PRAMS

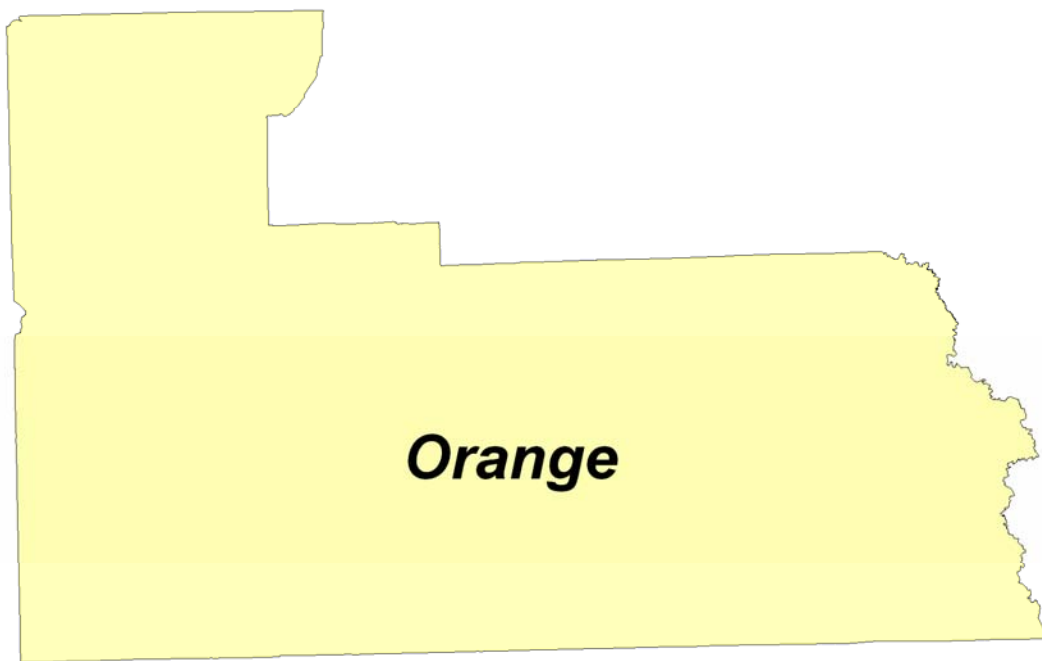# Florida Pregnancy Risk Assessment Monitoring System
2004-2005 County Data Report

Orange

Florida Department of Health
Division of Disease Control
Bureau of Epidemiology
Chronic Disease Epidemiology Section

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Governor

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Orange
Completed Surveys: 319

This data book presents findings from the combined 2004 through 2005 (Phase Five) Florida Pregnancy Risk Assessment Monitoring System (PRAMS), an ongoing, population-based survey. This data book contains detailed statistics presented in six sections:
1. Prenatal Care
2. Physical Abuse
3. Maternal Health
4. Insurance
5. Infant Care
6. Family Planning

These data provide county-level estimates about factors pertaining to maternal and child health. PRAMS survey data were adjusted, or "weighted," so that the resulting estimates can be generalized to the entire county population of pregnancies which resulted in a live birth during the years covered in this data book.

A series of tables is presented in this data book, which examines major maternal and child health issues. In every table, county-level estimates derived from the Phase Five Florida PRAMS survey datasets are provided along with state-level estimates so that comparisons may be made between the county prevalence rates and the state prevalence rates.

Due to the small sample size of county-level data, reported measures are not provided by socio-demographic information. The demographic makeup of Florida's counties varies widely. Differences in reported county measures and the state might be associated with some of the differences in socio-demographics of the mothers. The following table provides the percentages for specific socio-demographic characteristics of FL PRAMS survey respondents at both the county and state level.

