
South Carolina



PRAMS

Pregnancy Risk Assessment Monitoring System

2004-2005 DATABOOK



Volume VII
Division of Biostatistics
Office of Public Health Statistics and Information Services
South Carolina Department of Health and Environmental Control

**South Carolina PRAMS
2004-2005 Databook**

Volume VII

May 2007

**Surveillance Report on Maternal Health
and Experiences during Pregnancy and the
Early Infancy Period**

**Division of Biostatistics
Office of Public Health Statistics and Information Services
South Carolina Department of Health and Environmental Control**

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- B. Technical Notes: Sampling and Computation of Analysis Weights

Foreword

The quantitative and qualitative collection, analysis, and use of maternal and child health data are fundamental to the development of an infrastructure to solve women and children's health problems at the state and local levels. Data analysis should be a central component of efforts to identify maternal and child health needs, to design appropriate program interventions, to manage and evaluate those interventions, and to monitor progress toward achieving the Healthy People 2010 Objectives (1).

The South Carolina Pregnancy Risk Assessment Monitoring System (SC PRAMS) Project plays a significant role in the SC Department of Health and Environmental Control's (DHEC) public health surveillance activities. The PRAMS Project monitors and disseminates information on maternal behavioral risk factors occurring during pregnancy and on a child's early infancy period related to birth outcomes. Thus, the SC PRAMS Project provides sound and reliable maternal and infant health data which can be used by health professionals for the planning and evaluation of perinatal health programs and for making policy decisions affecting the health of mothers and babies in South Carolina.

It is important to remember that information in this book is representative of all South Carolina mothers delivering live infants in South Carolina. Thus, generalizations can be made to this group only. Also, keep in mind that all survey information is based on self-reports from the women.

Acknowledgments

First and foremost, the SC PRAMS project staff is grateful to those South Carolina mothers who kindly took the time to complete the survey. Their invaluable information, which is summarized herein, provides a greater understanding of the health of mothers and infants in South Carolina.

For the technical support and assistance in this report, the SC PRAMS Team is indebted to the CDC PRAMS Team in the Division of Reproductive Health, Centers for Disease Control and Prevention.

This report was completed by Mirela A. Dobre, MD, MPH, and Michael G. Smith, MSPH. Special appreciation for their guidance and support in this endeavor goes to James E. Ferguson, DrPH, Shae R. Sutton, PhD, and Guang Zhao, PhD.

Background & Project Description

I. Background

In 2004, South Carolina's infant mortality rate was 9.3 deaths per 1,000 live births. From 1989 to 2004, the overall infant mortality rate declined from 12.8 to 9.3. The race specific infant mortality rate for white babies was 6.4 deaths per 1,000 live births in 2004, while for black infants the rate was 14.7 deaths per 1,000 births in 2004. As compared to infants of white mothers, infants of minority mothers are more than twice as likely to die before they reach one year of age (2). Birthweight is a major determinant of infant death. Infants with a birthweight of less than 2,500 grams (LBW) are at increased risk of death and future chronic disabilities. A comprehensive report on the prevention of low birthweight calls for a better understanding of the behavioral, social, and health service utilization factors that may contribute to the health disparities among minority women and women of lower socioeconomic status (3).

II. Project Description

The SC PRAMS Project, conducted by the Office of Public Health Statistics and Information Services, Division of Biostatistics, was established in 1991 through a collaborative agreement between the Centers for Disease Control and Prevention (CDC) and the South Carolina Department of Health and Environmental Control (SC DHEC). The SC PRAMS Project was designed to collect, monitor, analyze, and disseminate information on a wide variety of maternal behaviors and health experiences that may be associated with different birth outcomes.

Approximately 2,300 South Carolina mothers delivering live infants in the state are sampled from the birth registry and surveyed each year. *Self-reported* information is collected from mail and telephone surveys. The questionnaire consists of 77 structured and standardized questions (see Appendix A) and is designed to collect information on selected maternal behaviors and experiences during pregnancy and during the child's early infancy period. The mail survey is

sent to sampled mothers up to three times and phone follow-ups are attempted for non-respondents. Sample data is weighted to adjust for sampling probabilities, non-response and non-coverage (see Appendix B). A special statistical survey software, SUDAAN, is used to conduct analyses on each year of completed survey data.

Ongoing survey data collection was initiated in January, 1993. Thirteen years of survey data have been completed. The response rates have fluctuated between a low of 66% to a high of 75%, with an overall response rate for all years, 1993-2002, of 71.4%.

III. The PRAMS Staff and Collaborators

The SC PRAMS Project staff consists of the following individuals: James E. Ferguson, DrPH (PRAMS Project Director), Mirela A. Dobre, MD, MPH (PRAMS Project Coordinator) and Michael G. Smith, MSPH (PRAMS Operations Manager). The CDC PRAMS Team members have provided valuable technical assistance and consultation on all aspects of the SC PRAMS project. In addition, the SC PRAMS staff has collaborated with maternal and child health program directors throughout the agency (SC DHEC).

IV. Using this Databook

The SC PRAMS Databook is organized into twelve sections covering broad areas of maternal and infant health. In the first eleven sections, “fact sheets” precede each section with data highlights for that topic area. The twelfth section contains the PRAMS survey and technical notes. Selected PRAMS-based maternal and child health indicators have been compared to Healthy People 2010 Objectives for the nation. PRAMS data will be useful to health professionals in determining whether or not targeted health objectives are being met.

Prenatal Care Fact Sheet

Between the years of 1993-2005...

The percentage of women who entered prenatal care during the first trimester (weeks 1-12) increased from 69.6% to 80.2%.

In 2005, women with the following characteristics were less likely to enter prenatal care during the first trimester of pregnancy:

- black
- less than 18 years of age
- less than a high school education
- unmarried
- on Medicaid

In 2005, women with the following characteristics were more likely to receive adequate prenatal care:

- white
- 35+ years of age
- married
- not on Medicaid
- had more than a high school education

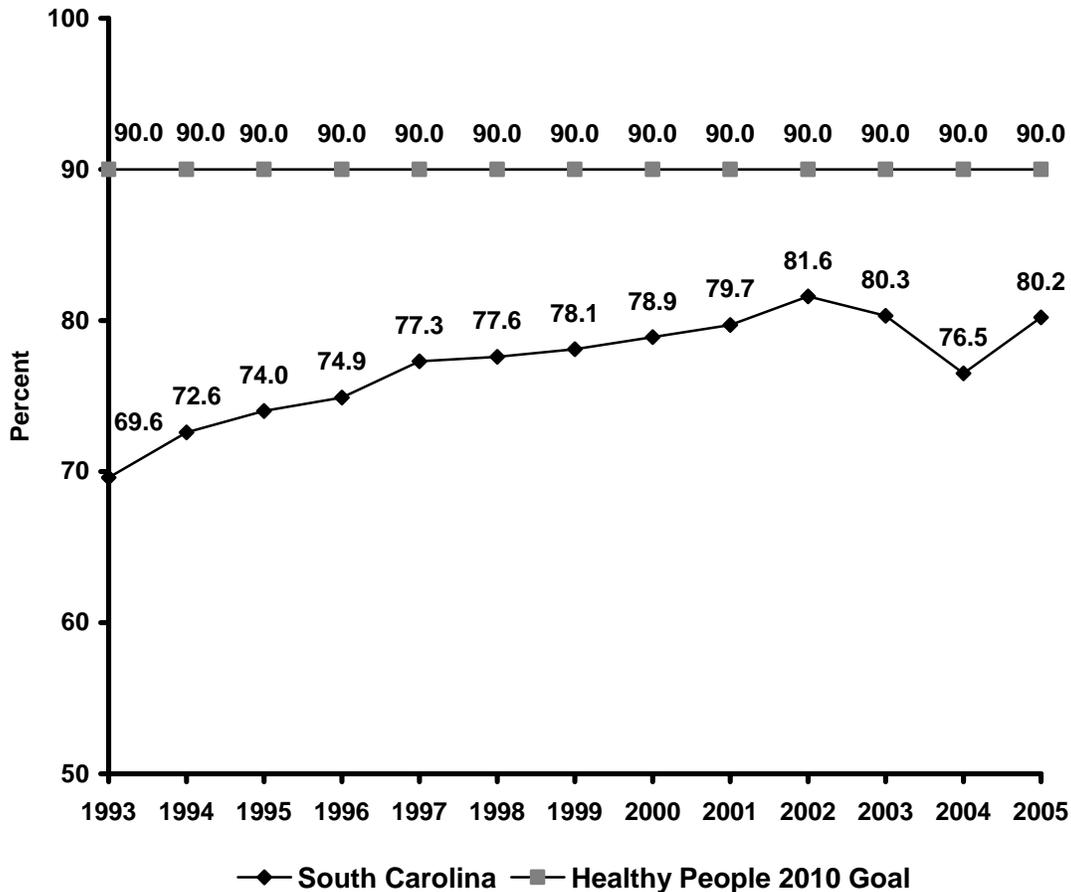
In 2005, 17% of women did not receive prenatal care as early as they wanted. However, 40.2% of those women actually entered care during the first trimester.

In 2005, among women with late prenatal care, the most common barriers to entering care as early as wanted were...

- she had not yet received her Medicaid card (22.4%)
- she didn't have enough money or insurance (20.9%)
- she did not want to disclose her pregnancy (20.8%)

Prenatal Care

**Proportion of Women Who Entered Prenatal Care
During the First Trimester*, 1993-2005**



*Note: First trimester is defined by PRAMS as weeks 1-12 of the pregnancy; therefore, this percentage is not comparable to the Healthy People 2010 Goal, which includes the 13th week in its definition of first trimester. If the 13th week is included, according to PRAMS data, SC is slightly below the Healthy People 2010 goal (90%). In 2005, 87.9% of SC women received care in the first 13 weeks of pregnancy.

The proportion of women entering prenatal care during the first trimester increased from 70% in 1993 to over 80% in 2005.

Prenatal Care

Characteristics of Women Entering Prenatal Care During the First Trimester, 2003-2005

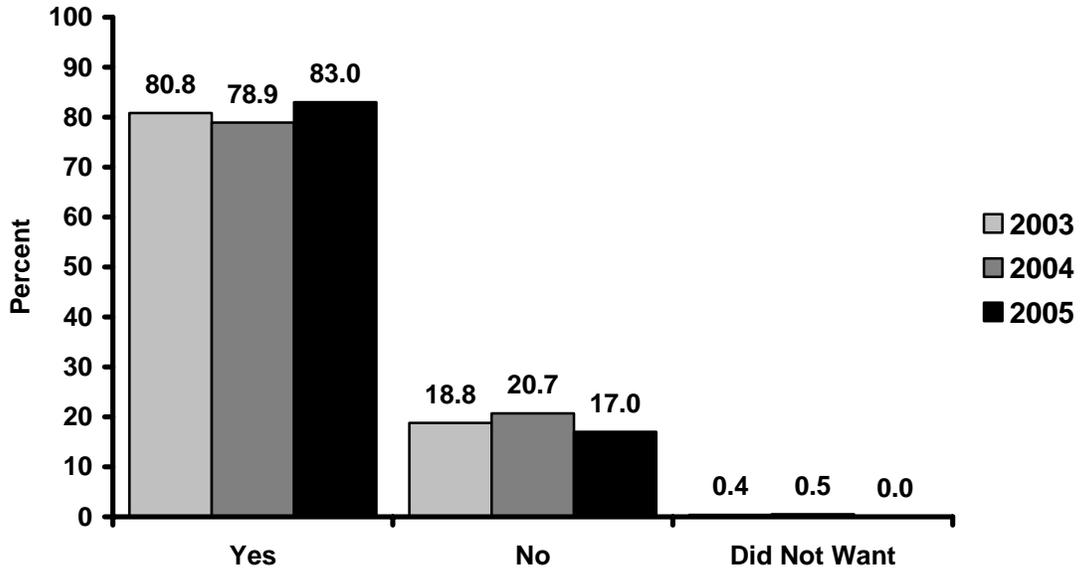
Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	80.3 (1.7)	76.5 (1.9)	80.2 (1.7)
Race			
Black	68.8(3.5)	64.7 (3.9)	70.9 (3.4)
White	85.8 (1.9)	85.5 (2.0)	88.0 (1.8)
Age			
Less than 18	48.8 (9.7)	53.5 (11.3)	48.6 (10.1)
18-24	70.2 (3.3)	63.2 (3.6)	76.0 (2.9)
25-34	91.1 (1.7)	86.0 (2.2)	85.6 (2.2)
35-55	83.6 (5.0)	86.5 (4.5)	88.8 (3.8)
Education			
Less than High School	56.3 (4.9)	59.2 (4.9)	66.4 (4.2)
High School	82.6 (2.8)	67.1 (4.2)	76.4 (3.8)
More than High School	89.9 (1.9)	87.5 (2.0)	89.2 (1.7)
Marital status			
Married	90.6 (1.6)	86.5 (2.0)	88.3 (1.8)
Other	64.6 (3.3)	62.7 (3.4)	69.7 (3.0)
Medicaid status			
Yes	68.3 (2.8)	66.1 (2.9)	71.7 (2.5)
No	94.5 (1.4)	89.1 (2.1)	93.4 (1.7)
Birthweight**			
LBW (<2500 g)	74.8 (1.7)	75.5 (1.8)	78.0 (1.7)
NBW (2500+ g)	80.9 (1.9)	76.6 (2.1)	80.5 (1.9)

* Standard Error

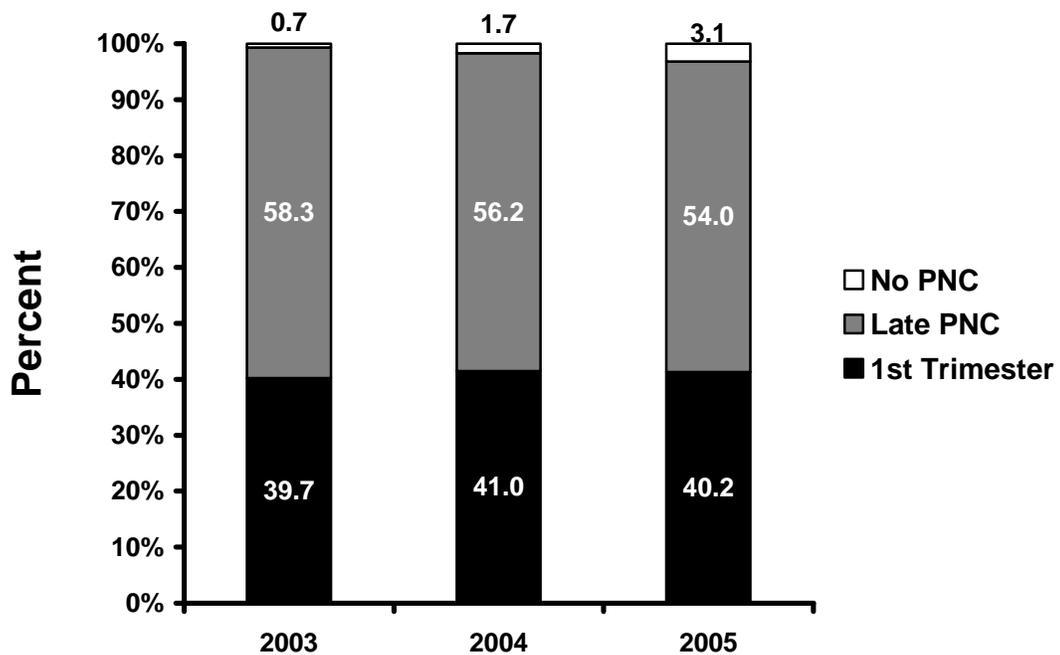
** Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Prenatal Care

Proportion of Women Who Entered Prenatal Care as Early as Wanted, 2003-2005

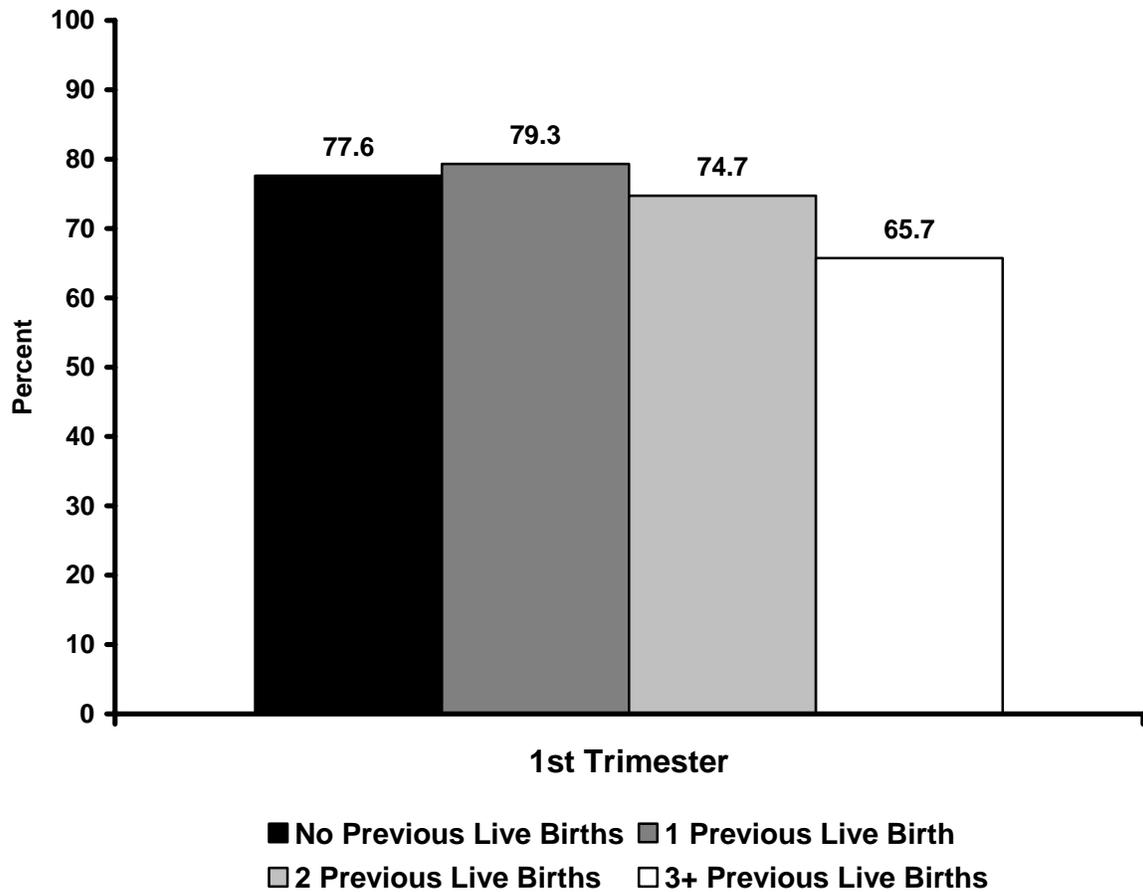


First Trimester Care for Women Who Did Not Receive Prenatal Care as Early as They Wanted, 2003-2005



Prenatal Care

Prenatal Care Entry: Differences by Parity, 1993-2005*

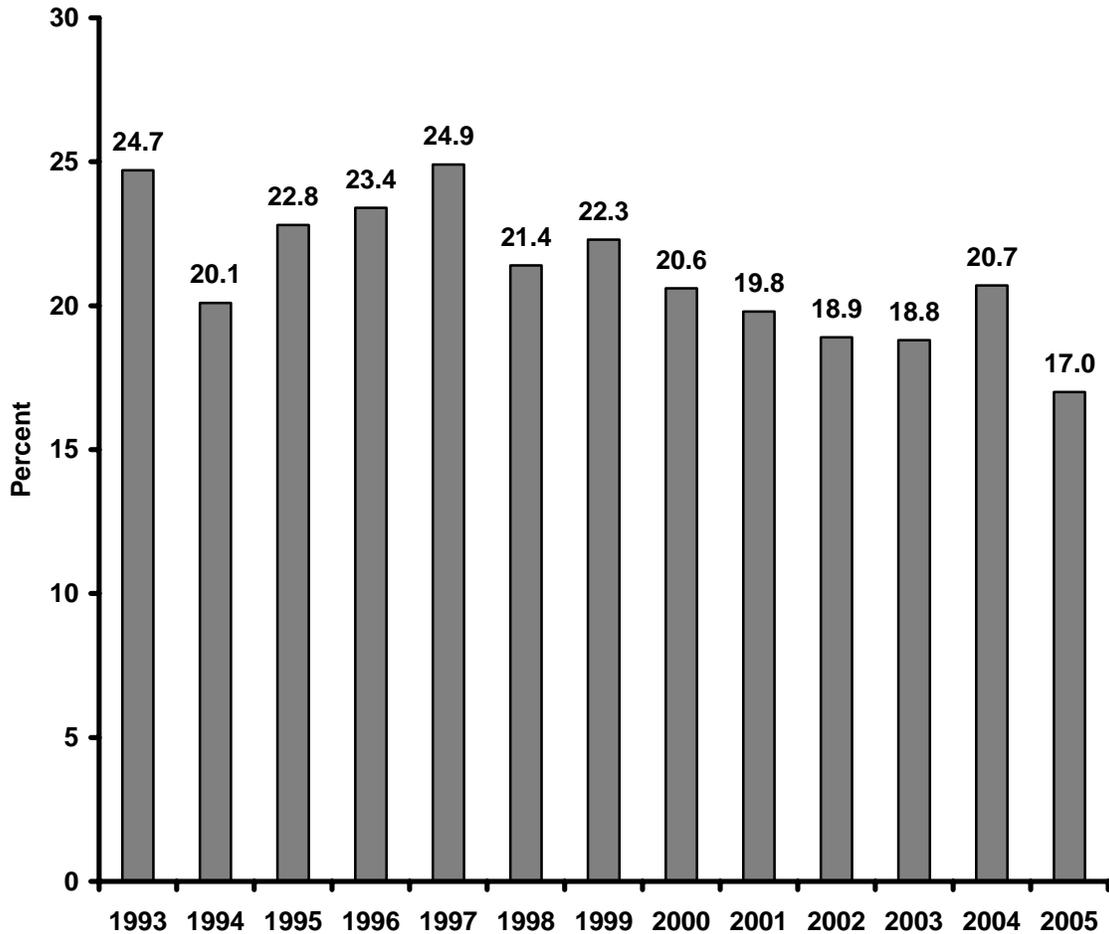


* Average percentages for 1993-2005.

Between the years of 1993-2005, women with 3 or more previous live births were less likely to enter care before the end of the first trimester compared to women with fewer or no previous live births.

Prenatal Care

Proportion of Women Who Did Not Enter Prenatal Care as Early as They Wanted*, 1993-2005



* Seventeen percent of women in 2005 said they did not receive prenatal care as early in their pregnancy as wanted. However, over 41% of those women actually entered care during the first trimester.

Between the years of 1993-2005 an average of 21.2% of women were unable to receive prenatal care as early as they wanted.

Prenatal Care

Characteristics of Women Who Did Not Enter Prenatal Care as Early as They Wanted, 2003-2005

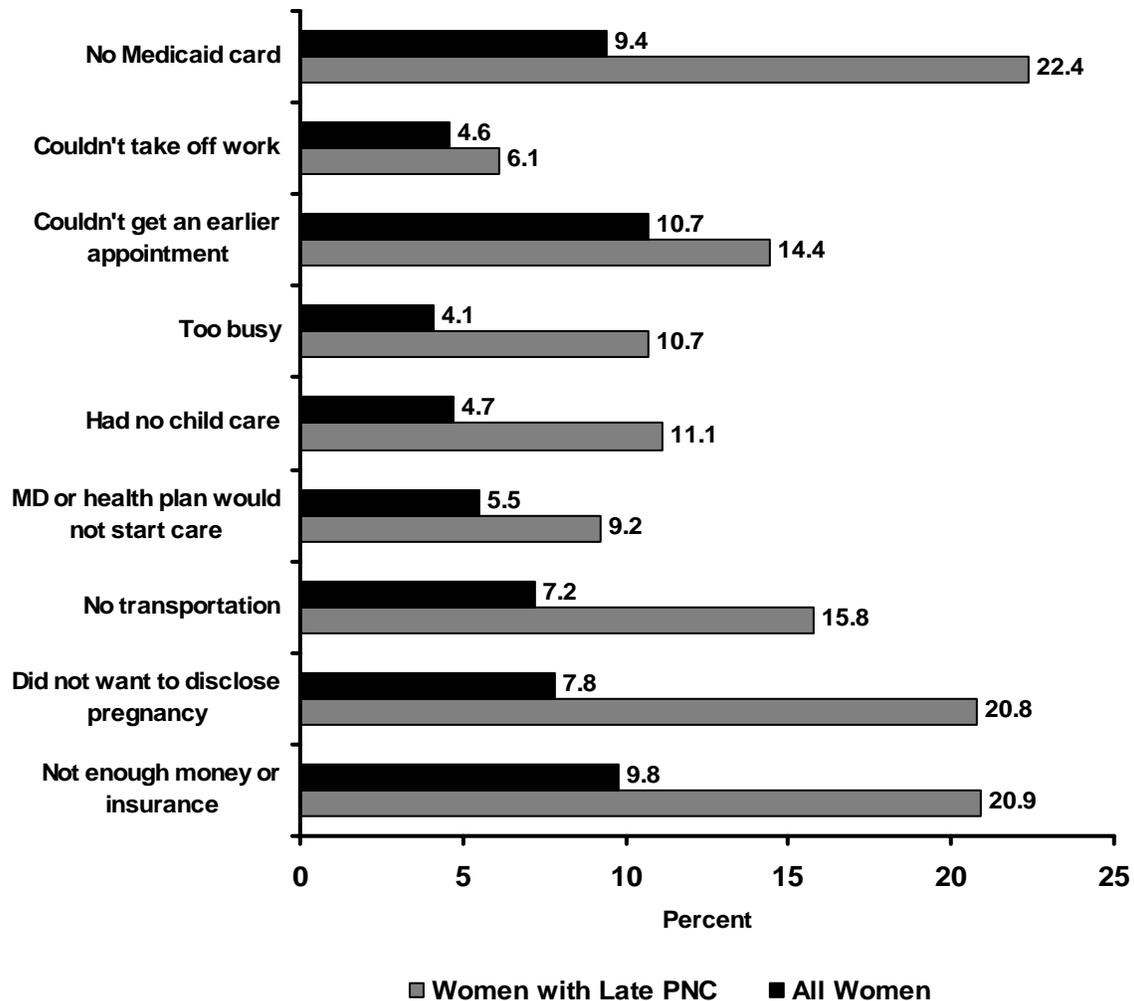
Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	18.8 (1.7)	20.7 (1.8)	17.0 (1.6)
Race			
Black	28.9 (3.5)	26.9 (3.6)	22.5 (3.0)
White	14.4 (1.8)	17.3 (2.1)	13.9 (1.9)
Age			
Less than 18	46.3 (9.7)	36.4 (10.6)	30.7 (9.5)
18-24	27.5 (3.1)	33.1 (3.5)	20.9 (2.7)
25-34	10.3 (1.8)	11.7 (2.0)	12.0 (2.0)
35-55	12.0 (4.3)	12.8 (4.2)	16.2 (4.6)
Education			
Less than High School	33.6 (4.5)	29.7 (4.5)	20.1 (3.5)
High School	17.2 (2.8)	26.9 (3.9)	20.9 (3.5)
More than High School	12.9 (2.1)	14.3 (2.0)	13.6 (1.9)
Marital status			
Married	11.8 (1.8)	11.4 (1.8)	12.4 (1.8)
Other	29.6 (3.1)	33.3 (3.3)	23.0 (2.7)
Medicaid status			
Yes	27.3 (2.6)	29.7 (2.7)	22.6 (2.2)
No	8.7 (1.7)	9.6 (1.9)	8.4 (1.8)
Birthweight**			
LBW (<2500 g)	24.5 (1.7)	25.0 (1.7)	20.8 (1.6)
NBW (2500+ g)	18.3 (1.8)	20.2 (1.9)	16.6 (1.7)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Prenatal Care

Barriers to Entering Prenatal Care as Early as Wanted*, 2004-2005



*Note: This chart represents women who stated that they did not enter prenatal care as early as they wanted, which is 18.8% of the sample for 2004-2005. Some women reported that they did not get care as early as they wanted, but still managed to receive care before the end of the first trimester. Women who did not receive care as early as they wanted and also ended up receiving late prenatal care represent just 10.6% of the total sample for 2004-2005.

