



Results From the 2002 Pregnancy Risk Assessment
Tracking System: A Report of Hispanic Mothers



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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February 2007

Costs associated with this publication are available
from the Idaho Department of Health and Welfare.

Overview of Survey

Introduction

The Pregnancy Risk Assessment Tracking System (PRATS) is a survey of new mothers in Idaho, conducted by the Bureau of Health Policy and Vital Statistics. PRATS was modeled after the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), a cooperative program that began in 1987 between selected states and the CDC.

The purpose of PRATS is to establish a population-based tracking system to identify selected maternal experiences and behaviors before, during, and after pregnancy which may affect pregnancy outcomes and infant health. PRATS data are meant to supplement information from vital records and to generate data for planning and assessing perinatal health programs in Idaho.

PRATS provides information about the intendedness of pregnancy, timing of initiation of prenatal care, content of prenatal care, barriers to services, prevalence of physical abuse of pregnant women, breastfeeding patterns, and many other important perinatal issues.

The privacy and confidentiality of mothers who took part in PRATS is a high priority; therefore, no identifying information about a specific respondent will appear in any report. Results are published using only state-level estimates.

The Sample

The study population for PRATS included Idaho resident women 18 years of age or older (at the time of delivery) who had a live birth which occurred in-state. The sampling frame included mothers who gave birth between February 1, 2002 and August 31, 2002. During the survey period, infants were between 3 and 12 months of age.

Certain records were automatically excluded from the sampling frame, including records of mothers less than 18 years of age at the time of delivery, adopted infants, and infants who had died. Idaho resident mothers who delivered in another state were excluded from the sampling frame. In addition, if there was a multiple birth (twin, triplet, etc.), only the firstborn infant was included in the sampling frame.

The sample design of PRATS was based on stratified systematic random sampling methods designed to ensure over-representation of Hispanic women. There were two strata: Hispanic and Non-Hispanic women. Women in each strata had a different probability of being selected. Records were sampled using the following sampling fractions:

**Idaho Hispanic PRATS
Sampling Fraction by Sampling Stratum
2002**

SAMPLING STRATUM	SAMPLING FRAME	SAMPLE	SAMPLING FRACTION
TOTAL	11,209	2,000	1 in 6
Hispanic	1,434	1,075	1
Non-Hispanic	9,775	925	1 in 11

Survey Methods

Between October and November 2002, 2,000 new mothers from across the state of Idaho, selected by stratified systematic random sampling, were mailed an introductory letter requesting their participation in the

Overview of Survey

PRATS survey. The introduction letter explained the purpose of the survey and provided a toll-free number to call for more information or to request a telephone interview. The mothers were also given the opportunity to decline participation by sending back the bottom section of the letter.

Approximately two weeks after the introductory letter was mailed, a full questionnaire packet was sent. Hispanic mothers were mailed both an English and Spanish version of the survey. In order to give women every opportunity to complete the questionnaire, women who had not yet responded were mailed another survey packet during the following month. Women were able to elect to complete the survey over the telephone with an experienced interviewer (English or Spanish). For women who did not respond, attempts were made to contact them by telephone. This survey strategy had been tested by the CDC PRAMS project and has proven to be very successful in achieving high response rates and obtaining valuable information about the health of mothers and babies.

Eligibility Rates, Refusal Rates, and Response Rates

After the 2,000 introduction letters were mailed, 1,964 women were identified as eligible for the survey, or 98.2 percent. The total eligible sample was defined as the total sample minus the mothers excluded before the first mailing due to one of the following reasons: mother indicated that she did not want to participate and, therefore, never received a survey packet, baby died, or baby was given up for adoption. The overall refusal rate was 1.6 percent, computed as the number of women who refused the survey during the mail or telephone phase divided by the eligible sample. The overall response rate was 57.3 percent, computed as the number of completed surveys divided by the total eligible sample.

Completion Rates by Survey Phase

Of the 1,126 completed surveys, 83.7 percent (942) were completed by mail (paper-pencil) and 16.3 percent (184) were completed by telephone (see following table). The first mailing had the highest return, accounting for 61.8 percent of all completed surveys. Returns from the second mailing accounted for 21.8 percent of completed surveys.

**Idaho Hispanic PRATS
Percent Distribution of Completed Surveys
By Survey Phase
2002**

SURVEY PHASE	NUMBER COMPLETED	PERCENT COMPLETED
Total	1,126	100.0%
Mail phase	942	83.7%
Mailing 1	696	61.8%
Mailing 2	246	21.8%
Telephone phase	184	16.3%

Weighting the Data

The data presented in this report were weighted to adjust for the stratified sampling design and response differentials based on mother's marital status, education attainment, and trimester of entry into prenatal care. Weighting is required when analyzing survey data in order to produce unbiased estimates. Therefore, each respondent was given an analysis weight to adjust for the sampling design and non-response rate.

Overview of Survey

Using the Data in This Report

This report is divided into ten main topic areas: demographic profile, intendedness of pregnancy, Medicaid utilization, prenatal health care, maternal health, substance use, postpartum depression, breastfeeding, physical abuse, and infant health and safety. An additional section, “PRATS 2002: Main Findings”, highlights significant findings from the linked PRATS and birth certificate data file. The last section of the report provides the survey questionnaire and the results for each question.

The data presented in this report are basic descriptive and cross-tabulation statistics displayed in graphs and narrative form. Although specific point estimates are provided (proportions and means), it is important to keep in mind that the data are affected by sampling variability and random error. Standard errors were not included in this report but are available upon request. Proportions and means presented in this report were always based on a denominator of at least 30 observations (not weighted).

Another important issue to keep in mind when interpreting the results in this report is that data from PRATS are representative of Idaho resident adult mothers who had a live birth in Idaho between February 1, 2002, and August 31, 2002. Even though the data do not reflect the experiences of women whose babies died or were given up for adoption, much of the PRATS data are not available from other sources and, therefore, provide unique insight into maternal and infant health issues in Idaho.

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Main Findings

Demographic Profile

- A total of 60.8 percent of the Hispanic mothers surveyed in 2002 were born outside of the United States, compared with 4.3 percent of Non-Hispanic mothers surveyed.
- Less than half of all Hispanic mothers lived in rural or frontier areas (35.3 percent rural and 6.5 percent frontier), however there were significant differences by nativity.
- Among PRATS respondents, 9.5 percent of Hispanic mothers surveyed were aged 18 or 19.
- More than one third (34.7 percent) of Hispanic mothers surveyed were not married.
- Two-thirds (69.5 percent) of Hispanic mothers surveyed were uninsured.
- More than half (51.6 percent) of Hispanic mothers had incomes of less than \$15,000 and three-quarters (75.5 percent) had incomes less than \$25,000.

Intendedness of Pregnancy

- Overall, 41.8 percent of Hispanic mothers surveyed reported that their pregnancy was unintended.
- Among Hispanic mothers who were not trying to get pregnant, less than half (43.3 percent) reported using birth control at the time of conception.

Medicaid Utilization

- More than half (55.9 percent) of Hispanic mothers applied for Medicaid during their pregnancy.
- Nearly 4 out of 10 (39.3 percent) Hispanic mothers reported that Medicaid paid for their prenatal care and more than 6 out of 10 (62.8 percent) Hispanic mothers reported that Medicaid paid for their delivery.

Prenatal Health Care

- A total of 82.1 percent of Hispanic mothers surveyed reported that they initiated prenatal care in the first trimester.
- A total of 17.5 percent of Hispanic mothers reported that they did not receive prenatal care as early in their pregnancy as they desired.
- The majority of Hispanic mothers received prenatal care from a private doctor's office (42.1 percent) or a hospital clinic (34.7 percent).
- A total of 80.0 percent of Hispanic mothers surveyed did not receive dental care during their pregnancy.

Maternal Health

- Among Hispanic mothers surveyed, 29.0 percent were overweight and 19.2 percent were obese.
- More than 6 out of 10 (65.0 percent) Hispanic mothers reported being tested for HIV.
- More than two-thirds (68.9 percent) of Hispanic mothers participated in WIC during their pregnancy.

Main Findings

Substance Use

- One in ten (10.7 percent) Hispanic mothers reported that they smoked before they became pregnant. This percentage dropped to 3.2 percent during pregnancy, but rose to 6.4 percent after pregnancy.
- Among Hispanic mothers, 24.0 percent reported drinking during the three months prior to pregnancy and 3.1 percent reported drinking during the last three months of their pregnancy.

Postpartum Depression

- More than three-quarters (79.0 percent) of Hispanic mothers reported significant symptoms for postpartum depression.

Breastfeeding

- More than 8 out of 10 (82.8 percent) Hispanic mothers reported that they had ever breastfed their baby.
- Approximately 9 in 10 (92.1 percent) Hispanic women surveyed had a doctor, nurse, or other health care provider talk to them or give them information about the benefits of breastfeeding. These women were more likely to breastfeed (84.2 percent) than women who did not have that experience (69.1 percent).

Physical Abuse

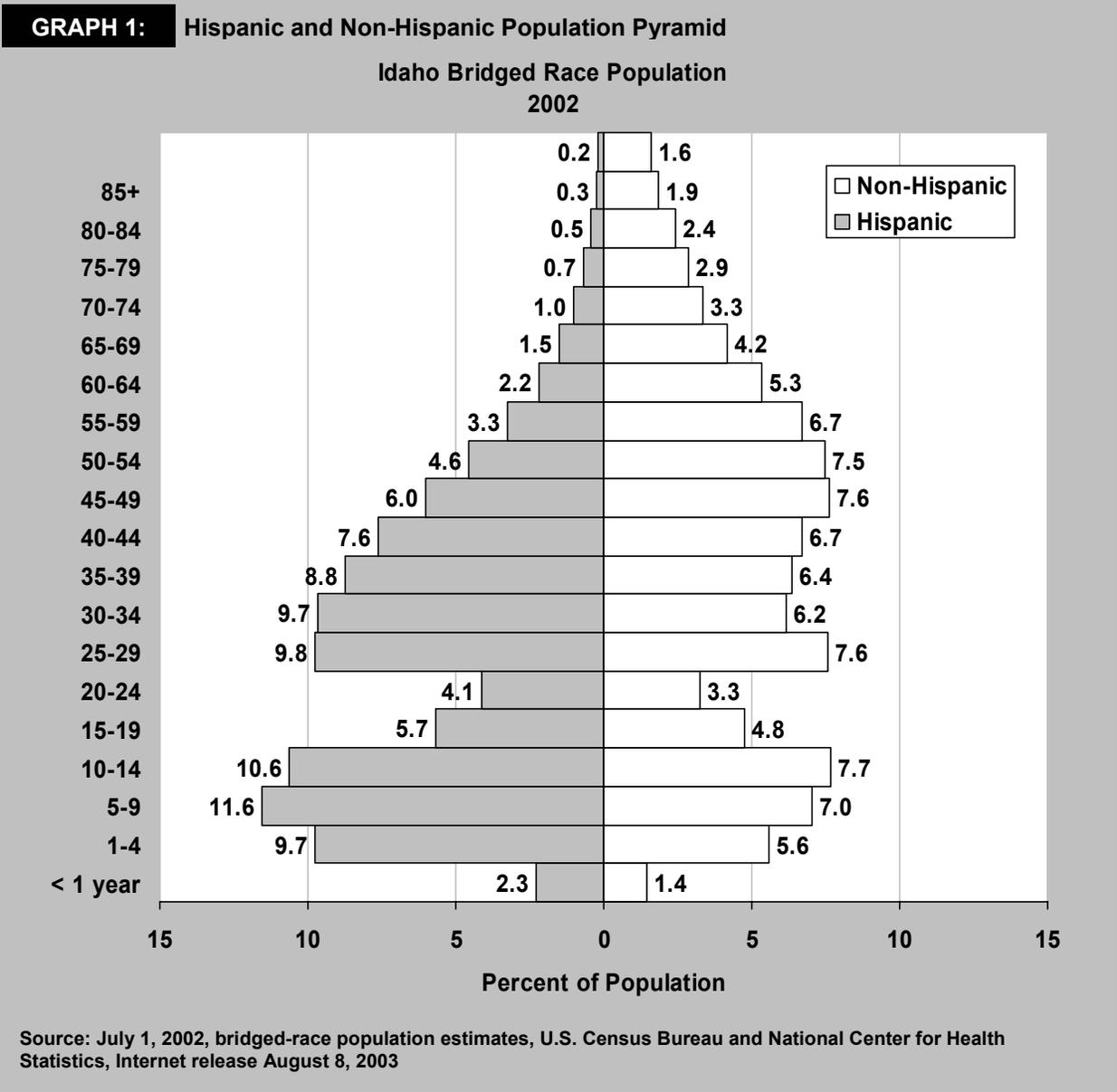
- Among Hispanic mothers, 7.2 percent reported that they were abused during their pregnancy.
- Hispanic mothers who reported that they were abused during pregnancy were more likely to report symptoms of postpartum depression (91.9 percent) than Hispanic mothers who did not report abuse (77.8 percent).

Infant Health and Safety

- Among Hispanic mothers, 84.1 percent reported that their baby had his or her hearing tested.
- Among Hispanic mothers, 58.3 percent lay their baby to sleep on their backs, as recommended, and 5.6 percent lay their baby to sleep on their stomachs, the risk position.
- Among Hispanic mothers surveyed, 25.3 percent reported “Always” and 29.0 percent reported “Sometimes” laying their baby down to sleep on a soft surface.
- One-quarter (25.8 percent) of Hispanic mothers reported that their baby had not had any well-baby check-ups and 22.8 percent of Hispanic mothers reported that they did not know about well-baby check-ups.
- More than three-quarters (79.2 percent) of Hispanic mothers had enrolled their baby in IRIS.
- Nearly all (93.1 percent) Hispanic mothers reported that their baby’s immunizations were up-to-date.
- One-quarter (25.9 percent) of Hispanic mothers enrolled their baby in Idaho’s Children’s Health Insurance Program (CHIP).

Demographic Profile

The Hispanic population of the United States is growing and changing fast. Hispanics now constitute this country's largest minority. The rapid growth of the Hispanic population is partly a function of its youth. Compared with whites, a greater share of the Hispanic population is concentrated in childbearing years¹. In Idaho in 2002, the birth rate among Hispanic women was significantly higher than the birth rate among Non-Hispanic women. Hispanic women had 24.5 births per 1,000 population compared with 14.5 births per 1,000 population for Non-Hispanics.



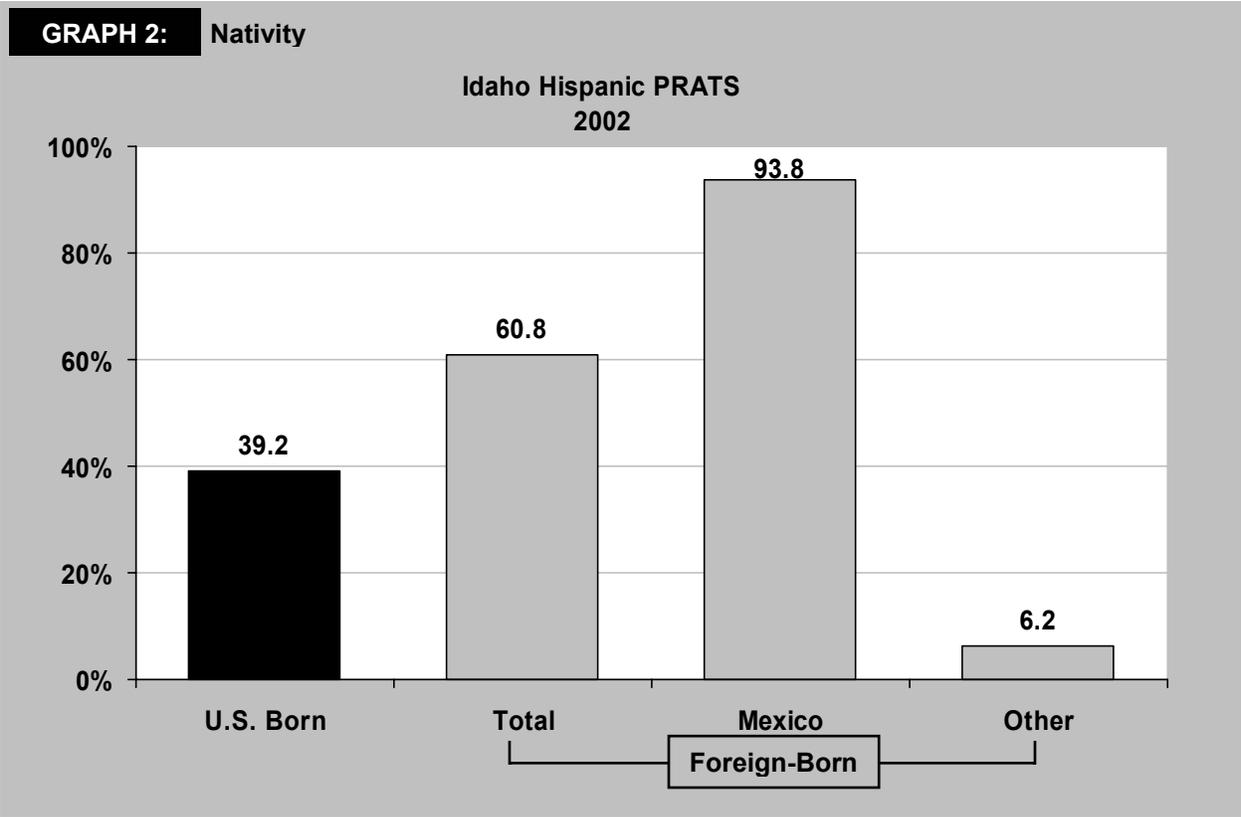
Highlights

- A significantly higher percent of the Hispanic population (51.6 percent) are concentrated in their childbearing years (aged 15-44) than the Non-Hispanic population (42.5 percent).
- Infants aged less than one year make up 2.3 percent of the Hispanic population, a significantly higher proportion than in the Non-Hispanic population (1.4 percent).

Demographic Profile

Nativity

Latino immigrants, most of them young adults in their prime child-bearing years, have proved highly fertile, with significantly higher birth rates than non-Hispanics. Births to Hispanic immigrants, rather than immigration itself, will be the key source of population growth in the near future¹.



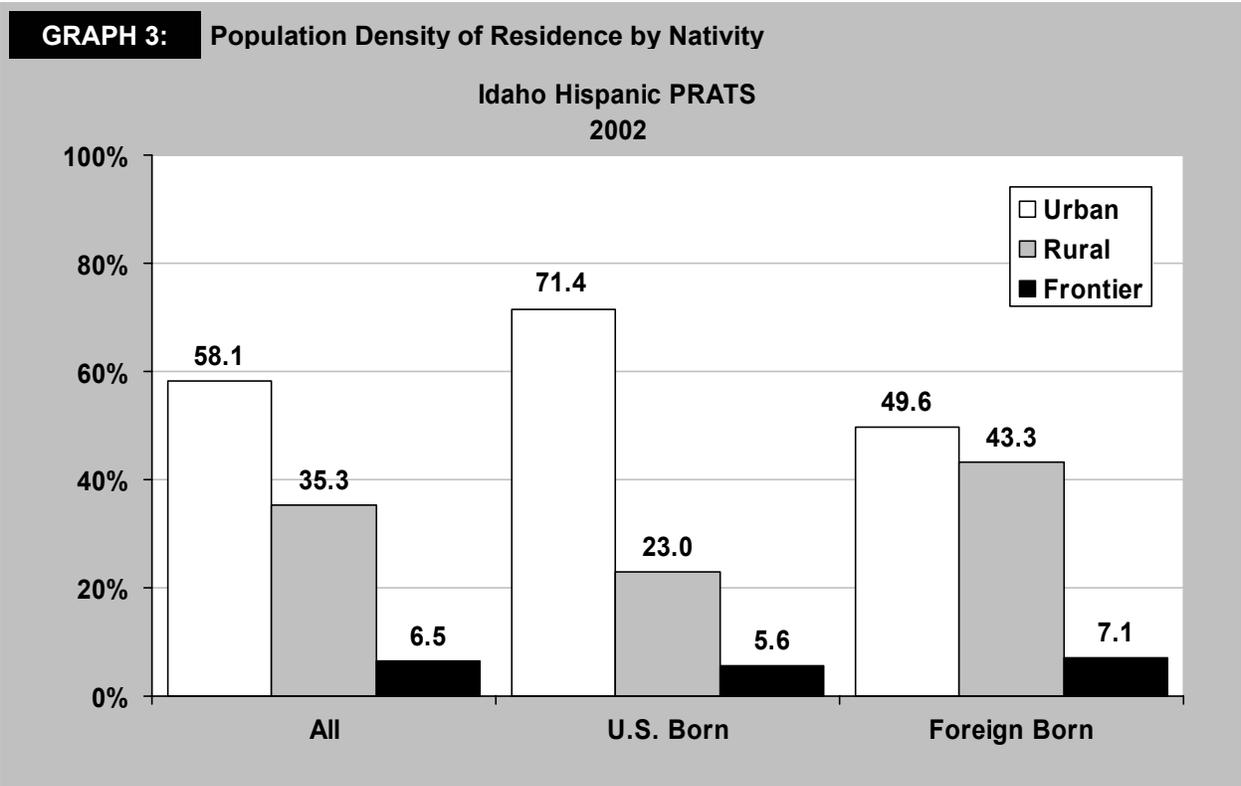
Highlights

- A total of 60.8 percent of the Hispanic mothers surveyed in 2002 were born outside of the United States, compared with 4.3 percent of Non-Hispanic mothers surveyed.
- Of the Hispanic mothers born outside of the United States, 93.8 percent were born in Mexico.

