



2007 Annual Report

Texas Pregnancy Risk Assessment
Monitoring System (PRAMS)



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



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2007 Annual Report: Texas Pregnancy Risk Assessment Monitoring System

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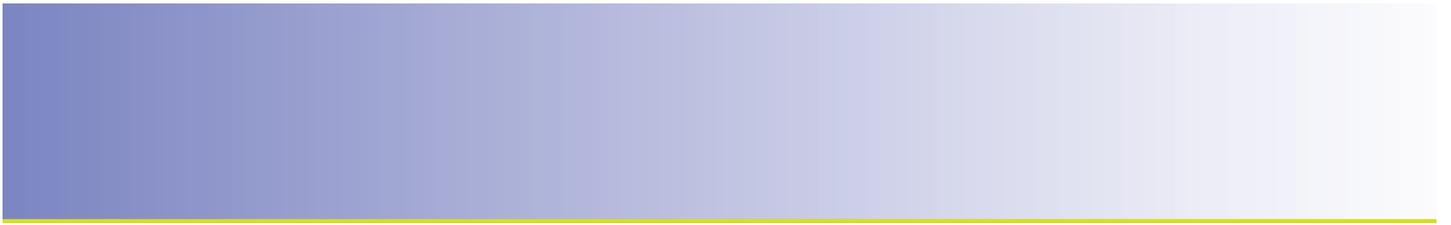
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Preface

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project designed to monitor maternal attitudes and behaviors before, during and after pregnancy. In partnership between the Centers for Disease Control and Prevention and the Texas Department of State Health Services, this project is a population-based assessment that monitors the health and behaviors of new mothers in the State of Texas. It provides up-to-date information regarding birth and pregnancy trends, covering topics such as prenatal care and substance use. PRAMS also serves as an excellent source for those seeking to learn more about and develop policy related to pregnancy and early infancy.

This document serves as an overview of the data collected during the 2007 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 it utilizes, three sections present the data on maternal health behaviors and attitudes during the three perinatal periods of risk: preconception, pregnancy, and post-delivery.

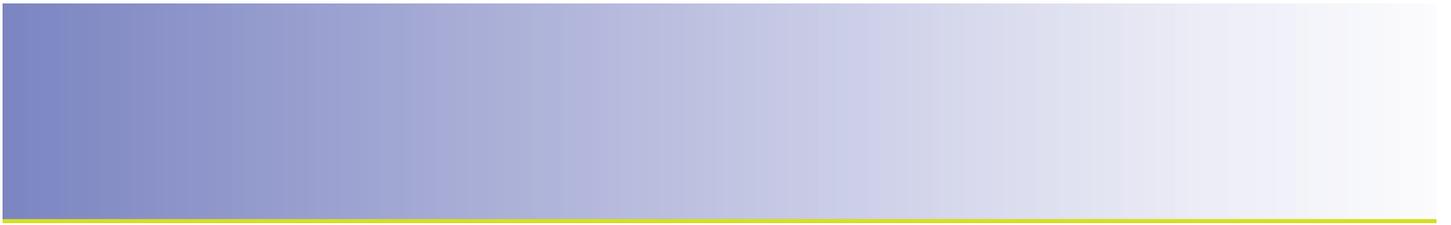




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INTRODUCTION

Background

During most of the twentieth century, rates of infant mortality and low birthweight dropped steadily. However, during the 1980s, the rates leveled off and showed no further significant decreases. In 1987, the Centers for Disease Control (CDC) developed a new surveillance program to monitor infant mortality and morbidity rates. The Pregnancy Risk Assessment Monitoring System (PRAMS) was developed to help understand these trends, recognizing maternal attitudes and behaviors as contributing factors. In a partnership between the CDC and state health departments, PRAMS was originally implemented in six health departments and now includes 38 states, New York City, and the Yankton Sioux Tribe of South Dakota. For each state, the data collected are population-based and are representative of the entire state's population.

There is evidence that a number of factors associated with maternal behavior and attitudes can lead to adverse pregnancy outcomes and poor infant health and well-being. PRAMS supplements data available on birth certificate records by providing more in-depth information that is not otherwise available at the state level. The PRAMS questionnaire addresses many topics, including prenatal care, obstetric history, use of alcohol and cigarettes, exposure to secondhand smoke, knowledge and use of folic acid and multivitamins, physical abuse, pregnancy intention and contraceptive use, and breastfeeding.

The data available in PRAMS represents an excellent opportunity to assess the health and well-being of new mothers and their infants in the State of Texas.

We hope PRAMS data will be used to address any number of state and national health goals such as Texas Maternal and Child Health Performance Measures and Healthy People 2010. These data enable the state to track progress in areas such as improving access to prenatal care and increasing breastfeeding. Data from PRAMS can also help identify groups that are high-risk or should be the focus of targeted policy and interventions. This data has great potential to inform and evaluate policy and practice directed toward achieving these goals, helping move data to action.

Methodology

The Texas Department of State Health Services teamed with the CDC in 2002 to become a PRAMS state. Since 2002, the data from Texas PRAMS has provided information about maternal health behaviors and attitudes during the perinatal periods of risk. These data serve as a valuable resource to researchers and policy makers interested in how maternal attitudes and behaviors are associated with infant mortality and morbidity trends in Texas. The Texas PRAMS sample is collected and structured so that it is representative of all live births to women who are Texas residents. This means that the information pulled from the data can be generalized to represent the entire population of Texas. Thus, we are able to focus and explore the challenges and opportunities that are specific to improving the health and well-being of women and infants in the State of Texas.

Data Collection

Each month, a complete listing of Texas births is obtained from the DSHS Center for Health

Statistics. This list includes all live births to Texas residents within the last month. To generalize to the population of Texas, the sample is selected from this file based on race/ethnicity and infant birth weight. Race/ethnicity is divided into three categories of women classified as Hispanic, non-Hispanic black or African American, and non-Hispanic white or other race/ethnicity. Infant birth weight is divided into low birth weight (less than 2,500 grams) and normal birth weight (2,500 grams or more). After stratifying the sample by race/ethnic category and infant birth weight, approximately 2,400 women are randomly selected to participate each year.

These women are encouraged to participate in PRAMS through two phases of data collection. 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 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 three weeks following receipt of the introductory letter, women receive up to three mailings with surveys they can complete and return. The majority of responses are collected during the mail phase.

If women do not return surveys through the mail, they are advanced into the phone phase of data collection. Over a three week period, women are called and encouraged to complete the survey over the phone. During all communication, women are informed that their participation is voluntary and their data will remain confidential and anonymous.

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 encouraged to participate however and often have high rates of participation.

After all attempts are made to collect completed surveys from women in the sample, the monthly data files are compiled into an annual file and sent to the CDC for cleaning and weighting. The data are weighted to represent all live births in Texas and are adjusted for sampling probabilities, nonresponse, and noncoverage.

The PRAMS Survey

The survey includes 84 questions consisting of core questions that are asked in all participating states and several additional questions that are selected by each state. These questions undergo extensive validity and reliability checks before they are included in the survey. In Texas, there are two versions of the survey, one for adults and one for minors. The primary difference is that the survey for minors does not include questions related to physical abuse. All women have the option of completing the mail or phone survey in either English or Spanish.

The survey includes a variety of maternal attitudes and behaviors and covers more than can be concisely addressed here. This annual report focuses on six areas: pregnancy intention and contraceptive use, prenatal care, substance use, physical abuse, maternal postpartum health, and infant health. In each section, descriptive statistics are reported for the health and well-being indicators overall and by sociodemographic variables. Trend analyses are also included to track change from 2002 to 2007. All analyses are sensitive to complex sampling procedures and include weight and strata variables.

Sample Description

The 2007 Texas PRAMS sample included 1,893 women (58% weighted response). The sample selection for Texas PRAMS was developed to ensure it was representative of all live births in Texas. Besides collecting extensive sociodemographic data, the sample was selected based on the two strata previously described, maternal race/ethnicity and

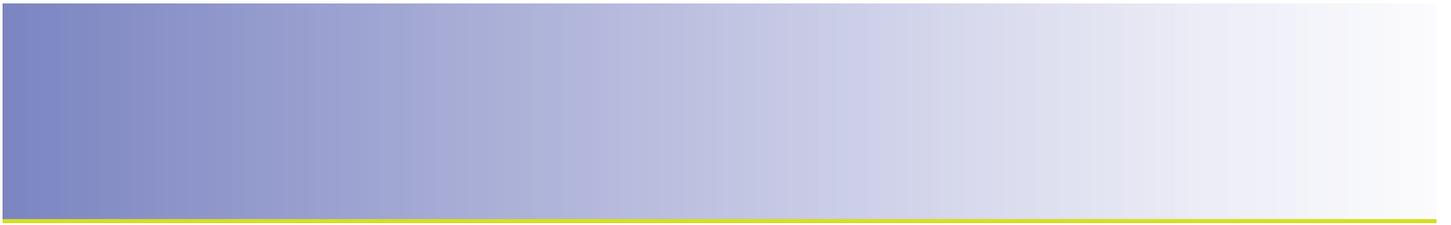


infant birth weight. Half of the women reported they were Hispanic, 38% were non-Hispanic white or other, and 11% were black or African American. Most infants (93%) were normal birth weight.

Most of the women were in their twenties. Over one quarter of women were 20-24 years and nearly half were 25-34. Four in ten women reported an annual income below \$15,000. Sixteen percent reported income between \$15,000 and \$25,000 and 18% reported income between \$25,000 and \$50,000. Twenty-eight percent reported that their annual income was greater than \$50,000. Approximately 6 out of 10 women were married when their infants were born. Thirty percent of the women had not graduated from high school. One quarter of the women were high school graduates and 44% of women had attended at least some college. Most women (58%) reported that at least some of the delivery expenses were covered by Medicaid. For most women, this pregnancy did not represent their first live birth. Only 12% of infants were born prematurely or before completing at least 37 weeks of gestation.

Demographic Characteristics of Women in Texas PRAMS

	%
Race/ethnicity	
White or Other	38.3
Hispanic	50.5
Black	11.3
Age (years)	
<20	13.4
20-24	26.8
25-34	47.8
>35	12.0
Annual household income	
<\$15K	38.2
≥\$15K to <\$25	15.8
≥\$25K to <\$50	18.2
≥\$50K	27.7
Education (years)	
<12	30.4
12	25.1
>12	44.4
Marital status	
Married	58.8
Unmarried	41.2
Medicaid recipient	
No	42.4
Yes	57.6
Birth weight	
Low (<2,500 g)	7.5
Normal (≥2,500 g)	92.5
Gestational age	
Normal	88.0
Preterm	12.0





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PRECONCEPTION HEALTH

Background

Rather than waiting to address women’s health behaviors and attitudes until they are pregnant, public health experts have focused efforts on understanding how the preconception period may be consequential for a woman and her baby’s health. The following section reviews several aspects of preconception health behaviors and attitudes among women in Texas PRAMS.

Pregnancy Intention & Contraceptive Use

In the United States, nearly half of all pregnancies are unintended, meaning that pregnancies are either unwanted or mistimed.^{1,2} Women who are younger, minorities, less educated, and unmarried have the highest risk of unintended pregnancies. The rates of unintended pregnancy among women in Texas were comparable to national rates (Tables 1 through 6). Just over a third of women (38%) reported that this pregnancy was on time, that they wanted to be pregnant then (Table 1). Black women were the least likely to report their pregnancies were on time. Women aged 25-34 years were most likely to report pregnancies were on time. Women who were unmarried, less educated and on Medicaid were least likely to report their pregnancies were on time. Fifty-one percent of women reported that the pregnancy was mistimed, earlier or later than they wanted (Table 3). The youngest women, those younger than 20 years old, were most likely to report the pregnancy was mistimed.

One in ten women reported that this pregnancy was unwanted – that they didn’t want to be pregnant then or at any time in the future (Table 5). Women who were most likely to report the pregnancy was unwanted were Black or unmarried. The proportion of unwanted births significantly increased from 2002 to 2007 (Table 6). However, there were no significant changes in the proportion of on time and mistimed pregnancies.

At conception, one in four women reported that they were using some form of contraceptive. Unwanted or mistimed pregnancies often result from irregular use of or failure to use contraceptives. It is important to understand why women did not use contraception even though they were not trying to get pregnant. The most common reason that women were not using contraceptives was that women did not mind if they got pregnant. Many women reported that they had difficulty getting birth control. Women also reported that their husband or partner did not want to use birth control.

Tobacco & Substance Use

Aside from the harmful effects on women’s general health, smoking cigarettes and drinking alcohol before becoming pregnant is associated with difficulties and delays in conception.³⁻⁵ Targeting women who use cigarettes and alcohol during the preconception period is an ideal strategy to prevent negative side effects for infant health. Many women are unaware of their pregnancies at first; the pregnancy has often advanced at least a month and sometimes several months before the mother is aware she is pregnant. The side effects

Reasons for no contraceptive use	%
Did not mind getting pregnant	40.4
Could not get birth control at the time	29.5
Husband/partner did not want to use	26.7
Thought she was sterile	10.4
Thought she could not get pregnant at that time	10.2
Side effects of contraceptives	9.8
Other reasons	11.7

The proportion of births that were unwanted significantly increased between 2002 and 2007.

of tobacco and alcohol use during the preconception period and very early during pregnancy include low birth weight, premature birth, developmental delays, and birth defects.⁴

To determine cigarette use, women reported if they had smoked at least 100 cigarettes in the previous two years. Sixteen percent of women reported that they had smoked in the previous two years (Tables 7 and 8). Fifteen percent of women reported smoking cigarettes in the three months prior to pregnancy. White and unmarried women were the most likely to report smoking during the preconception period. Annual trends revealed no significant changes from 2002 to 2007 in cigarette smoking during preconception (Table 8).

Most women (58%) reported that they had alcoholic drinks in the previous two years. Forty-six percent of women reported drinking alcohol three months prior to conception (Table 9). Women who were married, more educated, had higher incomes, and were not on Medicaid were also more likely to report drinking alcohol. White women were the most likely to report drinking alcohol and binge drinking during the preconception period. One in five (18%) reported binge drinking (five or more alcoholic drinks in one sitting) in the three months prior to pregnancy (Table 11).

There was a substantial increase in alcohol use and binge drinking from 2002 to 2007 (Tables 10 and 12). At its lowest point, only one in ten women reported binge drinking during the preconception period in 2003. This peaked in 2007 when almost one in five women reported binge drinking.

Health & Nutrition

Though we know that there are behaviors like smoking and drinking that are harmful to women and infants' health, there are also behaviors during the preconception period that can promote health and well-being. It is well known that taking multivitamins even before becoming

pregnant is important for infant health and well-being. Specifically, the benefits of taking folic acid include a reduced likelihood of birth defects.⁶⁻⁸ Only 35% of women reported taking a multivitamin at least once a week in the month before becoming pregnant

although more than three out of four women (78%) reported knowing that folic acid reduced the chances of birth defects (Tables 13 and 15). Women who were white, were older, had more education and higher annual incomes, and were married had the highest rates of taking multivitamins during the preconception periods. Knowing about the benefits of folic acid was also more likely to be reported by married, older, more educated, and wealthier women. There were no significant changes in rates of taking multivitamins or knowledge of folic acid from 2002 through 2007 (Table 14 and 16).

Women's physical health during the preconception period is also important to ensure they remain healthy throughout pregnancy. Four out of ten mothers reported exercising less than one day per week in the three months prior to pregnancy. Almost half of women exercised one to four days per week and 13% exercised five or more days a week. Half of the women's body mass indices (BMI) fell in the normal range, 12% were underweight, 13% were overweight, and 28% were obese.

Physical Abuse

Nationally, 25% of women report rape or physical assault by an intimate partner.⁹ In the Texas PRAMS sample, seven percent of women reported physical abuse by a romantic partner or husband in the 12 months prior to becoming pregnant (Table 17). Women who were unmarried and had lower annual incomes were more likely to be victims of physical abuse. From 2002 to 2007, there was no significant change in women's reports of physical abuse (Table 18). Since state law requires that physical abuse of minors be reported, adolescent mothers may be less willing to report instances of intimate partner violence, resulting in a bias in reports of abuse. To ensure the highest quality of data, it should be noted that Texas does not ask minors questions about physical abuse.

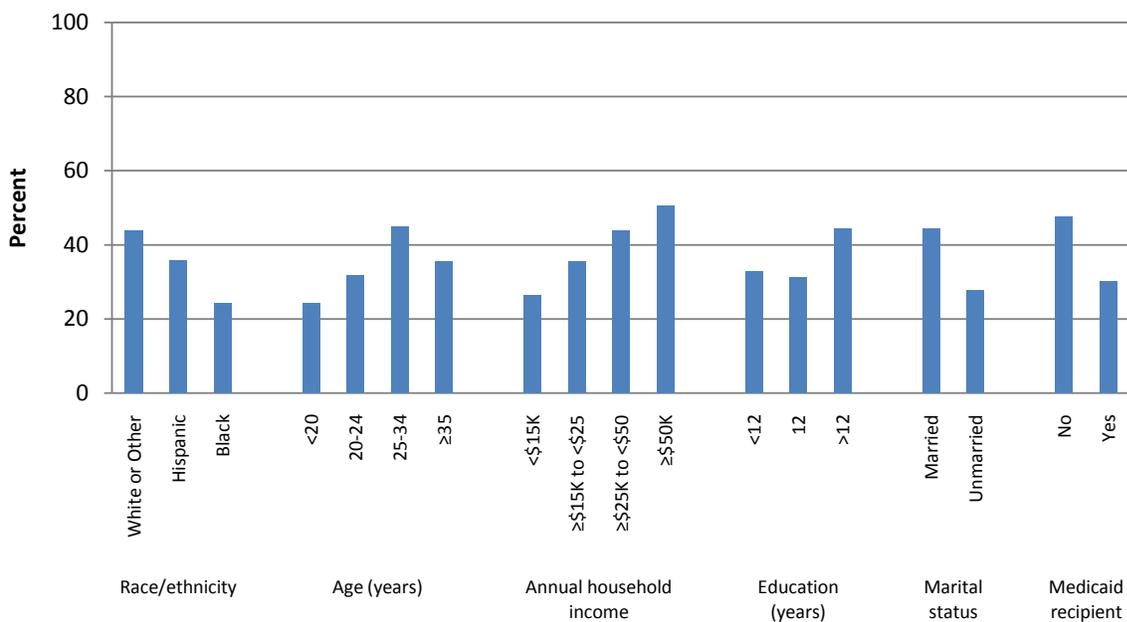


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Table 1. Prevalence of On Time Pregnancies

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	37.6	-	-
Race/ethnicity				
White or Other	692	43.9	2.5	39 - 48.8
Hispanic	680	35.8	2.5	30.9 - 40.7
Black	524	24.2	2.4	19.6 - 28.8
Age (years)				
<20	256	24.4	4.2	16.3 - 32.6
20-24	512	31.8	3.1	25.7 - 38
25-34	872	45.0	2.3	40.4 - 49.6
≥35	260	35.6	4.2	27.3 - 43.9
Annual household income				
<\$15K	684	26.4	2.6	21.4 - 31.5
≥\$15K to <\$25	268	35.6	4.3	27.3 - 44
≥\$25K to <\$50	332	43.9	3.9	36.2 - 51.6
≥\$50K	464	50.6	3.1	44.6 - 56.6
Education (years)				
<12	492	32.9	3.1	26.8 - 38.9
12	504	31.3	3.2	25.1 - 37.6
>12	900	44.4	2.3	39.9 - 48.9
Marital status				
Married	1040	44.5	2.1	40.4 - 48.7
Unmarried	824	27.8	2.4	23 - 32.5
Medicaid recipient				
No	762	47.6	2.4	42.8 - 52.4
Yes	1119	30.3	2.1	26.2 - 34.5





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Table 2. Prevalence of On Time Pregnancies, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
39.5	39.1	38.2	39.3	39.7	37.6	0.638

Based on a test of linear trend across available years.

