

COLORADO

PREGNANCY
RISK ASSESSMENT
MONITORING SYSTEM

SURVEILLANCE
REPORT
2000





Colorado PRAMS 2000 Surveillance Report Pregnancy Risk Assessment Monitoring System

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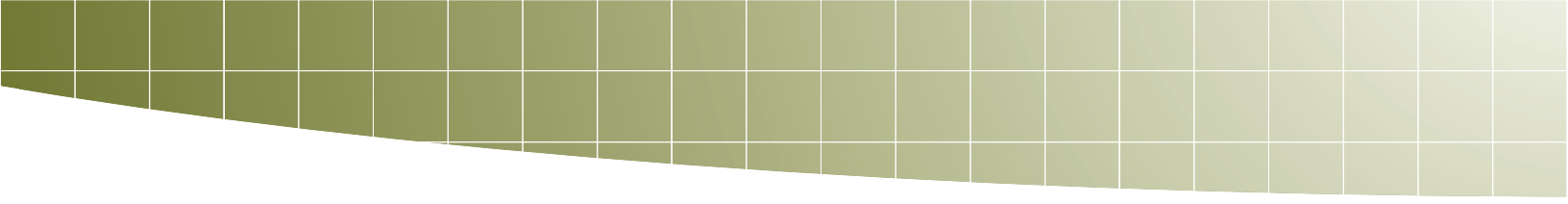
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INTRODUCTION

The Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based surveillance system conducted by the Colorado Department of Public Health and Environment, in collaboration with the Centers for Disease Control and Prevention (CDC). PRAMS is designed to identify and monitor selected maternal behaviors and experiences that occur before, during, and after pregnancy. Colorado PRAMS was initiated in 1996 and collected its first year of data in 1997. Currently, Colorado has data available for the years 1997-2000.

Each month, the PRAMS questionnaire is mailed to approximately 5 percent of all women in Colorado who delivered a live-born infant. The PRAMS survey covers topics including attitudes and feelings about pregnancy, prenatal care access and utilization, maternal use of alcohol and cigarettes, pregnancy-related morbidity, infant health

care, stress, and violence.

This report contains data on 15 maternal and child health (MCH) indicators from the PRAMS questionnaire. Many of the indicators include their corresponding Healthy People (HP) 2010 objectives, which are target objectives set by the U.S. Department of Health and Human Services for improving the health of the nation. Each indicator includes a graph and a brief narrative highlighting the findings from the data. In addition, all quotes found throughout this report are actual comments from PRAMS respondents.

PRAMS findings are used to enhance Colorado's understanding of maternal behaviors and experiences and their relationship with adverse pregnancy outcomes. It is our hope that these data will be used to help develop and assess programs and to support policies with the goal of improving maternal and child health in Colorado.

"I strongly believe that all pregnant women and their new babies should have good health care. It does make a difference. And more importantly, educating pregnant women about how to treat their bodies right during pregnancy is a must. Good health creates good babies!!"

Five recommendations from a PRAMS mom:

"1) Start prenatal vitamins before getting pregnant.

2) Eat very healthy.

3) Drink mostly water.

4) Stay relaxed and calm.

5) Enjoy being pregnant!"

METHODS

PRAMS is an ongoing, population-based surveillance system designed to supplement vital records and to generate Colorado-specific perinatal health data. Each month, a stratified random sample containing approximately 5 percent of Colorado women who recently had a baby are selected from eligible birth certificates to comprise the PRAMS sample. The sample is stratified by region of residence (Denver Metro, Other Metro, Rural) and birth weight (low, adequate) to ensure an adequate sample in the rural and low birth weight categories.

From 2 to 6 months after delivery, each sampled woman is mailed up to 3 copies of the 14-page PRAMS questionnaire. For those women who do not complete and return the PRAMS survey through the mail, PRAMS staff attempt to call the women and administer the questionnaire over the telephone. Typically, women respond to the survey within 3 to 5 months after giving birth.

The data presented in this report represent all live births to Colorado women between 1997 and 2000. From 1997 to 2000, a total of 11,288 women were selected to participate in PRAMS, and 8,250 (73 percent) of those women completed surveys.

Obtaining a high response rate allows the survey data to be weighted each year to represent all live births among Colorado residents ages 15 years and older. The sample data are weighted to adjust for sampling probabilities, nonresponse, and noncoverage. The weighted data can be interpreted as the proportion of women in Colorado who have characteristics similar to those of the respondent. All results produced in this report are generated from the statistical package SUDAAN. SUDAAN is used for the analysis of survey research data because it can account for the complex sampling design that PRAMS employs.

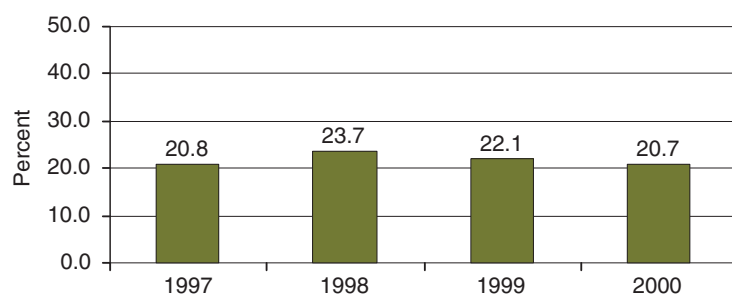
PRENATAL CARE

More than one-fifth of pregnant women enter into prenatal care later than recommended. A late start leads to an inadequate number of prenatal care visits and an increased chance of late iden-

tification of high risk conditions. The Healthy People 2010 objective is that 10 percent or fewer women will enter prenatal care after the first trimester.

"It is very important that women get proper prenatal care as soon as possible."

Figure 1. Women who started prenatal care later than recommended*, 1997-2000

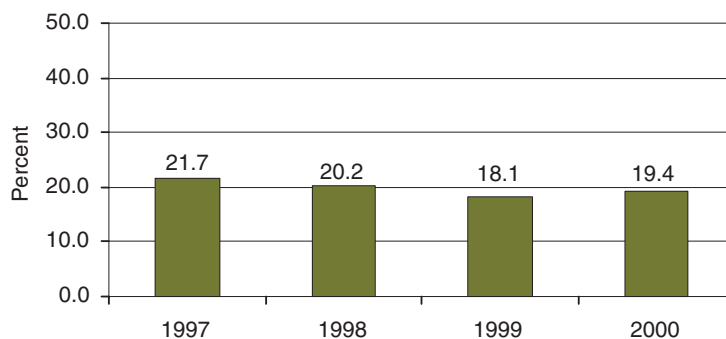


* after the first trimester

Many women do not receive prenatal care services as early as they would like. The most common reasons for delayed prenatal care initiation include the inability to get an earlier appointment,

not enough money or insurance to pay for the visits, the woman didn't know she was pregnant, and not having a Medicaid card.

Figure 2. Women who did not get prenatal care as early as they wanted, 1997-2000

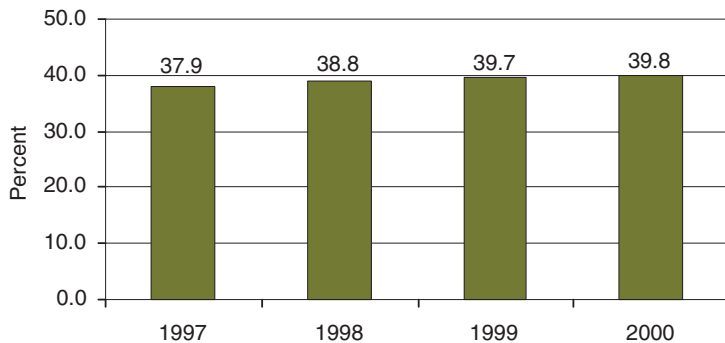


PREGNANCY INTENTION

Nearly 40 percent of all live births in Colorado are the result of an unintended pregnancy. Unintended pregnancies are defined as those that are unwanted (pregnancy not wanted at any time) or mistimed (pregnancy not wanted until some time in the future) at the time of conception. Many women with unintended pregnancies also receive late or inadequate pre-

natal care, suffer from poor nutrition, and often use harmful substances like alcohol, tobacco, and other drugs. Their infants are at higher risk for low birth weight, dying in the first year of life, and of being abused or neglected. The HP2010 objective is for 70 percent of pregnancies to be intended at the time of conception.