Demographic Profile

Population Density

Rural minorities are not only more likely to be affected by individual poverty and community wide economic constraints, but also to have more limited access to health care resources².



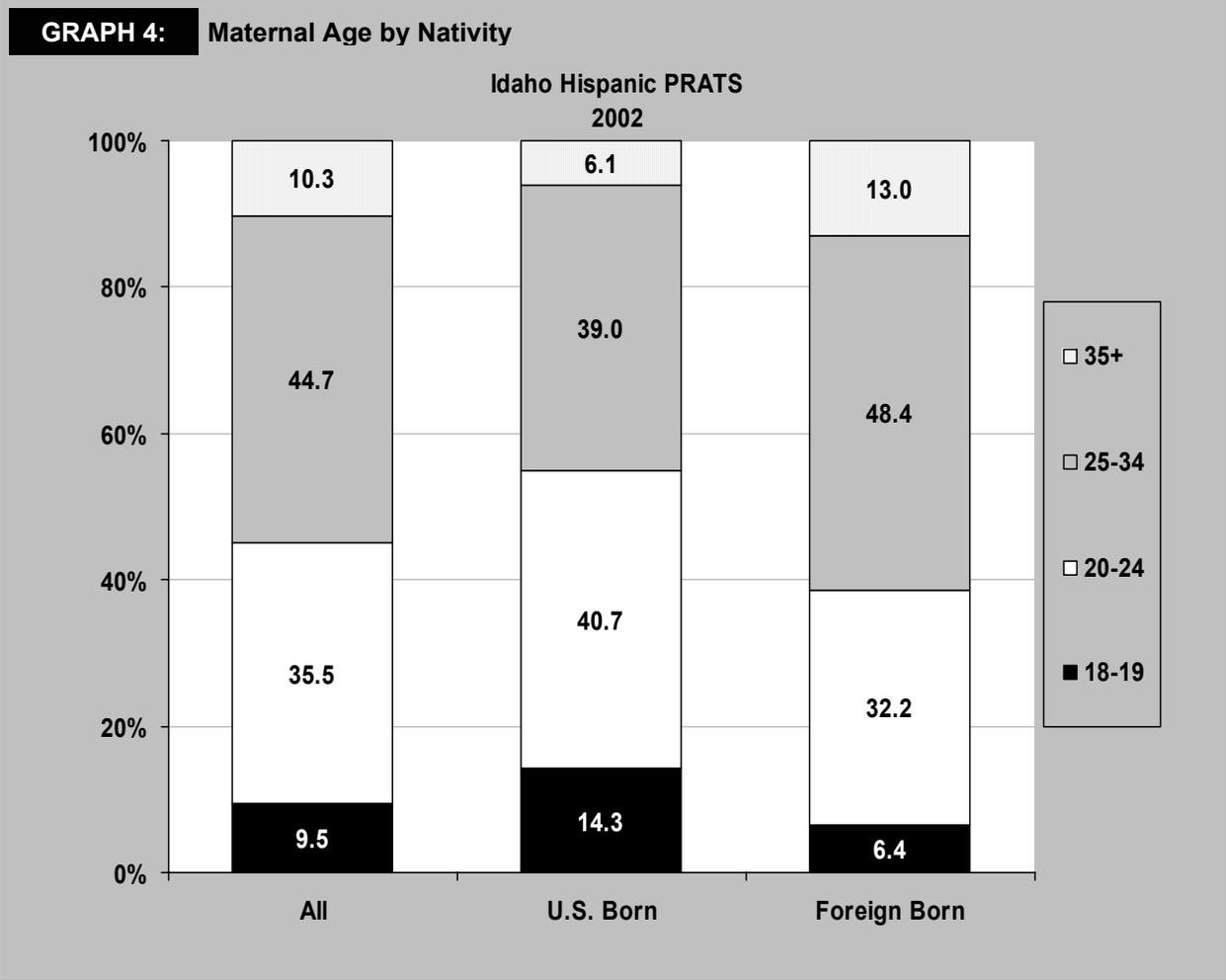
Highlights

- Less than half of all Hispanic mothers lived in rural or frontier areas (35.3 percent rural and 6.5 percent frontier), however there were significant differences by nativity.
- More than half (50.4 percent) of foreign-born Hispanic mothers lived in rural or frontier areas, compared with less than one third (28.6 percent) of U.S.-born Hispanic mothers who lived in rural or frontier areas.
- In comparison, 4.4 percent of Non-Hispanic mothers surveyed lived in frontier areas, 26.8 percent lived in rural areas and 68.9 percent lived in urban areas.

Demographic Profile

Maternal Age

Teenage childbearing is associated with poor psychological functioning, lower rates of school completion, lower levels of marital stability, additional nonmarital births, less stable employment, greater welfare use, higher rates of poverty and higher rates of health problems for teenage mothers and their children, when compared to those not experiencing a teenage childbirth³. Immigrant and less acculturated Latina teens are less likely to be sexually active than their more acculturated peers, but use contraception less consistently and effectively⁴. Foreign-born Hispanic females are less likely to become adolescent mothers than U.S.-born Hispanic teens⁵.



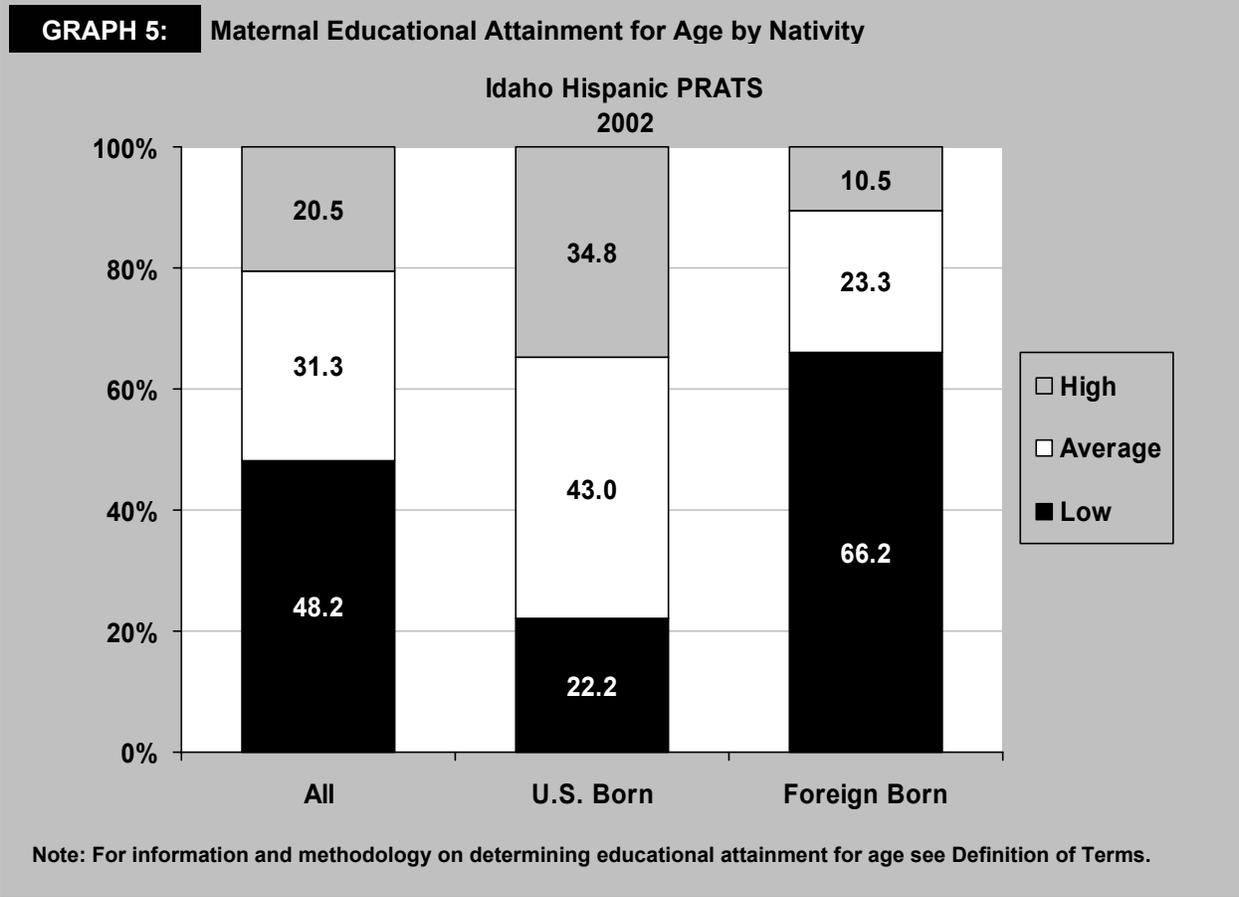
Highlights

- Among PRATS respondents, 9.5 percent of Hispanic mothers surveyed were aged 18 or 19.
- A total of 5.6 percent of Non-Hispanic mothers surveyed were aged 18 or 19.
- U.S.-born Hispanic females were more likely to become mothers at age 18 or 19 than foreign-born Hispanic females.
- One in seven or 14.3 percent of U.S.-born Hispanic mothers surveyed were aged 18 or 19, compared to 1 in 16 or 6.4 percent of foreign-born Hispanic mothers.

Demographic Profile

Maternal Educational Attainment for Age

Research has shown a high incidence of poor birth outcomes among women who have not completed high school. Studies have indicated that foreign-born Hispanic mothers have lower education levels than other mothers⁶.



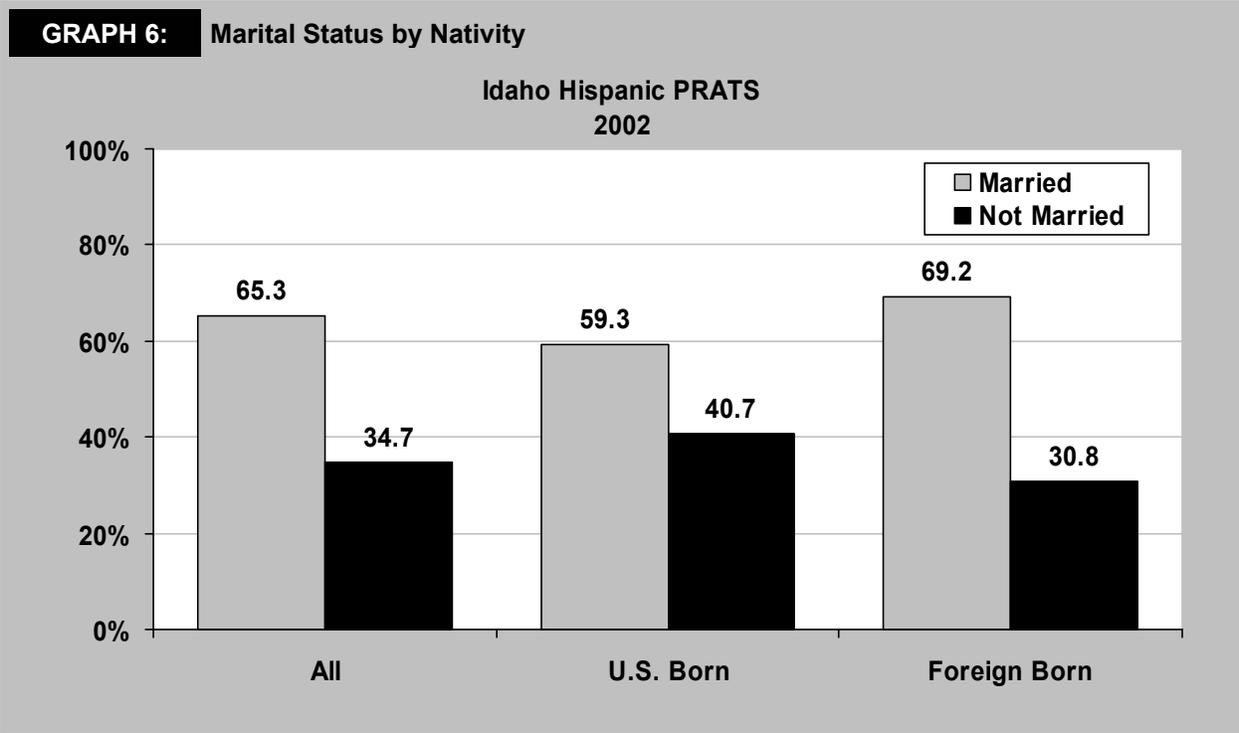
Highlights

- A total of 48.2 percent of Hispanic mothers had a low educational attainment for their age.
- Among Non-Hispanic mothers surveyed, 7.2 percent had a low educational attainment for their age.
- Foreign-born Hispanic mothers were nearly three times as likely to have a low education attainment for their age than U.S.-born Hispanic mothers.
- Approximately two-thirds (66.2 percent) of foreign-born Hispanic mothers had a low educational attainment for their age, compared with 22.2 percent of U.S.-born Hispanic mothers.

Demographic Profile

Marital Status

Research indicates that Hispanic mothers who were born in Mexico are less likely to be single mothers⁵. Marital status has been shown to have a positive effect on birth outcomes among Mexican-born mothers⁶.



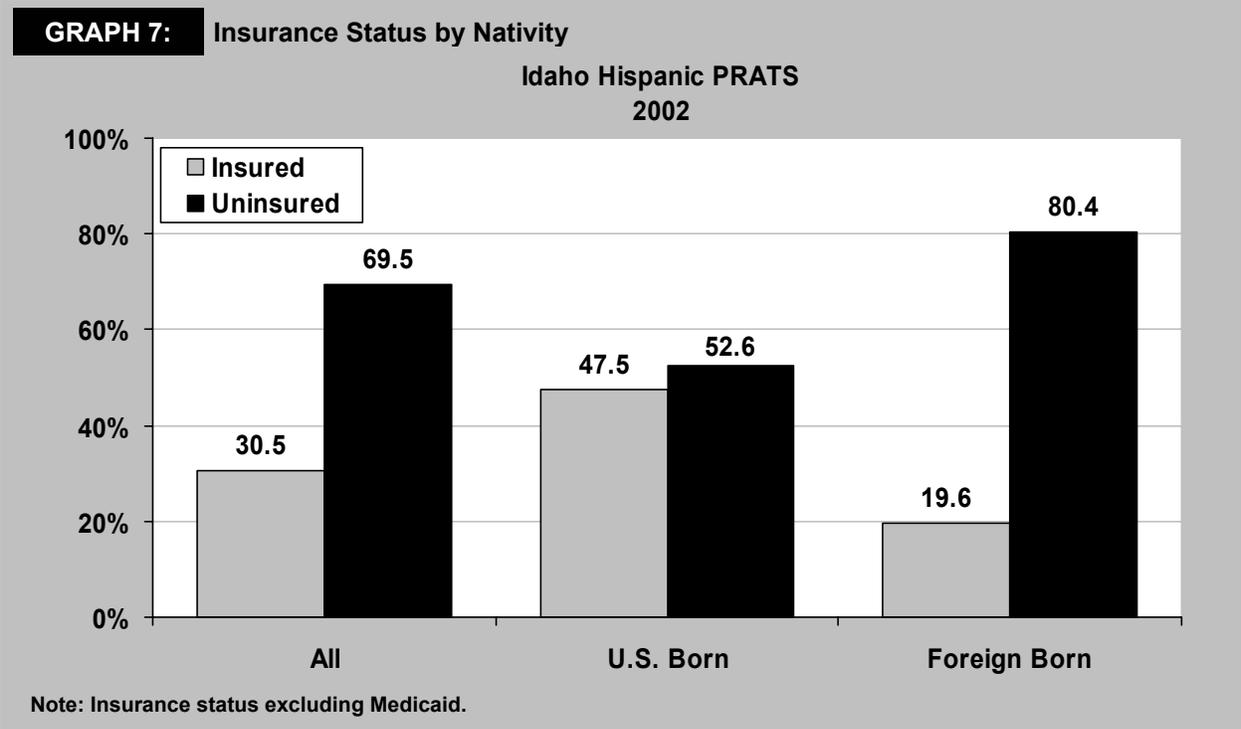
Highlights

- More than one third (34.7 percent) of Hispanic mothers surveyed were not married.
- A total of 19.0 percent of Non-Hispanic mothers surveyed were not married.
- U.S.-born Hispanic mothers were more likely to have a child out-of-wedlock (40.7 percent) than foreign-born Hispanic mothers (30.8 percent).

Demographic Profile

Health Care Coverage

Health insurance provides access to health care. Persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care such as a recent Pap test, immunizations, or early prenatal care⁷. Foreign-born U.S. residents are less likely to have health care coverage than U.S.-born residents⁸.



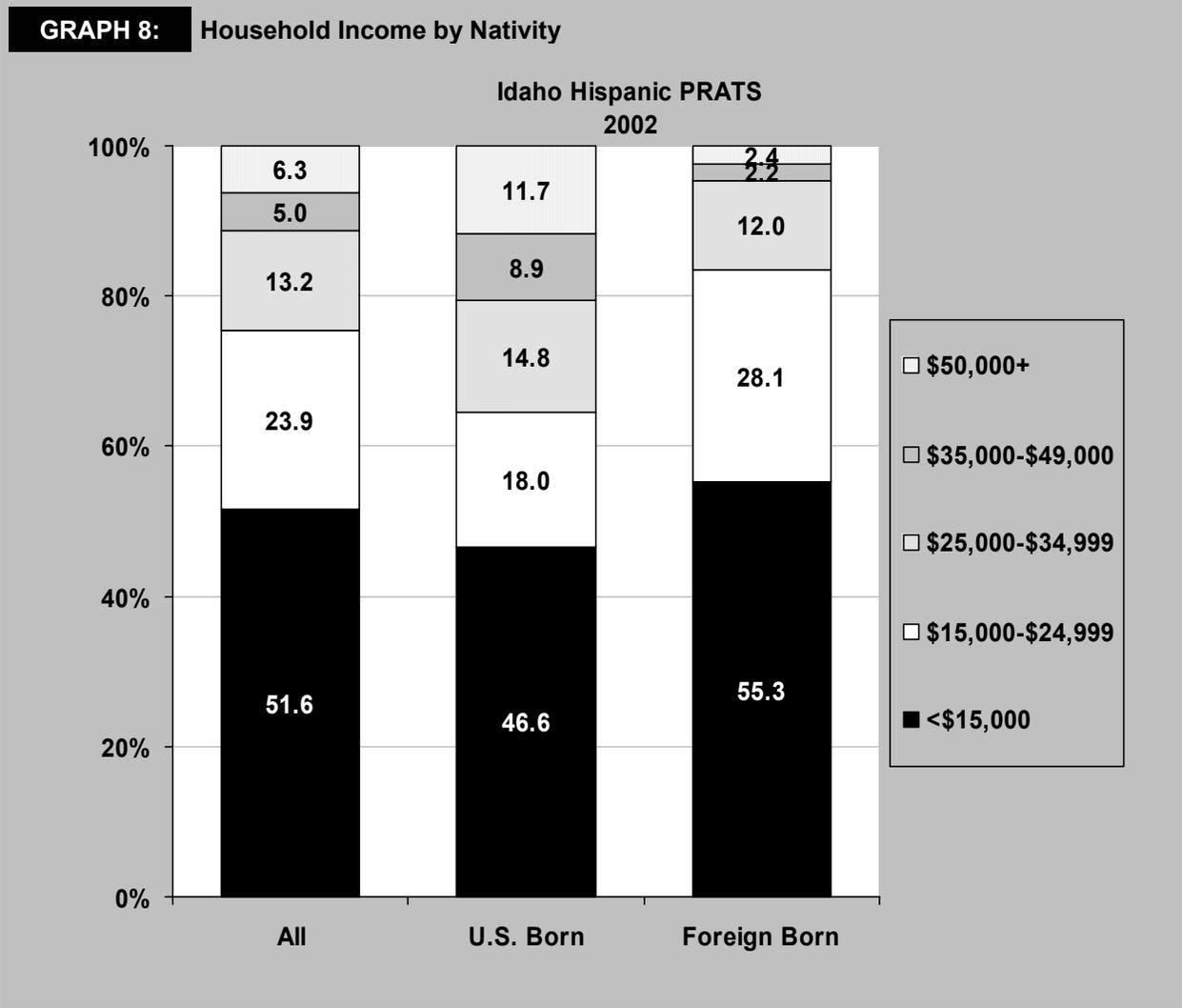
Highlights

- More than two-thirds (69.5 percent) of Hispanic mothers surveyed were uninsured.
- Less than one third (29.1 percent) of Non-Hispanic women were uninsured.
- Foreign-born Hispanic mothers were 52.9 percent more likely to be uninsured than U.S.-born Hispanic mothers.
- A total of 80.4 percent of Hispanic mothers born outside of the United States had no health insurance, compared with 52.6 percent of Hispanic mothers born in the United States.

