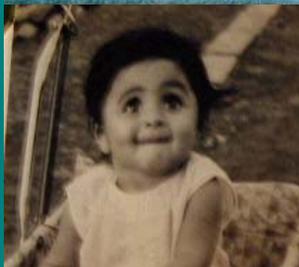


# Pregnancy Risk Assessment Monitoring System



A survey of the health of mothers and babies in Arkansas



# PRAMS

## Pregnancy Risk Assessment Monitoring System

### A Survey of the Health of Mothers and Babies in Arkansas for Births Occurring in 2000

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 purpose 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 187 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 14-page questionnaire at two to six months after delivery. A tickler letter and a second and third questionnaire were mailed to those who did not respond. 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 Birth Weight Rural Counties	456	276	191	69.2%
Low Birth Weight Medium Counties	693	312	229	73.4%
Low Birth Weight Urban Counties	1534	395	272	68.9%
Normal Birth Weight Rural Counties	4561	419	323	77.1%
Normal Birth Weight Medium Counties	8791	402	307	76.4%
Normal Birth Weight Urban Counties	18937	439	331	75.4%
Total	34972	2243	1653	73.7%

Sampling information and mothers' 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 background 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 a new questionnaire started, 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 birth weights 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 mothers originally eligible for the survey.

# Introduction

Dear Reader,

The report you see before you is very special, unlike anything the Arkansas Center for Health Statistics regularly produces. 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, approximately 140 survey questionnaires were received from a random sample of Arkansas women who delivered babies 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 has 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,

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 1,650 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 performed data analysis. Priya Kakkar, Health Program Analyst, drew the monthly sample and Terri Wooten, Senior Project Leader, provided technical assistance. They each provided invaluable feedback and insight throughout the project. Ed Just, Assistant Director, Center for Health Statistics, and Charlotte Caldwell, CHS Secretary, provided the crucial administrative assistance to keep the PRAMS project running smoothly.

Jalonda Lane, Documents Examiner, conducted telephone interviews and performed meticulous data entry while working diligently to ensure our remarkable response rates. Gail Dellorto provided Spanish interpretation and translation, conducted telephone

interviews for our Hispanic mothers and quickly responded to their various needs. Her efforts resulted in our exceptional Hispanic response rates. She also assisted some non-English speaking mothers to access services for themselves and their babies.

Many thanks to Sandy Bankson, Data Manager, who performed the extremely complex daily operations, conducted telephone interviews, personally interviewed each of the mothers whose babies died, and lost sleep over the plight of many of the participants.

Special recognition goes to Shalini Manjanatha, Medical Economist, who generated the statistics and created the graphs contained within this publication. She performed programming magic that will virtually automate future publications.

This publication was made possible by grant number U50/CCU613643-07 from the Centers for Disease Control and Prevention, Division of Reproductive Health. Special recognition goes to the CDC PRAMS staff for their technical assistance and remarkable patience.

Gina Redford, M.A.P.  
PRAMS Project Coordinator  
Arkansas Department of Health

# Table of Contents

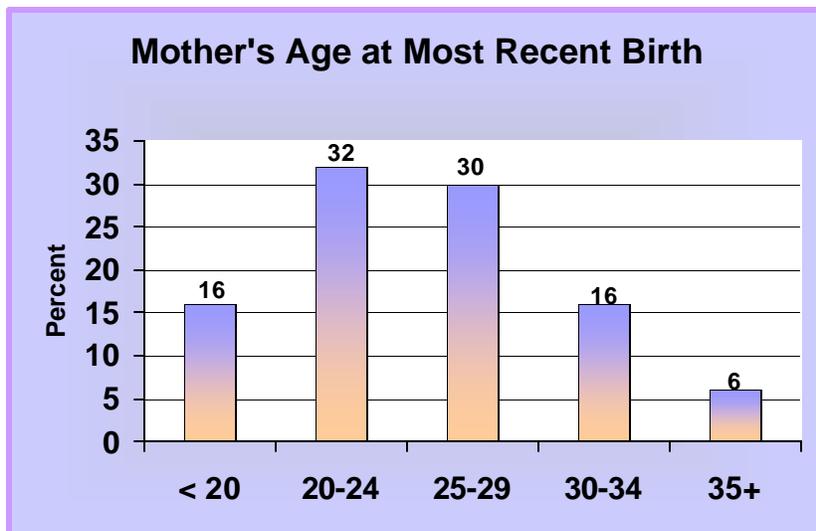
<b>General Information</b>	<b>7</b>
Age, Race & Marital Status of Arkansas Mothers .....	9
Education and Poverty Level .....	11
Payment Method for Prenatal Care.....	13
Source of Prenatal Care.....	15
Method of Delivery Payment.....	17
WIC Participation During Pregnancy.....	19
Services Received During Pregnancy.....	21
<b>Pregnancy Intent &amp; Birth Control</b>	<b>23</b>
Pregnancy Intent.....	25
Birth Control Use by Pregnancy Intent .....	27
Reason Not Using Birth Control At Conception .....	29
Pregnancy Intent by Age.....	31
Pregnancy Intent and Relationship to the Father .....	33
Pregnancy Intent by Delivery Payment Method.....	35
Entry into Prenatal Care by Pregnancy Intent.....	37
<b>Barriers to Prenatal Care</b>	<b>39</b>
Entry into Prenatal Care .....	41
Barriers to Prenatal Care .....	43
Barriers to Prenatal Care by Age of Mother.....	45
Barriers to Prenatal Care by Income .....	47
Barriers to Prenatal Care by Payment Method.....	49
<b>Content of Prenatal Care</b>	<b>51</b>
Prenatal Counseling Content.....	53
Risk Factors Discussed by Health Care Workers.....	55
Folic Acid Awareness by Prenatal Care Provider.....	57
Folic Acid Awareness by PNC Payment Method and WIC Status.....	59
HIV Counseling and Testing .....	61
<b>Risk Factors</b>	<b>63</b>
Stressful Life Events 12 Months Prior to Delivery .....	65
Number of Stressful Events 12 Months Prior to Delivery.....	67
Physical Abuse.....	69
Smoking .....	71
Smoking Last Three Months and Postpartum .....	73
Smoking and Low Birthweight .....	75
Dental Care.....	77
<b>Breastfeeding</b>	<b>79</b>
Breastfeeding Initiation.....	81
Breastfeeding Duration Among Those Initiating Breastfeeding.....	83
WIC Breastfeeding Duration Among Those Initiating Breastfeeding.....	85
Breastfeeding Initiation by Income.....	87
Breastfeeding Initiation by Mother's Education.....	89
Reasons for Not Breastfeeding.....	91
<b>Postpartum</b>	<b>93</b>
Postpartum Birth Control Methods.....	95
Reasons Not Using Birth Control Postpartum.....	97
Postpartum Birth Control Use by PNC Method.....	99
Sleep Position .....	101
Sleep Position by Well-Baby Care Provider.....	103
Barriers to Well-Baby Care.....	105



# General Information

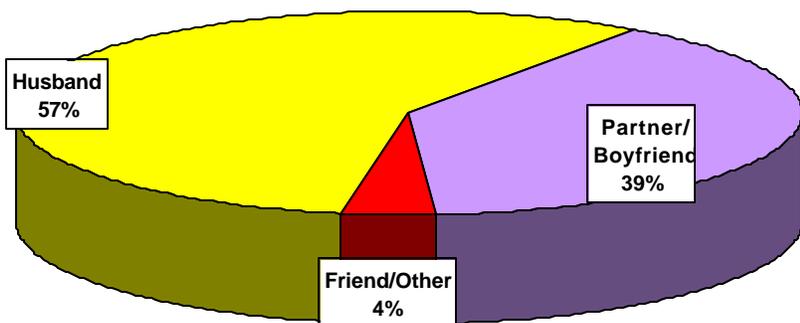
**"I am only 17 years old. I have 2 kids. I have had a lot of problems with both of my kids. My first one was 4 1/2 months early and only weighed 1 pound 5 ounces. I've almost lost both of my babies. So no matter what, always tell your kids you love them, and take care of them, even if you are just pregnant. You never know what can happen to them."**

# Age, Race & Marital Status of Arkansas Mothers



PRAMS data serve as another reminder of the serious problem of teenage pregnancy in Arkansas. Sixteen percent of all live births in 2000 were to mothers younger than 20. This does not include spontaneous or induced abortions, nor stillbirths.

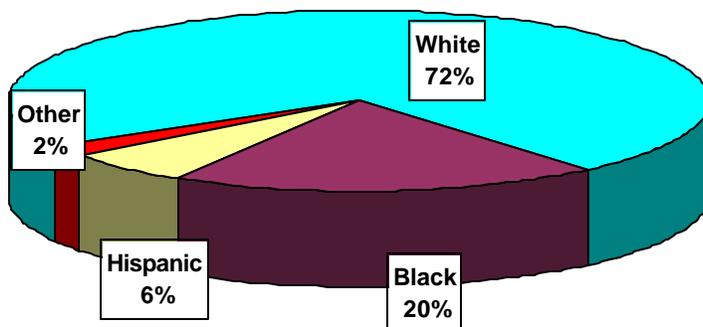
In 2000, 57 percent of mothers said they were married to the baby's father at the time of conception. This statistic differs from frequently cited vital statistics data, which report marital status at *any time* during the pregnancy. PRAMS data report the relationship of the parents at the time of conception.



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

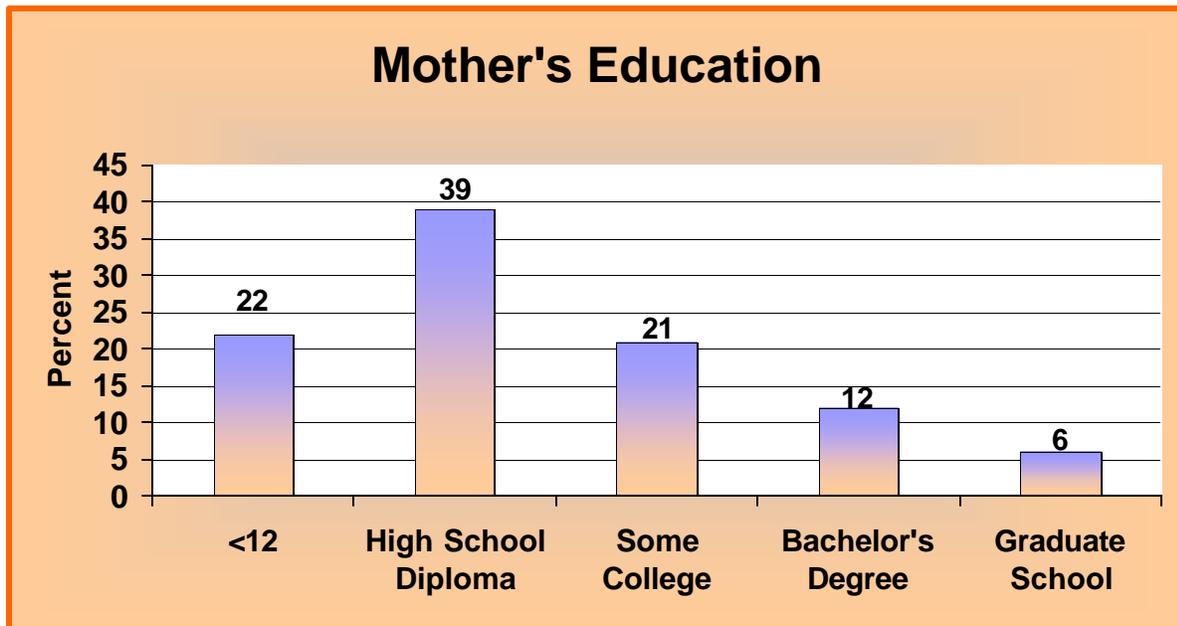
Arkansas' Hispanic population has proven to be one of the fastest-growing in the country in recent years. Efforts to reduce the effects of racial and ethnic disparities must be monitored closely to ensure all groups receive adequate attention to optimize all health outcomes.

## Mother's Race

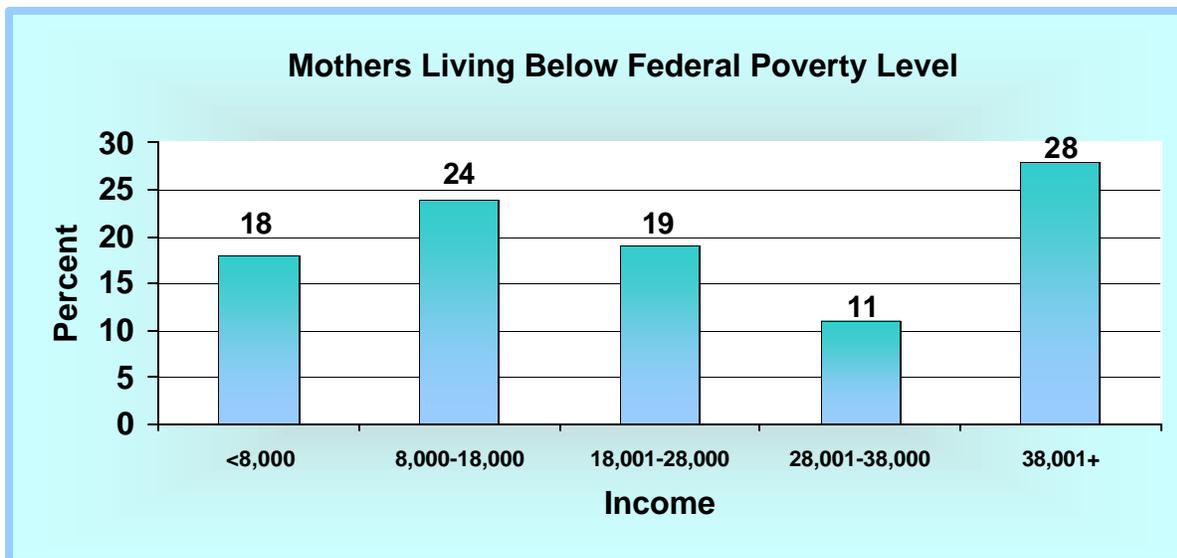


**“I had problems at about two months. I started bleeding and thought I lost my baby, so I went to the emergency room. They could still hear the baby's heart beat so they were going to send me to my doctor. They refused to see me because I didn't have Medicaid or money.”**

# Education and Poverty Level



Many factors have been associated with health outcomes, including educational level. In 2000, 22 percent of Arkansas' mothers reported that they had not received a high school diploma.



Poverty affects all aspects of life, not the least of which is health outcomes. The challenges facing teen mothers are exacerbated by the fact that 80 percent were living below the federal poverty level in 2000.

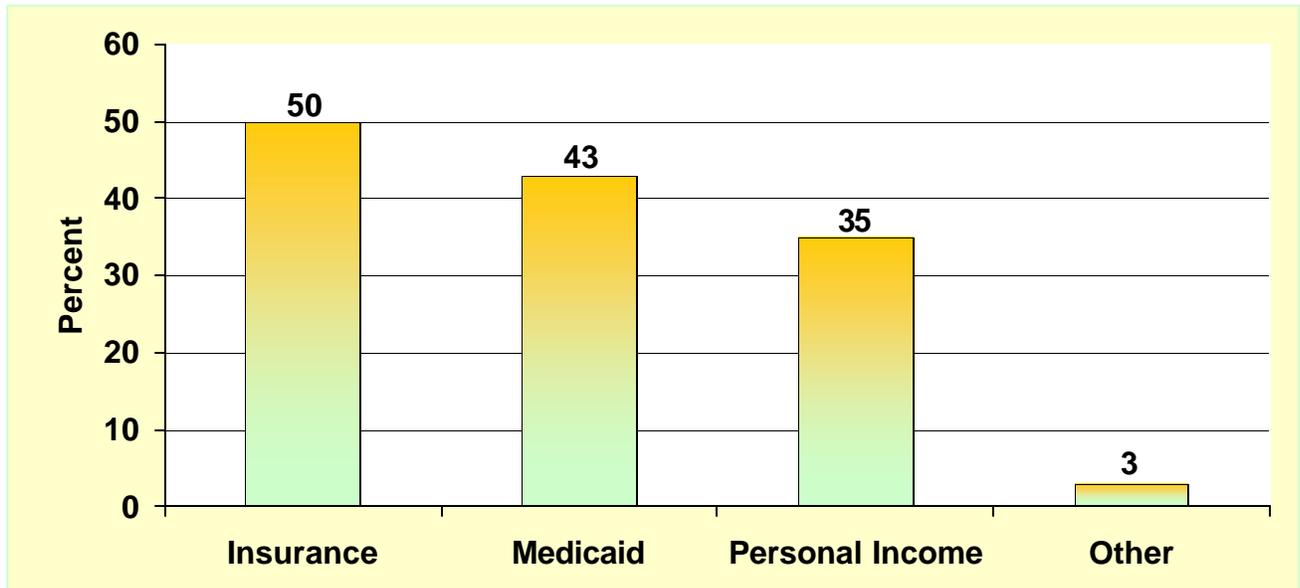
**“Medicaid doesn’t cover everything. When I was going to the doctor monthly during the first two trimesters, I didn’t always have the resources to go to my OBGYN for kidney and bladder infections (which were frequent during the first six months), during the in between times of my regularly scheduled appointments, because Medicaid did not cover the regular physician visits resulting of urinary infections, I still accumulated bills I could not pay. But, I couldn’t let the infections go.”**



**“I am very thankful for the programs Arkansas has for pregnant women. Without them my husband and I would never have been able to afford having a child. Also, we're able to take our child to the doctors without having to worry how we'll be able to pay for it. We hope one day when we’ve been married longer, we’ll have a better income, and be able to afford taking care of our child all on our own, but it makes it so much easier now to keep our child healthy.”**

# Payment Method for Prenatal Care

Question 19: How was your prenatal care paid for?

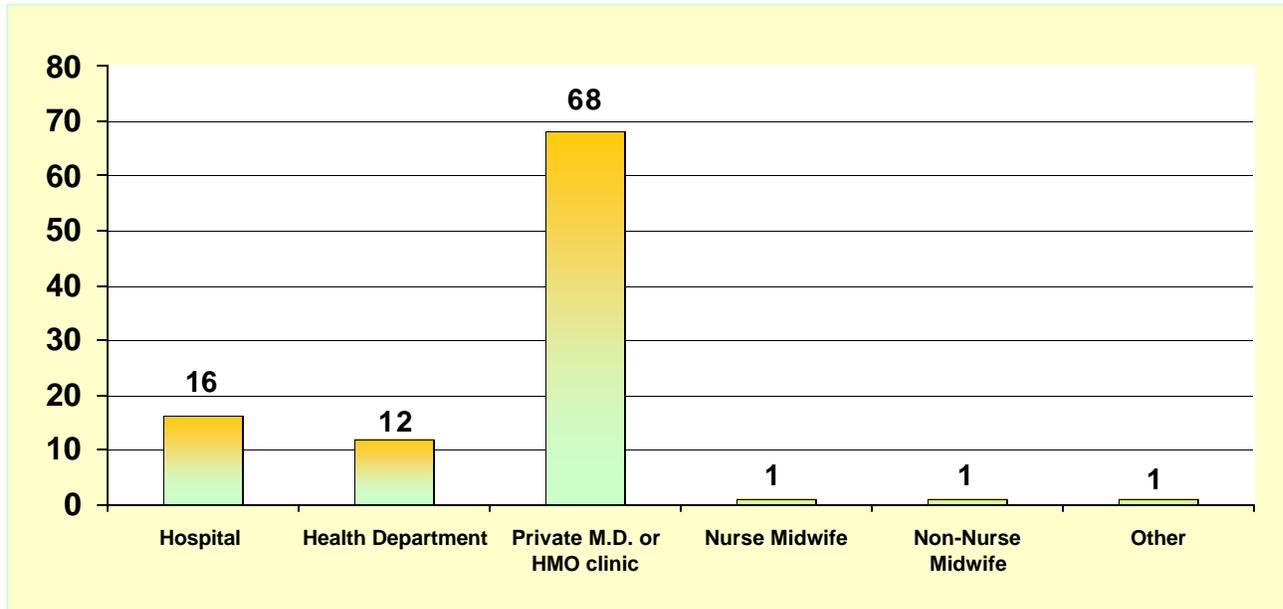


Fifty percent of mothers reported using private insurance, while another 43 percent were on Medicaid, and 35 percent had to use personal income for at least some of their prenatal care payments. However, 36 percent used Medicaid alone and 23 percent relied solely on private insurance. Twenty-four percent 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 had a great job and great insurance, then when I was 5 months pregnant I lost my job (company closed). Our income was cut in half and then we had no insurance. Medicaid has really helped our family. Our sons are now on ARKids First, hopefully for not too long. My husband's insurance will charge us \$600 a month to put the boys on his insurance. We cannot afford this now.”**

# Source of Prenatal Care

Question 18: Where did you go *most of the time* for your prenatal visits?

