New Mexico

Pregnancy Risk Assessment Monitoring System (PRAMS) Surveillance Report

2008 births

with 2006-2008 averages

STATE of NEW MEXICO

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2010

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About this report

New Mexico PRAMS

The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) is a public health surveillance program designed to measure maternal attitudes, behaviors and experiences occurring before, during and after pregnancy, among NM women giving live birth.

The project is sponsored by the New Mexico Department of Health and the Centers for Disease Control and Prevention (CDC). PRAMS is conducted to improve the health of mothers, infants, and families, by providing the state's only population-based maternal and infant information. PRAMS mails surveys to a monthly a sample of women giving live birth, 2-6 months after delivery. Approximately eight months after data collection ends for a birth year, a complete birthfile is submitted to the CDC for statistical weighting of the survey data.

This NM PRAMS Surveillance Report is based on state-wide survey responses from mothers giving live birth in 2006, 2007, and 2008. Three birth years were combined to increase the sample size of subgroups. Each indicator reported includes a statewide estimate for year 2008 and an aggregated three-year estimate for maternal subpopulations. This report covers selected topics from many of the 77 survey questions. Each section address public health importance (background), NM PRAMS findings, and resources for existing policies and action in NM. Multiyear line charts are included for some topics to illustrate change over time. Each topic section also provides a Healthy People 2010 target with which to compare PRAMS estimates (Healthy People 2010: Conference Edition.www.healthypeople.gov/document). The appendix includes the entire PRAMS survey questionnaire, methodology and details for the sample, data weighting, and definitions for variables.

Population and sample

The study "population" is all New Mexican resident mothers giving live birth in New Mexico for a given year (minus those who gave their infant up for adoption prior to birth registration). In year 2008, that population was estimated at 28,473 women. About 1 in 12 mothers are selected for the sample in each Public Health region. Therefore, each responding mother speaks for about 12 others with similar demographic characteristics. Because PRAMS sample data are statistically weighted, information is estimated for the entire NM maternal/live birth population.

To address uncertainty about each estimate, we calculate a confidence interval (CI). This interval is shown as lower and upper bounds in each detailed graph/data table. In general, the precision of estimates depends upon the number of respondents, the percentage responding "yes" or "no" to the question, and on the specific item response for that question. The CI (margin of error) is larger if the number of respondents is smaller, or if the percentage answering "yes" (or "no") is close to 50%.

How to read the charts and tables

Data tables show estimates by maternal characteristics such as age, race/ethnicity, parity, geographic residence, and source of insurance. A black line at the end of the each bar shows the range of the error (CI). A strikethrough over an estimate cautions the reader about a wide confidence interval, indicating the data may be unstable for that subgroup. Multiyear line chart figures contain rounded estimates to give a general overview of trend.

This report was prepared by Eirian Coronado, MA, Mary Shepherd, PhD, MS, Dorin Sisneros, AA, and Rebecca Garcia. The publication is supported by grant 1UR6 DP000481 through the Centers for Disease Control and Prevention. The report does not reflect official opinions or views of the CDC.

Learn more about NM PRAMS at http://www.health.state.nm.us/phd/prams/home.html

To contact NM PRAMS, email nm.prams@state.nm.us or call 505-476-8895

The CDC PRAMS home page is: http://www/cdc.gov/nccdphp/drh/srv prams.htm

2008 Data summary

Among New Mexico women who gave live birth in 2008...

58% had an intended pregnancy. Among moms not trying to get pregnant, one-half (50%) were using a contraceptive method to prevent pregnancy.

14% did not always have enough food for their family to eat in the 12 months before the survey. Among women who qualified for food stamps in 2006-2008, 41% received them in the 12 months before their baby was born; 16% of women qualifying* for TANF received that assistance (*based on income eligibility).

29% took a daily prenatal or multivitamin in the month before pregnancy; 59% of NM mothers did not take any multivitamins in the month before pregnancy.

46% had a preconception weight problem (were overweight or obese before pregnancy). 50% had a normal weight Body Mass Index.

8% of NM mothers developed high blood sugar or gestational diabetes in their recent pregnancy; 2% had a pre-existing blood sugar or diabetes problem.

18% were binge drinkers shortly before they became pregnant. 6% of all moms drank alcohol during pregnancy.

20% were cigarette smokers prior to pregnancy. 8% of all moms smoked throughout pregnancy. 6% of newly-delivered moms said their infant was exposed to cigarette smoke on a daily basis.

7% were physically abused by a current or ex-husband/partner in the 12 months before pregnancy. 5% were abused during their pregnancy.

63% had adequate or adequate plus (combined percentages) prenatal care (defined by Kotelchuck Index). 20% had inadequate prenatal care.

21% had a dental problem during pregnancy. Among women with a prenatal dental problem 56% went to the dentist for treatment.

85% breastfed or pumped milk for their new infant after delivery. 61% of newly-delivered mothers breastfed for at least nine weeks.

72% of mothers said they most often laid their new baby to sleep on his or her back.

17% of women giving live birth experienced post-partum depression symptoms after their baby was born. 9% of new mothers said they had no one they could count on for support or help.

Acknowledgments

The New Mexico PRAMS staff sincerely thanks the women of New Mexico who responded to the survey and made this report possible.

New Mexico PRAMS is supported through the New Mexico Department of Health, the Title V Maternal Child Health Block Grant, and the Department of Health and Human Services Centers for Disease Control and Prevention (CDC);

Survey sample provided by the New Mexico Epidemiology and Response Division, Bureau of Vital Records and Health Statistics- Larry Nielsen, Chief/ Director of the State Center for Health Statistics; Camille Clifford, Epidemiologist;

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Me da gusto que el gobierno de New Mexico este interesado en la salud y el bienestar de las madres y ninos de Nuevo Mexico -muchas gracias

- PRAMS mom

Preconception health

- Pregnancy Intention
- Contraception use
- Multivitamin use
- Food security and poverty
- Overweight and obesity/ Diabetes
- Alcohol and Tobacco Use
- Physical abuse

Pregnancy intention

PRAMS Asks: 1) Thinking back to just to before you got pregnant with your new baby, how did you feel about becoming pregnant? AND 2) (among those not trying to get pregnant) Were you and your husband or partner doing anything to keep from getting pregnant.

BACKGROUND

Pregnancy intention is a measure of attitude toward the timing of conception. Generally, unintended pregnancy is defined as a pregnancy that was wanted later than it occurred or not wanted at all. Intended pregnancy (wanted at conception or sooner) is associated with adequate prenatal care utilization, recommended folic acid intake levels and optimal birth outcomes.[1] In addition, women with planned pregnancies are less likely to use alcohol or tobacco just before or during their pregnancy than women with unintended pregnancies.[2]

Healthy People 2010 ***goal: Increase the proportion of intended pregnancies to at least*** 70%

PRAMS FINDINGS

In New Mexico 57.6% of women giving live birth in 2008 said they intended to get pregnant (wanted to be pregnant at that time or earlier). That means about 42.4% of mothers did not agree with the timing of their pregnancy. From 2006-2008, over one-quarter of teen moms 15-17 years intended to become pregnant (28.6%) (Table 2). Compared to all NM mothers, lower proportions of Native American (50.0%) women, unmarried (42.4%) women, and those with Medicaid before pregnancy (42.4%) had an intended pregnancy. From 1998-2008 pregnancy intention remained stable (fig. 3). Contraception: Among women not trying to get pregnant, one-half (49.7%) said they and their partners were doing something to avoid a pregnancy (Table 3). The most common reasons for not utilizing contraception were: not minding a pregnancy, thinking a pregnancy could not occur when it did, or having a husband or partner who did not want to use birth control (fig.1).

When taken within five days of sexual intercourse, the Emergency Contraception pill (ECP) can prevent a pregnancy. Emergency Contraceptives, also known as the morning-after pill, do not cause abortion and could significantly reduce unintended and teen pregnancy rates in the United States.[3]

The 2005 NM Behavioral Risk Factor Surveillance System indicated that 82% of all NM women ages 18-49 had ever heard of Emergency Contraception. PRAMS indicates that among women (all ages) giving live birth in 2008, 78.4% knew about ECP before their recent pregnancy. There was an increase in awareness from 67% in 2004 (fig.2). In 2006-2008, awareness about Emergency Contraception was lowest among Native American women (54.4%), those with the least education (57.7%), and moms 15-17 years old (58.3%) (Table 5).

Action in New Mexico

Health providers participate in the Clinical Prevention Initiative (CPI) for unintended pregnancy Chair: Diana Koster MD diana.koster@ppnewmex.org

The New Mexico Teen Pregnancy Coalition provides evidenced-based programming to prevent teen pregnancy, statewide - www.nmtpc.org or call...

(505) 254-8737

The NMDOH Family Planning Program (FPP) provides clinical reproductive health services statewide at Public Health Offices, Primary Care Clinics & School-Based Health Centers. The program is responsible for Title X Family Planning resources.

The NMDOH FPP also provides educational services including community education & outreach and evidence-based teen pregnancy prevention programs with an emphasis on service learning programs. For more information, (505) 476-8882, http://dmzrunm004/PHD/familyplanning/about_FP.shtml

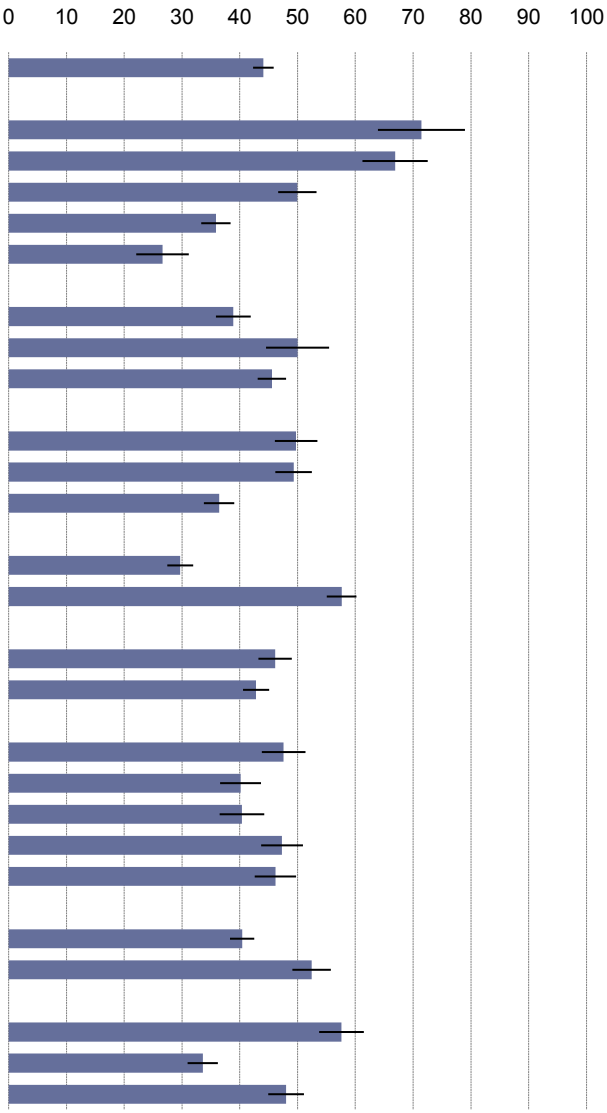
See page 14 for more information on unintended pregnancy prevention in NM.

1 Rosenberg K, Gelow J, Sandoval A. Pregnancy Intendedness and the use of periconceptional folic acid. Pediatrics. 2003; 111: 1142-1145.
2 D'Angelo D. Williams L, Morrow B, Cox S, Harris N, Harrison L, Posner S, Richardson J, Zapata L. Preconception and interconception health status of women who recently gave birth to a live-born infant--Pregnancy Risk Assessment Monitoring System (PRAMS), United State, 206 reporting areas, 2004. MMWR. 2007.
3 American Academy of Pediatrics. Policy Statement: Emergency Contraception. Pediatrics vol/116 no.4; 2005.

(Table 1)

Unintended Pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3817, population=84487.



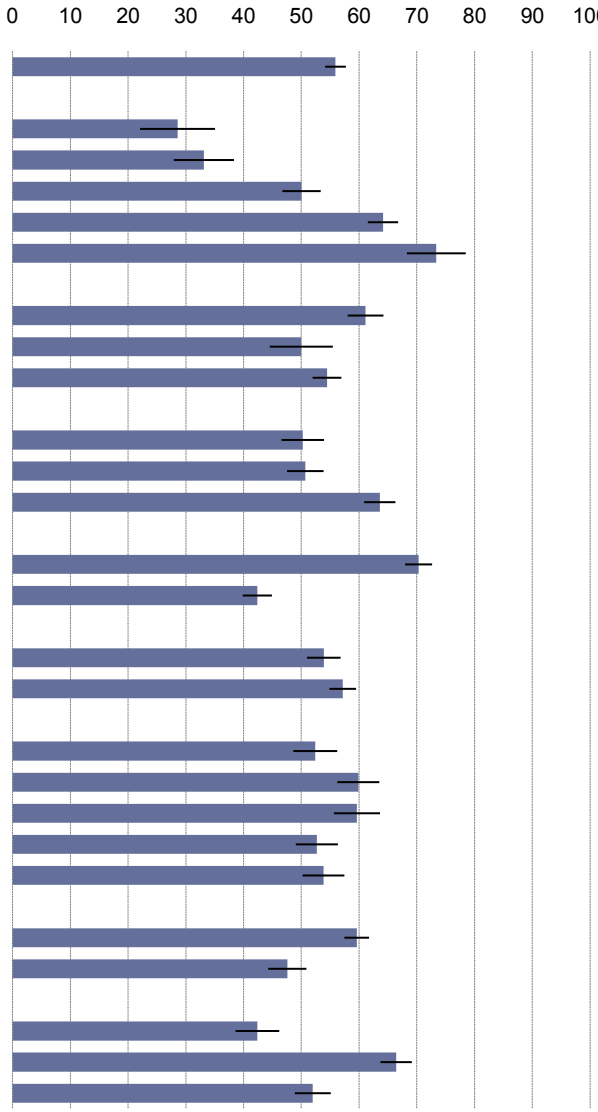
Maternal characteristic	%	lower	upper
All NM mothers	**44.1**	*42.3*	*45.9*
Age			
15-17	**71.4**	*63.9*	*77.9*
18-19	**66.9**	*61.2*	*72.1*
20-24	**50.0**	*46.6*	*53.3*
25-34	**35.9**	*33.3*	*38.5*
35 +	**26.6**	*22.1*	*31.7*
Ethnicity			
Non-Hispanic White	**38.9**	*35.9*	*42.0*
Native American	**50.0**	*44.6*	*55.5*
Hispanic	**45.6**	*43.1*	*48.0*
Education			
Less than high school	**49.8**	*46.1*	*53.4*
High school	**49.3**	*46.2*	*52.5*
More than high school	**36.4**	*33.8*	*39.1*
Marital status			
Married	**29.7**	*27.5*	*32.0*
Not married	**57.6**	*55.1*	*60.2*
Previous live birth			
No	**46.1**	*43.2*	*49.0*
Yes	**42.8**	*40.6*	*45.1*
Residence			
Northwest: Region 1	**47.6**	*43.8*	*51.4*
Northeast: Region 2	**40.1**	*36.6*	*43.8*
Bernalillo County: Region 3	**40.4**	*36.5*	*44.4*
Southeast: Region 4	**47.3**	*43.7*	*51.0*
Southwest: Region 5	**46.2**	*42.6*	*49.8*
Public assistance			
No	**40.4**	*38.3*	*42.5*
Yes	**52.4**	*49.1*	*55.7*
Payer of preconception healthcare			
Medicaid	**57.6**	*53.7*	*61.4*
Private insurance	**33.6**	*31.0*	*36.3*
No insurance	**48.0**	*44.9*	*51.1*

Intended pregnancy

(Table 2)

Intended pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3817, population=84487.



Maternal characteristic	%	lower	upper
All NM mothers	**55.9**	*54.1*	*57.7*
Age			
15-17	**28.6**	*22.1*	*36.1*
18-19	**33.1**	*27.9*	*38.8*
20-24	**50.0**	*46.7*	*53.4*
25-34	**64.1**	*61.5*	*66.7*
35 +	**73.4**	*68.3*	*77.9*
Ethnicity			
Non-Hispanic White	**61.1**	*58.0*	*64.1*
Native American	**50.0**	*44.5*	*55.5*
Hispanic	**54.5**	*52.0*	*56.9*
Education			
Less than high school	**50.3**	*46.6*	*53.9*
High school	**50.7**	*47.5*	*53.9*
More than high school	**63.6**	*60.9*	*66.2*
Marital status			
Married	**70.3**	*68.0*	*72.6*
Not married	**42.4**	*39.9*	*45.0*
Previous live birth			
No	**53.9**	*51.0*	*56.8*
Yes	**57.2**	*54.9*	*59.4*
Residence			
Northwest: Region 1	**52.4**	*48.6*	*56.2*
Northeast: Region 2	**59.9**	*56.2*	*63.4*
Bernalillo County: Region 3	**59.6**	*55.7*	*63.5*
Southeast: Region 4	**52.7**	*49.1*	*56.3*
Southwest: Region 5	**53.8**	*50.2*	*57.4*
Public assistance			
No	**59.6**	*57.5*	*61.7*
Yes	**47.6**	*44.3*	*50.9*
Payer of preconception healthcare			
Medicaid	**42.4**	*38.6*	*46.3*
Private insurance	**66.4**	*63.7*	*69.0*
No insurance	**52.0**	*48.9*	*55.1*

(Table 3)

Contraception use at conception

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents who were not trying to get pregnant=2050, population=45674.

Maternal characteristic	Among women *not* trying to get pregnant, percent who were using some form of contraception at conception	%	lower	upper
	0 10 20 30 40 50 60 70 80 90 100			
All NM mothers		**49.7**	*47.2*	*52.2*
Age				
15-17		~~**55.7**~~	~~*47.1*~~	~~*64.0*~~
18-19		**48.1**	*41.1*	*55.1*
20-24		**46.2**	*42.1*	*50.5*
25-34		**53.3**	*49.3*	*57.3*
35 +		**43.2**	*35.3*	*51.4*
Ethnicity				
Non-Hispanic White		**52.2**	*47.6*	*56.7*
Native American		**38.8**	*32.3*	*45.7*
Hispanic		**51.4**	*48.1*	*54.7*
Education				
Less than high school		**46.0**	*41.4*	*50.6*
High school		**48.0**	*44.0*	*52.1*
More than high school		**55.3**	*51.1*	*59.4*
Marital status				
Married		**51.2**	*47.2*	*55.1*
Not married		**49.0**	*45.9*	*52.1*
Previous live birth				
No		**47.8**	*43.9*	*51.6*
Yes		**51.1**	*47.9*	*54.3*
Residence				
Northwest: Region 1		**44.1**	*39.2*	*49.2*
Northeast: Region 2		**49.2**	*44.3*	*54.2*
Bernalillo County: Region 3		**55.6**	*49.9*	*61.1*
Southeast: Region 4		**45.5**	*40.8*	*50.3*
Southwest: Region 5		**51.5**	*46.6*	*56.4*
Public assistance				
No		**49.3**	*46.2*	*52.4*
Yes		**50.1**	*46.0*	*54.3*
Payer of preconception healthcare				
Medicaid		**48.0**	*43.3*	*52.7*
Private insurance		**54.4**	*50.1*	*58.7*
No insurance		**49.3**	*45.3*	*53.3*

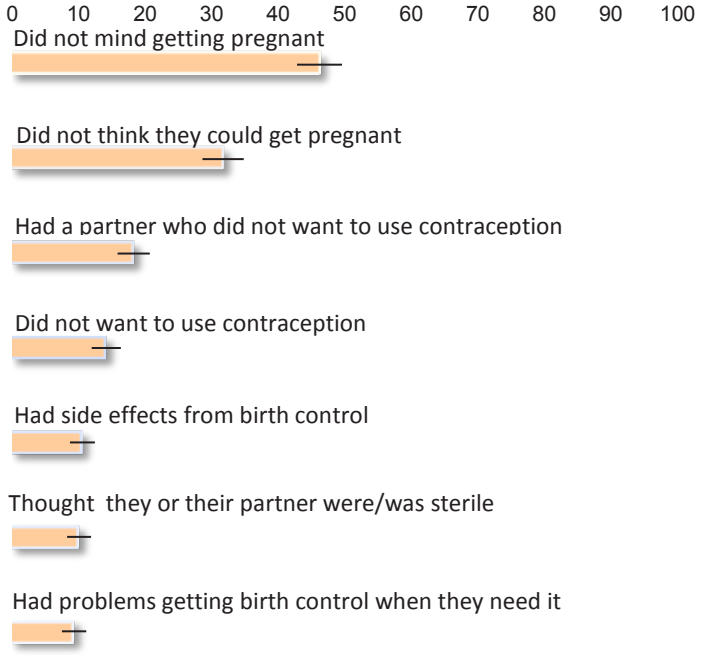
Reasons for no contraception

(Fig. 1)

Reasons for not using contraception

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. Respondents=1053, population=22976

Among NM women not trying to get pregnant and not using contraception at time of conception, percent who



	%	Lower	Upper
Did not mind getting pregnant	**46.2**	*42.8*	*49.6*
Did not think they could get pregnant	**31.7**	*28.6*	*35.0*
Had a partner who did not want to use contraception	**18.3**	*15.9*	*21.0*
Did not want to use contraception	**14.1**	*11.9*	*16.7*
Had side effects from birth control	**10.6**	*8.7*	*12.8*
Thought they or their partner were/was sterile	**10.1**	*8.3*	*12.2*
Had problems getting birth control when they need it	**9.3**	*7.5*	*11.5*

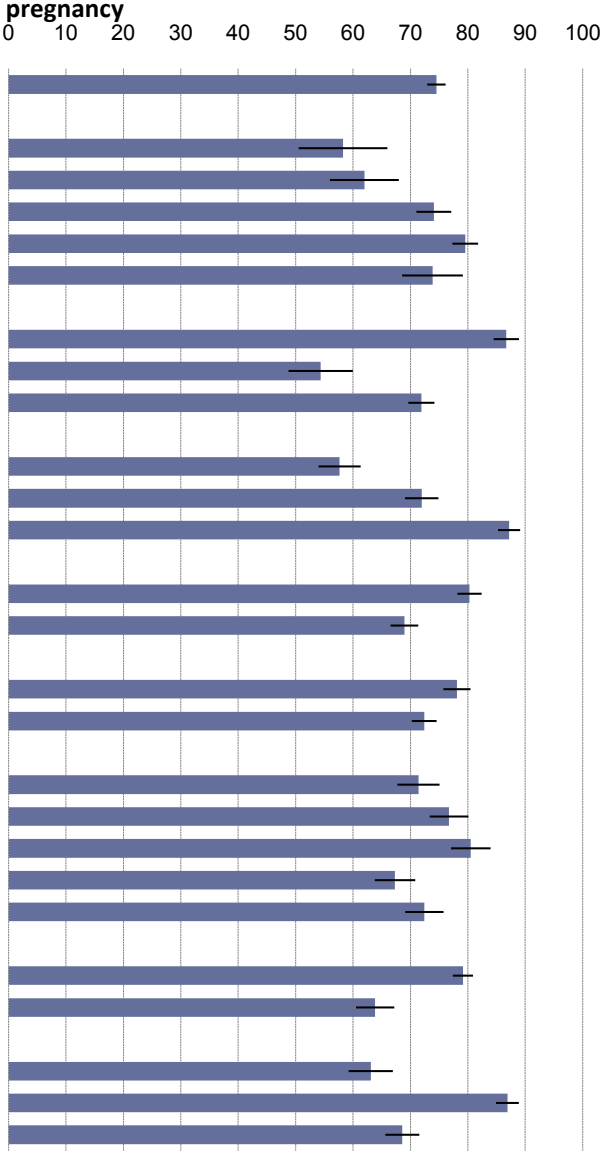
I tried to get birth control 3 weeks after delivery. The clinic rescheduled me twice. By the time I got an appointment I was already pregnant again.

- PRAMS mom

(Table 5)

Emergency contraception awareness

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3861, population=85273.



Maternal characteristic	%	lower	upper
All NM mothers	**74.5**	*72.9*	*76.1*
Age			
15-17	**58.3**	*50.6*	*65.6*
18-19	**62.0**	*56.0*	*67.6*
20-24	**74.1**	*71.1*	*76.9*
25-34	**79.6**	*77.3*	*81.6*
35 +	**73.9**	*68.6*	*78.5*
Ethnicity			
Non-Hispanic White	**86.7**	*84.5*	*88.6*
Native American	**54.4**	*48.8*	*59.9*
Hispanic	**71.9**	*69.6*	*74.1*
Education			
Less than high school	**57.7**	*54.0*	*61.3*
High school	**72.0**	*69.1*	*74.7*
More than high school	**87.2**	*85.3*	*88.9*
Marital status			
Married	**80.3**	*78.2*	*82.3*
Not married	**69.0**	*66.6*	*71.3*
Previous live birth			
No	**78.1**	*75.8*	*80.3*
Yes	**72.4**	*70.2*	*74.5*
Residence			
Northwest: Region 1	**71.4**	*67.7*	*74.8*
Northeast: Region 2	**76.7**	*73.4*	*79.8*
Bernalillo County: Region 3	**80.5**	*77.1*	*83.6*
Southeast: Region 4	**67.3**	*63.8*	*70.7*
Southwest: Region 5	**72.4**	*69.1*	*75.5*
Public assistance			
No	**79.2**	*77.4*	*80.8*
Yes	**63.9**	*60.5*	*67.1*
Payer of preconception healthcare			
Medicaid	**63.1**	*59.2*	*66.8*
Private insurance	**86.9**	*84.9*	*88.7*
No insurance	**68.6**	*65.6*	*71.4*

Emergency Contraception

What is the ECP or Emergency Contraceptive Pills? For more information about ECP, check out Not-2-Late.com (Publication (#3344-04) is available on the Kaiser Family Foundation's website at www.kff.org)

• An emergency contraceptive method used after sexual intercourse to prevent pregnancy.

• Is most effective when used within 12 hours of unprotected intercourse or contraceptive accident.

• ECP can be used up to five days after unprotected sex.

• ECP only works if a woman is not already pregnant.

• Interferes with egg development.

• Prevents or delays ovulation, Inhibits fertilization**;**

Does not work if already pregnant. Does not interrupt an existing pregnancy.

Where can ECP be obtained in NM ?

• An EC method may be obtained ahead of time from a family planning clinician to be used when needed.

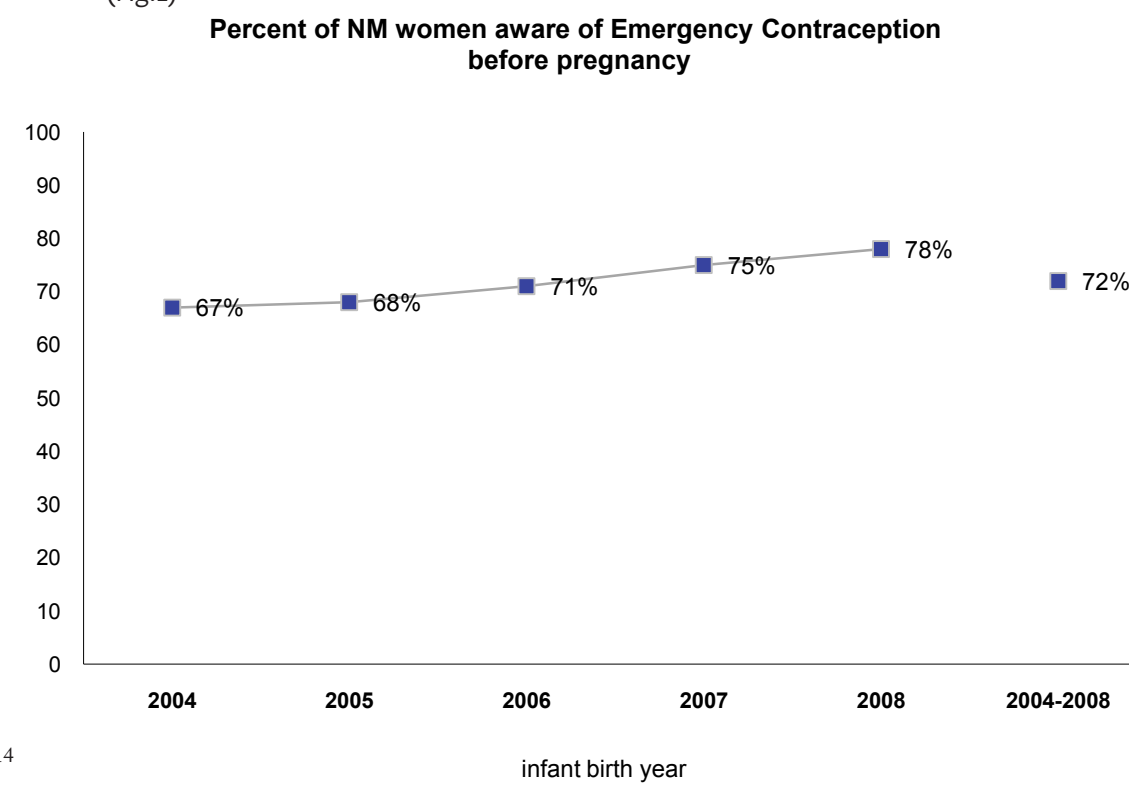
• Plan B, a brand name for ECP, is also available at pharmacies in NM without prescription.

Disadvantages of ECP or Emergency Contraceptive Pills

• Is not an ongoing method of contraception.

This method does not provide any protection against sexually transmitted diseases (STD's) including HIV and Hepatitis B. Using a condom consistently can help protect you from STD's.

(Fig.2)



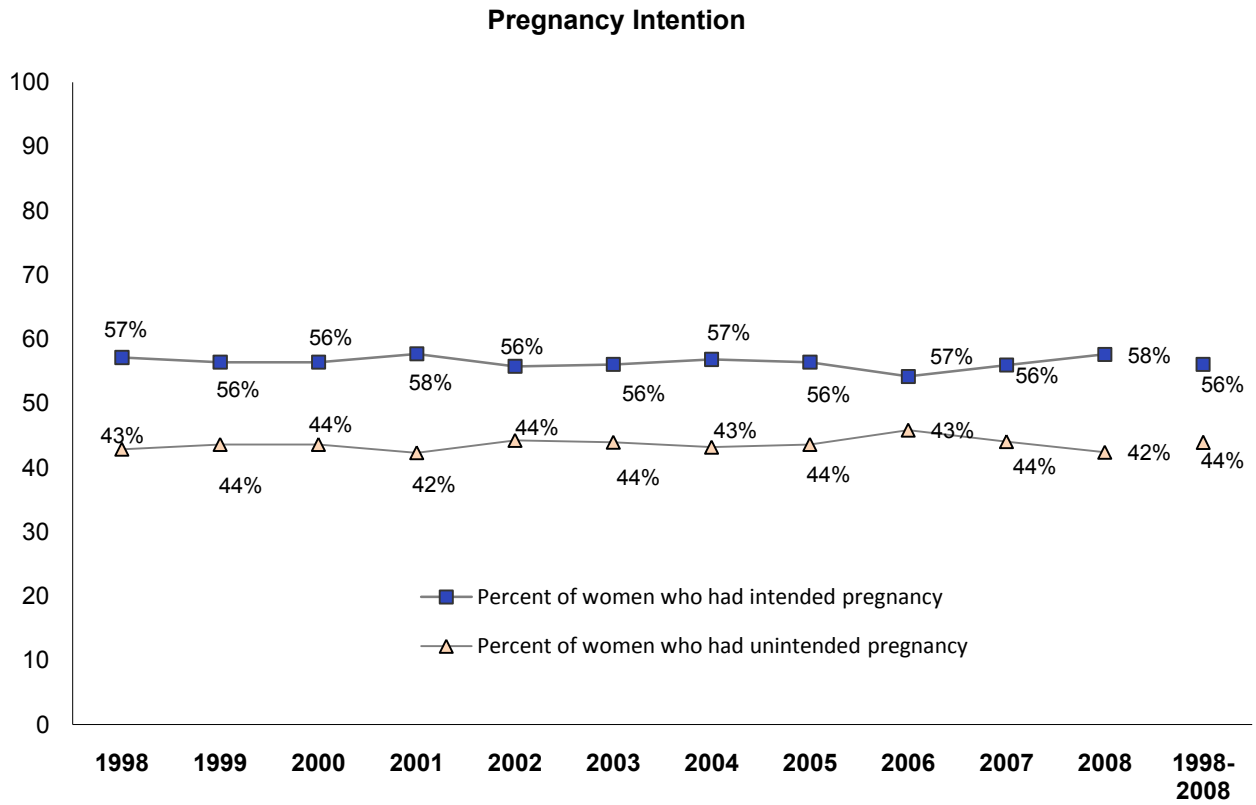
Pregnancy intention by birth year

CPI on unintended pregnancy

The Clinical Prevention Initiative (CPI) is a collaboration of the New Mexico Medical Society and the New Mexico Department of Health with the goal of improving the quality and enhancing the delivery of clinical preventive services in the state. The CPI was created to promote and support practice commitment and system development for selected high priority services, to facilitate integration of preventive care in physician offices, and to provide better services to patients across the state.

A published article provides more information on the history, structure, role and accomplishments of the CPI "The New Mexico Clinical Prevention Initiative: A Statewide Prevention Partnership" Public Health Reports/May-June 2007/Vol 122.

(Fig. 3)



Folic Acid

PRAMS Asks: During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

BACKGROUND

Folic acid (a monoglutamic acid) is the synthetic form of folate, a B vitamin available through some natural food sources. Although folate is found in orange juice, leafy green vegetables, beans, lentils, peanuts, asparagus, peas, and enriched-grain products, it can be *very* hard to absorb the recommended daily amount from food alone. [1] Research shows that 50 to 70% of neural tube defects NTD (malformations of the spine and brain) may be averted by taking 400 micrograms folic acid in a daily multivitamin before conception.[2]

Nationally, Hispanic mothers are more likely to have an NTD-affected pregnancy compared to African-American or non-Hispanic White mothers. [3]

According to a national survey conducted on behalf of the March of Dimes (2008), 84% of U.S. women ages 18-45 had heard of folic acid. Thirty-nine percent (39%) reported taking a vitamin containing folic acid. Twenty percent were aware that folic acid prevents birth defects, but only 11% knew that folic acid should be taken *before* pregnancy.[4]

PRAMS FINDINGS

Among NM women giving live birth in 2008, 28.6% took a daily multivitamin or prenatal vitamin prior to conception (fig. 1). From 2006-2008 36.8% of women with private insurance took a vitamin compared to only 21.8% of women with Medicaid before pregnancy (Table 1). Just 19.6% of unmarried women compared to 35.4% of married women took a daily multivitamin before they were pregnant.

