LOUISIANA PRAMS 2012 SURVEILLANCE REPORT

Key Findings from the Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS)

LOUISIANA DEPARTMENT OF HEALTH

LOUISIANA PRAMS
Your voice. Your baby's voice.

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PREFACE

Since 1997, the Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) has served as a source of vital information on women's behaviors and experiences before, during and after pregnancy. Louisiana PRAMS is a surveillance program of the U.S. Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH) in Louisiana.

Louisiana PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy. The information collected through Louisiana PRAMS can be used by program planners, healthcare providers, policy makers and public health leaders to design, implement and evaluate programs and services relevant to women and families in Louisiana. The 2012 Louisiana PRAMS Surveillance Report highlights Louisiana PRAMS data for a subset of selected indicators for births occurring in 2012.

In 2012, there were 60,540 live births that satisfied the Louisiana PRAMS inclusion criteria, of which 1,947 were sampled. Of this sample, there were 1,016 respondents, resulting in a 52 percent overall response rate. The Louisiana PRAMS 2012 questionnaire is available as a separate file on BFH's Partners for Healthy Babies website. Appendix A contains subgroup analyses presented by family planning, preconception health, prenatal care, prenatal risk factors, and maternity leave. More information on sampling design and response rates can be found in the Methodology section in Appendix B.

In addition to descriptive statistics and survey frequency data, the 2012 surveillance report includes descriptive analyses in the context of Louisiana's persistent maternal and infant racial health disparities. It is well documented and accepted that women from communities of disadvantage, those having a lack of opportunities and access to services, are more likely to experience adverse birth outcomes. These communities are created and sustained by institutional and societal variables, such as lack of infrastructure, access to healthcare, healthy food options and transportation, which contribute to inequity. Given the history of the southeastern part of the United States, these communities tend to be most heavily populated with racial and ethnic minority residents. Therefore, we would expect to see that women from these areas would be at high risk for adverse maternal and birth outcomes. It is not surprising that we see disparate rates among women of color. While we still highlight the disparity based on race, it should be interpreted in light of the conditions in communities where many women are born and continue to live. Throughout this report, references are made to White, African American, Hispanic/Latina and Other races/ethnic groups. In each instance White refers to non-Hispanic White women and African American refers to non Hispanic African American women. This publication of the report is the result of a collaboration between Louisiana PRAMS, BFH, and the Mary Amelia Women's Center at Tulane University (MAC).

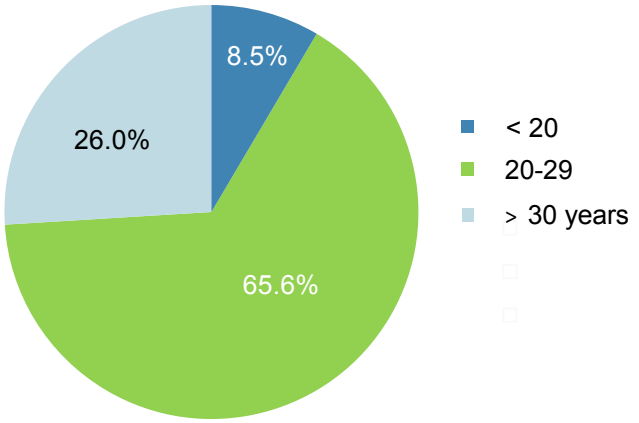
Louisiana PRAMS is funded by the CDC under cooperative endeavor agreement #U01 DP003138-04 and administered by the LDH, OPH, BFH.

More information about PRAMS can be found at **cdc.gov/prams** or under Louisiana PRAMS on the Partners for Healthy Babies website: **PartnersforHealthyBabies.org**

MATERNAL DEMOGRAPHICS

Louisiana differs from many US states in its demographic and socioeconomic profile. African American births comprised 38% of all Louisiana resident births in 2012 compared with 15% nationally. Louisiana's overall health rankings and persistent health disparities indicate a consistent need to assess the health of women in the state before and throughout their pregnancies to better understand and address the risks affecting health outcomes.

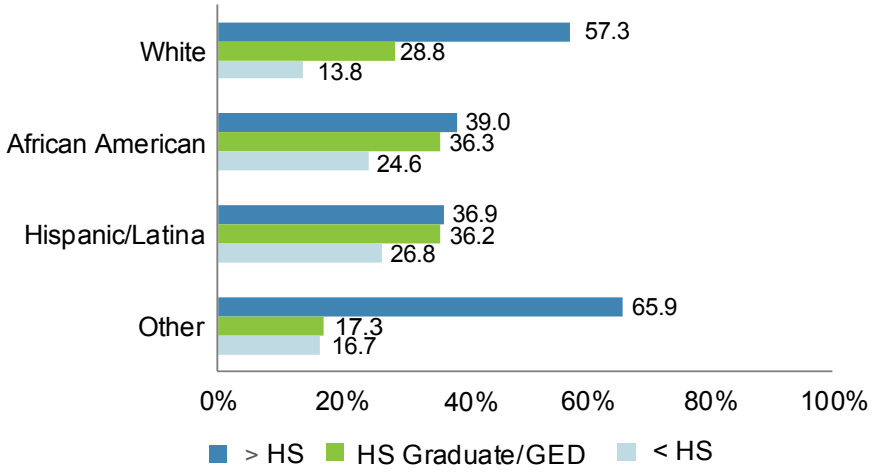
Maternal age



Data Highlight: Marital Status

Less than half (45%) of the mothers were married at the time of giving birth.

Educational attainment



Data Highlight: Educational Attainment

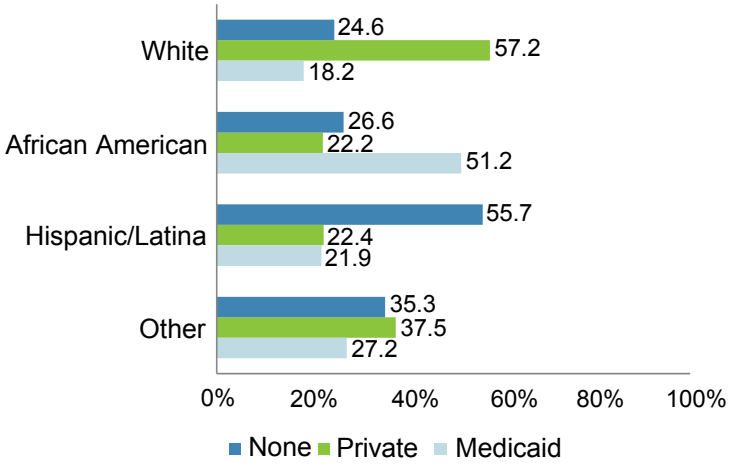
Louisiana birth records 2011-2012 show that adverse birth outcomes decrease with attainment of advanced degrees among White women and African American women. However, the percentage of low birth weight babies among African American women with a Bachelor's degree or higher is higher than that of White women with a high school diploma or GED.

INSURANCE COVERAGE

Adequate insurance coverage is essential to receiving high quality prenatal and delivery care to support a mother's and baby's health. In 2012, 69% of births were covered by Medicaid in Louisiana compared to 45% nationally.

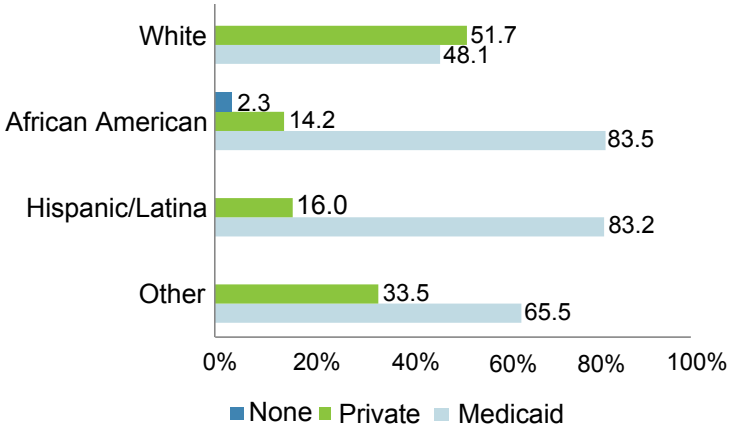
Pre-pregnancy insurance coverage by race

There is a large racial disparity in insurance coverage, with more White women having access to private insurance prior to becoming pregnant compared to women of other races and ethnicities.



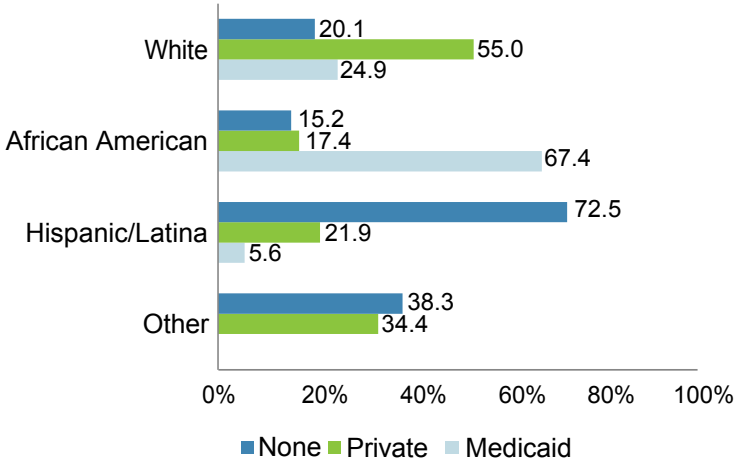
Prenatal insurance coverage by race

All uninsured or underinsured women in Louisiana, including undocumented women, meeting low income eligibility requirements can receive Medicaid insurance when they become pregnant, as reflected in the increase in prenatal insurance coverage across all races.



