LOUISIANA DEPARTMENT OF HEALTH

LOUISIANA PRAMS
Your voice. Your baby's voice.

LOUISIANA PRAMS SURVEILLANCE REPORT 2013

Louisiana Pregnancy Risk Assessment Monitoring System

Key Findings

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 population-based survey of women who deliver a live-born infant within a given calendar year. Louisiana PRAMS data 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 infants in Louisiana. The 2013 Louisiana PRAMS Surveillance Report, which is a compilation of Louisiana PRAMS results for selected indicators, highlights data for births occurring in 2013.

In 2013, there were 60,505 live births that satisfied the Louisiana PRAMS inclusion criteria, of which 2,860 were sampled. Of this sample, there were 1,590 respondents, resulting in a 58 percent overall weighted response rate. The Louisiana PRAMS 2013 questionnaire is available as a separate file at the Louisiana Department of Health website listed below. Appendix A contains subgroup analyses presented by age, race, maternal education, marital status, infant birth weight, and Medicaid status. More information on sampling design and response rates can be found in the Methodology section on page 4 and in Appendix B.

Louisiana PRAMS is funded by the U.S. Centers for Disease Control and Prevention (CDC) under cooperative endeavor agreement #U01 DP003138-04 and administered by the Louisiana Department of Health (LDH) Office of Public Health (OPH), Bureau of Family Heath (BFH).

More information about PRAMS can be found at cdc.gov/prams/index.htm or under Louisiana PRAMS on the Partners for Healthy Babies website: 1800251baby.org/provider/bureau-of-family-health#louisiana-prams.

Acknowledgements

Special thanks to the following contributors for their collaborative effort on this report:

Project Staff

Amy Zapata, M.P.H.: Title V Director, Principal Investigator

Megan O'Connor, M.P.H.: Louisiana PRAMS Coordinator (2014-2016)

Rosaria Trichilo, M.P.H.: Louisiana PRAMS Coordinator

Ursula Vance: Louisiana PRAMS Data Manager

Shirley Washington: Louisiana PRAMS Program Assistant

Ana Dal Corso: Louisiana PRAMS Program Assistant

Sumrita Bindra, M.P.H.: Data Analyst

Norah Friar, M.P.H.: Data Analyst

Jane Herwehe, M.P.H.: Data Action Team Supervisor

Lyn Kieltyka, Ph.D., M.P.H.: Lead MCH Epidemiologist

Technical Support

PRAMS Team at the Centers for Disease Control and Prevention (CDC)

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Thank you also to the women who shared their experiences so we could better understand the circumstances impacting the health status of mothers and infants in Louisiana.

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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. In 2013, the strata used in sampling were birth weight, race and geographic region in the following arrangement:

Orleans Parish, African American
Other, African American, Low Birth Weight (<2500 grams)
Other, African American, Normal Birth Weight (>2500 grams)
Other, Non-African American, Low Birth Weight (<2500 grams)
Other, Non-African American, Normal Birth Weight (>2500 grams)

African American mothers in Orleans Parish were oversampled, beginning in 2012, as part of Louisiana's participation in the W.K. Kellogg Foundation's partnership with CDC PRAMS.

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 after the failed mail contact attempts. The day after the sample is selected, an introductory letter is mailed followed by the initial questionnaire packet within seven days of the introductory letter. The packet contains the questionnaire, an informed consent sheet, a calendar, a Louisiana PRAMS informational page and a small incentive gift provided for by federal funds. If the questionnaire is not returned, a reminder letter is sent seven to 10 days after the initial questionnaire is mailed, a second questionnaire is mailed approximately 12 days after the reminder letter and a third and final questionnaire is mailed approximately two weeks after the second questionnaire. Telephone follow up is utilized for women who have not responded by mail by day 63 and continues until day 90. Several methods are used to identify phone numbers for women entering the telephone phase, and a maximum 15 attempts are made on each identified phone number before the participant is considered unreachable.

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

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 relating to maternal and child health; the expressed analytic needs of the Louisiana BFH program; and the priorities of the Louisiana PRAMS Steering Committee. The Committee is comprised of internal BFH staff and external stakeholders who have an interest in maternal and child health and using PRAMS data. This analysis plan is ultimately approved jointly by the BFH Management Team and the Louisiana PRAMS Coordinator. Additional analyses occur in response to data requests made by BFH program staff and other researchers. Data dissemination occurs on a statewide and national basis. Current dissemination activities include presentations at national meetings and data to action factsheets.

Louisiana PRAMS Response Rates

While Louisiana PRAMS samples potential respondents and data are weighted to be reflective of all Louisiana moms delivering a live-born singleton, twin or triplet in Louisiana, the CDC recommends a response rate of at least 60 percent for data to be considered representative of the population. Louisiana's 2013 weighted response rate was 58 percent. Because Louisiana did not meet the recommended minimum threshold, 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.

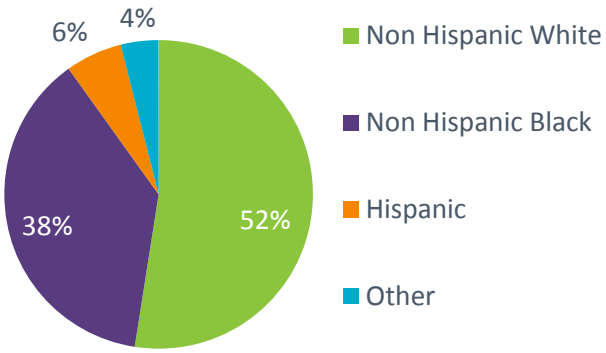
Maternal Demographics

Louisiana differs from many U.S. states in its demographic and socioeconomic profile. In 2013, 38% of all Louisiana resident births were to non Hispanic Black mothers, compared with 16% nationally. In 2013, 47% of births were to moms with a high school degree or lower compared with 39% nationally. Louisiana's consistently low health ranking and persistent racial health disparities indicate the need for consistent assessments of women's health both before and during their pregnancies.

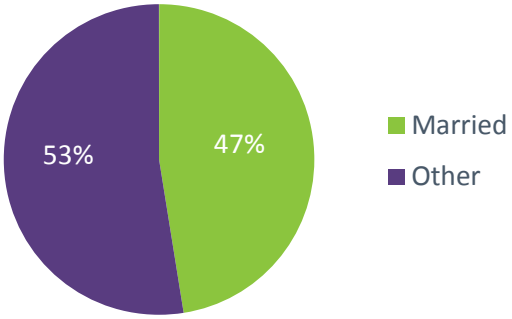
Just over half (54%) of women are WIC participants

The Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low-income pregnant and postpartum women, infants and children up to age five found to be at nutritional risk.

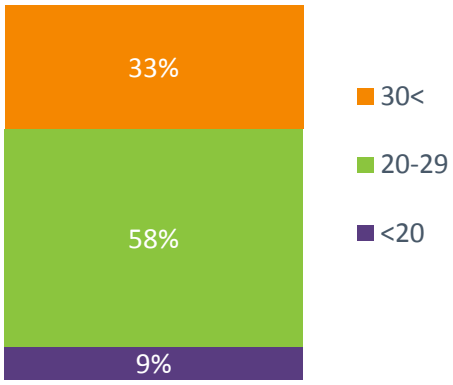
Race



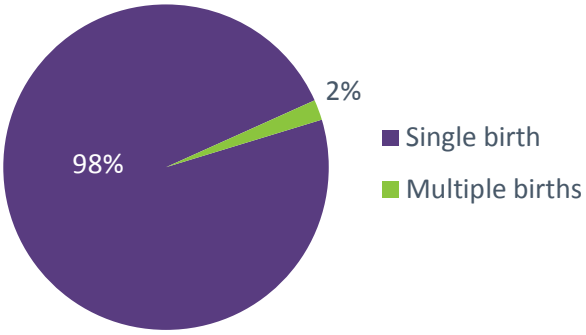
Marital Status



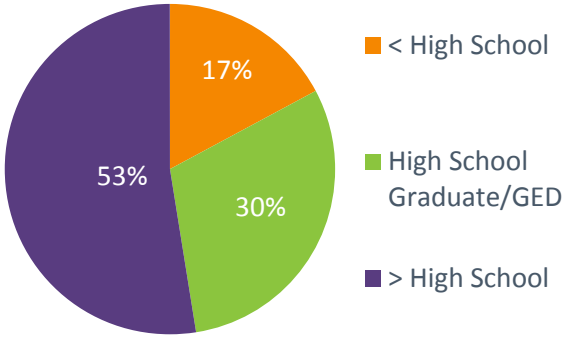
Ages



Plurality



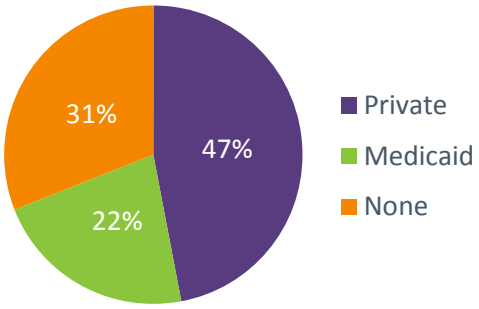
Education



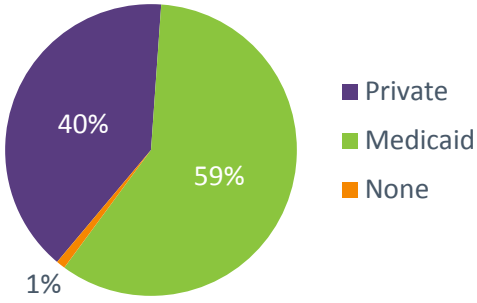
Insurance

Adequate insurance coverage is essential to accessing high quality prenatal and delivery care to support a mother's and baby's health. As of 2014, the Affordable Care Act made health insurance for pregnancy, labor, delivery and newborn care mandatory. In 2013, 59% of births were covered by Medicaid in Louisiana compared with 45% nationally.

