

Report on New Mexico Navajo Mothers and Their Infants

2012 - 2018

Pregnancy Risk Assessment
Monitoring System Data



Foreword

The epidemiological report, entitled “Report on New Mexico Navajo Mothers and Their Infants 2012-2018” presents the analysis of the data received from 2012-2018, and updates the 2005-2011 report. The 2012-2018 report is one of many other published reports to come from the Navajo Epidemiology Center (NEC) and Navajo Pregnancy Risk Assessment Monitoring System (PRAMS) Workgroup. The report focuses on Navajo mothers living in New Mexico and intends to inform public health decision makers and health care providers about the health of Navajo mothers and infants.

Reports such as these are routinely published by the state health departments and public health agencies. They are invaluable tools for making key public health decisions and taking action based on epidemiological data. Mothers and their infants constitute an important population and surveys such as the New Mexico PRAMS survey helps broaden our understanding of the successes and identify areas we can improve maternal and child health services.

The NEC has catalogued maternal and child health reports from other public health agencies that contains public health data relevant to Navajo mothers and infants. This report focusing on New Mexico, is a partial fulfillment of the goal to publish risk assessment reports for all Navajo mothers and infants in the three states bordering the Navajo Nation: Arizona, New Mexico and Utah.

Acknowledgments

The report is the result of a continuing collaboration between the Navajo Epidemiology Center, New Mexico PRAMS/ Maternal and Child Health Epidemiology Program, Navajo Department of Health, Navajo Women, Infants and Children Program, Navajo Area Indian Health Service, Albuquerque Area Southwest Tribal Epidemiology Center, Utah PRAMS Program, Arizona PRAMS Program, and Centers for Disease Control and Prevention. Representatives from these organizations make up the Navajo PRAMS Workgroup and are recognized and commended for their contribution to this report:

Special Thanks

We acknowledge and thank the New Mexico PRAMS/Maternal and Child Health Epidemiology program staff for their willingness to share data on Navajo mothers and infants. We also thank the mothers who participated in New Mexico PRAMS. Without their support and assistance, this and many other reports could not be published.

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Executive Summary

The report highlights stages of pregnancy in three sections: preconception, prenatal and postpartum. The areas identified of most concern are presented below.

Preconception

Three preconception health factors needing improvement were identified.

- Pregnancy planning and contraception – 56% of Navajo mothers who said they were not trying to get pregnant were not using contraception**. 30% of Navajo mothers did not intend to become pregnant, and 8% did not want to become pregnant.

** The question about mothers trying or not trying to get pregnant and whether or not they were using contraception when they became pregnant was not asked in the PRAMS Phase 8 Survey so responses for 2016-2018 are not available for these years.

- Multivitamins to prevent birth defects – 60% of Navajo mothers did not take a multivitamin or prenatal vitamin before pregnancy, and only 27% took a daily multivitamin.

- Weight – 66% of Navajo mothers' BMI (body mass index) was above the healthy range. A BMI below 18.5 is considered underweight; 18.5 to 24.9 is considered healthy; 25 to 29.9 is considered overweight; 30 or higher is considered obese.

Prenatal

Pregnant women who have never had diabetes before but who have high blood glucose (sugar) levels during pregnancy are said to have gestational diabetes.

- Diabetes: 5% of Navajo mothers reported having pre-existing diabetes, and 16% developed diabetes during pregnancy (gestational diabetes).

Postpartum

Postpartum depression was common among Navajo mothers.

- Symptoms of depression after delivery were reported by 15% of Navajo mothers.

Changes Over Time

In comparison to the previously published Navajo PRAMS Report 2005-2011, there were some statistically significant changes between 2005-2011 and 2012-2018 in the percentage of women reporting certain health behaviors and services.

- The percentage of Navajo mothers receiving home visiting services fell over time for visits during pregnancy and for visits after delivery. Home visits during pregnancy decreased from 14% in 2005-2011 to 12% in 2012-2018 among Navajo mothers, respectively. Similarly, home visits after delivery decreased from 34% of mothers in 2005-2011 to 23% in 2012-2018, respectively.
- Oral health services during pregnancy also increased between the two report periods. In 2005-2011, 37% of women went to a dentist or dental clinic during pregnancy for teeth cleaning increasing to 42% in 2012-2018. The percentage of Navajo mothers who had their health care provider discuss how to care for teeth and gums during pregnancy also increased significantly from 53% in 2005-2011 to 59% in 2012-2018***.

***The question about providers discussing the care of teeth and gums during pregnancy was not asked in the PRAMS Phase 8 Survey so responses for 2016-2018 are not available for these years.

- There was an increase in Medicaid coverage among Navajo mothers. Medicaid coverage for prenatal care increased from 70% in 2005-2011 to 87% in 2012-2018.

- Navajo mothers were consistent in placing their infants in a safe sleep position between 2005-2011 to 2012-2018. The percentage of Navajo mothers placing their infants on their back to sleep remained at 85%.

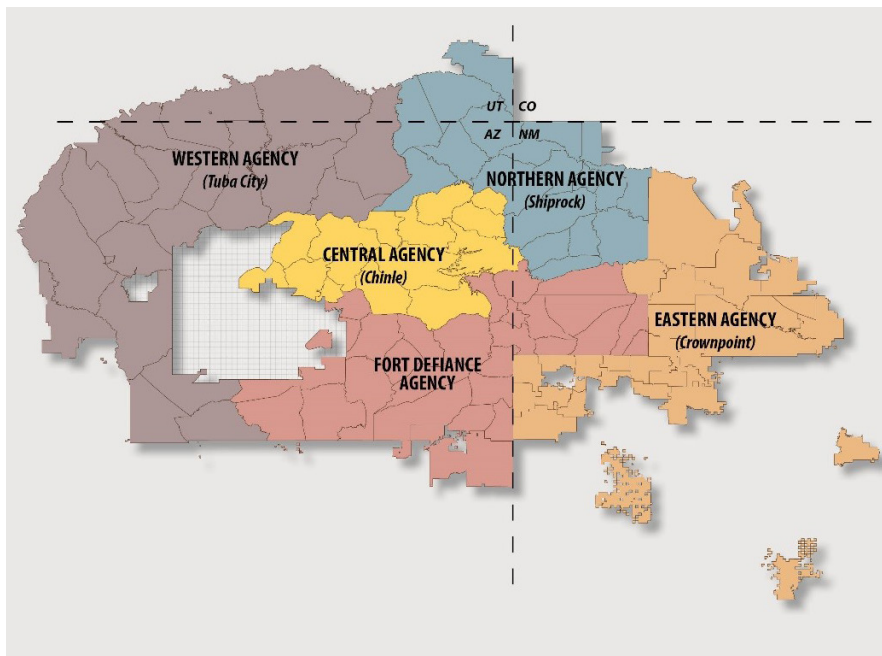
- Maternal stress slightly dropped over time in two domains (partner-related stress and traumatic stress). Although not included in the most recent report, partner-related stress during pregnancy decreased from 37% of women in 2005-2011 to 35%, and traumatic stress decreased from 34% to 30%.

Navajo Epidemiology Center

The Navajo Epidemiology Center (NEC) was established in 2005 with the intention of identifying high priority Navajo health status objectives, developing disease surveillance systems, and implementing disease control and prevention programs across the Navajo Nation. NEC is a program within the Navajo Department of Health, which serves one of the largest Native American tribes in the United States. The Navajo Nation has a population of approximately 155,000 Navajos living within the Navajo Nation boundaries (see map below of Navajo Nation 'agencies'), plus approximately another 175,000 living in border towns and metropolitan areas. It serves an area of 27,000 square miles in the Southwest United States. Portions of Arizona, New Mexico, and Utah extend into the Navajo Nation, necessitating working relationships with the "three-states" on a number of fronts, including public health.



The Navajo Department of Health administers health programs include:



- Office of the Executive Director
- Navajo Epidemiology Center
- Division of Behavioral & Mental Health Services
- Environmental Health & Protection Program
- Division of Aging & Long-Term Care Support
- Public Health Emergency Preparedness Program
- Navajo Research Program
- Diabetes Prevention Program
- Community Health Representative Program
- Uranium Workers Program
- Food Distribution Program
- Cancer Prevention Program
- Health Education & HIV Prevention Program
- Women, Infants and Children Program
- Kayenta Public Health Nursing
- Information Technology
- Infectious Disease Prevention & Control Program
- Non-Emergency Medical Transport Program

What is PRAMS?

PRAMS is a multi-year, population-based surveillance system developed and sponsored by the Centers for Disease Control and Prevention (CDC) in 46 U.S. states (includes Arizona, New Mexico and Utah) representing approximately 81% of all U.S. live births. The New Mexico PRAMS program monitors the health status, behaviors and experiences of New Mexico mothers before, during and after the birth of a child. Developed and first administered in 1997, New Mexico PRAMS program uses a state-wide survey instrument to query mothers on a variety of pregnancy risk factors, including prenatal care, counseling, multivitamin use, intimate partner abuse, teen pregnancy, home visiting, unintended and unwanted pregnancies, and other factors associated with pregnancy and birth outcomes.



PRAMS
-NEW MEXICO-

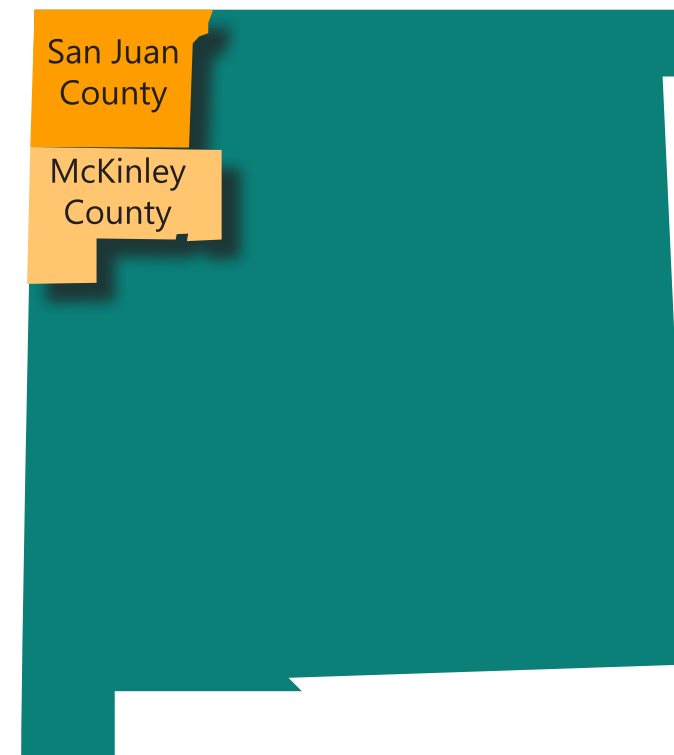
PRAMS Methodology

The report presents the results of the New Mexico PRAMS data analysis for Navajo mothers and infants residing in New Mexico. Mothers who self-identified themselves as Navajo on their infants' birth certificates were considered eligible to be included in the report. While Arizona and Utah fulfill many maternal and child health functions, this report does not include data for Navajo mothers residing in Arizona and Utah. The need to overcome this significant limitation is currently being addressed.