Post-pregnancy insurance coverage by race

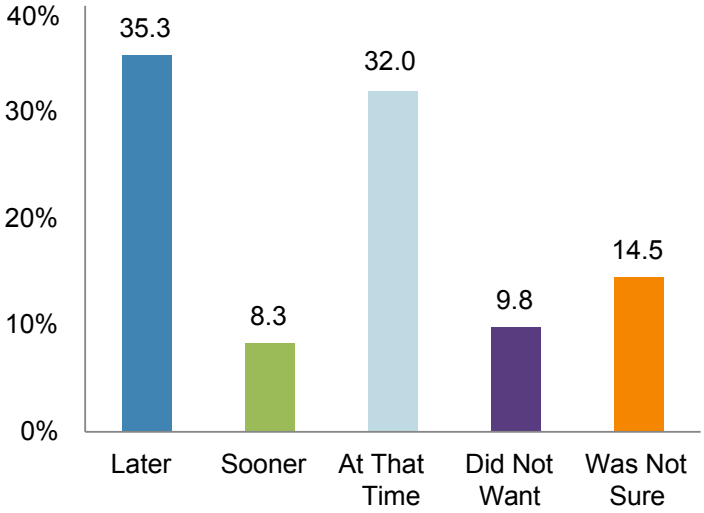
Rates of Medicaid insurance coverage decrease post-pregnancy across all races, particularly for Hispanic/Latina women. The larger decrease for Hispanic/Latina women may be due to an increase in undocumented women in this population who are more likely to have coverage terminated since they only qualified during pregnancy due to their unborn child's citizenship status.



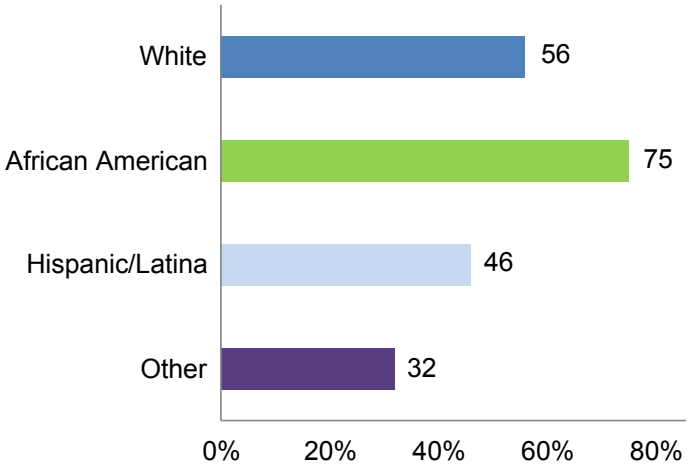
FAMILY PLANNING

Access to family planning services improves the health of women, infants, children, and families overall. The provision of contraception, as well as screening and treatment for sexually transmitted infections (STI), allows individuals to achieve the desired size, timing, and spacing of their families through healthy pregnancies which reduce adverse birth outcomes. When compared to intended pregnancies, unintended pregnancies have been associated with behavioral and health outcomes such as late initiation of prenatal care, lower rates of breastfeeding, unsafe infant sleep practices, maternal postpartum depression, experiences of intimate partner violence, and low birth weight.

Feelings about wanting to become pregnant



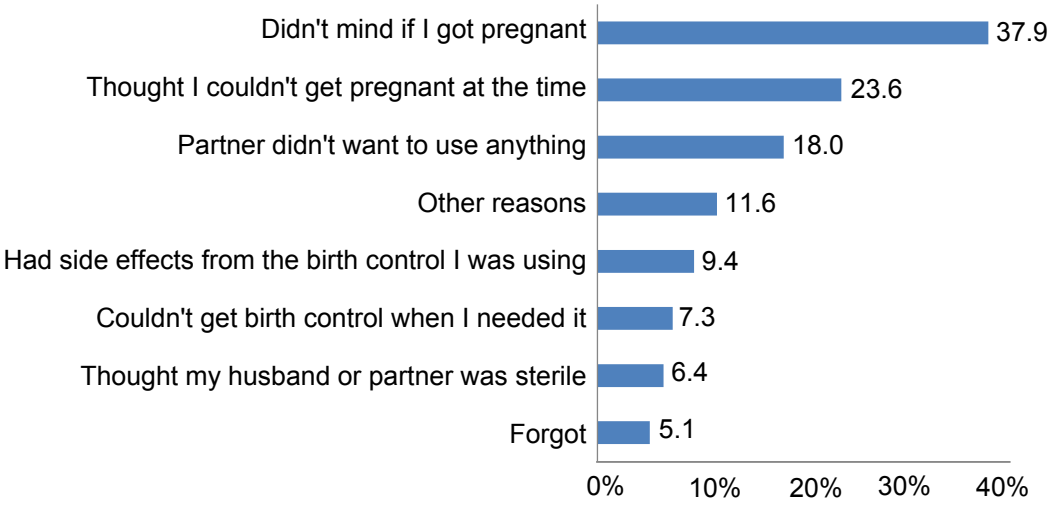
Unintended pregnancy by race



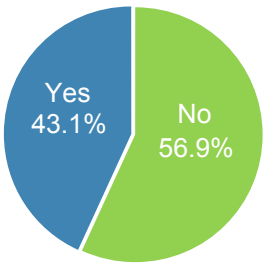
Data Highlight: Age and Unintended Pregnancy

Almost all mothers under age 20 (91%) said that they were not trying to get pregnant when they conceived.

Reasons for not using contraception among women who were not trying to get pregnant

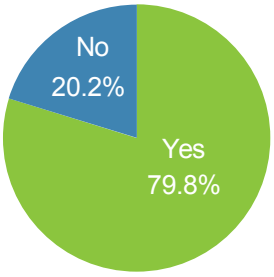


Contraception usage among women not trying to become pregnant

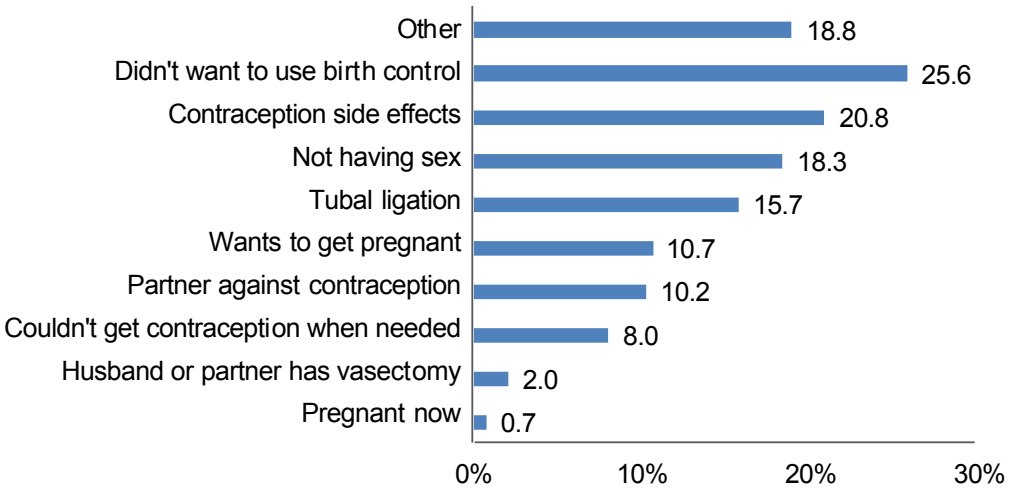


FAMILY PLANNING

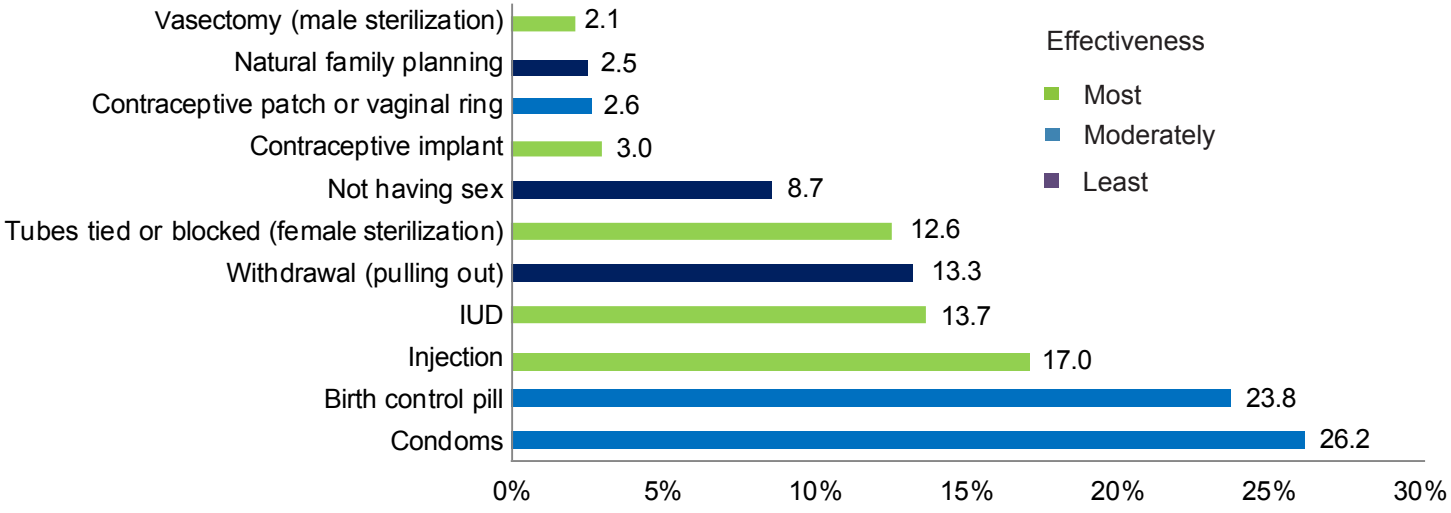
Contraception usage among post-partum women



Reasons for not using contraception among post-partum women



Types and effectiveness* of contraception used by post-partum women



*For each method of birth control, effectiveness with typical use can be found at https://www.cdc.gov/reproductivehealth/contraception/

