



Pregnancy Risk Assessment Tracking System

Summary Errata Report

Results from the 2001 Pregnancy Risk Assessment Tracking System:
A Survey of the Health of Mothers and Babies in Idaho

September 2006



Errata

We recently discovered errors in the publication Results from the 2001 Pregnancy Risk Assessment Tracking System: A Survey of the Health of Mothers and Babies in Idaho.

Please dispose of all copies of the original report and replace with this summary errata report. You may also contact our office at (208) 332-7366 for any questions or specific data needs.

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Overview of Survey Idaho PRATS 2001

Introduction

The Pregnancy Risk Assessment Tracking System (PRATS) is a survey of new mothers in Idaho, conducted by the Bureau of Health Policy and Vital Statistics. PRATS was modeled after the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), a cooperative program that began in 1987 between selected states and the CDC.

The purpose of PRATS is to establish a population-based tracking system to identify selected maternal experiences and behaviors before, during, and after pregnancy which may affect pregnancy outcomes and infant health. PRATS data are meant to supplement information from vital records and to generate data for planning and assessing perinatal health programs in Idaho.

PRATS provides information about the intendedness of pregnancy, timing of initiation of prenatal care, content of prenatal care, barriers to services, prevalence of physical abuse of pregnant women, breastfeeding patterns, and many other important perinatal issues.

The privacy and confidentiality of mothers who took part in PRATS is a high priority; therefore, no identifying information about a specific respondent will appear in any report and results are published using only state-level estimates.

The Sample

The study population for PRATS included Idaho resident women 18 years of age or older (at the time of delivery) who had a live birth which occurred in-state. The sampling frame included mothers who gave birth between February 1, 2001 and July 31, 2001. During the survey period, infants were between 3 and 12 months of age.

Certain records were automatically excluded from the sampling frame, including records of mothers less than 18 years of age at the time of delivery, adopted infants, and infants who had died. Idaho resident mothers who delivered in another state were excluded from the sampling frame. In addition, if there was a multiple birth (twin, triplet, etc.), only the firstborn infant was included in the sampling frame.

The sample design of PRATS was based on stratified systematic random sampling methods designed to ensure representation of selected groups of women. There were four strata: high-risk mothers with a low birth weight live birth (< 2,500 grams), high-risk mothers with a normal birth weight live birth (at least 2,500 grams), low-risk mothers with a low birth weight live birth, and low-risk mothers with a normal birth weight live birth.

Women who received first trimester prenatal care were considered low risk and those who initiated prenatal care after the first trimester or did not go for care were considered high risk. Women in each of the four strata had a different probability of being selected. Records were sampled using the following sampling fractions:

SAMPLING STRATUM	SAMPLING FRAME	SAMPLE	SAMPLING FRACTION
Total	9,688	2,149	1 in 5
High-risk/low birth weight	86	86	1
High-risk/normal birth weight	1,469	884	1 in 2
Low-risk/low birth weight	412	314	1
Low-risk/normal birth weight	7,721	865	1 in 9

Survey Methods

Between November and December 2001, 2,149 new mothers from across the state of Idaho, selected by stratified systematic random sampling, were mailed an introductory letter requesting their participation in the PRATS survey. The introduction letter explained the purpose of the survey and provided a toll-free number to call for

more information or to request a telephone interview. The mothers were also given the opportunity to decline participation by sending back the bottom section of the letter.

Approximately two weeks after the introductory letter was mailed, a full questionnaire packet was sent. Hispanic mothers were mailed both an English and Spanish version of the survey. In order to give women every opportunity to complete the questionnaire, up to two more survey packets were mailed out during the course of a two-month period. Women were able to elect to complete the survey over the telephone with an experienced interviewer (English or Spanish). For women who did not respond, attempts were made to contact them by telephone. This survey strategy had been tested by the CDC PRAMS project and has proved to be very successful in achieving high response rates and obtaining valuable information about the health of mothers and babies.

Eligibility Rates, Refusal Rates, and Response Rates

After the 2,149 introduction letters were mailed, 2,124 women were identified as eligible for the survey, or 98.8 percent. The total eligible sample was defined as the total sample minus the mothers excluded before the first mailing due to one of the following reasons: mother indicated that she did not want to participate and, therefore, never received a survey packet; baby died; or baby was given up for adoption. The overall refusal rate was 1.9 percent, computed as the number of women who refused the survey during the mail or telephone phase divided by the eligible sample.

The overall response rate was 70.9 percent, computed as the number of completed surveys (1,505) divided by the total eligible sample (2,124). The response rates varied by sampling stratum. The stratum of low-risk mothers who had a normal birth weight baby had the highest response rate of 79.1 percent. The strata of high-risk mothers who had a low birth weight baby had the lowest response rate of 59.5 percent.

Completion Rates by Survey Phase

Of the 1,505 completed surveys, 87.9 percent (1,323) were completed by mail (paper-pencil) and 12.1 percent (182) were completed by telephone (see following table). The first mailing had the highest return, accounting for 62.4 percent of all completed surveys. Returns from the second mailing accounted for 12.3 percent of completed surveys, and the third mailing accounted for 13.2 percent of completed surveys. The telephone phase, accounting for 12.1 percent of completed surveys, was an important tool for reaching women with low education, low income, younger age, and/or Spanish speaking. Among Hispanic women who completed a survey, 55.6 percent either filled out a Spanish-version of the paper-pencil survey or completed a telephone interview in Spanish.

SURVEY PHASE	NUMBER COMPLETED	PERCENT COMPLETED
Total	1,505	100.0%
Mailing phase	1,323	87.9%
Mailing 1	940	62.4%
Mailing 2	185	12.3%
Mailing 3	198	13.2%
Telephone phase	182	12.1%

Weighting the Data

The data presented in this report were weighted to adjust for the stratified sampling design and response differentials based on mother's marital status, education attainment, and trimester of entry into prenatal care. Weighting is important when analyzing survey data in order to produce unbiased estimates. Therefore, each respondent was given an analysis weight to adjust for the sampling design and non-response.

Using the Data in This Report

The data presented in this report are basic descriptive and cross-tabulation statistics displayed in tables and narrative form. Although specific point estimates are provided (proportions and means), it is important to keep in mind that the data are affected by sampling variability and random error. Standard errors were not included in

this report but are available upon request. Proportions and means presented in this report were always based on a denominator of at least 30 observations.

Another important issue to keep in mind when interpreting the results in this report is that data from PRATS are representative of Idaho resident adult mothers who had a live birth in Idaho between February 1, 2001, and July 31, 2001. Even though the data do not reflect the experiences of women whose babies died or were given up for adoption, much of the PRATS data are not available from other sources and, therefore, provide unique insight into maternal and infant health issues in Idaho.

Definition of Terms

AGE OF MOTHER

Age of mother at time of delivery is a calculated field based on mother’s date of birth and birth date of infant.

BIRTH WEIGHT

Very low birth weight: Live birth weighing less than 1,500 grams (3 pounds 4 ounces or less).

Low birth weight: Live birth weighing less than 2,500 grams (5 pounds 8 ounces or less).

Normal birth weight: Live birth weighing 2,500 grams or more (5 pounds 9 ounces or more).

Low birth weight rate: The number of low birth weight live births per 100 live births.

EDUCATIONAL ATTAINMENT FOR AGE

Low educational attainment for age: Two or more years below expected grade level for females aged 17 years or younger or less than 12 years of education for females aged 18 years or older.

Average: Within one year of expected grad level for females aged 17 years or younger or 12 years of education for females aged 18 years or older.

