

# **Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS)**

## **2000 – 2003 Trend Report**



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Public Health Division  
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# **Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS)**

## **2000 – 2003 Trend Report**

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The CDC PRAMS Home Page is <http://www.cdc.gov/PRAMS/>.

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# Executive Summary

The Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) is a collaborating member of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birth weight. PRAMS is an ongoing, population-based surveillance system designed to identify, monitor and provide high quality, timely data on selected maternal health behaviors and experiences before, during, and after pregnancy among women who have had a live birth.

Nebraska is one of 32 states and cities that formally participated in the CDC PRAMS initiative during 2000-2003. PRAMS was initiated nationally in 1987 because infant mortality rates were no longer declining as rapidly as they had in prior years. In addition, the incidence of low birth weight infants had changed little in the previous 20 years. Research has indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health.

The Nebraska PRAMS 2000-2003 Trend Report is based on findings from a stratified random sample of 10,620 Nebraska resident women who had a live birth in the years 2000-2003; 84% (weighted response rate) of the women selected to participate responded. The 2000-2003 Nebraska PRAMS survey consisted of 82 questions covering a range of topics. These topics include pregnancy intendedness; contraceptive use; fertility drugs and assisted reproductive technology; prenatal care; prenatal care counseling; HIV Testing; alcohol; tobacco; multivitamin use; participation in the U.S. Department of Agriculture (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); payment for medical care; previous preterm and low birthweight births; pregnancy-related complications; maternal weight and weight gain; newborn health; breastfeeding; sleep position; infant exposure to secondhand smoke; well-baby checkups; maternal employment; sources of income; maternal stress and physical abuse. Many of the PRAMS indicators are consistent with *Healthy People 2010* objectives, which include objectives for improving the health of mothers and children.<sup>1</sup>

## The Following Topics Found Significant Differences

**POSTPARTUM CONTRACEPTION METHODS, page 11:** Among the 84.8% of women who reported doing something now to keep from getting pregnant again:

- Use of birth control pills for post-partum contraception decreased from 39.7% in 2000 to 33.3% in 2003, while remaining the most common method used (4-year average=37.6%).  
Over time this percentage: **Showed a significant linear decrease.**
- Reported use of foam, jelly or cream contraceptives decreased from 3.4% in 2000 to 1.0% in 2003 (4-year average=2.4%).  
Over time this change was: **A significant linear decrease.**

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- Reported use of “Other methods” increased from 8.8% to 18.2% (4-year average=12.9%) over the same period. Based on “write-in” responses, this increase was largely accounted for by women who cited “the patch” as their method of birth control, beginning in 2002 and continuing in 2003.  
Over time this change was: **A significant linear increase.**

### TOPICS DISCUSSED DURING PRENATAL CARE, page 17:

- The proportion of women who reported that their prenatal care counseling included a discussion about physical abuse by their husband or partner was lower than all other topics, though it increased from 31.1% in 2000 to 40.8% in 2003.  
Over time this percentage: **Showed a significant linear increase.**

### PAYMENT FOR MEDICAL CARE PRIOR TO PREGNANCY, pages 29, 32, and 33:

- The estimated prevalence of being uninsured (neither Medicaid nor private health insurance) prior to pregnancy increased from 19.1% in 2000 to 24.3% in 2003. Women were defined as being uninsured only if they responded “no” to both Medicaid and non-Medicaid Insurance. They were not included in this outcome if they skipped either question.  
Over time this percentage: **Showed a significant linear increase.**
- During the 2000-2003 period in Nebraska, women who had some type of insurance coverage *prior to* pregnancy (either health insurance, HMO, or Medicaid) were **statistically more likely** to have prenatal care in the first trimester of their pregnancy (85.9%) than women who had no health insurance (67.2%) ( $p < 0.0001$ ).
- During the 2000-2003 period in Nebraska, women who had some type of insurance coverage *prior to* pregnancy (either health insurance, HMO, or Medicaid) were **statistically less likely** to have become pregnant when they did not intend to do so (35.9%) than women who had no health insurance (56.8%) ( $p < 0.0001$ ). Women who did not intend to become pregnant, and who had no health insurance or Medicaid coverage just before they became pregnant account for an estimated 3,084 live births per year in Nebraska.

### PAYMENT FOR PRENATAL CARE, page 34:

- The percentage of women who reported having their prenatal care paid by insurance or HMO decreased by 8.3%, from 64.7% in 2000 to 59.3% in 2003.  
Over time this percentage: **Showed a significant linear decrease.**
- Prenatal care coverage by Medicaid/Medicaid Managed Care (MMC) increased by 21%, from 33.5% in 2000 to 40.6% in 2003.  
Over time this percentage: **Showed a significant linear increase.**

### PAYMENT FOR DELIVERY, page 36:

- Reported private health insurance or HMO coverage for delivery decreased, from 64.2% in 2000 to 58.4% in 2003.  
Over time this percentage: **Showed a significant linear decrease.**

# Executive Summary

- This was balanced by an increase in reported coverage by Medicaid/MMC, from 35.5% in 2000 to 43.4% in 2003.  
Over time this percentage: Showed a significant linear increase.

## **SLEEP POSITION, page 55:**

- The percentage of respondents reporting that they primarily put their babies to sleep on their backs (supine) increased from 66.0% in 2000 to a high of 73.9% in 2002, and decreasing slightly to 72.0 in 2003. Over the four year period, Nebraska averaged 70.5%, exceeding the Healthy People 2010 goal of 70% prevalence of putting the baby to sleep in the supine position.  
Over time this percentage: Showed a significant linear increase.

## **PREVALENCE OF INFANT EXPOSURE TO TOBACCO SMOKE, page 57:**

- The reported number of hours per day that infants were exposed to tobacco smoke was collapsed into “any” versus “none”. The percentage of exposed infants decreased from 11.9% to 7.7% between 2000 and 2003.  
Over time this percentage: Showed a significant linear decrease.

## **SOURCES OF HOUSEHOLD INCOME, page 65:**

- Unemployment Benefits (The prevalence of receipt of unemployment insurance rose from 3.0% in 2000 to 5.8% in 2003.)  
Over time this percentage: Showed a significant linear increase.

## **INCOME-RELATED SERVICES DURING PREGNANCY, page 69:**

- The receipt of food stamps increased among Nebraska mothers during pregnancy from 14.0% in 2000 to 18.7% in 2003.  
Over time this percentage: Showed a significant linear increase.

## **MATERNAL STRESS, page 72:**

- Losing their job even though they had wanted to go on working increased from 8.6% in 2000 to 12.3% in 2003.  
Over time this percentage: Showed a significant linear increase.
- Having been homeless increased from 2.6% in 2000 to 5.4% in 2003.  
Over time this percentage: Showed a significant linear increase.

## Introduction

In 2000, the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) began receiving funding from the Centers for Disease Control and Prevention (CDC) and the Title V/MCH Block Grant, United States Department of Health and Human Services to conduct an ongoing, population-based surveillance system designed to identify, monitor and provide high quality, timely data on selected maternal health behaviors and experiences before, during, and after pregnancy among Nebraska women who deliver a live-born infant. PRAMS serves as a state-specific data source for maternal and child health (MCH) issues and the dissemination of PRAMS data is an essential step in translating findings from PRAMS into public health action.

The Nebraska PRAMS 2000-2003 Trend Report is based on findings from a stratified random sample of 10,619 Nebraska resident women who had a live birth in the years 2000-2003; 84% (weighted response rate) of the women selected to participate responded. The 2000-2003 Nebraska PRAMS survey consisted of 82 questions covering a range of topics. These topics include pregnancy intendedness; contraceptive use; fertility drugs and assisted reproductive technology; prenatal care; prenatal care counseling; HIV Testing; alcohol; tobacco; multivitamin use; participation in the U.S. Department of Agriculture (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); payment for medical care; previous preterm and low birthweight births; pregnancy-related complications; maternal weight and weight gain; newborn health; breastfeeding; sleep position; infant exposure to secondhand smoke; well-baby checkups; maternal employment; sources of income; maternal stress and physical abuse. Many of the PRAMS indicators are consistent with *Healthy People 2010* objectives, which include objectives for improving the health of mothers and children.<sup>1</sup>

## Using the Surveillance Report

The 2000-2003 trend report covers 28 featured topics. Each topic includes: the PRAMS survey question(s) utilized to collect the data with the question number in parenthesis, background information, results, graph (when applicable), CDC PRAMS 2002 Multi-State Results from 27 states (when applicable) and at the end of the report tables for the graphs and definitions are included.

Data in this report were obtained from the PRAMS questionnaire and the state birth certificate file. Eligible mothers were Nebraska residents who had a live birth during the years 2000-2003 and whose infants were registered in the Nebraska Vital Records database. This includes infants who were born out of state to Nebraska residents.

The PRAMS sample is a stratified random sample, with strata based on the race/ethnicity of the infant as recorded on the birth certificate. Participants are selected randomly from within the five racial/ethnic groups: Caucasian, African American, Native American, Asian American, and Hispanic. Non-Caucasian women are sampled at a higher rate to ensure adequate data are available in these smaller but potentially higher risk populations. In order to report data from these strata, a response rate of 70% is required. In 2000, Nebraska PRAMS did not reach 70% response rate for the Native American strata, and during the years 2001-2003 did not reach 70% for the Native American or African American strata. For this reason, the CDC recommends results for these strata not be reported separately; their data are included in this report on the overall population.

Data are weighted by the woman's selection probability to allow the frequencies reported in this document to represent the entire population of live births in the State of Nebraska for the years 2000-2003, and not simply the respondents. Estimates in this report are based on 8,229 PRAMS respondents, and can be generalized to the 100,742<sup>2</sup> live births to Nebraska women from 2000-2003. Data are not reported for questions or categories for which there are fewer than 30 respondents. Typically, the annual sample is large enough for estimating statewide risk factor proportions within 3.5% with 95% confidence.

Trends over time were assessed for significance using chi-square tests for trend, with a significance level of 0.001, which is more stringent than the usual 0.05 significance level, to take into account the multiple tests performed for this report. Additional information on PRAMS methodology, stratification, weighting, and analysis procedures are available upon request. Tables found at the end of this report provide analysis of the overall state population with confidence intervals and P Values. This report illustrates disparities within the perinatal population in the State of Nebraska.

**Limitations:** All survey results are based on self-report and may reflect an unknown degree of reporting bias. These data can only be generalized to Nebraska residents who delivered live infants during the years 2000-2003. Because of sampling error, percentages that appear to show variation over time may not represent real statewide changes. For this reason, all outcomes were tested statistically for presence of a linear trend. However, statistical tests

have limitations, and it is possible that if rates both increase AND decrease over the four-year period, a real underlying curved trend may exist that is not detected by the test for linear trend. It is also possible that a non-significant change represents a real underlying trend that might become significant if it continues.

## Comments from Nebraska PRAMS Mothers

“I'm glad someone is doing a study like this.”

“I think this is a really great idea about this survey so you can see what types of problems different people went through. It shows new mothers, expectant mothers, and already mothers that everybody has their own problems during pregnancy. Well thank you very much for the survey.”

“Thanks for including me! I am a high school home ec teacher & I teach parenting, child birth & child development classes. Your questionnaire was well written.”

“I would like to say thank you for giving me the opportunity to express my feelings. One problem that I had was my maternity leave for the reason that I had no income to help support my family. It may be nice to have a special program for working mothers to do something while they're at home and also get income of some kind. I know some other states have disability for maternity leave.”

“I'm glad I was chosen for this survey. I am in school now to become a nurse in the field of OB/GYN and hopefully I can make a difference also.”

# Results

## PREGNANCY INTENDEDNESS

### Question:

All PRAMS participants were asked:

- “Thinking back to *just before you got pregnant, how did you feel about becoming pregnant?*” (Q10)
  - “I wanted to be pregnant sooner,”
  - “I wanted to be pregnant later,”
  - “I wanted to be pregnant then,” or
  - “I didn’t want to be pregnant then or at any time in the future.”

### Background:

**Healthy People 2010 Objective 9–01:** Increase the percentage of intended pregnancies from 51% (1995) to 70%.

Nearly half of all pregnancies and nearly one-third of all live births in the United States are unintended. Unintended pregnancies are defined as pregnancies that, at the time of conception, are either mistimed (the woman did not want to be pregnant until later), or unwanted (the woman did not want to be pregnant at any time). Two-thirds of unintended births are mistimed and one-third are unwanted. Unintended pregnancies are common among all population subgroups. However, the risk for unintended pregnancy is higher for certain groups, including teenagers, women aged 20–24 years or aged 40 years or older, black women, women with lower levels of education, unmarried women, and women with low incomes. PRAMS data can be used to understand the characteristics of women at risk for unintended pregnancy, to develop informational strategies that increase awareness of unintended pregnancy and the health and other benefits of contraception, to develop service delivery strategies that minimize access barriers and promote and support effective contraceptive use, and to evaluate these efforts.<sup>3</sup>

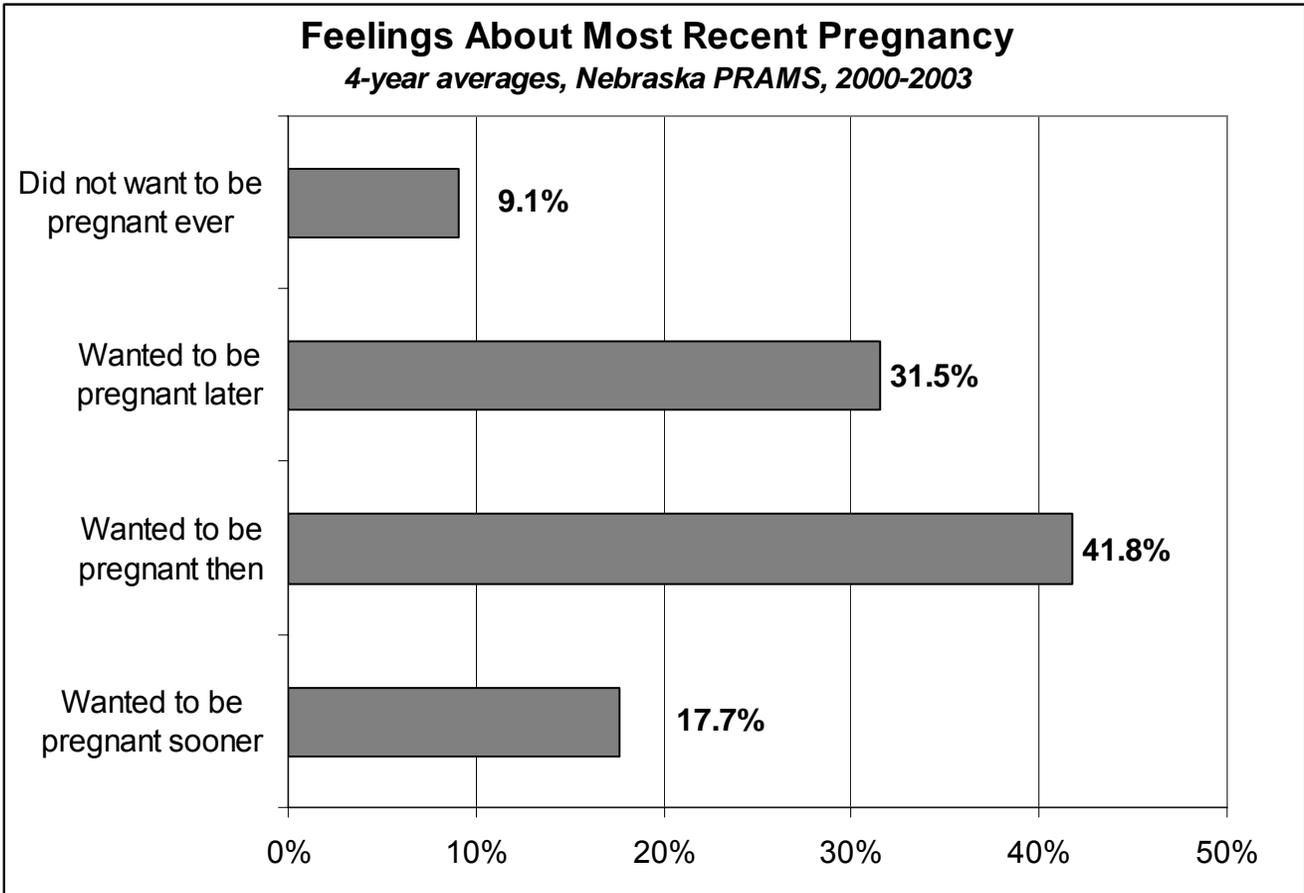
***See also, your husband or partner said he didn’t want you to be pregnant, under “Maternal Stress,” page 70.***

**PREGNANCY INTENDEDNESS**

**Results:**

The rate of unintended pregnancy in Nebraska averaged 40.5% during the 2000-2003 period, with 31.5% of women responding wanting to be pregnant later and 9.1% never wanting to be pregnant. The rate of unintended pregnancy increased from 39.0% in 2000 to 42.8% in 2002, but then decreased to 42.1% in 2003. Unintended pregnancies in Nebraska accounted for an estimated 9,893 live births annually during the 2000-2003 period.

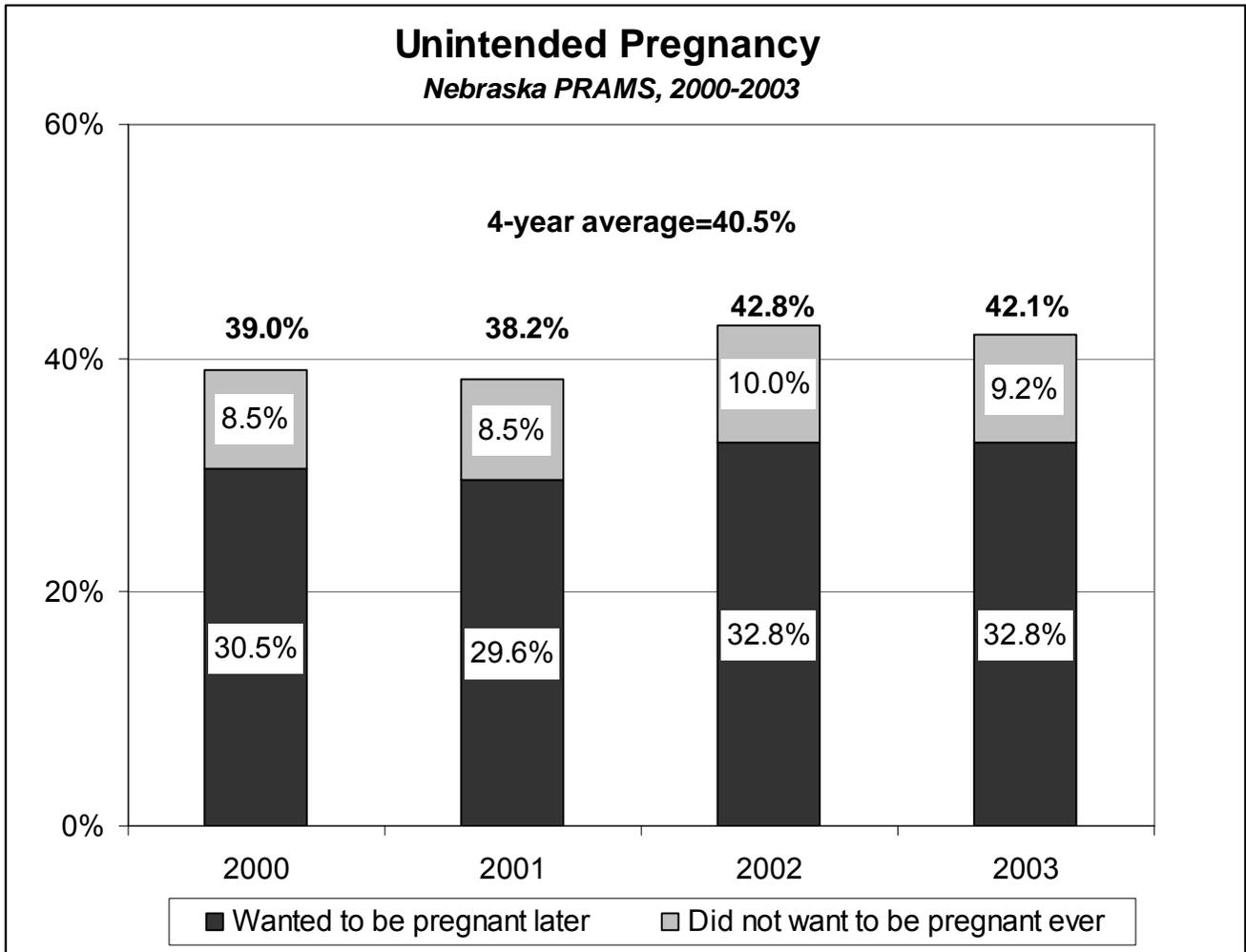
Over time these percentages: **Did not show significant linear increases or decreases.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

**PREGNANCY INTENDEDNESS**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Rates of mistimed pregnancy ranged from 26.1% to 39.5%. At 32.7%\*\* Nebraska ranked 16<sup>th</sup> lowest for mistimed pregnancy; 15 states had lower (better) rates of mistimed pregnancy; 11 states had higher (worse) rates.
- Rates of unwanted pregnancy ranged from 6.1% to 17.1%. At 10.1%\*\* Nebraska ranked 14<sup>th</sup> lowest for unwanted pregnancy; 13 states had lower (better) rates of unwanted pregnancy; 13 states had higher (worse) rates.
- Rates of unintended pregnancy ranged from 32.5% to 54.3%. At 42.8% Nebraska ranked 13<sup>th</sup> lowest for unintended pregnancy; 12 states had lower (better) rates of unintended pregnancy; 14 states had higher (worse) rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## PRE-PREGNANCY CONTRACEPTION

### Questions:

All PRAMS participants who had reported that they had not been trying to become pregnant were asked to answer “yes” or “no” to the question:

- **“When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?”**(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.) (Q12)

Participants who responded “no” were asked:

- **“What were your or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?”** (check all that apply) (Q13)

### Background:

**Healthy People 2010 Objective 9–03:** Increase the proportion of females (and their partners) at risk of unintended pregnancy who uses contraception from 93% (1995) to 100%.

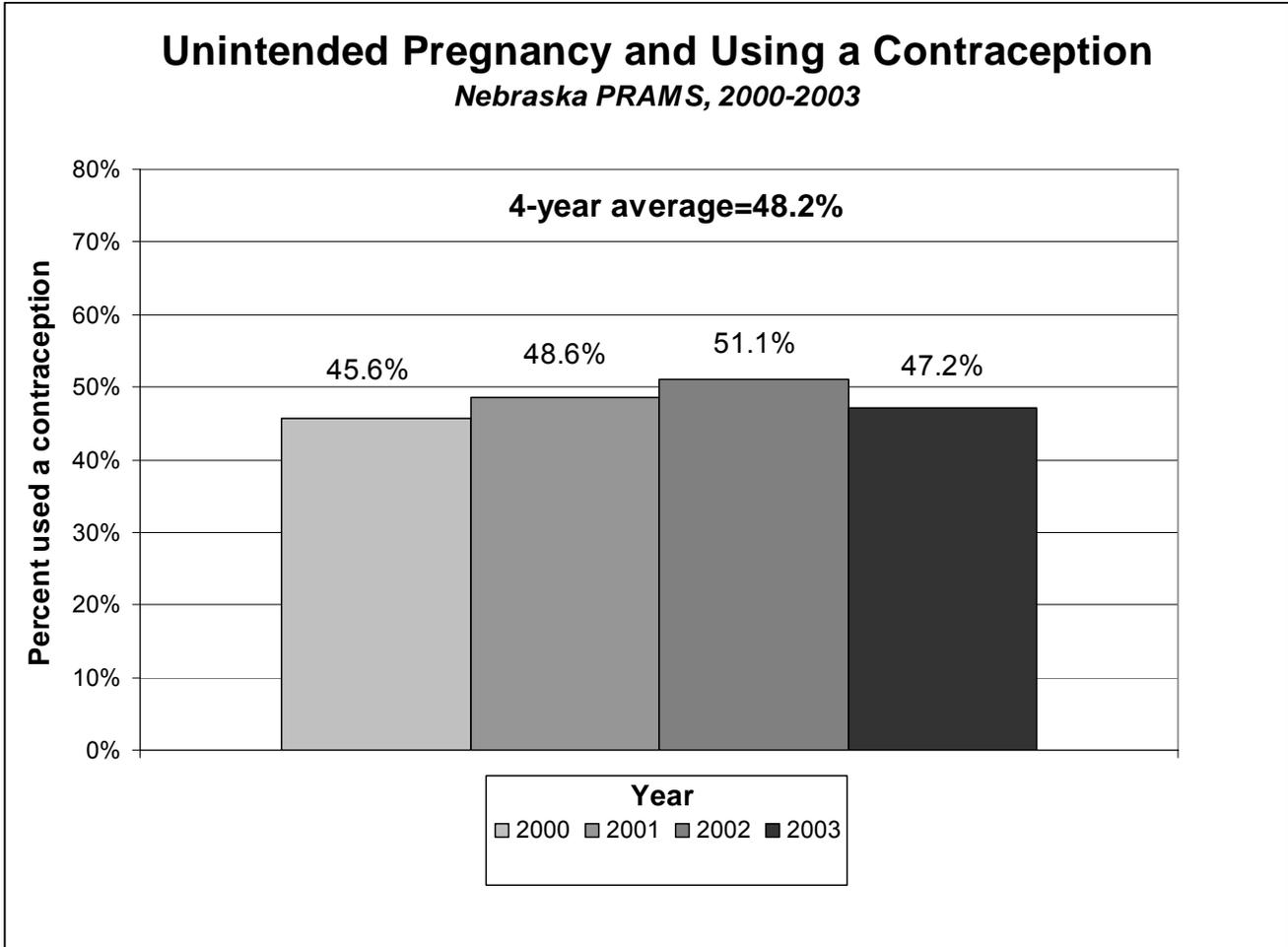
Unintended pregnancy can result from the failure to use contraception, inconsistent or improper use of effective contraception, use of less effective contraception, or in rare cases, failure of highly effective contraception. Failure to use contraception is the major cause of unintended pregnancy. Currently in the United States, 10.7% of women at risk for an unintended pregnancy (aged 13–44, sexually active, fertile, and not currently pregnant or trying to become pregnant) report using no contraception. Women at risk for unintended pregnancy who use no contraception account for more than one-half of all unintended pregnancies. At-risk women who are less likely to use contraception include teenagers, non-Hispanic black women, women who have had two or fewer births, and women who intend to have more children. Factors reducing the likelihood that women will use contraception include perceived infertility, low education levels, and negative attitudes toward contraception. PRAMS data can be used to understand the characteristics of women at risk for unintended pregnancy, to develop informational strategies that increase awareness of unintended pregnancy and the health and other benefits of contraception, to develop service delivery strategies that minimize access barriers and promote and support effective contraceptive use, and to evaluate these efforts.

**PRE-PREGNANCY CONTRACEPTION**

**Results:**

**USING CONTRACEPTION:** Of those whose pregnancy was unintended, an estimated 51.8% reported that they had not been doing anything to prevent the pregnancy (no graphic is shown for this item), and 48.2% reported having used some method of contraception.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

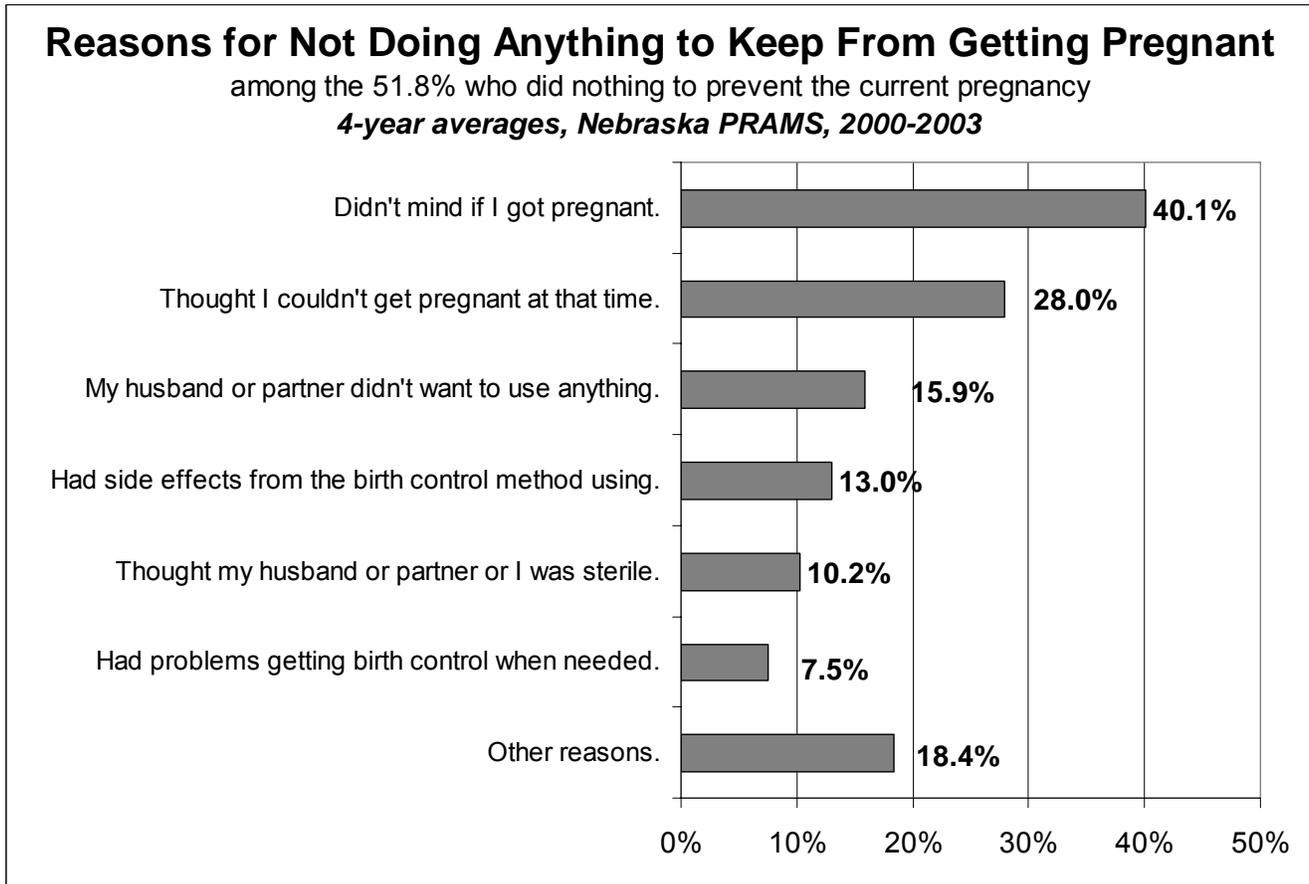
- The percentage of reported contraceptive use among women who reported that their pregnancy was unintended ranged from 38.7% to 53.3%. Nebraska, at 51.1% ranked 3<sup>rd</sup>; 24 states ranked lower and 2 states ranked higher.

\*Most current data available from CDC.

**PRE-PREGNANCY CONTRACEPTION**

**REASONS FOR NOT USING:** Over the 2000-2003 timeframe, the most common reason given by women for *not* having done anything to keep from getting pregnant (unintended) was "I didn't mind if I got pregnant." An average of 40.1% of these women gave this as a reason. The second most common reason was "I thought I couldn't get pregnant at that time", with 28.0% citing this reason. The husband or partner not wanting to use birth control was third most common, at 15.9%. Side effects were cited as a reason for 13.0%. Believing one partner was sterile was cited by 10.2%, and having problems getting birth control when it was needed was cited by 7.5%.

Over time these percentages: **Did not show a significant linear increase or decrease.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## FERTILITY DRUGS AND ASSISTED REPRODUCTIVE TECHNOLOGY

### Questions:

All PRAMS participants were asked to answer “yes” or “no” to the questions:

- **“Did you take any fertility drugs to help you get pregnant with your new baby?”** (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.) (Q14)
- **“Did you use any medical procedures (assisted reproductive technology) to help you get pregnant with your new baby?”** (Assisted reproductive technology procedures include in vitro fertilization [IVF], GIFT, ZIFT, embryo transfer, and donor oocytes.) (Q15)

### Background:

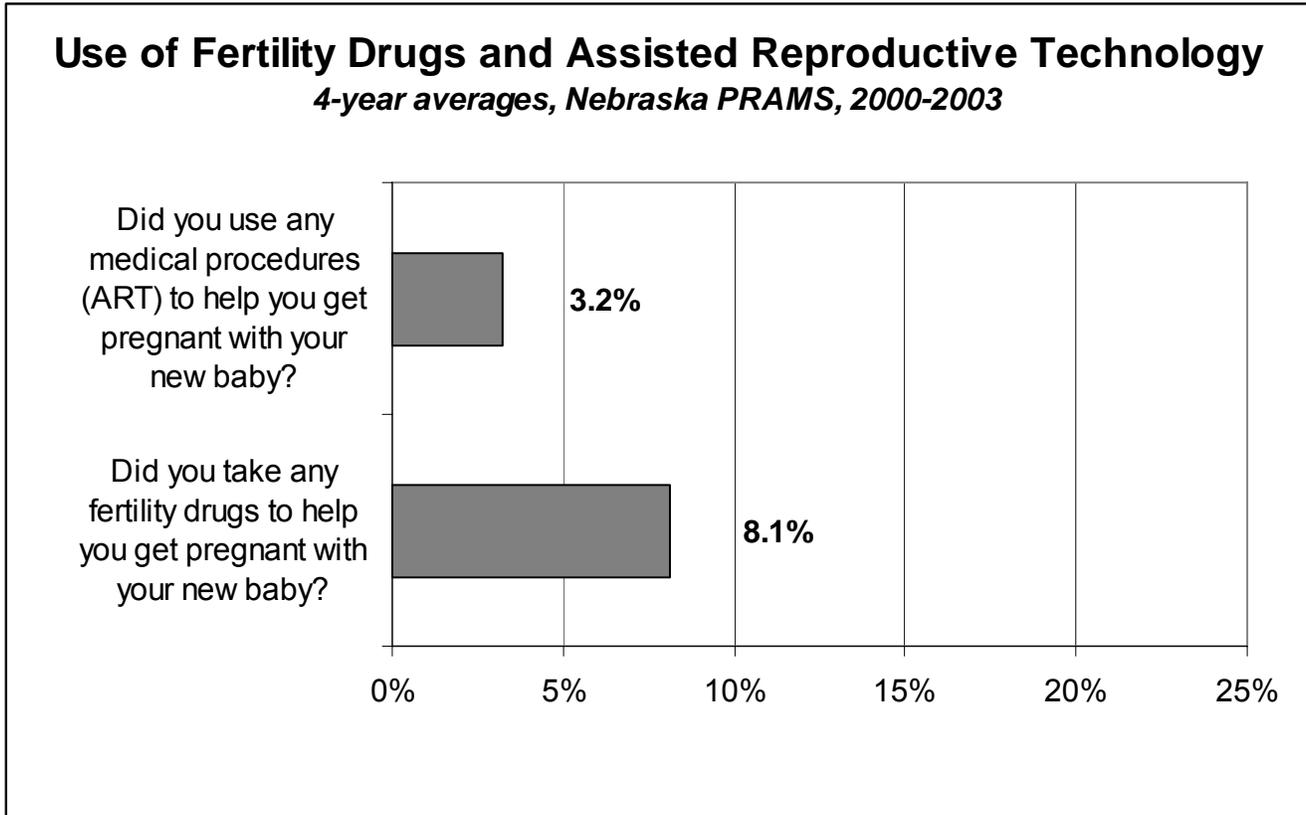
Infertility is often defined as not being able to get pregnant after trying for one year. Of the approximately 62 million women of reproductive age in 2002, about 1.2 million, or 2%, had an infertility-related medical appointment within the previous year, and 8% had an infertility-related medical visit at some point in the past. (Infertility services include medical tests to diagnose infertility, medical advice and treatments to help a woman become pregnant, and services other than routine prenatal care to prevent miscarriage.) ART includes all fertility treatments in which both eggs and sperm are handled. ART procedures involve surgically removing eggs from a woman’s ovaries, combining them with sperm in the laboratory, and returning them to the woman’s body or donating them to another woman.<sup>4</sup>

**FERTILITY DRUGS AND ASSISTED REPRODUCTIVE TECHNOLOGY**

**Results:**

Over the 2000-2003 period, women who reported use of fertility drugs and ART averaged 8.1% and 3.2%, respectively, with inconsistent and small changes over time.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## POSTPARTUM CONTRACEPTION

### Questions:

All PRAMS participants were asked to answer “yes” or “no” to the question:

- “**Are you or your husband or partner doing anything *now* to keep from getting pregnant?**” (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].) (Q61)

Women who answered “no” were asked:

- “**What are your or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant *now*?**” (Q62)

Women who answered “yes” were asked:

- “**What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?**” (Q63)

### Background:

In the postpartum period, use of contraception may contribute to improved birth outcomes by lengthening the interval between pregnancies. Numerous studies have found that short interconception intervals, ranging from 3 months to less than 18 months, are associated with an increased risk of adverse birth outcomes.<sup>3</sup>

***See also, prenatal counseling regarding birth control methods to use after your pregnancy, under “Topics Discussed During Prenatal Care,” page 17.***

### Results:

USE: During the 2000-2003 period, an average of 84.9% of post-partum women reported that they were doing something to keep from getting pregnant again (no graphic is presented for this item).

