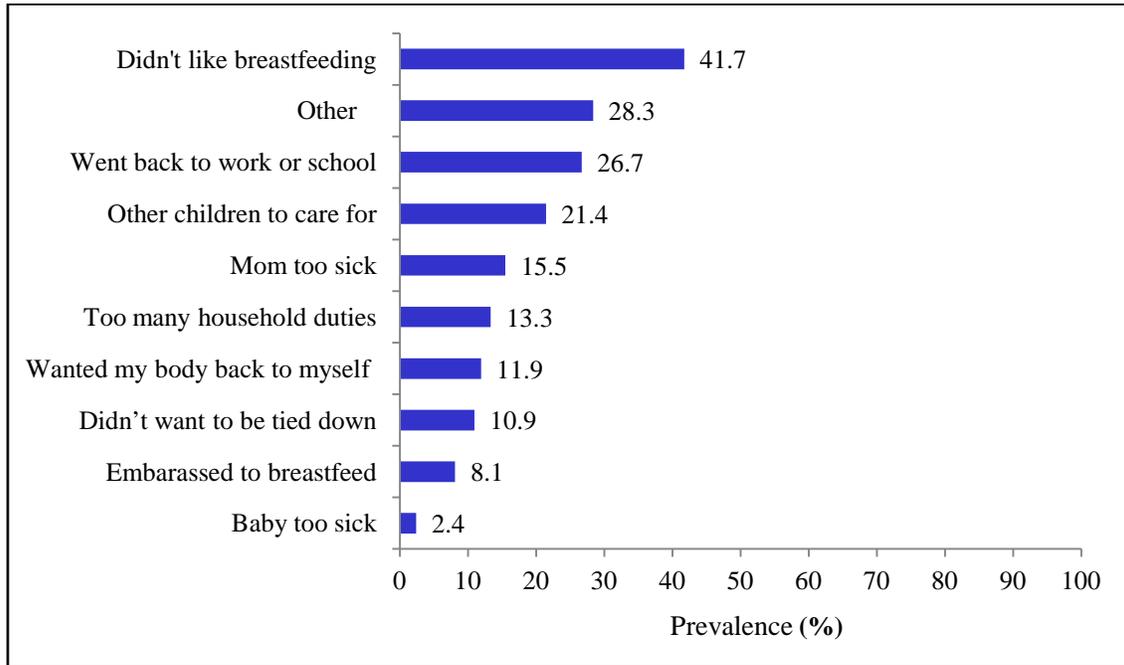
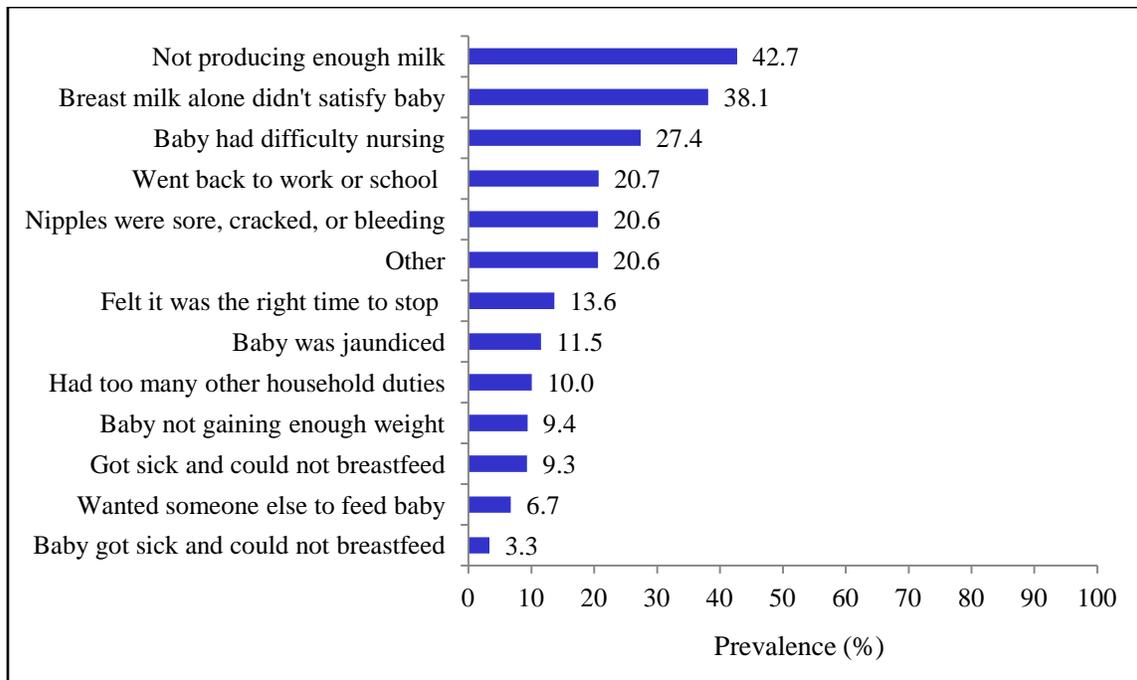