High: Two or more years above expected grade level for females aged 17 years or younger or 13 or more years of education for females aged 18 years or older.

MOTHER’S AGE	EXPECTED GRADE LEVEL	MOTHER’S AGE	EXPECTED GRADE LEVEL	MOTHER’S AGE	EXPECTED GRADE LEVEL
10	4	13	7	16	10
11	5	14	8	17	11
12	6	15	9	18+	12

ETHNICITY OF MOTHER

Mother’s ethnicity is based on the “mother of Hispanic origin” question on the birth certificate.

MARITAL STATUS OF MOTHER

Marital status indicates whether the mother was married at the time of conception, at the time of delivery, or at any time between conception and delivery. The marital status field must be completed on the Idaho Certificate of Live Birth.

BODY MASS INDEX (BMI):

BMI is defined as weight in kilograms divided by the square of height in meters. Underweight is defined as a BMI less than 18.5; normal weight is defined as a BMI of 18.5 to 24.9; overweight is defined as a BMI of 25.0 to 29.9; obese is defined as a BMI of 30.0 or higher.

Intendedness of Pregnancy Idaho PRATS 2001

Over one-third (37.5 percent) of Idaho resident adult mothers indicated that their pregnancy was unintended at the time of conception, and 7.7 percent indicated that they did not want to be pregnant then or at any time in the future.

The rate of unintended pregnancy was significantly higher for:

- Mothers aged 18-24 than for mothers aged 25 years or more.
- Mothers with a low or average educational attainment for age than mothers with a high educational attainment for age.
- Un-married mothers than married mothers.
- Women whose delivery was paid for by Medicaid than those whose delivery was not paid for by Medicaid.

	INTENDED	UNINTENDED
Total	62.5	37.5
Sooner	17.7	NA
Then	44.7	NA
Later	NA	29.8
Never	NA	7.7
Age of Mother		
18-19	28.3	71.7
20-24	56.2	43.8
25-34	69.7	30.3
35+	69.0	31.0
Educational Attainment for Age		
Low	48.2	51.9
Average	56.4	43.6
High	69.3	30.7
Marital Status		
Married	69.7	30.3
NOT Married	28.1	71.9
Payment Source for Delivery		
Medicaid	44.5	55.5
Non-Medicaid	73.8	26.2

Among Idaho resident adult mothers who were not trying to become pregnant, more than half (54.9 percent) were not using birth control at the time of conception. The most commonly reported reasons for not using birth control were "I didn't mind if I got pregnant" (41.5 percent) and "I didn't think I could get pregnant" (22.4 percent).

Reasons for Not Using Birth Control	Percent
I didn't mind if I got pregnant.	41.5
I didn't think I could get pregnant.	22.4
I had been having side effects from the birth control I used.	17.2
I didn't want to use birth control.	17.0
My Husband or partner did not want to use birth control.	9.0
I didn't think I was going to have sex.	8.1

Household Income and Health Insurance Idaho PRATS 2001

Approximately 1 of 4 (23.8 percent) Idaho resident adult mothers reported an annual household income of less than \$15,000 during the 12 months prior to becoming pregnant. Hispanic mothers were significantly more likely to have an annual household income less than \$15,000 than Non-Hispanic mothers (45.2 percent compared with 21.0 percent). Un-married mothers were significantly more likely to have an annual household income less than \$15,000 than married mothers (61.1 percent compared with 16.1 percent).

Total Household Income Before Pregnancy				
	<\$15,000	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000+
Total	23.8	20.9	17.1	38.2
Ethnicity				
Hispanic	45.2	31.6	11.6	11.6
Non-Hispanic	21.0	19.9	17.6	41.5
Marital Status				
Married	16.1	20.6	18.4	44.9
NOT Married	61.1	22.1	10.6	6.2

PRATS respondents were asked whether they had health insurance at the time just before pregnancy (not including Medicaid). More than one-third (36.4) of Idaho resident adult mothers reported that they did not have health insurance just before pregnancy. Hispanic women were significantly more likely to report being uninsured prior to pregnancy (67.1 percent) than Non-Hispanic women (32.0 percent). Among Hispanic women, foreign born mothers were significantly more likely to be uninsured than those born in the U.S. Women who were not married and women with an annual household income less than \$15,000 were also significantly less likely to report having health insurance prior to pregnancy, when compared with married women and women with an annual household income of \$35,000 or more respectively.

Insurance Status Before Pregnancy (Excluding Medicaid)		
	Insured	Uninsured
Total	63.6	36.4
Ethnicity		
Hispanic	33.0	67.1
U.S. Born	62.7	37.3
Foreign Born	14.7	85.4
Non-Hispanic	68.0	32.0
Marital Status		
Married	69.9	30.1
NOT Married	33.6	66.4
Household Income		
<\$15,000	27.3	72.7
\$15k-\$24,999	43.7	56.3
\$25k-\$34,999	76.5	23.6
\$35,000+	94.9	5.1

Medicaid Utilization Idaho PRATS 2001

While only 4.7 percent of Idaho adult resident mothers reported that they were enrolled in Medicaid prior to pregnancy, more than one-third (39.4 percent) of mothers tried to get Medicaid coverage during their pregnancy, 34.4 percent reported Medicaid as a payment source for their prenatal care and 38.8 percent of mothers surveyed indicated that Medicaid paid for their delivery.

- Un-married women were significantly more likely to have Medicaid prior to pregnancy than women who were married.
- Women who were significantly more likely to utilize Medicaid services for prenatal care include U.S. born Hispanic women, women aged 18-25 years, and unmarried women.
- Hispanic women (both U.S. and foreign born), women aged 18-25 years, and unmarried women were significantly more likely to report Medicaid as a payment source for delivery.

	Medicaid Prior to Pregnancy	Medicaid as a Payment Source for Prenatal Care	Medicaid as a Payment Source for Delivery
Total	4.7	34.4	38.8
Ethnicity			
Hispanic	6.4	35.5	64.4
U.S. Born	3.3	57.0	59.0
Foreign Born	8.3	21.9	67.7
Non-Hispanic	4.4	34.4	35.3
Age			
18-19	17.6	81.0	81.8
20-24	4.8	51.7	56.6
25-34	3.2	22.4	26.8
35+	4.0	9.1	13.2
Marital Status			
Married	3.0	26.5	30.4
NOT Married	13.0	72.8	78.8

Hispanic women were more likely to apply for Medicaid during pregnancy and more likely to report being told they were not eligible for services. The disparity is even greater between foreign born and U.S. born Hispanic women.

- Among women who applied for Medicaid during pregnancy, Hispanic mothers were significantly more likely than Non-Hispanic mothers to be told they were ineligible for Medicaid services (34.2 percent compared with 12.7 percent).
- While they were not significantly more likely to apply for Medicaid services during pregnancy, foreign born Hispanic mothers were significantly more likely than U.S. born Hispanic mothers to be told they were not eligible for services (53.5 percent compared with 7.1 percent).

	Application for Medicaid During Pregnancy	Told Ineligible for Medicaid Services During Pregnancy
Total	39.4	16.2
Ethnicity		
Hispanic	54.2	34.2
U.S. Born	58.5	7.1
Foreign Born	51.5	53.5
Non-Hispanic	37.5	12.7

Prenatal Care Idaho PRATS 2001

Approximately seven out of eight Idaho adult resident mothers (87.4 percent) began prenatal care during their first trimester, and 11.5 percent began care in the second trimester. Less than one percent (0.5 percent) of women surveyed waited until the third trimester to begin prenatal care and 0.6 percent did not receive any prenatal care.

