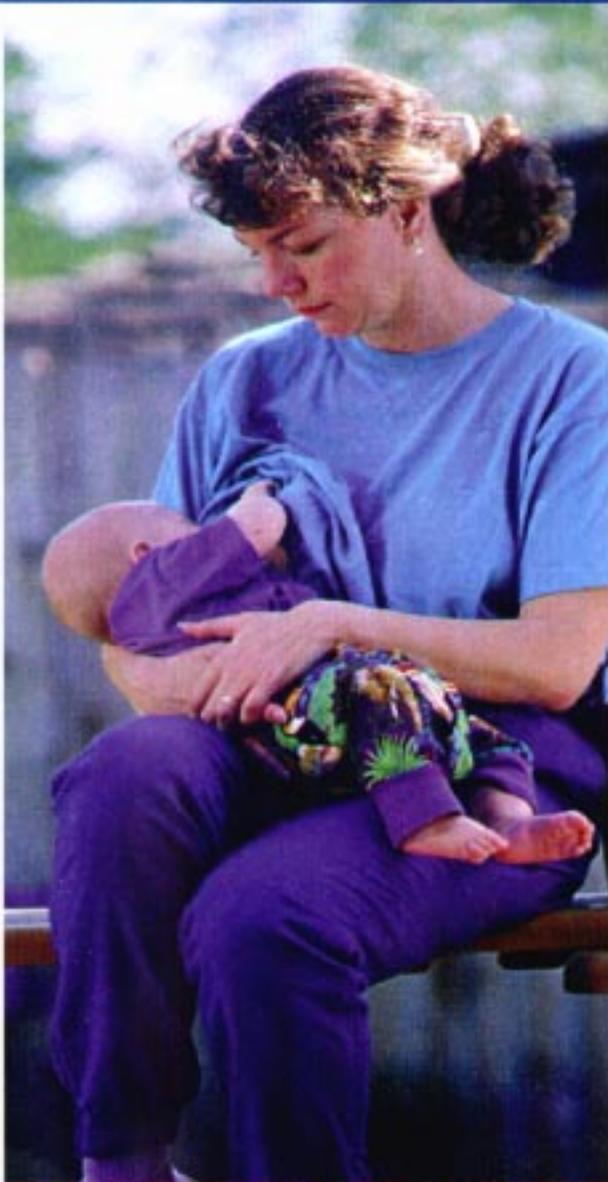


PRAMS



Pregnancy Risk Assessment Monitoring System



*A survey of
the health of
Mothers and babies
in Arkansas*



Arkansas Department of Health • Center for Health Statistics

PRAMS

Pregnancy Risk Assessment Monitoring System

A survey of the health
of mothers and babies in Arkansas
for 1997 births

Hon. Mike Huckabee, Governor
State of Arkansas

Dr. Fay Boozman, Director
Arkansas Department of Health

Douglas R. Murray, Director
Arkansas Center for Health Statistics



Methodology

For purposes of collecting and analyzing the PRAMS data represented in this report, Arkansas used a standardized method developed by the Centers for Disease Control and Prevention at Atlanta. Every month a stratified systematic sample of approximately 182 mothers was selected from the records of Arkansas births to Arkansas residents. Adopting mothers and mothers of quadruplets were excluded. Each mother was mailed an explanatory letter introducing the survey, followed by a 15-page questionnaire at two to six months after delivery. A tickler letter and a second questionnaire were mailed to those who did not respond. After midyear, a third mailing was added and Spanish translations of all materials were included in mailings to Hispanic mothers. PRAMS staff attempted to telephone all nonrespondents after the second or third mailing.

Data were collected from six independent strata.

Stratum	Eligible Mothers	Sampled Mothers	Responses	Response Rate
Low Birthweight Rural Counties	380	241	171	71
Low Birthweight Medium Counties	686	321	219	68
Low Birthweight Urban Counties	1461	402	273	68
Normal Birthweight Rural Counties	4459	406	294	72
Normal Birthweight Medium Counties	8768	397	297	75
Normal Birthweight Urban Counties	17726	412	308	75
Total	33480	2179	1562	72

Sampling information and mother's responses were linked to birth certificate data for analysis. But before analysis could proceed, the responses needed to be weighted to make them representative of eligible Arkansas mothers as a whole.

This was done in three steps.

First, the probability of response to the survey was computed as a logistic function of race, ethnicity, marital status, age, education, parity, and trimester of initiation of prenatal care. For each stratum, response was evaluated in a multivariate logistic regression model, using the backward elimination procedure with retention of all factors significant at the 0.15 level. Each response was then weighted by the inverse of the computed probability of response. After this step, the weighted number of respondents in each stratum closely matches the number sampled. An implicit assumption of this procedure is that the average responses of each responding mother closely match the average responses of non responding mothers with the same characteristics.

Second, the data were weighted by the inverse of the probability of being sampled. In order to accommodate the difficulties of getting the PRAMS survey started, the first four months were sampled at half the rate of the remaining eight months. After completion of this step, the weighted number of respondents in each stratum closely matched the number of eligible mothers in each stratum.

Third, the data were weighted by the ratio of the final number of eligible mothers in each stratum to the original number of eligible mothers in the stratum. Small differences between original and final birth numbers are mostly due to a small number of corrections of birthweights and county of residence, deletion of duplicate records, and inclusion of late filings. After completion of this step, the weighted number of respondents in each stratum exactly matched the number of eligible mothers in the final birth data.

Introduction

Dear Reader,

The report you see before you is very special, unlike anything the Arkansas Center for Health Statistics has ever done. The data come from the Pregnancy Risk Assessment Monitoring System. Although the name is awkward, the basic idea behind PRAMS is quite simple. Every month, 180 survey questionnaires are mailed to a random sample of Arkansas women who delivered about three months previously. The results of those surveys are the foundation for this report.

PRAMS is a joint project between the U.S. Centers for Disease Control and Prevention and the Arkansas Department of Health. It obtains information that is not available from any other source. Among the issues examined are pregnancy intendedness, barriers to prenatal care, content of prenatal care, risk factors, breastfeeding, and postpartum matters.

The data received from this survey have many applications for the management of health programs and the formulation of public policy. In and of itself, that makes this survey worthwhile.

But what makes PRAMS special is not the data. Rather, it is the words of the women themselves, telling of the triumphs and joys of motherhood, as well as their suffering and tragedies.

In virtually every case, these words were taken from a blank page at the back of the questionnaire that simply suggested "Please use this space for any additional comments you would like to make about the health of mothers and babies in Arkansas." Aside from removing names and a very limited amount of editing for grammar and spelling, these quotations are the literal words of the women who wrote them.

As you read this report, please take a little extra time to listen to the words of the women represented in the statistics. We have found that one small voice will often speak more eloquently than pages of data.

Sincerely,

A handwritten signature in black ink that reads "Douglas R. Murray". The signature is written in a cursive style with a large, stylized "D" and "M".

Douglas R. Murray, Director
and the staff of the
Center for Health Statistics
Arkansas Department of Health

Acknowledgments

The Arkansas PRAMS project is an ongoing collaboration of many talented and dedicated people from the Centers for Disease Control and Prevention's Division of Reproductive Health and the Arkansas Department of Health's Center for Health Statistics. The more than 1,500 mothers who completed the PRAMS survey and shared their invaluable insights made this report possible.

Douglas R. Murray, director, Center for Health Statistics, oversaw the PRAMS direction. John Senner, senior research analyst, provided overall supervision and wrote the computer programs that generated the statistics herein. Terri Wooten, medical economist, and Sarah Hatley, health program analyst, conducted data analysis and sample selection. Walter Harrison, senior systems analyst, and John Morgan, lead programmer analyst, kept the computers humming smoothly.

Dr. Richard Nugent, medical director, Division of Maternal & Child Health; Donnie Smith, administrative director, Division of Maternal & Child Health; Jean Hagerman, director of Perinatal Health, and Bill Hamilton, director, Reproductive Health, helped develop the PRAMS questionnaire and provided ongoing support when unexpected issues arose.

Many thanks to Sandy Bankson, data manager, who performed the complex daily operations, conducted telephone interviews and personally interviewed each of the mothers whose baby died. Edritzel Beavers, documents examiner, conducted evening and weekend interviews, assisted with daily operations and worked to ensure our good response rates. Gail Dellorto provided Spanish translations and telephone interviews for the Hispanic mothers.

John Hofheimer, Center for Health Statistics health writer, laid out and edited this book and Bruce Sharp, Health Education and Promotion media specialist, designed the cover and provided technical assistance. This publication was made possible by grant number U50/CCU613643-01 from the Centers for Disease Control and Prevention. Special recognition goes to the CDC PRAMS staff for its technical assistance and remarkable patience.

Thanks to Albert Whitman & Co. and for permission to use letters on pages 48 and 50, excerpted from "Be a Friend: Children Who Live with HIV Speak," by Lori S. Weiner, Ph.D., Aprille Best and Philip A. Pizzo, M.D.



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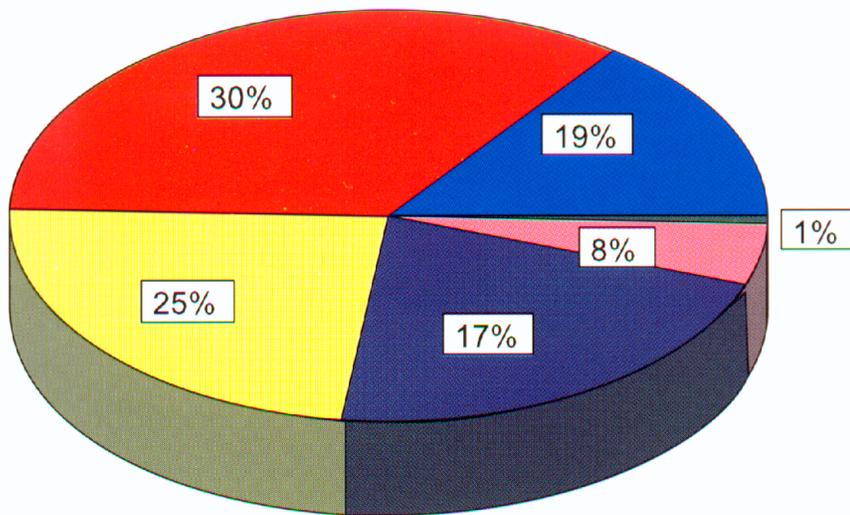
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General Information

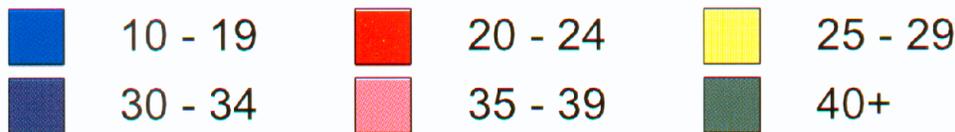
"Dear who ever this concerns, thank you for sending me this survey. I enjoyed answering these questions to try to help make a difference. I had to answer a similar survey for a program for high school mothers in Arkansas."

"Both my kids both have the same father. I have a 2-year-old and a 4-month old baby. I am 17 years old."

Age of Arkansas Mothers



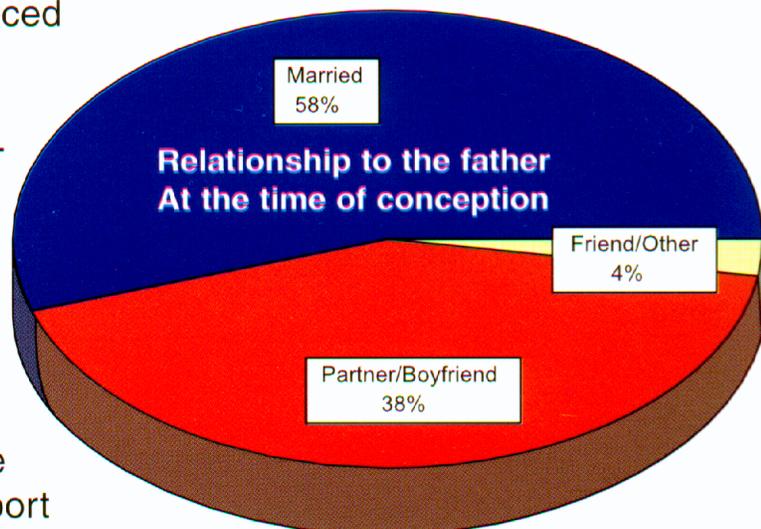
Mother's Age at Most Recent Birth



PRAMS data serve as another reminder of the serious problem of teenage pregnancy in Arkansas. Nineteen percent of all *live births* in 1997 were to mothers younger than 20. This does not include spontaneous or induced abortions, nor stillbirths.

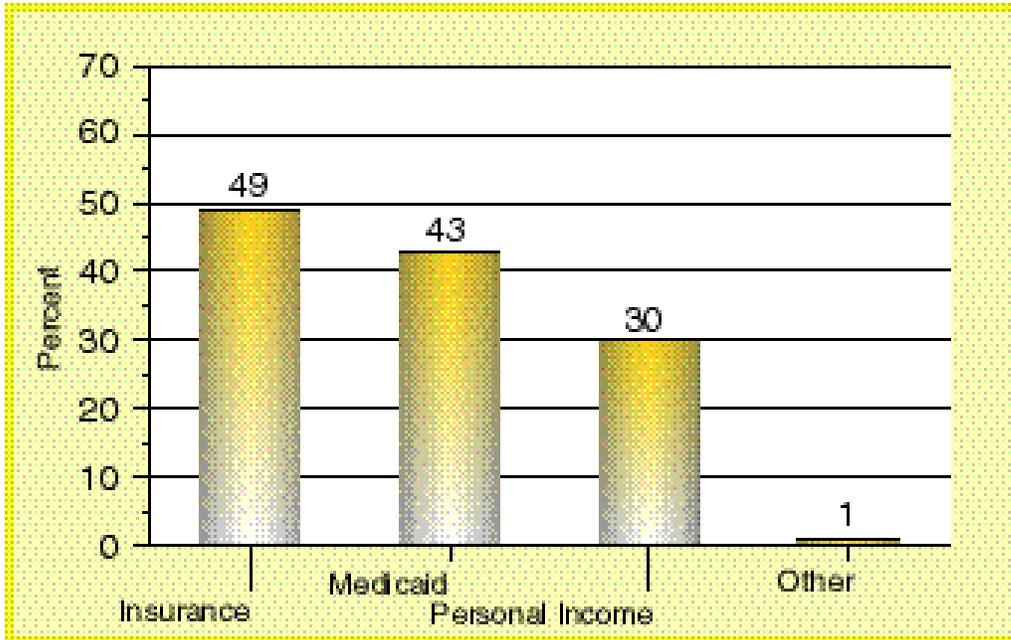
In 1997, 58 percent of mothers said they were married to the baby's father at the time of conception. This statistic differs from frequently cited vital statistics data, which report marital status at *any time* during the pregnancy. PRAMS data report

the relationship of the parents at the time of conception. Some mothers marry during their pregnancies, thus lowering the number who were unmarried at the time of birth.



“I had problems at about two months. I started bleeding and thought I lost my baby, so I went to the emergency room. They could still hear the baby’s heart beat so they were going to send me to my doctor. They refused to see me because I didn’t have Medicaid or money.”

Payment Method for Prenatal Care



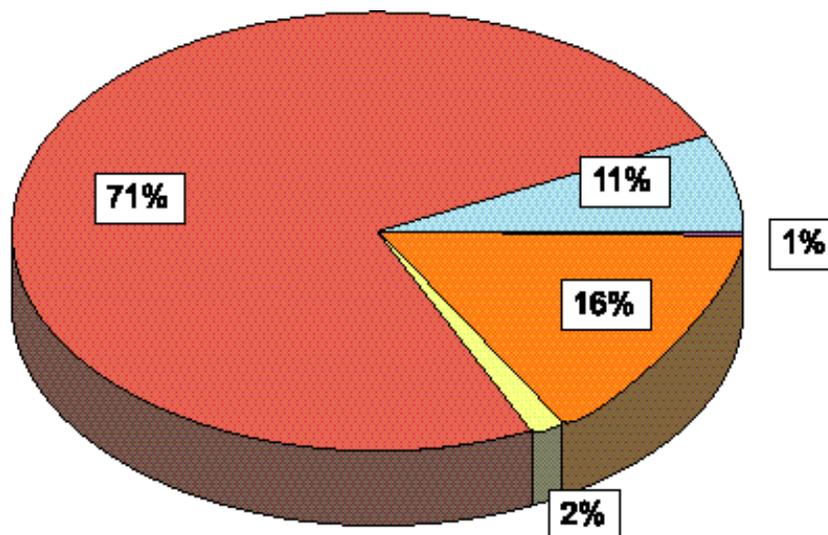
Question 15. How was your prenatal care paid for?

Forty-nine percent of mothers reported using private insurance, while another 43 percent were on Medicaid, and 30 percent had to use personal income for at least some of their prenatal care payments. However, 36 percent used Medicaid alone and 27 percent relied solely on private insurance. Eighteen percent paid with both health insurance and personal income.

Percentages do not total 100 because some women checked multiple payment sources, having used more than one method to pay for their prenatal care.

“I would just like to add that I was very satisfied with Pope County Health Department. The nurses there are great. They caught many of my problems, such as Toxemia, before I ever felt any symptoms. My regular doctor didn’t even do as good a job as the girls at the Health Department.”

Source of Prenatal Care



Question 14. Where did you go *most of the time* for your prenatal visits?

Seventy-one percent of Arkansas mothers received most of their prenatal care from a private physician. Noting the source of prenatal care is important when evaluating the adequacy of the content of prenatal care received, the satisfaction of the mothers with their health care providers, and especially issues related to risk factors such as HIV counseling.

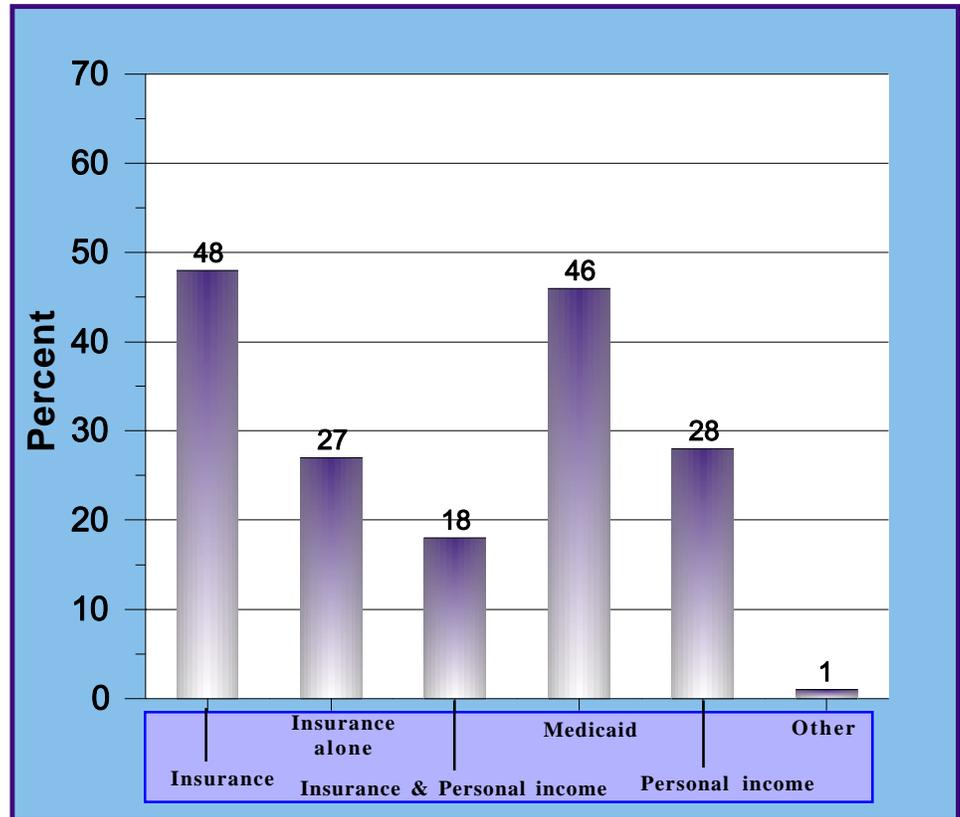
“In my opinion I think that anyone who needs prenatal care during their pregnancy can get it. The Health Department was very helpful to me when I needed them. I think they need to be publicized more.”

