Pregnancy
Risk
Assessment
Monitoring
System
Summary Report
2008



Acknowledgments

Tennessee PRAMS project staff would like to express their gratitude to all of the mothers who took time to participate in the survey. Their information will provide a better understanding of the health of mothers and babies in Tennessee.

Project staff would like to acknowledge the PRAMS Steering Committee, as well as Kathy Henson and Colleen Edgell for their administrative support. We would also like to thank the CDC/PRAMS project manager for Tennessee, LaTreace Q. Harris, for her support and assistance and Margaret Major, Director of Women's Health and Genetics in the Department of Health, who also provided support and assistance in the development and implementation of Tennessee PRAMS.

Birth certificate data and sampling were provided by the Office of Health Statistics, Tennessee Department of Health.

This publication was made possible by grant number 1 UR6 DP000528 from the Centers for Disease Control and Prevention.

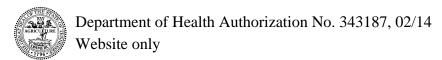


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Executive Summary

The Tennessee Pregnancy Risk Assessment Monitoring System (TN PRAMS) is a state-wide population-based survey based on a stratified random sample of women who gave birth to a live-born infant in 2008. The topics included in the survey were selected based on their relevance to maternal and infant health. The following summary highlights important findings within the report:

- One-half of pregnancies were unintended.
- Among women *not* trying to get pregnant, approximately one-half were also not using birth control.
- Just over two-thirds of mothers did not take a daily multivitamin in the month prior to pregnancy.
- Nearly one-fifth of women received late or no prenatal care.
- Approximately 42% of women who received prenatal care reported that it was either partially or totally paid for by TennCare.
- Among women who received prenatal care, 74.1% reported discussing HIV testing and 76.7% reported having an HIV test.
- Approximately 9% of women reported physical abuse before and/or during pregnancy.
- A majority of women (75.2%) reported at least one stressor in the 12 months prior to delivery, with financial-related problems being the most frequently reported type of stressor.
- Approximately 20% of women smoked cigarettes and 3.4% drank alcohol during the last 3 months of pregnancy.
- Just over one-third of women were diagnosed with a urinary tract infection, sexually transmitted disease or other vaginal infection during pregnancy.
- Just over one-half of women were enrolled in the Supplemental Nutrition Program for Women, Infants and Children (WIC) during pregnancy.
- One-third of mothers did not initiate breastfeeding, with disliking breastfeeding being the most frequently reported reason for not doing so.
- Nearly two-thirds of women did not see a dentist during pregnancy, and among those with a reported dental problem over one-half did not go to a dentist or dental clinic.
- Approximately 21% of women reported symptoms of postpartum depression.
- The majority of mothers (85.6%) were using postpartum birth control at the time of the survey.
- The majority of mothers (87.3%) had received a postpartum checkup for themselves, and 97.0% reported that their infant had had a well-baby checkup.
- Nearly one-third of mothers most often placed their infant to sleep on his or her stomach or side, and almost one-half reported bed sharing with their infant.
- Approximately 7% of mothers reported that their infants were exposed to secondhand smoke.
- All mothers reported using a car seat to bring their infant home from the hospital, and almost all (99.7%) reported always or almost always using a car seat.
- Approximately 4% of women reported there was not a working smoke alarm in their home, and 11% reported that there were loaded firearms in their home.
- Low birthweight prevalence was higher among women with each of the following risk factors compared to those without them: late or no prenatal care, smoking during pregnancy, one or more stressors, one or more health problems during pregnancy, and never having one's teeth cleaned.

Overview

Background

Infant mortality rates in Tennessee are consistently higher than the national rate and have shown little change in recent years. Racial disparities in infant mortality have also persisted, with black babies in Tennessee 2.5 times as likely as white babies to die in their first year of life. Racial disparities in infant mortality are related in-part to differences in recognized risk factors for infant mortality. Based on Tennessee birth certificate data, the prevalence of each of the following risk factors are higher among infants born to black mothers than among infants born to white mothers: low birthweight, prematurity, no prenatal care, a mother with a previous child death, an unmarried mother, a mother with high school or lower education, a teenaged mother and multiple births. In order to reduce infant mortality in Tennessee, these risk factors need to be addressed. However, the above information is limited to data collected on birth and death certificates and infant mortality risk factors such as low birthweight and prematurity are in actuality pregnancy outcomes that are affected by conditions of a pregnancy. While this information is vital to understanding and reducing the burden of infant mortality in the state, it does not address the behavioral, economic and social risk factors that occur prior to, during and after pregnancy that affect the health and well being of the mother, the developing fetus and the infant.

The Tennessee Department of Health (TDH) recognizes the need for maternal and child health data beyond that available from our current systems of vital and programmatic records. The Tennessee Pregnancy Risk Assessment Monitoring System (TN PRAMS), which collects information on maternal behaviors and experiences prior to, during and after pregnancy, provides data vital to our efforts to appropriately target programs and activities, and to ultimately improve birth outcomes and the health of both mothers and children in the state.

Survey Methodology

Tennessee PRAMS is conducted by the Research Division in the Office of Policy, Planning and Assessment. The project was established in 2006 through a collaborative agreement between the Centers for Disease Control and Prevention (CDC) and TDH. Tennessee PRAMS was designed to collect, analyze, and disseminate information on a variety of maternal behaviors and experiences that may be associated with various birth outcomes.

Tennessee PRAMS is a statewide population-based survey of new mothers. Over the course of 2008, approximately 1,200 new mothers were selected to participate in the survey from the Tennessee Vital Statistics birth file. They were selected using stratified random sampling. Mothers were first separated into two different groups (or strata) based on infant birthweight. Subsequently, mothers in the low birthweight (LBW) group, under 2,500 grams or 5.5 pounds, were sampled at a higher rate than those in the normal birthweight (NBW) group. That is, women giving birth to LBW infants were oversampled. Oversampling makes it possible to better estimate risks for high-risk groups, which are often relatively small compared to the general population. Sampling of the 2008 mothers was done monthly from April 2008 through April 2009. In order to be eligible for selection, mothers had to be Tennessee residents and have delivered a live-born infant within the timeframe of two to six months prior to the sampling date. Each mother was eligible to participate in the sampling process only once.

Selected mothers were then notified in a pre-letter that they had been selected to participate in the PRAMS survey. Shortly thereafter they were sent the PRAMS questionnaire via mail. If the mother did not respond after three mail survey attempts, she was contacted by telephone and given the opportunity to complete the questionnaire via phone interview. The questionnaire consisted of 83 standardized questions (see Appendix). There were four versions of the questionnaire available:

English adult, Spanish adult, English teen and Spanish teen. Mothers whose ethnicity was marked as 'Hispanic' on the birth certificate were sent both an English and Spanish version. Mothers under 18 years of age were sent the teen version(s). A bilingual telephone interviewer was available for mothers more comfortable communicating in Spanish.

After data collection was concluded, mothers' responses were linked to their corresponding birth certificate data. This linked PRAMS response/birth certificate dataset was then sent to the CDC for weighting. Weighting allows for the estimation of statistics for the entire population of women who delivered a live-born infant in Tennessee in 2008. Tennessee PRAMS data is weighted based on sample design, non-response and non-coverage. In 2008, 796 out of 1,170 sampled mothers completed the questionnaire and the overall, weighted response rate was 70%. The weighted response rates among mothers of LBW and NBW infants were 67% and 70%, respectively.

Data Analysis

All data in this report were analyzed using the proc crosstab procedure in SAS-Callable SUDAAN release 10.0. Most data are presented as simple descriptive statistics and two-way comparisons. Each topic area is organized to include tables which present the prevalence of indicators by select demographic and socioeconomic characteristics (race/ethnicity, age, marital status, education, income, insurance, urban/rural residence), as well as graphical presentations of subgroup analyses. All prevalence tables include 95% confidence intervals, as do select graphs. Two-way comparisons for subgroup analyses were tested for statistical significance using a chi-square test, with p-values of less than 0.05 considered significant. Unless otherwise indicated, differences noted in the text are statistically significant.

Because estimates based on small samples are imprecise and may be biased, estimates for which the number of respondents was fewer than 30 (unweighted sample size) are not reported. Estimates based on sample sizes between 30 and 60 are reported, but they include a note stating that the results may be unreliable. Hispanic women are included in most prevalence tables. However, it is important to note that only 46 Hispanics completed the survey and these prevalence rates should therefore be interpreted with caution. For some indicators there were fewer than 30 Hispanic respondents, and in these instances data for Hispanic mothers are excluded from the prevalence tables.

Insurance status in all prevalence tables was defined based on women's insurance status just prior to becoming pregnant. Women who reported being on Medicaid, TennCare or CoverKids (with or without other health insurance) were classified in the TennCare group. Women who reported having insurance but not being on Medicaid, TennCare or CoverKids were classified in the insurance group.

The following table summarizes the demographic and socioeconomic characteristics of survey respondents:

Respondent Char	racteristics (Weighted %)				
Race	White Non-Hisp	69.5%	Household Income	<\$10,000	28.9%
	Black Non-Hisp	20.6%		\$10-24,999	14.5%
	Hispanic	7.4%		\$25-34,999	17.5%
	Other	2.5%		\$35,000+	39.2%
Age (years)	<20	14.0%	Education (years)	<12	20.6%
	20-29	56.3%		12	26.5%
	30+	29.7%		>12	52.9%
Married	Yes	57.6%	Insurance	TennCare	24.7%
	No	42.4%		Insurance	48.8%
Residence	Urban	69.5%		None	26.4%
	Rural	30.5%			

PRAMS Staff and Steering Committee

The TN PRAMS Project staff for 2008 consisted of:

- David J. Law, PhD (PRAMS Project Director)
- Anthony H. Rico, MS (PRAMS Project Coordinator)
- Audrey M. Bauer, DVM, MPH (Epidemiologist/Analyst)
- Yinmei Li, MD, PhD (Epidemiologist)
- David Howard (PRAMS Data Manager)

The TN PRAMS Steering Committee for 2008 advised staff on the development and selection of statespecific questions and on the use, dissemination, and application of findings. Committee members included:

- David J. Law, PhD, Director of Research, Office of Policy, Planning and Assessment, TDH
- Sharon Leinbach, State Registrar, TDH
- Lori Ferranti, RN, MBA, MSN, PhD, Director, Office of Policy, Planning and Assessment, TDH
- Margaret Major, RD, MPA, Director, Women's Health and Genetics Section, TDH
- Peggy Lewis, Director, WIC, TDH
- Cheryl W. Major, RNC, BSN, President, Tennessee Perinatal Association
- Mark Gaylord, MD, University of Tennessee-Knoxville and Tennessee Pediatric Society
- Melanie Lutenbacher, PhD, APRN, Director, Nursing Science Programs, Vanderbilt University
- Cathy R. Taylor, MSN, RN, DrPH, Assistant Commissioner, Bureau of Health Services Administration, TDH
- Kimberlee Wyche-Etheridge, MD, MPH, Maternal Child Health Director, Nashville-Davidson County Metropolitan Health Department

2008 Tennessee **PRAMS**

Results

Pregnancy Intention

Information regarding pregnancy intention was derived from the following questions:

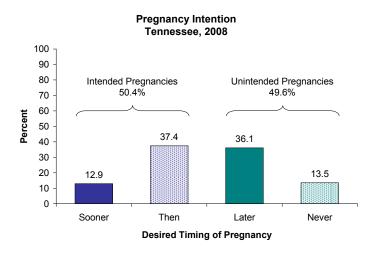
Question #12: Thinking back to just before you got pregnant, how did you feel about becoming pregnant?
_I wanted to be pregnant sooner
_I wanted to be pregnant later
I wanted to be pregnant then
_I didn't want to be pregnant then or at any time in the future
Question #14: When you got pregnant with your new baby, were you trying to get pregnant?
_No
_Yes

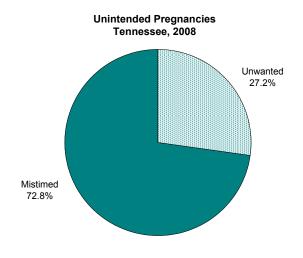
An intended pregnancy was one in which the mother answered that she wanted to be pregnant then or sooner. Women who wanted to be pregnant later or not at all were classified as having an unintended pregnancy. Unintended pregnancies were further subdivided into two categories: mistimed pregnancies or unwanted pregnancies. Mistimed pregnancies were those in which the mother wanted to be pregnant later than the time she became pregnant. Unwanted pregnancies were those in which the mother did not want to be pregnant then or anytime in the future.

Additional questions addressing birth control use at the time of pregnancy (Questions #15-17) may be found in the Appendix.

Key Findings:

- Approximately one-half (49.6%) of pregnancies were unintended.
- Among unintended pregnancies, 72.8% were mistimed and 27.2% were unwanted.
- Unintended pregnancies were more common among black non-Hispanics than among white non-Hispanics.
- There were more unintended pregnancies among unmarried women than among married women.
- Unintended pregnancies decreased with increasing age and education.
- Among women who were *not* trying to get pregnant, approximately one-half were using birth control and one-half were not using birth control.
 - o The percentage of women not using birth control was similar across demographic and socioeconomic subgroups.
 - o Among women who were not using birth control, the most frequently reported reason for not doing so was not minding getting pregnant.
 - o Among women who were using birth control, the most frequently used method at the time of pregnancy was condoms.
- Compared to women with intended pregnancies, those with unintended pregnancies were more likely to:
 - o receive no preconception care,
 - o receive late or no prenatal care, and
 - o not take a daily multivitamin in the month prior to pregnancy.
- However, even among women with *intended* pregnancies, almost two-thirds did not receive preconception care or take a daily multivitamin in the month prior to pregnancy.

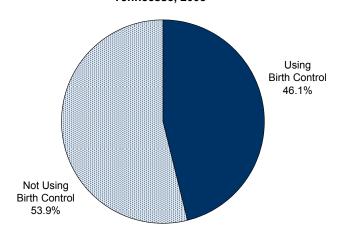




Unintended Pregnancies by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	44.5	39.2-49.9
	Black Non-Hisp	73.0	62.6-81.4
	Hispanic	35.0	19.8-54.0
Age (years)	<20	79.7	67.6-88.0
	20-29	51.9	45.7-58.0
	30+	31.3	24.2-39.6
Married	Yes	31.8	26.7-37.4
	No	73.7	66.4-79.9
Education (years)	<12	62.6	51.8-72.3
	12	56.3	47.0-65.1
	>12	41.2	35.3-47.5
Household Income	<\$10,000	65.0	55.5-73.5
	\$10-24,999	68.4	55.2-79.2
	\$25-34,999	51.4	39.9-62.6
	\$35,000+	26.6	20.6-33.6
Insurance	TennCare	69.4	59.8-77.5
	Insurance	35.5	29.6-41.9
Residence	Urban	52.9	47.3-58.5
	Rural	42.6	34.8-50.8

Birth Control Use Among Women Not Trying to Get Pregnant* Tenneesse, 2008

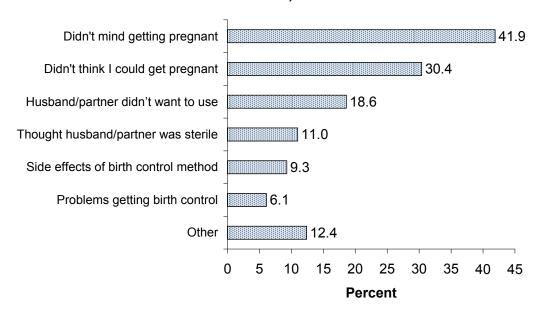


Birth Control Use by Demographic and Socioeconomic Characteristics* Tennessee, 2008

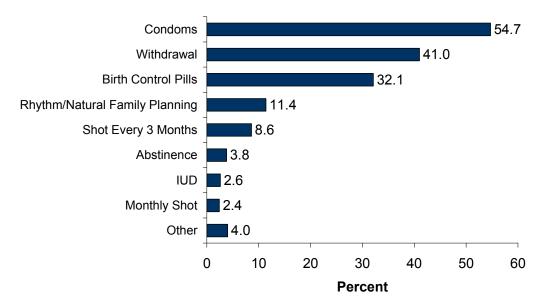
		Percent <i>Not</i> Using Birth Control	95% Confidence Interval
Race	White Non-Hisp	55.5	48.0-62.8
	Black Non-Hisp	51.8	39.0-64.3
Age (years)	<20	51.7	37.9-65.2
	20-29	52.3	44.0-60.5
	30+	60.2	47.0-72.0
Married	Yes	61.2	52.5-69.3
	No	48.3	39.7-57.1
Education (years)	<12	62.1	49.2-73.4
	12	55.3	43.1-66.8
	>12	48.5	39.7-57.4
Household Income	<\$10,000	59.5	47.7-70.4
	\$10-24,999	44.7	30.5-59.9
	\$25-34,999	56.9	41.4-71.3
	\$35,000+	52.8	41.0-64.4
Insurance	TennCare	52.2	40.8-63.4
	Insurance	48.5	38.8-58.3
Residence	Urban	51.5	43.9-59.1
	Rural	59.1	48.0-69.3

^{*} Analysis limited to women not trying to get pregnant, regardless of pregnancy intention.

