
South Carolina PRAMS

Pregnancy Risk Assessment Monitoring System

2002 DATABOOK



Volume VI

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

South Carolina PRAMS 2002 Databook

Volume VI

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

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

Introduction

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.

TABLE OF CONTENTS

Foreword	vi
Acknowledgements	vii
Background and Project Description	viii
Prenatal Care	
Prenatal Care Fact Sheet	1
Proportion of Women Who Entered Prenatal Care During the First Trimester, 1993-2002	2
Characteristics of Women Entering Prenatal Care During the First Trimester, 2000-2002	3
Proportion of Women Who Entered Prenatal Care as Early as Wanted, 2000-2002	4
First Trimester Care for Women Who Did Not Receive Prenatal Care as Early as They Wanted, 2000-2002	4
Prenatal Care Entry: Differences by Parity, 1993-2002	5
Proportion of Women Who Did Not Enter Prenatal Care as Early as They Wanted, 1993-2002	6
Characteristics of Women Who Did Not Enter Prenatal Care as Early as They Wanted, 2000-2002	7
Barriers to Entering Prenatal Care as Early as Wanted, 2002	8
Adequacy of Prenatal Care by Kessner Index Standards, 2000-2002	9
Distribution of Adequacy of Prenatal Care by Maternal Characteristics, 2002	10
Sources of Prenatal Care, 2000-2002	11
Top Three Sources of Prenatal Care by Maternal Characteristics, 2002	12
Multivitamin Use Prior to Becoming Pregnant, 2000-2002	13
Percent of Women Receiving Information on Important Topics During Prenatal Care Visits, 2002	14
Family Planning	
Family Planning Fact Sheet	15
Percent of Unintended Pregnancies, 1993-2002	16
Unintended Pregnancies by Maternal Characteristics, 2000-2002	17
Contraceptive Behavior Among Women with Unintended Pregnancies, 2000-2002	18
Methods of Contraception Among Women Who Reported Failures in Use, 2000-2002	19
Percentage of Women Who Entered Prenatal Care in the First Trimester (weeks 1-12) by Pregnancy Intention: 2000-2002	20
Postpartum Birth Control, 1993-2002	21
Postpartum Birth Control Methods, 2000-2002	22

Smoking

Smoking Fact Sheet	23
Proportion of Women Who Smoked Cigarettes 3 Months Before Pregnancy, During the Last Trimester, and During the 3-6 Months After Delivery, 1993-2002	24
Proportion of Smokers Who Quit While Pregnant, 1993-2002	24
Characteristics of Women Who Smoked Cigarettes during the Three Months Before Pregnancy, 2000-2002	25
Proportion of Mothers Who Smoked Cigarettes During the Last Trimester of Pregnancy, 1993-2002	26
Characteristics of Mothers Who Smoked Cigarettes During the Last Trimester of Prenancy, 2000-2002	27
Proportion of Smokers Who Quit Smoking While Pregnant and Remained as Non-Smokers After Delivery, 1993-2002	28
Smoking Behavior During Pregnancy Among Women Who Were Smokers Before Pregnancy, 1993-2002	28

Alcohol Use

Alcohol Consumption Fact Sheet	29
Proportion of Women Who Drank During the Three Months Before Pregnancy, 1993-2002	30
Characteristics of Mothers Who Drank Alcohol During the Three Months Before Pregnancy, 2000-200231
Number of Drinks Consumed Per Week During the Three Months Before Pregnancy, 2000-200232
Percent of Mothers Who Drank Alcohol During the Last Trimester of Pregnancy, 1993-2002	33
Characteristics of Mothers Who Drank During the Last Trimester of Pregnancy, 2000-2002	34

Stress and Social Support

Stress and Social Support Fact Sheet	35
Proportion of Women Who Experienced Stressful Life Events in the Twelve Months Prior to Delivery, 2002	36
Characteristics of Women Experiencing High Levels of Stress, 2000-2002	37
Proportion of Women Who Would Have Had Help if Needed During Pregnancy, 2002	38
Sources of Help During Pregnancy, 2002	39

Physical Abuse

Physical Abuse Fact Sheet	40
Percent of Women Who Were Physically Abused by Husband/Partner During Pregnancy, 1993-2002	41
Characteristics of Women Who Were Physically Abused During Pregnancy by Husband /Partner, 2000-2002	42

Physical Abuse Before and During Pregnancy by Perpetrator, 2002	43
Maternal Health	
Maternal Health Fact Sheet	44
Maternal Problems During Pregnancy, 1993-2002	45
Proportion of Women Who Were Hospitalized At Least One Night During Pregnancy, 1993-2002	46
Length Of Maternal Hospitalizations During Pregnancy, 2002	46
Average Hospital Stay after Delivery (Number of Nights), 1993-2002	47
Infant Health	
Infant Health Fact Sheet	48
Number of Nights Infant Stayed in Hospital after Delivery, 2002	49
Proportion of Infants Who Stayed in an Intensive Care Unit by Birthweight, 1993-2002	50
Characteristics of Women Who Stayed In The Hospital For More Than 48 Hours After Delivery, 2000-2002	51
Sources of Well Baby Care, 2000-2002	52
Proportion of Infants Exposed to Smoke Daily, 2002	53
Infant Sleep Position, 1996-2002	54
Breastfeeding	
Breastfeeding Fact Sheet	55
Trend of Breastfeeding for More than One Week, 1993-2002	56
Trend of Breastfeeding for More than One Month, 1993-2002	57
Characteristics of Women Who Did Not Breastfeed or Breastfed for Less than One Week, 2000-2002	58
Duration of Breastfeeding, 2002	59
Financial Issues	
Financial Issues Fact Sheet	60
Total Annual Household Income for the Women During Pregnancy, 2000-2002	61
Sources of Income During Pregnancy, 2000-2002	62
Characteristics of Women Earning Wages, 2000-2002	63
Characteristics of Women Receiving Public Assistance, 2000-2002	64
Sources of Payment for Prenatal Care, 2000-2002	65
Sources of Prenatal Care Among Women Who Paid with Medicaid and Private Health Insurance, 2002	66
Sources of Payment for Delivery, 2000-2002	67
Poverty Status Among Women Who Delivered a Live Birth, 1993-2002	68
Characteristics of Women Living At or Below 185% of Poverty, 2000-2002	69
Percent of Women Who Used Personal Income to Pay for Prenatal Care Or Delivery, 1993-2002	70

Special Populations

Medicaid Fact Sheet	71
Proportion of Women on Medicaid During Pregnancy, 1993-2002	72
Characteristics of Women on Medicaid During Pregnancy, 2000-2002	73
Poverty Levels Among Women on Medicaid, 2002	74
Proportion of Women on Medicaid Who Were Also on WIC, 1993-2002	74
Proportion of Medicaid Mothers Who Received Information on Important Health Issues During Prenatal Care, 2002	75
Adequacy of Prenatal Care Among Women on Medicaid, 1993-2002	76
WIC Fact Sheet	77
Proportion of the Women on WIC, 1993-2002	78
Characteristics of Women Who Received WIC Services, 2000-2002	79
Source of Payment for Prenatal Care and Delivery for Mothers on WIC, 2002	80
Adequacy of Prenatal Care Among WIC Women, 1993-2002	81
Women on WIC Who Received Information on Important Health Issues During Prenatal Care, 2002	82
Teenage Mothers Fact Sheet (Ages 15-17)	83
Percent of Births to Teenage Mothers in SC, 1993-2002	84
Contraceptive Behaviors Among Teenagers, 1993-2002	85
Unintended Pregnancies Among Teenage Mothers, 1993-2002	86
Adequacy of Prenatal Care Among Teenage Mothers, 1993-2002	87
Proportion of Teenage Mothers Who Received Information About Important Health Issues During Prenatal Care, 2002	88
Characteristics of Teenage Mothers, 2000-2002	89
References and Resources	90

Appendices

- A. SC Pregnancy Risk Assessment Monitoring System (PRAMS)
Questionnaire – Phase III
- B. Technical Notes: Sampling and Computation of Analysis Weights

Foreword

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

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 Sylvia J. Sievers, PhD, and Deiana M. Kozareva, MS. Special appreciation for their guidance and support in this endeavor goes to Guang Zhao, PhD, Jim Ferguson, DrPH, and Murray Hudson, MPH.

Background & Project Description

I. Background

In 2002, South Carolina's infant mortality rate was 9.3 deaths per 1,000 live births. From 1989 to 2001, the overall infant mortality rate declined from 10.5 to 8.9. The race specific infant mortality rate for white babies was 5.9 deaths per 1,000 live births in 2002, while for black infants the rate was 15.9 deaths per 1,000 births in 2002. 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). A major determinant of infant death is birthweight at birth. 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 and Health GIS, 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 2,100 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 73 structured and standardized questions (see Appendix A) and is designed to collect information on selected maternal behaviors and

experiences during pregnancy and during the child's early infancy period. The mail survey is sent to sampled mothers up to three times and phone follow-ups are attempted for non-respondents. Sample data is weighted to adjust for sampling probabilities, non-response and non-coverage (see Appendix B). A special statistical survey software, SUDAAN, is used to conduct analyses on each year of completed survey data.

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

III. The PRAMS Staff and Collaborators

The SC PRAMS Project staff consists of the following individuals: James E. Ferguson, DrPH (PRAMS Project Director), Sylvia J. Sievers, PhD (PRAMS Project Coordinator) and Mirela Dobre, MD, MPH (PRAMS Data 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 ten sections covering broad areas of maternal and infant health. In the first nine sections, "fact sheets" precede each section with data highlights for that topic area. The tenth 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 1993-2002...

The percentage of women who entered prenatal care during the first trimester (weeks 1-12) increased from 69.6% to 81.6%.

In 2002, women with the following characteristics were less likely to enter prenatal care during the first trimester of pregnancy:

- black
- less than 18
- less than high school education
- unmarried
- on Medicaid

In 2002, women with the following characteristics were more likely to receive adequate prenatal care:

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

In 2002, 18.9% of women did not receive prenatal care as early as they wanted. However, 51.2% of those women actually entered care during the first trimester.

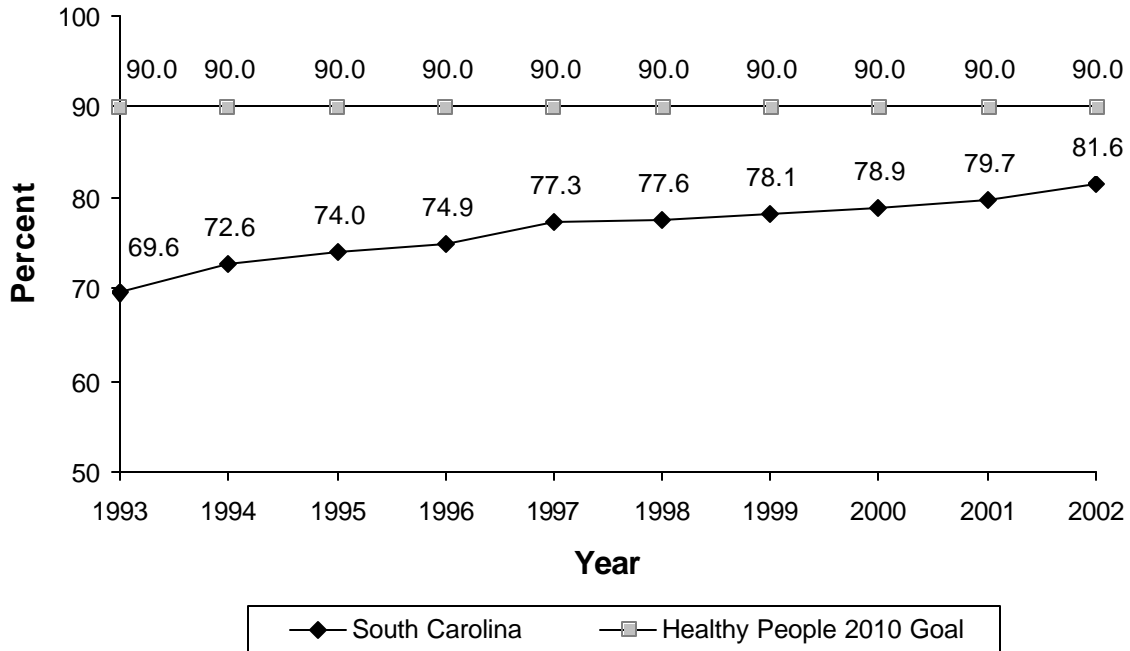
In 2002, among women with late prenatal care, the most common barriers to entering care as early as wanted were...

- she didn't know she was pregnant (65.8%)
- there wasn't an earlier appointment available (16.1%)
- she didn't have enough money (14.8%)

In 2002, the top three sources of prenatal care were private doctor's office (75.9%), hospital clinic (9.5%), and the Community Health Center (4.2%).

Prenatal Care

**Proportion of Women Who Entered Prenatal Care
During the First Trimester*, 1993-2002**



*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 has reached the Healthy People 2010 goal (90%). In 2002, 90.8% 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 under 82% in 2002.

Prenatal Care

Characteristics of Women Entering Prenatal Care During the First Trimester, 2000-2002

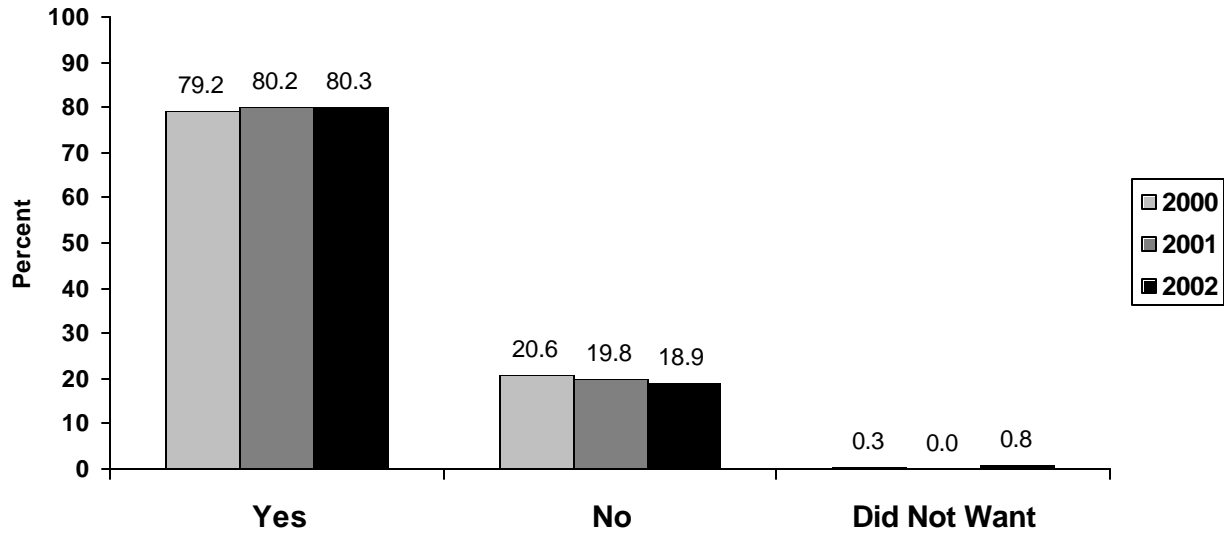
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	78.9 (1.7)	79.7 (1.7)	81.6 (1.8)
Race			
Black	70.8 (3.3)	68.7 (3.2)	71.4 (3.5)
White	83.2 (1.9)	85.7 (1.9)	86.1 (2.0)
Age			
Less than 18	59.3 (7.9)	52.2 (9.5)	45.8 (9.8)
18-24	74.5 (2.9)	74.9 (2.8)	75.7 (3.2)
25-34	85.6 (2.1)	86.1 (2.1)	89.1 (1.9)
35-55	79.4 (5.1)	83.1 (4.9)	89.0 (4.5)
Education			
Less than High School	59.3 (4.4)	62.9 (4.3)	60.2 (5.0)
High School	79.3 (2.7)	83.0 (2.4)	83.2 (2.7)
More than High School	88.6 (2.1)	87.6 (2.2)	90.7 (1.9)
Marital status			
Married	87.6 (1.7)	88.0 (1.7)	87.4 (1.9)
Other	65.6 (3.1)	67.6 (3.0)	72.5 (3.3)
Medicaid status			
Yes	70.2 (2.6)	70.4 (2.5)	71.9 (2.8)
No	88.9 (1.9)	92.5 (1.6)	93.5 (1.6)
Birthweight**			
LBW (<2500 g)	74.3 (1.7)	75.9 (1.7)	77.2 (1.7)
NBW (2500+ g)	79.4 (1.8)	80.0 (1.8)	82.0 (1.9)

* Standard Error

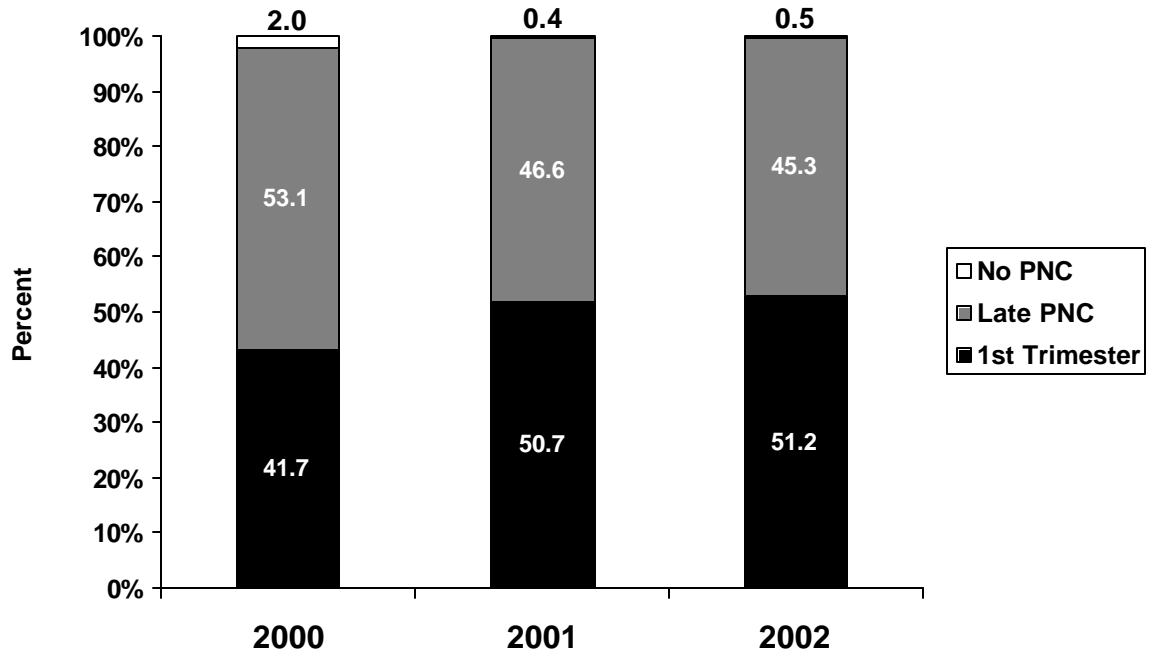
****Note:** In 2002, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Prenatal Care

Proportion of Women Who Entered Prenatal Care as Early as Wanted, 2000-2002

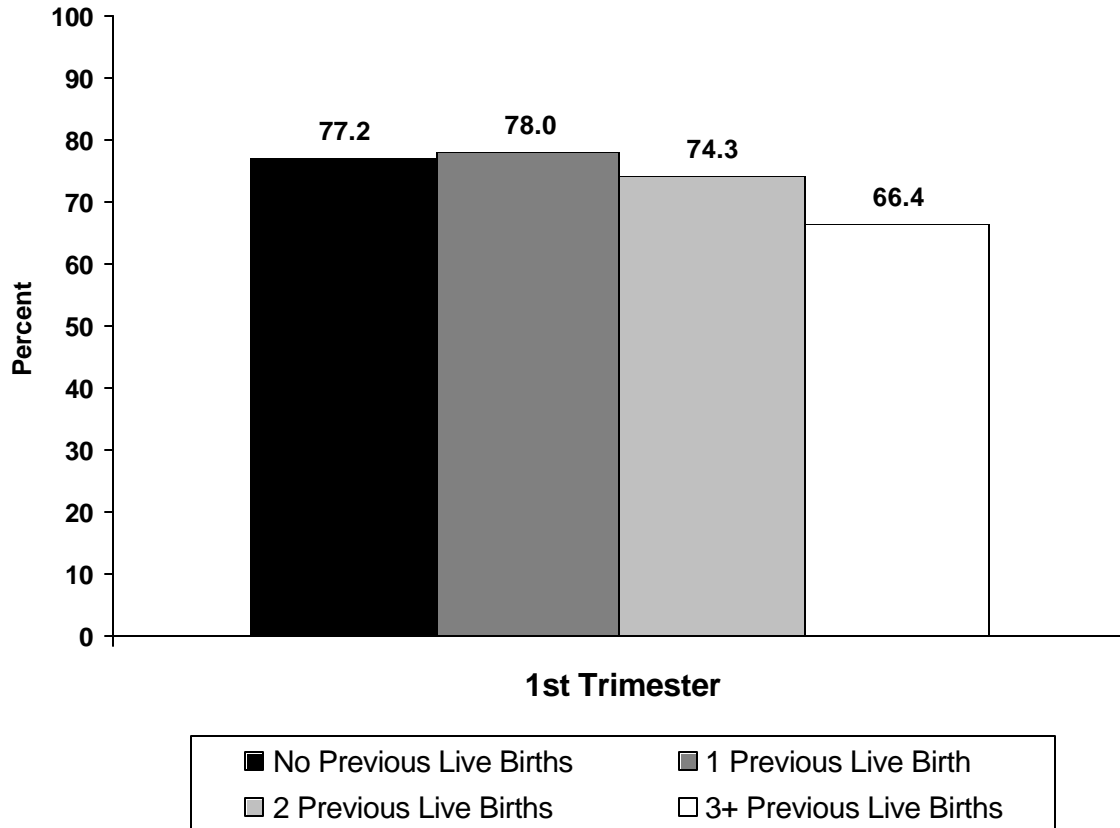


First Trimester Care for Women Who Did Not Receive Prenatal Care as Early as They Wanted, 2000-2002



Prenatal Care

Prenatal Care Entry: Differences by Parity, 1993-2002*

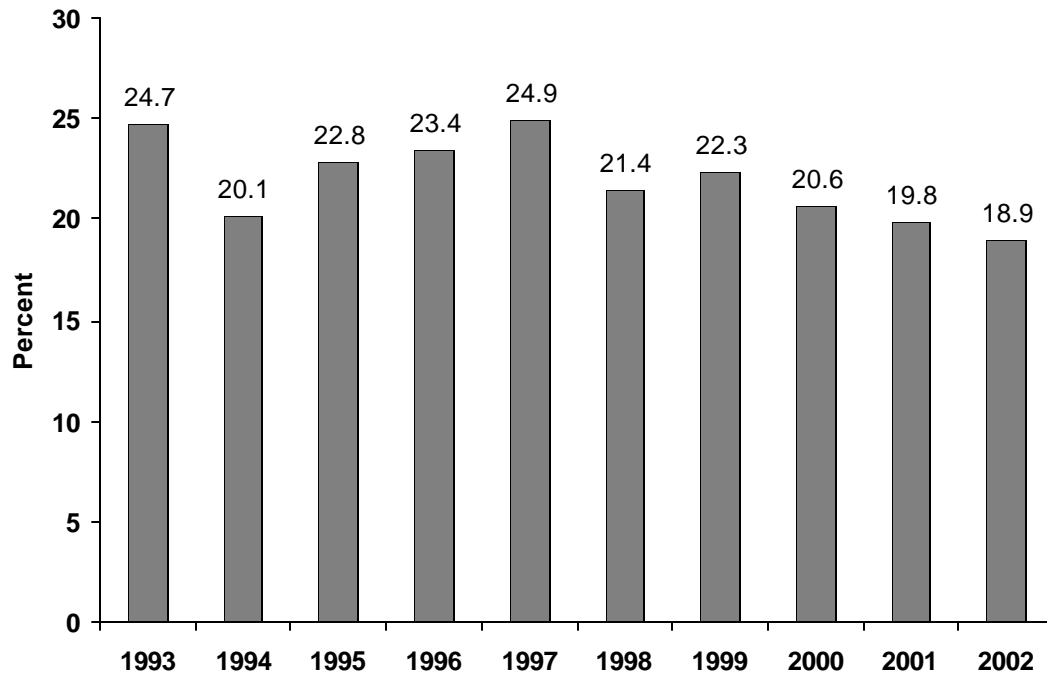


* Average percentages for 1993-2002

Between the years of 1993-2002, 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*, 1993-2002



*Nineteen percent of women in 2002 said they did not receive prenatal care as early in their pregnancy as wanted. However, over 52% of those women actually entered care during the first trimester.

Between the years of 1993-2002 an average of 22% 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, 2000-2002

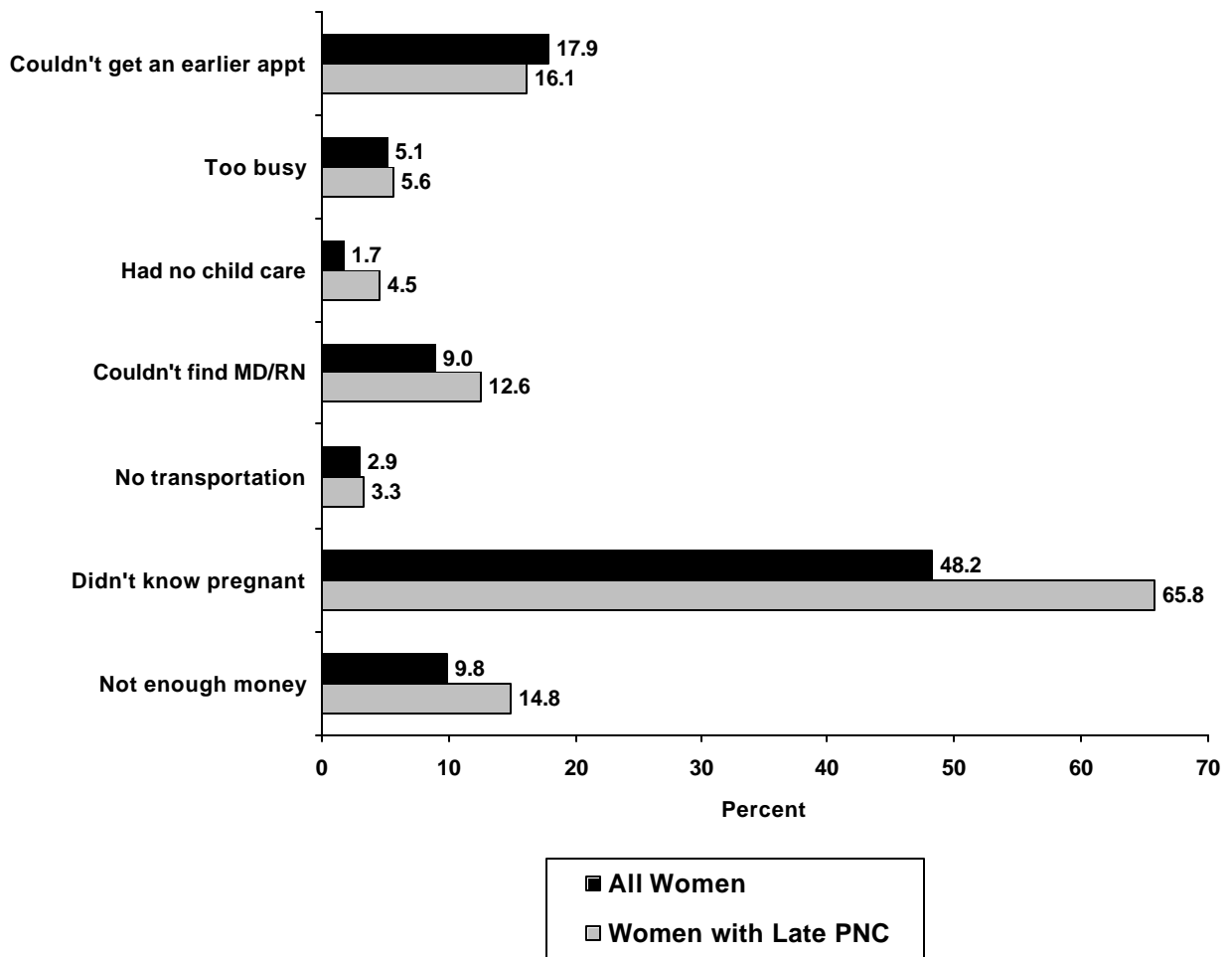
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	20.6 (1.8)	19.8 (1.7)	18.9 (1.7)
Race			
Black	27.5 (3.2)	22.9 (2.9)	26.3 (3.4)
White	17.1 (1.9)	17.6 (2.0)	14.8 (2.0)
Age			
Less than 18	41.9 (7.8)	40.2 (9.4)	36.6 (9.6)
18-24	27.5 (2.9)	24.7 (2.8)	25.2 (3.2)
25-34	13.9 (2.1)	13.7 (2.0)	13.4 (2.1)
35-55	8.4 (3.3)	17.4 (4.9)	10.9 (4.4)
Education			
Less than High School	32.2 (4.2)	27.1 (3.9)	25.5 (4.4)
High School	20.0 (2.6)	18.6 (2.5)	22.5 (3.0)
More than High School	15.2 (2.3)	15.7 (2.3)	12.4 (2.2)
Marital status			
Married	12.4 (1.7)	15.5 (1.9)	15.5 (2.0)
Other	33.0 (3.1)	25.9 (2.8)	24.0 (3.1)
Medicaid status			
Yes	27.9 (2.5)	25.5 (2.3)	23.8 (2.6)
No	11.9 (1.9)	11.9 (2.0)	12.7 (2.2)
Birthweight**			
LBW (<2500 g)	24.3 (1.6)	21.6 (1.5)	20.4 (1.6)
NBW (2500+ g)	20.2 (1.8)	19.6 (1.8)	18.7 (1.9)

* Standard Error

****Note:** In 2002, 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*, 2002



*Note: This chart represents women who stated that they did not enter prenatal care as early as they wanted, which is just under 19% of the sample for 2002. 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 8.7% of the total sample.