“With all our bills we could not afford to have a baby and we struggled very hard. I feel like people who make \$20,000 - \$25,000 should be able to get help. Because I know some people who make way more than we do and are on Medicaid.”

Method of Delivery Payment

Question 40. How was your delivery paid for?

Only 48 percent of Arkansas mothers had access to private insurance to pay for at least part of their delivery, while 46 percent of all live births were paid for by Medicaid. Twenty seven percent used only private insurance to pay for their delivery, 18 percent used a combination of private insurance and personal income, and 42 percent used only Medicaid.



Personal income is often required for the insurance co-payment. Since multiple answers could be checked, totals exceed 100 percent.

“I think a lot of people think they make too much money to qualify for WIC. I just thought it was for people who got food stamps or welfare. That is why we didn't apply until after my baby was born.”

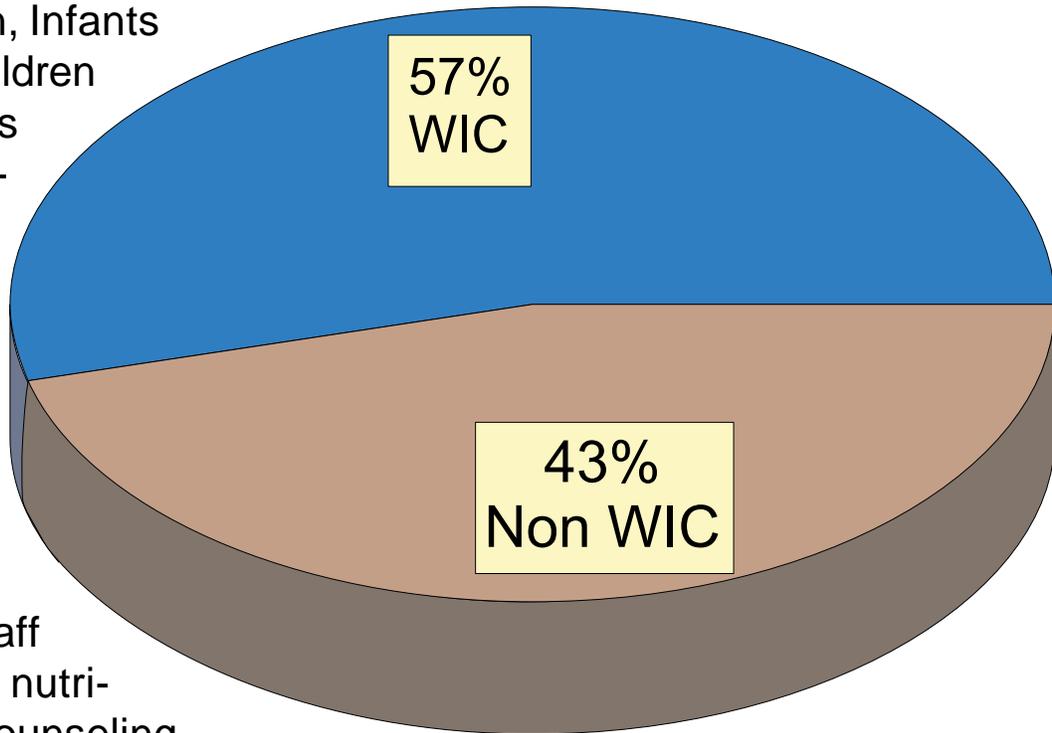
WIC Participation

During Pregnancy

Women, Infants and Children (WIC) is a federally funded nutritional supplement program.

WIC staff provide nutritional counseling, breastfeeding promotion and education to pregnant and lactating women, as well as referral to other health-related services. The program serves as a point of contact at which women potentially have additional exposure to the health care system. Women can be eligible for WIC with incomes as high as 185 percent of the federal poverty level.

Fifty seven percent of Arkansas mothers reported participating in the WIC program during their pregnancies.



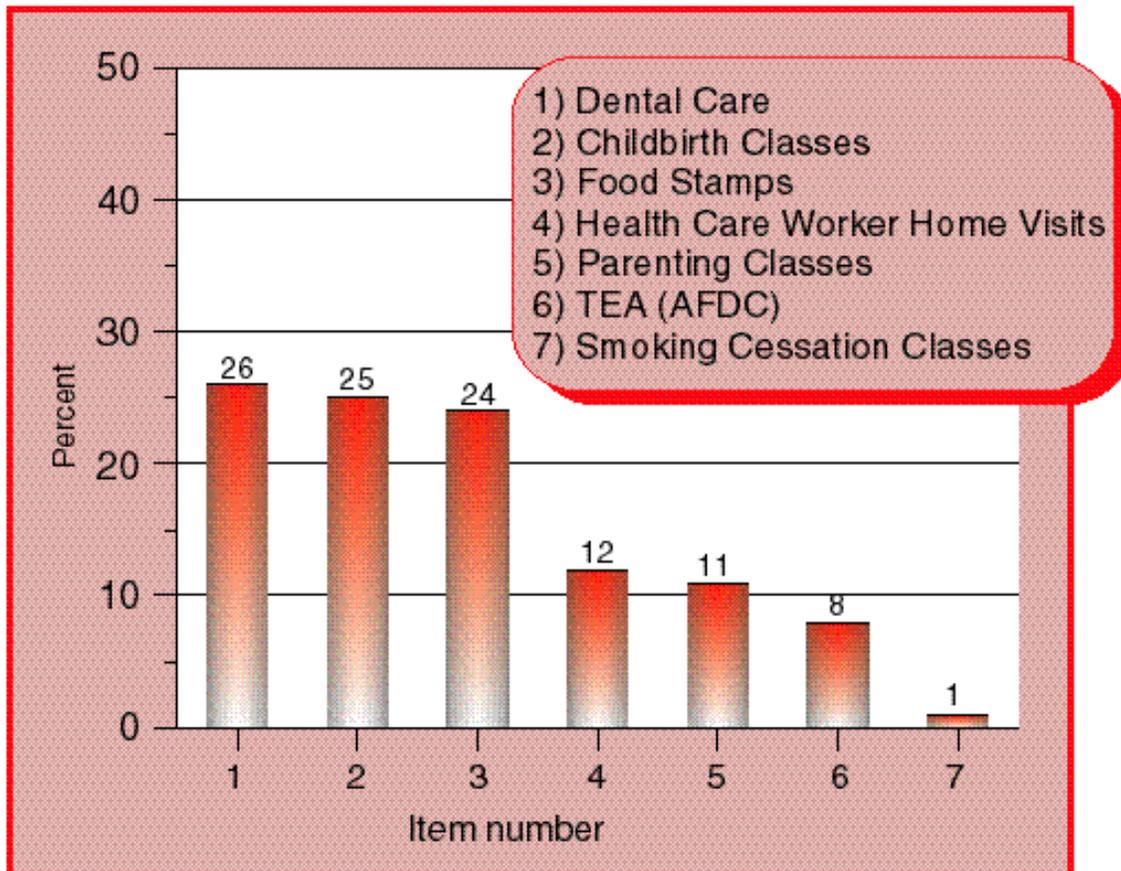
“My Medicaid would not pay for anything but doctor visits and the actual birth. I called several times because, although I was taking prenatal vitamins, my teeth suffered from calcium deficiency. Now several of them need to be pulled and filled. This could have been prevented. Medicaid would not help me with dental care then or now. I would like to prevent other mothers from enduring this pain.”

Services Received

During Pregnancy

Question 60. During your most recent pregnancy, did you get any of these services?

(Choices included: dental care; childbirth classes; food stamps; health care home visits; TEA (AFDC); and smoking cessation classes.)



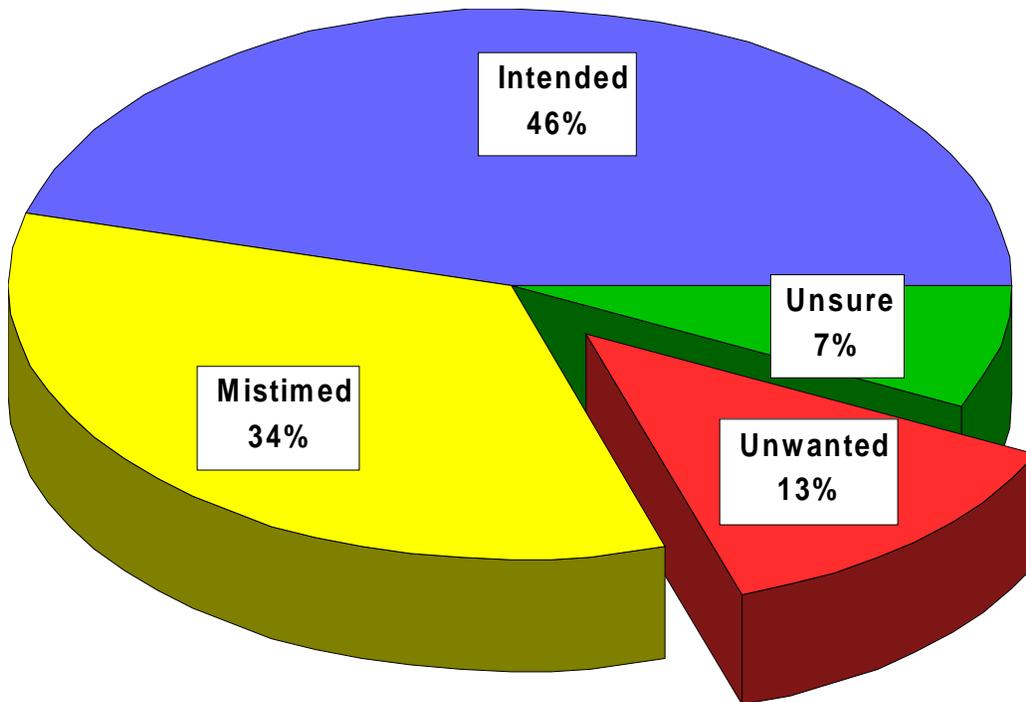
One-fourth (26 percent) of the respondents received dental care, childbirth classes (25 percent), and/or food stamps (24 percent). Twelve percent received a home visit from a health care worker, 8 percent were on TEA (AFDC), and only 1 percent attended smoking-cessation classes during pregnancy.

Pregnancy Intent

“My husband and I were overjoyed when we learned about my pregnancy. We both understood the importance of good prenatal care. I was fortunate to have insurance and was able to get the kind of prenatal care I wanted. This is not true of many women and children in Arkansas.”

Intendedness of Pregnancy

Question 5. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?



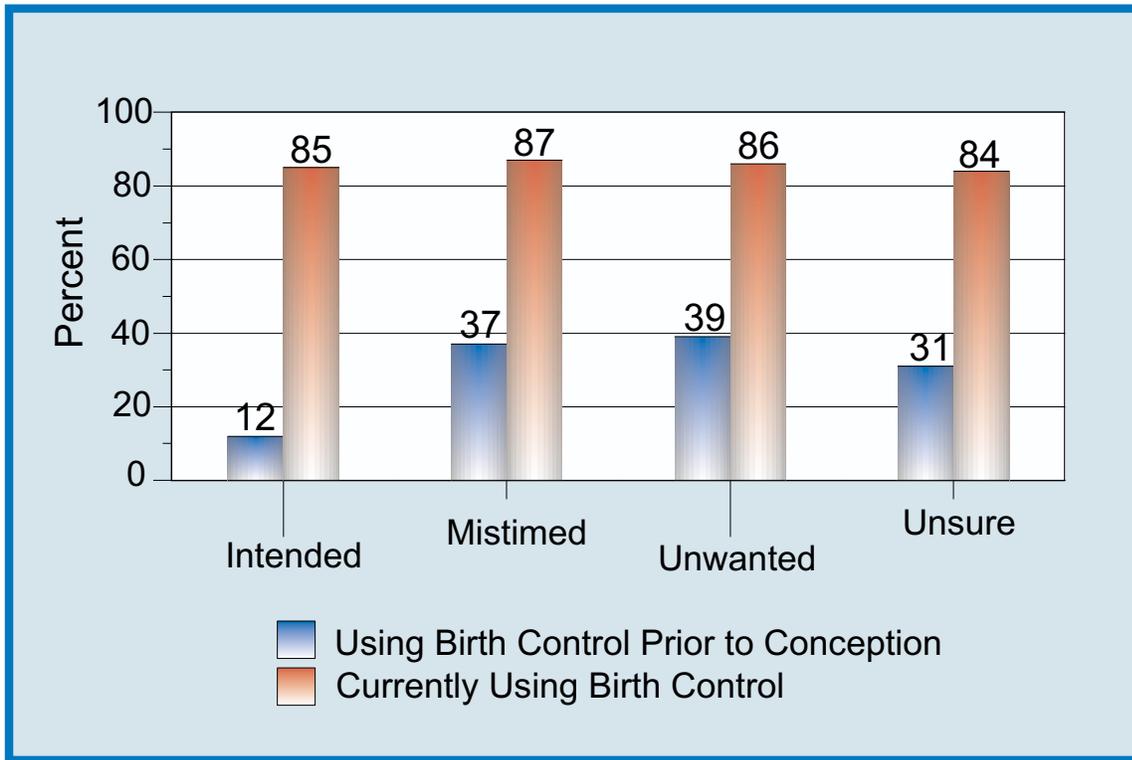
In 1997, fewer than half of the Arkansas pregnancies resulting in a live birth were reported as intentional (46 percent). Forty-seven percent were unintended, meaning unwanted or mistimed, and 7 percent of the mothers were unsure how they felt about becoming pregnant. However, 13 percent of the mothers reported that they did not want to be pregnant then or at any time in the future.

The *Healthy People 2000* goal for unintended pregnancies is to reduce the proportion of unintended pregnancies to 30 percent of all pregnancies (including spontaneous and induced abortions and stillbirths). There is still a lot of work to be done in this area especially since PRAMS data are based only on pregnancies resulting in live births.

“... for my recent pregnancy I was unprepared....I couldn't get financial help until I stopped working. But the only thing that was available for me was the TEA program. True, I received food stamps, which was a very big help. But I still had light, gas, telephone, rent, life insurance, and not to mention my 7-year-old child to care for. TEA was only \$162 a month. I wasn't eligible for unemployment because I was on pregnancy leave. I didn't think I was going to make it. But there still is a God. I'm a single mother with no help from my children's father. I'm working again to pay my own bills and take care of my own children which I love doing very much.”

Birth Control Use

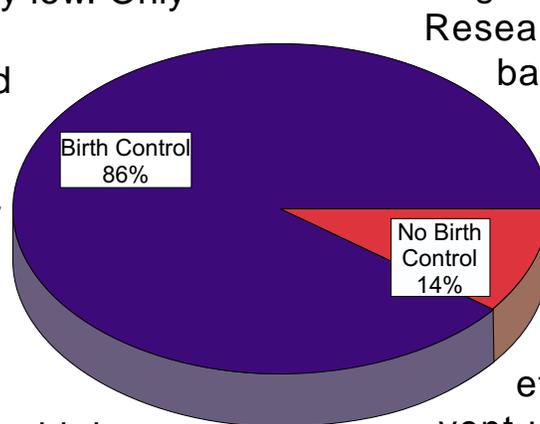
by Pregnancy Intent



Question 8. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control?
 Question 61. Are you or your husband or partner using any kind of birth control now?

Birth control use among recent mothers who said they had wanted a baby, but later, and those who had never wanted a baby was extremely low. Only 37 percent in the mistimed group and 39 percent of the unwanted group were practicing any birth control when they most recently conceived.

among all groups, it is important to note that 14 percent of mothers who said that they never wanted to be pregnant were still not using birth control.



Research into the barriers to birth control use and the timing of postpartum birth control abandonment could enhance efforts to prevent unintended pregnancies.

Although postpartum birth control use was quite high

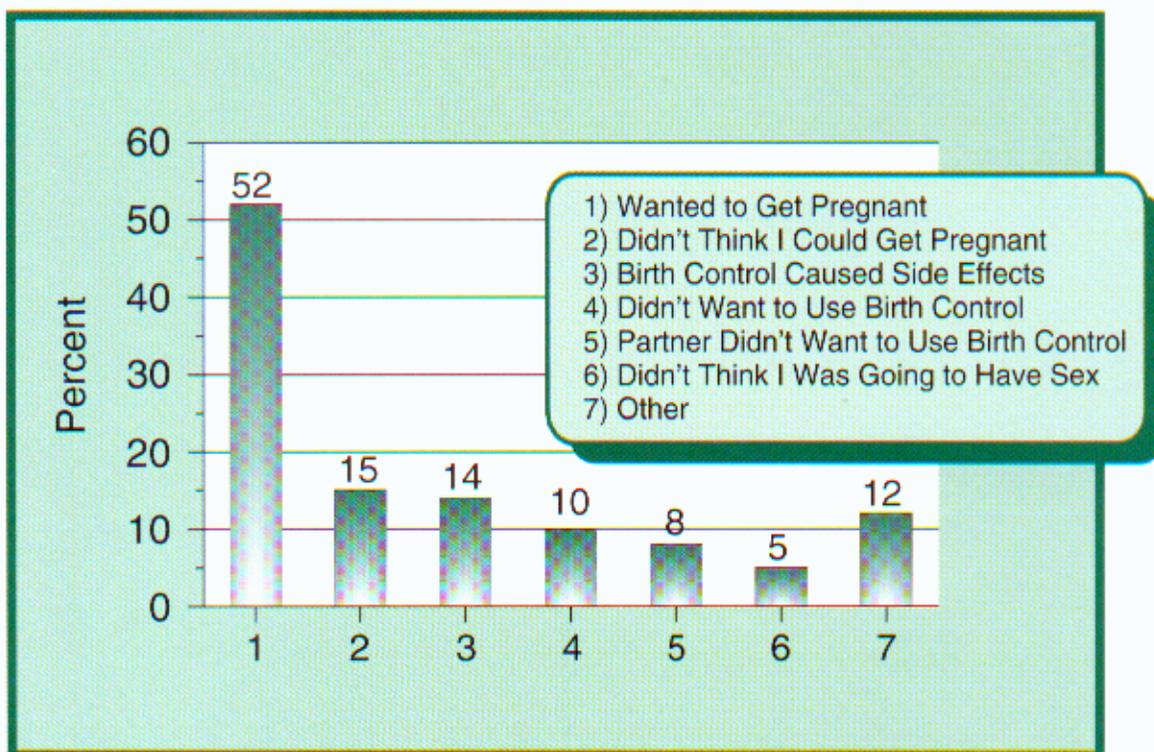
“This is a very good program because it will help more mothers become more aware of things that they have to do to become good mothers to their babies. To use birth control after the baby is born, to stay healthy and responsible. No matter what, becoming responsible is the most important thing now because you have a human being to take care of.”

Reason Not Using Birth Control at Conception

Question 8. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control?

If not, then

Question 9. Why were you or your husband or partner not using any birth control?