Demographic Profile

Household Income

Poverty and health care are intertwined: persons without resources cannot afford health services². In 2002, Hispanic households had less than ten cents for every dollar in wealth owned by White households. Foreign-born Hispanic households had 65 percent the level of wealth belonging to U.S.-born Hispanic households⁹.



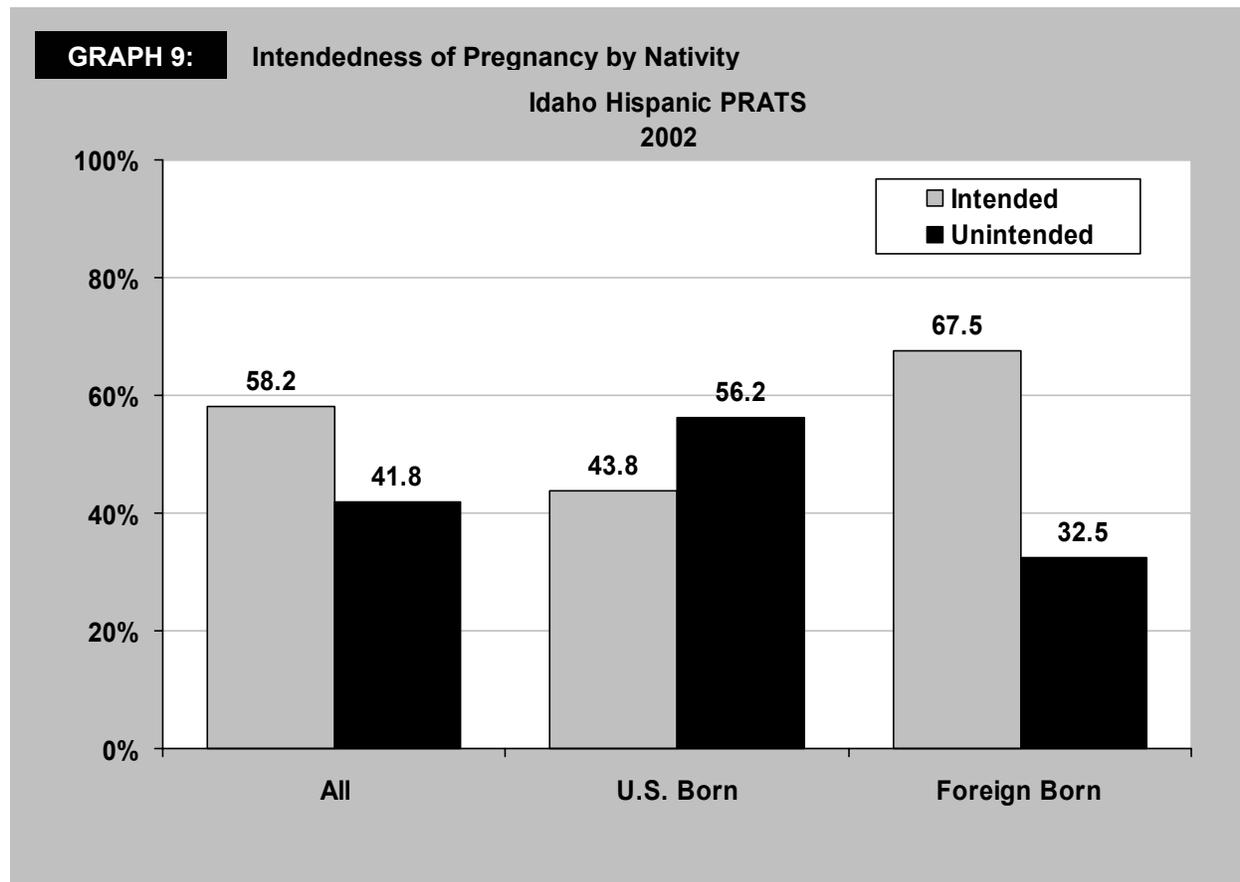
Highlights

- More than half (51.6 percent) of Hispanic mothers had incomes of less than \$15,000 and three-quarters (75.5 percent) had incomes less than \$25,000.
- Foreign-born mothers were more likely to have incomes less than \$25,000 (83.4 percent) than U.S.-born mothers (64.6 percent).
- A total of 40.8 percent of Non-Hispanic women had incomes of less than \$25,000 (24.4 percent had incomes less than \$15,000).

Intendedness of Pregnancy

Unintended Pregnancy

Unintended pregnancy is widespread in the United States. Nearly one-third of babies born in the United States each year are the result of an unintended pregnancy, defined as a pregnancy for which, at the time of conception, a woman either wanted to be pregnant later (mistimed) or did not want to be pregnant at any time (unwanted). Pregnancy intention is related to infant outcomes such as low birth weight and to maternal behaviors such as smoking, drinking, illicit drug use, failure to take prenatal vitamins, and failure to initiate prenatal care visits¹⁰. Foreign-born Hispanic mothers have been found to have a positive attitude toward childbearing and report fewer unintended pregnancies⁵.



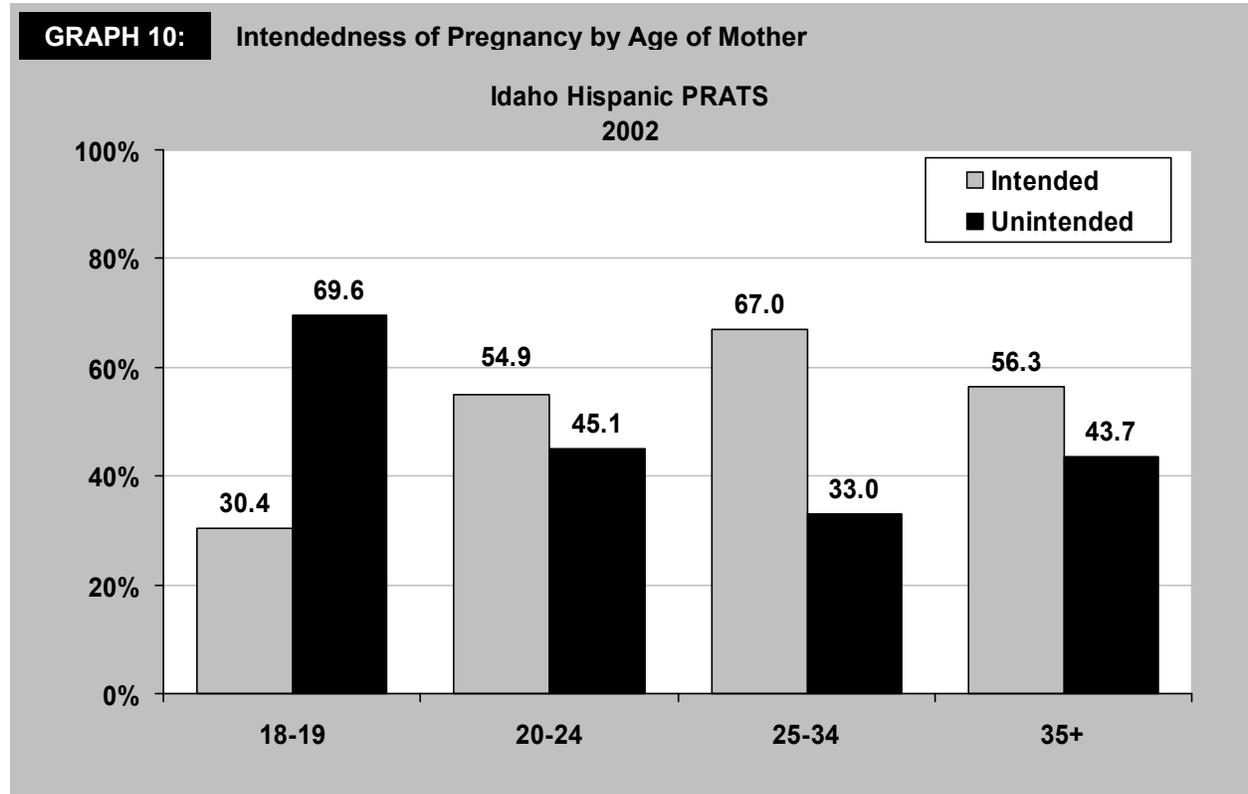
Highlights

- Overall, 41.8 percent of Hispanic mothers surveyed reported that their pregnancy was unintended.
- Unintended pregnancies comprised 37.2 percent of the pregnancies among the Non-Hispanic women surveyed.
- There were significant differences between U.S.-born and foreign-born Hispanic mothers with regard to intendedness of pregnancy.
- More than half of the U.S.-born Hispanic mothers surveyed (56.2 percent) reported that their pregnancy was unintended, compared with 32.5 percent of foreign-born Hispanic mothers.

Intendedness of Pregnancy

Age

Unintended pregnancy rates among women giving birth to a live infant are higher among young women, black women, women with 12 or fewer years of education, and women whose prenatal care was paid by Medicaid¹¹.



Highlights

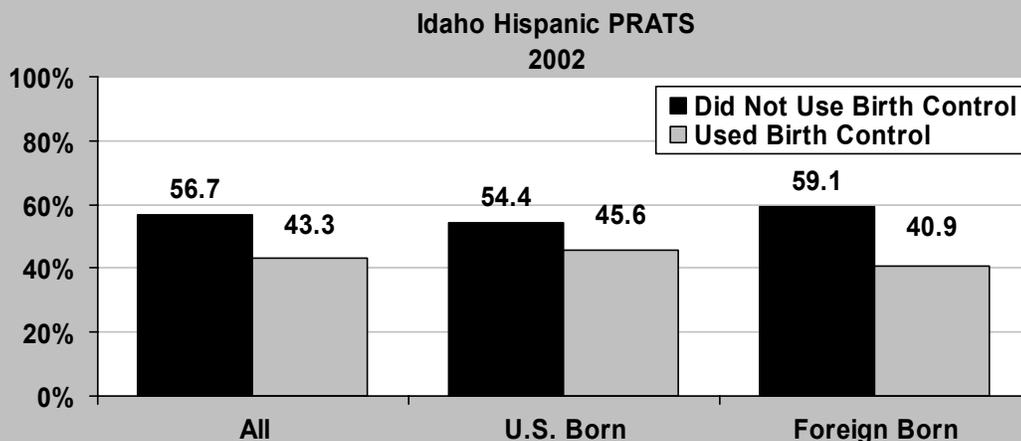
- Overall, mothers aged 18-19 were more likely to report that their pregnancy was unintended than mothers aged 20 years or more.
- More than two-thirds (69.6 percent) of Hispanic mothers aged 18-19 reported that their pregnancies were unintended.
- A total of 81.2 percent of Non-Hispanic mothers aged 18-19 reported that their pregnancies were unintended.

Intendedness of Pregnancy

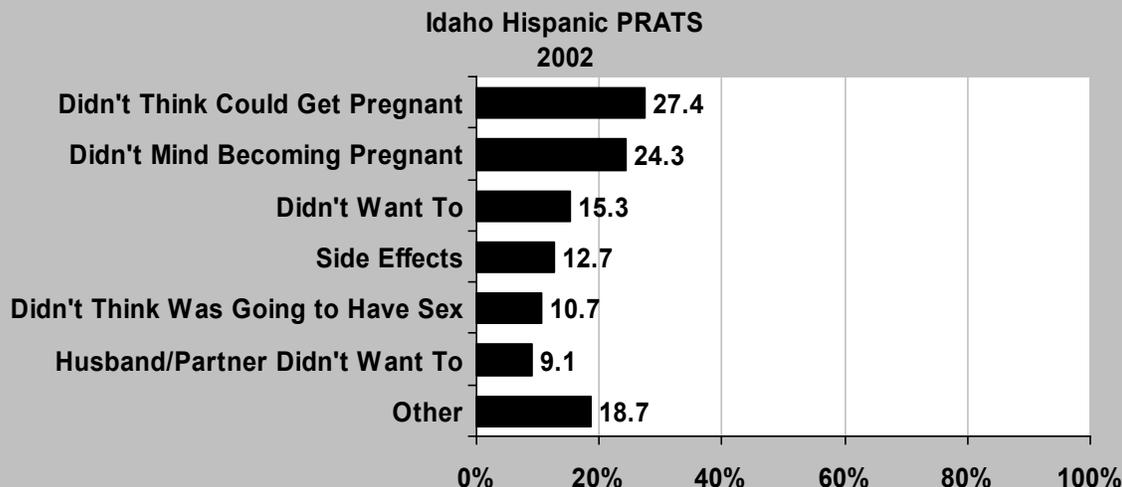
Birth Control Use

A large part of many women's reproductive lives, from menarche to menopause, may be spent trying not to become pregnant. Recent research noted that 50 percent of all unintended pregnancies were among women who did not use contraception, and that the overall rate of unintended pregnancy could be cut in half if these women were to use highly effective contraception¹¹. Hispanic women may have a difficult time insisting on the use of contraceptives if their partner does not want to use them. U.S.-born Hispanic women may have an even more difficult time insisting on contraceptive use than foreign-born Hispanic women¹².

GRAPH 11: Birth Control Use in Women NOT Trying to Become Pregnant by Nativity



GRAPH 12: Reasons for Not Using Birth Control



Highlights

- Among Hispanic mothers who were not trying to get pregnant, less than half (43.3 percent) reported using birth control at the time of conception.
- Foreign-born Hispanic mothers were less likely to have used birth control (40.9 percent) than U.S.-born Hispanic mothers (45.6 percent).
- The most common reason Hispanic mothers gave for not using birth control was the belief that they could not get pregnant (27.4 percent).
- The most common reason reported by Non-Hispanic mothers was that they did not mind if they got pregnant (37.9 percent).

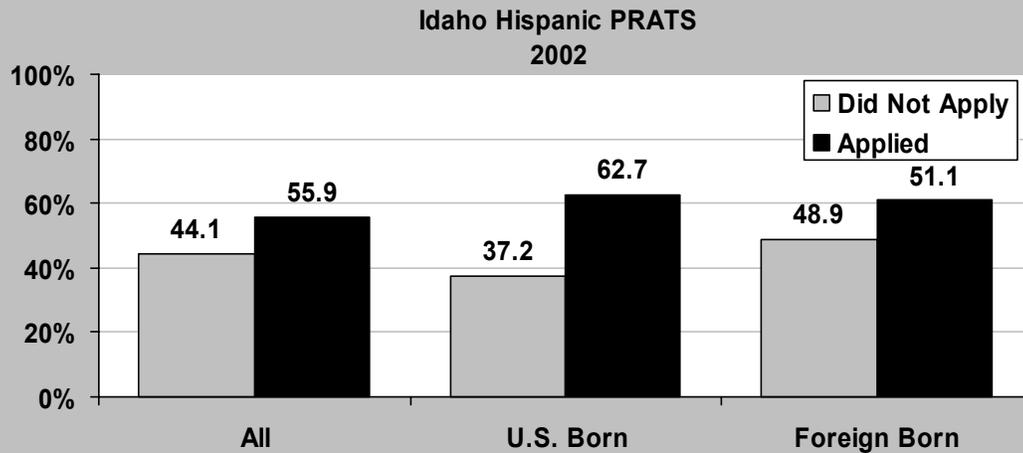
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Medicaid Utilization

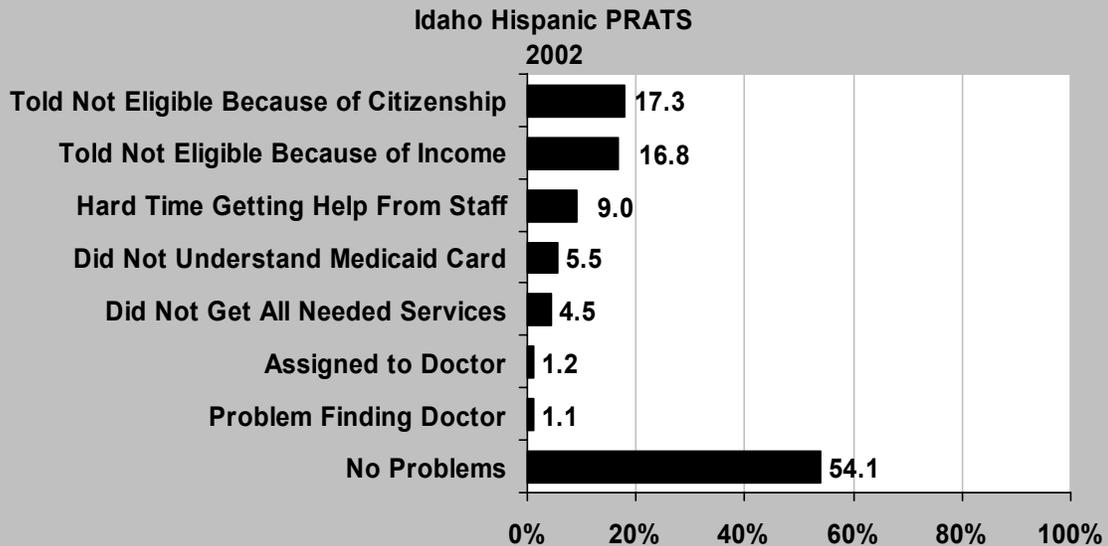
Application for Medicaid

Foreign-born individuals often fear enrolling in financial assistance programs for fear of losing their residency or citizenship. Foreign-born individuals may also face particular barriers, including language barriers, to obtaining health insurance⁶.

GRAPH 13: Application for Medicaid by Nativity



GRAPH 14: Experiences with Medicaid



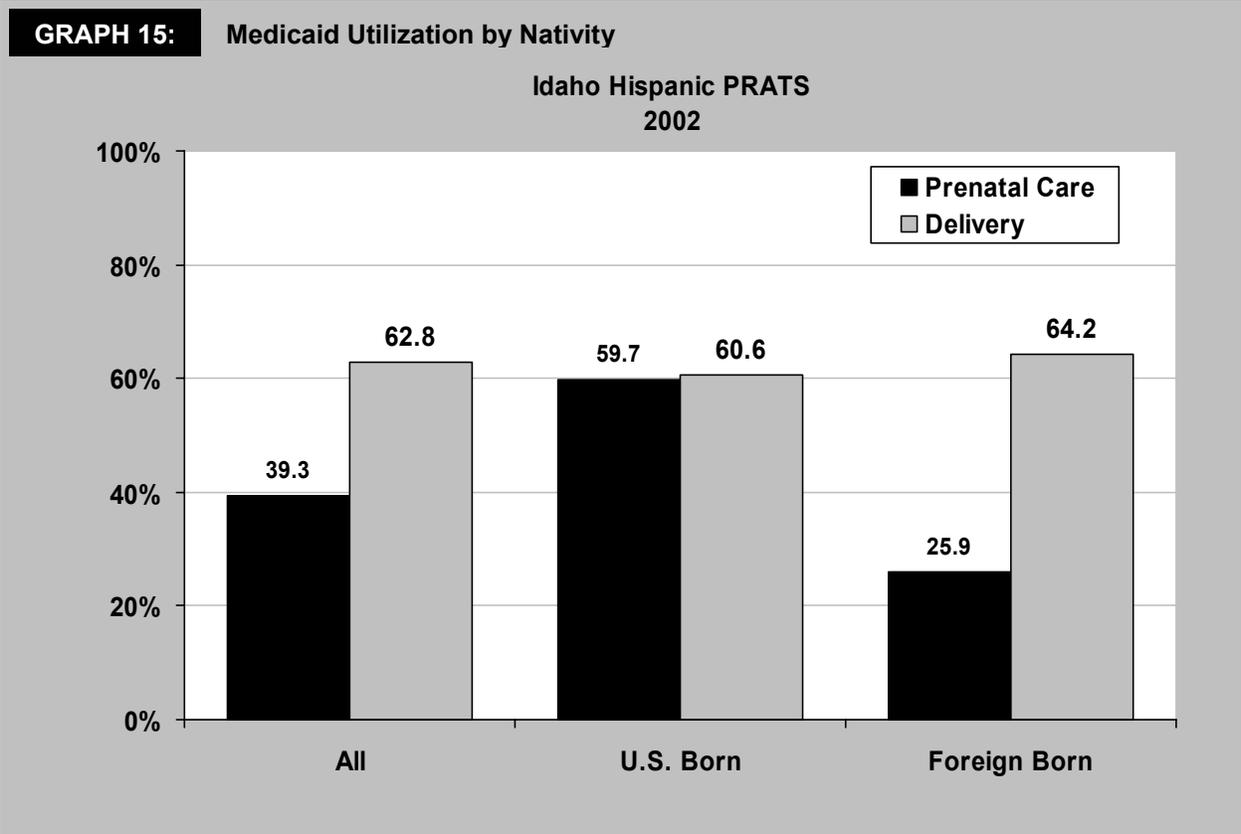
Highlights

- More than half (55.9 percent) of Hispanic mothers applied for Medicaid during their pregnancy.
- U.S.-born mothers were more likely to apply (62.7 percent) than foreign-born mothers (51.1 percent).
- More than half (54.1 percent) of Hispanic mothers reported that they did not have any problems with Medicaid.
- The most common problems with Medicaid were being told that they were not eligible due to citizenship (17.8 percent) or income (16.8 percent).