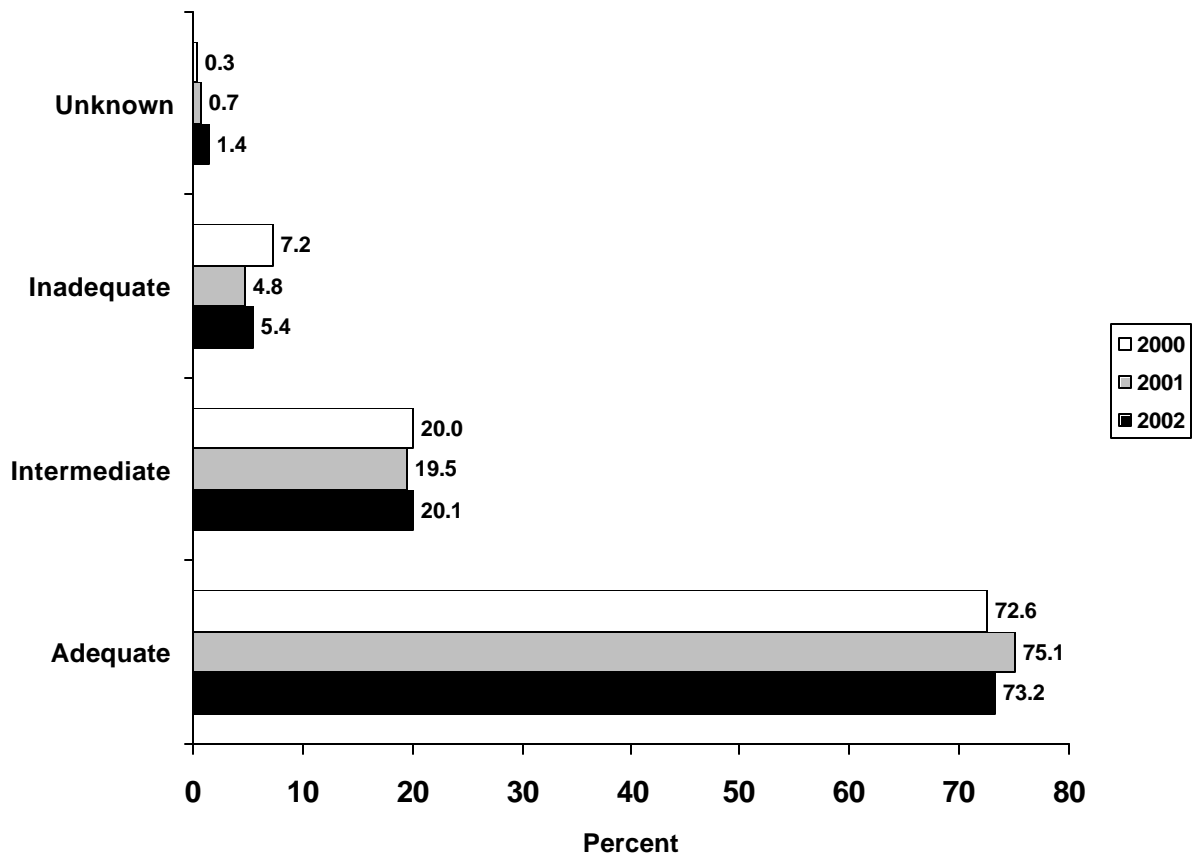
Top three barriers to receiving prenatal care as early as wanted in 2002 were...

- Women did not know they were pregnant
- There was no earlier appointment available
- Women did not have enough money to pay for the visits.

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 16.1% in 2002.

Prenatal Care

Adequacy of Prenatal Care by Kessner Index Standards*, 2000-2002



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

Less than 6% of women received inadequate prenatal care in 2002.

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

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

Prenatal Care

Distribution of Adequacy of Prenatal Care by Maternal Characteristics, 2002

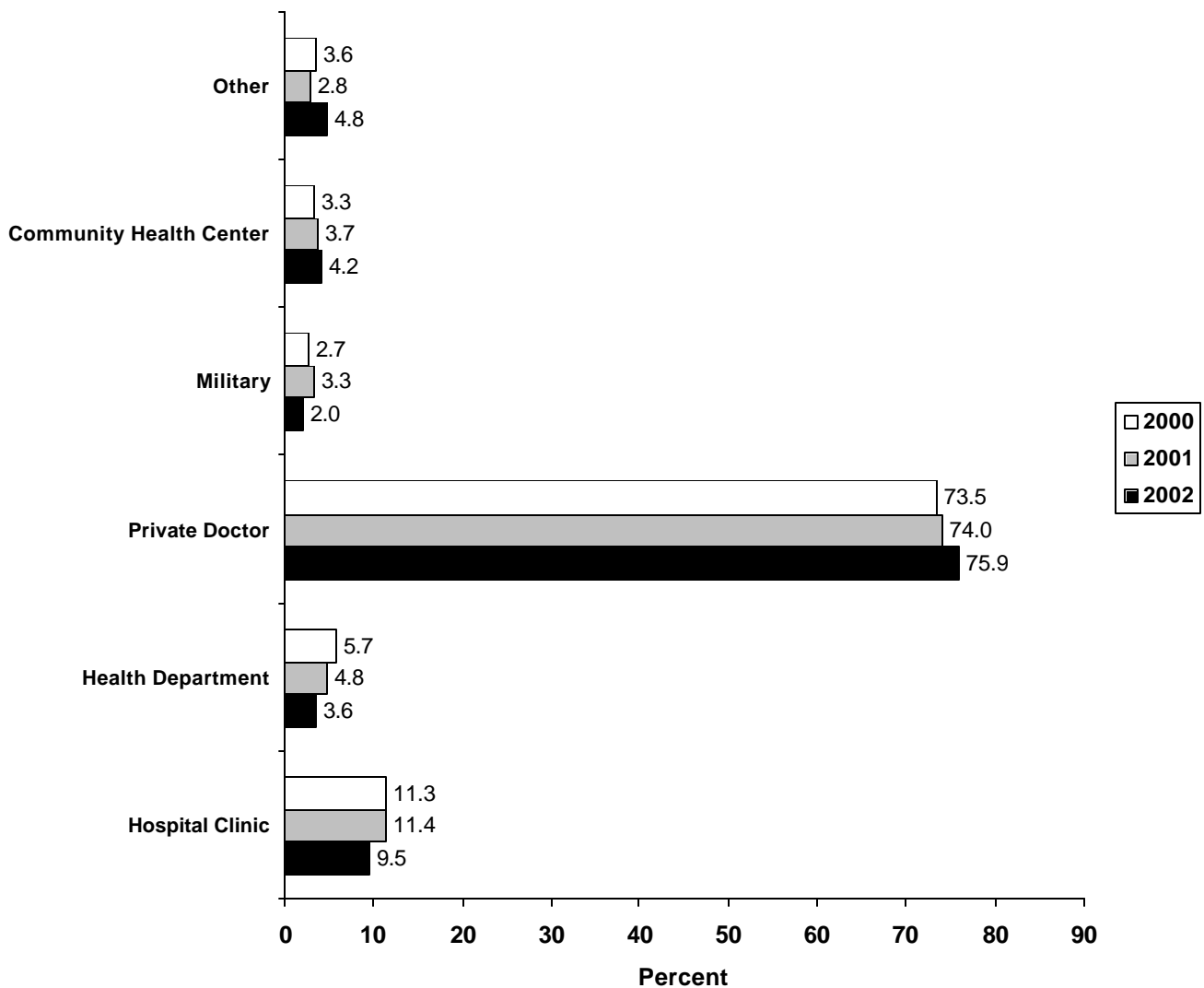
Maternal Characteristics	Adequate percent (s.e.)*	Intermediate percent (s.e.)	Inadequate percent (s.e.)
Total	73.2 (1.9)	20.1 (1.8)	5.4 (1.0)
Race			
Black	66.3 (3.7)	23.0 (3.2)	10.7 (2.5)
White	77.7 (2.3)	19.3 (2.2)	3.0 (0.9)
Age			
Less than 18	45.5 (9.6)	28.9 (8.8)	25.6 (8.8)
18-24	68.7 (3.5)	24.4 (3.2)	6.9 (1.9)
25-34	80.8 (2.4)	16.8 (2.3)	2.4 (0.9)
35-55	80.6 (5.2)	16.9 (4.9)	2.5 (2.0)
Education			
Less than HS	62.5 (4.8)	28.4 (4.5)	9.0 (3.0)
High School	72.2 (3.3)	22.7 (3.1)	5.1 (1.6)
More than HS	81.8 (2.6)	14.2 (2.3)	4.0 (1.4)
Marital status			
Married	79.7 (2.2)	17.2 (2.0)	3.2 (0.9)
Other	66.0 (3.5)	25.1 (3.2)	8.9 (2.2)
Medicaid status			
Yes	64.9 (2.9)	26.8 (2.7)	8.3 (1.7)
No	85.8 (2.2)	12.2 (2.1)	2.0 (0.9)
Birthweight**			
LBW (<2500 g)	63.0 (1.9)	28.4 (1.8)	8.6 (1.2)
NBW (2500+ g)	75.3 (2.1)	19.6 (2.0)	5.2 (1.1)

* Standard Error

****Note:** In 2002, 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

Sources of Prenatal Care, 2000-2002



Most common source of prenatal care from 2000-2002 was provided by a private doctor.

The proportion of women receiving prenatal care from a private doctor increased from 66% in 1993 to 75.9% in 2002.

Percent of women receiving prenatal care at health department clinics decreased from 14% in 1993 to 3.6% in 2002.

Prenatal Care

Top Three Sources of Prenatal Care by Maternal Characteristics, 2002

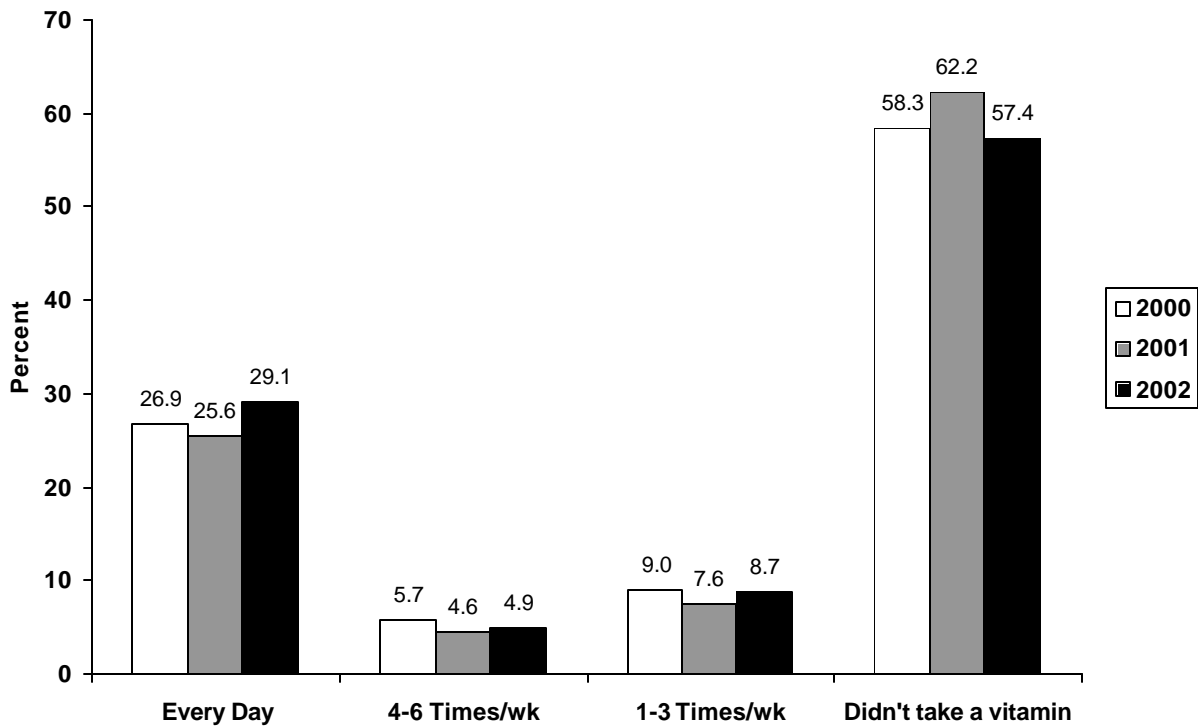
Maternal Characteristics	Hospital Clinic percent (s.e.)*	Community Health Center percent (s.e.)	Private MD percent (s.e.)
Total	10.2 (1.3)	6.4 (1.1)	77.5 (1.8)
Race			
Black	20.6 (3.0)	8.4 (2.0)	62.4 (3.5)
White	4.6 (1.1)	5.4 (1.2)	85.3 (1.9)
Age			
Less than 18	12.9 (5.5)	11.4 (5.5)	73.5 (7.3)
18-24	12.5 (2.3)	11.1 (2.3)	68.8 (3.3)
25-34	9.0 (1.7)	3.2 (1.1)	82.2 (2.3)
35-55	4.9 (2.8)	0.4 (0.2)	90.1 (4.0)
Education			
Less than HS	19.2 (3.6)	18.0 (3.6)	58.4 (4.6)
High School	8.8 (2.0)	5.9 (1.8)	75.7 (3.1)
More than HS	4.9 (1.4)	1.1 (0.7)	90.1 (2.0)
Marital status			
Married	5.3 (1.2)	3.9 (1.1)	86.8 (1.8)
Other	17.9 (2.6)	10.2 (2.1)	62.6 (3.3)
Medicaid status			
Yes	15.1 (2.0)	10.9 (1.8)	65.5 (2.7)
No	3.9 (1.3)	0.5 (0.5)	92.7 (1.7)
Birthweight**			
LBW (<2500 g)	14.9 (1.4)	6.7 (1.0)	68.5 (1.9)
NBW (2500+ g)	9.7 (1.4)	6.3 (1.2)	78.3 (1.9)

* Standard Error

****Note:** In 2002, 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

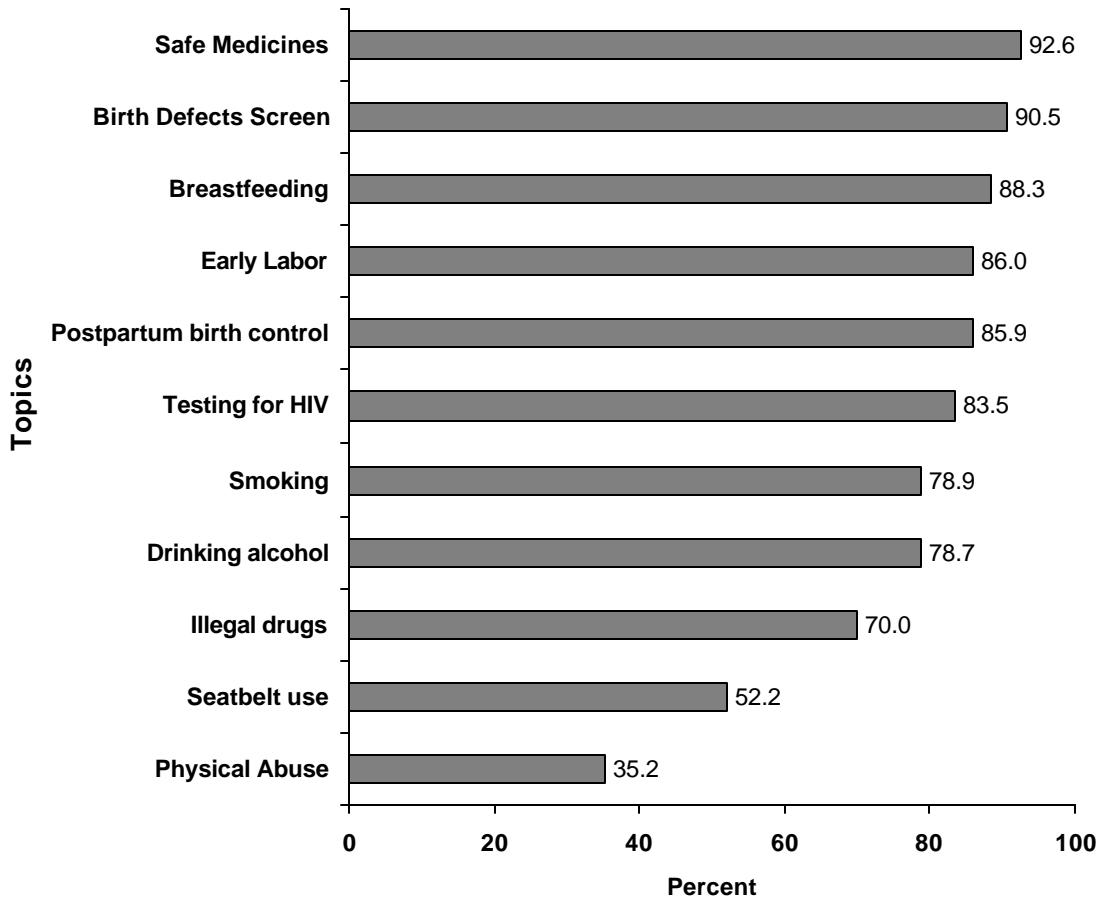
Multivitamin Use Prior to Becoming Pregnant, 2000-2002



The proportion of women who took a multivitamin every day prior to becoming pregnant has increased from 26.9% in 2000 to 29.1% in 2002.

Prenatal Care

Percent of Women Receiving Information on Important Topics during Prenatal Care Visits, 2002



The top three topics women received information on during prenatal care visits in 2002:
Medications which are safe to take during pregnancy
Doing tests to screen for Birth Defects or diseases that run in the family
Breastfeeding

In 2002, only 35.2% of women received information on physical abuse, and just over one-half of the women received information from their health care provider about using a seatbelt during pregnancy.

Family Planning Fact Sheet

Between the years of 1993-2002...

The percentage of women with unintended pregnancies ranged from a high of 51.0% in 1996 to a low of 44.4% in 1999, however the percentage of unwanted pregnancies have steadily decreased to a low of 10.5% in 2002

The percentage of women NOT using a contraceptive method postpartum decreased from 16.5% in 1999 to 12.5% in 2002.

During 2002...

Among women who experienced unintended pregnancies,

34.6% of women were not using contraception;

18.2% of women had discontinued using their contraception; and

47.2% reported that their contraceptive method failed.

From 2000 to 2002...

There was an 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 who were...

black

less than 18 years of age

unmarried

on Medicaid and

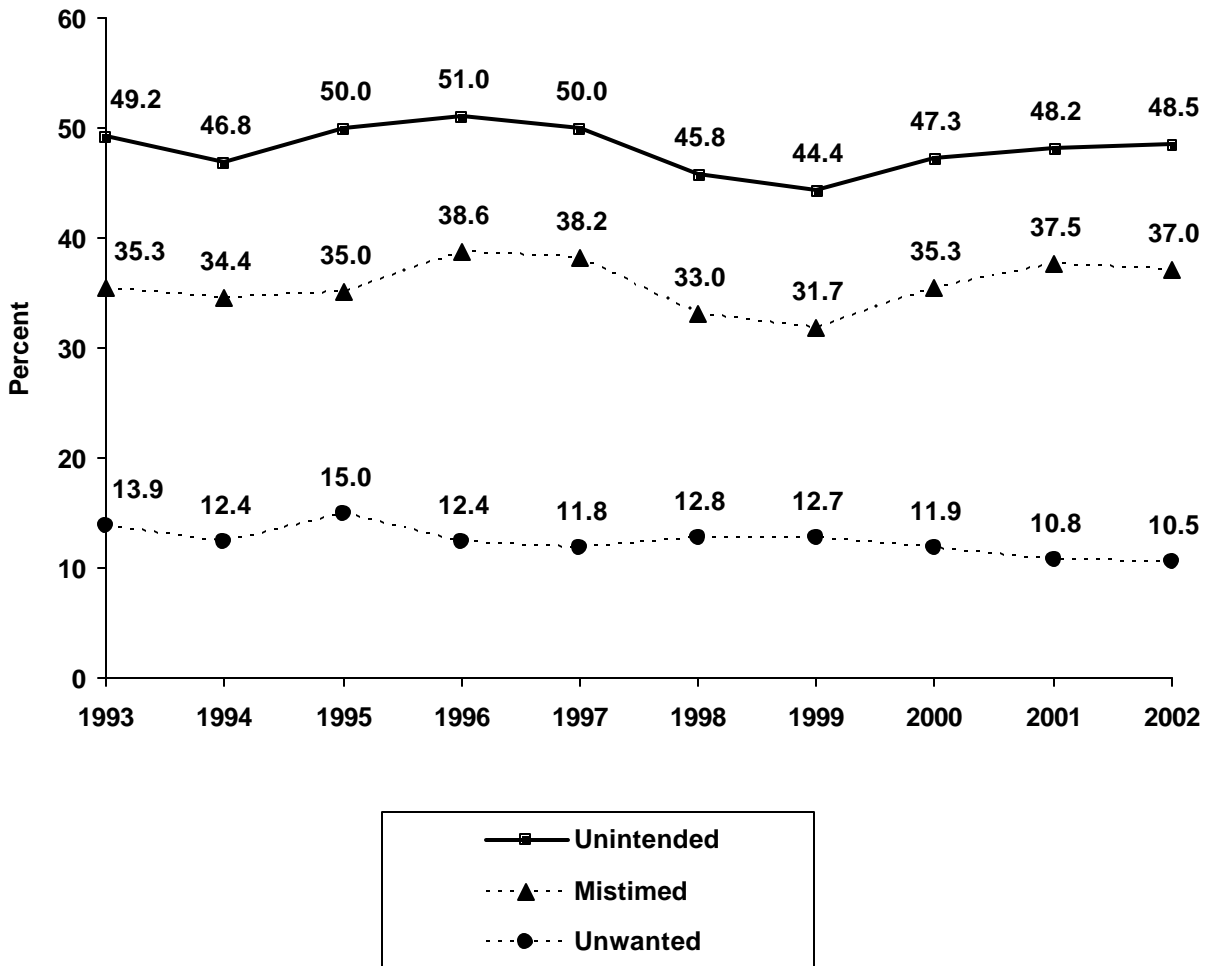
had less than a high school education

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

We are far from reaching the Healthy People 2010 goals of reducing the percentage of unintended pregnancies to 30% of all pregnancies (47.5% in 2002), and 40% of all pregnancies in black women (50.4% in 2002).

Family Planning – Pregnancy Intention

Percent of Unintended Pregnancies*, 1993-2002



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

From 1999 to 2002, the percentage of unintended pregnancies increased from 44.4% to 48.5%, however, the percent of unwanted pregnancies decreased from 12.7% down to 10.5%.

Family Planning - Pregnancy Intention

Unintended Pregnancies by Maternal Characteristics, 2000-2002

Maternal Characteristics	2000 Percent (s.e.)*	2001 Percent (s.e.)	2002 Percent (s.e.)
Total	45.8 (2.2)	48.3 (2.1)	47.2 (2.2)
Race			
Black	68.2 (3.4)	66.4 (3.2)	70.7 (3.4)
White	35.8 (2.4)	38.3 (2.5)	35.3 (2.6)
Age			
Less than 18	84.7 (5.8)	87.9 (6.2)	81.6 (7.9)
18-19	74.2 (5.6)	74.2 (5.8)	71.2 (7.8)
20-24	62.2 (3.7)	60.4 (3.6)	59.8 (4.0)
25-29	28.8 (3.6)	37.6 (3.8)	36.8 (4.1)
30-34	29.0 (4.4)	31.5 (4.3)	35.7 (4.4)
35+	32.6 (5.9)	24.3 (5.7)	24.3 (5.9)
Education			
Less than High School	68.4 (4.1)	63.3 (4.3)	57.6 (4.9)
High School	51.9 (3.3)	50.2 (3.2)	49.0 (3.6)
More than High School	32.1 (3.0)	36.1 (3.2)	40.7 (3.3)
Marital status			
Married	30.5 (2.4)	33.8 (2.5)	33.4 (2.5)
Other	72.8 (2.9)	69.2 (3.0)	69.1 (3.4)
Medicaid status			
Yes	64.5 (2.7)	61.9 (2.6)	65.8 (2.9)
No	26.9 (2.7)	29.4 (2.8)	24.8 (2.7)
Prenatal Care			
Inadequate	74.3 (6.6)	63.0 (8.9)	75.2 (8.5)
Intermediate	53.2 (4.5)	59.7 (4.5)	58.5 (5.0)
Adequate	42.8 (2.4)	44.0 (2.3)	42.3 (2.5)
Birthweight**			
VLBW (<1500)	54.7 (1.1)	51.3 (1.1)	53.5 (1.4)
MLBW (1500-2499 g)	54.7 (2.2)	57.2 (2.3)	52.9 (2.4)
NBW (2500+ g)	46.6 (2.2)	47.5 (2.2)	46.9 (2.4)

* Standard Error

****Note:** In 2002, 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, 2002

Maternal Characteristics	Non-use** Percent (s.e.)*	Disuse** Percent (s.e.)	Failed Use** Percent (s.e.)
Total	34.9 (3.4)	18.2 (2.6)	46.9 (3.5)
Race			
Black	39.1 (4.9)	17.9 (3.8)	43.0 (4.9)
White	30.7 (4.5)	18.4 (3.7)	50.9 (4.9)
Age			
Less than 18	39.3 (11.8)	8.6 (5.9)	52.1 (11.9)
18-24	35.8 (4.8)	16.8 (3.7)	47.4 (5.0)
25-34	32.6 (5.3)	22.4 (4.6)	45.0 (5.5)
35-55	29.1 (13.2)	18.7 (10.9)	52.2 (13.9)
Education			
Less than HS	45.7 (7.0)	14.6 (4.8)	39.7 (6.8)
High School	34.2 (5.2)	18.2 (4.2)	47.6 (5.5)
More than HS	26.1 (5.1)	21.1 (4.6)	52.9 (5.7)
Marital status			
Married	31.1 (4.6)	19.8 (4.0)	49.2 (5.0)
Other	37.2 (4.6)	17.1 (3.5)	45.7 (4.7)
Medicaid status			
Yes	39.1 (3.9)	16.7 (2.9)	44.2 (3.9)
No	19.4 (5.6)	23.4 (5.8)	57.3 (6.7)

* Standard Error

****Definitions:**

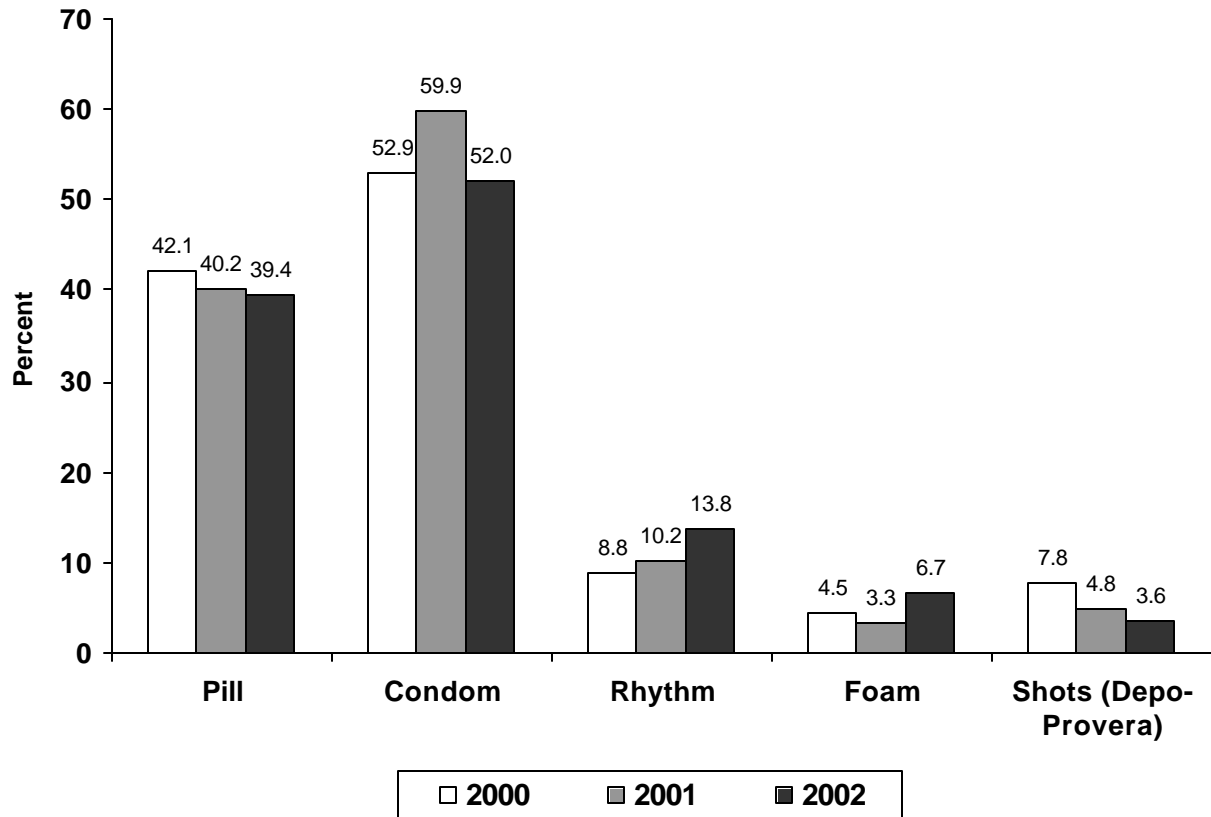
Failed Use: Woman was using contraception in the three months before she got pregnant AND when she got pregnant.

Disuse: Woman was using contraception in the three months before she got pregnant, BUT NOT when she got pregnant.

Non-use: Woman was not using contraception in the three months before she got pregnant OR when she got pregnant.

Family Planning - Pregnancy Intention

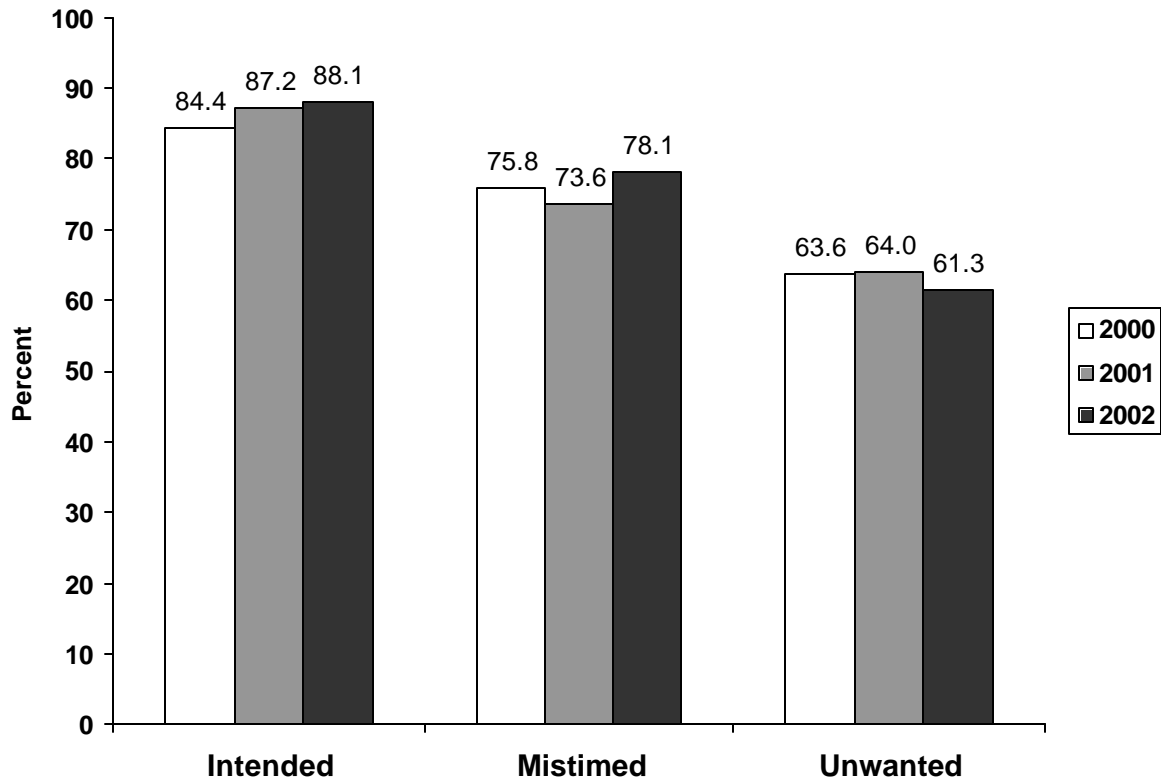
Methods of Contraception Among Women Who Reported Failures in Use, 2000-2002



In 2002, the majority of women who experienced failures in their contraceptive method used condoms (52.0%) and the pill (39.4%).