Figure 5. Reasons for Stopping Breastfeeding, Texas PRAMS 2008



ORAL HEALTH

Dental visits should be a routine part of prenatal health care. The two most common diseases of the mouth, caries (cavities) and periodontal disease, are associated with preterm birth and low birth weight. Also, cavities in a mother can affect her infant's risk of developing early dental cavities.¹ Unfortunately, oral health during pregnancy is often overlooked. Barriers to routine dental care during pregnancy include lack of dental insurance coverage, lack of knowledge of the effects of dental health on pregnancy, and concerns about fetal safety.¹

National PRAMS data from 1998 indicated that 65% to 77% of women did not use dental care during pregnancy.² Additionally, of those who reported having a dental problem during pregnancy, only half reported receiving dental care for it.

Texas PRAMS data from 2008 indicated that overall almost 70% of women did *not* see a dentist during pregnancy (Table 21). This was most prevalent among Black (70.3%) and Hispanic (76.2%) women, who were significantly more likely than White women (58.7%) to report no dental visit during pregnancy. Among the different age groups, women ages 20-34 were most likely to report lack of a dental visit during pregnancy, and they were significantly more likely to report this than the oldest age group (35 and older), who had the lowest rate (53.8%). Additionally, the following groups of women were significantly more likely to report not seeing a dentist during pregnancy: those with a reported annual household income of less than \$50,000 per year, with a high school education or less, and those who had their delivery paid by Medicaid.

Approximately 24% of women reported that, during their most recent pregnancy, they needed to see a dentist for a problem. However, among these women, only 49% went to a dentist or dental clinic during pregnancy (data not shown).

¹ Silk H, Douglass AB, et al. Oral Health During Pregnancy. *Am Fam Physician*. 2008;77(8):1139-1144.

² Gaffield ML, Gilbert BJC, et al. Oral health during pregnancy: an analysis of information collected by the Pregnancy Risk Assessment Monitoring System. *J Am Dent Assoc*. 2001;132:1009-1016.

Table 21. Characteristics of Women who Reported No Dental Visit during Pregnancy, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	68.9	1.5	66.0	71.8	1,447	264,057
Race/ethnicity*						
White	58.7	2.4	54.1	63.4	517	75,934
Black	70.3	2.4	65.6	75.0	377	29,767
Hispanic	76.2	2.3	71.6	80.7	472	146,006
Other	62.9	5.9	51.3	74.5	78	11,944
Age (years)*						
≤17	56.4	6.9	42.9	69.9	89	14,170
18-19	68.4	5.6	57.5	79.3	118	20,045
20-24	74.7	2.6	69.5	79.9	382	79,953
25-34	71.1	2.1	67.0	75.2	674	125,752
≥35	53.8	4.5	45.1	62.6	184	24,137
Annual Household Income*						
<\$15K	78.4	2.3	73.9	82.8	504	111,924
≥\$15K to <\$25K	78.5	3.5	71.7	85.3	212	44,288
≥\$25K to <\$50K	70.2	3.7	63.0	77.4	242	42,843
≥\$50K	48.9	2.9	43.2	54.6	396	46,586
Education (years)*						
<12	76.3	2.8	70.8	81.9	335	85,171
12	77.6	2.5	72.6	82.6	389	83,543
>12	58.2	2.2	53.8	62.5	723	95,343
Marital Status*						
Married	64.8	1.9	61.0	68.6	813	142,312
Unmarried	74.3	2.3	69.8	78.7	624	120,082
Medicaid Recipient^a*						
No	58.1	2.3	53.6	62.6	635	93,161
Yes	76.7	1.9	73.0	80.4	812	170,896
INFANT						
Birth Weight						
Low (<2,500 g)	68.7	1.6	65.6	71.7	386	242,802
Normal (≥2,500 g)	72.0	2.3	67.5	76.4	1,061	21,255
Gestational Age						
<37 weeks (preterm)	68.2	1.6	65.1	71.3	323	231,714
≥37 weeks	74.6	3.4	67.9	81.3	1,124	32,343