Reason for Not Using Birth Control* Tennessee, 2008

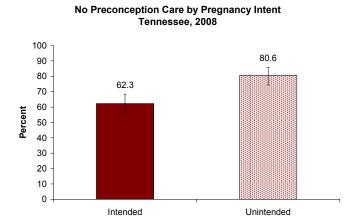


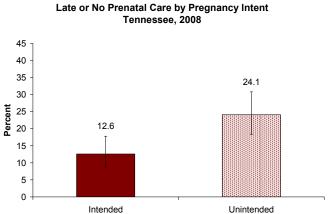
Birth Control Method at Time of Pregnancy*[†] Tennessee, 2008

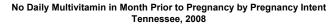


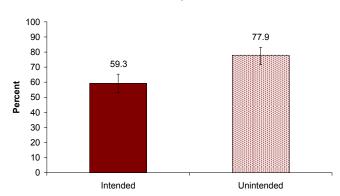
^{*} Women may have reported more than one reason for not using birth control or more than one birth control method. Therefore, percentages do not sum to 100%.

[†] The 'other' category includes diaphragm, contraceptive patch, cervical ring and/or other (unspecified) method. Less than 2% of women reported using each of these birth control methods.









Folic Acid Awareness and Multivitamin Use

Information regarding folic acid awareness and multivitamin use was derived from the following questions:

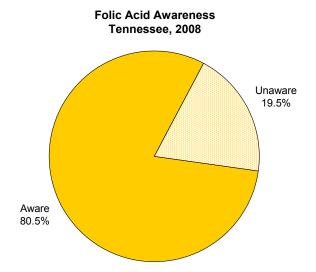
Ouestion #26: Have you ever heard or read that taking the vitamin folic acid can help prevent some birth

defects?	
No	
_Yes	
Question #27: Have you ever heard about folic acid from any of the following?	
_Magazine or newspaper article	
Radio or television	
Doctor, nurse or other health care worker	
Book	
Family or friends	
_Other	
Question #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?	
_I didn't take a multivitamin or a prenatal vitamin at all	
_1 to 3 times per week	
_4 to 6 times per week	
_Every day of the week	

Key Findings:

- Approximately one-fifth (19.5%) of mothers were unaware of the benefits of folic acid.
- Among women who were aware of the benefits of folic acid, the most frequently reported source of information was a doctor, nurse or other health care worker.
- In addition to the sources of folic acid information listed in Question #27, other reported sources included the internet, food labels, March of Dimes, WIC and through school and/or work (e.g. nursing, pharmacy, medicine).
- Approximately two-thirds (68.7%) of mothers did not take a daily multivitamin in the month prior to pregnancy.
- Women who were unaware of the benefits of folic acid were less likely to take a daily multivitamin than those who were aware of the benefits [Note: It was not possible to determine *when* women became aware of folic acid (i.e. before, during or after pregnancy.].
- Compared to women with intended pregnancies, those with unintended pregnancies were less likely to take a daily multivitamin (see page 10).
- There was no statistically significant difference in the percentage of women who were unaware of the benefits of folic acid among those with versus those without preconception care. However, women who received preconception care were more likely than those who did not receive care to take a daily multivitamin.

Folic Acid Awareness and Multivitamin Use cont.

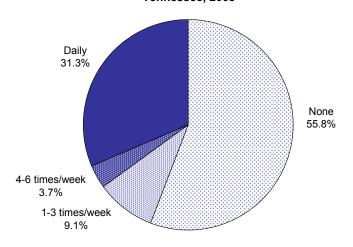


Folic Acid Awareness by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent <i>Unawar</i> e of Folic Acid	95% Confidence Interval
Race	White Non-Hisp	16.6	12.9-21.2
	Black Non-Hisp	33.4	23.8-44.6
	Hispanic	12.5	4.4-30.9
Age (years)	<20	25.2	15.7-37.7
	20-29	24.4	19.4-30.4
	30+	7.5	4.0-13.6
Married	Yes	11.4	8.2-15.6
	No	30.4	23.8-38.0
Education (years)	<12	33.1	23.9-43.9
	12	23.3	16.3-32.1
	>12	12.2	8.5-17.2
Household Income	<\$10,000	33.4	24.8-43.3
	\$10-24,999	23.4	14.0-36.4
	\$25-34,999	19.1	11.4-30.1
	\$35,000+	7.7	4.6-12.7
Insurance	TennCare	26.2	18.4-35.9
	Insurance	13.4	9.4-18.8
Residence	Urban	21.6	17.1-26.8
	Rural	15.0	10.0-21.8

Folic Acid Awareness and Multivitamin Use cont.

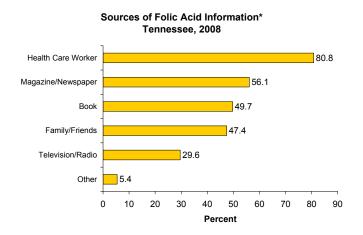
Frequency of Multivitamin Use In Month Prior to Pregnancy Tennessee, 2008

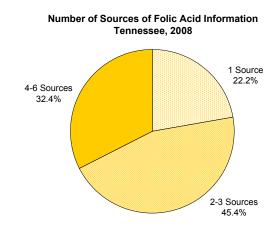


No Daily Multivitamin by Demographic and Socioeconomic Characteristics Tennessee, 2008

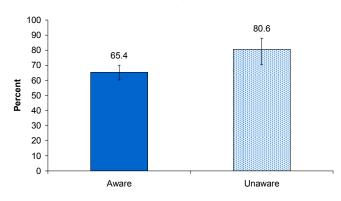
		Percent	95% Confidence Interval
Race	White Non-Hisp	68.8	63.7-73.4
	Black Non-Hisp	70.8	59.5-79.9
	Hispanic	57.9	39.7-74.3
Age (years)	<20	72.9	59.3-83.2
	20-29	72.6	66.7-77.7
	30+	59.3	51.1-67.0
Married	Yes	64.9	59.4-70.1
	No	73.8	66.2-80.1
Education (years)	<12	70.5	59.5-79.5
	12	74.4	65.4-81.7
	>12	65.1	59.1-70.6
Household Income	<\$10,000	77.2	67.9-84.3
	\$10-24,999	65.8	51.8-77.5
	\$25-34,999	83.4	73.2-90.2
	\$35,000+	55.3	48.0-62.3
Insurance	TennCare	73.2	63.4-81.1
	Insurance	59.9	53.6-66.0
Residence	Urban	68.2	62.8-73.2
	Rural	70.2	62.2-77.1

Folic Acid Awareness and Multivitamin Use cont.

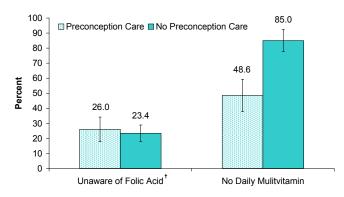




No Daily Multivitamin Use by Folic Acid Awareness Tennessee, 2008



Folic Acid Awareness and Multivitamin Use by Preconception Care[‡]
Tennessee, 2008



^{*} Women may have reported more than one source of folic acid information. Therefore, percentages do not sum to 100%.

[†] Not statistically significant.

[‡] Analysis limited to women with intended pregnancies.

Health Insurance

Information regarding health insurance was derived from the following questions:

Question #1: Just before you got pregnant, did you have health insurance? (Do not count Medicaid, TennCare or CoverKids) _No _Yes
Question #2: Just before you got pregnant were you on Medicaid, TennCare or CoverKids? _No _Yes
Question #22: How was your prenatal care paid for? _Medicaid _Personal income (cash, check, or credit card) _Health insurance or HMO (including insurance from your work or your husband's work) _TennCare _CoverKids _Other

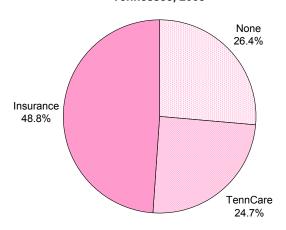
An additional (and similarly worded) question addressing how delivery was paid for (Question #48) may be found in the Appendix. Women who responded negatively to Questions #1 and #2 were classified as having no insurance prior to pregnancy. Responses to questions #22 and #48 were classified into three groups: TennCare, insurance and self-pay. If a woman selected Medicaid, TennCare and/or CoverKids, payment source was classified as TennCare, regardless of whether any other payment sources were selected. Women who selected 'other' as the only source of payment were not included in the analysis.

Key Findings:

- Approximately one-quarter (26.4%) of women had no insurance just prior to pregnancy, while 24.7% reported being on TennCare and 48.8% had other insurance.
- Hispanic women were more likely to be uninsured than white or black non-Hispanics.
- Among women with prepregnancy insurance, approximately one-third were covered by TennCare, while the remaining two-thirds were covered by other insurance.
- Black non-Hispanics were more likely to be on TennCare than white non-Hispanics.
- Unmarried women were more likely to be on TennCare than those who were married.
- The percentage of women on TennCare prior to pregnancy increased with decreasing age and education.
- Approximately one-half of mothers reported TennCare as the payment source for both their prenatal care and for delivery.
- Among women with no prepregnancy insurance, approximately three-fourths (76.1%) reported that their prenatal care was paid for by TennCare, and the majority (92.1%) reported that TennCare paid for their delivery.

Health Insurance cont.

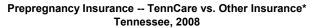
Prepregnancy Insurance Status Tennessee, 2008

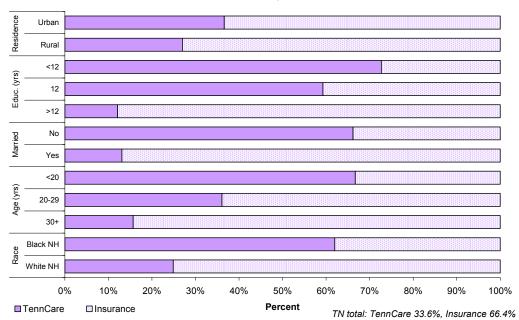


No Prepregnancy Insurance by Demographic and Socioeconomic Characteristics Tennessee, 2008

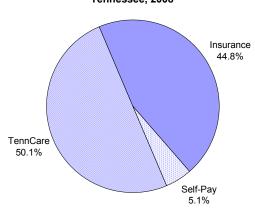
		Percent	95% Confidence Interval
Race	White Non-Hisp	22.6	18.5-27.5
	Black Non-Hisp	17.0	10.3-26.7
	Hispanic	88.5	72.3-95.8
Age (years)	<20	27.8	17.7-40.7
	20-29	29.8	24.4-35.7
	30+	19.5	13.6-27.2
Married	Yes	21.4	17.1-26.6
	No	33.3	26.5-40.8
Education (years)	<12	40.7	30.8-51.4
	12	33.2	25.2-42.3
	>12	17.5	13.1-22.9
Household Income	<\$10,000	40.2	31.3-49.9
	\$10-24,999	35.8	24.3-49.2
	\$25-34,999	41.2	30.5-52.9
	\$35,000+	3.3	1.6-7.0
Residence	Urban	26.1	21.4-31.4
	Rural	27.5	20.8-35.3

Health Insurance cont.

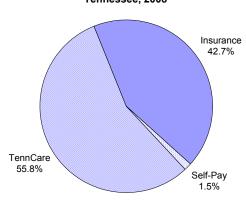




Prenatal Care Payment Source Tennessee, 2008



Delivery Payment Source Tennessee, 2008



^{*} Analysis excludes women without prepregnancy insurance.

Prenatal Care

Information regarding the timing of prenatal care was derived from the following question:

Question #19: How many weeks or months pregnant were you when you had your first visit for prenatal care? [#] Weeks

[#] Months

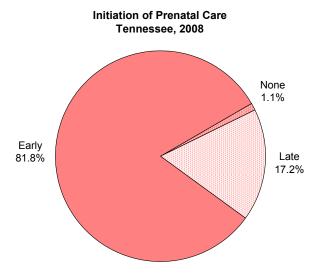
_I did not go for prenatal care

Mothers who initiated care after the first trimester of pregnancy (after 12 weeks/3 months or later) were classified as receiving late prenatal care. Those who initiated care within the first trimester were classified as receiving early prenatal care.

Additional questions addressing the desired timing of prenatal care (Question #20), barriers to getting prenatal care (Question #21), payment source (Question #22) and prenatal care content (Question #23) may be found in the Appendix.

Key Findings:

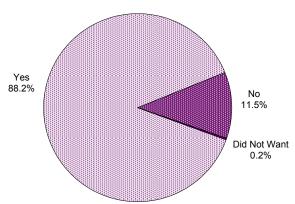
- Approximately one-fifth (18.2%) of women received late or no prenatal care.
- Black non-Hispanics were more likely than white non-Hispanics to receive late or no care.
- Unmarried women were more likely than married women to receive late or no care.
- The prevalence of late or no prenatal care increased with decreasing age, education and income.
- Women with unintended pregnancies were more likely to receive late or no care than those with intended pregnancies (see page 10).
- Women who recognized their pregnancy late (after the first 8 weeks of gestation) were more likely to receive late or no care than those who recognized their pregnancy earlier (80.1% vs. 9.2%).
- Approximately one-tenth (11.5%) of women did not receive prenatal care as early as wanted.
- Approximately two-fifths of women who received late prenatal care did not get care as early as wanted.
- Approximately one-third (30.5%) of women reported at least one barrier to care.
- The most frequently reported barriers to receiving prenatal care were not being able to get an appointment and lack of money/insurance.
- The percentage of women reporting at least one barrier to care was higher among those who received late care than among those who received early care.
- Almost one-half of women reported that their prenatal care was paid for partially or completely by TennCare.
- The most frequently discussed topics during prenatal care were medicine safety, birth defects screening, breastfeeding and early labor. The least frequently discussed topics were seat belt use and physical abuse.



