

NORTH CAROLINA PRAMS FACT SHEET

April 2011



N.C. African American Maternal Health

2006–2008 N.C. Pregnancy Risk Assessment Monitoring System (PRAMS)

North Carolina is one of ten states with the largest African American populations.¹ According to 2009 estimates, North Carolina's resident African American population was 2,027,942; representing approximately 22 percent of the state's population.² Forty-five percent of the African American population falls in the childbearing ages of 15 to 44, compared to 39 percent of white residents of the state. The overall birth rate per 1,000 for African American mothers ages 15–44 in North Carolina in 2009 was 63.4, compared to a rate of 66.5 for white mothers. In this report, we examine North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2006–2008 to better understand the maternal health of African American mothers in the state.

Prenatal Care

Timing

Early prenatal care helps identify conditions and behavior that may result in poor birth outcomes, such as prematurity or low birth weight. Babies born to mothers who received no prenatal care are more likely to be born at low birth weight than those whose mothers received prenatal care.³ As shown in Figure 1, African American mothers (63%) are significantly less likely to report that they began prenatal care in the first trimester compared to white mothers (79%). African American mothers were significantly more likely to report that they did not receive prenatal care as early as they would have liked (27%) compared to white mothers (17%).

Barriers

Obstacles to prenatal care may keep women from accessing care as early and as often as they would like during pregnancy. Overall, 40 percent of mothers regardless of race or ethnicity reported at least one barrier to obtaining

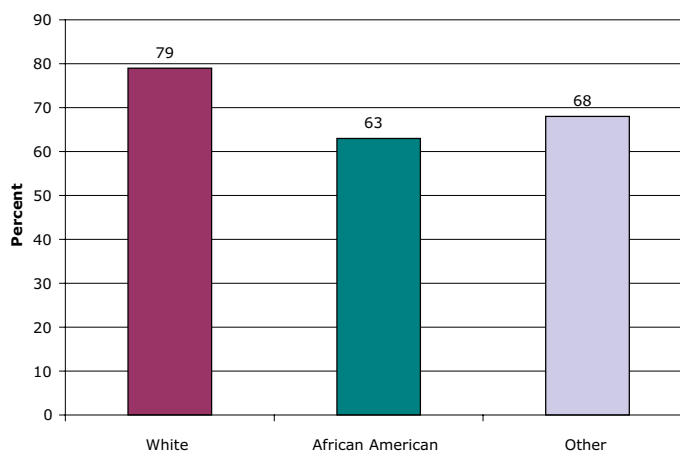
prenatal care. African American mothers were significantly more likely to report experiencing at least one prenatal care barrier compared to white mothers (48% vs. 37%).

A variety of barriers to prenatal care were reported by African American mothers. Approximately one in five African American women reported not being able to get an appointment for prenatal care visits. One in every six African American women reported that they could not start care as early as they wished due to lack of money or insurance, or because they did not have a Medicaid card. About 11 percent of African American women did not seek prenatal care because they wanted to keep their pregnancy a secret.

