2017 PRAMS Survey Frequencies

Summary of Iowa Pregnancy Risk Assessment Monitoring System (PRAMS) Data

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Protecting and Improving the Health of Iowans

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A primary goal of PRAMS is to translate its data into action. Please share with us how you have used the data published here. We also welcome feedback on the usefulness of this format. You may contact the PRAMS staff by e-mail at iowaprams@idph.iowa.gov or by phone at 1-800-383-3826.

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Snapshot

In 2017, there were:

- **38, 408** live births in Iowa
- **2,528** babies were born at a low birthweight
- **202** babies died before their 1st birthday

What does PRAMS tell us?

- **35,891** mothers were eligible for PRAMS*
- **31,976** had insurance *before* they were pregnant
- **17,707** had their teeth cleaned before their pregnancy
- **23,179** reported their pregnancy was planned
- **30,677** reported ever breastfeeding their babies
- **30,649** primarily put their baby to sleep on his or her back - the safest position for infants to sleep
- **4,688** reported being diagnosed with depression postpartum
- **1,306** reported some form of violence during pregnancy
- **24,011** reported using a most or moderately effective method of contraception postpartum (including abstinence)

*Number of PRAMS eligible mothers is less than the number of births due to multiple births and the exclusion of adopted and surrogate children.

Glossary

Live birth: A birth that shows any sign of life after delivery. The World Health Organization considers a sign of life as being the breathing or showing of any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. The responsibility of determining if a birth meets this definition is that of the attending physician. In this publication, the terms live birth and birth are used synonymously.

List of Acronyms

CDC……..Centers for Disease Control and Prevention

IDPH……..Iowa Department of Public Health

PRAMS……Pregnancy Risk Assessment Monitoring System

Introduction

Overview of PRAMS

PRAMS stands for the Pregnancy Risk Assessment Survey (PRAMS) and is a cooperative project between the Iowa Department of Public Health (IDPH) and the Centers for Control and Prevention (CDC). Iowa joined the PRAMS project in 2011 and began data collection in February of 2013. In 2017, 1,958 Iowa mothers were asked to provide information on their experiences and behaviors before, during and after pregnancy.

PRAMS was initiated in 1987 to help state health departments establish and maintain an epidemiologic surveillance system of selected maternal behaviors and experiences. PRAMS was started at a time when the U.S. infant mortality rate was no longer declining as rapidly as it had in past years and the prevalence of low birthweight was showing little change. Maternal behaviors, such as alcohol and tobacco use, and limited use of prenatal care and pediatric care were contributing to the slow rate of decline. PRAMS was designed to supplement data from vital records and to generate data for planning and assessing perinatal health programs in each participating state

Why is PRAMS important?

- PRAMS provides data for state health officials to use to improve the health of mothers and infants.
- PRAMS allows CDC and the states to monitor changes in maternal and child health indicators (i.e. unintended pregnancy, prenatal care, breastfeeding, smoking, drinking, and infant health).
- PRAMS enhances information from birth certificates used to plan and review state maternal and infant health programs.
- The PRAMS sample is chosen from all women who had a recent live birth, so findings can be applied to the state's entire population of women who recently delivered a live-born infant.
- PRAMS not only provides state-specific data but also allows comparisons among participating states because the same data collection methods are used in all participating states.

How are PRAMS data used?

PRAMS provides data not available from other sources about pregnancy and the first few months after birth. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.

PRAMS data are used by:

- State and local governments to plan and review programs and policies aimed at reducing health problems among mothers and babies.
- State agencies to identify other agencies that have important contributions to make in planning maternal and infant health programs and to develop partnerships with those agencies.
- Researchers to investigate emerging issues in the field of maternal and child health.

For additional information, please visit http://www.cdc.gov/prams/. You will find detailed information on the methodology used, other participating states, and data to action success stories.

If you would like to request Iowa PRAMS data, please visit http://idph.iowa.gov/prams for information on the request process. Complete versions of the survey are also available.

PRAMS Methodology

Sample Design

All states participating in PRAMS utilize a sampling technique called 'stratified random sampling' in which all birth records are divided into categories, or 'strata.' Iowa stratifies by mother's race and ethnicity as reported by the mother on the birth certificate.

A random sample is drawn from each of these groups on a monthly basis. Selected mothers are then contacted to participate in the PRAMS project. Because a relatively small percentage of the total population of all Iowa mothers is contacted, a simple random sample may not yield sufficient numbers of responses from these women to tell us about their lifestyles and behaviors as a group. Stratified random sampling provides a means to collect more meaningful information about high-risk population groups. A weighting process is used to recombine the resulting responses to reflect the total population of Iowa mothers within a calendar year.

Mode of Surveillance

All PRAMS states use a mixed-mode surveillance system. Mothers are first contacted via mail when their infant is over two months of age. Up to three self-administered surveys are sent to selected mothers. Mothers who do not respond to the mailed survey are called to complete the survey by a phone. All mothers who complete the survey are given a $10 gift certificate for diapers.

Inclusion Criteria

Any Iowa-resident woman, including teens, who delivers a live birth within Iowa is eligible to be included in the PRAMS sample. When twins or triplets are born, only one infant is randomly selected. Adopted infants and surrogate births are excluded. Birth certificates missing the mother's last name are also excluded.