- Hispanic women were significantly less like to get first trimester care than Non-Hispanic women.
- Mothers aged 18-24 were significantly less like to begin prenatal care during their first trimester or to get care as early as desired.
- Women who were not married were significantly less likely to receive first trimester prenatal care or to get care as early as they desired when compared with married women.
- Women without health insurance were significantly less likely than those with health insurance to get first trimester care or to get care as early as they desired.
- Women with an unintended pregnancy were significantly less likely to initiate prenatal care during their first trimester than women who intended on becoming pregnant.

	First Trimester Prenatal Care	Prenatal Care as Early as Desired
Total	87.4	80.8
Ethnicity		
Hispanic	79.8	75.9
Non-Hispanic	88.3	81.3
Age		
18-19	83.4	68.5
20-24	84.6	74.2
25-34	89.9	85.7
35+	86.6	85.5
Marital Status		
Married	90.2	84.3
NOT Married	74.0	64.0
Health Insurance as a Payment Source for Prenatal Care		
Yes	94.1	87.7
No	79.1	70.7
Intendedness of Pregnancy		
Intended	92.0	88.6
Unintended	79.8	67.8

The most common reason mothers gave for not getting care as early as they desired that they did not know they were pregnant (30.7 percent). More than one quarter (28.5 percent) of the mothers surveyed did not get care as early as they desired because they did not have health insurance or enough money to pay for the visit.

Reasons for Not Starting Prenatal Care as Early as Desired	Percent
I didn't know I was pregnant.	30.7
I didn't have enough money or health insurance to pay for the visit.	28.5
I couldn't get appointment earlier.	27.6
I didn't have Medicaid card yet.	17.4

Dental Care During Pregnancy Idaho PRATS 2001

Only 37.6 percent of Idaho resident adult mothers reported going to a dentist or dental clinic to receive routine care such as teeth cleaning or regular check-up during pregnancy.

- Hispanic women, mothers aged 18-24 years, unmarried women, women in households with an annual income of less than \$15,000, and women with unintended pregnancies were all significantly less likely to receive routine dental care during pregnancy.
- Women whose prenatal care providers gave them information on the importance of dental care during pregnancy were significantly more like to report going to a dentist or dental clinic for routine care during their pregnancy.

Dental Care During Pregnancy	
Total	37.6
Ethnicity	
Hispanic	25.5
Non-Hispanic	39.0
Age	
18-19	23.5
20-24	27.3
25-34	44.0
35+	47.7
Marital Status	
Married	41.1
NOT Married	20.8
Household Income	
<\$15,000	16.8
\$15k-\$24,999	24.0
\$25k-\$34,999	35.0
\$35,000+	59.7
Intendedness of Pregnancy	
Intended	45.8
Unintended	24.4
Discussion of Dental Care During Prenatal Care	
Yes	54.5
No	29.3

More than half of the mothers surveyed (50.1 percent) indicated that they did not get routine dental care during pregnancy because they did not have enough money or health insurance to pay for the visit.

Reasons for Not Getting Dental Care During Pregnancy	Percent
I did not have enough money or insurance to pay for the visit.	50.1
I did not think I needed to go to the dentist.	23.2
I had too many other things going on.	16.0
It had been less than 1 year since my last visit.	14.2

Maternal Infections Idaho PRATS 2001

Idaho resident adult mothers were asked if they had been told by a doctor, nurse, or other health care worker that they had Group B Strep, Bacterial Vaginosis (BV), Chlamydia, or Gonorrhea. The most commonly reported infection by PRATS respondents was Group B Strep (14.4 percent). Less than one percent (0.5 percent) of mothers surveyed reported that they had been diagnosed with Gonorrhea and 1.3 percent indicated being diagnosed with Chlamydia.

Maternal Infections	
Group B Strep	14.4
Bacterial Vaginosis	3.1
Chlamydia	1.3
Gonorrhea	0.5

Less than half (49.0 percent) of Idaho resident adult mothers indicated that they were tested for HIV (the virus that causes AIDS) during their pregnancy and one in six mothers (16.1 percent) were unsure if they had been tested.

- Mothers aged 18-19 were significantly more likely to be tested for HIV than mothers aged 35 or more.
- Unmarried women were significantly more likely to be tested than married women.
- Women with an annual household income of less than \$15,000 were significantly more likely to be tested than those with an annual household income of \$35,000 or more.

HIV Test During Pregnancy

	Yes	No	Unsure
Total	49.0	34.9	16.1
Age			
18-19	65.5	27.7	6.9
20-24	50.1	34.3	15.6
25-34	47.3	34.8	17.9
35+	42.6	42.6	14.8
Marital Status			
Married	46.0	36.7	17.3
NOT Married	62.7	26.8	10.5
Household Income			
<\$15,000	59.7	23.9	16.4
\$15k-\$24,999	50.6	31.3	18.1
\$25k-\$34,999	46.2	34.9	18.9
\$35,000+	45.6	41.1	13.3

Women who had been given information on HIV testing during prenatal care were significantly more likely to be tested than women who were not given information (59.0 percent compared with 10.9 percent). However, one in five (21.0 percent) women surveyed were not given information on HIV testing during prenatal care.

Discussion of HIV Testing During Prenatal Care	Total	HIV Test During Pregnancy		
		Yes	No	Unsure
Yes	21.0	59.0	29.0	12.0
No	79.0	10.9	57.6	31.5

Tobacco and Alcohol Use Idaho PRATS 2001

Among Idaho resident adult mothers, 85.2 percent indicated that their prenatal care provider gave them information on the harmful effects of smoking cigarettes during pregnancy. During the 3 months before pregnancy, 16.2 percent of women smoked. That rate dropped to 7.4 percent during the last three months of pregnancy and went back up after pregnancy, to 13.3 percent of women reporting smoking at the time of the survey. Non-Hispanic women were significantly more likely to smoke before and during pregnancy than Hispanic women. Women who were significantly more likely to smoke before, during, and after pregnancy include:

- Mothers aged 18-24, when compared with Mothers aged 25+.
- Women with a low or average educational attainment for their age, compared with a high educational attainment for age.
- Mothers with an unintended pregnancy, when compared with intended pregnancies.

	Cigarette Use		
	3 Months Before Pregnancy	Last 3 Months of Pregnancy	After Pregnancy
Total	16.2	7.4	13.3
Ethnicity			
Hispanic	9.5	2.8	11.2
Non-Hispanic	16.7	7.8	13.0
Age			
18-19	36.1	14.9	28.9
20-24	22.7	9.0	18.0
25-34	11.9	6.3	9.9
35+	6.9	3.3	5.4
Educational Attainment for Age			
Low	25.2	16.0	19.7
Average	26.6	10.5	23.7
High	9.3	4.0	6.5
Intendedness of Pregnancy			
Intended	11.2	4.4	9.0
Unintended	24.9	12.7	20.3

Women who smoked during pregnancy were significantly more likely to deliver preterm (20.7 percent) than mothers who did not smoke during the last three months of pregnancy (7.5 percent).

Preterm Delivery		
Total	Smoked During Pregnancy	Did Not Smoke During Pregnancy
8.2	20.7	7.5

Among PRATS respondents, 84.3 percent reported receiving information from their prenatal care provider about the harmful effects of alcohol consumption during pregnancy. During the 3 months before pregnancy, 38.0 percent of mothers drank alcohol and 3.8 percent drank alcohol during the last three months of pregnancy.

