

NORTH CAROLINA PRAMS FACT SHEET

October 2010



North Carolina Latina Maternal Health

2004–2007 N.C. Pregnancy Risk Assessment Monitoring System (PRAMS)

North Carolina has a sizable Latino population. Since 1990, the size of the Latino population has more than quadrupled in the state. According to 2007 estimates, North Carolina's resident Latino population was 637,379; representing approximately 7 percent of the state's population. Over half (52%) of the Latino population falls in the childbearing ages of 15 to 44, compared with only 41 percent of the non-Latino residents of the state.¹ Births to Latina mothers have also risen substantially during this time period. In 1990, Latinos accounted for less than 2 percent (1.68%) of all resident births. By 2007, Latinos comprised approximately 17 percent of all North Carolina resident births. The overall birth rate per 1,000 for Latina mothers ages 15–44 in North Carolina in 2007 was 167.5, compared with a rate of 62.2 for non-Latina women.² Despite the dramatic rise in births, the reproductive health of Latinas is largely understudied in North Carolina. In this report, we examine North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2004–2007 to better understand the maternal health of Latina mothers in the state.

Barriers

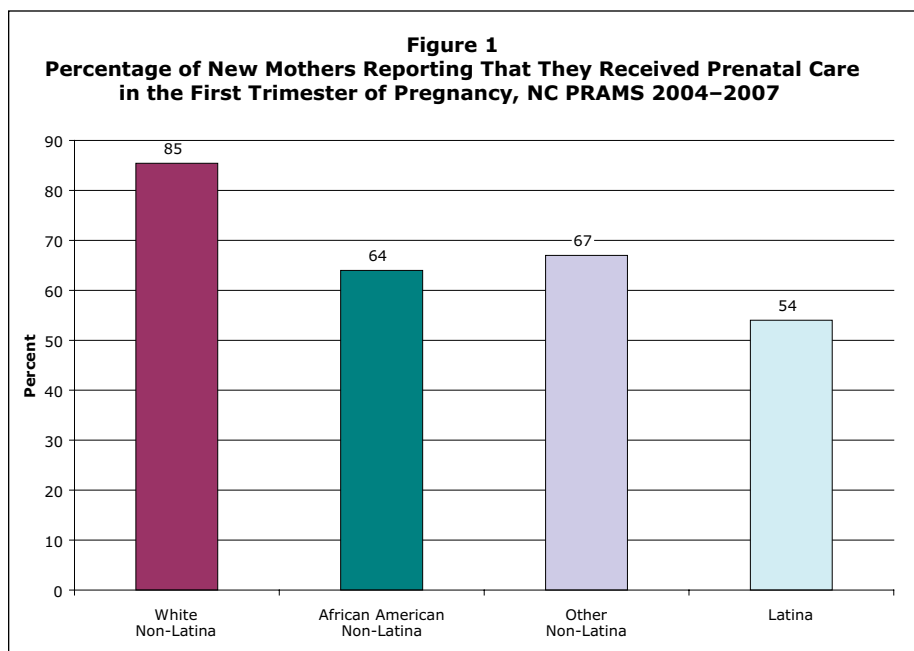
Barriers may keep women from accessing prenatal care as early and as often as they would like in pregnancy. Overall, 38 percent of mothers reported at least one barrier to obtaining prenatal care. Latina mothers were significantly more likely to report at least one barrier compared with other race/ethnicity groups (63% vs. 33%), Latina mothers were also more likely to report two or more barriers compared to other race/ethnicity groups (48% vs. 26%). A variety of barriers to prenatal care were reported by Latina mothers. Approximately one-third of Latina women reported not having enough money or insurance to pay for prenatal care visits, lack of transportation, or that they were unable to get an appointment when they wanted one. About 20 percent of Latina women reported that they did not receive prenatal care because they did not have a Medicaid card, their doctor/health plan would not start care as early as they wished, they wanted to keep their pregnancy a secret, they couldn't take time off of work, or they had no one to take care of their other children.