Limitations of PRAMS

As a self-administered survey, PRAMS data is subject to inaccurate reporting. Types of bias in PRAMS data may include recall bias, reporting bias, and misunderstanding of questions. PRAMS is also subject to nonresponse bias, especially among harder to reach populations. The data represents estimates of population behavior and experiences. Data can be used as a guideline for program activities.

Response Rate

The overall response rate for Iowa PRAMS was 62% in 2017, which is above the 55% minimum for PRAMS data to be considered valid. However, some subgroups, such as Non-Hispanic Black (NHB) mothers or mothers with a high school degree or lower, have response rates of less than 50%. Though the sample design described above helps improve estimates for these groups, it cannot fully correct for the selection bias created by non-response, and so estimates from these groups should be treated with higher caution.

Confidence Intervals

Confidence intervals represent uncertainty around an estimate, though they themselves are an estimate. All confidence intervals in this report are at the 95% level. Uncertainty intervals in this report

account for uncertainty due to the sample selection process, but cannot fully account for non-response or misinformation given by participants. For more information about confidence intervals, see https://www.census.gov/did/www/saipe/methods/statecounty/ci.html.

Data Suppression

Subgroups that contain less than 25 women have been suppressed from this document because the estimates would be unreliable. These groups are indicated by an asterisk in the graphs and tables below.

Household Income

Household income is analyzed using four groups for this report; the groups were chosen in order to have similar numbers of women in each, and the cutoff of 185% of the Federal Poverty Line (FPL) because this is the threshold for WIC eligibility, and 375% is the threshold for qualification for Medicaid for pregnant women in the state of Iowa. For a four-person family, this cutoff for Medicaid eligibility is an annual income of approximately $88,000. When calculating FPL for the family, the family size includes one above the number indicated by the respondent to account for the new infant. For example, if the respondent wrote that four people depended on the income reported, FPL will be calculated as if five people depended on the reported income.

Maternal Residence

Urbanicity was chosen by mother's county of residence, based on the National Center for Health Statistics urban-rural continuum. Counties designated as Small-Metro or Micropolitan were considered urban (Iowa has no counties with higher urbanicity), while the rest of the counties, classified as non-core, are considered rural.

Maternal Insurance

Maternal insurance is tracked at three time periods in the PRAMS survey: before pregnancy, during pregnancy, and at the time of survey (postpartum). Mothers who selected both public insurance and private insurance options during a given time were included in the private insurance group. Military insurance is considered private insurance for this report.

Results

Demographics

Question	Sample N	Weighted N	Weighted %	95% CI
*Maternal **Age** Categories*				
< 20 years	53	1395	4.23	2.68-6.63
20-24 years	218	6837	20.75	17.15-24.89
25-29 years	312	11316	34.35	29.93-39.05
30-34 years	302	11835	35.92	31.49-40.61
35+ years	42	1563	4.74	3.10-7.20
*Maternal **Education***				
Less than High School	234	3560	9.95	7.89-12.47
High School Graduate	286	8455	23.63	19.88-27.84
Some College/Associate's Degree	258	9476	27.24	23.30-31.56
College or Greater	254	14021	39.19	34.89-43.70
*Maternal **Race/Ethnicity***				
Non-Hispanic Black	358	2505	6.98	6.75-7.22
Non-Hispanic White/Other/Unknown	349	30006	83.60	83.21-83.99
Hispanic	326	3380	9.42	9.14-9.70
Geography				
Urban	754	24365	67.89	63.42-72.04
Rural	279	11526	32.11	27.96-36.58
***Federal Poverty Level** (FPL) Categories*				
0-49%	232	5281	15.79	12.69-19.47
50-184%	360	10018	29.95	25.78-34.47
185-374%	131	7886	23.57	19.70-27.94
375%+	157	10268	30.70	26.46-35.29
*Maternal **Insurance** (**Before** Pregnancy)*				
Public	314	7880	22.29	18.71-26.34
Private	505	24096	68.17	63.87-72.18
None	187	3371	9.54	7.42-12.18
*Maternal **Insurance** (**During** Pregnancy)*				
Public	439	10797	31.05	26.97-35.46
Private	478	22966	66.05	61.60-70.24
None	54	1005	2.89	1.79-4.65
*Maternal **Insurance** (**After** Pregnancy)*				
Public	388	10013	28.23	24.29-32.53
Private	454	22688	63.96	59.56-68.15
None	166	2769	7.81	5.97-10.15