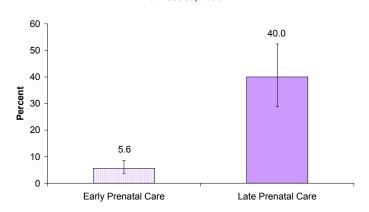
Late or No Prenatal Care by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	12.3	9.1-16.5
	Black Non-Hisp	31.1	21.6-42.5
	Hispanic	39.6	22.9-59.1
Age (years)	<20	36.9	24.8-51.0
	20-29	18.0	13.4-23.7
	30+	10.8	6.5-17.5
Married	Yes	10.3	7.1-14.6
	No	29.1	22.4-36.9
Education (years)	<12	26.0	17.4-37.0
	12	24.7	17.1-34.3
	>12	12.4	8.6-17.4
Household Income	<\$10,000	30.8	22.3-40.9
	\$10-24,999	28.6	17.7-42.8
	\$25-34,999	17.7	10.1-29.2
	\$35,000+	5.3	2.7-10.1
Insurance	TennCare	25.2	17.3-35.3
	Insurance	8.6	5.5-13.1
Residence	Urban	19.2	14.8-24.4
	Rural	16.2	10.9-23.3

Received Prenatal Care as Early as Wanted* Tennessee, 2008



Did Not Receive Prenatal Care as Early as Wanted by Timing of Care Tennessee, 2008



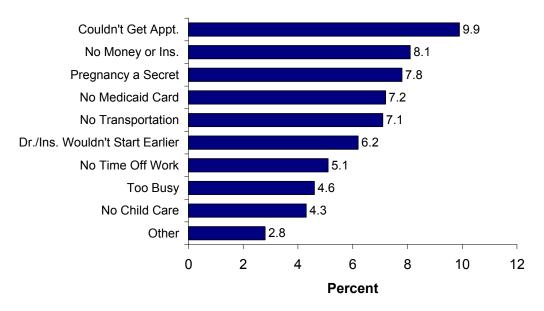
Did Not Receive Care as Early as Wanted by Demographic and Socioeconomic Characteristics* Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	9.2	6.4-13.0
	Black Non-Hisp	16.7	9.8-26.9
	Hispanic	18.8	7.5-39.8
Age (years)	<20	18.2	9.7-31.5
	20-29	10.4	7.0-15.3
	30+	11.0	6.7-17.6
Married	Yes	8.7	5.9-12.7
	No	15.4	10.4-22.2
Education (years)	<12	8.5	4.0-17.0
	12	13.0	7.7-21.0
	>12	11.9	8.2-16.9
Household Income	<\$10,000	12.8	7.5-21.0
	\$10-24,999	17.7	9.1-31.6
	\$25-34,999	12.6	6.2-24.0
	\$35,000+	9.1	5.6-14.5
Insurance	TennCare	10.1	5.4-18.1
	Insurance	7.8	5.0-12.1
Residence	Urban	13.0	9.5-17.6
	Rural	8.2	4.6-14.2

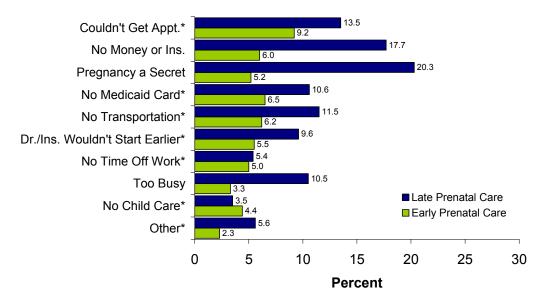
^{*} Analysis limited to women who received prenatal care.

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Barriers to Prenatal Care^{†‡§} Tennessee, 2008



Barriers to Prenatal Care by Timing of Care^{‡§}
Tennessee, 2008

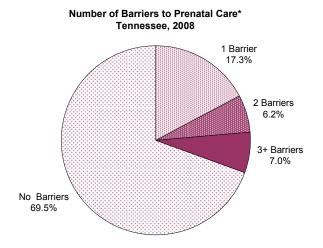


^{*} Not statistically significant.

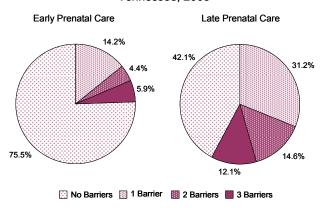
† Analysis limited to women who received prenatal care.

 $^{^{\}ddagger}$ Women may have reported more than one barrier to care. Therefore, percentages do not sum to 100%.

[§] Other barriers to care included "didn't know/believe/care I was pregnant" and "didn't have/couldn't get insurance".



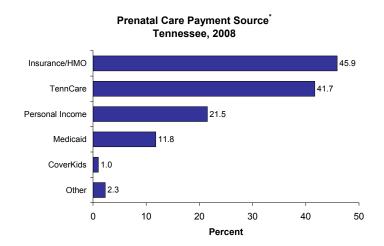
Number of Barriers to Prenatal Care by Timing of Care Tennessee, 2008

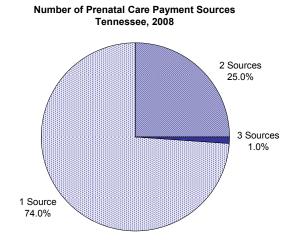


One or More Barriers to Prenatal Care by Demographic and Socioeconomic Characteristics* Tennessee, 2008

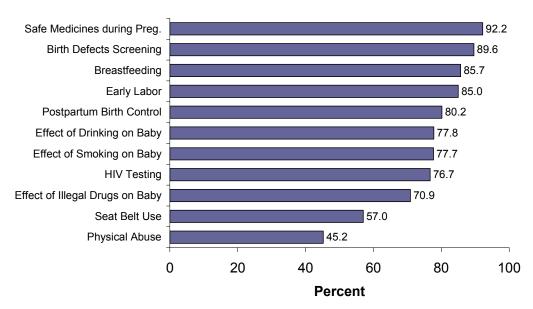
		Percent	95% Confidence Interval
Race	White Non-Hisp	24.1	19.5-29.5
	Black Non-Hisp	36.6	26.1-48.4
	Hispanic	68.8	48.1-84.0
Age (years)	<20	44.4	30.6-59.1
	20-29	30.0	24.3-36.5
	30+	25.0	17.8-33.9
Married	Yes	21.2	16.6-26.7
	No	42.5	34.6-50.8
Education (years)	<12	44.4	33.0-56.4
	12	31.2	22.9-40.9
	>12	24.9	19.4-31.3
Household Income	<\$10,000	46.0	35.8-56.5
	\$10-24,999	40.7	27.7-55.2
	\$25-34,999	26.2	16.9-38.3
	\$35,000+	15.1	10.2-21.9
Insurance	TennCare	39.8	29.9-50.6
	Insurance	15.0	10.7-20.6
Residence	Urban	31.3	25.8-37.4
	Rural	28.8	21.6-37.3

^{*} Analysis limited to women who received prenatal care.





Prenatal Care Content* Tennessee, 2008



Women may have reported more than one source of payment or prenatal care topic. Therefore, percentages do not sum to 100%

HIV Discussion and Testing

Information regarding HIV discussion and testing was derived from the following questions:

Question #23j: During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about getting tested for HIV (the virus that causes AIDS)? _No _Yes
Question #24: At any time during your most recent pregnancy or delivery, did you have a test for HIV? _No _Yes _I don't know
Question #25: Were you offered an HIV test during your most recent pregnancy or delivery? _No _Yes

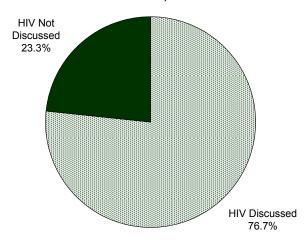
All analyses of HIV discussion and testing were limited to women who received prenatal care.

Key Findings:

- Among women who received prenatal care, 74.1% reported discussing HIV testing and 76.7% reported having an HIV test.
- Black non-Hispanics were more likely than white non-Hispanics to report discussion of HIV testing during prenatal care and to have received an HIV test.
- There was no statistically significant difference in the percentage of women who had an HIV test among those who received prenatal care early versus those who received care late.
- Women whose prenatal care included a discussion of HIV testing were more likely to have received an HIV test than women whose prenatal care did not include such a discussion.
- The majority of women (79.2%) who did not have an HIV test reported that they were not offered an HIV test. It was not possible to determine why the remaining 20.8% of women who were offered an HIV test did not receive one.

HIV Discussion and Testing cont.

Discussion of HIV Testing During Prenatal Care Tennessee, 2008

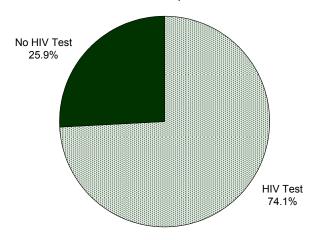


HIV Discussion by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	71.2	65.9-76.0
	Black Non-Hisp	88.9	79.7-94.2
	Hispanic	88.0	69.3-96.0
Age (years)	<20	92.4	80.2-97.3
	20-29	77.8	72.1-82.6
	30+	68.5	60.2-75.8
Married	Yes	70.3	64.6-75.4
	No	85.5	78.9-90.3
Education (years)	<12	90.6	82.6-95.1
	12	74.3	64.8-81.9
	>12	72.9	67.0-78.1
Household Income	<\$10,000	84.2	75.3-90.3
	\$10-24,999	89.6	79.0-95.2
	\$25-34,999	67.5	55.6-77.6
	\$35,000+	68.6	61.3-75.1
Insurance	TennCare	83.1	73.9-89.5
	Insurance	71.6	65.4-77.1
Residence	Urban	77.5	72.3-82.0
	Rural	74.7	66.7-81.3

HIV Discussion and Testing cont.

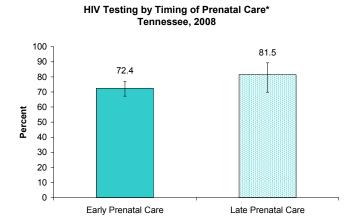
HIV Testing During Pregnancy or Delivery Tennessee, 2008

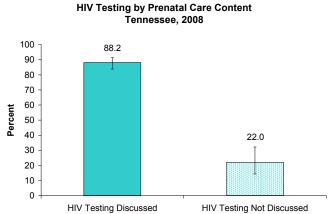


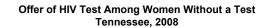
HIV Testing by Demographic and Socioeconomic Characteristics Tennessee, 2008

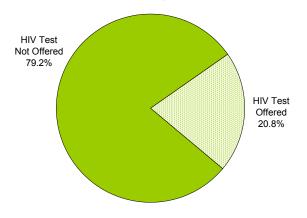
		Percent	95% Confidence Interval
Race	White Non-Hisp	67.8	61.8-73.1
	Black Non-Hisp	87.9	78.4-93.6
	Hispanic	79.6	60.6-90.9
Age (years)	<20	86.6	72.0-94.2
	20-29	74.0	67.7-79.4
	30+	69.7	61.0-77.3
Married	Yes	67.4	61.2-73.0
	No	82.9	75.5-88.4
Education (years)	<12	75.4	63.2-84.6
	12	73.9	63.8-82.0
	>12	73.7	67.6-79.0
Household Income	<\$10,000	79.2	69.1-86.6
	\$10-24,999	85.9	72.8-93.3
	\$25-34,999	74.9	62.9-84.0
	\$35,000+	66.4	58.4-73.5
Insurance	TennCare	77.7	67.0-85.7
	Insurance	69.9	63.2-75.8
Residence	Urban	75.5	69.9-80.4
	Rural	70.7	61.8-78.3

HIV Discussion and Testing cont.







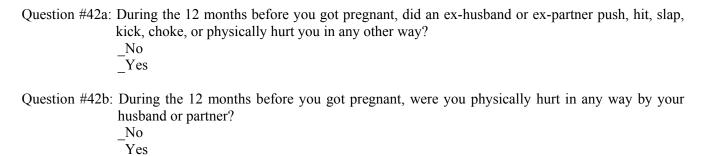


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^{*} Not statistically significant.

Physical Abuse

Information regarding physical abuse was derived from the following questions:



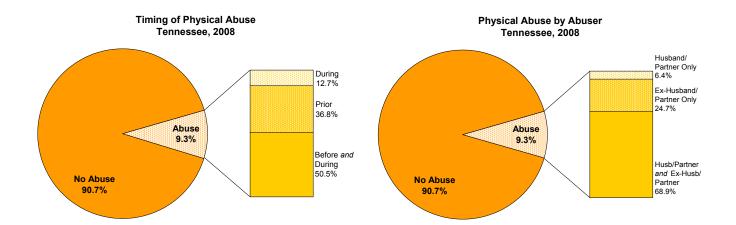
Additional (and similarly worded) questions about abuse *during* pregnancy (Questions #43a and #43b) may be found in the Appendix. Except where otherwise noted, a woman was considered to be physically abused if she responded positively to any of the four physical abuse questions noted above. In other words, physical abuse was defined as having been pushed, hit, slapped, kicked, choked or otherwise hurt by a husband/partner and/or ex-husband/partner prior to and/or during pregnancy.

Due to reporting requirements in Tennessee, mothers who were under 18 years of age were excluded from answering physical abuse questions and are therefore not included in the analysis.

Key Findings:

- Approximately 9% of women reported physical abuse before and/or during pregnancy.
 - o Among women who were abused, 37% reported abuse prior to pregnancy, 13% reported abuse during pregnancy and 51% reported abuse both prior to *and* during pregnancy.
 - Among women who were abused, 6% reported abuse by their husband/partner, 25% reported abuse by their ex-husband/partner and 69% reported abuse by both their current and exhusband/partner.
- Women less than 30 years of age were more likely than older women to report physical abuse.
- Unmarried women were more likely than those who were married to report physical abuse.
- Compared to women who were not abused, those who reported physical abuse were more likely to:
 - o Have an unintended pregnancy,
 - o Experience one or more stressful events in the 12 months prior to delivery,
 - o Be diagnosed with an infection during pregnancy (see page 45), and
 - o Report symptoms of postpartum depression.
- Women who were physically abused were less likely to initiate breastfeeding than women who did not report abuse.
- Physical abuse was the least frequently discussed topic during prenatal care (see page 23).

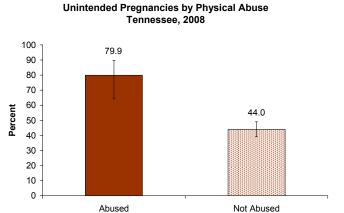
Physical Abuse cont.

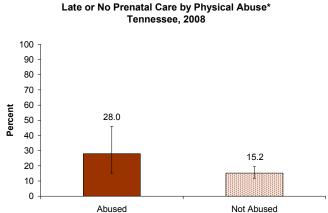


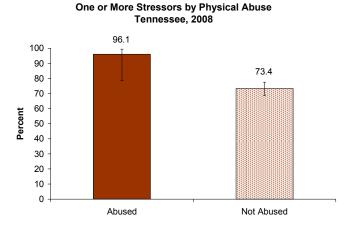
Physical Abuse by Demographic and Socioeconomic Characteristics Tennessee, 2008

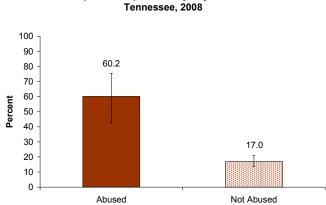
		Percent	95% Confidence Interval
Race	White Non-Hisp	7.3	4.8-10.8
	Black Non-Hisp	15.9	8.9-26.8
	Hispanic	15.0	5.0-37.1
Age (years)	18-19	19.2	9.1-36.1
	20-29	10.9	7.4-15.7
	30+	3.3	1.2-8.7
Married	Yes	1.4	0.6-3.2
	No	21.7	15.6-29.4
Education (years)	<12	10.6	4.8-21.9
	12	18.7	12.3-27.6
	>12	4.3	2.3-7.9
Household Income	<\$10,000	22.7	15.3-32.4
	\$10-24,999	14.7	7.1-27.9
	\$25-34,999	2.8	0.7-11.3
	\$35,000+	0.9	0.2-3.2
Insurance	TennCare	26.6	18.1-37.1
	Insurance	1.8	0.7-4.7
Residence	Urban	10.2	7.0-14.7
	Rural	7.4	4.0-13.4

Physical Abuse cont.

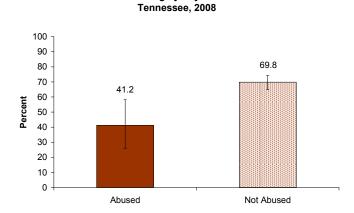








Postpartum Depression by Physical Abuse



Breastfeeding by Physical Abuse

30

^{*} Not statistically significant.

Stress

Information regarding stress was derived from the following question:

Question #38: 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.

- a. A close family member was very sick and had to go into the hospital
- b. I got separated or divorced from my husband or partner
- c. I moved to a new address
- d. I was homeless
- e. My husband or partner lost his job
- f. I lost my job even though I wanted to go on working
- g. I argued with my husband or partner more than usual
- h. My husband or partner said he didn't want me to be pregnant
- i. I had a lot of bills I couldn't pay
- j. I was in a physical fight
- k. I or my husband or partner went to jail
- 1. Someone very close to me had a bad problem with drinking or drugs
- m. Someone very close to me died

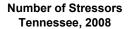
Mothers who responded negatively to all of the above items were classified as having no stress during the 12 months prior to delivery. Those who responded positively to 1, 2 or 3 of the above items were classified as having low stress, and those who responded positively to 4 or more items were classified as having high stress. In addition, the above items were grouped by type of stressor. Women were classified as having emotional stressors (responded positively to items a and/or m), financial stressors (c, e, f and/or i), partner stressors (b, g and/or h) and/or traumatic stressors (d, j, k and/or l).