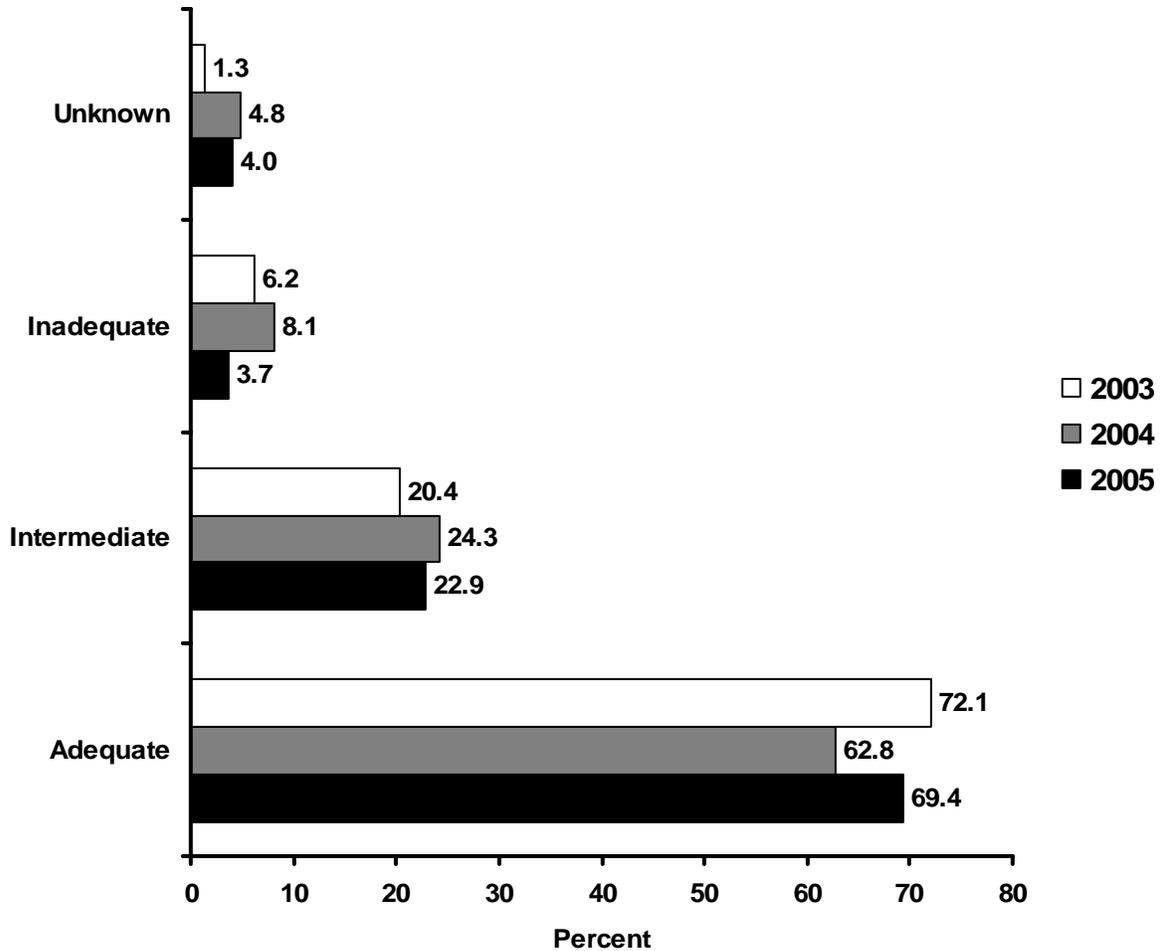
Top three barriers to all women receiving prenatal care as early as wanted in 2004-2005 were...

- There was no earlier appointment available
- Women did not have enough money or insurance to pay for the visits
- Women had not yet received their Medicaid card.

The proportion of women, not receiving first trimester care, who reported that they could not get an earlier appointment has increased from 12.8% in 1996 to 14.4% in 2004-2005.

Prenatal Care

Adequacy of Prenatal Care by Kessner Index Standards*, 2003-2005



*Kessner Index defines prenatal care as adequate, intermediate, or inadequate. These categories are based on gestational age, month of first prenatal care visit, and total number of prenatal care visits. Total number of prenatal care visits was taken from question 16 of the PRAMS survey. Gestational age and month prenatal care began were taken from the birth certificate file.

Less than 4% of women received inadequate prenatal care in 2005.

Women more likely to receive inadequate prenatal care were...

- black
- on Medicaid
- less than 18 years of age
- unmarried
- and had less than a high school education.

Prenatal Care

Distribution of Adequacy of Prenatal Care by Maternal Characteristics, 2004 - 2005

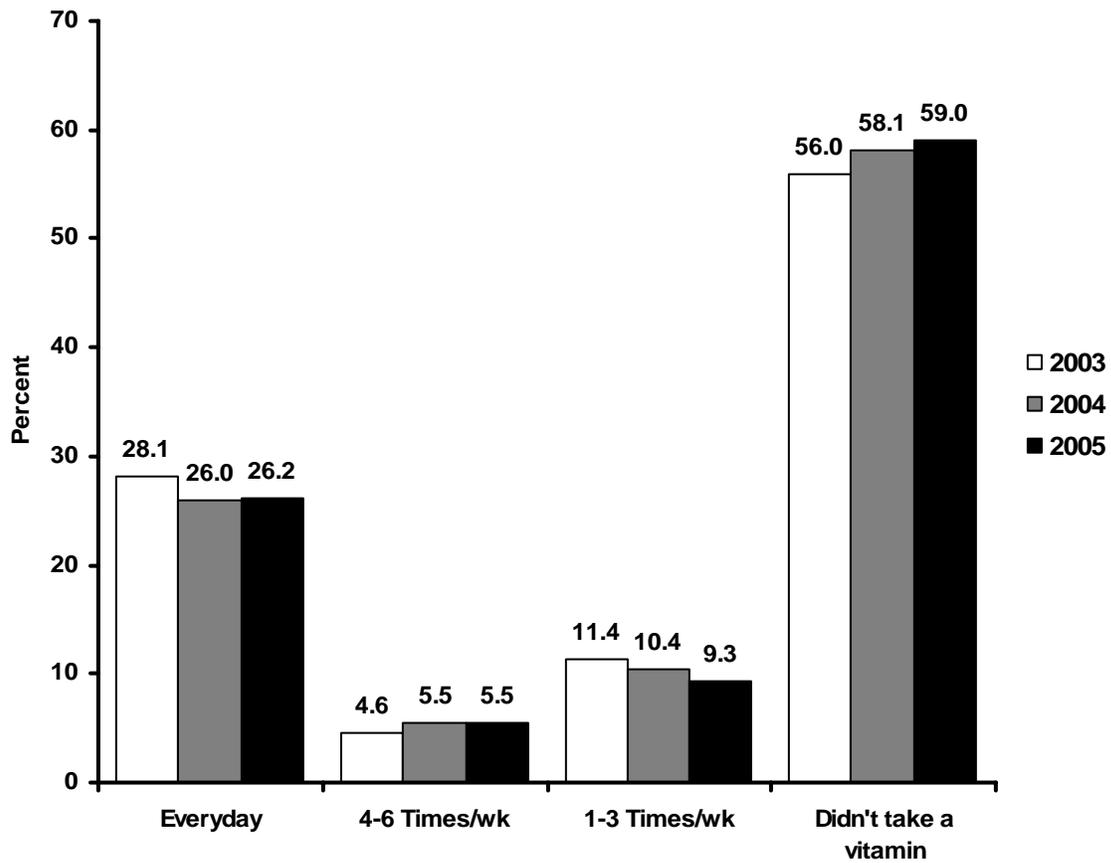
Maternal Characteristics	Adequate percent (s.e.)*	Intermediate percent (s.e.)*	Inadequate percent (s.e.)*
Total	69.2 (1.4)	24.7 (1.3)	6.2 (0.7)
Race			
Black	58.5 (2.7)	35.4 (2.6)	6.0 (1.2)
White	77.0 (1.7)	17.8 (1.5)	5.2 (0.9)
Age			
Less than 18	36.8 (7.2)	49.9 (7.6)	13.3 (5.1)
18-24	62.7 (2.4)	30.1 (2.3)	7.3 (1.3)
25-34	75.3 (1.9)	19.2 (1.8)	5.5 (1.1)
35-55	79.8 (3.7)	18.1 (3.6)	2.1 (1.1)
Education			
Less than HS	51.5 (3.3)	37.8 (3.2)	10.7 (2.0)
High School	65.9 (3.0)	28.2 (2.9)	5.9 (1.4)
More than HS	78.8 (1.7)	17.0 (1.6)	4.2 (0.9)
Marital status			
Married	78.5 (1.7)	17.7 (1.5)	3.8 (0.8)
Other	57.0 (2.3)	33.8 (2.3)	9.3 (1.3)
Medicaid status			
Yes	61.4 (2.0)	31.3 (1.9)	7.3 (1.0)
No	79.9 (1.9)	15.5 (1.7)	4.6 (1.0)
Birthweight**			
LBW (<2500 g)	62.5 (1.4)	26.9 (1.3)	10.5 (0.9)
NBW (2500+ g)	69.9 (1.6)	24.4 (1.5)	5.7 (0.8)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Prenatal Care

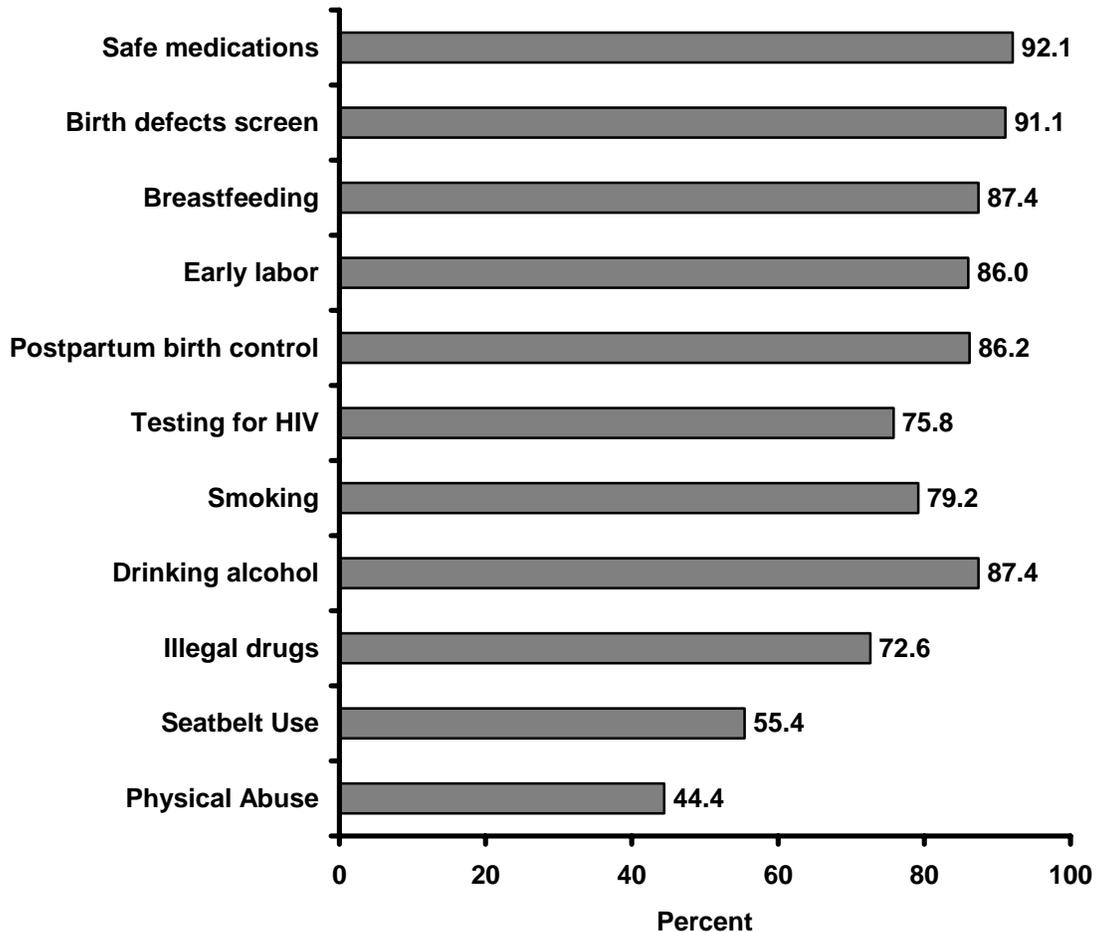
Multivitamin Use Prior to Becoming Pregnant, 2003-2005



The proportion of women who took a multivitamin every day prior to becoming pregnant has decreased from 28.1% in 2003 to 26.2% in 2005.

Prenatal Care

Percent of Women Receiving Information on Important Topics during Prenatal Care Visits, 2004-2005



The top four topics women received information on during prenatal care visits in 2004-2005:
Medications which are safe to take during pregnancy
Doing tests to screen for Birth Defects or diseases that run in the family
Breastfeeding
How drinking alcohol during pregnancy could affect the baby

In 2004-2005, only 44.4% of women received information on physical abuse, and 55.4% of the women received information from their health care provider about using a seatbelt during pregnancy.

Family Planning Fact Sheet

Between the years of 1993-2005...

The percentage of women with unintended pregnancies ranged from a high of 51.0% in 1996 to a low of 44.4% in 1999.

The percentage of unwanted pregnancies steadily decreased to a low of 10.5% in 2002 before rising again to 12.6% in 2005.

The percentage of women NOT using a contraceptive method postpartum decreased from 16.5% in 1999 to 9.9% in 2005.

During 2004 -2005...

Among women who experienced unintended pregnancies,

41.9% of women were not using contraception;

58.1% reported that their contraceptive method failed.

From 2003 to 2005...

There was a slight decrease in the percentage of women entering prenatal care during the first trimester among women with mistimed pregnancies and an increase in the percentage among women with unwanted pregnancies.

Women who were...

black

less than 18 years of age

unmarried

on Medicaid and

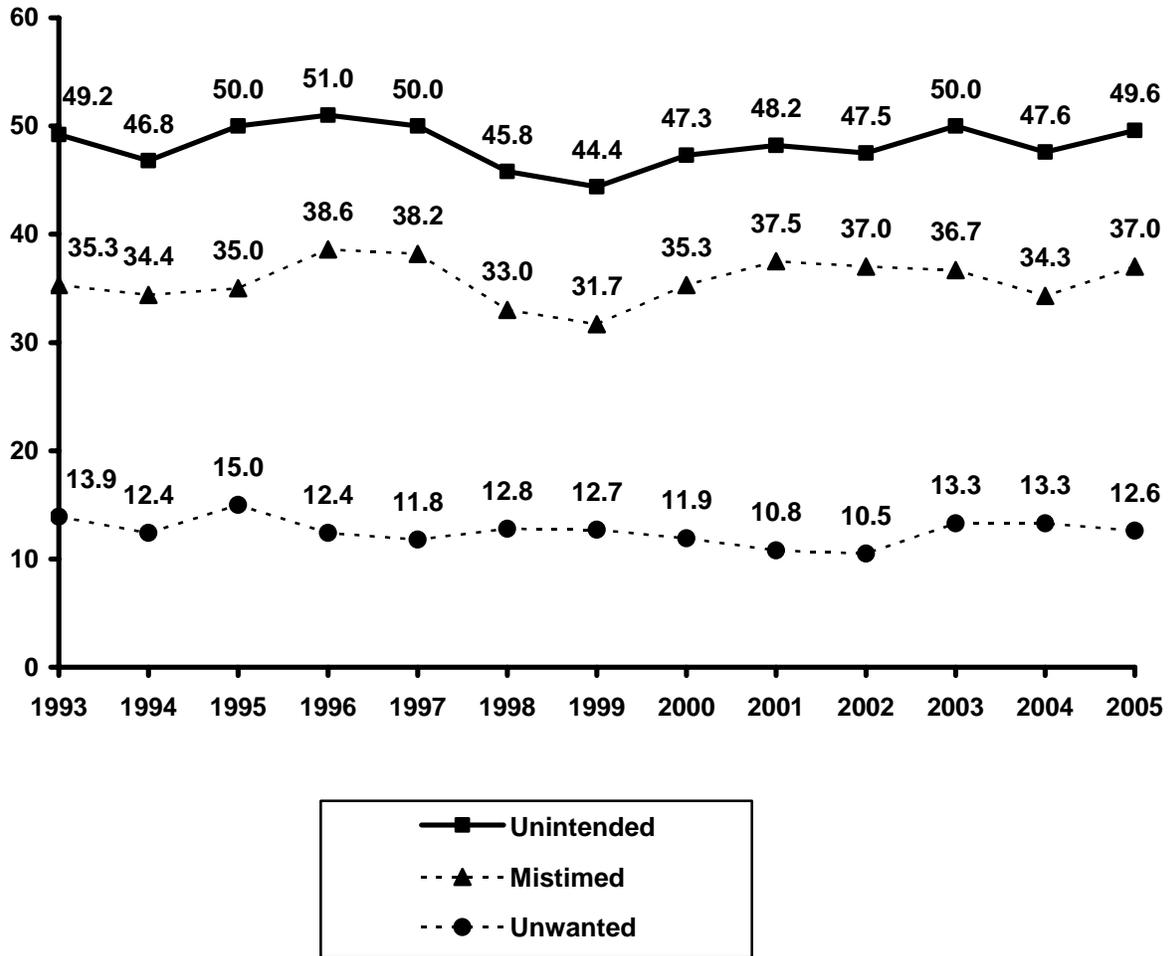
had less than a high school education

were more likely to experience unintended pregnancies than women without these characteristics.

We are far from reaching the Healthy People 2010 goals of reducing the percentage of unintended pregnancies to 30% of all pregnancies (49.6% in 2005), and 40% of all pregnancies in black women (67.6% in 2005).

Family Planning - Pregnancy Intention

Percent of Unintended Pregnancies*, 1993-2005



*An unintended pregnancy is defined as a pregnancy that is either mistimed (wanted at a later time) or unwanted.

From 1999 to 2005, the percentage of unintended pregnancies increased from 44.4% to 49.6%. The percent of unwanted pregnancies decreased from 12.7% in 1999 down to 10.5% in 2002, but has since risen to 12.6% in 2005.

Family Planning - Pregnancy Intention

Unintended Pregnancies by Maternal Characteristics, 2003-2005

Maternal Characteristics	2003 Percent (s.e.)*	2004 Percent (s.e.)*	2005 Percent (s.e.)*
Total	50.0 (2.1)	47.6 (2.1)	49.6 (2.1)
Race			
Black	68.7 (3.5)	66.6 (3.7)	67.6 (3.3)
White	41.1 (2.6)	37.6 (2.6)	39.0 (2.7)
Age			
Less than 18	89.1 (6.0)	85.5 (7.7)	90.4 (5.2)
18-19	83.2 (5.5)	77.3 (6.3)	75.1 (6.4)
20-24	68.1 (3.7)	65.9 (3.9)	63.2 (3.6)
25-29	34.3 (3.8)	38.8 (4.1)	35.5 (4.0)
30-34	30.4 (4.5)	24.5 (3.8)	36.5 (4.5)
35+	28.2 (6.0)	30.2 (5.8)	26.3 (5.5)
Education			
Less than High School	68.9 (4.5)	61.1 (4.9)	69.6 (4.0)
High School	59.2 (3.7)	60.8 (4.2)	50.9 (4.4)
More than High School	34.1 (2.9)	36.4 (2.8)	38.9 (2.7)
Marital status			
Married	33.0 (2.6)	27.1 (2.5)	34.0 (2.6)
Other	75.9 (2.9)	77.6 (2.9)	69.8 (2.9)
Medicaid status			
Yes	70.0 (2.7)	66.0 (2.8)	62.3 (2.6)
No	26.2 (2.8)	25.2 (2.7)	30.1 (3.0)
Prenatal Care			
Inadequate	72.8 (7.4)	64.5 (7.6)	68.6 (9.4)
Intermediate	61.5 (4.5)	64.3 (4.4)	63.0 (4.2)
Adequate	44.9 (2.5)	38.9 (2.6)	44.3 (2.5)
Birthweight**			
VLBW (<1500)	51.8 (1.2)	48.6 (1.1)	48.5 (1.2)
MLBW (1500-2499 g)	55.1 (2.4)	54.1 (2.4)	53.6 (2.4)
NBW (2500+ g)	49.5 (2.3)	47.0 (2.4)	49.3 (2.3)

* Standard error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Family Planning - Pregnancy Intention

Contraceptive Behavior among Women with Unintended Pregnancies, 2004-2005

Maternal Characteristics	Non-use** Percent (s.e.)*	Failed Use** Percent (s.e.)*
Total	41.9 (2.2)	58.1 (2.2)
Race		
Black	43.9 (3.4)	56.1 (3.4)
White	39.7 (3.3)	60.3 (3.3)
Age		
Less than 18	43.2 (8.3)	56.8 (8.3)
18-24	44.6 (3.1)	55.4 (3.1)
25-34	37.8 (3.9)	62.2 (3.9)
35+	36.7 (8.4)	63.3 (8.4)
Education		
Less than HS	47.0 (4.3)	53.0 (4.3)
High School	48.7 (4.3)	51.3 (4.3)
More than HS	33.1 (3.2)	66.9 (3.2)
Marital status		
Married	35.5 (3.6)	64.5 (3.6)
Other	45.2 (2.8)	54.8 (2.8)
Medicaid status		
Yes	44.6 (2.6)	55.4 (2.6)
No	32.7 (4.3)	67.3 (4.3)

* Standard Error

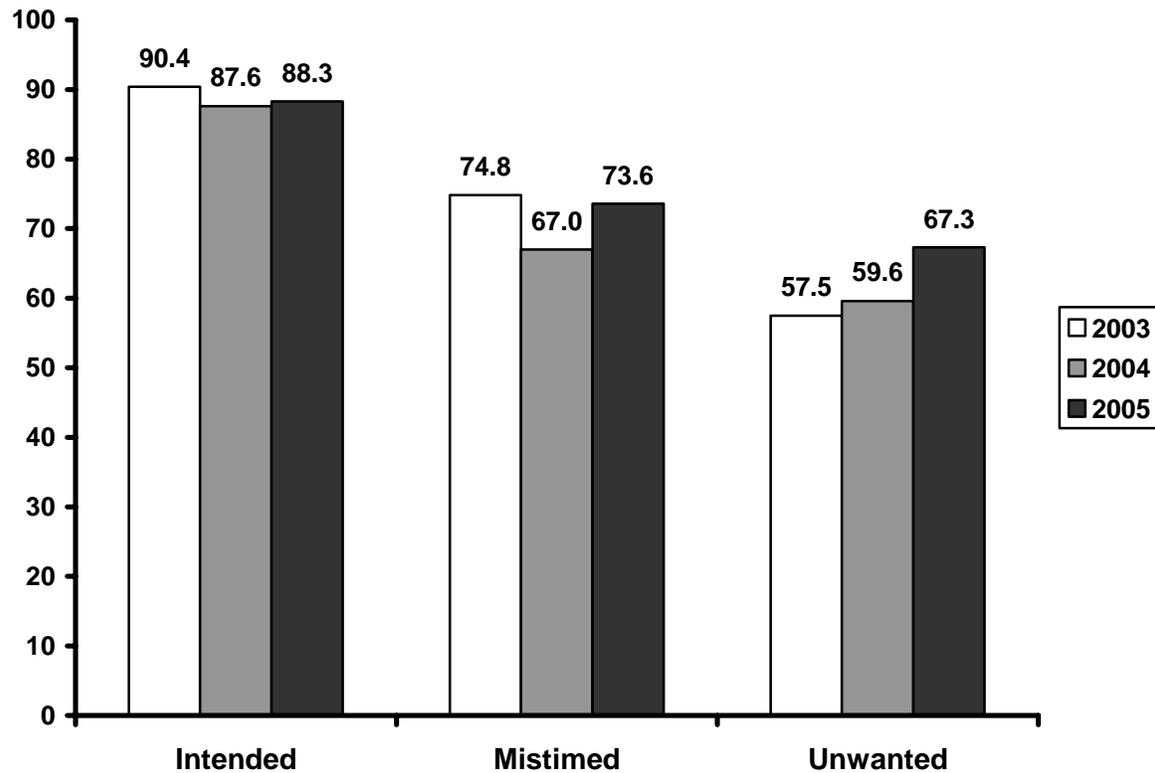
**Definitions:

Failed Use: Woman was using contraception when she got pregnant.

Non-use: Woman was not using contraception when she got pregnant.

Family Planning - Pregnancy Intention

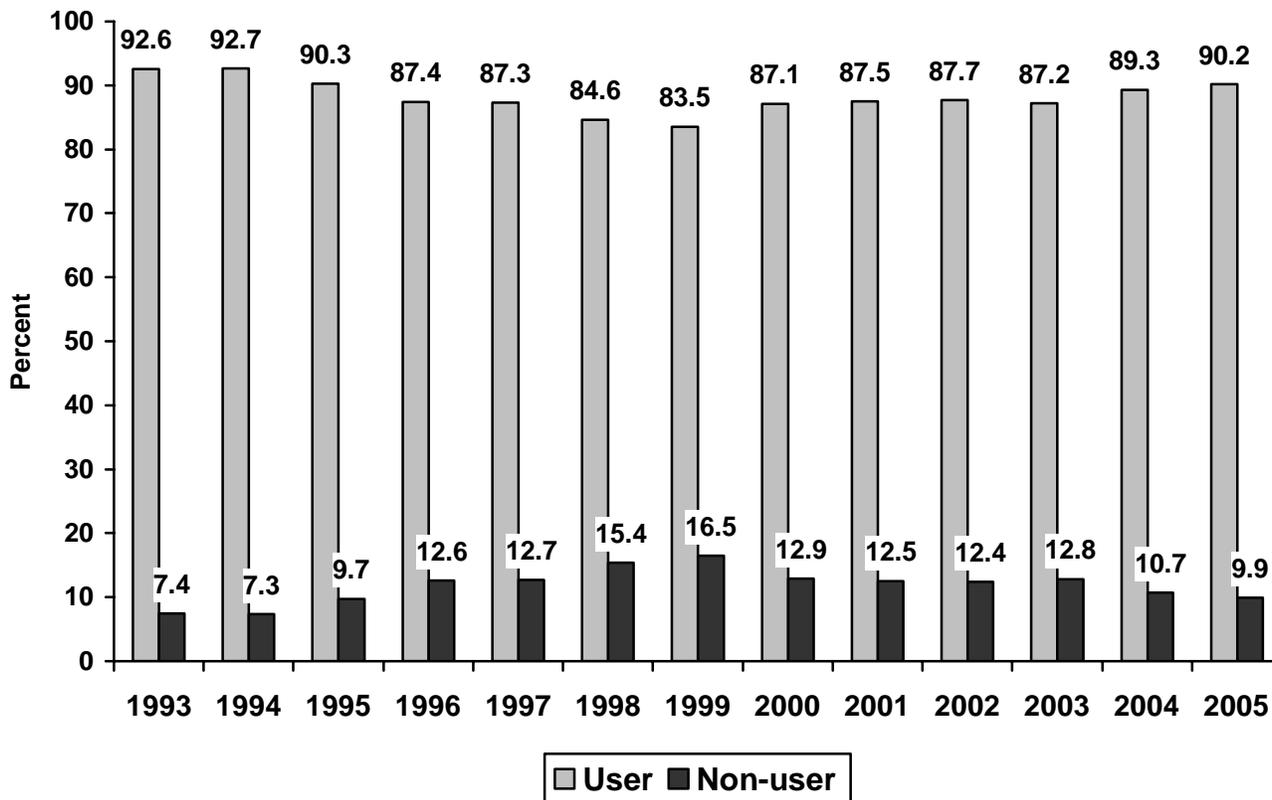
**Percentage of Women Who Entered Prenatal Care in the First Trimester
(weeks 1-12) by Pregnancy Intention: 2003-2005**



Between 2003-2005, about 87.6% to 90.4% of women who wanted their pregnancies to occur then or sooner received prenatal care during the first trimester compared to women with unintended pregnancies.

Family Planning - Postpartum Contraception

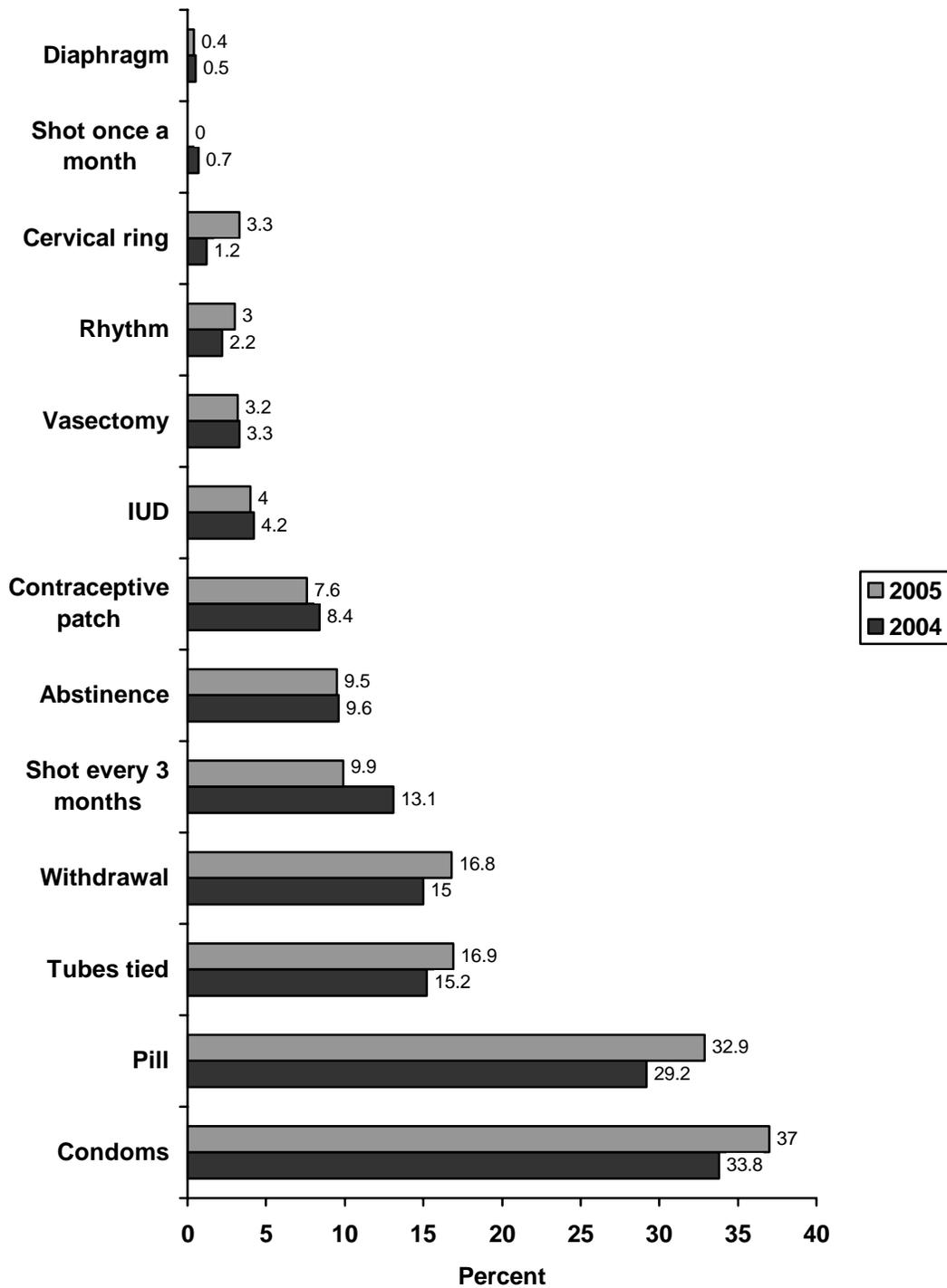
Postpartum Birth Control, 1993-2005



The proportion of women not using contraception after delivery increased from a low of 7.4% in 1993 to a high of 16.5% in 1999, and declined at 9.9% in 2005.