*indicates subgroups with less than 6 respondents

Priority Area 1: Infant Safe Sleep

Question	Sample N	Weighted N	Weighted %	95% CI
In which one position do you most often lay your baby down *to sleep now?*				
On his or her side	80	2109	5.96	4.16-8.48
On his or her back	804	30649	86.69	83.39-89.42
On his or her stomach	60	1636	4.63	3.08-6.89
Multiple positions	58	962	2.72	1.65-4.47
In the past 2 weeks, ***how often has your new baby slept alone*** *in his or her own crib or bed?*				
Always	608	23678	66.97	62.54-71.12
Often	172	5837	16.51	13.36-20.22
Sometimes	98	2574	7.28	5.26-9.99
Rarely	38	1149	3.25	2.00-5.24
Never	85	2118	5.99	4.21-8.46
When your new ***baby sleeps alone****, is his or her crib or bed in the same room where you sleep?*				
YES	757	23734	71.50	66.93-75.67
NO	159	9459	28.50	24.33-33.07
Listed below are some more things about how babies sleep. ***How did your new baby usually sleep in the past 2 weeks****?*				
In a crib, bassinet, or pack and play	890	32131	91.49	88.62-93.68
On a twin or larger mattress or bed	310	7355	21.28	17.90-25.10
On a couch, sofa or armchair	99	2586	7.50	5.45-10.24
In an infant car seat or swing	407	14036	40.56	36.07-45.20
In a sleeping sack or wearable blanket	327	15738	45.26	40.68-49.93
With a blanket	392	12684	36.74	32.35-41.36
With toys, cushions or pillows	86	2487	7.20	5.14-10.00
With crib bumper pads	141	3560	10.29	7.86-13.37
Did a ***doctor, nurse or other health care worker tell you*** *any of the following things?*				
Place my baby on his or her back to sleep	951	33854	95.92	93.52-97.46
Place my baby to sleep in a crib, bassinet, or pack and play	903	32528	92.33	89.47-94.46
Place my baby's crib or bed in my room	540	18147	51.80	47.16-56.42
What things should and should not go in bed with my baby	912	32765	92.82	90.06-94.85

*indicates subgroups with less than 6 respondents

Priority Area 2: Unintended Pregnancy

Question	Sample N	Weighted N	Weighted %	95% CI
*Thinking back to just before you got pregnant with your new baby, **how did you feel about becoming pregnant**?*				
I wanted to be pregnant later	205	6086	17.22	13.96-21.04
I wanted to be pregnant sooner	132	5926	16.76	13.60-20.49
I wanted to be pregnant then	462	17253	48.80	44.22-53.40
I didn't want to be pregnant then or at any time in the future	53	1326	3.75	2.42-5.77
I wasn't sure what I wanted	164	4763	13.47	10.62-16.95
*When you got pregnant with your new baby, **were you trying to get pregnant**?*				
YES	541	22157	62.18	57.65-66.50
NO	474	13478	37.82	33.50-42.35
*When you got pregnant with your new baby, were you or your husband or partner **doing anything to keep from getting pregnant**?*				
YES	193	5374	40.39	33.35-47.85
NO	275	7932	59.61	52.15-66.65
*What were your reasons or your husband's or partner's **reasons for not doing anything to keep from getting pregnant**?*				
I didn't mind if I got pregnant	132	3588	43.88	34.73-53.46
I thought I could not get pregnant at that time	94	2331	28.44	20.71-37.69
I had side effects from the birth control method I was using	38	1109	13.51	8.02-21.86
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)	30	929	11.31	6.41-19.20
My husband or partner didn't want to use anything	82	1576	19.24	13.23-27.12
I forgot to use a birth control method	34	1072	13.06	7.73-21.23
Other	37	1411	17.23	10.90-26.16
*During any of your health care visits in the 12 months before you got pregnant, did a **doctor, nurse, or other health care worker do** any of the following things?*				
Talk to me about my desire to have children	261	11400	47.07	41.53-52.68
Talk to me about using birth control to prevent pregnancy	279	10249	42.38	36.96-47.99

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
*During any of your prenatal care visits, did a **doctor, nurse or other health care worker ask you** any of the things listed below?*				
If I planned to use birth control after my baby was born	867	29376	83.54	79.72-86.76
*Are you or your husband or partner **doing anything now to keep from getting pregnant**?*				
YES	811	29872	84.00	80.40-87.04
NO	195	5692	16.00	12.96-19.60
*What are your reasons or your husband's or partner's **reasons for not doing anything to keep from getting pregnant now**?*				
I want to get pregnant	35	1461	25.79	17.06-36.99
I am pregnant now	7	419	7.27	2.88-17.16
I had my tubes tied or blocked	11	191	3.30	1.05-9.87
I don't want to use birth control	79	2679	46.37	35.62-57.46
I am worried about side effects from birth control	70	1924	33.31	23.77-44.45
I am not having sex	57	1321	22.86	15.05-33.13
My husband or partner doesn't want to use anything	28	780	13.55	7.49-23.26
I have problem paying for birth control	10	309	5.35	2.01-13.51
Other	37	1291	22.34	14.21-33.33
*What kind of **birth control** are you or your husband or partner using **now to keep from getting pregnant**?*				
Tubes tied or blocked	79	2322	7.76	5.49-10.86
Vasectomy	23	1574	5.26	3.40-8.04
Birth control pills	188	8811	29.42	24.97-34.31
Condoms	244	8971	29.96	25.61-34.70
Shots or injections	92	1870	6.25	4.35-8.89
Contraceptive patch or vaginal ring	15	506	1.69	0.77-3.68
IUD	114	4874	16.28	12.85-20.40
Contraceptive implant in the arm	79	1811	6.05	4.14-8.76
Natural family planning	61	2405	8.03	5.70-11.21
Withdrawal	117	5089	17.00	13.46-21.23
Not having sex	95	2644	8.83	6.45-11.97
Other	16	827	2.76	1.44-5.22