Almost 60 percent (56.9%) of women giving live birth in 2008 did not take a preconception vitamin at all (fig.1).

Action in NM

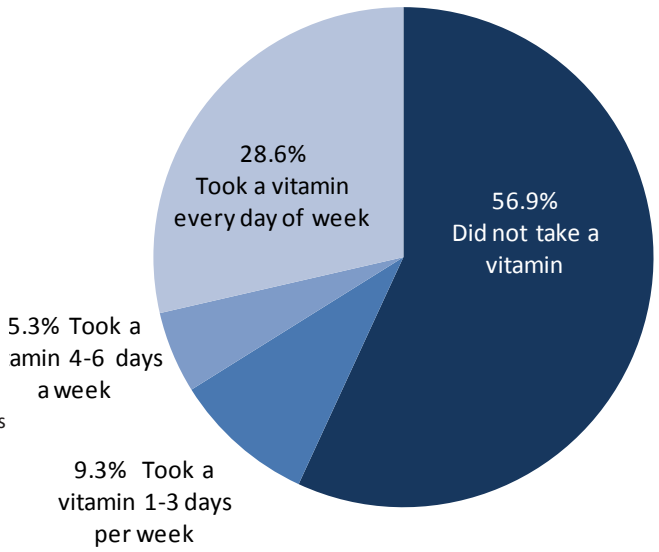
The NM WIC program promotes healthy birth spacing and folic acid consumption among women accessing prenatal and postpartum services.

The March of Dimes New Mexico Chapter collaborates with the New Mexico Department of Health and the Governor's Women's Health Office to raise awareness about birth defects prevention and the importance of folic acid. The March of Dimes and the New Mexico Department of Health will launch a folic acid campaign beginning in 2011 to raise awareness of folic acid consumption in New Mexico. A strategic planning meeting was held in October, 2010. The March of Dimes provides folic acid materials to area WIC clinics as well as family practice clinics. The March of Dimes also distributes materials related to preconception and prenatal in your local community. The March of Dimes offers a variety of materials available to the public free of charge. You can also find more information by accessing the website below.

http://www.marchofdimes.com/NewMexico/

Chapter office (505)-344-5150

(fig. 1) Distribution of preconception vitamin consumption, 2008 births



1 Division of Birth Defects, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention
2 Pitkin R. Folate and neural tube defects. Am J Clin Nutr 2007; 85:28S-8S.
3 Yoon P, Rasmussen S, Lynberg M, Moore C, Anderka M, Carmichael S, Costa P, Druscehll C, Hobbs C, Romitti P, Langlois P, Edmonds L. The National Birth Defects Prevention Study. Public Health Reports. 2001; Supplement1, 116:32-40.
4 March of Dimes Foundation. Improving Preconception Health: Women's knowledge and use of folic acid. 2008; White Plains New York. (March of Dimes Folic Acid Surveys are nationally representative telephone surveystargeting approximately 2000 English-speaking women ages 18-45 each year. Margin of error is +/-3%.)

Preconception multivitamin

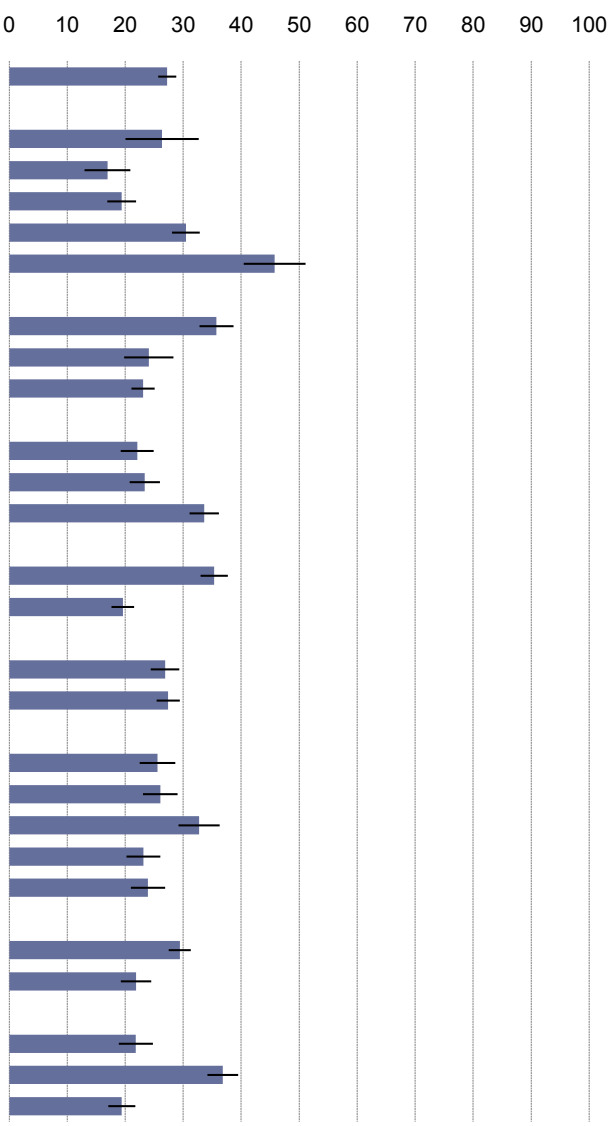
(Table 1)

Multivitamin

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3861, population=85273.

Maternal characteristic

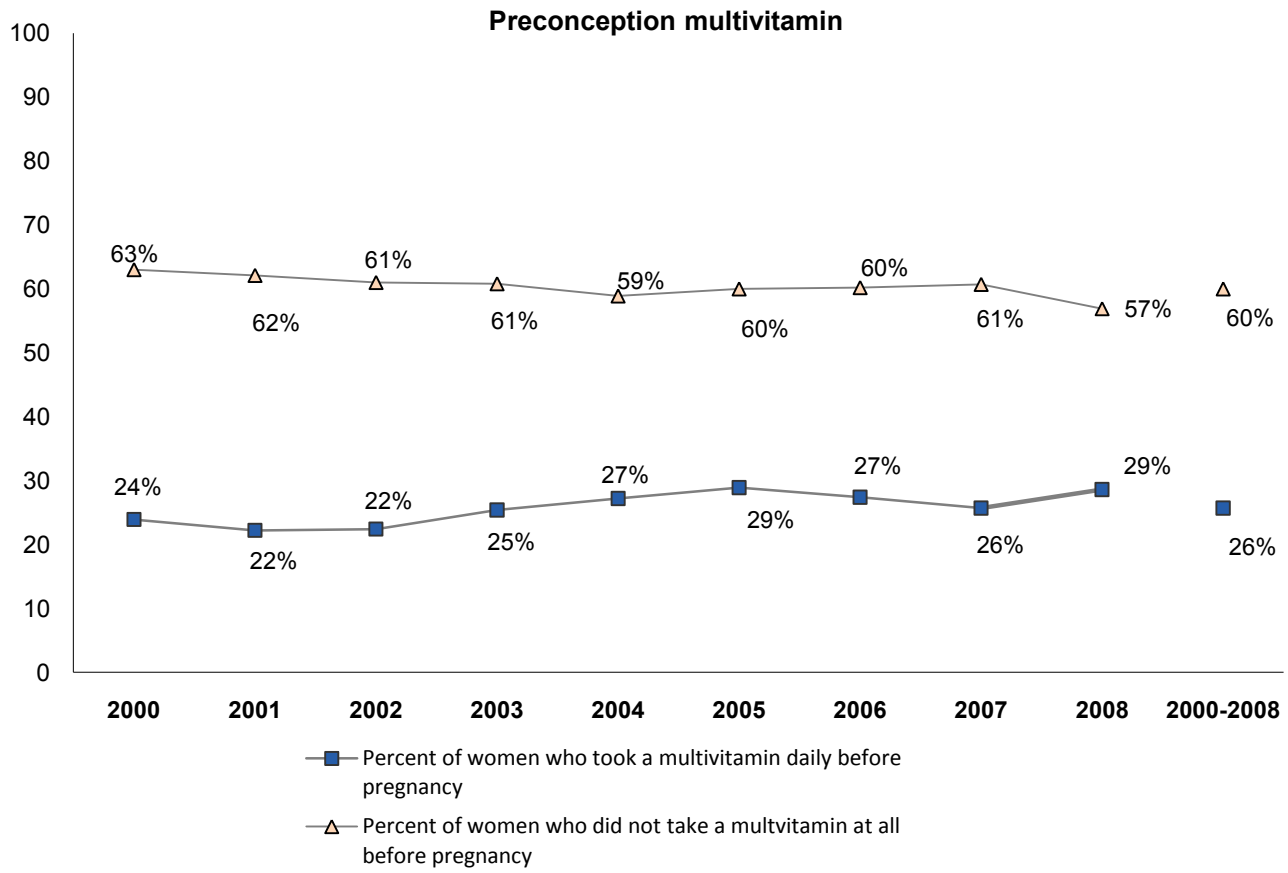
Percent of NM mothers who took a daily vitamin before pregnancy



	%	lower	upper
All NM mothers	**27.3**	*25.7*	*28.9*
Age			
15-17	**26.4**	*20.1*	*33.8*
18-19	**16.9**	*13.0*	*21.8*
20-24	**19.4**	*16.9*	*22.2*
25-34	**30.5**	*28.1*	*33.0*
35 +	**45.8**	*40.4*	*51.2*
Ethnicity			
Non-Hispanic White	**35.8**	*32.8*	*38.8*
Native American	**24.1**	*19.8*	*28.9*
Hispanic	**23.1**	*21.1*	*25.2*
Education			
Less than high school	**22.1**	*19.2*	*25.2*
High school	**23.4**	*20.8*	*26.2*
More than high school	**33.6**	*31.1*	*36.3*
Marital status			
Married	**35.4**	*33.0*	*37.8*
Not married	**19.6**	*17.6*	*21.7*
Previous live birth			
No	**26.9**	*24.4*	*29.5*
Yes	**27.4**	*25.4*	*29.5*
Residence			
Northwest: Region 1	**25.6**	*22.5*	*28.9*
Northeast: Region 2	**26.1**	*23.1*	*29.3*
Bernalillo County: Region 3	**32.7**	*29.2*	*36.5*
Southeast: Region 4	**23.1**	*20.2*	*26.3*
Southwest: Region 5	**23.9**	*21.0*	*27.2*
Public assistance			
No	**29.4**	*27.5*	*31.4*
Yes	**21.9**	*19.3*	*24.7*
Payer of preconception healthcare			
Medicaid	**21.8**	*18.9*	*25.1*
Private insurance	**36.8**	*34.2*	*39.6*
No insurance	**19.4**	*17.1*	*22.0*

Multivitamin intake by birth year

(Fig. 2)



There are many services available but there are still those who are in need of assistance and do not qualify. My family tried to qualify for WIC and daycare assistance, but I made $100 too much, which is not nearly enough money to cover either expense of food or daycare.

- PRAMS mom

Food Security and poverty

PRAMS Asks: During the last 12 months, which one of the following statements best describes the food eaten by you and your family? You had: Enough food to eat; Sometimes not enough food to eat; or Often not enough food to eat.

BACKGROUND

New Mexico ranks third in the nation for the highest percentage of hungry people (14.1 percent average, 2006-2008). [1]

New Mexico consistently ranks among the states with the highest number of children at risk of hunger. In 2008, 24% of NM children were living in poverty (household income< $21,184 for a family of four).[2]

The 2005 Faces of Hunger in New Mexico report shows a 33 percent increase in four years for the number of children served by Roadrunner Food Bank, estimated at 81,000. Almost two thirds or 65 percent of the clients visiting soup kitchens were ages 30-49.[3]

Food insecurity is associated with preconception weight problems, high gestational weight gain and prenatal complications including diabetes.[4] Among Hispanic or Latina women, food insecurity is linked to prenatal depressive symptoms. [5]

Food Sufficiency: is a significant aspect of food security which, aside from having enough to eat, means available food is nutritious and one does not have to scavenge, steal, or worry about when their food supply will end.

PRAMS FINDINGS

Among NM women giving live birth in 2008, 85.9% said their families had enough food to eat in the 12 months before their baby was born. Just over 1 percent said they were often without enough to eat, and 13.0% said they sometimes did not have enough. For 2006-2008 births, 81% of Native American mothers 83% of Hispanic mothers, and 92% of non-Hispanic White mothers said they had enough to eat (Table 1). Unmarried, young and women with Medicaid or no insurance were more likely to experience problems with food sufficiency compared to all NM mothers.

Among women whose families household income fell below 130% of the federal poverty level, 40% had received food stamps (Table 2), and just 16% of those who met the income eligibility said they received TANF from 2006-2008 (Table 3). Twenty-seven percent of preconception Medicaid recipients also received TANF (Table 3).

Action in New Mexico

The NM WIC program supports the nutritional needs of pregnant, postpartum, and lactating women. It also serves children, 0-5 years, with food packages to help families who are living at or below 185% poverty in NM. The Navajo WIC program and the Eight Northern WIC programs serve the same populations among Native American families.

The NM Commodity Supplemental Food program provides food for women (pregnant, breastfeeding or postpartum) or families with children 0-6 who are not receiving WIC benefits, and people who are Senior Citizens. For more information visit http://www.health.state.nm.us/phd/wicsite/csfp.php

The NM Human Services Department provides assistance to needy families in the form of SNAP Supplemental Nutrition Assistance Program/ food stamps, TANF (Temporary Assistance for Needy Families) and cash assistance.

1 United States Department of Agriculture, 2008. calculated from the Current Population Survey Food Security Supplement. Accessed at http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm#geographic

2 The Annie E. Casey Foundation. 2010 Kids Count Data Book. State Profiles of Child Well-being. Baltimore, MD; 2010.

3 Based on findings from HUNGER IN AMERICA 2006. Mathematica. Local Report Prepared for The New Mexico Association of Food Banks(3301)Final Report February 2006

4 Laraia B, Siega-Riz A, Gundersen C. Household food insecurity if associated with self-reported pregravid weight status, gestational weight gain, and pregnancy complications. *J Am Diet Assoc.*; 2010; 110 (5): 690-1.

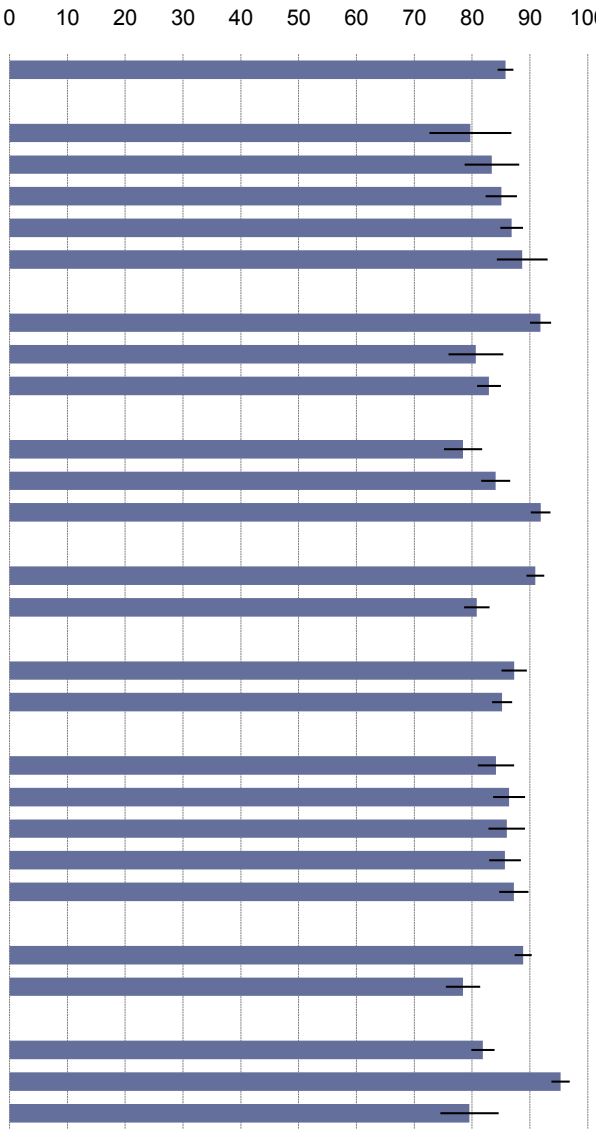
5 Hromi-Fiedler A, Bermudez-Millan A, Segura-Perez S, Perez-Escamilla R. Household food insecurity is associated with depressive symptoms among low-income pregnant Latinas. *Matern child Nutr*; 2010.

Food Sufficiency

(Table 1)

Food Sufficiency

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3817, population=84366.

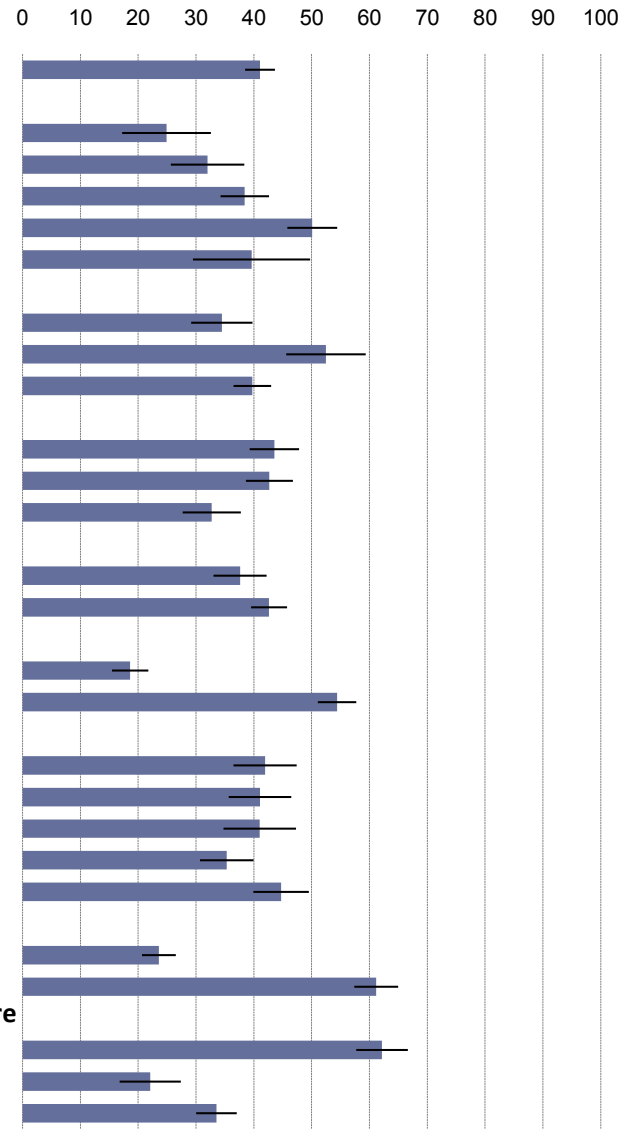


Maternal characteristic	%	lower	upper
All NM mothers	**85.8**	*84.4*	*87.0*
Age			
15-17	**79.7**	*72.6*	*85.3*
18-19	**83.4**	*78.7*	*87.3*
20-24	**85.1**	*82.3*	*87.4*
25-34	**86.8**	*84.9*	*88.6*
35 +	**88.7**	*84.3*	*92.0*
Ethnicity			
Non-Hispanic White	**91.8**	*90.0*	*93.4*
Native American	**80.7**	*75.9*	*84.7*
Hispanic	**82.9**	*80.9*	*84.8*
Education			
Less than high school	**78.4**	*75.1*	*81.4*
High school	**84.1**	*81.6*	*86.3*
More than high school	**91.9**	*90.2*	*93.3*
Marital status			
Married	**90.9**	*89.4*	*92.3*
Not married	**80.8**	*78.6*	*82.9*
Previous live birth			
No	**87.3**	*85.1*	*89.2*
Yes	**85.2**	*83.5*	*86.8*
Residence			
Northwest: Region 1	**84.1**	*81.0*	*86.8*
Northeast: Region 2	**86.4**	*83.6*	*88.8*
Bernalillo County: Region 3	**86.0**	*82.8*	*88.7*
Southeast: Region 4	**85.7**	*83.0*	*88.1*
Southwest: Region 5	**87.2**	*84.7*	*89.4*
Public assistance			
No	**88.8**	*87.4*	*90.2*
Yes	**78.4**	*75.5*	*81.1*
Payer of delivery			
Medicaid	**81.9**	*79.9*	*83.7*
Private insurance	**95.3**	*93.7*	*96.5*
No insurance	**79.6**	*74.5*	*83.8*

(Table 2)

Food Stamps

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents at or below 130% poverty=1821, population=40833.

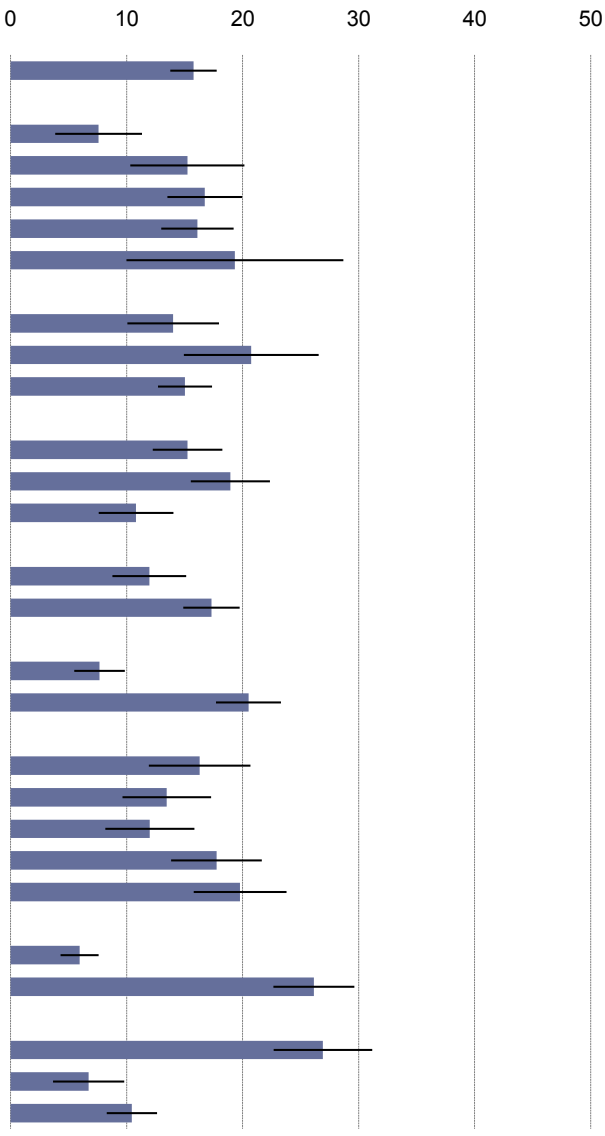


Maternal characteristic	%	lower	upper
All NM mothers	**41.1**	*38.5*	*43.7*
Age			
15-17	~~**24.9**~~	~~*17.2*~~	~~*34.6*~~
18-19	**32.0**	*25.7*	*39.1*
20-24	**38.4**	*34.3*	*42.8*
25-34	**50.1**	*45.8*	*54.4*
35 +	~~**39.6**~~	~~*29.5*~~	~~*50.7*~~
Ethnicity			
Non-Hispanic White	**34.5**	*29.2*	*40.2*
Native American	**52.5**	*45.6*	*59.3*
Hispanic	**39.8**	*36.5*	*43.1*
Education			
Less than high school	**43.6**	*39.3*	*47.9*
High school	**42.7**	*38.7*	*46.9*
More than high school	**32.7**	*27.7*	*38.2*
Marital status			
Married	**37.6**	*33.0*	*42.4*
Not married	**42.6**	*39.5*	*45.8*
Previous live birth			
No	**18.6**	*15.5*	*22.2*
Yes	**54.4**	*51.1*	*57.7*
Residence			
Northwest: Region 1	**42.0**	*36.5*	*47.6*
Northeast: Region 2	**41.1**	*35.7*	*46.7*
Bernalillo County: Region 3	**41.0**	*34.8*	*47.6*
Southeast: Region 4	**35.3**	*30.7*	*40.2*
Southwest: Region 5	**44.7**	*39.9*	*49.6*
Public assistance			
No	**23.6**	*20.7*	*26.8*
Yes	**61.2**	*57.4*	*64.8*
Payer of preconception healthcare			
Medicaid	**62.2**	*57.7*	*66.4*
Private insurance	**22.1**	*16.8*	*28.5*
No insurance	**33.5**	*30.0*	*37.2*

(Table 3)

TANF

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents who had income at or below 100% poverty=1571, population=35153.

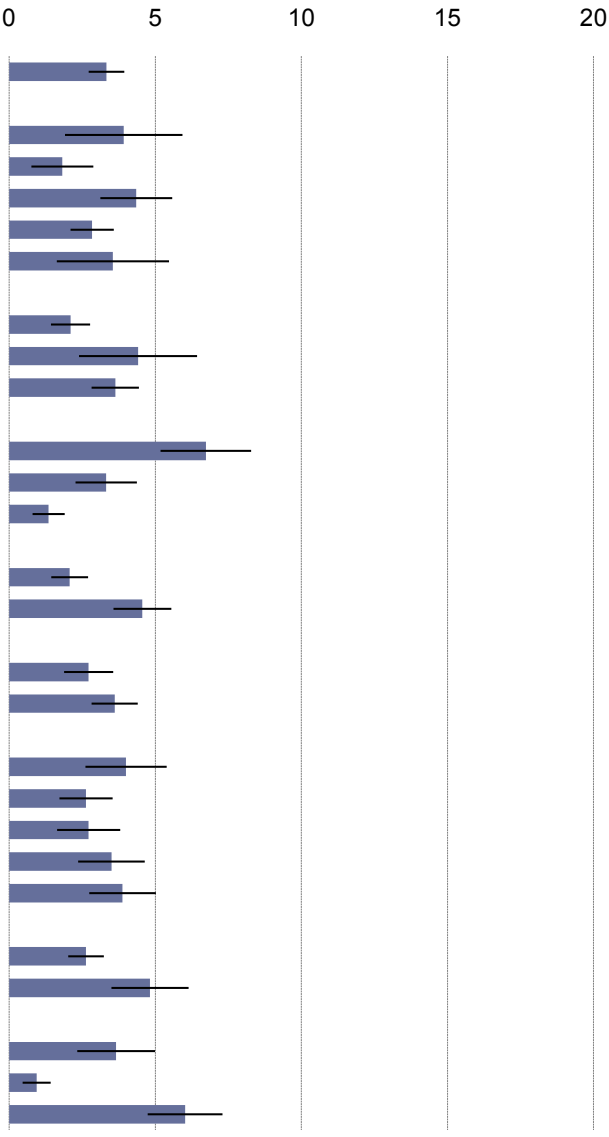


Maternal characteristic	%	lower	upper
All NM mothers	**15.8**	*13.8*	*18.0*
Age			
15-17	~~**7.6**~~	~~*3.8*~~	~~*14.4*~~
18-19	**15.2**	*10.3*	*21.9*
20-24	**16.7**	*13.5*	*20.5*
25-34	**16.1**	*13.0*	*19.8*
35 +	**19.3**	*10.0*	*34.1*
Ethnicity			
Non-Hispanic White	**14.0**	*10.1*	*19.2*
Native American	**20.7**	*14.9*	*28.1*
Hispanic	**15.0**	*12.7*	*17.7*
Education			
Less than high school	**15.3**	*12.3*	*18.8*
High school	**18.9**	*15.5*	*22.9*
More than high school	**10.8**	*7.6*	*15.2*
Marital status			
Married	**12.0**	*8.8*	*16.1*
Not married	**17.3**	*14.9*	*20.1*
Previous live birth			
No	**7.7**	*5.5*	*10.6*
Yes	**20.5**	*17.7*	*23.6*
Residence			
Northwest: Region 1	**16.3**	*11.9*	*21.9*
Northeast: Region 2	**13.5**	*9.6*	*18.5*
Bernalillo County: Region 3	**12.0**	*8.2*	*17.3*
Southeast: Region 4	**17.7**	*13.8*	*22.5*
Southwest: Region 5	**19.8**	*15.8*	*24.5*
Public assistance			
No	**5.9**	*4.3*	*8.2*
Yes	**26.1**	*22.7*	*30.0*
Payer of preconception healthcare			
Medicaid	**26.9**	*22.7*	*31.6*
Private insurance	**6.7**	*3.7*	*12.1*
No insurance	**10.5**	*8.3*	*13.1*

(Table 4)

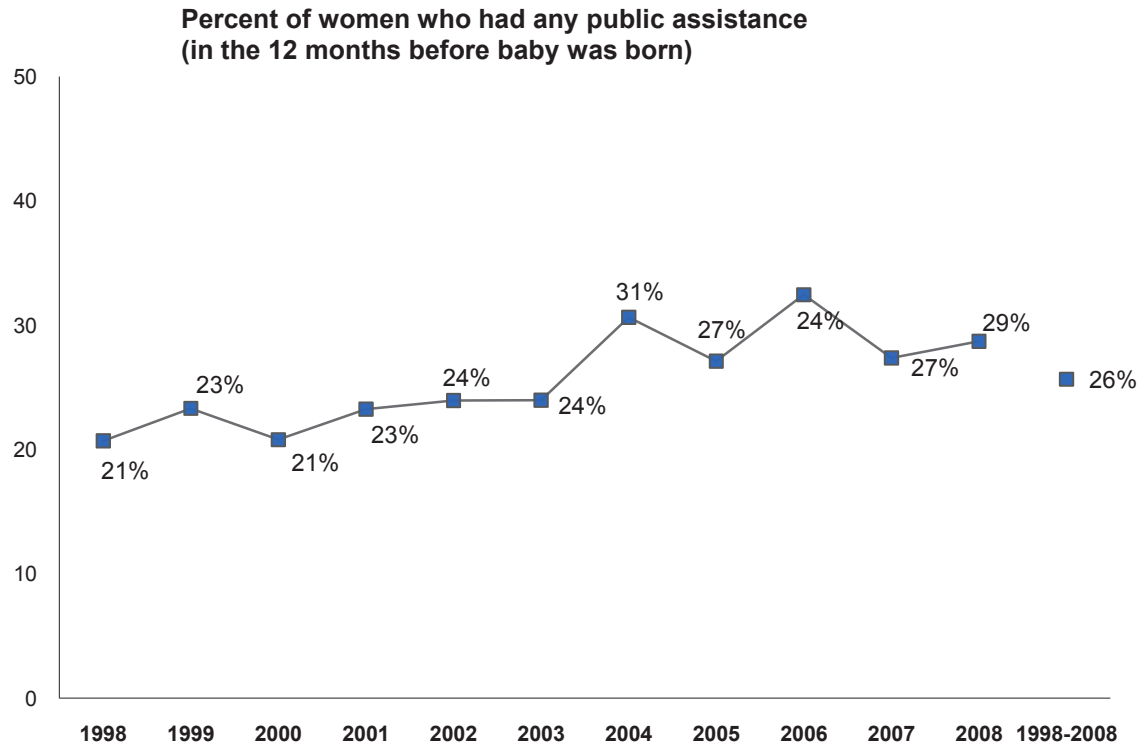
Homelessness

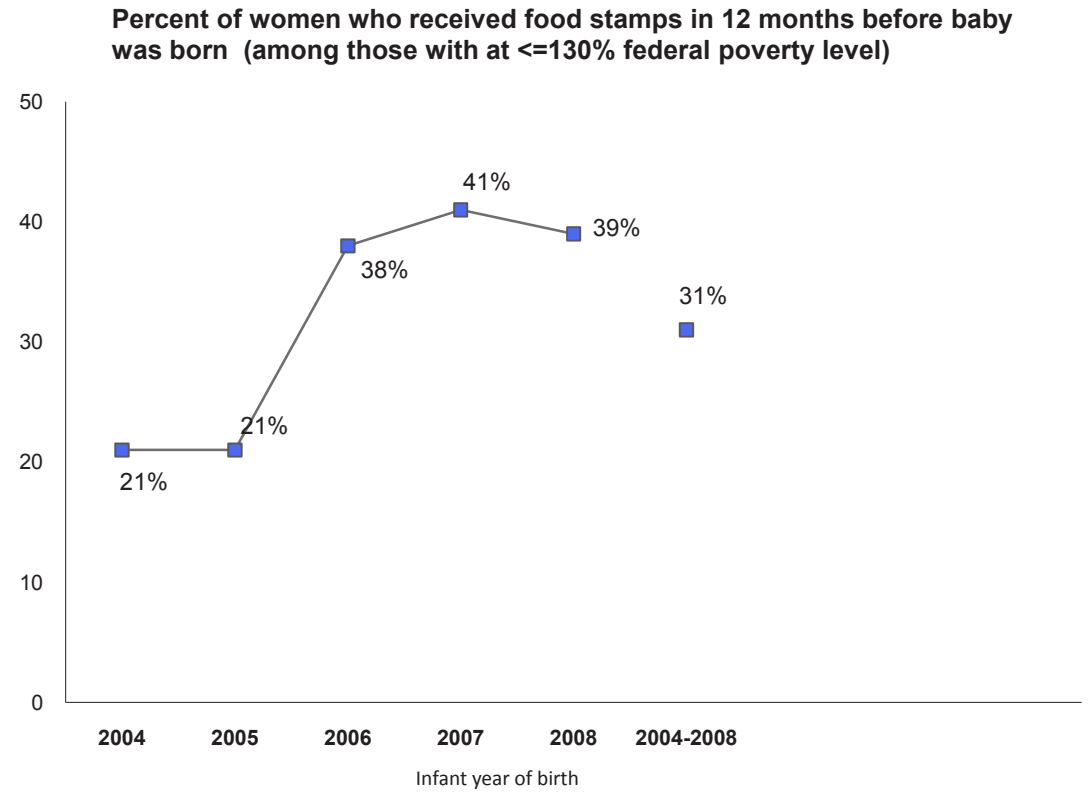
NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3878, population=85655.



