
South Carolina



PRAMS

Pregnancy Risk Assessment Monitoring System

2006 DATABOOK



Volume VIII

Division of Biostatistics

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

South Carolina PRAMS 2006 Databook

Volume VIII

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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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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 Michael G. Smith, MSPH and James E. Ferguson, DrPH. Special appreciation for their guidance and support in this endeavor goes to Thomas A. F. Pinner, MSPH, Shae R. Sutton, PhD, and Guang Zhao, PhD.

Background & Project Description

I. Background

In 2005, South Carolina's infant mortality rate was 9.5 deaths per 1,000 live births. From 1989 to 2005, the overall infant mortality rate declined from 12.8 to 9.5. The race specific infant mortality rate for white babies was 7.0 deaths per 1,000 live births in 2005, while for black infants the rate was 14.3 deaths per 1,000 births in 2005. 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 design, non-response and non-coverage (see Appendix B). A software package for the statistical analysis of correlated data, SUDAAN, is used to conduct analyses on each year of completed survey data.

Ongoing survey data collection was initiated in January, 1993. Fourteen 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, 1993-2006, of 70.5%. The response rate for 2006 was 66.9%. The CDC regards a response rate of 70% or above as epidemiologically valid.

Since the 2006 South Carolina PRAMS response rate is below the 70% threshold, any results obtained using 2006 SC PRAMS data should be interpreted with caution.

III. The PRAMS Staff and Collaborators

The SC PRAMS Project staff consists of the following individuals: James E. Ferguson, DrPH (PRAMS Project Director), Michael G. Smith, MSPH (PRAMS Project Coordinator) and Thomas A. F. Pinner, 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 1993-2006...

The percentage of women who entered prenatal care during the first trimester (weeks 1-12) increased from 69.6% to 75.4%. Although over 75% of women in 2006 entered prenatal care during the first trimester, this percentage was the lowest since 1996.

In 2006, women entering prenatal care later than the first trimester of pregnancy were more likely to be:

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

Women that received inadequate prenatal care were more likely to be...

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

In 2006, 19.5% of women did not receive prenatal care as early as they wanted. However, 33.5% of those women actually entered care during the first trimester.

In 2006, among women with late prenatal care, the most common barriers to entering care as early as wanted were...

- not having enough money or insurance (32.5%)
- not being able to get an earlier appointment (27.8%)
- not yet receiving her Medicaid card (21.3%)
- not wanting to disclose pregnancy (21.3%)

Prenatal Care

What Some South Carolina Mothers Have to Say about Prenatal Care:

“Prenatal care is important and every mother should get prenatal care early.”

“I didn’t take prenatal vitamins before or during my pregnancy. I think this caused my baby to have spina bifida and deformities.”

“We had very natural prenatal care and I have very healthy nutrition and took good care of my teeth and body.”

“I had excellent care from my physician before and during my pregnancy but still delivered five weeks early unexpectedly.”

“In the beginning of my pregnancy I did not know much about prenatal care.”

“Of course education is the key. Mothers need to read and be responsible for themselves. Doctors can not do everything.”

“When I went to the doctor it would take 3 hours at the regional OBGYN so I would leave sometimes.”

“In the time of my pregnancy I was well taken care of by my doctors and they still help me if I have problems or concerns.”

“The concerns of the expecting mother should be taken seriously and not just brushed off by the doctor and health staff.”

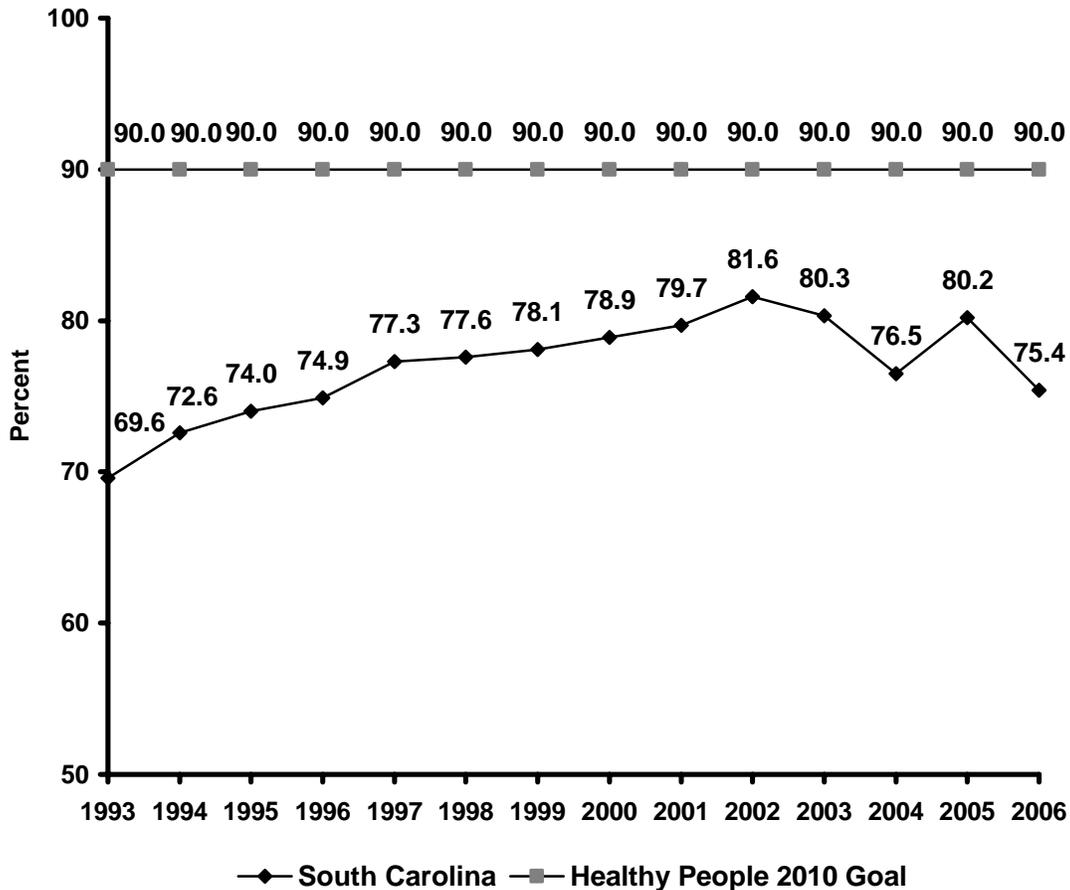
“I was not sure that I was pregnant and when I went to the clinic they wouldn’t see me.”

“South Carolina is the best place to have a baby because we were treated as #1 most important patients.”

“As a woman choosing to do homebirth, I had a difficult time getting a doctor or nurse-midwife to see me for the 2 state required healthcare professional visits.”

Prenatal Care

**Proportion of Women Who Entered Prenatal Care
During the First Trimester*, 1993-2006**



*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 2006, 85.0% 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 just over 80% in 2005, but decreased to 75.4% in 2006.

Prenatal Care

Characteristics of Women Entering Prenatal Care During the First Trimester, 2004-2006

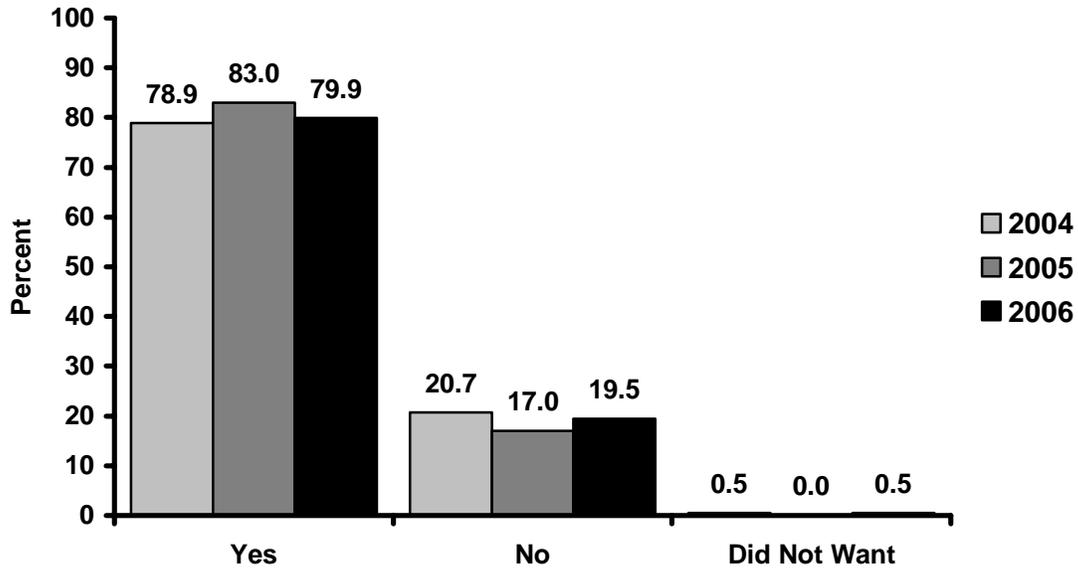
Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	76.5 (72.6, 80.0)	80.2 (76.7, 83.4)	75.4 (71.5, 79.0)
Race			
Black	64.7 (56.8, 71.9)	70.9 (63.8, 77.0)	68.3 (60.7, 75.1)
White	85.5 (81.1, 89.0)	88.0 (84.0, 91.1)	83.3 (78.8, 87.1)
Age			
Less than 18	53.5 (32.0, 73.7)	48.6 (29.9, 67.6)	49.9 (31.9, 68.4)
18-24	63.2 (55.9, 70.0)	76.0 (69.9, 81.2)	65.7 (58.7, 72.1)
25-34	86.0 (71.1, 89.8)	85.6 (80.7, 89.5)	84.4 (79.2, 88.6)
35-55	86.5 (75.1, 93.2)	88.8 (79.0, 94.4)	81.3 (69.4, 89.3)
Education			
Less than High School	59.2 (49.4, 68.3)	66.4 (57.8, 74.0)	59.6 (50.5, 68.1)
High School	67.1 (58.4, 74.8)	76.4 (68.1, 83.0)	70.4 (62.1, 77.6)
More than High School	87.5 (83.0, 91.0)	89.2 (85.3, 92.1)	85.7 (80.9, 89.4)
Marital status			
Married	86.5 (82.2, 89.9)	88.3 (84.3, 91.5)	85.1 (80.6, 88.7)
Other	62.7 (55.8, 69.1)	69.7 (63.5, 75.2)	63.3 (56.7, 69.5)
Medicaid status			
Yes	66.1 (60.2, 71.4)	71.7 (66.6, 76.3)	67.3 (61.8, 72.3)
No	89.1 (84.4, 92.5)	93.4 (89.3, 96.0)	87.7 (82.6, 91.5)
Birthweight**			
VLBW (<1500 g)	79.7 (77.9, 81.4)	79.8 (77.8, 81.7)	75.8 (73.7, 79.0)
MLBW (1500-2499 g)	74.6 (70.1, 78.6)	77.6 (73.3, 81.5)	76.0 (71.7, 79.9)
NBW (2500+ g)	76.6 (72.3, 80.4)	80.5 (76.5, 83.9)	75.4 (71.1, 79.2)

*95% Confidence Interval

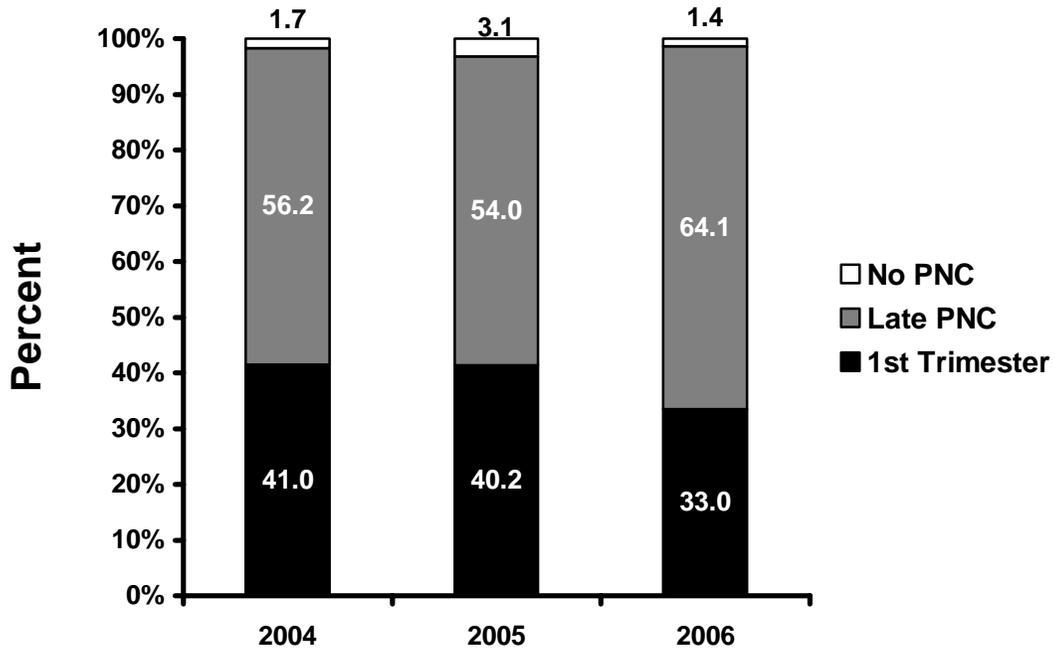
**Note: In 2005 and 2006, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Prenatal Care

Proportion of Women Who Entered Prenatal Care as Early as Wanted, 2004-2006

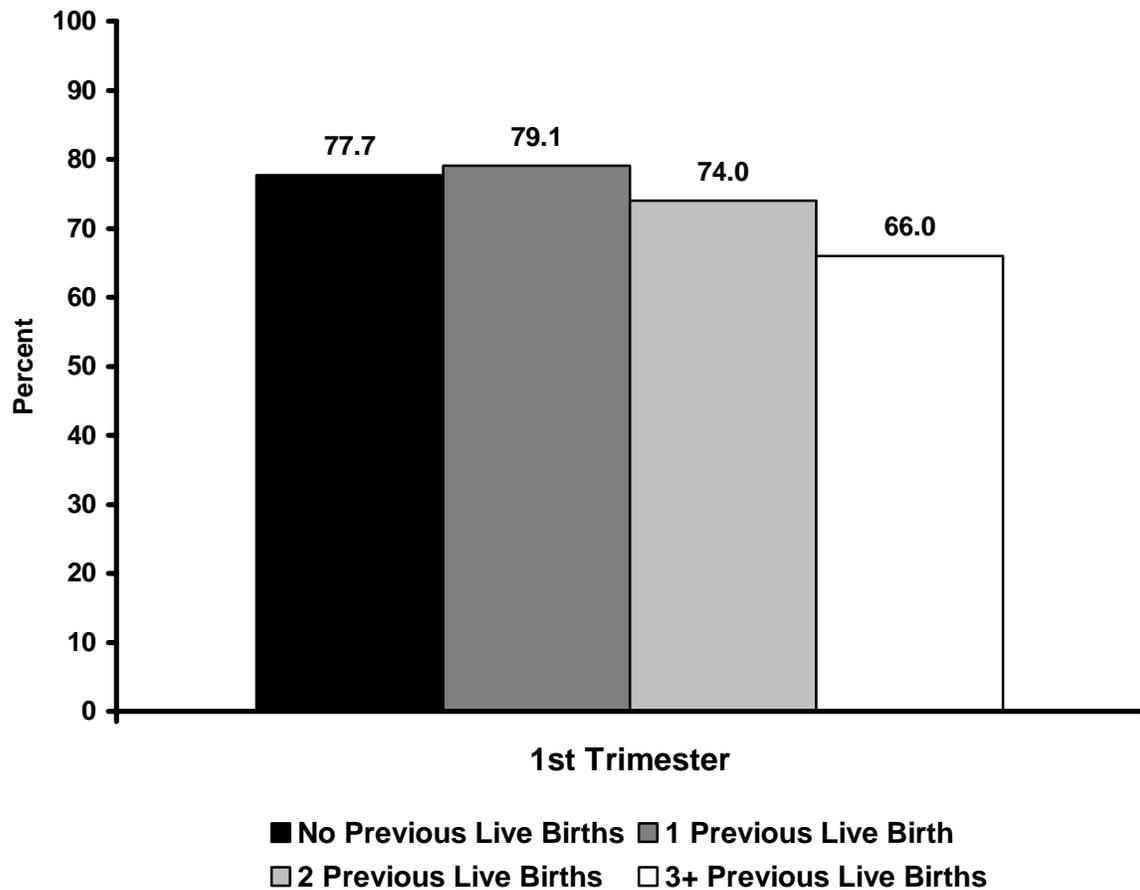


First Trimester Care for Women Who Did Not Receive Prenatal Care as Early as They Wanted, 2004-2006



Prenatal Care

Prenatal Care Entry: Differences by Parity, 1993-2006*

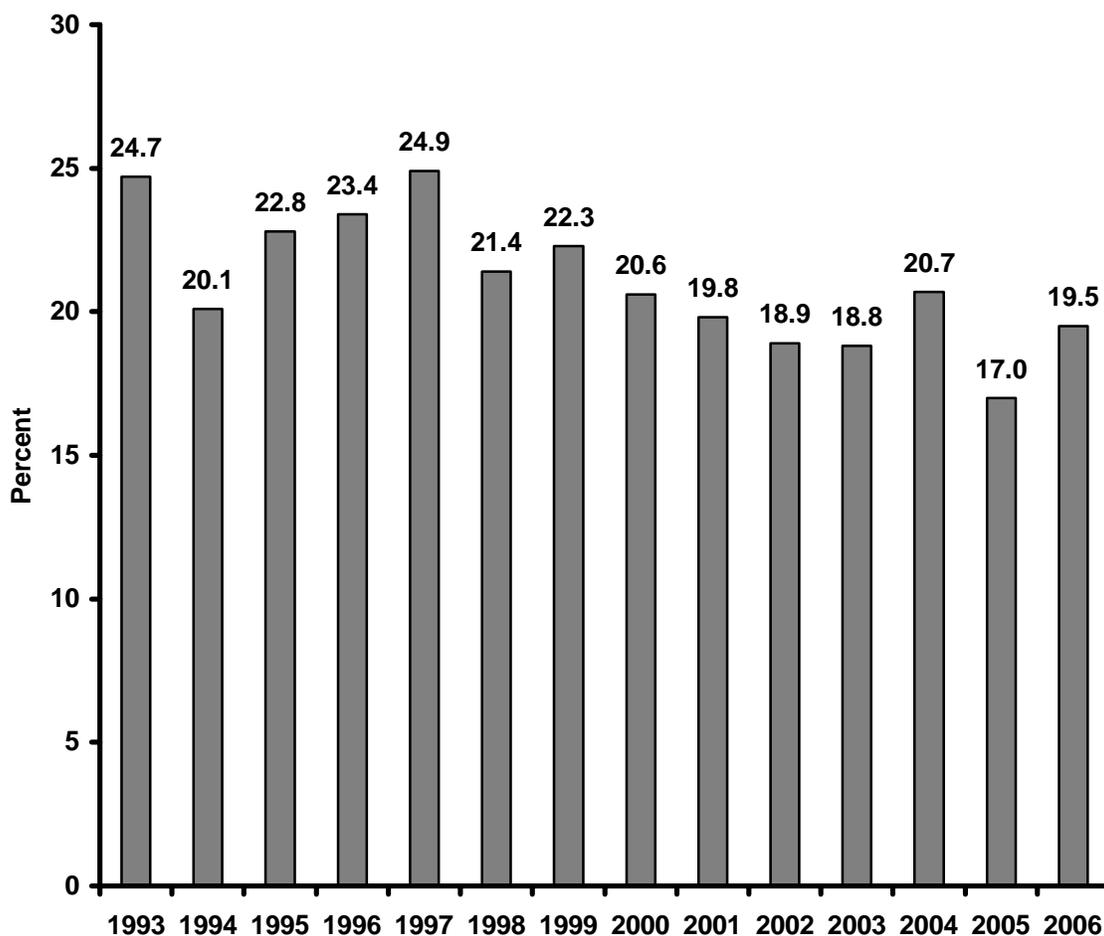


* Average percentages for 1993-2006

Between the years of 1993-2006, 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*, 1993-2006



*In 2006, 19.5% of women said they did not receive prenatal care as early in their pregnancy as wanted. However, 33.5% of those women actually entered care during the first trimester.

Between the years of 1993-2006 an average of 21.1% 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 Wanted, 2004-2006

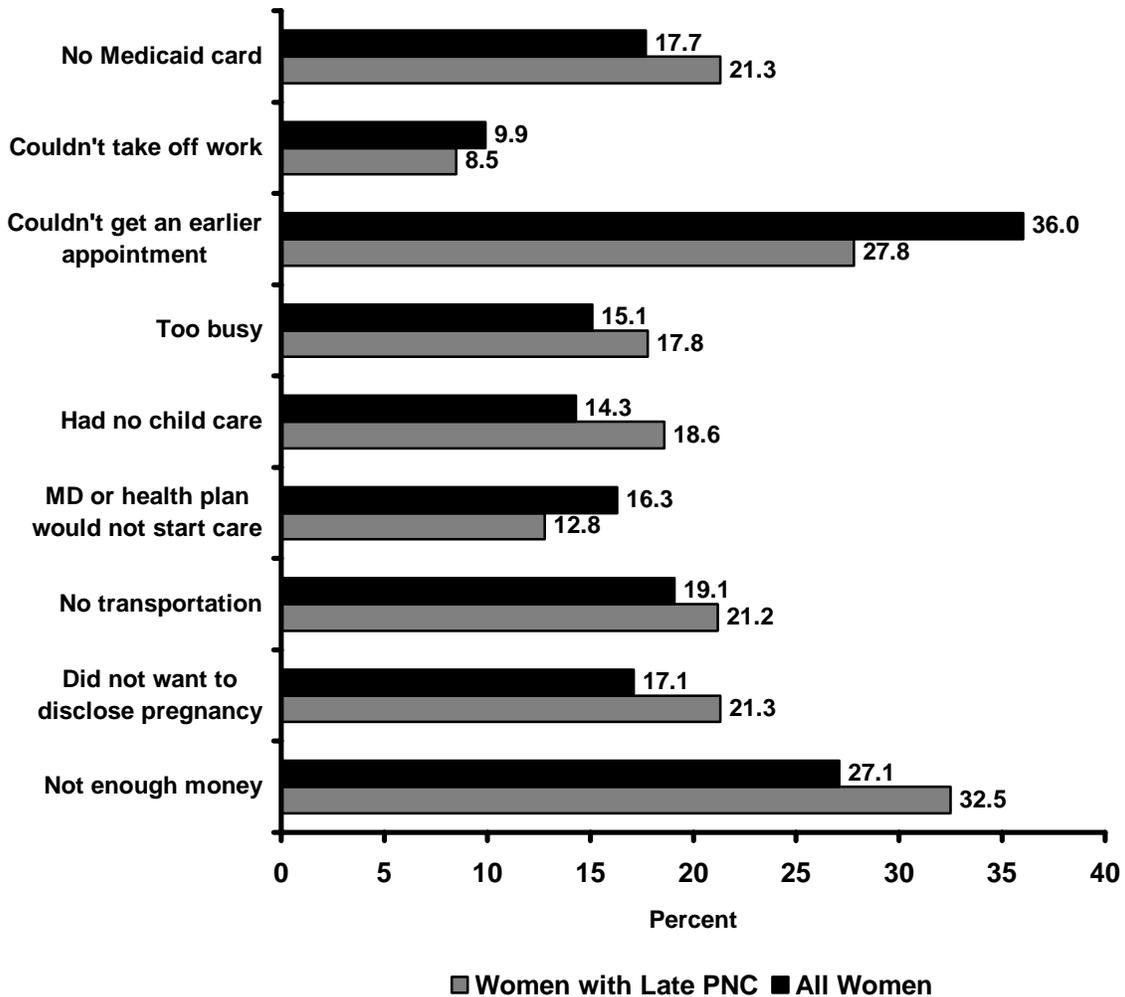
Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	20.7 (17.4, 24.3)	17.0 (14.2, 20.3)	19.5 (16.4, 23.1)
Race			
Black	26.9 (20.6, 34.4)	22.5 (17.2, 28.9)	25.5 (19.3, 32.8)
White	17.3 (13.6, 21.7)	13.9 (10.6, 18.1)	16.0 (12.4, 20.4)
Age			
Less than 18	36.4 (19.0, 58.3)	30.7 (15.6, 51.4)	30.6 (19.4, 48.8)
18-24	33.1 (26.7, 40.2)	20.9 (16.2, 26.6)	27.7 (21.8, 34.4)
25-34	11.7 (8.4, 16.1)	12.0 (8.6, 16.6)	14.0 (10.1, 19.0)
35-55	12.8 (6.6, 23.3)	16.2 (9.1, 27.2)	10.2 (4.9, 20.2)
Education			
Less than High School	29.7 (21.6, 39.2)	20.1 (14.1, 27.8)	27.0 (19.8, 35.6)
High School	26.9 (19.9, 35.2)	20.9 (14.8, 28.7)	23.7 (17.3, 31.6)
More than High School	14.3 (10.8, 18.8)	13.6 (10.3, 17.7)	13.7 (10.1, 18.1)
Marital status			
Married	11.4 (8.4, 15.3)	12.4 (9.2, 16.3)	11.1 (8.1, 15.1)
Other	33.3 (27.3, 40.0)	23.0 (18.2, 28.6)	30.3 (24.6, 36.7)
Medicaid status			
Yes	29.7 (24.7, 35.3)	22.6 (18.5, 27.2)	25.6 (21.0, 30.7)
No	9.6 (6.5, 14.0)	8.4 (5.5, 12.7)	10.3 (7.0, 14.8)
Birthweight**			
VLBW (<1500 g)	23.4 (21.7, 25.2)	20.8 (18.9, 22.7)	26.0 (24.0, 28.2)
MLBW (1500-2499 g)	25.4 (21.5, 27.9)	20.7 (17.1, 24.9)	23.2 (19.4, 27.4)
NBW (2500+ g)	20.2 (16.7, 24.3)	16.6 (13.6, 20.3)	19.1 (15.7, 23.1)

*95% Confidence Interval

**Note: In 2005 and 2006, 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*, 2006



*Note: This chart represents women who stated that they did not enter prenatal care as early as they wanted, which is 19.5% of the sample for 2006. 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 12.8% of the total sample for 2006.

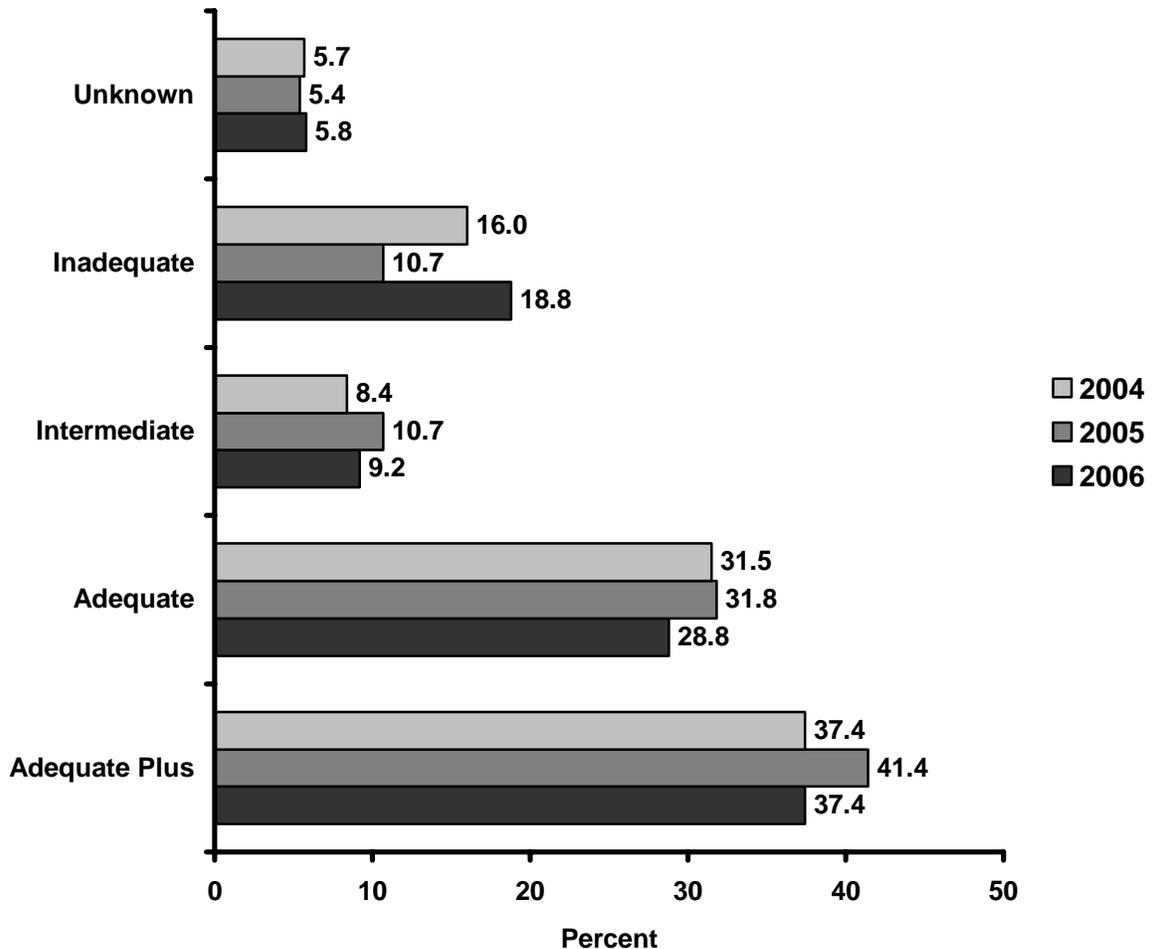
Top three barriers to all women receiving prenatal care as early as wanted in 2006 were...

- There was no earlier appointment available
- Women did not have enough money 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 27.8% in 2006.

Prenatal Care

Adequacy of Prenatal Care by Kotelchuck Index Standards*, 2004-2006



*The Kotelchuck Index defines prenatal care as inadequate, intermediate, adequate, or adequate plus. These categories are based on the month of the first prenatal care visit and the total number of prenatal care visits from prenatal care initiation until delivery. Month of first prenatal care visit was taken from question 16 of the PRAMS survey. Gestational age and total number of prenatal care visits were taken from the birth certificate file.

Less than 19% of women received inadequate prenatal care in 2006.

Women that received inadequate prenatal care were more likely to be...