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
During your postpartum checkup, ***did a doctor, nurse or other health care worker do any of the following things****?*				
Talk to me about how long to wait before getting pregnant again	492	17191	51.66	46.89-56.41
Talk to me about birth control methods I can use after giving birth	800	30117	90.13	87.02-92.56
Give or prescribe me a contraceptive method such as the pill, patch, shot, NuvaRing, or condoms	447	15332	46.45	41.72-51.25
Insert an IUD or contraceptive implant	191	6605	19.93	16.37-24.04

Priority Area 3: Mental Health

Question	Sample N	Weighted N	Weighted %	95% CI
*During any of your health care visits in the 12 months before you got pregnant, did a **doctor, nurse, or other health care worker do** any of the following things?*				
Ask me if someone was hurting me emotionally or physically	299	10186	42.54	37.09-48.17
Ask me if I was feeling down or depressed	338	12011	50.02	44.41-55.64
*During any of your prenatal care visits, did a **doctor, nurse or other health care worker ask you** any of the things listed below?*				
If someone was hurting me emotionally or physically	776	26489	75.70	71.53-79.44
If I was feeling down or depressed	855	29298	83.62	79.86-86.80
*This question is about **things that may have happened** during the 12 months before your new baby was born.*				
A close family member was very sick and had to go into the hospital	196	8787	24.58	20.77-28.85
I got separated or divorced from my husband or partner	89	2251	6.29	4.41-8.92
I moved to a new address	369	12178	34.07	29.84-38.57
I was homeless or had to sleep outside, in a car or in a shelter	36	820	2.30	1.27-4.11
My husband or partner lost their job	80	3174	8.88	6.49-12.04
I lost my job even though I wanted to go on working	103	2471	6.92	4.97-9.56
My husband, partner, or I had a cut in work hours or pay	158	5482	15.35	12.31-18.99
I was apart from my husband or partner due to military deployment or extended work-related travel	34	1055	2.95	1.74-4.98
I argued with my husband or partner more than usual	180	6114	17.12	13.87-20.94
My husband or partner said they didn't want me to be pregnant	65	2429	6.82	4.72-9.75
I had problems paying the rent, mortgage, or other bills	146	4769	13.34	10.64-16.87
My husband, partner, or I went to jail	49	1181	3.31	2.02-5.39
Someone very close to me had a problem with drinking or drugs	98	4096	11.46	8.74-14.89
Someone very close to me died	184	6663	18.66	15.28-22.58

Question	Sample N	Weighted N	Weighted %	95% CI
During the 12 months before your new baby was born, ***did you feel emotionally upset (for example, angry, sad or frustrated) as a result of how you were treated based on your race****?*				
YES	84	1605	4.49	3.01-6.64
NO	931	34141	95.51	93.36-96.99
In the 12 months before you got pregnant with your new baby, did any of the following ***people push, hit, slap, kick, choke or physically hurt you*** *in any other way?*				
My husband or partner	21	472	1.32	0.60-2.89
My ex-husband or ex-partner	18	557	1.56	0.73-3.34
Another family member	11	457	1.28	0.54-3.03
Someone else	11	691	1.94	0.92-4.06
During your most recent pregnancy, did any of the following ***people push, hit, slap, kick, choke, or physically hurt you*** *in any other way?*				
Experienced physical abuse during pregnancy	35	1306	3.64	2.21-5.93
Did not experience physical abuse during pregnancy	998	34585	96.36	94.07-97.79
During your postpartum checkup, ***did a doctor, nurse or other health care worker do any of the following things****?*				
Ask me if someone was hurting me emotionally or physically	618	19450	58.65	53.86-63.28
Ask me if I was feeling down or depressed	806	28909	86.50	82.88-89.45
Since your new baby was born, how often have you ***felt down, depressed or hopeless****?*				
Always	9	243	0.68	0.23-1.99
Often	39	1589	4.47	2.85-6.94
Sometimes	174	6606	18.57	15.22-22.47
Rarely	289	12651	35.57	31.26-40.12
Never	496	14480	40.71	36.32-45.25

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
*Since your new baby was born, how often have you had **little interest or little pleasure in doing things you usually enjoy**?*				
Always	25	358	1.01	0.43-2.35
Often	44	982	2.77	1.65-4.60
Sometimes	166	6113	17.24	13.99-21.05
Rarely	247	10201	28.76	24.74-33.15
Never	521	17813	50.22	45.62-54.82
*The following questions ask about your **emotional wellbeing during your most recent pregnancy***				
I answered written questions asking me to rate my mood	650	20961	59.78	55.13-64.27
A doctor, nurse or other health care worker talked to me about postpartum depression	808	28662	81.24	77.39-84.56
A doctor, nurse or other health care worker told me I had depression	108	3080	8.76	6.48-11.76
A doctor, nurse or other health care worker recommended that I take a prescription medication for depression	95	3416	9.67	7.22-12.83
I took medication for depression	91	3813	10.80	8.16-14.15
A doctor, nurse or other health care worker recommended that I get counseling for depression	63	1673	4.74	3.14-7.09
I received counseling for depression	50	1293	3.66	2.62-5.87
*The following questions ask about your **emotional well-being since your new baby was born***				
I answered written questions asking me to rate my mood	613	20394	57.70	53.05-62.22
A doctor, nurse or other health care worker told me I had depression	202	4688	13.25	10.59-16.46
A doctor, nurse or other health care worker recommended that I take a prescription medication for depression	108	4033	11.43	8.77-14.76
I took medication for depression	99	4723	13.40	10.45-17.02
A doctor, nurse or other health care worker recommended that I get counseling for depression	58	1885	5.33	3.56-7.91
I received counseling for depression	44	1158	3.27	2.01-5.30