Maternal characteristic	%	lower	upper
All NM mothers	**3.3**	*2.7*	*4.1*
Age			
15-17	~~**3.9**~~	~~*1.9*~~	~~*7.9*~~
18-19	~~**1.8**~~	~~*0.8*~~	~~*4.3*~~
20-24	**4.4**	*3.1*	*6.0*
25-34	**2.8**	*2.1*	*3.8*
35 +	~~**3.6**~~	~~*1.6*~~	~~*7.6*~~
Ethnicity			
Non-Hispanic White	**2.1**	*1.4*	*3.1*
Native American	**4.4**	*2.4*	*8.0*
Hispanic	**3.6**	*2.8*	*4.7*
Education			
Less than high school	**6.7**	*5.2*	*8.7*
High school	**3.3**	*2.3*	*4.8*
More than high school	**1.4**	*0.8*	*2.3*
Marital status			
Married	**2.1**	*1.4*	*3.0*
Not married	**4.6**	*3.6*	*5.8*
Previous live birth			
No	**2.7**	*1.9*	*3.9*
Yes	**3.6**	*2.8*	*4.6*
Residence			
Northwest: Region 1	**4.0**	*2.6*	*6.1*
Northeast: Region 2	**2.6**	*1.7*	*4.0*
Bernalillo County: Region 3	**2.7**	*1.6*	*4.5*
Southeast: Region 4	**3.5**	*2.4*	*5.2*
Southwest: Region 5	**3.9**	*2.7*	*5.5*
Public assistance			
No	**2.6**	*2.0*	*3.4*
Yes	**4.8**	*3.5*	*6.6*
Payer of preconception healthcare			
Medicaid	**3.7**	*2.3*	*5.7*
Private insurance	~~**0.9**~~	~~*0.5*~~	~~*1.9*~~
No insurance	**6.0**	*4.7*	*7.6*

Public assistance and food stamp trends





Preconception weight

PRAMS Asks: 1) Just before you got pregnant with your new baby, how much did you weigh? AND 2) How tall are you without shoes? (a body mass index (BMI) is calculated by dividing reported preconception weight by height; see methodology in appendix.)

BACKGROUND

Healthy weight prior to and during pregnancy is important for both mother and baby. Pre-pregnancy overweight and excessive weight gain in pregnancy are implicated in macrosomia (high birth weight), and large for gestational age infants.[1] A National Birth Defects Prevention study also indicates that preconception obesity is an independent risk factor for structural birth defects, including defects of the heart and orofacial abnormalities like cleft lip (with or without cleft palate).[2] In addition, mothers with a high pre-pregnancy body mass index are at risk for Type II and gestational diabetes. In 2008, 45.8% of New Mexico women, ages 18-34, were overweight or obese (had a BMI of 25 or higher). Among women ages 35-49, almost 60% were overweight or obese (58.6%)[3]

Healthy People 2010 ***goals:*** Increase the proportion of adults at a healthy weight to 60%. Reduce the proportion of adults who are obese to 20%. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

PRAMS FINDINGS

Forty-six (46.2%) of New Mexico women giving live birth in 2008 had a preconception weight problem (were overweight or obese). The rate steadily increased from 33% in 1998 (fig.1). For years 2006-2008, the proportion of women with a pre-pregnancy weight problem increased with maternal age (ranging from 21.3% among 15-17 year-old moms to 49.8% among moms 25 years and older) (Table 1). Higher parity (having had previous children) was also positively associated with preconception overweight. Fifty-one percent (51.3%) of women residing in the Northwest region of the state had an unhealthy weight before becoming pregnant.

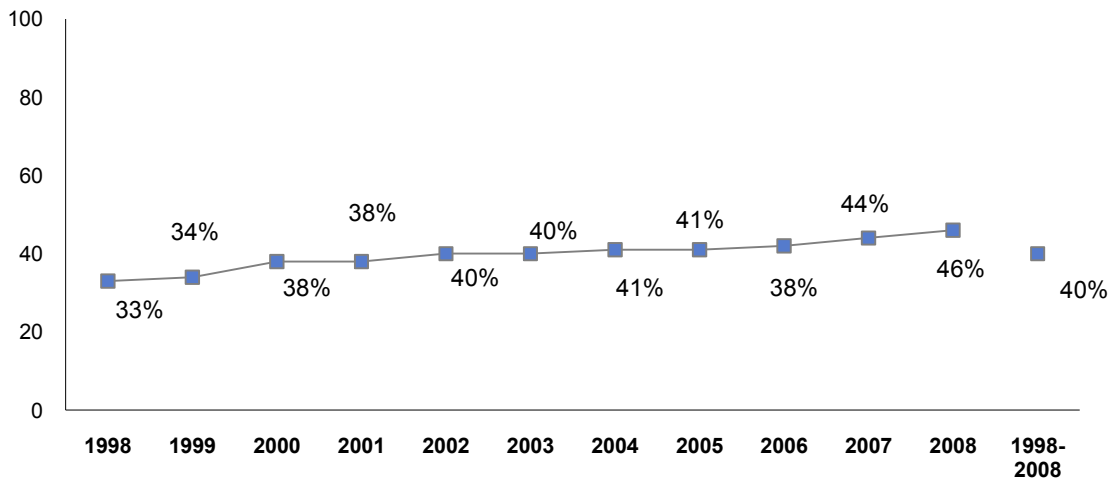
Action in New Mexico

(See page 27 on diabetes)

1 Kabali C, Werler M. Prepregnant body mass index, weight gain and the risk of delivering large babies among non-diabetic mothers. Int J Gynaecol Obstet. 2007; 100-104.
2 Waller K, Shaw G, Rasmassen S, Hobbs C, Canfield M, Siega-Riz A, Gallaway S, Correa A. Prepregnancy obesity as a risk for structural birth defects. Arch Pediatr Adolesc Med; 2007
3 Estimate obtained from the NM Behavioral Risk Factor Surveillance System, 2008 survey. Accessed at http://ibis.health.state.nm.us/query/result/brfss/BRFSSCrude/OverWtObese.html

(fig. 1)

Percent of women who were overweight or obese before pregnancy

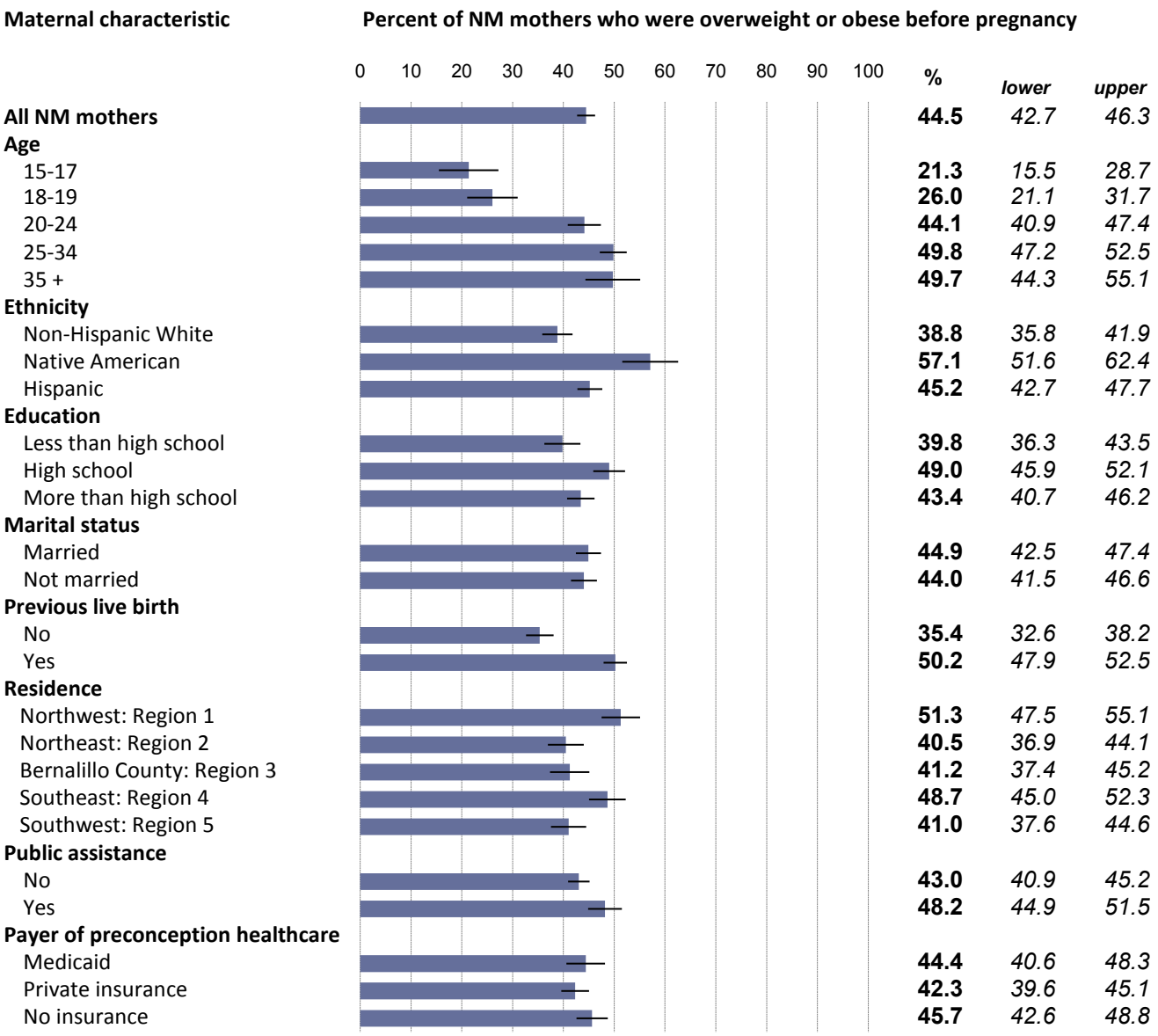


Overweight or obese

(Table 1)

Preconception weight problem

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3842, population=84728.



Diabetes

PRAMS Asks: 1) Did you have any of these problems during your most recent pregnancy? a) high blood sugar (diabetes) that started before this pregnancy b) High blood sugar (diabetes) that started during this pregnancy

BACKGROUND

Chronic medical conditions, such as diabetes, require special management during the prenatal period. Nearly 24 million people, 8% of the U.S. population have diabetes, and an estimated 25% (18 million) of those with the disease may not know.[1] There is a higher prevalence of diabetes and related complications among Hispanic, Native American, and African-American women compared with non-Hispanic White women.[2]

The national multicenter Diabetes Prevention Program (DPP) showed that people at risk for developing diabetes can prevent or delay the onset of diabetes by losing a modest amount of weight through diet and exercise. DPP participants in the lifestyle intervention group reduced their risk of developing diabetes by 58 percent during the study.[3]

Type II and gestational diabetes mellitus (GDM) are both associated with obstetric challenges. Women who have had gestational diabetes have a 40-60% chance of developing Type II diabetes within ten years.[1]

In 2008 an estimated 7.5% of all New Mexico adult women had ever been told by a doctor that they had diabetes.[4]

Healthy People 2010 goal

Reduce maternal illness and complications due to pregnancy to 24 per 100 deliveries.

PRAMS FINDINGS

Two percent (2.2%) of New Mexico women giving live birth in 2006-2008 experienced high blood sugar or diabetes that started before they were pregnant (Table 1). Among all new NM mothers, 8.3% said they developed gestational diabetes or high blood sugar during their recent pregnancy (Table 2). Fifteen percent (15.4%) of Native American mothers had gestational diabetes compared to 8.6% of Hispanic and 5.1% of non-Hispanic white mothers. The prevalence among women age 35 and older was 16.7%.

Action in New Mexico

Diabetes Day at the Roundhouse 2011 will be held on Tuesday, March 8, 2011.

GIMC-Indian Health Services and the Navajo Health Education Program-Gallup held the "Let's Take Control of Diabetes. NOW." Diabetes conference on Wednesday, November 10, 2010, from 8 a.m. to 5 p.m. at the Gallup Community Center in Gallup.

The NMDOH Diabetes Prevention & Control Program offers free online courses to healthcare professionals: Diabetes and Depression; Smoking and Diabetes; and Pre-Diabetes (2011). Trainings can be accessed online at www.diabetesnm.org. For more information, contact Eileen Douglass, MS, RD, CDE, at (505) 476-7612, or e-mail at eileen.douglass@state.nm.us.

The Healthier Weight Council:

- Implemented a new policy for all public schools in New Mexico to eliminate sugar-sweetened and caffeinated soft drinks, and to stock only low fat and low sugar foods, and to provide healthier
- Launched Prescription Trails, a pilot physical activity prescription program to provide health care professionals with prescription pads and walking trail guides to use to increase walking and
- Leveraged funding from the National Governor's Association Center for Best Practices and from the National Association of Chronic Disease for the Healthy Las Cruces, Healthy Kids project (www.HealthierWeightNM.org)

1 Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion. National Diabetes Fact Sheet, 2007. Accessed on August 11, 2008 at http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf

2 Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults --- United States, 1999--2000; MMWR; September 5, 2003 / 52(35); 833-837

3 http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/

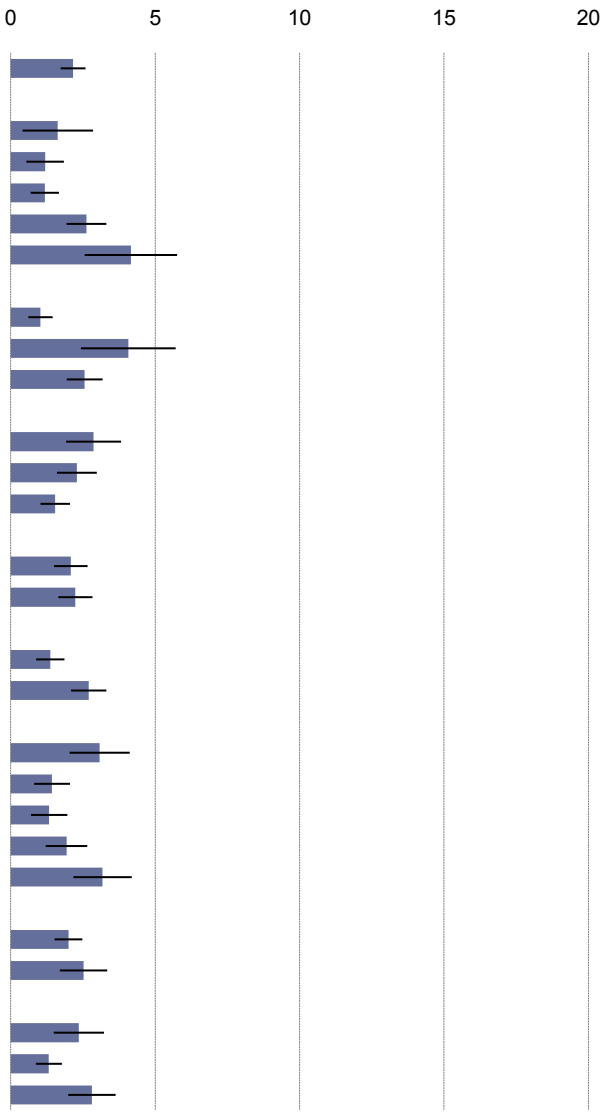
4 New Mexico Behavioral Risk Factor Surveillance System, 2008 data. Data accessed through http://ibis.health.state.nm.us/query/result/brfss/BRFSSCrude/Diab.html

Pre-existing diabetes

(Table 1)

Preconception diabetes (Type 1 or Type 2)

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3842, population=84728.

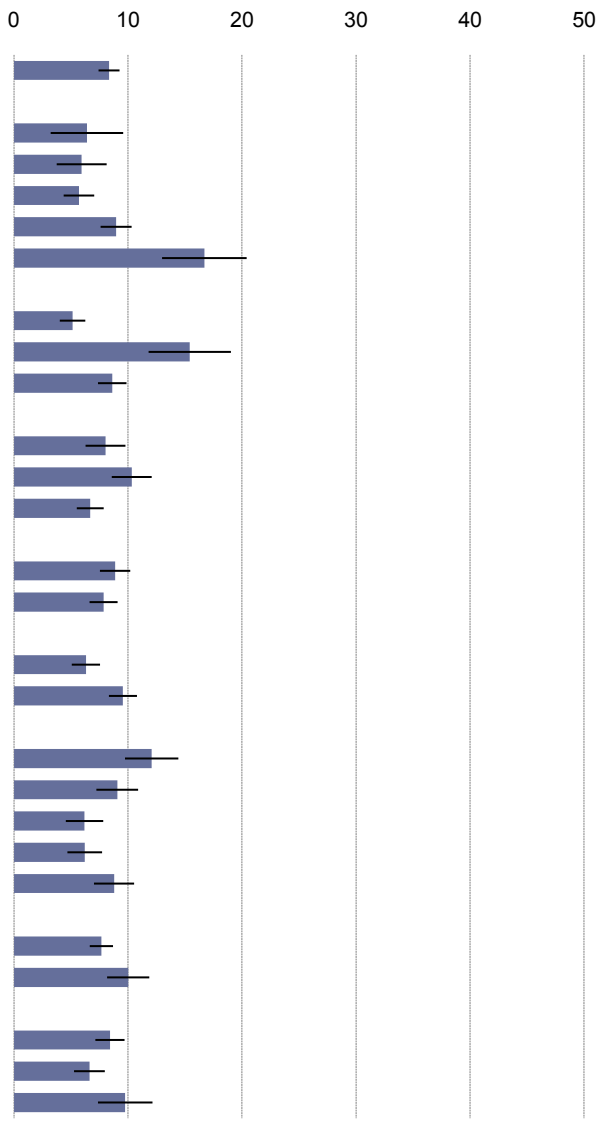


Maternal characteristic	Percent of NM mothers who had diabetes before pregnancy		
	%	lower	upper
All NM mothers	**2.2**	*1.7*	*2.7*
Age			
15-17	~~**1.6**~~	~~*0.4*~~	~~*6.2*~~
18-19	~~**1.2**~~	~~*0.5*~~	~~*2.6*~~
20-24	**1.2**	*0.7*	*2.0*
25-34	**2.6**	*1.9*	*3.6*
35 +	**4.2**	*2.6*	*6.7*
Ethnicity			
Non-Hispanic White	**1.0**	*0.6*	*1.7*
Native American	**4.1**	*2.4*	*6.7*
Hispanic	**2.6**	*1.9*	*3.4*
Education			
Less than high school	**2.9**	*1.9*	*4.3*
High school	**2.3**	*1.6*	*3.3*
More than high school	**1.5**	*1.0*	*2.3*
Marital status			
Married	**2.1**	*1.5*	*2.9*
Not married	**2.2**	*1.7*	*3.0*
Previous live birth			
No	**1.4**	*0.9*	*2.1*
Yes	**2.7**	*2.1*	*3.5*
Residence			
Northwest: Region 1	**3.1**	*2.0*	*4.6*
Northeast: Region 2	**1.4**	*0.8*	*2.5*
Bernalillo County: Region 3	~~**1.3**~~	~~*0.7*~~	~~*2.5*~~
Southeast: Region 4	**1.9**	*1.2*	*3.1*
Southwest: Region 5	**3.2**	*2.2*	*4.7*
Public assistance			
No	**2.0**	*1.5*	*2.6*
Yes	**2.5**	*1.7*	*3.7*
Payer of preconception healthcare			
Medicaid	**2.4**	*1.5*	*3.7*
Private insurance	**1.3**	*0.9*	*2.0*
No insurance	**2.8**	*2.0*	*4.0*

(Table 2)

Gestational diabetes

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3811, population=83993.



Maternal characteristic	%	lower	upper
All NM mothers	**8.3**	*7.4*	*9.4*
Age			
15-17	~~**6.4**~~	~~*3.2*~~	~~*12.3*~~
18-19	**5.9**	*3.8*	*9.3*
20-24	**5.7**	*4.4*	*7.4*
25-34	**9.0**	*7.6*	*10.5*
35 +	**16.7**	*13.0*	*21.2*
Ethnicity			
Non-Hispanic White	**5.1**	*4.0*	*6.6*
Native American	**15.4**	*11.8*	*19.9*
Hispanic	**8.6**	*7.4*	*10.1*
Education			
Less than high school	**8.0**	*6.3*	*10.2*
High school	**10.3**	*8.6*	*12.4*
More than high school	**6.7**	*5.5*	*8.1*
Marital status			
Married	**8.9**	*7.5*	*10.4*
Not married	**7.9**	*6.6*	*9.3*
Previous live birth			
No	**6.3**	*5.1*	*7.8*
Yes	**9.6**	*8.3*	*11.0*
Residence			
Northwest: Region 1	**12.1**	*9.7*	*14.9*
Northeast: Region 2	**9.1**	*7.2*	*11.3*
Bernalillo County: Region 3	**6.2**	*4.6*	*8.4*
Southeast: Region 4	**6.2**	*4.7*	*8.2*
Southwest: Region 5	**8.8**	*7.0*	*10.9*
Public assistance			
No	**7.7**	*6.7*	*8.8*
Yes	**10.0**	*8.2*	*12.2*
Payer of prenatal care			
Medicaid	**8.4**	*7.1*	*9.9*
Private insurance	**6.6**	*5.3*	*8.3*
No insurance	**9.8**	*7.4*	*12.8*

Alcohol use

PRAMS Asks: During the three months before you got pregnant, 1) how many alcoholic drinks did you have in an average week? AND 2) how many times did you drink 5 alcoholic drinks or more in one sitting? (The same questions are asked about the last three months of pregnancy)

BACKGROUND

There is no known safe level of alcohol use during pregnancy. All children exposed to alcohol during fetal development are at risk for fetal alcohol spectrum disorders (FASD), including Fetal Alcohol Syndrome (FAS), Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD).[1] According to the SAMSHA FASD Center for Excellence, FAS costs the United States $5.4 billion dollars a year. A child diagnosed with FAS carries a lifetime health cost from $860,000 and a maximum of 4.2 million dollars.[2]

Healthy People 2010 goal: Increase abstinence from alcohol by pregnant women to at least 94%

PRAMS FINDINGS

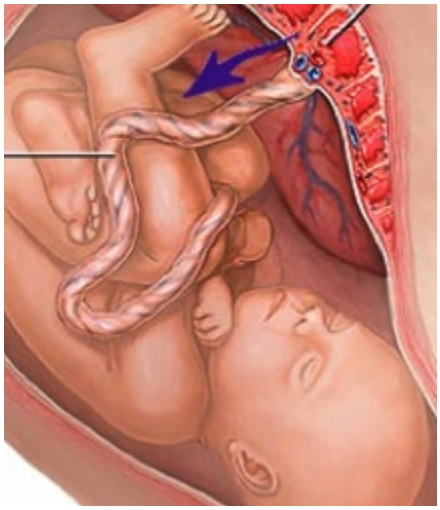
In New Mexico 18.4% of women giving live birth in 2006-2008 said they were binge drinking in the three months before pregnancy (Table 1). During pregnancy, 5.9% of NM women drank alcohol. Women with more than a high school education (8.9%), or who were non-Hispanic White (9.5%), or were at least 35 years old (11.1%) reported drinking during pregnancy (Table 2).

Action in New Mexico

The Fetal Alcohol Syndrome Prevention Project was established at the University of NM CASAA in 1996. The project staff have expertise in FAS/ARBD prevention and intervention. Presentations are given to doctors, nurses, community health workers, councilors, high school and middle school students and teachers. The team also has a peer counseling program. They conduct media marketing, program development, Continuing Education for health and human services providers, educators and the community. For more information, contact Jerome Romero, Principal Investigator at (505) 925-2302. Visit the program website at http://preventfas.com/

SM19 Taskforce 2009

Senate Memorial 19 creates a statewide taskforce to assess and improve access to substance abuse treatment and prenatal care for pregnant women with substance abuse problems. In 2010 the SM19 taskforce developed a comprehensive state plan to address the needs of pregnant and postpartum women with substance abuse problems and their children and families. Contact: Giovanna Rossi Pressley, giovanna.rossi@state.nm.us or Angie Vachio: avachio@comcast.net



During the first month of my pregnancy I did drink alcohol because I did not know I was pregnant. Once I found out , of course, the drinking stopped.

- PRAMS mom

1 American Academy of Pediatrics Committee on Substance Abuse and Committee on Children with Disabilities. Fetal Alcohol Syndrome and Alcohol- Related Neurodevelopmental disorders. Pediatrics 2000; 106:358-361.

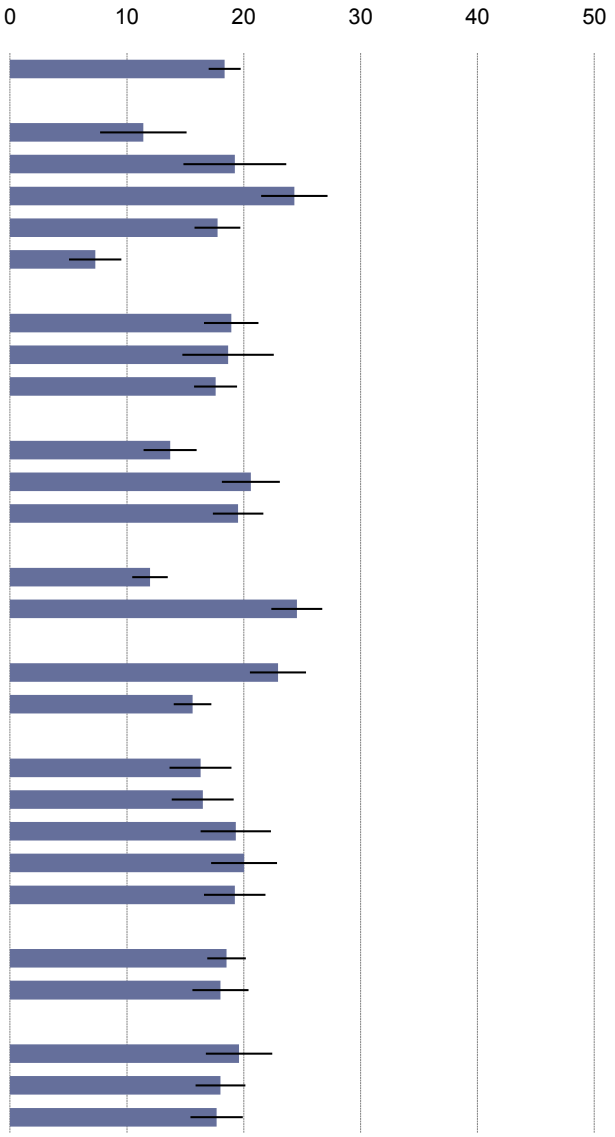
2 http://www.fasdcenter.samhsa.gov/publications/cost.cfm

3 Naimi T, Lipscomb L, Brewer R, Colley Gilbert B. Binge drinking in the preconception period and the risk of unintended pregnancy: implications for women and their children. Pediatrics 2003; 111:1136-1141.

(Table 1)

Preconception binge drinking

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3775, population =83158.



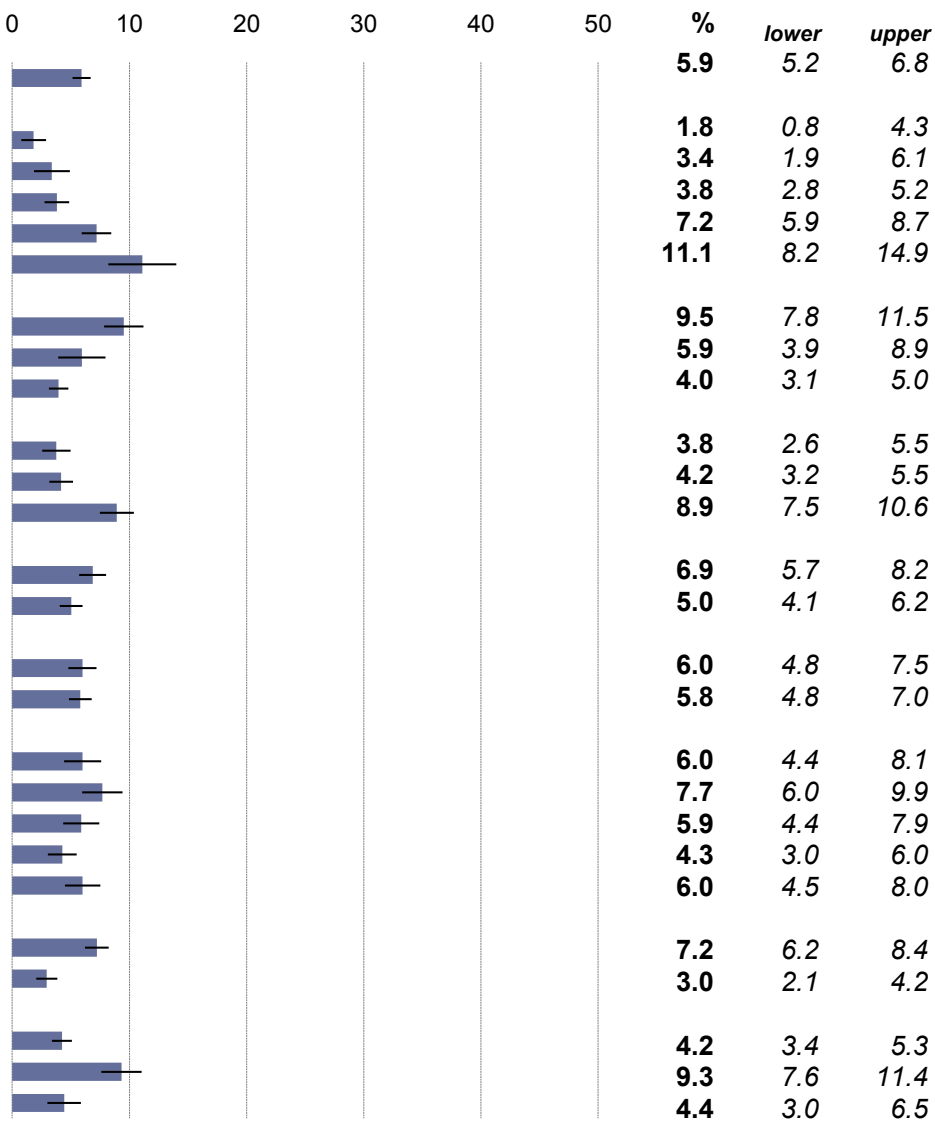
Maternal characteristic	%	lower	upper
All NM mothers	**18.4**	*17.0*	*19.8*
Age			
15-17	**11.4**	*7.7*	*16.6*
18-19	**19.2**	*14.8*	*24.6*
20-24	**24.3**	*21.5*	*27.4*
25-34	**17.8**	*15.8*	*19.9*
35 +	**7.3**	*5.1*	*10.4*
Ethnicity			
Non-Hispanic White	**18.9**	*16.6*	*21.5*
Native American	**18.7**	*14.8*	*23.3*
Hispanic	**17.6**	*15.8*	*19.6*
Education			
Less than high school	**13.7**	*11.4*	*16.3*
High school	**20.6**	*18.1*	*23.3*
More than high school	**19.5**	*17.4*	*21.9*
Marital status			
Married	**12.0**	*10.5*	*13.7*
Not married	**24.5**	*22.4*	*26.9*
Previous live birth			
No	**22.9**	*20.5*	*25.5*
Yes	**15.6**	*14.0*	*17.4*
Residence			
Northwest: Region 1	**16.3**	*13.7*	*19.4*
Northeast: Region 2	**16.5**	*13.8*	*19.5*
Bernalillo County: Region 3	**19.3**	*16.3*	*22.7*
Southeast: Region 4	**20.0**	*17.2*	*23.2*
Southwest: Region 5	**19.2**	*16.6*	*22.2*
Public assistance			
No	**18.5**	*16.9*	*20.3*
Yes	**18.0**	*15.6*	*20.7*
Payer of preconception healthcare			
Medicaid	**19.6**	*16.8*	*22.8*
Private insurance	**18.0**	*15.9*	*20.4*
No insurance	**17.7**	*15.4*	*20.2*

Maternal drinking

(Table 2)

Alcohol use during pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3779, population=83324.



Tobacco smoking

PRAMS Asks: 1) In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (The same question was asked about the last 3 months of pregnancy.) AND 2) How many cigarettes do you smoke on an average day now? AND 3) About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

BACKGROUND

Cigarette smoking is the single most preventable cause of death in the United States.[1]

Among women, smoking reduces fertility. Women who smoke tend to take longer to conceive than non-smoking women, and women smokers experience a higher risk of not being able to get pregnant at all.[2]

The risks of prenatal and postpartum cigarette smoking for mothers and infants are well established.[3] Research studies show that smoking and exposure to secondhand smoke among pregnant women is a major cause of spontaneous abortions and stillbirths.[4] Not only does fetal nicotine exposure lead to adverse health effects like restricted uterine growth, stillbirth and low birth weight, but it also presents an independent risk for sudden infant death syndrome (SIDS), childhood behavioral problems and decreased immunity.[2,5] Nevertheless, 10.7 percent of pregnant women in the U.S. smoke.[6]

Healthy People 2010 **goals**: Lower the prevalence of smoking among pregnant women to 1%. Increase smoking cessation during pregnancy to 30%. Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%.

For current data and reports on tobacco use or for other tobacco prevention resources in NM, visit www.nmtupac.com or call (505) 841-5840.

PRAMS FINDINGS

Twenty percent (20.2%) of New Mexico women giving live birth in 2008 smoked cigarettes in the three months before pregnancy. *During* pregnancy 8.2% smoked, indicating that about 57% of preconception smokers stopped during pregnancy. In 2006-2008, fourteen percent (13.5%) of non-Hispanic White women, 12.9% of women with Medicaid, and 11.0% of women receiving public assistance smoked during pregnancy (Table 2). After pregnancy, 14.1% of all new mothers smoked (Table 3).

INFANTS

Approximately 5% of NM infants born in 2006-2008 were exposed to cigarette smoking at the time the PRAMS survey was administered (2-6 months after delivery) (Table 4). Non-Hispanic white women were more likely to report their infant was regularly exposed to cigarette smoking (7.6%) compared to Hispanic (4.0%) or Native American women (2.1%). *Additional information is provided on page 69 of this report.*

Action in New Mexico

The NM Tobacco Use Prevention and Control Program (TUPAC) works to eliminate exposure to secondhand smoke and encourages voluntary smoke-free home and vehicle policies;

Encourages quitting among smokers and assist in prevention of relapse, especially after women give birth. For free quit coaching and nicotine patches (while supplies last) or referrals to local quit classes, call 1-800-QUIT NOW (1-800-784-8669);

Educates pregnant women and families on the risks of prenatal tobacco use and the importance of smoke-free environments, with an emphasis on low-income populations such as those served by the Women, Infants, and Children (WIC) Program

1 Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs --- United States, 1995--1999; MMWR ; April 12, 2002 / 51(14);300-3

2 Health and Human Services. The health consequences of smoking: A report of the Surgeon General, Atlanta, GA: HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004, http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/index.htm.