Family Planning - Postpartum Contraception

Postpartum Birth Control Methods*, 2004-2005



*Contraceptive methods are not mutually exclusive.

Smoking Fact Sheet

Between the years of 1993-2005...

The percentage of women smoking during the last trimester of pregnancy fell from 15.9% in 1993 to 12.1% in 1999, but has risen steadily since to 14.9% in 2005.

The percentage of women who quit smoking during pregnancy decreased from 54.0% in 1999 to 42.8% in 2005.

The percentage of women who quit smoking during pregnancy and remained as nonsmokers after the baby was born has decreased from a high of just over 27% in 2002 to 16.8% in 2005.

Between the years of 2000 and 2005...

The percentage of women who smoked during the last trimester increased overall, but decreased among black mothers, mothers who were less than 18 years of age, and mothers who gave birth to low birth weight babies.

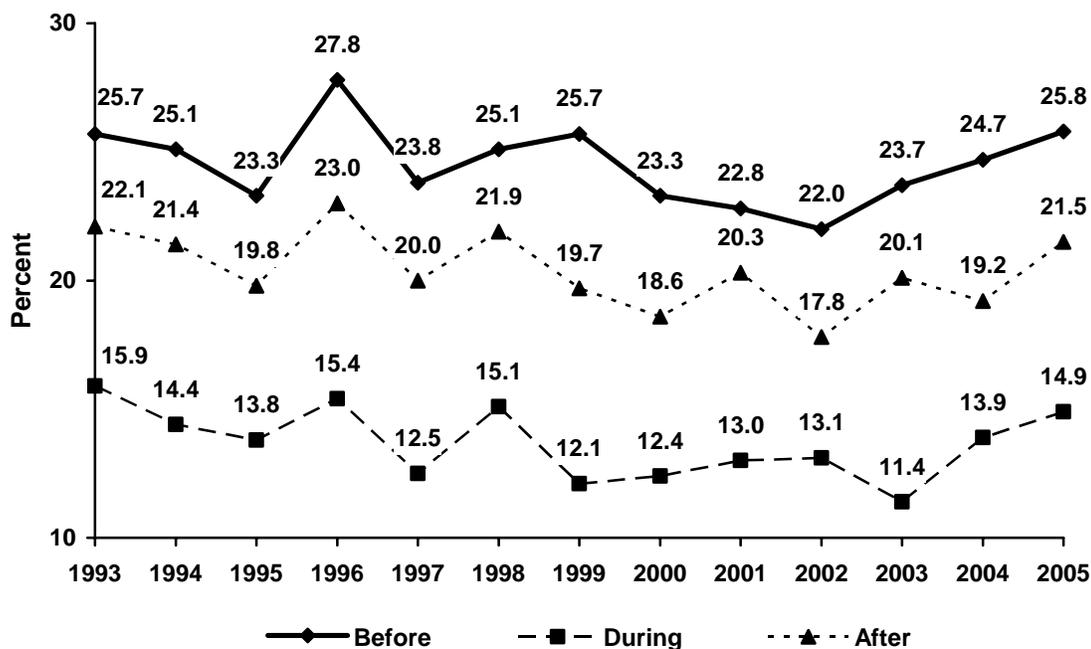
In 2005, women who reported smoking during the last trimester of pregnancy were more likely to...

- be white
- be 18-24 years of age
- be on Medicaid
- have less than a high school education and
- have a low birth weight infant.

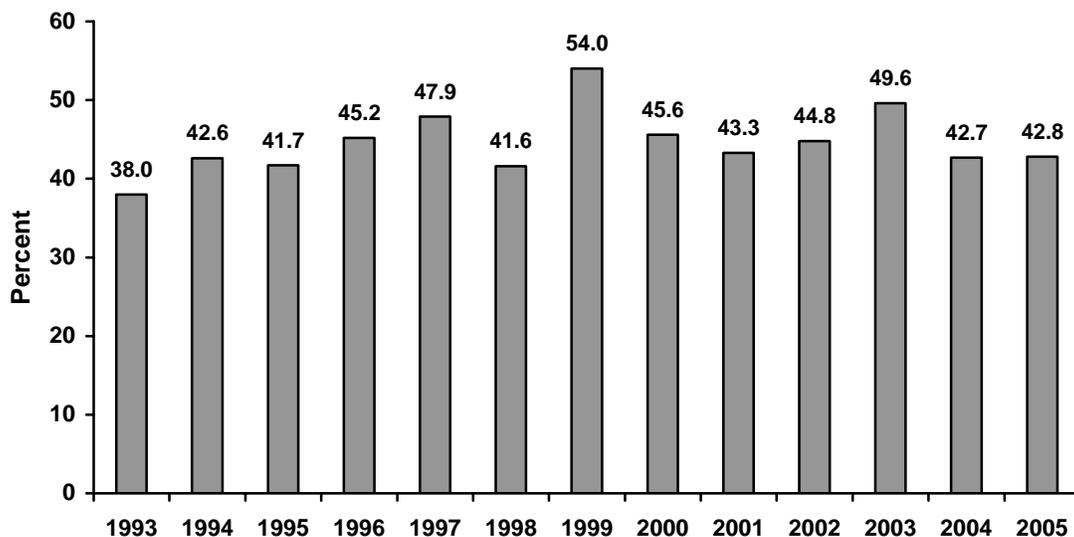
We have not yet reached the Healthy People 2010 goal to increase abstinence from tobacco by pregnant women to 99%. In 2005, just over 85% abstained from smoking during pregnancy.

Cigarette Use

Proportion of Women Who Smoked Cigarettes 3 Months Before Pregnancy, During the Last Trimester, and During the 3-6 Months After Delivery, 1993-2005



Proportion of Smokers Who Quit While Pregnant, 1993-2005



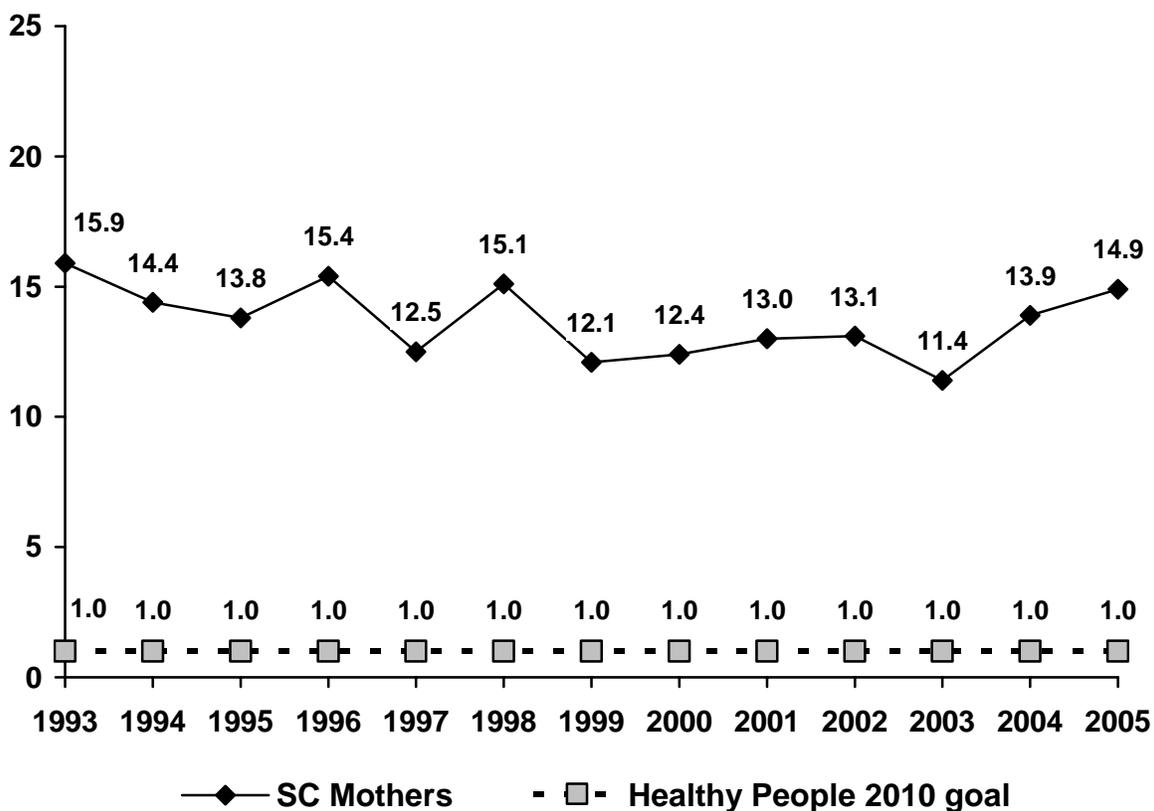
**Characteristics of Women Who Smoked Cigarettes During the
Three Months Before Pregnancy, 2003-2005**

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	23.7 (1.9)	24.7 (1.8)	25.8 (1.8)
Race			
Black	12.8 (2.6)	12.7 (2.6)	10.7 (2.2)
White	29.4 (2.4)	32.8 (2.5)	37.7 (2.7)
Age			
Less than 18	27.1 (9.0)	23.9 (9.5)	12.0 (6.4)
18-24	31.4 (3.3)	32.0 (3.4)	34.5 (3.2)
25-34	18.5 (2.5)	21.3 (2.4)	22.0 (2.6)
35-55	16.5 (5.0)	15.5 (4.7)	12.8 (4.0)
Education			
Less than High School	37.9 (4.9)	36.3 (4.7)	32.7 (4.1)
High School	29.2 (3.5)	25.8 (3.6)	36.2 (4.2)
More than High School	13.5 (2.1)	19.7 (2.3)	17.2 (2.1)
Marital status			
Married	21.1 (2.3)	20.1 (2.1)	22.3 (2.3)
Other	27.7 (3.1)	31.1 (3.2)	30.3 (3.0)
Medicaid			
Yes	30.7 (2.8)	30.8 (2.7)	31.3 (2.5)
No	15.7 (2.3)	17.4 (2.3)	17.3 (2.5)
Birthweight**			
LBW (<2500 g)	25.5 (1.8)	25.8 (1.7)	24.8 (1.7)
NBW (2500+ g)	23.5 (2.0)	24.6 (2.0)	25.9 (2.0)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Proportion of Mothers Who Smoked Cigarettes During the Last Trimester of Pregnancy, 1993-2005



The proportion of women who smoked during the last trimester has increased from 11.4% in 2003 to 14.9% in 2005.

In 2005, women who...

- were white
- had a less than high school education
- were 18-24 years of age
- were unmarried
- were on Medicaid and delivered a LBW baby

were more likely to smoke during the last trimester of pregnancy compared to women without these characteristics.

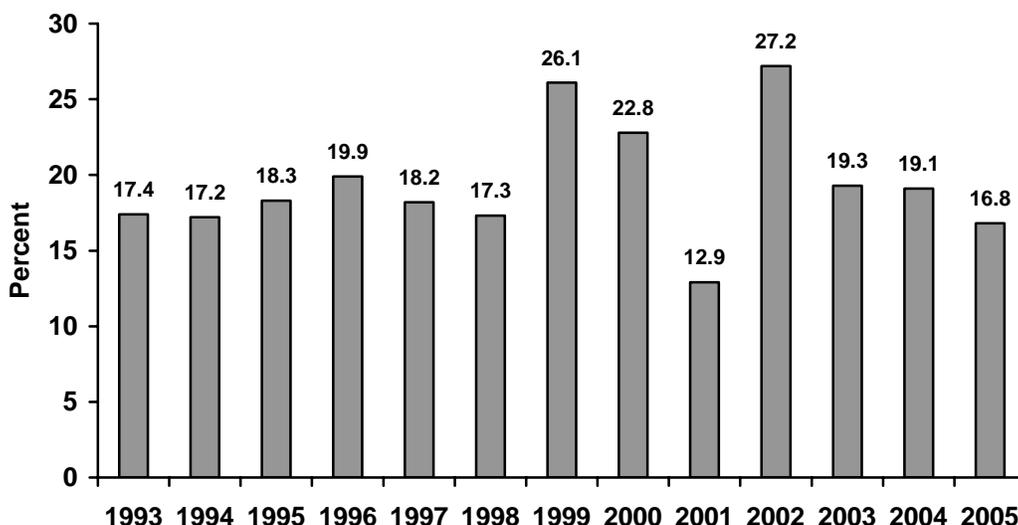
**Characteristics of Mothers Who Smoked Cigarettes
During the Last Trimester of Pregnancy, 2003-2005**

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	11.4 (1.4)	13.9 (1.5)	14.9 (1.5)
Race			
Black	7.5 (2.0)	6.8 (2.0)	5.4 (1.6)
White	13.6 (1.8)	18.9 (2.1)	22.4 (2.3)
Age			
Less than 18	11.0 (6.0)	1.6 (0.7)	10.2 (6.1)
18-24	16.3 (2.6)	18.8 (2.8)	20.7 (2.7)
25-34	7.6 (1.7)	11.9 (1.9)	11.8 (2.0)
35-55	10.9 (4.1)	11.2 (3.9)	7.1 (3.0)
Education			
Less than High School	23.5 (4.1)	24.3 (4.2)	24.7 (3.8)
High School	14.6 (2.6)	14.3 (2.8)	20.0 (3.5)
More than High School	3.7 (1.1)	9.6 (1.7)	7.6 (1.4)
Marital status			
Married	9.1 (1.6)	11.4 (1.7)	11.9 (1.8)
Other	15.0 (2.4)	17.4 (2.6)	18.8 (2.5)
Medicaid			
Yes	16.6 (2.2)	18.7 (2.3)	20.7 (2.2)
No	5.4 (1.5)	8.3 (1.7)	6.1 (1.5)
Birthweight**			
LBW (<2500 g)	17.2 (1.5)	16.3 (1.4)	15.7 (1.5)
NBW (2500+ g)	10.9 (1.5)	13.7 (1.6)	14.8 (1.6)

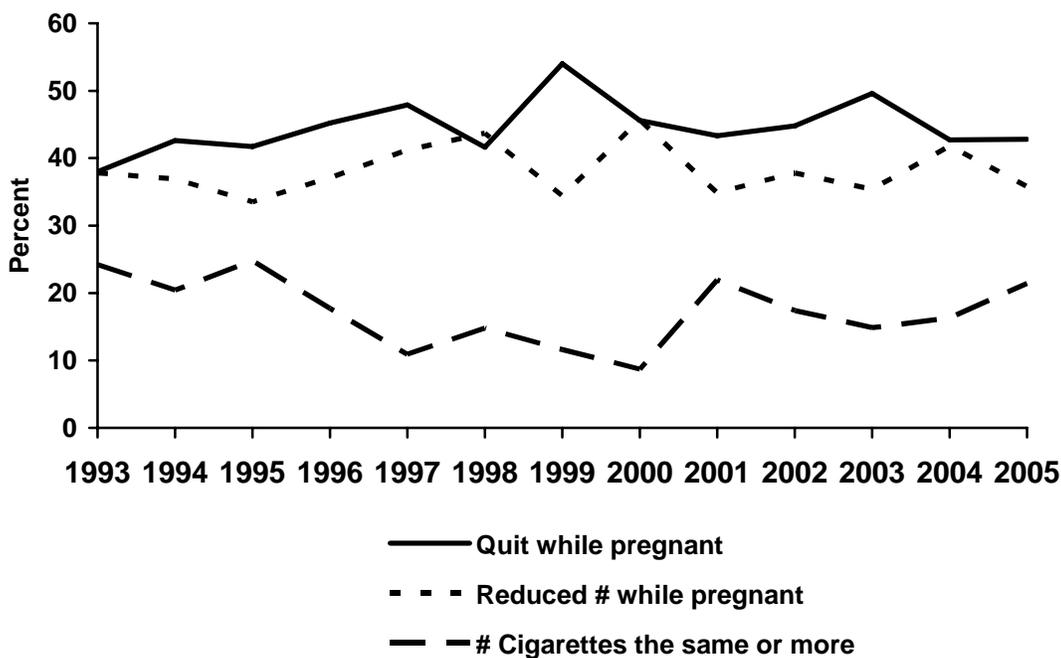
* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Proportion of Smokers Who Quit Smoking While Pregnant and Remained as Non-Smokers after Delivery, 1993-2005



Smoking Behavior During Pregnancy Among Women Who Were Smokers Before Pregnancy, 1993-2005



Alcohol Consumption Fact Sheet

Between the years of 1993-2005...

The percentage of women who reported drinking alcohol in the last trimester of pregnancy fell from a high of 6.3% in 1993 to a low of 3.2% in 2000, but has since risen to 5% in 2005. In 2004 the percent of SC mothers who drank during the last trimester rose to 6.2%, above the 2010 Healthy People goal of 6% for the first time since 1993, but dropped below the goal again in 2005.

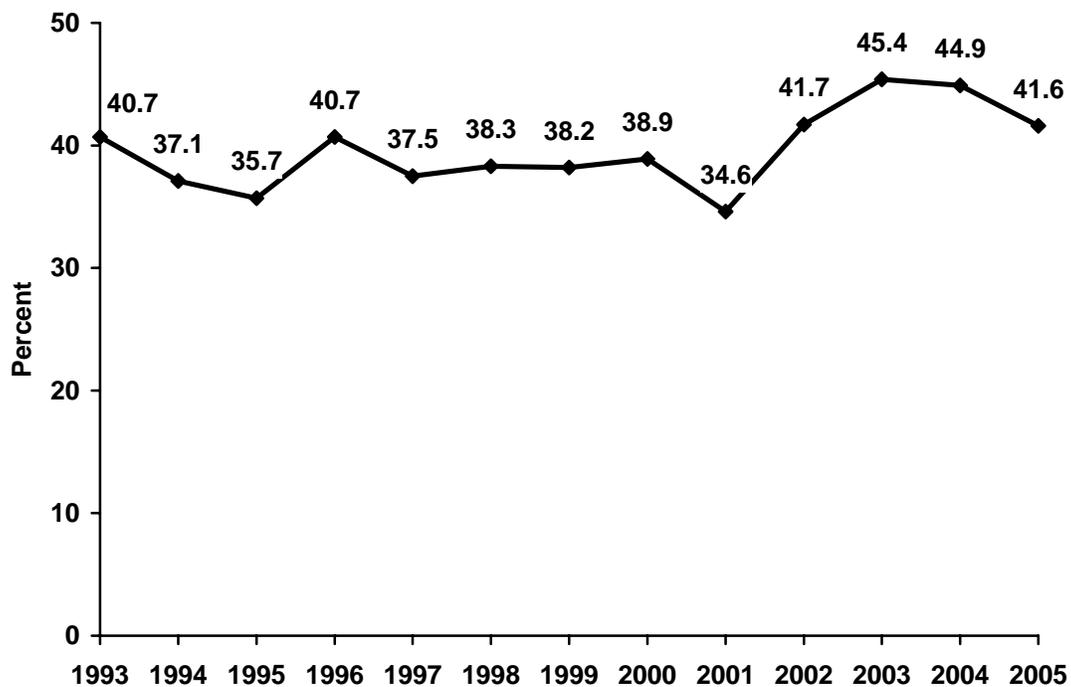
The percent of women drinking in the three months before pregnancy fluctuated, but has remained close to 40% since 1993.

In 2005, of the women who drank in the last three months of pregnancy, 95% drank fewer than 4 drinks per week.

In 2005, women who drank during the last trimester were more likely to be...
white
35-55 years of age
have greater than a high school education and
NOT on Medicaid.

Alcohol Consumption

Proportion of Women Who Drank During the Three Months Before Pregnancy, 1993-2005



Women who were...
white
18 years of age or older
married
had a greater than high school education and
not on Medicaid...
were more likely to report drinking during the three months prior to pregnancy.

Alcohol Consumption

Characteristics of Mothers Who Drank Alcohol During the Three Months Before Pregnancy, 2003-2005

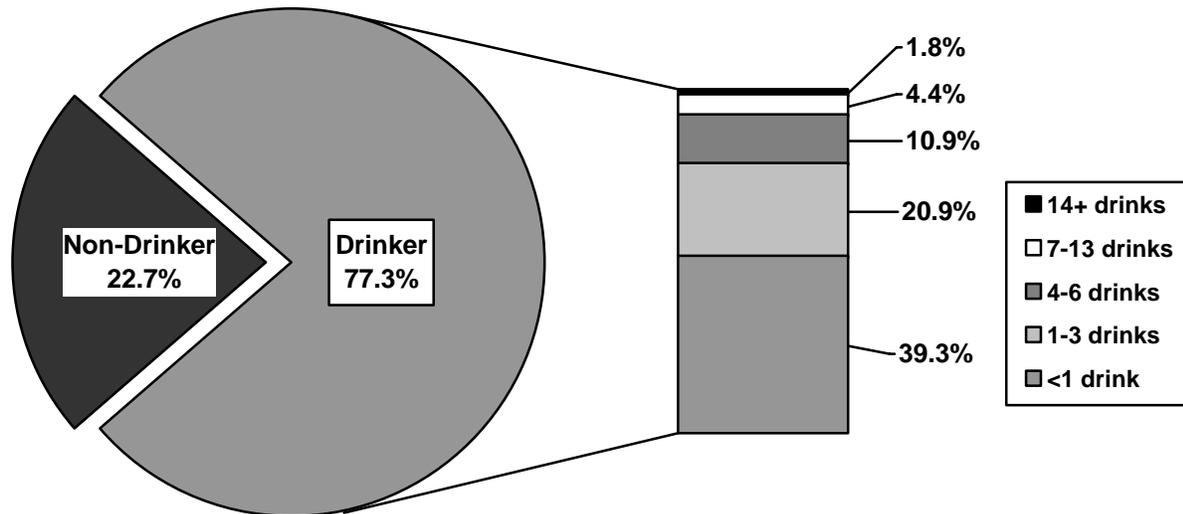
Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	45.4 (2.2)	44.9 (2.1)	41.6 (2.0)
Race			
Black	29.8 (3.5)	31.3 (3.7)	25.8 (3.1)
White	53.1 (2.6)	54.7 (2.7)	55.4 (2.7)
Age			
Less than 18	33.1 (9.4)	19.8 (9.0)	11.1 (6.1)
18-24	42.4 (3.5)	41.0 (3.6)	38.9 (3.2)
25-34	47.4 (3.1)	50.1 (3.0)	46.0 (3.1)
35-55	53.3 (6.7)	45.0 (6.1)	48.1 (6.0)
Education			
Less than High School	35.6 (4.8)	26.4 (4.3)	22.7 (3.7)
High School	36.8 (3.7)	35.1 (4.1)	40.6 (4.2)
More than High School	56.5 (3.1)	56.9 (2.8)	51.6 (2.8)
Marital status			
Married	52.1 (2.7)	48.9 (2.7)	46.9 (2.7)
Other	34.9 (3.3)	39.5 (3.4)	35.0 (3.0)
Medicaid			
Yes	37.5 (2.9)	38.4 (2.9)	35.1 (2.5)
No	54.4 (3.1)	52.8 (3.1)	51.7 (3.2)
Birthweight**			
LBW (<2500 g)	35.8 (1.9)	36.3 (1.8)	37.2 (1.9)
NBW (2500+ g)	46.3 (2.4)	45.8 (2.3)	42.1 (2.2)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Alcohol Consumption

Number of Drinks Consumed Per Week During the Three Months Before Pregnancy, 2004-2005

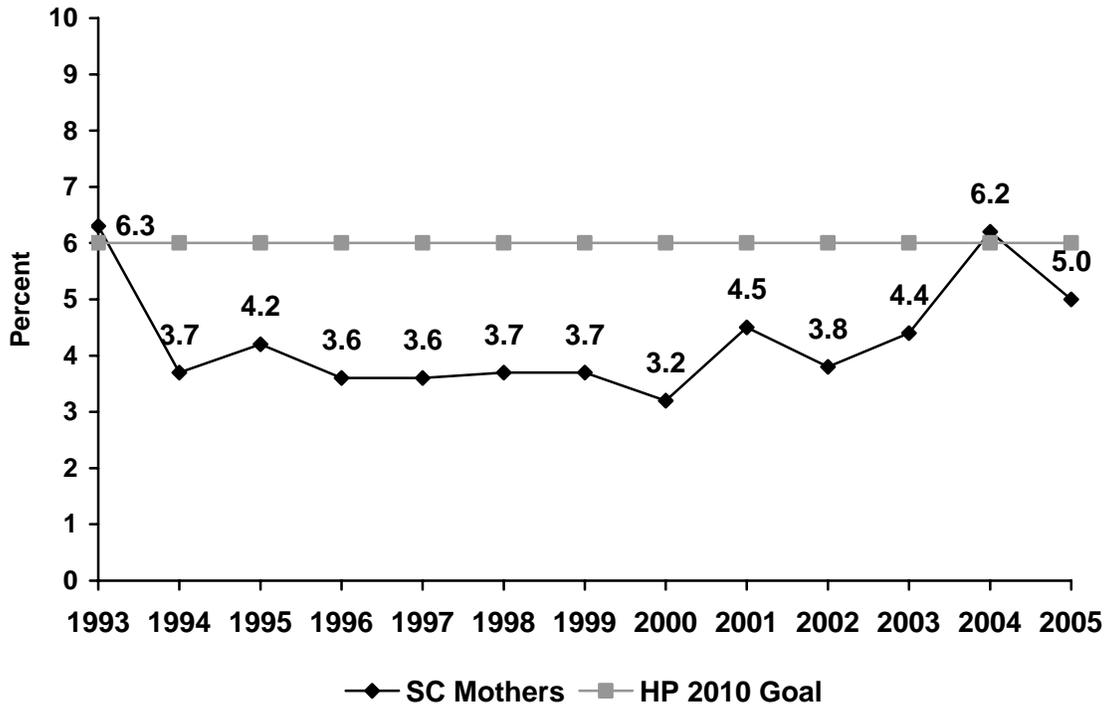


During the years of 2004-2005, 77.3% of women drank in the three months before they became pregnant.

Of the drinkers during these years, 39.3% of them had less than one drink per week and 17.1% of women drank four or more drinks per week during the three months before they became pregnant.

Alcohol Consumption

Percent of Mothers Who Drank Alcohol During the Last Trimester of Pregnancy, 1993-2005



The percentage of women who reported drinking alcohol in the last trimester of pregnancy fell from a high of 6.3% in 1993 to a low of 3.2% in 2000, but has since risen to 5% in 2005. In 2004 the percent of SC mothers who drank during the last trimester rose to 6.2%, above the 2010 Healthy People goal of 6% for the first time since 1993, but dropped below the goal again in 2005.

In 2005, almost all women who drank during the last trimester drank three or fewer drinks per week (95%).

Alcohol Consumption

Characteristics of Mothers Who Drank During the Last Trimester of Pregnancy, 2003-2005

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	4.4 (0.9)	6.2 (1.0)	5.0 (0.9)
Race			
Black	3.8 (1.5)	4.7 (1.7)	2.0 (1.0)
White	4.8 (1.1)	7.6 (1.4)	7.6 (1.4)
Age			
Less than 18	0.2 (0.1)	11.7 (7.6)	0.5 (0.4)
18-24	3.5 (1.3)	4.1 (1.5)	3.2 (1.1)
25-34	4.8 (1.3)	7.7 (1.6)	5.4 (1.4)
35-55	8.6 (3.8)	4.7 (2.5)	12.5 (4.0)
Education			
Less than High School	3.5 (1.8)	3.6 (1.9)	0.3 (0.1)
High School	3.7 (1.4)	3.1 (1.5)	2.8 (1.4)
More than High School	5.4 (1.4)	8.7 (1.6)	8.5 (1.6)
Marital status			
Married	4.5 (1.1)	7.0 (1.3)	6.6 (1.3)
Other	4.2 (1.4)	5.2 (1.6)	3.0 (1.0)
Medicaid			
Yes	4.4 (1.2)	4.6 (1.3)	3.4 (0.9)
No	4.5 (1.3)	8.1 (1.6)	7.5 (1.7)
Birthweight**			
LBW (<2500 g)	3.9 (0.7)	3.5 (0.8)	4.0 (0.7)
NBW (2500+ grams)	4.5 (1.0)	6.5 (1.1)	5.1 (0.9)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Stress and Social Support Fact Sheet

In 2004-2005...

Almost 22% of women experienced four or more stressful life events in the 12 months before delivery.

A greater proportion of black women experienced stressful life events listed on the survey. Especially large differences were noted in the following areas:

Argued more with husband/partner (43.4% black vs. 27.2% white)

Someone close died (30.8% black vs. 20.7% white)

Separated or divorced from husband (15.2% black vs. 9.2% white)

In a physical fight (8.6% black vs. 2.2% white)

In 2004-2005, the most common stressful life events experienced by both black and white women included...

Arguing more with husband/partner

Moving to a new address

Having a family member hospitalized

Having bills she could not pay and

Someone close to the mother died.

