

COLORADO PRAMS

Pregnancy
Risk
Assessment
Monitoring
System



SURVEILLANCE REPORT 2001

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PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

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INTRODUCTION

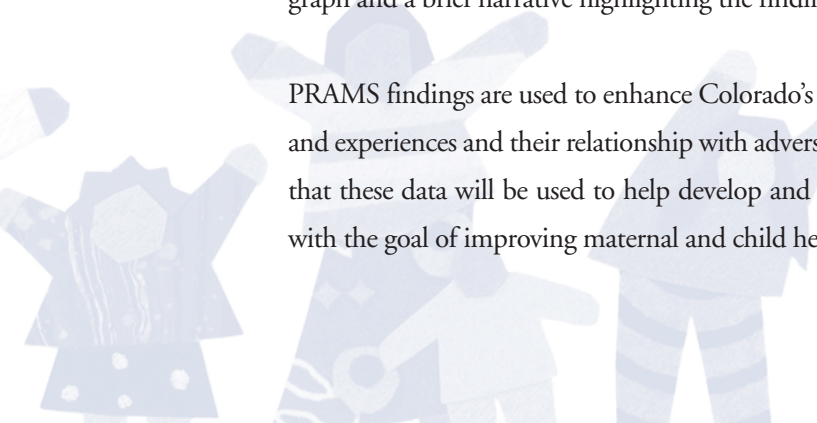
The Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based risk factor surveillance system conducted by the Colorado Department of Public Health and Environment, in collaboration with the Centers for Disease Control and Prevention (CDC). PRAMS is designed to identify and monitor behaviors and experiences of women 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 1997-2001.

“My pregnancy (first one) went amazingly well! I credit great nutrition, plenty of sleep and exercise for that. I can’t stress enough how much healthy eating and taking care of your body both before and during pregnancy aids in a smooth pregnancy and delivery.”

Each month, the PRAMS questionnaire is mailed to approximately 250 women who recently delivered a live-born infant. The PRAMS survey covers topics including attitudes and feelings about the pregnancy, prenatal care access and utilization, maternal use of alcohol and cigarettes, pregnancy-related morbidity, infant health care, stress, and pregnancy-related violence. As explained in the *Methods* section of this report, PRAMS data are weighted to represent all Colorado women who deliver a live birth.

This report contains data on 14 maternal and child health (MCH) indicators from the PRAMS questionnaire. Many of the indicators include their corresponding *Healthy People 2010* objective, 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 of the data.

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 support policies with the goal of improving maternal and child health in Colorado.





METHODOLOGY

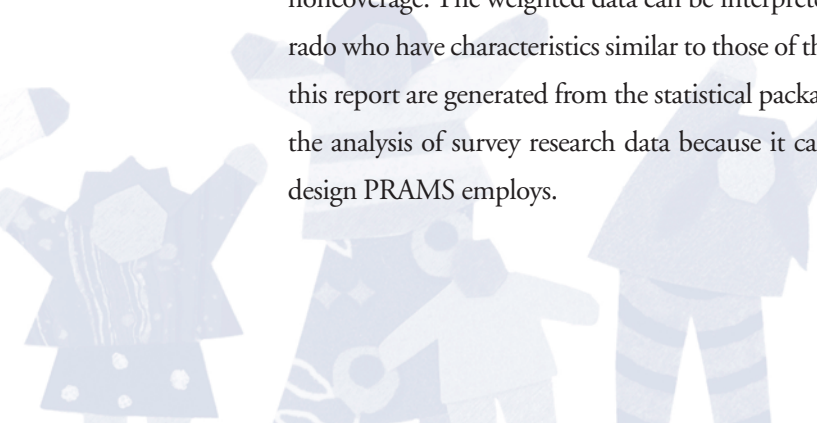
PRAMS is an ongoing, population-based surveillance system designed to supplement vital records and to generate Colorado-specific perinatal health data. Each month, a stratified random sample containing approximately 5 percent of Colorado women who recently had a baby are selected from eligible birth 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.

At 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.

“Good food habits, fluids, and a happy family are the key to an easy pregnancy and healthy babies!”

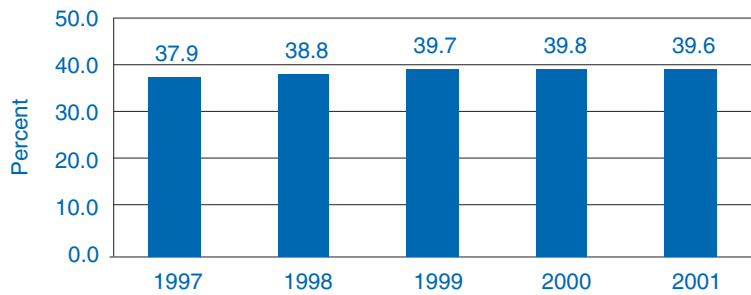
The data presented in this report represent live births to Colorado women between 1997 and 2001. From 1997 to 2001, a total of 14,319 women were selected to participate in PRAMS and 10,399 (73 percent) of those women completed surveys.

By obtaining a high response rate, the survey data from respondents are weighted to represent all live births from 1997 to 2001 to 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 number 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 PRAMS employs.



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 prenatal 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 *Healthy People 2010* objective is for 70 percent of pregnancies to be intended at the time of conception.

Figure 1. Women with unintended pregnancies, 1997-2001

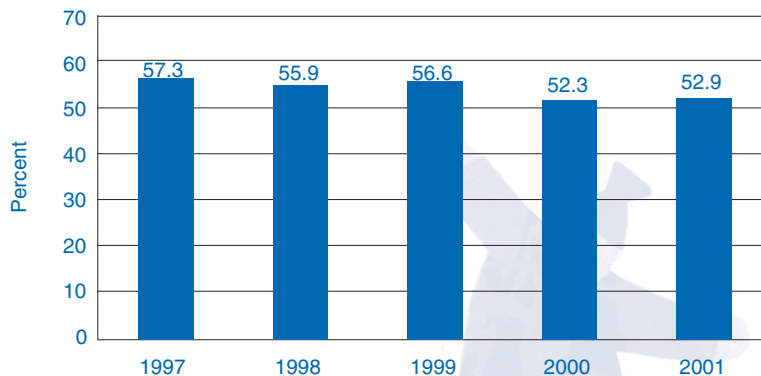


More than half of all women who had an unintended pregnancy resulting in a live birth were not using contraception at the time of conception. By identifying women at risk of unintended pregnancy, action can be taken to improve access to family planning services, to expand women’s knowledge of reproductive health and contraceptives,

and to promote consistent use of effective contraceptive methods. The *Healthy People 2010* objective is for 100 percent of females at risk for unintended pregnancy (and their partners) to use contraception.

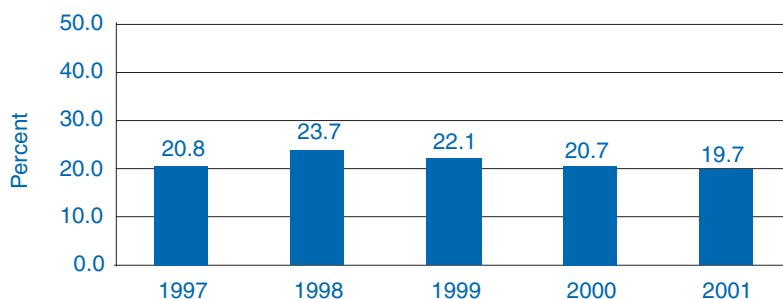
“I had gone off birth control in September to try and regulate my cycle before trying to get pregnant. It just happened sooner than we expected ...”

Figure 2. Women with an unintended pregnancy who did not use contraception, 1997-2001.