Alcohol Use	
Before Pregnancy	During Pregnancy
38.0	3.8

Maternal Weight and Nutrition Idaho PRATS 2001

Approximately one-third (33.7 percent) of Idaho resident adult mothers used WIC (Supplemental Nutrition Program for Women, Infants, and Children) during pregnancy. Hispanic women, women aged 18-24 years, and unmarried women were significantly more likely to use WIC during pregnancy. More than four out of five mothers report receiving information about proper nutrition (83.1 percent) and recommended weight gain (84.2 percent) during pregnancy from their prenatal care providers.

WIC During Pregnancy

Total	33.7
Ethnicity	
Hispanic	62.1
Non-Hispanic	29.7
Age	
18-19	66.0
20-24	46.1
25-34	23.9
35+	21.9
Marital Status	
Married	26.8
NOT Married	66.8

- More than one-third of mothers surveyed were overweight (22.5 percent) or obese (15.9 percent).
- Approximately 4 out of 10 mothers gained 35 or more pounds during pregnancy.

Diet and Nutrition During Pregnancy

Discussion about Diet During Prenatal Care	
Yes	83.1
No	16.9
Discussion about Weight Gain During Prenatal Care	
Yes	84.2
No	15.8
Pre-pregnancy Body-Mass Index (BMI)	
Underweight	5.0
Normal	56.6
Overweight	22.5
Obese	15.9
Weight Gain During Pregnancy	
None/Weight Loss	3.7
1-14 Pounds	6.8
15-24 Pounds	20.1
25-34 Pounds	28.9
35-44 Pounds	21.9
45+ Pounds	18.5

While 92.7 percent of mothers took vitamin supplements during pregnancy, less than half (47.5 percent) took a vitamin supplement containing folic acid in the 3 months before pregnancy.

- Mothers were 17.4 percent more likely to take vitamins during pregnancy if they received information from their prenatal care provider on the importance of vitamin supplements during pregnancy.
- Women who intended to get pregnant were significantly more likely to take vitamins before and during pregnancy than women with unintended pregnancies.
- Knowledge of the benefits of folic acid on preventing birth defects significantly increased the rate of vitamin use before and during pregnancy.

Vitamin Use

	Before Pregnancy	During Pregnancy
Total	47.5	92.7
Intendedness		
Intended	55.9	93.9
Unintended	33.8	90.5
Discussion of Vitamin Use During Prenatal Care		
Yes	48.9	93.8
No	26.1	79.9
Knowledge of Benefits of Folic Acid		
Yes	50.6	93.3
No	20.8	87.8

Physical Abuse Idaho PRATS 2001

Among Idaho resident adult women, 6.5 percent indicated they were physically abused in the twelve months prior to pregnancy and 4.2 percent were abused during pregnancy. While there was no significant difference in the rates of physical abuse during pregnancy by ethnicity, Hispanic women were significantly more likely to indicate that they were physically abused before pregnancy.

Physical Abuse		
	Before Pregnancy	During Pregnancy
Total	6.5	4.2
Ethnicity		
Hispanic	10.5	3.2
Non-Hispanic	6.1	4.3
Age		
18-19	12.0	5.5
20-24	11.8	7.0
25-34	3.4	2.6
35+	2.1	2.9
Marital Status		
Married	3.8	2.7
NOT Married	19.6	11.7
Educational Attainment for Age		
Low	9.4	8.6
Average	9.1	4.7
High	4.0	2.5
Household Income		
<\$15,000	10.4	7.8
\$15k-\$24,999	12.0	6.5
\$25k-\$34,999	5.1	4.8
\$35,000+	1.7	0.7

Women aged 18-24 were significantly more likely to be abused before and during pregnancy than women aged 25 or more. Unmarried women and women with a low or average educational attainment for their age were significantly more likely to be abused before and during pregnancy than married women and women with a high educational attainment for their age, respectively. Women in households with an annual income less than \$25,000 were significantly more likely to be abused before and during pregnancy compared with women in households with an annual income of \$35,000 or more.

Received Information on Physical Abuse	
Yes	37.2
No	62.8

Less than half (37.2 percent) of the women surveyed reported that a prenatal care provider gave them information on physical abuse during pregnancy.

Hospital Stay Idaho PRATS 2001

The majority of Idaho resident adult mothers spent less than 3 days in the hospital after the birth of their baby. Of women surveyed, 15.3 percent stayed 3 days and 8.4 percent stayed 4 or more days. Likewise, the majority of babies born in 2001 were discharged less than 3 days after birth. Of the mothers surveyed, 14.0 percent reported that their baby stayed 3 days in the hospital and 12.9 percent reported that their baby stayed 4 or more days.

Length of Hospital Stay		
	Mother	Baby
<1 Day	16.4	16.4
1-2 Days	58.8	55.6
3 Days	15.3	14.0
4+ Days	8.4	12.9
Out-of-Hospital Birth	1.1	1.1

Preterm infants were significantly more likely to require a hospital stay of 3 or more days, when compared to babies born at 37+ weeks of gestation. Overall, approximately one in four (26.9 percent) babies required a hospital stay of 3 days or more. However, over half of the babies born before 37 completed weeks of gestation (58.7 percent) had to stay in the hospital for 3 or more days.

Baby's Hospital Stay 3+ Days		
Total	Length of Gestation	
	< 37 Weeks	37+ Weeks
26.9	58.7	23.9

Among Idaho adult resident mothers, 74.5 percent reported that their baby's hearing was tested in the days following delivery. Hispanic mothers were significantly less likely to report that their baby's hearing was tested (46.4 percent) when compared with Non-Hispanic mothers (78.4 percent). Hispanic mothers were also significantly more likely to be unsure if their baby's hearing was tested (24.3 percent) than Non-Hispanic mothers (9.6 percent).

Newborn Hearing Screening			
	Yes	No	Unsure
Total	74.5	14.3	11.3
Ethnicity			
Hispanic	46.4	29.3	24.3
Non-Hispanic	78.4	12.1	9.6

Among babies who were screened, 78.0 percent passed the initial screening. Of those babies who did not pass the initial screening, 88.4 percent passed follow-up tests, 1.7 percent had a hearing loss, 6.1 percent did not receive further testing, and 3.8 percent had inconclusive results from follow-up testing.

Results of Initial Screening		
Passed	Did Not Pass	Unsure
78.0	20.2	1.8

Results of Follow up Tests			
No Further Tests	Hearing Loss	Passed	Inconclusive
6.1	1.7	88.4	3.8

Postpartum Depression Idaho PRATS 2001

More than half (61.0 percent) of Idaho resident adult women reported suffering from postpartum depression during the three months following delivery. Of the women surveyed, 39.1 percent were not depressed at all, 40.2 percent were a little depressed, 14.8 percent were moderately depressed, and 6.0 percent were very depressed.

Postpartum Depression				
	NOT Depressed	A Little Depressed	Moderately Depressed	Very Depressed
Total	39.1	40.2	14.8	6.0
NOT Depressed				
A Little, Moderately, or Very Depressed				
Ethnicity				
Hispanic	50.2	49.8		
Non-Hispanic	37.3	62.7		
Marital Status				
Married	40.6	59.4		
NOT Married	31.4	68.6		
Physical Abuse Before Pregnancy				
Yes	16.9	83.1		
No	40.6	59.4		
Physical Abuse During Pregnancy				
Yes	16.5	83.5		
No	40.1	59.9		

Non-Hispanic women were significantly more likely to suffer from postpartum depression than Hispanic women. Approximately three out of five (62.7 percent) Non-Hispanic women reported that they were at least a little depressed, compared with less than half (49.8 percent) of Hispanic women.