Medicaid Utilization

Medicaid Utilization

Federal benefits for non-emergency care may not be offered to most legally-admitted immigrants for the first five years they are in the United States. Thus immigrants are not eligible for cost-effective primary or preventive care or treatment (including prenatal care), although they are eligible for emergency services which include labor and delivery⁸.



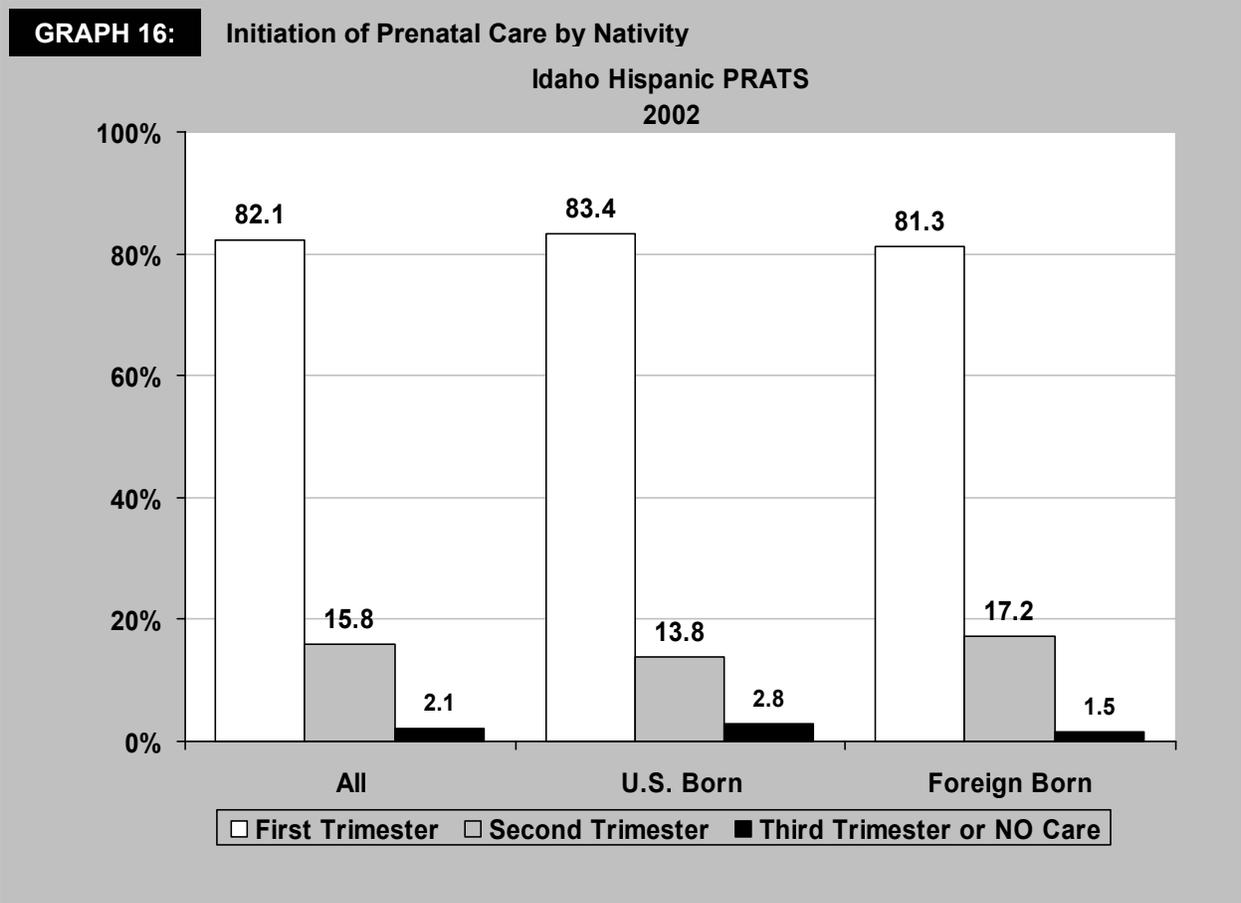
Highlights

- Nearly 4 out of 10 (39.3 percent) Hispanic mothers reported that Medicaid paid for their prenatal care and more than 6 out of 10 (62.8 percent) Hispanic mothers reported that Medicaid paid for their delivery.
- A total of 32.4 percent of Non-Hispanic mothers surveyed reported that Medicaid paid for their prenatal care and 33.5 percent reported that Medicaid paid for delivery.
- U.S.-born mothers were more likely to report that Medicaid paid for their prenatal care (59.7 percent) than foreign-born mothers (25.9 percent).
- There was no significant difference between U.S.-born and foreign-born mothers with regards to Medicaid payment for delivery.

Prenatal Health Care

Initiation of Prenatal Care

In Mexican cultural tradition, pregnancy is viewed as a natural and normal state rather than a high-risk medical condition or illness which contributes to women seeking prenatal care only when symptoms of complications arise. While it was not the case in Idaho, national data suggests that Mexican immigrant women are more likely to underutilize prenatal care⁵.



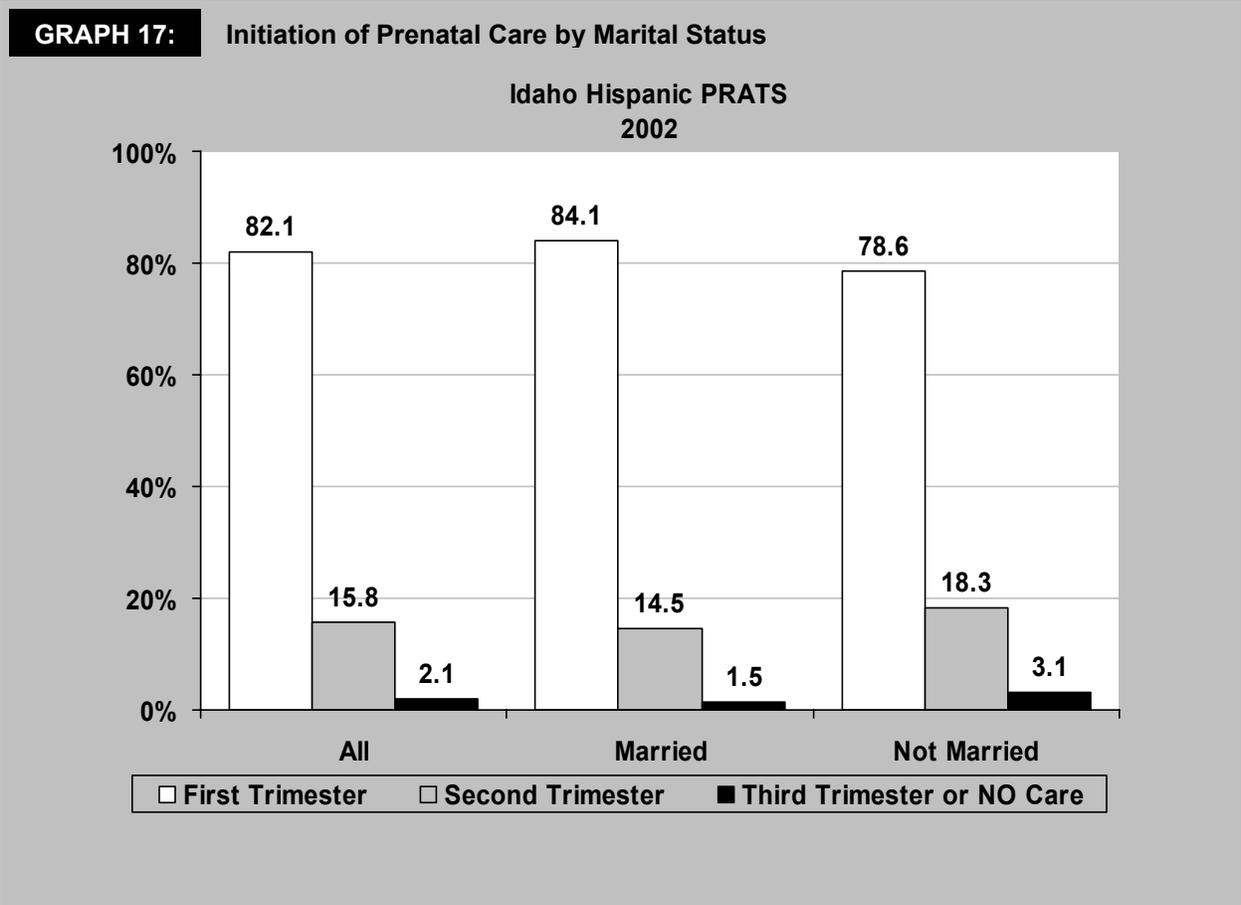
Highlights

- A total of 82.1 percent of Hispanic mothers surveyed reported that they initiated prenatal care in the first trimester.
- Among Non-Hispanic mothers surveyed, 90.6 percent reported receiving prenatal care during the first trimester.
- There was no significant difference between U.S.-born and foreign-born mothers with regard to initiation of prenatal care.

Prenatal Health Care

Marital Status

Mexican immigrant women in a committed relationship are more likely to access early and adequate prenatal care and demonstrate better birth outcomes⁵.



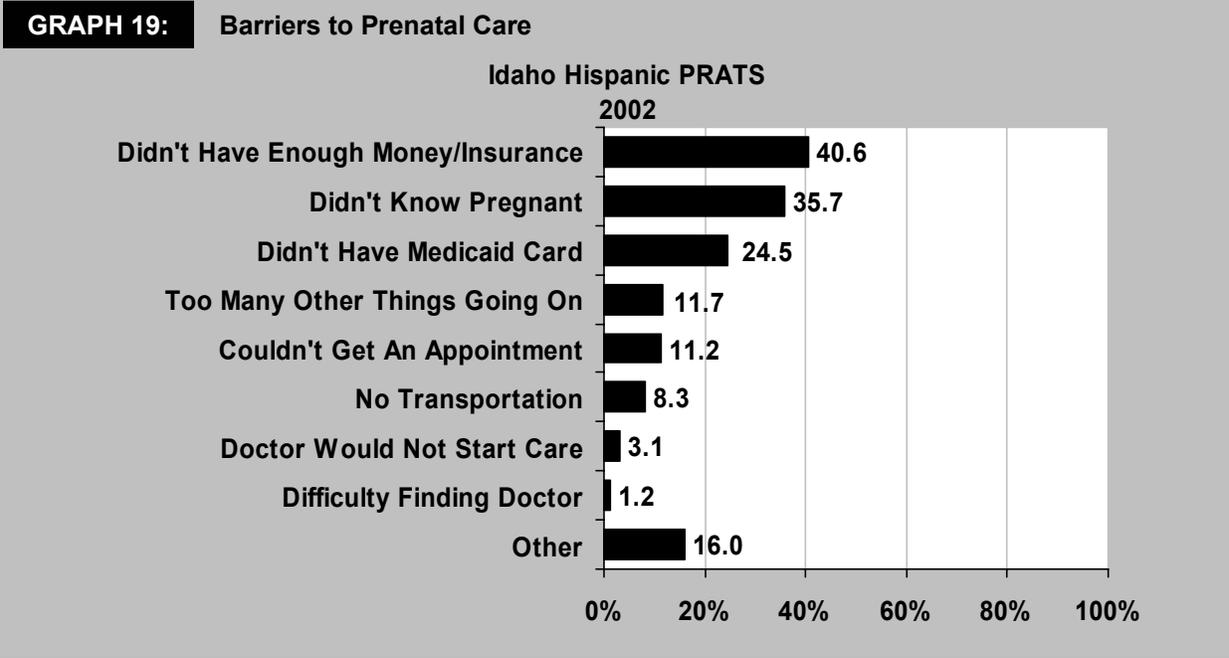
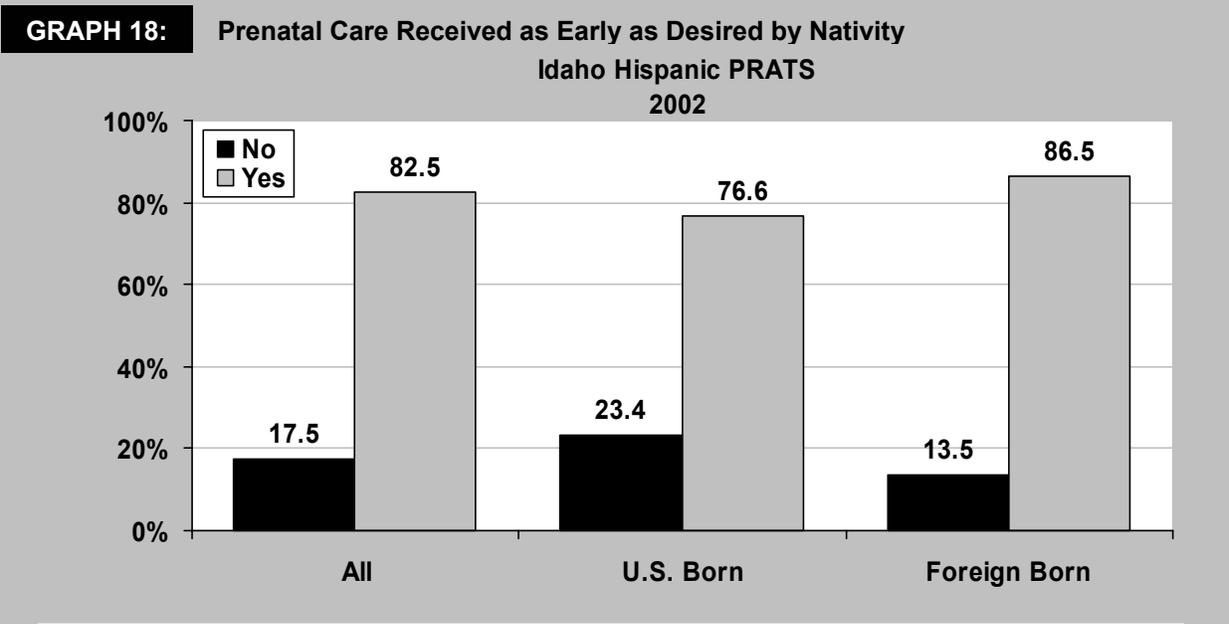
Highlights

- Although Hispanic mothers who were not married were less likely to initiate prenatal care during their first trimester than married mothers, this difference was not significant.
- For Non-Hispanic women, 80.0 percent who were not married initiated care in the first trimester while 93.1 percent who were married received first trimester care.

Prenatal Health Care

Barriers to Prenatal Care

Hispanic mothers face considerable barriers to prenatal care. For each barrier, the risk of initiating prenatal care late in pregnancy increases¹³.



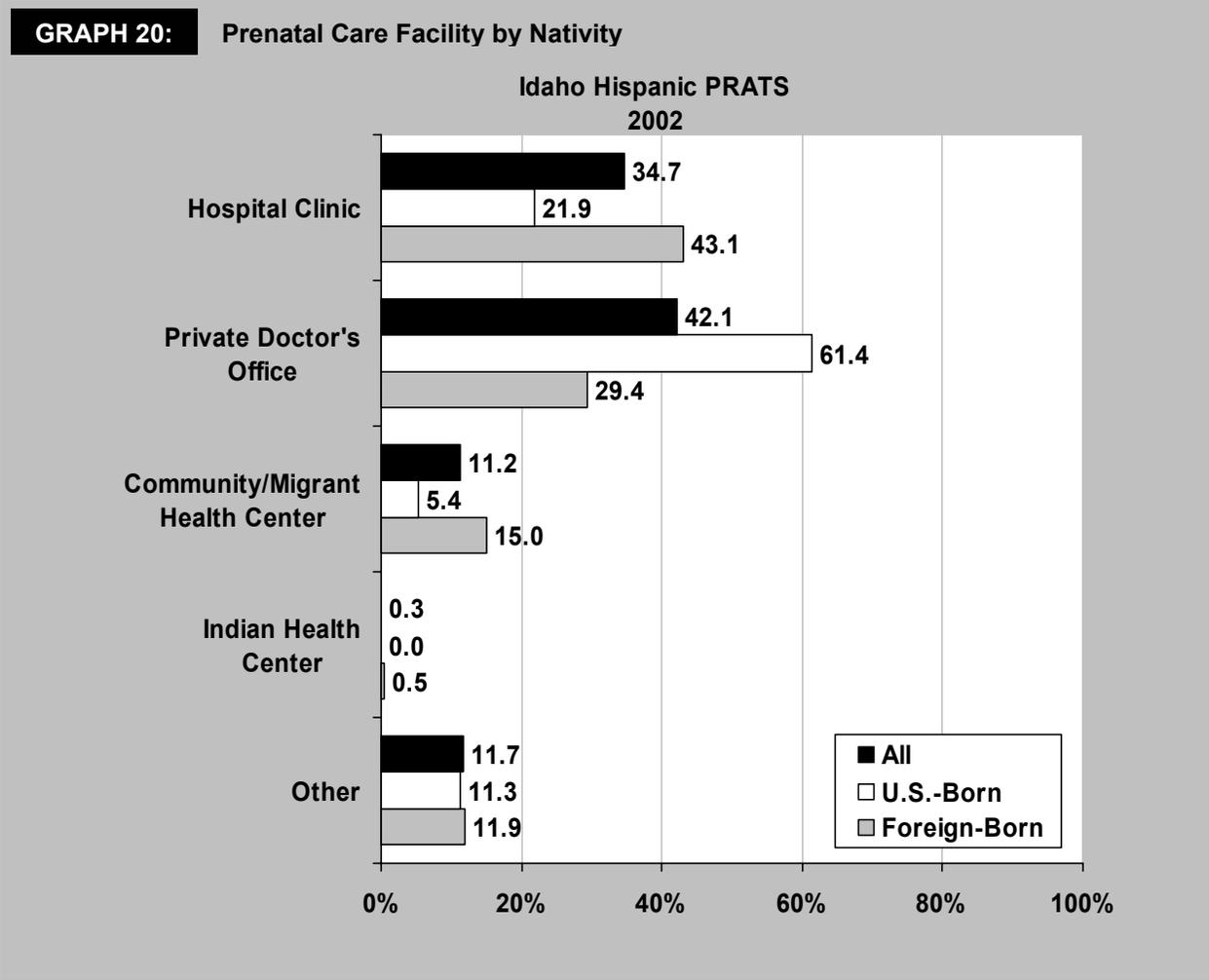
Highlights

- A total of 17.5 percent of Hispanic mothers reported that they did not receive prenatal care as early in their pregnancy as they desired.
- U.S.-born mothers were more likely to report that they did not get prenatal care as early as desired (23.4 percent) than foreign-born mothers (13.5 percent).
- The most common reasons for not receiving prenatal care as early as desired among Hispanic mothers were not having enough money or insurance (40.6 percent) and not knowing they were pregnant (35.7 percent).