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

Prenatal Care

Distribution of Kotelchuck Adequacy of Prenatal Care Index by Maternal Characteristics, 2006

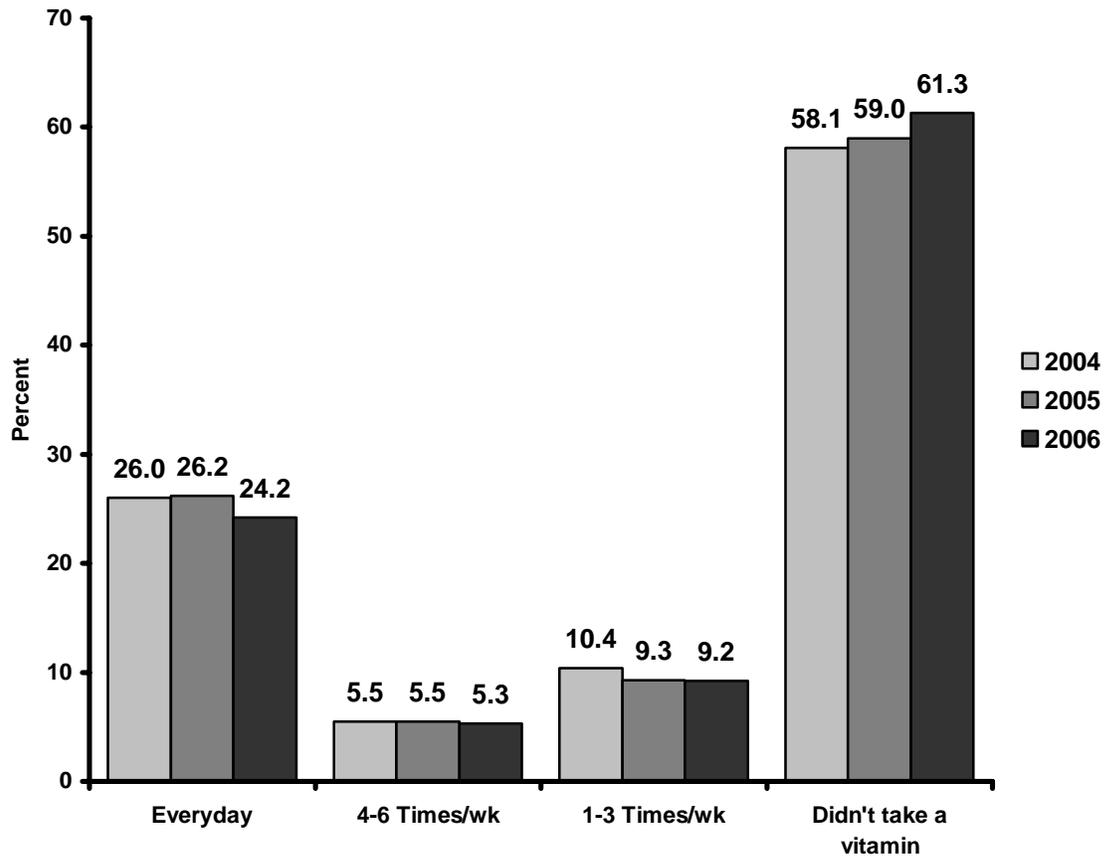
Maternal Characteristics	Adequate Plus percent (CI)*	Adequate percent (CI)*	Intermediate percent (CI)*	Inadequate percent (CI)*
Total	37.7 (35.8, 43.8)	30.6 (26.9, 34.5)	9.8 (7.5, 12.7)	19.9 (6.6, 23.7)
Race				
Black	43.7 (36.4, 51.3)	21.5 (16.0, 28.4)	9.1 (5.4, 15.0)	25.6 (19.3, 33.2)
White	42.4 (37.2, 47.7)	34.6 (29.7, 39.9)	10.4 (7.5, 14.4)	12.6 (9.3, 16.8)
Age				
Less than 18	32.3 (17.9, 51.1)	43.3 (26.3, 62.1)	3.9 (0.6, 22.3)	20.5 (9.7, 38.4)
18-24	38.0 (31.5, 44.9)	25.2 (19.6, 31.7)	11.3 (7.4, 16.9)	25.5 (19.7, 32.4)
25-34	42.7 (37.0, 48.7)	30.6 (25.4, 36.4)	9.7 (6.6, 14.0)	17.0 (12.6, 22.4)
35-55	36.1 (25.6, 48.0)	43.3 (31.9, 55.5)	7.6 (3.2, 16.8)	13.1 (6.6, 24.2)
Education				
Less than HS	37.1 (29.1, 45.9)	28.6 (21.3, 37.1)	10.0 (5.5, 17.3)	24.4 (17.5, 32.9)
High School	43.3 (35.2, 51.7)	27.5 (20.7, 35.6)	8.2 (4.6, 14.3)	21.0 (14.6, 29.3)
More than HS	39.1 (33.8, 44.7)	33.2 (28.1, 38.8)	10.5 (7.4, 14.7)	17.1 (13.0, 22.2)
Marital status				
Married	38.2 (33.1, 43.6)	36.0 (30.9, 41.4)	9.3 (6.5, 13.0)	16.6 (12.6, 21.4)
Other	42.5 (36.3, 49.0)	22.9 (17.9, 28.8)	10.2 (6.6, 15.2)	24.5 (19.1, 30.8)
Medicaid status				
Yes	40.1 (34.9, 45.5)	25.7 (21.2, 30.8)	9.9 (6.9, 14.0)	24.4 (19.8, 29.7)
No	39.2 (33.3, 45.5)	38.2 (32.3, 44.6)	9.6 (6.5, 14.0)	13.0 (9.1, 18.1)
Birthweight**				
VLBW (<1500 g)	62.5 (60.1, 64.9)	9.4 (8.1, 10.9)	5.0 (4.1, 6.2)	23.0 (21.0, 25.3)
MLBW (1500-2499 g)	60.3 (55.6, 64.8)	15.6 (12.4, 19.3)	3.7 (2.3, 6.0)	20.4 (16.9, 24.6)
NBW (2500+ g)	37.6 (33.3, 42.2)	32.2 (28.1, 36.5)	10.4 (7.9, 13.5)	19.8 (16.3, 24.0)

*95% Confidence Interval

**Note: In 2006, 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

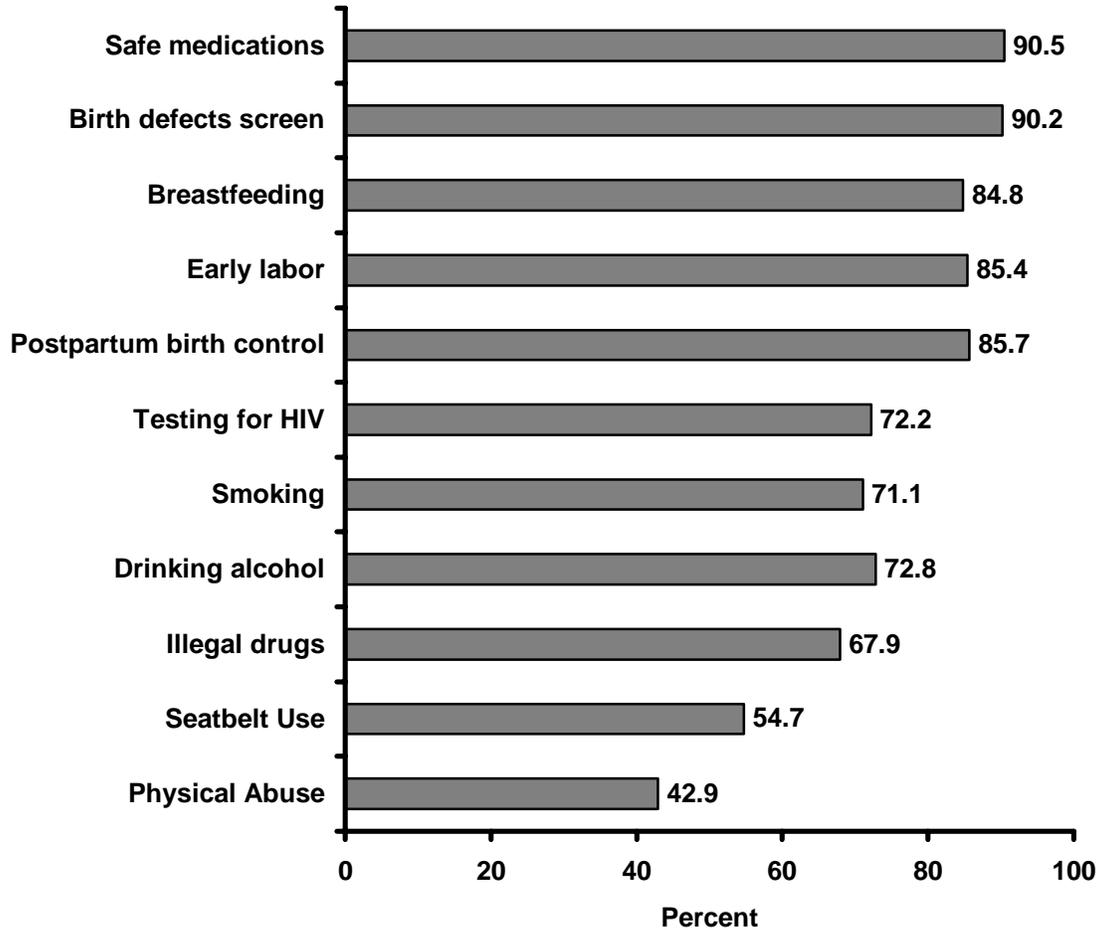
Multivitamin Use Prior to Becoming Pregnant, 2004-2006



The proportion of women who took a multivitamin every day prior to becoming pregnant has decreased from 26.0% in 2004 to 24.2% in 2006.

Prenatal Care

Percent of Women Receiving Information on Important Topics during Prenatal Care Visits, 2006



The top four topics women received information on during prenatal care visits in 2006:
Medications which are safe to take during pregnancy
Doing tests to screen for Birth Defects or diseases that run in the family
Postpartum birth control methods
What to do if labor starts early.

In 2006, 42.9% of women received information on physical abuse, and 54.7% of the women received information from their health care provider about using a seatbelt during pregnancy.

Family Planning Fact Sheet

Between the years of 1993-2006...

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 11.7% in 2006.

The percentage of women NOT using a contraceptive method postpartum decreased from 16.5% in 1999 to 11.0% in 2006.

During 2006...

Among women who experienced unintended pregnancies,

47.1% of women were not using contraception;

52.9% reported that their contraceptive method failed.

From 2004 to 2006...

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

Women that experienced unintended pregnancies were more likely to be...

black

less than 18 years of age

unmarried

on Medicaid and

at a less than a high school level of education.

South Carolina is far from reaching the Healthy People 2010 goals of reducing the percentage of unintended pregnancies to 30% of all pregnancies (50.2% in 2006), and 40% of all pregnancies in black women (63.7% in 2006).

Family Planning - Pregnancy Intention

What Some South Carolina Mothers Have to Say about Family Planning:

“I had birth control but it expired.”

“I went through IVF.”

“Had cervical cancer and was told couldn’t have any more.”

“Babies are real expensive now-a-days, so don’t try to rush having a baby ...”

“I had a young baby and hadn’t thought about being pregnant.”

“I thought I couldn’t get pregnant because of the abortion, I was scared that I was damaged forever. I wanted to see if I could get pregnant.”

“Had previously planned on trying to get pregnant, but changed my mind. I became pregnant easily.”

“...having a baby is one thing but planning a family is the best thing that can happen to you.”

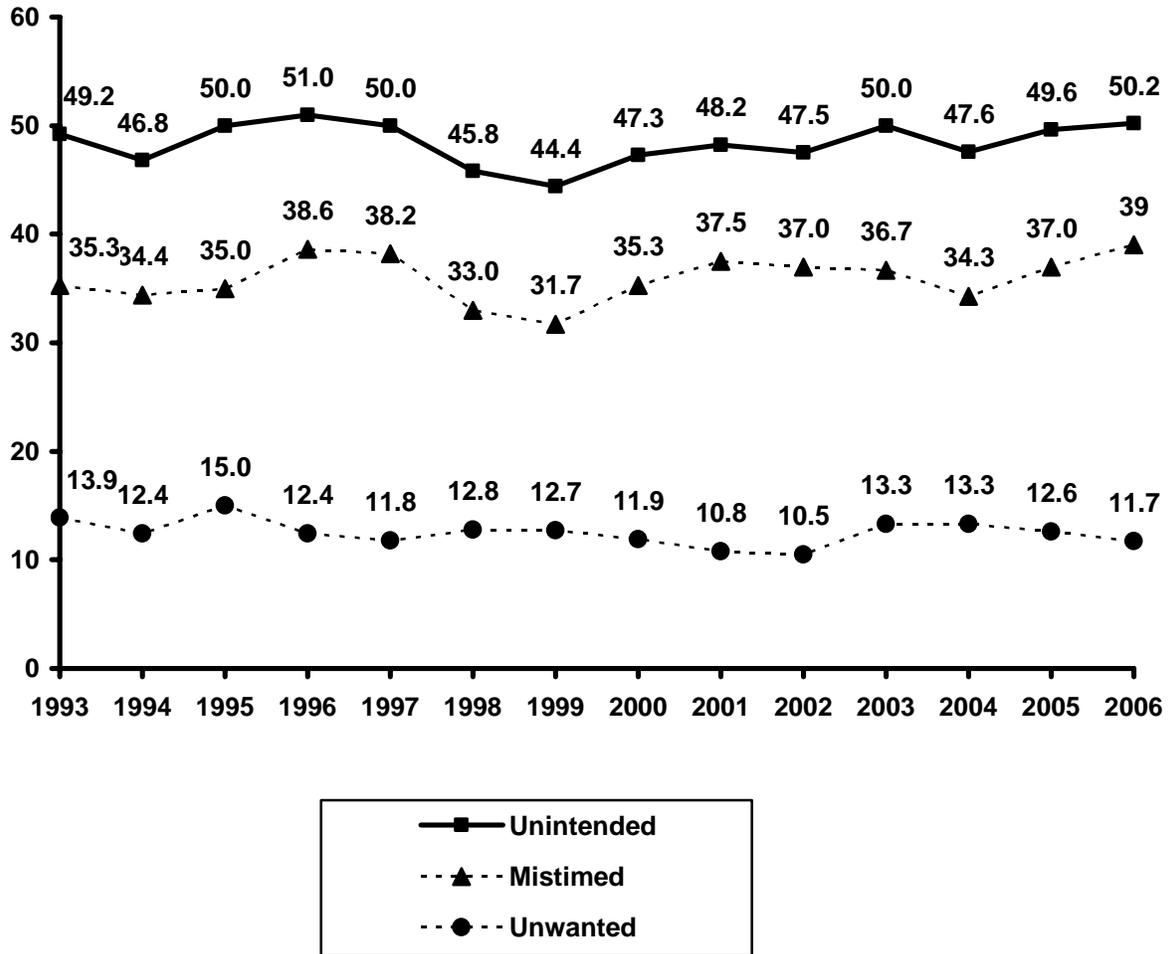
“It took [number omitted] years with the first baby. I didn’t realize it’d happen again that easy.”

“My health insurance doesn’t cover the birth control method I wanted”

“We just never discussed pregnancy prevention.”

Family Planning - Pregnancy Intention

Percent of Unintended Pregnancies*, 1993-2006



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

From 1999 to 2006, the percentage of unintended pregnancies increased from 44.4% to 51.0%. The percent of unwanted pregnancies decreased from 12.7% in 1999 down to 10.5% in 2002, but has since risen to 11.7% in 2006.

Family Planning - Pregnancy Intention

Unintended Pregnancies by Maternal Characteristics, 2004-2006

Maternal Characteristics	2004 Percent (CI)*	2005 Percent (CI)*	2006 Percent (CI)*
Total	47.6 (43.4, 51.8)	49.6 (45.6, 53.7)	50.2 (46.1, 54.3)
Race			
Black	66.6 (59.0, 73.4)	67.6 (60.7, 73.7)	63.7 (56.2, 70.5)
White	37.6 (32.6, 42.8)	39.0 (33.9, 44.3)	44.2 (39.0, 49.5)
Age			
Less than 18	85.5 (63.8, 95.2)	90.4 (74.4, 96.8)	87.1 (68.3, 95.5)
18-24	68.8 (62.0, 74.9)	65.6 (59.2, 71.5)	63.6 (56.8, 69.9)
25-34	32.0 (26.6, 37.8)	35.9 (30.3, 41.9)	39.8 (34.1, 45.9)
35+	30.2 (20.2, 42.6)	26.3 (17.0, 38.3)	30.2 (20.3, 42.4)
Education			
Less than High School	61.1 (51.3, 70.1)	69.6 (61.2, 76.9)	60.9 (52.1, 69.1)
High School	60.8 (52.4, 68.6)	50.9 (42.4, 59.3)	55.1 (46.9, 63.1)
More than High School	36.4 (31.2, 42.0)	38.9 (33.8, 44.4)	42.0 (36.6, 47.7)
Marital status			
Married	27.1 (22.6, 32.2)	34.0 (29.1, 39.3)	33.6 (28.6, 39.0)
Other	77.6 (69.4, 80.8)	69.8 (63.8, 75.2)	70.7 (64.5, 76.2)
Medicaid status			
Yes	66.0 (60.4, 71.2)	62.3 (57.0, 67.3)	64.4 (59.1, 69.4)
No	25.2 (20.3, 30.9)	30.1 (24.6, 36.3)	27.8 (22.5, 33.8)
Prenatal Care[^]			
Inadequate	66.5 (55.2, 76.1)	79.4 (68.4, 87.3)	63.1 (52.9, 72.2)
Intermediate	49.5 (35.4, 63.7)	42.5 (30.4, 55.5)	43.2 (30.1, 57.4)
Adequate	40.7 (33.5, 48.4)	44.2 (37.1, 51.5)	40.1 (33.0, 47.7)
Adequate Plus	44.2 (37.9, 50.7)	47.5 (41.3, 53.7)	52.5 (46.0, 58.8)
Birthweight^{**}			
VLBW (<1500)	48.6 (46.5, 50.7)	48.5 (46.2, 50.9)	55.0 (52.7, 57.4)
MLBW (1500-2499 g)	54.1 (49.5, 58.7)	53.6 (48.9, 58.3)	55.1 (50.5, 59.7)
NBW (2500+ g)	47.0 (42.4, 51.6)	49.3 (44.9, 53.8)	49.7 (45.2, 54.2)

*95% Confidence Interval

[^]Prenatal Care as measured by the Kotelchuck prenatal care index.

****Note:** In 2005 and 2006, 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, 2006

Maternal Characteristics	Non-use** Percent (CI)*	Failed Use** Percent (CI)*
Total	47.1 (41.0, 53.3)	52.9 (46.7, 59.0)
Race		
Black	42.3 (32.9, 52.3)	57.7 (47.7, 67.1)
White	47.8 (39.4, 56.3)	52.2 (43.7, 60.6)
Age		
Less than 18	46.9 (28.1, 66.5)	53.1 (33.5, 71.9)
18-24	43.8 (35.2, 52.8)	56.2 (47.3, 64.8)
25-34	50.4 (40.2, 60.6)	49.6 (39.5, 59.8)
35-55	55.4 (31.3, 77.1)	44.7 (22.9, 68.7)
Education		
Less than HS	51.8 (40.2, 63.3)	48.2 (36.7, 59.8)
High School	42.4 (31.4, 54.2)	57.6 (45.8, 68.6)
More than HS	47.2 (38.0, 56.5)	52.9 (43.5, 62.0)
Marital status		
Married	49.1 (39.0, 59.4)	50.39 (40.6, 61.0)
Other	45.9 (38.2, 53.9)	54.1 (46.2, 61.8)
Medicaid status		
Yes	45.0 (38.1, 52.1)	55.0 (47.9, 61.9)
No	55.3 (42.3, 67.6)	44.7 (32.4, 57.7)

*95% Confidence Interval

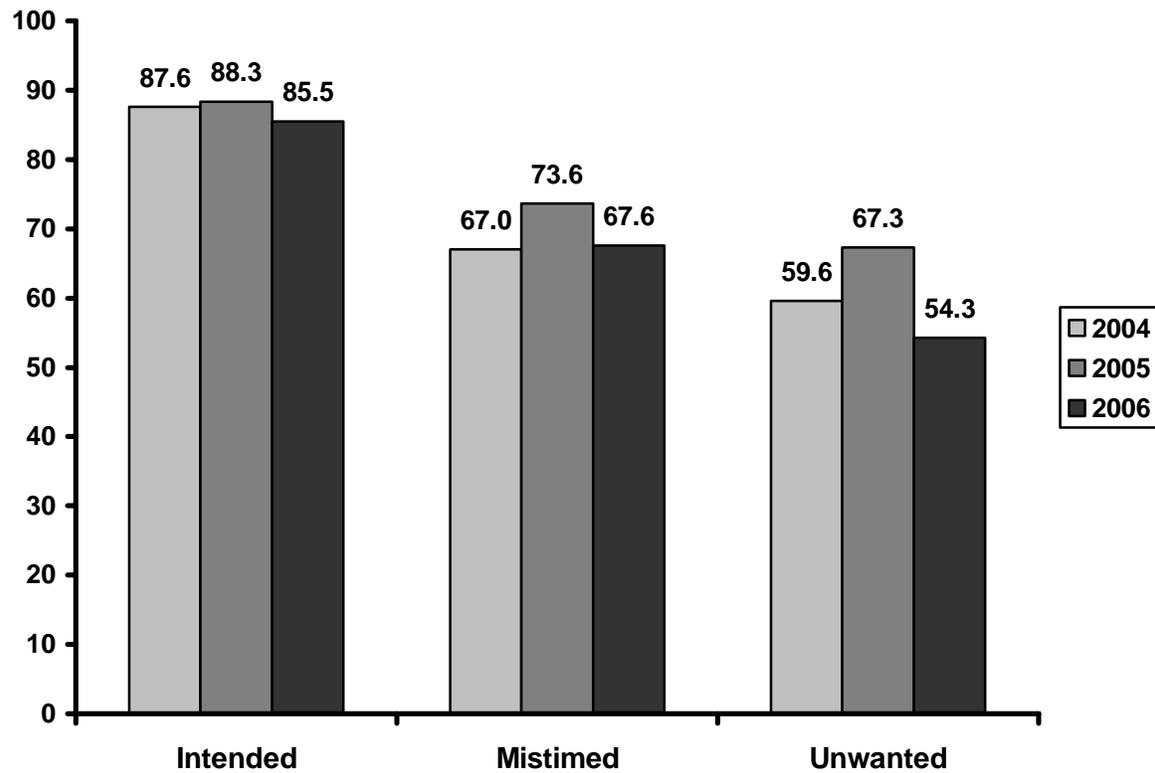
**Definitions:

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

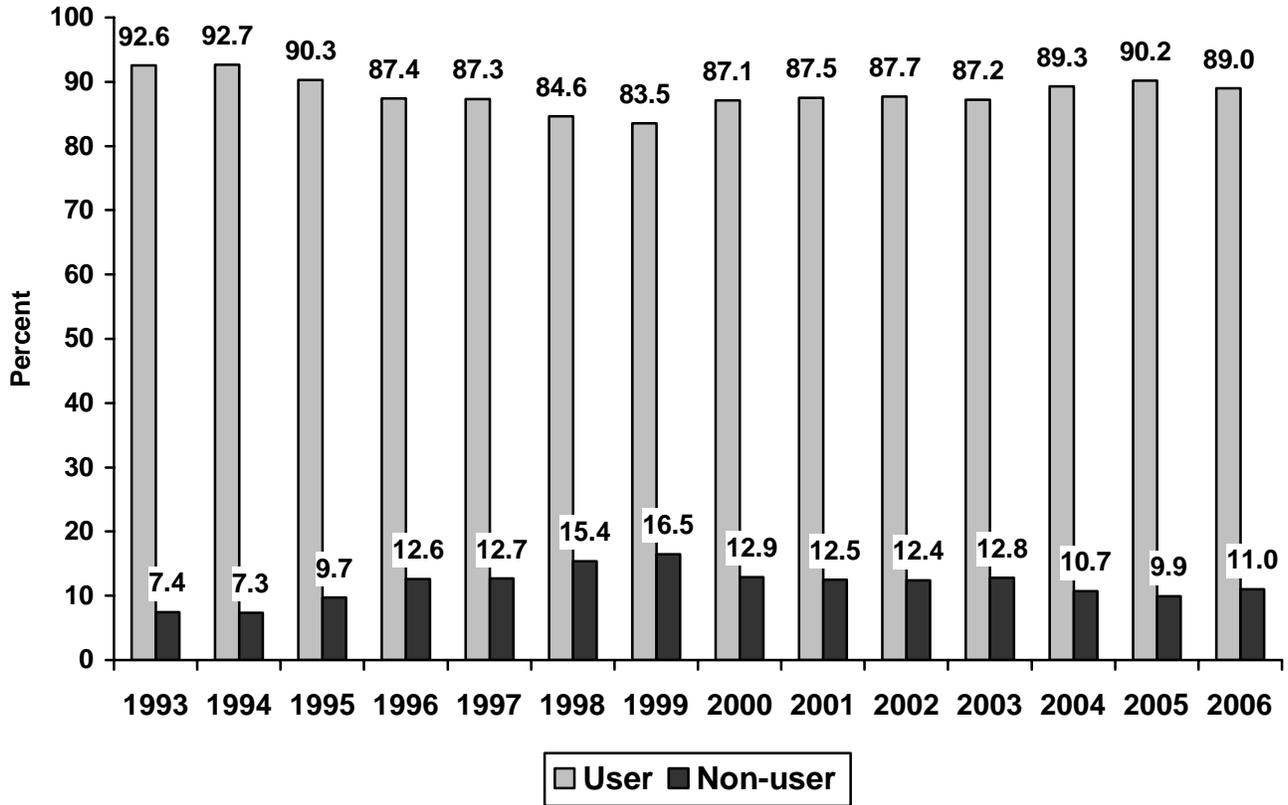
**Percentage of Women Who Entered Prenatal Care in the First Trimester
(weeks 1-12) by Pregnancy Intention: 2004-2006**



Between 2004-2006, from 85.5% to 88.3% of women who wanted their pregnancies to occur then or sooner received prenatal care during the first trimester of pregnancy.

Family Planning - Postpartum Contraception

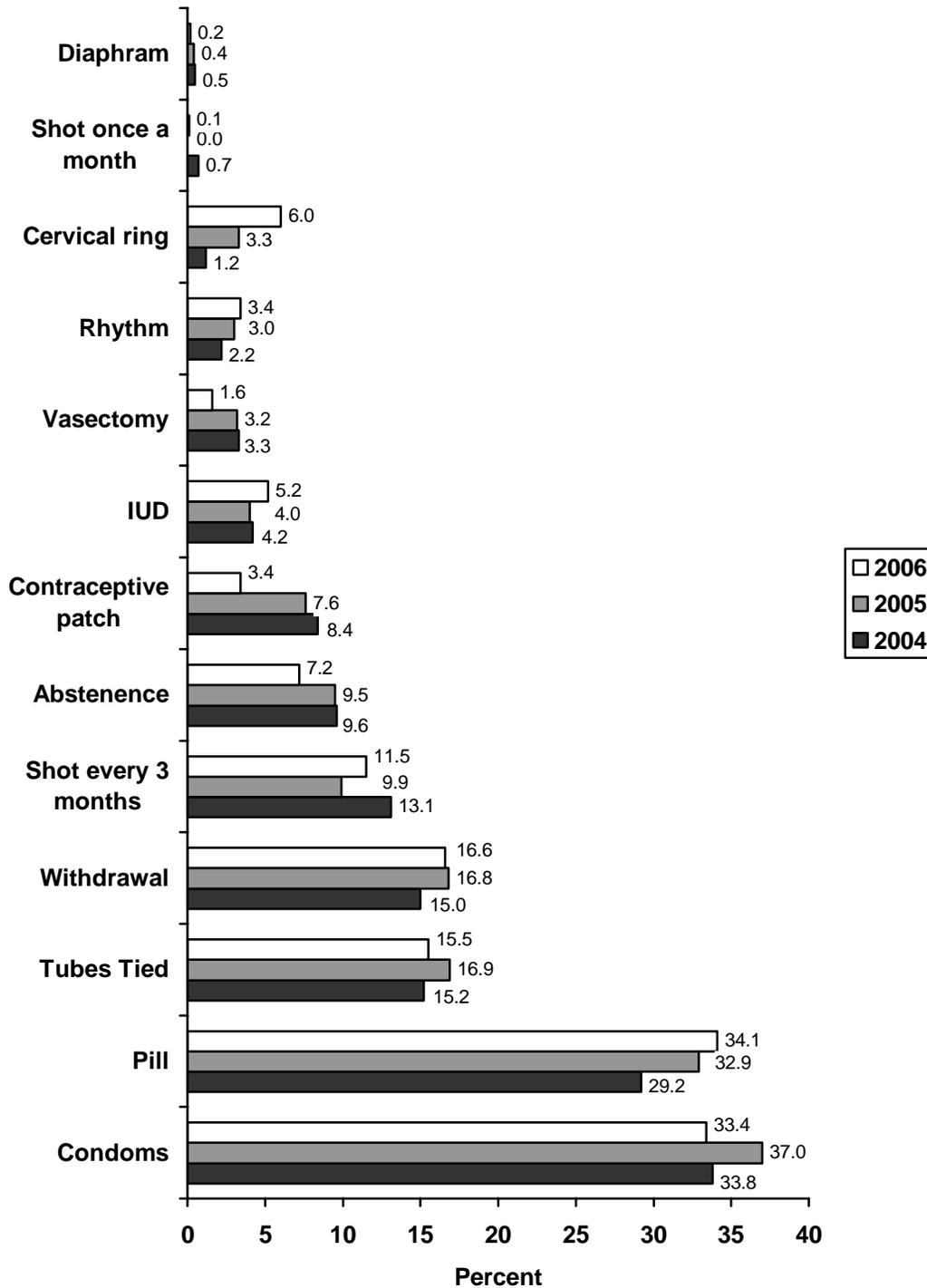
Postpartum Birth Control, 1993-2006



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 has declined to 11.0% in 2006.

Family Planning - Postpartum Contraception

Postpartum Birth Control Methods*, 2004-2006



*Contraceptive methods are not mutually exclusive.

Smoking Fact Sheet

Between the years of 1993-2006...

The percentage of women smoking during the last trimester of pregnancy fell from 15.9% in 1993 to a low of 11.4% in 2003, but has since risen to 12.1% in 2006.

The percentage of women who quit smoking during pregnancy decreased from 54.0% in 1999 to 42.7% in 2004, but has since risen to 50.6% in 2006.

The percentage of women who quit smoking during pregnancy and remained as nonsmokers after the baby was born has increased from 17.4% in 1993 to a high of 29.2% in 2006.

Between the years of 2004 and 2006...

The percentage of women who smoked during the last trimester decreased overall, but increased among mothers who were less than 18 years of age, mothers that have a high school education and mothers who gave birth to moderately low birth weight babies.

In 2006, 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 moderately 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 2006, nearly 88% of mothers abstained from smoking during pregnancy.

What Some South Carolina Mothers Have to Say about Smoking and Alcohol Use:

“...some women need to be informed on how dangerous drugs and alcohol are for the baby, some honestly don’t think its that bad.”