Marital status also significantly impacted the rates of postpartum depression. More than two-thirds (68.6 percent) of the unmarried mothers surveyed reported that they were at least a little depressed during the three months after delivery, compared with 59.4 percent of married mothers.

Women who were physically abused before or during pregnancy were significantly more likely to report being depressed after delivery than women who were not abused. Among mothers who indicated that they were physically abused before pregnancy, 83.1 percent suffered postpartum depression, compared with 59.4 percent of mothers who were not abused before pregnancy. For women who were abused during pregnancy, 83.5 percent reported being depressed during the 3 months following delivery, compared with 59.9 percent of women who were not abused during pregnancy.

Breastfeeding Idaho PRATS 2001

While 89.2 percent of Idaho resident adult women breastfed their baby after delivery, less than half (45.4 percent) of the women surveyed breastfed for six months or more.

Breastfeeding		
	Initiation	At 6 Months
Total	89.2	45.4
Age		
18-19	85.4	23.1
20-24	87.8	37.8
25-34	90.1	51.1
35+	91.2	56.1
Marital Status		
Married	91.1	48.8
NOT Married	80.1	29.2
Educational Attainment for Age		
Low	81.6	32.7
Average	87.2	37.3
High	92.1	53.4
Household Income		
<\$15,000	83.9	37.6
\$15k-\$24,999	90.6	41.2
\$25k-\$34,999	88.7	46.9
\$35,000+	92.1	52.4
Medicaid as a Payment Source for Delivery		
Yes	85.3	37.5
No	91.6	50.5
WIC Since Delivery		
Yes	84.8	36.9
No	92.3	51.5
Preterm Birth		
<37 Weeks	88.2	29.6
37+ Weeks	89.1	46.6
Mothers Hospital Stay		
<3 Days	90.7	47.9
3+ Days	83.9	36.7
Baby's Hospital Stay		
<3 Days	90.6	49.2
3+ Days	85.0	36.1
Given Information on the Benefits of Breastfeeding by a Prenatal Care Provider		
Yes	89.4	45.0
No	85.8	47.8

Breastfeeding initiation rates and breastfeeding rates at 6 months were significantly lower for unmarried mothers, women with a low educational attainment for their age, those with an annual household income less than \$15,000, women who selected Medicaid as a payment source for delivery, women who had received WIC services since their delivery, women whose hospital stay was 3 days or more, as well as mothers of babies who stayed in the hospital for 3+ days.

While the breastfeeding rates at birth were not significantly different by age or length of gestation, women aged 18-19 and women who delivered preterm were significantly less likely to breastfeed 6 months or more than women aged 35+ and those who delivered after 37 completed weeks of gestation, respectively.

Receiving information on the benefits of breastfeeding from a prenatal care provider did not significantly impact breastfeeding initiation or duration rates.

Reasons for Discontinuing Breastfeeding	
Felt I did not have enough milk	32.5
Breast milk alone did not satisfy baby	29.1
Returned to work / school	26.7
Baby had difficulty nursing	18.7
Felt it was the right time to stop	15.4
Nipple or breast problems	13.3
It was inconvenient	13.0
Wanted or needed someone else to feed baby	10.1
Thought baby was not gaining enough weight	6.5
I became sick and could not breastfeed	5.6
Baby became sick and could not breastfeed	4.2

The most common reasons women gave for stopping breastfeeding was feeling like they did not have enough milk (32.5 percent) or that breast milk alone did not satisfy their baby (29.1 percent). Other commonly reported reasons were returning to work or school and their baby having difficulty nursing.

Of women who had breastfed at some point, but were no longer breastfeeding at the time of the survey, only 15.4 percent indicated that they stopped breastfeeding because they felt like it was the right time.

Infant Health and Safety Idaho PRATS 2001

Among Idaho resident adult women, 68.1 percent indicated that they place their baby down to sleep on his/her back most often. Hispanic women were significantly less likely to put their baby to sleep on his/her back (54.0 percent) than Non-Hispanic women (70.3 percent). Mothers with a low educational attainment for their age were significantly less likely to lay their baby on his/her back to sleep (56.8 percent), compared with a high educational attainment (71.3 percent).

Sleep Position			
	Side	Back	Stomach
Total	18.7	68.1	13.3
Ethnicity			
Hispanic	41.0	54.0	5.0
Non-Hispanic	15.3	70.3	14.4
Educational Attainment for Age			
Low	33.0	56.8	10.2
Average	19.0	69.0	12.0
High	13.9	71.3	14.8

Soft Sleep Surface			
	Always	Sometimes	Never
Total	10.3	23.0	66.8
Ethnicity			
Hispanic	20.5	23.0	56.5
Non-Hispanic	8.8	22.8	68.4
Age			
18-19	22.9	30.6	46.5
20-24	13.6	26.3	60.1
25-34	6.9	21.4	71.7
35+	8.7	15.2	76.1

When asked how often their baby slept on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin, two-thirds (66.8 percent) of respondents reported that their baby never sleep on soft surfaces.

Women who were significantly more likely to allow their baby to sleep on a soft sleep surface included:

- Hispanic women
- Women aged 18-19
- Unmarried mothers
- Women with a low educational attainment for their age
- Women in households with an annual income less than \$15,000

Marital Status			
Married	9.0	21.2	69.9
NOT Married	16.6	31.6	51.7

Educational Attainment for Age			
Low	21.9	22.4	55.7
Average	12.2	27.0	60.7
High	6.2	20.4	73.4

Household Income			
<\$15,000	16.6	27.6	55.8
\$15k-\$24,999	10.0	27.4	62.6
\$25k-\$34,999	8.2	23.0	68.8
\$35,000+	6.6	18.9	74.5

Brought Baby Home From The Hospital in a Car Seat	
Yes	99.4
No	0.6

PRATS respondents were asked if they brought their new baby home from the hospital using a car seat. Almost all mothers surveyed (99.4 percent) reported using an infant car seat when they brought their new baby home from the hospital.

The majority of Idaho adult resident mothers (97.6) had read or heard about what can happen if a baby is shaken.

Hispanic mothers were significantly less likely to be aware of the consequences of shaking a baby than Non-Hispanic mothers, 87.3 percent compared with 99.1 percent.

Women with a low educational attainment for their age were significantly less likely to have read or heard about shaken baby syndrome (91.7 percent), when compared with women who had an average (98.2 percent) or high (99.5 percent) educational attainment for their age.

Knowledge of the Consequences of Shaking a Baby	
Total	97.6
Ethnicity	
Hispanic	87.3
Non-Hispanic	99.1
Educational Attainment for Age	
Low	91.7
Average	98.2
High	99.5

Infant Health and Safety Idaho PRATS 2001

When asked about the rules for smoking inside their house, only 5.3 percent of mothers surveyed indicated that they allowed smoking in their home. When asked how many hours a day, on average, their new baby was in the same room with someone who was smoking, 7.7 percent of Idaho adult resident mothers reported that their new baby had 1 hour or more of daily exposure to environmental tobacco smoke.

Babies of mothers aged 18-25, unmarried mothers, and women with a low educational attainment for their age were significantly more likely to live in a home where smoking was allowed and to be exposed to environmental tobacco smoke an average of 1 or more hours per day.