Prenatal Health Care

Prenatal Care Facility

The ability of health care providers to communicate in Spanish, as well as the availability of culturally sensitive prenatal care are main factors that influence the willingness of Hispanic women to access prenatal care¹⁴. Mexican immigrant women identify multiple barriers to prenatal care including financial and language barriers, non-supportive providers, transportation, long waiting times, and lack of child care⁵.



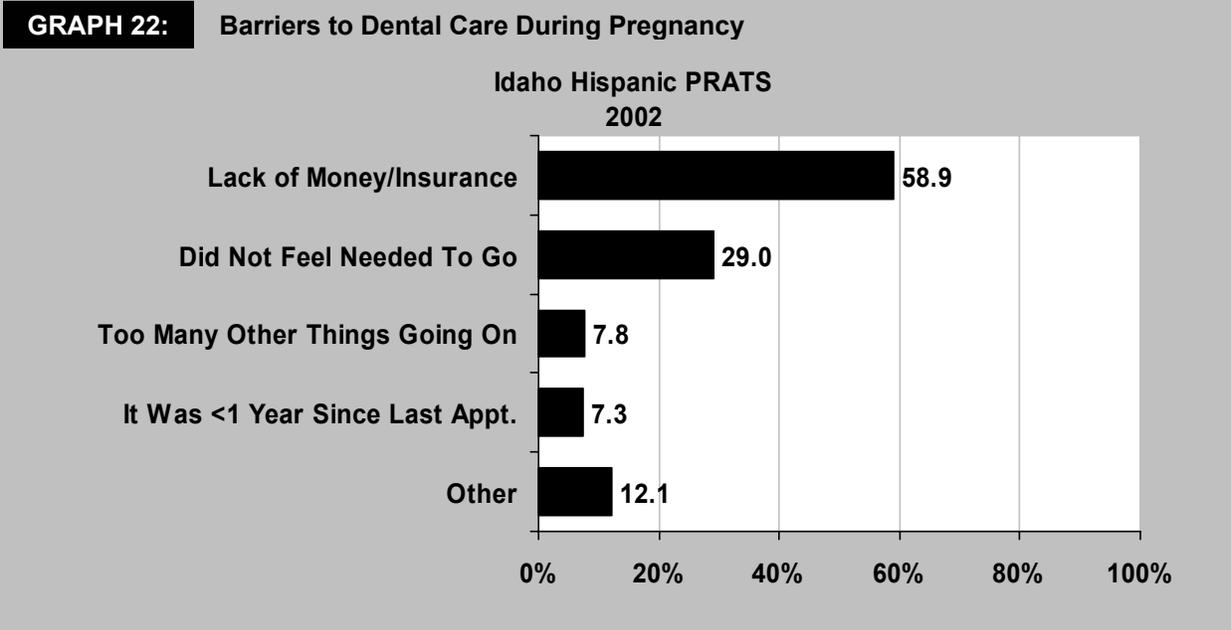
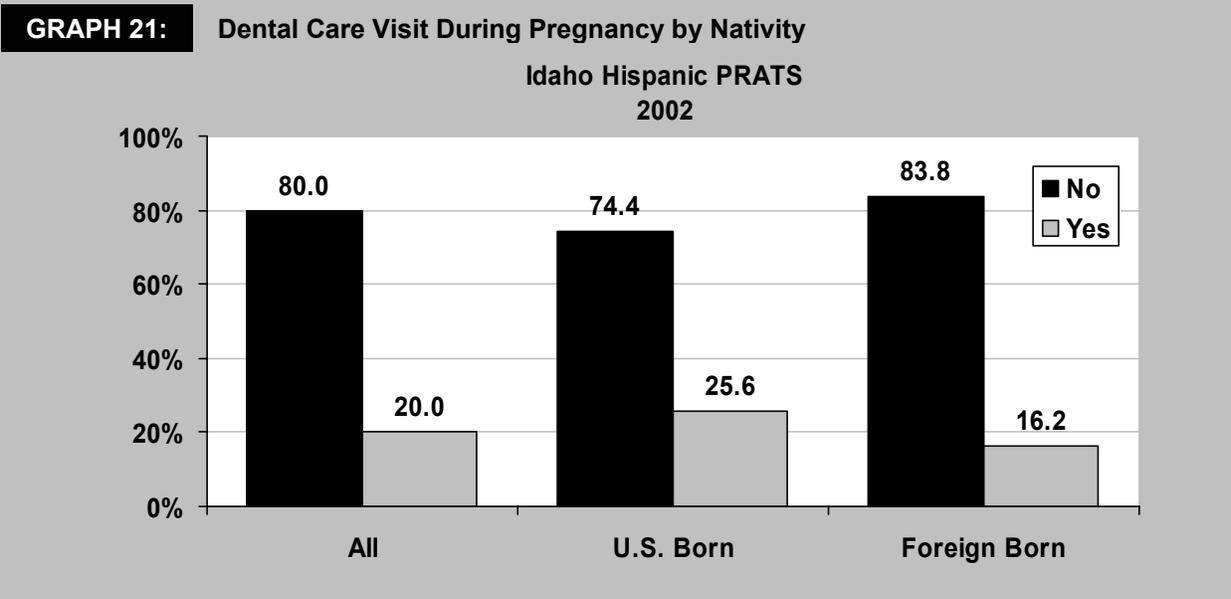
Highlights

- The majority of Hispanic mothers received prenatal care from a private doctor’s office (42.1 percent) or a hospital clinic (34.7 percent).
- The most often reported prenatal care facility for Non-Hispanic mothers was a private doctor’s office (82.6 percent), followed by a hospital clinic (11.2 percent).
- Foreign-born mothers were significantly more likely to go to a hospital clinic (43.1 percent) or community/migrant health center (15.0 percent) than U.S.-born mothers (21.9 percent and 5.4 percent, respectively).
- U.S.-born mothers were more than twice as likely to go to a private doctor’s office for prenatal care (61.4 percent) than foreign-born Hispanic mothers (29.4 percent).

Prenatal Health Care

Oral Health

Poor oral health, especially resulting in periodontal disease, may be associated with preterm birth and low birth weight¹⁵.



Highlights

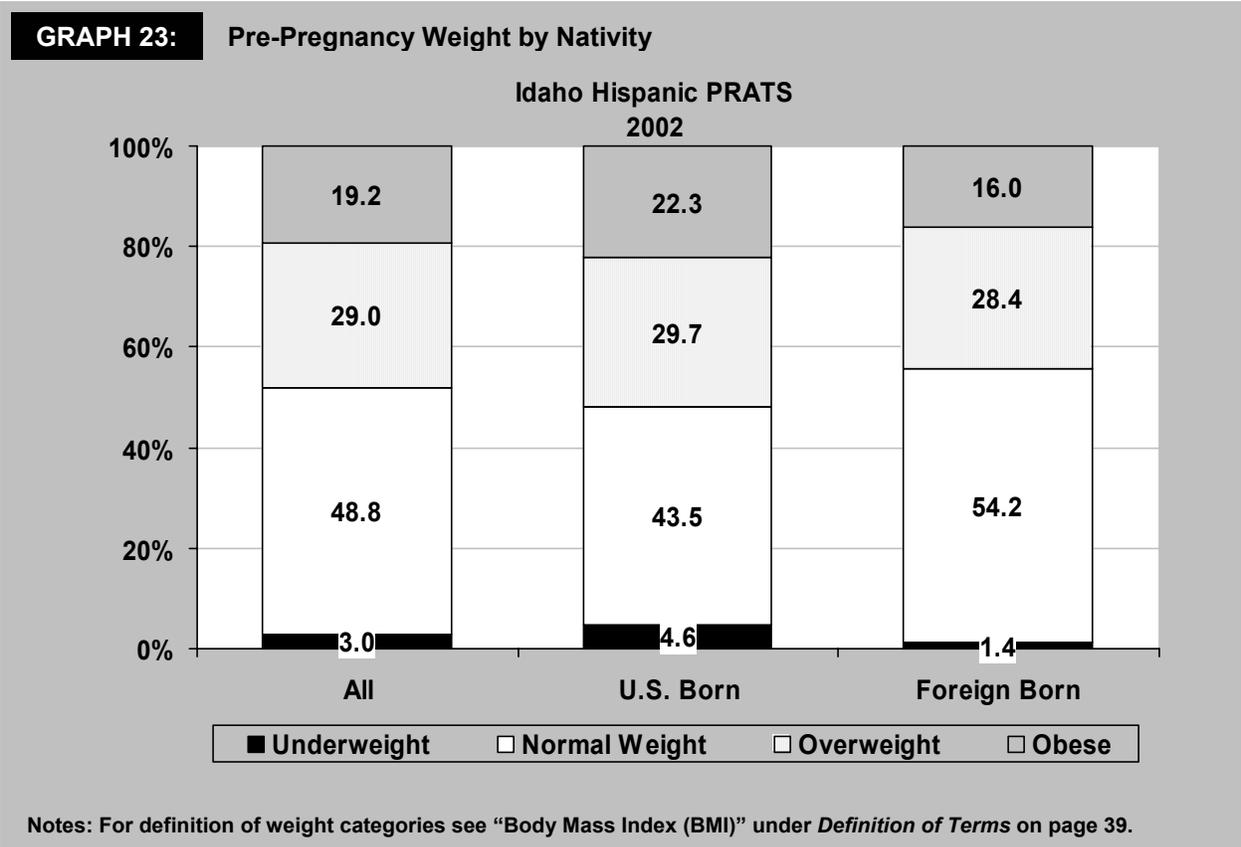
- A total of 80.0 percent of Hispanic mothers surveyed did not receive dental care during their pregnancy, compared with 60.9 percent of Non-Hispanic mothers.
- A total of 83.8 percent of foreign-born mothers surveyed did not receive dental care during pregnancy, compared with 74.4 percent of U.S.-born mothers surveyed.
- The most common reason given by Hispanic mothers for not receiving dental care during pregnancy was not having enough money or insurance to pay for the visit (58.9 percent).
- More than one quarter (29.0 percent) of Hispanic mothers did not feel that they needed to go to the dentist.

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Maternal Health

Maternal Weight

Immigrants and other populations undergoing changes in lifestyle, including diet and energy expenditure, frequently experience a transition from low to high prevalence rates of obesity¹⁶.



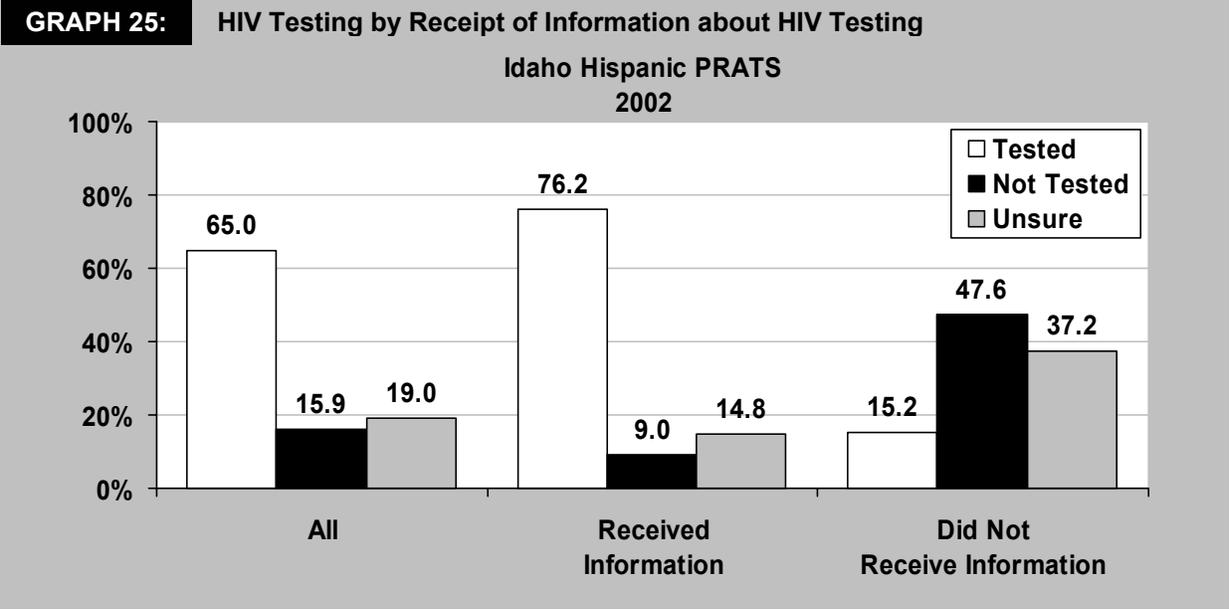
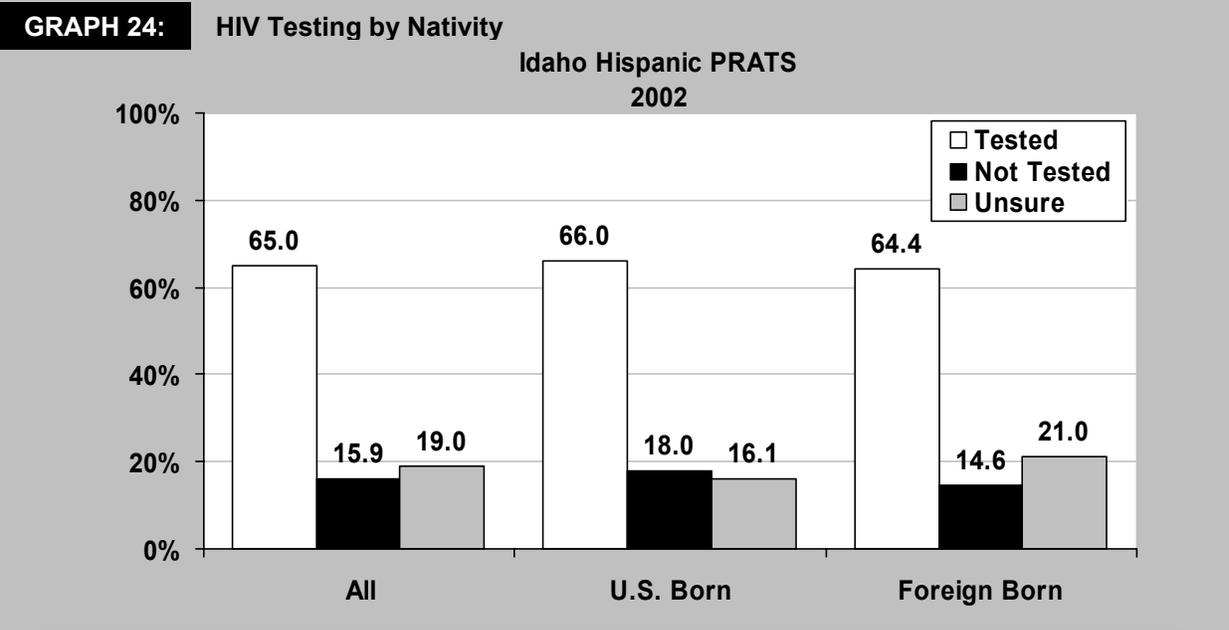
Highlights

- Among Hispanic mothers surveyed, 29.0 percent were overweight and 19.2 percent were obese.
- A total of 19.8 percent of the Non-Hispanic mothers surveyed were overweight and 18.1 percent were obese.
- There was no significant difference with regard to weight between U.S.-born and foreign-born mothers.

Maternal Health

HIV Testing

Studies have shown rates of high-risk sexual behavior, including unprotected sex and sex with multiple partners, are higher for U.S.-born Hispanic women than for their foreign-born counterparts. However, other studies have found that acculturation is associated with greater acceptance and use of condoms¹².



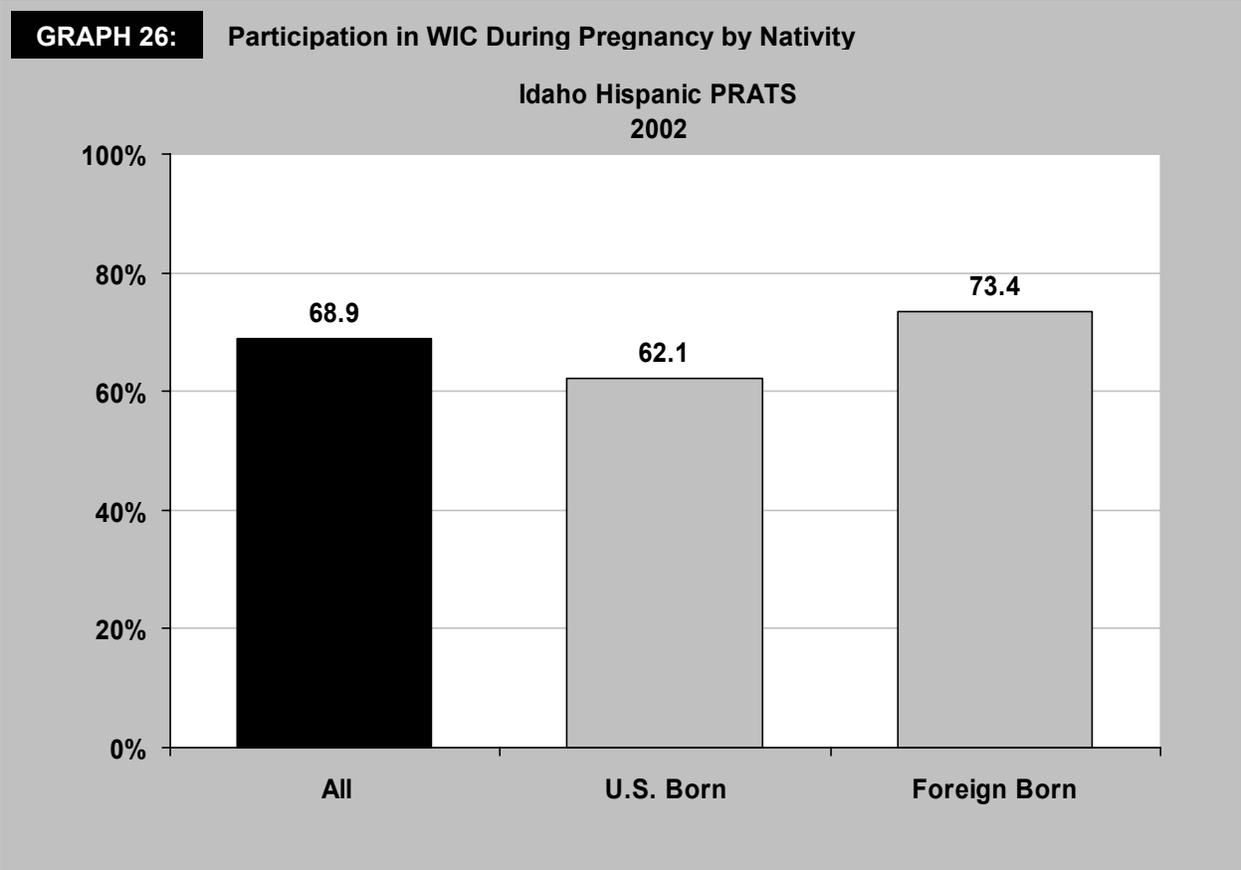
Highlights

- More than 6 out of 10 (65.0 percent) Hispanic mothers reported being tested for HIV.
- Approximately half (51.2 percent) of Non-Hispanic mothers reported being tested for HIV.
- Mothers who received information about HIV testing were more than 5 times as likely to be tested for HIV (76.2 percent) than mothers who did not receive information (15.2 percent).

Maternal Health

WIC

The WIC program (Supplemental Nutrition Program for Women, Infants, and Children) provides low income Idaho pregnant women, infants, and children under the age of five with nutrition and health information, nutritious foods, health screenings, breastfeeding information and support, community information, and help from nutrition experts.