Figure 3. Women with unintended* pregnancies, 1997-2000



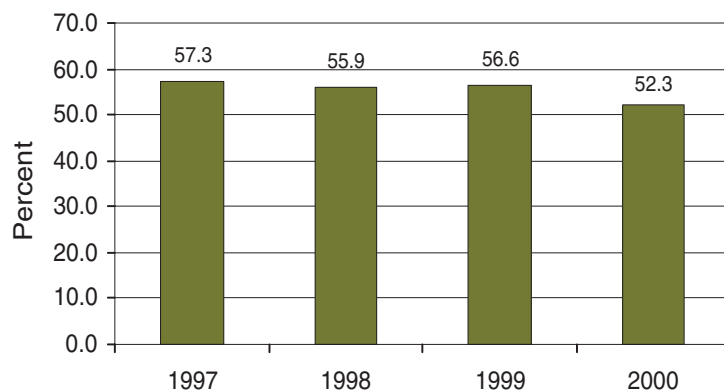
* - Unintended is defined as an unwanted (pregnancy not wanted at anytime) or mistimed (pregnancy not wanted until some time in the future) pregnancy

"My pregnancy was very much planned. My husband and I went to my doctor to discuss getting pregnant. He put me on prenatal vitamins and one month later I was pregnant. I started doing a lot of reading to educate myself on all aspects of being pregnant and being a parent."

More than half of all women who had an unintended pregnancy were not using contraception at the time of conception. By identifying women at risk of unintended pregnancy, action can be taken to improve access to family planning services, to expand women's knowledge of reproduc-

tive health and contraceptives, and to promote consistent use of effective contraceptive methods. The HP2010 objective is for 100 percent of females at risk for unintended pregnancy (and their partners) to use contraception.

Figure 4. No contraceptive use at time of pregnancy among women with an unintended pregnancy, 1997-2000



SMOKING DURING AND AFTER PREGNANCY

Smoking during pregnancy has been shown to contribute to low birth weight infants. Over the years, fewer women are smoking during pregnancy, and in the year 2000 about 10 percent of all Colorado women smoked during pregnancy. Many smokers quit smoking during their pregnancy, but about 60 percent of smokers continue

to smoke throughout their pregnancy. Although many women quit smoking while pregnant, some start up again after their babies are born, oftentimes exposing them to secondhand smoke. The HP2010 objective states that 99 percent of women will abstain from smoking during pregnancy.

Figure 5. Women who smoked during pregnancy, 1997-2000

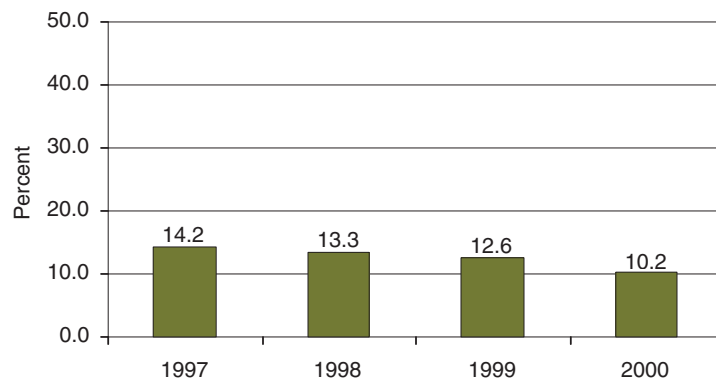
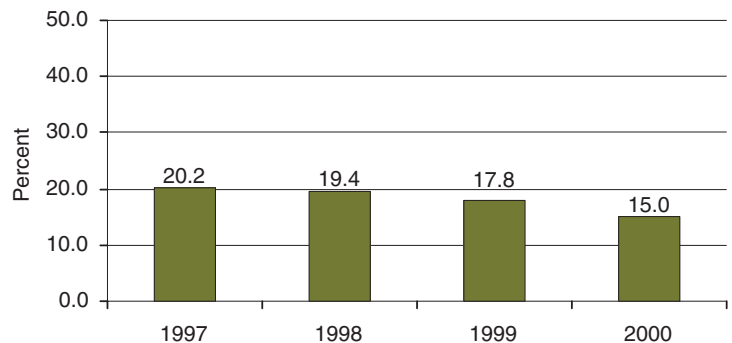


Figure 6. Women who currently smoke (at the time the survey was completed), 1997-2000

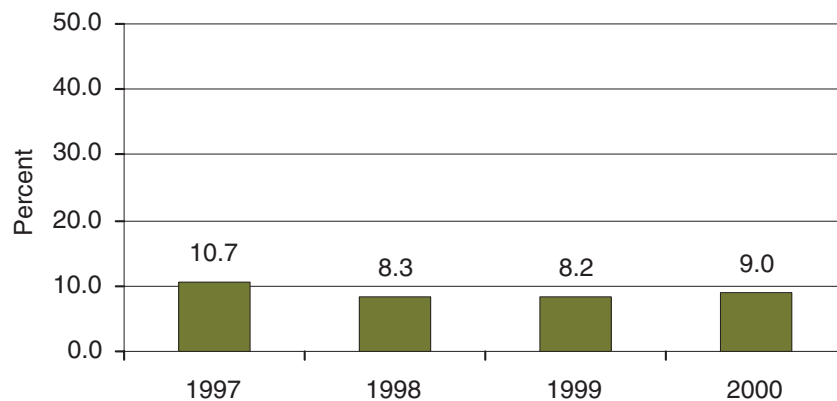


“Although I was never a heavy smoker, I stopped immediately when I found out I was pregnant. Like many, I wish I had stopped earlier.”

DRINKING DURING PREGNANCY

About 10 percent of women drink alcoholic beverages during pregnancy, and this has remained fairly constant over time. The majority (96 percent) of women who report drinking during pregnancy drink three or fewer drinks per week. The HP2010 objective is for 94 percent of pregnant women to abstain from drinking alcohol.

Figure 7. Women who drank alcohol during pregnancy, 1997-2000



"I think it is really important for women who find out they're pregnant, or planning a baby, to stop bad habits such as smoking, drinking alcohol, and drug use."

BREASTFEEDING

Most women start breastfeeding shortly after their baby is born, but many do not continue long enough for the baby to gain all the benefits. The American Academy of Pediatrics recommends breastfeeding for the first year, but most women do not. Although more women are initiating breastfeeding, less than two thirds currently do so for nine weeks or more. The HP2010 objective states that 75 percent

will initiate breastfeeding soon after delivery and 50 percent will breastfeed for 6 months. Breastfeeding is known to be beneficial to both the infant and the mother. Some of the benefits for the babies are fewer middle-ear infections and chronic illnesses such as diabetes, allergies, and most recently, obesity. School-aged children who were breastfed also were found to have IQs about eight points higher.

"I think breastfeeding is wonderful, and healthy, for me and my baby."

"I think that more emphasis should be put on the benefits of breastfeeding for both child and mother. Women should also be encouraged to breastfeed longer, at least until the baby can handle cow's milk without problems."