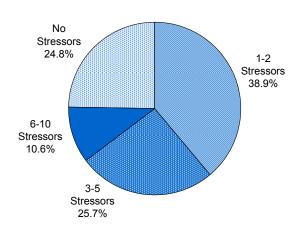
Additional questions addressing food security (Question #39), neighborhood safety (Question #40) and racial bias (Question #41) may be found in the Appendix.

Key Findings:

- A majority of women (75.2%) reported at least one stressor in the 12 months prior to delivery.
- On average, women reported 2.3 stressors in the 12 months prior to delivery.
- The most frequently reported individual stressor was moving to a new address.
- Financial-related problems were the most frequently reported type of stressor.
- Among women who reported at least one stressor, approximately one-third experienced one type of stressor, while 12% experienced all four types of stressors.
- Among women who reported at least one stressor, approximately one-third experienced high stress levels and two-thirds experienced low stress levels.
- Approximately 12% of women reported that during the 12 months prior to delivery they ate less than they felt they should because there wasn't enough money to buy food (i.e. were food insecure).
- Approximately 11% of women reported that during the 12 months prior to delivery they always, often or sometimes felt unsafe in the neighborhood where they lived.
- Approximately 7% of women reported that during the 12 months prior to delivery they felt emotionally upset as a result of how they were treated based on their race.

Stress cont.



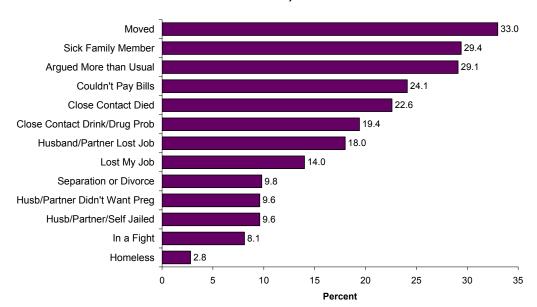


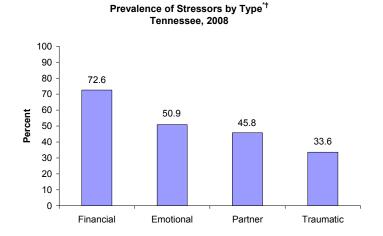
One or More Stressors by Demographic and Socioeconomic Characteristics Tennessee, 2008

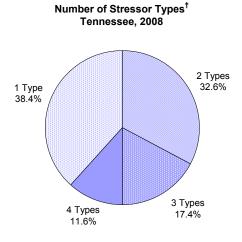
		Percent	95% Confidence Interval
Race	White Non-Hisp	74.2	69.3-78.5
	Black Non-Hisp	80.5	70.1-87.9
	Hispanic	71.7	52.8-85.1
Age (years)	18-19	83.7	71.8-91.2
	20-29	79.4	74.0-84.0
	30+	63.3	55.1-70.8
Married	Yes	66.7	61.1-71.9
	No	86.7	80.5-91.2
Education (years)	<12	83.2	73.4-89.9
	12	81.8	73.6-87.9
	>12	68.8	62.9-74.2
Household Income	<\$10,000	87.7	79.8-92.7
	\$10-24,999	83.0	69.9-91.1
	\$25-34,999	76.5	65.3-84.9
	\$35,000+	60.8	53.5-67.7
Insurance	TennCare	89.6	81.8-94.3
	Insurance	65.9	59.6-71.6
Residence	Urban	75.5	70.4-80.0
	Rural	74.4	66.9-80.7

Stress cont.

Prevalence of Individual Stressors* Tennessee, 2008





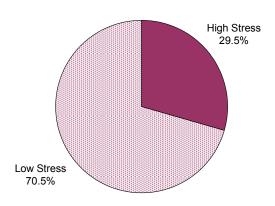


^{*} Women may have reported more than one type of stressor. Therefore, percentages do not sum to 100%.

[†] Analysis limited to women with at least one stressor.

Stress cont.

High vs. Low Stress Levels* Tennessee, 2008

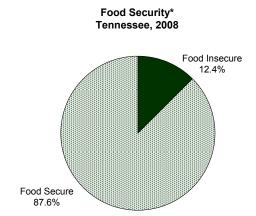


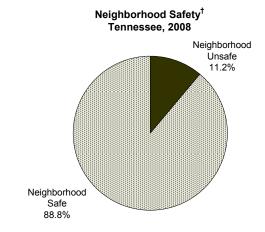
High Stress by Demographic and Socioeconomic Characteristics* Tennessee, 2008

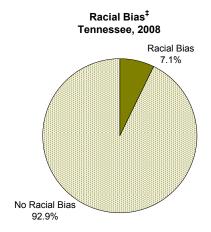
		Percent	95% Confidence Interval
Race	White Non-Hisp	29.4	23.8-35.6
	Black Non-Hisp	36.5	25.4-49.2
	Hispanic	13.7	3.9-38.3
Age (years)	18-19	25.1	14.8-39.3
	20-29	34.1	27.7-41.2
	30+	21.5	13.8-31.9
Married	Yes	17.7	13.0-23.8
	No	41.9	33.9-50.3
Education (years)	<12	32.3	22.2-44.4
	12	40.2	30.6-50.7
	>12	21.8	16.0-28.9
Household Income	<\$10,000	46.6	36.6-57.0
	\$10-24,999	42.7	29.3-57.4
	\$25-34,999	32.6	21.4-46.3
	\$35,000+	8.2	4.4-14.6
Insurance	TennCare	40.2	30.3-50.9
	Insurance	16.6	11.2-23.8
Residence	Urban	28.0	22.4-34.4
	Rural	33.4	24.8-43.2

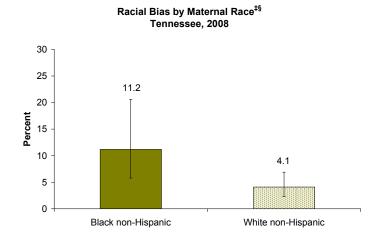
^{*} Analysis limited to women with at least one stressor.

Stress cont.









35

^{*} Food insecurity was defined as having eaten less then you felt you should in the 12 months prior to delivery because there wasn't enough money to buy food.

 $^{^{\}dagger}$ An unsafe neighborhood was defined as one in which the mother always, often or sometimes felt unsafe in the 12 months prior to delivery. ‡ Racial bias was defined as having felt emotionally upset as a result of how you were treated based on your race in the 12

months prior to delivery.

[§] Not statistically significant.

Cigarette Smoking

Information regarding cigarette smoking was derived from the following questions:

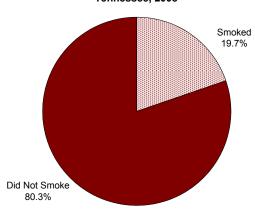
Questi	on #31: Have you smoked at least 100 cigarettes in the past 2 years?
	No
	_Yes
Questi	on #32: In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?
	_41 cigarettes or more
	21 to 40 cigarettes
	11 to 20 cigarettes
	6 to 10 cigarettes
	1 to 5 cigarettes
	Less than 1 cigarette
	None (0 cigarettes)

Additional (and similarly worded) questions about cigarette use during the last 3 months of pregnancy (Question #33) and cigarette use at the time of the survey (Question #34) may be found in the Appendix. Women who reported that they had not smoked at least 100 cigarettes in the past 2 years were classified as nonsmokers for all three time periods. Among the remaining women, those with *any* reported cigarette use (even less than one cigarette) for a given time period were classified as smokers for that time period. Women who smoked prior to but not during pregnancy were classified as quitters. Quitters who reported smoking at the time of the survey were classified as having resumed smoking.

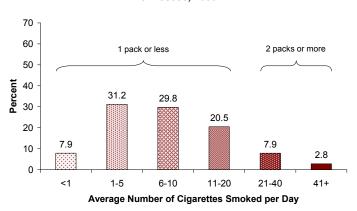
- Approximately one-third of women (30.7%) smoked cigarettes in the 3 months prior to pregnancy.
- Among women who smoked prior to pregnancy, two-thirds continued to smoke during pregnancy, while one-third quit smoking.
- All women who were nonsmokers prior to pregnancy remained nonsmokers during pregnancy (i.e. no women initiated smoking while pregnant).
- Overall, one-fifth (19.7%) of women smoked during the last 3 months of pregnancy.
- White non-Hispanics were more likely than black non-Hispanics to smoke during pregnancy.
- Unmarried women were more likely than those who were married to smoke during pregnancy.
- Among women who quit smoking during pregnancy, approximately two-thirds had resumed smoking at the time of the survey.
- Women with unintended pregnancies were more likely than those with intended pregnancies to smoke prior to or during pregnancy. However, there was not a statistically significant difference in the percentage of women who quit smoking.
- Women who reported one or more stressors in the 12 months prior to delivery were more likely to smoke during pregnancy than those who did not report any stressors.

Cigarette Smoking cont.

Cigarette Smoking During Pregnancy Tennessee, 2008



Amount Smoked During Pregnancy* Tennessee, 2008



Smoking During Pregnancy by Demographic and Socioeconomic Characteristics Tennessee, 2008

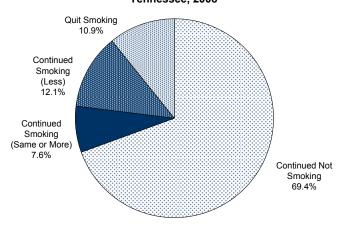
		Percent	95% Confidence Interval
Race	White Non-Hisp	24.9	20.4-30.0
	Black Non-Hisp	5.8	2.5-13.0
	Hispanic	4.6	0.7-24.1
Age (years)	<20	16.0	8.8-27.5
	20-29	23.0	18.1-28.6
	30+	15.3	10.1-22.6
Married	Yes	15.5	11.7-20.2
	No	25.4	19.4-32.6
Education (years)	<12	26.0	17.8-36.3
	12	29.6	21.9-38.6
	>12	12.3	8.7-17.1
Household Income	<\$10,000	33.1	24.8-42.5
	\$10-24,999	33.4	22.2-46.9
	\$25-34,999	16.5	9.7-26.5
	\$35,000+	6.6	3.8-11.3
Insurance	TennCare	37.4	28.4-47.3
	Insurance	7.2	4.6-11.2
Residence	Urban	19.5	15.4-24.5
	Rural	20.2	14.4-27.5

^{*} Analysis limited to women who smoked cigarettes in the last 3 months of pregnancy.

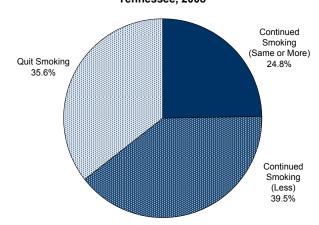
37

Cigarette Smoking cont.

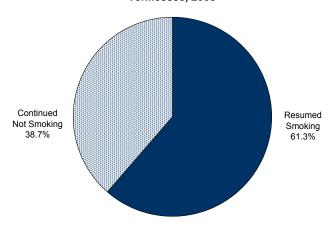
Smoking Prior to vs. During Pregnancy -- All Respondents Tennessee, 2008



Smoking Prior to vs. During Pregnancy -- Prior Smokers* Tennessee, 2008



Smoking During vs. After Pregnancy -- Quitters[†] Tennessee, 2008

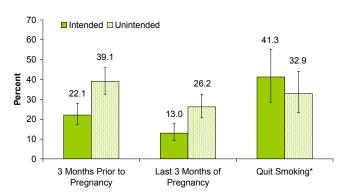


^{*} Analysis limited to women who smoked cigarettes in the 3 months prior to pregnancy.

[†] Analysis limited to women who quit smoking during pregnancy.

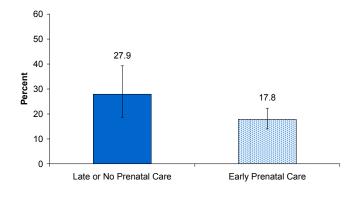
Cigarette Smoking cont.

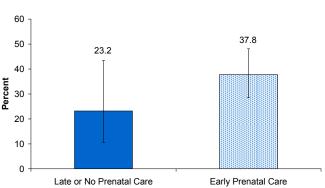
Cigarette Use by Pregnancy Intent Tennessee, 2008



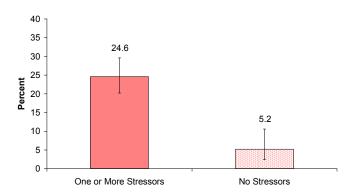
Smoking During Pregnancy by Prenatal Care Timing Tennessee, 2008

Quitting by Prenatal Care Timing^{*†‡} Tennessee, 2008





Smoking During Pregnancy by Presence of Stressors Tennessee, 2008



^{*} Not statistically significant.

[†] Analysis limited to women who smoked cigarettes in the 3 months prior to pregnancy.

[‡] Results for women with late or no care are based on an unweighted sample size of 55. Therefore, results may be unreliable and should be interpreted with caution.

Alcohol Use

Information regarding alcohol use was derived from the following questions:

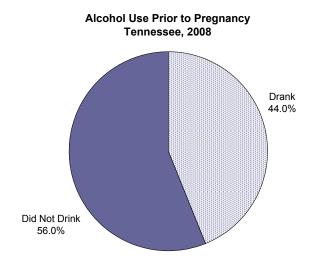
Question #35: Have you had any alcoholic drinks in the past 2 years? Yes Question #36a: During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week? 14 drinks or more _7 to 13 drinks 4 to 6 drinks 1 to 3 drinks Less than 1 drink I didn't drink then Question #36b: 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 or more drinks in 1 sitting I didn't drink then

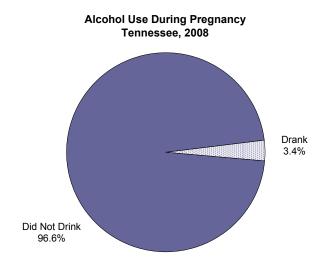
Additional (and similarly worded) questions about alcohol use and binge drinking in the last 3 months of pregnancy (Questions #37a and #37b) may be found in the Appendix. Women who reported not having any alcoholic drinks in the past 2 years were classified as nondrinkers for both time periods. Women with *any* reported alcohol use (even less than one drink) for a given time period were classified as drinkers for that time period, while those who drank 7 or more drinks per week were classified as frequent drinkers. Women who drank more than 5 drinks at a sitting at least once in a given time period were classified as binge drinkers for that time period. Women who drank prior to but not during pregnancy were classified as quitters.

- Approximately two-fifths of women (44.0%) drank alcohol in the 3 months prior to pregnancy.
- Among women who drank prior to pregnancy, approximately 8% continued to do so during pregnancy, while the remaining 92% quit drinking.
- Overall, 3.4% of women drank alcohol during the last 3 months of pregnancy.*
- Among women who drank prior to pregnancy 7% did so frequently, while among those who drank during pregnancy 7% were also frequent drinkers.
- Among women who drank prior to pregnancy, approximately two-fifths engaged in binge drinking at least once, while among those who drank during pregnancy 7% were binge drinkers.

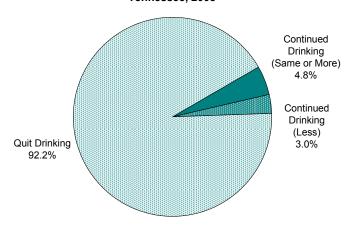
^{*} Due to the small number of women who drank during pregnancy, data on alcohol use during pregnancy by demographic, socioeconomic and other characteristics are not reported due to concerns regarding reliability.

Alcohol Use cont.





Alcohol Use Prior to vs. During Pregnancy -- Prior Drinkers* Tennessee, 2008

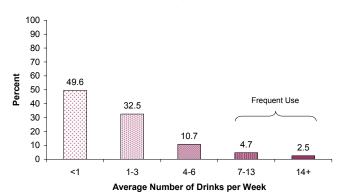


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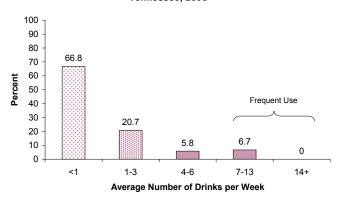
^{*} Analysis limited to women who drank alcohol in the 3 months prior to pregnancy.

Alcohol Use cont.

