



2009 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**



2009 Annual Report Texas Pregnancy Risk Assessment Monitoring System

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TABLE OF CONTENTS

Preface.....5

Background.....5

Methodology6

The 2009 Texas PRAMS Survey7

How to Read Tables.....7

Limitations8

Overall Sample Description8

 Table 1: Sociodemographic Characteristics of Texas PRAMS Women.....9

Pregnancy Intention10

 Table 2: Intended Pregnancies11

 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 Pregnancy14

Vitamins and Folic Acid15

 Table 5: Multivitamin or Prenatal Vitamin Use During the Month Before Pregnancy16

 Table 6: Knowledge of Folic Acid Benefits.....17

Tobacco Use.....18

 Table 7: Cigarette Smoking Three Months Before Pregnancy19

 Table 8: Cigarette Smoking During the Third Trimester20

 Table 9: Cigarette Smoking Postpartum21

 Table 10: Smoking Rules Inside the Home.....22

Alcohol Use.....23

 Table 11: Any Alcohol Use Three Months Before Pregnancy24

 Table 12: Any Alcohol Use During the Third Trimester25

 Table 13: Binge Drinking Three Months Before Pregnancy26

 Table 14: Binge Drinking During the Third Trimester.....27

Intimate Partner Violence28

 Table 15: Physical Abuse Before and/or During Pregnancy.....29

 Table 16: Prenatal Care Talk About Physical Abuse.....30

Prenatal Care.....	31
Table 17: Late Entry into Prenatal Care	32
Table 18: Not Receiving Prenatal Care Early as Desired.....	33
Figure 2: Barriers to Prenatal Care	34
Figure 3: Prenatal Care Visit Discussion Topics	34
Labor Induction	35
Table 19: Labor Induction	36
Figure 4: Reasons for Labor Induction.....	39
Cesarean Section.....	37
Table 20: Cesarean Section	38
Figure 5: Reasons for Cesarean Section	39
Breastfeeding.....	40
Table 21: Ever Breastfed	41
Figure 6: Reasons for Not Breastfeeding.....	42
Figure 7: Breastfeeding Experience in the Hospital	42
Oral Health	43
Table 22: No Teeth Cleaning During the Past Two Years	44
Infant Health and Safety	45
Table 23: Well-baby Checkup.....	46
Table 24: Placing Infant on Back to Sleep	47
Maternal Postpartum Experience.....	48
Table 25: No Maternal Postpartum Checkup	49
Table 26: Postpartum Contraceptive Use	50
Table 27: Healthcare Worker Talk about Postpartum Depression	51
Table 28: Postpartum Depressive Symptoms	52
Summary.....	53
Appendix – 2009 Texas PRAMS Questionnaire	54

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 2009 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), intimate partner violence, prenatal care, delivery (labor induction and cesarean section), 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 to infant outcomes.

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 morbidities, 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 policymakers 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 telephone. 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 telephone 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. Women who complete the survey (via mail or telephone) receive a reward in the form of a \$10 gift certificate to Target or Walmart. In Texas, there are two versions of the survey – one for adults and one for minors (under 18 years of age). The only difference is that survey for minors does not include questions related to physical abuse. Because child abuse reporting laws in Texas apply to PRAMS project staff, CDC allows abuse questions to be omitted from the survey that is sent to minors.

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.

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

THE 2009 TEXAS PRAMS SURVEY

The 2009 Texas PRAMS survey includes 72 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 the 2009 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 percent 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.
- **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.
- **95 Percent 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. 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. Chi-square tests were run for all tables, and p-values are presented for those subgroups with overlapping confidence intervals that have a p-value of less than 0.05 (i.e., where there is a statistically significant difference). It is important to note that statistical significance does not necessarily mean that the results are more important, as it is as much a function of sample size and experimental design as it is a function of the strength of a relationship.
- **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.

LIMITATIONS

It is important to understand the limitations of PRAMS data. These limitations may contribute to unreliable estimates, as well as 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 percent 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 2009, Texas met this threshold with an overall response rate of 67 percent.

For PRAMS, the minimum number of respondents 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 2009 Texas PRAMS sample included 1,528 women who responded to the survey (67 percent weighted response rate). Maternal demographic characteristics and infant characteristics are displayed in Table 1. Approximately 50 percent of women were Hispanic, 38.6 percent were non-Hispanic White or Other, and 11.0 percent were Black. One-quarter of women were 20-24 years of age, and nearly half were 25-34 years of age. Approximately 56 percent of women reported an annual household income below \$25,000 per year. Forty-four percent had attended at least some college, while 28.9 percent were high school graduates but had not attended college, and 26.9 percent had less than 12 years of education. Almost 60 percent of women were married, and over half (56.3 percent) reported that their delivery was paid for by Medicaid.

Infants born preterm (less than 37 weeks gestation) and those with low birth weight (weighing less than 2,500 grams) accounted for 10.9 percent and 7.6 percent of all births, respectively. These estimates are close to the population parameter. Texas birth certificate data for 2009 indicated that preterm deliveries accounted for 13.0 percent of all births and low birth weight infants accounted for 8.5 percent of all births.¹

¹ 2009 Natality File, Texas Department of State Health Services.

Table 1. Sociodemographic Characteristics of Texas PRAMS Women, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population
			Lower	Upper		
MATERNAL						
Race/ethnicity						
White	35.1	0.6	34.1	36.2	543	138,414
Black	11.0	0.1	10.8	11.2	414	43,260
Hispanic	50.4	0.3	49.8	51.0	504	198,575
Other	3.5	0.5	2.5	4.4	65	13,595
Age (years)						
≤17	5.2	0.7	3.8	6.7	79	20,696
18-19	8.0	0.9	6.3	9.8	123	31,725
20-24	25.1	1.4	22.3	27.8	383	98,828
25-34	49.4	1.6	46.2	52.5	730	194,682
≥35	12.3	1.0	10.3	14.3	213	48,492
Annual Household Income						
<\$15K	40.6	1.6	37.5	43.6	534	148,961
≥\$15K to <\$25K	15.3	1.2	13.0	17.7	222	56,229
≥\$25K to <\$50K	19.0	1.3	16.5	21.5	279	69,840
≥\$50K	25.1	1.2	22.7	27.5	388	92,315
Education (years)						
<12	26.9	1.4	24.1	29.7	342	106,156
12	28.9	1.5	26.0	31.8	400	113,930
>12	44.1	1.4	41.4	46.8	784	173,903
Marital Status						
Married	57.2	1.5	54.1	60.2	836	225,442
Unmarried	42.8	1.5	39.8	45.9	692	168,981
Medicaid Recipient^a						
No	43.7	1.5	40.8	46.7	674	171,470
Yes	56.3	1.5	53.3	59.2	845	220,797
INFANT						
Birth Weight						
Low (<2500 g)	7.6	0.1	7.5	7.7	405	29,842
Normal (≥2500 g)	92.4	0.1	92.3	92.5	1123	364,581
Gestational Age						
< 37 Weeks (preterm)	10.9	0.8	9.4	12.5	348	43,080
≥ 37 Weeks	89.1	0.8	87.5	90.6	1180	351,343

^a Delivery paid for 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 53 percent of pregnancies were intended (Table 2). Women of White and Other race/ethnicity had the highest rates of intended pregnancy, at 58.5 percent and 70.6 percent, respectively. Black women were significantly less likely than all other race/ethnicity groups to report an intended pregnancy, at 34.4 percent. There was a general increase in pregnancy intention with increasing age and income. Women aged 25 years and older and those with an annual household income of \$50,000 per year or more had significantly higher rates of intended pregnancy. The following groups of women were also significantly more likely to report an intended pregnancy: those with more than 12 years of education, those who were married, and those who did not have their delivery paid for by Medicaid.

Overall, approximately 47 percent of pregnancies were unintended—with 35.1 percent mistimed (Table 3) and 11.9 percent unwanted (Table 4). Black women had the highest rate of mistimed pregnancies, at 44.5 percent. Women of Other race/ethnicity had the lowest rate, at 15.1 percent, which was significantly lower than all other race/ethnicity groups. The mistimed pregnancy rate decreased with increasing age and education. Among the different age groups, the estimated rate was highest for women aged 17 or younger (73.5 percent) and lowest for women aged 35 or older (15.6 percent). Additionally, the following groups of women were significantly more likely to report that their pregnancy was mistimed: those with an annual household income of less than \$25,000 per year, who were unmarried, and who had their delivery paid for by Medicaid.

The unwanted pregnancy rate was highest among Black women, at 21.0 percent. This rate was significantly higher than the rate for White (8.0 percent) and Hispanic (12.5 percent) women (Table 4). Among the different age groups, the oldest (35 years of age and older) women reported the highest rate of unwanted pregnancy, at 22.2 percent. Among the different income groups, women with the highest annual household income had the lowest rate of unwanted pregnancy, at 7.3 percent. Additionally, unmarried women (15.4 percent) and those who had their delivery paid for by Medicaid (13.7 percent) were significantly more likely to report an unwanted pregnancy.

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 February 15, 2012, 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 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	53.0	1.6	49.9	56.1	1,515	207,329
Race/Ethnicity*						
White	58.5	2.3	54.0	63.1	541	80,647
Black	34.4	2.4	29.8	39.1	408	14,690
Hispanic	51.8	2.6	46.6	57.0	499	101,891
Other	70.6	6.5	57.9	83.3	65	9,596
Age (years)*						
<17	18.5	5.9	6.8	30.2	78	3,819
18-19	32.5	5.6	21.6	43.5	122	10,286
20-24	42.3	3.2	36.0	48.7	380	41,513
25-34	63.1	2.2	58.9	67.4	726	122,400
≥35	62.2	4.4	53.6	70.9	209	29,312
Annual Household Income*						
<\$15K	42.7	2.7	37.3	48.1	530	63,420
≥\$15K to <\$25K	42.3	4.3	33.9	50.6	221	23,741
≥\$25K to <\$50K	58.7	3.7	51.5	66.0	277	40,345
≥\$50K	74.0	2.6	68.8	79.2	386	67,987
Education (years)*						
<12	48.4	3.4	41.8	55.0	341	51,352
12	47.3	3.2	41.1	53.6	393	53,036
>12	59.4	2.1	55.2	63.6	779	102,582
Marital Status*						
Married	64.8	2.0	60.9	68.8	831	144,944
Unmarried	37.2	2.4	32.4	42.0	684	62,385
Medicaid Recipient^a*						
No	66.8	2.2	62.5	71.2	670	113,668
Yes	42.5	2.2	38.2	46.8	836	93,086
INFANT						
Birth Weight						
Low (<2500 g)	52.9	2.5	48.0	57.8	402	15,693
Normal (≥2500 g)	53.0	1.7	49.6	56.4	1,113	191,636
Gestational Age						
<37 Weeks (preterm)	54.7	3.9	47.1	62.4	344	23,403
≥37 Weeks	52.8	1.7	49.4	56.2	1,171	183,926

^a Delivery paid for 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 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	35.1	1.5	32.1	38.1	1,515	137,328
Race/Ethnicity*						
White	33.4	2.2	29.1	37.8	541	46,058
Black	44.5	2.5	39.7	49.4	408	18,996
Hispanic	35.7	2.5	30.7	40.6	499	70,148
Other	15.1	5.0	5.4	24.8	65	2,051
Age (years)*						
<17	73.5	6.6	60.4	86.5	78	15,155
18-19	61.6	5.7	50.5	72.7	122	19,480
20-24	45.6	3.2	39.3	51.9	380	44,689
25-34	26.1	2.0	22.2	30.1	726	50,660
≥35	15.6	3.5	8.8	22.4	209	7,343
Annual Household Income*						
<\$15K	42.9	2.7	37.6	48.2	530	63,709
≥\$15K to <\$25K	46.5	4.3	38.2	54.9	221	26,128
≥\$25K to <\$50K	29.7	3.4	23.0	36.4	277	20,372
≥\$50K	18.7	2.3	14.1	23.3	386	17,182
Education (years)*						
<12	42.5	3.3	35.9	49.0	341	45,057
12	36.2	3.0	30.4	42.1	393	40,589
>12	29.9	2.0	25.9	33.8	779	51,607
Marital Status*						
Married	25.9	1.9	22.2	29.6	831	57,864
Unmarried	47.4	2.5	42.5	52.2	684	79,464
Medicaid Recipient^a*						
No	24.4	2.0	20.4	28.4	670	41,476
Yes	43.8	2.2	39.5	48.0	836	95,852
INFANT						
Birth Weight						
Low (<2500 g)	35.5	2.4	30.7	40.3	402	10,529
Normal (≥2500 g)	35.1	1.6	31.8	38.3	1,113	126,798
Gestational Age						
<37 Weeks (preterm)	34.2	3.8	26.7	41.7	344	14,629
≥37 Weeks	35.2	1.7	32.0	38.5	1,171	122,699

^a Delivery paid for 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 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	11.9	1.0	9.9	13.9	1,515	46,622
Race/Ethnicity*						
White	8.0	1.3	5.6	10.5	541	11,054
Black	21.0	2.0	17.0	25.0	408	8,960
Hispanic	12.5	1.8	9.1	16.0	499	24,660
Other	14.3	5.1	4.2	24.4	65	1,948
Age (years)*						
<17	8.0	4.0	0.2	15.8	78	1,659
18-19	5.9	2.3	1.3	10.4	122	1,851
20-24	12.1	2.1	8.0	16.2	380	11,862
25-34	10.7	1.4	8.0	13.5	726	20,795
≥35	22.2	3.7	14.9	29.5	209	10,455
Annual Household Income*						
<\$15K	14.4	1.9	10.7	18.1	530	21,399
≥\$15K to <\$25K	11.2	2.5	6.3	16.1	221	6,288
≥\$25K to <\$50K	11.6	2.5	6.7	16.5	277	7,957
≥\$50K	7.3	1.6	4.2	10.5	386	6,742
Education (years)*						
<12	9.1	1.8	5.5	12.7	341	9,684
12	16.4	2.4	11.8	21.1	393	18,393
>12	10.7	1.3	8.1	13.4	779	18,546
Marital Status*						
Married	9.3	1.2	6.8	11.7	831	20,705
Unmarried	15.4	1.7	12.0	18.9	684	25,918
Medicaid Recipient^{a†}						
No	8.8	1.3	6.2	11.4	670	14,980
Yes	13.7	1.5	10.8	16.6	836	30,061
INFANT						
Birth Weight						
Low (<2500 g)	11.5	1.6	8.3	14.7	402	3,421
Normal (≥2500 g)	11.9	1.1	9.8	14.1	1,113	43,201
Gestational Age						
<37 Weeks (preterm)	11.1	2.3	6.5	15.7	344	4,741
≥37 Weeks	12.0	1.1	9.8	14.2	1,171	41,881

^a Delivery paid for 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.