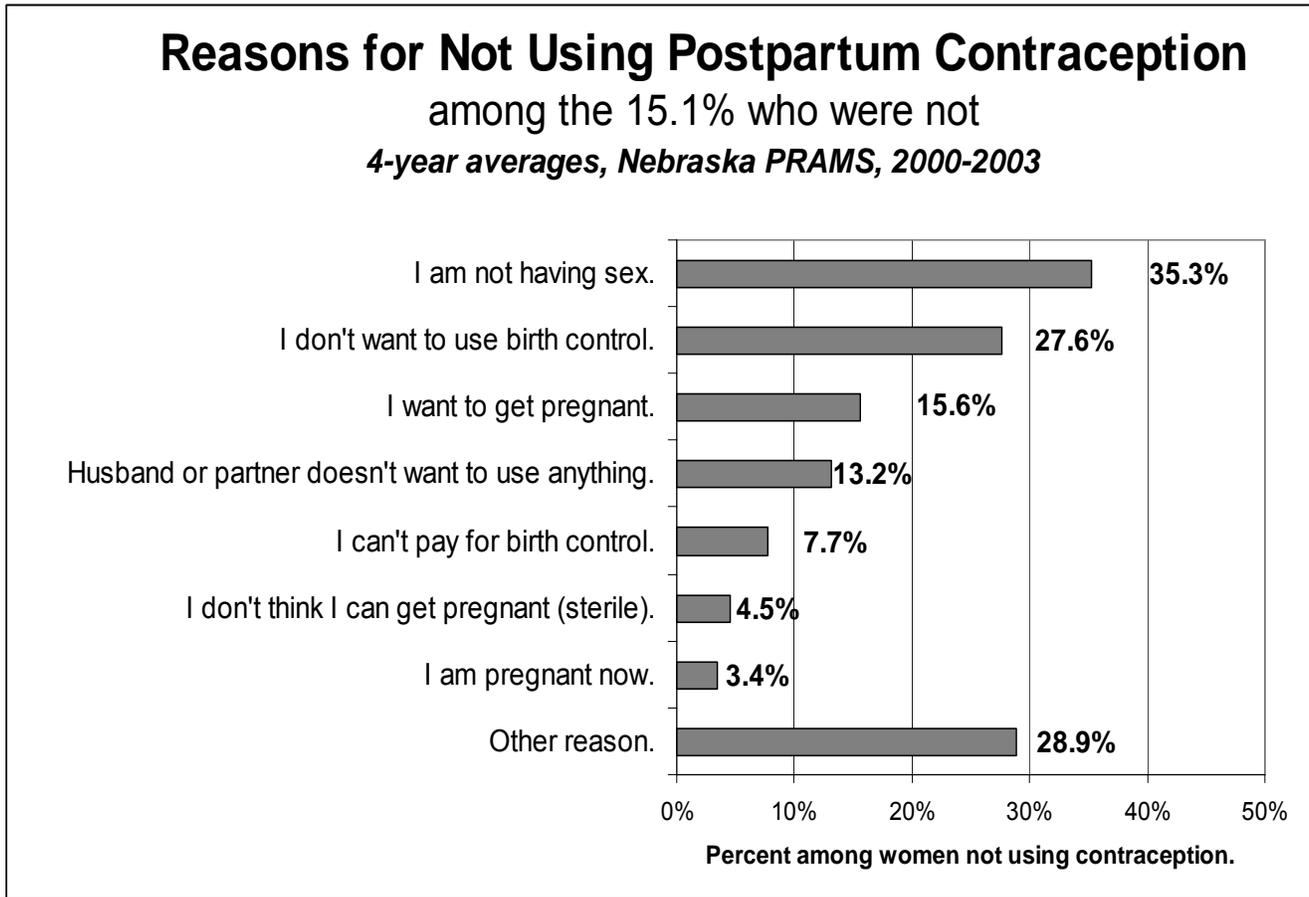
Over time this percentage: **Did not show a significant linear increase or decrease.**

**Note:** The remaining approximately 3,712 women (15.1%) reported they were NOT doing anything to keep from getting pregnant again and were at risk for short interconception period with a higher potential for poor birth outcome.

**POSTPARTUM CONTRACEPTION**

**REASONS:** The three most common reasons among those who were not doing anything to keep from becoming pregnant again now, were “I am not having sex,” with an average of 35.3% citing this reason, “I don’t want to use birth control,” cited by 27.6%, and “I want to get pregnant, by 15.6%. Partner not wanting to use contraception was a reason for 13.2% of women. Not being able to pay for birth control was a reason for 7.7% of women. Belief that she is sterile and being currently pregnant were cited by 4.5% and 3.4% of women, respectively. Note that women were able to cite more than one reason.

Over time these percentages: **Did not show significant linear changes.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## POSTPARTUM CONTRACEPTION

**CONTRACEPTION METHODS:** Among the 84.9% of women who reported doing something now to keep from getting pregnant again:

Use of birth control pills for post-partum contraception decreased from 39.7% in 2000 to 33.3% in 2003, while remaining the most common method used (4-year average=37.6%).  
Over time this percentage: Showed a significant linear decrease.

The second most prevalent contraceptive method (31.7%) was condoms.  
Over time this percentage: Did not show a significant linear increase or decrease.

The reported use of injections (Depo-Provera) decreased slightly over time from 15.6% to 12.4%.  
Over time this percentage: Did not show a significant linear increase or decrease.

Tubal ligation, withdrawal, and vasectomy were cited by 9.9%, 9.0%, and 4.3% of women, respectively.  
Over time these percentages: Did not show a significant linear change.

Reported use of foam, jelly or cream contraceptives decreased from 3.4% in 2000 to 1.0% in 2003 (4-year average=2.4%).  
Over time this change was: A significant linear decrease.

Reported use of "Other methods" increased from 8.8% to 18.2% (4-year average=12.9%) over the same period. Based on "write-in" responses, this increase was largely accounted for by women who cited "the patch" as their method of birth control, beginning in 2002 and continuing in 2003.  
Over time this change was: A significant linear increase.

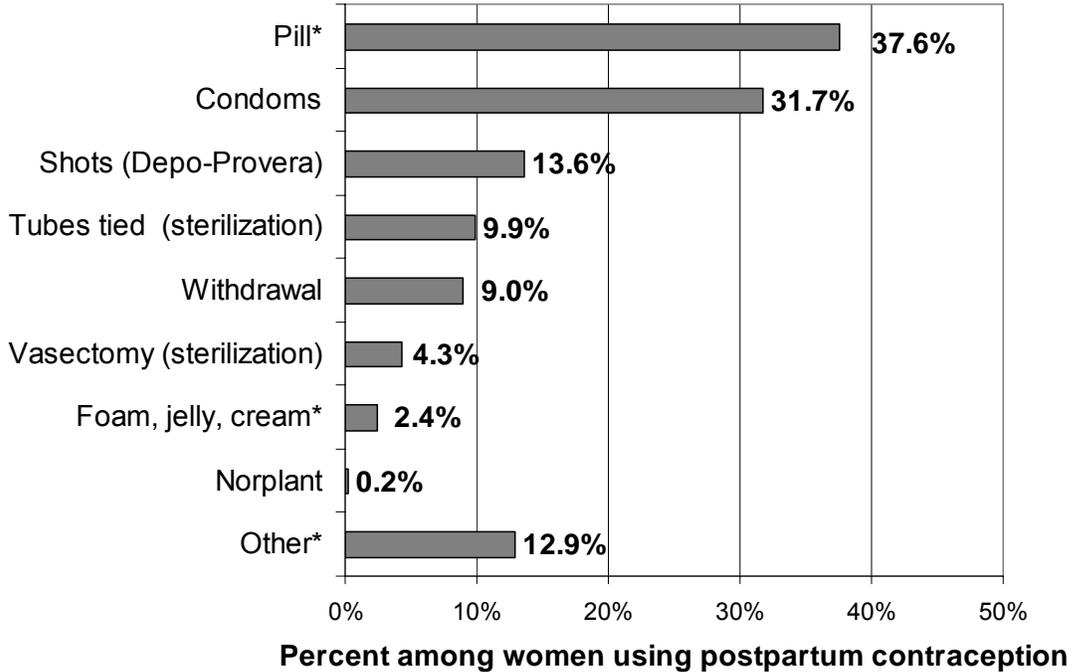
**POSTPARTUM CONTRACEPTION**

**Methods of Postpartum Contraception**

among the 84.9% who were trying not to get pregnant

**4-year averages, Nebraska PRAMS, 2000-2003**

(\*statistically significant trend)



Table

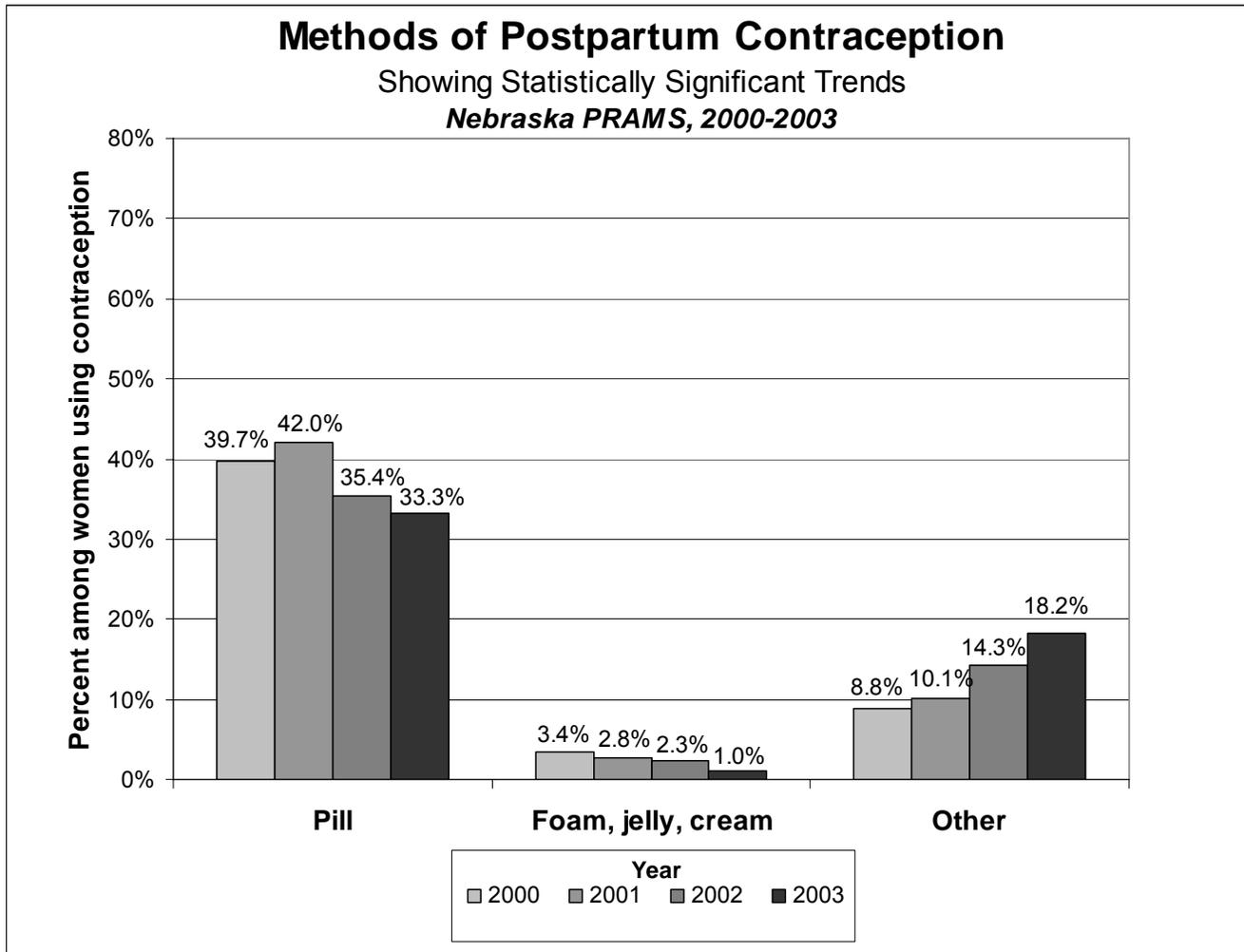
**PRAMS Multi-State Results (27 states) 2002\*:**

- Postpartum contraceptive use ranged from 76.1% to 88.9% of women. At 84.7%\*\* , Nebraska ranked 17<sup>th</sup> highest; 16 states ranked higher (better) and 10 states ranked lower.
- 2002 multi-state data were not available on reasons for not using contraception.
- 2002 multi-state PRAMS data are not available for the follow-up questions on reasons and methods.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

**POSTPARTUM CONTRACEPTION**



Table

## ENTRY INTO PRENATAL CARE

### Questions:

All PRAMS participants were asked:

- “**How many weeks or months pregnant were you when you were *sure* you were pregnant?** (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.) (Q16)
- “**How many weeks or months pregnant were you when you had your first visit for prenatal care?**”(Don’t count a visit that was only for a pregnancy test or only for WIC [the Supplemental Nutrition Program for Women, Infants, and Children].) (Q17)
- “**Did you get prenatal care as early in your pregnancy as you wanted?**” (Q18)

### Background:

**Healthy People 2010 Objective 16-06:** Increase the proportion of pregnant women who receive early and adequate prenatal care from 83% (1998) to 90%.

Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each component can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.

PRAMS data can be used to develop policies and programs that encourage early and adequate prenatal care at the state and local levels.<sup>3</sup>

### Results:

**LATE PREGNANCY CONFIRMATION:** Over the 2000-2003 period, the prevalence of late pregnancy confirmation (after the first trimester) averaged 3.1% in Nebraska.

Over time this percentage: **Did not show a significant linear increase or decrease.**

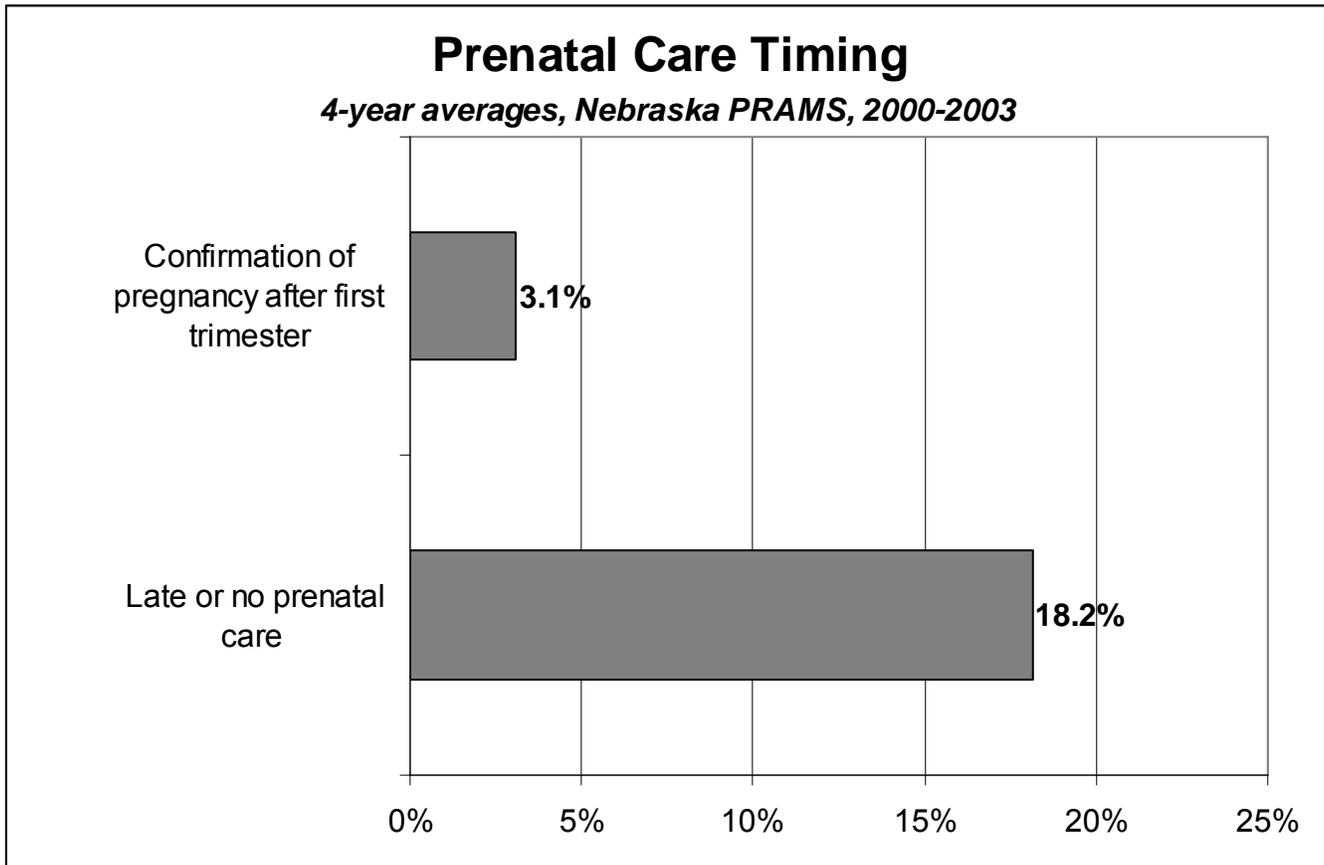
**LATE ENTRY INTO PRENATAL CARE:** Over the 2000-2003 period, Nebraska’s reported prevalence of late or no entry into prenatal care averaged 18.2%. From 2000–2002 the prevalence decreased from 20.8% to 17.3%, then increased slightly in 2003 to 18.0%.

Over time this percentage: **Did not show a significant linear increase or decrease.**

**RECEIVING PRENATAL CARE AS EARLY AS WANTED:** Though all women were asked this question, 2002 multi-state results are reported only among those who began their prenatal care after the first trimester, or who never had prenatal care. For consistency, Nebraska results are provided for this subgroup. Over the 2000–2003 period, Nebraska’s prevalence of not getting prenatal care as early as desired among women who began care late or not at all averaged 42.3%.

Over time this percentage: **Did not show a significant linear increase or decrease.**

**ENTRY INTO PRENATAL CARE**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- The prevalence of late (after the first trimester) or no entry into prenatal care ranged from 8.3% to 28.9%. At 17.3% (see table on page 81) Nebraska ranked 5<sup>th</sup> lowest (better) than all but 4 states but still did not meet the HP2010 goal of 10%.
- The prevalence of late pregnancy confirmation (after the first trimester) ranged from 2.0% to 6.8%. At 2.4% (see table on page 81) Nebraska ranked 4<sup>th</sup> lowest; three states had lower (better) rates and 23 states had higher (worse) rates.
- The prevalence of not getting prenatal care as early as desired *among women who began care late or not at all* ranged from 26.3% to 62.3%. At 41.9%\*\* (see table on page 81) Nebraska ranked 3<sup>rd</sup> lowest (better) prevalence than all but two states; 24 states had higher (worse) rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

**TOPICS DISCUSSED DURING PRENATAL CARE**

**Questions:**

All Nebraska PRAMS participants were asked:

- **“During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.)” (Q22)**
  - “How cigarette smoking during your pregnancy could affect your baby?”
  - “Breastfeeding your baby?”
  - “How drinking alcohol during your pregnancy could affect your baby?”
  - “Using a seat belt during your pregnancy?”
  - “Birth control methods to use after your pregnancy?”
  - “Medicines that are safe to take during your pregnancy?”
  - “How using illegal drugs could affect your baby?”
  - “Doing tests to screen for birth defects or diseases that run in your family?”
  - “What to do if your labor starts early?”
  - “Getting your blood tested for HIV (the virus that causes AIDS)?”
  - “Physical abuse to women by their husbands or partners?”

**Background:**

**Relevant Healthy People 2010 Objectives**

16-17c	Reduce the prevalence of smoking during pregnancy to 1%
27-6	Increase smoking cessation during the first trimester to 30%
10a	Reduce low birth weight (LBW) to 5%
10b	Reduce very low birthweight (VLBW) to 5%
16-19a	Increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75%
9-3	Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception to 100%
13-17	Reduce new cases of perinatally acquired HIV infection.
16-17a	Reduce the prevalence of alcohol consumption during pregnancy to 6%.
27-6	Increase smoking cessation during the first trimester to 30%
15-19	Increase seat belt use to 92%
15-34	Reduce physical abuse by current or former intimate partners to 3.3 cases per 1,000 persons 12 years and older

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend that prenatal care providers counsel women during prenatal care about the advantages of breastfeeding.

**TOPICS DISCUSSED DURING PRENATAL CARE**

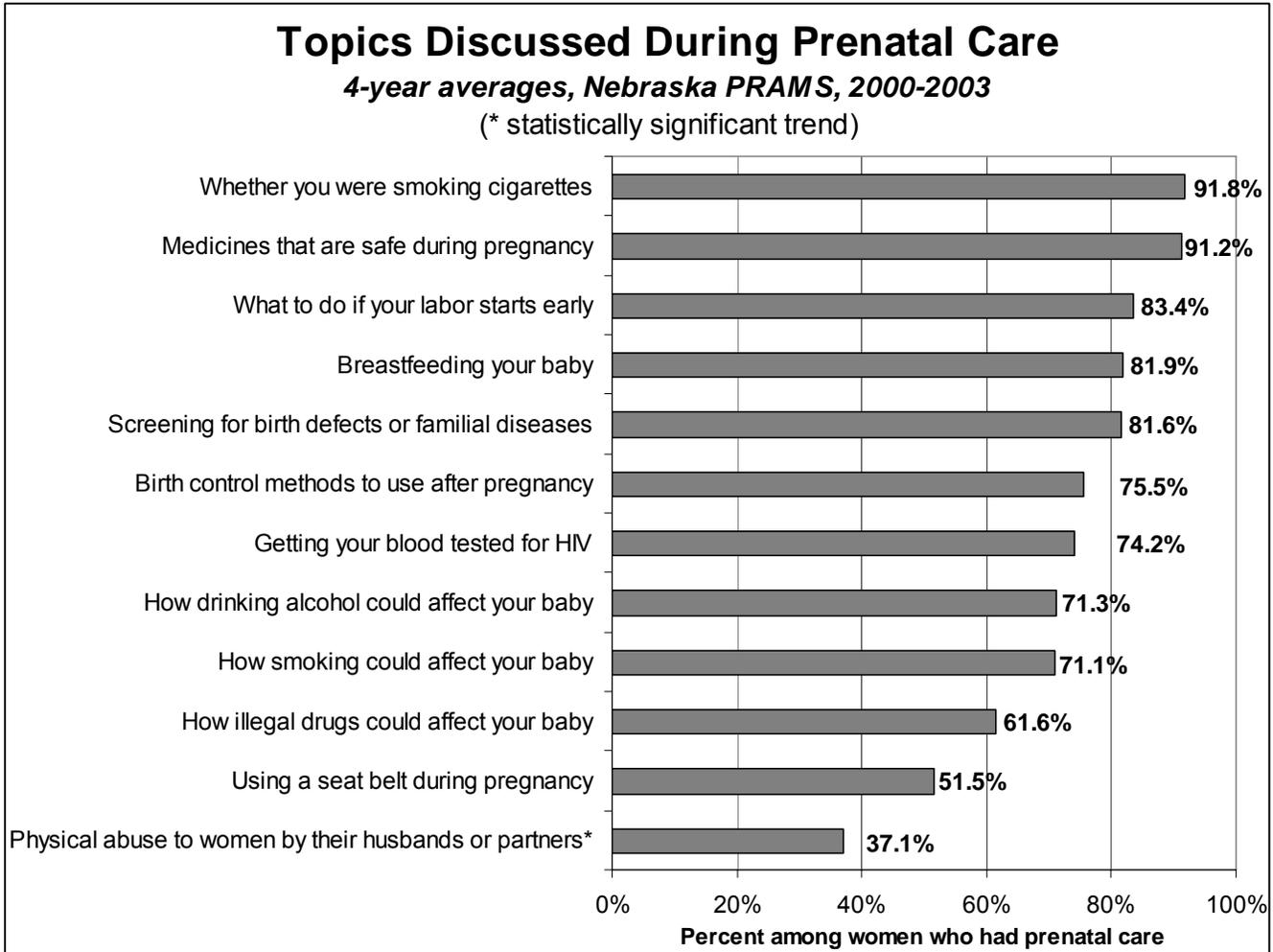
**Results:**

The most common topic discussed was “whether you were smoking cigarettes”. Six of the 11 topics were discussed with fewer than three-quarters of the respondents. It is unknown how these data may be affected by recall error, and whether that error would vary by topic. The topics of medicine safety, early labor, breastfeeding, screening for birth defects or diseases, post-partum contraception, HIV testing, alcohol, smoking, illegal drugs and seatbelt use were each cited by more than 50% of women as having been discussed.

Over time these percentages: **Did not show a significant linear increase or decrease.**

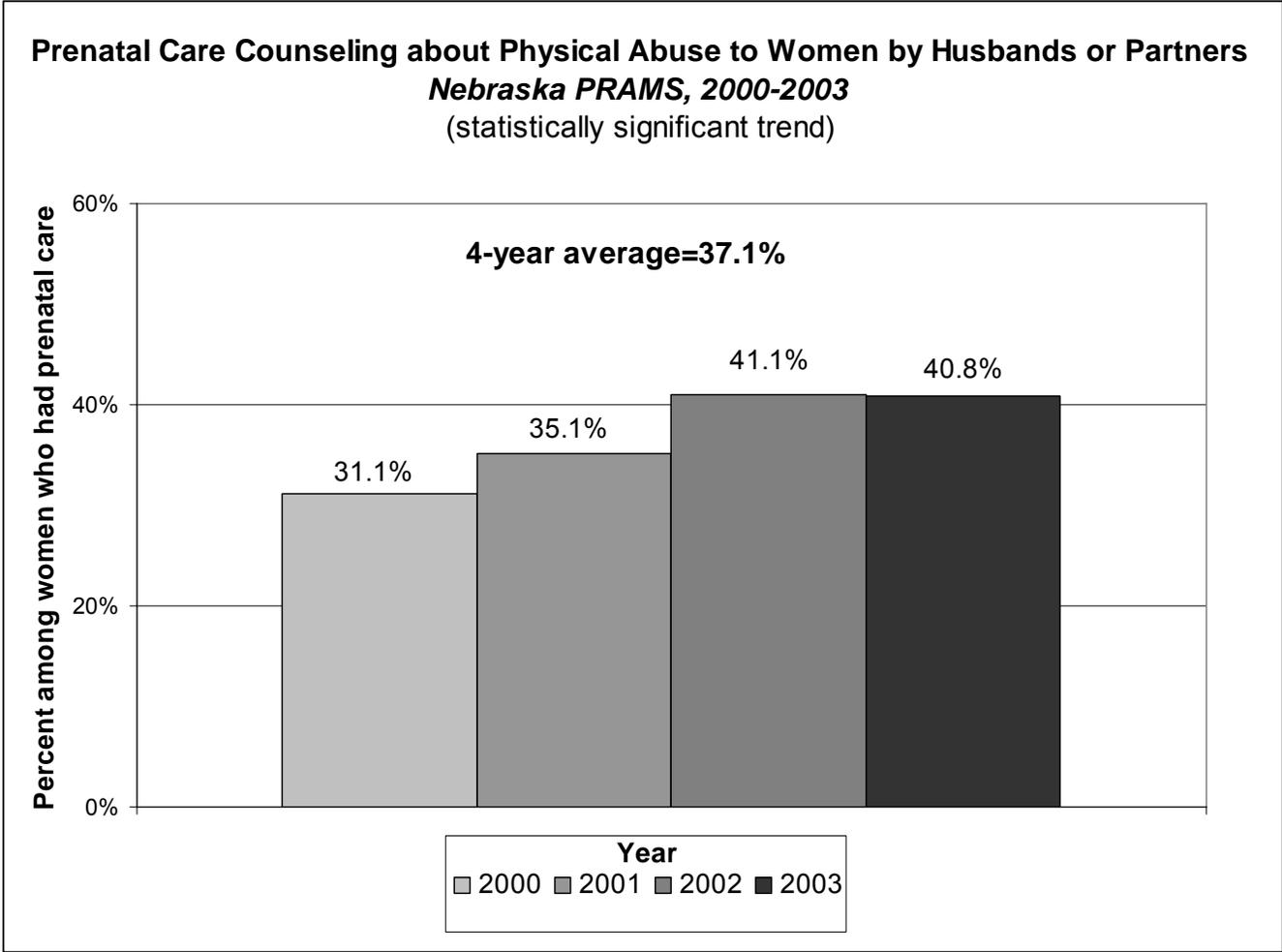
The proportion of women who reported that their prenatal care counseling included a discussion about physical abuse by their husband or partner was lower than all other topics, though it increased from 31.1% in 2000 to 40.8% in 2003.

Over time this percentage: **Showed a significant linear increase.**



Table

**TOPICS DISCUSSED DURING PRENATAL CARE**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- The prevalence of prenatal care discussion of physical abuse by husband or partner ranged from 24.4% to 55.2%. Nebraska ranked 10th highest at 40.9%\*\*; only nine states had higher rates while 17 states had lower rates.

\*Most current data available from CDC.  
 \*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## HIV TESTING

### Questions:

All PRAMS participants were asked:

- “**At any time during your most recent pregnancy or delivery, did you have a blood test for HIV (the virus that causes AIDS)?**” (Q25)

### Background:

To reduce perinatal HIV transmission, The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend HIV counseling and testing as part of routine care. Diagnosis early in pregnancy gives infected women the opportunity to receive antiretroviral drugs to protect her health and lower chances of transmitting the virus to her infant.

***See also, prenatal counseling regarding getting a blood test for HIV, under “Topics Discussed Prenatal Care,” page 17.***

### Results:

Among PRAMS respondents who received prenatal care during the 2000-2003 period, an average of 63.5% was tested for HIV during their pregnancy (graphic not shown for this item.)

Over time this percentage: **Did not show a significant linear increase or decrease.**

2002 CDC multi-state PRAMS results are not available for this question.

## ALCOHOL

### Questions:

All PRAMS participants who reported any alcohol consumption within the last two years (Q33) were asked about consumption during three separate periods:

- “**During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**” (Q34a)
- “**During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**” (Q35a)
- “**Since your baby was born, how many alcoholic drinks do you have in an average week?**” (A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.)” (Q80)

In each of the above periods, women were asked to select an answer from the following list:

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

Over 90% of women were interviewed between 12 and 26 weeks after the birth.

### Background:

**Healthy People 2010 Objective 16 –17a:** Reduce the prevalence of alcohol consumption during pregnancy from 14% (1996-1997) to 6%.

Alcohol use during pregnancy can produce a range of physical and mental effects in the fetus. Because the minimum quantity of alcohol required to produce adverse fetal consequences is unknown, the American Academy of Pediatrics (AAP) recommends abstinence from alcohol use for women who are pregnant or planning to become pregnant. Frequent drinking, including binge drinking, is associated with adverse birth and infant health outcomes, including spontaneous abortions, birth defects, growth deficits, and neurodevelopmental disorders. PRAMS provides data on weekly alcohol consumption and binge drinking 3 months before pregnancy and during the last 3 months of pregnancy. States can use PRAMS data to monitor alcohol use during early and late pregnancy and to develop and target programs for women most at risk for alcohol use during pregnancy.

**See also, prenatal counseling regarding how drinking alcohol during pregnancy can affect the baby, under “Topics Discussed During Prenatal Care,” page 17.**

**ALCOHOL**

**Results:**

**3 MONTHS BEFORE PREGNANCY:** An estimated 57.5% of women during the 2000-2003 period reported drinking any alcohol in an average week during the 3 months before they became pregnant.

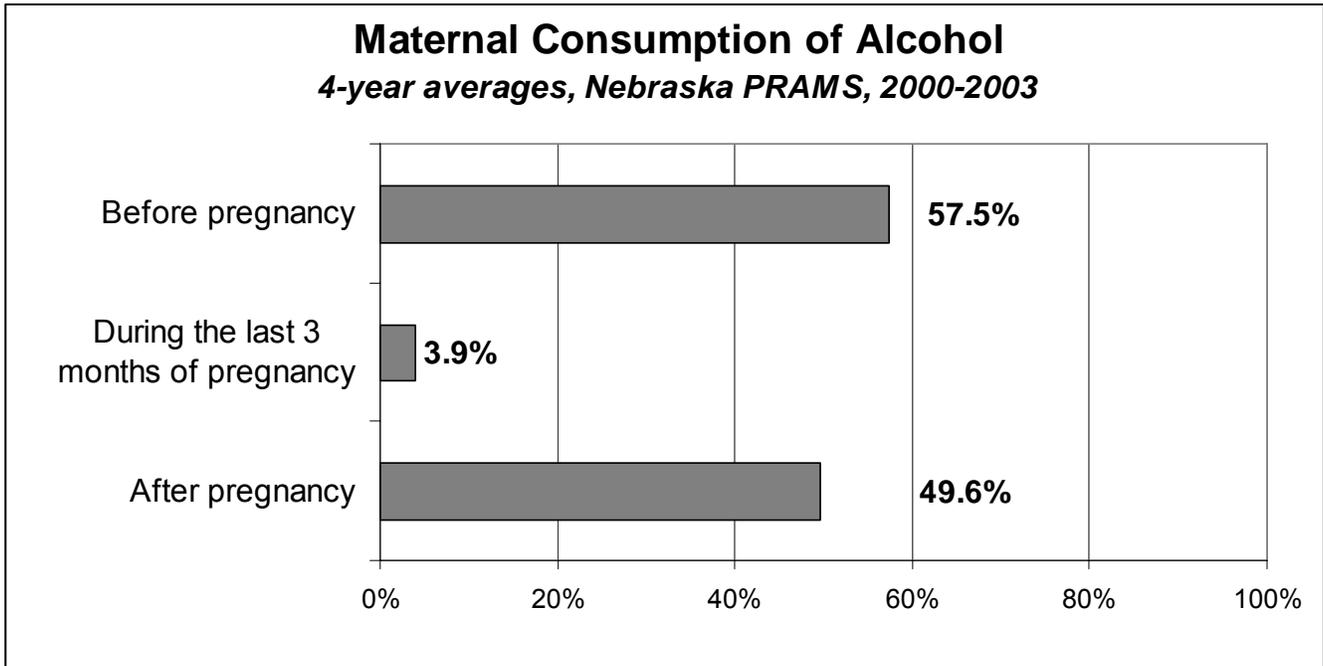
Over time this percentage: **Did not show a significant linear increase or decrease.**

**LAST THREE MONTHS OF PREGNANCY:** An estimated 3.9% of women during the 2000-2003 period reported drinking any alcohol in an average week during the last three months of their pregnancy.

Over time this percentage: **Did not show a significant linear increase or decrease.**

**AFTER PREGNANCY:** An estimated 49.6% of women during the 2000-2003 period reported drinking any alcohol in an average week since their baby had been born.

Over time this percentage: **Did not show a significant linear increase or decrease.**



**PRAMS Multi-State Results (27 states) 2002\*:**

- The prevalence of drinking alcohol during the three months before pregnancy ranged from 21.4% to 65.2%. At 57.9%\*\* (see table on page 84) Nebraska ranked 6th highest; only five states had higher (worse) rates while 21 states had lower (better) rates.
- The prevalence of drinking any alcohol during the last three months of pregnancy ranged from 2.0% to 11.6%. At 4.3% Nebraska ranked 8<sup>th</sup> lowest; seven states had lower (better) rates and 19 states had higher (worse) rates.
- 2002 multi-state PRAMS results are not available for current alcohol consumption.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## TOBACCO

### Questions:

All PRAMS participants who answered “yes” to “**Have you smoked at least 100 cigarettes in the past two years?**” (A pack has 20 cigarettes) (Q29) were further asked:

- “**In the *three months before you got pregnant*, how many cigarettes or packs of cigarettes did you smoke on an average day?**” (A pack has 20 cigarettes) (Q30)
- “**At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?**” (Q23)
- “**In the *last three months of your pregnancy*, how many cigarettes or packs of cigarettes did you smoke on an average day?**” (Q31)
- “**How many cigarettes or packs of cigarettes do you smoke on an average day *now*?**” (Q32)

Over 90% of women were interviewed between 12 and 26 weeks after the birth, minimizing recall problems about habits during pregnancy. Smoking during pregnancy is linked to low birth weight and preterm delivery. Maternal smoking post-partum is strongly linked to sudden infant death syndrome (SIDS) and respiratory problems in newborns.

### Background:

**Healthy People 2010 Objective 16 –17c:** Reduce the prevalence of smoking during pregnancy from 13% (1998) to 1%.

**Healthy People 2010 Objective 27–6:** Increase smoking cessation during the first trimester from 14% (1998) to 30%.

**Healthy People 2010 Objective 16–17c:** Increase reported abstinence from cigarette smoking by pregnant women from 87% (1998) to 99%.

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend that providers screen all women at the first prenatal care visit for smoking and counsel all smokers about the impact of smoking during pregnancy. Smoking is the most important known preventable risk factor for low birthweight and small size for gestational age, both of which are leading contributors of fetal and neonatal deaths. The incidence of low birthweight among mothers who smoke is estimated to be about double that for non-smokers. Cigarette smoking during pregnancy is also associated with premature rupture of membranes, abruption placentae, placenta previa, and preterm delivery. PRAMS provides data on smoking prevalence during the 3 months prior to pregnancy, during the last 3 months of pregnancy, and after pregnancy. States can use these data to monitor prevalence and trends in smoking around the time of pregnancy and to guide development of informational campaigns to heighten awareness of the risks of smoking for women, children, and families.

***See also, prenatal counseling regarding how smoking during pregnancy could affect the baby, under “Topics Discussed During Prenatal Care,” page 17.***

***See also, “Infant Exposure to Second-Hand Smoke”, page 57.***

**TOBACCO**

**Results:**

**PREVALENCE OF BEING ASKED DURING PRENATAL CARE IF SMOKING**

**CIGARETTES:** On average, 91.8% of women reported that during prenatal care their doctor or nurse asked them if they had smoked cigarettes (graphic not shown for this item).

Over time this percentage: **Did not show a significant linear increase or decrease.**

**PREVALENCE OF SMOKING DURING THE 3 MONTHS BEFORE PREGNANCY:** On average, 26.3% of women smoked during the 3 months before they became pregnant.

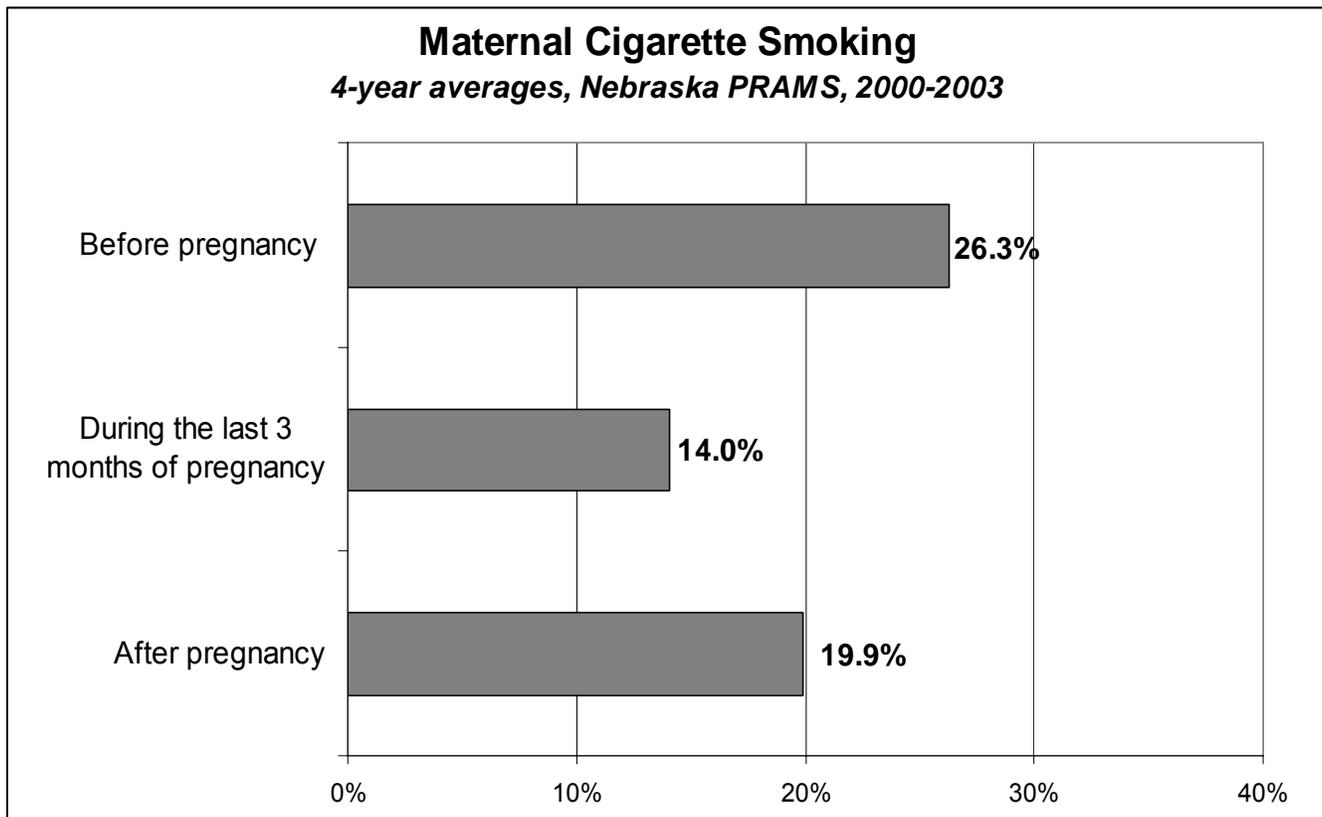
Over time this percentage: **Did not show a significant linear increase or decrease.**

**PREVALENCE OF SMOKING DURING THE LAST THREE MONTHS OF PREGNANCY:** On average, 14.0% of women during the 2000-2003 period smoked during the last three months before they became pregnant.