Figure 8. Women who initiated breastfeeding after delivery, 1997-2000

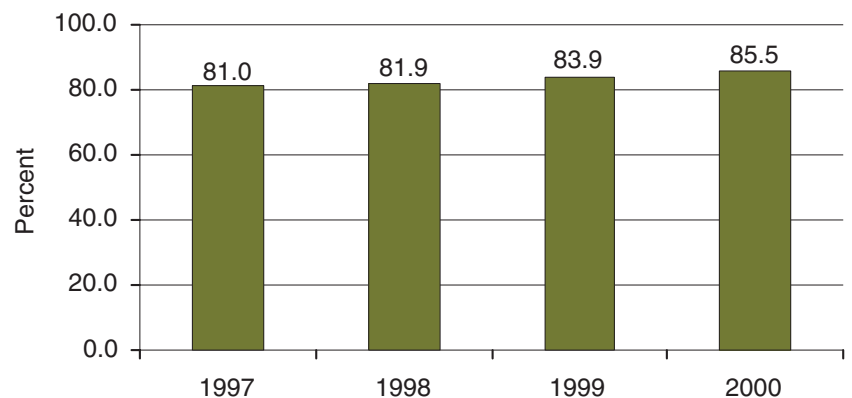
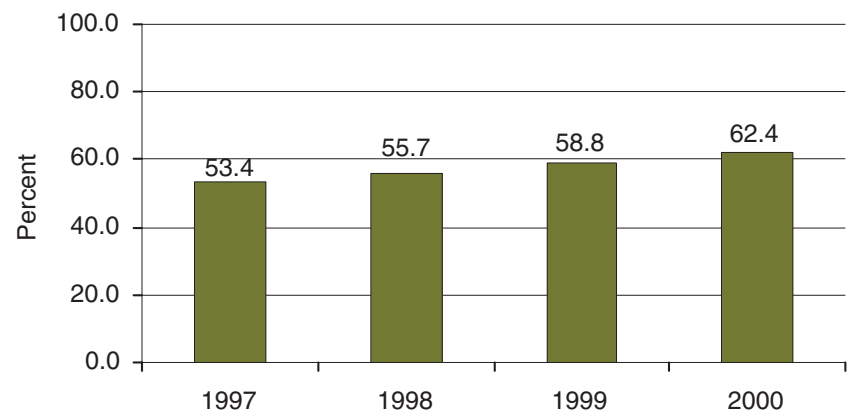


Figure 9. Women who breastfed for nine or more weeks, 1997-2000

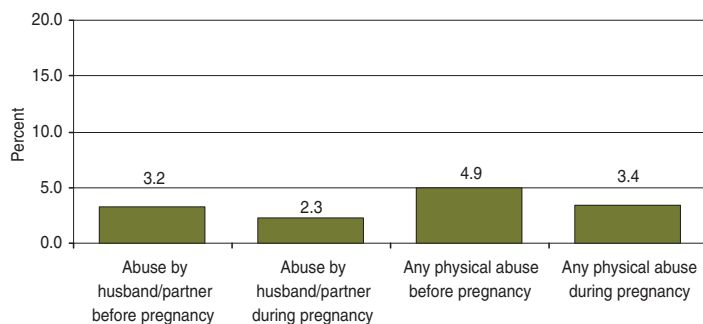


ABUSE

During the year before pregnancy, about 3 percent of Colorado mothers were physically abused by their husband or partner, and nearly 5 percent reported they had been physically abused. Even though these rates decreased during pregnancy, they were still far greater than the Healthy People 2010

objective. The objective is fewer than 3.3 physical assaults by a current or former intimate partner per 1,000 persons (0.33 percent) 12 years or older. Physical abuse during pregnancy can result in fetal loss, early onset of labor, and delivery of a preterm, low birth weight infant.

Figure 10. Percent of physical abuse before and during pregnancy, 2000



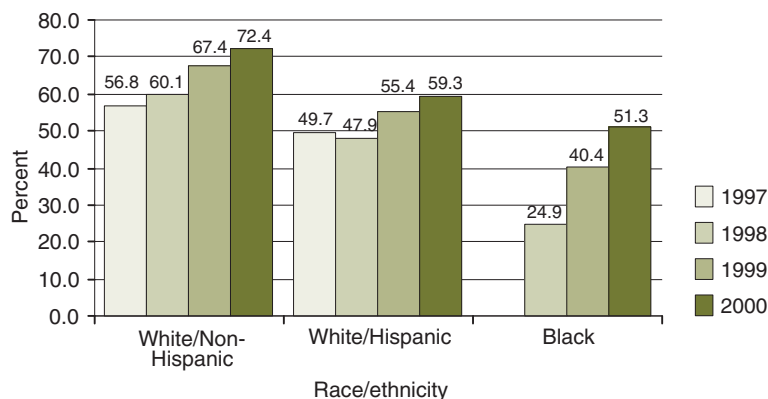
"I believe educating women who become pregnant on the importance of family is key to good health. The day I found out I was pregnant, I quit smoking, drinking, and left my abusive partner. I am now married to a kind, loving man and my baby is happy and healthy."

INFANT SLEEP POSITION

Infant sleep position has been identified as an important factor in preventing sudden infant death syndrome (SIDS). Infants who sleep on their stomachs are estimated to be up to 9.3 times more likely to die of SIDS than infants who sleep on their backs. Since the implementation of the 1994 "Back to Sleep" campaign, the percent of infants who sleep on their backs has increased significantly. These data illustrate

how successful public health interventions can be. In Colorado, increasing trends are seen for infants who sleep on their backs in White/Non-Hispanic, White/Hispanic, and Black populations. However, continued efforts need to be made in Colorado's White/Hispanic and Black populations to meet the Healthy People 2010 objective that 70 percent of infants will be put down on their backs to sleep.

Figure 11. Percent of infants who sleep on their back by race/ethnicity, 1997-2000

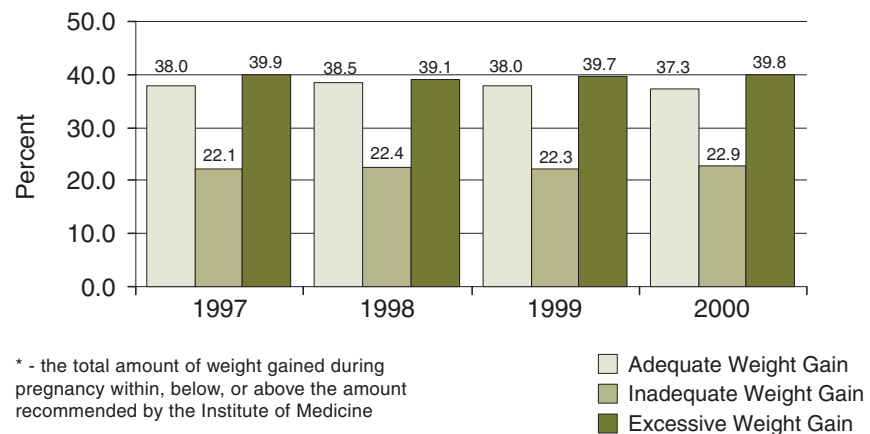


ADEQUACY OF WEIGHT GAIN DURING PREGNANCY

A substantial body of evidence suggests that maternal weight gain during pregnancy is an important determinant of fetal growth. Excessive weight gain is of concern, given the trend toward increasing obesity among US women and the associated risks for cardiovascular disease and certain types of cancer. Inadequate prenatal weight gain is a signifi-

cant risk factor for intrauterine growth retardation and low birth weight in infants, a major predictor of infant mortality. If inadequate weight gain were eliminated among pregnant women, Colorado's low weight birth rate could be reduced by as much as 19.3 percent, dropping Colorado's rate of approximately 8.5 percent to 6.9 percent.