3 Hofhuis W, de Jongste J, Merkus M. Adverse health effects of prenatal and postnatal tobacco exposure on children. *Arch Dis Child.* 2003; 88:1086-1090.

4 Windham, GC, et al., "Parental Cigarette Smoking and the Risk of Spontaneous Abortion," American Journal of Epidemiology 135(12):1394-403, June 1992.

5 Anderson M, Johnson D, Batal H. Sudden Infant Death Syndrome and maternal smoking: rising attributed risk in the *Back to Sleep* era. *BMC Medicine.* 2005; 3:4.

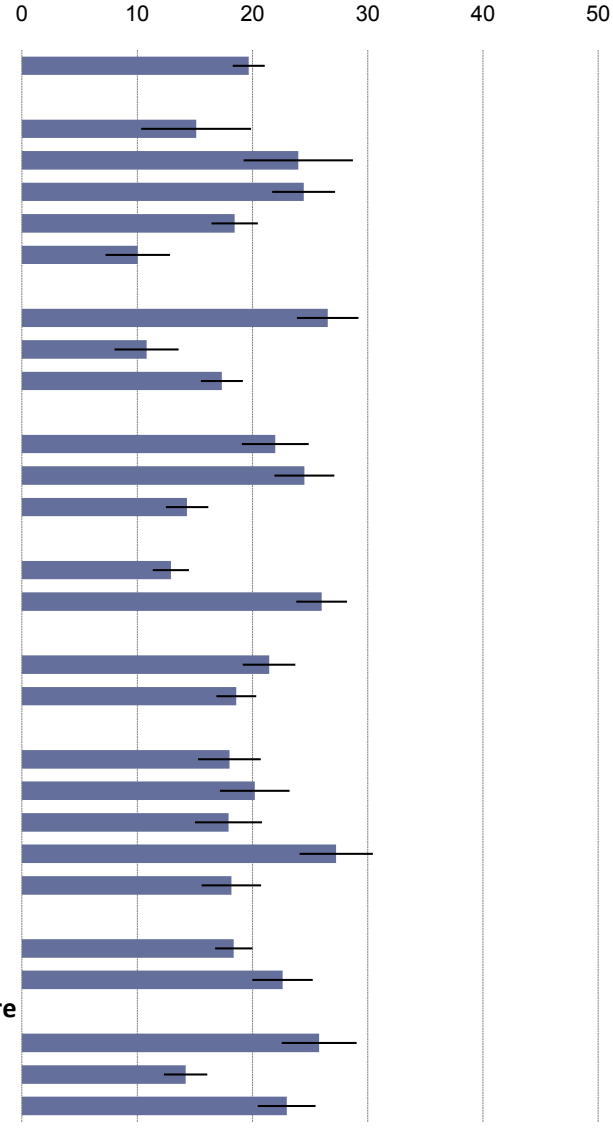
6 National Vital Statistics Reports, Births: Final Data for 2005 http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf.

Cigarette smoking before pregnancy

(Table 1)

Smoking before pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3798, population=83732.



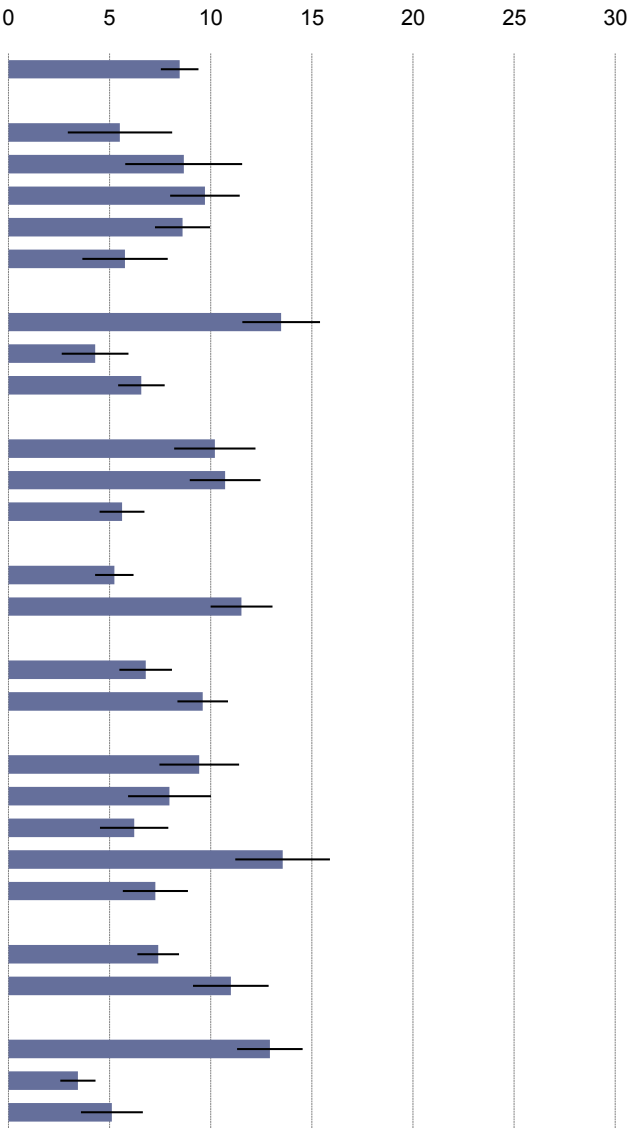
Maternal characteristic	%	lower	upper
All NM mothers	**19.7**	*18.3*	*21.2*
Age			
15-17	**15.1**	*10.3*	*21.6*
18-19	**24.0**	*19.2*	*29.5*
20-24	**24.4**	*21.7*	*27.4*
25-34	**18.5**	*16.5*	*20.7*
35 +	**10.1**	*7.3*	*13.8*
Ethnicity			
Non-Hispanic White	**26.5**	*23.9*	*29.4*
Native American	**10.8**	*8.0*	*14.4*
Hispanic	**17.4**	*15.5*	*19.3*
Education			
Less than high school	**22.0**	*19.1*	*25.2*
High school	**24.5**	*21.9*	*27.3*
More than high school	**14.3**	*12.5*	*16.4*
Marital status			
Married	**12.9**	*11.4*	*14.7*
Not married	**26.0**	*23.8*	*28.3*
Previous live birth			
No	**21.4**	*19.2*	*23.9*
Yes	**18.6**	*16.9*	*20.5*
Residence			
Northwest: Region 1	**18.0**	*15.3*	*21.1*
Northeast: Region 2	**20.2**	*17.2*	*23.6*
Bernalillo County: Region 3	**17.9**	*15.0*	*21.3*
Southeast: Region 4	**27.3**	*24.1*	*30.7*
Southwest: Region 5	**18.2**	*15.6*	*21.1*
Public assistance			
No	**18.4**	*16.8*	*20.1*
Yes	**22.6**	*20.0*	*25.5*
Payer of preconception healthcare			
Medicaid	**25.8**	*22.5*	*29.3*
Private insurance	**14.2**	*12.3*	*16.3*
No insurance	**23.0**	*20.5*	*25.7*

(Table 2)

Cigarette smoking during pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3799, population=83740.

Maternal characteristic	Percent of NM mothers who smoked in the last three months of pregnancy		
	%	lower	upper
All NM mothers	**8.5**	*7.5*	*9.5*
Age			
15-17	**5.5**	*2.9*	*10.1*
18-19	**8.7**	*5.8*	*12.8*
20-24	**9.7**	*8.0*	*11.8*
25-34	**8.6**	*7.2*	*10.2*
35 +	**5.8**	*3.7*	*9.0*
Ethnicity			
Non-Hispanic White	**13.5**	*11.6*	*15.7*
Native American	**4.3**	*2.6*	*6.9*
Hispanic	**6.6**	*5.4*	*7.9*
Education			
Less than high school	**10.2**	*8.2*	*12.6*
High school	**10.7**	*9.0*	*12.8*
More than high school	**5.6**	*4.5*	*7.0*
Marital status			
Married	**5.2**	*4.3*	*6.4*
Not married	**11.5**	*10.0*	*13.3*
Previous live birth			
No	**6.8**	*5.5*	*8.4*
Yes	**9.6**	*8.4*	*11.0*
Residence			
Northwest: Region 1	**9.4**	*7.5*	*11.9*
Northeast: Region 2	**8.0**	*5.9*	*10.6*
Bernalillo County: Region 3	**6.2**	*4.5*	*8.5*
Southeast: Region 4	**13.6**	*11.2*	*16.3*
Southwest: Region 5	**7.3**	*5.7*	*9.3*
Public assistance			
No	**7.4**	*6.4*	*8.6*
Yes	**11.0**	*9.1*	*13.2*
Payer of prenatal care			
Medicaid	**12.9**	*11.3*	*14.7*
Private insurance	**3.4**	*2.6*	*4.6*
No insurance	**5.1**	*3.6*	*7.2*

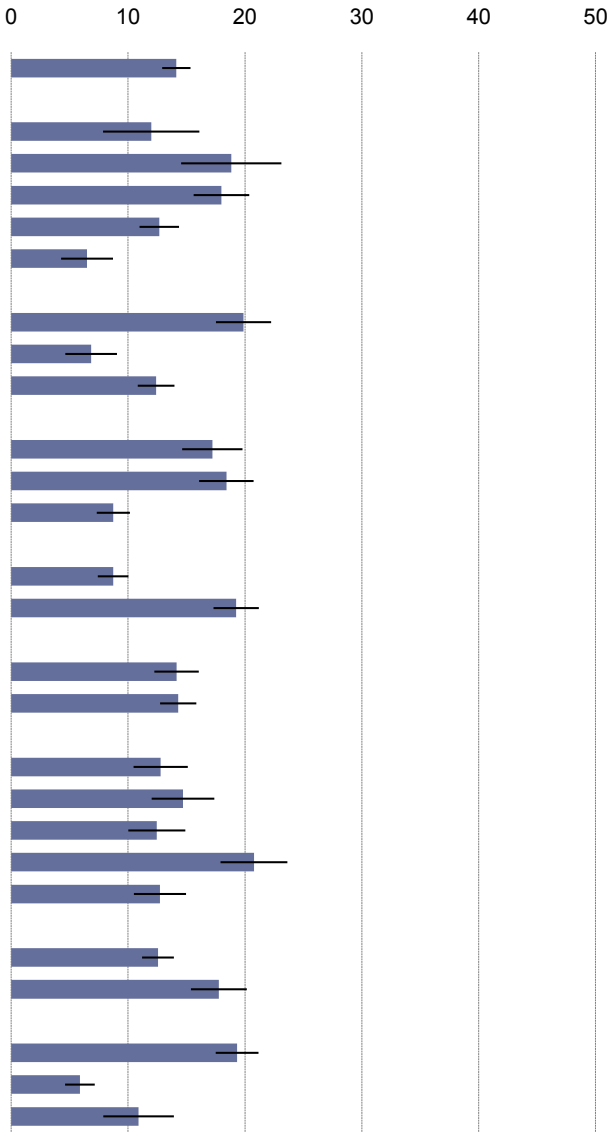


Smoking-postpartum

(Table 3)

Currently smoking

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3861, population=85273.

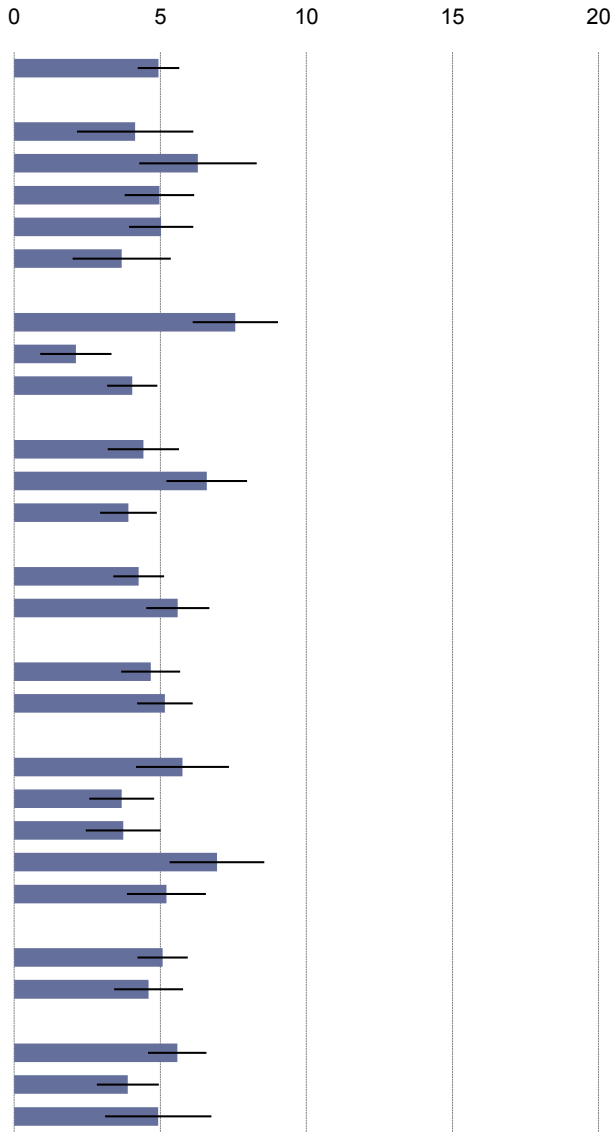


Maternal characteristic	%	lower	upper
All NM mothers	**14.1**	*12.9*	*15.4*
Age			
15-17	**12.0**	*7.9*	*17.8*
18-19	**18.8**	*14.5*	*24.0*
20-24	**18.0**	*15.6*	*20.7*
25-34	**12.7**	*11.0*	*14.6*
35 +	**6.5**	*4.3*	*9.8*
Ethnicity			
Non-Hispanic White	**19.9**	*17.5*	*22.5*
Native American	**6.8**	*4.6*	*10.0*
Hispanic	**12.4**	*10.8*	*14.2*
Education			
Less than high school	**17.2**	*14.6*	*20.1*
High school	**18.4**	*16.1*	*21.0*
More than high school	**8.7**	*7.3*	*10.4*
Marital status			
Married	**8.7**	*7.4*	*10.2*
Not married	**19.3**	*17.3*	*21.4*
Previous live birth			
No	**14.2**	*12.3*	*16.3*
Yes	**14.3**	*12.7*	*16.0*
Residence			
Northwest: Region 1	**12.8**	*10.5*	*15.5*
Northeast: Region 2	**14.7**	*12.0*	*17.9*
Bernalillo County: Region 3	**12.5**	*10.0*	*15.4*
Southeast: Region 4	**20.8**	*17.9*	*24.0*
Southwest: Region 5	**12.7**	*10.5*	*15.4*
Public assistance			
No	**12.6**	*11.2*	*14.1*
Yes	**17.8**	*15.4*	*20.4*
Payer of delivery			
Medicaid	**19.3**	*17.5*	*21.3*
Private insurance	**5.9**	*4.6*	*7.5*
No insurance	**10.9**	*7.9*	*14.9*

(Table 4)

Infant smoke exposure

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3798, population=83708.



Maternal characteristic	Percent of NM mothers whose infant is exposed to cigarette smoking		
	%	*lower*	*upper*
All NM mothers	**4.9**	*4.2*	*5.8*
Age			
15-17	**4.1**	*2.2*	*7.8*
18-19	**6.3**	*4.3*	*9.2*
20-24	**5.0**	*3.8*	*6.5*
25-34	**5.0**	*3.9*	*6.4*
35 +	**3.7**	*2.0*	*6.7*
Ethnicity			
Non-Hispanic White	**7.6**	*6.1*	*9.3*
Native American	**2.1**	*0.9*	*4.9*
Hispanic	**4.0**	*3.2*	*5.1*
Education			
Less than high school	**4.4**	*3.2*	*6.1*
High school	**6.6**	*5.2*	*8.3*
More than high school	**3.9**	*2.9*	*5.2*
Marital status			
Married	**4.3**	*3.4*	*5.3*
Not married	**5.6**	*4.5*	*6.9*
Previous live birth			
No	**4.7**	*3.7*	*5.9*
Yes	**5.2**	*4.2*	*6.3*
Residence			
Northwest: Region 1	**5.8**	*4.2*	*7.9*
Northeast: Region 2	**3.7**	*2.6*	*5.2*
Bernalillo County: Region 3	**3.7**	*2.5*	*5.6*
Southeast: Region 4	**6.9**	*5.3*	*9.0*
Southwest: Region 5	**5.2**	*3.9*	*7.0*
Public assistance			
No	**5.1**	*4.2*	*6.1*
Yes	**4.6**	*3.4*	*6.2*
Payer of delivery			
Medicaid	**5.6**	*4.6*	*6.8*
Private insurance	**3.9**	*2.8*	*5.3*
No insurance	**4.9**	*3.1*	*7.7*

Physical Abuse

PRAMS Asks: 1) During the 12 months before you got pregnant were you physically hurt in any way by your husband or partner? AND 2) During the 12 months before you got pregnant did an ex-husband or ex-partner push, hit, slap, choke, or physically hurt you in any other way? (The same questions are asked about the prenatal period)

BACKGROUND

The World Health Organization reports that:

- the perpetrators of violence against women are almost exclusively men;
- women are at greatest risk of violence from men they know;
- women and girls are the most frequent victims of violence within the family and between intimate partners;
- physical abuse in intimate relationships is almost always accompanied by severe psychological and verbal abuse[1]

National estimates for the prevalence of domestic abuse during pregnancy have been as high as 16% for physical abuse and 36% for verbal abuse. Homicide continues to be a leading cause of injury death among pregnant women in the U.S.[2,3] Adolescent girls are especially at risk for both physical and sexual violence from dating partners.[4] Among 26 PRAMS states reporting data on physical abuse for 2005 births, only 2 states had higher rates of preconception abuse than New Mexico. New Mexico was among the two PRAMS states with the highest prevalence of prenatal period physical abuse.[5] According to the 2008 NM victimization survey, the lifetime prevalence of domestic violence for women was 1 in 3. In 2008, 14% (n=24) of NM homicides resulted from domestic violence.[6]

Healthy People 2010 goal: Reduce physical assaults by current or former intimate partner to fewer than 3.3 per 1,000 persons, 12 years or older.

PRAMS FINDINGS

Eight percent (7.9%) of New Mexico women giving live birth from 2006-2008 said they were physically abused by a current or ex-husband or partner in the 12 months before pregnancy (Table 1). During pregnancy, 4.7% were abused (Table 2). Almost four percent (3.6%) of NM new mothers were abused by a partner during both time periods. From 2000-2008, prenatal violence dropped from 7% to 4%, but preconception abuse rates remained stable (fig.1). In 2006-2008, preconception physical abuse by an intimate partner was much more prevalent among young mothers compared to older mothers. Eleven percent (11.0%) of teens 15-17 years were abused before pregnancy compared to 3.7% of women at least 35 years of age. Thirteen percent (12.5%) of American Indian women were abused before and 8.1% were abused during pregnancy .

Resources in New Mexico

Public Health offices utilize the V.A.S.T. screening tool in clinical visits and group discussions. http://www.health.state.nm.us/phd/fp/VAST.htm

National and state laws protect women from domestic violence. http://www.womenslaw.org/statutes_root.php?state_code=NM

Online legal help is available at http://www.womenslaw.org/gethelp_state.php?state_code=NM

Domestic Violence Legal Resources Statewide Hotline:

1-877-974-3400

New Mexico Coalition Against Domestic Violence at www.nmcadv.org

National Domestic Violence hotline - 1.800.799.SAFE (7233)

Family Violence Prevention Fund at www.endabuse.org

1 http://www.who.int/mediacentre/factsheets/fs239/en/print.html World report on violence and health, summary. World Health Organization. Geneva, 2002. Accessed August, 2008.

2 Shumway J, O'Campo P, Gielen A, Witter F, Khouzami A, Blakemore K. Preterm labor, placental abruption, and premature rupture of membranes in relation to maternal violence or verbal abuse. *Journ Mat Fet Med* 1999; 8 (3), 76-80.

3 Chang J, Berg C,Saltzman L, Herndon J. Homicide : a leading cause of injury deaths among pregnant and postpartum women in the United States, 1991-1999. Am J Public Health 2005;95(3): 471-477.

4 Silverman J, Raj A, Mucci L, Hathaway J. Dating violence against adolescent girls and associated substance abuse, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. JAMA 2001; 286:572-579.

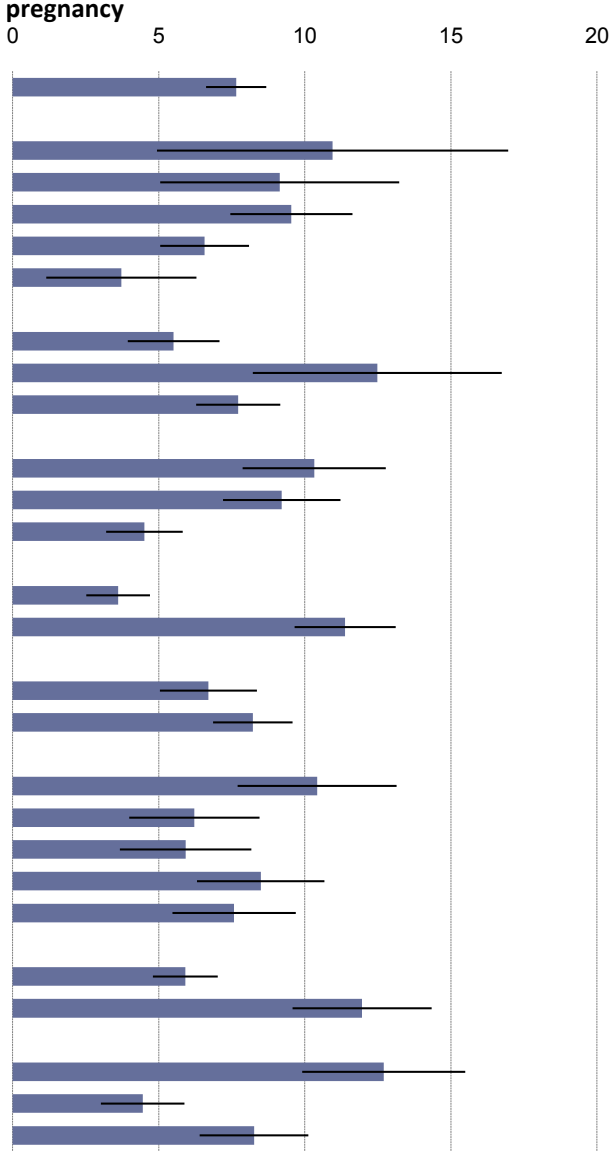
5 CPONDER—CDC's PRAMS On-line Data for Epidemiologic Research Data. Accessed August, 2010. http://www.cdc.gov/PRAMS/CPONDER.htm

6 Incidence and nature of domestic violence in New Mexico VIII: An analysis of 2008 data from the New Mexico Central Repository. State of New Mexico, New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau; 2009.

(Table 1)

Preconception physical abuse

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3781, population = 83538.



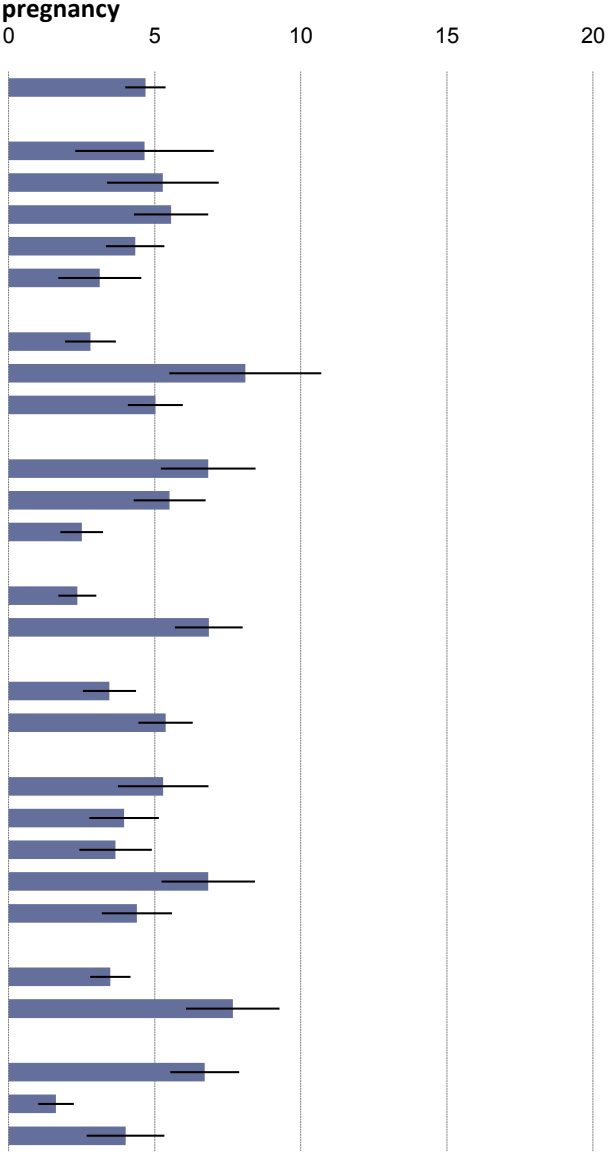
Maternal characteristic	%	lower	upper
All NM mothers	**7.7**	*6.7*	*8.7*
Age			
15-17	**11.0**	*6.9*	*17.0*
18-19	**9.1**	*6.2*	*13.2*
20-24	**9.5**	*7.8*	*11.6*
25-34	**6.6**	*5.3*	*8.1*
35 +	**3.7**	*2.2*	*6.3*
Ethnicity			
Non-Hispanic White	**5.5**	*4.3*	*7.1*
Native American	**12.5**	*9.2*	*16.7*
Hispanic	**7.7**	*6.5*	*9.2*
Education			
Less than high school	**10.3**	*8.3*	*12.8*
High school	**9.2**	*7.5*	*11.2*
More than high school	**4.5**	*3.5*	*5.8*
Marital status			
Married	**3.6**	*2.8*	*4.7*
Not married	**11.4**	*9.9*	*13.1*
Previous live birth			
No	**6.7**	*5.4*	*8.4*
Yes	**8.2**	*7.0*	*9.6*
Residence			
Northwest: Region 1	**10.4**	*8.2*	*13.2*
Northeast: Region 2	**6.2**	*4.6*	*8.4*
Bernalillo County: Region 3	**5.9**	*4.3*	*8.2*
Southeast: Region 4	**8.5**	*6.7*	*10.7*
Southwest: Region 5	**7.6**	*5.9*	*9.7*
Public assistance			
No	**5.9**	*5.0*	*7.0*
Yes	**12.0**	*9.9*	*14.3*
Payer of preconception healthcare			
Medicaid	**12.7**	*10.4*	*15.5*
Private insurance	**4.5**	*3.4*	*5.9*
No insurance	**8.3**	*6.7*	*10.1*

Physical abuse- prenatal

(Table 2)

Prenatal physical abuse

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3789, population = 83761.



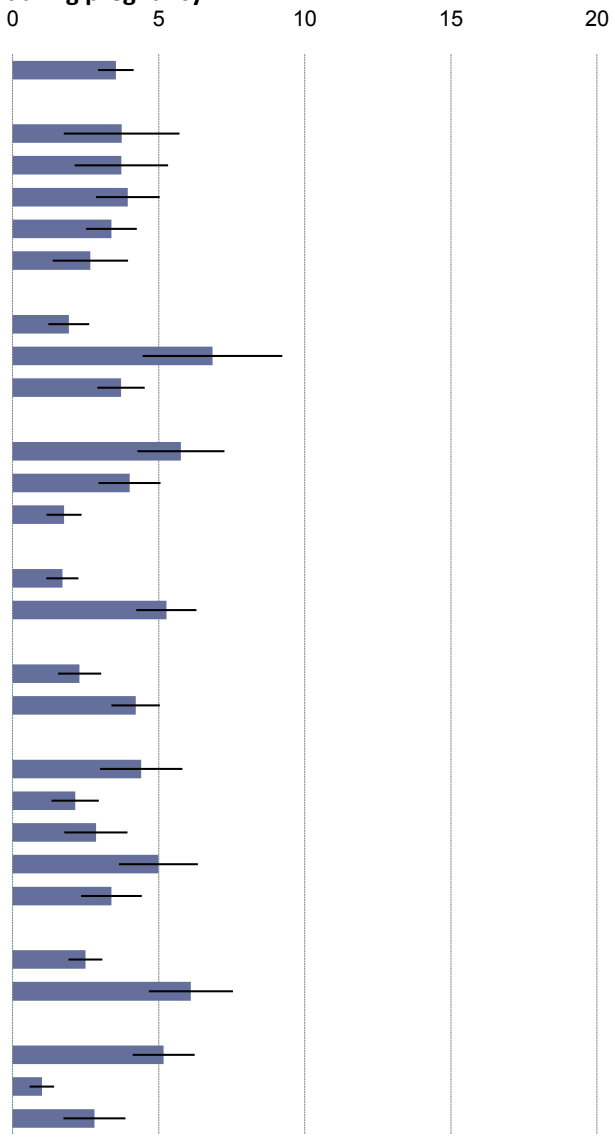
Maternal characteristic	%	lower	upper
All NM mothers	**4.7**	*4.0*	*5.5*
Age			
15-17	**~~4.7~~**	*~~2.3~~*	*~~9.3~~*
18-19	**5.3**	*3.4*	*8.2*
20-24	**5.6**	*4.3*	*7.2*
25-34	**4.3**	*3.3*	*5.6*
35 +	**3.1**	*1.7*	*5.6*
Ethnicity			
Non-Hispanic White	**2.8**	*1.9*	*4.0*
Native American	**8.1**	*5.5*	*11.8*
Hispanic	**5.0**	*4.1*	*6.2*
Education			
Less than high school	**6.8**	*5.2*	*8.9*
High school	**5.5**	*4.3*	*7.1*
More than high school	**2.5**	*1.8*	*3.5*
Marital status			
Married	**2.4**	*1.7*	*3.2*
Not married	**6.9**	*5.7*	*8.2*
Previous live birth			
No	**3.5**	*2.5*	*4.7*
Yes	**5.4**	*4.4*	*6.5*
Residence			
Northwest: Region 1	**5.3**	*3.8*	*7.4*
Northeast: Region 2	**4.0**	*2.8*	*5.6*
Bernalillo County: Region 3	**3.7**	*2.4*	*5.5*
Southeast: Region 4	**6.8**	*5.2*	*8.9*
Southwest: Region 5	**4.4**	*3.2*	*6.0*
Public assistance			
No	**3.5**	*2.8*	*4.3*
Yes	**7.7**	*6.1*	*9.7*
Payer of prenatal care			
Medicaid	**6.7**	*5.5*	*8.1*
Private insurance	**1.6**	*1.0*	*2.6*
No insurance	**4.0**	*2.7*	*6.0*

Physical abuse-both time periods

(Table 3)

Physical abuse before and during pregnancy

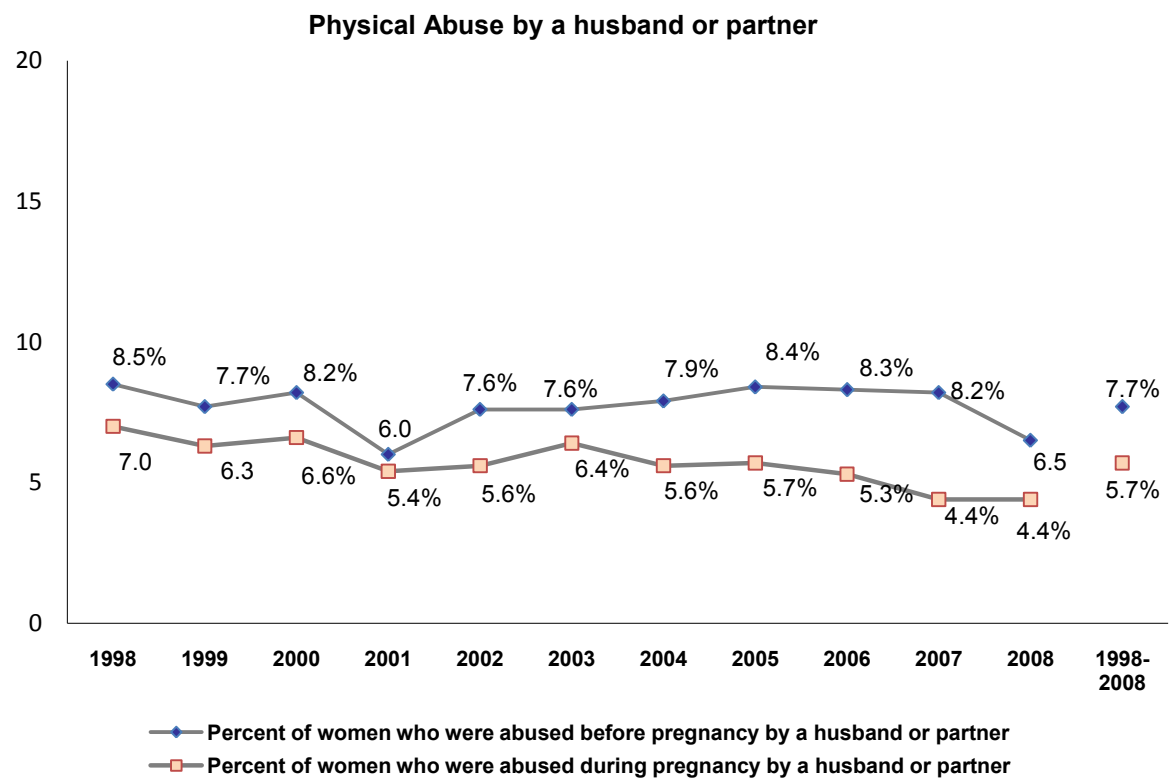
NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3878, population = 85655.