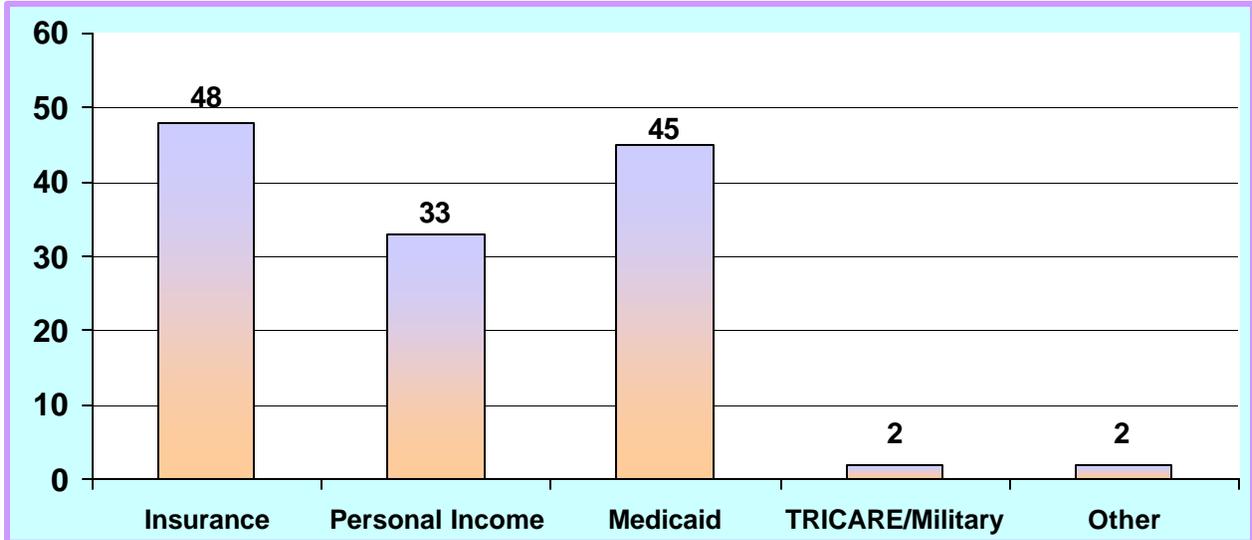


Sixty-eight percent of Arkansas mothers received most of their prenatal care from a private physician. Noting the source of prenatal care is important when evaluating the adequacy of the content of prenatal care received, the satisfaction of the mothers with their health care providers and especially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

**“Prenatal care is important! There should be more aid to pregnant women to get help with bills. I tried because I have cervical cancer and also only 19 teeth, which are very, very bad and now hurt very much. I can’t get any aid to help pay for any medical attention I need. I had pregnancy Medicaid which paid for my hospital stay but that’s all. I had a lot of ultrasounds and stress tests due to being smaller than the doctors thought I should be. I have a healthy boy though. I can’t afford my doctor bills or the help I need now. There should be a way to help people who need it.”**

# Method of Delivery Payment

Question 45: How was your delivery paid for?

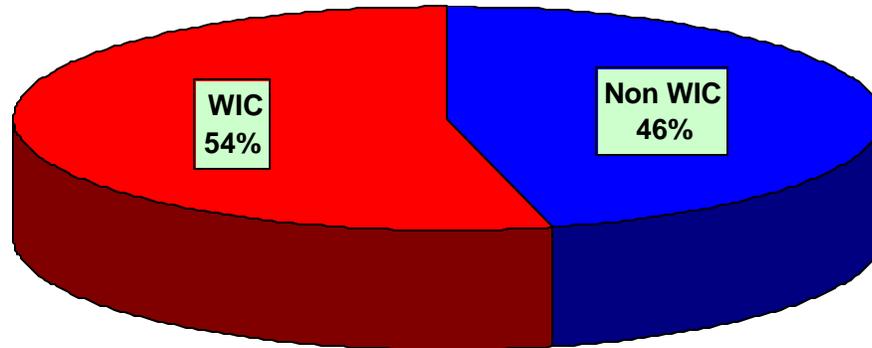


Only 48 percent of Arkansas mothers had access to private insurance to pay for at least part of their delivery, while 45 percent of all live births were paid for by Medicaid. Twenty-one percent used only private insurance to pay for their delivery, 26 percent used a combination of private insurance and 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 the health care for mothers and babies in Arkansas is excellent, especially for new young mothers. WIC is a wonderful thing for anyone who can get it. My family has benefited greatly from it. I don't know if we could have afforded the formula on our first child, I really doubt it. Formula is too expensive for families to purchase even if they only have basic bills. This is the only government program we have ever participated in other than child birthing class on our first child. Arkansas is doing a great job for families who need a little help and those who need a lot. I'm sorry. I'm not very good with words or I would tell you what I think about it. One word ... miracle!"**

# 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-four percent of Arkansas mothers reported participating in the WIC program during their pregnancies.

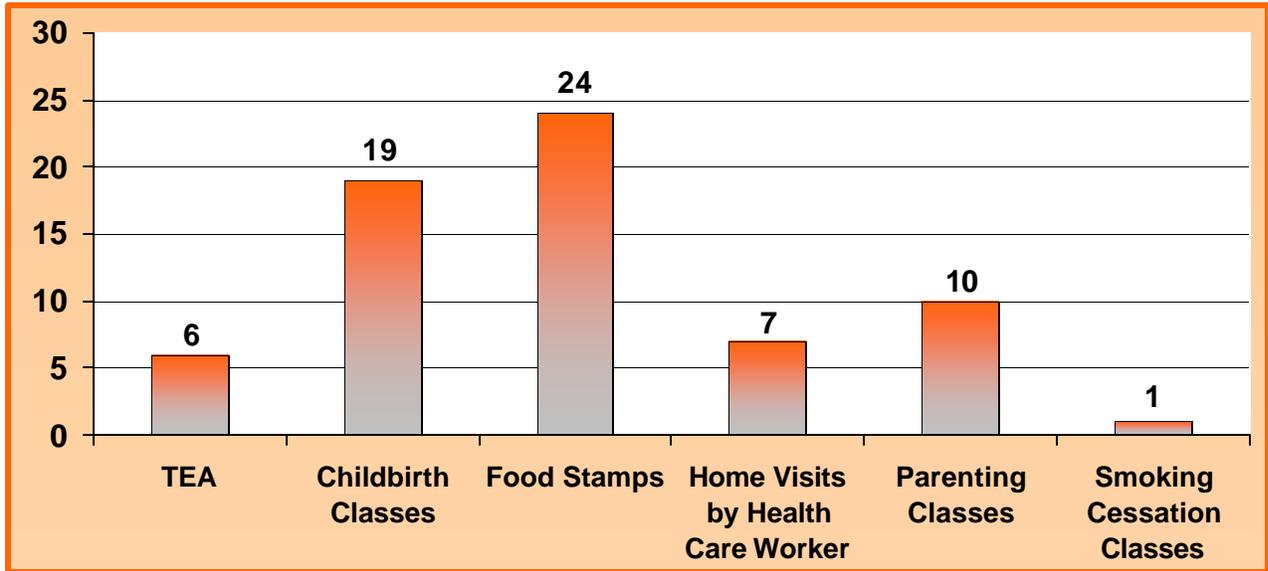
**“I think that as a teenage mother there should be more things like this to educate our young mothers because I know that I'm learning more and more everyday.”**



**“I feel pretty good about the information out for women on how to take care of themselves before, during, and after pregnancy. However, I think that doctors offices and their nurses should do a better job (overall) of educating women and not assume that they already know things. Offices and clinics seem so busy that there is not enough time for proper patient education.”**

# Services Received During Pregnancy

Question 84: During your most recent pregnancy, did you get any of these services? (Choices included: childbirth classes; food stamps; health care home visits; TEA (AFDC); and smoking cessation classes.)



Less than one-fourth of the respondents received childbirth classes and/or food stamps (19 and 24 percent respectively). Seven percent received a home visit from a health care worker. Six percent were on TEA (AFDC). Only 1 percent attended smoking-cessation classes during pregnancy.



**Pregnancy  
Intent  
&  
Birth  
Control**

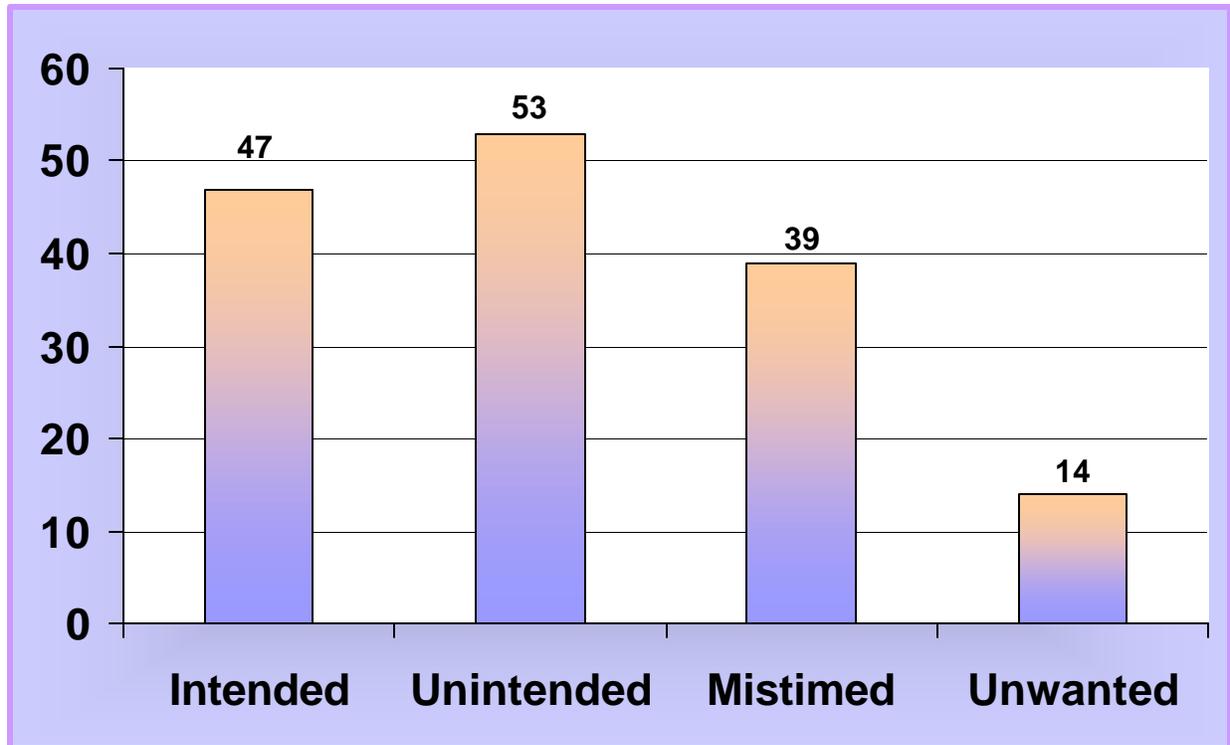
**“I made the mistake of keeping my pregnancy hidden from everyone which could have put my baby’s and my life in jeopardy because of the lack of prenatal care. I just thank God we both came through it OK and my baby is healthy.”**



**“I teach 6<sup>th</sup> grade and see a lot of kids eating poorly at school. It would be nice to have a push for good nutrition practices for kids of this age and up. Even in 6<sup>th</sup> grade (12 yr. olds!), we know of kids having sex and getting pregnant. Even with good eating habits, this is not a good thing, but with the way they eat junk food and fatty cafeteria food, it is even worse!”**

# Pregnancy Intent

Question 10: Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?



In 2000, fewer than half of the Arkansas pregnancies resulting in a live birth were reported as intentional (47 percent). Fifty-three percent were unintended, meaning unwanted or mistimed. However, 14 percent of the mothers reported that they did not want to be pregnant then or at any time in the future.

The *Healthy People 2010* 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.

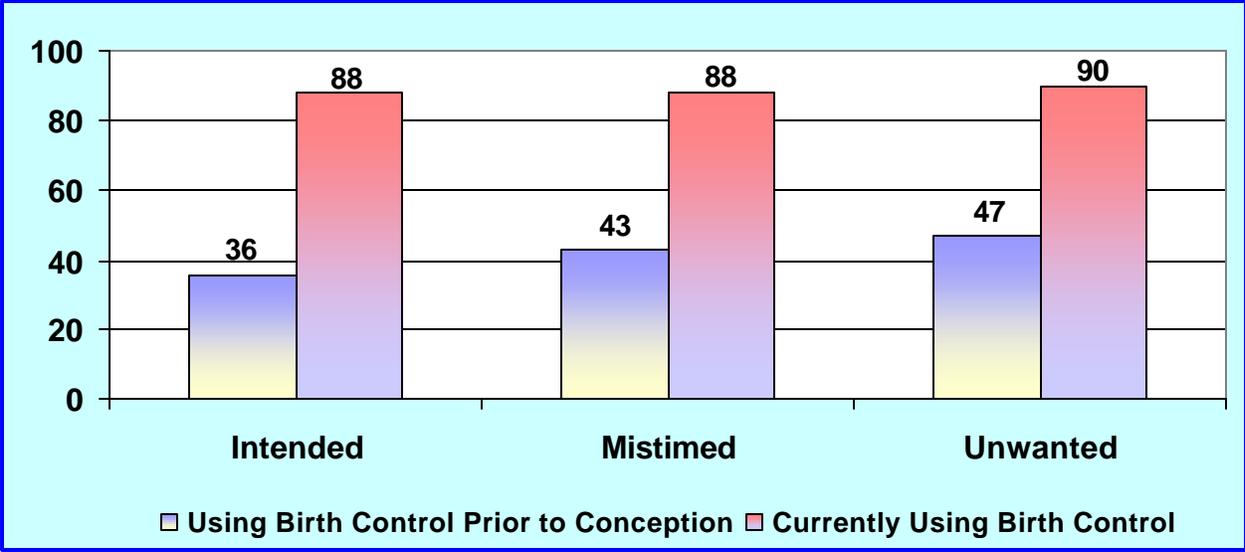
**“... I would only like to say to the young mothers, I’m only 20 with 2 children. I graduated on time while I was pregnant, but afterwards it's hard. After you have one, do everything possible (pills, a shot, or condoms), not to have another child.**

**Once you have one child you should learn that it's hard enough and you can't imagine having 2. Let your first one be a 'good' reminder on what unprotected sex can get you!”**

# Birth Control Use by Pregnancy Intent

Question 12: When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

Question 75: Are you or your husband or partner doing anything now to keep from getting pregnant?



Pre-pregnancy birth control use among new mothers who said they had wanted a baby, but later, and those who had never wanted a baby was extremely low. Only 43 percent in the mistimed group and 47 percent of the unwanted group were practicing any birth control when they most recently conceived.

Although postpartum birth control use was quite high among all groups, it is important to note that 10 percent of mothers who said that they never wanted to be pregnant at any time 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.

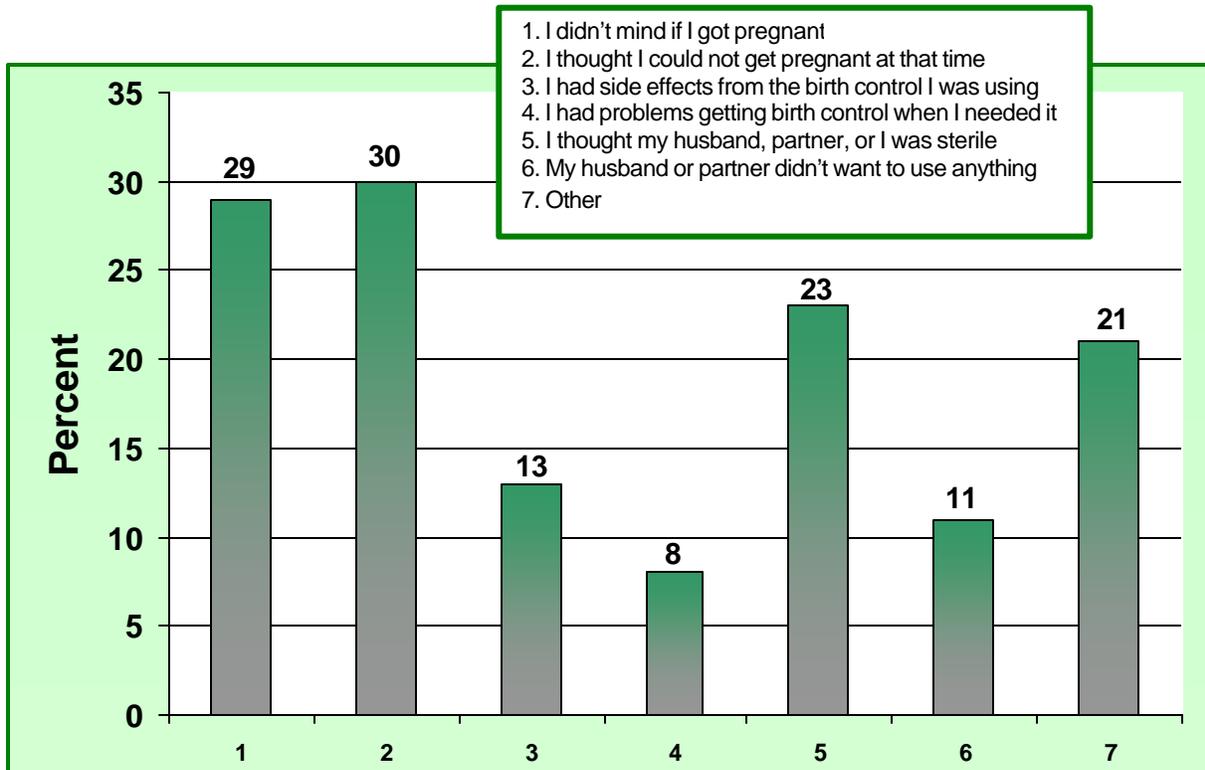
**"I am a single mother of three. See, I fell in love and got pregnant and after the baby was born he left. The last time I saw him was 2 months ago. So girls, be careful. I'm gonna move to Bentonville, go to school and take care of my kids. It's hard, but at the end it's worth it."**

# Reason Not Using Birth Control At Conception

Question 12: When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

If not, then

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

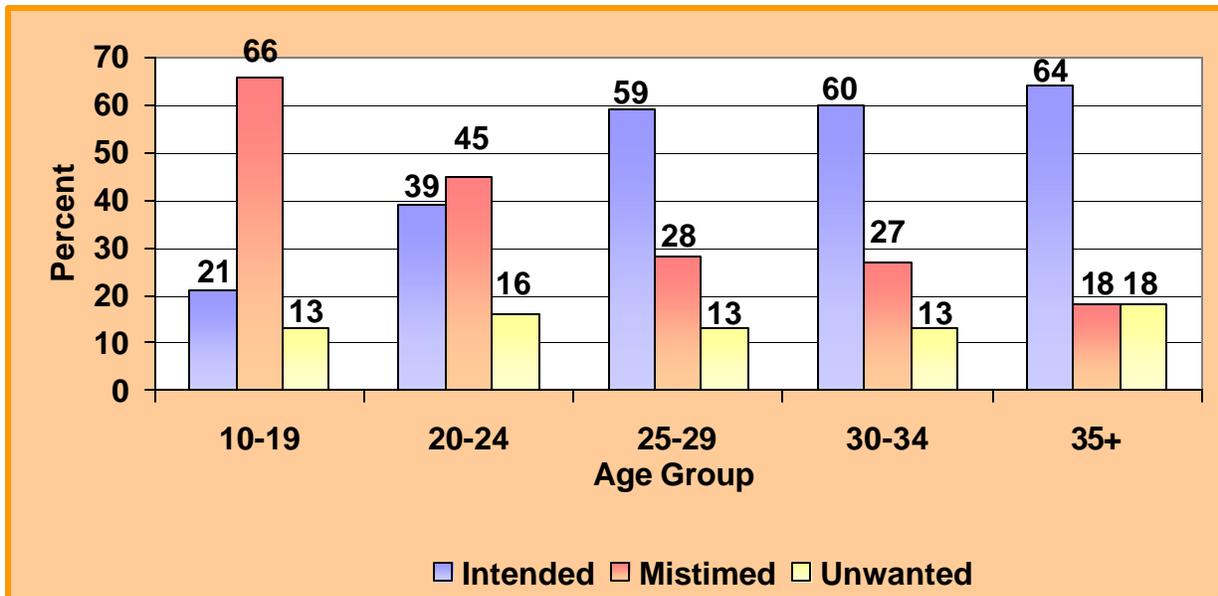


An estimated 58 percent of new mothers had not been using birth control when they got pregnant. When asked why they were not using birth control, only 29 percent of those mothers reported that they didn't mind if they got pregnant.