An estimated 75 percent of new mothers had not been using birth control when they got pregnant. When asked why they were not

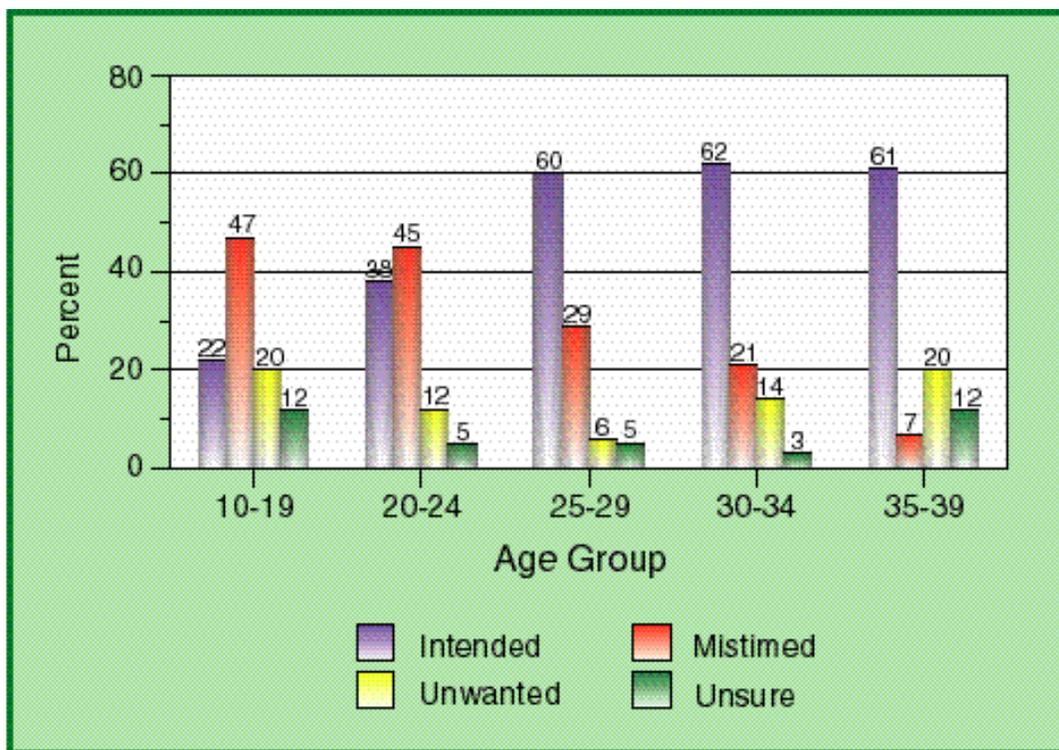
using birth control, only 52 percent of those mothers reported that they wanted to be pregnant.

“I am 15 years old and my baby died. I’m not taking any birth control, because I have to get another baby. I can no longer live with all the pain. All I have to show for him is a scar, and that’s not very much. Nobody understands.”

Pregnancy Intent

by Age

The proportion of intended pregnancies is at least 60 percent among all women aged 25 and over. Twenty-two percent of teenagers reported that they intended to be pregnant while 67 percent either wanted to be pregnant later or did not want to be pregnant then or ever. This number declined as the age of the mothers increased.



With unwanted pregnancies,

women are less likely to seek prenatal care in the first trimester, less likely to breastfeed, and more likely to expose the fetus to harmful substances like alcohol and tobacco smoke. The infant is at higher risk of being low birthweight, dying in its first year, being abused, and not receiving sufficient resources for healthy development.

Teens and their infants face even more serious consequences of unintended pregnancy. They are at higher risk for reduced educational attainment, have fewer employment opportunities, increased likelihood of welfare dependency, and poorer health and development outcomes.

"Be careful if you don't want a baby right now. I am 21 years old and have 3 children. My first one was born when I was 15. I've been on my own since then. The people who you think will stick with you during hard times will leave, such as boyfriends and family. I finished High School just last year at age 20. I work in a fast-food restaurant five hours a night because I can't afford a full time baby-sitter. I never got a chance to see life to the fullest and go to college. So be prepared and stable so you can raise healthy children. Teenagers be very careful and use birth control, because raising a child at that age isn't easy."

Pregnancy Intent

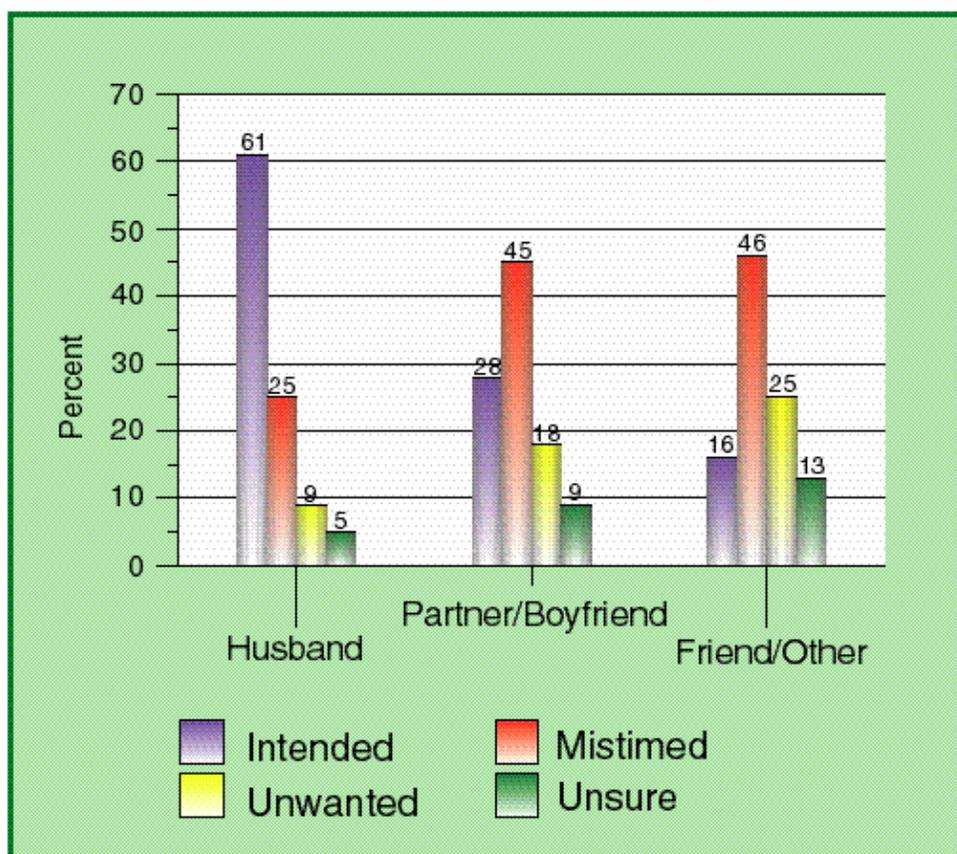
and Relationship to the Father

Question 5. Thinking back to just before you got pregnant, how did you feel about becoming pregnant?

Question 65. When you got pregnant, what relationship did you have with your baby's father?

New mothers whose relationship with the baby's father was described as "friend or other" were almost three times as likely to have an unwanted pregnancy as those

who were married to the father. Similarly, those whose relationship was "partner or boyfriend" were twice as likely to have had an unwanted pregnancy. Those who were not married to the father were also almost twice as



likely to have gotten pregnant sooner than they wanted ("mistimed"). Those who were married to their baby's father at the time of conception were much more likely to have intended their pregnancies (61 percent).

“¡Hola! Mi nombre es *****. Tengo 21 años y este es mi primer bebé y me siento muy orgullosa de ser madre. Pero ser madre no solo significa sentirse orgullosa sino también responsable. Bueno el consejo que les doy a las que están embarazadas: no fumar y no tomar bebidas alcohólicas, por lo menos ese período.

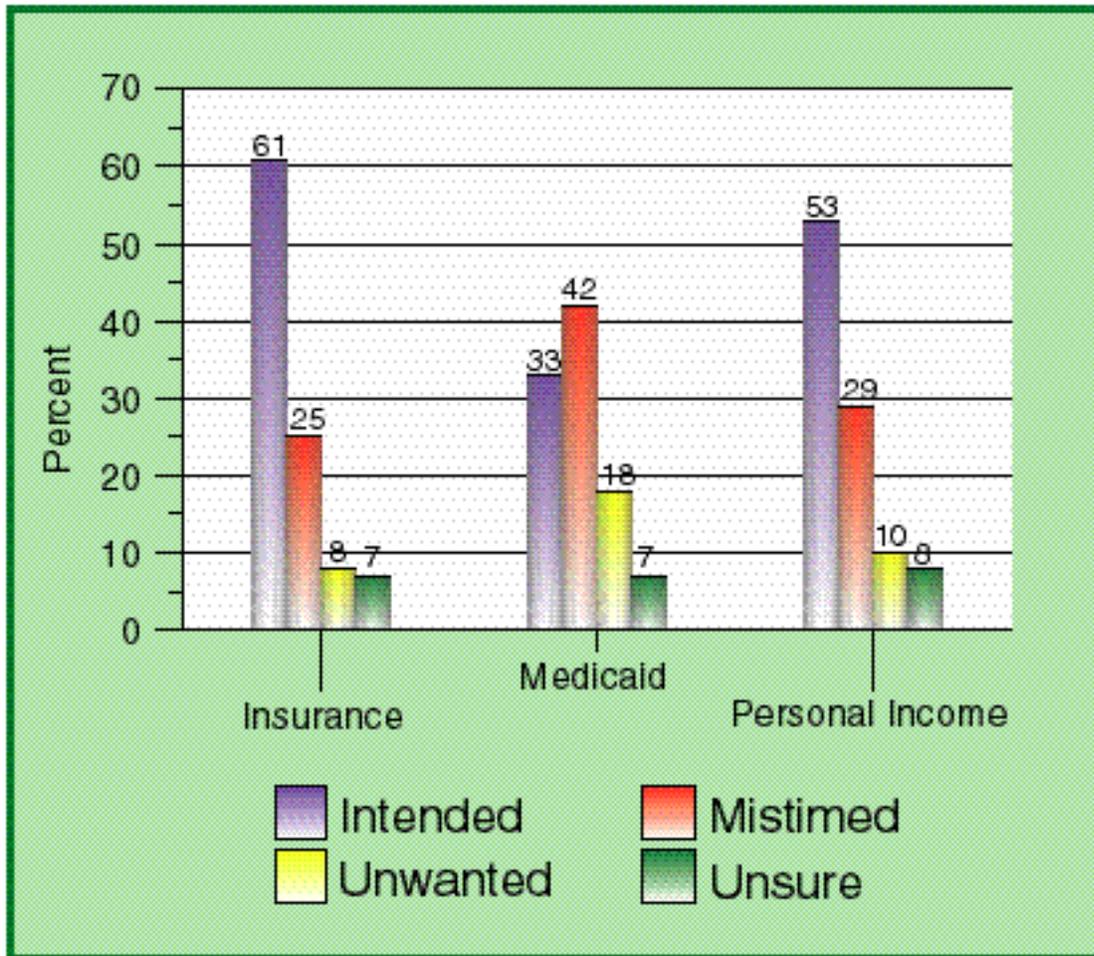
Espero que mis respuestas les sirvan de algo y gracias por tomarme en cuenta y a todas las que son madres o están a punto de serlo les deseo lo mejor.”

“Hi! My name is *****. I am 21 and this is my first baby. I feel very proud of being a mother. Being a mother not only brings pride, but also responsibility. The advice that I give pregnant women is to not smoke or drink, at least during this period.

I hope that my answers will be of some help to you. Thanks for having me in mind. For all those who are mothers or are about to become such, I hope the best.”

Pregnancy Intent

by Delivery Payment Method



Mothers whose deliveries were paid for by private insurance were almost twice as likely to have intended to be pregnant than those on Medicaid.

Eighteen percent of the new mothers on medicaid said that they did not want to be pregnant then or at any time in the future. Another 42 percent wanted to be pregnant, but later.

Unintended pregnancies have profound personal and social effects no matter what the mother's socioeconomic status. Economically, there are increased health care costs regardless of the outcome of the unplanned pregnancy.

“It is very difficult to find a doctor in Arkansas who will see you without at least \$1,000 down. I live in a small community and the only clinic who would see me was the clinic in Rogers. No one in my area would make me an appointment. Until my 5th month I was under a threatened miscarriage and for the first three months, I went to the emergency room five times. Still no one would see me.”

Entry Into Prenatal Care

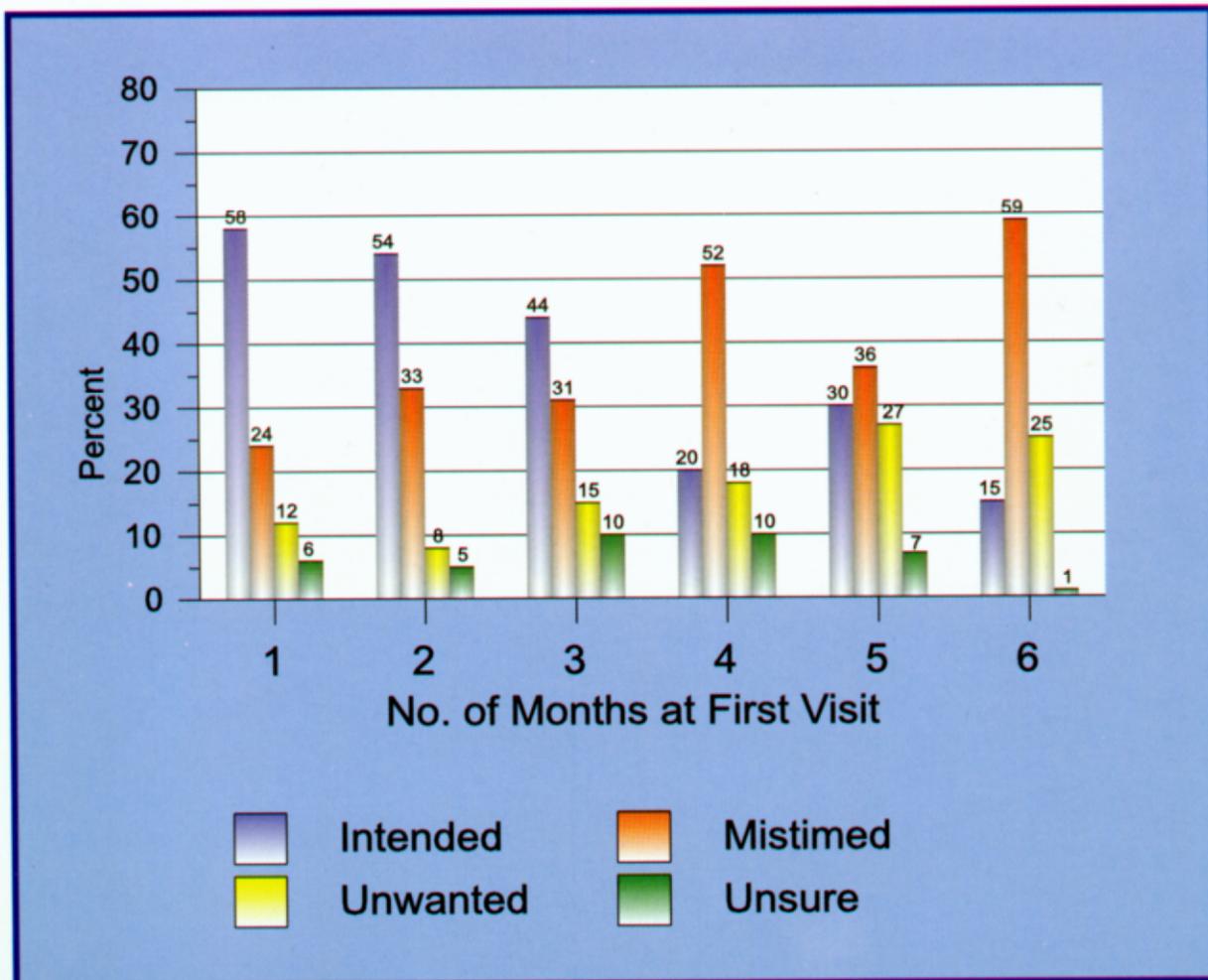
by Pregnancy Intent

One of the more serious risk factors associated with unintended pregnancies is the possible delay of prenatal care. Early prenatal care provides the opportunity for identification of high risk patients, genetic counseling, behavioral risk modification, and prenatal education.

Of the mothers who initiated prenatal care in the first month of pregnancy, 58 percent reported

they intended to be pregnant. Thirty-six percent of that group had mistimed or unwanted pregnancies.

The trend reversed for those receiving first care after the first trimester. These mothers were much more likely to have mistimed or unwanted pregnancies. Those who were able to successfully time their pregnancies got prenatal care earlier.

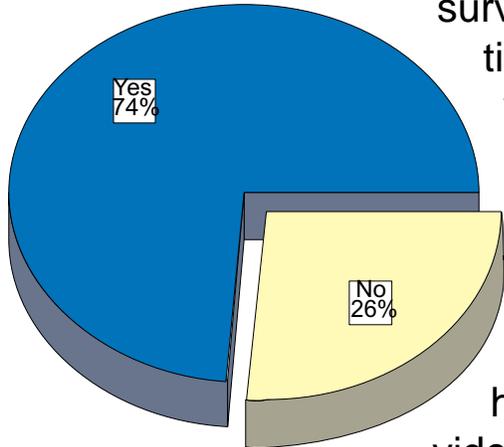


Barriers to Prenatal Care

“My baby died. I know that now I can’t change anything. But now I know how important prenatal care is and that it is not something that should be put off. Because it can become too late. That, along with removing all the stress that you can, is very important to you and the health of your baby.”

Entry Into Prenatal Care

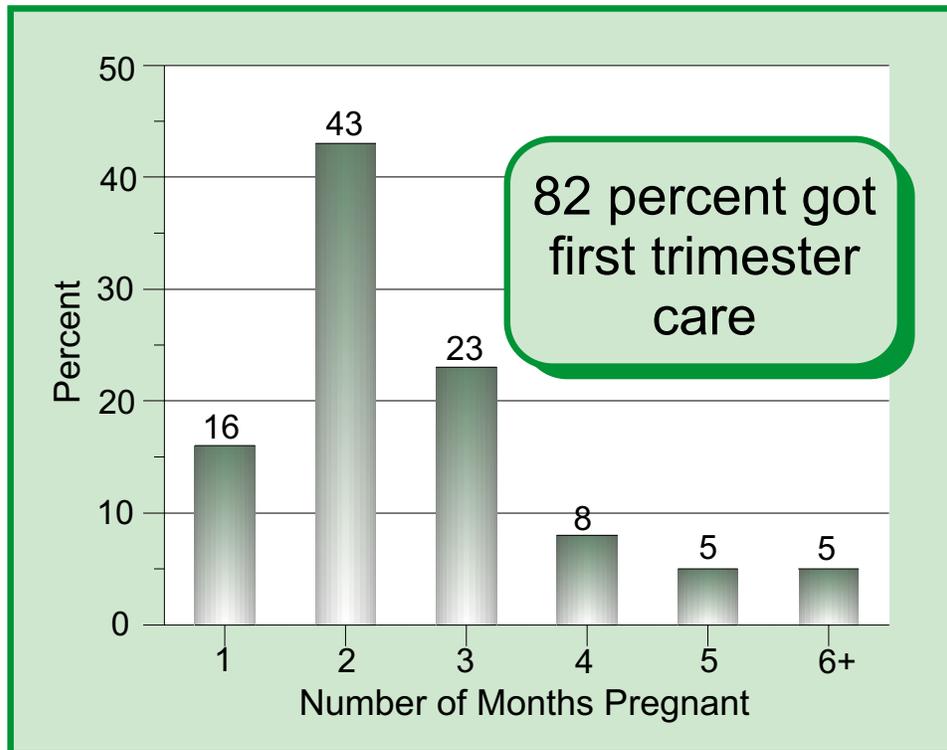
Question 11. Did you get prenatal care as early in your pregnancy as you wanted?



One in four Arkansas women in the PRAMS survey reported being unhappy with the timeliness of their first prenatal care visit. Less than one-half percent reported that they did not want prenatal care. Early prenatal care is critical to the health of mothers and infants. Early care provides the opportunity to identify women at particularly high risk as well as a chance to provide essential prenatal education for all

pregnant women. Once a high-risk mother is identified, health care providers can intervene to help reduce the possibility of complication and even death.

The number of women receiving first-trimester care has increased since 1990, according to the U.S. Dept. of Health and Human



Services. Nationally, in 1996, 81 percent received first trimester care. In Arkansas, 75 percent received prenatal care by the third month of pregnancy.