Over time this percentage: **Did not show a significant linear increase or decrease.**

**PREVALENCE OF SMOKING AFTER PREGNANCY:** On average, 19.9% of women during the 2000-2003 period reported that they were smokers at the time they filled out the PRAMS survey.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

## TOBACCO

### **PRAMS Multi-State Results (27 states) 2002\*:**

- 2002 multi-state PRAMS results are not available for prevalence of being asked during prenatal care by a health care provider if she smoked.
- The prevalence of smoking prior to pregnancy ranged from 13.6% to 37.0%. At 27.4%\*\* (see table on page 84), Nebraska ranked 10<sup>th</sup> highest; 17 states had lower (better) rates and nine states had higher (worse) rates.
- The prevalence of smoking during the last 3 months of pregnancy ranged from 6.8% to 25.3%. Nebraska's prevalence of 14.4% ranked 14<sup>th</sup> highest; 13 states had lower (better) rates and 13 states had higher (worse) rates.
- The prevalence of smoking after the pregnancy ranged from 9.0% to 33.7%. Nebraska ranked 12<sup>th</sup> highest with a reported prevalence of 19.8%\*\* (see table on page 84) of respondents smoking after pregnancy; 15 states had lower (better) rates and 11 states had higher (worse) rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## MULTIVITAMIN BEFORE PREGNANCY

### Questions:

All PRAMS participants were asked: “**In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**” (Q3)

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

### Background:

**Healthy People 2010 Objective 16-16a:** Increase the consumption of at least 400 µg of folic acid each day from fortified foods or dietary supplements by non-pregnant women aged 15 to 44 years from 21% (1991-1994) to 80%.

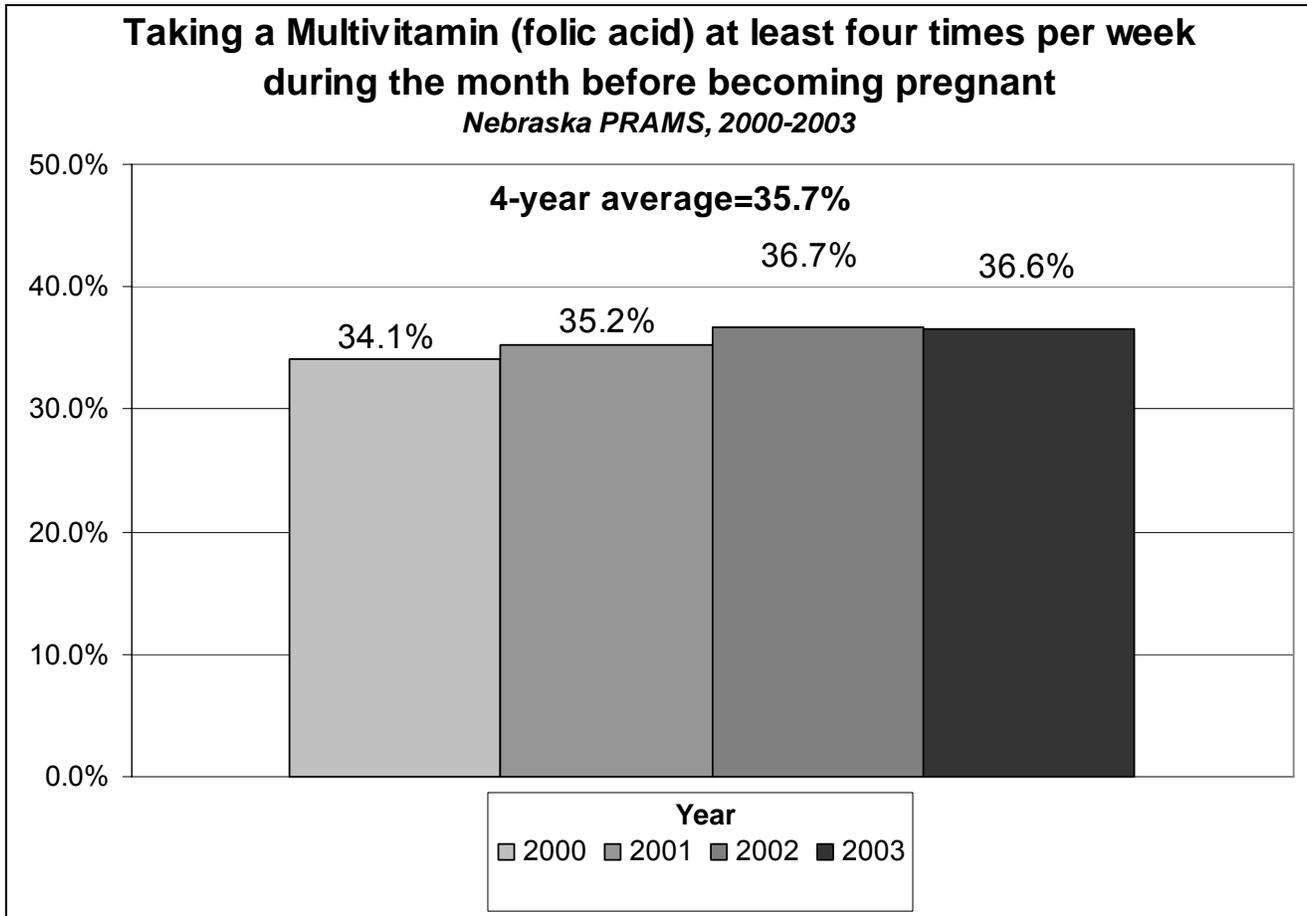
Research indicates that consumption of folic acid, a B vitamin, before conception and during the first trimester can reduce the occurrence of neural tube defects (NTDs) by 50%–70%. Given the effectiveness of folic acid in preventing NTDs, the U.S. Public Health Service (PHS) and the Food and Nutrition Board of the Institute of Medicine have separately recommended that all women capable of becoming pregnant consume 0.4 milligrams (mg) of folic acid daily. NTDs, which include spina bifida (open spine) and anencephaly (open skull), are among the most common birth defects that contribute to perinatal mortality, infant mortality, and serious disability in surviving children.<sup>3</sup>

**MULTIVITAMIN BEFORE PREGNANCY**

**Results:**

The percentage of women who reported taking a multivitamin at least four times per week averaged 35.7% over the four-year period. It increased slightly but steadily from 34.1% in 2000 to 36.6% in 2003.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Prevalence of multivitamin use 4 or more times per week during the month prior to pregnancy ranged from 24.8% to 41.8%. Nebraska, at 36.9%\*\*, ranked 12th highest; 11 states had higher (better) rates and 15 states had lower (worse) rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## WIC PARTICIPATION DURING PREGNANCY

### **Questions:**

All PRAMS participants were asked to answer “yes” or “no” to the question “**During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**” (Q26)

### **Background:**

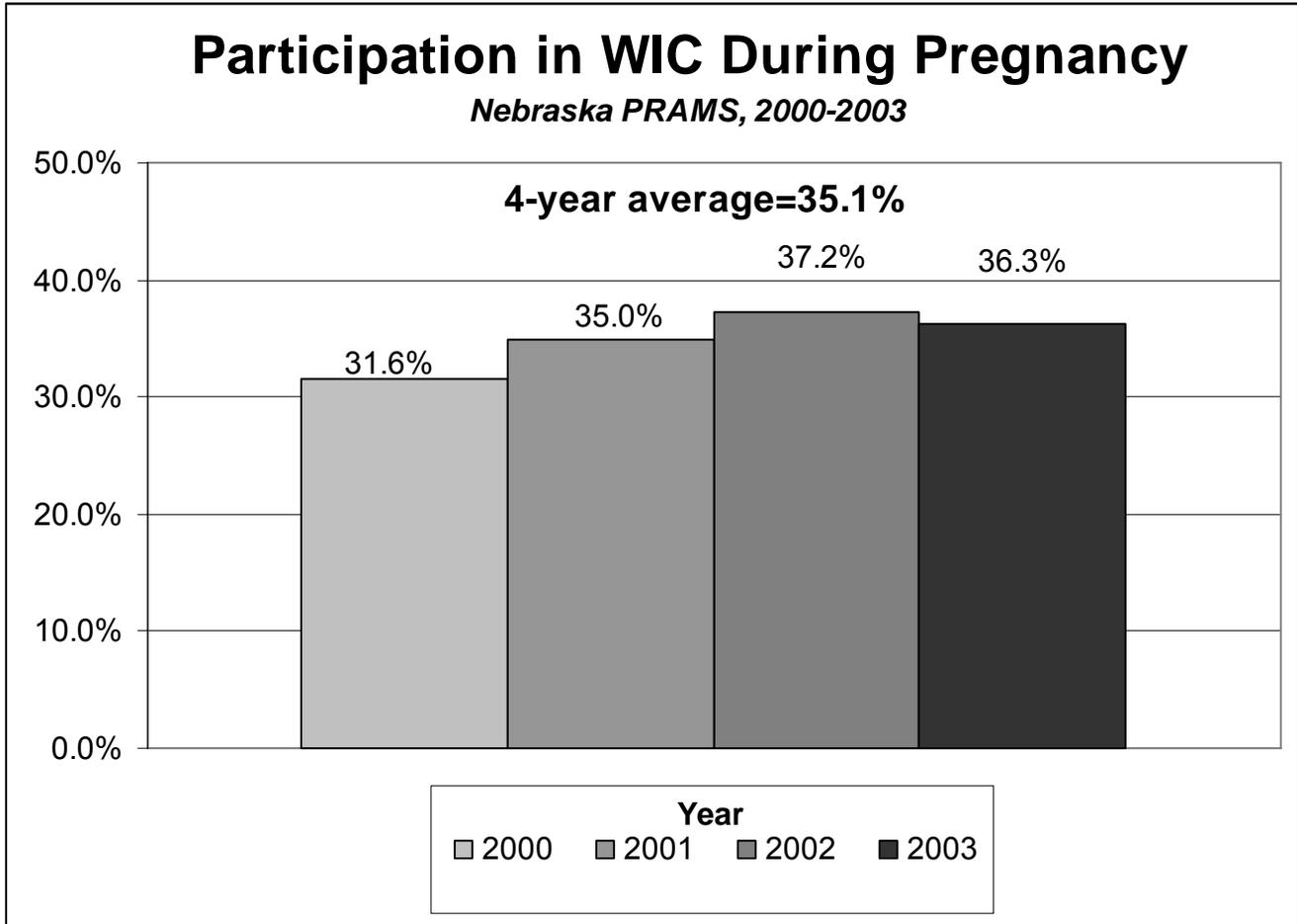
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a national program, established in 1972 by an amendment to the Child Nutrition Act of 1966, to enhance maternal and infant health through better nutrition and education. WIC enhances the health of women, infants, and children by promoting improved preconceptional nutrition status, breastfeeding, infant feeding practices, childhood immunizations, proper nutrition, and the use of appropriate medical services by women and children. WIC has been shown to be effective in reducing the incidence of low birthweight, very low birthweight, preterm delivery, and small-for-gestational-age births, especially among women at high risk because of sociodemographic characteristics or nutritional or medical conditions. PRAMS data on WIC participation during pregnancy can be used to assess the proportion of women participating in WIC services and to examine the impact of WIC on birth outcomes and healthy behaviors targeted by the program (e.g., breastfeeding).

**WIC PARTICIPATION DURING PREGNANCY**

**Results:**

Nebraska's participation in WIC increased from 31.6% in 2000 to 37.2% in 2002, before dropping to 36.3% in 2003.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Reported WIC participation during pregnancy ranged from 30.6% to 56.7%. At 37.0%\*\*, Nebraska ranked 8<sup>th</sup> lowest; only seven states had lower participation rates while 19 had higher rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## PAYMENT FOR MEDICAL CARE PRIOR TO PREGNANCY

### Questions:

All PRAMS participants were asked:

- “**Just before you got pregnant, did you have health insurance?** (do not count Medicaid)” (Q1)
- “**Just before you got pregnant, were you on Medicaid?**” (Q2)

**Background:** Healthy People 2010 has prioritized increasing the proportion of persons with health insurance and the proportion of insured persons with access to clinical preventive services. Medicaid eligibility was greatly expanded during the 1980s and 1990s under the assumption that reducing the number of uninsured pregnant women would improve access to prenatal care. Assessing the extent of Medicaid coverage and *its effect on prenatal care* will help identify how well that objective is being met.

### Results:

#### COVERAGE PRIOR TO PREGNANCY

The percentage of mothers who reported being on Medicaid just prior to becoming pregnant averaged 11.7% during the 2000-2003 period.

Over time this percentage: **Did not show a significant linear increase or decrease.**

The percentage of mothers with health insurance other than Medicaid before pregnancy decreased from 70.4% in 2000 to 66.0% in 2003.

Over time this percentage: **Did not show a significant linear increase or decrease.**

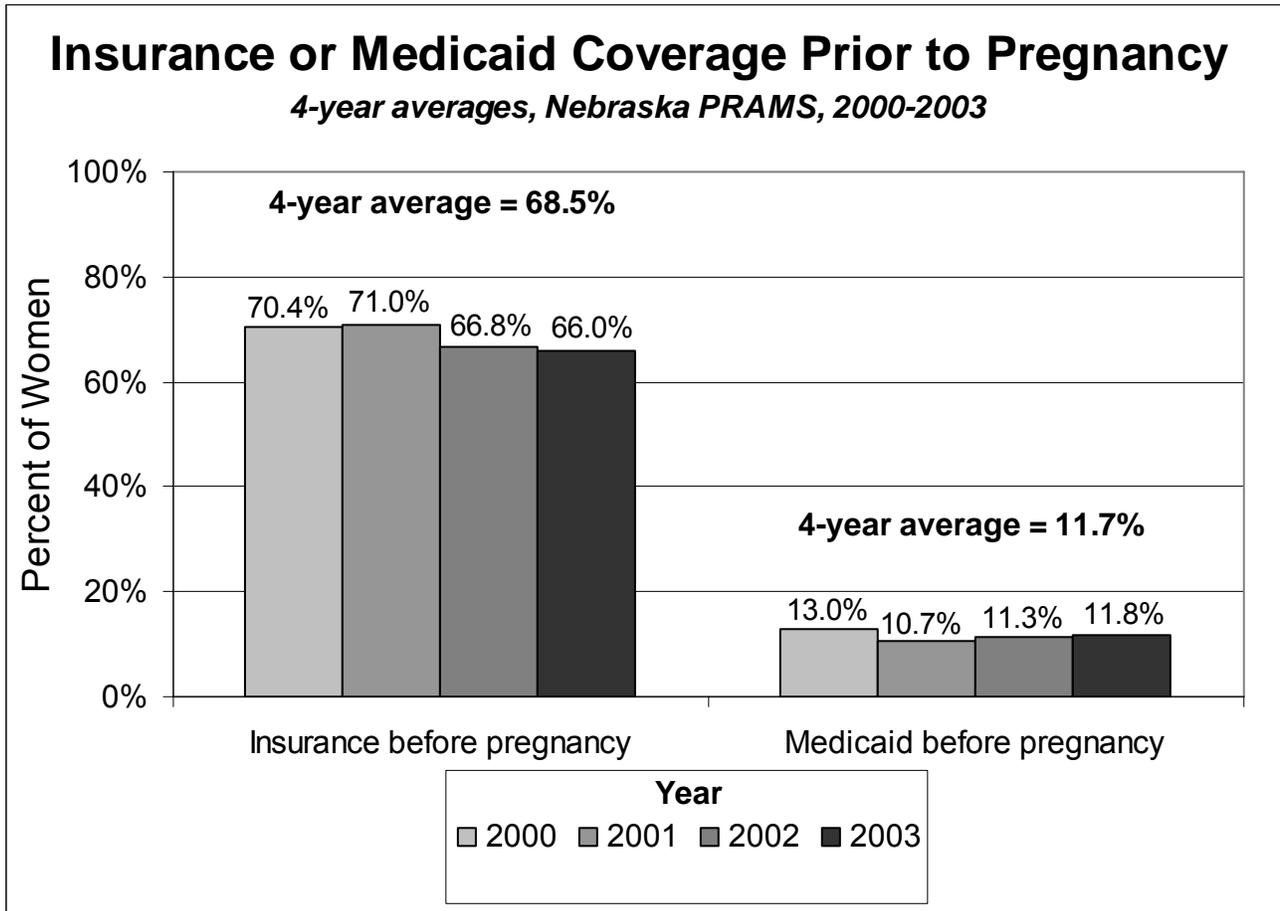
The estimated prevalence of being uninsured (neither Medicaid nor private health insurance) prior to pregnancy increased from 19.1% in 2000 to 24.3% in 2003. Women were defined as being uninsured only if they responded “no” to both Medicaid and non-Medicaid insurance. They were not included in this outcome if they skipped either question.

Over time this percentage: **Showed a significant linear increase.**

The increase in the percent of uninsured means that an estimated 1,308 of the women who were without insurance or Medicaid coverage prior to pregnancy in 2003 would have been insured if the prevalence of coverage had remained as high as it had been in 2000.

Over the four-year period, an average of 22.2% of Nebraska mothers began their pregnancies (an estimated 5,482 pregnancies *per year*) without health insurance.

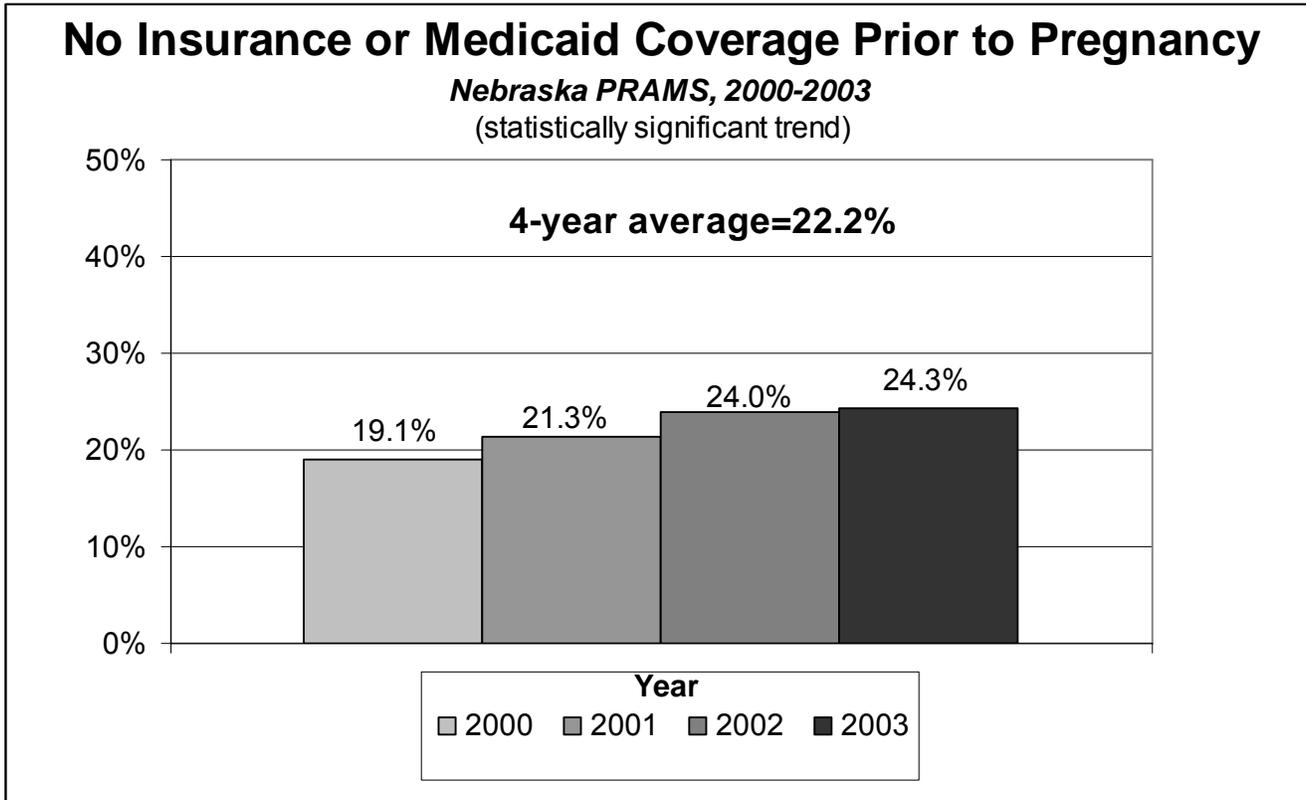
**PAYMENT FOR MEDICAL CARE PRIOR TO PREGNANCY**



Table

2002 CDC multi-state PRAMS results are not available for this question.

**PAYMENT FOR MEDICAL CARE PRIOR TO PREGNANCY**



Table

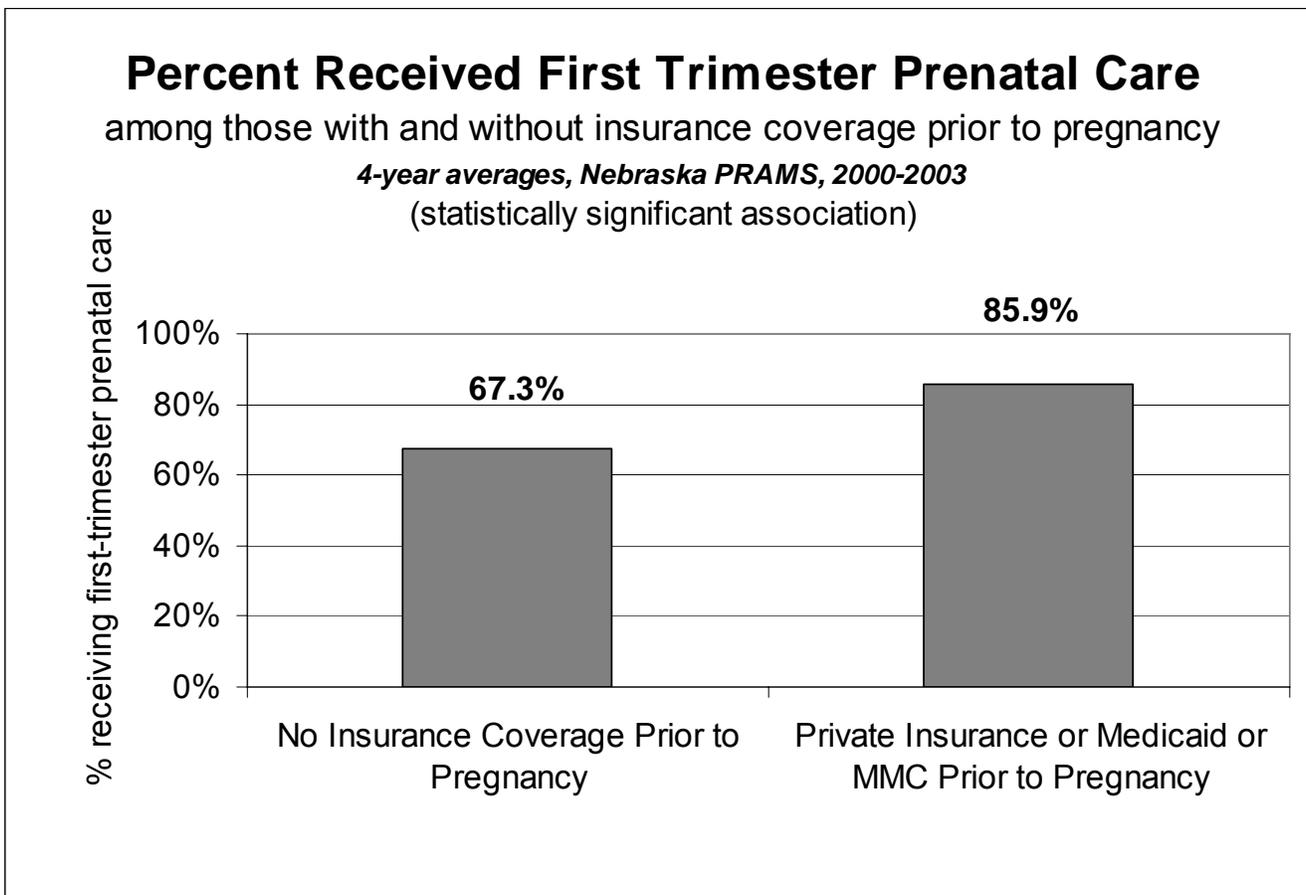
2002 CDC multi-state PRAMS results are not available for this question.

**PAYMENT FOR MEDICAL CARE PRIOR TO PREGNANCY**

**ASSOCIATION BETWEEN HAVING INSURANCE PRIOR TO PREGNANCY AND RECEIVING EARLY PRENATAL CARE**

Because a major goal of providing Medicaid coverage for pregnant women is to increase the rate of first-trimester prenatal care, the association between coverage and receipt of early care is noted here.

During the 2000-2003 period in Nebraska, women who had some type of insurance coverage *prior to* pregnancy (either health insurance, HMO or Medicaid) were **statistically more likely** to have prenatal care in the first trimester of their pregnancy (85.9%) than women who had no health insurance (67.2%) ( $p < 0.0001$ ).



Table

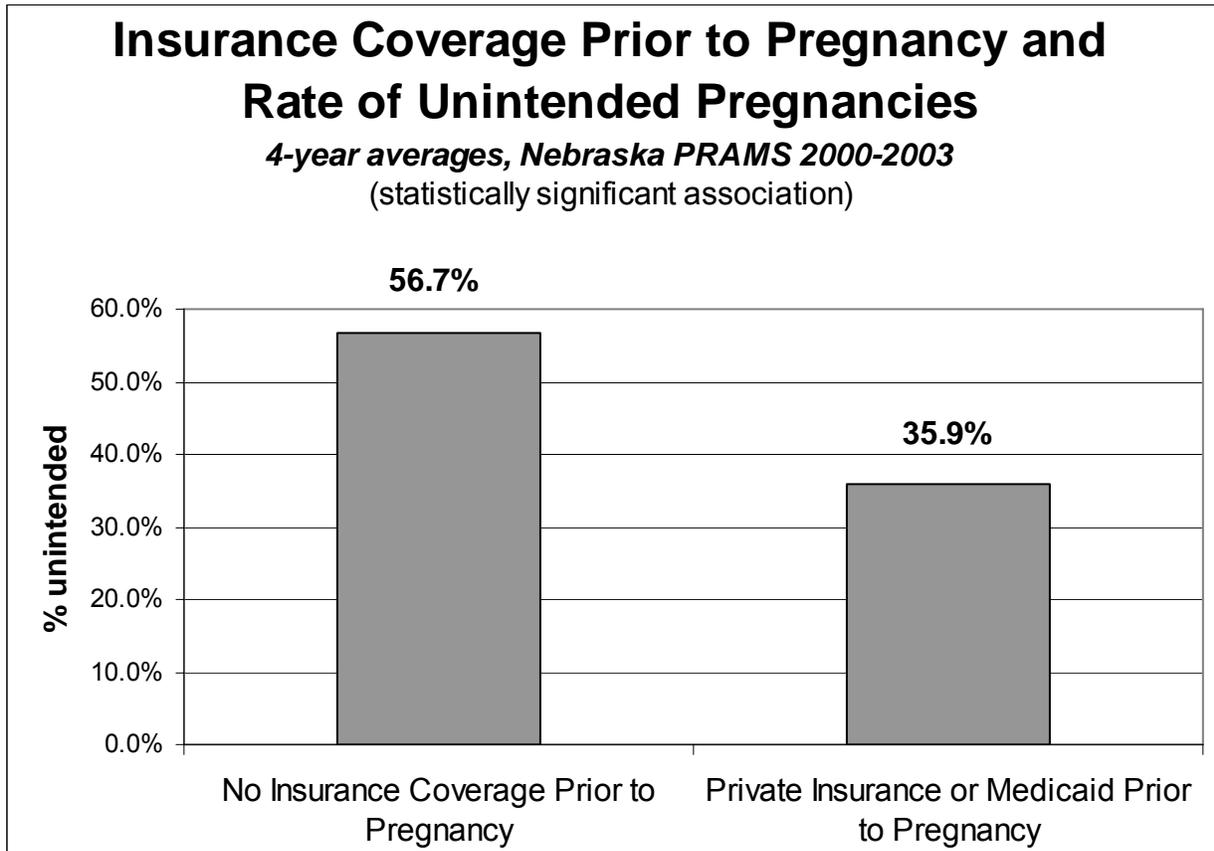
2002 CDC multi-state PRAMS results are not available for this question.

**PAYMENT FOR MEDICAL CARE PRIOR TO PREGNANCY**

**ASSOCIATION BETWEEN HAVING INSURANCE PRIOR TO PREGNANCY AND UNINTENDEDNESS**

To examine the importance of insurance coverage of women at risk of unintended pregnancy, the association between coverage and intendedness is noted here.

During the 2000-2003 period, in Nebraska women who had some type of insurance coverage *prior to* pregnancy (either health insurance, HMO or Medicaid) were ***statistically less likely*** to have become pregnant when they did not intend to do so (35.9%) than women who had no health insurance (56.7%) ( $p < 0.0001$ ). Women who did not intend to become pregnant, and who had no health insurance or Medicaid coverage just before they became pregnant account for an estimated 3,084 live births per year in Nebraska.



Table

2002 CDC multi-state PRAMS results are not available for this question.

## PAYMENT FOR PRENATAL CARE

### Questions:

All PRAMS participants who reported accessing prenatal care (Q21) were asked: “**How was your prenatal care paid for?**”

Women were asked to “check all that apply” from the following list:

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Medicaid Managed Care \*
- Indian Health Service or Tribal clinic
- Other

\* In urban Nebraska, an HMO version of Medicaid is available called “Medicaid Managed Care” (MMC).

### Background:

Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. Since 1990, the proportion of infants whose mothers entered prenatal care in the first trimester increased 8.8%, from 76% to 83%. Among African Americans, this proportion grew 19% and among Hispanics, 22%. Thus, increases in early entry into prenatal care have been concentrated in those populations whose perinatal illness and disability rates and mortality rates are highest and who are most likely to have low incomes. These increases are likely due, in part, to increased access to Medicaid coverage for pregnancy-related services and improved outreach by Medicaid programs.

### Results:

The percentage of women who reported having their prenatal care paid by insurance or HMO decreased by 8.3%, from 64.7% in 2000 to 59.3% in 2003.

Over time this percentage: **Showed a significant linear decrease.**

Prenatal care coverage by Medicaid/Medicaid Managed Care (MMC) increased by 21%, from 33.5% in 2000 to 40.6% in 2003.

Over time this percentage: **Showed a significant linear increase.**

- These significant changes primarily occurred between 2001 and 2002.

Reported payment by personal income averaged 30.6% over the 2000-2003 period.

Over time this percentage: **Did not show a significant linear increase or decrease.**

Coverage by Indian Health Service or Tribal clinic averaged 0.4% over the 2000-2003 period.

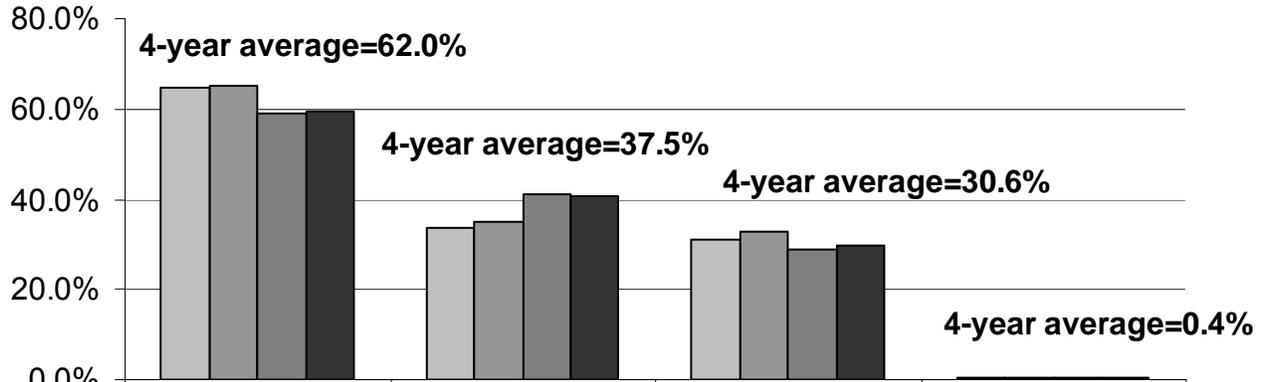
Over time this percentage: **Did not show a significant linear increase or decrease.**

**PAYMENT FOR PRENATAL CARE**

**Trends in Source of Payment for Prenatal Care**

*Nebraska PRAMS, 2000-2003*

(\*statistically significant linear trend)



	* Insurance or HMO	* Medicaid or Medicaid Managed Care	Personal Income	Indian Health Service
■ 2000	64.7%	33.5%	31.1%	0.5%
■ 2001	65.0%	34.8%	32.6%	0.3%
■ 2002	59.2%	40.9%	28.9%	0.5%
■ 2003	59.3%	40.6%	29.8%	0.5%

Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Reported Medicaid coverage for prenatal care ranged from 7.0% to 53.3%. Nebraska, at 38.4%\*\* , ranked 13<sup>th</sup> highest; 12 states had higher rates and 14 states had lower rates. (However, in urban Nebraska, an HMO version of Medicaid is available called "Medicaid Managed Care" (MMC). MMC was not included in the figures used to compare the states. Depending on other states' practices, inclusion of Nebraska's MMC clients might have changed the state's ranking.)

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## PAYMENT FOR DELIVERY

### Questions:

All PRAMS participants were asked: “**How was your delivery paid for?**” (Q45)

Women were asked to “check all that apply” from the following list:

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Medicaid Managed Care\*
- Indian Health Service or Tribal clinic
- Other
- In urban Nebraska, an HMO version of Medicaid is available called "Medicaid Managed Care" (MMC).

### Background:

Having medical insurance during pregnancy and childbirth can affect the chances of adverse birth outcomes and even infant survival. Birth outcomes vary by method of payment for delivery. Factors that have a bearing on method of payment for delivery include level of education, maternal age and marital status. Medicaid coverage and self pay are more prevalent among the poorly educated and decrease with the level of educational attainment. The method of payment for delivery also varies greatly by the mother’s age. <sup>5</sup>

### Results:

Reported private health insurance or HMO coverage for delivery decreased, from 64.2% in 2000 to 58.4% in 2003.

Over time this percentage: **Showed a significant linear decrease.**

This was balanced by an increase in reported coverage by Medicaid/MMC, from 35.5% in 2000 to 43.4% in 2003.

Over time this percentage: **Showed a significant linear increase.**

- These significant changes primarily occurred between 2001 and 2002.

Payment by personal income and by the Indian Health Service or a Tribal clinic averaged 31.5% and 0.2%, respectively, during this period.

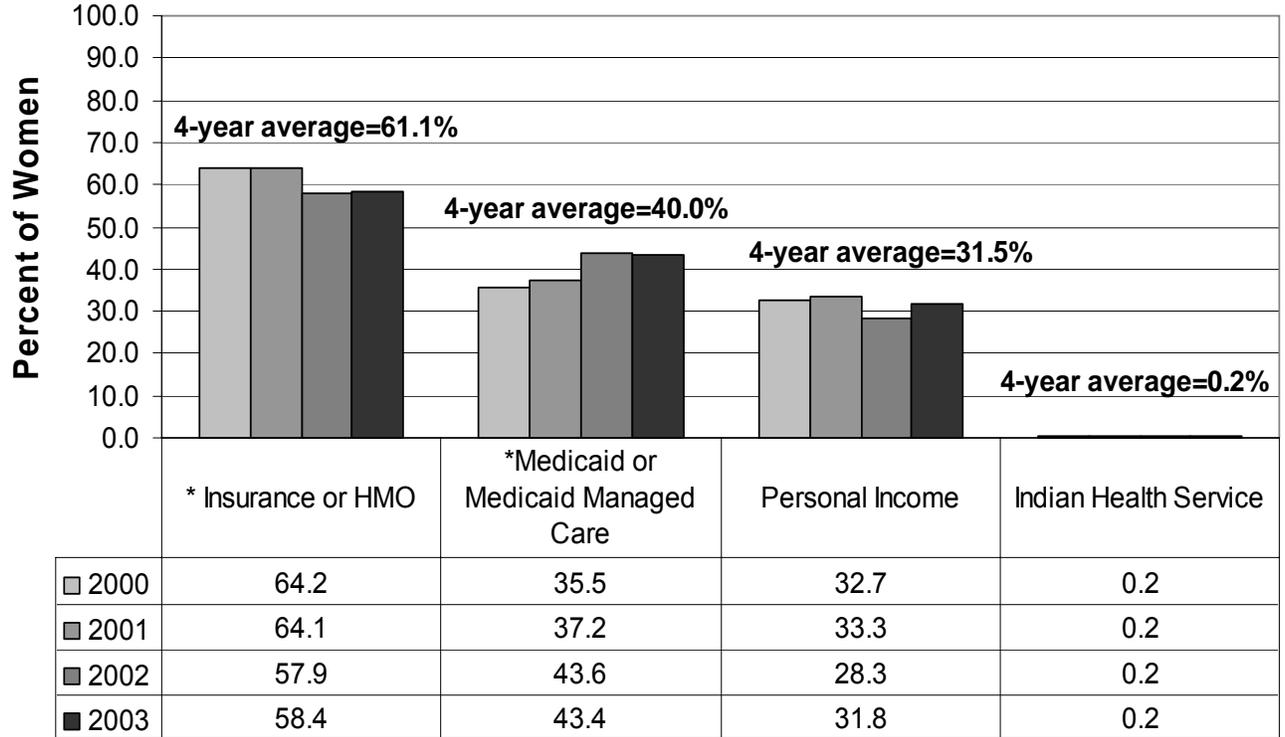
Over time these percentages: **Did not show significant linear increases or decreases.**

PAYMENT FOR DELIVERY

**Trends in Source of Payment for Delivery**

*Nebraska PRAMS, 2000-2003*

(\* statistically significant trend)



Table

2002 CDC multi-state PRAMS results are not available for this question.

## PREVIOUS PRETERM AND LOW BIRTHWEIGHT BIRTH

### Questions:

The 1999-2004 Nebraska live birth certificate records the infant's gestational age.