Population and Sample

The eligible New Mexico PRAMS population included all New Mexico resident mothers giving birth in New Mexico. Women who delivered out-of-state or gave their infants for adoption were not eligible for this survey. Information was collected on only one infant from each multiple birth. Because of these exclusions, the eligible New Mexico PRAMS population size was smaller than the number of live births reported by the New Mexico Bureau of Vital Records and Health Statistics. Each month, a stratified sample of eligible New Mexico mothers was randomly drawn (on average 140 new mothers) from eligible birth certificates at the New Mexico Bureau of Vital Record and Health Statistics. During 2012-2015, sampling was stratified by race and ethnicity with an oversampling of Native American mothers. From 2016 going forward, there was no deliberate oversampling of Native American mothers. Stratification for 2016-2018 was based on maternal education levels. Approximately one out of every 12 mothers residing in New Mexico with a recent live birth in NM was selected to receive a survey.

New Mexico PRAMS Response of Navajo Women, 2012-2018	
Year of Infants Birth	Numbers of Responses
2012	92
2013	158
2014	145
2015	123
2016	101
2017	81
2018	100



Many NM Navajo mothers reside in the NW quadrant of the state and within the boundaries of San Juan or McKinley counties.

PRAMS Data Collection

Each year, those new mothers who were sampled to receive a survey were mailed a survey up to three times between two to six months after delivery. The survey participation was voluntary. Survey recipients were asked to complete the survey and mail it back to the New Mexico PRAMS program. The mailed survey included a cover letter, questionnaire booklet, a return envelope with postage, a question and answer sheet about PRAMS, a list of community resources for families and newborns, an incentive, and an offer of a reward (\$20 gift card) for participation. Those mothers who did not return the survey booklet were called and asked to complete the survey by telephone and were also given a toll-free number to call at any time. The mailings started two to six months after birth, and telephone interviews ended 90 days after the first mailing. After data collection for the birth year ended the survey data were managed by the CDC for cleaning and statistical weighting. The CDC then returned the weighted data to New Mexico PRAMS, where local staff then performed data cleaning and analyzed data for New Mexico PRAMS surveillance reports; the latest statewide New Mexico PRAMS report covered births from the years 2016-2018.

The PRAMS Questionnaire

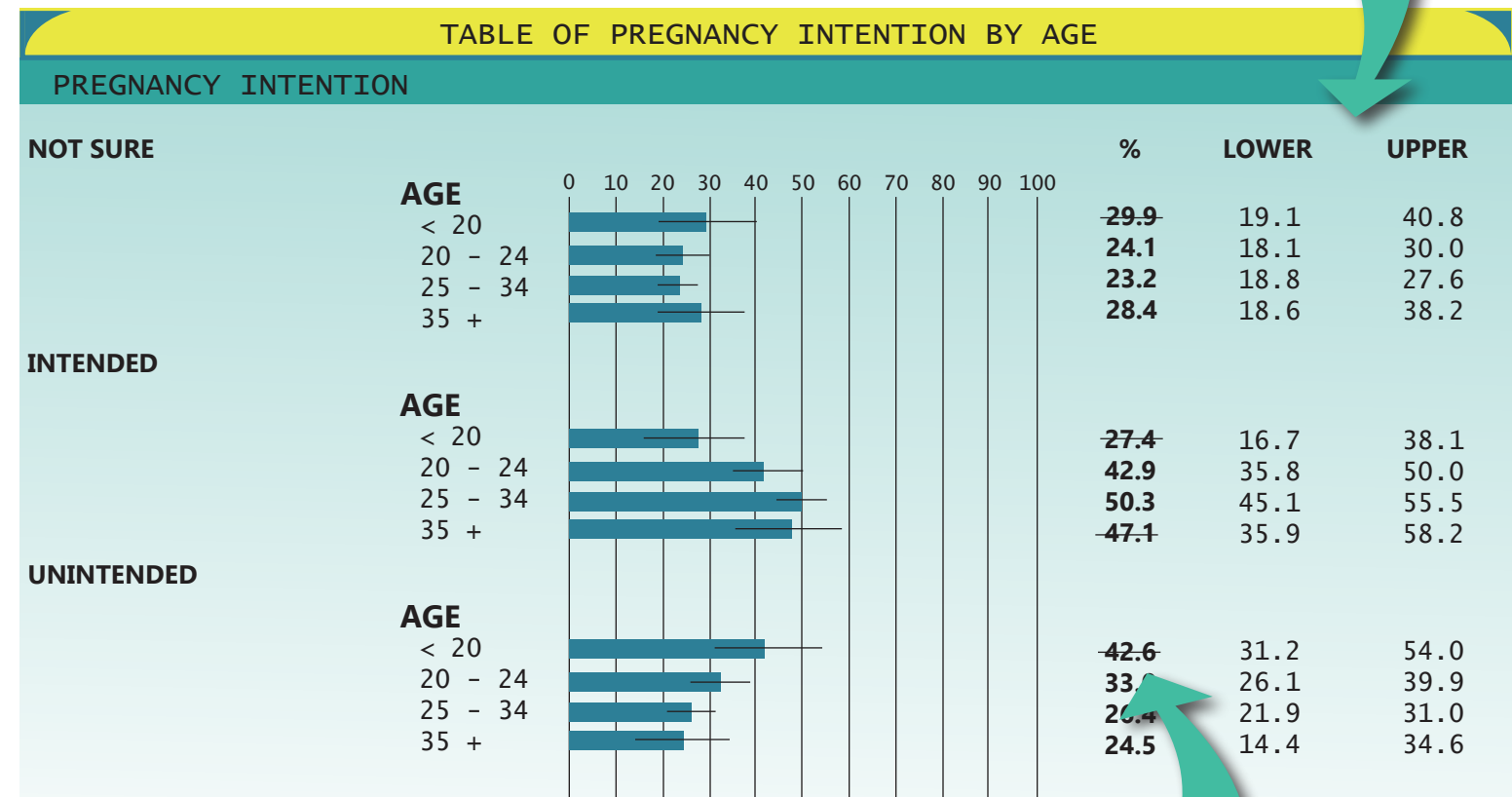
The CDC coordinates the PRAMS questionnaire that consists of two parts: a core portion that was the same for all participating states and a state-specific portion that was tailored to New Mexico's needs. Topics of the core portion included:

- Timing of Prenatal Care
- Early infant care and breastfeeding
- Economic status (federal poverty level, employment, number of dependents)
- Health status
- Obstetric history

How to Read the Tables in this Report

What is a Confidence Interval? In the tables the Confidence Interval is depicted by a dark line on the end of each bar on the graphs (the narrow line drawn within the green bar). As with all surveys, there is some uncertainty associated with the results because not every NM Navajo mother completed the survey. This uncertainty is represented by error bars depicting confidence intervals. Confidence Intervals vary between narrower intervals (more precise) and wider intervals (less precise). The tables in this report are based on a 95% Confidence Interval with the span of the interval indicating how much variation there is in the range for the point value. For example, in the sample page below, the actual percentage of NM Navajo Mothers who took a multivitamin every day shows that the estimate ranged from (XX% to XX%). A very wide interval, especially those wider than 15 percentage points, indicates that the value is less precise and, therefore, must be used with caution. A narrow confidence indicates that the data are considered more precise and, therefore, more stable. Determination of stability is based on several statistical factors, including the sampling population and number of respondents answering for each indicator.

In this report, the "Lower" and "Upper" values are error margins of a 95% confidence interval.



A strikethrough in the values indicates a large margin of error, indicating that caution should be used with those data.

Comparison of stressful life events before Delivery: Navajo and all NM Moms

Maternal Stressful Life Experiences	NM Navajo Mothers (n=507) %	NM all moms (n=5,320) %
Stress During Pregnancy		
Partner-related Stress	35.4	29.5
Stress During Pregnancy		
Emotional Stress	33.0	35.1
Stress During Pregnancy		
Traumatic Stress	30.5	20.0
Stress During Pregnancy		
Financial Stress	55.6	56.0

Discussion

The report can be used to compare and monitor over time the behaviors and experiences of Navajo mothers throughout the course of pregnancy. The report highlights important findings about Navajo maternal and infant health concerns during pregnancy.

Preconception Behavior and Experiences

The prevalence of Navajo mothers who did not take any vitamins prior to pregnancy was 62% for all ages. The consumption of vitamins during pregnancy is essential for the health of the mother and the development of the fetus. Most vitamins contain essential nutrients, for example, folic acid has been proven to prevent birth defects, such as neural tube defects.

The prevalence of an unintended pregnancy was greatest among Navajo mothers 20 years of age and younger with less than a high school education.

Risk behaviors are important to assess during pregnancy so healthcare professionals and providers can implement interventions and provide appropriate care. According to the report, Navajo mothers of all ages had a prevalence of 30% for smoking before pregnancy, 18% for alcohol use before pregnancy, and 10% of experiencing intimate partner abuse before or during pregnancy.

Prenatal Behaviors and Experiences

Pregnancy is an opportunity to assess the health of the mother and baby to ensure minimal health risk. According to the report, 66% Navajo mothers received prenatal care during the first trimester. Prenatal care may include education on safe medications, healthy/unhealthy behaviors, breastfeeding, and maternal/fetal screenings. Additionally, more than two-thirds (73%) of Navajo mothers of all ages received their flu shot 12 months before delivery.

Oral health is associated with gestational age (number of weeks of pregnancy before delivery), and good oral health might help prevent a preterm birth.¹ Approximately, 44% of Navajo mothers of all ages have visited a dentist and have had their teeth cleaned during pregnancy.

In addition to addressing risky behaviors, prevention and management of chronic health conditions are a priority to reduce negative health effects on mother and baby. The report indicated that 33% of Navajo mothers 35 years of age and older developed gestational diabetes.

Postpartum Behaviors and Experiences

During the postpartum phase, it is important to have consistent and proper use of contraception to prevent unintended and unwanted pregnancies. Postpartum contraception use was greater among women between the ages of 20-24 (80%).

Breastfeeding provides health benefits for both mother and baby. Navajo mothers who breastfed for more than 2 months was highest among those 35 years of age and older (78%). The finding suggests more Navajo mothers are encouraged to prolong breastfeeding as long as they can.

Postpartum checkups are important for AI/AN women because AI/AN women are two to three times more likely to die from pregnancy-related causes compared to any other race/ethnicity². The report indicated a greater percentage of Navajo mothers were more likely to go to their postpartum checkups. Additionally, postpartum depression was assessed during postpartum checkups. Among Navajo mothers who were most likely to experience postpartum depression were younger than 20 years of age, had less than a high school education, and earned less than 100% of the federal poverty level.

Conclusion

The findings indicate a need for the development and implementation of early maternal and child health education, addressing maternal and child health disparities, and to develop appropriate culturally tailored intervention programs for Navajo mothers. Collectively, the report also serves to provide maternal and infant health information to healthcare professionals and healthcare providers to promote healthy pregnancies and birth outcomes.