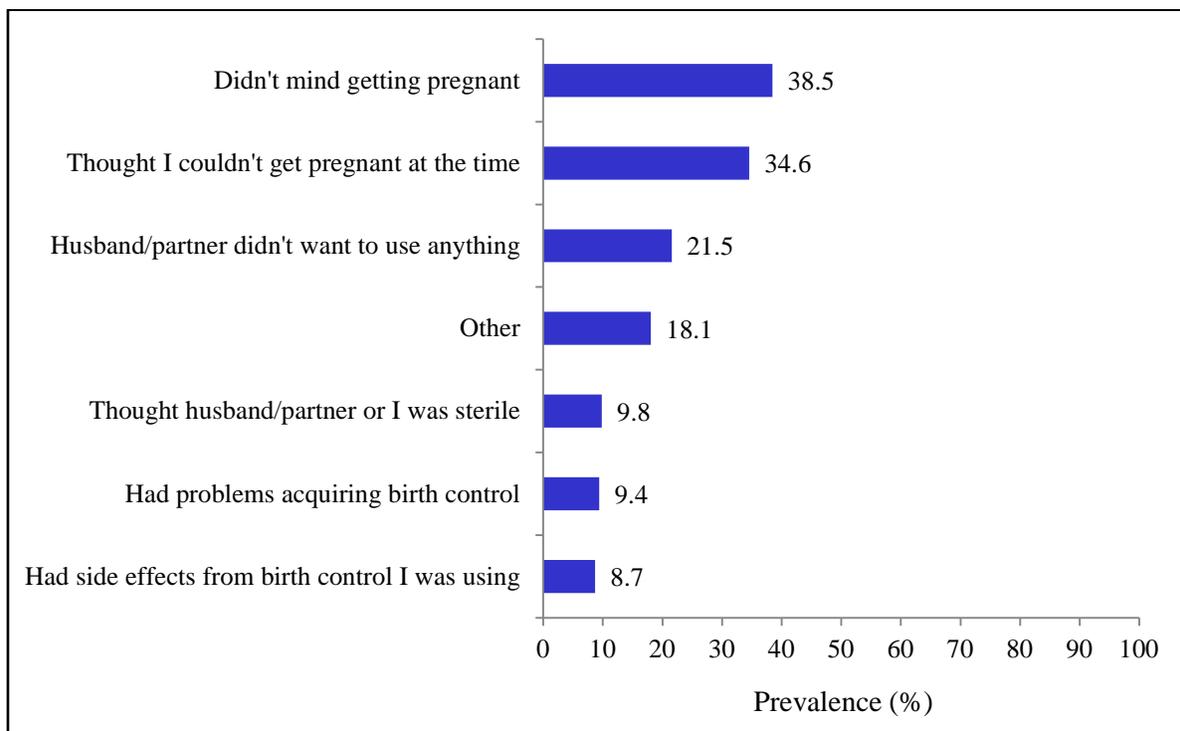
Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

CONTRACEPTION USE AT THE TIME OF PREGNANCY

Overall, 25.4 percent 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 45 percent responded that they *were* trying to get pregnant, and approximately 55 percent 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, 53.6 percent said that they were *not* doing anything to keep from getting pregnant. Among these women, the three most common reasons for not using contraception were that they did not mind if they got pregnant (38.5 percent), they thought they could not get pregnant at the time (34.6 percent), and/or their husband/partner did not want to use contraception (21.5 percent) (Figure 1). Approximately 10 percent 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 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

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 the 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 percent of the daily value of folic acid, or eat a serving of breakfast cereal every day that has been enriched with 100 percent of the daily value of folic acid.²

The 2009 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, approximately 38 percent of women reported that they took a multivitamin or prenatal vitamin at least one to three times a week (Table 5). Women of White and Other race/ethnicity had the highest rates of multivitamin or prenatal vitamin use, at 43.7 percent and 53.2 percent, respectively. Black women (36.0 percent) and Hispanic women (32.9 percent) had the lowest rates of multivitamin/prenatal vitamin use. There was a general increase in use with increasing age, and women aged 25 and older were significantly more likely to report multivitamin/prenatal vitamin use than younger women. Only 28.4 percent of women in the prime childbearing ages of 20 to 24 reported using multivitamins/prenatal vitamins. The following groups of women had significantly higher rates of multivitamin/prenatal vitamin use: those with annual household incomes greater than or equal to \$50,000 per year, more than a high school education, who were married, and 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, 77 percent of women reported knowledge of the benefits of folic acid (Table 6). Women of White (78.9 percent) or Other (90 percent) race/ethnicity had the highest rates of reported knowledge and Black women had the lowest rate (69.5 percent). Approximately 76 percent of Hispanic women reported knowledge; however, as mentioned above, they had the lowest rate of multivitamin/prenatal vitamin use, at 32.9 percent. Of note, Hispanic women have the highest rates of babies born with neural tube defects.⁴ There was a general increase in knowledge with increasing age, from approximately 52 percent in the youngest age group, to almost 90 percent among women aged 35 and older. There was also an increase in knowledge with increasing income. The following groups of women had significantly higher rates of knowledge of folic acid benefits: those aged 25 and older, those 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 February 15, 2012, at http://www.marchofdimes.com/pregnancy/nutrition_vitamins.html.

² Centers for Disease Control and Prevention. Facts about Folic Acid. Accessed on February 15, 2012, at <http://www.cdc.gov/ncbddd/folicacid/about.html>.

³ National Institutes of Health. MedlinePlus Health Topics: Folic Acid. Accessed on February 15, 2012, 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 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	37.7	1.5	34.7	40.7	1,519	147,541
Race/Ethnicity*						
White	43.7	2.3	39.1	48.2	543	60,450
Black	36.0	2.4	31.4	40.7	411	15,474
Hispanic	32.9	2.5	28.0	37.8	498	64,309
Other	53.2	7.0	39.4	67.0	65	7,233
Age (years)*						
≤17	21.0	5.9	9.5	32.5	78	4,223
18-19	20.9	4.9	11.3	30.5	123	6,622
20-24	28.4	3.0	22.6	34.2	380	27,608
25-34	42.9	2.2	38.6	47.2	725	83,104
≥35	53.6	4.5	44.8	62.3	213	25,984
Annual Household Income*						
<\$15K	29.9	2.6	24.9	34.9	527	43,569
≥\$15K to <\$25K	24.0	3.7	16.8	31.2	220	13,451
≥\$25K to <\$50K	37.8	3.6	30.7	44.8	279	26,370
≥\$50K	58.5	3.0	52.7	64.3	388	54,020
Education (years)*						
<12	32.7	3.2	26.4	38.9	339	34,245
12	27.0	2.8	21.5	32.5	396	30,257
>12	47.8	2.2	43.5	52.0	782	82,965
Marital Status*						
Married	46.4	2.1	42.4	50.5	832	103,783
Unmarried	26.1	2.2	21.8	30.4	687	43,759
Medicaid Recipient^a*						
No	46.9	2.3	42.4	51.4	673	80,137
Yes	30.5	2.0	26.4	34.5	837	66,406
INFANT						
Birth Weight						
Low (<2500 g)	41.7	2.4	36.9	46.5	404	12,408
Normal (≥2500 g)	37.4	1.6	34.2	40.6	1,115	135,134
Gestational Age						
<37 Weeks (preterm)	42.3	3.8	34.8	49.7	348	18,209
≥37 Weeks	37.2	1.7	33.9	40.4	1,171	129,332

^a Delivery paid for 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 2009**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	77.0	1.4	74.3	79.6	1,521	302,042
Race/Ethnicity*						
White	78.9	1.9	75.1	82.7	541	108,891
Black	69.5	2.3	65.0	74.0	413	29,991
Hispanic	76.3	2.2	71.9	80.7	502	150,992
Other	90.0	4.1	82.0	98.0	63	11,589
Age (years)*						
≤17	52.2	7.3	37.7	66.6	79	10,793
18-19	69.3	5.1	59.3	79.3	123	21,990
20-24	66.8	3.0	60.9	72.8	382	65,996
25-34	82.8	1.7	79.4	86.2	726	160,068
≥35	89.9	2.7	84.7	95.2	211	43,195
Annual Household Income*						
<\$15K	67.8	2.5	62.9	72.8	533	101,010
≥\$15K to <\$25K	79.1	3.3	72.5	85.6	220	43,707
≥\$25K to <\$50K	82.0	2.8	76.5	87.5	278	57,177
≥\$50K	91.0	1.8	87.6	94.4	388	84,001
Education (years)*						
<12	68.9	3.1	62.8	74.9	342	73,103
12	71.5	2.8	66.0	77.0	395	80,388
>12	85.4	1.5	82.5	88.4	783	148,476
Marital Status*						
Married	85.0	1.5	82.0	88.0	830	190,104
Unmarried	66.3	2.3	61.7	70.8	691	111,939
Medicaid Recipient^a*						
No	85.3	1.7	82.0	88.6	673	146,128
Yes	70.7	2.0	66.8	74.6	842	155,447
INFANT						
Birth Weight						
Low (<2500 g)	74.8	2.2	70.5	79.2	403	22,228
Normal (≥2500 g)	77.1	1.5	74.3	80.0	1,118	279,815
Gestational Age						
<37 Weeks (preterm)	71.3	3.7	64.0	78.6	347	30,661
≥37 Weeks	77.6	1.4	74.8	80.5	1,174	271,381

^a Delivery paid for 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, 19.3 percent of women reported smoking during the three months before pregnancy (Table 7), 7.2 percent reported smoking during the third trimester (Table 8) and 12.6 percent reported smoking during the postpartum period (Table 9). For all three time periods, White women and Black women had the highest rates of smoking. The decrease from reported smoking prior to pregnancy to the postpartum period was most notable among Hispanic women and those of Other race/ethnicity, who each had an approximately 50 percent decrease. Among the different age groups, women aged 18-24 had the highest rates of smoking during all three time periods. Women with the highest annual household income (\geq \$50,000 per year) had significantly lower reported rates of smoking before, during, and after pregnancy. Unmarried women and Medicaid recipients had significantly higher rates of smoking during all three time periods.

Women were also asked the following question about smoking in the home, "Which of the following statements best describes the rules about smoking *inside* your home *now*?" The response options are: "No one is allowed to smoke anywhere inside my home," "Smoking is allowed in some rooms or at some times," or "Smoking is permitted anywhere inside my home." Overall, only 4.6 percent of women responded that smoking is allowed inside their home (either in some rooms or at some times, or anywhere inside the home) (Table 10). Black women were more than twice as likely to report that smoking is allowed inside their home, and the rate was significantly higher than all other race/ethnicity groups, at 10.2 percent. Rates decreased with increasing age and income. Rates were significantly lower among women with some college, married women, and those who did not have their delivery paid for by Medicaid.

¹ Centers for Disease Control and Prevention. Tobacco Use and Pregnancy. Accessed on February 15, 2012 at <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/index.htm>.

Table 7. Characteristics of Women Reporting Cigarette Smoking Three Months Before Pregnancy, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	19.3	1.2	17.0	21.7	1,499	75,190
Race/Ethnicity*						
White	28.9	2.2	24.6	33.1	537	39,484
Black	21.6	2.1	17.5	25.6	401	9,023
Hispanic	12.6	1.7	9.2	16.0	497	24,740
Other	14.2	5.1	4.3	24.2	62	1,868
Age (years)*						
≤17	15.1	5.5	4.4	25.8	79	3,120
18-19	24.7	4.7	15.4	34.0	121	7,782
20-24	27.9	2.7	22.6	33.3	376	27,226
25-34	16.2	1.6	13.0	19.3	717	31,065
≥35	12.8	3.1	6.7	18.9	206	5,997
Annual Household Income*						
<\$15K	20.6	2.0	16.6	24.6	527	30,302
≥\$15K to <\$25K	27.0	3.6	20.0	34.0	218	14,885
≥\$25K to <\$50K	21.3	3.0	15.5	27.2	275	14,831
≥\$50K	11.3	2.0	7.3	15.3	380	10,263
Education (years)*						
<12	14.9	2.2	10.6	19.1	334	15,502
12	27.3	2.7	22.1	32.5	390	30,574
>12	16.9	1.6	13.7	20.1	773	29,040
Marital Status*						
Married	14.6	1.4	11.8	17.4	819	32,387
Unmarried	25.7	2.0	21.6	29.7	680	42,803
Medicaid Recipient^a*						
No	14.0	1.6	10.8	17.1	663	23,698
Yes	23.5	1.7	20.1	26.8	832	51,133
INFANT						
Birth Weight						
Low (<2500 g)	20.6	2.1	16.5	24.7	396	6,009
Normal (≥2500 g)	19.2	1.3	16.7	21.8	1,103	69,181
Gestational Age						
<37 Weeks (preterm)	16.4	2.7	11.1	21.7	343	6,948
≥37 Weeks	19.7	1.3	17.1	22.3	1,156	68,242