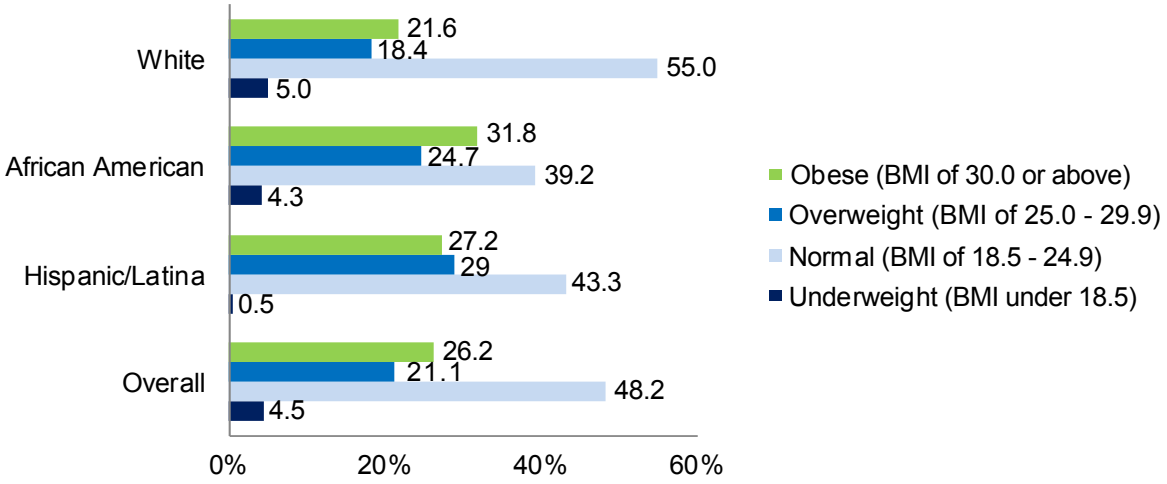
IMPLICATIONS

Louisiana PRAMS data highlights opportunities to address unintended pregnancies through outreach, education and provision of high quality clinical services. Data show that 43% of mothers with unintended pregnancies were using some form of contraception when they became pregnant. This suggests that efforts should be made to promote correct and consistent use of contraception, as well as to support education of both women and providers as part of a comprehensive approach to assure contraceptive access, including highly-effective long-acting reversible contraception (LARC). Important opportunities for outreach include youth education, as almost all teen mothers reported that their pregnancies were unintended, as well as women in postpartum period.

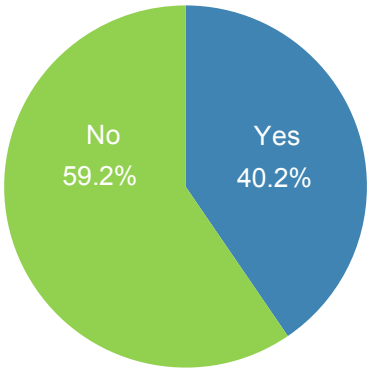
PRECONCEPTION HEALTH

Perinatal Periods of Risk (PPOR) assessments suggest the majority of adverse birth outcomes in Louisiana stem from maternal health status at conception. Louisiana ranks 46th for physical inactivity and 45th for both diabetes and obesity according to AmericasHealthRankings.org. Poor preconception health, inadequate birth spacing, and lack of inter-conception care, particularly for women who have had a prior adverse birth outcome, are key drivers of low birth weight (LBW), preterm birth (PTB), and infant mortality (IM).

Body Mass Index (BMI) by race



Exercising 3 or more days a week prior to pregnancy



Data Highlight: Healthy People Goal

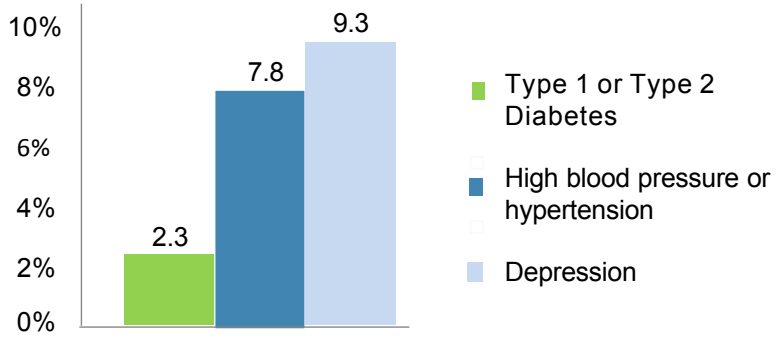
Rates of preconception obesity were highest among African American women (32%) compared to White women (22%). Louisiana's rate of women with a normal BMI (48.2%) is below the target (53.4%) set by Healthy People 2020, indicating that there must be a more aggressive effort to meet this goal.

> *I gave birth to a very healthy baby boy. I took care of myself before, during, and after my pregnancy.*

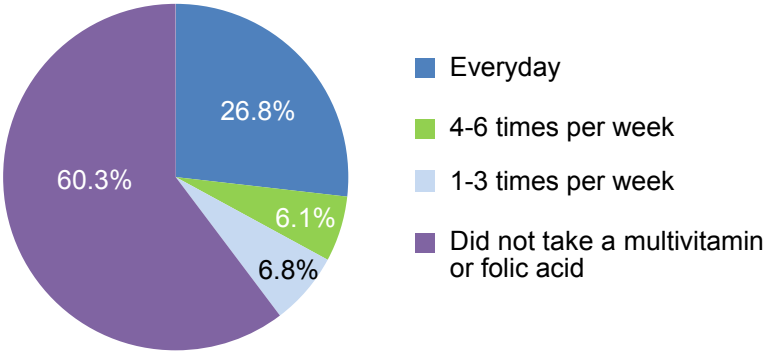
PRECONCEPTION HEALTH

> *There should be a checklist doctors use to screen patients of childbearing age to ensure they are in the best physical and medical condition they can be in before they get pregnant. I didn't know some things were important to take care of until I was already pregnant.*

Prevalence of selected health conditions prior to pregnancy



Vitamin use prior to pregnancy



Data Highlight: Healthy People Goal

The proportion of women who took daily multivitamins or folic acid in the month prior to pregnancy is on target with the Healthy People 2020 goal of 26.2%.

IMPLICATIONS

Maternal and Child Health programs may benefit from supporting health and wellness programming aimed at improving women's overall health and preventing chronic disease in order to improve preconception health and birth outcomes. It is especially important to support efforts to improve women's health in general, as over half of pregnancies in Louisiana are not planned.

PRENATAL CARE

One of the Healthy People 2020 goals is to increase the proportion of pregnant women who receive early prenatal care beginning in the first trimester. Early, regular and adequate prenatal care is one component of comprehensive care that supports improved health outcomes for mothers and infants through the timely assessment of maternal risk behaviors and genetic risk factors, health education and management of chronic and pregnancy associated conditions.

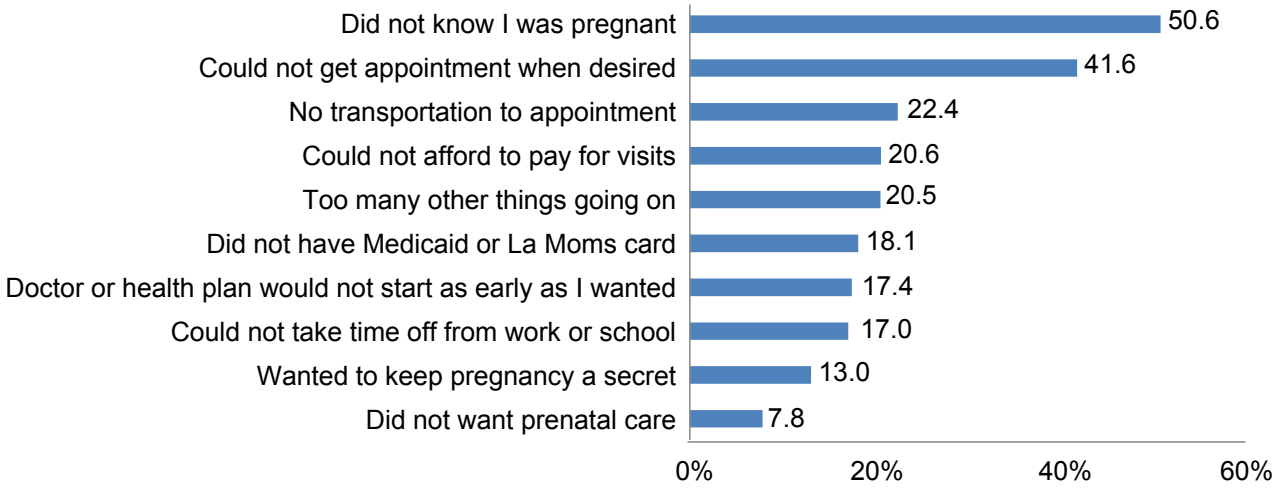
Data Highlight: Healthy People Goal

The majority of Louisiana women (89%) received prenatal care in the first trimester. This exceeds the Healthy People 2020 target of 77.9% of women receiving prenatal care beginning in the first trimester.

Data Highlight: Barriers to Care

Hispanic/Latina women (36.6%) and women on Medicaid (21.9%) are more likely to face barriers to getting prenatal care as early as they wanted it.

