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What New Mothers Say: Personal Comments from the North Carolina PRAMS Survey

by

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ABSTRACT

The PRAMS (Pregnancy Risk Assessment Monitoring System) survey is an ongoing, population-based surveillance system sponsored by the Centers for Disease Control and Prevention (CDC) in conjunction with the North Carolina Department of Health and Human Services. North Carolina PRAMS was established in 1997 to help find out why some babies are born healthy and other babies are not. PRAMS not only uses core questions provided by the CDC to measure the nation's overall maternal and infant health patterns, but it also incorporates state-specific questions to identify maternal and infant health problems in North Carolina. During the course of one calendar year, approximately 2,400 women who had a live birth in North Carolina are randomly selected from birth certificate records, sent a survey, and asked to complete it. Approximately 70 percent, or 1,600 women per year, complete the PRAMS survey.

Each month, PRAMS survey questionnaires are mailed to about 200 mothers, and non-respondents are called on the telephone in an attempt to complete the survey. Of all of the completed PRAMS surveys, about 75 percent are completed by mail and 25 percent by telephone. Information about North Carolina PRAMS, including quantitative survey results, can be accessed at www.schs.state.nc.us/SCHS/prams.

This report summarizes survey information collected from mothers who participated in the mail portion of the 2004 and 2005 PRAMS surveys. In order to get more in-depth answers to complicated health problems, we asked women to write additional answers, comments, and opinions about their experiences before, during, and after their pregnancy. After all of the comments were reviewed and grouped, the topics with the highest frequencies were selected for inclusion in this report. The ten most common topics are summarized, with a narrative section providing a brief description of the topic, followed by the mothers' comments and opinions. The ten topic areas chosen were: prenatal care, folic acid (multivitamin) use, breastfeeding, smoking, alcohol use, postpartum blues and postpartum depression, toxemia of pregnancy, Medicaid and WIC participation, satisfaction with prenatal services, and comments about the PRAMS survey itself.

The women who volunteered written comments on the PRAMS survey are probably not representative of all women surveyed. Women with a poor birth outcome may be more likely than others to provide comments.



Prenatal Care

Entry into prenatal care should occur during the first trimester of pregnancy. Women with unintended pregnancies are less likely to begin prenatal care in the first trimester. According to the 2004 PRAMS data, 23.5 percent of respondents indicated that they did not receive prenatal care in their first trimester. The most common barriers to getting prenatal care were being unable to get an earlier appointment (11.8% of respondents said this was a barrier), not having enough money or insurance to pay for the visits (11.7%), and not having their Medicaid card (11.1%). The 2004 PRAMS data suggest that women twenty years of age or younger and women with lower levels of education and income are more likely than other women to enter prenatal care late.

Many mothers wrote comments reflecting their points of view regarding prenatal care. Selected comments follow:

“I think treating yourself well during pregnancy is imperative. Exercise, eating right and rest helped me maintain great health mentally and physically.”

“I am a 14-year-old mom who was in denial of being pregnant. Therefore I didn’t know that I was pregnant and didn’t get prenatal care.”

“Never hide your pregnancy from your parents. When you are pregnant you really need to go to the doctor or something to get prenatal care. It chances your risk of complication in your pregnancy if you don’t seek help.”

“It is important to keep your doctor appointments, if you miss it reschedule ASAP. The most important thing about being pregnant is taking care of yourself and listening to what the doctor tells you. Just keep your doctor visits.”

“Women or mothers that are pregnant should always stay healthy during pregnancy and should always care for their children and take care of the children before anything or anyone else.”

“I think that it is most important that women who are pregnant get prenatal care and be with a doctor they can trust.”

“My level of prenatal and postnatal care was excellent.”

“Don’t keep pregnant women and mothers with babies long in the medical offices. I know myself, I got an appointment at 10:00 a.m. and the doctor let me sit there with a 3-months-old baby one hour and thirty minutes and nobody took care about this. Please change this.”

