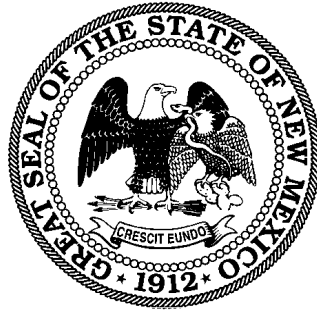


Surveillance Report Year 2000 Births

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Public Health Division
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Maternal & Child Health Epidemiology Program



State of New Mexico

Governor

The Honorable Bill Richardson

New Mexico Department of Health

Secretary

Patricia T. Montoya

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Public Health Division

Director

Joyce Naseyowma-Chalan

Deputy Director

Toby Rosenblatt

Patsy Nelson

Family Health Bureau, Chief

Jane Peacock

Maternal and Child Health Epidemiology Program

Susan Nalder, Program Manager

Ssu Weng, Dorin Sisneros, Pam Rodriguez

Introduction

The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) is a project of the New Mexico Department of Health with support from the national Centers for Disease Control and Prevention (CDC). PRAMS is an ongoing multi-year, multi-state, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences occurring before, during and after pregnancy.

This NM PRAMS Surveillance Report is based on findings from a sample survey of 2,210 NM resident women who had a live birth in year 2000; the response rate was 73.1%. This report covers about half of the 71 survey questions. It has seven featured topics and two sections of data tables: Detailed Tables with analyses by maternal characteristics to identify disparities useful for policy or targeting program services; and Multi-Year tables with statewide estimates from for each year of NM PRAMS (1997-2000) to look for progress or trends. The appendix includes text of the survey and a discussion of the methodology. The 1999 NM PRAMS Surveillance Report contains featured articles on 18 topics and may be useful as a reference for the Year 2000 NM PRAMS report (web URL below).

Using data for public health action is the primary goal of NM PRAMS. Findings are used in the public and private sectors to inform policymaking, program planning, decisions about health resources, and education of health care providers and the general public. The PRAMS team actively seeks opportunities to present data to groups in the public and private sectors in boardrooms, medical grand rounds, professional association meetings, community gatherings and other groups.

"Thank you very much for asking these questions and I hope that you find my answers to help you and all the other mothers who want to have a baby" - PRAMS mom.

Learn more about NM PRAMS at our home page, which will be updated early next year
<http://www.health.state.nm.us/phd/prams/home.html>

You may also contact us by email at
nmprams@doh.state.nm.us

By telephone at: (505) 476-8890

The CDC PRAMS home page is
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Contents

3 Executive summary

Featured Topics

- 11 Food insecurity
- 13 Oral health services
- 17 Breastfeeding and the workplace
- 21 Preconception planning
- 25 Physical abuse by a partner
- 29 Maternal alcohol use
- 33 Cigarette smoking

Multi-year tables

Preconception

- 38 Folic acid awareness
- 38 Intention of pregnancy

Family Planning

- 39 Contraception at conception & postpartum

Alcohol use

- 40 Before pregnancy, during pregnancy

Tobacco smoking

- 41 Before pregnancy, during pregnancy, currently

Physical abuse by partner

- 42 Before pregnancy, during pregnancy

Maternal weight & diabetes

- 43 Maternal weight
- 43 Diabetes

Prenatal care

- 44 Late or no prenatal care
- 45 Reasons for late prenatal care
- 46 Prenatal discussion topics

Services: prenatal & postpartum

- 48 WIC, breastfeeding
- 49 Parenting, home visiting, FamiliesFIRST
- 50 Counseling, protection from family violence
- 51 Drug/alcohol or smoking cessation
- 52 Services for pregnant or parenting teens
- 53 Oral health services

Payer of health care

- 54 Before pregnancy, for prenatal care, for delivery

Infant care & health

- 57 Breastfeeding
- 57 Infant's sleep position
- 57 Well-child care

Detailed Tables: Year 2000 births

Preconception

- 60 Folic acid awareness
- 61 Intended & unintended pregnancy

Family planning

- 63 Contraception at conception: use & non-use
- 65 Reasons for not using birth control at conception
- 66 Current (postpartum) use of contraception

Maternal alcohol use

- 67 Before pregnancy, during pregnancy

Cigarette smoking

- 69 Before pregnancy, during pregnancy, currently
- 73 Infant smoke exposure

Physical abuse by partner

- 74 Before pregnancy, during pregnancy

Maternal weight & diabetes

- 76 Maternal weight
- 77 Diabetes

Prenatal care

- 78 Late or no prenatal care
- 79 Reasons for late or no prenatal care
- 80 Prenatal discussion topics

Services: prenatal & postpartum

- 81 Home visiting services
- 83 WIC participation during pregnancy
- 84 Oral health services

Infant care & health

- 86 Breastfeeding
- 88 Infant's sleep position
- 89 Well-child visits

90 Food sufficiency

Appendices

- 92 Sample & response rates
- 93 Population (weighted numbers)
- 94 Variables & performance measures
- 97 Methodology
- 99 Survey questionnaire

Executive Summary

New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) gives women and young families a voice on topics of vital importance to their health and well being. The state's public and private sectors strive to promote optimal health among all of New Mexico's new mothers, fathers, and infants. Significant disparities persist in health status and in access to health and health related services for those who are teens, minority racial or ethnic groups, live at or below 185% of Federal Poverty Level (FPL),¹ have less than high school education, and/or are single-parents. Culturally appropriate and innovative strategies to reach selected target groups are needed.

16% of NM pregnant women and their families did not have enough food to eat.

Food insecurity (not having enough to eat, the pain of hunger and scavenging for food) is high in NM.² It affects maternal, fetal and infant health in costly, adverse ways. Gaps in coverage by federal, state, and community food programs persist: food insecurity was almost two-fold in mothers known to be at or below 100% of the Federal Poverty Level (FPL) or who had an unintended pregnancy.

29% of all pregnant women saw a dentist; 52% with dental problems did not.

Recent research shows the consequences: untreated periodontal disease in pregnancy is associated with risks for pre-eclampsia,³ a low birth weight infant,⁴ and infant tooth decay.⁵ Strategies to improve access for women living in dental shortages areas⁶ and 185% FPL or lower, with or without insurance, are critical.

80% of NM mothers initiate breastfeeding; of these, 69% continue to at least 9 weeks.

Support for breastfeeding in hospital and post-partum (especially for women who are discharged early from hospital after delivery and for women who return to work within 2-4 weeks) are areas for improvement. Counseling, information and support need to be sustained in New Mexico.

24% of working or student mothers reported that they could use break time to nurse their baby in school or the workplace; 39% reported they could use break time to pump milk

Breastfeeding has multiple health and economic benefits for mothers, infants, employers and schools. NM ranks high in the nation for breastfeeding initiation (80% of new mothers), but continuation drops. To improve, NM mothers need early access to breast pumps, breastfeeding support, and accommodations for breastfeeding or pumping breast-milk while at work or school.

44% of NM mothers had an unintended pregnancy; fewer than 50% had effective family planning .

Planned births are at advantage for healthier outcomes. Three policy issues need action: **1)** poor access associated with lack of universal health coverage, low use of Medicaid-paid family planning by eligible women, high contraceptive co-pays; **2)** family planning services covering reliable contraceptive methods but not preconceptional care; **3)** low awareness and access to the emergency contraceptive pill (ECP).

8% of NM women were physically abused by a partner before pregnancy; 7% during pregnancy.

Violence against pregnant women is more prevalent than well-known prenatal conditions such as gestational diabetes or pre-eclampsia;⁷ obstetric leadership recommends routine screening at the first prenatal visit, once each trimester, and postpartum.⁸ Only 43% of NM women recalled any discussion of partner abuse. System-wide approaches to violence prevention in communities or within an HMO can have positive effects on meeting these difficult needs.⁹

46% of mothers drank alcohol in 3 months before pregnancy; 18% drank frequently or binged.

The effects of alcohol on a developing fetus range from profound birth defects to lifetime learning and behavioral problems. Potential risks are high because fetal development begins before many mothers knew they were pregnant. In spite of media campaigns and labels on bottles, fetal exposure to alcohol continues to be a serious issue in NM.

21% smoked before pregnancy; 16% were smokers after pregnancy.

The health risks of smoking are extensively documented. Over 81% of smokers reported prenatal counseling about tobacco, but few mothers participated in a smoking cessation program during pregnancy or after delivery. Smoking cessation services, statewide, and community-based environmental policies to discourage smoking are increasing.

63% of women knew that folic acid is recommended to prevent birth defects.

Folic acid before pregnancy can prevent serious birth defects like spina bifida. Information about folic acid needs to reach all childbearing age females with appealing media for those who are teens, Native American, Hispanic, single, or financially challenged.

33% of women were overweight before pregnancy with a body mass index (BMI) 26 kg/m² or more.

Information and physical fitness and nutrition programs need to reach all females of childbearing age, with concerted efforts to reach those who are Native American. Community-wide systems approaches, innovations in health insurance coverage, and work place programs are needed to address this problem.

7% of women had pre-existing or gestational diabetes.

Programs to decrease obesity as well as early prenatal care are critical. Information and services need to target females who are overweight (BMI 26 kg/m² or more), age 35 or older, and/or Native American.

30% of new mothers had late entry to prenatal care or no prenatal care at all.

The message of early prenatal care needs to reach all women. Outreach and programs need to target pregnant women who are teens, Native Americans, have less than high school education, and/or who are single. Kind, engaging policies and practices are needed to reduce barriers that include lack of money or insurance to pay for a visit, late awareness of being pregnant, and inability to get an appointment.

All prenatal care providers work to educate women, screen and refer for services. There are significant gaps in discussion of topics: only 43% of women were counseled about physical abuse, 56% about seatbelt during pregnancy, 78% about the blood test for HIV.

University training programs and continuing education for physicians, nurses, and midwives need to emphasize key topics for prenatal counseling: women value the advice of a professional. HMOs and MCOs need to reward providers who cover all critical topics using effective communications.

5% of women had any home visiting service during pregnancy, and only 9% after delivery.

Home visiting can be an evidence-based intervention resulting in greater confidence in parenting, significantly improved maternal and infant outcomes, appropriate use of primary and preventive health care, and long term healthy outcomes for toddlers and children.

55% of pregnant women had WIC services during pregnancy.

The WIC program serves higher proportions of women who are teens, Hispanic or Native American, have less than a high school education, are single, or live at or below 185% FPL. Some outcomes of higher risk mothers are associated with being on WIC, and can result in significant cost savings for families and health care providers.

61% of infants are placed to sleep on their backs.

Sudden Infant Death Syndrome (SIDS) continues to decline in New Mexico. To maintain ground, the "Back to Sleep" campaign needs to continue relentlessly. The nurse's educational session with new mothers at discharge from the hospital should include putting the infant to sleep on its back. Statewide education to reach all infant day-care providers and babysitters is needed.

58% of mothers had taken their baby for the appropriate number of well child visits.

Outreach is needed for all new mothers, with targeted efforts to reach those who are Native American. NM continues to have low infant immunization coverage as well; we need to know more about this issue to set targets or propose evidence-based strategies.

42% of prenatal care for year 2000 births was covered by insurance, 48% by Medicaid 7% by Indian Health Service; and an estimated 11% of women had no source of payment.

At delivery, coverage was slightly different: 41% had insurance, 55% had Medicaid, 5% had I.H.S., and an estimated 6% of women had no source of payment. Some women had more than one source of payment for prenatal care and/or delivery.

Trends and progress in the Multi-Year Tables, 1997-2000

There was clear improvement in only one measure over the 3.5 years of PRAMS data: the proportion of women using postpartum contraception. The multi-year tables, when used in combination with the detailed tables, can help policy makers and program planners select effective targets for improvements in other measures.

Gaps and disparities in the Detailed Tables, Year 2000 Births

The detailed tables identify socio-economic differences. Many indicators could improve if there were culturally appropriate, affordable, and effective ways to reach the less advantaged: teens, minority groups, women who live with the burdens of lower education or single parenting, received income from aid (a marker for low income), or were on Medicaid (at or below 185% of poverty).

More than one year is needed for a policy or program intervention to have an impact. To succeed, private and public sector programs need to engage budgeting and strategic planning for more than one year at a time

- 1 In 2000, the 185% FPL was equal to \$\$15,244 for one person; \$20,461 for a family of 2; \$25,678 for a family of 3; to obtain more detail or an up-to-date eligibility listing, go to <http://www.state.nm.us/hsd/>
- 2 Food Security Institute. Hunger and Food Insecurity in the Fifty States: 1998-2000. Center on Hunger and Poverty, Heller School for Social Policy & Management, Brandeis University, August 2002.
- 3 Kim A. Boggess, MD, et al. Maternal Periodontal Disease is Associated with an Increased Risk for Preeclampsia. *Obstet Gynecol* 2003; 101: 227-231.
- 4 M. Jeffcoat et al. Periodontal infection and preterm birth: Results of a prospective study. *J Amer Dent Assoc* 2001; 132:875-80
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- 7 JA Gazmarian, S. Laxorick, AM Spitz et al. Prevalence of violence against pregnant women. *JAMA* 1996; 275: 1915-20 in NFIMR Newsletter Spring 2001, www.acog.org.
- 8 ACOG Technical Bulletin on Domestic Violence, 1999 www.acog.org.
- 9 Ibid, ACOG 1999.

Acknowledgments

NM PRAMS team developed this report:

Susan Nalder, EdD, CNM, Project Director
Ssu Weng, MD, MPH, NM PRAMS Epidemiologist
Dorin Sisneros, Survey Operations Manager
Katie Kramer, BA, RN, Coordinator
Pam Rodriguez, Clerk Specialist.

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Abbreviations and organizations

New Mexico Department of Health (NMDOH):

The Public Health Division (PHD) within NMDOH includes: Districts I, II, III, IV, Family Health Bureau (FHB), Office of Epidemiology, Office of NM Vital Records & Health Statistics (VRHS), Tobacco Use Prevention & Control Program (TUPAC), Family, Food, and Nutrition Services: Women, Infant and Children (WIC)

University of New Mexico (UNM)

Reviewers

Community reviewers and contributors

Leah Albers, College of Nursing, UNM
Agnes Maldonado,
NM Coalition Against Domestic Violence
James Romero,
Center for Alcohol and Substance Abuse, UNM
Judith Seltzer, Private Consultant
Peter, Andrei, and Aly Pesic

Public Health Division reviewers and contributors

Susan Baum, Chronic Disease Prevention & Control
Sandra Cashman, Injury Prevention/EMS Bureau
Wanicha Coggins, Family Planning Program
Sharon Giles-Pullen, NM WIC Program
Sid Golden, NM WIC Program
Corazon Halasan, District Two Health Office
David Hanson, Dental Program
Barbara Hickok, Family Planning Program
Vicky Howell, formerly of NMVR
Karen Johnson, Office of Epidemiology
Nancy Kirkpatrick, TUPAC
Heidi Krapfl, Office of Epidemiology
Victor La Cerva, Family Health Bureau
Susan Lovett, Family Planning Program
Lisa McNichol, TUPAC
Margie Montoya, Family Planning Program
Roberta Moore, Maternal Health Program
James Padilla, Office of Epidemiology, TUPAC
Jane Peacock, Chief, Family Health Bureau
Ron Romero, Dental Program
Glen Wieringa, District Two Health Office

Steering Committee Members

The author and New Mexico PRAMS team acknowledge the contributions of the PRAMS Steering Committee members in guiding project decisions and promoting use of the data for policy, programs, public and provider education. Members marked with an asterisk * are charter members of NM PRAMS Steering since 1996.

From the community

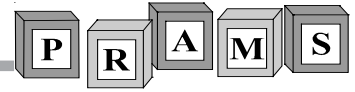
*Leah Albers, UNM College of Nursing
 Linda Brooks, NM Teen Pregnancy Coalition
 Rena DiGregorio,
 NM Health and Hospital Association
 *Adele King, Navajo Nation WIC Program
 *Michael Kogan,
 Maternal and Child Health Bureau,
 US Department of Health and Social Services
 Ginny Laadt, UNM, Dept of Pediatrics, Neonatology
 Carol Leonard,
 Navajo Nation Health Research Review Board
 *Anna Levy
 Bernadette Lujan, The Arc of NM
 Kay Monaco, NM Voices for Children
 Irma Montoya, NM Health Policy Commission
 Sharilyn Roanhorse, Medicaid,
 Human Services Division
 Rebecca Schwartz, Medicaid, Human Services Division

From the Public Health Division, NM Department of Health

Sharon Giles-Pullen, NM WIC Program, FHB
 Corazon Halasan, District II
 Annie Hickman, Survey Unit, Office of Epidemiology
 Betty Hileman, Chief, VRHS
 Wayne Honey, Survey Unit, Office of Epidemiology
 Vicky Howell, formerly of VRHS
 Naomi Kistin, District I
 Joseph Koelling, District I (formerly District IV)
 Heidi Krapfl, Office of Epidemiology
 Jane McGrath, Office of School Health
 John McPhee, Injury Prevention/EMS Bureau
 Roberta Moore, Family Health Bureau
 Lynn Mundt, Family Planning, FHB
 Patsy Nelson, Deputy Director PHD
 Jane Peacock, Chief, FHB
 Kimberley Peters, VRHS
 Alice Salcido, Border Health Office, District III
 Mack Sewell, State Epidemiologist, Office of Epidemiology
 *Ron Voorhees, Office of Epidemiology

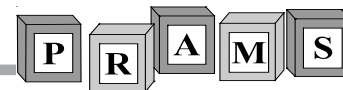
Inactive charter members

Elaine Germano, Georgetown University
 Roger Gollub, Indian Health Service



Featured Topics

Food Insecurity
Oral Health Services
Breastfeeding and the Workplace
Preconception Planning
Physical Abuse by a Partner
Alcohol Use
Smoking Tobacco



Food security and insecurity

PRAMS asks:

"During the past 12 months, which of the following statements best describes the food eaten by you and your family?" Responses were: 1) "Enough food to eat," 2) "Sometimes not enough food to eat," 3) "Often not enough food to eat."

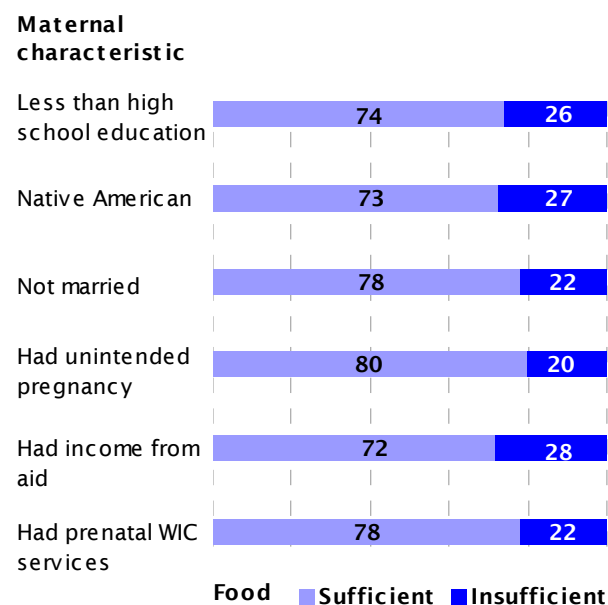
NM PRAMS findings

Multiyear and detailed tables show data.

Among NM women who had a live birth in 2000, an estimated 84% reported their family always had enough food. This is four percentage points lower than the national Healthy People goal for 2010 of 94%.¹

Food insecurity was reported by 20% to nearly 30% of women who had selected sociodemographic characteristics:

Figure. Percentage of women whose family had sufficient or insufficient food in the last month, by selected maternal characteristics.²



Definition: Food security is defined as always having access to enough food for an active and healthy life-style. At minimum, it includes the ready availability of nutritionally adequate and safe foods and assurance of being able to get oods without having to resort to emergency food supplies, scavenging, stealing, or other coping strategies. Hunger is the uneasy or painful sensation caused by recurrent or involuntary lack of food and is a potential, although not necessary, consequence of food insecurity. Over time, hunger may result in malnutrition.^{3,4}

Public health importance

The Healthy People 2010 goal is to increase food security from 88% to 94% and in so doing, to reduce hunger.¹ For the period 1998-2000, an estimated 16% of New Mexico households did not have adequate food for a healthy life and had to resort to extreme measures to get their food, compared to the U.S. average of 11%. The lack of adequate food with the painful experience of hunger was reported by 4.6% of NM households compared to the U.S. at 3.3%. In basic numbers, this means over 100,000 New Mexico families lacked the security of having adequate food; 30,000 NM families endured the pain of hunger. In December 2000, there were 63,000 cases (households) who received food stamps;⁵ thus an estimated 40% of food-insecure NM families were not on food stamps.

Food insecurity is higher among households with children and those who live with the burden of poverty, which in turn is associated with single-parent families, lower parental educational attainment and stressors such as divorce or job loss. Mexican Americans had the highest prevalence of food insecurity (six times greater than white Americans). Among

Featured Topics - Food Security

women, food insufficiency is associated with obesity, in turn related to a cycle of enough food at beginning of month and lack of food by end of month. It is also associated with lack of essential nutrients.⁶

"There should be a program for pregnant and breastfeeding women so they can get some food stamps, even though they may have a family car worth \$6,000 and are still making car payments. We need a car to get to work and food stamps can keep us going."

- PRAMS mom

What is being done in New Mexico?

Action to address family needs for food include needs assessment and planning, screening and referral for community or government food programs, school-based initiatives, and community service groups.

Torrance County's Inter-Agency Coalition and the County's "Covering Kids and Families" project actively track referrals for food stamps and the results. They distribute information on food resources for families in the county and on how to apply for Food Stamps.

MCH needs assessment and planning in Rio Arriba County lead to the Volunteers for Intergenerational Education and Wellness (VIEW) project. Promotoras (Spanish speaking community health workers) do outreach to enable qualifying families to get food stamps. A SHARE program offers packages of food that people may order for about half of the grocery store price; 60-70 packages are ordered each month with 150-160 ordered during the winter holiday season. The Director of County Extension is on the County MCH Council, serving a term as Chair as well.

The Tucumcari Schools in Quay County are implementing the USA Breakfast Program to make food tasty and nutritious in the middle and high schools, a critical intervention serving youth.

In Public Health District II, there are several food programs where families are referred for food:

the Food Depot, Kitchen Angels, Meals on Wheels, Bienvenidos, and Villa Teresa Clinic. Taos county has several programs including Taos feeds Taos, St. Francis Food Pantry, Taos Limited Purpose Agency and The Shared Table.

Statewide, the Local Public Health Offices of the NM Department of Health offer information and process applications for Medicaid's presumptive eligibility (PE); in doing so, they refer eligible people for food stamps to the local Income Support Division's offices.

In 2003, the legislature authorized a workgroup to examine ways to expand participation in food stamps (HJM 64). Tying enrollment for food stamps and Medicaid to the State's income tax filing process has been suggested. In addition, the NM Human Services Department is working to expand food stamp enrollment.⁸

References

1 US. Department of Health and Human Services. Healthy People 2010 Conference Edition. Washington DC: January 2000. <<http://www.health.gov/healthypeople/Document/default.htm>>.

2 Margins of error for percentage of women with food security or insecurity: 4.6% if the woman had less than high school educational level, 6.7% if ethnicity was Native American, 3.3% if not married or had unintended pregnancy, 5.3% if income was from aid, and 3.0% if on WIC during pregnancy.