* *P* value is less than 0.05

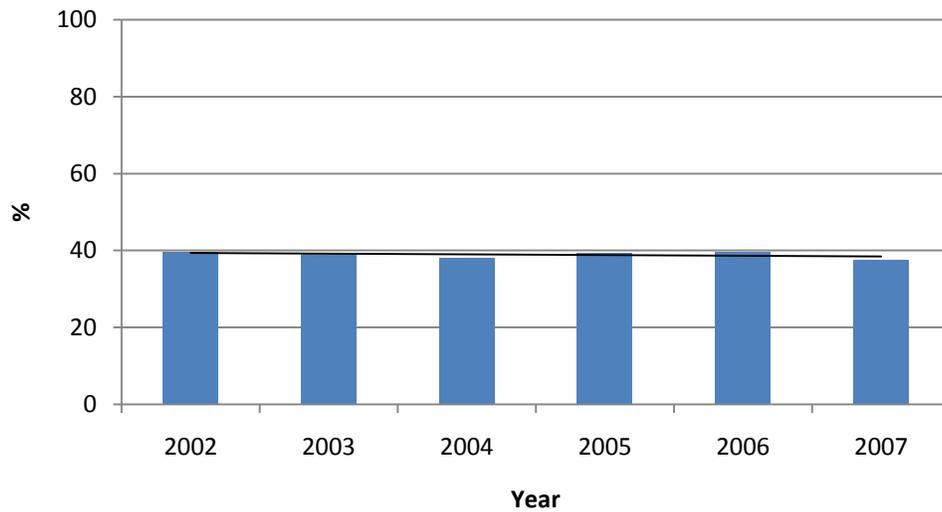
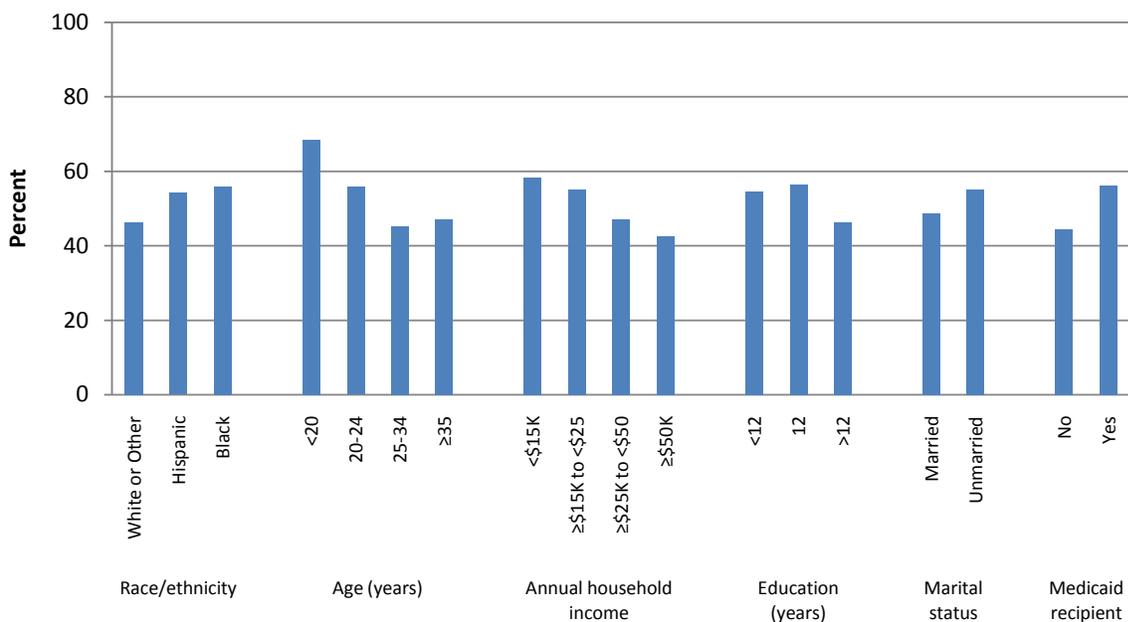


Table 3. Prevalence of Mistimed Pregnancies

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	51.4	-	-
Race/ethnicity				
White or Other	696	46.3	2.5	41.5 - 51.2
Hispanic	680	54.2	2.6	49.1 - 59.3
Black	520	56.0	2.8	50.4 - 61.5
Age (years)				
<20	256	68.5	4.4	59.8 - 77.2
20-24	512	55.8	3.3	49.3 - 62.3
25-34	872	45.2	2.3	40.6 - 49.8
≥35	260	47.0	4.5	38.3 - 55.8
Annual household income				
<\$15K	684	58.3	2.9	52.7 - 63.9
≥\$15K to <\$25	272	55.2	4.4	46.5 - 63.8
≥\$25K to <\$50	332	47.1	3.9	39.4 - 54.9
≥\$50K	464	42.7	3.0	36.8 - 48.7
Education (years)				
<12	488	54.6	3.3	48.2 - 61
12	504	56.5	3.4	49.9 - 63.1
>12	900	46.3	2.3	41.8 - 50.8
Marital status				
Married	1040	48.7	2.2	44.5 - 52.9
Unmarried	824	55.2	2.7	50 - 60.5
Medicaid recipient				
No	762	44.4	2.4	39.6 - 49.2
Yes	1119	56.3	2.2	51.9 - 60.7





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Table 4. Prevalence of Mistimed Pregnancies, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
49.5	50.9	49	47.1	46.8	51.4	0.749

Based on a test of linear trend across available years.

* *P* value is less than 0.05

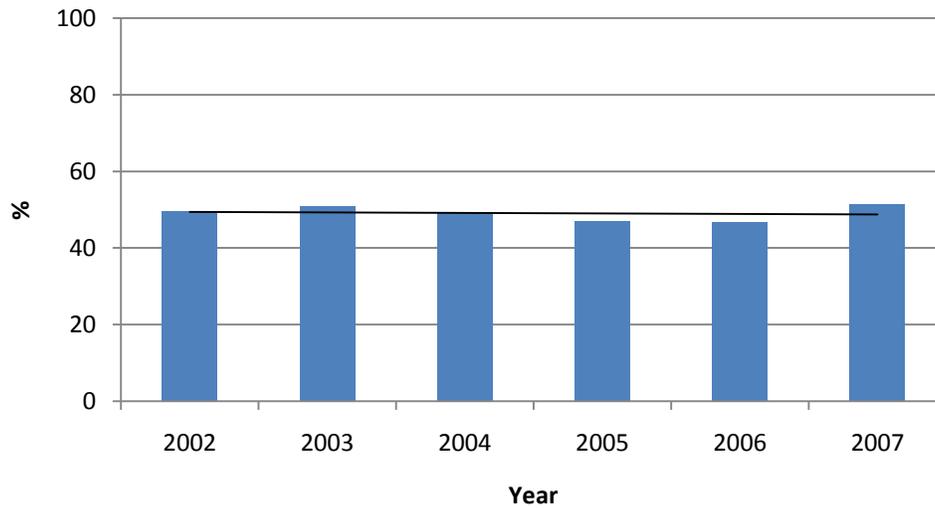
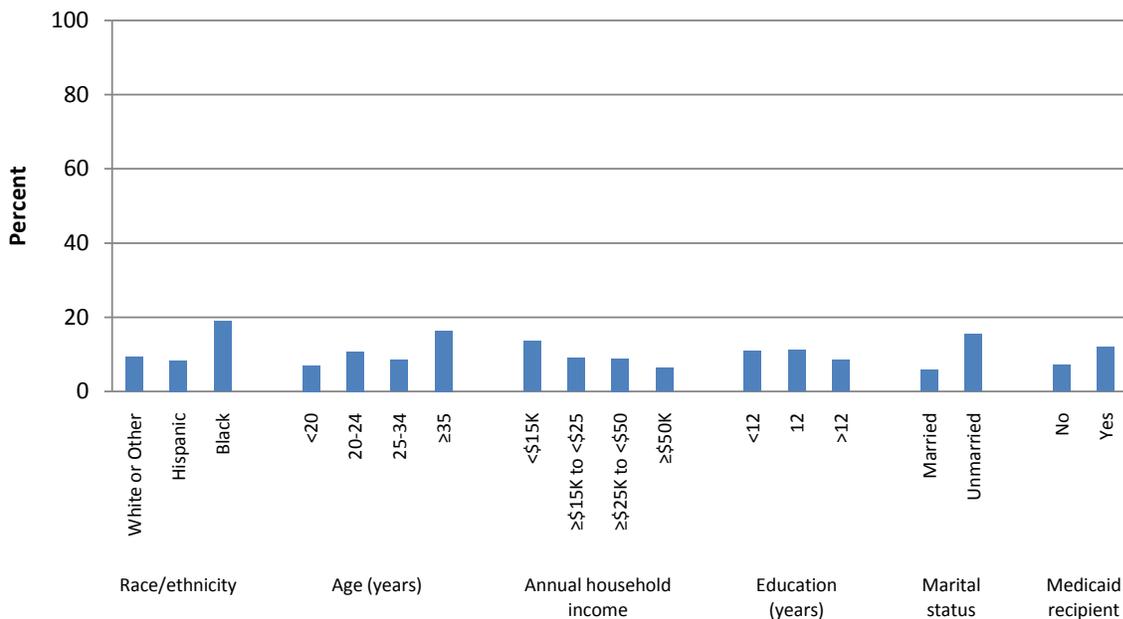


Table 5. Prevalence of Unwanted Pregnancies

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	9.8	-	-
Race/ethnicity				
White or Other	684	9.2	1.5	6.3 - 12.2
Hispanic	668	8.3	1.4	4.5 - 11.1
Black	516	18.9	2.2	14.7 - 23.2
Age (years)				
<20	256	7.0	2.2	2.8 - 11.2
20-24	504	10.7	2.1	6.7 - 14.7
25-34	856	8.5	1.3	6 - 11.1
≥35	256	16.4	3.2	10.1 - 22.7
Annual household income				
<\$15K	672	13.6	1.9	9.8 - 17.4
≥\$15K to <\$25	268	9.0	2.4	4.4 - 13.7
≥\$25K to <\$50	328	8.9	2.0	4.9 - 12.8
≥\$50K	460	6.3	1.5	3.3 - 9.3
Education (years)				
<12	484	10.9	2.0	7 - 14.8
12	500	11.1	2.1	7.1 - 15.2
>12	892	8.4	1.2	6 - 10.8
Marital status				
Married	1028	5.8	0.9	4 - 7.7
Unmarried	812	15.5	1.9	11.8 - 19.2
Medicaid recipient				
No	753	7.2	1.3	4.7 - 9.7
Yes	1104	11.9	1.4	9.2 - 14.6





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Table 6. Prevalence of Unwanted Pregnancies, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
9	7.9	10.8	11.1	11.9	9.8	>.05*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

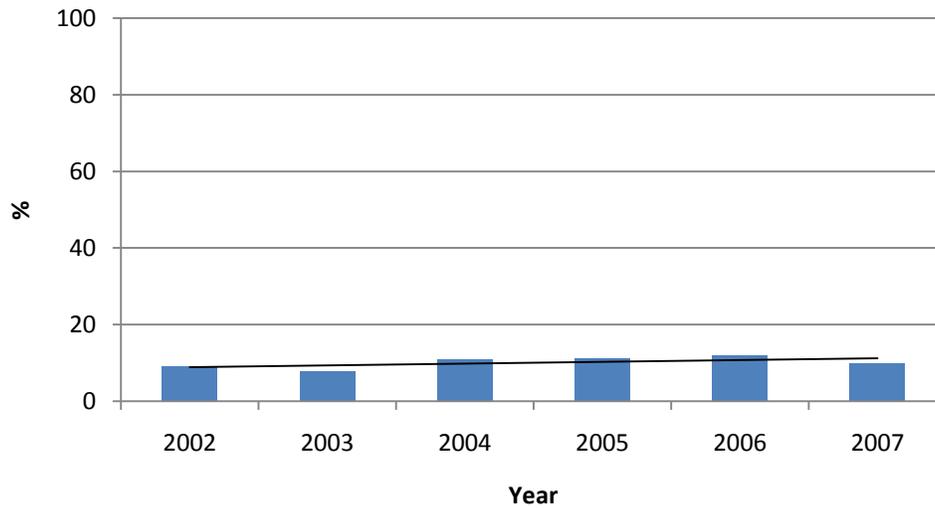
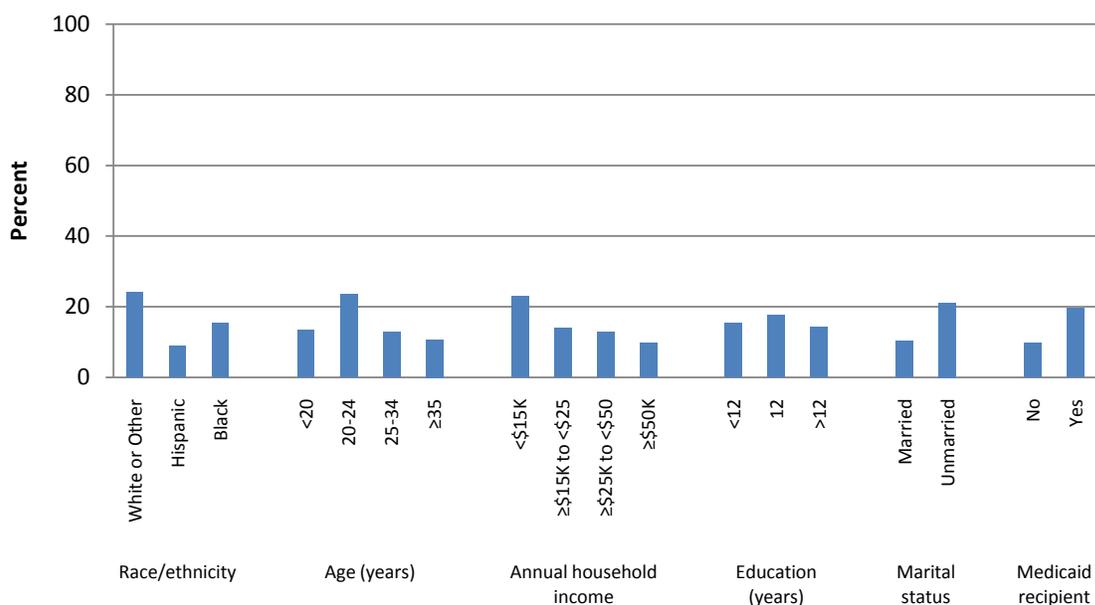


Table 7. Prevalence of Cigarette Smoking 3 Months Before Conception

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1866	15.4	-	-
Race/ethnicity				
White or Other	688	24.1	2.2	19.8 - 28.3
Hispanic	672	8.9	1.5	5.9 - 11.9
Black	512	15.3	2.0	11.4 - 19.2
Age (years)				
<20	248	13.3	3.2	7 - 19.5
20-24	504	23.5	2.7	18.1 - 28.8
25-34	864	12.8	1.5	9.8 - 15.7
≥35	256	10.7	2.7	5.3 - 16
Annual household income				
<\$15K	672	22.9	2.4	18.2 - 27.6
≥\$15K to <\$25	264	14.0	2.9	8.2 - 19.7
≥\$25K to <\$50	328	12.9	2.4	8.3 - 17.6
≥\$50K	460	9.6	1.8	6.1 - 13.2
Education (years)				
<12	480	15.4	2.3	10.9 - 20
12	496	17.5	2.4	12.8 - 22.2
>12	892	14.3	1.6	11.1 - 17.4
Marital status				
Married	1028	10.4	1.3	8 - 12.9
Unmarried	808	21.1	2.1	17 - 25.2
Medicaid recipient				
No	757	9.8	1.4	7 - 12.6
Yes	1105	19.6	1.7	16.3 - 22.9





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Table 8. Prevalence of Cigarette Smoking 3 Months Before Conception, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
17.7	15.1	15.9	15	16.2	15.4	0.433

Based on a test of linear trend across available years.

* *P* value is less than 0.05

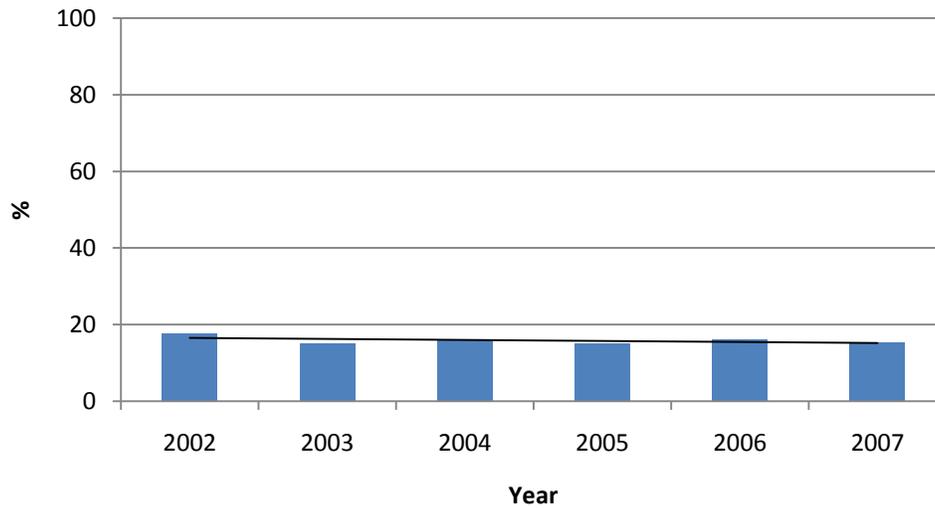
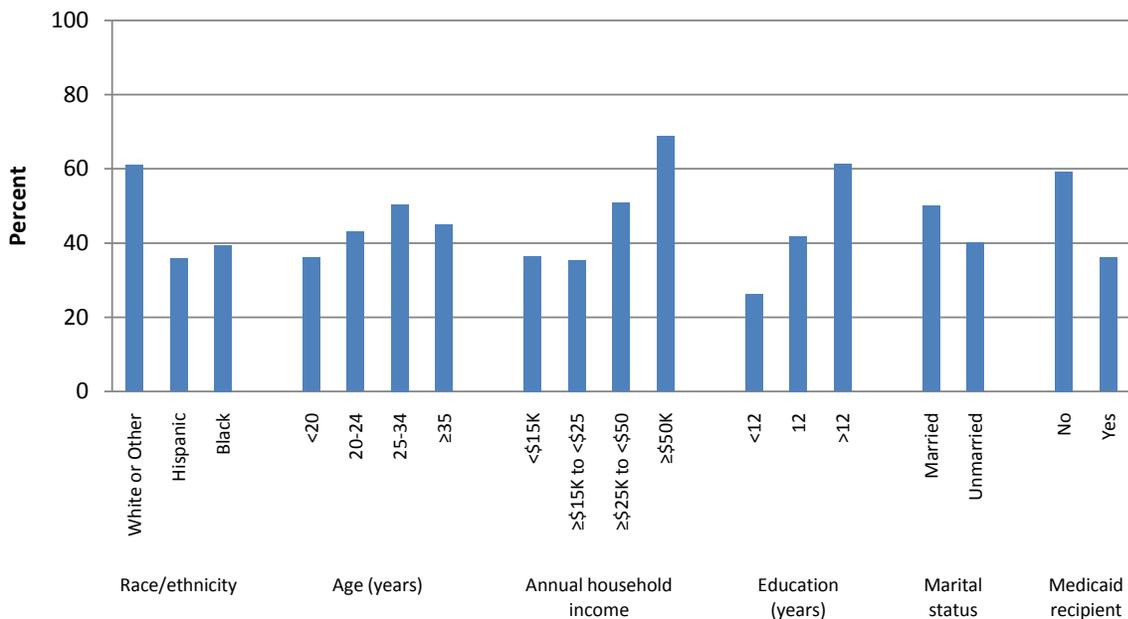


Table 9. Prevalence of Alcohol Use 3 Months Before Conception

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1854	45.9	-	-
Race/ethnicity				
White or Other	684	60.9	2.5	56.1 - 65.8
Hispanic	668	35.8	2.5	30.8 - 40.8
Black	508	39.4	2.8	33.9 - 44.9
Age (years)				
<20	252	36.0	4.7	26.7 - 45.2
20-24	492	42.9	3.3	36.4 - 49.4
25-34	856	50.4	2.3	45.8 - 55
≥35	260	45.0	4.4	36.4 - 53.7
Annual household income				
<\$15K	668	36.5	2.8	30.9 - 42
≥\$15K to <\$25	264	35.4	4.3	27 - 43.8
≥\$25K to <\$50	328	50.9	4.0	43.1 - 58.7
≥\$50K	456	68.8	2.8	63.3 - 74.3
Education (years)				
<12	476	26.2	2.9	20.4 - 32
12	492	41.8	3.4	35.2 - 48.4
>12	888	61.3	2.2	56.9 - 65.6
Marital status				
Married	1024	50.0	2.1	45.8 - 54.2
Unmarried	800	40.1	2.6	35 - 45.2
Medicaid recipient				
No	753	59.3	2.4	54.5 - 64
Yes	1097	36.1	2.2	31.8 - 40.3