Folic Acid (Multivitamin) Use

In 2004, the majority of PRAMS participants (83%) responded that they had heard of folic acid and its benefits of preventing birth defects. Folic acid, also known as folate, is a B vitamin that has been known to prevent birth defects when taken before pregnancy, by ensuring the spinal cord and brain of the fetus develop properly.¹ According to PRAMS data, receiving information from a health care provider appears to be the most effective way of promoting folic acid awareness. In 2000, PRAMS began to include a question in the survey asking women if they took a multivitamin in the month before they became pregnant. In 2004, 60 percent of PRAMS respondents reported that they did not take a multivitamin, 13.9 percent took a multivitamin but not daily, and only 26.2 percent of respondents reported that they took a multivitamin every day of the week. Women who were twenty years of age or less, unmarried, had lower levels of education and income, and women whose prenatal care was paid for by Medicaid or who were WIC recipients were more likely than other women to report that they did not consume a multivitamin daily in the month before they became pregnant.

Below are some of the comments women made on the PRAMS survey regarding folic acid:

“I think that every mother should take her prenatal pills every day even before she finds out she is pregnant.”

“Take prenatal vitamins everyday and don’t do drugs or drink. Drink lots of water, all of these things really do help. Go get prenatal care no matter what.”

“I took folic acid for many months before getting pregnant. I stopped smoking right before I got pregnant and I ate healthy and took prenatal vitamins.”

“I think mothers and babies would be a lot healthier if mothers really knew how important it is to get folic acid before and during pregnancy. Drink lots of water and eat fresh vegetables.”

“As soon as you find out you are pregnant please get prenatal care and take vitamins, exercise and take care of yourself.”

“I know to go to my doctor and get multivitamins, from the folic acid ads I heard on the radio before getting pregnant. Without these ads, I would have not known it was so important.”

“Studies are important because you learn much. I have participated in other studies for use of vitamin E and prenatal vitamins. I feel more secure in my pregnancy as a result of the information I have gained.”

“I learned about folic acid from nursing school.”

Breastfeeding

The promotion of breastfeeding has become a high priority among health care professionals because of its confirmed benefits for both mother and infant. Research suggests that some of the benefits associated with breastfeeding include a lower risk of neonatal death, fewer infectious diseases in infancy, and a strengthening of the union between infant and mother.² Although formula is an adequate substitute for breast milk, human milk is better because it provides an abundance of natural nutrients that an infant needs for growth and development.

The PRAMS survey asks recent mothers about their breastfeeding experiences. In 2004, approximately 56 percent of women said they did not breastfeed

exclusively for four or more weeks after delivery; at eight weeks after delivery the number increased to 71 percent of women who were not exclusively breastfeeding. The most common reasons for not breastfeeding included having other children to take care of (26%) and that the mother did not like breastfeeding (40%). Among mothers who initiated breastfeeding but stopped, the most common reasons cited were: the belief that breastfeeding alone did not satisfy their baby (41%), the belief that they were not producing enough milk (36%), and going back to work (27%).

In the survey, respondents are given an option to indicate if they have other specific reasons why they choose not to breastfeed; 30 percent of women answered “YES” and some of these provided greater insight. Following are some of the comments mothers made about breastfeeding:

“Physicians need to place more emphasis on breastfeeding during prenatal care. My hospital offered formula to my newborn before even asking me if I was going to breastfeed.”

“Breastfeeding should be talked about and encouraged more than it is. Not enough mothers breastfeed. Also it should be accepted by all employers to allow mothers to “pump” at work. We would have healthier babies if we breastfed!”

“I am HIV positive.” (reason for not breastfeeding)

“I wish there were more help and support for women who wish to breastfeed, especially those of low income. I nursed my first child for 15 months and she was never sick.”

“My baby was premature and couldn’t breastfeed at first. But through the help of staff at the hospital, we are now old pros at it. I continue to have help through hospital hotlines. I wish every mother could have the same help and information.”

“Women need to be confident and be able to latch their babies on without difficulty before discharge. Education on feeding formula and breastfeeding should be mandatory before discharge.”

“Health care providers need to push breastfeeding more! Tell young mothers-to-be how it will help the baby and help the mother lose weight after the baby. That would have helped me be excited and determined to breastfeed.”

“New mothers need to be educated on the health benefit of breastfeeding. Also, I think emphasis need to be placed on the fact that breastfeeding can be difficult between 6 and 8 weeks. This is when moms quit. There needs to be more support for breastfeeding.”

“Breastfeeding should be encouraged more. As well as pumping at work.”

“I participated in breastfeeding classes.”

“I think support and help for breastfeeding is the best investment one can make. I find it unconscionable that many hospitals give free formula to new mothers.”

“Breastfeeding is awesome and so much better for your baby. It’s hard and frustrating at first but don’t give up. Keep trying and you and your baby will get the hang of it.”