Figure 12. Adequacy of weight gain* during pregnancy, 1997-2000



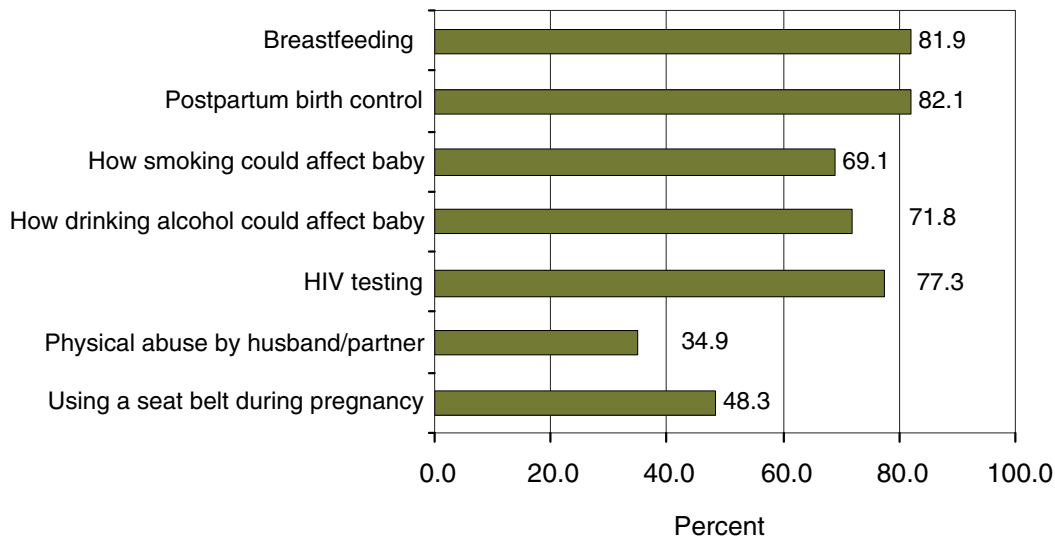
"I found my pregnancy to be a real joy— partially because I stayed physically fit (walking and prenatal water aerobics). I believe expectant mothers should be encouraged by health professionals to keep in good physical shape throughout their pregnancy."

PRENATAL COUNSELING

Prenatal care recommendations include education for patients regarding a wide range of topics. Many providers talk to patients directly about different subjects and/or use educational pamphlets and videos. Using 2000 data, this graph represents the proportion of women who reported that their provider spoke directly to them about specific topics. Over 80 percent of women reported that they were spoken to about breastfeeding and postpartum birth control. Approximately 70 percent recalled prenatal discussion about how smoking and

drinking could affect their baby during pregnancy. Although all pregnant women are encouraged to have an HIV test, only 77 percent of women reported that they were talked to about HIV testing. Less than 50 percent of Colorado women recall discussion of physical abuse by their husband/partner or discussion of seat belt use. Research has shown that health care providers have the most influence on patient behaviors. Therefore, it is of utmost importance for these issues to be discussed with all pregnant women.

Figure 13. Topics health care worker talked about during prenatal visits, 2000



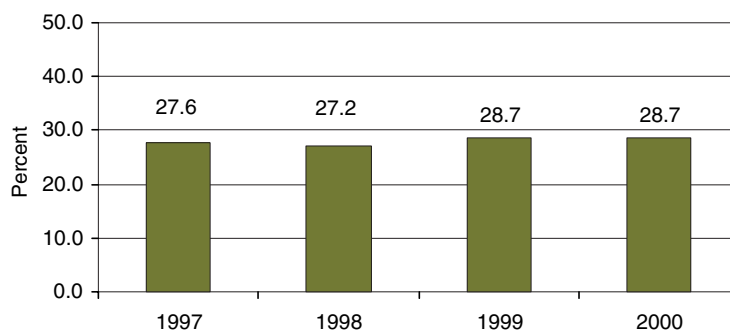
"Always ask...questions are never stupid! The more you know, the more comfortable you and your baby will be."

MEDICAID AND WIC PARTICIPATION

Medicaid is a jointly-funded, Federal-State health insurance program for low-income people. Colorado residents who meet federal and state income guidelines are eligible to receive Medicaid health care benefits. More than one-fourth of pregnant women receive Medicaid benefits to help cover their prenatal care expenses.

"I just want to say that we are VERY grateful to have had Medicaid coverage. I don't know what we would have done otherwise."

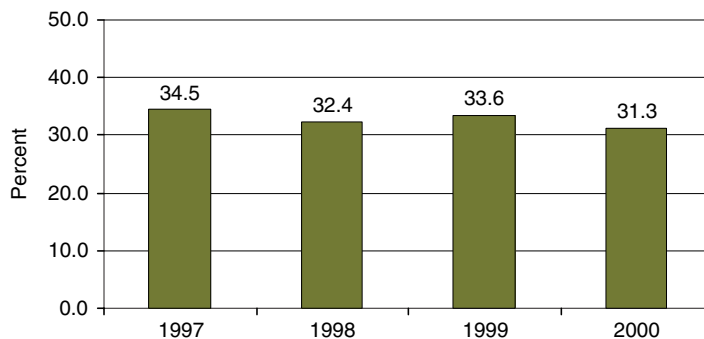
Figure 14. Medicaid coverage of prenatal care, 1997-2000



The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a national program designed to provide supplemental foods, nutrition education, and health services referrals to low-income pregnant and lactating women and young children. Approximately 1 out of every 3 pregnant women in Colorado receives WIC services during her pregnancy.

"We found WIC to be very helpful."

Figure 15. Participation in the WIC program during pregnancy, 1997-2000



ADDITIONAL INFORMATION

The following Appendix contains an abundance of additional information derived from the PRAMS questionnaire. Each table reflects responses among Colorado women grouped by category or behavior. Due to the fact that not every Colorado woman who delivered a live-born infant was selected to participate, confidence intervals were calculated to estimate the true percent. A 95 percent confidence interval can be interpreted as an estimated range of values in which there is 95 percent certainty that the true percent lies.

Each table contains three column headings: All Colorado, Medicaid, and Non-Medicaid. The “All Colorado” heading contains information that can be generalized to all women in Colorado who gave birth in the year 2000. The remaining column headings (Medicaid and Non-Medicaid) were categorized according to whether or not Colorado women had Medicaid pay for any of their prenatal

care visits. The Medicaid/Non-Medicaid data found in the appendix is only one example of how PRAMS data can be analyzed. Upon request, PRAMS data can be analyzed by maternal age, infant’s birth weight, WIC participation, or any other characteristic of interest for which data are available.

County-level data are available on the Colorado PRAMS website: www.cdphe.state.co.us/hs/prams.asp. Each table found on the website contains 12 MCH indicators for the county and its comparison to the state. In addition, PRAMS data will soon be available on-line on the Colorado Health Information Dataset (CoHID). CoHID is an internet-based technology, in which users may query and summarize information from a variety of datasets. The CoHID website can be found at: www.cdphe.state.co.us/cohid.

“Thank you for caring about me and my baby!”

