New Mexico Pregnancy Risk Assessment Monitoring System

Surveillance Report 2004-2005 births

STATE of NEW MEXICO

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About this report

New Mexico PRAMS

The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing project of the New Mexico Department of Health and the national Centers for Disease Control and Prevention (CDC). Its goal is to improve the health of mothers, infants, and families by providing the state's only population-based maternal and infant health information to policy makers, programs, and the general public. PRAMS is a public health surveillance system that addresses maternal attitudes, behaviors and experiences occurring before, during and after pregnancy among women giving live birth. Public health surveillance is the ongoing systematic collection, analysis, and interpretation of health data.

Women giving live birth receive a PRAMS survey 2-6 months after delivery. About six months after data collection ends for a birth year, a complete birthfile is submitted to CDC for statistical weighting of survey data. It takes several months to prepare a high quality analytic dataset before starting analysis and report production.

This NM PRAMS Surveillance Report is based on statewide survey responses from mothers giving live birth in 2004 and 2005. Two birth years were combined to increase the sample size of subgroups. This report covers selected topics from most of the 77 survey questions. Each topic addresses public health importance (background), NM PRAMS findings, and recommendations or resources for existing policies and action in NM. Data charts with tables and figures show estimates by maternal characteristics such as age, race/ethnicity, parity, geographic residence, and source of insurance. Multiyear line charts are included for some topics to illustrate change over time. Each topic section also provides a Healthy People 2010 target with which to compare PRAMS estimates. (Healthy People 2010: Conference Edition.www.healthypeople.gov/document) The appendix includes the entire PRAMS survey questionnaire, methodology and details for the sample, data weighting, and definitions for variables.

Difference between a sample and the population

The study "population" is all New Mexican resident mothers with a live birth in a given year (minus those who gave their infant up for adoption). About 1 in 12 mothers are selected for the sample. Therefore, each respondent (recent mother) speaks for about 12 others with similar demographic characteristics. Because PRAMS sample data are weighted, information is estimated for the NM birth population.

To address uncertainty about each estimate, we calculate a confidence interval (CI). This interval is shown as lower and upper bounds in each detailed graph/data table. In general, the precision of estimates depends upon the number of respondents, the percentage responding "yes" or "no" to the question, and on the sample design. The CI (margin of error) is larger if the number of respondents is smaller, or if the percentage answering "yes" (or "no") is close to 50%.

How to read the charts and tables

Every featured topic includes detailed charts with tables for 2004-2005 combined birth data. These charts include data tables showing percentages for each indicator among different segments of the population. A black line at the end of the each bar shows the range of the error (CI). A strikethrough over an estimate cautions the reader about a wide confidence interval, indicating the data may be unstable.

Learn more about NM PRAMS at http://www.health.state.nm.us/phd/prams/home.html

To contact PRAMS, email nm.prams@state.nm.us or call 505-476-8895

This report was prepared by Eirian Coronado, MA, Jennifer Hudson, MPH, Dorin Sisneros, AA, and Rebecca Garcia. The publication is supported by grant 1UR6 DP000481 through the Centers for Disease Control and Prevention. The report does not reflect official opinions or views of the CDC unless specifically stated and cited.

The CDC PRAMS home page is: http://www/cdc.gov/nccdphp/drh/srv prams.htm

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Data summary

Among New Mexico women who gave live birth in 2004-2005...

43% had an unintended pregnancy. Among moms not trying to get pregnant, 48% were not using any method of contraception to prevent pregnancy.

28% took a daily prenatal or multivitamin before pregnancy. From 2000-2005, 60% of NM mothers did not take any multivitamins in the month before pregnancy.

41% had a preconception weight problem (were overweight or obese before pregnancy). 56% had a normal weight Body Mass Index.

18% were binge drinkers before they became pregnant. 6% drank alcohol during pregnancy.

20% were smoking cigarettes prior to pregnancy. 9% smoked throughout pregnancy. 6% of newly-delivered moms said their infants were exposed to cigarette smoke on a daily basis.

8% were physically abused by a current or ex-husband/partner in the 12 months before pregnancy. 6% were abused during their pregnancy.

8% developed high blood sugar or gestational diabetes. 2% had a pre-existing blood sugar or diabetes problem.

63% had adequate or adequate plus (combined percentages) prenatal care. 20% had inadequate prenatal care.

21% had a dental problem during pregnancy. 37% of prenatal women went to the dentist. From 1998-2005, 47% of women with a prenatal dental problem went to the dentist for treatment.

15% did not always have enough food for their family to eat in the 12 months before survey. Among women who qualified for food stamps, 39% received them in the 12 months before their baby was born. 21% of women qualifying for TANF received that assistance.

84% breastfed or pumped milk for their new infant after they were born. 57% of newly-delivered mothers breastfed for at least nine weeks. 30% of working moms said women could breastfeed at work during break times.

68% of mothers said they most often laid their new baby to sleep on his or her back.

20% of women giving live birth experienced post-partum depression symptoms after their baby was born. 13% of new mothers said they had no one they could count on for support or help.

Acknowledgements

The New Mexico PRAMS staff thanks the women of New Mexico who responded to the survey and made this report possible.

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Thank you to the New Mexico PRAMS Steering Committee: (Abbreviations: NMDOH= New Mexico Department of Health, ERD= Epidemiology and Response Division, PHD= Public Health Division, UNM= University of New Mexico, NMSU =New Mexico State University)

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Preconception health

Pregnancy Intention
Awareness of Emergency Contraception
Contraception use
Multivitamin use
Preconception overweight
Prenconception/maternal health behaviors

Pregnancy intention & family planning

PRAMS Asks: 1) Thinking back to just to before you got pregnant with your new baby, how did you feel about becoming pregnant? AND 2) (among those not trying to get pregnant) Were you and your husband or partner doing anything to keep from getting pregnant?

BACKGROUND

Intended pregnancy is associated with adequate prenatal care utilization, recommended folic acid intake levels and optimal birth outcomes.[1] In addition, women with planned pregnancies are less likely to use alcohol or tobacco just before or during their pregnancy than women with unintended pregnancies.[2]

Healthy People 2010 goal: Increase the proportion of intended pregnancies to at least 70%

PRAMS FINDINGS

In New Mexico 57% of women giving live birth in 2004-2005 said they intended to get pregnant (wanted to be pregnant at that time or earlier) (p. 9). That means over 40% of mothers did not mean to get pregnant. Forty-one percent (41%) of women 18-19 years compared to 64% of those 25-34 and 73% of women 35 or older intended their pregnancy. Compared to all NM mothers, lower proportions of young, or Native American and Hispanic women, unmarried women, and those with less than a high school education had an intended pregnancy. From 1998-2005 pregnancy intention remained stable (p. 11). Contraception: Among women not trying to get pregnant, fewer than half (48%) said they and their partners were doing something to avoid a pregnancy (p. 12). The most common reasons for not utilizing contraception were: not minding a pregnancy, thinking a pregnancy could not occur when it did, or having a husband or partner who did not want to use birth control (p. 13).

When taken within five days of sexual intercourse, the Emergency Contraception pill (ECP) can prevent a pregnancy. Emergency Contraceptives, also known as the morning-after pill, do not cause abortion and could significantly reduce the unintended and teen pregnancy rates in the United States.[3]

The 2005 Behavioral Risk Factor Surveillance System data indicated that 82% of all NM women ages 18-49 had ever heard of Emergency Contraception, but among women (all ages) giving live birth in 2004 and 2005 67% knew about ECP before their recent pregnancy (p. 12).

Awareness about Emergency Contraception was lowest among Native American women (43%), those with the least education (49%), and women whose pre-pregnancy healthcare coverage was with Indian Health Service (48%) (p.12).

WHAT WE CAN DO

Health providers can participate in the Clinical Prevention Initiative (CPI) for unintended pregnancy Chair: Diana Koster MD diana.koster@ppnewmex.org or www.swcp.com/nmms/subpages/nmms_uppl.htm

For evidence-based prevention programs, contact the New Mexico Teen Pregnancy Coalition: www.nmtpc.org (505)254-8737 or

the NMDOH Family Planning Program: 505-476-8882, http://www.health.state.nm.us/phd/fp/teen_strategies.htm

Learn about all contraceptive options, including post-coital or emergency options. Emergency Contraception website: http://ec.princeton.edu/

Office of Population Research, Princeton University

For Title X Family Planning resources or information about the Medicaid 1115 family planning waiver, contact the NMDOH Family Planning Program: (505)476-8882, http://www.health.state.nm.us/phd/fp/teen_services.htm

I just kept missing my appointments for birth control. I got a pregnancy test yesterday, and I'm afraid I'm pregnant again.

- PRAMS mom

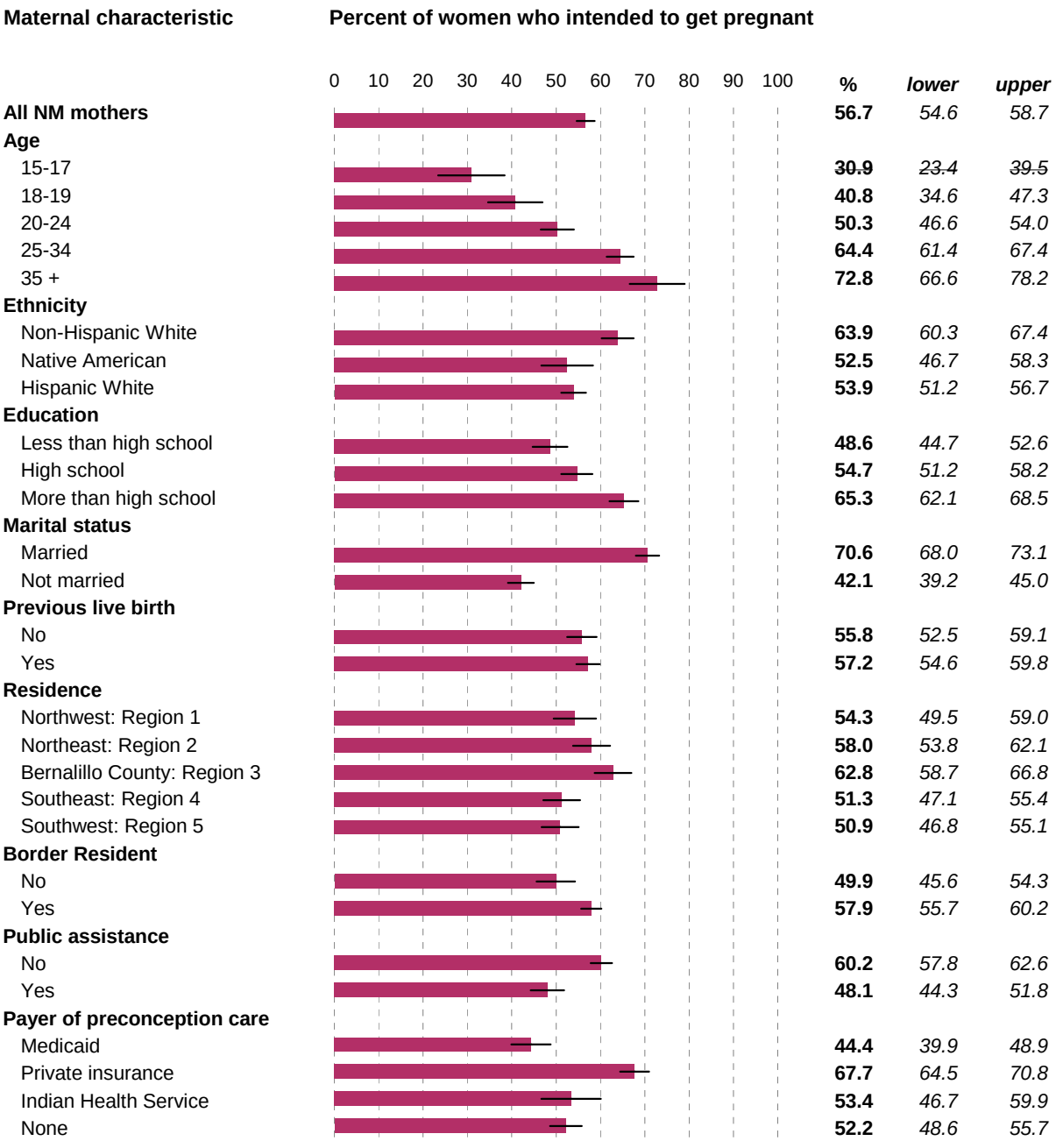
1 Rosenberg K, Gelow J, Sandoval A. Pregnancy Intendedness and the use of periconceptional folic acid. *Pediatrics*. 2003; 111: 1142-1145.

2 D'Angelo D. Williams L, Morrow B, Cox S, Harris N, Harrison L, Posner S, Richardson J, Zapata L. Preconception and interconception health status of women who recently gave birth to a live-born infant--Pregnancy Risk Assessment Monitoring System (PRAMS), United State, 206 reporting areas, 2004. *MMWR*. 2007.

3 American Academy of Pediatrics. Policy Statement: Emergency Contraception. Pediatrics vol/116 no.4; 2005.

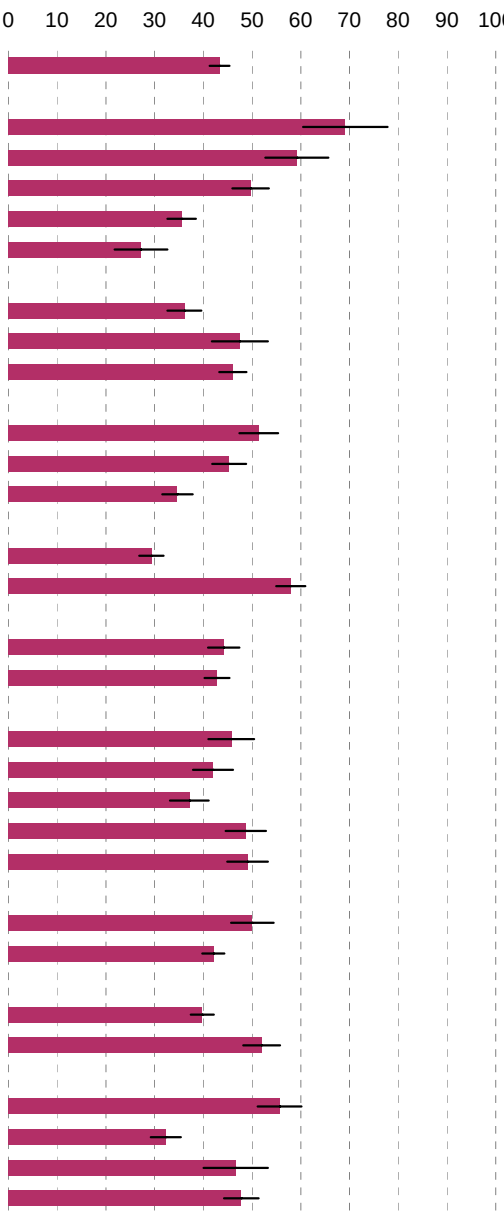
Intended pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



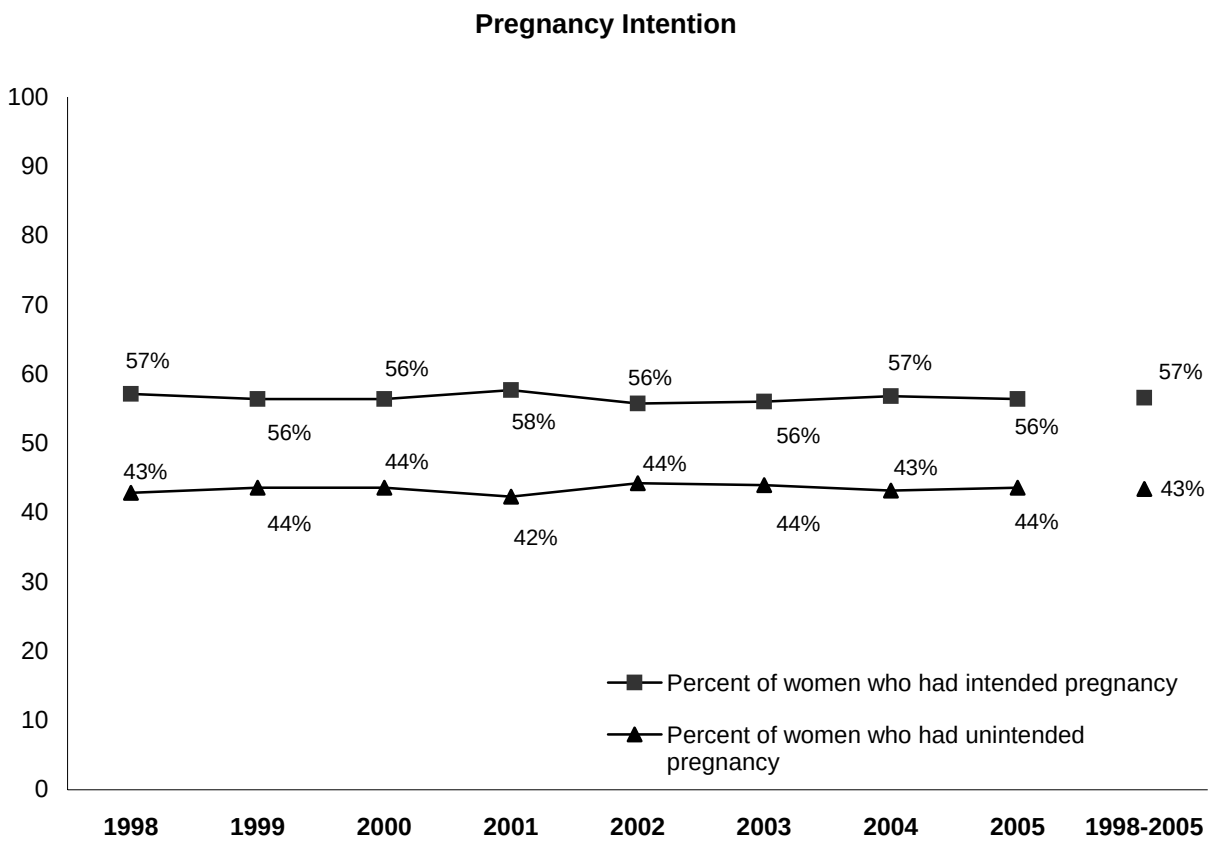
Unintended pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Total number of survey respondents=2586, population=45078.



Maternal characteristic	%	lower	upper
All NM mothers	**43.3**	*41.3*	*45.4*
Age			
15-17	~~**69.1**~~	~~*60.5*~~	~~*76.6*~~
18-19	**59.2**	*52.8*	*65.4*
20-24	**49.7**	*46.0*	*53.5*
25-34	**35.6**	*32.7*	*38.6*
35 +	**27.2**	*21.8*	*33.4*
Ethnicity			
Non-Hispanic White	**36.1**	*32.7*	*39.7*
Native American	**47.5**	*41.7*	*53.3*
Hispanic White	**46.1**	*43.3*	*48.9*
Education			
Less than high school	**51.4**	*47.4*	*55.3*
High school	**45.3**	*41.8*	*48.8*
More than high school	**34.7**	*31.6*	*37.9*
Marital status			
Married	**29.4**	*26.9*	*32.0*
Not married	**57.9**	*55.0*	*60.9*
Previous live birth			
No	**44.2**	*41.0*	*47.5*
Yes	**42.8**	*40.2*	*45.4*
Residence			
Northwest: Region 1	**45.7**	*41.0*	*50.5*
Northeast: Region 2	**42.0**	*37.9*	*46.2*
Bernalillo County: Region 3	**37.2**	*33.2*	*41.3*
Southeast: Region 4	**48.7**	*44.6*	*52.9*
Southwest: Region 5	**49.1**	*44.9*	*53.3*
Border Resident			
No	**50.1**	*45.7*	*54.4*
Yes	**42.1**	*39.8*	*44.3*
Public assistance			
No	**39.8**	*37.4*	*42.2*
Yes	**52.0**	*48.2*	*55.7*
Payer of preconception care			
Medicaid	**55.7**	*51.2*	*60.1*
Private insurance	**32.3**	*29.2*	*35.5*
Indian Health Service	**46.6**	*40.1*	*53.3*
None	**47.8**	*44.3*	*51.4*

Pregnancy intention by birth year



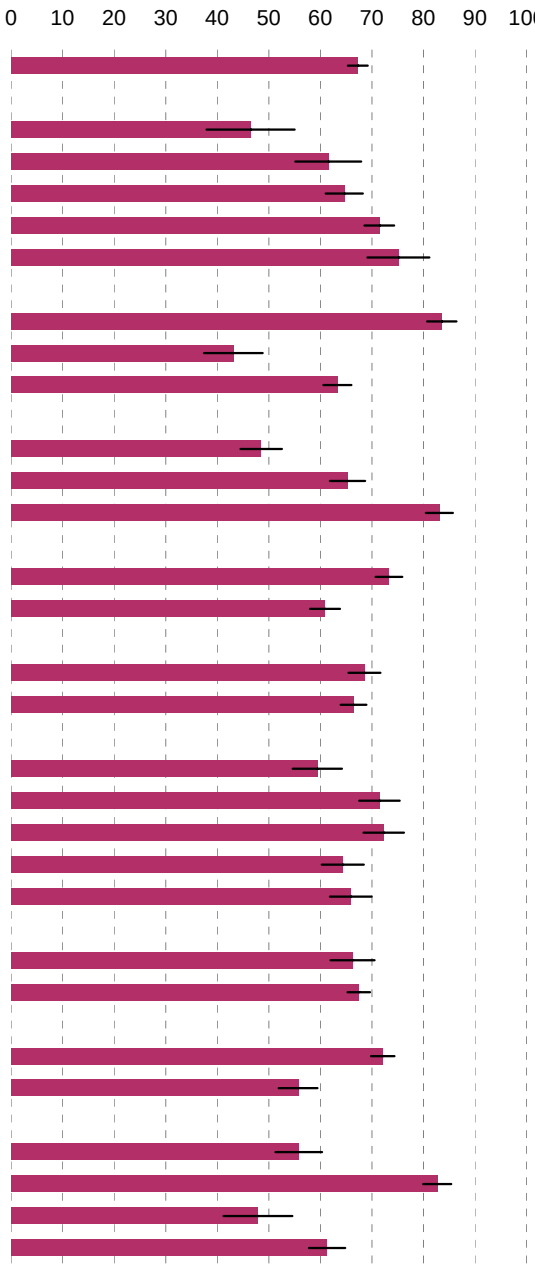
Make sure you're prepared when you get pregnant 'cause it changes everything. It changes your whole perspective of life. The child is a gift sent from above....

- PRAMS Mom

Emergency Contraception

Emergency Contraception Pill (ECP) awareness

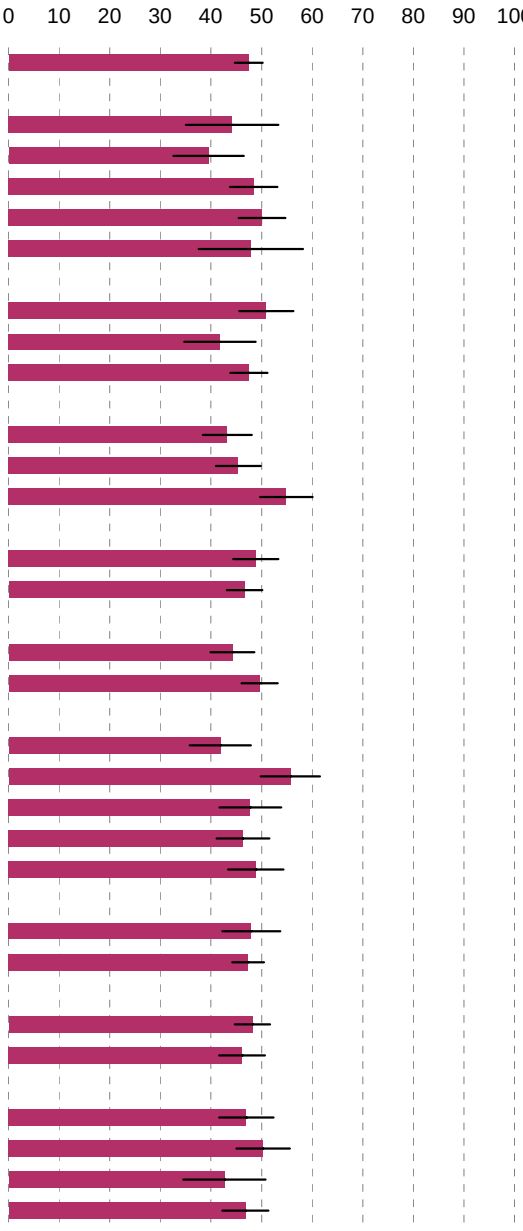
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of women who knew about Emergency Contraception prior to pregnancy		
	%	*lower*	*upper*
All NM mothers	**67.3**	*65.3*	*69.2*
Age			
15-17	**46.5**	*~~37.9~~*	*~~55.2~~*
18-19	**61.5**	*55.1*	*67.6*
20-24	**64.6**	*61.0*	*68.1*
25-34	**71.4**	*68.6*	*74.2*
35 +	**75.1**	*69.1*	*80.3*
Ethnicity			
Non-Hispanic White	**83.6**	*80.7*	*86.1*
Native American	**43.1**	*37.4*	*49.0*
Hispanic White	**63.3**	*60.5*	*65.9*
Education			
Less than high school	**48.5**	*44.5*	*52.5*
High school	**65.3**	*61.9*	*68.5*
More than high school	**83.1**	*80.5*	*85.4*
Marital status			
Married	**73.3**	*70.7*	*75.7*
Not married	**60.9**	*58.0*	*63.7*
Previous live birth			
No	**68.5**	*65.4*	*71.5*
Yes	**66.4**	*63.9*	*68.9*
Residence			
Northwest: Region 1	**59.4**	*54.6*	*64.0*
Northeast: Region 2	**71.5**	*67.5*	*75.1*
Bernalillo County: Region 3	**72.3**	*68.3*	*75.9*
Southeast: Region 4	**64.3**	*60.2*	*68.2*
Southwest: Region 5	**65.9**	*61.8*	*69.7*
Border Resident			
No	**66.3**	*62.0*	*70.3*
Yes	**67.5**	*65.3*	*69.6*
Public assistance			
No	**72.1**	*69.8*	*74.2*
Yes	**55.7**	*51.9*	*59.4*
Payer of preconception care			
Medicaid	**55.8**	*51.3*	*60.2*
Private insurance	**82.7**	*79.9*	*85.1*
Indian Health Service	**47.9**	*41.2*	*54.7*
None	**61.3**	*57.8*	*64.7*

Contraception use at conception

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents who were not trying to get pregnant=1414; population= 24465.



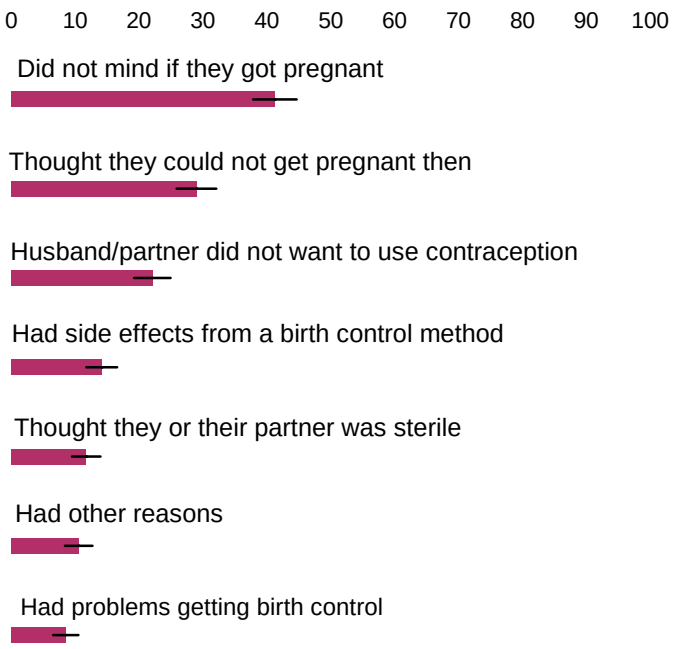
Maternal characteristic	Among women not trying to get pregnant, percent who were using some form of contraception at conception		
	%	*lower*	*upper*
All NM mothers	**47.5**	*44.7*	*50.2*
Age			
15-17	**44.2**	*~~35.1~~*	*~~53.7~~*
18-19	**39.5**	*32.6*	*46.9*
20-24	**48.4**	*43.8*	*53.1*
25-34	**50.1**	*45.5*	*54.7*
35 +	**47.9**	*37.6*	*58.4*
Ethnicity			
Non-Hispanic White	**50.9**	*45.6*	*56.3*
Native American	**41.8**	*34.7*	*49.2*
Hispanic White	**47.5**	*43.8*	*51.2*
Education			
Less than high school	**43.2**	*38.4*	*48.2*
High school	**45.4**	*41.0*	*49.9*
More than high school	**54.9**	*49.7*	*60.0*
Marital status			
Married	**48.9**	*44.4*	*53.3*
Not married	**46.6**	*43.2*	*50.2*
Previous live birth			
No	**44.3**	*39.9*	*48.7*
Yes	**49.6**	*46.1*	*53.2*
Residence			
Northwest: Region 1	**41.9**	*35.8*	*48.2*
Northeast: Region 2	**55.7**	*49.9*	*61.4*
Bernalillo County: Region 3	**47.8**	*41.7*	*53.9*
Southeast: Region 4	**46.3**	*41.1*	*51.7*
Southwest: Region 5	**48.9**	*43.4*	*54.4*
Border Resident			
No	**48.0**	*42.3*	*53.7*
Yes	**47.3**	*44.2*	*50.5*
Public assistance			
No	**48.2**	*44.7*	*51.7*
Yes	**46.2**	*41.7*	*50.7*
Payer of preconception care			
Medicaid	**47.0**	*41.6*	*52.4*
Private insurance	**50.3**	*45.0*	*55.6*
Indian Health Service	**~~42.7~~**	*~~34.6~~*	*~~51.2~~*
None	**46.8**	*42.3*	*51.4*

No contraception

Reasons for not using contraception

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents not trying to get pregnant and not using contraception= 1377, population= 23851.

Among women not trying to get pregnant *and* not using contraception, percent with each reason...



	%	*Lower*	*Upper*
Did not mind if they got pregnant	**41.3**	*37.9*	*44.7*
Thought they could not get pregnant then	**29.0**	*25.9*	*32.1*
Husband/partner did not want to use contraception	**22.1**	*19.3*	*25.0*
Had side effects from a birth control method	**14.2**	*11.8*	*16.6*
Thought they or their partner was sterile	**11.7**	*9.5*	*14.0*
Had other reasons	**10.6**	*8.4*	*12.7*
Had problems getting birth control	**8.5**	*6.5*	*10.5*

Multivitamin use

PRAMS Asks: In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or prenatal vitamin?

BACKGROUND

Folic acid (a monoglutamic acid) is the oxidized form of a B-vitamin, rarely available through natural food sources. Fifty to 70% of neural tube defects NTD (malformations of the spine and brain) may be averted by taking 400 micrograms folic acid in a daily multivitamin before conception.[1] According to a recent national survey conducted for the March of Dimes, over 80% of women, 18-45 years, were aware they should take a folic acid supplement, but only 12% knew they needed to take it *before* pregnancy.[2]

Nationally, Hispanic mothers are more likely to have an NTD-affected pregnancy compared to African-American or non-Hispanic White mothers.[3] In New Mexico congenital malformations were the second leading cause of infant mortality in 2005.[4]

Healthy People 2010 Goals: Reduce the occurrence of all birth defects to 1.1 per 1,000 live births. Increase the proportion of pregnancies beginning with optimum folic acid levels to 80%.

PRAMS FINDINGS

In New Mexico, 28% of women giving live birth in 2004-2005 took a multivitamin every day of the week in the month before conception (p.16). From 2000 to 2005 the rate increased from 24% to 29% (p.17). For the same period, 60% of NM mothers did not take a preconception multivitamin at all. Among 2004-2005 births, higher proportions of women 35 years and older (43%), or women with private insurance (37%) took a daily prenatal or multivitamin, compared to all New Mexico women. Women under 20 years of age and women without any pre-existing health insurance were least likely to take a daily multivitamin.

WHAT WE CAN DO

Encourage all women of child-bearing age to take a multivitamin containing folic acid, regardless of pregnancy intention

Contact the March of Dimes, Albuquerque Chapter http://www.marchofdimes.com/professional/690.asp

Chapter office (505)-344-5150

For March of Dimes national data: http://www.marchofdimes.com/peristats/alldata.asp

Display posters, brochures, flyers, and articles about folic acid in your workplace. Request free materials about folic acid http://www.cdc.gov/ncbddd/folicacid/

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1 Pitkin R. Folate and neural tube defects. *Am J Clin Nutr* 2007; 85:28S-8S.

2 March of Dimes Foundation. Improving Preconception Health: Women's knowledge and use of folic acid. 2007; White Plains New York.

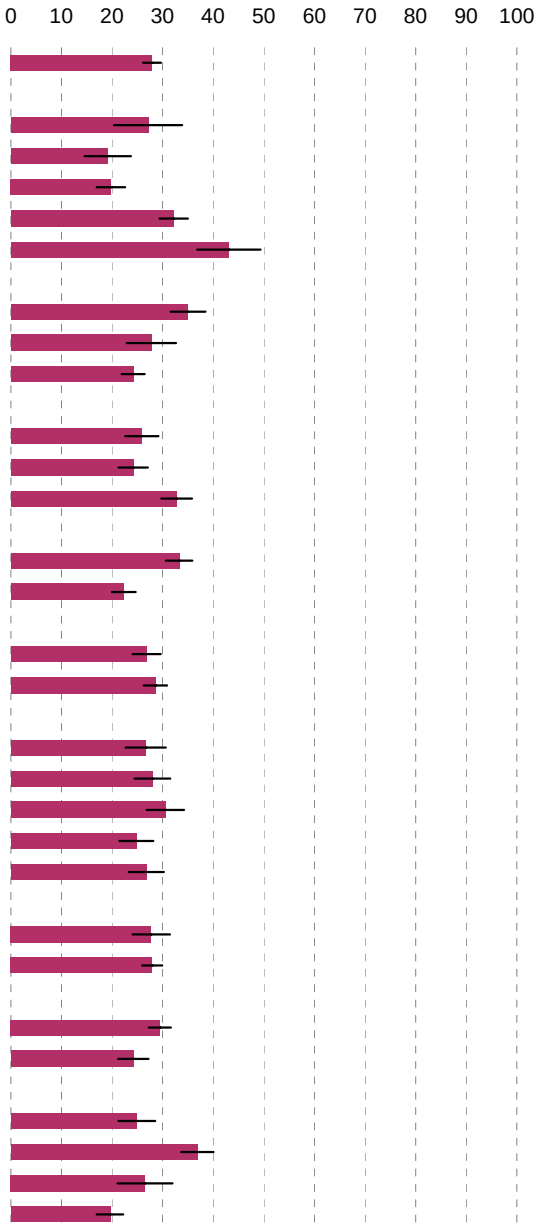
3 Yoon P, Rasmussen S, Lynberg M, Moore C, Anderka M, Carmichael S, Costa P, Druschell C, Hobbs C, Romitti P, Langlois P, Edmonds L. The National Birth Defects Prevention Study. Public Health Reports. 2001; Supplement1, 116:32-40.