**“I was a teen mother, now 22 with 3 children, and there is not enough being done to help prevent and to teach teen mothers. We need teen mothers to talk to the teens on their level. I spoke as FHA president as a teen mother, but only once. The schools around here still try to sweep the teen mothers under the rug. We not only need to teach ‘No, don’t do it’ but how to prevent it, and the reality of its affects. Arkansas needs to wake up and help the teens. I’ve lived here all my life and I want to be first in line to help. But the state is not stepping up to the plate. I was one of the few teen mothers that finished high school. Five others in my class of 20 did not.”**

# Pregnancy Intent by Age

The proportion of intended pregnancies is at least 59 percent among all women aged 25 and over. Twenty-one percent of teenagers reported that they intended to be pregnant while 79 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.

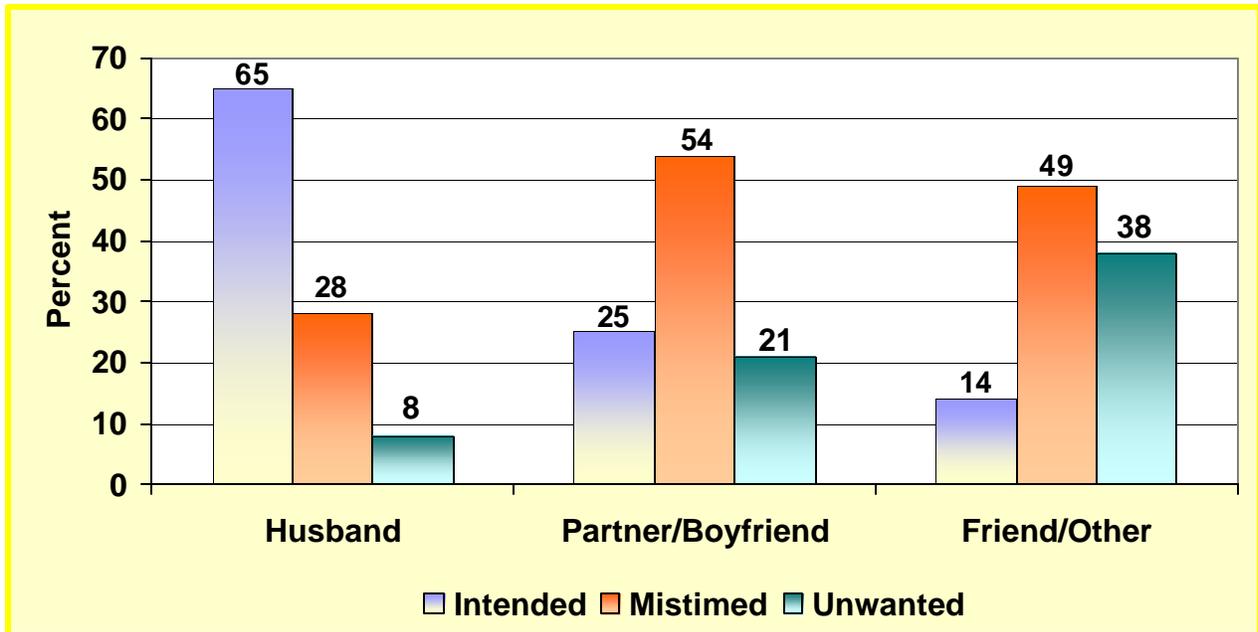
Teens and their infants face even more serious consequences of unintended pregnancy. They are at higher risk for reduced educational attainment, have fewer employment opportunities, increased likelihood of welfare dependency and poorer health and developmental outcomes.

**"It's real hard becoming a parent but it's real difficult being 19 and a single parent (mother) of a kid, especially not knowing how your child will react when you tell him his daddy doesn't want to be with him."**

# Pregnancy Intent and Relationship to the Father

Question 10: Thinking back to just before you got pregnant, how did you feel about becoming pregnant?

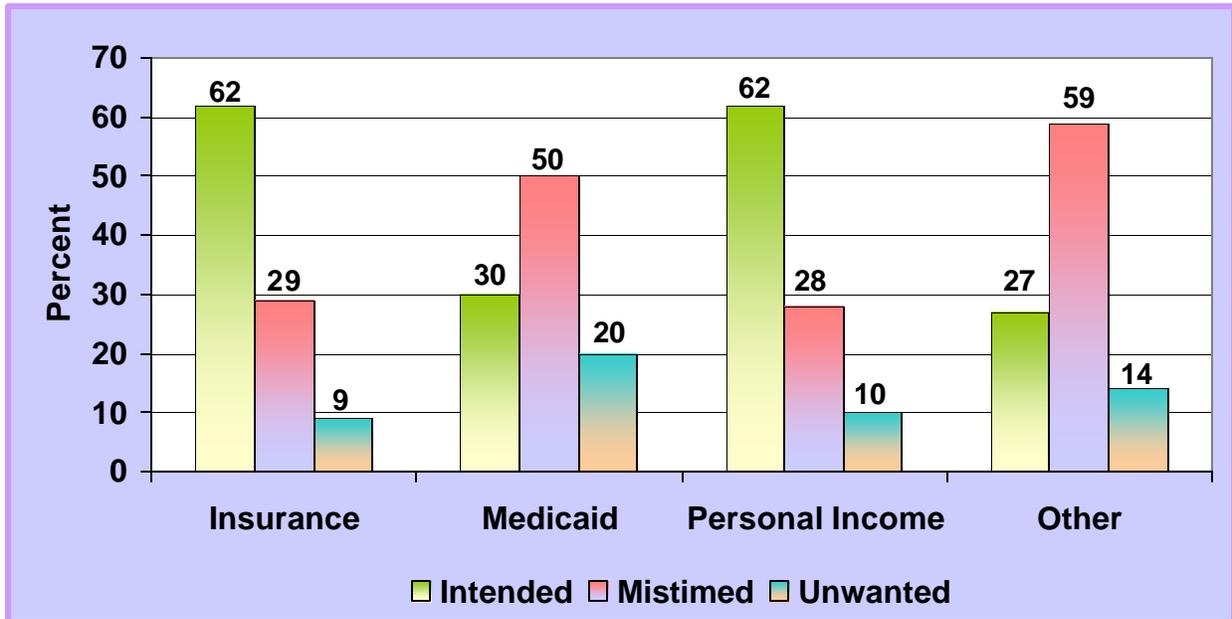
Question 81: When you got pregnant, what relationship did you have with your new baby's father?



New mothers whose relationship with the baby's father was described as "friend or other" were more than four 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 more than two and one half times 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 (65 percent).

**“I had a very hard time getting on Medicaid for myself when I was pregnant. I was 6 months along before I was approved, although I signed up when I was 7 weeks along. The case worker kept giving me the runaround. When my baby was born I signed him up for ARKids First. He is now 3 months old and was just approved.”**

# Pregnancy Intent by Delivery Payment Method



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

Twenty 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 50 percent wanted to be pregnant, but later.

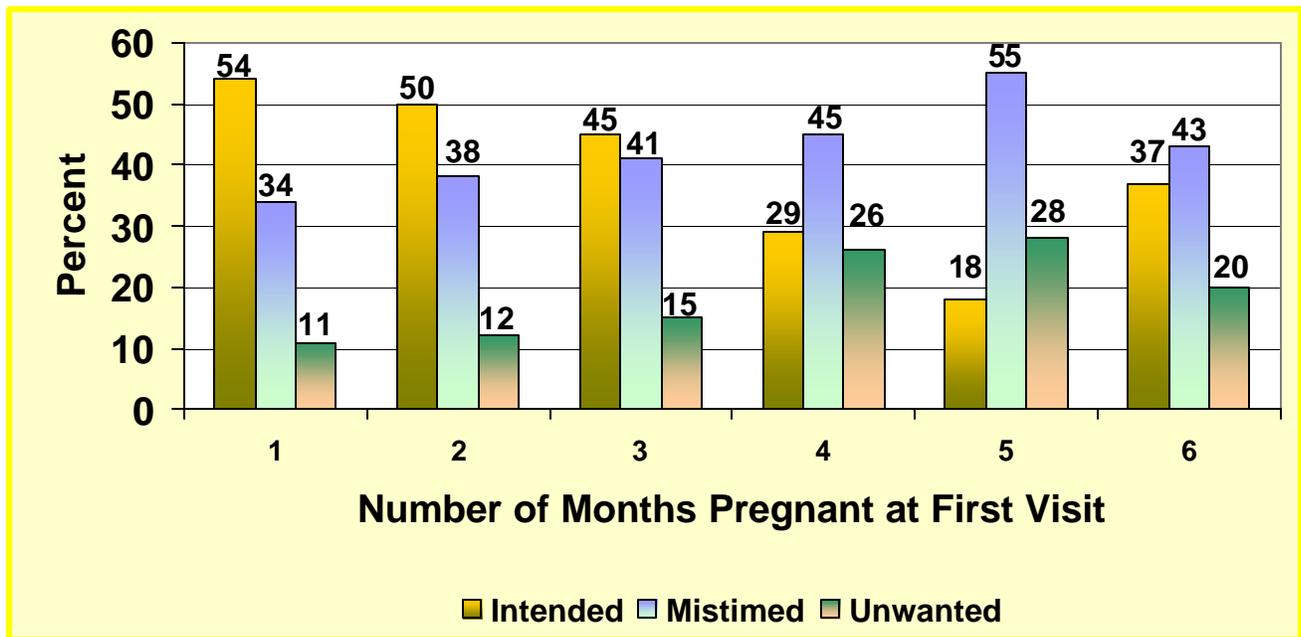
Unintended pregnancies have profound personal and social effects no matter what the mother's socioeconomic status. Economically, there are increased health care costs, regardless of the outcome of the unplanned pregnancy.

**"I had to wait 2 weeks after I took a pregnancy test to get into a doctor's office. Then I found out that I would have to pay around \$2,700 before the doctor would see me. Then I went to the Health Department till I got Medicaid. I tried to get on food stamps, but was turned down due to making too much money. But they never considered any bills I had."**

# 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, 54 percent reported they intended to be pregnant. Forty-five 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**

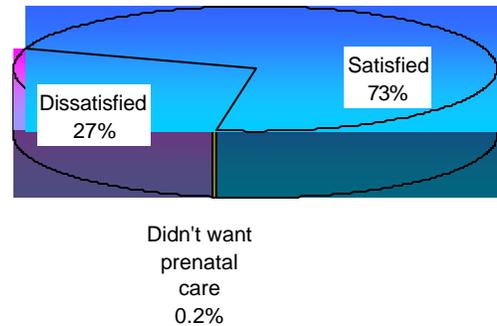
**“I tried to get Medicaid because I was laid off from work. I was denied. This should be easier to get. More people would have prenatal care if they could get help. Prenatal care is very expensive. My doctor charges \$2,400 and wants paid in full up front if you have no Medicaid or insurance. That’s why I had no prenatal care.”**

# Entry into Prenatal Care

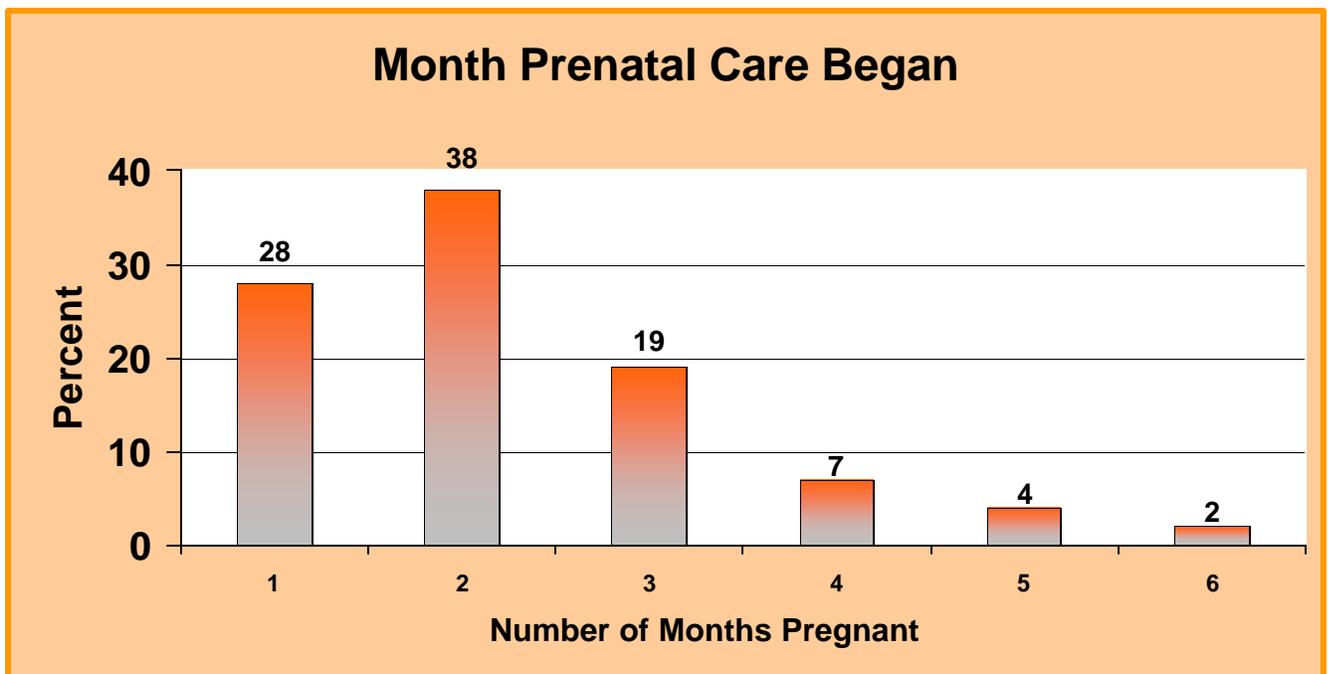
Question 16: Did you get prenatal care as early in your pregnancy as you wanted?

More than 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.

**Satisfaction with Timeliness of First Prenatal Care Visit**



The number of women receiving first-trimester care has increased since 1990, according to the U.S. Department of Health and Human Services. Nationally, in 2000, 83 percent received first trimester care. In Arkansas, 85 percent received prenatal care by the end of their third month of pregnancy.

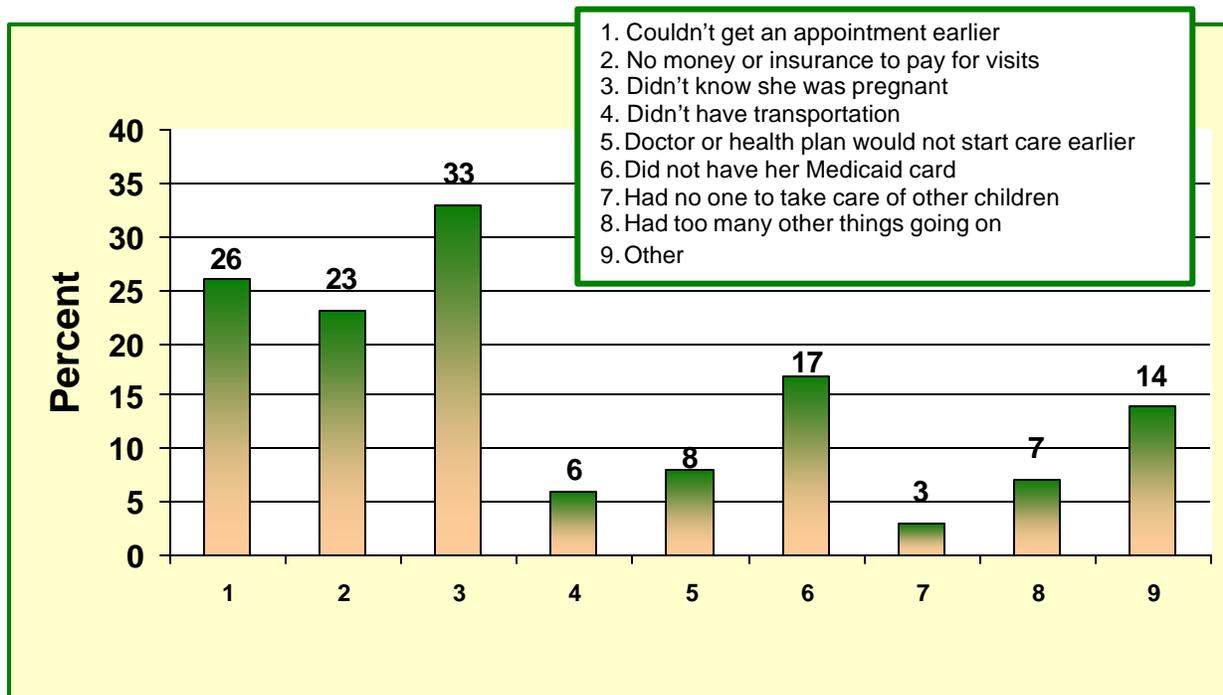


**“It is a shame that when I got pregnant my individual policy insurance dropped me and I made too much money for Medicaid. Because of the pregnancy, no insurance would take me. If something had been wrong with our baby, no one would help us, unless I quit my job. It is a shame that only the poor and the rich are promised good health care. What about those of us in the middle?”**

# Barriers to Prenatal Care

Question 17: Did any of these things keep you from getting prenatal care as early as you wanted?

Respondents were asked to choose from a list of several common barriers to early prenatal care. They were also provided space to write additional reasons not provided in the survey list. Totals do not equal 100 since mothers were able to select more than one option.