APPENDIX

Table 1. Colorado PRAMS prevalence estimates: sample characteristics, 2000

Sample Characteristics	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Marital status⁺									
Married	74.1	71.6	76.6	45.6	40.3	50.9	85.8	83.4	88.2
Other	25.9	23.4	28.4	54.4	49.1	59.7	14.2	11.8	16.6
Birthweight⁺									
Low (<2500 grams)	7.7	7.4	8.0	8.2	7.0	9.4	7.2	6.6	7.8
Adequate (≥2500 grams)	92.3	92.0	92.6	91.8	90.6	93.0	92.8	92.2	93.4
Region of residence^{**+}									
Denver Metro	58.6	58.1	59.1	51.8	47.2	56.4	61.4	59.9	62.9
Other Metro	27.8	27.5	28.1	31.1	27.3	34.9	26.5	25.2	27.8
Rural	13.6	13.4	13.8	17.2	14.9	19.5	12.1	11.4	12.8
Race/ethnicity⁺									
White/Non-Hispanic	64.7	61.9	67.5	39.0	34.1	43.9	75.2	72.2	78.2
White/Hispanic	27.6	25.0	30.2	50.8	45.5	56.1	18.3	15.6	21.0
Black	4.1	2.8	5.4	7.0	3.9	10.1	2.8	1.6	4.0
Other	3.6	2.6	4.6	3.2	1.4	5.0	3.7	2.4	5.0
Education⁺									
<12 years	21.6	19.1	24.1	49.3	43.9	54.7	10.5	8.2	12.8
12 years	28.1	25.6	30.6	36.1	31.0	41.2	24.6	21.8	27.4
>12 years	50.4	47.6	53.2	14.6	11.2	18.0	64.9	61.7	68.1
Age⁺									
15-19 years	12.8	10.8	14.8	29.6	24.6	34.6	6.0	4.3	7.7
20-24 years	23.1	20.8	25.4	34.7	29.8	39.6	18.3	15.8	20.8
25-34 years	51.3	48.6	54.0	31.6	26.5	36.7	59.3	56.1	62.5
35+ years	12.8	11.0	14.6	4.1	2.2	6.0	16.4	14.1	18.7
Poverty level									
>185%	49.3	46.6	52.0	7.9	5.1	10.7	66.2	63.1	69.3
≤185%	39.2	36.5	41.9	73.3	68.4	78.2	25.3	22.5	28.1
Unknown	11.5	9.6	13.4	18.8	14.4	23.2	8.5	6.5	10.5
Income									
\$0-15,999	25.0	22.6	27.5	60.1	54.8	65.4	10.7	8.5	12.9
\$16,000-24,999	11.5	9.7	13.3	17.2	13.1	21.3	9.1	7.3	10.9
\$25,000-39,999	13.1	11.4	14.8	5.6	3.4	7.8	16.3	14.1	18.5
\$40,000+	40.8	38.2	43.4	2.2	0.7	3.7	56.5	53.3	59.7
Unknown	9.6	7.8	11.4	14.9	10.8	19.0	7.4	5.6	9.2

* Confidence Interval

** Denver Metro includes Adams, Arapahoe, Boulder, Denver, Douglas, and Jefferson counties. Other Metro includes El Paso, Larimer, Mesa, Pueblo, and Weld counties. The Rural region includes the remaining counties in the state.

+ As reported on the birth certificate

Table 2. Colorado PRAMS prevalence estimates: unintended pregnancy and birth control use, 2000

Unintended Pregnancy and Birth Control Use	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Unintended pregnancy (later, never)	39.8	37.1	42.5	58.8	53.5	64.1	31.7	28.7	34.7
Mistimed pregnancy (later)	32.9	30.3	35.5	47.4	42.0	52.8	26.8	23.9	29.7
Unwanted pregnancy (never)	6.9	5.5	8.3	11.5	8.1	14.9	5.0	3.7	6.3
Husband or partner didn't want pregnancy	10.4	8.7	12.1	16.9	12.8	21.0	7.7	5.9	9.5
Using birth control at time of pregnancy	21.3	19.0	23.6	30.3	25.3	35.3	17.5	15.0	20.0
During prenatal care HCW** talked									
about postpartum birth control	82.1	80.0	84.2	89.4	86.3	92.5	79.2	76.6	81.8
Using birth control now	87.7	85.9	89.5	88.3	85.0	91.6	87.3	85.2	89.4
After baby was born HCW talked									
about using birth control	90.6	89.0	92.2	92.5	90.1	94.9	89.9	87.9	91.9
Mom's pregnancy intent:									
Trying to get pregnant	42.7	40.0	45.4	28.2	23.1	33.3	48.7	45.5	51.9
Was not trying to get pregnant	26.8	24.4	29.3	26.0	21.3	30.7	27.0	24.1	29.9
Not trying very hard not to get pregnant	22.6	20.2	25.0	33.6	28.5	38.7	18.4	15.9	20.9
Trying hard not to get pregnant	7.8	6.4	9.2	12.2	8.8	15.6	6.0	4.5	7.5

* Confidence Interval

**Health Care Worker

Table 3. Colorado PRAMS prevalence estimates: prenatal care, 2000

Prenatal Care	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Entry into PNC** after the 1st trimester	20.7	18.3	23.1	35.0	29.7	40.3	15.1	12.7	17.5
Did not get PNC as early as wanted	19.4	17.2	21.6	28.3	23.4	33.2	15.3	12.9	17.7
Barriers to PNC:									
Couldn't get earlier appointment	29.0	23.5	34.5	30.4	21.0	39.8	29.0	22.0	36.0
Not enough money/no insurance	25.2	19.8	30.6	36.1	26.6	45.6	17.0	10.6	23.4
Didn't know pregnant	22.6	17.6	27.6	24.8	16.6	33.0	21.3	14.7	27.9
No transportation	9.6	5.7	13.5	18.0	9.8	26.2	3.0	0.0	6.0
MD/Health Plan would not start earlier	13.7	9.5	17.9	5.1	0.0	10.2	20.2	14.0	26.4
Didn't have Medicaid card	17.7	12.7	22.7	36.6	26.7	46.5	4.5	0.7	8.3
No one to take care of children	1.7	0.0	3.4	3.6	0.0	7.7	0.2	0.0	0.4
Too many other things going on	7.3	3.7	10.9	10.3	3.6	17.0	4.9	1.0	8.8
During PNC HCW*** talked about:									
How smoking could affect baby	69.1	66.6	71.6	81.5	77.2	85.8	64.0	60.9	67.1
Breastfeeding	81.9	79.8	84.0	86.8	83.0	90.6	79.9	77.4	82.4
How drinking alcohol could affect baby	71.8	69.3	74.3	78.2	73.7	82.7	69.2	66.3	72.1
Using a seat belt during pregnancy	48.3	45.5	51.1	56.4	51.1	61.7	44.9	41.7	48.1
Postpartum birth control	82.1	80.0	84.2	89.4	86.3	92.5	79.2	76.6	81.8
Testing for birth defects	82.8	80.6	85.0	77.7	73.1	82.3	84.8	82.4	87.2
Medicines that are safe during pregnancy	90.0	88.3	91.7	85.0	81.0	89.0	92.1	90.3	93.9
How using illegal drugs could affect baby	61.8	59.1	64.5	77.8	73.4	82.2	55.3	52.1	58.5
Early labor	85.3	83.4	87.2	85.6	81.9	89.3	85.2	82.9	87.5
HIV testing	77.3	75.0	79.6	82.4	78.3	86.5	75.2	72.4	78.0
Physical abuse by husband/partner	34.9	32.2	37.6	53.6	48.2	59.0	27.3	24.4	30.2
How much weight you should gain	80.3	78.1	82.5	83.3	79.2	87.4	79.1	76.5	81.7
During PNC HCW asked if:									
You were smoking cigarettes	92.6	91.2	94.0	97.4	96.1	98.7	90.7	88.9	92.5
You were drinking alcohol	89.3	87.7	90.9	94.8	92.8	96.8	87.0	84.9	89.1
Source of most PNC visits:									
Hospital clinic	11.0	9.1	12.9	19.4	14.8	24.0	7.8	6.0	9.6
Health department clinic	5.4	3.9	6.9	12.6	8.6	16.6	2.5	1.3	3.7
Private doctor's office	65.8	63.1	68.5	31.7	27.1	36.3	79.2	76.4	82.0
Community health center	11.4	9.5	13.3	27.6	22.6	32.6	5.0	3.4	6.6
Other	6.4	5.0	7.8	8.7	5.8	11.6	5.5	4.0	7.0

* Confidence Interval
 **Prenatal Care
 ***Health Care Worker

Table 4. Colorado PRAMS prevalence estimates: Medicaid coverage and WIC participation, 2000**