In 2005, women who were...

black

18-24 years of age

had a less than high school education

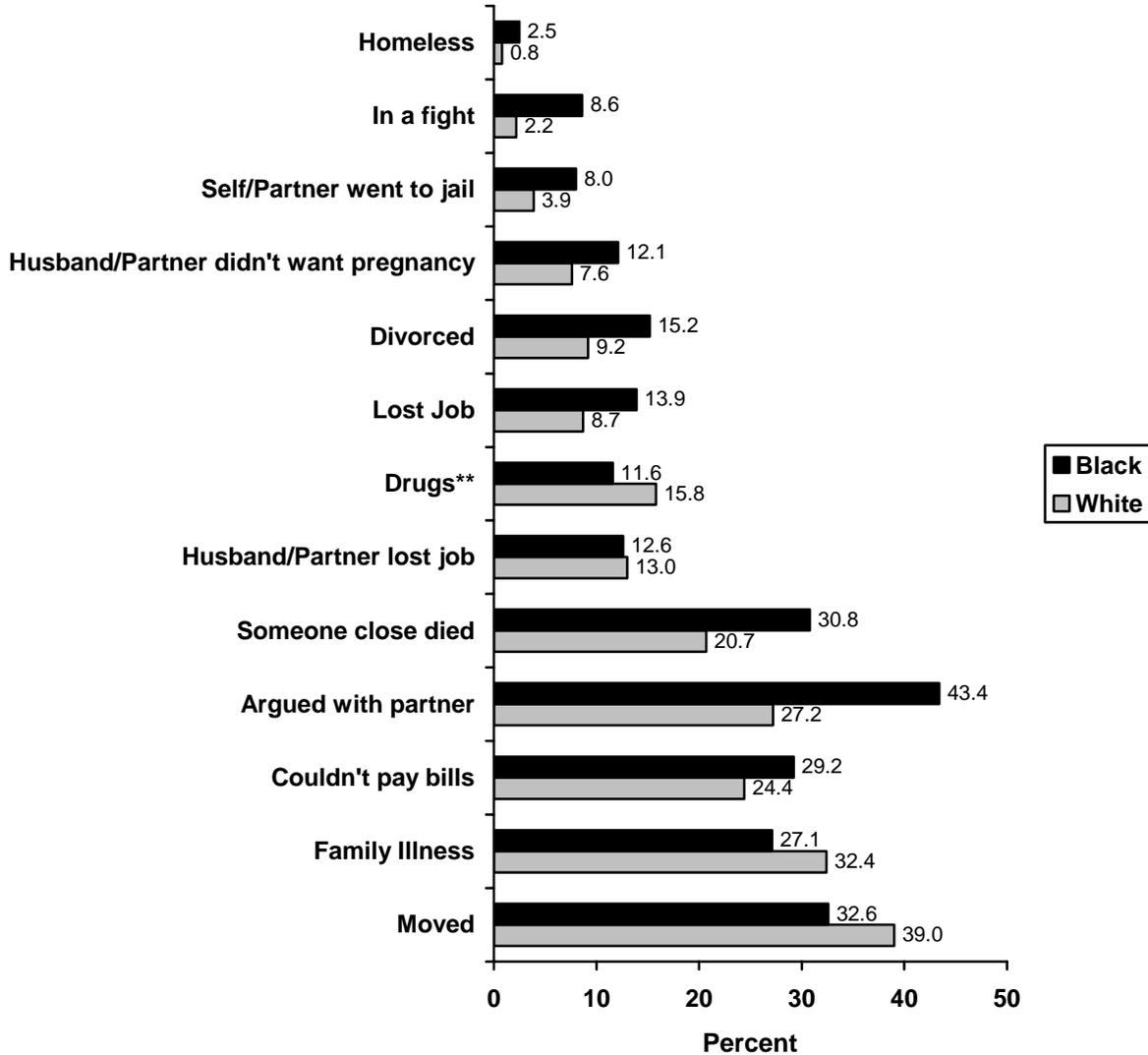
unmarried and

on Medicaid...

were more likely to experience four or more stressful life events in the 12 months before delivery.

Stressful Life Events

Proportion of Women Who Experienced Stressful Life Events in the Twelve Months Prior to Delivery, 2004-2005



**Someone close to the woman had a drinking or drug problem.

In 2004-2005, women who were...

- black
- 18-24 years of age
- less than high school educated
- unmarried and
- on Medicaid...

were more likely to experience four or more stressful life events during the 12 months before delivery compared to women without these characteristics.

**Characteristics of Women Experiencing
High Levels of Stress**, 2003-2005**

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	22.9 (1.8)	22.1 (1.8)	21.9 (1.7)
Race			
Black	28.6 (3.4)	27.5 (3.5)	25.1 (3.1)
White	20.0 (2.1)	19.5 (2.1)	21.1 (2.2)
Age			
Less than 18	16.6 (7.1)	43.2 (11.0)	25.4 (8.6)
18-24	35.8 (3.3)	33.7 (3.4)	30.4 (3.0)
25-34	15.3 (2.2)	15.1 (2.1)	16.9 (2.3)
35-55	11.6 (4.4)	7.0 (2.7)	7.5 (2.8)
Education			
Less than High School	34.6 (4.6)	34.9 (4.6)	30.5 (4.0)
High School	27.3 (3.3)	26.0 (3.7)	24.5 (3.7)
More than High School	14.4 (2.2)	15.2 (2.1)	16.4 (2.0)
Marital status			
Married	15.5 (2.0)	12.9 (1.8)	12.8 (1.8)
Other	34.2 (3.2)	34.9 (3.3)	33.6 (3.0)
Medicaid			
Yes	34.9 (2.8)	33.7 (2.8)	31.1 (2.5)
No	8.8 (1.8)	8.2 (1.7)	7.7 (1.7)
Birthweight***			
LBW (<2500 g)	24.5 (1.7)	23.1 (1.6)	25.8 (1.7)
NBW (2500+ g)	22.8 (2.0)	22.0 (2.0)	21.5 (1.9)

* Standard Error

** High Levels of Stress categorized as four or more stressful life events.

***Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Physical Abuse Fact Sheet

In 2005...

6.2% of women were physically abused by someone before they became pregnant and 4.2% of women were physically abused by someone during their pregnancy.

The majority of women who were victims of physical abuse before and/or during pregnancy were abused by their husband or partner.

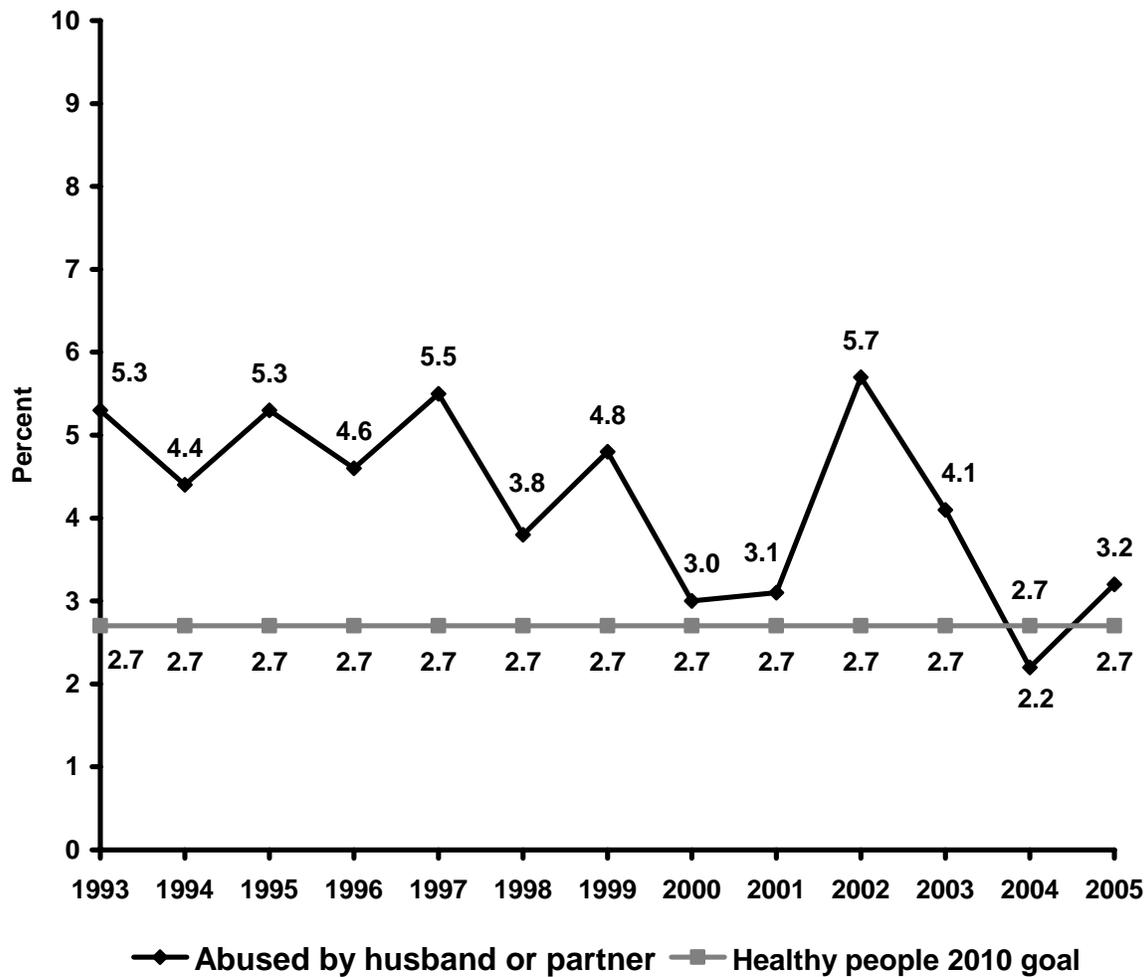
In 2005, women who reported partner abuse during pregnancy were more likely to be...

- black
- less than 18 years old
- unmarried
- have less than a high school education and on Medicaid.

During the years of 1993-2001, the percentage of women delivering live born infants that were physically abused during pregnancy by their husband or partner decreased from 5.3% to 3.1%. In 2002, the rate of partner abuse during pregnancy in SC spiked to 5.7%, but has since decreased to 3.2% in 2005. In 2004, the rate dropped below the Healthy People 2010 goal of 2.7% for the first time when it reached 2.2%.

Physical Abuse

Percent of Women Who Were Physically Abused by Husband/Partner During Pregnancy, 1993-2005



Between the years of 1993 and 2005, the rate of physical abuse by husband or partner during the pregnancy decreased from 5.3% in 1993 to 3.2% in 2005. In 2004, the rate dropped below the Healthy People 2010 goal of 2.7% for the first time when it reached 2.2%.

Physical Abuse

Characteristics of Women Who Were Physically Abused during Pregnancy by Husband or Partner, 2003-2005

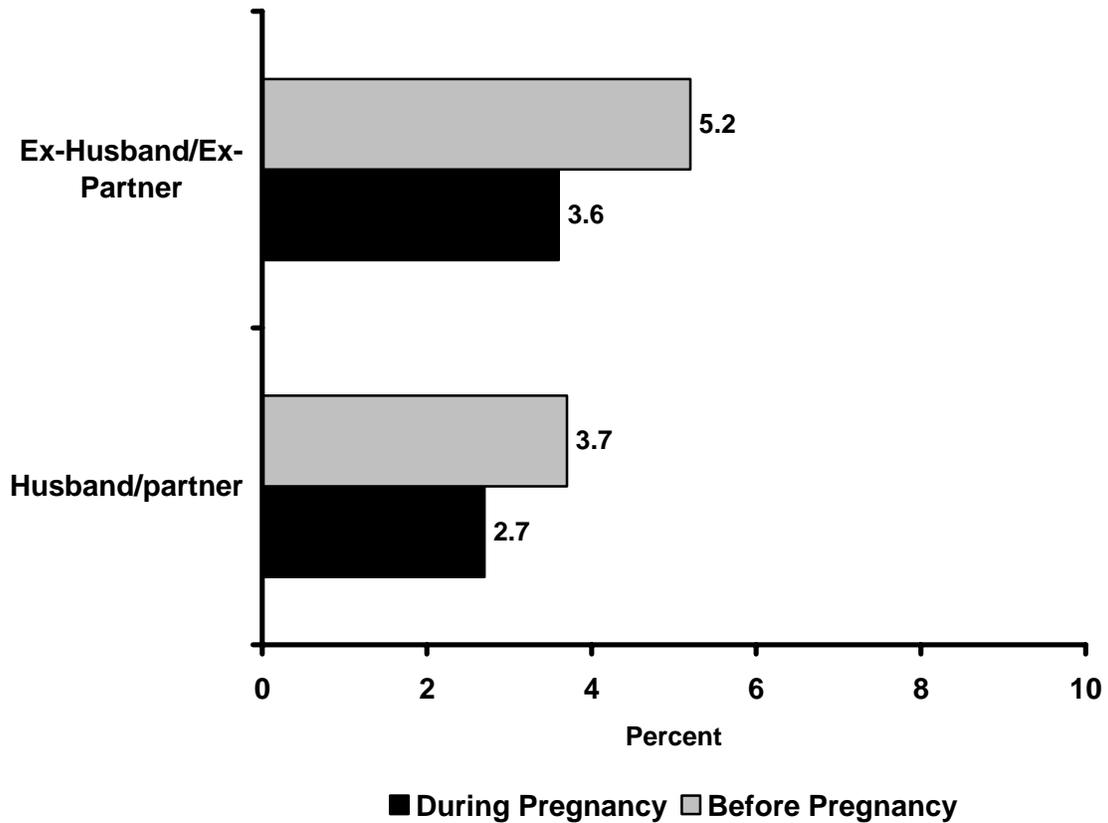
Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	4.1 (0.9)	2.2 (0.6)	3.2 (0.7)
Race			
Black	5.8 (1.7)	3.1 (1.3)	4.0 (1.4)
White	3.4 (1.0)	1.0 (0.4)	3.2 (1.0)
Age			
Less than 18	11.0 (6.0)	1.3 (0.8)	5.2 (4.4)
18-24	4.8 (1.5)	3.2 (1.2)	3.3 (1.2)
25-34	3.2 (1.1)	1.2 (0.6)	3.1 (1.1)
35-55	2.7 (2.2)	3.8 (2.5)	2.0 (1.9)
Education			
Less than High School	10.3 (3.0)	1.5 (0.8)	5.1 (1.9)
High School	2.0 (0.9)	3.8 (1.6)	2.8 (1.4)
More than High School	3.0 (1.1)	1.8 (0.7)	2.4 (0.9)
Marital status			
Married	2.1 (0.8)	1.5 (0.6)	1.5 (0.7)
Other	7.3 (1.8)	3.2 (1.1)	5.2 (1.4)
Medicaid			
Yes	6.2 (1.4)	3.4 (1.0)	5.1 (1.2)
No	1.8 (0.8)	0.8 (0.5)	0.1 (.01)
Birthweight**			
VLBW (<1500 g)	5.5 (0.6)	5.5 (0.5)	3.8 (0.5)
MLBW (1500-2499 g)	5.4 (1.1)	5.2 (1.1)	3.5 (0.9)
NBW (2500+ g)	4.0 (0.9)	1.9 (0.6)	3.1 (0.8)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Physical Abuse

**Physical Abuse Before and During Pregnancy
by Perpetrator, 2004-2005**



In 2004-2005, the women in our sample were more likely to be abused before and during their pregnancy by their ex-husband or ex-partner than by a current husband or partner.

In general, more women were physically abused before pregnancy than during pregnancy.

Maternal Health Fact Sheet

Between the years of 1993-2005...

The proportion of women hospitalized during pregnancy, before delivery, remained fairly steady at about 19-23% until 2004 and 2005 when the proportion increased to 28.2% and 29.4%, respectively.

In 2004-2005 the majority of women who were hospitalized during pregnancy stayed less than one day (53.1%). However, 7.0% were hospitalized for more than seven days.

In 2005, the three most common problems during pregnancy were
severe nausea, vomiting or dehydration
preterm or early labor and
kidney or bladder (urinary tract) infection.

The mean hospital stay for mothers after delivery increased from 2.5 nights in 1999 to 3.4 nights in 2005.

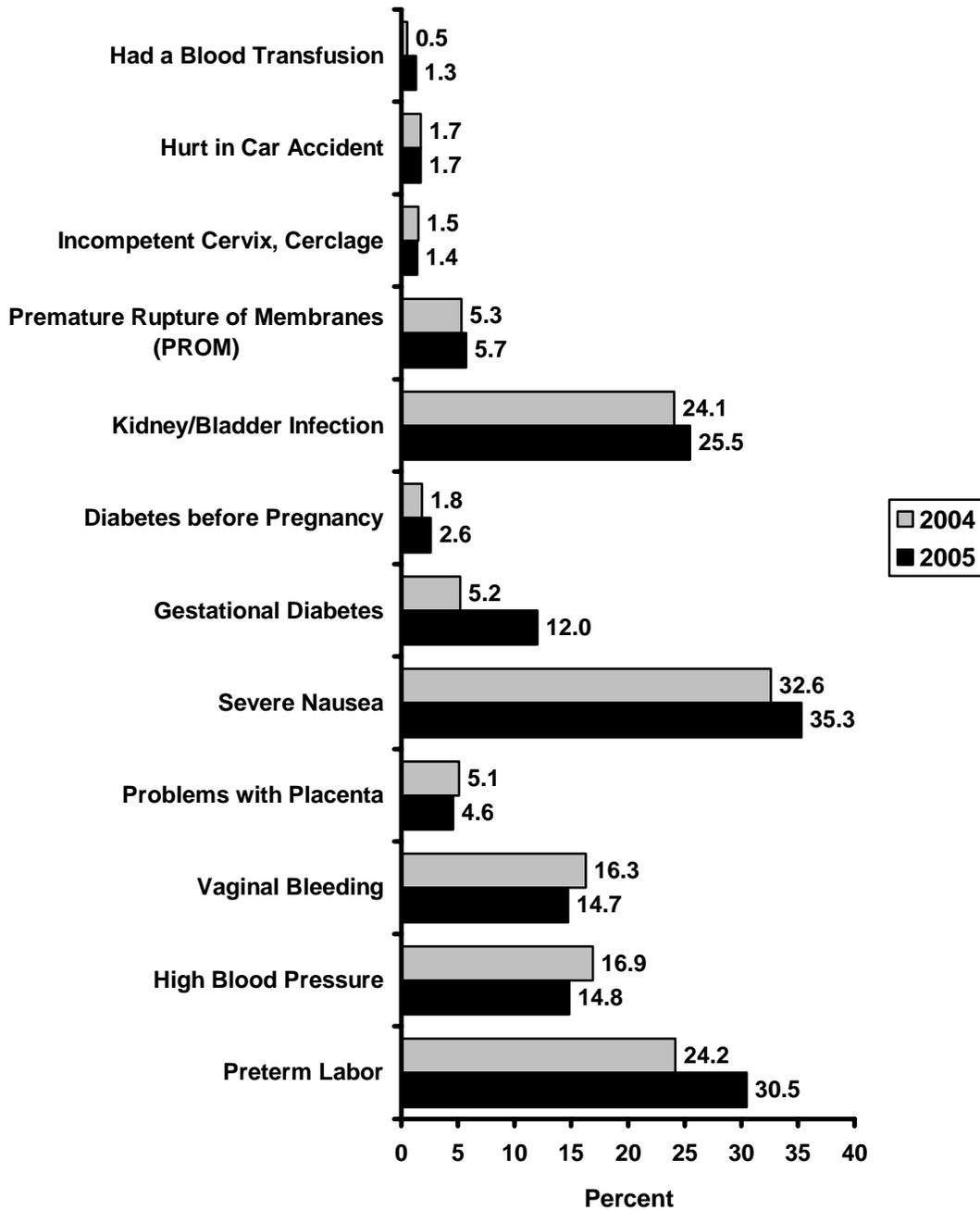
In 2005, length of hospital stay did not differ significantly by any maternal characteristics (race, age, education, marital status, and Medicaid status).

In 2005, women who reported experiencing postpartum depression symptoms were more likely to be ...

- less than 18 years old
- black
- with less than a high-school education
- not married and
- on Medicaid.

Maternal Health

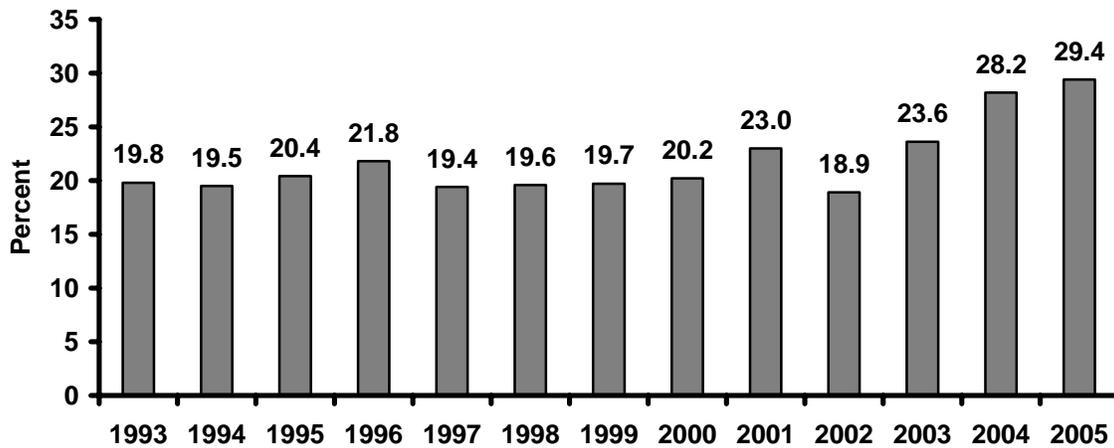
Maternal Problems During Pregnancy, 2004-2005



In 2004 and 2005, the three most common problems during pregnancy were severe nausea, vomiting or dehydration, preterm or early labor and kidney or bladder (urinary tract) infection.

Maternal Health

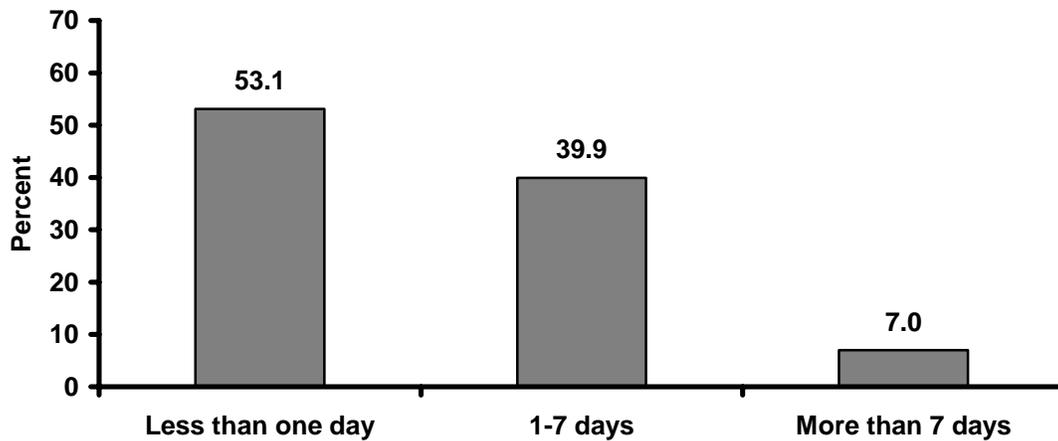
Proportion of Women Who Were Hospitalized At Least One Night During Pregnancy (Excluding Delivery), 1993-2005*



In 2005, 29.4% of women were hospitalized for at least one night during pregnancy before giving birth.

*Note: The format of this question in the PRAMS survey was changed in 2004, however the wording of the question remained unchanged.

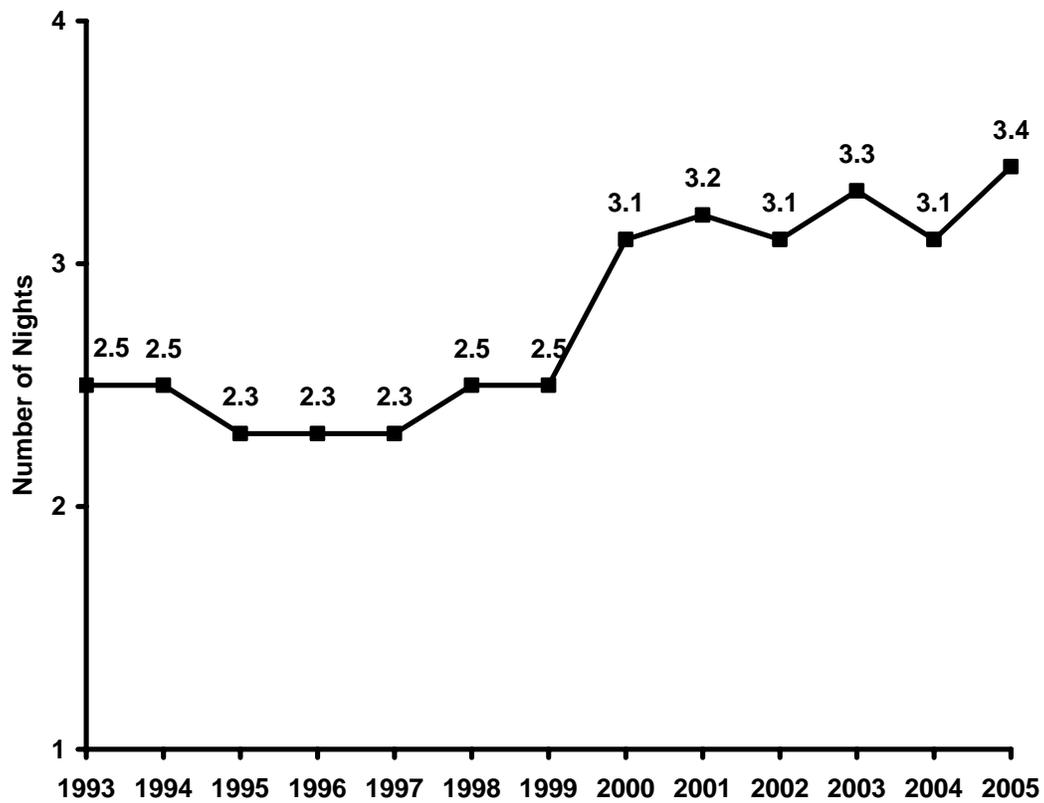
Length of Maternal Hospitalizations During Pregnancy (Excluding Delivery), 2004-2005



The majority of women who were hospitalized during pregnancy stayed less than one day (53.1%). However, 7.0% were hospitalized for more than seven days.

Maternal Health

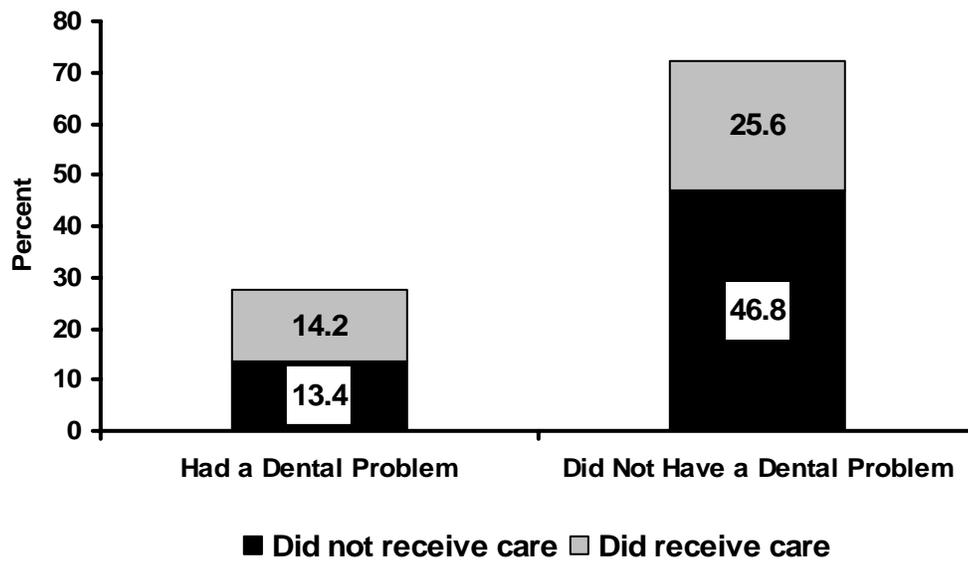
Average Hospital Stay After Delivery (Number of Nights), 1993-2005



The average number of nights mothers spent in the hospital after delivery has increased from 2.5 nights in 1993 to 3.4 nights in 2005.

In 2005, length of hospital stay did not differ significantly by any maternal Characteristics (race, age, education, marital status, and Medicaid status).

Oral Health During Pregnancy, 2004-2005



The majority of women (72.4%) reported not having a dental problem during pregnancy. However, 13.4% reported having a dental problem and not receiving care.

Maternal Health

Postpartum Depression Symptoms***, 2004-2005

Maternal Characteristics	2004 Percent (s.e.)*	2005 Percent (s.e.)*
Total	19.6 (1.72)	19.3 (1.6)
Race		
Black	32.7 (3.7)	23.4 (3.0)
White	13.0 (1.8)	16.5 (2.0)
Age		
Less than 18	30.9 (5.8)	32.5 (5.5)
18-24	23.1 (2.5)	19.4 (2.2)
25-34	10.6 (2.2)	13.3 (2.5)
35+	0.7 (0.2)	10.4 (8.5)
Education		
Less than High School	33.8 (4.6)	28.8 (4.0)
High School	17.4 (3.3)	22.1 (3.5)
More than High School	14.9 (2.1)	13.4 (1.8)
Marital status		
Married	12.5 (1.8)	14.3 (1.9)
Other	29.3 (3.2)	25.7 (2.8)
Medicaid status		
Yes	27.2 (2.6)	24.5 (2.3)
No	10.4 (1.9)	11.3 (2.0)
Birthweight**		
VLBW (<1500)	36.0 (1.0)	27.2 (1.1)
MLBW (1500-2499 g)	22.4 (2.0)	23.6 (2.0)
NBW (2500+ g)	19.0 (1.9)	18.8 (1.8)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

*** Women who said often or always to either of two depression screening questions (Questions 72a and 72b; Appendix A) in the survey were coded as experiencing postpartum depression symptoms.