^a Delivery paid for 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 8. Characteristics of Women Reporting Cigarette Smoking During the Third Trimester, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	7.2	0.8	5.7	8.6	1,499	27,844
Race/Ethnicity*						
White	12.3	1.6	9.2	15.4	538	16,797
Black	11.2	1.6	8.0	14.3	401	4,672
Hispanic	3.2	0.9	1.4	5.0	497	6,301
Other	--	--	--	--	62	.
Age (years)*						
≤17	2.6	1.8	0.0	6.2	79	542
18-19	7.4	2.8	1.9	13.0	121	2,334
20-24	10.8	1.8	7.3	14.4	376	10,559
25-34	6.9	1.1	4.9	9.0	717	13,336
≥35	2.3	1.3	0.0	4.9	206	1,073
Annual Household Income*						
<\$15K	8.8	1.3	6.2	11.5	527	13,027
≥\$15K to <\$25K	9.1	2.2	4.8	13.5	218	5,045
≥\$25K to <\$50K	7.7	1.9	3.9	11.4	275	5,326
≥\$50K	1.6	0.7	0.2	2.9	380	1,431
Education (years)*						
<12	6.8	1.5	4.0	9.7	334	7,126
12	11.2	1.8	7.6	14.8	390	12,551
>12	4.7	0.8	3.1	6.3	773	8,092
Marital Status†						
Married	5.4	0.9	3.6	7.2	819	11,916
Unmarried	9.5	1.3	7.1	12.0	680	15,928
Medicaid Recipient^a*						
No	3.8	0.9	2.1	5.5	663	6,459
Yes	9.7	1.1	7.4	11.9	832	21,026
INFANT						
Birth Weight						
Low (<2500 g)	7.4	1.4	4.7	10.1	396	2,161
Normal (≥2500 g)	7.1	0.8	5.6	8.7	1,103	25,683
Gestational Age*						
<37 Weeks (preterm)	4.0	0.9	2.2	5.8	343	1,682
≥37 Weeks	7.6	0.8	5.9	9.2	1,156	26,162

^aDelivery paid for 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 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	12.6	1.0	10.7	14.5	1,500	49,154
Race/Ethnicity*						
White	20.0	1.9	16.3	23.8	538	27,386
Black	18.8	2.0	14.9	22.6	402	7,875
Hispanic	6.6	1.3	4.0	9.1	497	12,901
Other	7.0	3.4	0.3	13.7	62	917
Age (years)*						
≤17	7.4	3.9	0.0	15.1	79	1,532
18-19	20.2	4.4	11.5	28.9	121	6,378
20-24	18.5	2.3	14.1	23.0	377	18,063
25-34	10.6	1.2	8.1	13.0	717	20,245
≥35	6.3	2.3	1.7	10.8	206	2,936
Annual Household Income*						
<\$15K	13.5	1.6	10.3	16.8	529	19,968
≥\$15K to <\$25K	20.2	3.2	13.9	26.5	218	11,162
≥\$25K to <\$50K	13.2	2.3	8.6	17.7	275	9,144
≥\$50K	4.9	1.4	2.2	7.6	379	4,445
Education (years)*						
<12	10.7	1.8	7.2	14.1	334	11,133
12	18.9	2.3	14.4	23.5	391	21,137
>12	9.8	1.2	7.4	12.2	773	16,809
Marital Status*						
Married	9.8	1.2	7.4	12.2	818	21,722
Unmarried	16.4	1.6	13.2	19.6	682	27,432
Medicaid Recipient^a*						
No	7.2	1.1	5.0	9.4	662	12,159
Yes	16.8	1.5	13.9	19.7	834	36,636
INFANT						
Birth Weight						
Low (<2500 g)	14.6	1.8	11.0	18.2	397	4,255
Normal (≥2500 g)	12.5	1.0	10.5	14.5	1,103	44,899
Gestational Age						
<37 Weeks (preterm)	13.4	2.6	8.3	18.4	343	5,679
≥37 Weeks	12.6	1.0	10.5	14.6	1,157	43,475

^a Delivery paid for 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 10. Characteristics of Women Reporting that Smoking is Allowed Inside Their Home, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	4.6	0.6	3.3	5.9	1,489	17,704
Race/Ethnicity*						
White	5.0	1.1	2.9	7.1	528	6,662
Black	10.2	1.5	7.2	13.2	404	4,315
Hispanic	3.5	1.0	1.5	5.4	494	6,728
Other	--	--	--	--	61	--
Age (years)*						
≤17	15.2	5.2	5.0	25.4	79	3,143
18-19	14.3	3.8	6.7	21.8	118	4,306
20-24	5.6	1.5	2.8	8.5	375	5,476
25-34	2.3	0.6	1.1	3.5	713	4,455
≥35	0.7	0.4	0.0	1.5	204	325
Annual Household Income*						
<\$15K	7.6	1.4	5.0	10.3	524	11,143
≥\$15K to <\$25K	4.8	1.6	1.6	8.0	215	2,595
≥\$25K to <\$50K	1.8	1.0	0.0	3.8	274	1,263
≥\$50K	0.2	0.2	0.0	0.6	378	216
Education (years)*						
<12	6.2	1.5	3.3	9.2	328	6,341
12	7.3	1.5	4.3	10.3	390	8,114
>12	1.9	0.5	0.9	2.9	769	3,249
Marital Status*						
Married	1.6	0.5	0.6	2.6	810	3,500
Unmarried	8.6	1.3	6.0	11.2	679	14,205
Medicaid Recipient^{a*}						
No	0.6	0.2	0.1	1.0	660	994
Yes	7.8	1.1	5.6	10.0	825	16,710
INFANT						
Birth Weight						
Low (<2500 g)	4.1	1.1	2.0	6.2	394	1,186
Normal (≥2500 g)	4.6	0.7	3.3	6.0	1,095	16,518
Gestational Age						
<37 Weeks (preterm)	2.7	0.7	1.2	4.2	339	1,126
≥37 Weeks	4.8	0.7	3.4	6.2	1,150	16,578

^a Delivery paid for by Medicaid

^a Delivery paid for 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, 44.3 percent of women reported drinking alcohol in any amount during the three months before pregnancy (Table 11), and 5.7 percent of women reported drinking any amount of alcohol during the third trimester (Table 12). For both time periods, White women had the highest rates of alcohol consumption, at 62.0 percent before pregnancy (which was significantly higher than all the other race/ethnicity groups) and 9.4 percent during the third trimester. The lowest rates of any alcohol use before and during pregnancy were reported by women of Other race/ethnicity (31.5 percent before pregnancy, and 4.5 percent during the third trimester) and Hispanic women (32.8 percent before pregnancy, and 3.1 percent during pregnancy). Alcohol use during both time periods generally increased with increasing income levels, age, and education. Additionally, the following groups of women were significantly more likely to report any alcohol use in the three months before pregnancy: women who were 20 years of age and older, with household incomes greater than \$50,000 per year, more than a high school education, who were married, and who did not have their delivery paid for by Medicaid. During the third trimester, married women and those who did not have their delivery paid for by Medicaid also had higher rates of reported alcohol use.

Binge drinking was defined as having four alcoholic drinks or more in one sitting. Overall, approximately 19 percent 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 30.5 percent. The rates of binge drinking before pregnancy increased with increasing income and education. Women with more than a high school education had a significantly higher rate (27.4 percent) of binge drinking before pregnancy than those with a high school education or less. Overall, only 0.5 percent of women reported binge drinking during the third trimester (Table 14).

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 February 15, 2012 at <http://www.surgeongeneral.gov/pressreleases/sg02222005.html>.

³ Cheng D, Kettinger L, et al. Alcohol Consumption During Pregnancy. *Obstet Gynecol.* 2011;117(2):212-217.

Table 11. Characteristics of Women Reporting Alcohol Use Three Months Before Conception, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	44.3	1.5	41.3	47.3	1,517	173,676
Race/Ethnicity*						
White	62.0	2.3	57.5	66.5	541	85,562
Black	45.0	2.5	40.2	49.9	411	19,340
Hispanic	32.8	2.5	27.9	37.6	499	64,608
Other	31.5	6.6	18.6	44.3	64	4,165
Age (years)*						
≤17	27.6	6.9	14.1	41.0	79	5,709
18-19	27.4	4.9	17.8	37.0	122	8,670
20-24	48.6	3.2	42.4	54.9	382	48,010
25-34	45.1	2.2	40.8	49.4	725	87,494
≥35	50.7	4.5	41.9	59.6	209	23,791
Annual Household Income*						
<\$15K	30.9	2.4	26.1	35.6	532	45,915
≥\$15K to <\$25K	42.9	4.1	34.8	51.0	222	24,130
≥\$25K to <\$50K	51.9	3.7	44.6	59.2	278	35,933
≥\$50K	65.5	2.8	60.0	71.1	385	60,018
Education (years)*						
<12	23.4	2.8	17.9	28.8	339	24,722
12	41.0	3.1	34.9	47.0	395	46,055
>12	59.4	2.1	55.2	63.6	781	102,898
Marital Status*						
Married	48.5	2.0	44.5	52.5	828	108,490
Unmarried	38.7	2.4	34.1	43.4	689	65,186
Medicaid Recipient^a*						
No	53.9	2.3	49.4	58.4	672	92,029
Yes	36.9	2.1	32.8	40.9	841	81,071
INFANT						
Birth Weight						
Low (<2500 g)	42.0	2.5	37.1	46.8	401	12,406
Normal (≥2500 g)	44.5	1.6	41.3	47.7	1,116	161,270
Gestational Age						
<37 Weeks (preterm)	43.9	3.8	36.3	51.4	344	173,676
≥37 Weeks	44.4	1.6	41.1	47.6	1,173	18,780

^a Delivery paid for 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 Any Alcohol Use During the Third Trimester, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	5.7	0.7	4.4	7.0	1,511	22,301
Race/Ethnicity*						
White	9.4	1.4	6.8	12.1	537	12,948
Black	6.2	1.2	3.8	8.6	407	2,633
Hispanic	3.1	0.9	1.3	4.9	501	6,128
Other	4.5	3.1	0.0	10.5	64	592
Age (years)						
≤17	1.7	1.7	0.0	5.1	79	359
18-19	4.2	1.9	0.5	8.0	121	616
20-24	4.6	1.4	1.9	7.3	380	1,365
25-34	6.5	1.0	4.5	8.5	721	1,975
≥35	7.4	2.3	2.9	11.9	210	1,116
Annual Household Income*						
<\$15K	3.2	0.9	1.5	4.9	529	4,722
≥\$15K to <\$25K	5.4	1.8	1.9	8.9	222	3,045
≥\$25K to <\$50K	6.4	1.8	2.8	10.0	276	4,410
≥\$50K	10.3	1.8	6.8	13.9	384	9,503
Education (years)*						
<12	2.5	1.0	0.5	4.4	339	2,609
12	4.9	1.4	2.1	7.6	392	5,441
>12	8.2	1.1	6.0	10.4	778	14,251
Marital Status						
Married	6.8	1.0	4.9	8.7	826	15,185
Unmarried	4.2	1.0	2.4	6.1	685	7,116
Medicaid Recipient^a*						
No	8.8	1.3	6.3	11.3	670	15,015
Yes	3.3	0.7	1.9	4.7	837	7,178
INFANT						
Birth Weight						
Low (<2500 g)	3.8	0.9	1.9	5.6	398	1,106
Normal (≥2500 g)	5.9	0.7	4.4	7.3	1,113	21,195
Gestational Age						
<37 Weeks (preterm)	3.3	1.0	1.4	5.2	342	1,411
≥37 Weeks	6.0	0.8	4.5	7.5	1,169	20,890

^a Delivery paid for 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 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	19.1	1.2	16.7	21.4	1,503	74,178
Race/Ethnicity*						
White	30.5	2.2	26.2	34.7	532	41,219
Black	13.9	1.7	10.5	17.3	407	5,902
Hispanic	12.5	1.7	9.1	16.0	499	24,740
Other	17.6	5.3	7.2	28.0	63	2,318
Age (years)*						
≤17	5.4	3.3	0.0	11.9	79	1,125
18-19	12.5	3.8	5.2	19.9	121	3,926
20-24	25.2	2.8	19.8	30.7	377	24,537
25-34	20.1	1.7	16.8	23.4	718	38,668
≥35	12.6	2.9	7.0	18.2	208	5,922
Annual Household Income*						
<\$15K	12.7	1.7	9.4	16.0	529	18,860
≥\$15K to <\$25K	21.6	3.4	15.0	28.3	219	11,997
≥\$25K to <\$50K	22.0	3.1	15.8	28.1	275	15,026
≥\$50K	28.1	2.7	22.8	33.5	380	25,562
Education (years)*						
<12	8.9	1.7	5.5	12.3	336	9,319
12	15.8	2.3	11.4	20.2	392	17,702
>12	27.4	2.0	23.6	31.3	773	47,157
Marital Status						
Married	20.2	1.6	17.1	23.3	820	44,884
Unmarried	17.6	1.8	14.0	21.2	683	29,295
Medicaid Recipient^{a†}						
No	22.8	1.9	19.0	26.6	664	38,640
Yes	16.1	1.5	13.1	19.1	835	35,071
INFANT						
Birth Weight						
Low (<2500 g)	17.0	1.9	13.3	20.7	398	4,989
Normal (≥2500 g)	19.2	1.3	16.7	21.8	1,105	69,190
Gestational Age						
<37 Weeks (preterm)	17.1	2.6	11.9	22.3	343	7,305
≥37 Weeks	19.3	1.3	16.8	21.9	1,160	66,873