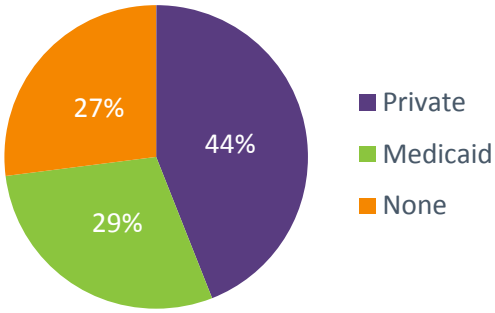
Insurance Prior to Pregnancy



Prenatal Insurance Coverage



Current Insurance



Health Insurance Coverage Gap: Latina Population in Louisiana

- Latina women in Louisiana were **least likely** to be covered by private insurance or Medicaid prior to pregnancy.
- During pregnancy, close to 81% of Latina women were covered through Medicaid. However, **68% of these women no longer qualified after giving birth**, making them the **highest uninsured group**.

Racial Disparities in Insurance Coverage

	Without Insurance
Hispanic	
Before Pregnancy	67%
Current	66%
Black	
Before Pregnancy	35%
Current	29%
White	
Before Pregnancy	24%
Current	21%

"I was unable to start prenatal care earlier than 20 weeks because Medicaid took their time getting me approved."

- PRAMS Mom

Public Health Implications

While Medicaid covered over half of Louisiana births prenatally, there was a significant increase of mothers not covered post-partum since previous years. Additionally, there was a large racial disparity in insurance coverage with more White women having access to insurance coverage both prior to pregnancy and post-partum, compared to women of other races and ethnicities. Continuous access to health insurance and healthcare for women could improve maternal and infant health by providing an opportunity to manage or treat conditions before, during and between pregnancies (The Henry J. Kaiser Family Foundation, 2010).

Preconception Health

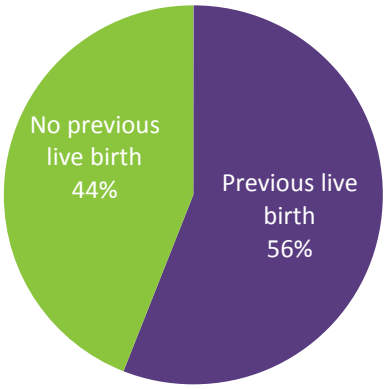
Perinatal Periods of Risk (PPOR) assessments suggest the majority of adverse birth outcomes in Louisiana stem from maternal health status at conception. According to AmericasHealthRanking.org, Louisiana ranks 46th for physical inactivity and 45th for both diabetes and obesity. Poor preconception health, inadequate birth spacing, and lack of interconception 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).

UNITED STATES vs. LOUISIANA

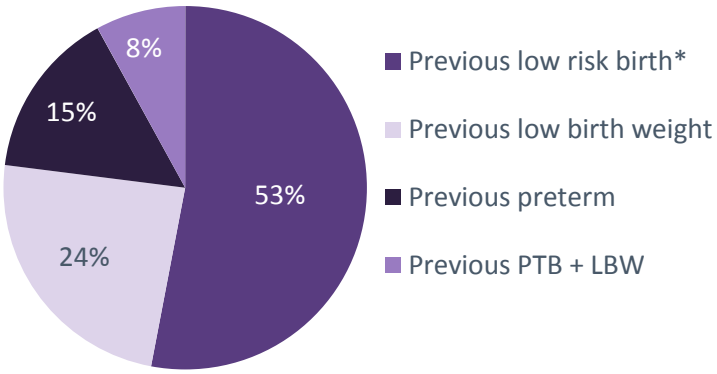
Louisiana PRAMS shows that prenatal vitamin use is above the national average:

- 30% of U.S. moms report taking a multivitamin while pregnant
- 33% of Louisiana moms report taking a multivitamin while pregnant

Birth History



…of moms with a previous live birth



** This group represents full term and normal birth weight infants*

Maternal Pre-Pregnancy Weight*	
Underweight	5%
Normal	41%
Overweight	24%
Obese	30%

** Weight criteria based on national Body Mass Index (BMI) categories and calculated from self reported height and weight on PRAMS Survey*

Prior to pregnancy:

- 7% had high blood pressure
- 10% had depression
- 3% had diabetes

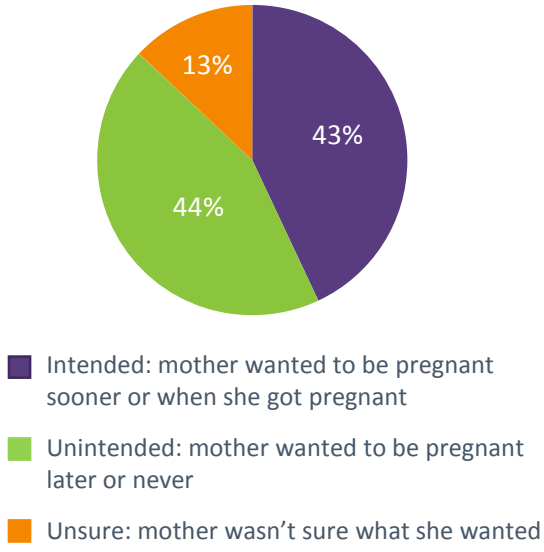
Public Health Implications

Maternal and Child Health programs seeking to improve preconception health and birth outcomes may benefit from focusing on improving women's overall health and preventing chronic disease. Furthermore, because about half of pregnancies in Louisiana are unplanned (Louisiana PRAMS, 2013), health and wellness programming should not necessarily be guided by pregnancy intention.

Family Planning: Prior to Pregnancy

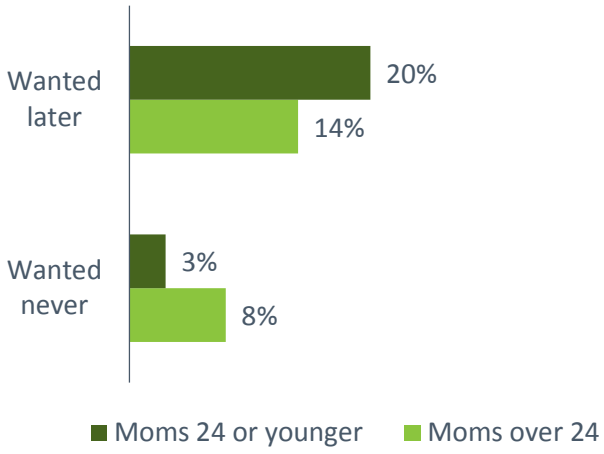
Family planning services can help lead to improved health of infants, children, women, and families through adequate birth spacing, desired family size, sexually transmitted infection (STI) prevention, screening and treatment. Data show that 57% of women with unintended pregnancies were not using any contraception when they became pregnant (PRAMS, 2013). 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, and low birth weight (Guttmacher Institute, 2016).

Less than Half of Mothers Intended to Become Pregnant

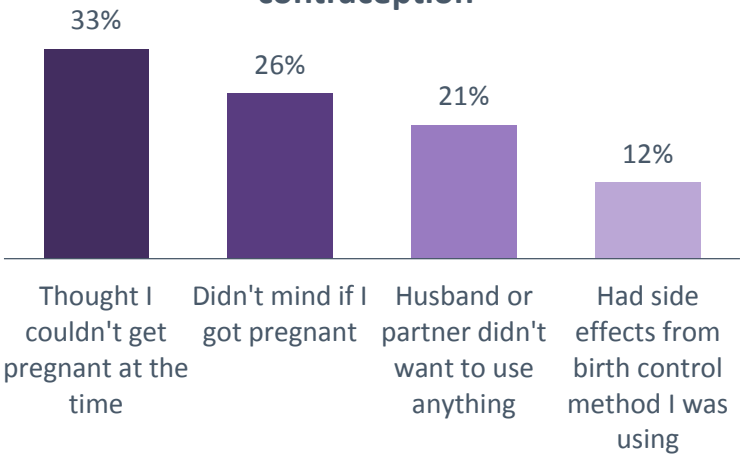


> ***"Before I found out I was pregnant I used birth control and I was very shocked to find out that I had still gotten pregnant, so I had not planned to get pregnant, and did not want any children at that time."***
>
> **- PRAMS Mom**

Feelings about becoming pregnant prior to unintended pregnancy



Top reasons for not using contraception



Family Planning: Post-Partum

NATIONAL HEALTH GOALS

Healthy People 2020 Goal - Increase the proportion of women delivering a live birth who used contraception postpartum to plan their next pregnancy.