Prenatal Care

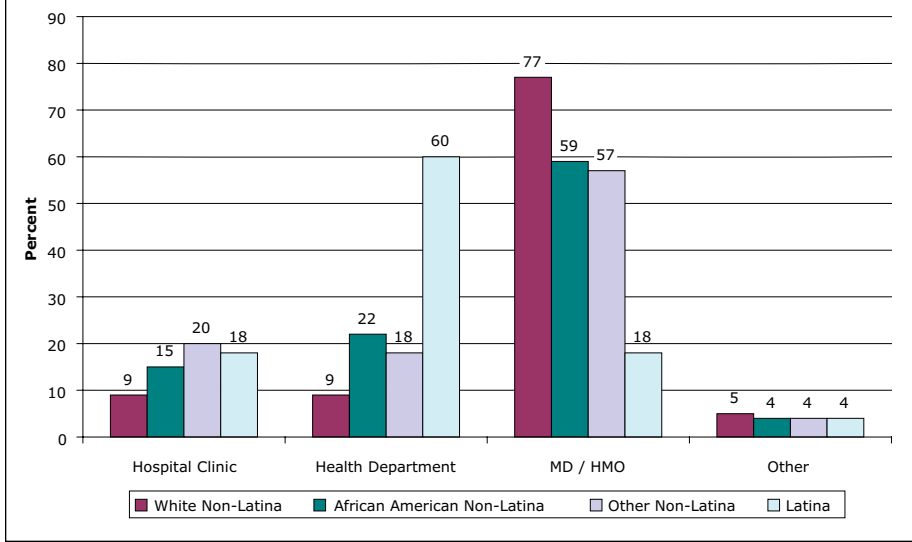
Timing

Access to early prenatal care is important for good birth outcomes.³ According to 2004–2007 North Carolina PRAMS data (see Figure 1), Latina mothers of all ages were less likely than other race/ethnicity groups to receive prenatal care during the first trimester of their pregnancy. In general, only 54 percent of Latina mothers began prenatal care in the first trimester compared to 85 percent of non-Latina white mothers, 64 percent of non-Latina African-American mothers, and 67 percent other non-Latina mothers.

Latina mothers (22%) were also more likely to report that they did not receive prenatal care as early as they would have liked compared to non-Latina white mothers (15%).



**Figure 2
Reported Source of Prenatal Care,
NC PRAMS 2004–2007**



Provider

Figure 2 shows the majority of Latina women (60%) reported that they received prenatal care from a health department clinic, compared to only 22 percent of non-Latina African-American mothers, 18 percent of other non-Latina mothers and 9 percent of non-Latina white mothers. In contrast, the majority of non-Latina white (77%), non-Latina African-American (59%) and other non-Latina (57%) women reported that they went to a private doctor or HMO clinic for prenatal care, compared to only 18 percent of Latina women. Latina women (18%) were also more likely to receive prenatal care from a hospital clinic compared to non-Latina African-American (15%) and non-Latina white (9%) women.

Medicaid and WIC status

Medicaid offers expanded coverage for prenatal care and delivery expenses for women up to 185 percent of the federal poverty level (see Figure 3). While nearly one in three non-Latina African-American mothers reported that they were enrolled in the Medicaid program prior to pregnancy (30%), less than 10 percent of Latina mothers reported being on Medicaid before they became pregnant (7%). However, about 40 percent of Latina mothers reported that their prenatal care was paid for by Medicaid, likely as a result of expanded Medicaid eligibility for pregnant women. This figure is comparable to the Medicaid prenatal care coverage for non-Latina whites (35%) and other races (41%), but is significantly smaller than

the Medicaid prenatal care coverage rate for non-Latina African-American mothers (70%). Some women do not apply for Medicaid until delivery. According to self-report, Medicaid paid for delivery services for the majority of Latinas (82%) and non-Latina African-Americans (73%), compared to 37 percent of non-Latina whites and 46 percent other non-Latina mothers.

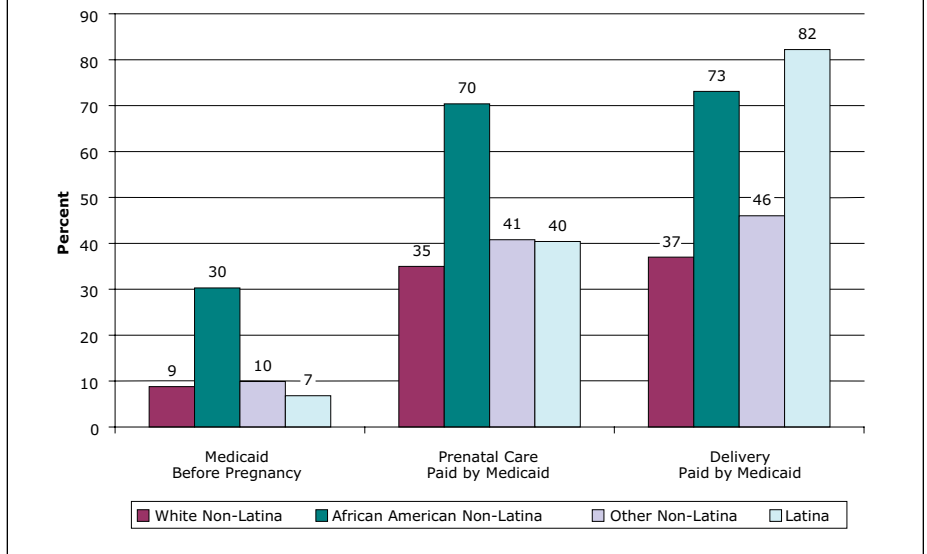
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program that provides food to low-income pregnant, postpartum, and breastfeeding women. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. Sixty-eight percent of both Latina and non-Latina African-American mothers were enrolled in WIC during their most recent