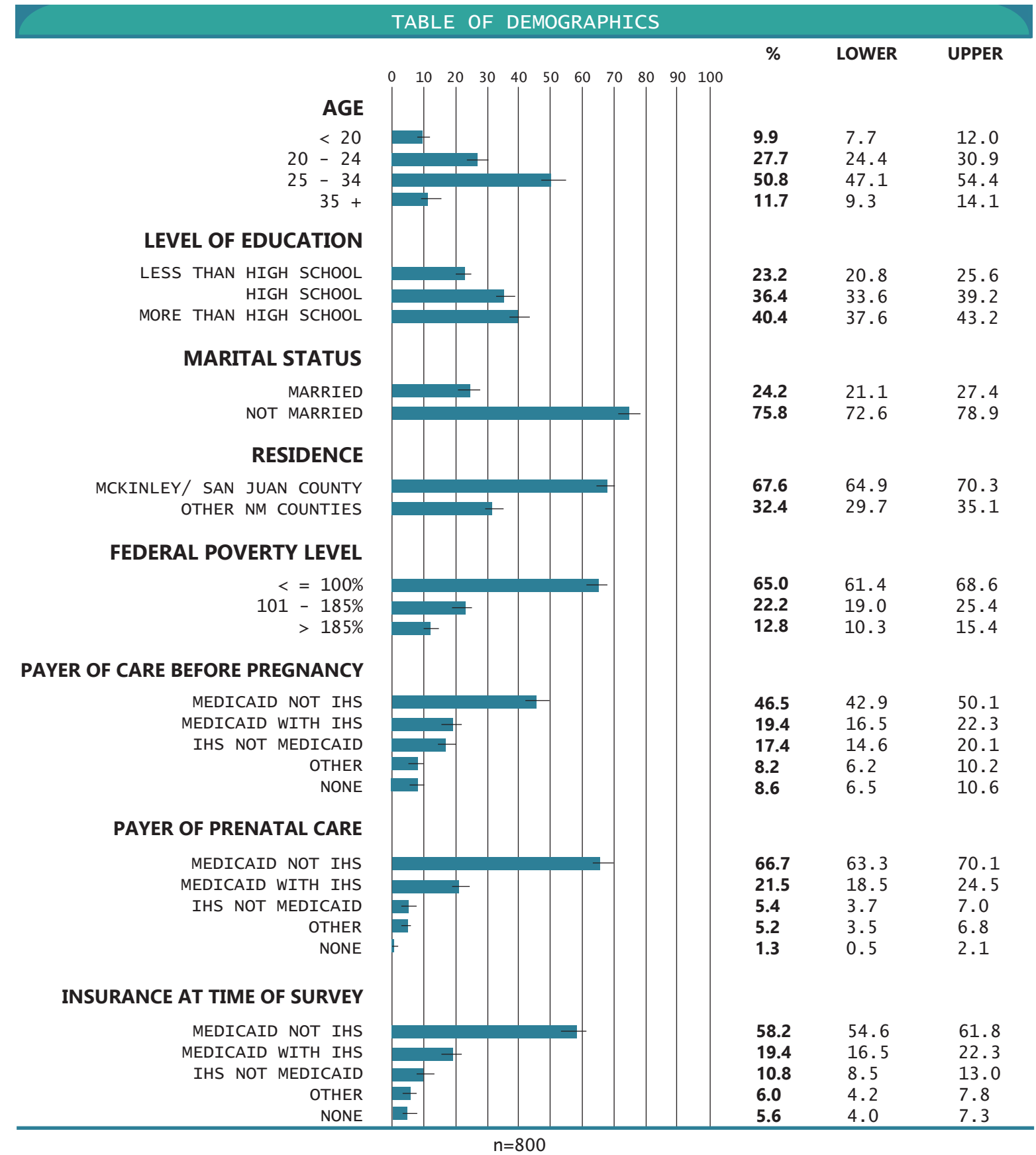
References

1. Jeffcoat M, Geurs N, Reddy M, Cliver S, Goldenberg R, Hauth J. Periodontal infection and preterm birth: results of a prospective study. J Am Dent Association. 2001 July; 132(7); 875-80.
2. Centers for Disease Control and Prevention. (2020, August 04). Pregnancy-Related Deaths in the United States. Retrieved from <https://www.cdc.gov/health/pregnancy-related-deaths/index.html>

DEMOGRAPHICS

Demographics are the characteristics of a population. For this report, the population is comprised of 800 Navajo mothers who participated in the New Mexico (NM) Pregnancy Risk Assessment Monitoring System (PRAMS) Survey from 2012-2018. Demographics collected are age, level of education, marital status, county of residence, income, payer of care/health insurance, and Women, Infants, and Children (WIC) program enrollment. The graphs on the next page illustrate the demographic characteristics about the NM Navajo mothers in this report which include the following:

- Most women were between the ages of 20 and 34.
- More women had more than a high school education.
- Most women were not married.
- More women resided in McKinley/San Juan counties.
- Most women had incomes below 100% of the Federal Poverty Level.
- More women had Medicaid without Indian Health Services during prenatal care and during the time of the survey as their payer of care.
- Most women had WIC services during and after their pregnancy



The majority of the 800 Navajo mothers who participated in the New Mexico PRAMS survey were 20-34 years old (78.5%), 36.4% had at least a high school education but not college, 75.8% were not married, 67.6% resided in McKinley/San Juan counties (the two major New Mexico counties overlapping the Navajo Nation), and 65.0% had a low level of income. The majority of mothers was enrolled in the WIC program during pregnancy, and had Medicaid as the major payer of prenatal care.

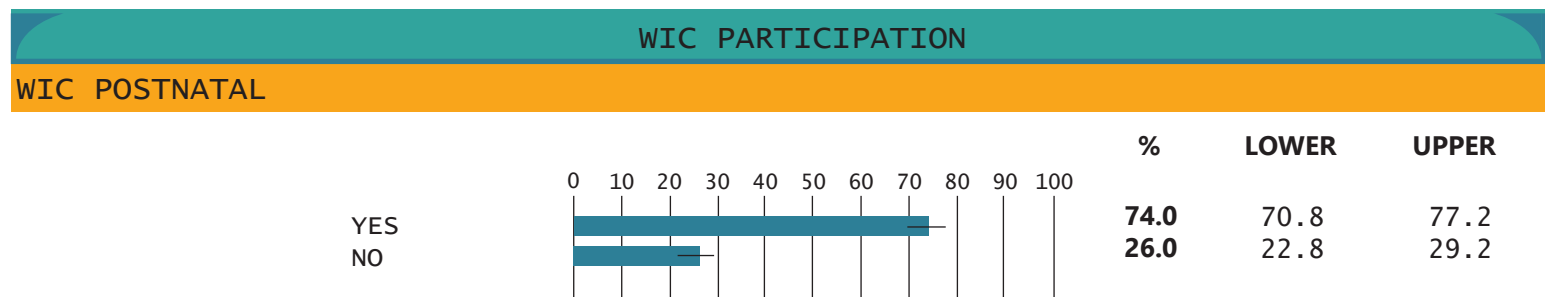
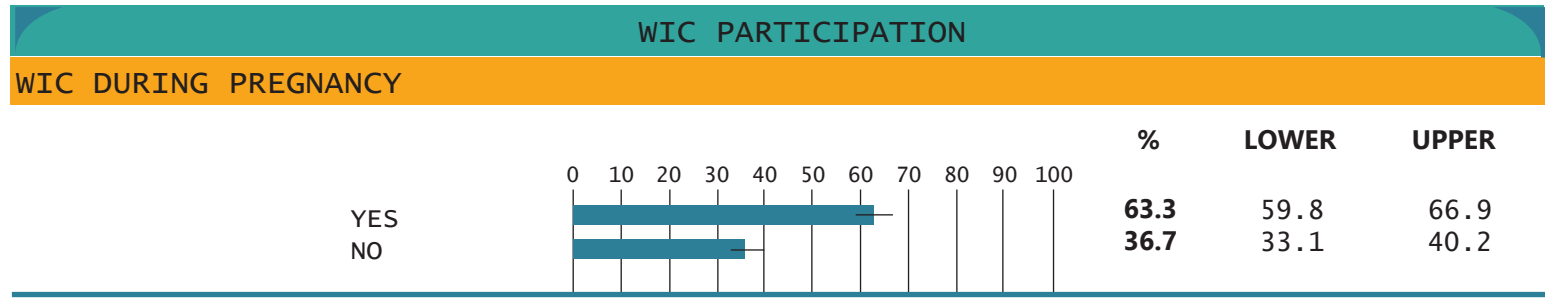


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VITAMIN USE BEFORE PREGNANCY

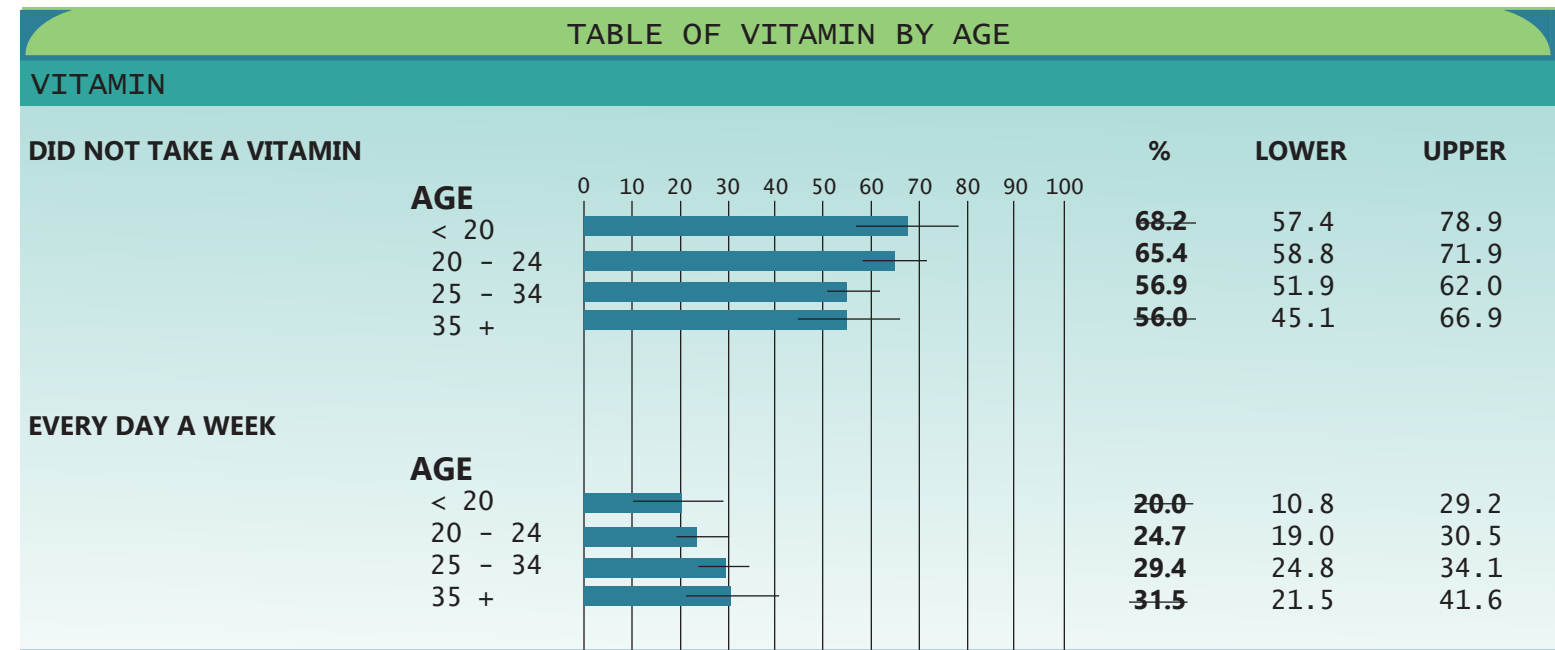
A daily regimen of vitamins is essential to a healthy pregnancy. Prenatal vitamins, according to the American Pregnancy Association, are vital for proper fetal growth and development. Taking a vitamin rich in folic acid, calcium and iron is important to the health and development of the baby. Folic acid vitamins taken before pregnancy are recommended to prevent neural tube defects (Mayo Clinic, 2019).