Smoking

Although smoking has been documented to have a number of negative effects on an unborn fetus, a substantial proportion of women report smoking during pregnancy. An analysis of 2004 PRAMS data indicates that 14.8 percent of women who responded to the survey smoked in the last three months of their pregnancy. Of those who smoked during pregnancy, 16.2 percent smoked a pack a day or more. In North Carolina, preterm births, low-weight births, respiratory distress syndrome, and Sudden Infant Death Syndrome (SIDS) are leading causes of infant death and all can be associated with smoking during pregnancy or an infant being exposed to second-hand smoke.³

In an effort to reduce smoking during pregnancy, many health care providers counsel their patients during their prenatal care visits about the dangers of

smoking while pregnant. Eighty percent of respondents indicated a health care provider did discuss the effects smoking could have on their baby. According to the 2004 PRAMS data, 45.1 percent of mothers who smoked before getting pregnant quit smoking during their pregnancy, and 32.8 percent reduced the number of cigarettes they consumed. However, more than one in five (22.1%) of pre-pregnancy smokers reported that they smoked the same amount or more while pregnant.

Comments provided by survey respondents give more insight on their views about smoking:

“My child was born at one pound 14 ounces and 3 months early. I smoked. Both his birth weight and damaged underdeveloped lungs could have caused him not to survive. Please encourage mothers not to smoke while pregnant or around their children.”

“I am a recovering drug addict. I got clean, I don’t smoke. I eat right, take vitamins, don’t use drugs and I am not around any one who smokes.”

“You can’t help how you lived before your pregnancy. But you should put yourself last and your unborn child first during pregnancy. It is not easy to stop smoking and drinking but I would rather stop than have to deal with an unhealthy baby with medical problems because I was too selfish to change my way of living for nine months. I stopped and I have a beautiful, healthy, active baby boy.”

“I smoked during pregnancy but my baby still came out perfect.”

“I smoked a little cig while I was pregnant but my choice was Mary Jane (weed). He was healthy.”

“I hope someone comes up with an effective way to teach parents and grandparents about second-hand smoking for kids. Sometimes I see parents and grandparents smoking in their cars and homes when little kids and babies are present.”

“It was discouraging to me to see so many pregnant women smoking. Isn’t there a way the system could make regulations like if you smoke or drink alcohol or something then you have to be in a program to

stop? These bad habits are dreadfully harmful to their unborn children.”

“I think smoking is okay during pregnancy as long as the mother continues to eat well and take care of herself.”

“During my pregnancy I smoked pot and there is nothing wrong with my baby.”

“A lot of babies are born with low birth weights because their mothers will not stop smoking, drinking or drugging. I smoked for four months until I found out I was pregnant. I did not smoke at all once I found out. Two of my friends smoked while they were pregnant and their babies have low birth weights.”

“I smoked cigarettes and marijuana while I was pregnant. I am sad to say but my baby weighed 6’14 when she was born and she is healthier than my previous child whom I did neither with.”

“I recommend that mothers who smoke cigarettes not smoke anymore especially when a mother is pregnant because they can cause sickness and cancer and problems for the baby. Premature births and deformities are great examples.”

“I would have appreciated more help to stop smoking during my pregnancy. I don’t think doctors emphasize that enough.”

“I would like to comment that I believe women that smoke or drink while pregnant or around helpless children are committing a crime, child abuse, and should be seen in the same way as someone whom commits physical abuse. Children riding in a car with or living in a home with a smoker are in danger and can not get away from the second-hand smoke.”

“I did crack cocaine for two and a half years and after 36 weeks of pregnancy. The baby was born healthy. Well, so far, doctors indicated she is not a crack baby.”

“I was a smoker before and during some of my pregnancy. I felt guilty because I couldn’t quit. I finally did, my baby is fine and I feel 100% better. If you smoke, it is possible to quit. I couldn’t do it by

myself, so I did it for my son. I love him more than the cigarette that had control over me. Now when I have cravings I think of him.”

“Personally, I have found that smoking marijuana during my first pregnancy was actually good. My little girl never was sick and she will be two soon. I did nothing with my son and he is always sick. I am not saying do drugs during your pregnancy, but that it just worked for me. Since then I have grown and I do not recommend women to do drugs or smoke.”

“I was on crack cocaine about a year before I got pregnant and up until I found out I was pregnant, when I was three months. I have been sober ever since.”

“I think doctors should advise patients to quit more aggressively.”