4 New Mexico Selected Health Statistics Annual Report for 2005 Santa Fe, NM: New Mexico Department of Health; 2007.

Daily multivitamin

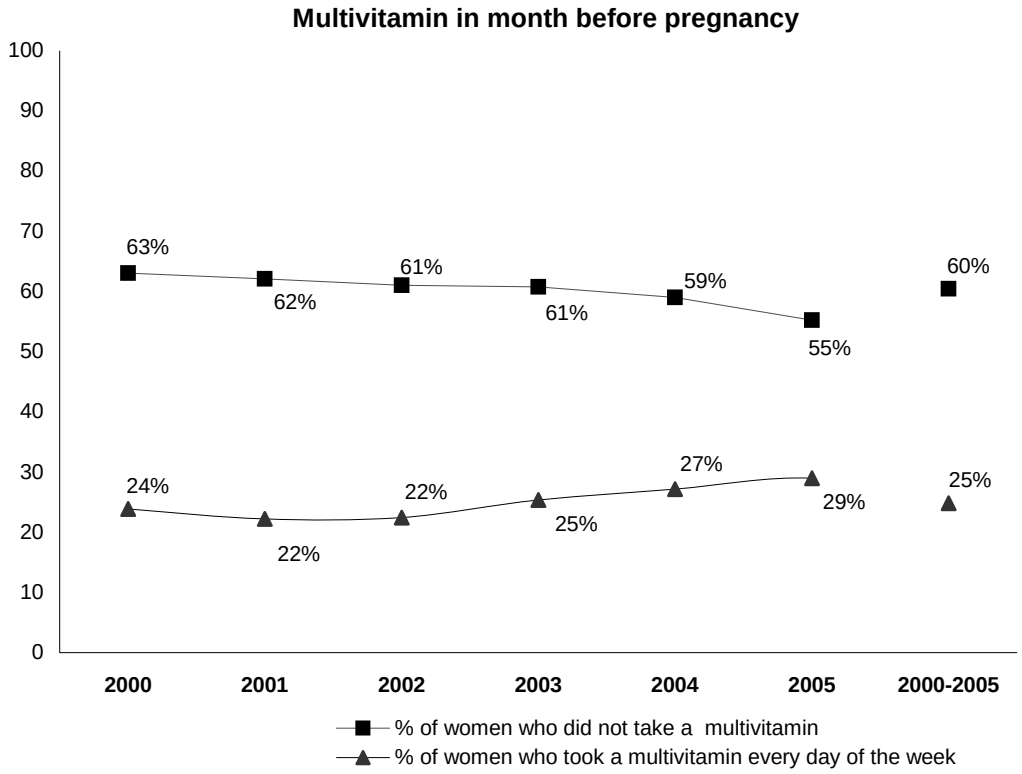
Daily multivitamin use

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents= 2586, population=45078.



Maternal characteristic	Percent of mothers who took a multivitamin daily in the month prior to conception		
	%	*lower*	*upper*
All NM mothers	**27.9**	*26.1*	*29.8*
Age			
15-17	**27.1**	*20.4*	*35.1*
18-19	**19.1**	*14.6*	*24.7*
20-24	**19.8**	*17.0*	*22.9*
25-34	**32.2**	*29.3*	*35.1*
35 +	**43.1**	*36.8*	*49.6*
Ethnicity			
Non-Hispanic White	**35.0**	*31.6*	*38.6*
Native American	**27.8**	*22.9*	*33.2*
Hispanic White	**24.2**	*21.9*	*26.6*
Education			
Less than high school	**25.9**	*22.6*	*29.5*
High school	**24.2**	*21.3*	*27.3*
More than high school	**32.8**	*29.7*	*36.0*
Marital status			
Married	**33.3**	*30.6*	*36.0*
Not married	**22.3**	*20.0*	*24.9*
Previous live birth			
No	**26.8**	*24.0*	*29.8*
Yes	**28.6**	*26.3*	*31.0*
Residence			
Northwest: Region 1	**26.6**	*22.7*	*31.0*
Northeast: Region 2	**28.0**	*24.4*	*31.8*
Bernalillo County: Region 3	**30.5**	*26.8*	*34.5*
Southeast: Region 4	**24.8**	*21.4*	*28.5*
Southwest: Region 5	**26.8**	*23.3*	*30.5*
Border Resident			
No	**27.7**	*24.0*	*31.8*
Yes	**27.9**	*25.9*	*30.0*
Public assistance			
No	**29.5**	*27.3*	*31.7*
Yes	**24.2**	*21.2*	*27.5*
Payer of preconception care			
Medicaid	**24.9**	*21.2*	*28.9*
Private insurance	**36.8**	*33.6*	*40.1*
Indian Health Service	**26.5**	*21.0*	*32.7*
None	**19.6**	*17.0*	*22.5*

Multivitamin by birth year



I think it is excellent that you are asking these types of questions and that you inform mothers of the importance of taking care of themselves before, during, and after pregnancy. One child is worth the worry.

- PRAMS Mom

Preconception weight

PRAMS Asks: 1) Just before you got pregnant with your new baby, how much did you weigh? AND 2) How tall are you without shoes? (a body mass index (BMI) is calculated by dividing reported preconception weight by height; see methodology in appendix.)

BACKGROUND

Healthy weight is a special concern prior to and during pregnancy. Pre-pregnancy overweight and maternal obesity are both implicated in macrosomia (excessive birth weight), and large for gestational age infants.[1] A recent National Birth Defects Prevention study also indicates that preconception obesity is an independent risk factor for structural birth defects, including defects of the heart and orofacial abnormalities like cleft lip (with or without cleft palate).[2] In addition, mothers with a high pre-pregnancy body mass index are at risk for Type II and gestational diabetes. In 2005, 53% of New Mexico women, ages 18-49, were overweight or obese (had a BMI of 25 or higher).[3]

Healthy People 2010 goals: Increase the proportion of adults at a healthy weight to 60%. Reduce the proportion of adults who are obese to 20%. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

PRAMS FINDINGS

Forty-one percent (41%) of New Mexico women giving live birth in 2004-2005 had a preconception weight problem (p.19). The proportion of preconception overweight increased from 33% in 1998 to 41% in 2005 (p.18). Thirty-one percent (31%) of women with a first-time birth had a weight problem compared to 48% of multiparous women (p.19).

WHAT WE CAN DO

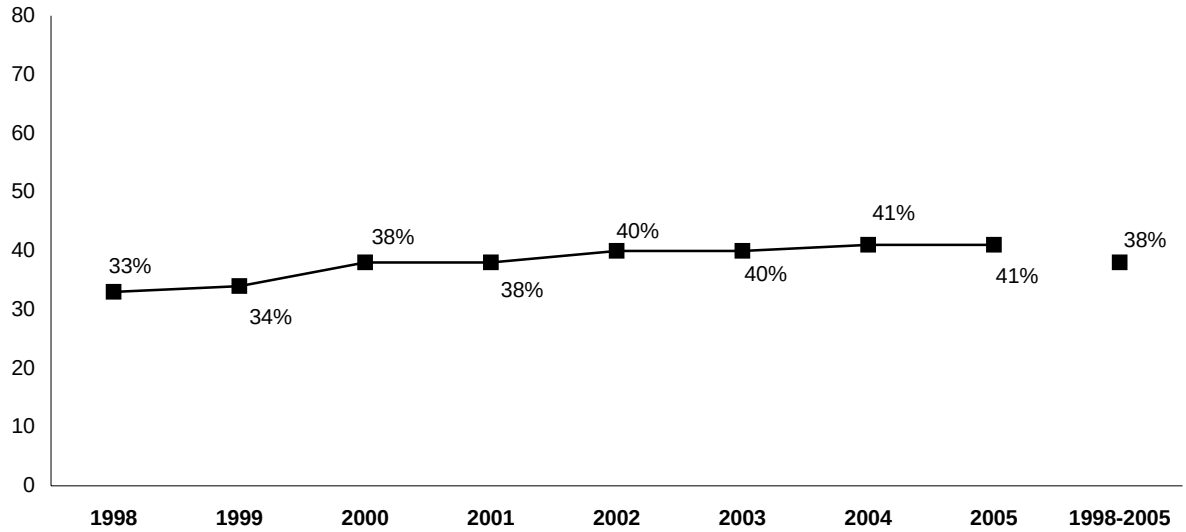
Encourage all women to monitor their diets and weight gain, including those who are already expecting a baby at:

http://mypyramid.gov/mypyramidmoms/pregnancy_weight_gain.aspx

Encourage breastfeeding and exercise after delivery to help regain pre-pregnancy weight

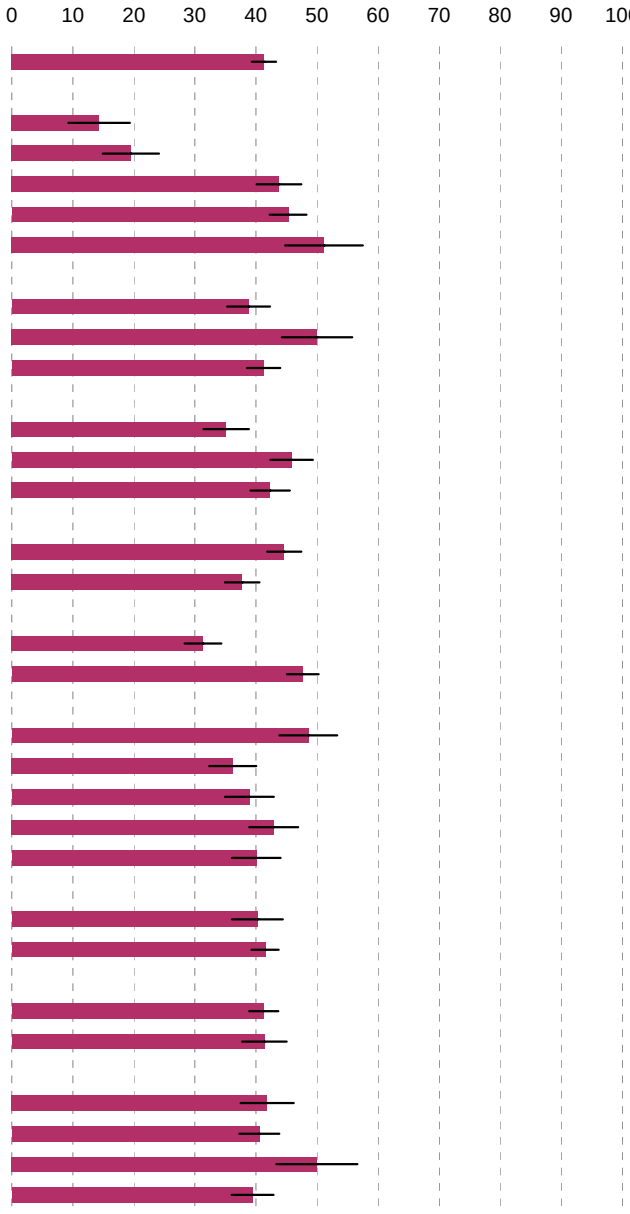
1 Kabali C, Werler M. Prepregnant body mass index, weight gain and the risk of delivering large babies among non-diabetic mothers. I*nt J Gynaecol Obstet*. 2007; 100-104.
2 Waller K, Shaw G, Rasmassen S, Hobbs C, Canfield M, Siega-Riz A, Gallaway S, Correa A. Prepregnancy obesity as a risk for structural birth defects. *Arch Pediatr Adolesc Med*; 2007
3 Estimate obtained from the NM Behavioral Risk Factor Surveillance System, 2005 survey. Accessed at http://ibis.health.state.nm.us/query/result/brfss/BRFSSCrude/OverWtObese.html

Percent of women who were overweight or obese before pregnancy



Preconception weight problem

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	%	lower	upper
All NM mothers	**41.3**	*39.3*	*43.3*
Age			
15-17	**14.3**	*9.3*	*21.4*
18-19	**19.5**	*14.9*	*25.1*
20-24	**43.8**	*40.1*	*47.5*
25-34	**45.3**	*42.2*	*48.3*
35 +	**51.1**	*44.8*	*57.5*
Ethnicity			
Non-Hispanic White	**38.8**	*35.3*	*42.4*
Native American	**50.0**	*44.3*	*55.8*
Hispanic White	**41.3**	*38.5*	*44.0*
Education			
Less than high school	**35.1**	*31.4*	*39.0*
High school	**45.8**	*42.4*	*49.4*
More than high school	**42.3**	*39.1*	*45.6*
Marital status			
Married	**44.6**	*41.8*	*47.4*
Not married	**37.8**	*34.9*	*40.7*
Previous live birth			
No	**31.3**	*28.3*	*34.5*
Yes	**47.7**	*45.1*	*50.3*
Residence			
Northwest: Region 1	**48.6**	*43.8*	*53.4*
Northeast: Region 2	**36.2**	*32.3*	*40.2*
Bernalillo County: Region 3	**38.9**	*34.9*	*43.1*
Southeast: Region 4	**42.9**	*38.9*	*47.0*
Southwest: Region 5	**40.1**	*36.1*	*44.2*
Border Resident			
No	**40.2**	*36.1*	*44.6*
Yes	**41.5**	*39.3*	*43.8*
Public assistance			
No	**41.3**	*38.9*	*43.7*
Yes	**41.4**	*37.7*	*45.1*
Payer of preconception care			
Medicaid	**41.8**	*37.5*	*46.3*
Private insurance	**40.6**	*37.3*	*43.9*
Indian Health Service	**50.0**	*43.3*	*56.6*
None	**39.4**	*36.0*	*43.0*

Alcohol use

PRAMS Asks: During the three months before you got pregnant, 1) how many alcoholic drinks did you have in an average week? AND 2) how many times did you drink 5 alcoholic drinks or more in one sitting? (The same questions are asked about the last three months of pregnancy)

BACKGROUND

There is no known safe level of alcohol use during pregnancy. Children exposed to alcohol during fetal development are at risk for fetal alcohol spectrum disorders (FASD), including Fetal Alcohol Syndrome (FAS), Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD).[1] Nationally, women who binge drink (have 5 or alcoholic drinks on one occasion) in the preconception period are more likely to be unmarried white women, smokers, and to have experienced domestic violence. Among white (including Hispanic) women, preconception binge drinking is associated with unintended pregnancy and intimate partner violence.[2]

Healthy People 2010 goal: Increase abstinence from alcohol by pregnant women to at least 94%

PRAMS FINDINGS

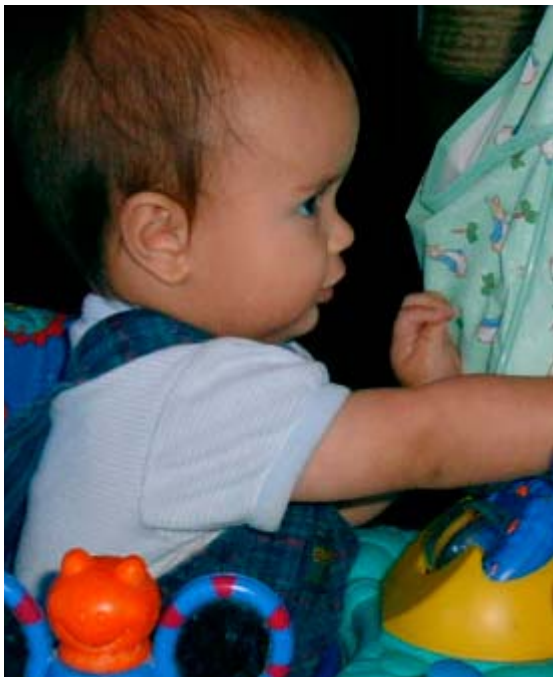
In New Mexico 18% of women giving live birth in 2004-2005 said they were binge drinking in the three months before pregnancy (p. 21). During pregnancy, 6% of NM women drank alcohol (p. 22). Higher proportions of women with more than a high school education (7%), or who were non-Hispanic White (8%), or were at least 35 years old (8%) reported drinking during pregnancy.

WHAT WE CAN DO

Utilize the V.A.S.T. Screening tool in clinical visits and group discussions
http://www.health.state.nm.us/phd/fp/VAST.htm

Don't take chances! Abstain completely from alcohol while you are pregnant or could become pregnant

Partners, family members, and friends can encourage mothers not to drink alcohol by avoiding social situations involving drinking or by not drinking themselves



The most important thing is that your child be healthy and that the parents do not smoke or drink alcohol, and above all a good diet. Family harmony is also very important.

- PRAMS Mom

1 American Academy of Pediatrics Committee on Substance Abuse and Committee on Children with Disabilities. Fetal Alcohol Syndrome and Alcohol-Related Neurodevelopmental disorders. *Pediatrics* 2000; 106:358-361.

2 Naimi T, Lipscomb L, Brewer R, Colley Gilbert B. Binge Drinking in the preconception period and the risk of unintended pregnancy: implications for women and their children. *Pediatrics* 2003; 111:1136-1141.

Preconception binge drinking

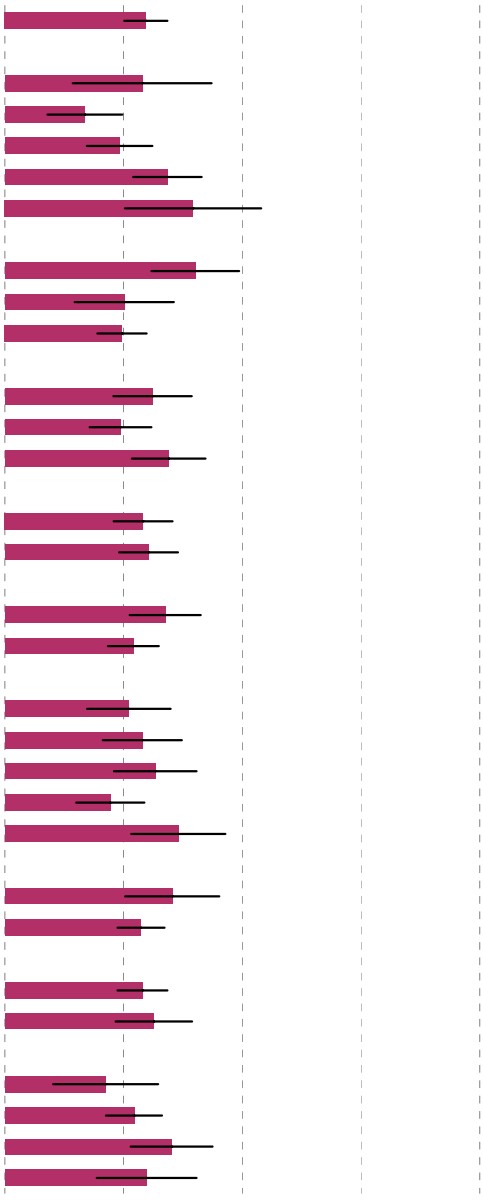
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	%	lower	upper
All NM mothers	**18.1**	*16.6*	*19.8*
Age			
15-17	**14.8**	*9.4*	*22.5*
18-19	**15.2**	*11.3*	*20.2*
20-24	**22.2**	*19.2*	*25.5*
25-34	**17.9**	*15.6*	*20.4*
35 +	**12.1**	*8.4*	*17.1*
Ethnicity			
Non-Hispanic White	**19.2**	*16.4*	*22.4*
Native American	**14.5**	*11.0*	*19.0*
Hispanic White	**18.6**	*16.5*	*20.9*
Education			
Less than high school	**15.6**	*12.9*	*18.7*
High school	**18.4**	*15.8*	*21.3*
More than high school	**19.6**	*17.0*	*22.5*
Marital status			
Married	**13.3**	*11.5*	*15.4*
Not married	**23.1**	*20.7*	*25.7*
Previous live birth			
No	**21.8**	*19.2*	*24.7*
Yes	**15.8**	*13.9*	*17.8*
Residence			
Northwest: Region 1	**17.6**	*14.2*	*21.6*
Northeast: Region 2	**16.5**	*13.6*	*19.8*
Bernalillo County: Region 3	**18.7**	*15.6*	*22.2*
Southeast: Region 4	**18.7**	*15.7*	*22.1*
Southwest: Region 5	**18.4**	*15.4*	*21.9*
Border Resident			
No	**18.7**	*15.6*	*22.4*
Yes	**18.0**	*16.3*	*19.9*
Public assistance			
No	**17.7**	*15.9*	*19.7*
Yes	**19.1**	*16.4*	*22.2*
Payer of preconception care			
Medicaid	**18.5**	*15.3*	*22.3*
Private insurance	**17.9**	*15.4*	*20.7*
Indian Health Service	**16.1**	*11.8*	*21.6*
None	**18.7**	*16.1*	*21.7*

Maternal drinking

Alcohol use during pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers who used any alcohol in the last 3 months of pregnancy	%	lower	upper
	0 5 10 15 20			
All NM mothers		**5.9**	5.0	7.0
Age				
15-17		~~**5.8**~~	~~2.9~~	~~11.3~~
18-19		~~**3.4**~~	~~1.8~~	~~6.3~~
20-24		**4.8**	3.5	6.7
25-34		**6.9**	5.4	8.6
35 +		**7.9**	5.1	12.2
Ethnicity				
Non-Hispanic White		**8.0**	6.2	10.4
Native American		**5.0**	2.9	8.5
Hispanic White		**4.9**	3.9	6.2
Education				
Less than high school		**6.2**	4.6	8.4
High school		**4.9**	3.6	6.6
More than high school		**6.9**	5.4	8.9
Marital status				
Married		**5.8**	4.6	7.4
Not married		**6.1**	4.8	7.6
Previous live birth				
No		**6.8**	5.3	8.6
Yes		**5.4**	4.3	6.7
Residence				
Northwest: Region 1		**5.2**	3.5	7.8
Northeast: Region 2		**5.8**	4.1	8.1
Bernalillo County: Region 3		**6.3**	4.6	8.7
Southeast: Region 4		**4.4**	3.0	6.5
Southwest: Region 5		**7.3**	5.3	9.9
Border Resident				
No		**7.1**	5.1	9.7
Yes		**5.7**	4.7	6.9
Public assistance				
No		**5.8**	4.8	7.1
Yes		**6.3**	4.7	8.4
Payer of prenatal care				
IHS w/wo Medicaid/insurance		~~**4.3**~~	~~2.0~~	~~8.7~~
Medicaid; (no IHS)		**5.4**	4.3	6.9
Insurance only		**7.0**	5.3	9.3
None		**6.0**	3.9	9.1

Tobacco smoking

PRAMS Asks: 1) In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (The same question was asked about the last 3 months of pregnancy.) AND 2) How many cigarettes do you smoke on an average day now? AND 3) About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

BACKGROUND

Cigarette smoking is the single most preventable cause of death in the United States.[1]

The risks of prenatal and postpartum cigarette smoking for mothers and infants are well established.[2] Not only does fetal nicotine exposure lead to adverse health effects like restricted uterine growth, stillbirth and low birth weight, but it also presents an independent risk for sudden infant death syndrome (SIDS), behavioral problems and decreased childhood immunity.[2,3] Compared to non-smokers, women who smoke at any time from the month before pregnancy through the first trimester are more likely to have a baby with certain congenital heart defects. The risks for these defects increases with the number of cigarettes smoked.[4]

Together, prenatal smoking and environmental tobacco smoke (ETS) exposure represent one of the most serious and preventable health hazards for children.[5]

Healthy People 2010 goals: Lower the prevalence of smoking among pregnant women to 1%. Increase smoking cessation during pregnancy to 30%. Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%.

PRAMS FINDINGS

Twenty percent (19.9%) of New Mexico women giving live birth in 2004-2005 smoked cigarettes in the three months before pregnancy. Unmarried women were more likely than married women to smoke (26% v. 14%) (p. 24). During pregnancy, 9% of all women smoked. Fourteen percent (14%) of non-Hispanic White women, 15% of women with Medicaid, and 13% of women receiving public assistance smoked while pregnant (p. 25). After pregnancy, 14% of all new mothers were smoking (p. 26). Almost 6% of NM moms said their infants were exposed to cigarette smoke on a daily basis. More than 9% of non-Hispanic White mothers reported that their infants were exposed to tobacco smoke compared to 3.4 and 3.7% of Hispanic and Native American mothers (p. 27). *A multiyear chart for infants exposed to cigarette smoke is on p. 79.*

WHAT WE CAN DO

Eliminate children's exposure to secondhand smoke; encourage voluntary smoke-free home and vehicle policies

Encourage quitting among smokers. For free quit coaching and nicotine patches (while supplies last) or referrals to local quit classes, call 1-800-QUIT-NOW (1-800-784-8669)

Continue educating pregnant women and families on the risks of prenatal tobacco use and the importance of smoke-free environments (For current data and reports on tobacco use or for other resources in NM, visit nmtupac.com or call 505-841-5840)

1 Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs --- United States, 1995--1999; MMWR ; April 12, 2002 / 51(14);300-3

2 Hofhuis W, de Jongste J, Merkus M. Adverse health effects of prenatal and postnatal tobacco exposure on children. *Arch Dis Child*. 2003; 88:1086-1090.

3 Anderson M, Johnson D, Batal H. Sudden Infant Death Syndrome and maternal smoking: rising attributed risk in the *Back to Sleep* era. *BMC Medicine*. 2005; 3:4.

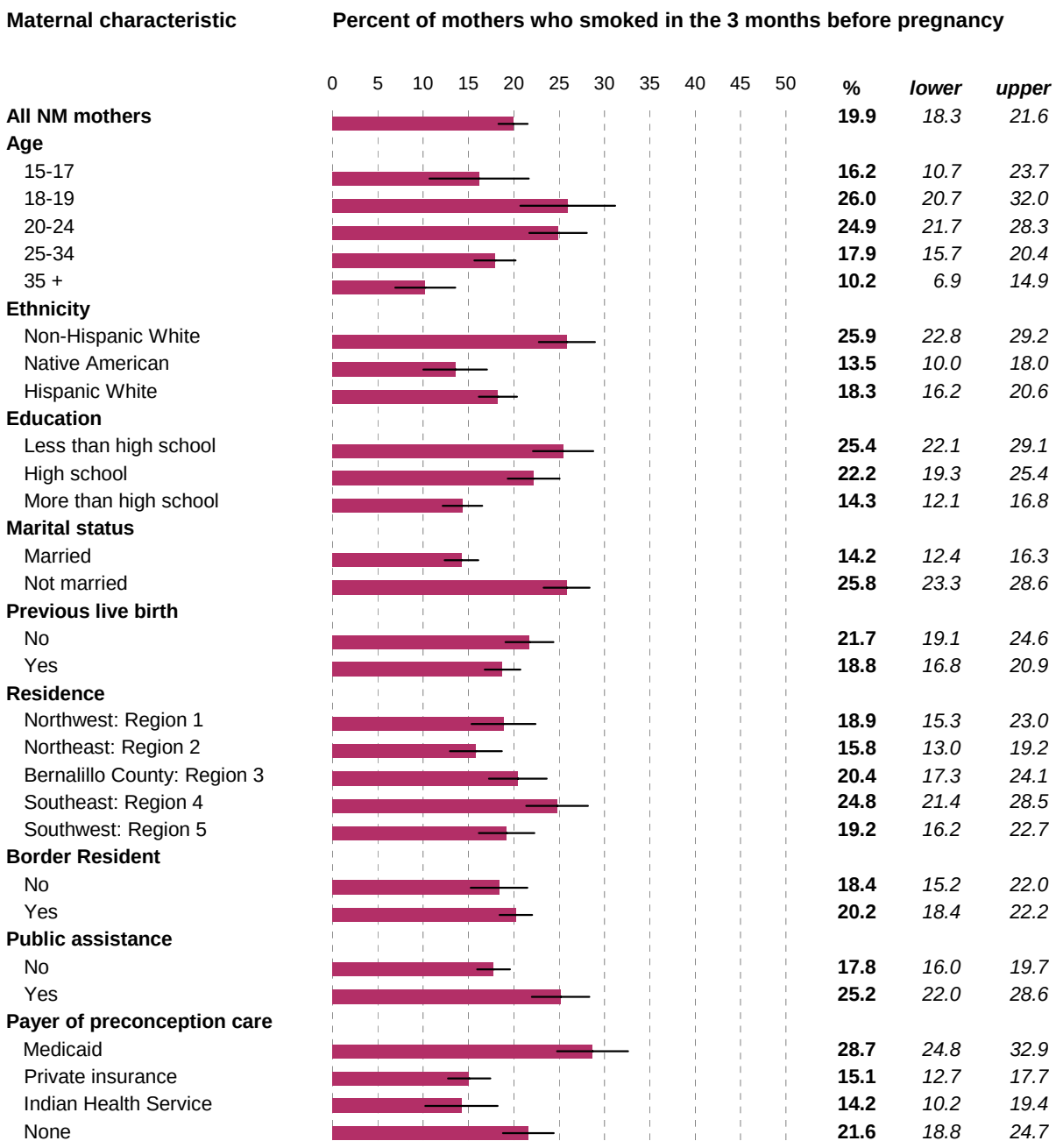
4 Malik S, Cleves M, Honein M, Romitti P, Botto L, Yang S, Hobbs C. Maternal smoking and congenital heart defects. *Pediatrics*. 2008 ; 121(4):810-6.

5 Di Franza J, Aligne A, Weitzman M. Prenatal and postnatal environmental tobacco smoke exposure and children's health. *Pediatrics*. 2004; 113:1007-1015.

Cigarette smoking before pregnancy

Preconception cigarette smoking

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Cigarette smoking during pregnancy

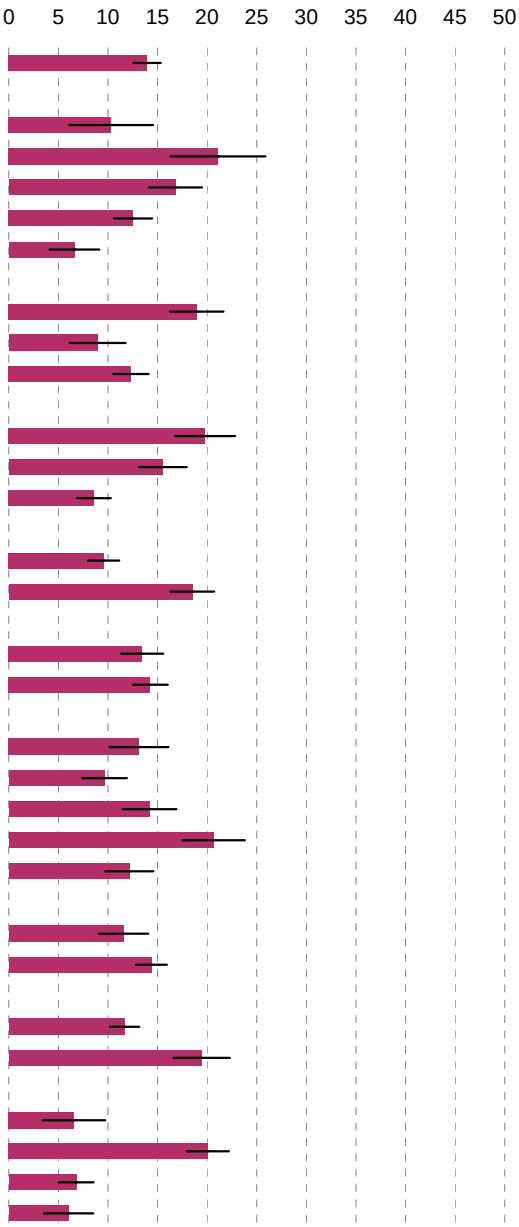
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers who smoked in the last three months of pregnancy			
	0 5 10 15 20 25	%	*lower*	*upper*
All NM mothers		**9.4**	*8.2*	*10.6*
Age				
15-17		**~~4.9~~**	*~~2.1~~*	*~~11.3~~*
18-19		**12.5**	*8.9*	*17.5*
20-24		**10.9**	*8.8*	*13.6*
25-34		**9.0**	*7.4*	*10.9*
35 +		**5.9**	*3.7*	*9.3*
Ethnicity				
Non-Hispanic White		**13.8**	*11.5*	*16.5*
Native American		**5.5**	*3.5*	*8.7*
Hispanic White		**7.7**	*6.3*	*9.4*
Education				
Less than high school		**13.8**	*11.2*	*16.9*
High school		**9.6**	*7.7*	*11.8*
More than high school		**6.3**	*4.9*	*8.2*
Marital status				
Married		**6.7**	*5.4*	*8.3*
Not married		**12.1**	*10.3*	*14.2*
Previous live birth				
No		**9.4**	*7.6*	*11.6*
Yes		**9.3**	*7.9*	*11.0*
Residence				
Northwest: Region 1		**9.6**	*7.1*	*12.9*
Northeast: Region 2		**7.0**	*5.1*	*9.5*
Bernalillo County: Region 3		**9.7**	*7.4*	*12.5*
Southeast: Region 4		**13.1**	*10.6*	*16.1*
Southwest: Region 5		**7.2**	*5.4*	*9.6*
Border Resident				
No		**6.5**	*4.7*	*9.0*
Yes		**9.9**	*8.6*	*11.4*
Public assistance				
No		**8.0**	*6.8*	*9.5*
Yes		**12.6**	*10.3*	*15.4*
Payer of prenatal care				
IHS w/wo Medicaid/insurance		**4.7**	*2.5*	*8.7*
Medicaid; (no IHS)		**14.5**	*12.5*	*16.8*
Insurance only		**4.4**	*3.0*	*6.3*
None		**6.2**	*4.1*	*9.3*

Smoking- postpartum

Postpartum cigarette smoking

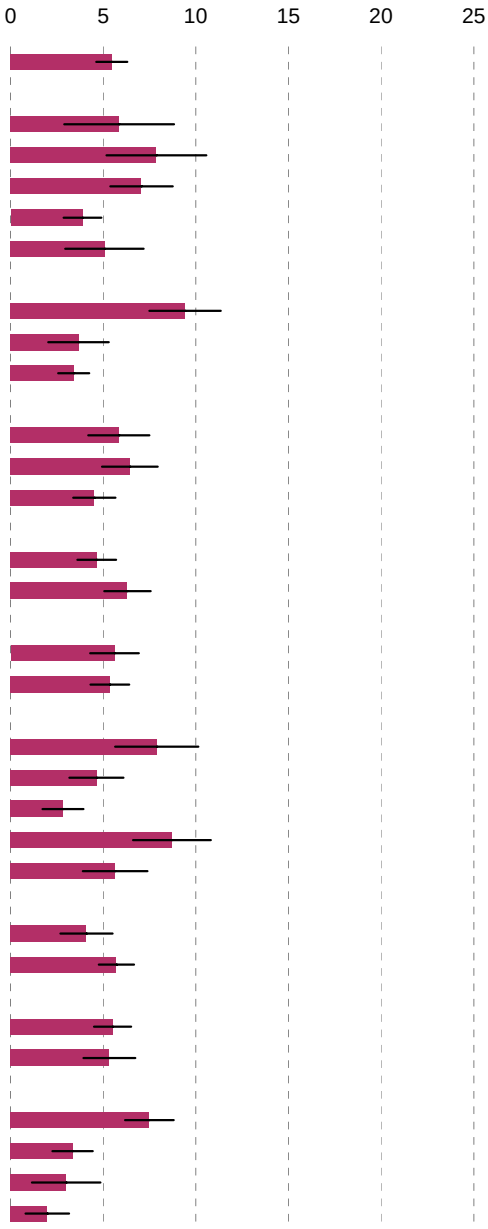
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers who were smokers at the time of survey		
	%	***lower***	***upper***
All NM mothers	**14.0**	*12.6*	*15.4*
Age			
15-17	**10.3**	*6.1*	*17.0*
18-19	**21.1**	*16.3*	*26.8*
20-24	**16.8**	*14.1*	*19.9*
25-34	**12.5**	*10.6*	*14.8*
35 +	**6.6**	*4.1*	*10.5*
Ethnicity			
Non-Hispanic White	**19.0**	*16.3*	*22.0*
Native American	**9.0**	*6.2*	*12.9*
Hispanic White	**12.3**	*10.6*	*14.4*
Education			
Less than high school	**19.8**	*16.8*	*23.2*
High school	**15.5**	*13.1*	*18.3*
More than high school	**8.6**	*6.9*	*10.7*
Marital status			
Married	**9.6**	*8.0*	*11.4*
Not married	**18.5**	*16.3*	*20.9*
Previous live birth			
No	**13.4**	*11.3*	*15.9*
Yes	**14.3**	*12.5*	*16.2*
Residence			
Northwest: Region 1	**13.1**	*10.2*	*16.8*
Northeast: Region 2	**9.7**	*7.4*	*12.5*
Bernalillo County: Region 3	**14.2**	*11.5*	*17.4*
Southeast: Region 4	**20.7**	*17.5*	*24.2*
Southwest: Region 5	**12.2**	*9.7*	*15.1*
Border Resident			
No	**11.6**	*9.1*	*14.7*
Yes	**14.4**	*12.9*	*16.1*
Public assistance			
No	**11.7**	*10.2*	*13.4*
Yes	**19.4**	*16.6*	*22.6*
Payer of delivery			
IHS w/wo Medicaid/insurance	**6.6**	*3.5*	*12.2*
Medicaid; (no IHS)	**20.1**	*17.9*	*22.4*
Insurance only	**6.8**	*5.1*	*9.1*
None	**6.0**	*3.6*	*10.1*

Infants exposed to cigarette smoke

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers whose infant is exposed to cigarette smoking, daily		
	%	*lower*	*upper*
All NM mothers	**5.5**	*4.6*	*6.4*
Age			
15-17	~~**5.9**~~	~~*2.9*~~	~~*11.5*~~
18-19	**7.9**	*5.2*	*11.8*
20-24	**7.1**	*5.4*	*9.2*
25-34	**3.9**	*2.9*	*5.3*
35 +	**5.1**	*3.0*	*8.6*
Ethnicity			
Non-Hispanic White	**9.4**	*7.5*	*11.8*
Native American	**3.7**	*2.0*	*6.5*
Hispanic White	**3.4**	*2.6*	*4.5*
Education			
Less than high school	**5.9**	*4.2*	*8.1*
High school	**6.4**	*4.9*	*8.4*
More than high school	**4.5**	*3.4*	*6.0*
Marital status			
Married	**4.7**	*3.6*	*6.0*
Not married	**6.3**	*5.1*	*7.8*
Previous live birth			
No	**5.6**	*4.3*	*7.3*
Yes	**5.4**	*4.3*	*6.6*
Residence			
Northwest: Region 1	**7.9**	*5.6*	*10.9*
Northeast: Region 2	**4.6**	*3.2*	*6.7*
Bernalillo County: Region 3	**2.8**	*1.7*	*4.6*
Southeast: Region 4	**8.7**	*6.6*	*11.4*
Southwest: Region 5	**5.7**	*3.9*	*8.1*
Border Resident			
No	**4.1**	*2.7*	*6.2*
Yes	**5.7**	*4.8*	*6.9*
Public assistance			
No	**5.5**	*4.5*	*6.7*
Yes	**5.3**	*4.0*	*7.2*
Payer of delivery			
IHS w/wo Medicaid/insurance	~~**7.5**~~	~~*6.2*~~	~~*9.1*~~
Medicaid; (no IHS)	**3.4**	*2.3*	*4.9*
Insurance only	**3.0**	*1.2*	*7.6*
None	~~**2.0**~~	~~*0.8*~~	~~*4.8*~~

Physical Abuse

PRAMS Asks: 1) During the 12 months before you got pregnant were you physically hurt in any way by your husband or partner? AND 2) During the 12 months before you got pregnant did an ex-husband or ex-partner push, hit, slap, choke, or physically hurt you in any other way? (The same questions are asked about the prenatal period)

BACKGROUND

The World Health Organization reports that:

- the perpetrators of violence against women are almost exclusively men;
- women are at greatest risk of violence from men they know;
- women and girls are the most frequent victims of violence within the family and between intimate partners;
- physical abuse in intimate relationships is almost always accompanied by severe psychological and verbal abuse[1]

Somewhere between 4-8% of American women experience violence during pregnancy, and homicide is a leading cause of injury-related death in pregnancy. [2,3] Among 20 PRAMS states with data on physical abuse in 2001, only 5 states had higher rates of preconception abuse than New Mexico. New Mexico was among the four PRAMS states with the highest prevalence of prenatal physical abuse.[4] According to the 2005 NM victimization survey, 27 per 1,000 females experienced domestic violence in New Mexico.[5]

Healthy People 2010 goal: Reduce physical assaults by current or former intimate partner to fewer than 3.3 per 1,000 persons, 12 years or older.