Historically, Navajo mothers have not had the necessary nutrients provided by daily multivitamins. The causes leading to Navajo mothers not receiving necessary nutrients is driven by lack of access to multivitamins and health promotion (De La Rosa, et al, 2020). However, there has been at least a 4% increase in multivitamin intake when reviewing the most recent data compared with the 2000-2004 Navajo PRAMS report. Over the last 30 years there has been notable improvement in the daily intake of vitamins among Navajo women, especially intake of B vitamins (De La Rosa, et al, 2020).

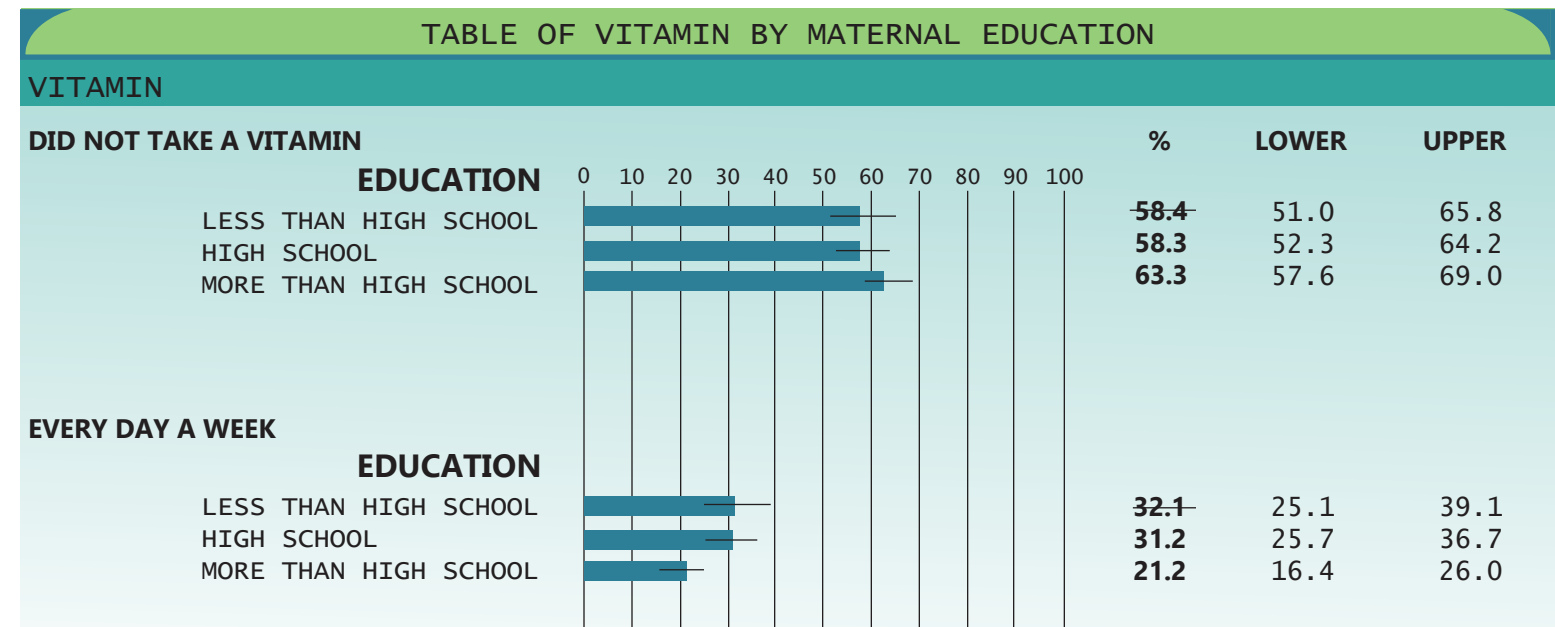
Sources:
 American Pregnancy Association. (2020, September 12). Prenatal Vitamins. Retrieved from <https://americanpregnancy.org/healthy-pregnancy/pregnancy-health-wellness/prenatal-vitamins-990>
 De La Rosa, V.Y., Hoover, J., Hoover, Du, R., Jimenez, E.Y., MacKenzie, D., NBCS Study Team, & Lewis, J. (2020, July). Diet quality among pregnant women in the Navajo Birth Cohort Study. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/32026554>
 Mayo Clinic Staff. (2019, December 19). Pregnancy diet: Focus on these essential nutrients. Retrieved from <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy-nutrition/art-20045082>

The graphs show the following about the New Mexico Navajo mothers in this report:

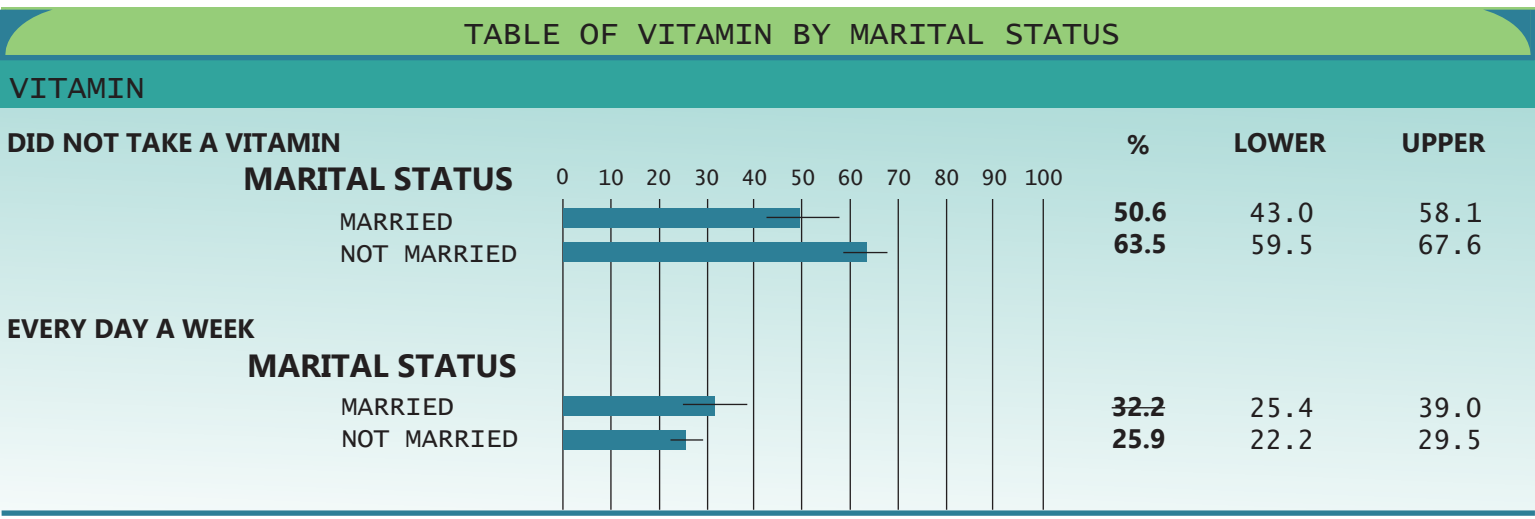
- A greater percentage of women under the age of 20 did not take vitamins compared to those older than 20 years of age prior to pregnancy.
- Women with more than a high school education were slightly more likely to take a vitamin prior to pregnancy compared to those who had less than a high school education.
- Vitamin consumption did not vary by county of residence
- Married women were more likely to take a preconception vitamin compared to unmarried women.
- There was no notable difference in vitamin consumption by Federal Poverty Level.
- There was no difference among women with WIC benefits during pregnancy and taking a vitamin prior to pregnancy.



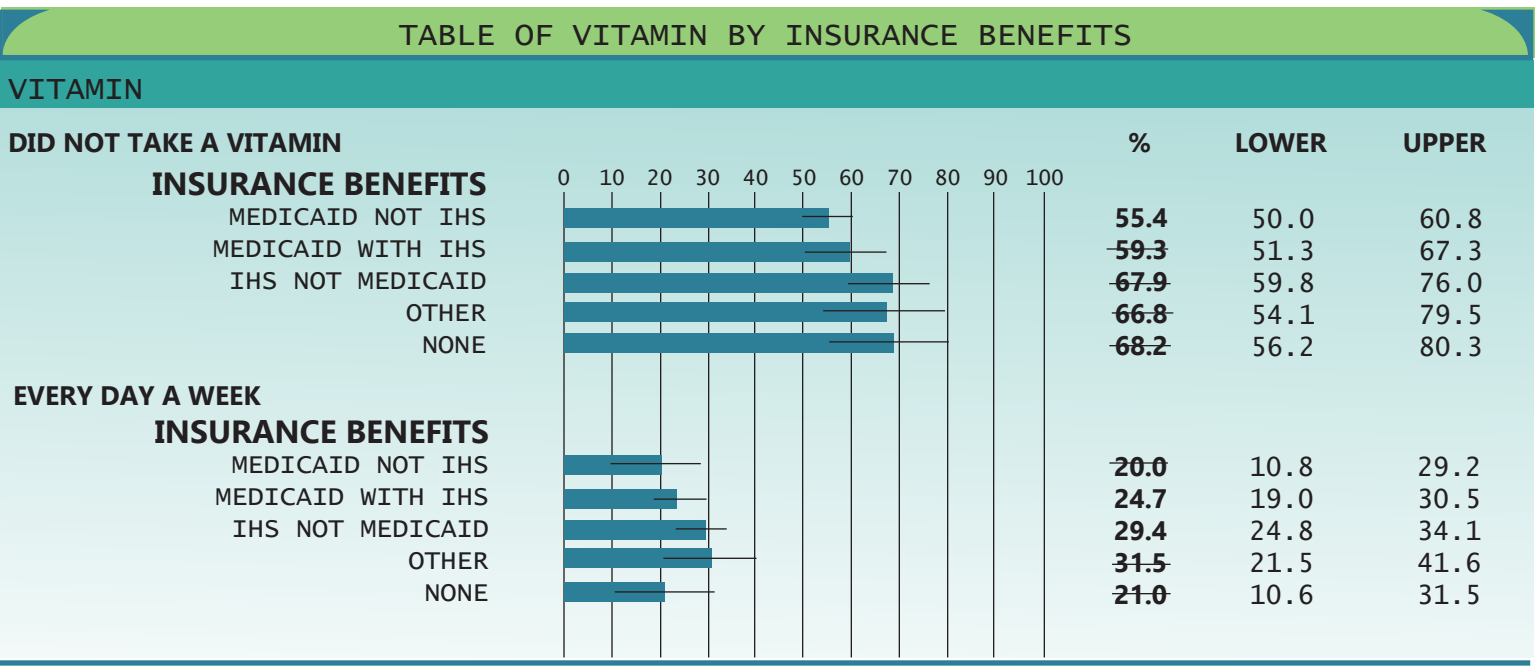
This table shows Navajo women's vitamin uptake by maternal age. A greater percentage of Navajo women under the age of 20 did not take vitamins before pregnancy. A greater percentage of Navajo women aged 35 and older took vitamins every day of the week. This data does not show a statistical association between maternal age and vitamin uptake.