“I smoked marijuana both times during my pregnancy.”

“My family respects me and my baby and goes outside to smoke.”

Alcohol Use

Alcohol consumption during pregnancy can seriously harm an unborn baby. One of the most severe side effects associated with maternal alcohol use is Fetal Alcohol Syndrome (FAS). Fetal Alcohol Syndrome occurs when alcohol enters the bloodstream and exposes the fetus to alcohol. Some of the defects associated with FAS are facial abnormalities, growth deficiencies, and mental retardation.⁴ It is unknown at what level of consumption and during what stage of development alcohol use is most dangerous to the fetus. But most health care professionals recommend that women not drink during pregnancy.

In an effort to measure the level of alcohol use in the first trimester, the 2004 PRAMS questionnaire collected data on alcohol use by asking respondents to report the number of drinks consumed three months before pregnancy. Of the respondents who drank any alcohol in the past two years, 33.9 percent said they had at least one drink a week during the

three months before they became pregnant. Twenty-five percent participated in “binge drinking” (consuming five or more drinks in one sitting) during the three months before pregnancy. Three percent engaged in binge drinking during the last three months of pregnancy. However, among mothers who drank alcohol prior to pregnancy, 84.2 percent ceased alcohol consumption during pregnancy.

Some mothers recalled their feelings and provided additional comments regarding alcohol consumption:

“As a result of my drinking I became pregnant.”

“Before I found out that I was pregnant, I was a typical college student that didn’t take care of herself. I smoked, drank and didn’t get enough sleep. When I found out I was pregnant I freaked out and stopped smoking and especially drinking. I worried how all of it would affect my baby but she is perfect.”

“From a mother to a mother, keep all prenatal appointments for the health of your baby and don’t drink.”

“I drank Christmas before I had any idea that I was pregnant. I drank a couple of mixed drinks and did not drink any alcohol after that.”

“It is an old saying if you drink soda all the time it is good to drink 1 glass or small bottle of wine or beer to flush out your kidney. I was always told that.”

“I advise mothers to not smoke or drink during pregnancy cause there is a chance your baby may be born with birth defects.”

“I didn’t smoke at all when I found out I was pregnant, I stopped a week before. But I had an occasional glass of wine but I was under a great deal of stress and battling anxiety and depression.”

“Mothers need to take care of themselves and stop smoking and drinking. There is nothing wrong with occasionally drinking. Just not while you’re pregnant.”

Postpartum Blues and Postpartum Depression

Postpartum Blues (PPB) and Postpartum Depression (PPD) are terms often used to describe the period when a mother feels depressed or down after giving birth. Research suggests mood changes can be attributed to the overwhelming hormonal change in the women’s body after giving birth. During pregnancy, the amount of two female hormones, estrogen and progesterone, increase greatly and after giving birth they drop back to their pre-pregnancy levels.⁵

PRAMS has been collecting data about this issue by having recent mothers answer questions regarding their experiences and thoughts on post-partum depression. Examples of some of the questions asked of mothers are “Since your new baby was born, how often have you felt down, depressed or hopeless?” and “How often have you had little interest or little pleasure in doing things?” Among mothers responding to the 2004 survey, approximately 32 percent reported that they sometimes felt “down depressed or hopeless” and roughly 11 percent responded that they often or always felt depressed. Approximately 12 percent of new mothers reported that they often or always felt little interest in doing regular activities.

Some mothers wrote additional thoughts and comments which give us a more in-depth look into their PPD experience:

“I had difficulty with postpartum depression after my first baby. I was surprised I had to ask the doctor about having a plan for after the delivery.”

“Postpartum depression is an important issue. I suffered from it with both pregnancies – thank God for medication. Moms need more love and care for themselves after having a baby.”

“During my pregnancy I had some rough times. I cried like a baby. I was very emotional and my hormones were crazy. I love my babies and still can’t believe I have twins. God is in the blessing business.”

“There should be more emphasis on mental health during and after pregnancy. I was so depressed. I only gained half of a pound one month.”

“The problems that occurred during and after my pregnancy were mostly due to problems with my marriage.”

“Checking on a mother’s depression level and emotional well being is extremely important, just as much as her physical well being. Pregnant women do not always get all necessary info from their doctors. Having a baby and being a mother is a very demanding job. Women need to get lots of help not just at the hospital but at least during the first 2 to 3 weeks after the baby is born. A baby’s first month of life is the most crucial and demanding for a mother and child.”