^a Delivery paid for 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 14. Characteristics of Women Reporting Binge Drinking During the Third Trimester, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	0.5	0.2	0.1	0.8	1,509	1,800
Race/Ethnicity*						
White	0.7	0.4	0.0	1.4	536	963
Black	1.3	0.6	0.2	2.4	407	541
Hispanic	--	--	--	--	501	--
Other	2.3	2.3	0.0	6.7	63	296
Age (years)						
≤17	--	--	--	--	79	--
18-19	0.3	0.3	0.0	1.0	121	108
20-24	0.3	0.2	0.0	0.6	381	291
25-34	0.7	0.3	0.1	1.3	718	1,401
≥35	--	--	--	--	210	--
Annual Household Income						
<\$15K	0.2	0.1	0.0	0.5	530	325
≥\$15K to <\$25K	0.5	0.5	0.0	1.6	220	296
≥\$25K to <\$50K	1.0	0.6	0.0	2.2	276	667
≥\$50K	0.4	0.3	0.0	1.1	383	404
Education (years)						
<12	0.1	0.1	0.0	0.3	339	108
12	0.2	0.1	0.0	0.5	393	216
>12	0.9	0.4	0.2	1.6	775	1,476
Marital Status						
Married	0.6	0.3	0.0	1.1	825	1,259
Unmarried	0.3	0.1	0.0	0.6	684	541
Medicaid Recipient^a						
No	0.6	0.3	0.0	1.2	667	963
Yes	0.4	0.2	0.0	0.7	838	837
INFANT						
Birth Weight						
Low (<2500 g)	0.3	0.3	0.0	0.8	398	75
Normal (≥2500 g)	0.5	0.2	0.1	0.8	1,111	1,725
Gestational Age						
<37 Weeks (preterm)	0.4	0.3	0.0	1.0	342	183
≥37 Weeks	0.5	0.2	0.1	0.8	1,167	1,617

^aDelivery paid for by Medicaid

^aDelivery paid for 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 percent 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 percent to 8 percent.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 2009, Texas PRAMS data showed that overall, 6.9 percent of women reported being abused by a husband/partner during the 12 months before pregnancy and/or during pregnancy (Table 15). Black and Hispanic women had the highest rates of abuse, at 10.7 percent and 7.7 percent, respectively. Women of Other race/ethnicity had the lowest reported rate, at 3.1 percent. In general, as age increased reported abuse decreased. Women with the highest annual household incomes (greater than or equal to \$50,000 per year) had the lowest rate of physical abuse, at 1.4 percent, which was significantly lower than the rates reported by women with incomes of less than \$25,000 per year. Women who were married and those who did not have their delivery paid for by Medicaid were also significantly less likely to report physical abuse during the 12 months before and/or during pregnancy.

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, 51.3 percent of women reported that they had this discussion (Table 16). The women with the highest rates of reported abuse (women who were Black or Hispanic, who were younger, with annual household incomes of less than \$25,000 per year, 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 February 15, 2012 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 February 15, 2012 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 February 15, 2012 at http://www.acog.org/About_ACOG/ACOG_Departments/Violence_Against_Women.

Table 15. Characteristics of Women Reporting Physical Abuse by a Husband/Partner in the 12 Months Before Pregnancy and/or During Pregnancy, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	6.9	0.8	5.3	8.6	1,433	25,593
Race/Ethnicity*						
White	5.1	1.1	3.0	7.2	526	6,777
Black	10.7	1.6	7.6	13.9	383	4,282
Hispanic	7.7	1.5	4.9	10.6	460	14,130
Other	3.1	2.4	0.0	7.8	62	404
Age (years)						
≤17	NA	NA	NA	NA	NA	NA
18-19	10.4	3.3	3.9	16.9	121	3,263
20-24	10.0	2.0	6.2	13.9	377	9,779
25-34	5.2	1.0	3.2	7.2	724	10,067
≥35	5.2	2.0	1.2	9.2	211	2,483
Annual Household Income*						
<\$15K	9.6	1.6	6.5	12.8	480	12,832
≥\$15K to <\$25K	11.5	2.8	6.0	17.0	210	6,173
≥\$25K to <\$50K	5.7	1.9	2.0	9.4	275	3,982
≥\$50K	1.4	0.6	0.1	2.7	386	1,293
Education (years)†						
<12	6.8	1.7	3.4	10.2	268	5,918
12	10.0	1.9	6.2	13.8	381	10,900
>12	5.1	1.0	3.2	6.9	782	8,774
Marital Status*						
Married	3.6	0.8	2.1	5.2	822	8,084
Unmarried	11.8	1.7	8.5	15.2	611	17,508
Medicaid Recipient^{a*}						
No	2.9	0.8	1.4	4.5	663	4,977
Yes	10.2	1.4	7.5	12.9	769	20,508
INFANT						
Birth Weight						
Low (<2500 g)	7.8	1.4	5.0	10.6	374	2,136
Normal (≥2500 g)	6.8	0.9	5.1	8.6	1,059	23,457
Gestational Age						
<37 Weeks (preterm)	5.9	1.8	2.4	9.4	331	2,436
≥37 Weeks	7.0	0.9	5.2	8.8	1,102	23,157

^a Delivery paid for by Medicaid

^a Delivery paid for by Medicaid

*Denotes a significant difference within the subgroup.

†Although confidence intervals overlap, p=0.04

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 Discussion of Physical Abuse with Provider During Prenatal Care Visit, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	51.3	1.6	48.2	54.4	1,500	199,043
Race/Ethnicity*						
White	39.5	2.3	35.0	44.0	538	54,306
Black	59.2	2.5	54.4	64.0	407	25,146
Hispanic	59.2	2.6	54.1	64.3	492	115,237
Other	30.0	6.5	17.2	42.8	62	3,849
Age (years)*						
≤17	57.0	7.5	42.3	71.7	74	11,232
18-19	70.1	5.1	60.2	80.1	120	21,692
20-24	55.1	3.2	48.8	61.4	377	53,908
25-34	49.3	2.3	44.9	53.7	718	94,356
≥35	37.2	4.4	28.6	45.8	211	17,855
Annual Household Income*						
<\$15K	61.0	2.7	55.7	66.4	521	88,636
≥\$15K to <\$25K	65.3	4.0	57.6	73.1	220	36,307
≥\$25K to <\$50K	42.7	3.7	35.5	50.0	274	29,681
≥\$50K	30.7	2.8	25.2	36.1	386	28,180
Education (years)*						
<12	63.1	3.3	56.5	69.6	329	64,358
12	59.8	3.1	53.7	65.9	391	67,188
>12	38.8	2.1	34.6	42.9	779	67,138
Marital Status*						
Married	44.0	2.1	39.9	48.0	825	98,131
Unmarried	61.2	2.4	56.5	66.0	675	100,912
Medicaid Recipient^a*						
No	39.2	2.3	34.7	43.7	664	66,773
Yes	60.7	2.2	56.5	64.9	829	131,003
INFANT						
Birth Weight						
Low (<2500 g)	55.4	2.5	50.5	60.3	394	16,054
Normal (≥2500 g)	51.0	1.7	47.7	54.3	1,106	182,989
Gestational Age						
<37 Weeks (preterm)	52.8	3.9	45.1	60.5	339	21,831
≥37 Weeks	51.1	1.7	47.8	54.5	1,161	177,211

^a Delivery paid for 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.

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. Approximately 27 percent of women reported that they did *not* receive prenatal care during the first trimester (Table 17). Black and Hispanic women had the highest rates of late entry into prenatal care, at 35.2 percent and 31.2 percent, respectively. These rates were significantly higher than the rate for White women (19.4 percent) and women of Other race/ethnicity (15.5 percent). 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 lower annual household incomes (less than \$25,000 per year) were significantly more likely than women with higher incomes to enter prenatal care late. Women with incomes of less than \$15,000 per year were seven times more likely than those with the highest incomes to enter prenatal care late (39.7 percent for those with annual household incomes of less than \$15,000 compared to 5.6 percent for those with annual household incomes of \$50,000 or more). Women with a high school education or less, those who were unmarried, and those who had their delivery paid for 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 23 percent reported that they did not receive prenatal care as early as they wanted (Table 18), which is lower than the percent reported for late entry into prenatal care (27 percent). Women who said that they did not receive prenatal care as early as they wanted were given a list of barriers to obtaining prenatal care. For each barrier they were asked to check whether or not it was a reason they did not get prenatal care as early as desired. The top five barriers reported were not having a Medicaid card (54.1 percent), not having enough money or insurance to pay for prenatal care visits (53.3 percent), not knowing about the pregnancy (36.0 percent), not being able to get an appointment (35.1 percent), and the doctor or health plan would not start care as early as the mother wanted (24.4 percent) (Figure 2). The majority of the reported barriers to prenatal care could be eliminated through education and increasing access to services.

The 2009 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, safe medications during pregnancy, and screening for birth defects. Over 80 percent of women reported having a discussion about safe medications, screening for birth defects, and breastfeeding (Figure 3). Around 70 percent reported having a discussion about how drinking and smoking could affect their baby, and 66.5 percent reported having a discussion about how 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 February 15, 2012 at <http://www.womenshealth.gov/faq/prenatal-care.cfm>

Table 17. Characteristics of Women who Entered Prenatal Care Late (After the First Trimester), Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	26.9	1.4	24.0	29.7	1,488	103,793
Race/Ethnicity*						
White	19.4	1.9	15.6	23.1	538	26,641
Black	35.2	2.4	30.5	39.9	402	14,787
Hispanic	31.2	2.5	26.4	36.1	484	60,327
Other	15.5	5.5	4.8	26.2	62	2,038
Age (years)*						
≤17	44.1	7.6	29.3	59.0	74	8,494
18-19	43.9	5.8	32.6	55.2	119	13,563
20-24	36.0	3.2	29.8	42.3	372	34,632
25-34	20.1	1.8	16.4	23.7	714	38,644
≥35	17.8	3.4	11.1	24.5	209	8,459
Annual Household Income*						
<\$15K	39.7	2.8	34.3	45.1	510	57,057
≥\$15K to <\$25K	33.3	4.0	25.4	41.2	219	18,394
≥\$25K to <\$50K	18.8	2.9	13.1	24.4	277	13,073
≥\$50K	5.6	1.3	3.0	8.2	384	5,145
Education (years)*						
<12	38.7	3.4	32.1	45.3	323	39,301
12	35.0	3.0	29.1	40.9	385	38,749
>12	14.6	1.5	11.7	17.6	778	25,384
Marital Status*						
Married	17.5	1.6	14.3	20.7	823	38,936
Unmarried	39.6	2.5	34.7	44.4	665	64,857
Medicaid Recipient^a*						
No	11.6	1.5	8.6	14.6	667	19,743
Yes	39.2	2.2	34.9	43.5	814	83,833
INFANT						
Birth Weight						
Low (<2500 g)	26.5	2.3	22.0	30.9	387	7,578
Normal (≥2500 g)	26.9	1.5	23.9	29.9	1,101	96,215
Gestational Age						
<37 Weeks (preterm)	28.5	3.8	21.0	36.0	331	11,603
≥37 Weeks	26.7	1.6	23.6	29.7	1,157	92,190

^a Delivery paid for 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 18. Characteristics of Women Not Receiving Prenatal Care as Early as Desired,
Texas PRAMS 2009**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	22.8	1.4	20.2	25.5	1,501	88,603
Race/Ethnicity*						
White	20.8	2.0	17.0	24.7	535	28,429
Black	27.3	2.2	23.0	31.7	407	11,619
Hispanic	23.8	2.2	19.4	28.2	495	46,456
Other	16.0	5.5	5.3	26.7	63	2,099
Age (years)*						
≤17	41.6	7.5	26.8	56.4	74	8,188
18-19	35.0	5.4	24.5	45.6	121	11,051
20-24	31.6	3.0	25.7	37.4	377	30,770
25-34	17.4	1.7	14.0	20.9	718	33,335
≥35	11.0	2.6	5.9	16.0	211	5,259
Annual Household Income*						
<\$15K	30.5	2.5	25.6	35.4	521	346
≥\$15K to <\$25K	27.8	3.8	20.4	35.3	218	155
≥\$25K to <\$50K	19.4	2.9	13.6	25.1	277	221
≥\$50K	8.1	1.6	4.9	11.3	385	351
Education (years)*						
<12	26.7	3.0	20.8	32.5	333	27,611
12	28.1	2.8	22.6	33.6	389	31,244
>12	17.0	1.6	13.8	20.2	778	29,389
Marital Status*						
Married	16.4	1.6	13.2	19.5	825	36,470
Unmarried	31.6	2.3	27.1	36.1	676	52,132
Medicaid Recipient^a*						
No	13.2	1.7	9.9	16.5	664	22,381
Yes	30.6	2.0	26.6	34.5	830	66,222
INFANT						
Birth Weight						
Low (<2500 g)	27.5	2.3	23.0	31.9	396	8,008
Normal (≥2500 g)	22.5	1.5	19.6	25.3	1,105	80,594
Gestational Age						
<37 Weeks (preterm)	24.2	3.3	17.7	30.6	339	10,005
≥37 Weeks	22.7	1.5	19.8	25.5	1,162	78,598

^a Delivery paid for by Medicaid

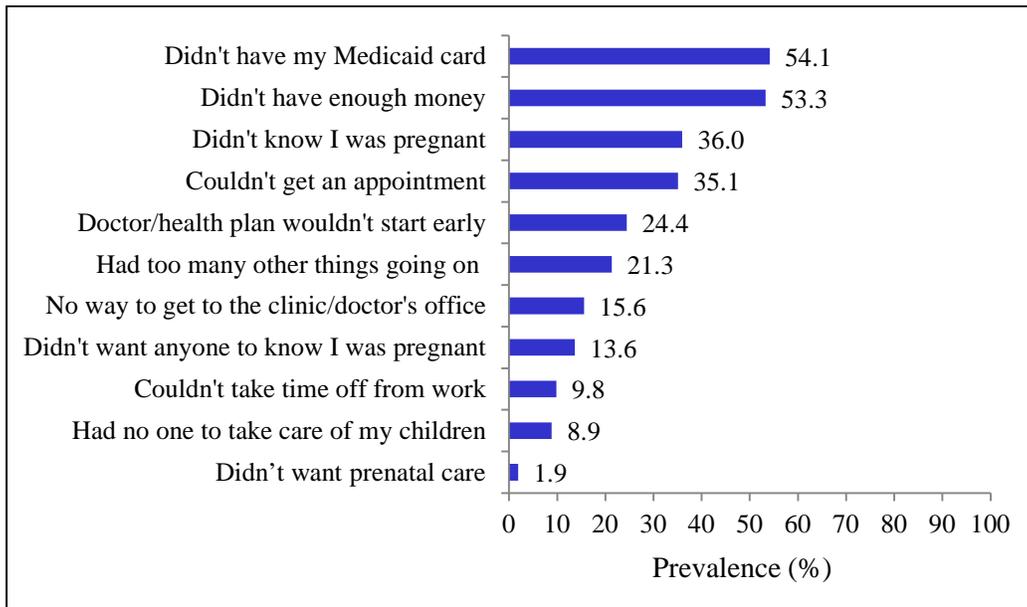
*Denotes a significant difference within the subgroup.