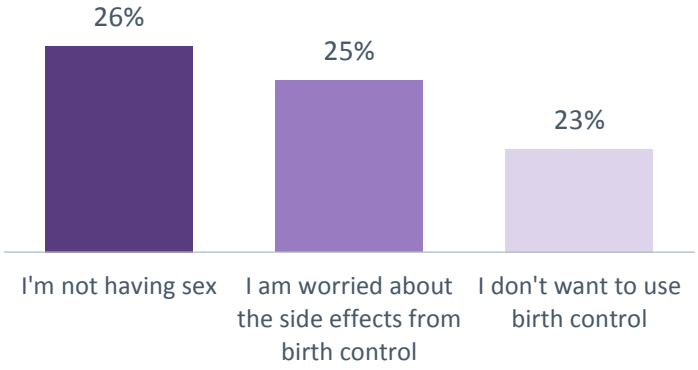
- Healthy People 2020 target: 97.5%
- Current Louisiana status in relation to goal: 80.3%

8 out of 10 moms use contraception

Top Five Birth Control Methods Used by Louisiana Mothers Post-Partum

Birth control pill	30%
Condoms	30%
Withdrawal	17%
Injection	14%
Tubes tied or blocked	11%

Top Three Reasons Reported for Not Using Birth Control



"Since I sincerely believed it was not possible for me to conceive a child, and the fact I was 39, my husband was 47, we had stopped using birth control 2 years before I got pregnant. I didn't show any symptoms or signs at all besides gaining about 6 lbs. which was accredited to not having a job. […] Thanks to God & family/friends much support I delivered a most beautiful, healthy girl with no problems at all."

- PRAMS Mom

Public Health Implications

Louisiana PRAMS data highlights clear opportunities to address unintended pregnancies. When developing programs, educational materials and clinical guidelines, family planning and reproductive health programs may benefit from addressing the most commonly cited barriers to contraception use among women with unintended pregnancies who were not using any contraception. Other opportunities include: outreach and education to youth, as almost all teen mothers reported that their pregnancies were unintended; and efforts to increase post-partum women's use of more effective forms of contraception.

Prenatal Care

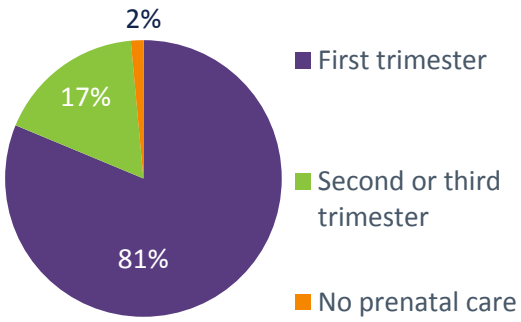
One of the Healthy People 2020 goals is to increase the proportion of pregnant women who receive early and adequate prenatal care beginning in the first trimester. Early, regular, and adequate prenatal care leads to improved health outcomes for mothers and infants through the timely assessment of maternal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

NATIONAL HEALTH GOALS

Healthy People 2020 Goal: Increase the proportion of pregnant women who receive early and adequate prenatal care.

- Healthy People 2020 target: 77.6%
- 2013 Louisiana status in relation to goal: 73%

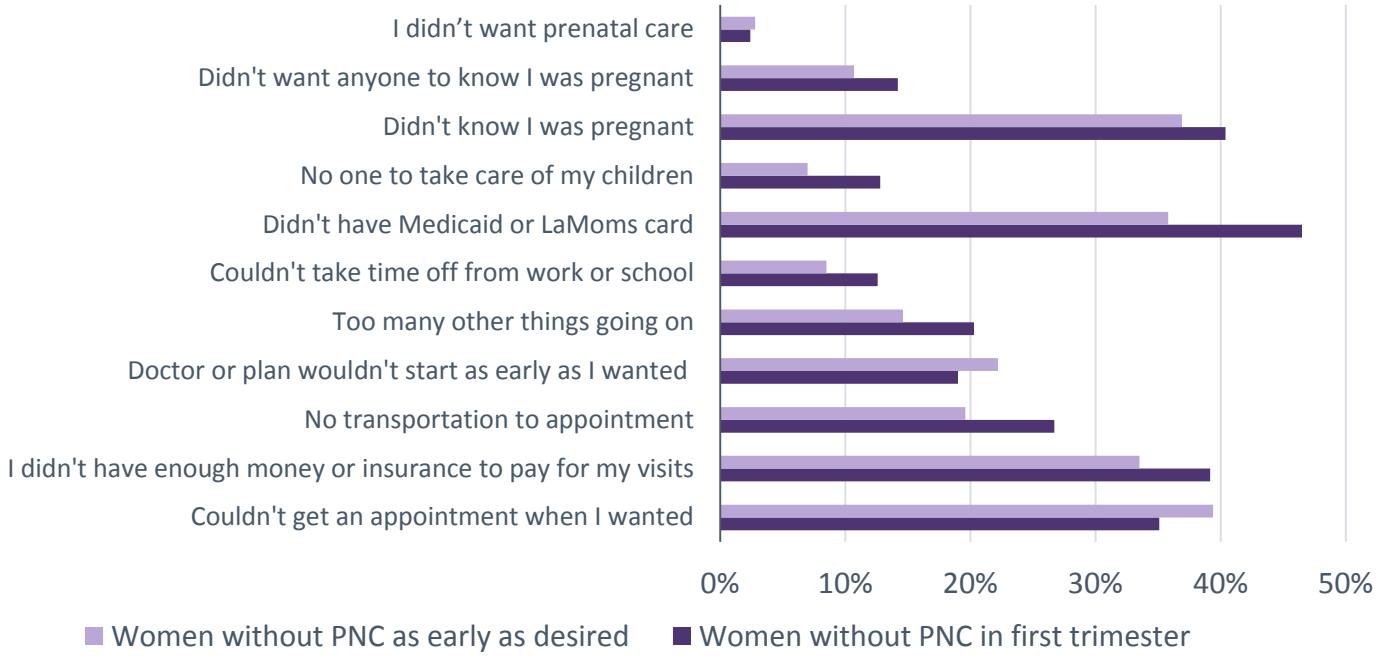
Nearly One in Five Louisiana Mothers Do Not Receive Prenatal Care in First Trimester



"It took 1 month to get an appointment and when my appointment approached and I still didn't have insurance the practice called to inform me that they would not see me even if I was willing to pay cash [. . .] I also could not find a community health center willing to provide care."

- PRAMS Mom

Barriers to prenatal care among women who did not get care as early as they wanted



Prenatal Care – Part 2

Nearly One in Five Women Receive Inadequate* Prenatal Care	
	Louisiana Mothers Response
Less than Adequate	**14%**
Intermediate	**7%**
Adequate	38%
Intensive	41%

*Inadequate prenatal care includes "less than adequate" and "intermediate" responses

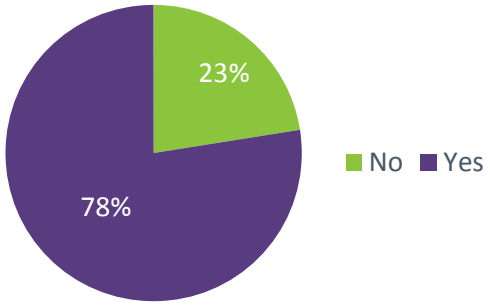
Adequacy of Prenatal Care Utilization Index

The Adequacy of Prenatal Care Utilization Index (Kotelchuck Index) scores two elements: the time prenatal care initiates and the number of visits from initiation until delivery. The final score on the index defines adequate prenatal care as a score of 80% or greater based on standards set by the American Congress of OBGYNs. It is important to note that this index does not measure quality of care.

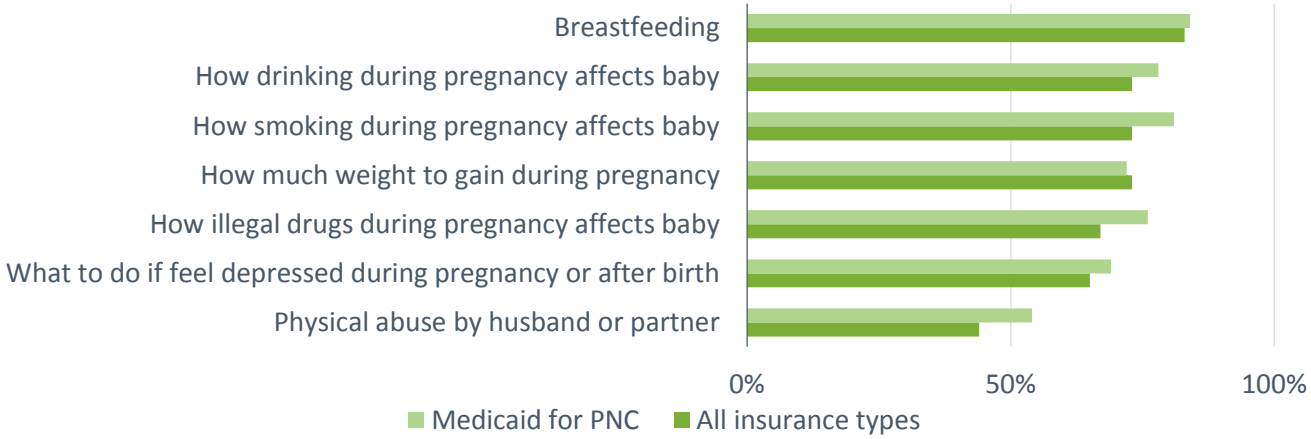
"The only thing I wish would have happened during my pregnancy is have discussion with my doctor about the pregnancy. Instead I was handed a book that talked about breastfeeding, depression, baby, health, etc. I can't read that well."