“Emotional support is needed during pregnancy and that is something I didn’t have.”

“Many mothers don’t know its okay to feel sad, tired or worn out. It is okay as long as you get help by someone.”

“I believe postpartum depression, resources and care of baby should receive much more attention during prenatal visits and during pregnancy in general. Information about postpartum depression is confusing.”

“People need to be told about the ‘baby blues’ following delivery.”

Toxemia of Pregnancy: Preeclampsia, HELLP Syndrome, Eclampsia

Preeclampsia, HELLP syndrome (**H**emolytic anemia, **E**levated **L**iver enzymes, and **L**ow **P**latelet count), and eclampsia are serious medical conditions women can develop during their pregnancy. Among 2004 PRAMS respondents, 15.8 percent indicated they experienced these problems, and many mothers wrote additional comments in the back of the survey booklet expressing their thoughts, concerns, and interests about these conditions. The majority of the comments were in reference to their satisfaction with health care services received from their health care providers regarding toxemia or HELLP syndrome. Many women believed their health care provider put them and their unborn child at risk because their health care provider did not have enough knowledge about the topic or refused to listen to the patient when they expressed their concerns about the problem.

Specific comments regarding toxemia were provided by mothers to give more insight into their experiences:

“I kept complaining about preeclampsia symptoms (i.e., swelling in face, hands and feet, tingling in my face) and my doctor chose to ignore them. By the time they declared it preeclampsia it was too late. I was transferred and my son was delivered at 33 weeks, making him 7 weeks premature.”

“I understand that both doctors and nurses learn a great deal before they go into the OB/GYN field. But I personally feel that both the doctor and nurse should learn more about HELLP syndrome. There are too many women in this country going undiagnosed.”

“I was very sick with HELLP syndrome after the birth of my son. I went blind after delivery and had to take blood pressure medication. I began to improve around 4 to 6 weeks after delivery. I was back to my normal self around 8 weeks after delivery.”

“I had high blood pressure and preeclampsia. I needed a counselor or someone to talk things over with. I say mothers need more counseling services.”

“I was put into the hospital with Toxemia. My son was delivered 5 weeks early. He was not breathing when he was born. They sent him to NICU unit one hour away from me. I did not get to see him because my blood pressure was high. He is now home and healthy. I had a perfect pregnancy until I got Toxemia.”

“I had blood pressure only slightly twice when I went to the doctor at a month before my baby was born and severe swelling. I was never diagnosed with it but I think to some degree I had preeclampsia. I kept talking to the doctors that my swelling was really bad but he did not do anything about it. Then my water broke and I could barely walk from the swelling.”

“I was never tested for toxemia but I had it. My son was born 12 days early and weighed 3 lbs, luckily he is healthy and nothing is wrong but low birth weight.”

“I was in the hospital for about a week before my baby was born. I started swelling, severely. I gained 15 pounds in two days. My doctor tried to convince me that it was normal and ‘I was fighting something other than pregnancy.’ I had preeclampsia/toxemia. If my doctor had listened to me maybe things wouldn’t have gotten so bad.”

“I think doctors should take more time with patient’s personal needs. I had preeclampsia for months before 1 of my 5 doctors diagnosed me. I spent 2 weeks in the hospital before having an emergency c-section. I feel that if the doctors would slow down and take more time with their patient things like this would not happen.”

“My sickness was due to preeclampsia. I had to take a lot of medications.”

“When I was 8 months I was rushed to the hospital by the ambulance and they diagnosed me with toxemia. I had protein in my urine and had high blood pressure. It was affecting my kidney.”

“My most recent pregnancy delivered early due to me developing HELLP syndrome. Luckily I was already in the hospital at the time due to high blood pressure. I recognized the signs early due to having preeclampsia with my earlier pregnancy.”

“I was induced 3 weeks before my due date because of preeclampsia.”

“I had an easy pregnancy and c-section with twins. I had mild preeclampsia during the weekend before they were born. I believe I got good care.”

“Out of the experiences I had and other people who I know, two of us were diagnosed with toxemia/preeclampsia/HELLP. One had low amniotic fluid, one had a breech baby, other ruptured membranes and last was three weeks past due. I hope my next pregnancy goes smoothly, but I will be considered high risk.”

“I received excellent prenatal care! I started pre-term labor because of preeclampsia at 33 weeks but my doctor helped out until 38 weeks. I had a healthy daughter.”

