

# PRAMS



# Prints

*PRAMS Mom says:  
 "I am thrilled to be part  
 of this survey! I am very  
 proud of the state of  
 North Carolina for  
 trying to improve the  
 lives and health of  
 mothers and children."*

This issue of the North Carolina PRAMS newsletter contains some initial findings from the data collected by the PRAMS survey. These data were collected from women in North Carolina who gave birth to a live baby in the last six months of 1997. The charts and graphs in this newsletter use the weighted data, so that they are representative of all births in North Carolina from July through December of 1997. Please see page 3 (About the PRAMS Data) for an explanation of the PRAMS data collection and analysis methods.

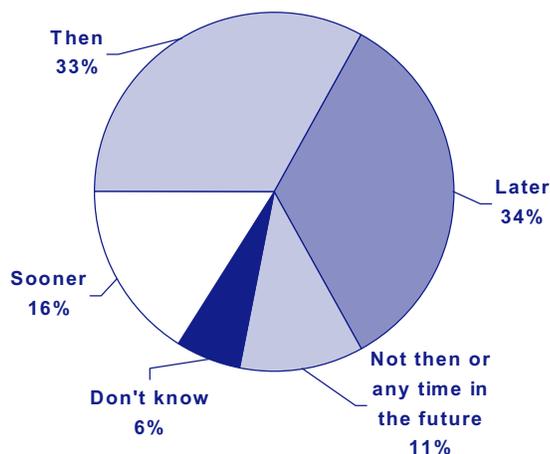
## Intendedness of Pregnancy

PRAMS asks, "Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?" The five responses to this question are shown in the pie chart to the right. In this chart, the "later" category represents mistimed pregnancies and the "not then or any-time in the future" are considered unwanted pregnancies. These two categories are combined to estimate the percentage of unintended pregnancies.

In the last six months of 1997, 45 percent of live births were the result of an unintended pregnancy. This compares to a goal set by *Healthy People 2000* to reduce the percentage of unintended pregnancies to 30 percent by the beginning of the 21<sup>st</sup> century. This is an important indicator for pregnancy outcomes since unintended pregnancy has been associated with late entry into prenatal care, poor nutrition during pregnancy, and low birth weight babies.

This fall, we will conduct a more in-depth analysis of unintended pregnancies that will include a look at socio-demographic characteristics and birth control use. Results will be published as a "Statistical Brief."

## Wanted to Be Pregnant



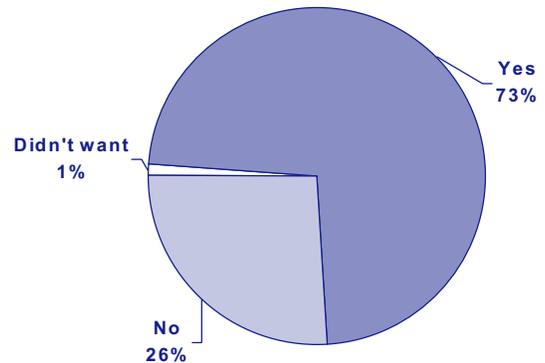
## Access to Prenatal Care

Twenty-six percent of women stated they could not obtain prenatal care as early as they wanted. PRAMS asks these women what the reasons were for the delay in their initiation in prenatal care. Some barriers to prenatal care that were identified are:

- Didn't know I was pregnant (48%).
- Couldn't get an appointment sooner (32%).
- Didn't have enough money to pay for visit (15%).

A PRAMS participant wrote, "I am a young lady who lost her baby because I didn't seek prenatal care early enough; because I didn't know I was pregnant. I wouldn't want anyone to go through what I did."

## Received Prenatal Care As Early As Wanted

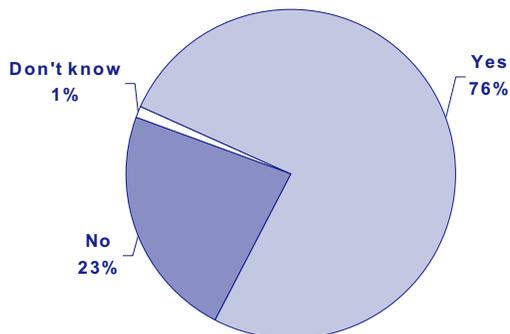


## Knowledge and Use of Folic Acid

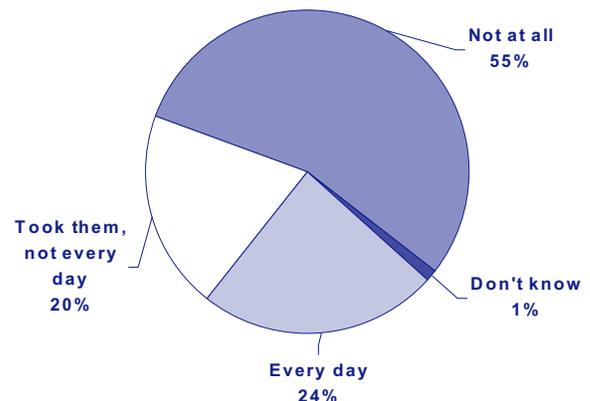
North Carolina has among the highest rates of neural tube defects (NTDs) in the United States, with about one out of every 750 pregnancies being affected. NTDs include such birth defects as spina bifida, anencephaly, and certain other central nervous system malformations. Folic acid can help prevent some of these birth defects if taken before conception. It is recommended by the Centers for Disease Control that women of childbearing age get 0.4 mg of folic acid daily in order to reduce their risk of having a child with a neural tube defect.