- PRAMS Mom

Received HIV Test During Pregnancy



Percentage of Louisiana Mothers who Discussed the Following Topics with a Doctor During Prenatal Care



Public Health Implications

Working to ensure that all Louisiana women have access to early and regular prenatal care can help improve the chance of a healthy pregnancy and healthy birth outcomes. Qualitative PRAMS responses indicate that pregnant women would like to receive more health advice directly from their physicians. Increased dialogue between patients and providers during prenatal care visits provides an opportunity to help ensure women have safe and healthy pregnancies.

Prenatal Risk Factors

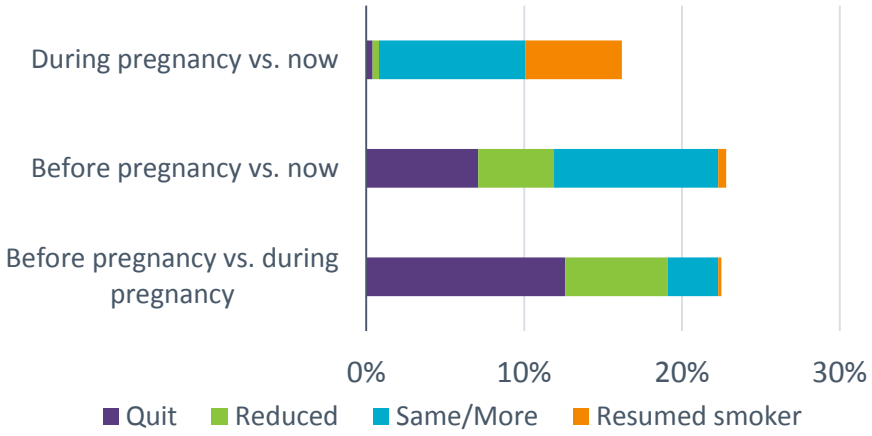
A variety of factors can put a woman and her baby at risk for health complications. Prenatal risk factors range from existing maternal health conditions, to environmental exposure and risk behaviors such as using alcohol and tobacco during pregnancy. Although not all prenatal risk factors can be eliminated,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

NATIONAL HEALTH GOALS

Healthy People 2020 goal - Increase abstinence from cigarette smoking among pregnant women:

- Healthy People 2020 target: 98.6%
- Current Louisiana status: 89.9%

Cigarette Smoking Behavior Change



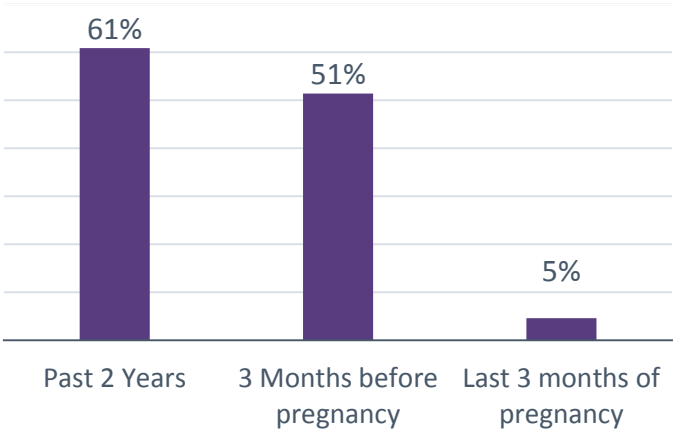
Smoking Behavior Change Analysis

- **13% of women** who smoked in the 3 months before pregnancy quit during their pregnancy.
- **3% of women** who smoked prior to their pregnancy continued to smoke throughout their pregnancy.
- **6% of women** who quit during their pregnancy resumed smoking after giving birth.
- **10% of women** who smoked in the three months before pregnancy **report smoking the same number or more of cigarettes at the time of the survey.**

"I used Adderall during my pregnancy because I am addicted to it and this most likely caused my baby to be born premature. I am receiving help through social services so that I can learn to live drug free. Please, if anyone out there is pregnant and has a drug problem, get help before its too late. I am blessed and thankful that my little boy survived. "

- PRAMS Mom

Maternal Alcohol Use



Prenatal Risk Factors - Part 2

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NATIONAL RECOMMENDATIONS

- The American Dental Association recommends that **all** pregnant women see a dentist or dental hygienist for a cleaning while pregnant.
- In Louisiana, only 40.5% of women visited a dentist or dental hygienist to have their teeth cleaned while pregnant.

Over Half of Pregnant Women Who Had a Dental Problem Did Not See a Dentist

Among those women who did not see a dentist even though they had a problem….	No	Yes
Dental insurance	72%	28%
Spoke to health care worker about caring for teeth during pregnancy	79%	21%
Teeth cleaned in year before getting pregnant	74%	26%
Greater than high school education	65%	35%
Smoked in 3 months before pregnancy	67%	33%
Had pre-pregnancy insurance	46%	54%
Knew dental care was important	12%	88%

Public Health Implications

Smoking cigarettes and consuming alcohol while pregnant can increase the chances of miscarriage, premature birth or low birth weight (March of Dimes Foundation, 2016). Poor oral health can lead to various dental diseases and infections which can result in adverse birth outcomes (American Dental Association, 2016). The Bureau of Family Health will continue to investigate the intersection and compounding effects of prenatal risk factors on women and children's health, and will explore ways to help women prevent or reduce these risk factors in their lives.

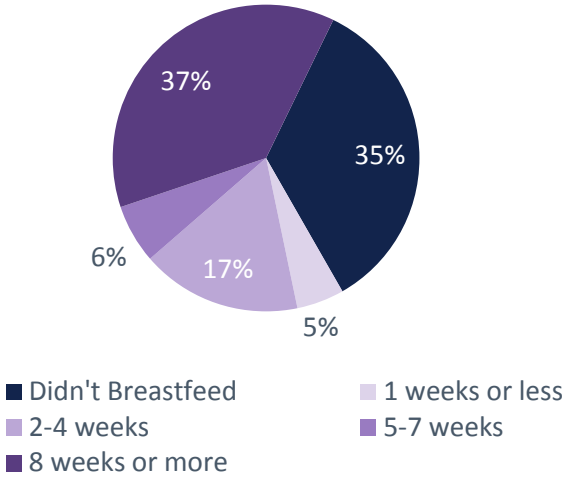
Breastfeeding

Breastfeeding is the foundation of good nutrition and protects children against disease. Evidence consistently shows that breastfeeding carries antibodies from the mother that help combat disease, lowering babies risk of having asthma or allergies, ear infections, respiratory illnesses, and bouts of diarrhea (The American Academy of Pediatrics, 2014). The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of a baby's life.

Louisiana's breastfeeding initiation rates are significantly below the national average according to PRAMS data:

- 76% of new mothers in the United States initiate breastfeeding
- 65% of new mothers in Louisiana initiate breastfeeding

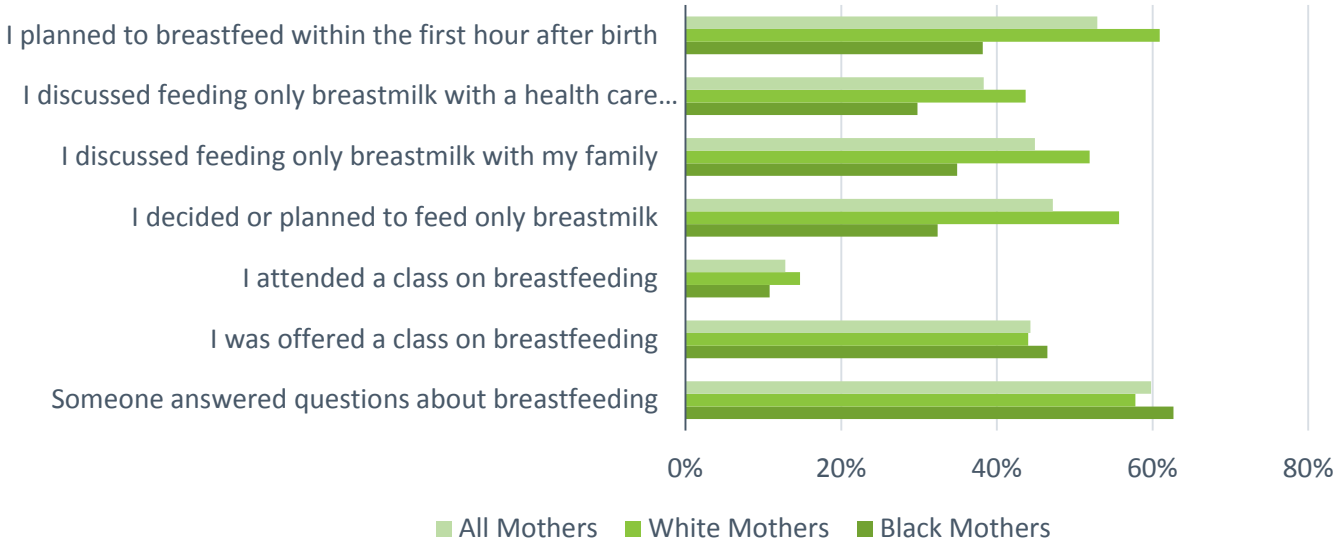
Most Women Who Start Breastfeeding Continue for 8 Weeks or More