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Table 10. Prevalence of Alcohol Use 3 Months Before Conception, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
41.6	41.9	43.1	45.2	48	45.9	>.01*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

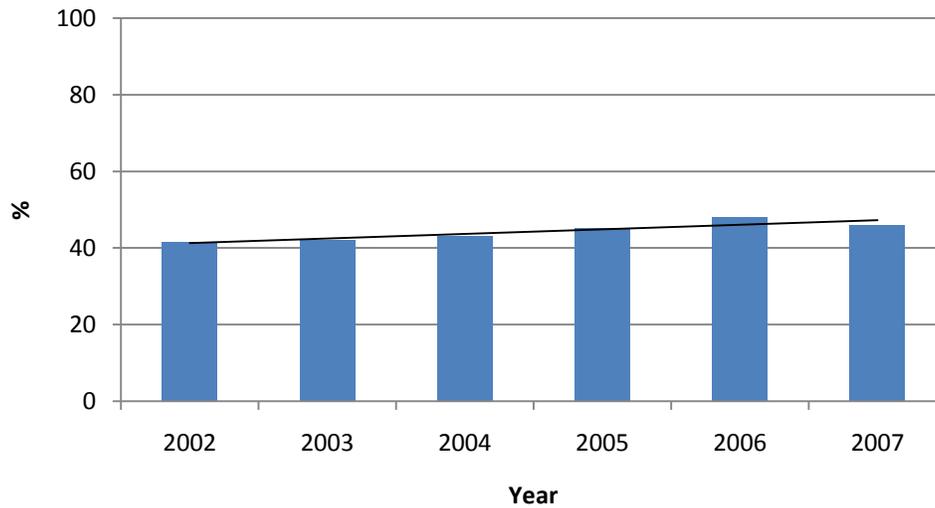
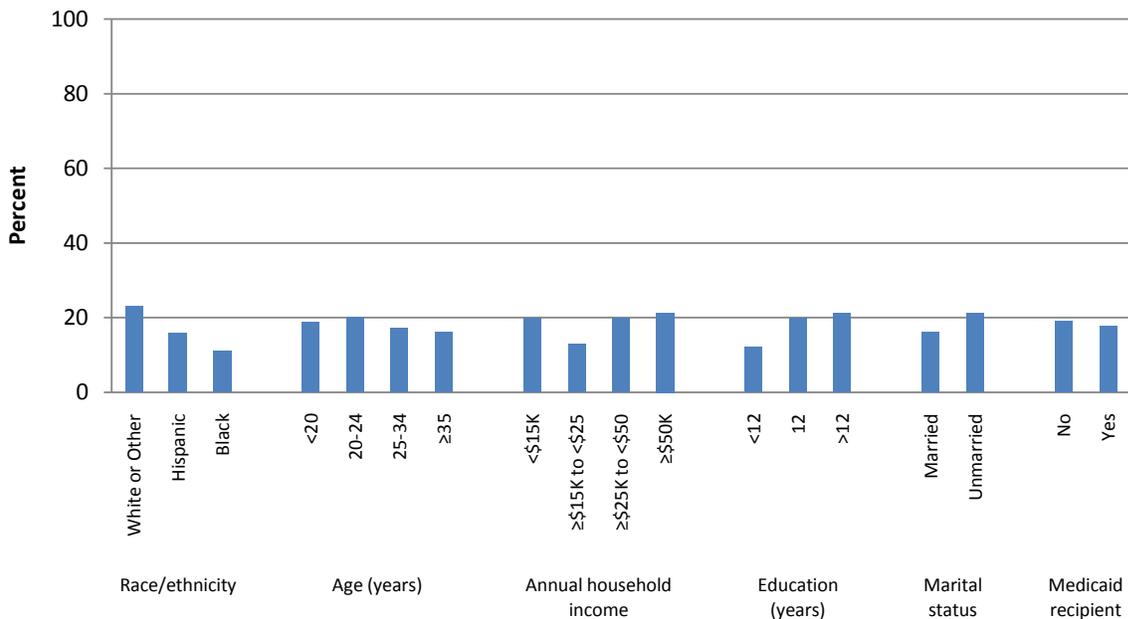


Table 11. Prevalence of Binge Drinking 3 Months Before Conception

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	18.1	-	-
Race/ethnicity				
White or Other	692	23.1	2.1	19 - 27.2
Hispanic	676	15.9	1.9	12.1 - 19.7
Black	520	11.0	1.7	7.6 - 14.4
Age (years)				
<20	256	18.9	3.9	11.3 - 26.5
20-24	512	20.1	2.6	15 - 25.2
25-34	872	17.2	1.8	13.7 - 20.7
≥35	260	16.1	3.3	9.6 - 22.6
Annual household income				
<\$15K	684	19.8	2.3	15.2 - 24.4
≥\$15K to <\$25	268	12.9	2.9	7.3 - 18.5
≥\$25K to <\$50	328	19.8	3.1	13.7 - 26
≥\$50K	464	21.3	2.6	16.2 - 26.4
Education (years)				
<12	488	12.1	2.2	7.8 - 16.3
12	508	19.8	2.7	14.5 - 25.2
>12	900	21.2	1.9	17.4 - 24.9
Marital status				
Married	1040	16.0	1.6	12.9 - 19
Unmarried	824	21.1	2.2	16.8 - 25.3
Medicaid recipient				
No	762	19	2	15.1 - 22.8
Yes	1119	17.6	1.7	14.3 - 20.9





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Table 12. Prevalence of Binge Drinking 3 Months Before Conception, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
11.2	9.3	15.9	17.6	16.7	18.1	>.001*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

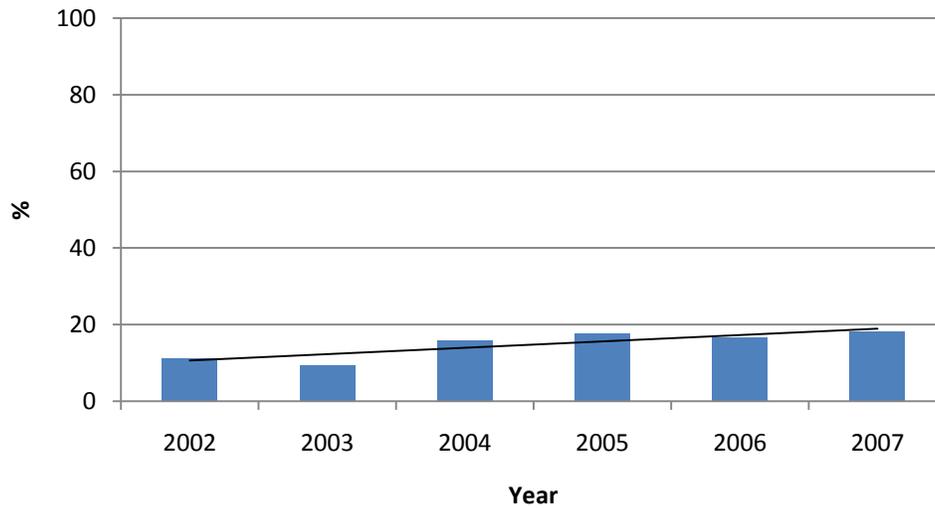
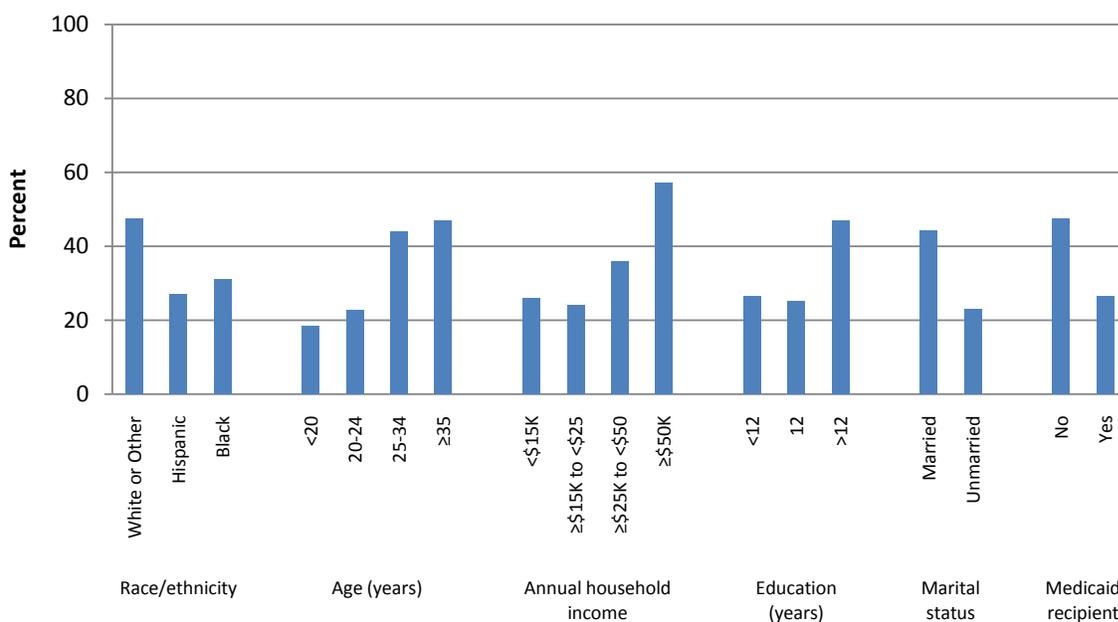


Table 13. Prevalence of Multivitamin Use 1 Month Before Conception

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1885	35.2	-	-
Race/ethnicity				
White or Other	692	47.4	2.5	42.5 - 52.3
Hispanic	676	26.9	2.3	22.5 - 31.4
Black	516	31.0	2.6	25.9 - 36
Age (years)				
<20	252	18.4	3.6	11.3 - 25.6
20-24	512	22.8	2.7	17.4 - 28.2
25-34	868	44.0	2.3	39.4 - 48.5
≥35	260	47.0	4.4	38.4 - 55.7
Annual household income				
<\$15K	676	25.8	2.5	20.8 - 30.7
≥\$15K to <\$25	268	24.0	3.7	16.8 - 31.2
≥\$25K to <\$50	332	35.9	3.7	28.6 - 43.2
≥\$50K	460	57.1	3.0	51.1 - 63
Education (years)				
<12	484	26.5	2.8	20.9 - 32
12	504	25.2	2.9	19.5 - 31
>12	900	46.9	2.3	42.4 - 51.3
Marital status				
Married	1040	44.1	2.1	40 - 48.2
Unmarried	820	22.9	2.2	18.6 - 27.1
Medicaid recipient				
No	761	47.4	2.4	42.7 - 52.1
Yes	1112	26.4	2	22.5 - 30.3





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Table 14. Prevalence of Multivitamin Use 1 Month Before Conception, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
35.4	37.2	39.1	38.6	38.4	35.2	0.961

Based on a test of linear trend across available years.

* *P* value is less than 0.05

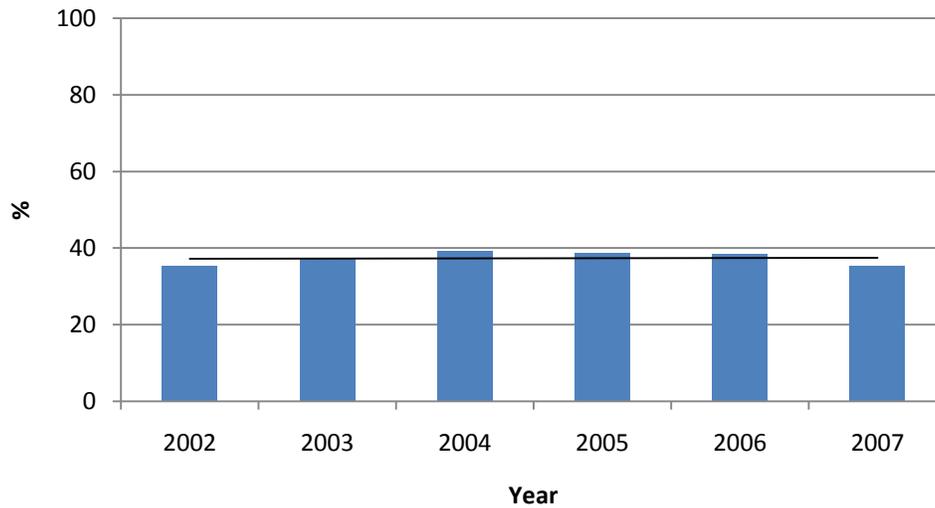


Table 15. Knowledge about Benefits of Folic Acid

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1881	78.0	-	-
Race/ethnicity				
White or Other	692	80.7	2.0	76.7 - 84.7
Hispanic	680	78.2	2.2	73.9 - 82.5
Black	512	67.7	2.8	62.3 - 73.1
Age (years)				
<20	252	65.9	4.5	57.2 - 74.7
20-24	504	67.6	3.1	61.5 - 73.7
25-34	868	84.4	1.7	81 - 87.7
≥35	256	89.3	2.9	83.7 - 94.9
Annual household income				
<\$15K	680	68.2	2.7	62.9 - 73.5
≥\$15K to <\$25	268	78.3	3.7	71 - 85.5
≥\$25K to <\$50	332	80.4	3.3	74 - 86.8
≥\$50K	460	91.7	1.6	88.6 - 94.9
Education (years)				
<12	488	71.2	2.9	65.4 - 76.9
12	500	68.4	3.1	62.3 - 74.6
>12	896	88.0	1.5	85.1 - 91
Marital status				
Married	1036	86.2	1.5	83.2 - 89.3
Unmarried	816	66.4	2.5	61.5 - 71.3
Medicaid recipient				
No	758	87.9	1.6	84.7 - 91
Yes	1116	70.7	2.1	66.7 - 74.7

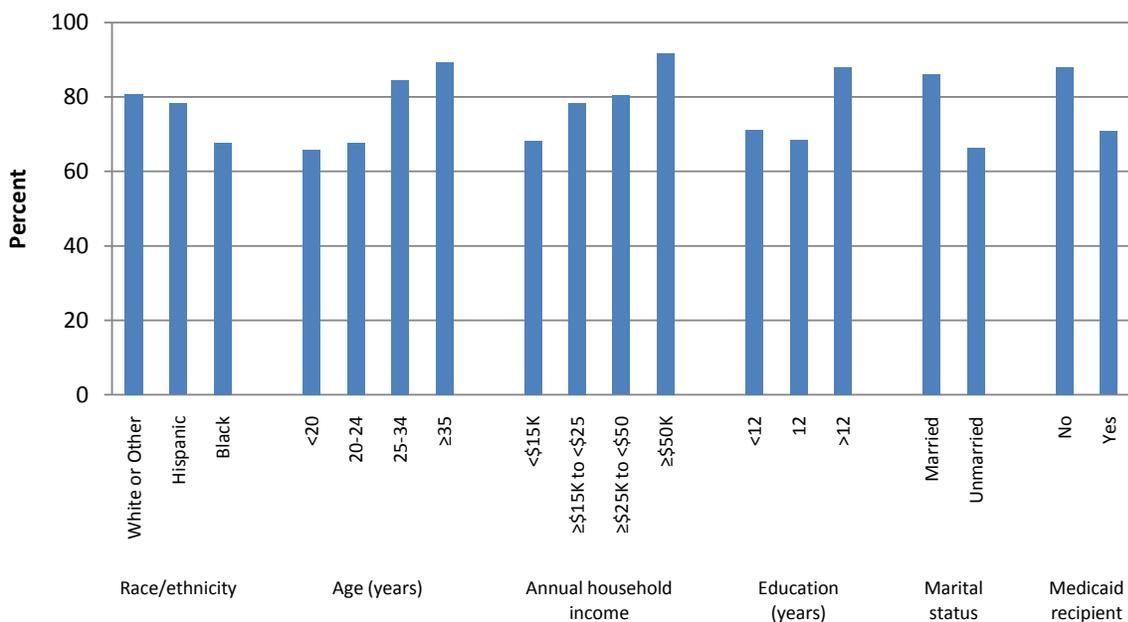




Table 16. Knowledge about Benefits of Folic Acid, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
80.4	79.5	78.4	79.8	77.9	78	0.184

Based on a test of linear trend across available years.

* *P* value is less than 0.05

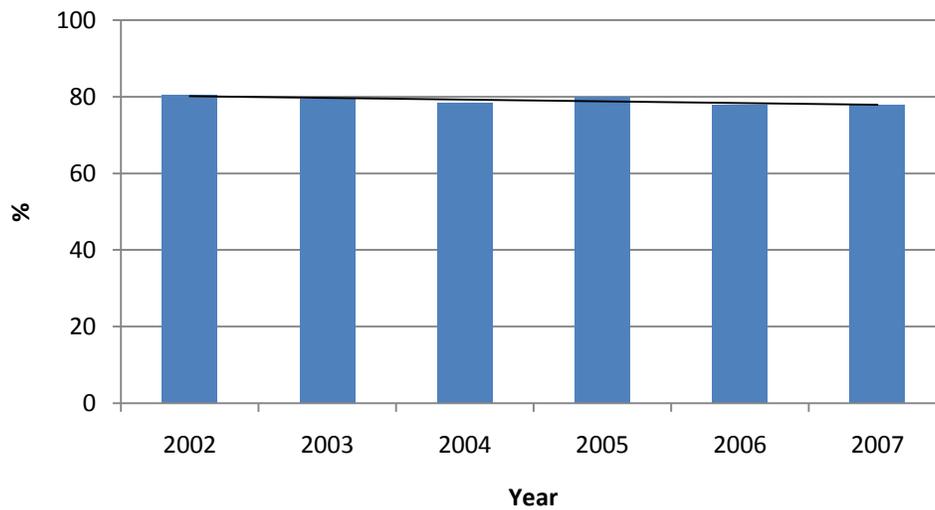
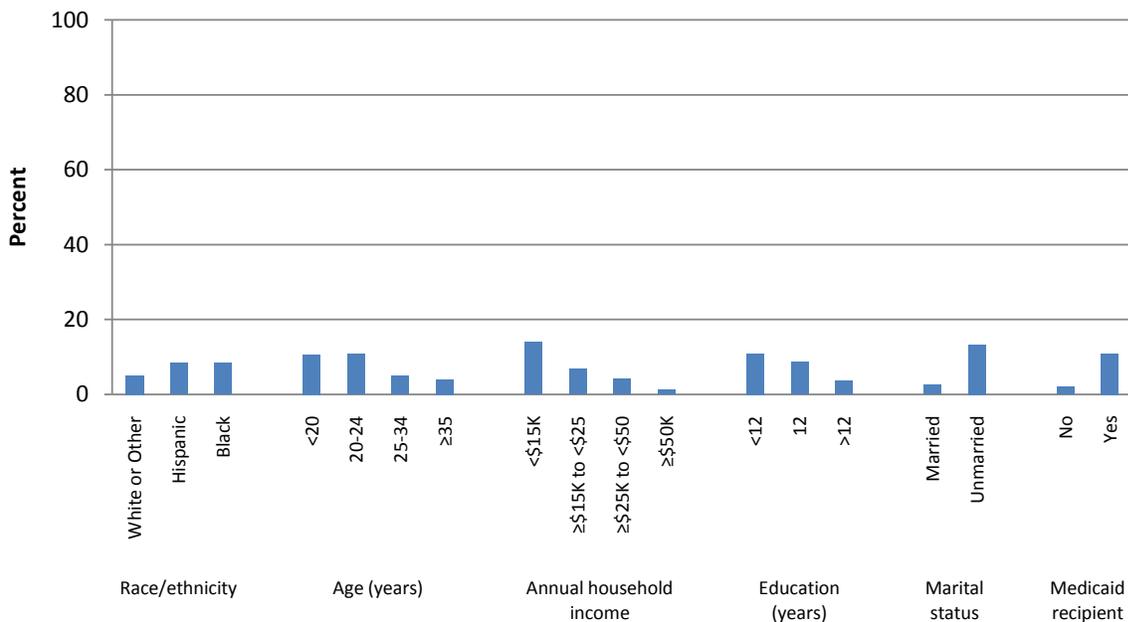