Barriers to prenatal care among women who did not receive care as early as desired



Topics covered with providers during prenatal care

Most discussed:

93.5% - Medications that are safe to take during pregnancy
87.0% - Tests to screen for birth defects
84.0% - Signs and symptoms of preterm labor

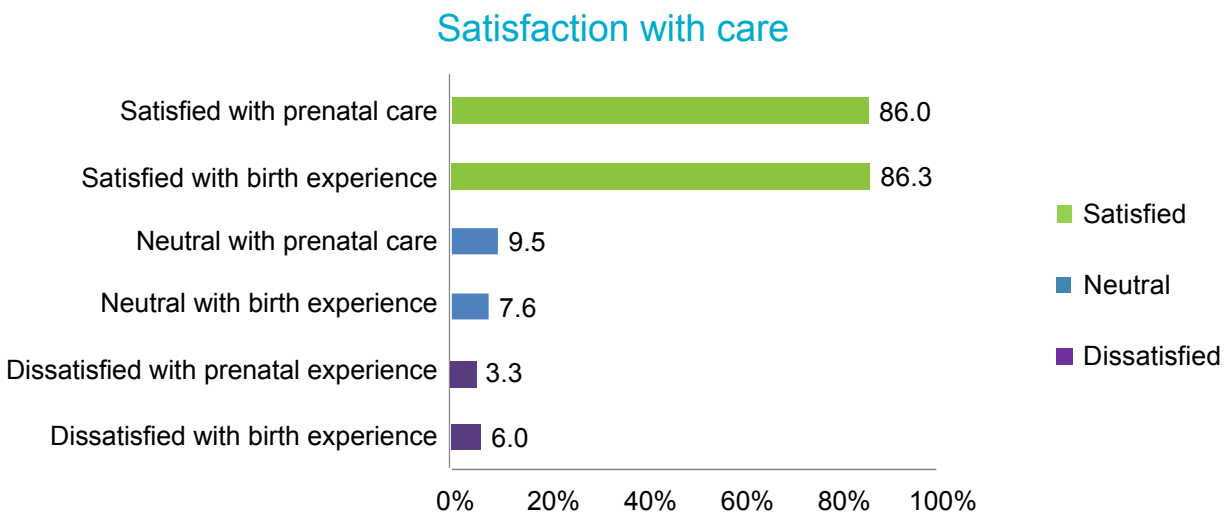
Least discussed:

67.4% - How using illegal drugs could affect my baby
51.0% - Physical spousal or partner abuse to women
50.3% - Using a seat belt during my pregnancy

Data Highlight: Oral Health

Women with insurance (84.4%) were more likely to know the importance of caring for their teeth during pregnancy compared to those without insurance.

PRENATAL CARE



I think the clinic should offer more help to mothers dealing with baby blues.

I would like to see more support for training and licensing more midwives in the state of Louisiana.

Data Highlight: Satisfaction with Care

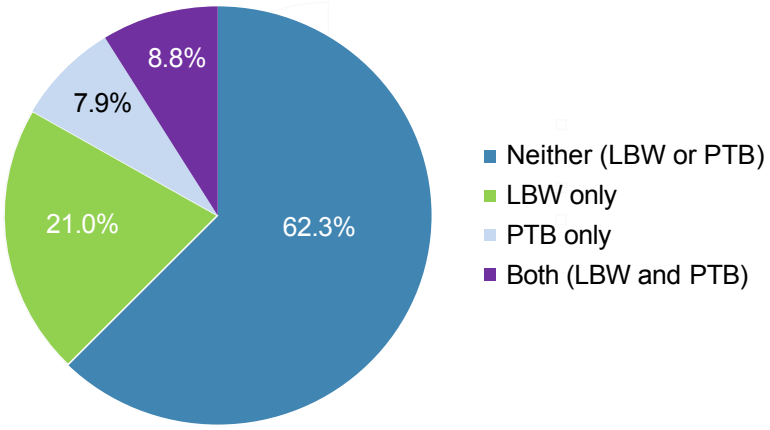
- Women with private insurance were the most satisfied with their prenatal care (70.4%) compared to women with Medicaid.
- Women over 30 years of age were the most satisfied with their birthing experience (67.0%) compared to younger women.
- Women living in an urban areas were the most satisfied with their care (61.2%) compared to women living in rural areas.

PRENATAL RISK FACTORS

A variety of factors can put a woman and her pregnancy at risk for health complications. Prenatal risk factors vary from existing maternal health conditions, to environmental and stress exposures, and risk behaviors such as using alcohol and tobacco during pregnancy. Although not all prenatal risk factors can be eliminated, early, regular and adequate prenatal care is an important part of a comprehensive strategy of care.

Previous live birth outcomes

Women who previously gave birth to low birth weight (LBW) (<2500g / 5.5lbs), and/or preterm (PTB) (<37 weeks gestation) babies, are more likely to do so again. The chart to the right shows the percentage of Louisiana PRAMS moms who gave birth to a preterm or low birth weight baby.



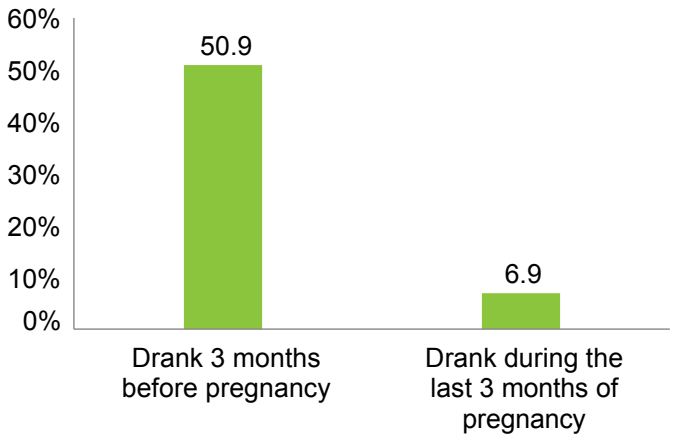
Gestational diabetes

Nearly 1 in 5 women (19%) were diagnosed with gestational diabetes during their pregnancy. This is over twice the national estimate of 8.7% women who are diagnosed with diabetes during their pregnancy.

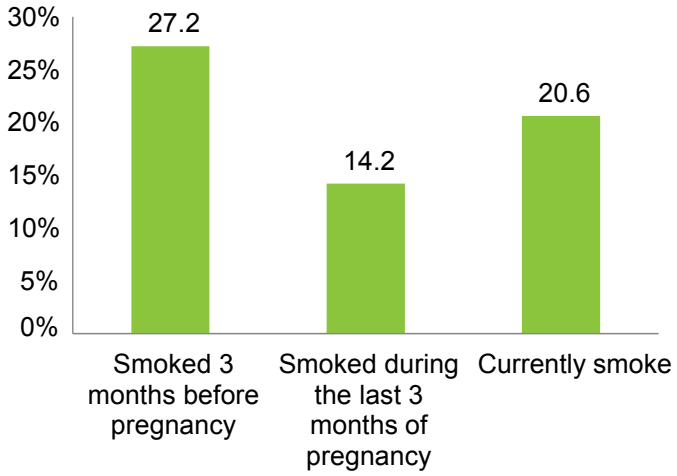
Human Immunodeficiency Virus (HIV)

More than 3 out of 4 women (77%) were tested for HIV (the virus that causes AIDS) during their pregnancy

Maternal alcohol use



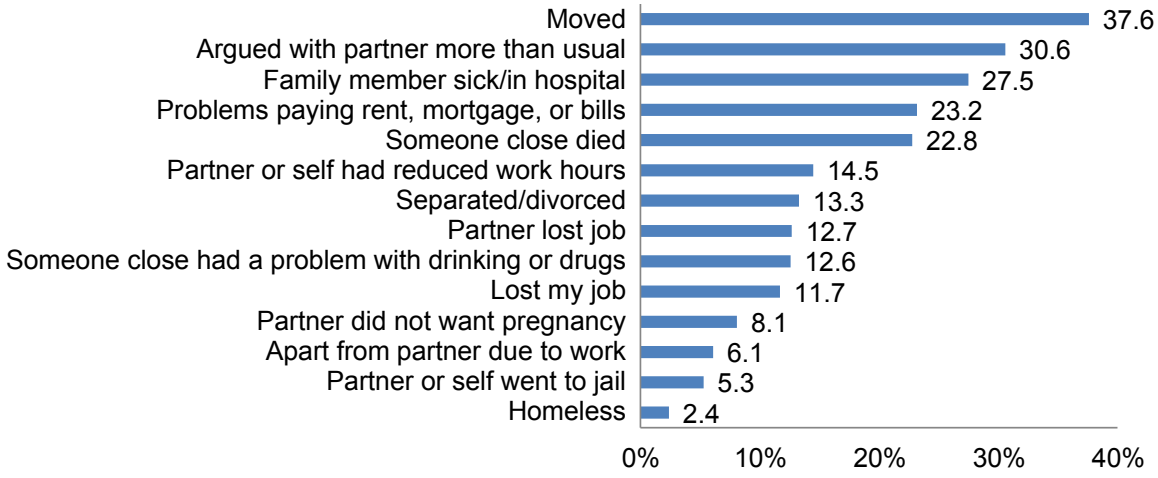
Maternal tobacco use



PRENATAL RISK FACTORS

Maternal stressors experienced during year before baby was born

80% of women experienced at least one stressor during the year before they gave birth. More than one third of women (38%) experienced 3 or more stressors.



Experiences of discrimination

Racial discrimination is a lifetime chronic stressor and experiencing discrimination places women at risk for having adverse birth outcomes. Almost one third of African American women reported experiencing discrimination based on their race compared to 17.7% of Hispanic/Latina women, 15.4% of women of other races, and 10% of White women.

1 in 3 African American women experienced discrimination before becoming pregnant.

1 in 5 Hispanic/Latina women experienced discrimination before becoming pregnant.

1 in 10 White women experienced discrimination before becoming pregnant.

Maternal experience of violence

- 4% of women reported experiencing physical abuse (pushing, hitting, slapping, kicking, choking, or physically hurting) by a husband or partner in the 12 months before they were pregnant.
- 3% of women reported experiencing physical abuse during pregnancy.

IMPLICATIONS

Louisiana PRAMS data illustrate the severity and frequency of prenatal risk factors experienced by women in the state. The Bureau of Family Health will continue to investigate the intersection and compounding effects of stress, discrimination and risk behaviors in an effort to develop and support initiatives to bolster the health of women and families across the life course.

BREASTFEEDING

Breast milk provides nutrients, vitamins and minerals a baby needs for growth, and carries antibodies from the mother that help combat disease. Breastfeeding lowers a baby's risk of having asthma or allergies, ear infections, respiratory illnesses, and bouts of diarrhea. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of a baby's life.

Breastfeeding initiation

Breastfeeding initiation increased from 46.1% in 2000 to 66.0% in 2012. However, this is well below the Healthy People target goal of 81.9% of infants ever breastfed. Breastfeeding was most common among women who were White, who had at least some college education, who were between 20-29 years old and who were married.