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
*Before you got pregnant with your new baby, did your husband or **partner ever try to keep you from using your birth control** so that you would get pregnant when you didn't want to?*				
YES	11	272	0.77	0.29-2.01
NO	991	35153	99.23	97.99-99.91
*During any of the following time periods, did your husband or **partner threaten you, limit your activities against your will, or make you feel unsafe** in any other way?*				
During the 12 months before I got pregnant	18	664	1.88	0.92-3.79
During my most recent pregnancy	17	668	1.89	0.93-3.79
Since my new baby was born	14	494	1.39	0.62-3.10
***During your most recent pregnancy**, would you have **had the kinds of help listed below if you needed them**?*				
Someone to loan me $50	716	29973	85.07	81.81-87.84
Someone to help me if I were sick and needed to be in bed	796	31130	87.99	84.87-90.54
Someone to take me to the clinic or doctor’s office if I need a ride	823	31688	89.53	86.56-91.91
Someone to talk with about my problems	817	32102	90.70	88.03-92.83
Since you delivered your new baby, would you **have the kinds of help listed below if you needed them**?				
Someone to loan me $50	764	30910	88.38	85.33-90.86
Someone to help me if I were sick and needed to be in bed	823	32069	91.82	89.18-93.87
Someone to take me to the clinic or doctor’s office if I need a ride	833	32395	92.74	90.26-94.64
Someone to talk with about my problems	833	32402	92.78	90.30-94.67
Someone to help me if I were tired and feeling frustrated with my new baby	831	32241	92.28	89.67-94.27
Someone to take me and my baby to the doctor's office if I had no other way of getting there	867	32966	94.29	92.04-95.94

*indicates subgroups with less than 6 respondents

Priority Area 4: Breastfeeding

Question	Sample N	Weighted N	Weighted %	95% CI
*During any of your prenatal care visits, did a **doctor, nurse or other health care worker ask you** any of the things listed below?*				
If I planned to breastfeed my new baby	943	32631	92.86	90.02-94.94
*Before or after your new baby was born, did you **receive information about breastfeeding** from any of the following sources?*				
My doctor	812	27563	78.91	74.86-82.47
A nurse, midwife or doula	768	28440	81.10	77.27-84.42
From breastfeeding lactation specialist	675	26405	75.95	71.80-79.67
My baby's doctor or health care provider	713	24935	71.39	67.02-75.40
A breastfeeding support group	306	8688	24.91	21.25-28.97
A breastfeeding hotline or toll-free number	127	3073	8.91	6.71-11.74
Family or friends	621	23197	66.29	61.77-70.53
Other	96	3326	11.12	8.32-14.71
*Did you **ever breastfeed or pump** breast milk to feed your new baby, even for a short period of time?*				
YES	867	30677	86.74	83.19-89.64
NO	136	4688	13.26	10.36-16.81
*What were your **reasons for not breastfeeding** your new baby*?				
I was sick or on medicine	15	458	9.45	4.27-19.63
I had other children to take care of	34	1200	24.75	15.35-37.37
I had too many household duties	20	466	9.61	4.37-19.83
I didn't like breastfeeding	39	1014	20.93	12.54-32.82
I tried but it was too hard	24	378	7.79	3.78-15.36
I didn't want to	76	2919	60.21	47.47-71.71
I went back to work	27	709	14.62	8.09-25.00
I went back to school	6	53	1.09	0.49-2.40
Other	37	1051	21.68	13.24-33.42
*Are you **currently breastfeeding** or feeding pumped milk to your new baby?*				
YES	484	18257	59.46	54.52-64.21
NO	379	12450	40.54	35.80-45.48

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
*How many **weeks or months did you breastfeed** or feed pumped milk to your baby?*				
< 4 weeks	116	4118	33.16	26.15-41.01
4-8 weeks	90	3275	26.38	20.03-33.88
8-12 weeks	78	2353	18.95	13.68-25.66
12+ weeks	90	2671	21.51	15.84-28.51
*What were your **reasons for stopping breastfeeding**?*				
My baby had difficulty latching or nursing	136	4658	37.03	29.86-44.82
Breast milk alone did not satisfy my baby	139	5149	41.31	33.89-49.15
I thought my baby was not gaining enough weight	62	2536	20.16	14.48-27.35
My nipples were sore, cracked or bleeding or it was too painful	98	3195	25.40	19.27-32.68
I thought I was not producing enough milk, or my milk dried up	204	7151	56.84	49.12-64.25
I had too many other household duties	70	2502	19.89	14.41-26.80
I felt it was the right time to stop breastfeeding	74	2469	19.63	14.18-26.53
I got sick or I had to stop for medical reasons	41	1721	13.68	9.04-20.18
I went back to work	88	2537	20.16	14.74-26.96
I went back to school	21	685	5.45	2.82-10.26
My partner did not support breastfeeding	14	503	4.00	1.82-8.58
My baby was jaundiced	36	1112	8.85	5.38-14.22
My work or school did not have a place for me to pump/express milk	23	565	4.50	2.22-8.90
It was hard to use breaks to pump or breastfeed	55	1746	13.88	9.42-19.98
Other	60	1873	14.89	10.14-21.34