Table 17. Prevalence of Physical Abuse 12 Months Before Conception

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	7.1	-	-
Race/ethnicity				
White or Other	696	5.0	1.1	2.7 - 7.2
Hispanic	680	8.5	1.5	5.6 - 11.4
Black	524	8.4	1.5	5.4 - 11.3
Age (years)				
<20	256	10.6	3.2	4.3 - 16.9
20-24	508	10.8	2.1	6.8 - 14.8
25-34	872	4.9	1.0	2.9 - 6.9
≥35	260	4.0	1.7	0.7 - 7.4
Annual household income				
<\$15K	684	13.9	2.1	9.8 - 17.9
≥\$15K to <\$25	268	6.9	2.3	2.4 - 11.3
≥\$25K to <\$50	328	4.1	1.5	1.1 - 7.1
≥\$50K	464	1.3	0.7	0 - 2.7
Education (years)				
<12	488	10.9	2.1	6.7 - 15
12	508	8.6	1.9	4.9 - 12.3
>12	900	3.7	0.8	2.2 - 5.3
Marital status				
Married	1040	2.5	0.6	1.2 - 3.7
Unmarried	824	13.3	1.9	9.6 - 16.9
Medicaid recipient				
No	762	2.1	0.7	0.6 - 3.5
Yes	1119	10.9	1.4	8.1 - 13.7





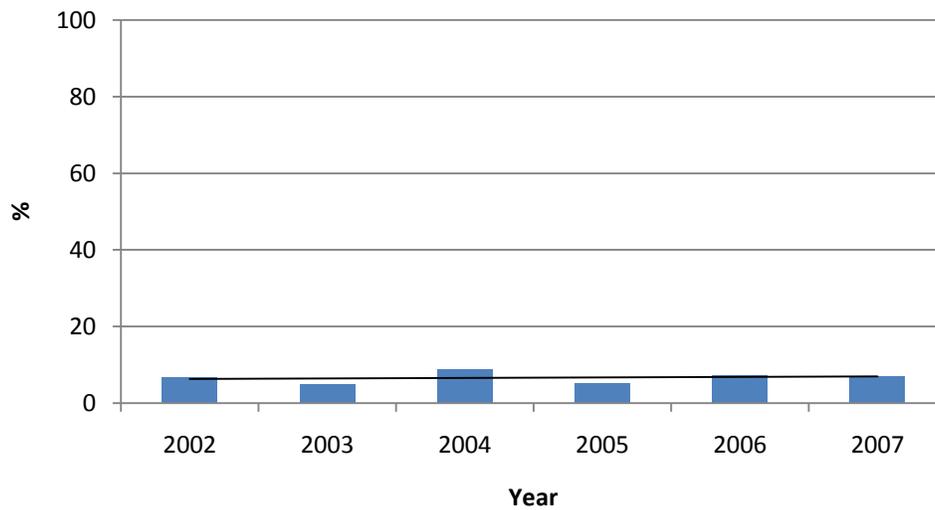
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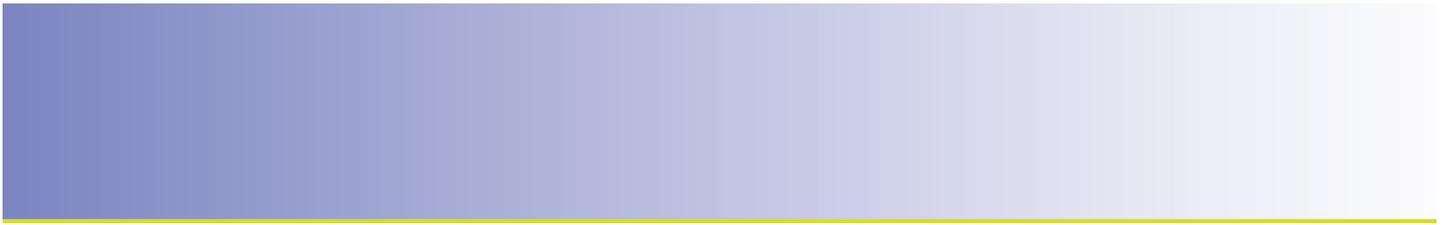
Table 18. Prevalence of Physical Abuse 12 Months Before Conception, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
6.8	4.9	8.7	5.2	7.2	7.1	0.468

Based on a test of linear trend across available years.

* *P* value is less than 0.05







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HEALTH BEHAVIORS DURING PREGNANCY

Background

The second perinatal period of risk occurs during pregnancy, when maternal behaviors and experiences have a direct impact on fetal and infant health. This section will cover rates of prenatal care, substance use, maternal health-promoting behaviors, and physical abuse.

Prenatal Care

It is highly recommended that women start prenatal care in the first trimester, early on during the first three months of pregnancy.¹⁻³ Nearly seven out of ten women had a prenatal care visit within the first trimester (Table 19). White, older, wealthier, and married women were most likely to report beginning prenatal care during the first trimester. The prevalence of prenatal care by the first trimester did not statistically vary from 2002 through 2007 (Table 20). These women were also more likely to report that they were able to access prenatal care early enough (Tables 21 and 22). Most women (75%) also felt that they received prenatal care as early as they wanted. The most common reasons for delayed prenatal care were difficulties getting an appointment, no money to pay for visits, and no Medicaid card. By the end of pregnancy, almost 99% of women reported accessing at least some prenatal care during their pregnancy.

Just over half of the women reported having any health care coverage, excluding Medicaid, before becoming pregnant. Approximately half of women (44%) relied on Medicaid to cover their prenatal costs. One quarter of women reported that their insurance or HMO covered prenatal costs while one out of ten paid for their visits with their own

income. Twenty percent of women used multiple sources to cover prenatal visit costs.

Women were generally satisfied with the care they received. At least four out of five women reported that they were satisfied with the amount of time they spent with their doctors and nurses. Most women were also satisfied with the respect their prenatal care staff showed them.

Besides checking on the health and well-being of mother and baby, prenatal care visits serve as a good opportunity for health care workers to ask about and inform mothers about safe and unsafe behaviors during pregnancy. Nearly all women (98%) reported receiving prenatal counseling. These topics included substance use, wearing seat belts, breastfeeding, and labor. The most commonly discussed topics were cigarette smoking, safety of taking medicines during pregnancy, screening for birth defects and congenital diseases, and alcohol use.

During the prenatal period, women also are encouraged to utilize programs that are targeted to maximize their health during pregnancy. For example, many women receive benefits through the Special Supplemental Nutrition Program for Women, Infants,

Reasons for delayed prenatal care	%
No money	20.4
No Medicaid card	18.9
Couldn't get an appointment	17.4
No early prenatal insurance	10.4
No transportation	10.3
Too busy	8.7
Other	8.2
No child care	8.0
Keep pregnancy a secret	7.3
No leave time	6.2

and Children (WIC). The WIC program provides food supplements, nutrition education, and referrals for health and social services to pregnant and breastfeeding women and their young children. Over half of the women (54%) reported that they received WIC services while they were pregnant.

Substance Use

Smoking cigarettes during pregnancy is associated with many difficulties with pregnancy such as premature rupture of membranes and preterm delivery and negative outcomes for infants including low birth weight and increased risk of fetal death.⁴⁻⁸ Eight percent of women reported smoking cigarettes during the final trimester of pregnancy (Table 23). Non-white, older, wealthier, and married women were less likely to report smoking during the third trimester. Only 1% of women reported receiving services to help them quit smoking (Table 25). This represented a significant drop in the percentage of women who received services to quit smoking compared to previous years (Table 26). Among women who smoked prior to their pregnancies, 30% of these women continued smoking at the same rate throughout their pregnancy.

Alcohol use during pregnancy is also a risk factor for a host of birth defects and developmental disabilities including fetal alcohol syndrome.⁹⁻¹¹ Nine percent of women reported that they consumed alcohol during the final trimester of their pregnancy (Table 27) and only 2% of women reported binge drinking (Table 29). Though the wealthiest women are most likely to report drinking alcohol during the third trimester, they are the least likely to report binge drinking. Unfortunately, there was a significant increase in the prevalence of drinking alcohol across survey years. From 2002 through 2007, there was an increase in the percentage of women who reported drinking alcohol during the third trimester of pregnancy (Table 28).

Maternal Health Promoting Behaviors

It is best if mothers can continue to maintain good health during their pregnancy. This includes maintaining and gaining the appropriate amount of weight during pregnancy. According to the Institute of Medicine¹², women are advised to tailor the amount of weight they gain during pregnancy to their pre-pregnancy BMI. Women with a low pre-pregnancy BMI should gain 28 – 40

pounds. Women with a normal pre-pregnant BMI should gain 25 – 35 pounds. Women with high pre-pregnancy BMIs should gain 15 – 25 pounds or less. Though three out of four women talked to their health care providers about weight gain during pregnancy, only one third reported appropriate weight gain. 42% of women gained too much weight and 25% of women gained too little weight (Tables 31 and 32).

Women's dental health may also be an important variable in infant well-being.¹³ Poor dental health has been linked to an increased chance of having low birth weight babies.^{14,15} Three out of ten women went to a dentist during their pregnancy (Tables 33 and 34). There were dramatic sociodemographic differences between women who went to a dentist during pregnancy and those who did not. White, older, wealthier, more educated, and married women were more likely to visit a dentist during pregnancy. Most women (70%) also reported discussing how to care for their teeth and gums with a dentist or health care worker.

Physical Abuse

Physical abuse from husbands or romantic partners continues to be an important issue throughout a woman's pregnancy. Six percent of women reported that they were physically abused while they were pregnant (Tables 35 and 36). However, fewer than one in ten of these women received services to help them reduce violence in their home. The wealthiest women and married women were significantly less likely to report any physical abuse.

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During prenatal care visits, health care worker talked about...	%
If the woman was smoking	89.4
Medicines that are safe to take	88.7
Doing tests to screen for birth defects or diseases that run in the family	85.4
If the woman was drinking alcohol	84.7
What to do if labor starts early	82.4
Breastfeeding	80.6
Birth control methods after pregnancy	80.4
Getting tested for HIV	80.0
How much weight woman should gain during pregnancy	74.9
How drinking alcohol could affect the baby	70.8
How smoking could affect the baby	69.1
How illegal drugs could affect the baby	65.9
Physical abuse to women by husbands/partners	51.9
Using a seat belt	49.5

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Table 19. Prevalence of Prenatal Care during 1st Trimester

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1863	69.4	-	-
Race/ethnicity				
White or Other	692	81.1	2.0	77.2 - 85
Hispanic	668	61.6	2.6	56.5 - 66.8
Black	508	63.9	2.7	58.6 - 69.2
Age (years)				
<20	252	53.9	4.9	44.3 - 63.5
20-24	500	60.1	3.3	53.6 - 66.6
25-34	856	76.2	2.1	72.2 - 80.3
≥35	256	79.9	3.6	72.9 - 86.9
Annual household income				
<\$15K	668	55.2	2.9	49.4 - 60.9
≥\$15K to <\$25	268	65.4	4.2	57 - 73.7
≥\$25K to <\$50	328	75.2	3.4	68.5 - 81.8
≥\$50K	460	95.7	1.3	93.1 - 98.3
Education (years)				
<12	476	45.9	3.3	39.5 - 52.4
12	500	72.1	3.0	66.1 - 78
>12	896	83.5	1.7	80.2 - 86.8
Marital status				
Married	1032	80.7	1.8	77.2 - 84.1
Unmarried	804	52.9	2.7	47.6 - 58.2
Medicaid recipient				
No	758	86.2	1.8	82.6 - 89.7
Yes	1094	57.3	2.3	52.8 - 61.7

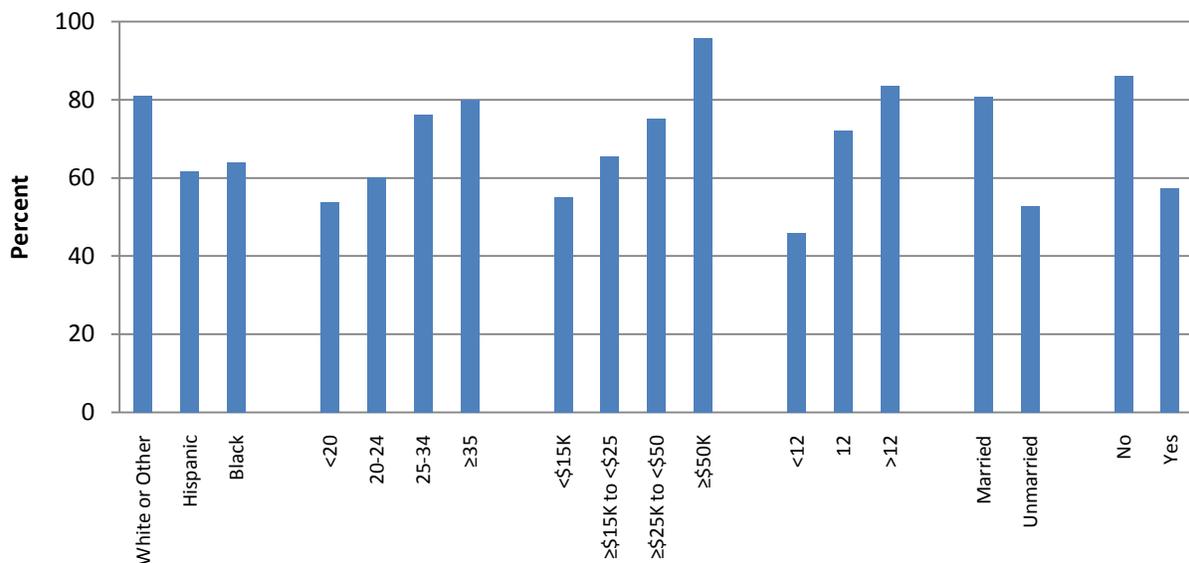




Table 20. Prevalence of Prenatal Care during 1st Trimester, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
69.8	68.5	71.4	73.1	70.3	69.4	0.735

Based on a test of linear trend across available years.

* *P* value is less than 0.05

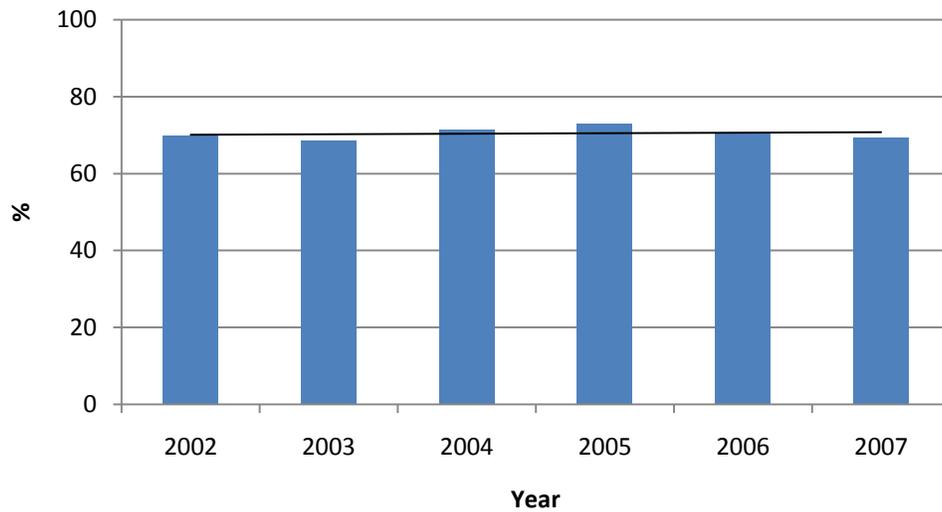


Table 21. Prevalence of Receiving Prenatal Care Early Enough

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1882	74.9	-	-
Race/ethnicity				
White or Other	692	81.0	2.0	77 - 84.9
Hispanic	676	71.0	2.4	66.3 - 75.8
Black	520	71.4	2.5	66.5 - 76.3
Age (years)				
<20	256	63.1	4.7	53.9 - 72.2
20-24	508	64.1	3.3	57.7 - 70.5
25-34	864	81.0	1.9	77.3 - 84.6
≥35	256	88.0	2.8	82.5 - 93.6
Annual household income				
<\$15K	676	64.9	2.8	59.4 - 70.5
≥\$15K to <\$25	268	66.1	4.3	57.8 - 74.5
≥\$25K to <\$50	328	77.6	3.4	71 - 84.2
≥\$50K	460	91.8	1.7	88.5 - 95.1
Education (years)				
<12	484	63.1	3.2	56.7 - 69.4
12	504	74.7	2.9	69 - 80.4
>12	896	83.0	1.7	79.6 - 86.4
Marital status				
Married	1036	82.9	1.7	79.7 - 86.1
Unmarried	820	63.5	2.6	58.3 - 68.6
Medicaid recipient				
No	759	88.7	1.6	85.6 - 91.8
Yes	1112	64.6	2.2	60.2 - 68.9

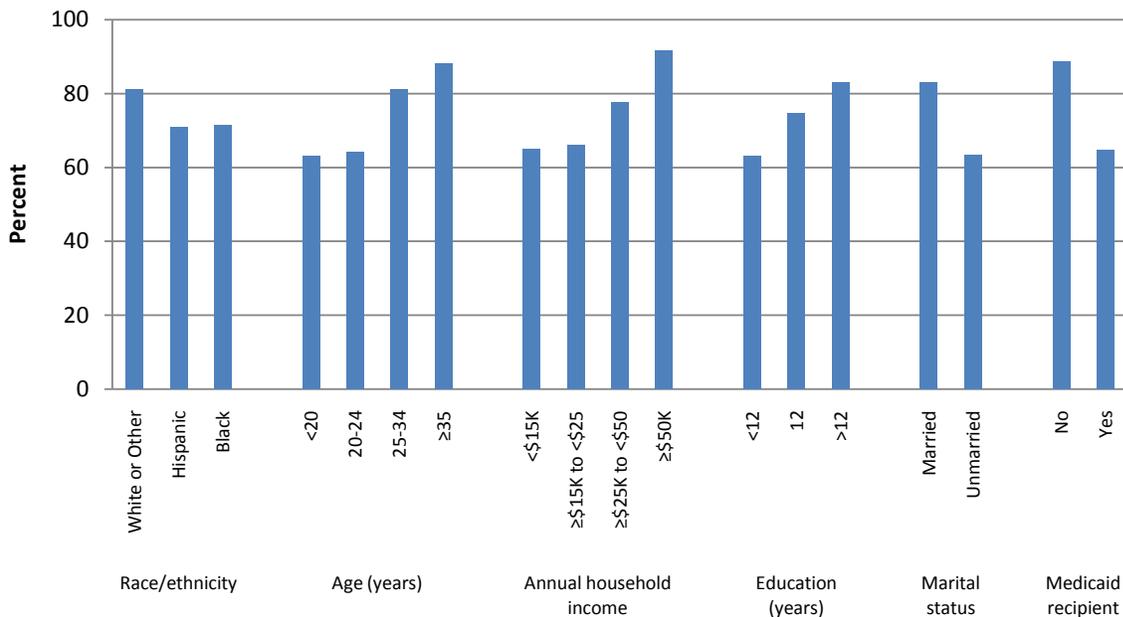




Table 22. Prevalence of Receiving Prenatal Care Early Enough, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
74.5	74.9	77.5	80.3	77.5	74.9	0.372

Based on a test of linear trend across available years.