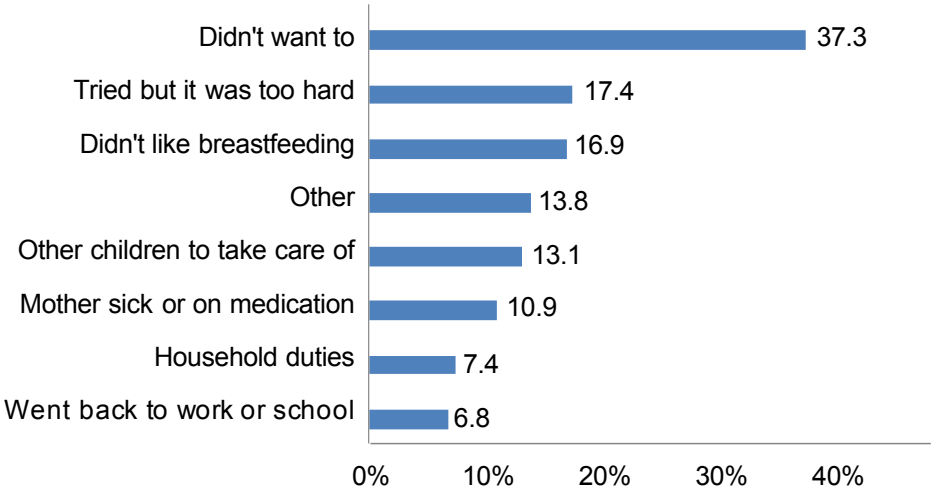
2 of 3 women fed their new baby breastmilk

Breastfeeding duration

1 in 3 women who ever breastfed continued for 4 weeks or less.

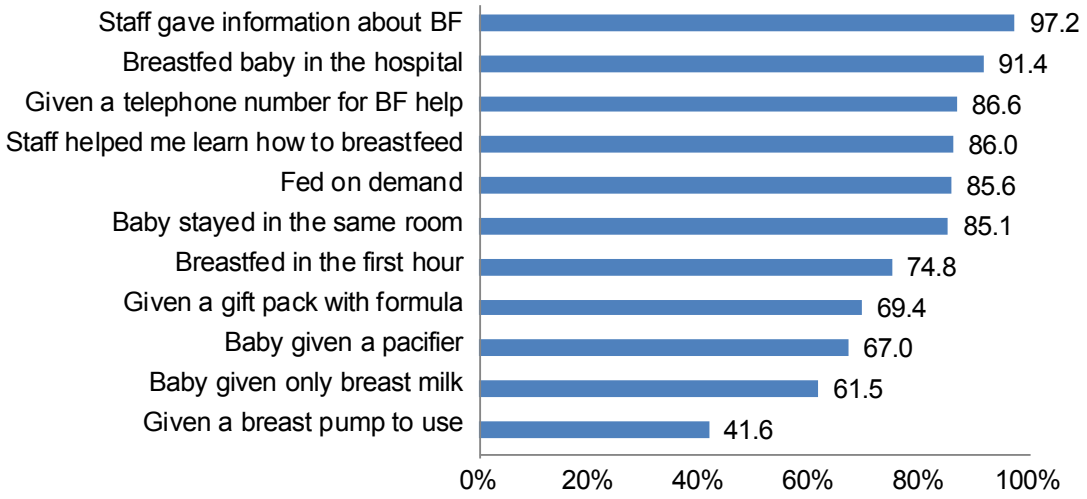
1 in 10 women who ever breastfed continued for less than one week.

Barriers to breastfeeding



BREASTFEEDING

Hospital breastfeeding (BF) practices among women who ever breastfed



> *I am shocked at how few mothers breastfeed and how the hospital, knowing I was a breastfeeding mother, sent me home with an entire grocery bag full of formula.*

> *I think all babies would be healthier if they were breastfed.*

IMPLICATIONS

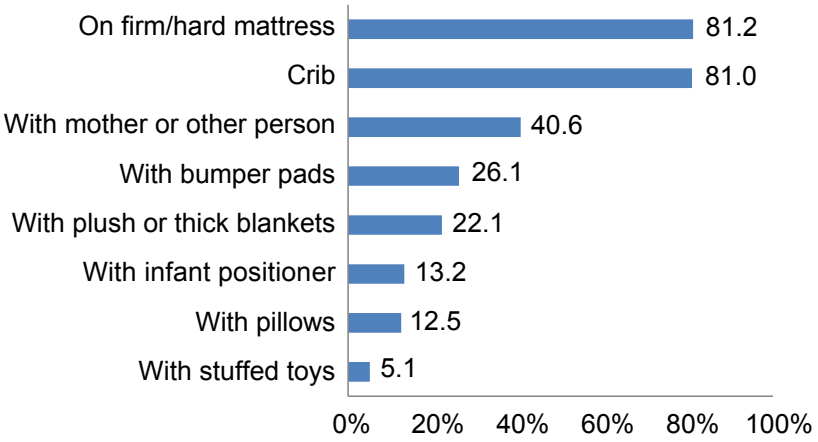
Breast milk is widely accepted as the best form of nutrition for infants. Louisiana's initiation rates fall short of the Healthy People 2020 goal of 82%. Many mothers shared their thoughts around breastfeeding through survey comments. Breastfeeding initiation and continuation rates may improve with increased lactation support throughout the post-partum period and the promotion of breastfeeding friendly work environments and expanded maternity leave policies.

INFANT SLEEPING ENVIRONMENT

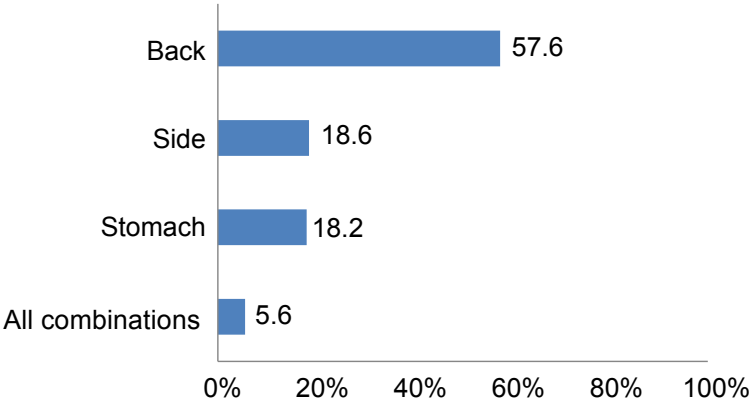
Safe sleeping practices can reduce the risk of infant death due to accidental suffocation and strangulation in bed (ASSB). The AAP guidelines for infant sleep, which stipulate placing infants on their backs, has reduced the number of deaths previously categorized as Sudden Infant Death Syndrome (SIDS).

Sleep environment

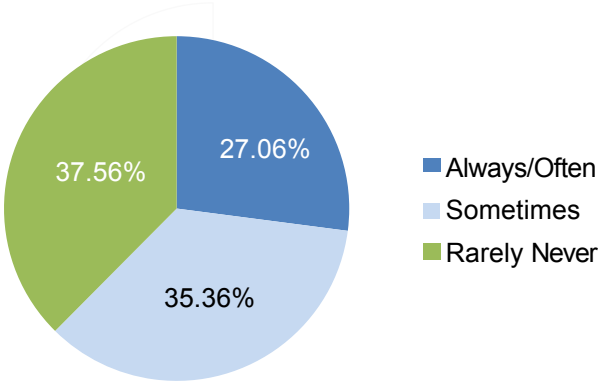
The majority of women (80%) reported that their infant slept on a firm surface and in a crib. However, more than 73% of women reported keeping soft objects and loose bedding in the crib – including wedges and positioners – which is not recommended by the American Academy of Pediatrics.



Common sleep positions



Frequency of infant bed sharing



Data Highlight: Bed Sharing

There are significant racial/ethnic differences in a mother's decision to share a bed with her baby. African American mothers more frequently report that the baby always or often sleeps in the same bed with them or someone else compared to mothers of other races/ethnicities.

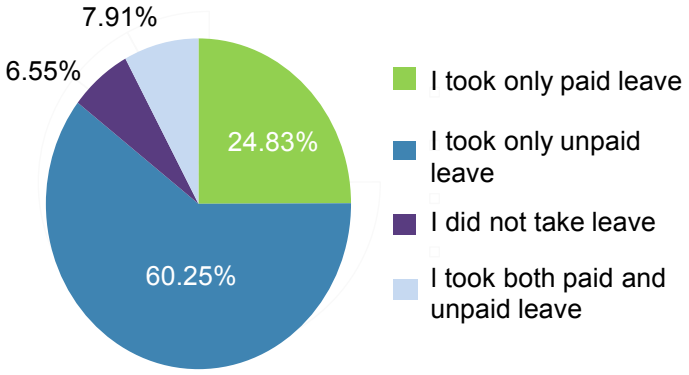
IMPLICATIONS

Safe sleep practices are one element to reducing the risk of infant death. It is important to understand the characteristics of mothers using unsafe sleep practices, as well as safe sleep barriers that families might be facing. With this understanding, health care providers and pediatricians can design appropriate outreach to ensure a safer infant sleeping environment.

MATERNITY LEAVE

Maternity leave gives mothers and babies increased opportunity to bond compared to mothers who do not take leave. Studies show that babies who have more bonding time with their mothers during their first 6 months of life tend to be more secure and confident as they grow up. Longer maternity leave is associated with increased breastfeeding duration and improved maternal mental health and child development.

Use of paid and unpaid leave



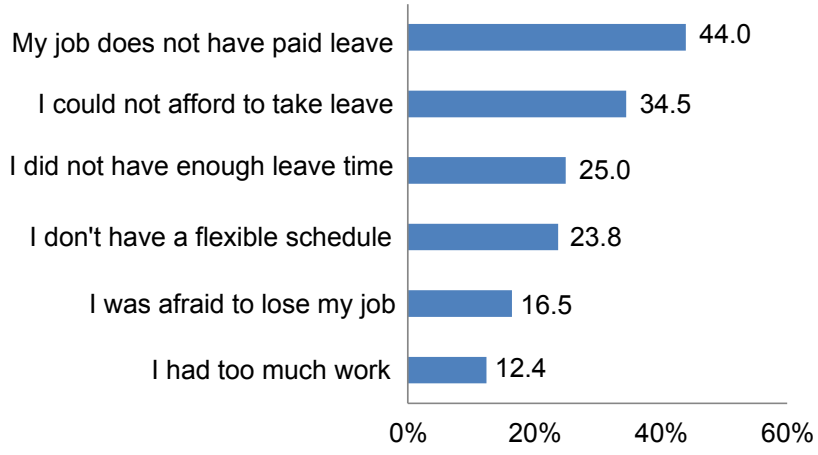
Data Highlight: Factors Affecting Leave Type

There was a significant difference in the type of maternity leave women took based on their participation in a WIC program, their pre-pregnancy insurance and marital status. Women on WIC and those not married were more likely to take unpaid leave. Women with private insurance were more likely to have paid leave.