3 Sullivan AF, Choi E. Hunger and Food Insecurity in the Fifty States: 1998-2000. Food Security Institute, Center on Hunger and Poverty, Heller School for Social Policy & Management, Brandeis University, Mailstop 077, Waltham, MA 02454, August 2002. unger@brandeis.edu <www.centeronhunger.org/FSI/research.htm>

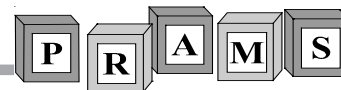
4 Definitions of food security, food insecurity and hunger published in 1990 by the Life Sciences Research Branch of the Federation of American Societies for Experimental Biology.

5 Human Services Department, State of NM, Monthly Statistical Report issued February 2001. <www.state.nm.us/hsd/>

6 <www.epi.umn.edu/let/hunger.html> This website features an overview of food insecurity and hunger with concise literature review and 149 references and resources on health disparities.

7 NM PRAMS acknowledges reports from County MCH Coordinators from Colfax, Grant, McKinley, Quay, Rio Arriba and Torrence counties.

8 The Agenda for New Mexico's Children, a project of the NM Pediatric Society. <www.salu.net/aap_nm>



Oral health services

PRAMS asks:

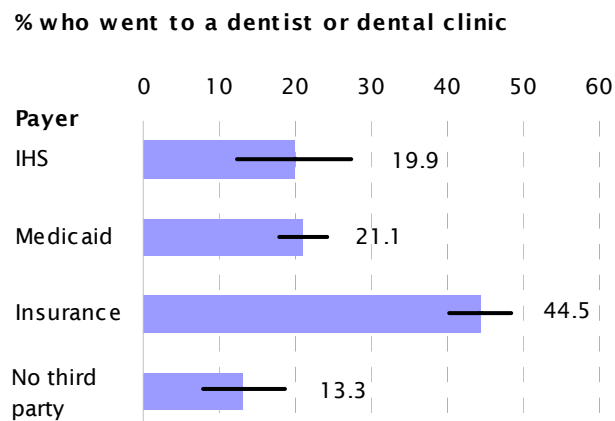
"This question is about the care of your teeth during your most recent pregnancy. Check all that apply." Response options were: 1) I needed to see a dentist for a problem. 2) I went to a dentist or dental clinic. 3) A dentist or other health care worker talked with me about how to care for my teeth and gums. 4) I did not go for dental care.

NM PRAMS findings

Multiyear and detailed tables show the data.

- A healthcare worker talked with 22% of pregnant women about the care of their teeth and gums.
- Overall, 29 % of women visited a dentist or dental clinic during pregnancy.
- Among women with a dental problem during pregnancy, only 48% visited a dentist or dental clinic and 34% said a prenatal healthcare worker discussed care of their teeth and gums.¹
- Women with private insurance were more likely than others to go for oral health services.

Figure. Percent of women who went to a dentist or dental clinic by payer of prenatal care⁴



There are three distinct issues associated with access to and use of oral health services for pregnant women in NM. First, only 9 of 33 counties in the state have sufficient dental professionals to meet needs of the population. An estimated 85% of women having a live birth lived in a county with some degree of dental health professional shortage.² Secondly, socio-economically disadvantaged women are less likely to use oral health services. Finally, the guidelines for oral health in pregnancy are not well understood throughout the state. Pregnant women, their physicians and dentists may not be aware of the need for routine oral health examinations during pregnancy and safe procedures to treat problems³.

"I thought I couldn't have dental care during pregnancy." - PRAMS mom

Public health importance

The old adage "Lose a tooth with every pregnancy" is not literally true, but a pregnant woman's oral health affects the woman, her fetus, and her infant.

Oral health includes freedom from periodontal disease, which starts as gingivitis (inflammation of the gums) and may progress to periodontitis (involving all of the soft tissue and bone supporting the teeth). Periodontal disease includes chronic infections caused by bacteria at the gum line. It causes inflammation and bleeding gums, and, if not treated, leads to tissue destruction and ultimately to tooth loss. The inflammation can affect other parts of the body.^{5,6}

Pregnancy does not cause gingivitis but may aggravate pre-existing disease through hormonal changes.⁷ In one study, pregnant women with severe periodontal disease at delivery had a 2.4-fold risk of preeclampsia.⁸

Featured Topics - Oral Health Services

Maternal periodontitis is associated with a substantially increased risk of pre-term &/or low birth-weight delivery^{9,10} (4.5 to 7.0 for preterm delivery),¹¹ and is a treatable risk factor.⁵

After delivery, maternal oral health continues to affect the infant. Numerous studies provide evidence for mother-child transmission of bacteria associated with caries of infants or young children.¹²

Education that "oral health means more than healthy teeth"¹³ applies especially to pregnant women. Nutrition affects not only the mother, but also her fetus' dental development.¹⁴ Since periodontal disease is a major preventable risk factor for gum disease, smoking cessation education, and support are crucial.¹⁵ Non-dental healthcare providers should promote oral health by including oral examination as part of a general medical examination, advising patients about oral hygiene, diet, and smoking cessation, and making referrals to oral health practitioners.¹³

When the infant is six months of age, pediatricians should discuss prevention of dental caries, assess the infant's and parents' oral health, and discuss ways to prevent vertical transmission of bacteria that cause caries.¹⁶ Family practitioners and Head Start staff¹⁷ can join these efforts.

Access to oral health services during pregnancy is constrained by American Dental Association recommendations to avoid elective dental care during the first trimester and last half of the third trimester.¹⁸

"Although I went for a teeth cleaning early in my pregnancy, no one ever talked to me about dental care during pregnancy until after I delivered. "

- PRAMS mom

Four PRAMS states asked about dental care during the most recent pregnancy. Among mothers who reported having a dental problem, about one-half did not go for care.¹⁹

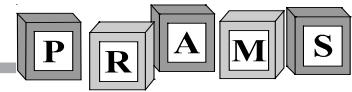
What is being done in NM?

The Office of Dental Health of the New Mexico Department of Health

- Is working to arrange Medicaid payment for dental care of pregnant women
- Educates the public about the link between periodontal disease and pre-term birth, and the value of oral hygiene, through the Early Childhood Caries Project
- Funded and planned a conference for Head Start programs and dentists to identify oral health needs for 2 to 5-year-old children, resulting in plans to increase training for Head Start Staff
- Plans to integrate oral health initiatives with other projects, such as FamiliesFIRST case management
- Plans to educate promotoras (lay prenatal health workers) about dental care.

Only 9 of 33 NM Counties do not have a dental professional shortage. Senate Joint Memorial 21 offers specific proposals for improved access to oral health care²⁰ and guides the New Mexico Oral Health Council, which includes members of the oral health care delivery system and the NM Dental Association, as well as consumers.

Oral health is being addressed by the NM Department of Health in the "Comprehensive Health Care Plan" and is an important issue in town meetings.



"A geographic area will be designated as having a dental professional shortage if the following three criteria are met:

1. The area is a rational area for the delivery of dental services.
2. One of the following conditions prevails in the area:
 - (a) The area has a population to full-time equivalent dentist ratio of at least 5,000:1, or
 - (b) The area has a population to full-time-equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1
 - (c) The area has unusually high needs for dental services or insufficient capacity of existing dental providers.
3. Dental professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the area under consideration...."

NM Health Policy Commission. Quick Facts 2003: healthcare in New Mexico. Santa Fe, NM: NM Health Policy Commission, 2003. <www.healthlinknm.org>

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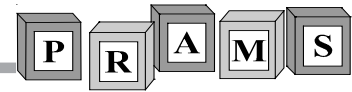
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Featured Topics - Oral Health Services



Breastfeeding and workplace policies

PRAMS asks:

"At your workplace or school, what happens when a mother wants to breastfeed? Check all that apply." Responses options: are: 1) "She can keep her baby and the baby can breastfeed as needed," 2) "She can use break time to breastfeed the baby", 3) "She can use break time to pump milk," 4) "It is hard to use breaks or find a place to pump or breastfeed," 5) "She is not allowed to breastfeed the baby at work," 6) "I am not working or going to school," 7) "I don't know."

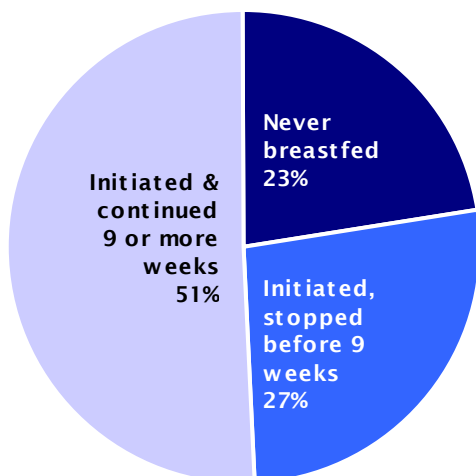
NM PRAMS findings

The table at end of this section, and multiyear and detailed tables in the Appendix show more data.

Among all new mothers, 79.9% initiated breastfeeding, but 9 weeks after delivery, only 69.4% of those who started had continued.

Among women who were going to work or school by 9 weeks (55% of all new mothers), 23% never breastfed, 27% started but stopped before 9 weeks, and 51% continued 9 or more weeks.¹

Figure. Breastfeeding behavior among women who were working or going to school at 9 weeks after delivery.



Among working or student mothers,²

- 14% said they could keep their infant and nurse on demand,
- 24% said they could use break time to nurse
- 40% said they could use break time to pump
- 20% said it was hard to breastfeed at work or school
- 10% said they were not allowed to breastfeed at work.

Comparing women with differing breastfeeding behaviors, Table 1 shows that

- Women who never breastfed and those who breastfed fewer than 9 weeks gave similar responses about workplace policies.
- Women who breastfed at least 9 weeks were more likely than those who stopped earlier to report that their workplace or school allowed using break time to breastfeed (28% v. 18%) or pump (49% v. 33%).

These findings suggest that supportive workplace policies may promote continued breastfeeding. Nursing mothers need access to breast pumps before they return to work, because maternity leave may end after a few weeks.

Public health importance

Health benefits to infants and mothers support recommendations for exclusive breastfeeding during the first six months of life, followed by breastfeeding plus supplemental foods until at least one year.³ Moreover, economics justify promotion of breastfeeding.

Families, communities, and workplaces can support successful breastfeeding. Women who return to work may continue breastfeeding if given places and time to pump and refrigerate breast milk. This benefits employers. One company reported a return of almost 3 to 1 on its investment in prenatal classes, access to

Featured Topics - Breastfeeding & Workplace

pumping rooms, and conferences with lactation consultants.⁴ Some health plans encourage subscribers and employees to breastfeed.⁵ Both national⁶ and state^{7,8} legislation support breastfeeding in public places and worksites.

Health care costs during the first year of life were estimated to be \$331 to \$475 higher for each infant who never breastfed.⁹ In non-breastfed infants, national health care costs of treating several common infections were estimated at over \$1 billion each year. Moreover, formula costs twice as much on the average as supplemental food for the breastfeeding mother. Thus, an additional \$2,665,715 in federal funds is needed yearly in order for the Family, Food, and Nutrition Services for Women, Infant, and Children (WIC) to provide infant formula to non-breastfeeding mothers.¹⁰ Breastfed infants enrolled in WIC saved \$478 per infant monthly in WIC and Medicaid expenditures during the first 6 months of life.¹¹

NM rates for initiation of breastfeeding (78.1% for year 1999 births) exceed the Healthy People 2010 goal of at least 75%; in other PRAMS states, 48.0% to 89.0% of mothers initiated breastfeeding.¹²

"I work in a hospital and we are about 6 new mothers. We can only pump breast milk in a rest room. It is uncomfortable and unclean. If there were a room to pump, we would feel a higher degree of support in our breastfeeding efforts."
- PRAMS mom

What is being done in NM?

In 1991, WIC initiated a project to increase breastfeeding through community coalition building, client education, staff training, peer counselor support, and media outreach.

The NM WIC Program

- Provides all pregnant and breastfeeding WIC clients with individual counseling and group facilitated education
- Offers breast pumps and other types of breastfeeding aides to WIC clients

- Operates peer counselor programs, where experienced WIC breastfeeding mothers help motivate and support new mothers
- Trains health care professionals and lay counselors in free "Breastfeeding Basics" workshops
- Sponsors public awareness campaigns through radio, TV, and outdoor billboard advertisements
- Participates in building local community breastfeeding task force coalitions.

Medicaid

Medicaid pays for breastfeeding support services, but there are limitations on Medicaid-reimbursed rental of breast pumps, depending on the provider (managed care organization).

The NM Breastfeeding Task Force,

A committee of the NM Pediatric Society, comprised of 11 local community breastfeeding coalitions, has sponsored these activities:¹³

- Passage of a breastfeeding law through the NM Legislature in 2000: "A mother may breastfeed her child in any location, public or private, where the mother is otherwise authorized to be present,"¹⁴ and guidelines and technical assistance for businesses and employers to implement the law.
- The "Just Say No" campaign, encouraging hospitals and clinics to stop providing formula companies' gift packs
- Focus group research, resulting in practical recommendations for breastfeeding support in hospital, childcare, and worksite settings
- The annual "Positive Images of Breastfeeding" Calendar with photos of New Mexican families, breastfeeding facts, resources and referral information.

The NM WIC Program and the NM Breastfeeding Task Force celebrate the annual International World Breastfeeding Week with community events statewide to promote the importance of breastfeeding.

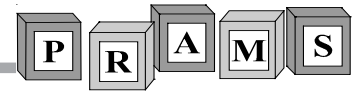


Table 1. Workplace policies among mothers attending work or school (number of respondents=894), by maternal breastfeeding behavior. NM PRAMS, Year 2000 births.

Maternal breastfeeding behavior	% of mothers with each response					%	Lower	Upper
	0	10	20	30	40			
% saying mothers may keep baby at work								
All mothers attending work or school						14.5	11.9	17.1
Never breastfed						13.2	7.8	18.5
Initiated, under 9 weeks						10.0	5.7	14.2
Initiated & continued 9+ weeks						17.4	13.6	21.3
% saying mothers may use break to nurse								
All mothers attending work or school						24.2	21.1	27.2
Never breastfed						21.6	15.2	28.1
Initiated, under 9 weeks						18.2	12.9	23.6
Initiated & continued 9+ weeks						28.2	23.8	32.7
% saying mothers may use break to pump								
All mothers attending work or school						39.4	35.9	42.9
Never breastfed						24.0	17.2	30.7
Initiated, under 9 weeks						32.9	26.6	39.3
Initiated & continued 9+ weeks						49.4	44.4	54.3
% saying it is hard to breastfeed at work								
All mothers attending work or school						19.6	16.7	22.4
Never breastfed						13.3	7.6	19.0
Initiated, under 9 weeks						17.4	12.3	22.5
Initiated & continued 9+ weeks						23.3	19.1	27.5
% saying breastfeeding not allowed at work								
All mothers attending work or school						9.6	7.5	11.7
Never breastfed						6.2	2.4	10.0
Initiated, under 9 weeks						10.1	6.0	14.1
Initiated & continued 9+ weeks						10.8	7.7	13.8

Featured Topics - Breastfeeding & Workplace

References

- 1 Among all new mothers, 55.2% (52.6-57.8%) were going to work or school, 22.5% (19.5-25.5%) never breastfed, 26.6% (23.5-29.7%) initiated but stopped before 9 weeks, and 51.0% (47.4-54.5%) initiated and continued at least 9 weeks.
- 2 95% CI spans fewer than 7 percentage points for all of these estimates. Estimates may differ from table showing policies by breastfeeding behavior, where responses missing data on this behavior were omitted.
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- 14 NMSA 1978, Section 28-20-1 (1999).

Preconception and intention of pregnancy

PRAMS asks:

"Thinking back to just before you got pregnant, how did you feel about becoming pregnant?"

Response options indicate that mother wanted to be pregnant at these times: (1) sooner, (2) later, (3) then, (4) not then or at any time.

"Intended" pregnancy means it was wanted sooner or then. "Unintended" means a pregnancy was wanted later (mistimed) or not at any time (unwanted).^{1,2}

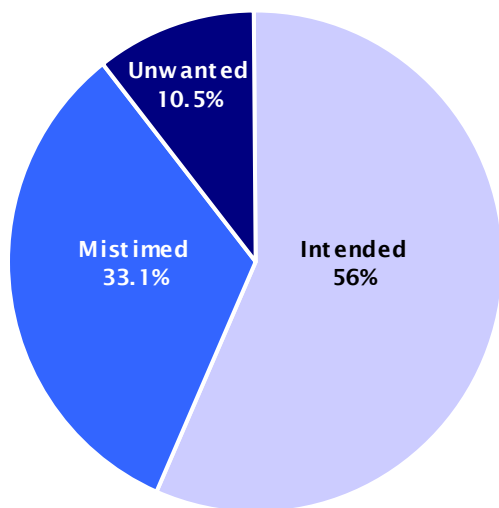
PRAMS estimates include live births, but not miscarriages, abortions, or fetal deaths.

NM PRAMS findings

Multiyear and detailed tables show the data.

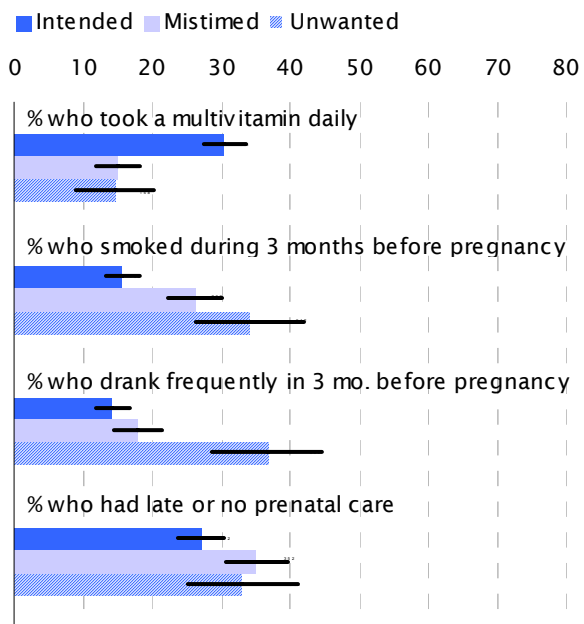
Fifty-six percent of pregnancies ending in live birth were intended and 44% were unintended (Figure 1).³

Figure 1. Percent of mothers with intended, mistimed, or unwanted pregnancy
Unintended=mistimed+unwanted



"Better late than never" does not always apply to intention of pregnancy and healthy behaviors. Women with mistimed pregnancy were more likely to smoke tobacco before pregnancy and less likely to take a multivitamin daily during pregnancy than women with intended pregnancy. Frequent drinking before pregnancy was most likely among unwanted pregnancies and seemed more likely among mistimed than intended pregnancies (the latter comparison was not statistically significant). Late or no prenatal care was more likely if the pregnancy was mistimed than intended. (Fig.2).³

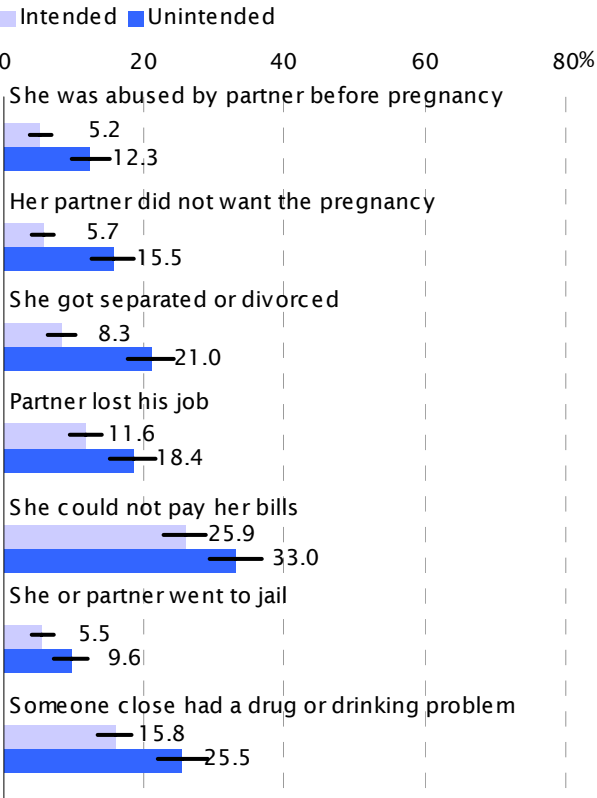
Figure 2. Percent of women with behaviors affecting fetal health, by intention of pregnancy.



Featured Topics - Preconception

Physical abuse by a partner/husband in the 12 months before pregnancy and these stressful events in the 12 months before delivery: having a partner who did not want the pregnancy, separation or divorce, loss of the partner's job, jail time for the respondent or partner, or close association with someone who had a drinking or drug problem, were correlated with intention of pregnancy.⁴

Figure 3: Percent of mothers with partner abuse or stressful life events by intention of pregnancy



The detailed tables show that intended pregnancy was more likely than unintended pregnancy among women with the advantages of being older than 19 years, more educated, married, or not using income from aid, and that Non-Hispanic whites were less likely to have unintended pregnancy than Native Americans or Hispanic whites.

"I think now that planning to have a baby is better than to be surprised and not knowing the consequences of the things a mother does before she knows she is pregnant."
- PRAMS mom

Public health importance

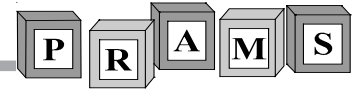
Nationally, unintended pregnancy resulting in live birth or abortion is more likely among unmarried and low-income women, teens, or women over 40 years of age. Unintended pregnancy resulting in live birth is associated with unhealthy maternal lifestyle (poor nutrition, cigarette smoking, use of alcohol and other drugs), and delayed prenatal care, and for the infant, with premature delivery, low birth weight, and small size for gestational age. Children born of an unintended pregnancy may also experience lower cognitive, behavioral, and emotional development, and child abuse and neglect.¹

With 43.6% of live births in 1999 resulting from unintended pregnancies, NM had the seventh highest rate among other PRAMS states, where the range was 33.7% to 52.0%.⁵

What is being done in NM?

Improved ECP access in New Mexico

Emergency contraceptive pills (ECP) contain hormones used in regular birth control pills and are not the same as RU486. NM Planned Parenthood has led a campaign to educate the public and providers about ECP and to increase access through pharmacies. In May 2003, New Mexico became the fourth state allowing pharmacists to prescribe ECP.⁶ In 2003, the NM legislature passed a bill mandating hospitals to inform rape survivors about ECP and offer this treatment.⁷ The ECP work group⁸ is working on pharmacy issues, education, and increased third party coverage of ECP.



Male involvement is featured in teen pregnancy prevention programs.

The Young Fathers Project targets young fathers, or males acting as fathers, to improve parenting skills, educational attainment, employment, social stability, and to reduce repeated pregnancies.

Prenatal Care Utilization Task Force⁹

This group launched a campaign to make every woman's health care visit an opportunity for preconception counseling. State and community agencies educate clients with income below 185% of the federal poverty line (FPL) and increase their access to family planning methods.

Programs to increase the proportion of births that are intended include

- Low-cost clinical family planning services offered by agencies including the NM Family Planning Program, community health centers, and Planned Parenthood
- Comprehensive programs for teens with training of health care providers and evaluation of these activities¹⁰
- School-based health centers offering education and direct care or referrals for primary health care, mental health, substance abuse, and reproductive health services
- Healthier School sites with coordinated services in schools and communities
- The GRADS¹¹ program, aiming to prevent repeat unintended teen pregnancies
- The Abstinence-only Education Program, working through schools and faith-based organizations to educate youth and parents
- Public awareness campaigns and education of health care providers about emergency contraceptive pills (ECP)
- Research and educational outreach about the importance of family planning in prevention of birth defects

- Planning strategies through collaboration between key community players such as Maternal and Child Health Councils; providers funded by the Medicaid 1115 waiver; New Mexico Planned Parenthood; New Mexico Teen Pregnancy Prevention Coalition; New Mexico March of Dimes; NM Department of Health's Family Planning, Adolescent Pregnancy Prevention, Youth Development, and School Health programs.