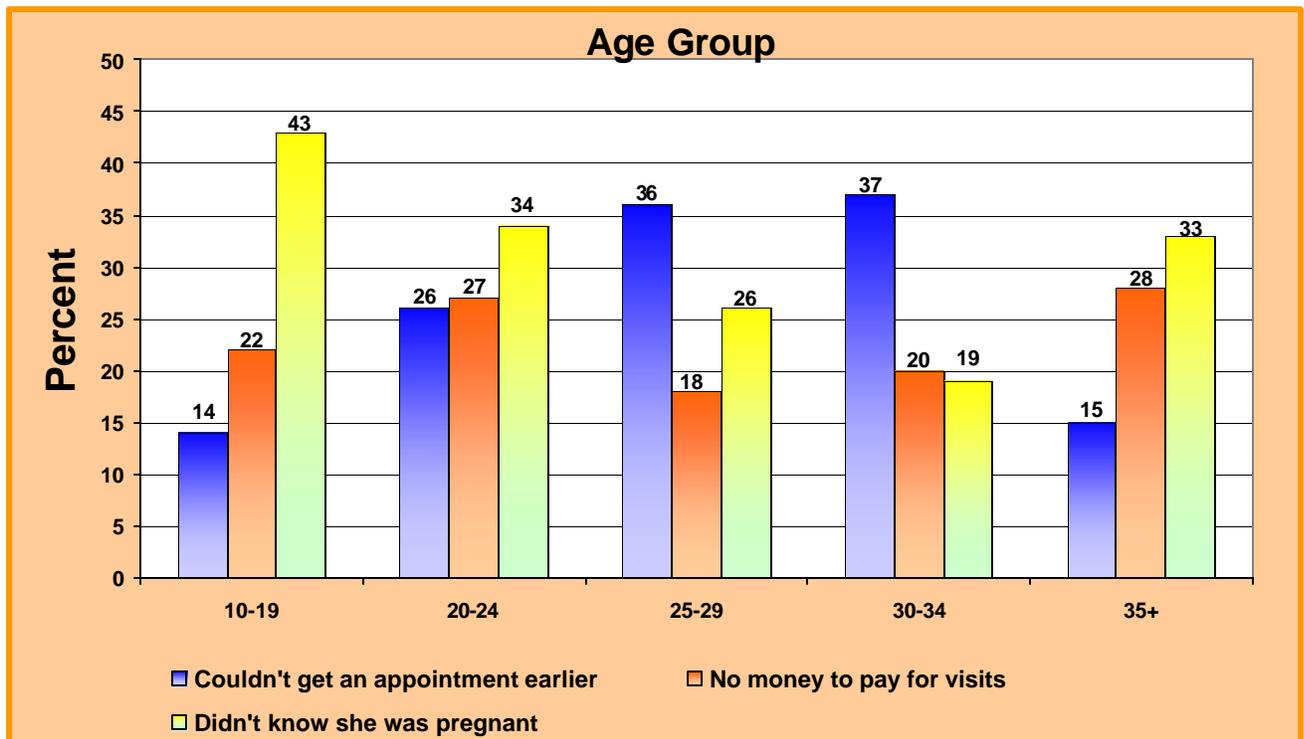
Of those women reporting they did not receive prenatal care as early as desired, one in four could not get an appointment earlier in their pregnancy, 33 percent said that they did not know they were pregnant and 23 percent reported they didn't have enough money or insurance to pay for their visits. Seventeen percent were waiting to receive their Medicaid card and 14 percent reported "Other" reasons not offered in the list. The remaining items were all chosen by less than 10 percent of the mothers.

**“I think that sometimes when a woman goes to receive the injection you [Health Department] do not have time to do it and give us an appointment. While we wait for the appointment we get pregnant. It is best if you give the shot the day a woman goes for it, otherwise there is more risk of getting pregnant.”**

# Barriers to Prenatal Care

## by Age of Mother

Question 17: 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 were most likely to report that they were not aware of their pregnancies earlier (43 percent) thus preventing them from receiving prenatal care as early as they would have desired. However, moms aged 20 to 24 (34 percent) and those 35 and over (33 percent) also reported this as a significant barrier.

Thirty-six percent of moms between the ages of 25 and 29 reported the inability to get an earlier appointment as well as thirty-seven percent of the 30-34 age group.

**“It would be nice if the DHS offices worked Medicaid cases faster. I had to pay for my first two prenatal appointments because my Medicaid was still pending.”**

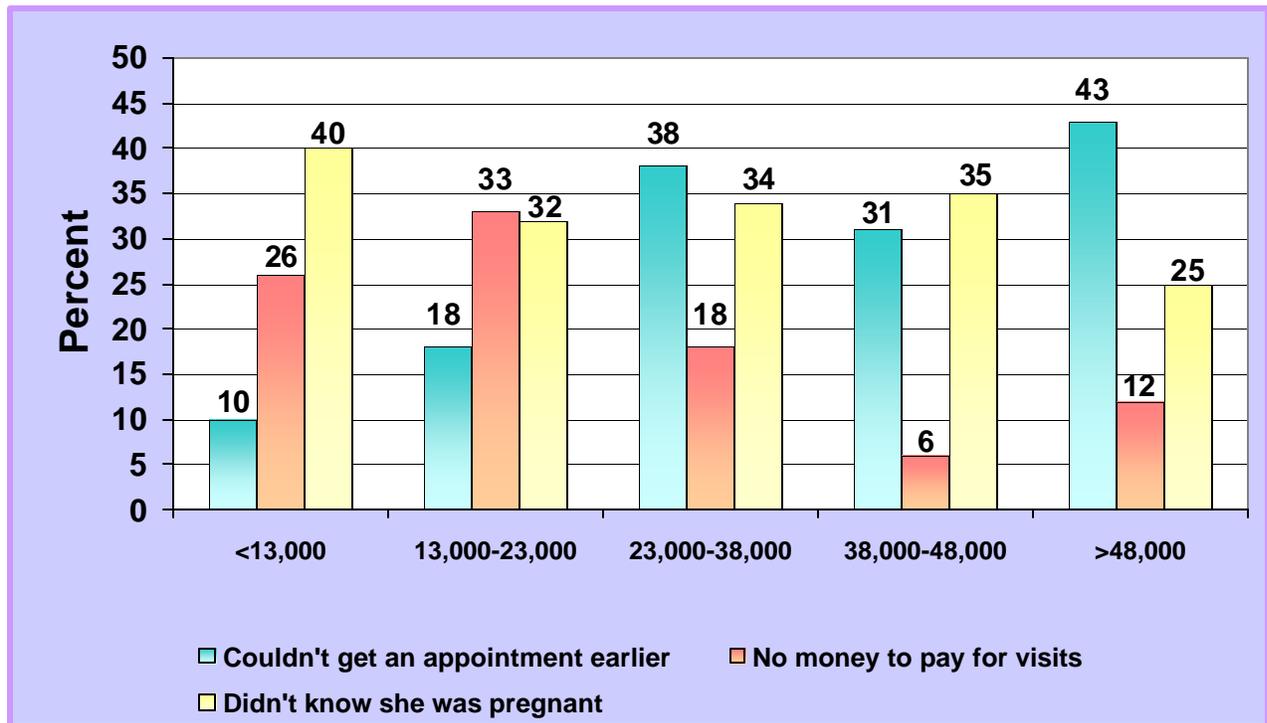
# Barriers to Prenatal Care by Income

The 27 percent of women who said they did not get prenatal care as early as they wanted were asked:

Question 17: 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 \$13,000 and \$23,000 had the most difficulty paying for prenatal care visits (33 percent). Thus, the working poor were more likely to be affected by this than those in the lowest income group (26 percent). Women in the lowest income group, <\$13,000 annually, were more likely to report that they did not know they were pregnant (40 percent).

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 \$48,000 couldn't get an appointment earlier in their pregnancies.

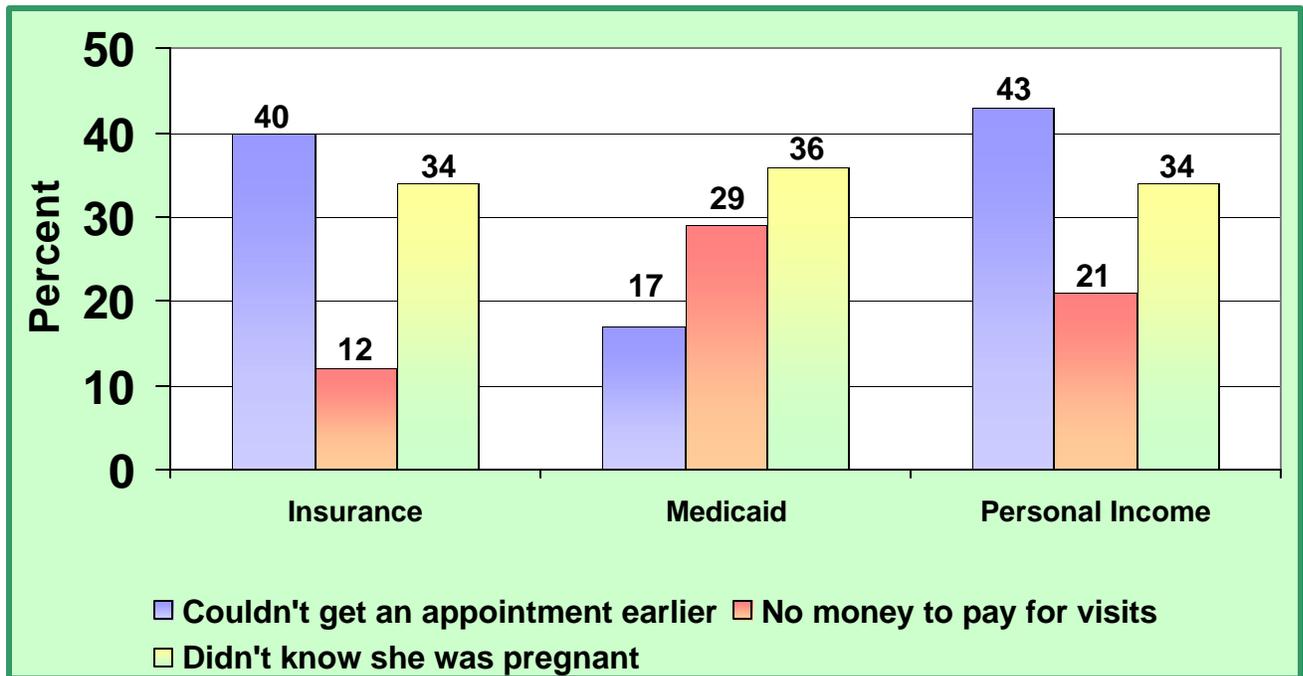
**“It is a shame that the insurance company (or the lack of) determines the medical care, such as types of medicines, tests, procedures, that the patients receive (or not receive) instead of medical personnel.”**



**“Medicaid needs to check their doctors out more. My doctor had too large of a load. He paid me barely any personal attention and he made me feel uncomfortable about asking questions. He rushed me through every visit.”**

# 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, 29 percent had this problem in contrast to 12 percent of the insured group. Theoretically, lack of funds should not be a barrier for those who qualify for Medicaid. Presumptive eligibility criteria presumes all women are eligible for Medicaid simply because they are pregnant.

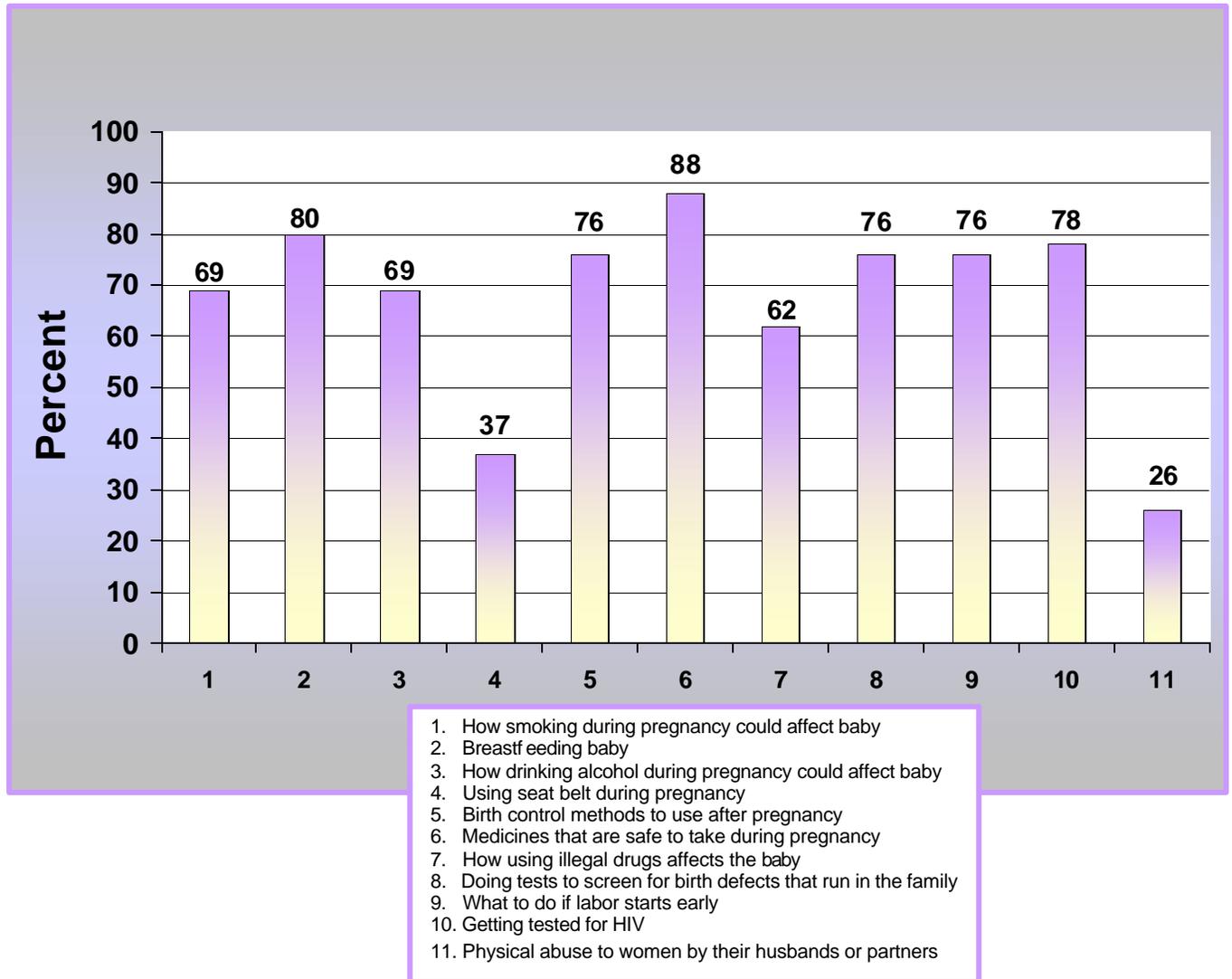


# **Content of Prenatal Care**

**“It would have been nice to know a little more information about pre-eclampsia or toxemia before I developed it. I had read about it in a couple of books, but never had been told anything about it before this occurred--not by the doctor, nurse or at birthing class. It was kind of a scary experience to go from a completely normal blood pressure through 8½ months then to go to the doctor on a Thursday and to be told your blood pressure is high, to stay at home the next three days and then go back for a recheck on Monday, go for a recheck on Monday morning and be admitted an hour later to the hospital and that you are to be induced the next morning at 5AM. This was almost a month early and I had no idea whether my baby was ready to be delivered or not.”**

# Prenatal Counseling Content

Question 20: New mothers were asked whether a health care professional talked to them about the following topics during their pregnancy: safe medications, 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 topics, such as seat belt use during pregnancy and domestic violence, are less likely to be covered.

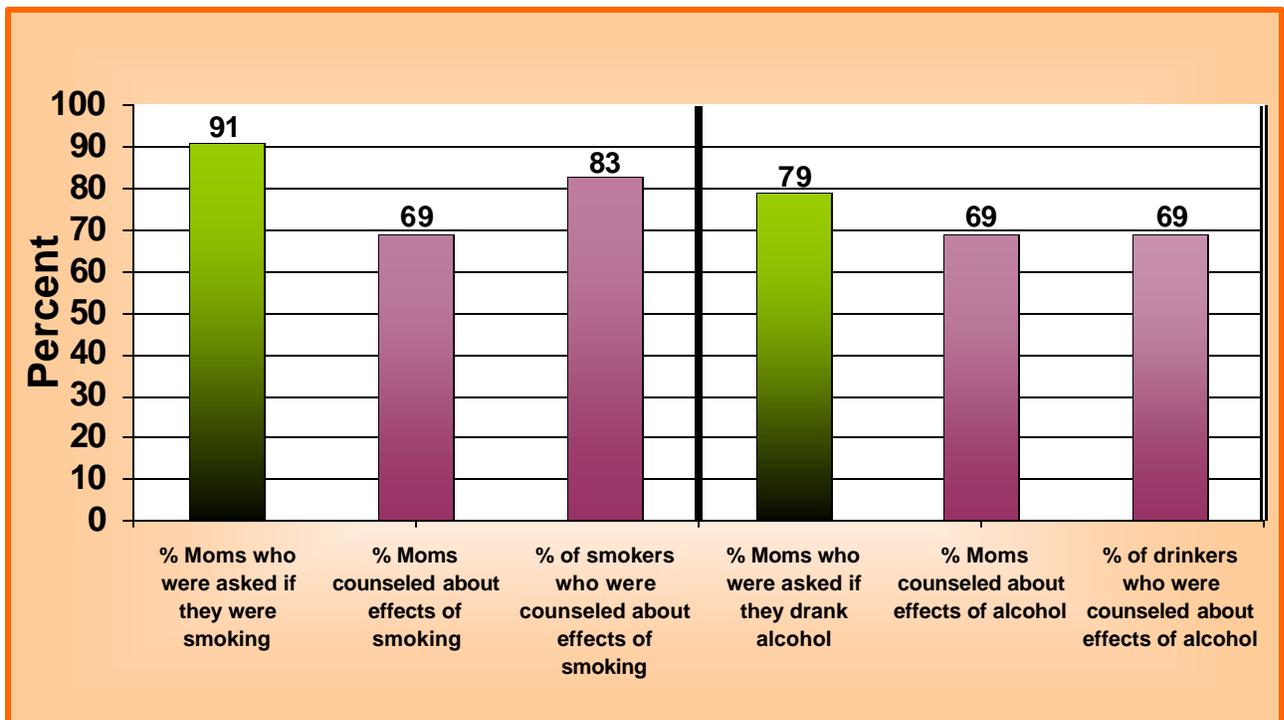
**“The hospital clinic that I went to was so busy, unless I asked specific questions, they just went through the routines. They did not discuss things like what to eat, just eat a good diet. They did not specify what that was. My baby was induced 1 month early, thankfully she was healthy. Almost everything I learned about pregnancy and child birth was learned from books and magazines.”**

# Risk Factors

## Discussed by Health Care Workers

Questions 21: At any time during your prenatal care, did a doctor, nurse or other health care worker ask if you were smoking cigarettes?

Questions 22: At any time during your prenatal care, did a doctor, nurse or other health care worker ask if you were drinking alcoholic beverages?



Ninety-one percent of respondents indicated a healthcare worker asked if they were smoking cigarettes with 69 percent reporting that they received counseling about the effects of smoking during pregnancy. Eighty-three percent of moms who indicated they were smokers three months prior to pregnancy received counseling about smoking during pregnancy.

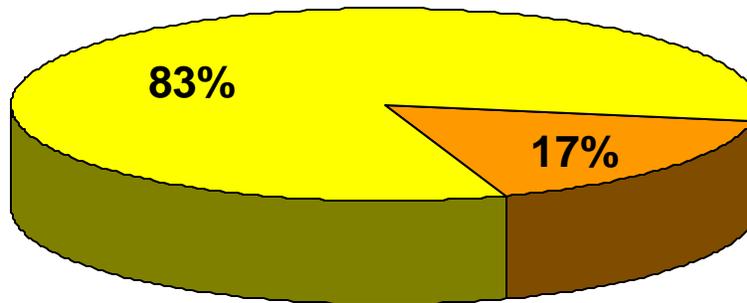
Fewer moms reported that a healthcare worker ever asked if they were drinking alcohol (79%), with 69 percent reporting they were counseled about the effects of drinking alcohol during pregnancy. Only 69 percent of moms who reported they drank alcohol during the last three months of the pregnancy recalled anyone discussing the effects of drinking during pregnancy.