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

INFANT HEALTH AND SAFETY

Well-baby exams, which are regular health visits that typically occur at two, four, or six months of age, are important because they involve growth assessment, vaccinations, and developmental evaluations. The Texas PRAMS survey asks women if their baby has had a well-baby checkup. Overall, 97.5% of women reported taking their baby for a well-baby checkup (Table 22). Women were also asked if their baby had well-baby shots or vaccinations before he or she was three months old (exclusive of shots received in the hospital). Overall, 88.5 % of women reported that their baby received well-baby shots / vaccinations (data not shown).

Nationally, SIDS is the leading cause of death among infants one to 12 months of age. In Texas, SIDS is the third leading cause of infant death.¹ Placing infants on their back to sleep has been consistently identified as a way to reduce the risk of SIDS. The AAP recommends that for all sleep, infants should be placed *only* on their back to sleep.²

Additional AAP recommendations to reduce the risk of SIDS include placing infants on a firm sleeping surface and removing soft materials (pillows, quilts, bumper pads, stuffed toys) from the infant's sleeping environment. Although placing infants in bed with adults to sleep should be avoided, a separate but proximate sleeping environment is recommended. Pacifier use during sleep is also recommended since it has also been shown to reduce the risk of SIDS. To avoid overheating, infants should be placed in light clothing, and care should be taken to not overbundle. Smoking should be avoided, as well as the use of home monitors and/or devices that are marketed to reduce the risk of SIDS. Flattening of the head (also known as plagiocephaly) can be avoided by increasing "tummy time" while the baby is awake, and avoiding long periods of time in car seats or bouncers.¹

The Texas PRAMS survey asks, "How do you *most often* lay your baby down to sleep now?" The response options are "On his or her side," "On his or her back," or "On his or her stomach." Although respondents are asked to check only *one* answer, many women checked more than one answer. Table 23 represents women who checked only "On his or her back." Overall, 58.4% of women reported that they most often lay their baby down to sleep on his or her back, which is significantly lower than the Healthy People 2020 Objective. Black women had the lowest reported rate, at 34.1%, which was significantly lower than all other race/ethnicity groups. Rates increased with increasing education. Married women and those who did not have their delivery paid by Medicaid were significantly more likely to report this behavior.

¹ 2008 Mortality File, Texas Department of State Health Services.

² American Academy of Pediatrics. Policy Statement -- The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. *Pediatrics*. 2005;116(5):1245-1255.

Table 22. Characteristics of Women Reporting a Well-Baby Checkup, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	97.5	0.5	96.5	98.5	1,425	377,342
Race/ethnicity						
White	96.8	0.9	95.1	98.5	514	125,504
Black	97.7	0.8	96.1	99.3	363	39,734
Hispanic	97.8	0.8	96.3	99.4	468	191,919
Other	98.5	1.5	95.5	100.0	79	19,270
Age (years)*						
≤17	99.0	0.7	97.6	100.0	86	24,625
18-19	98.8	1.2	96.4	100.0	114	28,319
20-24	95.5	1.3	92.9	98.0	378	103,304
25-34	97.7	0.7	96.2	99.1	664	175,331
≥35	100.0	0.0	100.0	100.0	183	45,763
Annual Household Income						
<\$15K	97.7	0.8	96.1	99.2	489	141,592
≥\$15K to <\$25K	98.0	1.0	96.1	99.9	211	55,801
≥\$25K to <\$50K	96.5	1.5	93.6	99.5	239	59,608
≥\$50K	99.0	0.6	97.9	100.0	393	94,594
Education (years)						
<12	96.8	1.1	94.6	98.9	321	108,061
12	97.1	1.0	95.0	99.1	385	106,143
>12	98.3	0.6	97.1	99.4	719	163,137
Marital Status						
Married	97.0	0.7	95.5	98.4	803	214,402
Unmarried	98.2	0.7	96.9	99.4	613	161,140
Medicaid Recipient^a						
No	97.3	0.8	95.6	98.9	630	156,303
Yes	97.7	0.6	96.4	98.9	795	221,040
INFANT						
Birth Weight						
Low (<2,500 g)	98.0	0.8	96.5	99.5	358	26,782
Normal (≥2,500 g)	97.5	0.5	96.4	98.5	1,067	350,560
Gestational Age						
<37 weeks (preterm)	98.3	0.9	96.5	100.0	294	40,545
≥37 weeks	97.4	0.6	96.3	98.5	1,131	336,798