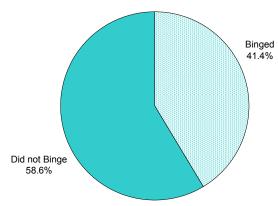
Amount of Alcohol Consumed Prior to Pregnancy* Tennessee, 2008



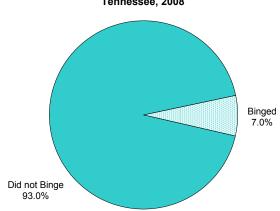
Amount of Alcohol Consumed During Pregnancy^{†‡}
Tennessee, 2008



Binge Drinking Prior to Pregnancy* Tennessee, 2008



Binge Drinking During Pregnancy^{†‡} Tennessee, 2008



^{*} Analysis limited to women who drank alcohol in the 3 months prior to pregnancy.

[†] Analysis limited to women who drank alcohol in the last 3 months of pregnancy.

[‡] Results are based on an unweighted sample size of 32. Therefore, results may be unreliable and should be interpreted with caution.

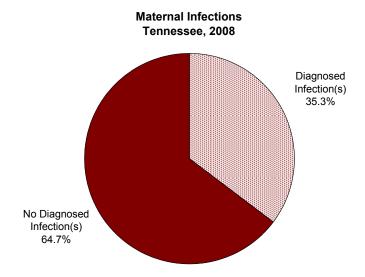
Maternal Infections

Information regarding maternal infections was derived from the following questions:

Question #74: During your most recent pregnancy, did a doctor, nurse or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD) or any vagina infection, including bacterial vaginosis or Group B Strep (Beta Strep)? No
_Yes
Question #75: What disease or infection were you told you had?
_Genital warts (HPV)
Herpes
Chlamydia
Gonorrhea
Pelvic inflammatory disease (PID)
Syphilis
Group B Strep (Beta Strep)
Bacterial vaginosis
Trichomoniasis (Trich)
Yeast infection
Urinary tract infection (UTI)
Other
-

- Approximately one-third of women (35.3%) were diagnosed with a urinary tract infection, sexually transmitted disease or other vaginal infection during pregnancy.
- There were no statistically significant differences in the prevalence of maternal infections among black non-Hispanics versus white non-Hispanics.
- Women on TennCare were more likely than those with private insurance to have been diagnosed with an infection.
- Among women who reported being diagnosed with an infection, urinary tract infections were the most frequently reported type of infection.
- Among women who reported being diagnosed with an infection, less than five percent reported being diagnosed with genital warts, trichomoniasis, gonorrhea or pelvic inflammatory disease.
- Women who had been physically abused prior to and/or during pregnancy were more likely than those who were not abused to have been diagnosed with an infection.
- Women who reported one or more stressors in the 12 months prior to delivery more likely than those who reported no stressors to have been diagnosed with an infection.

Maternal Infections cont.

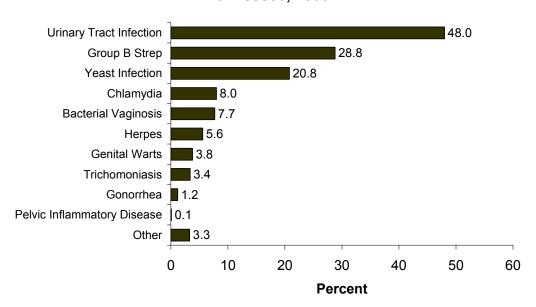


Maternal Infections by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	33.4	28.6-38.6
	Black Non-Hisp	42.9	32.2-54.2
	Hispanic	34.3	19.0-53.7
Age (years)	<20	30.4	20.1-43.2
	20-29	40.0	34.1-46.2
	30+	28.8	21.8-36.8
Married	Yes	31.8	26.7-37.3
	No	40.2	32.8-48.0
Education (years)	<12	27.3	18.8-37.7
	12	43.3	34.4-52.6
	>12	34.4	28.8-40.5
Household Income	<\$10,000	40.8	31.8-50.5
	\$10-24,999	40.9	28.7-54.3
	\$25-34,999	34.2	24.1-46.0
	\$35,000+	31.6	25.3-38.6
Insurance	TennCare	43.7	34.2-53.7
	Insurance	31.3	25.7-37.6
Residence	Urban	35.4	30.2-41.0
	Rural	35.3	28.0-43.4

Maternal Infections cont.

Maternal Infections by Type*†‡ Tennessee, 2008





Analysis limited to women with a diagnosed UTI, STD or other vaginal infection.

[†] Women may have reported more than one type of infection. Therefore, percentages do not sum to 100%.

[‡] No women reported being diagnosed with syphilis.

Maternal Health Problems

Information regarding maternal health problems was derived from the following questions:

Question #29: 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
- c. Vaginal bleeding
- d. Kidney or bladder (urinary tract) infection
- e. Severe nausea, vomiting or dehydration
- f. Cervix had to be sewn shut (incompetent cervix)
- g. High blood pressure, hypertension (including pregnancy-induced, preeclampsia or toxemia)
- h. Problems with the placenta (such as abruptio placentae or placenta previa)
- i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)
- j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes)
- k. I had to have a blood transfusion
- 1. I was hurt in a car accident

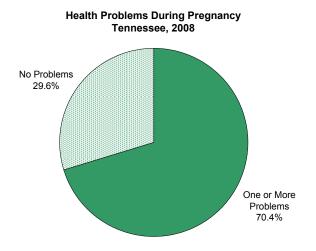
Question #30: Did you do any of the following things because of these problems?

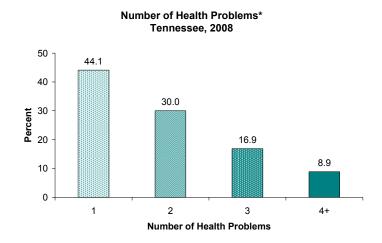
- a. I went to the hospital or emergency room and stayed less than one day
- b. I went to the hospital and stayed 1 to 7 days
- c. I went to the hospital and stayed more than 7 days
- d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advise

Mothers who responded negatively to all of the items in Question #29 were classified as having no health problems during pregnancy. Those who responded positively to any of these items were classified as having health problems.

- Approximately three-quarters (70.4%) of mothers reported at least one health problem during pregnancy.
- Among women with health problems, approximately 44% reported just one problem, while 9% reported 4 or more problems.
- Married women were less likely than those who were married to report health problems during pregnancy.
- Women on TennCare were more likely to have health problems than those with health insurance.
- The most frequently reported health problem was severe nausea, vomiting or dehydration.
- Approximately one-quarter of women reported a hospital stay of one day or greater because of their health problem(s).
- Approximately one-third of women reported bed rest of more than two days duration because of their health problem(s).

Maternal Health Problems cont.





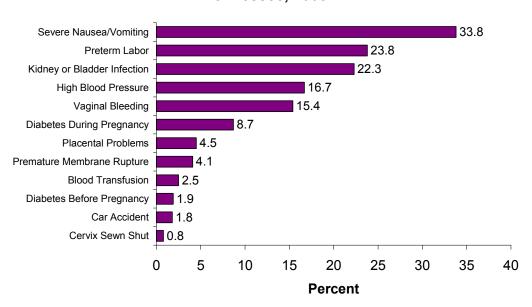
Health Problems by Demographic and Socioeconomic Characteristics Tennessee, 2008

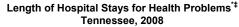
		Percent	95% Confidence Interval
Race	White Non-Hisp	68.5	63.2-73.2
	Black Non-Hisp	78.1	67.1-86.1
	Hispanic	67.1	48.2-81.7
Age (years)	<20	75.7	62.9-85.1
	20-29	71.3	65.3-76.6
	30+	66.3	58.0-73.8
Married	Yes	65.6	60.0-70.9
	No	76.9	69.6-82.9
Education (years)	<12	78.4	67.9-86.1
	12	70.7	61.3-78.6
	>12	67.2	61.3-72.7
Household Income	<\$10,000	74.5	65.1-82.1
	\$10-24,999	71.1	57.2-81.9
	\$25-34,999	68.6	57.1-78.1
	\$35,000+	66.5	59.3-73.0
Insurance	TennCare	79.7	70.1-86.7
	Insurance	63.7	57.4-69.6
Residence	Urban	68.4	62.9-73.4
	Rural	75.7	67.9-82.1

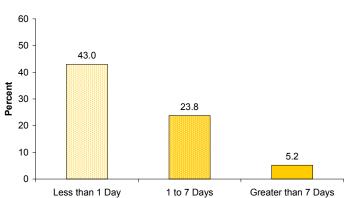
^{*} Analysis limited to women with one or more health problems.

Maternal Health Problems cont.

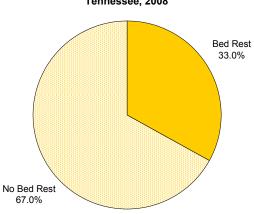
Health Problems by Type[†] Tennessee, 2008











^{*} Analysis limited to women with one or more health problems.

[†] Women may have reported more than one health problem. Therefore, percentages do not sum to 100%.

[‡] Women may have had more than one hospital visit or stay. Therefore, categories are not mutually exclusive and percentages do not sum to 100%.

WIC Participation

Information regarding WIC participation was derived from the following question:

Question #28: During your most recent pregnancy, were you on WIC (the Supplemental Nutrition Program for Women, Infants and Children)?

-No Yes

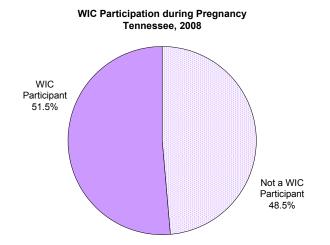
Key Findings:

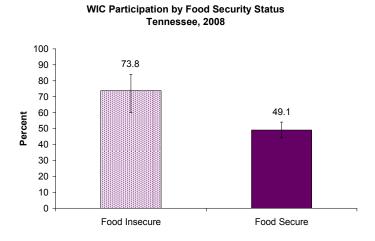
- Approximately one-half (51.5%) of women were enrolled in WIC during pregnancy.
- Black non-Hispanic and Hispanic women were more likely to participate in WIC than white non-Hispanics.
- WIC participation increased with decreasing age. Almost all teenage mothers were enrolled in the program.
- Unmarried women were more likely to participate in WIC than married women.
- Women on TennCare were more likely than those with private insurance to participate in WIC.
- The prevalence of WIC participation was higher among women who reported food insecurity than among those not reporting food insecurity.*
- Approximately one-quarter (26.2%) of women who reported food insecurity were not enrolled in WIC. However, it was not possible to determine whether or not these women would have qualified for the program.
- WIC participants were less likely than non-participants to initiate breastfeeding.
- The most frequently reported reason for not breastfeeding among WIC participants was that they did not like breastfeeding.

-

^{*} Food insecurity was defined as having eaten less than you felt you should in the 12 months prior to delivery because there wasn't enough money to buy food.

WIC Participation cont.

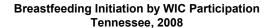


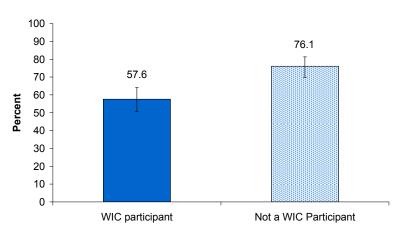


WIC Participation by Demographic and Socioeconomic Characteristics Tennessee, 2008

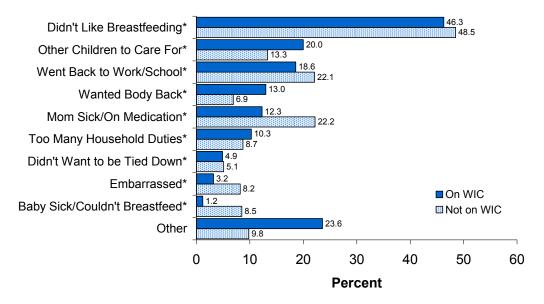
		Percent	95% Confidence Interval
Race	White Non-Hisp	43.8	38.5-49.3
	Black Non-Hisp	68.7	57.8-77.9
	Hispanic	73.4	54.8-86.2
Age (years)	<20	86.2	74.8-93.0
	20-29	55.7	49.5-61.8
	30+	27.1	20.1-35.5
Married	Yes	31.1	26.0-36.7
	No	79.1	72.0-84.7
Education (years)	<12	84.5	75.3-90.7
	12	74.3	65.5-81.6
	>12	27.6	22.3-33.6
Household Income	<\$10,000	86.6	78.2-92.1
	\$10-24,999	79.0	66.1-87.9
	\$25-34,999	58.3	46.8-69.0
	\$35,000+	9.6	5.9-15.3
Insurance	TennCare	82.8	74.1-89.0
	Insurance	22.7	17.6-28.9
Residence	Urban	52.5	46.9-58.1
	Rural	48.7	40.6-57.0

WIC Participation cont.





Reasons for Not Initiating Breastfeeding by WIC Participation[†] Tennessee, 2008



^{*} Not statistically significant

[†] Women may have reported more than one reason for not breastfeeding. Therefore, percentages do not sum to 100%.

Breastfeeding

Information regarding breastfeeding was derived from the following questions:

```
Question #53: Did you ever breastfeed or pump breast milk to feed your new baby?

_No
_Yes

Question #55: Are you still breastfeeding or feeding pumped milk to your new baby?

_No
_Yes

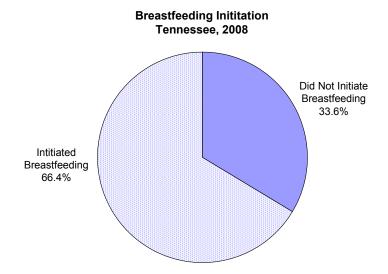
Question #56: How many weeks or months did you breastfeed or pump milk to feed your baby?

[#] Weeks
[#] Months
_Less than 1 week
```

Additional questions addressing reasons for not initiating breastfeeding (Question #54) and for stopping breastfeeding (Question #57) may be found in the Appendix.

- Approximately two-thirds (66.4%) of mothers initiated breastfeeding.
- Black non-Hispanics were less likely than white non-Hispanics to initiate breastfeeding.
- Teenage mothers were less likely than older mothers to initiate breastfeeding.
- Unmarried mothers were less likely than those who were married to initiate breastfeeding.
- Women with 12 or fewer years of education were less likely to initiate breastfeeding than those with higher levels of education.
- Women who received late or no prenatal care were less likely than those receiving early care to initiating breastfeeding.
- There was not a statistically significant difference in the percentage of women initiating breastfeeding among those whose prenatal care included a discussion of breastfeeding versus those whose care did not include such a discussion.
- The most frequently reported reason for not initiating breastfeeding was not liking breastfeeding.
- Among women who initiated breastfeeding, approximately 7% breastfed for less than 1 week, while just over one-half breastfed for 9 weeks or longer.
- The most frequently reported reason for stopping breastfeeding was not producing enough milk.
- Women with symptoms of postpartum depression were less likely to initiate breastfeeding than those who weren't depressed (see page 61).

Breastfeeding cont.



Breastfeeding Initiation by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	68.0	62.7-72.9
	Black Non-Hisp	53.5	42.2-64.5
	Hispanic	78.2	59.8-89.7
Age (years)	<20	45.8	33.1-59.0
	20-29	67.5	61.4-73.1
	30+	73.9	65.9-80.7
Married	Yes	75.8	70.6-80.4
	No	53.4	45.6-61.1
Education (years)	<12	52.9	41.9-63.6
	12	53.0	43.6-62.1
	>12	78.1	72.5-82.9
Household Income	<\$10,000	45.2	35.8-54.9
	\$10-24,999	58.9	45.4-71.2
	\$25-34,999	69.4	57.9-78.9
	\$35,000+	83.4	77.2-88.2
Insurance	TennCare	43.1	33.5-53.3
	Insurance	80.2	74.5-84.9
Residence	Urban	66.4	60.7-71.6
	Rural	66.5	58.3-73.8

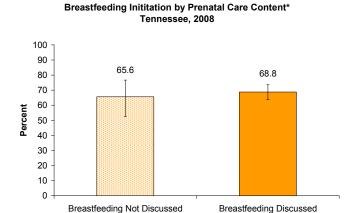
Breastfeeding cont.