Demographic Characteristics of FL PRAMS Survey Respondents, 2004-2005	Orange	Florida
	%	%
Race/ethnicity		
White, non-Hispanic	42.9	49.7
Black, non-Hispanic	24.9	18.8
Hispanic	32.3	31.5
Education		
Less than high school	15.1	21.1
High school degree or GED	31.5	32.5
More than high school	53.4	46.4
Age		
Younger than 20	10.4	10.9
20 to 24	27.5	26.8
25 to 34	47.9	48.2
35 and older	14.3	14.1
Born outside of US	40.3	31.0
Mom had previous live births	57.8	57.3

An overview of the Florida PRAMS project and the methods used in the analysis of the data for this book are presented in the appendices of this report.

Florida County- and State-Level Indicators 2004-2005

	County-Level		State-Level	
	MEASURE	95% CI	MEASURE	95% CI

Orange

PRENATAL CARE				
Percentage of new moms who report not receiving prenatal care in the first trimester	35.5	27.3 – 44.6	25.8	19.1 – 33.9
Of new moms who wanted prenatal care, percentage of those who got prenatal care as early in their pregnancy as they wanted	74.2	69.1 – 78.8	80.3	75.8 – 84.2
Of new moms who went for prenatal care, percentage of those with whom a health care worker discussed all 11 topics (see Appendix B for list of topics)	25.8	17.4 – 36.5	31.7	26.4 – 37.6
Percentage of new moms who reported having had an HIV test during pregnancy or delivery	89.7	86.3 – 92.4	87.4	83.1 – 90.7
Percentage of new moms who report having heard or read that taking folic acid can prevent some birth defects	74.1	66.3 – 80.6	77.3	67.8 – 84.6
Percentage of new moms who report being on WIC during pregnancy	45.4	31.7 – 59.8	46.9	33.2 – 61.0

PHYSICAL ABUSE				
Percentage of new moms who report having been physically harmed by an ex-partner or current partner during 12 months before pregnancy	6.4	3.4 – 11.7	4.9	3.0 – 8.1
Percentage of new moms who report having been physically harmed by an ex-partner or current partner during most recent pregnancy	3.8	1.1 – 12.9	3.1	1.6 – 5.8

MATERNAL HEALTH				
Percentage of new moms who took a multivitamin at least once per week during the month before getting pregnant	47.0	40.3 – 53.7	41.6	34.5 – 49.2
Percentage of new moms whose Body Mass Index (BMI) is less than 19.8	19.6	15.2 – 24.9	18.8	16.8 – 21.0
Percentage of new moms whose Body Mass Index (BMI) is equal to or greater than 25.0 but less than 30.0	24.6	21.8 – 27.7	20.8	18.7 – 22.9

‡ County-level measure is statistically significantly different from the state-level measure, based on 95% confidence intervals
^ Fewer than 30 respondents -- data suppressed

Florida County- and State-Level Indicators 2004-2005

	County-Level		State-Level	
	MEASURE	95% CI	MEASURE	95% CI
Percentage of new moms whose Body Mass Index (BMI) is equal to or greater than 30.0	14.4	9.7 – 20.7	15.8	12.2 – 20.1
Percentage of new moms who report having any one of five chronic conditions (asthma, high blood pressure, diabetes, anemia, or heart problems)	18.0	13.7 – 23.3	18.5	14.6 – 23.1
Percentage of new moms who report having anemia during the three months before getting pregnant	12.4	9.1 – 16.7	10.8	7.5 – 15.4
Percentage of new moms who report having had any one of 12 problems during pregnancy (see Appendix B for list of problems)	56.0	46.9 – 64.7	63.1	58.1 – 68.0
Percentage of new moms who report having vaginal bleeding during pregnancy	14.6	10.6 – 19.7	14.8	13.1 – 16.5
Percentage of new moms who report having kidney or bladder infection during pregnancy	17.8	13.4 – 23.3	20.4	18.2 – 22.8
Percentage of new moms who report having severe nausea, vomiting, or dehydration during pregnancy	27.3	15.7 – 43.1	29.9	25.2 – 35.2
Percentage of new moms who report having labor pains more than three weeks before baby was due	19.2	12.8 – 27.7	20.1	15.4 – 25.7
Of new moms who had a health problem(s) during pregnancy, percentage who report any hospital visit or prescribed bedrest of more than two days due to health problem(s)	35.1	25.6 – 46.0	38.8	32.3 – 45.8
Percentage of new moms who report smoking cigarettes during the three months before getting pregnant	17.8	11.1 – 27.4	19.9	14.7 – 26.4
Percentage of new moms who report smoking cigarettes during the last three months of their pregnancy	8.0	4.3 – 14.4	9.0	6.5 – 12.4
Percentage of new moms who are current smokers	15.1	10.7 – 20.9	14.4	10.9 – 18.7
Percentage of new moms who report drinking any alcohol during the three months before getting pregnant	43.2	33.8 – 53.0	47.2	35.2 – 59.5