Family Planning - Pregnancy Intention

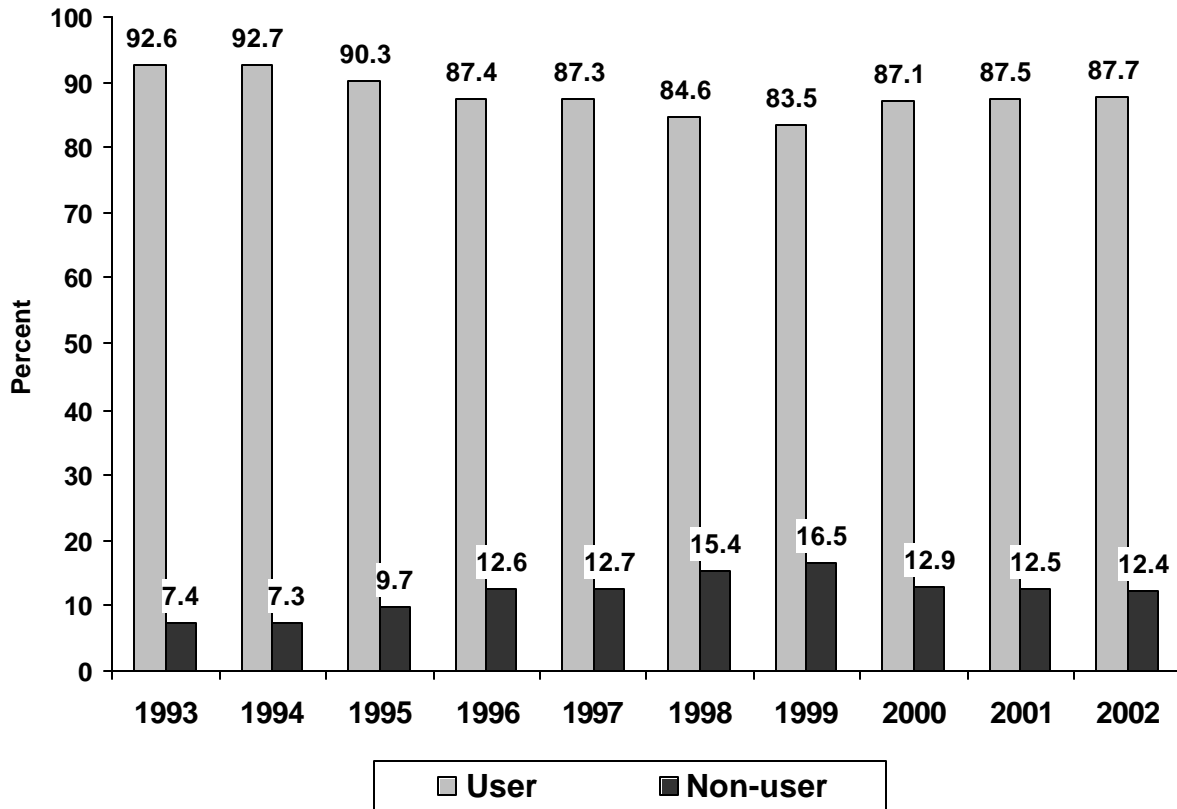
**Percentage of Women Who Entered Prenatal Care in the First Trimester
(weeks 1-12) by Pregnancy Intention: 2000-2002**



Between 2000-2002, about 84% to 88% of women who wanted their pregnancies to occur then or sooner received prenatal care during the first trimester compared to women with unintended pregnancies.

Family Planning - Postpartum Contraception

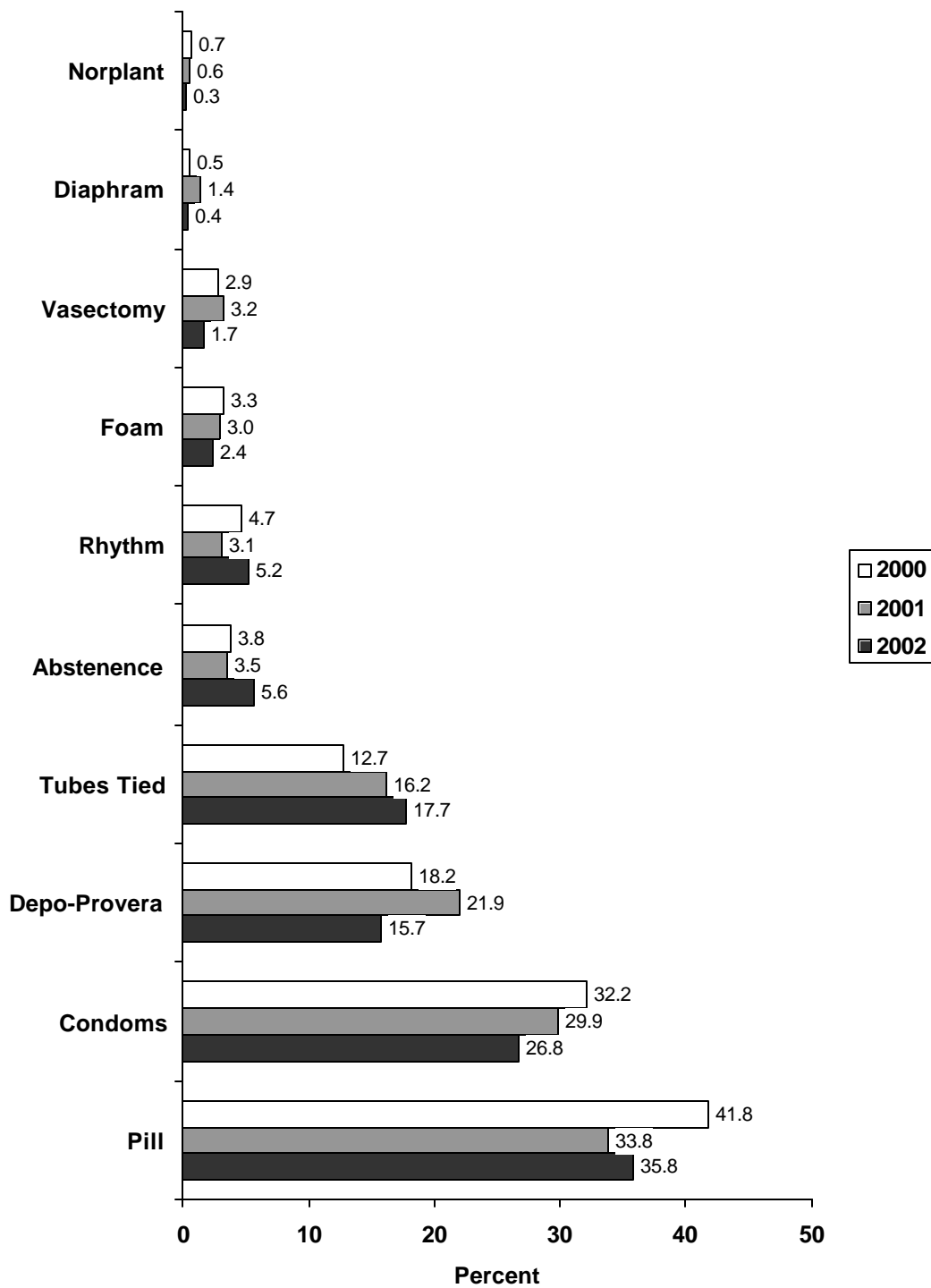
Postpartum Birth Control, 1993-2002



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 now sits at 12.4% in 2002.

Family Planning - Postpartum Contraception

Postpartum Birth Control Methods*, 2000-2002



*Contraceptive methods are not mutually exclusive.

Smoking Fact Sheet

Between the years of 1993-2002...

The percentage of women smoking during the last trimester of pregnancy fell from 15.9% in 1993 to 13.1% in 2002.

The percentage of women who quit smoking during pregnancy decreased from 54.0% in 1999 to 44.8% in 2002.

The percentage of women who quit smoking during pregnancy and remained as nonsmokers after the baby was born ranged from a low of 12.9% in 2001 to a high of just over 27% in 2002.

Between the years of 2000 and 2002...

The percentage of women who smoked during the last trimester decreased overall, but increased among mothers who were greater than 34 years of age.

In 2002, women who reported smoking during the last trimester of pregnancy were more likely to...

- be white

- be greater than 34 years of age

- be on Medicaid

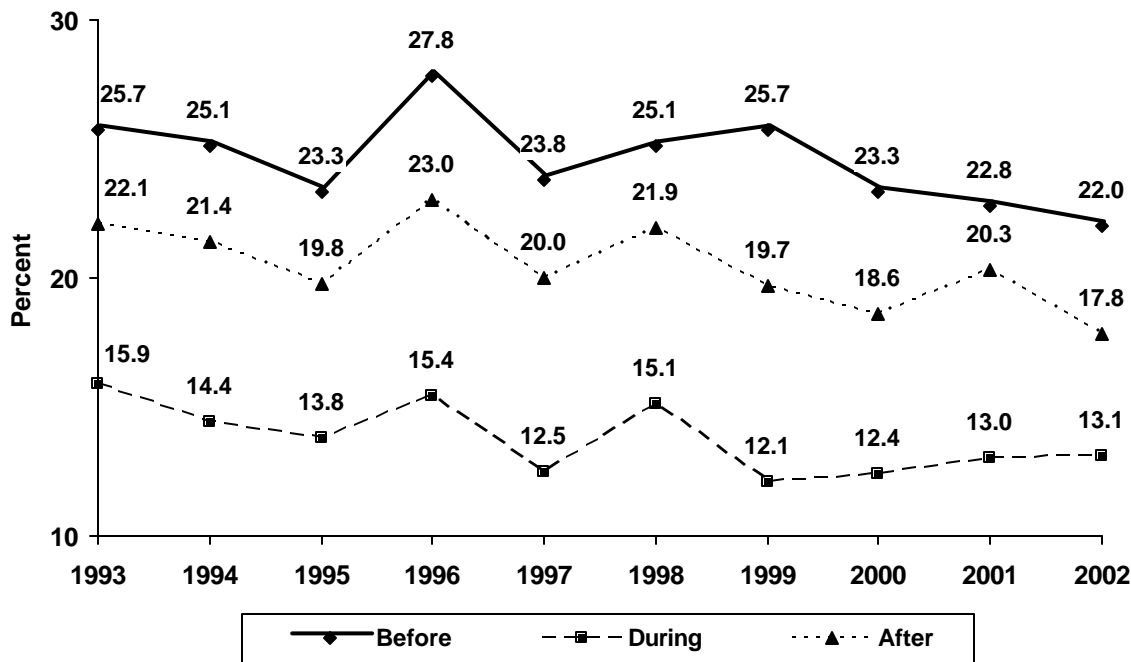
- have less than a high school education and

- have a low birth weight infant.

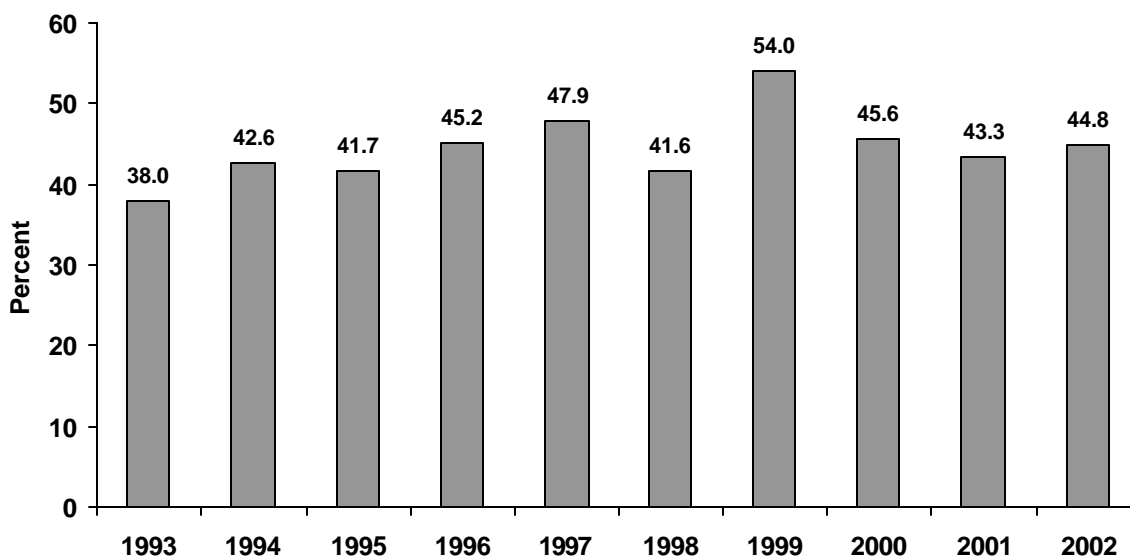
We have not yet reached the Healthy People 2010 goal to increase abstinence from tobacco by pregnant women to 99%. In 2002, about 87% abstained from smoking during pregnancy.

Cigarette Use

Proportion of Women Who Smoked Cigarettes 3 Months Before Pregnancy, During the Last Trimester, and During the 3-6 Months After Delivery, 1993-2002



Proportion of Smokers Who Quit While Pregnant, 1993-2002



**Characteristics of Women Who Smoked Cigarettes During the
Three Months Before Pregnancy, 2000-2002**

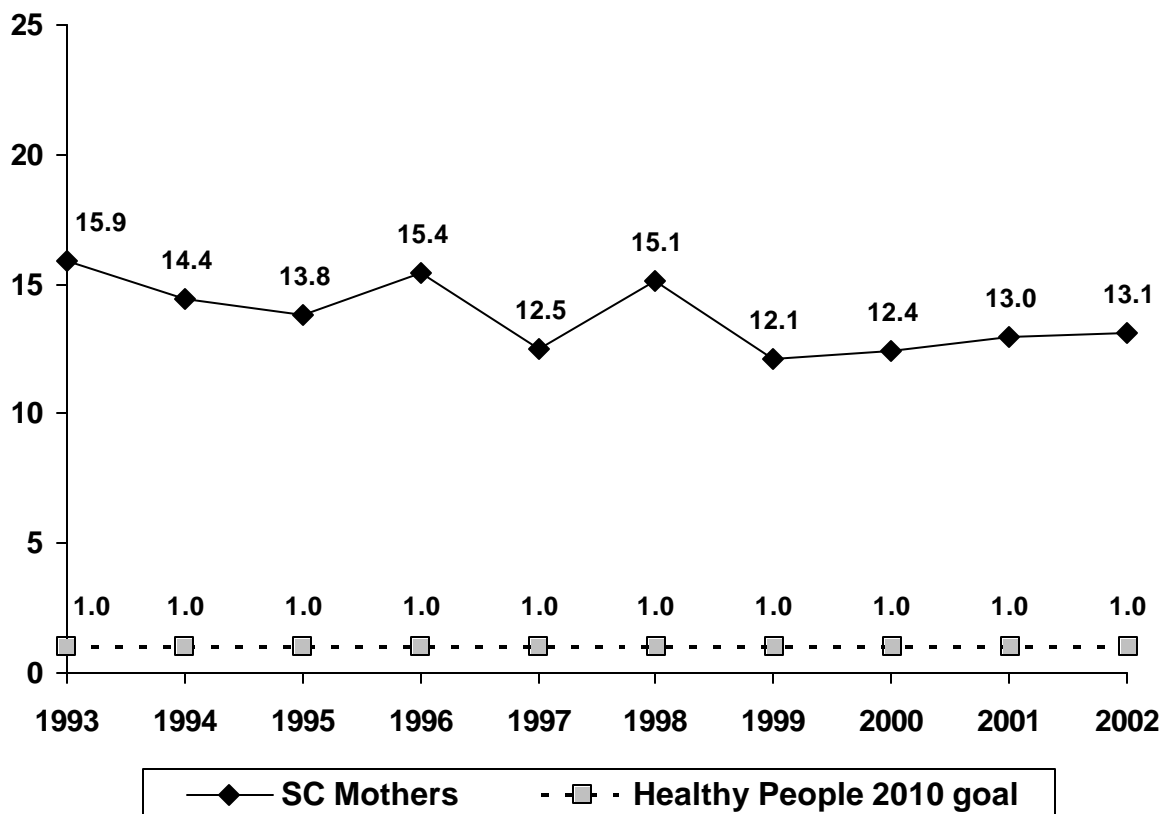
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	23.3 (1.7)	23.3 (1.8)	22.0 (1.9)
Race			
Black	8.3 (1.9)	6.8 (1.7)	8.5 (2.2)
White	31.1 (2.3)	32.4 (2.4)	28.7 (2.5)
Age			
Less than 18	31.3 (7.5)	11.9 (5.5)	13.0 (6.5)
18-24	30.8 (3.0)	30.8 (3.0)	30.5 (3.4)
25-34	16.4 (2.2)	17.9 (2.3)	17.0 (2.3)
35-55	18.6 (4.7)	16.7 (5.0)	19.2 (5.6)
Education			
Less than High School	37.8 (4.4)	35.3 (4.3)	32.5 (4.8)
High School	24.2 (2.8)	23.7 (2.8)	26.8 (3.3)
More than High School	14.5 (2.2)	14.4 (2.3)	13.1 (2.2)
Marital status			
Married	20.9 (2.1)	21.8 (2.2)	18.3 (2.1)
Other	26.9 (2.9)	24.2 (2.8)	27.6 (3.3)
Medicaid			
Yes	29.7 (2.5)	26.8 (2.4)	29.2 (2.8)
No	15.8 (2.1)	17.1 (2.4)	13.3 (2.1)
Birthweight**			
LBW (<2500 g)	26.5 (1.7)	26.3 (1.7)	27.6 (1.8)
NBW (2500+ g)	22.9 (1.9)	22.4 (1.9)	21.4 (2.0)

* Standard Error

****Note:** In 2002, 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.

Cigarette Use

Proportion of Mothers Who Smoked Cigarettes During the Last Trimester of Pregnancy, 1993-2002



The proportion of women who smoked during the last trimester has increased from 12.1% in 1999 to 13.1% in 2002.

In 2002, women who...

were white

had a less than high school or high school education

greater than 34 years of age

were on Medicaid and

delivered a LBW baby

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

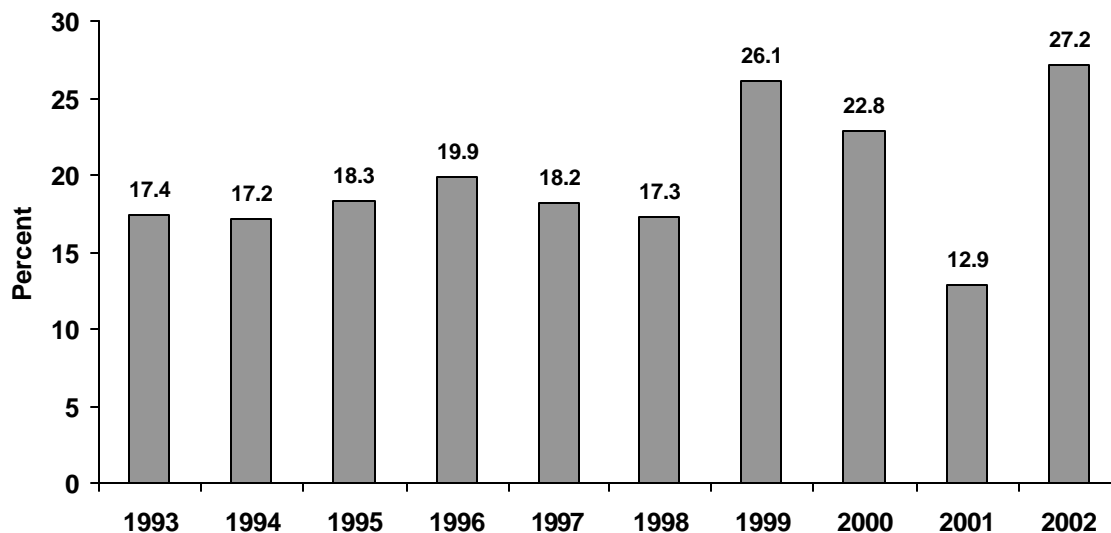
**Characteristics of Mothers Who Smoked Cigarettes
During the Last Trimester of Pregnancy, 2000-2002**

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	15.1 (1.5)	12.1 (1.4)	12.1 (1.4)
Race			
Black	7.5 (1.9)	3.9 (1.3)	3.9 (1.3)
White	20.0 (2.2)	16.4 (1.9)	16.4 (1.9)
Age			
Less than 18	16.9 (6.2)	13.8 (5.8)	13.8 (5.8)
18-24	18.0 (2.8)	12.0 (2.2)	12.0 (2.2)
25-34	13.7 (2.1)	11.1 (1.9)	11.1 (1.9)
35-55	8.6 (3.1)	16.2 (5.2)	16.2 (5.2)
Education			
Less than High School	30.4 (4.7)	19.4 (3.6)	19.4 (3.6)
High School	15.1 (2.5)	13.1 (2.4)	13.1 (2.4)
More than High School	7.1 (1.7)	7.0 (1.7)	7.0 (1.7)
Marital status			
Married	11.4 (1.7)	10.8 (1.7)	10.8 (1.7)
Other	20.5 (2.9)	14.0 (2.3)	14.0 (2.3)
Medicaid			
Yes	20.7 (2.4)	17.4 (2.1)	17.4 (2.1)
No	8.2 (1.7)	5.1 (1.4)	5.1 (1.4)
Birthweight**			
LBW (<2500 g)	20.6 (1.7)	18.6 (1.6)	18.6 (1.6)
NBW (2500+ g)	14.6 (1.7)	11.5 (1.5)	11.5 (1.5)

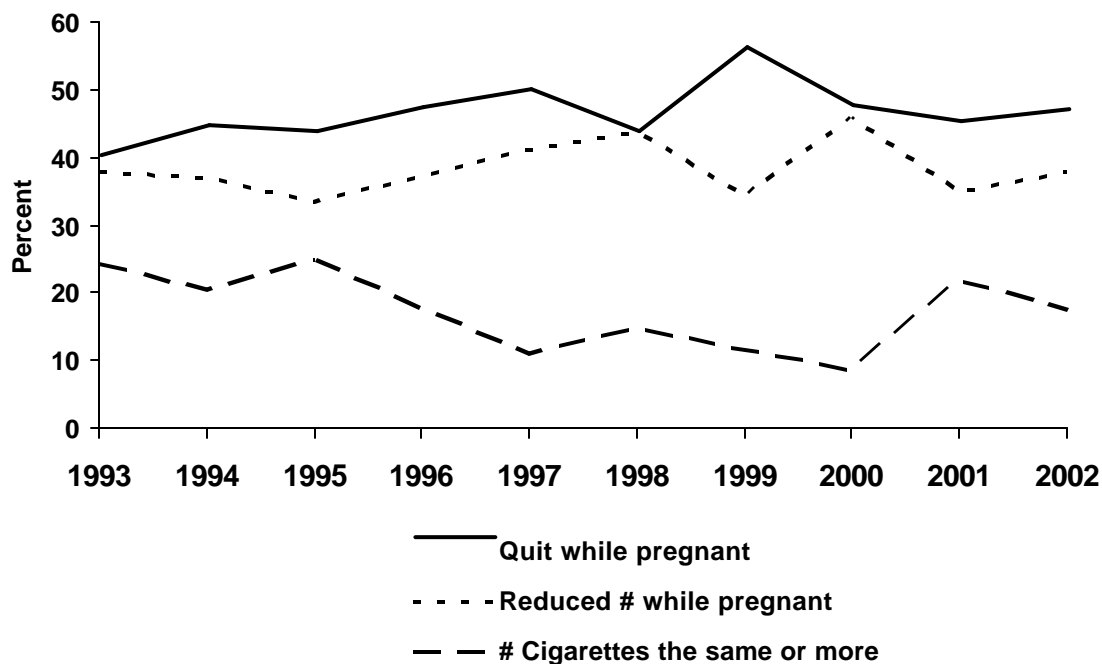
* Standard Error

****Note:** In 2002, 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, 1993-2002



Smoking Behavior During Pregnancy Among Women Who Were Smokers Before Pregnancy, 1993-2002



Alcohol Consumption Fact Sheet

Between the years of 1993-2002...

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. Although, 2001 and 2002 saw a slight increase in the rates (3.8% in 2002), SC mothers still remain below the 2010 Healthy People goal of 6%.

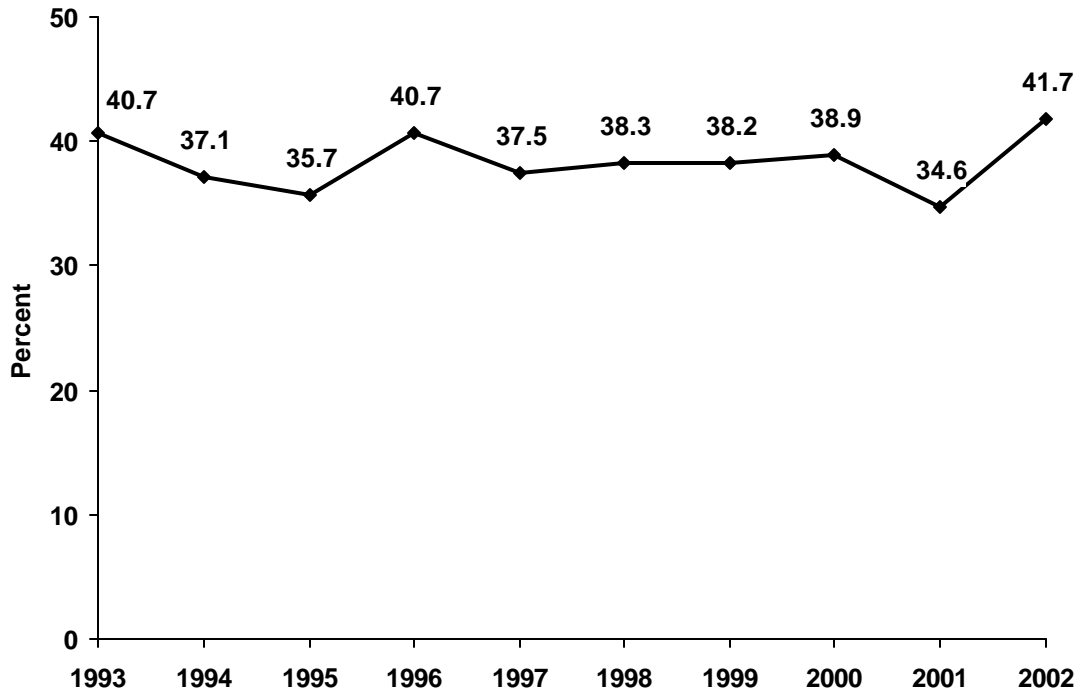
The percent of women drinking in the three months before pregnancy fluctuated, but has remained close to 40.0 % since 1993.

In 2002, of the women who drank in the last three months of pregnancy, 99.4% drank fewer than 4 drinks per week.

In 2002, women who drank during the last trimester were more likely to be...
white
25-34 years of age
have greater than a high school education and
NOT on Medicaid.

Alcohol Consumption

Proportion of Women Who Drank During the Three Months Before Pregnancy, 1993-2002



Women who...

were white
18 years of age or older
married
had a greater than high school education and
not on Medicaid...

were more likely to report drinking during the three months prior to pregnancy.