“When you are pregnant do not smoke ...”

“Don’t smoke around your baby. If you do smoke, smoke outside and then change your shirt.”

“I had my son 2 months early ‘cause of smoking cigs so stop smoking. It can happen to you.”

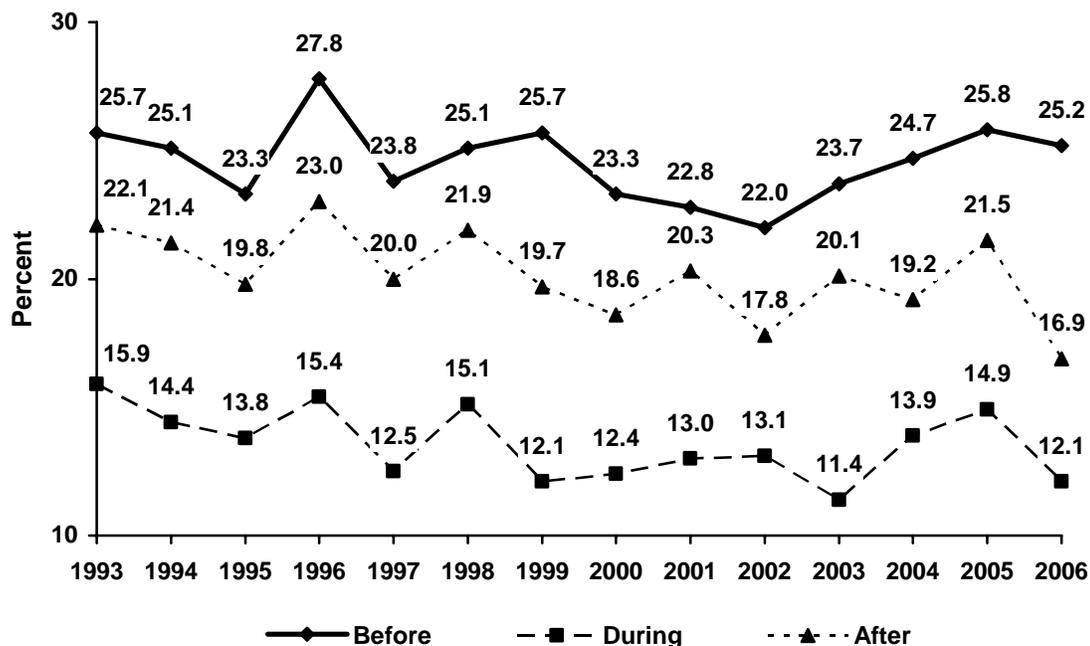
“Don’t drink if you are thinking of getting pregnant or during your pregnancy.”

“I think that mothers who smoke should stop smoking until after their pregnancy, because I think that their babies will be very healthy.”

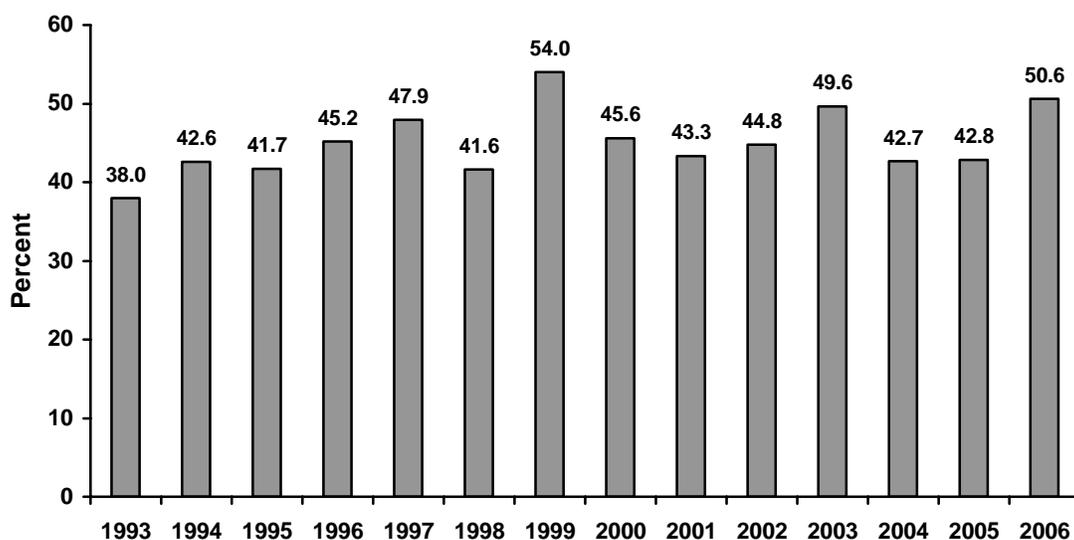
“I unfortunately smoked during my pregnancy which I regret deeply. ...My only advice is to say that the reason I didn’t quit while I was pregnant was because the doctors said horrible things about people who did smoke so I was too scared and embarrassed to admit that I did. Doctors should inform patients but not make them feel bad or embarrassed to admit their lifestyles.”

Cigarette Use

Proportion of Women Who Smoked Cigarettes 3 Months Before Pregnancy, During the Last Trimester, and During the 3-6 Months After Delivery, 1993-2006



Proportion of Smokers Who Quit While Pregnant, 1993-2006



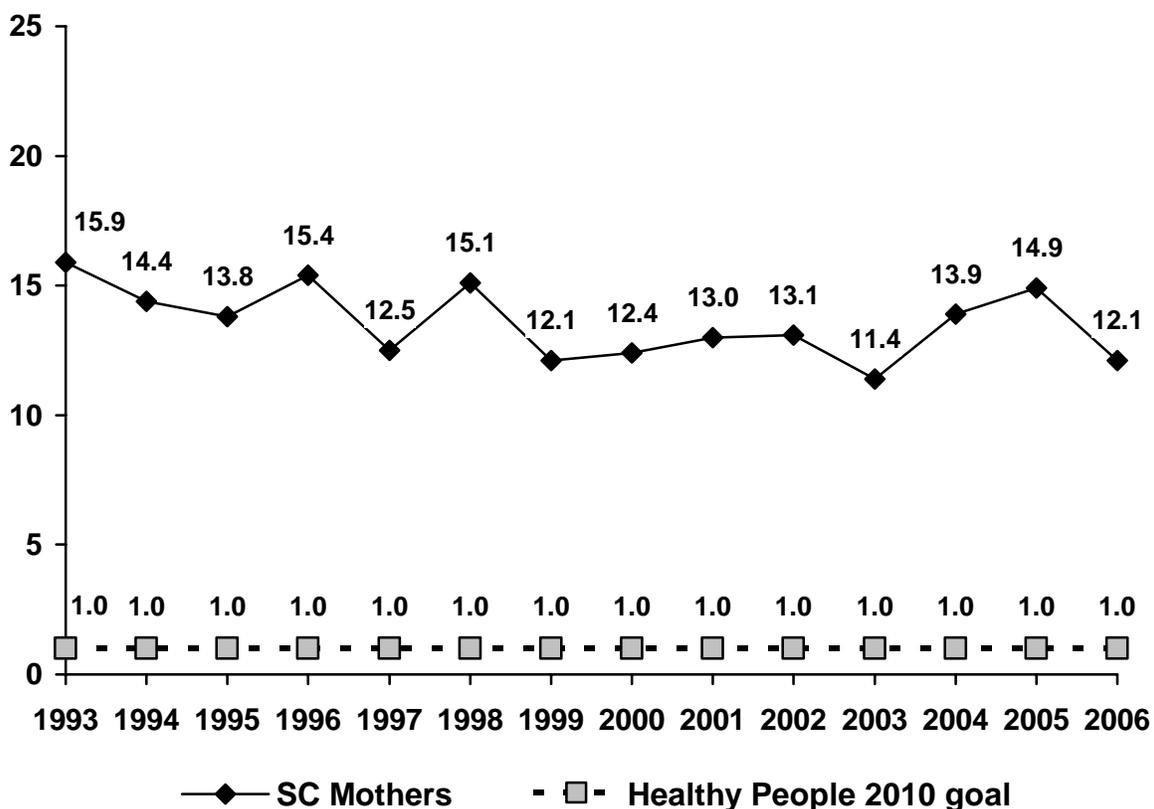
**Characteristics of Women Who Smoked Cigarettes During the
Three Months Before Pregnancy, 2004-2006**

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	24.7 (21.3, 28.4)	25.8 (22.3, 29.5)	25.2 (21.8, 28.9)
Race			
Black	12.7 (8.4, 18.8)	10.7 (7.1, 15.9)	14.8 (10.1, 21.0)
White	32.8 (28.1, 37.9)	37.7 (32.7, 43.0)	35.2 (30.3, 40.4)
Age			
Less than 18	23.9 (10.1, 46.6)	12.0 (4.0, 30.8)	20.7 (9.3, 40.0)
18-24	32.0 (25.8, 38.9)	34.5 (28.6, 40.9)	26.6 (20.8, 32.6)
25-34	21.3 (17.0, 26.4)	22.0 (17.4, 27.5)	27.0 (22.0, 32.7)
35-55	15.5 (8.4, 27.0)	12.8 (6.8, 22.8)	15.8 (9.2, 25.8)
Education			
Less than High School	36.3 (27.6, 45.9)	32.7 (25.2, 41.2)	29.1 (21.9, 37.7)
High School	25.8 (19.4, 33.4)	36.2 (28.4, 44.8)	26.8 (20.4, 34.4)
More than High School	19.7 (15.6, 24.5)	17.2 (13.5, 21.6)	22.4 (18.0, 27.5)
Marital status			
Married	20.1 (16.2, 24.6)	22.3 (18.1, 27.1)	18.9 (15.1, 23.4)
Other	31.1 (25.3, 37.6)	30.3 (24.9, 36.4)	32.6 (18.0, 27.5)
Medicaid			
Yes	30.8 (25.7, 36.3)	31.3 (26.6, 36.4)	29.7 (25.1, 34.9)
No	17.4 (13.4, 22.4)	17.3 (12.9, 22.6)	18.1 (13.8, 23.4)
Birthweight**			
VLBW (<1500 g)	24.8 (23.0, 26.6)	24.9 (22.9, 27.0)	22.9 (21.0, 25.0)
MLBW (1500-2499 g)	25.9 (22.1, 30.2)	24.8 (20.9, 29.2)	31.8 (27.6, 36.2)
NBW (2500+ g)	24.6 (20.9, 28.7)	25.9 (22.1, 30.0)	24.7 (21.1, 28.8)

*95% Confidence Interval

****Note:** In 2005 and 2006, 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, 1993-2006



The proportion of women who smoked during the last trimester has increased from 11.4% in 2003 to 14.9% in 2005, but fell to 12.1% in 2006.

In 2006, 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 moderately low birth weight infant.

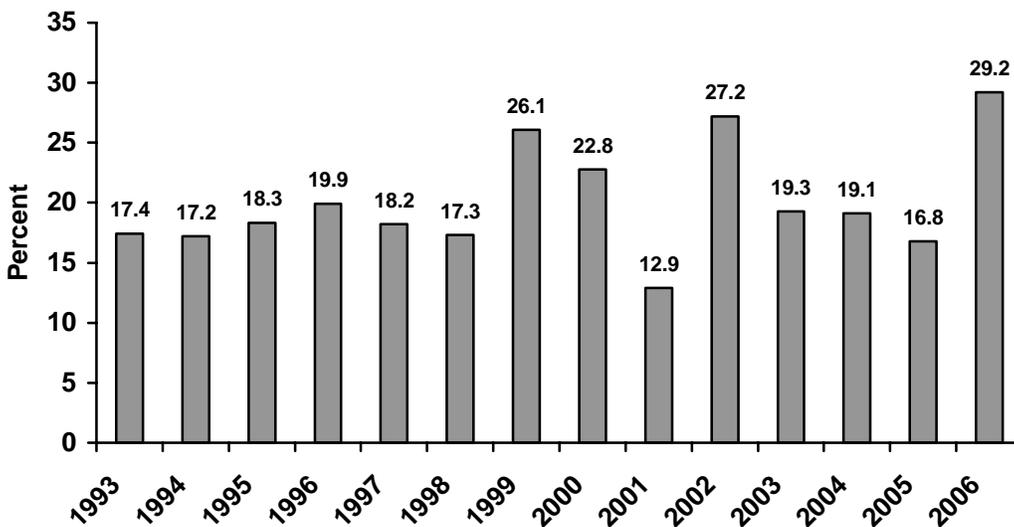
**Characteristics of Mothers Who Smoked Cigarettes
During the Last Trimester of Pregnancy, 2004-2006**

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	13.9 (11.3, 17.1)	14.9 (12.2, 18.1)	12.1 (9.8, 15.0)
Race			
Black	6.8 (3.9, 11.9)	5.4 (3.0, 9.5)	6.0 (3.3, 10.6)
White	18.9 (15.1, 23.4)	22.4 (18.2, 27.3)	17.6 (13.9, 21.9)
Age			
Less than 18	1.6 (0.6, 3.9)	10.2 (3.0, 29.4)	4.2 (0.7, 21.1)
18-24	18.8 (13.9, 25.0)	20.7 (15.9, 26.5)	13.8 (9.9, 18.9)
25-34	11.9 (8.6, 16.2)	11.8 (8.4, 16.4)	12.0 (8.7, 16.4)
35-55	11.2 (5.5, 21.5)	7.1 (3.1, 15.8)	10.4 (5.4, 19.3)
Education			
Less than High School	24.3 (17.1, 33.6)	24.7 (18.0, 32.9)	16.5 (11.0, 24.0)
High School	14.3 (9.7, 20.9)	20.0 (14.1, 27.6)	15.5 (10.8, 21.7)
More than High School	9.6 (6.8, 13.4)	7.6 (5.2, 10.9)	8.1 (5.6, 11.7)
Marital status			
Married	11.4 (8.5, 15.1)	11.9 (8.8, 15.9)	7.6 (5.2, 10.9)
Other	17.4 (12.9, 23.1)	18.8 (14.4, 24.2)	17.3 (13.1, 22.4)
Medicaid			
Yes	18.7 (14.7, 23.5)	20.7 (16.7, 25.4)	15.9 (12.4, 20.0)
No	8.3 (5.5, 12.2)	6.1 (3.7, 9.9)	6.3 (3.9, 10.1)
Birthweight**			
VLBW (<1500 g)	16.1 (14.6, 17.7)	15.3 (13.7, 17.1)	13.7 (12.2, 15.5)
MLBW (1500-2499 g)	16.3 (13..1, 20.1)	15.7 (12.6, 19.5)	21.8 (18.1, 25.9)
NBW (2500+ g)	13.7 (10.8, 17.2)	14.8 (11.9, 18.4)	11.3 (8.8, 14.5)

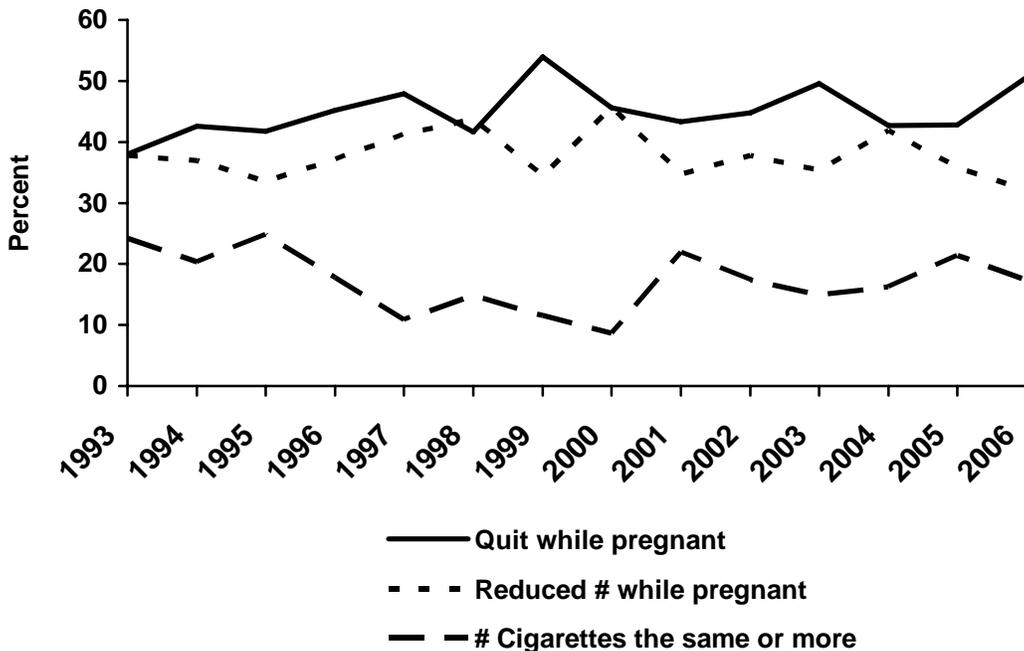
*95% Confidence Interval

****Note:** In 2005 and 2006, 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, 1993-2006



Smoking Behavior During Pregnancy Among Women Who Were Smokers Before Pregnancy, 1993-2006



Alcohol Consumption Fact Sheet

Between the years of 1993-2006...

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 an all time high of 7.8% in 2006. 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, dropped below the goal again in 2005, and rose back above the goal to 7.8% in 2006.

The percent of women drinking in the three months before pregnancy fluctuated around 40% since 1993, but reached a high of 46.3% in 2006.

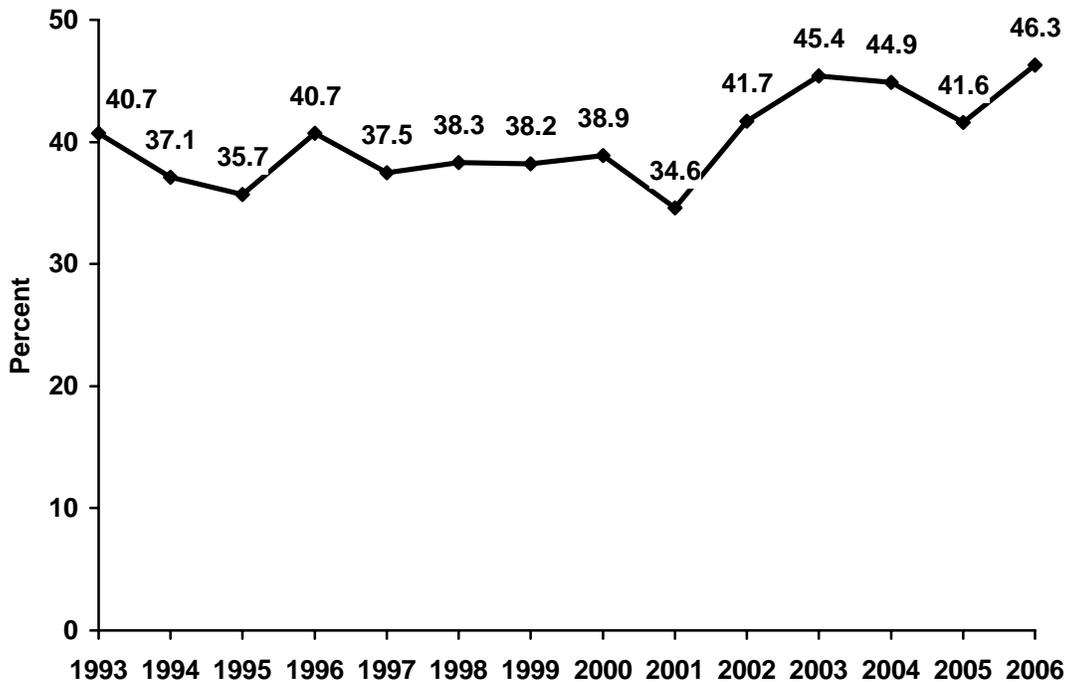
In 2006, of the women who drank in the last three months of pregnancy, 92.6% drank fewer than 4 drinks per week.

In 2006, women who drank during the last trimester of pregnancy were more likely to...

- be white
- be 35-55 years of age
- have greater than a high school education
- be married and
- NOT be on Medicaid.

Alcohol Consumption

Proportion of Women Who Drank During the Three Months Before Pregnancy, 1993-2006



Women who reported drinking during the three months prior to pregnancy were more likely to...

- be white
- be 25 years of age or older
- be married
- have a greater than high school education and
- not be on Medicaid.

Alcohol Consumption

Characteristics of Mothers Who Drank Alcohol During the Three Months Before Pregnancy, 2004-2006

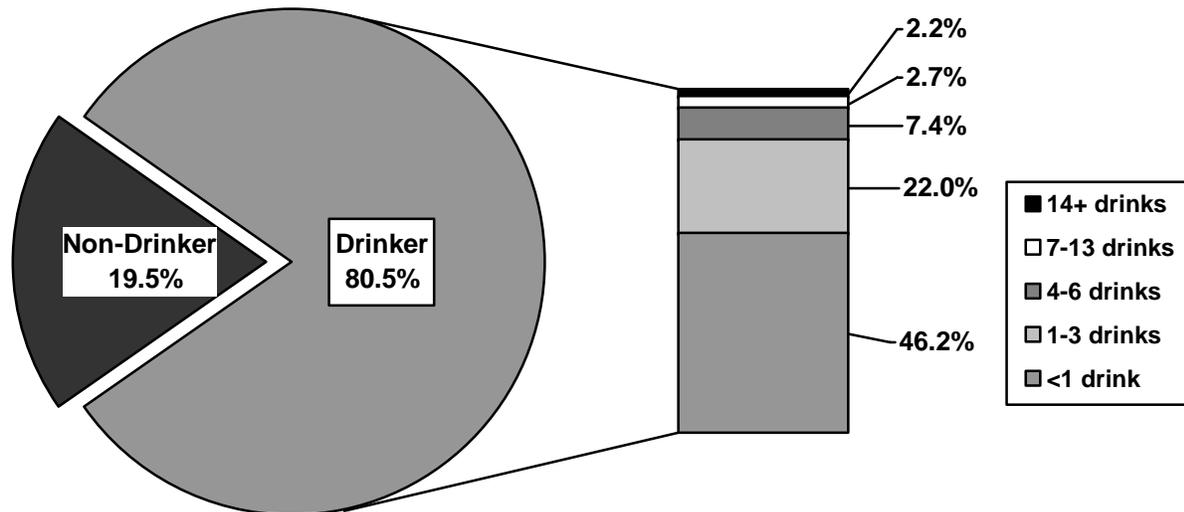
Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	44.9 (40.8, 49.1)	41.6 (37.7, 45.6)	46.3 (42.3, 50.4)
Race			
Black	31.3 (24.5, 39.0)	25.8 (20.3, 32.2)	31.0 (24.5, 38.4)
White	54.7 (49.5, 59.8)	55.4 (50.1, 60.6)	60.4 (55.1, 65.4)
Age			
Less than 18	19.8 (7.5, 42.7)	11.1 (3.6, 29.5)	27.1 (13.9, 46.3)
18-24	41.0 (34.2, 48.1)	38.9 (32.9, 45.3)	40.4 (33.8, 47.3)
25-34	50.1 (44.2, 55.9)	46.0 (40.1, 52.1)	52.0 (46.0, 57.9)
35-55	45.0 (33.5, 57.1)	48.1 (36.6, 59.9)	50.7 (39.2, 62.2)
Education			
Less than High School	26.4 (18.8, 35.7)	22.7 (16.2, 30.7)	29.0 (21.7, 37.6)
High School	35.1 (27.6, 43.4)	40.6 (32.6, 49.1)	41.9 (34.1, 50.3)
More than High School	56.9 (51.3, 62.2)	51.6 (46.2, 56.9)	57.1 (51.5, 62.5)
Marital status			
Married	48.9 (43.6, 54.1)	46.9 (41.6, 52.2)	50.0 (44.7, 55.4)
Other	39.5 (33.1, 46.2)	35.0 (29.4, 41.0)	41.7 (35.5, 48.2)
Medicaid			
Yes	38.4 (32.9, 44.2)	35.1 (30.3, 40.2)	39.0 (33.9, 44.4)
No	52.8 (46.8, 58.7)	51.7 (45.5, 58.0)	57.7 (51.1, 63.7)
Birthweight**			
VLBW (<1500 g)	36.8 (34.9, 38.9)	38.5 (36.3, 40.8)	40.1 (37.8, 42.4)
MLBW (1500-2499 g)	36.3 (32.0, 40.8)	37.1 (32.6, 41.8)	41.0 (36.6, 45.6)
NBW (2500+ g)	45.8 (41.3, 50.4)	42.1 (37.8, 46.5)	46.9 (42.4, 51.4)

*95% Confidence Interval

**Note: In 2005 and 2006, 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, 2006

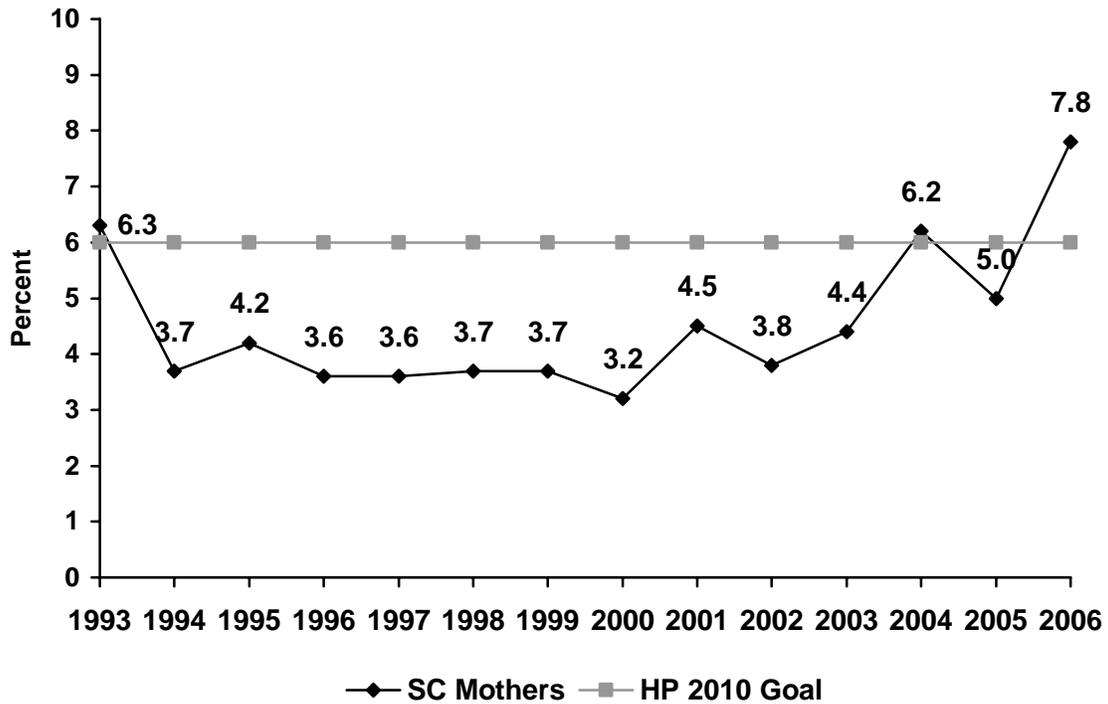


In 2006, 80.5% of women drank in the three months before they became pregnant.

Of the women that drank in 2006, 46.2% of them had less than one drink per week and 12.3% 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, 1993-2006



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 an all time high of 7.8% in 2006. In 2004 the percent of SC mothers who drank during the last trimester rose to 6.2%, above the 2010 Healthy People goal of 6.0% for the first time since 1993, dropped below the goal again in 2005, and rose above the goal again to 7.8% in 2006.

In 2006, almost all women who drank during the last trimester drank three or fewer drinks per week (92.6%).

Alcohol Consumption

Characteristics of Mothers Who Drank During the Last Trimester of Pregnancy, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	6.2 (4.5, 8.6)	5.0 (3.6, 7.0)	7.8 (5.8, 10.2)
Race			
Black	4.7 (2.3, 9.5)	2.0 (0.8, 5.0)	6.0 (3.3, 10.9)
White	7.6 (5.2, 10.9)	7.6 (5.3, 10.7)	8.9 (6.3, 12.3)
Age			
Less than 18	11.7 (3.0, 36.0)	0.5 (0.1, 2.4)	1.0 (0.3, 3.4)
18-24	4.1 (2.0, 8.2)	3.2 (1.6, 6.2)	4.4 (2.3, 8.3)
25-34	7.7 (5.1, 11.5)	5.4 (3.3, 8.7)	9.9 (6.9, 14.1)
35-55	4.7 (1.7, 12.7)	12.5 (6.5, 22.5)	12.8 (6.8, 22.8)
Education			
Less than High School	3.6 (1.3, 10.0)	0.3 (0.1, 0.7)	5.6 (2.7, 11.4)
High School	3.1 (1.2, 7.6)	2.8 (1.0, 7.4)	5.4 (2.6, 10.8)
More than High School	8.7 (6.0, 12.4)	8.5 (6.0, 12.1)	10.1 (7.2, 14.0)
Marital status			
Married	7.0 (4.8, 10.1)	6.6 (4.4, 9.7)	8.2 (5.7, 11.5)
Other	5.2 (2.8, 9.5)	3.0 (1.5, 5.7)	6.6 (4.0, 10.8)
Medicaid			
Yes	4.6 (2.7, 8.0)	3.4 (2.0, 5.8)	6.1 (4.0, 9.4)
No	8.1 (5.5, 12.0)	7.5 (4.8, 11.4)	10.3 (7.1, 14.6)
Birthweight**			
VLBW (<1500 g)	3.5 (2.8, 4.3)	4.6 (3.7, 5.7)	4.8 (3.9, 5.9)
MLBW (1500-2499 g)	3.6 (2.3, 5.6)	3.8 (2.4, 6.1)	4.9 (3.2, 7.3)
NBW (2500+ grams)	6.5 (4.6, 9.1)	5.1 (3.6, 7.3)	8.0 (5.9, 10.8)

*95% Confidence Interval

**Note: In 2005 and 2006, 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.

Stressful Life Events

In 2006...

Almost 24% of women experienced four or more stressful life events in the 12 months before delivery.

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

Argued more with husband/partner (46.0% black vs. 28.2% white)

Someone close died (26.1% black vs. 17.5% white)

Separated or divorced from husband (18.0% black vs. 6.9% white)

In a physical fight (12.7% black vs. 3.7% white)

In 2006, 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 2006, women who reported experiencing four or more stressful like events in the 12 months before delivery were more likely to...

be black

be 18-24 years of age

have a high school education or less

be unmarried and

be on Medicaid.

Stressful Life Events

What Some South Carolina Mothers Have to Say About Stress and Stressful Life Events:

“Sometimes I didn’t have enough money to pay all my bills and doctor’s bills so it was stressing for me.”

“Walk away from stress.”

“I would like to say my experience on having my first child was very calm ...”

“During my pregnancy I had a lot of stress and mental abuse I think happiness is one of the keys to be in great health; a healthier pregnant mother will have a higher chance to have a healthy baby.”