PRAMS FINDINGS

Eight percent (8%) of New Mexico women giving live birth in 2004-2005 said they were physically abused by a current or ex-husband or partner in the 12 months before pregnancy (p. 29). During pregnancy, 6% were abused (p. 30). Four percent (4%) of NM new mothers were abused during both time periods (p. 31). From 1998-2005 prenatal violence dropped from 7% to under 6%, but preconception abuse rates remained stable (p. 32). Physical abuse by an intimate partner was much more prevalent among young mothers compared to older mothers. Thirteen percent (13%) of teens 15-17 years were abused before pregnancy compared to 3% of women at least 35 years of age. Fifteen percent (15%) of American Indian women were abused before and 11% were abused during pregnancy. Eight percent (8.0) of women with Medicaid were abused during both time periods (p. 31).

WHAT WE CAN DO

Utilize the V.A.S.T. screening tool in clinical visits and group discussions

http://www.health.state.nm.us/phd/fp/VAST.htm

Become familiar with state and national legislation to protect women from domestic violence. http://www.womenslaw.org/statutes_root.php?state_code=NM

If you are a women experiencing physical violence or know someone who is, online legal help is available at http://www.womenslaw.org/gethelp_state.php?state_code=NM

Domestic Violence Legal Resources Statewide Hotline:

1-877-974-3400

1 http://www.who.int/mediacentre/factsheets/fs239/en/print.html World report on violence and health, summary. World Health Organization. Geneva, 2002. Accessed August, 2008.

2 Gazmararian J, Lazorick S, Spitz A, Ballard T, Saltzman L, Marks J. Prevalence of violence against pregnant women. *JAMA* 1996; 275 1915-1920.

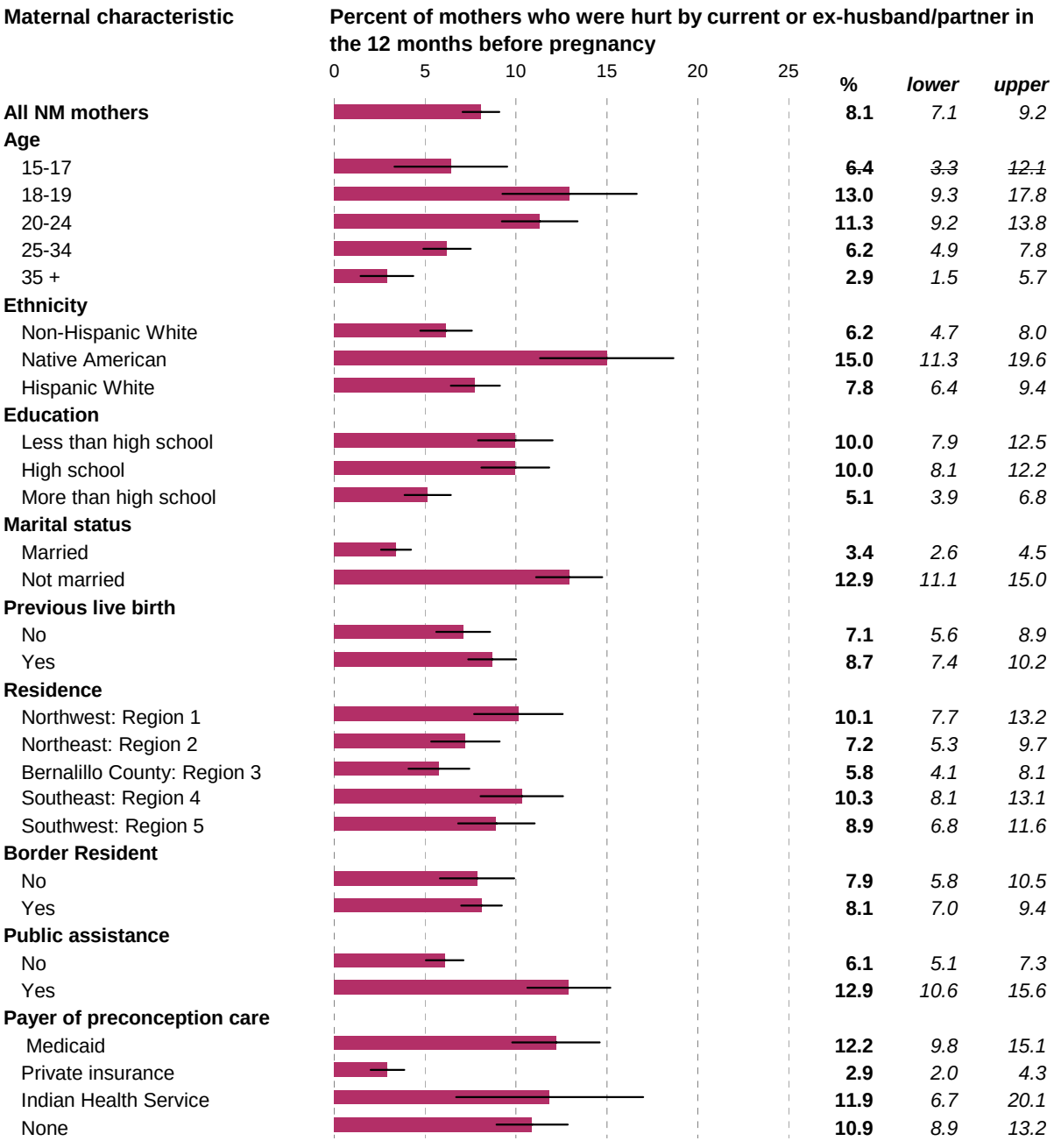
3 Chang J, Berg C,Saltzman L, Herndon J. Homicide : a leading cause of injury deaths among pregnant and postpartum women in the United States, 1991-1999. *Am J Public Health 2005;*95(3): 471-477.

4 Department of Health and Human Services Centers for Disease Control and Prevention. PRAMS and Physical Violence; 2006.- accessed at http://www.cdc.gov/ReproductiveHealth/Products&Pubs/SC_Topics.htm#PRAMS_

5 Incidence and nature of domestic violence in New Mexico VIII: An analysis of 2007 data from the New Mexico Central Repository. State of New Mexico, New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau; 2008.

Physical Abuse before pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

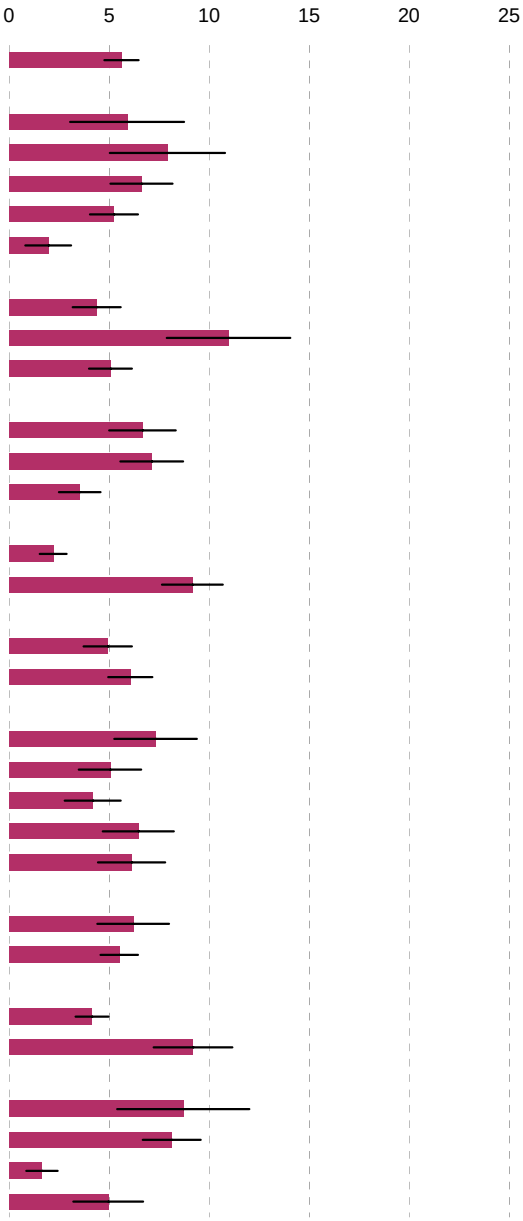


Physical abuse- prenatal

Physical abuse during pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of NM mothers hurt by a current or ex-husband/partner			
		%	*lower*	*upper*
All NM mothers		**5.6**	*4.8*	*6.6*
Age				
15-17		**~~5.9~~**	*~~3.1~~*	*~~11.1~~*
18-19		**7.9**	*5.0*	*12.2*
20-24		**6.6**	*5.1*	*8.6*
25-34		**5.2**	*4.0*	*6.8*
35 +		**~~2.0~~**	*~~0.8~~*	*~~4.6~~*
Ethnicity				
Non-Hispanic White		**4.4**	*3.2*	*6.0*
Native American		**11.0**	*7.9*	*15.1*
Hispanic White		**5.1**	*4.0*	*6.4*
Education				
Less than high school		**6.7**	*5.0*	*8.8*
High school		**7.1**	*5.6*	*9.1*
More than high school		**3.5**	*2.5*	*5.0*
Marital status				
Married		**2.2**	*1.5*	*3.2*
Not married		**9.2**	*7.7*	*11.0*
Previous live birth				
No		**4.9**	*3.7*	*6.5*
Yes		**6.1**	*5.0*	*7.4*
Residence				
Northwest: Region 1		**7.3**	*5.3*	*10.1*
Northeast: Region 2		**5.1**	*3.5*	*7.3*
Bernalillo County: Region 3		**4.2**	*2.8*	*6.3*
Southeast: Region 4		**6.5**	*4.7*	*8.8*
Southwest: Region 5		**6.1**	*4.4*	*8.4*
Border Resident				
No		**6.2**	*4.4*	*8.7*
Yes		**5.5**	*4.6*	*6.6*
Public assistance				
No		**4.2**	*3.3*	*5.2*
Yes		**9.2**	*7.2*	*11.7*
Payer of prenatal care				
IHS w/wo Medicaid/insurance		**8.7**	*5.4*	*13.8*
Medicaid; (no IHS)		**8.1**	*6.7*	*9.9*
Insurance only		**~~1.7~~**	*~~0.9~~*	*~~3.1~~*
None		**5.0**	*3.2*	*7.6*

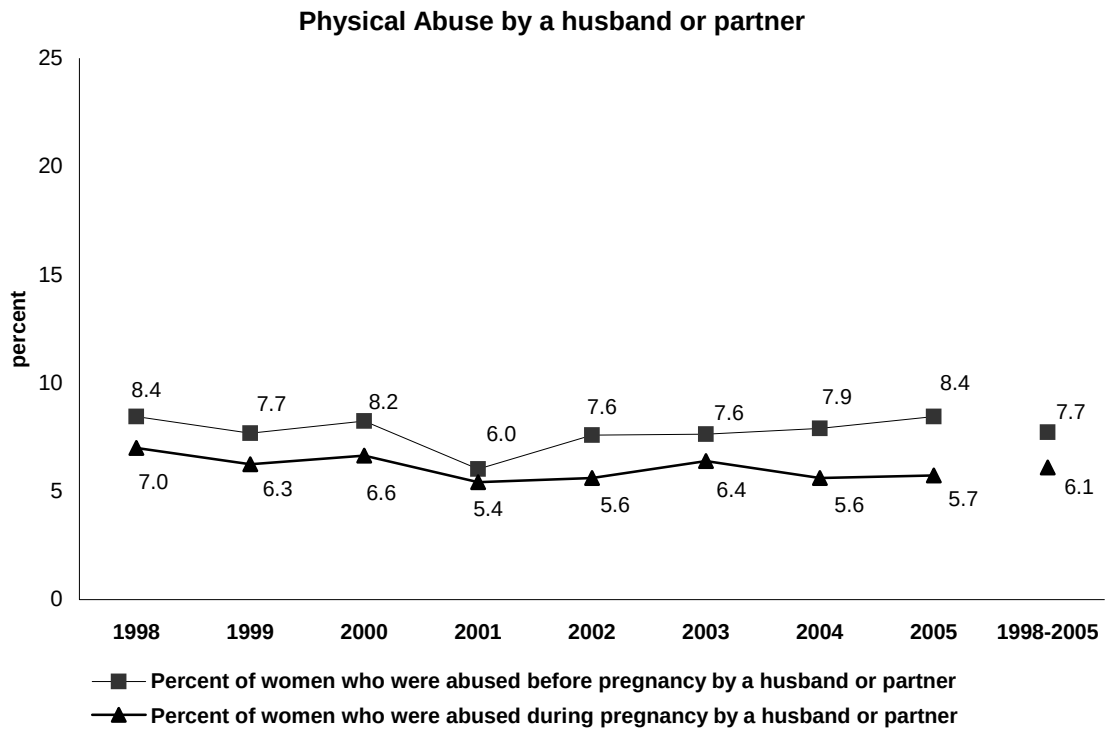


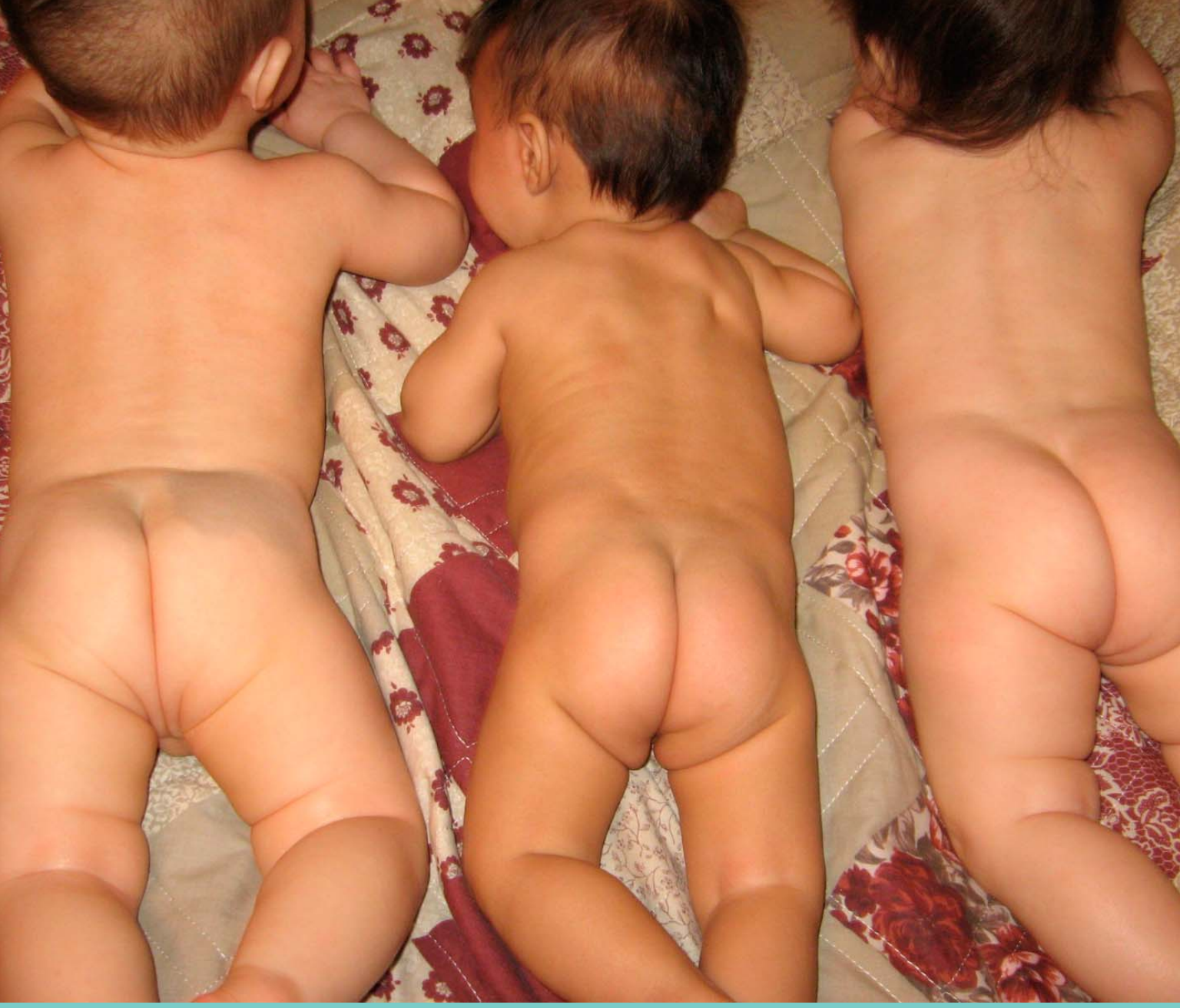
Physical abuse before & during pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of NM mothers who were hurt by a current or ex-husband/partner before *and* during pregnancy	%	*lower*	*upper*
	0 5 10 15 20 25			
All NM mothers		**4.0**	*3.3*	*4.9*
Age				
15-17		**3.8**	*~~1.7~~*	*~~8.1~~*
18-19		**5.3**	*3.1*	*9.1*
20-24		**5.4**	*4.0*	*7.1*
25-34		**3.5**	*2.5*	*4.8*
35 +		**~~1.7~~**	*~~0.7~~*	*~~4.5~~*
Ethnicity				
Non-Hispanic White		**3.2**	*2.2*	*4.6*
Native American		**8.7**	*5.9*	*12.6*
Hispanic White		**3.6**	*2.7*	*4.7*
Education				
Less than high school		**5.4**	*3.9*	*7.5*
High school		**4.9**	*3.7*	*6.6*
More than high school		**2.3**	*1.5*	*3.5*
Marital status				
Married		**1.7**	*1.2*	*2.5*
Not married		**6.5**	*5.2*	*8.0*
Previous live birth				
No		**3.0**	*2.1*	*4.2*
Yes		**4.7**	*3.7*	*5.9*
Residence				
Northwest: Region 1		**5.8**	*4.0*	*8.3*
Northeast: Region 2		**~~3.4~~**	*~~2.2~~*	*~~5.3~~*
Bernalillo County: Region 3		**2.5**	*1.5*	*4.3*
Southeast: Region 4		**4.9**	*3.4*	*7.1*
Southwest: Region 5		**4.7**	*3.3*	*6.8*
Border Resident				
No		**4.6**	*3.1*	*6.9*
Yes		**~~3.9~~**	*~~3.2~~*	*~~4.9~~*
Public assistance				
No		**2.8**	*2.1*	*3.6*
Yes		**7.1**	*5.4*	*9.4*
Payer of preconception care				
Medicaid		**7.6**	*5.7*	*10.1*
Private insurance		**~~1.0~~**	*~~0.5~~*	*~~1.9~~*
Indian Health Service		**~~4.1~~**	*~~1.6~~*	*~~10.2~~*
None		**5.2**	*3.9*	*6.9*

Physical abuse by birth year





Prenatal health

Prenatal illness/ Diabetes
Prenatal care utilization
HIV test
Oral health
Health Services

Maternal morbidity (prenatal illness)

PRAMS Asks: 1) Did you have any of these problems during your most recent pregnancy? a) high blood sugar (diabetes) that started before this pregnancy b) high blood sugar (diabetes) that started during this pregnancy c) kidney or bladder (urinary tract) infection d) high blood pressure, hypertension; AND 2) Did you do any of the following things because of these problems? a) I went to the hospital or emergency room and stayed less than 1 day b) stayed 1-7 days c) stayed more than 7 days d) I stayed in bed at home because of my doctor's or nurse's advice

BACKGROUND

Medical conditions existing before or developing during pregnancy are associated with risks for mothers and infants. Serious conditions, such as diabetes, require special management during the prenatal period. Nearly 24 million people or 8% of the U.S. population have diabetes, and an estimated 25% of those with the disease may not know.[1] There is a higher prevalence of diabetes and related complications among Hispanic, Native American, and African-American women compared with non-Hispanic White women.[2]

Type II and gestational diabetes mellitus (GDM) are both associated with obstetric challenges. Women who have had gestational diabetes have a 40-60% chance of developing Type II diabetes within ten years.[1] A National Birth Defects Prevention Study indicates that pregnant women with a pre-gestational diabetes diagnosis are more likely than women with no diabetes or those with gestational diabetes mellitus to give birth to a child with some types of birth defects.[3]

From 2004-2006, an estimated 6.6% of all New Mexico adult women had ever been told by a doctor that they had diabetes.[4]

Healthy People 2010 goal

Reduce maternal illness and complications due to pregnancy to 24 per 100 deliveries.

PRAMS FINDINGS

Two percent (2%) of New Mexico women giving live birth in 2004-2005 experienced high blood sugar or diabetes that started before they were pregnant (p. 35). Among all new NM mothers, 8% said they developed gestational diabetes or high blood sugar (p. 36). Twelve percent (12%) of Native American mothers had gestational diabetes compared to 8.4% of Hispanic and 7% of non-Hispanic white mothers.

Other medical problems during pregnancy ranged from severe nausea or dehydration to needing a blood transfusion. Over 20% of NM women giving live birth said they experienced labor pains more than three weeks before their baby was due (p. 37). Forty-two percent (42%) of mothers with any prenatal medical problems went to the emergency room or hospital for help, and 19% of the women reporting a medical problem stayed in the hospital 1-7 days (p. 38).

WHAT WE CAN DO

For information on gestational diabetes and links to publications on that topic, see http://www.nichd.nih.gov/health/topics/Gestational_Diabetes.cfm

OR http://www.cdc.gov/diabetes/

The American Diabetes Association provides information on gestational diabetes at

http://www.diabetes.org/gestational-diabetes.jsp

1 Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion. National Diabetes Fact Sheet, 2007. Accessed on August 11, 2008 at http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf

2 Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults --- United States, 1999--2000; MMWR; September 5, 2003 / 52(35); 833-837

3 Correa A, Gilboa S, Bessler L, Botto L , Moore C, Hobbs C, Cleves M, Riehle-Colarusso T, Waller D, Reece E. Diabetes mellitus and birth defects. *Am J Obstet* 2008 [Epub ahead of print].

4 New Mexico Behavioral Risk Factor Surveillance System, 2006 data. Data provided by the NM Diabetes Prevention and Control Program.

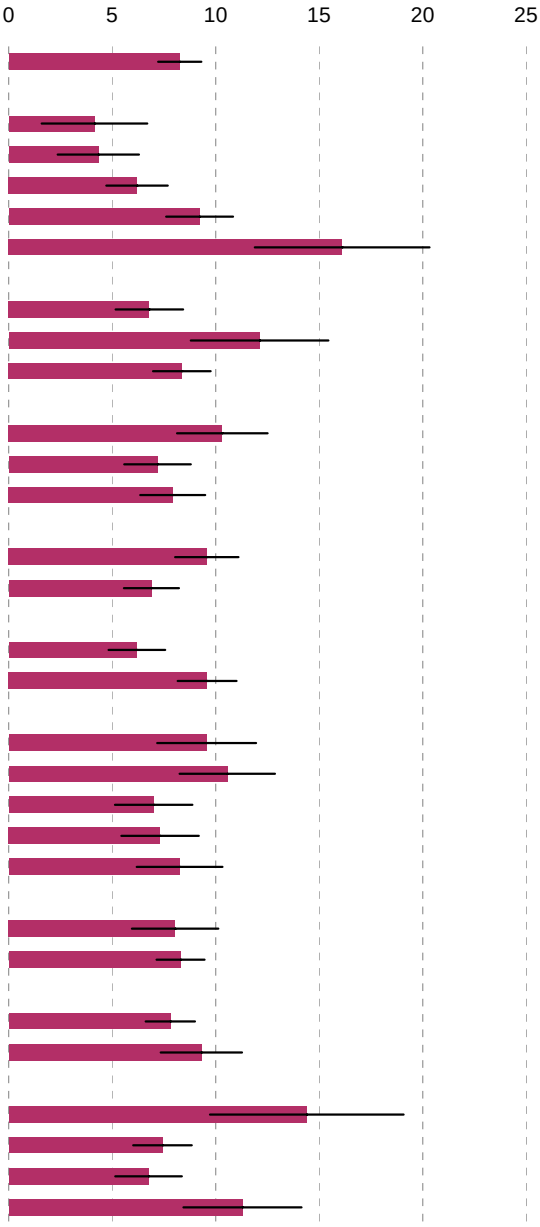
Pre-existing diabetes

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers who had diabetes that began before pregnancy	%	lower	upper
	0 5 10 15 20 25			
All NM mothers		**2.3**	*1.8*	*3.0*
Age				
15-17		**~~2.3~~**	*~~0.6~~*	*~~8.4~~*
18-19		**~~0.9~~**	*~~0.3~~*	*~~2.9~~*
20-24		**1.9**	*1.1*	*3.1*
25-34		**2.4**	*1.7*	*3.4*
35 +		**4.9**	*2.7*	*8.7*
Ethnicity				
Non-Hispanic White		**1.7**	*1.0*	*2.9*
Native American		**3.5**	*1.9*	*6.3*
Hispanic White		**2.2**	*1.6*	*3.1*
Education				
Less than high school		**3.4**	*2.2*	*5.2*
High school		**2.2**	*1.4*	*3.4*
More than high school		**1.7**	*1.1*	*2.8*
Marital status				
Married		**2.7**	*1.9*	*3.7*
Not married		**2.0**	*1.3*	*2.9*
Previous live birth				
No		**1.2**	*0.7*	*2.2*
Yes		**3.0**	*2.3*	*4.0*
Residence				
Northwest: Region 1		**2.9**	*1.7*	*4.9*
Northeast: Region 2		**3.0**	*1.8*	*4.8*
Bernalillo County: Region 3		**1.8**	*1.0*	*3.3*
Southeast: Region 4		**2.2**	*1.3*	*3.8*
Southwest: Region 5		**2.3**	*1.3*	*4.0*
Border Resident				
No		**~~1.8~~**	*~~1.0~~*	*~~3.4~~*
Yes		**2.4**	*1.8*	*3.2*
Public assistance				
No		**2.2**	*1.6*	*3.0*
Yes		**2.7**	*1.8*	*4.2*
Payer of preconception care				
Medicaid		**3.0**	*1.9*	*4.7*
Private insurance		**1.6**	*1.0*	*2.6*
Indian Health Service		**~~4.4~~**	*~~1.7~~*	*~~11.1~~*
None		**2.6**	*1.7*	*3.9*

Gestational diabetes

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

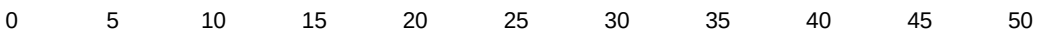


Maternal characteristic	Percent of mothers who had diabetes or high blood sugar that began during pregnancy		
	%	lower	upper
All NM mothers	**8.3**	7.2	9.4
Age			
15-17	**~~4.1~~**	~~1.6~~	~~10.4~~
18-19	**4.3**	2.4	7.8
20-24	**6.2**	4.7	8.1
25-34	**9.2**	7.6	11.1
35 +	**16.1**	11.9	21.5
Ethnicity			
Non-Hispanic White	**6.8**	5.2	8.9
Native American	**12.1**	8.8	16.5
Hispanic White	**8.4**	7.0	10.0
Education			
Less than high school	**10.3**	8.1	13.0
High school	**7.2**	5.6	9.2
More than high school	**7.9**	6.4	9.8
Marital status			
Married	**9.6**	8.0	11.4
Not married	**6.9**	5.6	8.5
Previous live birth			
No	**6.2**	4.8	7.9
Yes	**9.6**	8.2	11.2
Residence			
Northwest: Region 1	**9.6**	7.2	12.7
Northeast: Region 2	**10.6**	8.2	13.4
Bernalillo County: Region 3	**7.0**	5.1	9.5
Southeast: Region 4	**7.3**	5.4	9.8
Southwest: Region 5	**8.3**	6.2	10.9
Border Resident			
No	**8.0**	6.0	10.8
Yes	**8.3**	7.1	9.6
Public assistance			
No	**7.8**	6.6	9.2
Yes	**9.3**	7.4	11.7
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**14.4**	9.7	20.8
Medicaid; (no IHS)	**7.4**	6.0	9.1
Insurance only	**6.8**	5.2	8.8
None	**11.3**	8.4	15.0

Medical problems during pregnancy

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Percent of mothers who experienced the following during pregnancy...



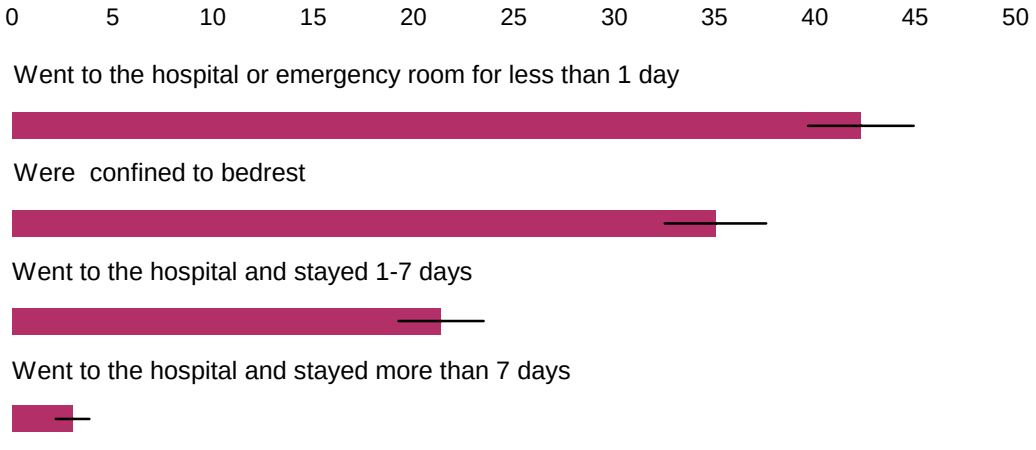
	%	Lower	Upper
Severe nausea, vomiting or dehydration	**28.8**	*27.0*	*30.7*
Labor pains more than 3 weeks before the baby was due	**22.1**	*20.5*	*23.9*
Kidney or bladder infection	**20.6**	*19.0*	*22.3*
Vaginal bleeding	**15.6**	*14.2*	*17.2*
High blood pressure, hypertension (incl. PIH), preeclampsia, or toxemia	**11.9**	*10.6*	*13.3*
Premature rupture of membranes	**5.8**	*4.9*	*6.8*
Placenta problems such as abruptio placentae or placenta previa	**4.7**	*3.9*	*5.6*
Mother was hurt in a car accident	**2.1**	*1.5*	*2.8*
Incompetent cervix	**1.1**	*0.8*	*1.5*
Blood transfusion	**0.8**	*0.5*	*1.2*

Hosptital stay/ bedrest

Hospital visit or bed rest

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents who had a prenatal medical problem= 1483, population=26041

Among mothers with prenatal medical problems, percent who ...