References

1 Committee on Unintended Pregnancy, Institute of Medicine, National Academy of Sciences. The best intentions: unintended pregnancy and the well-being of children and families. Washington, DC: National Academy Press, 1995. This provides the definition and survey questions from the National Survey of Family Growth. Because the National Survey of Family Growth uses live births + abortions, slightly different questions from PRAMS, and may be asked as late as 5 years after birth, estimates may differ from PRAMS.

2 Lipscomb LE, Johnson CH, Morrow B, Colley Gilbert B, Ahluwalia IB, Beck LF, Gaffield ME, Rogers M, Whitehead N. PRAMS 1998 Surveillance Report. Atlanta: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2000. Available at http://www.cdc.gov/nccdphp/drh/srv_prams.htm
 PRAMS asks, "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" Response options indicate that mother wanted to be pregnant at these times: (1) sooner, (2) later, (3) then, (4) not then or at any time. For births through 1999, the fifth response option was that she didn't know, but these respondents were excluded from the analysis. Starting with year 2000 births, "don't know" was eliminated as an option.

3 "Before pregnancy" refers to the 3 months before pregnancy. "Tobacco smoking" means any cigarette smoking; "heavy drinking" means 7 or more drinks per week, or 5 or more drinks at a sitting; late prenatal care means care started after the first 3 months.

Featured Topics - Preconception

Endnotes 3 and 4: "Lower" and "Upper" refer to 95% confidence limits. Strikethrough used if 95% CI spans more than 5 percentage points.

Note 3, Data for figure 2: Percent of mothers with selected behaviors, by intention of pregnancy.

<i>Intention of pregnancy</i>	<i>% of mothers with selected behaviors</i>		
	<i>%</i>	<i>Lower</i>	<i>Upper</i>
	<i>% who took a multivitamin daily</i>		
Intended	30.5	27.4	33.6
Mistimed	15.0	11.7	18.3
Unwanted	14.8	9.1	20.4
	<i>% who smoked during 3 mo. before pregnancy</i>		
Intended	15.8	13.2	18.3
Mistimed	26.2	22.2	30.3
Unwanted	34.2	26.4	42.0
	<i>% who drank frequently during 3 mo. before pregnancy</i>		
Intended	14.3	11.9	16.7
Mistimed	17.9	14.4	21.4
Unwanted	36.7	28.8	44.6
	<i>% with late or no prenatal care</i>		
Intended	27.2	23.9	30.4
Mistimed	35.2	30.6	39.7
Unwanted	33.2	25.1	41.3

Note 4, Data table for figure 3: Percent of women with stressful life events, by intention of pregnancy.

<i>Intention of pregnancy</i>	<i>Stressful life events</i>		
		<i>Lower</i>	<i>Upper</i>
	<i>% with partner abuse before pregnancy</i>		
Intended	5.2	#	3.7
Unintended	12.3	#	9.6
	<i>% whose partner did not want the pregnancy</i>		
Intended	5.7	4.1	7.3
Unintended	15.5	12.6	18.5
	<i>% who got separated or divorced</i>		
Intended	8.3	6.4	10.2
Unintended	21.0	17.7	24.3
	<i>% whose partner lost a job</i>		
Intended	11.6	9.4	13.9
Unintended	18.4	15.2	21.5
	<i>% who could not pay their bills</i>		
Intended	25.9	22.8	28.9
Unintended	33.0	29.3	36.8
	<i>% who said she or partner went to jail</i>		
Intended	5.5	4.0	7.0
Unintended	9.6	7.2	12.0
	<i>% with someone close having a drug or drinking problem</i>		
Intended	15.8	13.3	18.3
Unintended	25.5	22.0	29.0

5 Beck LF, Johnson CH, Morrow B, Lipscomb LE, Gaffield ME, Colley Gilbert B, Rogers M, Whitehead N. PRAMS 1999 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2003.

6 The Pharmacy Act (16NMAC 19.26, passed and signed in 2001) was amended, allowing the Board of Pharmacy to develop protocols for pharmacists to prescribe drugs. The Boards of Nursing and Medical Examiners have granted the required approval.

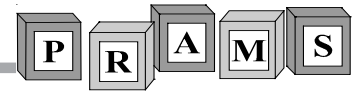
7 HB 119.

8 The ECP work group includes representatives from community and non-profit organizations including Planned Parenthood of New Mexico, NM Board of Pharmacy, NM Pharmaceutical Association, University of New Mexico, and the NM Department of Health.

9 The Prenatal Care Utilization Task Force includes representatives from the Department of Health, the New Mexico Prenatal Care Network, the New Mexico Hospital and Health Systems Association, the March of Dimes, and Lovelace, Cimarron and Presbyterian Health Plans and others.

10 Teen pregnancy prevention programs are described in: Family Planning Program. Challenge 2005: reducing teen pregnancy in New Mexico. Santa Fe, NM: Family Health Bureau, New Mexico Department of Health, 2000. There is a year 2001 Update.

11 New Mexico Graduation Reality and Dual-Role Skills.



Physical Abuse by a Partner

PRAMS asks:

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

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

This chapter refers to physical abuse by a partner as "abuse".

NM PRAMS findings

Multiyear and detailed tables show data.

During the 12 months before pregnancy, 8.2% of new mothers responded that they were abused by a partner. In other words, more than 2,100 women experienced partner abuse at this time.¹ During pregnancy (9 or fewer months), the prevalence of partner abuse was 6.6%. These rates are 20 times greater than the Healthy People 2010 objective, which is not just limited to the perinatal period.²

Either during the 12 months before or during pregnancy, partner abuse was much more likely among women who

- Were unmarried
- Had limited financial resources³
- Were ages 15-17 years than ages 25 to 34 years⁴
- Had a stressful experience such as unpaid bills, partner's/husband's loss of job, being close to someone who had a drinking or drug problem, or having a partner or husband who did not want the pregnancy.⁵

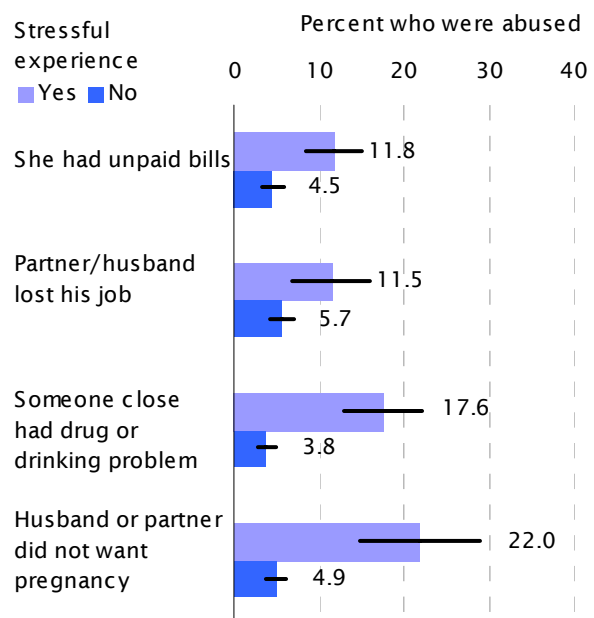
During pregnancy, partner abuse was more likely among women who

- Did not achieve a high-school education than those reaching high-school or higher levels
- Were of Native American ethnicity/race than non-Hispanic white (prevalence among Hispanic white women was intermediate)

During pregnancy, partner abuse was more likely among women who

- Experienced certain stressful events (Figure).

Figure: Percent of mothers whose partner abused them during pregnancy by experience of selected stressful events ("yes" or "no")^{5a}



Children at risk of witnessing violence

Approximately 3,400 (2,570- 4,230) children who lived in homes of pregnant women physically abused by a partner during pregnancy were at risk of exposure to violence.

Services for abused women: unmet needs

Only 55% of women who were abused during pregnancy recalled discussing partner abuse with a prenatal health care provider; only 11% received counseling services after delivery. Fewer than 10% had services to protect them from family violence during pregnancy or after delivery.⁶

Featured Topics - Physical Abuse by a Partner

Public health importance

Physical abuse with abdominal trauma may contribute to fetal loss, early labor, and a preterm, low-birth weight infant. Partner abuse can jeopardize mothers' and infants' health through inadequate prenatal care, maternal use of tobacco, alcohol, or illicit drugs, poor maternal weight gain, anemia, and other medical problems.⁷ Childhood exposure to domestic violence is associated with increased risk of behavioral difficulties, significant emotional problems, poor academic performance,⁸ or delinquency.⁹ Effects may last into adulthood with a greater likelihood of alcoholism, drug abuse, mental health problems, smoking, poor health,¹⁰ or becoming a victim or perpetrator.¹¹

Domestic violence leads to substantial medical costs: battered women may account for 22 to 35% of women seeking care in emergency departments.¹² Women who were abused by a partner were more likely to be hospitalized for injury-related, digestive system, and psychiatric diagnoses.¹³

In 1999, New Mexico PRAMS reported higher rates of partner abuse than other PRAMS states, where the range was 3.1% to 5.9% (compared to 7.1% in NM) before, and 2.1% to 5.8% (compared to 6.3% in NM) during pregnancy.¹⁴

"I was abused in the fifth month of pregnancy and I brought it to the attention of my doctor and nothing was done about it!"

- PRAMS Mom

What Is Being Done In NM?

There are 34 community-based groups working on domestic violence, with the collaboration of law enforcement, judicial, and social service agencies. There are only 22 shelters for victims of domestic violence and 12 providers who counsel families outside of shelters. Gaps in services include shelters and programs, especially in rural areas, transitional housing and vocational

preparation for women, batterer's treatment programs, and children's counseling services statewide.

The Coalition Against Domestic Violence is a clearinghouse for all shelters and providers; it provides technical training to domestic violence prevention and treatment advocates, health care providers, employees and employers in the workplaces, youth, Health, Faith-Based Community, Issues in Direct Services to Victims, Training in Spanish, Immigration Law, and law enforcement officers; and publishes a resource directory.

The V.A.S.T (Violence, Alcohol, Substance Abuse, and Tobacco use) initiative trains clinical providers to identify victims of sexual and physical violence, assess the problems, and link them with resources. Education about sexual coercion among adolescents is included. V.A.S.T is sponsored by the NM Department of Health, with the Family Planning Program and the Injury Prevention Bureau playing key roles.

References

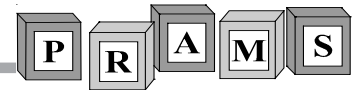
1 Number abused by partner before pregnancy=2117 (95% CI 1738-2495). Table not shown.

2 The objective is fewer than 3.6 physical assaults by a current or former intimate partner per 1,000 persons 12 years or older. US. Department of Health and Human Services. Healthy People 2010 Conference Edition. Washington DC: January 2000. <<http://www.health.gov/healthypeople/Document/default.htm>>

3 In the detailed tables, income from aid or having Medicaid as a payer of prenatal care &/or delivery are proxies for lower income.

4 See detailed tables for comparisons with women ages 18-24, some of which are not statistically significant.

5 During the 12 months before delivery, comparing women with and without stressful experiences: the percent who were physically abused by a partner was 16.1% (12.4-19.7%) if the respondent had v. 5.1% (3.7-6.5%) if she did not have unpaid bills; 19.8% (14.2-25.4%) if her partner/husband did v. 6.1% (4.8-7.5%) if he did not lose his job; 21.3% (16.4-26.2%) if someone close had a drinking or drug problem v. 5.1% (3.8-6.4%) if no one close had this problem; and 24.2% (16.8-31.5%) if her partner did not want the pregnancy v. 6.5% v. (5.2-7.9%) if he did..



5a Data for figure.

Percent of mothers with partner abuse during pregnancy, by stressful experience (add or subtract "error margin" to obtain 95% confidence interval)

Stressful experience	%	error margin
She had unpaid bills		
No	4.5	1.3
Yes	11.8	3.3
Her partner/husband lost his job		
No	5.7	1.3
Yes	11.5	4.5
Someone close had drug/drinking problem		
No	3.8	1.1
Yes	17.6	4.6
Her partner/husband did not want the pregnancy		
No	4.9	1.2
Yes	22.0	7.1

6 Among women abused during pregnancy, 54.5% (43.9-65.0%) recalled that a prenatal health care worker discussed partner abuse; 10.7% (4.4-17.0%) received counseling services after delivery. Percentages of these women who received prenatal counseling services and prenatal or postpartum family violence services are too unstable to report.

7 Original references in: Beck LF, Johnson CH, Morrow B, Lipscomb LE, Gaffield ME, Colley Gilbert B, Rogers M, Whitehead N. PRAMS 1999 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2003.

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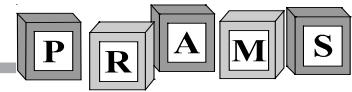
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13 Kernic MA, Wolf ME, Holt VL Rates and relative risk of hospital admission among women in violent intimate partner relationships. Am J Public Health 2000;90:1416-20.

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Featured Topics - Physical Abuse by a Partner



Maternal Alcohol Use

PRAMS asks:

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

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

PRAMS asks the same questions for the period during the last 3 months of pregnancy.

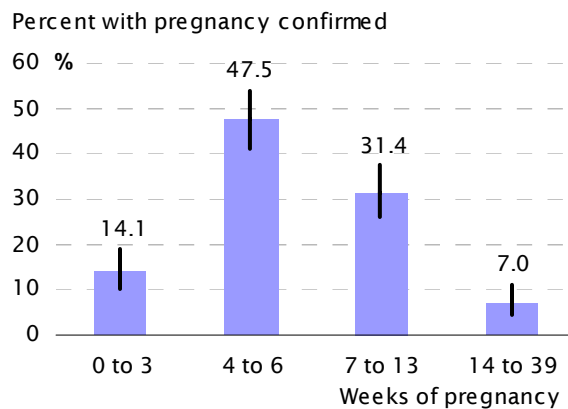
Frequent drinking means 7 or more drinks per week or 5 or more on any one occasion (binge drinking).¹

NM PRAMS findings

Multiyear and detailed tables show data.

- Overall, the prevalence of drinking any alcohol dropped from 46% of mothers during the 3 months before to 5% during the last 3 months of pregnancy.²
- This means that 1300 infants were exposed to alcohol during late fetal development, and potentially over 10,000 were exposed during early development.³
- Frequent (including binge) drinking occurred among 18% of mothers during the 3 months before and 1% during the last 3 months of pregnancy.
- Even among mothers who intended their pregnancy, 14% were frequent drinkers (including binge drinkers) in the 3 months before pregnancy.⁴
- Drinking alcohol during the 3 months before pregnancy may also expose the fetus to alcohol, because only 18% of all mothers had confirmed pregnancy within the first 3 weeks of pregnancy.⁵
- Among women who drank frequently (including binges), only 14% had confirmed pregnancy by 3 weeks of pregnancy (Figure). The critical exposure period for Fetal Alcohol Syndrome is 3 to 8 weeks.⁶

Figure: Among women who drank alcohol frequently (including binges), percent whose pregnancy was confirmed at various stages of pregnancy (weeks)



"Too many teenage girls are still using drugs, cigarettes, and drinking alcohol during their pregnancy... I think there should be more graphic details and pictures about what drugs, cigarettes, and alcohol can do to your baby. I'm also a teenage mother. I had my first baby at age 17. Even though I did all three...before I got pregnant, I immediately stopped when I found out that I was pregnant...."

"...I have just one word of counsel for women: if you are expecting, do not smoke or drink alcohol. It is a great danger and you may harm your baby."

- PRAMS moms

During the 3 months before pregnancy, frequent (including binge) drinking was more likely among women who

- Had limited financial resources⁷
- Were not married
- Were age 20-24 years (compared with women 25 years or older), or
- Had an unintended pregnancy.

Featured Topics - Alcohol Use

During the last 3 months of pregnancy

Small sample numbers preclude reporting about frequent (including binge) drinking for subgroups. The detailed table addresses "any" alcohol consumption during this time, which was more likely among mothers who

- Had more than high school education than those with high school (and possibly, less than high school) education*
- Had a previous live birth
- Were 35 years or older, compared with teens, (and possibly, than mothers 20-34 years old).*

* *Not statistically significant differences.*

Some women with limited financial resources were less likely to drink at this time, while others were not.⁸ Neither marital status nor intention of pregnancy was associated with use of "any" alcohol during the last 3 months of pregnancy.

Services for women who used any alcohol

A prenatal healthcare worker discussed the effects of alcohol on the fetus with 74% of women who drank during either period. Less than one percent of women who used alcohol at either time received services to stop using drugs or alcohol.⁹

Public health importance

Frequent prenatal exposure to alcohol is among the most commonly identifiable causes of mental retardation and neurodevelopmental disorders. This exposure is also associated with miscarriages, birth defects, and growth disorders. There is no known safe level of prenatal alcohol consumption or safe time during pregnancy to drink.^{10,11} Early abstinence from alcohol is important, as Fetal Alcohol Syndrome (FAS) results from heavy alcohol exposure at 3 to 8 weeks of gestation.⁶

Fetal Alcohol Syndrome (FAS) is a cluster of birth defects resulting from prenatal alcohol exposure. The terms alcohol-related neurodevelopmental disorder (ARND) and alcohol-related birth defects (ARBD) also identify infants affected by prenatal exposure to alcohol.

Prevalence rates of FAS in the United States have been estimated at 0.5 to 2.0 per 1,000 live births, and FAS combined with ARBD at one percent of all births.¹² FAS is costly, with an estimated annual financial burden of at least \$75 million for the nation in 1991.¹³

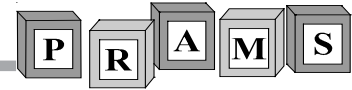
The prevalence of FAS in New Mexico in 1992 was estimated at 1 per 1000,¹⁴ close to the national average. Nevertheless, 38% of women requesting a pregnancy test in NM public health clinics in 1996 reported currently using alcohol. Even among women who were pregnant and intended to be pregnant, 20% admitted current drinking.¹⁵

PRAMS asks about alcohol use just before pregnancy because this question may measure use during early pregnancy more accurately than if the question asked about use in the first trimester. In other PRAMS states, 22.6% to 55.6% of women with live birth used any alcohol in the 3 months before pregnancy, and 1.8% to 8.2% drank during the last 3 months of pregnancy.¹⁶

What is being done in NM?

In 1996, the State Legislature passed HB 171 authorizing funds for a statewide Fetal Alcohol Syndrome Prevention Program. Community activities include media campaigns, developing and distributing informational materials, and coordinating educational programs for professionals, families, and students. When cases of FAS are identified, mothers are linked with services to prevent future FAS-affected infants. The "Pregnant Pause Campaign" launched in 1996 emphasizes that pregnant women should stop drinking. Since New Mexican women who eventually have a child with FAS invariably gave birth to their first child in their teen years,¹⁷ prevention efforts also target youth. A FAS curriculum was developed for middle schools, and peer trainers teach other students about FAS prevention.

The NM Department of Health's V.A.S.T. (violence, alcohol, substance abuse, and tobacco use) initiatives train health care providers across public and private sectors to identify victims of sexual and physical violence, assess the problems,



and link them with resources. The Family Planning Program and the Injury Prevention Bureau lead these initiatives.

Many organizations conduct community activities: CASAA¹⁸, the March of Dimes, the Arc of New Mexico, the UNM Department of Pediatrics, and the Graduation Reality and Dual Role Skills (GRADS) program, a collaboration between the NM Human Services Department, Children, Youth, and Families Department and Department of Education.

References

- 1 CDC. Alcohol use among women of childbearing age - United States, 1991-1999. *MMWR* 2002;51:273-6.
- 2 Prevalence during 3 months before =46.2%(95% CI 43.6-48.8%; during last 3 months=5.1%(95% CI 4.0-6.3%). Data not shown.
- 3 During 3 months before pregnancy, number of mothers who drank any alcohol=11,669 (95%CI 11,012 to 12,325). During last 3 months of pregnancy, number=1304 (95% CI 1012-1595). Data not shown.
- 4 See Featured Topic, Preconception, for behaviors and experiences correlated with intention of pregnancy.
- 5 18.2% (95% CI 6.2-20.2%). Data not shown.
- 6 Floyd RL, Decaufle P, Hungerford DW. Alcohol use prior to pregnancy recognition. *Am J Prev Med* 1999;17:101-7.
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- 12 May PA, Gossage JP. Estimating the prevalence of Fetal Alcohol Syndrome. *Alcohol Research & Health* 2001;25:159-167.
- 13 Abel EL, Sokol RJ. A revised conservative estimate of the incidence of FAS and its economic impact. *Alcohol Clin Exp Res* 1991;15:541-24.
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- 15 Martin J, Hall I. Substance use among childbearing-age females (SUCAF). Division of Epidemiology, Evaluation and Planning, New Mexico Department of Health, Santa Fe, NM, 1996.
- 16 Beck LF, Johnson CH, Morrow B, Lipscomb LE, Gaffield ME, Colley Gilbert B, Rogers M, Whitehead N. PRAMS 1999 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2003. Before pregnancy, Utah had the lowest prevalence and Maine, the highest; during the last 3 months of pregnancy, West Virginia had the lowest and Colorado had the highest.
- 17 Center of Alcoholism, Substance Abuse, and Addictions at University of New Mexico, 1997.
- 18 Center of Alcoholism, Substance Abuse, and Addictions at University of New Mexico.

Featured Topics - Alcohol Use

Maternal cigarette smoking and infant's smoke exposure

PRAMS asks:

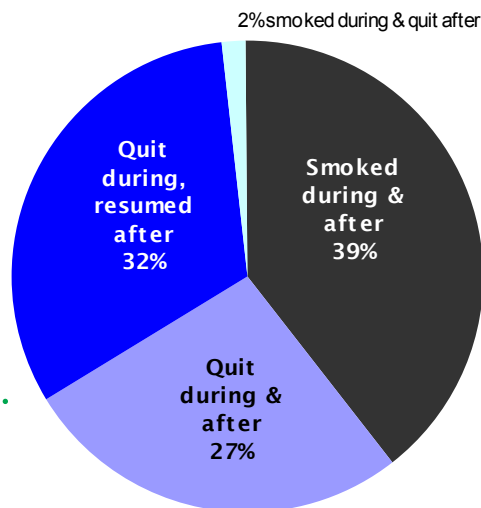
- ☑ "In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?"
- ☑ "In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?"
- ☑ "How many cigarettes or packs of cigarettes do you smoke on an average day now?"
- ☑ "About how many hours a day, on average, is your new baby in the same room with someone who is smoking?"

NM PRAMS findings

Multiyear and detailed tables show data.

Pregnancy is a "window of opportunity" when women are eager to quit smoking. Among those who smoked during the 3 months before pregnancy, 59% quit during the last 3 months of pregnancy, but about half of these mothers relapsed after delivery. Thus, 73% of women who smoked before pregnancy exposed the fetus and/or newborn to the hazards of tobacco.