Approximately one in five pregnant women start prenatal care later than recommended. A late start leads to an inadequate number of prenatal care visits and an increased chance of late identification of high risk conditions. Early and consistent prenatal care allows for the diagnosis and management of medical and behavioral conditions that may affect the health of the mother and infant. The *Healthy People 2010* objective is that 10 percent or fewer women will enter prenatal care after the first trimester.

Figure 3. Women who started prenatal care later than recommended,* 1997-2001



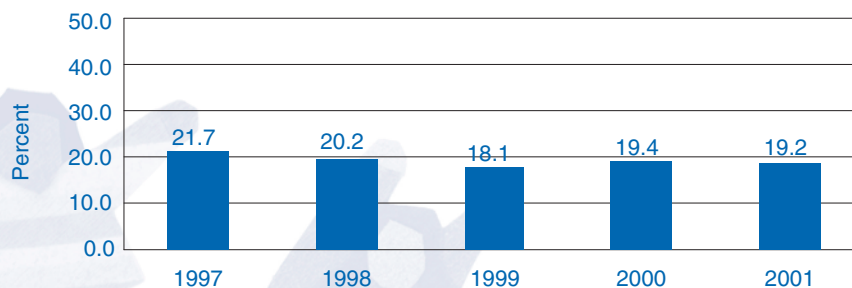
* after the first trimester

“Mothers should get prenatal care immediately for their and their baby’s health.”

Many women do not receive prenatal care services as early as they would like. The most common reasons for delayed prenatal care initiation include:

- inability to get an earlier appointment (31%)
- the woman didn’t know she was pregnant (28%)
- not enough money or insurance to pay for the visits (27%)
- the doctor or health plan wouldn’t start care earlier (18%)
- not having their Medicaid card (12%)

Figure 4. Women who did not get prenatal care as early as they wanted, 1997-2001



MEDICAID AND WIC PARTICIPATION

Medicaid is a jointly-funded, federal-state health insurance program for low income and needy people. Colorado residents who meet federal and state income guidelines are able to receive Medicaid health care benefits. More than one-fourth of all pregnant women in Colorado receive Medicaid benefits to cover their prenatal care expenses. By race/ethnicity, a higher proportion of Hispanic and Black women were covered by Medicaid. Younger women were also more likely to be covered by Medicaid during pregnancy than their older counterparts.

Figure 5. Medicaid coverage of prenatal care by maternal race/ethnicity, 2001

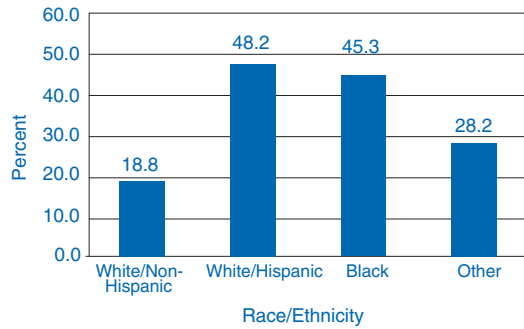
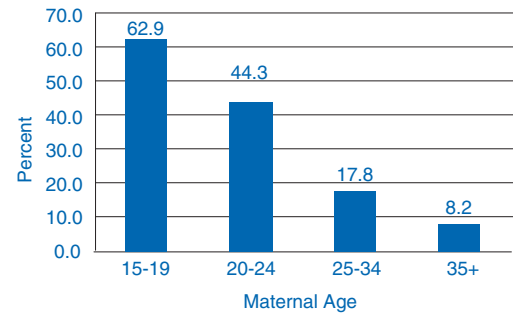


Figure 6. Medicaid coverage of prenatal care by maternal age, 2001



“I am very grateful for being able to use or have Medicaid. Had it not been for Medicaid, I wouldn’t have been able to go to a doctor and get help.”

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 receive WIC services during their pregnancy. By race/ethnicity, a higher proportion of Hispanic, Black, and women of Other races received WIC services. Younger women were also more likely to participate in WIC during pregnancy.

Figure 7. Participation in WIC during pregnancy by maternal race/ethnicity, 2001

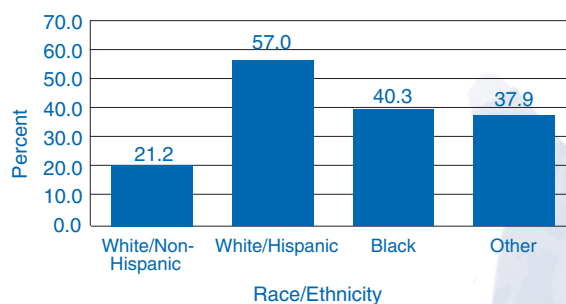
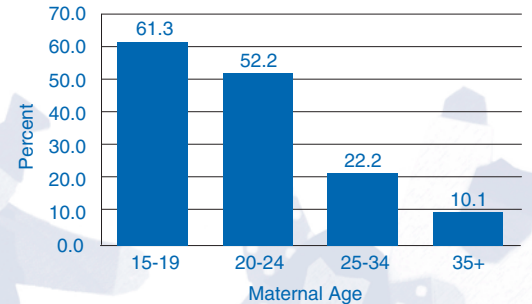


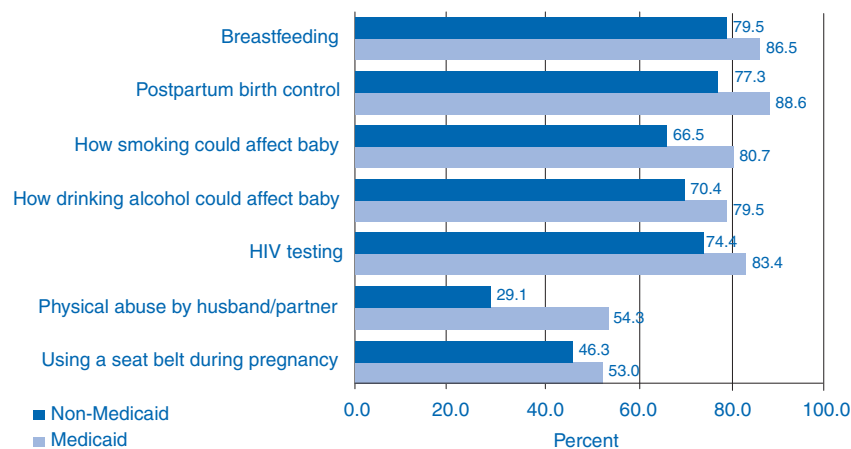
Figure 8. Participation in WIC during pregnancy by maternal age, 2001



Prenatal care recommendations include education for patients regarding a wide range of topics. Many providers talk to patients directly about the different subjects and/or use educational pamphlets and videos. Using 2001 data, this graph represents the proportion of women who reported that their provider spoke directly to them about the subjects. Each topic area is broken down by women who had their prenatal care paid for by Medicaid and those who did not.

Overall, women on Medicaid were more likely to receive direct education on each of the topics than women who were not on Medicaid, especially in the areas of smoking and physical abuse. Many women, regardless of Medicaid status, did not receive education on physical abuse and seat belt use during pregnancy. It is important for pregnant women to be educated on all of these topics and to receive the messages directly from the health care provider.

Figure 9. Topics health care worker talked about during prenatal care visits, 2001



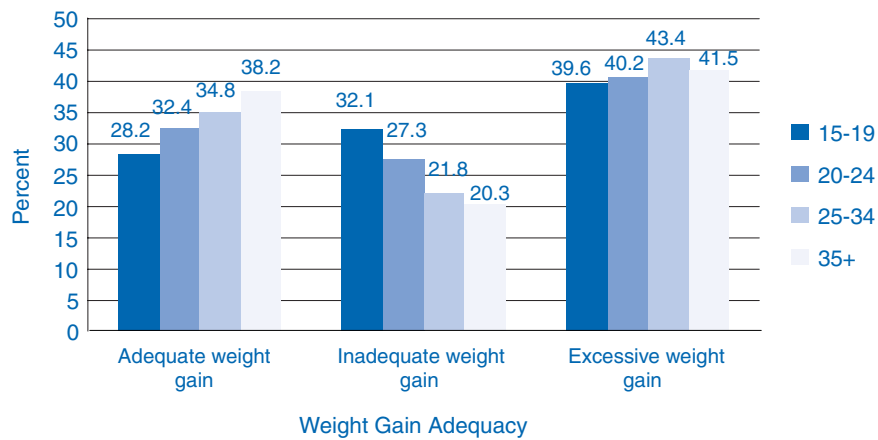
“Discussions with my prenatal nurse or doctor were limited, and usually only occurred with my asking questions. My concern for other women and future pregnancies would be to have more one-on-one talks with doctors.”