Alcohol Consumption

Characteristics of Mothers Who Drank Alcohol During the Three Months Before Pregnancy, 2000-2002

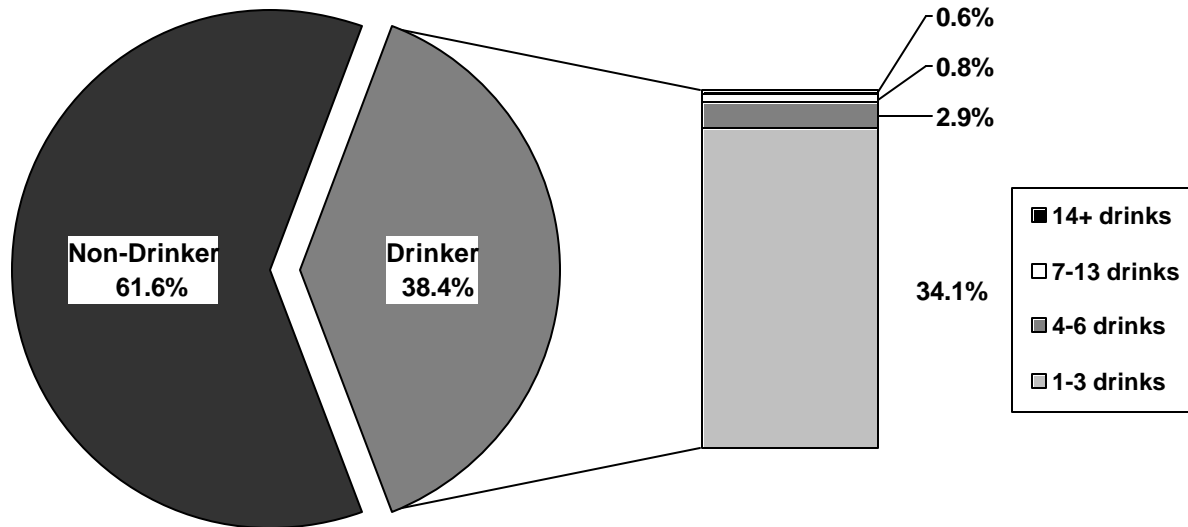
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	38.9 (2.0)	34.6 (1.9)	41.7 (2.2)
Race			
Black	20.9 (2.9)	18.9 (2.6)	26.5 (3.4)
White	48.9 (2.5)	44.5 (2.6)	50.4 (2.7)
Age			
Less than 18	23.5 (6.8)	22.3 (8.1)	20.2 (8.5)
18-24	35.2 (3.1)	29.7 (3.0)	38.8 (3.6)
25-34	43.6 (3.0)	41.2 (2.9)	44.8 (3.0)
35-55	43.3 (6.1)	29.5 (5.9)	50.3 (6.9)
Education			
Less than High School	27.4 (4.0)	24.2 (3.8)	28.8 (4.6)
High School	36.7 (3.2)	33.2 (3.0)	37.7 (3.5)
More than High School	46.2 (3.1)	43.0 (3.2)	51.8 (3.2)
Marital status			
Married	43.6 (2.6)	38.6 (2.6)	44.4 (2.7)
Other	31.7 (3.0)	28.9 (2.9)	37.7 (3.6)
Medicaid			
Yes	31.2 (2.6)	29.8 (2.5)	36.1 (2.9)
No	47.7 (2.9)	41.2 (3.0)	48.6 (3.1)
Birthweight**			
LBW (<2500 g)	38.4 (1.8)	35.7 (1.8)	34.5 (1.9)
NBW (2500+ g)	39.0 (2.2)	34.6 (2.1)	42.4 (2.4)

* Standard Error

****Note:** In 2002, 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, 2000-2002

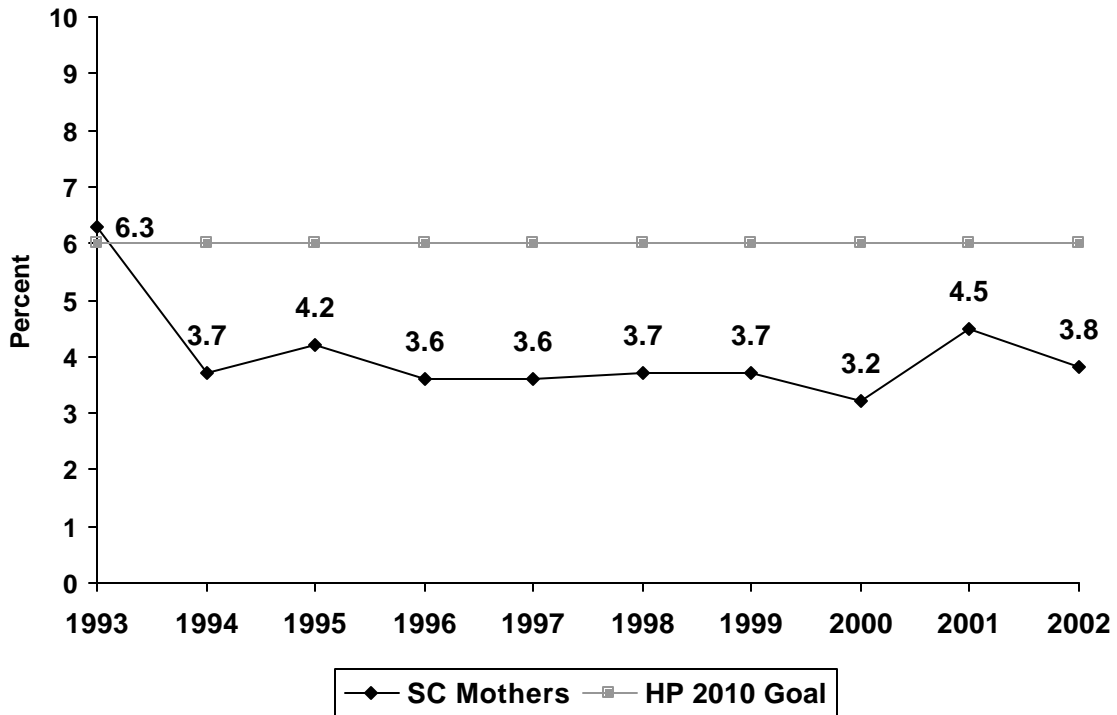


During the years of 2000-2002, only 38.4% of women drank in the three months before they became pregnant.

During these same years, 4.3% 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, 1993-2002



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. Although, 2001 and 2002 saw a slight increase in the rates, SC mothers still remain below the 2010 Healthy People goal of 6%.

In 2002, almost all women who drank during the last trimester drank three or fewer drinks per week (99.4%).

Alcohol Consumption

Characteristics of Mothers Who Drank During the Last Trimester of Pregnancy, 2000-2002

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	3.2 (0.7)	4.5 (0.8)	3.8 (0.8)
Race			
Black	1.8 (0.9)	1.5 (0.8)	2.5 (1.2)
White	4.0 (1.0)	6.2 (1.2)	4.6 (1.1)
Age			
Less than 18	2.6 (2.5)	0.5 (0.4)	5.1 (4.9)
18-24	1.6 (0.8)	1.0 (0.6)	1.5 (0.8)
25-34	4.0 (1.2)	7.1 (1.6)	5.6 (1.4)
35-55	6.1 (2.9)	8.1 (3.5)	3.3 (2.0)
Education			
Less than High School	2.8 (1.5)	1.8 (1.1)	2.6 (1.6)
High School	2.3 (0.9)	1.5 (0.8)	3.5 (1.3)
More than High School	4.2 (1.2)	9.3 (1.9)	4.7 (1.4)
Marital status			
Married	3.8 (1.0)	6.4 (1.3)	4.6 (1.1)
Other	2.2 (0.9)	1.7 (0.8)	2.7 (1.2)
Medicaid			
Yes	2.3 (0.8)	1.5 (0.6)	2.4 (0.9)
No	4.1 (1.1)	8.5 (1.8)	5.6 (1.4)
Birthweight**			
LBW (<2500 g)	3.3 (0.7)	3.0 (0.6)	3.2 (0.7)
NBW (2500+ grams)	3.2 (0.8)	4.6 (0.9)	3.9 (0.9)

* Standard Error

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

Stress and Social Support Fact Sheet

In 2002...

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

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

Argued more with husband/partner (49.6% black vs. 26.8% white)

Lost Job (24.1% black vs. 10.3% white)

Someone close had a drinking/drug problem (22.5% black vs. 14.8% white)

Separated or divorced from husband (16.1% black vs. 9.0% white)

In a physical fight (11.0% black vs. 4.0% white)

In 2002, 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.

Women who were...

black

18-24 years of age

had a less than high school education

unmarried and

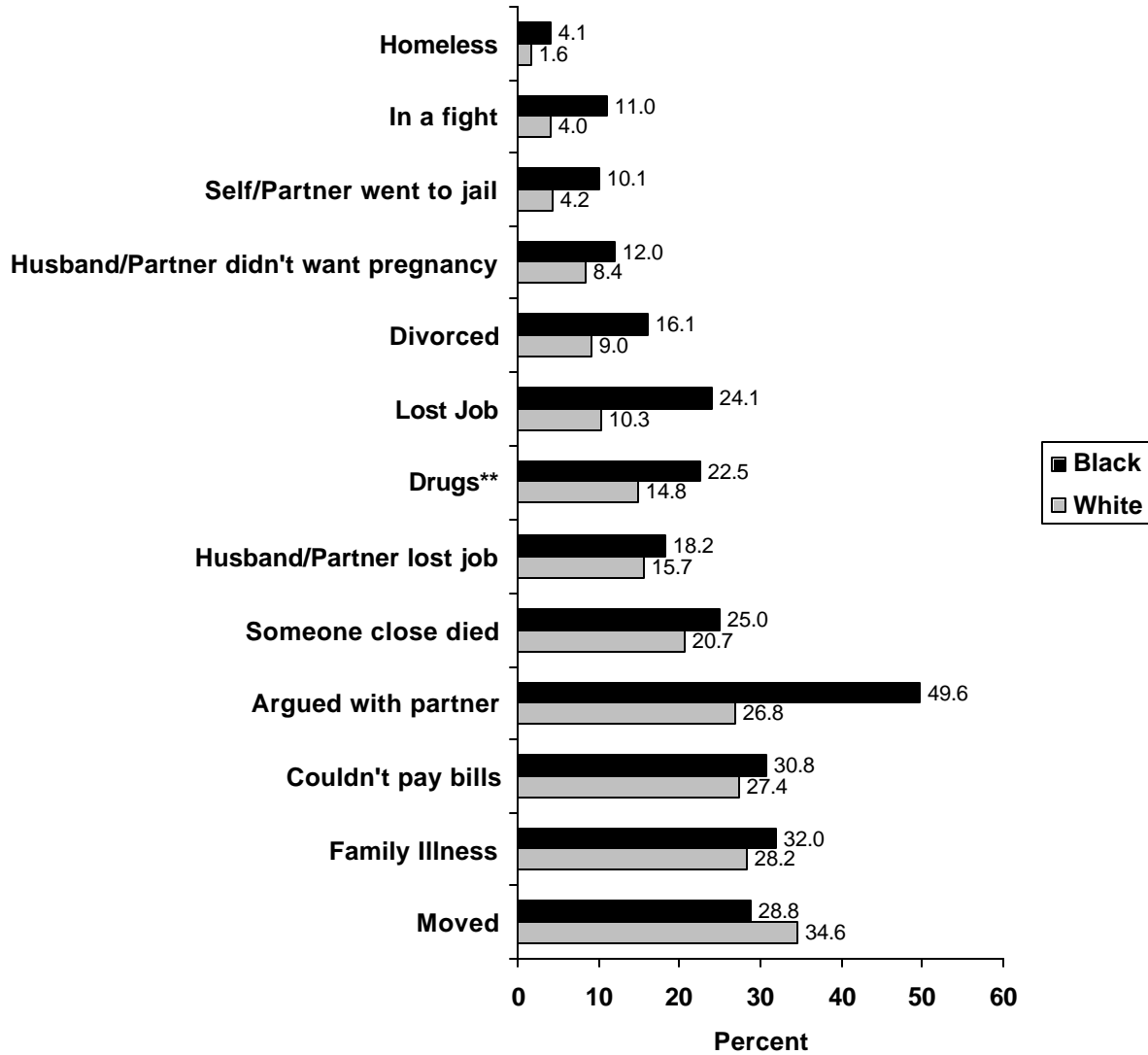
on Medicaid

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

White women had a stronger social support system than black women in the kind of help available to them. Most women reported their parents or husbands/partners would help them had they needed it.

Stressful Life Events

Proportion of Women Who Experienced Stressful Life Events in the Twelve Months Prior to Delivery, 2002



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

In 2002, women who were...

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

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

Stressful Life Events

Characteristics of Women Experiencing High Levels of Stress**, 2000-2002

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	19.9 (1.6)	21.4 (1.6)	23.6 (1.8)
Race			
Black	26.2 (3.1)	27.1 (3.0)	33.6 (3.6)
White	16.8 (1.8)	18.9 (2.0)	18.0 (2.0)
Age			
Less than 18	35.6 (7.4)	17.6 (6.8)	26.6 (8.3)
18-24	27.9 (2.9)	31.4 (2.9)	30.2 (3.3)
25-34	12.7 (2.0)	14.5 (2.1)	18.4 (2.4)
35-55	9.4 (3.6)	12.9 (4.3)	21.6 (5.6)
Education			
Less than High School	31.0 (4.0)	31.5 (4.0)	35.9 (4.6)
High School	21.1 (2.6)	21.1 (2.6)	24.9 (3.0)
More than High School	12.7 (2.2)	15.2 (2.3)	16.1 (2.4)
Marital status			
Married	11.1 (1.6)	17.7 (2.0)	17.6 (2.0)
Other	33.2 (3.0)	26.7 (2.8)	32.3 (3.3)
Medicaid			
Yes	29.2 (2.5)	30.4 (2.4)	35.8 (2.8)
No	9.1 (1.7)	8.9 (1.7)	8.3 (1.7)
Birthweight***			
LBW (<2500 g)	28.0 (1.6)	26.0 (1.7)	27.8 (1.8)
NBW (2500+ g)	19.2 (1.7)	21.0 (1.8)	23.1 (2.0)

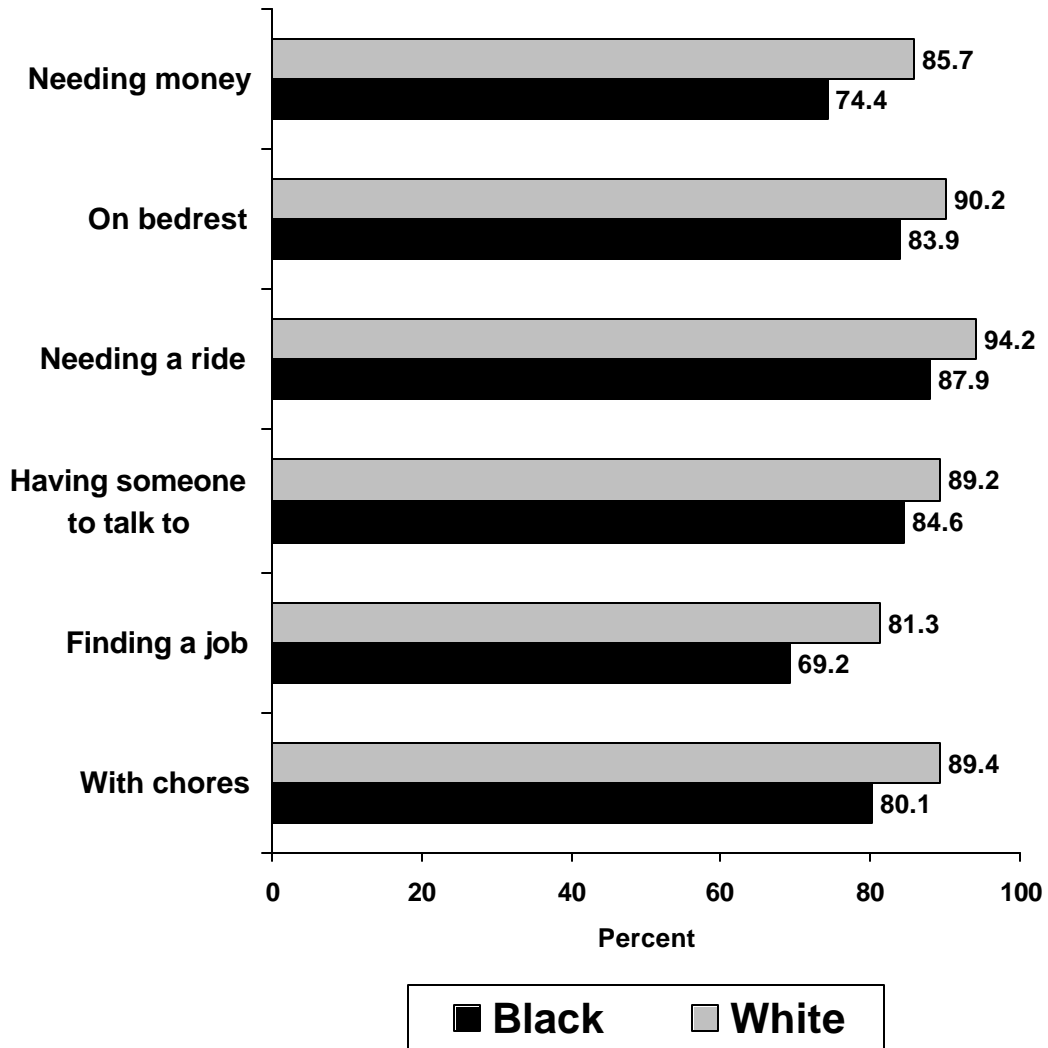
* Standard Error

** High Levels of Stress categorized as more than three stressful life events

***Note: In 2002, 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.

Social Support

Proportion of Women Who Would Have Had Help if Needed During Pregnancy, 2002

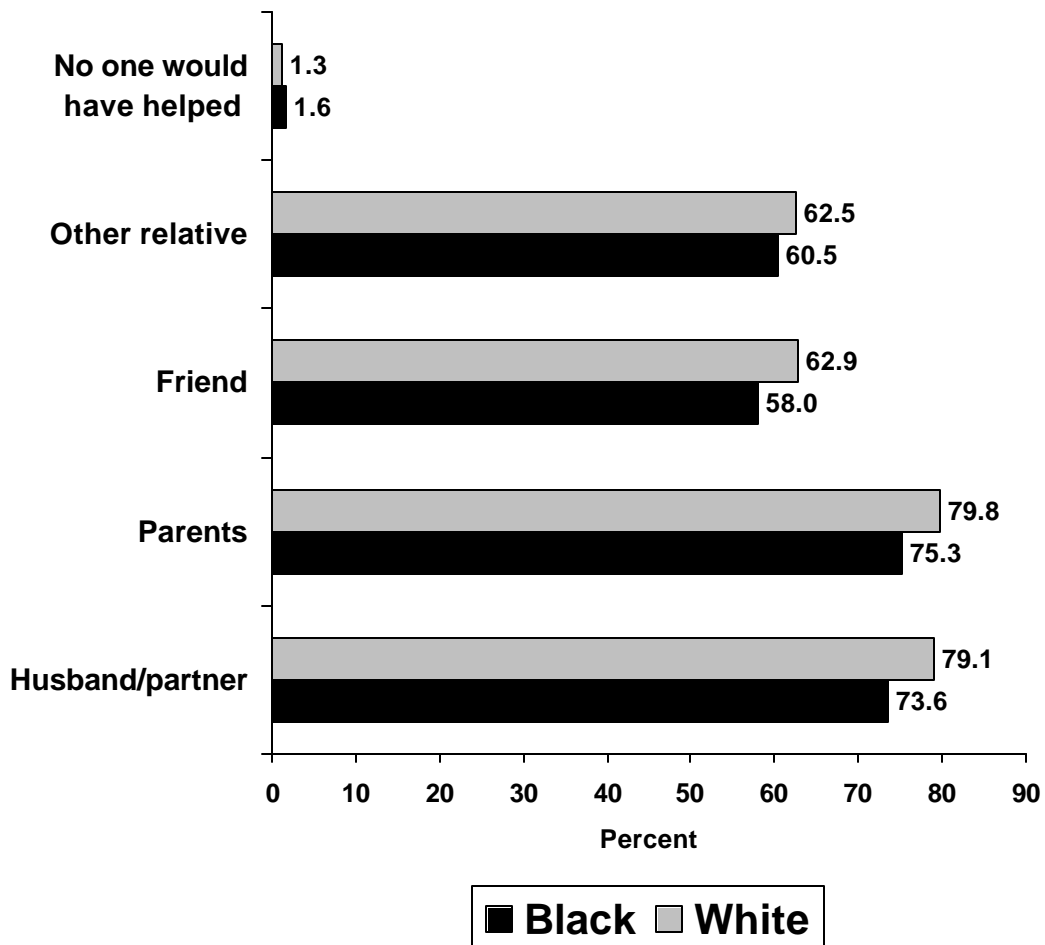


For the majority, more white women would have had help if needed during their pregnancy. This is especially true in the areas of...

- Helping with chores
- Finding a job and
- Needing money.

Social Support

Sources of Help During Pregnancy, 2002



In 2002, the top three sources of help among both black and white women were...

Parents
Husband or partner and
Other family member or relative.

Physical Abuse Fact Sheet

In 2002...

7.3% of women were physically abused by someone before they became pregnant and 6.3% of women were physically abused by someone during their pregnancy.

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

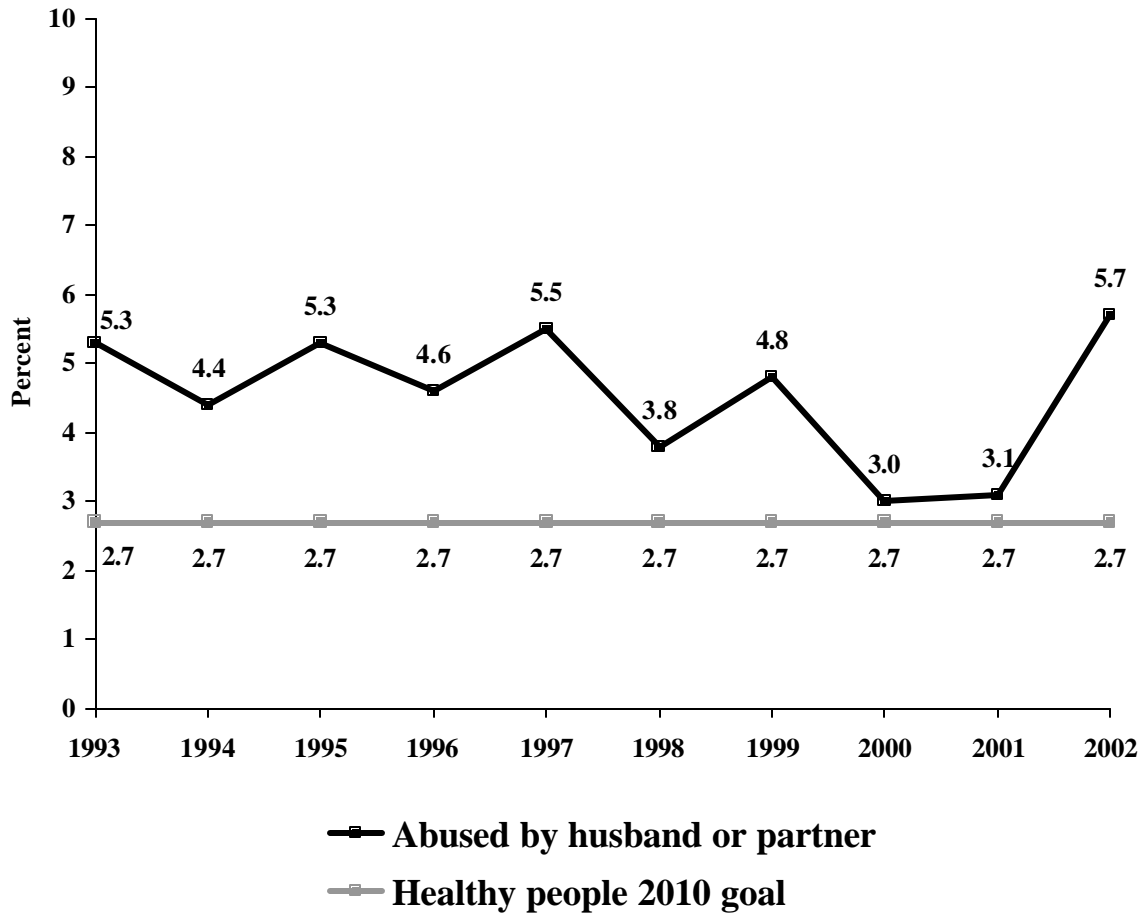
In 2002, women who reported partner abuse during pregnancy were more likely to be...

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

During the years of 1993-2001, the percentage of women delivering 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 **increased** back up to 5.7%.

Physical Abuse

Percent of Women Who Were Physically Abused by Husband/Partner During Pregnancy, 1993-2002



Between the years of 1993 and 2001, the rate of physical abuse by husband or partner during the pregnancy decreased from 5.3% in 1993 to 3.1% in 2001. In 2002, the rate increased to 5.7%.

Physical Abuse

Characteristics of Women Who Were Physically Abused during Pregnancy by Husband or Partner, 2000-2002

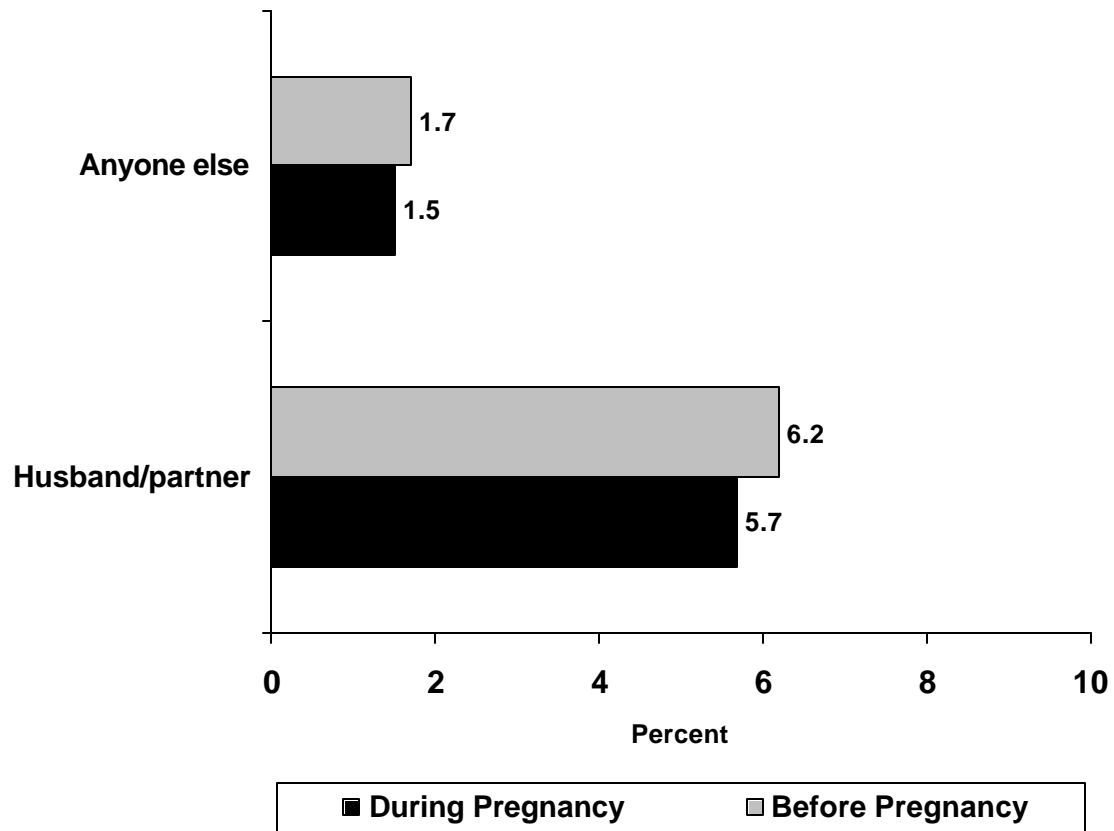
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	3.0 (0.7)	3.1 (0.7)	5.7 (1.1)
Race			
Black	4.1 (1.3)	5.7 (1.6)	8.9 (2.2)
White	2.4 (0.7)	1.8 (0.7)	4.3 (1.2)
Age			
Less than 18	6.7 (3.8)	6.0 (4.6)	18.8 (7.9)
18-24	4.1 (1.2)	4.3 (1.3)	8.4 (2.1)
25-34	2.0 (0.9)	2.4 (0.9)	2.7 (1.0)
35-55	0.7 (0.3)	0.2 (0.1)	2.9 (2.5)
Education			
Less than High School	5.7 (1.9)	7.0 (2.2)	14.3 (3.6)
High School	2.9 (1.0)	2.4 (0.9)	6.8 (1.8)
More than High School	1.2 (0.7)	1.6 (0.8)	0.5 (0.4)
Marital status			
Married	1.7 (0.7)	2.5 (0.8)	3.1 (0.9)
Other	5.0 (1.3)	4.1 (1.2)	9.6 (2.2)
Medicaid			
Yes	5.1 (1.2)	5.0 (1.2)	10.0 (1.8)
No	0.6 (0.4)	0.5 (0.4)	0.4 (0.4)
Birthweight**			
VLBW (<1500 g)	4.8 (0.5)	5.8 (0.5)	6.5 (0.7)
MLBW (1500-2499 g)	7.6 (1.2)	5.8 (1.1)	4.7 (1.0)
NBW (2500+ g)	2.6 (0.7)	2.9 (0.8)	5.8 (1.2)

*Standard Error

****Note:** In 2002, 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, 2002**



In 2002, the women in our sample were more likely to be abused before and during their pregnancy by their husband or partner than by anyone else.

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

Maternal Health Fact Sheet

Between the years of 2000-2002...

The proportion of women hospitalized during pregnancy, before delivery, has remained fairly steady at about 19%.

The majority of women who were hospitalized during pregnancy stayed less than one day (61.1%). However, 6.0% were hospitalized for more than seven days.

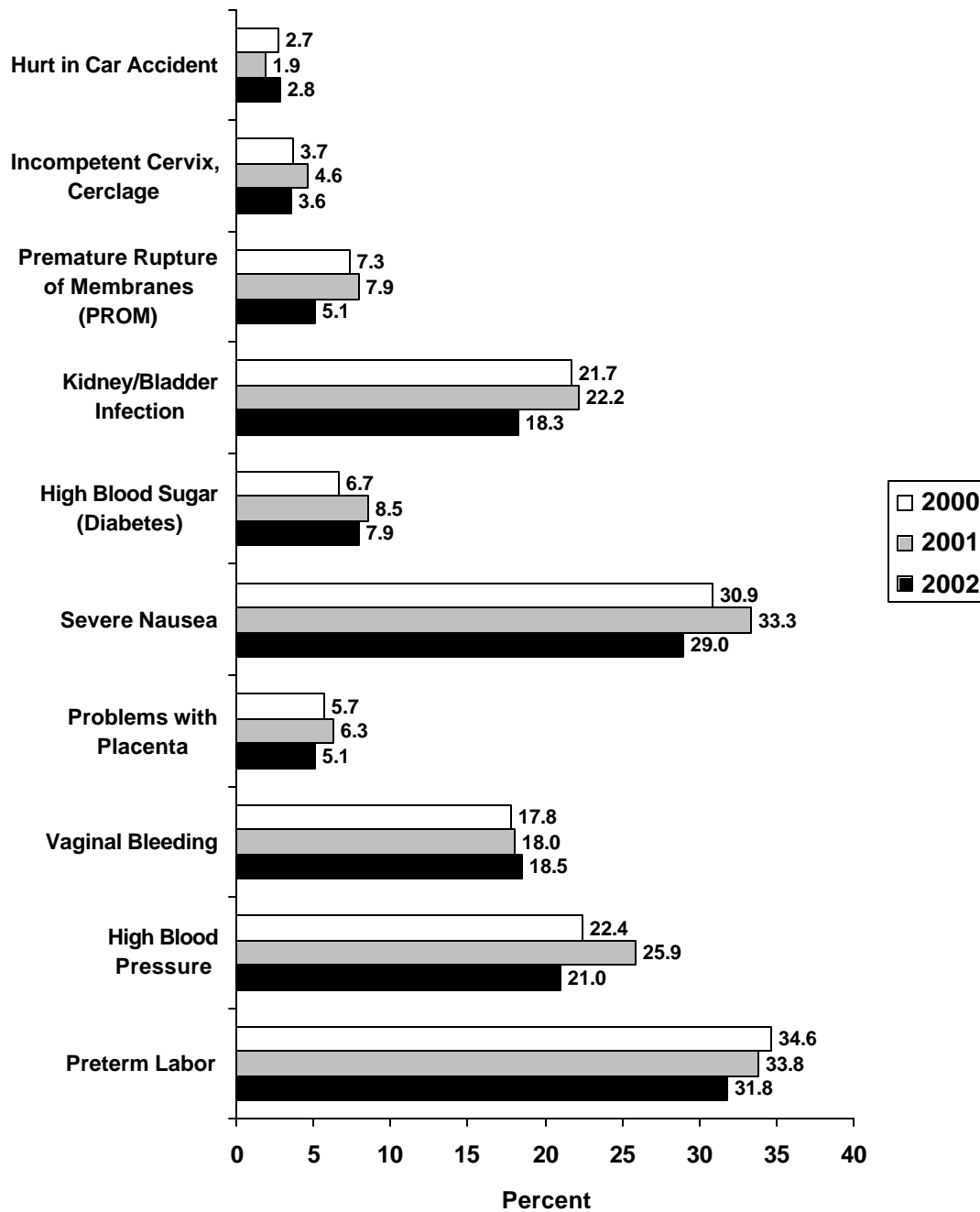
In 2002, the three most common problems during pregnancy were
preterm or early labor,
severe nausea, vomiting or dehydration and
high blood pressure (including preeclampsia or toxemia).