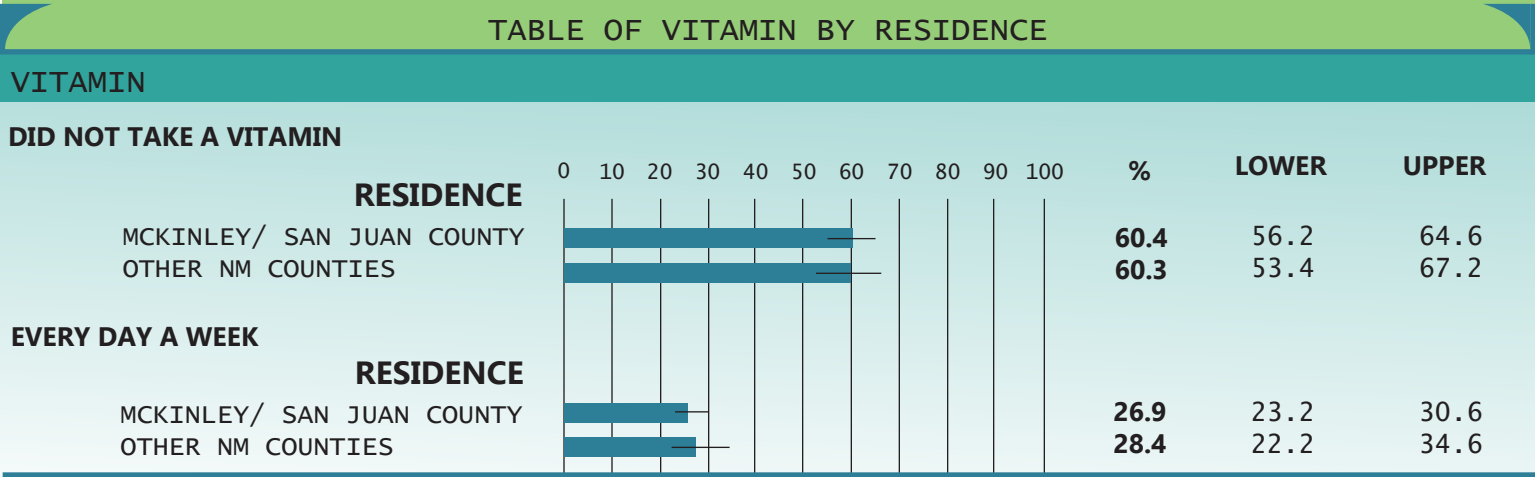
This table shows Navajo women's uptake of vitamins by maternal education level. A greater percentage of Navajo women with more than a high school education took vitamins before pregnancy. This data does not show a statistical association between maternal education level and vitamin uptake.



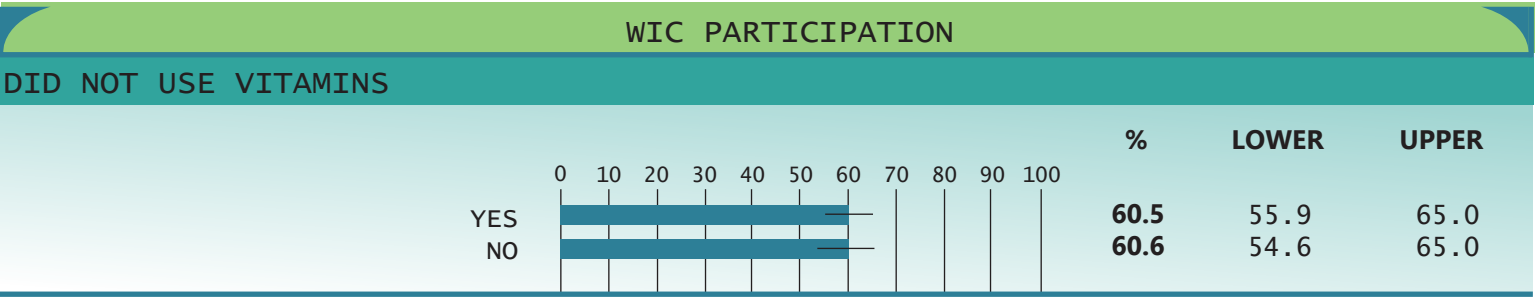
This table shows Navajo women's uptake of vitamins by marital status. A greater percentage of unmarried Navajo women did not take a vitamin before pregnancy. This data shows a statistically significant association between marital status and vitamin uptake.



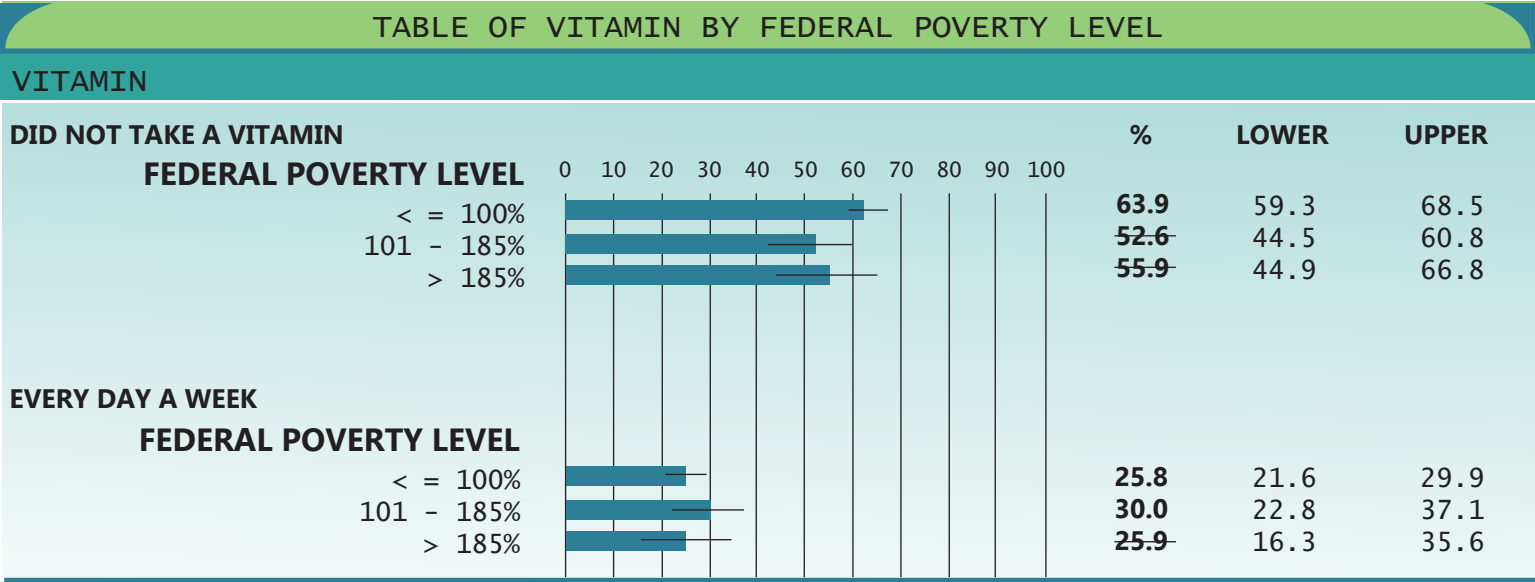
This table shows Navajo women's uptake of vitamins by payer of care before their pregnancy. A greater percentage of Navajo women with no payer of care did not take a vitamin before their pregnancy. This data does not show a statistical association between payer of care and vitamin uptake.



This table shows Navajo women's uptake of vitamins by area of residence. This data does not show a statistical association between county of residence and vitamin uptake.



This table shows Navajo women's uptake of vitamins by WIC service before their pregnancy. There was no statistical association between WIC service and vitamin uptake.



This table shows Navajo women's uptake of vitamins by Federal Poverty Level (FPL). A greater percentage of Navajo women with incomes less than 100% of the FPL did not take vitamins before pregnancy. This data shows a statistically significant association between FPL and vitamin uptake.

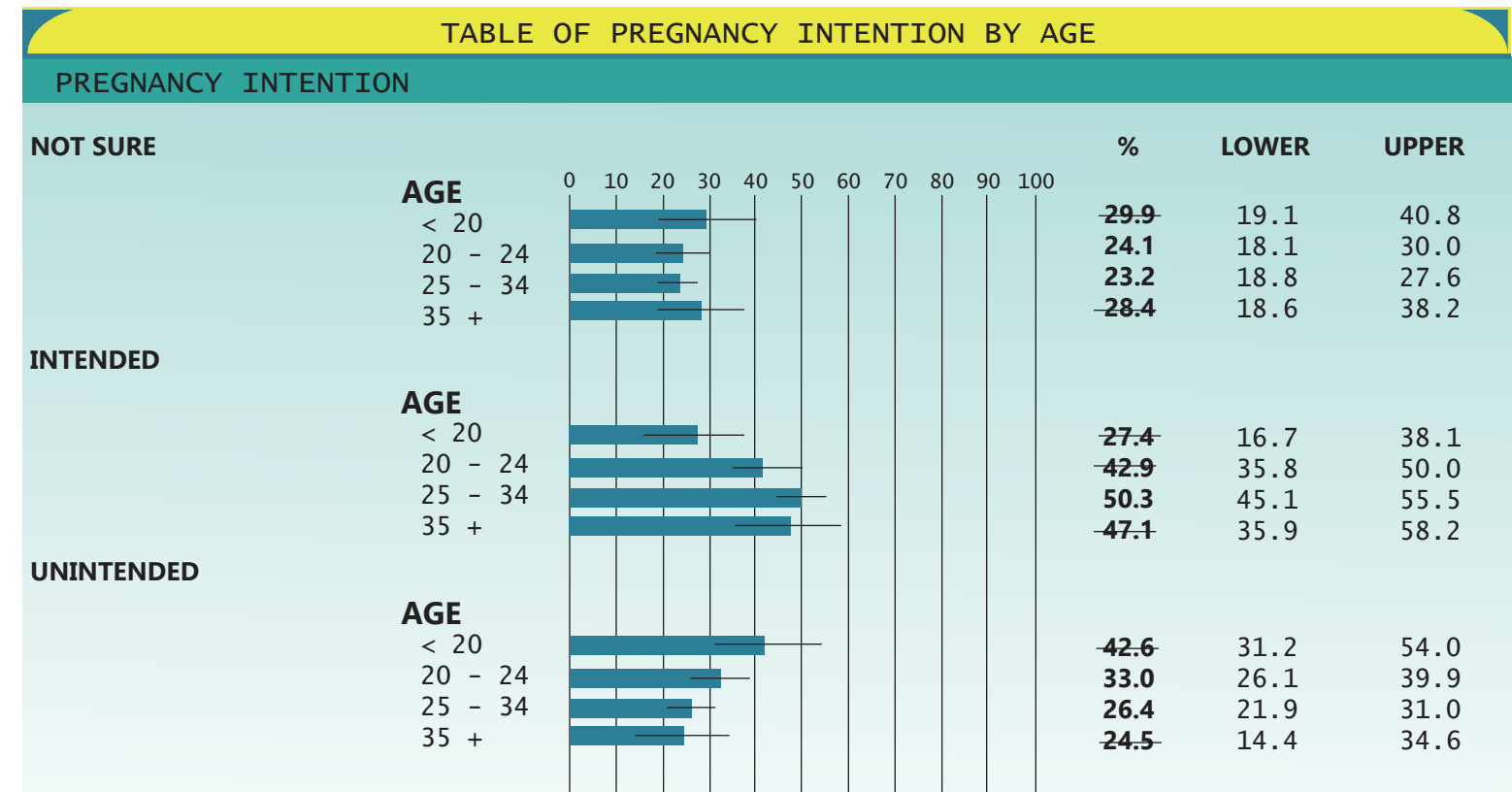
PREGNANCY INTENTION

According to the CDC, an unintended pregnancy is either mistimed (happened earlier than desired) or unwanted. Unintended pregnancy is a reproductive public health concern because it impacts many different outcomes for both mother and child. Women who had pregnancies that were unwanted or were markedly earlier than wanted, and women who were unsure about their pregnancy, suffered numerous deleterious outcomes and behaviors, including intimate partner violence (IPV), depression, tobacco consumption, lack of early prenatal care, and lack of postpartum care (Mark & Cowan, 2022; Cruz-Bendezú et al., 2020).