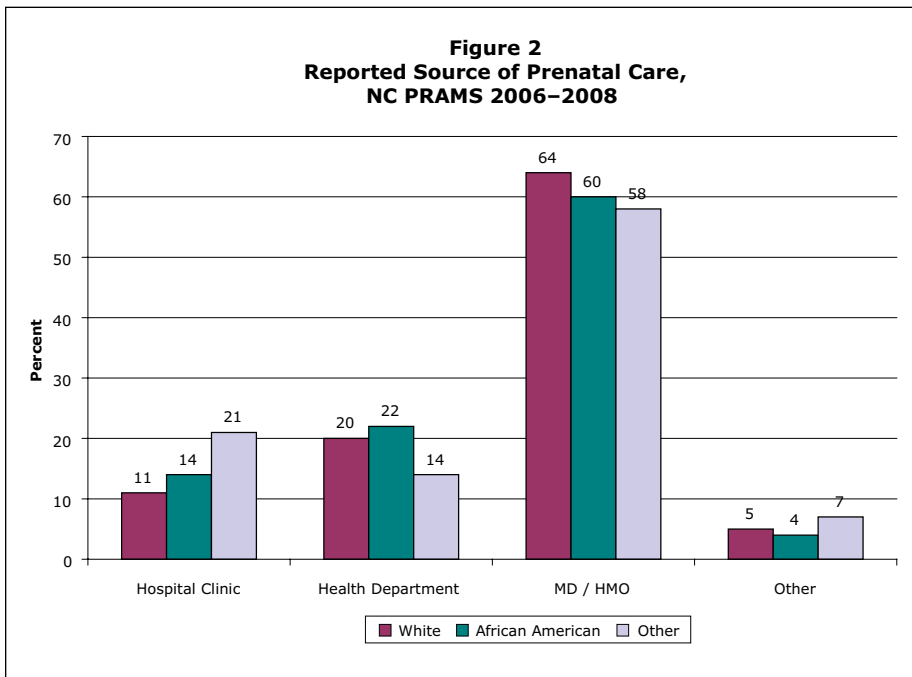
Provider

The majority of African American women (60%) reported that they went to a private doctor or HMO clinic for prenatal care. About 22 percent of African American women reported that they received prenatal care from a health department clinic

Figure 1
Percentage of New Mothers Reporting That They Received Prenatal Care in the First Trimester of Pregnancy, NC PRAMS 2006–2008



**Figure 2
Reported Source of Prenatal Care,
NC PRAMS 2006–2008**



while 14 percent of African Americans chose hospital clinics for prenatal care (Figure 2).

Medicaid and WIC status

Medicaid offers expanded coverage for prenatal care and delivery expenses for women up to 185 percent of the federal poverty level. Nearly one in three African American mothers reported that they were enrolled in the Medicaid program prior to pregnancy (30%) while less than 10 percent of white mothers reported being on Medicaid before they became pregnant (8.7%).

Seventy percent of African American mothers reported that their prenatal care was paid for by Medicaid. This figure is significantly lower for whites (36%) and other races (42%). Some women do not apply for Medicaid until delivery. Medicaid paid for delivery services for the majority of African Americans (73%), compared to 47 percent of whites and 51 percent other races (Figure 3).

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program that provides food to low-income pregnant, postpartum, and breastfeeding women. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. Two-thirds of African American mothers (66%) were enrolled

in WIC during their most recent pregnancy, compared to 41 percent of white mothers.

Prenatal health education

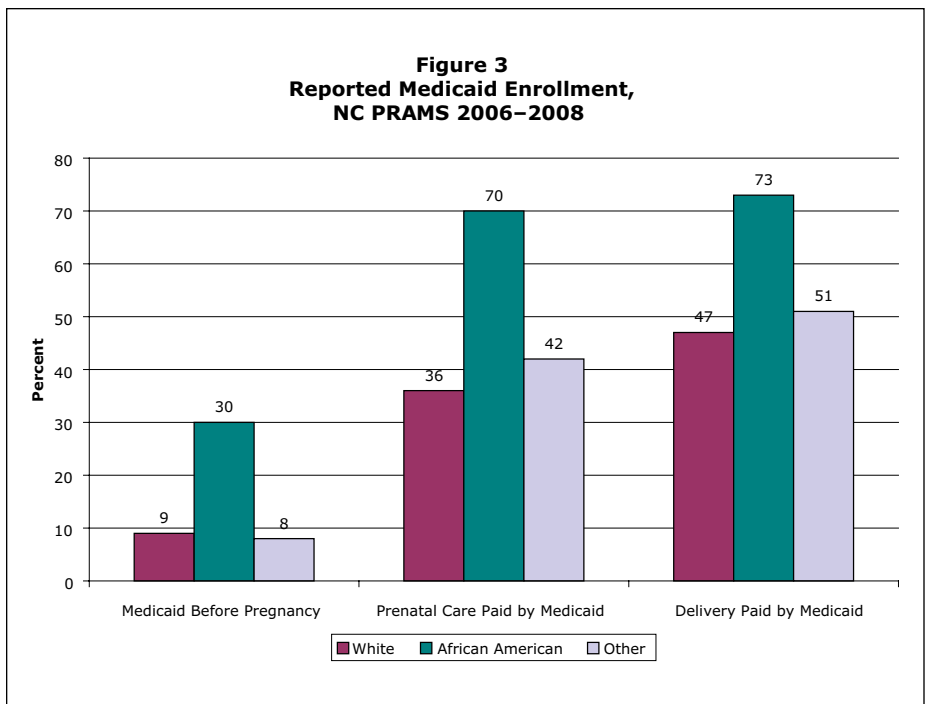
Women reported whether a doctor, nurse, or other health care worker talked with them during any prenatal care visit about a number of topics. African Americans were more likely than whites to report being counseled on: how drinking alcohol (81% vs. 74%) or using illegal drugs (78% vs. 66%) during pregnancy could affect their baby; seat belt use during pregnancy (60% vs. 51%); physical abuse by their husband/partner (65% vs. 56%); emotional abuse (65% vs. 51%); postpartum depression (82% vs. 76%); and the benefits of breastfeeding (90% vs. 85%).