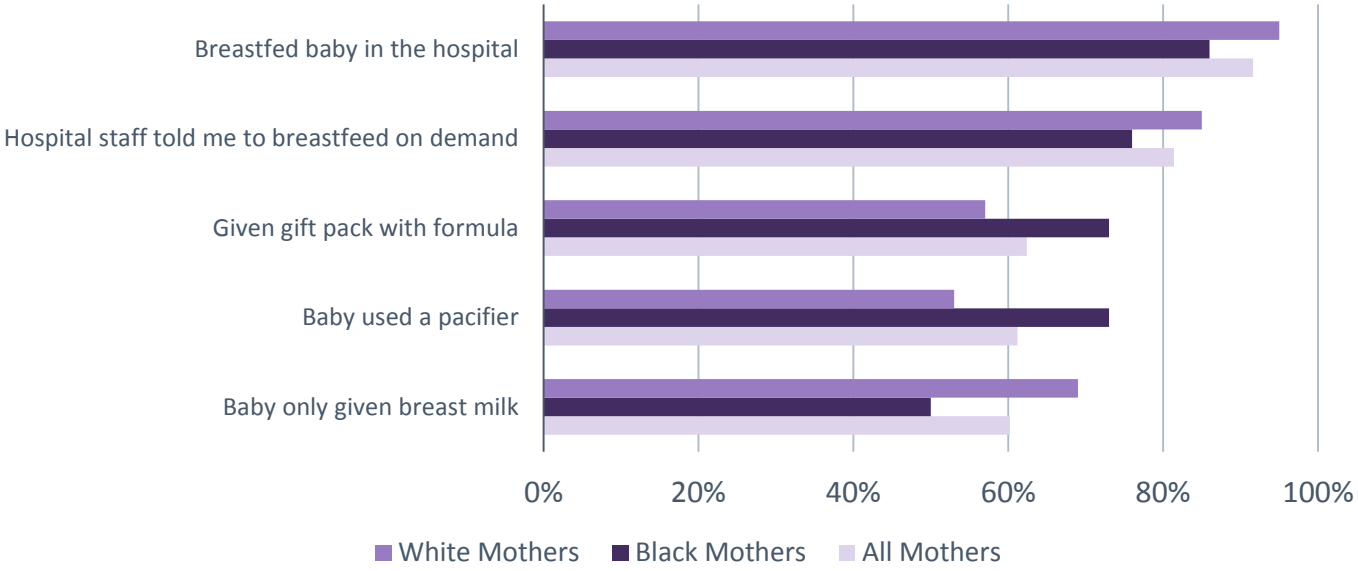
Most Commonly Cited Reasons for Not Breastfeeding

Reason	Percent
I didn't want to	44%
I tried but it was too hard	15%
I had other children to take care of	15%
I didn't like breastfeeding	13%
I went back to work or school	11%

Racial Disparities in Breastfeeding Readiness & Preparation Prior to Birth



Black Mothers Have Different Breastfeeding Experiences in Hospitals than White Mothers



Racial Disparities in Breastfeeding: A Closer Look

- 73% of Black babies used a pacifier in the hospital in comparison to 53% of White babies.
- 73% of Black moms were given a gift pack with formula at the hospital in comparison to 57% of White moms.

"I think it's unfortunate more mothers don't breastfeed. I think if they were more aware of the benefits for their baby they might be more willing to consider nursing. My hospital was awesome and gave me a tremendous amount of support and information."

- PRAMS Mom

"No one told me breastfeeding might be really difficult. I wanted to quit multiple times. Family support and the ability to pay a lactation consultant to come to my home to work on the latch are the two main reasons I am breastfeeding."

- PRAMS Mom

Public Health Implications

Louisiana's breastfeeding initiation rate falls short of the Healthy People 2020 goal of 75%. Evidence shows that maternity care practices in the hospital can be a predictor of breastfeeding initiation – it is important to teach hospital staff that giving infants formula and pacifiers are practices that negatively impact a mother's level of preparation for breastfeeding (see previous page), overall breastfeeding rates, and infants' health (Baby Friendly Hospital Initiative, 2016). Increased lactation support throughout the postpartum period, promotion of breastfeeding-friendly work environments and expanded maternity leave policies are other important ways to support women in their efforts to start and continue breastfeeding.

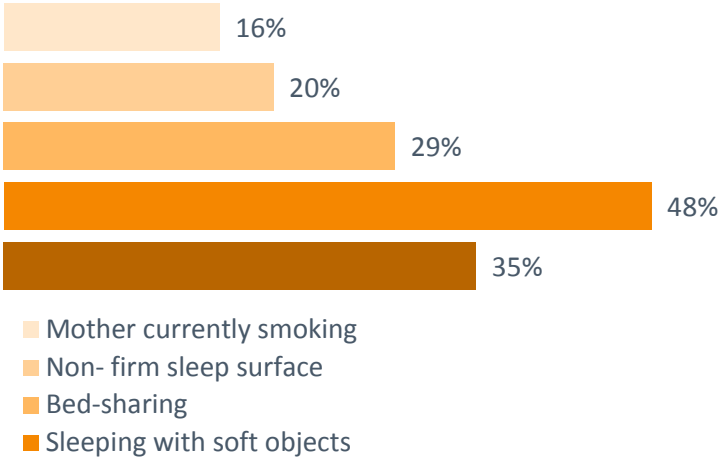
Infant Sleep Environment

Each year, about 100 infants in Louisiana die suddenly and unexpectedly. In Louisiana, 47% of these deaths are attributable to accidental suffocation or strangulation in the sleep environment. Deaths caused by Accidental Suffocation and Strangulation in Bed (ASSB), SIDS (Sudden Infant Death Syndrome), or other unexplained causes are included in a category called SUID (Sudden Unexpected Infant Death).

- In 2013, the national SUID rate was **87.0 per 100,000 live births** (National Child Death Review, 2013)
- In 2013, the SUID rate in Louisiana was **147.2 per 100,000 live births** (Louisiana Child Death Review, 2013)

Safe Sleep Risk Factors

Nearly half of mothers report that their babies sleep with soft objects



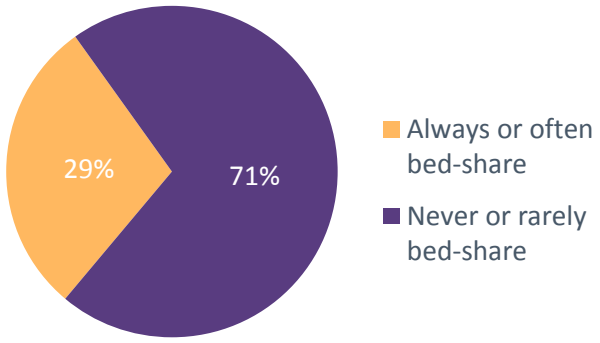
Louisiana Infant Risk Exposure

1 in 5 babies in Louisiana are **exposed to 3 or more risk factors** for unexpected infant death.

Cumulative Sleep Risk Factors*	
Number of Risk Factors	Percent of Babies
0	20%
1	33%
2	28%
3	15%
4	4%
5	0.1%

**Risk factors include: bed-sharing, stomach or side sleeping position, mother currently smoking, non-firm sleep surface and sleeping with soft objects*

Most Mothers Say They Never or Rarely Bed-Share



The American Academy of Pediatrics (AAP) cites bed-sharing as the greatest risk factor for sleep-related infant deaths.

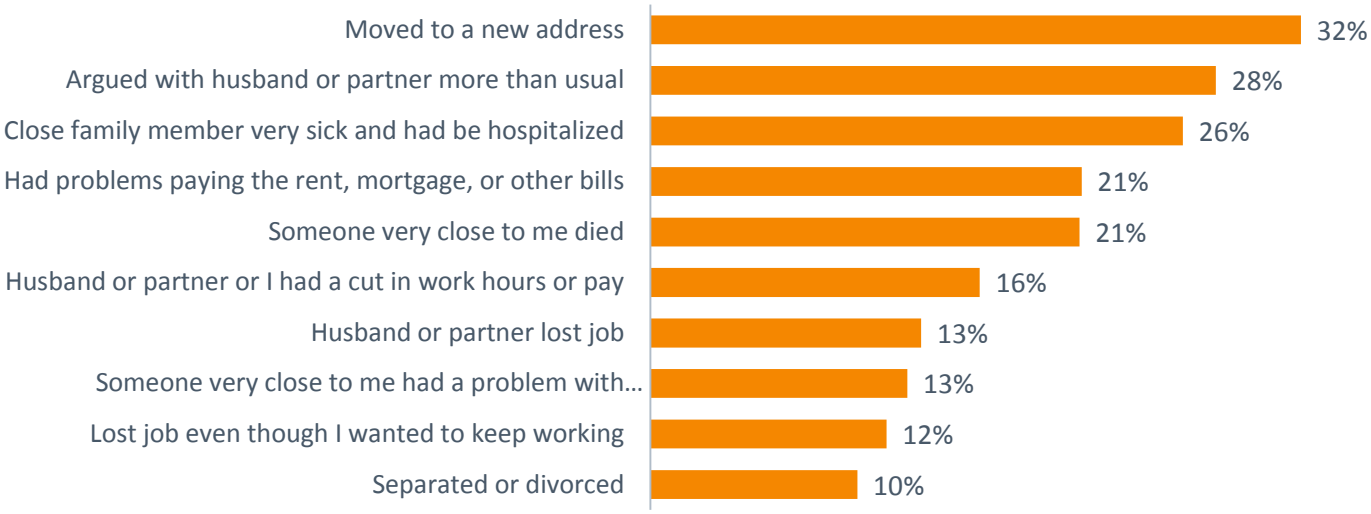
Public Health Implications

PRAMS data brings to light which SUID risk and protective factors occur most frequently in Louisiana homes. This data can be used to inform and narrow the focus of infant safe sleep interventions. Further investigation into the barriers Louisiana families face to practicing safe sleep will help health care providers and public health professionals more effectively support Louisiana families in their efforts to increase protective factors and decrease risk factors for SUID.