Figure. Behavior of women who smoked during the 3 months before pregnancy



Among all NM mothers,

- 21% of mothers smoked during the 3 months before pregnancy.
- 9% smoked during late pregnancy. This means 2,370 fetuses were exposed to maternal smoking.¹
- Women with limited financial resources² were more likely to smoke before or during pregnancy than others.
- Women with more than high school education were the least likely to smoke before pregnancy; during pregnancy, this association seemed to persist, although it was not statistically significant.
- Before pregnancy or when surveyed, 20-24 year-olds were more likely to smoke than mothers over 25 years of age. During the last 3 months of pregnancy, this association with age was not statistically significant.
- Native American or Hispanic mothers were far less likely than non-Hispanic white mothers to smoke at any time.

Infants exposed to tobacco smoke

Statewide, over 2,100 infants were exposed to tobacco smoke during the first 6 months of life.³ Babies were more likely to be exposed to smoke if the mother

- Was currently smoking or
- Was non-Hispanic white or
- Had limited financial resources.⁴

Did smokers receive prenatal counseling?

- Most women (81%) who smoked before pregnancy did receive prenatal counseling about tobacco smoking.
- However, very few (0.1%-2.7%) reported using smoking cessation services.

Featured Topics - Cigarette Smoking

Public health importance

Smoking during pregnancy exposes the infant to the risk of growth retardation, prematurity, and sudden infant death syndrome (SIDS).^{5,6} Second-hand smoke increases the hazard of respiratory illnesses such as pneumonia, asthma and ear infections, and possibly, SIDS.^{7,8} Moreover, smoking is a major risk factor for gum disease,⁹ which contributes to preterm low-birth weight¹⁰ as well as loss of teeth.

The tobacco industry targets females and youth. Nationally, from 1965 to 1980, the gender gap in smoking prevalence narrowed because declines among men were steeper than among women. In 1998, 22.0% of women and 26.4% of men were smoking.

For male and female teens, the prevalence of smoking increased in the 1990s. Among high school seniors in the year 2000, 29.7% of girls and 32.8% of boys were current smokers.¹¹ In New Mexico, smoking in the previous 30 days by high school students dropped from 36.2% in 1999 to 27% in 2001, parallel to national trends.¹²

During the last three months of pregnancy, the prevalence of smoking in NM (11%) compared favorably with other PRAMS states, where the range was 6% to 27%.¹³ However, New Mexico was in the mid-range for smoking rates reported during the three months before pregnancy (26% in NM and 14% to 42% in others) or at the time of the survey (20% in NM and 9% to 36% in other PRAMS states).¹⁴

Smoking tobacco is expensive for society. National costs attributed to smoking among complicated births in 1995 were \$1.4 billion.¹⁵ Counseling by health care providers is effective, doubling quit rates among pregnant Medicaid patients¹⁶ and tripling quit rates in an HMO setting.¹⁷ In the general population, advice from physicians can produce cessation rates of 5% to 10% per year, and combining behavioral counseling and pharmacologic treatment can produce quit rates of 20-25% in one year.¹⁸

"I smoked before I became pregnant. I quit when I found out I was pregnant. I don't smoke in my house or car. We always sit in non-smoking when we go out to eat. I know there is still smoke from the smoking sections, but we do our best."

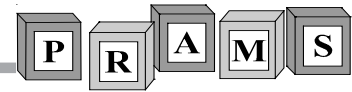
- PRAMS mom

What is being done in NM?

Tobacco settlement funds help prevention and cessation efforts. These include supporting community programs and coalitions, increasing smoke-free environments, decreasing youth access to tobacco, smoking cessation and prevention programs in schools and elsewhere, and media campaigns. Health care providers receive technical assistance in identifying and helping smokers.

Prevention and cessation activities include:

- Television, radio and billboard messages encouraging all New Mexicans to quit smoking and to avoid passive smoke
- Medicaid services, which include payment for smoking cessation classes, nicotine replacement and other pharmacological treatments, but only if the client is enrolled in a class
- A NM law, effective January 2004, requiring insurance companies to cover smoking cessation and prevention services;¹⁹ however, this applies only if the insurance package covers costs of pregnancy
- WIC counseling about the effects of smoking on the fetus and infant and referral of smokers to cessation services
- Education by health and social service providers of women who are pregnant or have young children
- Perinatal tobacco education workshops for teens, especially pregnant teens in the GRADS programs and New Futures High School



- Manuals and technical assistance provided by the New Mexico Medical Society to guide clinicians in counseling patients
- Smoking cessation classes offered free of cost in at least 15 counties²⁰
- New Mexico Department of Health's initiatives to reduce violence, and alcohol, substance, and tobacco use (V.A.S.T.), led by the Family Planning Program and the Injury Prevention Bureau.

Technical assistance is provided by the Tobacco Use Prevention and Control Program (TUPAC), the American Cancer Society (Make Yours a Fresh Start Family Program), the American Lung Association, (The Freedom From Smoking Program, N.O.T.: Not On Tobacco), and the New Mexico Department of Health Violence, Alcohol, Substance abuse, and Tobacco use (V.A.S.T.) initiative led by the Family Planning Program.

References

1 NM PRAMS data, Year 2000 births. Number of mothers who smoked during last 3 months of pregnancy=2,373 (95% CI=1991 to 2754). Table not shown.

2 In the detailed tables, income from aid or having Medicaid as a payer of prenatal care &/or delivery were proxies for lower income.

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13 During last 3 months of pregnancy, prevalence was 11.1% (9.3-12.9%) in NM; 6.2% (4.6-7.8%) in Utah; 27.2% (24.3-30.1%) in West Virginia.

14 Beck LF, Johnson CH, Morrow B, Lipscomb LE, Gaffield ME, Colley Gilbert B, Rogers M, Whitehead N. PRAMS 1999 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2003.

During the 3 months before pregnancy, prevalence of smoking was 25.6% (23.1-28.1%) in NM; 14.3% (11.9-16.7%) in Utah; 41.5% (38.3-44.7%) in West Virginia. After pregnancy: 19.8% (17.5-22.1%) in NM; 9.3% (7.3-11.2%) in Utah; 36.0% (32.9-39.1) in West Virginia.

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 20 Otero (Alamogordo), Dona Ana, Hidalgo (Lordsburg), Santa Fe, Grant (Silver City), Socorro, San Juan, Taos, Guadalupe, Chaves, Lea, Eddy, Catron, Bernalillo, Santa Fe counties, and Eight Northern Pueblos.

Featured Topics - Cigarette Smoking

Multiyear Tables

*For assessment of trends and progress from years 1997-2000
Sample sizes and variable definitions are in the Appendix
Error bars in charts are 95% confidence intervals*

Preconception planning:
Folic acid awareness and intention of pregnancy among women with live birth
By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
Births from July 1997-December 2000, with 5711 mothers responding.
Strikethrough indicates that error margin is large and data should be used with caution.
Variables are defined in the Appendix.

Year	Topic		%	Lower	Upper
		0 10 20 30 40 50 60 70 80			
	Percent of women who were aware that folic acid can help prevent birth defects				
1997-2000			66.8	65.2	68.4
1997			70.5	65.0	76.0
1998			66.3	62.9	69.7
1999			68.9	66.4	71.5
2000	(Y2000 question was revised)		63.1	60.5	65.6
	Percent of women with unintended pregnancy				
1997-2000			44.4	42.7	46.2
1997			51.0	44.5	57.5
1998			42.9	39.2	46.6
1999			43.6	40.7	46.5
2000			43.6	41.0	46.2
	Percent of women with intended pregnancy				
1997-2000			55.6	53.8	57.3
1997			49.0	42.5	55.5
1998			57.1	53.4	60.8
1999			56.4	53.5	59.3
2000			56.4	53.8	59.0
	Percent of women with mistimed pregnancy (wanted later)				
1997-2000			33.7	32.0	35.4
1997			43.1	36.6	49.6
1998			30.9	27.4	34.4
1999			32.4	29.7	35.1
2000			33.1	30.6	35.5
	Percent of women with unwanted pregnancy (not wanted then or ever)				
1997-2000			10.8	9.7	11.8
1997			7.9	4.8	11.0
1998			12.0	9.5	14.5
1999			11.2	9.4	13.0
2000			10.5	8.9	12.1

For birth years 1997-1999, the survey allowed "Don't know" as a response option, but this was excluded from the analysis of intention of pregnancy. For birth year 2000, "Don't know" was not offered as an option.

Preconception planning: maternal contraceptive use By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.

Year	Topic	0	10	20	30	40	50	60	70	80	90	%	Lower	Upper	
1997-2000	Among women with unintended pregnancy, percent using contraception at conception												41.9	38.4	45.4
1997													41.2	32.0	50.5
1998													39.7	34.0	45.3
1999													44.5	40.2	48.9
2000	Among women not trying to get pregnant, percent using contraception at conception												47.3	43.8	50.8
1997-2000	Among women with unintended pregnancy, percent <i>not using</i> contraception at conception												58.1	54.6	61.6
1997													58.8	49.5	68.1
1998													60.4	54.7	66.0
1999													55.5	51.1	59.9
2000	Among women not trying to get pregnant, percent <i>not using</i> contraception at conception												52.7	49.2	56.3
1997-2000	Among all NM mothers, % using postpartum contraception												81.8	80.5	83.2
1997													76.7	71.4	81.9
1998													78.7	75.8	81.6
1999													82.5	80.4	84.6
2000													86.9	85.2	88.7

For year 2000 births, the survey adds a filter question asking if the woman was trying to get pregnant, then asks if she was using contraception. In addition, the question about use of contraception was revised, referring to "doing anything to keep from getting pregnant" instead of "birth control", and including more examples of contraceptive methods.

Maternal alcohol use By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.

Year	Topic	0	20	40	60	80	%	Lower	Upper
Percent of women who drank <i>any</i> alcohol during the 3 months before pregnancy									
1997-2000							44.8	43.0	46.5
1997							42.3	36.0	48.5
1998							44.7	41.1	48.3
1999							44.7	41.9	47.5
2000							46.2	43.6	48.8
Percent of women who drank <i>any</i> alcohol during the last 3 months of pregnancy									
1997-2000							4.3	3.7	5.0
1997							3.2	1.2	5.2
1998							4.4	3.0	5.9
1999							4.1	3.0	5.2
2000							5.1	4.0	6.3
Percent of women who drank alcohol <i>frequently or binged</i> during the 3 months before pregnancy									
1997-2000							18.5	17.1	19.9
1997							16.5	11.8	21.2
1998							20.3	17.4	23.2
1999							18.4	16.2	20.6
2000							17.8	15.8	19.8

For birth year 2000, the survey added a filter question before asking about the number of drinks.

Maternal cigarette smoking and infant's exposure to cigarette smoke By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System

Births from July 1997-December 2000, with 5711 mothers responding.

Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.

<i>Year</i>	<i>Topic</i>			<i>%</i>	<i>Lower</i>	<i>Upper</i>			
		0	10	20	30	40	50		
	Percent of mothers who smoked any cigarettes during the 3 months before pregnancy								
1997-2000							23.6	22.1	25.2
1997							22.4	17.1	27.8
1998							24.7	21.5	27.9
1999							25.6	23.1	28.1
2000							21.3	19.1	23.4
	Percent of mothers who smoked any cigarettes during the last 3 months of pregnancy								
1997-2000							10.7	9.6	11.9
1997							11.0	6.9	15.1
1998							11.7	9.3	14.1
1999							11.1	9.3	12.9
2000							9.3	7.8	10.8
	Percent of mothers who currently smoke any cigarettes								
1997-2000							18.0	16.6	19.4
1997							16.1	11.4	20.9
1998							19.0	16.1	22.0
1999							19.8	17.5	22.1
2000							16.0	14.1	17.9
	Percent of mothers whose infant is exposed to tobacco smoke								
1997-2000							8.4	7.4	9.5
1997							7.9	4.4	11.5
1998							10.8	8.4	13.2
1999							6.1	4.7	7.4
2000							8.6	7.1	10.1

For Y2000 births, the filter question was revised; this precedes questions about cigarette smoking,

Physical abuse of women by a partner or husband By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
 Births from July 1997-December 2000, with 5711 mothers responding.
 Strikethrough indicates that error margin is large and data should be used with caution.
 Variables are defined in the Appendix.

Year	Topic		%	Lower	Upper
		0 5 10 15 20 25 30			
	Percent of women whose partner physically abused them during the 12 months before pregnancy				
1997-2000			8.1	7.2	9.0
1997			7.9	4.9	11.0
1998			8.4	6.4	10.5
1999			7.7	6.2	9.1
	(Question revised Y2000)				
2000			8.2	6.8	9.7
	Percent of women whose partner physically abused them during pregnancy				
1997-2000			6.5	5.7	7.4
1997			6.0	3.5	8.5
1998			7.0	5.2	8.8
1999			6.3	4.9	7.6
	(Question revised Y2000)				
2000			6.6	5.3	8.0

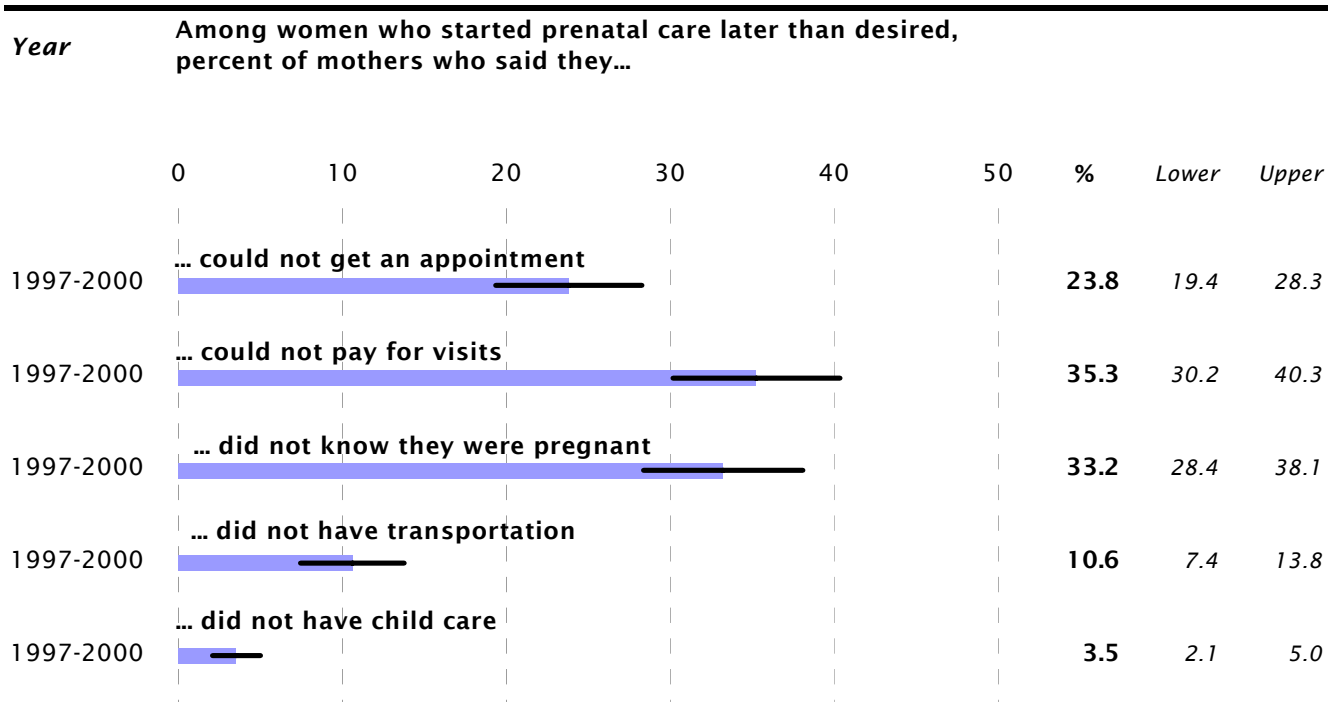
Maternal weight and diabetes By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System, 5711 respondents.
 Births from July 1997-December 2000, with 5711 mothers responding.
 Strikethrough indicates that error margin is large and data should be used with caution.
 Variables are defined in the Appendix.

<i>Year</i>	<i>Topic</i>		<i>%</i>	<i>Lower</i>	<i>Upper</i>								
		0	10	20	30	40	50	60	70				
	Percent of women who were overweight (BMI>26kg/m²) before pregnancy												
1997-2000											30.1	28.5	31.7
1997										31.1	25.3	37.0	
1998										27.6	24.5	30.8	
1999										29.7	27.1	32.3	
2000										32.5	30.0	35.0	
	Percent of women who had pre-existing or gestational diabetes												
1997-2000										7.0	6.1	7.8	
1997										5.6	3.2	8.1	
1998										7.0	5.2	8.8	
1999										7.4	5.9	8.9	
2000										7.3	5.9	8.6	

Reasons for late prenatal care among women who started later than desired
 For mothers of infants born from 1997-2000

Source: NM Pregnancy Risk Assessment & Monitoring System.
 Births from July 1997-December 2000, with 5711 mothers responding.
 Estimates are not reported for individual years because error margins were too large.
 Variables are defined in the Appendix.



Topics discussed with healthcare workers during prenatal care By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
Births from July 1997-December 2000, with 5711 mothers responding.
Strikethrough indicates that error margin is large and data should be used with caution.
Variables are defined in the Appendix.

Year	Topic	%	Lower	Upper					
Topics discussed by healthcare workers during prenatal care									
		0	20	40	60	80	100		
	How maternal smoking during pregnancy could affect the baby								
1997-2000		79.4	78.1	80.8					
1997		83.4	78.7	88.0					
1998		81.8	79.0	84.5					
1999		83.0	80.8	85.1					
2000		71.7	69.3	74.0					
	Breastfeeding								
1997-2000		87.1	85.8	88.3					
1997		84.3	79.4	89.1					
1998		88.5	86.2	90.8					
1999		88.3	86.5	90.1					
2000		85.8	83.9	87.6					
	How maternal alcohol use during pregnancy could affect the baby								
1997-2000		80.7	79.4	82.1					
1997		83.6	78.9	88.3					
1998		82.0	79.2	84.7					
1999		84.6	82.5	86.6					
2000		74.3	72.0	76.5					
	Using a seat belt during pregnancy								
1997-2000		60.4	58.6	62.1					
1997		60.8	54.7	67.0					
1998		61.8	58.2	65.3					
1999		63.3	60.6	66.1					
2000		55.7	53.1	58.3					
	Birth control methods to use after pregnancy								
1997-2000		85.4	84.1	86.6					
1997		84.1	79.3	88.8					
1998		83.9	81.2	86.6					
1999		87.3	85.5	89.2					
2000		85.5	83.6	87.3					

For year 2000 births, the question instructed women to exclude videos or reading materials.

Topics discussed with healthcare workers during prenatal care By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
Births from July 1997-December 2000, with 5711 mothers responding.
Strikethrough indicates that error margin is large and data should be used with caution.
Variables are defined in the Appendix.

Year	Topic	0	20	40	60	80	100	%	Lower	Upper
Topics discussed by healthcare workers during prenatal care										
Medicines that are safe during pregnancy										
1997-2000								87.9	86.8	89.0
1997								89.2	85.5	92.9
1998								88.4	86.1	90.6
1999								88.6	86.8	90.4
2000								86.2	84.3	88.0
How illegal drugs could affect the baby										
1997-2000								74.0	72.5	75.5
1997								78.3	73.1	83.4
1998								75.7	72.6	78.8
1999								77.9	75.6	80.2
2000								66.2	63.8	68.7
What to do for early labor										
1997-2000								85.2	84.0	86.4
1997								84.3	79.7	88.9
1998								85.4	82.9	88.0
1999								87.7	85.9	89.5
2000								82.9	80.9	84.8
Getting a blood test for HIV										
1997-2000								77.1	75.6	78.6
1997								71.2	65.4	77.0
1998								77.2	74.3	80.2
1999								78.5	76.2	80.8
2000								78.5	76.4	80.7
Physical abuse to women by their husbands or partners										
1997-2000								39.5	37.9	41.2
1997								30.6	25.0	36.3
1998								37.4	34.0	40.9
1999								43.2	40.4	46.0
2000								42.5	39.9	45.1

For year 2000 births, the question instructed women to exclude videos or reading materials.

Prenatal and postpartum services: WIC and breastfeeding By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
Births from July 1997-December 2000, with 5711 mothers responding.
Strikethrough indicates that error margin is large and data should be used with caution.
Variables are defined in the Appendix.

Year	Topic	%	Lower	Upper
Prenatal and postpartum services: Percent of women who participated in...				
0 10 20 30 40 50 60 70 % Lower Upper				
WIC during pregnancy (core question)				
1997-2000		55.9	54.1	57.6
1997		52.7	46.5	58.9
1998		58.4	54.9	61.8
1999		56.1	53.3	58.8
2000		54.7	52.1	57.2
Prenatal WIC classes or groups				
1997-2000		42.0	40.3	43.7
1997		36.2	30.3	42.1
1998		42.1	38.6	45.6
1999		44.0	41.2	46.7
2000		42.7	40.1	45.2
Postpartum WIC classes/groups				
1997-2000		37.0	35.4	38.7
1997		31.3	25.5	37.0
1998		35.5	32.0	38.9
1999		36.2	33.5	38.9
2000		42.3	39.7	44.9
Prenatal breastfeeding classes or				
1997-2000		18.6	17.3	20.0
1997		18.4	13.7	23.2
1998		18.2	15.5	20.9
1999		21.3	19.1	23.5
2000		16.5	14.6	18.4
Postpartum breastfeeding classes/groups				
1997-2000		10.1	9.2	11.1
1997		7.3	4.5	10.2
1998		8.9	7.0	10.9
1999		11.3	9.6	13.0
2000		11.6	9.9	13.2

Prenatal and postpartum services: parenting groups, home visiting, FamiliesFIRST By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.

<i>Year</i>	Prenatal and postpartum services: Percent of women who participated in...		<i>Lower</i>	<i>Upper</i>
		0 5 10 15 20 25 30 %		
	Prenatal parenting classes/groups			
1997-2000			18.8	17.4 20.1
1997			16.7	12.1 21.2
1998			19.6	16.9 22.4
1999			20.4	18.2 22.6
2000			17.2	15.3 19.2
	Postpartum parenting classes/groups			
1997-2000			4.9	4.2 5.7
1997			4.3	2.0 6.6
1998			3.6	2.3 4.9
1999			6.6	5.2 8.0
2000			4.9	3.8 6.1
	Prenatal home visiting services			
1997-2000			7.6	6.7 8.5
1997			7.7	4.6 10.8
1998			7.6	5.7 9.5
1999			10.5	8.8 12.2
2000			4.6	3.5 5.6
	Postpartum home visiting services			
1997-2000			13.1	12.0 14.2
1997			12.4	8.4 16.3
1998			12.5	10.3 14.7
1999			17.6	15.5 19.7
2000			9.4	7.9 10.9
	Prenatal Families FIRST, among women whose prenatal care was paid by Medicaid			
2000			12.5	10.0 14.9
	Postpartum Families FIRST, among women whose delivery was paid by Medicaid			
2000			8.8	6.8 10.7

Prenatal and postpartum services: counseling and protection from family violence By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
Births from July 1997-December 2000, with 5711 mothers responding.
Strikethrough indicates that error margin is large and data should be used with caution.
Variables are defined in the Appendix.