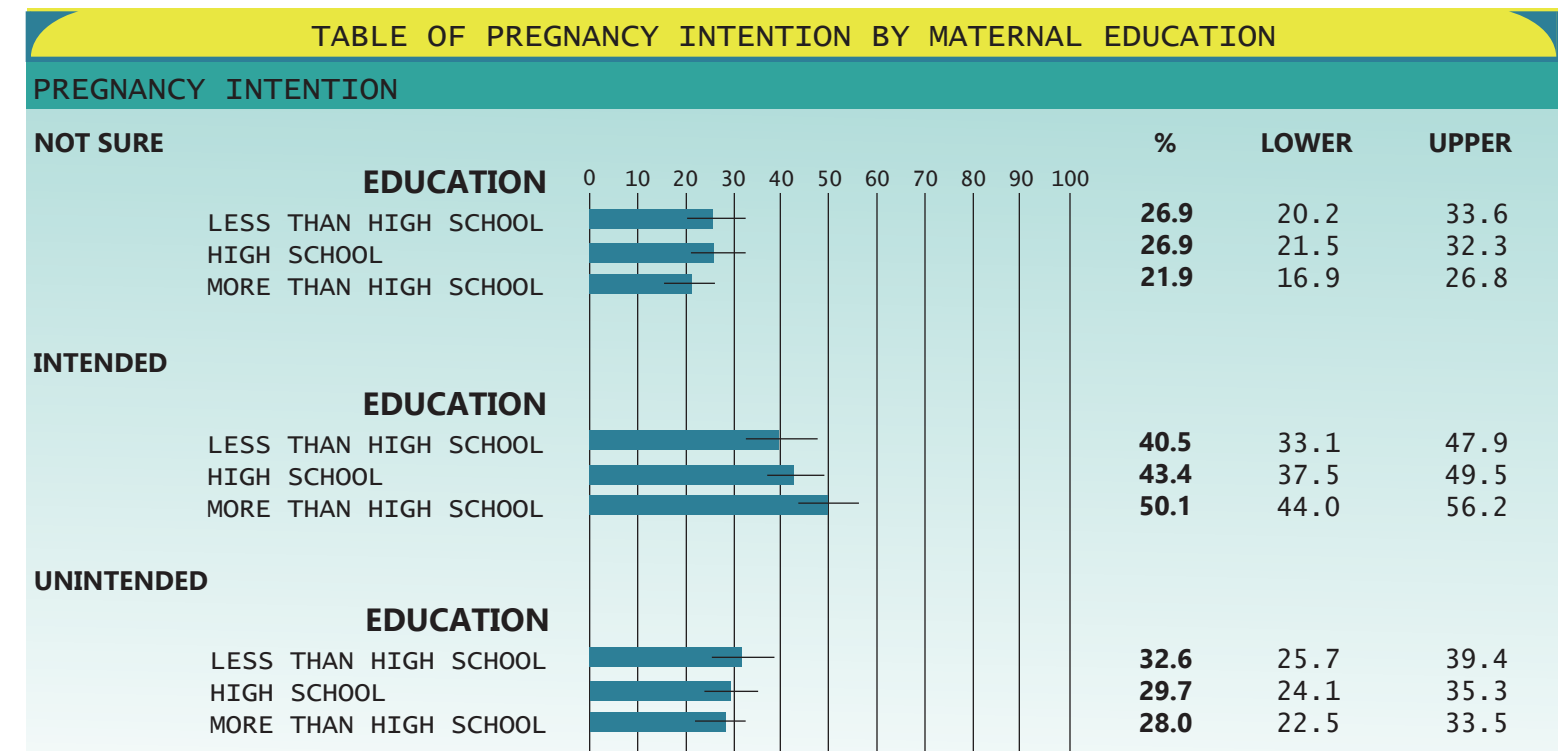
Sources:
 CDC. (2019, September 12). Unintended Pregnancy. Retrieved from <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>
 Cruz-Bendezú, A. M., Lovell, G. V., Roche, B., Perkins, M., Blake-Lamb, T. L., Taveras, E. M., & Simione, M. (2020). Psychosocial status and prenatal care of unintended pregnancies among low-income women. *BMC Pregnancy and Childbirth*, 20(1), 615. <https://doi.org/10.1186/s12884-020-03302-2>
 Finer, L. B., & Zolna, M. R. (2011). Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*, 84(5), 478-485. <https://doi.org/10.1016/j.contraception.2011.07.013>
 Mark, N. D. E., & Cowan, S. K. (2022). Do Pregnancy Intentions Matter? A Research Note Revisiting Relationships Among Pregnancy, Birth, and Maternal Outcomes. *Demography*, 59(1), 37-49. <https://doi.org/10.1215/00703370-9710311>

Unintended pregnancy was greatest among those who:

- Were under the age of 20
- Had less than a high school education
- Were not married
- Lived in McKinley and San Jaun counties
- Earned household incomes less or equal to 100% of federal poverty level
- Had Indian Health Services without Medicaid coverage
- Did not have WIC after delivery

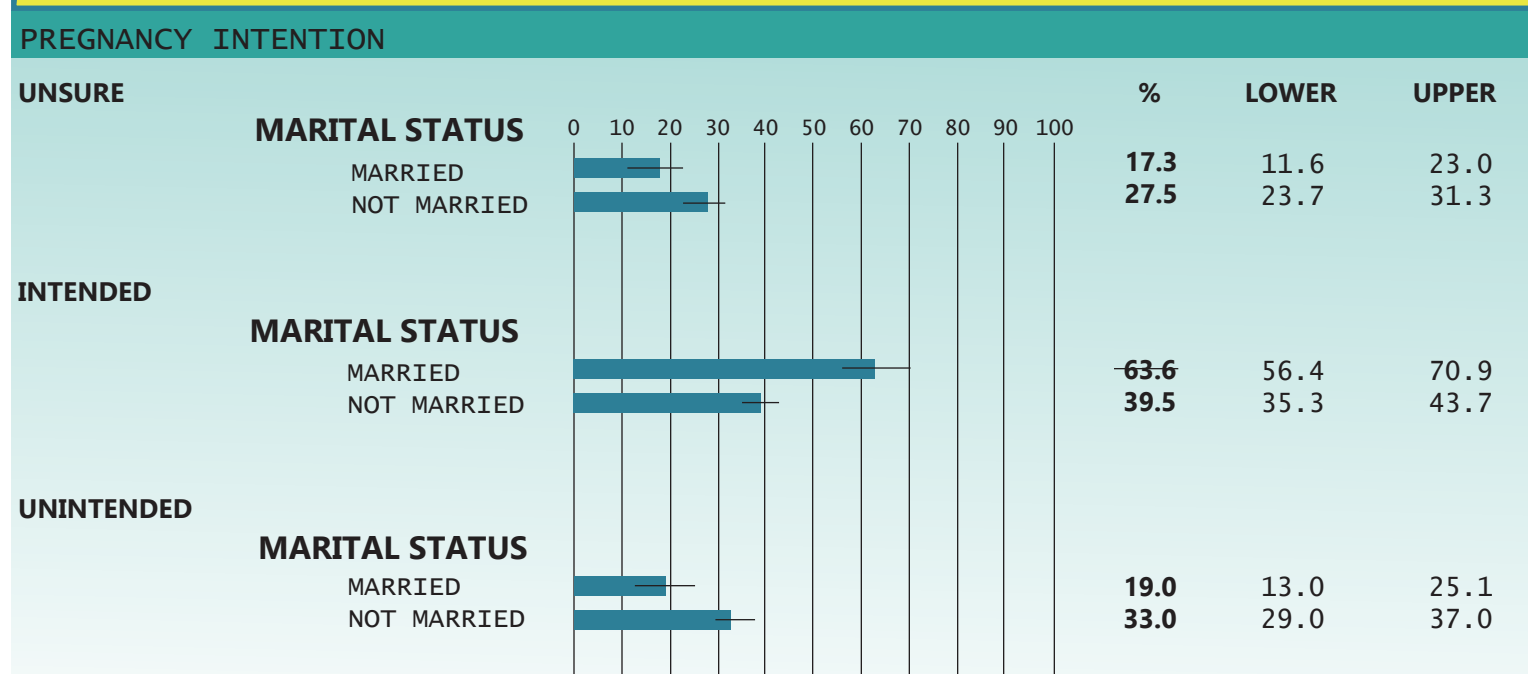


This table shows Navajo women's pregnancy intention by maternal age. A greater percentage of Navajo women under 20 years of age were unsure about their pregnancy intent. Navajo women at least 25 years of age or older were more likely to have intended pregnancies. Navajo women under 20 years of age were more likely to have unintended pregnancies. This data shows a statistically significant association between pregnancy intention and maternal age.