Stressors

Prenatal maternal stress can be caused by both chronic and acute events in a woman's life. According to the March of Dimes Foundation, high cortisol levels caused by stress during pregnancy can affect fetal growth and increase the infant's risk for cardiovascular disease and metabolic syndrome later in life. 76% of Louisiana mothers report that they experience at least one stressor during their pregnancy.

Top 10 Stressors Reported by Louisiana Mothers



Compounding Effects of Stress

- According to the American College of Obstetrics and Gynecologists (ACOG), stress and abusive situations among pregnant women have a negative influence on birth outcomes .
- ACOG recommends that physicians screen all patients for intimate partner violence and advise all patients on how to manage stress in a healthy manner.

"I lost my job when I was 2 months pregnant. I felt really down and stressed. I wish I would have known the resources to help with depression & stress during my pregnancy."

- PRAMS Mom

Mothers' Experience of Stressors and Abuse	
Partner Related Stress	**39%**
→ Abused Before Pregnancy	9%
→ Abused During Pregnancy	7%
Financial Stress	**52%**
→ Abused Before Pregnancy	7%
→ Abused During Pregnancy	5%
Trauma	**16%**
→ Abused Before Pregnancy	16%
→ Abused During Pregnancy	13%
Emotional Stress	**35%**
→ Abused Before Pregnancy	7%
→ Abused During Pregnancy	5%

Public Health Implications

Prenatal maternal stress is an important consideration when looking at the overall health of both mothers and babies. By understanding that not just diagnosable disorders can affect fetal development, health care professional can help improve birth outcomes by working with their patients to address stress and anxiety.

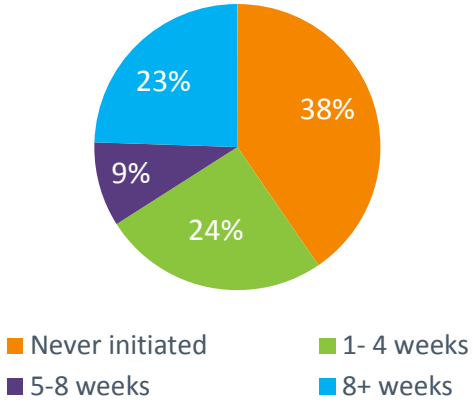
Postpartum Depression (PPD)

The Centers for Disease Control and Prevention reports that approximately 1 out of 10 women will experience postpartum depressive (PPD) symptoms in the United States. PPD is associated with altered mother-infant interaction, reduced cognitive development in infants, and overall reduced breastfeeding duration. To address this, the Healthy People 2020 initiative includes the goal of decreasing the proportion of women who experience postpartum depressive symptoms.

About 1 in 6 Louisiana moms experience PPD symptoms

Mothers' Experience of Stressors and PPD	
Partner Related Stress	39%
With PPD Symptoms	63%
Financial Stress	52%
With PPD Symptoms	67%
Trauma	16%
With PPD Symptoms	27%
Emotional Stress	35%
With PPD Symptoms	43%

Breastfeeding Duration of Women with PPD Symptoms*



**Average duration of breastfeeding for mothers without PPD is longer*

Talking to a healthcare worker about PPD

- 61% of women who experienced post partum depression symptoms spoke with a health care worker in a prenatal appointment about post partum depression
- 52% of women spoke with a health care worker during or after their pregnancy about postpartum depression or "baby blues."

"The prenatal care I received was very cut and dry. I suffered major [PPD] after the birth of my son but there was limited resources to reach out to and especially in the African American Community talking about [PPD] is taboo. My doctor prescribed Zoloft but I didn't take it in fear of my [PPD] becoming worse I feel back to my regular self I was able to reach out to my medical nurse who referred me to a social worker."

- PRAMS Mom

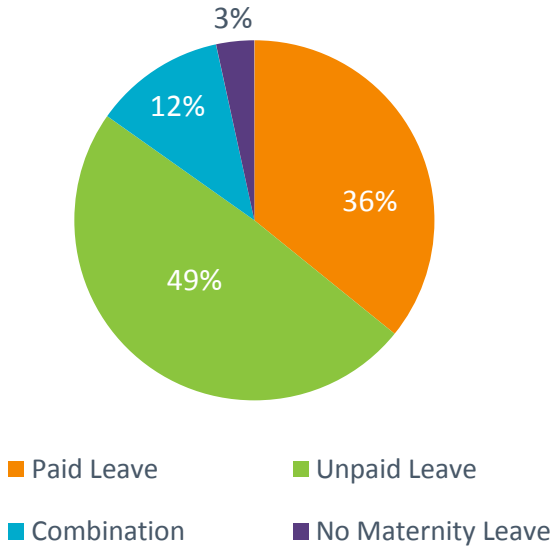
Public Health Implications

PPD and anxiety may affect rates of breastfeeding and may also reduce breastfeeding duration. The number of PRAMS mothers who breastfeed for 8 weeks or more decreased by 14% among mothers with PPD symptoms. Increasing public health education and patient-provider dialogue about PPD resources and decreasing stigma around this issue are important steps to addressing the mental health of mothers in Louisiana.

Maternity Leave

The United States is currently the only industrialized country in the world without mandatory paid maternity leave, although some states have laws granting it. The Louisiana Fair Employment Practices (FEP) Act requires employers with more than 25 employees to provide unpaid leave for up to six weeks for "normal" pregnancies, and up to 4 months for more "seriously disabling" pregnancies. In accordance with the Family and Medical Leave Act (FMLA), a federal law, all FMLA-eligible employees in the United States are entitled to 12 work weeks of unpaid leave per year for qualified medical and family reasons, including pregnancy. During this time, employees are entitled to the same health benefits provided by their employer at the same cost they pay while working. When an employee's FMLA leave ends, the employee has the right to return to the same or equivalent position.

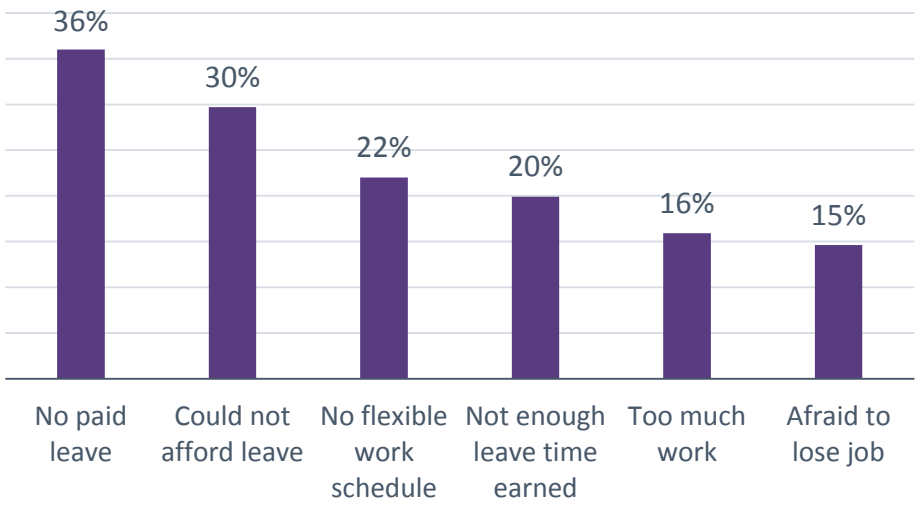
About Half of Louisiana Mothers Take Only Unpaid Maternity Leave



"I think working women should have more paid time off. With all the time you have to take off for appointments and sickness during [pregnancy] its a shame you only get a percentage of your pay and only a few weeks off. You don't have enough time to really enjoy and raise your baby."

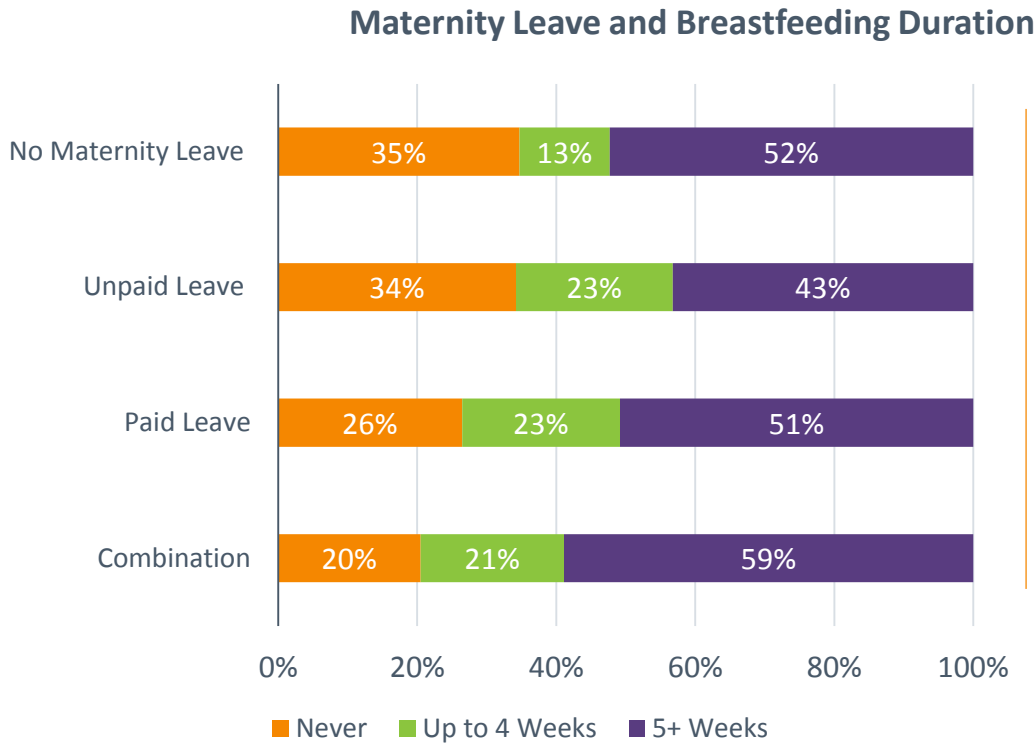
- PRAMS Mom

Factors Affecting Mothers' Leave Decision



- 38% of Louisiana mothers worked during their pregnancy.
- 67% of women who worked during their pregnancies planned to return or had already returned to work at they completed the survey.