“We almost lost our house. There were days when I didn’t eat because we didn’t have money and the stress of having to come up with the money I’m sure was not good for me either.”

“I would like to tell mothers to avoid stress during pregnancy. That’s what happened to me and caused me to go into preterm labor.”

“I think there should be counseling offered to all mothers during pregnancy outside prenatal care. Words cannot describe the changes that women go through, they need more support. Less stress means healthier, happier babies and mothers.”

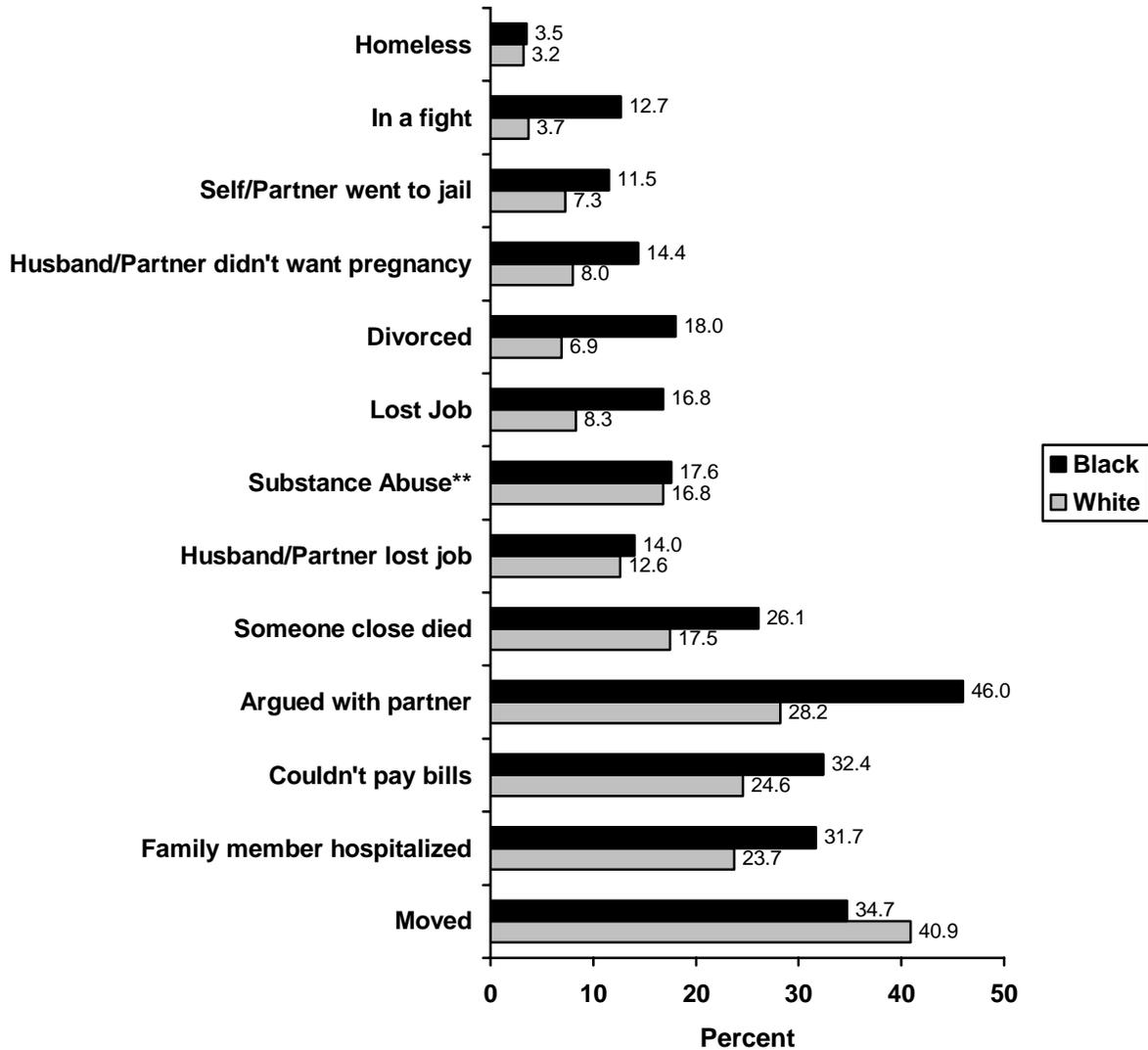
“My advice is don’t let no one stress you out. Sometimes your boyfriend/husband could be your main problem.”

“Surround your self with positive thinking all the time, no matter what it looks like. Believe that you and your baby will be alright.”

“Stress kills.”

Stressful Life Events

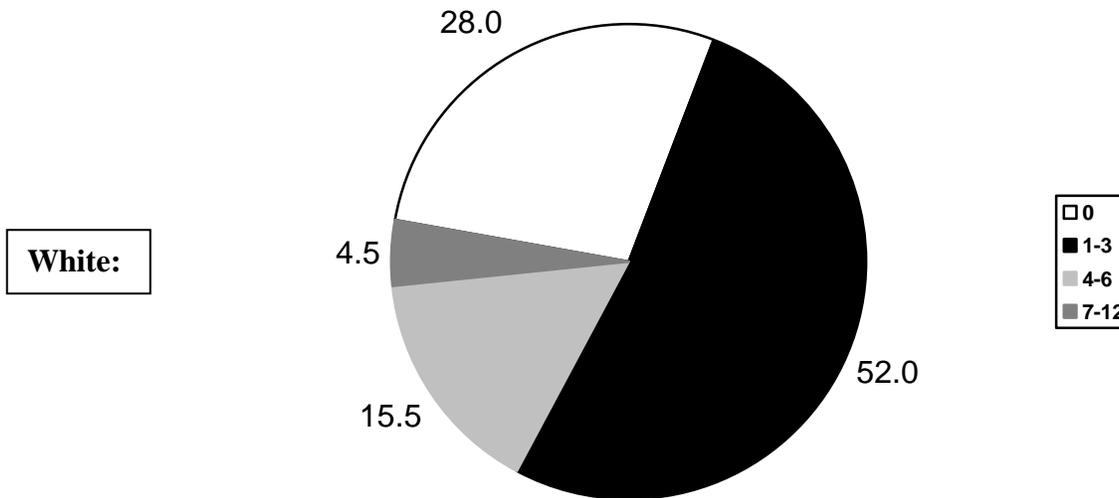
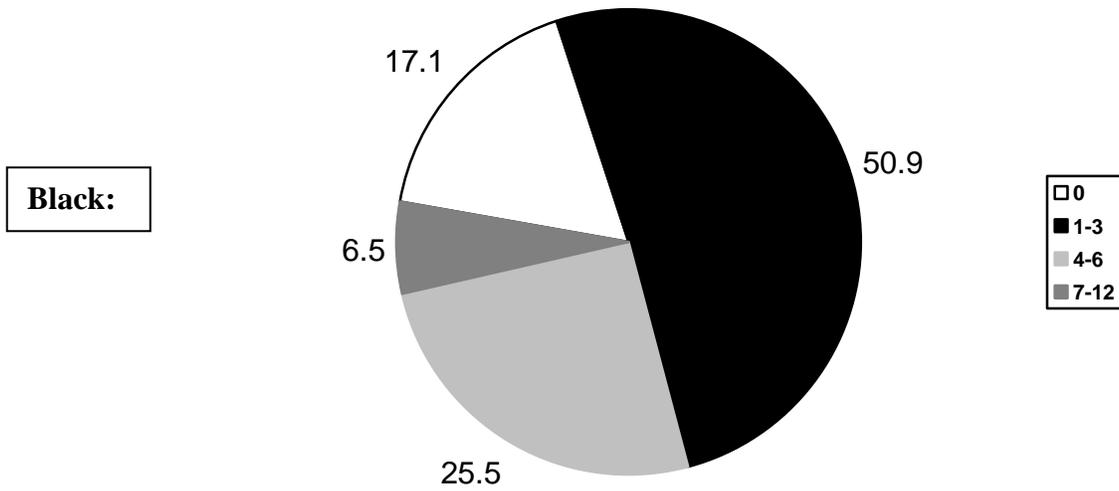
Proportion of Women Who Experienced Stressful Life Events in the Twelve Months Prior to Delivery, 2006



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

Stressful Life Events

Number of Stressful Life Events Experienced in the Twelve Months Prior to Delivery by Race, 2006



Stressful Life Events

Characteristics of Women Experiencing High Levels of Stress**, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	22.1 (18.8, 25.8)	21.9 (18.8, 25.4)	23.9 (20.6, 27.7)
Race			
Black	27.5 (21.1, 34.9)	25.1 (19.6, 31.5)	31.6 (25.0, 38.9)
White	19.5 (15.7, 24.0)	21.1 (17.1, 25.8)	19.8 (15.9, 24.4)
Age			
Less than 18	43.2 (24.0, 64.7)	25.4 (12.2, 45.3)	18.5 (8.4, 36.1)
18-24	33.7 (27.3, 40.7)	30.4 (24.8, 36.5)	28.8 (23.0, 35.4)
25-34	15.1 (11.4, 19.8)	16.9 (12.9, 21.9)	21.9 (17.2, 27.3)
35-55	7.0 (3.3, 14.4)	7.5 (3.6, 15.1)	18.5 (10.8, 29.7)
Education			
Less than High School	34.9 (26.4, 44.4)	30.5 (23.3, 38.9)	28.5 (21.3, 36.9)
High School	26.0 (19.5, 33.9)	24.5 (18.1, 32.4)	28.4 (21.6, 36.3)
More than High School	15.2 (11.6, 19.7)	16.4 (12.8, 20.7)	19.3 (15.1, 24.2)
Marital status			
Married	12.9 (9.6, 16.8)	12.8 (9.6, 16.8)	16.0 (12.3, 20.5)
Other	34.9 (28.1, 39.6)	33.6 (28.1, 39.6)	33.8 (28.0, 40.1)
Medicaid			
Yes	33.7 (28.5, 39.3)	31.1 (26.5, 36.2)	33.3 (28.4, 38.6)
No	8.2 (5.4, 12.2)	7.7 (5.0, 11.7)	9.2 (6.1, 13.7)
Birthweight***			
VLBW (<1500 g)	27.2 (25.4, 29.1)	24.8 (22.9, 26.9)	25.8 (23.9, 27.9)
MLBW (1500-2499 g)	22.2 (18.5, 26.2)	26.0 (22.1, 30.4)	29.1 (25.1, 33.5)
NBW (2500+ g)	22.0 (18.4, 26.1)	21.5 (18.1, 25.4)	23.5 (19.8, 27.6)

* 95% Confidence Interval

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

*****Note:** In 2005 and 2006, 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 2006...

8.4% of women were physically abused by someone before they became pregnant and 5.9% 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 an ex-husband or ex-partner.

In 2006, women who reported partner abuse during pregnancy were more likely to...

- be black
- be less than 24 years old
- be unmarried
- have less than a high school education and
- be on Medicaid.

During the years of 1993-2001, the percentage of women delivering liveborn 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 2.8% in 2006. In 2004, the rate dropped below the Healthy People 2010 goal of 2.7% for the first time when it reached 2.2%, but has risen to slightly above the goal in 2006 (2.8%).

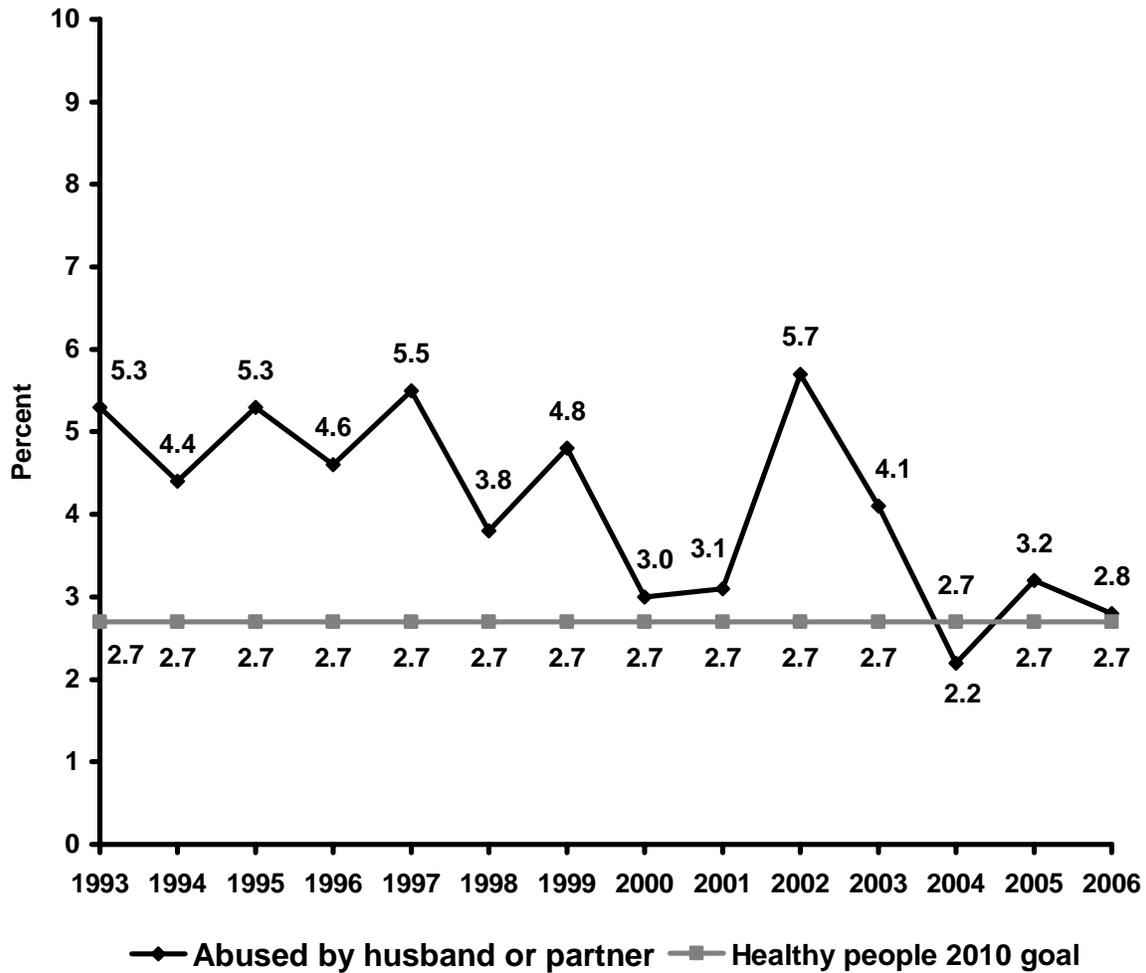
What Some South Carolina Mothers Have to Say about Physical Abuse:

“My husband don’t believe in a man hitting a woman!”

“I think domestic abuse is a big problem in SC with pregnant women.”

Physical Abuse

Percent of Women Who Were Physically Abused by Husband/Partner During Pregnancy, 1993-2006



Between the years of 1993 and 2006, the rate of physical abuse by husband or partner during the pregnancy decreased from 5.3% in 1993 to 2.6% in 2006. In 2004, the rate dropped below the Healthy People 2010 goal of 2.7% for the first time when it reached 2.2%, but was just above the goal in 2006 at 2.8%.

Physical Abuse

Characteristics of Women Who Were Physically Abused during Pregnancy by Husband or Partner, 2004-2006

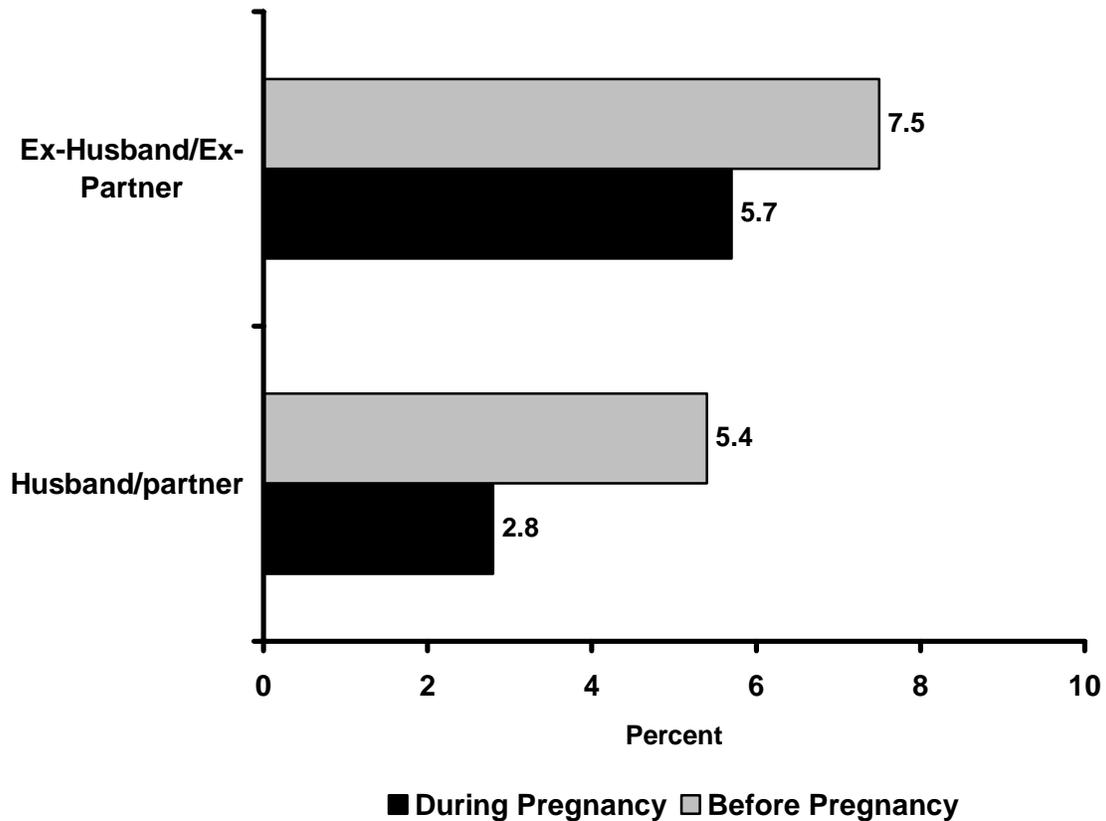
Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	2.2 (1.3, 3.7)	3.2 (2.0, 4.9)	2.8 (1.7, 4.6)
Race			
Black	3.1 (1.4, 7.0)	4.0 (2.0, 7.8)	4.9 (2.4, 9.7)
White	1.0 (0.4, 2.4)	3.2 (1.7, 5.7)	1.8 (0.8, 3.9)
Age			
Less than 18	1.3 (0.4, 4.0)	5.2 (0.9, 24.1)	4.3 (0.7, 21.3)
18-24	3.2 (1.6, 6.5)	3.3 (1.7, 6.5)	4.3 (2.2, 8.3)
25-34	1.2 (0.5, 3.2)	3.1 (1.6, 6.0)	2.0 (0.8, 4.7)
35-55	3.8 (1.0, 13.0)	2.0 (0.3, 12.5)	0.1 (0.0, 0.1)
Education			
Less than High School	1.5 (0.5, 4.3)	5.1 (2.4, 10.4)	6.2 (3.0, 12.2)
High School	3.8 (1.7, 8.4)	2.8 (1.0, 7.4)	2.1 (0.8, 5.5)
More than High School	1.8 (0.8, 4.0)	2.4 (1.2, 4.8)	1.5 (0.5, 4.0)
Marital status			
Married	1.5 (0.7, 3.4)	1.5 (0.6, 3.7)	1.1 (0.4, 3.4)
Other	3.2 (1.6, 6.2)	5.2 (3.1, 8.7)	4.8 (2.7, 8.5)
Medicaid			
Yes	3.4 (0.2, 2.8)	5.1 (3.3, 8.0)	4.3 (2.5, 7.2)
No	0.8 (1.9, 6.0)	0.1 (0.0, 0.4)	0.4 (0.1, 2.7)
Birthweight**			
VLBW (<1500 g)	5.5 (4.6, 6.6)	3.8 (3.0, 4.9)	2.9 (2.2, 3.8)
MLBW (1500-2499 g)	5.2 (3.4, 7.8)	3.5 (2.1, 5.8)	4.7 (3.1, 7.2)
NBW (2500+ g)	1.9 (1.0, 3.7)	3.1 (1.9, 5.1)	2.6 (1.4, 4.7)

*95% Confidence Interval

****Note:** In 2005 and 2006, 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, 2006**



In 2006, the women in our sample were more likely to be abused before and during their pregnancy by an 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 1993-2006...

The proportion of women hospitalized during pregnancy, before delivery, remained fairly steady at about 19-23% until 2004 - 2006 when the proportion increased to 28.2% - 29.4% .

In 2006 the majority of women who were hospitalized during pregnancy stayed less than one day (52.8%). However, 6.1% were hospitalized for more than seven days.

In 2006, 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 3.2 nights in 2006.

In 2005, length of hospital stay did not differ significantly by any of the following maternal characteristics: race, age, education, and marital status. Length of hospital stay did differ, however by Medicaid status in 2006.

In 2006, the majority of women (70.0%) reported not having a dental problem during pregnancy. However, 16.6% of women reported having a dental problem during pregnancy and not receiving care.

In 2006, women who reported experiencing postpartum depression symptoms were more likely to ...

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

What Some South Carolina Mothers Have to Say about Maternal Health:

“Moms need to listen to their bodies and go to the doctor for the just in case.”

“I never had problems before with other two pregnancies and when I was told that I was having a premature baby I was really shocked. I was having mini seizures and my blood pressure was very high.”

“Swelling is very dangerous when you are pregnant.”

“Make sure you get good health care. My doctor didn’t catch my preeclampsia so I was in the end states of toxemia when they did an emergency c-section on me.”

“Even with my cervix stitched my water broke at 24 weeks. I was on bed rest. I don’t know what caused it.”

“Due to my size it was difficult to carry [my babies to term]. I spent 4 weeks in the hospital on bedrest.”

“I would like to see a program for mothers to help them emotionally during pregnancy and after they give birth to a baby with any kind of defect. Emotional support is always helpful.”

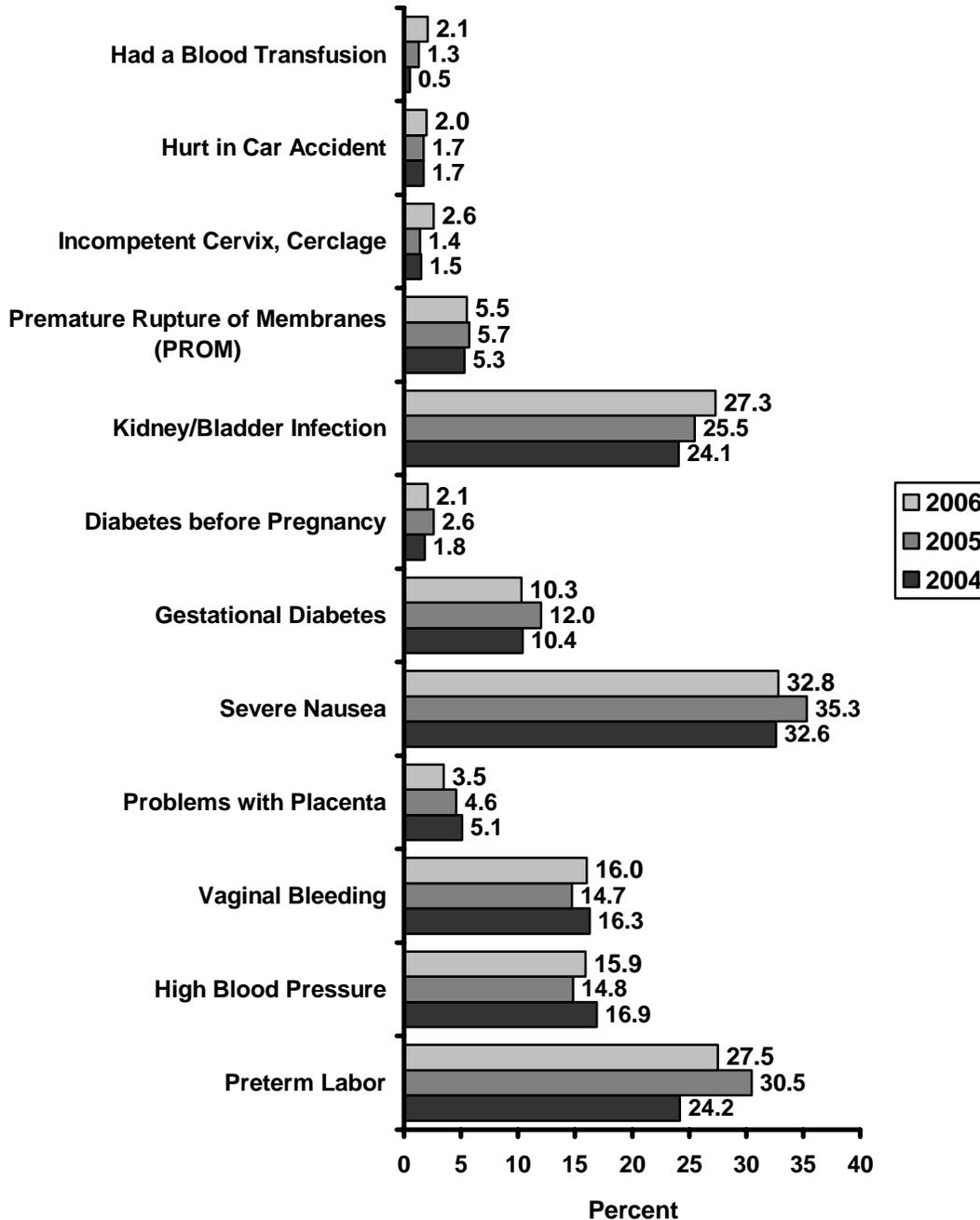
“I think that women who get pregnant should be educated about a condition called preeclampsia.”

“I did not recognize my contractions as being preterm labor. I wish my doctor had emphasized the signs/symptoms of preterm labor before I experienced it!”

“Taking care of your teeth is very important while you’re pregnant.”

Maternal Health

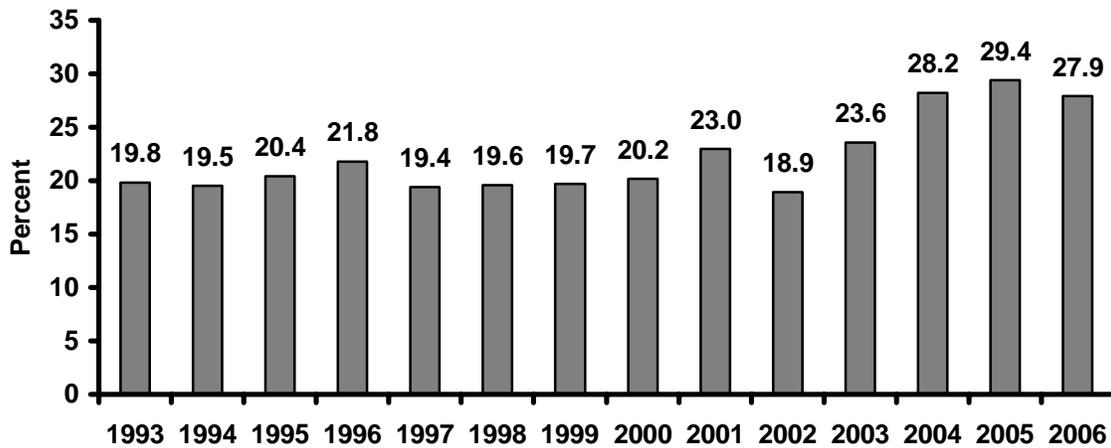
Maternal Problems During Pregnancy, 2004-2006



In 2004, 2005, and 2006, 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

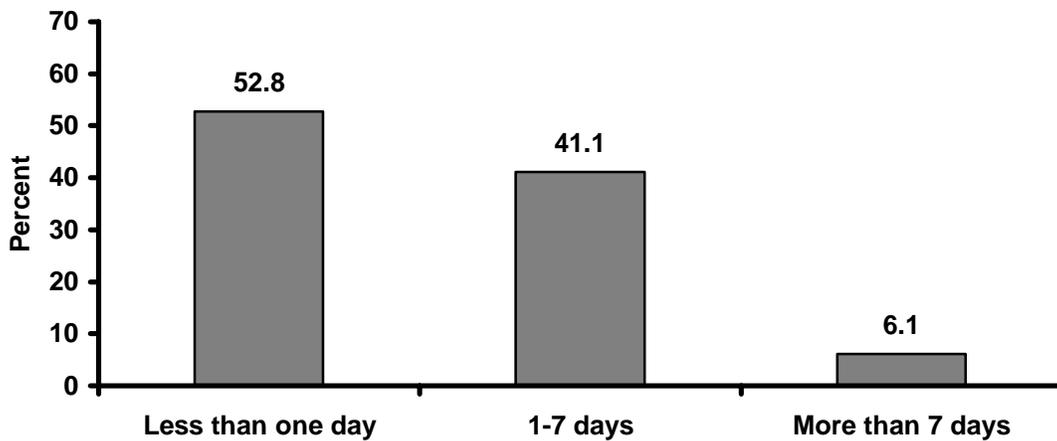
Proportion of Women Who Were Hospitalized At Least One Night During Pregnancy (Excluding Delivery), 1993-2006*



In 2006, 27.9% 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.

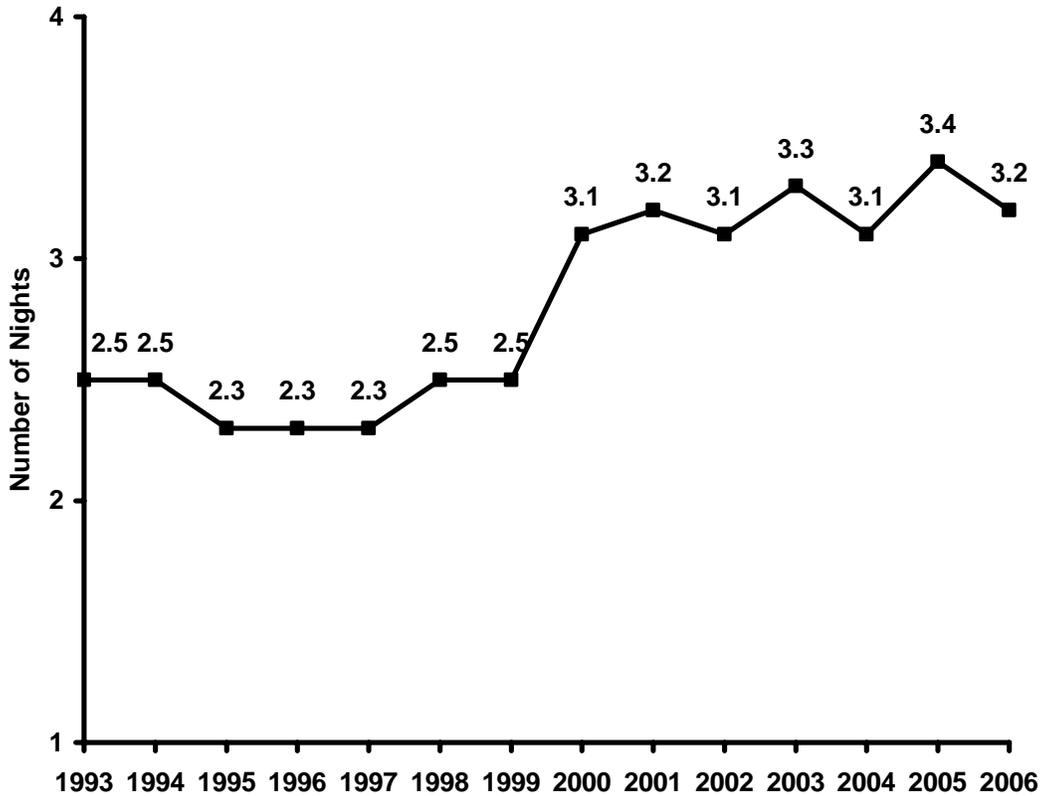
Length of Maternal Hospitalizations During Pregnancy (Excluding Delivery), 2006



The majority of women who were hospitalized during pregnancy stayed less than one day (52.8%). However, 6.1% were hospitalized for more than seven days.