**“I think younger women need to know more about folic acid. I take folic acid every day now and I also tell everyone about the benefits of folic acid. Young women should have more information about folic acid, and other things that could prevent birth defects.”**



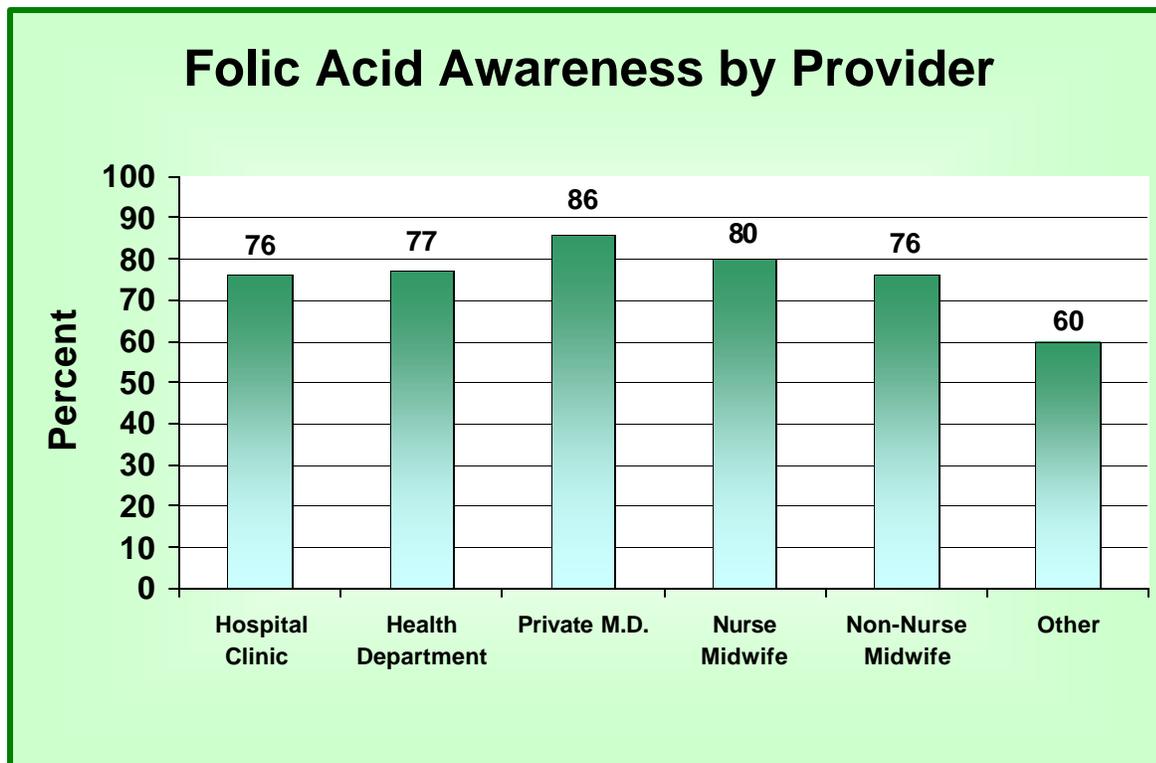
**“I did gain 46 pounds and my baby is now 4 months old and is doing fine. He underwent five major surgeries. My advice to parents is to be sure to take folic acid and please don’t use alcohol and drugs.”**

# Folic Acid Awareness by Prenatal Care Provider



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

Women receiving their prenatal care from a private physician or a nurse midwife (86 and 80 percent) were more likely than the others to have heard of the benefits of folic acid.\* Folic acid can help prevent neural tube defects.

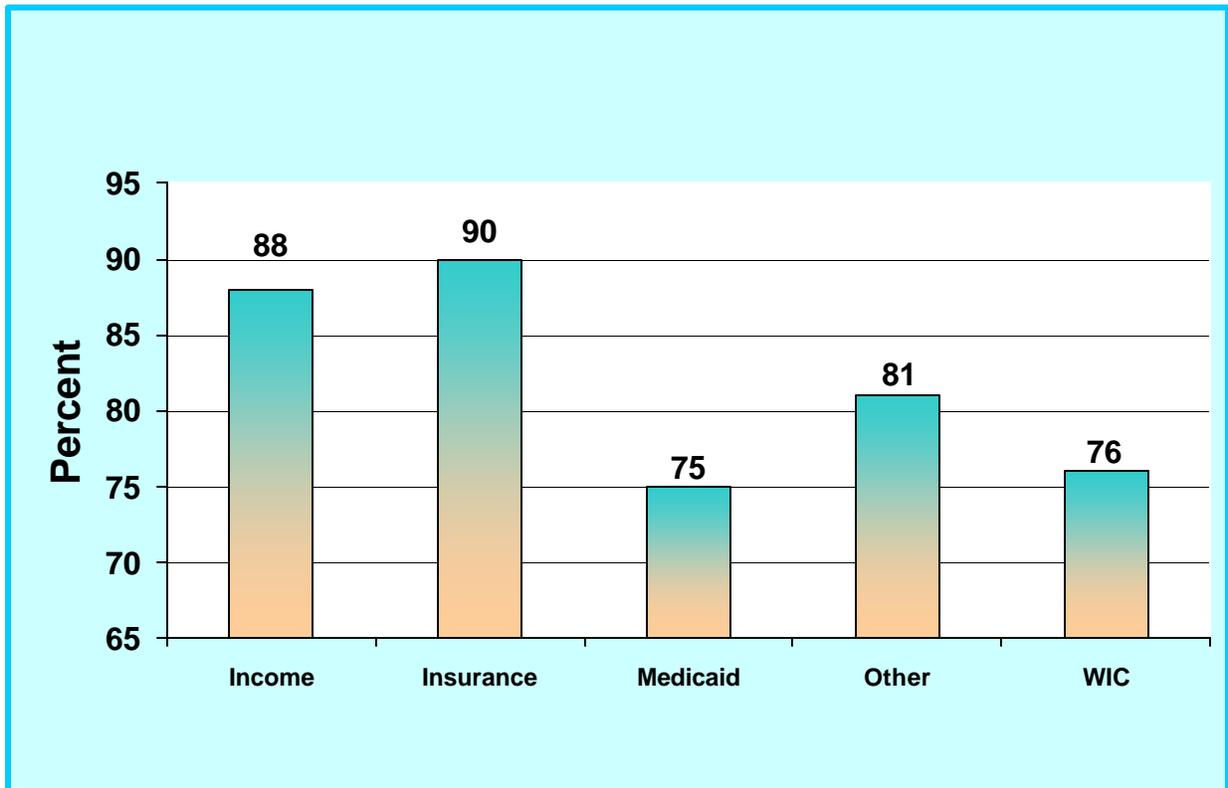


\*Results may not be reliable due to small sample size in the Nurse Midwife and Non-Nurse Midwife groups.

**“Nobody told me about how folic acid could help my baby from getting spina bifida, so now she has it and she can’t get S.S.I. and a daycare will not keep her for me to get a job. She can’t lay on her back because it hurts her too bad.”**

# 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 (90 percent). Only 76 percent of WIC mothers reported having this information, which was comparable to Medicaid and "other" forms of prenatal care payment. The WIC program was designed to emphasize nutritional counseling.

**“My husband was having affairs with lots of young women and got an STD and he gave it to me so I had my baby early. I found out about the STD when I went into labor.”**

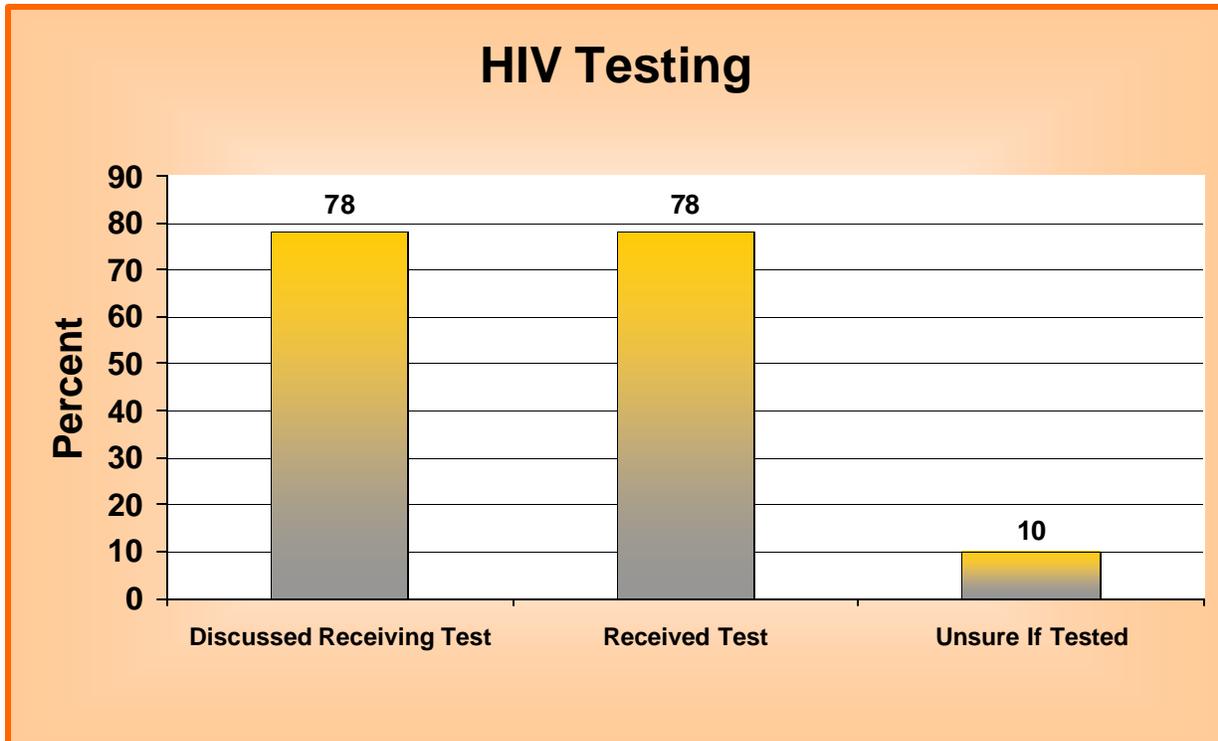


**“Will you send me something in the mail about women with HIV while pregnant, and how drugs can affect your baby while pregnant? I’ve never known anything about these things. My son is with my sister, and I am in prison. I had him here, he is now 6 months old.”**

# HIV Counseling and Testing

Question 20J: During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about getting your blood tested for HIV (the virus that causes AIDS)?

Question 24: At any time during your most recent pregnancy or delivery, did you have a blood test for HIV (the virus that causes AIDS)?



In 2000, 78 percent of Arkansas mothers reported that a health care worker discussed getting the blood test for HIV and 78 percent were actually tested. This reflects an improvement over the 68 percent who reported being tested in 1997.

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 ensure that all seropositive pregnant women would have the opportunity for appropriate treatment. These efforts are designed to reduce the risk of fetal transmission and give opportunity to educate seronegative mothers how to prevent future infection.



# Risk Factors

**“Pregnancy was very difficult for me. My mom and my sister had to take care of my other child. Being on bed rest for 1 month made me so helpless. I couldn’t even get out of bed by myself. I would tell women to wait to get pregnant until they are married and have someone to help them. My partner left me. It was hard being pregnant.”**



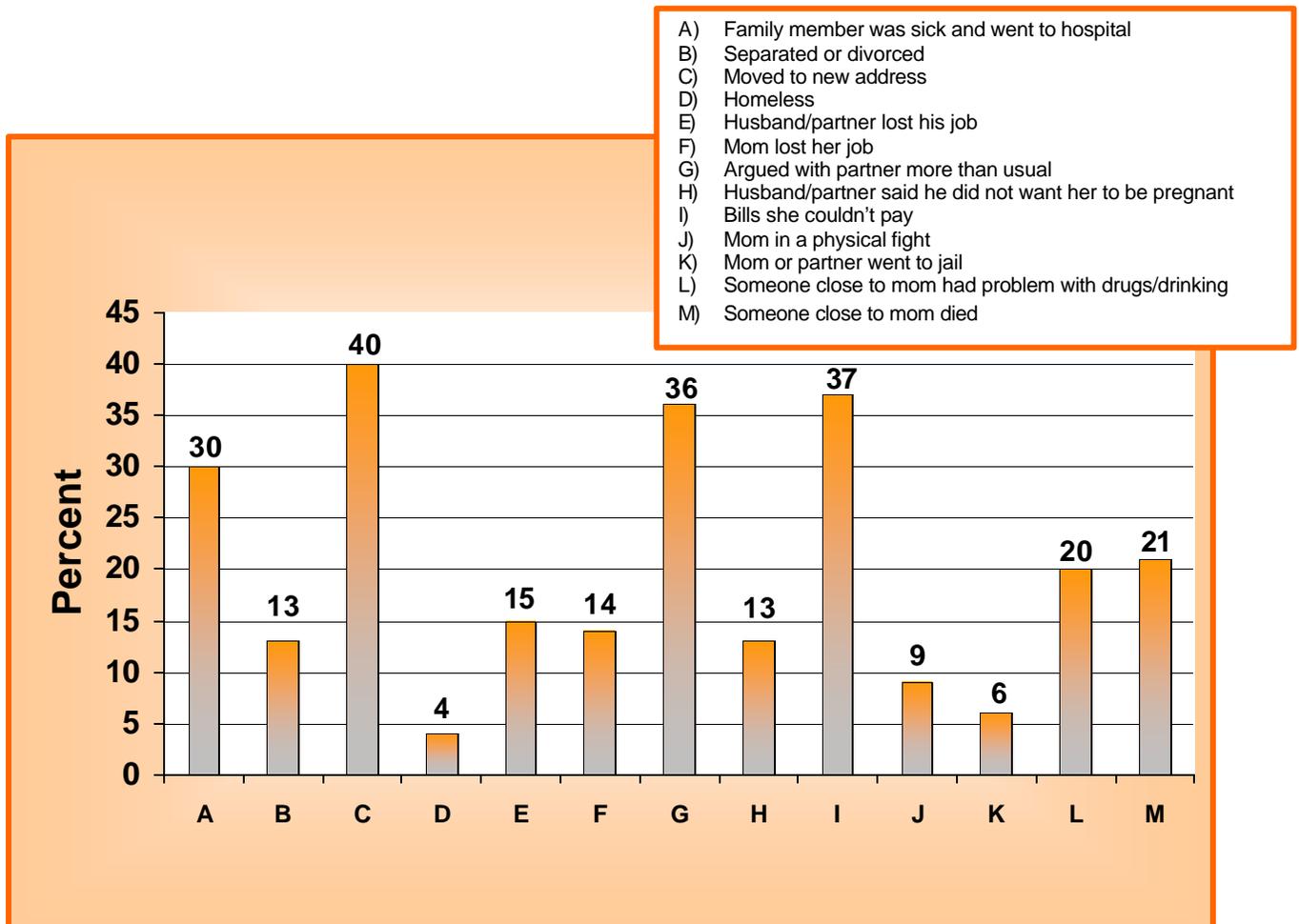
**“I was in a very stressful relationship with my son’s father. I was also working at night standing on my feet eight hours. I was really doing too much at work but I had to work.”**



**“During my pregnancy I was a little stressed. I went to 3 funerals, one who I was really close to. My bills got way behind because I had to lift heavy objects and I couldn’t hold the job because I couldn’t do my work. And now I no longer have a job. Is there any way I can get help until I can find a job?”**

# Stressful Life Events

## 12 Months Prior to Delivery



Question 36: 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.

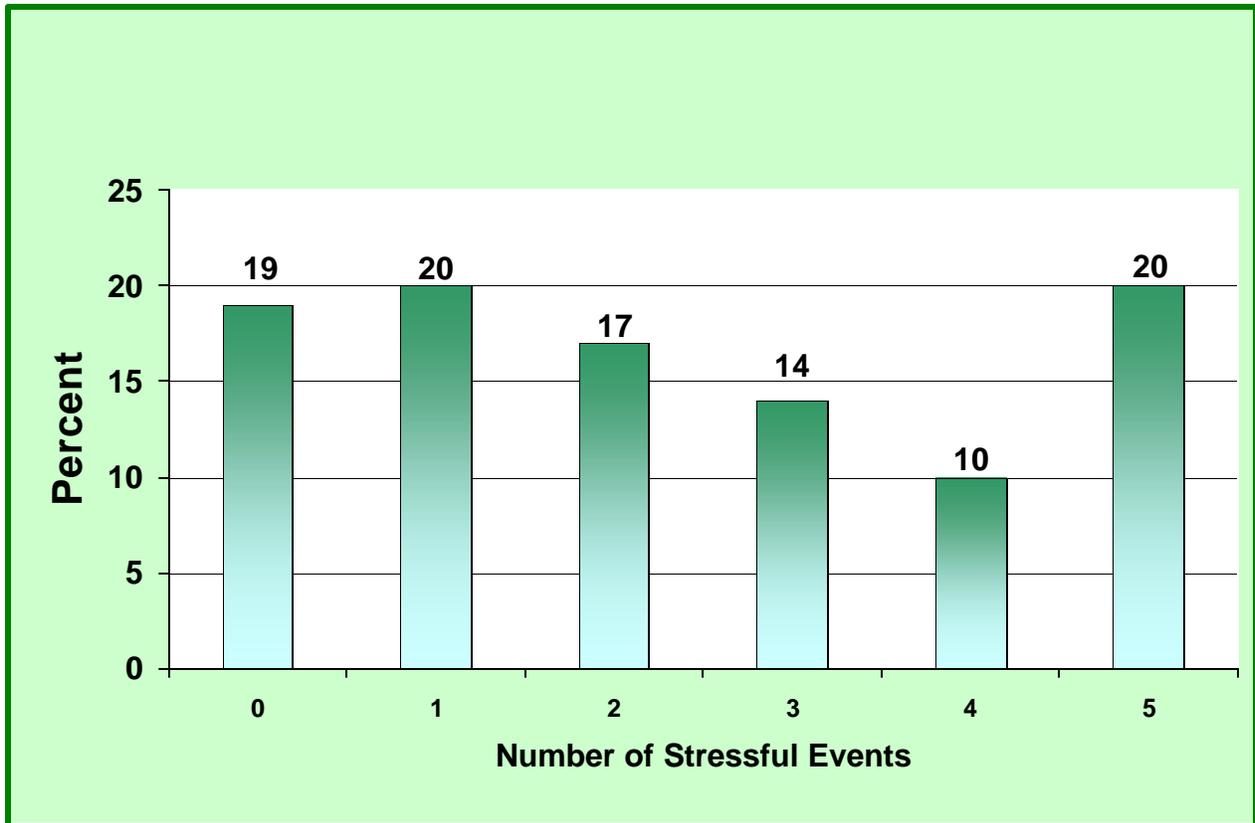
The three most common stressful events reported by new mothers were moving, financial problems, and increased arguing with their partners. Over one-third reported financial problems and increased arguments with their partners while 40 percent reported moving to a new residence.

**“The last 3 months of my pregnancy were very stressful. My partner and I got married and 3 weeks later we had lots of problems. Two weeks after the baby was born he told me he was in love with someone else and her three kids. We are now in the process of a divorce. Throughout everything I have been strong for my daughter. She brings me much joy. I would give advice to new mothers, no matter how bad things may seem, be strong for the baby. It will help make your child a happy baby.”**

# Number of Stressful Events

## 12 Months Prior to Delivery

Only 19 percent of mothers surveyed said that they hadn't experienced any of the 13 listed stressful events, as seen on page 65. One-fifth reported at least one of the events and 17 percent of women reported experiencing at least two of the stressors.



Twenty 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.