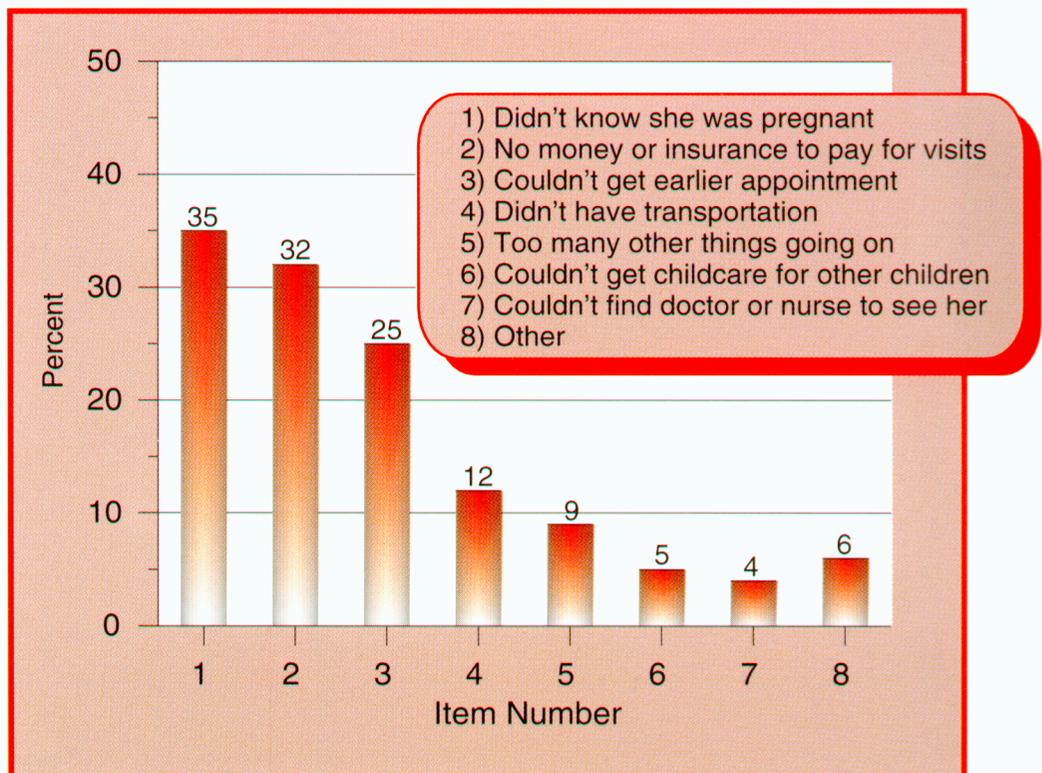
“Rural areas should have obstetrical care. This community is virtually inaccessible during winter months. The nearest OB care is 30 miles away. In this area where physician care is minimal, the health department should be allowed more services. During the winter months, the nurse never came to our area due to the weather. We should follow Michigan’s Health Department Services - charge a fee but expand health services. My insurance does not cover well baby checkups or immunizations at all.”

Barriers to Prenatal Care

Question 12. Did any of these things keep you from getting prenatal care as early as you wanted?

Respondents were offered choices of: “I didn’t know that I was pregnant; Didn’t have money or insurance to pay for visits; I couldn’t get an earlier appointment; I couldn’t get to the doctor’s office or clinic; I had too many other things going on; I couldn’t get anyone to watch my children; I couldn’t find a doctor or nurse to take me as a patient; other.”

Of those women reporting they did not receive prenatal care as early as desired, 35 percent said that they did not know they were pregnant. Almost as many (32 percent) reported they



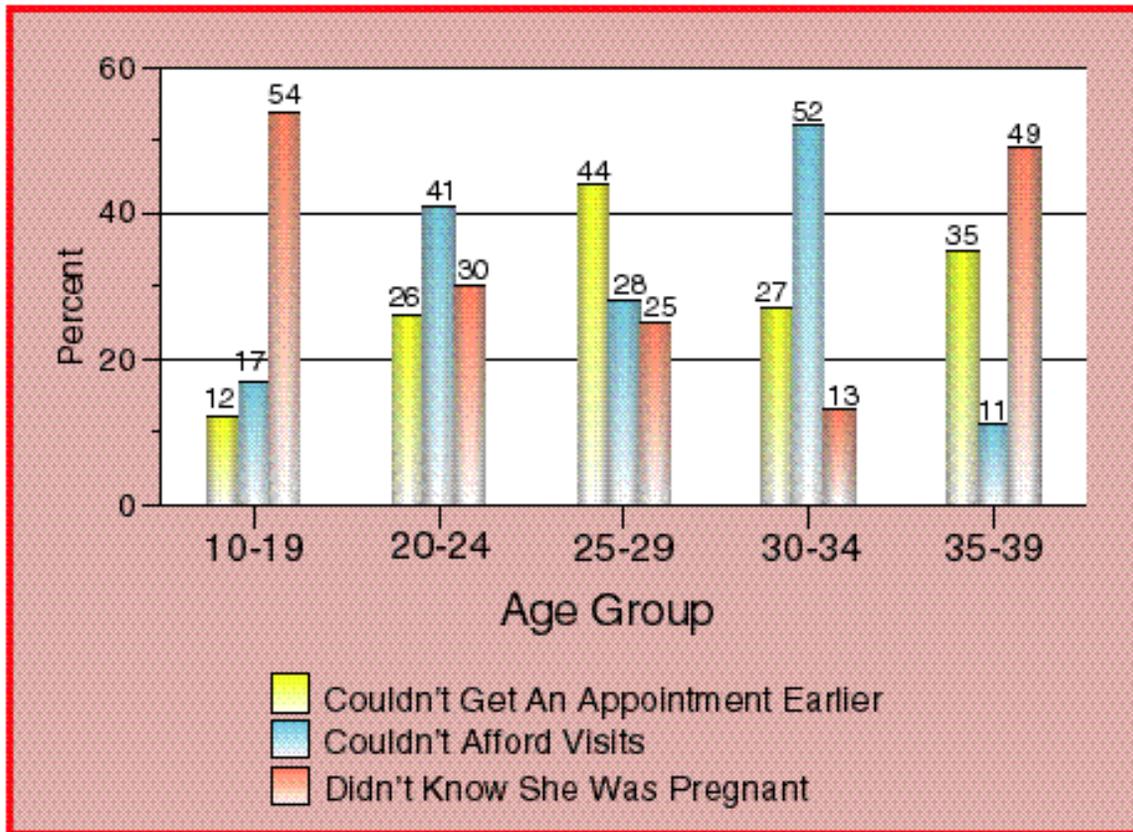
didn't have enough money or insurance to pay for their visits. One in four could not get an appointment earlier in their pregnancy and 12 percent had transportation problems. The remaining items listed were all responded to by less than 10 percent of the mothers.

“It is important that every mother have prenatal care while she is pregnant. Especially young teenage mothers that might have poor eating habits. These young ladies should be taught proper nutrition, caring for themselves while pregnant, disease awareness, parenting, etc. If we can educate mothers about the risk of using drugs, drinking, smoking while pregnant, we can reduce low birthweight babies. Also there are options if a mother does not want to keep her child, such as an adoption. Every child needs a loving home with loving and caring parents.”

Barriers to Prenatal Care

by Age of Mother

Question 12. Did any of these things keep you from getting prenatal care as early as you wanted?



The three most commonly reported barriers to prenatal care were analyzed in relation to the age of the mother.

Teenagers and those in the 35 - 39 year old groups were most likely to report that they were not aware of their pregnancies earlier (54 and 49 percent respectively)

thus preventing them from receiving prenatal care as early as they would have desired. Over one-half (52 percent) of the 30-34 year group stated they could not afford earlier prenatal care and 44 percent of the 25-29 age group were unable to get an appointment earlier.

“My doctor didn’t give me proper care during my pregnancy. There were two months in my pregnancy when I couldn’t even get an appointment. Express to mothers-to-be that if they aren’t satisfied with their doctor’s care, go somewhere else.”

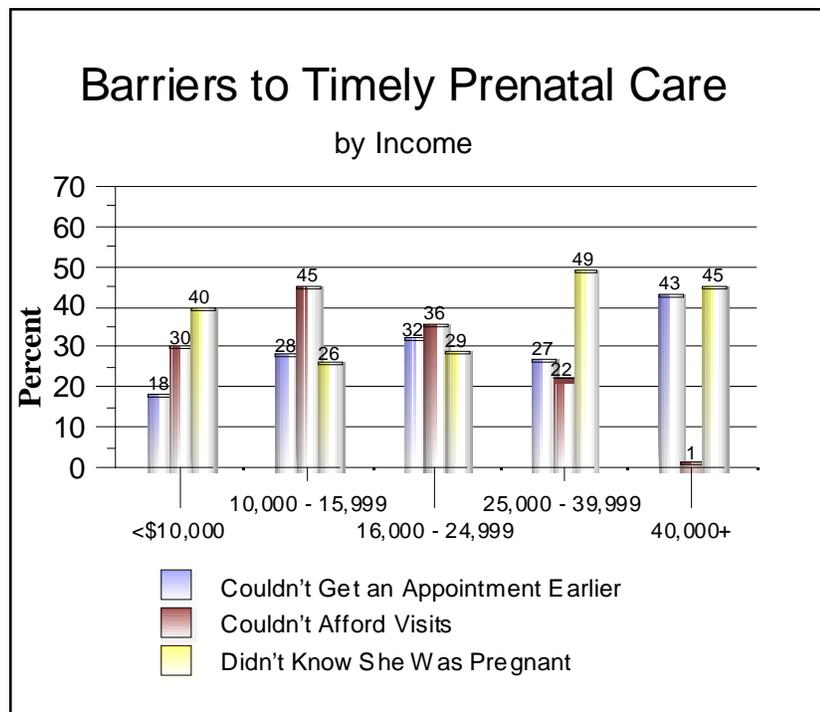
Barriers to Prenatal Care

by Income

The 26 percent of women who said they did not get prenatal care as early as they wanted were asked:

Question 12. Did any of these things keep you from getting prenatal care as early as you wanted?

The three most common reasons for not getting early prenatal care were analyzed in relation to the mother's income. Women with annual incomes between \$10,000 and \$25,000 had the most difficulty paying for prenatal care visits. Of those in the \$10,000 - \$15,999 group, 45 percent reported a financial barrier to early prenatal care.



Thus, the working poor were more likely to be affected by this than those in the lowest income group. Women who did not know they were pregnant were more common in the lowest income and over \$25,000 groups.

Low income is consistently associated with many health risks. However there is clear evidence that higher income does not protect against all the barriers to prenatal care.

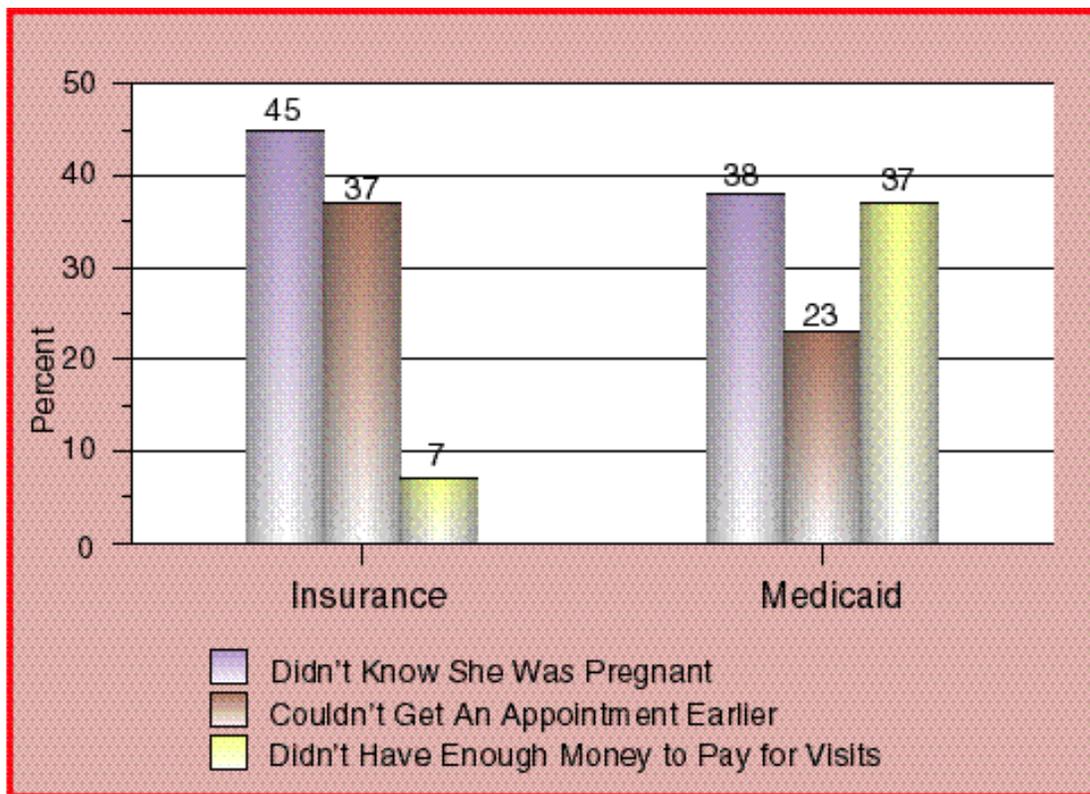
Of those stating that they did not receive care as early as they would have liked, two out of every five with annual incomes over \$40,000 couldn't get an appointment earlier in their pregnancies.

"My new baby and I are on private insurance and do not depend on Medicaid. We are on WIC. I have other family members that are on Medicaid and not on their own private insurance and I can see some difference in the health and welfare of the mothers and babies. We are treated differently."

Barriers to Prenatal Care

by Payment Method

Three barriers to prenatal care were significantly more prevalent than the others that were listed as options on the PRAMS survey. These barriers apply to those who stated they did not receive care as early as they would have liked. The most commonly reported barrier to timely prenatal care for the Medicaid group and the insured group was that mothers did not know they were pregnant. Insured women experienced a bit more difficulty getting an early prenatal care appointment.



The greatest difference between the groups was the ability to pay for prenatal care visits. Among the Medicaid group, 37 percent had this problem in contrast to 7 percent of the insured group.

Theoretically, lack of funds should not be a barrier for those on Medicaid. Presumptive eligibility criteria presume all women are eligible for Medicaid simply because they are pregnant.

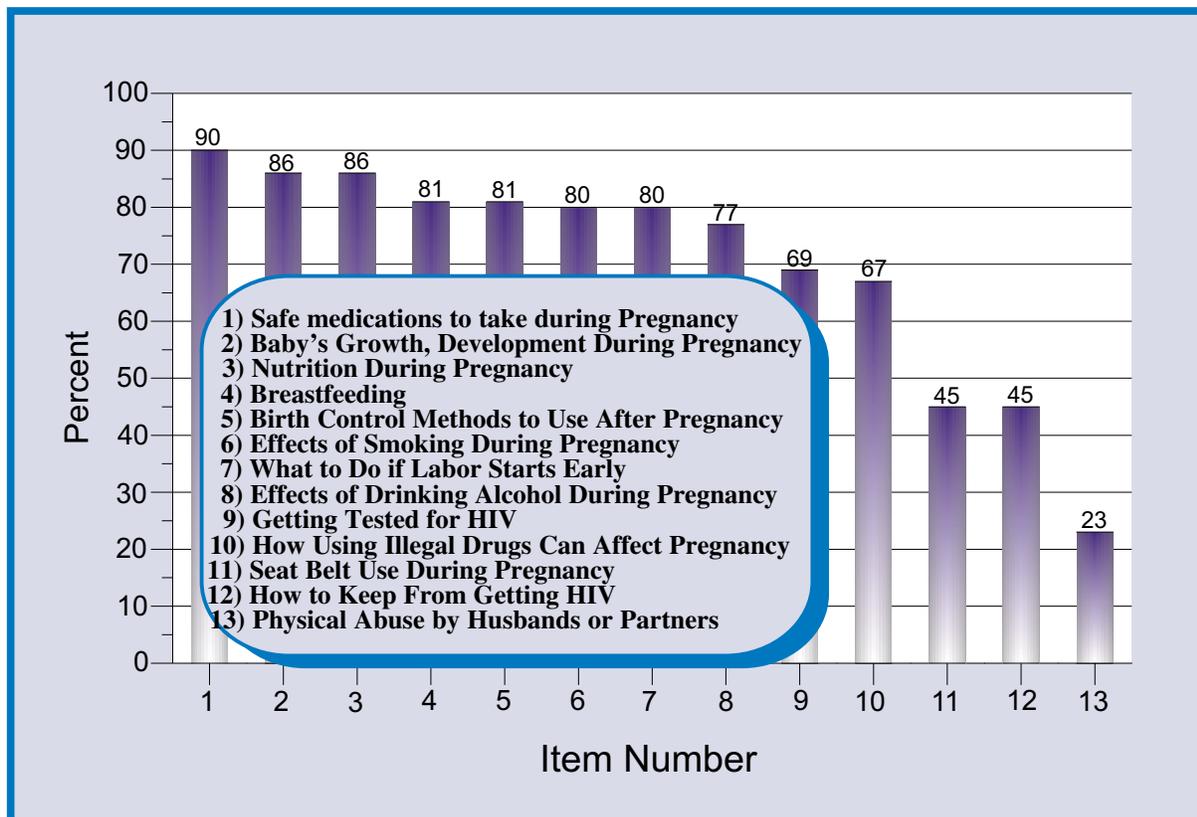
Content of Prenatal Care

“I had to ask about diet, medicine, weight gain, symptoms, etc., in both of my pregnancies. I am well educated, well read, and work in health care. How are other mothers supposed to find out all of this information? I was lucky because I knew what to ask. I believe there should be mandatory information that is given to new mothers, on diet especially, in prenatal visits. Right now, you call for an appointment, get one for one month or so in the future... Prenatal vitamins are “called in” for you and you have one month with lots of questions and no answers during your baby’s most important developmental period! I had a multiple birth and was given no information about it. My questions by the nurse were answered. “I really don’t know how pregnancies work with twins!”

Prenatal Counseling

Content

Question 16. New Mothers were asked whether or not a health care professional talked to them about the following topics during their pregnancy: Safe medications, baby's growth and development, nutrition, breastfeeding, birth control, smoking, early labor, drinking alcohol, HIV testing, illegal drugs, seat belts, HIV prevention and physical abuse.



Health care workers discuss many important topics directly related to the physical development of the fetus. Some, such as medications, fetal growth and development and prenatal nutrition are

covered 80 percent to 90 percent of the time. Some of the more sensitive topics, such as prevention of HIV transmission and domestic violence are less likely to be covered.

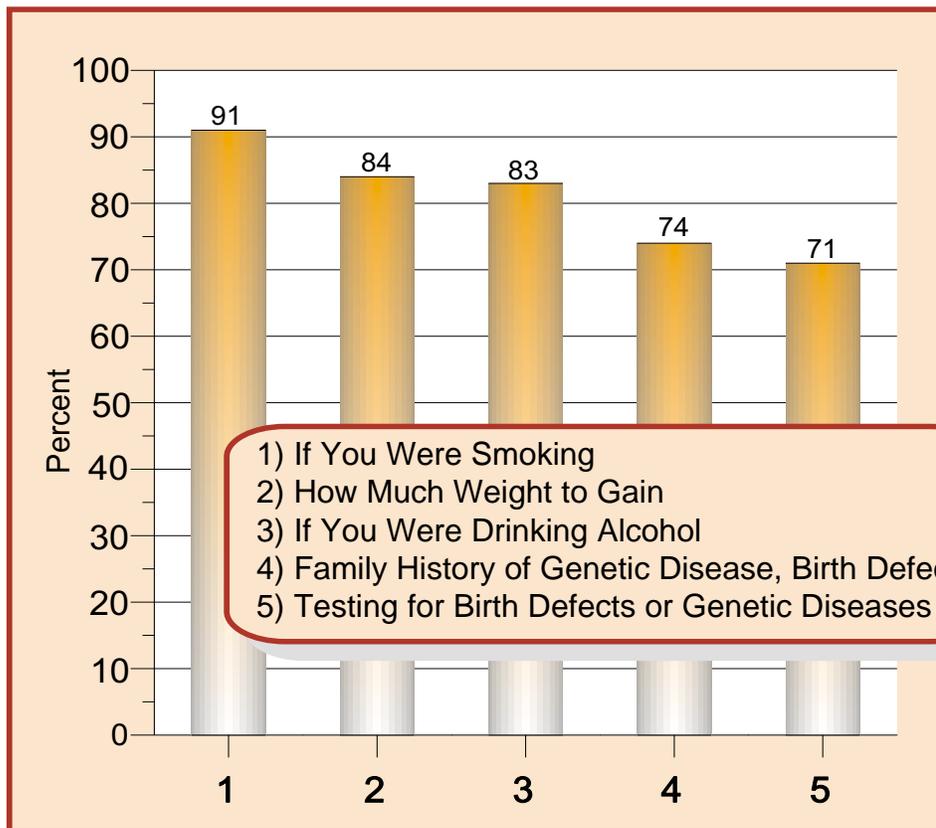
“If a woman feels intimidated by her doctor she feels too uncomfortable to ask questions. My doctor counted up my visits to his office and concluded I had received good care. He was very unconcerned about me or my baby’s health. My husband and I paid for all my prenatal care.”