‡ County-level measure is statistically significantly different from the state-level measure, based on 95% confidence intervals
^ Fewer than 30 respondents -- data suppressed

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Florida County- and State-Level Indicators 2004-2005

	County-Level		State-Level	
	MEASURE	95% CI	MEASURE	95% CI
Percentage of new moms who report drinking any alcohol during the last three months of their pregnancy	13.2	6.9 – 23.7	7.6	5.7 – 10.0
Percentage of new moms who report having five or more alcoholic drinks in one sitting during the three months before getting pregnant	13.4	8.7 – 20.2	14.9	10.5 – 20.7
Percentage of new moms who report having five or more alcoholic drinks in one sitting during the last three months of their pregnancy	0.9	0.1 – 5.4	0.6	0.3 – 1.2
Percentage of new moms who report having any one of 13 stressors during the 12 months before baby was born (see Appendix B for list of stressors)	75.9	71.3 – 79.9	72.9	68.8 – 76.6
Percentage of new moms who report moving to a new address during the 12 months before baby was born	36.8	28.9 – 45.4	38.4	34.9 – 42.0
Percentage of new moms who report arguing with husband or partner more than usual during the 12 months before baby was born	31.2	24.8 – 38.4	27.1	20.7 – 34.5
Percentage of new moms who report having "lots of bills" that she could not pay during the 12 months before baby was born	30.5	25.0 – 36.6	25.2	21.7 – 29.1
Percentage of new moms who report having depression that lasted more than two weeks at any time during pregnancy or after delivery	17.2	13.1 – 22.3	19.4	17.1 – 21.9
INSURANCE				
Percentage of new moms who had health insurance (not Medicaid) before pregnancy	54.7	45.3 – 63.8	54.0	43.6 – 64.0
Percentage of new moms who had Medicaid before pregnancy	13.7	7.8 – 23.1	14.3	8.9 – 22.1
Percentage of new moms whose prenatal care was paid with Medicaid	42.4	31.7 – 53.9	44.4	33.1 – 56.4
Percentage of new moms whose prenatal care was paid with personal income	26.9	21.9 – 32.5	29.0	24.2 – 34.2
Percentage of new moms whose prenatal care was paid with health insurance	50.8	40.9 – 60.7	49.2	37.8 – 60.7

‡ County-level measure is statistically significantly different from the state-level measure, based on 95% confidence intervals
^ Fewer than 30 respondents -- data suppressed