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 23. Characteristics of Women Reporting Placing Infant on Back to Sleep, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	58.4	1.6	55.2	61.5	1,427	226,253
Race/ethnicity*						
White	65.6	2.3	61.1	70.1	513	85,231
Black	34.1	2.5	29.1	39.0	364	13,932
Hispanic	57.7	2.7	52.4	62.9	468	113,139
Other	68.4	5.7	57.2	79.5	79	13,382
Age (years)*						
≤17	43.8	6.9	30.2	57.4	86	10,891
18-19	41.1	6.1	29.2	53.1	114	11,795
20-24	57.5	3.1	51.4	63.6	378	62,235
25-34	63.0	2.3	58.5	67.5	666	113,442
≥35	60.9	4.4	52.3	69.6	183	27,890
Annual Household Income*						
<\$15K	52.4	2.8	46.8	57.9	490	75,949
≥\$15K to <\$25K	61.5	4.2	53.3	69.6	211	34,984
≥\$25K to <\$50K	55.5	3.9	47.8	63.2	240	34,321
≥\$50K	71.5	2.6	66.3	76.6	392	68,222
Education (years)*						
<12	48.5	3.4	41.9	55.1	322	54,336
12	58.8	3.1	52.8	64.8	386	64,347
>12	64.8	2.1	60.6	68.9	719	107,570
Marital Status*						
Married	62.6	2.0	58.6	66.5	805	138,672
Unmarried	52.3	2.6	47.1	57.5	613	85,859
Medicaid Recipient^a*						
No	65.1	2.2	60.7	69.5	630	104,752
Yes	53.6	2.2	49.3	58.0	797	121,501
INFANT						
Birth Weight						
Low (<2,500 g)	61.1	2.6	56.1	66.2	357	16,670
Normal (≥2,500 g)	58.2	1.7	54.8	61.5	1,070	209,583
Gestational Age						
<37 weeks (preterm)	57.9	4.2	49.7	66.0	293	23,831
≥37 weeks	58.4	1.7	55.1	61.8	1,134	202,422

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

MATERNAL POSTPARTUM EXPERIENCE

Maternal postpartum health care generally occurs during the six weeks after giving birth, and it is a critical component of women's health care. Postpartum maternal morbidities can include fatigue, depression, breastfeeding problems, backaches, headaches, and other physical morbidities. Additionally, studies have shown that poor maternal physical health is associated with a reduction in children's general physical health. Unfortunately, maternal postpartum health is an often neglected part of women's health care, and there are missed opportunities for enhancing postpartum care for women.

In the 2008 Texas PRAMS survey, most women (84.2%) reported that they received a postpartum checkup; however, approximately 16% had *not* received a postpartum checkup (Table 24). Hispanic women had the highest prevalence of no postpartum checkup, with a rate of 20.9%. This was significantly higher than the rate for women of White or Other race ethnicity—approximately 9.5% did not receive a postpartum checkup. The rates of not receiving a postpartum checkup increased with decreasing income and education. The following groups of women were significantly more likely to report not receiving a postpartum checkup: those with a high school education or less, those who were unmarried, and those who had their delivery paid for by Medicaid.

The typical postpartum checkup is limited to vaginal examination and contraceptive education.¹ In a national survey from 2002, approximately one-third of mothers responded that their issues were not addressed during the postpartum checkup.² In the 2008 Texas PRAMS survey, women were asked if they were using contraception at the time of the survey (two to three months after giving birth). Overall, 83.7% of women responded that they were using contraception (Table 25).

Screening for postpartum depression is also recommended as part of the postpartum checkup; however, these recommendations are not always followed. In a national survey conducted in 2006, approximately 58% of mothers responded that their provider asked about depression.³ In the 2008 Texas PRAMS survey, women were asked if, at any time during their most recent pregnancy or after delivery, a doctor, nurse, or other healthcare worker talked with them about "baby blues" or postpartum depression. Overall, 74.0% of women reported that they had this discussion (Table 26).