All Nebraska PRAMS participants were asked to answer "yes" or "no" to the question: "**Before your new baby, did you ever have any other babies who were born alive?**" (Q7)

Women who answered "yes" were asked:

- "**Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**" (Q8)
- "**Was the baby just before your new one born *more* than 3 weeks before its due date?**" (Q9)

### Background:

**Healthy People 2010 Objective 16-11:** Reduce preterm births from 11.6% (1998) to 7.6%.

Approximately two-thirds of LBW infants and 98% of VLBW infants are born preterm (less than 37 weeks gestation). In addition, preterm birth is the leading cause of those neonatal deaths not associated with birth defects. Survival rates of infants have been shown to increase as gestational age advances, even among very preterm infants. Therefore, reduction in preterm delivery holds the greatest promise for overall reduction in infant illness, disability, and death. Because the specific causes of preterm delivery are unclear, research is needed before tailored interventions can be developed. Preterm birth is associated with a number of modifiable risk factors, including the use of alcohol, tobacco, or other drugs during pregnancy and low prepregnancy weight or low weight gain during pregnancy. Other important risk factors for preterm birth are vaginal infections and domestic violence.

Having a previous low birthweight (less than 2500 grams) or preterm (less than 37 weeks gestation) baby is a strong risk factor for repeated occurrence. These events require a woman to be informed about the risk of becoming pregnant and the need to receive both interconceptual medical care prior to pregnancy as well as more intensive prenatal care if/when she conceives.

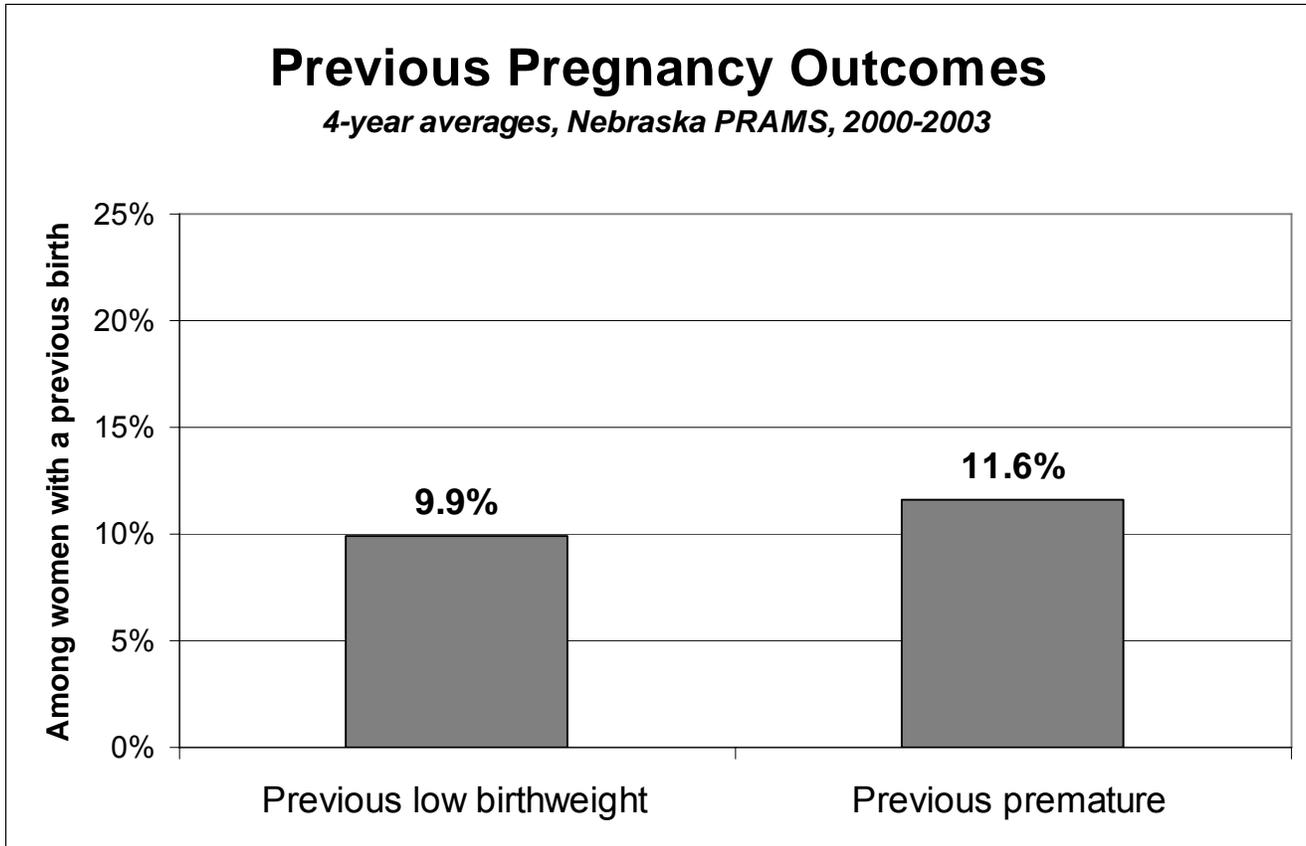
**See also, prenatal counseling regarding use of tobacco and what to do if labor starts early, under "Topics Discussed During Prenatal Care," page 17.**

**PREVIOUS PRETERM AND LOW BIRTHWEIGHT BIRTH**

**Results:**

During the 2000-2003 period, more than half (59.6%) of the women reported having a previous live birth. Among these, the prevalence of having a previous pregnancy resulting in a low birthweight birth averaged 9.9% while 11.6% of women reported a previous preterm birth (16.0% had one or the other.)

Over time these percentages: **Did not show significant linear increases or decreases.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## MEDICAL PROBLEMS DURING PREGNANCY

### Questions:

All PRAMS participants were asked “**Did you have any of these problems during your pregnancy?**” (Q27):

- High blood sugar (diabetes)
- Vaginal bleeding
- Kidney or bladder (urinary tract) infection
- Severe nausea, vomiting, or dehydration
- Cervix had to be sewn shut (incompetent cervix, cerclage)
- High blood pressure (including preeclampsia or toxemia) or retained water (edema)
- Problems with the placenta (such as abruption placentae, placenta previa)
- Labor pains more than 3 weeks before your baby was due (preterm or early labor)
- Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)
- Hurt in a car accident

All participants who reported having any of these problems were further asked “**Did you do any of the following things because of these problems?**” (Q28)

- Went to hospital or emergency room and stayed less than 1 day
- Went to the hospital and stayed 1-7 days
- Went to the hospital and stayed more than 7 days
- Had to go on bed rest for more than 2 days because of my doctor’s or nurse’s advice

The 1999-2004 Nebraska birth certificate contains fields for 22 “medical risk factors for this pregnancy” that include prenatal and delivery complications.

### Background:

**Healthy People 2010 Objective 16-4:** Reduce maternal illness and complications during hospitalized labor and delivery from 31.2 per 100 deliveries (1998) to 24.

Pregnancy and delivery can lead to serious physical and mental health problems for women. Outcomes of interest should include not only prenatal illness and complications and complications during labor and delivery but also problems that manifest postpartum. Maternal morbidity is generally defined as any illness or injury caused by, aggravated by, or associated with pregnancy or childbirth. Maternal morbidity affects not only a woman’s health, but also the health of her fetus or infant. Severe maternal morbidity may lead to fetal, infant, or maternal death. Currently, limited data exist for monitoring national trends in maternal morbidity. Hospitalization rates for pregnancy-related complications have been the primary means for measuring maternal morbidity. Researchers have found that cases of maternal morbidity severe enough to require hospitalization occur frequently during pregnancy. PRAMS data allows comparison of the prevalence of maternal complications as reported on the infant’s birth certificate. The data on pregnancy complications from PRAMS can be used to monitor patterns and trends in the prevalence and severity of selected pregnancy-related complications.<sup>3</sup>

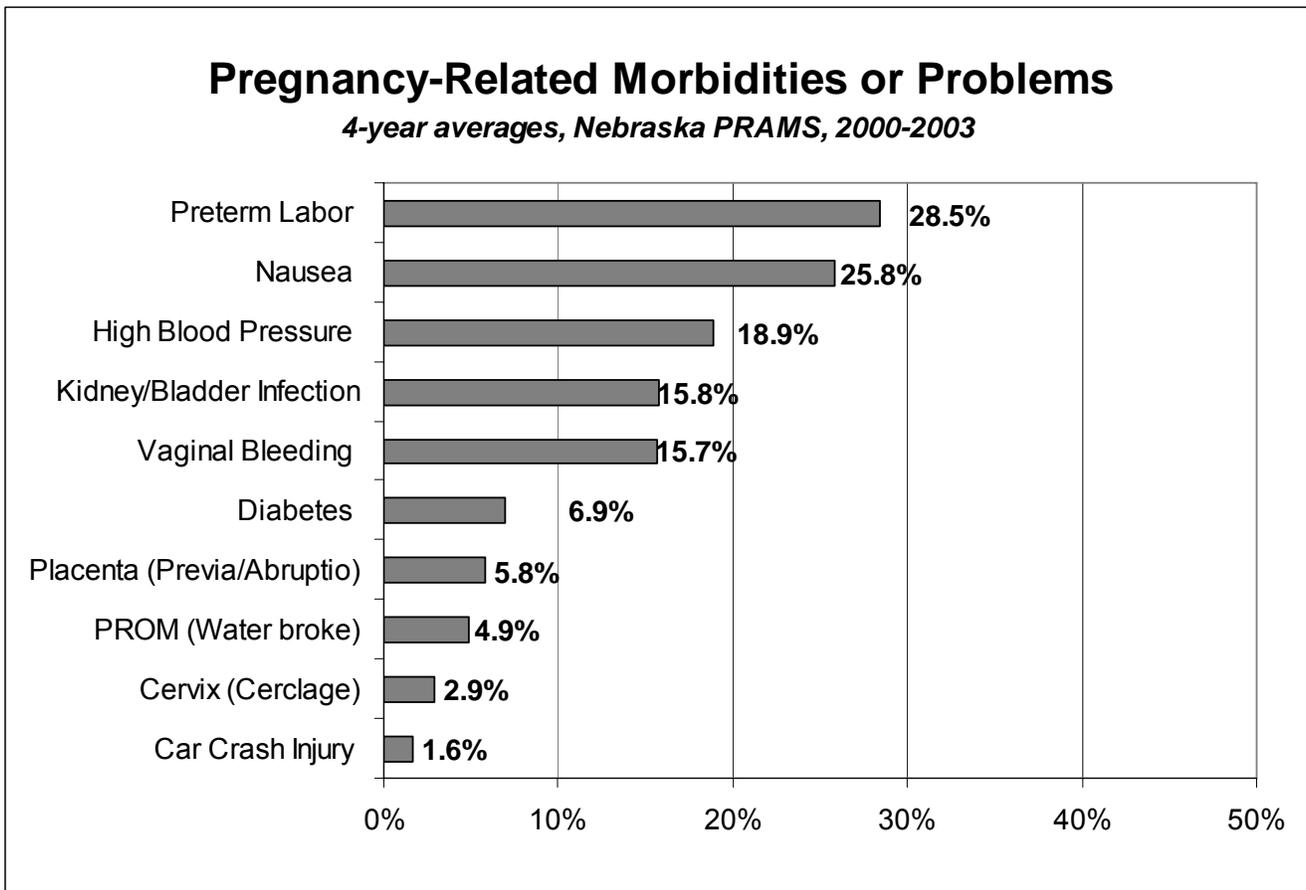
**MEDICAL PROBLEMS DURING PREGNANCY**

See also, prenatal counseling regarding what to do if labor starts early, under “Topics Discussed During Prenatal Care” page 17.

**Results:**

**PROBLEMS:** During the 2000-2003 period, the most prevalent pregnancy-related morbidities or problems were “preterm labor,” “nausea,” and “high blood pressure,” reported by 28.5%, 25.8%, and 18.9% of women, respectively. Incompetent cervix and car crashes were the least prevalent problems reported, at 2.9% and 1.6%, respectively.

Over time these percentages: **Did not show significant linear increases or decreases.**

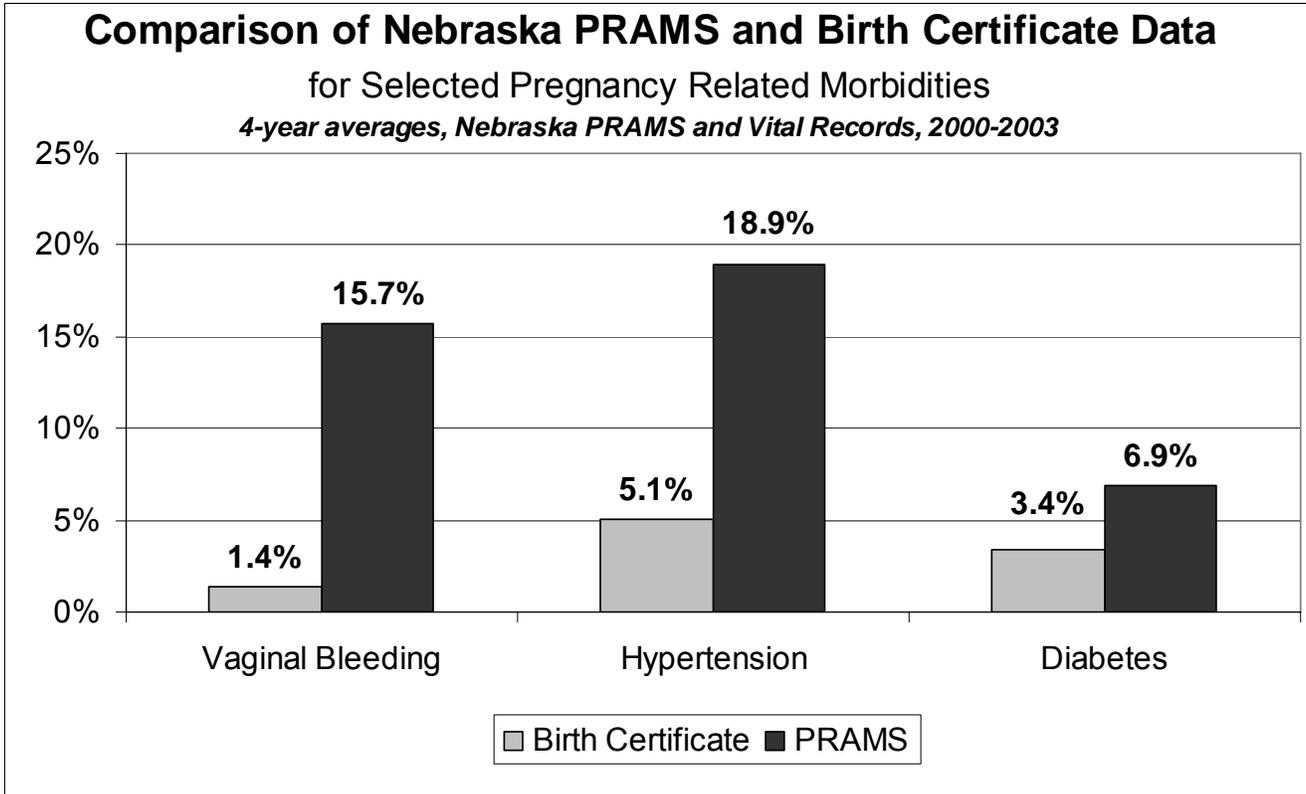


Table

2002 CDC multi-state PRAMS results are not available for this question.

**MEDICAL PROBLEMS DURING PREGNANCY**

**COMPARISON OF SELECTED OUTCOMES WITH BIRTH CERTIFICATE:** Three major pregnancy-related morbidities – vaginal bleeding, high blood pressure/hypertension and gestational diabetes, were directly comparable between the PRAMS self-report questionnaire and the hospital-recorded birth certificate. In all three cases, PRAMS data showed a higher prevalence.

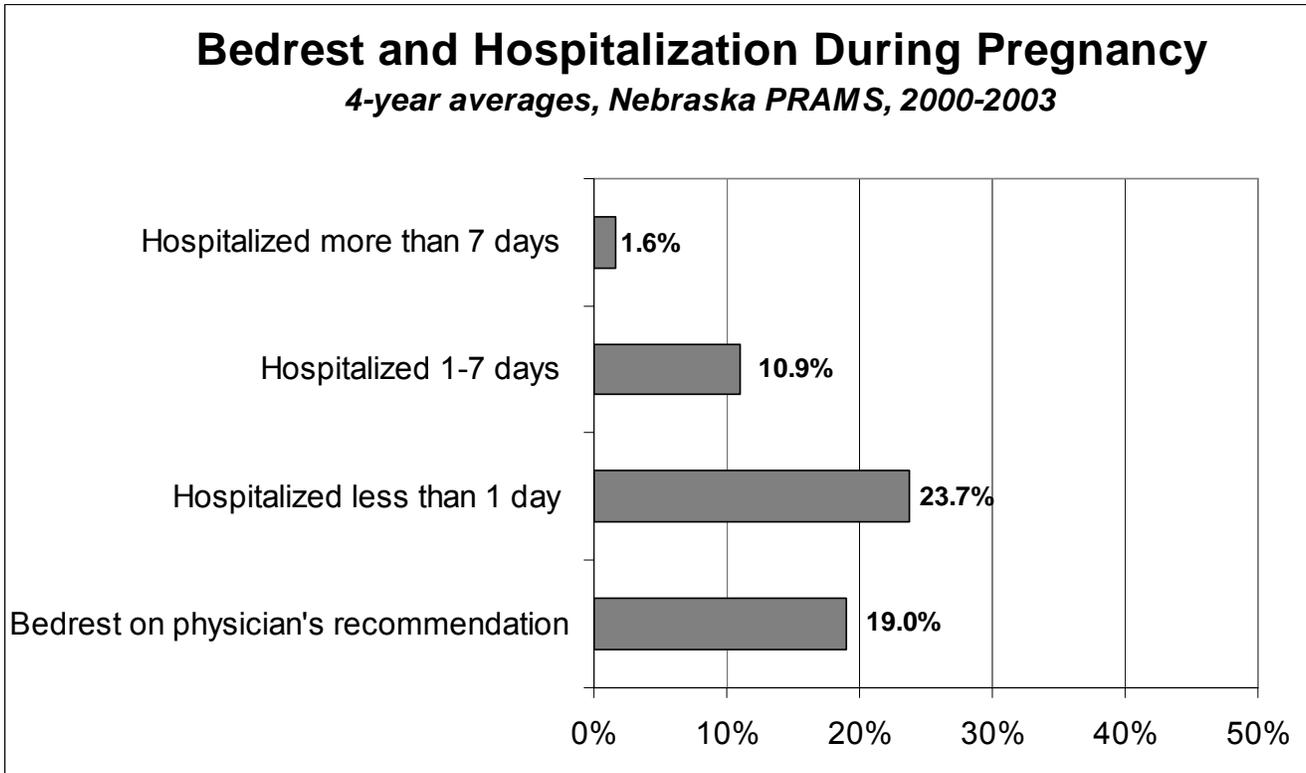


Table

2002 CDC multi-state PRAMS results are not available for this question.

**MEDICAL PROBLEMS DURING PREGNANCY**

**HOSPITALIZATIONS:** An average of 11.9% of participants reported being hospitalized because of any of these or other complications for at least one day during their pregnancy. Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Nebraska ranked 14<sup>th</sup> highest with a reported prevalence of 12.1%\*\* of women hospitalized at least one day from complications; 13 states had lower (better) rates and 13 states had higher (worse) rates. Nationally, prevalence ranged from 8.0% to 17.7%.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## MATERNAL WEIGHT AND WEIGHT GAIN

### Questions:

All PRAMS participants were asked the following questions:

- “**Just before you got pregnant, how much did you weigh?**” (Q5)
- “**How much weight did you gain during your pregnancy?**” (Q68)
- “**How tall are you without shoes?**” (Q6)

### Background:

Maternal pre-pregnancy weight and weight gain have been shown to be related to infant outcomes and future maternal health. In 1990, the Institute of Medicine (IOM) published guidelines for gestational weight gain based on a woman’s pre-pregnancy body mass index (BMI; weight in kilograms divided by height in meters squared). PRAMS height and weight data are self-reported, and thus BMI is likely affected by underreporting of weight.

<b>Pre-Pregnancy BMI</b>	<b>Recommended Weight Gain (lbs)</b>
Underweight (< 19.8)	28-40
Normal (19.8-26.0)	25-35
Overweight (26.0-29.0)	15-25
Obese (> 29.0)	(15)

Institute of Medicine, 1990

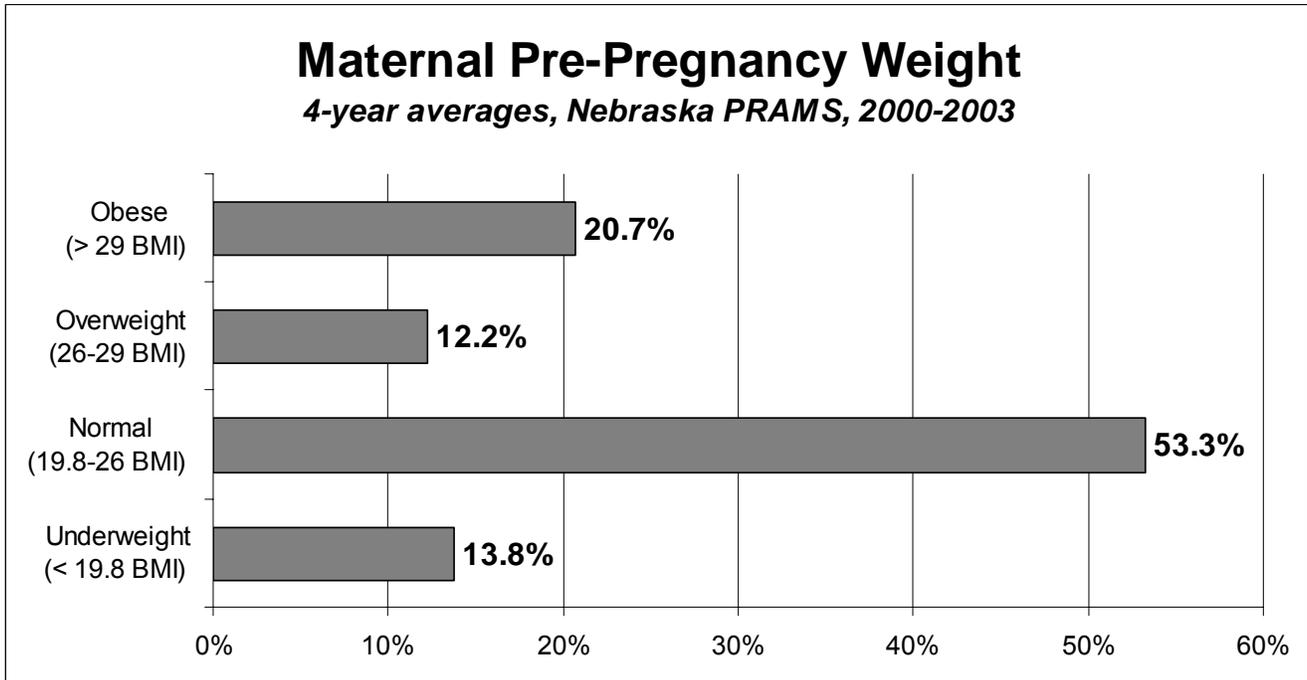
Current evidence indicates that gestational weight gain, particularly during the second and third trimesters, is an important determinant of fetal growth. Inadequate weight gain during pregnancy is associated with an increased risk of intrauterine growth retardation (IUGR), low birthweight (LBW), and infant death. Maternal weight gain is susceptible to intervention and represents an avenue for prevention of poor birth outcomes. The Institute of Medicine’s 1990 guidelines for weight gain in pregnancy recommend a graduated level of weight gain based on a woman’s prepregnancy body mass index (BMI) (that is, the ratio of her weight to her height).<sup>1</sup>

**MATERNAL WEIGHT AND WEIGHT GAIN**

**Results:**

**PRE-PREGNANCY BMI:** Before pregnancy, approximately 13.8% of women were underweight (BMI < 19.8), 53.3% were of normal weight (BMI between 19.8 and 26.0), 12.2% of women were overweight (BMI between 26.0 and 29.0) and 20.7% were obese.

Over time these percentages: **Did not show a significant linear increase or decrease.**



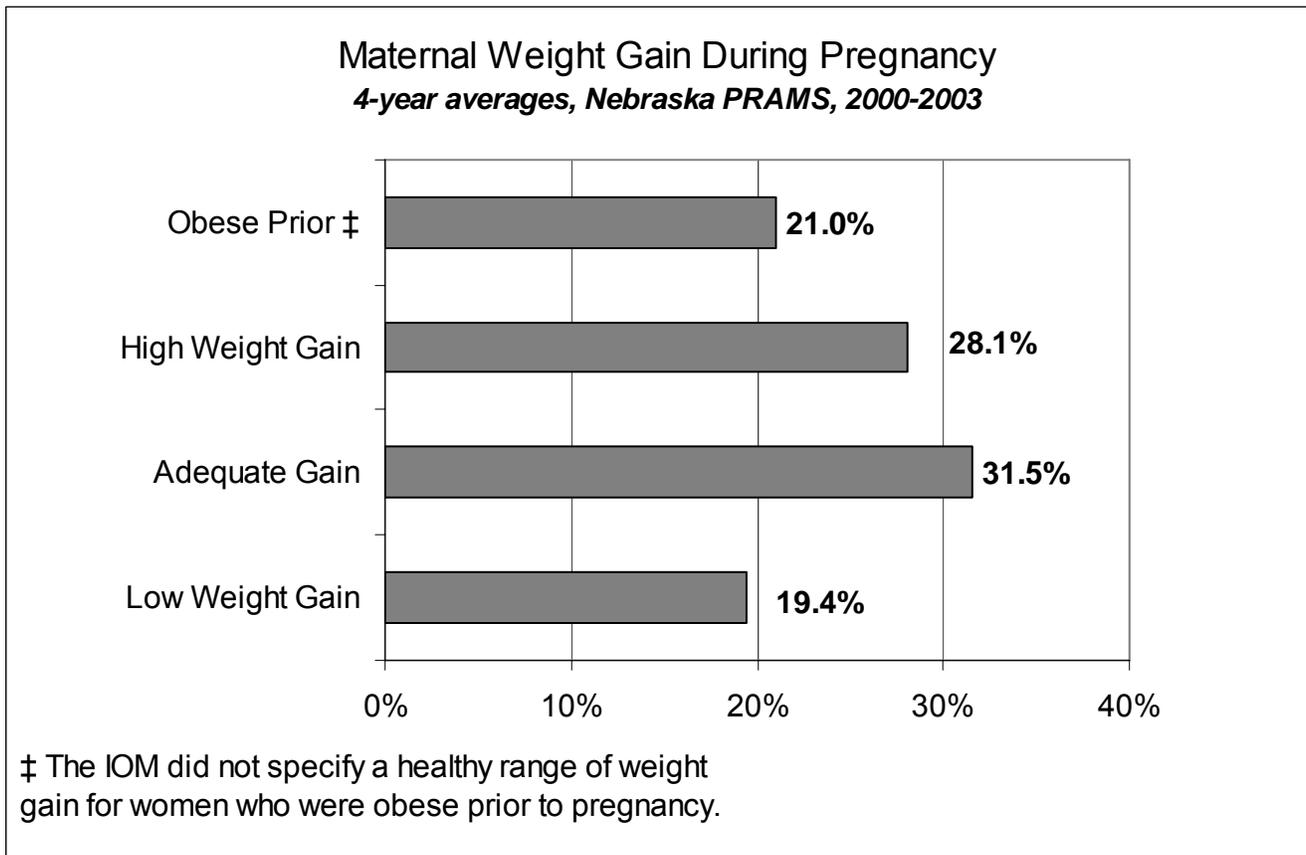
Table

2002 CDC multi-state PRAMS results are not available for this question.

**MATERNAL WEIGHT AND WEIGHT GAIN**

**WEIGHT GAIN DURING PREGNANCY:** During the four-year period, approximately 19.4% of women reported gaining less than the recommended amount based on their pre-pregnancy weight, while 28.1% reported gaining too much weight during the pregnancy. There are no formal IOM recommendations for weight gain among women who are obese prior to pregnancy, although 15 pounds was considered a minimum, and 74.4% of obese women did gain at least 15 pounds during pregnancy.

Over time these percentages: **Did not show a significant linear increase or decrease.**



Table

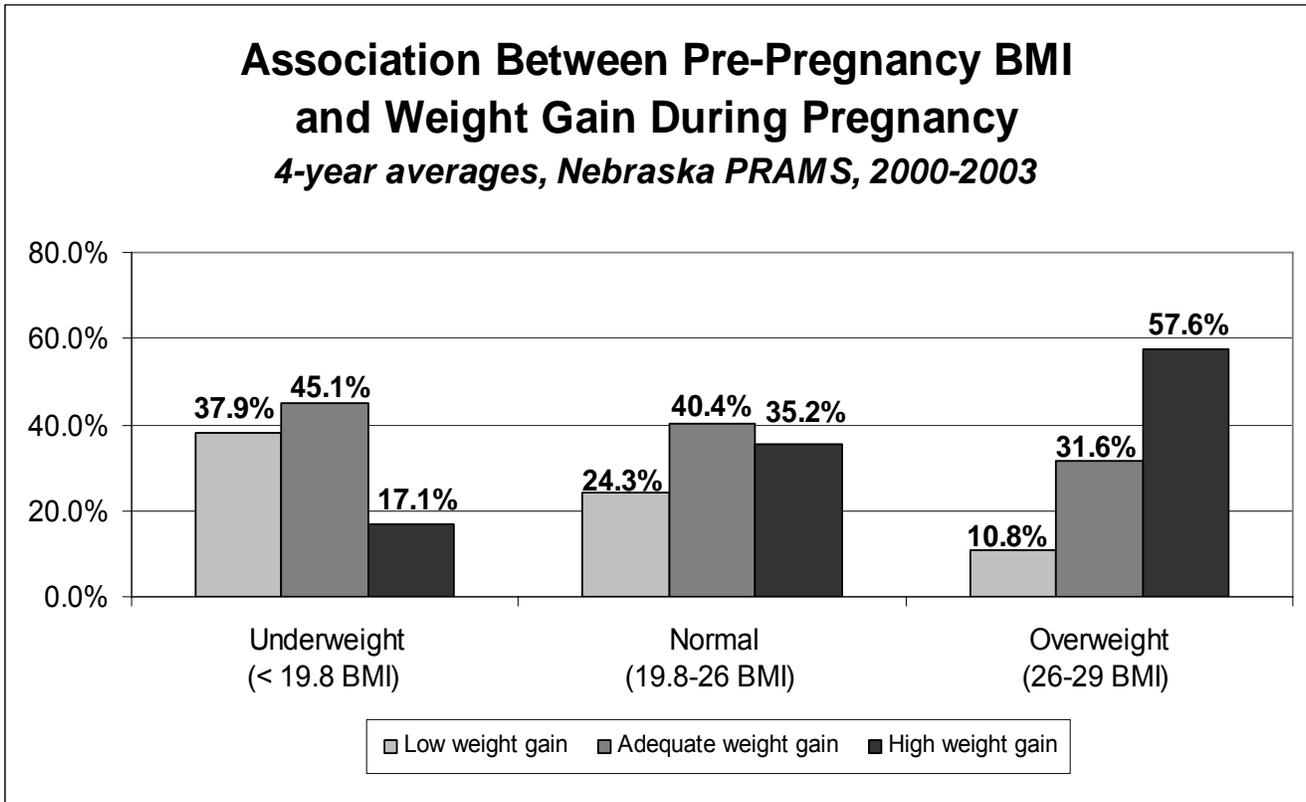
2002 CDC multi-state PRAMS results are not available for this question.

**MATERNAL WEIGHT AND WEIGHT GAIN**

**ASSOCIATION BETWEEN PRE-PREGNANCY BMI AND WEIGHT GAIN DURING PREGNANCY:**

There was a significant association between pre-pregnancy maternal weight and weight gain during pregnancy ( $p < 0.0001$ ). For example, underweight women were more likely to have low weight gain during pregnancy than women who began their pregnancy overweight (37.9% for underweight women vs. 10.8% for overweight women). Overweight women were more likely to have high weight gain during pregnancy than underweight women (57.6% for overweight women vs. 17.1% for underweight women).

Over time these percentages: **Did not show a significant linear increase or decrease.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## NEWBORN HEALTH

### Questions:

All PRAMS participants were asked:

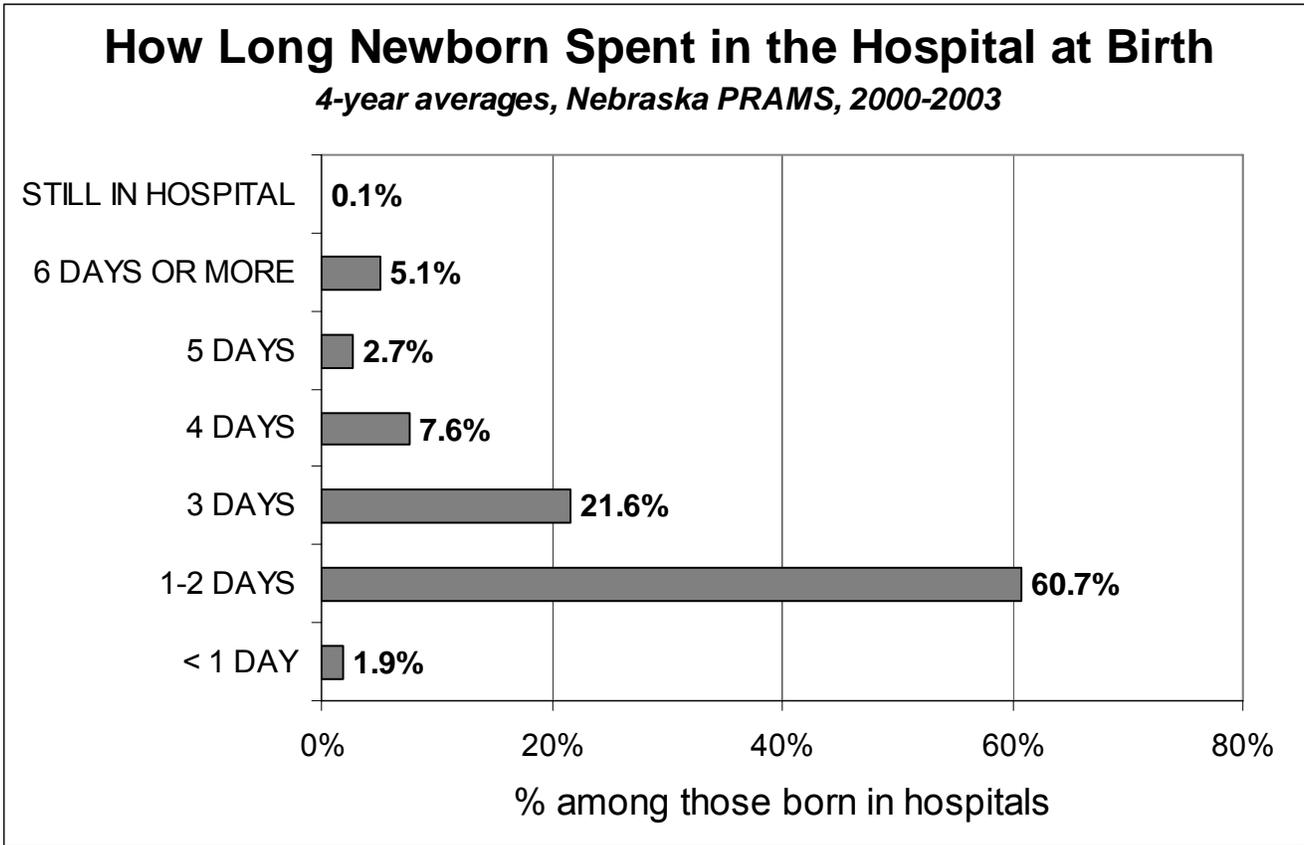
- “**After your baby was born, was he or she put in an intensive care unit?**” (Q43)
  
- “**After your baby was born, how long did he or she stay in the hospital?**” (Q44)
  - Less than 24 hours (less than 1 day)
  - 24-48 hours (1-2 days)
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - My baby was not born in a hospital
  - My baby is still in the hospital

### Background:

Public and economic pressure regarding over-hospitalization of newborns contributed to a trend of shorter post-partum stays during the 1970s through the 1990s. However, resulting concerns about stays that were *too brief* resulted in federal legislation mandating insurance coverage of hospital stays based on AAP and ACOG guidelines of at least two days (48 hours) for uncomplicated vaginal deliveries and at least four days (96 hours) for uncomplicated cesarean deliveries. Longer stays may thus be an indicator of newborn health.

**NEWBORN HEALTH**

**Results:**



Table

Over the four year period, 62.6% of newborns were discharged within 48 hours (60.7% for 1-2 days plus 1.9% for less than one day.)

Over time this percentage: **Did not show a significant linear increase or decrease.**

During the 2000-2003 period, the prevalence of infants staying in the ICU at birth was 9.3% (no graphic shown for this item.)

Over time this percentage: **Did not show a significant linear increase or decrease.**

**PRAMS Multi-State Results (27 states) 2002\*:**

- Prevalence of infant discharge from hospital within 48 hours, at 62%\*\* Nebraska ranked 10<sup>th</sup> lowest\*\*; 17 states had higher rates and 9 states had lower rates. Nationally, prevalence ranged from 49.8% to 70.4%.
- 2002 multi-state PRAMS results are not available for prevalence of an ICU stay.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## **BREASTFEEDING SUPPORT AT THE HOSPITAL**

### **Questions:**

All PRAMS participants who reported that their new baby was still living with them (Q47, Q49) and that their new baby was born at a hospital (Q40) were asked to respond “yes” or “no” to statements about **“things that may have happened at the hospital where your new baby was born”** :

- **“I breastfed my baby at the hospital”** (Q71a).
- **“Hospital staff helped me learn how to breastfeed”** (Q71b).

### **Background:**

**Healthy People 2010 Objective 16-19a:** Increase the proportion of mothers who breastfeed their babies in the early postpartum period from 64% (1998) to 75%.

Breast milk is widely acknowledged to be the most complete form of nutrition for infants, with a range of benefits for infants’ health, growth, immunity, and development. The benefits of breastfeeding include decreased new cases or severity of diarrhea, respiratory infections, and ear infections, among others, and reduced cost to the family. In addition, breastfeeding has been shown to improve maternal health, with demonstrated effects, including reduction in postpartum bleeding, earlier return to prepregnancy weight, reduced risk of premenopausal breast cancer, and reduced risk of osteoporosis, continuing long after the postpartum period. In general, the American Academy of Pediatrics considers breastfeeding to be “the ideal method of feeding and nurturing infants.” Universal breastfeeding is not recommended in the United States. Women who use illicit drugs, who have active, untreated tuberculosis, or who test positive for HIV, as well as those who use certain prescribed drugs, should not breastfeed.