Priority Area 5: Substance Use

Question	Sample N	Weighted N	Weighted %	95% CI
*During any of your health care visits in the 12 months before you got pregnant, did a **doctor, nurse, or other health care worker do** any of the following things?*				
Ask me if I was smoking cigarettes	461	18293	76.01	70.92-80.45
*During any of your prenatal care visits, did a **doctor, nurse or other health care worker ask** you any of the things listed below?*				
If I was taking any prescription medication	922	33663	95.31	93.15-96.82
If I was smoking cigarettes	958	34303	97.10	95.20-98.26
If I was drinking alcohol	952	33728	95.75	93.36-97.30
If I was using drugs such as marijuana, cocaine, crack, or meth	820	27506	78.48	74.34-82.12
***Have you smoked any cigarettes** in the past 2 years?*				
YES	163	8338	23.30	19.43-27.68
NO	857	27444	76.70	72.32-80.57
*In the **3 months before** you got pregnant, **how many cigarettes** did you smoke on an average day?*				
11 or more cigarettes	44	2984	35.77	26.45-46.31
6 to 10 cigarettes	45	2178	26.11	18.07-36.15
1 to 5 cigarettes	53	2120	25.42	17.57-35.27
Less than 1/no cigarettes	22	1060	12.70	7.33-21.11
*In the **last 3 months** of your pregnancy, **how many cigarettes** did you smoke on an average day?*				
6 or more cigarettes	24	1468	17.59	10.87-27.20
Less than 1 to 5 cigarettes	63	30.97	37.13	27.74-47.61
None (0 cigarettes)	77	3777	45.28	35.33-55.61
***Did you quit smoking** around the time of your most recent pregnancy?*				
No	15	818	10.17	5.21-18.91
No, but I cut back	56	2933	36.45	26.93-47.17
Yes, I quit before I found out I was pregnant	14	626	7.78	3.82-15.19
Yes, I quit when I found out I was pregnant	49	2748	34.15	24.96-44.72
Yes, I quit later in my pregnancy	19	921	11.45	6.31-19.89

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
During your most recent pregnancy, did you do any of the following things about ***quitting smoking****?*				
Set a specific date to stop smoking	32	1904	23.96	15.94-34.36
Use booklets, videos or other materials to help me quit	8	562	6.99	3.04-15.23
Call a national quit line or Quitline Iowa or go to a website	8	256	3.19	0.99-9.81
Attend a class or program to stop smoking	*	*	*	*
Go to counseling for help with quitting	*	*	*	*
Use a nicotine patch, gum, lozenge, nasal spray or inhaler	7	521	6.47	2.76-14.42
Take a pill like Zyban to stop smoking	*	*	*	*
Take a pill like Chantix to stop smoking	*	*	*	*
Try to quit on my own	116	6123	76.09	65.92-83.97
Other	17	951	13.65	7.56-23.40
Listed below are some things that can make it ***hard from some people to quit smoking***				
Cost of medicines or products to help with quitting	25	1296	16.17	9.74-25.64
Cost of classes to help with quitting	15	648	8.09	3.91-15.98
Fear of weight gain	28	1495	18.89	11.86-28.72
Loss of a way to handle stress	79	4399	54.89	44.27-65.08
Other people smoking around me	87	5520	68.88	58.51-77.65
Cravings for a cigarette	94	5720	71.29	61.09-79.71
Lack of support from others to quit	28	1394	17.39	10.75-26.90
Worsening depression	31	1786	22.28	14.56-32.54
Worsening anxiety	51	3135	39.11	29.29-49.90
Some other reason	9	288	4.36	1.52-11.86
How many cigarettes do you smoke *on an average day now?*				
6 or more cigarettes	58	3319	40.99	31.11-51.65
Less than 1 to 5 cigarettes	54	2181	26.94	18.74-37.10
None (0 cigarettes)	47	2596	32.07	23.19-42.47
Have you ***used any of the following products*** *in the past 2 years?*				
E-cigarettes or other electronic nicotine products	58	3289	9.32	6.76-12.71
Hookah	31	1312	3.72	2.24-6.11
Chewing tobacco, snuff, snus or dip	10	485	1.38	0.57-3.28

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
*Have you had **any alcoholic drinks** in the past 2 years?*				
YES	569	26393	74.16	70.20-77.75
NO	441	9198	25.84	22.25-29.80
*During the **3 months before** you got pregnant, **how many alcoholic drinks** did you have in an average week?*				
4 or more drinks per week	74	4218	15.95	12.29-20.44
1 to 3 drinks per week	158	7763	29.35	24.63-34.56
Less than 1 drink per week	239	10414	39.37	34.17-44.81
I didn't drink then	100	4059	15.34	11.77-19.75
*During the **3 months before** you got pregnant, **how many times did you drink 4 alcoholic drinks** or more in a 2 hour time span?*				
2 or more times	77	4063	18.18	13.97-23.33
1 time	63	3113	13.93	10.30-18.58
I didn't have 4 drinks or more in a 2 hour time span	329	15168	67.88	62.05-73.21
*During your **postpartum checkup**, did a doctor, nurse or other health care worker do any of the following things?*				
Ask me if I was smoking cigarettes	638	20361	61.64	56.87-66.20