Medicaid Coverage and WIC Participation	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Participation in WIC during pregnancy	31.3	28.7	33.9	72.7	67.8	77.6	14.6	12.2	17.0
Insurance Coverage									
Covered by insurance before pregnancy (not Medicaid)	65.4	62.7	68.1	15.1	11.5	18.7	85.6	83.1	88.1
Covered by Medicaid before pregnancy	4.6	3.4	5.8	14.4	10.6	18.2	0.5	0.2	0.8
Prenatal care paid by ¹ :									
Medicaid	28.7	26.2	31.2	Medicaid defined as prenatal care paid for by Medicaid					
Personal income	24.1	21.8	26.4	13.2	9.4	17.0	28.5	25.6	31.4
Insurance	62.4	59.7	65.1	9.5	6.5	12.5	83.8	81.3	86.3
Military/Champus/VA	3.0	2.2	3.8	0.4	0.0	0.9	4.0	2.9	5.1
Colorado Resident Discount Program	4.4	3.0	5.8	6.7	3.4	10.0	3.4	1.9	4.9
Labor and delivery paid by ¹ :									
Medicaid	32.5	29.9	35.1	96.4	94.4	98.4	6.6	4.7	8.5
Personal Income	21.8	19.6	24.0	5.2	2.5	7.9	28.6	25.8	31.4
Insurance	63.9	61.2	66.6	9.8	6.5	13.1	85.6	83.2	88.0
Military/Champus/VA	2.9	2.1	3.7	0.2	0.0	0.6	4.0	2.9	5.1
Colorado Resident Discount Program	1.3	0.6	2.0	1.8	0.0	3.6	1.1	0.3	1.9

* Confidence Interval

**The Special Supplemental Nutrition Program for Women, Infants, and Children

¹ can select more than one

Table 5. Colorado PRAMS prevalence estimates: breastfeeding, 2000

Breastfeeding	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
During prenatal care HCW** talked about Breastfeeding	81.9	79.8	84.0	86.8	83.0	90.6	79.9	77.4	82.4
Ever breastfed	85.5	83.5	87.5	76.2	71.5	80.9	89.2	87.2	91.2
Never breastfed	14.5	12.5	16.5	23.8	19.1	28.5	10.8	8.8	12.8
Among all women:									
Breastfed for 4 weeks or less	30.4	27.8	33.0	46.9	41.3	52.5	23.8	21.0	26.6
Breastfed for 5-8 weeks	7.2	5.7	8.7	6.5	3.7	9.3	7.4	5.7	9.1
Breastfed for 9 or more weeks	62.4	59.6	65.2	46.6	41.0	52.2	68.8	65.7	71.9
Among all women:									
Other food at 9 or more weeks	35.7	33.0	38.4	27.3	22.5	32.1	39.5	36.2	42.8
Other food at <9 weeks	64.3	61.6	67.0	72.7	67.9	77.5	60.5	57.2	63.8
Reasons for not breastfeeding: ¹									
Other children to take care of	24.8	18.6	31.0	26.0	16.2	35.8	24.1	16.1	32.1
Too many household duties	17.5	11.7	23.3	24.3	14.3	34.3	12.3	5.8	18.8
Didn't like breastfeeding	37.9	31.2	44.6	40.0	29.3	50.7	36.6	27.9	45.3
Didn't want to be tied down	12.0	7.4	16.6	11.1	4.4	17.8	12.8	6.5	19.1
Embarrassed to breastfeed	6.2	3.1	9.3	5.9	0.9	10.9	6.5	2.5	10.5
Went back to school/work	26.9	20.5	33.3	32.7	22.1	43.3	22.4	14.8	30.0
Husband did not want me to	2.5	0.6	4.4	2.4	0.0	4.8	2.6	0.0	5.4
Wanted my body back	10.8	6.8	14.8	8.9	3.7	14.1	12.4	6.6	18.2
Reasons for stopping breastfeeding: ¹									
Baby had difficulty nursing	22.1	18.2	26.0	26.7	19.4	34.1	19.4	15.0	23.8
Did not satisfy baby	35.5	30.9	40.1	36.2	28.3	44.1	35.3	29.7	40.9
Baby not gaining enough weight	9.1	6.1	12.1	8.7	3.6	13.8	9.5	5.8	13.2
Baby became sick	4.2	2.4	6.0	6.0	2.5	9.5	3.3	1.2	5.4
Nipples were sore	18.5	14.7	22.3	23.1	15.9	30.3	15.8	11.4	20.2
Not producing enough milk	39.7	35.0	44.4	43.6	35.4	51.8	37.0	31.3	42.7
Too many household duties	7.8	5.4	10.2	9.4	4.8	14.0	7.0	4.2	9.8
Felt right time to stop	13.7	10.5	16.9	14.3	8.9	19.7	13.7	9.6	17.8
Mom became sick	7.3	4.7	9.9	8.8	3.9	13.7	6.3	3.3	9.3
Went back to school/work	22.2	18.3	26.1	19.4	13.3	25.5	23.9	18.8	29.0
Husband wanted me to stop	1.8	0.6	3.0	2.0	0.0	4.1	1.7	0.2	3.2
Needed help feeding baby	10.6	7.8	13.4	11.0	6.1	15.9	10.5	7.0	14.0

* Confidence Interval

** Health Care Worker

¹ can select more than one

Table 6. Colorado PRAMS prevalence estimates: smoking, 2000

Smoking	All Colorado		Medicaid		Non-Medicaid	
	%	95% C. I.*	%	95% C. I.	%	95% C. I.
Smoked >= 100 cigarettes in last 2 years	22.5		33.1		18.3	
Smoked during 3 months before pregnancy	19.9		29.6		16.1	
Of all women, quantity:						
None	80.1		70.4		83.9	
1-9 per day	7.2		10.3		6.0	
10-19 per day	5.9		8.3		4.9	
20+ per day	6.8		10.9		5.2	
Of those women who smoked, quantity:						
1-9 per day	36.0		34.8		37.2	
10-19 per day	29.9		28.2		30.7	
20+ per day	34.1		37.0		32.1	
Smoked during last 3 months of pregnancy	10.2		17.1		7.4	
Of all women, quantity:						
None	89.8		82.9		92.6	
1-9 per day	6.3		11.4		4.2	
10-19 per day	3.1		4.6		2.5	
20+ per day	0.8		1.1		0.7	
Of those women who smoked, quantity:						
1-9 per day	61.4		66.8		57.1	
10-19 per day	30.6		26.8		33.7	
20+ per day	8.0		6.4		9.2	
Smoke currently (when survey completed)	15.0		25.1		10.9	
Of all women, quantity:						
None	85.0		74.9		89.1	
1-9 per day	6.7		11.1		4.9	
10-19 per day	5.1		8.4		3.7	
20+ per day	3.2		5.6		2.2	
Of those women who smoke, quantity:						
1-9 per day	45.0		44.2		45.5	
10-19 per day	33.8		33.3		34.3	
20+ per day	21.3		22.5		20.2	
During prenatal care HCW** talked about smoking	69.1		81.5		64.0	
Husband/partner smokes in house	5.6		9.8		4.0	
Someone else smokes in house (not including mom/husband/partner)	5.9		14.2		2.5	
Baby never in same room with someone smoking	91.7		87.9		93.2	

* Confidence Interval
 **Health Care Worker

Table 7. Colorado PRAMS prevalence estimates: alcohol and other drugs, 2000

Alcohol/Other Drugs	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Drank alcohol during the 3 months before pregnancy	56.2	53.4	59.0	41.8	36.5	47.1	62.2	59.0	65.4
Of all women, quantity:									
None	43.8	41.0	46.6	58.2	52.9	63.5	37.8	34.6	41.0
3 or fewer drinks/week	46.9	44.1	49.7	32.7	27.7	37.7	52.8	49.6	56.0
4-6 drinks/week	6.3	5.0	7.6	5.6	3.3	7.9	6.7	5.1	8.3
7+ drinks/week	2.9	2.0	3.8	3.5	1.6	5.4	2.7	1.7	3.7
Of those women who drank, quantity:									
3 or fewer drinks/week	83.5	80.9	86.1	78.2	71.8	84.6	84.9	82.0	87.8
4-6 drinks/week	11.3	9.0	13.6	13.3	8.0	18.6	10.8	8.3	13.3
7+ drinks/week	5.2	3.7	6.7	8.4	4.0	12.8	4.3	2.7	5.9
Drank alcohol during last 3 months of pregnancy	9.0	7.5	10.5	4.1	2.1	6.1	11.1	9.1	13.1
Of all women, quantity:									
None	91.0	89.5	92.5	95.9	93.9	97.9	88.9	86.9	90.9
3 or fewer drinks/week	8.6	7.1	10.1	4.1	2.1	6.1	10.6	8.6	12.6
4+ drinks/week	0.4	0.0	0.8	0.0	0.0	0.0	0.6	0.1	1.1
Of those women who drank, quantity:									
3 or fewer drinks/week	95.6	91.7	99.5	100.0	100.0	100.0	95.0	90.6	99.4
4+ drinks/week	4.4	0.5	8.3	0.0	0.0	0.0	5.0	0.6	9.4
During prenatal care HCW** talked about:									
Alcohol consumption	71.8	69.3	74.3	78.2	73.7	82.7	69.2	66.3	72.1
Medicines that are safe during pregnancy	90.0	88.3	91.7	85.0	81.0	89.0	92.1	90.3	93.9
Using illegal drugs	61.8	59.1	64.5	77.8	73.4	82.2	55.3	52.1	58.5