Medicaid and WIC Participation

Pregnant women in North Carolina seeking Medicaid assistance are required to meet several basic requirements, including showing medical confirmation of pregnancy and verification that their income meets requirements of 185 percent or less of the national poverty level.⁶ Coverage is limited, and pregnant mothers can only use coverage for conditions that affect the pregnancy. According to 2004 PRAMS data, 45.9 percent of mothers used Medicaid to pay for their prenatal care visits and 54.2 percent of mothers indicated that their delivery was paid for by Medicaid.

WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) is another federal and state program, established to help boost nutrition among pregnant women, infants, and children. Among 2004 PRAMS respondents, half (50.1%) reported that they received benefits from the WIC program during their pregnancy. Some mothers offered their personal opinion about Medicaid and WIC, along with their experiences:

“I am grateful for the Medicaid program which assisted with the mounting medical bills with my first son and the current programs assisting with hearing devices for him now. I wish my Medicaid would have started earlier.”

“The qualifications for Medicaid are too high. Our health insurance at my husband’s employment is over \$280.00 a month. We can’t afford the insurance and we don’t qualify for Medicaid because his wages are greater than is allowed.”

“Even though my husband and I make more than required amount for WIC and Medicaid it sure would help with formula at least. Diapers, doctor bills, toys all add up, let alone the cost of formula. “

“Medicaid makes it hard to get the healthcare needed. I can’t afford to take my newborn for check-ups, shots at clinics. Rules need to change.”

“I think WIC should include little baby jars of food on the WIC check.”

“I know Medicaid covers birth control. I just wish that mothers could have a little more time to decide on a method because sometimes when you just have a baby it is over-whelming.”

“I feel that people who make a decent amount of money have a hard time getting assistance if they need help. I was fortunate enough to get WIC but I also need financial assistance as well.”

“Medicaid was discontinued after the baby was born. I can not afford health insurance and am worried about what would happen if I get sick. I am grateful that my children are still eligible for Medicaid because I wouldn’t be able to afford to take them to the doctors.”

“I needed help and was rejected. I had no income and was a full-time student and I got no help. I know some people abuse the system but there are some that just need help to get on their feet.”

“We were \$90 over the income limit for Medicaid one month and \$115 over the next month. By the time we were eligible and received care I was almost 5 months pregnant. I feel we should have been eligible to receive partial benefits.”

“I think new mothers would be happier if during pregnancy Medicaid was extended so women could get treatment for other issues. For example women that developed skin problems and dental problems. I know women that have become depressed while giving birth because of their appearance. Women’s self esteem and appearance should be considered just as important as whether or not she has someone to help with emotional issues.”

“I received Medicaid while pregnant. I wish I could have gone to the dentist while I was pregnant and Medicaid covered it.”

“In my past pregnancy I only had Medicaid as a source of health insurance and when I lost my Medicaid I had no health insurance or dental insurance.”

“I don’t receive Medicaid any more but I would have loved to go and see the dentist really bad and my Medicaid card was cut off.”

“I thank God for the WIC program. I don’t know what I would have done without it.”

“I commend the state of North Carolina for providing easy access to mothers and children that are in need of health care.”

Satisfaction with Prenatal Services

Prenatal care is an important factor in improving birth outcomes. Although the North Carolina PRAMS survey does not include a question pertaining to satisfaction with prenatal or postnatal care, many women took advantage of the space in the back of the survey booklet to provide additional comments and details about their prenatal care experiences. After reviewing the comments, it is apparent that women who received care at a health department, in military facilities, or at a hospital were far more dissatisfied with the prenatal care received than women whose primary source of prenatal care was a private practitioner or HMO clinic.

The majority of PRAMS respondents (63%) received their prenatal care at a private doctor’s office or HMO clinic, another third (33%) went to a hospital clinic or health department clinic, and 4 percent went somewhere other than those listed.

Almost half of PRAMS mothers (46%) indicated that their prenatal care visits were paid for by Medicaid. Many of the mothers that were Medicaid recipients and even mothers that had their own private insurance felt that Medicaid recipients were treated poorly or differently by health care providers during their prenatal care visits. The 2004 PRAMS data does suggest some differences in the content of prenatal care received by Medicaid recipients. According to 2004 PRAMS data, health care providers were more likely to discuss the effects of smoking, drinking, and illegal drug use with women enrolled in Medicaid than women not enrolled in Medicaid. In addition, Medicaid mothers were more likely to be tested for HIV (85%) compared with non-Medicaid mothers (73%).