ADEQUACY OF WEIGHT GAIN DURING PREGNANCY

A large 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 U. S. women and the associated risks for cardiovascular disease, diabetes and certain types of cancer. Inadequate prenatal weight gain is a significant risk factor for intrauterine growth retardation and low birth weight in infants. It appears that younger women are more at-risk for not gaining the recommended amount of weight during pregnancy. If inadequate weight gain could be eliminated, Colorado’s low weight birth rate could be reduced by as much as 19.3 percent, dropping Colorado’s rate of approximately 8.6 percent to 6.9 percent.

Figure 10. Adequacy of weight gain during pregnancy by maternal age, 2001

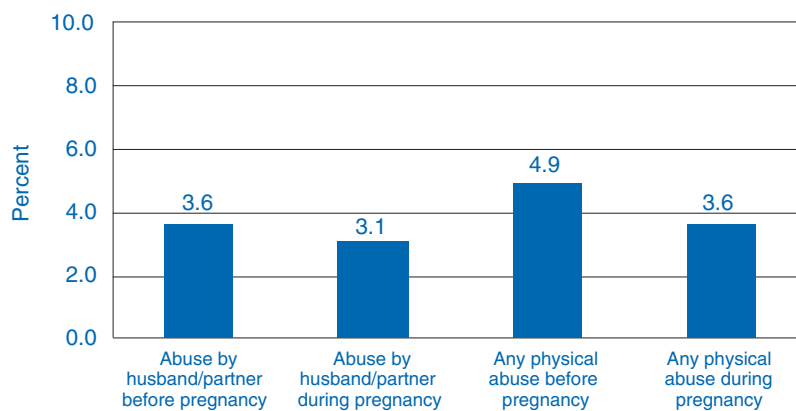


“I gained 33 pounds during my pregnancy. I avoided caffeine, limited my junk food, always took vitamins and went to every doctor appointment. My son weighed 9 pounds 5 ounces and was very healthy.”



During the year before pregnancy, 3.6 percent of Colorado mothers were abused by their husband or partner, and almost 5 percent reported abuse by their husband/partner or somebody else. These rates correlate to approximately 2,350 and 3,200 women in Colorado, respectively. 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 %), 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 11. Physical abuse before and during pregnancy, 2001



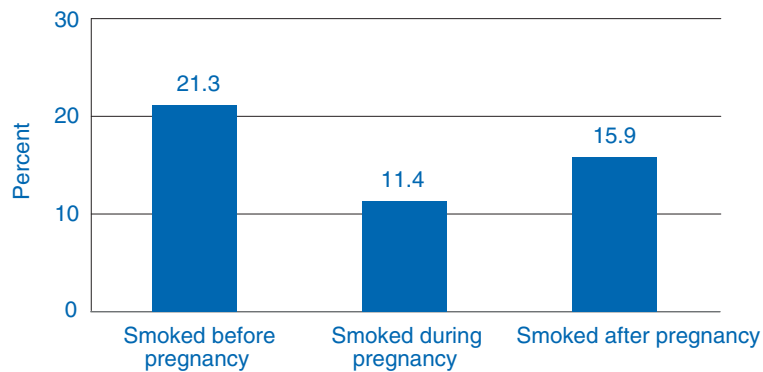
“My husband and I are split-up because of domestic violence. He is in jail. He beat me a lot of the time.”



SMOKING DURING AND AFTER PREGNANCY

Smoking during pregnancy has been shown to contribute to low birth weight infants. Over the last 5 years, fewer women are smoking during pregnancy, and in the year 2001 about 11 percent of all women smoked during pregnancy. Many smokers quit smoking during their pregnancy, but more than half of all smokers continue to smoke throughout their pregnancy. Although many women quit smoking while pregnant, some start up again after their babies are born, often exposing them to second hand smoke. The *Healthy People 2010* objective states that 99 percent of women will abstain from smoking during pregnancy.

Figure 12. Women's smoking behaviors: before, during and after pregnancy, 2001

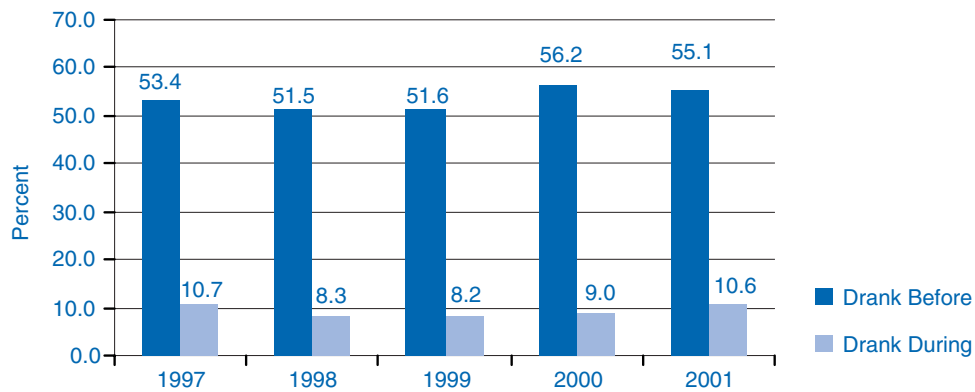


“I was smoking at the beginning of my pregnancy and then my doctors made me stop. If I hadn’t stopped, I don’t think my baby would be alive now. I would like to help other women that smoke and stress how important it is not to smoke.”



Drinking early in pregnancy increases the risk for adverse outcomes including spontaneous abortion, growth and neurological problems. Many of these problems develop between 3 and 8 weeks of gestation, often before women know they are pregnant. About 10 percent of women drink alcoholic beverages during pregnancy and this has remained fairly constant over time. The majority (96%) of women who report drinking, drink three or fewer drinks per week. The *Healthy People 2010* objective is for 94 percent of pregnant women to abstain from drinking alcohol.

Figure 13. Women who drank alcohol before and during pregnancy, 1997-2001



“I was extremely cautious while I was pregnant. I did not smoke, drink or take any drugs (including prescriptions) anytime before, during or after my pregnancy.”



Most women start breastfeeding shortly after their baby is born, but many do not stick with it long enough for the baby to gain all the benefits. The American Academy of pediatrics recommends breastfeeding for one year, but most women do not continue for that long. Although more women are breastfeeding, a little more than half do so for nine weeks or more. The *Healthy People 2010* 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 mother. Some of the benefits for babies are fewer middle-ear infections and chronic illnesses such as diabetes, allergies and obesity. Schoolchildren who were breastfed also were found to have IQs about eight points higher than those who were not.