¹ Cheng CY, Fowles ER, et al. Postpartum maternal health care in the United States: a critical review. *J Perinat Educ.* 2006;15(3):34-42.

² Declercq ER, Sakala C, Corry MP, Applebaum S, Risher P. Listening to Mothers: Report of the First National U.S. Survey of Women's Childbearing Experiences. New York: Maternity Center Association, October 2002.

³ Declercq ER, Sakala C, Corry MP, Applebaum S. Listening to mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences. New York: Childbirth Connection, 2006. Available at: www.childbirthconnection.org/listeningtomothers/

Table 24. Characteristics of Women who Did Not Receive a Maternal Postpartum Checkup, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	15.8	1.2	13.3	18.2	1,467	61,743
Race/ethnicity*						
White	9.5	1.4	6.7	12.4	525	12,565
Black	14.3	1.9	10.7	18.0	379	6,101
Hispanic	20.9	2.2	16.6	25.3	480	41,211
Other	9.5	3.4	2.9	16.1	80	1,866
Age (years)*						
≤17	24.7	6.3	12.3	37.1	89	6,204
18-19	33.0	5.9	21.5	44.5	118	9,671
20-24	17.5	2.4	12.8	22.2	391	19,260
25-34	11.7	1.6	8.5	14.9	684	21,148
≥35	11.9	3.2	5.6	18.1	185	5,459
Annual Household Income*						
<\$15K	23.1	2.4	18.3	27.9	513	34,064
≥\$15K to <\$25K	17.5	3.5	10.6	24.4	215	10,110
≥\$25K to <\$50K	11.8	2.6	6.7	16.9	245	7,345
≥\$50K	4.5	1.1	2.4	6.7	399	4,360
Education (years)*						
<12	27.5	3.0	21.5	33.4	338	31,087
12	17.2	2.4	12.5	21.9	393	18,996
>12	6.9	1.2	4.6	9.3	736	11,660
Marital Status*						
Married	9.6	1.2	7.1	12.0	823	21,390
Unmarried	24.1	2.3	19.5	28.7	634	40,008
Medicaid Recipient^a*						
No	9.3	1.4	6.5	12.1	641	15,047
Yes	20.3	1.9	16.7	23.9	826	46,696
INFANT						
Birth Weight						
Low (<2,500 g)	15.7	1.3	13.1	18.3	386	56,926
Normal (≥2,500 g)	16.3	1.9	12.5	20.1	1,081	4,816
Gestational Age						
<37 weeks (preterm)	15.4	1.3	12.7	18.0	322	53,401
≥37 weeks	19.0	3.3	12.5	25.6	1,140	8,342

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 25. Characteristics of Women who Reported Postpartum Contraceptive Use, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	83.7	1.2	81.3	86.0	1,462	326,660
Race/ethnicity						
White	83.9	1.8	80.4	87.3	524	109,911
Black	83.8	1.9	80.1	87.6	379	35,650
Hispanic	84.6	2.0	80.8	88.4	478	166,183
Other	71.8	5.6	60.9	82.8	78	14,000
Age (years)						
≤17	82.3	5.2	72.1	92.6	90	20,762
18-19	72.8	5.6	61.8	83.8	117	21,276
20-24	84.0	2.3	79.4	88.6	391	92,151
25-34	86.2	1.6	83.1	89.2	679	155,319
≥35	80.9	3.6	73.8	87.9	185	37,151
Annual Household Income						
<\$15K	82.5	2.1	78.4	86.6	515	121,878
≥\$15K to <\$25K	85.0	3.1	79.0	91.1	213	48,934
≥\$25K to <\$50K	84.0	3.0	78.1	89.8	244	51,962
≥\$50K	84.8	2.1	80.8	88.9	397	
Education (years)						
<12	82.5	2.6	77.5	87.5	337	93,447
12	81.2	2.5	76.4	86.0	391	88,776
>12	86.1	1.5	83.2	89.0	734	144,437
Marital Status						
Married	84.2	1.5	81.4	87.1	819	187,269
Unmarried	82.8	2.0	78.9	86.7	634	137,933
Medicaid Recipient^a						
No	84.6	1.7	81.3	87.9	638	136,542
Yes	83.0	1.7	79.7	86.3	824	190,118
INFANT						
Birth Weight						
Low (<2,500 g)	83.4	1.9	79.6	87.2	384	24,512
Normal (≥2,500 g)	83.7	1.3	81.2	86.2	1,078	302,148
Gestational Age						
<37 weeks (preterm)	84.4	2.5	79.5	89.4	322	36,926
≥37 weeks	83.6	1.3	81.0	86.2	1,140	289,734