* *P* value is less than 0.05

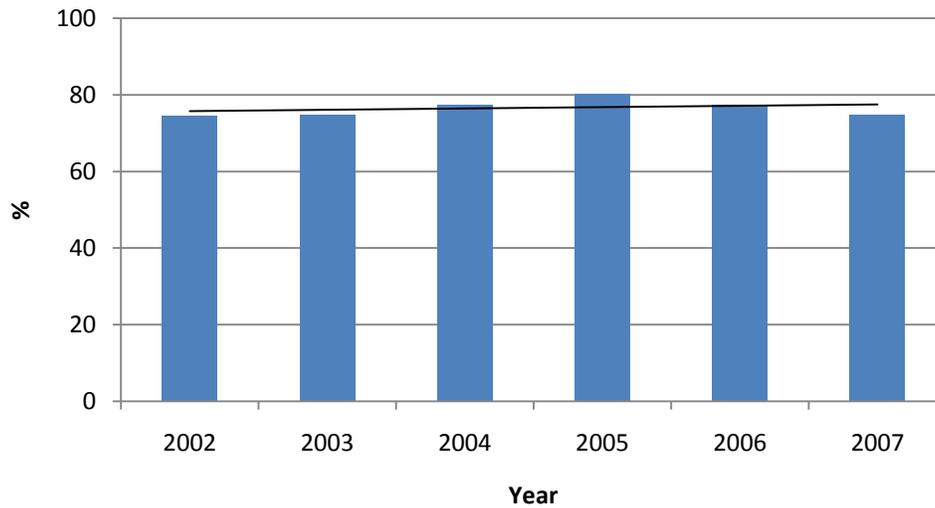


Table 23. Prevalence of Cigarette Smoking during the 3rd Trimester

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1865	8.3	-	-
Race/ethnicity				
White or Other	688	14.8	1.8	11.3 - 18.4
Hispanic	672	3.3	0.9	1.5 - 5.1
Black	512	8.3	1.5	5.3 - 11.2
Age (years)				
<20	252	6.6	2.1	2.5 - 10.7
20-24	500	11.8	2.1	7.7 - 15.9
25-34	864	6.8	1.1	4.6 - 8.9
≥35	256	8.3	2.5	3.4 - 13.2
Annual household income				
<\$15K	676	13.4	1.9	9.8 - 17.1
≥\$15K to <\$25	264	6.6	2.1	2.5 - 10.7
≥\$25K to <\$50	328	6.8	1.8	3.2 - 10.4
≥\$50K	460	4.1	1.2	1.7 - 6.5
Education (years)				
<12	480	8.5	1.7	5.1 - 11.9
12	496	10.2	1.8	6.6 - 13.8
>12	892	7.1	1.2	4.7 - 9.4
Marital status				
Married	1028	5.1	0.9	3.4 - 6.9
Unmarried	808	12.0	1.6	8.8 - 15.2
Medicaid recipient				
No	757	4.0	0.9	2.1 - 5.8
Yes	1104	11.5	1.3	8.9 - 14.1

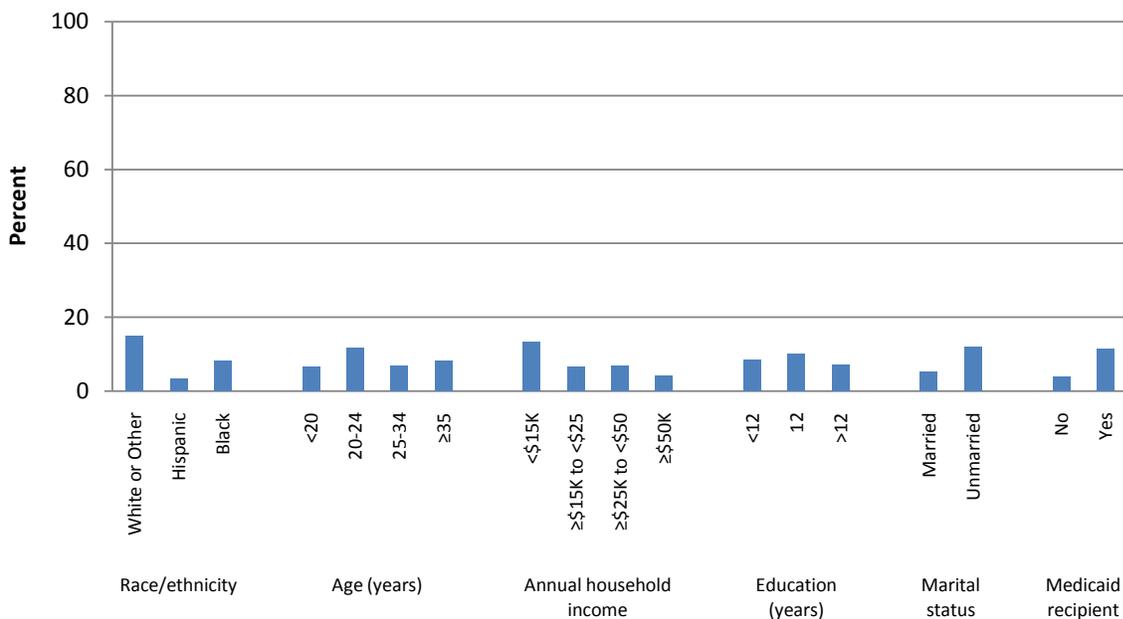




Table 24. Prevalence of Cigarette Smoking during the 3rd Trimester, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
8.2	7.4	6.9	8.3	7.9	8.3	0.628

Based on a test of linear trend across available years.

* *P* value is less than 0.05

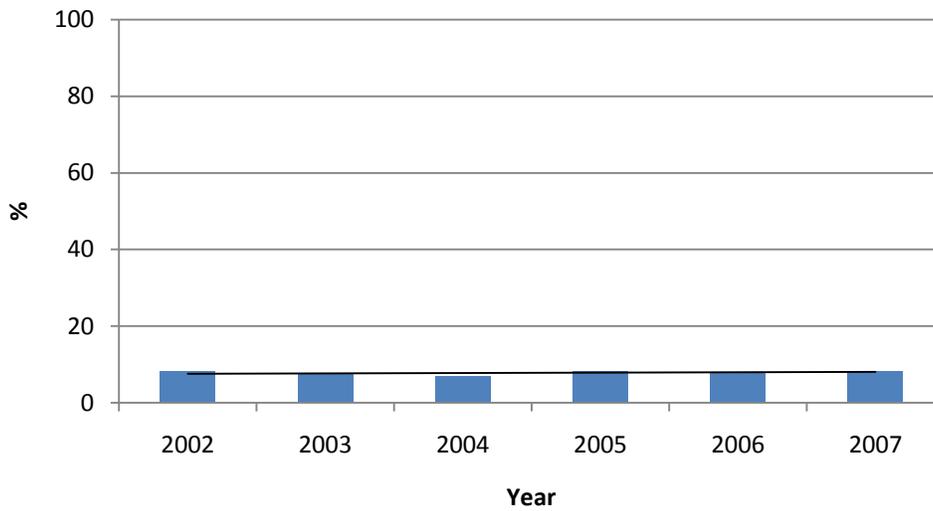


Table 25. Prevalence of Receiving Services for Cigarette Smoking

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	1.3	-	-
Race/ethnicity				
White or Other	692	1.4	0.6	0.3 - 2.5
Hispanic	660	1.1	0.5	0.1 - 2.1
Black	504	1.8	0.7	0.5 - 3.2
Age (years)				
<20	252	1.2	0.9	0 - 3.1
20-24	500	1.3	0.6	0.1 - 2.5
25-34	848	1.4	0.5	0.3 - 2.4
≥35	256	1.1	1.0	0 - 3.2
Annual household income				
<\$15K	672	1.8	0.7	0.5 - 3.1
≥\$15K to <\$25	264	1.8	1.2	0 - 4.2
≥\$25K to <\$50	328	0.7	0.6	0 - 1.8
≥\$50K	460	0.4	0.4	0 - 1.2
Education (years)				
<12	468	1.4	0.7	0.1 - 2.8
12	496	2.0	0.9	0.3 - 3.8
>12	892	0.8	0.4	0.1 - 1.5
Marital status				
Married	1024	1.0	0.4	0.1 - 1.8
Unmarried	796	1.7	0.6	0.6 - 2.9
Medicaid recipient				
No	756	0.5	0.3	0 - 1.1
Yes	1093	1.9	0.6	0.8 - 3

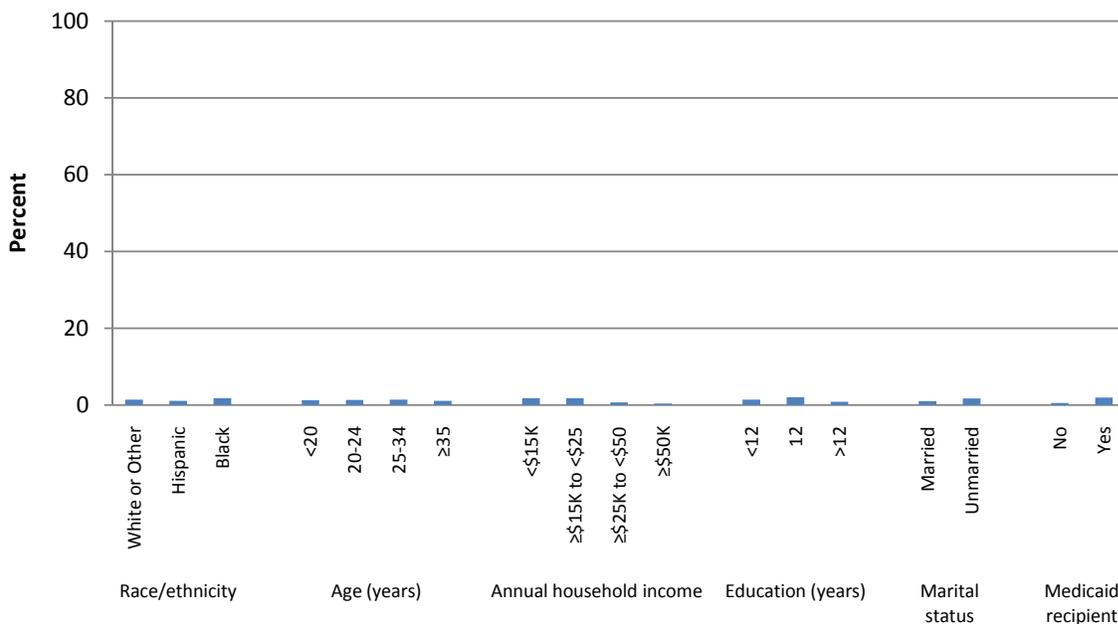




Table 26. Prevalence of Receiving Services for Cigarette Smoking, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
5	4	0.8	3	1.7	1.3	>.001*

Based on a test of linear trend across available years.
 * *P* value is less than 0.05

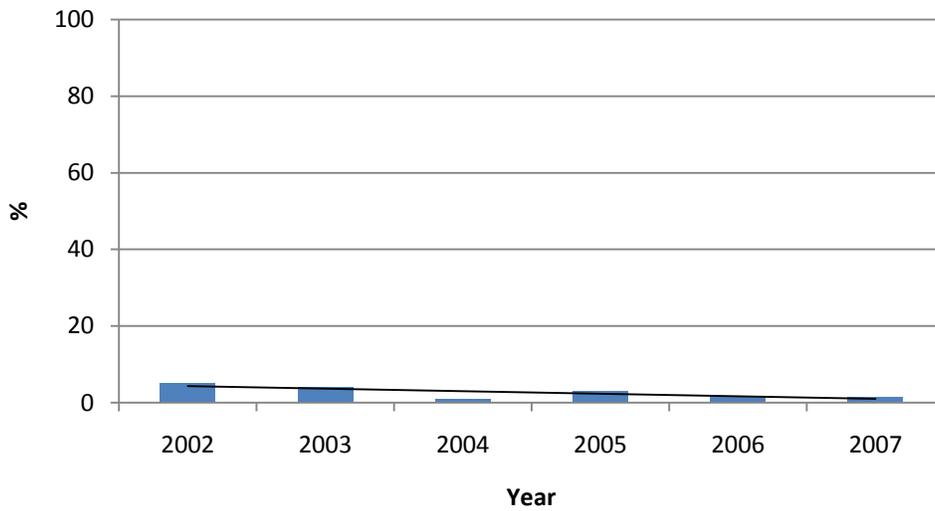
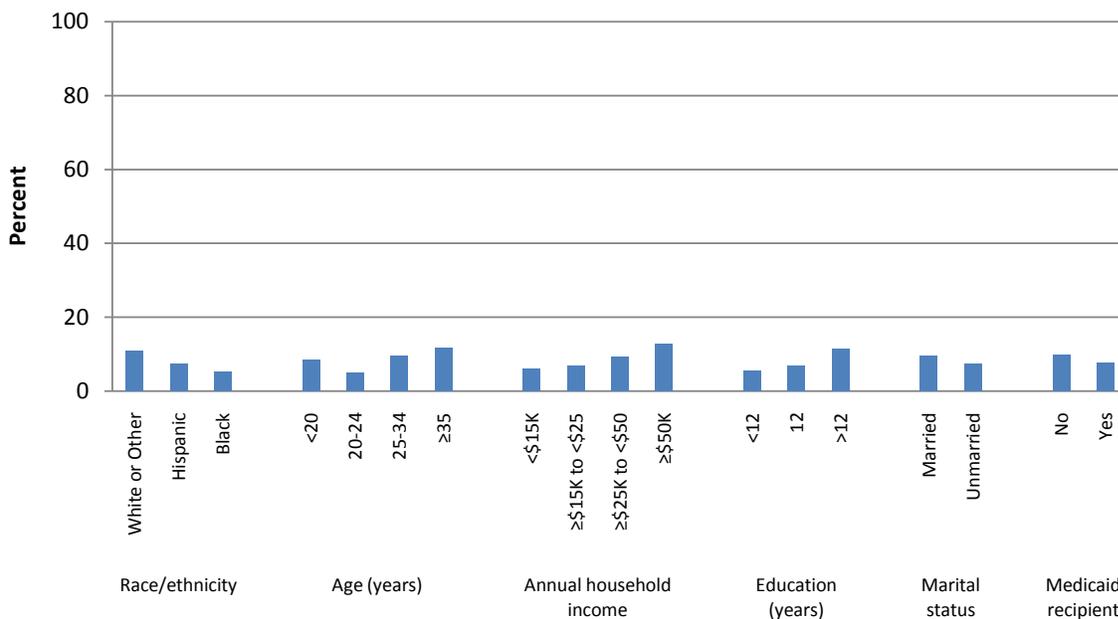


Table 27. Prevalence of Alcohol Use during 3rd Trimester

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1861	8.5	-	-
Race/ethnicity				
White or Other	688	11.0	1.6	8 - 14.1
Hispanic	668	7.3	1.4	4.7 - 10
Black	512	5.2	1.2	2.9 - 7.6
Age (years)				
<20	252	8.5	2.8	2.9 - 14.1
20-24	496	5.0	1.4	2.2 - 7.8
25-34	860	9.6	1.4	7 - 12.3
≥35	256	11.8	2.8	6.2 - 17.4
Annual household income				
<\$15K	680	6.0	1.3	3.4 - 8.6
≥\$15K to <\$25	260	6.8	2.3	2.2 - 11.3
≥\$25K to <\$50	328	9.4	2.3	4.9 - 13.9
≥\$50K	456	12.7	2.0	8.6 - 16.7
Education (years)				
<12	480	5.5	1.5	2.5 - 8.5
12	500	6.8	1.7	3.4 - 10.1
>12	884	11.5	1.5	8.6 - 14.5
Marital status				
Married	1024	9.5	1.3	7.1 - 12
Unmarried	808	7.3	1.4	4.7 - 10
Medicaid recipient				
No	750	9.8	1.4	7 - 12.6
Yes	1107	7.6	1.2	5.3 - 9.9





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Table 28. Prevalence of Alcohol Use during 3rd Trimester, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
6	5.5	8	8.6	8.3	8.5	>.01*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

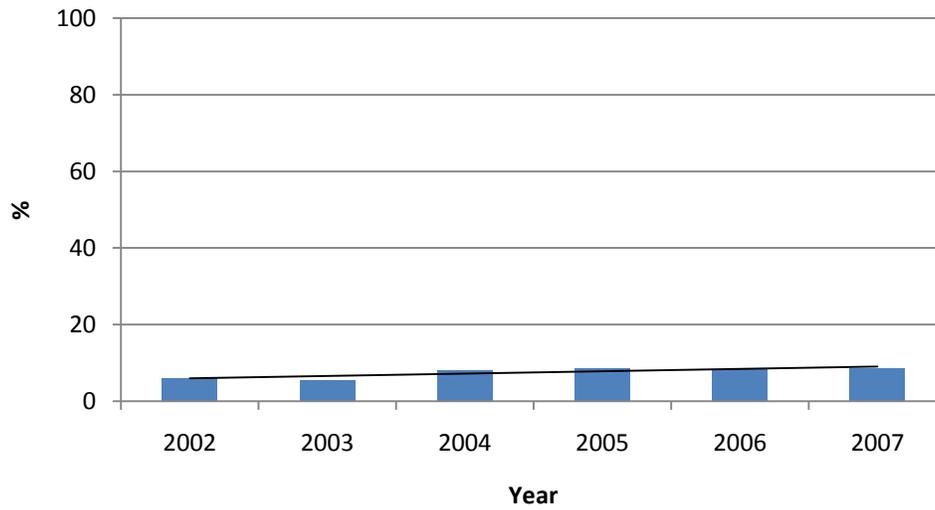
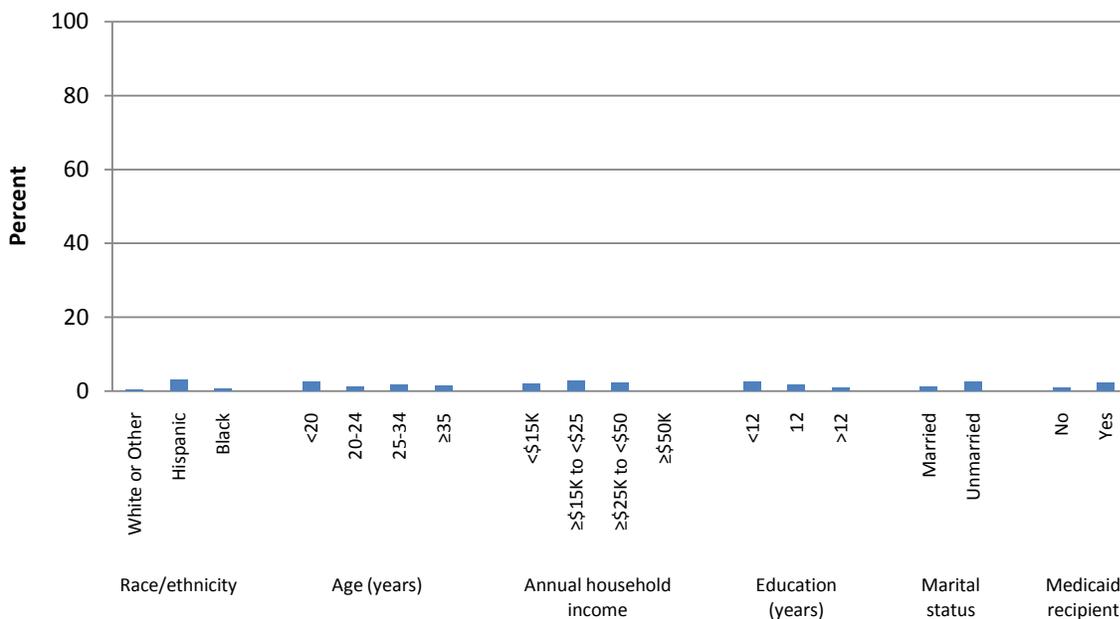


Table 29. Prevalence of Binge Drinking during 3rd Trimester

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	1.7	-	-
Race/ethnicity				
White or Other	696	0.4	0.3	0 - 1.1
Hispanic	676	3.0	0.9	1.3 - 4.6
Black	524	0.7	0.5	0 - 1.6
Age (years)				
<20	256	2.6	1.5	0 - 5.4
20-24	508	1.3	0.9	0 - 3
25-34	872	1.8	0.7	0.5 - 3.1
≥35	256	1.5	1.1	0 - 3.6
Annual household income				
<\$15K	680	2.0	0.8	0.5 - 3.5
≥\$15K to <\$25	268	2.8	1.6	0 - 5.9
≥\$25K to <\$50	328	2.3	1.2	0 - 4.7
≥\$50K	460	0.0	0.0	0 - 0.1
Education (years)				
<12	492	2.7	1.0	0.7 - 4.7
12	504	1.9	1.0	0 - 3.9
>12	900	0.9	0.5	0 - 1.8
Marital status				
Married	1040	1.2	0.5	0.2 - 2.1
Unmarried	824	2.5	0.9	0.8 - 4.3
Medicaid recipient				
No	762	0.9	0.5	0 - 1.9
Yes	1119	2.3	0.7	0.9 - 3.7





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Table 30. Prevalence of Binge Drinking during 3rd Trimester, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
0.8	0.7	2.3	1.7	1.3	1.7	0.067

Based on a test of linear trend across available years.