Year	Prenatal and postpartum services: Percent of women who participated in...	%	Lower	Upper
	0 5 10 15 20 25 30			
	Prenatal counseling			
1997-2000		7.7	6.8	8.7
1997		9.4	5.8	13.0
1998		7.4	5.5	9.2
1999		9.0	7.4	10.6
2000		6.0	4.7	7.3
	Postpartum counseling			
1997-2000		5.0	4.3	5.8
1997		6.3	3.2	9.3
1998		4.8	3.3	6.3
1999		5.4	4.2	6.7
2000		4.2	3.2	5.2
	Prenatal program for protection from family violence			
1997-2000		2.5	2.0	3.0
1997		1.3	0.8	1.8
1998		3.2	1.9	4.4
1999		3.6	2.6	4.7
2000		1.4	0.8	2.1
	Postpartum program for protection from family violence			
1997-2000		1.5	1.1	1.9
1997		0.7	0.4	1.1
1998		1.6	0.7	2.5
1999		2.2	1.4	3.0
2000		1.0	0.5	1.6

Prenatal and postpartum services: drug, alcohol, or smoking cessation By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

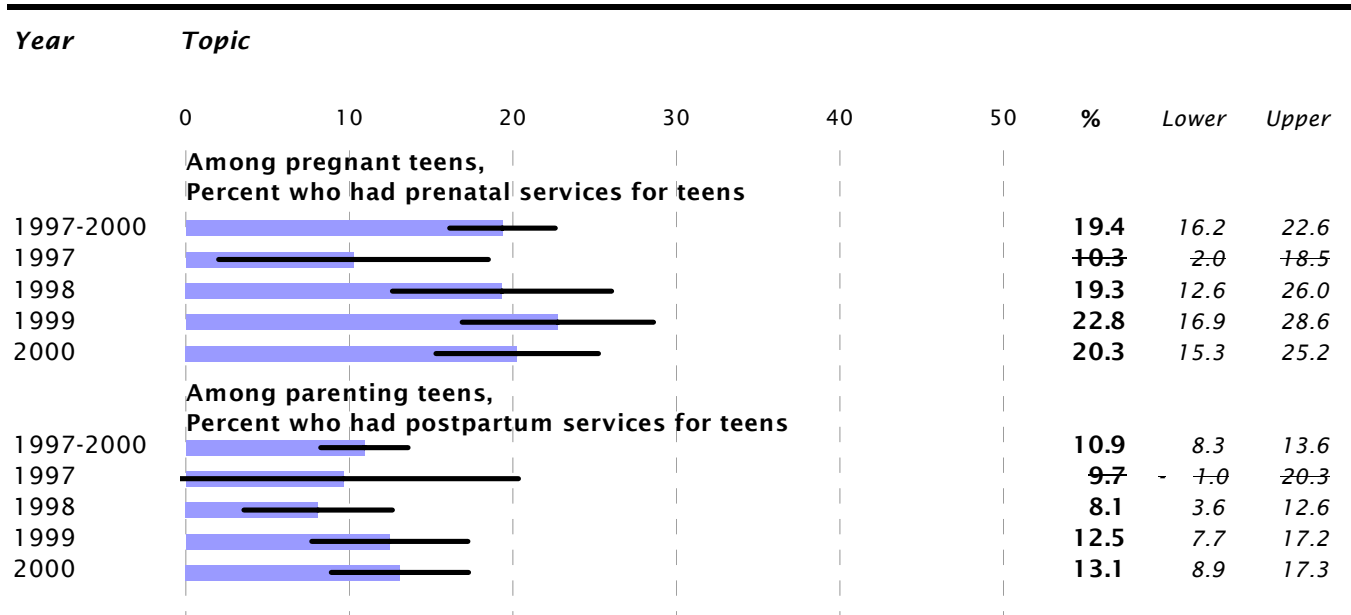
Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.

Year	Topic	0	1	2	3	4	5	6	7	8	9	10	%	Lower	Upper
	Prenatal and postpartum services: Percent of women who participated in...														
	Prenatal program for drug or alcohol cessation														
1997-2000													2.5	2.0	3.0
1997													1.6	1.1	2.1
1998													3.2	2.0	4.4
1999													3.4	2.4	4.5
2000													1.2	0.6	1.8
	Postpartum program for drug or alcohol cessation														
1997-2000													1.2	0.8	1.5
1997													0.6	0.2	0.9
1998													1.2	0.4	2.0
1999													1.6	0.9	2.2
2000													1.0	0.5	1.5
	Prenatal smoking cessation classes/groups														
1997-2000													1.9	1.4	2.3
1997													1.2	0.7	1.7
1998													2.6	1.5	3.8
1999													2.8	1.9	3.7
2000													0.6	0.2	1.0
	Postpartum smoking cessation classes/groups														
1997-2000													0.6	0.4	0.8
1997													0.5	0.2	0.8
1998													0.7	0.1	1.2
1999													1.1	0.6	1.6
2000													0.1	0.1	0.2

Prenatal and postpartum services for pregnant or parenting teens By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
Births from July 1997-December 2000, with 946 teen mothers responding.
Strikethrough indicates that error margin is large and data should be used with caution.
Variables are defined in the Appendix.



The purpose of this question is to determine the percentage of pregnant or parenting teens who participate in GRADS, special high schools, day-care for their infants, life-skills, or other programs designed for these youth.

Oral health services during pregnancy By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

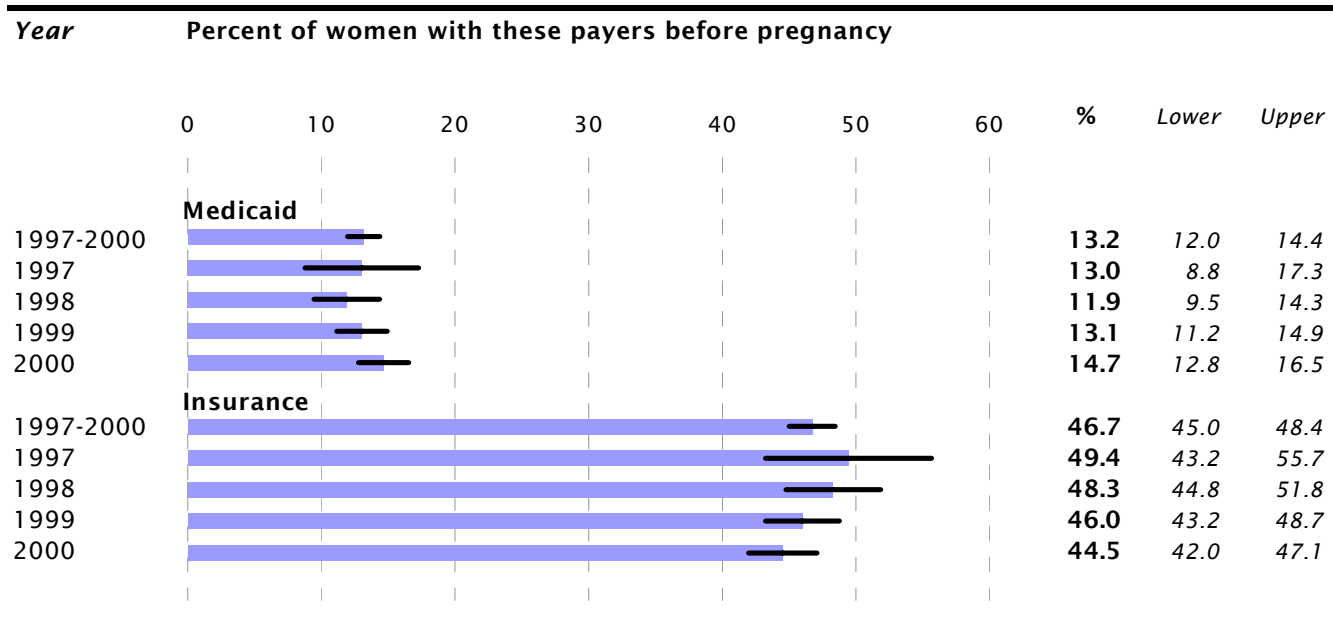
Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.

Year	Topic		%	Lower	Upper								
		0	10	20	30	40	50	60	70	80			
	Percent of women who said a healthcare worker talked about how to care for the teeth and gums												
1997-2000			17.2	15.9	18.5								
1997			16.2	11.6	20.9								
1998			13.0	10.7	15.4								
1999			16.8	14.8	18.9								
2000			22.2	20.1	24.4								
	Percent of women who needed dental care												
1997-2000			12.8	11.7	14.0								
1997			13.1	8.9	17.3								
1998			11.9	9.5	14.2								
1999			14.2	12.3	16.2								
2000			12.3	10.6	14.0								
	Percent of women who had dental care												
1997-2000			24.4	22.9	25.9								
1997			25.2	19.8	30.7								
1998			21.5	18.5	24.4								
1999			22.7	20.4	25.0								
2000			28.7	26.4	31.0								
	Among women with a dental problem, percent who received dental care												
1997-2000			42.7	37.9	47.6								
1997			48.7	31.5	65.9								
1998			42.0	31.5	52.4								
1999			36.4	29.2	43.6								
2000			47.6	40.4	54.9								

Payer of health care before pregnancy By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.
 Births from July 1997-December 2000, with 5711 mothers responding.
 Strikethrough indicates that error margin is large and data should be used with caution.
 Variables are defined in the Appendix.



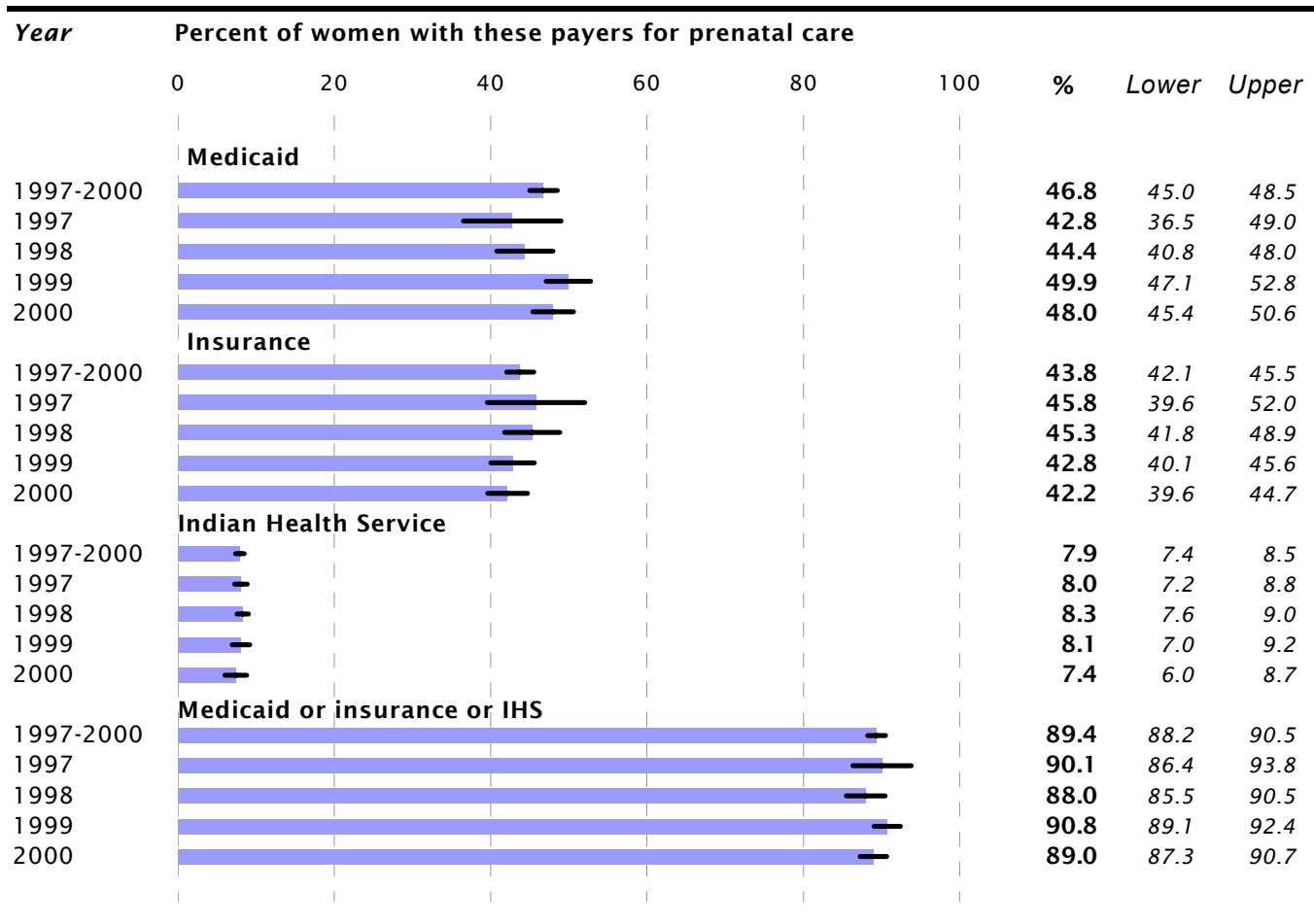
Payer of health care for prenatal care By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.



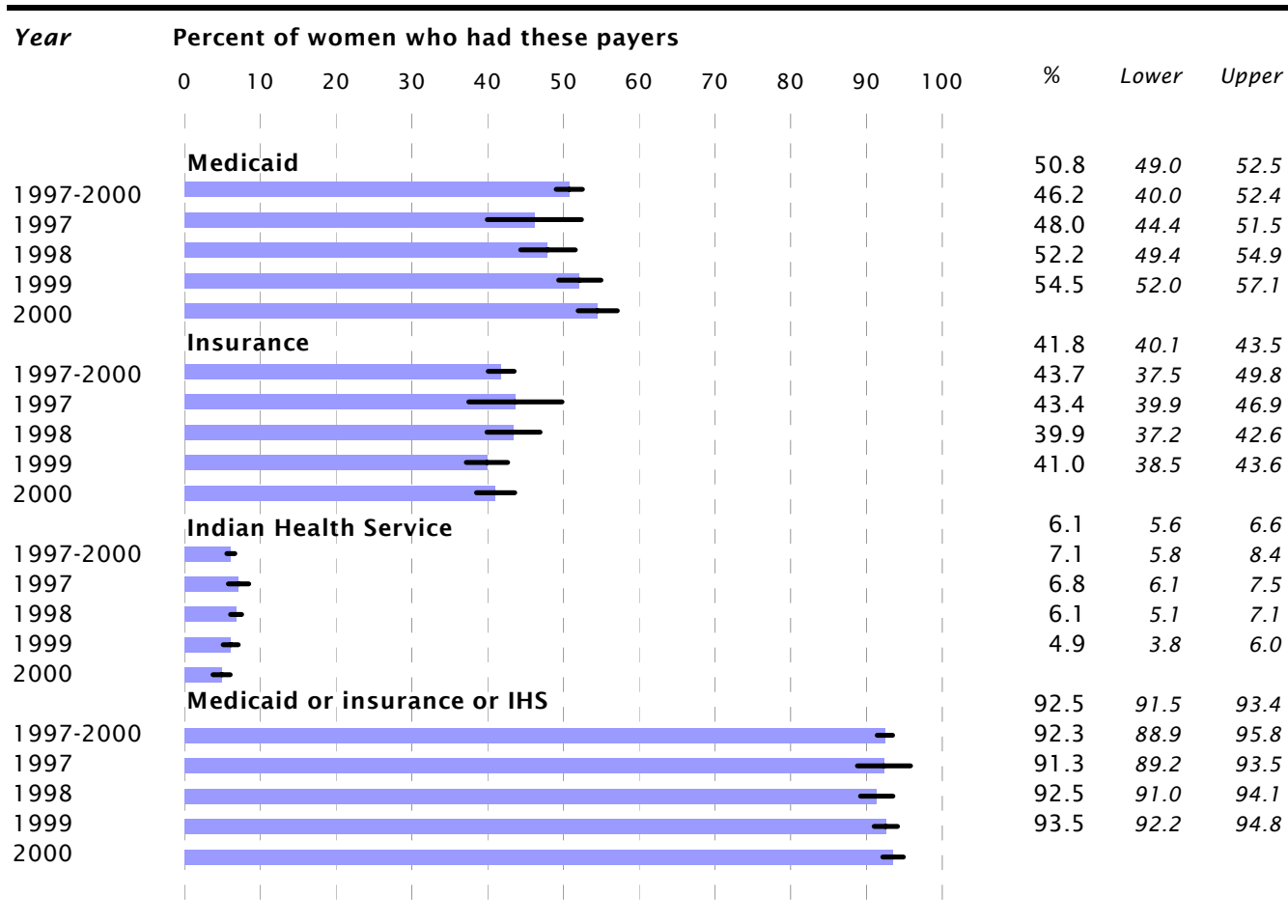
Payer of health care for delivery By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000.

Strikethrough indicates that error margin is large and data should be used with caution.

Variables are defined in the Appendix.



Infant's care: breastfeeding, sleep position, well-baby visits By infant's year of birth

Source: NM Pregnancy Risk Assessment & Monitoring System.

Births from July 1997-December 2000, with 5711 mothers responding.

Strikethrough indicates that error margin is large and data should be used with caution.

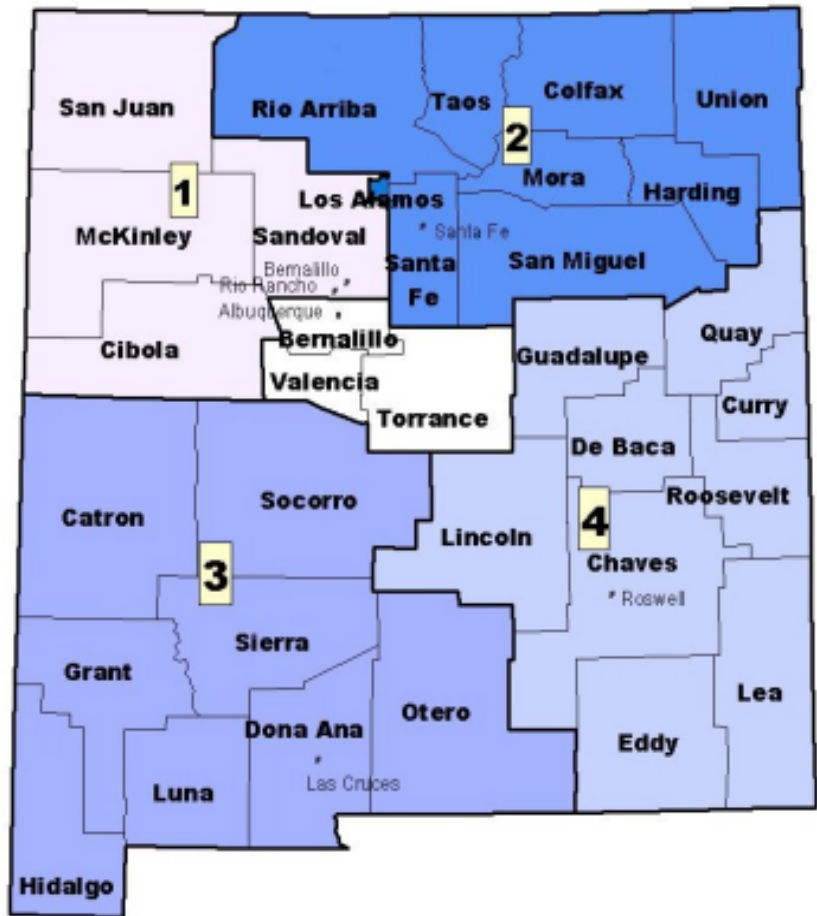
Variables are defined in the Appendix.

Year	Topic	0	10	20	30	40	50	60	70	80	90	%	Lower	Upper
	Percent of mothers who initiated breastfeeding													
1997-2000												77.3	75.8	78.9
1997												73.8	68.0	79.6
1998												75.8	72.6	79.0
1999												78.1	75.7	80.5
2000												79.9	77.7	82.0
	Percent of all NM mothers who were breastfeeding when infant was 9 or more weeks old													
1997-2000												49.4	47.7	51.2
1997												43.0	36.8	49.1
1998												49.0	45.4	52.6
1999												47.1	44.3	49.9
2000												55.4	52.8	58.0
	Among mothers who initiated breastfeeding, percent who continued breastfeeding until infant was 9 or more weeks old													
1997-2000												63.9	62.0	65.8
1997												58.2	51.0	65.4
1998												64.6	60.7	68.6
1999												60.3	57.2	63.4
2000												69.4	66.7	72.1
	Percent of mothers who place infant to sleep on the back													
1997-2000												52.1	50.3	53.9
1997												46.9	40.6	53.1
1998												45.3	41.7	48.8
1999												53.6	50.7	56.4
2000												60.2	57.6	62.8
	Percent of mothers whose infant had an adequate number of well-baby visits													
1997-2000												61.8	60.1	63.5
1997												63.7	57.7	69.8
1998												62.5	59.0	66.1
1999												62.1	59.4	64.9
2000												59.6	57.0	62.3

For year 2000 births, breastfeeding questions were revised.

Detailed Tables

*For identifying gaps and disparities among mothers giving birth in the year 2000
 Charts in these tables show error bars, the 95% confidence intervals (error margins)
 The Appendix describes sample and population sizes
 Variable definitions and method sare in the Appendix*



**New Mexico Public Health Districts
 For maternal residence variable**


























- 1. Central (District One Urban) includes Torrance, Valencia, and Bernalillo counties, plus the cities of Bernalillo and Rio Rancho.
- 1. Northwest (District One Rural) is comprised of McKinley, San Juan, Cibola and Sandoval counties, minus the cities of Bernalillo and Rio Rancho.