	%	Lower	Upper
Went to the hospital or emergency room for less than 1 day	**42.3**	*39.7*	*45.0*
Were confined to bedrest	**35.0**	*32.5*	*37.7*
Went to the hospital and stayed 1-7 days	**21.4**	*19.3*	*23.7*
Went to the hospital and stayed more than 7 days	**3.0**	*2.2*	*4.2*

Prenatal care utilization

PRAMS Asks: 1) Did you get prenatal care as early in your pregnancy as you wanted? (Women are also asked if they encountered problems getting prenatal care. The list of response options is found on page 3 of the survey, in the appendix). AND among women with prenatal care, 3) How was your prenatal care paid for? (Adequacy of prenatal care is calculated with information provided on the NM birth certificate)

BACKGROUND

Timely and adequate prenatal care is a fundamental part of healthy pregnancy and birth outcomes. Following the recommended schedule for prenatal visits facilitates screening and monitoring for possible medical or social risks, and offers opportunities for education and support.

The Kotelchuck Index (also called the Adequacy of Prenatal Care Utilization Index) is used to measure prenatal care levels. This index is derived from a ratio of actual to recommended number of visits, according to the infant's gestational age at delivery. Women with adequate prenatal care had timely (1st trimester) entry and an appropriate number of prenatal care visits according to infant gestational age. Women with more than adequate or "adequate plus" care may have had certain medical or demographic characteristics that placed them at risk during pregnancy according to their healthcare provider. The Kotelchuck index does not account for these characteristics.

Healthy People 2010 goal: Increase to 90% the proportion of pregnant women who receive early and adequate prenatal care.

PRAMS FINDINGS

In 2004-2005, 63% percent of new NM mothers had adequate (or adequate plus) prenatal care (p.40). Seventy-two percent (72%) of women with more than a high school education v. 52% of women with less than a high school education had adequate prenatal care.

Only 58% of unmarried women, compared to 67% of married women, had at least adequate prenatal care. Sixty-four percent (64%) of U.S./Mexico border-residing mothers had adequate prenatal care, while 57% of those living in the rest of the state had the recommended care. From 1998-2005 adequate/ adequate plus prenatal care increased in NM from 56 to 63% (p.43).

Twenty percent (20%) of women giving birth in 2004-2005 had inadequate prenatal care (p.41). NM women who were Native American, or had less than a high school education, or were 18-19 years old, or those without prenatal health insurance had the highest proportions of inadequate prenatal care.

Among all mothers who wanted prenatal care but had problems getting it, the highest proportion (16%) said they could not get an appointment (p.42). Thirteen percent (13%) did not have enough money or insurance for prenatal care, and 11% did not have a Medicaid card.

HIV test: Seventy percent (70%) of NM women said they were tested for HIV while they were pregnant; 19% were not, and 10% did not know if they had been tested (p.43).

WHAT WE CAN DO

Offer expecting mothers alternative forms of prenatal care, including group prenatal care

Centering Pregnancy is a model of prenatal care delivery that may be more appropriate or desirable for some women

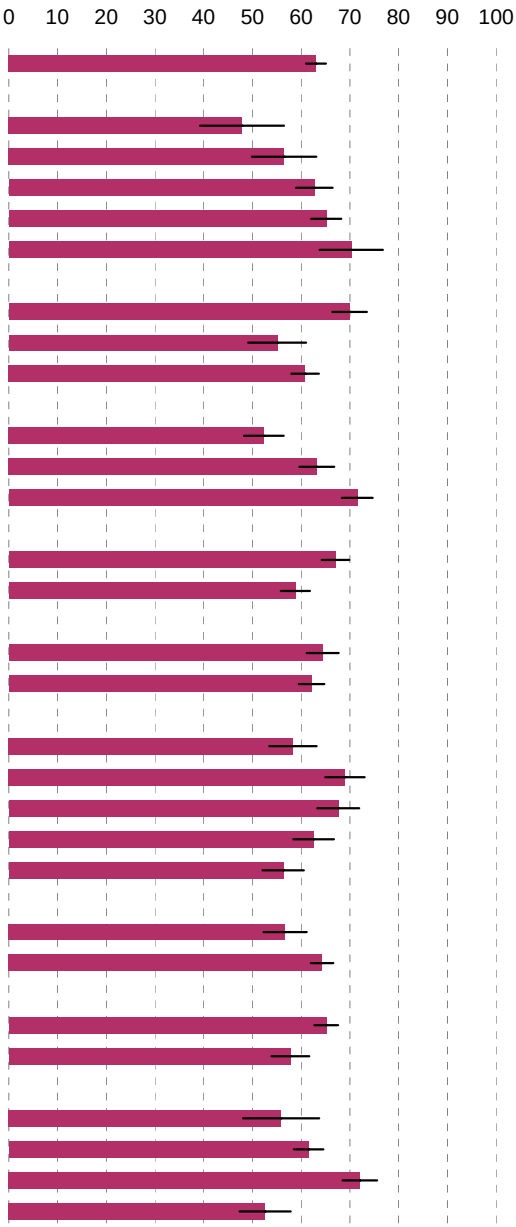
IInform middle income women of state insurance coverage options- Premium Assistance for Maternity (PAM) is offered to NM women without prenatal insurance coverage; phone 1-888-997-2583

1 Kotelchuck M. An evaluation of the Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. *Am J Public Health* 1994; 84: 1414-20. The index has four values: inadequate, intermediate, adequate, adequate plus.

Adequate (and plus) prenatal care

Adequate prenatal care

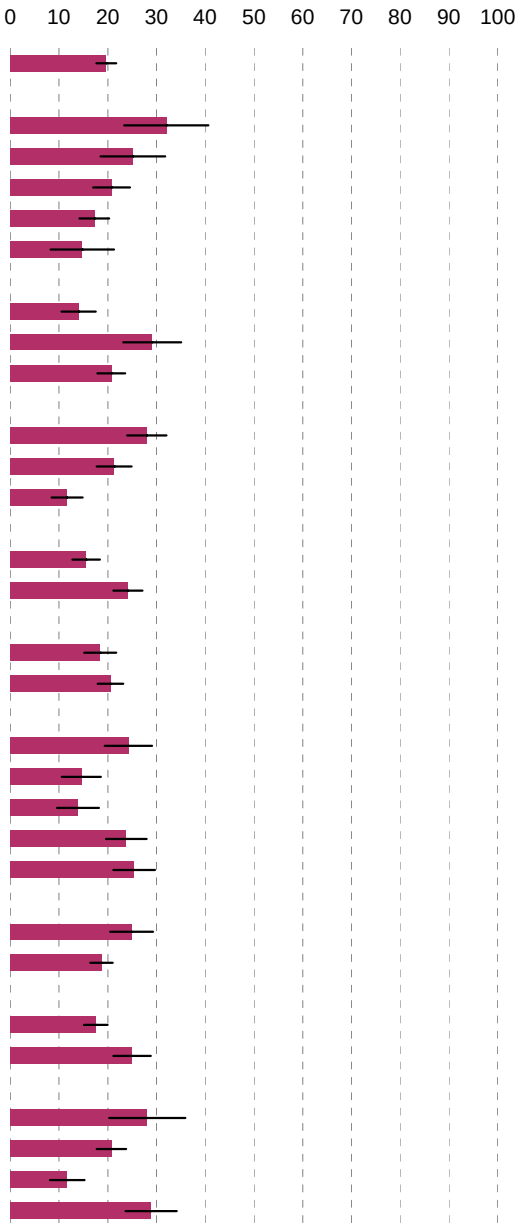
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Data available for 2429 of 2586 respondents. Population = 41842.



Maternal characteristic	Percent of mothers who had at least adequate prenatal care		
	%	*lower*	*upper*
All NM mothers	**63.0**	*61.0*	*65.0*
Age			
15-17	**~~47.9~~**	*~~39.3~~*	*~~56.6~~*
18-19	**56.5**	*49.9*	*62.9*
20-24	**62.7**	*58.9*	*66.3*
25-34	**65.1**	*62.1*	*68.1*
35 +	**70.3**	*63.8*	*76.0*
Ethnicity			
Non-Hispanic White	**69.9**	*66.4*	*73.3*
Native American	**55.1**	*49.1*	*60.8*
Hispanic White	**60.8**	*57.9*	*63.5*
Education			
Less than high school	**52.3**	*48.3*	*56.3*
High school	**63.2**	*59.7*	*66.6*
More than high school	**71.5**	*68.3*	*74.5*
Marital status			
Married	**67.0**	*64.2*	*69.7*
Not married	**58.8**	*55.8*	*61.7*
Previous live birth			
No	**64.4**	*61.2*	*67.6*
Yes	**62.1**	*59.5*	*64.7*
Residence			
Northwest: Region 1	**58.3**	*53.5*	*63.0*
Northeast: Region 2	**69.0**	*65.0*	*72.7*
Bernalillo County: Region 3	**67.6**	*63.3*	*71.6*
Southeast: Region 4	**62.6**	*58.4*	*66.6*
Southwest: Region 5	**56.3**	*52.1*	*60.5*
Border Resident			
No	**56.7**	*52.3*	*61.0*
Yes	**64.3**	*62.0*	*66.5*
Public assistance			
No	**65.1**	*62.7*	*67.5*
Yes	**57.8**	*53.9*	*61.6*
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**55.9**	*48.1*	*63.4*
Medicaid; (no IHS)	**61.5**	*58.5*	*64.5*
Insurance only	**72.1**	*68.5*	*75.3*
None	**52.6**	*47.3*	*57.8*

Inadequate prenatal care

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Data available for 2429 of 2586 respondents. Population= 41842 .



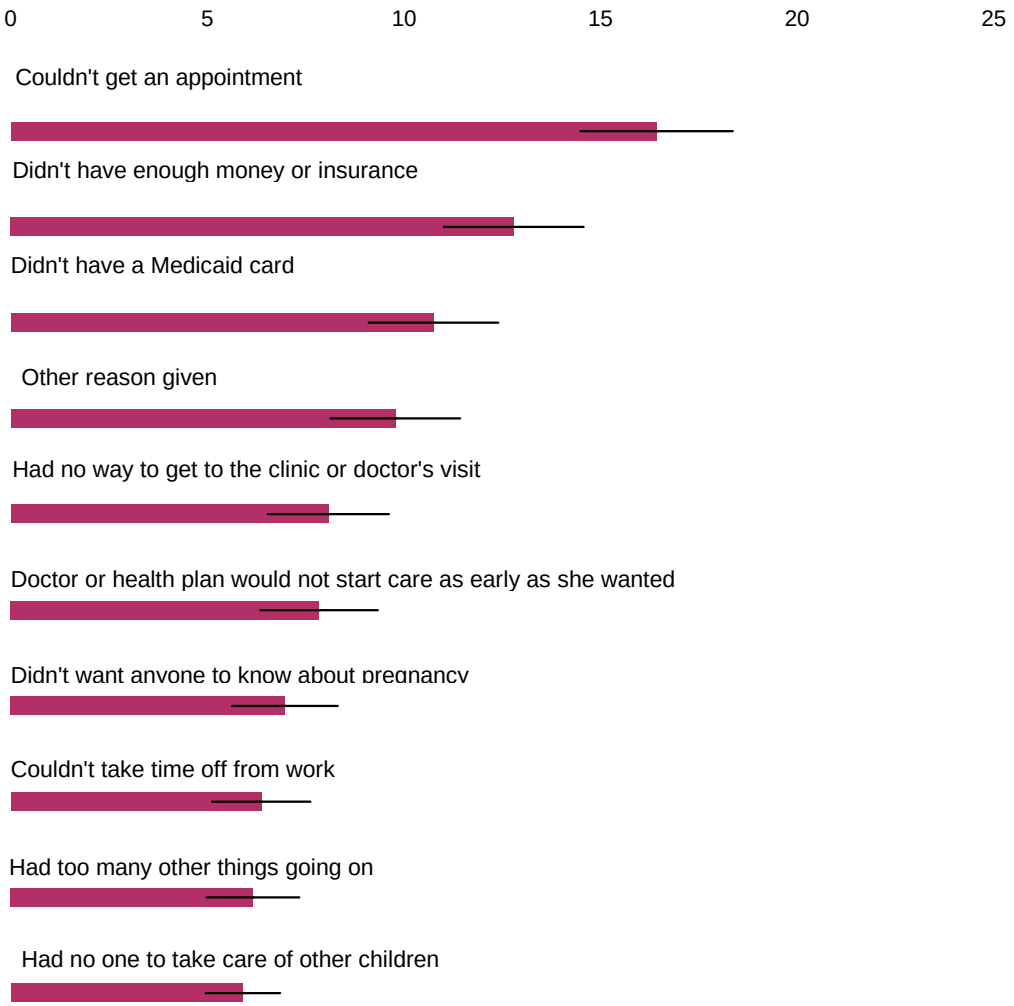
Maternal characteristic	Percent of mothers who had inadequate prenatal care		
	%	*lower*	*upper*
All NM mothers	**19.7**	*18.1*	*21.4*
Age			
15-17	**~~32.0~~**	*~~24.4~~*	*~~40.8~~*
18-19	**25.2**	*20.0*	*31.2*
20-24	**20.8**	*17.9*	*24.0*
25-34	**17.3**	*15.0*	*19.8*
35 +	**14.8**	*10.6*	*20.1*
Ethnicity			
Non-Hispanic White	**14.0**	*11.6*	*16.8*
Native American	**29.1**	*23.9*	*34.9*
Hispanic White	**20.7**	*18.5*	*23.1*
Education			
Less than high school	**28.0**	*24.5*	*31.8*
High school	**21.3**	*18.5*	*24.4*
More than high school	**11.6**	*9.6*	*14.0*
Marital status			
Married	**15.6**	*13.6*	*17.8*
Not married	**24.1**	*21.7*	*26.8*
Previous live birth			
No	**18.5**	*16.0*	*21.2*
Yes	**20.5**	*18.5*	*22.8*
Residence			
Northwest: Region 1	**24.2**	*20.3*	*28.6*
Northeast: Region 2	**14.6**	*11.8*	*17.8*
Bernalillo County: Region 3	**13.9**	*11.1*	*17.3*
Southeast: Region 4	**23.8**	*20.4*	*27.6*
Southwest: Region 5	**25.4**	*21.8*	*29.4*
Border Resident			
No	**24.9**	*21.2*	*29.0*
Yes	**18.7**	*17.0*	*20.6*
Public assistance			
No	**17.6**	*15.8*	*19.5*
Yes	**25.0**	*21.8*	*28.5*
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**28.1**	*21.5*	*35.7*
Medicaid; (no IHS)	**20.7**	*18.3*	*23.3*
Insurance only	**11.7**	*9.4*	*14.4*
None	**28.9**	*24.4*	*33.8*

Problems getting prenatal care

Problems getting prenatal care

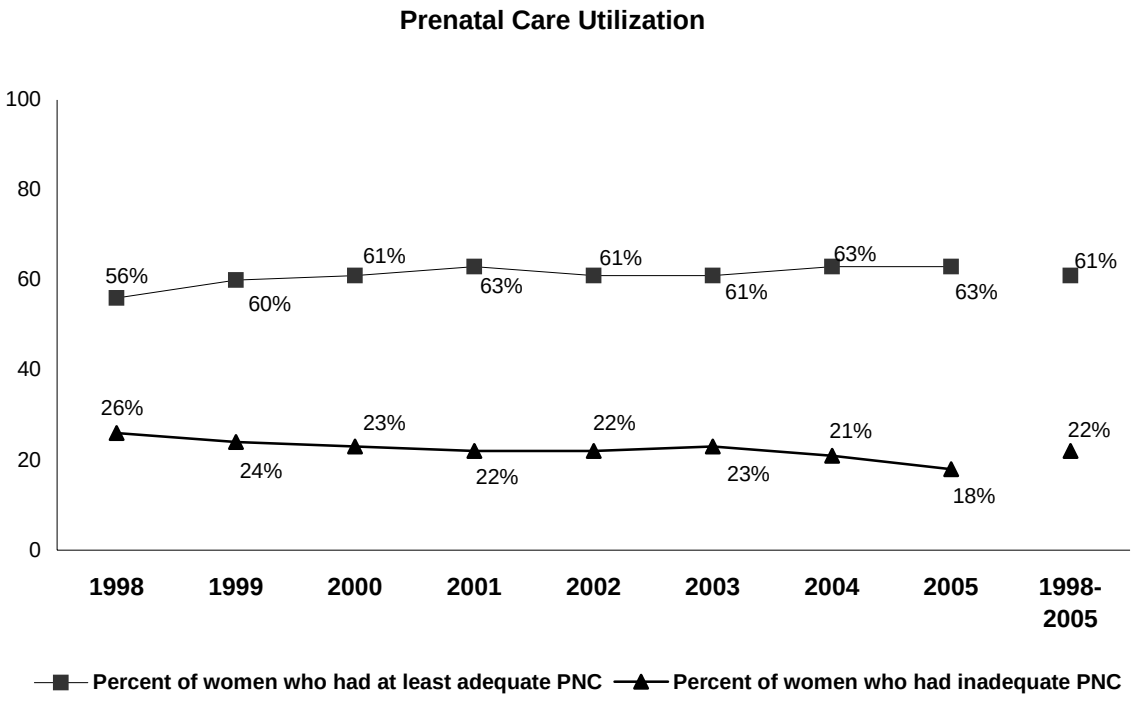
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval;
a strikethrough indicates a large margin and the need to use the data with caution.
Number of respondents who wanted prenatal care= 2466, population=43067.

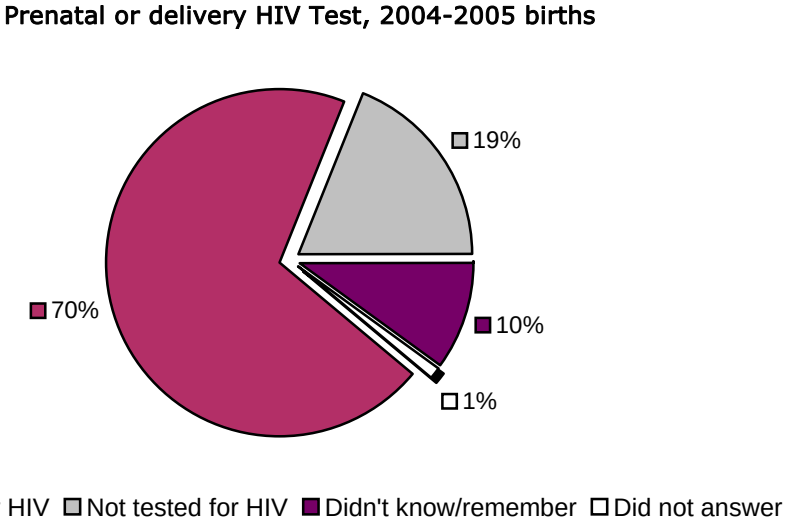
Among all mothers who wanted prenatal care, percentage who experienced the following...



	%	Lower	Upper
Couldn't get an appointment	**16.4**	*14.9*	*18.1*
Didn't have enough money or insurance	**12.8**	*11.5*	*14.2*
Didn't have a Medicaid card	**10.8**	*9.5*	*12.1*
Other reason given	**9.8**	*8.4*	*11.4*
Had no way to get to the clinic or doctor's visit	**8.1**	*7.0*	*9.3*
Doctor or health plan would not start care as early as she wanted	**7.8**	*6.8*	*9.1*
Didn't want anyone to know about pregnancy	**7.0**	*6.0*	*8.1*
Couldn't take time off from work	**6.4**	*5.4*	*7.5*
Had too many other things going on	**6.2**	*5.2*	*7.2*
Had no one to take care of other children	**5.9**	*5.0*	*7.0*

PNC- HIV Test


Prenatal Care Utilization
100
80
60
40
20
0
56%
60%
61%
63%
61%
61%
63%
63%
61%
26%
24%
23%
22%
22%
23%
21%
18%
22%
1998
1999
2000
2001
2002
2003
2004
2005
1998-2005
Percent of women who had at least adequate PNC
Percent of women who had inadequate PNC


Prenatal or delivery HIV Test, 2004-2005 births
19%
70%
10%
1%
Tested for HIV
Not tested for HIV
Didn't know/remember
Did not answer

Oral health

PRAMS Asks: During pregnancy... 1) did you have a dental problem? AND 2) Did you go to a dentist or dental clinic? AND 3) Did a dental or other health care worker talk with you about how to care for teeth or gums [as worded in phone survey; see technical appendix for mail survey options]

BACKGROUND

Oral health is an important, sometimes overlooked, aspect of prenatal health. Compelling evidence, though, shows that periodontal health is especially important for both mother and fetus, having an independent impact on fetal growth and gestational age at birth.[1]

Hormonal changes in pregnancy can make women susceptible to dental problems, however poor prenatal dental health is not inevitable. Awareness about caring for teeth and access to dental services in the prenatal period are especially important. Unfortunately, dental care utilization in pregnancy is often low and complicated by insurance coverage or reimbursement practices, or provider attitudes toward treating pregnant women.[2] Among PRAMS states, only about half of all women reporting a prenatal dental problem had dental care (1998 births). [3] In 2004, New Mexico was 49th in the nation for the number of dentists per 1,000 people.[4]

Healthy People 2010 goal: Reduce to 15% the proportion of adults with untreated dental caries. Reduce gingivitis to 41% and destructive periodontal disease to 14% among adults, ages 35-44.

PRAMS FINDINGS

In New Mexico, 21% of mothers giving live birth in 2004-2005 had a dental problem during pregnancy (p.45). Compared to all NM mothers, higher proportions of Native American mothers, or mothers with prenatal care paid by Medicaid, or those receiving public assistance, experienced a dental problem. Thirty-seven percent (37%) of all mothers went to a dentist or dental clinic while pregnant (p.46). Among women with a prenatal dental problem from 1998-2005, fewer than half (47%) went to the dentist or dental clinic for treatment (p.48). Thirty-nine percent (39%) of NM mothers recalled discussion about the care of their teeth and gums during prenatal care visits.

WHAT WE CAN DO

Increase Medicaid coverage for dental health before and during pregnancy

Assess, test and monitor public water fluoridation

Collaborate with community health councils to assist in increasing access to oral health care

I got cavities and my hair fell out, and the doctors said this was normal during pregnancy

- PRAMS mom

1 Jeffcoat M, Geurs N, Reddy M, Cliver S, Goldenberg R, Hauth J. Periodontal infection and preterm birth: results of a prospective study. J *Am Dent Assoc*. 2001 Jul;132(7):875-80.

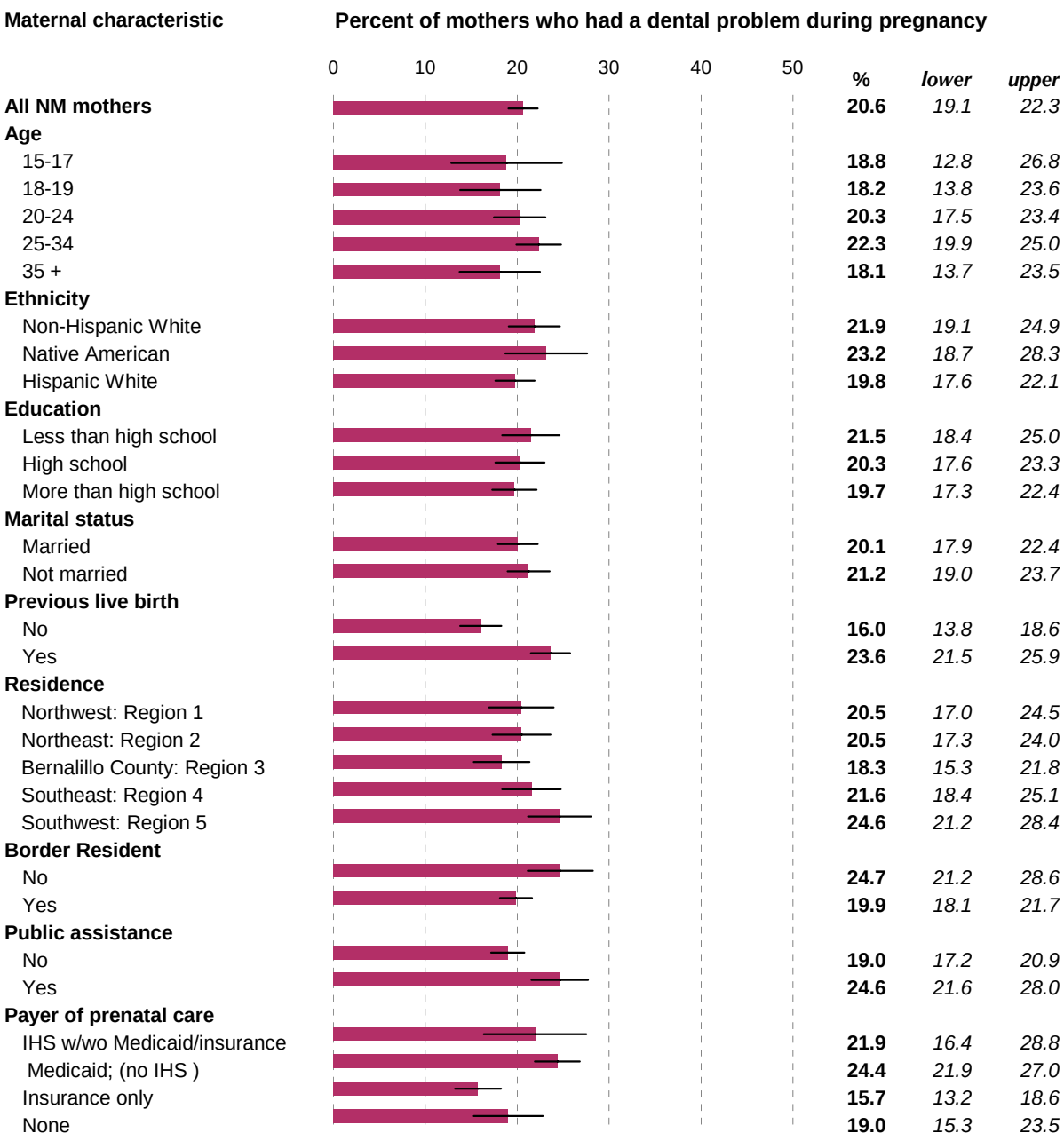
2 Oral Health during Pregnancy: Current Research. Ressler-Maerlender J, Krishna R, Robison V. Journal of Women's Health. December 1, 2005, 14(10): 880-882.

3 Gaffield M, Gilbert B, Malvitz D, Romaguera R. Oral health during pregnancy: an analysis of information collected by the pregnancy risk assessment monitoring system. *Dent Assoc*. 2001 Jul;132(7):1009-16.

4 State of New Mexico 2008 Comprehensive Health Plan. Health Policy Commission. Santa Fe, New Mexico; 2008.

Dental problem during pregnancy

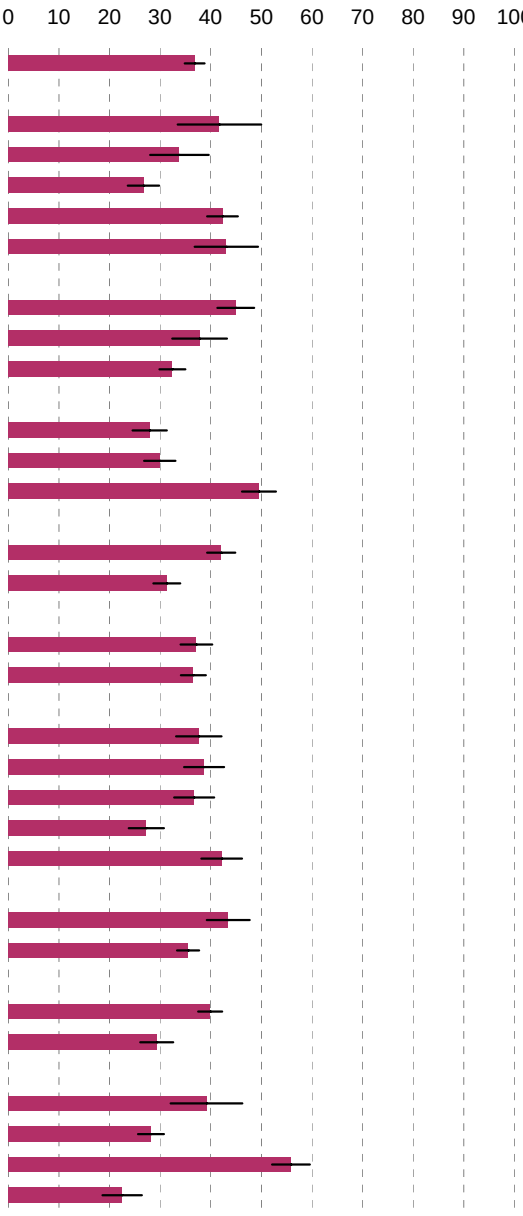
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Dental visit

Oral health services during pregnancy

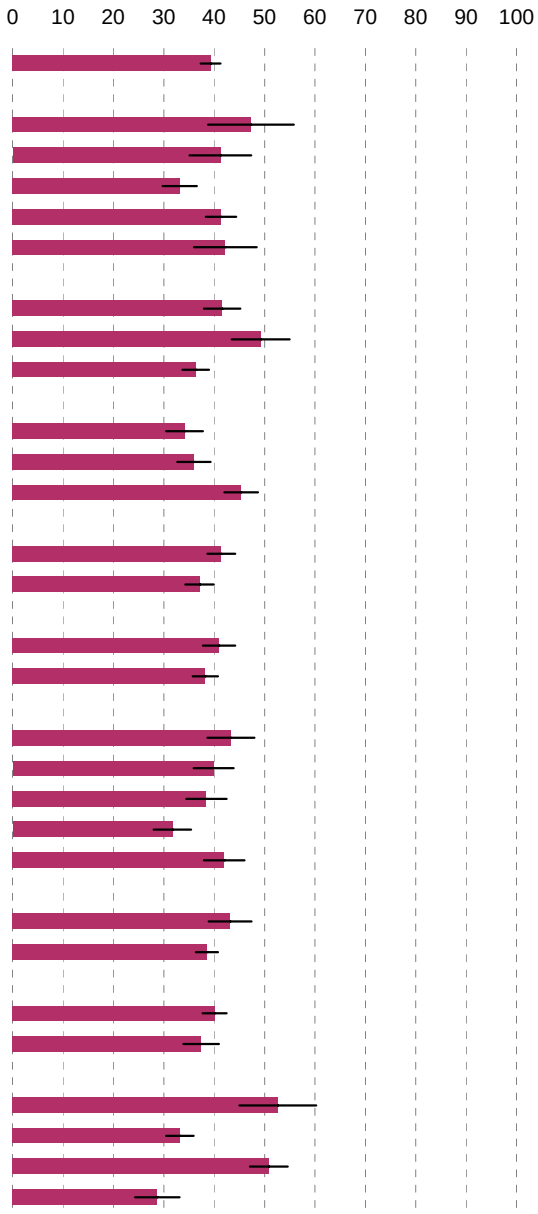
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers who went to a dentist or dental clinic		
	%	*lower*	*upper*
All NM mothers	**36.8**	*34.9*	*38.8*
Age			
15-17	**41.7**	*33.4*	*50.5*
18-19	**33.8**	*28.0*	*40.1*
20-24	**26.7**	*23.6*	*30.1*
25-34	**42.3**	*39.3*	*45.4*
35 +	**43.1**	*36.8*	*49.6*
Ethnicity			
Non-Hispanic White	**45.0**	*41.3*	*48.7*
Native American	**37.8**	*32.4*	*43.5*
Hispanic White	**32.4**	*29.9*	*35.1*
Education			
Less than high school	**27.9**	*24.5*	*31.6*
High school	**29.9**	*26.8*	*33.2*
More than high school	**49.5**	*46.2*	*52.9*
Marital status			
Married	**42.1**	*39.3*	*44.9*
Not married	**31.3**	*28.7*	*34.1*
Previous live birth			
No	**37.1**	*34.0*	*40.4*
Yes	**36.6**	*34.1*	*39.1*
Residence			
Northwest: Region 1	**37.6**	*33.2*	*42.4*
Northeast: Region 2	**38.7**	*34.7*	*42.8*
Bernalillo County: Region 3	**36.7**	*32.8*	*40.8*
Southeast: Region 4	**27.3**	*23.8*	*31.0*
Southwest: Region 5	**42.2**	*38.1*	*46.3*
Border Resident			
No	**43.5**	*39.2*	*47.8*
Yes	**35.5**	*33.4*	*37.7*
Public assistance			
No	**39.9**	*37.5*	*42.3*
Yes	**29.3**	*26.1*	*32.8*
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**39.2**	*32.0*	*46.8*
Medicaid; (no IHS)	**28.2**	*25.6*	*30.9*
Insurance only	**55.8**	*52.1*	*59.5*
None	**22.5**	*18.6*	*26.9*

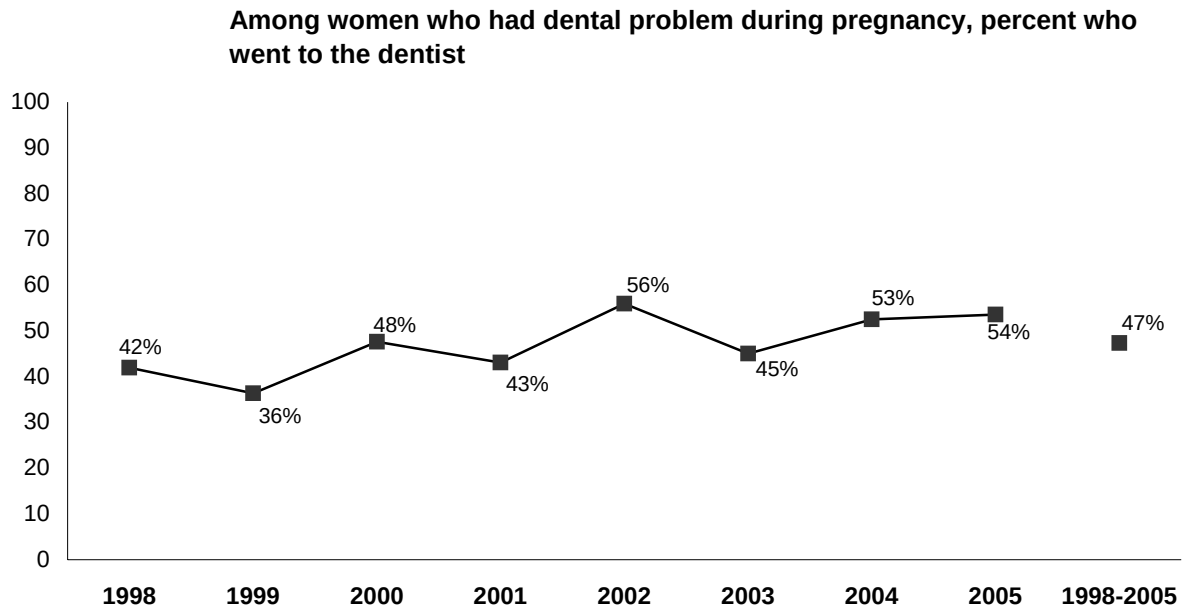
Prenatal discussion about oral health

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Data available for 2539 of 2586 respondents; population=44221



Maternal characteristic	%	lower	upper
All NM mothers	**39.3**	*37.3*	*41.3*
Age			
15-17	**47.3**	*38.8*	*56.0*
18-19	**41.3**	*35.1*	*47.7*
20-24	**33.2**	*29.8*	*36.7*
25-34	**41.4**	*38.3*	*44.5*
35 +	**42.2**	*36.0*	*48.7*
Ethnicity			
Non-Hispanic White	**41.6**	*38.0*	*45.3*
Native American	**49.2**	*43.5*	*55.0*
Hispanic White	**36.4**	*33.7*	*39.1*
Education			
Less than high school	**34.1**	*30.5*	*38.0*
High school	**36.0**	*32.7*	*39.5*
More than high school	**45.4**	*42.1*	*48.7*
Marital status			
Married	**41.4**	*38.7*	*44.3*
Not married	**37.1**	*34.3*	*40.0*
Previous live birth			
No	**41.0**	*37.8*	*44.3*
Yes	**38.2**	*35.7*	*40.8*
Residence			
Northwest: Region 1	**43.3**	*38.7*	*48.1*
Northeast: Region 2	**39.9**	*35.9*	*44.0*
Bernalillo County: Region 3	**38.5**	*34.5*	*42.7*
Southeast: Region 4	**31.7**	*28.0*	*35.7*
Southwest: Region 5	**42.0**	*38.0*	*46.2*
Border Resident			
No	**43.2**	*38.9*	*47.6*
Yes	**38.6**	*36.4*	*40.8*
Public assistance			
No	**40.1**	*37.7*	*42.5*
Yes	**37.4**	*33.9*	*41.1*
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**52.7**	*45.0*	*60.2*
Medicaid; (no IHS)	**33.2**	*30.5*	*36.1*
Insurance only	**50.8**	*47.1*	*54.6*
None	**28.7**	*24.3*	*33.6*

Dental visit by birth year



Prenatal & Postpartum health services

PRAMS Asks about a variety of health services received during the prenatal and post-partum periods. Below is a brief description of some of those services.