Figure 14. Women who initiated breastfeeding after delivery, 1997-2001

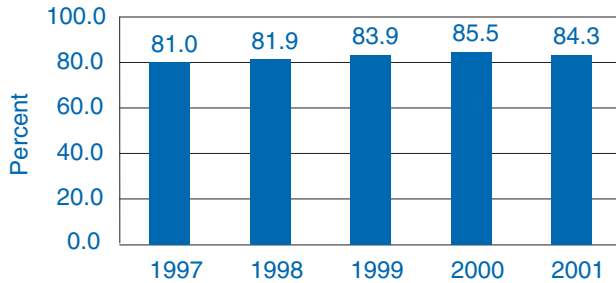
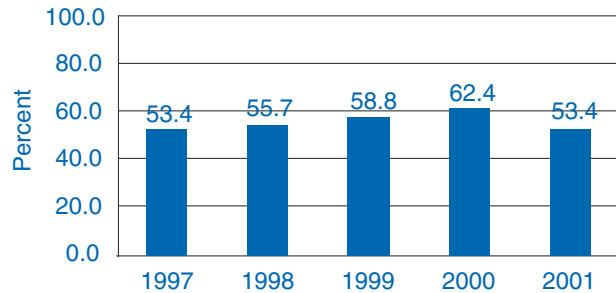


Figure 15. Women who breastfed for nine or more weeks, 1997-2001

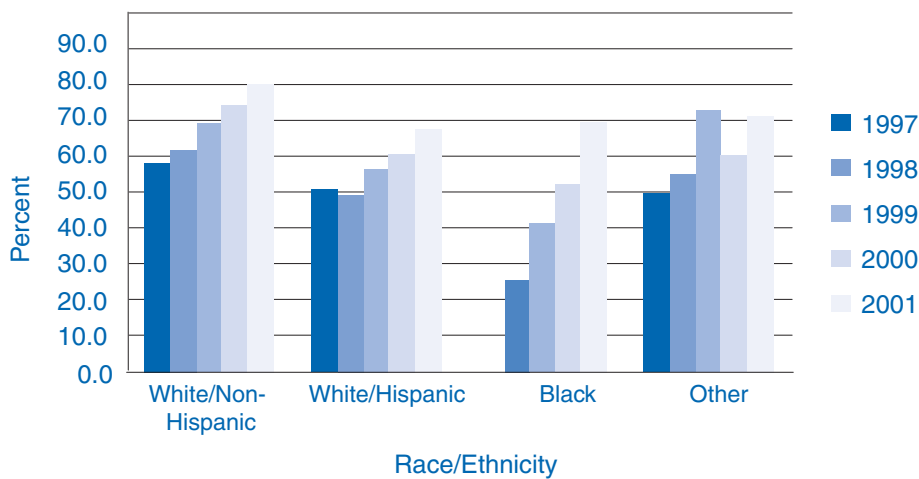


“Breastfeeding is critical for the health and well-being of babies, and it makes mothering easier.”



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 from 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. In Colorado, increasing trends are seen for infants who sleep on their backs in White/non-Hispanic, Hispanic, and Black populations. However, continued efforts need to be made to meet the *Healthy People 2010* objective to increase the percentage of infants who are put down to sleep on their backs to 70 percent in Colorado’s Hispanic and Black populations.

Figure 16. Percent of infants who sleep on their back by race/ethnicity, 1997-2001



MORE INFORMATION

The following Appendix contains an abundance of additional information derived from the PRAMS instrument. 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 within which there is 95 percent certainty that the true percent lies.

Each table contains three column headings: All Colorado, WIC, and Non-WIC.

The “All Colorado” heading contains information that can be generalized to all women in Colorado who gave birth in the year 2001. The remaining column headings (WIC and Non-WIC) were categorized according to whether or not Colorado women participated in WIC (the special supplemental nutrition program for Women, Infants, and Children) at any time during pregnancy. The WIC/Non-WIC data found in the appendix is only one example of how PRAMS data can be *cut*. Upon request, PRAMS data can be analyzed by maternal age, infant’s birth weight, Medicaid status, or any other characteristic of interest for which data are available.

County level data are available on the Colorado PRAMS Web site: www.cdphe.state.co.us/hs/prams/counties.html. By combining five years of PRAMS data, estimates can be made for 36 Colorado counties. Each table found on the Web site contains 12 MCH indicators for the county and its comparison to the state.

In addition, PRAMS data are now available online on the Colorado Health Information Dataset (CoHID). CoHID is an Internet-based technology, where users may query and summarize information from a variety of datasets. The CoHID Web site can be found at www.cdphe.state.co.us/cohid. Users are allowed the flexibility to query the PRAMS dataset by year, category or topic, county, and selected maternal demographics.

“PRAMS seems like a great program! It is very important for mothers to have good prenatal care and it is nice to know that our state is doing something to improve this for all women.”

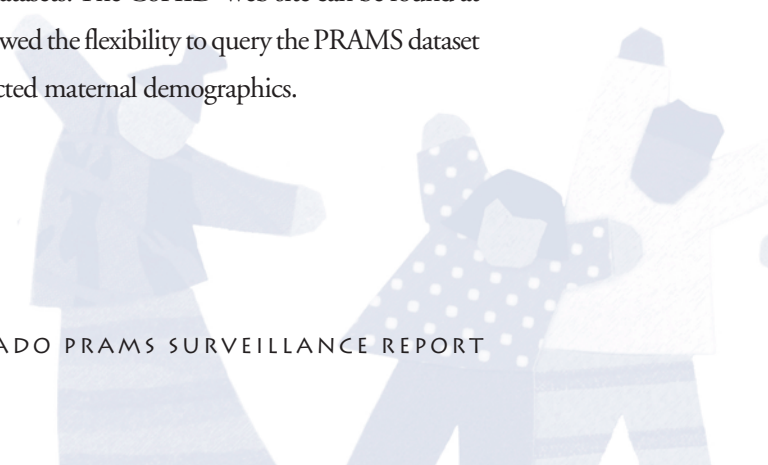


Table 1. Colorado PRAMS prevalence estimates: sample characteristics, 2001

Sample Characteristics	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Marital Status+									
Married	75.3	72.9	77.8	57.5	52.6	62.5	83.8	81.2	86.4
Other	24.7	22.3	27.2	42.5	37.5	47.4	16.2	13.6	18.8
Birthweight+									
Low (<2500 grams)	7.6	7.5	7.7	7.6	6.6	8.6	7.7	7.3	8.1
Adequate (≥2500 grams)	92.4	92.3	92.5	92.4	91.4	93.4	92.3	91.9	92.7
Region of Residence+									
Denver Metro	59.0	58.5	59.5	49.8	45.4	54.2	63.8	62.2	65.4
Other Metro	27.7	27.2	28.2	32.3	28.6	36.0	25.2	23.7	26.7
Rural	13.3	13.1	13.5	17.9	15.8	20.0	11.0	10.2	11.8
Race/Ethnicity+									
White/Non-Hispanic	65.5	62.8	68.2	42.9	38.0	47.8	76.2	73.2	79.2
White/Hispanic	27.5	24.9	30.1	48.8	43.8	53.8	17.6	14.9	20.3
Black	3.3	2.2	4.4	4.0	1.8	6.2	2.8	1.5	4.1
Other	3.7	2.7	4.7	4.4	2.4	6.4	3.5	2.3	4.7
Education+									
<12 years	21.9	19.4	24.4	43.7	38.6	48.8	11.5	9.1	13.9
12 years	27.9	25.4	30.4	38.4	33.5	43.3	22.8	19.9	25.7
>12 years	50.2	47.4	53.0	17.9	14.5	21.3	65.7	62.4	69.0
Age+									
15-19 years	12.6	10.6	14.6	23.4	19.0	27.8	7.1	5.2	9.0
20-24 years	23.6	21.2	26.0	38.2	33.3	43.1	16.7	14.2	19.2
25-34 years	49.2	46.4	52.0	33.8	29.1	38.5	56.6	53.2	60.0
35+ years	14.7	12.8	16.6	4.6	2.5	6.7	19.6	17.0	22.2
Poverty Level									
>185% FPL	50.5	47.7	53.3	13.0	9.7	16.3	68.5	65.3	71.7
≤185% FPL	41.2	38.5	43.9	75.7	71.4	80.0	24.6	21.7	27.5
Unknown	8.3	6.7	9.9	11.3	8.1	14.5	6.9	5.0	8.8
Income									
\$0-15,999	26.1	23.6	28.6	55.7	50.7	60.7	12.0	9.8	14.2
\$16,000-24,999	10.6	8.9	12.3	16.1	12.7	19.5	8.0	6.1	9.9
\$25,000-39,999	15.7	13.7	17.7	14.2	10.6	17.8	16.2	13.8	18.7
\$40,000 or more	40.2	37.5	42.9	3.5	1.9	5.1	57.9	54.6	61.2
Unknown	7.4	5.9	8.9	10.6	7.4	13.8	5.9	4.2	7.6