Maternal Health

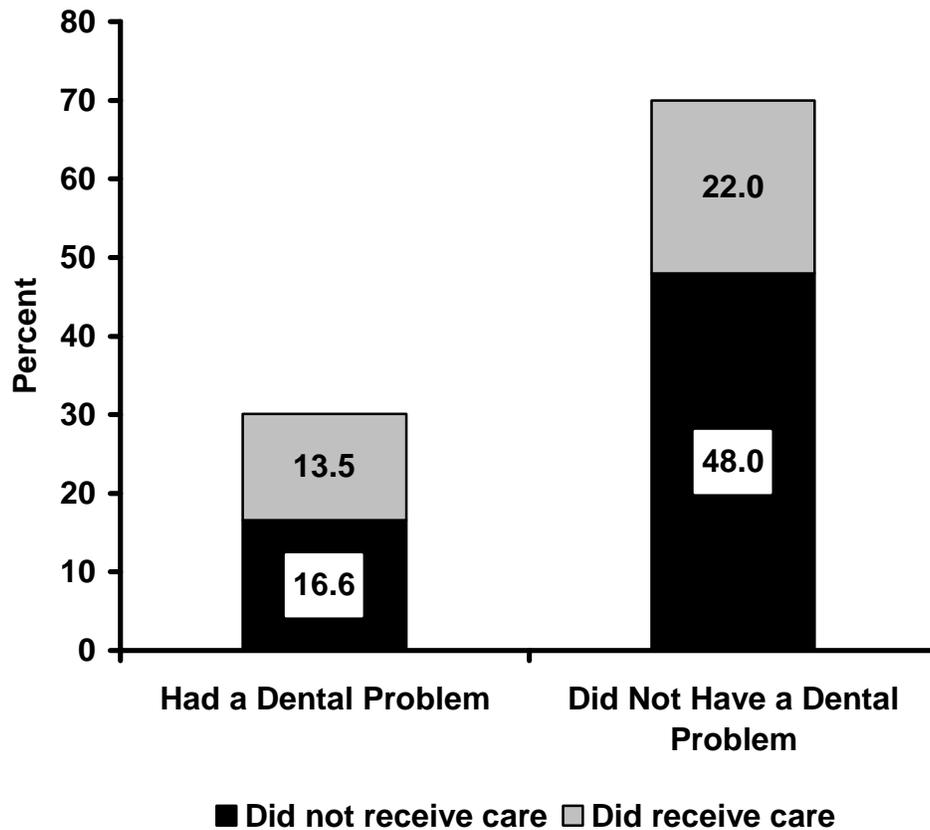
Average Hospital Stay After Delivery (Number of Nights), 1993-2006



The average number of nights mothers spent in the hospital after delivery has increased from 2.5 nights in 1993 to 3.2 nights in 2005.

In 2005, length of hospital stay did not differ significantly by any of the following maternal characteristics: race, age, education, and marital status. Length of hospital stay did differ, however, by Medicaid status in 2006.

Oral Health During Pregnancy, 2006



In 2006, the majority of women (70.0%) reported not having a dental problem during pregnancy. However, 16.6% of women reported having a dental problem and not receiving care.

Maternal Health

Postpartum Depression Symptoms***, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	19.7 (16.5, 23.3)	19.5 (16.5, 22.9)	18.2 (15.2, 21.7)
Race			
Black	32.9 (26.0, 40.6)	23.4 (18.1, 29.8)	19.9 (14.5, 26.6)
White	13.0 (9.8, 17.1)	16.7 (13.1, 21.1)	18.1 (14.4, 22.6)
Age			
Less than 18	31.5 (15.4, 53.9)	27.4 (13.8, 47.1)	31.0 (16.9, 50.0)
18-24	26.5 (20.6, 33.4)	23.5 (18.5, 29.4)	20.0 (15.0, 26.1)
25-34	16.1 (12.2, 20.9)	16.1 (12.1, 21.1)	17.0 (12.8, 22.1)
35-55	8.3 (3.7, 17.7)	13.7 (7.5, 23.8)	12.0 (6.4, 21.5)
Education			
Less than High School	34.1 (25.7, 43.6)	29.4 (22.2, 37.8)	25.9 (19.0, 34.3)
High School	17.4 (11.9, 24.8)	22.1 (15.9, 29.8)	20.3 (14.4, 28.0)
More than High School	15.0 (11.3, 19.5)	13.4 (10.2, 17.5)	13.4 (10.0, 17.8)
Marital status			
Married	12.6 (9.5, 16.5)	14.4 (11.0, 18.6)	12.5 (9.3, 16.6)
Other	29.4 (23.6, 35.9)	26.0 (20.9, 31.8)	25.1 (19.9, 31.2)
Medicaid			
Yes	27.4 (22.5, 32.9)	24.7 (20.5, 29.5)	23.3 (19.0, 28.3)
No	10.4 (7.2, 14.8)	11.3 (7.9, 16.0)	10.5 (7.3, 14.9)
Birthweight**			
VLBW (<1500 g)	35.4 (33.4, 37.4)	27.0 (24.9, 29.2)	30.4 (28.2, 32.7)
MLBW (1500-2499 g)	22.7 (19.0, 26.9)	23.8 (20.0, 28.1)	22.1 (18.4, 26.3)
NBW (2500+ g)	19.1 (15.6, 23.1)	19.0 (15.7, 22.7)	17.7 (14.4, 21.5)

*95% Confidence Interval

**Note: In 2005 and 2006, 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 responded 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 2006...

The majority of all infants (82.5%) stayed in the hospital between 1-3 days after delivery. Among infants who were placed in an intensive care unit (ICU), over one half (51.2%) stayed in the hospital for six days or more after delivery.

Between the years 1993 and 2006...

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 47.5% in 2006.

In 2006...

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

- Black
- on Medicaid
- unmarried
- and had less than a High School education.

In 2006, 8.6% of infants were exposed to smoke on a daily basis, which is a decrease of about 33% from 2002 (12.8%). And 1.3% 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 63.0% in 2006.

What Some South Carolina Mothers Have to Say about Infant Health:

“Without the dedication of my doctor and nurses this baby wouldn’t be here.”

“I was told that every 10,000-20,000 babies is born with the same problem as mine was born with.”

“I am so grateful to the neonatologists and respiratory therapists that saved my premature baby’s life.”

“My baby was in the NICU due to antibodies and was very sick.”

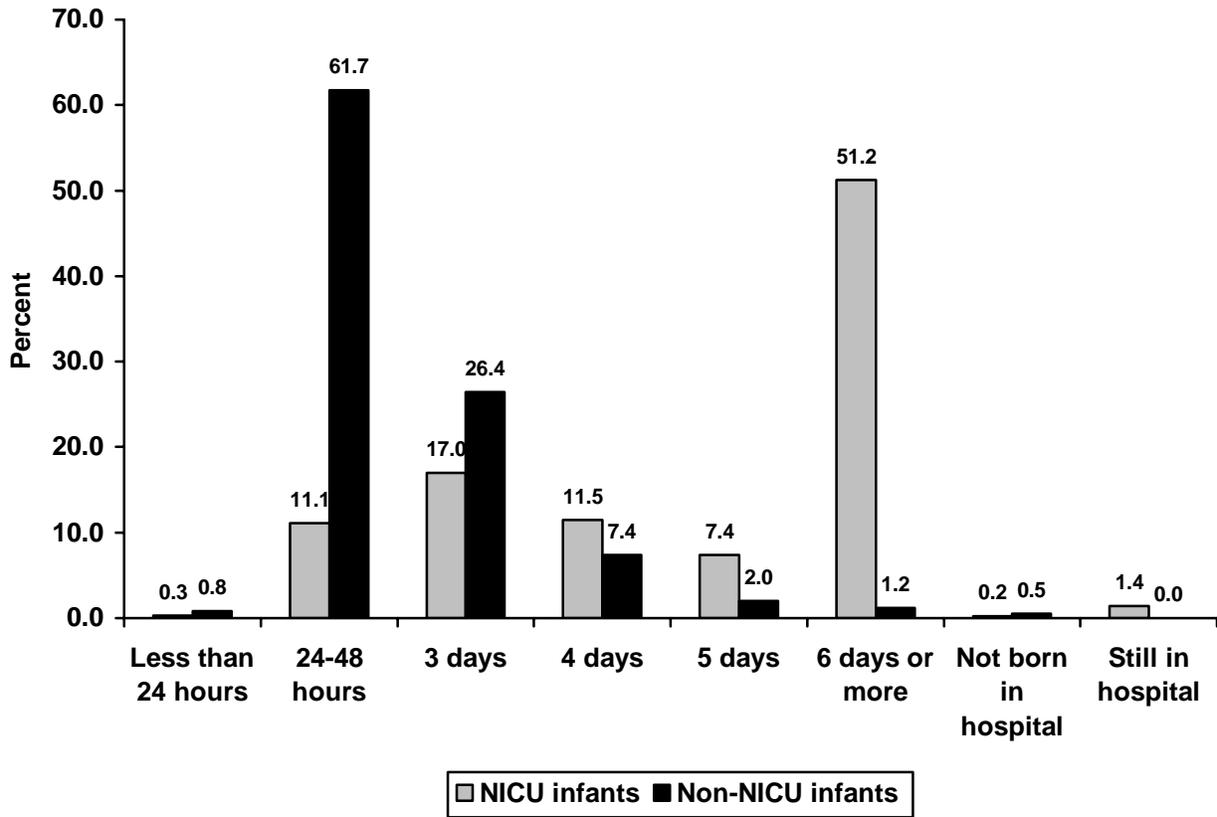
“I took very good care of myself and my unborn twins and still one of them was born with a heart defect.”

“I had a premature baby and it’s no joke to see your baby on an oxygen or breathing machine.”

“I had my baby at 26 weeks so that means I was 15 weeks early. My baby was born with blood in the brain. ...he lived for two weeks.”

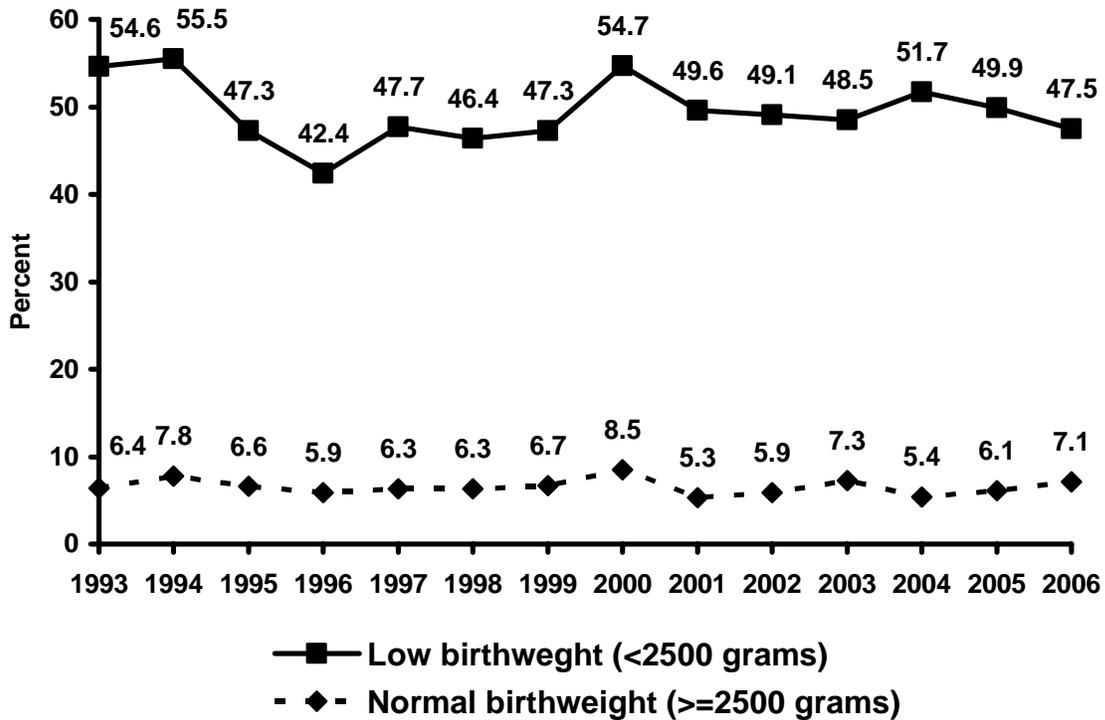
Infant Health

Number of Nights Infants Stayed in Hospital After Delivery, 2006



Among the infants who stayed in the Intensive Care Unit, 51.2% stayed in the hospital six days or more. Excluding infants who stayed in the Intensive Care Unit, 61.7% of the infants stayed in the hospital between 24-48 hours.

Proportion of Infants Who Stayed in an Intensive Care Unit by Birthweight*, 1993-2006



From 1993 through 2006, 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 1993-2006, with highest value 8.5% in 2000.

***Note:** In 2002, 2005, and 2006 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.

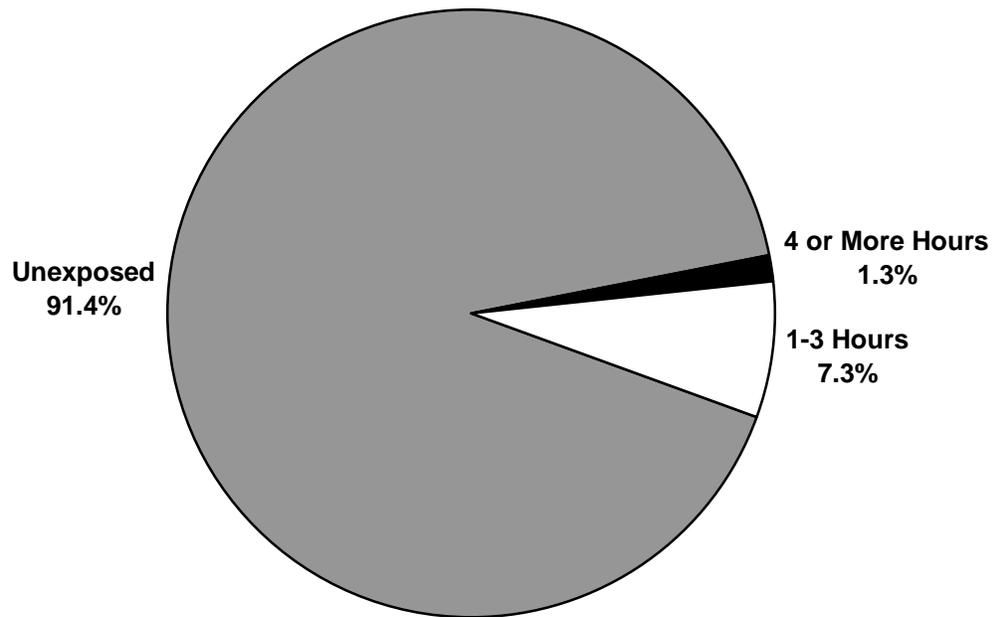
Infant Health

Characteristics of Women Whose Babies Stayed in the Hospital for More Than 48 Hours after Delivery, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	40.6 (36.7, 44.7)	42.3 (38.4, 46.3)	42.6 (38.6, 46.6)
Race			
Black	51.0 (43.3, 58.7)	47.6 (40.7, 54.6)	45.5 (38.3, 52.9)
White	32.4 (27.9, 37.3)	39.0 (34.1, 44.2)	38.3 (33.4, 43.4)
Age			
Less than 18	37.4 (19.6, 59.4)	47.0 (28.0, 67.0)	34.1 (19.5, 52.4)
18-24	43.3 (36.5, 50.3)	44.5 (38.3, 50.9)	42.9 (36.3, 49.8)
25-34	37.2 (31.9, 42.9)	39.6 (34.0, 45.5)	43.6 (37.9, 49.5)
35-55	47.7 (36.3, 59.4)	42.5 (31.7, 54.2)	40.5 (29.7, 52.3)
Education			
Less than High School	45.3 (36.2, 54.7)	51.2 (42.6, 59.7)	47.1 (38.6, 55.9)
High School	44.5 (36.4, 52.8)	42.4 (34.4, 50.8)	41.3 (33.6, 49.5)
More than High School	36.9 (31.9, 42.3)	37.8 (32.8, 43.0)	41.0 (35.7, 46.5)
Marital status			
Married	36.7 (31.9, 41.7)	39.3 (34.3, 44.5)	41.6 (36.4, 46.9)
Other	46.1 (39.5, 52.7)	46.2 (40.1, 52.4)	43.1 (36.9, 49.5)
Medicaid			
Yes	45.9 (40.3, 51.6)	46.1 (41.0, 51.4)	44.5 (39.2, 49.9)
No	34.2 (28.9, 39.9)	36.4 (30.7, 42.5)	39.6 (33.8, 45.7)

*95% Confidence Interval

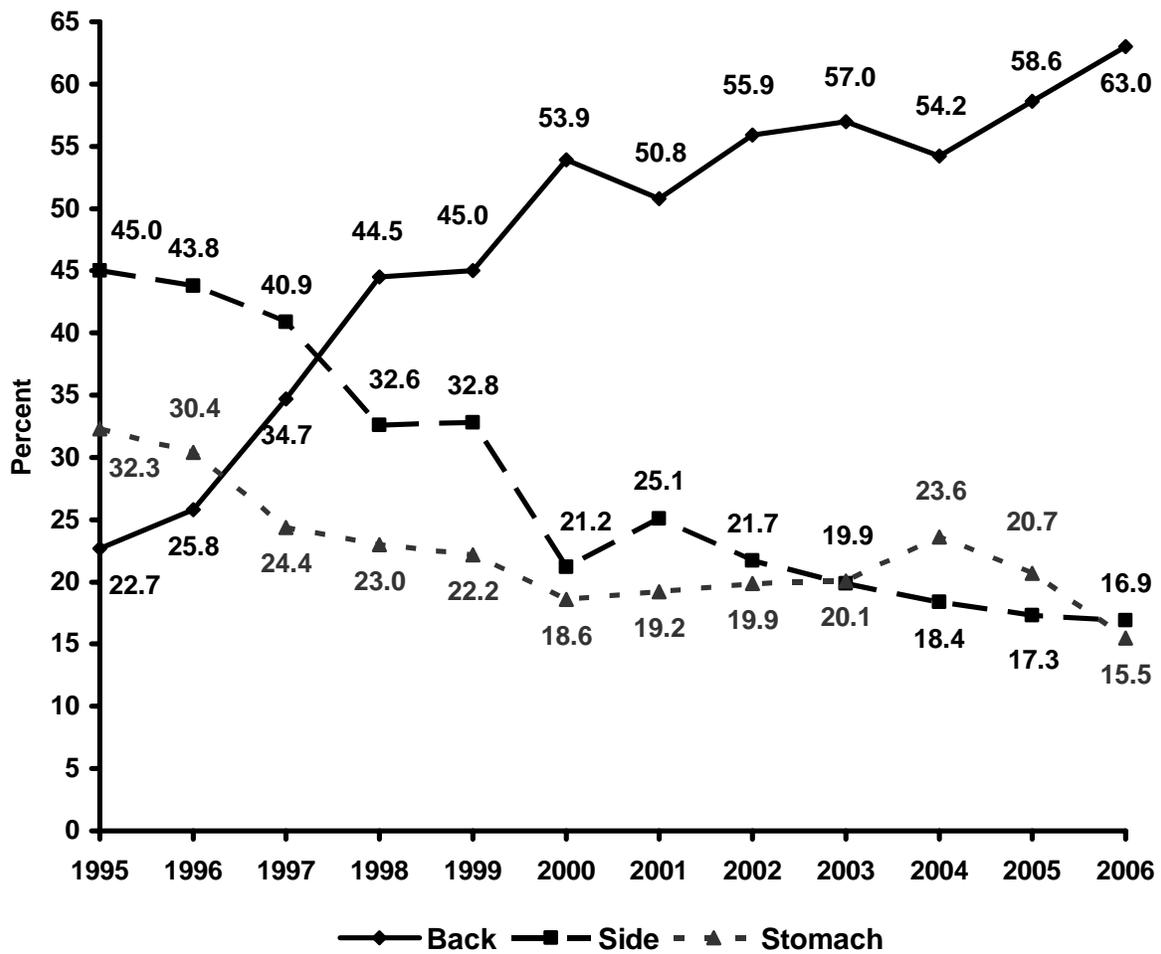
Proportion of Infants Exposed to Smoke Daily, 2006



The proportion of infants exposed to smoke on a daily basis decreased from 12.8% in 2002 to 8.6% in 2006.

The proportion of infants exposed to smoke for 4 or more hours daily has decreased from 4.6% in 1999 to 1.3% in 2006.

Infant Sleep Position, 1995-2006



Infant sleeping positions changed dramatically during the years 1995 through 2006. 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 63.0 % in 2006.

Breastfeeding Fact Sheet

Between the years of 1993 and 2006...

The percent of mothers who breastfed for more than one week postpartum increased from 37.4% to 66.4%.

The percent of WIC mothers who breastfed for more than one week increased from 20.9% to 54.8%.

The percent of mothers who breastfed for more than one month postpartum has steadily increased from 15.5% in 1993 to 50.0% in 2006.

In 2006, over 33% of all mothers in South Carolina breastfed less than one week or did NOT breastfeed at all.

In 2006, women who did NOT breastfeed or breastfed for less than one week were more likely to...

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

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

What Some South Carolina Mothers Have to Say about Breastfeeding:

“I had her on and off breast milk.”

“There should be better work arrangement for moms who want to breastfeed or longer maternity leave. For moms who must pump exclusively for breastmilk there should be more benefits. Fortunately I could afford to rent a hospital grade pump but it was expensive and it might not be feasible for others. Also, lactation consultants are expensive.”

“Used formula as a supplement.”

“I didn’t produce a lot of milk due to her early arrival.”

“When baby arrive breastfeeding is the best way for nourishment, healthy for your baby.”

“I was in the Intensive Care Unit and was unable to breastfeed.”

“I’m a stay at home mom, I am breastfeeding (which is a joy! I am so sorry I didn’t do it with my other 2 kids – for them and for me!)”

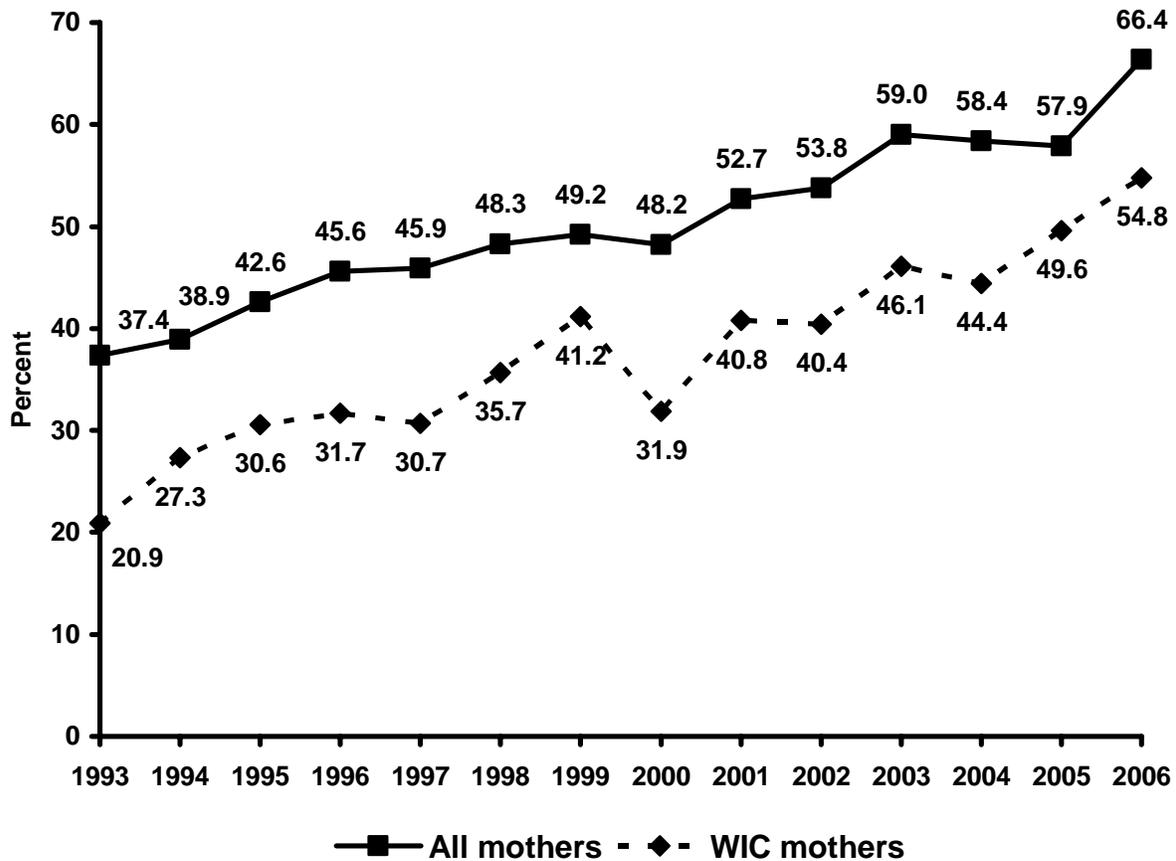
“I was told by friends my boobs would dry up and get littler.”

“The WIC instructor for [county name omitted] was also a big help. She talked a lot to me about breastfeeding and let me know how important it was.”

“I had never done it before and I was afraid to do it.”

Breastfeeding

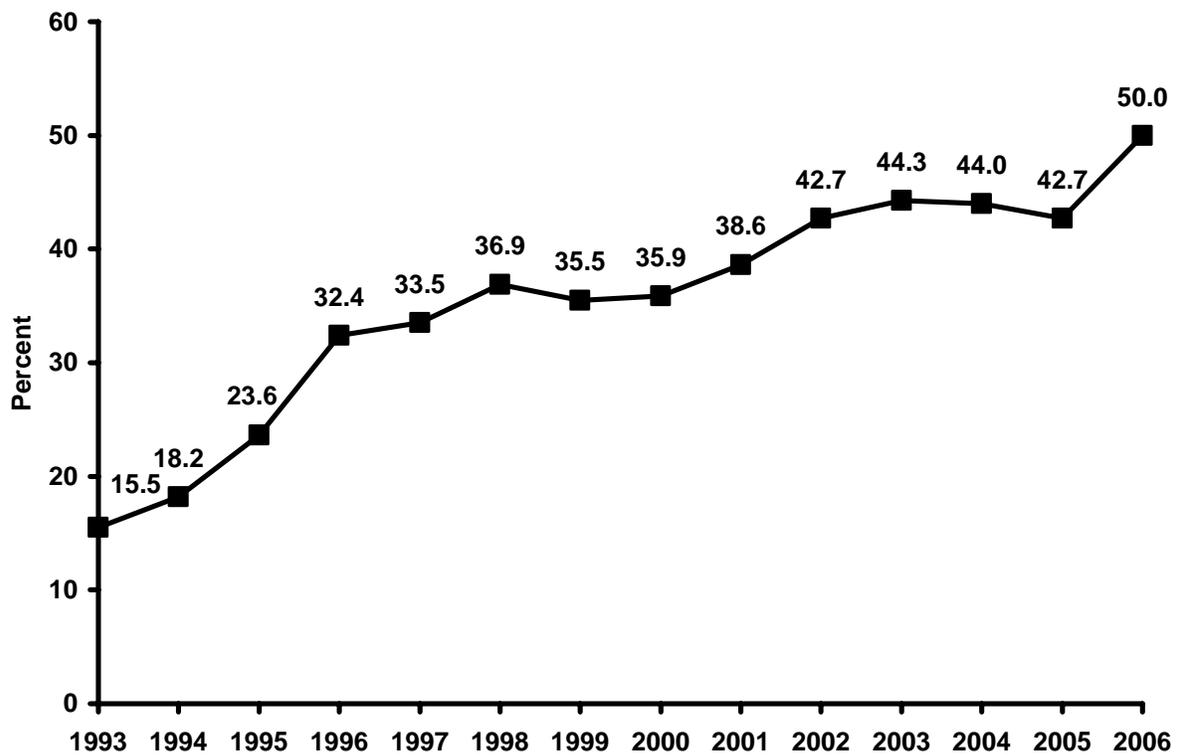
Trend of Breastfeeding for More than One Week, 1993-2006



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 54.8% in 2006.

Breastfeeding

Trend of Breastfeeding for More than One Month, 1993-2006



The proportion of women who breastfed for more than one month increased from 15.5% in 1993 to 50.0% in 2006.