The mean hospital stay for mothers after delivery increased from 2.5 nights in 1999 to 3.1 nights in 2002.

Length of hospital stay after delivery varied by maternal race and Medicaid status. In 2002, women who were black (3.4 nights) or on Medicaid (3.2 nights) stayed slightly longer in the hospital than those who were white (2.9 nights) or not on Medicaid (2.9 nights).

Maternal Health

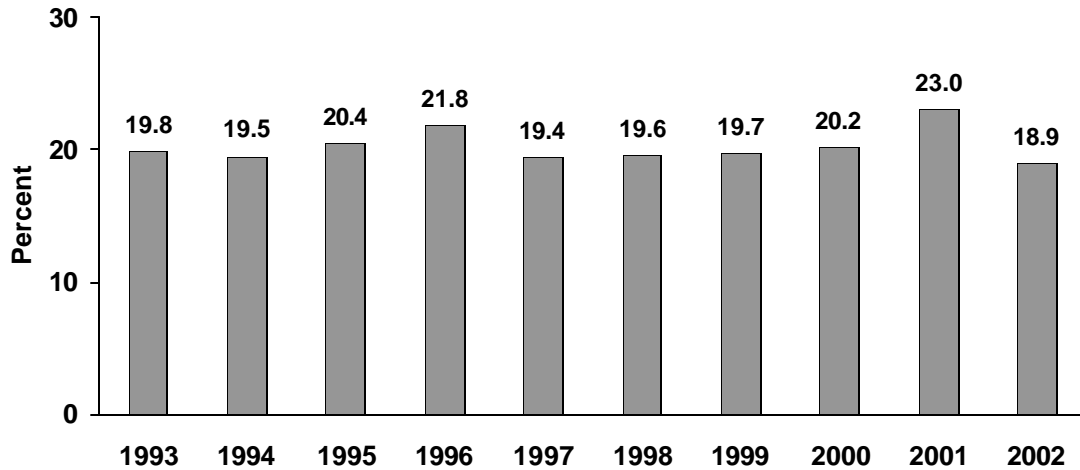
Maternal Problems During Pregnancy, 2002



Overall, in 2002 fewer women reported experiencing any of these problems during pregnancy than in prior years. In 2002, the three most common problems during pregnancy were preterm or early labor, severe nausea, vomiting or dehydration and high blood pressure (including preeclampsia or toxemia) or retained water (edema).

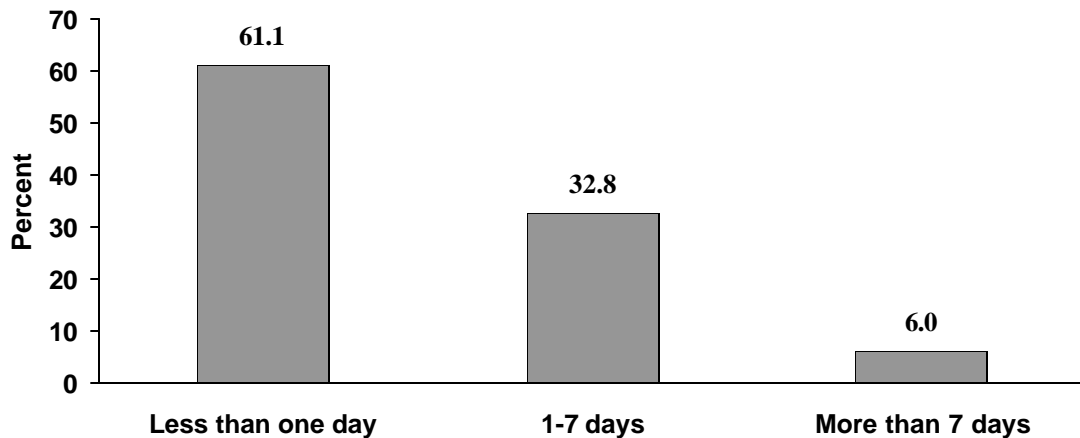
Maternal Health

Proportion of Women Who Were Hospitalized At Least One Night During Pregnancy, 1993-2002



In 2002, 18.9% of women were hospitalized for at least one night during pregnancy before giving birth.

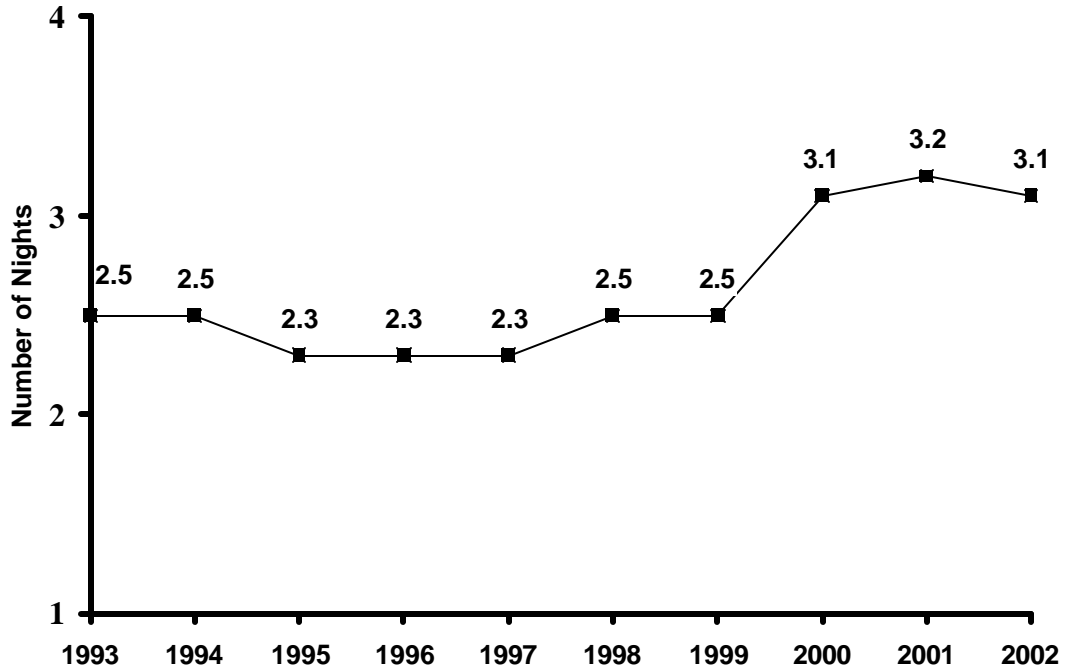
Length of Maternal Hospitalizations During Pregnancy, 2002



The majority of women who were hospitalized during pregnancy stayed less than one day (61.1%). However, 6.0% were hospitalized for more than seven days.

Maternal Health

Average Hospital Stay After Delivery (Number of Nights), 1993-2002



The average number of nights mothers spent in the hospital after delivery has increased from 2.5 nights in 1993 to 3.1 nights in 2002.

In 2002, length of hospital stay did not differ significantly by most maternal characteristics with the exception of maternal race and Medicaid status. In 2002, women who were black (3.4 nights) or on Medicaid (3.2 nights) stayed slightly longer in the hospital than those who were white (2.9 nights) or not on Medicaid (2.9 nights).

Infant Health Fact Sheet

Between the years of 1993-2002...

The majority of all infants (80.9%) stayed in the hospital between 1-3 days after delivery. Among infants who were placed in an intensive care unit (ICU), over one half (55.4%) stayed in the hospital for six days or more after delivery.

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 jumped up to 49.1% in 2002.

In 2002...

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

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

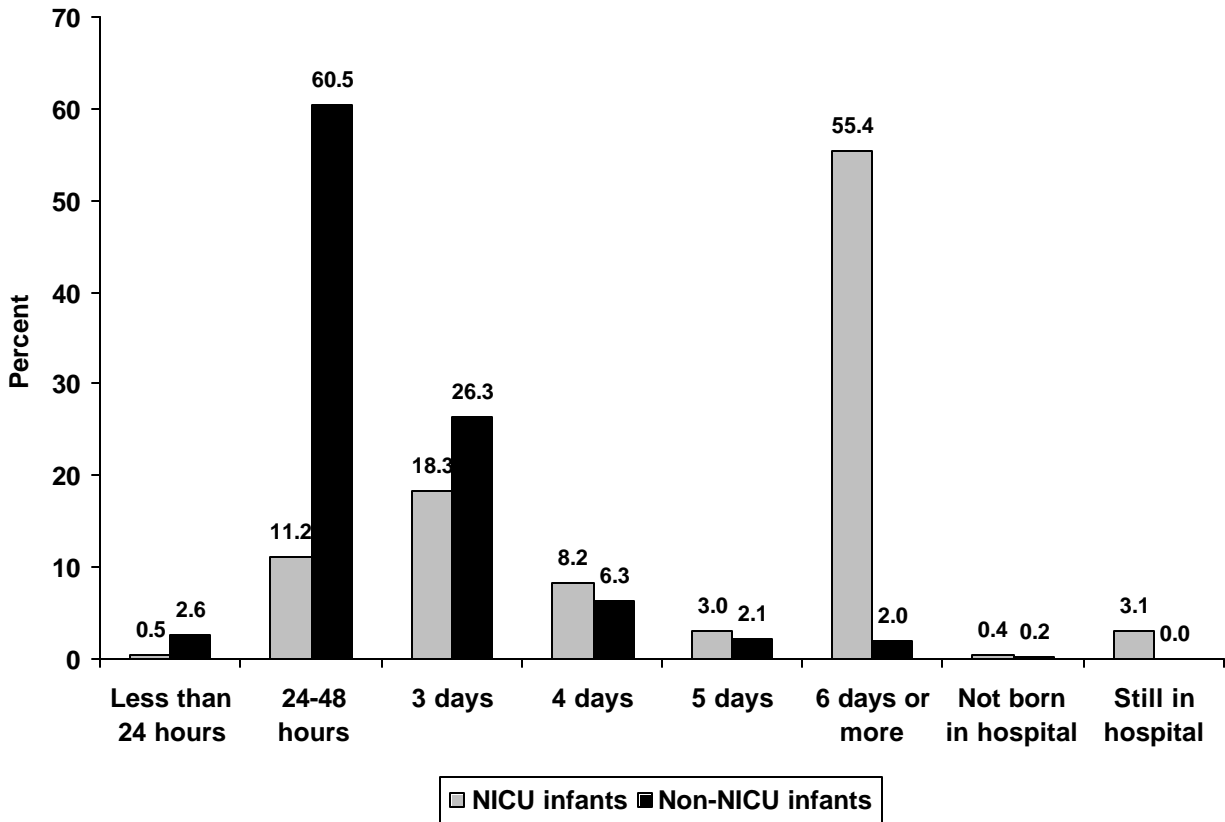
The private doctor, hospital clinic, and the health department were the most common sources of well baby care.

99.2% of all women took their babies in for at least one well baby care visit within the first 4 to 6 months after delivery.

In 2002, 12.8% of infants were exposed to smoke on a daily basis, which is an increase of 39% from 1999 (9.2%). And 2.8% of infants were exposed to smoke for four or more hours a day, which has decreased from 4.6% in 1999.

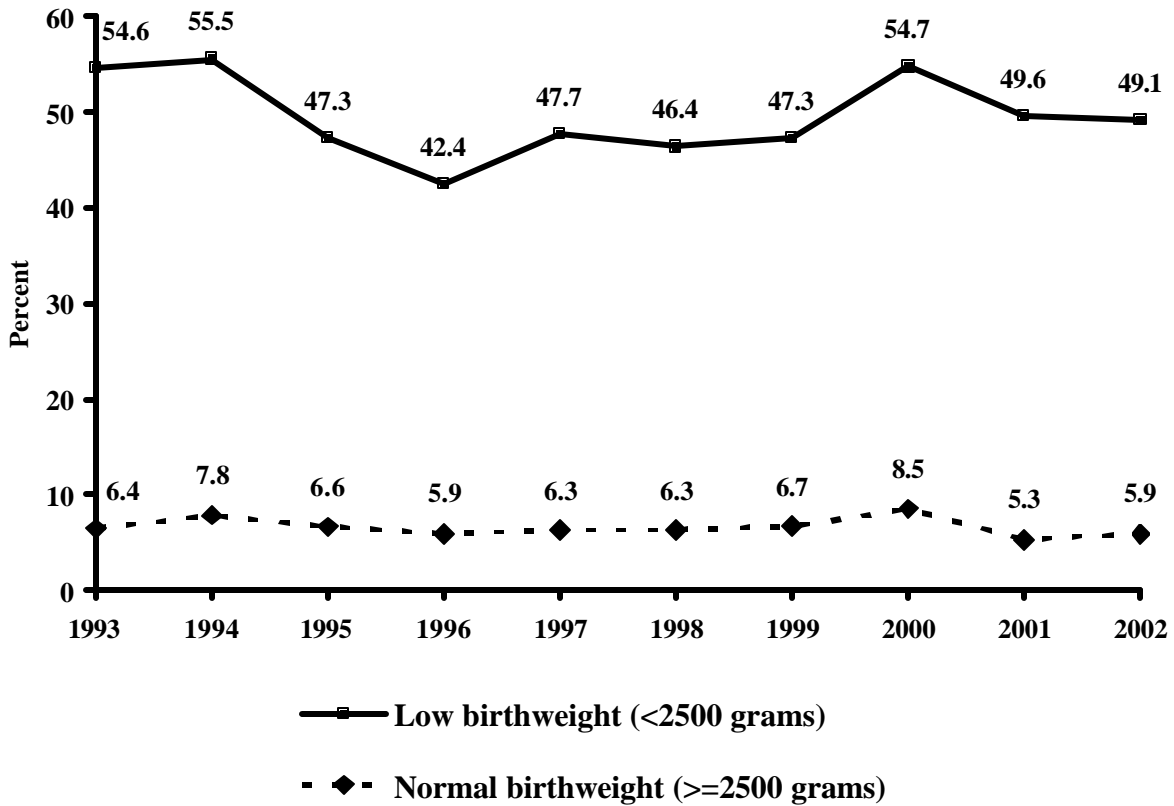
The proportion of mothers putting their babies to sleep on their backs, the recommended sleeping position, increased greatly from 25.8% in 1996 to 55.9% in 2002.

Number of Nights Infants Stayed in Hospital After Delivery,
2002



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

Proportion of Infants Who Stayed in an Intensive Care Unit by Birthweight*, 1993-2002



From 1993 through 2002, 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 1993-2002, with highest value 8.5% in 2000.

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

Infant Health

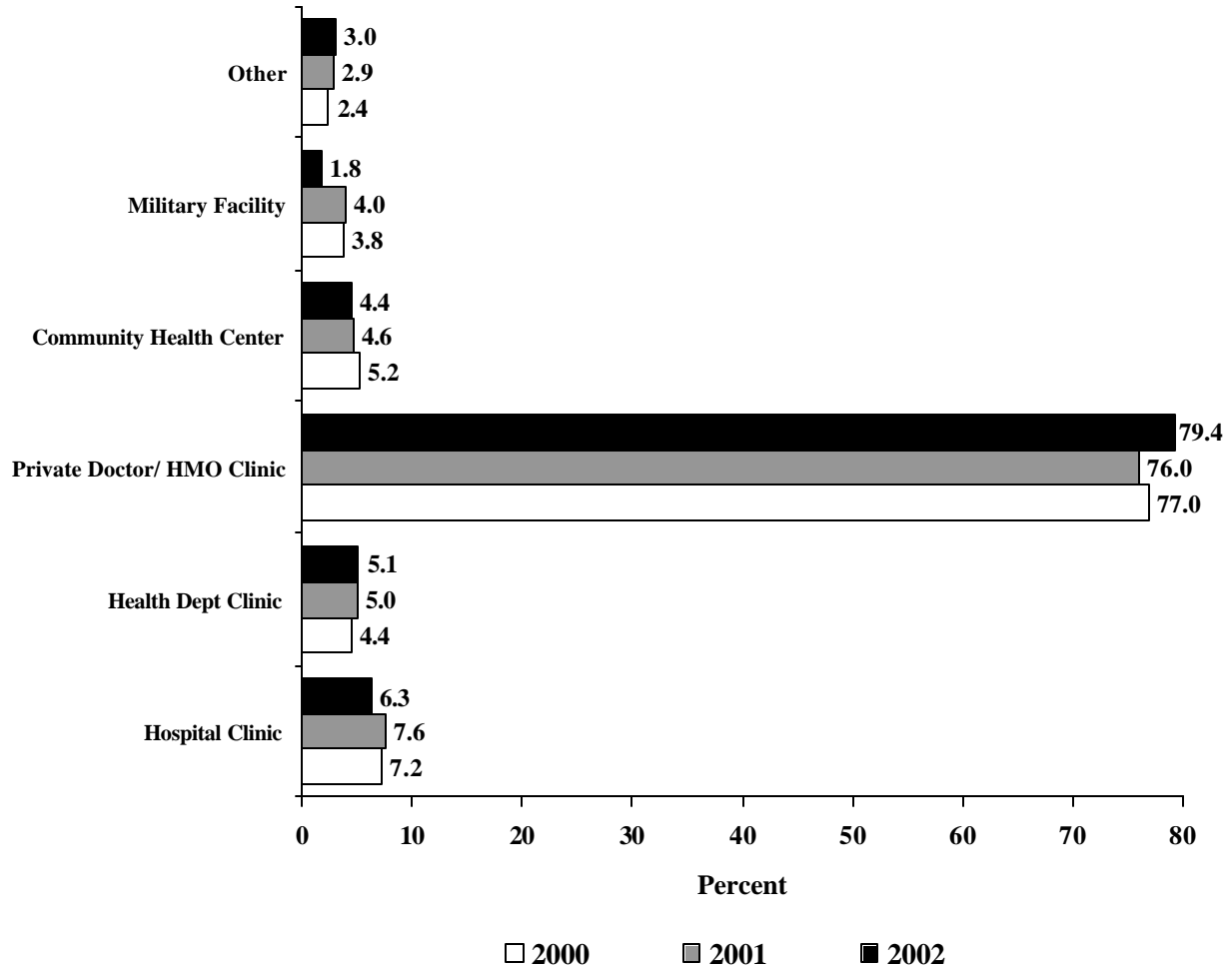
Characteristics of Women Who Stayed in the Hospital for More Than 48 Hours after Delivery, 2000-2002

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	38.4 (1.9)	42.6 (2.0)	42.0 (2.1)
Race			
Black	49.9 (3.6)	46.6 (3.4)	44.7 (3.7)
White	32.4 (2.3)	39.3 (2.5)	40.3 (2.6)
Age			
Less than 18	51.6 (8.1)	33.2 (8.2)	49.2 (9.5)
18-24	40.2 (3.2)	41.8 (3.1)	43.8 (3.6)
25-34	33.9 (2.8)	42.6 (2.9)	38.5 (2.9)
35-55	42.1 (6.0)	50.8 (6.6)	48.9 (6.9)
Education			
Less than High School	46.5 (4.4)	46.7 (4.4)	43.6 (4.8)
High School	39.5 (3.2)	41.7 (3.1)	39.9 (3.5)
More than High School	32.7 (2.9)	41.1 (3.2)	42.7 (3.2)
Marital status			
Married	31.7 (2.4)	39.2 (2.5)	40.5 (2.6)
Other	48.6 (3.2)	47.4 (3.2)	44.2 (3.5)
Medicaid			
Yes	44.4 (2.7)	45.2 (2.6)	45.6 (2.9)
No	31.5 (2.7)	38.8 (3.0)	37.4 (3.0)

* Standard Error

In 2002, babies of mothers who were black, on Medicaid, younger than 18 years of age, unmarried and had less than a High School education were more likely to remain in the hospital for more than two days after delivery.

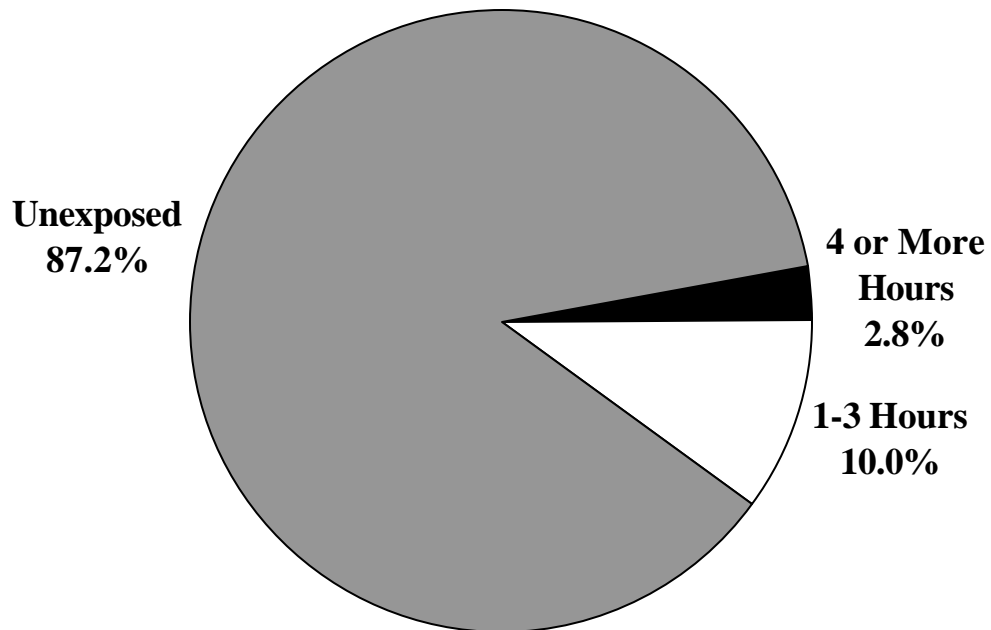
Sources of Well Baby Care, 2000-2002



The top three sources of well baby care in 2002 were...
 Private Doctor/ HMO Clinic (79.4%)
 Hospital Clinic (6.3%)
 Health Department Clinic (5.1%).

In 2002, only 0.8% of women had not taken their babies in for well baby care within 6 months of delivery.

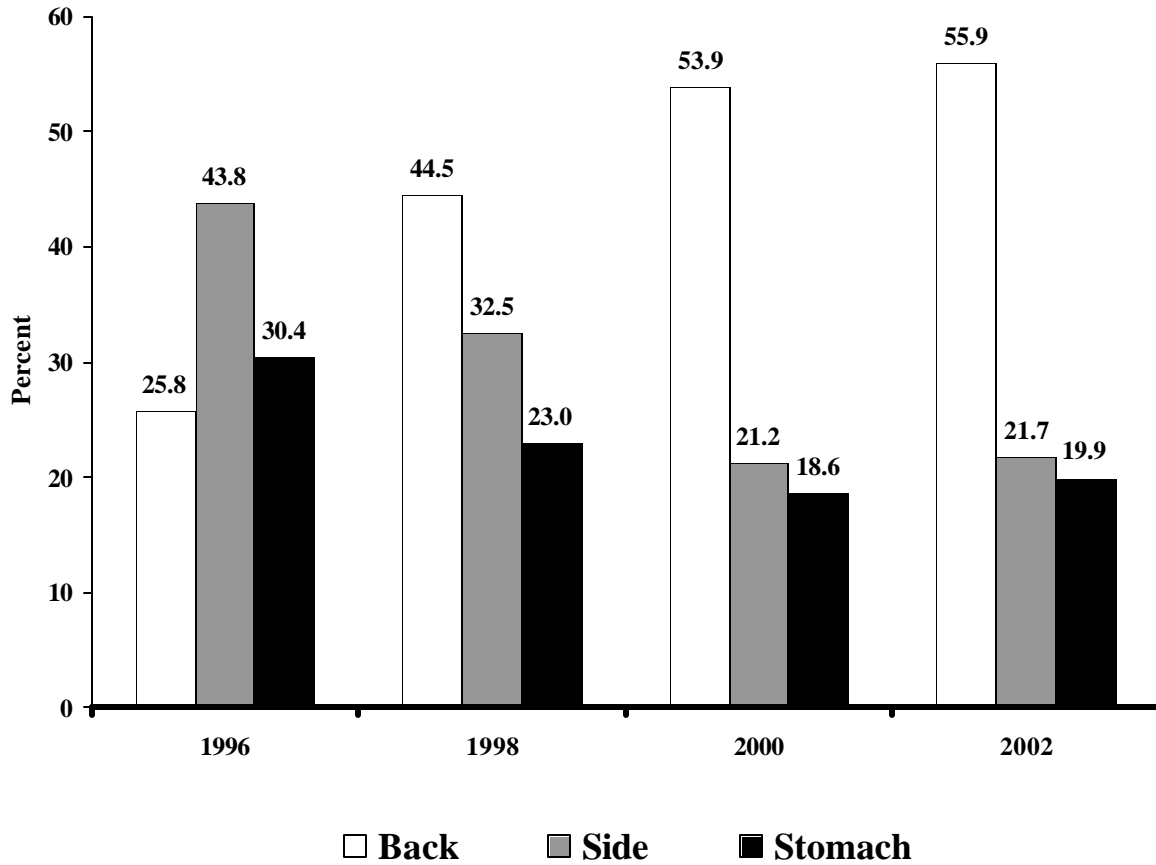
Proportion of Infants Exposed to Smoke Daily, 2002



The proportion of infants exposed to smoke on a daily basis increased from 9.2% in 1999 to 12.8% in 2002.

The proportion of infants exposed to smoke for 4 or more hours daily has decreased from 4.6% in 1999 to 2.8 % in 2002.

Infant Sleep Position, 1996-2002



Infant sleeping positions changed dramatically during the years 1996 through 2002. In 1996, the majority of infants were put to sleep on their sides (43.8%), with back sleeping position being the least common (25.8%). The proportion of infants put to sleep on their backs, which is the RECOMMENDED sleeping position, has greatly increased from 25.8% in 1996 to 55.9 % in 2002.

Breastfeeding Fact Sheet

Between the years of 1993 and 2002...

The percent of mothers who breastfed for more than one week postpartum increased from 37.4% to 53.8%.

The percent of WIC mothers who breastfed for more than one week increased from 20.9% to 40.4%.

The percent of mothers who breastfed for more than one month postpartum had steadily increased from 15.5% in 1993 to 42.7% in 2002.

In 2002, about 46% of all mothers in South Carolina breastfed less than one week or did NOT breastfeed at all.

In 2002, women who were...

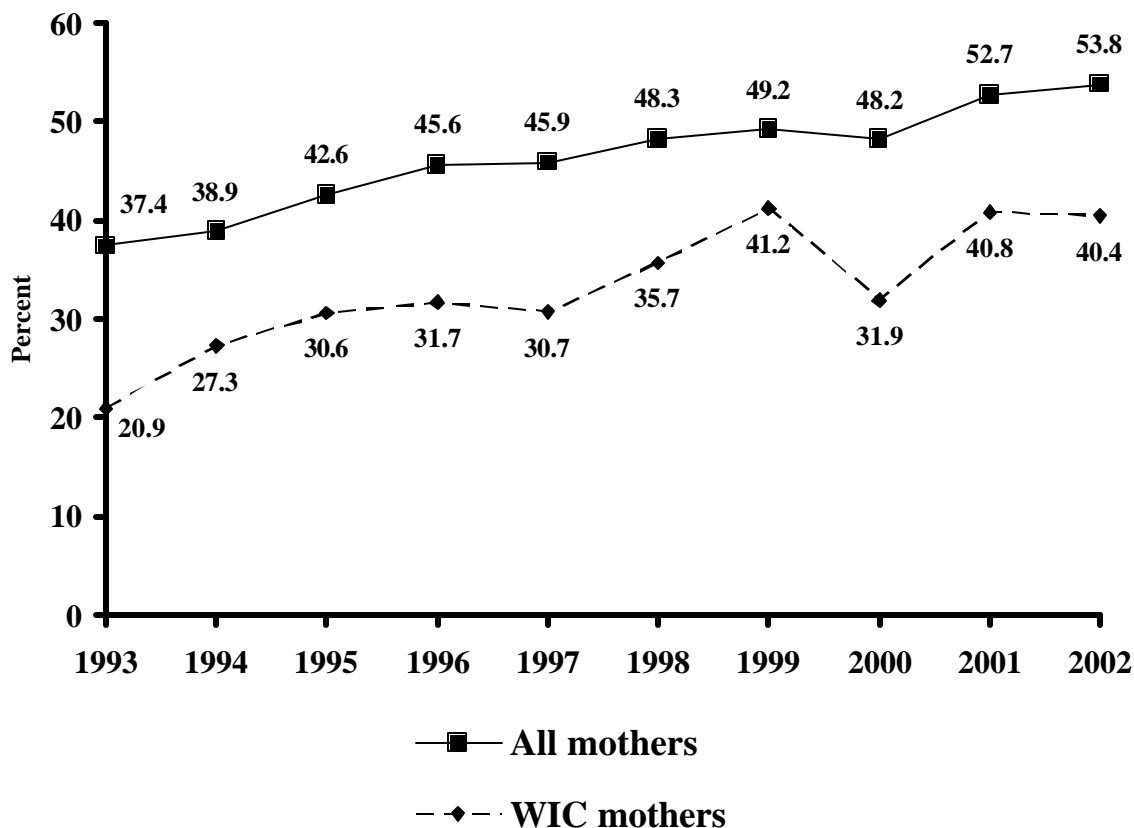
- black
- less than 18 years of age
- unmarried
- on Medicaid and/or WIC and
- had a less than high school education...