	County-Level		State-Level	
	MEASURE	**95% CI**	**MEASURE**	**95% CI**
Percentage of new moms who used Medicaid to pay for delivery	47.4	35.6 – 59.4	48.3	36.3 – 60.4
Percentage of new moms who used personal income to pay for delivery	23.8	17.9 – 30.9	24.3	18.3 – 31.5
Percentage of new moms who used health insurance to pay for delivery	49.4	37.8 – 61.0	48.1	36.1 – 60.3
INFANT CARE				
Percentage of new moms who report their infant was put in an intensive care unit after birth	14.0	9.6 – 20.1	13.0	8.4 – 19.6
Percentage of new moms who report their infant stayed in hospital three or more days after birth (excludes infants not born in hospital)	44.1	37.8 – 50.6	46.4	38.7 – 54.2
Percentage of new moms who report ever breastfeeding or pumping breast milk to feed their baby	74.4	70.3 – 78.0	76.6	72.7 – 80.1
Of new moms who report not breastfeeding, percentage who said they did not breastfeed because they did not like it.	48.4	41.6 – 55.2	44.8	42.7 – 46.9
Percentage of new moms who report breastfeeding or feeding breast milk to their baby for at least two months	48.4	41.3 – 55.6	53.1	46.2 – 59.8
Percentage of new moms who report that their infant is ever in the same room with someone who is smoking	2.7	1.3 – 5.3	4.8	3.4 – 6.8
Percentage of new moms who report that they most often lay their babies to sleep on their backs	57.4	46.6 – 67.5	55.1	46.8 – 63.1
Percentage of new moms who report that their babies sometimes, often, or always share a bed with the mom or anyone else	45.8	37.7 – 54.2	46.1	37.8 – 54.5
Percentage of new moms who report that their baby has had a well-baby checkup	98.4	91.6 – 99.7	98.7	97.7 – 99.3
Percentage of new moms who report that their baby has gone as many times as she wanted for a well-baby checkup	95.3	89.7 – 97.9	94.9	92.7 – 96.4

‡ **County-level measure is statistically significantly different from the state-level measure, based on 95% confidence intervals**
^ **Fewer than 30 respondents -- data suppressed**

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	County-Level		State-Level	
	MEASURE	95% CI	MEASURE	95% CI
Of new moms who report that their baby has not gone as many times as she wanted for a well-baby checkup, percentage who said a barrier was not having enough money or insurance to pay for it.	^		34.4	29.4 – 39.7
FAMILY PLANNING				
Percentage of new moms who report wanting to be pregnant later or not at all	51.3	41.6 – 60.9	46.0	35.6 – 56.7
Of new moms who report not trying to get pregnant, percentage who report using a contraceptive	47.8	36.0 – 59.8	43.1	40.3 – 45.9
Of new moms who report not trying to get pregnant, percentage who report not using a contraceptive	50.3	38.6 – 62.0	55.9	53.1 – 58.8
Of new moms who report not trying to get pregnant and not using a contraceptive, percentage who did not mind if they got pregnant	50.2	24.5 – 75.9	46.9	38.7 – 55.3
Percentage of new moms who report not using a postpartum contraceptive after delivery	19.0	12.9 – 27.2	17.0	15.5 – 18.6
Of new moms who report not using a postpartum contraceptive, percentage who say they are not having sex	13.2	5.4 – 28.8	24.5	16.7 – 34.4
Percentage of new moms who report using a postpartum contraceptive after delivery	81.0	72.8 – 87.1	83.0	81.4 – 84.5
Of new moms who report using a postpartum contraceptive, percentage who say they using the pill	29.9	24.8 – 35.4	27.4	25.6 – 29.1
Of new moms who report using a postpartum contraceptive, percentage who say they use condoms	40.5	33.7 – 47.5	38.3	34.6 – 42.2

‡ **County-level measure is statistically significantly different from the state-level measure, based on 95% confidence intervals**
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Appendix A
Florida PRAMS Overview and Methods

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based surveillance system of maternal behaviors and experiences before, during, and soon after a woman's pregnancy as well as care provided during early infancy. PRAMS was developed in response to research showing that the United States infant mortality rate was no longer declining as rapidly as it had in past years; that there was little change in the prevalence of low birthweight; and that maternal behaviors such as smoking, drug and alcohol use, and limited use of prenatal and pediatric care were contributing to the slow rate of decline of infant mortality. Funding to implement PRAMS was first awarded to five states plus the District of Columbia in 1987. The Florida PRAMS surveillance project was initiated in June 1993.