Supplemental Nutrition Program for Women Infants and Children (WIC)- program description

WIC is a food program administered by the U.S. Department of Agriculture, Food and Nutrition Service, and the New Mexico Department of Health or Native American tribes. The programs are for pregnant, breastfeeding or postpartum woman; infants under one year of age, and children under five years. Households with incomes at or below 185% of the federal poverty income level are eligible for WIC.

All participants receive an initial health and diet screening to determine nutritional risk. Participants are counseled about these risks and the impact of nutritious foods provided by WIC. In addition, prenatal nutrition, parenting, breastfeeding discussion groups; and postpartum infant care education classes are offered. Breastfeeding support and peer counseling are also available to postpartum moms.

WIC addresses insurance coverage, food security, substance abuse, and violence for prenatal and postpartum clients.

Families FIRST Case Management

Families FIRST provides prenatal and postpartum case management support to Medicaid-eligible women and their families. Services include comprehensive pyschosocial assessment, support with Medicaid enrollment and education on prenatal health and infant care. Home visiting is offered for both expecting and newly-delivered moms and their families.

Home Visiting

There are many models for home visiting, including nurse professional home visiting, lay-person (community health representative or *promotora*) programs, or peer home visiting.[1,2,3] Some programs focus on high-risk populations while others are universal. In New Mexico, several programs offer home visiting. The First Born program offers home visiting for first-time moms and their infants in Grant, Rio Arriba, Taos, and Los Alamos Counties. Clients are identified and recruited through regional hospitals in each county. Families FIRST and Primeros Pasos offer home visiting to Medicaid-eligible clients, statewide. The Children Youth and Families Department contracts with Value Options for home visits by licensed nursing or mental health professionals. Since 2006, it has offered home visiting services to first-time parents and families, including pregnant women.

New Mexico Healthy Start sites in Dona Ana and Luna Counties provide comprehensive perinatal case management and home visiting. All clients are screened for social and medical risks. Clients engage in smoking cessation interventions and activities to reduce maternal or postpartum depression.

For NM home visiting resources:

https://www.lanlfoundation.org/Docs/073002_FBPOverview.pdf

http://www.valueoptions.com/newmexico/provider/alerts/PA_CYFD_Home_Visiting_Manual092606.pdf

To learn more about WIC visit:http://www.health.state.nm.us/phd/wicsite/index.php

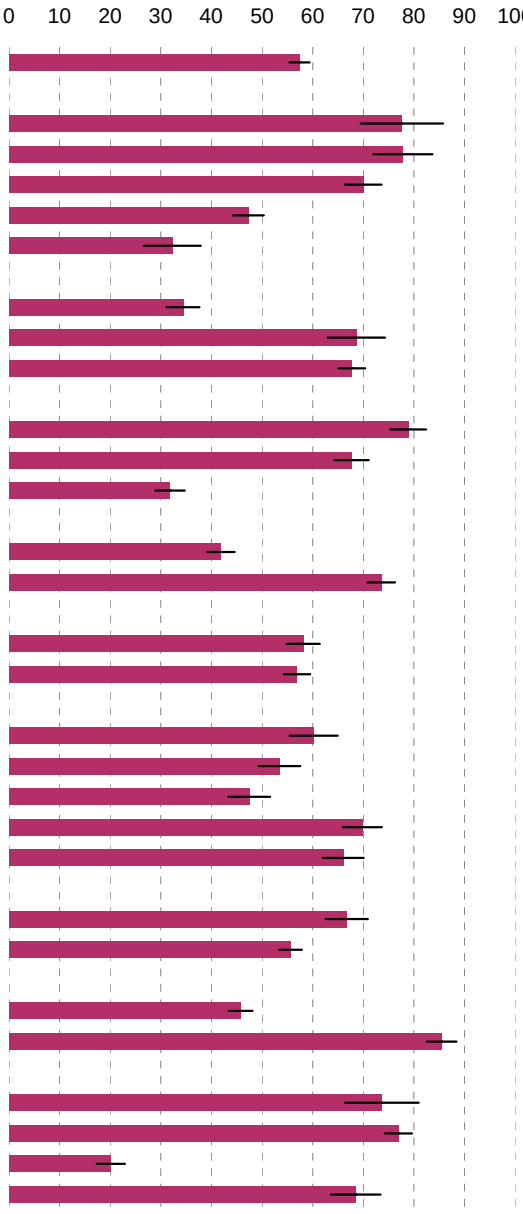
1 Kitzman H, Olds, D. et al. Enduring effects of nurse home visitation on maternal life course: A 3-year follow-up of a randomized trial. JAMA. April 19, 2000. 284(15):1983-1989.

2 Karoly L., Greenwood P, et al. 2005. Early childhood interventions: Proven results, future promise. Santa Monica, CA. RAND Corporation.

3 Swider, S. M., Outcome effectiveness of community health workers: An integrative literature review. Public Health Nursing. February 2002. 19(1):11-20.

Prenatal WIC

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



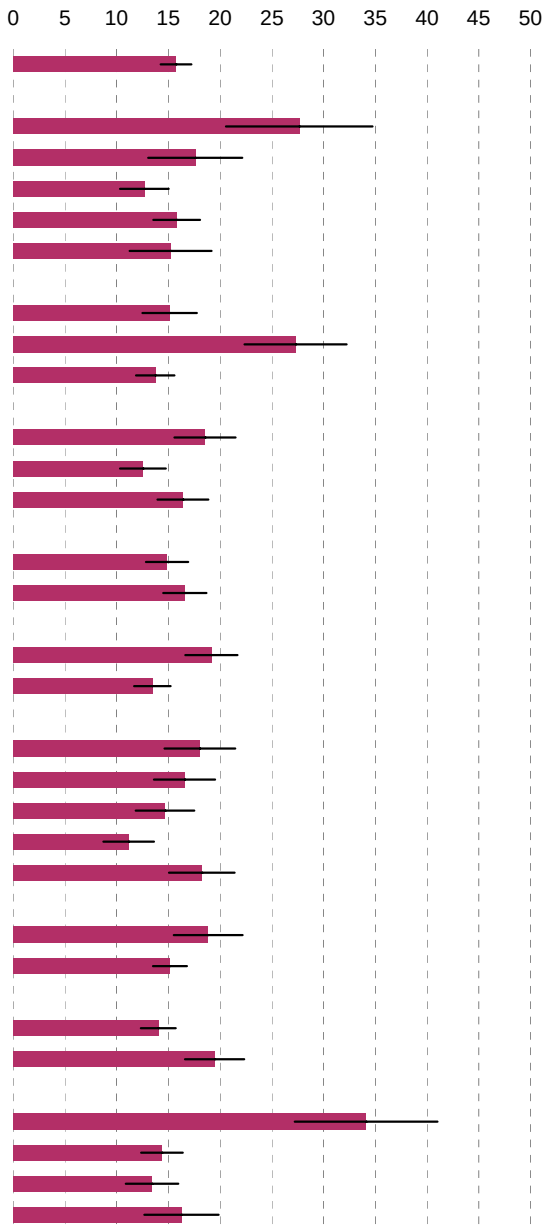
Families FIRST case management

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents whose prenatal or delivery care was paid by Medicaid=1536, population=26270

Maternal characteristic	Percent of Medicaid-participating mothers who had prenatal or postpartum Families FIRST services (0 5 10 15 20 25 30 35 40 45 50)	%	*lower*	*upper*
All NM mothers		**13.3**	*11.7*	*15.1*
Age				
15-17		**15.9**	*10.0*	*24.3*
18-19		**16.2**	*11.9*	*21.8*
20-24		**14.6**	*12.0*	*17.8*
25-34		**10.6**	*8.3*	*13.5*
35 +		**~~10.3~~**	*~~5.3~~*	*~~19.1~~*
Ethnicity				
Non-Hispanic White		**16.0**	*12.5*	*20.4*
Native American		**9.4**	*6.2*	*13.9*
Hispanic White		**13.5**	*11.5*	*15.9*
Education				
Less than high school		**11.7**	*9.2*	*14.8*
High school		**16.2**	*13.5*	*19.3*
More than high school		**11.4**	*8.5*	*15.1*
Marital status				
Married		**13.1**	*10.4*	*16.3*
Not married		**13.4**	*11.5*	*15.6*
Previous live birth				
No		**17.7**	*14.8*	*21.0*
Yes		**10.5**	*8.7*	*12.6*
Residence				
Northwest: Region 1		**7.5**	*4.9*	*11.4*
Northeast: Region 2		**17.9**	*13.9*	*22.7*
Bernalillo County: Region 3		**6.3**	*3.8*	*10.2*
Southeast: Region 4		**25.3**	*21.1*	*30.0*
Southwest: Region 5		**16.2**	*12.6*	*20.6*
Border Resident				
No		**18.0**	*14.0*	*22.9*
Yes		**12.4**	*10.7*	*14.3*
Public assistance				
No		**13.5**	*11.4*	*15.9*
Yes		**13.1**	*10.7*	*16.0*
Payer of prenatal care				
IHS w/wo Medicaid/insurance		**10.8**	*6.5*	*17.4*
Medicaid ; (no IHS)		**14.3**	*12.4*	*16.4*
Insurance only		**~~5.1~~**	*~~1.6~~*	*~~14.5~~*
None		**9.7**	*5.9*	*15.5*

Home visiting

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of women who had prenatal or post-partum home visiting		
	%	*lower*	*upper*
All NM mothers	**15.7**	*14.3*	*17.3*
Age			
15-17	**~~27.6~~**	*~~20.6~~*	*~~36.1~~*
18-19	**17.6**	*13.1*	*23.3*
20-24	**12.7**	*10.3*	*15.5*
25-34	**15.8**	*13.6*	*18.4*
35 +	**15.2**	*11.3*	*20.3*
Ethnicity			
Non-Hispanic White	**15.1**	*12.5*	*18.2*
Native American	**27.3**	*22.4*	*32.9*
Hispanic White	**13.7**	*11.9*	*15.8*
Education			
Less than high school	**18.5**	*15.6*	*21.9*
High school	**12.5**	*10.3*	*15.2*
More than high school	**16.4**	*14.0*	*19.2*
Marital status			
Married	**14.9**	*12.8*	*17.2*
Not married	**16.6**	*14.5*	*18.9*
Previous live birth			
No	**19.2**	*16.6*	*22.0*
Yes	**13.5**	*11.7*	*15.4*
Residence			
Northwest: Region 1	**18.0**	*14.6*	*22.1*
Northeast: Region 2	**16.6**	*13.6*	*20.0*
Bernalillo County: Region 3	**14.7**	*11.9*	*18.0*
Southeast: Region 4	**11.2**	*8.7*	*14.2*
Southwest: Region 5	**18.2**	*15.1*	*21.9*
Border Resident			
No	**18.8**	*15.5*	*22.7*
Yes	**15.2**	*13.5*	*16.9*
Public assistance			
No	**14.0**	*12.4*	*15.9*
Yes	**19.5**	*16.6*	*22.7*
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**34.1**	*27.2*	*41.7*
Medicaid ; (no IHS)	**14.4**	*12.4*	*16.7*
Insurance only	**13.4**	*10.9*	*16.5*
None	**16.3**	*12.7*	*20.6*

Economic and social situation

PRAMS Asks: 1) During the past 12 months, which one of the following statements best describes the food eaten by you and your family? AND 2) If the mother experienced any stressful events in the 12 months before her baby was born [list found in appendix] AND 3) During the 12 months before your new baby was born, did you participate in any of these programs: a. TANF or Welfare to Work, b. New Mexico Food Stamps program?

BACKGROUND

Economic and social stress impact overall health status, and prolonged or traumatic maternal stress may alter the course of a pregnancy. Women exposed to prenatal stress have an increased risk for hypertension, intrauterine growth restriction and even preterm or small-for-gestational-age infants.[1,2] Anxiety over financial problems or relationships is a major source of stress. Many New Mexico families need support around insurance coverage, food security, substance abuse, and violence.

Food Security:

Food sufficiency is a significant aspect of food security, which, aside from having enough to eat, means available food is nutritious and one does not have to scavenge, steal or worry about when their food supply will end.

From 2003-2005, 11.4% of all Americans experienced food insecurity and 4% reported very low food security. For the same period, 16.8% of all New Mexicans were food insecure.[3] Biomedical research links nutrient deficiencies to poor pregnancy outcomes such as miscarriage, prematurity, intrauterine growth restriction and infection.[4] One in seven households with a low birth weight infant is food insecure, and very low food security is associated with risks for childhood obesity.[5,6]

PRAMS FINDINGS

Eighty-five percent (85%) of new mothers said their families always had enough food to eat in the twelve months before the survey. Seventy-four percent (74%) of women with no payer for delivery, compared with 97% with private insurance, reported food sufficiency (p.54). Seventy-five percent (75%) of women with less than a high school education had enough to eat versus 92% of women with more than a high school education. Food sufficiency was more prevalent among non-Hispanic White mothers (92%) compared to Hispanic (83%) or Native American mothers (76%). Twenty-two percent (22%) of all new mothers who received public assistance in the 12 months before their baby was born did not have enough to eat for their families.

Among women who qualified for food stamps, 39% received them (p.55), and just 21% of those who qualified (household income at 100% poverty level), participated in Temporary Assistance for Needy Families (TANF) or Welfare to Work in the 12 months before their baby was born (p.56).

Sressful social experiences just before or during pregnancy ranged from arguing more than usual with a husband or partner to being in a physical fight (p.58). Finanical challenges included being homeless and losing employment just before or during pregnancy. Almost 4% (3.7%) of all NM mothers were homeless just before or during pregnancy (p.59). Six percent (6.2%) of women with less than a high school education and 6.3% of women with no insurance coverage experienced homelessness.

WHAT WE CAN DO

Encourage families to access the Commodity Supplemental Food Program (CSFP) which supplements the diets of pregnant, postpartum and breastfeeding women; and infants, and children up to age 6; and persons 60 years of age or over whose income is at or below 130% of the federal poverty level

NM WIC offers nutritional support and supplementation to families of prenatal, pregnant, and post-partum clients at 185% of federal poverty level

(Food resources are found on page 57)

1 Coussons-Read M, Okun M, Schmitt M, Giese S. Prenatal stress alters cytokine levels that may endanger human pregnancy *Psychosom med* 2005; 67: 625-631.

2 Mancuso R , Schetter C, Rini C, Roesch S, Hobel C. Maternal prenatal anxiety and corticotropin-releasing hormone associated with timing of delivery. *Pschosom med* 2004; 66: 762-769.

3 Household Food Security in the US, 2005/ERR-29, Economic Research Service/United States Department of Agriculture. p. 56

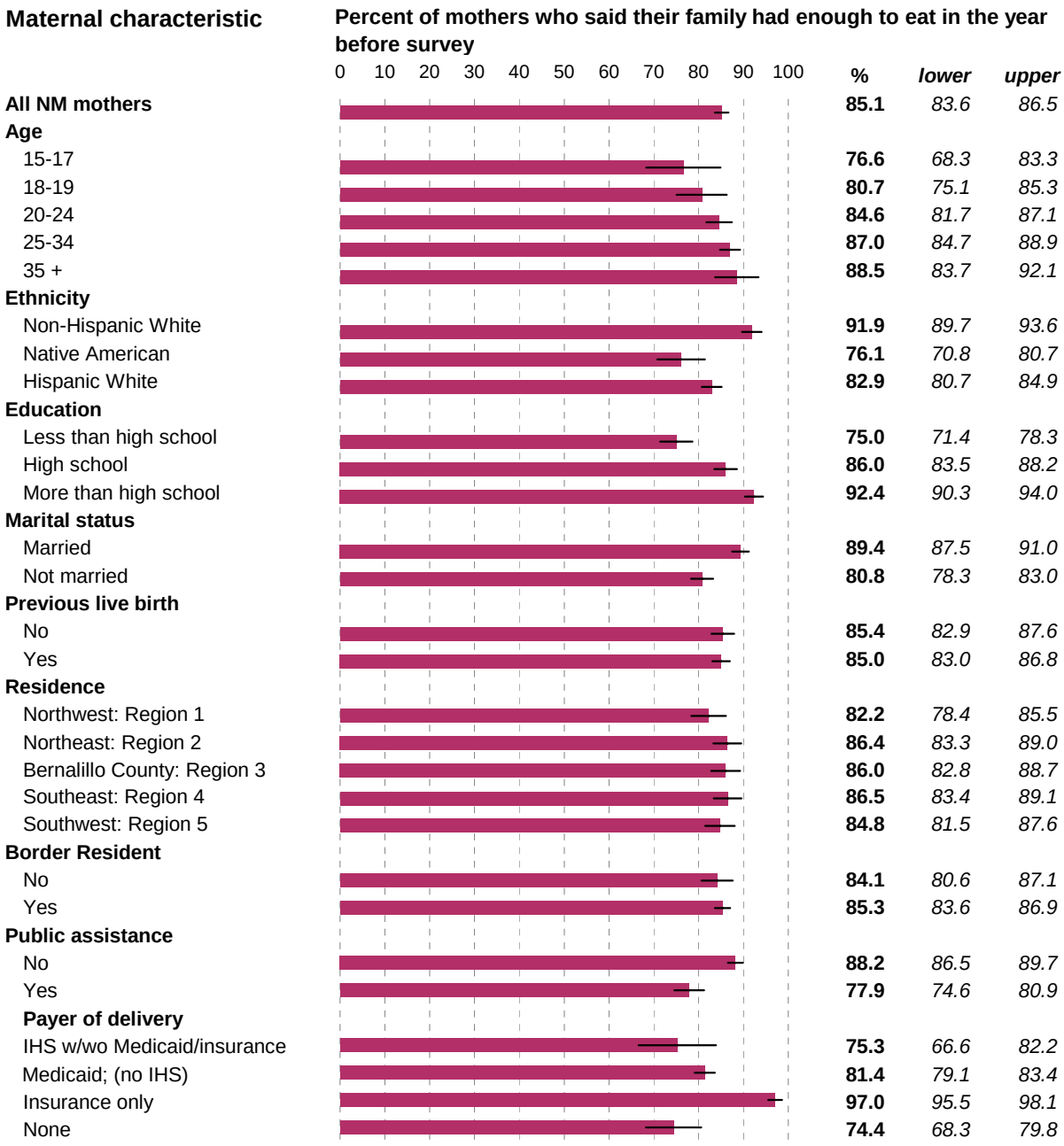
4 Jackson AA, Robinson SM. Dietary guidelines for pregnancy: a review of current evidence. *Public Health Nutr* 2001:4:625-630

5 Bhutta ZA, Jackson A, Lumbiganov P, eds. Nutrition as a preventive strategy against adverse pregnancy outcomes. Journal of Nutrition 2003; 133: 1589S-767S.

6 Child Trends Research Brief, publication 2007; Jacinta Bronte-Tinkew., Martha Zaslow, Randolph Capps. Food Insecurity and Overweight among Infants and Toddlers: New Insights into a Troubling Linkage.

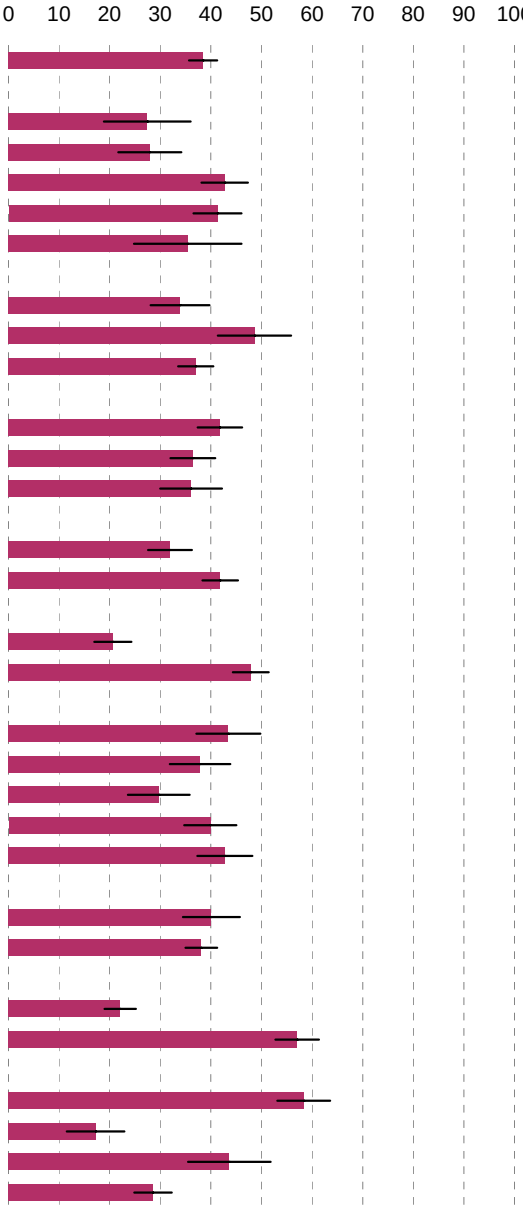
Food sufficiency

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Food Stamps

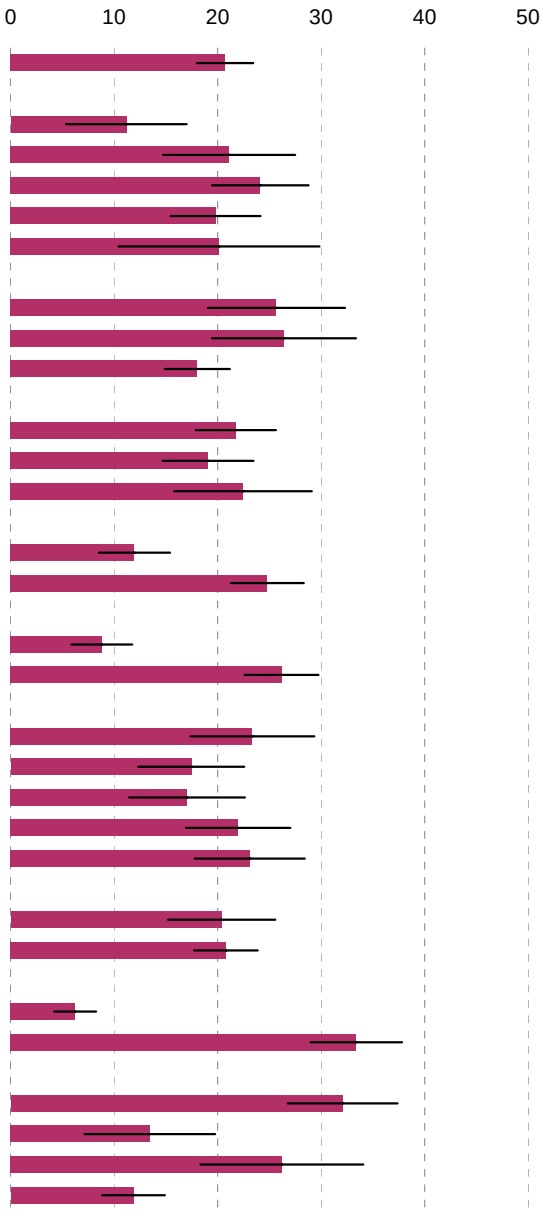
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents with household income at or below 130% poverty=1260, population=21502.



Maternal characteristic	Among women with household at or below 130% poverty, percent who received food stamps in the 12 months before baby was born		
	%	*lower*	*upper*
All NM mothers	**38.5**	*35.7*	*41.3*
Age			
15-17	~~**27.4**~~	~~*18.8*~~	~~*38.1*~~
18-19	**27.9**	*21.7*	*35.2*
20-24	**42.7**	*38.1*	*47.5*
25-34	**41.3**	*36.6*	*46.2*
35 +	~~**35.4**~~	~~*24.8*~~	~~*47.7*~~
Ethnicity			
Non-Hispanic White	**33.9**	*28.1*	*40.3*
Native American	**48.6**	*41.4*	*55.9*
Hispanic White	**37.0**	*33.6*	*40.6*
Education			
Less than high school	**41.8**	*37.4*	*46.3*
High school	**36.4**	*32.0*	*41.1*
More than high school	**36.1**	*30.0*	*42.6*
Marital status			
Married	**31.9**	*27.6*	*36.6*
Not married	**41.8**	*38.3*	*45.4*
Previous live birth			
No	**20.7**	*17.0*	*24.9*
Yes	**47.9**	*44.3*	*51.5*
Residence			
Northwest: Region 1	**43.5**	*37.2*	*50.0*
Northeast: Region 2	**37.8**	*31.9*	*44.2*
Bernalillo County: Region 3	**29.7**	*23.6*	*36.6*
Southeast: Region 4	**39.9**	*34.8*	*45.3*
Southwest: Region 5	**42.8**	*37.3*	*48.4*
Border Resident			
No	**40.1**	*34.5*	*46.0*
Yes	**38.1**	*35.0*	*41.3*
Public assistance			
No	**22.1**	*19.0*	*25.5*
Yes	**57.1**	*52.8*	*61.3*
Payer of preconception care			
Medicaid	**58.4**	*53.2*	*63.4*
Private insurance	**17.2**	*11.5*	*24.9*
Indian Health Service for PNC	~~**43.6**~~	~~*35.5*~~	~~*52.2*~~
None	**28.5**	*24.9*	*32.5*

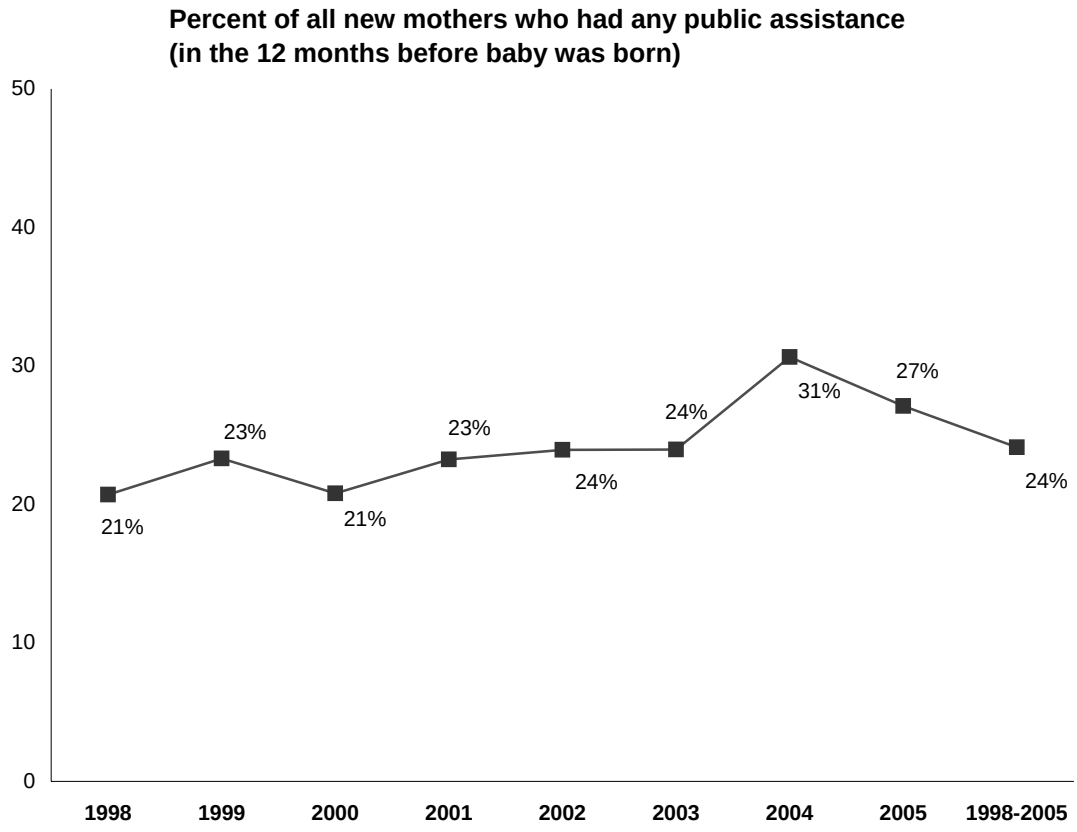
Temporary Assistance for Needy Families

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=2571, population=44812.