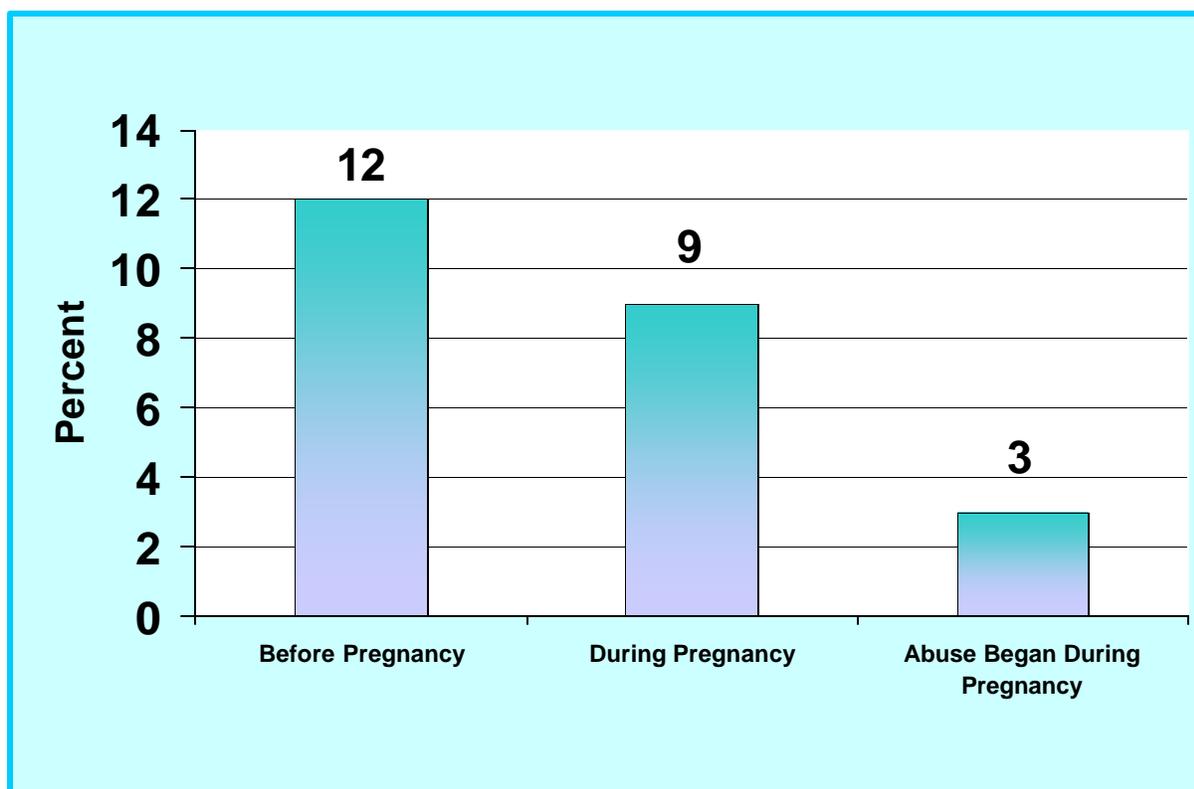
**“Unfortunately, I found myself in an abusive relationship. This relationship has improved since we found my partner has bipolar disease with a Lithium deficit. He now takes Lithobid and an anti-depressant. This has changed things greatly, prior to this he was verbally and physically abusive.”**

# Physical Abuse

Question 37: During the *twelve months before you got pregnant*, did [anyone] push, hit, slap, kick, choke, or physically hurt you in any other way?

Question 38: *During your most recent pregnancy*, did [anyone] push, hit, slap, kick, choke, or physically hurt you in any other way?

Physical abuse tends to be greatly under-reported. However, when asked about domestic violence, 12 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 2000.

**“If there was one thing I could do over with both of my pregnancies, I would have stopped smoking.”**



**“I really want to encourage mothers to stop smoking and drinking caffeine if you are pregnant or nursing. I did both and I was 6 weeks when I found out I was pregnant, but as soon as I found out I quit smoking and drinking caffeine. Cold Turkey! I wouldn’t even be in the same room with someone who was smoking. Needless to say I was a little “Cranky” for a couple of weeks, but it’s been worth it. My son is now 3 months old and I am still a nonsmoker. I don’t drink caffeine and I have actually started eating super healthy.”**

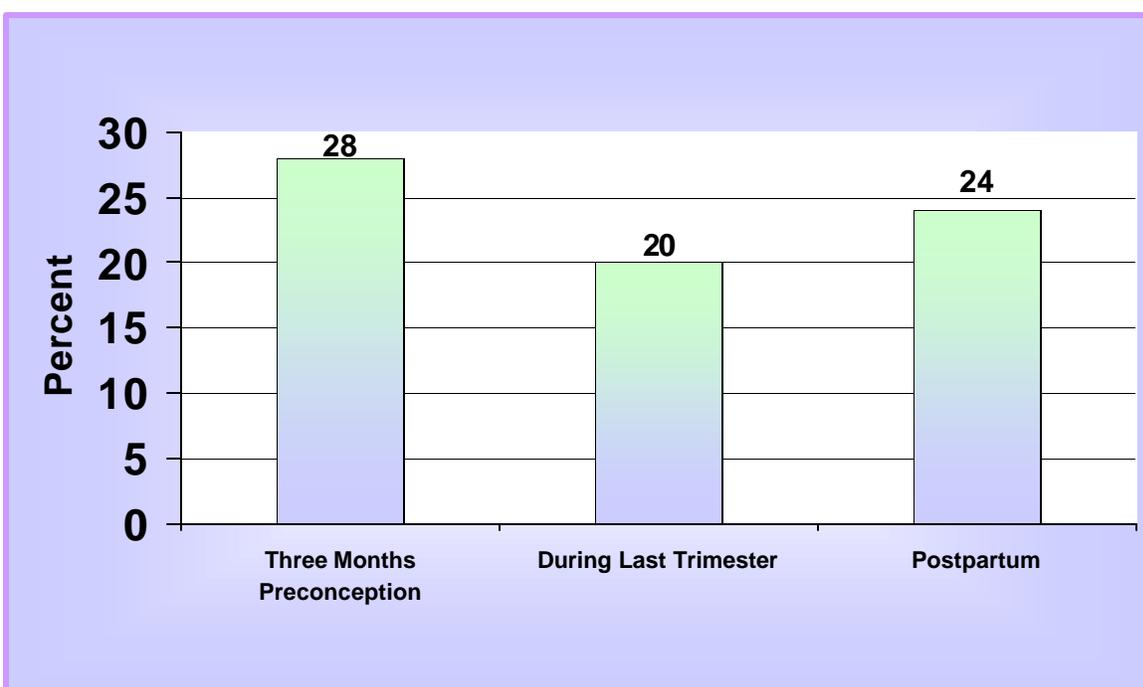
# Smoking

Question 29: Have you smoked at least 100 cigarettes in the past 2 years?

Question 30: In the three months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?

Question 31: In the last three months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

Question 32: How many cigarettes or packs of cigarettes do you smoke now?



Twenty-eight percent of the moms surveyed reported that they smoked three months prior to conception and only 29 percent quit smoking during their pregnancy. However, half of the women who quit during pregnancy relapsed after the baby was born.

The Healthy People 2000 goal was 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.

**“... I should not have smoked cigarettes while I was pregnant, but I did and now I regret it. Every time I look at my baby I say to myself that he’s too precious for me to have smoked while I was pregnant with him. Why did I do it? It makes me sad to know that I smoked and he had no choice but to smoke with me.”**

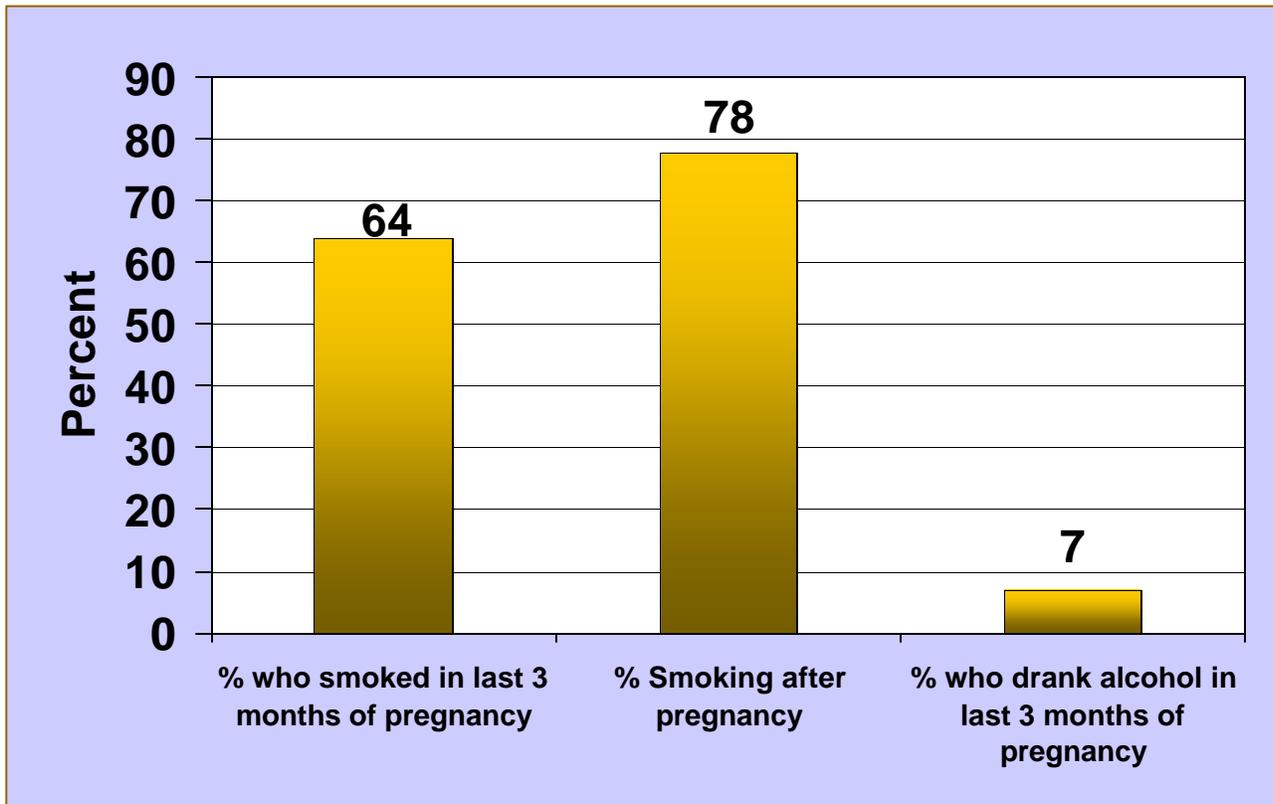
# Smoking & Drinking

## Last Three Months of Pregnancy and Beyond

Question 31: In the last three months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

Question 32: How many cigarettes or packs of cigarettes do you smoke now?

Question 35 a: During the last three months of your pregnancy, how many alcoholic drinks did you have in an average week?



Among the women who indicated they had smoked at least 100 cigarettes in the last two years, 64 percent reported they continued to smoke during the last three months of their pregnancy. Seventy-eight percent of that group were smoking after the the birth of the baby.

Seven percent of the moms surveyed reported they drank at least some alcoholic beverages during the last three months of their pregnancies. This number represents over 1,320 Arkansas women in 2000.

**“My baby was born premature and I believe smoking and stress (like verbal and emotional abuse) caused most the of the problems, stress being the main one.”**

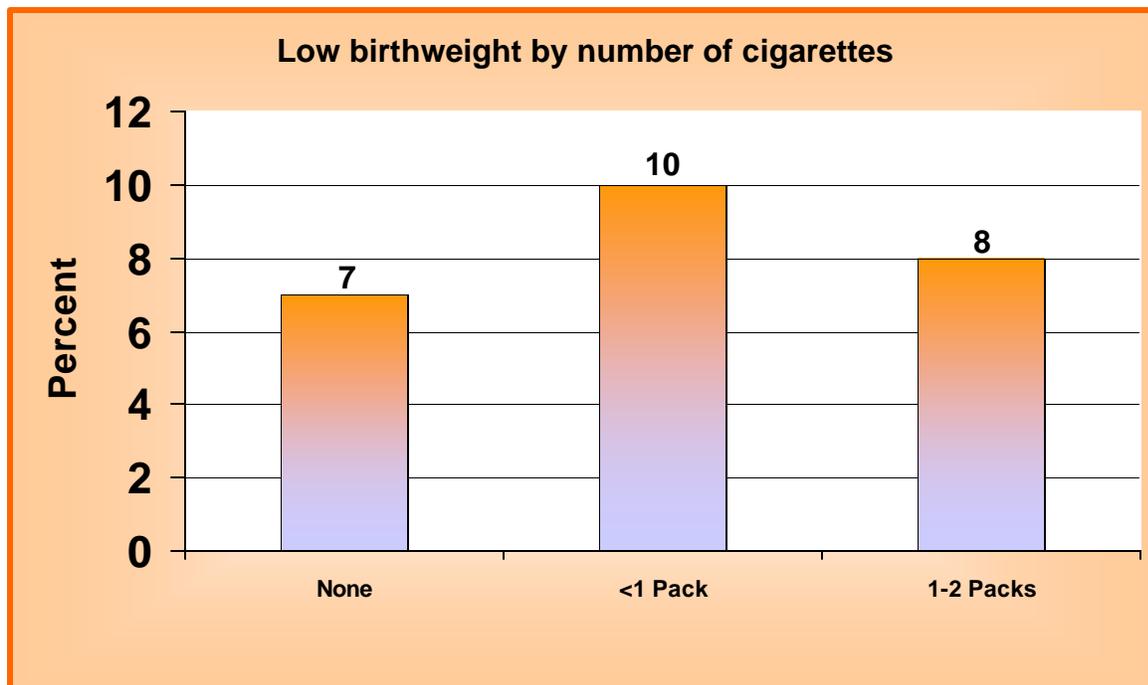


**“If you have children or if you have a baby, please don’t smoke. My children are living proof of it. They both were very small babies.”**

# Smoking and Low Birthweight

## Low Birthweight by Mother's Smoking Status

Question 31: In the *last three months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?



Mothers who smoked heavily during pregnancy were more likely to give birth to a low-birthweight baby than 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 8 percent of those smoking one to two packs a day gave birth to low-birthweight babies.

**“I almost go through a bottle of Aleve every day & still it doesn’t get rid of the [tooth] pain. I wish something could be done about it, but I have no money to afford it. I think I will eventually die from it. I guess I will suffer for the rest of my life with my teeth.”**

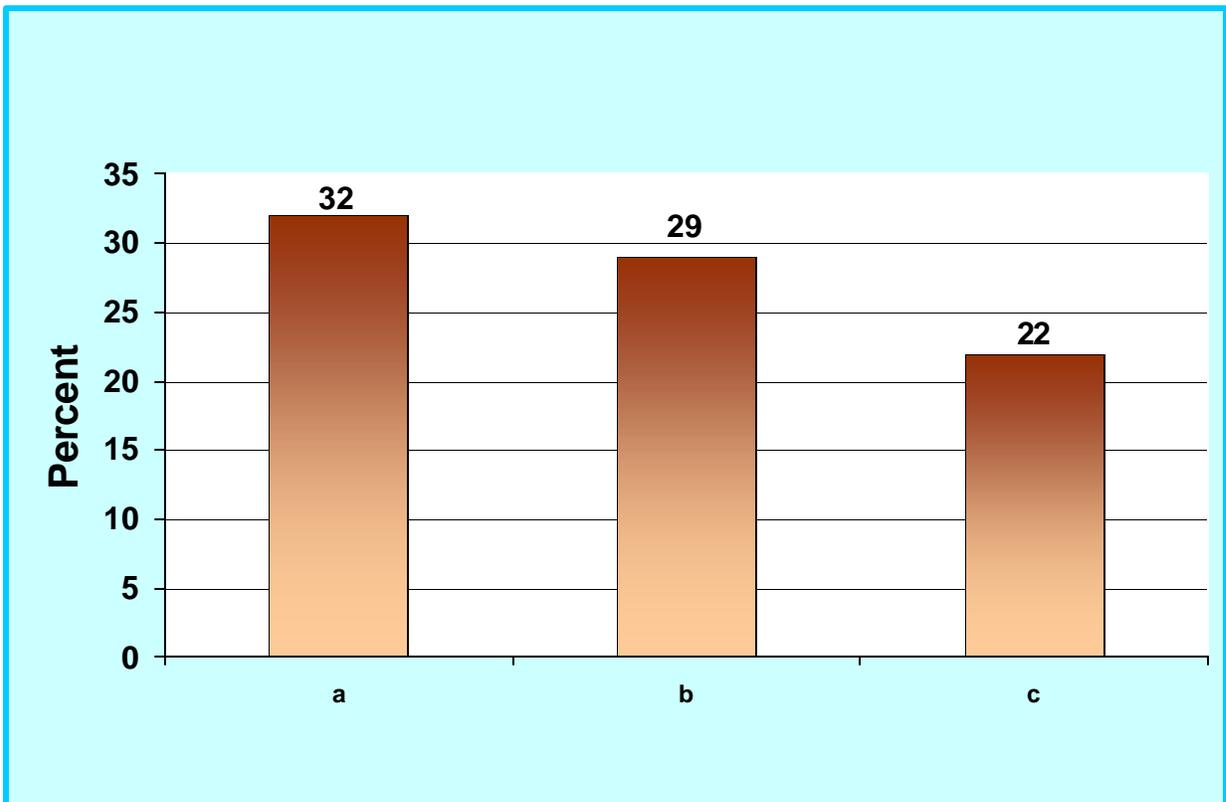


**“A very big problem for myself and children’s father is dental care. We can’t find anyone who does dental care according to income, but without insurance we can’t afford to go to the dentist. Two or three times during my pregnancy my teeth became infected and my mouth swollen. My OB prescribed antibiotics, but couldn’t locate an income-sensitive dentist for me.”**

# Dental Care

Question 85: This question is about the care of your teeth during your most recent pregnancy. For each thing, circle Y (Yes) if it is true or N (No) if it is not true.

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



Recent studies indicate an association between periodontal disease and low birth weight and preterm birth, making adequate dental prevention and treatment an important component of prenatal care. Mothers were asked three questions concerning care of their teeth during their most recent pregnancy. Only 29 percent of Arkansas mothers reported they received dental care, while 22 percent were provided counseling on dental care during pregnancy.



# Breastfeeding

**“I encourage every mother to breastfeed. I have 4 children and have breastfed all of them to at least 12 months of age. None of my children have ever had ear infections or any serious illnesses or infections.”**



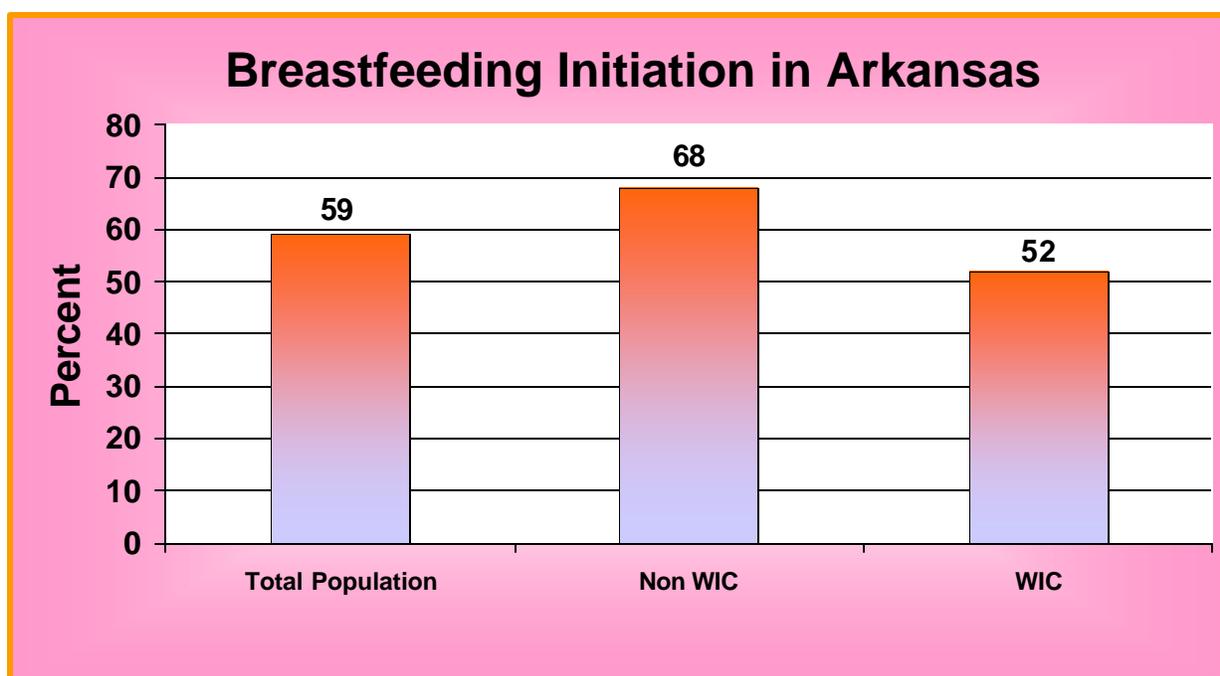
**“My pediatrician gave me the breastfeeding hotline number, which was extremely beneficial. The information they gave me was not the same as what the nurses at the hospital said. I think the nurses may need updated information about breastfeeding.”**

# Breastfeeding Initiation

Question 55: For how many weeks or months did you breastfeed or pump milk to feed your new baby?