* 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, 2001

Unintended Pregnancy and Birth Control Use	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Unintended Pregnancy (later, never)	39.6	36.8	42.4	55.5	50.4	60.6	31.9	28.8	35.0
Mistimed Pregnancy (later)	32.3	29.7	34.9	46.8	41.7	51.9	25.2	22.3	28.1
Unwanted Pregnancy (never)	7.3	5.8	8.8	8.8	6.0	11.6	6.6	4.9	8.3
Husband or Partner Didn't Want Pregnancy	7.4	5.9	8.9	8.7	6.0	11.4	6.8	5.1	8.5
Using Birth Control at Time of Pregnancy	21.1	18.8	23.4	24.5	20.1	28.9	19.3	16.7	21.9
During Prenatal Care HCW** Talked About Postpartum Birth Control	80.4	78.2	82.6	88.8	85.8	91.8	76.7	73.9	79.5
Using Birth Control Now	88.3	86.5	90.1	88.0	84.7	91.3	88.4	86.2	90.6
After Baby Was Born HCW Talked About Using Birth Control	89.6	87.9	91.3	88.6	85.6	91.6	90.3	88.3	92.3
Mom's Pregnancy Intent									
Trying to get pregnant	41.8	39.0	44.6	30.8	26.1	35.5	47.1	43.7	50.5
Weren't trying to get pregnant	27.6	25.1	30.1	31.8	27.1	36.5	25.6	22.6	28.6
Not trying very hard to not get pregnant	22.8	20.4	25.2	29.3	24.7	33.9	19.7	16.9	22.5
Trying hard not to get pregnant	7.8	6.3	9.3	8.1	5.3	10.9	7.6	5.8	9.4

* Confidence Interval
 ** Health Care Worker



Table 3. Colorado PRAMS prevalence estimates: prenatal care, 2001

Prenatal Care	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Entry into PNC** After the 1st Trimester	22.2	19.8	24.6	33.7	28.8	38.6	17.0	14.4	19.6
Did Not Get PNC as Early as Wanted	19.8	17.5	22.1	27.7	23.1	32.3	16.0	13.5	18.5
Barriers to PNC:									
Couldn't get earlier appointment	31.0	25.4	36.6	36.4	27.2	45.6	27.1	20.2	34.0
Not enough money/no insurance	26.7	21.0	32.4	32.0	22.7	41.3	22.6	15.6	29.6
Didn't know pregnant	27.8	22.2	33.4	33.3	24.2	42.4	23.7	16.8	30.6
No transportation	7.7	4.1	11.3	13.4	6.2	20.6	3.2	0.6	5.8
MD/Health Plan would not start earlier	18.0	13.2	22.8	17.1	9.1	25.1	18.2	12.3	24.1
Didn't have Medicaid card	12.2	8.0	16.4	21.8	13.6	30.0	3.9	1.2	6.6
No one to take care of children	3.2	1.0	5.4	6.1	1.3	10.9	1.0	0.0	2.0
Too many other things going on	9.8	6.0	13.6	11.3	5.0	17.6	8.6	4.0	13.2
During PNC HCW*** Talked About									
How smoking could affect baby	70.5	68.0	73.0	79.0	75.0	83.0	66.4	63.2	69.6
Breast-feeding	80.7	78.5	82.9	84.4	80.6	88.2	78.9	76.1	81.7
How drinking alcohol could affect baby	73.0	70.6	75.5	78.9	74.8	83.0	70.0	67.0	73.0
Using a seat belt during pregnancy	48.2	45.4	51.0	52.1	47.0	57.2	46.0	42.6	49.4
Postpartum birth control	80.4	78.2	82.6	88.8	85.8	91.8	76.7	73.9	79.5
Testing for birth defects	83.0	80.8	85.2	78.8	74.5	83.1	85.0	82.5	87.5
Medicines that are safe during pregnancy	88.4	86.6	90.2	85.7	82.1	89.3	89.6	87.5	91.7
How using illegal drugs could affect baby	62.1	59.4	64.8	73.9	69.5	78.3	56.6	53.2	60.0
Early labor	86.7	84.8	88.6	87.6	84.3	90.9	86.3	84.0	88.6
HIV testing	76.8	74.4	79.2	80.6	76.5	84.7	75.1	72.1	78.1
Physical abuse by husband/partner	36.1	33.4	38.8	54.3	49.2	59.4	27.5	24.5	30.5
How much weight you should gain	79.7	77.4	82.0	83.6	79.9	87.3	77.6	74.7	80.5
During PNC HCW Asked If									
You were smoking cigarettes	92.8	91.4	94.2	95.5	93.5	97.5	91.4	89.5	93.3
You were drinking alcohol	88.4	86.6	90.2	94.0	91.6	96.4	85.6	83.2	88.0
Source of Most PNC Visits									
Hospital Clinic	11.2	9.3	13.1	17.7	13.6	21.8	8.2	6.2	10.2
Health Department Clinic	5.1	3.8	6.4	9.5	6.5	12.5	3.1	1.8	4.4
Private Doctor's Office	67.5	64.8	70.2	44.8	39.7	49.9	78.3	75.4	81.2
Community Health Center	9.1	7.5	10.7	19.5	15.3	23.7	4.2	2.9	5.5
Other	7.1	5.6	8.6	8.5	5.7	11.3	6.2	4.5	7.9

* Confidence Interval

** Prenatal Care

*** Health Care Worker



Table 4. Colorado PRAMS prevalence estimates: Medicaid coverage and WIC participation, 2001**

Medicaid Coverage and WIC Participation	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Participation in WIC During Pregnancy	32.4	29.8	35.0	WIC defined as Participation in WIC During Pregnancy					
Covered by Insurance Before Pregnancy (not Medicaid)	66.0	63.3	68.7	33.5	28.8	38.2	81.5	78.8	84.2
Covered by Medicaid Before Pregnancy	3.8	2.7	4.9	9.3	6.4	12.2	1.1	0.4	1.8
Prenatal Care Paid by: ¹									
Medicaid	28.1	25.6	30.6	65.1	60.2	70.0	10.3	8.3	12.3
Personal Income	25.2	22.8	27.6	17.4	13.5	21.3	28.9	25.9	31.9
Insurance	61.9	59.2	64.6	26.9	22.4	31.4	78.9	76.1	81.7
Military/Champus/VA	3.7	2.8	4.6	6.0	3.7	8.3	2.5	1.6	3.4
Colorado Resident Discount Program	3.3	2.1	4.5	6.6	3.7	9.5	1.8	0.7	2.9
Labor and Delivery Paid by: ¹									
Medicaid	32.1	29.5	34.7	70.4	65.8	75.0	13.8	11.4	16.2
Personal Income	22.5	20.2	24.8	9.4	6.4	12.4	28.6	25.7	31.5
Insurance	61.0	58.3	63.7	22.3	18.1	26.5	79.7	77.0	82.4
Military/Champus/VA	3.4	2.5	4.3	5.4	3.4	7.4	2.4	1.5	3.3
Colorado Resident Discount Program	1.2	0.5	1.9	2.3	0.6	4.0	0.7	0.1	1.3
Infant not covered by health insurance or Medicaid:	6.5	5.0	8.0	8.9	5.6	12.2	5.4	3.7	7.1
Type of insurance infant is covered by: ¹									
Medicaid	31.8	29.1	34.5	70.9	66.0	75.8	13.9	11.5	16.4
Private insurance/HMO	61.6	58.8	64.4	21.3	16.9	25.7	80.2	77.4	83.0
Child Health Plan Plus	1.7	0.9	2.5	2.7	0.9	4.5	1.1	0.4	1.8
Other	5.2	3.9	6.5	8.7	5.6	11.8	3.6	2.4	4.8