* *P* value is less than 0.05

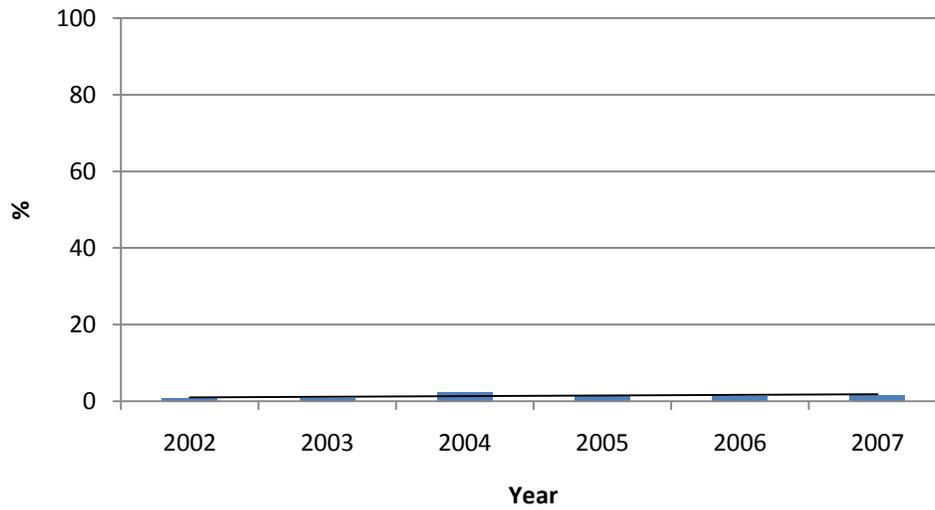
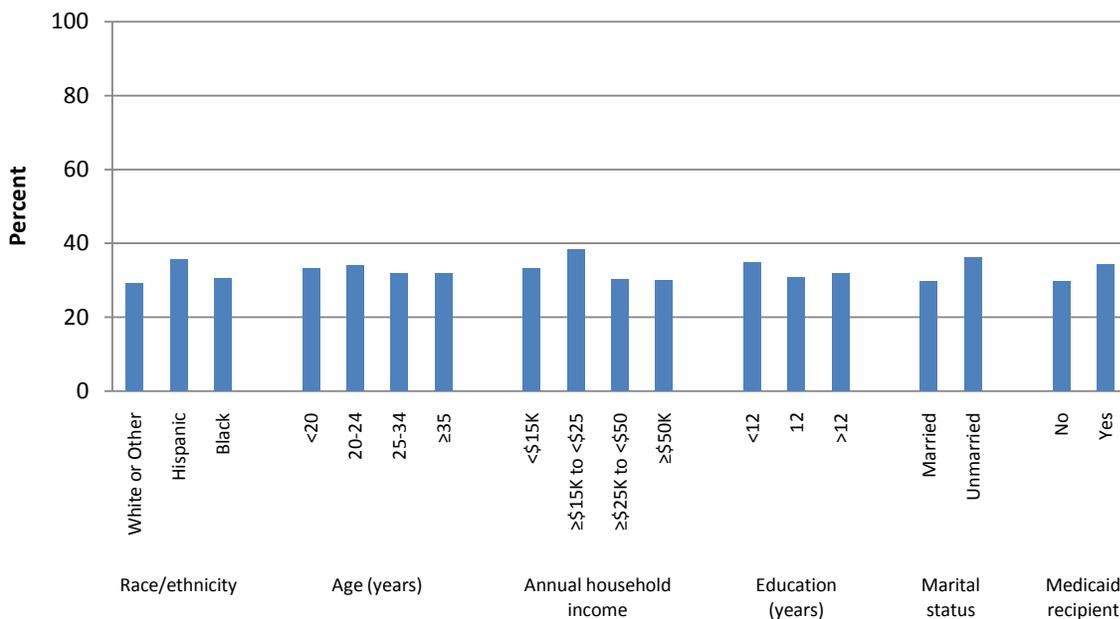


Table 31. Prevalence of Healthy Weight Gain during Pregnancy

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	32.6	-	-
Race/ethnicity				
White or Other	692	29.1	2.3	24.7 - 33.5
Hispanic	680	35.7	2.5	30.8 - 40.6
Black	520	30.5	2.7	25.2 - 35.8
Age (years)				
<20	256	33.3	4.5	24.4 - 42.2
20-24	512	34.0	3.2	27.7 - 40.2
25-34	868	31.8	2.2	27.5 - 36.1
≥35	256	31.9	4.2	23.7 - 40.2
Annual household income				
<\$15K	684	33.1	2.8	27.7 - 38.4
≥\$15K to <\$25	268	38.4	4.4	29.8 - 46.9
≥\$25K to <\$50	332	30.2	3.7	22.9 - 37.4
≥\$50K	464	30.1	2.8	24.6 - 35.6
Education (years)				
<12	488	35.0	3.1	28.9 - 41.2
12	504	30.9	3.2	24.7 - 37.1
>12	900	31.9	2.2	27.7 - 36.1
Marital status				
Married	1040	29.8	2.0	25.9 - 33.6
Unmarried	824	36.3	2.6	31.2 - 41.4
Medicaid recipient				
No	762	29.8	2.2	25.4 - 34.2
Yes	1119	34.4	2.2	30.2 - 38.7





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Table 32. Prevalence of Healthy Weight Gain during Pregnancy, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
32.3	33.6	33.4	33.1	33.7	32.6	0.947

Based on a test of linear trend across available years.

* *P* value is less than 0.05

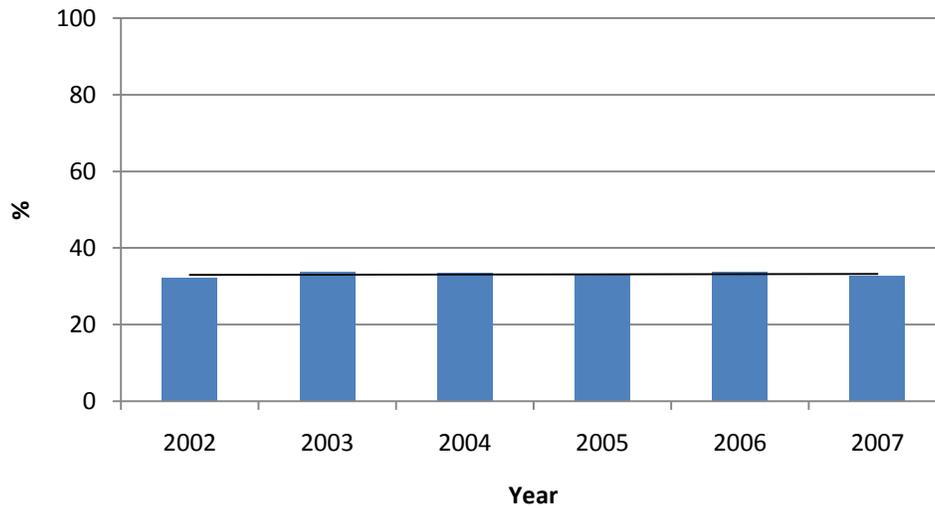


Table 33. Prevalence of Dental Visits during Pregnancy

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1830	30.1	-	-
Race/ethnicity				
White or Other	688	34.7	2.4	30.1 - 39.4
Hispanic	640	19.6	2.1	15.4 - 23.8
Black	504	25.7	2.4	20.9 - 30.4
Age (years)				
<20	248	29.1	4.4	20.5 - 37.7
20-24	488	17.9	2.5	13.1 - 22.8
25-34	836	27.2	2.1	23.2 - 31.3
>35	256	37.2	4.3	28.8 - 45.6
Annual household income				
<\$15K	660	14.2	1.9	10.4 - 18
≥\$15K to <\$25	264	21.8	3.7	14.6 - 29
≥\$25K to <\$50	328	24.2	3.4	17.5 - 31
≥\$50K	456	47.7	3.1	41.7 - 53.8
Education (years)				
<12	456	14.9	2.4	10.3 - 19.5
12	492	18.3	2.5	13.4 - 23.1
>12	884	38.2	2.3	33.8 - 42.7
Marital status				
Married	1012	31.3	2.0	27.5 - 35.1
Unmarried	792	19.7	2.1	15.5 - 23.8
Medicaid recipient				
No	745	38.1	2.4	33.4 - 42.7
Yes	1083	17.6	1.7	14.2 - 20.9

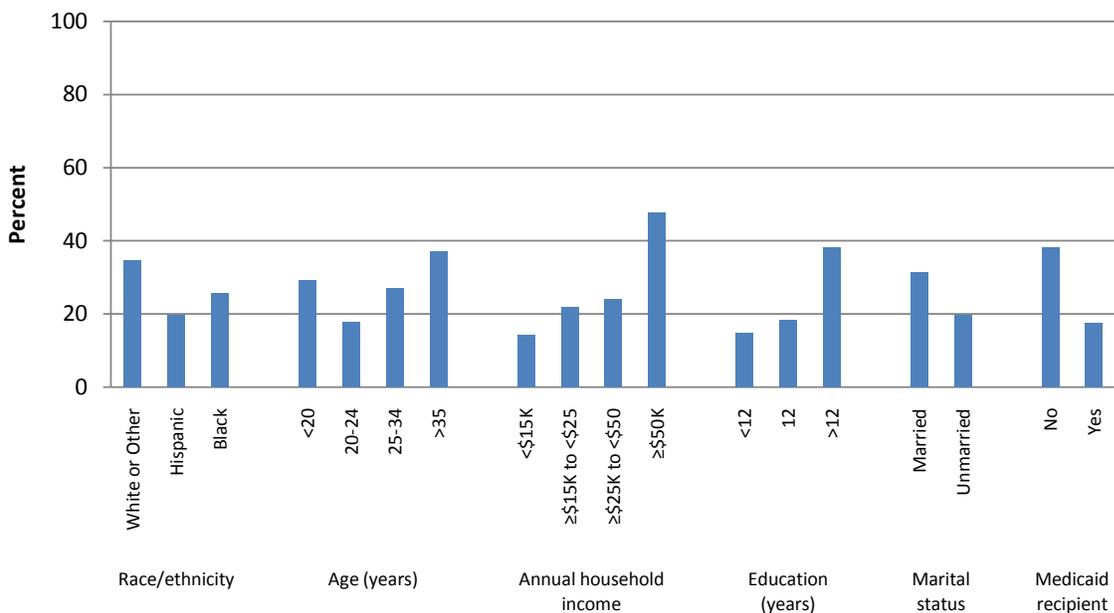




Table 34. Prevalence of Dental Visits during Pregnancy, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
27.7	27.8	25.6	28.8	29.3	26.2	0.988

Based on a test of linear trend across available years.

* *P* value is less than 0.05

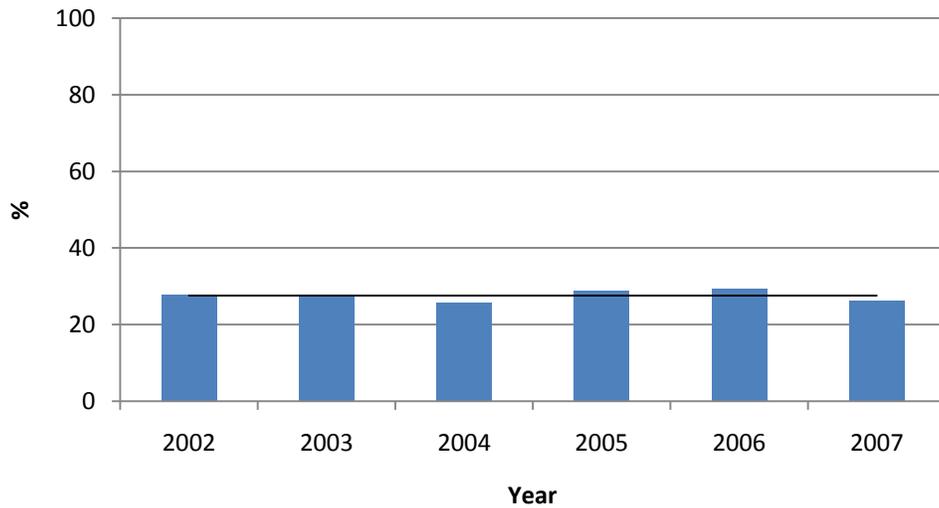
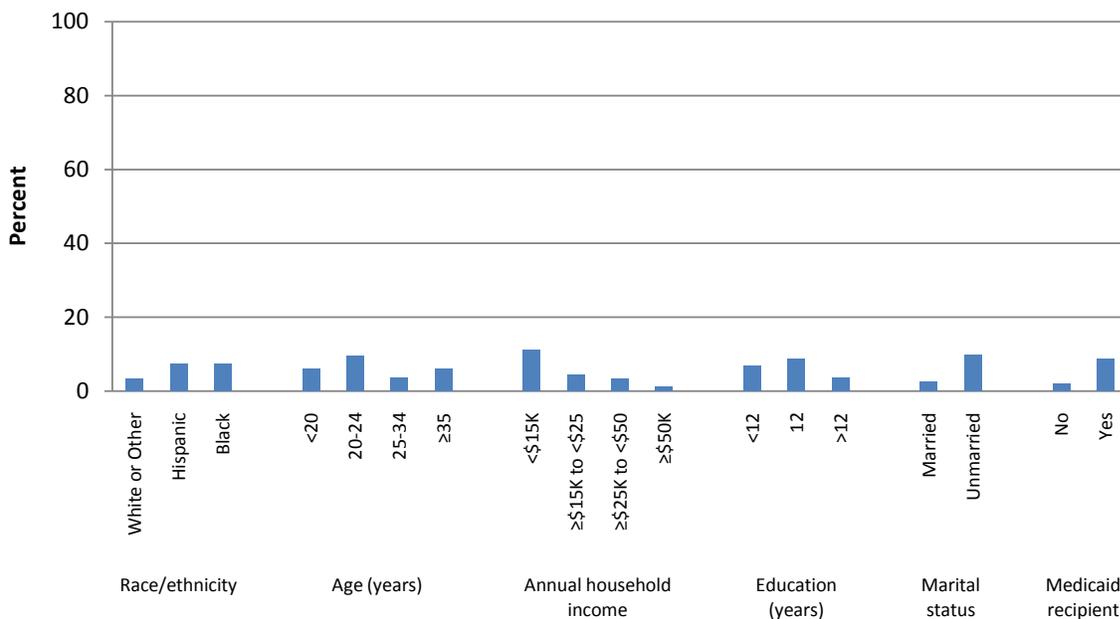


Table 35. Prevalence of Physical Abuse during Pregnancy

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	5.9	-	-
Race/ethnicity				
White or Other	696	3.5	1.0	1.7 - 5.4
Hispanic	680	7.3	1.4	4.6 - 9.9
Black	524	7.4	1.4	4.6 - 10.2
Age (years)				
<20	256	6.1	2.5	1.3 - 11
20-24	508	9.5	2.0	5.6 - 13.3
25-34	868	3.7	0.9	2 - 5.4
≥35	256	6.2	2.2	1.9 - 10.4
Annual household income				
<\$15K	684	11.1	1.8	7.5 - 14.7
≥\$15K to <\$25	272	4.6	2.0	0.6 - 8.5
≥\$25K to <\$50	332	3.3	1.3	0.7 - 5.9
≥\$50K	460	1.3	0.7	0 - 2.7
Education (years)				
<12	488	6.8	1.7	3.5 - 10.1
12	508	8.7	1.9	5 - 12.3
>12	900	3.7	0.9	2 - 5.3
Marital status				
Married	1040	2.6	0.7	1.3 - 4
Unmarried	824	9.9	1.6	6.7 - 13
Medicaid recipient				
No	762	2.1	0.7	0.7 - 3.5
Yes	1119	8.7	1.3	6.2 - 11.2





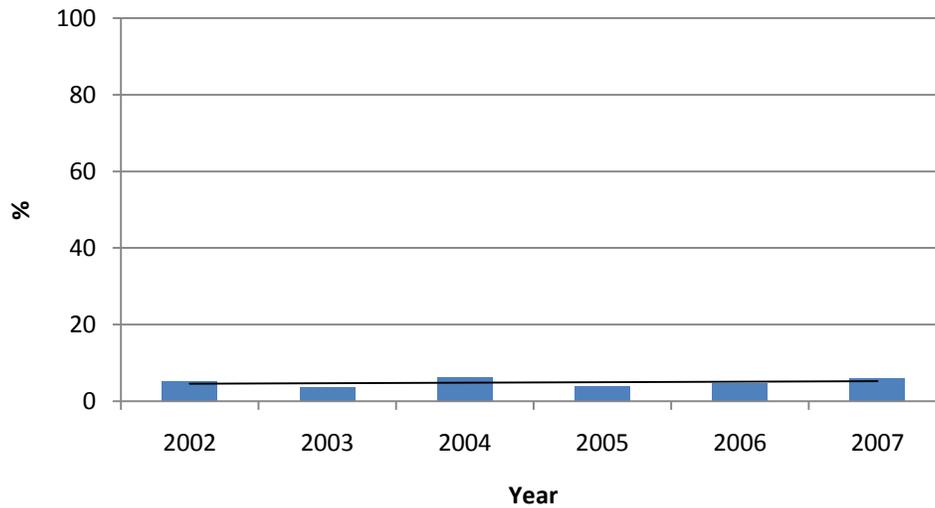
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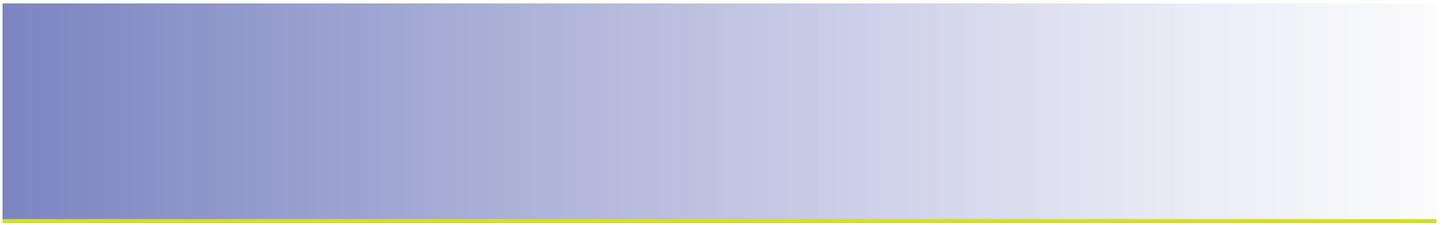
Table 36. Prevalence of Physical Abuse during Pregnancy, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
5.1	3.6	6.2	3.9	4.6	5.9	0.445

Based on a test of linear trend across available years.

* *P* value is less than 0.05







HEALTH BEHAVIORS AFTER PREGNANCY

Background

After delivery, maternal behaviors and attitudes are essential to maintaining optimal health of the mother and her newborn baby. The following section reviews several aspects of maternal behaviors related to infant health as well as maternal postpartum health.

Postpartum Infant Care

Breastfeeding

Breastfeeding is widely recognized as the best form of nutrition for infants.¹⁻⁴ Many women (81%) begin receiving information about benefits of breastfeeding during prenatal care visits. This is intended to increase women's willingness and desire to initiate breastfeeding with their infants. However, there was more variation in women's description of hospital practices related to breastfeeding. Almost all women reported receiving information about breastfeeding from hospital staff and shared a room with their baby while at the hospital. However, most women were also given a gift pack that included formula. There was less consistency in women's reports of breastfeeding soon after infants were born and whether the baby was fed only breast milk while at the hospital.

Most mothers reported breastfeeding their infants at some point. Four out of five women breastfed their infants at least once

(Tables 37 and 38), achieving the breastfeeding objectives set forth in Healthy People 2010.⁵ However, the proportion of women who continued to breastfeed after delivery substantially dropped over time. At four weeks after delivery, 64% of women were still breastfeeding. Approximately half of women continued to breastfeed eight weeks after delivery. The most common barriers to breastfeeding were infant's difficulties with nursing, mother was not producing enough milk, and breast milk alone did not satisfy her infant.