**See also, prenatal counseling regarding breastfeeding, under “Topics Discussed During Prenatal Care,” page 17.**

**BREASTFEEDING SUPPORT AT THE HOSPITAL**

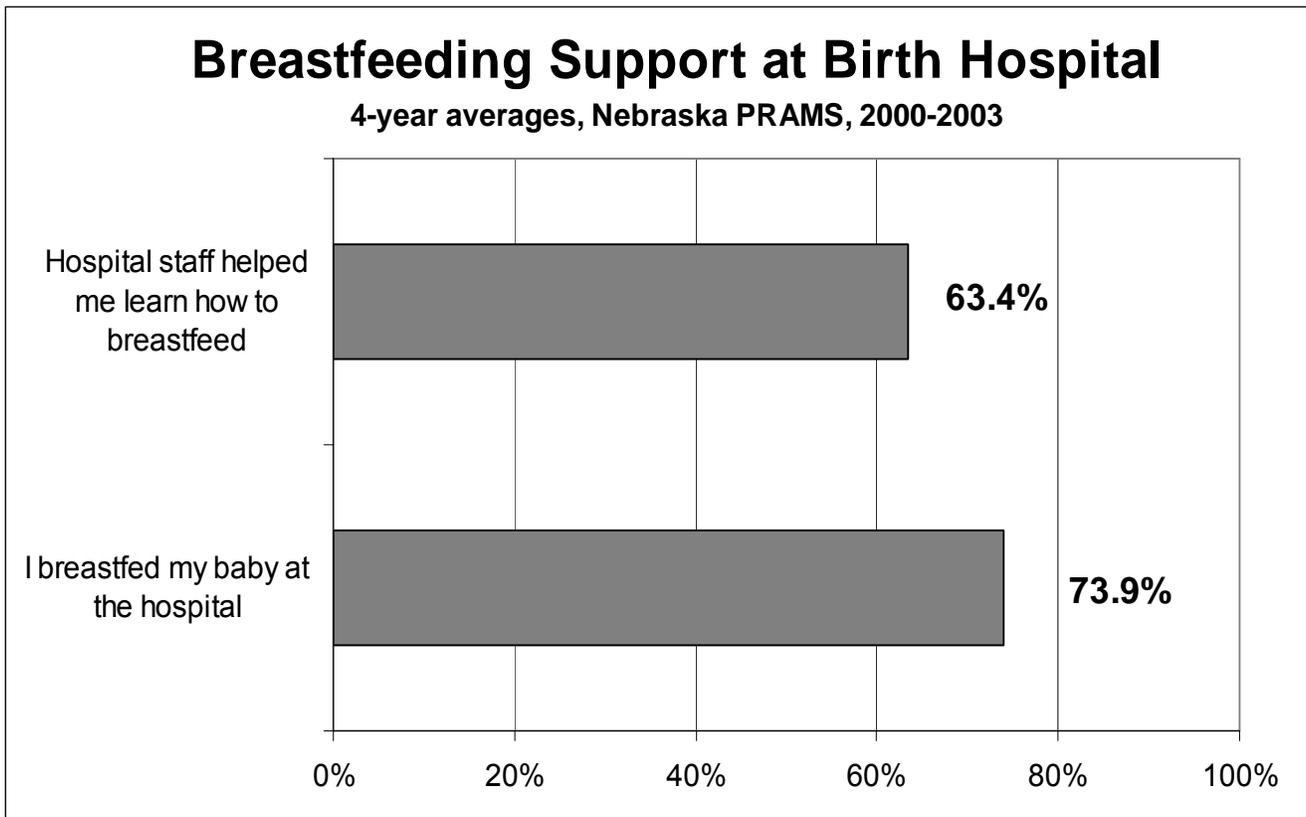
**Results:**

During the 2000-2003 period, an estimated 73.9% of Nebraska mothers breastfed their babies while they were at the hospital.

Over time this percentage: **Did not show a significant linear increase or decrease.**

Approximately two-thirds (63.4%) of Nebraska mothers were assisted by hospital staff in learning how to breastfeed.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

2002 CDC multi-state results were not available for this question.

## INITIATION AND DURATION OF BREASTFEEDING

### Questions:

All PRAMS participants who reported that their new baby was alive and living with them at the time of the survey (Q47, Q49) were asked:

- **“Did you ever breastfeed or pump breast milk to feed your new baby after delivery?”** (Q50)

Participants who answered “yes” were asked:

- **“Are you still breastfeeding or feeding pumped milk to your new baby?”** (Q51)

Participants who answered “no” were asked:

- **“How many weeks or months did you breastfeed or pump milk to feed your baby?”** (Q52)
- **“How old was your baby the first time you fed him or her anything besides breast milk?”** (Include formula, baby food, juice, cow’s milk, water, sugar water, or anything else you fed your baby.) (Q53)

### Background:

**Healthy People 2010 Objective 16-19b:** Increase the proportion of mothers who breastfeed their babies at 6 months from 29% (1998) to 50%.

**Healthy People 2010 Objective 16-19c:** Increase the proportion of mothers who breastfeed their babies at 1 year from 16% (1998) to 25%.

During the first 6 months of life, exclusive breastfeeding is the preferred feeding approach for the healthy infant born at term. It provides optimal nutrients for growth and development of the infant. Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet. The AAP recommends that breastfeeding continue for at least 12 months and thereafter for as long as is mutually desired.<sup>6</sup>

PRAMS data can be used to monitor progress towards achieving the *Healthy People 2010* breastfeeding objectives, monitor implementation, and guide further development of breastfeeding promotion and support programs.

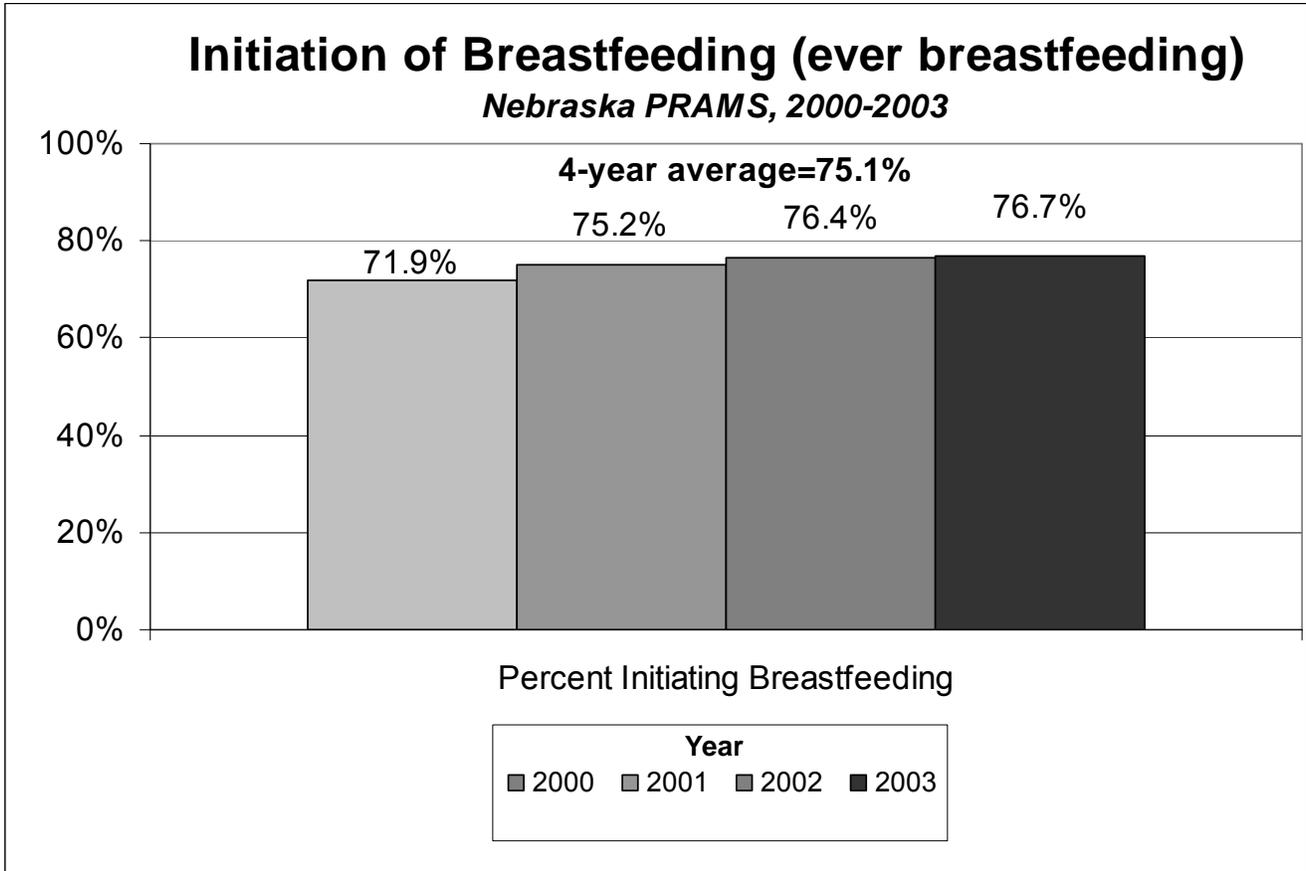
**See also, prenatal counseling regarding breastfeeding, under “Topics Discussed During Prenatal Care,” page 17.**

**INITIATION AND DURATION OF BREASTFEEDING**

**Results:**

**Initiation:** An estimated 75.1% of Nebraska mothers reported initiating breastfeeding between 2000 and 2003. This percentage increased slightly, from 71.9% in 2000 to 76.7% in 2003.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- At 76.5%\*\*Nebraska ranked 11<sup>th</sup> highest in the prevalence of breastfeeding initiation; 16 states had lower (worse) rates and 10 states had higher (better) rates. Nationwide, prevalence ranged from 50.3% to 91.0%.

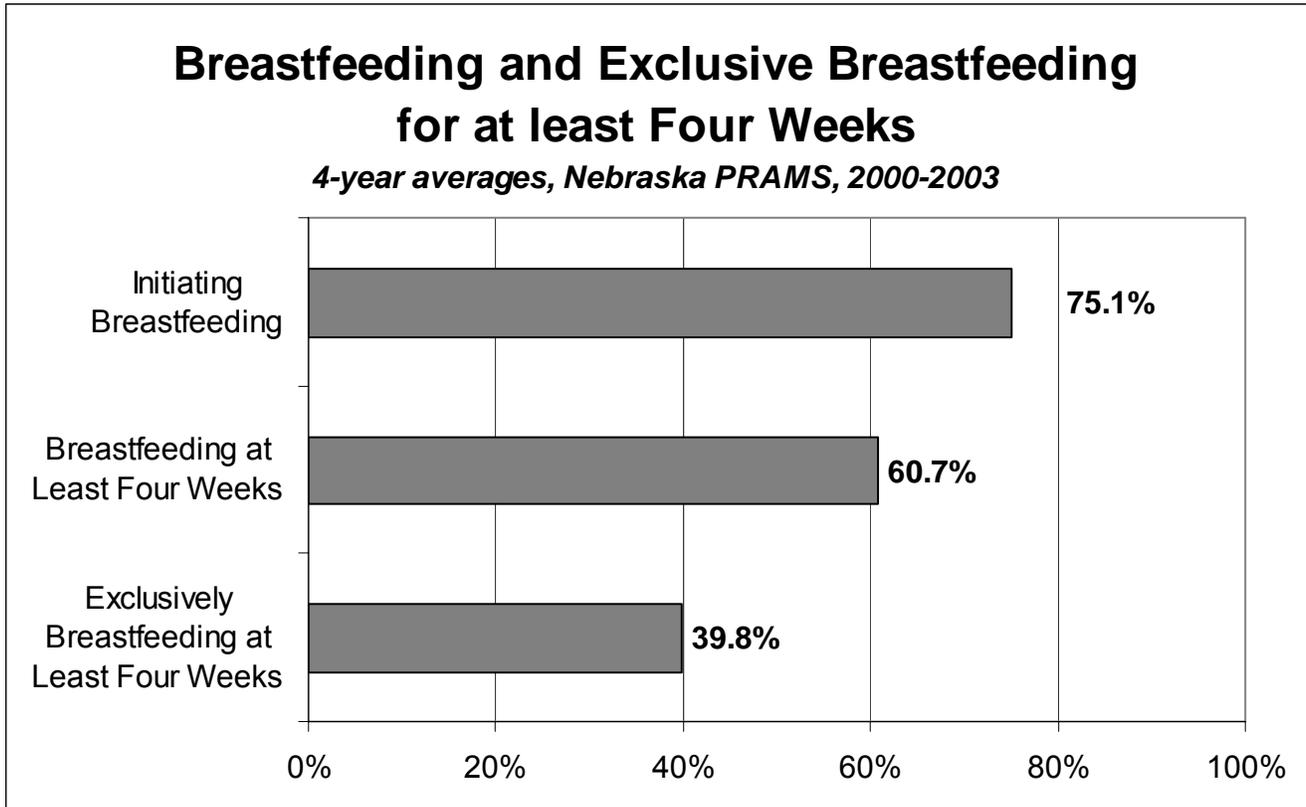
\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

**INITIATION AND DURATION OF BREASTFEEDING**

**Duration:** During the 2000-2003 period, an average of 60.7% of Nebraska mothers' breastfed *at least* until their infant was four weeks old. About two-thirds of these, or 39.8% of all mothers, breastfed *exclusively* until their infant was at least four weeks old.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- At 60%\*\* (see table on page 96) Nebraska ranked 15<sup>th</sup> highest in the prevalence of breastfeeding at 4 weeks; 12 states had lower (worse) rates and 14 states had higher (better) rates. Nationwide, prevalence ranged from 37.8% to 80.4%.
- 2002 multi-state PRAMS results are not available for exclusively breastfeeding at least 4 weeks.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

## SLEEP POSITION

### Questions:

All PRAMS participants who reported that their baby was still alive (Q47) were asked: “**How do you *most often* lay your baby down to sleep?** (Check one answer)” (Q55)

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

### Background:

**Healthy People 2010 Objective 16-1h:** Reduce deaths from Sudden Infant Death Syndrome (SIDS) from 0.72 deaths per 1,000 live births (1998) to 0.25.

**Healthy People 2010 Objective 16–13:** Increase the percentage of healthy full-term infants who are put down to sleep on their backs from 35% (1996) to 70%.

SIDS (Sudden Infant Death Syndrome) is the leading cause of postneonatal death among all racial and ethnic groups, representing nearly one-third of all cases of postneonatal death. Infant sleep position is the single most modifiable behavior that can decrease the risk of sudden infant death. The American Academy of Pediatrics (AAP) has recommended back sleeping (supine position) as the least risky and preferred sleep position for infants. PRAMS data can be used to identify populations at risk of putting infants to sleep on their stomachs, to target prevention efforts, and to monitor progress toward achieving the *Healthy People 2010* objective.

### Results:

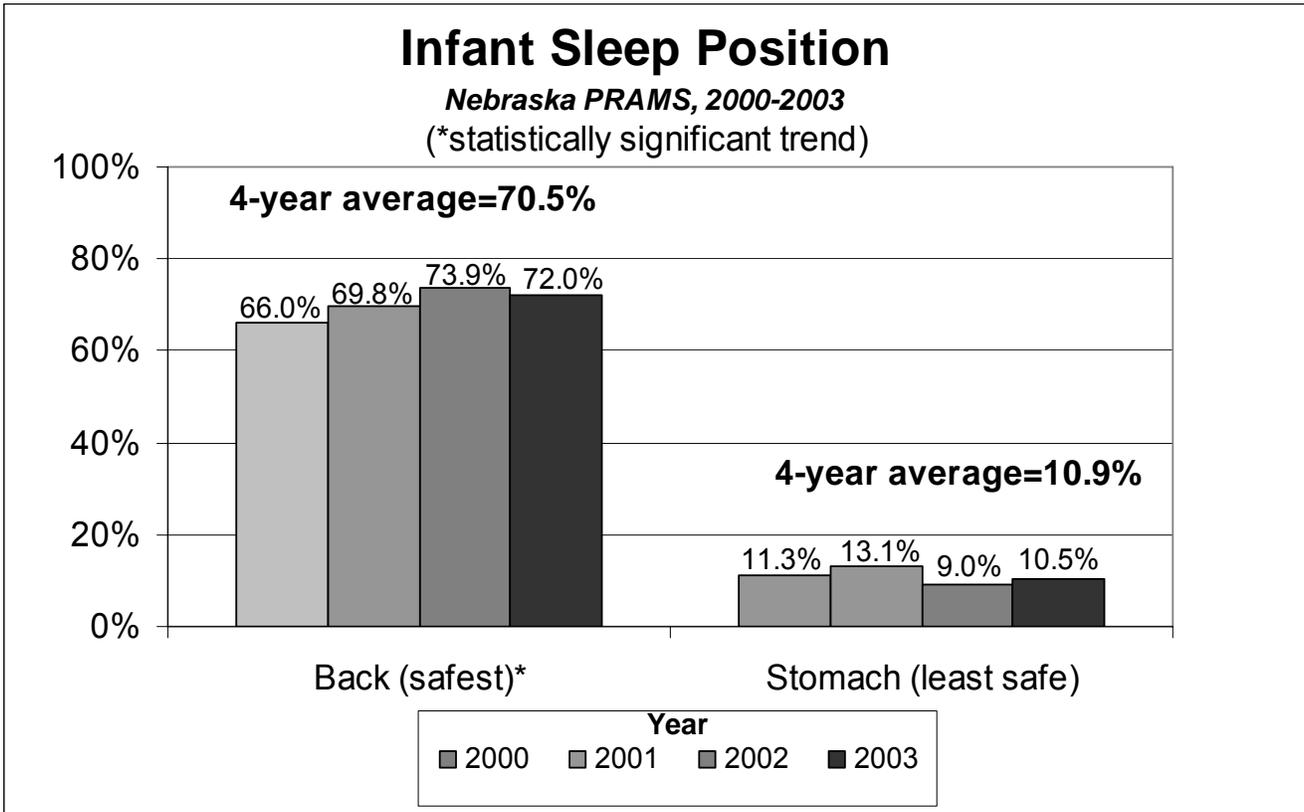
The percentage of respondents reporting that they primarily put their babies to sleep on their backs (supine) increased from 66.0% in 2000 to a high of 73.9% in 2002, and decreasing slightly to 72.0 in 2003. Over the four year period, Nebraska averaged 70.5%, exceeding the Healthy People 2010 goal of 70% prevalence of putting the baby to sleep in the supine position.

Over time this percentage: **Showed a significant linear increase.**

The percentage of respondents reporting that they primarily put their babies to sleep on their stomachs (prone) averaged 10.9% over the 2000-2003 period.

Over time this percentage: **Did not show a significant linear increase or decrease.**

**SLEEP POSITION**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Nebraska's 74%\*\* back sleeping rate ranked 8th highest; 7 states had higher (better) rates and 19 states had lower (worse) rates.
- At 9.0%, Nebraska ranked 4<sup>th</sup> lowest in reported baby sleeping on stomach; only 3 states had lower (better) rates while 23 states had higher (worse) rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

**INFANT EXPOSURE TO SECOND-HAND SMOKE**

**Questions:**

All PRAMS participants who reported that their baby was still alive (Q47) were asked: “**About how many hours a day, on average, is your new baby in the same room with someone who is smoking?**” (Q54)

**Background:**

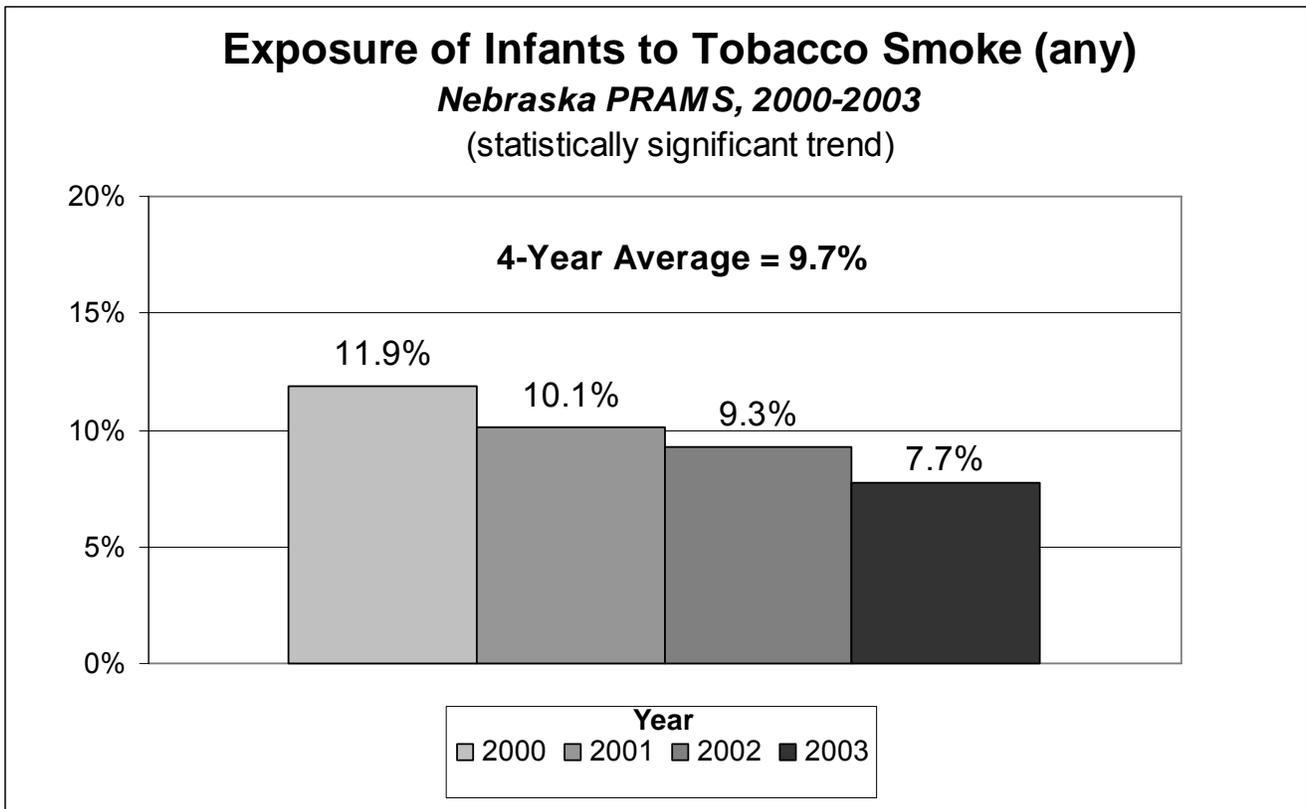
Postpartum exposure to environmental tobacco smoke puts infants at increased risk for SIDS, lower respiratory infection, ear infection, and asthma.

See also, TOBACCO page 22.

**Results:**

**PREVALENCE OF INFANT EXPOSURE TO TOBACCO SMOKE:** The reported number of hours per day that infants were exposed to tobacco smoke was collapsed into “any” versus “none”. The percentage of exposed infants decreased from 11.9% to 7.7% between 2000 and 2003.

Over time this percentage: Showed a significant linear decrease.



Table

2002 CDC multi-state PRAMS results are not available for this question.

## WELL-BABY CHECKUPS

### Questions:

All PRAMS participants who reported that their baby was still alive (Q47) and answered “yes” to the question “**Is your baby living with you now?**” (Q49) were asked to respond “yes” or “no” to the question “**Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?**” (Q56):

- If yes, “**Was your new baby seen at home or at a health care facility?**” (Q57)
- If yes, “**Has your baby had a well-baby checkup?**” (Q58)
- If yes, “**Has your baby gone as many times as you wanted for a well-baby checkup?**” (Q76)
- If no, “**Did any of these things keep your baby from having routine well-baby care?**” (Q77)
  - “I didn’t have enough money or my insurance did not cover it”
  - “I couldn’t get to the doctor’s office or clinic during their office hours”
  - “The doctor’s office or clinic was too far away”
  - “No one at the doctor’s office or clinic spoke my language”
  - “The attitude of the doctor, nurse, or the office staff”
  - “I couldn’t take off from work or school”
  - “I didn’t have anyone to take care of my other children”

### Background:

The American Academy of Pediatrics (AAP) recommends routine well-baby visits for infants at one week, and at one and two months. Well-baby visits provide an opportunity to track growth and development, administer immunizations, provide health education and guidance to parents, and screen the mother for domestic violence and postpartum depression.

The AAP recommends routine well-baby visits for infants at 1 week and at 1, 2, 4, 6, 9, and 12 months. These visits are used to track growth and development; administer immunizations, screening tests, and health assessments; and provide health education and guidance to parents and screen the mother for domestic violence and postpartum depression. Sufficient well-baby care is defined as an infant receiving 2 or more checkups by 2–3 months (60–122 days) of age; 3 or more checkups by 4–5 months (123–183 days) of age; or 4 or more checkups by 6–9 months (184–274 days) of age. PRAMS data can track compliance with length-of-stay, early follow-up, and well-baby visit guidelines.

**WELL-BABY CHECKUPS**

**Results:**

**Well-Baby Checkups:**

The vast majority of mothers (98.6%) reported that their baby had a well-baby checkup.

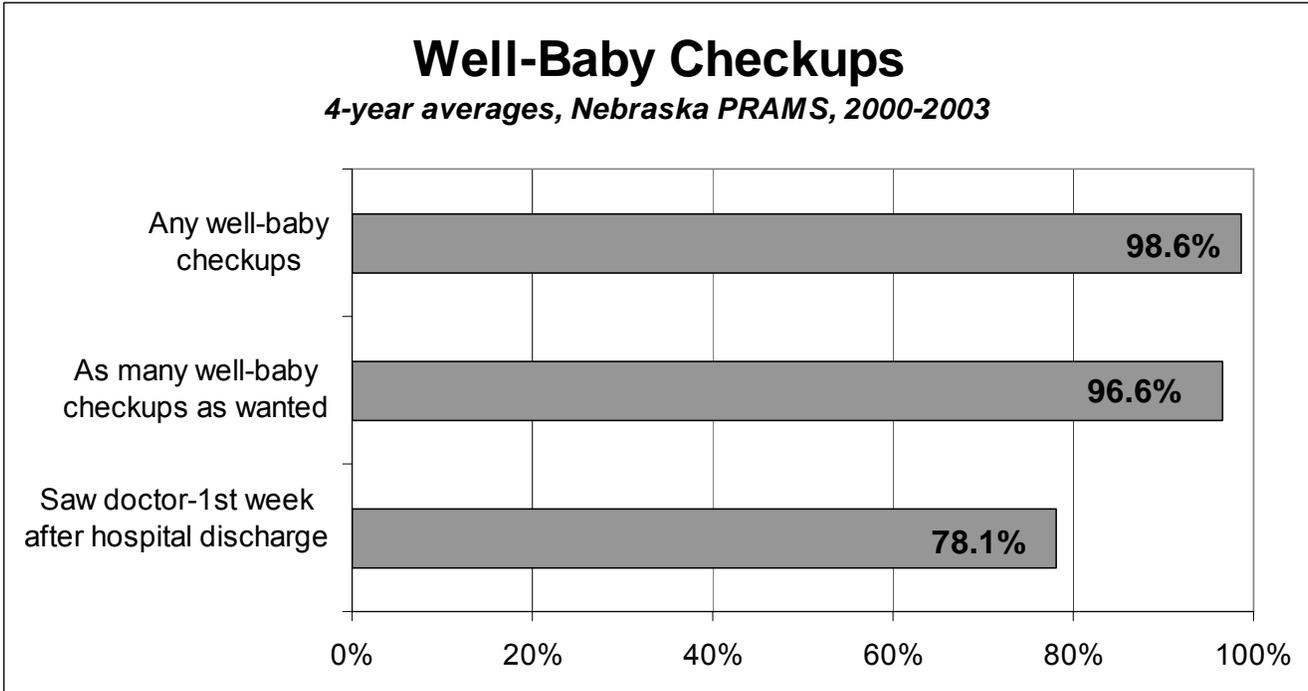
Over time this percentage: **Did not show a significant linear increase or decrease.**

The majority of mothers (96.6%) reported that their baby had gone for well-baby checkups as often as they had wanted.

Over time this percentage: **Did not show a significant linear increase or decrease.**

An average of 78.1% of mothers whose babies were born in a hospital and had been discharged within the first 48 hours reported that their infants saw a doctor during the first week after discharge.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Prevalence of infant checkup within 1 week of hospital discharge for infants discharged within 48 hours, at 78.1%\*\* Nebraska ranked 13<sup>th</sup> out of 27 reporting states in the prevalence of well-baby checkups within 48 hours of discharge. Twelve states had higher (better) prevalence, and fourteen had lower (worse) prevalence.

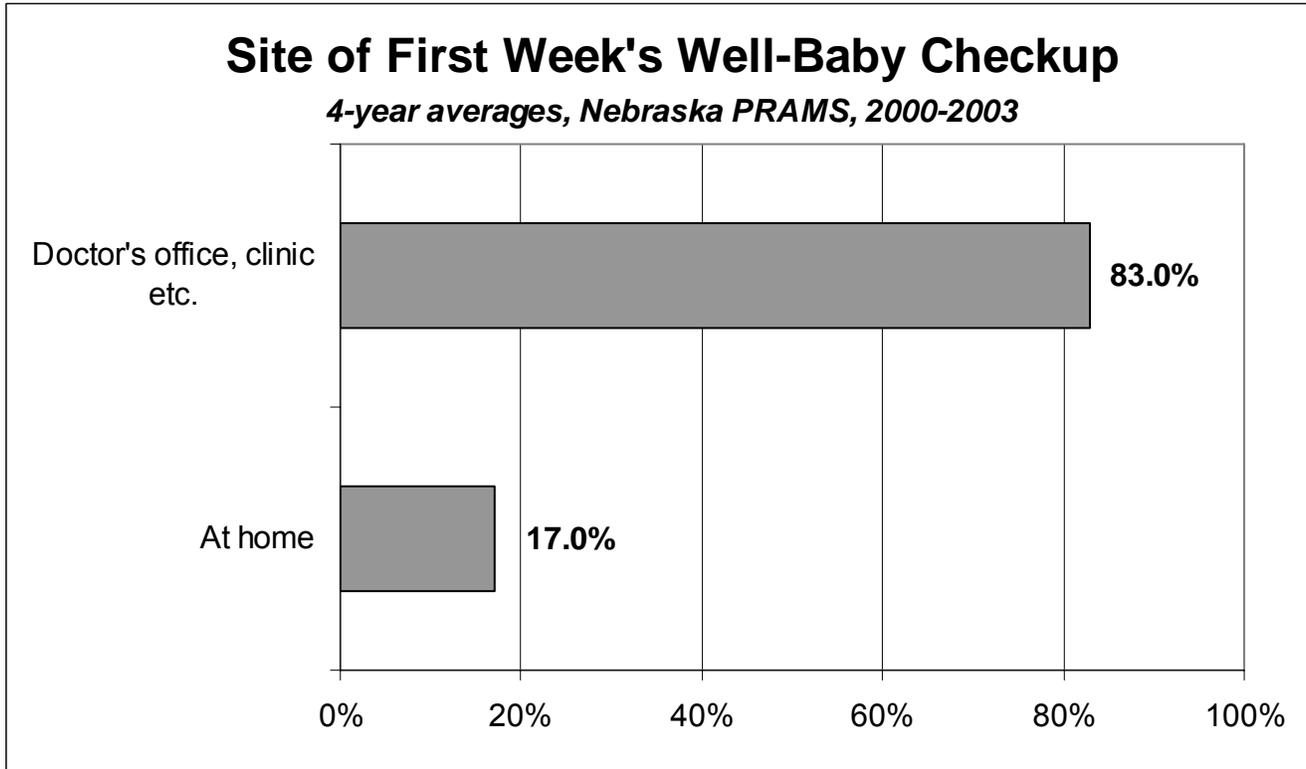
\*Most current multi-state data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

**WELL-BABY CHECKUPS**

**Location Of Well-Baby Checkup:** Visits during the first week after discharge were most likely to occur at health care facilities, with only 17% occurring at home.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

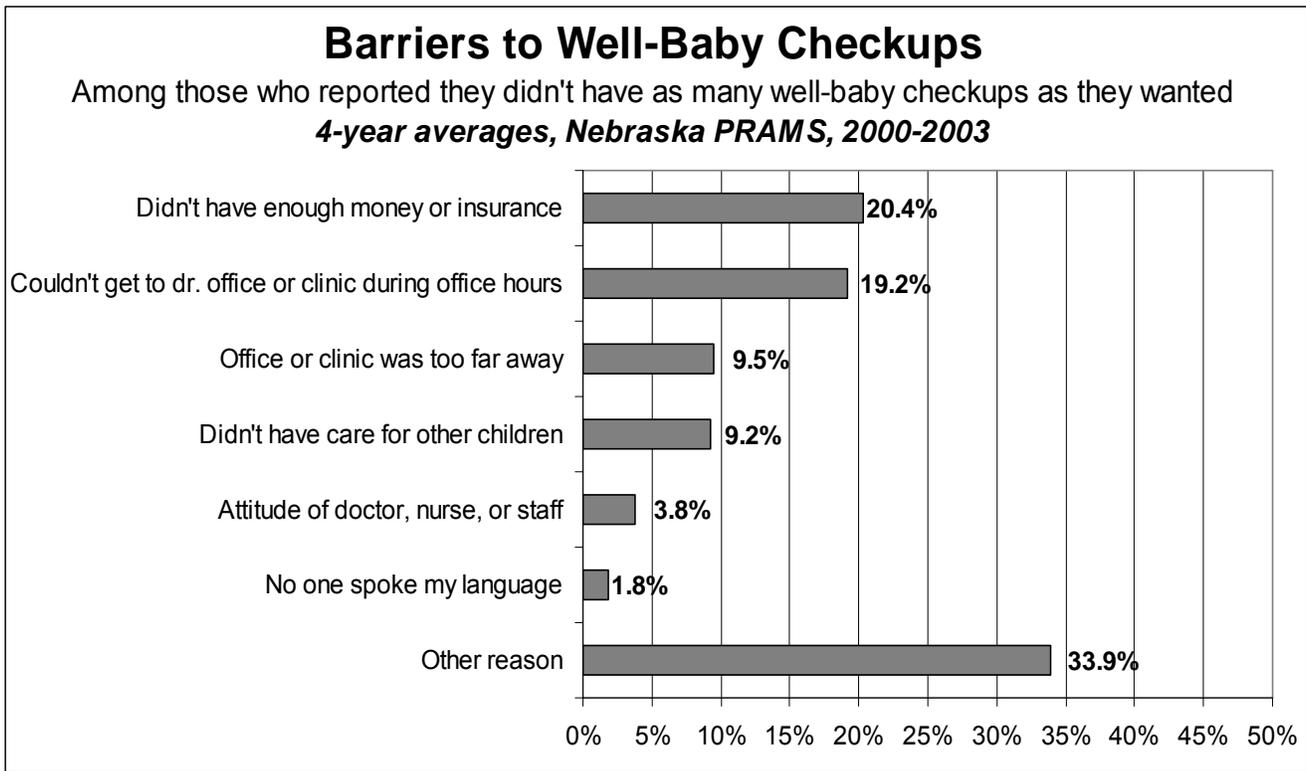
2002 CDC multi-state PRAMS results are not available for this question.

**WELL-BABY CHECKUPS**

**Barriers To Well-Baby Checkups:**

PRAMS asked about barriers to care only among the 3.4% of mothers who reported that their baby had not gone as many times as they wanted for a well-baby checkup. Because estimates are based on small numbers, statistical power or the ability to find significant trends is much lower than for other topics in this report. The most commonly reported barrier to receiving well-baby care was not having enough money or insurance (20.4%). Over the four-year period, the prevalence of this barrier nearly doubled, from 13.4% to 27.6%, however, the linear trend was not statistically significant. There were no sustained trends in the other reported barriers. Very few women (1.8%) reported that language barriers were a problem. This may be a reflection of most PRAMS respondents being literate in either English or Spanish, as the Nebraska PRAMS survey is given only in these two languages.

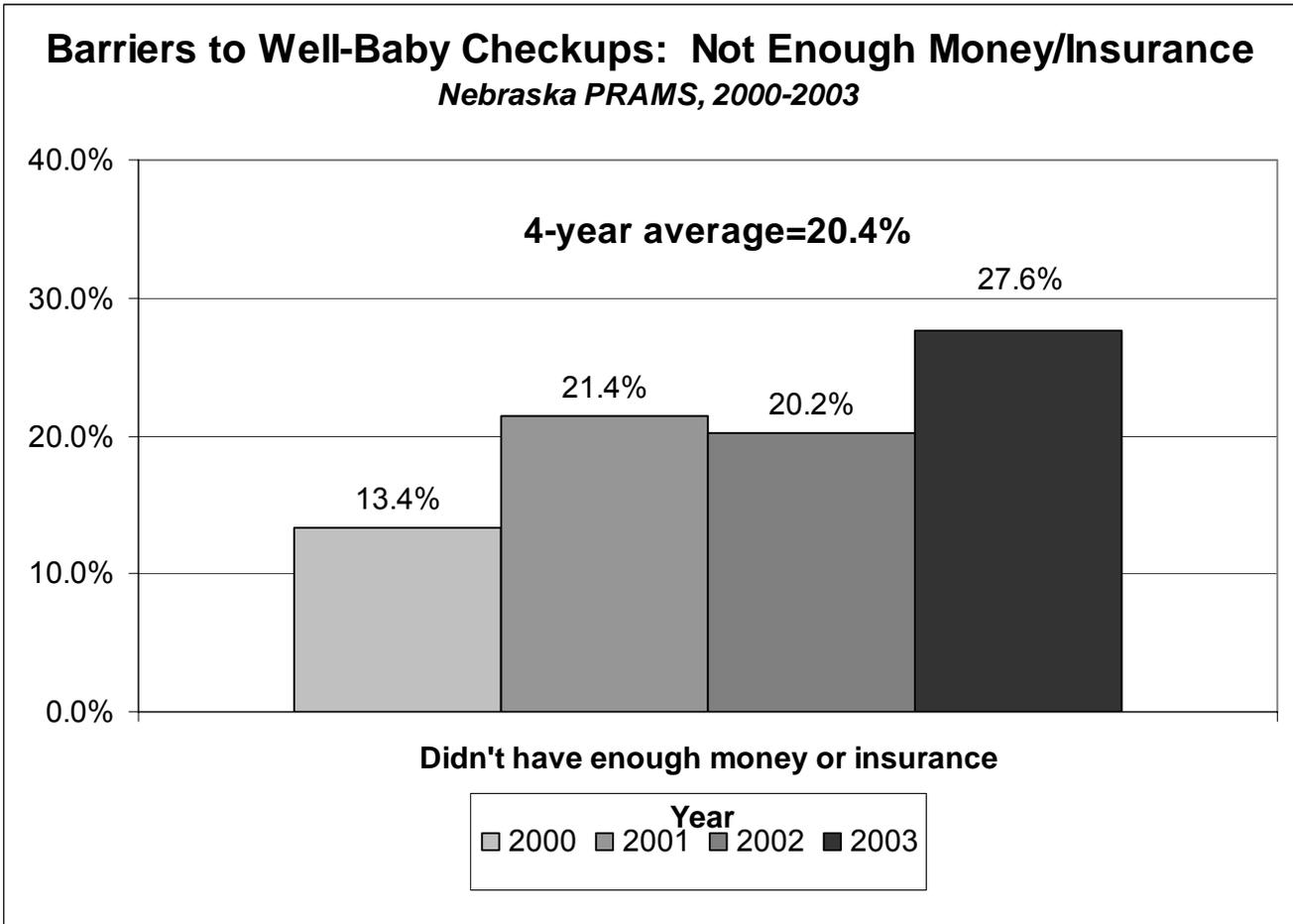
Over time these percentages: **Did not show a significant linear increase or decrease.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

WELL-BABY CHECKUPS



Table

2002 CDC multi-state PRAMS results are not available for this question.

## MATERNAL EMPLOYMENT

### Questions:

All PRAMS participants who reported that their new baby was living with them at the time of the survey were asked to answer “yes” or “no” to the question: “**Are you currently in school or working outside the home?**” (Q73).