pregnancy, compared to 44 percent of other non-Latina and 33 percent of non-Latina white mothers.

Prenatal health education

Women reported whether a doctor, nurse, or other health care worker talked with them during any prenatal care visit about a number of topics. Latinas were more likely than other race/ethnicity groups to report being counseled on: getting tested for HIV (90% vs. 84%); how drinking alcohol (78% vs. 75%) or using illegal drugs (75% vs. 68%) during pregnancy could affect their baby; seat belt use during pregnancy (62% vs. 52%); and physical abuse to women by their husband/partner

**Figure 3
Reported Medicaid Enrollment,
NC PRAMS 2004–2007**



(75% vs. 54%). Latinas were less likely than other race/ethnicity groups to report being counseled on: doing tests to screen for birth defects or disease that run in their family (86% vs. 90%); medicines that are safe to take during pregnancy (84% vs. 92%); postpartum depression (63% vs. 76%); and Beta Strep (50% vs. 86%). Latinas were more likely than non-Latinas to report that they were counseled on emotional abuse (57% vs. 51%) and the benefits of breastfeeding (88% vs. 86%).

Life Events During Pregnancy

Stress

The PRAMS Survey asks new mothers whether they experienced any of 13 stressful life events during the 12 months prior to delivery. Latina women were more likely than other race/ethnicity groups to report that they were homeless (17% vs. 2%) and were somewhat more likely to report that they lost their job even though they wanted to keep working (14% vs. 10%). Latina women were less likely than other race/ethnicity groups to report: they argued more often with husband/partner (20% vs. 27%); a close family member was very sick and had to go into the hospital (13% vs. 27%); someone very close to them had died (12% vs. 19%); or that someone very close to them had a bad problem with drinking or drugs (7% vs. 14%).

Treatment based on race

Latinas were more likely to report feeling emotionally upset as a result of how they were treated based on their race during the 12 months before the birth of their baby. More than one in five (22%) of Latina mothers reported emotional upset due to perceived racism, compared to 18 percent of non-Latina African American and only 9 percent of other non-Latina and 4 percent of non-Latina whites.

Preconception Health Indicators

Insurance status and income

Latina mothers were more likely than other race/ethnicity groups to be uninsured prior to their pregnancy. The majority of Latina mothers reported that they had no health insurance before pregnancy (80%) compared to 31 percent of whites, 58 percent of African Americans, and 44 percent of non-Latinas of other races. Figure 4 shows the majority of Latina mothers reported an income of less than \$15,000 per year (61%) compared to 49 percent of African Americans, 31 percent of other non-Latina, and only 18 percent of whites. Only 6 percent of Latinas and 12 percent of African American mothers reported that their income was \$50,000 or more compared to 28 percent of other non-Latina and 45 percent of non-Latina whites.

Unintended pregnancy

Although Latinas have the highest overall pregnancy rate among all race and ethnicity groups,⁴ non-Latina African-American mothers were more likely to report that their most recent pregnancy was unintended (62%) compared to Latina mothers (43%).

Smoking

Cigarette smoking increases the risk for preterm delivery, low birth weight, and Sudden Infant Death Syndrome (SIDS).⁵ The rate of smoking before pregnancy was much lower for Latina women (5%) than for both non-Latina white and African-American women (30% and 22%, respectively).