“I have had three babies to die. I was really hurt when I asked my doctor for an ultrasound to check my baby for defects. He knew my history of babies I had previously given birth to. My first I had pre-eclampsia. She was two months early. My other baby had hydroplastic left heart syndrome. Now I’m waiting to see if I am pregnant again. If you loose a baby don’t ever give up. I was really glad that I was picked for someone to hear my story. Doctors should take everything under consideration when a baby is involved. Thank you for listening to me.”

Risk Factors

Discussed by Health Care Workers

Questions 54-58. At any time during your prenatal care, did a doctor, nurse or other health care worker talk with you about the following topics: Smoking and pregnancy; weight gain; drinking and pregnancy; family history of birth defects and genetic disease; and testing for birth defects and genetic disease.



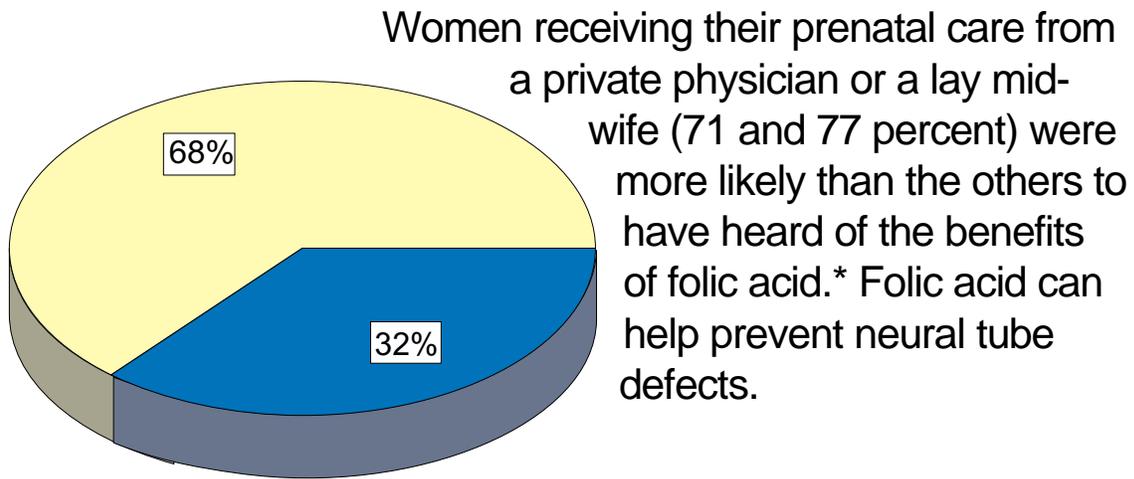
Mothers were least likely to remember health care workers asking about the family history of genetic diseases or discussing the available tests for genetic diseases. Women were asked if

they were drinking alcoholic beverages, but as shown in the previous chart, were not as consistently educated about the possible side effects of alcohol on their pregnancy.

“I miscarried four times prior to this baby. One was anencephalic, which is a neural tube defect. I feel strongly that expectant mothers be educated about Folic Acid, even before pregnancy if they have unprotected sex.”

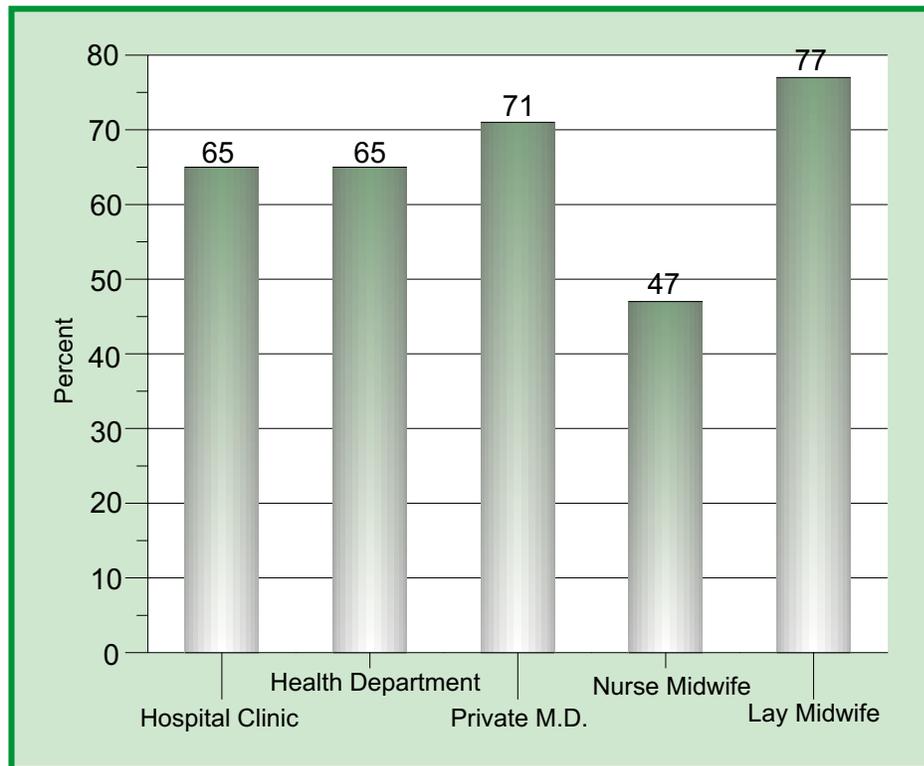
Folic Acid Awareness

by Prenatal Care Provider



- Mothers Who Have Heard That Folate Prevents Birth Defects
- Mothers Who Were Unaware of the Benefits of Folate

Folic Acid Awareness by Provider



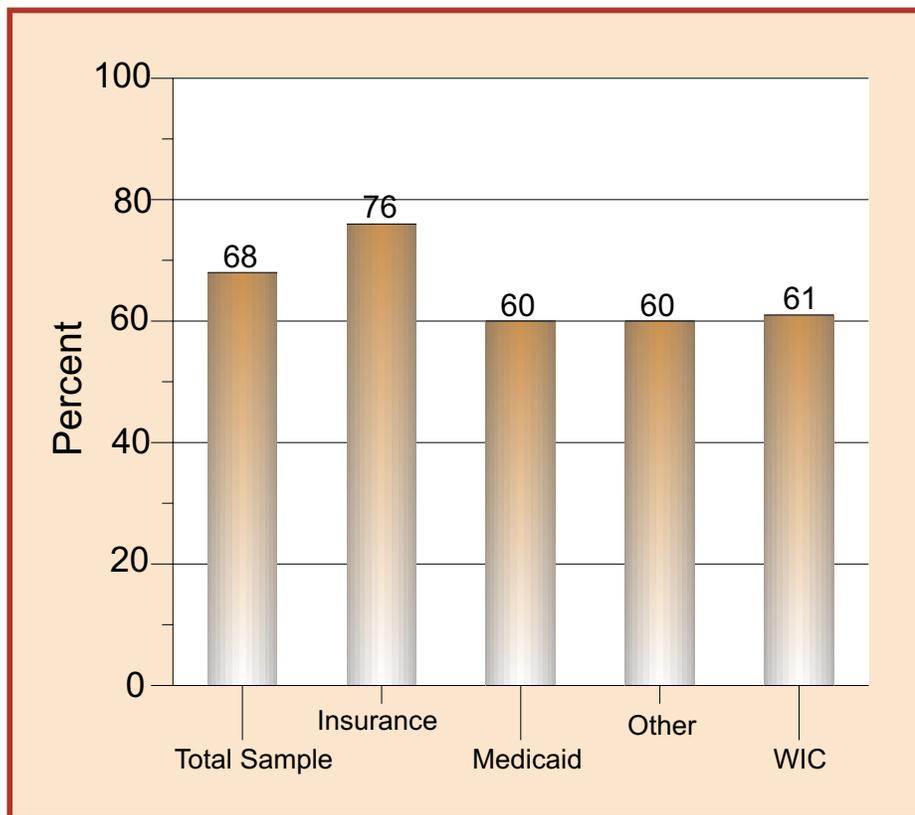
*Results may not be reliable due to small sample size in the nurse midwife and lay midwife groups.

“It would be very important for teens and other women who want to have children in the future to know about Folic Acid or any other vitamin that could prevent birth defects. If I would have known about Folic Acid before I got pregnant, my baby might have still been here today.”

Folic Acid Awareness

by Prenatal Care Payment Method
and WIC Status

Women whose prenatal care was paid for by private insurance were more likely to have heard that folic acid can prevent certain birth defects (76 percent.) Sixty-one percent of WIC mothers reported having this information, which was comparable to Medicaid and “other” forms of prenatal care payment. The WIC program places great emphasis on nutritional counseling.



“ ...If only my mother and I didn’t have HIV, then my whole family wouldn’t have to go through what they have to go through.

...If only my dad would be able to talk to us about us being sick.

...If only we didn’t have to worry so much about money.

...If only my mom would stop being so stubborn and start taking some medicine so that she would not get sick.

...If only the world would be a more understanding place.”*

—Dawn, age 11

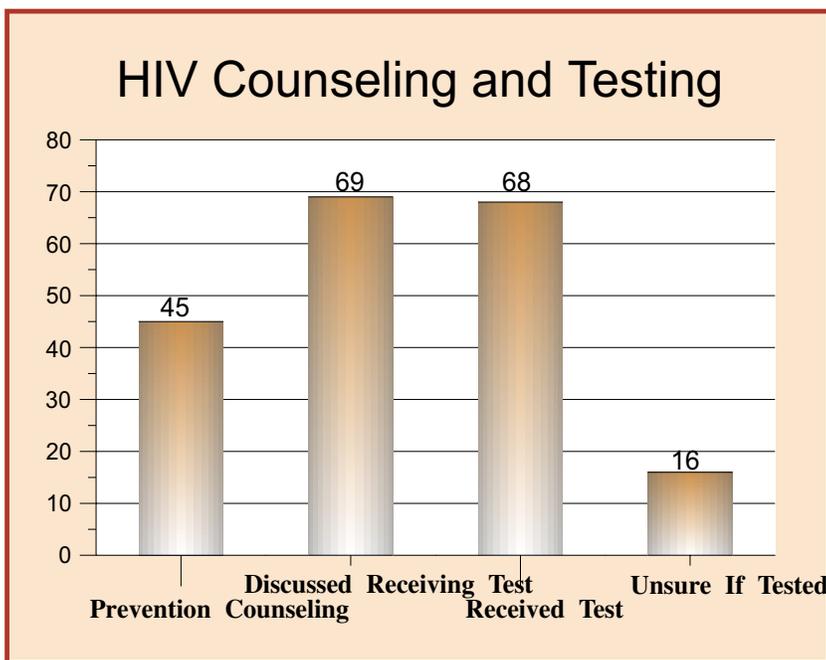
*This essay is excerpted from “Be a Friend: Children Who Live With HIV Speak” compiled by Lori S. Weiner, Ph.D, Aprille Best, and Philip A. Pizzo MD. Copyright 1994 by Albert Whitman & Company. Used by permission of the publisher.

HIV Counseling and Testing

Question 16k. During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about how to keep from getting HIV (the virus that causes AIDS)?
Question 16l. ...or getting your blood tested for HIV?

Question 59. At any time during your most recent pregnancy or delivery, did you have a blood test for HIV (the virus that causes AIDS)?

In 1997, only 45 percent of new mothers in Arkansas reported that HIV prevention counseling was included in their prenatal care although 69 percent said care givers discussed getting the test and 68 percent were actually tested.



In 1994 it was found that zidovudine therapy could substantially reduce HIV transmission rates from mother to fetus. The Public Health Service subsequently issued guidelines recommending that HIV counseling and voluntary testing be a routine part of prenatal care for all pregnant women. This would insure that all seropositive pregnant women would have the opportunity for appropriate treatment in an effort to reduce the risk of fetal transmission and to properly educate seronegative mothers how to prevent future infection.

"Mommy, I want you to know everything. Like how tall I am today, that I did really good with my shot, that I am going home from the hospital today, and that I am starting kindergarten next week. I am going to wear my dress which has flowers on it and is black to my first day of school.

Most of all, Mommy, I want you to know that I miss you and that I think about you all the time. I miss you the most when I am crying. I wish I could fly up there to the sky to be with you. I know that you're not sick anymore, and I hope that you are happy."*

Cassie, age 5

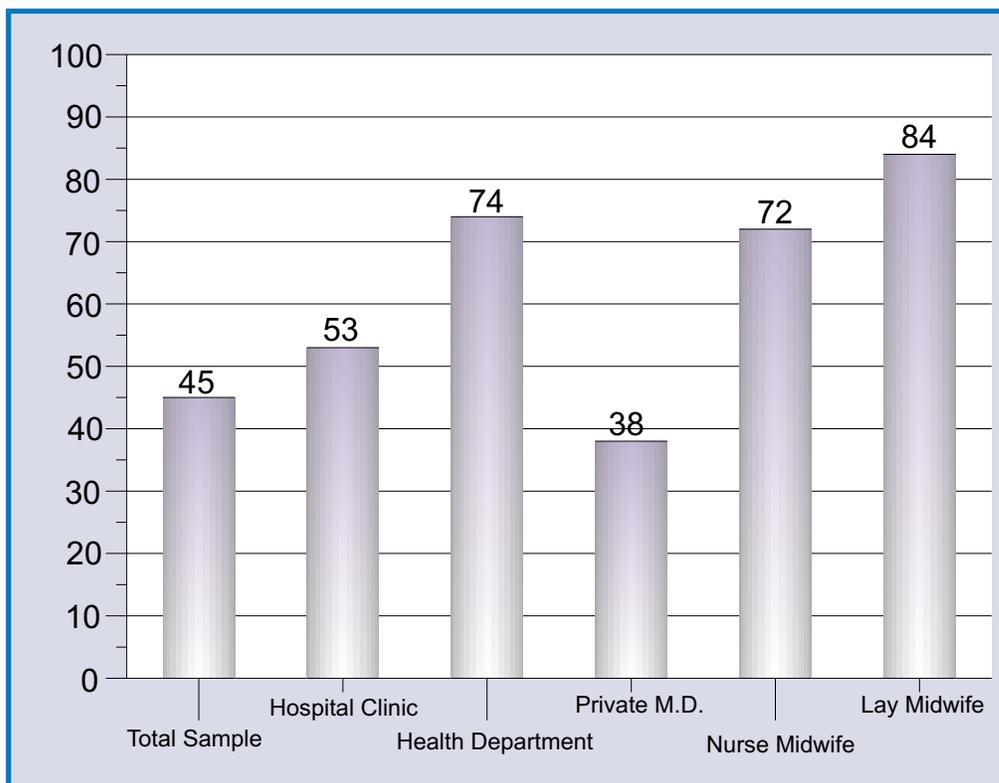
*This essay is excerpted from "Be a Friend: Children Who Live With HIV Speak" compiled by Lori S. Weiner, Ph.D, Aprille Best, and Philip A. Pizzo MD. Copyright 1994 by Albert Whitman & Company. Used by permission of the publisher.

HIV Counseling

by Source of Prenatal Care

Mothers who received their prenatal care from a private physician were least likely to have received HIV counseling (38 percent). Seventy-one percent of Arkansas mothers received their prenatal care from private physicians.

Three out of four of those receiving prenatal care at a health department clinic remembered HIV prevention counseling as part of their prenatal education. This was also true for about the same proportion of nurse-midwife patients. The mothers most likely to receive counseling were the lay-midwife patients.

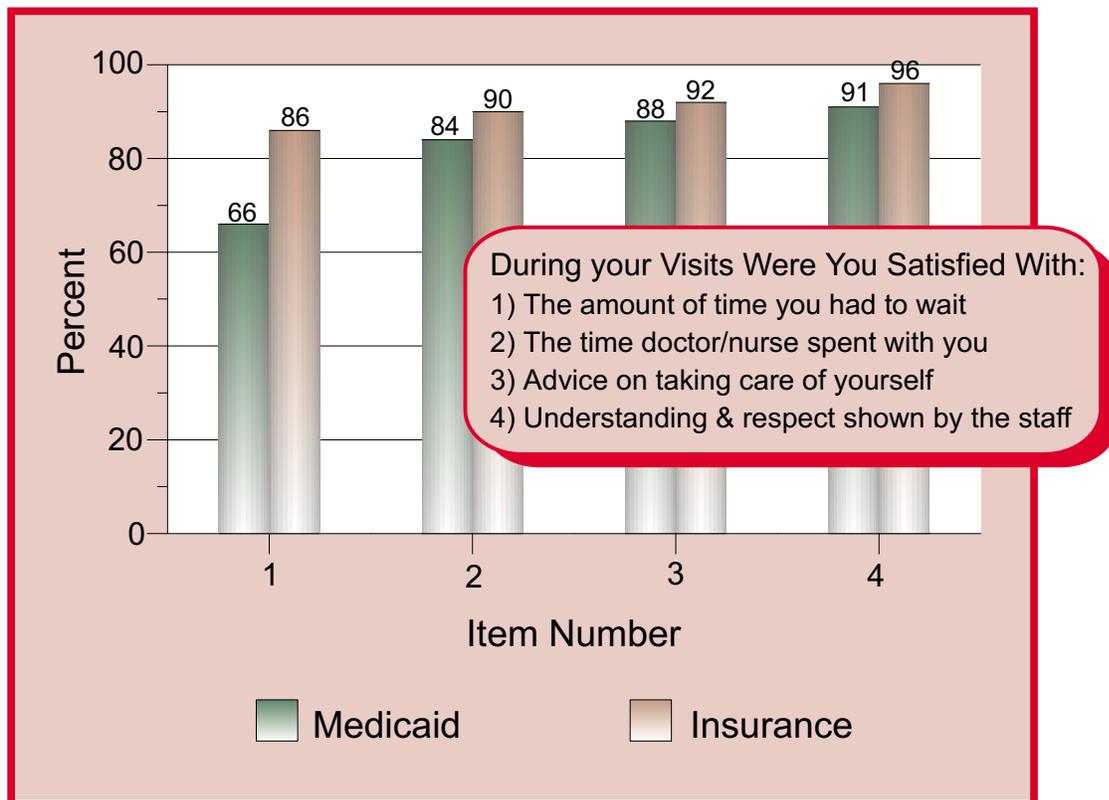


“I do not think my doctor warned me of preterm labor. I had no idea what contractions felt like or if the pain I was feeling was a contraction, or what to do if I thought I was having contractions. Each doctor visit seemed very short and routine. My baby was 1 pound 4 ounces and only 12 inches long. I am trying to get pregnant again now, as it has been over three months since my baby was born.”

Satisfaction with Prenatal Care

by Payment Method

Questions 15 and 53: We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care.