- As shown on map
- 2. Northeast (District Two)
- 3. Southwest (District Three)
- 4. Southeast (District Four)

Map created by Karen Johnson

Awareness that folic acid is recommended to prevent birth defects

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who were aware of folic acid benefits		
	0 10 20 30 40 50 60 70 80 90	%	Lower Upper
All NM Mothers		63.1	60.5 65.6
Age			
15-17		37.4	27.0 47.8
18-19		40.1	32.6 47.6
20-24		60.7	56.0 65.4
25-34		71.9	68.3 75.5
35 +		77.0	69.9 84.1
Ethnicity			
Non-Hispanic White		80.9	77.5 84.3
Native American		39.3	31.8 46.8
Hispanic White		55.9	52.2 59.6
Education			
Less than high school		44.0	38.7 49.3
High school		58.0	53.7 62.3
More than high school		83.4	80.2 86.5
Marital status			
Married		74.6	71.5 77.6
Not married		49.5	45.5 53.4
Any previous live birth			
No		61.5	57.5 65.4
Yes		64.5	61.2 67.8
Residence			
Central: District 1 urban		64.2	60.1 68.2
Northeast: District 2		61.5	54.7 68.3
Southwest: District 3		56.3	50.0 62.6
Southeast: District 4		76.9	71.5 82.3
Northwest: District 1 rural		54.7	47.8 61.6
Income from aid			
No		65.7	62.9 68.5
Yes		53.4	47.5 59.2
Medicaid paid prenatal care and/or delivery			
No		74.5	71.1 77.9
Yes		53.7	50.1 57.3

Intended pregnancy resulting in live birth

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers with intended pregnancy						%	Lower	Upper
	0	10	20	30	40	50			
All NM Mothers							56.4	53.8	59.0
Age									
15-17							29.6	19.8	39.3
18-19							37.4	30.1	44.7
20-24							50.1	45.4	54.9
25-34							68.9	65.2	72.5
35 +							65.9	58.1	73.8
Ethnicity									
Non Hispanic White							63.8	59.7	67.9
Native American							47.6	40.0	55.1
Hispanic White							53.6	49.9	57.3
Less than high school							49.4	44.2	54.7
High school							52.4	48.1	56.8
More than high school							67.0	63.0	70.9
Marital status									
Married							69.4	66.2	72.6
Not married							41.1	37.3	45.0
Any previous live birth									
No							53.3	49.3	57.3
Yes							58.8	55.4	62.2
Residence									
Central: District 1 urban							55.3	51.2	59.5
Northeast: District 2							59.5	52.8	66.3
Southwest: District 3							58.8	52.7	65.0
Southeast: District 4							53.8	47.3	60.4
Northwest: District 1 rural							56.0	49.2	62.8
Income from aid									
No							61.1	58.3	63.9
Yes							38.7	33.1	44.3
Health insurance before pregnancy									
No							48.9	45.3	52.5
Yes							65.7	62.1	69.2
Medicaid before pregnancy									
No							60.2	57.4	62.9
Yes							34.0	27.4	40.5
Medicaid for Prenatal care and/or delivery									
No							70.2	66.8	73.7
Yes							45.2	41.6	48.7

Unintended pregnancy resulting in live birth

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers with unintended pregnancy	%	Lower	Upper
	0 10 20 30 40 50 60 70 80			
All NM Mothers		43.6	41.0	46.2
Age				
15-17		70.4	60.7	80.2
18-19		62.6	55.3	69.9
20-24		49.9	45.1	54.6
25-34		31.2	27.5	34.9
35 +		34.1	26.2	41.9
Ethnicity				
Non-Hispanic White		36.2	32.1	40.3
Native American		52.4	44.9	60.0
Hispanic White		46.4	42.7	50.1
Education				
Less than high school		50.6	45.3	55.8
High school		47.6	43.2	51.9
More than high school		33.0	29.1	37.0
Marital status				
Married		30.6	27.4	33.8
Not married		58.9	55.0	62.7
Any previous live birth				
No		46.7	42.7	50.7
Yes		41.2	37.9	44.6
Residence				
Central: District 1 urban		44.7	40.5	48.8
Northeast: District 2		40.5	33.7	47.3
Southwest: District 3		41.2	35.0	47.3
Southeast: District 4		46.2	39.6	52.7
Northwest: District 1 rural		44.0	37.2	50.8
Income from aid				
No		38.9	36.1	41.8
Yes		61.3	55.7	66.9
Health insurance before pregnancy				
No		51.1	47.6	54.7
Yes		34.4	30.8	37.9
Medicaid before pregnancy				
No		39.8	37.1	42.6
Yes		66.0	59.5	72.6
Medicaid paid for prenatal care and/or delivery				
No		29.8	26.3	33.2
Yes		54.8	51.3	58.4

Among women who were not trying to get pregnant at conception: Use of contraception at conception

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of women who were not trying to get pregnant at conception and were using contraception at that time							
	0	20	40	60	80	%	Lower	Upper
All NM Mothers						47.3	43.8	50.8
Age								
15-17						50.4	38.2	62.5
18-19						43.1	34.5	51.8
20-24						46.3	40.3	52.4
25-34						50.6	44.4	56.8
35 +						45.0	32.6	57.4
Ethnicity								
Non-Hispanic White						51.0	44.5	57.5
Native American						41.2	31.9	50.4
Hispanic White						47.7	42.9	52.5
Education								
Less than high school						45.6	39.1	52.2
High school						43.7	38.2	49.2
More than high school						57.5	50.9	64.1
Marital status								
Married						52.7	47.2	58.2
Not married						43.7	39.2	48.3
Any previous live birth								
No						41.8	36.6	47.0
Yes						51.9	47.1	56.6
Residence								
Central: District 1 urban						48.4	42.7	54.1
Northeast: District 2						45.3	36.0	54.6
Southwest: District 3						45.3	36.4	54.2
Southeast: District 4						50.5	42.0	59.1
Northwest: District 1 rural						44.7	35.6	53.9
Public assistance								
No						46.0	41.9	50.2
Yes						50.5	43.6	57.3
Medicaid paid Prenatal care and/or delivery								
No						43.9	37.8	49.9
Yes						48.9	44.6	53.2

Among women who were not trying to get pregnant at conception: Non-use of contraception at conception

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of women not trying to get pregnant who were <i>not</i> using contraception at conception							
	0	20	40	60	80	%	Lower	Upper
All NM Mothers						52.7	49.2	56.3
Age								
15-17						49.6	37.5	61.8
18-19						56.9	48.2	65.5
20-24						53.7	47.6	59.7
25-34						49.4	43.3	55.6
35 +						55.0	42.6	67.4
Ethnicity								
Non-Hispanic White						49.0	42.5	55.5
Native American						58.8	49.6	68.7
Hispanic White						52.3	47.5	57.1
Education								
Less than high school						54.4	47.8	61.0
High school						56.3	50.8	61.8
More than high school						42.5	36.0	49.1
Marital status								
Married						47.3	41.9	52.8
Not married						56.3	51.7	60.9
Any previous live birth								
No						58.2	53.0	63.4
Yes						48.1	43.4	52.9
Residence								
Central: District 1 urban						51.6	45.9	57.3
Northeast: District 2						54.7	45.4	64.0
Southwest: District 3						54.7	45.8	63.7
Southeast: District 4						49.5	41.0	58.0
Northwest: District 1 rural						55.3	46.7	64.5
Income from aid								
No						54.0	49.9	58.1
Yes						49.5	42.7	56.4
Medicaid paid Prenatal care and/or delivery								
No						56.1	50.1	62.2
Yes						51.1	46.8	55.5
















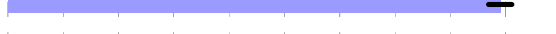









Among women who were not trying to get pregnant and not using contraception at conception,
Reasons for not using contraception

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variables definitions.

Percent of mothers with these reasons for not using contraception at conception									
0	10	20	30	40	50	%	Lower	Upper	
Had problems getting birth control						37.0	31.0	43.0	
Did not mind pregnancy						28.4	22.8	33.9	
Husband/partner did not want to use contraception						26.0	20.7	31.4	
Had other reasons						19.2	14.3	24.0	
Thought she or her partner/husband was sterile						15.5	10.9	20.2	
Had side effects from current method						15.1	10.7	19.5	
Thought she could not get pregnant						10.1	6.4	13.8	

Current contraceptive use

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of women currently using contraception		
	0 10 20 30 40 50 60 70 80 90 100	%	Lower Upper
All NM mothers		86.9	85.2 88.7
Age			
15-17		82.2	73.8 90.6
18-19		82.4	76.6 88.2
20-24		87.6	84.4 90.8
25-34		89.2	86.7 91.6
35 +		82.4	76.3 88.4
Ethnicity			
Non-Hispanic White		85.5	82.5 88.5
Native American		83.1	77.4 88.7
Hispanic White		88.6	86.2 90.9
Education			
Less than high school		85.6	81.9 89.3
High school		86.9	83.9 89.8
More than high school		87.8	85.2 90.5
Marital status			
Married		89.2	87.1 91.4
Not married		84.2	81.3 87.0
Any previous live birth			
No		83.7	80.7 86.7
Yes		89.0	86.9 91.2
Residence			
Central: District 1 urban		88.3	85.7 90.9
Northeast: District 2		86.8	82.2 91.3
Southwest: District 3		86.2	81.7 90.6
Southeast: District 4		87.6	83.2 92.1
Northwest: District 1 rural		83.5	78.5 88.6
Income from aid			
No		86.3	84.3 88.3
Yes		89.3	85.8 92.9
Medicaid paid prenatal care and/or delivery			
No		87.7	85.3 90.2
Yes		86.3	83.8 88.7

Frequent/binge drinking during 3 months before pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of women who drank frequently or binged during 3 months before pregnancy						%	Lower	Upper
	0	10	20	30	40	50			
All NM Mothers							17.8	15.8	19.8
Age									
15-17							13.5	5.9	21.0
18-19							20.3	14.1	26.5
20-24							23.4	19.3	27.4
25-34							14.8	12.0	17.6
35 +							11.2	6.1	16.2
Ethnicity									
Non-Hispanic White							15.5	12.3	18.7
Native American							17.0	11.3	22.7
Hispanic White							19.6	16.6	22.5
Education									
Less than high school							16.7	12.7	20.6
High school							20.0	16.5	23.5
More than high school							16.6	13.5	19.7
Marital status									
Married							12.9	10.6	15.2
Not married							23.5	20.2	26.9
Any previous live birth									
No							19.3	16.1	22.5
Yes							16.5	14.0	19.1
Residence									
Central: District 1 urban							18.4	15.1	21.7
Northeast: District 2							15.4	10.4	20.4
Southwest: District 3							20.1	15.0	25.2
Southeast: District 4							16.9	12.0	21.8
Northwest: District 1 rural							16.7	11.6	21.8
Income from aid									
No							14.8	12.8	16.9
Yes							29.0	23.6	34.3
Medicaid paid prenatal care and/or delivery									
No							13.5	10.9	16.1
Yes							21.3	18.4	24.3

Use of any alcohol during the *last* 3 months of pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who used any alcohol during the <i>last</i> 3 months of pregnancy			%	Lower	Upper
	0	10	20			
All NM Mothers				5.1	4.0	6.3
Age						
15-17				0.3	0.2	0.9
18-19				2.2	0.0	4.5
20-24				4.2	2.2	6.2
25-34				6.2	4.3	8.1
35 +				10.4	5.4	15.4
Ethnicity						
Non-Hispanic White				7.3	5.1	9.6
Native American				4.7	1.6	7.9
Hispanic White				3.9	2.4	5.3
Education						
Less than high school				3.9	1.8	6.0
High school				3.9	2.2	5.6
More than high school				7.9	5.6	10.2
Marital status						
Married				5.8	4.1	7.4
Not married				4.3	2.8	5.9
Any previous live birth						
No				2.7	1.5	4.0
Yes				6.7	5.0	8.4
Residence						
Central: District 1 urban				7.0	4.8	9.1
Northeast: District 2				6.3	3.1	9.6
Southwest: District 3				4.6	2.0	7.3
Southeast: District 4				1.4	0.7	2.8
Northwest: District 1 rural				3.5	1.7	6.0
Income from aid						
No				5.1	3.9	6.4
Yes				5.0	2.5	7.5
Medicaid paid Prenatal care and/or delivery						
No				7.1	5.1	9.1
Yes				3.5	2.2	4.8

Cigarette smoking during the 3 months *before* pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who smoked in the 3 months <i>before</i> pregnancy								
	0	10	20	30	40	50	%	Lower	Upper
All NM Mothers							21.3	19.1	23.4
Age									
15-17							20.5	11.8	29.2
18-19							38.2	30.7	45.7
20-24							25.8	21.6	30.0
25-34							15.0	12.2	17.7
35 +							13.7	8.1	19.3
Ethnicity									
Non-Hispanic White							29.7	25.7	33.6
Native American							18.0	12.0	23.9
Hispanic White							16.3	13.6	19.1
Education									
Less than high school							24.4	20.0	28.9
High school							24.8	21.0	28.6
More than high school							15.4	12.4	18.4
Marital status									
Married							15.1	12.6	17.6
Not married							28.5	25.0	32.1
Any previous live birth									
No							24.0	20.5	27.5
Yes							19.3	16.6	22.0
Residence									
Central: District 1 urban							23.0	19.4	26.6
Northeast: District 2							18.7	13.4	24.0
Southwest: District 3							22.0	16.8	27.2
Southeast: District 4							18.6	13.5	23.6
Northwest: District 1 rural							21.4	15.7	27.0
Income from aid									
No							17.6	15.4	19.8
Yes							35.4	29.8	41.1
Health insurance before pregnancy									
No							25.5	22.4	28.6
Yes							16.2	13.4	19.0
Medicaid paid prenatal care and/or delivery									
No							12.2	9.7	14.6
Yes							28.8	25.6	32.1

Cigarette smoking during the *last* 3 months of pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent who smoked during last 3 months of pregnancy			%	Lower	Upper
	0	10	20			
ALL NM Mothers				9.3	7.8	10.8
Age						
15-17				8.5	2.6	14.4
18-19				12.1	7.3	17.0
20-24				11.5	8.5	14.6
25-34				7.4	5.4	9.4
35 +				6.9	3.0	10.8
Ethnicity						
Non-Hispanic White				15.2	12.1	18.3
Native American				3.0	0.5	5.5
Hispanic White				6.6	4.7	8.4
Education						
Less than high school				11.9	8.6	15.1
High school				9.9	7.4	12.5
More than high school				6.6	4.5	8.7
Marital status						
Married				7.2	5.4	9.0
Not married				11.7	9.2	14.1
Any previous live birth						
No				7.9	5.7	10.0
Yes				10.1	8.1	12.1
Residence						
Central: District 1 urban				10.4	7.8	12.9
Northeast: District 2				6.5	3.4	9.6
Southwest: District 3				9.4	5.7	13.1
Southeast: District 4				7.8	4.4	11.2
Northwest: District 1 rural				10.5	6.4	14.7
Income from aid						
No				6.8	5.4	8.2
Yes				18.7	14.1	23.2
Medicaid paid prenatal care and/or delivery						
No				4.8	3.2	6.4
Yes				12.9	10.6	15.2

Cigarette smoking during the *last 3 months* of pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

		Percent who smoked during last 3 months of pregnancy						
		0	10	20	30	%	Lower	Upper
Pregnancy unintended	Wanted earlier or then					7.2	5.5	9.0
	Wanted later or never					11.6	9.1	14.1
Felt about Pregnancy	Sooner/then					7.2	5.5	9.0
	Later					10.2	7.5	13.0
	Never					16.1	10.4	21.7
WIC during pregnancy	No					8.5	6.5	10.6
	Yes					9.7	7.6	11.8

Percent of mothers who currently smoke cigarettes

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who currently smoke								
	0	10	20	30	40	50	%	Lower	Upper
All NM Mothers							16.0	14.1	17.9
Age									
15-17							12.6	5.6	19.6
18-19							28.4	21.5	35.3
20-24							20.5	16.6	24.3
25-34							11.0	8.6	13.4
35 +							9.4	4.7	14.2
Ethnicity									
Non-Hispanic White							24.4	20.7	28.1
Native American							9.5	5.0	14.1
Hispanic White							11.9	9.5	14.3
Education									
Less than high school							19.0	15.0	23.0
High school							18.9	15.5	22.4
More than high school							10.4	7.9	13.0
Marital status									
Married							11.6	9.3	13.8
Not married							21.3	18.1	24.5
Any previous live birth									
No							16.6	13.5	19.6
Yes							15.5	13.1	18.0
Residence									
Central: District 1 urban							16.8	13.6	20.0
Northeast: District 2							14.3	9.5	19.1
Southwest: District 3							18.2	13.4	23.0
Southeast: District 4							14.7	10.2	19.3
Northwest: District 1 rural							14.5	9.6	19.4
Income from aid									
No							12.3	10.5	14.2
Yes							30.3	24.8	35.7
Medicaid paid prenatal care and/or delivery									
No							8.4	6.3	10.5
Yes							22.3	19.3	25.3

Infants exposed to tobacco smoke

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers whose infant is exposed to tobacco smoke			%	Lower	Upper
	0	10	20			
All NM Mothers				8.6	7.1	10.1
Age						
15-17				10.6	3.8	17.4
18-19				14.1	8.7	19.4
20-24				10.2	7.3	13.1
25-34				6.3	4.4	8.3
35 +				5.5	1.8	9.3
Ethnicity						
Non-Hispanic White				14.2	11.1	17.2
Native American				3.9	0.9	6.9
Hispanic White				6.0	4.2	7.8
Education						
Less than high school				9.7	6.6	12.7
High school				10.2	7.5	12.9
More than high school				6.3	4.3	8.4
Marital status						
Married				8.0	6.1	9.9
Not married				9.4	7.1	11.6
Any previous live birth						
No				7.7	5.5	9.9
Yes				9.4	7.4	11.4
Residence						
Central: District 1 urban				7.2	5.0	9.4
Northeast: District 2				8.0	4.1	11.9
Southwest: District 3				5.9	3.0	8.8
Southeast: District 4				15.5	10.6	20.3
Northwest: District 1 rural				8.9	5.0	12.7
Income from aid						
No				7.4	5.9	9.0
Yes				13.1	9.1	17.2
Medicaid paid prenatal care and/or delivery						
No				5.0	3.3	6.7
Yes				11.6	9.3	13.8
Mother currently smoking						
No				5.5	4.2	6.8
Yes				24.4	18.8	30.0
Infant's birth weight						
2500g or more				8.7	7.1	10.2
<2500g				8.2	5.6	10.9

Physical abuse by the partner or husband during the 12 months *before* pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who were physically abused by their partner during the 12 months before pregnancy			%	Lower	Upper
	0	10	20			
All NM Mothers				8.2	6.8	9.7
Age						
15-17				16.8	8.6	25.0
18-19				10.9	6.1	15.8
20-24				9.9	7.0	12.8
25-34				5.7	3.8	7.7
35 +				5.4	4.9	8.9
Ethnicity						
Non-Hispanic White				6.2	4.1	8.4
Native American				12.3	7.2	17.4
Hispanic White				8.6	6.5	10.7
Education						
Less than high school				12.9	9.3	16.5
High school				7.4	5.2	9.7
More than high school				6.0	3.9	8.1
Marital status						
Married				4.9	3.3	6.4
Not married				12.2	9.6	14.8
Any previous live birth						
No				7.7	5.5	9.8
Yes				8.6	6.7	10.6
Residence						
Central: District 1 urban				7.7	5.4	10.0
Northeast: District 2				8.0	4.1	12.0
Southwest: District 3				7.8	4.3	11.3
Southeast: District 4				8.2	4.6	11.8
Northwest: District 1 rural				10.5	6.3	14.7
Had income from aid						
No				6.1	4.7	7.6
Yes				16.4	12.0	20.7
Medicaid paid prenatal care and/or delivery						
No				3.7	2.3	5.2
Yes				11.9	9.6	14.3

Physical abuse by the partner or husband *during* pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who were physically abused by their partner <i>during</i> pregnancy			%	Lower	Upper
	0	10	20			
All NM Mothers				6.6	5.3	8.0
Age						
15-17				19.1	10.6	27.6
18-19				6.1	2.6	9.5
20-24				8.8	6.0	11.5
25-34				4.3	2.6	6.0
35 +				3.2	0.6	5.7
Ethnicity						
Non-Hispanic White				4.0	2.3	5.7
Native American				11.2	6.4	16.1
Hispanic White				7.1	5.2	9.1
Education						
Less than high school				11.4	8.0	14.8
High school				5.4	3.5	7.4
More than high school				4.6	2.8	6.4
Marital status						
Married				3.6	2.3	5.0
Not married				10.2	7.8	12.6
Any previous live birth						
No				6.2	4.2	8.2
Yes				6.9	5.1	8.7
Residence						
Central: District 1 urban				6.4	4.3	8.5
Northeast: District 2				7.4	3.6	11.3
Southwest: District 3				6.4	3.2	9.7
Southeast: District 4				5.2	2.3	8.0
Northwest: District 1 rural				8.4	4.5	12.3
Income from aid						
No				4.8	3.5	6.0
Yes				13.8	9.8	17.9
Medicaid paid prenatal care and/or delivery						
No				3.6	2.2	5.1
Yes				9.1	7.0	11.2

Pre-pregnancy weight

Overweight=Body Mass Index (BMI) 26 kg/m² or more)

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who were overweight					%	Lower	Upper
	0	10	20	30	40			
All NM Mothers						32.5	30.0	35.0
Age								
15-17						11.9	4.7	19.2
18-19						20.0	13.7	26.3
20-24						32.4	27.9	36.9
25-34						37.8	33.9	41.7
35 +						39.3	31.1	47.5
Ethnicity								
Non-Hispanic White						25.8	22.0	29.6
Native American						53.5	45.8	61.2
Hispanic White						32.2	28.7	35.8
Education								
Less than high school						28.6	23.6	33.7
High school						35.3	31.2	39.5
More than high school						33.2	29.2	37.2
Marital status								
Married						32.8	29.5	36.0
Not married						32.2	28.4	35.9
Any previous live birth								
No						25.6	22.0	29.1
Yes						37.6	34.2	41.0
Residence								
Central: District 1 urban						31.3	27.3	35.2
Northeast: District 2						25.8	19.6	32.0
Southwest: District 3						35.7	29.5	41.9
Southeast: District 4						29.3	23.2	35.4
Northwest: District 1 rural						42.0	35.2	48.8
Income < 100% poverty								
No						31.9	29.2	34.7
Yes						34.7	29.1	40.3
Medicaid paid prenatal care and/or delivery								
No						32.0	28.4	35.5
Yes						33.0	29.5	36.4

Pre-existing or gestational diabetes

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers with diabetes			%	Lower	Upper
	0	10	20			
All NM Mothers				7.3	5.9	8.6
Age						
15-17				0.7	0.2	1.5
18-19				5.3	1.9	8.7
20-24				4.8	2.7	6.8
25-34				8.8	6.6	11.0
35 +				15.9	9.7	22.0
Ethnicity						
Non-Hispanic White				5.0	3.1	6.8
Native American				11.7	6.6	16.8
Hispanic White				7.7	5.8	9.6
Education						
Less than high school				7.3	4.7	10.0
High school				7.8	5.5	10.1
More than high school				6.2	4.2	8.2
Marital status						
Married				7.7	5.9	9.5
Not married				6.7	4.7	8.7
Any previous live birth						
No				5.5	3.7	7.3
Yes				8.5	6.6	10.4
Residence						
Central: District 1 urban				5.2	3.4	7.0
Northeast: District 2				8.9	5.0	12.8
Southwest: District 3				7.0	3.9	10.2
Southeast: District 4				8.1	4.6	11.6
Northwest: District 1 rural				10.6	6.4	14.8
Had income from aid						
No				7.8	6.2	9.3
Yes				5.3	2.7	7.9
Medicaid paid prenatal care and/or delivery						
No				6.6	4.8	8.4
Yes				7.8	5.9	9.7
Was overweight (BMI<26) before pregnancy						
No				4.7	3.3	6.0
Yes				11.9	8.9	14.9

Late (after first trimester) or no prenatal care

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers with late or no prenatal care								
	0	10	20	30	40	50	%	Lower	Upper
All NM Mothers							30.4	27.9	32.9
Age									
15-17							38.7	28.1	49.4
18-19							40.2	32.6	47.8
20-24							35.5	30.6	40.3
25-34							24.4	20.7	28.0
35 +							21.3	14.1	28.5
Ethnicity									
Non-Hispanic White							22.4	18.6	26.1
Native American							41.7	34.1	49.3
Hispanic White							33.1	29.3	36.8
Education									
Less than high school							42.4	37.0	47.8
High school							29.2	25.1	33.2
More than high school							21.1	17.6	24.7
Marital status									
Married							25.0	21.8	28.2
Not married							36.8	32.9	40.7
Any previous live birth									
No							29.2	25.4	33.1
Yes							31.2	27.9	34.6
Residence									
Central: District 1 urban							33.3	29.1	37.5
Northeast: District 2							26.4	19.8	33.0
Southwest: District 3							26.3	20.4	32.1
Southeast: District 4							25.2	19.1	31.2
Northwest: District 1 rural							37.3	30.5	44.0
Income from aid									
No							28.8	26.0	31.6
Yes							36.6	30.7	42.4
Medicaid paid prenatal care and/or delivery									
No							24.1	20.6	27.6
Yes							35.6	32.0	39.2

Among women who had late or no prenatal care:
Reasons for getting prenatal care (PNC) later than desired

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

Percent of mothers giving these reasons for starting prenatal care later than desired

	0	10	20	30	40	50	%	Lower	Upper
Lacked money or insurance to pay for visit							34.7	27.2	42.2
Did not know she was pregnant							29.9	22.7	37.0
Was unable to get appointment							24.7	17.9	31.4
Lacked Medicaid card							22.3	15.6	28.9
Had too many other things going on							20.4	14.3	26.6
Had other reasons							14.3	8.7	19.9
Lacked transportation to clinic/office							13.2	7.7	18.6
Was delayed by doctor or health plan							6.1	2.4	9.7
Could not get child care							5.8	2.4	9.3









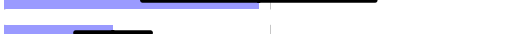









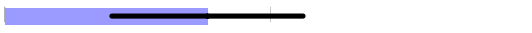






Topics discussed with a prenatal healthcare worker

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

Percent of mothers saying a prenatal healthcare worker talked with them about...													
0	10	20	30	40	50	60	70	80	90	100	%	Lower	Upper
Medicines that are safe during pregnancy											86.2	84.3	88.0
Breastfeeding											85.8	83.9	87.6
Birth control methods to use after pregnancy											85.5	83.6	87.3
What to do for early labor											82.9	80.9	84.8
Doing tests to screen for birth defects in family											81.4	79.3	83.5
Getting a blood test for HIV											78.5	76.4	80.7
How mother's use of alcohol during pregnancy could affect the baby											74.3	72.0	76.5
How mother's smoking during pregnancy could affect the baby											71.7	69.3	74.0
How illegal drugs could affect the baby											66.2	63.8	68.7
Using a seat belt during pregnancy											55.7	53.1	58.3
Physical abuse to women by their husband or partner											42.5	39.9	45.1

Prenatal home visiting services

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers with prenatal home visiting services						
	0	10	20	%	Lower	Upper	1.96SE
All NM Mothers				4.6	3.5	5.6	1.0
Age							
15-17				8.9	2.8	15.0	6.1
18-19				5.7	2.2	9.3	3.6
20-24				5.1	3.1	7.1	2.0
25-34				3.4	2.0	4.7	1.4
35 +				2.7	0.2	5.2	2.5
Ethnicity							
Non-Hispanic White				3.2	1.8	4.6	1.4
Native American				9.6	5.2	14.0	4.4
Hispanic White				4.1	2.7	5.5	1.4
Education							
Less than high school				5.1	3.0	7.3	2.2
High school				4.7	2.9	6.5	1.8
More than high school				4.3	2.6	6.0	1.7
Marital status							
Married				3.8	2.6	5.1	1.3
Not married				5.4	3.7	7.1	1.7
Any previous live birth							
No				6.4	4.4	8.3	2.0
Yes				3.4	2.2	4.5	1.2
Residence							
Central: District 1 urban				3.8	2.3	5.3	1.5
Northeast: District 2				7.6	4.0	11.3	3.6
Southwest: District 3				3.6	1.4	5.9	2.2
Southeast: District 4				2.6	0.6	4.6	2.0
Northwest: District 1 rural				6.7	3.3	10.1	3.4
Income from aid							
Yes				4.0	2.9	5.1	1.1
No				6.6	3.8	9.3	2.8
Medicaid paid prenatal care and/or delivery							
No				3.1	1.8	4.4	1.3
Yes				5.7	4.1	7.3	1.6

Postpartum home visiting services

Source: NM PRAMS Year 2000 births.


























"Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers with postpartum home visiting services						
	0	10	20	30	%	Lower	Upper
All NM mothers					9.4	7.9	10.9
Age							
15-17					15.0	7.4	22.7
18-19					12.0	7.1	16.8
20-24					9.5	6.8	12.2
25-34					8.0	5.9	10.0
35 +					7.4	3.4	11.3
Ethnicity							
Non-Hispanic White					9.2	6.8	11.6
Native American					12.8	7.9	17.7
Hispanic White					8.3	6.4	10.3
Education							
Less than high school					11.5	8.4	14.7
High school					7.5	5.3	9.8
More than high school					9.6	7.2	12.0
Marital status							
Married					8.7	6.8	10.5
Not married					10.3	8.0	12.6
Any previous live birth							
No					11.8	9.3	14.4
Yes					7.7	6.0	9.5
Residence							
Central: District 1 urban					8.9	6.6	11.1
Northeast: District 2					13.9	9.4	18.4
Southwest: District 3					10.7	6.7	14.7
Southeast: District 4					6.5	3.4	9.7
Northwest: District 1 rural					7.9	4.3	11.4
Income from aid							
No					8.3	6.7	9.8
Yes					13.8	10.0	17.6
Medicaid paid prenatal care and/or delivery							
No					6.7	4.9	8.6
Yes					11.6	9.4	13.8

WIC services during pregnancy

Source: NM PRAMS Year 2000 births.

"Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who participated in prenatal WIC services		
	0 10 20 30 40 50 60 70 80 90 100	%	Lower Upper
All NM Mothers		54.7	52.1 57.2
Age			
15-17		81.8	73.6 89.9
18-19		74.2	67.5 80.8
20-24		65.8	61.3 70.2
25-34		40.8	36.9 44.7
35 +		36.4	28.4 44.4
Ethnicity			
Non-Hispanic White		33.9	29.8 38.0
Native American		70.0	63.2 76.9
Hispanic White		65.2	61.7 68.6
Education			
Less than high school		77.5	73.2 81.9
High school		59.0	54.7 63.2
More than high school		30.0	26.2 33.9
Marital status			
Married		40.2	36.8 43.6
Not married		71.8	68.3 75.4
Any previous live birth			
No		55.4	51.5 59.3
Yes		54.0	50.6 57.4
Residence			
Central: District 1 urban		44.1	39.9 48.2
Northeast: District 2		54.5	47.7 61.3
Southwest: District 3		65.7	59.8 71.6
Southeast: District 4		66.6	60.5 72.7
Northwest: District 1 rural		57.1	50.5 63.8
Income from aid			
No		48.3	45.4 51.2
Yes		78.8	74.1 83.5
Medicaid paid prenatal care and/or delivery			
No		26.1	22.7 29.5
Yes		78.1	75.1 81.0

Prenatal counseling about the care of teeth and gums

Source: NM PRAMS Year 2000 births.

"Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of women whose dentist or healthcare worker talked about care of teeth and gums						%	Lower	Upper
	0	10	20	30	40	50			
All NM Mothers							22.2	20.1	24.4
Age									
15-17							24.0	14.9	33.7
18-19							22.3	16.1	28.6
20-24							20.6	16.8	24.4
25-34							22.6	19.3	25.8
35 +							23.6	16.7	30.5
Ethnicity									
Non-Hispanic White							23.4	19.8	27.0
Native American							27.2	20.4	34.0
Hispanic White							20.9	18.0	23.9
Education									
Less than high school							21.8	17.5	26.1
High school							19.3	15.9	22.7
More than high school							26.3	22.6	30.0
Marital status									
Married							21.8	19.0	24.6
Not married							22.7	19.5	26.0
Any previous live birth									
No							24.3	20.9	27.6
Yes							21.0	18.2	23.8
Residence									
Central: District 1 urban							21.6	18.2	25.0
Northeast: District 2							22.3	16.6	28.0
Southwest: District 3							24.8	19.5	30.1
Southeast: District 4							18.5	13.5	23.6
Northwest: District 1 rural							24.8	18.9	30.7
Income from aid									
No							22.1	19.7	24.4
Yes							22.9	18.0	27.8
Health insurance before pregnancy									
No							18.2	15.4	20.9
Yes							27.4	24.1	30.7
Medicaid paid prenatal care and/or delivery									
No							25.2	21.9	28.4
Yes							19.8	17.0	22.6

Oral health services during pregnancy

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. Variables are defined in the Appendix.

By maternal characteristic	Percent who went to a dentist or dental clinic during pregnancy										
	0	10	20	30	40	50	60	70	%	Lower	Upper
All NM Mothers									28.7	26.4	31.0
Age											
15-17									25.0	15.6	34.4
18-19									21.8	15.6	27.9
20-24									21.1	17.3	24.9
25-34									32.3	28.7	36.0
35 +									48.7	40.6	56.8
Ethnicity											
Non-Hispanic White									37.2	33.1	41.3
Native American									22.9	16.6	29.2
Hispanic White									24.5	21.4	27.6
Education											
Less than high school									17.3	13.4	21.2
High school									25.0	21.3	28.7
More than high school									43.1	39.0	47.2
Marital status											
Married									33.6	30.4	36.8
Not married									22.9	19.6	26.2
Any previous live birth											
No									30.7	27.1	34.3
Yes									27.2	24.2	30.2
Residence											
Central: District 1 urban									30.9	27.1	34.7
Northeast: District 2									30.5	24.4	36.7
Southwest: District 3									30.5	24.9	36.2
Southeast: District 4									24.3	18.8	29.8
Northwest: District 1 rural									23.3	17.6	28.9
Income from aid											
No									31.1	28.5	33.7
Yes									19.5	14.8	24.1
Health insurance before pregnancy											
No									18.1	15.4	20.9
Yes									42.0	38.3	45.6
Medicaid paid prenatal care and/or delivery											
No									38.3	34.7	41.9
Yes									20.8	18.0	23.7

Initiation of breastfeeding

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who initiated breastfeeding		
	0 10 20 30 40 50 60 70 80 90 100	%	Lower Upper
All NM Mothers		79.9	77.7 82.0
Age			
15-17		75.6	66.4 84.8
18-19		75.3	68.7 81.9
20-24		75.7	71.5 79.9
25-34		84.0	81.1 86.9
35 +		83.6	77.2 89.9
Ethnicity			
Non-Hispanic White		84.1	80.9 87.3
Native American		77.7	71.3 84.1
Hispanic White		77.8	74.7 80.9
Education			
Less than high school		75.2	70.6 79.8
High school		72.6	68.6 76.6
More than high school		90.2	87.7 92.8
Marital status			
Married		85.2	82.7 87.7
Not married		73.6	70.1 77.1
Any previous live birth			
No		84.2	81.2 87.3
Yes		76.9	74.0 79.9
Residence			
Central: District 1 urban		82.4	79.2 85.7
Northeast: District 2		86.0	81.2 90.9
Southwest: District 3		78.2	72.9 83.6
Southeast: District 4		69.6	63.4 75.7
Northwest: District 1 rural		79.8	74.2 85.5
Income from aid			
No		81.5	79.2 83.8
Yes		73.5	68.2 78.7
Medicaid paid prenatal care and/or delivery			
No		85.7	83.0 88.5
Yes		75.2	72.1 78.3

Among mothers who initiated breastfeeding, Continuation of breastfeeding for at least 9 weeks

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent who continued breastfeeding at least 9 weeks		
	0 10 20 30 40 50 60 70 80 90 100	%	Lower Upper
All NM Mothers		69.4	66.7 72.1
Age			
15-17		48.7	36.3 61.2
18-19		52.0	43.2 60.8
20-24		69.5	64.4 74.5
25-34		74.5	70.8 78.3
35 +		78.9	71.5 86.4
Ethnicity			
Non-Hispanic White		73.9	69.9 78.0
Native American		68.5	60.3 76.6
Hispanic White		66.3	62.3 70.4
Education			
Less than high school		57.7	51.7 63.8
High school		71.1	66.4 75.7
More than high school		75.4	71.5 79.2
Marital status			
Married		75.6	72.4 78.8
Not married		60.9	56.4 65.4
Any previous live birth			
No		64.8	60.6 68.9
Yes		72.9	69.4 76.4
Residence			
Central: District 1 urban		70.1	65.9 74.3
Northeast: District 2		78.8	72.8 84.7
Southwest: District 3		64.7	57.9 71.6
Southeast: District 4		62.5	54.8 70.1
Northwest: District 1 rural		69.2	62.1 76.3
Public assistance			
No		71.5	68.6 74.4
Yes		60.5	53.8 67.2
Medicaid paid prenatal care and/or delivery			
No		75.7	72.2 79.2
Yes		63.6	59.6 67.5

Infant's sleep position

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers who usually place their infant to sleep on the back										%	Lower	Upper
	0	10	20	30	40	50	60	70	80	90			
All NM Mothers											61.0	58.4	63.5
Age													
15-17											54.2	43.5	65.0
18-19											66.0	58.6	73.4
20-24											54.9	50.0	59.7
25-34											64.1	60.2	68.0
35 +											68.5	60.6	76.3
Ethnicity													
Non-Hispanic White											67.5	63.4	71.5
Native American											77.0	70.5	83.4
Hispanic White											53.7	50.0	57.5
Education													
Less than high school											52.8	47.5	58.1
High school											62.4	58.1	66.7
More than high school											67.4	63.5	71.4
Marital status													
Married											62.2	58.8	65.6
Not married											59.4	55.5	63.4
Any previous live birth													
No											63.3	59.3	67.3
Yes											59.4	56.0	62.8
Residence													
Central: District 1 urban											62.2	58.0	66.3
Northeast: District 2											63.5	56.7	70.2
Southwest: District 3											57.2	50.9	63.5
Southeast: District 4											50.4	43.8	57.1
Northwest: District 1 rural											71.1	64.8	77.5
Income from aid													
No											62.2	59.3	65.0
Yes											56.3	50.4	62.2
Medicaid paid prenatal care and/or delivery													
No											65.7	62.0	69.4
Yes											57.1	53.5	60.7
Mother currently smoking													
No											61.0	58.2	63.8
Yes											61.1	54.6	67.6
Infant's birthweight													
<2500 g											61.3	58.5	64.0
2500g or more											57.6	52.8	62.3

Well-child visits

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers whose infant had appropriate number of well-baby visits		
	0 10 20 30 40 50 60 70 80 90	%	Lower Upper
All NM Mothers		57.8	55.2 60.4
Age			
15-17		61.8	50.9 72.7
18-19		66.8	59.4 74.2
20-24		58.0	53.2 62.8
25-34		54.1	50.1 58.2
35 +		59.4	51.7 67.8
Ethnicity			
Non-Hispanic White		58.1	53.9 62.4
Native American		48.9	41.0 56.7
Hispanic White		59.2	55.4 62.9
Education			
Less than high school		60.1	54.8 65.4
High school		54.9	50.4 59.3
More than high school		58.0	53.8 62.3
Marital status			
Married		58.8	55.3 62.3
Not married		56.6	52.6 60.6
One or more previous live births			
No		66.0	62.1 69.9
Yes		51.7	48.2 55.2
Residence			
Central: District 1 urban		58.5	54.3 62.6
Northeast: District 2		63.3	56.4 70.2
Southwest: District 3		58.8	52.5 65.1
Southeast: District 4		63.0	56.5 69.5
Northwest: District 1 rural		43.4	36.4 50.4
Income from aid			
No		58.6	55.6 61.5
Yes		54.8	48.9 60.8
Medicaid paid Prenatal care and/or delivery			
No		57.2	53.3 61.0
Yes		58.3	54.7 61.9
Birth weight			
400g-1499g		72.4	56.8 88.0
1500g-2499g		65.3	60.5 70.2
2500g-7999g		57.3	54.5 60.1

Food sufficiency

Source: NM PRAMS Year 2000 births. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. A strikethrough indicates a large error margin and the need to use the data with caution. The Appendix includes sample sizes and variable definitions.

By maternal characteristic	Percent of mothers whose family always had enough to eat													
	0	10	20	30	40	50	60	70	80	90	100	%	Lower	Upper
All NM Mothers												84.1	82.2	86.1
Age														
15-17												83.5	75.8	91.3
18-19												81.4	75.4	87.3
20-24												81.6	77.8	85.3
25-34												85.3	82.4	88.2
35 +												91.2	86.7	95.8
Ethnicity														
Non-Hispanic White												90.5	87.9	93.1
Native American												72.5	65.8	79.3
Hispanic White												82.0	79.1	84.9
Education														
Less than high school												73.9	69.3	78.6
High school												85.5	82.4	88.5
More than high school												92.0	89.7	94.3
Marital status														
Married												89.3	87.2	91.5
Not married												78.0	74.7	81.3
Any previous live birth														
No												86.4	83.5	89.2
Yes												82.4	79.8	85.1
Residence														
Central: District 1 urban												85.9	82.9	88.8
Northeast: District 2												89.6	85.2	93.9
Southwest: District 3												82.1	77.1	87.0
Southeast: District 4												83.9	79.0	88.8
Northwest: District 1 rural												76.9	71.0	82.7
Income from aid														
No												87.4	85.5	89.4
Yes												71.6	66.3	76.9
Medicaid paid prenatal care and/or delivery														
No												90.3	87.9	92.6
Yes												79.1	76.2	82.0

Appendix

- Sample and Population*
- Response Rates*
- Variables and Performance Measures*
- Variable Definitions*
- Methodology*
- Survey Questionnaire*

Appendix 1

Sample numbers and response rates for NM PRAMS births

* Data not reported in Detailed Tables

By infant's year of birth for year July 1997-December 2000

Year	Number sampled	Number of respondents	Percent responding
2000	2210	1615	73.1
1997	1273	864	67.9
1998	2584	1713	66.3
1999	2115	1519	71.8
1997-2000	8182	5711	69.8

By maternal characteristic, for year 2000 births

	Number sampled	Number of respondents	Percent responding
Age			
15-17	142	99	69.7
18-19	280	193	68.9
20-24	668	470	70.4
25-34	882	684	77.6
35 +	228	163	71.5
Total with data	2200	1609	73.1
Educational level			
Less than high school	632	411	65.0
High school	770	559	72.6
More than high school	718	595	82.9
Total with data	2120	1565	73.8
Ethnicity/race			
Non-Hispanic White	718	579	80.6
Native American	287	184	64.1
Hispanic White	1133	802	70.8
African American *	44	26	59.1
Other *	28	24	85.7
Total with data	2210	1615	73.1
Marital status			
Married	1164	911	78.3
Not married	1046	704	67.3
Total with data	2210	1615	73.1
Parity			
None	901	692	76.8
One or more	1287	910	70.7
Total with data	2188	1602	73.2
Residence			
Central (District One, urban)	782	570	72.9
Northeast (District 2)	313	235	75.1
Southwest (District 3)	371	274	73.9
Southeast (District 4)	342	253	74.0
Northwest (District One, rural)	402	283	70.4
Total with data	2210	1615	73.1
Infant's birth weight			
Under 2500g	506	370	73.1
2500g or more	1697	1240	73.1
Total with data	2203	1610	73.1

Weighted percentages and numbers for PRAMS population

"Lower" and "Upper" are 95% confidence limits. * Data not reported in Detailed Tables.

By infant's year of birth for year 1997-2000 births

Year	Weighted %	Lower	Upper	Weighted #	Lower	Upper	Respondents #
1997	14.3	14.1	14.5	13009	12817	13201	864
1998	28.7	28.4	29.0	26019	25653	26385	1713
1999	28.6	28.3	28.8	25917	25729	26105	1519
2000	28.5	28.2	28.7	25821	25597	26045	1615
Total	100.0	.	.	90766	90260	91272	5711

By Maternal Characteristic for Year 2000 births:

	Weighted %	Lower	Upper	Weighted #	Lower	Upper	sample #
Age (years)							
15-17	5.9	4.7	7.1	1524	1208	1840	99
18-19	11.6	10.0	13.3	2999	2572	3427	193
20-24	31.9	29.5	34.4	8238	7583	8893	470
25-34	41.1	38.6	43.6	10609	9973	11245	684
35 +	9.1	7.7	10.5	2341	1980	2703	163
Total	100.0	.	.	25821	25597	26045	1615
Ethnicity/race							
Non-Hispanic White	34.3	31.9	36.7	8853	8253	9453	579
Native American	11.8	10.2	13.5	3054	2621	3488	184
Hispanic White	51.0	48.4	53.5	13156	12450	13861	802
African American*	1.6	1.0	2.3	421	245	598	26
Other *	1.3	0.7	1.9	337	192	482	24
Total	100.0	.	.	25821	25597	26045	1615
Educational level							
Less than HS	28.1	25.7	30.5	7256	6595	7917	411
High school (HS)	35.1	32.6	37.5	9052	8418	9687	559
More than HS	33.6	31.2	35.9	8670	8103	9238	595
Unknown *	3.3	2.3	4.2	842	590	1094	50
Total	100.0	.	.	25821	25597	26045	1615
Marital status							
Married	54.1	51.5	56.7	13967	13333	14601	911
Not married	45.9	43.3	48.5	11854	11151	12557	704
Total	100.0	.	.	25821	25597	26045	1615
Previous live births							
None	40.5	38.0	43.0	10465	9821	11108	692
One or more	58.6	56.0	61.1	15124	14442	15805	910
Total	100.0	.	.	25821	25597	26045	1615
Residence							
Central: District 1 urban	38.4	35.9	40.9	9922	9275	10568	621
Northeast: District 2	14.4	12.6	16.2	3710	3240	4180	235
Southwest: District 3	17.5	15.5	19.5	4522	4011	5033	274
Southeast: District 4	15.4	13.6	17.2	3975	3498	4452	253
Northwest: District 1 rural	14.3	12.5	16.1	3693	3228	4158	232
Total	100.0	.	.	25821	25597	26045	1615
Infant's birth weight							
2500+	92.8	92.5	93.0	23954	23722	24186	1240
Under 2500g	7.0	6.9	7.1	1802	1775	1829	370
Unknown	0.3	0.0	0.5	65	4	126	5
Total	100.0	.	.	25821	25597	26045	1615

Appendix 3: Variables & Performance Measures

HP2010= Healthy People objectives, MCHB=national Maternal and Child Health (Title V) and NMDOH=NM Department of Health performance measures. Under "Question #", numbers refer to PRAMS Phase 4 questionnaire and "BC" indicates a birth certificate variable.

Question #	Indicator and definition - Listed in the order of this report	HP 2010 objective ⁱ	MCHB ⁱⁱ	NMDOH ⁱⁱⁱ
21	Awareness of folic acid benefits			
10	Unintended pregnancy	9.1		x
10	Intended pregnancy	9.1		x
12	Contraceptive use/non-use among unintended pregnancies	9.3		
57	Contraceptive use after delivery			
30	Drinking alcohol during the 3 months before pregnancy			
31	Drinking alcohol during the last 3 months of pregnancy	16.17a		
26	Smoking during the 3 months before pregnancy			
27	Smoking during the last 3 months of pregnancy	16.17c		
28	Currently smoking	27.6		
50	Infant exposure to tobacco smoke			
33	Physical abuse by partner during 12 months before pregnancy	15.34		
34	Physical abuse by partner during pregnancy	15.34		
5, 6	Excessive body weight: BMI=Weight in kg/height in cm ²			
23	Diabetes			
BC	Late or no prenatal care: this report uses birth certificate data CDC PRAMS uses the respondent's self-report (Question 15)	16.6	18	
20	Prenatal discussion topics			
63	Home visiting services			
22	WIC participation during pregnancy			
63	Teen services			
46, 48	Initiation of breastfeeding	16.19		x
47	Continuation of breastfeeding			
48	In this report, defined as breastfeeding at least 9 weeks	16.19	9	x
51	Infant sleep position on back	16.13		
55	Well child care - adequate number of visits			
61	Income from aid (Temporary Assistance for Needy Families, welfare, public assistance, general assistance, food stamps, or Supplemental Security Income)			
1	Health insurance before pregnancy			
2	Medicaid before pregnancy			
19	Payer of prenatal care: Medicaid, health insurance/HMO, Indian Health Service, personal income, Indigent Fund, or other			
41	Payer of delivery: same response options as for Question 19			

ⁱ US. Department of Health and Human Services. *Healthy People 2010 Conference Edition*. Washington DC: January 2000. <<http://www.health.gov/healthypeople/Document/default.htm>>

ⁱⁱ Health Resources and Services Administration. *Maternal and Child Health Services Title V Block Grant Program: guidance and forms for the Title V application/annual report*. Rockville, MD: Office of State and Community Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 1997.