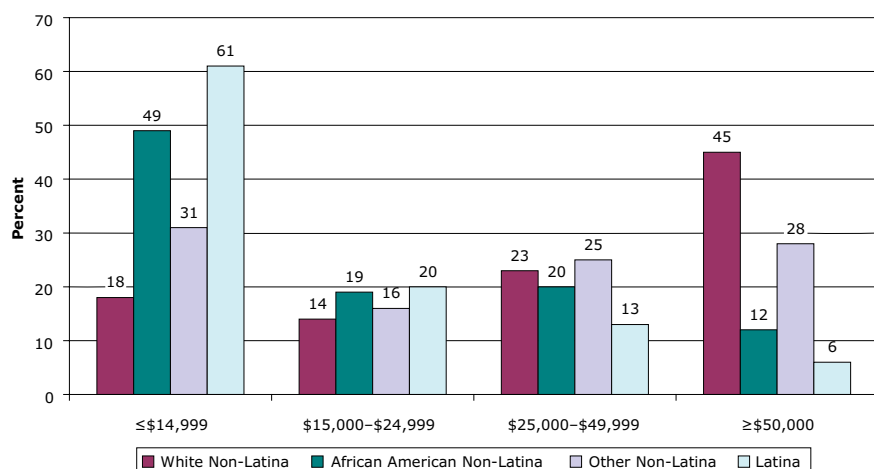
Physical activity

The PRAMS survey asks new mothers about their exercise before pregnancy. According to self-report, 51 percent of non-Latina white women, 41 percent of non-Latina African American, and 40 percent of Latinas were physically active prior to pregnancy, exercising one to four times a week.

Multi-vitamin use

Women who take multivitamins before becoming pregnant are less likely to give birth to premature babies and babies with certain birth defects.⁶ The majority of Latina mothers reported that they did not take a multivitamin in the month prior to becoming pregnant. Seventy percent of Latina and 68 percent of non-Latina African-American mothers reported that they did not take a multivitamin prior to becoming pregnant, compared with 49 percent of non-Latina white mothers.

Figure 4
Reported Household Income 12 Months Prior to Pregnancy,
NC PRAMS 2004–2007



Birth Outcomes

Preterm and low birthweight

According to new mothers responding to the PRAMS survey, approximately 11 percent of Latina mothers gave birth to premature babies previously compared with 12 percent of non-Latina white mothers and 15 percent of non-Latina African-American mothers. The rate of low birth weight babies among Latinas was 5 percent while this rate was 11 percent among non-Latina African Americans.

Postpartum Behaviors

Return to work

Figure 5 shows Latina women were less likely to report that they returned to work or school within two months of giving birth compared to other race/ethnicity groups. Only 30 percent of Latina mothers reported that they returned to work or school compared to 67 percent of non-Latina African-American, 55 percent of other non-Latina, and 51 percent of non-Latina white mothers. Among mothers who returned to work or school shortly after delivery, on average, Latina mothers returned when their baby was about 10.5 weeks old, compared to 9.5 weeks for mothers of other race/ethnicity groups.

Breastfeeding initiation

Latina mothers were more likely to report that they initiated breastfeeding compared to other race/ethnicity groups.

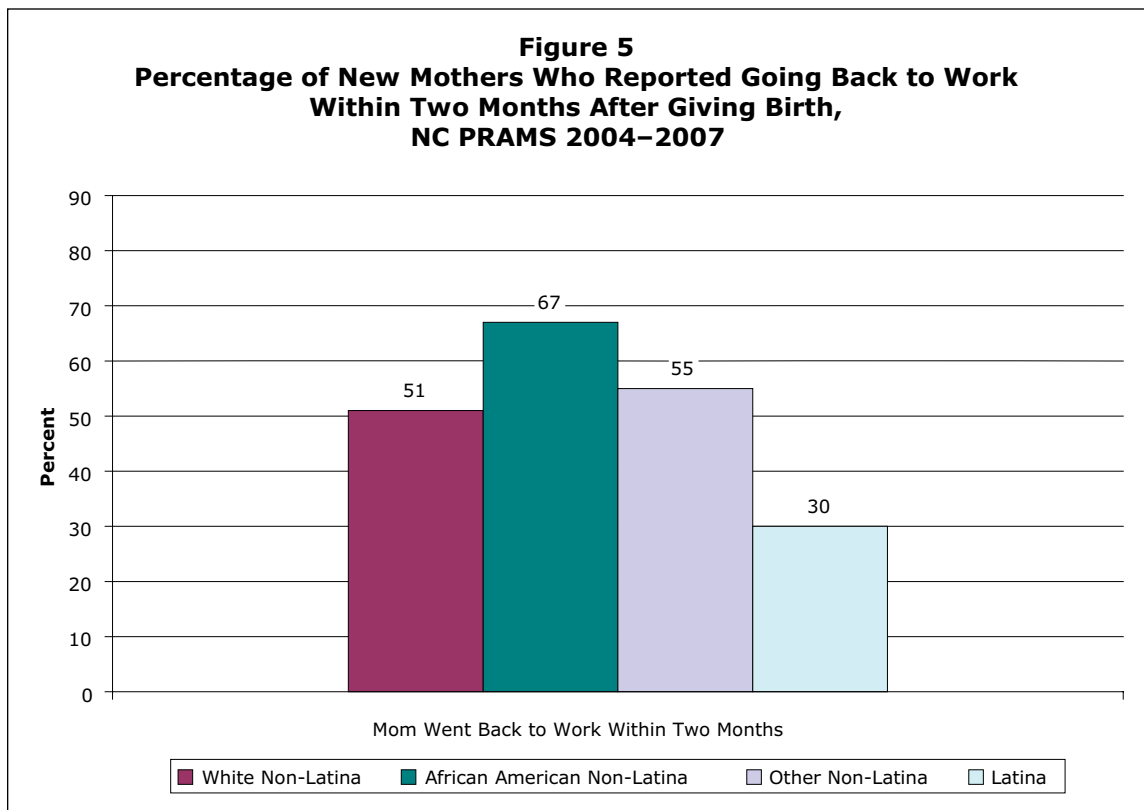
Eighty-seven percent of Latinas reported that they initiated breastfeeding compared to 75 percent of non-Latina white women, 70 percent of other non-Latina women, and only 58 percent of non-Latina African-American women.