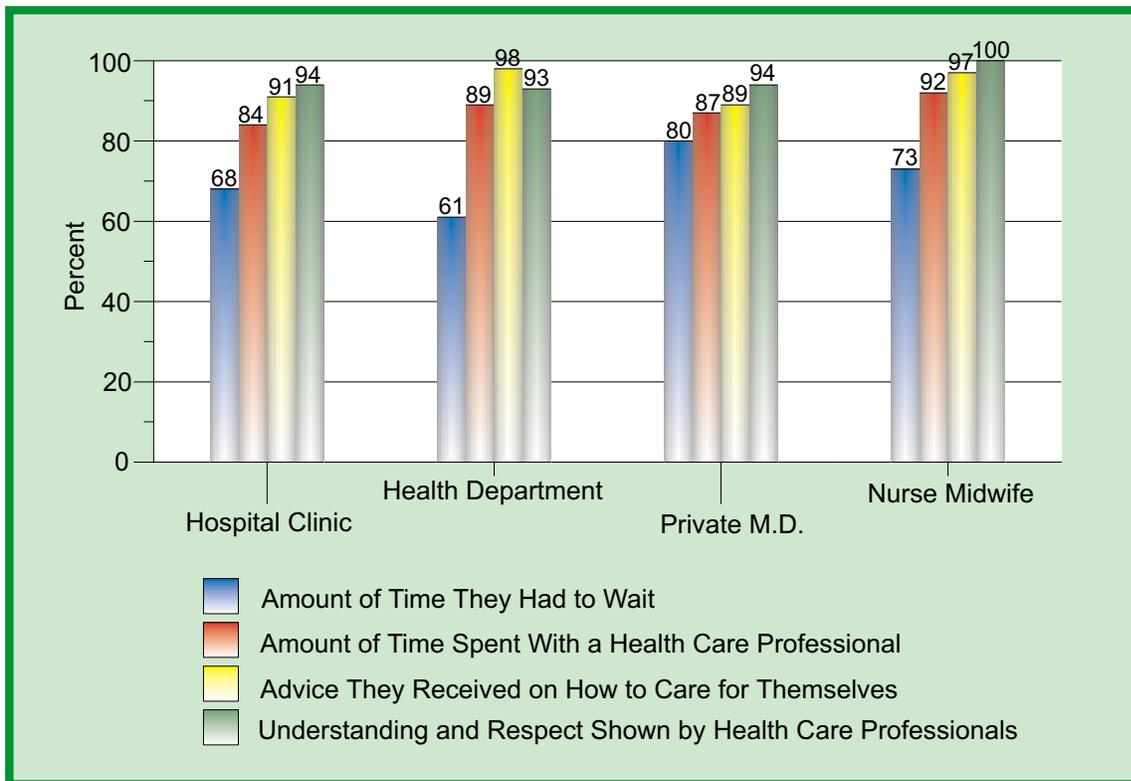
The only real difference in prenatal care satisfaction between women on Medicaid and those with private insurance was the amount of time they had to wait. Because many doctors don't accept Medicaid, an increased burden is placed

upon the time of those who do, as well as the local Arkansas Health Department units. Women satisfied with prenatal care have shown a greater likelihood to continue with their care throughout their pregnancies.

“In my opinion, too little emphasis is placed on one-on-one communication between doctor and patient. I’m not discounting that routine lab work and tests are an essential part of good prenatal care, it’s just that I felt “cheated” with the little time my physician spent with me. This communication is especially important for first time mothers such as myself. I felt like a “number” in my doctor’s office. I doubt if he even knew my name. Doctors who accept Medicaid patients have practices that warrant being called baby factories.”

Satisfaction with Prenatal Care

by Prenatal Care Source



Universally, patients were most dissatisfied with the amount of time they had to wait. This was most true at Health Department clinics and least true among private doctors. Nurse midwives were always understanding and respectful, as were Health Department providers (99 percent of the time).

Mothers were most satisfied with advice on caring for themselves received from Health Department care givers and nurse midwives. Mothers were most satisfied with the amount of time spent with them by nurse midwives (92 percent), followed by Health Department workers (89 percent) and private doctors (87 percent.) Only 84 percent of the mothers receiving care from a hospital clinic said they were satisfied with time spent with them.

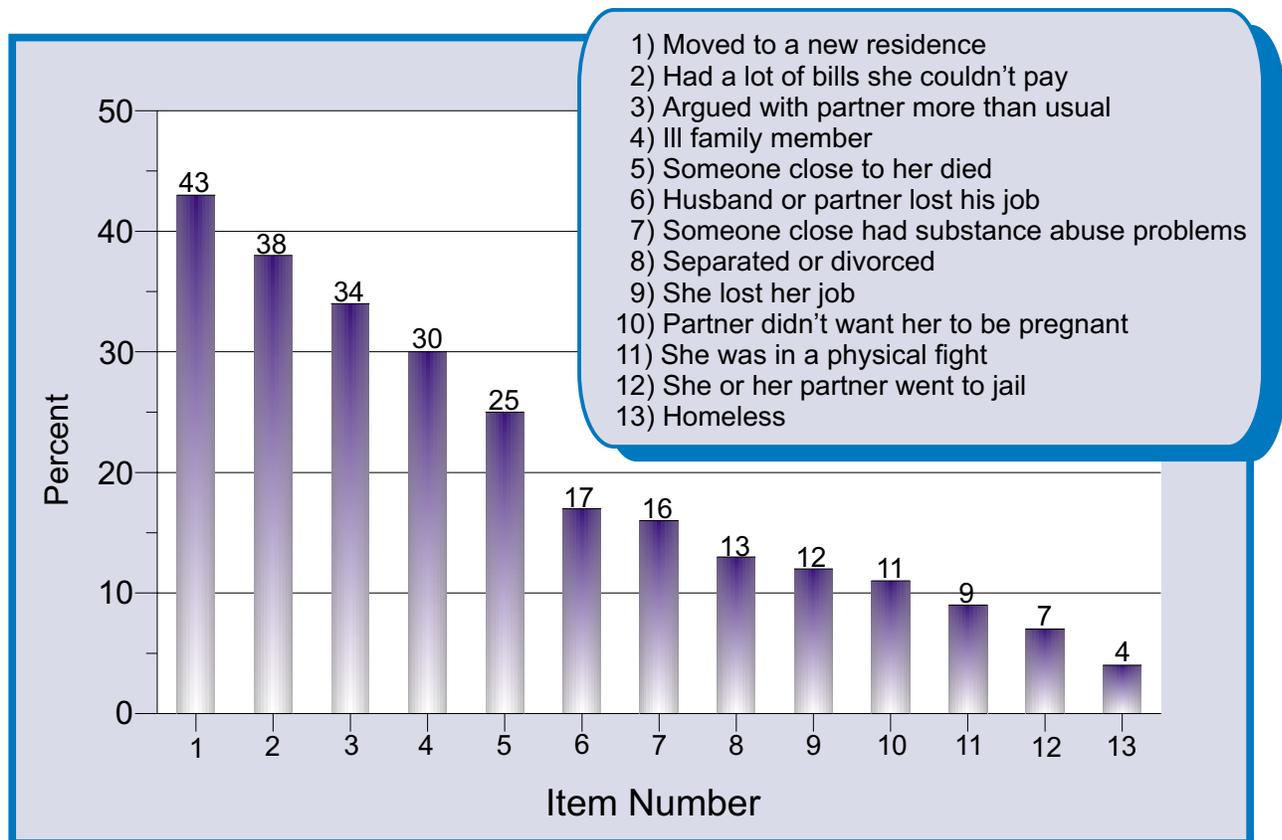
Risk Factors

“I stayed tired and depressed while I was pregnant. And now that I have had my baby I am still tired and depressed all the time. I wasn't depressed before I got pregnant with my baby.”

“I have figured out that stress plays an important role in pregnancy. If you are stressed your baby is too. If you are happy, you have a healthy, happy baby. I did! I now have a beautiful baby girl.”

Stressful Life Events

12 Months Prior to Delivery



Question 30. This question is about things that may have happened during the *12 months before you delivered your new baby*. This includes the months before you got pregnant.

The three most common stressful events reported by new mothers were moving, financial problems, and increased arguing with their partner.

Over one-third reported financial problems and increased arguments with their partners while 43 percent reported moving to a new residence.

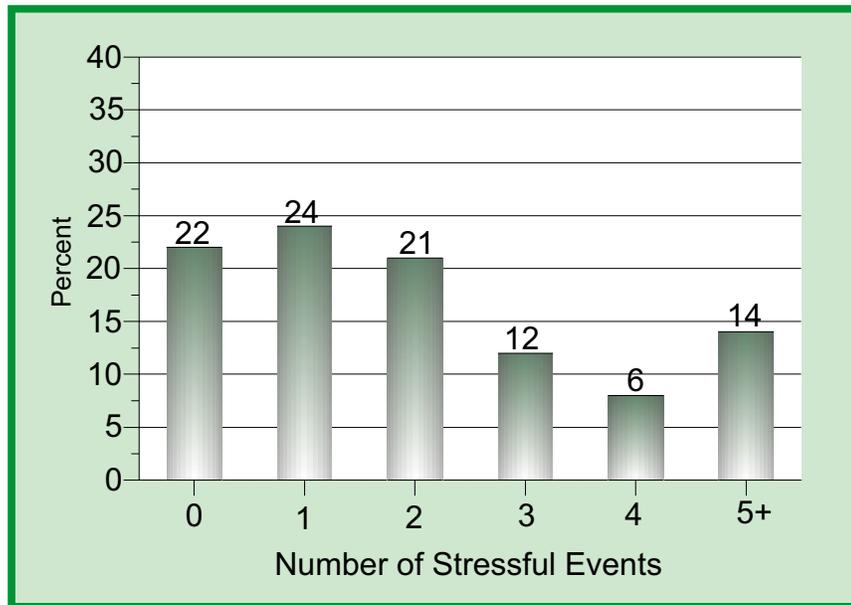
“Not all jobs have health benefits and when they don’t most people can’t afford it. Rent, bills, and food are more of a priority. The thing that makes me angry is that I am married, we both pay taxes and the system works against you. Until I had to quit my job and work part time I couldn’t afford to pay our medical bills for having the baby. I was forced to do that to get some kind of assistance. The system works for the people who have baby after baby, don’t work, are on welfare and food stamps. I know some people really need this but from what I observed at the health center, a lot of people didn’t and they ended up with more money than we make. Is this why some people just keep having babies? That can’t be healthy for the babies.”

Number of Stressful Events

12 Months Prior to Delivery

Only 22 percent of mothers surveyed said that they hadn't experienced any of the 13 listed stressful events. One-fourth reported at least one of the events and one in five women reported experiencing at least two of the stressors.

Fourteen percent of all Arkansas mothers were affected by five or more of the presented stressful events at some time in the 12 months prior to delivery.



“My marriage during my pregnancy was very stressful and still is. My husband had an affair right before I found out about my pregnancy. I went to a Health Department to try to get an AIDS test. Then they asked me about my period. I couldn’t remember so they gave me a pregnancy test. It was positive. Four days before I delivered my child my husband threw a full sippie cup at me and it hit my stomach. I started having contractions that instant. But I waited until I lost my mucous plug to go to the hospital because I was too ashamed to tell the hospital what happened.”

Physical Abuse

Question 31. During the *twelve months before you got pregnant* with your new baby, did [anyone] physically abuse you?

Question 32. *During your most recent pregnancy*, did [anyone] physically abuse you?

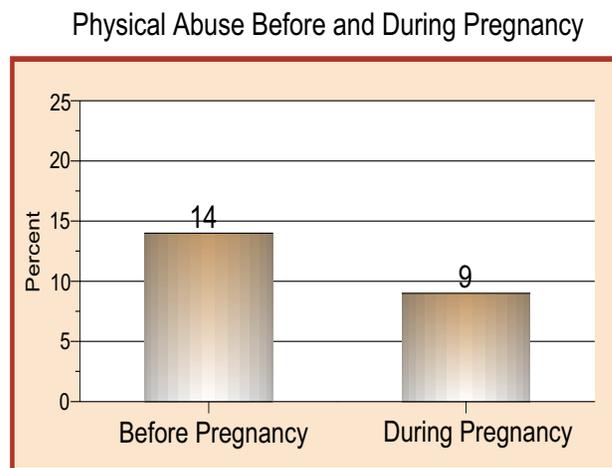
Physical abuse tends to be greatly under reported. However, when asked about domestic violence, 14 percent reported abuse in the 12 months prior to pregnancy and 9 percent during pregnancy. This seems to indicate

that the incidence of abuse decreases during pregnancy, but this is misleading. PRAMS data suggest those abused before and during

pregnancy are not necessarily the same group.

As the stresses associated

with pregnancy increase, those who have never been abused before will often experience violence for the first time. Nine



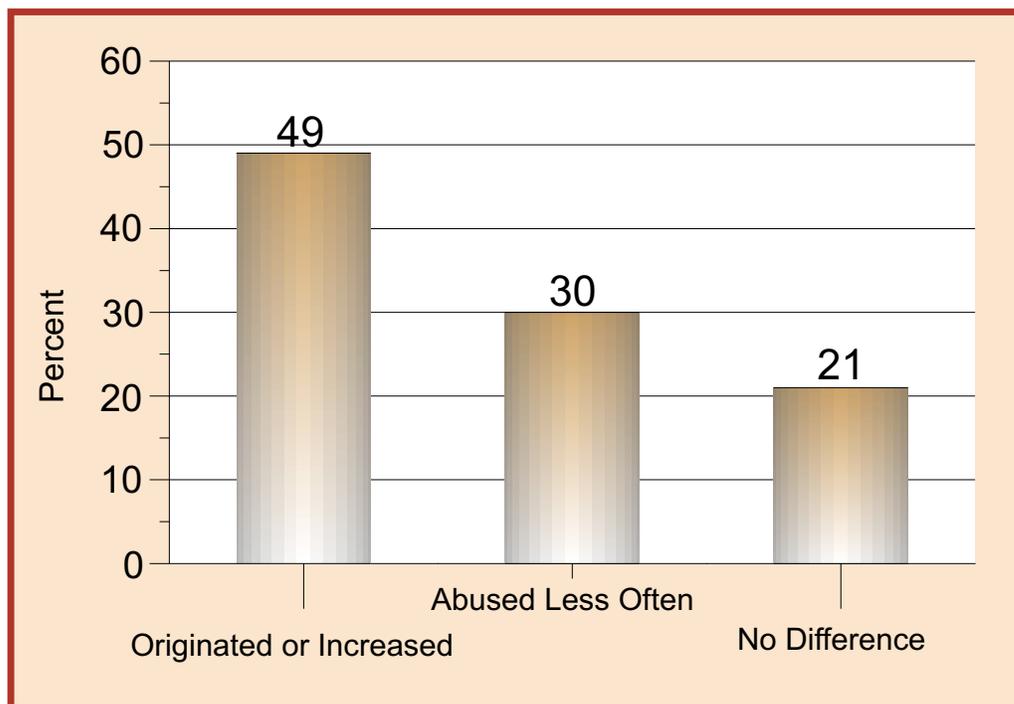
percent of women being abused during pregnancy represents well over 3,000 pregnant women being battered in Arkansas in 1997.

“Don’t take the chance of staying with your husband or partner if he physically or mentally abuses you. I went through both of the abuses with my husband and I finally got out. It wasn’t worth it anymore!”

Physical Abuse and Pregnancy

Among Those Reporting Abuse

Change in Physical Abuse During Pregnancy



Half of the women reporting abuse also reported that the abuse began or increased in frequency during pregnancy.

Only one-third indicated they were abused less often while pregnant and 21 percent said the frequency of abuse did not change. Survey questions concerning the content of prenatal

counseling showed that women are not routinely counseled about physical abuse. Those who abuse their partners are also more likely to abuse their children.

“If anything could be done, in addition to the commercials on T.V., about stopping smoking during pregnancy, I think it would be great. In addition, focus needs to be placed on smoking around newborns and the increased chance for SIDS among households where someone smokes.”

Smoking

Question 22. In the three months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?

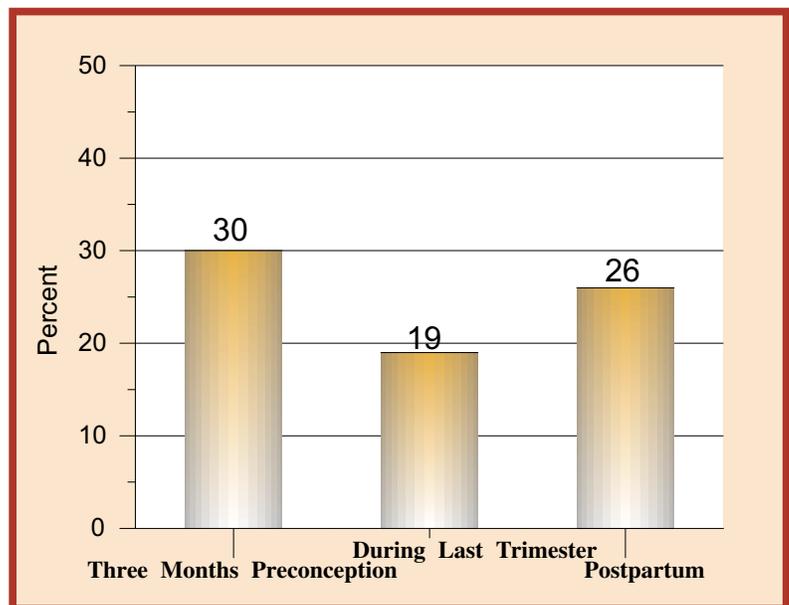
Question 23. In the last three months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

Question 24. How many cigarettes or packs of cigarettes do you smoke now?

Thirty-seven percent of women who smoked prior to conception quit smoking during their pregnancy. However, most women relapsed postpartum.

The *Healthy People 2000* goal is to decrease smoking during pregnancy so that at least 60 percent of women who

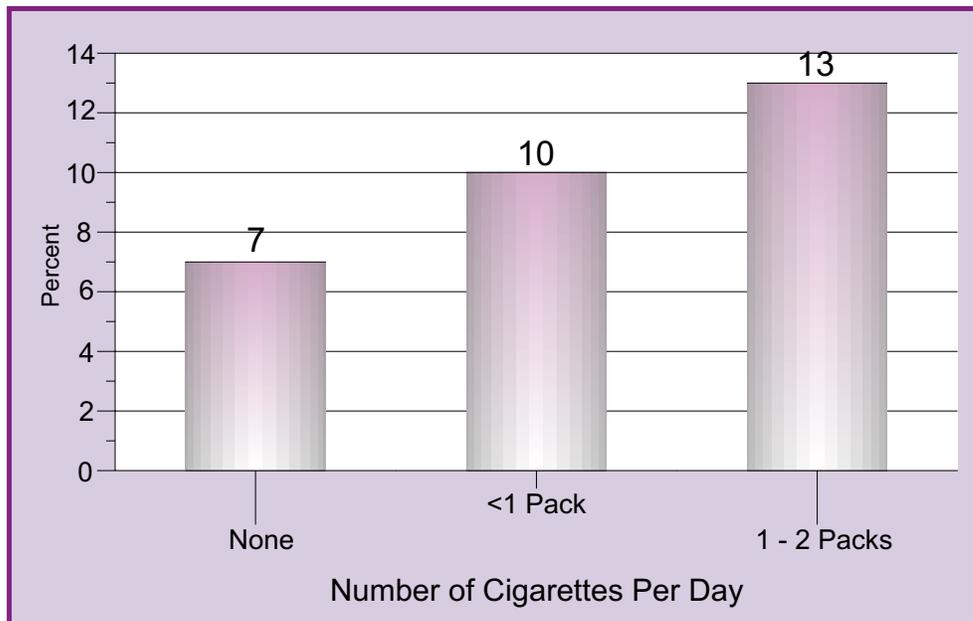
are smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of their pregnancy, following delivery, and through postpartum. Only 1 percent of pregnant women received smoking cessation classes although 30 percent were smokers and 19 percent continued to smoke throughout their pregnancies.



“I had a premature baby. He died. I had been in the hospital on 3 occasions for bleeding, contractions and loss of mucous plug. I had no insurance and made too much money to get Medicaid. The doctors did pelvic exams each time and nothing else. They said nothing was wrong, go home. Two weeks later the baby was born. I was told there was nothing that would save him. They put him in my arms. I watched him breathe 3 times, then he died.”

Smoking and Low Birthweight

Low Birthweight by Mother's Smoking Status



Question 23. In the *last three months* of your pregnancy, how many cigarettes did you smoke on an average day?

Heavily smoking mothers were nearly twice as likely to give birth to a low-birthweight baby as nonsmokers. Just 7 percent of the mothers who did not smoke gave birth to a

low-birthweight infant, while 10 percent of those smoking less than one pack a day and 13 percent of those smoking one to two packs a day gave birth to low-birthweight babies.

Breastfeeding

“The hospital staff never brought her to me to breastfeed, even though I repeatedly told them I wanted to.”