Infant Health Fact Sheet

In 2004-2005...

The majority of all infants (81%) stayed in the hospital between 1-3 days after delivery. Among infants who were placed in an intensive care unit (ICU), over one half (59.8%) stayed in the hospital for six days or more after delivery.

Between the years 1993 and 2005...

The proportion of LBW infants that stayed in an ICU decreased from 54.6% in 1993 to a low of 42.4% in 1996, but has increased to 49.9% in 2005.

In 2005...

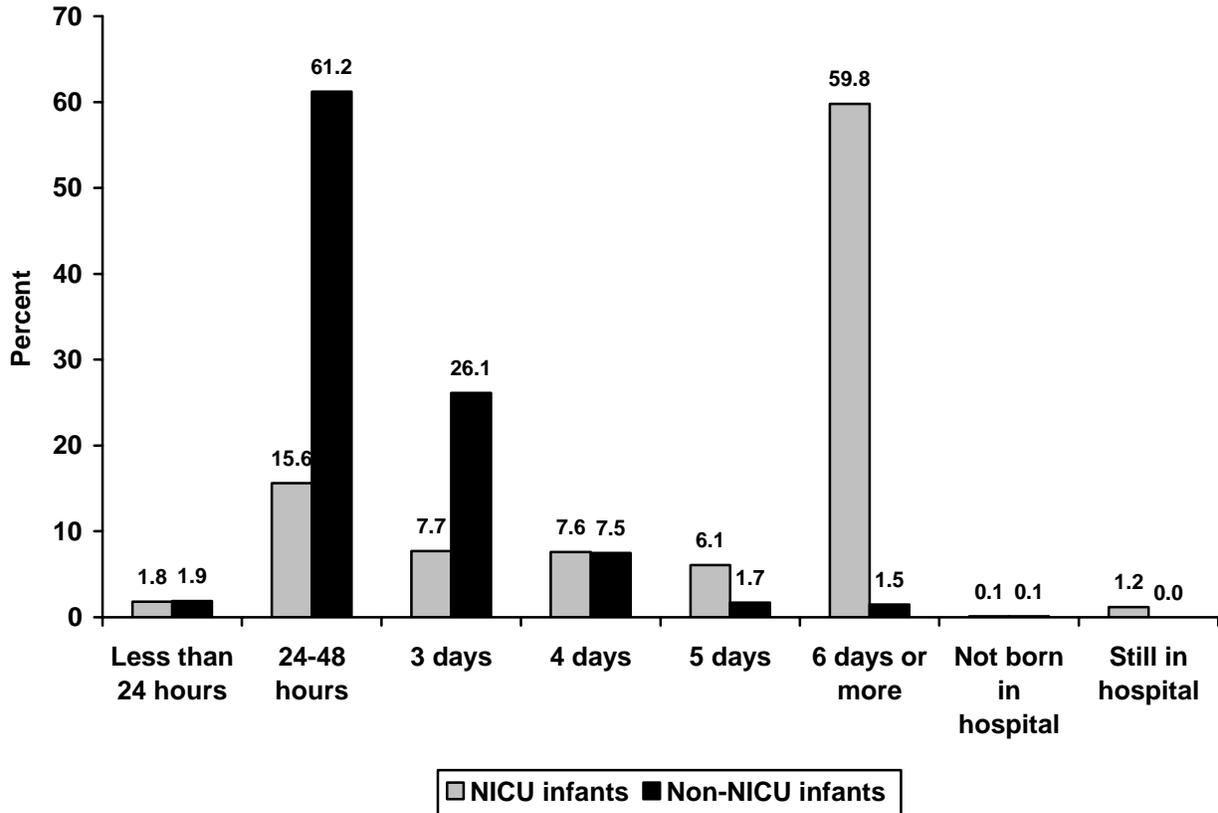
Babies were more likely to have longer hospital stays if they were born to mothers who were

- Black
- on Medicaid
- younger than 18 years of age
- unmarried
- and had less than a High School education.

In 2004-2005, 7.9% of infants were exposed to smoke on a daily basis, which is a decrease of 38% from 2002 (12.8%). And 1.2% of infants were exposed to smoke for four or more hours a day, which has decreased from 2.8% in 2002.

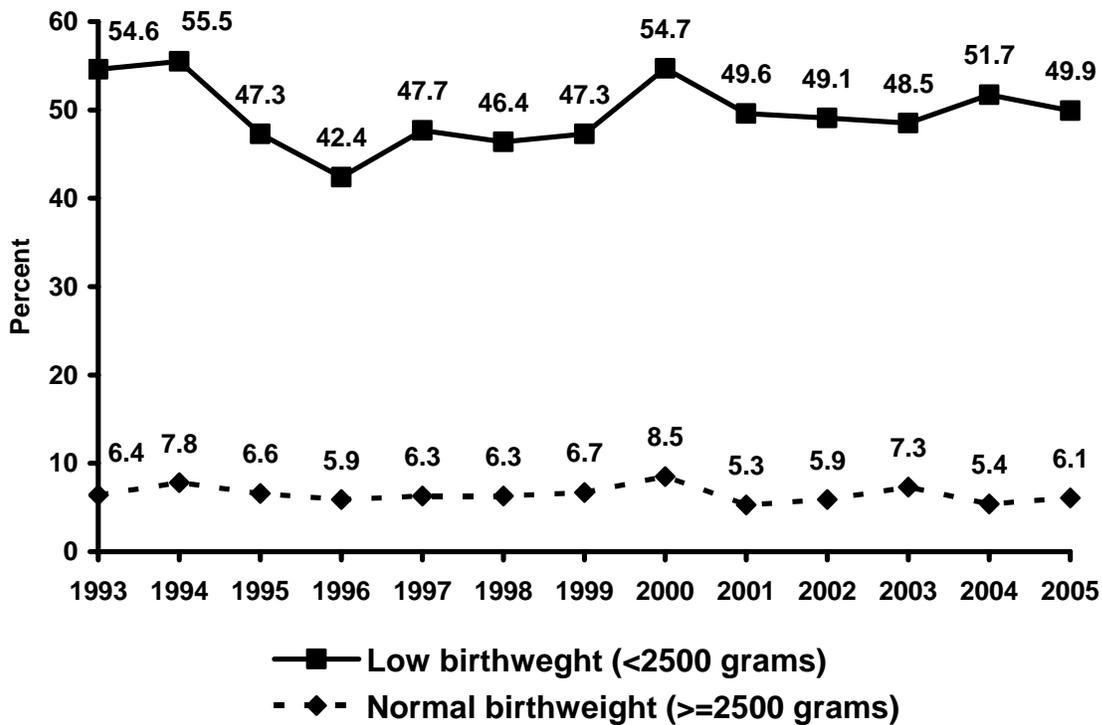
The proportion of mothers putting their babies to sleep on their backs, the recommended sleeping position, increased greatly from 22.7% in 1995 to 58.6% in 2005.

Number of Nights Infants Stayed in Hospital After Delivery, 2004-2005



Among the infants who stayed in the Intensive Care Unit, almost 60% stayed in the hospital six days or more. Excluding infants who stayed in the Intensive Care Unit, over 61% of the infants stayed in the hospital between 24-48 hours.

**Proportion of Infants Who Stayed in an Intensive Care Unit
by Birthweight*, 1993-2005**



From 1993 through 2005, the proportion of LBW infants who stayed in the intensive care unit (ICU) fluctuated between 55.5% and 42.4% .
 The proportion of NBW infants who stayed in the ICU fluctuated between 5.3% and 8.5% during the years of 1993-2005, with highest value 8.5% in 2000.

***Note:** In 2002 and 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Infant Health

Characteristics of Women Who's Babies Stayed in the Hospital for More Than 48 Hours after Delivery, 2003-2005

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	46.9 (2.1)	40.6 (2.0)	42.3 (2.0)
Race			
Black	49.5 (3.8)	51.0 (4.0)	47.6 (3.6)
White	45.6 (2.6)	32.4 (2.4)	39.0 (2.6)
Age			
Less than 18	65.3 (9.5)	37.4 (10.7)	47.0 (10.5)
18-24	48.0 (3.5)	43.3 (3.5)	44.5 (3.2)
25-34	41.6 (3.0)	37.2 (2.8)	39.6 (3.0)
35-55	58.6 (6.6)	47.7 (6.0)	42.5 (5.8)
Education			
Less than High School	48.9 (4.8)	45.3 (4.8)	51.2 (4.1)
High School	51.9 (3.8)	44.5 (4.2)	42.4 (4.2)
More than High School	42.5 (3.0)	36.9 (2.7)	37.8 (2.6)
Marital status			
Married	41.9 (2.7)	36.7 (2.5)	39.3 (2.6)
Other	54.5 (3.4)	46.1 (3.4)	46.2 (3.2)
Medicaid			
Yes	49.2 (2.9)	45.9 (2.9)	46.1 (2.7)
No	44.1 (3.1)	34.2 (2.8)	36.4 (3.0)

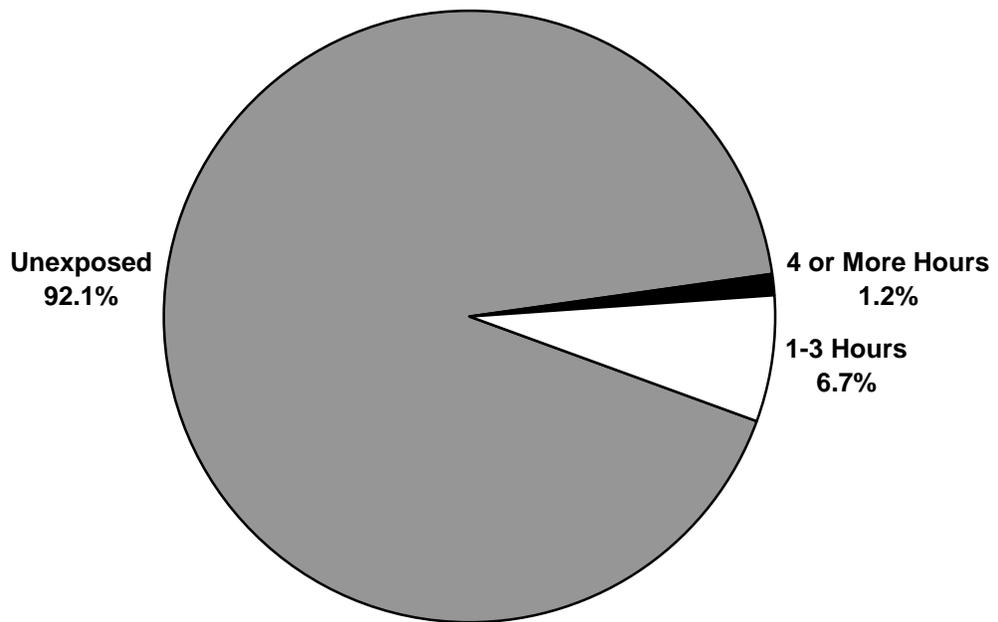
* Standard Error

In 2005, babies of mothers who were...

black,
on Medicaid,
younger than 18 years of age,
unmarried and
had less than a High School education...

were more likely to remain in the hospital for more than two days after delivery.

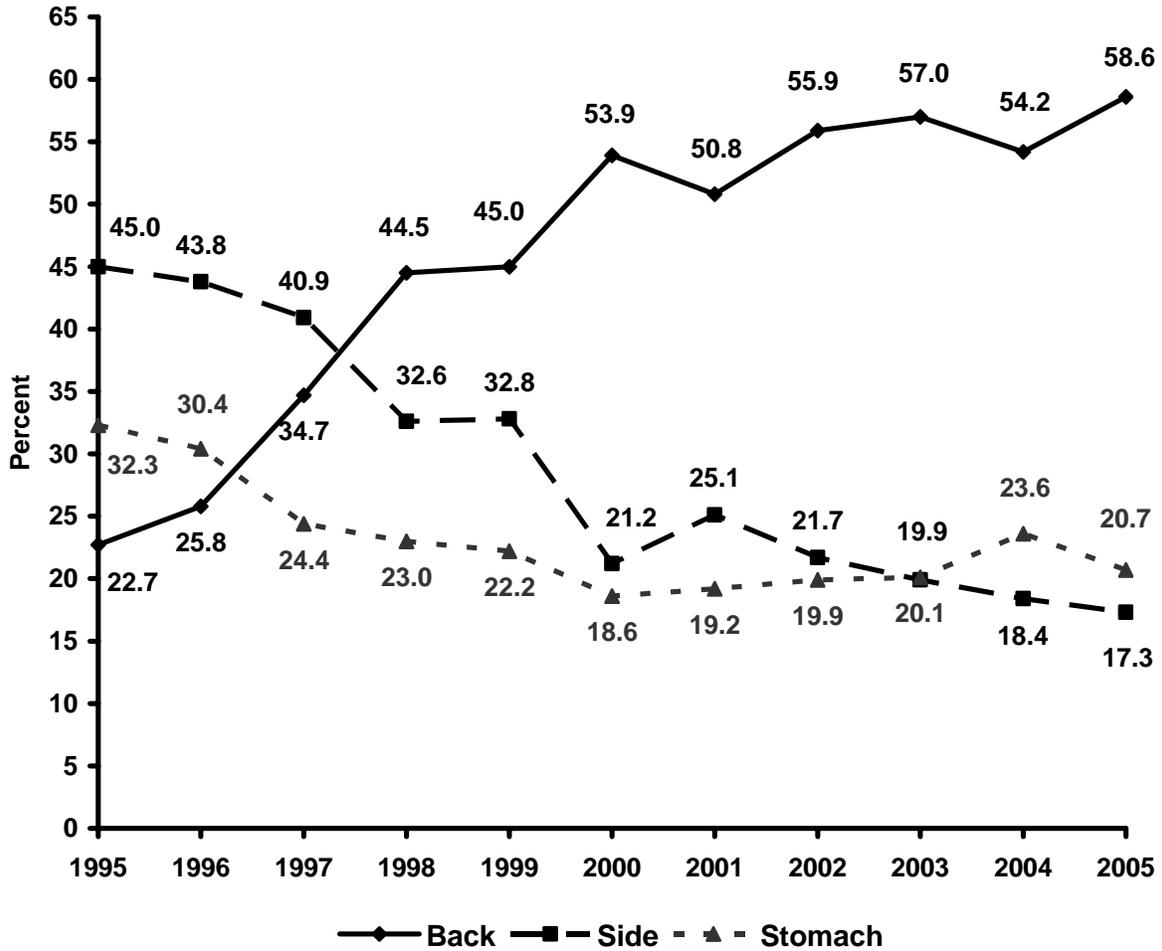
Proportion of Infants Exposed to Smoke Daily, 2004-2005



The proportion of infants exposed to smoke on a daily basis decreased from 12.8% in 2002 to 7.9% in 2004-2005.

The proportion of infants exposed to smoke for 4 or more hours daily has decreased from 4.6% in 1999 to 1.2% in 2004-2005.

Infant Sleep Position, 1995-2005



Infant sleeping positions changed dramatically during the years 1995 through 2005. In 1995, the majority of infants were put to sleep on their sides (45%), with back sleeping position being the least common (22.7%). The proportion of infants put to sleep on their backs, which is the recommended sleeping position, has greatly increased from 22.7% in 1995 to 58.6 % in 2005.

Breastfeeding Fact Sheet

Between the years of 1993 and 2005...

The percent of mothers who breastfed for more than one week postpartum increased from 37.4% to 57.9%.

The percent of WIC mothers who breastfed for more than one week increased from 20.9% to 49.6%.

The percent of mothers who breastfed for more than one month postpartum had steadily increased from 15.5% in 1993 to 42.7% in 2005.

In 2005, about 42% of all mothers in South Carolina breastfed less than one week or did NOT breastfeed at all.

In 2005, women who were...

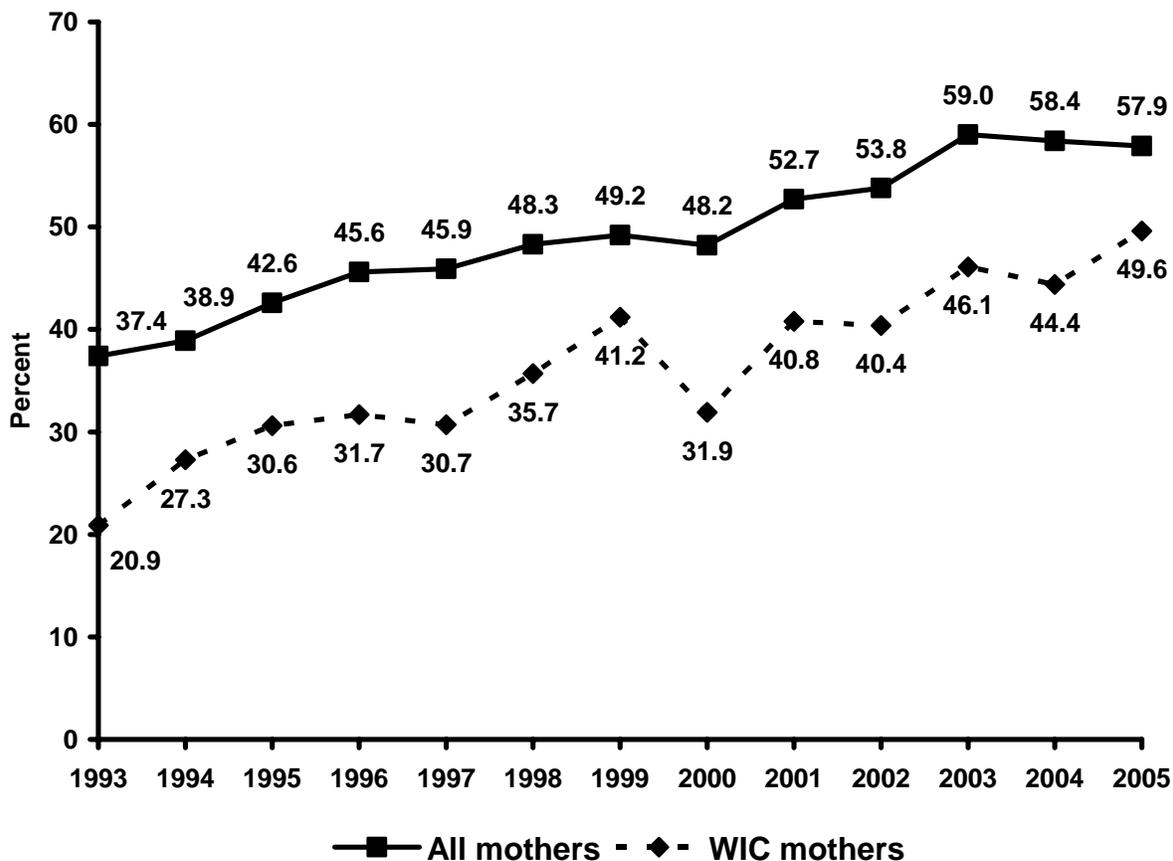
- black
- less than 18 years of age
- unmarried
- on Medicaid and/or WIC and
- had a less than high school education...

were more likely to NOT breastfeed or breastfeed for less than one week compared to women without these characteristics.

Although the proportion of women breastfeeding their babies for more than one week has increased substantially in South Carolina mothers, we have a great deal of improvement to make in order to reach the Healthy People 2010 Goal: 75% of mothers breastfeeding in the early postpartum period.

Breastfeeding

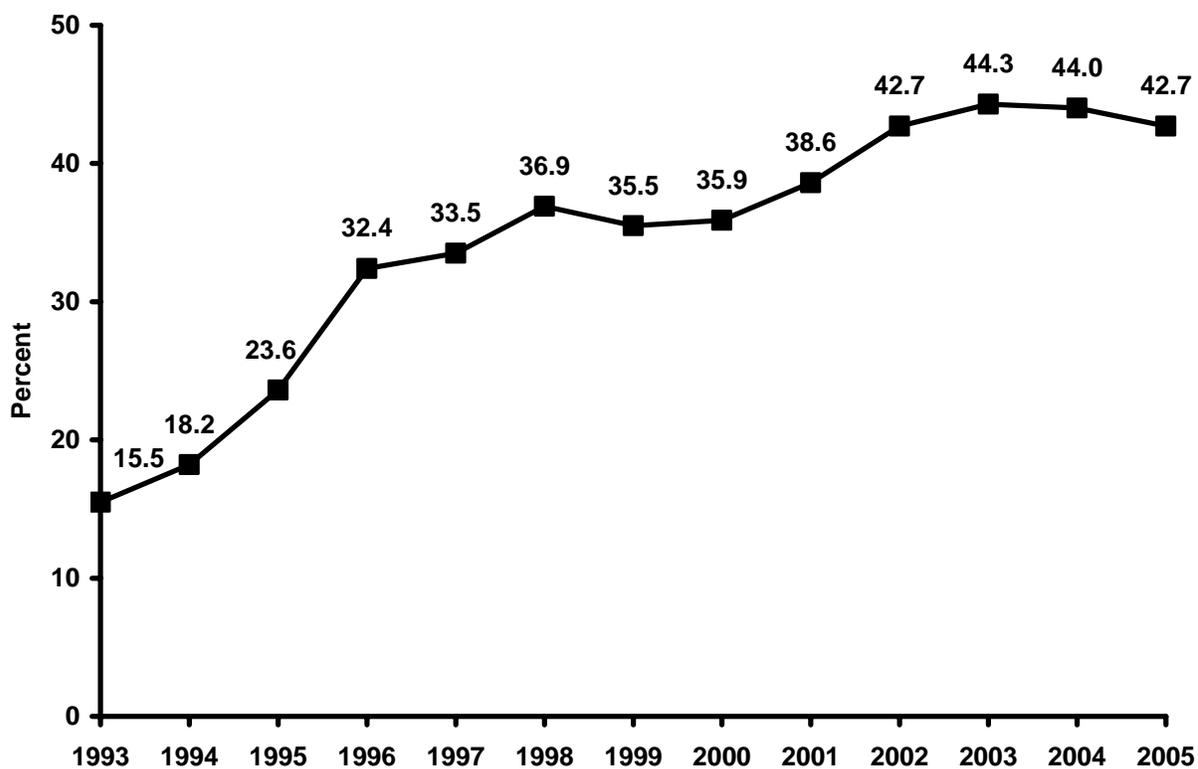
Trend of Breastfeeding for More than One Week, 1993-2005



Compared to all mothers, WIC mothers were less likely to breastfeed for one or more weeks. However, the proportion increased for both groups of women from 1993 to 1999. In 2000, the percentage of WIC mothers who breastfed for more than one week dropped to 31.9% but has since increased to 49.6% in 2005.

Breastfeeding

Trend of Breastfeeding for More than One Month, 1993-2005



The proportion of women who breastfed for more than one month increased from 15.5% in 1993 to 42.7 % in 2005.

Breastfeeding

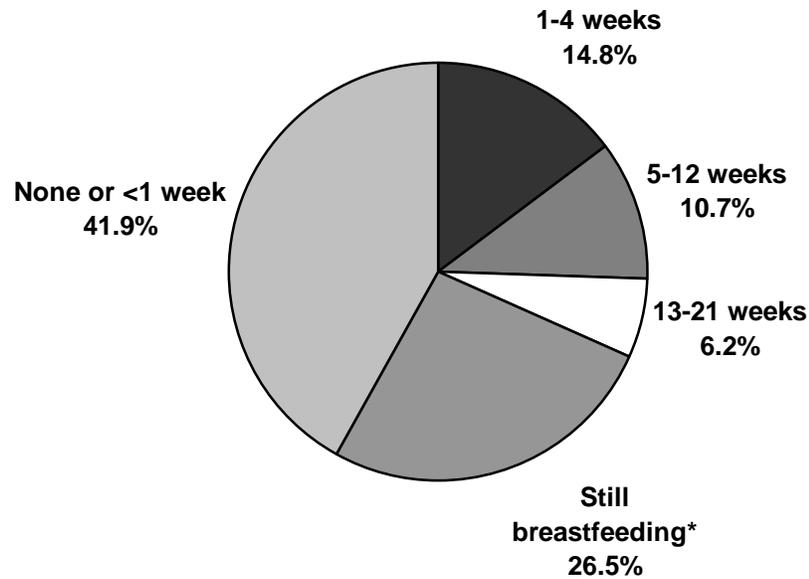
Characteristics of Women Who Did NOT Breastfeed or Breastfed for Less than One Week, 2003-2005

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	41.0 (2.1)	41.7 (2.1)	42.1 (2.1)
Race			
Black	60.6 (3.8)	61.1 (3.9)	59.6 (3.5)
White	32.6 (2.5)	35.6 (2.6)	36.9 (2.7)
Age			
Less than 18	77.7 (8.1)	68.7 (10.4)	54.5 (9.9)
18-24	51.4 (3.5)	55.5 (3.6)	51.8 (3.3)
25-34	29.8 (2.9)	30.8 (2.8)	34.0 (3.0)
35-55	34.1 (6.6)	33.3 (5.9)	31.1 (5.6)
Education			
Less than High School	60.4 (4.8)	57.5 (4.9)	59.3 (4.4)
High School	51.8 (3.8)	57.8 (4.3)	51.1 (4.4)
More than High School	23.3 (2.7)	28.0 (2.6)	28.6 (2.5)
Marital status			
Married	29.5 (2.6)	29.4 (2.5)	28.7 (2.5)
Other	58.8 (3.5)	58.8 (3.4)	59.9 (3.2)
Medicaid status			
Medicaid	54.4 (3.0)	54.9 (3.0)	52.8 (2.7)
Not Medicaid	25.5 (2.8)	25.9 (2.7)	25.8 (2.8)
Birthweight**			
LBW (<2500 g)	48.2 (2.1)	45.2 (2.0)	46.3 (2.1)
NBW (2500+ g)	40.4 (2.3)	41.3 (2.3)	41.7 (2.3)
WIC status			
Yes	53.9 (3.1)	55.6 (3.1)	50.5 (2.8)
No	27.5 (2.8)	26.6 (2.7)	30.1 (2.9)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Duration of Breastfeeding, 2004-2005



* Could range from 19-24 weeks at time of survey.

In 2004-2005, just under 42% of women did not breastfeed or breastfed for less than one week. However, up to 25.5% of mothers breastfed for the first three months and up to 32.7% of mothers breastfed for 13 or more weeks.

Financial Issues Fact Sheet

Between the years of 2001-2003...

Between 14 and 19.1% of pregnant women had a total household income of less than \$8,000 annually.

Between the years of 2004-2005...

Between 24.3 and 28.9% of pregnant women had a total household income of less than \$10,000 annually.

Between the years 2003-2005...

Between 19.5 and 24.2 % of pregnant women received income from some sort of public assistance (AFDC, welfare, public assistance, general assistance, food stamps, or social security income).

Women with the following characteristics were more likely to receive public assistance during pregnancy compared to women without these characteristics:

- black
- 18-24 years of age
- less than high school education
- unmarried
- on Medicaid.

In 2003, 2004 and 2005 the most common source of payment for both prenatal care and delivery was Medicaid.

In 2005, 36.8% of women were less than 100% of poverty and 20.7% of women were 100-185% of poverty, leaving 42.5% of women above the SC Medicaid Poverty Threshold for pregnant women (above 185% of poverty).

Financial Issues

Total Annual Household Income for the Women During Pregnancy, 2001-2003

Income Level	2001 percent (s.e.)*	2002 percent (s.e.)*	2003 percent (s.e.)*
< 7,999	14.0 (1.5)	19.1 (1.8)	15.6 (1.6)
8,000-9,999	7.5 (1.2)	5.0 (1.0)	6.0 (1.1)
10,000-11,999	4.7 (0.9)	5.3 (1.0)	4.4 (0.9)
12,000-13,999	5.1 (0.9)	4.6 (0.9)	5.4 (1.0)
14,000-15,999	3.7 (0.8)	3.9 (0.9)	3.8 (0.8)
16,000-17,999	5.1 (1.0)	2.3 (0.7)	2.7 (0.7)
18,000-19,999	4.0 (0.8)	3.1 (0.7)	2.9 (0.7)
20,000-24,999	7.9 (1.2)	6.6 (1.1)	8.4 (1.3)
25,000-29,999	8.6 (1.2)	6.2 (1.1)	6.4 (1.1)
30,000-34,999	7.2 (1.1)	6.1 (1.1)	5.9 (1.1)
35,000+	32.3 (2.0)	38.0 (2.1)	38.6 (2.1)

* Standard Error

Of women delivering live infants in 2003, 15.6% had a total annual household income of less than \$8,000.

In 2003, 38.6% of women delivering live infants had a total annual household income of \$35,000 or greater.