Highlights

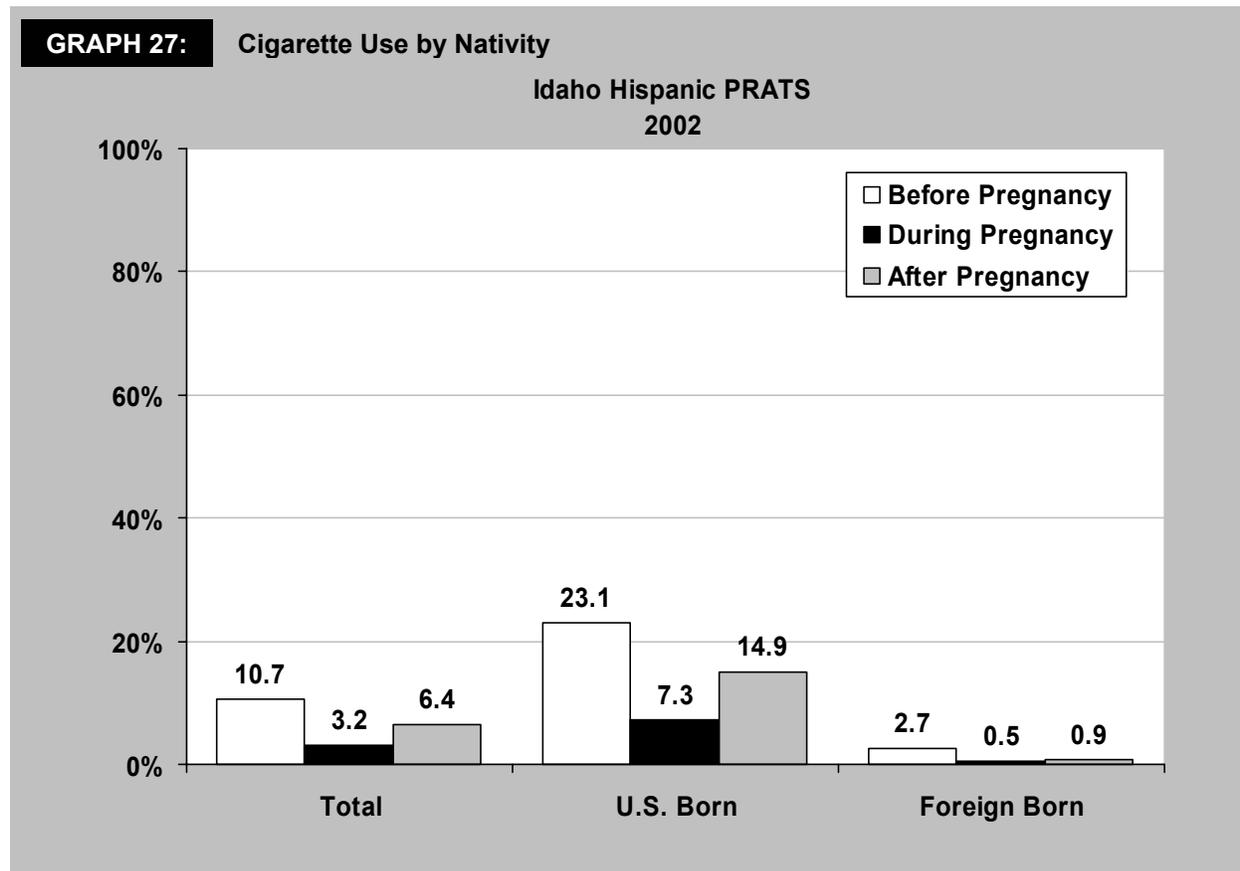
- Nearly two-thirds (68.9 percent) of Hispanic mothers participated in WIC during their pregnancy.
- Less than one-third (28.2 percent) of Non-Hispanic mothers surveyed participated in WIC during their pregnancy.
- Foreign-born mothers were significantly more likely to participate in WIC (73.4 percent) than U.S.-born mothers (62.1 percent).

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Substance Use

Cigarette Smoking

Smoking during pregnancy has been linked to fetal growth retardation, low birth weight, preterm birth, and impaired fetal airway development¹⁷. Studies also suggest that nicotine or other substances released by maternal smoking can affect the fetus so as to predispose the brain, in a critical period of its development, to the subsequent addictive influence of nicotine consumed more than a decade later in life¹⁸. Both prenatal smoking and exposure to second-hand smoke are associated with an increased risk of Sudden Infant Death Syndrome (SIDS)¹⁹. Foreign-born Hispanic mothers are less likely to use tobacco during pregnancy than U.S.-born Hispanic mothers^{5,6}.



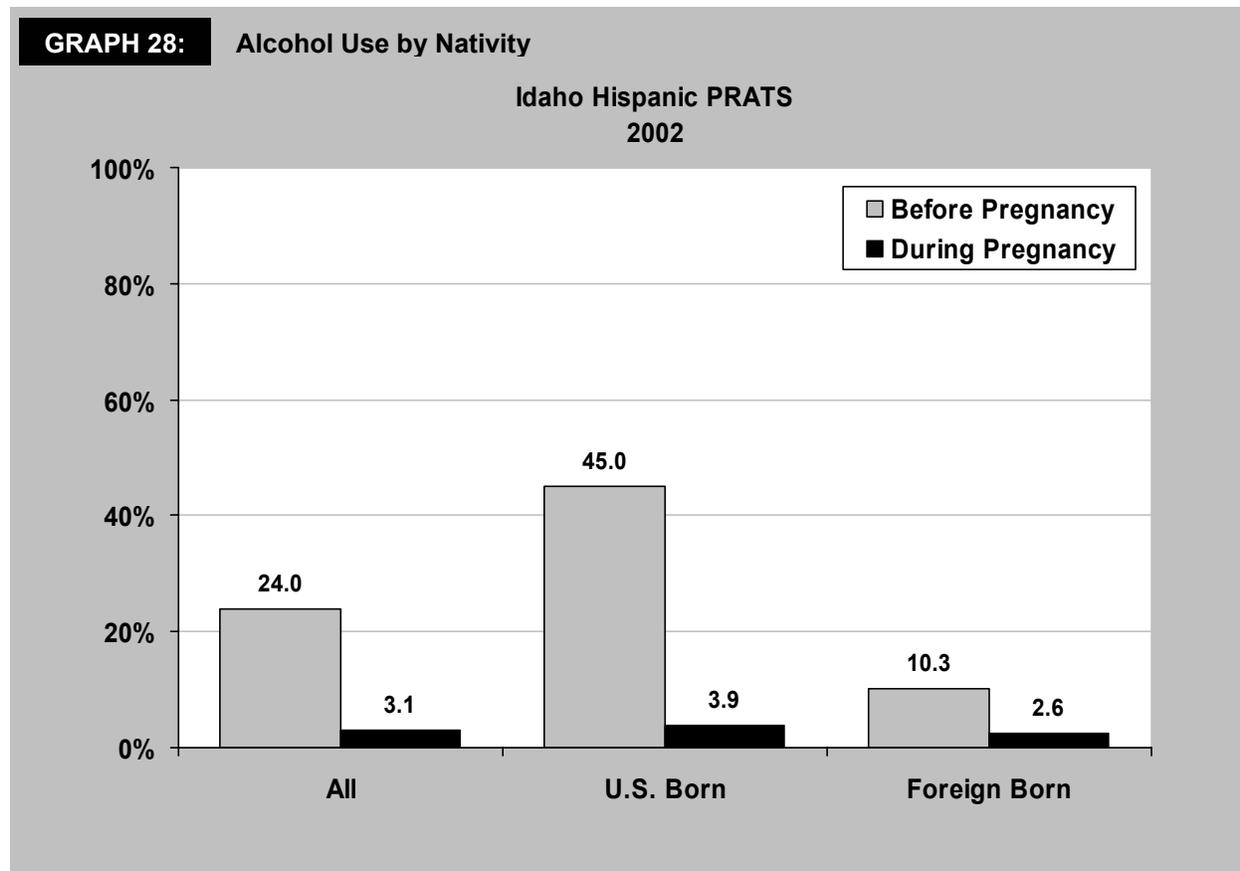
Highlights

- One in ten (10.7 percent) of Hispanic mothers reported that they smoked before they became pregnant.
- The percentage dropped to 3.2 percent during pregnancy, but rose to 6.4 percent after pregnancy.
- U.S.-born Hispanic mothers were significantly more likely to smoke cigarettes before (23.1 percent), during (7.3 percent), and after pregnancy (14.9 percent) than foreign-born mothers (2.7 percent, 0.5 percent, and 0.9 percent, respectively).

Substance Use

Alcohol Use

Even moderate alcohol consumption during pregnancy is a risk factor for, and may be a cause of, spontaneous abortion²⁰. Both moderate and high levels of alcohol intake during early pregnancy are associated with an increased risk for fetal growth retardation and congenital anomalies²¹. Foreign-born Hispanic mothers are less likely to drink alcohol during pregnancy than U.S.-born mothers^{5,6}.



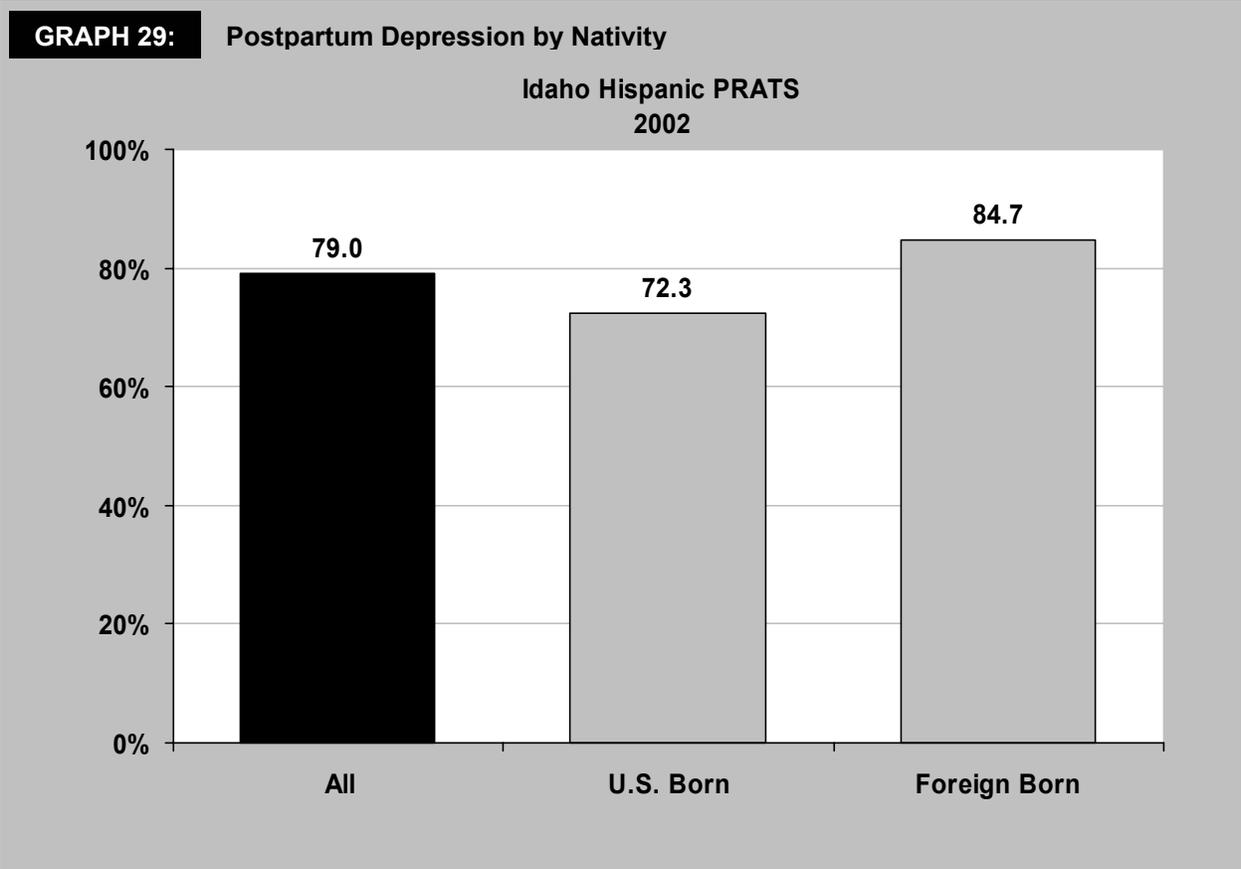
Highlights

- Among Hispanic mothers, 24.0 percent reported drinking during the three months prior to pregnancy and 3.1 percent reported drinking during the last three months of their pregnancy.
- A total of 42.6 percent of Non-Hispanic mothers surveyed reported that they drank during the three months prior to pregnancy and the proportion dropped to 3.8 percent during the last three months of pregnancy.
- Foreign-born Hispanic mothers were significantly less likely to report drinking during the three months before they became pregnant (10.3 percent) than U.S.-born Hispanic mothers (45.0 percent).
- There was no significant difference between U.S.-born and foreign-born mothers with regard to alcohol use during the last three months of their pregnancy.

Postpartum Depression

Postpartum Depression

Most women experience a period of adjustment, challenges, and demands after childbirth. For some, this results in a serious mood disorder referred to as postpartum depression²². The Postpartum Depression Screening Scale (PDSS) was developed to identify postpartum depression. PRATS utilizes a modified version of the PDSS.



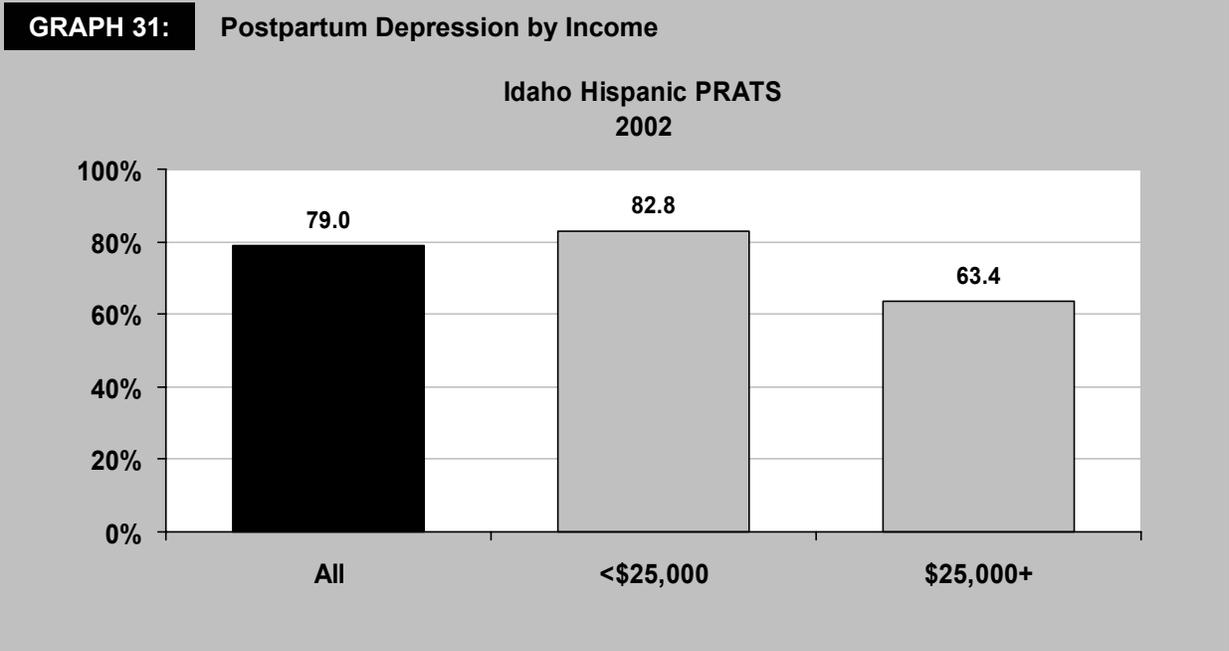
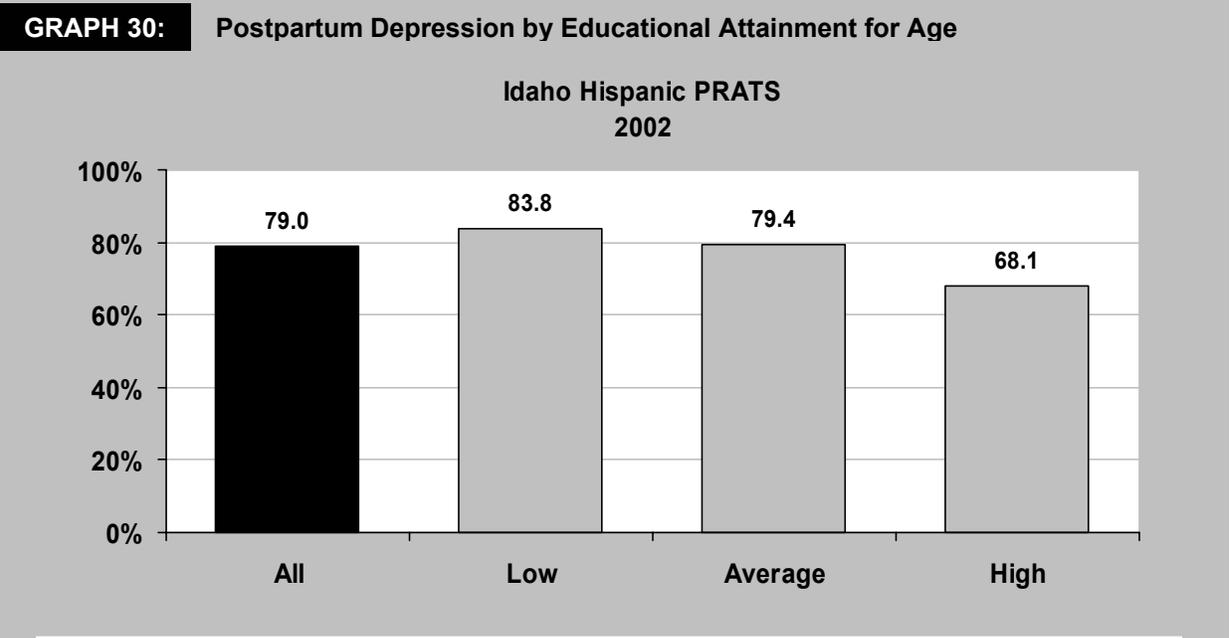
Highlights

- More than three-quarters (79.0 percent) of Hispanic mothers reported significant symptoms for postpartum depression.
- According to the survey, postpartum depression occurred in 62.9 percent of Non-Hispanic mothers.
- Foreign-born Hispanic mothers were 17.2 percent more likely to have significant symptoms for depression than U.S.-born Hispanic mothers (84.7 percent compared with 72.3 percent).

Postpartum Depression

Educational Attainment and Income

Risk factors exist among Latina women, including low educational attainment and low income, that may make them more susceptible to depression²³.