### Background:

Maternal work status has a complicated relationship with the infant’s and mother’s own well-being. Higher income is an advantage, but mothers who are working or in school face potential stress, with many demands competing for her time as well as financial strain from child care arrangements and costs. This may affect the duration of breastfeeding as well.

### Results:

Among Nebraska mothers who delivered during the 2000-2003 period, the prevalence of working outside the home or going to school averaged 58.3% (graph not shown for this item). Over time this percentage: **Did not show a significant linear increase or decrease.**

2002 CDC multi-state PRAMS results are not available for this question.

## SOURCES OF HOUSEHOLD INCOME

### Questions:

All PRAMS participants were asked “**What were the sources of your household’s income during the past 12 months?** (check all that apply)” (Q67).

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

All PRAMS participants were asked “**During your most recent pregnancy, did you get any of these services?**” (Q69) Two of the choices were related to household income. They were:

- Food stamps
- TANF (Welfare, formerly AFDC)

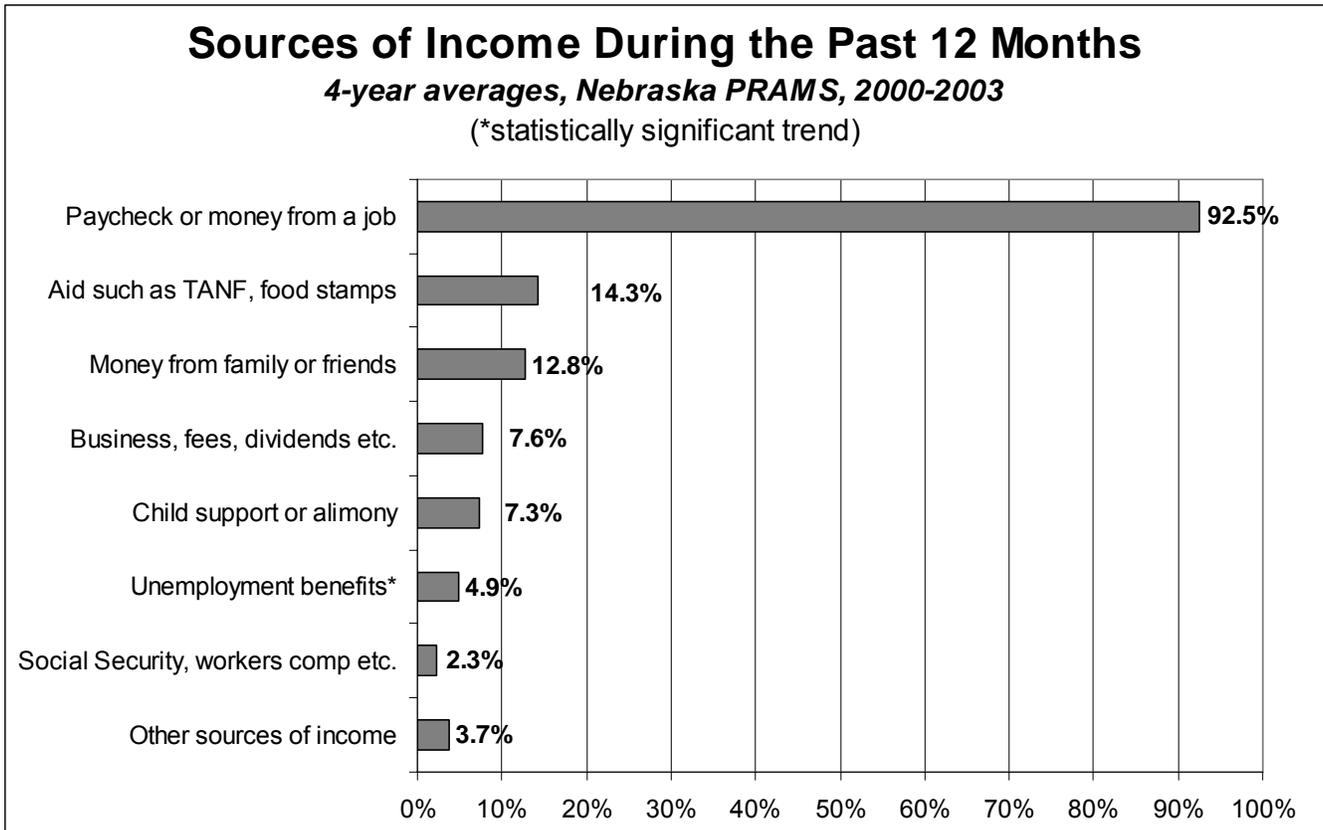
### Background:

Household income is associated with most maternal and child health indicators and outcomes. Income from jobs and businesses tend to provide for more household stability.

**SOURCES OF HOUSEHOLD INCOME**

**Results:**

**Sources Of Income:** Nearly all (92.5%) of respondents reported receiving household income from a paycheck or money from a job. Other sources were cited by fewer than 15%. Income from unemployment benefits showed a significant linear increase from 3.0% in 2000 to 5.8% in 2003 (4-year average 4.9%).



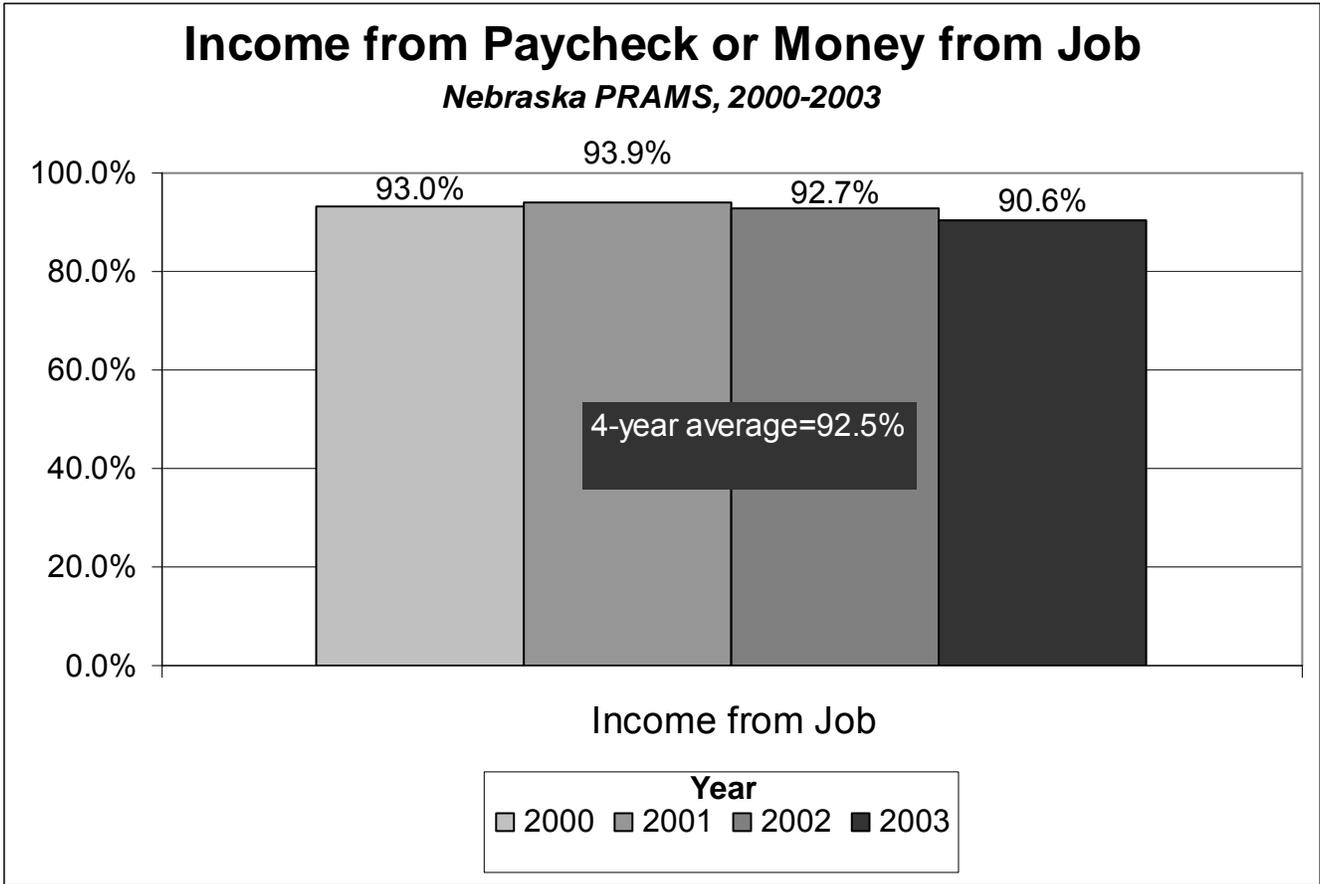
Table

2002 CDC multi-state PRAMS results are not available for this question.

**SOURCES OF HOUSEHOLD INCOME**

Sources of Household's Income	Average Prevalence From 2000-2003	Over time this percentage:
Paycheck or money from a job  (The percentage of women reporting wage income decreased slightly, from 93.0% of respondents in 2000 to 90.6% in 2003.)	92.5%	<u>Did not show a significant linear increase or decrease.</u>
Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income	14.3%	<u>Did not show a significant linear increase or decrease.</u>
Money from family or friends	12.8%	<u>Did not show a significant linear increase or decrease.</u>
Money from a business, fees, dividends, or rental income	7.6%	<u>Did not show a significant linear increase or decrease.</u>
Child support or alimony	7.3%	<u>Did not show a significant linear increase or decrease.</u>
Unemployment Benefits  (The prevalence of receipt of unemployment insurance <u>rose</u> from 3.0% to 5.8%.)	4.9%  <b>See graph on page 65</b>	<u>Showed a significant linear increase.</u>
Social security, workers' compensation, veteran's benefits, or pensions from social security, workers comp, or pensions	2.3%	<u>Did not show a significant linear increase or decrease.</u>
Other	3.7%	<u>Did not show a significant linear increase or decrease.</u>

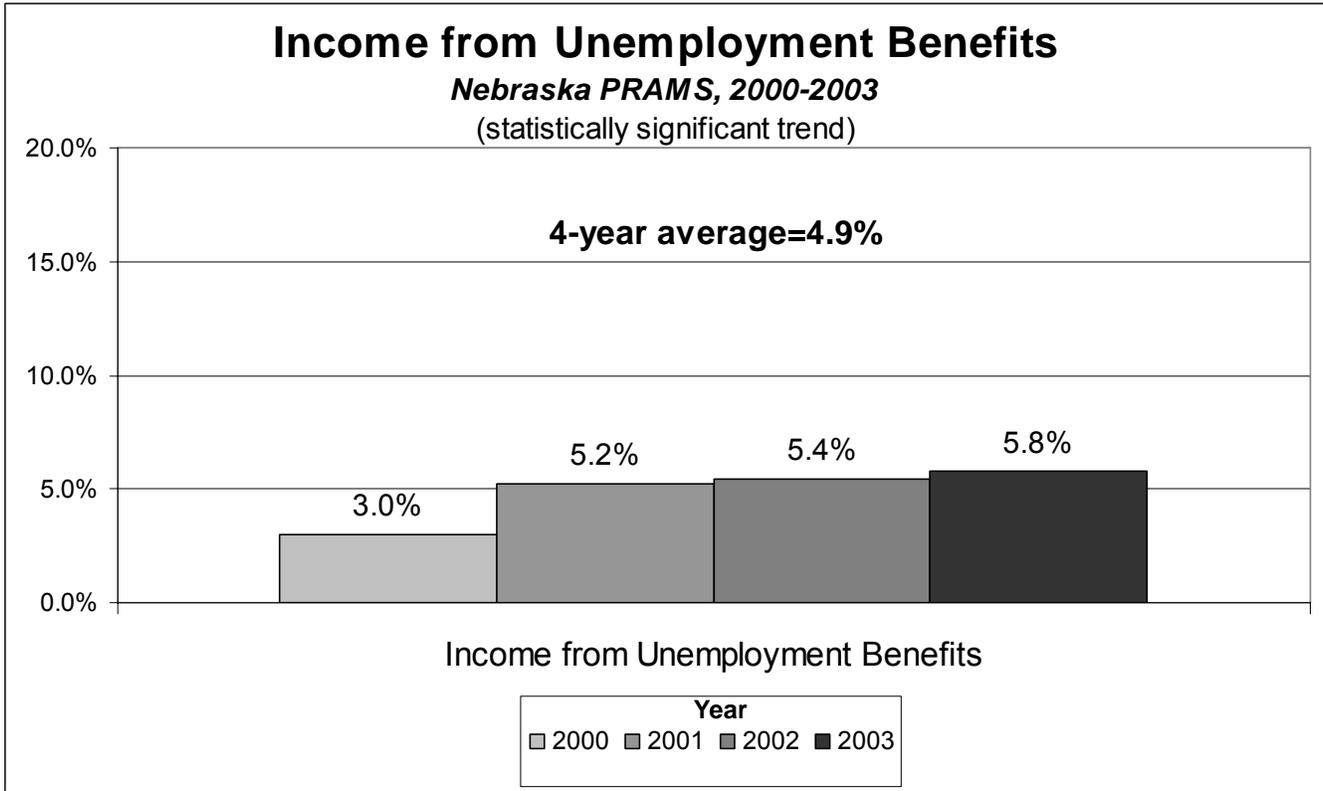
SOURCES OF HOUSEHOLD INCOME



Table

2002 CDC multi-state PRAMS results are not available for this question.

**SOURCES OF HOUSEHOLD INCOME**



Table

2002 CDC multi-state PRAMS results are not available for this question.

**SERVICES DURING PREGNANCY**

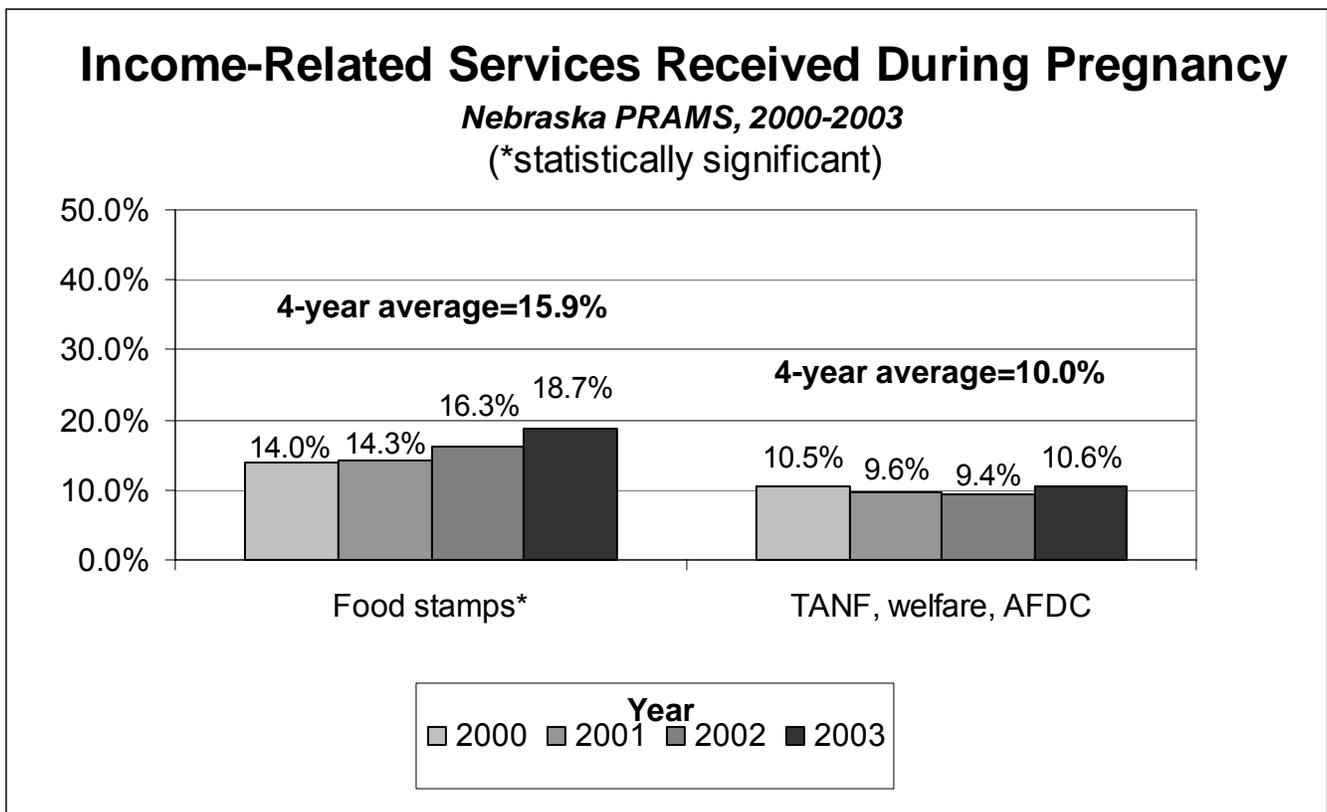
**Income-Related Services During Pregnancy:** Based on the responses to the question “During your most recent pregnancy, did you get any of these services?”

The receipt of food stamps increased among Nebraska mothers during pregnancy from 14.0% in 2000 to 18.7% in 2003.

Over time this percentage: **Showed a significant linear increase.**

The receipt of TANF during pregnancy averaged 10%.

Over time this percentage: **Did not show a significant linear increase or decrease.**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## MATERNAL STRESS

### Questions:

All PRAMS participants were asked about 13 potentially stressful **things that may have happened during the 12 months before your new baby was born** (Q36).

- a. A close family member was very sick and had to go into the hospital
- b. You got separated or divorced from your husband or partner
- c. You moved to a new address
- d. You were homeless
- e. Your husband or partner lost his job
- f. You lost your job even though you wanted to go on working
- g. You argued with your husband or partner more than usual
- h. Your husband or partner said he didn't want you to be pregnant
- i. You had a lot of bills you could not pay
- j. You were in a physical fight
- k. You or your husband or partner went to jail
- l. Someone very close to you had a bad problem with drinking or drugs
- m. Someone very close to you died.

### Background:

Fetuses of mothers who show high rates of depression, anxiety and stress weigh less and are smaller than average at midterm, according to a recent study from the University of Miami School of Medicine. The study, published in the September-October issue of Psychosomatic Medicine, may shed light on previous findings that women with prenatal depression, anxiety or stress are more likely to deliver premature and low-birth-weight babies.<sup>7</sup>

PRAMS may be the only objective source of data on homelessness during pregnancy.

### Results:

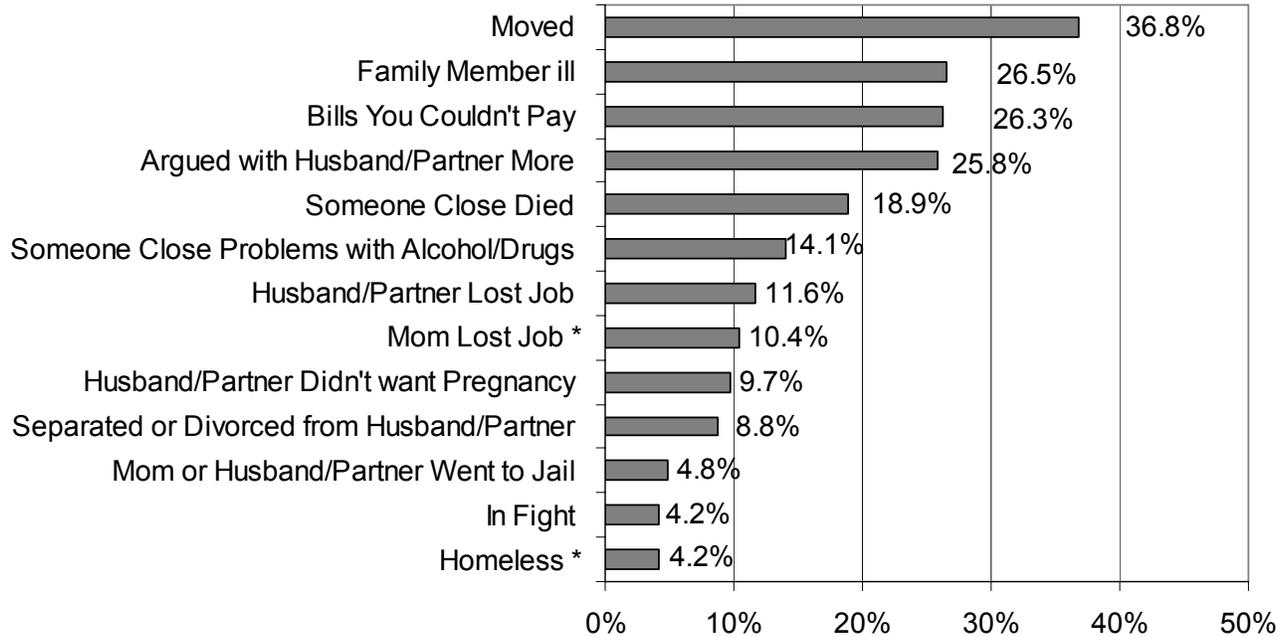
The most prevalent stressor reported was moving to a new address, with over one-third of women reporting that they had moved in the past year. Statistically significant trends were found for two items: losing their job even though they had wanted to go on working, and having been homeless during pregnancy, both of which increased during the 2000-2003 period (see page 71.)

**MATERNAL STRESS**

**Types of Stress Occuring During the Past 12 Months**

*4-year averages, Nebraska PRAMS, 2000-2003*

(\*statistically significant trend)



**Women could report more than one type of stress.**

Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- The percentage of women who reported that their husbands or partners did not want her to be pregnant ranged from 7.2% to 13.2%. At 9.7%\*\* , Nebraska ranked 14<sup>th</sup> lowest; 13 states ranked lower (better); and 13 states had higher (worse) rates.

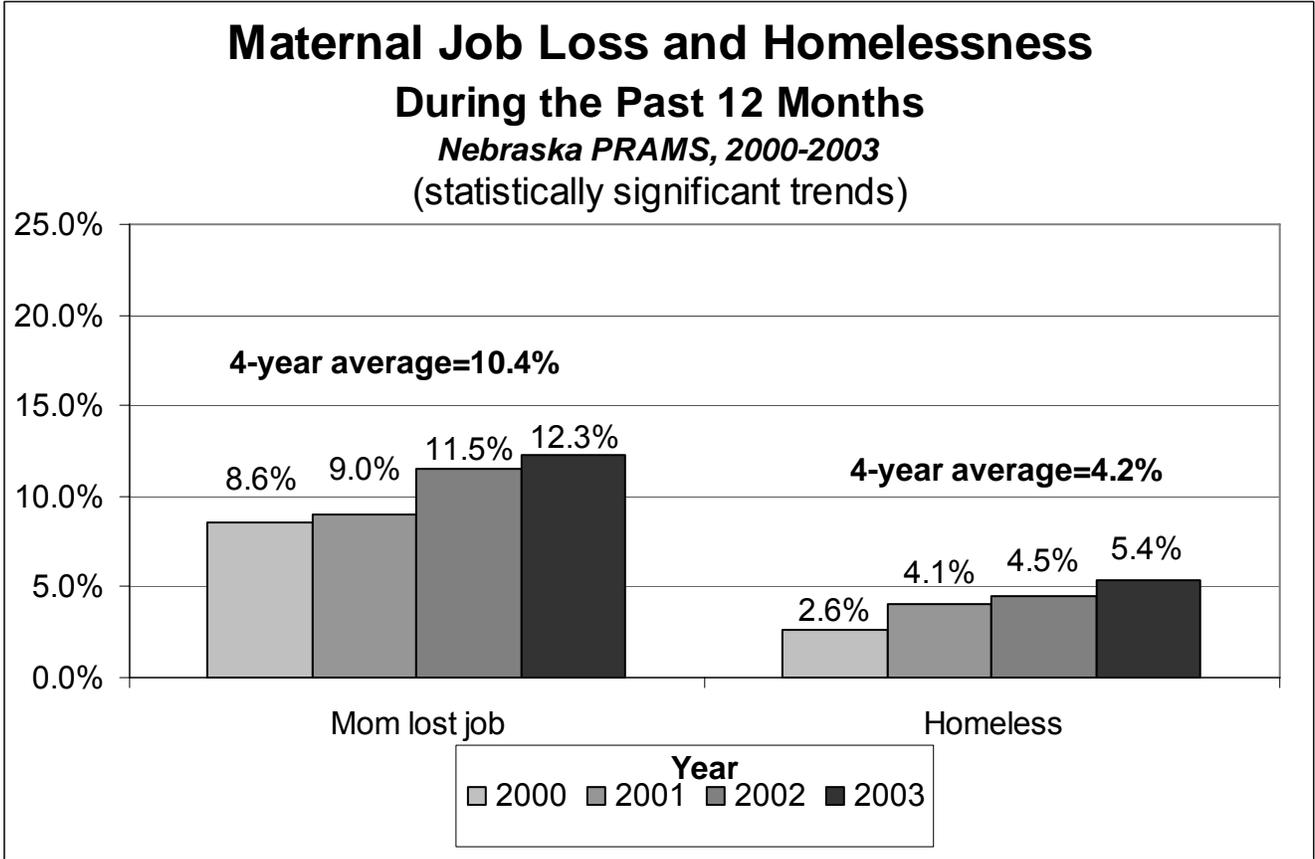
\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

**MATERNAL STRESS**

<b>Question</b>	<b>Average Prevalence From 2000-2003</b>	<b>Over time this percentage:</b>
Moving to a new address	36.8%	<u>Did not show a significant linear increase or decrease.</u>
Having a very sick family member who had to go to the hospital	26.5%	<u>Did not show a significant linear increase or decrease.</u>
Having a lot of lot of bills they couldn't pay	26.3%	<u>Did not show a significant linear increase or decrease.</u>
Arguing with their husband or partner more than usual	25.8%	<u>Did not show a significant linear increase or decrease.</u>
Having someone close to them die	18.9%	<u>Did not show a significant linear increase or decrease.</u>
Someone close to them having problems with drinking or drugs	14.1%	<u>Did not show a significant linear increase or decrease.</u>
Having their husband or partner lose his job	11.6%	<u>Did not show a significant linear increase or decrease.</u>
Losing their job even though they had wanted to go on working increased from 8.6% in 2000 to 12.3% in 2003	10.4%	<u>Showed a significant linear increase.</u>
Having their husband or partner say he did not want the pregnancy	9.7%	<u>Did not show a significant linear increase or decrease.</u>
Getting separated or divorced from their husband or partner	8.8%	<u>Did not show a significant linear increase or decrease.</u>
Having themselves or their husband or partner go to jail	4.8%	<u>Did not show a significant linear increase or decrease.</u>
Begin in a physical fight	4.2%	<u>Did not show a significant linear increase or decrease.</u>
Having been homeless increased from 2.6% in 2000 to 5.4% in 2003	4.2%	<u>Showed a significant linear increase.</u>

**MATERNAL STRESS**



Table

2002 CDC multi-state PRAMS results are not available for this question.

## PHYSICAL ABUSE BEFORE AND DURING PREGNANCY

### Questions:

All PRAMS participants were asked:

- “*During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?*” (Q37a)
- “*During the 12 months before you got pregnant, did anyone else physically hurt you in any way?*” (Q37b)
- “*During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?*” (Q38a)
- “*During your most recent pregnancy, did anyone else physically hurt you in any way?*” (Q38b)

### Background:

**Healthy People 2010 Objective 15–34:** Reduce the rate of physical assault by current or former intimate partners to 2.7 physical assaults per 1,000 people aged 12 years or older.

Studies have shown that physical violence against women around the time of pregnancy can adversely affect the health and well-being of women, their fetuses and infants, and other children in the household. Self-reported physical abuse is generally considered an underestimate of actual occurrence.

Violence against pregnant women is of particular concern because of the additional risk to the unborn child. Violence can harm a child through direct injury, causing placental damage, premature contractions, membrane rupture, or fetal death, or through indirect mechanisms such as stress, substance abuse, or abuse-related maternal health problems. Studies have documented significantly increased risks of preterm birth and low birthweight among infants born to abused women.<sup>8</sup>

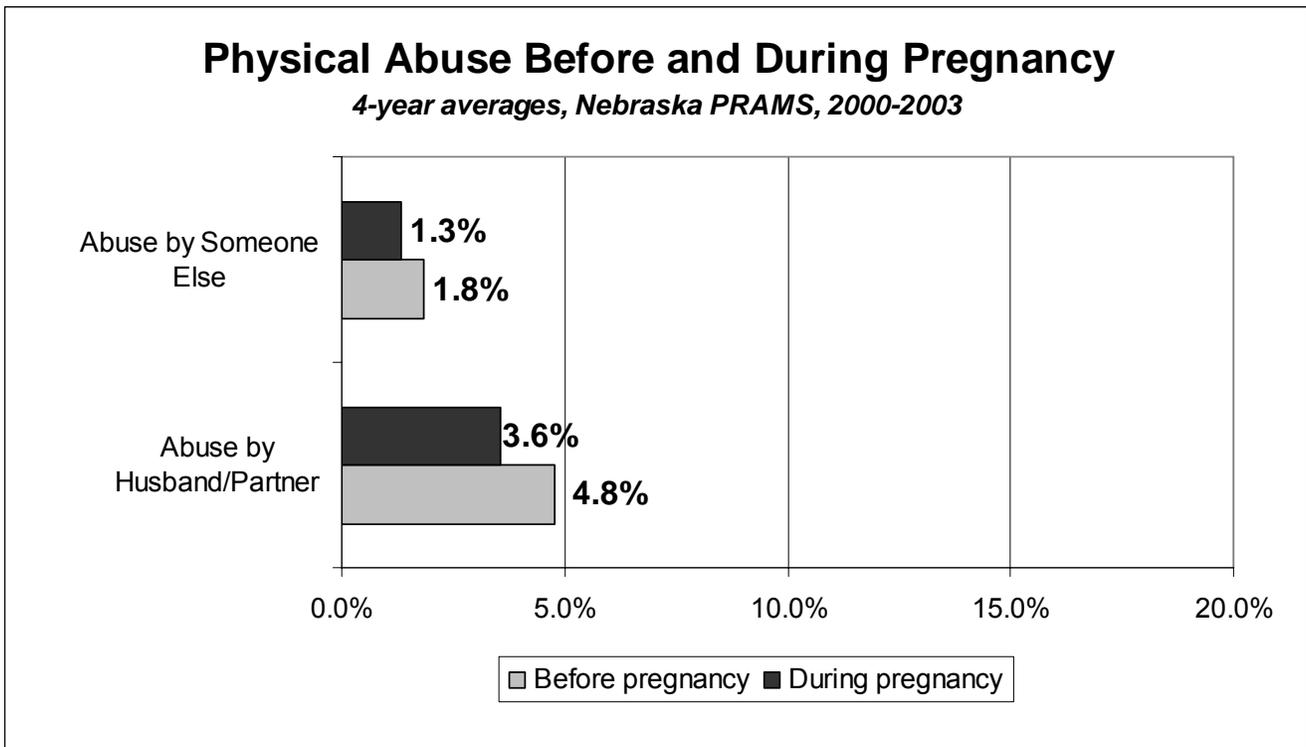
**See also, prenatal counseling regarding physical abuse under “Topics Discussed During Prenatal Care,” page 17.**

**PHYSICAL ABUSE BEFORE AND DURING PREGNANCY**

**Results:**

**Before Pregnancy:** Between 2000 and 2003, an average of 4.4% of women reported physical abuse by a husband or partner during the 12 months before the pregnancy. Reported physical abuse by someone *other* than the husband or partner was consistently lower, declining from 2.3% in 2001 to 1.6% in 2003, and a four-year average of 1.8%.  
 Over time these percentages: **Did not show a significant linear increase or decrease.**

**During Pregnancy:** Between 2000 and 2003, an average of 3.6% of women reported physical abuse by a husband or partner during the pregnancy. Reported physical abuse by someone *other* than the husband or partner averaged 1.3% over the four year period.  
 Over time these percentages: **Did not show a significant linear increase or decrease.**



Table

**PRAMS Multi-State Results (27 states) 2002\*:**

- Reported physical abuse by husband or partner during the 12 months **before** pregnancy ranged from 2.3% to 8.3%. At 4.4% Nebraska ranked 13<sup>th</sup> highest (worse) in physical abuse by husband or partner before pregnancy; 12 states had higher (worse) rates and 14 had lower (better) rates.
- Among 27 reporting PRAMS states (2002), reported physical abuse by a husband or partner **during** pregnancy ranged from 6.3% to 1.9%. At 4.4%\*\* Nebraska ranked 7<sup>th</sup> highest (worse) in women reporting physical abuse by a husband or partner during pregnancy. Six states had higher (worse) rates and 20 states had lower (better) rates.

\*Most current data available from CDC.

\*\*Nebraska's 2002 data was reweighted after CDC's publication; therefore, some numbers in this report changed slightly.

TABLES

Table for Graph “Feelings About Most Recent Pregnancy” Page 2

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Feelings about being pregnant (before pregnancy)	Sooner	17.67	18.15	18.53	16.37	17.66	-0.78	0.437
LOWER CL		.	16.7	16.18	16.78	14.42	15.7	.	.
UPPER CL		.	18.69	20.3	20.41	18.52	19.81	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.
PCT	Feelings about being pregnant (before pregnancy)	Later	31.48	30.53	29.64	32.83	32.84	1.81	0.071
LOWER CL		.	30.28	28.17	27.58	30.29	30.38	.	.
UPPER CL		.	32.7	33.01	31.78	35.47	35.4	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.
PCT	Feelings about being pregnant (before pregnancy)	Then	41.78	42.86	43.29	40.8	40.25	-1.73	0.083
LOWER CL		.	40.5	40.27	41.01	38.11	37.66	.	.
UPPER CL		.	43.07	45.49	45.6	43.56	42.9	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.
PCT	Feelings about being pregnant (before pregnancy)	Never	9.07	8.45	8.54	10	9.24	1.15	0.249
LOWER CL		.	8.36	7.15	7.36	8.48	7.84	.	.
UPPER CL		.	9.82	9.96	9.9	11.75	10.86	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.

Table for Graph “Unintended Pregnancy” Page 3

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Intend=YES Means sooner or then	NO	40.54	38.98	38.18	42.83	42.08	2.37	0.0179
LOWER CL		.	39.28	36.46	35.97	40.12	39.48	.	.
UPPER CL		.	41.82	41.57	40.43	45.58	44.73	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.
PCT	Feelings about being pregnant (before pregnancy)	Later	31.48	30.53	29.64	32.83	32.84	1.81	0.071
LOWER CL		.	30.28	28.17	27.58	30.29	30.38	.	.
UPPER CL		.	32.7	33.01	31.78	35.47	35.4	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.

TABLES

**CONTINUATION** of Table for Graph “Unintended Pregnancy” **Page 3**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Feelings about being pregnant (before pregnancy)	Never	9.07	8.45	8.54	10	9.24	1.15	0.249
LOWER CL		.	8.36	7.15	7.36	8.48	7.84	.	.
UPPER CL		.	9.82	9.96	9.9	11.75	10.86	.	.
N Respondents		.	8071	2097	2205	1854	1915	.	.

Table for Graph “When You Got Pregnant with Your New Baby, Were You or Your Partner Doing Anything to Keep from Getting Pregnant?” **Page 5**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Used birth control when got pregnant	YES	48.2	45.62	48.64	51.13	47.16	0.75	0.4523
LOWER CL		.	46.15	41.46	44.92	46.89	43.06	.	.
UPPER CL		.	50.25	49.84	52.39	55.35	51.3	.	.
N Respondents		.	3499	900	911	838	850	.	.

Table for Graph “Reasons for Not Doing Anything to Keep From Getting Pregnant” **Page 6**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	No birth control- Did not mind pregnancy	YES	40.08	40.92	41.16	40.6	37.78	-0.91	0.3623
LOWER CL		.	37.72	36.26	36.88	35.6	33.06	.	.
UPPER CL		.	42.5	45.75	45.57	45.8	42.74	.	.
N Respondents		.	2482	676	643	574	589	.	.
PCT	No birth control- Thought couldn't get pregnant at time	YES	27.96	30.81	24.85	29.91	26.2	-0.9	0.3679
LOWER CL		.	25.9	26.67	21.39	25.57	22.17	.	.
UPPER CL		.	30.11	35.28	28.66	34.64	30.66	.	.
N Respondents		.	2484	677	644	571	592	.	.
PCT	No birth control- Had side effects from birth control	YES	12.96	10.38	14.21	13.38	13.98	1.37	0.1709
LOWER CL		.	11.41	7.91	11.41	10.15	10.82	.	.
UPPER CL		.	14.69	13.51	17.55	17.44	17.88	.	.
N Respondents		.	2490	678	645	575	592	.	.

TABLES

**CONTINUATION** of Table for Graph “Reasons for Not Doing Anything to Keep From Getting Pregnant” **Page 6**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	No birth control- <b>Couldn't get birth control</b>	<b>YES</b>	<b>7.46</b>	4.37	9.33	5.31	10.79	2.61	0.009
LOWER CL		.	6.3	2.84	7.01	3.61	8.04	.	.
UPPER CL		.	8.8	6.67	12.31	7.75	14.34	.	.
N Respondents		.	2491	678	645	576	592	.	.
PCT	No birth control- <b>Thought was sterile</b>	<b>YES</b>	<b>10.23</b>	11.17	10.26	9.32	10.12	-0.59	0.557
LOWER CL		.	8.84	8.41	7.85	6.85	7.43	.	.
UPPER CL		.	11.8	14.7	13.3	12.56	13.63	.	.
N Respondents		.	2490	677	645	576	592	.	.
PCT	No birth control- <b>Husband didn't want to use birth control</b>	<b>YES</b>	<b>15.9</b>	14.79	18.9	14.36	15.67	-0.24	0.8111
LOWER CL		.	14.21	11.73	15.65	11.02	12.42	.	.
UPPER CL		.	17.75	18.48	22.64	18.49	19.58	.	.
N Respondents		.	2488	678	646	573	591	.	.
PCT	No birth control- <b>Other Reasons</b>	<b>YES</b>	<b>18.39</b>	20.27	18.22	18.15	16.91	-1.13	0.2604
LOWER CL		.	16.52	16.54	14.97	14.39	13.36	.	.
UPPER CL		.	20.42	24.59	21.99	22.63	21.17	.	.
N Respondents		.	2480	674	646	568	592	.	.

**Table for Graph “Use of Fertility Drugs and Assisted Reproductive Technology” **Page 8****

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Fertility-Drugs	<b>YES</b>	<b>8.12</b>	7.02	9.23	6.5	9.74	1.14	0.2564
LOWER CL		.	7.18	5.31	7.5	4.74	7.69	.	.
UPPER CL		.	9.23	9.22	11.31	8.86	12.26	.	.
N Respondents		.	3775	962	1077	828	908	.	.
PCT	Fertility-Medical procedures	<b>YES</b>	<b>3.21</b>	1.94	4.06	3.05	3.79	1.58	0.1136
LOWER CL		.	2.63	1.14	2.95	1.9	2.59	.	.
UPPER CL		.	3.94	3.28	5.57	4.86	5.51	.	.
N Respondents		.	3765	958	1075	824	908	.	.