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.

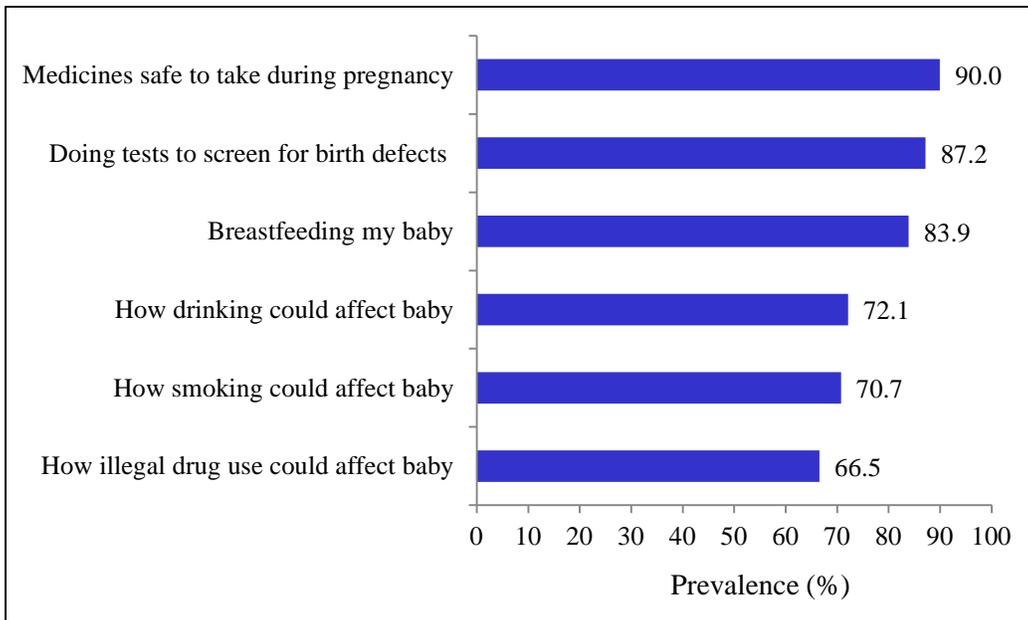
Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Figure 2. Reported Barriers to Prenatal Care, Among Women Not Receiving Prenatal Care as Early as Desired, Texas PRAMS 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

Figure 3. Reported Prenatal Care Visit Discussion Topics, Texas PRAMS 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

LABOR INDUCTION

Medical indications for induced labor include but are not limited to the following: post-term pregnancy, certain maternal medical conditions (such as high blood pressure or diabetes), and placental abruption.¹ The nationwide rate of inductions has increased from 9.5 percent in 1990 to 23.2 percent in 2009.^{2,3} This increase cannot be explained by an increase in clinical indications alone, and it has been suggested that elective inductions are responsible for much of the increase.⁴ There is concern about the increase in elective inductions, specifically those prior to 39 weeks, as this may increase the risk of infant morbidities and is of no benefit to the mother or baby. ACOG recommends against elective inductions prior to 39 weeks.¹

Texas PRAMS data from 2009 indicate that overall, approximately 45 percent of women were induced (Table 19). This estimate is considerably higher than the rate from the 2009 Texas vital records data (26 percent). This difference may be explained by underreporting on birth certificates.⁵ Women who delivered at gestational age greater than or equal to 37 weeks and those who had babies with normal birth weight ($\geq 2,500$ g) had significantly higher rates of labor induction.

Women were asked why their doctor, nurse, or other health care worker tried to induce labor. They were given a list of reasons and asked to check *all* of the reasons that applied (Figure 4). Non-medical reasons included the following: “I wanted to schedule my delivery” (16 percent), and/or “I wanted to give birth with a specific health care provider” (10 percent). Reported medical reasons included the following: “My health care provider worried about the size of the baby” (21.9 percent), “I was past my due date” (17.6 percent), “I had a health problem and needed to deliver the baby” (14.1 percent), “My water broke and there was a fear of infection” (11.8 percent), and/or “My baby was not doing well and needed to be born” (7.2 percent).

The most common reason checked was “Other” (31.1 percent). If women checked “Other” they were also asked to explain the reason. Women who completed the survey by mail gave a written response; and women who completed the survey by phone gave a verbal response that was transcribed by the telephone interviewer. There are many different explanations given for the “Other” responses, including explanations that may fall into one of the listed reasons above (medical or non-medical/elective). There are also explanations that cannot be categorized in a meaningful way (this can happen when a response is incoherent or incomplete, or not applicable to the question). Reviewing and categorizing each explanation for the “Other” responses falls outside of the scope of this report.

¹ ACOG Practice Bulletin No. 107: Induction of Labor. *Obstet Gynecol.* 2009; 114 (2 Pt 1); 386-97.

² Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Kirmeyer S, Mathews TJ, Wilson EC. Births: Final data for 2009. National vital statistics reports; vol 60 no 1. Hyattsville, MD: National Center for Health Statistics. 2011.

³ Caughey AB, et al. Maternal outcomes of elective induction of labor. AHRQ publication no. 09-E005. March 2009.

⁴ Zhang J, Yancey MK, Henderson CE. U.S. national trends in labor induction, 1989-1998. *J Reprod Med.* 2002;47(2);120-124.

⁵ Northam S, Knapp TR. The Reliability and Validity of Birth Certificates. *J Obst Gyn Neo.* 2006; 35(1);3-12.

Table 19. Characteristics of Women Who Reported Labor Induction, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	45.3	1.6	42.2	48.5	1,469	172,815
Race/Ethnicity*						
White	50.4	2.4	45.7	55.1	525	67,240
Black	41.6	2.5	36.7	46.5	395	17,131
Hispanic	42.7	2.6	37.5	47.9	486	82,473
Other	46.0	7.2	31.8	60.1	61	5,895
Age (years)						
≤17	44.3	7.4	29.8	58.7	76	9,059
18-19	48.0	5.9	36.4	59.6	114	14,249
20-24	47.0	3.3	40.6	53.4	368	44,727
25-34	43.6	2.3	39.1	48.1	708	82,920
≥35	47.8	4.6	38.8	56.8	203	21,859
Annual Household Income						
<\$15K	43.7	2.8	38.3	49.1	514	63,117
≥\$15K to <\$25K	42.6	4.3	34.2	51.0	213	23,021
≥\$25K to <\$50K	51.3	3.7	44.0	58.7	273	35,433
≥\$50K	45.4	3.0	39.4	51.3	378	40,898
Education (years)						
<12	41.0	3.4	34.2	47.7	317	41,114
12	48.3	3.2	42.0	54.5	383	53,163
>12	45.9	2.2	41.6	50.2	767	78,104
Marital Status						
Married	44.8	2.1	40.7	49.0	804	97,766
Unmarried	46.0	2.5	41.1	50.9	665	75,049
Medicaid Recipient^a						
No	46.8	2.4	42.2	51.4	656	78,528
Yes	44.2	2.2	39.9	48.6	812	94,287
INFANT						
Birth Weight*						
Low (<2500 g)	34.6	2.5	29.8	39.5	386	9,820
Normal (≥2500 g)	46.2	1.7	42.8	49.6	1,083	162,995
Gestational Age*						
<37 Weeks (preterm)	32.4	3.8	24.9	40.0	334	13,525
≥37 Weeks	46.9	1.8	43.5	50.4	1,135	159,290

^a Delivery paid for 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.

CESAREAN SECTION

Medical indications for cesarean section (C-section) include fetal problems such as abnormal heart rate or abnormal position, maternal health problems such as preeclampsia, problems with labor and delivery such as the size of the baby, and problems with the placenta or umbilical cord.¹ C-section was the most common surgical procedure performed in U.S. Hospitals in 2006, and nationwide rates of C-section have been on the rise since 1996 among all age groups, racial and ethnic groups, and gestational ages.^{2,3} In 2009 the cesarean birth rate was at an all-time high in the U.S., at 32.9 percent.⁴ The World Health Organization (WHO) has recommended that the C-section rate should be no higher than 10 percent to 15 percent.⁵ Compared with vaginal births, C-sections may increase health risks to both the mother and baby, they require longer hospitalizations, and hospital charges for a C-section are almost twice that of vaginal delivery.^{1,2}

The 2009 Texas PRAMS data indicate that approximately 37 percent of women delivered via C-section (Table 20). This estimate is close to the rate obtained from the 2009 Texas birth certificate data (35 percent).⁶ Women who delivered prior to 37 weeks gestation and those who delivered babies with low birth weight were significantly more likely to report delivery via C-section. Women were asked why their new baby was born by cesarean delivery. They were given a list of reasons and asked to check *all* of the reasons that applied (Figure 5).

Non-medical reasons included “I didn’t want to have my baby vaginally” (6.4 percent) and/or “I wanted to schedule my delivery” (4.9 percent). Medical reasons included the following: “The fetal monitor showed that my baby was having problems during labor” (16 percent), “My baby was in the wrong position” (15.3 percent), “Labor was taking too long” (14.9 percent), “Labor induction didn’t work” (13.2 percent), “I had a medical condition that made labor dangerous for me” (12.4 percent), “My health care provider worried that my baby was too big” (11.1 percent), and/or “I was past my due date” (5.2 percent).

The most common reason reported for C-section was a prior cesarean delivery (41.9 percent). The second most common reason for C-section was “Other” (22 percent). If women checked “Other” they were also asked to explain the reason. Women who completed the survey by mail gave a written response; and women who completed the survey by phone gave a verbal response that was transcribed by the telephone interviewer. There are many different explanations given for the “Other” responses, including explanations that may fall into one of the listed reasons above (medical or non-medical/elective). There are also explanations that cannot be categorized in a meaningful way (this can happen when a response is incoherent or incomplete, or not applicable to the question). Reviewing and categorizing each explanation for the “Other” responses falls outside of the scope of this report.

¹ Gabbe SG, Niebyl JR, Simpson JL, ed. *Obstetrics: Normal and Problem Pregnancies*. 5th ed. New York, NY: Churchill Livingstone; 2007: 945-1004.

² Russo CA, Wier L, Steiner C. Hospitalizations related to childbirth, 2006. HCUP Statistical Brief # 71. U.S. Agency for Healthcare Research and Quality, Rockville, MD. April 2009.

³ Menacker F, Hamilton BE. Recent trends in cesarean delivery in the United States. NCHS data brief, no 35. Hyattsville, MD: National Center for Health Statistics. 2010.

⁴ Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Kirmeyer S, Mathews TJ, Wilson EC. Births: Final data for 2009. National vital statistics reports; vol 60 no 1. Hyattsville, MD: National Center for Health Statistics. 2011.

⁵ World Health Organization. Appropriate technology for birth. *Lancet* 1985; 2: 436-7.

⁶ 2009 Nataliy File, Texas Department of State Health Services.

**Table 20. Characteristics of Women Who Reported Cesarean Section Delivery,
Texas PRAMS 2009**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	37.1	1.5	34.1	40.2	1,489	143,085
Race/Ethnicity*						
White	39.0	2.3	34.5	43.5	134,643	52,491
Black	39.9	2.4	35.1	44.7	41,860	16,690
Hispanic	35.1	2.5	30.1	40.0	195,384	68,518
Other	42.0	7.1	28.1	55.9	12,819	5,386
Age (years)						
≤17	28.1	6.6	15.1	41.1	79	5,819
18-19	29.8	5.3	19.4	40.2	120	9,288
20-24	36.7	3.1	30.5	42.8	373	35,442
25-34	38.3	2.2	33.9	42.6	711	72,782
≥35	42.3	4.4	33.7	50.9	206	19,754
Annual Household Income						
<\$15K	37.3	2.7	32.0	42.5	525	54,733
≥\$15K to <\$25K	35.1	4.1	27.1	43.1	214	18,804
≥\$25K to <\$50K	33.6	3.5	26.7	40.4	274	23,207
≥\$50K	38.9	2.9	33.3	44.6	381	35,367
Education (years)						
<12	36.3	3.3	29.9	42.8	328	37,341
12	35.0	3.0	29.1	40.9	390	38,937
>12	39.1	2.1	35.0	43.3	769	66,807
Marital Status						
Married	36.0	2.0	32.1	39.9	811	79,017
Unmarried	38.6	2.4	33.9	43.4	678	64,068
Medicaid Recipient^a						
No	35.4	2.2	31.1	39.8	661	59,801
Yes	38.5	2.1	34.3	42.7	828	83,283
INFANT						
Birth Weight*						
Low (<2500 g)	55.0	2.5	50.0	59.9	395	15,992
Normal (≥2500 g)	35.7	1.7	32.4	38.9	1,094	127,092
Gestational Age*						
<37 Weeks (preterm)	53.4	4.0	45.7	61.2	341	22,611
≥37 Weeks	35.1	1.7	31.9	38.4	1,148	120,474