Priority Area 6: Oral Health

Question	Sample N	Weighted N	Weighted %	95% CI
*What **type of health care visit** did you have in the 12 months before you got pregnant with your new baby?*				
Visit to have my teeth cleaned by a dentist or dental hygienist	380	17707	72.11	66.87-76.81
***During** your most recent **pregnancy**, did you have your **teeth cleaned by a dentist or dental hygienist**?*				
YES	502	19796	55.28	50.69-59.78
NO	522	16015	44.72	40.22-49.31
*This question is about other **care of your teeth** during your most recent pregnancy?*				
I knew it was important to care for my teeth and gums during my pregnancy	906	33207	93.04	90.50-94.94
A dental or other health care worker talked with me about how to care for my teeth and gums	586	21132	59.40	54.81-63.83
I had insurance to cover dental care during my pregnancy	789	29334	82.37	78.64-85.57
I needed to see a dentist for a problem	173	5310	15.10	12.04-18.79
I went to a dentist or dental clinic about a problem (if needed to see for a problem)	127	3801	71.66	59.33-81.42
*Did any of the following things make it **hard for you to go to a dentist** or dental clinic during your most recent pregnancy?*				
I could not find a dentist or dental clinic that would take pregnant patients	67	1390	3.93	2.54-6.03
I could not find a dentist or dental clinic that would take Medicaid patients (if had Medicaid health insurance)	82	2647	25.18	18.39-33.45
I did not think it was safe to go to the dentist during pregnancy	150	3696	10.46	8.02-13.53
I could not afford to go to the dentist or dental clinic	161	3808	10.75	8.35-13.74

*indicates subgroups with less than 6 respondents

Other Topics: Preconception Care

Question	Sample N	Weighted N	Weighted %	95% CI
During the month before you got pregnant with your new baby, ***how many times a week did you take a multivitamin, a prenatal vitamin or a folic acid vitamin****?*				
I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant	602	16988	47.37	42.86-51.93
1 to 3 times a week	70	2704	7.54	5.41-10.42
4 to 6 times a week	61	4566	7.16	5.14-9.88
Every day of the week	296	13601	37.93	33.59-42.47
*In the 12 months before you got pregnant with your new baby****, did you have any health care visits with a doctor, nurse or other health care worker****, including a dental or mental health worker*				
YES	595	24405	68.55	64.21-72.59
NO	422	11196	31.45	27.41-35.79
What ***type of health care visit*** *did you have in the 12 months before you got pregnant with your new baby?*				
Regular checkup at my family doctor's office	339	12538	51.22	45.65-56.77
Regular checkup at my OB/GYN's office	307	12710	51.72	46.15-57.25
Visit for an illness or chronic condition	104	5266	21.44	17.09-26.54
Visit for an injury	32	1114	4.54	2.71-7.51
Visit for family planning or birth control	124	5312	21.62	17.34-26.60
Visit for depression or anxiety	75	3365	13.71	10.26-18.08
Visit to have my teeth cleaned by a dentist or dental hygienist	380	17707	72.11	66.87-76.81
Other	75	3144	12.80	9.45-17.11

Other Topics: Prenatal Care

Question	Sample N	Weighted N	Weighted %	95% CI
*How many weeks or months pregnant were you when you had your **first visit for prenatal care**?*				
1st Trimester	801	29019	80.85	77.02-84.18
2nd Trimester	218	6545	18.24	14.98-22.12
3rd Trimester	14	328	0.91	0.36-2.3
*During your most recent pregnancy, did a **doctor, nurse, or other health care worker talk with you about** any of the things listed below?*				
Foods that are good to eat during pregnancy	815	28082	79.48	75.44-83.01
Exercise during pregnancy	766	28591	81.07	77.25-84.37
Programs or resources to help me gain the right amount of weight during pregnancy	426	13317	37.83	33.46-42.41
Programs or resources to help me lose weight after pregnancy	224	7372	20.95	17.42-24.98
*During any of your **prenatal care visits**, did a doctor, nurse or other health care worker ask you any of the things listed below?*				
If I knew how much weight I should gain during pregnancy	557	19691	55.88	51.24-60.41
If I was taking any prescription medication	922	33663	95.31	93.15-96.82
If I was smoking cigarettes	958	34303	97.10	95.20-98.26
If I was drinking alcohol	952	33728	95.75	93.36-97.30
If someone was hurting me emotionally or physically	776	26489	75.70	71.53-79.44
If I was feeling down or depressed	855	29298	83.62	79.86-86.80
If I was using drugs such as marijuana, cocaine, crack, or meth	820	27506	78.48	74.34-82.12
If I wanted to be tested for HIV	603	20395	59.24	54.56-63.76
If I planned to breastfeed my new baby	943	32631	92.86	90.02-94.94
If I planned to use birth control after my baby was born	867	29376	83.54	79.72-86.76
*During the 12 months before the delivery of your new baby, did a d**octor, nurse or other health care worker offer you a flu shot** or tell you to get one?*				
YES	912	32500	90.91	87.89-93.24
NO	111	3249	9.09	6.76-12.11