Life Events During Pregnancy

Stress

The PRAMS Survey asks new mothers whether they experienced any of 13 stressful life events during the 12 months prior to delivery. African American women were significantly more likely than whites to report that they lost their job even though they wanted to keep on working (14% vs. 9%); someone very close to them had died (24% vs. 16%); that someone very close to them had a bad problem with drinking or drugs (16% vs. 12%); that they, their husband, or

**Figure 3
Reported Medicaid Enrollment,
NC PRAMS 2006–2008**



partner were jailed during their most recent pregnancy (9% vs. 3%); or that they had a lot of bills that they could not pay (30% vs. 21%). African American mothers were also more likely than white mothers to report that they became separated or divorced during their most recent pregnancy (13% vs. 8%); that their partner/husband did not want them to be pregnant (13% vs. 8%); and that they argued with their husband or partner more than usual while they were pregnant (41% vs. 22%).

Treatment based on race

African American mothers were more likely to report feeling emotionally upset as a result of how they were treated based on their race during the 12 months before the birth of their baby compared to mothers of other races. According to the PRAMS survey, 16 percent of African American mothers reported emotional upset due to perceived racism compared with only 8 percent of white mothers.

Preconception Health Indicators

Insurance status and income

African American mothers were more likely than whites to be uninsured prior to their pregnancy. The majority of African American mothers reported that they had no health insurance before pregnancy (58%) compared to 42 percent of whites (Figure 4). One-third of African American mothers reported an income of less than \$15,000 per year (33%) compared to 16 percent of whites. Only 13 percent of African Americans reported that their income was \$50,000 or more, compared to 39 percent of whites.

Unintended pregnancy

The unintended pregnancy rate in the United States continues to be high. The most recent national study estimates that almost 60 percent of all pregnancies in the U.S. are unintended.⁴ The national Healthy People 2010 goal for unintended pregnancy was to reduce the rate to 30 percent. Most African American mothers reported that their most recent pregnancy was unintended (64%), compared to 38 percent of white mothers.

Smoking

Cigarette smoking during pregnancy nearly doubles a woman's risk of having a low-birthweight baby, as well as increases the risk for preterm delivery and Sudden Infant Death Syndrome (SIDS).⁵ Approximately one in five African American women reported smoking three months before their most recent pregnancy.

Physical activity

The PRAMS survey asks new mothers how often they participated in any physical activity or exercise for 30 minutes or more during the three months before pregnancy. Most women of both races get less exercise than the recommended amount of physical activity, but significantly more African American mothers (46%) than white mothers (38%) exercised less than one day a week and fewer African American mothers (41%) than white mothers (49%) exercised one to four days per week.