Fifty-nine percent of Arkansas mothers initiated breastfeeding in 2000. Nationally, 68 percent of all new moms breastfed in the hospital. The Healthy People 2010 objective is to increase to at least 75 percent the number of mothers who breastfeed their babies in the early postpartum 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. It also enhances neural development and helps reduce SIDS deaths.



The graph on this page shows that WIC mothers are attempting 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.

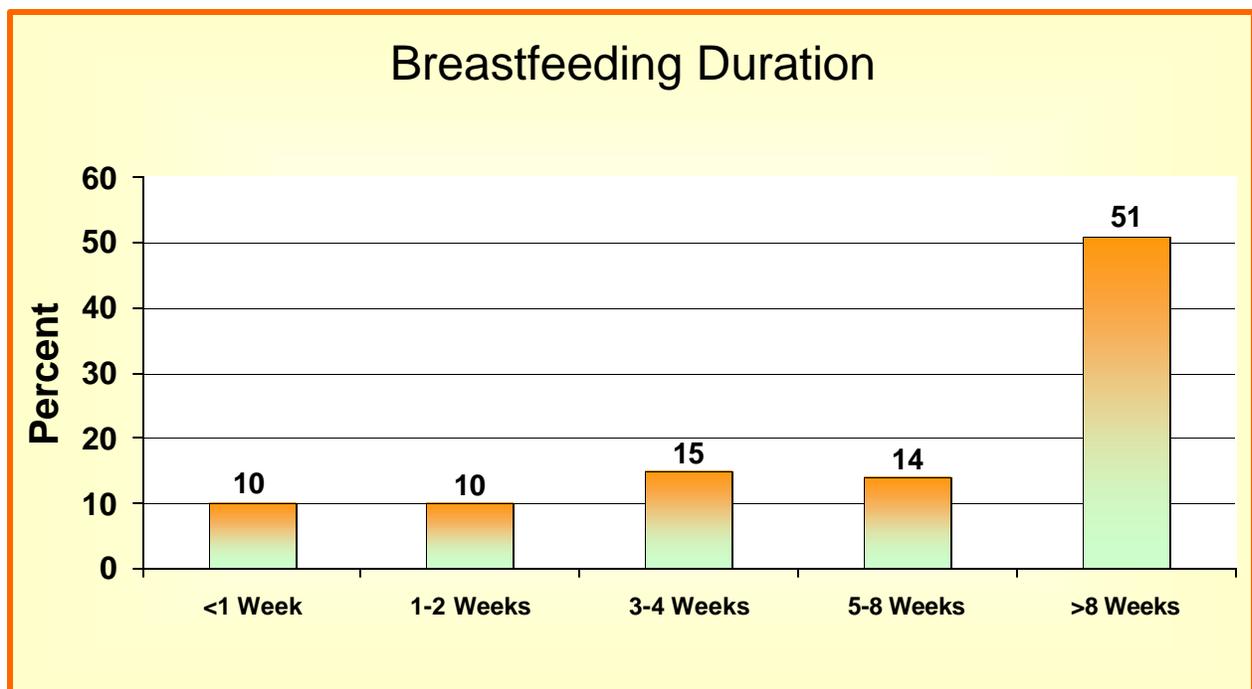
**“I think there should be more help given at the hospital with breastfeeding. We got the hang of it by trial and error. The staff at the hospital was not entirely helpful or even encouraging.”**

# Breastfeeding Duration

## Among Those Initiating Breastfeeding

Among mothers who reported that they breastfed their babies, 51 percent continued longer than 8 weeks, while 35 percent breastfed for one month or less.

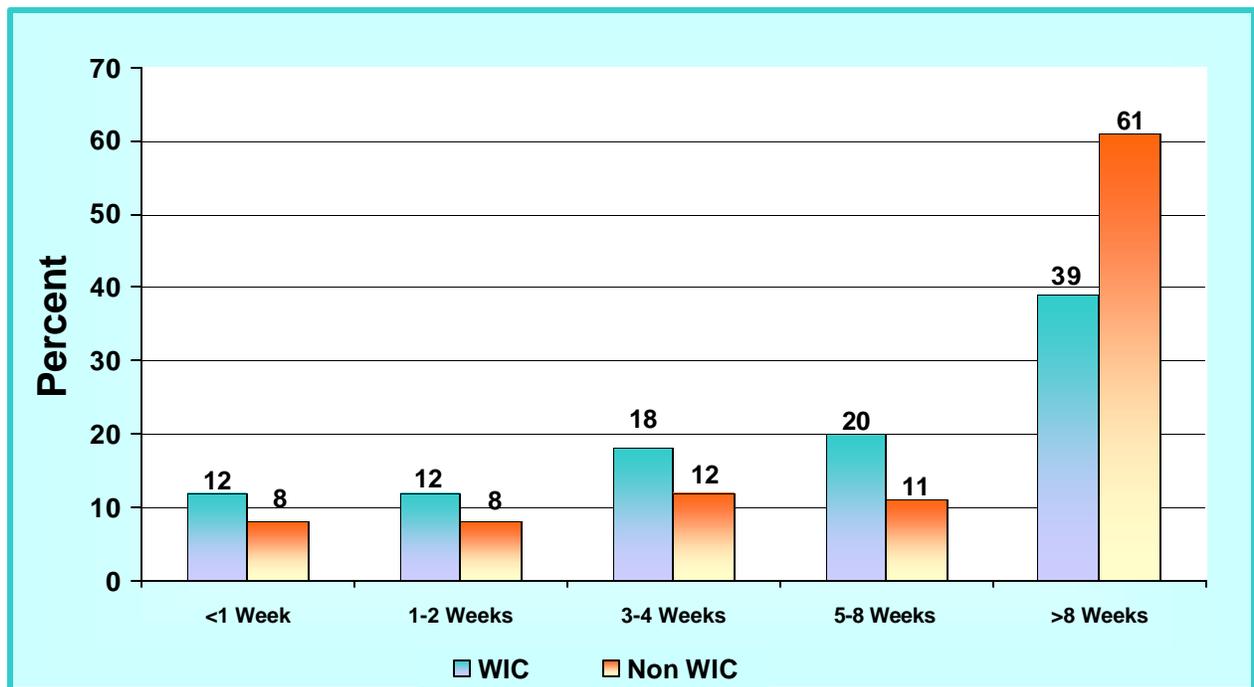
Although breastfeeding upon hospital discharge is an important indicator, it is also important to consider the duration of breastfeeding, as it is directly related to overall infant health. The Healthy People 2010 goal for duration of breastfeeding is to increase to at least 50 percent the proportion of women who breastfeed until their babies are six months old.



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 hospital discharge.

**“I am breastfeeding because it is best for my baby. I have been motivated to keep breastfeeding because of the cost of formula. I feel like if formula wasn’t available through WIC more women would breastfeed. I feel like this is a good program, but if a woman can breastfeed, she should have some incentive to do that instead of receiving free formula.”**

# WIC Breastfeeding Duration Among Those Initiating Breastfeeding



WIC mothers who breastfed stopped earlier than non-WIC breastfeeders. Forty-two percent of WIC mothers breastfed for four weeks or less compared to 28 percent of non-WIC moms. As duration increases, so does the disparity, with 39 percent of WIC moms and 61 percent of non-WIC moms breastfeeding more than eight 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 54 percent of pregnant Arkansans receiving WIC, there is great opportunity with this higher-risk group to promote and support optimal nutrition.

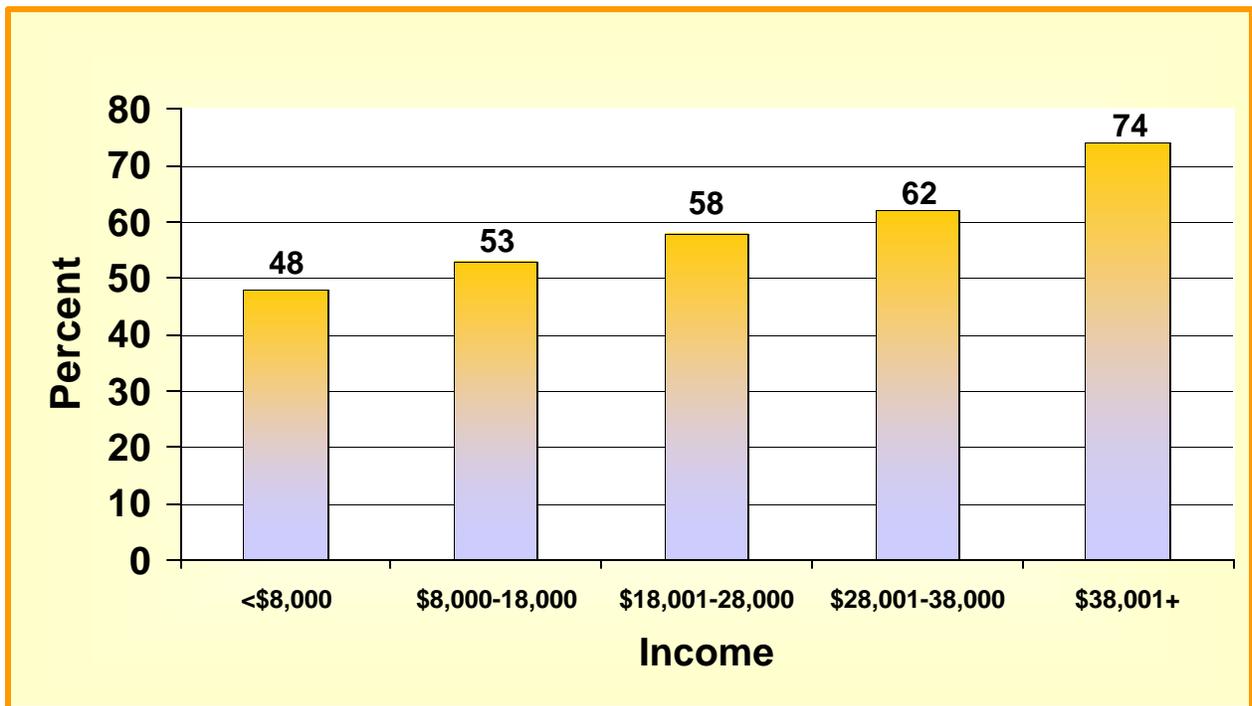
Breastfeeding duration rates for both groups are still short of the Healthy People 2010 goals of increasing to 50 percent the proportion of mothers who breastfeed their infants for six months and to at least 25 percent the proportion who breastfeed for one year.

**“I think if Arkansas wants more mothers who receive WIC to breastfeed they need to have more supportive people working in their health clinics. At the health clinic here they could not tell me how to work a breastpump. They said my baby had lost too much weight and that I should start on formula right away! Thank goodness I had just seen the pediatrician earlier that day and he said she was doing great! Also, while applying for WIC for my baby they told me, ‘When you decide to start using formula just tell us and we’ll give you vouchers!’ That was not supportive of my decision to breastfeed. To get any support or instructions I had to call the Health Unit in another county and talk to Leisa Kennedy\*. She was absolutely great! She even gave me her home phone in case any problems occurred. She counseled me and told me not to give up. I think she needs some sort of award because, thanks to her, I’m still breastfeeding my very healthy 4 month old!”**

*\*Leisa Kennedy has been a breastfeeding peer counselor in Lawrence County for over ten years. She continues to serve the women and children in her community through her tireless work with the Arkansas Department of Health.*

# Breastfeeding Initiation by Income

Question 50: Did you ever breastfeed or pump breastmilk to feed your new baby after delivery?



Income is among the factors that influence breastfeeding rates. The PRAMS data show a relationship between income and breastfeeding initiation. Breastfeeding prevalence increases sharply when income exceeds \$38,000 per year.

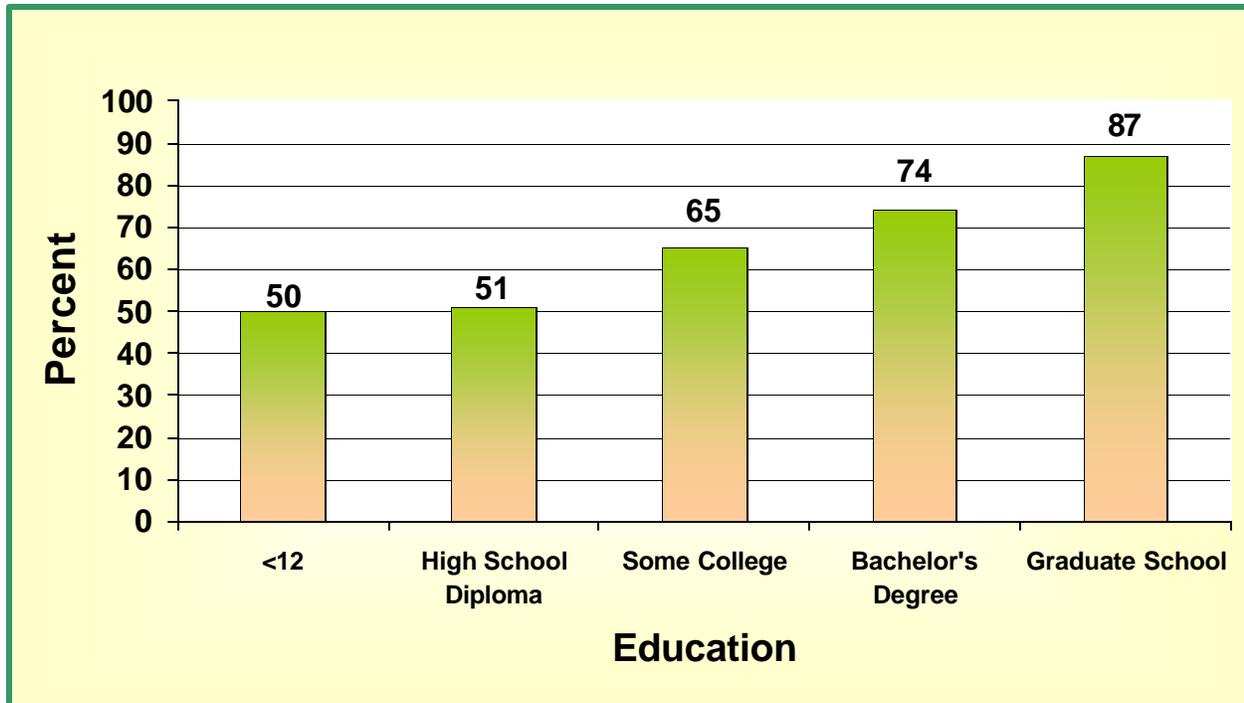
**“I truly believe that breastfeeding your baby eliminates most health problems your baby might otherwise face ... allergies, colds, digestive problems. If we listen to what nature is telling our bodies, we will know how to stay healthy.”**



**“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.

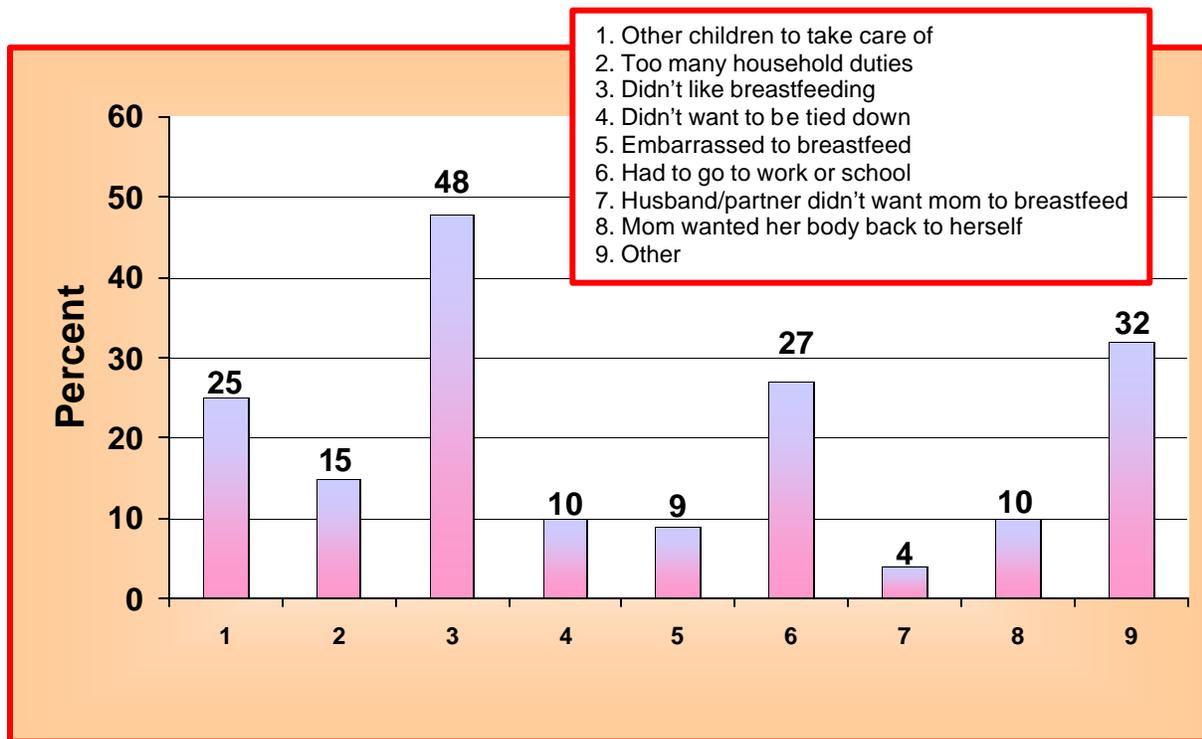


According to data collected by the Ross Products Division, the national breastfeeding rate in 2000 among women who had attended grade school was 54.5 percent in comparison to 50 percent in Arkansas.

**"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 51: What were your reasons for *not* breastfeeding?



In 2000, 41 percent of Arkansas mothers did not breastfeed their infants. The most common reason (48 percent) was that they did not like breastfeeding. 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. Thirty-two percent reported "other" as the reason for not breastfeeding. Among the written responses were fear of pain and wanting other family members to feed and care for the baby.