Nebraska PRAMS 2000-2003 Trend Report

TABLES

Table for Graph “Reasons For Not Using Postpartum Contraception” Page 10

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Not having sex	YES	35.28	29.34	34.34	38.70	37.95	2.11	0.0346
LOWER CL		.	32.25	23.51	29.10	32.35	31.85	.	.
UPPER CL		.	38.44	35.94	39.99	45.46	44.46	.	.
N Respondents		.	1371	342	366	322	341	.	.
PCT	Wanted pregnancy	YES	15.57	17.67	18.11	15.07	11.80	-1.85	0.0649
LOWER CL		.	13.29	12.85	13.99	10.60	8.13	.	.
UPPER CL		.	18.16	23.81	23.12	20.97	16.81	.	.
N Respondents		.	1366	342	364	320	340	.	.
PCT	Don't want to use	YES	27.58	31.72	29.62	23.70	25.85	-1.7	0.0891
LOWER CL		.	24.77	25.61	24.58	18.46	20.53	.	.
UPPER CL		.	30.59	38.53	35.22	29.88	31.99	.	.
N Respondents		.	1368	341	364	322	341	.	.
PCT	Husband or partner doesn't want to use	YES	13.23	13.55	15.22	11.45	12.72	-0.62	0.5340
LOWER CL		.	11.24	9.55	11.57	7.92	9.03	.	.
UPPER CL		.	15.52	18.87	19.77	16.26	17.63	.	.
N Respondents		.	1360	341	361	318	340	.	.
PCT	Thinks sterile	YES	4.45	4.04	3.52	5.31	4.87	0.71	0.4804
LOWER CL		.	3.37	2.06	2.09	3.28	2.78	.	.
UPPER CL		.	5.85	7.79	5.88	8.51	8.39	.	.
N Respondents		.	1362	340	363	320	339	.	.
PCT	Can't pay for birth control	YES	7.71	5.39	8.67	4.48	11.83	1.79	0.0742
LOWER CL		.	6.17	3.04	5.92	2.73	8.07	.	.
UPPER CL		.	9.60	9.39	12.53	7.28	17.02	.	.
N Respondents		.	1366	339	364	322	341	.	.
PCT	Pregnant now	YES	3.40	3.97	3.68	2.66	3.36	-0.51	0.6123
LOWER CL		.	2.43	1.97	2.08	1.23	1.71	.	.
UPPER CL		.	4.73	7.85	6.40	5.63	6.49	.	.
N Respondents		.	1365	341	364	322	338	.	.
PCT	Other reason	YES	28.94	31.95	28.15	29.37	26.73	-1.04	0.2968
LOWER CL		.	26.08	25.97	23.26	23.56	21.30	.	.
UPPER CL		.	31.97	38.59	33.62	35.94	32.97	.	.
N Respondents		.	1438	368	378	328	364	.	.

TABLES

Table for Graph “Methods of Postpartum Contraception” Page 12

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Condoms	YES	31.72	31.58	31.49	31.44	32.34	0.36	0.7164
LOWER CL		.	30.41	28.97	29.19	28.71	29.66	.	.
UPPER CL		.	33.05	34.3	33.89	34.31	35.13	.	.
N Respondents		.	6831	1778	1870	1570	1613	.	.
PCT	Foam, Jelly, Cream	YES	2.35	3.35	2.76	2.33	1	-3.72	0.0002
LOWER CL		.	1.94	2.42	2.02	1.52	0.55	.	.
UPPER CL		.	2.84	4.61	3.77	3.56	1.82	.	.
N Respondents		.	6831	1778	1870	1570	1613	.	.
PCT	Norplant	YES	0.16	0.26	0.1	0.17	0.11	-0.98	0.3269
LOWER CL		.	0.1	0.11	0.03	0.08	0.04	.	.
UPPER CL		.	0.25	0.6	0.27	0.38	0.3	.	.
N Respondents		.	6830	1777	1870	1570	1613	.	.
PCT	Other	YES	12.87	8.76	10.06	14.27	18.17	7.34	0
LOWER CL		.	11.95	7.28	8.65	12.28	16.04	.	.
UPPER CL		.	13.85	10.51	11.68	16.52	20.51	.	.
N Respondents		.	6817	1766	1868	1570	1613	.	.
PCT	Pill	YES	37.56	39.73	42.01	35.43	33.27	-4.12	0
LOWER CL		.	36.2	36.98	39.54	32.6	30.58	.	.
UPPER CL		.	38.94	42.56	44.52	38.37	36.07	.	.
N Respondents		.	6831	1777	1870	1571	1613	.	.
PCT	Withdrawal	YES	8.96	9.1	10.57	8.04	8.19	-1.42	0.1548
LOWER CL		.	8.18	7.59	9.09	6.52	6.73	.	.
UPPER CL		.	9.81	10.89	12.25	9.89	9.93	.	.
N Respondents		.	6826	1777	1868	1568	1613	.	.
PCT	Shots	YES	13.6	15.59	13.39	13.09	12.38	-2.31	0.021
LOWER CL		.	12.72	13.74	11.87	11.33	10.65	.	.
UPPER CL		.	14.54	17.65	15.07	15.07	14.35	.	.
N Respondents		.	6830	1778	1869	1570	1613	.	.
PCT	Tubes Tied	YES	9.94	9.03	9.08	11.99	9.62	1.24	0.2145
LOWER CL		.	9.13	7.54	7.78	10.15	8.08	.	.
UPPER CL		.	10.81	10.79	10.57	14.09	11.43	.	.
N Respondents		.	6831	1778	1870	1570	1613	.	.
PCT	Vasectomy	YES	4.27	4.31	4.61	4.06	4.13	-0.4	0.6881
LOWER CL		.	3.72	3.27	3.63	3	3.06	.	.
UPPER CL		.	4.91	5.67	5.84	5.48	5.55	.	.
N Respondents		.	6831	1778	1870	1570	1613	.	.

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Table for Graph “Methods of Postpartum Contraception” Page 13

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Pill	YES	37.56	39.73	42.01	35.43	33.27	-4.12	0
LOWER CL		.	36.2	36.98	39.54	32.6	30.58	.	.
UPPER CL		.	38.94	42.56	44.52	38.37	36.07	.	.
N Respondents		.	6831	1777	1870	1571	1613	.	.
PCT	Foam, Jelly, Cream	YES	2.35	3.35	2.76	2.33	1	-3.72	0.0002
LOWER CL		.	1.94	2.42	2.02	1.52	0.55	.	.
UPPER CL		.	2.84	4.61	3.77	3.56	1.82	.	.
N Respondents		.	6831	1778	1870	1570	1613	.	.
PCT	Other	YES	12.87	8.76	10.06	14.27	18.17	7.34	0
LOWER CL		.	11.95	7.28	8.65	12.28	16.04	.	.
UPPER CL		.	13.85	10.51	11.68	16.52	20.51	.	.
N Respondents		.	6817	1766	1868	1570	1613	.	.

Table for Graph “Prenatal Care Timing” Page 15

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Pregnancy Confirmed after 1 <sup>st</sup> Trimester	YES	3.06	3.8	2.68	2.43	3.34	-0.75	0.4544
LOWER CL		.	2.66	2.93	2.06	1.78	2.5	.	.
UPPER CL		.	3.52	4.91	3.48	3.31	4.45	.	.
N Respondents		.	7825	2025	2140	1787	1873	.	.
PCT	Late (after 1 <sup>st</sup> trimester) or No Prenatal Care	YES	18.17	20.75	16.64	17.31	18.00	-1.66	0.0965
LOWER CL		.	17.22	18.77	15.05	15.42	16.10	.	.
UPPER CL		.	19.15	22.89	18.37	19.39	20.06	.	.
N Respondents		.	8089	2093	2208	1853	1935	.	.
PCT	Not getting Prenatal Care as soon as desired among women who began late or not at all (No graph)	YES	41.75	42.84	42.53	41.55	40.04	-0.71	0.4764
LOWER CL		.	38.88	37.39	37.20	35.53	34.25	.	.
UPPER CL		.	44.68	48.48	48.04	47.83	46.13	.	.
N Respondents		.	1749	532	428	393	396	.	.

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Table for Graph “Topics Discussed During Prenatal Care” Page 17

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Physical abuse	YES	37.09	31.13	35.1	41.06	40.81	6.17	0
LOWER CL		.	35.86	28.82	32.97	38.38	38.23	.	.
UPPER CL		.	38.34	33.55	37.3	43.79	43.45	.	.
N Respondents		.	7939	2048	2177	1817	1897	.	.
PCT	Postpartum birth control	YES	75.47	76.09	74.81	75.69	75.31	-0.28	0.7795
LOWER CL		.	74.32	73.72	72.74	73.21	72.9	.	.
UPPER CL		.	76.59	78.3	76.78	78.01	77.56	.	.
N Respondents		.	8024	2071	2198	1842	1913	.	.
PCT	Screening for birth defects	YES	81.63	80.67	81.53	81.7	82.57	1.28	0.2014
LOWER CL		.	80.62	78.51	79.71	79.54	80.53	.	.
UPPER CL		.	82.59	82.67	83.23	83.68	84.43	.	.
N Respondents		.	7973	2057	2186	1828	1902	.	.
PCT	Seatbelt use	YES	51.49	50.83	51.35	52.69	51.05	0.33	0.7401
LOWER CL		.	50.18	48.18	49.03	49.92	48.38	.	.
UPPER CL		.	52.79	53.48	53.67	55.45	53.73	.	.
N Respondents		.	7993	2066	2186	1836	1905	.	.
PCT	Breastfeeding	YES	81.94	82.34	80.7	82.22	82.49	0.42	0.6716
LOWER CL		.	80.91	80.19	78.8	80.01	80.34	.	.
UPPER CL		.	82.93	84.29	82.48	84.24	84.45	.	.
N Respondents		.	8010	2066	2196	1837	1911	.	.
PCT	Ask if you were smoking	YES	91.8	91.83	90.84	92.88	91.64	0.44	0.6605
LOWER CL		.	91.05	90.23	89.39	91.32	90.01	.	.
UPPER CL		.	92.5	93.19	92.12	94.17	93.03	.	.
N Respondents		.	8035	2076	2193	1847	1919	.	.
PCT	How drinking could effect baby	YES	71.26	70.74	70.47	72.95	70.86	0.51	0.6086
LOWER CL		.	70.05	68.23	68.28	70.4	68.33	.	.
UPPER CL		.	72.44	73.13	72.57	75.36	73.28	.	.
N Respondents		.	8008	2074	2195	1834	1905	.	.
PCT	How illegal drugs could effect baby	YES	61.61	60.21	60.96	63.49	61.74	1.19	0.2322
LOWER CL		.	60.32	57.56	58.66	60.76	59.07	.	.
UPPER CL		.	62.88	62.79	63.21	66.14	64.33	.	.
N Respondents		.	7978	2063	2187	1826	1902	.	.

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**CONTINUATION** of Table for Graph “Topics Discussed During Prenatal Care” **Page 17**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	What to do if labor starts early	YES	83.44	82.91	82.09	86.44	82.29	0.55	0.5858
LOWER CL		.	82.46	80.84	80.25	84.53	80.17	.	.
UPPER CL		.	84.37	84.81	83.79	88.15	84.22	.	.
N Respondents		.	7973	2048	2189	1833	1903	.	.
PCT	Medicines safe to take during pregnancy	YES	91.22	90.5	91.33	92.22	90.81	0.53	0.5927
LOWER CL		.	90.48	88.86	89.98	90.69	89.22	.	.
UPPER CL		.	91.91	91.93	92.51	93.51	92.19	.	.
N Respondents		.	8023	2075	2194	1843	1911	.	.
PCT	Testing for HIV	YES	74.17	72.39	74.48	75.59	74.16	1.19	0.2345
LOWER CL		.	73	69.93	72.4	73.13	71.71	.	.
UPPER CL		.	75.3	74.72	76.45	77.9	76.47	.	.
N Respondents		.	7977	2063	2187	1826	1901	.	.
PCT	How smoking could effect baby	YES	71.06	70.1	70.08	73.16	70.85	0.95	0.3405
LOWER CL		.	69.85	67.58	67.89	70.62	68.32	.	.
UPPER CL		.	72.24	72.5	72.19	75.55	73.26	.	.
N Respondents		.	8008	2075	2188	1839	1906	.	.

Table for Graph “Prenatal Counseling Regarding Physical Abuse to Women by their Husband or Partner” **Page 18**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Physical Abuse	YES	37.09	31.13	35.1	41.06	40.81	6.17	0
LOWER CL		.	35.86	28.82	32.97	38.38	38.23	.	.
UPPER CL		.	38.34	33.55	37.3	43.79	43.45	.	.
N Respondents		.	7939	2048	2177	1817	1897	.	.

TABLES

Table for Graph “ Maternal Consumption of Alcohol Before, During and After Pregnancy”

Page 21

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Drink 3 months <b>BEFORE</b> pregnancy	YES	57.46	56.5	57.29	57.68	58.33	1.02	0.3061
LOWER CL		.	56.22	53.93	55.07	55.05	55.8	.	.
UPPER CL		.	58.7	59.03	59.49	60.27	60.82	.	.
N Respondents		.	7970	2059	2167	1848	1896	.	.
PCT	Drink <b>LAST 3 MONTHS</b> of pregnancy	YES	3.9	3.22	3.47	4.27	4.61	2.09	0.0363
LOWER CL		.	3.42	2.41	2.7	3.27	3.59	.	.
UPPER CL		.	4.45	4.29	4.45	5.55	5.89	.	.
N Respondents		.	8092	2089	2204	1865	1934	.	.
PCT	Drink <b>NOW</b> (after pregnancy)	YES	49.57	51.38	49.92	48.32	48.73	-1.63	0.1031
LOWER CL		.	48.31	48.81	47.67	45.64	46.16	.	.
UPPER CL		.	50.83	53.95	52.16	51.02	51.31	.	.
N Respondents		.	8229	2131	2239	1894	1965	.	.

Table for Graph “Maternal Cigarette Smoking Before, During and After Pregnancy” Page 23

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Smoke 3 months <b>BEFORE</b> pregnancy	YES	26.27	24.81	26.94	27.57	25.72	0.61	0.541
LOWER CL		.	25.09	22.51	24.86	25.07	23.38	.	.
UPPER CL		.	27.48	27.27	29.13	30.22	28.2	.	.
N Respondents		.	8027	2067	2188	1857	1915	.	.
PCT	Smoke <b>Last 3 MONTHS</b> of pregnancy	YES	14.04	13.99	14.84	14.38	12.98	-0.8	0.4255
LOWER CL		.	13.11	12.16	13.19	12.43	11.22	.	.
UPPER CL		.	15.02	16.04	16.66	16.58	14.98	.	.
N Respondents		.	8101	2087	2210	1870	1934	.	.
PCT	Smoke <b>NOW</b> (after pregnancy)	YES	19.87	19.41	21.39	19.9	18.82	-0.66	0.5073
LOWER CL		.	18.81	17.34	19.48	17.68	16.75	.	.
UPPER CL		.	20.98	21.67	23.44	22.31	21.08	.	.
N Respondents		.	8113	2088	2212	1875	1938	.	.

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Table for Graph “Taking a Multivitamin (folic acid) at Least Four Times per Week During the Month Before Becoming Pregnant” **Page 26**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Multivitamin at least 4 times per week	YES	35.67	34.1	35.23	36.69	36.57	1.54	0.1246
LOWER CL		.	34.43	31.64	33.05	34.08	34.04	.	.
UPPER CL		.	36.93	36.65	37.47	39.39	39.18	.	.
N Respondents		.	8186	2118	2228	1883	1957	.	.

Table for Graph “Participation in WIC During Pregnancy” **Page 28**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	On WIC during pregnancy	YES	35.05	31.57	34.96	37.21	36.32	3.12	0.0018
LOWER CL		.	33.9	29.35	32.9	34.75	33.99	.	.
UPPER CL		.	36.22	33.88	37.07	39.74	38.73	.	.
N Respondents		.	8184	2113	2231	1886	1954	.	.

Table for Graph “Insurance or Medicaid Coverage Prior to Pregnancy” **Page 30**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Insurance before pregnancy	YES	68.51	70.35	70.99	66.84	66.02	-3.29	0.001
LOWER CL		.	67.37	68.07	68.99	64.34	63.64	.	.
UPPER CL		.	69.63	72.53	72.91	69.25	68.33	.	.
N Respondents		.	8201	2122	2233	1891	1955	.	.
PCT	Medicaid before pregnancy	YES	11.68	13.04	10.66	11.27	11.79	-0.86	0.3871
LOWER CL		.	10.94	11.5	9.42	9.78	10.29	.	.
UPPER CL		.	12.47	14.75	12.04	12.96	13.47	.	.
N Respondents		.	8197	2122	2234	1886	1955	.	.

Table for Graph “No Insurance or Medicaid Coverage Prior to Pregnancy” **Page 31**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Insurance or Medicaid prior to pregnancy	NO	22.20	19.09	21.29	23.98	24.30	-3.98	0.0001
LOWER CL		.	21.20	17.25	19.56	21.80	22.25	.	.
UPPER CL		.	23.23	21.07	23.13	26.30	26.47	.	.
N Respondents		.	8198	2122	2233	1890	1953	.	.

TABLES

Table for Graph “Percent Received First Trimester Prenatal Care among those with and without insurance coverage prior to pregnancy” **Page 32**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	1 <sup>st</sup> Trimester prenatal care	<b>NO insurance</b>	<b>67.25</b>	60.29	69.01	68.00	70.32	2.54	0.0112
LOWER CL		.	64.76	54.70	64.49	62.77	65.53	.	.
UPPER CL		.	69.64	65.62	73.20	72.81	74.70	.	.
N Respondents		.	2099	526	535	499	539	.	.
PCT	1 <sup>st</sup> Trimester prenatal care	<b>YES insurance</b>	<b>85.94</b>	83.70	87.23	87.23	85.66	1.22	0.2241
LOWER CL		.	84.90	81.45	85.41	85.06	83.38	.	.
UPPER CL		.	86.92	85.72	88.86	89.12	87.68	.	.
N Respondents		.	5961	1560	1667	1350	1384	.	.

Table for Graph “Insurance Coverage Prior to Pregnancy and Rate of Unintended Pregnancies” **Page 33**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Unintended Pregnancy	<b>NO insurance</b>	<b>56.66</b>	53.87	53.63	58.92	59.19	1.79	0.0741
LOWER CL		.	54.07	48.28	48.85	53.48	54.24	.	.
UPPER CL		.	59.22	59.36	58.34	64.14	63.96	.	.
N Respondents		.	2104	527	539	502	536	.	.
PCT	Unintended Pregnancy	<b>YES insurance</b>	<b>35.91</b>	35.44	33.93	37.80	36.53	1.08	0.2810
LOWER CL		.	34.50	32.67	31.50	34.77	33.59	.	.
UPPER CL		.	37.35	38.31	36.45	40.93	39.57	.	.
N Respondents		.	5938	1561	1660	1350	1367	.	.

Table for Graph “Trends in Source of Payment for Prenatal Care” **Page 35**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	PNC paid by- Insurance or HMO	<b>YES</b>	<b>62.01</b>	<b>64.73</b>	<b>64.98</b>	<b>59.22</b>	<b>59.32</b>	-4	0.0001
LOWER CL		.	60.81	62.33	62.88	56.61	56.82	.	.
UPPER CL		.	63.2	67.05	67.02	61.78	61.77	.	.
N Respondents		.	8143	2102	2222	1872	1947	.	.

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**CONTINUATION** of Table for Graph “Trends in Source of Payment for Prenatal Care” **Page 35**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	PNC paid by - <b>Prenatal Medicaid or Medicaid Managed Care</b>	<b>YES</b>	<b>37.54</b>	33.53	34.83	40.91	40.63	4.98	0
LOWER CL		.	36.35	31.22	32.79	38.33	38.18	.	.
UPPER CL		.	38.74	35.92	36.93	43.54	43.13	.	.
N Respondents		.	8146	2102	2222	1873	1949	.	.
PCT	PNC paid by- <b>Income</b>	<b>YES</b>	<b>30.59</b>	<b>31.07</b>	<b>32.59</b>	<b>28.92</b>	<b>29.84</b>	-1.31	0.1896
LOWER CL		.	29.39	28.65	30.44	26.44	27.42	.	.
UPPER CL		.	31.81	33.6	34.81	31.53	32.37	.	.
N Respondents		.	8141	2101	2220	1872	1948	.	.
PCT	PNC paid by- <b>Indian Health Service</b>	<b>YES</b>	<b>0.42</b>	<b>0.48</b>	<b>0.26</b>	<b>0.5</b>	<b>0.45</b>	0.47	0.641
LOWER CL		.	0.35	0.39	0.19	0.31	0.34	.	.
UPPER CL		.	0.51	0.61	0.36	0.81	0.59	.	.
N Respondents		.	8141	2099	2221	1873	1948	.	.

Table for Graph “Trends in Source of Payment for Delivery” **Page 37**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Delivery paid by- <b>Insurance or HMO</b>	<b>YES</b>	<b>61.1</b>	<b>64.15</b>	<b>64.14</b>	<b>57.92</b>	<b>58.42</b>	-4.25	0
LOWER CL		.	59.9	61.75	62.04	55.3	55.92	.	.
UPPER CL		.	62.29	66.48	66.19	60.49	60.87	.	.
N Respondents		.	8205	2120	2234	1889	1962	.	.
PCT	Delivery paid by - <b>Medicaid or Medicaid Managed Care</b>	<b>YES</b>	<b>39.98</b>	<b>35.5</b>	<b>37.2</b>	<b>43.59</b>	<b>43.36</b>	5.4	0
LOWER CL		.	38.78	33.17	35.13	40.99	40.87	.	.
UPPER CL		.	41.19	37.91	39.31	46.22	45.88	.	.
N Respondents		.	8207	2120	2235	1890	1962	.	.
PCT	Delivery paid by- <b>Personal Income</b>	<b>YES</b>	<b>31.51</b>	<b>32.67</b>	<b>33.31</b>	<b>28.3</b>	<b>31.81</b>	-1.34	0.18
LOWER CL		.	30.3	30.22	31.16	25.85	29.37	.	.
UPPER CL		.	32.74	35.22	35.53	30.89	34.35	.	.
N Respondents		.	8201	2118	2231	1890	1962	.	.

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**CONTINUATION** of Table for Graph “Trends in Source of Payment for Delivery” **Page 37**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Delivery paid by- Indian Health Service	YES	0.22	0.19	0.23	0.2	0.24	0.52	0.6027
LOWER CL		.	0.16	0.14	0.12	0.08	0.17	.	.
UPPER CL		.	0.29	0.27	0.45	0.5	0.32	.	.
N Respondents		.	8203	2118	2235	1888	1962	.	.

Table for Graph “Previous Pregnancy Outcomes” **Page 39**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Previous Low Birthweight	YES	9.91	10.01	10.17	10.36	9.11	-0.56	0.5755
LOWER CL		.	8.98	8.19	8.57	8.48	7.32	.	.
UPPER CL		.	10.92	12.18	12.02	12.59	11.28	.	.
N Respondents		.	4625	1188	1304	1071	1062	.	.
PCT	Previous Premature	YES	11.58	10.38	11.66	10.99	13.24	1.56	0.1181
LOWER CL		.	10.54	8.49	9.87	8.93	11.03	.	.
UPPER CL		.	12.71	12.64	13.72	13.46	15.8	.	.
N Respondents		.	4638	1183	1313	1074	1068	.	.

Table for Graph “Pregnancy-Related Morbidities or Problems” **Page 41**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Car Crash Injury	YES	1.62	1.79	2.04	1.37	1.32	-1.52	0.129
LOWER CL		.	1.35	1.24	1.48	0.89	0.88	.	.
UPPER CL		.	1.96	2.57	2.79	2.11	1.98	.	.
N Respondents		.	8153	2107	2218	1879	1949	.	.
PCT	Cervix	YES	2.86	3.05	2.2	2.68	3.48	0.96	0.3384
LOWER CL		.	2.5	2.39	1.68	2	2.7	.	.
UPPER CL		.	3.26	3.9	2.87	3.58	4.47	.	.
N Respondents		.	8007	2063	2190	1842	1912	.	.
PCT	PROM (Water Broke)	YES	4.9	4.19	5.15	4.53	5.71	1.54	0.1232
LOWER CL		.	4.38	3.3	4.22	3.55	4.59	.	.
UPPER CL		.	5.48	5.31	6.26	5.77	7.1	.	.
N Respondents		.	8140	2103	2218	1876	1943	.	.

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TABLES

**CONTINUATION** of Table for Graph “Pregnancy-Related Morbidities or Problems” **Page 41**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	<b>Placenta (Previa/Abruptio)</b>	<b>YES</b>	<b>5.77</b>	4.98	5.51	5.77	6.76	1.95	0.0511
LOWER CL		.	5.19	3.96	4.52	4.63	5.5	.	.
UPPER CL		.	6.41	6.25	6.69	7.17	8.28	.	.
N Respondents		.	8127	2089	2218	1862	1958	.	.
PCT	<b>Diabetes</b>	<b>YES</b>	<b>6.9</b>	6.33	7.19	7.05	7.02	0.66	0.5106
LOWER CL		.	6.29	5.19	6.12	5.78	5.81	.	.
UPPER CL		.	7.57	7.7	8.44	8.59	8.45	.	.
N Respondents		.	8133	2097	2219	1873	1944	.	.
PCT	<b>Vaginal Bleeding</b>	<b>YES</b>	<b>15.69</b>	15.27	15.18	15.51	16.73	1.06	0.2914
LOWER CL		.	14.75	13.45	13.59	13.59	14.82	.	.
UPPER CL		.	16.67	17.3	16.92	17.64	18.83	.	.
N Respondents		.	8141	2099	2216	1865	1961	.	.
PCT	<b>Kidney/Bladder Infection</b>	<b>YES</b>	<b>15.75</b>	15.35	15.27	16.54	15.82	0.61	0.5403
LOWER CL		.	14.82	13.57	13.69	14.58	13.96	.	.
UPPER CL		.	16.72	17.32	17	18.7	17.87	.	.
N Respondents		.	8140	2107	2216	1875	1942	.	.
PCT	<b>High Blood Pressure</b>	<b>YES</b>	<b>18.86</b>	20.16	19.66	18.2	17.53	-1.98	0.0479
LOWER CL		.	17.86	18.11	17.85	16.17	15.6	.	.
UPPER CL		.	19.91	22.39	21.6	20.42	19.65	.	.
N Respondents		.	8156	2104	2213	1878	1961	.	.
PCT	<b>Nausea</b>	<b>YES</b>	<b>25.83</b>	26.01	24.87	26.54	25.9	0.26	0.7978
LOWER CL		.	24.72	23.77	22.94	24.19	23.66	.	.
UPPER CL		.	26.98	28.38	26.89	29.04	28.27	.	.
N Respondents		.	8165	2102	2222	1880	1961	.	.
PCT	<b>Preterm Labor</b>	<b>YES</b>	<b>28.45</b>	26.04	28.85	29.58	29.24	1.92	0.0555
LOWER CL		.	27.29	23.8	26.79	27.11	26.88	.	.
UPPER CL		.	29.64	28.42	31	32.17	31.72	.	.
N Respondents		.	8165	2105	2222	1879	1959	.	.

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Table for Graph of “Comparison of Nebraska PRAMS and Birth Certificate Data for Selected Pregnancy-Related Morbidities” Page 42

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Vaginal bleeding	YES	15.69	15.27	15.18	15.51	16.73	1.06	0.2914
LOWER CL		.	14.75	13.45	13.59	13.59	14.82	.	.
UPPER CL		.	16.67	17.30	16.92	17.64	18.83	.	.
N Respondents		.	8141	2099	2216	1865	1961	.	.
	Birth Certificate Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Vaginal bleeding	YES	1.35	1.36	1.30	1.25	1.47	0.21	0.8318
LOWER CL		.	1.08	0.86	0.88	0.76	0.96	.	.
UPPER CL		.	1.68	2.14	1.94	2.03	2.26	.	.
N Respondents		.	8224	2130	2236	1893	1965	.	.
	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Hypertension (High blood pressure)	YES	18.86	20.16	19.66	18.20	17.53	-1.98	0.0479
LOWER CL		.	17.86	18.11	17.85	16.17	15.60	.	.
UPPER CL		.	19.91	22.39	21.60	20.42	19.65	.	.
N Respondents		.	8156	2104	2213	1878	1961	.	.
	Birth Certificate Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Hypertension (High blood pressure)	YES	5.1	4.7	5.6	4.8	5.1	0.11	0.9114
LOWER CL		.	4.5	3.7	4.6	3.7	4.1	.	.
UPPER CL		.	5.7	6.0	6.8	6.0	6.5	.	.
N Respondents		.	8224	2130	2236	1893	1965	.	.
	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Diabetes	YES	6.9	6.33	7.19	7.05	7.02	0.66	0.5106
LOWER CL		.	6.29	5.19	6.12	5.78	5.81	.	.
UPPER CL		.	7.57	7.7	8.44	8.59	8.45	.	.
N Respondents		.	8133	2097	2219	1873	1944	.	.
	Birth Certificate Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Diabetes	YES	3.36	2.82	3.74	3.85	3.06	0.43	0.6702
LOWER CL		.	2.94	2.09	2.98	2.93	2.31	.	.
UPPER CL		.	3.84	3.78	4.68	5.03	4.02	.	.
N Respondents		.	8224	2130	2236	1893	1965	.	.

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Table for Graph “Bedrest and Hospitalization During Pregnancy” Page 43

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Hospitalized less than 1 day	YES	23.72	22.86	23.04	23.70	25.20	1.50	0.1343
LOWER CL		.	22.63	20.72	21.15	21.45	22.96	.	.
UPPER CL		.	24.84	25.14	25.04	26.11	27.59	.	.
N Respondents		.	8222	2126	2239	1893	1964	.	.
PCT	Hospitalized 1-7 days	YES	10.94	9.63	11.57	11.23	11.30	1.25	0.2097
LOWER CL		.	10.15	8.20	10.16	9.61	9.70	.	.
UPPER CL		.	11.78	11.29	13.15	13.08	13.13	.	.
N Respondents		.	8221	2125	2238	1894	1964	.	.
PCT	Hospitalized more than 7 days	YES	1.61	1.09	2.14	1.53	1.67	0.80	0.4244
LOWER CL		.	1.32	0.67	1.57	1.01	1.09	.	.
UPPER CL		.	1.96	1.76	2.92	2.32	2.55	.	.
N Respondents		.	8221	2124	2239	1894	1964	.	.
PCT	Bedrest on physician’s recommendation	YES	19.00	18.59	18.93	18.85	19.61	0.63	0.5280
LOWER CL		.	18.00	16.63	17.19	16.78	17.56	.	.
UPPER CL		.	20.05	20.72	20.79	21.11	21.84	.	.
N Respondents		.	8221	2125	2238	1894	1964	.	.

Table for Graph “Maternal Pre-Pregnancy Weight” Page 45

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Mom BMI	UNDERWT (< 19.8)	13.78	14.93	13.33	13.83	13.06	-1.17	0.2408
LOWER CL		.	12.87	13.08	11.77	11.95	11.29	.	.
UPPER CL		.	14.75	16.99	15.06	15.96	15.05	.	.
N Respondents		.	7574	1965	2074	1729	1806	.	.
PCT	Mom BMI	NORMAL (19.8-26)	53.26	51.6	52.53	53.42	55.4	1.98	0.0474
LOWER CL		.	51.92	48.89	50.14	50.56	52.65	.	.
UPPER CL		.	54.59	54.3	54.9	56.25	58.11	.	.
N Respondents		.	7574	1965	2074	1729	1806	.	.

TABLES

**CONTINUATION** of Table for Graph “Maternal Pre-Pregnancy Weight” **Page 45**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Mom BMI	<b>OVERWT (26-29)</b>	<b>12.23</b>	12.07	13.13	11.92	11.81	-0.5	0.6176
LOWER CL		.	11.38	10.42	11.6	10.2	10.16	.	.
UPPER CL		.	13.13	13.94	14.82	13.88	13.69	.	.
N Respondents		.	7574	1965	2074	1729	1806	.	.
PCT	Mom BMI	<b>OBESE (&gt; 29)</b>	<b>20.74</b>	21.4	21.02	20.83	19.74	-1.04	0.2997
LOWER CL		.	19.68	19.26	19.14	18.62	17.67	.	.
UPPER CL		.	21.84	23.7	23.02	23.23	21.99	.	.
N Respondents		.	7574	1965	2074	1729	1806	.	.

Table for Graph “Maternal Weight Gain During Pregnancy” **Page 46**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Mother weight gain <u>during pregnancy</u>	<b>Low Weight Gain</b>	<b>19.44</b>	18.49	18.73	20.60	19.92	1.27	0.2030
LOWER CL		.	18.42	16.51	16.98	18.42	17.83	.	.
UPPER CL		.	20.51	20.65	20.61	22.96	22.18	.	.
N Respondents		.	7473	1941	2046	1698	1788	.	.
PCT	Mother weight gain <u>during pregnancy</u>	<b>Adequate Weight Gain</b>	<b>31.52</b>	32.12	31.43	29.59	32.90	0.09	0.9310
LOWER CL		.	30.27	29.63	29.25	27.04	30.34	.	.
UPPER CL		.	32.79	34.72	33.70	32.28	35.57	.	.
N Respondents		.	7473	1941	2046	1698	1788	.	.
PCT	Mother weight gain <u>during pregnancy</u>	<b>High Weight Gain</b>	<b>28.09</b>	27.84	28.54	28.79	27.22	-0.28	0.7763
LOWER CL		.	26.88	25.45	26.39	26.22	24.80	.	.
UPPER CL		.	29.34	30.37	30.80	31.51	29.78	.	.
N Respondents		.	7473	1941	2046	1698	1788	.	.
PCT	Mother weight gain <u>during pregnancy</u>	<b>Obese prior</b>	<b>20.95</b>	21.55	21.30	21.02	19.96	-1.01	0.3148
LOWER CL		.	19.88	19.40	19.40	18.79	17.87	.	.
UPPER CL		.	22.06	23.87	23.32	23.44	22.23	.	.
N Respondents		.	7473	1941	2046	1698	1788	.	.

TABLES

Table for Graph “Association Between Pre-Pregnancy BMI and Weight Gain During Pregnancy” Page 47

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Weight gain among <u>underweight women</u>	<b>Inadequate gain</b>	<b>37.85</b>	33.42	37.93	40.60	39.80	1.34	0.1794
LOWER CL		.	34.35	27.11	31.71	33.18	32.55	.	.
UPPER CL		.	41.48	40.38	44.57	48.47	47.54	.	.
N Respondents		.	1070	303	277	237	253	.	.
PCT	Weight gain among <u>underweight women</u>	<b>Adequate gain</b>	<b>45.09</b>	45.82	43.83	45.35	45.25	-0.01	0.9914
LOWER CL		.	41.44	38.80	37.30	37.70	37.70	.	.
UPPER CL		.	48.81	53.01	50.59	53.23	53.04	.	.
N Respondents		.	1070	303	277	237	253	.	.
PCT	Weight gain among <u>underweight women</u>	<b>Excessive gain</b>	<b>17.06</b>	20.76	18.23	14.06	14.94	-1.68	0.0926
LOWER CL		.	14.45	15.62	13.49	9.39	10.15	.	.
UPPER CL		.	20.02	27.05	24.17	20.51	21.45	.	.
N Respondents		.	1070	303	277	237	253	.	.
PCT	Weight gain among <u>normal weight women</u>	<b>Inadequate gain</b>	<b>24.34</b>	23.73	23.65	25.49	24.42	0.55	0.5845
LOWER CL		.	22.82	20.72	21.04	22.31	21.41	.	.
UPPER CL		.	25.92	27.03	26.47	28.97	27.70	.	.
N Respondents		.	3919	998	1067	905	949	.	.
PCT	Weight gain among <u>normal weight women</u>	<b>Adequate gain</b>	<b>40.42</b>	40.84	40.77	38.42	41.61	-0.01	0.9938
LOWER CL		.	38.61	37.18	37.56	34.66	37.95	.	.
UPPER CL		.	42.25	44.60	44.07	42.31	45.35	.	.
N Respondents		.	3919	998	1067	905	949	.	.
PCT	Weight gain among <u>normal weight women</u>	<b>Excessive gain</b>	<b>35.25</b>	35.43	35.58	36.09	33.98	-0.47	0.6402
LOWER CL		.	33.47	31.86	32.43	32.35	30.49	.	.
UPPER CL		.	37.06	39.17	38.86	40.01	37.65	.	.
N Respondents		.	3919	998	1067	905	949	.	.

TABLES

**CONTINUATION** of Table for Graph “Association Between Pre-Pregnancy BMI and Weight Gain During Pregnancy” **Page 47**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Weight gain among <u>overweight women</u>	<b>Inadequate gain</b>	<b>10.79</b>	10.61	10.28	11.82	10.49	0.11	0.9110
LOWER CL		.	8.72	6.81	7.02	7.65	6.61	.	.
UPPER CL		.	13.28	16.16	14.82	17.84	16.27	.	.
N Respondents		.	905	230	270	194	211	.	.
PCT	Weight gain among <u>overweight women</u>	<b>Adequate gain</b>	<b>31.58</b>	35.30	32.74	24.01	34.16	-0.72	0.4742
LOWER CL		.	28.17	28.22	26.91	17.82	27.04	.	.
UPPER CL		.	35.21	43.08	39.16	31.54	42.08	.	.
N Respondents		.	905	230	270	194	211	.	.
PCT	Weight gain among <u>overweight women</u>	<b>Excessive gain</b>	<b>57.63</b>	54.09	56.97	64.16	55.35	0.62	0.5379
LOWER CL		.	53.83	46.28	50.39	56.08	47.35	.	.
UPPER CL		.	61.34	61.71	63.32	71.51	63.07	.	.
N Respondents		.	905	230	270	194	211	.	.

Table for Graph “How Long Newborn Spent in the Hospital at Birth” **Page 49**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	<b>Nights baby in hospital (among born in hospital)</b>	<b>&lt; 1 DAY</b>	<b>1.86</b>	2.24	1.81	1.53	1.88	-0.84	0.4035
LOWER CL		.	1.55	1.61	1.29	1.00	1.29	.	.
UPPER CL		.	2.23	3.11	2.53	2.33	2.74	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.
PCT	<b>Nights baby in hospital (among born in hospital)</b>	<b>1-2 DAYS</b>	<b>60.72</b>	64.23	58.28	60.24	60.17	-1.77	0.0776
LOWER CL		.	59.45	61.70	55.99	57.53	57.56	.	.
UPPER CL		.	61.97	66.68	60.54	62.89	62.73	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.
PCT	<b>Nights baby in hospital (among born in hospital)</b>	<b>3 DAYS</b>	<b>21.57</b>	19.30	22.49	22.55	21.88	1.62	0.1052
LOWER CL		.	20.53	17.34	20.62	20.33	19.79	.	.
UPPER CL		.	22.65	21.43	24.48	24.95	24.13	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.