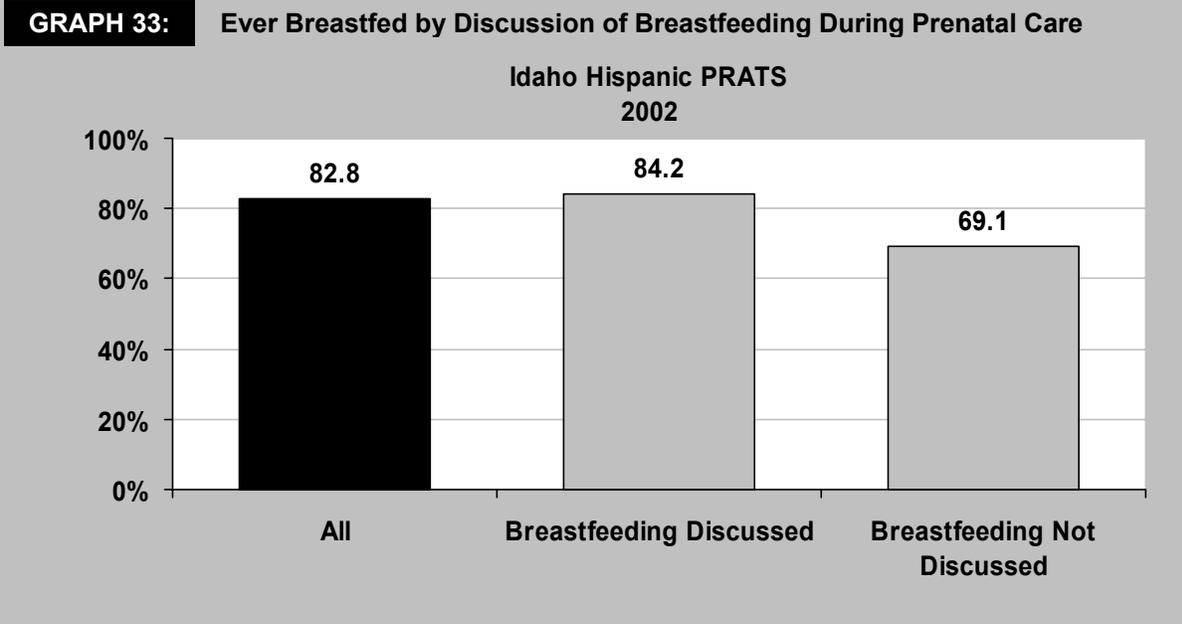
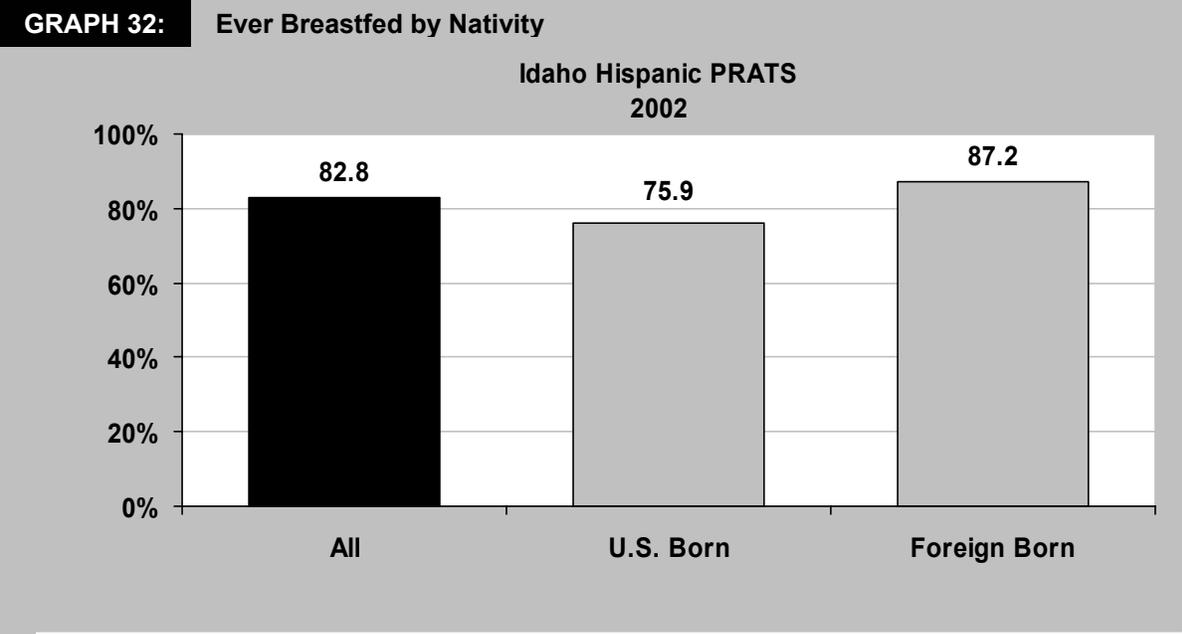
Highlights

- Hispanic mothers with low education attainment for age were more likely to report significant symptoms of postpartum depression (83.8 percent) than mothers with average (79.4 percent) or high (68.1 percent) educational attainment for age.
- Hispanic mothers with incomes less than \$25,000 a year were more likely to report significant symptoms of postpartum depression (82.8 percent) than mothers with incomes of \$25,000 or greater (63.4 percent).

Breastfeeding

Breastfeeding

Gaps in rates of breastfeeding based on age, race, and socioeconomic status remain²⁴. Hispanic mothers who were born or raised in Mexico have been found to be more likely to intend to breastfeed⁵.



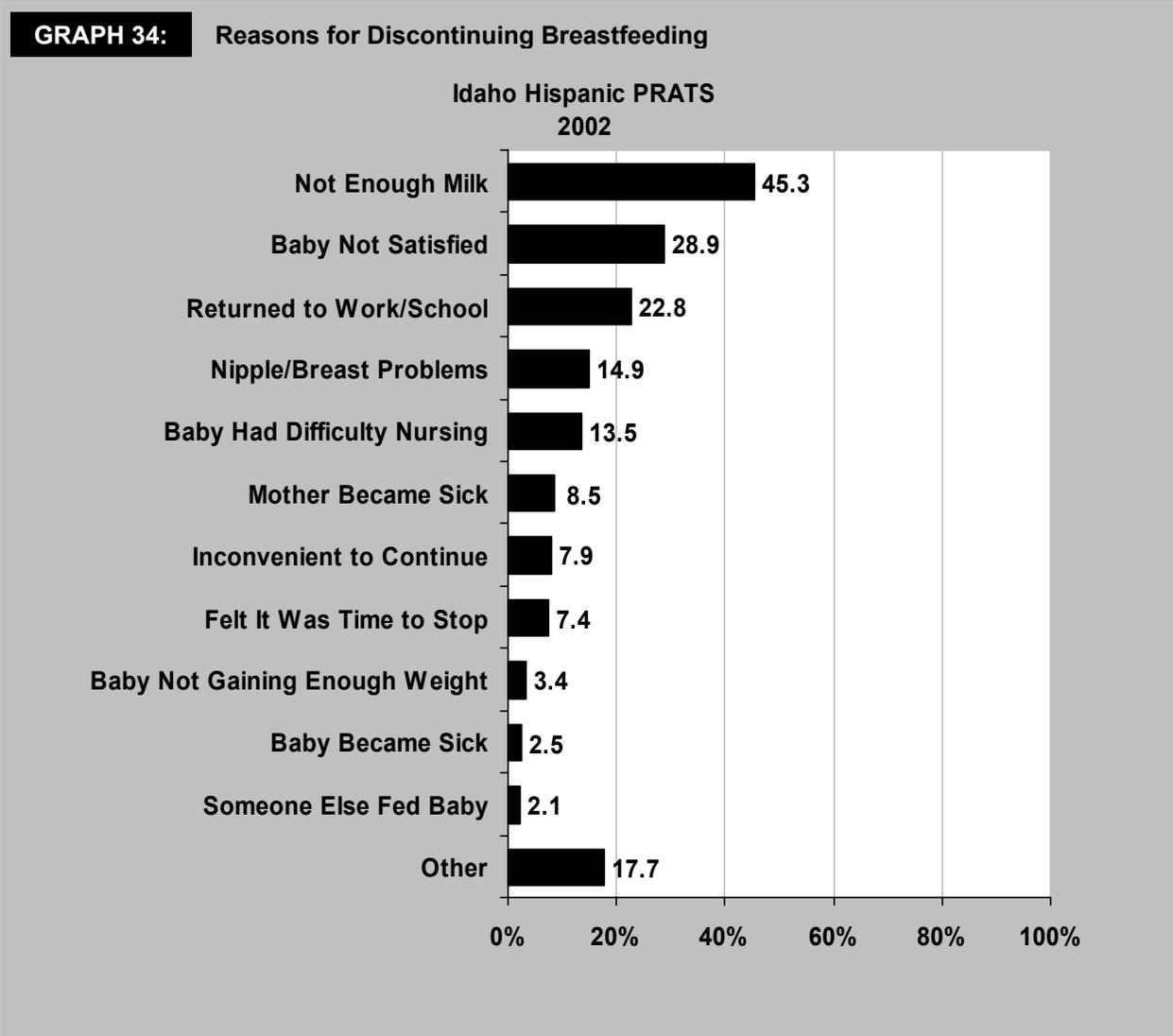
Highlights

- More than 8 out of 10 (82.8 percent) Hispanic mothers reported that they breastfed their baby.
- A total of 90.0 percent of Non-Hispanic mothers surveyed reported breastfeeding.
- Foreign-born mothers were significantly more likely to breastfeed (87.2 percent) than U.S.-born mothers (75.9 percent).
- Approximately 9 in 10 (92.1 percent) Hispanic women surveyed had a doctor, nurse, or other health care provider talk to them or give them information about the benefits of breastfeeding. These women were more likely to breastfeed (84.2 percent) than women who did not have that experience (69.1 percent).

Breastfeeding

Discontinuation of Breastfeeding

Exclusive breastfeeding for 6 months and breastfeeding with complementary foods for at least 12 months is the ideal feeding pattern for infants. Increases in initiation and duration are needed to realize the health, nutritional, immunological, psychological, economical, and environmental benefits of breastfeeding. Breastfeeding initiation rates have increased, but cultural barriers to breastfeeding, especially against breastfeeding for 6 months and longer, still exist.



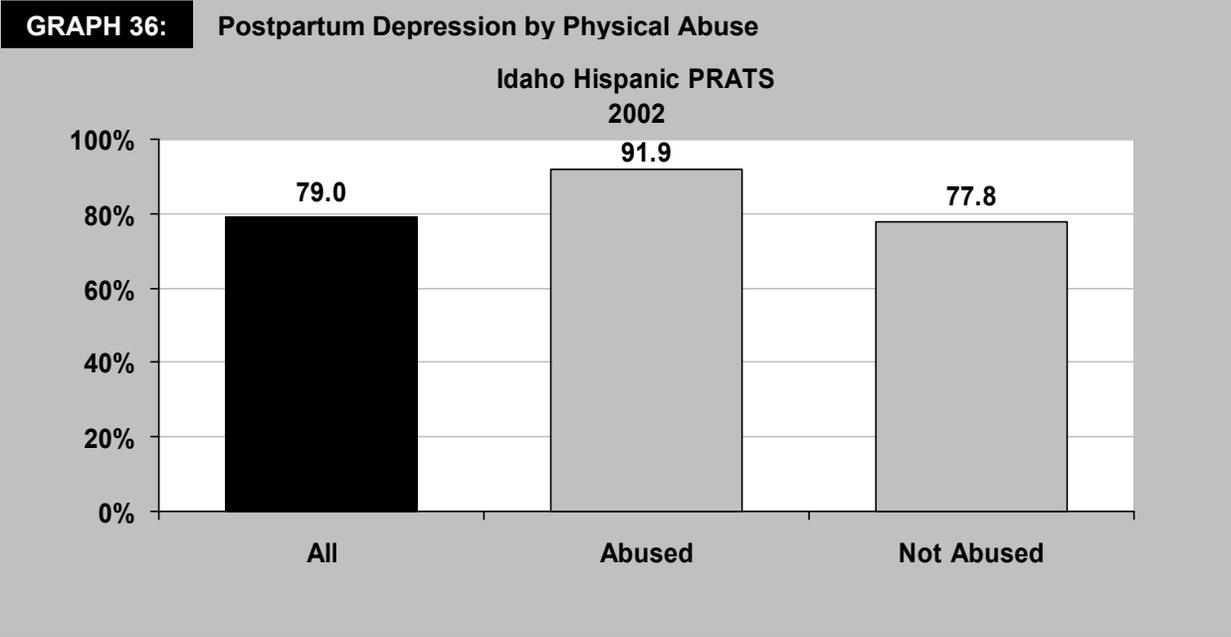
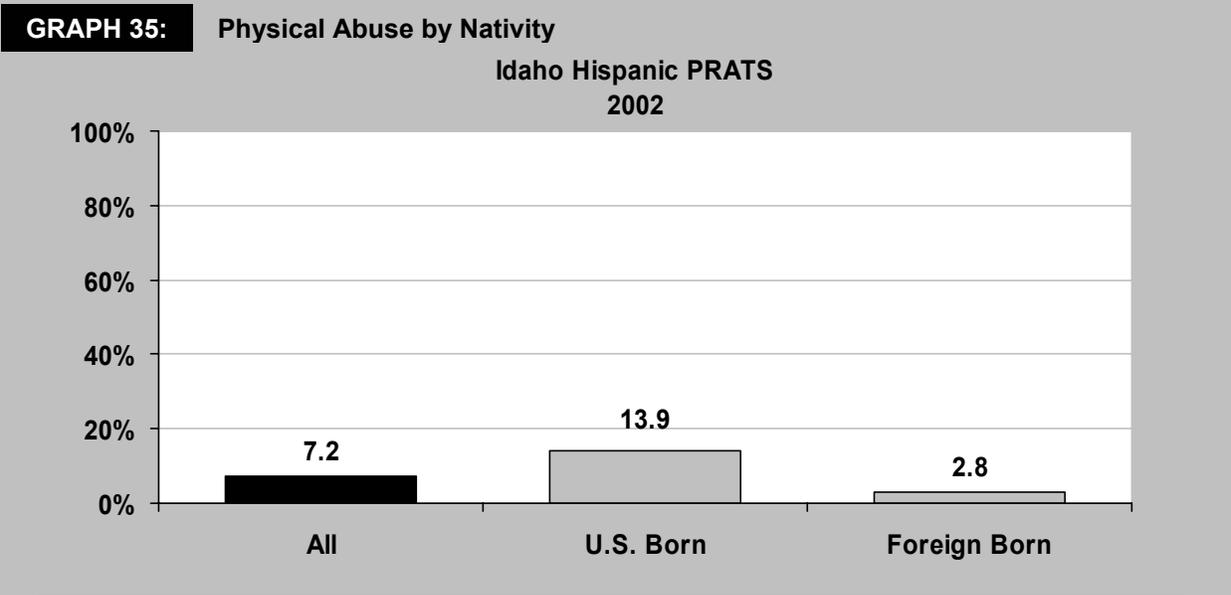
Highlights

- The most common reason given by Hispanic mothers for discontinuing breastfeeding was not having enough milk (45.3 percent).
- Other common reasons included breast milk alone not satisfying the baby (28.9 percent) and returning to work or school (22.8 percent).

Physical Abuse

Physical Abuse

Cultural studies find that foreign-born Hispanic mothers report caring and supportive family networks and Mexican immigrant fathers provide significant support during pregnancy⁵. Physical abuse is a risk factor for postpartum depression among Hispanic women²³.



Highlights

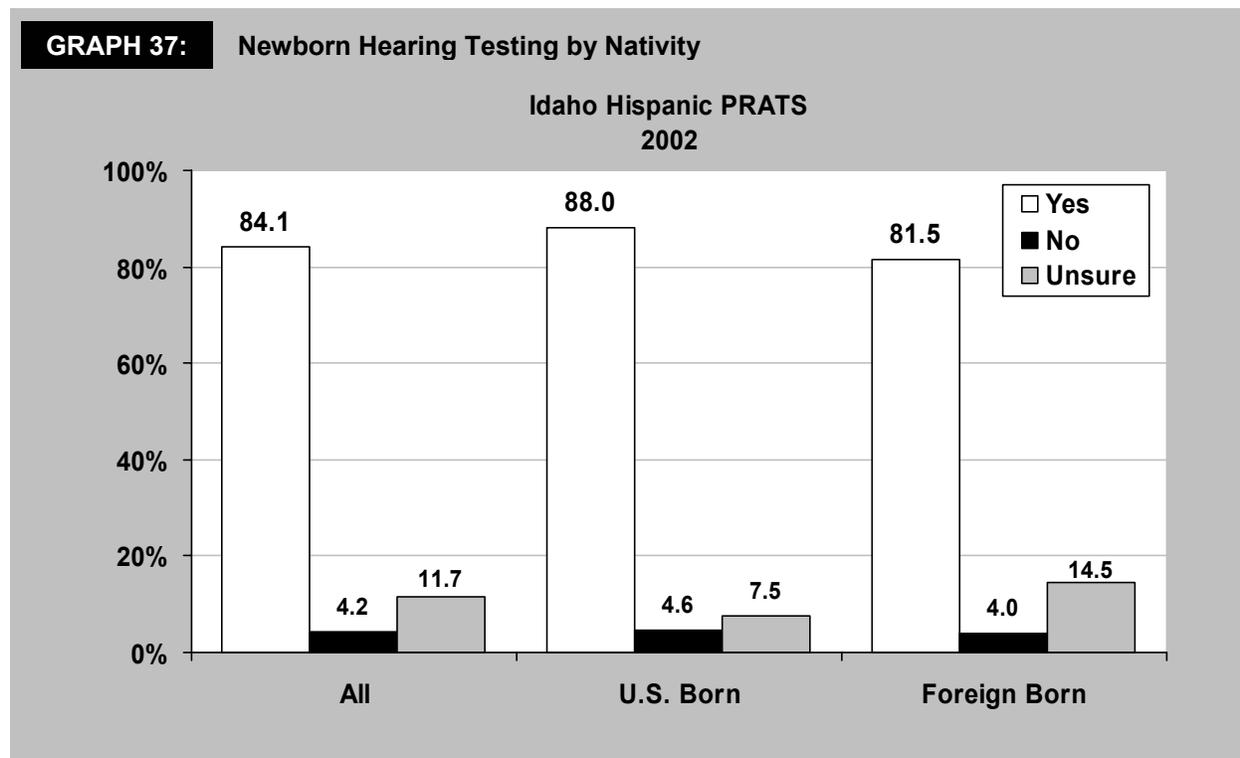
- Among Hispanic mothers, 7.2 percent reported that they were abused during their pregnancy.
- A total of 4.7 percent of Non-Hispanic mothers surveyed reported they were abused.
- Foreign-born Hispanic mothers were significantly less likely to report abuse (2.8 percent) than U.S.-born mothers (13.9 percent).
- Hispanic mothers who reported that they were abused during pregnancy were more likely to report symptoms of postpartum depression (91.9 percent) than Hispanic mothers who did not report abuse (77.8 percent).

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Infant Health and Safety

Newborn Hearing Test

Children may suffer delays in speech, language, and cognitive development if hearing loss is not identified early²⁵.



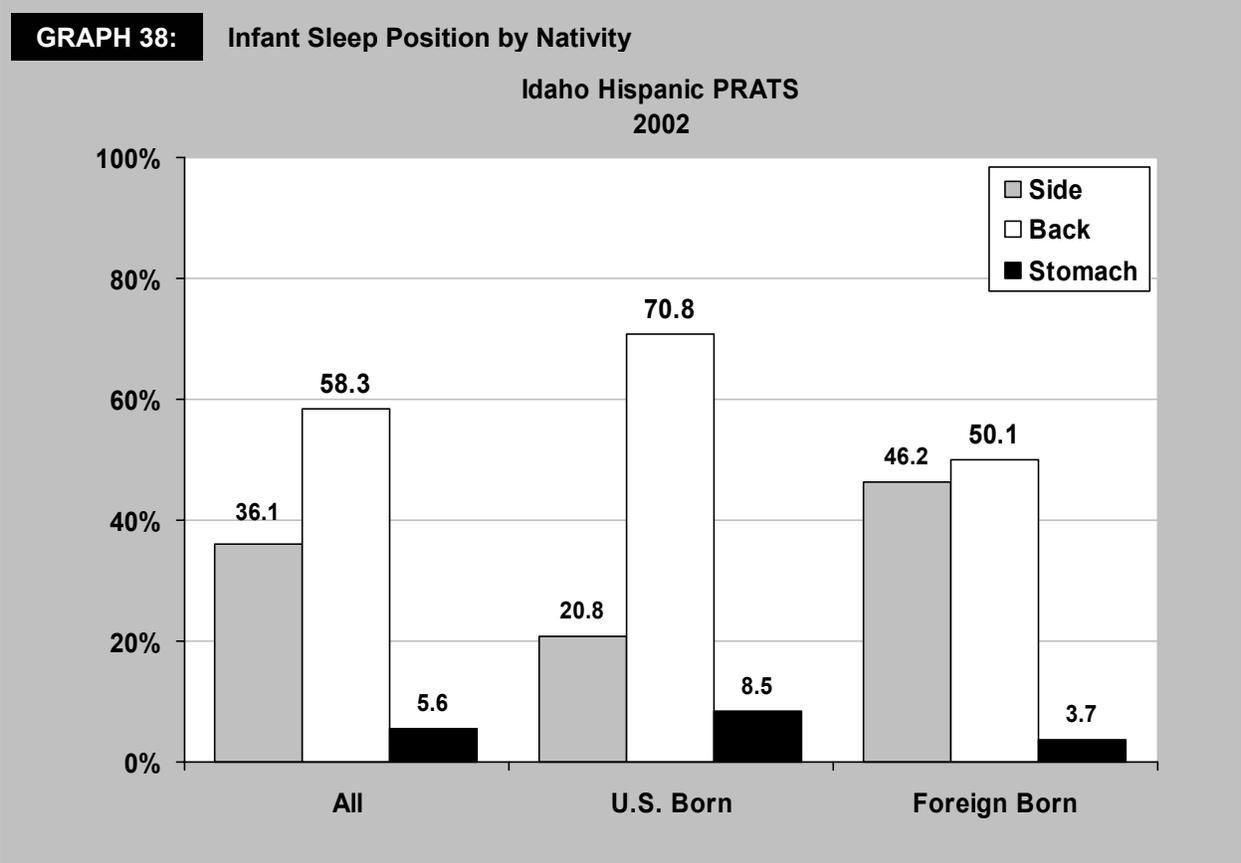
Highlights

- Among Hispanic mothers, 84.1 percent reported that their baby had his or her hearing tested.
- Newborn hearing tests were reported by 93.3 percent of Non-Hispanic mothers surveyed.
- Foreign-born mothers were more likely to be unsure as to whether their baby's hearing was tested or not (14.5 percent) than U.S.-born mothers (7.5 percent).