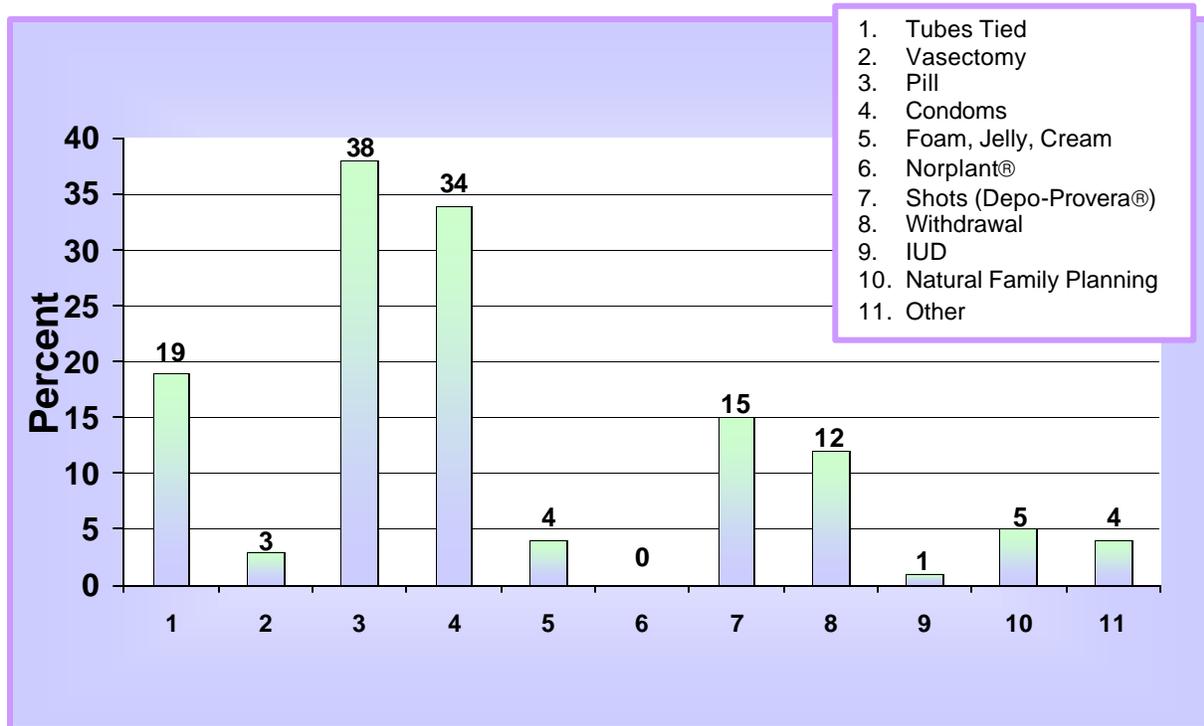


# Postpartum

**“I think that the amount of pregnancies would decrease if the laws were different. I think that if you are married and have been for 3 years you should be able to sign to get your tubes tied after the second child.”**

# Postpartum Birth Control Methods

Question 77: What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?



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. Twelve percent of the new mothers reported using withdrawal, which is not considered to be an effective means of birth control. The "Other" category included responses such as the patch, abstinence, and breastfeeding.

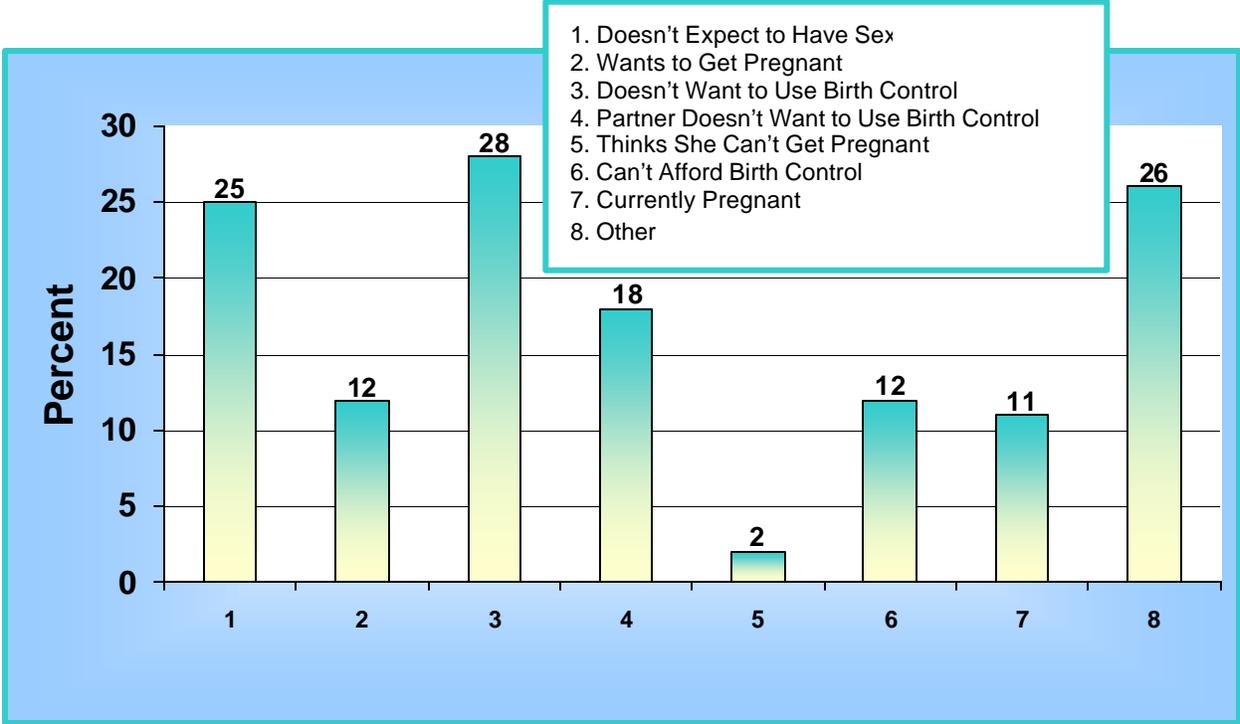
**“I think there should be some kind of transportation for young mothers that either don’t drive or don’t have a car. When I delivered my son, I was supposed to go back to the doctor to have my tubes tied. I live 2 hours from there. I couldn’t go because my car won’t make it. I had to change doctors so my new baby could go to doctor in town here.”**



**“Birth control should not be expensive. \$34 monthly for a teen not wanting my parents to know; I cannot afford that.”**

# Reasons Not Using Birth Control Postpartum

Question 76: What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?

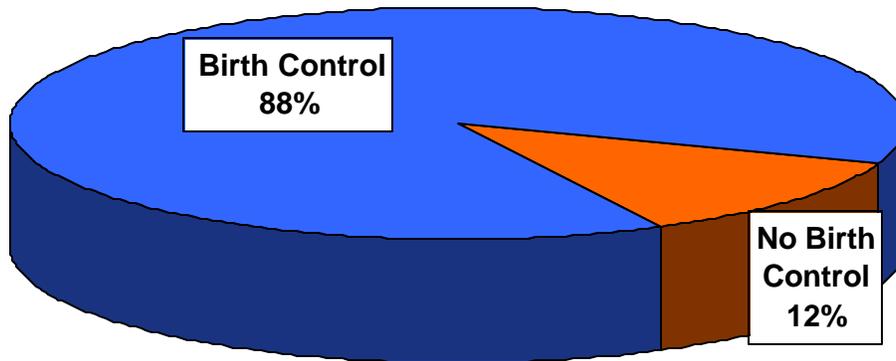


Twelve percent of new mothers reported they were not using birth control after the birth of their most recent baby. Among those mothers, the most common reason for not using birth control is that they do not expect to have sex. Actually being pregnant at the time of the survey or wanting to be pregnant again were minor proportions of the responses (11 and 12 percent respectively). These data point to the importance of routine postpartum family planning counseling.

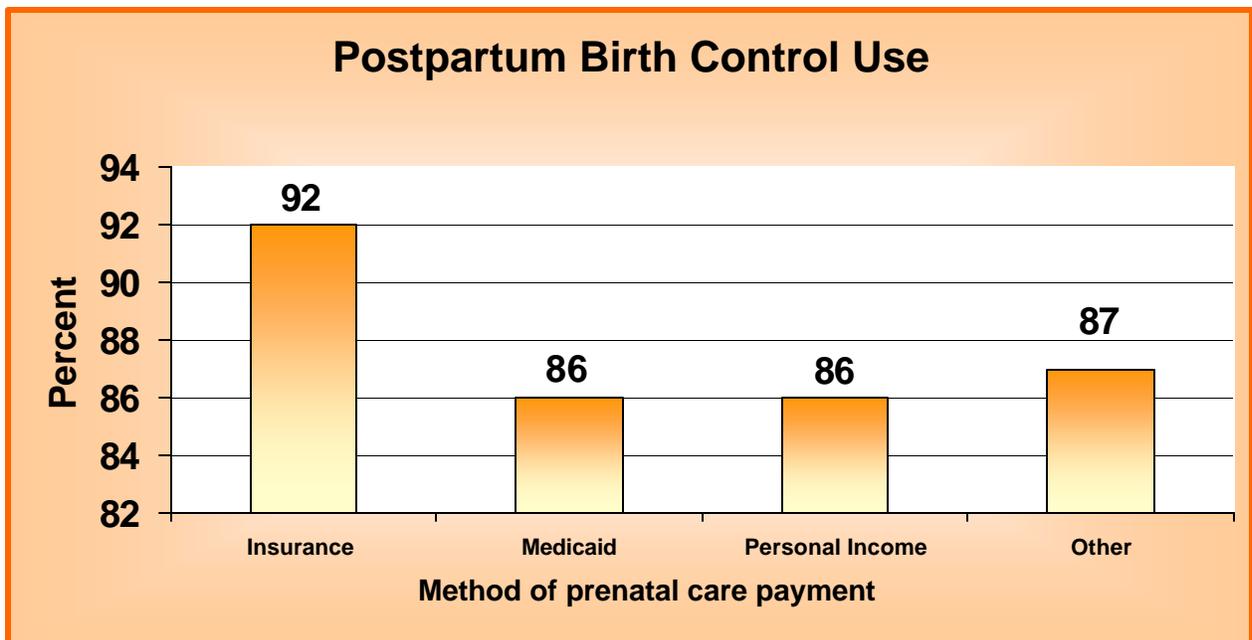
**“Being in our income bracket, it is very hard to obtain affordable healthcare. We made too much for Medicaid, so we had to pay \$400 per month for my husband and myself. Needless to say, this caused a tremendous financial hardship that we continue to deal with today. Thankfully, my kids are covered by ARKids 1<sup>st</sup>, but there is a truly desperate need in this state for affordable healthcare for *all* people. I can’t afford female health services or birth control (around \$50/month) at this point or my family will bear the burden financially.”**

# Postpartum Birth Control Use by Prenatal Care Payment Method

Question 75: Are you or your husband or partner doing anything now to keep from getting pregnant?



Postpartum birth control use is quite high among all groups. However, mothers whose most recent prenatal care was not covered by private medical insurance reported the lower incidence of postpartum birth control use, putting them at 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.



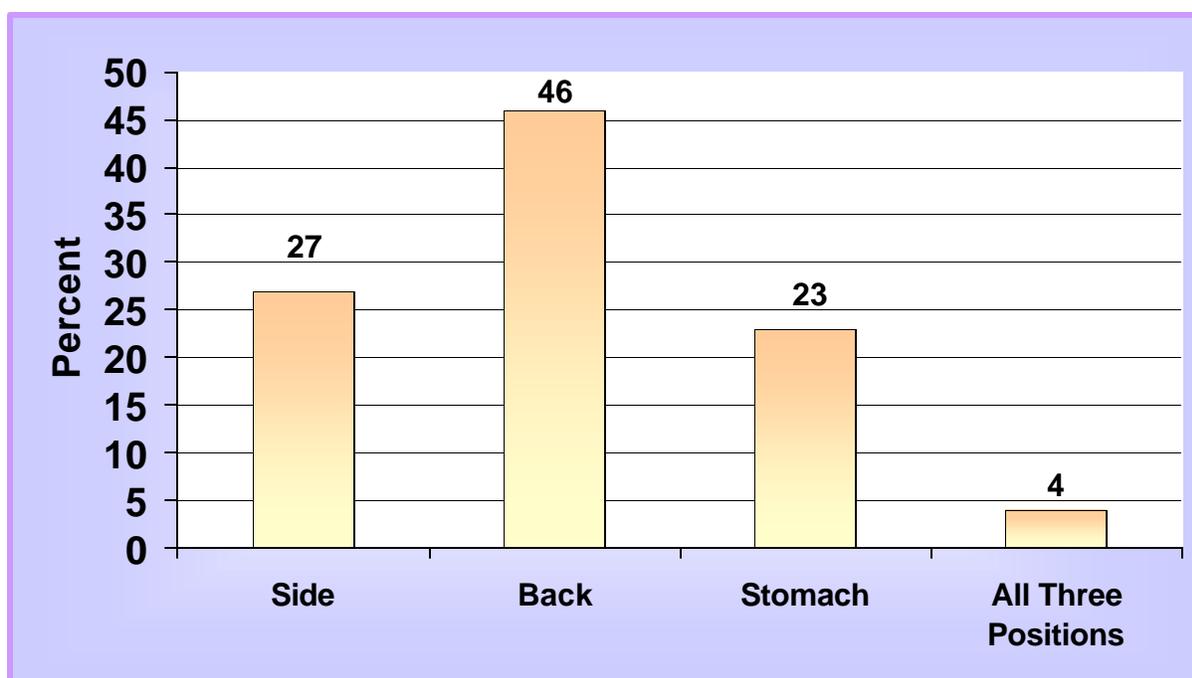
**“Prenatal parenting classes should be high on the list of priorities of the Health Department. Positive discipline, stress management, etc. People should be encouraged even more to take these as they are encouraged to take birthing classes.”**

# Sleep Position

Question 59: How do you most often lay your baby down to sleep *now*?

In 2000, only 46 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, 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.

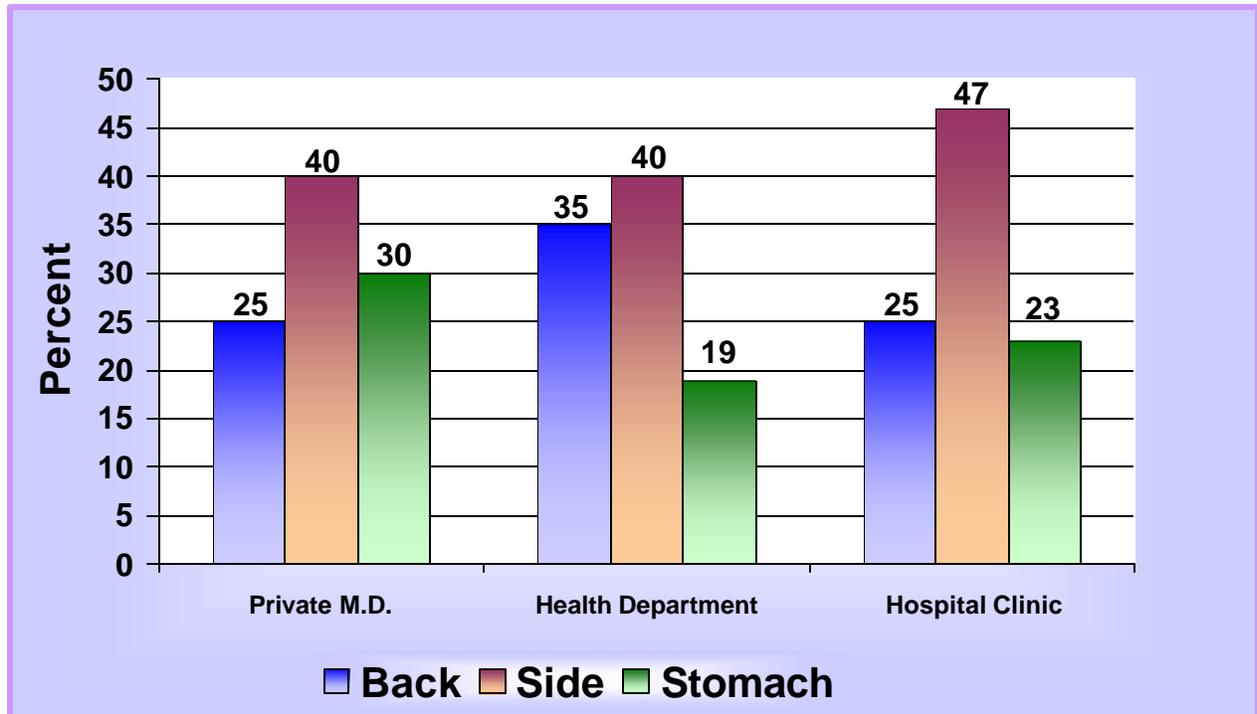
Some mothers marked more than one answer, causing the total to exceed 100 percent.

**“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

Question 59: How do you most often lay your baby down to sleep now?

Question 66: Where do you usually take your baby for well-baby checkups?



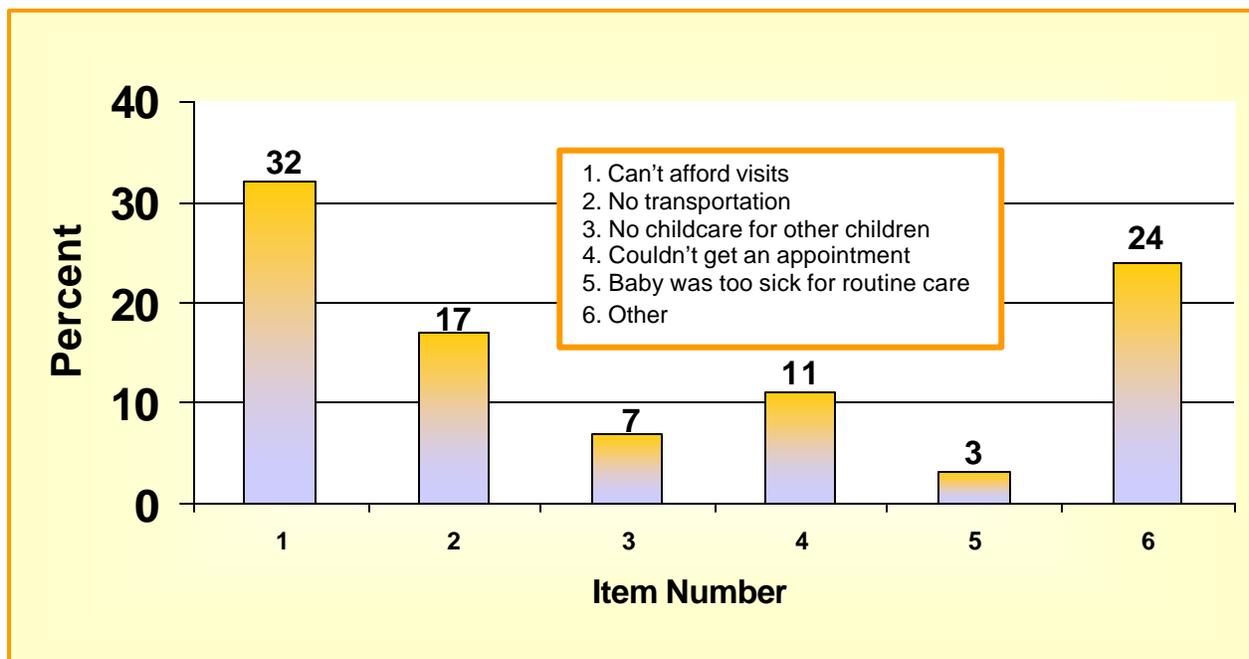
Prevalence of prone sleep position was lower among those using a private M.D. or hospital clinic for their well-baby care. While mothers receiving their well-baby care at a Health Department clinic were more likely to put their babies to sleep on their backs, the percentage was still alarmingly low at 35 percent.

**“I took my baby in for her first check-up at 2 weeks old and it cost \$85.00. All they did was weigh and measure her. I would expect to pay that much if she was sick, but not just for a check-up. That is why so many kids don’t go to the doctor.”**

# Barriers to Well-Baby Care

Question 67: Has your baby gone as many times as you wanted for a well-baby checkup?

Question 68: Did any of these things keep your baby from having a well-baby checkup?



Ninety-three percent of new mothers reported that their infants went for well-baby care as often as they wanted. Among the 7 percent who were not satisfied, the most common reason for inability to access well-baby care was lack of funds to pay for care (32 percent), followed by “other” reasons that mothers experienced that were not offered as options in the survey (24 percent).