> *I think working women should have more paid time off. With all the time you have to take for appointments … it's a shame you only get a percentage of your pay and only a few weeks off. You don't have enough time to enjoy and raise your baby.*

> *I stopped breastfeeding after 5 weeks because the stress of returning to work so soon affected my milk supply … if more time off was given to new moms, there may be more mothers who would breastfeed their babies for a longer period of time. 6 weeks is not long enough to adjust to a new baby and breastfeeding.*

Factors affecting leave decisions



OUR MOMS APPRECIATE LOUISIANA PRAMS

Thanks! Hope this helps with more safe and less stressful pregnancies!!!

Thank you for your work on behalf of women, babies and the families who love them.

I enjoyed taking this survey. It was interesting questions and I think expectant mothers should always put their babies first.

I enjoyed filling this out. Thanks for trying to find out answers to real women's lives and experiences.

Thank you for giving me the chance to help you make this more helpful to the future moms.

I think this is an excellent survey.

LOUISIANA
PRAMS

METHODOLOGY

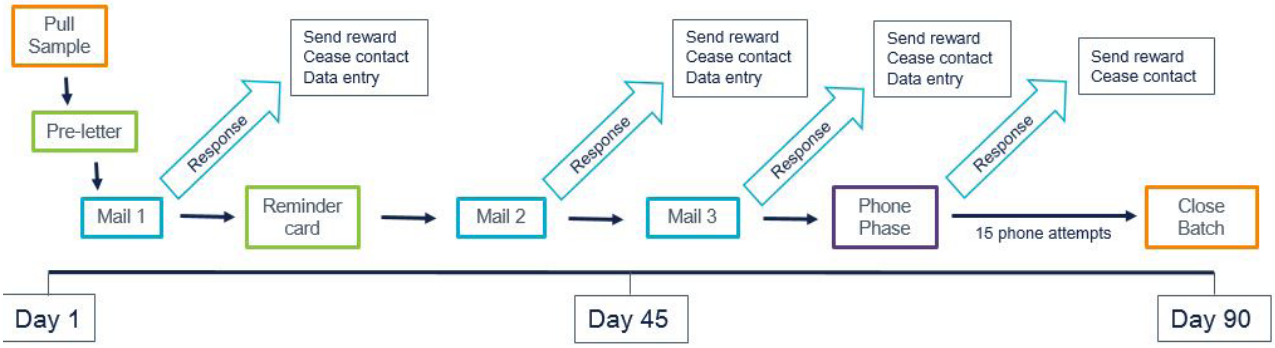
Sampling and Data Collection

Women are selected to participate in PRAMS from Louisiana's Vital Records birth certificate files. To participate in Louisiana PRAMS, mothers must be Louisiana residents who gave birth to a live born infant in Louisiana. Each month, a stratified, random sample of approximately 200 live births are selected. The sample is stratified by birth weight and maternal race in the following arrangement:

African American – Normal Birth weight (>2500 grams)
African American – Low Birth weight (<2500 grams)
Non-African American – Normal Birth weight (>2500 grams)
Non-African American – Low Birth weight (<2500 grams)

Additionally, an oversample of African American mothers in Orleans Parish was implemented in 2012 as part of Louisiana's participation in the W.K. Kellogg Foundation's partnership with CDC PRAMS to explore the potential effects of racial discrimination experiences on pregnancy and birth outcomes. Each monthly sample follows a 90-day cycle of scheduled contact attempts, including a mailed questionnaire with multiple follow ups and an attempted phone interview for all non-respondents as outlined in the timeline below. The mail questionnaire is sent to all mothers two to six months after delivery in English with an informational page in Spanish, directing mothers who prefer to answer the questions in Spanish to call the PRAMS office to speak to the Spanish speaking telephone Interviewer.

PRAMS Process and Timeline



METHODOLOGY

More information on PRAMS methodology, including data weighting procedures, may be found on the CDC website at www.cdc.gov/prams/methodology.

Data Analysis and Dissemination

Each year, a state analysis plan is developed by Louisiana PRAMS. This plan is based on the Healthy People 2020 goals and objectives related to maternal and child health; the program priorities and analytic needs of the Bureau of Family Health (BFH); and the interests of the Louisiana PRAMS Steering Committee, which is comprised of internal BFH staff and external stakeholders who have an interest in maternal and child health and using PRAMS data. This plan is ultimately approved jointly by the BFH Management Team and Louisiana PRAMS Analytic Working Group. Additional analyses occur in response to data requests made by BFH staff and external partners. Data dissemination occurs on a statewide and national basis. Current dissemination activities include presentations at national meetings, data to action fact sheets and peer-reviewed articles written in scientific publications. This Louisiana PRAMS Surveillance Report is the project's regular publication and presents the results of data collection for the most-recently available year of data.

Louisiana PRAMS Response Rates

It is important to remember that while Louisiana PRAMS samples potential respondents and data are weighted to be reflective of all Louisiana moms delivering a live born infant, the CDC recommends a response rate of at least 65 percent for data to be considered representative of the population. Louisiana's 2012 weighted response rate was 52 percent. Because Louisiana did not meet the recommended minimum threshold of 65 percent, data should be interpreted with caution. It is recommended that data be used as a guideline for program activities, understanding that the data represent estimates of population behavior and experiences.

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Most importantly, we would like to thank the women who shared their experiences so we could better understand the circumstances impacting the health of mothers and infants in Louisiana.

APPENDIX A: SUBGROUP ANALYSES

FAMILY PLANNING

Q14: Pregnancy Intention
"When you got pregnant with your new baby, were you trying to get pregnant?"

	% Not Trying	95% CI		% Trying	95% CI	
Total	61.8	57.5,	66.0	38.2	34.0,	42.5
Race/Ethnicity						
White	55.5	48.7,	62.3	44.5	37.7,	51.3
African American	75.0	71.0,	78.9	25.1	21.1,	29.0
Hispanic/Latina	45.9	24.0,	67.8	54.1	32.2,	76.0
Other	31.7	3.1,	60.2	68.3	39.8,	96.9
Age						
< 20 years	91.0	83.0,	99.0	9.0	1.0,	17.0
20-29 years	62.7	57.3,	68.1	37.3	31.9,	42.7
30+ years	49.4	40.9,	57.8	50.6	59.1,	33.8
Education						
< High school	70.2	60.8,	79.7	29.8	20.3,	39.2
High school	67.5	59.9,	75.1	32.5	24.9,	40.1
> High school	54.9	48.7,	61.0	45.1	39.0,	51.3
Marital status						
Married	33.7	28.4,	38.9	62.9	56.0,	69.8
Other	66.3	61.1,	71.6	37.1	30.2,	44.0
Insurance type (before pregnancy)						
Medicaid	76.6	70.5,	82.7	23.4	17.3,	29.5
Private	49.3	42.1,	56.5	50.7	43.5,	57.9
None	62.6	53.9,	71.3	37.4	28.7,	46.1
Place of residence						
Urban	61.6	56.7,	66.5	38.4	33.4,	43.4
Rural	62.2	54.1,	70.4	37.8	30.0,	45.9
Birth weight						
LBW	61.8	57.0,	66.6	38.2	33.4,	43.0
NBW	61.8	57.1,	66.5	38.2	33.5,	42.9

FAMILY PLANNING

Q16: Contraception use among women not trying to get pregnant
"When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?"

	% Using Contraception	95% CI	
Total	43.1	37.8,	48.4
Race/Ethnicity			
White	39.3	30.2,	48.4
African American	47.4	42.1,	52.7
Hispanic/Latina	40.3	8.2,	72.5
Other	47.1	0.0,	99.9
Age			
< 20 years	39.5	25.7,	53.4
20-29 years	46.5	39.9,	53.1
30+ years	34.3	23.2,	45.4
Education			
< High school	41.8	30.9,	52.6
High school	39.2	30.2,	48.2
> High school	46.8	38.7,	54.8
Marital status			
Married	39.7	29.6,	49.8
Other	44.9	38.9,	50.9
Insurance type (before pregnancy)			
Medicaid	46.0	37.9,	54.1
Private	43.7	33.6,	53.9
None	39.8	30.0,	49.7
Place of residence			
Urban	44.7	38.6,	50.9
Rural	39.2	29.1,	49.5
Birth weight			
LBW	44.9	38.4,	51.4
NBW	42.9	37.1,	48.7

PRECONCEPTION HEALTH

Q5: Outcomes of Previous Pregnancies
"Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?"

	% Prior LBW	95% CI	
Total	29.8	25.2,	34.5
Race/Ethnicity			
White	22.4	14.9,	29.7
African American	43.6	37.8,	49.4
Hispanic/Latina	18.3	1.8,	34.9
Other	19.0	0.0,	47.0
Age			
< 20 years	41.9	32.2,	83.9
20-29 years	31.5	25.3,	37.7
30+ years	25.2	17.9,	32.5
Education			
<High School	40.4	28.6,	52.2
High school	30.4	22.3,	38.4
> High school	25.2	18.5,	31.9
Marital status			
Married	21.9	15.3,	28.6
Other	38.6	31.9,	45.2
Insurance type (before pregnancy)			
Medicaid	39.0	52.8,	69.2
Private	21.3	14.2,	28.4
None	29.7	19.3,	40.0
Place of residence			
Urban	32.0	26.3,	37.6
Rural	25.1	16.6,	33.6
Birth weight			
LBW	44.7	38.0,	51.5
NBW	28.4	23.3,	33.5

PRECONCEPTION HEALTH

Q9: Frequency of vitamin usage pre-pregnancy
"During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin or a folic acid vitamin?"