Specific comments regarding prenatal care were provided by mothers that give more insight into their experiences:

“My baby was in the NICU because the midwife at the hospital did not manage my birth properly. His cord ruptured and he lost blood. Thankfully he is fine.”

“I feel that while you see a physician you need to have more than one ultrasound. I only had one and was upset because I wanted to make sure that my unborn child’s heart was okay.”

“My baby and I got a staph infection from the hospital during delivery. We are still trying to get rid of it after three months.”

“The government needs to monitor all the hospital clinics and health departments providing prenatal care due to the experience I went through because of improper health/prenatal care.”

“I left the health department because I didn’t feel my birth was their top priority due to the amount of pregnancies they deal with.”

“We were military so I had to be seen on base. The staff at the hospital does not care for you as a person. I tried to get off-base doctors but they wouldn’t let me.”

“Doctors shouldn’t make mothers repeat over and over that their baby is going to die. Doctors can be wrong and will only put mothers in depression for no reason.”

“I felt I was treated roughly by the OB/GYN and that is why I only went twice before the baby was born.”

“I don’t feel the women on Medicaid who go through the health department get the same quality care as those having regular insurance.”

“Actually my doctor told me my fluid in the sac was low so she wanted to induce labor at about three week earlier than my due date. However she did not explain to me that I could rest and increase my fluid by drinking water.”

“I like my doctor although she has too many patients which I heard is the case with all the doctors in my area. It makes it hard to receive intense care during pregnancies. I feel that doctors should only be allowed so many patients to receive better care. I still feel that my stillbirth was due to lack of attention.”

“I feel like my prenatal visits were not sufficient and timely enough. I would have liked to receive earlier care. Also I was denied a sonogram.”

“I feel that people who have private insurance are treated better than people who have Medicaid.”

“I gave birth to a little boy and it was a stillborn. At the time I was attending the Health Department. Ever since then I have been bleeding very bad. I told a nurse about it and they never checked it.”

“During my stay at the hospital during my last delivery, I noticed a significant difference in the care I receive compared to other mothers who I presumed did not have health coverage. I found it unfair.”

“I wish the doctor would have told me more about what was happening to my body early on.”

“When you tell a doctor it is time for you to have your baby, they should start listening to you and stop thinking they know all about your body.”

“I lost my first child at the hospital. They were very rude to me; they threw the embryo in the trash in front of me in the emergency room.”

“The hospital I went to is not recommended.”

“I wish my doctor has a child-friendly environment so I could bring my other child with me to the appointments. They were very anti-children for an office that makes its money on bringing children into the world. Also the cleanliness and status of NC hospitals needs to seriously be addressed – far too many are filthy.”

“After discovering my pressure was extremely high, I was then put on an anti-hypertensive. Please make an effort to counsel women on the importance of good

foods to eat during pregnancy. The MDs have no time to talk to women about nutrition.”

“Just make sure they take care of your baby. Because the hospital I was at did not really work with my baby because I think they were going on my age which is 15.”

“I feel like my doctor’s office didn’t do their job to the fullest extent. My daughter could still be with us if they would have correctly done their jobs.”

Comments About the Survey

A number of mothers took the time to comment about the PRAMS survey itself. The overwhelming majority of these comments were very positive, thanking the department for conducting the survey and offering to provide further information if it was needed. Several also commented that they hoped that their participation would result in better health for future mothers and infants.

Below are selected comments that respondents made about the survey:

“...sometimes babies do not make it regardless of what the mother does during pregnancy. My family is proof of that. We will forever mourn the loss of our son, but we now have two healthy daughters ...Please do whatever can be done to help make North Carolina mothers and babies healthier. If it can be helped, no one should ever have to experience the loss of their child.”

“I hope this helps in your surveys. Please don’t send any more. Thanks.”

“Thank you for allowing me to participate in your program.”

“This survey has asked many questions in #35, however a pregnant woman could have a lot of stress if she is by herself with no family members (other than her husband) and also if any other family crisis is on her mind, or has monetary problems. In my case I had all the above which made this pregnancy of mine very stressful. I would attribute my baby’s low

birth weight to all the above issues. Perhaps you might want to include these questions in your future surveys! Thanks...”

“Please do not send any more questionnaires or call me.”