Maternal characteristic	Percent of women who were physically hurt by husband or partner before *and* during pregnancy		
	%	*lower*	*upper*
All NM mothers	**3.5**	*2.9*	*4.3*
Age			
15-17	~~**3.7**~~	~~*1.8*~~	~~*7.8*~~
18-19	**3.7**	*2.1*	*6.4*
20-24	**3.9**	*2.9*	*5.4*
25-34	**3.4**	*2.5*	*4.6*
35 +	~~**2.7**~~	~~*1.4*~~	~~*5.1*~~
Ethnicity			
Non-Hispanic White	**1.9**	*1.2*	*3.0*
Native American	**6.8**	*4.4*	*10.4*
Hispanic White	**3.7**	*2.9*	*4.7*
Education			
Less than high school	**5.8**	*4.3*	*7.7*
High school	**4.0**	*2.9*	*5.4*
More than high school	**1.8**	*1.2*	*2.7*
Marital status			
Married	**1.7**	*1.2*	*2.5*
Not married	**5.3**	*4.2*	*6.5*
Previous live birth			
No	**2.3**	*1.6*	*3.4*
Yes	**4.2**	*3.4*	*5.2*
Residence			
Northwest: Region 1	**4.4**	*3.0*	*6.4*
Northeast: Region 2	**2.1**	*1.3*	*3.4*
Bernalillo County: Region 3	**2.9**	*1.8*	*4.6*
Southeast: Region 4	**5.0**	*3.7*	*6.8*
Southwest: Region 5	**3.4**	*2.3*	*4.9*
Public assistance			
No	**2.5**	*1.9*	*3.2*
Yes	**6.1**	*4.7*	*8.0*
Payer of prenatal care			
Medicaid	**5.2**	*4.1*	*6.5*
Private insurance	**1.0**	*0.6*	*1.7*
No insurance	**2.8**	*1.7*	*4.5*

Physical Abuse by infant year of birth

(Fig. 1)



Prenatal health

- Prenatal care utilization and barriers
- HIV test
- Oral health and treatment
- Health services
- Stressful events

Prenatal care

Prenatal care estimates for this report are derived directly from the NM birth certificate rather than the PRAMS questionnaire. The estimates are still subject to sampling methodology in PRAMS and differ somewhat from the Vital Records percentages.

PRAMS Asks: Did you get prenatal care as early in your pregnancy as you wanted? (Women are also asked if they encountered problems getting prenatal care. The list of response options is found on page 3 of the survey, in the appendix).

BACKGROUND

NM ranks last in the nation for recommended levels of prenatal care (2009).[1] NM ranked second to last, after Nevada, for entry to 1st trimester prenatal care in 2006.[2] Much of the prenatal utilization literature provides evidence that late or no prenatal care is associated with adverse health outcomes for mother or infant.[3] But the relationship between prenatal care and health outcomes can be obscured by poverty, stress, social class, race, and harmful behaviors such as cigarette smoking. [4]

Nevertheless, if all women had access to prenatal care and utilized it according to the recommended schedules, there would be more opportunities to address the social and behavioral barriers to both healthy pregnancy and optimal infant health. Prenatal care presents the chance to effectively identify medical as well as mental health risks such as depression, and to support women who may have difficulty accessing nutritional or financial support when they most need it.

Healthy People 2010 goal

Increase to 90% the proportion of pregnant women who receive early and adequate prenatal care

PRAMS FINDINGS

In 2008, 72.3% of NM women giving live birth had prenatal care beginning in the first trimester. In 2006-2008 65.2% had adequate or more than adequate prenatal care (Table 1), as measured by the Kotelchuck (also called Adequate Prenatal Care Utilization) Index. Women with less than a high school education were less likely to have adequate prenatal care compared to those with more education. Seventy-six percent (76.4) of women with private insurance had at least adequate prenatal care, but only half of women with no insurance had that level of care.

Inadequate prenatal care was most prevalent among Native American moms (37.0%), moms age 15-17 years (33.3%), and women with less than a high school education (29.8%) (Table 2). Among women who wanted prenatal care, 17.3% had problems because they could not get an appointment when they needed one, 13.9% did not have enough money or insurance, and 10.8% did not have a Medicaid card (Fig.1).

ORAL HEALTH and TREATMENT

Forty percent of NM women visited a dentist during pregnancy (Table 4), and 21.5% of women giving live birth said they had a dental problem during pregnancy (Table 5). Among women reporting a prenatal dental problem in 2008, 56% visited a dentist or dental clinic for treatment (Fig. 2).

It was a little difficult to find time or money to get to my appointments at first. The last few months were very hard because my doctor was an hour away, and I had to go 2-3 times a week for ultrasounds or doctor visits.

- PRAMS mom

I was very happy with my prenatal care with my midwife. It was very personal and supportive. I'm very glad Medicaid accepts this kind of service.

-PRAMS mom

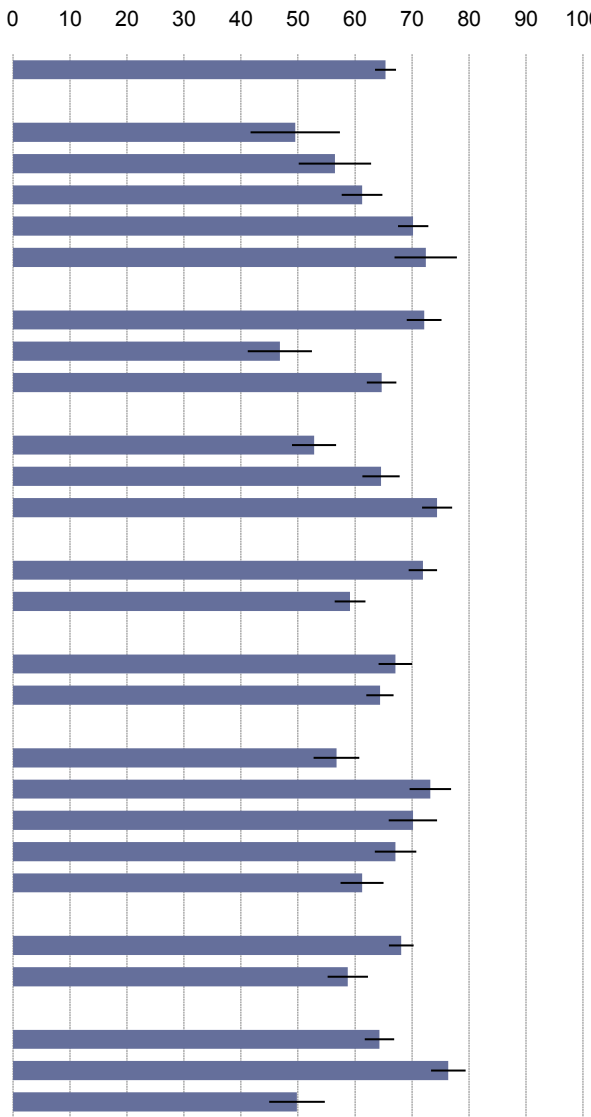
1 America's Health Rankings http://www.americashealthrankings.org/Measure/2009/List%20All/Prenatal%20Care.aspx. National ranking based on the Kessner Index.
2 National Vital Statistics Reports, Volume 57, Number 7, January 7, 2009. Table 26(b). Percentage of mothers beginning prenatal care in the first trimester.
3 Heaman, M, Newborn-Cook C, Green C, Elliot L, Helewa M. Inadequate prenatal care and its association with adverse pregnancy outcomes: A comparison of indices. *BMC Preg Child;* 2008.
4 Alexander G. Kotelchuck M. Assessing the role and effectiveness of prenatal care: history, challenges, and directions for future research. *Pub Heal Rep*; 2001.

Adequate prenatal care

(Table 1)

Adequate or adequate plus prenatal care (APNCU Index)

Source: NM birth certificate, NM Vital Records and Health Statistics, PRAMS sample years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3445, population=74982.



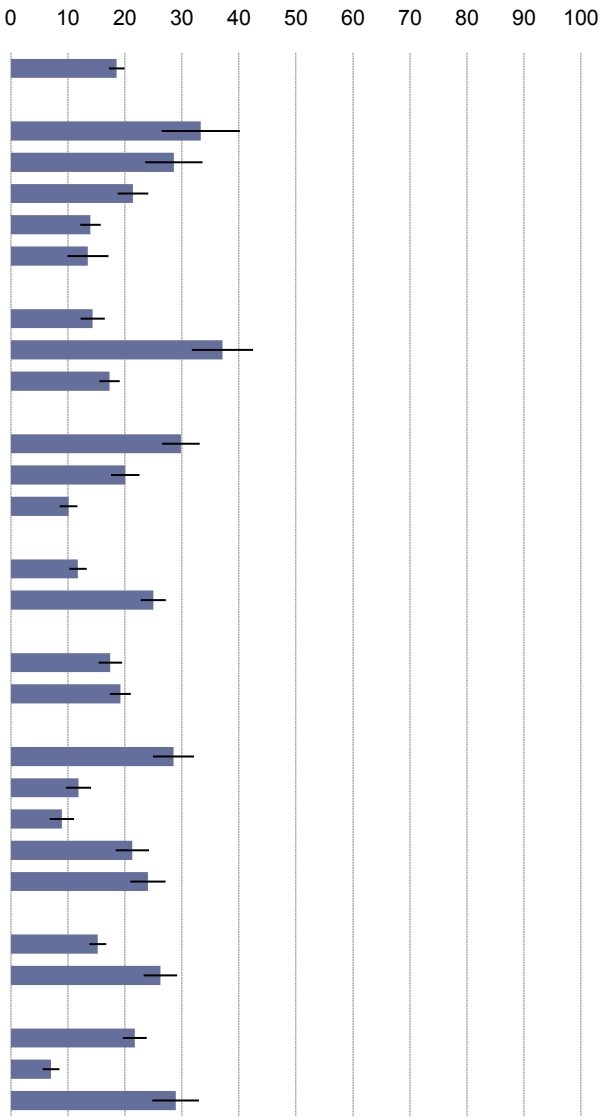
Maternal characteristic	%	lower	upper
All NM mothers	**65.4**	*63.5*	*67.2*
Age			
15-17	~~**49.5**~~	~~*41.7*~~	~~*57.4*~~
18-19	**56.5**	*50.1*	*62.6*
20-24	**61.2**	*57.7*	*64.7*
25-34	**70.2**	*67.6*	*72.7*
35 +	**72.4**	*66.9*	*77.3*
Ethnicity			
Non-Hispanic White	**72.1**	*69.1*	*75.0*
Native American	**46.8**	*41.2*	*52.5*
Hispanic	**64.7**	*62.1*	*67.2*
Education			
Less than high school	**52.8**	*49.0*	*56.7*
High school	**64.6**	*61.3*	*67.7*
More than high school	**74.4**	*71.8*	*76.9*
Marital status			
Married	**71.9**	*69.4*	*74.3*
Not married	**59.1**	*56.4*	*61.8*
Previous live birth			
No	**67.1**	*64.2*	*69.9*
Yes	**64.4**	*62.0*	*66.7*
Residence			
Northwest: Region 1	**56.8**	*52.7*	*60.7*
Northeast: Region 2	**73.2**	*69.6*	*76.6*
Bernalillo County: Region 3	**70.2**	*65.9*	*74.1*
Southeast: Region 4	**67.1**	*63.5*	*70.6*
Southwest: Region 5	**61.2**	*57.5*	*64.9*
Public assistance			
No	**68.1**	*66.0*	*70.2*
Yes	**58.7**	*55.2*	*62.2*
Payer of prenatal care			
Medicaid	**64.3**	*61.7*	*66.8*
Private insurance	**76.4**	*73.4*	*79.2*
No insurance	**49.8**	*45.0*	*54.7*

Inadequate prenatal care

(Table 2)

Inadequate prenatal care (APNCU Index)

Source: NM birth certificate, NM Vital Records and Health Statistics, PRAMS sample years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3445, population=74982.



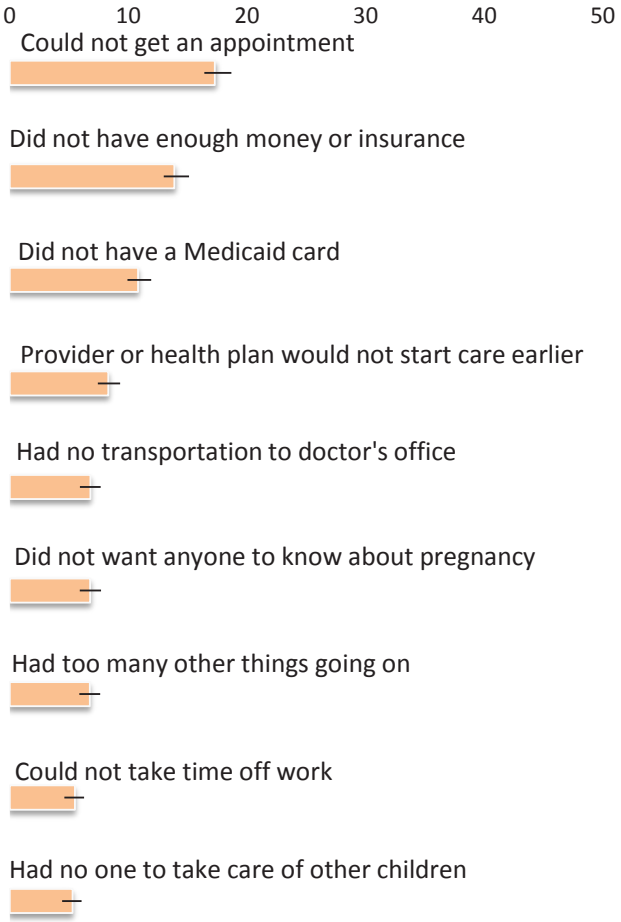
Maternal characteristic	%	lower	upper
All NM mothers	**18.6**	*17.2*	*20.0*
Age			
15-17	**33.3**	*26.5*	*41.0*
18-19	**28.6**	*23.5*	*34.2*
20-24	**21.4**	*18.7*	*24.4*
25-34	**14.0**	*12.2*	*16.0*
35 +	**13.5**	*9.9*	*18.2*
Ethnicity			
Non-Hispanic White	**14.4**	*12.2*	*16.8*
Native American	**37.1**	*31.7*	*42.8*
Hispanic	**17.3**	*15.5*	*19.2*
Education			
Less than high school	**29.8**	*26.5*	*33.4*
High school	**20.1**	*17.6*	*22.8*
More than high school	**10.1**	*8.6*	*11.9*
Marital status			
Married	**11.8**	*10.2*	*13.5*
Not married	**25.0**	*22.8*	*27.3*
Previous live birth			
No	**17.4**	*15.4*	*19.7*
Yes	**19.2**	*17.4*	*21.2*
Residence			
Northwest: Region 1	**28.5**	*24.9*	*32.4*
Northeast: Region 2	**11.9**	*9.7*	*14.5*
Bernalillo County: Region 3	**8.9**	*6.8*	*11.7*
Southeast: Region 4	**21.3**	*18.4*	*24.6*
Southwest: Region 5	**24.0**	*21.0*	*27.4*
Public assistance			
No	**15.3**	*13.8*	*16.9*
Yes	**26.2**	*23.3*	*29.4*
Payer of prenatal care			
Medicaid	**21.7**	*19.7*	*24.0*
Private insurance	**7.1**	*5.6*	*8.9*
No insurance	**28.9**	*24.8*	*33.4*

(Fig. 1)

Barriers to prenatal care

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin the 95% confidence interval. Respondents=3774, population=83153

Among NM women who wanted prenatal care, percent who experienced barriers



	%	Lower	Upper
Could not get an appointment	**17.3**	*15.9*	*18.8*
Did not have enough money or insurance	**13.9**	*12.6*	*15.2*
Did not have a Medicaid card	**10.8**	*9.7*	*12.0*
Provider or health plan would not start care earlier	**8.3**	*7.3*	*9.4*
Had no transportation to doctor's office	**6.8**	*5.9*	*7.8*
Did not want anyone to know about pregnancy	**6.8**	*5.9*	*7.8*
Had too many other things going on	**6.7**	*5.9*	*7.8*
Could not take time off work	**5.5**	*4.7*	*6.4*
Had no one to take care of other children	**5.3**	*4.5*	*6.2*

I wanted to go in earlier, but I couldn't get an appointment.

-PRAMS mom

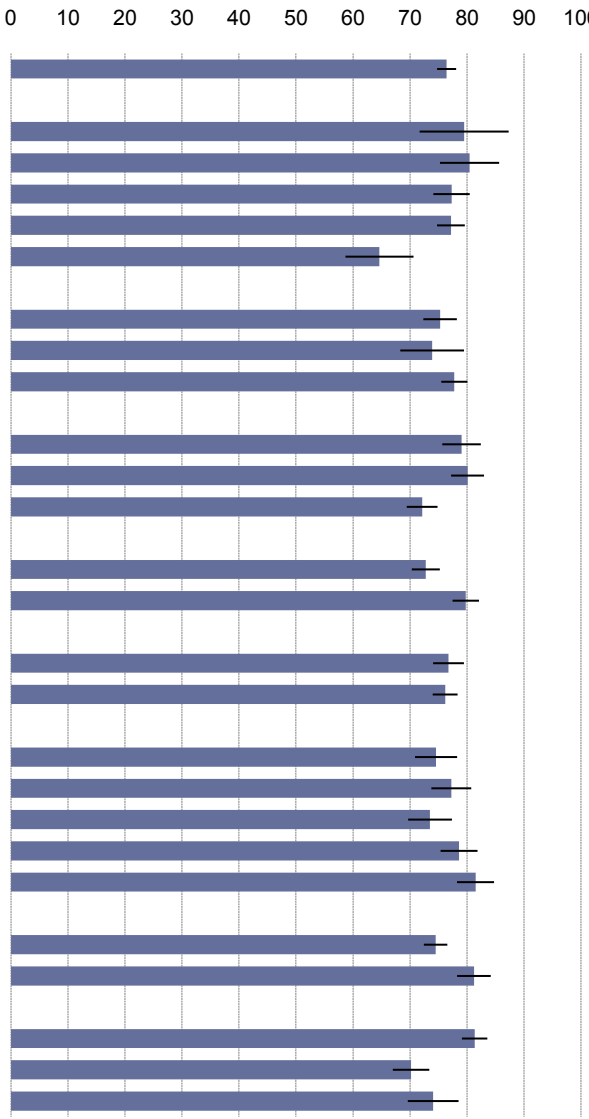
HIV Testing

(Table 3)

HIV test

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3878, population=85655.

Maternal characteristic — **Percent of NM mothers who had an HIV test during pregnancy or at delivery**

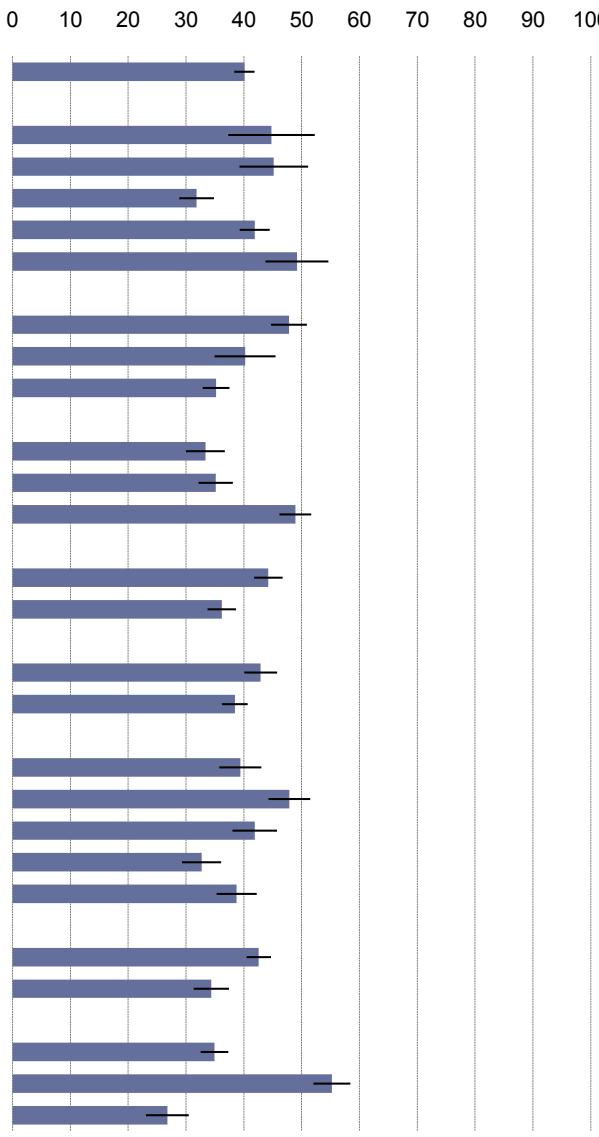


	%	lower	upper
All NM mothers	**76.4**	*74.8*	*78.0*
Age			
15-17	**79.5**	*71.7*	*85.6*
18-19	**80.5**	*75.3*	*84.8*
20-24	**77.3**	*74.1*	*80.2*
25-34	**77.2**	*74.7*	*79.5*
35 +	**64.7**	*58.7*	*70.2*
Ethnicity			
Non-Hispanic White	**75.3**	*72.3*	*78.0*
Native American	**73.9**	*68.3*	*78.8*
Hispanic	**77.8**	*75.5*	*79.9*
Education			
Less than high school	**79.1**	*75.7*	*82.1*
High school	**80.1**	*77.2*	*82.7*
More than high school	**72.1**	*69.4*	*74.7*
Marital status			
Married	**72.8**	*70.3*	*75.1*
Not married	**79.8**	*77.5*	*81.9*
Previous live birth			
No	**76.8**	*74.1*	*79.3*
Yes	**76.2**	*74.0*	*78.2*
Residence			
Northwest: Region 1	**74.6**	*70.9*	*77.9*
Northeast: Region 2	**77.3**	*73.7*	*80.4*
Bernalillo County: Region 3	**73.5**	*69.7*	*77.0*
Southeast: Region 4	**78.6**	*75.4*	*81.5*
Southwest: Region 5	**81.5**	*78.3*	*84.4*
Public assistance			
No	**74.5**	*72.4*	*76.5*
Yes	**81.2**	*78.3*	*83.9*
Payer of prenatal care			
Medicaid	**81.3**	*79.1*	*83.4*
Private insurance	**70.2**	*67.0*	*73.2*
No insurance	**74.1**	*69.6*	*78.1*

(Table 4)

Dental visit during pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3793, population=83892.



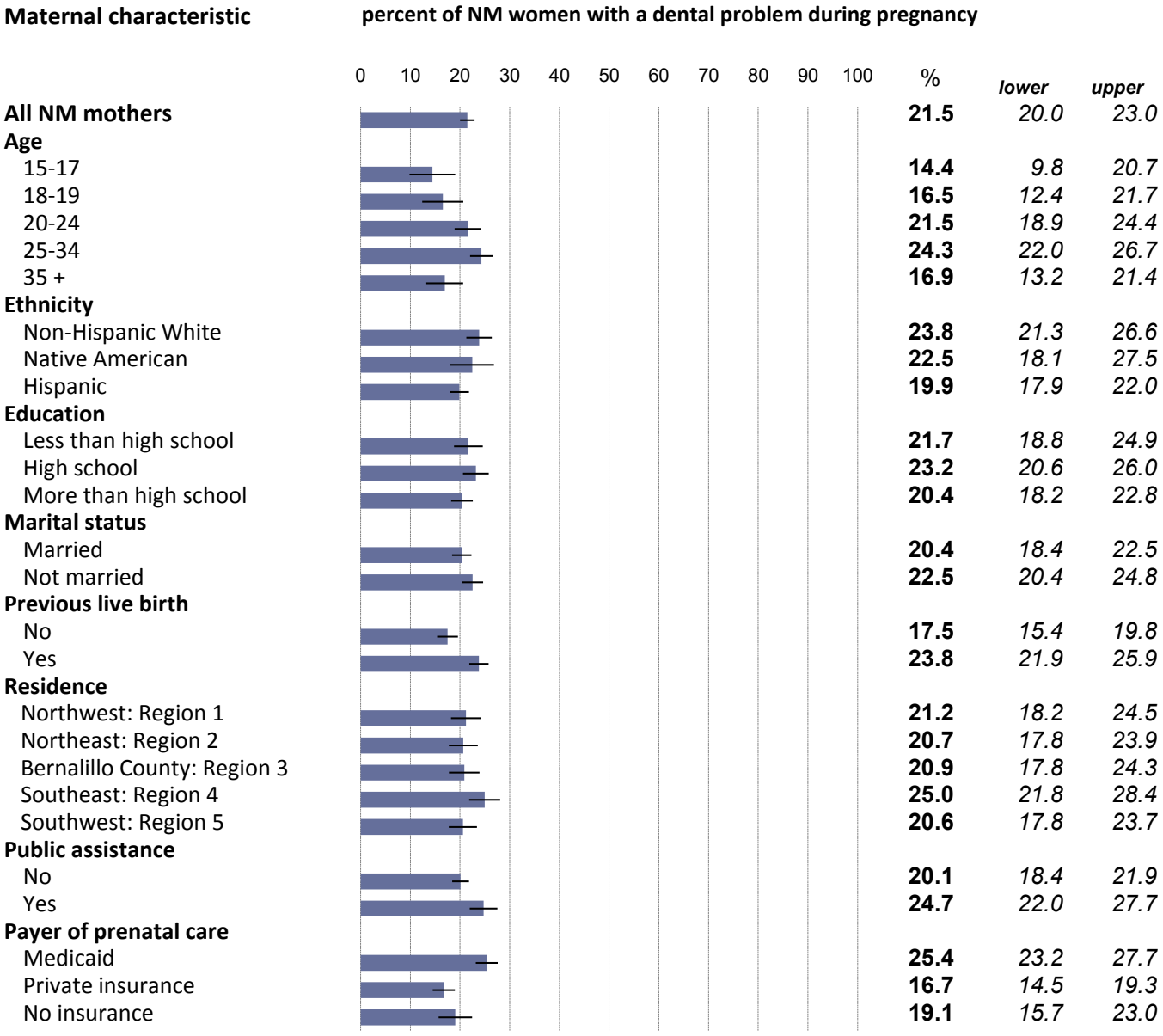
Maternal characteristic	percent of NM women who had a dental visit during pregnancy		
	%	lower	upper
All NM mothers	**40.1**	*38.4*	*41.9*
Age			
15-17	~~**44.8**~~	~~*37.3*~~	~~*52.5*~~
18-19	**45.2**	*39.3*	*51.3*
20-24	**31.8**	*28.8*	*35.0*
25-34	**41.9**	*39.3*	*44.5*
35 +	**49.2**	*43.7*	*54.7*
Ethnicity			
Non-Hispanic White	**47.8**	*44.7*	*50.9*
Native American	**40.2**	*35.0*	*45.7*
Hispanic	**35.2**	*32.9*	*37.6*
Education			
Less than high school	**33.4**	*30.0*	*36.9*
High school	**35.1**	*32.2*	*38.2*
More than high school	**48.9**	*46.2*	*51.7*
Marital status			
Married	**44.3**	*41.8*	*46.7*
Not married	**36.2**	*33.7*	*38.7*
Previous live birth			
No	**42.9**	*40.1*	*45.8*
Yes	**38.5**	*36.2*	*40.7*
Residence			
Northwest: Region 1	**39.4**	*35.8*	*43.2*
Northeast: Region 2	**47.9**	*44.3*	*51.5*
Bernalillo County: Region 3	**41.9**	*38.0*	*45.9*
Southeast: Region 4	**32.7**	*29.3*	*36.3*
Southwest: Region 5	**38.8**	*35.3*	*42.4*
Public assistance			
No	**42.6**	*40.5*	*44.7*
Yes	**34.4**	*31.3*	*37.6*
Payer of prenatal care			
Medicaid	**34.9**	*32.5*	*37.4*
Private insurance	**55.2**	*52.1*	*58.4*
No insurance	**26.8**	*23.1*	*30.8*

Dental problem

(Table 5)

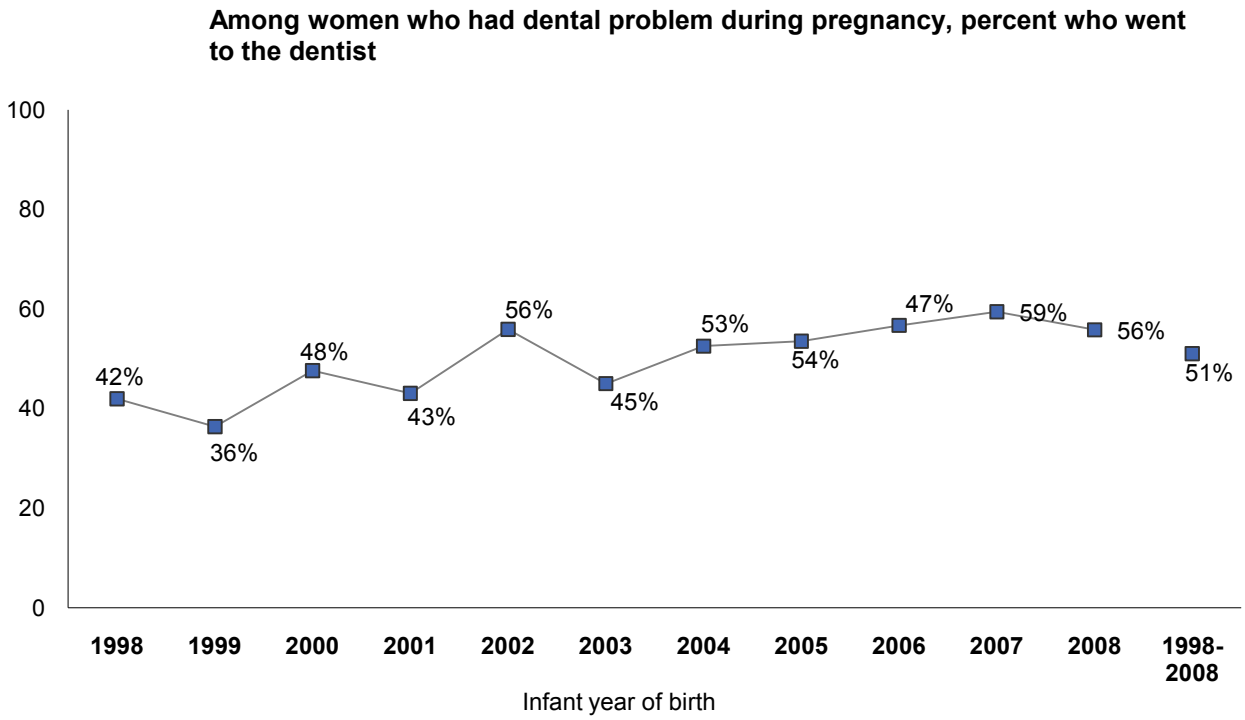
Dental problem during pregnancy

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3783, population=83650.

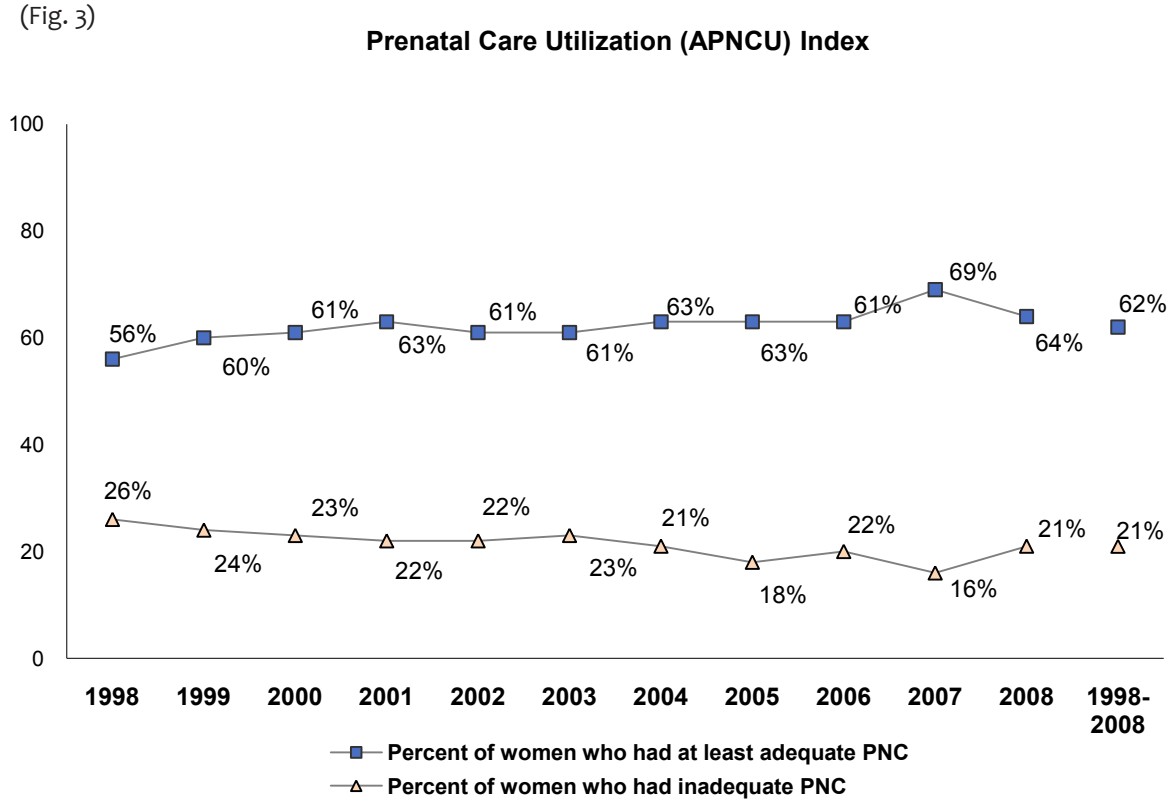


PNC and dental trends by birth year

(Fig. 2)



(Fig. 3)



Perinatal health and social programs

PRAMS Asks about a variety of health services received during the prenatal and post-partum periods. Below is a brief description of some of those services.

Supplemental Nutrition Program for Women Infants and Children (WIC)- program description

WIC is a food program administered by the U.S. Department of Agriculture, Food and Nutrition Service, and the New Mexico Department of Health or Native American tribes. The programs are for pregnant, breastfeeding or postpartum woman; infants under one year of age, and children under five years. Households with incomes at or below 185% of the federal poverty income level are eligible for WIC.

All participants receive an initial health and diet screening to determine nutritional risk. Participants are counseled about these risks and the impact of nutritious foods provided by WIC. In addition, prenatal nutrition, parenting, breastfeeding discussion groups; and postpartum infant care education classes are offered. Breastfeeding support and peer counseling are also available to postpartum moms.

WIC addresses insurance coverage, food security, substance abuse, and violence for prenatal and postpartum clients.