*indicates subgroups with less than 6 respondents

Question	Sample N	Weighted N	Weighted %	95% CI
*During the 12 months before the delivery of your new baby, **did you get a flu shot**?*				
No	328	10787	30.18	26.11-34.60
Yes, before my pregnancy	113	3644	10.19	7.80-13.21
Yes, during my pregnancy	575	21310	59.62	55.05-64.04
*During your most recent pregnancy, did you get a **Tdap shot or vaccination**?*				
YES	750	28400	83.67	79.86-86.88
NO	170	5542	16.33	13.12-20.14

Other Topics: Postpartum Care

Question	Sample N	Weighted N	Weighted %	95% CI
*Since your new baby was born, have you had a **postpartum checkup for yourself**?*				
YES	924	33492	94.18	91.72-95.94
NO	84	2069	5.82	4.06-8.28
*Did any of these things **keep you from having a postpartum checkup**?*				
I didn't have health insurance to cover the cost of the visit	17	422	19.83	9.12-37.86
I felt fine and did not think I needed to have a visit	50	1200	56.31	38.49-72.64
I couldn't get an appointment when I wanted one	16	428	20.10	9.42-37.82
I didn't have any transportation to get to the clinic or doctor's office	11	296	13.87	5.10-32.58
I had too many things going on	27	836	39.25	23.46-57.66
I couldn’t take time off from work	6	252	11.82	3.69-31.97
Other	19	589	27.65	14.19-46.90
*During your **postpartum checkup**, did a doctor, nurse or other health care worker do any of the following things?*				
Tell me to take a vitamin with folic acid	572	19877	59.69	54.89-64.31
Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	524	19369	58.24	53.47-62.86
Talk to me about how long to wait before getting pregnant again	492	17191	51.66	46.89-56.41
Talk to me about birth control methods I can use after giving birth	800	30117	90.13	87.02-92.56
Give or prescribe me a contraceptive method such as the pill, patch, shot, NuvaRing, or condoms	447	15332	46.45	41.72-51.25
Insert an IUD or contraceptive implant	191	6605	19.93	16.37-24.04
Ask me if I was smoking cigarettes	638	20361	61.64	56.87-66.20
Ask me if someone was hurting me emotionally or physically	618	19450	58.65	53.86-63.28
Ask me if I was feeling down or depressed	806	28909	86.50	82.88-89.45
Test me for diabetes	322	6237	18.87	15.74-22.45

*indicates subgroups with less than 6 respondents

Other Topics: Comorbidities

Question	Sample N	Weighted N	Weighted %	95% CI
*During the 3 months before you got pregnant with your new baby, did you have any of the following **health conditions**? [Responded YES; multi-select]*				
Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)	44	1433	4.03	2.53-6.35
High blood pressure or hypertension	47	1724	4.83	3.14-7.34
Depression	132	55952	16.66	13.39-20.55
Asthma	94	3249	9.12	6.76-12.21
Anxiety	182	9106	25.50	21.59-29.85
*During **any of your health care visits** in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?*				
Talk to me about controlling any medical conditions such as diabetes or high blood pressure	99	2585	10.67	7.79-14.45
Ask me if I was feeling down or depressed	338	12011	50.02	44.41-55.64
*During your most recent pregnancy, did you have any of the following **health conditions**?*				
Gestational diabetes	126	3902	10.91	8.42-14.03
High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia	102	3413	9.58	7.18-12.67
Depression	137	5089	14.28	11.27-17.95

Other Topics: Other

Question	Sample N	Weighted N	Weighted %	95% CI
*During any of your health care visits in the 12 months before you got pregnant, did a **doctor, nurse, or other health care worker do** any of the following things?*				
Ask me about the kind of work I do	369	14731	61.51	55.88-66.84
*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**?*				
YES	95	3234	9.19	6.78-12.36
NO	901	31945	90.81	87.65-93.22
*After your baby was delivered, **how long did he or she stay in the hospital**?*				
2 or less days	566	22314	63.45	58.94-67.73
3-5 days	378	10867	30.90	26.86-35.25
6-14 days	30	782	2.22	1.24-3.95
More than 14 days	35	1207	3.43	2.03-5.76
Has your new baby had a well-baby checkup?				
YES	988	34908	98.61	96.74-99.42
NO	11	492	1.39	0.59-3.26
*Listed below are some statements about **safety***				
I always used a seatbelt during my most recent pregnancy	953	33820	96.07	93.70-97.57
My home has a working smoke alarm	948	34052	97.04	95.05-98.25
There are loaded guns, rifles or other firearms in my home	72	3791	10.85	8.23-14.17
I have received information about infant products that should be taken off the market since my new baby was born	361	15681	44.93	40.35-49.61
*Have you ever heard or read about **what can happen if a baby is shaken**?*				
YES	900	34142	96.64	95.13-97.69
NO	90	1188	3.36	2.31-4.87
*Have you **shared what you know about the danger of shaking a baby** with anyone else who takes care of your new baby?*				
YES	662	23142	68.05	63.48-72.31
NO	233	10864	31.95	27.69-36.52

*indicates subgroups with less than 6 respondents