Breastfeeding

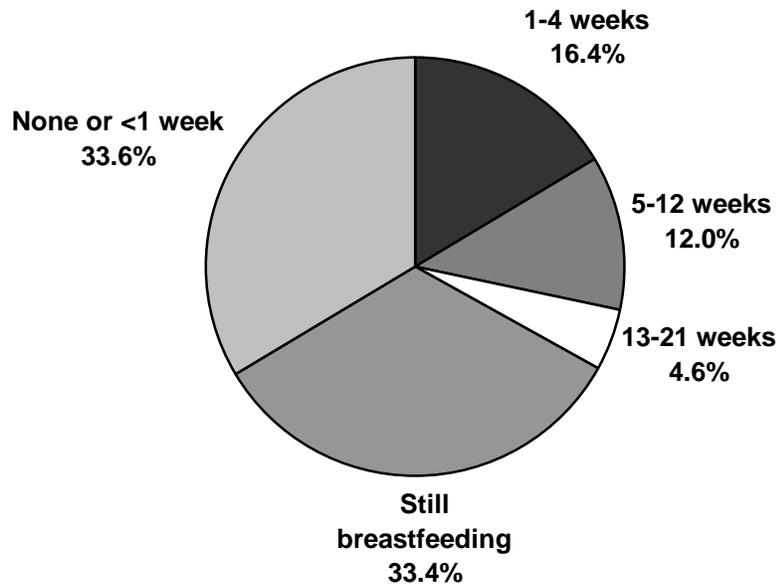
Characteristics of Women Who Did NOT Breastfeed or Breastfed for Less than One Week, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	41.7 (37.5, 45.9)	42.1 (38.1, 46.2)	33.6 (29.8, 37.7)
Race			
Black	61.1 (53.2, 68.8)	59.6 (52.5, 66.3)	49.8 (42.2, 57.5)
White	35.6 (30.7, 40.8)	36.9 (31.9, 42.2)	28.6 (24.0, 33.7)
Age			
Less than 18	68.7 (46.0, 85.0)	54.5 (35.3, 72.4)	51.6 (33.1, 69.7)
18-24	55.5 (48.3, 62.5)	51.8 (45.3, 58.3)	42.6 (35.8, 49.6)
25-34	30.8 (25.6, 36.5)	34.0 (28.4, 40.0)	27.4 (22.3, 33.1)
35-55	33.3 (22.9, 45.6)	31.1 (21.2, 42.9)	22.7 (14.4, 34.0)
Education			
Less than High School	57.5 (47.8, 66.6)	59.3 (50.6, 67.6)	45.5 (36.8, 54.5)
High School	57.8 (49.2, 66.0)	51.1 (42.6, 59.5)	46.5 (38.3, 54.9)
More than High School	28.0 (23.3, 33.3)	28.6 (24.0, 33.8)	21.1 (16.8, 26.2)
Marital status			
Married	29.4 (24.8, 34.5)	28.7 (24.1, 33.8)	22.8 (18.4, 27.8)
Other	58.8 (51.9, 65.3)	59.9 (53.6, 65.9)	47.5 (41.0, 54.2)
Medicaid status			
Medicaid	54.9 (49.0, 60.6)	52.8 (47.4, 58.1)	44.1 (38.7, 49.6)
Not Medicaid	25.9 (20.9, 31.6)	25.8 (20.6, 31.7)	17.5 (13.2, 22.8)
Birthweight**			
VLBW (<1500 g)	22.3 (20.3, 24.4)	24.7 (22.4, 27.1)	22.5 (20.2, 24.9)
MLBW (1500-2499 g)	49.9 (45.2, 54.6)	50.5 (45.6, 55.3)	48.6 (41.9, 51.3)
NBW (2500+ g)	41.3 (36.8, 45.9)	41.7 (37.4, 46.2)	32.7 (28.6, 37.2)
WIC status			
Yes	55.6 (49.6, 61.5)	50.5 (45.0, 56.0)	45.2 (39.5, 51.1)
No	26.6 (21.6, 32.2)	30.1 (24.8, 36.1)	18.5 (14.2, 23.7)

*95% Confidence Interval

**Note: In 2005 and 2006, 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, 2006



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

In 2006, just over 33% of women did not breastfeed or breastfed for less than one week. However, up to 28.4% of mothers breastfed for the first three months and up to 38.0% of mothers breastfed for 13 or more weeks.

Financial Issues Fact Sheet

Between the years of 2004-2006...

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

Between the years 2004-2006...

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 receiving public assistance during pregnancy were more likely to...

- be black
- have less than a high school education
- be unmarried
- be on Medicaid.

In 2004, 2005 and 2006 the most common source of payment for both prenatal care and delivery was Medicaid.

In 2006, 35.2% of women were less than 100% of poverty and 27.6% of women were 100-185% of poverty, leaving 37.3% of women above the SC Medicaid Poverty Threshold for pregnant women (above 185% of poverty).

What Some South Carolina Mothers Have to Say about Financial Issues:

“I wish SC had an additional program for those who don’t have insurance but do not qualify for Medicaid. ...I never wanted anything for free but if the government could’ve helped with a portion I would’ve been a lot less stressed then and now that I’m stuck with at \$10,000 medical bill.”

“What would be really nice would be some sort of program that would help preemie parents with costs of gas and transportation to the hospitals where their children are.”

“I gave birth to triplets and I was disappointed with the inability to receive assistance until the children were home.”

“I would like to have taken prenatal classes but did not have the money to take them. If some sort of free or reduce cost classes are available I was not informed about them.”

“I don’t know how people do it without insurance or some other kind of help.”

“No one wants to be sick or poor or asking for help. ...It’s so hard to find work in South Carolina.”

“My midwife (SC licensed) is wonderful, professional, and knowledgeable. Not to mention affordable, given we do not have insurance but do not qualify for aid. I wish more women knew about this option for low-risk pregnancies.”

**Total Annual Household Income for Women During Pregnancy,
2004-2006**

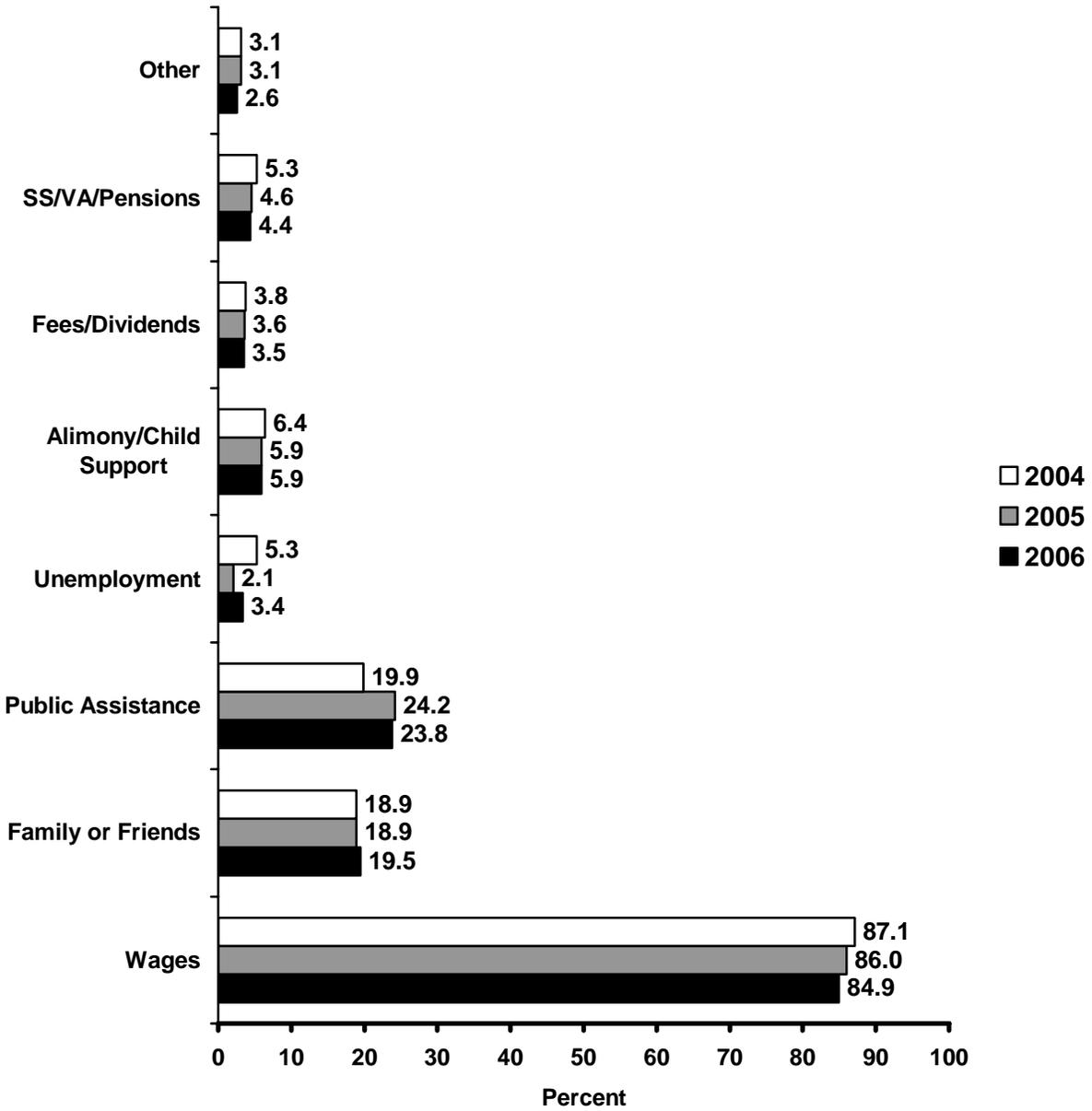
Income Level	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
< 10,000	24.3 (20.8, 28.2)	28.9 (25.3, 32.8)	27.9 (24.1, 32.0)
10,000-14,999	12.3 (9.7, 15.3)	10.9 (8.6, 13.9)	12.9 (10.2, 16.1)
15,000-19,999	6.8 (4.9, 9.3)	8.6 (6.5, 11.2)	8.0 (6.0, 10.6)
20,000-24,999	10.2 (7.9, 13.1)	7.8 (5.8, 10.2)	7.5 (5.5, 10.2)
25,000-34,999	9.5 (7.4, 12.2)	8.3 (6.3, 10.8)	11.2 (8.8, 14.1)
35,000-49,999	12.1 (9.6, 15.1)	10.4 (8.2, 13.2)	11.1 (8.8, 13.9)
50,000+	24.8 (21.5, 28.5)	25.2 (21.8, 28.8)	21.5 (18.4, 24.9)

***95% Confidence Interval**

Just under 28% of women delivering live infants in 2006 had a total annual household income of less than \$10,000.

In 2006, 21.5% of women delivering live infants had a total annual household income of \$50,000 or greater.

Sources of Income During Pregnancy, 2004-2006



The top three sources of total household income for 2006 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, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	87.1 (84.0, 89.7)	86.0 (82.9, 88.6)	84.9 (81.6, 87.6)
Race			
Black	72.6 (65.2, 79.0)	76.0 (69.5, 81.5)	74.7 (67.6, 80.7)
White	94.9 (92.2, 96.7)	91.3 (87.7, 93.9)	91.7 (88.2, 94.2)
Age			
Less than 18	58.8 (37.1, 77.6)	61.7 (42.2, 78.0)	59.5 (40.8, 75.8)
18-24	81.4 (75.2, 86.3)	79.8 (74.2, 84.5)	79.9 (73.8, 85.0)
25-34	93.0 (89.4, 95.5)	92.9 (89.1, 95.5)	89.8 (85.4, 93.0)
35-55	90.2 (80.2, 95.4)	92.9 (84.3, 97.0)	91.4 (81.6, 96.3)
Education			
Less than High School	67.8 (58.4, 76.0)	70.4 (62.2, 77.4)	63.1 (54.4, 71.0)
High School	85.3 (78.3, 90.3)	83.0 (75.8, 88.4)	86.8 (80.0, 91.5)
More than High School	95.6 (92.7, 97.4)	95.3 (92.5, 97.1)	94.6 (91.4, 96.7)
Marital status			
Married	95.5 (92.8, 97.2)	94.2 (91.1, 96.3)	93.4 (90.0, 95.7)
Other	75.6 (69.4, 80.9)	75.4 (69.8, 80.3)	74.4 (68.3, 79.6)
Medicaid status			
Yes	78.6 (73.5, 82.9)	78.7 (74.1, 82.6)	76.4 (71.5, 80.7)
No	97.5 (94.6, 98.8)	97.3 (94.2, 98.8)	98.1 (95.7, 99.2)
Birthweight**			
VLBW (<1500 g)	82.4 (80.7, 84.0)	81.8 (79.9, 83.6)	80.4 (78.4, 82.2)
MLBW (1500-2499 g)	80.6 (76.6, 84.1)	76.9 (72.6, 80.6)	82.4 (78.5, 85.7)
NBW (2500+ g)	87.8 (84.3, 90.5)	86.8 (83.4, 89.6)	85.2 (81.5, 88.2)

*95% Confidence Interval

****Note:** In 2005 and 2006, 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, 2004-2006**

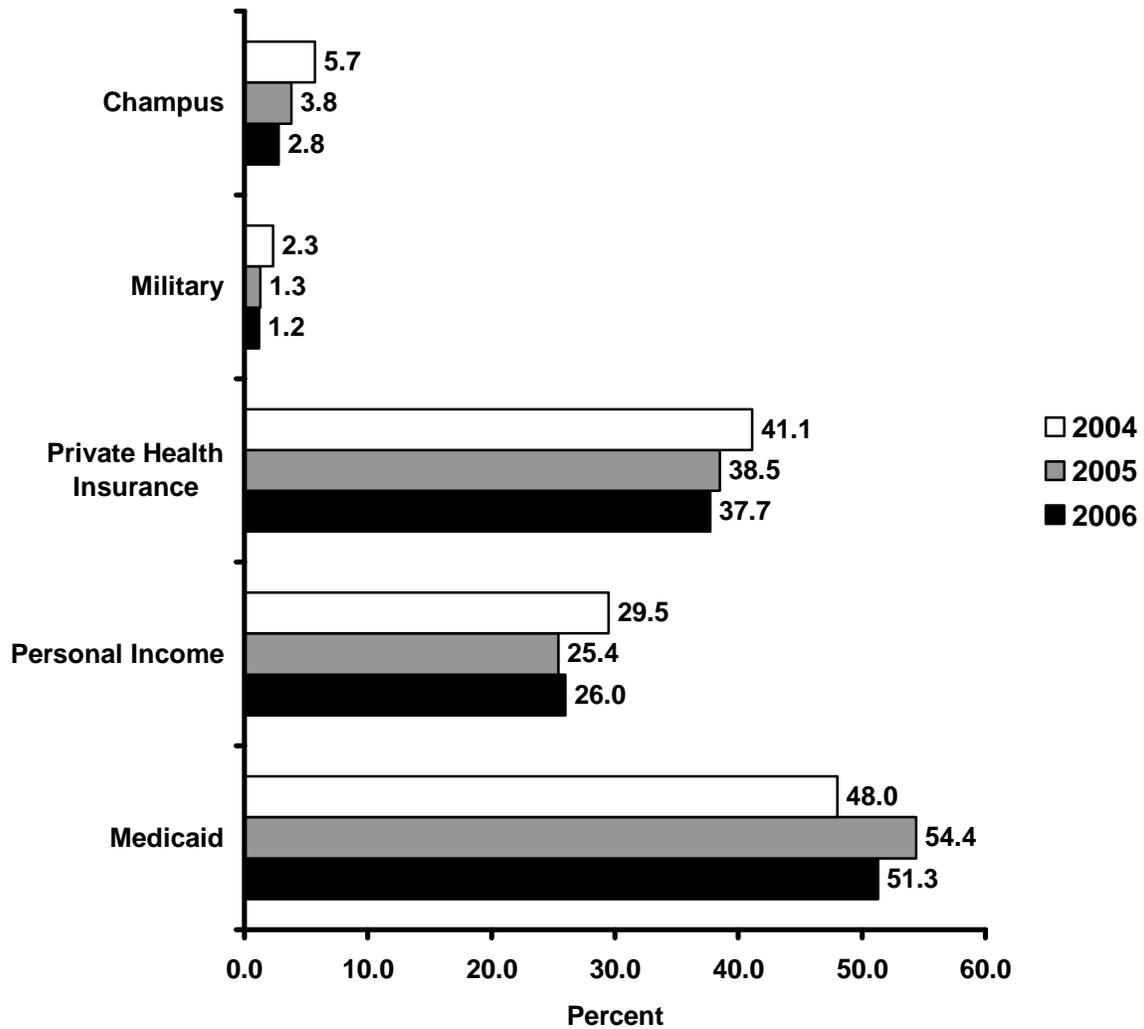
Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	19.9 (16.7, 23.5)	24.2 (20.9, 27.8)	23.8 (20.4, 27.5)
Race			
Black	34.2 (27.2, 41.8)	41.4 (34.7, 48.4)	38.1 (31.1, 45.6)
White	12.7 (9.6, 16.6)	14.0 (10.7, 18.1)	16.9 (13.3, 21.3)
Age			
Less than 18	19.8 (8.1, 41.1)	28.4 (14.6, 47.9)	41.3 (25.0, 59.8)
18-24	28.3 (22.4, 35.2)	33.5 (27.8, 39.8)	33.9 (27.7, 40.7)
25-34	15.1 (11.2, 20.0)	19.5 (15.0, 24.8)	16.6 (12.5, 21.7)
35-55	13.1 (6.8, 23.6)	5.2 (2.0, 12.8)	12.2 (6.5, 22.0)
Education			
Less than High School	31.1 (23.1, 40.3)	42.2 (34.1, 50.7)	39.1 (31.0, 47.8)
High School	28.2 (21.2, 36.3)	23.4 (17.1, 31.2)	26.7 (20.0, 34.7)
More than High School	11.7 (8.4, 16.0)	15.7 (12.2, 20.0)	14.6 (11.0, 19.2)
Marital status			
Married	9.9 (7.2, 13.4)	13.1 (9.8, 17.2)	14.3 (10.7, 18.7)
Other	33.8 (27.7, 40.4)	38.5 (32.7, 44.6)	35.4 (29.5, 41.7)
Medicaid status			
Yes	34.8 (29.5, 40.5)	37.2 (32.3, 42.4)	35.4 (30.4, 40.7)
No	1.8 (0.8, 4.2)	4.2 (2.3, 7.7)	5.7 (3.3, 9.8)
Birthweight***			
VLBW (<1500 g)	27.9 (26.0, 29.9)	27.1 (25.0, 29.3)	23.5 (21.5, 25.6)
MLBW (1500-2499 g)	23.4 (19.7, 27.7)	25.3 (21.4, 29.7)	31.1 (27.0, 35.5)
NBW (2500+ g)	19.4 (16.0, 23.4)	24.1 (20.4, 28.1)	23.2 (19.5, 27.3)

*95% Confidence Interval

** 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 and 2006, 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*, 2004-2006

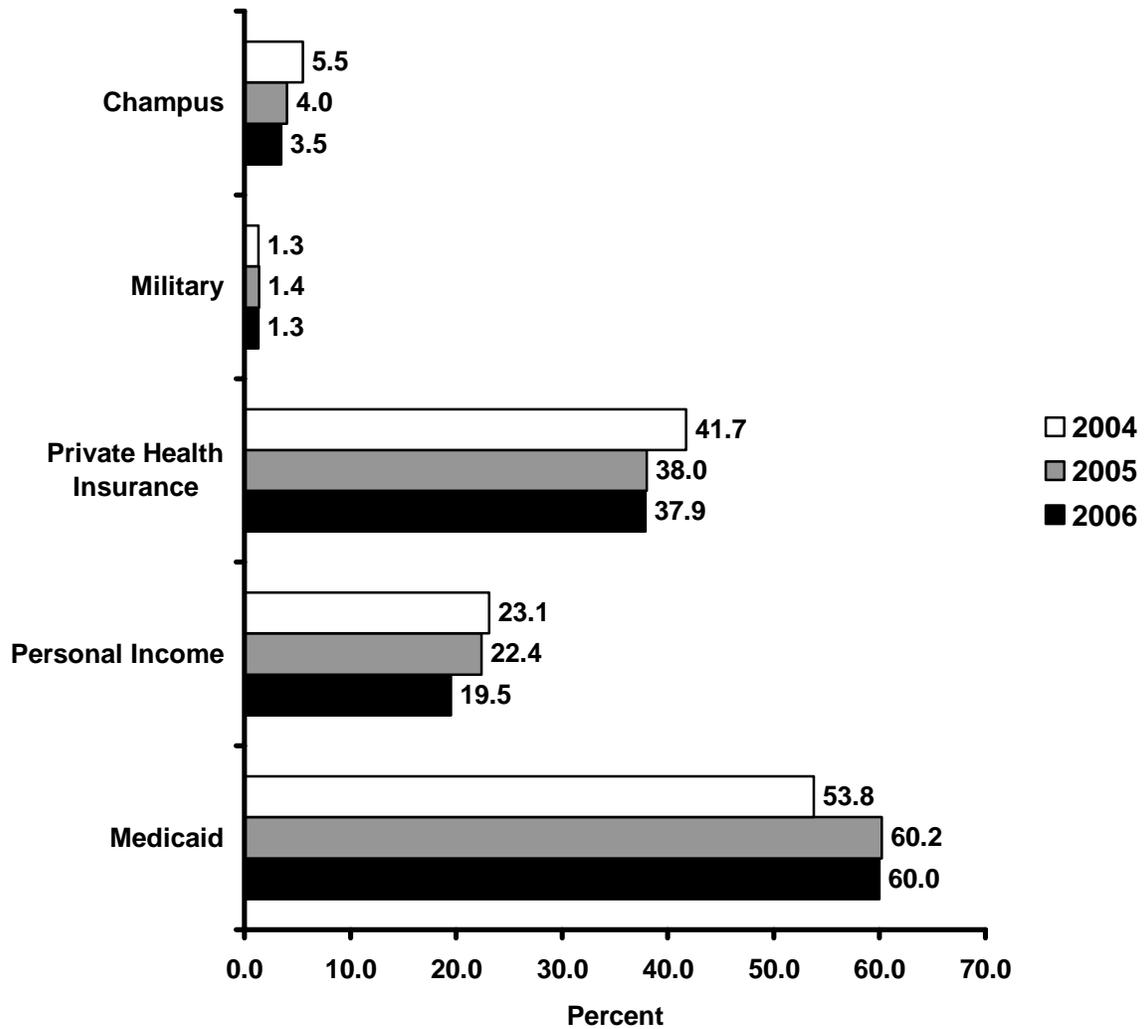


*Sources of payment are not mutually exclusive.

In 2006, 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 2004, 2005 and 2006.

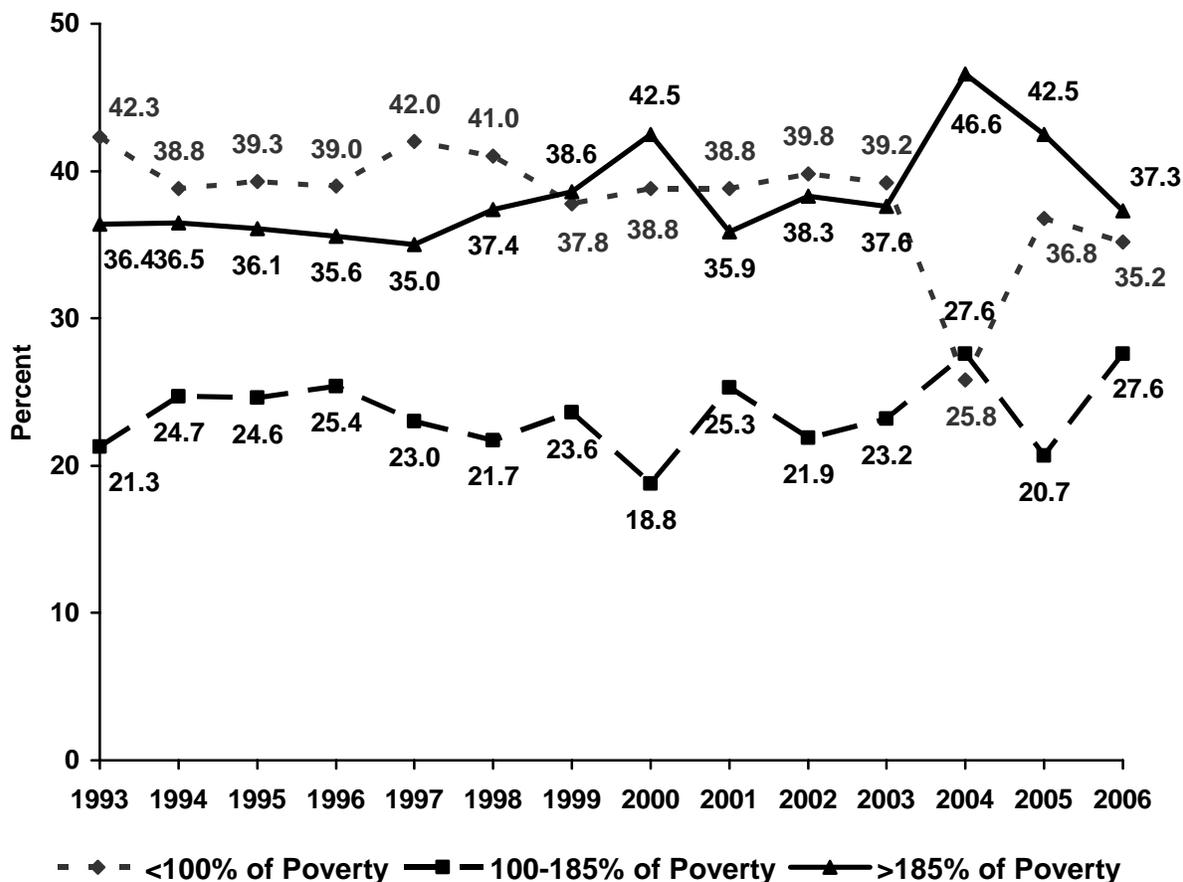
Sources of Payment for Delivery*, 2004-2006



*Payment types are not mutually exclusive.

The top three sources of payment for delivery in 2004, 2005, and 2006 were:
Medicaid
Private Health Insurance and
Personal Income.

Poverty Status among Women Who Delivered a Live Birth, 1993-2006



Poverty thresholds were obtained from the Health and Human Services Federal Poverty Guidelines, 2006⁴. 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% in 2004, 57.5% in 2005, and has risen to 62.8% in 2006.

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

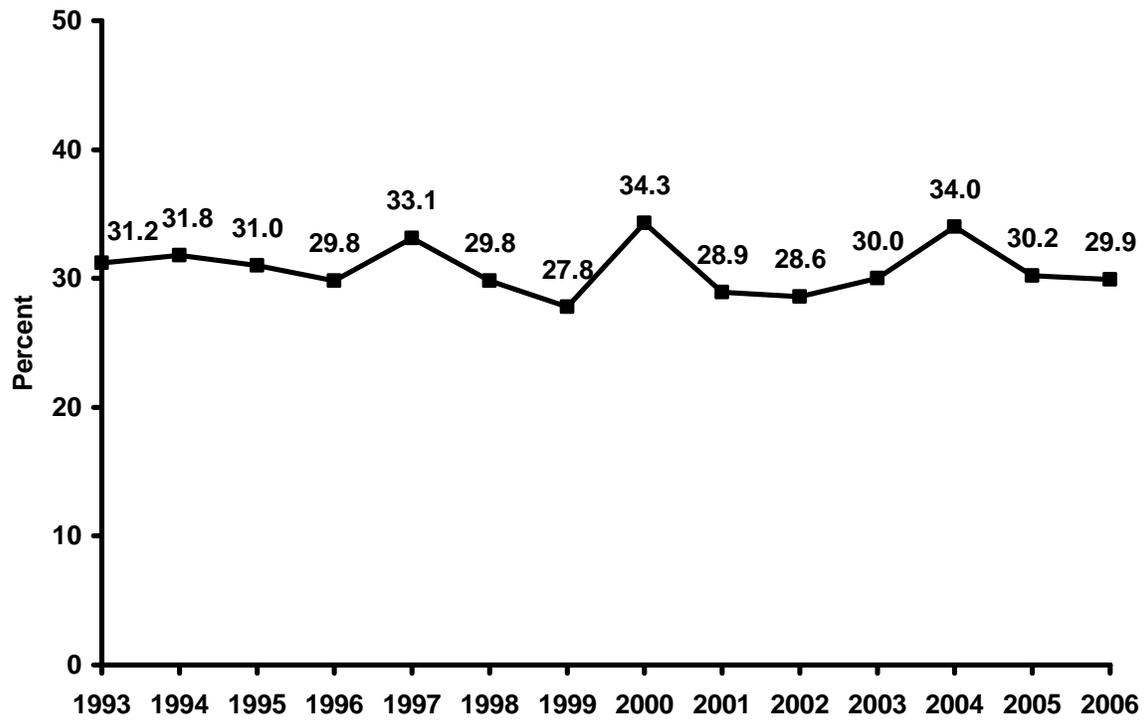
**Characteristics of Women Living
At or Below 185% of Poverty, 2004-2006**

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Race			
Black	76.4 (68.7, 82.6)	80.6 (74.4, 85.6)	84.4 (77.9, 89.2)
White	39.5 (34.5, 44.8)	40.8 (35.6, 46.2)	47.5 (42.2, 53.0)
Age			
Less than 18	70.0 (42.8, 87.9)	88.3 (65.4, 96.8)	93.4 (73.4, 98.6)
18-24	75.8 (69.0, 81.5)	79.6 (73.7, 96.8)	80.0 (73.7, 85.1)
25-34	39.9 (34.2, 45.8)	42.7 (36.8, 48.9)	53.5 (47.4, 59.5)
35-55	40.6 (29.3, 52.9)	25.5 (16.4, 37.3)	36.9 (26.2, 49.1)
Education			
Less than High School	86.7 (77.9, 92.3)	96.5 (91.2, 98.7)	93.4 (86.8, 96.9)
High School	80.9 (73.7, 86.4)	70.1 (61.4, 77.6)	76.4 (68.5, 82.9)
More than High School	30.1 (25.2, 35.5)	34.4 (29.4, 39.7)	42.9 (37.4, 48.7)
Marital status			
Married	34.9 (30.0, 40.2)	35.6 (30.5, 41.0)	43.8 (38.3, 49.4)
Other	81.3 (75.3, 86.1)	87.6 (82.7, 91.2)	88.0 (82.8, 91.8)
Medicaid status			
Yes	84.0 (79.2, 87.9)	88.9 (85.2, 91.8)	91.9 (88.4, 94.5)
No	17.1 (12.9, 22.4)	10.7 (7.3, 15.6)	22.2 (17.2, 28.1)
Birthweight**			
VLBW (<1500 g)	66.9 (64.8, 68.9)	67.4 (65.1, 69.6)	69.0 (66.7, 71.2)
MLBW (1500-2499 g)	63.8 (59.1, 68.2)	68.3 (63.6, 72.7)	73.2 (68.9, 77.1)
NBW (2500+ g)	52.3 (47.7, 56.9)	56.5 (52.0, 60.9)	61.7 (57.2, 66.1)

*95% Confidence Interval

**Note: In 2005 and 2006, 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, 1993-2006



Medicaid Fact Sheet

Between the years of 1993 and 2006...

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 29.2% in 1993 to 16.5% in 2005, but rose to 24.4% in 2006.

The percent of Medicaid mothers receiving adequate or adequate plus prenatal care increased from 53.2% in 1993 to 74.7% in 2005, but fell to 65.8% in 2006.

In 2006, 77.1% of women on Medicaid were also on WIC.

In 2006, 8.1% of women on Medicaid reported income and family sizes that placed them above 185% of the poverty level.

In 2006, women that reported being on Medicaid during pregnancy were more likely to...

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

In 2006, women that reported having problems getting Medicaid during pregnancy were more likely to...

- be white
- be 25-34 years of age
- be married and
- not be on WIC.

What Some South Carolina Mothers Have to Say about Medicaid:

“I would like to thank the state of South Carolina for helping me (WIC, Medicaid). You all were great and made me feel good about being pregnant.”