Purpose of PRAMS
The overall goal of PRAMS is to reduce infant morbidity and mortality by providing maternal and child health programs and policies with data that can help positively change maternal behaviors and experiences before and during pregnancy and during early infancy. PRAMS is designed to establish and maintain state-specific, population-based surveillance of selected maternal behaviors and experiences that occur before and during pregnancy and during early infancy, and to generate state-specific data for planning and evaluating maternal and child health programs. PRAMS data is used to supplement data from vital records and to facilitate the planning and assessment of perinatal health programs in each participating state, as well as to allow comparisons among states.

Survey Protocol
Florida residents who gave birth to live-born infants within two to five months of selection are randomly selected to participate in PRAMS. Florida's sampling strategy up to 2007 includes six strata: 1) low birth weight among Whites, 2) low birth weight among Blacks, 3) low birth weight among minors, 4) normal birth weight among Whites, 5) normal birth weight among Blacks, and 6) normal birth weight among minors.

Methods
Data collection for Florida PRAMS is the result of joint efforts between the Centers for Disease Control and Prevention (CDC) and the Florida Department of Health. Questionnaires are mailed to selected participants a maximum of three times. Participants who do not complete a mailed questionnaire are followed up by telephone. For 2004 and 2005, the state-level Florida PRAMS had an average response rate of 75 percent.

The weighted Florida PRAMS datasets were analyzed using SAS Version 9.2. The point estimates and 95 percent confidence intervals (95% CI) were calculated using the SAS procedure, "PROC SURVEY MEANS". All missing and unknown response values were excluded from individual calculations where applicable. No statistic is provided if the unweighted sample size of the total number of respondents within a demographic level of response was less than 30 or the standard error of the estimate was greater than 30% of the estimate.

Survey Estimates
PRAMS survey data are adjusted, or "weighted," so that the resulting estimates can be generalized to the entire state population of pregnancies that resulted in a live birth during the survey year.

For PRAMS, data users want to be able to generalize behaviors among the entire group of Florida residents who delivered a live-born baby within a specific calendar year in Florida. This group of women forms the *population* of interest. The individual women selected for participation are a *sample* from this population.

For counties that have a sample size large enough for data analysis, PRAMS survey data were adjusted, or "weighted," so that the resulting estimates can be generalized to that county's population of pregnancies that resulted in a live birth during the period 2004 to 2005.

Birth Certificate Variables
For prevalence of low birth weight and premature births, Cesarean deliveries, etc., please see the Pregnancy and Young Child Profile at Florida CHARTS (Community Health Assessment Resource Tool Set) (http://www.floridacharts.com).

Strengths and Limitations of PRAMS
To use PRAMS correctly, users should be aware of the strengths and limitations of the data. The major strengths of PRAMS include:

1. It is relatively inexpensive for collecting public health data.
2. It is a population-based survey, allowing the data to be generalized to overall state-level populations.
3. The PRAMS survey has been conducted in a majority of states for many years. Thus, states can compare their data with each other, as well as analyze the data for trends over time.

However, PRAMS has limitations, including:
1. Pregnancies that have a plurality of four or greater are excluded from selection, and only one baby from a pair of twins or set of triplets may be included in the selection process.
1. The data collected consist of self-reported information that has not been verified.
2. The survey has a limited number of completed interviews, and the sample size may be too small for analysis on some sub-populations.
3. The PRAMS survey uses complex sampling methods which may be subject to sampling errors if the wrong statistical software is used to analyze the data.

Appendix B
Definitions

Some indicators in these county-level data reports are aggregates of several variables, such as the percentage of new moms who report having had any one of 12 problems during pregnancy. This appendix provides the list of problems, stressors, etc., that comprise the indicator presented in this report.