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

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

Breastfeeding

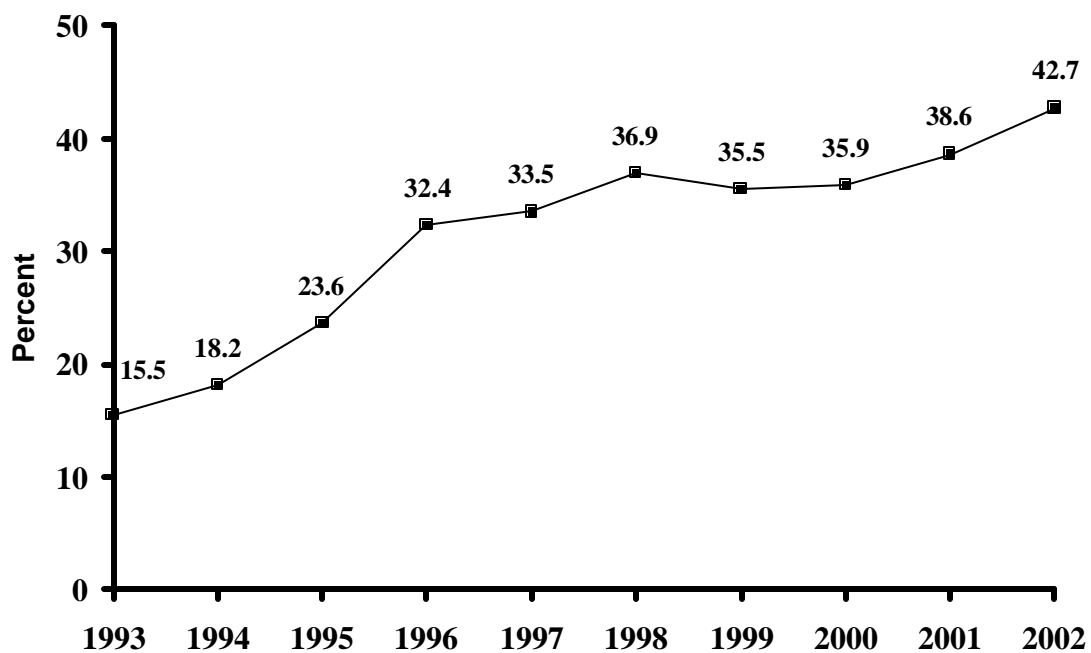
Trend of Breastfeeding for More than One Week, 1993-2002



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% and then increased again the following year to 40.8% where it remained through 2002.

Breastfeeding

Trend of Breastfeeding for More than One Month, 1993-2002



The proportion of women who breastfed for more than one month increased from 15.5% in 1993 to 42.7 % in 2002.

Breastfeeding

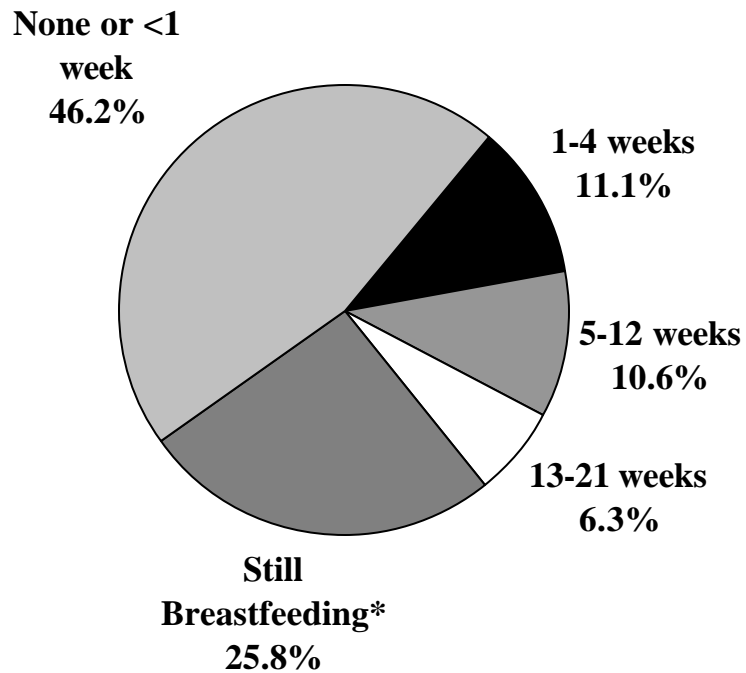
Characteristics of Women Who Did NOT Breastfeed or Breastfed for Less than One Week, 2000-2002

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	51.8 (2.1)	47.3 (2.1)	46.2 (2.2)
Race			
Black	76.7 (3.1)	66.0 (3.4)	65.6 (3.7)
White	39.9 (2.5)	38.4 (2.6)	37.5 (2.6)
Age			
Less than 18	71.3 (7.2)	87.5 (4.8)	72.9 (8.9)
18-24	62.7 (3.2)	54.4 (3.3)	57.9 (3.7)
25-34	40.8 (3.1)	38.4 (3.0)	34.4 (2.9)
35-55	42.0 (6.2)	39.0 (6.7)	47.3 (7.1)
Education			
Less than High School	68.6 (4.2)	63.1 (4.4)	71.6 (4.5)
High School	64.1 (3.2)	57.6 (3.3)	48.6 (3.7)
More than High School	31.1 (3.1)	26.8 (2.9)	31.3 (3.1)
Marital status			
Married	39.7 (2.6)	34.9 (2.6)	37.1 (2.6)
Other	70.9 (3.0)	65.5 (3.1)	60.4 (3.7)
Medicaid status			
Medicaid	65.5 (2.7)	62.1 (2.7)	56.6 (3.0)
Not Medicaid	35.9 (2.9)	27.6 (2.8)	33.2 (3.0)
Birthweight**			
LBW (<2500 g)	55.3 (1.9)	51.3 (2.0)	48.2 (2.1)
NBW (2500+ g)	51.5 (2.3)	47.0 (2.3)	46.0 (2.4)
WIC status			
Yes	68.2 (2.7)	59.2 (2.7)	59.6 (3.1)
No	32.3 (2.9)	28.4 (3.0)	31.6 (3.0)

* Standard Error

****Note:** In 2002, 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, 2002



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

In 2002, just over 46% of women did not breastfeed or breastfed for less than one week. However, up to 21.7% of mothers breastfed for the first three months and up to 32.1% of mothers breastfed for 13 or more weeks.

Financial Issues Fact Sheet

Between the years of 2000-2002...

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

Between 11 and 20 % of pregnant women received income from some sort of public assistance (AFDC, welfare, public assistance, general assistance, food stamps, or social security income).

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

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

In 2000, 2001 and 2002 the most common source of payment for both prenatal care and delivery was Medicaid.

In 2002, a significantly greater proportion of women with private health insurance (94.1%) saw a private MD for prenatal care compared to women on Medicaid (65.7%).

In 2002, 39.8% of women were less than 100% of poverty and 21.9% of women were 100-185% of poverty, leaving only 38.3% of women above the SC Medicaid Poverty Threshold for pregnant women (above 185% of poverty).

Financial Issues

Total Annual Household Income for the Women During Pregnancy, 2000-2002

Income Level	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
< 7,999	17.0 (1.6)	14.0 (1.5)	19.1 (1.8)
8,000-9,999	6.6 (1.1)	7.5 (1.2)	5.0 (1.0)
10,000-11,999	4.6 (0.9)	4.7 (0.9)	5.3 (1.0)
12,000-13,999	4.1 (0.9)	5.1 (0.9)	4.6 (0.9)
14,000-15,999	4.3 (0.9)	3.7 (0.8)	3.9 (0.9)
16,000-17,999	4.0 (0.9)	5.1 (1.0)	2.3 (0.7)
18,000-19,999	2.8 (0.7)	4.0 (0.8)	3.1 (0.7)
20,000-24,999	8.0 (1.1)	7.9 (1.2)	6.6 (1.1)
25,000-29,999	5.2 (0.9)	8.6 (1.2)	6.2 (1.1)
30,000-34,999	5.9 (1.0)	7.2 (1.1)	6.1 (1.1)
35,000+	37.7 (2.0)	32.3 (2.0)	38.0 (2.1)

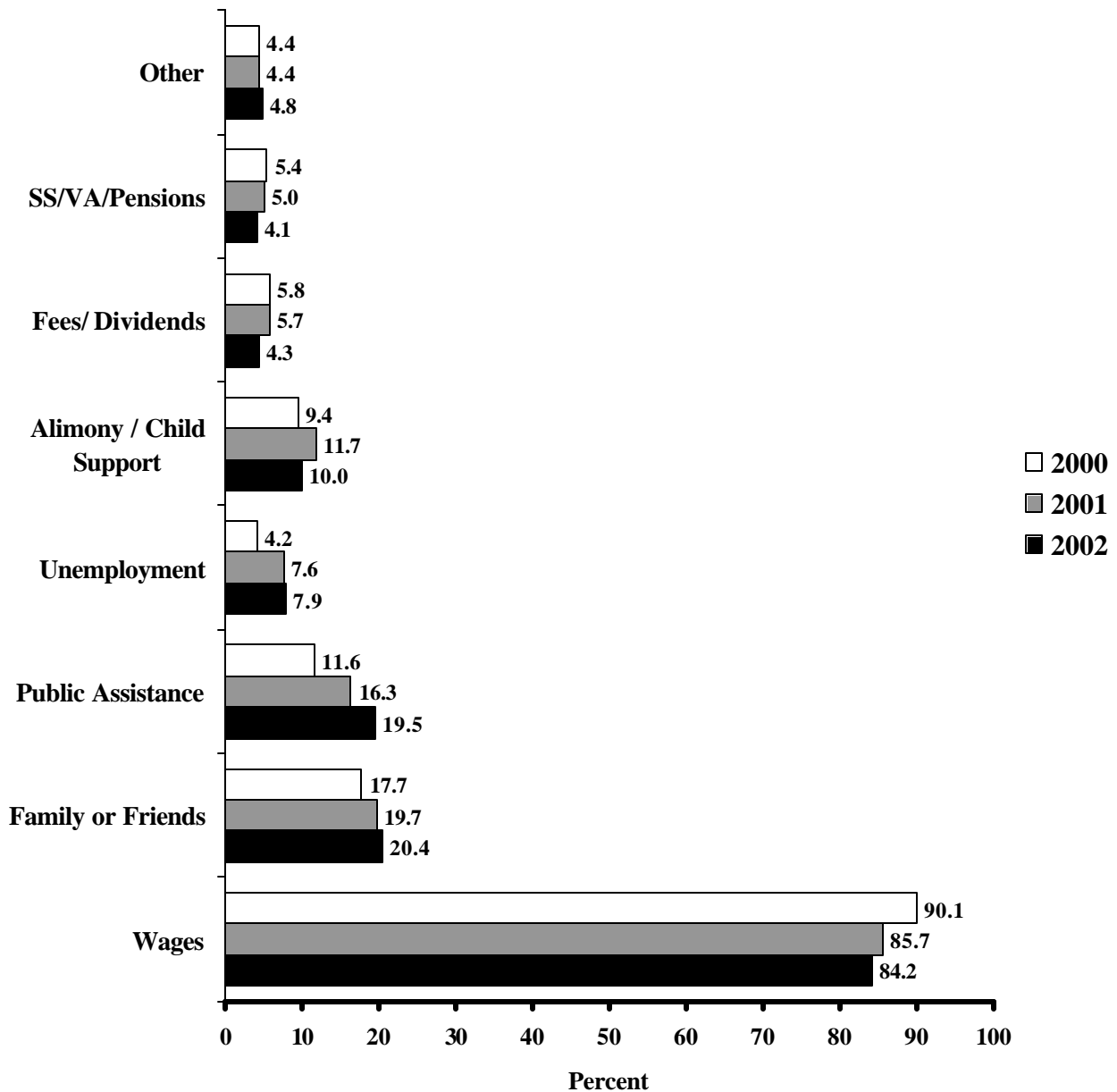
*Standard Error

Approximately 19% of women delivering live infants in 2002 had a total annual household income of less than \$8,000.

In 2002, 38% of women delivering live infants had a total annual household income of \$35,000 or greater.

Financial Issues

Sources of Income During Pregnancy, 2000-2002



The top three sources of total household income for 2002 were:

Money from a job or business

Money from family or friends and

Public assistance (AFDC, welfare, general assistance, food stamps, SSI).

Characteristics of Women Earning Wages , 2000-2002

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	90.1 (1.2)	85.7 (1.4)	84.2 (1.6)
Race			
Black	80.3 (2.8)	75.8 (2.9)	69.4 (3.6)
White	95.6 (1.0)	91.0 (1.5)	91.4 (1.5)
Age			
Less than 18	82.2 (6.0)	70.0 (8.5)	74.6 (8.5)
18-24	88.5 (2.0)	84.6 (2.3)	77.2 (3.1)
25-34	93.5 (1.5)	87.8 (2.0)	90.3 (1.8)
35-55	86.5 (4.3)	88.5 (4.3)	86.8 (4.7)
Education			
Less than High School	84.6 (3.0)	69.0 (4.0)	68.0 (4.6)
High School	88.8 (2.0)	87.6 (2.0)	83.6 (2.7)
More than High School	94.5 (1.5)	94.1 (1.6)	93.5 (1.6)
Marital status			
Married	96.4 (0.9)	94.9 (1.2)	95.2 (1.1)
Other	80.4 (2.5)	72.5 (2.8)	68.1 (3.3)
Medicaid status			
Yes	84.3 (2.0)	77.5 (2.2)	74.5 (2.6)
No	96.8 (1.0)	97.3 (1.0)	96.4 (1.2)
Birthweight**			
VLBW (<1500 g)	78.9 (0.9)	79.8 (0.9)	80.8 (1.1)
MLBW (1500-2499 g)	79.9 (1.8)	80.8 (1.8)	78.3 (2.0)
NBW (2500+ g)	91.1 (1.3)	86.2 (1.5)	84.7 (1.8)

* Standard Error

****Note:** In 2002, 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, 2000-2002**

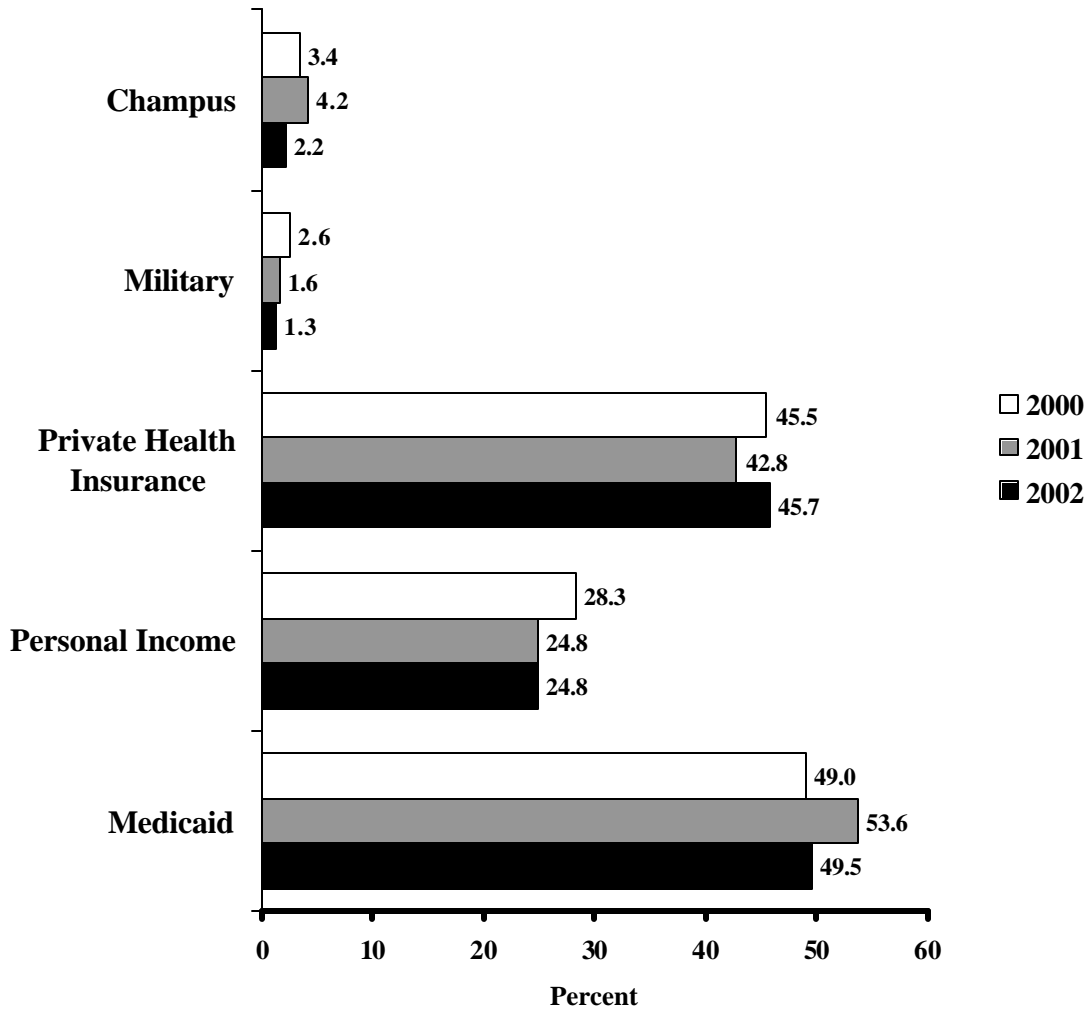
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	11.6 (1.3)	16.3 (1.5)	19.5 (1.7)
Race			
Black	23.2 (2.9)	29.7 (3.1)	36.7 (3.7)
White	5.4 (1.1)	9.5 (1.5)	11.2 (1.7)
Age			
Less than 18	29.5 (7.4)	17.4 (6.5)	23.2 (8.1)
18-24	17.1 (2.4)	23.2 (2.7)	28.2 (3.3)
25-34	5.3 (1.3)	12.3 (1.9)	13.8 (2.1)
35-55	5.9 (2.8)	5.6 (2.8)	11.0 (4.3)
Education			
Less than High School	31.3 (4.1)	26.2 (3.8)	36.2 (4.7)
High School	9.4 (1.8)	19.6 (2.5)	22.9 (3.0)
More than High School	3.2 (1.1)	6.9 (1.6)	7.5 (1.7)
Marital status			
Married	2.2 (0.7)	6.9 (1.3)	8.7 (1.5)
Other	26.0 (2.8)	29.9 (2.9)	35.4 (3.4)
Medicaid status			
Yes	21.1 (2.2)	26.0 (2.3)	35.0 (2.8)
No	0.5 (0.4)	2.8 (1.0)	0.0 (0.0)
Birthweight***			
VLBW (<1500 g)	28.3 (1.0)	30.0 (1.0)	29.7 (1.3)
MLBW (1500-2499 g)	25.3 (2.0)	25.2 (2.0)	25.8 (2.1)
NBW (2500+ g)	10.2 (1.4)	15.4 (1.6)	18.8 (1.9)

* Standard Error

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

*****Note:** In 2002, 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*, 2000-2002

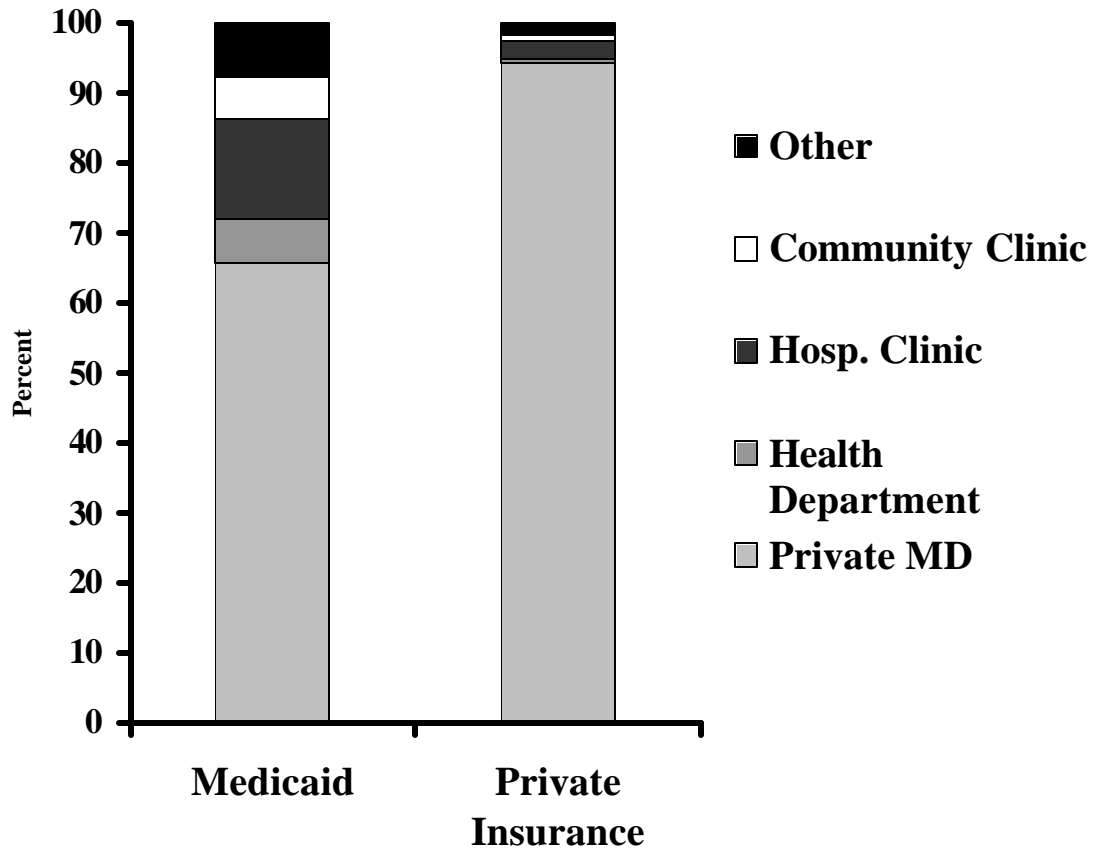


*Sources of payment are not mutually exclusive.

In 2002, just under one-quarter of women paid for all or part of their prenatal care with personal income.

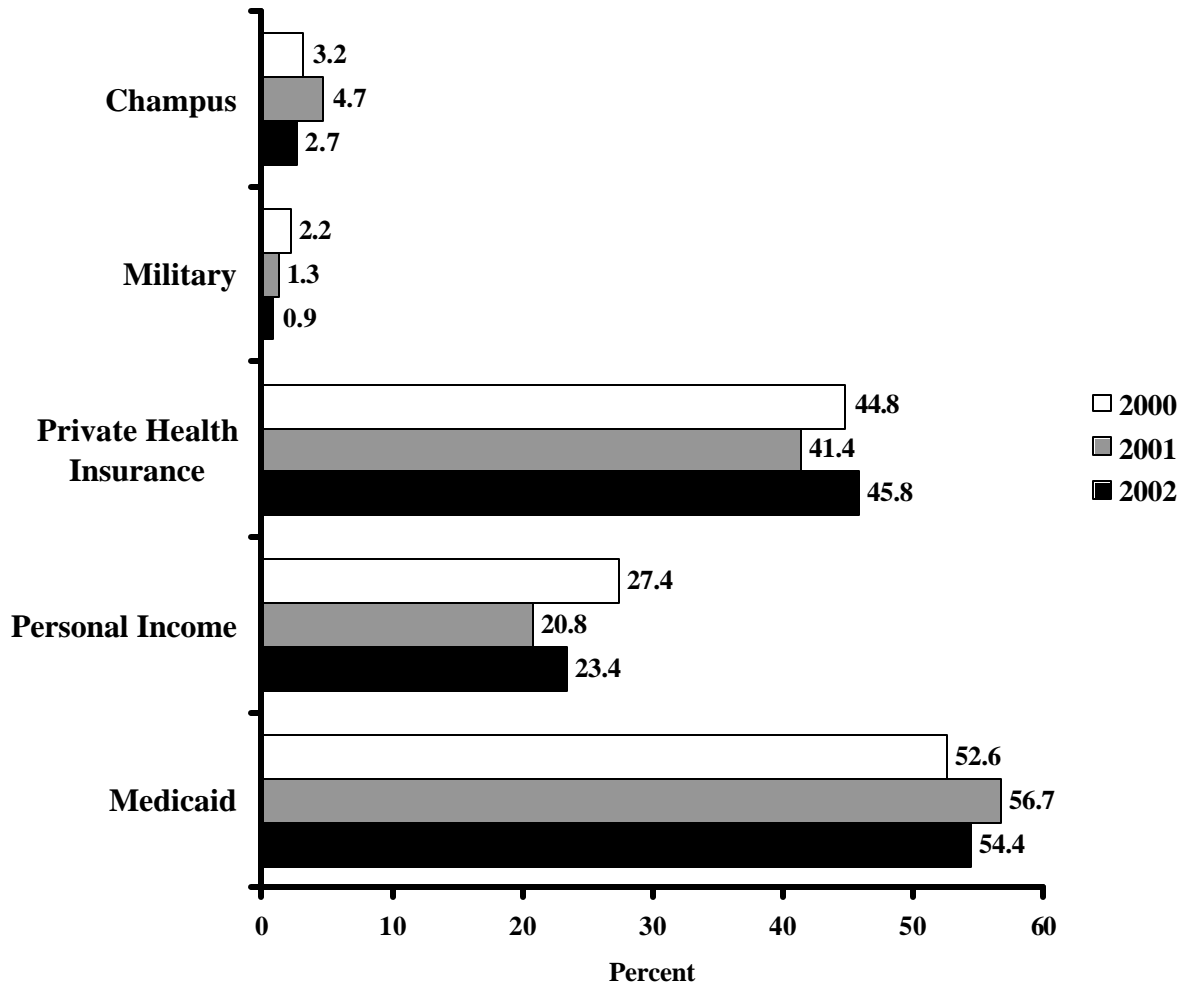
The most common sources of payment for prenatal care were Medicaid and private health insurance for 2000, 2001 and 2002.

Sources of Prenatal Care Among Women Who Paid with Medicaid and Private Health Insurance, 2002



In 2002, a significantly greater proportion of women with private health insurance (94.1 %) went to a private doctor for prenatal care visits compared to women on Medicaid (65.7%).

Sources of Payment for Delivery*, 2000-2002

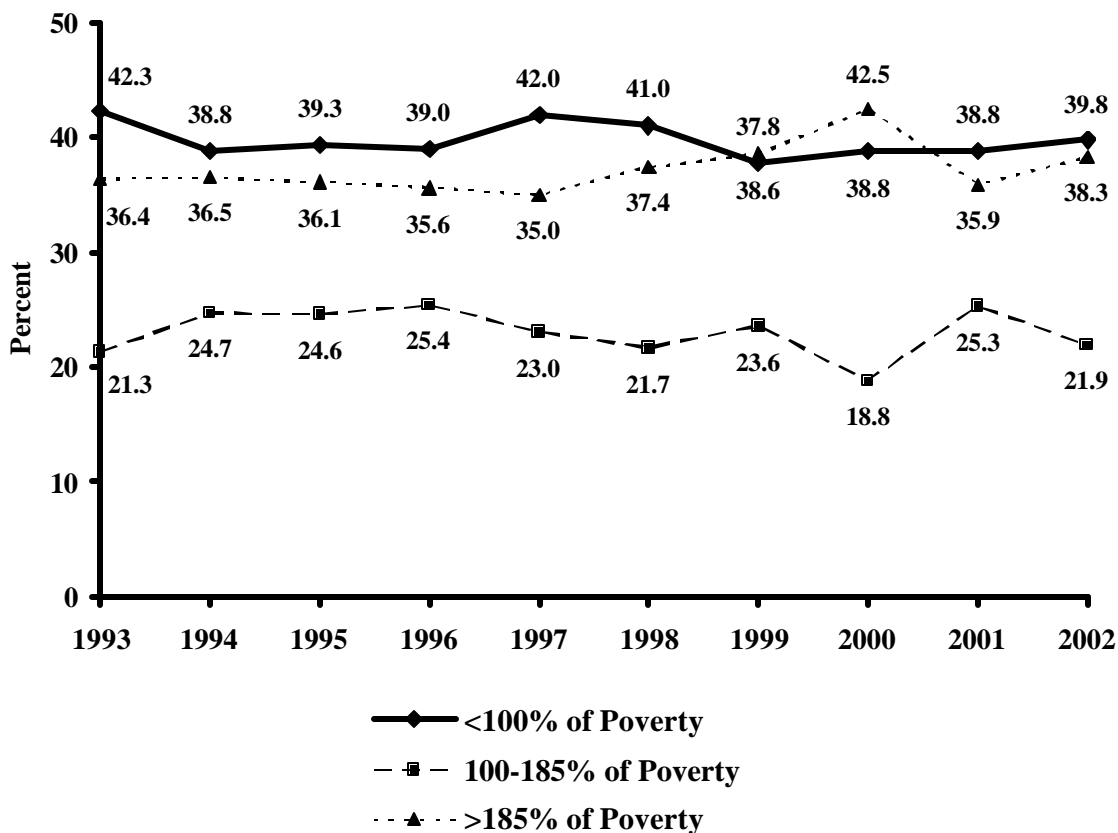


*Payment types are not mutually exclusive.

The top three sources of payment for delivery in 2000, 2001 and 2002 were:

- Medicaid
- Private Health Insurance
- Personal Income.

Poverty Status among Women Who Delivered a Live Birth, 1993-2002



Poverty thresholds were obtained from the Health and Human Services Federal Poverty Guidelines, 2002⁴. 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 2002, 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%.