ⁱⁱⁱ NM Department of Health Strategic Plan, in progress.

The preceding table shows which question provided data for each indicator. The survey questionnaire follows this section.

Maternal characteristics

Demographics

Birth certificates provided data on maternal age, ethnicity/race, educational level, residence, previous live birth, marital status, month of entry into prenatal care and number of prenatal visits.

Maternal residence

County of residence and zip codes recoded to District One, urban=Bernalillo, Torrance, Valencia, and zip codes for Bernalillo city and Rio Rancho; District 2 = Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union ; District 3 = Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, Socorro; District 4 = Chaves, Curry, De Baca, Eddy, Guadalupe, Lea, Lincoln, Quay, Roosevelt ; District One, rural = McKinley, Sandoval (excluding zip codes for Bernalillo city and Rio Rancho), San Juan, Cibola.

Income from aid

"Income from aid" refers to the response option in question 61, which asked, "What were the sources of your household's income during the past 12 months?" One option was "Aid such as Temporary Assistance for Needy Families, welfare, public assistance, general assistance, food stamps, or Supplemental Security Income". This variable is a proxy for low income, but poverty levels vary for the different services.

Payer of healthcare

"Medicaid paid prenatal care and/or delivery" was derived from question 19: "How was your prenatal care paid for?" and question 41: "How was your delivery paid for?" These variables are a proxy for women eligible for Medicaid (income at or below 185% of poverty and enrolled in Medicaid).

Variables: changes between phases

This section defines variables created from survey variables and highlights survey changes between Phase 3 (birth years 1997-1999) and Phase 4 (birth years 2000-2003). These changes may account for differences in multiyear comparisons for folic acid awareness. When data from all PRAMS states were combined, statistically significant differences were noted for most prenatal discussion topics, cigarette smoking, drinking alcohol during the 3 months before pregnancy, and breastfeeding. (Beck L, Morrow B. Impact of questionnaire changes on observed prevalence of prenatal counseling. Poster presented at Society for Epidemiologic Research, June 2003.)

Awareness of folic acid benefits

Phase 3 PRAMS asked, "Have you ever heard or read that taking the vitamin folic acid (folate) can help prevent some birth defects?" (Yes/No). In Phase 4, the question was, "Some health experts recommend taking folic acid for which one of the following reasons? Check one answer". Responses were: "1) To make strong bones, 2) To prevent birth defects, 3) To prevent high blood pressure, 4) I don't know." For Phase 4, the mothers who checked option 2 were compared with those who checked 1, 3, or 4.

Intention of pregnancy

For Phase 3, "Don't know" was a valid response option. Phase 4 did not offer this option. In Phase 3, "Don't know" responses were omitted from the analysis of this variable.

Contraception at conception

Phase 4 added the filter question, "When you got pregnant with your new baby, were you trying to become pregnant?" (Yes/No). Women responding "yes" were instructed to skip the question about whether they used contraception at conception.

Alcohol use

Phase 4 added the filter question, "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.) This report defined "any" drinking as any response other than "I didn't drink then" or "I don't know". Frequent drinking was defined as 7 or more drinks per week, or 5 or more drinks on any one occasion. (CDC. Alcohol use among women of childbearing age - United States, 1991-1999. MMWR 2002;51:273-6.)

Tobacco smoking

Phase 4 changed the filter question from "Have you smoked at least 100 cigarettes in your entire life? (A pack has 20 cigarettes)" to "Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes)". In this report, any response besides "I didn't smoke" or "I don't know" was coded as "any smoking."

Physical abuse by a partner

For each time period, Phase 4 asked, "...did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?" and then, "...did anyone else physically hurt you in any way?" For each time period, Phase 3 asked, "...did any of these people physically abuse you? Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone." The 5 options were: "1) My husband or partner, 2) a family or household member other than my husband or partner, 3) A friend, 4) Someone else-->Please tell us... 5) No one physically abused me..."

Maternal diabetes

Phase 3 (NM-specific question 55) asked, "During your pregnancy, did a doctor, nurse, or other health care worker treat you for any of these problems? Check all that

apply." Response options included "Diabetes I had before this pregnancy" and "Diabetes I had during this pregnancy," allowing creation of a variable for gestational diabetes. Phase 4 asked, "Did you have any of these problems during your pregnancy?" One of the response options was "High blood sugar (diabetes)."

Prenatal care

Birth certificates provided the month prenatal care started and total number of visits. PRAMS asks these questions, but responses for number of visits were often inconsistent with onset of prenatal care or time when pregnancy was confirmed.

Prenatal counseling (Phase 3 & 4)

Question 20 provided data. Phase 4 added, "(Please count only discussions, not reading materials or videos.)" For all PRAMS states combined, there were statistically significant decreases in the percent of "yes" responses to all questions except for HIV testing or physical abuse, which increased, and responses to discussions about birth control, which did not change significantly.

Breastfeeding (Phase 3 & 4)

Phase 3 instructed the respondent to skip the following question if her baby was not alive or was not living with her now: "For how many weeks did you breast-feed your new baby?" Response options were: 1) to write in the number of weeks, 2) "I didn't breast-feed my baby", 2) "I breast-fed less than 1 week", or 3) "I'm still breast-feeding". Phase 4 asks three separate questions and includes pumping breast milk (see questionnaire).

Well-child care

The American Academy of Pediatrics recommends preventive care at these times during the first 6 months of life: 2 to 4 days, by one month, then at 2, 4, and 6 months. In this report, the visit at 2 to 4 days was not taken into account because some infants may still have been in hospital or had a home visit instead of an office visit. (AAP Recommendations for Preventive Pediatric Health Care, RE9535, 2001).

Details are available on the Centers for Disease Control and Prevention (CDC) website, http://www.cdc.gov/nccdphp/drh/srv_prams.htm and in the PRAMS 1999 Surveillance Report.¹ The NM PRAMS Protocol describes modifications to CDC procedures.²

Population and sample

The NM PRAMS population of "all NM mothers" means all New Mexico resident mothers giving live birth in NM in 1999, excluding those who delivered out-of-state or gave up their infant for adoption, and including only one infant from multiple births. The NM PRAMS population size (25,821) is smaller than the number of live births reported by NM Vital Records and Health Statistics (27,206).³ PRAMS exclusions⁴ and late reporting of births to Vital Records account for most of the difference.

Each month, a stratified sample is drawn from the current birth certificate file at NM Vital Records and Health Statistics. For year 1997-1999 births, NM PRAMS over-sampled Native Americans and mothers with low birth weight infants. For year 2000, we over-sampled low-birth weight infants. The 2,210 mothers who received surveys comprise that birth-year's sample.

Collection of data

The primary data collection method is a mail survey sent up to three times and followed by attempts to interview non-responders by telephone. The mailings start 2-6 months after the infant's birth, and telephone follow-up ends 90 days after birth. Mothers are also given the option of completing the survey by telephone. The mail packets include a cover letter, the questionnaire booklet, a self-addressed return envelope with postage, a question and answer sheet about PRAMS, list of community resources for families of newborns, incentives (sent to all sampled mothers), and an offer of a reward (sent to all respondents). For each batch, the reward is a \$100 store certificate for two mothers who complete the survey. NM PRAMS sends its data without personal identifiers to CDC for editing, weighting, and creation of an annual file.

Response rates

For year 2000 births, the overall response rate was 73.1%. A table in the appendix of this report shows response rates for mothers with various characteristics.

The PRAMS questionnaire

For July 1997 through December 1999 births, NM used the phase 3 questionnaire developed by CDC in 1994. For January 2000 births onward, the Phase 4 questionnaire was used. Numerous individuals within and outside of CDC identified topics for the CDC core questions. For the state-specific NM questions, consultants, including the NM Steering committee, helped select topics. Questions were then pre-tested and revised.

The questionnaire consists of two parts: a core portion that is the same for all states and a state-specific portion that is tailored to each state's needs. Topics in the core questions include barriers to and content of prenatal care, obstetric history, maternal use of alcohol and cigarettes, nutrition, economic status, maternal stress, and early infant development and health status. CDC provided Spanish translations, and both the English and Spanish questionnaires were adapted for telephone interviewers.

Sampling & weighting procedures

A stratified systematic sample of approximately 180 new mothers is drawn every month from a frame of eligible birth certificates. Linkage of sampled mothers and birth certificate data, including demographics and medical risk factors, provides the basis for calculating weights. Survey results are generalized to the state's population of live births by using weights, which may be interpreted as the number of women in the population that each respondent represents. For each mother in the sample, CDC PRAMS first calculates three weights:

1. The initial sampling weights are the reciprocal of the sampling fraction applied to the stratum.
2. Non-response weights compensate for lower response rates from women having certain demographic characteristics (such as being unmarried or of lower education) and are based on multivariate analysis. The assumption is that non-respondents would have provided similar answers, on average, to respondents' answers for that stratum and adjustment category. Categories with lower response rates have higher non-response weights.
3. The frame non-coverage weights are derived by comparing frame files for a year of births to the calendar year birth tape that states provided to CDC. The main reason for omission is late processing.

The sampling, non-response, and non-coverage weights are multiplied to yield an analysis weight for each respondent. Analysis also requires design variables and special software.⁵ This report was prepared with SUDAAN software, which takes into account the sampling design (stratification and sampling fractions) in calculating standard errors.

Cleaning & editing

This is done by NM Office of Vital Records before the sample is drawn, CDC PRAMS after birth certificate and survey data are submitted, and NM PRAMS, where coded survey responses may be revised based on write-in responses and comments. The last step may produce estimates that differ slightly from CDC's.

Potential sources of bias

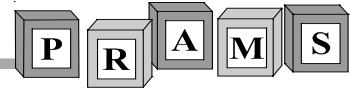
Relying on mail or telephone for surveys may select mothers of higher socioeconomic status. Bias may result from non-response, especially when response rates fall below 70% for that stratum or domain. (A domain is a subgroup other than the sampling stratum). The appendix shows stratum- and domain-specific response rates. Other potential sources of bias include omitting observations with missing values, lack of control for important confounders, or analysis by domains.

Suppressed or unstable data

Estimates were not reported for groups with fewer than 50 mothers. To warn readers of unstable estimates, we included error bars in the charts and use strikethroughs in the tables. Our criteria were a confidence interval spanning more than 15 percentage points or a relative error (standard error divided by point estimate) greater than 0.30.

References

- 1 Beck LF, Johnson CH, Morrow B, Lipscomb LE, Gaffield ME, Colley Gilbert B, Rogers M, Whitehead N. PRAMS 1999 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2003.
- 2 Available from the NM PRAMS Project at nmprams@doh.state.nm.us
- 3 NM Vital Records and Health Statistics. 2000 New Mexico Selected Health Statistics. Santa Fe, NM: Public Health Division, NM Department of Health, 2002.
- 4 NM Vital Records reported 1,053 out of state and 666 multiple births.
- 5 For this report, SUDAAN software v 7.5.4A (Research Triangle Park, NC) was used.



PRAMS Survey Questionnaire

Phase Four:

Year 2000 births

Actual survey is formatted differently

The actual survey is formatted differently from this document, in which the response options are condensed. Skip patterns refer to page numbers in the original format, not to page numbers in this appendix.

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

1. Just before you got pregnant, did you have health insurance? (Do not count Medicaid.) *No/Yes*
2. Just before you got pregnant, were you on Medicaid? *No/Yes*
3. In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?
(1) *I didn't take a multivitamin at all* (2) *1 to 3 times a week* (3) *4 to 6 times a week* (4) *Every day of the week*
4. What is your date of birth? *Month ___ Day ___ Year ___*
5. Just before you got pregnant, how much did you weigh? *Pounds OR Kilos*
6. How tall are you without shoes? *___Feet and ___inches OR ___centimeters*
7. Before your new baby, did you ever have any other babies who were born alive? *No: Go to Question 10 / Yes*
8. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth? *No/Yes*
9. Was the baby just before your new one born more than 3 weeks before its due date? *No/Yes*
10. Thinking back to just before you got pregnant, how did you feel about becoming pregnant? Check one answer.
(1) *I wanted to be pregnant sooner* (2) *I wanted to be pregnant later* (3) *I wanted to be pregnant then*
(4) *I didn't want to be pregnant then or at any time in the future*
11. When you got pregnant with your new baby, were you trying to become pregnant? *No/Yes: Go to Page 2, Question 14.*
12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.) *No / Yes: Go to Question 14*
13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant? Check all that apply.
(1) *I didn't mind if I got pregnant* (2) *I thought I could not get pregnant at that time* (3) *I had side effects from the birth control method I was using* (4) *I had problems getting birth control when I needed it* (5) *I thought my partner or I was sterile (could not get pregnant at all)* (6) *My husband or partner did not want to use anything* (7) *Other - Please tell us: ___*

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

14. 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.) (1) *___Months OR* (2) *___Weeks* (3) *I don't remember*
15. 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].) (1) *___Months OR* *___Weeks* (3) *I didn't go for prenatal care*

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

No / Yes: Go to Question 18 / I didn't want prenatal care

17. Did any of these things keep you from getting prenatal care as early as you wanted? Check all that apply

- (1) I couldn't get an appointment earlier in my pregnancy (2) I didn't have enough money or insurance to pay for my visits (3) I didn't know that I was pregnant (4) I had no way to get to the clinic or doctor's office (5) The doctor or my health plan would not start care earlier (6) I did not have my Medicaid card (7) I had no one to take care of my children (8) I had too many other things going on (9) Other - Please tell us: _____*

If you did not go for prenatal care, go to Page 4, Question 21.

18. Where did you go most of the time for your prenatal visits? Don't include visits for WIC. Check one answer.

- (1) Hospital clinic (2) Health department clinic (3) Private doctor's office or HMO clinic (4) Indian Health Service (PHS) (5) Community clinic (7) Other - Please tell us: _____*

19. How was your prenatal care paid for? Check all that apply.

- () Medicaid () Personal income (cash, check, or credit card) () Health insurance or HMO () Indian Health Service (PHS) () City or County Indigent Fund () Other - Please tell us: _____*

20. 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 literature or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

21. Some health experts recommend taking folic acid for which one of the following reasons? Check one answer.

- (1) To make strong bones (2) To prevent birth defects (3) To prevent high blood pressure (4) I don't know*

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

22. During your pregnancy, were you on WIC (Women, Infants, and Children's Nutrition Program)? *No / Yes*

23. Did you have any of these problems during your pregnancy?

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

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

If you did not have any of these problems, go to Question 25.

24. Did you do any of the following things because of these problem(s)? Check all that apply. *() I went to the hospital or emergency room and stayed less than 1 day () I went to the hospital and stayed 1 to 7 days () I went to the hospital and stayed more than 7 days () I stayed in bed at home more than 2 days because of my doctor's or nurse's advice*

The next questions are about smoking cigarettes and drinking alcohol.

25. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.) *No: Go to Question 29 / Yes*

26. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
() ___ Cigarettes OR ___ Packs (2) Less than 1 cigarette a day (3) I didn't smoke (4) I don't know

27. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?
() ___ Cigarettes OR ___ Packs (2) Less than 1 cigarette a day (3) I didn't smoke (4) I don't know

28. How many cigarettes or packs of cigarettes do you smoke on an average day now?
() ___ Cigarettes OR ___ Packs (2) Less than 1 cigarette a day (3) I didn't smoke (4) I don't know

29. 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 6, Question 32 / Yes

30a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
(1) I didn't drink then (2) Less than 1 drink a week (3) 1 to 3 drinks a week (4) 4 to 6 drinks a week (5) 7 to 13 drinks a week (6) 14 drinks or more a week (7) I don't know

30b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?
(1) ___ Times (2) I didn't drink then (3) I don't know

31a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?
(1) I didn't drink then (2) Less than 1 drink a week (3) 1 to 3 drinks a week (4) 4 to 6 drinks a week (5) 7 to 13 drinks a week (6) 14 drinks or more a week (7) I don't know

31b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?
(1) ___ Times (2) I didn't drink then (3) I don't know

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

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

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. You got separated or divorced from your husband or partner	N	Y
c. You moved to a new address	N	Y
d. You were homeless	N	Y
e. Your husband or partner lost his job	N	Y
f. You lost your job even though you wanted to go on working	N	Y
g. You argued with your husband or partner more than usual	N	Y
h. Your husband or partner said he did not want you to be pregnant	N	Y
i. You had a lot of bills you could not pay	N	Y
j. You were in a physical fight	N	Y
k. You or your husband or partner went to jail	N	Y
l. Someone very close to you had a bad problem with drinking or drugs	N	Y
m. Someone very close to you died	N	Y
Other Please tell us: _____		

33a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way? *No / Yes*

33b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way? *No / Yes*

34a. During your most recent pregnancy, did your husband or partner physically hurt you in any other way? *No / Yes*

34b. During your most recent pregnancy, did anyone else physically hurt you in any way? *No / Yes*

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

35. When was your baby due? *Month ___ Day ___ Year ___*

36. When did you go into the hospital to have your baby?
(1) Month ___ Day ___ Year ___ (2) I did not have my baby in a hospital

37. When was your baby born? *Month ___ Day ___ Year ___*

38. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)
(2) Month ___ Day ___ Year ___ (2) I did not have my baby in a hospital

39. After your baby was born, was he or she put in an intensive care unit? *(1) No (2) Yes (3) I don't know*

40. After your baby was born, how long did he or she stay in the hospital?
*(1) Less than 24 hours (Less than 1 day) (2) 24–48 hours (1–2 days) (3) 3 days (4) 4 days (5) 5 days (6) 6 days or more
 (7) My baby was not born in a hospital (8) My baby is still in the hospital*

41. How was your delivery paid for? Check all that apply.
*(1) Medicaid (2) Personal income (cash, check, or credit card) (3) Health insurance or HMO (4) Indian Health Service (PHS)
 (5) City or County Indigent Fund (6) Other - Please tell us: _____*

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

42. What is today's date? *Month ___ Day ___ Year ___*

43. Is your baby alive now? *No / Yes: Go to Question 45*

44. When did your baby die? *Month ___ Day ___ Year ___ Go to Question 57*

45. Is your baby living with you now? *No: Go to Question 57 / Yes*

46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery? *No: Go to Question 50 / Yes*

47. Are you still breastfeeding or feeding pumped milk to your new baby? *No / Yes: Go to Question 49*

48. How many weeks did you breastfeed or pump milk to feed your baby?
(1) ___ Weeks (2) Less than 1 week

49. How old was your baby the first time you fed him or her anything besides breast milk?
 (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)
*(1) ___ Weeks OR ___ Months (2) My baby was less than one week old
 (3) I have not fed my baby anything besides breast milk*

If your baby is still in the hospital, go to Question 57.

50. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?
(1) ___ Hours (2) Less than one hour a day (3) My baby is never in the same room with someone who is smoking
51. How do you most often lay your baby down to sleep now? Check one answer
(1) On his or her side (2) On his or her back (3) On his or her stomach
52. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?
No: Go to Question 54 / Yes
53. Was your new baby seen at home or at a health care facility?
(1) At home (2) At a doctor's office, clinic, or other health care facility
54. Has your baby had a well-baby checkup? No: Go to Question 57 / Yes
55. How many times has your baby been to a doctor or nurse for a well-baby checkup? It may help to use the calendar.
___ Times
56. Where do you usually take your baby for routine well-baby checkups? Check one answer
() Hospital clinic () Health department clinic () Private doctor's office or HMO clinic () Indian Health Service (PHS)
() Community clinic () Other - Please tell us: _____
57. Are you or your husband or partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)
No / Yes: Go to Page 10, Question 59
58. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?
() I am not having sex () I want to get pregnant () I don't want to use birth control () My husband or partner doesn't want to use anything () I don't think I can get pregnant (sterile) () I can't pay for birth control () I am pregnant now () Other - Please tell us: _____

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

59. Which rooms are in the house, apartment, trailer, or hogan where you live? Check all that apply
___ Living room ___ Separate dining room ___ Kitchen ___ Bathroom(s) ___ Recreation room, den, or family room
___ Finished basement ___ Bedrooms ___ How many?
60. Counting yourself, how many people live in your house, apartment, trailer, or hogan?
___ Adults (people aged 18 years or older) ___ Babies, children, or teenagers (people aged 17 years or younger)
61. What were the sources of your household's income during the past 12 months? Check all that apply
() Paycheck or money from a job () Aid such as Temporary Assistance for Needy Families, welfare, public assistance, general assistance, food stamps, or Supplemental Security Income () Unemployment benefits () Child support or alimony () Social security, workers' compensation, veteran benefits, or pensions () Money from a business, fees, dividends, or rental income
() Money from family or friends () Other - Please tell us: _____
62. This question is about the care of your teeth during your most recent pregnancy. Check all that apply
(2) I had a dental problem (2) I went to a dentist or dental clinic (3) A dentist or other health care worker talked with me about how to care for my teeth and gums (4) I did not go for dental care

63. During your pregnancy, did you participate in any of these services? Check all that apply
(1) Breastfeeding class or support group (2) Parenting class or support group (3) WIC class or discussion group about nutrition (4) Counseling about a personal or family problem (5) Home visiting services (6) Program for pregnant or parenting teenagers (7) Families FIRST (8) Program for protection from family violence (9) Program to stop using drugs or alcohol (10) A class or support group to stop smoking (11) I did not participate in any of the above
64. Since your delivery, did you participate in any of these services? Check all that apply
[Same response options as for question 63]
65. Since your delivery, whom can you count on for support or help?
 Include those on whom you often rely for housekeeping, child care, money, or help with problems. Check all that apply
(1) My husband or partner (2) A relative, friend, or neighbor (3) A paid sitter or nanny (4) Day-care center staff (5) Someone else (6) Please tell us who:___ (7) No one
66. Since your delivery, did you see a doctor, nurse, or midwife for yourself for any of these reasons? Check all that apply
(1) I received a routine checkup (6 weeks postpartum, after delivery) (2) I received care for a health problem (3) I received a birth control method (4) I did not see anyone
67. What is the name of your health insurance?
(1) Cimarron (2) Lovelace (3) Presbyterian (4) Blue Cross/Blue Shield (5) Indian Health Service (PHS) () Military coverage (6) I don't have health insurance (7) I don't know (8) Other - Please tell us:___
68. Which of the following things were you doing in the past month? Check all that apply
(1) Being a homemaker (2) Unemployed (3) Seasonal farm or construction work (4) Working or going to school full-time (5) Working or going to school part-time (6) Other - Please tell us:___
69. At your workplace or school, what happens when a mother wants to breastfeed? Check all that apply
(1) She can keep her baby and the baby can breastfeed as needed (2) She can use break time to breastfeed the baby (3) She can use break time to pump milk (4) It is hard to use breaks or find a place to pump or breastfeed (5) She is not allowed to breastfeed the baby at work (6) I am not working or going to school (7) I don't know
70. During the past 12 months, which one of the following statements best describes the food eaten by you and your family?
 Check one answer
(1) Enough food to eat (2) Sometimes not enough food to eat (3) Often not enough food to eat
71. During the 12 months before you delivered, what was your family's income, before deductions and taxes? Include ANY income or money you could use. Please give us your best guess. All information will be kept private. Answer only one
 ___\$ Every week / ___\$ Every two weeks / ___\$ Every month

Thanks for answering our questions!

Your answers will help us work to make New Mexico mothers and babies healthier. Please use this space for any additional comments you would like to make about the health of mothers and babies in New Mexico.