	Smoking Is Allowed In The Home	Baby Is Exposed To Environmental Tobacco Smoke 1+ Hours/Day
Total	5.3	7.7
Age		
18-19	6.7	13.6
20-24	8.2	10.7
25-34	3.7	6.2
35+	2.9	2.1
Marital Status		
Married	3.8	6.4
NOT Married	12.1	14.1
Educational Attainment for Age		
Low	15.0	10.3
Average	6.2	10.8
High	2.3	5.4

	Enrolled in CHIP	Received WIC Since Delivery
Total	14.2	43.3
Ethnicity		
Hispanic	32.5	74.4
Non-Hispanic	11.5	38.8
Marital Status		
Married	12.3	35.7
NOT Married	23.4	79.3

One in seven PRATS respondents (14.2 percent) had enrolled their baby in Idaho's Children's Health Insurance Program (CHIP). Hispanic women and unmarried mothers were significantly more likely to indicate that their baby was enrolled in CHIP.

Overall, 43.3 percent of women surveyed indicated they had utilized Idaho's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC use was significantly higher for Hispanic women and unmarried mothers.

Approximately 4 out of 5 women surveyed (81.2 percent) indicated that their baby's immunizations were up-to-date. Hispanic women and women with a low educational attainment for their age were significantly less likely to report that their baby was up-to-date with their shots. Babies of women who had not intended to be pregnant were significantly less likely to be up-to-date on their immunizations.

	Enrolled in IRIS
Total	68.7
Ethnicity	
Hispanic	59.4
Non-Hispanic	70.1

While being enrolled in IRIS, Idaho's Immunization Reminder Information System, significantly increased the likelihood of a baby having all of their recommended immunizations, approximately two-thirds (68.7 percent) of the women surveyed reported that their baby was enrolled in IRIS. Enrollment in IRIS was significantly lower for Hispanic women than Non-Hispanic women, 59.4 percent compared with 70.1 percent.

	Up-To-Date Immunizations
Total	81.2
Ethnicity	
Hispanic	66.8
Non-Hispanic	83.2
Educational Attainment for Age	
Low	72.2
Average	79.9
High	85.1
Intendedness of Pregnancy	
Intended	84.1
Unintended	76.9
Enrollment in IRIS	
Yes	89.8
No	49.8

Questionnaire and Results Idaho PRATS 2001

In the following pages, the 2001 Idaho Pregnancy Risk Assessment Monitoring System (PRATS) questionnaire is presented in its entirety. In addition to the text of each question, the results for most of the questions are included. The percentage for each response category can be found in parentheses to the right of the response categories. Note also that the percentages are weighted results (see 'Weighting the Data' on page 2) and percentages will not always sum to 100% due to rounding. The results have not been provided for all of the questions.

NOTE: Care should be exercised when interpreting these results. In order to interpret the results correctly, it is important to understand what group has been asked the question. For example, in question 11 on page 20, 54.9% of the respondents reported that they were not using any kind of birth control at the time of conception. However this question is only asked of those who responded "No" to question 10. The exclusion of certain respondents is indicated by the bold text at the beginning of question 11. These are called "skip patterns" and are used extensively throughout the survey. In order to properly identify what group has been asked a specific question, the skip pattern must be considered. In addition, there may be some confusion when trying to compare results from the 'Questionnaire and Results' section to those in previous sections. The health indicators reported in the main body of the report are often constructed from the responses of multiple questions and may not be comparable to the results of one particular question.

Missing data were excluded from the denominator when calculating the percentages as well as mean, median, and mode. For help in interpreting these results, contact the PRATS Project Director at (208) 332-7366.

Questionnaire and Results Idaho PRATS 2001

First, please tell us.

1. What is today's date?
____/____/____
Month Day Year
2. Is your baby living with you now?
No (0.7%)
Yes (99.4%)

Next, 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.

3. **Just before** you got pregnant, did you have health insurance? (**Don't count Medicaid**)
No (36.4%)
Yes (63.6%)
4. **Just before** you got pregnant, were you on Medicaid?
No (95.3%)
Yes (4.7%)
5. In the month before you got pregnant with your new baby, how many times a week did you take a multiple vitamin (a pill that contains many different vitamins and minerals)?
Check one answer
I didn't take a multiple vitamin at all (52.7%)
1 to 3 times a week (11.3%)
4 to 6 times a week (8.0%)
Every day of the week (28.1%)
6. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?
No (10.3%)
Yes (89.7%)
7. **Just before** you got pregnant, how much did you weigh?
____ Pounds
Mean (149.2)
Median (139.9)
Mode (130)
Minimum (83)
Maximum (350)
8. How tall are you without shoes?
____ Feet ____ Inches
Mean (5'5")
Median (5'4")
Mode (5'3")
Minimum (4'0")
Maximum (6'7")
9. Thinking back to **just before** you got pregnant, how did you feel about becoming pregnant?
Check one answer
I wanted to be pregnant sooner (17.7%)
I wanted to be pregnant later (29.8%)
I wanted to be pregnant then (44.7%)
I didn't want to be pregnant then or at any time in the future (7.7%)
10. When you got pregnant with your new baby, were you trying to become pregnant?
No (47.4%) **Go to Question 11**
Yes (52.6%) **Go to Question 13**

11. **-only asked of mothers who were not trying to get pregnant**
When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control?
(Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots [DepoProvera®], or other methods such as not having sex at certain times [rhythm], having your tubes tied, or your partner having a vasectomy.)
No (54.9%) **Go to Question 12**
Yes (45.1%) **Go to Question 13**

12. **-only asked of mothers who were not trying to get pregnant and not using birth control**
Why were you or your husband or partner not using any birth control?
Check all that apply
I didn't mind if I got pregnant (41.5%)
I didn't think I could get pregnant (22.4%)
I had been having side effects from the birth control I used (17.2%)
I didn't want to use birth control (17.0%)
My husband or partner didn't want to use birth control (9.0%)
I didn't think I was going to have sex (8.1%)
Other ► Please tell us: (20.2%)

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 provider before your baby was born to get checkups and advice about pregnancy.

13. 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
Mean (5.8 weeks)
Median (4.4 weeks)
Mode (4 weeks)
Minimum (1 week)
Maximum (36 weeks)
14. 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.**)
____Weeks OR ____Months (99.4%) **Go to Question 17**
Mean (9.2 weeks)
Median (7.7 weeks)
Mode (8 weeks)
Minimum (1 weeks)
Maximum (35 weeks)
I didn't go for prenatal care (0.6%) **Go to Question 15**
15. **-only asked of mothers who did not go for prenatal care**
Did you want to get prenatal care?
No **Go to Question 23**
Yes **Go to Question 16**
number of respondents too small for valid statistics

Questionnaire and Results Idaho PRATS 2001

16. **–only asked of persons who did not go for prenatal care but wanted it**
Did any of these things keep you from getting prenatal care?
Check all that apply
I couldn't get an appointment
I didn't have enough money or insurance to pay for my visits
My husband or partner didn't want me to get prenatal care
I didn't know that I was pregnant
I had no way to get to the clinic or doctor's office
I couldn't find a doctor or other health care provider who would take me as a patient
I had no one to take care of my children
I couldn't get the time off from my job
I had too many other things going on
Other ► Please tell us:
number of respondents too small for valid statistics