Maternal characteristic	Among mothers with household <100% poverty, percent who received TANF in the 12 months before baby was born		
	%	*lower*	*upper*
All NM mothers	**20.7**	*18.0*	*23.7*
Age			
15-17	~~**11.2**~~	~~*5.3*~~	~~*21.9*~~
18-19	**21.1**	*14.7*	*29.3*
20-24	**24.1**	*19.5*	*29.5*
25-34	**19.8**	*15.5*	*25.0*
35 +	~~**20.1**~~	~~*10.4*~~	~~*35.3*~~
Ethnicity			
Non-Hispanic White	**25.7**	*19.1*	*33.7*
Native American	~~**26.4**~~	~~*19.5*~~	~~*34.8*~~
Hispanic White	**18.0**	*14.9*	*21.7*
Education			
Less than high school	**21.8**	*17.9*	*26.2*
High school	**19.1**	*14.7*	*24.4*
More than high school	~~**22.5**~~	~~*15.8*~~	~~*30.9*~~
Marital status			
Married	**12.0**	*8.5*	*16.5*
Not married	**24.8**	*21.3*	*28.7*
Previous live birth			
No	**8.8**	*5.9*	*13.0*
Yes	**26.2**	*22.6*	*30.1*
Residence			
Northwest: Region 1	**23.4**	*17.4*	*30.6*
Northeast: Region 2	**17.5**	*12.4*	*24.1*
Bernalillo County: Region 3	**17.0**	*11.5*	*24.6*
Southeast: Region 4	**22.0**	*17.0*	*28.0*
Southwest: Region 5	**23.1**	*17.8*	*29.5*
Border Resident			
No	**20.4**	*15.2*	*26.8*
Yes	**20.8**	*17.7*	*24.3*
Public assistance			
No	**6.2**	*4.2*	*9.2*
Yes	**33.4**	*29.0*	*38.1*
Payer of preconception care			
Medicaid	**32.1**	*26.8*	*37.9*
Private insurance	~~**13.5**~~	~~*7.2*~~	~~*23.9*~~
Indian Health Service for PNC	~~**26.2**~~	~~*18.3*~~	~~*36.0*~~
None	**11.9**	*8.9*	*15.8*

Public assistance by birth year



FOOD RESOURCES

The Food Depot- Northern New Mexico's Food Bank serves families of Northern New Mexico. The Food Depot can be reached at:

1222 Siler Road

Santa Fe, New Mexico 87507

505.471.1633 http://www.thefooddepot.org/

The Roadrunner Food Bank of New Mexico- serves NM families, distributing food through a statewide network of over 600 emergency food pantries, group homes, low-income day care centers, shelters, soup kitchens, and six smaller, regional food banks. They are located at:

2645 Baylor Drive SE

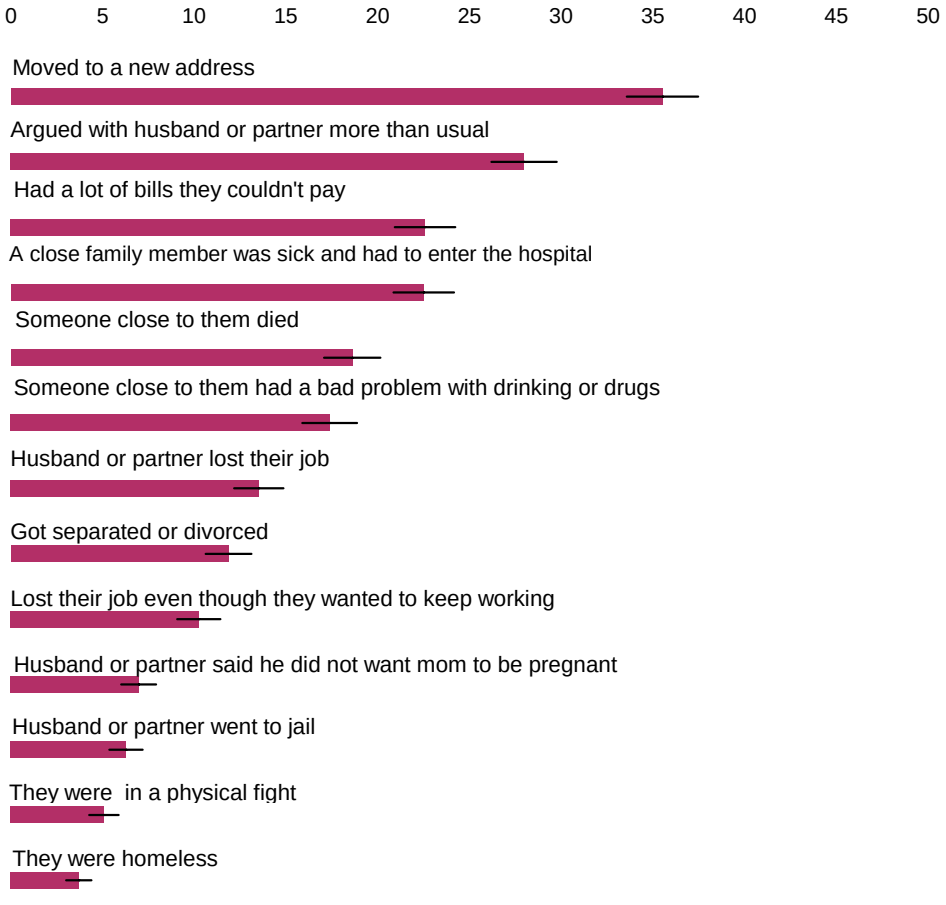
Albuquerque, NM 87106

Stressful events

Stress in the 12 months before baby was born

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

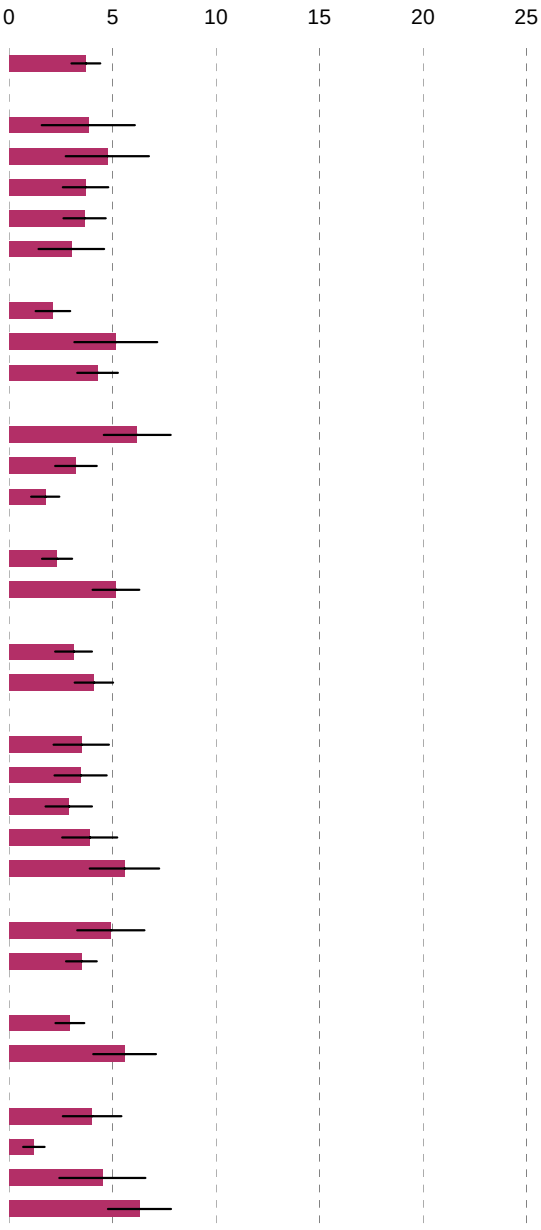
Percent of women who experienced the following stressful events



	%	*Lower*	*Upper*
Moved to a new address	**35.5**	*33.6*	*37.5*
Argued with husband or partner more than usual	**28.0**	*26.2*	*29.8*
Had a lot of bills they couldn't pay	**22.6**	*20.9*	*24.3*
A close family member was sick and had to enter the hospital	**22.5**	*20.9*	*24.2*
Someone close to them died	**18.6**	*17.1*	*20.3*
Someone close to them had a bad problem with drinking or drugs	**17.4**	*15.9*	*19.0*
Husband or partner lost their job	**13.5**	*12.2*	*15.0*
Got separated or divorced	**11.9**	*10.6*	*13.2*
Lost their job even though they wanted to keep working	**10.3**	*9.1*	*11.6*
Husband or partner said he did not want mom to be pregnant	**7.0**	*6.0*	*8.1*
Husband or partner went to jail	**6.3**	*5.4*	*7.3*
They were in a physical fight	**5.1**	*4.3*	*6.0*
They were homeless	**3.7**	*3.0*	*4.6*

Homelessness

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers who were homeless in the 12 months before baby was born		
	%	*lower*	*upper*
All NM mothers	**3.7**	*3.0*	*4.6*
Age			
15-17	**3.8**	*~~1.6~~*	*~~9.0~~*
18-19	**4.7**	*2.7*	*8.1*
20-24	**3.7**	*2.6*	*5.2*
25-34	**3.7**	*2.6*	*5.0*
35 +	**3.0**	*1.4*	*6.2*
Ethnicity			
Non-Hispanic White	**2.1**	*1.3*	*3.5*
Native American	**5.2**	*3.2*	*8.3*
Hispanic White	**4.3**	*3.3*	*5.5*
Education			
Less than high school	**6.2**	*4.6*	*8.3*
High school	**3.2**	*2.2*	*4.7*
More than high school	**1.7**	*1.1*	*2.8*
Marital status			
Married	**2.3**	*1.6*	*3.4*
Not married	**5.2**	*4.0*	*6.6*
Previous live birth			
No	**3.1**	*2.2*	*4.4*
Yes	**4.1**	*3.2*	*5.3*
Residence			
Northwest: Region 1	**3.5**	*2.2*	*5.6*
Northeast: Region 2	**3.5**	*2.2*	*5.4*
Bernalillo County: Region 3	**2.9**	*1.8*	*4.7*
Southeast: Region 4	**3.9**	*2.6*	*5.9*
Southwest: Region 5	**5.6**	*3.9*	*7.9*
Border Resident			
No	**4.9**	*3.3*	*7.3*
Yes	**3.5**	*2.8*	*4.4*
Public assistance			
No	**2.9**	*2.3*	*3.9*
Yes	**5.6**	*4.1*	*7.6*
Payer of preconception care			
Medicaid	**4.0**	*2.6*	*6.1*
Private insurance	**1.2**	*0.7*	*2.1*
Indian Health Service	**4.5**	*2.4*	*8.2*
None	**6.3**	*4.8*	*8.3*

Birth Outcomes

New Mexico Vital Records birth certificates provide information about infant birth weight and gestational age. Estimates for PRAMS differ somewhat from Vital Records because the PRAMS sampling frame excludes adopted and out-of-state resident births. PRAMS survey information provides maternal demographic characteristics not collected on the birth certificate.

BACKGROUND

Preterm babies

Preterm births are infants born before 37 weeks gestation and are a leading cause of infant mortality in the U.S.[1] Premature infants are at risk for developing lifelong health problems, and the estimated cost of premature infants on the U.S. health care system was $26 billion in 2005.[2]

Risk factors that may contribute to preterm birth include poor prenatal care, an abnormal uterus or cervix, having a previous premature birth, multiple births, certain infections, being underweight; and tobacco, alcohol, or drug use.[3] Early prenatal care may help prevent the risk of having a premature birth.

Almost 13% (12.7%) of U.S. live births were premature in 2005.

***Healthy People 2010 goals**:* Reduce Low birth weight (LBW) to 5.0%. Reduce preterm births to 7.6%.

Low birthweight babies

Infants born weighing less than 2500 grams (5lbs, 8 oz.) are defined as low birthweight. They have a greater risk for neonatal death and both short and long-term morbidities such as respiratory distress syndrome, blindness, deafness, hydrocephaly, mental retardation, and cerebral palsy.[4]

Pre-pregnancy and early prenatal visits may help reduce the risk of having a low birthweight infant.[5] In the U.S., 8.2% of live births were low birthweight in 2005. In New Mexico and the United States, low birthweight increased by more than one percentage point from 1989-2005.[6]

PRAMS FINDINGS

In New Mexico, 8% of infants were premature in 2004-2005. Compared to the U.S., New Mexico is doing better but still has not reached the Healthy People 2010 goal.

In New Mexico, 8% of infants were born with low birthweight in 2004-2005 (p.61). New Mexico has not reached the HP 2010 goal. In New Mexico, disparities persist by age, race, marital status, and education. Low birthweight infants were predominant among first-time mothers and women over 34 years of age. Native American women, unmarried women and women with less than a high school education also had higher proportions of LBW infants compared to all New Mexico women (p.61). Preterm births were predominant among first-time mothers, moms over 34 years of age, Native American mothers, those with less than a high school education, and mothers who lived in Bernalillo County.

In 2004-2005, 10% of newly-delivered NM moms had an infant admitted to an intensive care unit after birth (p.63). The majority of NM infants stayed in the hospital for one or two days (64%), followed by three days (14%) and six days or more (6%).

1 American Pregnancy Association Premature Birth Complications. http://www.americanpregnancy.org/labornbirth/complicationspremature.htm

2 Institute of Medicine. Preterm Birth: Causes, Consequences, and Prevention, Behrman RE , Butler AS (eds). National Academies Press: Washington, DC, 2007.

3 Mayo Clinic. http://www.mayoclinic.com/health/preterm-labor/PR00118

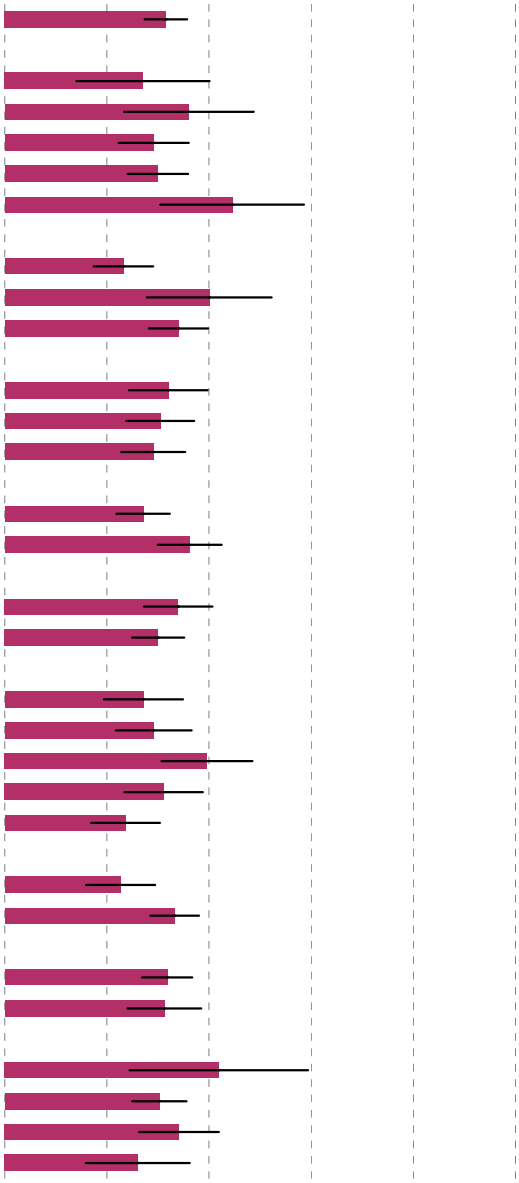
4 JAMA. 2002;287(2):270. Patient page. Low Birth Weight http://jama.ama-assn.org/cgi/reprint/287/2/270.pdf

5 March of Dimes. Online Resources: Low Birthweight http://www.marchofdimes.com/professionals/14332_1153.asp

6 New Mexico Selected Health Statistics Annual Report for 2005. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2007. p. 49. The total birth population rate for LBW in NM for 2005 births was 8.5%.

Low Birthweight

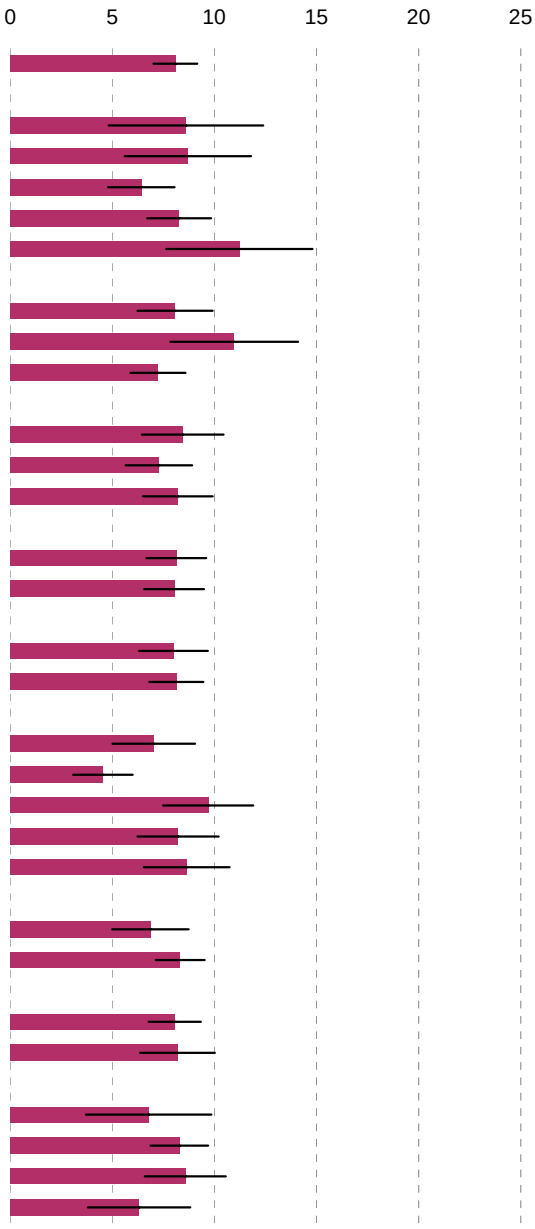
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers whose infant was low birthweight	%	*lower*	*upper*
	0 5 10 15 20 25			
All NM mothers		**7.9**	*6.9*	*9.1*
Age				
15-17		**~~6.8~~**	*~~3.5~~*	*~~12.7~~*
18-19		**9.0**	*5.8*	*13.7*
20-24		**7.3**	*5.6*	*9.5*
25-34		**7.5**	*6.0*	*9.3*
35 +		**11.1**	*7.6*	*16.0*
Ethnicity				
Non-Hispanic White		**5.8**	*4.3*	*7.7*
Native American		**10.0**	*7.0*	*14.2*
Hispanic White		**8.5**	*7.1*	*10.2*
Education				
Less than high school		**8.0**	*6.1*	*10.5*
High school		**7.6**	*5.9*	*9.7*
More than high school		**7.3**	*5.7*	*9.2*
Marital status				
Married		**6.8**	*5.5*	*8.4*
Not married		**9.1**	*7.5*	*10.9*
Previous live birth				
No		**8.5**	*6.8*	*10.5*
Yes		**7.5**	*6.2*	*9.0*
Residence				
Northwest: Region 1		**6.8**	*4.9*	*9.4*
Northeast: Region 2		**7.3**	*5.4*	*9.7*
Bernalillo County: Region 3		**9.9**	*7.7*	*12.7*
Southeast: Region 4		**7.8**	*5.9*	*10.3*
Southwest: Region 5		**5.9**	*4.2*	*8.2*
Border Resident				
No		**5.7**	*4.0*	*8.0*
Yes		**8.3**	*7.1*	*9.7*
Public assistance				
No		**8.0**	*6.7*	*9.4*
Yes		**7.8**	*6.0*	*10.1*
Payer of delivery				
IHS w/wo Medicaid/insurance		**10.5**	*6.1*	*17.4*
Medicaid; (no IHS)		**7.6**	*6.2*	*9.1*
Insurance only		**8.5**	*6.6*	*11.0*
None		**6.5**	*4.0*	*10.5*

Preterm births

Preterm Infants

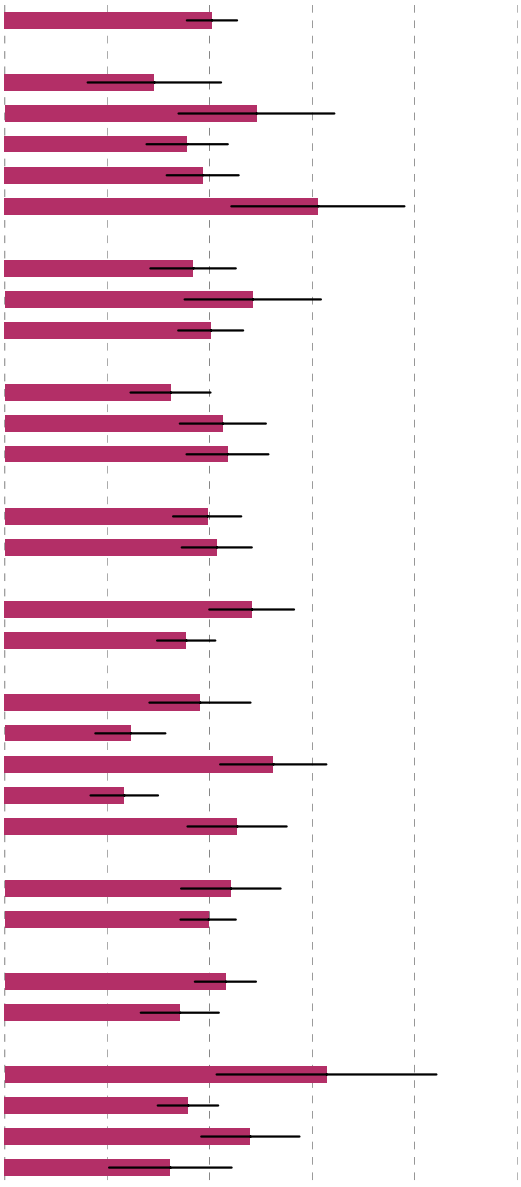
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



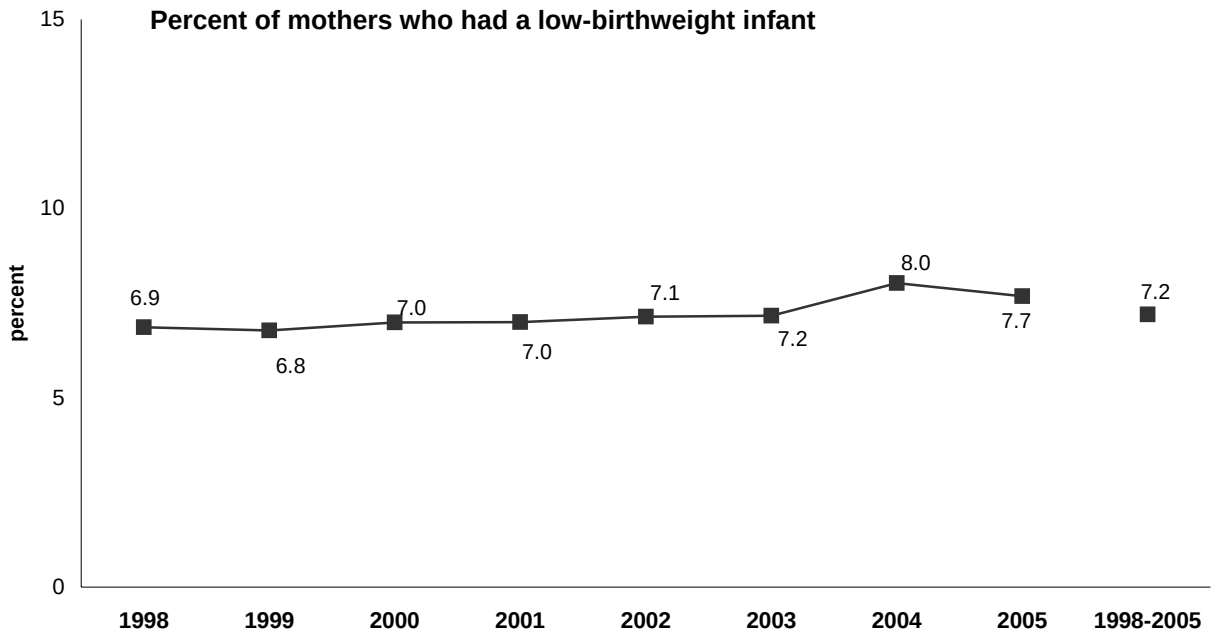
Maternal characteristic	Percent of mothers whose infant was preterm (<37 weeks gestation)		
	%	*lower*	*upper*
All NM mothers	**8.1**	*7.0*	*9.3*
Age			
15-17	**8.6**	*4.8*	*14.9*
18-19	**8.7**	*5.6*	*13.3*
20-24	**6.4**	*4.8*	*8.6*
25-34	**8.3**	*6.7*	*10.2*
35 +	**11.2**	*7.7*	*16.2*
Ethnicity			
Non-Hispanic White	**8.1**	*6.2*	*10.4*
Native American	**11.0**	*7.8*	*15.2*
Hispanic White	**7.2**	*5.9*	*8.9*
Education			
Less than high school	**8.5**	*6.5*	*11.0*
High school	**7.3**	*5.7*	*9.3*
More than high school	**8.2**	*6.5*	*10.3*
Marital status			
Married	**8.1**	*6.7*	*9.9*
Not married	**8.0**	*6.6*	*9.8*
Previous live birth			
No	**8.0**	*6.3*	*10.1*
Yes	**8.1**	*6.8*	*9.7*
Residence			
Northwest: Region 1	**7.0**	*5.0*	*9.8*
Northeast: Region 2	**4.5**	*3.1*	*6.6*
Bernalillo County: Region 3	**9.7**	*7.5*	*12.5*
Southeast: Region 4	**8.2**	*6.2*	*10.8*
Southwest: Region 5	**8.7**	*6.5*	*11.4*
Border Resident			
No	**6.9**	*5.0*	*9.4*
Yes	**8.3**	*7.1*	*9.7*
Public assistance			
No	**8.1**	*6.8*	*9.5*
Yes	**8.2**	*6.4*	*10.5*
Payer of delivery			
IHS w/wo Medicaid/insurance	**6.8**	*3.7*	*12.1*
Medicaid; (no IHS)	**8.3**	*6.9*	*10.0*
Insurance only	**8.6**	*6.6*	*11.1*
None	**6.3**	*3.8*	*10.3*

Intensive Care Unit

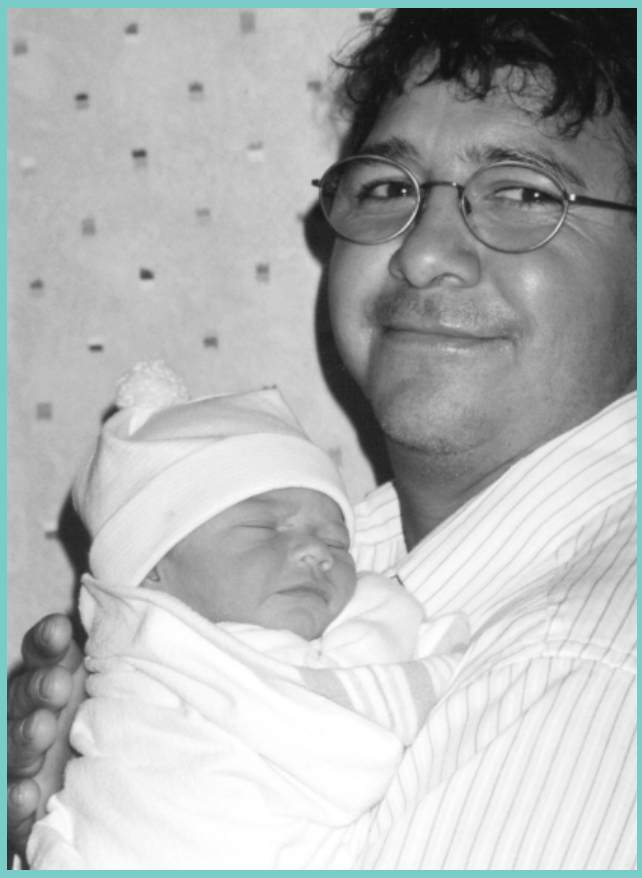
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers whose infant was in an intensive care unit	%	*lower*	*upper*
	0 5 10 15 20 25			
All NM mothers		**10.1**	*8.9*	*11.5*
Age				
15-17		**7.3**	*4.1*	*12.8*
18-19		**12.3**	*8.5*	*17.5*
20-24		**8.9**	*6.9*	*11.4*
25-34		**9.7**	*7.9*	*11.8*
35 +		**15.3**	*11.1*	*20.8*
Ethnicity				
Non-Hispanic White		**9.2**	*7.1*	*11.8*
Native American		**12.1**	*8.8*	*16.5*
Hispanic White		**10.1**	*8.5*	*11.9*
Education				
Less than high school		**8.1**	*6.1*	*10.6*
High school		**10.6**	*8.5*	*13.2*
More than high school		**10.9**	*8.9*	*13.3*
Marital status				
Married		**9.9**	*8.2*	*11.8*
Not married		**10.3**	*8.6*	*12.3*
Previous live birth				
No		**12.1**	*10.0*	*14.5*
Yes		**8.9**	*7.4*	*10.5*
Residence				
Northwest: Region 1		**9.5**	*7.1*	*12.7*
Northeast: Region 2		**6.1**	*4.4*	*8.4*
Bernalillo County: Region 3		**13.1**	*10.5*	*16.2*
Southeast: Region 4		**5.8**	*4.2*	*8.1*
Southwest: Region 5		**11.3**	*8.9*	*14.3*
Border Resident				
No		**11.0**	*8.6*	*14.0*
Yes		**9.9**	*8.6*	*11.5*
Public assistance				
No		**10.8**	*9.3*	*12.5*
Yes		**8.5**	*6.6*	*10.9*
Payer of delivery				
IHS w/wo Medicaid/insurance		**15.7**	*10.3*	*23.1*
Medicaid; (no IHS)		**8.9**	*7.5*	*10.7*
Insurance only		**12.0**	*9.6*	*14.9*
None		**8.1**	*5.1*	*12.6*

Low birthweight by birth year



Infant care

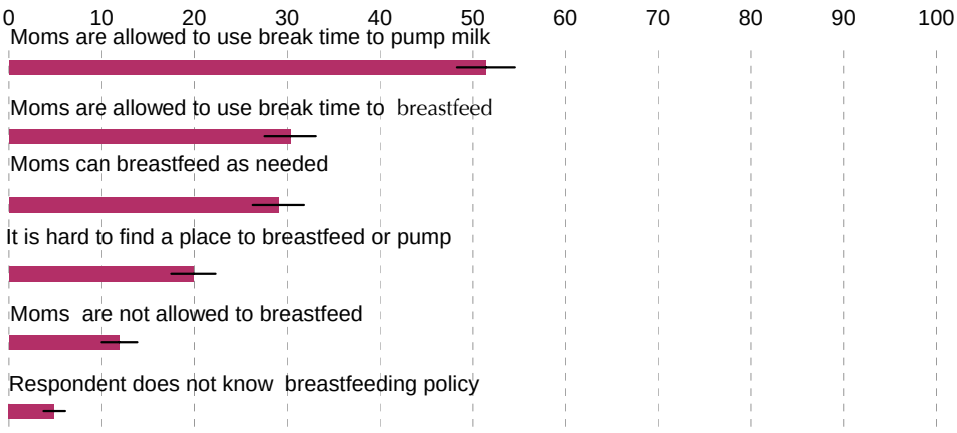


Breastfeeding
Infant sleep and safety
Well-baby care

Breastfeeding and workplace policies

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=1144, population=19871

Among moms working or going to school, percent who said the following about their workplace or school...



	%	Lower	Upper
Moms are allowed to use break time to pump milk	**51.4**	48.3	54.5
Moms are allowed to use break time to breastfeed	**30.3**	27.6	33.2
Moms can breastfeed as needed	**29.0**	26.3	32.0
It is hard to find a place to breastfeed or pump	**19.9**	17.5	22.5
Moms are not allowed to breastfeed	**11.9**	10.0	14.2
Respondent does not know breastfeeding policy	**4.9**	3.7	6.4

Breastfeeding

PRAMS Asks: 1) Did you ever breastfeed or pump breast milk to feed your new baby after delivery? 2) How many weeks or months did you breastfeed or pump milk to feed your baby? 3) How old was your baby the first time you fed him or her anything besides breast milk? 4) Did anyone suggest that you not breastfeed your baby? AND 5) At your current workplace or school, what happens when a mother wants to breastfeed?

BACKGROUND

The American Academy of Pediatrics recommends exclusive breastfeeding (or provision of expressed milk) for the first six months of life.[1] Many barriers exist for breastfeeding initiation and continuation, ranging from personal discomfort to cultural norms or peer expectations.[2] Results from the National Immunization Study for 2005 indicate that 74% of U.S. infants were ever breastfed and 43% were breastfed for at least six months. Thirty-two percent (31.5%) of U.S. infants were breastfed exclusively, and 38% of New Mexico infants were breastfed exclusively[3].

In New Mexico two laws protect a woman's right to breastfeed in public.

NMSA 1978, Section 28-20-1 (1999) *makes it legal for a mother to "breastfeed her child in any location, public or private, where the mother is otherwise authorized to be present."*

USE OF A BREAST PUMP IN THE WORKPLACE: NMSA 1978, Section 28-20-2 *(amended 2007) requires employers to provide flexible break time, and a clean, private space, not a bathroom, in order to foster the ability of a nursing mother who is an employee to use a breast pump in the workplace*

Healthy People 2010 goals: Increase the proportion of mothers who breastfeed their babies to 75%. Increase to 60% exclusive breastfeeding through three months and to 25% through six months of age. Increase to 50% the proportion of mothers who breastfeed their babies to 6 months of age.

PRAMS FINDINGS

Initiation: Eighty-four percent (84%) of New Mexico mothers had ever breastfed or pumped milk for their new babies (p.68). Married mothers (90%) were more likely to ever nurse their babies compared to unmarried mothers (77%). A higher proportion of mothers with more than a high school education (91%) breastfed compared to mothers with high school or less than a high school education. Lower proportions of mothers with prenatal Medicaid coverage or public assistance breastfed (78%). Among mothers who started breastfeeding, 43% breastfed exclusively (had not introduced any liquid or food other than breast milk to their infants).

Duration: While breastfeeding initiation is high in New Mexico, duration rates are poor. Fifty-seven percent (57%) of New Mexico mothers giving live birth in 2004-2005 breastfed their infant for more than two months (p.69). Among mothers who said someone suggested they not breastfeed, 35% said a mother, father or in-laws made the suggestion.

Breastfeeding at work: Among non-working mothers and mothers not attending school, 62% breastfed their infants at least nine weeks compared to 51% of working mothers (p.72). Fifty-one percent (51%) of working or school-attending mothers reported that moms could breastfeed or pump milk, but only 30% said moms could use breaktime for feeding. Twelve percent (12%) said moms were not allowed to breastfeed at all (p.66).

WHAT WE CAN DO

To learn more about breastfeeding in New Mexico, or to be a breastfeeding advocate visit the New Mexico Breastfeeding Taskforce website at http://www.breastfeedingnewmexico.org/

Assert the right to breastfeed: The University of New Mexico Medical Legal Alliance provides support for breastfeeding at work. If a mother-employee has been adversely affected by the law, she can call Victoria Elenes at 505-277-0903.

(More breastfeeding resources on page 73).

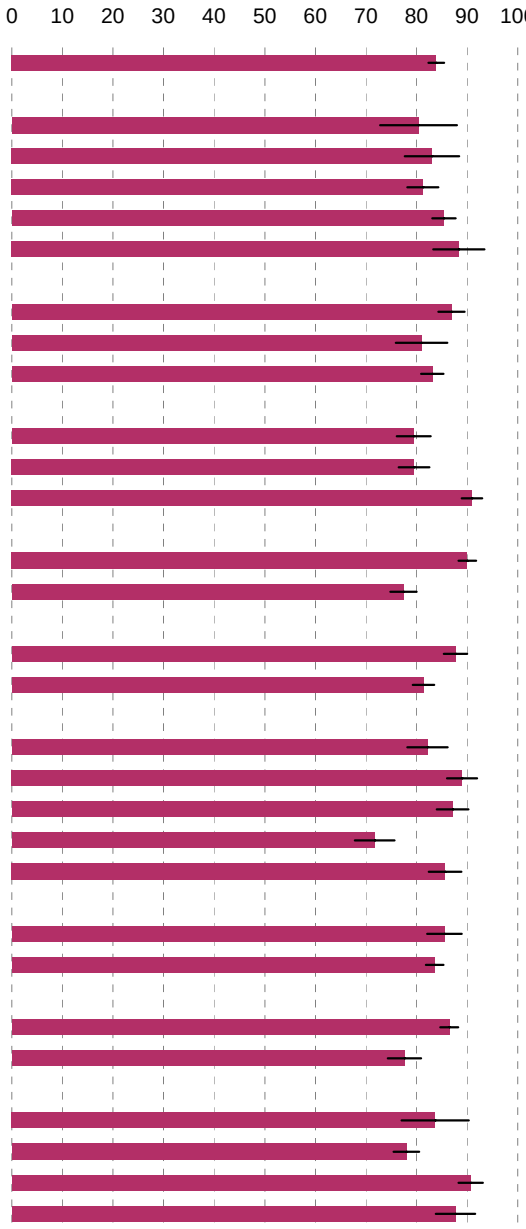
1 American Academy of Pediatrics . Policy Statement. Breastfeeding and the use of human milk. *Pediatrics* 2005; vol. 115 2004-2491.

2 Mitra AK, Khoury AJ, Hinton AW, Carothers C. Predictors of breastfeeding intention among low-income women. *Matern Child Health J*. 2004 Jun;8(2):65-70.

3 Centers for Disease Control and Prevention. Final Geographic-specific Exclusive Breastfeeding Rates among Children born in 2004 whose caregivers were interviewed after 2005. Accessed on August 8, 2008 at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Breastfeeding initiation

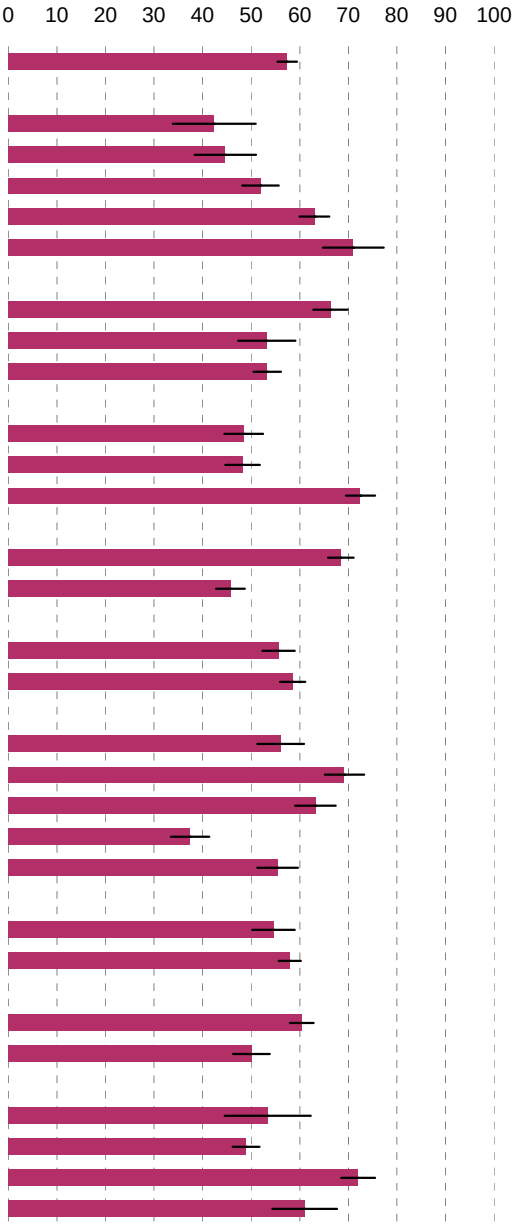
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers who ever breastfed their infant		
	%	***lower***	***upper***
All NM mothers	**83.9**	*82.3*	*85.3*
Age			
15-17	**80.4**	*72.8*	*86.3*
18-19	**83.0**	*77.7*	*87.3*
20-24	**81.3**	*78.2*	*84.0*
25-34	**85.4**	*83.1*	*87.5*
35 +	**88.4**	*83.3*	*92.0*
Ethnicity			
Non-Hispanic White	**86.9**	*84.3*	*89.2*
Native American	**81.0**	*75.9*	*85.2*
Hispanic White	**83.1**	*80.9*	*85.1*
Education			
Less than high school	**79.4**	*76.1*	*82.4*
High school	**79.5**	*76.5*	*82.2*
More than high school	**91.0**	*88.9*	*92.7*
Marital status			
Married	**90.0**	*88.3*	*91.5*
Not married	**77.4**	*74.8*	*79.8*
Previous live birth			
No	**87.7**	*85.4*	*89.7*
Yes	**81.4**	*79.2*	*83.3*
Residence			
Northwest: Region 1	**82.2**	*78.2*	*85.6*
Northeast: Region 2	**89.0**	*86.0*	*91.4*
Bernalillo County: Region 3	**87.2**	*84.0*	*89.7*
Southeast: Region 4	**71.8**	*67.8*	*75.4*
Southwest: Region 5	**85.6**	*82.4*	*88.3*
Border Resident			
No	**85.5**	*82.1*	*88.4*
Yes	**83.6**	*81.8*	*85.2*
Public assistance			
No	**86.5**	*84.7*	*88.0*
Yes	**77.6**	*74.3*	*80.6*
Payer of prenatal care			
IHS w/wo Medicaid/insurance	**83.7**	*77.0*	*88.7*
Medicaid; (no IHS)	**78.0**	*75.4*	*80.4*
Insurance only	**90.7**	*88.3*	*92.7*
None	**87.7**	*83.8*	*90.7*

Breastfeeding duration

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=2586, population=45078.