The PRAMS survey suggests that the majority of the women (76%) who had a live birth in the last six months of 1997 were aware of the effects of folic acid. However, the second pie chart shows that this did not equate into the use of folic acid before these pregnancies; only 24 percent of women reported that they took either a vitamin containing folic acid or a multivitamin every day.

## Aware that Folic Acid Prevents Birth Defects



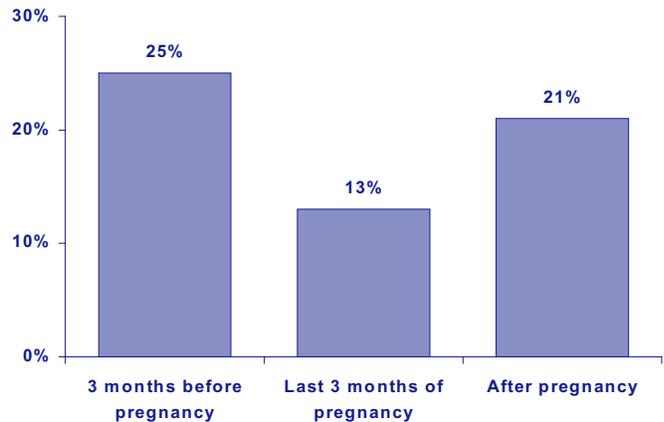
## Took Folic Acid or Multivitamins Before Pregnancy



## Prevalence of Smoking

The PRAMS survey collects self-reported data on the prevalence of smoking at three periods in time: 3 months prior to pregnancy, the last 3 months of pregnancy, and at the time of the survey. Based on the responses of women that completed the survey, it is estimated that 25 percent of women were smoking just before their pregnancy. That percentage decreases to 13 percent by the last three months of the pregnancy. The last bar in the graph shows the percentage of women smoking at the time of the PRAMS survey, which is 3-5 months after giving birth. Unfortunately, the decrease in smoking during the last trimester of pregnancy is often not a permanent change in behavior. Twenty-one percent of women are smoking 3-5 months after pregnancy.

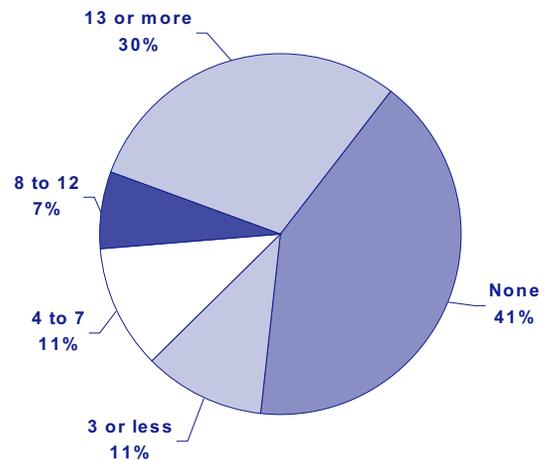
Percentage Reporting Smoking Before, During, and After Pregnancy



## Breastfeeding

The Healthy People 2000 targets are that 75 percent of women will initiate breastfeeding at delivery and 50 percent of women will still be breastfeeding when their baby is 5-6 months old. The PRAMS survey asks women whose babies are living with them about breastfeeding. The chart shows the number of weeks that women reported breastfeeding. Fifty-nine percent (59%) of women initiated breastfeeding. At the time of the survey, which was about 3-5 months after the birth of their baby, 30 percent of women were still breastfeeding. Concerns expressed by several PRAMS moms suggest that barriers continue to exist which challenge efforts to improve the breastfeeding rates in North Carolina. One mom said, *“My OB & the five pediatricians offices I interviewed to select a doctor for my baby were seriously pushing formula feeding & seemed to know very little about lactation/breast feeding counseling.”*

Number of Weeks of Breastfeeding



## About the PRAMS Data

Each month, approximately 200 women are selected from the birth certificate file for the PRAMS project. This sample is drawn 2-3 months after the date of birth for the infants. Women whose infant died after birth are included. There are some birth certificates that are excluded from the sampling frame as follows: out-of-state births to residents; in-state births to non-residents; birth certificates missing the mother's last name; multiple gestations of 4 or more siblings; and births to mothers 12 years old and younger. This monthly sample is stratified by birthweight so that a disproportionate

number of women who had low and very low birthweight babies are selected. Since 91 percent of births in 1997 were of normal birthweight, this assures that adequate information will be gathered about the low and very low birthweight babies. Otherwise, there would be no way to assure representation of these women.

All findings reported are from a weighted data file. Since the stratified sample included more women who had low or very low birthweight babies, the weights make the data representative of the entire population. Key factors of each respondent such as maternal age, race, education, marital status, trimester of first prenatal care visit, and parity are used to assure that the data represent all live births in North Carolina in the last six months of 1997.

Data collection for North Carolina PRAMS began with a sample of July 1997 births. All of the data presented in this newsletter were collected for births occurring from July through December of 1997. There were 1,169 women in the sample for 1997 and 852 responded to the survey, resulting in an overall response rate of 73 percent. There are several survey mailings, followed by phone interviews with those not responding by mail. Women that are identified as Hispanic on the birth certificate are mailed questionnaires in English and Spanish.

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## Coming soon

Look for more data in the near future on our  
new webpage which will be at:  
<http://www.schs.state.nc.us/SCHS/prams/>

*Please share this newsletter with co-workers  
and others that you think may be interested.  
Let us know if there are names to add or re-  
move from our mailing list.*