Maternity Leave- Part 2



A greater percentage of moms reported never initiating breastfeeding if they had only unpaid leave or no maternity leave at all.

"My decision to not breastfeed was strictly based on the fact that I work nine hours a day and have three other active children. I breastfed all three children and know what it involved. I also know how breastfeeding increases fatigue. With so many responsibilities and duties, I couldn't afford to be tired."

- PRAMS Mom

"A push for longer paid leave would be amazing. I was allowed 6 weeks paid leave…I chose to take an additional 2 weeks without pay. Those 2 weeks made a difference in my ability to return to work without feeling like a bad mom. I needed that bonding time as much as he needed me."

- PRAMS Mom

Public Health Implications

PRAMS responses show that access to maternity leave is an important issue for mothers in Louisiana. Maternity leave is associated with a variety of public health benefits which include prolonged gestation, fewer cesarean deliveries, decreased infant mortality, longer periods of breastfeeding and improved mental health of new mothers (March of Dimes Foundation, 2016). Maternity leave gives mothers and babies more time to bond, and longer maternity leave is associated with increased breastfeeding duration and improved mental health and child development (March of Dimes Foundation). Lack of paid maternity leave could perpetuate health inequities among lower income women who cannot afford unpaid time off leading to further health disparities amongst Louisiana mothers.

Appendix A: Key Variables

Variable	Categories
Maternal Race	Non-Hispanic White
	Non-Hispanic Black
	Hispanic
	Other (including: American Indian, Japanese, Filipino, Hawaiian, other non-White, and other Asian)
Maternal Age (in years)	Less than 20 years (<20)
	20 years - 29 years
	30 years and older (30+)
Maternal Education	Less than High School (<HS)
	High School Graduate (HS)
	More than High School (HS+)
Marital Status	Married
	Other (including: never married, living together, separated, widowed and divorced)
Medicaid Insurance Coverage	At Preconception
	At Delivery
Infant Birth Weight	Low Birth Weight (LBW, < 2,500 grams)
	Normal Birth Weight (NBW)

Q9: Multivitamin Use at Least Four Times a Week during the Month Prior to Pregnancy

	% Multivitamin	95% CI
Total	26.6	23.6, 29.7
Race/Ethnicity		
Non-Hispanic White	33.0	28.1, 37.8
Non-Hispanic Black	18.1	14.5, 21.6
Other	33.5	14.6, 52.4
Hispanic	20.7	7.4, 34.1
Age		
<20	7.6	2.1, 13.1
20-29	23.7	19.8, 27.5
30+	37.3	31.4, 43.2
Education		
<HS	16.1	10.3, 21.9
HS	19.6	14.7, 24.5
>HS	34.2	29.6, 38.7
Marital Status		
Married	38.4	33.2, 43.5
Other	16.2	12.9, 19.4
Insurance Status		
Medicaid Before Pregnancy	20.9	15.3, 26.6
Medicaid at Delivery	16.7	13.7, 19.8
Birth Weight		
LBW	27.0	23.4, 30.6
NBW	26.6	23.2, 30.0

Q5 & Q6: Outcomes of Previous Pregnancies (LBW/PTB)

	% Prior LBW	95% CI	% Prior PTB	95% CI
Total	23.8	20.1, 27.5	15.3	12.1, 18.5
Race/Ethnicity				
Non-Hispanic White	16.6	11.5, 21.7	11.8	7.4, 16.2
Non-Hispanic Black	35.5	29.5, 41.5	18.8	14.0, 23.6
Other	23.0	0.0, 49.2	12.7	0.0, 32.6
Hispanic	13.6	0.0, 27.6	24.0	6.17, 41.8
Age				
<20	5.3	1.8, 8.7	6.5	1.6, 11.5
20-29	29.5	24.1, 34.9	17.5	13.0, 22.0
30+	17.4	12.3, 22.5	13.0	8.3, 17.8
Education				
<HS	33.0	23.1, 42.8	18.5	10.4, 26.6
HS	25.8	18.9, 32.6	19.2	12.9, 25.5
>HS	19.3	14.5, 24.1	11.9	7.8, 16.1
Marital Status				
Married	14.9	10.5, 19.4	9.3	5.7, 12.9
Other	34.1	28.1, 40.0	22.3	17.0, 27.6
Insurance Status				
Medicaid Before Pregnancy	35.5	27.1, 43.8	19.4	12.5, 26.3
Medicaid at Delivery	29.6	24.7, 34.4	18.2	14.1, 22.4
Birth Weight				
LBW	40.3	34.6, 46.1	34.8	29.2, 40.4
NBW	22.1	18.0, 26.1	13.3	9.9, 16.8

Q14 & Q15: Pregnancy Intentions

	% Unintended	95% CI	% Trying	95% CI
Total	56.9	53.5, 60.3	43.1	39.7, 46.5
Race/Ethnicity				
Non-Hispanic White	49.3	44.1, 54.6	50.7	45.4, 55.9
Non-Hispanic Black	70.8	66.4, 75.2	29.2	24.8, 33.6
Other	40.1	20.2, 60.0	59.9	40.0, 79.8
Hispanic	47.0	30.2, 63.8	53.0	36.2, 69.8
Age				
<20	79.2	70.0, 88.4	20.8	11.6, 30.0
20-29	59.6	55.2, 64.0	40.4	36.0, 44.8
30+	45.5	39.4, 51.7	54.5	48.3, 60.6
Education				
<HS	72.5	65.1, 79.9	27.5	20.1, 34.9
HS	62.4	56.3, 68.5	37.6	31.5, 43.7
>HS	48.4	43.6, 53.2	51.6	46.8, 56.4
Marital Status				
Married	37.2	32.0, 42.3	62.8	57.7, 68.0
Other	74.6	70.7, 78.6	25.4	21.4, 29.3
Insurance Status				
Medicaid Before Pregnancy	73.1	66.8, 79.3	26.9	20.7, 33.2
Medicaid at Delivery	67.7	63.8, 71.7	32.2	28.3, 36.2
Birth Weight				
LBW	61.1	57.1, 65.1	38.9	34.9, 42.9
NBW	56.4	52.6, 60.2	43.6	39.8, 47.4

Q16: Preconception Contraception Use by Couples Not Trying to Get Pregnant

	% Using Contraception at Time of Conception	95% CI
Total	48.3	43.6, 53.0
Race/Ethnicity		
Non-Hispanic White	47.9	40.0, 55.8
Non-Hispanic Black	47.8	41.9, 53.6
Other	57.4	19.5, 95.2
Hispanic	52.5	24.5, 80.6
Age		
<20	52.4	39.4, 65.3
20-29	48.6	42.5, 54.7
30+	45.5	36.0, 55.0
Education		
<HS	42.2	32.3, 52.1
HS	42.5	34.3, 50.8
>HS	55.6	48.4, 62.7
Marital Status		
Married	46.1	36.7, 55.6
Other	49.2	43.7, 54.7
Insurance Status		
Medicaid Before Pregnancy	50.3	42.0, 58.6
Medicaid at Delivery	46.3	41.1, 51.6
Birth Weight		
LBW	47.8	42.0, 53.5
NBW	48.4	43.1, 53.7

Q12: Preconception Diabetes Diagnosis

	% Diagnosed with diabetes	95% CI
Total	3.42	2.2, 4.6
Race/Ethnicity		
Non-Hispanic White	2.5	0.9, 4.2
Non-Hispanic Black	5.4	3.2, 7.7
Other	0.9	0.0, 2.1
Hispanic	0.3	0.0, 0.9
Age		
<20	2.1	0.0, 5.0
20-29	3.6	1.9, 5.2
30+	3.5	1.4, 5.7
Education		
<HS	5.3	1.9, 8.6
HS	3.3	1.2, 5.4
>HS	2.9	1.3, 4.5
Marital Status		
Married	1.9	0.5, 3.3
Other	4.8	2.8, 6.7
Insurance Status		
Medicaid Before Pregnancy	5.8	2.8, 8.8
Medicaid at Delivery	3.4	2.2, 4.6
Birth Weight		
LBW	4.1	2.3, 5.8
NBW	3.4	2.0, 4.7