Maternal characteristic	Among all mothers, percent who breastfed nine weeks		
	%	*lower*	*upper*
All NM mothers	**57.4**	*55.4*	*59.4*
Age			
15-17	**~~42.4~~**	*~~33.9~~*	*~~51.4~~*
18-19	**44.7**	*38.4*	*51.2*
20-24	**51.9**	*48.2*	*55.6*
25-34	**63.0**	*60.0*	*66.0*
35 +	**71.0**	*64.7*	*76.6*
Ethnicity			
Non-Hispanic White	**66.3**	*62.8*	*69.7*
Native American	**53.2**	*47.3*	*59.0*
Hispanic White	**53.3**	*50.5*	*56.1*
Education			
Less than high school	**48.5**	*44.5*	*52.5*
High school	**48.2**	*44.6*	*51.8*
More than high school	**72.5**	*69.5*	*75.3*
Marital status			
Married	**68.5**	*65.8*	*71.0*
Not married	**45.7**	*42.8*	*48.7*
Previous live birth			
No	**55.6**	*52.3*	*58.9*
Yes	**58.6**	*56.0*	*61.1*
Residence			
Northwest: Region 1	**56.1**	*51.3*	*60.8*
Northeast: Region 2	**69.2**	*65.1*	*73.0*
Bernalillo County: Region 3	**63.2**	*59.0*	*67.2*
Southeast: Region 4	**37.4**	*33.5*	*41.5*
Southwest: Region 5	**55.4**	*51.2*	*59.5*
Border Resident			
No	**54.6**	*50.2*	*58.9*
Yes	**57.9**	*55.7*	*60.2*
Public assistance			
No	**60.4**	*58.0*	*62.8*
Yes	**50.0**	*46.3*	*53.8*
Payer of delivery			
IHS w/wo Medicaid/insurance	**~~53.4~~**	*44.5*	*62.1*
Medicaid; (no IHS)	**49.0**	*46.2*	*51.7*
Insurance only	**72.0**	*68.5*	*75.3*
None	**61.0**	*54.4*	*67.3*

Exclusive breastfeeding

Breastfeeding exclusively

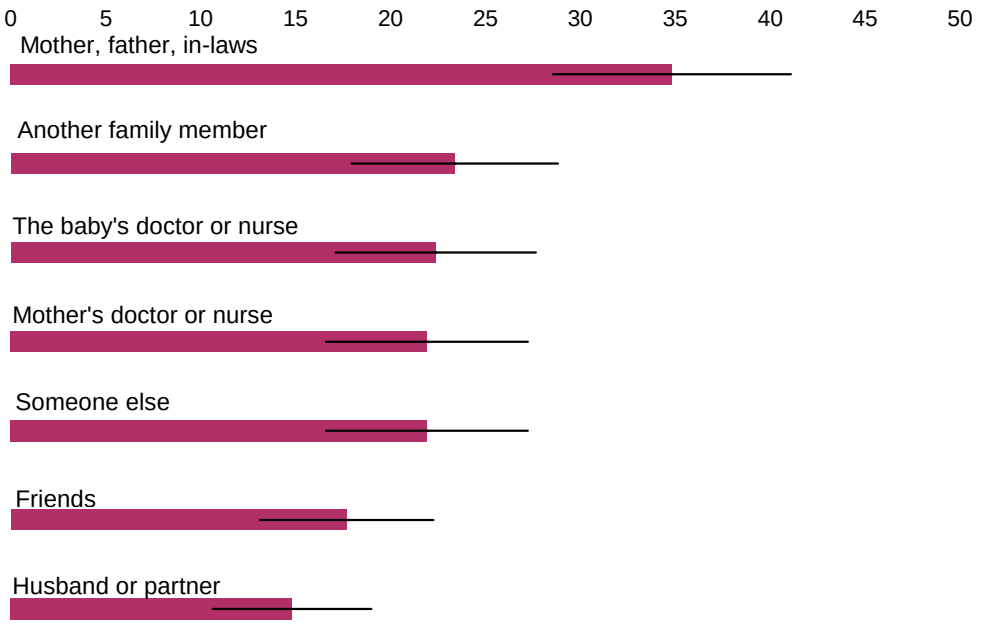
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Number of respondents who initiated breastfeeding=2492; population=43502.

Maternal characteristic	Among mothers who ever breastfed, percent who did not introduce other foods or liquids to baby's diet (0 10 20 30 40 50 60 70 80 90 100)	%	*lower*	*upper*
All NM mothers		**42.7**	*40.4*	*44.9*
Age				
15-17		**~~35.5~~**	*~~26.5~~*	*~~45.6~~*
18-19		**36.5**	*30.1*	*43.5*
20-24		**43.2**	*39.1*	*47.4*
25-34		**44.6**	*41.2*	*48.0*
35 +		**42.7**	*36.0*	*49.7*
Ethnicity				
Non-Hispanic White		**48.7**	*44.7*	*52.8*
Native American		**44.5**	*38.2*	*51.0*
Hispanic White		**38.3**	*35.3*	*41.4*
Education				
Less than high school		**38.0**	*33.7*	*42.5*
High school		**38.7**	*34.9*	*42.7*
More than high school		**49.0**	*45.5*	*52.6*
Marital status				
Married		**47.0**	*44.0*	*50.1*
Not married		**37.3**	*34.1*	*40.7*
Previous live birth				
No		**40.2**	*36.7*	*43.7*
Yes		**44.4**	*41.5*	*47.3*
Residence				
Northwest: Region 1		**43.4**	*38.3*	*48.7*
Northeast: Region 2		**53.9**	*49.4*	*58.3*
Bernalillo County: Region 3		**43.1**	*38.6*	*47.6*
Southeast: Region 4		**31.9**	*27.5*	*36.6*
Southwest: Region 5		**40.0**	*35.7*	*44.5*
Border Resident				
No		**39.4**	*34.9*	*44.1*
Yes		**43.3**	*40.8*	*45.8*
Public assistance				
No		**44.3**	*41.7*	*47.0*
Yes		**38.3**	*34.1*	*42.6*
Payer of delivery				
IHS w/wo Medicaid/insurance		**~~42.8~~**	*~~33.5~~*	*~~52.6~~*
Medicaid; (no IHS)		**37.8**	*34.9*	*40.9*
Insurance only		**49.0**	*44.9*	*53.0*
None		**46.4**	*39.5*	*53.4*

Suggested mother not breastfeed

NM PRAMS, years 2004-2005. " Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Among survey respondents who said someone suggested they not breastfeed. Number=225, population=4169.

Percent of mothers who said the following suggested they not breastfed...

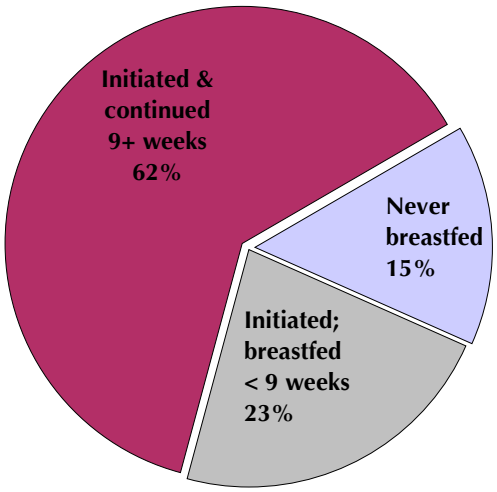


	%	Lower	Upper
Mother, father, in-laws	**34.8**	28.6	41.7
Another family member	**23.4**	18.0	29.9
The baby's doctor or nurse	**22.4**	17.1	28.7
Mother's doctor or nurse	**21.9**	16.6	28.4
Someone else	**21.9**	16.6	28.4
Friends	**17.7**	13.1	23.4
Husband or partner	**14.8**	10.6	20.3

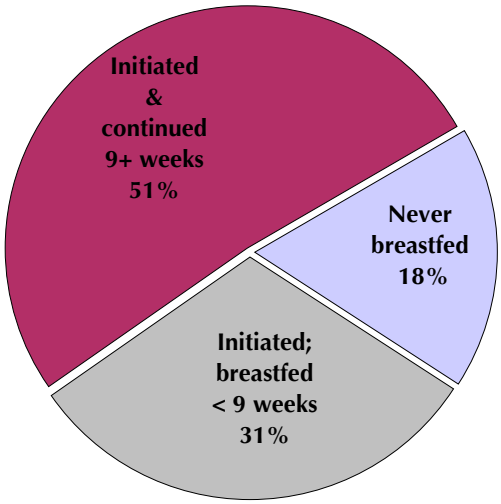
Breastfeeding your baby is a very healthy and very relaxing, special way to bond with your baby.

- PRAMS mom

Breastfeeding at work

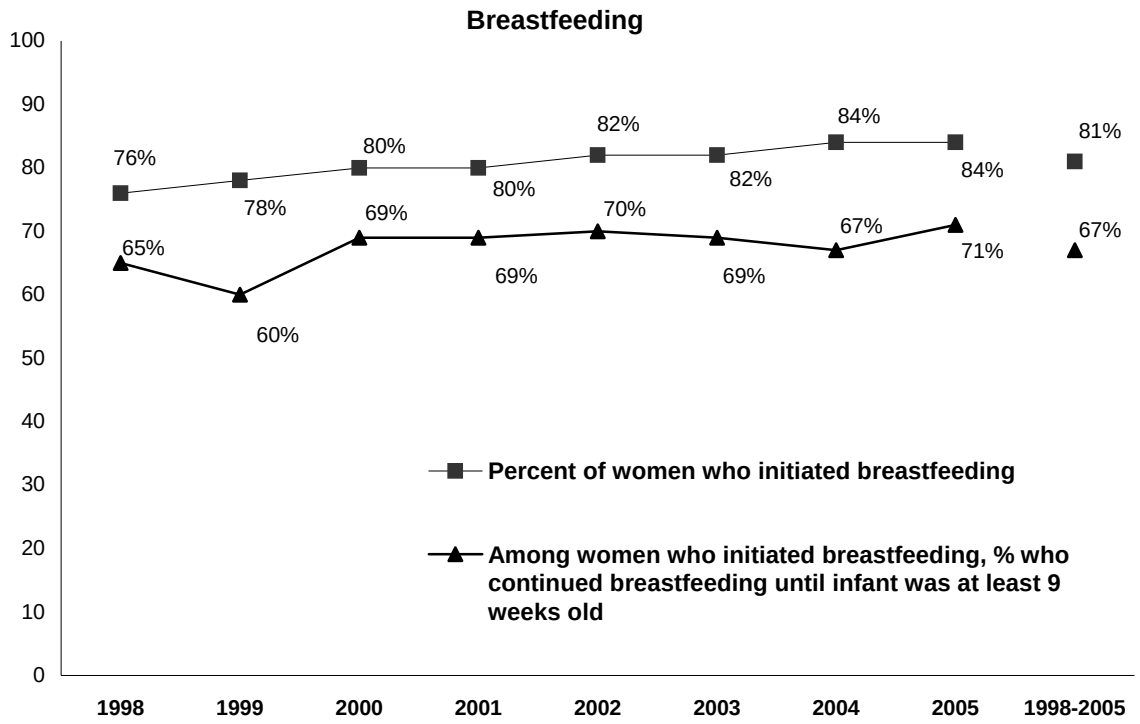


Breastfeeding among mothers *not* working or in school (n=1371), 2004-2005 births



Breastfeeding among mothers working or in school (n=1144), 2004-2005 births

Breastfeeding by birth year



Breastfeeding resources

BREASTFEEDING RESOURCES

For professional or peer support with breastfeeding try the following resources:

New Mexico WIC Program- http://www.health.state.nm.us/phd/wicsite/breastfeeding.php

La Leche League of New Mexico- http://www.llli.org/Web/NewMexico.html

ALBUQUERQUE LLL HOTLINE at 821-2511

Infant health & safety

PRAMS asks: 1) How do you most often lay your baby down to sleep now? AND 2) Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

BACKGROUND

The American Academy of Pediatrics (AAP) recommends always placing infants in the supine (entirely on the back) position to sleep for naps and at night. It is the only sleep position recommended to reduce the risk of Sudden Infant Death Syndrome (SIDS) and suffocation.[1] The AAP no longer recognizes side sleeping as a reasonable alternative to fully supine sleeping. Additional recommendations for safe infant sleep include the following: use a firm mattress free of pillows, blankets, pillow-like crib bumpers, cushions, and toys; sleep in the same room but not together with the infant; do not smoke around or expose the infant to cigarette smoke; offer the infant a pacifier for sleep time; avoid overheating and overbundling of the baby; and do not rely on electronic monitoring devices to prevent SIDS. To avoid flat spots on the baby's head the AAP recommends avoiding excessive bouncer or carseat time where there may be pressure on the back of the baby's head.

While there is considerable controversy around bed sharing as an independent risk factor for SIDS, strong evidence suggests that infants under 11 weeks of age should not bedshare[2,3], and infants exposed to smoking or who share a bed with a smoking parent have a statistically significant risk for SIDS. [4,5]

Healthy People 2010 goal: Increase the percentage of healthy, full-term infants who are put down to sleep on their backs to 70%.

PRAMS FINDINGS

Infant sleep: New Mexico was very close to reaching the Healthy People target with 68% of mothers most often placing their infant to sleep on their back in 2004-2005 (p. 75). This percentage increased from 45% in 1998 (p. 77). Eighty percent (80%) of Native American mothers reported placing their infant in the supine position, while 72% of non-Hispanic White and 64% of Hispanic mothers reported doing so. Sixty percent (60%) of mothers with less than a high school education, and 62% of those receiving public assistance said they most often put their baby to sleep on their back.

Well-child visits: Close to all (98%) new mothers said their infant had at least one well-child visit at 2, 4, or 6 months of age.

WHAT WE CAN DO

Teach appropriate and safe infant sleep practices during prenatal care

Train home visiting lay workers and professionals to assess home sleeping environments

Educate parents and care givers about the importance of the supine position and supervised tummy time while the baby is awake (this may help prevent flattening of the baby's head)

Keep the home free of cigarette smoke that may be irritating and dangerous for an infant's lungs

1 American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. The Changing concept of Sudden Infant Death Syndrome: diagnostic coding shifts, controversies, regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics* 2005; vol. 116, no.5.

2 Carpenter R, Irgens L, Blair P, et al. Sudden unexplained infant death in 20 regions in Europe: case control study. *Lancet*. 2004;363:185–191.

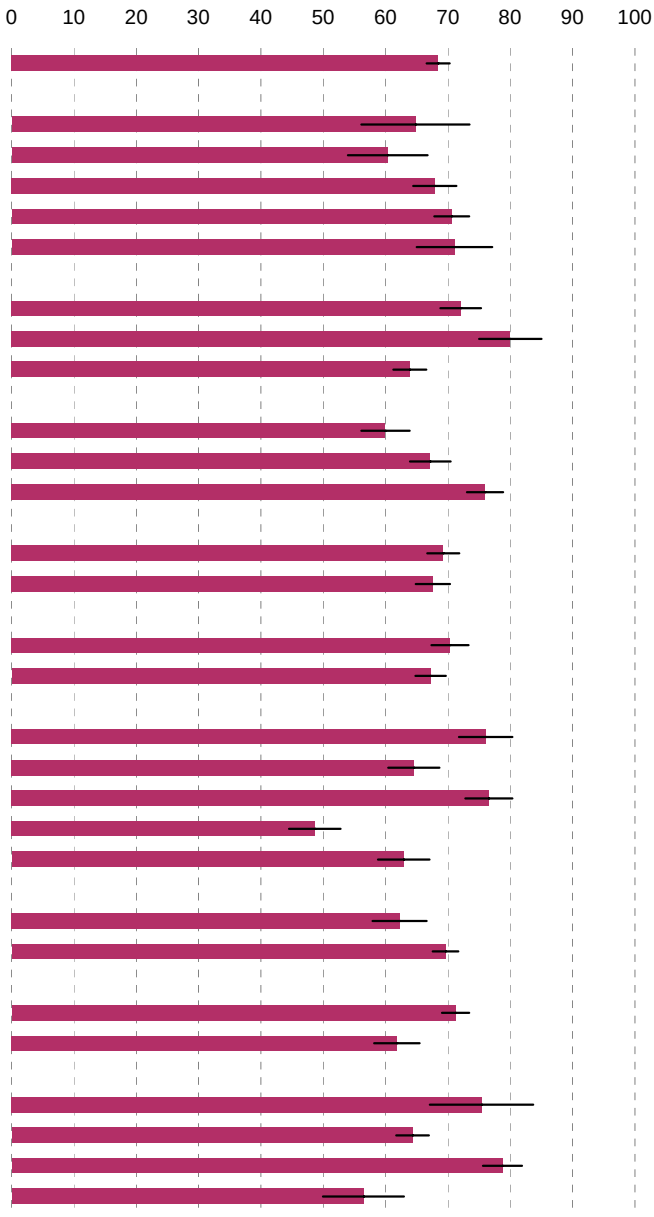
3 Tappin D, Ecob R, Brooke H. Bedsharing, roomsharing and sudden infant death syndrome in Scotland. A case-control study. *Pediatrics* 2005; 147:32–37

4 Anderson M, Johnson D, Batal H. Sudden Infant Death Syndrome and prenatal maternal smoking: rising attributed risk in the Back to Sleep era. *BMC Medicine* 2005; 1186/1741-7015.

5 McGarvey C, McDonnell M, Hamilton K, O'Regan M, Matthews T. An 8 year study of risk factors for SIDS: bed-sharing versus non-bed-sharing. *Arch. Dis Child* 2006; 91 318-323.

Infant sleep position

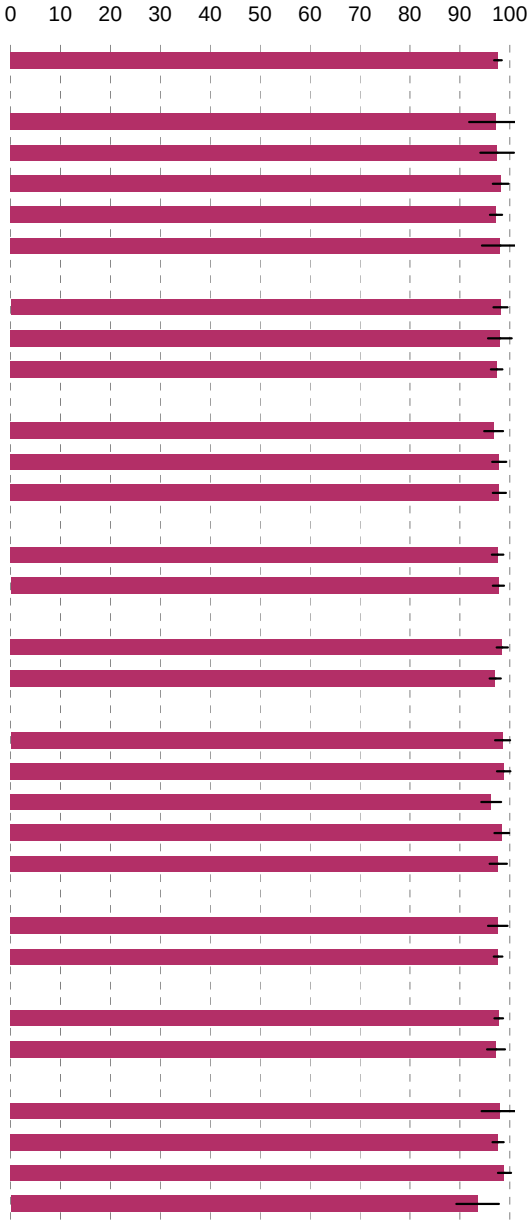
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers who usually place their baby to sleep on the back		
	%	*lower*	*upper*
All NM mothers	**68.4**	*66.6*	*70.2*
Age			
15-17	**64.8**	~~*56.1*~~	~~*72.6*~~
18-19	**60.3**	*54.0*	*66.4*
20-24	**67.9**	*64.4*	*71.2*
25-34	**70.6**	*67.8*	*73.3*
35 +	**71.0**	*65.0*	*76.5*
Ethnicity			
Non-Hispanic White	**72.1**	*68.8*	*75.1*
Native American	**80.0**	*75.0*	*84.2*
Hispanic White	**63.9**	*61.2*	*66.5*
Education			
Less than high school	**60.0**	*56.1*	*63.7*
High school	**67.2**	*63.9*	*70.3*
More than high school	**76.0**	*73.1*	*78.6*
Marital status			
Married	**69.2**	*66.7*	*71.7*
Not married	**67.6**	*64.8*	*70.2*
Previous live birth			
No	**70.3**	*67.3*	*73.1*
Yes	**67.2**	*64.8*	*69.6*
Residence			
Northwest: Region 1	**76.1**	*71.8*	*79.9*
Northeast: Region 2	**64.5**	*60.4*	*68.4*
Bernalillo County: Region 3	**76.6**	*72.8*	*80.0*
Southeast: Region 4	**48.7**	*44.5*	*52.8*
Southwest: Region 5	**62.9**	*58.8*	*66.8*
Border Resident			
No	**62.3**	*57.9*	*66.4*
Yes	**69.6**	*67.5*	*71.6*
Public assistance			
No	**71.2**	*69.0*	*73.3*
Yes	**61.8**	*58.1*	*65.3*
Payer of delivery			
IHS w/wo Medicaid/insurance	**75.4**	*67.1*	*82.2*
Medicaid; (no IHS)	**64.3**	*61.7*	*66.8*
Insurance only	**78.8**	*75.6*	*81.6*
None	**56.5**	*50.0*	*62.7*

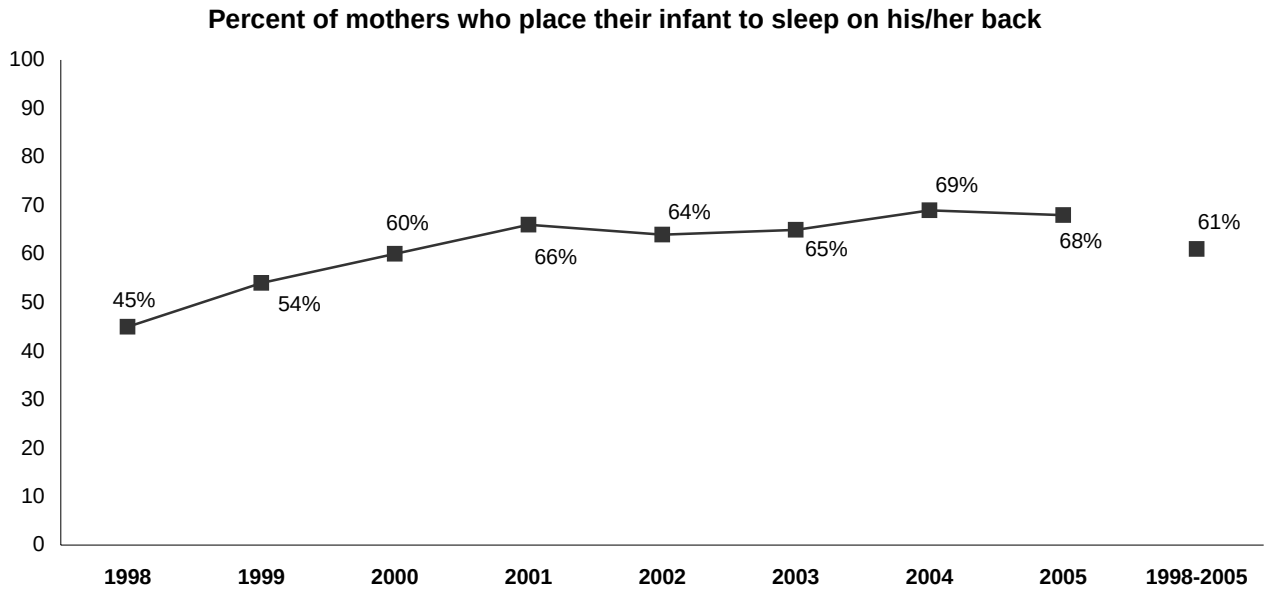
Well-child visit

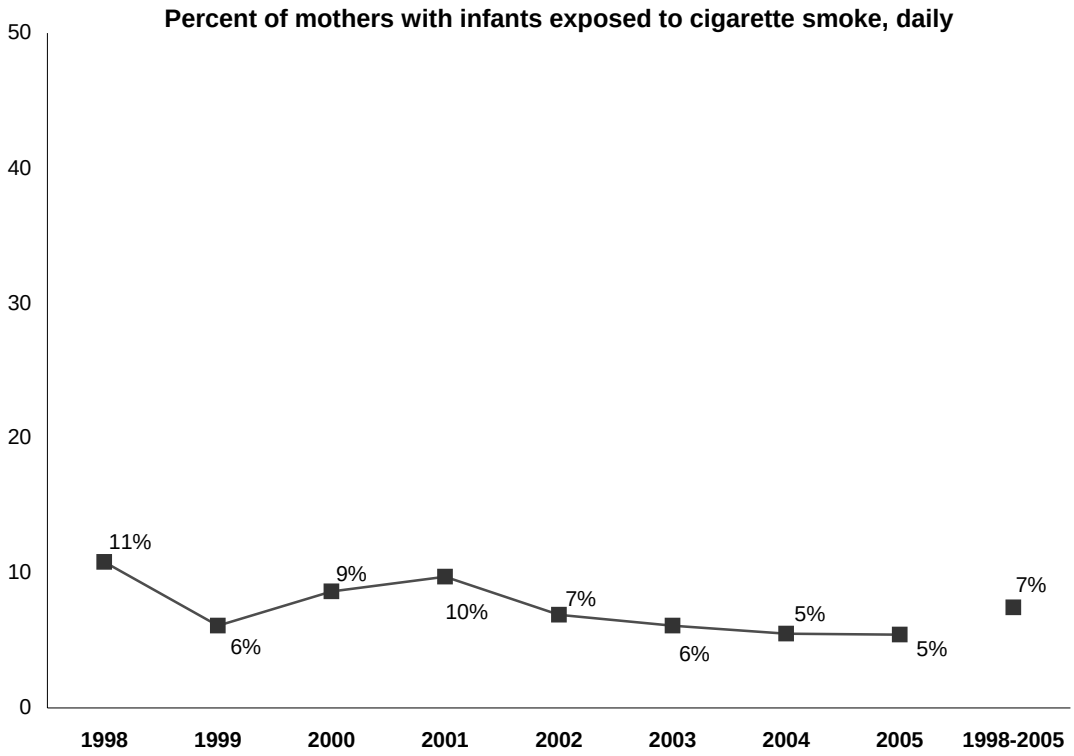
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.



Maternal characteristic	Percent of mothers whose infant had at least one well-child visit		
	%	*lower*	*upper*
All NM mothers	**97.6**	*96.9*	*98.2*
Age			
15-17	**97.2**	*91.9*	*99.1*
18-19	**97.5**	*94.1*	*98.9*
20-24	**98.2**	*96.6*	*99.0*
25-34	**97.3**	*96.0*	*98.1*
35 +	**98.1**	*94.4*	*99.4*
Ethnicity			
Non-Hispanic White	**98.1**	*96.7*	*99.0*
Native American	**98.0**	*95.6*	*99.1*
Hispanic White	**97.4**	*96.2*	*98.2*
Education			
Less than high school	**96.8**	*94.9*	*98.0*
High school	**97.9**	*96.5*	*98.8*
More than high school	**97.9**	*96.6*	*98.7*
Marital status			
Married	**97.6**	*96.4*	*98.4*
Not married	**97.7**	*96.6*	*98.5*
Previous live birth			
No	**98.5**	*97.4*	*99.1*
Yes	**97.1**	*96.0*	*97.9*
Residence			
Northwest: Region 1	**98.6**	*97.0*	*99.3*
Northeast: Region 2	**98.8**	*97.4*	*99.5*
Bernalillo County: Region 3	**96.3**	*94.3*	*97.6*
Southeast: Region 4	**98.4**	*97.0*	*99.2*
Southwest: Region 5	**97.7**	*96.0*	*98.7*
Border Resident			
No	**97.6**	*95.7*	*98.7*
Yes	**97.7**	*96.8*	*98.3*
Public assistance			
No	**97.8**	*96.9*	*98.4*
Yes	**97.3**	*95.5*	*98.4*
Payer of delivery			
IHS w/wo Medicaid/insurance	**98.1**	*94.3*	*99.4*
Medicaid; (no IHS)	**97.7**	*96.6*	*98.4*
Insurance only	**98.9**	*97.7*	*99.5*
None	**93.6**	*89.3*	*96.2*

Infant care behaviors by birth year





Postpartum health

Postpartum depression
Six-week postnatal checkup
Postpartum contraception

Postpartum depression

PRAMS Asks: Since your new baby was born...1) How often have you felt down, depressed, or hopeless? 2) How often have you had little interest or little pleasure in doing things? 3) Whom have you counted on for support or help? Include those you often rely on for housekeeping, childcare, money or help with problems.

BACKGROUND

Postpartum depression is a serious life challenge for new mothers and their infants. Maternal and postpartum depression are associated with physical abuse, lack of partner or familial support, and financial hardships or stress.[1,2,3] Previous history of depression, especially during the prenatal period is highly predictive of postpartum depression.[4] Among seventeen PRAMS states collecting information on postpartum depressive symptoms, NM mothers reported the highest rate (20%) for the 2004-2005 birth period. The proportion of mothers with self-reported symptoms in other states ranged from 11.0% in Maine to 19.5% in South Carolina. In the PRAMS states, risks associated with postpartum depression included: tobacco use in the last 3 months of pregnancy, physical abuse before or during pregnancy, partner-related stress during pregnancy, traumatic stress, and financial stress during pregnancy.

In fourteen of the states, depressive symptoms were significantly associated with delivery of a low birthweight infant.[5]

I think a very important part of a woman's pregnancy is her mental health. It's very hard to admit you're being abused, if you're even asked at all. I was abused mentally and physically during my entire pregnancy and had no one to turn to.

-PRAMS mom

Healthy People 2010 goals: Increase the proportion of adults with recognized depression who receive treatment. Reduce postpartum complications, including postpartum depression.

PRAMS FINDINGS

Twenty percent (20%) of all NM mothers reported feeling down, depressed or hopeless or having little interest or little pleasure in doing things since the time their baby was born (p. 80). Twenty-seven (27%) of Native American mothers reported these symptoms compared to 22% of Hispanic and 15% of non-Hispanic White women. Higher proportions of younger women and unmarried women reported postpartum depressive symptoms compared to older or married women. Eighty-seven percent (87%) of new mothers said they could count on their husband or partner for help or support since their new baby was born; 84% could count on family members (p. 81). Thirteen (13%) percent of new mothers could not count on anyone.

WHAT WE CAN DO

Address depression *before* pregnancy

Utilize validated tools for maternal and post-partum depression. http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf

Follow ACOG guidelines for the 4-6 week postpartum clinic visit to include screening for postpartum depression

Encourage legislation for prenatal and post-partum access to mental health care services

1 Mayberry L, Horowitz J, Declercq E. Depression symptom prevalence and demographic risk factors among U.S. women during the first 2 years postpartum. *J Obstet Gynecol Neonatal Nurs*. 2007.; 36:542-9.

2 Rich-Ewards J, Kleinman K, Abrams A, Harlow B, McLaughlin T, Joffee H, Gillman M. *J Epidemiol Community Health*. 2006; 60:221-7.

3 Certain HE, Mueller M, Jagodzinski T, Fleming M. Domestic abuse during the previous year in a sample of postpartum women. *J Obstet Gynecol Neonatal Nurs*. 2008 Jan-Feb;37(1):35-41.

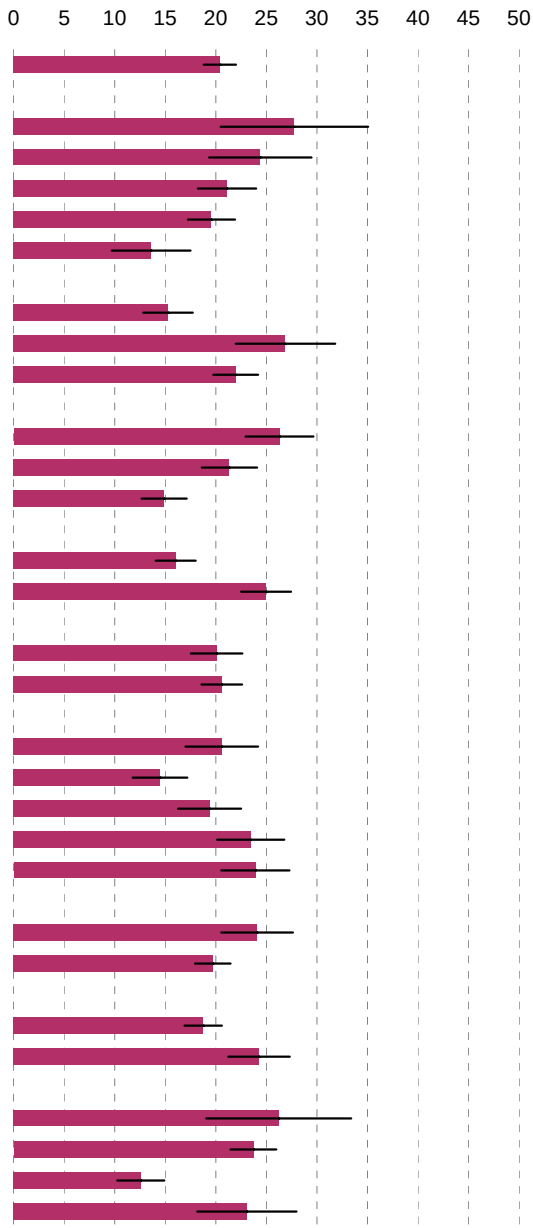
4 Kim Y, Hur J, Kim K, Oh K, Shin Y. Prediction of postpartum depression by sociodemographic, obstetric and psychological factors: A prospective study. Psychiatry Clin Neurosci. 2008 Jun;62(3):331-40.