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

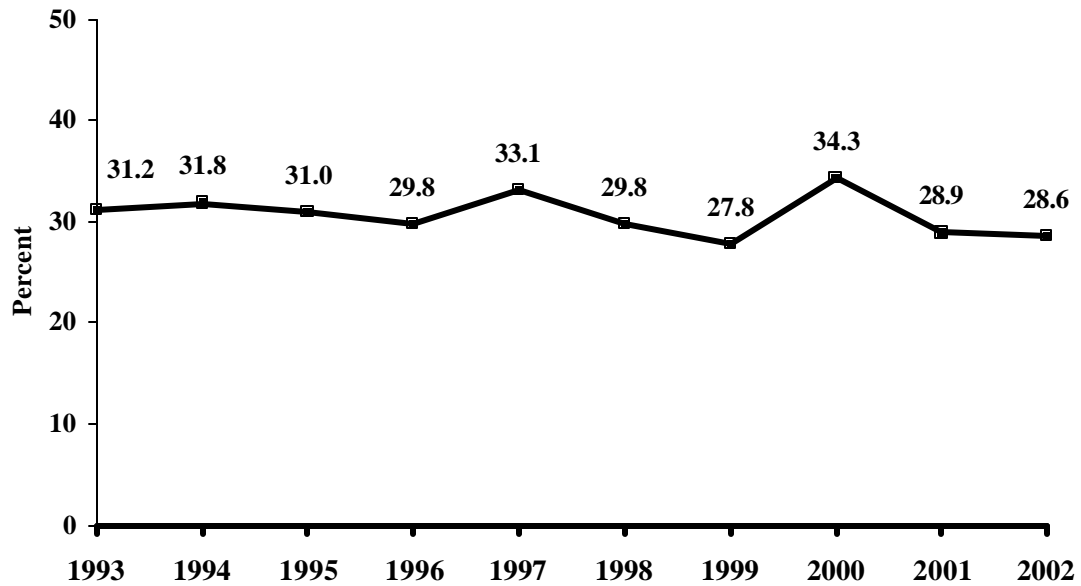
**Characteristics of Women Living
At or Below 185% of Poverty, 2000-2002**

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Race			
Black	82.8 (3.0)	86.4 (2.4)	84.3 (3.0)
White	44.9 (2.6)	52.7 (2.7)	50.6 (2.7)
Age			
Less than 18	99.2 (0.5)	91.3 (7.1)	99.0 (0.6)
18-24	81.3 (2.8)	81.3 (2.7)	80.5 (3.0)
25-34	35.8 (3.0)	51.6 (3.1)	48.3 (3.1)
35-55	51.3 (6.4)	46.6 (6.7)	39.4 (7.0)
Education			
Less than High School	93.4 (2.5)	93.6 (2.4)	95.8 (2.1)
High School	69.1 (3.2)	73.4 (3.0)	73.0 (3.4)
More than High School	33.6 (3.1)	39.1 (3.3)	36.3 (3.2)
Marital status			
Married	37.6 (2.6)	47.8 (2.7)	44.9 (2.8)
Other	93.4 (1.8)	91.1 (2.0)	87.4 (2.6)
Medicaid status			
Yes	91.0 (1.8)	91.4 (1.6)	92.8 (1.7)
No	25.0 (2.6)	29.7 (3.0)	25.4 (2.8)
Birthweight**			
VLBW (<1500 g)	69.8 (1.1)	71.9 (1.1)	75.1 (1.2)
MLBW (1500-2499 g)	69.4 (2.2)	71.0 (2.1)	78.3 (2.0)
NBW (2500+ g)	56.4 (2.3)	63.4 (2.3)	60.2 (2.4)

* Standard Error

****Note:** In 2002, 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, 1993-2002



Medicaid Fact Sheet

Between the years of 1993 and 2002...

The proportion of women on Medicaid during pregnancy remained constant at about 53-58% from 1993-2002.

The percent of Medicaid mothers receiving inadequate prenatal care decreased from 12.1% in 1993 to 8.3% in 2002, and the percent of those receiving adequate prenatal care increased significantly from 48.7% in 1993 to 64.9% in 2002.

In 2002...

86.7% of women on Medicaid were also on WIC.

7.2% of women on Medicaid reported income and family sizes that placed them above 185% of the poverty level.

In 2002, women who were more likely to be on Medicaid during pregnancy had the following characteristics...

black

less than 18 years of age

unmarried

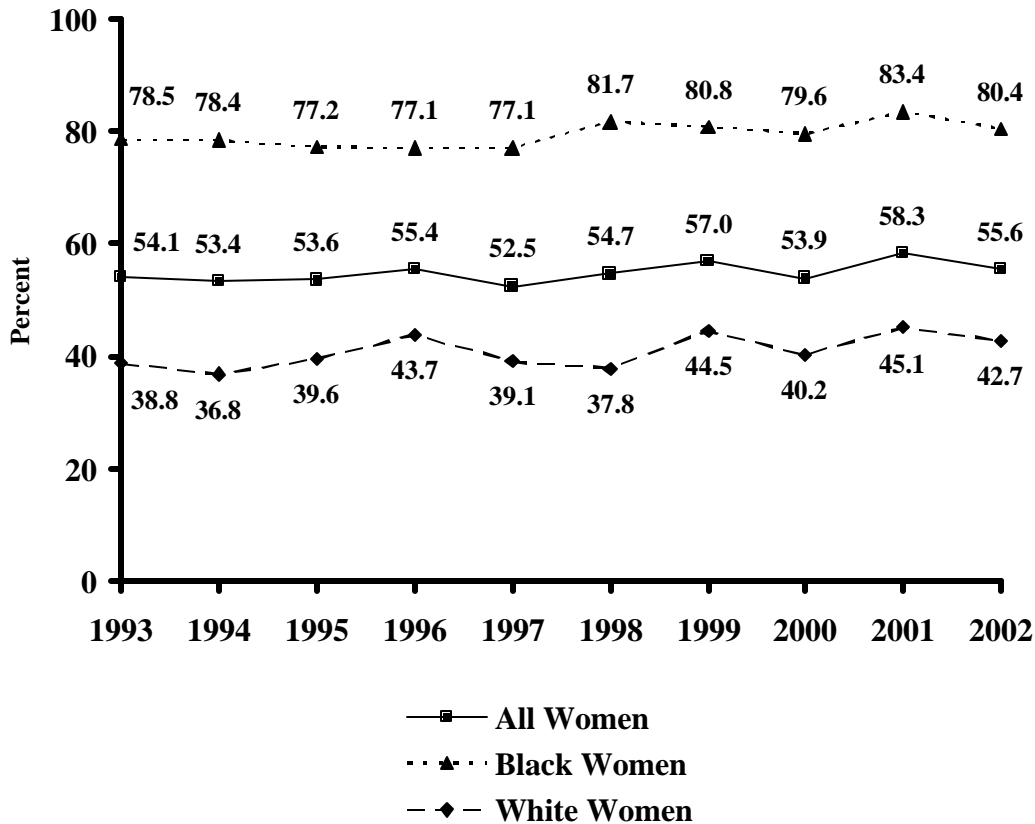
on WIC

had very low birthweight infants and

had a less than high school education.

Special Populations – Medicaid

Proportion of Women on Medicaid During Pregnancy*, 1993-2002



*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 2002. Black women were almost twice as likely as white women to receive Medicaid.

Special Populations – Medicaid

Characteristics of Women on Medicaid During Pregnancy, 2000-2002

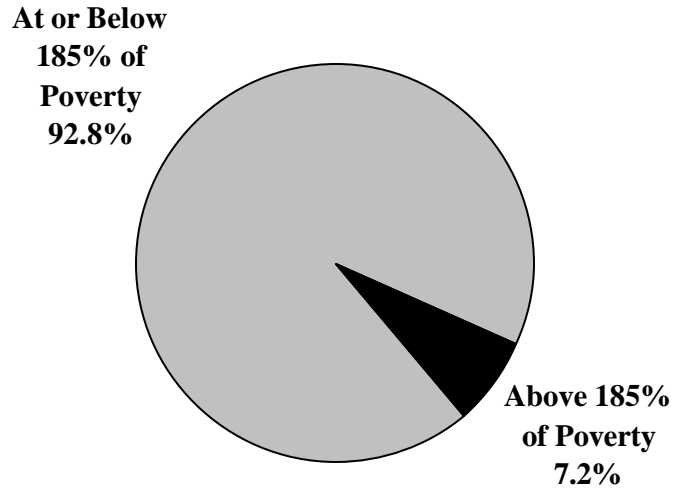
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	53.9 (2.0)	58.3 (2.0)	55.6 (2.1)
Race			
Black	79.6 (2.9)	83.4 (2.5)	80.4 (2.9)
White	40.2 (2.4)	45.1 (2.5)	42.7 (2.6)
Age			
Less than 18	96.7 (2.9)	99.9 (0.0)	99.1 (0.5)
18-24	83.7 (2.3)	81.3 (2.4)	79.2 (2.9)
25-34	26.7 (2.6)	39.9 (2.9)	36.2 (2.9)
35-55	27.0 (5.5)	26.0 (5.7)	30.8 (6.3)
Education			
Less than High School	92.7 (2.2)	91.3 (2.5)	91.8 (2.5)
High School	64.0 (3.1)	64.6 (3.0)	64.7 (3.4)
More than High School	23.9 (2.7)	31.4 (3.0)	28.4 (3.0)
Marital status			
Married	27.8 (2.3)	35.2 (2.5)	32.5 (2.5)
Other	93.4 (1.6)	91.3 (1.8)	89.6 (2.2)
WIC status			
Yes	86.7 (1.9)	85.2 (1.9)	89.0 (1.8)
No	14.3 (2.1)	17.2 (2.4)	16.0 (2.4)
Birthweight**			
VLBW (350-1499 g)	69.6 (1.0)	71.4 (1.0)	73.6 (1.2)
MLBW (1500-2499 g)	69.7 (2.0)	66.5 (2.1)	68.8 (2.1)
NBW (2500+ g)	52.4 (2.2)	57.4 (2.2)	54.2 (2.3)

* Standard Error

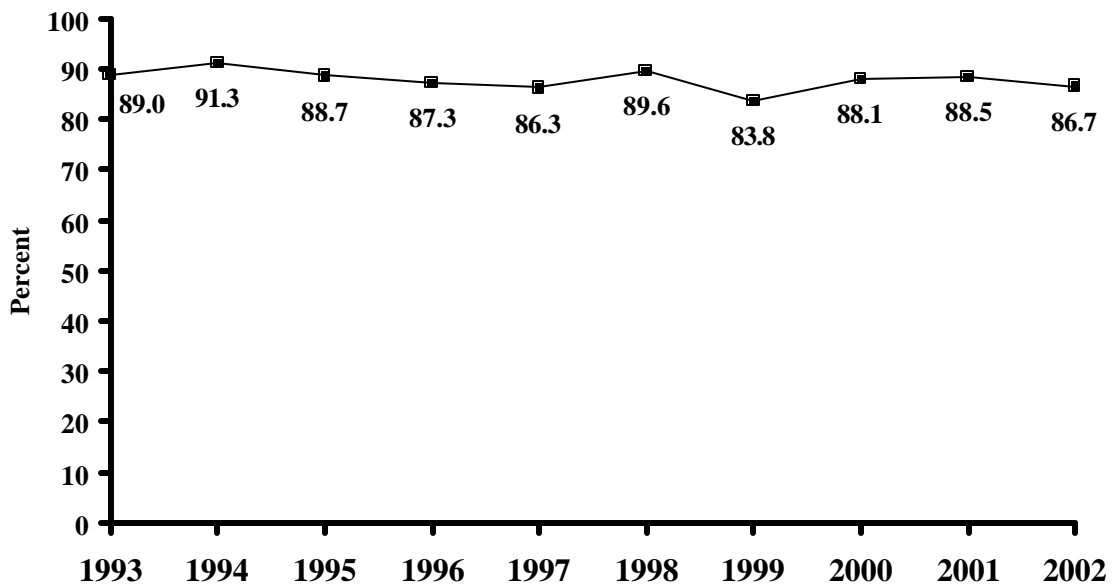
****Note:** In 2002, the Very Low Birth Weight and Low Birth Weight strata had response rates that fell short of the 70% rate that PRAMS has regarded as the epidemiologically valid threshold. Analyses specific to these strata will result in potentially biased estimates.

Special Populations – Medicaid

Poverty Levels among Women on Medicaid, 2002

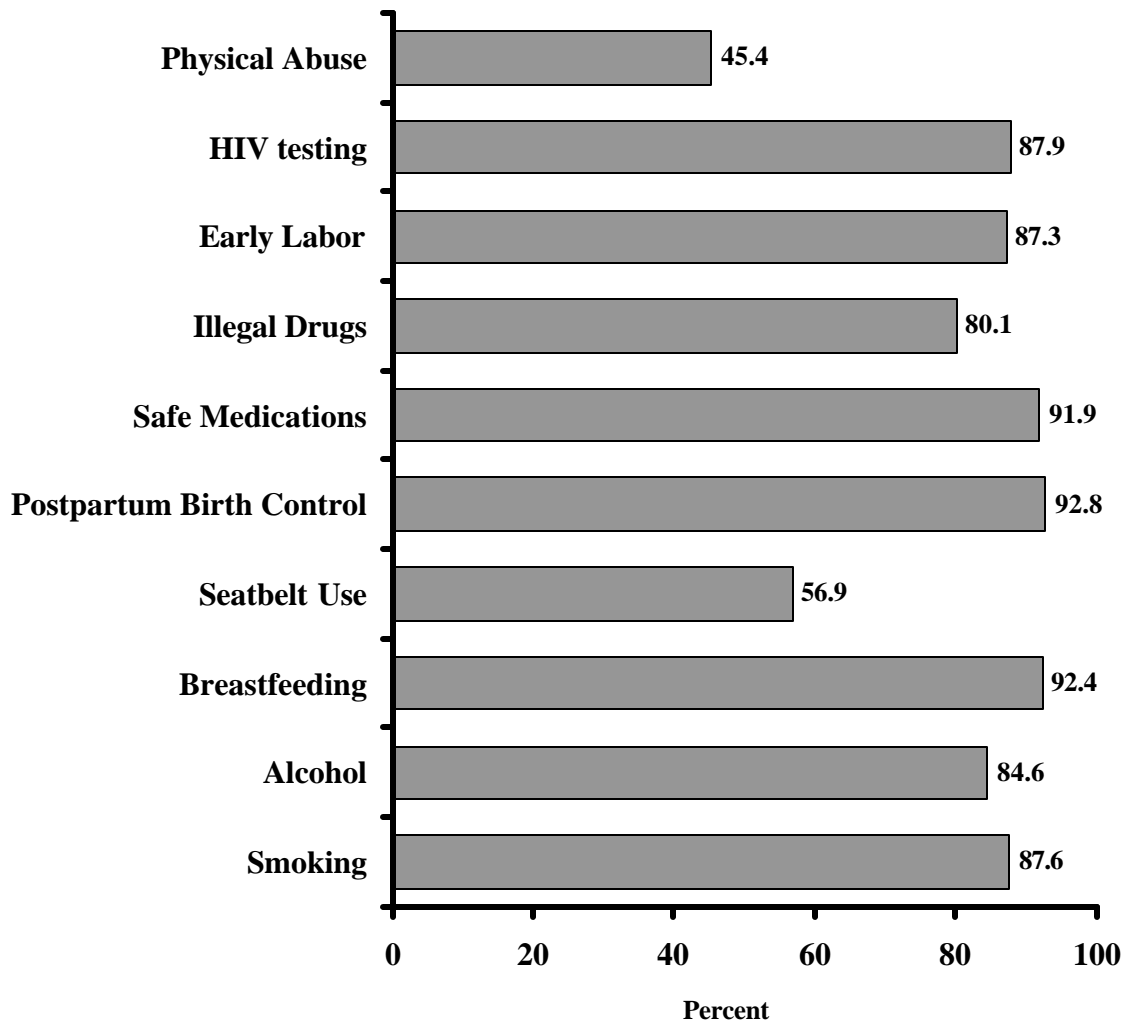


Proportion of Women on Medicaid Who Were also on WIC, 1993-2002



Special Populations – Medicaid

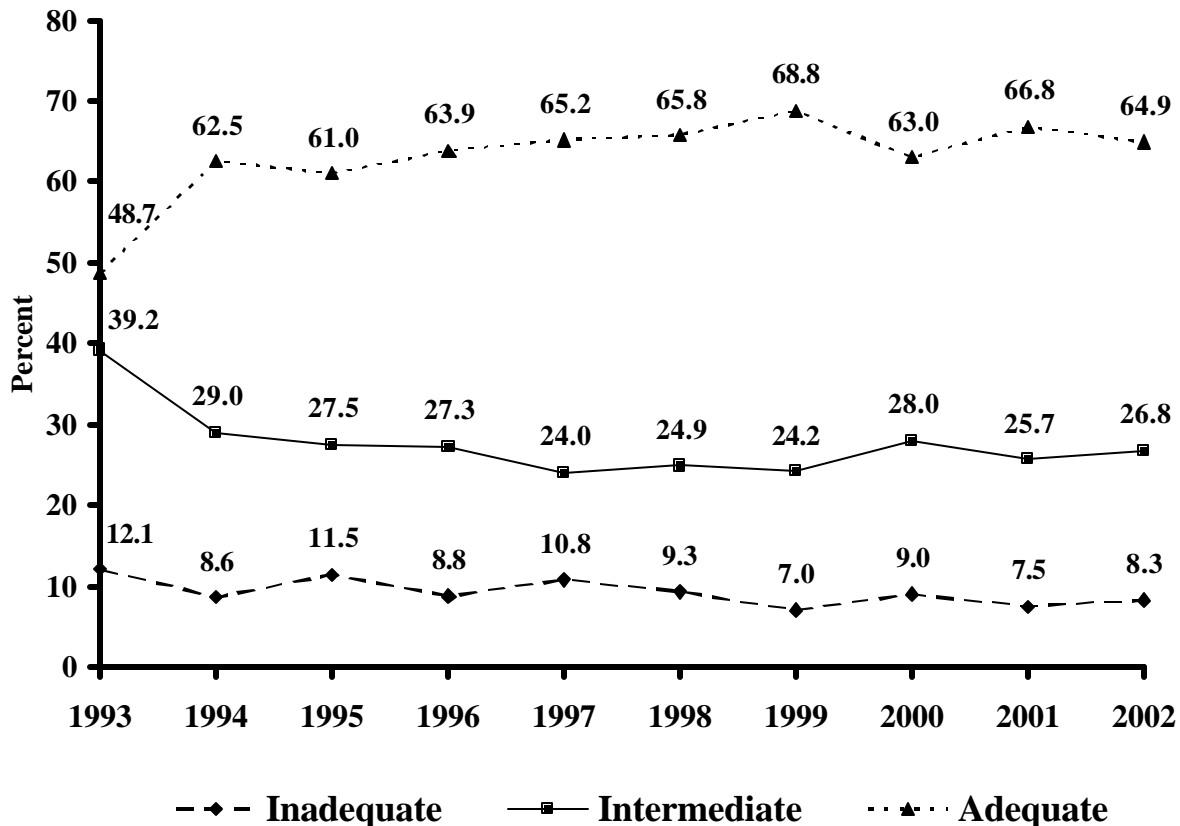
Proportion of Medicaid Mothers Who Received Information on Important Health Issues During Prenatal Care, 2002



When compared to all mothers, a greater proportion of Medicaid mothers received information about all topics except safe medications to take during pregnancy.

Special Populations – Medicaid

Adequacy* of Prenatal Care Among Women on Medicaid, 1993-2002



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

The percent of Medicaid mothers receiving ADEQUATE prenatal care increased substantially from 48.7% in 1993 to 68.8% in 1999. After 1999 there is a slight decrease to 64.9% in 2002.

The percent of Medicaid mothers receiving INADEQUATE prenatal care decreased from 12.1% in 1993 to 8.3% in 2002.

WIC Fact Sheet

Between the years of 1993 and 2002...

The proportion of women on WIC during pregnancy remained between 54% and 60.8%.

The proportion of women on WIC receiving inadequate prenatal care decreased from 9.2% in 1993 to 7.6% in 2002.

The proportion of WIC mothers who received adequate prenatal care decreased from 71.1% in 1999 to 67.1% in 2002.

During the period of 2000, 2001 and 2002, women who were...

black

less than 18 years old

unmarried

on Medicaid and

had a less than high school education...

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

In 2002...

Over 80% of WIC mothers paid for their prenatal care and delivery with Medicaid, and about 20% paid with health insurance. Very few paid from other sources.

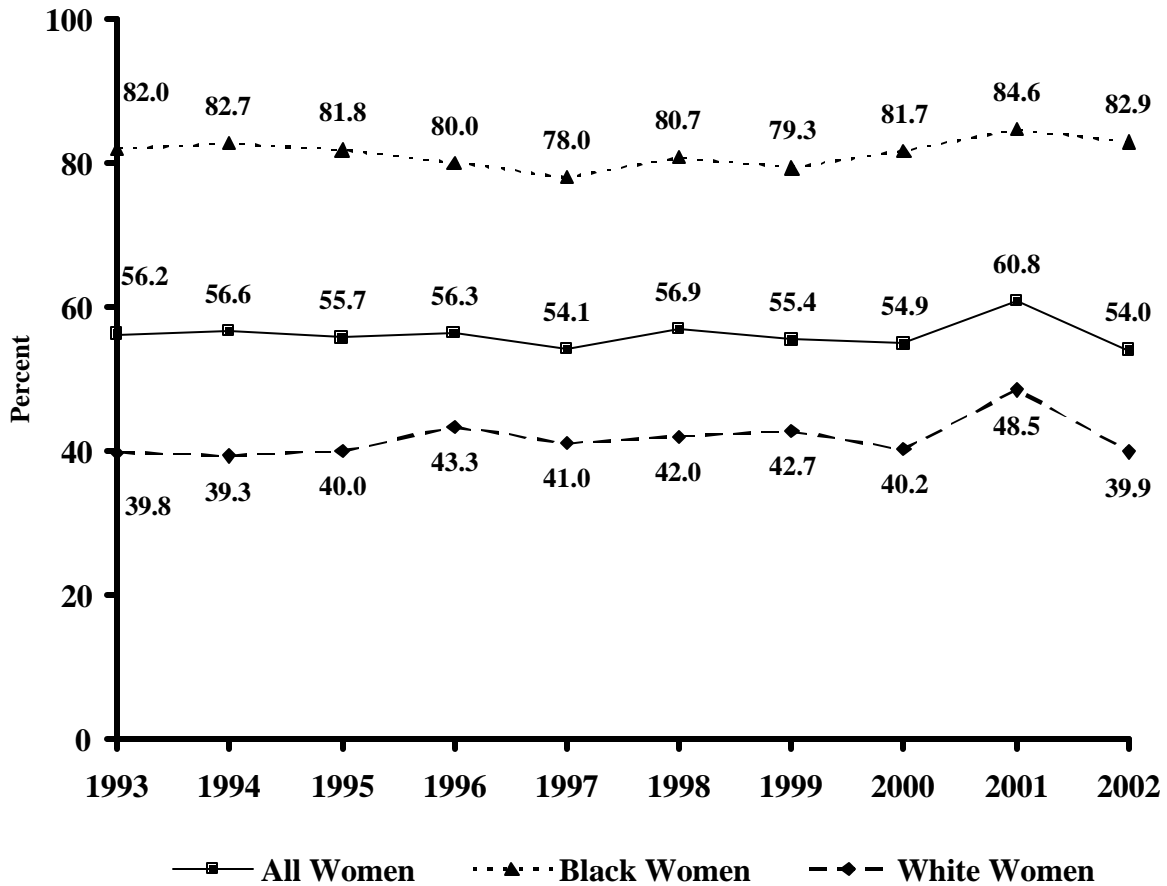
At least 85% of WIC mothers received information during prenatal care on safe medications, smoking and drinking alcohol during pregnancy, breastfeeding, postpartum birth control, and early labor.

Less than 50% of WIC mothers received information on physical abuse by their husbands or partners.

About 90% of WIC mothers received information on testing for HIV.

Special Populations – WIC

Proportion of the Women on WIC*, 1993-2002



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

The percent of women on WIC during pregnancy remained fairly steady from 54% to 60.8% during the years 1993 through 2002.

Black women were about twice as likely to be on WIC as white women for the years 1993-2002.

Special Populations – WIC

Characteristics of Women Who Received WIC Services, 2000-2002

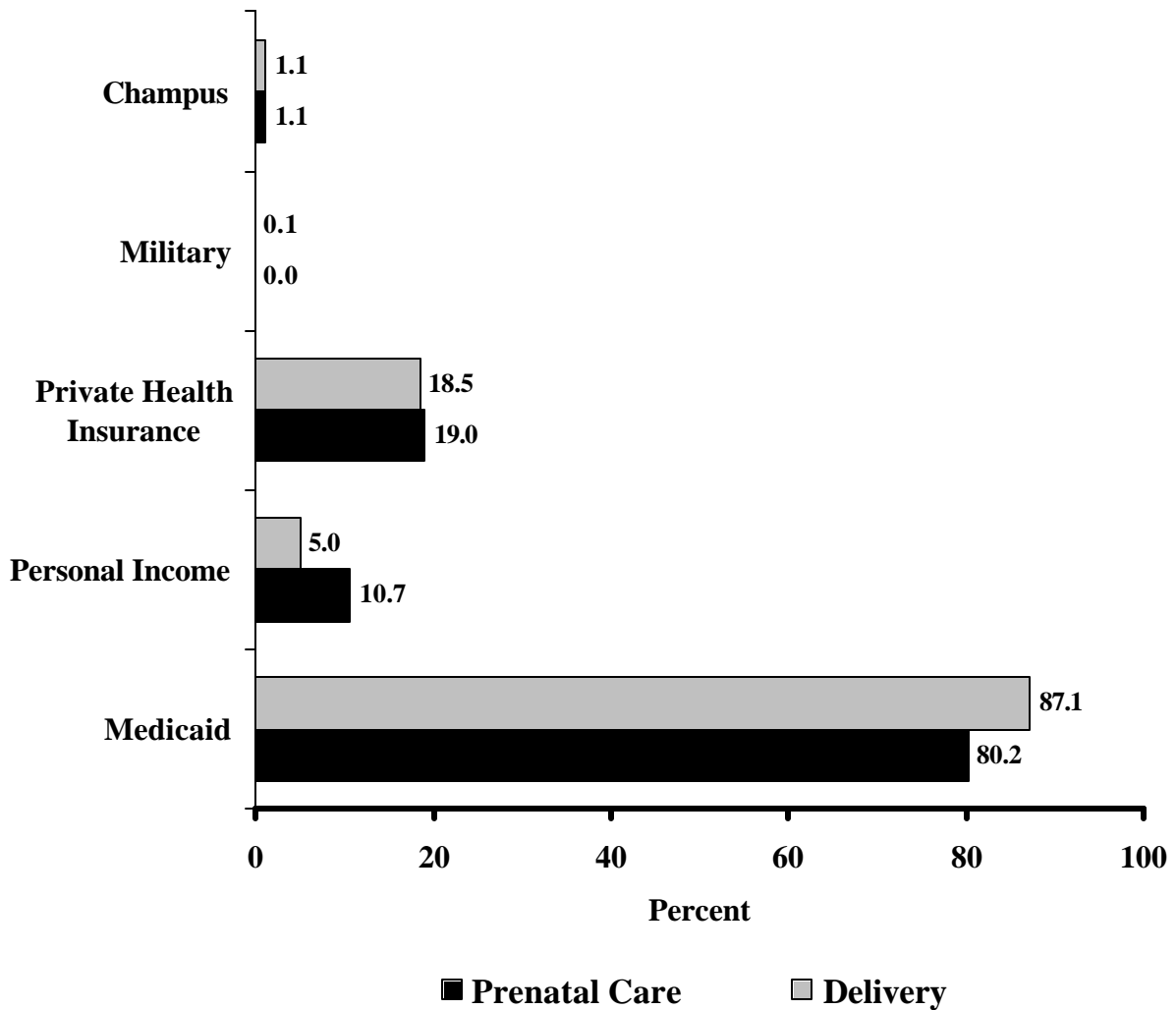
Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Total	54.9 (2.0)	60.8 (2.0)	54.0 (2.2)
Race			
Black	81.7 (2.8)	84.6 (2.4)	82.9 (2.8)
White	40.2 (2.4)	48.5 (2.6)	39.9 (2.6)
Age			
Less than 18	87.6 (5.2)	90.0 (5.7)	94.9 (3.6)
18-24	80.5 (2.5)	84.2 (2.3)	73.8 (3.2)
24-34	32.3 (2.8)	42.1 (3.0)	37.0 (3.0)
35-55	32.6 (5.9)	35.1 (6.4)	31.1 (6.5)
Education			
Less than High School	88.2 (2.8)	87.9 (2.9)	83.5 (3.6)
High School	64.6 (3.1)	67.7 (3.0)	63.7 (3.5)
More than High School	28.5 (2.9)	36.3 (3.2)	30.2 (3.1)
Marital status			
Married	34.1 (2.5)	41.1 (2.6)	34.3 (2.6)
Other	86.3 (2.2)	88.9 (1.9)	83.0 (2.7)
Medicaid status			
Yes	88.1 (1.8)	88.5 (1.7)	86.7 (2.0)
No	15.9 (2.2)	21.8 (2.6)	13.4 (2.2)
Birthweight**			
LBW (<2500 g)	64.9 (1.7)	64.1 (1.8)	66.2 (1.8)
NBW (2500+ g)	54.0 (2.2)	60.5 (2.2)	52.8 (2.4)

* Standard Error

****Note:** In 2002, 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

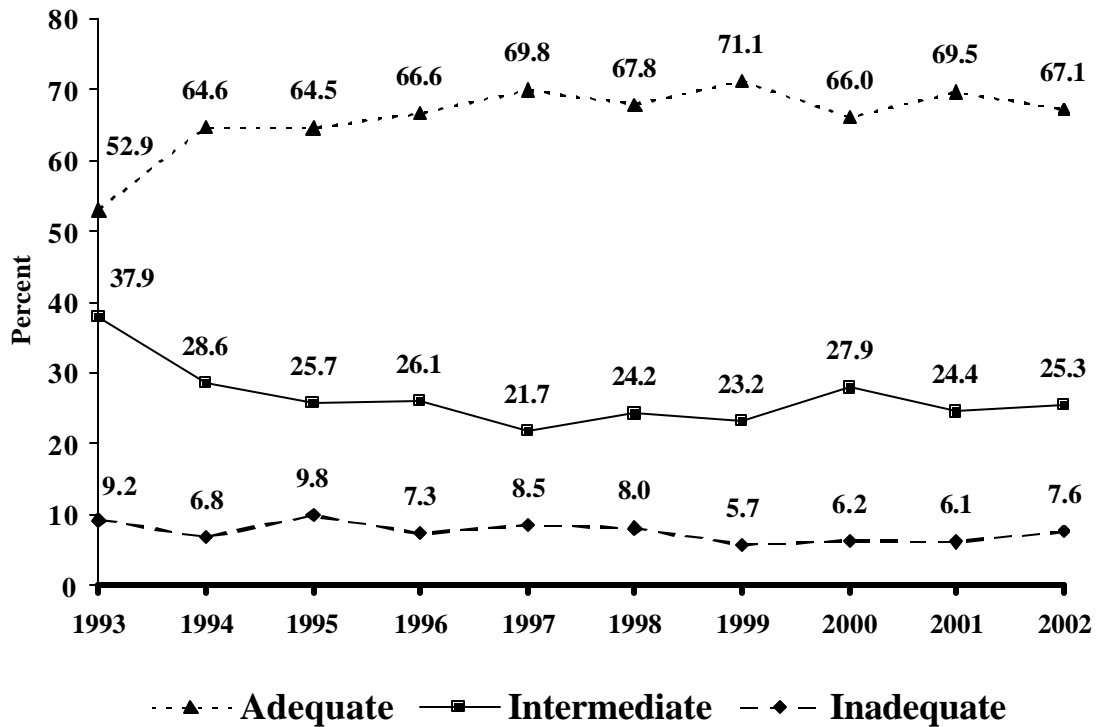
Source of Payment for Prenatal Care and Delivery for Mothers on WIC, 2002



In 2002, over 80% of WIC mothers paid for their prenatal care visits and delivery with Medicaid.

Just over 10% of WIC mothers paid for some prenatal care with personal income, while 5.0% used personal income to pay for the delivery costs.