Sleeping Practices

In an effort to reduce Sudden Infant Death Syndrome (SIDS), many researchers and health care providers encourage mothers to place their infants to sleep on their back.⁶⁻⁸ Although *Back to Sleep* is recommended, only 55% of mothers reported that their infants slept on their backs (Table 39). More than two out of five

Breastfeeding related hospital practices	%
Hospital staff gave me information about breastfeeding	90.4
The hospital gave me a gift pack with formula	89.0
My baby stayed in the same room with me at the hospital	81.1
The hospital gave me a telephone number to call for help with breastfeeding	75.8
I breastfed my baby in the hospital	71.0
Hospital staff told me to breastfeed whenever my baby wanted	64.7
Hospital staff helped me learn how to breastfeed	63.7
My baby used a pacifier in the hospital	62.7
I breastfed my baby in the first hour after my baby was born	40.4
My baby was fed only breast milk at the hospital	35.8

babies slept on either their sides or stomachs. Black women were the least likely to adhere to the “Back to Sleep” recommendations. Older, more educated, and married women were more likely to place their infants on their backs to sleep. Fortunately, there was a positive and significant trend in placing infants on their backs to sleep. From 2002 to 2007, substantially more women reported placing infants on their backs (Table 40).

Well-baby Care

Monitoring infant health and ensuring healthy development and growth is facilitated through routine well-baby care. Guidelines from the American Academy of Pediatrics (AAP) suggest that these follow-up visits begin when infants are one week old and recur at one, two, four, six, nine, and 12 months.⁹ Four out of five mothers reported that their infant was seen by a health care worker within a week after leaving the hospital (Table 41). From 2002 to 2007, there was a significant increase in the proportion of infants who received a routine follow-up within one week after delivery (Table 42). There was a 15% increase in the number of infants who received this care across the six year period. Nearly all infants (98%) had been seen for well-baby care by the time mothers completed the survey (2-6 months after delivery).

Maternal Health Behaviors

Cigarette Use

Even after delivery, smoking has direct consequences for infant and maternal health such as the impact of cigarettes on milk production.¹⁰ Most women who were not smokers prior to pregnancy did not begin smoking after delivery. However, 11% of all women either resumed or continued smoking three months after their infants were born (Table 43). White and unmarried women were more likely to report smoking after their infants were born. The prevalence of postpartum smoking showed significant decreases from 2002 through 2007 (Table 44). In recent years, fewer women reported

Maternal reports of breastfeeding barriers

	%
I thought I was not producing enough milk	44.5
Breast milk alone did not satisfy my baby	39.3
My baby had difficulty nursing	29.0
Other	28.6
My nipples were sore, cracked, or bleeding	24.9
I went back to work or school	18.9
I got sick and could not breastfeed	13.0
I had too many other household duties	12.8
I felt it was the right time to stop breastfeeding	11.6
I thought my baby was not gaining enough weight	9.2
I wanted or needed someone else to feed the baby	7.7
My baby was jaundiced	3.2

smoking after their infants were born.

Exposure to smoking is also detrimental to infants.^{11,12} Fewer than 4% of women reported that their infants spend time in the same room as someone who was smoking and are exposed to cigarette smoke (Table 45). Hispanic women were the least likely to report that their infants were exposed to cigarette smoke. Over time, significantly fewer mothers report that their infants are exposed to cigarette smoke (Table 46).

Maternal Postpartum Care

To ensure women are recovering from pregnancy and delivery, women are encouraged to go for postpartum checkups. Four out of five women (82%) reported they had a postpartum checkup (Tables 47 and 48). These visits are important to make sure women are physically healthy but are also good opportunities to monitor women’s emotional well-being. Seventy percent of women reported that a health care worker talked with them about postpartum depression at some point during or after their pregnancies.

Women’s health is also maximized if there are longer periods of time between pregnancies. Health care



workers suggest that women begin or resume using contraceptives soon after delivery, depending on individual needs and preferences. Eighty-five percent of women reported resuming or starting birth control following delivery (Tables 49 and 50). Married women were significantly more likely to report contraceptive use than unmarried women. The most commonly chosen reasons for not resuming or using contraception were that the women didn't want to use it, were currently abstinent, or could not afford it.

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Postpartum Contraception Barriers	%
Abstinent	29.1
Doesn't want to use	23.0
Can't afford	18.4
Wants to be pregnant	13.3
Husband/partner didn't want	10.3
Mother thinks she is sterile	8.1
Pregnant again	4.5
Other reasons	24.8

Table 37. Prevalence of Ever Breastfeeding

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1787	80.8	-	-
Race/ethnicity				
White or Other	672	82.8	2.0	78.9 - 86.7
Hispanic	640	83.4	2.0	79.6 - 87.3
Black	484	61.8	3.0	55.9 - 67.8
Age (years)				
<20	244	76.2	4.0	68.3 - 84.1
20-24	484	73.9	2.9	68.2 - 79.6
25-34	820	84.4	1.7	81.1 - 87.7
≥35	244	87.2	3.0	81.4 - 93
Annual household income				
<\$15K	624	72.4	2.6	67.4 - 77.4
≥\$15K to <\$25	264	84.8	3.0	78.9 - 90.7
≥\$25K to <\$50	324	78.3	3.3	71.8 - 84.8
≥\$50K	444	91.4	1.7	88 - 94.8
Education (years)				
<12	464	74.5	2.8	69 - 80.1
12	464	73.4	3.0	67.6 - 79.2
>12	864	89.0	1.4	86.3 - 91.7
Marital status				
Married	988	87.6	1.4	84.8 - 90.5
Unmarried	772	71.8	2.4	67.2 - 76.4
Medicaid recipient				
No	733	89.5	1.5	86.5 - 92.4
Yes	1053	74.2	1.9	70.4 - 78

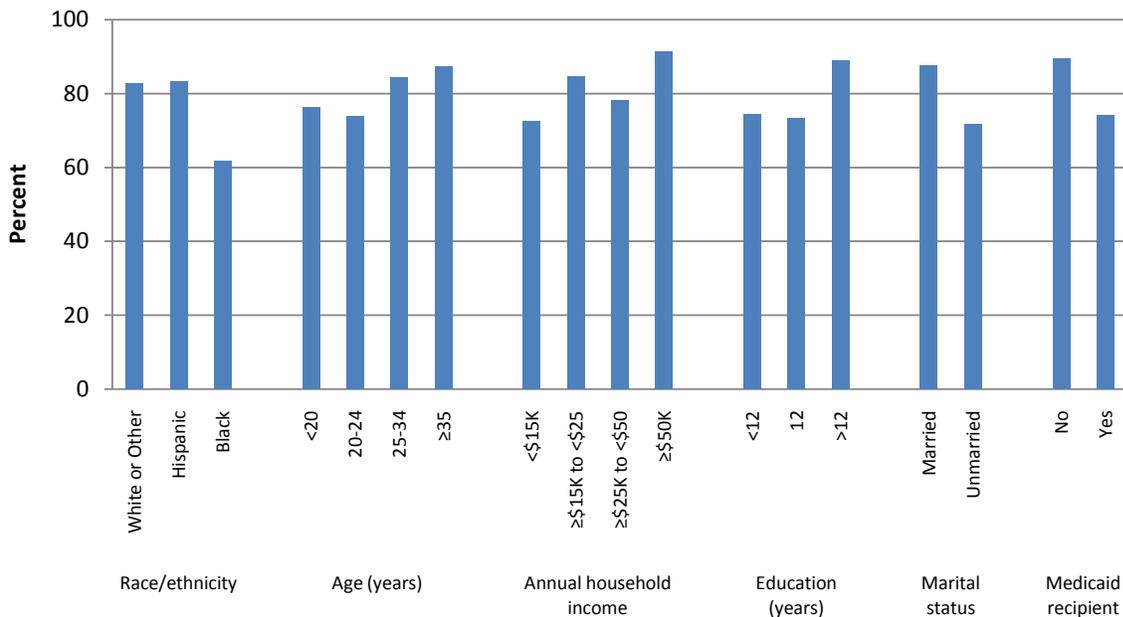




Table 38. Prevalence of Ever Breastfeeding, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
74.8	76.5	73.3	79	79.2	80.8	>.001*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

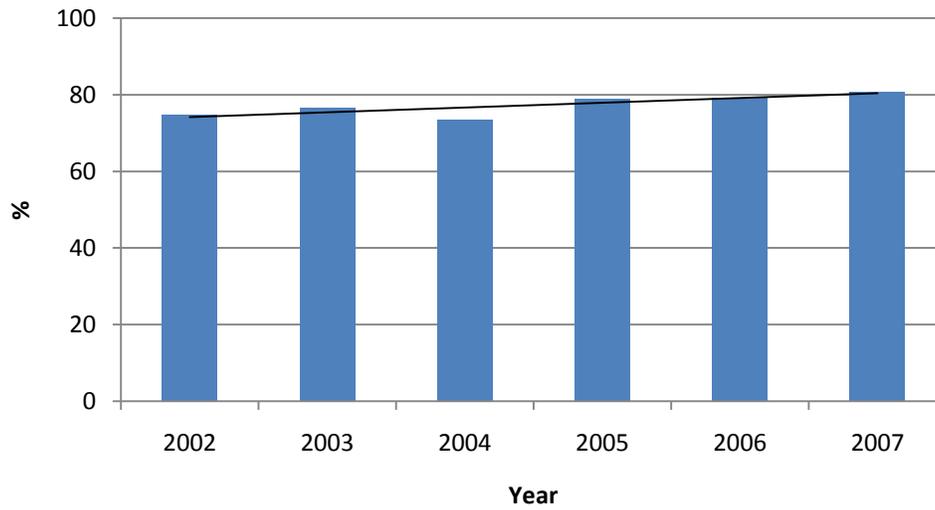
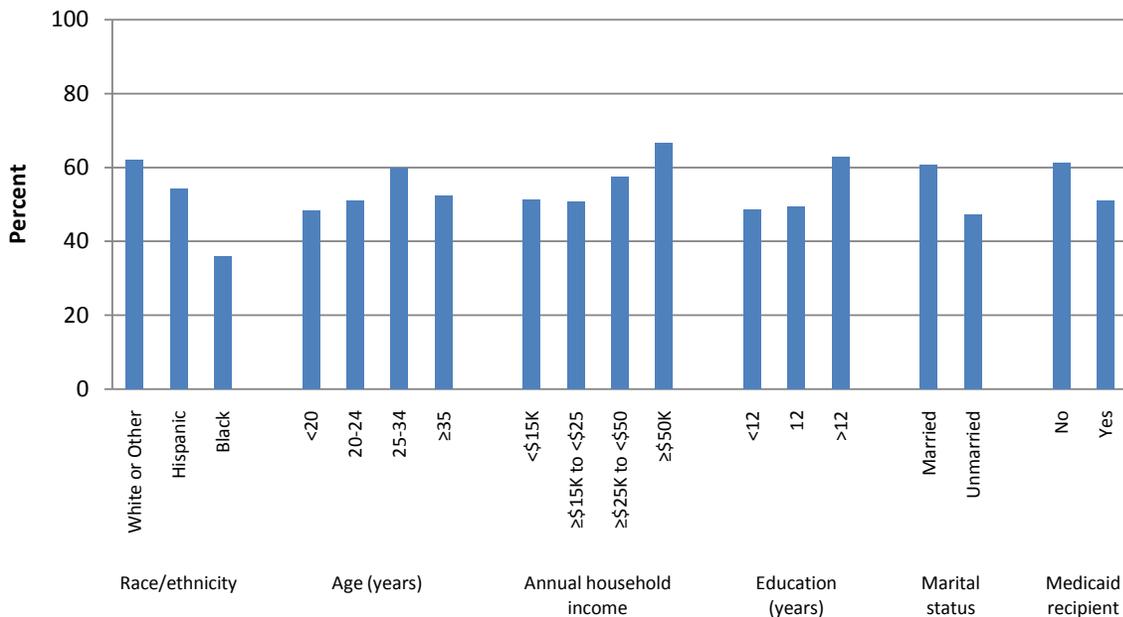


Table 39. Prevalence of Placing Infant on Back to Sleep

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1893	55.1	-	-
Race/ethnicity				
White or Other	696	62.0	2.4	57.2 - 66.8
Hispanic	680	54.1	2.6	49 - 59.2
Black	524	35.9	2.8	30.4 - 41.5
Age (years)				
<20	256	48.3	4.8	38.9 - 57.7
20-24	508	51.0	3.3	44.5 - 57.5
25-34	872	60.0	2.3	55.5 - 64.5
≥35	260	52.4	4.4	43.6 - 61.1
Annual household income				
<\$15K	684	51.3	2.9	45.6 - 57
≥\$15K to <\$25	268	50.6	4.4	41.9 - 59.3
≥\$25K to <\$50	332	57.5	3.9	49.9 - 65.1
≥\$50K	460	66.6	2.8	61.1 - 72.2
Education (years)				
<12	488	48.7	3.3	42.2 - 55.1
12	504	49.3	3.4	42.6 - 56
>12	900	62.8	2.2	58.5 - 67.1
Marital status				
Married	1040	60.6	2.1	56.5 - 64.7
Unmarried	824	47.1	2.7	41.9 - 52.4
Medicaid recipient				
No	762	61.2	2.4	56.6 - 65.9
Yes	1119	50.9	2.3	46.5 - 55.4





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Table 40. Prevalence of Placing Infant on Back to Sleep, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
45.6	51.5	50.6	53.3	51.3	55.1	>.001*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

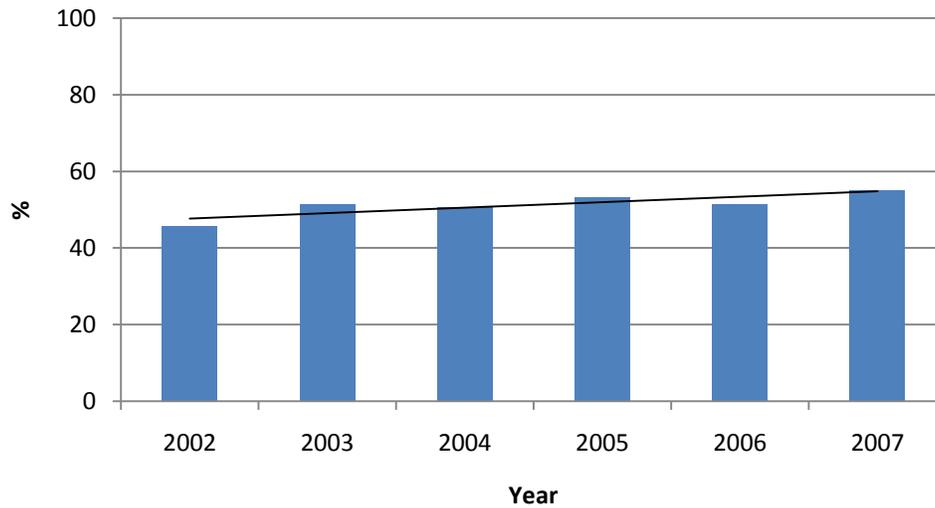


Table 41. Prevalence Well-Baby Care 1 Week Postpartum

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1756	80.0	-	-
Race/ethnicity				
White or Other	660	81.8	2.0	77.9 - 85.7
Hispanic	628	79.3	2.2	75 - 83.6
Black	472	76.4	2.5	71.5 - 81.2
Age (years)				
<20	236	74.2	4.4	65.6 - 82.7
20-24	472	75.8	3.0	70 - 81.7
25-34	808	83.6	1.8	80.1 - 87.1
≥35	240	80.9	3.6	73.9 - 87.9
Annual household income				
<\$15K	612	79.7	2.4	74.9 - 84.4
≥\$15K to <\$25	260	79.4	3.7	72.2 - 86.5
≥\$25K to <\$50	320	77.2	3.4	70.5 - 83.8
≥\$50K	436	86.2	2.1	82.1 - 90.3
Education (years)				
<12	452	74.8	3.0	69 - 80.6
12	464	76.2	3.0	70.2 - 82.1
>12	844	85.5	1.6	82.4 - 88.6
Marital status				
Married	980	82.1	1.7	78.8 - 85.4
Unmarried	756	76.9	2.3	72.3 - 81.5
Medicaid recipient				
No	723	82.9	1.9	79.2 - 86.5
Yes	1032	77.7	2	73.8 - 81.5

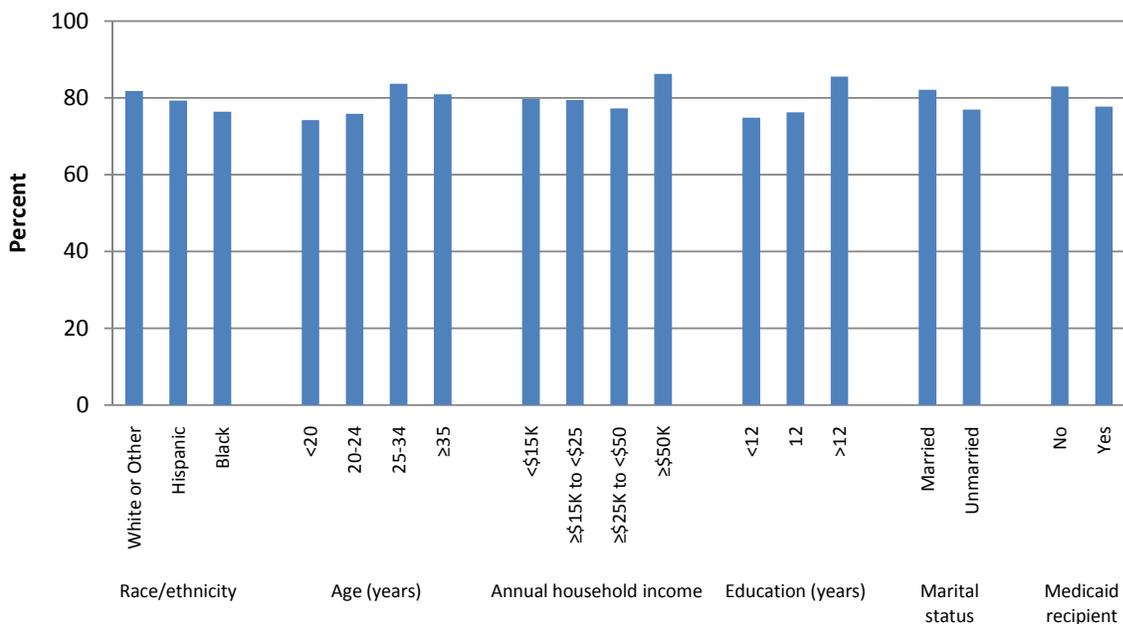




Table 42. Prevalence Well-Baby Care 1 Week Postpartum, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
69.6	71.3	72.5	76.7	77.2	80	>.001*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