**Total Annual Household Income for the Women During Pregnancy,
2004-2005**

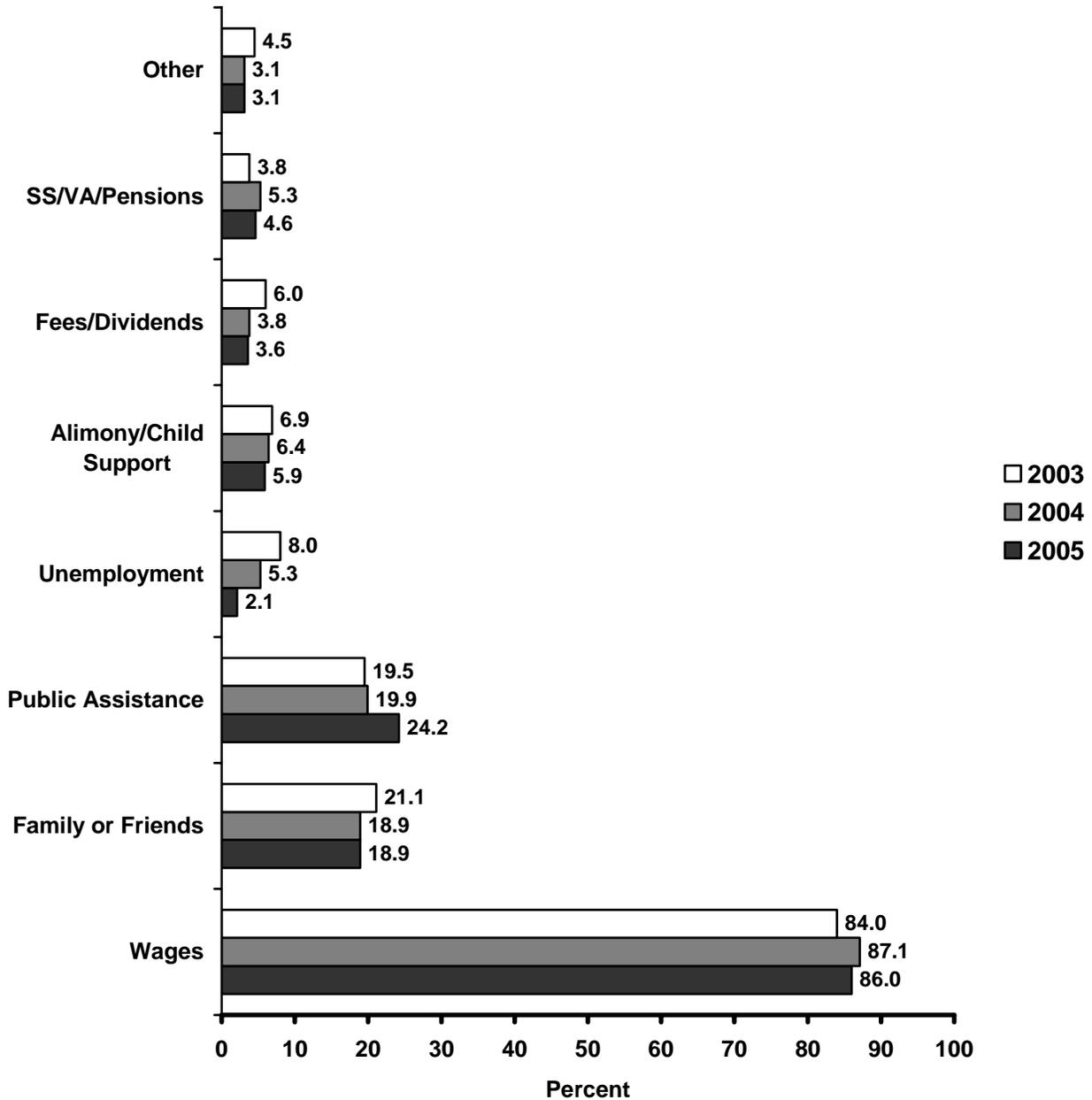
Income Level	2004 percent (s.e.)*	2005 percent (s.e.)
< 10,000	24.3 (1.9)	28.9 (1.9)
10,000-14,999	12.3 (1.4)	10.9 (1.3)
15,000-19,999	6.8 (1.1)	8.6 (1.2)
20,000-24,999	10.2 (1.3)	7.8 (1.1)
25,000-34,999	9.5 (1.2)	8.3 (1.1)
35,000-49,999	12.1 (1.4)	10.4 (1.3)
50,000+	24.8 (1.8)	25.2 (1.8)

* Standard Error

Just under 29% of women delivering live infants in 2005 had a total annual household income of less than \$10,000.

In 2005, just over 25% of women delivering live infants had a total annual household income of \$50,000 or greater.

Sources of Income During Pregnancy, 2003-2005



The top three sources of total household income for 2005 were:
 Money from a job or business
 Public assistance (AFDC, welfare, general assistance, food stamps, SSI) and
 Money from family or friends.

Characteristics of Women Earning Wages, 2003-2005

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	84.0 (1.6)	87.1 (1.4)	86.0 (1.4)
Race			
Black	72.0 (3.4)	72.6 (3.5)	76.0 (3.1)
White	89.8 (1.6)	94.9 (1.1)	91.3 (1.6)
Age			
Less than 18	65.3 (9.4)	58.8 (10.9)	61.7 (9.5)
18-24	79.6 (2.8)	81.4 (2.8)	79.8 (2.6)
25-34	88.5 (2.0)	93.0 (1.5)	92.9 (1.6)
35-55	89.1 (4.1)	90.2 (3.7)	92.9 (3.0)
Education			
Less than High School	64.6 (4.6)	67.8 (4.5)	70.4 (3.9)
High School	83.2 (2.7)	85.3 (3.0)	83.0 (3.2)
More than High School	93.9 (1.5)	95.6 (1.2)	95.3 (1.1)
Marital status			
Married	94.8 (1.2)	95.5 (1.1)	94.2 (1.3)
Other	67.6 (3.2)	75.6 (2.9)	75.4 (2.7)
Medicaid status			
Yes	74.3 (2.5)	78.6 (2.4)	78.7 (2.2)
No	95.5 (1.3)	97.5 (1.0)	97.3 (1.1)
Birthweight**			
VLBW (<1500 g)	78.8 (1.0)	82.4 (0.8)	81.8 (1.0)
MLBW (1500-2499 g)	77.9 (2.0)	80.6 (1.9)	76.9 (2.1)
NBW (2500+ g)	84.6 (1.7)	87.8 (1.6)	86.8 (1.6)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Characteristics of Women Receiving Public Assistance, 2003-2005**

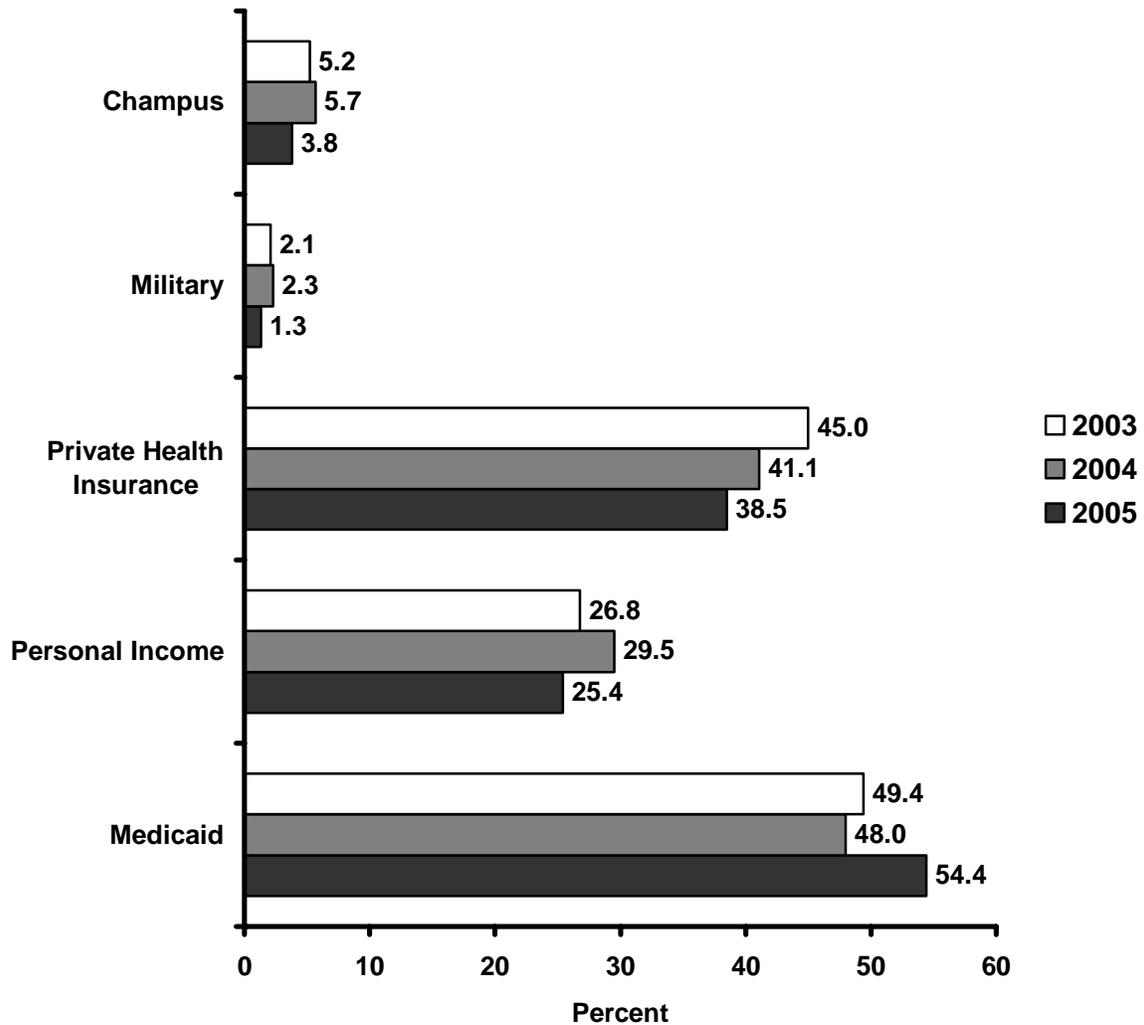
Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	19.5 (1.7)	19.9 (1.7)	24.2 (1.8)
Race			
Black	35.3 (3.6)	34.2 (3.8)	41.4 (3.5)
White	11.6 (1.7)	12.7 (1.8)	14.0 (1.9)
Age			
Less than 18	13.3 (6.0)	19.8 (8.4)	28.4 (8.7)
18-24	34.0 (3.3)	28.3 (3.3)	33.5 (3.1)
25-34	11.3 (2.0)	15.1 (2.2)	19.5 (2.5)
35-55	4.2 (2.2)	13.1 (4.2)	5.2 (2.5)
Education			
Less than High School	39.2 (4.7)	31.1 (4.4)	42.2 (4.3)
High School	24.6 (3.2)	28.2 (3.9)	23.4 (3.6)
More than High School	6.7 (1.5)	11.7 (1.9)	15.7 (2.0)
Marital status			
Married	6.7 (1.3)	9.9 (1.6)	13.1 (1.9)
Other	39.0 (3.3)	33.8 (3.2)	38.5 (3.1)
Medicaid status			
Yes	35.0 (2.8)	34.8 (2.8)	37.2 (2.6)
No	1.2 (0.7)	1.8 (0.8)	4.2 (1.3)
Birthweight***			
VLBW (<1500 g)	26.0 (1.1)	27.9 (1.0)	27.1 (1.1)
MLBW (1500-2499 g)	26.5 (2.1)	23.4 (2.0)	25.3 (2.1)
NBW (2500+ g)	18.8 (1.9)	19.4 (1.9)	24.1 (2.0)

* Standard Error

** Public assistance is defined as any one of the following: Aid to Families with Dependent Children (AFDC), welfare, public assistance, food stamps, or Supplemental Security Income (SSI). Please note that wages and public assistance are not mutually exclusive.

***Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Sources of Payment for Prenatal Care*, 2003-2005

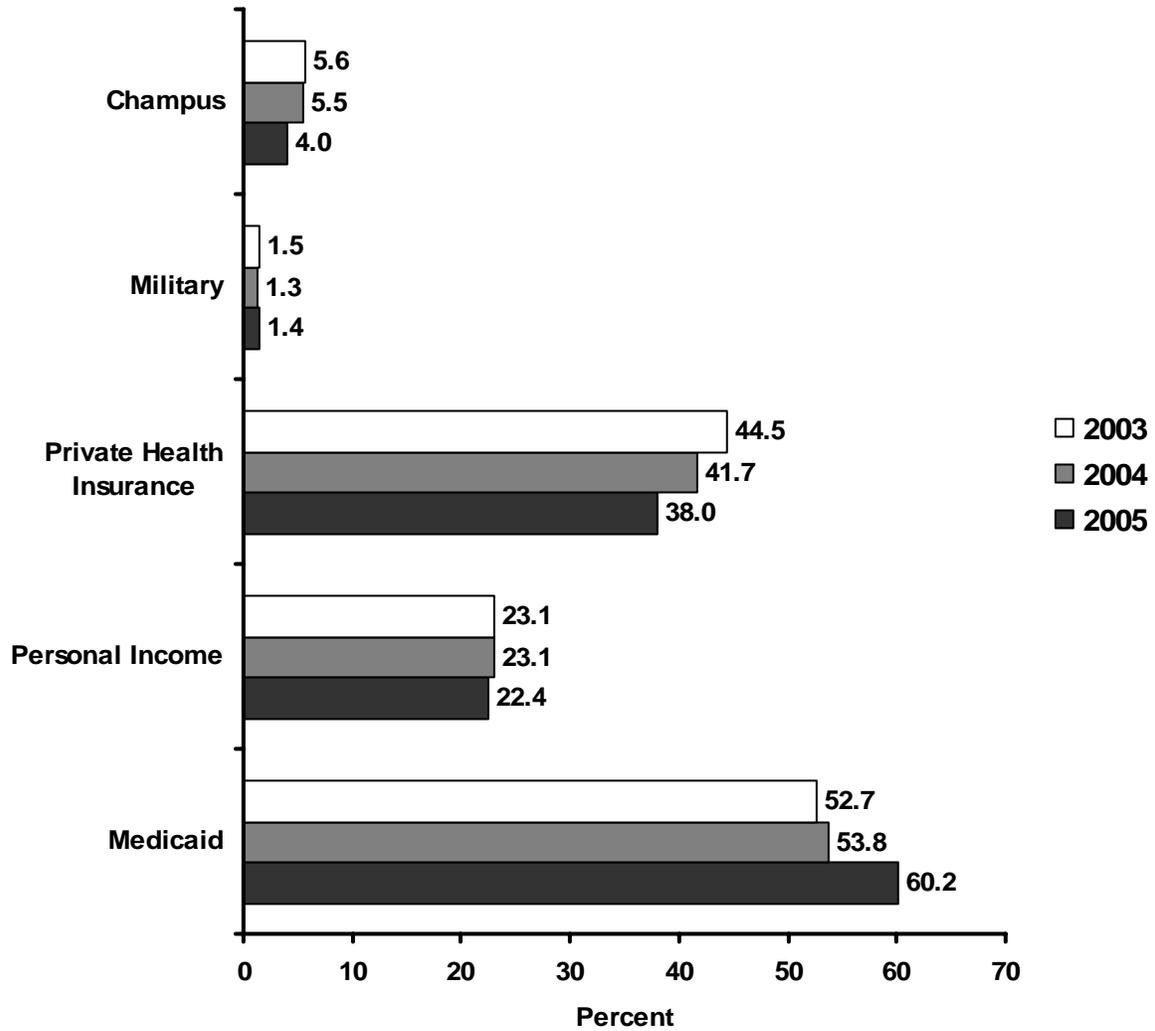


*Sources of payment are not mutually exclusive.

In 2005, just over one-quarter of women paid for all or part of their prenatal care with personal income.

The most common sources of payment for prenatal care were Medicaid and private health insurance for 2003, 2004 and 2005.

Sources of Payment for Delivery*, 2003-2005

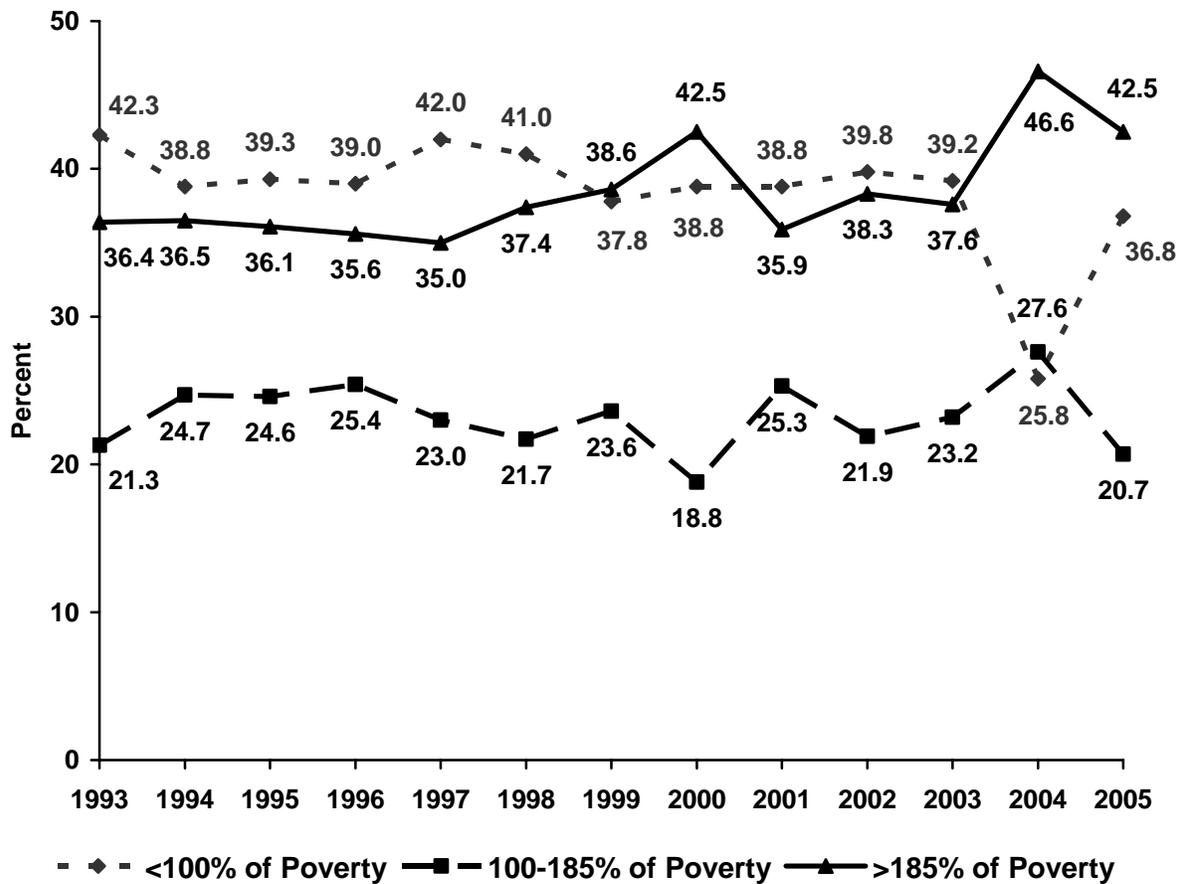


*Payment types are not mutually exclusive.

The top three sources of payment for delivery in 2003, 2004 and 2005 were:

- Medicaid
- Private Health Insurance and
- Personal Income.

Poverty Status among Women Who Delivered a Live Birth, 1993-2005



Poverty thresholds were obtained from the Health and Human Services Federal Poverty Guidelines, 2005⁴. Poverty status is based on family income and family size obtained from questions 73 and 65 respectively on the PRAMS survey.

Between the years 1993 and 2003, the percent of pregnant women (who delivered live born infants) living at or below 185%* of the poverty level remained fairly constant between 62-65%, with just one drop in 2000 to 57.5%. The percent of women living at or below 185% of the poverty level was 53.4% and 57.5% in 2004 and 2005, respectively.

*combine “<100% of poverty” and “100-185% of poverty” levels (i.e., 21.3% + 42.3% = 63.6% for 1993)

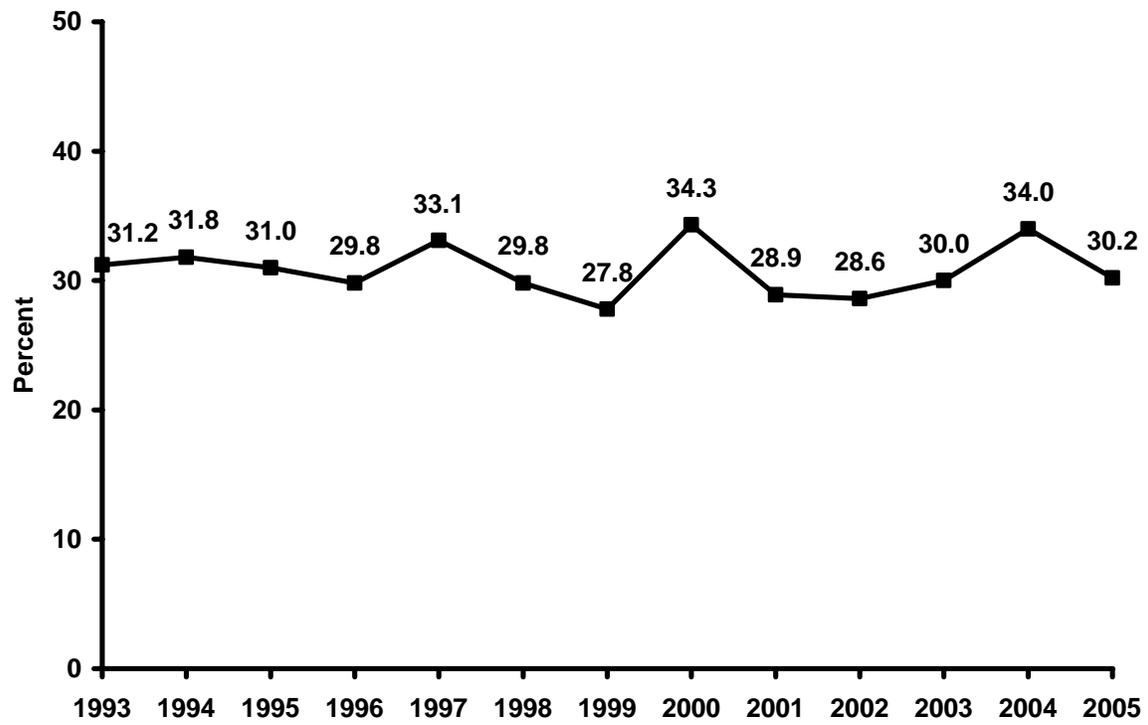
**Characteristics of Women Living
At or Below 185% of Poverty, 2003-2005**

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Race			
Black	83.9 (3.1)	76.4 (3.6)	80.6 (2.9)
White	52.7 (2.7)	39.5 (2.6)	40.8 (2.7)
Age			
Less than 18	94.1 (5.5)	70.0 (12.2)	88.3 (7.3)
18-24	89.6 (2.2)	75.8 (3.2)	79.6 (2.7)
25-34	41.5 (3.2)	39.9 (3.0)	42.7 (3.1)
35-55	45.0 (6.9)	40.6 (6.1)	25.5 (5.4)
Education			
Less than High School	95.9 (2.2)	86.7 (3.6)	96.5 (1.7)
High School	80.0 (3.2)	80.9 (3.2)	70.1 (4.2)
More than High School	35.8 (3.0)	30.1 (2.6)	34.4 (2.6)
Marital status			
Married	43.2 (2.8)	34.9 (2.6)	35.6 (2.7)
Other	93.7 (1.7)	81.3 (2.8)	87.6 (2.2)
Medicaid status			
Yes	95.5 (1.2)	84.0 (2.2)	88.9 (1.7)
No	24.2 (2.8)	17.1 (2.4)	10.7 (2.1)
Birthweight**			
VLBW (<1500 g)	70.7 (1.2)	66.9 (1.0)	67.4 (1.2)
MLBW (1500-2499 g)	73.7 (2.2)	63.8 (2.3)	68.3 (2.3)
NBW (2500+ g)	61.3 (2.4)	52.3 (2.4)	56.5 (2.3)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Percent of Women Who Used Personal Income to Pay for Prenatal Care or Delivery, 1993-2005



Medicaid Fact Sheet

Between the years of 1993 and 2005...

The proportion of women on Medicaid during pregnancy remained constant at about 53-61%.

The percent of Medicaid mothers receiving inadequate prenatal care decreased from 12.1% in 1993 to 5.7% in 2005, and the percent of those receiving adequate prenatal care increased significantly from 48.7% in 1993 to 65.1% in 2005.

In 2005 86.2% of women on Medicaid were also on WIC.

In 2004-2005 13.4% of women on Medicaid reported income and family sizes that placed them above 185% of the poverty level.

In 2005, women who were more likely to be on Medicaid during pregnancy had the following characteristics...

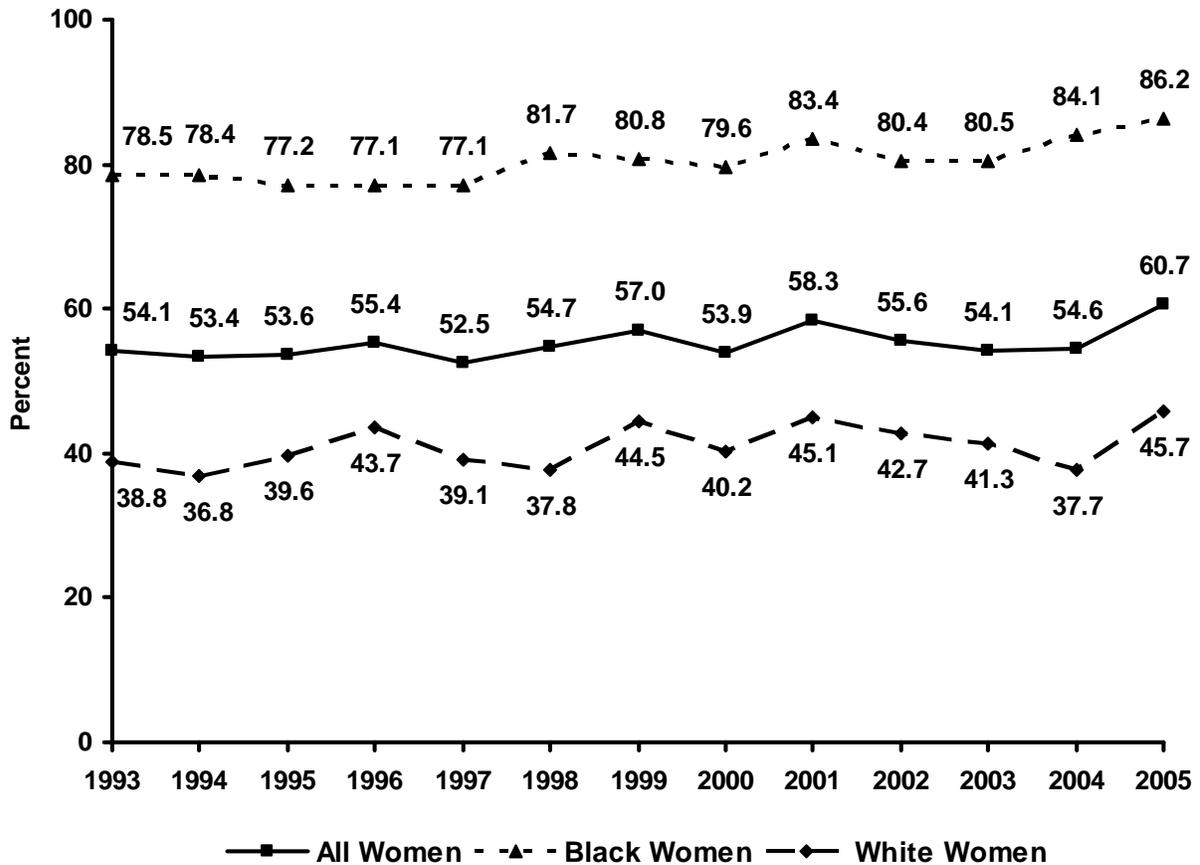
- black
- less than 18 years of age
- unmarried
- on WIC and
- had a less than high school education.

In 2005, women who were more likely to have problems getting Medicaid during pregnancy had the following characteristics...

- 18-24 years of age
- married
- not on WIC and
- a high school education.

Special Populations – Medicaid

Proportion of Women on Medicaid During Pregnancy*, 1993-2005



*A woman was considered to be on Medicaid if **any one** of the following was true:
 She was on Medicaid before pregnancy;
 Prenatal care was paid by Medicaid; or
 Delivery was paid by Medicaid.

Over 50% of women were on Medicaid during pregnancy during the years 1993 through 2005. Black women were almost twice as likely as white women to receive Medicaid.