Postpartum contraception

Similar to other race/ethnicity groups, the majority of Latina women reported using postpartum contraception (88%). The two contraceptive methods that Latinas were most likely to report using were the condom (31%) and pill (27%). Other contraceptive methods Latina women reported included having shots every three months/Depo-Provera (18%), having IUD inserted (10%) and having their tubes tied (7%).

Knowledge of North Carolina Programs

The PRAMS survey asks new mothers to report whether they have heard of a number of North Carolina programs about women's health, prenatal care, or children's health. An overwhelming percentage of North Carolina Latinas and non-Latinas knew about the WIC program (93%). Sixty percent of Latinas and 54 percent of non-Latinas had heard of Health Check or Health Choice for Children. Latina women were less likely than other race/ethnicity groups to report knowledge of the Smart Start program (20% vs. 60%) and the Baby Love program (24% vs. 38%). Less than 20 percent of all race/ethnicity groups had heard of the Child Resource Line, the NC Family Health Resource Line, Child Service Coordination (CSC), Children's Specialized Services Help Line, or the First Step Hotline.





Comments from Latina Mothers Who Participated in the NC PRAMS Survey:

“Gracias por preocuparse por uno! Como madre, el saber que detrás de todas estas preguntas hay gente que se preocupa por nuestra salud me hace feliz. Aunque en ocasiones yo quisiera pagar todos mis recibos médicos, algunas veces no tenemos la información de como hacerlo. Algunas veces no sabemos que cuando nos embarazamos terminaremos perdiendo nuestro trabajo y todo lo demás.

Pero el costo de todo esto es traer una vida hermosa que me dará alegría y fuerza para seguir luchando para adelante en contra de todo.” (Thank you for worrying for one! As a mother, knowing that behind all these questions, there are people that worry about our health. Even though there are times that I would like to pay all my medical bills, sometimes we don’t have the information how to do it. Sometimes we don’t know that when we become pregnant we will end up losing our job and everything else. But the cost of all this, is bringing a beautiful life that will give me joy and give me the strength to keep on fighting to move forward against everything there is.)

“El cuidado de un embarazo debería ser el mejor de tal forma que el embarazo no sea complicado con muchos problemas. Debería ser una vida de paz sin estrés. No debería haber ninguna actividad pesada que causara demasiadas dificultades. Todos los bebés tienen el derecho a la vida, y nosotras las mujeres estamos felices de poder darles un desarrollo saludable.” (The care of a pregnancy should be the best so that the pregnancy won’t be complicated with a lot of problems. It should be a life with peace with no stress. There should not be any heavy activities that would cause too many struggles. All babies have the right to life, and we women are happy to be able to give them a healthy development.)

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What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state-specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement vital records by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Currently conducted in 37 states, New York City and South Dakota (Yankton Sioux Tribe), PRAMS covers 75 percent of U.S. births.

NC PRAMS is a random, stratified, monthly mail/telephone survey of North Carolina women who recently delivered a live-born infant. Data collection began in North Carolina on July 1, 1997, and PRAMS data have been collected every year since that time. Each month around 180 women are selected from the provisional live birth file and are contacted to try to complete an interview approximately three to six months after giving birth. This report is based on the responses of 5,301 mothers who delivered between January 30, 2004 and December 31, 2007 in the state of North Carolina and participated in the PRAMS survey two to four months after delivery. All estimates are weighted to reflect the entire population of North Carolina women who gave birth in each year.

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