Families FIRST Case Management

Families FIRST provides prenatal and postpartum case management support to Medicaid-eligible women and their families. Services include comprehensive pyschosocial assessment, support with Medicaid enrollment and education on prenatal health and infant care. Home visiting is offered for both expecting and newly-delivered moms and their families. In addition to the usual work done by Families FIRST to promote perinatal health the program participated in a three-month pilot program to identify and offer treatment for perinatal mood disorders. The pilot project was funded by the State's Human Services Department. During the pilot program pregnant and post partum women who presented in two local public health offices were screened for perinatal mood disorders using the Edinburgh Screening Tool. As indicated, clients were referred to local providers for further evaluation and treatment. A report on the findings of the pilot project was produced upon conclusion (page 73).

Home Visiting

There are many models for home visiting, including nurse professional home visiting, lay-person (community health representative or promotora) programs, or peer home visiting.[1,2,3] Some programs focus on high-risk populations while others are universal. In New Mexico, several programs offer home visiting. The First Born program offers home visiting for first-time moms and their infants in Grant, Rio Arriba, and Los Alamos Counties. Clients are identified and recruited through regional hospitals in each county. Families FIRST and Primeros Pasos offer home visiting to Medicaid-eligible clients, statewide. The Children Youth and Families Department contracts with Value Options for home visits by licensed nursing or mental health professionals. Since 2006, it has offered home visiting services to first-time parents and families, including pregnant women.

New Mexico Healthy Start sites in Dona Ana and Luna Counties provide comprehensive perinatal case management and home visiting. All clients are screened for social and medical risks. Clients engage in smoking cessation interventions and activities to reduce maternal or postpartum depression.

For NM home visiting resources:

https://www.lanlfoundation.org/Docs/073002_FBPOverview.pdf

http://www.valueoptions.com/newmexico/provider/alerts/PA_CYFD_Home_Visiting_Manual092606.pdf

To learn more about WIC visit:http://www.health.state.nm.us/phd/wicsite/index.php

1 Kitzman H, Olds, D. et al. Enduring effects of nurse home visitation on maternal life course: A 3-year follow-up of a randomized trial. JAMA. April 19, 2000. 284(15):1983-1989.

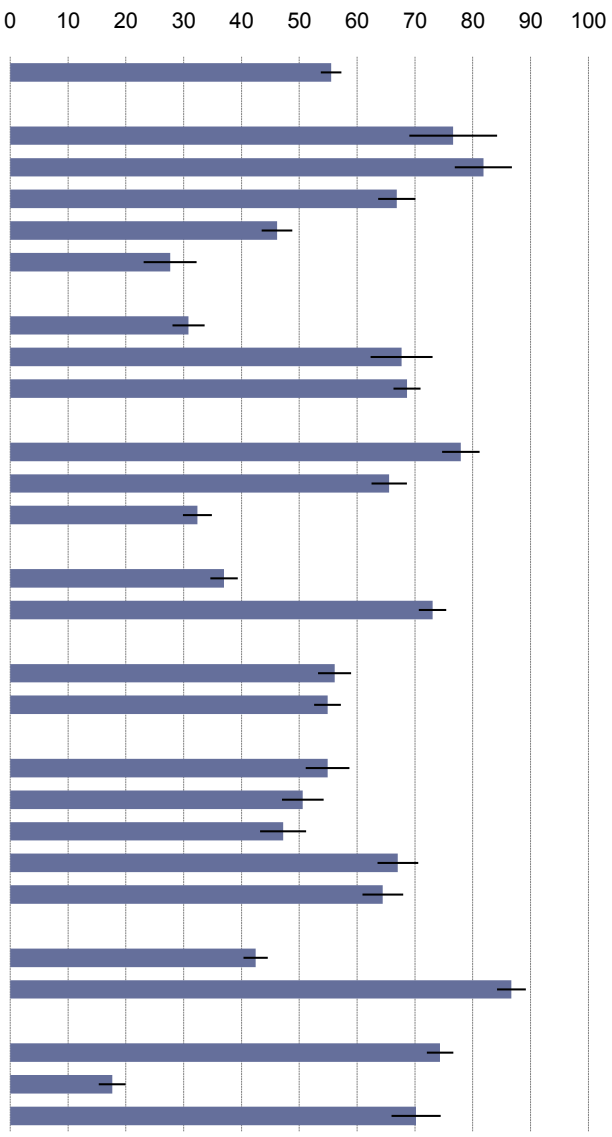
2 Karoly L., Greenwood P, et al. 2005. Early childhood interventions: Proven results, future promise. Santa Monica, CA. RAND Corporation.

3 Swider, S. M., Outcome effectiveness of community health workers: An integrative literature review. Public Health Nursing. February 2002. 19(1):11-20.

(Table 1)

WIC

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents =3821, population=84255.



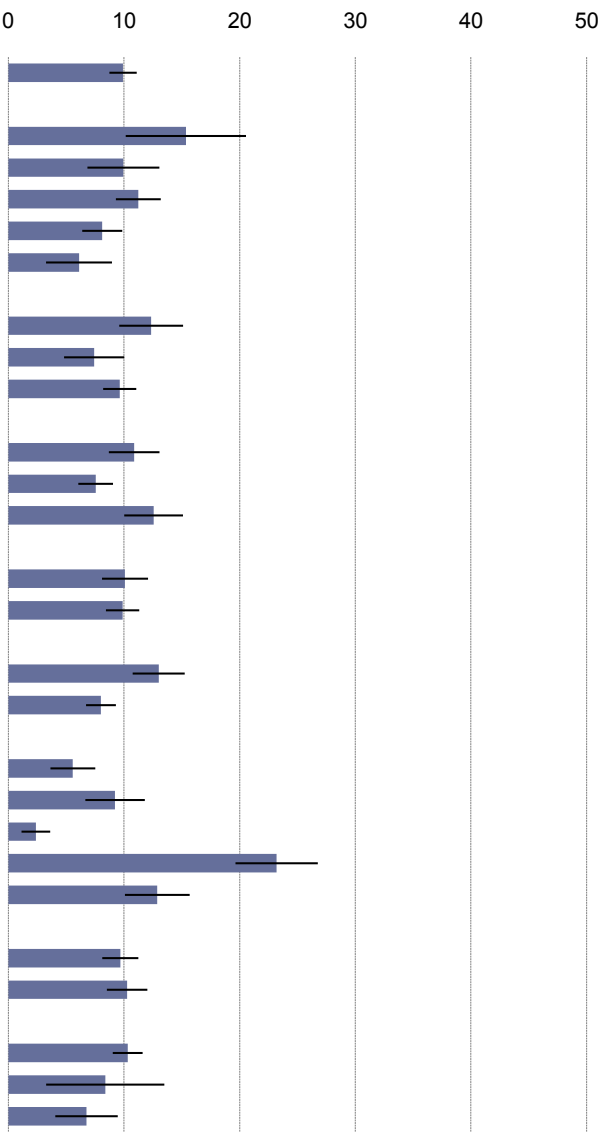
Maternal characteristic	%	lower	upper
All NM mothers	**55.5**	*53.7*	*57.3*
Age			
15-17	**76.6**	*69.0*	*82.8*
18-19	**81.8**	*76.9*	*85.9*
20-24	**66.9**	*63.7*	*69.9*
25-34	**46.1**	*43.5*	*48.8*
35 +	**27.7**	*23.1*	*32.8*
Ethnicity			
Non-Hispanic White	**30.9**	*28.1*	*33.8*
Native American	**67.7**	*62.3*	*72.6*
Hispanic	**68.6**	*66.3*	*70.9*
Education			
Less than high school	**77.9**	*74.7*	*80.9*
High school	**65.6**	*62.5*	*68.5*
More than high school	**32.4**	*29.9*	*35.0*
Marital status			
Married	**37.0**	*34.6*	*39.4*
Not married	**73.0**	*70.7*	*75.3*
Previous live birth			
No	**56.1**	*53.2*	*58.9*
Yes	**54.9**	*52.6*	*57.2*
Residence			
Northwest: Region 1	**54.9**	*51.1*	*58.6*
Northeast: Region 2	**50.6**	*47.0*	*54.2*
Bernalillo County: Region 3	**47.2**	*43.2*	*51.2*
Southeast: Region 4	**67.1**	*63.5*	*70.4*
Southwest: Region 5	**64.5**	*60.9*	*67.8*
Public assistance			
No	**42.5**	*40.3*	*44.6*
Yes	**86.7**	*84.2*	*88.8*
Payer of prenatal care			
Medicaid	**74.4**	*72.1*	*76.5*
Private insurance	**17.6**	*15.3*	*20.2*
No insurance	**70.2**	*66.0*	*74.1*

(Table 2)

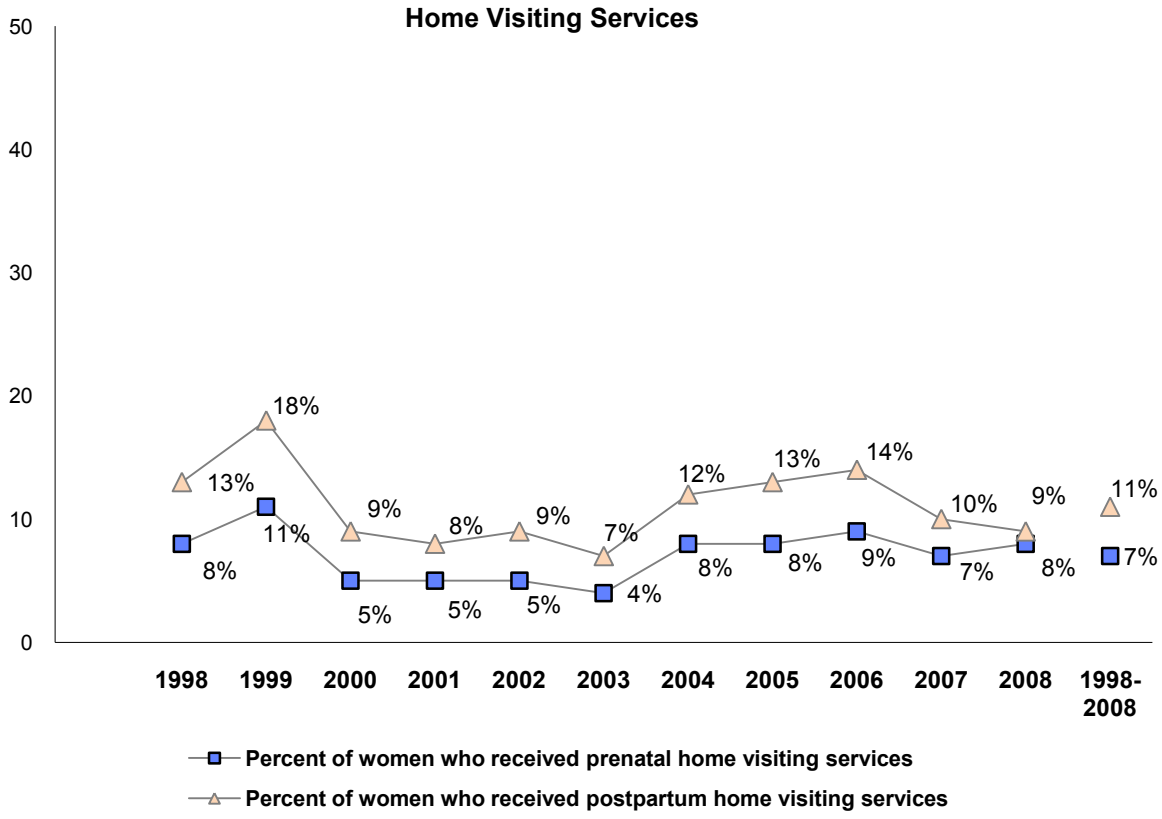
Families FIRST

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents who were Medicaid eligible = 2262, population=49841.

Maternal characteristic	Among Medicaid-eligible women, percent who participated in Families FIRST during or after pregnancy	%	lower	upper
All NM mothers		**9.9**	*8.7*	*11.3*
Age				
15-17		**15.4**	*10.2*	*22.5*
18-19		**10.0**	*6.8*	*14.3*
20-24		**11.2**	*9.3*	*13.5*
25-34		**8.1**	*6.4*	*10.3*
35 +		**6.1**	*3.3*	*11.2*
Ethnicity				
Non-Hispanic White		**12.4**	*9.6*	*15.8*
Native American		**7.4**	*4.8*	*11.3*
Hispanic		**9.6**	*8.2*	*11.3*
Education				
Less than high school		**10.9**	*8.7*	*13.5*
High school		**7.6**	*6.1*	*9.4*
More than high school		**12.6**	*10.0*	*15.6*
Marital status				
Married		**10.1**	*8.1*	*12.5*
Not married		**9.9**	*8.4*	*11.5*
Previous live birth				
No		**13.0**	*10.8*	*15.6*
Yes		**8.0**	*6.7*	*9.5*
Residence				
Northwest: Region 1		**5.6**	*3.6*	*8.5*
Northeast: Region 2		**9.2**	*6.7*	*12.7*
Bernalillo County: Region 3		**2.4**	*1.1*	*4.9*
Southeast: Region 4		**23.2**	*19.6*	*27.2*
Southwest: Region 5		**12.9**	*10.1*	*16.3*
Public assistance				
No		**9.7**	*8.1*	*11.5*
Yes		**10.3**	*8.5*	*12.3*
Payer of delivery				
Medicaid		**10.3**	*9.0*	*11.8*
Private insurance		**~~8.4~~**	*~~3.3~~*	*~~19.9~~*
No insurance		**6.8**	*4.1*	*11.1*



Home visiting by infant birth year



WIC , Medicaid, "Precious Beginnings", etc. are huge helps in the benefit of our babies so I say to all who are concerned - KEEP THOSE PROGRAMS!" Thank you

-PRAMS mom

Stressful experiences in the twelve months before baby was born

"Lower" and "Upper" refer to the error margin of the 95% confidence interval. Respondents=3878, population=85655

Percent of women who experienced the following stressful events before or during pregnancy

	%	Lower	Upper
Mother moved to a new address	**37.7**	*36.0*	*39.5*
Argued with husband/partner more than usual	**29.2**	*27.5*	*30.8*
A close family member was sick and had to go to the hospital	**23.3**	*21.8*	*24.9*
Had a lot of bills she could not pay	**22.6**	*21.2*	*24.2*
Someone close to mother died	**19.2**	*17.8*	*20.7*
Someone close to mother had a problem with drinking or drugs	**17.8**	*16.5*	*19.2*
Mother got seperated or divorced from husband/partner	**13.2**	*12.0*	*14.5*
Husband/partner lost his job	**12.8**	*11.7*	*14.1*
Mother lost her job	**10.0**	*8.9*	*11.2*
Husband or partner did not want pregnancy	**9.0**	*8.0*	*10.1*
Husband/partner or self went to jail	**6.1**	*5.3*	*7.0*
Mother was in a physical fight	**5.1**	*4.4*	*6.0*
Homeless	**3.3**	*2.7*	*4.1*

Infant care

- Breastfeeding initiation and duration
- Workplace breastfeeding or pumping policies
- Infant sleep and safety
- Infant hospitalization

Breastfeeding

PRAMS Asks: 1) Did you ever breastfeed or pump breast milk to feed your new baby after delivery? 2) How many weeks or months did you breastfeed or pump milk to feed your baby? 3) How old was your baby the first time you fed him or her anything besides breast milk? 4) Did anyone suggest that you not breastfeed your baby? AND 5) At your current workplace or school, what happens when a mother wants to breastfeed?

BACKGROUND

The American Academy of Pediatrics recommends exclusive breastfeeding (or provision of expressed milk) for the first six months of life.[1] Despite this recommendation, many infants receive formula right at birth.[2] Only 10 states have achieved all five Healthy People 2010 breastfeeding targets (in 2007). Hospital maternity practices are highly predictive of both initiation and duration rates; breastfeeding beyond six weeks is associated with initiation within the 1st hour, giving only breastmilk, and not offering a pacifier.[3],[4] Still, women who start breastfeeding their infant at delivery may lack the support or perseverance to continue once at home or when returning to work.[5] Results from the National Immunization Study indicate that 74% of U.S. infants were ever breastfed and 43% were breastfed for at least six months. Thirty-two percent (32%) of U.S. infants were breastfed exclusively, and 38% of New Mexico infants were breastfed exclusively (for six months)[6].

A new Federal law offers protections for nursing in the workplace. Section 4207 of the Patient Protection and Affordable Care Act (also known as Health Care Reform), states that employers shall provide breastfeeding employees with "reasonable break time" and a private, non-bathroom place to express breast milk during the workday, up until the child's first birthday.

In New Mexico two laws protect a woman's right to breastfeed in public:

NMSA 1978, Section 28-20-1 (1999) makes it legal for a mother to "breastfeed her child in any location, public or private, where the mother is otherwise authorized to be present."

USE OF A BREAST PUMP IN THE WORKPLACE NMSA 1978, Section 28-20-2 (amended 2007) requires employers to provide flexible break time, and a clean, private space, not a bathroom, in order to foster the ability of a nursing mother who is an employee to use a breast pump in the workplace.

Healthy People 2010 goals:

Increase breastfeeding:

in the early postpartum period to 75%

at 6 months to 50%

at 12 months to 25%

exclusively for 3 months to 40%

exclusively for 6 months to 17%

PRAMS FINDINGS

Eighty-five percent (84.7%) of New Mexico mothers giving live birth in 2008 breastfed or pumped milk for their new babies after delivery. In 2006-2008 married mothers (88.1%) were more likely to ever nurse their babies compared to unmarried mothers (79.9%) (Table 1). A higher proportion of mothers with more than a high school education (89.8%) breastfed compared to mothers with high school (80.5%) or less than a high school education (79.0%). Over 90% of mothers with private insurance started breastfeeding, and 78.1% of mothers with Medicaid at delivery breastfed. Among all NM mothers, 59% breastfed exclusively (did not introduce any liquid or food other than breast milk to their infants for at least 2 months) (Table 3).

1 American Academy of Pediatrics . Policy Statement. Breastfeeding and the use of human milk. *Pediatrics* 2005; vol. 115 2004-2491.

2 Rosenberg K, Estham C, Kaseghan L, Sandoval A,. Marketing infant formula through hospitals: the impact of commercial hospital discharge packs on breastfeeding. Am J Public Health 2008; 98:290-5.

3 DiGirolamo A, Grummer-Strawn L, Fein S. Effect of maternity-care practices on breastfeeding. *Pediatrics;* 2008.

4 Merten S, Dravta J, Ackermann-Liebrich U. Do Baby-Friendly hospitals influence breastfeeding duration on a national level? *Pediatrics*; 2005: vol116, no.5.

5 Labarere J, Gelber-Baudino N, Ayral An, Duc C, Berchotteau M, Bouchon N, Schelstraete C, Vittoz J, Francios P, Pons J. Efficacy of Breastfeeding support provided by trained clinicians during an earl, routine, preventive visit: a prospective, randomized, open trial of 226 mother-infant pairs. *Pediatrics*; 2005: vol.115, no.2.

6 Centers for Disease Control and Prevention. Final Geographic-specific Exclusive Breastfeeding Rates among Children born in 2004 whose caregivers were interviewed after 2005. Accessed on August 8, 2008 at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Action to increase breastfeeding

Duration: While breastfeeding initiation is high in New Mexico, duration rates are less optimal but improving. Sixty-three percent (63.1%) of New Mexico mothers breastfed their infant for more than two months (Table 2). Among mothers who said someone suggested they not breastfeed, 32.3% said a mother, father or in-laws made the suggestion, 28.7% said it was the baby's doctor or nurse, and 22.5% said the suggestion came from another family member (fig. 1).

Action in New Mexico

The NM Breastfeeding Task Force (BFTF) strives to:
-Support research activities that promote breastfeeding.

-Support hospitals in their efforts to achieve the standards of the original Baby Friendly Hospital Initiative

-Work toward achieving the Healthy People 2010 goal of 75% initiation of breastfeeding, 50% continuation at 6 months, and 25% at one year.

-Work with employers to provide a supportive environment for the breastfeeding family.

-Work with childcare facilities to provide a supportive environment.

-Identify promotional activities that will continue to increase breastfeeding initiation and continuation rates.

-Develop and support educational programs that provide both basic and advanced knowledge of breastfeeding and management for health professionals.

-Inform health professionals of breastfeeding resources in their communities.

-Develop and disseminate breastfeeding educational materials to the lay public.

-Work with health insurers to provide third party reimbursement for lactation consultants and breastfeeding equipment.

- Work with WIC to increase public acceptance of breastfeeding through the development and dissemination of 6,500 "Positive Images of Breastfeeding" 2010 Calendars

BAN the BAG: The New Mexico Breastfeeding Taskforce implemented the NM BFTF Honor Roll Project to formally recognize hospitals in NM with a plaque and ceremony for banning formula discharge bags.

Data about breastfeeding or pumping milk in the workplace are found on page 64.

Please continue to emphasize the benefits of nursing over formula. I advocate for nursing and hope more and more will be done to educate other women on all of nursing's benefits for mother and child. Thank you.

- PRAMS mom

My biggest surprise after having my baby was that there was no education, consultation or advice about nursing during my prenatal visits or my time in the hospital (during delivery).

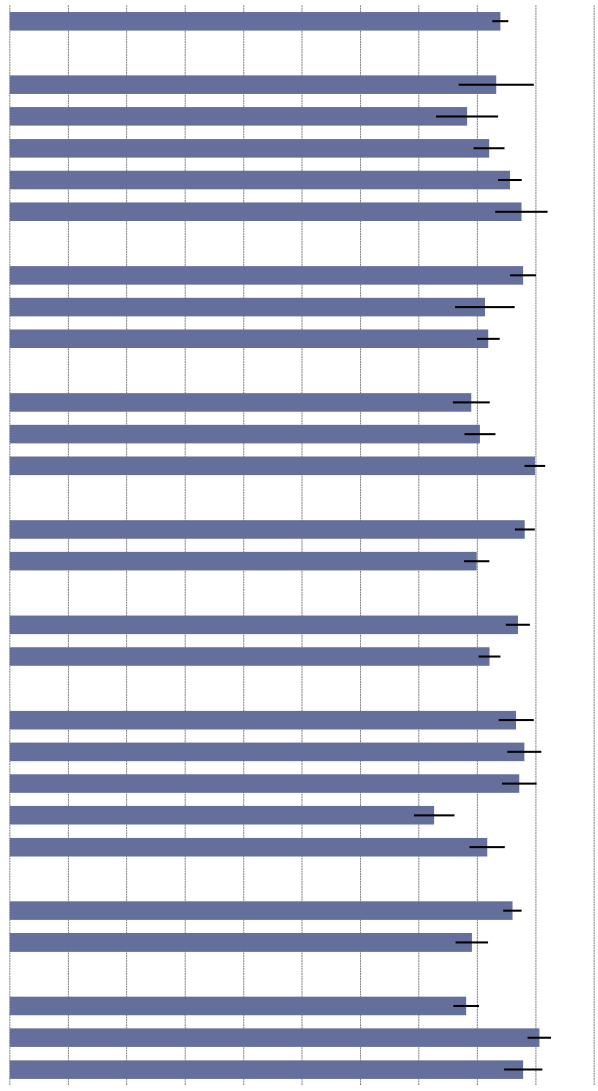
-PRAMS mom

Breastfeeding initiation

(Table 1)

Breastfeeding initiation

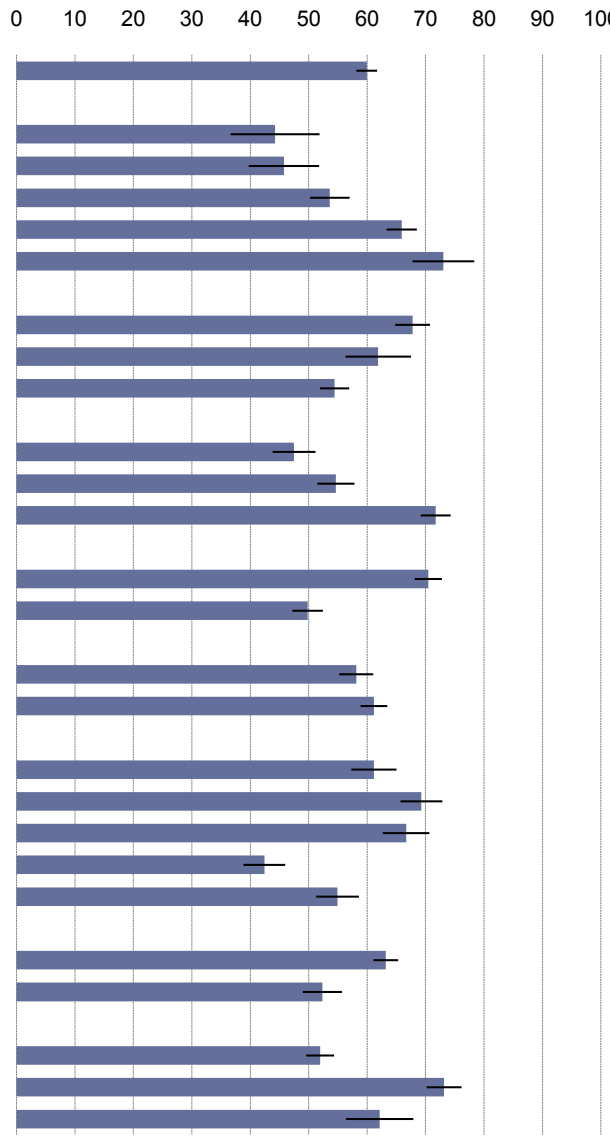
NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3878, population=85655.



(Table 2)

Breastfeeding duration

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3878, population=85655.



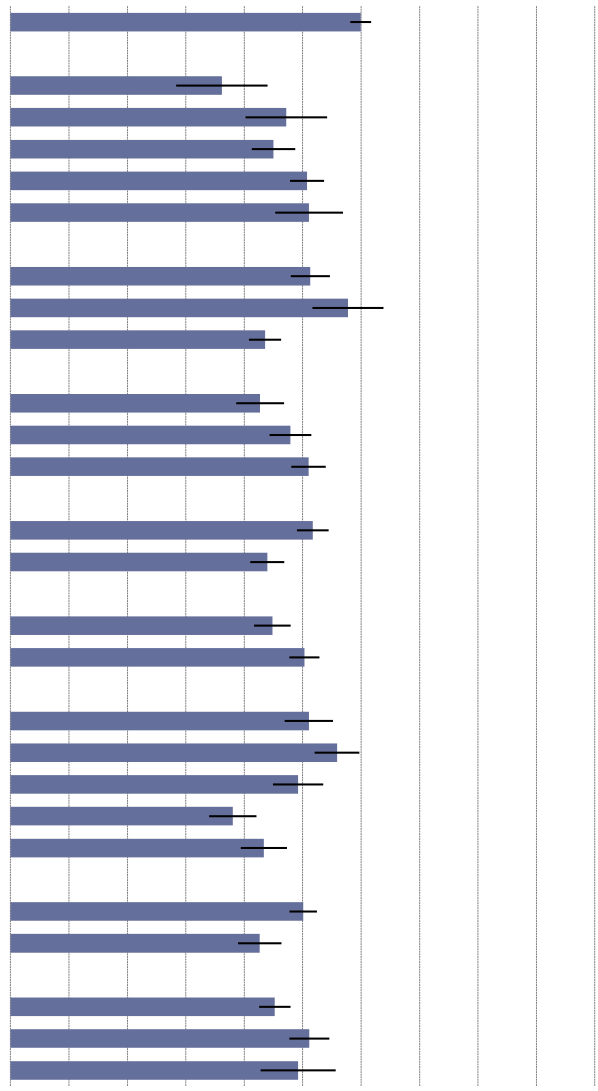
Maternal characteristic	%	lower	upper
All NM mothers	**59.9**	*58.2*	*61.7*
Age			
15-17	**44.3**	*36.7*	*52.1*
18-19	**45.8**	*39.7*	*51.9*
20-24	**53.6**	*50.3*	*57.0*
25-34	**65.9**	*63.3*	*68.4*
35 +	**73.1**	*67.8*	*77.8*
Ethnicity			
Non-Hispanic White	**67.8**	*64.8*	*70.6*
Native American	**61.9**	*56.3*	*67.2*
Hispanic	**54.4**	*51.9*	*56.9*
Education			
Less than high school	**47.5**	*43.8*	*51.2*
High school	**54.6**	*51.5*	*57.8*
More than high school	**71.7**	*69.2*	*74.2*
Marital status			
Married	**70.5**	*68.1*	*72.7*
Not married	**49.8**	*47.2*	*52.4*
Previous live birth			
No	**58.1**	*55.2*	*61.0*
Yes	**61.2**	*58.9*	*63.4*
Residence			
Northwest: Region 1	**61.2**	*57.3*	*64.9*
Northeast: Region 2	**69.3**	*65.7*	*72.7*
Bernalillo County: Region 3	**66.7**	*62.7*	*70.4*
Southeast: Region 4	**42.4**	*38.8*	*46.1*
Southwest: Region 5	**54.9**	*51.3*	*58.5*
Public assistance			
No	**63.2**	*61.1*	*65.3*
Yes	**52.4**	*49.0*	*55.7*
Payer of delivery			
Medicaid	**52.0**	*49.5*	*54.3*
Private insurance	**73.2**	*70.2*	*76.0*
No insurance	**62.1**	*56.4*	*67.6*

Exclusive breastfeeding

(Table 3)

Exclusive Breastfeeding

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents (who breastfed)=3131, population of those breastfeeding=69468.

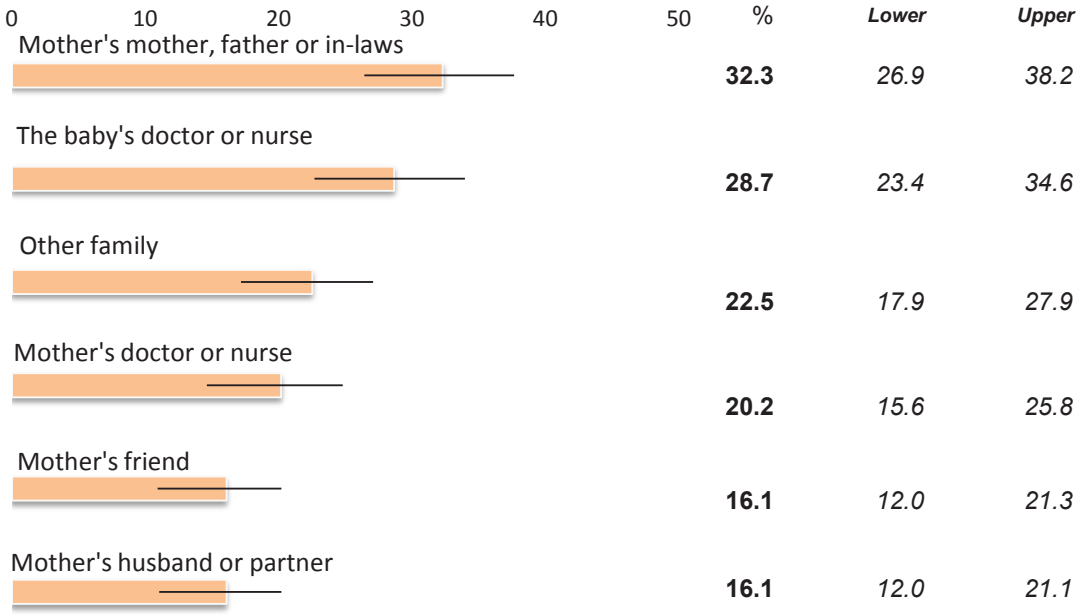


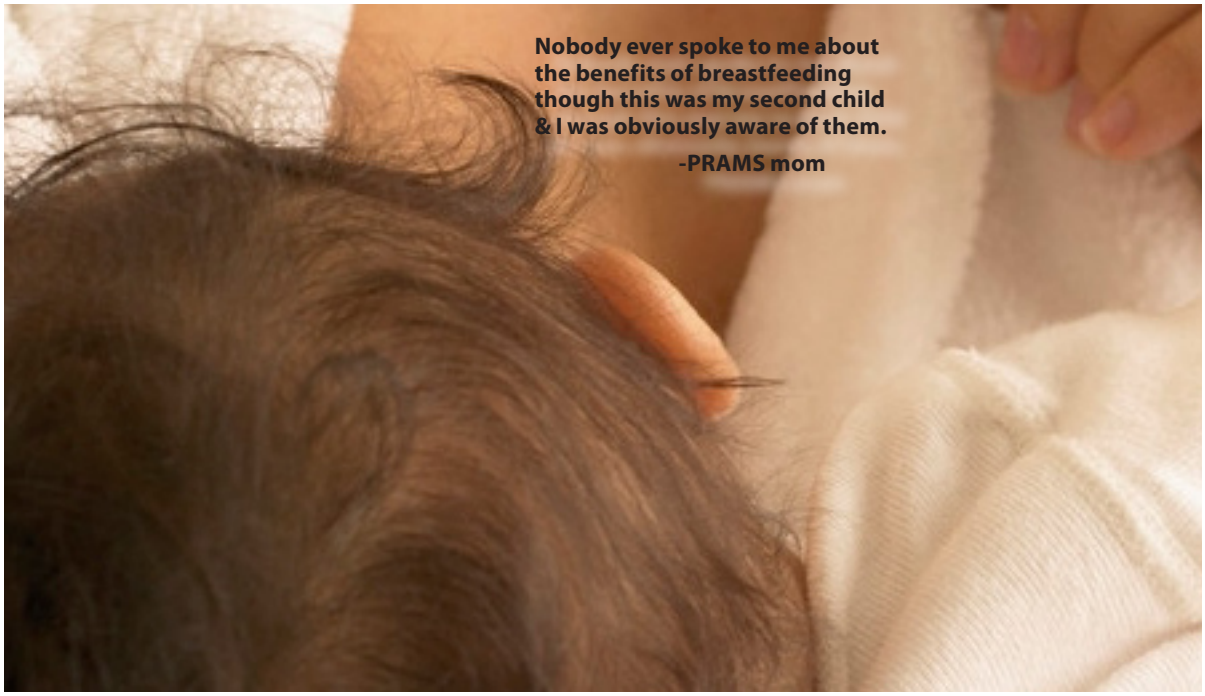
Maternal characteristic	%	lower	upper
All NM mothers	**59.9**	*58.2*	*61.7*
Age			
15-17	~~**36.2**~~	~~*28.4*~~	~~*44.8*~~
18-19	**47.2**	*40.2*	*54.3*
20-24	**45.0**	*41.3*	*48.8*
25-34	**50.8**	*47.8*	*53.7*
35 +	**51.1**	*45.3*	*56.9*
Ethnicity			
Non-Hispanic White	**51.3**	*48.0*	*54.7*
Native American	**57.8**	*51.7*	*63.6*
Hispanic	**43.6**	*40.8*	*46.4*
Education			
Less than high school	**42.7**	*38.6*	*46.9*
High school	**47.9**	*44.3*	*51.5*
More than high school	**51.0**	*48.1*	*53.9*
Marital status			
Married	**51.7**	*49.0*	*54.4*
Not married	**43.9**	*41.0*	*46.9*
Previous live birth			
No	**44.8**	*41.7*	*48.0*
Yes	**50.3**	*47.7*	*52.9*
Residence			
Northwest: Region 1	**51.1**	*46.9*	*55.2*
Northeast: Region 2	**55.9**	*52.0*	*59.6*
Bernalillo County: Region 3	**49.2**	*44.9*	*53.5*
Southeast: Region 4	**38.0**	*34.0*	*42.3*
Southwest: Region 5	**43.4**	*39.4*	*47.4*
Public assistance			
No	**50.1**	*47.8*	*52.4*
Yes	**42.7**	*38.9*	*46.5*
Payer of delivery			
Medicaid	**45.2**	*42.6*	*48.0*
Private insurance	**51.1**	*47.7*	*54.6*
No insurance	**49.2**	*42.8*	*55.7*