Special Populations – Medicaid

Characteristics of Women on Medicaid During Pregnancy, 2003-2005

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	54.1 (2.1)	54.6 (2.1)	60.7 (2.0)
Race			
Black	80.5 (3.0)	84.1 (2.8)	86.2 (2.4)
White	41.3 (2.6)	37.7 (2.6)	47.7 (2.7)
Age			
Less than 18	99.9 (0.1)	93.2 (5.6)	99.4 (0.4)
18-24	84.2 (2.5)	78.9 (2.9)	82.3 (2.5)
25-34	30.6 (2.8)	37.6 (2.9)	44.2 (3.1)
35-55	25.8 (5.7)	36.3 (5.9)	24.9 (5.2)
Education			
Less than High School	93.4 (2.4)	82.2 (3.7)	92.4 (2.3)
High School	65.2 (3.6)	79.3 (3.3)	71.1 (4.0)
More than High School	27.6 (2.7)	32.4 (2.6)	39.3 (2.7)
Marital status			
Married	28.5 (2.4)	29.0 (2.4)	35.5 (2.6)
Other	93.2 (1.7)	90.4 (1.9)	92.8 (1.6)
WIC status			
Yes	89.0 (1.9)	88.0 (1.9)	90.2 (1.6)
No	16.6 (2.3)	16.3 (2.3)	19.8 (2.5)
Birthweight**			
VLBW (350-1499 g)	69.1 (1.1)	72.5 (0.9)	72.3 (1.1)
MLBW (1500-2499 g)	70.2 (2.1)	68.5 (2.1)	72.6 (2.1)
NBW (2500+ g)	52.5 (2.3)	53.1 (2.3)	59.5 (2.2)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

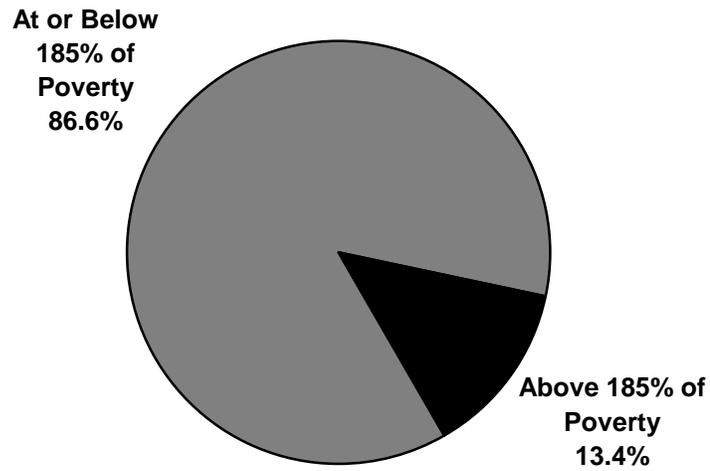
**Characteristics of Women who Had Problems
Getting Medicaid During Pregnancy, 2004-2005**

Maternal Characteristics	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	18.3 (2.8)	14.4 (2.3)
Race		
Black	12.0 (3.7)	10.3 (2.8)
White	15.4 (3.6)	10.0 (2.7)
Age		
Less than 18	6.2 (0.9)	3.3 (2.1)
18-24	18.1 (4.1)	15.5 (3.2)
25-34	19.4 (4.3)	14.1 (3.8)
35-55	21.1 (9.8)	13.2 (7.4)
Education		
Less than High School	26.7 (6.6)	13.5 (4.5)
High School	11.9 (3.8)	15.1 (4.3)
More than High School	18.3 (4.2)	13.4 (3.2)
Marital status		
Married	23.6 (4.7)	16.9 (3.7)
Other	15.1 (3.3)	12.7 (2.9)
WIC status		
Yes	12.3 (2.7)	11.6 (2.4)
No	44.7 (8.2)	27.5 (6.6)
Birthweight**		
VLBW (350-1499 g)	20.3 (1.3)	18.1 (1.3)
MLBW (1500-2499 g)	12.7 (2.4)	18.7 (2.8)
NBW (2500+ g)	18.7 (3.1)	13.9 (2.5)

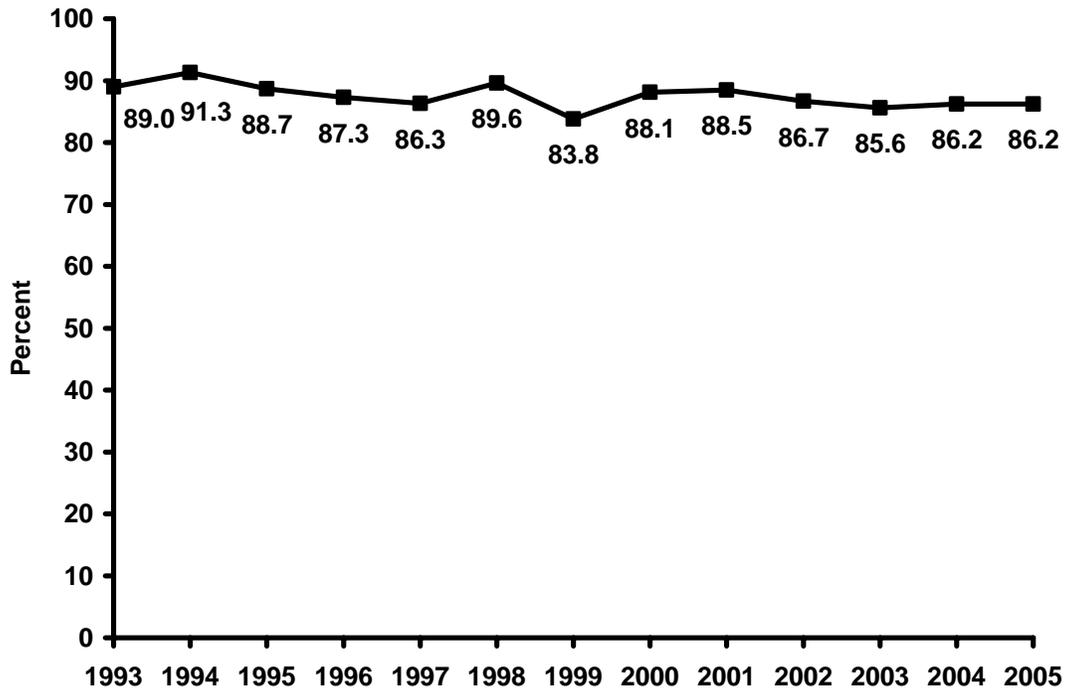
* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Poverty Levels among Women on Medicaid, 2004-2005

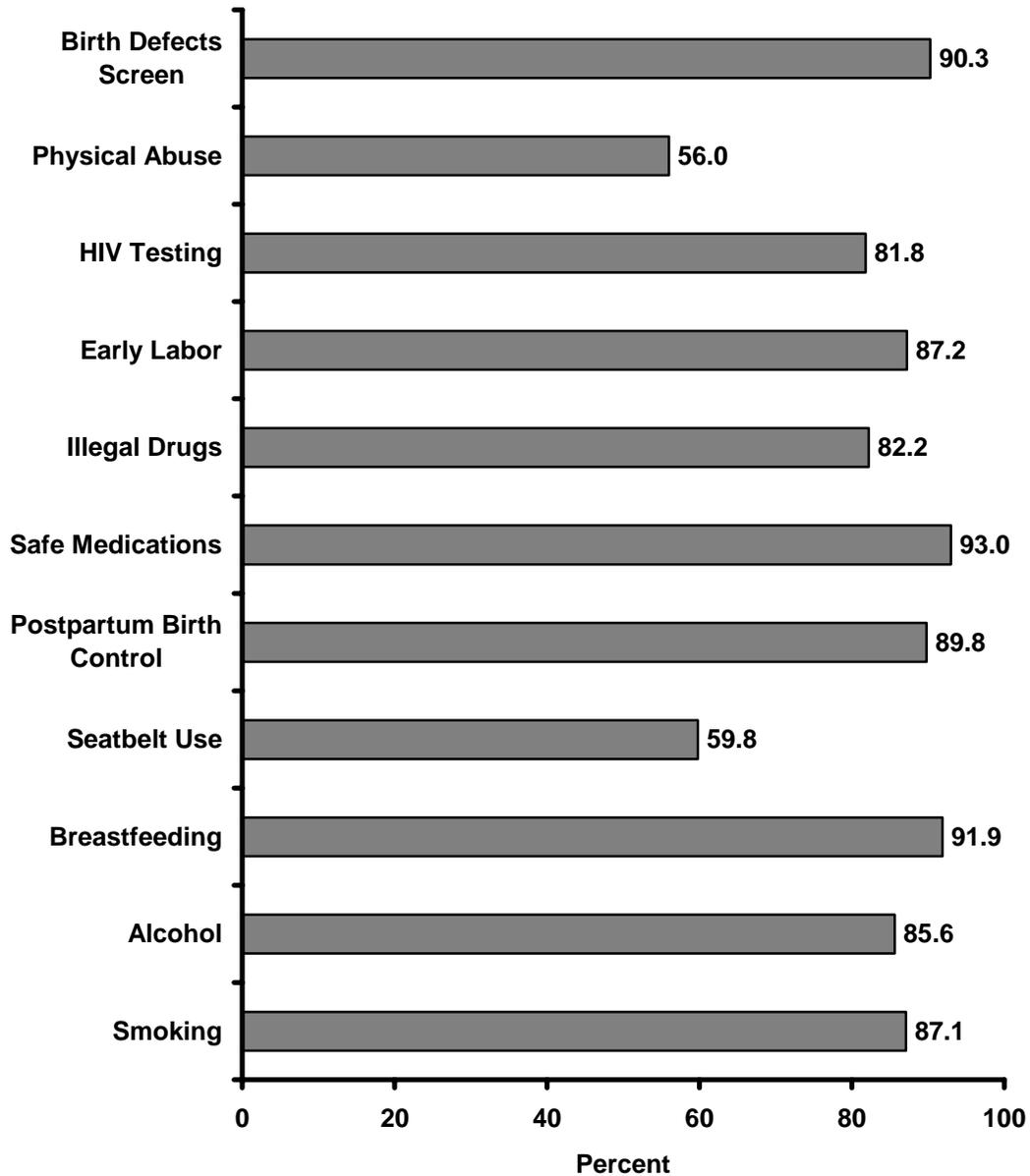


Proportion of Women on Medicaid Who Were also on WIC, 1993-2005



Special Populations – Medicaid

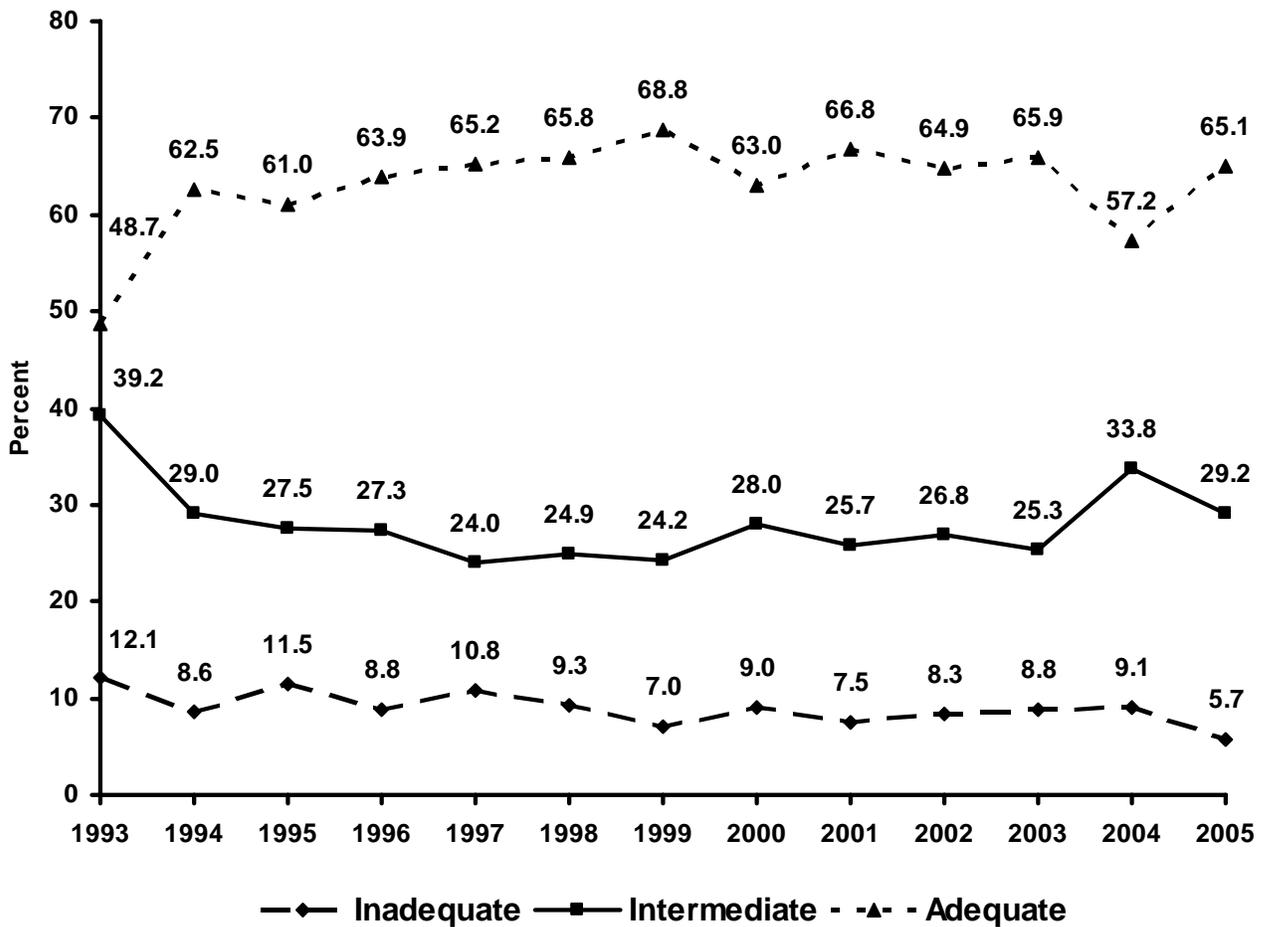
Proportion of Medicaid Mothers Who Received Information on Important Health Issues During Prenatal Care, 2004-2005



In 2004-2005, when compared to all mothers, a greater proportion of Medicaid mothers received information about all topics except birth defects screens during pregnancy.

Special Populations – Medicaid

Adequacy* of Prenatal Care Among Women on Medicaid, 1993-2005



*The Kessner Index was used to measure adequacy of prenatal care. Categories are based on gestational age, month of first prenatal care visit, and total number of prenatal care visits.

The percent of Medicaid mothers receiving ADEQUATE prenatal care increased substantially from 48.7% in 1993 to 68.8% in 1999. After 1999 there is a slight decrease to 65.1% in 2005.

The percent of Medicaid mothers receiving INADEQUATE prenatal care decreased from 12.1% in 1993 to 5.7% in 2005.

WIC Fact Sheet

Between the years of 1993 and 2005...

The proportion of women on WIC during pregnancy remained between 52.5% and 60.8%.

The proportion of women on WIC receiving inadequate prenatal care decreased from 9.2% in 1993 to 4% in 2005.

The proportion of WIC mothers who received adequate prenatal care decreased from 71.1% in 1999 to 65.6% in 2005.

During the period of 2004, 2004 and 2005, women who were...

- black
- less than 18 years old
- unmarried
- on Medicaid and
- had a less than high school education...

were more likely to be on WIC compared to women without these characteristics.

In 2004-2005...

Over 80% of WIC mothers paid for their prenatal care and delivery with Medicaid, and about 14% paid with health insurance. Very few paid from other sources.

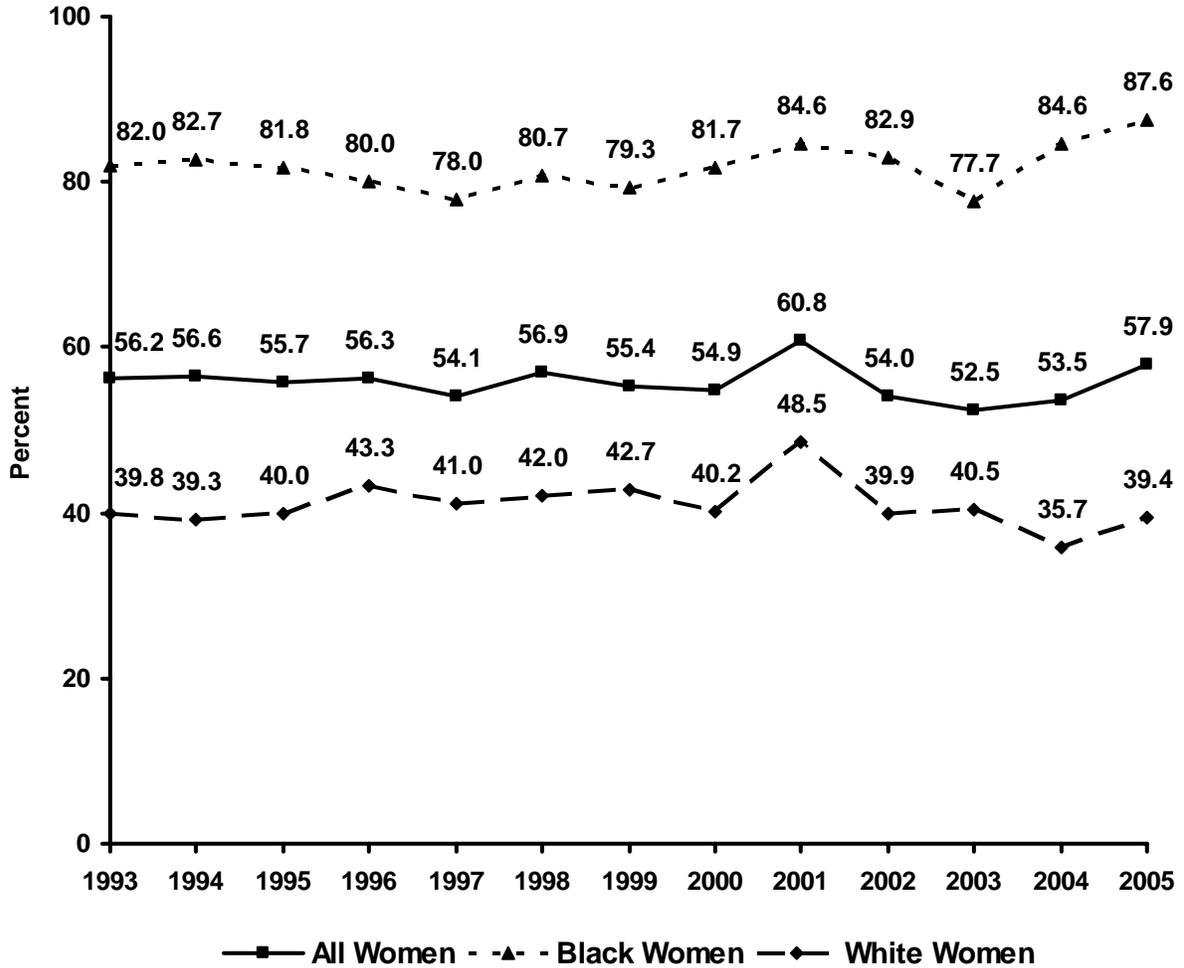
At least 85% of WIC mothers received information during prenatal care on safe medications, smoking and drinking alcohol during pregnancy, breastfeeding, postpartum birth control, birth defects screenings, and early labor.

Slightly over 56% of WIC mothers received information on physical abuse by their husbands or partners.

About 81% of WIC mothers received information on testing for HIV.

Special Populations – WIC

Proportion of the Women on WIC*, 1993-2005



*A federal supplemental food program for women, infants, and children (WIC).

The percent of women on WIC during pregnancy remained fairly steady from 52.5% to 60.8% during the years 1993 through 2005.

Black women were about twice as likely to be on WIC as white women for the years 1993-2005.

Special Populations – WIC

Characteristics of Women Who Received WIC Services, 2003-2005

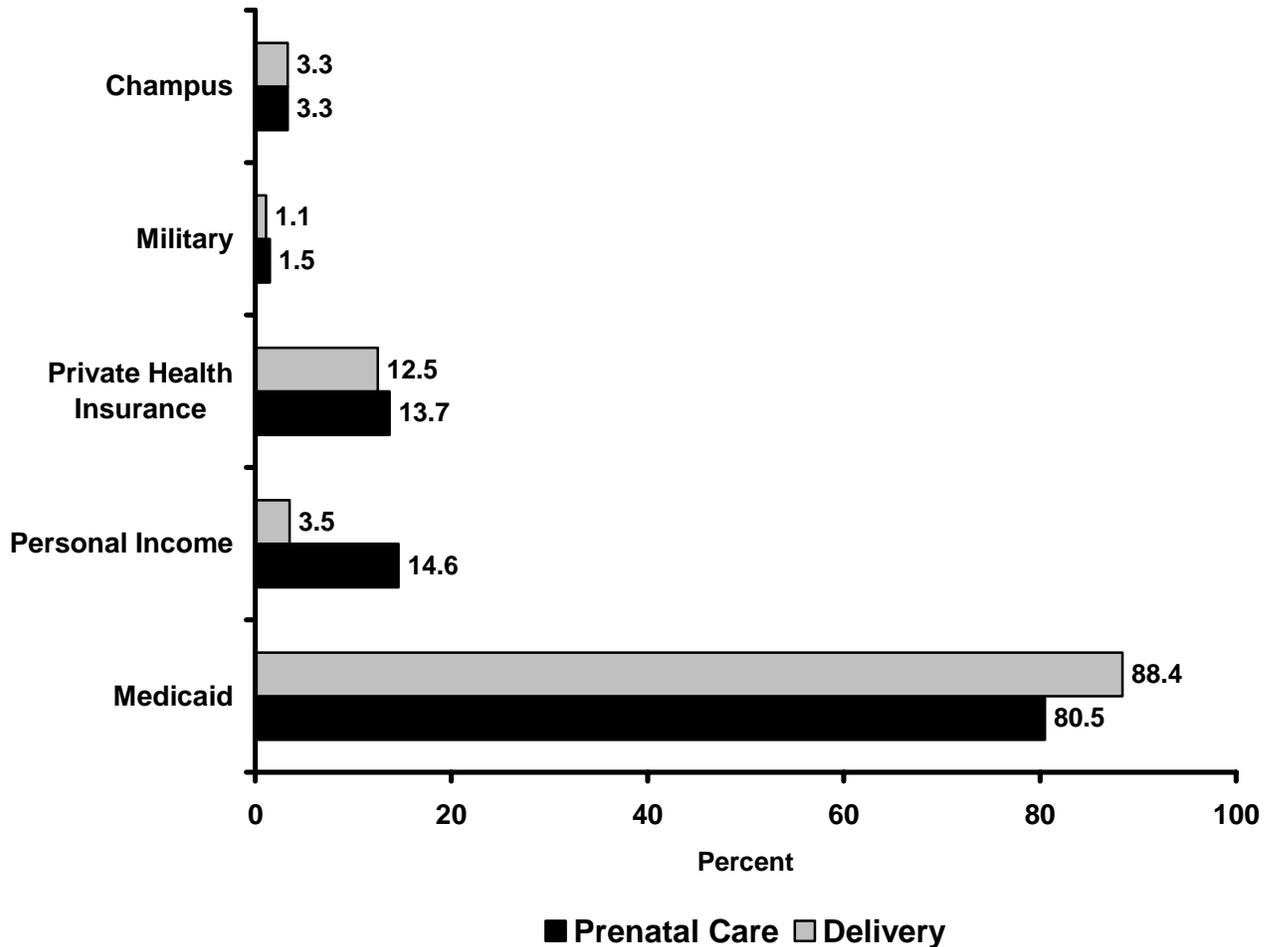
Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Total	52.5 (2.1)	53.5 (2.1)	57.9 (2.0)
Race			
Black	77.7 (3.2)	84.6 (2.7)	87.6 (2.2)
White	40.5 (2.6)	35.7 (2.6)	39.4 (2.7)
Age			
Less than 18	93.0 (4.4)	92.3 (5.6)	92.3 (4.5)
18-24	77.6 (2.9)	73.2 (3.2)	78.0 (2.8)
24-34	31.9 (2.9)	39.7 (2.9)	45.3 (3.1)
35-55	28.3 (6.1)	34.8 (6.0)	23.1 (5.1)
Education			
Less than High School	83.4 (3.6)	82.0 (3.7)	87.7 (2.8)
High School	62.4 (3.6)	74.5 (3.6)	68.1 (4.1)
More than High School	30.3 (2.9)	32.6 (2.7)	37.6 (2.7)
Marital status			
Married	30.8 (2.5)	31.0 (2.5)	35.8 (2.6)
Other	84.9 (2.4)	85.0 (2.4)	86.3 (2.1)
Medicaid status			
Yes	85.6 (2.0)	86.2 (2.0)	86.2 (1.8)
No	12.7 (2.1)	14.2 (2.2)	14.4 (2.3)
Birthweight**			
LBW (<2500 g)	65.0 (1.8)	63.3 (1.8)	63.0 (1.9)
NBW (2500+ g)	51.2 (2.3)	52.5 (2.3)	57.4 (2.2)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Special Populations – WIC

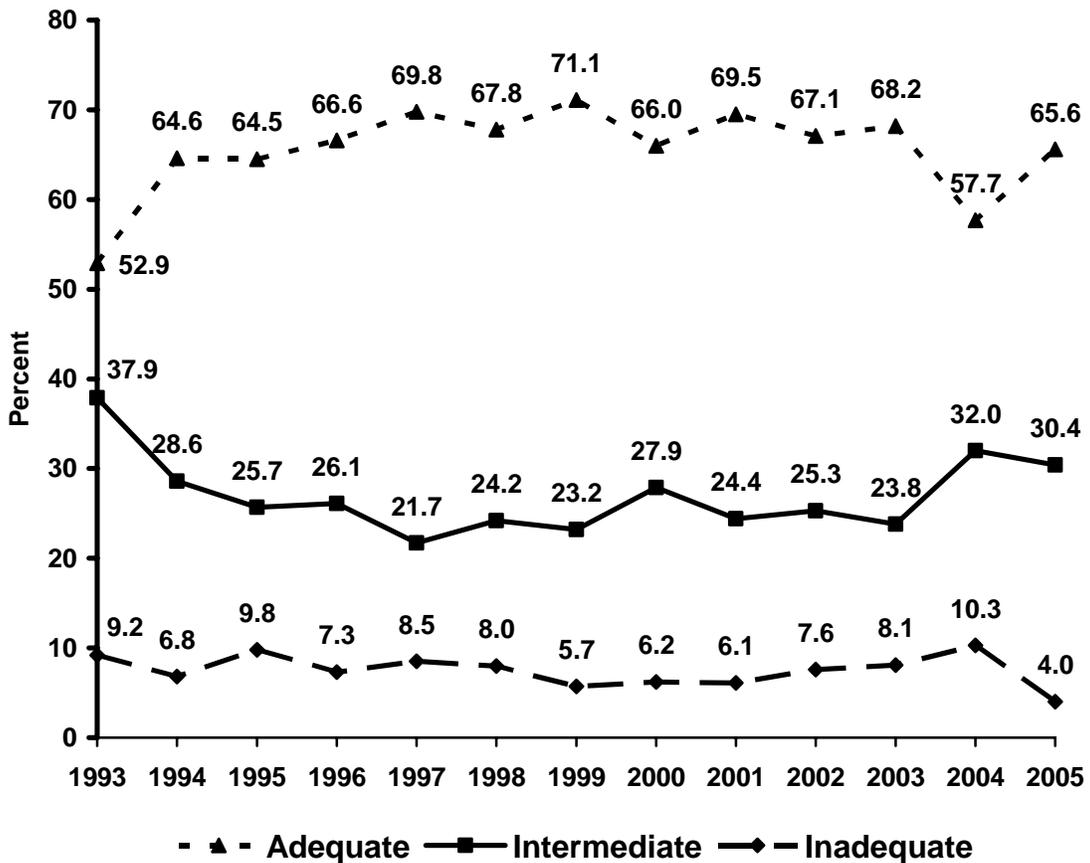
Source of Payment for Prenatal Care and Delivery for Mothers on WIC, 2004-2005



In 2004-2005, over 80% of WIC mothers paid for their prenatal care visits and delivery with Medicaid.

Fewer than 15% of WIC mothers paid for some prenatal care with personal income, while 3.5% used personal income to pay for the delivery costs.

Adequacy* of Prenatal Care Among WIC Women, 1993-2005

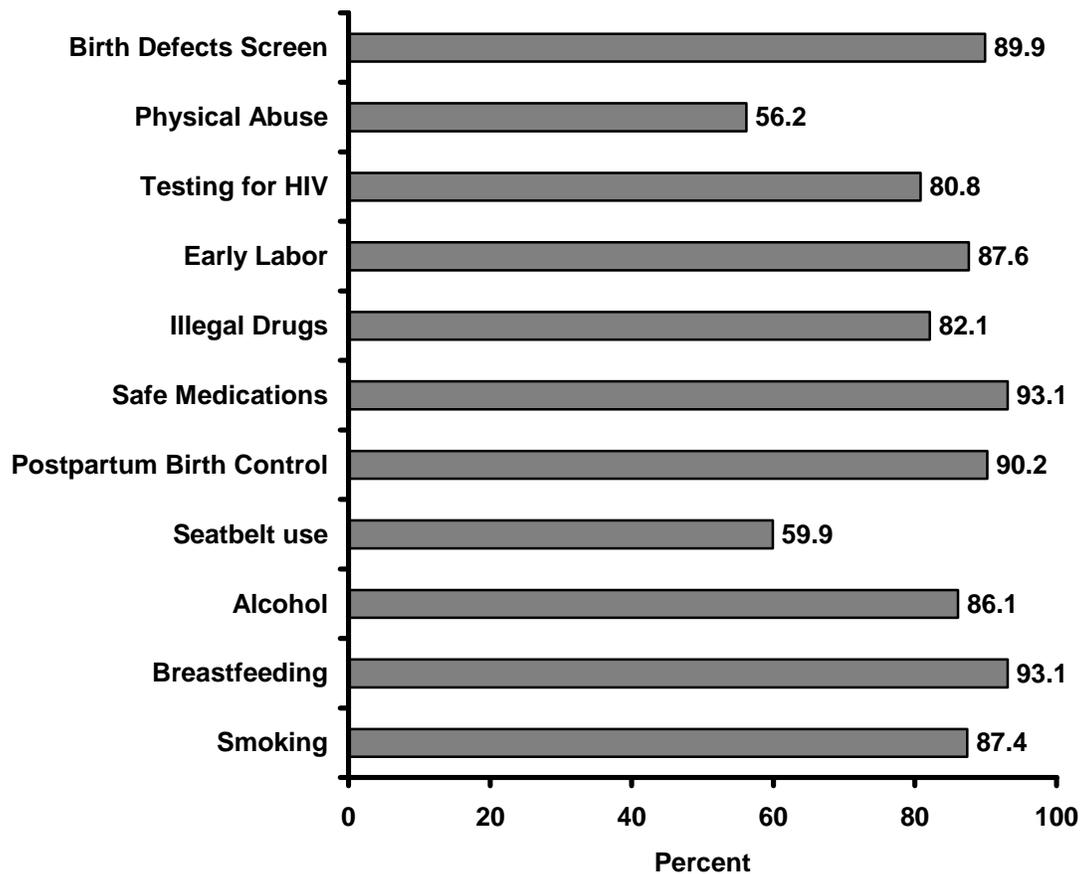


*The Kessner Index was used to measure adequacy of prenatal care. Categories are based on gestational age, month of first prenatal care visit, and total number of prenatal care visits.

The proportion of WIC mothers receiving ADEQUATE prenatal care increased from 52.9% in 1993 to 65.6% in 2005.

The proportion of WIC mothers receiving INADEQUATE prenatal care decreased from 9.2% in 1993 to 4.0% in 2005.