Infant Health and Safety

Infant Sleep Position

Since 1992, the American Academy of Pediatrics has recommended that infants be put down to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS)²⁶. The prone sleep position (laying on stomach) is considered a risk factor for SIDS.



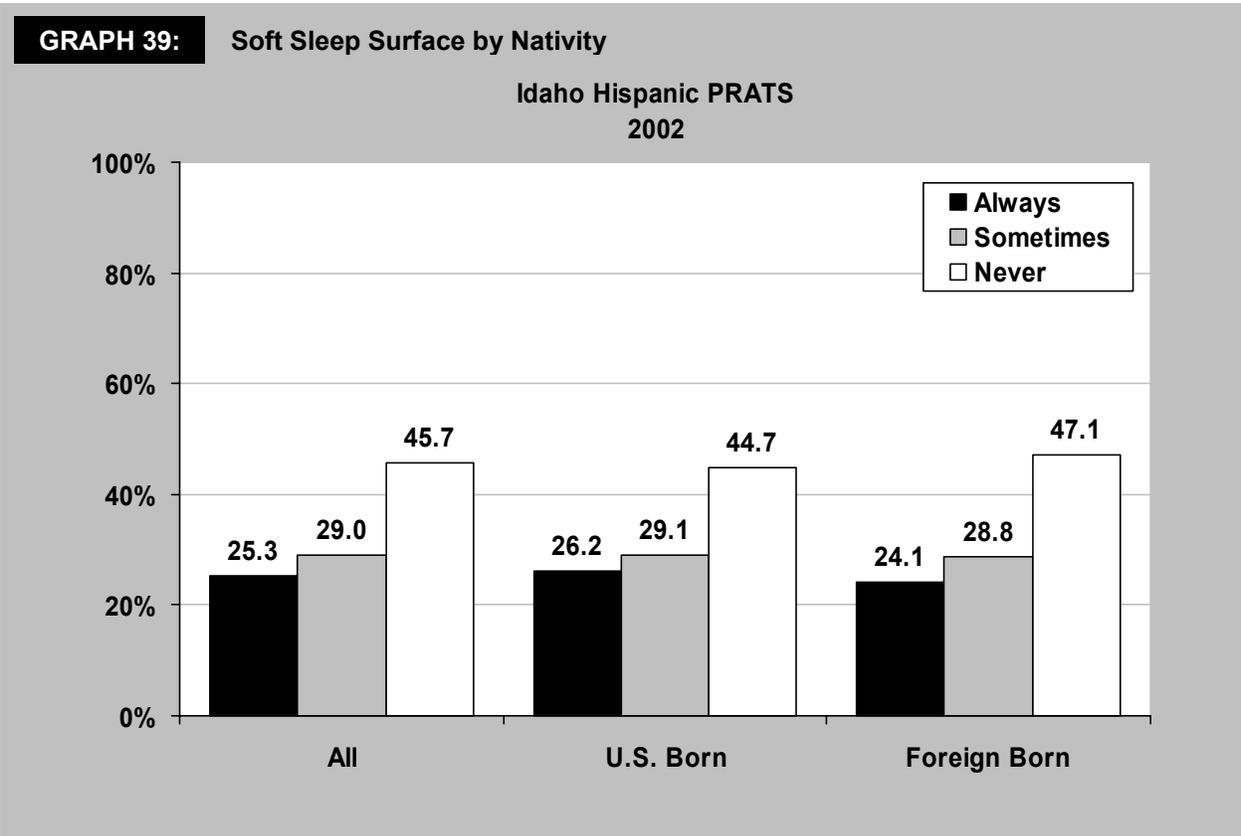
Highlights

- Among Hispanic mothers, 58.3 percent lay their baby to sleep on their backs as recommended and 5.6 percent lay their baby to sleep on their stomachs, the risk position.
- Foreign-born mothers were significantly less likely to lay their baby to sleep on their back (50.1 percent) than U.S.-born mothers (70.8 percent).

Infant Health and Safety

Infant Sleep Surface

To decrease the risk of suffocation, the National Institute of Child Health and Human Development (2003) and the U.S. Consumer Product Safety Commission warn against placing any soft, plush, or bulky items, such as pillows, quilts, comforters, sheepskins, or stuffed toys in the baby’s sleep area²⁷.



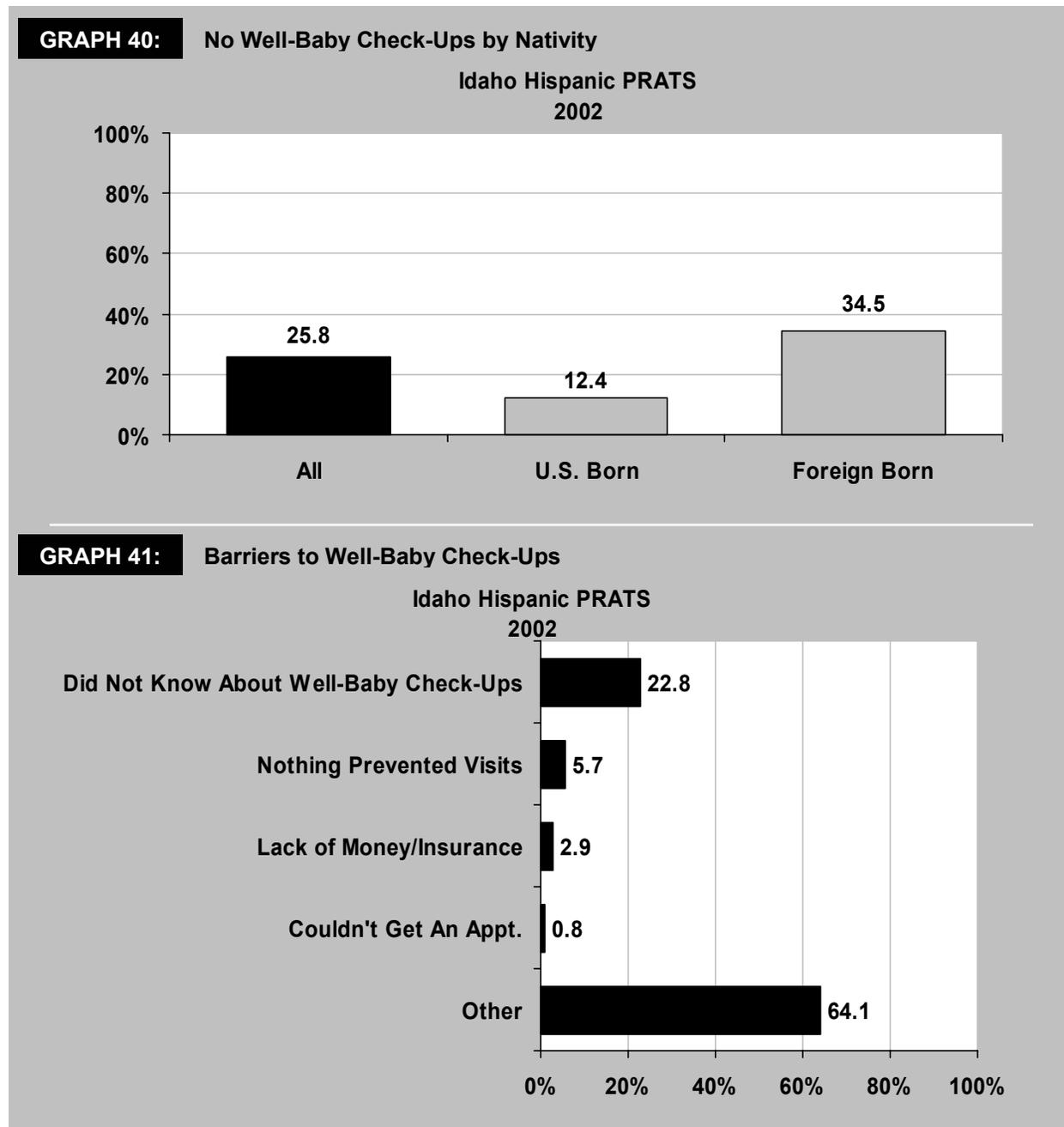
Highlights

- Among Hispanic mothers surveyed, 25.3 percent reported “Always” and 29.0 percent reported “Sometimes” laying their baby down to sleep on a soft surface.
- For Non-Hispanic mothers, 9.4 percent reported “Always” and 24.3 percent reported “Sometimes” laying their baby down to sleep on a soft surface.
- There was no significant difference between U.S.-born and foreign-born mothers with regard to sleep surface.

Infant Health and Safety

Well-Baby Check-Ups

Well-baby check-ups may include height and weight measurements, physical examinations, developmental and behavioral assessments, sleep position and nutrition counseling, immunizations, and other information or referrals as necessary. Nationally, mothers born in Mexico are less likely to have the recommended number of well-child visits⁵.



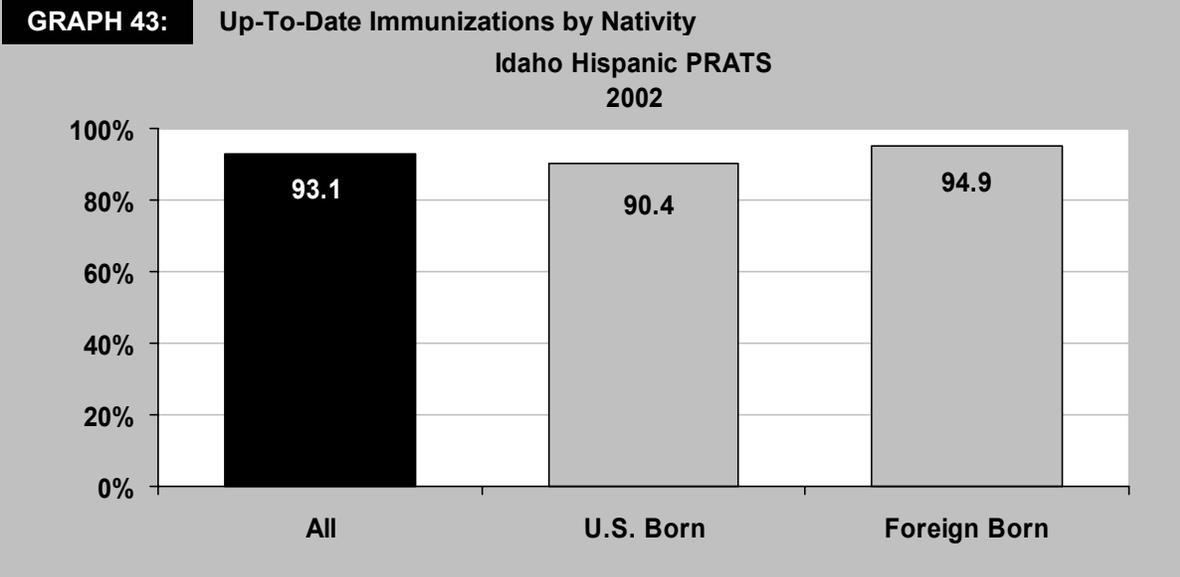
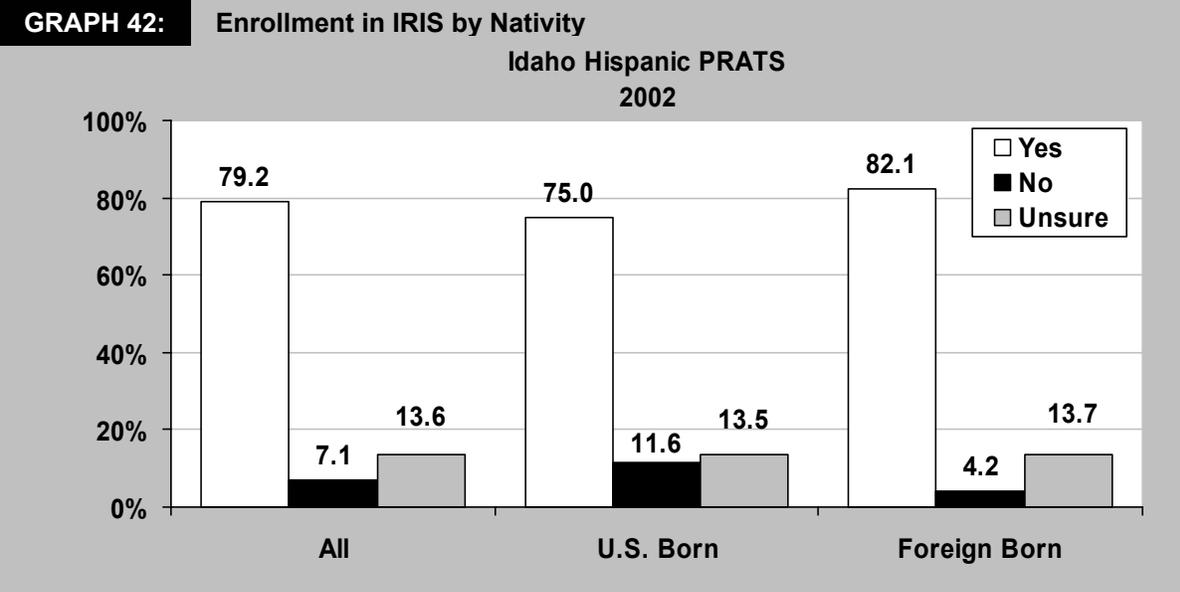
Highlights

- One-quarter (25.8 percent) of Hispanic mothers reported that their baby had not had any well-baby check-ups and 22.8 percent of Hispanic mothers reported that they did not know about well-baby check-ups.
- Foreign-born mothers were significantly more likely to report that their baby had not had any well-baby check-ups (34.5 percent) than U.S.-born mothers (12.4 percent).

Infant Health and Safety

Immunizations

Immunizations prevent serious infections that can cause disease, disability, and death. Idaho’s Immunization Reminder Information System (IRIS) is a statewide computer-based system that keeps track of immunization records.



Highlights

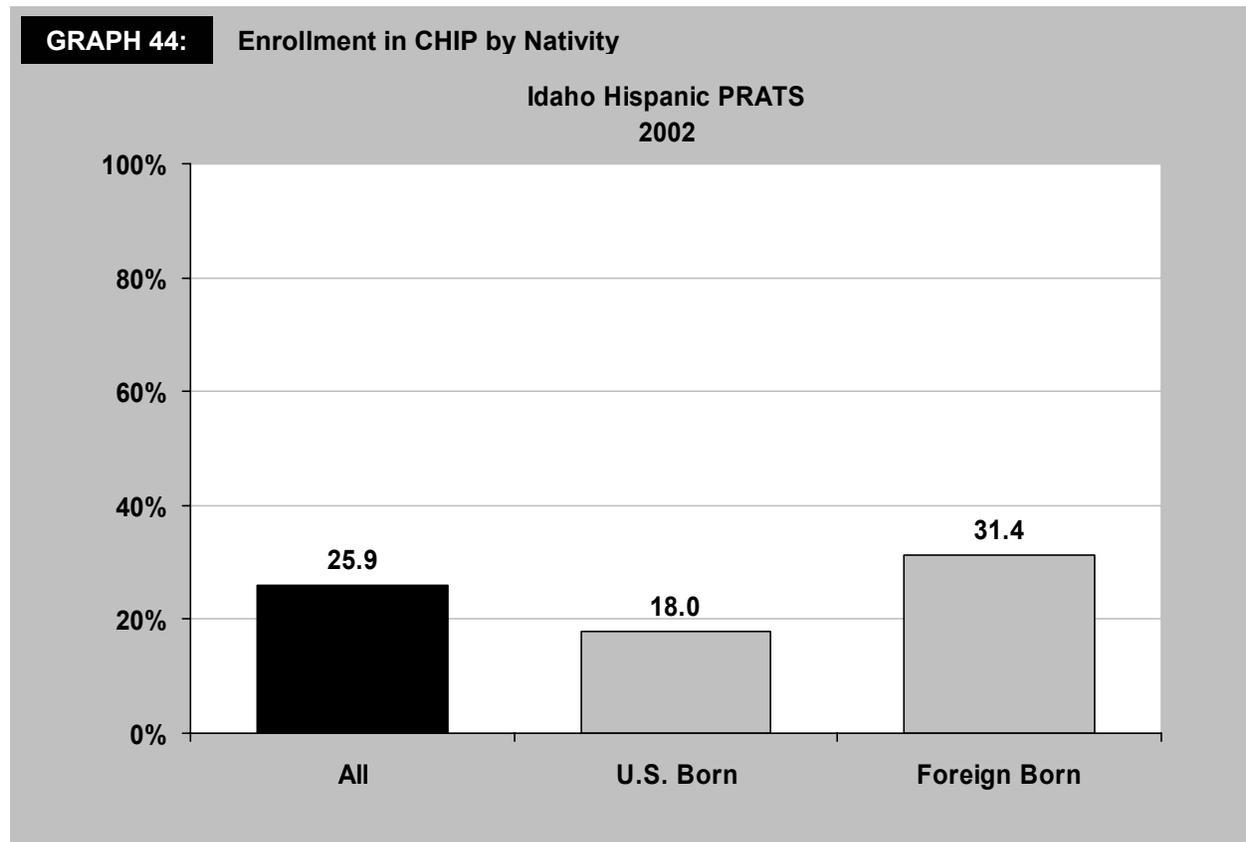
- More than three-quarters (79.2 percent) of Hispanic mothers had enrolled their baby in IRIS.
- Foreign-born mothers were more likely to have their baby enrolled in IRIS (82.1 percent) than U.S.-born mothers (75.0 percent).
- Nearly all (93.1 percent) Hispanic mothers reported that their baby’s immunizations were up-to-date.
- There was no significant difference between U.S.-born and foreign-born mothers with regard to having their baby’s immunizations up-to-date.
- 76.2 percent of Non-Hispanic mothers reported that their baby was enrolled in IRIS and 89.4 percent reported that their baby’s immunizations were up-to-date.

Infant Health and Safety

Children's Health Insurance

Idaho's Children's Health Insurance Program (CHIP) provides health care coverage for children not eligible for Medicaid. These are children of families with incomes between 133% and 150% of poverty guidelines.

GRAPH 44: Enrollment in CHIP by Nativity



Highlights

- One-quarter (25.9 percent) of Hispanic mothers enrolled their baby in Idaho's Children's Health Insurance Program (CHIP).
- A total of 13.7 percent of Non-Hispanic mothers surveyed reported that their baby was enrolled in CHIP.
- Foreign-born mothers were significantly more likely to enroll their baby in CHIP (31.4 percent) than U.S.-born mothers (18.0 percent).

Definition of Terms

AGE OF MOTHER:

Age of mother at time of delivery. It is a calculated field based on mother's date of birth and birth date of infant.

BIRTH WEIGHT:

Very low birth weight live birth: live birth weight of less than 1,500 grams (3 pounds 4 ounces or less).

Low birth weight live birth: live birth weight of less than 2,500 grams (5 pounds 8 ounces or less).

Normal birth weight live birth: live birth weight of 2,500 grams or more (5 pounds 9 ounces or more).

Low birth weight rate: number of low birth weight live births per 100 live births.

BODY MASS INDEX (BMI):

BMI is defined as weight in kilograms divided by the square of height in meters. Underweight is defined as a BMI less than 18.5; normal weight is defined as a BMI of 18.5 to 24.9; overweight is defined as a BMI of 25.0 to 29.9; obese is defined as a BMI of 30.0 or higher.

EDUCATIONAL ATTAINMENT FOR AGE OF MOTHER:

Low educational attainment for age: two or more years below expected grade level for females aged 17 years or younger; less than 12 years of education for females aged 18 years or older. **Average educational attainment for age:** within one year of expected grade level for females aged 17 years or younger; 12 years of education for females aged 18 years or older. **High educational attainment for age:** two or more years above expected grade level or females aged 17 years or younger; 13 or more years of education for females aged 18 years or older.

MOTHER'S AGE	EXPECTED EDUCATION LEVEL	MOTHER'S AGE	EXPECTED EDUCATION LEVEL
10	4	15	9
11	5	16	10
12	6	17	11
13	7	18+	12
14	8		

ETHNICITY OF MOTHER:

Mother's ethnicity is based on the "mother of Hispanic origin" question on the birth certificate.

MARITAL STATUS OF MOTHER:

Marital status indicates whether the mother was married at the time of conception, at the time of delivery, or at any time between conception and delivery. The marital status field must be completed on the Idaho Certificate of Live Birth.

POPULATION DENSITY:

Urban: Counties with a population center of 20,000 or more.

Rural: Counties with ≥ 6.0 persons per square mile.

Frontier: Counties with < 6.0 persons per square mile.

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