Late or No Prenatal Care

10

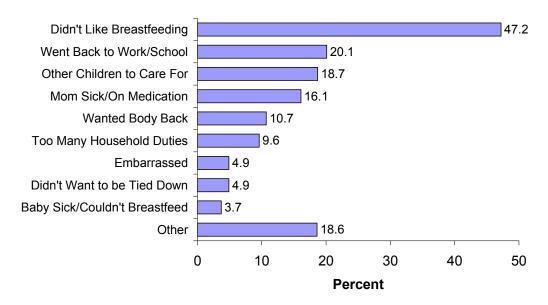
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Breastfeeding Inititation by Prenatal Care Timing



Reasons for Not Initiating Breastfeeding^{†‡} Tennessee, 2008

Early Prenatal Care

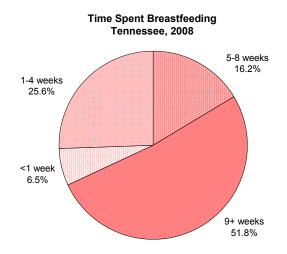


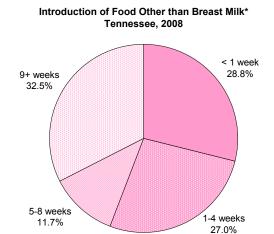
^{*} Not statistically significant.

Women may have reported more than one reason for not breastfeeding. Therefore, percentages do not sum to 100%.

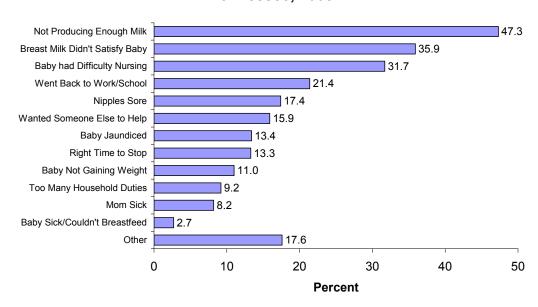
[‡] Other reasons for not breastfeeding included "My milk didn't come in/I didn't produce enough milk/my milk was bad", "My baby wouldn't nurse", "I had problems nursing previous children", "I wanted husband to share responsibilities", "It's disgusting", "I was scared/didn't feel comfortable with it" and "I just didn't want to".

Breastfeeding cont.





Reasons for Stopping Breastfeeding^{†‡} Tennessee, 2008



^{*} All women who reported that they had only fed their baby breast milk (i.e. had not introduced formula, baby food, juice, cow's milk, water, sugar water or any other food) completed the survey when their babies were at least 10 weeks old. These women were included in the '9+ weeks' group.

Twomen may have reported more than one reason for stopping breastfeeding. Therefore, percentages do not sum to 100%.

Other reasons for stopping breastfeeding included "I did not produce enough milk/not enough milk for twins/milk dried up", "I was sick/I was taking medicine/I had a breast infection", "Baby didn't tolerate it/couldn't keep it down/wouldn't nurse", "Husband felt left out" and "I was depressed/stressed".

Dental Care

Information regarding dental care was derived from the following questions:

Question #80: 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.

- a. I needed to see a dentist for a problem
- b. I went to a dentist or dental clinic
- c. A dental or other health care worker talked with me about how to care for my teeth and gums

Question #81: Have you ever had your teeth cleaned by a dentist or dental hygienist?

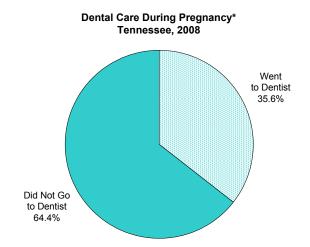
-No Yes

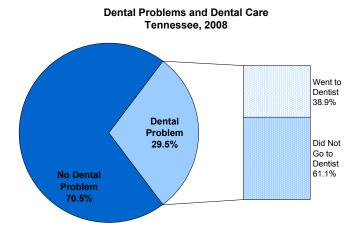
Question #82: When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (yes) if you had your teeth cleaned then or circle N (no) if you did not have your teeth cleaned then.

- a. Before my most recent pregnancy
- b. During my most recent pregnancy
- c. After my most recent pregnancy

- Approximately one-third (29.5%) of mothers reported having a dental problem during pregnancy.
- Among women with a reported dental problem, over one-half did not go to a dentist or dental clinic during pregnancy.
- Overall, approximately two-thirds (64.4%) of women did not see a dentist during pregnancy.
- A majority of women who went to a dentist or dental clinic during pregnancy reported talking with a health care worker about the care of their teeth and gums.
- Approximately 7% of women had never had their teeth cleaned by a dentist or dental hygienist.
- Among women who had ever had their teeth cleaned, approximately one-third reported having a cleaning during their most recent pregnancy.
- Compared to women who received late or no prenatal care, those who received early care were more likely to visit a dentist during pregnancy.

Dental Care cont.



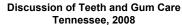


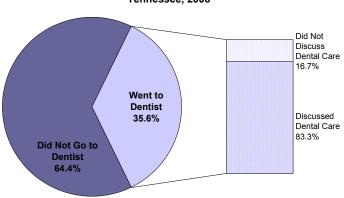
Did Not Go to Dentist by Demographic and Socioeconomic Characteristics* Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	59.6	54.3-64.7
	Black Non-Hisp	75.3	64.3-83.8
	Hispanic	77.0	57.3-89.3
Age (years)	<20	65.7	52.5-76.9
	20-29	67.8	61.8-73.3
	30+	57.4	49.1-65.2
Married	Yes	59.9	54.2-65.3
	No	70.7	63.1-77.2
Education (years)	<12	74.7	63.8-83.1
	12	72.2	63.4-79.6
	>12	56.6	50.5-62.6
Household Income	<\$10,000	72.6	63.3-80.2
	\$10-24,999	68.1	54.5-79.2
	\$25-34,999	77.2	66.3-85.4
	\$35,000+	48.3	41.2-55.6
Insurance	TennCare	72.9	63.4-80.7
	Insurance	54.0	47.6-60.2
Residence	Urban	66.0	60.5-71.1
	Rural	60.7	52.6-68.2

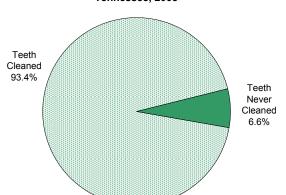
 $^{^{}st}$ Analysis includes all women regardless of whether they reported a dental problem.

Dental Care cont.

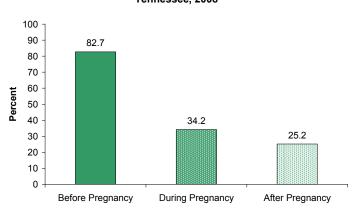




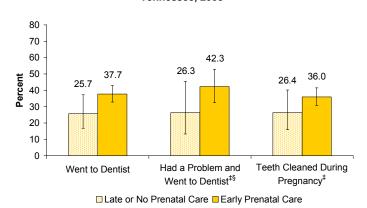
Teeth Ever Cleaned by Dentist Tennessee, 2008



When Teeth Cleaned by Dentist*†
Tennessee, 2008



Dental Care by Prenatal Care Timing Tennessee, 2008



 $[^]st$ Analysis limited to women who had ever had their teeth cleaned by a dentist.

Women may have had their teeth cleaned in one or more of the listed time periods. Therefore, percentages do not sum to 100%.

[‡] Not statistically significant.

[§] Results for women with late or no prenatal care are based on an unweighted sample size of 50. Therefore, results may be unreliable and should be interpreted with caution.

Postpartum Depression

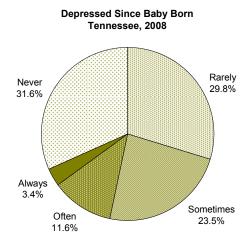
Information regarding postpartum depression was derived from the following questions:

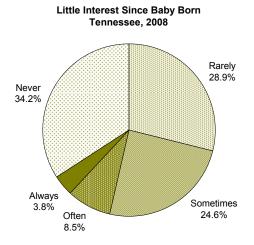
Question #79a: Since yo	ur new baby was born, how often have you felt down, depressed or hopeless?
Alway	S
Often	
Someti	mes
Rarely	
Never	
Question #79b: Since yo things? _Alway _Often _Someti _Rarely _Never	mes

Women who responded 'Always' or 'Often' to one or both of the above questions were classified as having symptoms of postpartum depression.

- Approximately 15% of mothers have often or always felt down, depressed, or hopeless since their baby was born, and 12% have often or always felt little interest or pleasure in doing things.
- Overall, approximately one-fifth (20.8%) of women reported symptoms of postpartum depression.
- Symptoms of depression were more common among unmarried mothers than among those who were married.
- Women on TennCare were more likely than those with private insurance to suffer from depression.
- Women with unintended pregnancies were more likely to have symptoms of depression than women with intended pregnancies.
- Women who were physically abused were more likely to have symptoms of depression than women who were not abused (see page 30).
- Women who reported one or more stressors were more likely to be depressed than those who did
 not, and the percentage of women with symptoms of depression increased with increasing number
 of stressors.
- Women with postpartum depression were less likely to initiate breastfeeding and to have had a postpartum checkup (see page 66) than those who were not depressed.

Postpartum Depression cont.



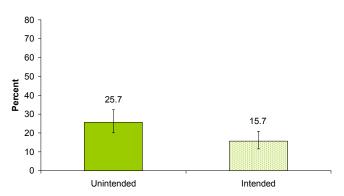


Postpartum Depression by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	19.0	15.0-23.7
	Black Non-Hisp	27.3	18.5-38.4
	Hispanic	10.8	3.3-30.2
Age (years)	<20	19.2	10.7-32.0
	20-29	23.5	18.6-29.3
	30+	16.4	11.0-23.7
Married	Yes	15.1	11.4-19.7
	No	28.7	22.1-36.2
Education (years)	<12	27.7	18.9-38.6
	12	28.6	21.0-37.8
	>12	14.2	10.4-19.2
Household Income	<\$10,000	34.3	25.8-44.0
	\$10-24,999	28.4	17.9-41.9
	\$25-34,999	14.2	7.9-24.0
	\$35,000+	11.0	7.1-16.6
Insurance	TennCare	37.4	28.4-47.4
	Insurance	11.6	8.0-16.5
Residence	Urban	21.9	17.5-27.0
	Rural	18.6	13.0-25.9

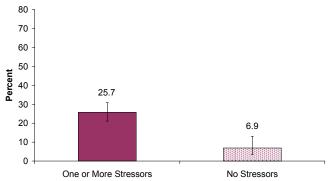
Postpartum Depression cont.

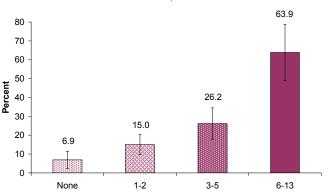
Postpartum Depression by Pregnancy Intent Tennessee, 2008



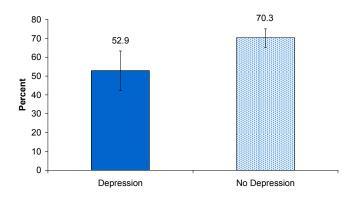
Postpartum Depression by Presence of Stressors Tennessee, 2008

Postpartum Depression by Number of Stressors Tennessee, 2008





Breastfeeding Initiation by Symptoms of Postpartum Depression Tennessee, 2008



Postpartum Birth Control

Information regarding postpartum birth control was derived from the following question:

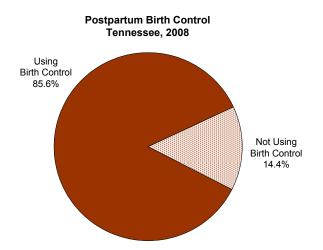
Question #66: Are you or your husband or partner doing anything now to keep from getting pregnant?

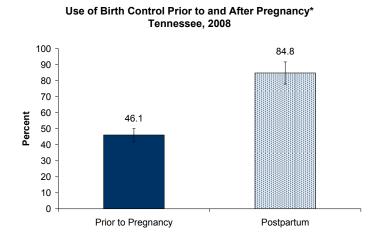
_No
_Yes

Additional questions addressing reasons for not using birth control (Question #67) and birth control methods (Question #68) may be found in the Appendix.

- The majority of mothers (85.6%) were using postpartum birth control at the time of the survey.
 - o Postpartum birth control use was over 75% in all demographic and socioeconomic subgroups.
 - o Among women who were using birth control, the most frequently used methods were condoms and birth control pills.
 - Among women who were not using birth control, the most frequently reported reason for not doing so was not wanting to.
- Among women who were *not* trying to get pregnant at the time of their most recent pregnancy, birth control use increased from approximately 46% prior to pregnancy to 85% postpartum.
- Women who had had a postpartum checkup were more likely to use birth control than those who had not had a checkup (87.8% vs. 71.6%, respectively).
- There were no statistically significant differences in the percentage of women using postpartum birth control by prenatal care timing, prenatal care content, or breastfeeding status (data not shown).

Postpartum Birth Control cont.





Postpartum Birth Control by Demographic and Socioeconomic Characteristics Tennessee, 2008

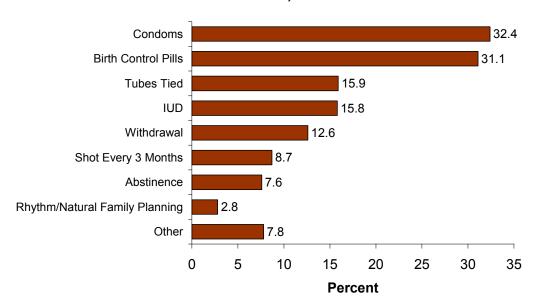
		Percent	95% Confidence Interval
Race	White Non-Hisp	88.0	83.9-91.1
	Black Non-Hisp	79.3	68.7-86.9
	Hispanic	78.8	59.4-90.4
Age (years)	<20	79.9	67.1-88.6
	20-29	85.4	80.2-89.4
	30+	88.6	82.2-92.9
Married	Yes	89.6	85.7-92.6
	No	79.9	72.8-85.6
Education (years)	<12	80.8	70.4-88.2
	12	85.2	77.1-90.8
	>12	87.5	82.8-91.1
Household Income	<\$10,000	79.0	69.9-85.9
	\$10-24,999	85.4	72.9-92.7
	\$25-34,999	86.0	75.7-92.3
	\$35,000+	91.5	86.5-94.8
Insurance	TennCare	78.8	69.1-86.0
	Insurance	88.7	83.8-92.3
Residence	Urban	84.6	80.0-88.3
	Rural	87.5	80.4-92.3

^{*}Analysis limited to women not trying to get pregnant prior to most recent pregnancy, regardless of pregnancy intention.

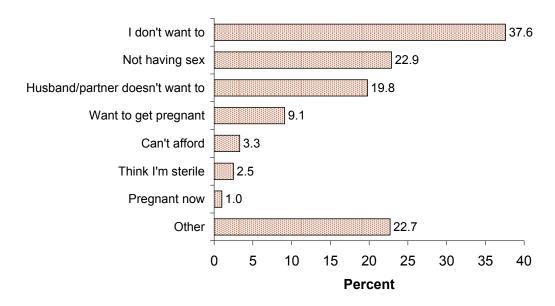
63

Postpartum Birth Control cont.

Postpartum Birth Control Methods*† Tennessee, 2008



Reasons for Not Using Postpartum Birth Control* Tennessee, 2008



Women may have reported more than one birth control method or reason for not using birth control. Therefore, percentages do not sum to 100%.

[†] Vasectomy, diaphragm, contraceptive patch, cervical ring and monthly shot are included in the 'other' category. Less than 2% of women reported using each of these birth control methods.

Postpartum Checkup

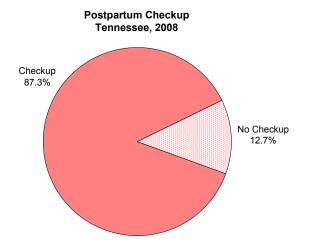
Information regarding postpartum checkups was derived from the following question:

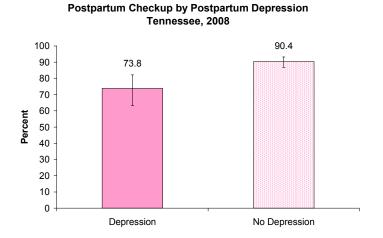
Question #69: Since your new baby was born, have you had a postpartum checkup for yourself?