I. Percentage of new moms who report having had any one of 12 problems during pregnancy. The list of problems provided in the survey include:

1. High blood sugar (diabetes) that started *before* this pregnancy
2. High blood sugar (diabetes) that started *during* this pregnancy
3. Vaginal Bleeding
4. Kidney or bladder (urinary tract) infection
5. Severe nausea, vomiting, or dehydration
6. Cervix had to be sewn shut (incompetent cervix)
7. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia
8. Problems with placenta (such as abruption placentae or placenta previa)
9. Labor pains more than 3 weeks before baby was due (preterm or early labor)
10. Water broke more than 3 weeks before baby was due (premature rupture of membranes [PROM])
11. Had to have a blood transfusion
12. Was hurt in a car accident

II. Percentage of new moms who report having any one of 13 stressors during the 12 months before baby was born. The list of stressors provided in the survey include:

1. A close family member was very sick and had to go into the hospital
2. Got separated or divorced from husband or partner
3. Moved to new address
4. Was homeless
5. Husband/partner lost job
6. Mom lost job even though she wanted to go on working
7. Argued w/husband or partner more than usual
8. Husband or partner said he didn't want mom to be pregnant
9. Lots of bills she couldn't pay
10. Mom was in physical fight
11. Husband or partner or mom went to jail
12. Someone close had a bad problem with drinking or drugs
13. Someone very close to mom died

III. Of new moms who went for prenatal care, percentage of those with whom a healthcare worker discussed all 11 topics. The list of topics provided in the survey include:

1. How smoking during pregnancy could affect baby
2. Breastfeeding
3. How drinking alcohol during pregnancy could affect baby
4. Using a seatbelt during pregnancy
5. Birth control methods to use after pregnancy
6. Medicines that are safe to take during pregnancy

7. How using illegal drugs could affect baby
8. Doing tests to screen for birth defects or diseases that run in family
9. What to do if labor starts early
10. Getting tested for HIV (the virus that causes AIDS)
11. Physical abuse to women by their husbands or partners

Appendix C
Interpreting the Data from the Florida PRAMS Survey

As noted in Appendix A, a prevalence or percentage from the PRAMS survey is an estimate of the real population prevalence. When a percentage is derived from a sample rather than a census of a population, sampling errors occur. Because sampling errors are inherent in these types of surveys, we calculate 95 percent confidence intervals (95% CI) for each prevalence estimate to determine the accuracy of that estimate. A 95 percent confidence interval is the range in which the real population prevalence is likely to be found 95 percent of the time. Further, the smaller the confidence interval, the more accurate the estimated prevalence.

The following example shows the county-level and state-level estimates for two indicators. For the indicator at the county level, the estimate of the prevalence (or percentage) is 5.9% and the true population value is likely (95% chance) to be somewhere between 4.8% and 7.2%. For the same indicator at the state level, the estimate of the prevalence (or percentage) is 14.0% and the true population value is likely (95% chance) to be somewhere between 10.8% and 18.1%.

Table A

Indicator	County-Level		State-Level	
	Percentage	95% CI	Percentage	95% CI
Percentage of new moms who are current smokers	5.9 ‡	4.8 – 7.2	14.0	10.8 – 18.1

‡ County-level estimate is statistically significantly different from the state-level measure, based on 95% confidence intervals.

Confidence intervals are determined by many factors, in particular the sample size. As we divide the data for analysis by county, the sample size for each group becomes smaller, the confidence intervals become larger, and the estimates become less reliable. In addition to estimating the accuracy of the prevalence estimates, the confidence intervals are used to compare groups. Generally, the difference in prevalence between two groups is considered statistically significant if the confidence intervals of the two estimates do not overlap.

In Table A below, the confidence intervals do not overlap and so the county-level estimate and the state-level estimate are indicated in the report as statistically significantly different from each other. Chart B also shows that these confidence intervals do not overlap.