^aDelivery paid for by Medicaid

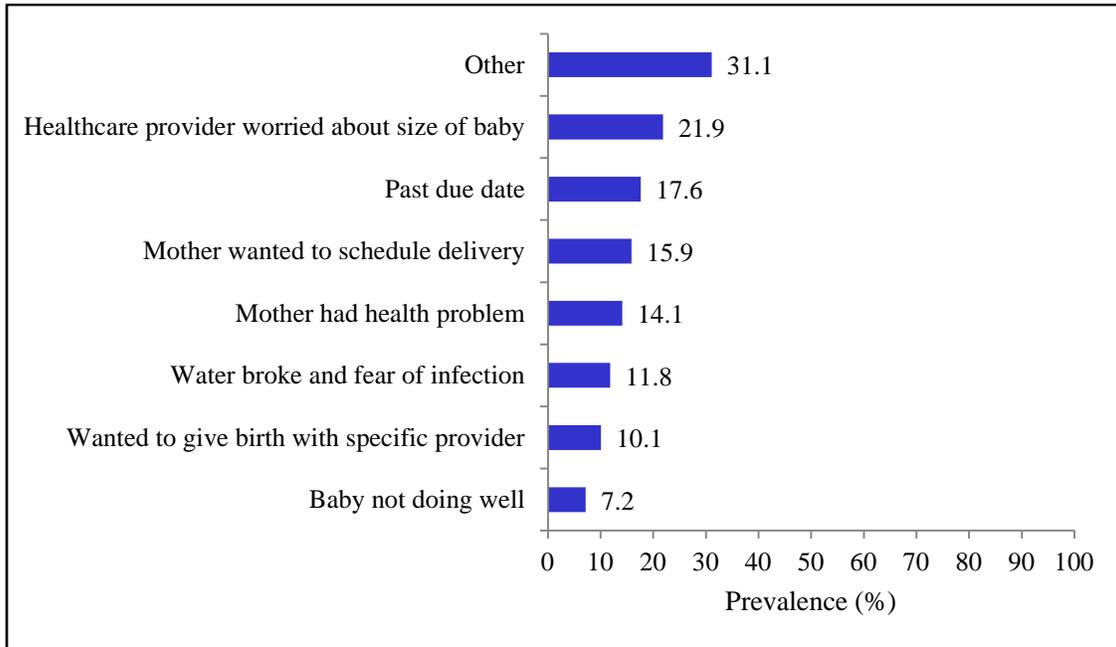
*Denotes a significant difference within the subgroup.

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.

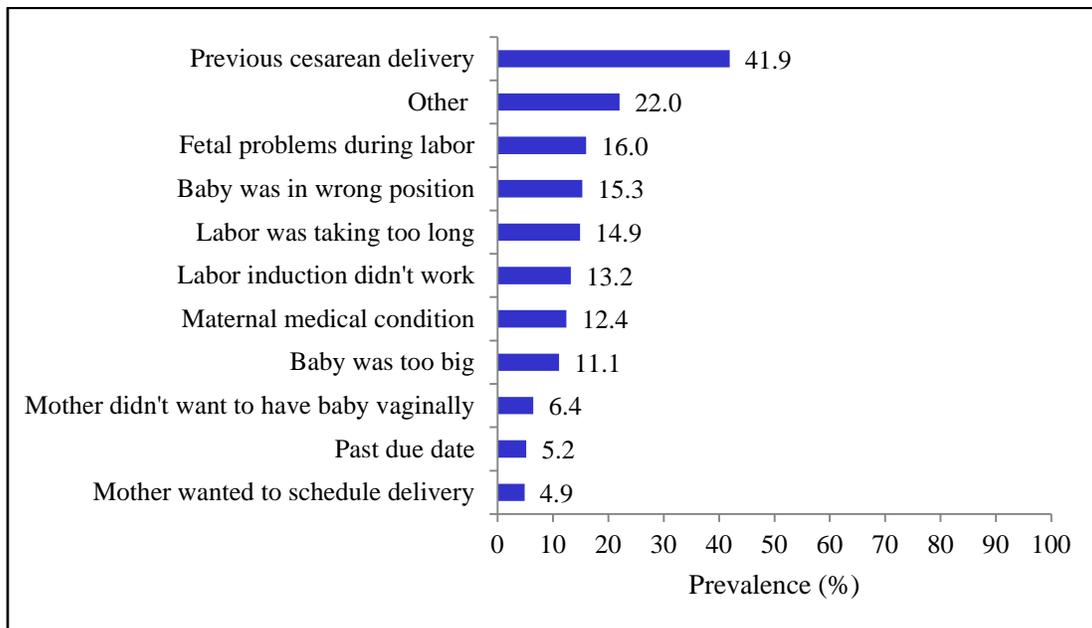
Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Figure 4. Reported Reasons for Labor Induction, Texas PRAMS 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

Figure 5. Reported Reasons for Cesarean Delivery, Texas PRAMS 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

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 breastfed, so women who breastfeed miss fewer days of work.¹

The 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, 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 percent of mothers to initiate breastfeeding, 50 percent to continue breastfeeding for six months, and for 25 percent to continue breastfeeding for one year. The CDC's 2009 National Immunization Survey (NIS) results for Texas indicated that 78.2 percent of women initiated breastfeeding, 48.7 percent were still breastfeeding at six months, and 25.3 percent were breastfeeding at one year.⁴ Texas met the objective for initiation of breastfeeding and breastfeeding at one year, but fell slightly short of the objective for breastfeeding at six months.

The 2009 Texas PRAMS data showed that overall, 83.0 percent of women initiated breastfeeding (Table 21), which is close to the NIS estimate of 78.2 percent. Black women had a significantly lower rate (66.3 percent) than all other race/ethnicity groups. Breastfeeding initiation rates increased with increasing age and income. Women with annual household incomes of less than \$15,000 per year were significantly less likely than all higher income groups to report ever breastfeeding, at 74.9 percent. Women with more than 12 years of education were significantly more likely than those with 12 years or less to report ever breastfeeding, at 89.4 percent. Unmarried women (75.3 percent) and those who had their delivery paid for by Medicaid (77.5 percent) were significantly less likely to report ever breastfeeding. Women who did not initiate breastfeeding were asked to check, from a list, the reasons that they did not breastfeed. The most common reasons checked were: "I didn't want to," "I didn't like breastfeeding," and "I had other children to take care of" (Figure 6). Women were also asked about things related to breastfeeding that happened in the hospital (Figure 7). Over 90 percent responded that hospital staff gave them breastfeeding information, but 80 percent said that the hospital gave them a gift pack with formula.

¹ U.S. Department of Health and Human Services Office on Women's Health. Why Breastfeeding is Important. Accessed on February 15, 2012 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.

⁴ Centers for Disease Control and Prevention. Breastfeeding Report Card 2009, United States: Outcome Indicators. Accessed on February 15, 2012 at <http://www.cdc.gov/breastfeeding/data/reportcard/outcome2009.htm>.

Table 21. Characteristics of Women Reporting Ever Breastfeeding, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	83.0	1.2	80.7	85.3	1,474	320,410
Race/Ethnicity*						
White	83.0	1.9	79.3	86.6	525	111,774
Black	66.3	2.4	61.6	71.0	398	27,522
Hispanic	86.3	1.8	82.8	89.8	488	169,538
Other	86.3	5.1	76.3	96.3	62	11,071
Age (years)†						
≤17	70.8	6.5	58.0	83.5	75	14,013
18-19	73.1	4.9	63.5	82.8	119	22,736
20-24	82.1	2.3	77.6	86.5	370	79,714
25-34	86.0	1.6	82.9	89.0	704	163,794
≥35	84.5	3.4	77.9	91.1	206	40,153
Annual Household Income*						
<\$15K	74.9	2.3	70.4	79.4	512	109,212
≥\$15K to <\$25K	85.7	2.5	80.7	90.6	215	47,459
≥\$25K to <\$50K	87.3	2.5	82.4	92.3	272	60,152
≥\$50K	92.1	1.6	88.9	95.4	382	84,426
Education (years)*						
<12	80.3	2.5	75.3	85.3	324	83,395
12	75.8	2.6	70.7	80.9	383	83,734
>12	89.4	1.3	87.0	91.9	766	153,281
Marital Status*						
Married	88.8	1.3	86.2	91.4	807	196,294
Unmarried	75.3	2.0	71.3	79.2	667	124,115
Medicaid Recipient^a*						
No	90.0	1.4	87.3	92.8	656	152,525
Yes	77.5	1.7	74.1	80.9	818	167,885
INFANT						
Birth Weight						
Low (<2500 g)	80.3	2.1	76.2	84.4	378	22,370
Normal (≥2500 g)	83.2	1.2	80.8	85.6	1,096	298,040
Gestational Age†						
<37 Weeks (preterm)	74.9	3.7	67.7	82.2	323	30,875
≥37 Weeks	84.0	1.2	81.6	86.4	1,151	289,534

^a Delivery paid for by Medicaid

*Denotes a significant difference within the subgroup.

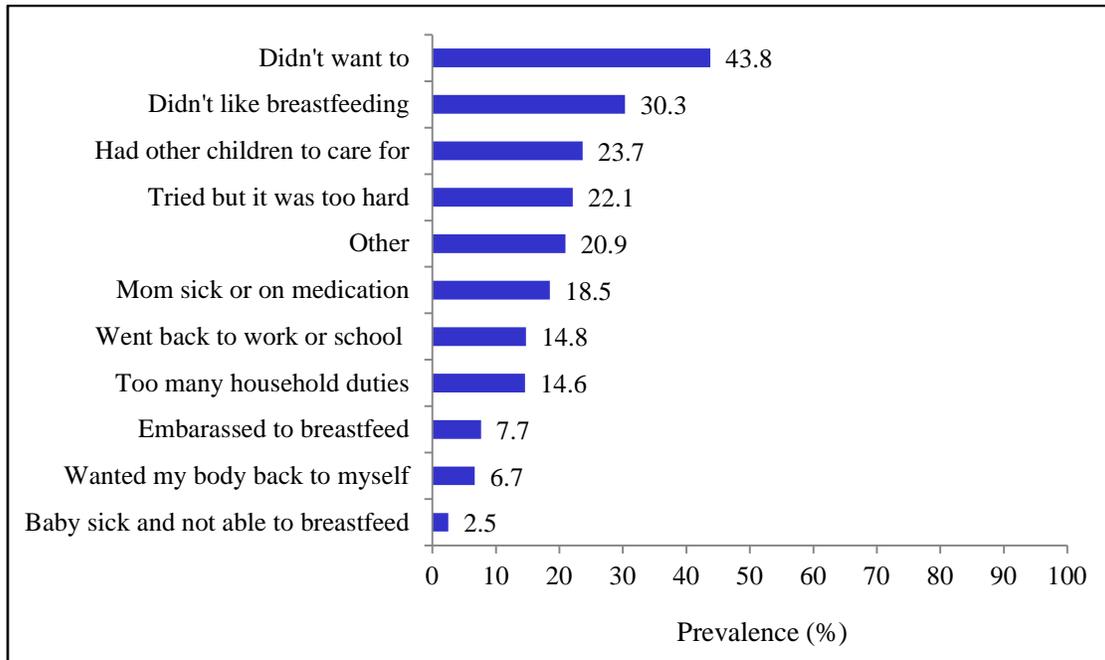
†Although confidence intervals overlap, p=0.01

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.

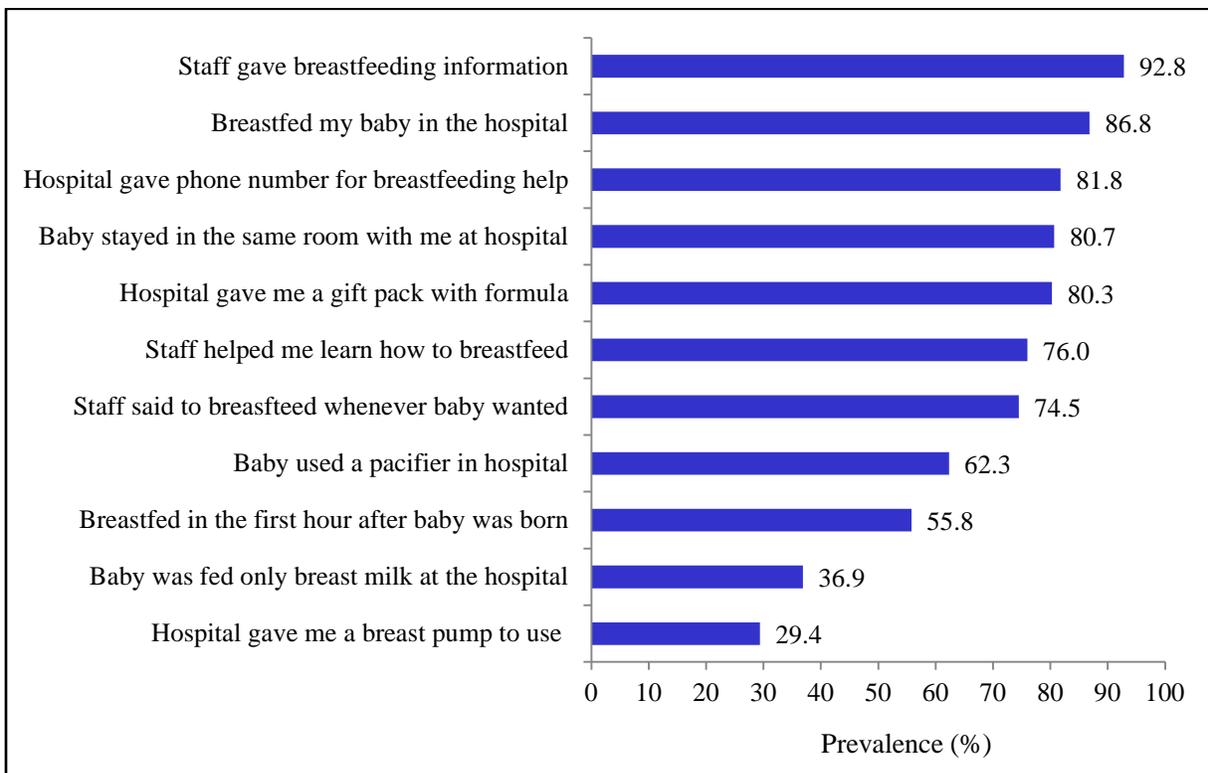
Estimated Population Affected: Estimated number of Texas women with the specified indicator; or the weighted number of respondents who answered "yes" to the question.