	% Did not take vitamin	95% CI		% 1-3 times per week	95% CI		% 4-6 times per week	95% CI		% Everyday	95% CI	
Total	60.3	56.0,	64.5	6.8	4.7,	9.0	6.1	4.0,	8.2	26.8	22.9,	30.6
Race/Ethnicity												
White	57.7	51.0,	64.4	6.2	2.9,	9.4	6.7	3.3,	10.1	29.5	23.3,	35.6
African American	66.8	62.5,	71.2	6.9	4.6,	9.3	5.2	3.2,	7.2	21.0	17.3,	24.8
Hispanic	43.7	21.9,	65.6	10.9	0.0,	24.2	4.7	0.0,	13.7	40.7	19.2,	62.2
Other	54.1	21.7,	86.4	11.9	0.0,	33.8	11.9	0.0,	33.8	22.1	0.0,	49.3
Age												
< 20 years	75.6	64.0,	87.3	3.0	0.0,	6.5	4.1	0.0,	10.3	17.3	7.1,	27.4
20-29 years	66.0	60.8,	71.1	5.5	3.1,	7.8	5.1	2.7,	7.4	23.5	18.8,	28.1
30+ years	40.3	32.3,	48.5	11.6	5.9,	17.4	9.6	4.5,	14.6	38.4	30.1,	46.7
Education												
< High school	69.5	60.1,	78.8	3.6	0.0,	7.3	2.8	0.0,	6.4	24.2	15.5,	32.9
High school	73.4	66.7,	80.0	6.9	2.9,	10.9	3.2	0.8,	5.7	16.5	11.1,	21.9
> High school	48.3	42.2,	54.4	8.0	4.8,	11.3	9.3	5.6,	12.9	34.3	28.4,	40.3
Marital status												
Married	53.3	46.3,	60.2	6.5	3.3,	9.7	7.2	3.7,	10.7	33.0	26.5,	39.6
Other	66.0	60.8,	71.2	7.1	4.1,	10.0	5.3	2.7,	7.8	21.6	17.1,	26.2
Insurance status												
Medicaid Private	68.7	62.1,	75.3	5.2	2.2,	8.1	5.0	2.0,	7.9	21.2	15.3,	27.1
None	47.0	39.9,	54.2	7.3	3.7,	10.9	8.6	4.5,	12.7	37.1	30.2,	44.0
	69.6	61.5,	77.7	8.6	3.5,	13.7	4.4	1.0,	7.8	17.4	10.6,	24.2
Place of residence Urban												
Rural												
	59.5	54.5,	64.5	6.0	3.8,	8.2	6.5	4.0,	9.0	27.9	23.3,	32.6
	62.0	53.9,	70.1	8.7	3.7,	13.7	5.3	1.4,	9.2	24.0	16.9,	31.0
Birth weight												
LBW	65.6	60.9,	70.3	6.5	4.0,	9.0	4.5	2.4,	6.7	23.4	19.3,	27.5
NBW	59.7	55.0,	64.4	6.9	4.5,	9.3	6.3	4.0,	8.6	27.1	22.8,	31.4

PRENATAL CARE

Q19: Initiation of Prenatal Care
"How many weeks or months pregnant were you when you had your first visit for prenatal care?"*

	% Initiated in first trimester	95% CI		% Initiated after first trimester	95% CI	
Total	88.6	86.0,	91.2	10.2	7.7,	12.6
Race/Ethnicity						
White	91.1	87.1,	95.0	7.0	35,	10.5
African American	85.1	81.9,	88.3	14.4	11.3,	17.6
Hispanic	87.6	73.5,	100.0	11.9	0.0,	26.0
Other	88.8	69.3,	100.0	11.2	0.0,	30.7
Age						
< 20 years	74.3	62.8,	85.9	24.9	13.5,	36.4
20-29 years	89.1	85.7,	92.4	9.7	6.6,	12.8
30+ years	92.0	87.8,	96.1	6.7	3.2,	10.1
Education						
< High school	84.2	77.9,	90.5	15.3	9.0,	21.5
High school	84.9	79.3,	90.6	11.7	7.0,	16.4
> High school	92.6	89.6,	95.7	7.3	4.2,	10.3
Marital status						
Married	94.6	91.5,	97.7	4.7	1.9,	7.4
Other	83.7	79.7,	87.7	14.7	11.0,	18.4
Insurance status						
Medicaid	80.9	75.4,	86.5	18.5	13.0,	24.1
Private	93.6	89.9,	97.4	5.5	2.1,	8.9
None	88.6	83.4,	93.9	8.6	4.5,	12.7
Place of residence						
Urban	89.3	86.4,	92.2	10.0	7.2,	12.7
Rural	87.0	81.3,	92.7	10.6	5.6,	15.5
Birth weight						
LBW	83.4	79.7,	87.2	14.2	10.6,	17.7
NBW	89.2	86.3,	92.1	9.7	7.1,	12.4

* The table above does not include the breakdown of women who reported not receiving any prenatal care.

PRENATAL CARE

Q 20: Satisfaction with Timing of Prenatal Care
"Did you get prenatal care as early in your pregnancy as you wanted?"

	% Did not get care as early as desired	95% CI		% Did get care as early as wanted	95% CI	
Total	15.3	12.2,	18.4	84.7	81.6,	87.8
Race/Ethnicity						
White	12.7	8.1,	17.3	87.3	82.7,	91.9
African American	15.1	11.9,	18.3	84.9	81.7,	88.1
Hispanic	36.7	15.6,	57.7	63.3	42.3,	84.4
Other	28.2	1.9,	54.6	71.8	45.4,	98.1
Age						
< 20 years	26.0	13.2,	38.9	74.0	61.1,	86.8
20-29 years	14.7	10.8,	18.7	85.3	81.3,	89.2
30+ years	13.2	7.9,	18.6	86.8	81.4,	92.1
Education						
< High school	12.7	6.3,	19.2	87.3	80.8,	93.7
High school	17.4	11.3,	23.5	82.6	76.5,	88.7
> High school	15.0	10.7,	19.3	85.0	80.7,	89.3
Marital status						
Married	11.6	7.0,	16.2	88.4	83.8,	93.0
Other	18.4	14.1,	22.6	81.6	85.9,	77.4
Insurance status						
Medicaid	21.9	15.6,	28.2	78.1	71.8,	84.4
Private	9.4	5.1,	13.7	90.6	86.3,	94.9
None	15.8	9.7,	21.9	84.2	78.1,	90.3
Place of residence						
Urban	14.7	11.1,	18.2	85.3	81.8,	88.9
Rural	16.8	10.4,	23.2	83.2	76.8,	89.6
Birth weight						
LBW	16.8	13.1,	20.5	83.2	79.5,	86.9
NBW	15.1	11.7,	18.6	16.8	13.1,	20.5

PRENATAL CARE

Q 30: Knowledge of the importance of care for teeth/gums during pregnancy
"Tell us about the care of your teeth/gums during pregnancy?"

	% No	95% CI		% Yes	95% CI	
Total	10.6	7.9,	13.1	89.4	86.8,	92.0
Race/ethnicity						
White	7.5	3.8,	11.2	92.5	88.8,	96.2
African American	13.5	10.3,	16.7	86.5	83.3,	89.7
Hispanic	19.2	1.9,	36.5	80.8	63.5,	98.7
Other	14.3	0.0,	34.1	85.7	65.9,	100.0
Age						
< 20 years	11.4	2.5,	20.4	88.6	79.6,	97.5
20-29 years	11.0	7.7,	14.3	89.0	85.7,	92.3
30+ years	9.2	4.6,	13.7	90.8	86.3,	95.4
Education						
< High school	15.5	8.7,	22.3	84.5	77.7,	91.3
High school	11.0	6.2,	15.9	89.0	84.1,	93.8
> High school	8.4	5.1,	11.7	88.3	94.9,	50.3
Marital status						
Married	6.5	3.0,	10.1	93.5	90.0,	97.0
Not married	13.9	10.2,	17.6	86.1	82.4,	89.8
Insurance status						
Medicaid	14.7	9.6,	19.9	85.3	80.1,	90.4
Private	5.6	2.5,	8.7	94.4	91.3,	97.5
None	13.5	7.5,	19.5	86.5	80.5,	92.5
Place of residence						
Urban	11.1	8.1,	14.2	88.9	85.9,	91.9
Rural	9.3	4.5,	14.2	90.7	85.8,	95.5
Birth weight						
LBW	9.9	6.9,	12.8	90.1	87.2,	93.0
NBW	10.7	7.8,	13.5	89.3	86.5,	92.2

PRENATAL RISK FACTORS

Q26: HIV Testing
"At any time during your most recent pregnancy or delivery, did you have a test for HIV?"

	% Received HIV test	95% CI		% Did not receive HIV test	95% CI	
Total	77.0	72.9,	81.1	23.0	18.9,	27.1
Race/Ethnicity						
White	68.5	91.1,	75.9	31.5	24.1,	38.9
African American	85.7	82.4,	89.1	14.3	10.9,	17.6
Hispanic/Latina	90.4	79.1,	100.0	9.6	0.0,	20.9
Other	65.5	31.9,	99.0	34.6	1.0,	68.0
Age						
< 20 years	75.3	62.5,	88.1	24.7	11.9,	37.5
20-29 years	76.4	71.1,	81.7	23.6	18.3,	28.9
30+ years	78.9	71.5,	86.4	21.1	13.6,	28.5
Education						
< High school	76.1	66.7,	85.6	23.9	14.4,	33.4
High school	78.1	70.8,	85.4	21.9	14.6,	29.3
>High school	76.6	70.6,	82.5	23.4	17.5,	48.4
Marital status						
Married	68.8	61.1,	76.4	31.2	23.6,	38.9
Other	82.5	77.9,	87.1	17.5	12.9,	22.1
Insurance type (before pregnancy)						
Medicaid	80.7	74.2,	87.2	19.3	12.8,	25.8
Private	72.7	65.2,	80.2	27.3	19.8,	34.8
None	78.9	70.9,	86.9	21.1	13.1,	29.1
Place of residence						
Urban	78.1	73.4,	82.8	21.9	17.2,	26.6
Rural	74.3	65.7,	82.9	25.7	17.2,	34.3
Birth weight						
LBW	78.1	73.8,	82.4	21.9	17.6,	26.2
NBW	76.9	72.3,	81.5	23.1	18.5,	27.7

PRENATAL RISK FACTORS

Q35: Gestational Diabetes Diagnosis
"During your most recent pregnancy or delivery, were you told by a doctor, a nurse, or other health care worker that you had gestational diabetes?"