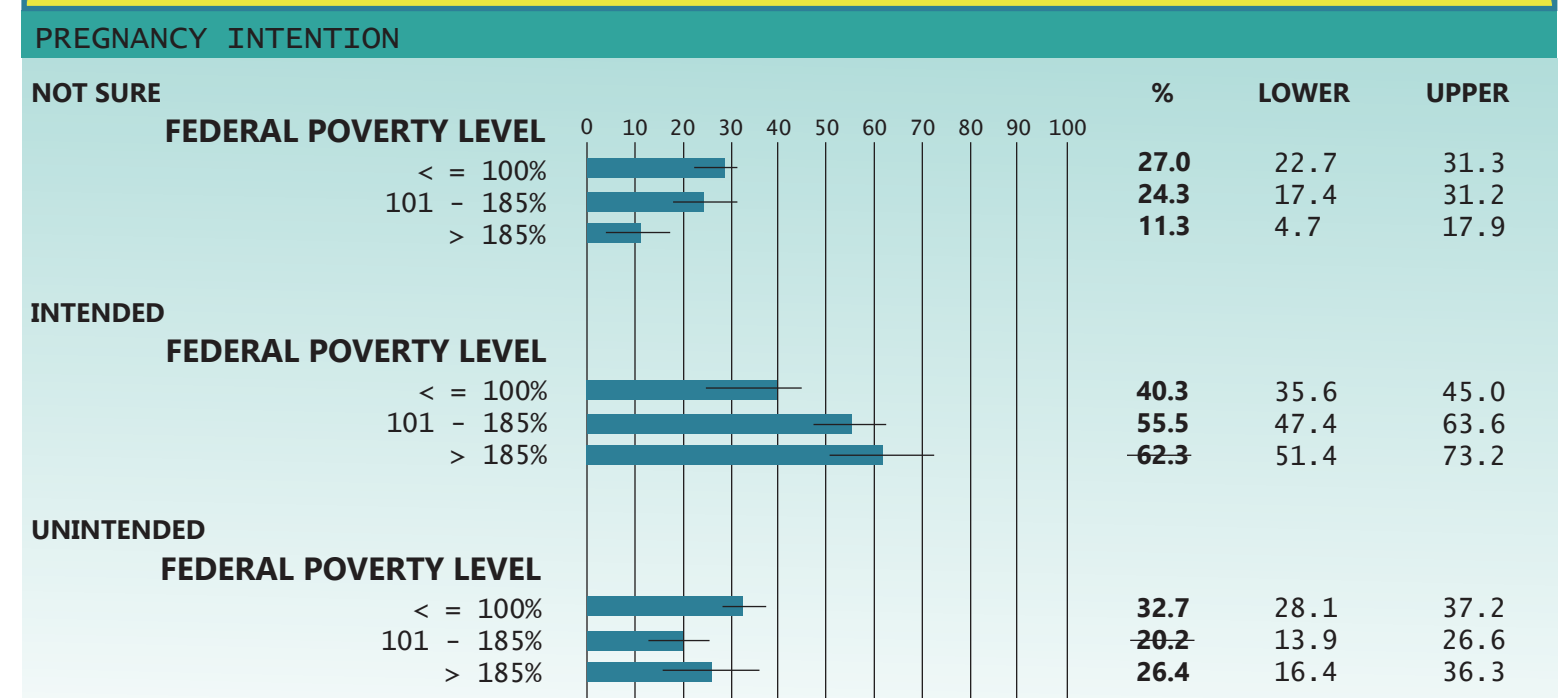
This table shows Navajo women's pregnancy intention by maternal education. A greater percentage of Navajo women with a high school education or less were not sure of their pregnancy intention. A greater percentage of Navajo women with more than a high school education level were more likely to have intended pregnancies. This data does not show a statistical association between maternal education and pregnancy intention.

TABLE OF PREGNANCY INTENTION BY MARITAL STATUS



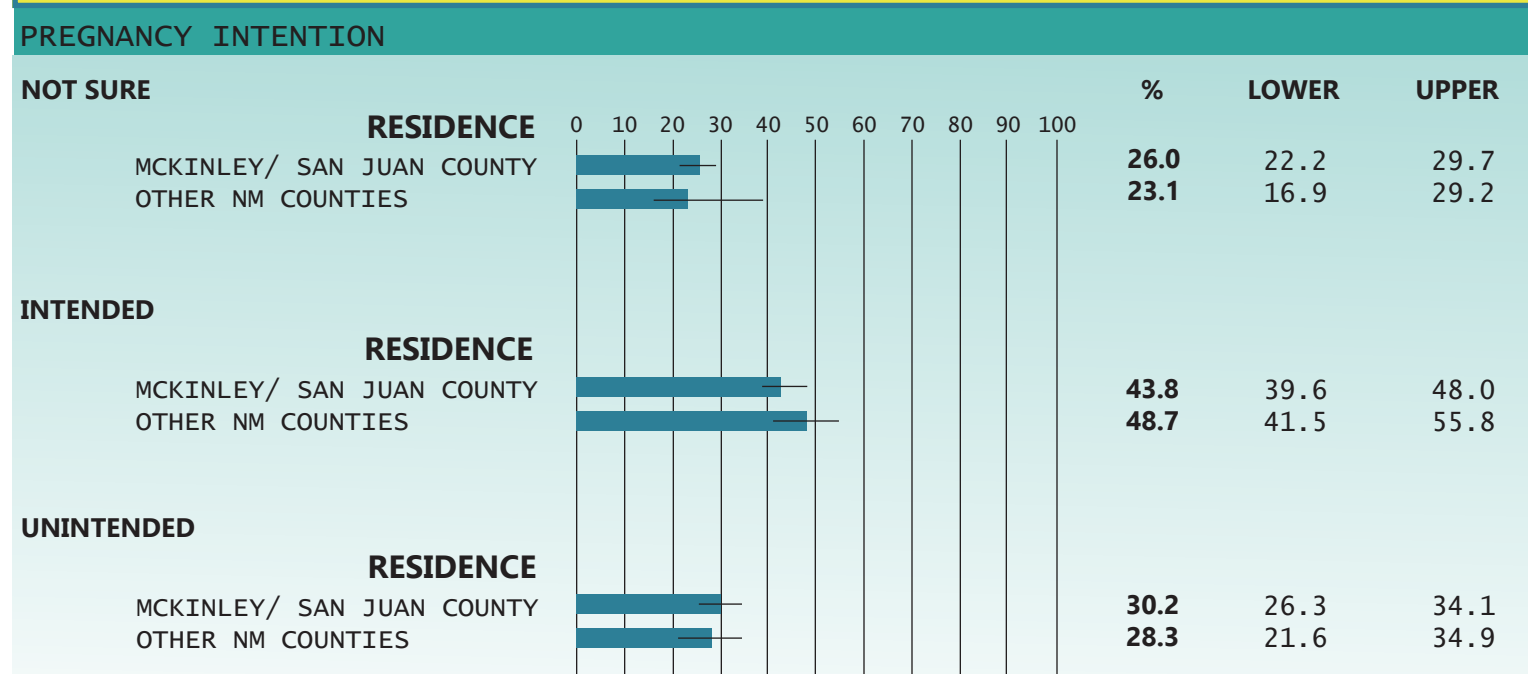
This table show Navajo women’s pregnancy intention by marital status. A greater precentage of unmarried Navajo women were not sure of their pregnancy intention. A greater percentage of married Navajo women had intended pregnancies and a greater percentage of unmarried Navajo women had unintended pregnancies. This data shows a statistically significant association between marital status and pregnancy intention.

TABLE OF PREGNANCY INTENTION BY FEDERAL POVERTY LEVEL



This table shows Navajo women’s pregnancy intention by Federal Poverty Level (FPL). A greater percentage of Navajo women that earned less than 100% of the FPL were not sure of their pregnancy intention. A greater percentage of Navajo women that earned more than 185% of the FPL were more likely to have an intended pregnancy. A greater percentage of Navajo women that earned less than 100% of the FPL had an unintended pregnancy. This data shows a statistically significant association between FPL and pregnancy intention.

TABLE OF PREGNANCY INTENTION BY RESIDENCE



This table shows Navajo women’s pregnancy intention by area of residence. According to the table, there was a greater percentage of Navajo women who were not sure of their pregnancy intention residing in McKinley/San Juan counties. A greater percentage of Navajo women residing in other NM counties had more intended pregnancies. A greater percentage of Navajo women residing in McKinley/San Juan counties had unintended pregnancies. This data does not show a statistical association between area of residence and pregnancy intention.

TABLE OF PREGNANCY INTENTION BY INSURANCE BENEFITS

PREGNANCY INTENTION

PREGNANCY INTENTION			%	LOWER	UPPER
NOT SURE	INSURANCE BENEFITS	0 10 20 30 40 50 60 70 80 90 100			
	MEDICAID NOT IHS		27.3	22.3	32.2
	MEDICAID WITH IHS		27.9	20.6	35.2
	IHS NOT MEDICAID		21.0	14.0	27.9
	OTHER		16.4	5.9	26.8
NONE		22.2	11.4	33.0	
INTENDED	INSURANCE BENEFITS				
	MEDICAID NOT IHS		40.8	35.4	46.2
	MEDICAID WITH IHS		49.5	41.0	58.0
	IHS NOT MEDICAID		44.7	35.9	53.5
	OTHER		58.4	45.1	71.6
NONE		51.5	38.9	64.1	
UNINTENDED	INSURANCE BENEFITS				
	MEDICAID NOT IHS		31.9	26.8	37.1
	MEDICAID WITH IHS		22.6	15.3	29.8
	IHS NOT MEDICAID		34.4	25.9	42.8
	OTHER		25.3	13.8	36.7
NONE		26.3	15.7	36.9	

This table shows Navajo women's pregnancy intention by payer of care. A slightly larger percentage of Navajo women that had Medicaid with Indian Health Services as their payer of care were not sure about their pregnancy intention. A greater percentage of Navajo women that intended their pregnancy had other payer of care benefits. A greater percentage of Navajo women with Indian Health Services not Medicaid as their payer of care had an unintended pregnancy. This data does not show a statistical association between payer of care and pregnancy intention.

WIC PARTICIPATION

PREGNANCY INTENTION

PREGNANCY INTENTION			%	LOWER	UPPER
NOT SURE	YES		24.3	20.6	28.0
	NO		26.2	19.8	32.6
INTENDED	YES		46.2	41.8	50.6
	NO		44.7	37.5	51.9
UNINTENDED	YES		29.5	25.4	33.5
	NO		29.1	22.6	35.6

This table shows Navajo women's pregnancy intention by WIC service during their postnatal period. A greater percentage of Navajo women that were not sure of their pregnancy intention did not have WIC services during their postnatal period. A greater percentage of Navajo women that had an intended pregnancy had WIC services during their postnatal period. This data does not show a statistical association between WIC service during the postnatal period and pregnancy intention.

SMOKING BEFORE PREGNANCY

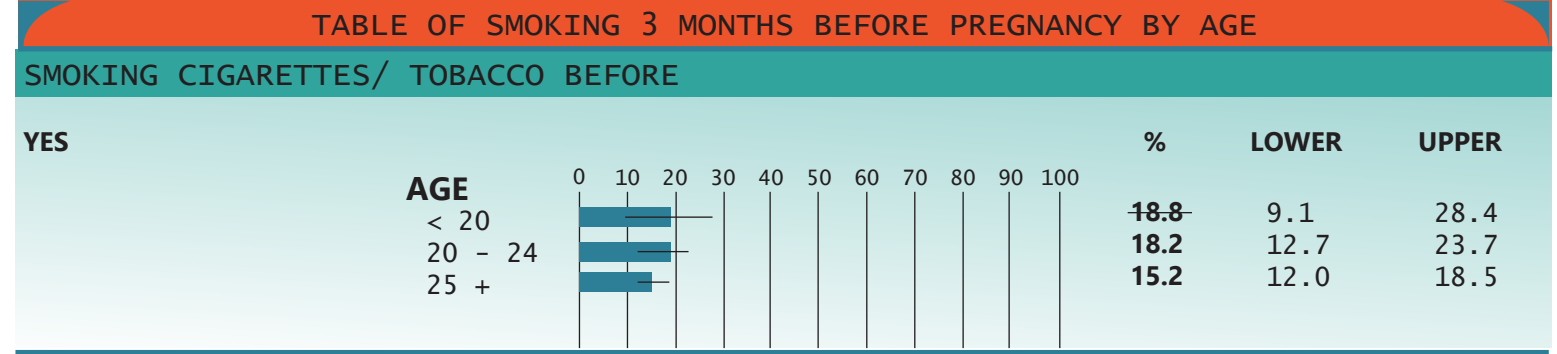
Smoking cigarettes before pregnancy is associated with adverse effects on reproductive health including decreased fertility, preterm births, and/or miscarriages (Kondracki, 2019; Liu et al, 2020).