**Women on WIC Who Received Information on Important Health Issues
During Prenatal Care, 2004-2005**



When compared to all mothers, a greater proportion of WIC mothers received information on all topics, except birth defects screenings, during prenatal care in 2004-2005.

Teenage Mothers Fact Sheet

Between the years of 1993 and 2005...

The proportion of live births to teenagers (ages 15-17) decreased from 7.4% in 1993 to 4.4% in 2005.

The proportion of unintended births among teenagers increased from 81.5% in 1993 to 89.9% in 2005.

The proportion of teen mothers receiving inadequate prenatal care increased from 10.2% in 1993 to a high of 19.6% in 2002 but has since decreased to 13% in 2005.

The proportion of teen mothers receiving adequate prenatal care increased from 40.0% in 1993 to a high of 64% in 1999 but has since decreased to 40.7% in 2005.

In 2005...

Teen mothers (ages 15-17) were more likely to deliver LBW infants than adult mothers (18 or over).

During the period of 2003, 2004, and 2005, women who...

- had less than a high school education

- were black

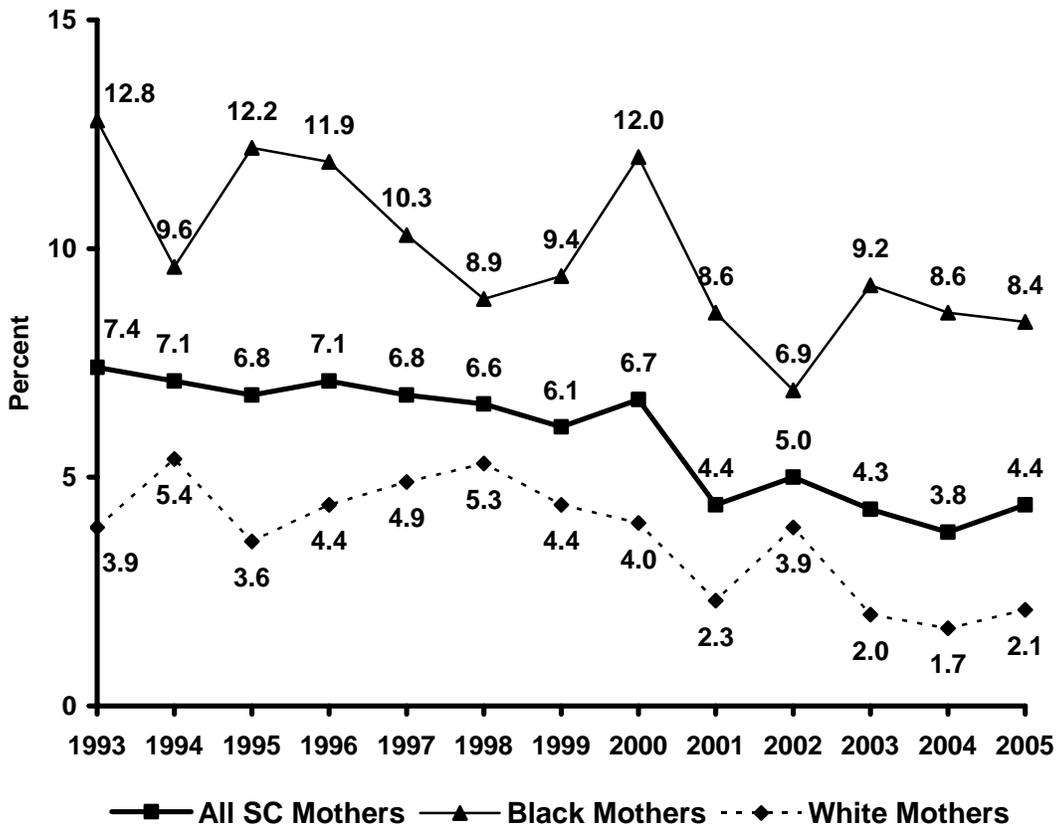
- were unmarried

- on WIC and on Medicaid

were more likely to be teenage mothers compared to women without these characteristics.

Special Populations - Teenagers (Ages 15-17)

Percent of Births to Teenage Mothers in SC, 1993-2005

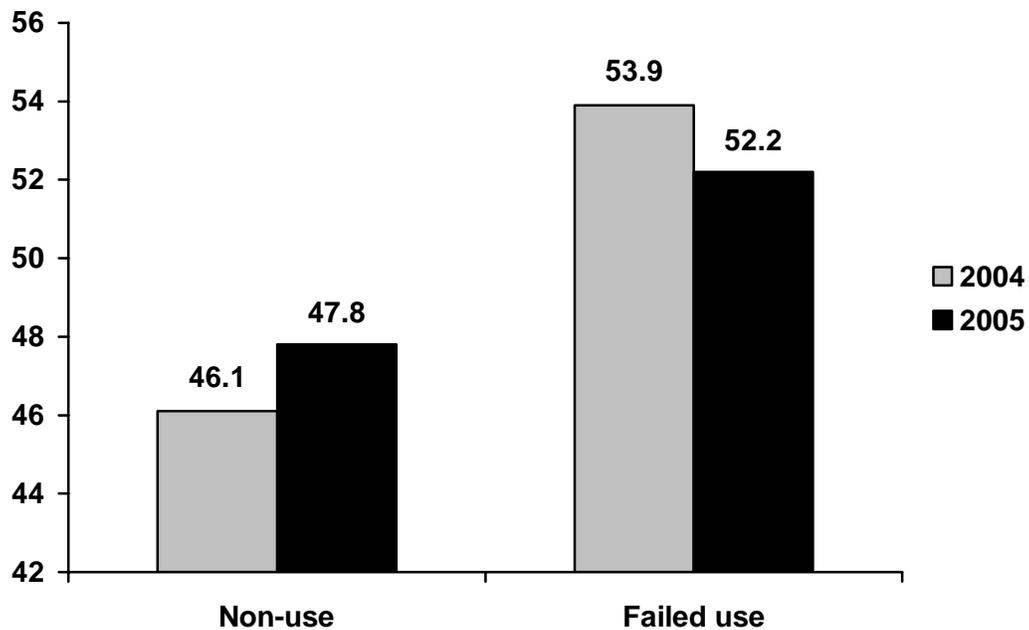


Just over 4% of all live births in South Carolina were to teenagers (ages 15-17) in 2005.

Just under 20% of all mothers who delivered live births in 2005 got pregnant for the first time as a teenager (less than 18 years of age).

Special Populations - Teenagers (Ages 15-17)

Contraceptive Behaviors among Teenage Mothers, 2004-2005



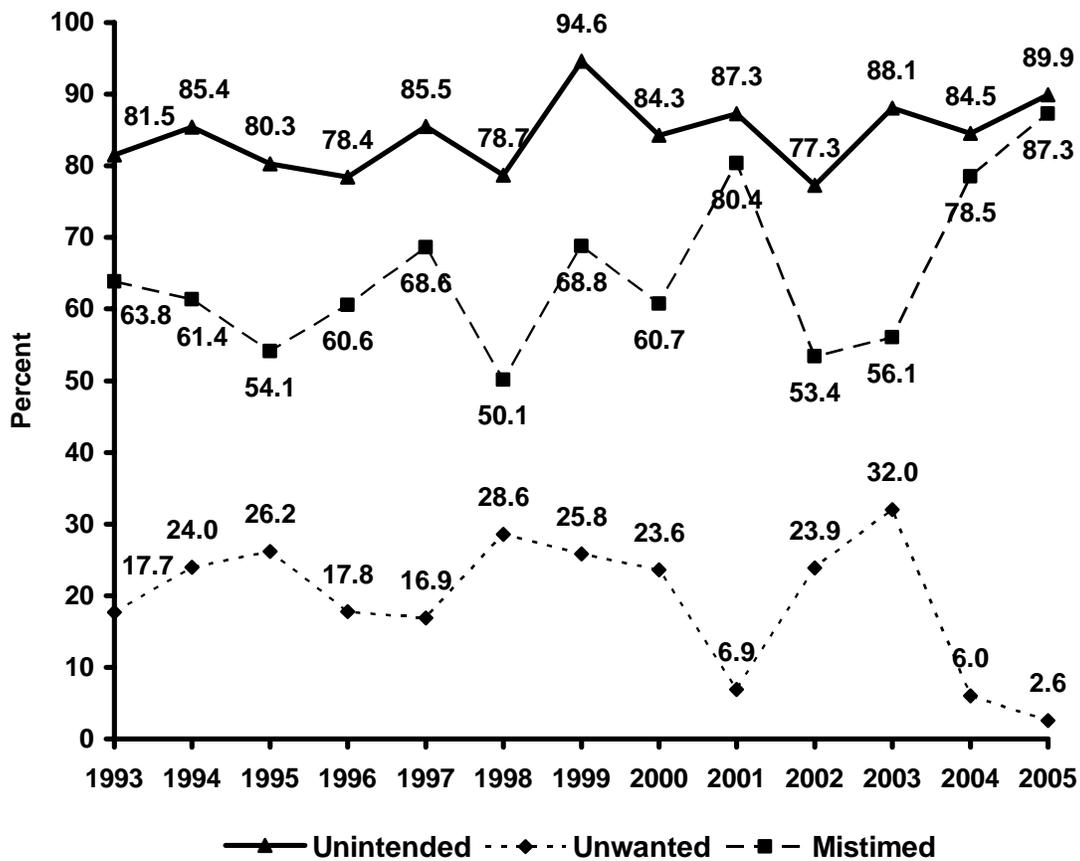
**** Definitions:**

Failed Use: Woman was using contraception when she got pregnant.

Non-use: Woman was not using contraception when she got pregnant.

Special Populations - Teenagers (Ages 15-17)

Unintended Pregnancies Among Teenage Mothers, 1993-2005



Definitions:

Intended pregnancies: those wanted then or sooner.

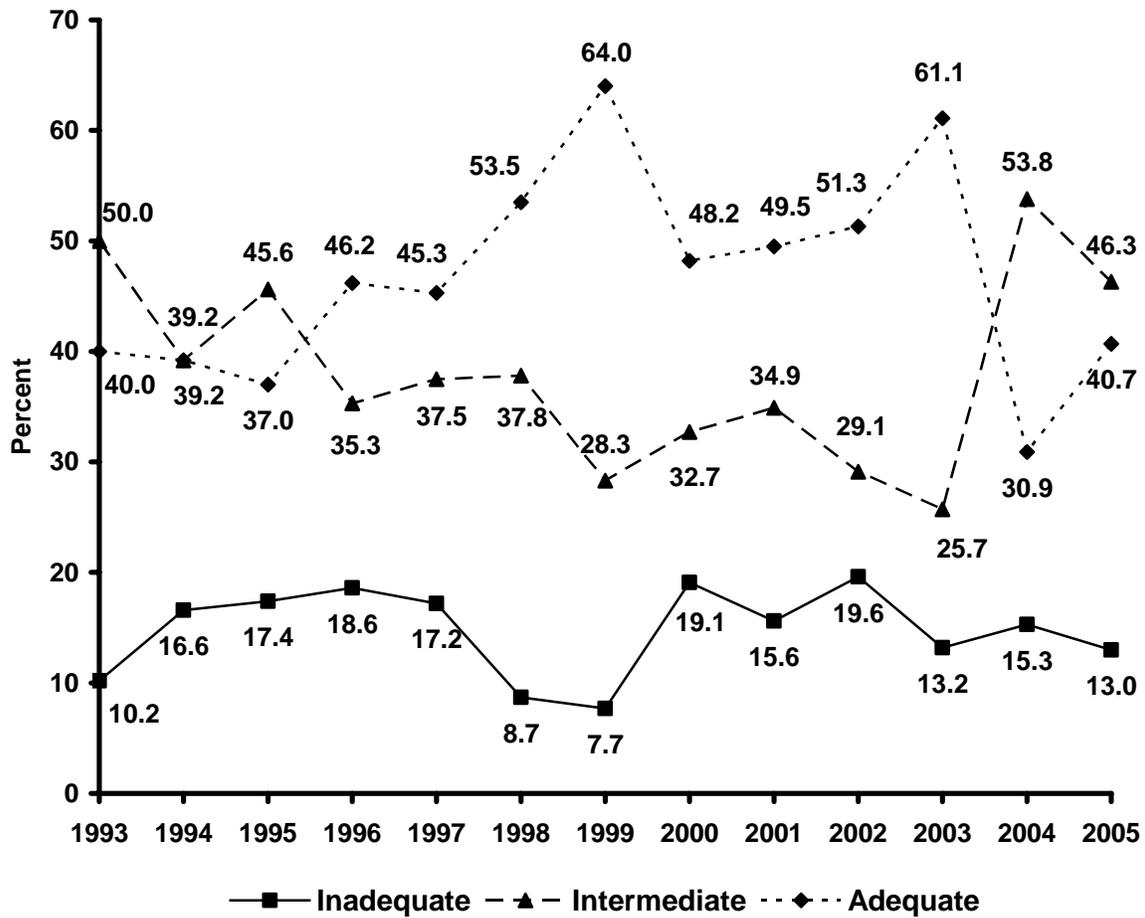
Unintended pregnancies: those which were unwanted (did not want then or anytime in the future) or mistimed (wanted to be pregnant later).

The proportion of teenage mothers that reported UNINTENDED pregnancies decreased from 94.6% in 1999 to 77.3% in 2002 but has since increased to 89.9% in 2005.

The percent of unintended pregnancies that were UNWANTED decreased from 25.8% in 1999 to 2.6% in 2005.

Special Populations - Teenagers (Ages 15-17)

Adequacy* of Prenatal Care Among Teenage Mothers, 1993-2005



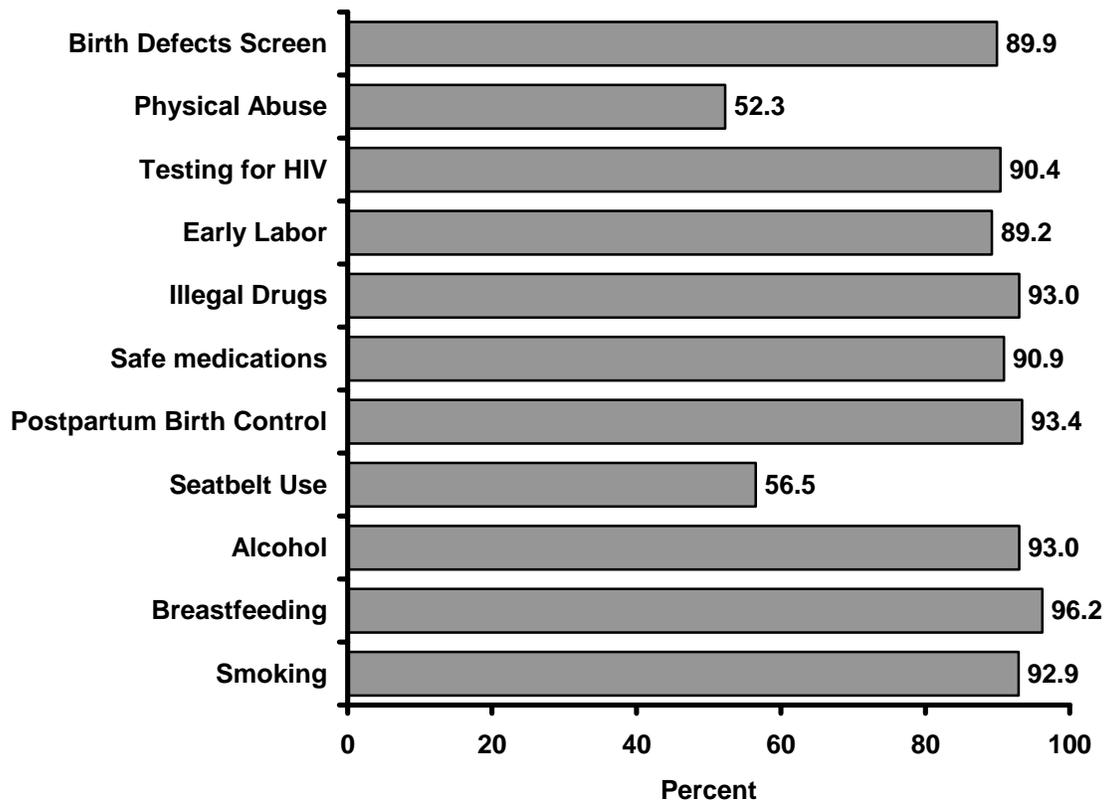
*Kessner Index defines prenatal care as adequate, intermediate, or inadequate. These categories are based on gestational age, month of first prenatal care visit, and total number of prenatal care visits. Total number of prenatal care visits was taken directly from the birth certificate.

The percent of teenage mothers receiving **INADEQUATE** prenatal care increased from 10.2% in 1993 to 19.6% in 2002 but has since decreased to 13% in 2005.

The percent of teenage mothers receiving **ADEQUATE** prenatal care increased from 40.0% in 1993 to 61.1% in 2002 but has since decreased to 40.7 in 2005.

Special Populations - Teenagers (Ages 15-17)

Proportion of Teenage Mothers Who Received Information about Important Health Issues During Prenatal Care, 2004-2005



A greater proportion of teenagers received information on all topics except birth defects screenings and safe medications in comparison to adult women aged 18 and older.

During the years of 2004 - 2005, women who...

- had less than a high school education

- were black

- were unmarried

- on WIC and on Medicaid

were more likely to be teenage mothers compared to women without these characteristics.

Special Populations - Teenagers (Ages 15-17)

Characteristics of Teenage Mothers, 2003-2005

Maternal Characteristics	2003 percent (s.e.)*	2004 percent (s.e.)*	2005 percent (s.e.)*
Race			
Black	9.2 (2.2)	8.6 (2.3)	8.4 (2.0)
White	2.0 (0.7)	1.7 (0.7)	2.1 (0.8)
Education			
Less than High School	18.3 (3.6)	16.5 (3.6)	17.7 (3.2)
High School	1.6 (0.9)	1.1 (0.9)	0.0 (0.0)
Marital status			
Married	0.4 (0.4)	1.1 (0.6)	0.1 (0.1)
Other	10.2 (2.0)	7.5 (1.8)	10.0 (1.9)
WIC status			
On WIC during pregnancy	7.7 (1.6)	6.6 (1.5)	7.1 (1.5)
Not on WIC	0.7 (0.5)	0.7 (0.5)	0.9 (0.5)
Medicaid status			
Yes	8.0 (1.6)	6.4 (1.5)	7.3 (1.4)
No	0.0 (0.0)	0.6 (0.5)	0.1 (0.1)
Birthweight**			
VLBW (<1500 g)	7.1 (0.6)	5.8 (0.5)	6.4 (0.6)
MLBW (1500-2499 g)	8.1 (1.3)	6.1 (1.1)	7.6 (1.3)
NBW (2500+ g)	4.0 (0.9)	3.5 (0.9)	4.1 (1.0)

* Standard Error

**Note: In 2005, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

References and Resources

1. Healthy People 2010 National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics; DHHS No. (PHS) 94-1232-1.
2. South Carolina Vital and Morbidity Statistics, 2004, South Carolina Department of Health and Environmental Control, Office of Public Health Statistics and Information Services, Division of Biostatistics, August 2006.
3. The Future of Children: Low Birthweight, from the Center for the Future of Children and Lucile Packard Foundation; Volume 5 (1), Spring 1995.
4. Health and Human Services, Federal Poverty Guidelines. <http://aspe.hhs.gov/poverty>.

APPENDIX A

South Carolina Pregnancy Risk Assessment Monitoring System (Phase V) Questionnaire

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

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

- No
 Yes

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

- No
 Yes

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

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

4. What is *your* date of birth?

19
 Month Day Year

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

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

7. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

- No  Go to Question 10
 Yes

8. Did the baby born *just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?*

- No
 Yes

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

- No
 Yes

10. How old were you when you got pregnant with your first baby?

Years old

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

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

Check one answer

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

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

- No
- Yes

Go to Question 15

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

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

- No
- Yes

Go to Question 15

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

Check all that apply

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

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

15. 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

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

_____ Weeks **OR** _____ Months

I didn't go for prenatal care

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

- No
- Yes
- I didn't want prenatal care →

Go to Question 19

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

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

If you did not go for prenatal care, go to Page 4, Question 22.

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- TRICARE (formerly CHAMPUS)
- Military
- Other → Please tell us:

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

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

21. 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 item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

	No	Yes
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

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

- No
- Yes
- I don't know

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

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

- No
- Yes

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

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

If you did not have any of these problems, go to Question 26.

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

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

The next questions are about smoking cigarettes and drinking alcohol.

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

- No → **Go to Page 6, Question 30**
 Yes

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

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

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

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

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

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

30. 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 33**
- Yes

31a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

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

31b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

32a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

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

32b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

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

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

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

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

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

34a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

34b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
- Yes

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

35a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

35b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
- Yes

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

36. When was your baby due?

<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> _____ Month	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> _____ Day	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> _____ Year
--	--	---

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

<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> _____ Month	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> _____ Day	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> _____ Year
--	--	---

- I didn't have my baby in a hospital

Go to Page 8, Question 39

38. After you were *admitted* to the hospital to deliver your new baby, were you transferred to another hospital *before* your baby was born?

- No
 Yes

39. When was your baby born?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

- I didn't have my baby in a hospital

41. How was your delivery paid for?

Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance or HMO (including insurance from your work or your husband's work)
 TRICARE (formerly CHAMPUS)
 Military
 Other —————> Please tell us:

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

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

- No
 Yes
 I don't know

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

- Less than 24 hours (less than 1 day)
 24 to 48 hours (1 to 2 days)
 3 days
 4 days
 5 days
 6 days or more
 My baby was not born in a hospital
 My baby is still in the hospital —————> **Go to Question 46**

44. Is your baby alive now?

- No —————> **Go to Page 10, Question 58**
 Yes

45. Is your baby living with you now?

- No —————> **Go to Page 10, Question 58**
 Yes

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

- No
 Yes —————> **Go to Question 48**

47. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other _____ → Please tell us:

If you did not breastfeed your new baby, go to Question 51.

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

- No
- Yes _____ → Go to Question 50

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

_____ Weeks **OR** _____ Months

- Less than 1 week

50. 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, go to Page 10, Question 58.

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

_____ Hours

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

52. 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

53. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

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

- No
 Yes

55. Has your new baby had a well-baby checkup?

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

- No
 Yes

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

- No
 Yes → **Go to Question 58**

57. Did any of these things keep your baby from having a well-baby checkup?

Check all that apply

- I didn't have enough money or insurance to pay for it
 I couldn't find a doctor that would accept Medicaid
 I had no way to get my baby to the clinic or office
 I didn't have anyone to take care of my other children
 I couldn't get an appointment
 My baby was too sick to go for routine care
 Other → Please tell us:

58. Are you or your husband or partner doing anything *now* to keep from getting pregnant?

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

- No
 Yes → **Go to Question 60**

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

Check all that apply

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

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 61.

60. 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 or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other —————> Please tell us:

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

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

Check all that apply

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

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

Check one answer

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

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

People

The next few questions are on a variety of topics.

If you were on Medicaid before you got pregnant with your new baby, go to Question 66.

64. Did you try to get Medicaid coverage during your most recent pregnancy?

No → **Go to Question 66**
 Yes

65. Did you have any problems getting Medicaid during your most recent pregnancy?

No
 Yes

66. During your most recent pregnancy, did you feel you *needed* any of the following services?

For each one, circle **Y** (Yes) if you felt you needed the service or **N** (No) if you did not feel you needed the service.

Did you need—

	No	Yes
a. Childbirth classes	N	Y
b. Parenting classes	N	Y
c. Help with an alcohol or drug problem	N	Y
d. Help to reduce violence in your home	N	Y
e. Counseling information for family and personal problems	N	Y
f. Help to quit smoking	N	Y
g. Help with or information about breastfeeding	N	Y
h. Other	N	Y

Please tell us:

67. During your most recent pregnancy, did you receive any of the following services? For each one, circle **Y** (Yes) if you received the service or **N** (No) if you did not receive the service.

Did you receive—

- | | No | Yes |
|--|----|-----|
| a. Childbirth classes | N | Y |
| b. Parenting classes | N | Y |
| c. Help with an alcohol or drug problem | N | Y |
| d. Help to reduce violence in your home | N | Y |
| e. Counseling information for family and personal problems | N | Y |
| f. Help to quit smoking | N | Y |
| g. Help with or information about breastfeeding | N | Y |
| h. Other | N | Y |
- Please tell us:

If your baby is no longer alive or is not living with you, go to Question 70.

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

- No —————> **Go to Question 70**
- Yes

69. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
- Often
- Sometimes
- Rarely
- Never

70. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No —————> **Go to Question 72a**
- Yes

71. At that visit, did a doctor, nurse, or other health care worker give you some form of birth control or a prescription for birth control?

- No
- Yes

72a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

72b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

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

- | | No | Yes |
|--|----|-----|
| a. I 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 |

74. Have you ever had your teeth cleaned by a dentist or dental hygienist?

- No →
- Yes

Go to Question 76

75. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

	No	Yes
a. Before my most recent pregnancy	N	Y
b. During my most recent pregnancy	N	Y
c. After my most recent pregnancy	N	Y

The next question asks for your opinion.

76. What do you think are the signs and symptoms of preterm labor (early labor more than 3 weeks before a baby is due)? For each item, circle **Y** (Yes) if you think it is a sign or symptom, circle **N** (No) if you don't think it's a sign or symptom, or circle **DK** (Don't Know) if you don't know if it's a sign or symptom.

	No	Yes	Don't Know
a. Cramps that feel like you're on your period (with or without diarrhea).	N	Y	DK
b. Low, dull backache	N	Y	DK
c. Headache with nausea or vomiting.	N	Y	DK
d. Clear, pink, or brownish fluid (water) leaking from your vagina	N	Y	DK
e. Contractions every 10 minutes or more often (painful or not) . . .	N	Y	DK
f. Swelling of the legs and/or ankles	N	Y	DK
g. Frequent urination	N	Y	DK
h. Feeling that your baby is pushing down.	N	Y	DK

77. What is today's date?

Month	Day	Year

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

Thanks for answering our questions!

*Your answers will help us work to make South Carolina
mothers and babies healthier.*

APPENDIX B

Technical Notes: Sampling and Computation of Analysis Weights

Appendix B. Technical Notes

This section presents an overview of 1) the sampling approach used in PRAMS, 2) the derivation of the analysis weights applied to the weighted dataset, and 3) the distribution of response rates.

Sampling

The SC PRAMS project utilizes a systematic stratified sampling strategy that takes birthweight into consideration. This is the most appropriate and efficient sampling strategy when the goal is to ensure large sample strata from groups that occur at low frequency in the total population (e.g. very low birthweight (VLBW) infants (<1,500 grams) account for close to 2% of the total live births). Therefore, SC PRAMS has sampled women having live MLBW (moderately low birthweight infants (1,500-2,499 grams) and VLBW infants at a higher rate than women having normal birthweight infants (2500 grams or more). Over-sampling of the low frequency strata ensures that reliable estimates of statistics can be presented separately for women having LBW infants.

Table A. Sampling fractions applied to each birthweight strata.

Birthweight	Sampling fraction
Very low birthweight (<1500 grams)	1/1
Moderately low birthweight (1500-2499 grams)	2/13
Normal birthweight (>=2500 grams)	1/69

Computation of Analysis Weights

The SC PRAMS survey is designed to provide **statewide estimates** of the characteristics of women delivering live infants -- for example, the percentages of mothers who initiated prenatal care in the first, second, and third trimester, respectively; or the percentage of mothers who drank alcohol three months before they got pregnant or during the last trimester. To make such estimates each respondent must be assigned an “analysis weight.” This is a multiplier that is the number of women in the population she represents after adjustments for survey design, non-

response and frame coverage. The analysis weight is the product of three sub-components weights. Each sub-component weight accounts for a different factor. The first sub-component adjusts for the sample design, the second adjusts for non-response, and the third for omissions in the sampling frame (i.e. non-coverage of the sampling frame). The PRAMS staff received technical assistance from the CDC to develop and compute the analysis weights applied in the weighted dataset. The three steps involved in deriving the analysis weights are described next:

A. Adjustment for sample design: the first component is called the *sampling weight* and it corresponds to the reciprocal of the sampling fraction (shown on the previous page). For example, in the moderately low birthweight stratum, 2 out of every 13 mothers is sampled. The sampling weight applied to respondents in this particular stratum is 6.5 ($13/2$).

B. Adjustment for non-response: the second component is called the *unit non-response weight*. The failure of the mother in the sample to complete a questionnaire is called unit non-response. Response adjustment cells were identified from extensive analysis of maternal characteristics affecting response rate within each birthweight stratum. The important maternal characteristics affecting response rates were maternal age, education, marital status, and race. The unit non-response weight is the product of the sampling weight times the inverse of the response rate specific to that response adjustment cell (based on maternal age, race, education, and marital status). For example, if the weight for a respondent from the moderately low birthweight stratum was 6.5 and that respondent was in a response adjustment cell with a 65 percent response rate, then the non-response adjusted weight for that respondent would be 10 ($6.5/0.65$). The lower the response rate for a particular response adjustment cell, the larger the adjustment for non-response.

Computation of the unit response weights rests on the assumption that within a stratum and non-response adjustment cell, the average of the answers of the respondents is the same as the average of the answers of the non-respondents. As a rule, if there are fewer than 25 respondents in any response adjustment cell, the response adjustment category is combined with one or more other response categories until all response categories have at least 25 respondents. This ensures enough respondents in each category so that the average of their responses is not unduly influenced by a few women who participated.

C. Adjustment for omissions in the sampling frame (incomplete frame): The third component is called the sampling frame *non-coverage weight*. This weight adjusts for women whose live births were not included in the sampling frame (birth registry). The South Carolina birth registry system in the Office of Vital Records is efficient and expedient; therefore, the corrected sampling frame is very similar to the original frame. As a result, the ratio is close to 1 and the adjustment for non-coverage is very small.



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