Q 19: Prenatal Care Began during First Trimester

	% Prenatal Care in First Trimester	95% CI
Total	81.3	78.6, 83.9
Race/Ethnicity		
Non-Hispanic White	86.7	83.1, 90.3
Non-Hispanic Black	73.7	69.6, 77.9
Other	81.4	65.8, 97.0
Hispanic	78.9	65.3, 92.6
Age		
<20	68.3	58.1, 78.4
20-29	80.4	76.8, 84.0
30+	86.6	82.5, 90.6
Education		
<HS	68.2	60.4, 76.0
HS	76.0	70.8, 81.2
>HS	88.4	85.4, 91.4
Marital Status		
Married	91.4	88.5, 94.4
Other	72.1	68.0, 76.2
Insurance Status		
Medicaid Before Pregnancy	69.6	63.1, 76.1
Medicaid at Delivery	73.4	69.7, 77.1
Birth Weight		
LBW	76.6	72.9, 80.2
NBW	81.8	78.9, 84.7

Q20: Received Prenatal Care as Early As Wanted in Pregnancy

	% Yes Prenatal	95% CI
Total	82.0	79.3,84.7
Race/Ethnicity		
Non-Hispanic White	80.8	76.6, 85.0
Non-Hispanic Black	83.7	80.3, 87.1
Other	73.6	56.4, 90.8
Hispanic	86.6	75.1, 98.1
Age		
<20	79.4	70.6, 88.3
20-29	81.4	77.8, 85.0
30+	83.7	79.0, 88.4
Education		
<HS	79.6	73.1, 86.2
HS	81.8	76.8, 86.7
>HS	82.9	79.1, 86.6
Marital Status		
Married	84.9	81.0, 88.8
Other	79.3	75.5, 83.1
Insurance Status		
Medicaid Before Pregnancy	77.8	71.9, 83.8
Medicaid at Delivery	78.6	75.1, 82.1
Birth Weight		
LBW	80.8	77.5, 84.2
NBW	82.1	79.1, 85.1

Q30a Knew It Was Important to Care for Teeth and Gums During Pregnancy

	% Yes	95% CI
Total	90.0	88.0,92.0
Race/Ethnicity		
Non-Hispanic White	92.6	89.9, 95.4
Non-Hispanic Black	87.4	84.4, 90.4
Other	77.2	60.2, 94.2
Hispanic	90.5	81.2, 99.8
Age		
<20	78.6	69.8, 87.4
20-29	90.4	87.8, 93.0
30+	92.7	89.6, 95.8
Education		
<HS	82.0	75.9, 88.1
HS	88.9	85.0, 92.8
>HS	93.3	90.9, 95.6
Marital Status		
Married	94.5	92.1, 96.9
Other	85.9	82.8, 89.1
Insurance Status		
Medicaid Before Pregnancy	85.0	80.0, 90.0
Medicaid at Delivery	87.8	85.1, 90.5
Birth Weight		
LBW	85.1	82.1, 88.1
NBW	90.6	88.3, 92.8

Q26: Received a HIV Test during Pregnancy or Delivery

	% HIV Test	95% CI
Total	77.5	74.2,80.7
Race/Ethnicity		
Non-Hispanic White	73.7	68.5, 78.9
Non-Hispanic Black	82.9	79.0, 86.7
Other	65.4	44.5, 86.3
Hispanic	77.7	62.5, 93.0
Age		
<20	85.2	78.8, 93.5
20-29	76.1	71.7, 80.4
30+	77.5	71.8, 83.3
Education		
<HS	83.2	76.9, 89.5
HS	80.7	75.3, 86.1
>HS	73.6	68.8, 78.4
Marital Status		
Married	70.8	65.3, 76.2
Other	83.0	79.3, 86.7
Insurance Status		
Medicaid Before Pregnancy	83.3	77.9, 88.8
Medicaid at Delivery	82.8	79.3, 86.3
Birth Weight	77.1	73.6, 80.7
LBW	80.4	76.7, 84.0
NBW		

Q38, Q43: Cigarette and Alcohol Use Three Months Prior to Pregnancy

	% Smoke Cigarettes	95% CI	% Drink Alcohol	95% CI
Total	22.4	19.5,25.3	51.4	48.0,54.8
Race/Ethnicity				
Non-Hispanic White	31.5	26.6, 36.3	61.7	56.7, 66.7
Non-Hispanic Black	11.8	8.9, 14.7	41.5	36.9, 46.2
Other	23.6	7.3, 39.9	26.6	10.0, 43.2
Hispanic	9.1	0.3, 17.8	35.0	19.6, 50.5
Age				
<20	16.0	7.6, 24.4	34.5	23.9, 45.2
20-29	24.9	20.9, 28.9	52.4	47.9, 56.9
30+	19.9	14.9, 28.9	54.3	48.3, 60.4
Education				
<HS	32.5	24.8, 40.3	28.7	21.3, 36.2
HS	24.7	19.2, 30.2	44.0	37.9, 50.2
>HS	17.9	14.1, 21.7	63.1	58.5, 67.7
Marital Status				
Married	17.9	13.8, 22.0	57.0	51.8, 62.2
Other	26.4	22.4, 30.5	46.3	41.8, 50.8
Insurance Status				
Medicaid Before Pregnancy	20.8	15.1, 26.6	36.7	29.9, 43.4
Medicaid at Delivery	26.4	22.7, 30.1	43.7	39.5, 47.8
Birth Weight				
LBW	28.8	25.2, 32.4	45.9	41.9, 50.0
NBW	21.7	18.5, 24.9	52.0	48.2, 55.7

Q47, Q48 Abused in 12 Months Before Pregnancy, Abused During Most Recent Pregnancy

	% Abused Before	95% CI	% Abused During	95% CI
Total	4.7	3.3,6.2	3.6	2.3,4.9
Race/Ethnicity				
Non-Hispanic White	4.5	2.3, 6.6	3.2	1.3, 5.0
Non-Hispanic Black	6.2	3.8, 8.6	5.1	2.9, 7.2
Other	0.4	0.0, 1.1	0.4	0.0, 1.1
Hispanic	0.3	0.0, 0.8	0	0
Age				
<20	7.4	1.2, 13.6	8.7	2.1, 15.4
20-29	5.2	3.2, 7.2	3.4	1.8, 5.0
30+	3.2	1.1, 5.3	2.5	0.6, 4.4
Education				
<HS	5.7	2.0, 9.3	3.8	0.9, 6.7
HS	6.4	3.5, 9.4	5.0	2.3, 7.6
>HS	3.4	1.6, 5.3	2.7	1.1, 4.4
Marital Status				
Married	2.6	0.9, 4.4	2.0	0.5, 3.5
Other	6.6	4.3, 8.9	5.0	3.0, 7.0
Insurance Status				
Medicaid Before Pregnancy	8.7	4.5, 12.8	7.1	3.3, 10.9
Medicaid at Delivery	6.0	4.0, 8.0	5.1	3.2, 7.0
Birth Weight				
LBW	3.3	1.8, 4.9	2.5	1.2, 3.9
NBW	4.9	3.3, 6.5	3.7	2.3, 5.1

Appendix C: Response Rates

Stratum	% Responding (Unweighted)	% Responding (Weighted)
Orleans Parish, Black	55.7	55.7
Other, Black, Low Birth Weight	47.1	47.1
Other, Black, Normal Birth Weight	52.8	52.8
Other, Non Black, Low Birth Weight	58.3	58.3
Other, Non Black, Normal Birth Weight	62.1	62.1
Overall	55.6	58.4

Characteristic	# Sampled	Respondents	% Response (Unweighted)	% Response (Weighted)
Overall	2860	1590	55.6	58.4
Race/Ethnicity				
Non-Hispanic White	928	572	61.6	62.5
Non-Hispanic Black	1735	913	52.6	52.4
Other	88	50	56.8	63.7
Hispanic	108	55	50.9	56.0
Age				
<20	300	157	52.3	55.1
20-29	1715	915	53.4	56.9
30+	845	518	61.3	62.1
Education				
<HS	614	302	49.2	51.1
HS	955	517	54.1	56.4
>HS	1278	768	60.1	62.3
Marital Status				
Married	986	598	60.6	61.4
Other	1874	992	52.9	55.6
Previous Births				
No Prev. Live Births	1127	659	58.5	62.9
1+ Prev. Live Births	1720	926	53.8	55.4
Hispanic Ethnicity				
Hispanic	108	55	50.9	56.0
Non-Hispanic	2749	1534	55.8	58.5

PRAMS Moms Say Thank You!

"I think it's great that you are having programs and support to help mothers have healthy pregnancies and babies. Thank you and I appreciate the help! "

"There are a lot of things that I wish could have went different, even though I thank God for my amazing son. But motherhood is very difficult and very harder than I thought it would be. Thanks for taking out time to ask me these questions."

"I'm glad y'all are trying to get the most info to have research to find answers for something that matters."

"Thank you for working to keep babies healthy in Louisiana."

"To the mothers or up coming others, my advice to you would just be [...] take good care of yourself, and stay on your doctor's visits, and you would be okay"! Thank you for this survey!"

"Well for the most of everything it's not an easy thing, but its the best thing that a mother can experience is having a baby. Watching them grow every day is wonderful. But take it one day at a time and don't be afraid to ask for help or anything cause everyone cares for you and the baby you have or giving life to. Congrats to anyone and everyone and never forget love your baby. Thank you for all the support, help and love."