Chart A
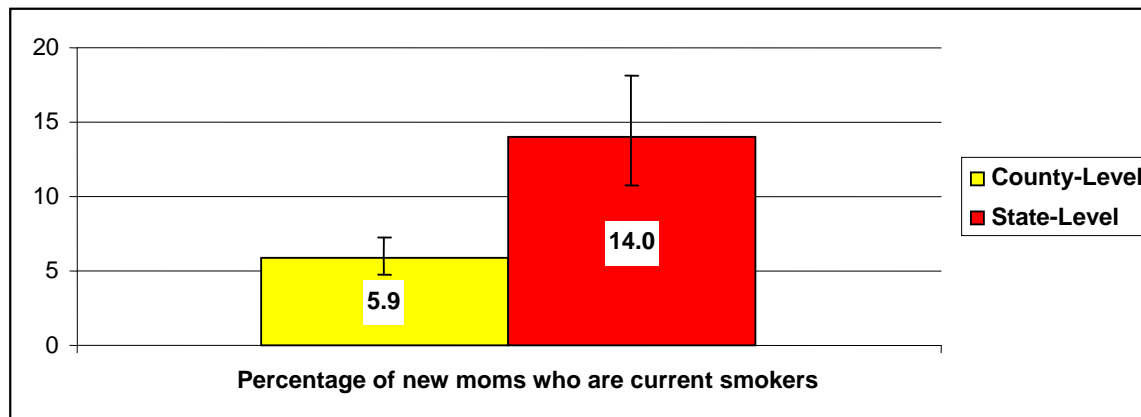
Comparisons of confidence intervals are not a true test of statistical significance, however, and it is possible for the difference between two estimates to be statistically significant even when the confidence intervals overlap. In Table and Chart B below, the confidence intervals between the county-level and state-level estimates overlap; that is, each confidence interval includes values found in the other. While it is beyond the scope of this report to test for whether the difference between these two estimates are actually statistically significant, data users may contact the PRAMS Project Coordinator or Data Analyst for technical assistance.

Table B

Indicator	County-Level		State-Level	
	Percentage	**95% CI**	**Percentage**	**95% CI**
Percentage of new moms who report smoking cigarettes during the three months before getting pregnant	12.3	8.6 – 17.2	19.5	14.6 – 25.6

Chart B

Percentage of new moms who report smoking cigarettes during the three months before getting pregnant
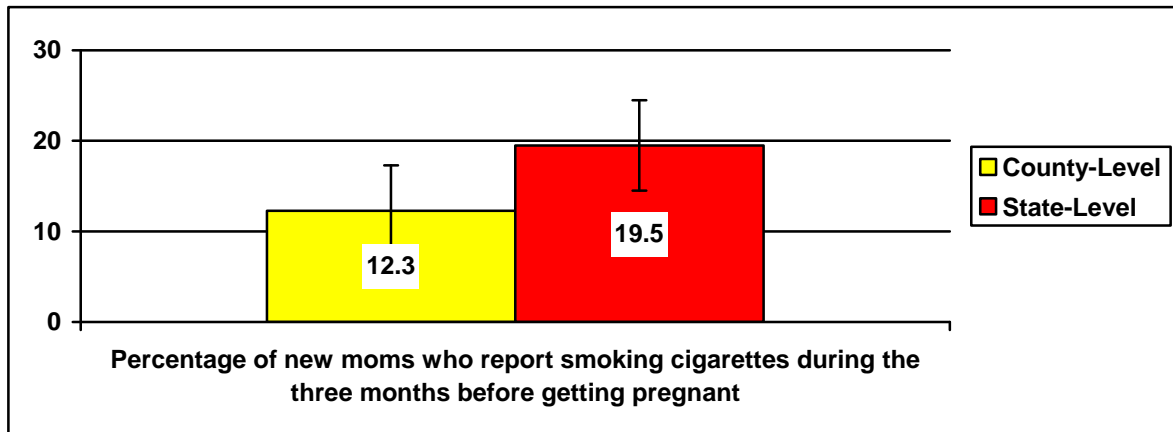
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