“I do wish I had enough information and people talking with me about breastfeeding my baby. I regret not doing so now.”

“I love breastfeeding my child. He’s my only child but if I have anymore I’m very much so going to breastfeed them also. Breastfeeding needs to be stressed more especially to young mothers.”

Breastfeeding Initiation

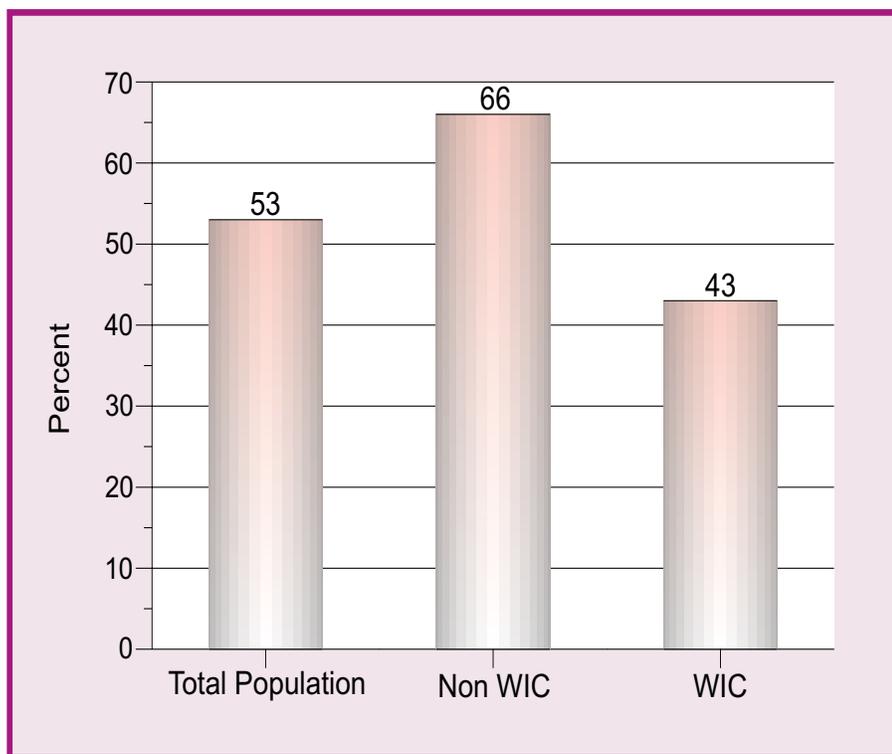
Question 42. For how many weeks did you breastfeed your new baby?

Fifty-three percent of Arkansas mothers initiated breastfeeding in 1997, which is lower than the national figure of 59 percent in 1996. The Healthy People 2000 objective is to increase to at least 75 percent the number of mothers who breastfeed their babies in the early post-partum period.

Breastfeeding has been recognized as an extremely important factor in the efforts to improve infant health.

Breast milk provides the most complete form of nutrition for infants. It supplies infants with many important antibodies and growth hormones. Breastfeeding helps protect against respiratory and gastrointestinal infections, otitis media, and allergies, enhances neural development, and helps reduce SIDS deaths.

The graph on this page shows that WIC mothers are breastfeeding at a much lower rate than the non-WIC group. As will be shown by data on following pages many factors



influence the incidence of breastfeeding among WIC mothers. Among those are education level, income, and quite possibly cultural beliefs.

Participation in WIC provides pregnant women with a unique opportunity to receive quality breastfeeding education that is likely not as readily available to the general population.

“I just wish there were more ways to make the public welcome breastfeeding moms with open arms! I’m always a little nervous about taking my daughter into certain places, but no matter how we have been treated or will be treated in the future - breastfeeding is by far the best thing I have done for my child!! I think breastfeeding should be advertised just as baby food and diapers are advertised.”

Breastfeeding Duration

Among Those Initiating Breastfeeding

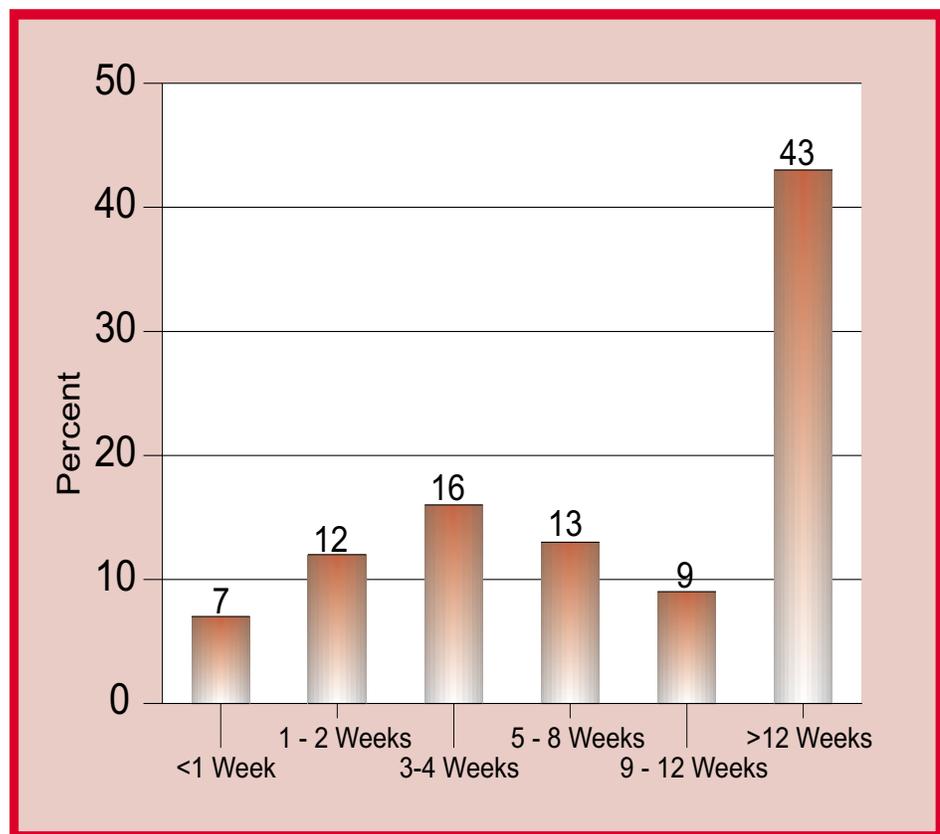
Among mothers who reported that they breastfed their babies, only 43 percent continued longer than 12 weeks, while 35 percent breastfed for one month or less.

Although breastfeeding upon hospital discharge is an important indicator, it is also important to consider the duration of breastfeeding as it is directly related to overall infant health.

The Healthy People 2000 goal for duration of breastfeeding is to increase to at least 50 percent the proportion of women who breastfeed until their babies are six months old.

The breastfeeding duration falls short of the

intended goals for infant feeding in Arkansas. For successful sustained breastfeeding to occur, there must be easily accessible support for mothers. Most difficulties do not occur until after discharge.



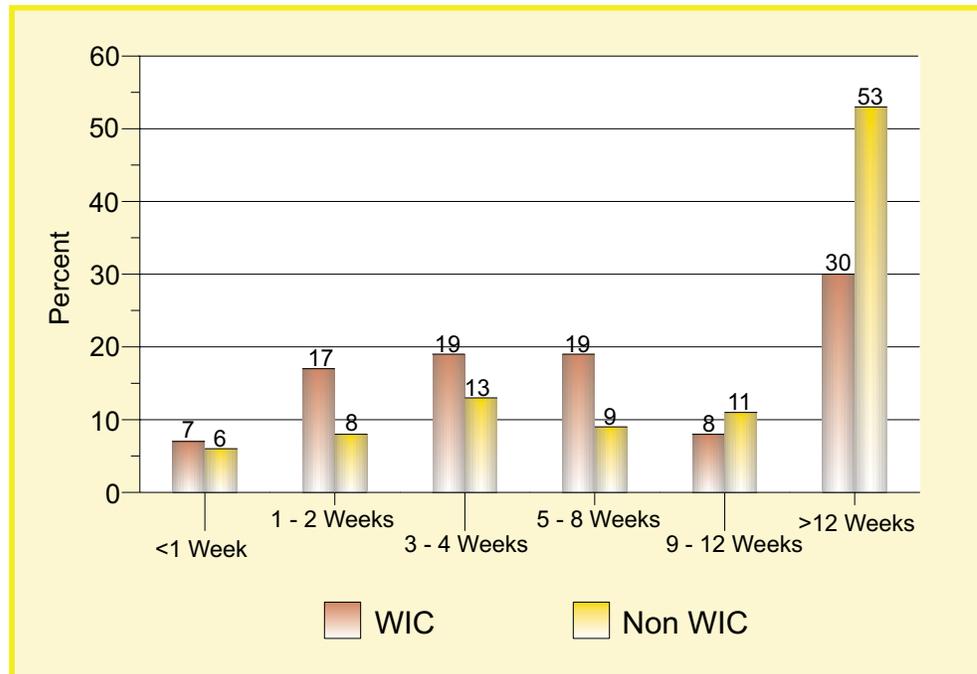
“I think WIC encourages mothers to bottle feed their children and discourages them from breastfeeding. A nursing mom doesn't really need all that extra cheese; she needs a good breast pump, good instruction and support--none of which she can count on receiving either from her doctor or the hospital.”

“I am a health care provider. The one routine thing that I kept seeing were mothers who were not talked to enough about breastfeeding. I felt like people seemed to need more information early on in the pregnancy rather than after delivery. Since our health care system has waned in it's amount of hospitalization it is extremely difficult to give quality education to those who need it most!”

WIC Breastfeeding Duration

Among Those Initiating Breastfeeding

WIC mothers who breastfed stopped earlier than non-WIC breastfeeders. Forty-three percent of WIC mothers breastfed for four weeks or less compared to 27 percent of non-WIC moms. As duration increases so does the disparity with 30 percent of WIC moms and 53 percent of non-WIC moms breastfeeding at least 12 weeks.



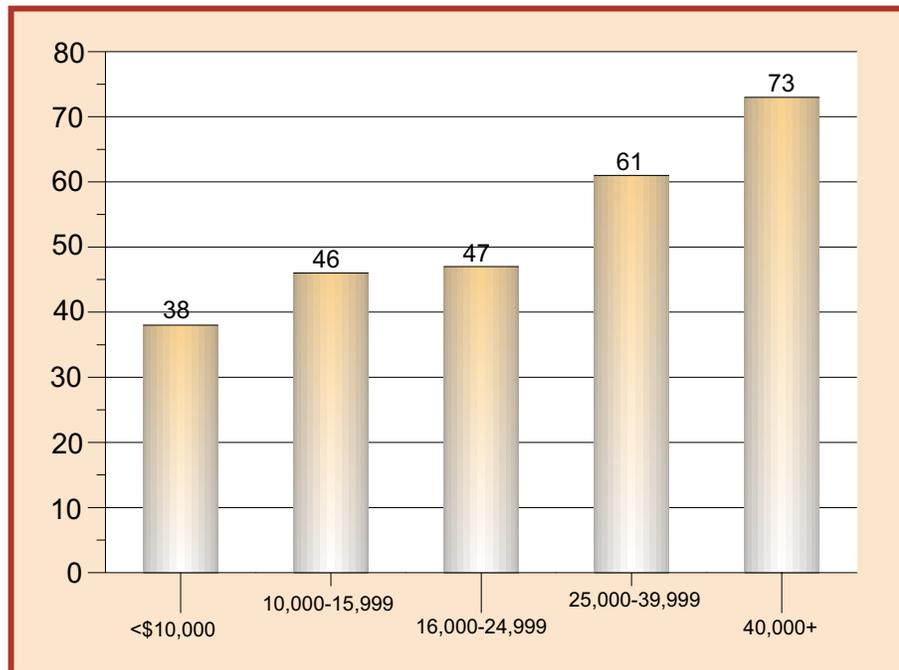
The disparity between WIC and non-WIC moms isn't attributable solely to WIC status. WIC mothers live at or below 185 percent of the federal poverty level and often encounter personal and cultural barriers. WIC provides free formula to mothers who bottle feed and an enhanced food supplement package for those breastfeeding. With 57 percent of pregnant Arkansans receiving WIC, there is great opportunity with this higher risk group to promote and support optimal nutrition.

Breastfeeding duration rates for both groups are still short of the *Healthy People 2000* goal of increasing to 50 percent the proportion of mothers who breastfeed their infants for six months and to at least 25 percent the proportion who breastfeed for one year.

“Prenatal care was the first gift of love to my baby. The second gift is human milk. All four of my children were breastfed. They deserve the best nutrition available to them. My first son was breastfed two years. My twin sons were breastfed 22 months. We must become a more “Baby Friendly” state. We owe it to our children.”

“I think breastfeeding, parenting, and Lamaze classes should be free to the public. Most women in the farming communities can't afford to pay \$75 for a six hour class.”

Breastfeeding Initiation by Income



Question 42. How many weeks did you breastfeed your new baby?

Income is among factors that influence breastfeeding rates. The PRAMS data show a relationship between income and breastfeeding initiation. Breastfeeding prevalence increases sharply when income exceeds \$25,000 per year.

"I truly believe that breastfeeding your baby eliminates most health problems your baby might otherwise face...allergies, colds, digestive problems. If we listen to what nature is telling our bodies we will know how to stay healthy."

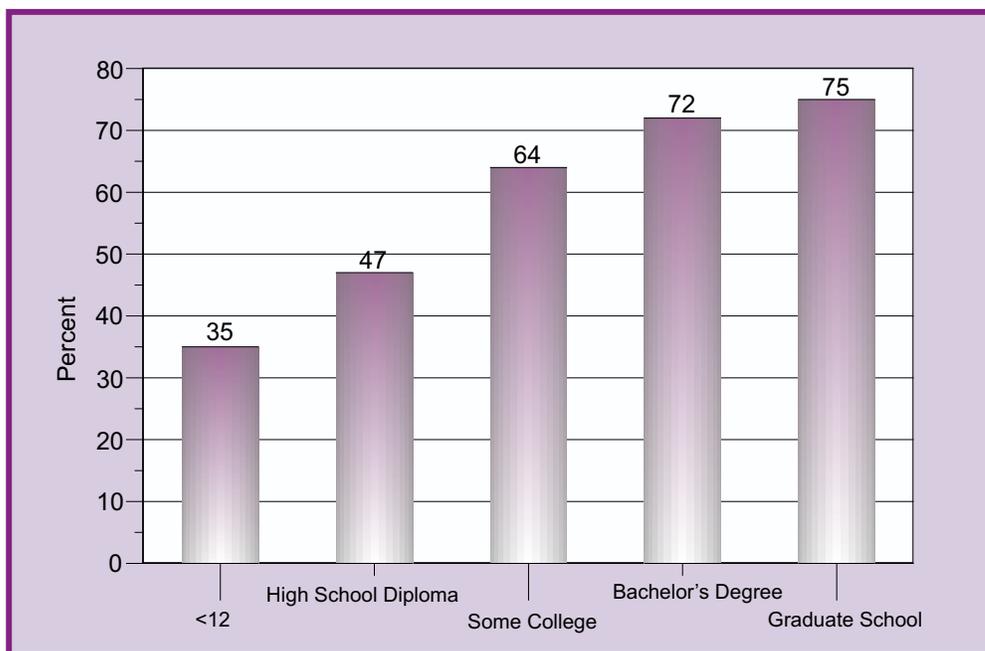
"As a labor and delivery nurse I see that there needs to be more information for breastfeeding moms (classes, teaching from before babies are born). So many mothers want to breastfeed but don't understand about milk coming in and latch on. Doctors need to help educate the people before babies are born. There is a lot going on those few days you are in the hospital, not much time to learn to breastfeed. As a breastfeeding mother there is no support."

Breastfeeding Initiation

by Mother's Education

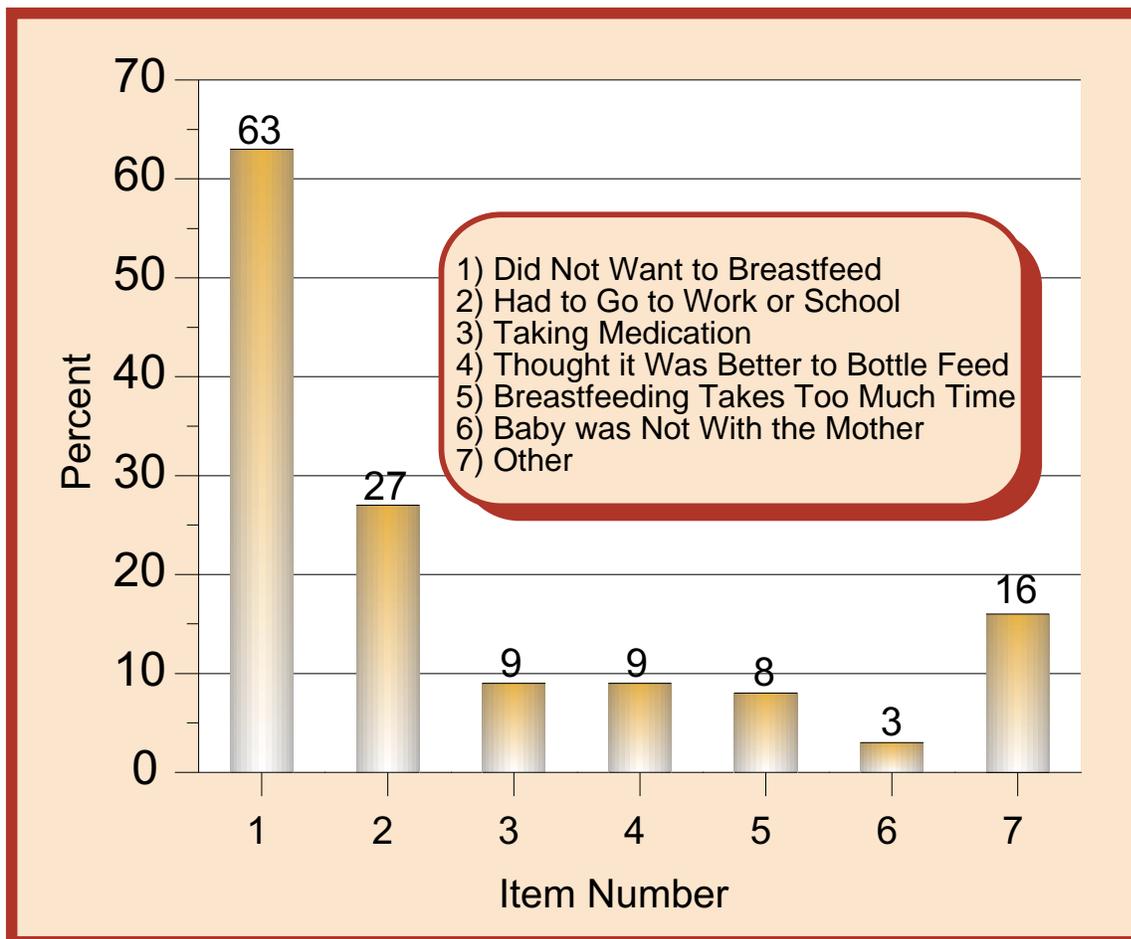
The number of women attempting to breastfeed increases dramatically as education level increases. Mothers with more resources are more likely to breastfeed as evidenced by income and education.

According to data collected by the Ross Products Division, the national breastfeeding rate in 1996 among women who had attended grade school was 47 percent in comparison to 35 percent in Arkansas in 1997.



“I know a few young mothers who eat junk food and smoke during pregnancy, and then bottle feed their newborns. I don’t think the importance and benefits are stressed enough of breastfeeding and eating the right foods and not smoking during pregnancy. I think that they are told that it is important but are not told enough of the effects of these things on their baby.”

Reasons for Not Breastfeeding



Question 68. What were your reasons for *not* breastfeeding?

In 1997, 47 percent of Arkansas mothers did not breastfeed their infants. The most common reason (63 percent) was that they did not *want* to breastfeed. This may be attributable to cultural barriers and a lack of education on the potential dangers of bottle feeding.