“I think all the research that can be done to help babies be born healthy the better. This was my 7th pregnancy and 2nd live birth...Thank you for asking questions to try to help children and mothers.”

“...You failed to ask about SEXUAL violence (rape, etc.) as well as VERBAL abuse. These are critical issues. But I applaud you for recognizing domestic violence. I would have liked to see reference to domestic violence/sexual assault services in question #76.”

“Thanks for sending me another survey book! I had lost my other one! Hope this helps.”

“...Thank you for the opportunity to participate in your research!”

“I am not sure I was a good candidate for this research because you are doing this based on one pregnancy and I have had 4 little blessings before this last one. All of them were born between 34th and 35th week healthy. They just had low birth weights and got back up to their birth weight in days and were able to go home. Hope I did help some and I pray you all have an awesome day.”

“Pregnancy was great. I was only in labor for 2 hours. I hope everyone cares for their child as much as I do. Thanks for sending me this survey!”

“I think it would help your research if you asked what pregnancy this was, how many living children and their ages and about past prenatal care (if any). I have 4 children now, all 6 and under, and sometimes it was a “real chore” to make my appointments and so forth. Good friends, family, and planning saved the day many times!”

“I’m not sure why my baby boy had so many problems at birth, but I’m (glad) that you are putting this survey together to find out more. Thanks.”

“It may be helpful to somehow survey or interview those who work with women in crisis pregnancy, such as the Pregnancy Life Care Center in Raleigh.”

“My baby was born with a congenital heart defect...I hope that this program can help to find reasons why babies in our area are being born this way.”

“I enjoyed this survey.”

“The first two months after my child was born I had lots of help from my husband. Due to the fact that my husband is now deployed I no longer have that help. Therefore I answered these questions about how things are now not then. Thank you and I hope all of my answers help you.”

“There are no questions for multiples on this booklet. I have triplets and I know there are more families with multiples in North Carolina. Thanks.”

“Please do all that you can to help other babies and moms to be healthier, I hope that my info. helps!”

“...This is a great study – wish you progress in finding the info for better understanding for the babies to come.”

“...I had a lot of problems with eclampsia during my pregnancy...It’s okay that she is still in and out of the hospital. Just as long as she is with me. I will do anything to help so that other mothers won’t have to go through the pain, swelling and worries that I did. Thank you.”

“I really think this is great that you are doing this...If there’s anything else I can do please feel free (anything!).”

“I don’t know really know too much about it but since I felt I could help out I went ahead and filled out this survey. I’ve had two sets of twins a year apart and 2 other kids so I hope I helped in some way and what really causes low birthweight and babies to be born early is STDs and stress and drugs. That’s what really puts women in the hospital early.”

“Good luck on the research and please let me know if I or my family can be any help in the future.”

“I had twin boys and spent 3 months in the hospital before delivering them. My answers may not be very helpful since it was not a normal pregnancy.”

“I hope this helps someone. I’m a mother of five happy healthy children. I also miscarried four very early. So I hope this helps in some way. I have always tried to take care of myself during my pregnancy and I have always done what the doctor said.”

“Do I get any special prize for taking this survey? Thanks for the phone card. I want to know do ya’ll help people to get a cell phone for doing stuff like this.”

“I had a C-section because I had complications not mentioned in any of this questionnaire. I also became sick and had to use steroids in order to heal. I came down with Bell’s palsy during both of my pregnancies. There are no questions about C-sections.”

“I think the research you are doing is outstanding! Having had 2 premature babies and wanting an answer why has always been a great concern to our family. I do not think any mother should ever have to leave the hospital without her baby. I would be happy to participate in any further information you may need! Once again, I think what you are trying to accomplish is very much a priority with many families in North Carolina.”

“Thanks for sending me the survey and it’s very good to show that you care about people. Thanks for the phone card, and I would like you to send me some information about question #16 and specially about the WIC.”

“I would like to say that if this survey can help just one mother or baby I’m glad my name was chosen. I lost my son after 6 years of trying, but I know God will bless me with another one. So I hope this is a help for you. Thank you.”

“I think that it is insensitive to expect a mother who has lost her baby to fill out this survey. Thank you.”

“Please keep in mind that some answers are due to the fact that I lost my child 1 1/2 hours after birth.”

“I want to thank the organization for doing this survey. I think that it is very important to research the health of newborn babies, their pregnant mothers, and possible contributions to prenatal diseases.”

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