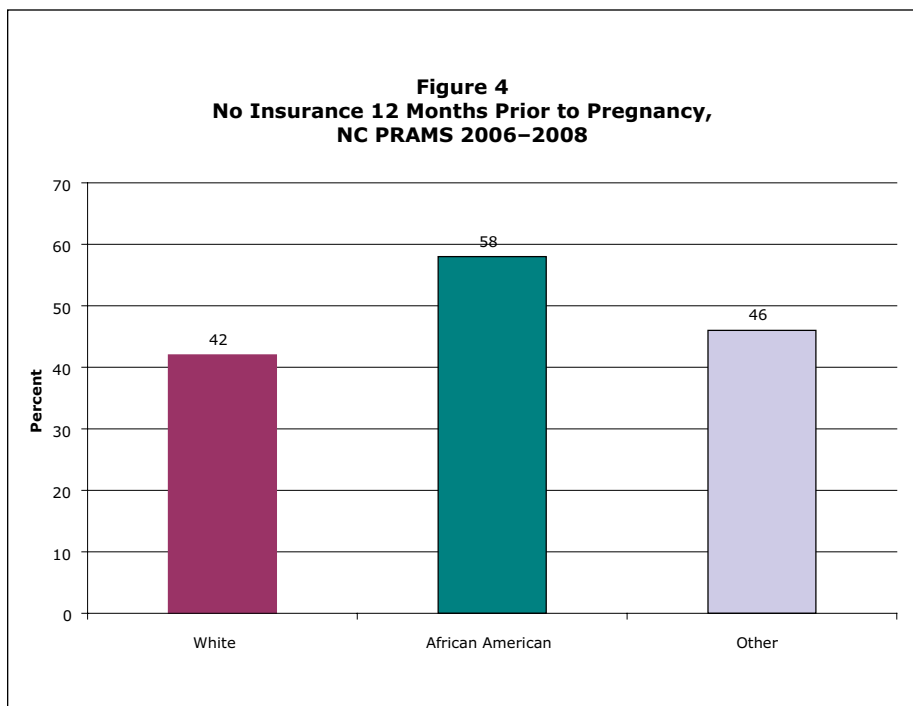
Multi-vitamin use

Previous research suggests that daily multivitamin use before and during pregnancy can diminish diet-related deficiencies of certain micronutrients and potentially prevent preterm birth.⁶ The majority of African American mothers reported that they did not take a daily multivitamin in the month prior to becoming pregnant (79%), compared with 68 percent of white mothers.

Birth Outcomes

Preterm and low birthweight

According to new mothers responding to the PRAMS survey, approximately 16 percent of African American mothers gave birth to premature (i.e., born three weeks before due date) babies compared to 12 percent of white mothers. Among PRAMS respondents, the rate of low birth weight (i.e., 5 pounds, 8 ounces or less) babies among African American mothers was 15 percent and 12 percent among white mothers.



Postpartum Behaviors

Return to work

As shown in Figure 5, the majority of African American mothers (66%) reported that they returned to work or school after giving birth compared to less than half of white mothers (46%) and mothers of other races (49%). Among African American respondents who reported returning to work, 10 percent reported returning to work within a month of delivery, 33 percent between five weeks and two months, and 57 percent more than two months after delivery. This was consistent with the figures for whites.

Breastfeeding initiation

Major medical and health organizations endorse breastfeeding as the most beneficial type of nutrition to ensure the health and well-being of most infants. The Healthy People 2010 national health objective was to increase the proportion of mothers that breastfeed in the early postpartum period to 75 percent.⁷ The majority of white mothers (79%) reported initiating breastfeeding, compared with only 60 percent of African American mothers, a substantial difference between African American mothers and white mothers as well as significantly less than the Healthy People 2010 target of 75 percent.