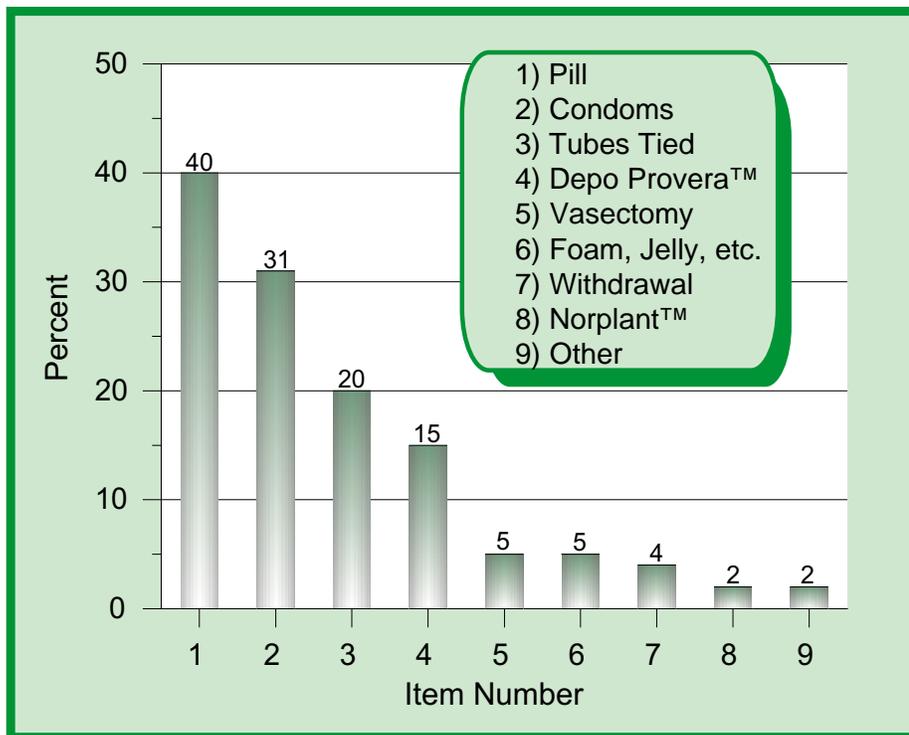
Twenty-seven percent of those who did not breastfeed cited the need to return to work or school. Sixteen percent reported “other” as the reason for not breastfeeding. Among the written responses were fear of embarrassment, fear of pain, and wanting other family members to feed and care for the baby.

Postpartum

“I would just like to say that if you don’t want a baby please be sure to use protection when you have sex. Babies are a bigger responsibility especially when you’re 19 years old and raising him alone. The first time I had unprotected sex I became pregnant and I’ve only had one partner my whole life.”

Postpartum Birth Control Methods

Question 62. What kind of birth control are you or your husband or partner using now?

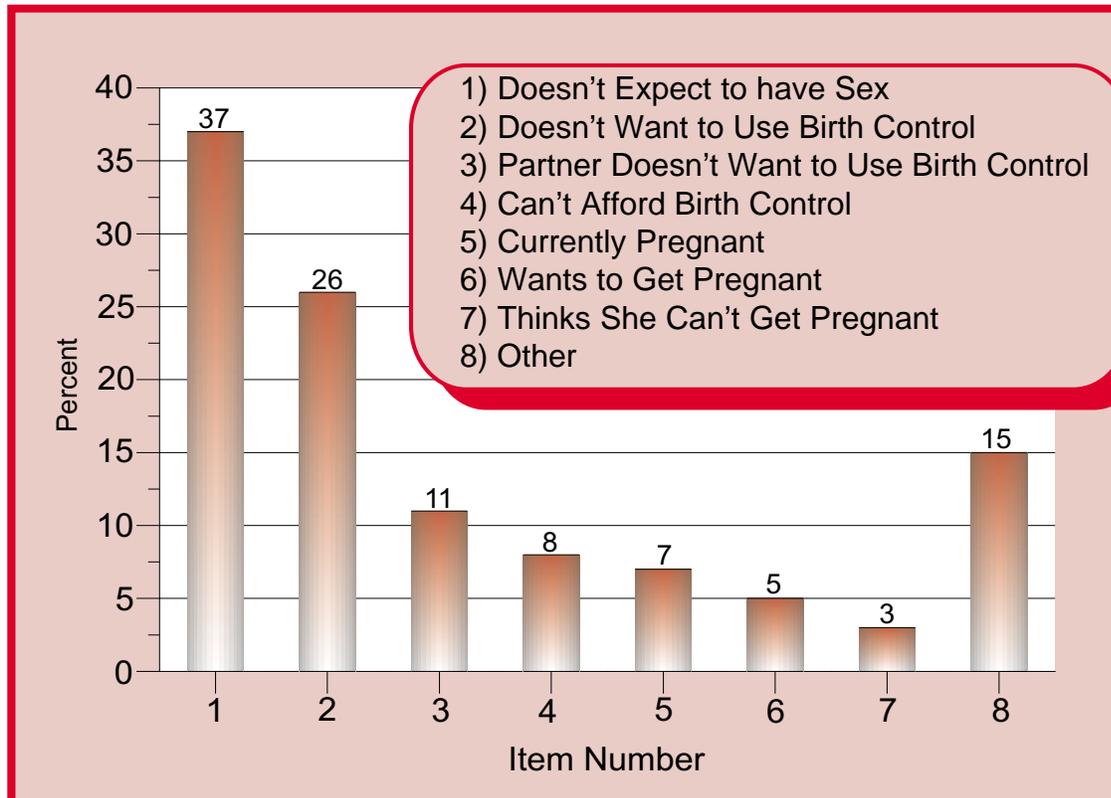


The most common type of postpartum birth control used was oral contraceptive. Many of the women reported using condoms in addition to other forms of birth control. Four percent of the new mothers reported using withdrawal, which is not considered to be a very effective means of birth control. The “Other” category included responses such as natural family planning, IUD, and breastfeeding.

“There is an issue on the age of young mothers and the tubal ligation. Why should age make a difference when all you are trying to do is keep from getting pregnant again. I am 20 years old. I have one boy and one girl. Medicaid rules say I have to be at least 21 years to get my tubes tied. I am a grown, married woman in a monogamous relationship and I have two children. It should be my choice to have a tubal. No one should be able to tell me NO just because I have to be on Medicaid. That should be a woman’s choice!”

Reasons Not Using Birth Control

Postpartum



Question 63. What are your reasons for not using birth control now?

Fourteen percent of new mothers reported they were not using birth control after the birth of their most recent baby. Among those mothers, the most common reason for not using birth control is that they do not expect to have sex. Actually being pregnant

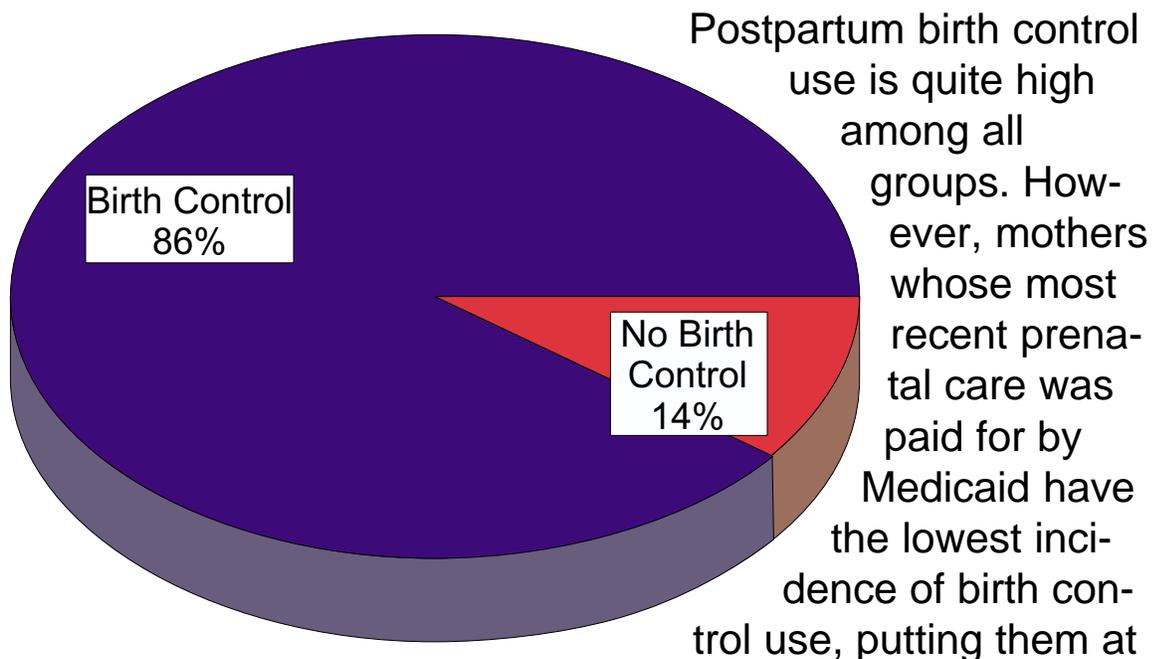
at the time of the survey or wanting to be pregnant again were minor proportions of the responses (7 and 5 percent respectively). These data point to the importance of routine postpartum family planning counseling.

“It makes me sad to see all the pregnant teens and women that already have three or four children that they can’t afford, trying to have more. I know that there is no cure for ignorance, therefore, I would like to see more doctors giving free prenatal care and birth control. Luckily my husband and I waited until we had money to have a child and take care of it with no problems.”

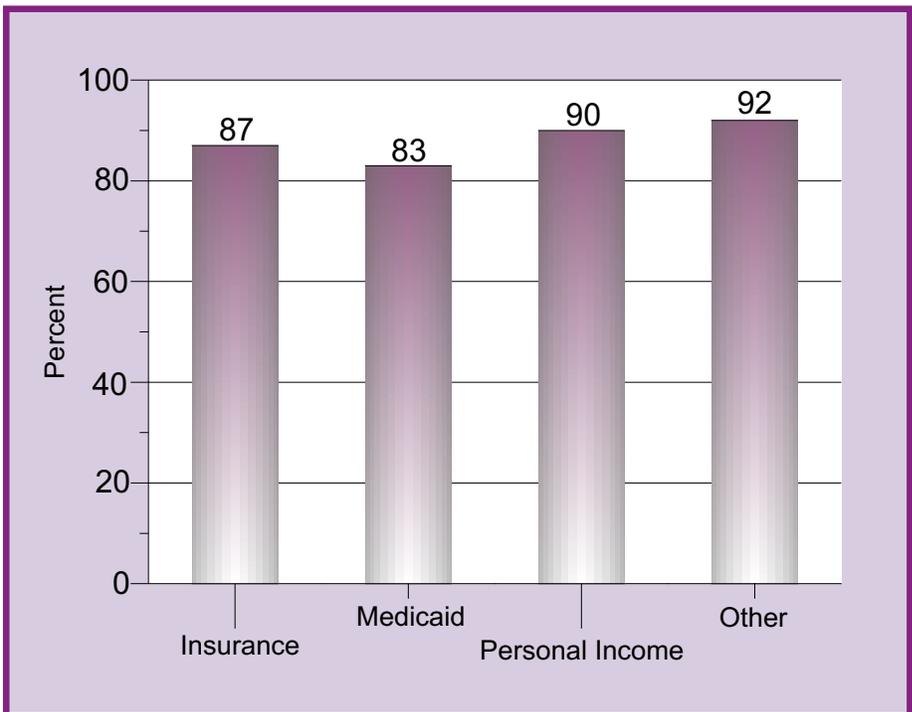
Postpartum Birth Control Use

by Prenatal Care Payment Method

Question 61. Are you or your husband or partner using any kind of birth control *now*?



higher risk for subsequent pregnancies. According to the American College of Obstetrics and Gynecologists' *Guidelines for Perinatal Care*, women should receive a comprehensive postpartum exam that includes family planning counseling and preconception counseling for future pregnancies.



“Prenatal parenting classes should be high on the list of priorities of the Health Department. Positive discipline, stress management, etc. People should be encouraged even more to take these as they are encouraged to take birthing classes.”

Sleep Position

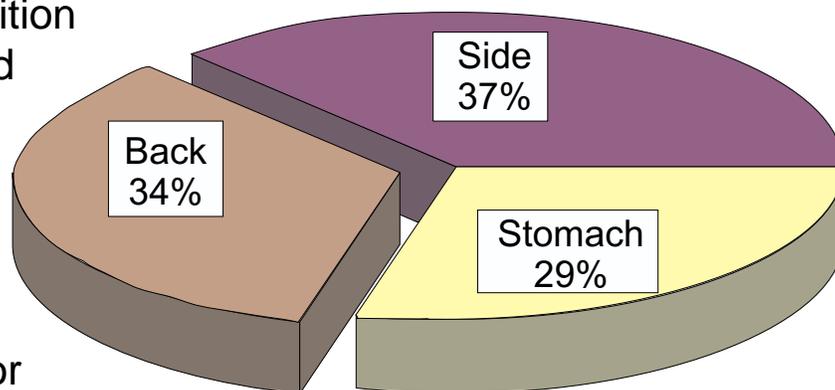
Question 45. How do you put your new baby down to sleep *most* of the time?

Only 34 percent of new mothers reported placing their infants to sleep on their backs.

While nationally 76 percent of infants were put to bed on their backs nationally, the proposed *Healthy People 2010* goal is to increase the proportion of infants placed to sleep on their backs to 90 percent.

Infant sleep position has been related to Sudden Infant Death Syndrome (SIDS). In 1994 the National Institute for Child Health and Human

Development and the Maternal and Child Health Bureau instituted the “Back to Sleep” campaign to educate parents and physicians about the dangers of prone sleeping positions for healthy full term infants. The recommendation for side or back sleeping was modified in 1996. Now parents are advised to put those infants to sleep on their backs only.

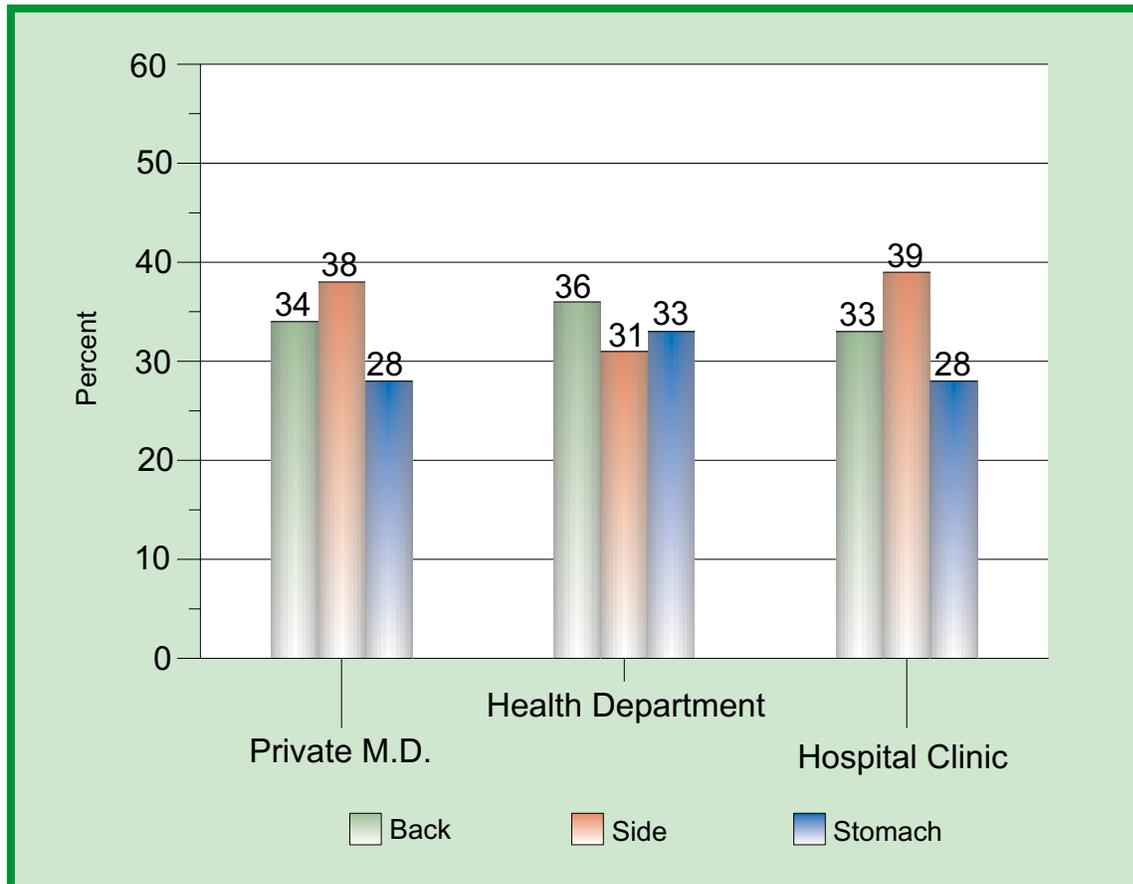


“As a health care professional in Arkansas, I see a lot of patients who have a severe knowledge deficit..”

Sleep Position

by Well-Baby Care Provider

Position in which mothers place their babies to sleep, by type of well-baby care provider



Question 45. How do you put your new baby down to sleep *most* of the time?

Question 47. When your baby goes for *routine* well baby care, where do you take him or her?

There is very little difference among health care providers as regards the proportion of parents putting their babies to sleep on their backs. Prevalence of prone sleep position was somewhat lower, however, among those using a private M.D. or hospital clinic for their well-baby care.

“I had twins and both deliveries were C-section. I have three children and live in one room with no hot water. The twins are on monitors, so I can't work. I have no income except AFDC for one child and I get food stamps. If you want to know what it's like, ask me. I have no husband and no child support.”

“My Medicaid has stopped now so we will not be able to continue to go for well baby checkups.”

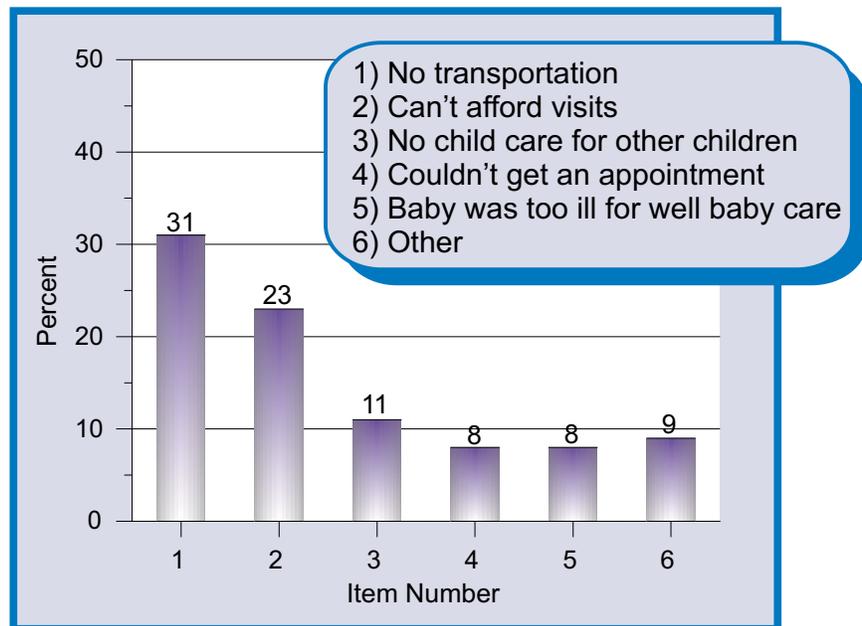
Barriers to Well-Baby Care

Question 66. Has your baby gone as many times as you wanted for routine well-baby care?

Question 67. Did any of these things keep your baby from having routine well-baby care?

Eighty-nine percent of new mothers reported that their infants went for well-baby care as often as they wanted.

Among the 11 percent who were not satisfied, the most common reason for inability to access well-baby care was lack of transportation (31 percent) followed by lack of funds (23 percent.) Current recommendations are for infants to have 10 primary



care visits within the first 18 months of life, and 86 percent of Arkansas mothers reported four or fewer visits with most of the infants being 12 weeks old or younger. While transportation led well-baby care barriers, it was among the least reported prenatal care barriers.