* 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, 2001

Breastfeeding	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
During Prenatal Care HCW** Talked About Breastfeeding	80.7	78.5	82.9	84.4	80.6	88.2	78.9	76.1	81.7
Ever Breastfed	84.3	82.2	86.4	75.5	71.0	80.0	88.6	86.4	90.8
Never Breastfed	15.7	13.6	17.8	24.5	20.0	29.0	11.4	9.2	13.6
Among all women:									
Breastfed for 4 Weeks or Less	32.4	29.7	35.1	48.2	43.0	53.4	24.8	21.8	27.8
Breastfed for 5-8 Weeks	6.1	4.8	7.4	4.5	2.3	6.7	6.9	5.3	8.5
Breastfed for 9 or More Weeks	61.5	58.7	64.3	47.2	42.0	52.4	68.3	65.1	71.5
Among all women:									
Other Food at 9 or More Weeks	35.6	32.9	38.3	27.4	22.8	32.0	39.5	36.1	42.9
Other Food at <9 Weeks	64.4	61.7	67.1	72.6	68.0	77.2	60.5	57.1	63.9
Reasons For Not Breastfeeding: ¹									
Other children to take care of	22.4	17.0	27.8	27.1	18.7	35.5	18.5	11.5	25.5
Too many household duties	13.3	9.1	17.5	16.7	10.2	23.2	10.4	5.0	15.8
Didn't like breastfeeding	36.8	30.2	43.4	31.4	22.0	40.8	41.2	31.9	50.5
Didn't want to be tied down	9.6	5.9	13.3	6.7	2.3	11.1	12.7	6.7	18.7
Embarrassed to breastfeed	7.7	4.4	11.0	4.1	1.9	6.3	10.2	4.5	15.9
Went back to school/work	22.1	16.4	27.8	24.7	16.2	33.2	20.2	12.4	28.0
Husband did not want me to	2.0	0.6	3.4	1.8	0.3	3.3	2.2	0.0	4.7
Wanted my body back	11.9	7.7	16.1	10.8	5.4	16.2	13.2	6.7	19.7
Reasons For Stopping Breastfeeding: ¹									
Baby had difficulty nursing	24.0	20.0	28.0	22.1	15.9	28.3	25.3	20.0	30.6
Did not satisfy baby	39.3	34.6	44.0	37.6	29.9	45.3	40.4	34.3	46.5
Baby not gaining enough weight	7.7	5.2	10.2	7.4	3.6	11.2	7.9	4.6	11.2
Baby became sick	2.2	0.9	3.5	1.9	0.7	3.1	2.5	0.5	4.5
Nipples were sore	18.4	14.6	22.2	23.3	16.2	30.4	15.4	11.1	19.7
Not producing enough milk	38.1	33.4	42.8	37.2	29.7	44.7	39.0	33.0	45.0
Too many household duties	11.3	8.1	14.5	15.4	9.4	21.4	8.9	5.4	12.4
Felt right time to stop	14.9	11.4	18.4	12.4	7.4	17.4	16.6	11.9	21.3
Mom became sick	6.9	4.6	9.2	6.0	3.1	8.9	7.5	4.2	10.8
Went back to school/work	22.7	18.6	26.8	19.0	12.8	25.2	25.2	19.8	30.6
Husband wanted me to stop	0.7	-0.1	1.5	1.5	0.0	3.4	0.2	0.0	0.4
Needed help feeding baby	8.6	6.1	11.1	7.5	4.1	10.9	9.4	6.0	12.8

* Confidence Interval

** Health Care Worker

¹ can select more than one



Table 6. Colorado PRAMS prevalence estimates: smoking, 2001

Smoking	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Smoked >= 100 Cigarettes in last 2 yrs	23.5	21.2	25.8	31.2	26.7	35.7	19.9	17.2	22.6
Smoked During 3 Months Before Pregnancy Of All Women, Quantity:	21.3	19.0	23.6	28.4	23.9	32.9	18.1	15.5	20.7
None	78.7	76.4	81.0	71.6	67.1	76.1	81.9	79.3	84.5
1-9 per day	7.4	5.9	8.9	7.9	5.3	10.5	7.1	5.3	8.9
10-19 per day	6.1	4.8	7.4	8.4	5.6	11.2	5.1	3.7	6.5
20+ per day	7.8	6.3	9.3	12.0	8.8	15.2	5.9	4.3	7.5
Of Those Women Who Smoked, Quantity:									
1-9 per day	34.4	28.6	40.2	27.9	19.8	36.0	39.2	31.2	47.2
10-19 per day	28.8	23.4	34.2	29.7	21.3	38.1	28.4	21.4	35.4
20+ per day	36.8	31.0	42.6	42.4	33.3	51.5	32.4	24.9	39.9
Smoked During Last 3 Months of Pregnancy Of All Women, Quantity:	11.4	9.6	13.2	18.0	14.1	21.9	8.3	6.5	10.1
None	88.6	86.8	90.4	82.0	78.1	85.9	91.7	89.9	93.5
1-9 per day	7.4	5.9	8.9	11.4	8.2	14.6	5.6	4.1	7.1
10-19 per day	2.4	1.6	3.2	3.8	1.9	5.7	1.6	0.8	2.4
20+ per day	1.6	0.9	2.3	2.7	0.9	4.5	1.1	0.4	1.8
Of Those Women Who Smoked, Quantity:									
1-9 per day	65.1	57.3	72.9	63.6	52.2	75.0	67.6	57.1	78.1
10-19 per day	21.0	14.6	27.4	21.3	11.9	30.7	19.7	11.2	28.2
20+ per day	13.9	7.9	19.9	15.1	6.1	24.1	12.7	4.9	20.5
Smoke Currently (when survey completed) Of All Women, Quantity:	15.9	13.9	17.9	25.0	20.7	29.3	11.6	9.4	13.8
None	84.1	82.1	86.1	75.0	70.7	79.3	88.4	86.2	90.6
1-9 per day	5.5	4.2	6.8	9.0	6.4	11.6	3.8	2.5	5.1
10-19 per day	6.6	5.2	8.0	9.9	6.9	12.9	5.0	3.5	6.5
20+ per day	3.9	2.8	5.0	6.1	3.6	8.6	2.7	1.6	3.8
Of Those Women Who Smoke, Quantity:									
1-9 per day	34.4	27.9	40.9	36.0	26.9	45.1	32.7	23.2	42.2
10-19 per day	41.2	34.4	48.0	39.5	29.9	49.1	43.6	33.8	53.4
20+ per day	24.4	18.4	30.4	24.5	15.8	33.2	23.7	15.3	32.1
During Prenatal Care HCW** Talked About Smoking	70.5	68.0	73.0	79.0	75.0	83.0	66.4	63.2	69.6
Husband/partner smokes in house	7.0	5.5	8.5	11.8	8.3	15.3	4.8	3.3	6.3
Someone else smokes in house (not including mom/husband/partner)	4.9	3.6	6.2	9.6	6.5	12.7	2.8	1.6	4.0
Baby Never in Same Room with Someone Smoking	92.4	90.9	93.9	88.3	84.9	91.7	94.2	92.6	95.8