5 Centers for Disease Control and Prevention. Prevalence of self-reported postpartum depressive symptoms--17 states, 2004-2005. *MMWR Morb Mortal Wkly Rep*. 2008 Apr 11;57(14):361-6.

Postpartum depression

Postpartum depressive symptoms

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Number of respondents=2586, population=45078.

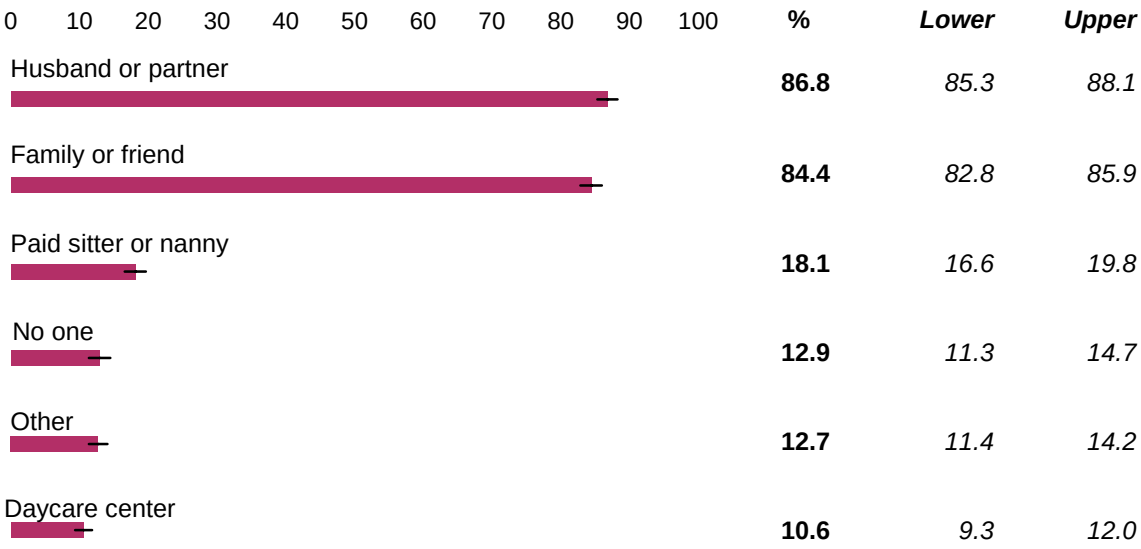


Maternal characteristic	Percent of mothers with postpartum depressive symptoms		
	%	*lower*	*upper*
All NM mothers	**20.4**	*18.8*	*22.1*
Age			
15-17	**~~27.8~~**	*~~20.5~~*	*~~36.5~~*
18-19	**24.4**	*19.4*	*30.3*
20-24	**21.1**	*18.2*	*24.3*
25-34	**19.6**	*17.2*	*22.1*
35 +	**13.6**	*9.7*	*18.8*
Ethnicity			
Non-Hispanic White	**15.3**	*12.8*	*18.1*
Native American	**26.9**	*22.0*	*32.5*
Hispanic White	**22.0**	*19.8*	*24.4*
Education			
Less than high school	**26.3**	*22.9*	*30.0*
High school	**21.3**	*18.6*	*24.4*
More than high school	**14.9**	*12.7*	*17.4*
Marital status			
Married	**16.0**	*14.0*	*18.2*
Not married	**25.0**	*22.5*	*27.6*
Previous live birth			
No	**20.1**	*17.5*	*22.9*
Yes	**20.6**	*18.6*	*22.8*
Residence			
Northwest: Region 1	**20.6**	*17.0*	*24.7*
Northeast: Region 2	**14.5**	*11.8*	*17.7*
Bernalillo County: Region 3	**19.4**	*16.3*	*22.9*
Southeast: Region 4	**23.5**	*20.1*	*27.2*
Southwest: Region 5	**23.9**	*20.6*	*27.6*
Border Resident			
No	**24.1**	*20.5*	*28.0*
Yes	**19.7**	*17.9*	*21.6*
Public assistance			
No	**18.8**	*16.9*	*20.8*
Yes	**24.3**	*21.2*	*27.6*
Payer of delivery			
IHS w/wo Medicaid/insurance	**~~26.2~~**	*~~19.1~~*	*~~34.9~~*
Medicaid; (no IHS)	**23.7**	*21.5*	*26.2*
Insurance only	**12.6**	*10.3*	*15.4*
None	**23.1**	*18.2*	*28.8*

Post-partum social support

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Percent of new mothers who could count on the following for support....



	%	Lower	Upper
Husband or partner	**86.8**	*85.3*	*88.1*
Family or friend	**84.4**	*82.8*	*85.9*
Paid sitter or nanny	**18.1**	*16.6*	*19.8*
No one	**12.9**	*11.3*	*14.7*
Other	**12.7**	*11.4*	*14.2*
Daycare center	**10.6**	*9.3*	*12.0*

I am more than glad to participate in the survey! The assistance my child and I received were excellent! I loved my doctor. I am glad to know NMDOH is taking that extra step for the health of our babies. I was blessed with a happy, healthy baby.

-PRAMS mom

Postpartum healthcare

PRAMS Asks: Since your new baby was born...1) Have you seen a a doctor, nurse or midwife for yourself for any of these reasons? a. I received a routine checkup (6 weeks after delivery); b. I received care for a health problem; c. I received a birth control method. AND 2) Are you or your husband or partner doing anything now to keep from getting pregnant? AND Among moms not using birth control: 3) What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?

BACKGROUND

Postpartum healthcare can facilitate direct services or community links for maternal support, birth control options, breastfeeding support, and mental health screening. In addition, postnatal care provides opportunities for diabetes or weight management. The American College of Obstetricians and Gynecologists (ACOG) provides guidelines for clinical screening 4-6 weeks, postpartum. The World Health Organization (WHO), ACOG, and the American Diabetes Association (ADA) all recommend diabetes screening at the postpartum visit.[1] In eleven PRAMS states information is collected about postpartum clinic visits. For 2004 births, 88.7% of mothers in those areas had a 4-6 week checkup. Arkansas (84.9), Oklahoma (84.0) and West Virginia (86.8) had the lowest prevalence for postnatal visits, while South Carolina (90.5), Vermont (92.8) and Rhode Island (93.8) had the highest proportions of mothers with postnatal clinical visits.[2]

Healthy People 2010 goals: Reduce the proportion of births occurring within 24 months of a previous birth; Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.

PRAMS FINDINGS

Eighty-seven percent (87%) of NM mothers giving live birth in 2004-2005 had a six-week postpartum doctor visit. Ninety-five percent (95%) of mothers with private insurance for delivery versus 84% of mothers with Medicaid and 76% of mothers with no insurance coverage had a postpartum checkup.

Postnatal contraception: Among all NM women giving live birth, 84% said they or their husband or partner were doing something to prevent a subsequent pregnancy. Among the women who were not using a birth control method, 40% said they were not currently having sex, 29% wrote in their own response option (other), and 29% said they did not want to contracept. Ten percent (10%) of new moms said their husband or partner did not want to. Two percent (2%) were already pregnant.

WHAT WE CAN DO

Follow ACOG guidelines for the 4-6 week postpartum clinic visit

Inform women about the Medicaid Family Planning Waiver and postpartum contraceptive options

To access information about the NM waiver:

www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/

Encourage legislation for prenatal and post-partum access to mental health care services

I think that every woman should be questioned about depression at their six-week check-up. With my first child I had depression. But I never said anything, and the doctor I had never asked me how I felt.

- PRAMS mom

1 Smirnakis K, Chasen-Taber L, Wolf M, Marekenson G, Ecker J, Thadnhani R. Postpartum diabetes screening in women with a history of gestational diabetes. *Obstet and Gynec* 2005;106: 1297-1303.

2 Centers for Disease Control and Prevention. Postpartum care visits--11 states and New York. *MMWR Morb Mortal Wkly Rep* December 21, 2007 / 56(50);1312-1316.

Postpartum Check up

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers who received a 6-week routine check up	%	*lower*	*upper*
	0 10 20 30 40 50 60 70 80 90 100			
All NM mothers		**86.8**	*85.4*	*88.2*
Age				
15-17		**84.8**	*77.3*	*90.1*
18-19		**84.4**	*79.2*	*88.5*
20-24		**86.8**	*84.1*	*89.1*
25-34		**87.0**	*84.7*	*89.0*
35 +		**90.0**	*84.9*	*93.5*
Ethnicity				
Non-Hispanic White		**93.1**	*91.0*	*94.7*
Native American		**82.6**	*77.7*	*86.6*
Hispanic White		**84.3**	*82.1*	*86.2*
Education				
Less than high school		**80.9**	*77.5*	*83.9*
High school		**85.5**	*82.9*	*87.9*
More than high school		**92.9**	*90.9*	*94.4*
Marital status				
Married		**90.2**	*88.3*	*91.8*
Not married		**83.4**	*81.1*	*85.4*
Previous live birth				
No		**89.5**	*87.3*	*91.4*
Yes		**85.1**	*83.1*	*86.9*
Residence				
Northwest: Region 1		**86.9**	*83.5*	*89.7*
Northeast: Region 2		**90.4**	*87.5*	*92.6*
Bernalillo County: Region 3		**86.3**	*83.1*	*89.0*
Southeast: Region 4		**87.8**	*84.8*	*90.3*
Southwest: Region 5		**84.4**	*81.1*	*87.2*
Border Resident				
No		**83.6**	*80.0*	*86.6*
Yes		**87.5**	*85.8*	*88.9*
Public assistance				
No		**88.9**	*87.2*	*90.3*
Yes		**82.0**	*78.8*	*84.8*
Payer of delivery				
IHS w/wo Medicaid/insurance		**86.7**	*79.4*	*91.6*
Medicaid; (no IHS)		**84.2**	*82.0*	*86.1*
Insurance only		**95.4**	*93.6*	*96.8*
None		**75.9**	*69.8*	*81.0*

Postpartum contraception

Postpartum birth control

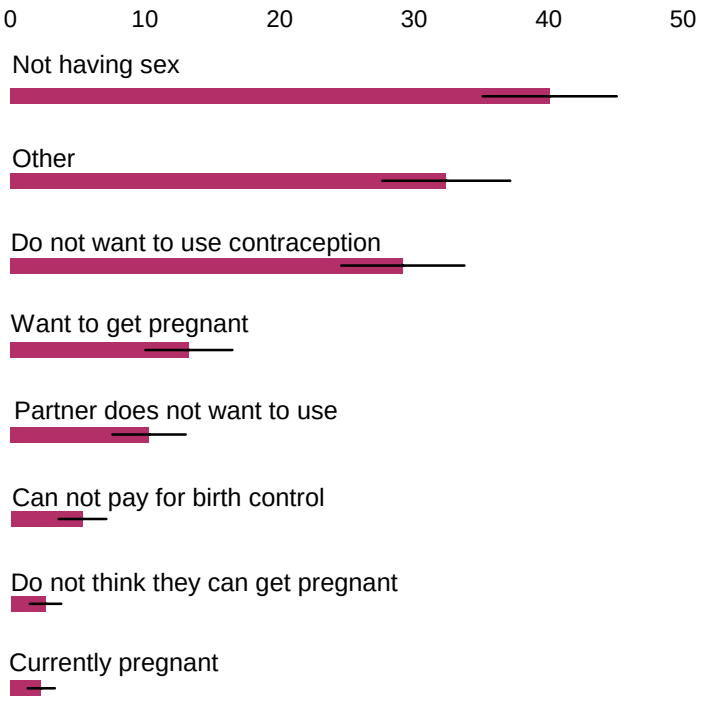
NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution.
Total number of survey respondents=2586, population=45078.

Maternal characteristic	Percent of mothers who were using contraception at the time of survey	%	*lower*	*upper*
All NM mothers		**84.3**	*82.7*	*85.8*
Age				
15-17		**83.1**	*75.6*	*88.6*
18-19		**79.4**	*73.6*	*84.1*
20-24		**85.0**	*82.2*	*87.5*
25-34		**86.5**	*84.2*	*88.6*
35 +		**77.5**	*71.7*	*82.5*
Ethnicity				
Non-Hispanic White		**85.6**	*82.8*	*88.0*
Native American		**78.2**	*73.0*	*82.6*
Hispanic White		**84.9**	*82.8*	*86.8*
Education				
Less than high school		**84.0**	*80.9*	*86.7*
High school		**81.5**	*78.5*	*84.2*
More than high school		**86.8**	*84.4*	*88.9*
Marital status				
Married		**87.2**	*85.2*	*89.0*
Not married		**81.3**	*78.8*	*83.5*
Previous live birth				
No		**81.4**	*78.7*	*83.8*
Yes		**86.2**	*84.3*	*88.0*
Residence				
Northwest: Region 1		**81.7**	*77.8*	*85.1*
Northeast: Region 2		**86.0**	*82.8*	*88.6*
Bernalillo County: Region 3		**83.4**	*80.1*	*86.3*
Southeast: Region 4		**88.4**	*85.5*	*90.8*
Southwest: Region 5		**84.4**	*81.2*	*87.2*
Border Resident				
No		**85.0**	*81.6*	*87.8*
Yes		**84.2**	*82.4*	*85.8*
Public assistance				
No		**85.6**	*83.8*	*87.2*
Yes		**81.3**	*78.1*	*84.1*
Payer of delivery				
IHS w/wo Medicaid/insurance		**77.4**	*69.1*	*84.0*
Medicaid; (no IHS)		**83.1**	*80.9*	*85.1*
Insurance only		**88.2**	*85.5*	*90.4*
None		**83.1**	*77.4*	*87.6*

Reasons for not using contraception (postpartum)

NM PRAMS, years 2004-2005. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents not using contraception at time of survey= 387, population= 7003.

Among new mothers not using contraception, percent with each reason



	%	*Lower*	*Upper*
Not having sex	**40.1**	*35.1*	*45.3*
Other	**32.4**	*27.6*	*37.5*
Do not want to use contraception	**29.2**	*24.6*	*34.2*
Want to get pregnant	**13.3**	*10.0*	*17.3*
Partner does not want to use	**10.3**	*7.6*	*13.8*
Can not pay for birth control	**5.3**	*3.6*	*7.9*
Do not think they can get pregnant	**2.6**	*1.4*	*4.7*
Currently pregnant	**2.3**	*1.3*	*4.1*

Technical notes

Sample numbers, response rates and population estimates for NM PRAMS by year of infant's birth

Year of infant's birth	Number sampled	Number responding	Percent responding	Estimated population
1998	2584	1713	66.3	26019
1999	2115	1519	71.8	25917
2000	2210	1615	73.1	25821
2001	2265	1599	70.6	25835
2002	2243	1562	69.6	26237
2003	2049	1428	69.7	26219
2004	2194	1530	69.7	26868
2005 (Jan.-Aug. births)	1524	1056	69.5	18210

Response rates

Unweighted response rates are presented in the table above. To be called a respondent, a woman had to answer at least 75% of the survey. PRAMS strives for a weighted response rate of at least 70%. Weighted response rates generally differ from unweighted rates by less than one percentage point. Estimated population numbers above are provided as a denominator for estimating counts from percentages in the report. The CDC limited Year 2005 births to the January-August period in order to meet the requirement for a 70% response rate. The estimated population for that year represents births in those months, not the whole year. Assuming there is nothing seasonal about human birthing, this is not expected to introduce bias.

Sample Stratification

For birth years 1998-2000, NM PRAMS stratified its sample by birth weight categories and over sampled Native American mothers. For year 2001 onward, the goal of the sampling strategy was to allocate equally to five geographic areas (now called PHD Regions), and ~1/12 women are sampled per region.

Potential sources of bias

Relying on mail or telephone for surveys may lead to self-selecting by preference or comprehension of survey type. In addition, changing addresses make mail delivery untenable for some women. Telephone survey attempts include cell phone numbers as well as land line numbers. 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). Other potential sources of bias include omitting observations with missing values, lack of control for important confounders, or analysis by domains. Item non-response, where data are missing from questions on the survey or birth certificate, is another potential source of bias.

Methodology

Also see About this Report, p.2 and the CDC PRAMS website for more information (reference 1).

Data collection

PRAMS is a mailed survey (or telephone interview for non-responders) with questions on many different topics including feelings about the pregnancy, birth control practices, barriers to prenatal care, prenatal medical problems, intimate partner violence, psychosocial stress and support, alcohol and tobacco use before and during pregnancy, health insurance coverage, health services, breastfeeding, infant sleep position and post-partum depression.

Participation in PRAMS is voluntary. The primary data collection method is a mail survey sent up to three times, 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 the first mailing. The mail packets included a cover letter, the questionnaire booklet, a self-addressed return envelope with postage, a question and answer sheet about PRAMS, a list of community resources for families of newborns, incentives (20 minute paid calling card), and a "reward" for completion of a survey (entry into a raffle for a $100 gift certificate). PRAMS sends data without personal identifiers to CDC for editing, weighting and creation of an annual file.

Population and sample

The NM PRAMS population refers to all New Mexico resident mothers giving live birth in NM. Exclusions: births to mothers who gave their infant up for adoption, infants who were older than 180 days (six months) old when their birth was registered, and, only one infant from multiple gestation births (triplet or higher order birth) is sampled. Births are also excluded for records where a mother's last name is missing from the birth certificate. Because of these and out-of-state birth exclusions, the NM PRAMS eligible birth population is somewhat smaller than the total live births reported by NM Vital Records and Health Statistics (26,868 live births in PRAMS population compared to 28,355 total births for year 2004) (reference 2).

Each month, NM Vital Records provides a birth file of eligible birth certificates from which a stratified sample is systematically drawn (~180 recently-delivered mothers). 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 (~12).

2. Non-response weights compensate for lower response rates from women with 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.

Data collection

Maternal characteristics

Birth certificates from the NMDOH Bureau of Vital Records and Health Statistics provided data on maternal age, ethnicity/race, tribe, educational level, geographic residence, parity (previous live birth), marital status, month of entry into prenatal care and number of prenatal visits.

Cleaning & editing

This is done in three stages: 1) by NM Vital Records before the sample is drawn, 2) CDC PRAMS after birth certificate and survey data are submitted, and 3) NM PRAMS. In the last stage, coded survey responses may be revised based on write-in responses and comments. This may produce estimates that differ slightly from the CDC's.

Analysis of data

This report was prepared with SAS-callable SUDAAN version 9.1 (Research Triangle Park, NC).

Data Limitations - sampling error

Low response rates can limit the reliability of prevalence estimates and representativeness or comparisons among populations. 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 used strikethroughs over estimates in the tables. Our criteria for strikethroughs were a confidence interval spanning more than 15 percentage points or a relative error (standard error divided by point estimate) greater than 0.30.

Variable definitions – Indicator and demographic variable definitions. Unless otherwise stated, all variables are derived from the PRAMS survey questionnaire. Below is a description of how variables were created

Alcohol use – Binge drinking is defined as having 5 or more alcoholic beverages on one occasion. Drinking during pregnancy meant that the mother reported drinking at least one alcoholic beverage in the last three months of pregnancy.

Border residence – Yes means maternal residence was in one of six U.S.-Mexico international border counties (Hidalgo, Luna, Dona Ana, Sierra, Grant, Otero). This is the federal definition for international border counties in New Mexico and was recommended to PRAMS by the NMDOH Border Health Office in 2003. Residence is ascertained through the birth certificate, not the survey.

Cigarette smoking – Respondents who said they smoked at least 100 cigarettes in the past 2 years were asked how many cigarettes they smoke on an average day (before, during, and after pregnancy). If the mother said she smoked at least one cigarette or she did not know how many cigarettes she smoked, she was coded as a smoker.

Contraception at conception – Phase 4 (2000) added the filter question, "When you got pregnant with your new baby, were you tying to become pregnant?" (Yes/No). Women responding "yes" were instructed to skip the question about whether they used contraception at conception.

Diabetes – One question asks about pre-existing high blood sugar or diabetes and another asks about gestational diabetes or high blood sugar during pregnancy. The survey does not ask about diagnosis of diabetes.

Intention of pregnancy – PRAMS asks mothers how they felt about being pregnant at the time of conception. Response options are that they wanted to be pregnant: 1) sooner, 2) later (mistimed), 3) then, or 4) not then or at any time (unwanted). Unintended includes both mistimed and unwanted pregnancies.

Overweight – Body Mass Index (BMI) is calculated from the mother's self-reported pre-pregnancy weight and height and calculated by dividing weight (kg) divided by height squared (m2). Overweight is defined as a BMI of 25.0 or more. This report uses "weight problem" instead of obesity to classify mothers under 20 years of age. BMI cutoffs are available from www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult.htm. For children under 20 years of age, gender and age-specific charts (BMI-for-age) define underweight as BMI-for-age at or below the fifth percentile; normal as 5th to below 85th percentile; at risk for overweight as 85th to below 95th percentile; and overweight as 95th percentile or more.

Public assistance – PRAMS asked about income sources in the question during the 12 months before the baby was born. One option was "Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income" and is used for this variable. PRAMS also inquires about household income level. Federal poverty levels were used to subset for women whose household income met 100% and 130% of poverty eligibility for food stamps or TANF, respectively.

Payer of prenatal care – The respondent may choose up to six options for her payer source of prenatal care. This variable was created by categorizing the sources as: 1) Indian Health Service (IHS) with or without other payers, 2) Medicaid with or without private insurance, but without IHS, 3) private insurance only, 4) none of the payers.

Payer of preconception care – This was also coded like prenatal care except in two instances. For food stamps and TANF participation, preconception payer for Indian Health Service was imputed from payer of prenatal care where prenatal care was paid by IHS, since some of the women with food security problems may not have visited a doctor at all just before pregnancy.

Payer of delivery – This was coded like payer of prenatal care.

Postpartum depressive symptoms – This definition was taken from the CDC to match the 2008 MMWR on 17 U.S. reporting areas (reference 3). To be coded as someone with postpartum depressive symptoms, the mom said she was often or always feeling down, depressed or hopeless; or she often or always had little interest or little pleasure in doing things since the time her new baby was born.

Residence – Residence refers to where the mom was living with respect to the current boundaries for Public Health Regions, not the Public Health District boundaries during the 2004-2005 data collection period. However, for PRAMS there is very little difference in the old Districts and the new Regions, since PRAMS had an extra District created to separate Bernalillo from the Rural NW part of the state before the new regions did this. The current Public Health regions are as follows: **Region 1**: San Juan, McKinley, Sandoval, Cibola, and Valencia Counties; **Region 2**: Rio Arriba, Taos, Los Alamos, Santa Fe, Taos, Mora, San Miguel, and Guadalupe Counties; **Region 3:** Bernalillo County; **Region 4**: Harding, Quay, Curry, DeBaca, Roosevelt, Chaves, Eddy and Lea Counties; **Region 5**: Catron, Sorcorro, Sierra, Grant, Hidalgo, Luna, Dona Ana, Otero Counties.

The PRAMS questionnaire

For January 2000 through December 2003 births, NM used the phase 4 questionnaire developed by CDC with the participating PRAMS states. State-developed questions were included at the end of the survey. For January 2004 births onward, NM implemented the Phase 5 questionnaire. The questionnaire is found at the end of this appendix. The questionnaire consisted of two parts: a core portion that was the same for all states and a state-specific portion that was tailored to each state's needs. Topics in the core questions covered 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. The CDC provided Spanish translations, and both the English and Spanish questionnaires were adapted for telephone interviewers.

Changes between survey phases

This section highlights survey changes between Phase 4 (birth years 2000-2003) and Phase 5 (birth years 2004-2008). These changes may account for slight differences in multiyear comparisons.

-Breastfeeding

The question on whether or not someone suggested the mother not breastfeed was added in 2004. A follow up question was also added to ask who made the suggestion.

-Contraception at conception and postpartum

"Norplant" and "shots [Depo-Provera]" were removed as examples for Phase 5 and "cervical ring" was added to the list of examples.

-Emergency Contraception was added in 2004.

-Multivitamin use

This question was revised for Phase 5: "In the month before" was replaced with "During the month before" and "prenatal vitamin" was added.

-Post-partum depression questions were added in 2004.

-Physical abuse

In Phase 5 (starting with 2004 births) two questions were added about ex-husband or partner physical abuse. All previous years reported show estimates for current husband or partner.

-Smoking before and during pregnancy

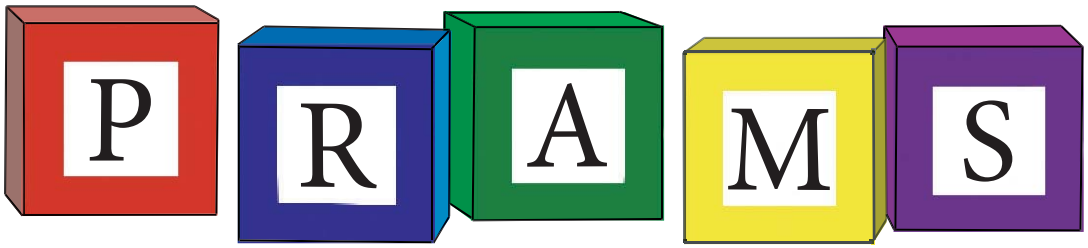
In 2004, the number of cigarettes were categorized and the write-in option removed.

References

1 Centers for Disease Control and Prevention (CDC) website: http://www.cdc.gov/prams.

2 New Mexico Selected Health Statistics Annual Report for 2004. Santa Fe, NM: New Mexico Department of Health, Bureau of Vital Records and health Statistics, 2006.

3 Centers for Disease Control and Prevention. Prevalence of self-reported postpartum depressive symptoms--17 states, 2004-2005. *MMWR Morb Mortal Wkly Rep*. 2008 Apr 11;57(14):361-6.



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New Mexico Department of Health
Public Health Division
Family Health Bureau

2005

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

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

4. What is *your* date of birth?

____ Month ____ Day 19____ Year

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

____ Pounds **OR** ____ Kilos

6. How tall are you without shoes?

____ Feet ____ Inches

OR ____ Centimeters

7. *Before* you got pregnant with 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

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

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

Check one answer

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

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

- ❑ No
- ❑ Yes → **Go to 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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ❑ No
- ❑ Yes → **Go to Question 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

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

_____

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

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.)

_____ Weeks **OR** _____ Months

- ❑ 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).

_____ Weeks **OR** _____ Months

- ❑ I didn't go for prenatal care

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

- ❑ No
- ❑ Yes
- ❑ I didn't want prenatal care → **Go to Question 18**

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

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

_____

If you did not go for prenatal care, go to Page 4, Question 20.

18. How was your prenatal care paid for?

Check all that apply

- ❑ Medicaid
- ❑ Personal income (cash, check, or credit card)
- ❑ Health insurance or HMO (including insurance from your work or your husband's work)
- ❑ Indian Health Service (PHS)
- ❑ City or county indigent fund
- ❑ Other ⟶ Please tell us:

_____

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

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

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

- ❑ No
- ❑ Yes
- ❑ I don't know

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

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

- ❑ No
- ❑ Yes

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

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

If you did not have any of these problems, go to Question 24.

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

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

The next questions are about smoking cigarettes and drinking alcohol.

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

- ❑ No → **Go to Question 28**
- ❑ Yes

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

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

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

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

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

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

28. 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 31**
- ❑ Yes

29a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

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

29b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

30a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

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

30b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

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

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

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

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

32a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ❑ No
- ❑ Yes

32b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- ❑ No
- ❑ Yes

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

33a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ❑ No
- ❑ Yes

33b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- ❑ No
- ❑ Yes

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

34. When was your baby due?

Month Day Year

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

Month Day Year

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

36. When was your baby born?

Month Day Year

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

Month Day Year

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

38. How was your delivery paid for?

Check all that apply

- ❑ Medicaid
- ❑ Personal income (cash, check, or credit card)
- ❑ Health insurance or HMO (including insurance from your work or your husband's work)
- ❑ Indian Health Service (PHS)
- ❑ City or county indigent fund
- ❑ Other ——➤ Please tell us:

_____

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

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

- ❑ No
- ❑ Yes
- ❑ I don't know

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

- ❑ Less than 24 hours (less than 1 day)
- ❑ 24 to 48 hours (1 to 2 days)
- ❑ 3 days
- ❑ 4 days
- ❑ 5 days
- ❑ 6 days or more
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 43**

41. Is your baby alive now?

- ❑ No → **Go to Question 53**
- ❑ Yes

42. Is your baby living with you now?

- ❑ No → **Go to Question 53**
- ❑ Yes

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

- ❑ No → **Go to Question 47**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 46**

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

_____ Weeks **OR** _____ Months

- ❑ Less than 1 week

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

_____ Weeks **OR** _____ Months

- ❑ My baby was less than 1 week old
- ❑ I have not fed my baby anything besides breast milk

47. Did anyone suggest that you *not* breastfeed your new baby?

- ❑ No → **Go to Question 49**
- ❑ Yes

48. Who suggested that you *not* breastfeed your new baby?

Check all that apply

- ❑ My husband or partner
- ❑ My mother, father, or in-laws
- ❑ Other family member or relative
- ❑ My friends
- ❑ My baby's doctor, nurse, or other health care worker
- ❑ My doctor, nurse, or other health care worker
- ❑ Other → Please tell us:

_____

If your baby is still in the hospital, go to Question 53.

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

_____ Hours

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

50. How do you *most often* lay your baby down to sleep now?

Check one answer

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

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

53. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ❑ No
- ❑ Yes → **Go to Question 55**

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

Check all that apply

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

_____

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

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

Check all that apply

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

_____

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

Check one answer

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

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

_____ People

58. During the *12 months before* your new baby was born, did you participate in any of these programs? Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

		No	Yes
a.	TANF or Welfare to Work	N	Y
b.	New Mexico Food Stamps Program	N	Y

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

59. *Just before you got pregnant* with your new baby, had you ever heard about emergency contraceptive pills (ECPs)? These used to be called the "morning after pill." If taken according to directions within 5 days after unprotected sex, they can prevent a pregnancy.

- ❑ No
- ❑ Yes
- ❑ I don't know

60. *Just before you got pregnant,* did you receive any of your health care from the Indian Health Service (PHS)?

- ❑ No
- ❑ Yes
- ❑ I don't know

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

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

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

62. During your most recent pregnancy, what was the name of your health insurance?

Check all that apply

- ❑ Cimarron
- ❑ Lovelace
- ❑ Presbyterian
- ❑ Blue Cross/Blue Shield
- ❑ Indian Health Service (PHS)
- ❑ Military coverage
- ❑ I don't have health insurance
- ❑ I don't know
- ❑ Other insurance ⟶ Please tell us:

_____

63. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem. Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? Circle **Y** (Yes) if you were treated *unfairly* or **N** (No) if you were treated *fairly*.

		No	Yes
a.	Your race	N	Y
b.	Your age	N	Y
c.	Your language	N	Y
d.	Your citizenship	N	Y
e.	Your inability to pay	N	Y
f.	I felt unfairly treated but don't know why	N	Y
g.	I have not been treated unfairly.	N	Y
h.	I felt unfairly treated for other reasons	N	Y

Please tell us:

_____

64. During your most recent pregnancy, did you participate in any of these services? Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

		No	Yes
a.	Breastfeeding class or support group	N	Y
b.	Parenting class or support group	N	Y
c.	Nutrition class or discussion group	N	Y
d.	Counseling about a personal or family problem	N	Y
e.	Home visiting services by a nurse, social worker, or other health care worker	N	Y
f.	A program for pregnant or parenting teens	N	Y
g.	Families FIRST	N	Y
h.	Program for protection from family violence	N	Y
i.	Program to stop using drugs or alcohol	N	Y
j.	A class or support group to stop smoking cigarettes	N	Y
k.	I did not participate in any of the above	N	Y

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

65. ***Since your new baby was born,*** **have you participated in any of these services?** Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

		No	Yes
a.	Breastfeeding class or support group	N	Y
b.	Parenting class or support group	N	Y
c.	Nutrition class or discussion group	N	Y
d.	Counseling about a personal or family problem	N	Y
e.	Home visiting services by a nurse, social worker, or other health care worker	N	Y
f.	A program for pregnant or parenting teens	N	Y
g.	Families FIRST	N	Y
h.	Program for protection from family violence	N	Y
i.	Program to stop using drugs or alcohol	N	Y
j.	A class or support group to stop smoking cigarettes	N	Y
k.	I did not participate in any of the above	N	Y

66. ***Since your new baby was born,*** **have you seen a doctor, nurse, or midwife for yourself for any of these reasons?** Circle **Y** (Yes) if you did or **N** (No) if you did not.

		No	Yes
a.	I received a routine checkup (6 weeks after delivery)	N	Y
b.	I received care for a health problem	N	Y
c.	I received a birth control method	N	Y

If your baby is no longer alive or is not living with you, go to Question 73.

67. Do you have an infant car seat(s) for your new baby?

- ❑ No
- ❑ Yes

68. ***Since your new baby was born,*** **have you or your baby received any home visiting services by a nurse, social worker, or other health care worker?**

- ❑ No → **Go to Question 70**
- ❑ Yes

69. ***Since your new baby was born,*** **how many times have you or your baby received home visiting services?**

Check <u>one</u> answer

- ❑ Only once
- ❑ 2 or 3 times
- ❑ 4 or more times

70. ***Since your new baby was born,*** **whom have you counted on for support or help?** Include those you *often* rely on for housekeeping, childcare, money, or help with problems. Circle **Y** (Yes) if you can count on the person(s) or **N** (No) if you cannot.

		No	Yes
a.	My husband or partner	N	Y
b.	A family member, friend, or neighbor	N	Y
c.	A paid sitter or nanny	N	Y
d.	Day-care center staff	N	Y
e.	Someone else	N	Y

Please tell us who:

_____

f.	I cannot count on anyone	N	Y

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

- ❑ No → **Go to Question 73**
- ❑ Yes

72. At your *current* workplace or school, what happens when a mother wants to breastfeed?

Check all that apply

- ❑ She can breastfeed the baby as needed
- ❑ She can use break time to breastfeed the baby
- ❑ She can use break time to pump milk
- ❑ It is hard to use breaks or find a place to pump or breastfeed
- ❑ She is not allowed to breastfeed the baby at work
- ❑ I don't know

73. Which of the following things were you doing in the *past month?*

Check all that apply

- ❑ Being a homemaker
- ❑ Was unemployed
- ❑ Seasonal farm or construction work
- ❑ Working or going to school *full-time*
- ❑ Working or going to school *part-time*
- ❑ Other → Please tell us:

_____

74a. *Since your new baby was born,* how often have you felt down, depressed, or hopeless?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

74b. *Since your new baby was born,* how often have you had little interest or little pleasure in doing things?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

75. During the *past 12 months,* which one of the following statements *best* describes the food eaten by you and your family?

Check one answer

- ❑ Enough food to eat
- ❑ Sometimes not enough food to eat
- ❑ Often not enough food to eat

76. Which of the following utilities do you have in your house, apartment, trailer, or hogan? For each item, circle **Y** (Yes) if you have the utility or circle **N** (No) if you do not have the utility.

		No	**Yes**
a.	Complete plumbing facilities (including hot and cold running water, a flush toilet, and a bathtub or shower)	N	Y
b.	Electricity	N	Y
c.	A telephone from which you can make and receive calls (including cell phones)	N	Y

77. What is today's date?

Month ____ Day ____ Year ____

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

Thanks for answering our questions!

Your answers will help us work to make New Mexican mothers and babies healthier.

February 26, 2004

2008