TABLES

**CONTINUATION** of Table for Graph “How Long Newborn Spent in the Hospital at Birth”

Page 49

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Nights baby in hospital (among born in hospital)	<b>4 DAYS</b>	<b>7.64</b>	7.55	7.87	7.64	7.51	-0.11	0.9102
LOWER CL		.	6.99	6.29	6.71	6.34	6.23	.	.
UPPER CL		.	8.35	9.04	9.21	9.19	9.02	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.
PCT	Nights baby in hospital (among born in hospital)	<b>5 DAYS</b>	<b>2.71</b>	2.50	2.81	2.53	2.98	0.6	0.5496
LOWER CL		.	2.32	1.81	2.15	1.81	2.19	.	.
UPPER CL		.	3.15	3.44	3.66	3.51	4.04	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.
PCT	Nights baby in hospital (among born in hospital)	<b>6 DAYS OR MORE</b>	<b>5.14</b>	3.92	6.39	5.20	5.05	0.91	0.3645
LOWER CL		.	4.61	3.06	5.34	4.13	4.02	.	.
UPPER CL		.	5.73	5.00	7.63	6.54	6.34	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.
PCT	Nights baby in hospital (among born in hospital)	<b>Still in Hospital</b>	<b>0.12</b>	0.00	0.06	0.11	0.29	2.03	0.0429
LOWER CL		.	0.06	.	0.02	0.02	0.11	.	.
UPPER CL		.	0.25	.	0.19	0.54	0.78	.	.
N Respondents		.	8146	2105	2217	1878	1946	.	.

Table for Graph “Breastfeeding Support at Birth Hospital” Page 51

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Breastfed in hospital	<b>YES</b>	<b>73.85</b>	70.95	74.26	74.93	75.17	2.44	0.0148
LOWER CL		.	72.66	68.43	72.15	72.38	72.73	.	.
UPPER CL		.	75	73.34	76.27	77.31	77.45	.	.
N Respondents		.	7697	1959	2115	1787	1836	.	.
PCT	Hospital staff helped me learn how to breastfeed	<b>YES</b>	<b>63.37</b>	61.57	62.95	65.7	63.21	1.27	0.2039
LOWER CL		.	62.07	58.89	60.63	62.94	60.5	.	.
UPPER CL		.	64.66	64.18	65.22	68.35	65.84	.	.
N Respondents		.	7656	1946	2111	1778	1821	.	.

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Table for Graph “Initiation of Breastfeeding (Ever Breastfeeding)” Page 53

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Ever Breastfeed	YES	75.05	71.85	75.16	76.35	76.70	2.97	0.0030
LOWER CL		.	73.89	69.40	73.10	73.86	74.35	.	.
UPPER CL		.	76.17	74.19	77.11	78.67	78.89	.	.
N Respondents		.	7999	2054	2186	1847	1912	.	.

Table for Graph “Breastfeeding and Exclusively Breastfeeding for at Least Four Weeks” Page 54

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Initiating Breastfeeding	YES	75.05	71.85	75.16	76.35	76.70	2.97	0.0030
LOWER CL		.	73.89	69.40	73.10	73.86	74.35	.	.
UPPER CL		.	76.17	74.19	77.11	78.67	78.89	.	.
N Respondents		.	7999	2054	2186	1847	1912	.	.
PCT	Breastfeeding at Least Four Weeks	YES	60.68	59.40	61.73	59.71	61.85	0.89	0.3718
LOWER CL		.	59.39	56.75	59.43	56.93	59.19	.	.
UPPER CL		.	61.96	61.99	63.98	62.43	64.44	.	.
N Respondents		.	7933	2030	2162	1841	1900	.	.
PCT	Exclusively Breastfeeding at Least Four Weeks	YES	39.82	38.39	41.45	40.64	38.82	0.08	0.9371
LOWER CL		.	38.56	35.87	39.21	37.98	36.26	.	.
UPPER CL		.	41.10	40.98	43.74	43.36	41.43	.	.
N Respondents		.	8229	2131	2239	1894	1965	.	.

Table for Graph “Infant Sleep Position” Page 56

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Baby sleeping position	Stomach (prone)	10.93	11.25	13.08	8.96	10.49	-1.63	0.1027
LOWER CL		.	10.11	9.63	11.53	7.45	8.88	.	.
UPPER CL		.	11.80	13.11	14.82	10.75	12.34	.	.
N Respondents		.	7416	1892	2021	1711	1792	.	.
PCT	Baby sleeping position	Back (safest)	70.46	65.95	69.82	73.94	71.95	3.86	0.0001
LOWER CL		.	69.23	63.32	67.57	71.39	69.42	.	.
UPPER CL		.	71.67	68.49	71.99	76.34	74.35	.	.
N Respondents		.	7416	1892	2021	1711	1792	.	.

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Table for Graph “Exposure of Infants to Tobacco Smoke (any)” Page 57

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Baby exposed to smoke	YES	9.74	11.86	10.12	9.34	7.73	-3.47	0.0005
LOWER CL		.	8.95	10.18	8.73	7.77	6.34	.	.
UPPER CL		.	10.58	13.77	11.70	11.18	9.41	.	.
N Respondents		.	7924	2037	2171	1824	1892	.	.

Table for Graph “Well-Baby Checkups” Page 59

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Any well-baby checkups	YES	98.55	98.97	98.61	97.95	98.69	-1.23	0.2192
LOWER CL		.	98.21	98.39	97.99	96.92	98.00	.	.
UPPER CL		.	98.83	99.34	99.04	98.65	99.15	.	.
N Respondents		.	7979	2051	2185	1841	1902	.	.
PCT	As many well-baby checkups as wanted	YES	96.59	96.17	95.68	96.97	97.51	2.63	0.0084
LOWER CL		.	96.12	95.11	94.64	96.01	96.56	.	.
UPPER CL		.	97.01	97.02	96.52	97.71	98.20	.	.
N Respondents		.	8006	2058	2192	1854	1902	.	.
PCT	Saw dr. 1 <sup>st</sup> week after hospital discharge	YES	78.06	75.68	78.70	77.30	80.62	2.15	0.0313
LOWER CL		.	76.65	72.76	76.15	74.15	77.83	.	.
UPPER CL		.	79.40	78.38	81.04	80.17	83.14	.	.
N Respondents		.	4793	1280	1288	1094	1131	.	.

Table for Graph “Site of First Week’s Well-Baby Checkup” Page 60

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Check-up at doctor’s office, clinic, etc.	YES	83.04	82.20	83.63	83.29	83.00	0.4	0.6878
LOWER CL		.	81.92	79.75	81.64	80.90	80.69	.	.
UPPER CL		.	84.10	84.41	85.45	85.44	85.09	.	.
N Respondents		.	5844	1469	1626	1330	1419	.	.
PCT	Check-up at home	YES	16.96	17.80	16.37	16.71	17.00	-0.4	0.6878
LOWER CL		.	15.90	15.59	14.55	14.56	14.91	.	.
UPPER CL		.	18.08	20.25	18.36	19.10	19.31	.	.
N Respondents		.	5844	1469	1626	1330	1419	.	.

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Table for Graph “Barriers to Well-Baby Checkups” Page 61

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	No Money/Insurance	YES	20.35	13.36	21.38	20.21	27.63	1.69	0.0902
LOWER CL		.	15.73	7.46	13.94	11.23	16.36	.	.
UPPER CL		.	25.9	22.79	31.34	33.65	42.71	.	.
N Respondents		.	427	142	112	95	78	.	.
PCT	Couldn't get to dr. office during office hours	YES	19.18	18.26	18.59	27.02	13.37	-0.29	0.7753
LOWER CL		.	14.68	10.93	11.52	16.34	6.14	.	.
UPPER CL		.	24.67	28.91	28.61	41.24	26.7	.	.
N Respondents		.	427	142	112	95	78	.	.
PCT	Dr. office or clinic too far away	YES	9.51	7.36	4.42	19.55	9.24	1.22	0.2229
LOWER CL		.	6.34	3.44	1.54	10.59	3.44	.	.
UPPER CL		.	14.03	15.04	12.03	33.28	22.58	.	.
N Respondents		.	427	142	112	95	78	.	.
PCT	No Child Care	YES	9.2	9.15	10.2	6.97	10.11	-0.02	0.9845
LOWER CL		.	6.23	4.38	5.33	2.73	4.06	.	.
UPPER CL		.	13.39	18.12	18.65	16.67	23.01	.	.
N Respondents		.	427	142	112	95	78	.	.
PCT	Dr. office staff attitude	YES	3.75	4.56	2.93	7.1	0.57	-0.99	0.3226
LOWER CL		.	2.12	1.71	1.05	2.65	0.1	.	.
UPPER CL		.	6.54	11.61	7.9	17.67	3.22	.	.
N Respondents		.	427	142	112	95	78	.	.
PCT	Language Barrier	YES	1.83	1.42	1.59	4.53	0	-0.47	0.6415
LOWER CL		.	1.08	0.54	0.57	2.08	.	.	.
UPPER CL		.	3.08	3.68	4.31	9.58	.	.	.
N Respondents		.	427	142	112	95	78	.	.
PCT	Other Reason	YES	33.94	40.2	31.91	28.02	34.92	-0.7	0.4861
LOWER CL		.	28.36	29.27	22.95	17.65	22.92	.	.
UPPER CL		.	40.01	52.2	42.44	41.42	49.2	.	.
N Respondents		.	425	141	111	95	78	.	.

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Table for Graph “Barriers to Well-Baby Checkups: Not Enough Money/Insurance” Page 62

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	No Money/Insurance	YES	20.35	13.36	21.38	20.21	27.63	1.69	0.0902
LOWER CL		.	15.73	7.46	13.94	11.23	16.36	.	.
UPPER CL		.	25.9	22.79	31.34	33.65	42.71	.	.
N Respondents		.	427	142	112	95	78	.	.

Table for Graph “Sources of Income During the Past 12 Months” Page 65

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Source income-- Other	YES	3.7	3.37	3.9	3.29	4.25	0.9	0.3694
LOWER CL		.	3.25	2.58	3.11	2.46	3.29	.	.
UPPER CL		.	4.21	4.39	4.88	4.37	5.46	.	.
N Respondents		.	8178	2100	2230	1888	1960	.	.
PCT	Source income-- Social security	YES	2.25	1.69	3.06	1.74	2.48	0.62	0.5342
LOWER CL		.	1.9	1.15	2.33	1.17	1.79	.	.
UPPER CL		.	2.65	2.48	4.01	2.58	3.43	.	.
N Respondents		.	8170	2093	2231	1886	1960	.	.
PCT	Source income-- Unemployment	YES	4.87	3	5.21	5.41	5.8	3.59	0.0003
LOWER CL		.	4.35	2.26	4.27	4.26	4.72	.	.
UPPER CL		.	5.46	3.98	6.35	6.85	7.12	.	.
N Respondents		.	8188	2111	2232	1887	1958	.	.
PCT	Source income— Child support/ alimony	YES	7.27	7.23	7.3	6.14	8.38	0.68	0.496
LOWER CL		.	6.59	5.93	6.15	4.89	6.95	.	.
UPPER CL		.	8.01	8.8	8.63	7.7	10.07	.	.
N Respondents		.	8190	2112	2232	1887	1959	.	.
PCT	Source income-- Business, fees,..	YES	7.62	8.21	7.85	6.68	7.78	-0.73	0.4657
LOWER CL		.	6.94	6.83	6.65	5.41	6.4	.	.
UPPER CL		.	8.37	9.85	9.24	8.22	9.42	.	.
N Respondents		.	8175	2095	2232	1888	1960	.	.
PCT	Source income-- Family or friends	YES	12.82	11.92	12.53	12.87	13.91	1.55	0.1203
LOWER CL		.	11.97	10.31	11.06	11.13	12.16	.	.
UPPER CL		.	13.72	13.75	14.16	14.83	15.87	.	.
N Respondents		.	8195	2115	2231	1888	1961	.	.

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**CONTINUATION** of Table for Graph “Sources of Income During the Past 12 Months” **Page 65**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Source income-- Aid	YES	14.28	13.19	13.79	13.67	16.4	2.34	0.0191
LOWER CL		.	13.44	11.6	12.36	11.97	14.59	.	.
UPPER CL		.	15.17	14.96	15.36	15.58	18.38	.	.
N Respondents		.	8196	2115	2232	1887	1962	.	.
PCT	Source income-- Wages	YES	92.53	93.01	93.92	92.73	90.55	-3.03	0.0025
LOWER CL		.	91.92	91.79	92.87	91.42	89.09	.	.
UPPER CL		.	93.1	94.06	94.82	93.85	91.83	.	.
N Respondents		.	8196	2114	2232	1888	1962	.	.

Table for Graph “Income from Paycheck or Money from Job” **Page 67**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Source income-- Wages	YES	92.53	93.01	93.92	92.73	90.55	-3.03	0.0025
LOWER CL		.	91.92	91.79	92.87	91.42	89.09	.	.
UPPER CL		.	93.1	94.06	94.82	93.85	91.83	.	.
N Respondents		.	8196	2114	2232	1888	1962	.	.

Table for Graph “Income from Unemployment Benefits” **Page 68**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Unemployment	YES	4.87	3	5.21	5.41	5.8	3.59	0.0003
LOWER CL		.	4.35	2.26	4.27	4.26	4.72		
UPPER CL		.	5.46	3.98	6.35	6.85	7.12		
N Respondents		.	8188	2111	2232	1887	1958		

Table for Graph “Income-Related Services Received During Pregnancy” **Page 69**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Food Stamps	YES	15.87	14.03	14.32	16.30	18.68	3.77	0.0002
LOWER CL		.	14.99	12.39	12.88	14.47	16.77	.	.
UPPER CL		.	16.79	15.84	15.90	18.30	20.75	.	.
N Respondents		.	7880	2026	2160	1817	1877	.	.
PCT	TANF (Welfare)	YES	10.03	10.46	9.61	9.44	10.59	0.06	0.9524
LOWER CL		.	9.31	9.02	8.38	8.03	9.15	.	.
UPPER CL		.	10.79	12.11	10.99	11.07	12.23	.	.
N Respondents		.	7819	2007	2138	1808	1866	.	.

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Table for Graph “Type of Stress Occurring During the Past 12 Months” Page 71

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Stress-Homeless	YES	4.18	2.63	4.11	4.48	5.41	4.59	0.0000
LOWER CL		.	3.78	2.10	3.44	3.66	4.48	.	.
UPPER CL		.	4.62	3.29	4.91	5.49	6.53	.	.
N Respondents		.	8100	2089	2209	1868	1934	.	.
PCT	Stress-In fight	YES	4.22	3.53	4.28	4.37	4.67	1.56	0.1194
LOWER CL		.	3.75	2.73	3.47	3.44	3.70	.	.
UPPER CL		.	4.74	4.54	5.27	5.54	5.90	.	.
N Respondents		.	8100	2091	2212	1863	1934	.	.
PCT	Stress-Mom/partner went to jail	YES	4.78	4.16	4.50	5.65	4.80	1.26	0.2071
LOWER CL		.	4.26	3.24	3.64	4.51	3.81	.	.
UPPER CL		.	5.36	5.32	5.55	7.06	6.04	.	.
N Respondents		.	8130	2096	2221	1868	1945	.	.
PCT	Stress-Divorce	YES	8.75	8.14	7.86	9.42	9.51	1.7	0.0898
LOWER CL		.	8.05	6.84	6.73	7.97	8.09	.	.
UPPER CL		.	9.50	9.67	9.15	11.11	11.16	.	.
N Respondents		.	8142	2101	2219	1873	1949	.	.
PCT	Stress-Partner didn't want pregnancy	YES	9.72	9.80	9.31	9.64	10.11	0.35	0.7285
LOWER CL		.	8.97	8.34	8.05	8.13	8.61	.	.
UPPER CL		.	10.52	11.49	10.74	11.39	11.84	.	.
N Respondents		.	8113	2093	2218	1870	1932	.	.
PCT	Stress-Mom lost job	YES	10.37	8.55	9.05	11.49	12.27	3.87	0.0001
LOWER CL		.	9.63	7.27	7.87	9.92	10.68	.	.
UPPER CL		.	11.15	10.04	10.38	13.27	14.06	.	.
N Respondents		.	8085	2083	2209	1860	1933	.	.
PCT	Stress-Husband lost job	YES	11.63	9.79	10.51	13.7	12.43	2.95	0.0032
LOWER CL		.	10.82	8.35	9.2	11.89	10.79	.	.
UPPER CL		.	12.49	11.45	11.97	15.73	14.29	.	.
N Respondents		.	8058	2069	2210	1855	1924	.	.

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**CONTINUATION** of Table for Graph “Type of Stress Occurring During the Past 12 Months”  
**Page 71**

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Stress-Someone close problems with alcohol/drugs	YES	14.09	12.49	13.72	14.64	15.44	2.31	0.0211
LOWER CL		.	13.2	10.83	12.22	12.77	13.58	.	.
UPPER CL		.	15.03	14.36	15.38	16.73	17.5	.	.
N Respondents		.	8139	2098	2222	1875	1944	.	.
PCT	Stress-Someone close died	YES	18.88	16.58	18.54	21.09	19.25	2.29	0.0219
LOWER CL		.	17.89	14.74	16.81	18.91	17.24	.	.
UPPER CL		.	19.92	18.6	20.4	23.45	21.44	.	.
N Respondents		.	8145	2101	2222	1873	1949	.	.
PCT	Stress-Arguments with partner	YES	25.73	25.23	25.65	24.66	27.35	1.01	0.3106
LOWER CL		.	24.62	23.01	23.69	22.37	25.04	.	.
UPPER CL		.	26.89	27.59	27.72	27.09	29.79	.	.
N Respondents		.	8095	2084	2213	1865	1933	.	.
PCT	Stress-Bills you couldn't pay	YES	26.3	23.66	26.92	26.59	27.94	2.38	0.0175
LOWER CL		.	25.17	21.49	24.91	24.22	25.62	.	.
UPPER CL		.	27.46	25.98	29.03	29.09	30.39	.	.
N Respondents		.	8125	2095	2220	1868	1942	.	.
PCT	Stress-Family member ill	YES	26.46	25.05	25.46	26.01	29.19	2.39	0.0168
LOWER CL		.	25.31	22.81	23.47	23.61	26.8	.	.
UPPER CL		.	27.64	27.44	27.56	28.55	31.71	.	.
N Respondents		.	8126	2101	2212	1870	1943	.	.
PCT	Stress-Moved	YES	36.82	36.28	34.79	37.15	38.94	1.77	0.0771
LOWER CL		.	35.57	33.78	32.62	34.52	36.38	.	.
UPPER CL		.	38.08	38.87	37.03	39.86	41.56	.	.
N Respondents		.	8141	2100	2220	1873	1948	.	.

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Table for Graph “Maternal Job Loss and Homelessness” Page 73

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Stress-Mom lost job	YES	10.37	8.55	9.05	11.49	12.27	3.87	0.0001
LOWER CL		.	9.63	7.27	7.87	9.92	10.68	.	.
UPPER CL		.	11.15	10.04	10.38	13.27	14.06	.	.
N Respondents		.	8085	2083	2209	1860	1933	.	.
PCT	Stress-Homelessness	YES	4.18	2.63	4.11	4.48	5.41	4.59	0
LOWER CL		.	3.78	2.1	3.44	3.66	4.48	.	.
UPPER CL		.	4.62	3.29	4.91	5.49	6.53	.	.
N Respondents		.	8100	2089	2209	1868	1934	.	.

Table for Graph “Physical Abuse Before and During Pregnancy” Page 75

	PRAMS Question	RESPONSE	4-Year	2000	2001	2002	2003	T-statistic	P-Value
PCT	Abuse <u>BEFORE</u> Pregnancy - Husband	YES	4.75	4.17	5.04	4.35	5.42	1.21	0.228
LOWER CL		.	4.24	3.27	4.14	3.4	4.33	.	.
UPPER CL		.	5.32	5.32	6.13	5.55	6.77	.	.
N Respondents		.	8165	2101	2225	1880	1959	.	.
PCT	Abuse <u>BEFORE</u> Pregnancy - Anyone else	YES	1.84	2.07	2.28	1.49	1.55	-1.56	0.1191
LOWER CL		.	1.55	1.46	1.69	1.03	1.04	.	.
UPPER CL		.	2.19	2.92	3.08	2.16	2.3	.	.
N Respondents		.	8169	2105	2225	1881	1958	.	.
PCT	Abuse <u>DURING</u> Pregnancy - Husband	YES	3.56	2.96	3.69	4.31	3.26	0.75	0.4522
LOWER CL		.	3.13	2.25	2.93	3.36	2.46	.	.
UPPER CL		.	4.04	3.9	4.64	5.51	4.29	.	.
N Respondents		.	8159	2099	2224	1882	1954	.	.
PCT	Abuse <u>DURING</u> pregnancy- Anyone else	YES	1.32	1.23	1.53	1.54	1	-0.62	0.5369
LOWER CL		.	1.09	0.8	1.08	1.09	0.64	.	.
UPPER CL		.	1.6	1.89	2.17	2.17	1.54	.	.
N Respondents		.	8160	2099	2224	1881	1956	.	.

## ABBREVIATIONS AND DEFINITIONS

**Assisted reproductive technology:** A general term referring to methods used to achieve pregnancy by artificial or partially artificial means. It is reproductive technology used in infertility treatment, which is the only application routinely used today of reproductive technology. While there is no consensus on the definition, generally the process of intercourse is bypassed either by insemination (example IUI) or fertilization of the oocytes in the laboratory environment (i.e. in IVF).

**Birth defect:** An abnormality in structure, function, or body metabolism that is present at birth, such as cleft lip or palate, phenylketonuria, or sickle cell disease.

**Breastfeeding:** Exclusive use of human milk or use of human milk with a supplemental bottle of formula. "Exclusive breastfeeding" refers to the use of only human milk, supplemented by solid food when appropriate but not supplemented by formula.

**Chi-Square test:** A test that uses the chi-square statistic to test the fit between a theoretical frequency distribution and a frequency distribution of observed data for which each observation may fall into one of several classes.

**Confidence limit (CL):** A statistical term for a pair of numbers that predict the range of values within which a particular parameter lies for a given level of confidence (probability).

**Contraception (birth control):** The means of pregnancy prevention. Methods include permanent methods (vasectomy for men and tubal ligation for women) and temporary methods (for example, hormonal implant, injectable, birth control pill, emergency contraceptive pills, intrauterine device, diaphragm, female condom, male condom, spermicidal foam/cream/jelly, sponge, cervical cap, abstinence, natural family planning, calendar rhythm, and withdrawal).

**Eclampsia/Preeclampsia:** A condition that occurs in the second half of pregnancy, characterized by hypertension, edema, and proteinuria. When convulsions and coma are associated, it is called eclampsia.

**Family planning:** The process of establishing the preferred number and spacing of one's children, selecting the means to achieve the goals, and effectively using that means.

**HIV (human immunodeficiency virus):** A virus that infects and takes over certain cells of the immune system that are important in fighting disease.

**Infant death:** Death of an infant less than 1 year old. Neonatal death is the death of an infant less than 28 days after birth; postneonatal death is the death of an infant between 28 days and 1 year after birth.

**Infant mortality rate:** The number of deaths of infants less than 1 year old (obtained from death certificates) per 1,000 live births in a population (obtained from birth certificates).

## ABBREVIATIONS AND DEFINITIONS

**Infertility:** Failure to conceive a pregnancy after 12 months of unprotected intercourse.

**Intended pregnancy:** A pregnancy that a woman states was wanted at the time of conception.

**Interconception care:** Refers to the time between pregnancies, including, but not restricted to, the postpartum period.

**Intimate partner(s):** Refers to spouses, ex-spouses, boyfriends, girlfriends, and former boyfriends and girlfriends (includes same-sex partners). Intimate partners may or may not be cohabitating and need not be engaging in sexual activities.

**Intimate partner violence:** Actual or threatened physical or sexual violence or psychological and emotional abuse by an intimate partner.

**Low birthweight (LBW):** Weight at birth of less than 2,500 grams (about 5.5 pounds).

**Maternal mortality rate:** (also referred to as the maternal mortality ratio) Represents the number of maternal deaths for every 100,000 live births.

**Mistimed conception:** Those that were wanted by the woman at some time in the future but occurred sooner than they were wanted. For example, a woman became pregnant at age 18 years but actually wanted to have her first child at age 21 years.

**Morbidity:** A diseased state or symptom.

**Neonatal period:** The first 28 days of life.

**P-value:** The probability that a random variable will be found to have a value equal to or greater than the observed value by chance alone. This value provides an objective basis from which to assess the relative change in the data.

**Perinatal death:** Includes fetal deaths after 28 weeks of gestation and infant deaths within the first 7 days of birth.

**Postneonatal period:** The period from an infant's 29th day of life until the first birthday.

**Postpartum period:** The 6-week period immediately following birth.

**Preconception Care:** Preconception care is comprised of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact. Thus, it is more than a single visit and less than all well-woman care. It includes care before a first pregnancy or between pregnancies (commonly known

## ABBREVIATIONS AND DEFINITIONS

as interconception care). While the predominant component addresses women's health it includes interventions directed at males, couples, families and society at large.

**Preeclampsia:** (see eclampsia).

**Prenatal care:** Pregnancy-related health care services provided to a woman between conception and delivery. The American College of Obstetricians and Gynecologists recommends at least 13 prenatal visits in a normal 9-month pregnancy: one each month for the first 28 weeks of pregnancy, one every 2 weeks until 36 weeks, and then weekly until birth.

**Preterm birth:** Birth occurring before 37 weeks of pregnancy.

**Secondhand smoke:** A mixture of the smoke exhaled by smokers and the smoke that comes from the burning end of the tobacco product.

**Statistically significance:** Difference of such magnitude between two statistics, computed from separate samples, that the probability of the value obtained will not occur by chance alone with significant frequency and hence can be attributed to something other than chance. In modern investigation the generally accepted value for significance must have a probability of occurrence by chance factors equal to or less than five times in 100 ( $p < 0.05$ ). Other significance levels commonly used are as follows: less than one chance in 100 ( $p > 0.01$ ), less than five chances in 1000 ( $p < 0.005$ ), and less than one chance in 1000 ( $p < 0.001$ ).

**Substance abuse:** The problematic consumption or illicit use of alcoholic beverages, tobacco products, and drugs, including misuse of prescription drugs.

**Sudden infant death syndrome (SIDS):** Sudden, unexplained death of an infant from an unknown cause.

**T-statistic:** After an estimation of a coefficient, the t-statistic for that coefficient is the ratio of the coefficient to its standard error. That can be tested against a t-distribution to determine how probable it is that the true value of the coefficient is really zero.

**Unintended pregnancy:** A general term that includes pregnancies a woman reports as either mistimed or unwanted at the time of conception. If an unintended pregnancy occurs and is carried to term, the birth may be a wanted one, but the pregnancy would be classified as unintended.

**Unwanted conception:** Those that occurred when the woman did not want any pregnancy then or in the future. For example, a woman wanted only two children but became pregnant with her third.

**Very low birthweight (VLBW):** Weight at birth of less than 1,500 grams (about 3.3 pounds).

**PHASE 4 QUESTIONNAIRE**

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

1. *Just before* you got pregnant, did you have health insurance? (Do not count Medicaid.)  
 No  
 Yes
  
2. *Just before* you got pregnant, were you on Medicaid?  
 No  
 Yes
  
3. In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?  
 I didn't take a multivitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week
  
4. What is your date of birth?  
  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Month              Day              Year
  
5. *Just before* you got pregnant, how much did you weigh?  
\_\_\_\_\_ Pounds OR \_\_\_\_\_ Kilos
  
6. How tall are you without shoes?  
  
\_\_\_\_\_ Feet      \_\_\_\_\_ Inches  
OR \_\_\_\_\_ Centimeters
  
7. *Before* your new baby, did you ever have any other babies who were born alive?  
 No              **Go to Question 10**  
 Yes
  
8. Did the baby born just before your new one weight 5 pounds, 8 ounces (2.5 kilos) *or less* at birth?  
 No  
 Yes

**PHASE 4 QUESTIONNAIRE**

9. Was the baby just before your new one born *more* than 3 weeks before its due date?

- No
- Yes

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

**Check one answer**

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

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

- No
- Yes

**Go to Question 14**

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

**Go to Question 16**

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

**Check all that apply**

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

**If you were not planning to get pregnant, please go to Question 16.**

**PHASE 4 QUESTIONNAIRE**

14. Did you take any fertility drugs to help you get pregnant with your new baby? (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)
- No  
 Yes
15. Did you use any medical procedures (assisted reproductive technology) to help you get pregnant with your new baby? (Assisted reproductive technology procedures include in vitro fertilization [IVF], GIFT, ZIFT, embryo transfer, and donor oocytes.)
- No  
 Yes

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

16. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

I don't remember

17. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children]).

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

I didn't go for prenatal care

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

No  
 Yes

**Go to Question 20**

I didn't want prenatal care

**PHASE 4 QUESTIONNAIRE**

19. Did any of these things keep you from getting prenatal care as early as you wanted?

**Check all that apply**

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other - Please tell us: \_\_\_\_\_

**If you did not go for prenatal care, please go to Question 25.**

20. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

**Check one answer**

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Indian Health Service or Tribal clinic
- Community health center
- Other - Please tell us: \_\_\_\_\_

21. How was your prenatal care paid for?

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care +)
- Indian Health Services or Tribal clinic
- Other - Please tell us: \_\_\_\_\_

**PHASE 4 QUESTIONNAIRE**

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

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

23. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
- Yes

24. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each thing, circle Y (Yes) if you were satisfied or circle N (No) if you were not satisfied.

<b>Were you satisfied with-</b>	<b>No</b>	<b>Yes</b>
a. The amount of time you had to wait after you arrived for your visits.....	N	Y
b. The amount of time the doctor or nurse spent with you during your visits.....	N	Y
c. The advice you got on how to take care of yourself.....	N	Y
d. The understanding and respect that the staff showed toward you as a person.....	N	Y
e. The ability of staff to speak your language.....	N	Y

**PHASE 4 QUESTIONNAIRE**

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

25. At any time during your most recent pregnancy or delivery, did you have a blood test for HIV (the virus that causes AIDS)?
- No  
 Yes  
 I don't know
26. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
- No  
 Yes
27. Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.
- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor).....              | N         | Y          |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema).....            | N         | Y          |
| c. Vaginal bleeding.....   | N         | Y          |
| d. Problems with the placenta (such as abruptio placentae, placenta previa).....                     | N         | Y          |
| e. Severe nausea, vomiting, or dehydration.....  | N         | Y          |
| f. High blood sugar (diabetes).....  | N         | Y          |
| g. Kidney or bladder (urinary tract) infection.....  | N         | Y          |
| h. Water broke more than 3 weeks before your baby was due (premature rupture of membrane, PROM)..... | N         | Y          |
| i. Cervix had to be sewn shut (incompetent cervix, cerclage).....                                    | N         | Y          |
| j. You were hurt in a car accident.....  | N         | Y          |

**If you did not have any of these problems, please go to Question 29.**

**PHASE 4 QUESTIONNAIRE**

28. Did you do any of the following things because of these problem(s)?

**Check all that apply**

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No                    **Go to Question 33**
- Yes

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

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

31. In the *last 3 months* of your pregnancy, how many cigarettes or pack of cigarettes did you smoke on an average day?

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

32. Have many cigarettes or pack of cigarettes do you smoke on an average day *now*?

\_\_\_\_\_ Cigarettes OR \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

**PHASE 4 QUESTIONNAIRE**

33. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No            **Go to Question 36**  
 Yes

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

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

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

\_\_\_\_\_ times

- I didn't drink then  
 I don't know

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

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

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

\_\_\_\_\_ times

- I didn't drink then  
 I don't know

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

**PHASE 4 QUESTIONNAIRE**

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

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

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

- No
- Yes

37.b. *During the 12 months before you got pregnant*, did anyone else physically hurt you in any way?

- No
- Yes

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

- No
- Yes

**PHASE 4 QUESTIONNAIRE**

38.b. *During your most recent pregnancy, did anyone else physically hurt you in any way?*

- No
- Yes

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

39. When was your baby due?

\_\_\_\_\_  
Month          Day          Year

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

\_\_\_\_\_  
Month          Day          Year

41. When was your baby born?

\_\_\_\_\_  
Month          Day          Year

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

\_\_\_\_\_  
Month          Day          Year

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

- No
- Yes
- I don't know

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

- Less than 24 hours (Less than 1 day)
- 24-48 hours (1-2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital

**PHASE 4 QUESTIONNAIRE**

45. How was your delivery paid for?

**Check all that apply**

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Medicaid Managed Care (Wellness Option, Share Advantage, Primary Care +)
- Indian Health Service or Tribal clinic
- Other - Please tell us: \_\_\_\_\_

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

46. What is today date?

\_\_\_\_\_  
Month          Day          Year

47. Is your baby alive now?

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

48. When did your baby die?

\_\_\_\_\_  
Month          Day          Year          **Go to Question 61**

49. Is your baby living with you now?

- No          **Go to Question 61**
- Yes

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

- No          **Go to Question 54**
- Yes

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

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

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

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

- Less than 1 week

**PHASE 4 QUESTIONNAIRE**

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

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

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

**If your baby is still in the hospital, please go to Question 61.**

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

\_\_\_\_\_ Hours

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

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

Check one answer

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

56. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No            **Go to Question 58**  
 Yes

57. Was your new baby seen at home or at a health care facility?

- At home  
 At a doctor's office, clinic, or other health care facility

58. Has your baby had a well-baby checkup?

- No            **Go to Question 61**  
 Yes

59. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

\_\_\_\_\_ Times

**PHASE 4 QUESTIONNAIRE**

60. Where do you usually take your baby for well-baby checkups?

**Check one answer**

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Indian Health Service or Tribal clinic
- Community health center
- Other - Please tell us: \_\_\_\_\_

**The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.**

61. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
- Yes           **Go to Question 63**

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

**Check all that apply, then go to Question 64**

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

63. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

**Check all that apply**

- Tubes tied (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, cream
- Norplant®

**PHASE 4 QUESTIONNAIRE**

- Shots (Depo-Provera®)
- Withdrawal
- Other - Please tell us: \_\_\_\_\_

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

64. Which rooms are in the house, apartment, or trailer where you live?

**Check all that apply**

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms - How many? \_\_\_\_\_

65. Counting yourself, how many people live in your house, apartment, or trailer?

\_\_\_\_\_ Adults (people aged 18 years or older)

\_\_\_\_\_ Babies, children, or teenagers (people aged 17 years or younger)

66. When you got pregnant, how old was your new baby's father?

\_\_\_\_\_ Years Old

I don't know

67. What were the sources of your household's income during the past 12 months?

**Check all that apply**

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

**PHASE 4 QUESTIONNAIRE**

68. How much weight did you *gain* during your pregnancy?

\_\_\_\_\_ Pounds or \_\_\_\_\_ Kilos

- I lost weight during my pregnancy
- I don't know

69. During your most recent pregnancy, did you get any of these services? Circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	<b>No</b>	<b>Yes</b>
a. Childbirth classes.....	N	Y
b. Parenting classes.....	N	Y
c. Classes on how to stop smoking.....	N	Y
d. Visits to your home by a nurse or other health care worker.....	N	Y
e. Food stamps.....	N	Y
f. TANF (Welfare, formerly AFDC).....	N	Y

**If you were not on Medicaid during your pregnancy, please go to Question 71.**

70. Which of these things happened during your pregnancy?

**Check all that apply**

- I had a hard time getting help from the Medicaid staff
- I did not understand how to use my Medicaid card or what was covered
- I did not get all of the Medicaid services I needed
- I had problems finding a doctor who would accept me as a Medicaid patient
- I was assigned to a doctor that I did not choose
- I had problems with Medicaid's transportation service
- My doctor or nurse treated me differently from other patients
- I did not have any problems with Medicaid

**If your baby is not alive or is not living with you, please go to Question 78.**

**If your baby was not born in a hospital, please go to Question 72.**

**PHASE 4 QUESTIONNAIRE**

71. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.

	No	Yes
a. I breastfed my baby at the hospital.....	N	Y
b. Hospital staff helped me learn how to breastfeed.....	N	Y
c. My baby was only breastfed while at the hospital.....	N	Y

72. Listed below are some items that describe the care of your new baby. For each item, circle A if it always applies to you, circle S if it sometimes applies to you, or circle N if it never applies to you.

a. My new baby rides in an infant care seat.....	N	S	A
b. My new baby takes a bottle to bed.....	N	S	A
c. My new baby sleeps on something thing soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin.....	N	S	A

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

- No                    **Go to Question 76**  
 Yes

74. Who usually takes care of your new baby when you go to work or school?

**Check one answer**

- My husband or partner
- Baby's teenage (13 years or older) brother or sister
- Baby's preteen (12 years or younger) brother or sister
- Other close relative
- Friend or neighbor
- Babysitter, nanny, or someone hired to come into my home
- Licensed family child care home
- Staff at a child care center
- Other - Please tell us: \_\_\_\_\_

PHASE 4 QUESTIONNAIRE

75. When you leave your new baby to go to work or school, how often do you feel that he or she is well cared for?

Check one answer

- Always
- Almost always
- Sometimes
- Rarely
- Never

76. Has your baby gone as many times as you wanted for a well-baby checkup?

- No
- Yes           **Go to Question 78**

77. Did any of these things keep your baby from having routine well-baby care?

Check all that apply

- I didn't have enough money or my insurance did not cover it
- I couldn't get to the doctor's office or clinic during their office hours
- The doctor's office or clinic was too far away
- No one at the doctor's office or clinic spoke my language
- The attitude of the doctor, nurse, or the office staff
- I couldn't take off from work or school
- I didn't have anyone to take care of my other children
- Other - Please tell us: \_\_\_\_\_

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

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

79. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?  
\_\_\_\_\_ Months

**If you have not had any alcoholic drinks in the past 2 years, please go to Question 81**

**PHASE 4 QUESTIONNAIRE**

80. *Since your baby was born*, how many alcoholic drinks do you have in an average week? (A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.)

**Check one answer**

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

81. What was your family's income, before deductions and taxes, *when you got pregnant* with your new baby? Include ANY income or money you could use (for example, job, AFDC, child support, etc.). Please give us your best guess. All information will be kept private.

\$ \_\_\_\_\_ Monthly OR \$ \_\_\_\_\_ Yearly

82. How many people, including yourself, depended on this income *when you got pregnant* with your new baby?

\_\_\_\_\_ People

**PHASE 4 QUESTIONNAIRE (*Last Page*)**

**Please use this space for any additional comments you would like to make about the health of mothers and babies in Nebraska, or other issues of concern.**

***Thanks for answering our questions!***

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

## REFERENCES

<sup>1</sup> U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health. 2nd Edition.* Washington, DC: U.S. Government Printing Office; 2000.

<sup>2</sup> Nebraska Department of Health and Human Services. 2006 Nebraska Vital Statistics Report

<sup>3</sup> Williams L, Morrow B, Shulman H, Stephens R, D'Angelo D, Fowler CI. *PRAMS 2002 Surveillance Report.* Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2006.

<sup>4</sup> Centers for Disease Control and Prevention, Assisted Reproductive Technology <http://www.cdc.gov/ART/>  
The definition used by CDC or ART is based on the 1992 Fertility Clinic Success Rate and Certification Act.

<sup>5</sup> <http://www.medicalnewstoday.com/articles/81833.php>

<sup>6</sup> ACOG Educational Bulletin, Number 258, July 2000, *Breastfeeding: Maternal and Infant Aspects.*

<sup>7</sup> Patricia McAdams. ***Mother's Stress May Affect Fetus, Mental Health Problems Linked to Premature Births, Low Birth Weights.*** Health Behavior News Service, September 26, 2006; Page HE05

<sup>8</sup> Linda J. Koenig, Daniel J. Whitaker, Rachel A. Royce, Tracey E. Wilson, Kathleen Ethier, and M. Isabel Fernandez.  
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