Adequacy* of Prenatal Care Among WIC Women , 1993-2002



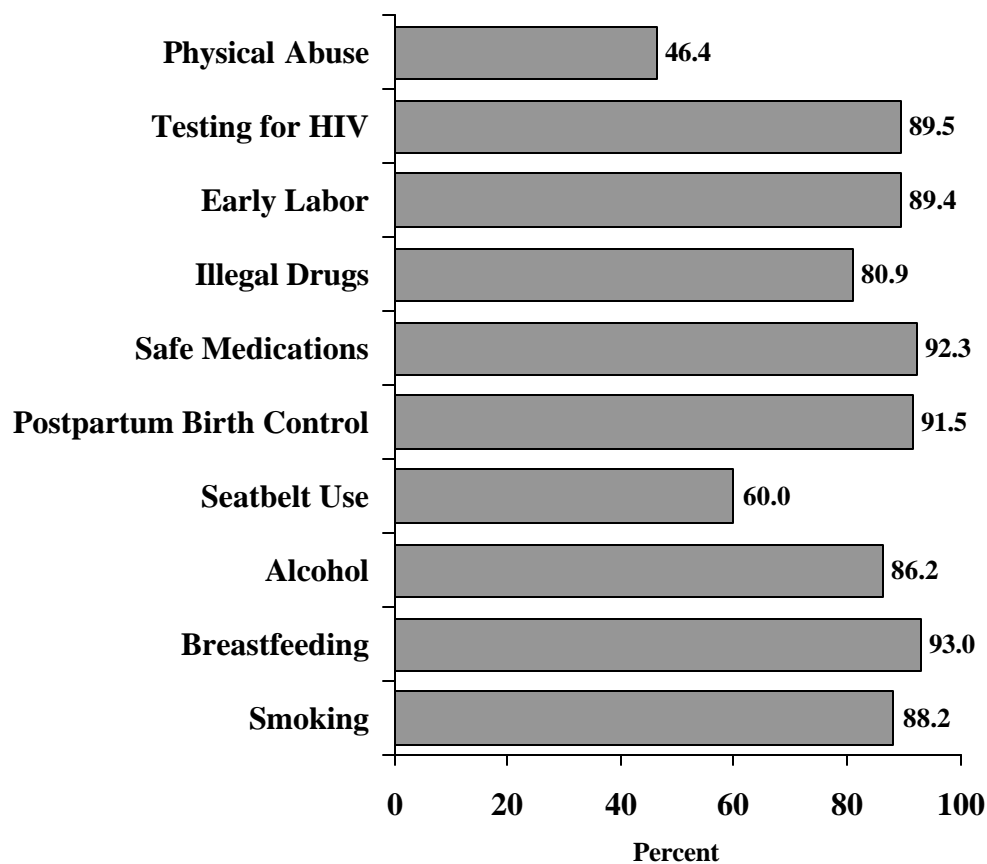
*The Kessner Index was used to measure adequacy of prenatal care. Categories are based on gestational age, month of first prenatal care visit, and total number of prenatal care visits.

The proportion of WIC mothers receiving ADEQUATE prenatal care increased from 52.9% in 1993 to 67.1% in 2002.

The proportion of WIC mothers receiving INADEQUATE prenatal care decreased from 9.2% in 1993 to 7.6% in 2002.

Special Populations – WIC

Women on WIC Who Received Information on Important Health Issues During Prenatal Care, 2002



When compared to all mothers, a greater proportion of WIC mothers received information on all topics, except safe medications, during prenatal care in 2002.

Teenage Mothers Fact Sheet

Between the years of 1993 and 2002...

The proportion of live births to teenagers (ages 15-17) decreased from 7.4% in 1993 to 5.0% in 2002.

The proportion of unintended births among teenagers decreased from 81.5% in 1993 to 77.3% in 2002

The proportion of teen mothers receiving inadequate prenatal care increased from 10.2% in 1993 to a high of 19.6% in 2002.

The proportion of teen mothers receiving adequate prenatal care increased from 40.0% in 1993 to 51.3% in 2002.

In 2002...

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

In 2002, a greater proportion of teen mothers were...

white

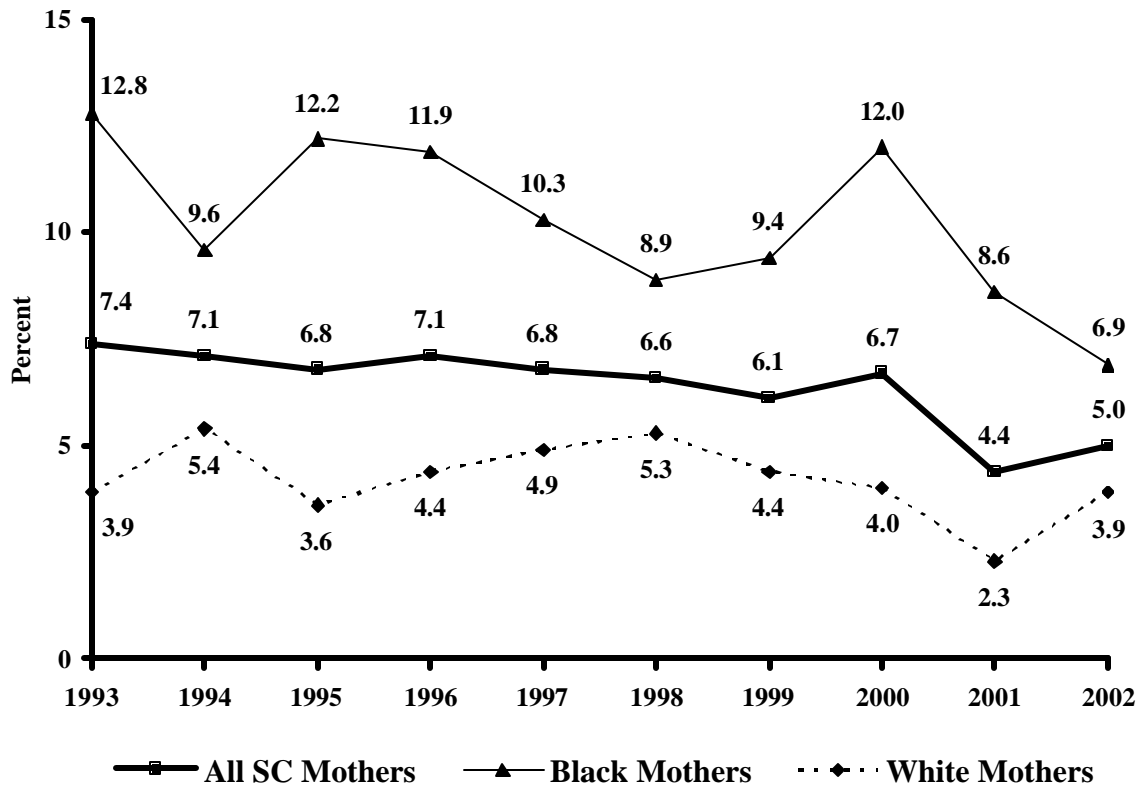
unmarried

on Medicaid/ WIC and

had a less than high school education.

Special Populations – Teenagers (Ages 15-17)

Percent of Births to Teenage Mothers in SC, 1993-2002

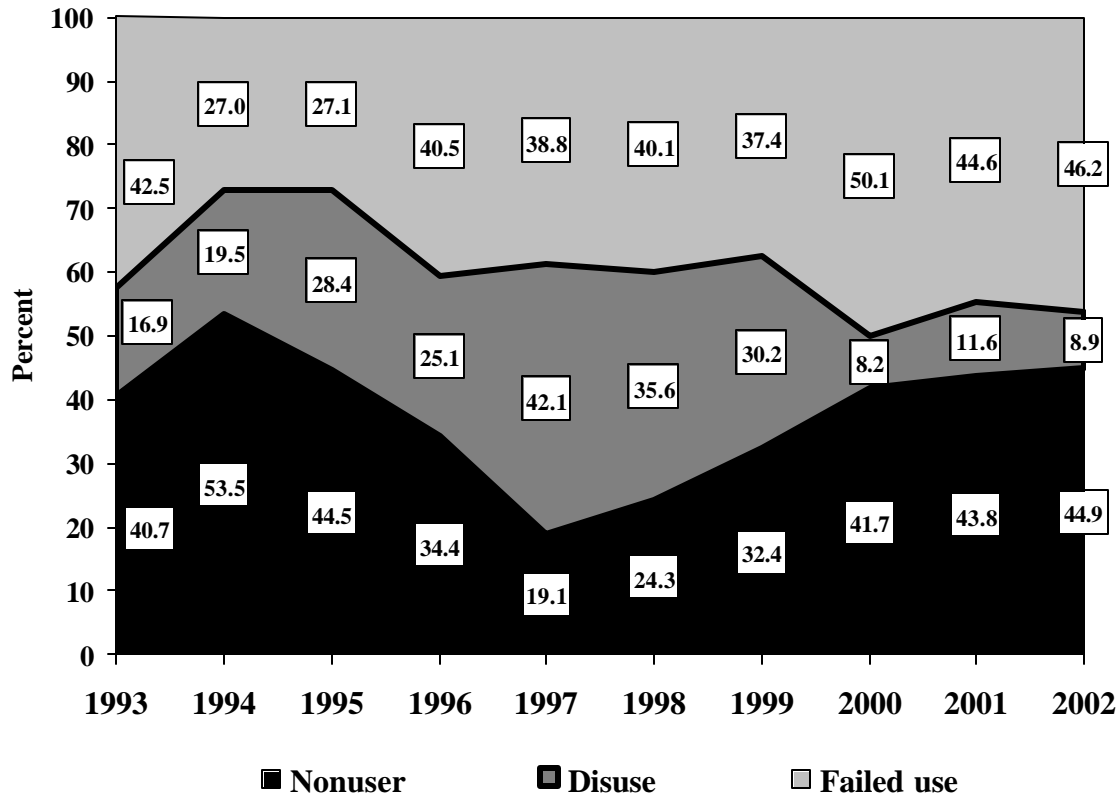


Approximately 5% of all live births in South Carolina were to teenagers (ages 15-17) in 2002.

Just over 19% of all mothers who delivered live births in 2002 got pregnant for the first time as a teenager (less than 18 years of age).

Special Populations – Teenagers (Ages 15-17)

Contraceptive Behaviors among Teenage Mothers, 1993-2002

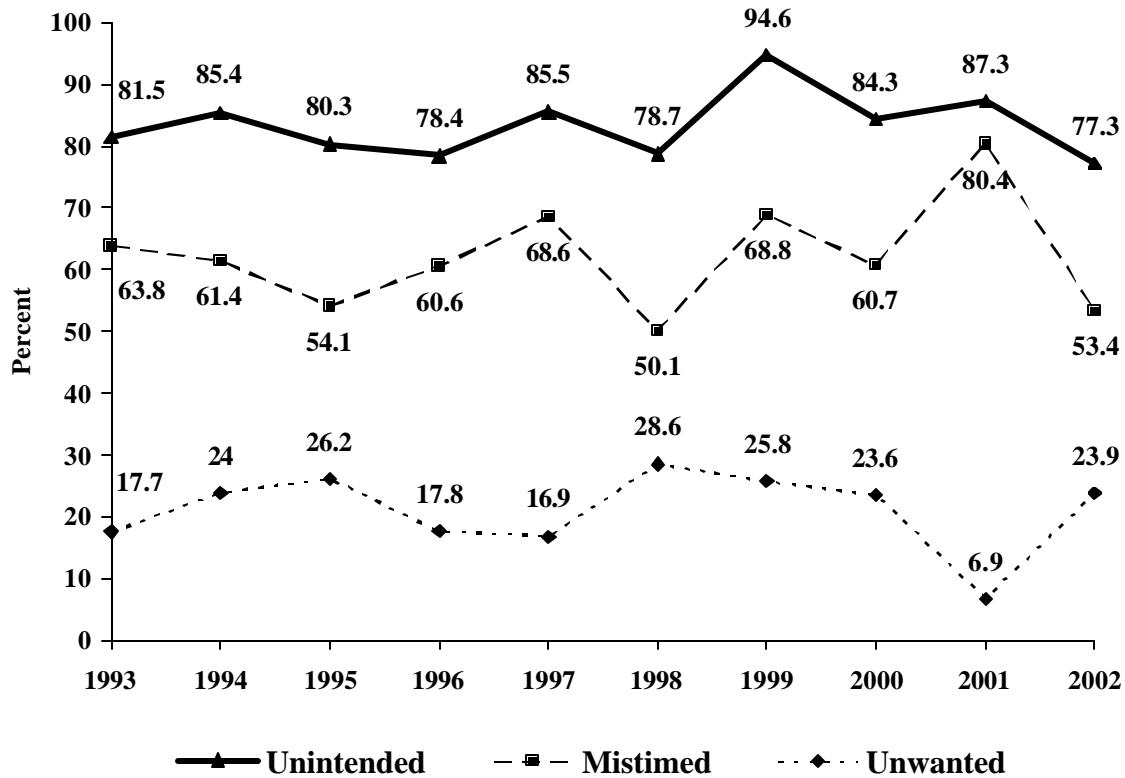


Since 1994, the percent of teenagers reporting failed use of contraception increased from 27.0% to 46.2% in 2002. The percent of non-users has steadily increased from a low of 19.1% in 1997 to 44.9% in 2002.

The percent of teenagers who were using some form of contraception during the three months before they became pregnant but NOT at the time of conception (disusers) decreased from 42.1% in 1997 to just 8.9% in 2002.

Special Populations – Teenagers (Ages 15-17)

Unintended Pregnancies Among Teenage Mothers, 1993-2002



Definitions:

Intended pregnancies: those wanted then or sooner.

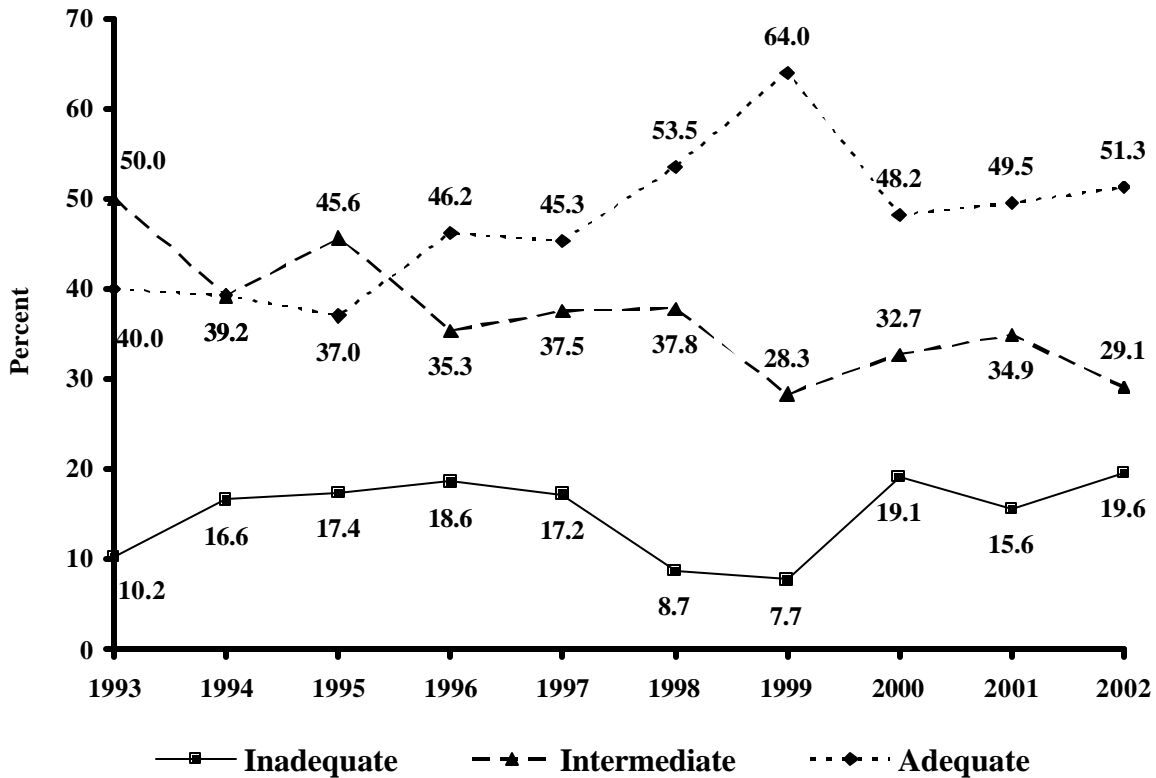
Unintended pregnancies: those which were unwanted (did not want then or anytime in the future) or mistimed (wanted to be pregnant later).

The proportion of teenage mothers that reported UNINTENDED pregnancies decreased from 94.6% in 1999 to 77.3% in 2002.

The percent of unintended pregnancies that were UNWANTED decreased from 25.8% in 1999 to 23.9% in 2002.

Special Populations – Teenagers (Ages 15-17)

Adequacy* of Prenatal Care Among Teenage Mothers, 1993-2002



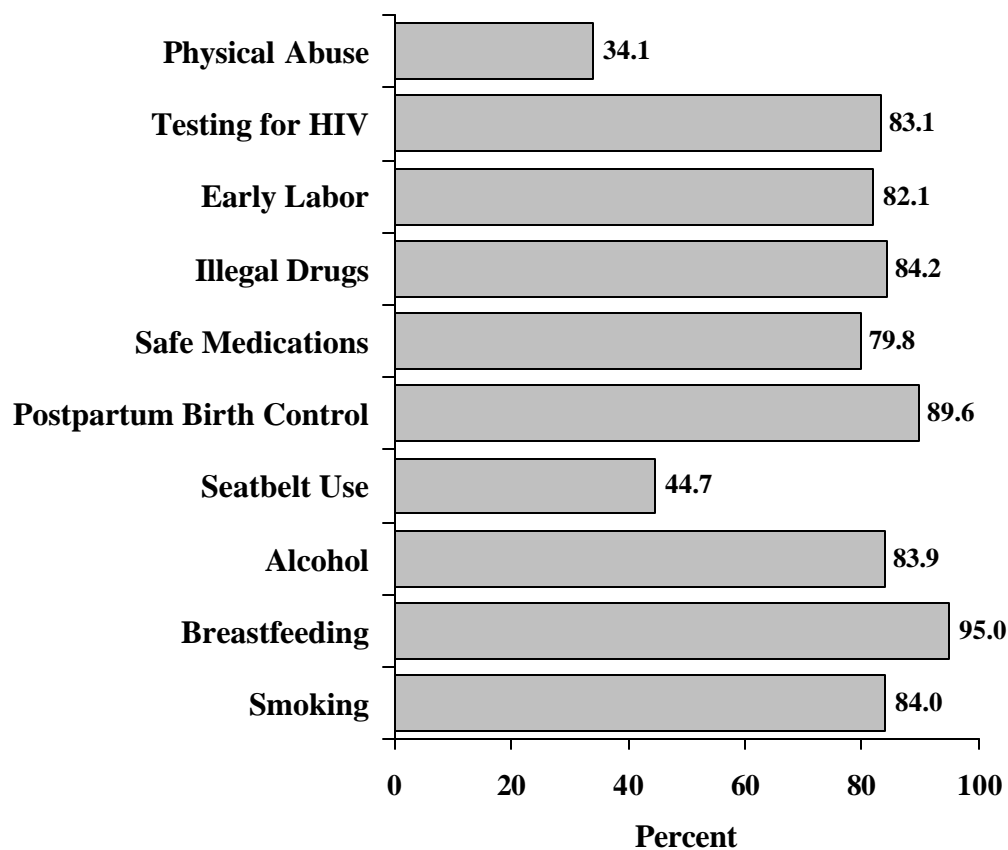
*Kessner Index defines prenatal care as adequate, intermediate, or inadequate. These categories are based on gestational age, month of first prenatal care visit, and total number of prenatal care visits. Total number of prenatal care visits was taken directly from the birth certificate.

The percent of teenage mothers receiving **INADEQUATE** prenatal care increased from 10.2% in 1993 to 19.6% in 2002.

The percent of teenage mothers receiving **ADEQUATE** prenatal care increased from 40.0% in 1993 to 51.3% in 2002.

Special Populations – Teenagers (Ages 15-17)

Proportion of Teenage Mothers Who Received Information about Important Health Issues During Prenatal Care, 2002



A greater proportion of teenagers received information on all topics in comparison to adult women aged 18 and older.

A greater proportion of teen mothers had the following characteristics:
less than a high school education
unmarried
on WIC and on Medicaid.

Around 12.8% of teenage mothers had LBW infants in 2002.

Special Populations – Teenagers (Ages 15-17)

Characteristics of Teenage Mothers, 2000-2002

Maternal Characteristics	2000 percent (s.e.)*	2001 percent (s.e.)	2002 percent (s.e.)
Race			
Black	61.8 (7.6)	67.7 (8.7)	47.2 (10.5)
White	38.3 (7.6)	32.3 (8.7)	52.8 (10.5)
Education			
Less than High School	93.5 (3.8)	94.5 (4.0)	84.7 (7.6)
High School	6.5 (3.8)	5.5 (4.0)	15.2 (7.6)
Marital status			
Married	0.5 (0.3)	9.2 (4.9)	10.9 (6.6)
Other	99.5 (0.3)	90.8 (4.9)	89.1 (6.6)
WIC status			
On WIC during pregnancy	87.4 (5.4)	90.0 (5.7)	94.2 (4.4)
Not on WIC	12.6 (5.4)	10.0 (5.7)	6.0 (4.4)
Medicaid status			
Yes	96.6 (3.0)	99.9 (0.0)	99.3 (0.5)
No	3.4 (3.0)	0.1 (0.0)	0.7 (0.5)
Birthweight**			
VLBW (<1500 g)	2.0 (0.3)	2.6 (0.5)	2.2 (0.5)
MLBW (1500-2499 g)	8.4 (1.8)	14.7 (3.3)	10.6 (2.7)
NBW (2500+ g)	89.6 (2.0)	82.7 (3.7)	87.2 (3.0)

* Standard Error

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

References and Resources

1. Healthy People 2010 National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics; DHHS No. (PHS) 94-1232-1.
2. South Carolina Vital and Morbidity Statistics, 2002, South Carolina Department of Health and Environmental Control, Office of Public Health Statistics and Information Systems, Division of Biostatistics, October 2004.
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 became pregnant with your new baby. Please check the box next to your answer.

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

- No
- Yes

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

- No
- Yes

3. In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?

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

4. What is your date of birth?

Month Day Year

5. *Just before* you got pregnant, how much did you weigh?

_____ Pounds OR _____ Kilos

6. How tall are you without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

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

- No  Go to Question 10
- Yes

8. Did the baby born *just before* your new one 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 just before you became pregnant with your new baby.

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

Check one answer

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

12. When you got pregnant with your new baby, were you trying to become 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], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → Go to Question 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 a 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? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

_____ Weeks **OR** _____ Months

I didn't go for prenatal care

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

No

Yes **→ Go to Question 19**

I didn't want prenatal care **→ Go to Question 19**

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

Check all that apply

I couldn't get an appointment earlier in my pregnancy

I didn't have enough money or insurance to pay for my visits

I didn't know that I was pregnant

I had no way to get to the clinic or doctor's office

The doctor or my health plan would not start care earlier

I didn't have my Medicaid card

I had no one to take care of my children

I had too many other things going on

Other **→ Please tell us:**

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

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

Check one answer

Hospital clinic

Health department clinic

Private doctor's office or HMO clinic

Community health center

Military facility

Other Please tell us:

20. How was your prenatal care paid for?

Check all that apply

Medicaid

Personal income (cash, check, or credit card)

Health insurance or HMO

TRICARE (formerly CHAMPUS)

Military

Other **→ Please tell us:**

21. **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 your baby	N	Y
b. Breastfeeding your baby	N	Y
c. How drinking alcohol during pregnancy could affect your baby...	N	Y
d. Using a seat belt during your pregnancy.....	N	Y
e. Birth control methods to use after your pregnancy	N	Y
f. Medicines that are safe to take during your pregnancy	N	Y
g. How using illegal drugs could affect your baby...	N	Y
h. Doing tests to screen for birth defects or diseases that run in your family...	N	Y
i. What to do if your labor starts early	N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS).....	N	Y
k. Physical abuse to women by their husbands or partners.....	N	Y

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

- No
- Yes **—————> Go to Question 24**
- I don't know

23. **What were your reasons for not having an HIV test during your most recent pregnancy?**

Check all that apply

- I wasn't offered the test
 - I didn't think I was at risk for HIV
 - I agreed to be tested but had difficulty getting the test done
 - I was afraid of getting the result
 - I had already been tested and did not think I needed to be tested again
 - Other **—————> Please tell us:**
-

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

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

- No
- Yes

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

- | | No | Yes |
|---|----|-----|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)..... | N | Y |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)..... | N | Y |
| c. Vaginal bleeding..... | N | Y |
| d. Problems with the placenta (such as abruptio placentae, placenta previa)..... | N | Y |
| e. Severe nausea, vomiting, or dehydration..... | N | Y |
| f. High blood sugar (diabetes)..... | N | Y |
| g. Kidney or bladder (urinary tract) infection..... | N | Y |
| h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)..... | N | Y |
| i. Cervix had to be sewn shut (incompetent cervix, cerclage)... | N | Y |
| j. You were hurt in a car accident.. | N | Y |

If you did not have any of these problems, go to Question 27.

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

Check all that apply

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

The next questions are about smoking cigarettes and drinking alcohol.

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

- No → **Go to Page 6, Question 31**
- Yes

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

_____ Cigarettes **OR** _____ Packs

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

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

_____ Cigarettes **OR** _____ Packs

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

30. How many cigarettes or packs of cigarettes do you smoke on an average day now?

_____ Cigarettes **OR** _____ Packs

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

31. 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 34**
- Yes

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

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

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

_____ Times

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

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

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

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

_____ Times

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

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

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

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

37. When was your baby due?

Month

Day

Year

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

Month Day Year

I didn't have my baby in a hospital

39. When was your baby born?

Month Day Year

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

Month Day Year

I didn't have my baby in a hospital

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

- No
- Yes
- I don't know

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

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

43. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- TRICARE (formerly CHAMPUS)
- Military
- Other Please tell us:

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

44. What is today's date?

Month Day Year

45. Is your baby alive now?

- No
 Yes → Go to Question 47

46. When did your baby die?

Month Day Year

Go to Page 10, Question 59

47. Is your baby living with you now?

- No ▶ Go to Page 10, Question 59
 Yes

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

- No → Go to Question 52
 Yes

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

- No
 Yes → Go to Question 51

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

_____ Weeks OR _____ Months

- Less than 1 week

51. 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 one 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 59.

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

_____ Hours

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

53. 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

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

- No —————> **Go to Question 56**
 Yes

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

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

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

- No —————> **Go to Question 59**
 Yes

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

_____ Times

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

Check one answer

- Hospital clinic
 Health department clinic
 Private doctor's office or HMO clinic
 Community health center
 Military facility
 Other Please tell us:
-

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

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

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

60. 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, then go to Question 62

- 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:
-

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

Check all that apply

- Tubes tied (sterilization)
 - Vasectomy (sterilization)
 - Pill
 - Condoms (rubbers)
 - Norplant® (little tubes placed under the skin)
 - Shots (Depo-Provera®)
 - Foam, jelly, cream, or suppositories
 - Diaphragm, cap, or sponge
 - Rhythm method/natural family planning
 - I am not planning to have sex (abstinence)
 - Other Please tell us:
-

62. 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 64**
- Yes

63. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

- No
- Yes

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

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

Check all that apply

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

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

_____ Adults (people aged 18 years or older)

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

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

Check all that apply

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

On the last few pages, there are questions on a variety of topics. Your answers should be for your most recent birth and the pregnancy leading up to that birth.

67. During the 3 months before you got pregnant, were you or your husband or partner using any of the following birth control methods to keep from getting pregnant?

Check all that apply

- Tubes tied (sterilization)
 - Vasectomy (sterilization)
 - Pill
 - Condoms (rubbers)
 - Norplant® (little tubes placed under the skin)
 - Shots (Depo-Provera®)
 - Foam, jelly, cream, or suppositories
 - Diaphragm, cap, or sponge
 - Rhythm method/natural family planning
 - I was not planning to have sex (abstinence)
 - Other → Please tell us:
-

- I was not using birth control

68. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each thing, circle **Y** (Yes) if you would have had it or circle **N** (No) if not.

	No	Yes
a. Someone to loan me \$50..	N	Y
b. Someone to help me if I were sick and needed to be in bed.....	N	Y
c. Someone to take me to the clinic or doctor's office if I needed a ride...	N	Y
d. Someone to talk with about my problems.....	N	Y
e. Someone to help me find a job if I needed it....	N	Y
f. Someone to help with grocery shopping or house cleaning.....	N	Y

69. During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Someone else → Please tell us:

No one would have helped me

If your baby is not alive or is not living with you, go to Page 14, Question 72.

70. Listed below are some statements about safety. For each item, circle A if it always applies to you, circle S if it sometimes applies to you, or circle N if it never applies to you.

	Always	Sometimes	Never
a. My new baby rides in an infant car seat.....	A	S	N
b. My new baby sleeps on a soft comforter, soft pillow, featherbed, or sheepskin.....	A	S	N
c. If I leave my baby with another person, I instruct them to put my baby to sleep on his or her back...	A	S	N
d. I test my smoke alarm every 6 months to make sure the batteries are working.....	A	S	N

71. Do you have a doctor that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and well-baby care?

- No
- Yes

72. Since you delivered your new baby, did your husband or partner physically hurt you in any way?

- No
- Yes

b. Since you delivered your new baby, did anyone else physically hurt you in any way?

- No
- Yes

73. What was the total income before taxes for the people living in your household during the 12 months before your delivery? Check the box that was closest to your household income. All information will be kept private. Your answer will not affect any services that you are now getting.

- Less than \$ 7,999
- \$ 8,000–\$ 9,999
- \$10,000–\$11,999
- \$12,000–\$13,999
- \$14,000–\$15,999
- \$16,000–\$17,999
- \$18,000–\$19,999
- \$20,000–\$24,999
- \$25,000–\$29,999
- \$30,000–\$34,999
- \$35,000–\$39,999
- \$40,000 or more

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

Thanks for answering our questions!

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

APPENDIX B

Technical Notes: Sampling and Computation of Analysis Weights

Appendix B. Technical Notes

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

Sampling

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

Table A. Sampling fractions applied to each birthweight strata.

Birthweight	Sampling fraction
Very low birthweight (<1500 grams)	1/1
Moderately low birthweight (1500-2499 grams)	1/6
Normal birthweight (\geq 2500 grams)	1/70

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, 1 out of every 6 mothers is sampled. The sampling weight applied to respondents in this particular stratum is 6.

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 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 9.2 ($6/0.65$). The lower the response rate for a particular r 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. 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