Figure 6. Reasons for Not Initiating Breastfeeding, Texas PRAMS 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

Figure 7. Breastfeeding Experience in the Hospital, Texas PRAMS 2009



Note: percentages will not add to 100 because respondents can check more than one reason.

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 only 23 percent to 35 percent of women in the United States reported dental care use during pregnancy.² Additionally, of those who reported having a dental problem during pregnancy, only half reported receiving dental care for it.

The 2009 PRAMS survey asks women if they had their teeth cleaned by a dentist or dental hygienist during any of the following time periods: 12 months before pregnancy, during pregnancy, and/or after pregnancy. For this report, responses to all three questions were combined to report the overall percent with teeth cleanings during *any* of the above time periods (before, during, and/or after pregnancy).

Overall, 48.8 percent of women had *not* had their teeth cleaned during any of these time periods (Table 22). This means that approximately half of women surveyed had not had their teeth cleaned in the past two years. Hispanic and Black women had the highest rate of no teeth cleaning, at 54.2 percent and 49.4 percent, respectively. White women had the lowest rate, at 41.4 percent. Among the different age groups, women aged 20-24 were most likely to report not having a teeth cleaning, at 60.5 percent, whereas for other age groups the rate varied from approximately 34 percent to 47 percent. Rates decreased with increasing income; women with the lowest annual household incomes (less than \$15,000 per year) were most likely to report not getting their teeth cleaned, with a rate of 60.5 percent. Additionally, the following groups of women were significantly more likely to report not having their teeth cleaned since 12 months before pregnancy: those with a high school education or less, who were unmarried, and those who had their delivery paid for by Medicaid.

¹ Silk H, Douglass AB, et al. Oral Health During Pregnancy. *Am Fam Physician*. 2009;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 22. Characteristics of Women Without a Teeth Cleaning in the Past Two Years, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	48.8	1.6	45.6	52.0	1,466	184,589
Race/Ethnicity*						
White	41.1	2.4	36.5	45.8	528	55,157
Black	49.4	2.5	44.5	54.3	399	20,596
Hispanic	54.2	2.7	48.9	59.4	478	102,671
Other	44.6	7.3	30.2	59.0	59	5,585
Age (years)*						
≤17	41.5	7.5	26.8	56.2	75	8247
18-19	33.6	5.7	22.5	44.8	116	10022
20-24	60.5	3.2	54.2	66.7	368	57333
25-34	46.5	2.3	42.0	51.0	701	87156
≥35	47.0	4.5	38.1	55.9	206	21831
Annual Household Income*						
<\$15K	60.5	2.7	55.1	65.8	512	86,202
≥\$15K to <\$25K	51.2	4.4	42.6	59.8	214	27,453
≥\$25K to <\$50K	45.3	3.7	38.0	52.6	273	30,968
≥\$50K	32.6	2.9	26.9	38.3	377	29,361
Education (years)*						
<12	55.4	3.5	48.6	62.2	317	55,638
12	56.3	3.2	50.0	62.5	381	60,343
>12	40.0	2.1	35.8	44.3	766	68,174
Marital Status*						
Married	44.9	2.1	40.7	49.0	805	98,083
Unmarried	54.1	2.5	49.2	59.1	661	86,506
Medicaid Recipient^a*						
No	39.1	2.3	34.6	43.7	653	65,295
Yes	56.6	2.2	52.2	61.0	810	119,293
INFANT						
Birth Weight						
Low (<2500 g)	47.2	2.6	42.2	52.3	384	13,352
Normal (≥2500 g)	48.9	1.7	45.5	52.3	1,082	171,236
Gestational Age						
<37 Weeks (preterm)	43.1	3.9	35.4	50.8	333	17,743
≥37 Weeks	49.5	1.8	46.0	52.9	1,133	166,846

^a Delivery paid for 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, 98.2 percent of women reported taking their baby for a well-baby checkup (Table 23). 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, 90.2 percent 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 was the third leading cause of infant death in 2009.¹ 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.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 24 represents women who checked only "On his or her back." Overall, 60.7 percent of women reported that they most often lay their baby down to sleep on his or her back. Black women had the lowest reported rate, at 37.8 percent, which was significantly lower than the rate for all other race/ethnicity groups. Rates generally increased with increasing income; those with the highest reported annual household income (\geq \$50,000) had a significantly higher rate (70.1 percent) than those with the lowest (\$15,000) income (56.0 percent).

¹ 2009 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 23. Characteristics of Women Reporting a Well-Baby Checkup, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	98.2	0.4	97.4	99.1	1,376	355,554
Race/Ethnicity*						
White	99.1	0.4	98.2	100.0	490	125,181
Black	96.5	1.0	94.6	98.4	375	37,765
Hispanic	98.0	0.8	96.5	99.5	453	180,154
Other	97.6	2.4	92.9	100.0	57	11,950
Age (years)						
≤17	93.9	3.7	86.7	100.0	70	17,291
18-19	96.9	2.1	92.8	100.0	107	27,332
20-24	99.0	0.7	97.7	100.0	348	92,068
25-34	98.8	0.5	97.9	99.7	662	176,481
≥35	96.7	1.9	93.0	100.0	189	42,382
Annual Household Income						
<\$15K	97.1	1.0	95.2	99.0	479	131,954
≥\$15K to <\$25K	100.0	0.0	100.0	100.0	198	50,528
≥\$25K to <\$50K	97.7	1.1	95.5	99.9	258	64,964
≥\$50K	99.3	0.4	98.6	100.0	360	86,152
Education (years)						
<12	96.7	1.3	94.2	99.2	293	92,012
12	98.1	0.8	96.4	99.7	354	101,637
>12	99.2	0.3	98.5	99.8	728	161,546
Marital Status						
Married	98.7	0.5	97.8	99.7	754	204,056
Unmarried	97.5	0.8	96.0	99.1	622	151,498
Medicaid Recipient^a						
No	98.7	0.5	97.8	99.7	616	158,830
Yes	97.8	0.7	96.5	99.1	760	196,724
INFANT						
Birth Weight						
Low (<2500 g)	98.0	0.8	96.5	99.5	344	24,968
Normal (≥2500 g)	98.2	0.5	97.3	99.2	1,032	330,586
Gestational Age						
<37 Weeks (preterm)	97.5	1.6	94.3	100.0	293	36,175
≥37 Weeks	98.3	0.5	97.4	99.2	1,083	319,379

^a Delivery paid for 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 24. Characteristics of Women Reporting Placing Infant on Back to Sleep, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	60.7	1.6	57.6	63.8	1,451	232,264
Race/Ethnicity*						
White	64.4	2.3	59.9	68.9	520	86,093
Black	37.8	2.5	33.0	42.7	392	15,468
Hispanic	62.2	2.6	57.1	67.3	476	121,003
Other	70.4	6.5	57.6	83.2	62	9,196
Age (years)						
≤17	66.6	7.1	52.5	80.6	73	13,083
18-19	59.9	5.6	48.8	70.9	115	18,395
20-24	56.0	3.2	49.7	62.3	365	53,587
25-34	63.4	2.2	59.1	67.8	695	120,270
≥35	57.2	4.5	48.3	66.0	203	26,928
Annual Household Income*						
<\$15K	56.0	2.8	50.5	61.4	505	80,935
≥\$15K to <\$25K	60.0	4.2	51.7	68.3	213	33,023
≥\$25K to <\$50K	60.4	3.7	53.2	67.5	268	41,288
≥\$50K	70.1	2.7	64.9	75.4	380	64,133
Education (years)						
<12	58.5	3.4	51.9	65.2	313	60,278
12	57.6	3.2	51.4	63.8	376	62,633
>12	63.9	2.1	59.8	67.9	761	108,995
Marital Status						
Married	62.9	2.1	58.9	67.0	800	138,257
Unmarried	57.7	2.5	52.8	62.5	651	94,007
Medicaid Recipient^a						
No	64.2	2.3	59.8	68.6	648	108,357
Yes	57.9	2.2	53.6	62.2	803	123,907
INFANT						
Birth Weight						
Low (<2500 g)	61.8	2.5	56.8	66.7	365	16,647
Normal (≥2500 g)	60.6	1.7	57.3	63.9	1,086	215,617
Gestational Age						
<37 Weeks (preterm)	60.7	4.1	52.7	68.6	310	23,835
≥37 Weeks	60.7	1.7	57.4	64.0	1,141	208,428

^a Delivery paid for 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 typically 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. Maternal postpartum health is an often neglected part of women's health care, and there are missed opportunities for enhancing postpartum care for women.¹

In the 2009 Texas PRAMS survey, 16.1 percent of women reported that they did *not* receive a postpartum checkup (Table 25). Black and Hispanic women were most likely to report not receiving a postpartum checkup, at 21.5 percent and 15.8 percent, respectively. The rates of not receiving a postpartum checkup generally increased with decreasing income, education, and age. Additionally, women with less than a high school education, those who were unmarried, and women who had their delivery paid for by Medicaid were significantly more likely to report not receiving a postpartum checkup.

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 2009 Texas PRAMS survey, women were asked if they were using contraception at the time of the survey (two to six months after giving birth). Overall, 84.2 percent of women responded that they were using contraception (Table 26).

Screening for postpartum depression is also recommended. In a national survey conducted in 2006, approximately 58 percent of mothers reported that their provider asked about depression.³ In the 2009 Texas PRAMS survey, 68.4 percent of women reported that, at some point during their pregnancy or after delivery, a healthcare worker talked with them about "baby blues" or postpartum depression (Table 27). Black women had the highest rate, at 76.9 percent.

A postpartum depression question was added Phase 6 of the Texas PRAMS survey (years 2009-2011). Women were asked how often they have felt or experienced the following after childbirth: a. "I felt down, depressed, or sad." b. "I felt hopeless." c. "I felt slowed down." For each response, women were asked to use the following scale and scoring system: never=1, rarely=2, sometimes=3, often=4, and always=5. Using an algorithm developed by the CDC's Division of Reproductive Health and researchers at the University of Iowa, a cutoff of ≥ 10 when summing parts a, b, and c of the depression question is used as an indication of postpartum depressive symptoms.

Overall, 11.8 percent of Texas PRAMS women reported postpartum depressive symptoms (Table 28). The rate was highest among Black women (17.3 percent) and lowest among Hispanic women (9.9 percent). Women with the highest annual household income had the lowest rate of postpartum depression, at 6.5 percent. Unmarried women and those who had their delivery paid for by Medicaid had significantly higher rates of postpartum depression. Women who had infants with low birth weight also had higher rates of postpartum depression (16.7 percent) compared to those who had infants with normal birth weight (11.5 percent).

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, et al. 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 25. Characteristics of Women Who Did Not Receive a Maternal Postpartum Checkup, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	16.1	1.2	13.7	18.5	1,504	62,735
Race/Ethnicity*						
White	9.0	1.3	6.3	11.6	539	12,355
Black	15.8	1.8	12.2	19.3	403	6,643
Hispanic	21.5	2.2	17.2	25.7	496	42,044
Other	12.2	4.9	2.6	21.8	64	1,619
Age (years)*						
≤17	21.2	6.1	9.2	33.1	78	4,256
18-19	27.0	5.0	17.2	36.9	121	8,526
20-24	20.9	2.7	15.6	26.2	374	20,323
25-34	11.8	1.6	8.7	14.9	720	22,723
≥35	14.4	3.4	7.6	21.1	211	6,907
Annual Household Income*						
<\$15K	21.9	2.3	17.5	26.4	531	32,491
≥\$15K to <\$25K	14.3	3.1	8.3	20.3	221	7,979
≥\$25K to <\$50K	16.0	3.0	10.2	21.8	278	11,147
≥\$50K	4.8	1.5	2.0	7.7	386	4,460
Education (years)*						
<12	29.3	3.1	23.2	35.5	333	30,537
12	15.2	2.2	10.9	19.6	392	17,010
>12	8.5	1.3	5.9	11.1	777	14,754
Marital Status*						
Married	12.0	1.5	9.2	14.9	826	26,885
Unmarried	21.6	2.1	17.5	25.8	678	35,851
Medicaid Recipient^a*						
No	11.2	1.6	8.1	14.4	667	19,127
Yes	19.9	1.8	16.4	23.4	837	43,609
INFANT						
Birth Weight						
Low (<2500 g)	17.2	2.0	13.3	21.0	397	5,012
Normal (≥2500 g)	16.0	1.3	13.5	18.6	1,107	57,723
Gestational Age						
<37 Weeks (preterm)	15.5	3.1	9.4	21.6	340	6,501
≥37 Weeks	16.2	1.3	13.6	18.8	1,164	56,235

^a Delivery paid for 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 Postpartum Contraceptive Use,
Texas PRAMS 2009**