* Confidence Interval
** Health Care Worker



Table 7. Colorado PRAMS prevalence estimates: alcohol and other drugs, 2001

Alcohol/Other Drugs	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Drank Alcohol During the 3 Months Before Pregnancy	55.1	52.3	57.9	40.0	35.0	45.0	62.2	58.9	65.5
Of All Women, Quantity:									
None	44.9	42.1	47.7	60.0	55.0	65.0	37.8	34.5	41.1
3 or fewer drinks/week	45.6	42.8	48.4	31.5	27.0	36.0	52.2	48.8	55.6
4-6 drinks/week	6.3	4.9	7.7	5.0	2.7	7.3	6.8	5.1	8.5
7 or more drinks/week	3.3	2.2	4.4	3.4	1.3	5.5	3.2	2.0	4.4
Of Those Women Who Drank, Quantity:									
3 or fewer drinks/week	82.7	79.8	85.6	78.8	71.9	85.7	83.8	80.7	86.9
4-6 drinks/week	11.4	9.0	13.8	12.6	7.1	18.1	11.0	8.4	13.6
7 or more drinks/week	5.9	4.0	7.8	8.6	3.6	13.6	5.2	3.3	7.1
Drank Alcohol During Last 3 Months of Pregnancy	10.6	8.9	12.3	5.6	3.3	7.9	13.2	10.9	15.5
Of All Women, Quantity:									
None	89.4	87.7	91.1	94.4	92.1	96.7	86.8	84.5	89.1
3 or fewer drinks/week	10.6	8.9	12.3	5.6	3.3	7.9	13.1	10.8	15.4
4 or more drinks/week	0.1	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.2
Of Those Women Who Drank, Quantity:									
3 or fewer drinks/week	99.4	98.8	100.0	100.0	100.0	100.0	99.3	98.6	100.0
4 or more drinks/week	0.6	0.0	1.2	0.0	0.0	0.0	0.7	0.0	1.4
During Prenatal Care HCW** Talked About:									
Alcohol Consumption	73.0	70.6	75.5	78.9	74.8	83.0	70.0	67.0	73.0
Medicines That are Safe During Pregnancy	88.4	86.6	90.2	85.7	82.1	89.3	89.6	87.5	91.7
Using Illegal Drugs	62.1	59.4	64.8	73.9	69.5	78.3	56.6	53.2	60.0

* Confidence Interval

** Health Care Worker



Table 8. Colorado PRAMS prevalence estimates: infant health and hospital stay, 2001

Infant Health and Hospital Stay	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Hospital Stay of 1 Night or Less for Labor and Delivery (mom)	20.3	18.1	22.5	25.8	21.3	30.3	17.7	15.2	20.2
Infant Placed in ICU	9.8	8.4	11.2	9.4	7.0	11.8	10.0	8.3	11.7

* Confidence Interval

Table 9. Colorado PRAMS prevalence estimates: infant sleep position, 2001

Infant Sleep Position	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Sleep Position on Back	74.3	71.8	76.8	62.7	57.5	67.9	79.6	76.9	82.3
Sleep Position on Side	18.0	15.8	20.2	27.9	23.0	32.8	13.6	11.3	15.9
Sleep Position on Stomach	7.7	6.2	9.2	9.4	6.3	12.5	6.9	5.2	8.6

* Confidence Interval

Table 10. Colorado PRAMS prevalence estimates: physical abuse, 2001

Physical Abuse	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Abuse by Husband/Partner 12 Months Before Pregnancy	3.6	2.6	4.6	6.4	4.1	8.7	2.3	1.3	3.3
Abuse by Husband/Partner During Pregnancy	3.1	2.2	4.0	5.2	3.1	7.3	2.1	1.1	3.1
During PNC HCW** Talked About Physical Abuse	36.1	33.4	38.8	54.3	49.2	59.4	27.5	24.5	30.5
Any Physical Abuse Before Pregnancy	4.9	3.7	6.1	8.8	6.1	11.5	3.1	1.9	4.3
Any Physical Abuse During Pregnancy	3.6	2.6	4.6	6.6	4.2	9.0	2.2	1.2	3.2

* Confidence Interval

** Health Care Worker



Table 11. Colorado PRAMS prevalence estimates: stress, 2001

Stress	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Stressors Experienced in the 12 Months Before Delivery:									
Family Member Ill and Hospitalized	23.8	21.4	26.2	20.8	16.8	24.8	25.3	22.4	28.2
Separated/Divorced from Husband/Partner	8.9	7.3	10.5	15.6	11.9	19.3	5.6	4.0	7.2
Moved to New Address	39.8	37.1	42.5	48.7	43.6	53.8	35.4	32.2	38.6
Homeless	7.2	5.5	8.9	14.8	10.8	18.8	3.6	2.2	5.0
Husband/Partner Lost Job	13.9	11.9	15.9	20.7	16.5	24.9	10.8	8.7	12.9
Lost Job Though Wanted to Continue Working	13.3	11.3	15.3	23.1	18.6	27.6	8.8	6.8	10.8
Argued with Husband/Partner More than Usual	23.0	20.6	25.4	31.1	26.4	35.8	19.1	16.4	21.8
Husband/Partner Didn't Want Pregnancy	7.4	5.9	8.9	8.7	6.0	11.4	6.8	5.1	8.5
Bills You Couldn't Pay	23.3	20.9	25.7	37.3	32.4	42.2	16.6	14.1	19.1
Involved in a Physical Fight	3.4	2.4	4.4	5.5	3.3	7.7	2.5	1.4	3.6
You or Husband/Partner Went to Jail	4.8	3.6	6.0	8.1	5.3	10.9	3.3	2.1	4.5
Someone Close had Problems with Alcohol/Drugs	12.4	10.5	14.3	16.7	12.8	20.6	10.4	8.3	12.5
Someone Close Died	17.9	15.7	20.1	21.8	17.4	26.2	16.1	13.6	18.6
Number of Stressors Experienced in the 12 Months Before Delivery:									
0	26.4	24.0	28.9	16.2	12.5	19.9	31.3	28.2	34.4
1-2	43.2	40.4	46.0	40.2	35.2	45.2	44.6	41.2	48.0
3-5	24.1	21.7	26.5	31.3	26.7	35.9	20.7	17.9	23.5
6+	6.2	4.8	7.6	12.3	8.8	15.8	3.4	2.2	4.6

* Confidence Interval



Table 12. Colorado PRAMS prevalence estimates: nutrition and maternal weight gain, 2001

Nutrition and Maternal Weight Gain	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Frequency of Taking a Multivitamin before Pregnancy:									
Didn't take multivitamin	55.9	53.1	58.7	77.3	73.2	81.4	45.7	42.3	49.1
1-3 times a week	10.0	8.3	11.7	6.4	4.1	8.7	11.7	9.5	13.9
4-6 times a week	5.0	3.8	6.2	2.0	0.6	3.4	6.4	4.9	7.9
Every day of the week	29.2	26.7	31.7	14.3	10.9	17.7	36.3	33.1	39.5
During Prenatal Care HCW** Talked About How Much Weight You Should Gain									
	79.7	77.4	82.0	83.6	79.9	87.3	77.6	74.7	80.5
Body Mass Index Just Before Got Pregnant:									
Underweight (<19.8)	15.7	13.6	17.8	19.1	14.9	23.3	14.0	11.7	16.3
Normal (19.8-26.0)	57.9	55.1	60.7	52.9	47.5	58.3	60.1	56.8	63.4
Overweight (26.0-29.0)	11.8	10.0	13.6	12.1	8.4	15.8	11.6	9.5	13.7
Obese (>29.0)	14.6	12.5	16.7	15.8	11.9	19.7	14.3	11.9	16.7
Weight Gain in Pounds During Pregnancy:+									
<16	11.3	9.5	13.1	16.4	12.7	20.1	8.9	7.0	10.8
16-20	10.7	9.0	12.4	14.2	10.6	17.8	8.9	7.1	10.7
21-25	17.3	15.1	19.5	17.8	13.6	22.0	16.9	14.3	19.5
26-30	17.5	15.4	19.6	16.6	12.9	20.3	18.0	15.4	20.6
31-35	13.1	11.3	14.9	10.3	7.3	13.3	14.3	12.0	16.6
36-40	13.1	11.2	15.0	9.1	6.2	12.0	15.2	12.7	17.7
41-45	6.7	5.3	8.1	4.0	2.0	6.0	7.9	6.0	9.8
46+	10.4	8.7	12.1	11.5	8.3	14.7	10.0	7.9	12.1
Weight Gain Adequacy:***									
In IOM Recommended Range	33.9	31.0	36.8	32.0	26.6	37.4	34.9	31.4	38.4
Below IOM Recommended Range	24.1	21.4	26.8	31.1	25.7	36.5	20.6	17.6	23.6
Above IOM Recommended Range	41.9	38.8	45.0	36.9	31.3	42.5	44.5	40.8	48.2