(Fig. 1)

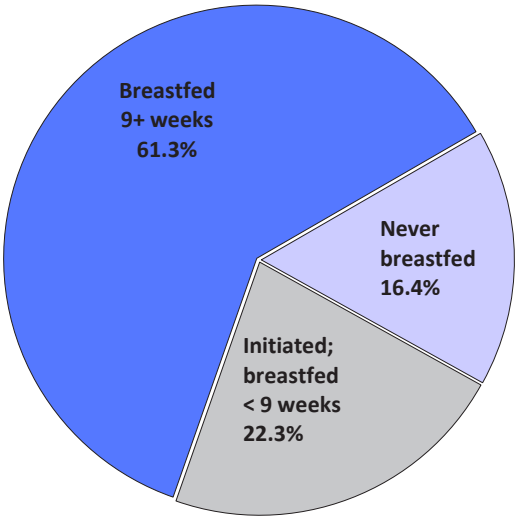
Suggested mom not breastfeed NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval. Respondents=331, population=7019

Among NM mothers who said someone suggested they not breastfeed, percent who said the suggestion came from

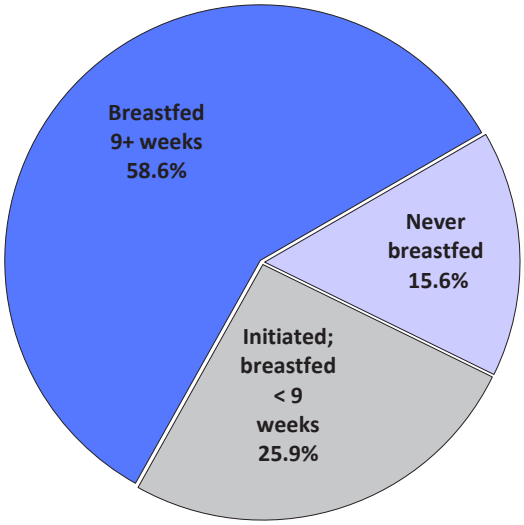




Breastfeeding at work



Breastfeeding among mothers *not* working or in school (n=1987), 2006-2008 births

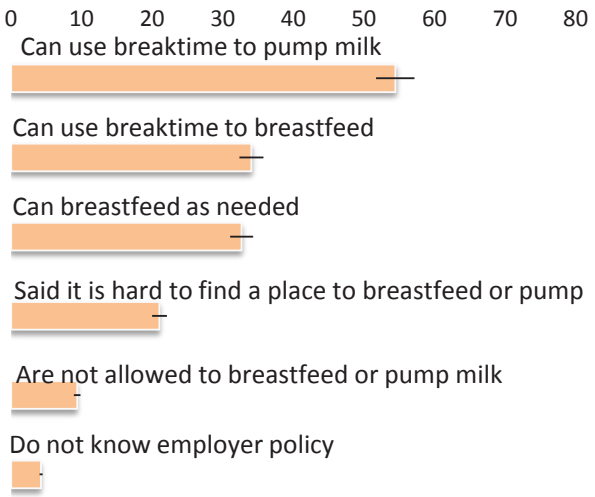


Breastfeeding among mothers working or in school (n=1787), 2006-2008 births

Breastfeeding policy at work

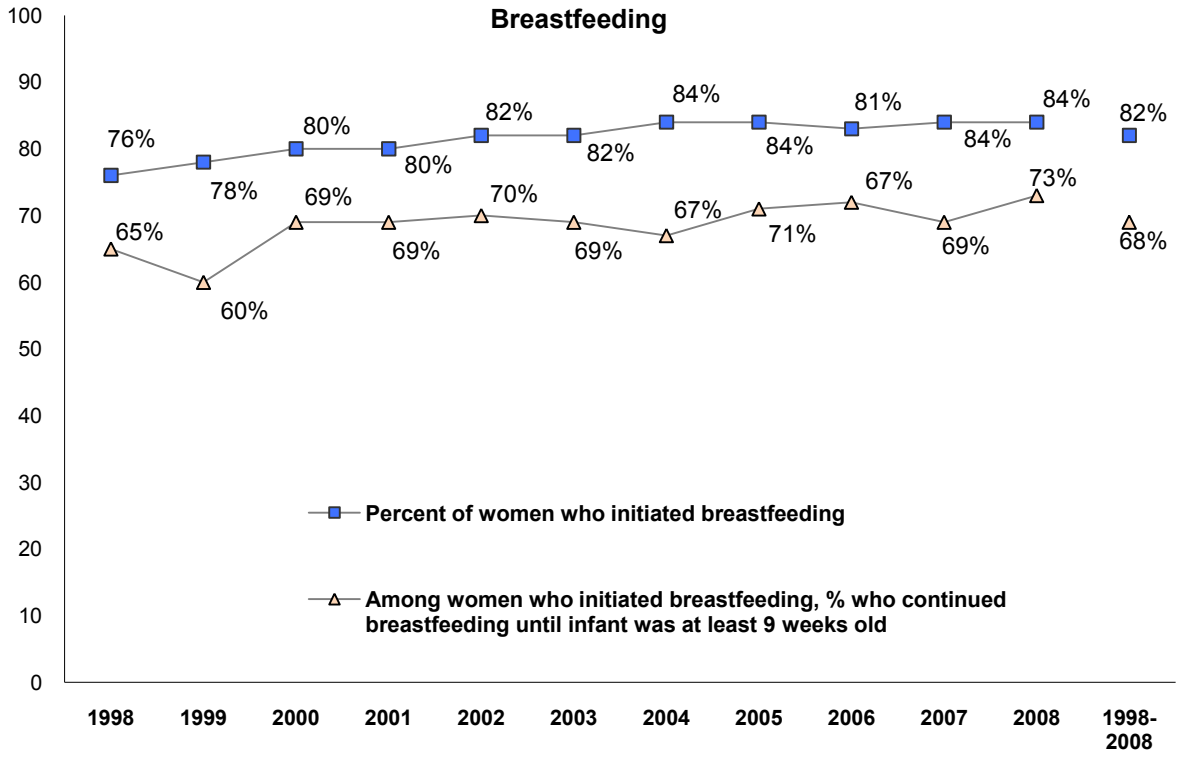
NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin the 95% confidence interval.
Respondents who were working or going to school=1787, population=39450

Among NM women working or going to school, percent who



	%	*Lower*	*Upper*
Can use breaktime to pump milk	**54.4**	*51.8*	*57.1*
Can use breaktime to breastfeed	**34.1**	*31.6*	*36.7*
Can breastfeed as needed	**32.7**	*30.2*	*35.3*
Said it is hard to find a place to breastfeed or pump	**21.0**	*18.9*	*23.3*
Are not allowed to breastfeed or pump milk	**9.4**	*7.8*	*11.2*
Do not know employer policy	**4.3**	*3.4*	*5.4*

Breastfeeding by birth year



Breastfeeding resources

For professional or peer support with breastfeeding try the following resources:

New Mexico WIC Program- http://www.health.state.nm.us/phd/wicsite/breastfeeding.php

La Leche League of New Mexico- http://www.llli.org/Web/NewMexico.html

ALBUQUERQUE LLL HOTLINE at 821-2511

To learn more about breastfeeding in New Mexico, or to be a breastfeeding advocate, visit the New Mexico Breastfeeding Taskforce website at http://www.breastfeedingnewmexico.org/

The University of New Mexico Medical Legal Alliance provides support for breastfeeding at work. If a mother-employee has been adversely affected by the law, she can call Victoria Elenes at 505-277-0903.

Ask your hospital or birthing center for the name of a lactation consultant who can help you. For more information, you can visit the "Find a Lactation Consultant" Directory.

New Mexico WIC Program- http://www.health.state.nm.us/phd/wicsite/breastfeeding.php

Infant sleep & safety

PRAMS asks: 1) How do you most often lay your baby down to sleep now? AND 2) After your baby was born, was he or she put in an intensive care unit?

BACKGROUND

The American Academy of Pediatrics (AAP) recommends always placing infants in the supine (entirely on the back) position to sleep for naps and at night.[1] Additionally, they recommend that infant caregivers: use a firm mattress free of pillows, blankets, pillow-like crib bumpers, cushions, and toys; sleep in the same room but not on the same surface with the infant; do not smoke around or expose the infant to cigarette smoke; offer the infant a pacifier for sleep time; avoid overheating and overbundling of the baby; and do not rely on electronic monitoring devices to prevent SIDS (Sudden Infant Death Syndrome).

Strong evidence suggests that infants under eleven weeks of age should never bedshare[2,3], and infants exposed to cigarette smoking or who share a bed with a smoking parent have a statistically significant increased risk for SIDS. [4,5]

Co-sleeping, which means sleeping in close proximity, but not sharing a sleeping surface with an infant, is not a risk for SIDS or suffocation. There are many advocates for co-sleeping with regard to breastfeeding promotion and synchronous breathing and sleep patterns. [6] All parents should discuss the possible risks and benefits of infant sleep arrangements with their child's pediatrician.

Healthy People 2010 goal: Increase the percentage of healthy, full-term infants who are put down to sleep on their backs to 70%.

PRAMS FINDINGS

Infant sleep position: New Mexico reached the Healthy People 2010 target with 70.6% of mothers most often placing their infant to sleep on their back in 2008. This percentage increased from 45.0% in 1998 (fig.1). For the period 2006-2008, 88.7% percent of Native American mothers reported placing their infant in the supine position, while 73.1% of non-Hispanic White and just 65.9% of Hispanic mothers reported doing so (Table 1). Sixty-four percent (64.0%) of mothers receiving public assistance, compared to 74.0% of mothers without assistance, said they most often put their baby to sleep on their back. Back-to-sleep positioning increased with maternal age (ranging from 66.5% to 76.1%).

Infant smoke exposure: 4.9% of NM mothers giving birth in 2006-2008 said their infant was exposed to cigarette smoke every day (Page 37, Table 4).

Infant hospitalization (NICU): Eleven percent (10.8%) of mothers giving live birth in 2006-2008 said their baby was in an intensive care unit after they were born (Table 2).

Action in New Mexico

Home visiting and perinatal case management programs teach appropriate and safe infant sleep practices during prenatal and postpartum appointments.

The NM Children Youth and Families Department (CYFD) trains professionals to assess home and daycare sleep environments for safety compliance.

The First Candle/National SIDS Alliance - 1-800-221-7437 is a national organization with state affiliates. It provides access to grief support and an educational network for anyone affected by SIDS. Information is available in English and Spanish.

1 American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. The Changing concept of Sudden Infant Death Syndrome: diagnostic coding shifts, controversies, regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics* 2005; vol.116, no.5.

2 Carpenter R, Irgens L, Blair P, et al. Sudden unexplained infant death in 20 regions in Europe: case control study. *Lancet*. 2004;363:185–191.

3 Tappin D, Ecob R, Brooke H. Bedsharing, roomsharing and sudden infant death syndrome in Scotland. A case-control study. *Pediatrics* 2005; 147:32–37

4 Anderson M, Johnson D, Batal H. Sudden Infant Death Syndrome and prenatal maternal smoking: rising attributed risk in the Back to Sleep era. *BMC Medicine* 2005; 1186/1741-7015.

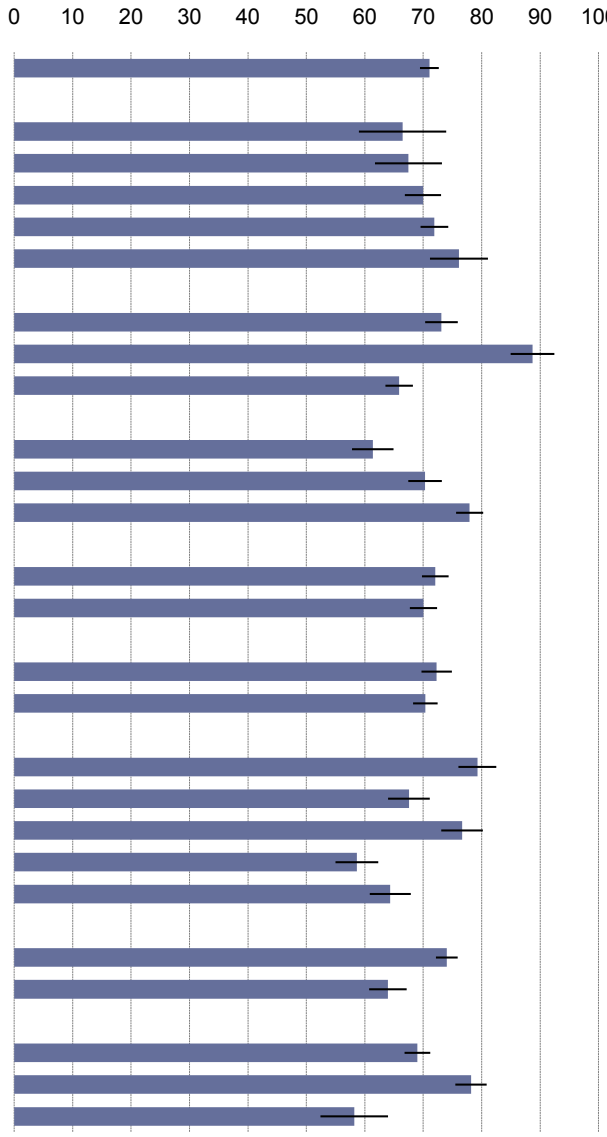
5 McGarvey C, McDonnell M, Hamilton K, O'Regan M, Matthews T. An 8 year study of risk factors for SIDS: bed-sharing versus non-bed-sharing. Arch. Dis Child 2006; 91 318-323.

6 McKenn JJ, McDade T. Why babies should never sleep alone: a review of the co-sleeping controversy in relation to SIDS, bedsharing and breastfeeding. *Paeditr Respir Rev* 2005; 134-52.

(Table 1)

Infant back to sleep

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3878, population=85655.



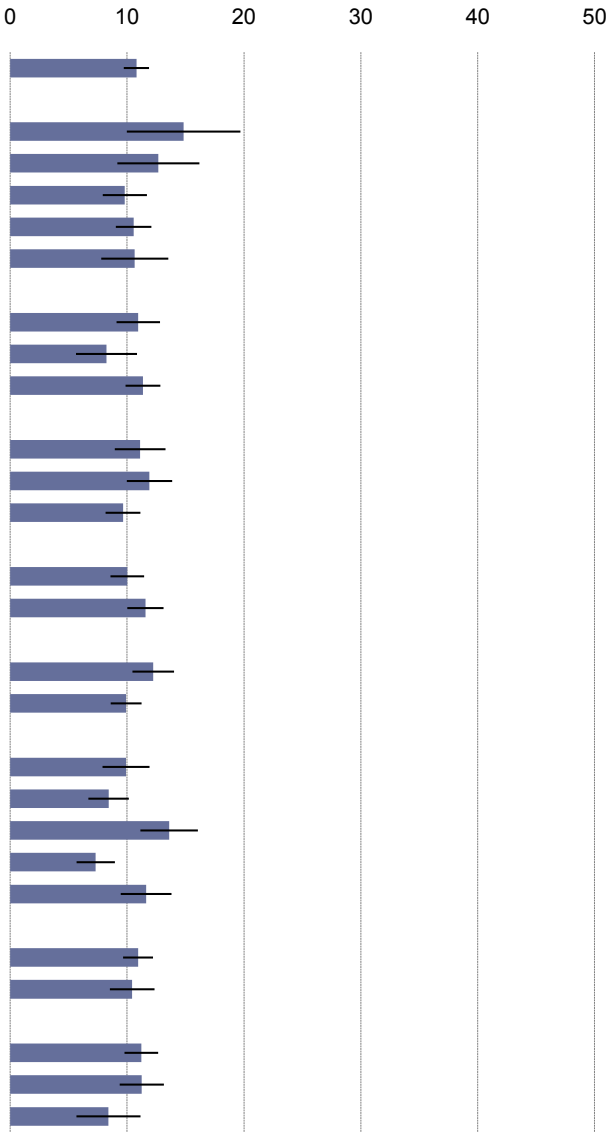
Maternal characteristic	%	lower	upper
All NM mothers	**71.1**	*69.4*	*72.6*
Age			
15-17	**66.5**	*59.0*	*73.2*
18-19	**67.5**	*61.7*	*72.7*
20-24	**70.0**	*66.9*	*72.9*
25-34	**71.9**	*69.5*	*74.2*
35 +	**76.1**	*71.2*	*80.5*
Ethnicity			
Non-Hispanic White	**73.1**	*70.3*	*75.7*
Native American	**88.7**	*85.0*	*91.6*
Hispanic	**65.9**	*63.5*	*68.2*
Education			
Less than high school	**61.4**	*57.8*	*64.8*
High school	**70.3**	*67.4*	*73.0*
More than high school	**77.9**	*75.6*	*80.1*
Marital status			
Married	**72.1**	*69.8*	*74.2*
Not married	**70.0**	*67.7*	*72.3*
Previous live birth			
No	**72.3**	*69.7*	*74.8*
Yes	**70.4**	*68.3*	*72.4*
Residence			
Northwest: Region 1	**79.3**	*76.0*	*82.2*
Northeast: Region 2	**67.6**	*64.0*	*70.9*
Bernalillo County: Region 3	**76.6**	*73.1*	*79.9*
Southeast: Region 4	**58.6**	*55.0*	*62.2*
Southwest: Region 5	**64.4**	*60.9*	*67.7*
Public assistance			
No	**74.0**	*72.2*	*75.8*
Yes	**64.0**	*60.8*	*67.0*
Payer of delivery			
Medicaid	**69.0**	*66.8*	*71.1*
Private insurance	**78.2**	*75.5*	*80.6*
No insurance	**58.2**	*52.4*	*63.8*

Infant hospitalization

(Table 2)

NICU

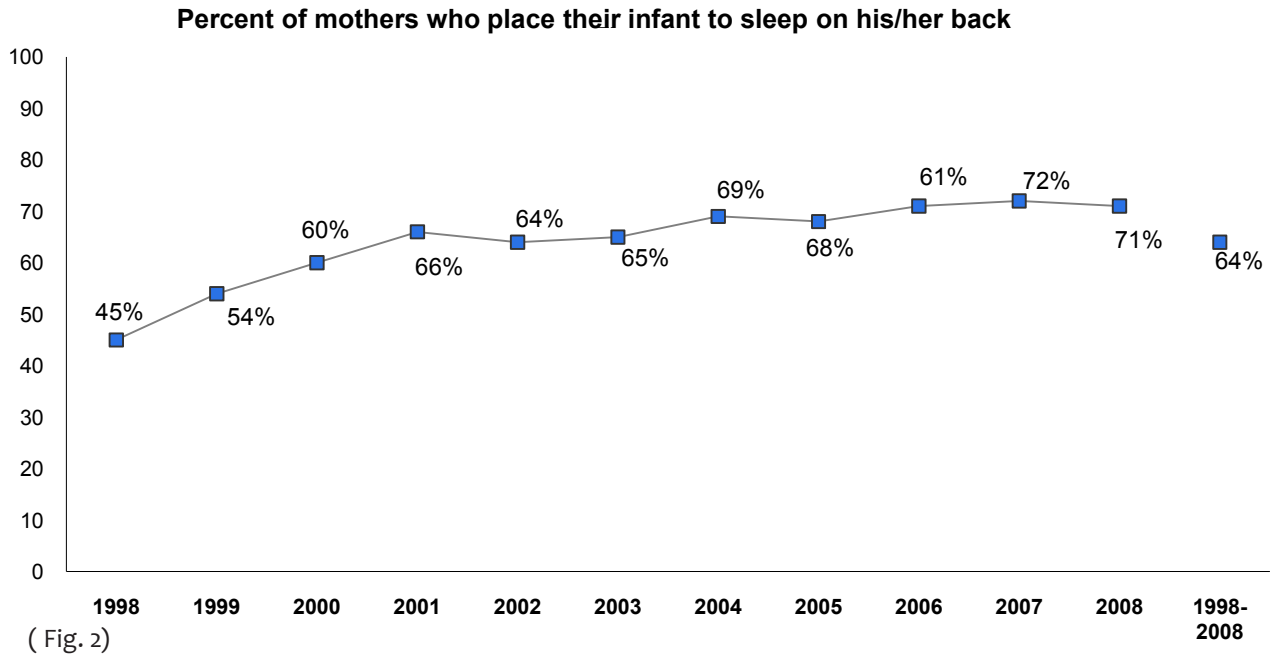
NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3791, population=83661.



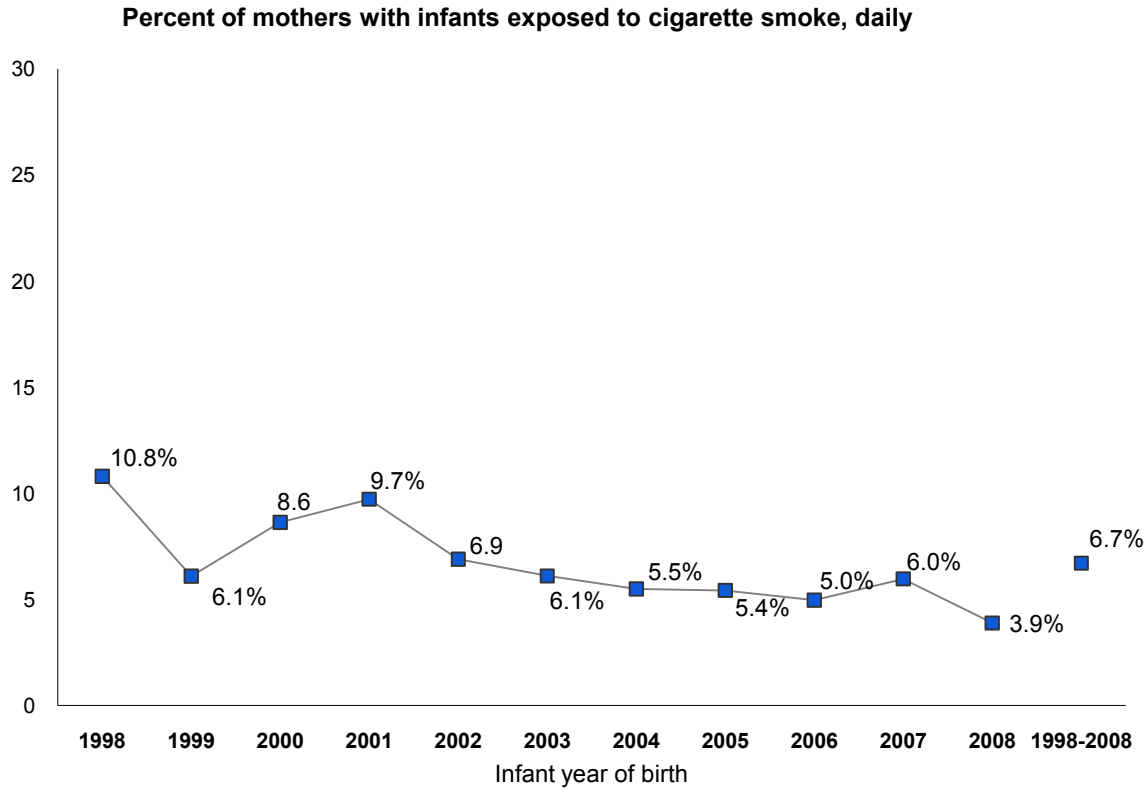
Maternal characteristic	%	lower	upper
All NM mothers	**10.8**	*9.7*	*12.0*
Age			
15-17	**14.8**	*10.0*	*21.5*
18-19	**12.7**	*9.2*	*17.3*
20-24	**9.8**	*7.9*	*12.1*
25-34	**10.6**	*9.0*	*12.3*
35 +	**10.7**	*7.8*	*14.4*
Ethnicity			
Non-Hispanic White	**11.0**	*9.1*	*13.1*
Native American	**8.2**	*5.6*	*11.9*
Hispanic	**11.4**	*9.9*	*13.0*
Education			
Less than high school	**11.1**	*9.0*	*13.7*
High school	**11.9**	*10.0*	*14.2*
More than high school	**9.7**	*8.2*	*11.4*
Marital status			
Married	**10.0**	*8.6*	*11.7*
Not married	**11.6**	*10.0*	*13.3*
Previous live birth			
No	**12.2**	*10.5*	*14.3*
Yes	**9.9**	*8.6*	*11.4*
Residence			
Northwest: Region 1	**9.9**	*7.9*	*12.4*
Northeast: Region 2	**8.4**	*6.7*	*10.5*
Bernalillo County: Region 3	**13.6**	*11.1*	*16.5*
Southeast: Region 4	**7.3**	*5.7*	*9.4*
Southwest: Region 5	**11.6**	*9.5*	*14.2*
Public assistance			
No	**10.9**	*9.7*	*12.4*
Yes	**10.4**	*8.5*	*12.7*
Payer of delivery			
Medicaid	**11.2**	*9.8*	*12.8*
Private insurance	**11.3**	*9.4*	*13.5*
No insurance	**8.4**	*5.7*	*12.3*

Infant care behaviors by birth year

(Fig. 1)



(Fig. 2)



Postpartum health

- Postpartum depression
- Postpartum contraception
- Contraception barriers

Postpartum depression

PRAMS Asks: Since your new baby was born...1) How often have you felt down, depressed, or hopeless? 2) How often have you had little interest or little pleasure in doing things? 3) Whom have you counted on for support or help? Include those you often rely on for housekeeping, childcare, money or help with problems.

BACKGROUND

Postpartum depression is a serious life challenge for new mothers, infants and families. The experience of maternal or postpartum depression is associated with physical abuse/violence, lack of partner or familial support, and financial hardships or stress.[1,2,3] Previous history of depression, especially during the prenatal period is highly predictive of postpartum depression.[4] Among seventeen PRAMS states collecting information on postpartum depressive symptoms, NM mothers reported the highest rate (20%) for the 2004-2005 birth period. The proportion of mothers with self-reported symptoms in other states ranged from 11% in Maine to 19.5% in South Carolina. In the PRAMS states, risks associated with postpartum depresson included: tobacco use in the last 3 months of pregnancy, physical abuse before or during pregnancy, partner-related stress during pregnancy, traumatic stress, and financial stress during pregnancy.

In fourteen of the PRAMS states, postpartum depressive symptoms were significantly associated with delivery of a low birthweight infant.[5]

Healthy People 2010 goals: Increase the proportion of adults with recognized depression who receive treatment.

Reduce postpartum complications, including postpartum depression.

PRAMS FINDINGS

In 2008, seventeen percent (16.9%) of all NM mothers reported feeling down, depressed or hopeless or having little interest or little pleasure in doing things since the time their baby was born. In 2006-2008, twenty-two percent (22.4%) of Native American mothers reported these symptoms compared to 19.0% of Hispanic and 16.4% of non-Hispanic White women (Table 1). Higher proportions of younger women and unmarried women reported postpartum depressive symptoms compared to older or married women.

Eighty-six percent (85.8%) of new mothers said they could count on their husband or partner for help or support since their new baby was born; 84.0% could count on other family members or friends. Nine (9.0%) percent of new mothers could not count on anyone (Fig. 1).

Data for postpartum contraception are reported on pp.74-75. Stressful events prior to and during pregnancy are found on p. 56.

Action in New Mexico

A multidisciplinary Maternal Depression work group was formed in 2008 to develop policy and services addressing depression symptoms in the perinatal period. The work group is comprised of medical and mental health providers, maternal and child health advocates and perinatal case management providers in New Mexico. The group works to....

- Utilize validated tools for maternal and post-partum depression. http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf
- Encourage legislation for prenatal and post-partum access to mental health care services (continued on p. 73)

1 Mayberry L, Horowitz J, Declercq E. Depressions symptom prevalence and demographic risk factors among U.S. women during the first 2 years postpartum. *J Obstet Gynecol Neonatal Nurs.* 2007.; 36:542-9.

2 Rich-Ewards J, Kleinman K, Abrams A, Harlow B, McLaughlin T, Joffee H, Gillman M. *J Epidemiol Community Health.* 2006; 60:221-7.

3 Certain HE, Mueller M, Jagodzinski T, Fleming M. Domestic abuse during the previous year in a sample of postpartum women. *J Obstet Gynecol Neonatal Nurs*. 2008 Jan-Feb;37(1):35-41.

4 Kim Y, Hur J, Kim K, Oh K, Shin Y. Prediction of postpartum depression by sociodemographic, obstetric and psychological factors: A prospective study. Psychiatry Clin Neurosci. 2008 Jun;62(3):331-40.

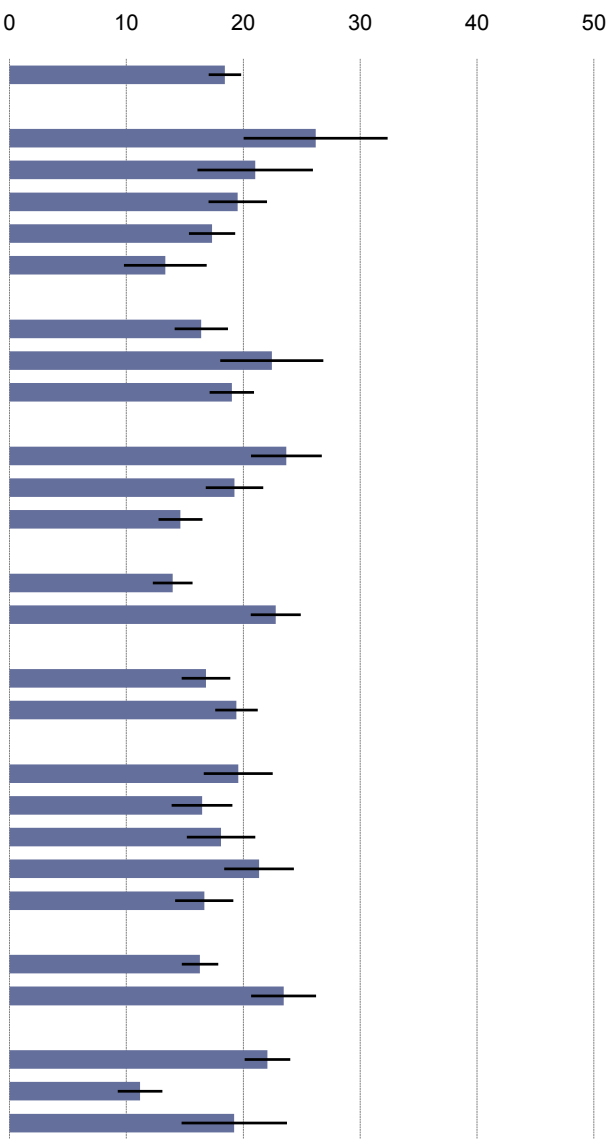
5 Centers for Disease Control and Prevention. Prevalence of self-reported postpartum depressive symptoms--17 states, 2004-2005. *MMWR;* 2008 Apr 11;57(14):361-6.

Postpartum depression

(Table 1)

Postpartum depression

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3793, population=83894.



Maternal characteristic	%	lower	upper
All NM mothers	**18.4**	*17.0*	*19.9*
Age			
15-17	**26.2**	*20.0*	*33.5*
18-19	**21.0**	*16.1*	*27.0*
20-24	**19.5**	*17.0*	*22.3*
25-34	**17.3**	*15.4*	*19.5*
35 +	**13.3**	*9.8*	*17.9*
Ethnicity			
Non-Hispanic White	**16.4**	*14.1*	*19.0*
Native American	**22.4**	*18.0*	*27.6*
Hispanic	**19.0**	*17.1*	*21.1*
Education			
Less than high school	**23.7**	*20.7*	*27.0*
High school	**19.3**	*16.8*	*22.0*
More than high school	**14.6**	*12.7*	*16.7*
Marital status			
Married	**14.0**	*12.3*	*15.9*
Not married	**22.8**	*20.6*	*25.1*
Previous live birth			
No	**16.8**	*14.7*	*19.1*
Yes	**19.4**	*17.6*	*21.4*
Residence			
Northwest: Region 1	**19.6**	*16.6*	*22.9*
Northeast: Region 2	**16.5**	*13.9*	*19.5*
Bernalillo County: Region 3	**18.1**	*15.2*	*21.5*
Southeast: Region 4	**21.4**	*18.4*	*24.7*
Southwest: Region 5	**16.7**	*14.2*	*19.5*
Public assistance			
No	**16.3**	*14.7*	*18.0*
Yes	**23.5**	*20.7*	*26.5*
Payer of delivery			
Medicaid	**22.1**	*20.1*	*24.2*
Private insurance	**11.2**	*9.3*	*13.4*
No insurance	**19.2**	*14.7*	*24.7*

Action in NM

The Maternal Depression WorkGroup designed a Perinatal Depression Screening Pilot Project which was conducted by the Families FIRST Case Management Program (NMDOH) and funded by the Human Services Department to assess the need for mental health services and referrals among low-income women in NM. Public Health WIC clients were screened for perinatal mood disorders with the Edinburgh Postnatal Depression Scale during prenatal and postpartum encounters in Santa Fe and Las Vegas, NM. This was a 10-week pilot project ending on June 30th, 2010. Initial findings indicate that approximately 23% of the women screened tested positive for Perinatal Depression using the Edinburgh Scale Screening Tool. Appropriate referrals were made to help the women with a positive depression screen, and they received a counseling session, as well as a one-month follow up call, to ensure they received medical treatment, counseling or attended a professional group for support.