“I think to improve a better health for mothers and babies in SC, a health system and Medicaid is very important.”

“I couldn’t get any more prescriptions filled using my Medicaid card.”

“The one thing that bothers me while on Medicaid while being pregnant is that the doctor’s office expects you to see like 6 different doctors in rotation. Not just one that knows your improvements or your problems so after seeing about 5 different doctors I started asking for the one doctor that answered my questions and always took the time to ask me if I had any questions or problems to discuss.”

“I think Medicaid should be offered for longer than 6 weeks postpartum. There are women who have problems after the 6 week mark, who have no way of having it checked out due to money problems.”

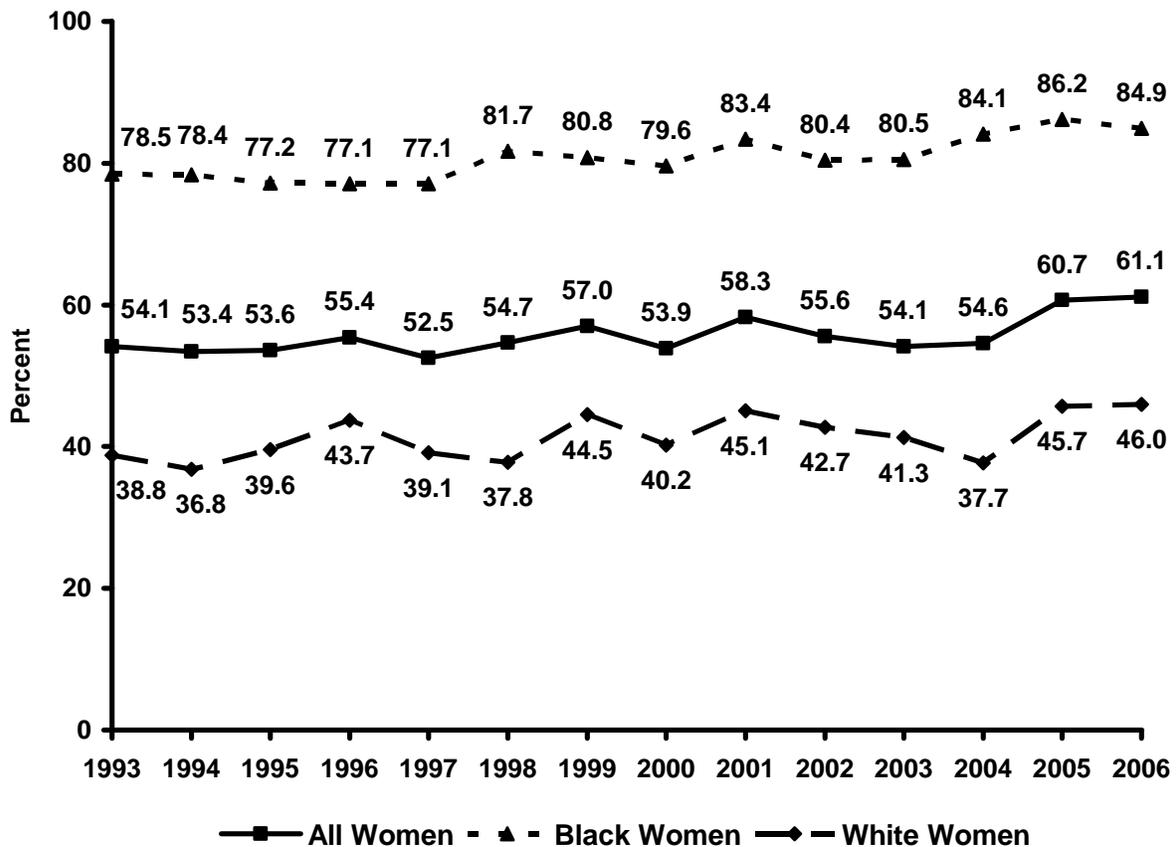
“That you can’t get dental on Medicaid is wrong. Most Medicaid recipients work the menial jobs that society scoffs at and yet Medicaid recipients can’t even get basic medical services.”

“I also feel that more doctors should take Medicaid, because the doctors that do are so overworked they can’t spend enough time with their patients. Also the ones that do take Medicaid is usually a long way from your home.”

“My prenatal care is still unpaid, I applied for Medicaid, it’s taking forever.”

Special Populations – Medicaid

Proportion of Women on Medicaid During Pregnancy*, 1993-2006



*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 2006. Black women were almost twice as likely as white women to receive Medicaid.

Special Populations – Medicaid

Characteristics of Women on Medicaid During Pregnancy, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	54.6 (50.6, 58.7)	60.7 (56.7, 64.5)	61.1 (57.2, 64.9)
Race			
Black	84.1 (77.9, 88.8)	86.2 (80.9, 90.2)	84.9 (79.3, 89.3)
White	37.7 (32.9, 42.8)	47.7 (40.5, 50.9)	46.0 (40.8, 51.3)
Age			
Less than 18	93.2 (70.9, 98.7)	99.4 (97.7, 99.9)	92.2 (75.4, 97.9)
18-24	78.9 (72.6, 84.0)	82.3 (76.9, 86.7)	82.6 (77.0, 87.1)
25-34	37.6 (32.1, 43.4)	44.2 (38.3, 50.2)	48.4 (42.6,)
35-55	36.3 (25.7, 48.4)	24.9 (16.1, 36.4)	27.8 (18.4, 39.6)
Education			
Less than High School	82.2 (73.8, 88.4)	92.4 (86.5, 95.8)	90.6 (84.2, 94.6)
High School	79.3 (72.0, 85.0)	71.1 (62.8, 78.2)	73.9 (66.2, 80.4)
More than High School	32.4 (27.4, 37.7)	39.3 (34.2, 44.6)	39.4 (34.0, 45.0)
Marital status			
Married	29.0 (24.5, 33.9)	35.5 (30.6, 40.8)	35.7 (30.7, 41.1)
Other	90.4 (85.9, 93.5)	92.8 (88.9, 95.4)	92.8 (88.8, 95.5)
WIC status			
Yes	88.0 (83.7, 91.2)	90.2 (86.5, 93.0)	86.1 (81.9, 89.5)
No	16.3 (12.3, 21.2)	19.8 (15.4, 25.1)	30.5 (25.1, 36.6)
Birthweight**			
VLBW (350-1499 g)	72.5 (70.6, 74.2)	72.3 (70.2, 74.3)	69.5 (67.4, 71.6)
MLBW (1500-2499 g)	68.5 (64.2, 72.4)	72.6 (68.3, 76.5)	74.1 (70.1, 77.7)
NBW (2500+ g)	53.1 (48.7, 57.6)	59.5 (55.1, 63.6)	59.9 (55.5, 64.1)

* 95% Confidence Interval

****Note:** In 2005 and 2006, 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 – Medicaid

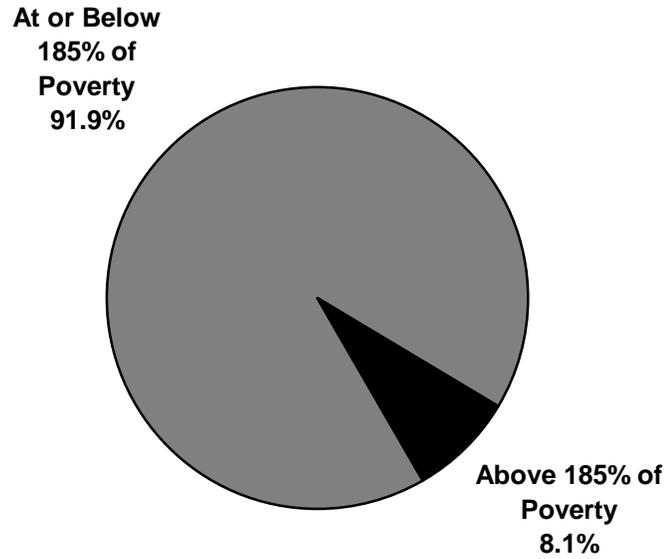
Characteristics of Women That Had Problems Getting Medicaid During Pregnancy, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	18.3 (13.5, 24.3)	14.4 (10.5, 19.5)	19.9 (15.0, 25.8)
Race			
Black	12.0 (6.3, 21.4)	10.3 (5.9, 17.3)	10.2 (5.4, 18.6)
White	15.4 (9.6, 23.8)	10.0 (5.8, 16.7)	16.9 (10.8, 25.5)
Age			
Less than 18	0.9 (0.4, 2.2)	3.3 (0.9, 11.1)	11.9 (2.3, 43.6)
18-24	18.1 (11.4, 27.5)	15.5 (10.2, 22.9)	16.9 (10.9, 25.3)
25-34	19.4 (12.3, 29.2)	14.1 (8.1, 23.3)	25.8 (17.4, 36.5)
35-55	21.1 (7.8, 45.8)	13.2 (4.1, 35.0)	11.8 (4.0, 30.1)
Education			
Less than High School	26.7 (15.9, 41.3)	13.5 (4.1, 35.0)	19.8 (11.1, 32.7)
High School	11.9 (6.5, 21.5)	15.1 (6.9, 24.8)	19.7 (11.8, 31.0)
More than High School	18.3 (11.4, 28.1)	13.4 (8.3, 20.9)	20.1 (13.2, 29.4)
Marital status			
Married	23.6 (15.6, 34.0)	16.9 (10.8, 25.3)	32.7 (23.0, 44.1)
Other	15.1 (9.7, 22.9)	12.7 (8.0, 19.5)	12.9 (8.1, 19.9)
WIC status			
Yes	12.3 (8.0, 18.5)	11.6 (7.7, 17.1)	15.4 (10.4, 22.0)
No	44.7 (29.8, 60.7)	27.5 (16.5, 42.2)	31.8 (20.7, 45.5)
Birthweight**			
VLBW (350-1499 g)	20.3 (18.0, 22.9)	18.1 (15.7, 20.8)	22.2 (19.5, 25.2)
MLBW (1500-2499 g)	12.7 (8.7, 18.1)	18.7 (13.8, 24.7)	15.0 (11.0, 20.3)
NBW (2500+ g)	18.7 (13.4, 25.5)	13.9 (9.6, 19.7)	20.3 (14.9, 27.1)

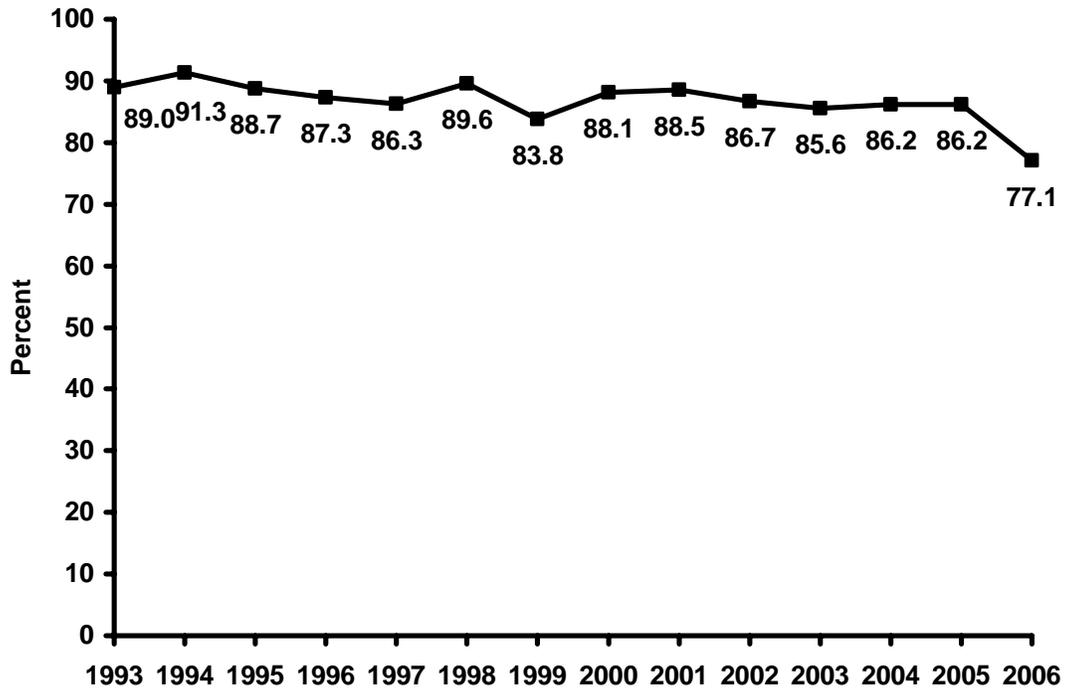
*95% Confidence Interval

**Note: In 2005 and 2006, 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, 2006

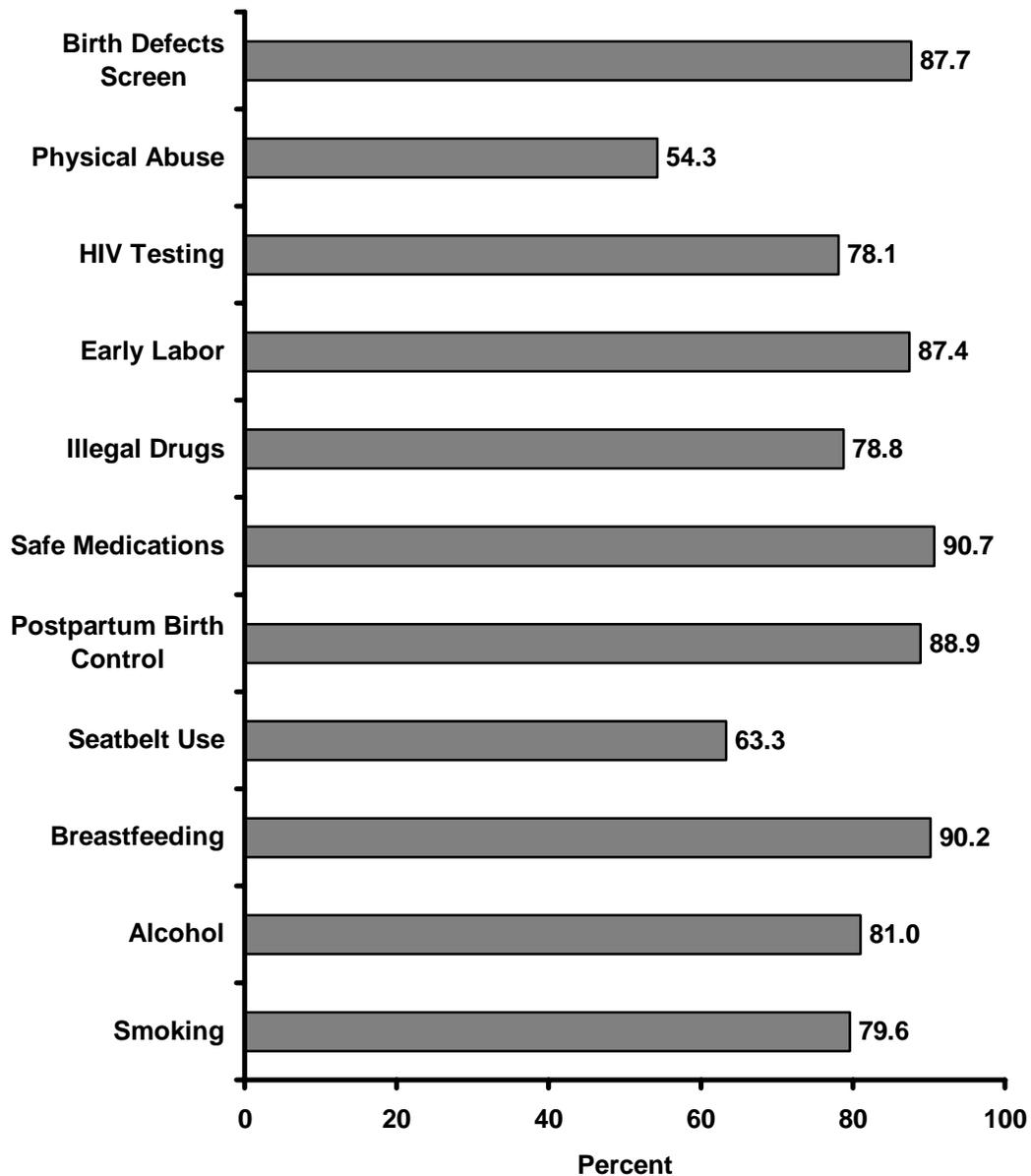


Proportion of Women on Medicaid Who Were Also on WIC, 1993-2006



Special Populations – Medicaid

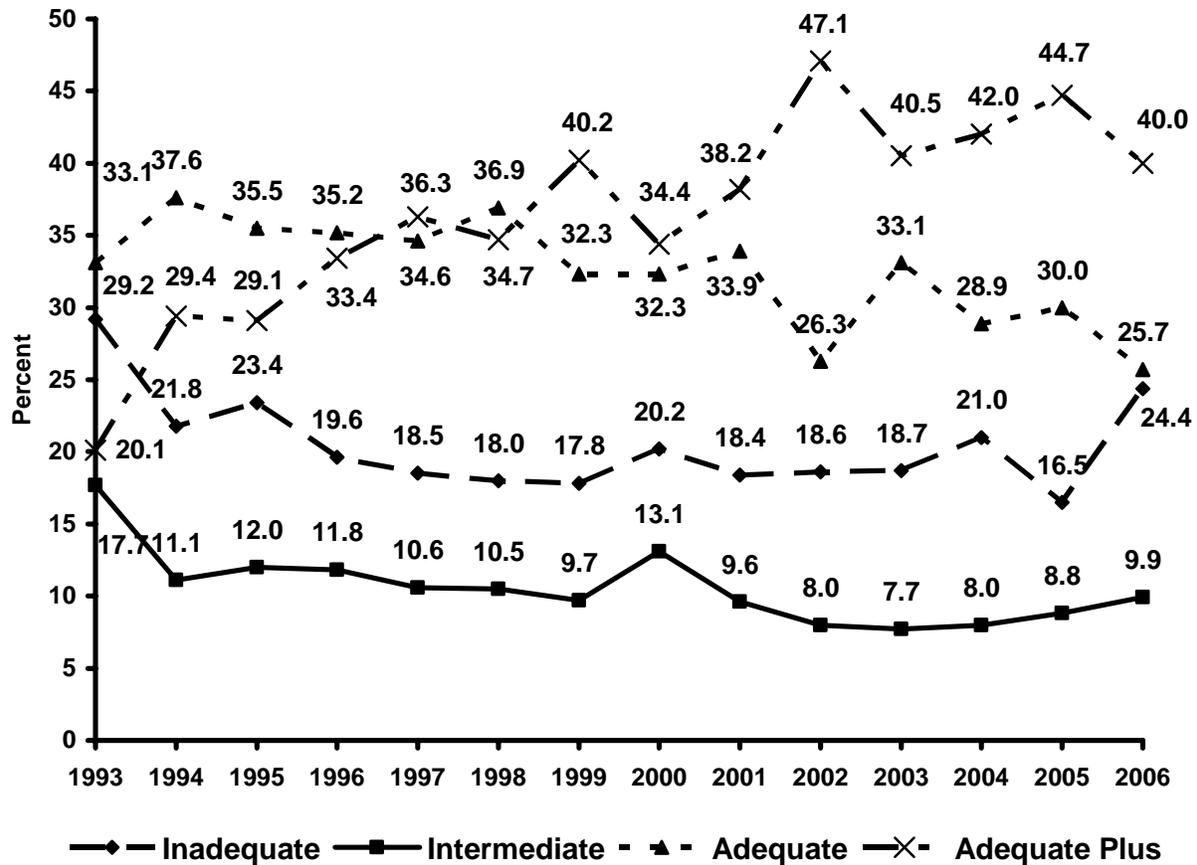
Proportion of Medicaid Mothers Who Received Information on Important Health Issues During Prenatal Care, 2006



In 2006, when compared to mothers not on Medicaid, 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, 1993-2006



*The Kotelchuck Index was used to measure adequacy of prenatal care. Categories are based on month of first prenatal care visit and the number of prenatal care visits until delivery.

The percent of Medicaid mothers receiving ADEQUATE or ADEQUATE PLUS prenatal care increased substantially from 53.2% in 1993 to 74.7% in 2005, but fell to 65.8% in 2006.

The percent of Medicaid mothers receiving INADEQUATE prenatal care decreased from 29.2% in 1993 to 16.55% in 2005, but rose to 24.4% in 2006.

WIC Fact Sheet

Between the years of 1993 and 2006...

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 25.8% in 1993 to 14.2% in 2005, but rose to 20.3% in 2006.

The proportion of WIC mothers who received adequate or adequate plus prenatal care increased from 56.9% in 1993 to 74.6% in 2005, but fell to 71.9% in 2006.

In 2004, 2005, and 2006, women that reported being on WIC were more likely to...

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

In 2006...

Over 75% of WIC mothers paid for their prenatal care and delivery with Medicaid, and just over 18% paid with health insurance.

At least 80.3% 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 under 52% of WIC mothers received information on physical abuse by their husbands or partners.

Almost 78% of WIC mothers received information on testing for HIV.

What Some South Carolina Mothers Have to Say about WIC:

“I do feel that the WIC program should be available for all babies regardless of parents’ income.”

“Due to the fact that my income was above average I couldn’t get WIC, which is very informative.”

“Even though I made a lot of money, I was having a hard time. I was young and trying to make it, but couldn’t get WIC until after I had my baby.”

“I would like to thank the state of South Carolina for helping me (WIC, Medicaid). You all were great and made me feel good about being pregnant.”

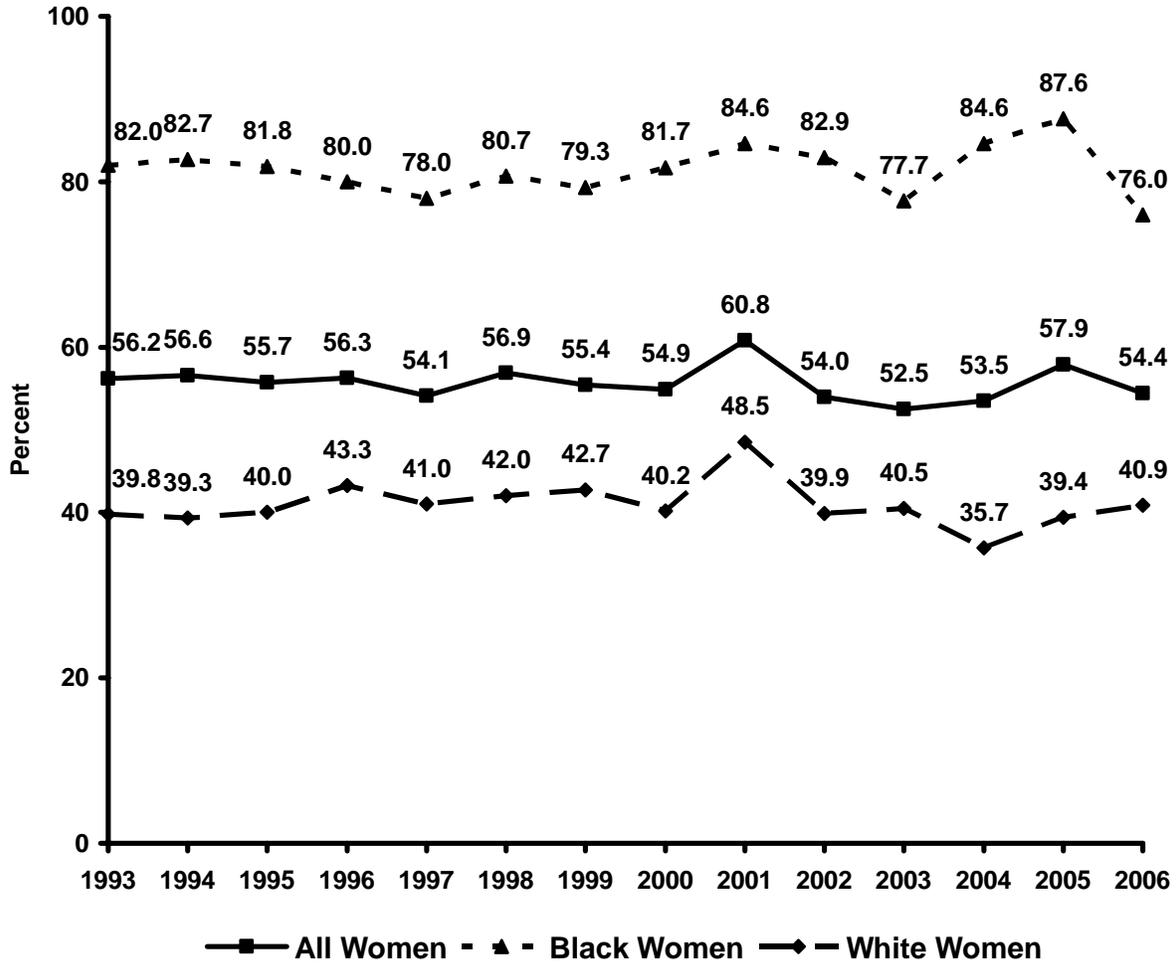
“...some of the people who work at the local health department is so rude that they make others feel as if they are nothing because they are getting WIC, etc. I know mothers that choose not to get these things when they needed it because the workers made them feel so low.”

“Now after delivery I am on WIC.”

“The WIC instructor for [county name omitted] was also a big help. She talked a lot to me about breastfeeding and let me know how important it was.”

Special Populations – WIC

Proportion of the Women on WIC*, 1993-2006



*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 2006.

Black women were about twice as likely to be on WIC as white women for the years 1993-2006.

Special Populations – WIC

Characteristics of Women Who Received WIC Services, 2004-2006

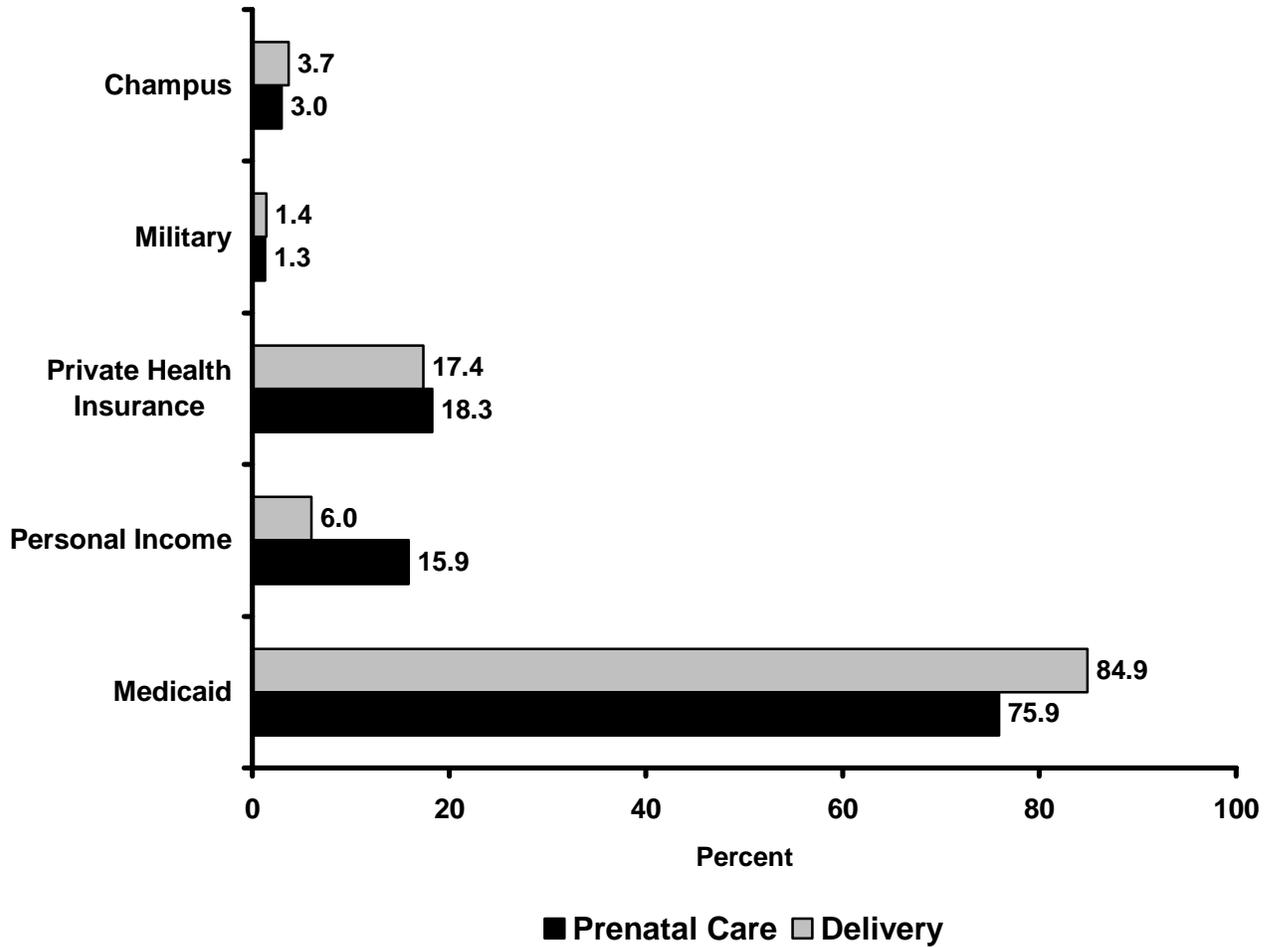
Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	53.5 (49.4, 57.6)	57.9 (53.9, 61.8)	54.4 (50.3, 58.5)
Race			
Black	84.6 (78.5, 89.2)	87.6 (82.6, 91.3)	76.0 (69.0, 81.9)
White	35.7 (30.8, 40.8)	39.4 (34.4, 44.7)	40.9 (35.7, 46.2)
Age			
Less than 18	92.3 (71.7, 98.3)	92.3 (77.7, 97.6)	80.9 (61.4, 91.9)
18-24	73.2 (66.5, 79.0)	78.0 (70.1, 81.0)	73.9 (67.4, 79.6)
24-34	39.7 (34.1, 45.6)	45.3 (39.3, 51.3)	42.4 (36.6, 48.4)
35-55	34.8 (24.2, 47.2)	23.1 (14.6, 34.5)	27.9 (18.5, 39.9)
Education			
Less than High School	82.0 (73.6, 88.1)	87.7 (81.1, 92.2)	75.9 (67.4, 82.8)
High School	74.5 (66.8, 80.9)	68.1 (59.7, 75.4)	71.2 (63.1, 78.1)
More than High School	32.6 (27.6, 38.1)	37.6 (32.5, 42.9)	35.0 (29.9, 40.6)
Marital status			
Married	31.0 (26.3, 36.1)	35.8 (30.8, 41.1)	36.4 (31.3, 41.8)
Other	85.0 (79.7, 89.1)	86.3 (81.6, 89.9)	76.6 (70.5, 81.8)
Medicaid status			
Yes	86.2 (81.8, 89.6)	86.2 (82.3, 89.4)	77.1 (72.1, 81.5)
No	14.2 (10.4, 19.1)	14.4 (10.4, 19.6)	19.3 (14.7, 24.8)
Birthweight**			
VLBW (<1500 g)	64.7 (62.7, 66.7)	60.7 (58.4, 63.0)	59.4 (57.1, 61.8)
MLBW (1500-2499 g)	63.0 (58.5, 67.3)	63.5 (58.8, 67.8)	67.7 (63.3, 71.8)
NBW (2500+ g)	52.5 (47.9, 57.0)	57.4 (53.0, 61.6)	53.3 (48.8, 57.7)

*95% Confidence Interval

****Note:** In 2005 and 2006, 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

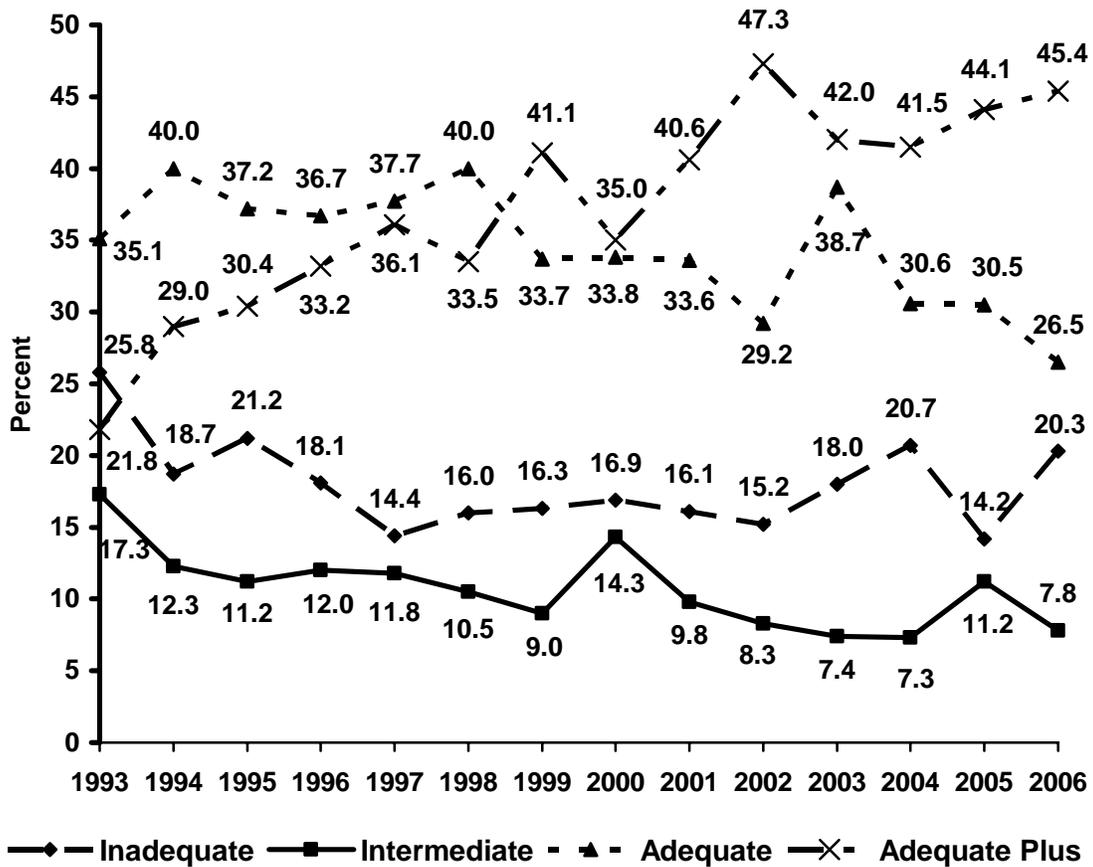
Source of Payment for Prenatal Care and Delivery for Mothers on WIC, 2006



In 2006, over 75% of WIC mothers paid for their prenatal care visits and delivery with Medicaid.