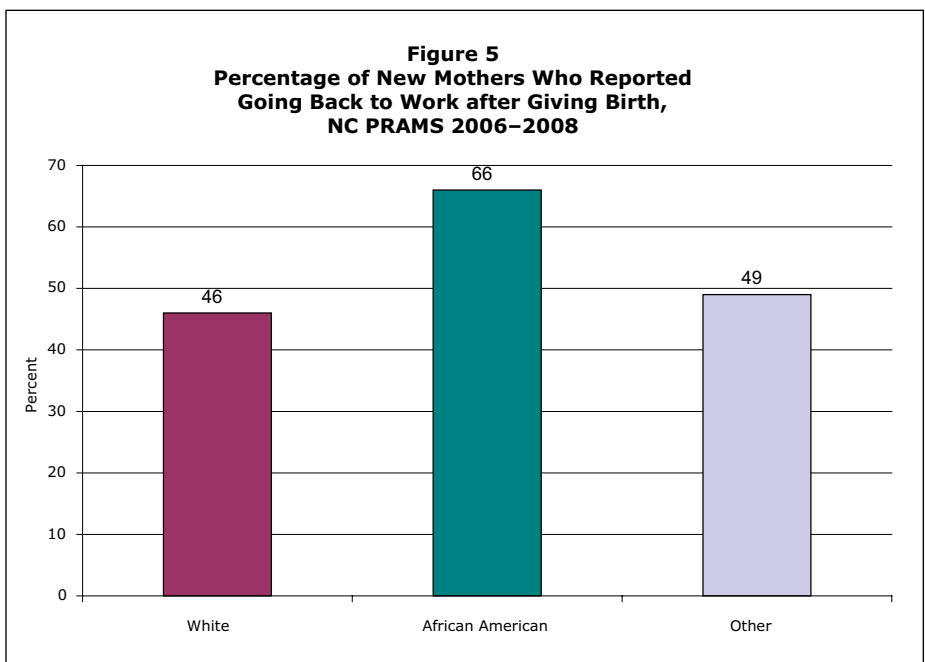
Postpartum contraception

Eighty-seven percent of North Carolina's African American and white mothers reported that they use some method of contraception since the birth of their baby. The two contraceptive methods

that African Americans were most likely to report using were condoms (36%) and the pill (26%). Other contraceptive methods African American women reported included having their tubes tied (16%), having contraceptive shots every three months (15%), abstinence (15%), withdrawal (14%), and having an IUD inserted (14%).

Knowledge of North Carolina Programs

The PRAMS survey asks new mothers to report whether they have heard of a number of North Carolina programs. An overwhelming percentage of North Carolina African American mothers knew about the WIC program (99%). Seventy-six percent of African Americans had heard of Health Check or Health Choice for Children, compared to only 51 percent of whites. African American mothers were more likely than white mothers to report knowledge of the Smart Start program (68% vs. 49%), the Baby Love program (58% vs. 29%), Child Resource Line (29% vs. 16%), the Child Service Coordination program (32% vs. 17%), and the NC Family Health Resource Line (26% vs. 15%). African American mothers (19%) were twice as likely to be aware of the First Step Hot Line compared to white mothers (9%).



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What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state-specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement vital records by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Currently conducted in 37 states, New York City and South Dakota (Yankton Sioux Tribe), PRAMS covers 75 percent of U.S. births.

NC PRAMS is a random, stratified, monthly mail/telephone survey of North Carolina women who recently delivered a live-born infant. Data collection began in North Carolina on July 1, 1997, and PRAMS data have been collected every year since that time. Each month around 180 women are selected from the provisional live birth file and are contacted to try to complete an interview approximately three to six months after giving birth. This report is based on the responses of 6,834 mothers who delivered between January 30, 2006 and December 31, 2008 in the state of North Carolina and participated in the PRAMS survey two to four months after delivery. All estimates are weighted to reflect the entire population of North Carolina women who gave birth in each year.

For more information about this publication, contact:

Fatma Simsek at (919) 855-4495
or
e-mail: fatma.simsek@dhhs.nc.gov

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Department of Health and Human Services
State Center for Health Statistics
1908 Mail Service Center
Raleigh, NC 27699-1908
(919) 733-4728

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