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Table 26. Characteristics of Women who Reported a Healthcare Worker Discussion about Postpartum Depression, Texas PRAMS 2008

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1495)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	74.0	1.4	71.2	76.8	1,470	289,826
Race/ethnicity*						
White	78.2	1.9	74.4	82.1	525	102,735
Black	75.6	2.3	71.2	80.0	380	32,242
Hispanic	71.5	2.4	66.7	76.2	482	141,028
Other	66.1	5.8	54.6	77.5	80	12,966
Age (years)						
≤17	68.9	6.7	55.9	82.0	90	17,376
18-19	66.9	5.8	55.6	78.3	117	19,545
20-24	76.9	2.7	71.6	82.1	390	84,437
25-34	74.3	2.1	70.3	78.3	687	134,795
≥35	73.1	4.0	65.3	80.9	186	33,674
Annual Household Income						
<\$15K	74.6	2.5	69.8	79.4	518	110,624
≥\$15K to <\$25K	71.5	4.0	63.8	79.3	215	41,290
≥\$25K to <\$50K	76.9	3.4	70.2	83.6	245	47,850
≥\$50K	75.2	2.5	70.2	80.2	399	72,177
Education (years)						
<12	72.2	3.0	66.3	78.1	341	82,350
12	74.5	2.7	69.2	79.9	394	82,126
>12	74.8	2.0	70.9	78.7	735	125,350
Marital Status						
Married	73.2	1.9	69.6	76.8	824	163,513
Unmarried	74.9	2.3	70.4	79.4	636	124,776
Medicaid Recipient^a						
No	73.1	2.1	69.0	77.3	639	118,012
Yes	74.6	1.9	70.8	78.4	831	171,814
INFANT						
Birth Weight						
Low (<2,500 g)	73.0	2.3	68.5	77.5	389	21,737
Normal (≥2,500 g)	74.1	1.5	71.0	77.1	1,081	268,089
Gestational Age						
<37 weeks (preterm)	70.3	3.7	63.0	77.7	324	30,857
≥37 weeks	74.4	1.6	71.4	77.5	1,146	258,969

^aDelivery paid by Medicaid

*Denotes a significant difference within the subgroup.

Prevalence: Estimated percent of Texas women with the specified indicator; or the weighted percent of respondents who answered "yes" to the question.

Respondents: Total number of mothers who responded to this question.

Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

SUMMARY

PRAMS is a rich source of data on the health of mothers and infants in Texas. We hope that the data in this report will be used to address state and national health goals such as Texas Maternal and Child Health State Performance Measures and Healthy People 2020 Objectives. State and national goals include eliminating social health disparities in maternal and infant health.

The Texas PRAMS data reveal significant social disparities for almost every indicator presented in this report. For example, approximately 44% of pregnancies were unintended (mistimed or unwanted). The highest rates of mistimed and unwanted pregnancies were reported by women who were Black, younger, lower income, and less educated. Almost one-third of women reported that they entered prenatal care late (after the first trimester). Black and Hispanic women, those who were younger, with lower incomes, and less education were significantly more likely to report late entry into prenatal care. The overall rate of smoking during the third trimester was 6.1% (an estimated population of 23,814 women), and White women were twice as likely as Black women and approximately three times as likely as Hispanic women to report smoking before, during, and after pregnancy. They also had the highest rates of alcohol consumption before and during pregnancy.

The overarching goal of Texas PRAMS is to use the data to improve maternal and infant health by raising awareness of issues and identifying groups of women that are at high risk for adverse pregnancy outcomes. Texas PRAMS data have great potential to inform and evaluate policy and practice directed toward achieving these objectives, helping move data to action.

As mentioned previously, this report is not inclusive of all of the data contained in the PRAMS survey. We encourage you to review all of the survey questions in the appendix of this report and contact the PRAMS Coordinator for any additional information that you may need, or visit the DSHS PRAMS webpage at www.dshs.state.tx.us/mch/default.shtm#PRAMS2.