If you **did not** receive prenatal care – **Go to Question 23**
If you **did** receive prenatal care – **Go to Question 17**
17. **–only asked of mothers who received prenatal care**
Did you get prenatal care as early in your pregnancy as you wanted?
No (19.2%) **Go to Question 18**
Yes (80.8%) **Go to Question 19**
18. **–only asked of mothers who received prenatal care but not as early as wanted**
Which of these things kept you from getting prenatal care as early as you wanted?
Check all that apply
I didn't have my Medicaid card (17.4%)
I couldn't get an appointment earlier in my pregnancy (27.6%)
I didn't have enough money or insurance to pay for my visits (28.5%)
I didn't know that I was pregnant (30.7%)
I had no way to get to the clinic or doctor's office (5.4%)
The doctor would not start care earlier (12.0%)
I had a hard time finding a doctor or health care provider who would take me as a patient (4.2%)
I had too many other things going on (7.7%)
Other ► Please tell us: (16.4%)
19. **–only asked of mothers who received prenatal care**
Did any of these things keep you from attending your **scheduled** prenatal care visits?
Check all that apply
I didn't have enough money or insurance to pay for my visits (3.2%)
My provider wouldn't take me until I had enough money to pay for the visits (0.4%)
I had no way to get to the clinic or doctor's office (1.8%)
The distance to my doctor's office or clinic was too far (1.7%)
I couldn't get an appointment at the time that would work with my schedule (2.2%)
I had no one to take care of my children (1.9%)
I had too many other things going on (1.2%)
I couldn't get time off from my job (1.1%)
Nothing kept me from attending my scheduled prenatal care visits (79.4%)
Other ► Please tell us: (3.7%)
20. **–only asked of mothers who received prenatal care**
Where did you go **most** of the time for your prenatal visits? (**Don't include visits for WIC.**)
Check one answer
Hospital clinic (15.6%)
Private doctor's office (78.1%)
Community/Migrant Health Center (1.8%)
Indian Health Center (0.8%)
Other ► Please tell us: (3.7%)
21. **–only asked of mothers who received prenatal care**
During any of your prenatal care visits, did a doctor, nurse, or other health care provider talk to you or give you information about any of the issues listed below?
For each item, please **circle Y (Yes)** if someone talked with you or gave information to you about it, or **N (No)** if no one talked with you or gave information to you about it.
a) What you should eat during your pregnancy (83.1%)
b) How much weight you should gain during pregnancy (84.2%)
c) The importance of taking vitamin supplements during your pregnancy (92.7%)
d) The importance of getting regular dental care during your pregnancy (34.3%)
e) Which kinds of medicine are safe to take during your pregnancy (87.3%)
f) How drinking alcohol during pregnancy could affect your baby (84.3%)
g) How smoking during pregnancy could affect your baby (85.2%)
h) How using illegal drugs could affect your baby (82.8%)
i) Doing tests to screen for birth defects or diseases that run in your family (83.6%)
j) Getting your blood tested for HIV (the virus that causes AIDS) (79.0%)
k) Getting tested for group B Strep infection (88.5%)
l) Physical abuse to women by their husband or partner (37.2%)
m) What to do if your labor starts early (82.6%)
n) The benefits of breastfeeding your baby (88.8%)
22. **–only asked of mother who received prenatal care**
How was your prenatal care paid for?
Check all that apply
Medicaid (34.4%)
Personal income (cash, check, or credit card) (48.2%)
Health insurance or HMO (58.7%)
The military (1.4%)
The Indian Health Service (1.1%)
Other ► Please tell us: (2.4%)
- The next questions are about your most recent pregnancy and things that may have happened during your pregnancy.**
23. Did you try to get Medicaid coverage during this pregnancy?
No (60.6%) **Go to Question 25**
Yes (39.4%) **Go to Question 24**

Questionnaire and Results Idaho PRATS 2001

24. **–only asked of mothers who tried to get Medicaid coverage during pregnancy**
Which of these things happened during your pregnancy?
Check all that apply
I had a hard time getting help from the Medicaid staff (8.1%)
I was told I was not eligible for Medicaid services (16.2%)
I did not understand how to use my Medicaid card or what was covered (7.0%)
I did not get all of the Medicaid services that I needed (9.1%)
I had a problem finding a doctor who would accept me as a Medicaid patient (2.9%)
I was assigned to a doctor that I did not choose (2.5%)
I did not have any problems with Medicaid (62.4%)
25. At any time during your pregnancy, did you have a blood test for HIV (the virus that causes AIDS)?
No (34.9%)
Yes (49.0%)
I don't know (16.1%)
26. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following infections? For each item, please **circle Y (Yes)** if someone told you that you had the infection, or **N (No)** if no one told you that you had the infection.
a) Bacterial Vaginosis (BV) (3.1%)
b) Chlamydia (1.3%)
c) Gonorrhea (0.5%)
d) Group B Strep (14.4%)
27. **During your pregnancy**, did you participate in the WIC Program (the Supplemental Nutrition Program for Women, Infants, and Children)?
No (66.3%)
Yes (33.7%)
28. Did you take vitamin supplements **during** your pregnancy?
No (7.3%)
Yes (92.7%)

The next questions are about the care of your teeth and gums during your most recent pregnancy.

29. During your most recent pregnancy, did you go to a dentist or dental clinic for routine care such as teeth cleaning or regular check-up?
No (62.5%) **Go to Question 30**
Yes (37.6%) **Go to Question 31**
30. **–only asked of mothers who did not go to a dentist during pregnancy**
Why did you **not** go to a dentist or dental clinic for routine care during your most recent pregnancy?
Check all that apply
It had been less than 1 year since my last dental visit (14.2%)
I did not have enough money or insurance to pay for the visit (50.1%)
I did not feel that I needed to go to a dentist (23.2%)
I had too many other things going on (16.0%)
Other ► Please tell us: (15.3%)

The next questions are about smoking cigarettes and drinking alcohol.

31. Have you smoked at least 100 cigarettes (5 packs) in your entire life? (A pack has 20 cigarettes.)
No (64.8%) **Go to Question 35**
Yes (35.3%) **Go to Question 32**
32. **–only asked of mothers who had smoked at least 100 cigarettes in their entire life**
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
1 or more cigarettes a day (48.3%)
Less than 1 cigarette a day (5.6%)
I didn't smoke (38.3%)
I don't know (7.9%)
33. **–only asked of mother who had smoked at least 100 cigarettes in their entire life**
In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
_____ Cigarettes OR _____ Packs
1 or more cigarettes a day (21.9%)
Less than 1 cigarette a day (3.0%)
I didn't smoke (72.9%)
I don't know (2.3%)
34. **–only asked of mother who had smoked at least 100 cigarettes in their entire life**
How many cigarettes or packs of cigarettes do you smoke on an average day **now**? (A pack has 20 cigarettes.)
_____ Cigarettes OR _____ Packs
1 or more cigarettes a day (39.3%)
Less than 1 cigarette a day (5.6%)
I don't smoke (52.8%)
I don't know (2.3%)
35. 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 (47.0%) **Go to Question 38**
Yes (53.0%) **Go to Question 36**
36. **–only asked of mothers who had an alcoholic drink in the past 2 years**
During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?
I didn't drink then (26.9%)
Less than 1 drink a week (42.9%)
1 to 3 drinks a week (17.2%)
4 to 6 drinks a week (7.1%)
7 to 13 drinks a week (1.7%)
14 or more drinks a week (2.1%)
I don't know (2.0%)