* Confidence Interval

** Health Care Worker

Table 8. Colorado PRAMS prevalence estimates: infant health and hospital stay, 2000

Infant Health and Hospital Stay	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Hospital stay of 1 night or less for labor and delivery (mom)	19.6	17.4	21.8	22.3	17.9	26.7	18.5	16.0	21.0
Infant placed in Intensive Care Unit (ICU)	10.0	8.6	11.4	10.3	7.4	13.2	9.6	8.0	11.2

* Confidence Interval

Table 9. Colorado PRAMS prevalence estimates: infant sleep position, 2000

Infant Sleep Position	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Sleep position on back	67.6	64.9	70.3	58.0	52.2	63.8	71.2	68.2	74.2
Sleep position on side	24.3	21.8	26.8	33.9	28.3	39.5	20.8	18.1	23.5
Sleep position on stomach	8.1	6.6	9.6	8.0	4.8	11.2	8.1	6.4	9.8

* Confidence Interval

Table 10. Colorado PRAMS prevalence estimates: physical abuse, 2000

Physical Abuse	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Abuse by husband/partner 12 months before pregnancy	3.2	2.3	4.1	7.0	4.6	9.5	1.7	0.8	2.6
Abuse by husband/partner during pregnancy	2.3	1.5	3.1	4.6	2.7	6.5	1.4	0.7	2.1
During prenatal care HCW** talked about physical abuse	34.9	32.2	37.6	53.6	48.2	59.0	27.3	24.4	30.2
Any physical abuse before pregnancy	4.9	3.7	6.1	10.8	7.5	14.1	2.5	1.5	3.5
Any physical abuse during pregnancy	3.4	2.4	4.4	6.8	4.3	9.3	2.0	1.1	2.9

* Confidence Interval
 **Health Care Worker

Table 11. Colorado PRAMS prevalence estimates: stress, 2000

Stress	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Stressors experienced in the 12 months before delivery:									
Family member ill and hospitalized	21.7	19.5	23.9	20.1	15.8	24.4	22.3	19.7	24.9
Separated/divorced from husband/partner	8.5	7.0	10.0	14.4	10.9	17.9	6.1	4.5	7.7
Moved to new address	39.7	37.0	42.4	46.3	41.0	51.6	36.9	33.8	40.0
Homeless	5.7	4.2	7.2	11.4	7.7	15.1	3.4	2.0	4.8
Husband/partner lost job	10.4	8.7	12.1	17.7	13.7	21.7	7.6	5.9	9.3
Lost job though wanted to continue working	9.2	7.5	10.9	15.0	11.1	18.9	6.8	5.1	8.5
Argued with husband/partner more than usual	25.4	23.0	27.8	34.0	29.0	39.0	21.9	19.2	24.6
Husband/partner didn't want pregnancy	10.4	8.7	12.1	16.9	12.8	21.0	7.7	5.9	9.5
Bills you couldn't pay	22.2	19.9	24.5	32.3	27.5	37.1	18.2	15.7	20.7
Involved in a physical fight	2.6	1.8	3.4	5.7	3.6	7.8	1.4	0.7	2.1
You or husband/partner went to jail	5.2	4.0	6.4	11.1	7.9	14.3	2.7	1.6	3.8
Someone close had problems with alcohol/drugs	13.1	11.2	15.0	21.9	17.5	26.3	9.5	7.6	11.4
Someone close died	15.7	13.7	17.7	17.2	13.2	21.2	15.2	12.8	17.6
Number of stressors experienced in the 12 months before delivery:									
0	26.3	23.9	28.7	17.1	12.9	21.3	30.0	27.1	32.9
1-2	44.7	42.0	47.4	37.9	32.7	43.1	47.5	44.3	50.7
3-5	23.7	21.3	26.1	33.3	28.3	38.3	19.7	17.1	22.3
6+	5.4	4.2	6.6	11.7	8.5	14.9	2.8	1.7	3.9

* Confidence Interval

Table 12. Colorado PRAMS prevalence estimates: nutrition and maternal weight gain, 2000

Nutrition and Maternal Weight Gain	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Frequency of taking a multivitamin before pregnancy:									
Didn't take multivitamin	55.3	52.6	58.0	72.1	67.4	76.8	48.6	45.4	51.8
1-3 times a week	9.4	7.8	11.0	10.3	7.0	13.6	9.0	7.2	10.8
4-6 times a week	6.9	5.5	8.3	3.3	1.4	5.2	8.3	6.5	10.1
Every day of the week	28.4	26.0	30.8	14.3	10.7	17.9	34.1	31.1	37.1
During prenatal care HCW** talked about how much weight you should gain	80.3	78.1	82.5	83.3	79.2	87.4	79.1	76.5	81.7
Body mass index just before got pregnant:									
Underweight (<19.8)	16.8	14.7	18.9	19.0	14.5	23.5	16.0	13.6	18.4
Normal (19.8-26.0)	57.0	54.2	59.8	52.1	46.5	57.7	58.8	55.6	62.0
Overweight (26.1-29.0)	10.2	8.5	11.9	10.7	7.1	14.3	9.9	8.0	11.8
Obese (>29)	16.0	13.9	18.1	18.2	13.7	22.7	15.3	12.9	17.7
Weight gain in pounds: †									
<16	9.7	8.1	11.3	12.4	8.9	15.9	8.6	6.8	10.4
16-20	12.2	10.3	14.1	13.9	10.0	17.8	11.6	9.5	13.7
21-25	14.2	12.3	16.1	13.4	9.6	17.2	14.5	12.2	16.8
26-30	19.3	17.1	21.5	16.9	12.9	20.9	20.1	17.5	22.7
31-35	15.2	13.2	17.2	15.2	11.0	19.4	15.3	13.0	17.6
36-40	12.0	10.2	13.8	9.5	6.5	12.5	12.8	10.6	15.0
41-45	6.4	5.1	7.7	6.9	4.3	9.5	6.3	4.8	7.8
46+	11.1	9.4	12.8	11.8	8.4	15.2	10.8	8.8	12.8
Weight gain adequacy***:									
In IOM recommended range	37.3	34.3	40.3	35.4	29.5	41.3	37.9	34.5	41.3
Below IOM recommended range	22.9	20.3	25.5	26.2	20.8	31.6	21.8	18.8	24.8
Above IOM recommended range	39.8	36.8	42.8	38.4	32.5	44.3	40.3	36.9	43.7

* Confidence Interval

** Health Care Worker

***The Institute of Medicine (IOM) provides recommendations for weight gain during pregnancy based on a woman's prepregnancy body mass index