* 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, 2001

Previous Pregnancies	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Previous Live Birth Outcomes:									
No Previous Live Birth	44.7	41.9	47.5	38.1	33.1	43.1	47.9	44.5	51.3
OK (not LBW** or Preterm)	45.8	43.0	48.6	47.5	42.3	52.7	45.1	41.7	48.5
LBW	3.0	2.0	4.0	5.1	2.7	7.5	2.0	1.1	2.9
Preterm	2.2	1.5	2.9	2.5	1.1	3.9	2.1	1.3	2.9
LBW and Preterm	4.2	3.1	5.3	6.7	4.1	9.3	2.9	1.8	4.0
Previous Other Terminations of Pregnancy Of All Women, Quantity:+									
0	73.4	71.0	75.8	76.5	72.3	80.7	71.6	68.6	74.6
1	16.7	14.6	18.8	15.7	12.2	19.2	17.3	14.8	19.8
2+	9.9	8.3	11.5	7.8	5.2	10.4	11.0	8.9	13.1

* Confidence Interval

** Low Birth Weight

+ As reported on the birth certificate

Table 14. Colorado PRAMS prevalence estimates: problems during pregnancy, 2001

Problems During Pregnancy	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Problems During Pregnancy+:									
Early labor	27.4	25.0	29.8	33.6	28.9	38.3	24.3	21.6	27.0
High blood pressure	18.8	16.7	20.9	17.7	13.9	21.5	19.4	16.8	22.0
Vaginal bleeding	14.6	12.7	16.5	14.4	11.0	17.8	14.8	12.4	17.2
Problems with placenta	6.6	5.3	7.9	7.0	4.4	9.6	6.4	4.8	8.0
Nausea/dehydration	22.9	20.6	25.2	29.2	24.6	33.8	19.8	17.2	22.4
Kidney/bladder infection	14.1	12.1	16.1	18.1	14.1	22.1	12.2	10.0	14.4
Diabetes	5.6	4.3	6.9	9.7	6.7	12.7	3.7	2.5	4.9
PROM	5.8	4.7	6.9	6.4	4.3	8.5	5.5	4.3	6.7
Cervix sewn shut	2.1	1.3	2.9	4.0	2.0	6.0	1.3	0.5	2.1
Car accident	2.4	1.5	3.3	4.0	1.9	6.1	1.7	0.8	2.6
Hospital Stay During Pregnancy:+									
Less than 1 day	35.6	32.4	38.8	41.6	35.7	47.5	32.2	28.3	36.1
1 to 7 days	15.3	13.0	17.6	17.3	12.9	21.7	14.3	11.7	16.9
More than 7 days	3.4	2.4	4.4	3.2	1.5	4.9	3.5	2.2	4.8
Stayed in bed more than 2 days	27.0	24.1	29.9	28.3	23.1	33.5	26.4	22.8	30.0

* Confidence Interval

+ As reported on the birth certificate



Table 15. Colorado PRAMS prevalence estimates: well baby care visits and child care, 2001

Well Baby Visits and Child Care	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Number well baby visits									
0	2.5	1.6	3.4	3.0	1.5	4.5	2.2	1.0	3.4
1	10.6	8.9	12.3	13.9	10.4	17.4	8.9	7.0	10.8
2	41.1	38.3	43.9	42.6	37.4	47.8	40.6	37.2	44.0
3	31.3	28.7	33.9	26.4	21.8	31.0	33.5	30.2	36.8
4	9.5	7.8	11.2	8.0	5.1	10.9	10.3	8.2	12.4
5	3.1	2.1	4.1	3.6	1.6	5.6	2.9	1.8	4.0
6+	1.9	1.2	2.6	2.4	1.0	3.8	1.5	0.8	2.2
Source of well baby care:+									
Hospital	10.5	8.6	12.4	16.9	12.7	21.1	7.7	5.7	9.7
Health department	4.9	3.6	6.2	8.1	5.2	11.0	3.5	2.1	4.9
Private doctor	71.2	68.5	73.9	47.7	42.3	53.1	81.5	78.7	84.3
Community health center	10.6	8.8	12.4	22.6	18.0	27.2	5.2	3.7	6.7
Other	2.9	1.9	3.9	4.6	2.3	6.9	2.1	1.2	3.0
Mom currently in school or working outside of home	40.4	37.6	43.2	36.0	31.1	40.9	42.5	39.1	45.9
Who cares for baby when at school/work?:									
Husband/partner	30.1	25.9	34.3	27.8	19.9	35.7	31.2	26.3	36.1
Baby's teenage sibling	1.1	0.0	2.1	1.6	0.0	3.7	0.8	0.0	1.9
Baby's preteen sibling	0.2	0.0	0.4	0.3	0.0	0.8	0.1	0.0	0.3
Other close relative	25.2	21.3	29.1	31.8	24.0	39.6	22.2	17.7	26.7
Friend or neighbor	6.7	4.5	8.9	4.7	1.5	7.9	7.5	4.6	10.4
Babysitter, nanny, or child care provider	17.3	13.9	20.7	14.6	8.3	20.9	18.5	14.4	22.6
Staff at a day-care center	11.5	8.5	14.5	9.3	3.3	15.3	12.4	8.9	15.9
Other	8.0	5.6	10.4	9.9	4.6	15.2	7.2	4.6	9.8
How often mom feels that baby is well cared for:									
Always	86.3	83.0	89.6	79.2	71.6	86.8	89.2	85.8	92.6
Almost always	11.5	8.4	14.6	15.1	8.4	21.8	10.0	6.6	13.4
Sometimes	1.6	0.4	2.8	3.8	0.2	7.4	0.7	0.0	1.4
Rarely	0.1	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.3
Never	0.6	0.0	1.4	1.9	0.0	4.8	0.0	0.0	0.0

* Confidence Interval
 + As reported on the birth certificate



Table 16. Colorado PRAMS prevalence estimates: dental care, 2001

Dental Care	All Colorado			WIC			Non-WIC		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Dental Care During Pregnancy:									
Needed to see a dentist	25.1	22.7	27.6	30.9	26.2	35.6	20.1	17.4	22.8
Went to see a dentist	39.9	37.2	42.6	23.2	18.9	27.5	44.3	40.9	47.7
Dental/HCW** talked about teeth care	38.3	35.6	41.0	30.7	26.0	35.4	41.3	37.9	44.7
Time Since Last Dental Care Visit:									
Less than 6 months	26.6	24.1	29.1	20.8	16.2	25.4	33.0	29.7	36.3
6-11 months	20.5	18.1	22.9	15.6	11.6	19.6	20.5	17.7	23.3
12-23 months	27.5	24.9	30.1	30.5	25.4	35.6	25.0	22.0	28.0
More than 24 months	25.4	22.9	27.9	33.1	28.0	38.2	21.5	18.6	24.4

* Confidence Interval
 ** Health Care Worker







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