	% Diagnosed with gestational diabetes	95% CI		% Not diagnosed with gestational diabetes	95% CI	
Total	10.9	8.2,	13.5	89.1	86.5,	97.8
Race/Ethnicity						
White	11.1	5.1,	12.8	91.1	87.2,	94.9
African American	8.9	8.2,	14.0	88.9	86.0,	91.8
Hispanic/Latina	5.9	0.0,	15.2	94.1	84.8,	100.0
Other	62.2	32.8,	91.7	37.8	8.4,	67.2
Age						
<20 years	8.7	0.6,	16.8	91.3	83.2,	99.4
20-29 years	10.2	6.9,	13.5	89.8	86.5,	93.1
30+ years	13.3	8.0,	18.7	86.7	81.3,	92.0
Education						
< High school	7.9	3.7,	12.1	92.1	87.9,	96.3
High school	11.7	6.7,	16.7	88.3	83.3,	93.3
> High school	11.5	7.5,	15.4	88.6	84.6,	92.5
Marital status						
Married	9.5	5.5,	13.4	90.6	86.6,	94.5
Other	12.0	8.4,	15.6	88.0	84.4,	91.6
Insurance type (before pregnancy)						
Medicaid	13.7	8.6,	18.8	86.3	81.2,	91.4
Private	9.7	5.5,	13.9	90.3	86.2,	94.5
None	9.8	4.6,	15.0	90.2	85.0,	95.4
Place of residence						
Urban	10.2	7.2,	13.2	89.8	86.8,	92.8
Rural	12.4	6.9,	17.8	87.6	82.2,	93.1
Birth weight						
LBW	12.4	9.1,	15.7	87.6	84.3,	90.9
NBW	10.7	7.8,	13.6	89.3	86.4,	92.3

PRENATAL RISK FACTORS

Q38-40: Tobacco use during and around pregnancy among women who reported using tobacco.
"In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?"
"In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?"
"How many cigarettes do you smoke on an average day now?"

	% Who smoked 3 months prior to pregnancy	95%CI		% Who smoked during last 3 months of pregnancy	95%CI		% Who currently smoke	95%CI	
Total	27.2	23.2	31.2	14.2	11.0,	17.5	20.6	16.9,	24.3
Race/Ethnicity									
White	37.6	30.9	44.2	19.9	14.4,	25.5	27.0	20.9,	33.2
African American	15.7	12.5	18.8	7.1	5.0,	9.3	13.3	10.4,	16.3
Hispanic/Latina	9.5	0.0	21.3	7.1	0.0,	18.5	9.5	0.0,	21.3
Other	15.6	0.0	36	12.6	0.0,	32.4	14.4	0.0,	34.3
Age									
< 20 years	25.3	12.3,	38.2	11.9	1.4,	22.4	22.7	9.7,	35.7
20-29 years	32.1	26.9,	37.4	16.6	12.2,	21.0	24.4	19.4,	29.3
30+ years	15.5	9.5,	21.5	9.0	4.3,	13.7	10.5	5.6,	15.3
Education									
< High school	33.0	23.5,	42.4	19.8	11.7,	27.9	27.5	18.5,	36.5
High school	37.3	29.4,	45.2	19.1	12.3,	25.9	29.6	22.0,	37.2
> High school	18.3	13.4,	23.3	8.9	5.2,	12.7	12.1	8.0,	16.3
Marital status									
Married	22.4	16.2,	28.5	10.5	5.9,	15.2	14.9	9.6,	20.3
Other	31.1	25.9,	36.4	17.3	12.8,	21.8	25.3	20.3,	30.3
Insurance type (before pregnancy)									
Medicaid	25.8	19.3,	32.4	14.7	9.1,	20.3	24.5	17.9,	31.1
Private	20.6	14.4,	26.8	8.5	4.1,	12.9	12.1	7.0,	17.1
None	37.0	29.3,	45.7	23.3	15.5,	31.2	27.7	19.5,	35.9
Place of residence									
Urban	24.5	19.9,	29.1	12.5	8.8,	16.1	17.9	13.8,	22.0
Rural	33.5	25.4,	41.6	18.4	11.6,	25.2	27.1	19.4,	34.8
Birth Weight									
LBW	26.6	22.2,	31.0	18.4	14.7	22.2	26.0	21.6	30.3
NBW	32.5	27.9,	37.0	13.8	10.2	17.4	20.0	16.0	24.1

PRENATAL RISK FACTORS

Q42-44: Alcohol use during and around pregnancy among women who reported drinking alcohol.
“During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?”
"During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?"

	% Of women who drank in the 3 months prior to pregnancy	95% CI		% Of women who drank during the last 3 months of pregnancy	95% CI	
Total	50.9	46.7,	55.2	6.9	4.6,	9.3
Race/Ethnicity						
White	60.6	53.9,	67.2	7.7	4.0,	11.3
African American	37.4	35.0,	43.9	4.4	2.6,	6.2
Hispanic/Latina	40.5	19.2,	62.1	15.4	0.0,	31.5
Other	37.9	9.1,	66.7	10.5	0.0,	30.1
Age						
< 20 years	18.1	8.7,	27.5	5.6	0.0,	11.9
20-29 years	52.2	46.8,	57.6	4.4	2.1,	6.9
30+ years	58.6	50.7,	66.5	13.9	7.6,	20.2
Education						
< High school	27.9	19.1,	36.6	5.4	1.3,	9.5
High school	49.1	41.3,	56.8	5.2	1.4,	9.0
> High school	60.9	55.1,	66.7	8.6	4.9,	12.3
Marital status						
Married	56.6	49.7,	63.5	6.9	3.2,	10.6
Other	46.6	41.0,	51.7	7.0	4.0,	10.0
Insurance type (before pregnancy)						
Medicaid	31.6	25.1,	38.2	4.6	1.9,	7.4
Private	64.6	58.0,	71.3	8.1	4.0,	12.2
None	52.1	43.5,	60.6	5.8	1.5,	10.2
Place of residence						
Urban	51.1	46.2,	56.1	8.0	5.1,	10.9
Rural	50.5	42.2,	58.8	4.5	0.8,	8.2
Birth weight						
LBW	44.9	40.0,	49.9	4.7	2.6,	6.9
NBW	51.6	46.9,	56.3	7.2	4.6,	9.8

PRENATAL RISK FACTORS

Q47-48: Maternal violence
“During the 12 months before you got pregnant with your new baby did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?"
"During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

	% Of mothers who experienced violence prior to pregnancy	95% CI		% Of mothers who experienced violence during pregnancy	95%CI	
Total	4.2	2.5,	6.0	3.5	1.9,	4.9
Race/Ethnicity						
White	4.4	1.6,	7.3	3.2	0.8,	5.6
African American	4.1	2.3,	5.9	4.4	2.6,	6.2
Hispanic	5.0	0.0,	14.0	0.7	0.0,	1.8
Other						
Age						
< 20 years	3.0	0.0,	8.9	0.3	0.0,	0.9
20-29 years	4.9	2.5,	7.3	3.8	1.8,	5.7
30+ years	2.9	0.6,	5.3	3.6	0.7,	6.5
Education						
< High School	5.6	0.6,	10.6	3.4	0.0,	7.0
High School	4.7	1.4,	7.9	4.2	1.4,	7.0
> High School	3.4	1.3,	5.6	3.0	1.0,	5.0
Marital Status						
Married	2.8	0.3,	5.4	1.9	0.0,	3.8
Other	5.4	2.9,	7.8	4.7	2.5,	6.9
Insurance Status						
Medicaid Private	6.9	3.0,	10.7	5.3	2.2,	8.5
None	2.5	0.2,	4.8	3.0	0.5,	5.5
	2.9	0.1,	5.7	2.5	0.3,	4.7
Place of Residence						
Urban						
Rural	3.0	1.4,	4.6	2.4	1.2,	3.7
	7.2	2.7,	11.7	5.9	1.9,	9.9
Birth Weight						
LBW	3.8	1.9,	5.6	4.6	2.6,	6.7
NBW	4.3	2.3,	6.2	3.3	1.7,	5.0

APPENDIX B: RESPONSE RATES

Stratum	% Responding (Unweighted)	% Responding (Weighted)
Low Birth Weight, Black	49.0	49.0
Low Birth Weight, Non Black	58.7	58.7
Normal Birth Weight, Black	50.1	50.1
Normal Birth Weight, Non Black	50.1	50.1
Orleans Parish, Black	60.9	60.9
Other, Black, Low Birth Weight	38.2	38.2
Other, Black, Normal Birth Weight	59.5	59.5
Other, Non Black, Low Birth Weight	60.5	60.5
Other, Non Black, Normal Birth Weight	65.9	65.9
Overall	52.2	51.7

Characteristic	# Sampled	Respondents	% Response (Unweighted)	% Response (Weighted)
Overall	1947	1016	52.2	51.7
Race/Ethnicity				
Non-Hispanic White	630	364	57.8	56.2
Non-Hispanic Black	1171	592	50.6	50.9
Hispanic	82	36	43.9	40.2
Other	64	24	37.5	26.1
Age				
<20	209	99	47.4	47.0
20-29	1208	641	53.1	54.1
30+	530	276	52.1	48.0
Education				
<HS	471	229	48.6	43.5
HS	645	335	51.9	51.6
>HS	828	450	54.3	55.3
Marital Status				
Married	660	359	54.4	52.6
Other	1287	657	51.0	51.0
Previous Births				
No Prev. Live Births	717	389	54.3	54.2
1+ Prev. Live Births	1222	623	51.0	50.6
Hispanic Ethnicity				
Hispanic	82	36	43.9	40.2
Non-Hispanic	1864	980	52.6	52.6