Appendix

2008 Texas PRAMS Survey

First, we would like to ask a few questions about you and the time before you got 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. **During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?** These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin 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?**

19
 Month Day Year

5. **Just before you got pregnant with your new baby, how much did you weigh?**

Pounds **OR** Kilos

6. **How tall are you without shoes?**

Feet Inches

OR Centimeters

7. **During the 3 months before you got pregnant with your new baby, did you have any of the following health problems?**

For each one, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. Asthma	N	Y
b. High blood pressure (hypertension) . . .	N	Y
c. High blood sugar (diabetes)	N	Y
d. Anemia (poor blood, low iron)	N	Y
e. Heart problems	N	Y

8. **Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**

- No → **Go to Page 2, Question 11**
 Yes

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

- No
 Yes

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

- No
 Yes

The next questions are about the time when you got pregnant with your *new* baby.

11. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

12. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes

Go to Question 15

13. 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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

Go to Question 15

14. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all 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 didn't want to use anything
- Other —————> Please tell us:

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 the calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said 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? Do not 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

I didn't want prenatal care →

Go to Question 19

18. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

No Yes

- a. I couldn't get an appointment when I wanted one N Y
- b. I didn't have enough money or insurance to pay for my visits N Y
- c. I had no way to get to the clinic or doctor's office N Y
- d. I couldn't take time off from work . . . N Y
- e. The doctor or my health plan would not start care as early as I wanted . . . N Y
- f. I didn't have my Medicaid card N Y
- g. I had no one to take care of my children N Y
- h. I had too many other things going on N Y
- i. I didn't want anyone to know I was pregnant N Y
- j. Other N Y
- Please tell us:

If you did not go for prenatal care, go to Page 5, Question 27.

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

Check one answer

Hospital clinic

Health department clinic

Private doctor's office or HMO 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 (including insurance from your work or your husband's work)

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.

	No	Yes
a. How smoking during pregnancy could affect my baby	N	Y
b. Breastfeeding my baby	N	Y
c. How drinking alcohol during pregnancy could affect my baby	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy	N	Y
g. How using illegal drugs could affect my baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

22. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

	No	Yes
a. The amount of time you had to wait after you arrived for your visits	N	Y
b. The amount of time the doctor or nurse spent with you during your visits	N	Y
c. The advice you got on how to take care of yourself	N	Y
d. The understanding and respect that the staff showed toward you as a person.	N	Y

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
 Yes

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
 Yes

25. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

- No
 Yes

26. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

	No	Yes
a. How much alcohol you were drinking	N	Y
b. If someone was hurting you emotionally or physically	N	Y
c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N	Y
d. If you wanted to be tested for HIV (the virus that causes AIDS)	N	Y
e. If you planned to use birth control after your baby was born	N	Y

27. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
 Yes
 I don't know

28. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
 Yes

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

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

- No
 Yes

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

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k. I had to have a blood transfusion	N	Y
l. I was hurt in a car accident	N	Y

If you did not have any of these problems, go to Page 6, Question 32.

31. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day	N	Y
b. I went to the hospital and stayed 1 to 7 days	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

32. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No —————> Go to Question 36
- Yes

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

34. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

35. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

36. 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 39
- Yes

37a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

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

37b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
 4 to 5 times
 2 to 3 times
 1 time
 I didn't have 5 drinks or more in 1 sitting
 I didn't drink then

38a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

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

38b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
 4 to 5 times
 2 to 3 times
 1 time
 I didn't have 5 drinks or more in 1 sitting
 I didn't drink then

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

39. 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.)

- | | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail | N | Y |
| l. Someone very close to me had a bad problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

The next questions are about the time during the 12 months before you got pregnant with your new baby.

40a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

40b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about the time during your most recent pregnancy.

41a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

41b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
 Yes

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

42. When was your baby due?

Month Day Year

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

Month Day Year

- I didn't have my baby in a hospital

44. When was your baby born?

Month Day Year

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

Month Day Year

- I didn't have my baby in a hospital

46. How was your delivery paid for?

Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance or HMO (including insurance from your work or your husband's work)
 Other —————> Please tell us:

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

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

- No
 Yes
 I don't know

48. 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 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 51**

49. Is your baby alive now?

- No → **Go to Page 11, Question 67**
- Yes

50. Is your baby living with you now?

- No → **Go to Page 11, Question 67**
- Yes

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

- No
- Yes → **Go to Question 53**

52. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other → Please tell us:

If you did not breastfeed your new baby, go to Page 10, Question 57.