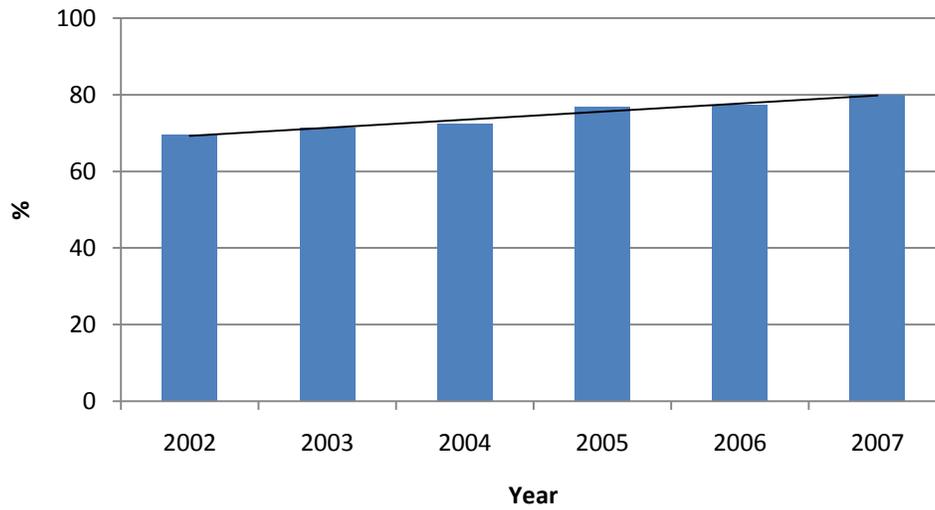


Table 43. Prevalence of Postpartum Cigarette Smoking

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1868	10.6	-	-
Race/ethnicity				
White or Other	692	18.8	2.0	14.9 - 22.7
Hispanic	672	3.7	1.0	1.9 - 5.6
Black	512	13.1	1.9	9.4 - 16.7
Age (years)				
<20	252	7.5	2.2	3.2 - 11.7
20-24	500	15.8	2.2	11.4 - 20.2
25-34	864	9.4	1.3	6.8 - 11.9
>35	256	7.2	2.2	2.9 - 11.6
Annual household income				
<\$15K	676	14.6	1.9	10.9 - 18.3
≥\$15K to <\$25	268	10.8	2.7	5.6 - 16
≥\$25K to <\$50	328	11.3	2.3	6.9 - 15.7
≥\$50K	460	5.6	1.3	2.9 - 8.2
Education (years)				
<12	480	10.3	1.8	6.7 - 13.9
12	500	13.1	2.0	9.1 - 17
>12	892	9.3	1.3	6.8 - 11.9
Marital status				
Married	1028	6.7	1.0	4.7 - 8.6
Unmarried	812	15.5	1.7	12 - 18.9
Medicaid recipient				
No	758	6.4	1.1	4.2 - 8.7
Yes	1106	13.6	1.4	10.9 - 16.3

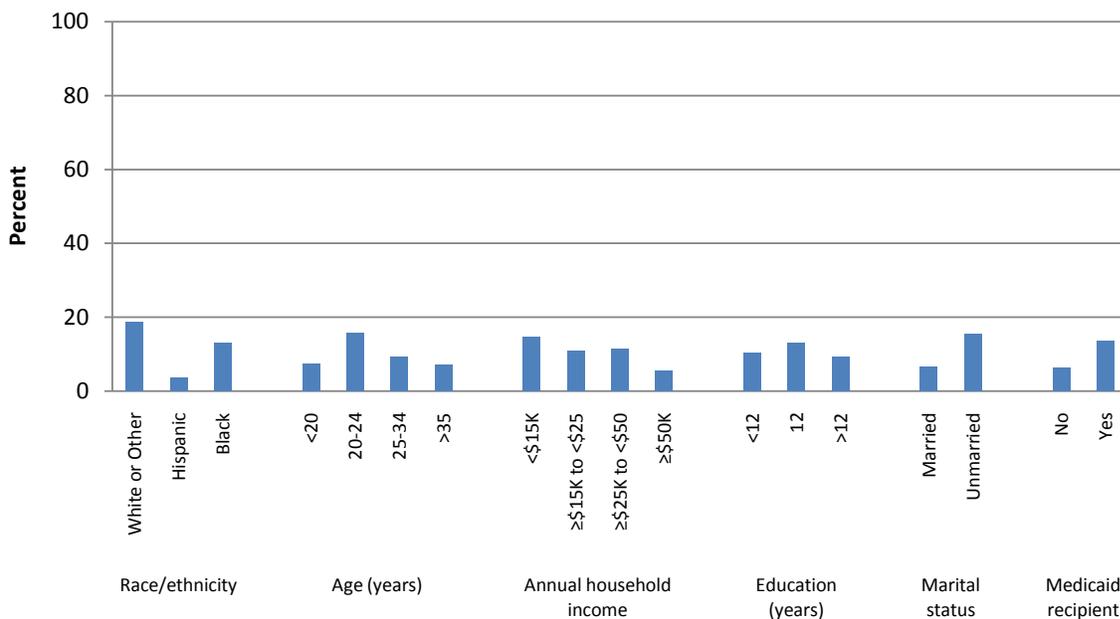




Table 44. Prevalence of Postpartum Cigarette Smoking, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
13.7	12.3	13.4	12.1	12.3	10.6	0.05*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

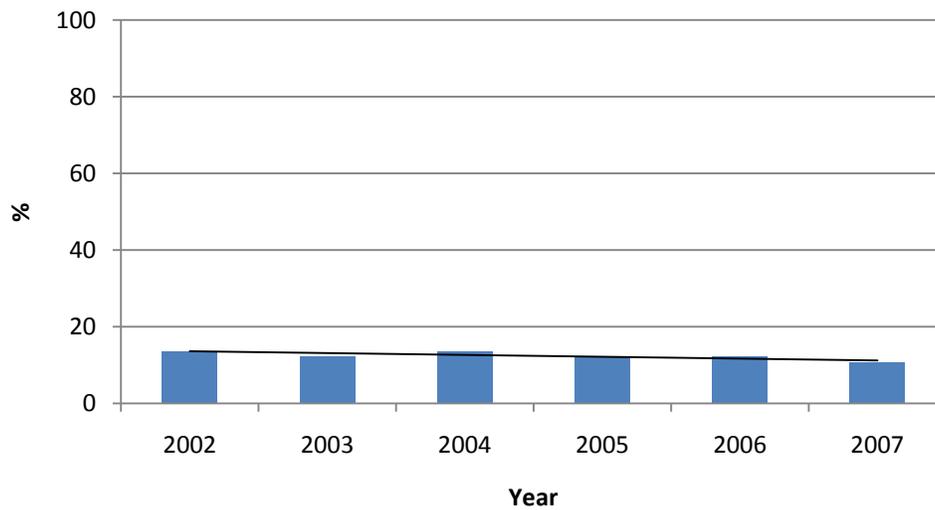
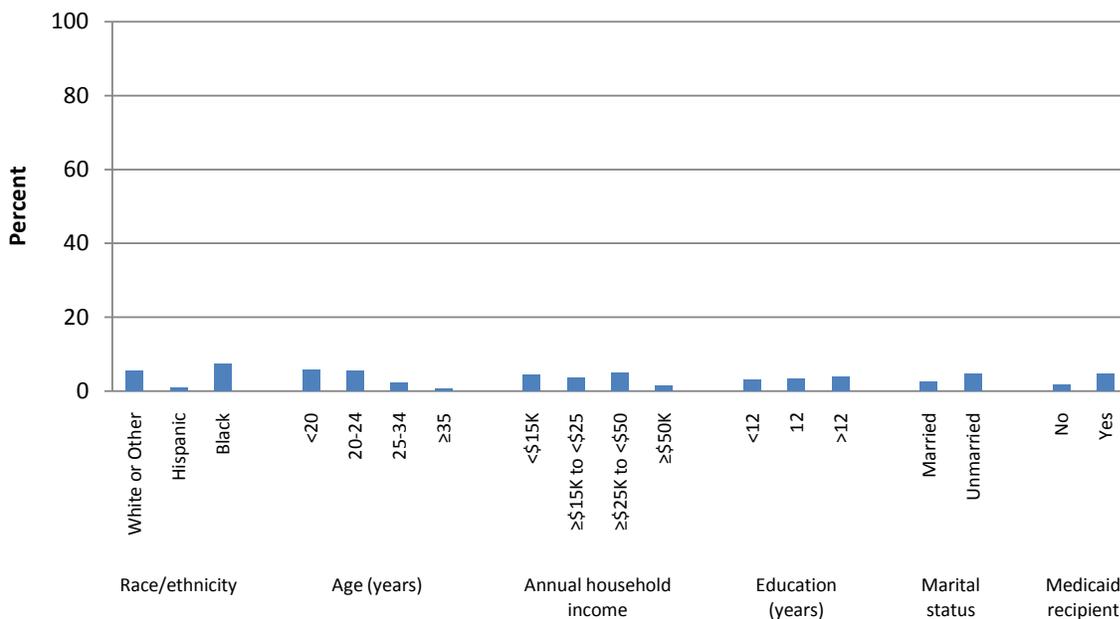


Table 45. Prevalence of Infant Exposure to Cigarette Smoke

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1749	3.5	-	-
Race/ethnicity				
White or Other	660	5.6	1.2	3.3 - 7.9
Hispanic	620	1.0	0.5	0.1 - 2
Black	472	7.5	1.5	4.6 - 10.4
Age (years)				
<20	236	5.8	2.0	1.9 - 9.8
20-24	472	5.6	1.3	3.1 - 8.1
25-34	808	2.4	0.7	1.1 - 3.7
≥35	236	0.6	0.3	0 - 1.2
Annual household income				
<\$15K	604	4.6	1.0	2.6 - 6.6
≥\$15K to <\$25	260	3.7	1.5	0.9 - 6.6
≥\$25K to <\$50	324	4.9	1.6	1.8 - 8.1
≥\$50K	440	1.4	0.7	0.1 - 2.8
Education (years)				
<12	444	3.0	0.9	1.1 - 4.8
12	460	3.5	1.0	1.6 - 5.4
>12	844	3.9	0.9	2.1 - 5.6
Marital status				
Married	968	2.6	0.7	1.3 - 4
Unmarried	756	4.8	0.9	3 - 6.6
Medicaid recipient				
No	721	1.9	0.6	0.7 - 3.2
Yes	1027	4.7	0.8	3.1 - 6.3





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Table 46. Prevalence of Infant Exposure to Cigarette Smoke, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
7.6	6.5	7	5.9	7.1	3.5	>.01*

Based on a test of linear trend across available years.

* *P* value is less than 0.05

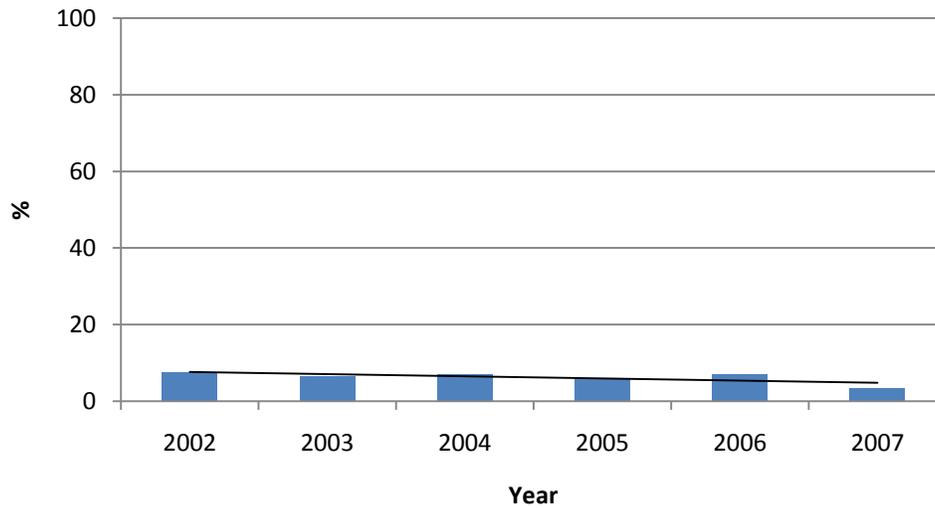
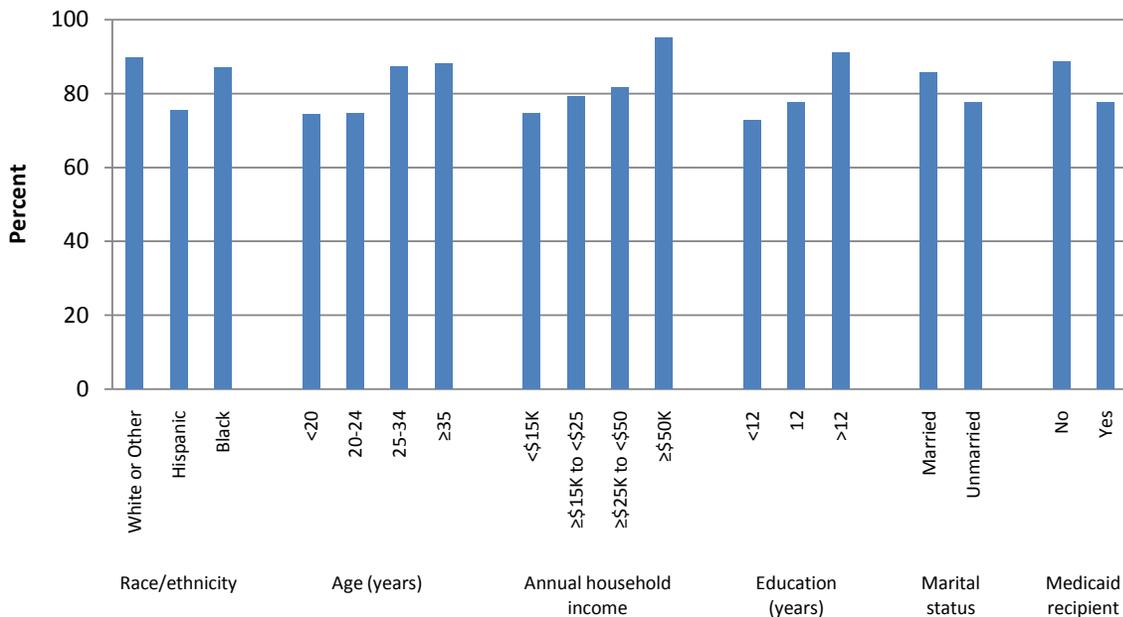


Table 47. Prevalence of Maternal Postpartum Checkups

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1867	82.3	-	-
Race/ethnicity				
White or Other	692	89.7	1.6	86.6 - 92.7
Hispanic	668	75.6	2.3	71.2 - 80.1
Black	508	87.0	1.8	83.4 - 90.5
Age (years)				
<20	252	74.4	4.3	66 - 82.8
20-24	500	74.8	3.0	69 - 80.7
25-34	860	87.2	1.6	84 - 90.5
≥35	260	88.3	2.9	82.6 - 94.1
Annual household income				
<\$15K	676	74.8	2.6	69.8 - 79.8
≥\$15K to <\$25	264	79.2	3.8	71.7 - 86.7
≥\$25K to <\$50	332	81.7	3.3	75.3 - 88.1
≥\$50K	460	95.0	1.4	92.4 - 97.7
Education (years)				
<12	476	72.9	2.9	67.1 - 78.7
12	496	77.8	2.9	72.1 - 83.6
>12	896	91.1	1.4	88.5 - 93.8
Marital status				
Married	1032	85.8	1.6	82.7 - 88.9
Unmarried	808	77.8	2.3	73.3 - 82.3
Medicaid recipient				
No	759	88.7	1.7	85.3 - 92
Yes	1107	77.6	1.9	73.8 - 81.3





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Table 48. Prevalence of Maternal Postpartum Checkups, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
81.8	84.5	84.1	84.1	81	82.3	0.409

Based on a test of linear trend across available years.

* *P* value is less than 0.05

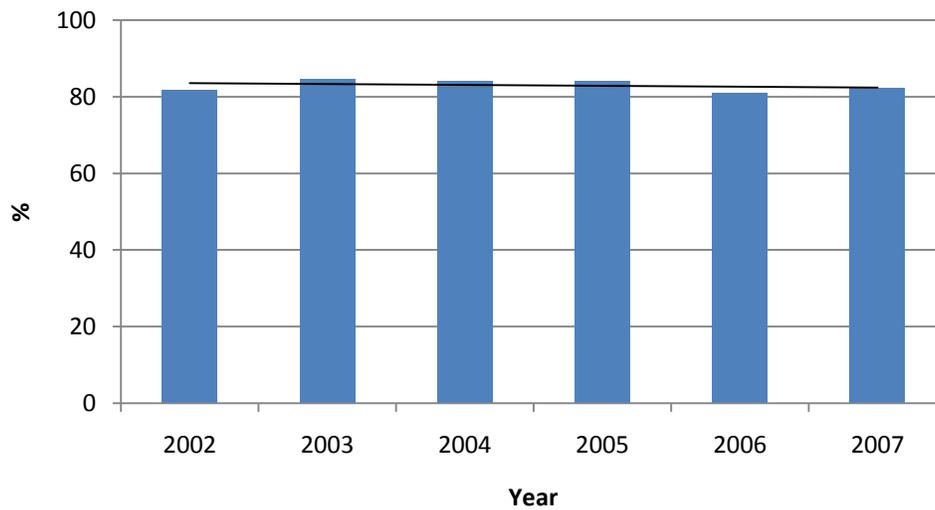
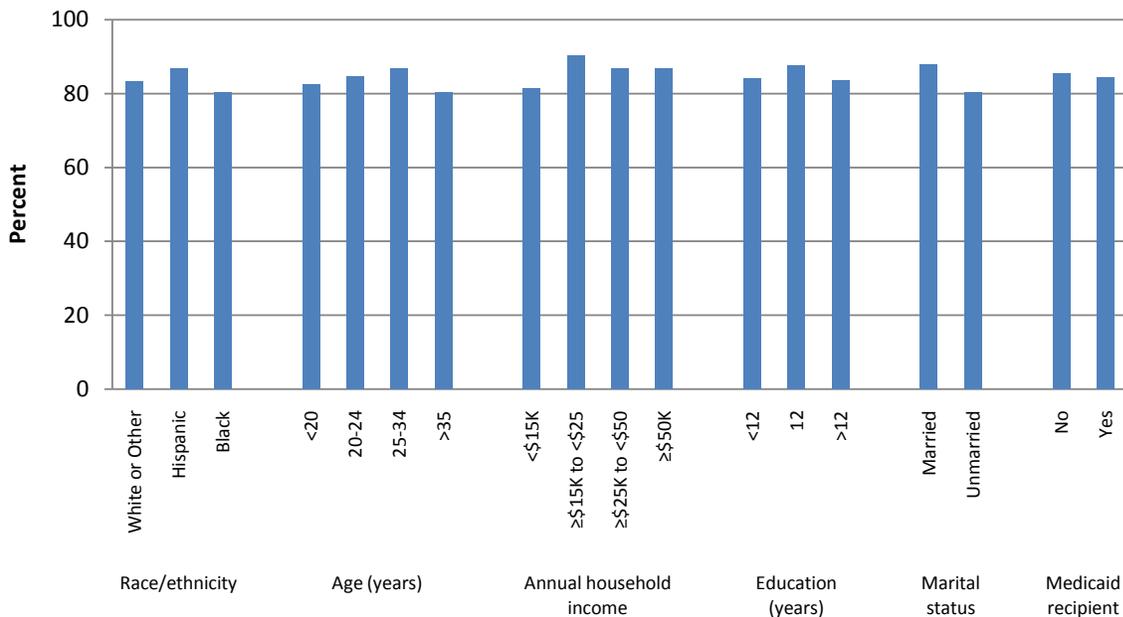


Table 49. Prevalence of Postpartum Contraceptive Use

	Respondents	%	Standard Error	95% Confidence Interval
Overall	1860	84.8	-	-
Race/ethnicity				
White or Other	692	83.3	1.9	79.6 - 86.9
Hispanic	664	86.9	1.8	83.5 - 90.4
Black	508	80.5	2.2	76.2 - 84.7
Age (years)				
<20	252	82.5	3.7	75.2 - 89.8
20-24	500	84.5	2.3	79.9 - 89.1
25-34	852	86.7	1.5	83.7 - 89.7
>35	256	80.4	3.6	73.3 - 87.5
Annual household income				
<\$15K	672	81.4	2.2	77 - 85.7
≥\$15K to <\$25	264	90.2	2.6	85.1 - 95.2
≥\$25K to <\$50	328	86.7	2.4	81.9 - 91.5
≥\$50K	464	86.9	2.1	82.9 - 90.9
Education (years)				
<12	468	84.1	2.4	79.4 - 88.9
12	500	87.6	2.1	83.5 - 91.7
>12	896	83.6	1.7	80.4 - 86.9
Marital status				
Married	1028	87.9	1.3	85.3 - 90.5
Unmarried	804	80.5	2.1	76.3 - 84.7
Medicaid recipient				
No	755	85.5	1.7	82.2 - 88.9
Yes	1104	84.4	1.6	81.3 - 87.5





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Table 50. Prevalence of Postpartum Contraceptive Use, 2002-2007

2002	2003	2004	2005	2006	2007	<i>P</i> value for trend #
%	%	%	%	%	%	
83.8	82.5	83.3	84.4	85.9	84.8	0.101

Based on a test of linear trend across available years.

* *P* value is less than 0.05