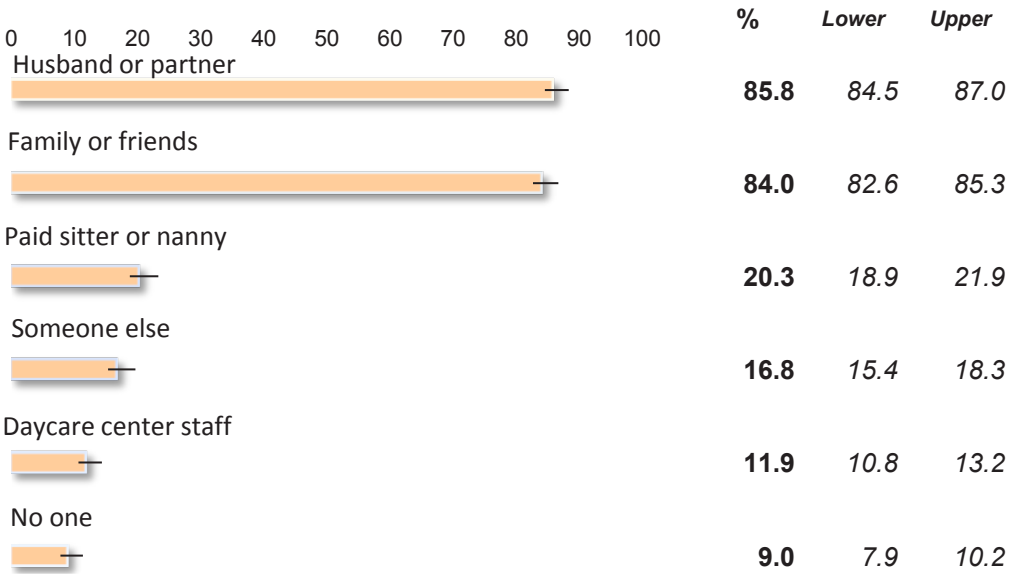
Challenges identified through the pilot include long waiting lists for mental health treatment for Perinatal Depression and limited coverage of such services by Medicaid or private insurance companies.

(Fig. 1)

Postpartum social support

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin the 95% confidence interval. Respondents=3749, population=82626

Percent of NM women who said they had help with their new baby from ...



Postpartum contraception

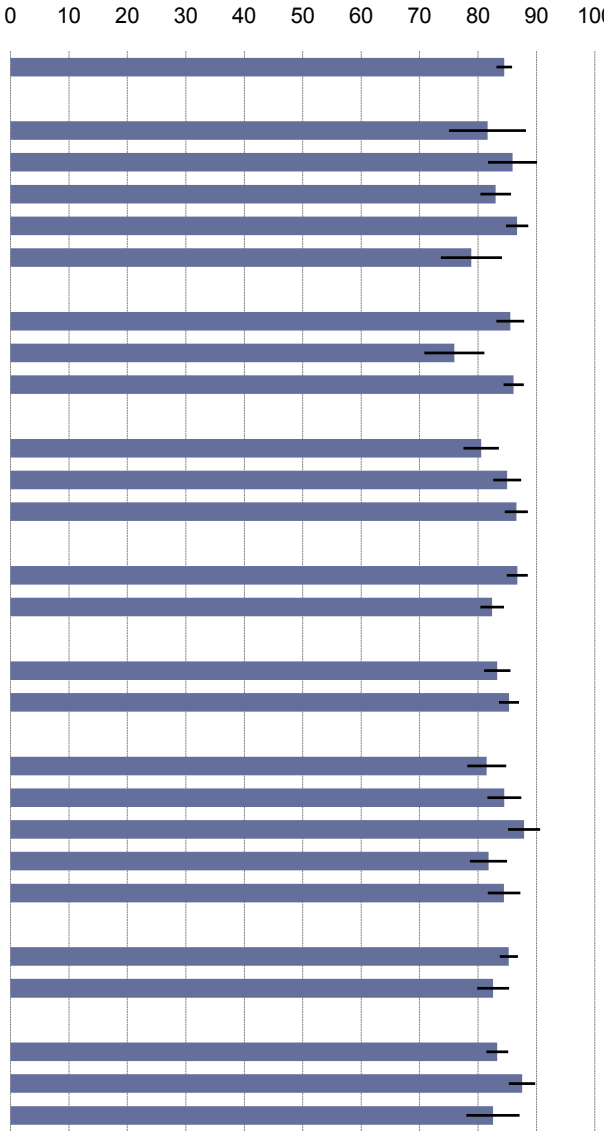
(Table 2)

Postpartum contraception

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin of the 95% confidence interval; a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=3819, population=84440.

Maternal characteristic

Percent of NM mothers using birth control postpartum



Maternal characteristic	%	lower	upper
All NM mothers	**84.5**	*83.2*	*85.7*
Age			
15-17	**81.6**	*75.0*	*86.8*
18-19	**85.9**	*81.7*	*89.3*
20-24	**83.0**	*80.4*	*85.4*
25-34	**86.7**	*84.8*	*88.4*
35 +	**78.9**	*73.6*	*83.3*
Ethnicity			
Non-Hispanic White	**85.5**	*83.1*	*87.6*
Native American	**76.0**	*70.8*	*80.4*
Hispanic	**86.1**	*84.4*	*87.7*
Education			
Less than high school	**80.5**	*77.5*	*83.3*
High school	**85.0**	*82.6*	*87.1*
More than high school	**86.6**	*84.6*	*88.3*
Marital status			
Married	**86.7**	*84.9*	*88.3*
Not married	**82.4**	*80.4*	*84.3*
Previous live birth			
No	**83.3**	*81.1*	*85.3*
Yes	**85.3**	*83.6*	*86.9*
Residence			
Northwest: Region 1	**81.5**	*78.2*	*84.4*
Northeast: Region 2	**84.5**	*81.6*	*87.0*
Bernalillo County: Region 3	**87.9**	*85.1*	*90.2*
Southeast: Region 4	**81.8**	*78.6*	*84.6*
Southwest: Region 5	**84.5**	*81.7*	*86.9*
Public assistance			
No	**85.3**	*83.7*	*86.7*
Yes	**82.6**	*79.9*	*85.0*
Payer of delivery			
Medicaid	**83.3**	*81.4*	*85.0*
Private insurance	**87.5**	*85.3*	*89.5*
No insurance	**82.6**	*78.0*	*86.3*

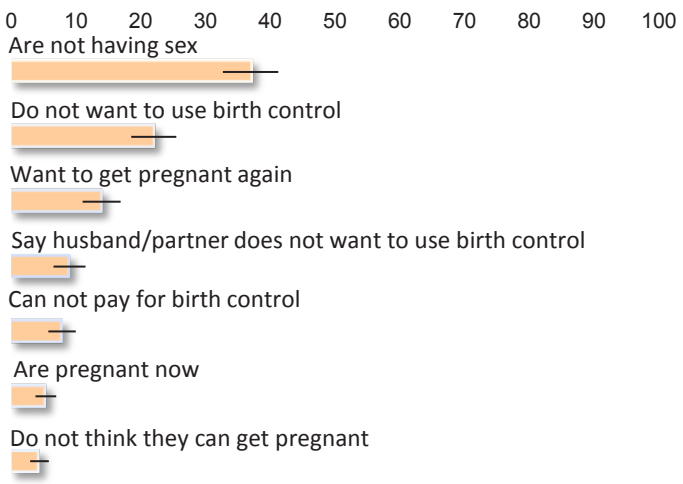
No postpartum birth control

(Fig. 2)

Reasons for not using contraception postpartum

NM PRAMS, years 2006-2008. "Lower" and "Upper" refer to the error margin the 95% confidence interval. Respondents=586, population=13099

Among NM women not using contraception at time of survey, percent who



	%	Lower	Upper
Are not having sex	**36.9**	*32.7*	*41.4*
Do not want to use birth control	**22.0**	*18.5*	*25.9*
Want to get pregnant again	**13.9**	*11.0*	*17.5*
Say husband/partner does not want to use birth control	**9.0**	*6.5*	*12.3*
Can not pay for birth control	**7.8**	*5.7*	*10.6*
Are pregnant now	**5.3**	*3.7*	*7.5*
Do not think they can get pregnant	**4.3**	*2.9*	*6.4*

I do want to use birth control but I just haven't gone to get it. I got the prescription, but I haven't filled it. I really don't want to get pregnant now. We were using condoms, but we just ran out.

- PRAMS mom

Technical notes

Sample numbers, response rates and population estimates for NM PRAMS by year of infant's birth

Year of infant's birth	Number sampled	Number responding	Percent responding	Estimated population
1998	2584	1713	66.3	26019
1999	2115	1519	71.8	25917
2000	2210	1615	73.1	25821
2001	2265	1599	70.6	25835
2002	2243	1562	69.6	26237
2003	2049	1428	69.7	26219
2004	2194	1530	69.7	26868
2005	1524	1056	69.5	18210
2006	2396	1549	64.6	28346
2007	1646	1037	63.0	28836
2008	2109	1292	61.3	28473

Response rates

Unweighted response rates are presented in the table above. To be called a respondent, a woman had to answer at least 75% of the survey. PRAMS strives for a weighted response rate of at least 65%. Weighted response rates generally differ from unweighted rates by less than one percentage point. Estimated population numbers above are provided as a denominator for estimating counts from percentages in the report.

Sample Stratification

For birth years 1998-2000, NM PRAMS stratified its sample by birth weight categories and over sampled Native American mothers for years 1998-1999. For year 2001 onward, the goal of the sampling strategy was to select equally from five geographic areas (now called Public Health Regions), and ~1/12 women are sampled per region.

Potential sources of bias

Bias may result from non-response, especially when response rates fall below 60% for that stratum or domain (a domain is a subgroup other than the sampling stratum). Other potential sources of bias include omitting observations with missing values, lack of control for important confounders, or analysis by domains. Item non-response, where data are missing from questions on the survey or birth certificate, is another potential source of bias.

Methodology

Also see "About this Report", p.2 and the CDC PRAMS website for more information (reference 1).

Data collection

PRAMS is a mailed survey (or telephone interview for non-responders) with questions on many different topics including feelings about the pregnancy, birth control practices, barriers to prenatal care, prenatal medical problems, intimate partner violence, psychosocial stress and support, alcohol and tobacco use before and during pregnancy, health insurance coverage, health services, breastfeeding, infant sleep position and post-partum depression.

Participation in PRAMS is voluntary. The primary data collection method is a mail survey sent up to three times, followed by attempts to interview non-responders by telephone. The mailings start 2-6 months after the infant's birth, and telephone follow-up ends 90 days after the first mailing. The mail packets included a cover letter, the questionnaire booklet, a self-addressed return envelope with postage, a question and answer sheet about PRAMS, a list of community resources for families of newborns, incentives ($5 gift card and calendar), and a "reward" for completion of a survey (entry into a raffle for a $100 gift certificate). PRAMS sends data without personal identifiers to CDC for editing, weighting and creation of an annual file.

Population and sample

The NM PRAMS population refers to all New Mexico resident mothers giving live birth in NM. Exclusions: births to mothers who gave their infant up for adoption, if known, infants who were older than 180 days (six months) old when their birth was registered, and, only one infant from multiple gestation births is included. Only mothers of twins and triplets are sampled; higher order multiple gestation births are excluded. Births are also excluded for records where a mother's last name is missing from the birth certificate. Because of these and out-of-state birth exclusions, the NM PRAMS eligible birth population is somewhat smaller than the total live births reported by NM Vital Records and Health Statistics (28,836 live births in PRAMS population compared to 30,605 total resident births for year 2007) (reference 2).

Each month, NM Vital Records provides a birth file of eligible birth certificates from which a stratified sample is systematically drawn (~180 recently-delivered mothers). Linkage of sampled mothers and birth certificate data, including demographics and medical risk factors, provides the basis for calculating weights. Survey results are generalized to the state's population of live births by using weights, which may be interpreted as the number of women in the population that each respondent represents. For each mother in the sample, CDC PRAMS first calculates three weights:

1. The initial sampling weights are the reciprocal of the sampling fraction applied to the stratum (~12).

2. Non-response weights compensate for lower response rates from women with certain demographic characteristics (such as being unmarried or of lower education) and are based on multivariate analysis. The assumption is that non-respondents would have provided similar answers, on average, to respondents' answers for that stratum and adjustment category. Categories with lower response rates have higher non-response weights.

3. The frame non-coverage weights are derived by comparing frame files for a year of births to the calendar year birth tape that states provided to CDC. The main reason for omission is late processing.

Variable definitions

Data Limitations - sampling error

Low response rates can limit the reliability of prevalence estimates and representativeness or comparisons among populations. Estimates were not reported for groups with fewer than 50 mothers. To warn readers of unstable estimates, we included error bars in the charts and used strikethroughs over estimates in the tables. Our criteria for strikethroughs were a confidence interval spanning more than 15 percentage points or a relative error (standard error divided by point estimate) greater than 0.30.

Cleaning & editing

This is done in three stages: 1) by NM Vital Records before the sample is drawn, 2) CDC PRAMS after birth certificate and survey data are submitted, and 3) NM PRAMS. In the last stage, coded survey responses may be revised based on write-in responses and comments. This may produce estimates that differ slightly from the CDC weighted estimates for each state.

Analysis of data

This report was prepared with SAS-callable SUDAAN version 10.0 (Research Triangle Park, NC).

Maternal characteristics

Birth certificates from the NMDOH Bureau of Vital Records and Health Statistics provided data on maternal age, ethnicity/race, tribe, educational level, geographic residence, parity (previous live birth), marital status, month of entry into prenatal care, and number of prenatal visits.

Variable definitions – Indicator and demographic variable definitions. Unless otherwise stated, all variables are derived from the PRAMS survey questionnaire. Below is a description of how variables were created

Intended/Unintended pregnancy – PRAMS asks mothers how they felt about being pregnant at the time of conception. Response options are that they wanted to be pregnant: 1) sooner, 2) later (mistimed), 3) then, or 4) not then or at any time (unwanted). Unintended includes both mistimed and unwanted pregnancies.

Alcohol use – Binge drinking is defined as having 5 or more alcoholic beverages on one occasion. Drinking during pregnancy meant that the mother reported drinking at least one alcoholic beverage in the last three months of pregnancy.

Cigarette smoking – Respondents who said they smoked at least 100 cigarettes in the past 2 years were asked how many cigarettes they smoke on an average day (before, during, and after pregnancy). If the mother said she smoked at least one cigarette or she did not know how many cigarettes she smoked, she was coded as a smoker.

Contraception at conception – Phase 4 (2000) added the filter question, "When you got pregnant with your new baby, were you tying to become pregnant?" (Yes/No). Women responding "yes" were instructed to skip the question about whether they used contraception at conception.

Diabetes – One question asks about pre-existing high blood sugar or diabetes and another asks about gestational diabetes or high blood sugar during pregnancy. The survey does not ask about diagnosis of diabetes.

Infant smoke exposure- The question is coded as "yes" for those who answered that their infant is exposed to cigarette smoke for less than one hour per day or more. "No" was derived from the response that the infant was never in the same room with someone who was smoking.

Payer of preconception care – This was also coded like prenatal care except in two instances. For food stamps and TANF participation, preconception payer for Indian Health Service was imputed from payer of prenatal care where prenatal care was paid by IHS, since some of the women with food security problems may not have visited a doctor at all just before pregnancy.

Payer of prenatal care – The respondent may choose up to six options for her payer source of prenatal care. This variable was created by categorizing the sources as: 1) Indian Health Service (IHS) with or without other payers, 2) Medicaid with or without private insurance, but without IHS, 3) private insurance only, 4) none of the payers.

Payer of delivery – This was coded like payer of prenatal care.

Postpartum depressive symptoms – This definition was borrowed from the CDC to match the 2008 MMWR on 17 U.S. reporting areas (3). To be coded as someone with postpartum depressive symptoms, the mom said she was often or always feeling down, depressed or hopeless; or she often or always had little interest or little pleasure in doing things since the time her new baby was born.

Public assistance – PRAMS asked about income sources in the question during the 12 months the baby was born. One option was "Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income" and is used for this variable.

Preconception weight problem – Body Mass Index (BMI) is calculated from the mother's self-reported pre-pregnancy weight and height and calculated by dividing weight (kg) divided by height squared (m2). Overweight is defined as a BMI of 25.0 or more. This report uses "weight problem" instead of obesity to classify mothers under 20 years of age. BMI cutoffs are available from www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult.htm. For children under 20 years of age, gender and age-specific charts (BMI-for-age) define underweight as BMI-for-age at or below the fifth percentile; normal as 5th to below 85th percentile; at risk for overweight as 85th to below 95th percentile; and overweight as 95th percentile or more.

Prenatal care - Adequate or Inadequate prenatal care utilization (APNCU)-Definitions are taken from the Kotelchuck, also called Adequate Prenatal Care Utilization, Index. A concise reference can be found at http://www.mchlibrary.info/databases/HSNRCPDFs/Overview_APCUIndex.pdf

Residence – Residence refers to where the mom was living with respect to the current boundaries for Public Health Regions, defined in 2006 for the Public Health Division of the NM Department of Health. The current Public Health regions are as follows: Region 1: San Juan, McKinley, Sandoval, Cibola, and Valencia Counties; Region 2: Rio Arriba, Taos, Los Alamos, Santa Fe, Taos, Mora, San Miguel, and Guadalupe Counties; Region 3: Bernalillo County; Region 4: Harding, Quay, Curry, DeBaca, Roosevelt, Chaves, Eddy and Lea Counties; Region 5: Catron, Socorro, Sierra, Grant, Hidalgo, Luna, Dona Ana, Otero Counties.

The PRAMS questionnaire

For 1997-1999 births NM used the CDC-developed Phase 3 survey with state-added options. For January 2000 through December 2003 births, NM used the Phase 4 questionnaire developed by the CDC. State-developed questions were included at the end of the survey. For January 2004-2008 births, NM implemented the Phase 5 questionnaire found at the end of this appendix. The questionnaire consisted of two parts: a core portion that was the same for all states and a state-specific portion that was tailored to each state's needs. Topics in the core questions covered barriers to and content of prenatal care, obstetric history, maternal use of alcohol and cigarettes, nutrition, economic status, maternal stress and early infant development and health status. The CDC provided standard Spanish translations, and both the English and Spanish questionnaires were adapted for telephone interviews.

Changes between survey phases

This section highlights survey changes between Phase 4 (birth years 2000-2003) and Phase 5 (birth years 2004-2008). These changes may account for slight differences in multiyear comparisons.

-**Breastfeeding**

The question on whether or not someone suggested the mother not breastfeed was added in 2004. A follow up question was also added to ask who made the suggestion.

-**Contraception at conception and postpartum**

"Norplant" and "shots [Depo-Provera]" were removed as examples for Phase 5 and "cervical ring" was added to the list of examples.

-**Emergency Contraception was added in 2004.**

-**Multivitamin use**

This question was revised for Phase 5: "In the month before" was replaced with "During the month before" and the term "prenatal vitamin" was added.

-**Postpartum depression** questions were added in 2004.

-**Smoking before and during pregnancy**

In 2004, the number of cigarettes options were made categorical, and the write-in option was removed.

References

1 Centers for Disease Control and Prevention (CDC) website: http://www.cdc.gov/prams.

2 New Mexico Selected Health Statistics Annual Report, Volume 1, 2007. Santa Fe, NM: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2010.

3 Centers for Disease Control and Prevention. Prevalence of self-reported postpartum depressive symptoms--17 states, 2004-2005. MMWR Morb Mortal Wkly Rep. 2008 Apr 11;57(14):361-6.

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

4. What is *your* date of birth?

Month _____ Day _____ Year 19____

5. *Just before* you got pregnant with your new baby, how much did you weigh?

_____ Pounds **OR** _____ Kilos

6. How tall are you without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

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

- ❑ No → **Go to Question 10**
- ❑ Yes

8. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) *or less* at birth?

- ❑ No
- ❑ Yes

9. Was the baby *just before* your new one born *more* than 3 weeks before its due date?

- ❑ No
- ❑ Yes

The next questions are about the time when you got pregnant with your *new* baby.

10. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

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

11. When you got pregnant with your new baby, were you trying to get pregnant?

- ❑ No
- ❑ Yes → **Go to Question 14**

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ❑ No
- ❑ Yes → **Go to Question 14**

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- ❑ I didn't mind if I got pregnant
- ❑ I thought I could not get pregnant at that time
- ❑ I had side effects from the birth control method I was using
- ❑ I had problems getting birth control when I needed it
- ❑ I thought my husband or partner or I was sterile (could not get pregnant at all)
- ❑ My husband or partner didn't want to use anything
- ❑ Other → Please tell us:

_____

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

14. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

_____ Weeks **OR** _____ Months

- ❑ I don't remember

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

_____ Weeks **OR** _____ Months

- ❑ I didn't go for prenatal care

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

- ❑ No
- ❑ Yes
- ❑ I didn't want prenatal care → **Go to Question 18**

17. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

		No	Yes
a.	I couldn't get an appointment when I wanted one	N	Y
b.	I didn't have enough money or insurance to pay for my visits	N	Y
c.	I had no way to get to the clinic or doctor's office	N	Y
d.	I couldn't take time off from work	N	Y
e.	The doctor or my health plan would not start care as early as I wanted	N	Y
f.	I didn't have my Medicaid card	N	Y
g.	I had no one to take care of my children	N	Y
h.	I had too many other things going on	N	Y
i.	I didn't want anyone to know I was pregnant	N	Y
j.	Other Please tell us:	N	Y

_____

If you did not go for prenatal care, go to Page 4, Question 20.

18. How was your prenatal care paid for?

Check all that apply

- ❑ Medicaid
- ❑ Personal income (cash, check, or credit card)
- ❑ Health insurance or HMO (including insurance from your work or your husband's work)
- ❑ Indian Health Service (PHS)
- ❑ City or county indigent fund
- ❑ Other ⟶ Please tell us:

_____

19. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

		No	Yes
a.	How smoking during pregnancy could affect my baby	N	Y
b.	Breastfeeding my baby	N	Y
c.	How drinking alcohol during pregnancy could affect my baby	N	Y
d.	Using a seat belt during my pregnancy	N	Y
e.	Birth control methods to use after my pregnancy	N	Y
f.	Medicines that are safe to take during my pregnancy	N	Y
g.	How using illegal drugs could affect my baby	N	Y
h.	Doing tests to screen for birth defects or diseases that run in my family	N	Y
i.	What to do if my labor starts early	N	Y
j.	Getting tested for HIV (the virus that causes AIDS)	N	Y
k.	Physical abuse to women by their husbands or partners	N	Y

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

- ❑ No
- ❑ Yes
- ❑ I don't know

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

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

- ❑ No
- ❑ Yes

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

		No	Yes
a.	High blood sugar (diabetes) that started *before* this pregnancy	N	Y
b.	High blood sugar (diabetes) that started *during* this pregnancy	N	Y
c.	Vaginal bleeding	N	Y
d.	Kidney or bladder (urinary tract) infection	N	Y
e.	Severe nausea, vomiting, or dehydration	N	Y
f.	Cervix had to be sewn shut (incompetent cervix)	N	Y
g.	High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h.	Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i.	Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j.	Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k.	I had to have a blood transfusion	N	Y
l.	I was hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 24.

23. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

		No	Yes
a.	I went to the hospital or emergency room and stayed less than 1 day	N	Y
b.	I went to the hospital and stayed 1 to 7 days	N	Y
c.	I went to the hospital and stayed more than 7 days	N	Y
d.	I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

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

- ❑ No → **Go to Question 28**
- ❑ Yes

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

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ None (0 cigarettes)

26. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ None (0 cigarettes)

27. How many cigarettes do you smoke on an average day *now?* (A pack has 20 cigarettes.)

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ None (0 cigarettes)

28. Have you had any alcoholic drinks in the *past 2 years?* (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

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

29a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

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

29b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- ❑ 6 or more times
- ❑ 4 to 5 times
- ❑ 2 to 3 times
- ❑ 1 time
- ❑ I didn't have 5 drinks or more in 1 sitting
- ❑ I didn't drink then

30a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

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

30b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- ❑ 6 or more times
- ❑ 4 to 5 times
- ❑ 2 to 3 times
- ❑ 1 time
- ❑ I didn't have 5 drinks or more in 1 sitting
- ❑ I didn't drink then

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

31. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

		No	Yes
a.	A close family member was very sick and had to go into the hospital	N	Y
b.	I got separated or divorced from my husband or partner	N	Y
c.	I moved to a new address	N	Y
d.	I was homeless	N	Y
e.	My husband or partner lost his job	N	Y
f.	I lost my job even though I wanted to go on working	N	Y
g.	I argued with my husband or partner more than usual	N	Y
h.	My husband or partner said he didn't want me to be pregnant	N	Y
i.	I had a lot of bills I couldn't pay	N	Y
j.	I was in a physical fight	N	Y
k.	My husband or partner or I went to jail	N	Y
l.	Someone very close to me had a bad problem with drinking or drugs	N	Y
m.	Someone very close to me died	N	Y

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

32a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ❑ No
- ❑ Yes

32b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- ❑ No
- ❑ Yes

The next questions are about the time during your most recent pregnancy.

33a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ❑ No
- ❑ Yes

33b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- ❑ No
- ❑ Yes

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

34. When was your baby due?

Month ____ Day ____ Year ____

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

Month ____ Day ____ Year ____

- ❑ I didn't have my baby in a hospital

36. When was your baby born?

Month ____ Day ____ Year ____

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

Month ____ Day ____ Year ____

- ❑ I didn't have my baby in a hospital

38. How was your delivery paid for?

Check all that apply

- ❑ Medicaid
- ❑ Personal income (cash, check, or credit card)
- ❑ Health insurance or HMO (including insurance from your work or your husband's work)
- ❑ Indian Health Service (PHS)
- ❑ City or county indigent fund
- ❑ Other → Please tell us:

_____

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

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

- ❑ No
- ❑ Yes
- ❑ I don't know

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

- ❑ Less than 24 hours (less than 1 day)
- ❑ 24 to 48 hours (1 to 2 days)
- ❑ 3 days
- ❑ 4 days
- ❑ 5 days
- ❑ 6 days or more
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 43**

41. Is your baby alive now?

- ❑ No → **Go to Question 53**
- ❑ Yes

42. Is your baby living with you now?

- ❑ No → **Go to Question 53**
- ❑ Yes

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

- ❑ No → **Go to Question 47**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 46**

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

_____ Weeks **OR** _____ Months

- ❑ Less than 1 week

46. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

_____ Weeks **OR** _____ Months

- ❑ My baby was less than 1 week old
- ❑ I have not fed my baby anything besides breast milk

47. Did anyone suggest that you *not* breastfeed your new baby?

- ❑ No → **Go to Question 49**
- ❑ Yes

48. Who suggested that you *not* breastfeed your new baby?

Check all that apply

- ❑ My husband or partner
- ❑ My mother, father, or in-laws
- ❑ Other family member or relative
- ❑ My friends
- ❑ My baby's doctor, nurse, or other health care worker
- ❑ My doctor, nurse, or other health care worker
- ❑ Other → Please tell us:

_____

If your baby is still in the hospital, go to Question 53.

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

_____ Hours

- ❑ Less than 1 hour a day
- ❑ My baby is never in the same room with someone who is smoking

50. How do you *most often* lay your baby down to sleep now?

Check one answer

- ❑ On his or her side
- ❑ On his or her back
- ❑ On his or her stomach

51. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- ❑ No
- ❑ Yes

52. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- ❑ No
- ❑ Yes

53. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ❑ No
- ❑ Yes → **Go to Question 55**

54. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now?*

Check all that apply

- ❑ I am not having sex
- ❑ I want to get pregnant
- ❑ I don't want to use birth control
- ❑ My husband or partner doesn't want to use anything
- ❑ I don't think I can get pregnant (sterile)
- ❑ I can't pay for birth control
- ❑ I am pregnant now
- ❑ Other → Please tell us:

_____

The next few questions are about the time during the *12 months before* your new baby was born.

55. During the *12 months before* your new baby was born, what were the sources of your household's income?

Check all that apply

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

_____

56. During the *12 months before* your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- ❑ Less than $10,000
- ❑ $10,000 to $14,999
- ❑ $15,000 to $19,999
- ❑ $20,000 to $24,999
- ❑ $25,000 to $34,999
- ❑ $35,000 to $49,999
- ❑ $50,000 or more

57. During the *12 months before* your new baby was born, how many people, including yourself, depended on this income?

_____ People

58. During the *12 months before* your new baby was born, did you participate in any of these programs? Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

		No	Yes
a.	TANF or Welfare to Work	N	Y
b.	New Mexico Food Stamps Program	N	Y

The next questions are about the time *before you got pregnant* with your new baby.

59. *Just before you got pregnant* with your new baby, had you ever heard about emergency contraceptive pills (ECPs)? These used to be called the "morning after pill." If taken according to directions within 5 days after unprotected sex, they can prevent a pregnancy.

- ❑ No
- ❑ Yes
- ❑ I don't know

60. *Just before you got pregnant,* did you receive any of your health care from the Indian Health Service (PHS)?

- ❑ No
- ❑ Yes
- ❑ I don't know

The next questions are about the time during your most recent pregnancy.

61. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

		No	Yes
a.	I had a dental problem	N	Y
b.	I went to a dentist or dental clinic	N	Y
c.	A dental or other health care worker talked with me about how to care for my teeth and gums	N	Y

62. During your most recent pregnancy, what was the name of your health insurance?

Check all that apply

- ❑ Cimarron
- ❑ Lovelace
- ❑ Presbyterian
- ❑ Blue Cross/Blue Shield
- ❑ Indian Health Service (PHS)
- ❑ Military coverage
- ❑ I don't have health insurance
- ❑ I don't know
- ❑ Other insurance → Please tell us:

_____

63. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem. Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? Circle **Y** (Yes) if you were treated *unfairly* or **N** (No) if you were treated *fairly*.

		No	Yes
a.	Your race	N	Y
b.	Your age	N	Y
c.	Your language	N	Y
d.	Your citizenship	N	Y
e.	Your inability to pay	N	Y
f.	I felt unfairly treated but don't know why	N	Y
g.	I have not been treated unfairly	N	Y
h.	I felt unfairly treated for other reasons	N	Y

Please tell us:

_____

64. During your most recent pregnancy, did you participate in any of these services? Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

		No	Yes
a.	Breastfeeding class or support group	N	Y
b.	Parenting class or support group	N	Y
c.	Nutrition class or discussion group	N	Y
d.	Counseling about a personal or family problem	N	Y
e.	Home visiting services by a nurse, social worker, or other health care worker	N	Y
f.	A program for pregnant or parenting teens	N	Y
g.	Families FIRST	N	Y
h.	Program for protection from family violence	N	Y
i.	Program to stop using drugs or alcohol	N	Y
j.	A class or support group to stop smoking cigarettes	N	Y
k.	I did not participate in any of the above	N	Y

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

65. ***Since your new baby was born,*** **have you participated in any of these services?** Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

		No	Yes
a.	Breastfeeding class or support group	N	Y
b.	Parenting class or support group	N	Y
c.	Nutrition class or discussion group	N	Y
d.	Counseling about a personal or family problem	N	Y
e.	Home visiting services by a nurse, social worker, or other health care worker	N	Y
f.	A program for pregnant or parenting teens	N	Y
g.	Families FIRST	N	Y
h.	Program for protection from family violence	N	Y
i.	Program to stop using drugs or alcohol	N	Y
j.	A class or support group to stop smoking cigarettes	N	Y
k.	I did not participate in any of the above	N	Y

66. ***Since your new baby was born,*** **have you seen a doctor, nurse, or midwife for yourself for any of these reasons?** Circle **Y** (Yes) if you did or **N** (No) if you did not.

		No	Yes
a.	I received a routine checkup (6 weeks after delivery)	N	Y
b.	I received care for a health problem	N	Y
c.	I received a birth control method	N	Y

If your baby is no longer alive or is not living with you, go to Question 73.

67. Do you have an infant car seat(s) for your new baby?

- ❑ No
- ❑ Yes

68. ***Since your new baby was born,*** **have you or your baby received any home visiting services by a nurse, social worker, or other health care worker?**

- ❑ No → **Go to Question 70**
- ❑ Yes

69. ***Since your new baby was born,*** **how many times have you or your baby received home visiting services?**

Check one answer

- ❑ Only once
- ❑ 2 or 3 times
- ❑ 4 or more times

70. ***Since your new baby was born,*** **whom have you counted on for support or help?** Include those you *often* rely on for housekeeping, childcare, money, or help with problems. Circle **Y** (Yes) if you can count on the person(s) or **N** (No) if you cannot.

		No	Yes
a.	My husband or partner	N	Y
b.	A family member, friend, or neighbor	N	Y
c.	A paid sitter or nanny	N	Y
d.	Day-care center staff	N	Y
e.	Someone else	N	Y

Please tell us who:

_____

f.	I cannot count on anyone	N	Y

71. Are you currently in school or working outside the home?

- ❑ No → **Go to Question 73**
- ❑ Yes

72. At your *current* workplace or school, what happens when a mother wants to breastfeed?

Check all that apply

- ❑ She can breastfeed the baby as needed
- ❑ She can use break time to breastfeed the baby
- ❑ She can use break time to pump milk
- ❑ It is hard to use breaks or find a place to pump or breastfeed
- ❑ She is not allowed to breastfeed the baby at work
- ❑ I don't know

73. Which of the following things were you doing in the *past month?*

Check all that apply

- ❑ Being a homemaker
- ❑ Was unemployed
- ❑ Seasonal farm or construction work
- ❑ Working or going to school *full-time*
- ❑ Working or going to school *part-time*
- ❑ Other → Please tell us:

_____

74a. *Since your new baby was born,* how often have you felt down, depressed, or hopeless?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

74b. *Since your new baby was born,* how often have you had little interest or little pleasure in doing things?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

75. During the *past 12 months,* which one of the following statements *best* describes the food eaten by you and your family?

Check one answer

- ❑ Enough food to eat
- ❑ Sometimes not enough food to eat
- ❑ Often not enough food to eat

76. Which of the following utilities do you have in your house, apartment, trailer, or hogan? For each item, circle **Y** (Yes) if you have the utility or circle **N** (No) if you do not have the utility.

		No	**Yes**
a.	Complete plumbing facilities (including hot and cold running water, a flush toilet, and a bathtub or shower)	N	Y
b.	Electricity	N	Y
c.	A telephone from which you can make and receive calls (including cell phones)	N	Y

77. What is today's date?

Month ____ Day ____ Year ____

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

Thanks for answering our questions!

Your answers will help us work to make New Mexican mothers and babies healthier.

February 26, 2004