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

- No
- Yes → **Go to Page 10, Question 56**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

55. What were your reasons for stopping breastfeeding?

Check all 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 got 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 got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

56. 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 1 week old
 I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Question 58.

57. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- | | No | Yes |
|---|----|-----|
| a. Hospital staff gave me information about breastfeeding | N | Y |
| b. My baby stayed in the same room with me at the hospital | N | Y |
| c. I breastfed my baby in the hospital | N | Y |
| d. I breastfed my baby in the first hour after my baby was born. | N | Y |
| e. Hospital staff helped me learn how to breastfeed | N | Y |
| f. My baby was fed only breast milk at the hospital | N | Y |
| g. Hospital staff told me to breastfeed whenever my baby wanted | N | Y |
| h. The hospital gave me a gift pack with formula | N | Y |
| i. The hospital gave me a telephone number to call for help with breastfeeding. | N | Y |
| j. My baby used a pacifier in the hospital | N | Y |

If your baby is still in the hospital, go to Question 67.

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

_____ Hours

- Less than 1 hour a day
 My baby is never in the same room with someone who is smoking

59. 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

60. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
 Yes

61. Has your new baby had a well-baby checkup?

(A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No  **Go to Question 64**
 Yes

62. How many times has your new baby been to a doctor or nurse for a well-baby checkup?

(It may help to use the calendar.)

_____ Times

63. Where do you usually take your new baby for well-baby checkups?

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Other —————> Please tell us:

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

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

65. 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 my 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:

66. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

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

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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- 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*?

Check all that apply

- 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. *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

The next few questions are about the time during the *12 months before your new baby was born*.

70. During the 12 months before your new baby was born, what were the sources of your household's income?

Check all that apply

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

71. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

72. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

People

The next questions are about the time before, during, or after your most recent pregnancy.

73. Which of the following statements best describes you during the 3 months before you got pregnant?

Check one answer

- I was trying to get pregnant
- I wasn't trying to get pregnant or trying to keep from getting pregnant
- I was trying to keep from getting pregnant but was not trying very hard
- I was trying hard to keep from getting pregnant

74. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

If you did not have any prenatal care OR if you did not smoke during the 3 months before you got pregnant, go to Question 76.

75. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?

- No
- Yes
- I had quit smoking before my first prenatal care visit

76. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

- No
- Yes

77. At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

- No
- Yes

78. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

79. During your most recent pregnancy, did you feel you *needed* any of the following services?

For each one, circle **Y** (Yes) if you felt you needed the service or **N** (No) if you did not feel you needed the service.

Did you need—

- | | No | Yes |
|--|----|-----|
| a. Money to buy food, food stamps, or WIC vouchers | N | Y |
| b. Help with an alcohol or drug problem | N | Y |
| c. Help to reduce violence in your home | N | Y |
| d. Counseling information for family and personal problems | N | Y |
| e. Help to quit smoking. | N | Y |
| f. Help with or information about breastfeeding. | N | Y |
| g. Other | N | Y |

Please tell us:

80. During your most recent pregnancy, did you receive any of the following services? For each one, circle **Y** (Yes) if you received the service or circle **N** (No) if you did not receive the service.

Did you receive—

- | | No | Yes |
|--|-----------|------------|
| a. Money to buy food, food stamps, or WIC vouchers | N | Y |
| b. Help with an alcohol or drug problem | N | Y |
| c. Help to reduce violence in your home | N | Y |
| d. Counseling information for family and personal problems | N | Y |
| e. Help to quit smoking | N | Y |
| f. Help with or information about breastfeeding | N | Y |
| g. Other | N | Y |

Please tell us:

81. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have had it or circle **N** (No) if not.

- | | No | Yes |
|---|-----------|------------|
| a. Someone to loan me \$50. | N | Y |
| b. Someone to help me if I were sick and needed to be in bed. | N | Y |
| c. Someone to take me to the clinic or doctor's office if I needed a ride | N | Y |
| d. Someone to talk with about my problems | N | Y |

If your new baby is not alive or is not living with you, go to Question 85.

82. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
- Often
- Sometimes
- Rarely
- Never

83. Are you currently in school or working outside the home?

- No → **Go to Question 85**
- Yes

84. Which one of the following people spends the most time taking care of your new baby when you go to work or school?

Check one answer

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other → Please tell us:

85. What is today's date?

Month	Day	Year

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

Thanks for answering our questions!

*Your answers will help us work to make Texas
mothers and babies healthier.*