Fewer than 16% of WIC mothers paid for some prenatal care with personal income, while 6.0% used personal income to pay for the delivery costs.

Adequacy* of Prenatal Care Among WIC Women, 1993-2006

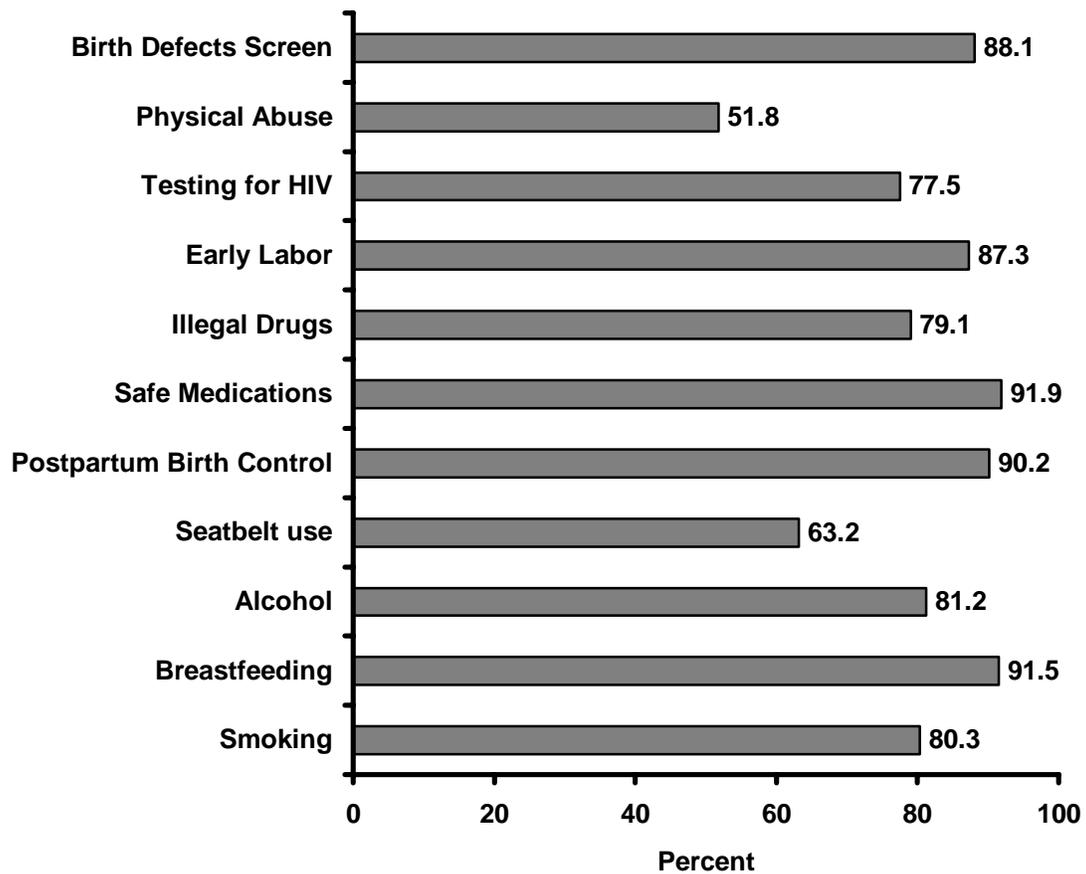


*The Kotelchuck Index was used to measure adequacy of prenatal care. Categories are based on month of first prenatal care visit and the number of prenatal care visits until delivery.

The percent of WIC mothers receiving ADEQUATE or ADEQUATE PLUS prenatal care increased from 56.9% in 1993 to 74.6% in 2005, but fell to 71.9% in 2006.

The percent of WIC mothers receiving INADEQUATE prenatal care decreased from 25.8% in 1993 to 14.2% in 2005, but rose to 20.3% in 2006.

Proportion of WIC Mothers Who Received Information on Important Health Issues During Prenatal Care, 2006



When compared to non-WIC mothers, a greater proportion of WIC mothers received information on all topics, except birth defects screenings, during prenatal care in 2006.

Teenage Mothers Fact Sheet

Between the years of 1993 and 2005...

The percent of live births to teenagers (ages 15-17) decreased from 7.4% in 1993 to 4.8% in 2006.

The proportion of unintended births among teenagers increased from 81.5% in 1993 to 87.0% in 2006.

The proportion of teen mothers receiving inadequate prenatal care decreased from 34.2% in 1993 to 20.4% in 2006.

The proportion of teen mothers receiving adequate or adequate plus prenatal care increased from 50.0% in 1993 to 75.7% in 2006.

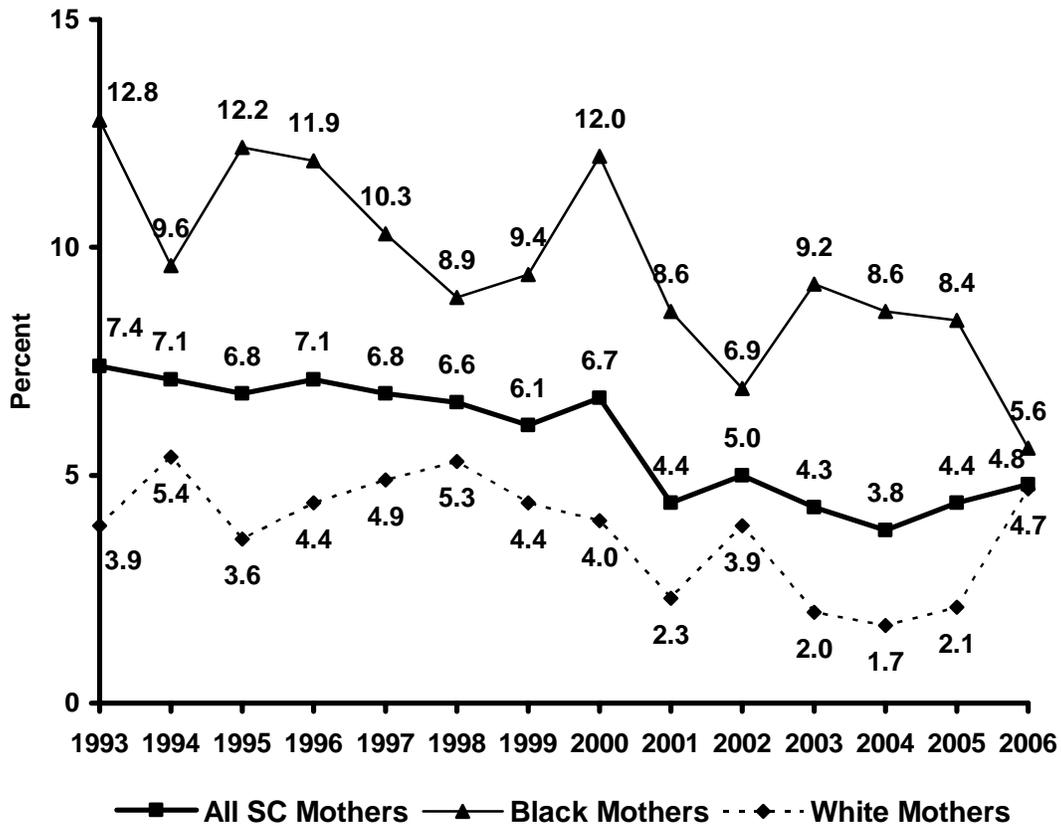
In 2006...

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

During the years 2004, 2005, and 2006, teenage mothers were more likely to be...
black
unmarried
on WIC and
on Medicaid.

Special Populations - Teenagers (Ages 15-17)

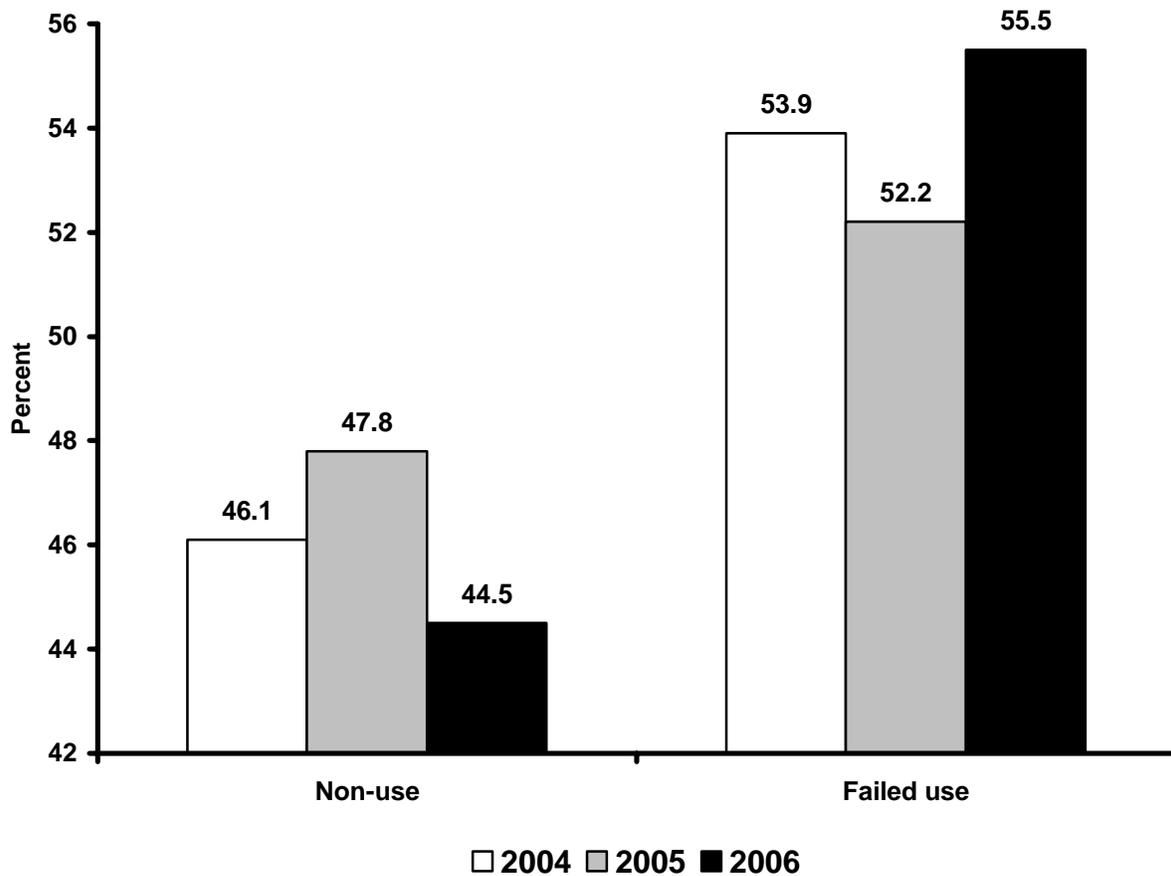
Percent of Births to Teenage Mothers in SC, 1993-2006



Just under 5% of all live births in South Carolina were to teenagers (ages 15-17) in 2006.

Just under 22% of all mothers who delivered live births in 2006 got pregnant for the first time as a teenager (less than 18 years of age).

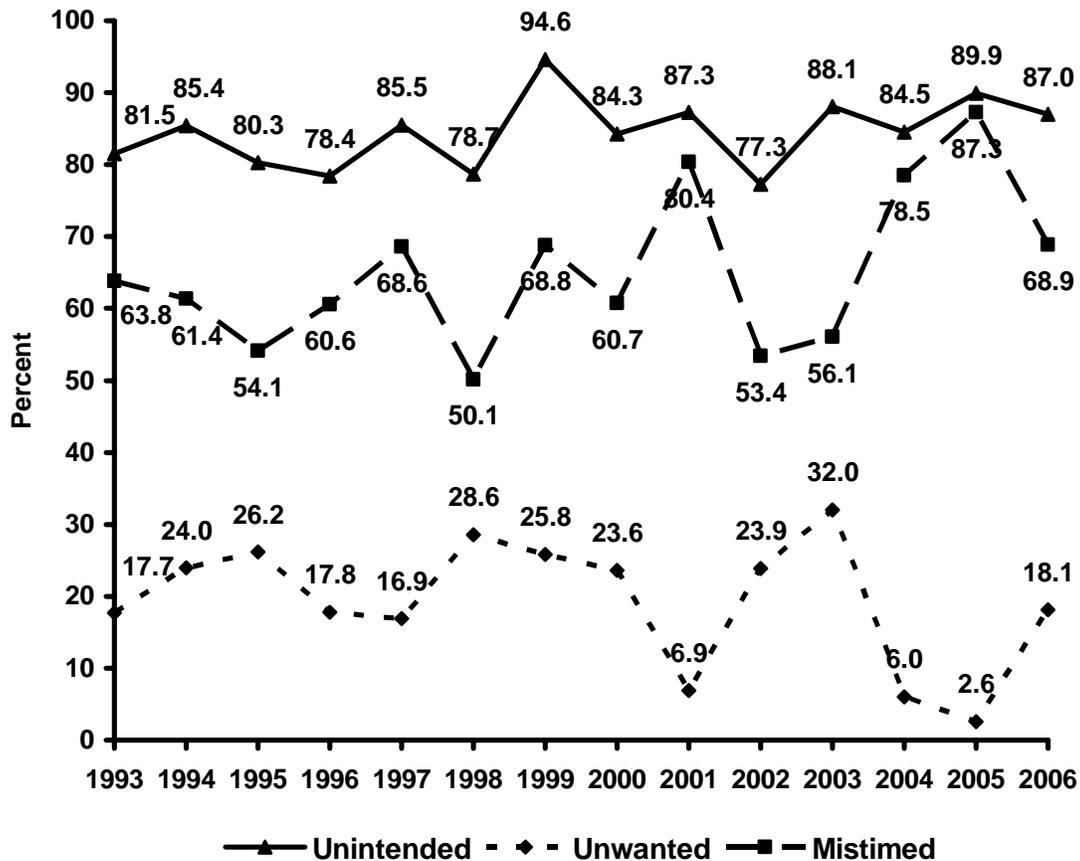
Contraceptive Behaviors among Teenage Mothers, 2004-2006



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, 1993-2006



Definitions:

Intended pregnancies: those wanted then or sooner.

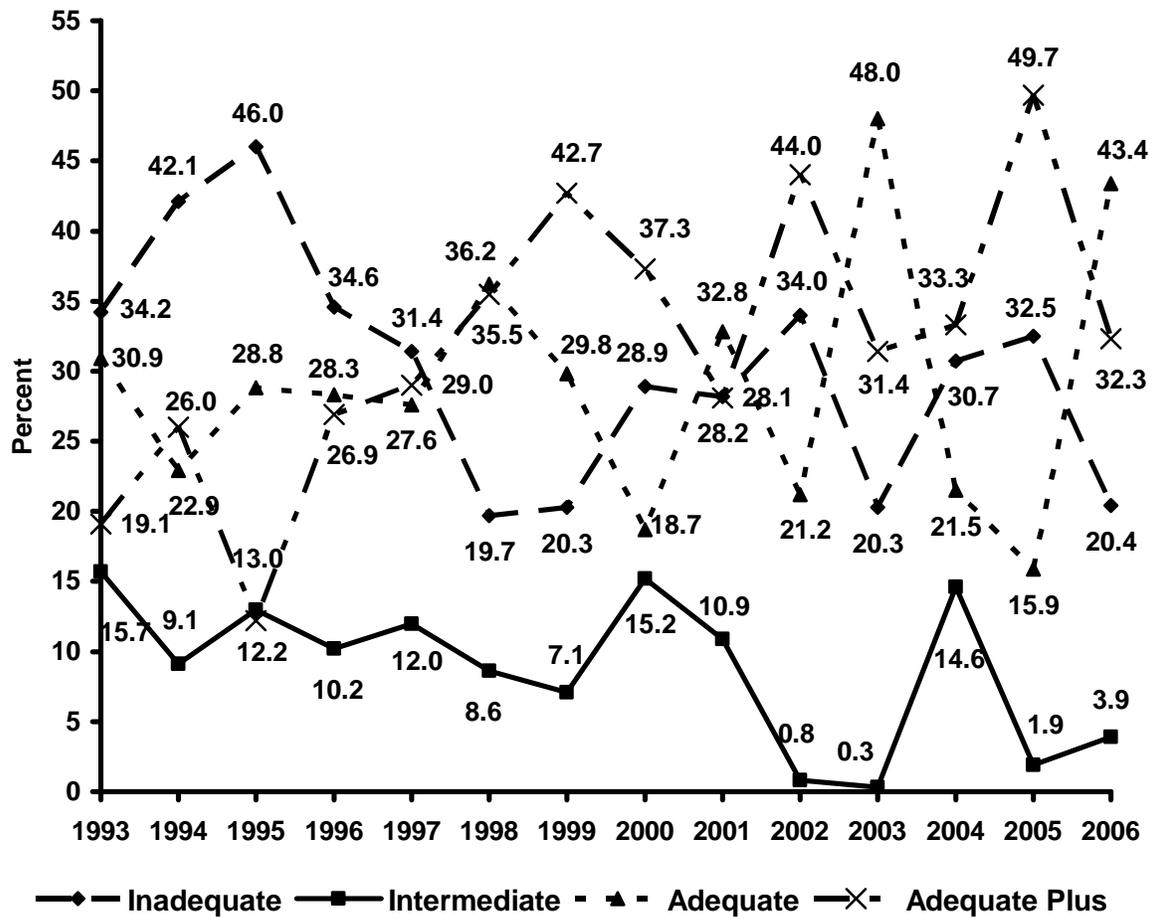
Unintended pregnancies: those which were unwanted (did not want then or anytime in the future) or mistimed (wanted to be pregnant later).

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 87.0% in 2006.

The percent of unintended pregnancies that were UNWANTED decreased from 25.8% in 1999 to 18.1% in 2006.

Special Populations - Teenagers (Ages 15-17)

Adequacy* of Prenatal Care Among Teenage Mothers, 1993-2006



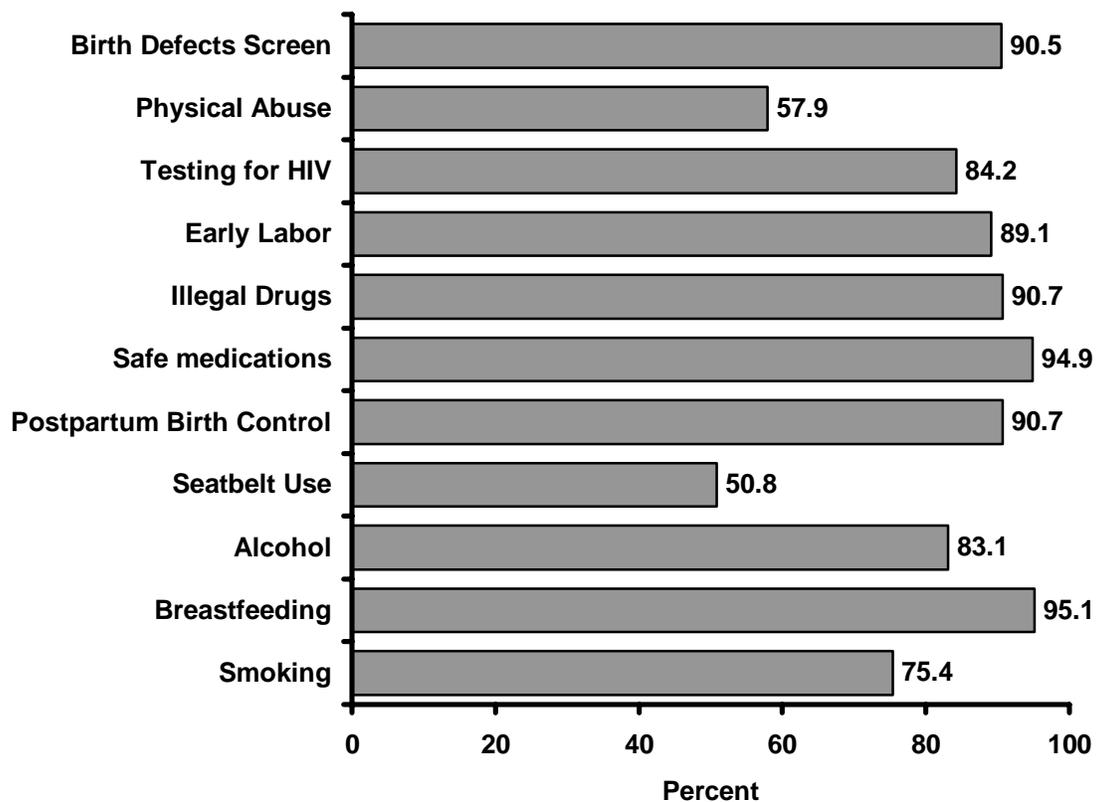
*The Kotelchuck Index was used to measure adequacy of prenatal care. Categories are based on month of first prenatal care visit and the number of prenatal care visits until delivery.

The percent of teenage mothers receiving ADEQUATE or ADEQUATE PLUS prenatal care increased from 50.0% in 1993 to 75.7% in 2006.

The percent of teenage mothers receiving INADEQUATE prenatal care decreased from 34.2% in 1993 to 20.4% in 2006.

Special Populations - Teenagers (Ages 15-17)

Proportion of Teenage Mothers Who Received Information about Important Health Issues During Prenatal Care, 2006



In 2006, a greater proportion of teenagers received information on all topics except seatbelt use in comparison to adult women aged 18 and older.

Special Populations - Teenagers (Ages 15-17)

Characteristics of Teenage Mothers, 2004-2006

Maternal Characteristics	2004 percent (CI)*	2005 percent (CI)*	2006 percent (CI)*
Total	3.8 (2.4, 5.8)	4.4 (3.0, 6.5)	4.8 (3.4, 6.9)
Race			
Black	8.6 (5.4, 14.1)	8.4 (5.1, 13.3)	5.6 (3.1, 10.0)
White	1.7 (0.8, 3.9)	2.1 (1.0, 4.4)	4.7 (2.9, 7.5)
Education			
Less than High School	16.5 (10.6, 24.8)	17.7 (12.2, 24.9)	18.9 (13.3, 26.2)
High School	1.1 (0.2, 5.8)	0.0 (0.0, 0.1)	0.7 (0.1, 4.2)
Marital status			
Married	1.1 (0.4, 3.3)	0.1 (0.0, 0.3)	0.4 (0.1, 2.1)
Other	7.5 (4.6, 11.8)	10.0 (6.9, 14.5)	10.6 (7.4, 15.0)
WIC status			
On WIC during pregnancy	6.6 (4.1, 10.3)	7.1 (4.7, 10.5)	7.0 (4.7, 10.4)
Not on WIC	0.7 (0.2, 3.0)	0.9 (0.3, 2.7)	2.0 (0.8, 4.7)
Medicaid status			
Yes	6.4 (4.1, 9.9)	7.3 (5.0, 10.6)	7.3 (5.0, 10.4)
No	0.6 (0.1, 3.2)	0.1 (0.0, 0.3)	1.0 (0.3, 3.5)
Birthweight**			
VLBW (<1500 g)	5.8 (4.9, 6.9)	6.4 (5.4, 7.6)	8.1 (6.9, 9.5)
MLBW (1500-2499 g)	6.1 (4.3, 8.5)	7.6 (5.4, 10.5)	5.2 (3.5, 7.8)
NBW (2500+ g)	3.5 (2.1, 5.9)	4.1 (2.6, 6.5)	4.7 (3.2, 7.0)

*95% Confidence Interval

**Note: In 2005 and 2006, 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 - Teenagers (Ages 15-17)

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 Systems, 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

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: 40px; height: 20px;" type="text"/> _____ Month	<input style="width: 40px; height: 20px;" type="text"/> _____ Day	<input style="width: 40px; height: 20px;" type="text"/> _____ Year
---	---	--

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

<input style="width: 40px; height: 20px;" type="text"/> _____ Month	<input style="width: 40px; height: 20px;" type="text"/> _____ Day	<input style="width: 40px; height: 20px;" 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 Yes

Go to Question 66

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, Computation of Analysis Weights, Distribution of Response Rates, and Confidence Interval Calculation

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, 3) the distribution of response rates, and 4) a description of the method used to calculate the confidence intervals presented.

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 (\geq 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.

Distribution of Response Rates

The weighted response rate for each sampling stratum that the CDC considers to be the threshold for epidemiologic validity is 70%. In 2006, the weighted response rates by sampling strata achieved by South Carolina PRAMS are as follows:

Birthweight	Response Rate
Very low birthweight (<1500 grams)	66.7%
Moderately low birthweight (1500-2499 grams)	64.2%
Normal birthweight (\geq 2500 grams)	67.1%
Overall	66.9%

The overall weighted response rate for 2006 South Carolina PRAMS data is 66.9%. Because these response rates are below 70% threshold, ***any results obtained using 2006 SC PRAMS data should be interpreted with caution.***

Calculation of Confidence Intervals

Background on Confidence Interval Calculation

In general, under the assumption of normality, a 95% confidence interval is constructed around a point estimate (*e.g.* a mean, percentage, proportion, regression parameter estimate, etc.) by using the following formula: $CI = \text{estimate} \pm (1.96 * SE)$, where SE is the standard error of the estimate. Here $SE = s/\sqrt{n}$, where s is the standard deviation and n is the number of observations in the sample. Note that s^2 is the variance of the point estimate. Generally the point estimate and the variance, s^2 , are calculated and then the confidence interval is constructed.

Variance Estimation for Complex Sampling Designs

When analyzing data from a survey that employs a complex sampling design, such as PRAMS, this variance needed to construct the confidence interval can not be correctly calculated using the standard formula and, therefore, must be estimated. The CDC recommends the use of the Taylor series linearization variance estimation technique. This technique does not directly estimate the variance, but rather uses a Taylor series expansion to estimate the point estimate and then calculates the variance of this estimated point estimate. This variance estimation method is appropriate for several sampling designs including stratified random sampling without replacement, which is the design used by SC PRAMS.

Confidence Interval Transformation

In addition to using an estimated variance, confidence intervals for proportions, percentages, etc. using PRAMS data are calculated using a logit transformation. This logit transformation ensures that confidence intervals are between 0 and 1 for proportions and between 0% and 100% for percentages. This logit transformation also causes the confidence interval to be asymmetric.

Interpretation

SC PRAMS uses the confidence interval interpretation that is recommended by the CDC. That is, “if the same sampling procedure were used to obtain many samples, and if a 95% confidence interval for a given population parameter were calculated from each sample, then 95% of the confidence intervals would actually include the value of the population parameter; 5% would not. ... A ‘practical’ interpretation of the 95% confidence interval is it includes the value of the population parameter with a probability of 0.95.”¹

Statistical Software Packages

Correct confidence intervals that account for the complex sampling scheme used to gather PRAMS data and that use appropriate transformations can be constructed using SUDAAN software as well as the SURVEY procedures in SAS and the SVY procedures in STATA. SC PRAMS usually conducts analyses using SAS-callable SUDAAN.

¹ Guidelines for State Analyses of PRAMS Data.
http://www2a.cdc.gov/prams/analysisdocs/guidelines/Guidelines_for_State_Analysis.doc. Accessed 03/03/2008.



South Carolina Department of Health
and Environmental Control