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	84.2	1.2	81.9	86.4	1,503	328,465
Race/Ethnicity*						
White	84.0	1.7	80.6	87.4	541	115,666
Black	81.7	1.9	77.9	85.6	400	34,159
Hispanic	85.2	1.9	81.5	88.8	496	167,714
Other	78.2	5.8	66.8	89.6	64	10,346
Age (years)						
≤17	76.4	6.6	63.4	89.4	78	15,741
18-19	87.8	3.5	81.0	94.6	120	27,594
20-24	85.8	2.2	81.5	90.0	373	83,273
25-34	83.4	1.7	80.1	86.7	722	160,995
≥35	85.1	3.2	78.9	91.3	210	40,862
Annual Household Income						
<\$15K	81.4	2.1	77.2	85.6	530	120,951
≥\$15K to <\$25K	86.9	2.7	81.7	92.1	220	48,686
≥\$25K to <\$50K	86.5	2.4	81.8	91.3	278	60,321
≥\$50K	85.2	2.1	81.0	89.3	388	78,610
Education (years)						
<12	82.5	2.5	77.5	87.5	332	86,598
12	85.9	2.1	81.7	90.1	391	95,813
>12	84.0	1.6	80.9	87.2	778	145,619
Marital Status						
Married	84.0	1.6	81.0	87.1	824	187,848
Unmarried	84.3	1.7	80.9	87.8	679	140,617
Medicaid Recipient^a						
No	86.2	1.6	83.2	89.3	669	147,496
Yes	82.5	1.7	79.3	85.8	834	180,969
INFANT						
Birth Weight						
Low (<2500 g)	82.7	1.9	78.9	86.5	397	24,155
Normal (≥2500 g)	84.3	1.2	81.8	86.7	1,106	304,309
Gestational Age						
<37 Weeks (preterm)	80.9	3.1	74.9	86.9	339	33,878
≥37 Weeks	84.6	1.2	82.1	87.0	1,164	294,587

^a Delivery paid for 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 27. Characteristics of Women Who Reported Healthcare Worker Talk about Postpartum Depression, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	68.4	1.5	65.4	71.3	1,479	262,067
Race/Ethnicity*						
White	63.8	2.3	59.4	68.3	528	86,050
Black	76.9	2.1	72.8	81.1	403	32,362
Hispanic	70.0	2.4	65.2	74.8	488	135,350
Other	61.7	7.1	47.7	75.6	59	7,800
Age (years)*						
≤17	69.4	6.9	56.0	82.9	74	13,687
18-19	80.4	4.5	71.5	89.2	119	24,949
20-24	70.1	3.0	64.2	76.0	372	67,938
25-34	67.7	2.2	63.5	71.9	709	128,057
≥35	58.9	4.5	50.2	67.7	205	27,435
Annual Household Income*						
<\$15K	69.0	2.6	63.9	74.1	517	99,682
≥\$15K to <\$25K	75.5	3.7	68.2	82.7	214	40,449
≥\$25K to <\$50K	59.9	3.7	52.6	67.1	270	41,197
≥\$50K	65.2	2.9	59.5	70.9	380	59,181
Education (years)*						
<12	75.5	3.0	69.7	81.3	322	75,542
12	68.4	3.0	62.6	74.3	386	76,277
>12	64.1	2.1	60.0	68.2	770	109,888
Marital Status						
Married	66.9	2.0	63.0	70.8	812	147,632
Unmarried	70.3	2.3	65.8	74.9	667	114,435
Medicaid Recipient^a						
No	65.6	2.2	61.2	69.9	656	110,651
Yes	70.4	2.1	66.4	74.5	816	149,898
INFANT						
Birth Weight						
Low (<2500 g)	68.9	2.4	64.2	73.5	385	19,495
Normal (≥2500 g)	68.3	1.6	65.2	71.5	1,094	242,572
Gestational Age						
<37 Weeks (preterm)	66.3	3.8	58.9	73.8	333	26,612
≥37 Weeks	68.6	1.6	65.4	71.8	1,146	235,454

^a Delivery paid for 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 28. Characteristics of Women With Postpartum Depressive Symptoms, Texas PRAMS 2009

Characteristics	Prevalence (%)	Standard Error	95% Confidence Interval		Respondents (N=1528)	Estimated Population Affected
			Lower	Upper		
MATERNAL						
Overall	11.8	1.0	9.9	13.8	1,430	370,261
Race/Ethnicity*						
White	12.8	1.6	9.6	15.9	524	17,025
Black	17.3	1.9	13.5	21.1	387	6,984
Hispanic	9.9	1.6	6.8	13.0	461	18,190
Other	13.4	5.1	3.4	23.5	56	1,585
Age (years)						
≤17	10.2	4.4	1.5	18.9	74	2,014
18-19	15.4	3.9	7.6	23.1	113	4,576
20-24	14.9	2.3	10.4	19.3	358	13,725
25-34	10.6	1.4	7.9	13.3	685	19,421
≥35	9.2	2.5	4.3	14.0	200	4,122
Annual Household Income*						
<\$15K	13.7	1.8	10.2	17.2	494	18,854
≥\$15K to <\$25K	13.5	2.8	8.1	19.0	210	7,149
≥\$25K to <\$50K	13.4	2.6	8.2	18.6	269	8,988
≥\$50K	6.5	1.4	3.8	9.2	374	5,812
Education (years)						
<12	9.0	1.9	5.3	12.7	295	8,428
12	14.7	2.2	10.4	19.1	376	15,775
>12	11.6	1.4	8.9	14.3	757	19,580
Marital Status*						
Married	9.1	1.2	6.7	11.4	788	19,392
Unmarried	15.6	1.7	12.2	19.0	642	24,466
Medicaid Recipient^a*						
No	8.4	1.3	5.9	10.9	644	13,951
Yes	14.6	1.5	11.6	17.6	786	29,907
INFANT						
Birth Weight[†]						
Low (<2500 g)	16.7	2.0	12.8	20.5	369	4,531
Normal (≥2500 g)	11.5	1.1	9.3	13.6	1,061	39,328
Gestational Age						
<37 Weeks (preterm)	13.0	2.3	8.5	17.5	320	5,164
≥37 Weeks	11.7	1.1	9.5	13.9	1,110	38,694

^a Delivery paid for by Medicaid

*Denotes a significant difference within the subgroup.

[†] Although confidence intervals overlap, p=0.03

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. Texas PRAMS data can be used to address state and national health goals such as the Texas Maternal and Child Health (MCH) State Performance Measures. Each year, Texas PRAMS data are used in the preparation of the Texas Title V MCH Block Grant Application and Annual Report. PRAMS supplements birth certificate data and provides information on mothers and infants that is not available elsewhere, such as pregnancy intention and alcohol and tobacco use.

PRAMS data can be used to shed light on discrepancies in birth certificate data that can be further explored. In some cases PRAMS may provide more accurate estimates and, therefore, may be a better source of data to use in the development of health policy and practice. Beginning in 2009 the Texas PRAMS survey included questions about induced labor and delivery methods. The rate of induced labor as reported by Texas PRAMS moms (45 percent) was significantly higher than the rate according to birth certificate data (26 percent). As noted in the narrative, underreporting of certain data on birth certificates is a legitimate concern and, in particular, physicians may be less likely to report induced labor for women who delivered via C-section. Texas DSHS will explore this discrepancy as it is important to have a reliable source of data to measure rates of induced labor.

In 2011 the 82nd Texas Legislature invested \$4.1 million dollars to fund the Healthy Texas Babies initiative. The goal of this initiative is to decrease preterm births by 8 percent over two years. One of the steps to achieving this goal is reducing non-medically indicated inductions and C-sections prior to 39 weeks gestation. While this report presents overall rates of inductions and C-sections, as well as self-reported reasons for both, over the next several years PRAMS will be used to obtain rates of elective inductions and C-sections prior to 39 weeks gestation, helping to measure progress toward meeting the goals of Healthy Texas Babies.

Also beginning in 2009, a question about maternal postpartum depression was added to the PRAMS survey. Data on maternal postpartum depression are usually difficult to obtain at the state level, and PRAMS data on this topic can be of great benefit to public health policy makers. The 2009 Texas PRAMS data indicate that overall, approximately 11 percent of women experienced postpartum depressive symptoms and rates were highest among women who were Black (16.1 percent), unmarried (14.5 percent), and those with infants who had low birth weight (15.2 percent).

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. 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 data contained in the Texas PRAMS survey, and we encourage you to review all of the survey questions in the appendix of this report. For questions regarding the information in this report or other questions about PRAMS, contact Rochelle Kingsley at 512-776-2935 or Rochelle.Kingsley@dshs.state.tx.us, or visit the DSHS PRAMS webpage at www.dshs.state.tx.us/mch/default.shtm#PRAMS2.

Appendix

2009 Texas PRAMS Survey

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. I was dieting (changing my eating habits) to lose weight | N | Y |
| b. I was exercising 3 or more days of the week | N | Y |
| c. I was regularly taking prescription medicines other than birth control . . . | N | Y |
| d. I visited a health care worker to be checked or treated for diabetes. . . . | N | Y |
| e. I visited a health care worker to be checked or treated for high blood pressure. | N | Y |
| f. I visited a health care worker to be checked or treated for depression or anxiety | N | Y |
| g. I talked to a health care worker about my family medical history | N | Y |
| h. I had my teeth cleaned by a dentist or dental hygienist. | N | Y |

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Texas Health Steps
- TRICARE or other military health care
- Other source(s) —————> Please tell us:

- I did not have any health insurance before I got pregnant

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

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

_____ Pounds **OR** _____ Kilos

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

/ / 19
 Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
- Yes

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

- No → **Go to Question 11**
- Yes

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

- No
- Yes

10. Was the baby just before your new one born more than 3 weeks before his or her 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 15**

Go to Question 14

14. What were your reasons 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:

DURING PREGNANCY

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 →

Go to Page 4, Question 18

Go to Page 4, Question 17

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

- No
 Yes → **Go to Question 19**

18. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school.	T	F
g. I didn't have my Medicaid or Texas Health Steps card.	T	F
h. I had no one to take care of my children.	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

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

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

Check one answer

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

20. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
 Health insurance that you or someone else paid for (not from a job)
 Medicaid or Texas Health Steps
 TRICARE or other military health care
 Other source(s) → Please tell us:

- I did not have health insurance to help pay for my prenatal care

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. Medicines that are safe to take during my pregnancy | N | Y |
| f. How using illegal drugs could affect my baby | N | Y |
| g. Doing tests to screen for birth defects or diseases that run in my family | N | Y |
| h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due) | 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. What to do if I feel depressed during my pregnancy or after my baby is born | N | Y |
| l. Physical abuse to women by their husbands or partners | N | Y |

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

- No
- Yes

23. 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

24. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- No
- Yes

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

- No
- Yes

26. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

- No
- Yes

27. Did you have any of the following 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. Vaginal bleeding | N | Y |
| b. Kidney or bladder (urinary tract) infection | N | Y |
| c. Severe nausea, vomiting, or dehydration | N | Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N | Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| i. I had to have a blood transfusion | N | Y |
| j. I was hurt in a car accident | N | Y |

28. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots of a medicine called Progesterone, Gestiva® or 17P (17 alpha-hydroxyprogesterone)?

- No
- Yes
- I don't know

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

29. Have you smoked any cigarettes in the past 2 years?

- No → Go to Question 33
- Yes

30. 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
- I didn't smoke then

31. 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
- I didn't smoke then

32. 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
- I don't smoke now

33. Which of the following statements best describes the rules about smoking *inside* your home *now*?

Check one answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

34. 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 Page 8, Question 37**

Yes

35a. 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 → **Go to Page 8, Question 36a**

35b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

36a. 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
- Go to Question 37**

36b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

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

37. 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 look at the calendar when you answer these questions.)

	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 problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

38. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

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

- No
- Yes

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

40. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

42. When was your baby born?

/ / 20
 Month Day Year

43. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

- No → **Go to Question 45**
- Yes
- I don't know → **Go to Question 45**

44. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

Check all that apply

- My water broke and there was a fear of infection
- I was past my due date
- My health care provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a health problem and needed to deliver the baby
- I wanted to schedule my delivery
- I wanted to give birth with a specific health care provider
- Other → Please tell us:

45. How was your *new* baby delivered?

- Vaginally → **Go to Page 10, Question 47**
- Cesarean delivery (c-section)

Go to Page 10, Question 46

46. What was the reason that your *new* baby was born by cesarean delivery (c-section)?

Check all that apply

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position
- I was past my due date
- My health care provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me
- My health care provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems during labor
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other reason(s) —————> Please tell us:

47. When were you discharged from the hospital after your baby was born?

	/		/	20
Month		Day		Year

- I didn't have my baby in a hospital

48. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or Texas Health Steps
- TRICARE or other military health care
- Other source(s) —————> Please tell us:

- I did not have health insurance to help pay for my delivery

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

50. 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 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 53**

51. Is your baby alive now?

- No → **Go to Page 13, Question 64**
- Yes

52. Is your baby living with you now?

- No → **Go to Page 13, Question 64**
- Yes

Go to Question 53

53. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?

- No
- Yes → **Go to Question 55**

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

Check all that apply

- My baby was sick and was not able to 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 tried but it was too hard
- I didn't want to
- 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 12, Question 58b.

55. Are you currently breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Page 12, Question 57**

Go to Page 12, Question 56

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

Weeks **OR** Months

Less than 1 week

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

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 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 breast pump to use	N	Y
i. The hospital gave me a gift pack with formula	N	Y
j. The hospital gave me a telephone number to call for help with breastfeeding	N	Y
k. My baby used a pacifier in the hospital	N	Y

58a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

58b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not eaten any foods

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

59. In which *one* position 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. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

61. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week check-up* after he or she was born?

- No
- Yes

62. Has your new baby had a well-baby *checkup*? (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- No
- Yes

63. 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

64. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 66**

65. What are your reasons 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:

66. *Since your new baby was born*, have you had a **postpartum checkup for yourself?** (A postpartum checkup is the regular checkup a woman has about 6 weeks after she gives birth.)

- No
- Yes

67. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1 2 3 4 5
Never Rarely Sometimes Often Always

- a. I felt down, depressed, or sad.
- b. I felt hopeless.
- c. I felt slowed down

OTHER EXPERIENCES

The next questions are on a variety of topics.

If your baby is not alive or is not living with you, go to Question 69.

68. 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

69. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|----|-----|
| a. During my most recent pregnancy | N | Y |
| b. After my most recent pregnancy. | N | Y |

The last 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 was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.)

- 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

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

People

72. What is today's date?

/ / 20
 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.***