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37. **—only asked of mother who had an alcoholic drink in the past 2 years**
During the **last 3 months** of your pregnancy, how many alcoholic drinks did you have in an average week?
I didn't drink then (92.6%)
Less than 1 drink a week (6.7%)
1 to 3 drinks a week (0.4%)
4 to 6 drinks a week (0.0%)
7 to 13 drinks a week (0.0%)
14 or more drinks a week (0.0%)
I don't know (0.3%)
Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.
38. During the **12 months before you got pregnant**, did anyone push, hit, slap, kick, choke, or physically hurt you in any other way?
No (93.5%) **Go to Question 40**
Yes (6.5%) **Go to Question 39**
39. **—only asked of mothers who were hurt during the 12 months before pregnancy**
Who physically hurt you? Indicate relationship at time of incident(s).
Check all that apply
Husband or partner (53.9%)
Ex-husband or ex-partner (18.0%)
Other relative (10.6%)
Someone else (21.8%)
40. **During your most recent pregnancy**, did anyone push, hit, slap, kick, choke, or physically hurt you in any other way?
No (95.8%) **Go to Question 42**
Yes (4.2%) **Go to Question 41**
41. **—only asked of mothers who were hurt during pregnancy**
Who physically hurt you? Indicate relationship at time of incident(s).
Check all that apply
Husband or partner (56.6%)
Ex-husband or ex-partner (13.6%)
Other relative (10.7%)
Someone else (18.9%)
42. Just before delivery of your new baby, how much did you weigh?
_____ Pounds
Mean (180.5)
Median (174.3)
Mode (170)
Minimum (65)
Maximum (352)
43. After the birth of your baby, how long did **you** stay in the hospital or birthing center?
Less than 24 hours (Less than 1 day) (16.4%)
24-48 hours (1-2 days) (58.8%)
3 days (15.3%)
4 days (6.2%)
5 days (1.5%)
6 days or more (0.7%)
I didn't have my baby in a hospital/birthing center (1.1%)
44. After your baby was born, how long did **your baby** stay in the hospital or birthing center?
Less than 24 hours (Less than 1 day) (16.4%)
24-48 hours (1-2 days) (55.6%)
3 days (14.0%)
4 days (5.2%)
5 days (2.2%)
6 days or more (5.5%)
My baby wasn't born in a hospital/birthing center (1.1%)
My baby is still in the hospital (0.0%)
45. After your baby was born, was his/her hearing tested?
No (14.3%) **Go to Question 49**
Yes (74.5%) **Go to Question 46**
I don't know (11.3%) **Go to Question 49**
46. **—only asked of mothers whose baby had a hearing test**
When was your baby's hearing **first** tested?
Before leaving the hospital or birthing center (91.9%)
After leaving the hospital or birthing center (7.7%)
My baby was not born at a hospital or birthing center, but was tested (0.4%)
47. **—only asked of mothers whose baby had a hearing test**
What was the result of the first hearing test?
My baby needed further hearing tests (20.2%) **Go to Question 48**
My baby passed the test (78.0%) **Go to Question 49**
I don't know (1.8%) **Go to Question 49**
48. **—only asked of mothers whose baby needed further hearing tests**
Did your new baby get any further hearing tests?
No (6.1%)
Yes, and my baby has a hearing loss (1.7%)
Yes, and my baby passed the hearing test (88.4%)
Yes, and the test was inconclusive (3.8%)
49. How was your delivery paid for?
Check all that apply
Medicaid (38.8%)
Personal income (cash, check, or credit card) (42.7%)
Health insurance or HMO (58.3%)
The military (1.5%)
The Indian Health Service (0.9%)
Other - Please tell us: (2.8%)
The next questions are about the time since your new baby was born.
50. Did you bring your new baby home in a car seat?
No (0.6%)
Yes (99.4%)
51. During the 6 weeks after your new baby was born, did a doctor, nurse, or other health care worker talk to you or give you information about using birth control?
No (15.2%)
Yes (84.8%)
52. Did you ever breastfeed or pump breast milk to feed your new baby?
No (10.8%) **Go to Question 56**
Yes (89.2%) **Go to Question 53**

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53. **—only asked of mothers who breastfed**
Are you still breastfeeding or feeding pumped milk to your new baby?
No (53.3%) **Go to Question 54**
Yes (46.8%) **Go to Question 56**
54. **—only asked of mothers who were not still breastfeeding**
How many weeks or months did you breastfeed or pump milk to feed your new baby?
_____ Weeks OR _____ Months (94.2%)
Mean (12.2 weeks)
Median (9.2 weeks)
Mode (13 weeks)
Minimum (1 week)
Maximum (52 weeks)
Less than 1 week (5.8%)
55. **—only asked of mothers who were not still breastfeeding**
Why did you stop breastfeeding?
Check all that apply
My baby became sick and could not breastfeed (4.2%)
My baby had difficulty nursing (18.7%)
Breast milk alone did not satisfy my baby (29.1%)
I thought my baby was not gaining enough weight (6.5%)
I had nipple or breast problems (13.3%)
I became sick and could not breastfeed (5.6%)
I felt it was the right time to stop (15.4%)
I didn't have enough milk (32.5%)
I went back to work or school (26.7%)
I wanted or needed someone else to feed my baby (10.1%)
Inconvenient to continue (13.0%)
Other ► Please tell us: (20.7%)
56. How many weeks or months old was your new baby when you started giving the following on a regular basis?
a) **Formula**
_____ Weeks OR _____ Months (52.1%)
Mean (11.2 weeks)
Median (8.5 weeks)
Mode (13 weeks)
Minimum (1 week)
Maximum (52 weeks)
My baby was less than 1 week old (17.3%)
My baby has not had formula on a regular basis (30.1%)
I don't know (0.6%)
b) **Mushy or solid food**
_____ Weeks OR _____ Months (82.4%)
Mean (19.5 weeks)
Median (17.3 weeks)
Mode (17.3 weeks)
Minimum (1 week)
Maximum (39 weeks)
My baby was less than 1 week old (0.0%)
My baby has not had mushy or solid food on a regular basis (17.3%)
I don't know (0.3%)
- c) **Cow's milk**
_____ Weeks OR _____ Months (5.1%)
Mean (36.1 weeks)
Median (33.7 weeks)
Mode (34.7 weeks)
Minimum (8.7 weeks)
Maximum (52 weeks)
My baby was less than 1 week old (0.1%)
My baby has not had cow's milk on a regular basis (94.1%)
I don't know (0.6%)
57. During the **3 months after your delivery**, would you say that you were...
Check one answer
Not depressed at all (39.1%)
A little depressed (40.2%)
Moderately depressed (14.8%)
Very depressed (6.0%)
58. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?
_____ Hours
1 or more hours a day (2.4%)
Less than 1 hour a day (5.3%)
My baby is never in the same room with someone who is smoking (92.3%)
59. Which of the following statements best describes the rules about smoking inside your house?
Check one answer
No one is allowed to smoke anywhere inside my home (94.7%)
Smoking is permitted anywhere inside my home (0.7%)
Smoking is not allowed in my baby's room, but is permitted in other places in the house (4.6%)
60. How do you **most** often lay your baby down to sleep now?
Check one answer
On his or her side (18.7%)
On his or her back (68.1%)
On his or her stomach (13.3%)
61. How often does your new baby sleep on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin?
Always (10.3%)
Sometimes (23.0%)
Never (66.8%)
62. About how many times has your baby been to a doctor or nurse for **routine well-baby check-ups**? Don't count the times you took your baby for care when he or she was sick or visits only for immunizations.
_____ Times **Go to Question 63**
1 or more routine well-baby visits (93.0%)
My baby hasn't been for routine well-baby care (7.0%) **Go to Question 64**