_No
_Yes

- The majority of mothers (87.3%) had received a postpartum checkup for themselves.
- Women with health insurance were more likely to have had a postpartum checkup than those on TennCare.
- Women with symptoms of postpartum depression were less likely to have had a checkup than those who were not depressed.
- There were no statistically significant differences in the percentage of women who had a postpartum checkup by pregnancy intent or prenatal care timing (data not shown).

Postpartum Checkup cont.





Postpartum Checkup by Demographic and Socioeconomic Characteristics Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	89.1	85.1-92.1
	Black Non-Hisp	86.1	76.3-92.2
	Hispanic	69.6	50.4-83.7
Age (years)	<20	86.7	74.8-93.5
	20-29	85.9	80.9-89.8
	30+	89.9	83.4-94.1
Married	Yes	90.0	85.9-93.0
	No	83.5	76.8-88.5
Education (years)	<12	74.7	64.0-83.0
	12	82.8	74.5-88.8
	>12	94.2	90.5-96.5
Household Income	<\$10,000	77.7	68.4-84.8
	\$10-24,999	85.1	72.9-92.4
	\$25-34,999	90.1	81.2-95.0
	\$35,000+	95.6	91.6-97.8
Insurance	TennCare	75.3	65.5-83.0
	Insurance	94.3	90.4-96.7
Residence	Urban	85.7	81.0-89.3
	Rural	90.7	84.7-94.5

Infant Health Care

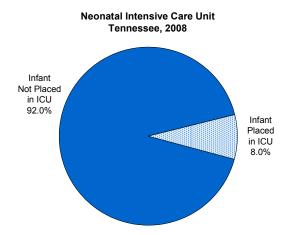
Information regarding infant health care was derived from the following questions:

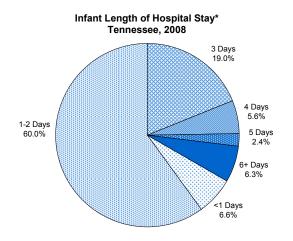
Question #49: A	After your baby was born, was he or she put in an intensive care unit? _No _Yes
	_I don't know
Question #50: A	After your baby was born, how long did he or she stay in the hospital? _Less than 24 hours 24 to 48 hours
	_3 days _4 days 5 days
	6 days or more My baby was not born in a hospital
	_My baby is still in the hospital
~	Was your new baby seen by a doctor, nurse or other health care worker during the first week after ne or she left the hospital?
	_No _Yes
Question #63: I	Has your new baby had a well-baby checkup? _No
	_Yes

Additional questions addressing health insurance (Questions #64-65) may be found in the Appendix.

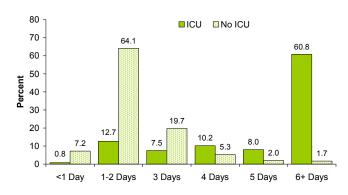
- Approximately 8% of infants were placed in an intensive care unit (ICU) after delivery.
- Approximately two-thirds (66.6%) of infants spent 2 days or less in the hospital after delivery, while 6.3% of infants spent 6 days or more.
- Infants who were placed in an ICU were more likely to spend 6 or more days in the hospital than infants who were not placed in an ICU.
- Most women (94.0%) reported having some sort of health insurance for their new baby (includes TennCare).
- Approximately one-half of women reported that their baby was covered by TennCare.
- Most infants were seen by a health care worker within the first week after leaving the hospital (88.8%) and had a well-baby visit (97.0%).
- At least 90% of infants in all demographic and socioeconomic subgroups had a well-baby visit.

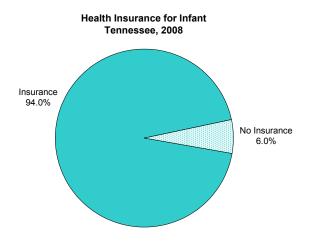
Infant Health Care cont.

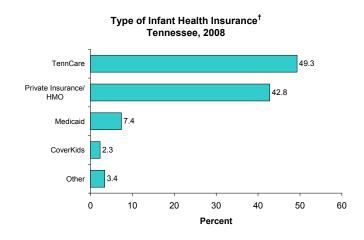




Infant Length of Stay by Admission to ICU* Tennessee, 2008





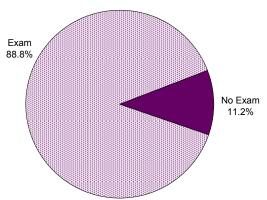


^{*} Analysis excludes infants not born in a hospital.

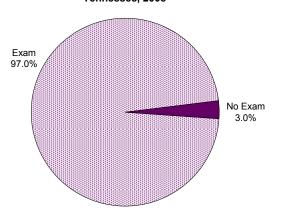
[†] Women may have reported more than one type of insurance. Therefore, percentages do not sum to 100%.

Infant Health Care cont.

Infant Exam within 1 Week of Discharge* Tennessee, 2008



Any Well-Baby Exam Since Discharge* Tennessee, 2008



Well Baby Exam by Demographic and Socioeconomic Characteristics* Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	97.2	94.5-98.6
	Black Non-Hisp	99.8	98.8-100.0
	Hispanic	90.0	73.1-96.8
Age (years)	<20	98.1	90.0-99.7
	20-29	96.0	92.5-97.9
	30+	98.5	94.9-99.6
Married	Yes	96.7	93.8-98.3
	No	97.5	93.4-99.1
Education (years)	<12	93.6	85.5-97.3
	12	98.7	95.0-99.7
	>12	97.5	94.5-98.9
Household Income	<\$10,000	98.9	94.7-99.8
	\$10-24,999	93.3	81.2-97.8
	\$25-34,999	95.9	87.9-98.7
	\$35,000+	98.8	95.7-99.7
Insurance	TennCare	94.4	87.5-97.6
	Insurance	99.1	96.8-99.8
Residence	Urban	97.2	94.5-98.6
	Rural	96.7	91.8-98.7

Analysis limited to mothers whose infants were still alive and living with them. Mothers whose infants were still in the hospital at the time of the survey were excluded form the analysis.

Sleep Behaviors

Information regarding sleep behaviors was derived from the following questions:

Question #60: 1	How do you most often lay your baby down to sleep now?
	_On his or her side
	On his or her back
	_On his or her stomach
Question #61: 1	How often does your new baby sleep in the same bed with you or anyone else?
	_Always
	_Often
	Sometimes
	Rarely
	_Never

Women who reported that their new baby always, often or sometimes slept in the same bed were classified as bed sharing with their infant, while those who reported that their baby rarely or never slept in the same bed were classified as not bed sharing.

Key Findings:

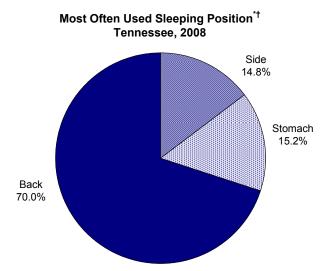
• Approximately one-third (30.0%) of mothers most often used the stomach or side sleeping positions, while the remaining two-thirds reported using the back position most frequently.*

- Almost one-half (44.3%) of mothers reported bed sharing with their infant.
- There were no statistically significant differences in use of the stomach or side sleeping positions among black non-Hispanic versus white non-Hispanic mothers. However, bed sharing was more common among blacks.
- Teen mothers were more likely to bed share than were older women.
- Unmarried mothers were more likely to bed share than those who were married.
- There were no statistically significant differences in sleeping position by pregnancy intent, prenatal care, infant birthweight, breastfeeding, postpartum depression, maternal postpartum checkup or well-baby visit (data not shown).
- Women with unintended pregnancies and those who had not had a postpartum checkup for themselves were more likely to bed share than those with intended pregnancies and those with a checkup. However, there were no statistically significant differences in bed sharing by prenatal care, infant birthweight, breastfeeding, postpartum depression or well-baby visit (data not shown).

-

^{*} Infants who sleep on their stomachs and sides are at greater risk for Sudden Infant Death Syndrome (SIDS) than infants who sleep on their backs.

Sleep Behaviors cont.



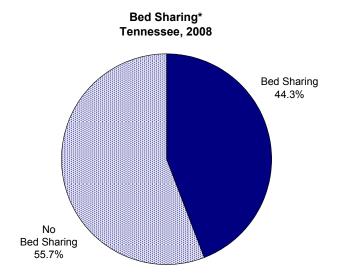
Stomach/Side Sleeping by Demographic and Socioeconomic Characteristics*[†] Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	29.7	24.9-35.1
	Black Non-Hisp	42.1	30.0-55.3
	Hispanic	10.7	3.0-31.4
Age (years)	<20	43.8	29.7-58.9
	20-29	29.0	23.4-35.3
	30+	26.7	19.9-34.8
Married	Yes	29.6	24.6-35.3
	No	30.6	23.1-39.3
Education (years)	<12	36.3	25.2-48.9
	12	21.2	14.1-30.7
	>12	31.9	26.3-38.1
Household Income	<\$10,000	28.8	20.1-39.4
	\$10-24,999	29.0	18.0-43.2
	\$25-34,999	34.7	24.4-46.6
	\$35,000+	31.5	24.9-38.9
Insurance	TennCare	30.9	21.4-42.3
	Insurance	34.6	28.5-41.2
Residence	Urban	28.6	23.4-34.4
	Rural	32.6	25.1-41.2

^{*} Analysis limited to mothers whose infants were still alive and living with them.

 $^{^{\}dagger}$ Women were asked to select the single most often used sleeping position. Approximately 10% of women chose multiple sleeping positions and were excluded from the analysis.

Sleep Behaviors cont.



Bed Sharing by Demographic and Socioeconomic Characteristics* Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	36.3	31.3-41.7
	Black Non-Hisp	68.9	57.6-78.4
	Hispanic	55.0	36.0-72.6
Age (years)	<20	61.2	47.9-73.0
	20-29	41.5	35.4-47.9
	30+	41.5	33.6-50.0
Married	Yes	38.0	32.6-43.7
	No	53.1	45.1-60.9
Education (years)	<12	53.2	42.1-64.1
	12	50.0	40.7-59.4
	>12	38.1	32.3-44.3
Household Income	<\$10,000	60.0	50.2-69.1
	\$10-24,999	34.3	22.8-47.9
	\$25-34,999	46.4	35.1-58.0
	\$35,000+	33.4	26.9-40.7
Insurance	TennCare	55.0	44.9-64.7
	Insurance	37.2	31.2-43.7
Residence	Urban	46.8	41.1-52.6
	Rural	38.9	31.2-47.1

 $^{^{}st}$ Analysis limited to mothers whose infants were still alive and living with them.

Infant Smoke Exposure

Information regarding infant smoke exposure was derived from the following question:

Question #59: About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

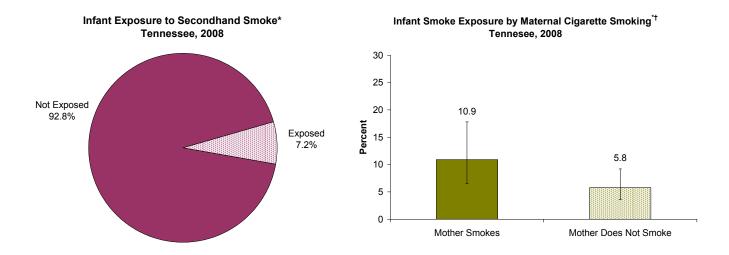
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[#] Hours
_Less than 1 hour a day
_My baby is never in the same room with someone who is smoking
```

Women who reported that their infant was in the same room as a smoker for *any* amount of time (even less than one hour a day) were classified as having an infant exposed to secondhand smoke.

Key Findings:

- Approximately 7% of mothers reported that their infants were exposed to secondhand smoke.
- There were no statistically significant differences in infant exposure to secondhand smoke by maternal race, marital status, insurance status or residence.
- Infants of women aged 20-29 years were more likely to be exposed to secondhand smoke than those of women aged 30 and older.
- Although a higher percentage of infants were exposed to secondhand smoke among mothers who smoked versus those who did not smoke, this difference was not statistically significant.

Infant Smoke Exposure cont.



Infant Smoke Exposure by Demographic and Socioeconomic Characteristics* Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	7.3	5.0-10.7
	Black Non-Hisp	5.7	2.2-14.2
	Hispanic	9.1	2.3-30.5
Age (years)	<20	8.7	3.8-18.9
	20-29	9.1	6.0-13.6
	30+	2.9	1.1-7.6
Married	Yes	5.0	3.0-8.1
	No	10.4	6.5-16.3
Education (years)	<12	7.2	3.2-15.3
	12	7.3	3.7-13.9
	>12	7.1	4.4-11.3
Household Income	<\$10,000	8.3	4.4-15.2
	\$10-24,999	13.3	6.7-24.8
	\$25-34,999	11.1	5.5-21.4
	\$35,000+	3.3	1.4-7.7
Insurance	TennCare	8.7	4.7-15.5
	Insurance	4.6	2.4-8.4
Residence	Urban	5.7	3.5-9.2
	Rural	10.4	6.4-16.7

^{*} Analysis limited to mothers whose infants were still alive and living with them.

[†] Not statistically significant.

Infant Safety

Information regarding infant safety was derived from the following question:

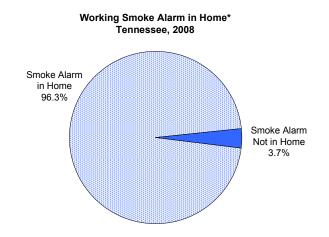
Question #77: Listed below are some statements about safety. For each one, circle Y (yes) if it applies to you or circle N (no) if it does not.

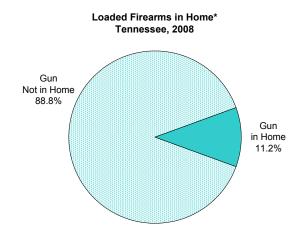
- a. My infant was brought home from the hospital in an infant car seat
- b. My baby always or almost always rides in an infant car seat
- c. My home has a working smoke alarm
- d. There are loaded guns, rifles or other firearms in my home

Key Findings:

- One-hundred percent of mothers reported using a car seat to bring their infant home from the hospital and almost all (99.7%) reported always or almost always using a car seat.
 - o At least 99% of women in all demographic and socioeconomic subgroups always or almost always used a car seat.
- Approximately 4% of women reported that there was not a working smoke alarm in their home.
 - o There were no statistically significant differences in smoke alarm use across demographic and socioeconomic subgroups.
- Approximately 11% of women reported that there were loaded firearms in their home.
 - White non-Hispanics were more likely than black non-Hispanics to report a loaded firearm in their home.
 - Women living in rural counties were more likely than those in urban counties to report a loaded firearm in their home.

Infant Safety cont.





Loaded Firearms in Home by Demographic and Socioeconomic Characteristics* Tennessee, 2008

		Percent	95% Confidence Interval
Race	White Non-Hisp	14.8	11.4-19.1
	Black Non-Hisp	3.4	1.1-10.1
	Hispanic	0.3	0.0-1.9
Age (years)	<20	7.1	2.9-16.4
	20-29	9.7	6.6-13.8
	30+	16.0	10.7-23.2
Married	Yes	13.8	10.3-18.3
	No	7.5	4.3-12.6
Education (years)	<12	6.3	2.7-13.7
	12	8.0	4.2-14.6
	>12	14.6	10.8-19.4
Household Income	<\$10,000	5.9	2.7-12.4
	\$10-24,999	5.3	1.9-14.3
	\$25-34,999	13.0	7.2-22.6
	\$35,000+	16.5	11.7-22.8
Insurance	TennCare	3.7	1.4-9.4
	Insurance	16.9	12.6-22.3
Residence	Urban	6.9	4.6-10.1
	Rural	20.7	14.8-28.2

^{*} Analysis limited to mothers whose infants were still alive and living with them.

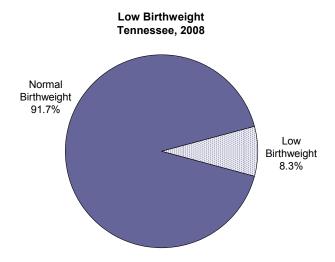
Low Birthweight

Information regarding infant birthweight was derived from birth certificates. Infants with birthweights of less than 2,500 grams were classified as low birthweight, while those with birthweights of 2,500 grams or more were classified as normal birthweight.

Key Findings:

- Approximately 8.3% of mothers gave birth to low birthweight infants.
- Black non-Hispanics were more likely than white-non-Hispanics to have a low birthweight infant.
- Unmarried women were more likely than those who were married to have a low birthweight infant.
- Women on TennCare were more likely to have a low birthweight infant than those with health insurance.
- The percentage of low birthweight births was higher among women with each of the following risk factors compared to those without each risk factor:
 - o Late or no prenatal care,
 - Smoking during pregnancy,
 - o One or more stressors,
 - o One or more health problems during pregnancy,
 - o Never having one's teeth cleaned.
- There were no statistically significant differences in low birthweight prevalence by physical abuse status or by infections during pregnancy (data not shown).

Low Birthweight cont.

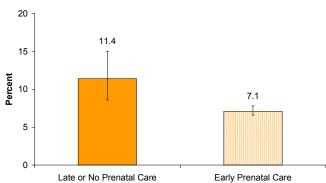


Low Birthweight by Demographic and Socioeconomic Characteristics Tennessee, 2008

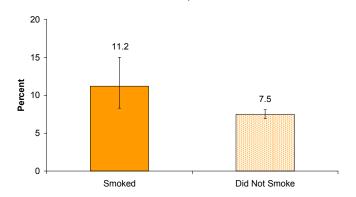
		Percent	95% Confidence Interval
Race	White Non-Hisp	7.1	6.2-8.0
	Black Non-Hisp	13.4	10.4-17.1
	Hispanic	4.9	2.8-8.3
Age (years)	<20	8.8	6.2-12.4
	20-29	9.0	7.8-10.3
	30+	6.6	5.4-8.1
Married	Yes	6.4	5.5-7.5
	No	10.7	9.1-12.5
Education (years)	<12	9.3	7.2-12.0
	12	11.8	9.3-14.8
	>12	6.0	5.2-6.9
Household Income	<\$10,000	11.9	9.3-15.1
	\$10-24,999	8.8	6.3-12.3
	\$25-34,999	6.6	4.8-9.0
	\$35,000+	5.8	4.8-6.9
Insurance	TennCare	12.7	9.9-16.2
	Insurance	6.0	5.1-6.9
Residence	Urban	8.5	7.6-9.6
	Rural	7.6	6.3-9.1

Low Birthweight cont.

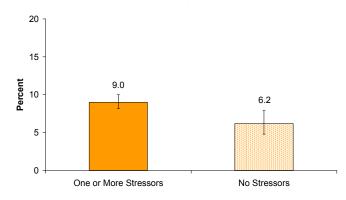
Low Birthweight by Prenatal Care Status Tennessee, 2008



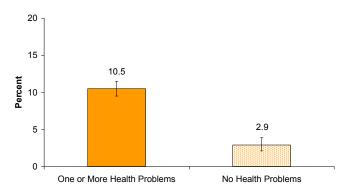
Low Birthweight by Smoking During Pregnancy Tennessee, 2008



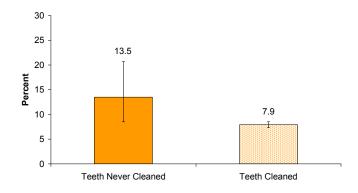
Low Birthweight by Stress During Pregnancy Tennessee, 2008



Low Birthweight by Health Problems During Pregnancy Tennessee, 2008



Low Birthweight by Dental Hygiene Tennessee, 2008



Appendix - 2008 TN PRAMS Questionnaire

PRAMS

Tennessee Pregnancy Risk Assessment Monitoring System

A Survey of the Health of Mothers and Babies in Tennessee

> For further information, please call toll-free 1-877-984-8662





Tennessee Department of Health
Office of Policy, Planning and Assessment
425 5th Avenue North, 4th Floor
Nashville, Tennessee 37243



the box next to your answer.

TennCare or CoverKids.

☐ No ☐ Yes

□ No □ Yes

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

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

2. Just before you got pregnant, were you on Medicaid, TennCare or CoverKids?

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?

Day

Pounds OR

Year

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

Month

6.	How tall are you without shoes?
	Feet Inches
	OR Centimeters
7.	Would you say that, in general, your health is—
	□ Excellent□ Very good□ Good□ Fair□ Poor
8.	Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?
	□ No □ Yes
9.	Before you got pregnant with your new baby, did you ever have any other babies who were born alive?
	☐ No → Go to Page 2, Question 12 ☐ Yes
10.	Did the baby born <i>just before</i> your new one weigh 5 pounds, 8 ounces (2.5 kilos) <i>or less</i> at birth?
	□ No □ Yes
11.	Was the baby <i>just before</i> your new one born <i>more</i> than 3 weeks before its due date?
	☐ No ☐ Yes

Ω	1
O	

The next questions are about the time who	en
you got pregnant with your new baby.	

	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 soone
	I wanted to be pregnant later
	I wanted to be pregnant then
	I didn't want to be pregnant th

or at any time in the future

If you wanted to be pregnant later, answer Question 13. Otherwise, go to Question 14.

- 13. How much later did you want to become pregnant?
 - ☐ Less than 1 year
 - 1 year to less than 2 years
 - 2 years to less than 3 years
 - 3 years to less than 4 years
 - 4 years or more
- 14. When you got pregnant with your new baby, were you trying to get pregnant?

Ш	No	
	Yes -	

Go to Question 18

15. 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 17

16. 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
- ☐ 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	Dleace tell uc

If you were not doing anything to keep from getting pregnant, go to Question 18.

☐ Pill ☐ Condoms

17. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant?

☐ Tubes tied or closed (female sterilization)☐ Vasectomy (male sterilization)

☐ Shot once a month (Lunelle®)
☐ Shot once every 3 months
(Depo-Provera®)

☐ IUD (including Mirena®)
☐ Rhythm method or natural family

□ Withdrawal (pulling out)
 □ Not having sex (abstinence)

→ Please tell us:

planning

☐ Other -

☐ Contraceptive patch (OrthoEvra®)
☐ Diaphragm, cervical cap, or sponge
☐ Cervical ring (NuvaRing® or others)

Check all that apply

20.	Did you get prenatal care as early in you	ır	22. How was your prenatal care paid for?	
	pregnancy as you wanted?		Check <u>all</u> that app	ly
	☐ No ☐ Yes ☐ I didn't want prenatal care ☐ Go to Question	22	 □ Medicaid □ Personal income (cash, check, or credit card) □ Health insurance or HMO (including 	
21.	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 do your most recent pregnancy or circle N (No it was not a problem or did not apply to you	, uring o) if	insurance from your work or your husband's work) TennCare CoverKids Other Please tell us:	
a.	No I couldn't get an appointment when	Yes		_
	I wanted one N	Y	23. During any of your prenatal care visits, di	id
b.	I didn't have enough money or insurance to pay for my visits N	Y	a doctor, nurse, or other health care work	er
c.	I had no way to get to the clinic or	*	talk with you about any of the things listed below? Please count only discussions, not	d
	doctor's office N	Y	reading materials or videos. For each item,	
d. e.	I couldn't take time off from work N The doctor or my health plan would	Y	circle Y (Yes) if someone talked with you	
С.	not start care as early as I wanted N	Y	about it or circle N (No) if no one talked wit you about it.	h
f.	I didn't have my Medicaid/		V resource and the control of the	
~	TennCare/CoverKids cardN I had no one to take care of	Y	No Y	les
g.	my children N	Y	a. How smoking during pregnancy could affect my baby	Y
h.	I had too many other things	•		Ŷ
	going onN	Y	c. How drinking alcohol during	
i.	I didn't want anyone to know I was		1 2 3	Y
	pregnantN	Y	d. Using a seat belt during	
j.	Other	Y	my pregnancy	Y
	Ticase tell us.		V (00 V	Y
			f. Medicines that are safe to take	1
	-		during my pregnancy N	Y
T-0	111		g. How using illegal drugs could	
	you did not go for prenatal care, go to uestion 24.		J J	Y
L	uestion 24.		h. Doing tests to screen for birth defects	* 7
				Y Y
			j. Getting tested for HIV (the virus	1
				Y
			k. Physical abuse to women by their	
				Y

	your most recent pregnancy? For each circle Y (Yes) if you had the problem or c N (No) if you did not.	
	No	Yes
a.	High blood sugar (diabetes) that started <i>before</i> this pregnancy N	Y
b.	High blood sugar (diabetes) that	1
	started during this pregnancy N	Y
c.	Vaginal bleeding N	Y
d.	Kidney or bladder (urinary tract)	93.23
	infection	Y
e.	Severe nausea, vomiting, or dehydration	Y
f.	Cervix had to be sewn shut	1
1.	(incompetent cervix)N	Y
g.	High blood pressure, hypertension	
_	(including pregnancy-induced	
	hypertension [PIH]), preeclampsia,	
	or toxemiaN	Y
h.	Problems with the placenta (such as	
	abruptio placentae or placenta previa)	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	Y
1.	transfusion	Y
1.	I was nort in a car accident	1
Tf	you did not have any of these problems,	go.
	Page 6, Question 31.	go

24		
27.	pre	any time during your most recent gnancy or delivery, did you have a test HIV (the virus that causes AIDS)?
		No Yes Go to Question 26 I don't know
25.		re you <i>offered</i> an HIV test during your st recent pregnancy or delivery?
		No Yes
26.	vita	ve you ever heard or read that taking the amin folic acid can help prevent some th defects?
		No — Go to Question 28
27.		ve you ever heard about folic acid from of the following? Check all that apply

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

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

□ No □ Yes

30. 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	33. In the <i>last 3 months</i> of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?	women. The next questions are about things that may have happened before and				
☐ 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	38. 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.)				
87a. During the <i>last 3 months</i> of your pregnancy, how many alcoholic drinks did you have in an average week?	a. A close family member was very sick and had to go into the hospital N Y				
☐ 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	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				
37b. During the <i>last 3 months</i> of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?	more than usual				
☐ 6 or more times ☐ 4 to 5 times ☐ 2 to 3 times ☐ 1 time ☐ I didn't have 5 drinks or more	 i. I had a lot of bills I couldn't payN Y j. I was in a physical fightN Y k. I or my husband or partner went to jailN Y l. Someone very close to me had a bad problem with drinking or drugsN Y 				
in 1 sitting I didn't drink then	m. Someone very close to me diedN Y				
	39. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?				
	□ No □ Yes				

8					
40. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?	The next questions are about the time during your most recent pregnancy.				
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never	43a. 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?				
41. During the 12 months before your new baby	□ No □ Yes				
was born, did you feel emotionally upset (for example angry, sad, or frustrated) as a result of how you were treated <i>based on</i> your race?	43b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?				
□ No □ Yes	□ No □ Yes				
The next questions are about the time during the 12 months before you got pregnant with your new baby.	The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)				
42a. 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?	44. When was your baby due? Month Day Year				
□ No □ Yes	45. When did you go into the hospital to have				
42b. During the <i>12 months before</i> you got pregnant, were you physically hurt in any way by your husband or partner?	Month Day Year				
□ No □ Yes	☐ I didn't have my baby in a hospital				
	46. When was your baby born?				
	Month Day Year				
	,				
pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way? No Yes 42b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner? No	your baby? Month Day Year I didn't have my baby in a hospital 46. When was your baby born?				

47. When were you discharged from the hospital after your baby was born? (It may help to use	50. After your baby was born, how long did he or she stay in the hospital?
Month Day Year I didn't have my baby in a hospital 48. How was your delivery paid for? Check all that apply	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 53
☐ Medicaid☐ Personal income (cash, check, or credit	51. Is your baby alive now?
card) Health insurance or HMO (including insurance from your work or your husband's work)	☐ No → Go to Page 11, Question 66 ☐ Yes
☐ TennCare	52. Is your baby living with you now?
☐ CoverKids ☐ Other → Please tell us:	☐ No → Go to Page 11, Question 66 ☐ Yes
	53. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?
The next questions are about the time since your new baby was born.	☐ No ☐ Yes → Go to Page 10, Question 55
49. After your baby was born, was he or she put in an intensive care unit?	
☐ No ☐ Yes ☐ I don't know	

59.	About how many hours a day, on average, is your new baby in the same room with someone who is smoking?	64.		you have health insurance, Medicaid, anCare or CoverKids for your new baby? No Go to Question 66
	Hours		<u> </u>	Yes
	☐ Less than 1 hour a day☐ My baby is never in the same room with someone who is smoking	65.		nat type of insurance is your new baby ered by? Check <u>all</u> that apply
60.	How do you <i>most often</i> lay your baby down to sleep now? Check <u>one</u> answer		 Medicaid Private insurance or HMO (includi insurance from your work or your husband's work) 	Private insurance or HMO (including insurance from your work or your husband's work)
	 □ On his or her side □ On his or her back □ On his or her stomach 		000	TennCare CoverKids Other Please tell us:
61.	How often does your new baby sleep in the same bed with you or anyone else?	66.	Are	e you or your husband or partner doing
	□ Always□ Often□ Sometimes□ Rarely□ Never		(So pregret) [rhy met	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
62.	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?		part	No Yes Go to Page 12,
	□ No □ Yes			Question 68
63.	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			

67. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?	69. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)
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:	No Yes The next few questions are about the time during the 12 months before your new baby was born. 70. During the 12 months before your new baby was born, what were the sources of your household's income? Check all that apply
If you are not doing anything to keep from getting pregnant now, go to Question 69. 68. What kind of birth control are you or your husband or partner using now to keep from getting pregnant? Check all that apply Tubes tied or closed (female sterilization) Vasectomy (male sterilization) Pill Condoms Shot once a month (Lunelle®) Shot once every 3 months (Depo-Provera®) Contraceptive patch (OrthoEvra®) Diaphragm, cervical cap, or sponge Cervical ring (NuvaRing® or others) IUD (including Mirena®) Rhythm method or natural family planning Withdrawal (pulling out) Not having sex (abstinence) Other	□ 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:

vas 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	74. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?
Less than \$8,000 \$8,000 to \$9,999	☐ No ☐ Go to Question 76☐ Yes 75. What disease or infection were you told you
\$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$24,999 \$25,000 to \$34,999	had? Check all that apply
\$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 or more	Genital warts (HPV) Herpes Chlamydia
72. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?	☐ Gonorrhea ☐ Pelvic inflammatory disease (PID) ☐ Syphilis ☐ Group B Strep (Beta Strep)
People	 □ Bacterial vaginosis □ Trichomoniasis (Trich) □ Yeast infections □ Urinary tract infection (UTI)
The next few questions are on a variety of topics.	Other Please tell us:
73. Which of the following statements best describes you during the 3 months before you got pregnant? Check one answer	76. Are you currently in school or working outside the home?
☐ I was trying to get pregnant ☐ I wasn't trying to get pregnant or trying to keep from getting pregnant ☐ I was trying to keep from getting pregnant but was not trying very hard ☐ I was trying hard to keep from getting pregnant	□ No □ Yes

If your baby is not alive or is not living with you, go to Question 79a.	79b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?
77. Listed below are some statements about safety. For each one, circle Y (Yes) if it applies to you or circle N (No) if it does not. No Yes a. My infant was brought home from the hospital in an infant car seat N Y b. My baby always or almost always	Always Often Sometimes Rarely Never 80. This question is about the care of your teeth during your most recent pregnancy. For
rides in an infant car seat	each item, circle Y (Yes) if it is true or circle N (No) if it is not true.
alarm	a. I needed to see a dentist for a problem
78. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?	b. I went to a dentist or dental clinicN Y c. A dental or other health care worker talked with me about how to care for my teeth and gumsN Y
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never	81. Have you ever had your teeth cleaned by a dentist or dental hygienist? \[\begin{array}{c} \text{No} & \rightarrow \text{Go to Question 83} \\ \text{Yes} \end{array}
79a. Since your new baby was born, how often have you felt down, depressed, or hopeless? Always Often Sometimes Rarely Never	82. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.
	a. Before my most recent pregnancy N Y b. During my most recent pregnancy N Y c. After my most recent pregnancy N Y
	83. 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 Tennessee.

Thanks for answering our questions!

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

December 7, 2006