† As reported on the birth certificate

Table 13. Colorado PRAMS prevalence estimates: previous pregnancies, 2000

Previous Pregnancies	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Previous live birth outcomes:									
No previous live birth	46.6	43.8	49.4	45.1	39.7	50.5	47.3	44.0	50.6
OK (not LBW** or preterm)	44.7	41.9	47.5	43.8	38.4	49.2	45.2	42.0	48.4
LBW	2.5	1.7	3.3	3.7	1.5	5.9	1.7	1.0	2.4
Preterm	2.7	1.8	3.6	2.3	0.7	3.9	2.9	1.8	4.0
LBW and preterm	3.5	2.5	4.5	5.1	2.6	7.6	2.9	1.9	3.9
Previous other terminations of pregnancy of all women, quantity: †									
0	74.1	71.7	76.5	76.5	72.1	80.9	73.0	70.2	75.8
1	16.7	14.7	18.7	14.9	11.2	18.6	17.6	15.2	20.0
2+	9.2	7.7	10.7	8.6	5.8	11.4	9.4	7.5	11.3

* Confidence Interval

** Low Birth Weight

† As reported on the birth certificate

Table 14. Colorado PRAMS prevalence estimates: problems during pregnancy, 2000

Problems During Pregnancy	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Problems during pregnancy: ¹									
Early labor	28.4	26.0	30.8	30.5	25.7	35.3	27.7	24.9	30.5
High blood pressure	16.7	14.8	18.6	13.8	10.4	17.2	18.0	15.6	20.4
Vaginal bleeding	13.4	11.6	15.2	10.1	7.4	12.8	14.7	12.4	17.0
Problems with placenta	6.1	4.9	7.3	6.3	3.9	8.8	5.9	4.4	7.4
Nausea/dehydration	26.2	23.8	28.7	31.8	26.8	36.8	24.1	21.3	26.9
Kidney/bladder infection	13.7	11.8	15.6	18.7	14.7	22.7	11.7	9.5	13.9
Diabetes	7.5	6.0	9.0	6.7	4.0	9.4	7.9	6.1	9.7
PROM	5.5	4.5	6.5	6.0	4.0	8.0	5.3	4.1	6.5
Cervix sewn shut	2.3	1.4	3.2	4.0	1.8	6.2	1.7	0.8	2.6
Car accident	1.8	1.1	2.5	2.5	0.9	4.1	1.5	0.8	2.2
Hospital stay during pregnancy: ¹									
Less than 1 day	37.5	34.2	40.8	41.3	35.1	47.5	35.9	32.0	39.8
1 to 7 days	14.4	12.3	16.5	10.6	7.5	13.7	16.0	13.3	18.7
More than 7 days	3.1	2.0	4.2	2.5	0.9	4.1	3.3	1.9	4.7
Stayed in bed more than 2 days	29.5	26.5	32.5	25.7	20.4	31.0	31.2	27.5	34.9

* Confidence Interval

¹ more than one can be selected

Table 15. Colorado PRAMS prevalence estimates: well baby visits and child care, 2000

Well Baby Visits and Child Care	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Number well baby visits:									
0	2.1	1.3	2.9	3.6	1.4	5.8	1.5	0.7	2.3
1	9.4	7.8	11.0	11.6	8.1	15.1	8.6	6.8	10.4
2	38.3	35.5	41.1	36.3	30.9	41.7	39.1	35.9	42.3
3	32.9	30.2	35.6	27.1	22.1	32.1	35.4	32.2	38.6
4	12.7	10.8	14.6	15.5	11.3	19.7	11.5	9.4	13.6
5	2.8	2.0	3.6	2.8	1.6	4.0	2.5	1.6	3.4
6+	1.9	1.2	2.6	3.2	1.4	5.0	1.4	0.7	2.1
Source of well baby care: ¹									
Hospital	9.4	7.6	11.2	14.8	10.4	19.2	7.3	5.5	9.1
Health department	4.3	3.0	5.6	9.2	5.6	12.8	2.2	1.2	3.2
Private doctor	69.5	66.8	72.2	39.6	34.2	45.0	80.9	78.2	83.6
Community health center	12.7	10.7	14.7	30.9	25.6	36.2	5.9	4.2	7.6
Other	4.1	2.9	5.3	5.5	2.9	8.1	3.7	2.3	5.1
Mom currently in school or working outside of home									
	44.5	41.7	47.3	41.5	36.1	46.9	45.5	42.2	48.8
Who cares for baby when at school/work?:									
Husband/partner	26.5	22.7	30.3	19.0	12.0	26.0	28.6	24.1	33.1
Baby's teenage sibling	0.9	0.0	2.0	0.4	0.0	1.0	1.0	0.0	2.4
Baby's preteen sibling	0.2	0.0	0.5	0.7	0.0	2.0	0.0	0.0	0.0
Other close relative	24.5	20.7	28.3	37.7	28.9	46.5	20.1	16.1	24.1
Friend or neighbor	5.6	3.5	7.7	6.0	0.8	11.2	5.5	3.3	7.7
Babysitter, nanny, or child care provider	22.1	18.5	25.7	14.4	8.3	20.5	24.8	20.5	29.1
Staff at a day-care center	8.8	6.3	11.3	7.5	3.0	12.0	9.4	6.4	12.4
Other	11.5	8.6	14.4	14.4	7.5	21.3	10.5	7.4	13.6
How often mom feels that baby is well cared for:									
Always	87.3	84.5	90.1	89.5	84.4	94.6	86.9	83.6	90.2
Almost always	11.0	8.4	13.6	9.4	4.4	14.4	11.7	8.6	14.8
Sometimes	0.6	0.1	1.1	0.2	0.0	0.5	0.8	0.1	1.5
Rarely	0.3	0.0	0.7	0.6	0.0	1.7	0.1	0.0	0.3
Never	0.8	0.0	1.8	0.3	0.0	0.8	0.5	0.0	1.5

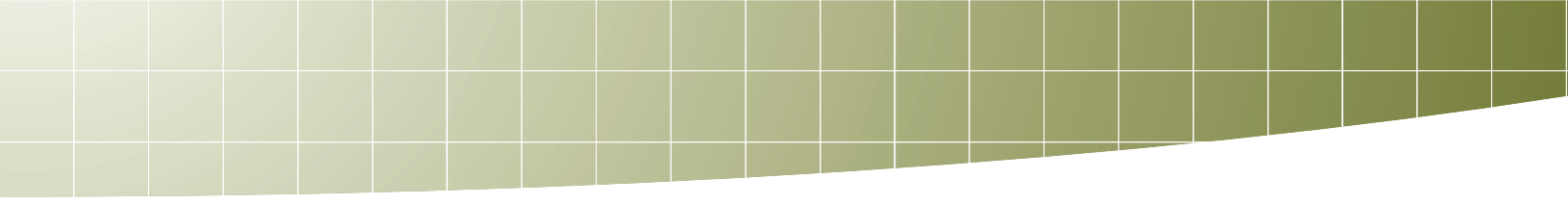
* Confidence Interval

¹ more than one can be selected

Table 16. Colorado PRAMS prevalence estimates: dental care, 2000

Dental Care	All Colorado			Medicaid			Non-Medicaid		
	%	95% C. I.*		%	95% C. I.		%	95% C. I.	
Dental care during pregnancy:									
Needed to see a dentist	25.1	22.7	27.6	35.4	30.1	40.7	21.0	18.4	23.6
Went to see a dentist	39.9	37.2	42.6	21.7	17.3	26.1	47.0	43.7	50.3
Dentist/HCW** talked about teeth care	38.3	35.6	41.0	28.7	23.8	33.6	42.2	38.9	45.5
Time since last dental care visit:									
Less than 6 months	26.6	24.1	29.1	17.0	12.7	21.3	30.2	27.1	33.3
6-11 months	20.5	18.1	22.9	15.2	10.9	19.5	22.2	19.4	25.0
12-23 months	27.5	24.9	30.1	26.5	21.3	31.7	28.0	24.9	31.1
More than 24 months	25.4	22.9	27.9	41.3	35.6	47.0	19.6	17.0	22.2

* Confidence Interval
 ** Health Care Worker





Colorado Department
of Public Health
and Environment