Smoking before pregnancy is a public health concern because of adverse effects and the smoking prevalence before pregnancy has not changed substantially (Kondrack, 2019). Those that smoke at a high intensity rate (10+ cigarettes/day), have lower rates of cessation before and during pregnancy, which has been associated with adverse effects to maternal and child health (Kondracki, 2019). American Indian/Alaska Native (AI/AN) populations have higher smoking rates before pregnancy when compared with other races/ethnicities (Curtin and Matthews, 2016). AI/AN populations had lower smoking cessation rates before pregnancy when compared to other races/ethnicities (Curtin and Matthews, 2016). It is important for women who smoke before pregnancy to understand they are at high risk for reduced fertility, preterm births and/or miscarriages; which are adverse outcomes.

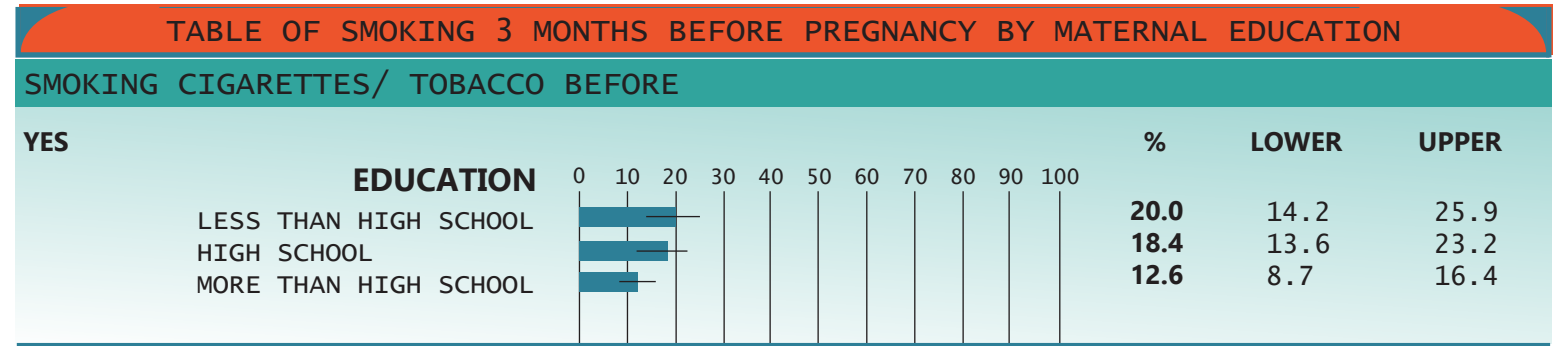
Sources:
 Curtin, S., & Matthews, T. (2016). Smoking Prevalence and Cessation Before and During Pregnancy: Data From the Birth Certificate, 2014 (1st ed., Vol 65, Rep.). Hyattsville, MD: Centers for Disease Control and Prevention.
 Kondrack, A. (2019, September 13). Prevalence and patterns of cigarette smoking before and during early and late pregnancy according to maternal characteristics: The first national data based on the 2003 birth certificate revision, United States, 2016. Reproductive Health, 16 (142).
 Doi:<https://doi.org/10.1186/s12978-019-0807-5>
 Liu, B., Xu, G., Qiu, X., Ryckman, K., Yu, Y., Snetselaar, L., & Bao, W. (2020). Maternal cigarette smoking before and during pregnancy and the risk of preterm birth: A dose-response analysis of 25 million mother-infant pairs. PLOS Medicine, 17(8).
 Doi:<https://doi.org/10.1371/journal.pmed.1003158>

Those with the highest prevalence of smoking before pregnancy were :

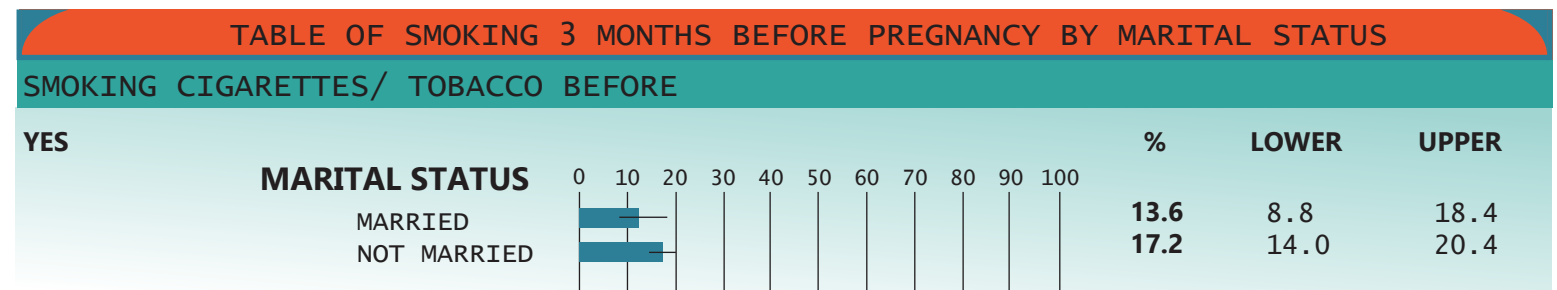
- Under the age of 20
- Had less than a high school education
- Unmarried
- Residing outside San Juan or McKinley Counties
- Those with household incomes at or below 100% of Federal Poverty Level
- Recipients of Indian Health Services without Medicaid coverage
- WIC recipients



This table shows Navajo women that smoked cigarettes 3 months before pregnancy by age. According to the table, a slightly larger percentage of Navajo women less than 20 years of age had smoked 3 months before pregnancy. This data does not show a statistical association between maternal age and smoking before pregnancy.

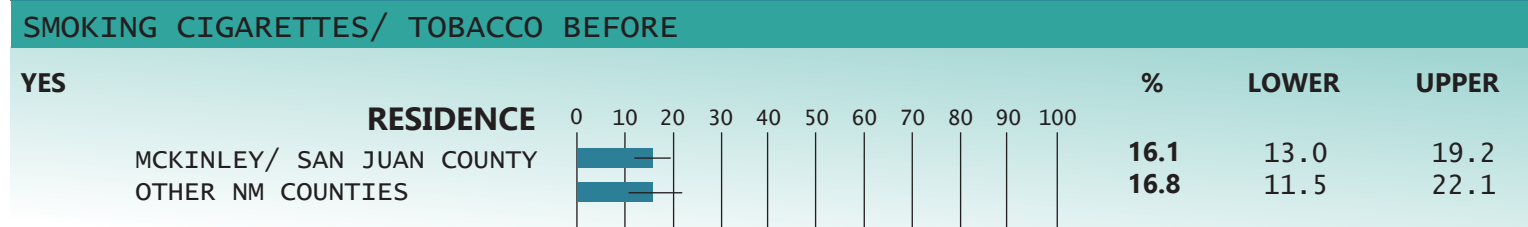


This table shows Navajo women that smoked cigarettes 3 months before pregnancy by maternal education level. According to the table, a greater percentage of Navajo women with less than a high school education that smoked 3 months before pregnancy followed by those with a high school education. This data does not show a statistical association between maternal education level and smoking before pregnancy.



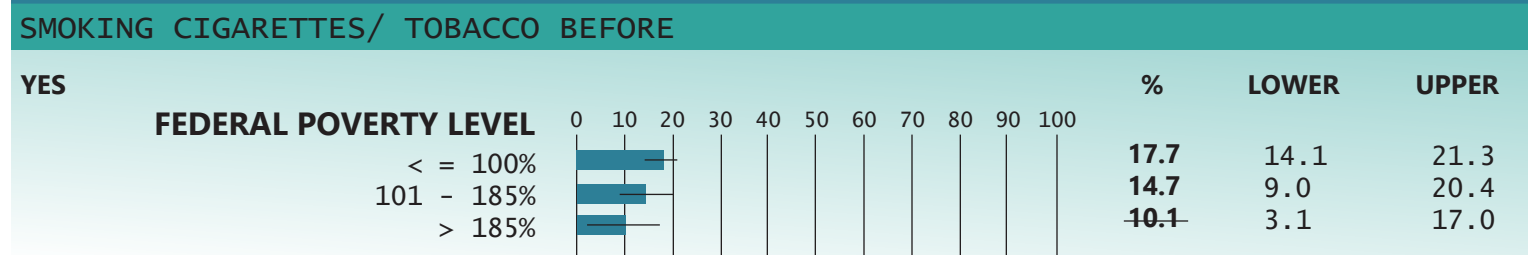
This table shows Navajo women that smoked cigarettes 3 months before pregnancy by marital status. According to the table, a greater percentage of unmarried Navajo women smoked 3 months before pregnancy. This data does not show a statistical association between marital status and smoking before pregnancy.

TABLE OF SMOKING 3 MONTHS BEFORE PREGNANCY BY RESIDENCE



This table shows Navajo women that smoked 3 months before pregnancy by area of residence. This data does not show a statistical association between areas of residence and smoking before pregnancy.

TABLE OF SMOKING 3 MONTHS BEFORE PREGNANCY BY FEDERAL POVERTY LEVEL



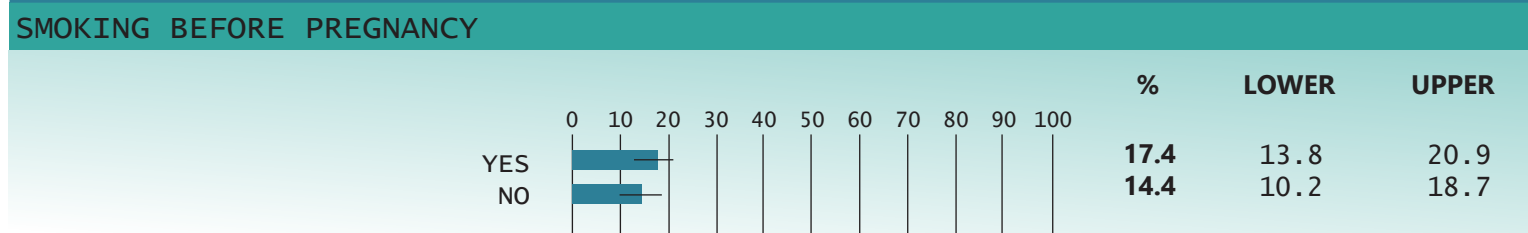
This table shows Navajo women that smoked 3 months before pregnancy by Federal Poverty Level (FPL). According to the table, there was a greater percentage of Navajo women that earned less than 100% of the FPL that smoked 3 months before their pregnancy. This data does not show a statistical association between FPL and smoking before pregnancy.

TABLE OF SMOKING 3 MONTHS BEFORE PREGNANCY BY INSURANCE BENEFITS



This table shows Navajo women that smoked 3 months before pregnancy by payer of care. There was a greater prevalence of smoking among those with Indian Health Services, but not Medicaid. This data does not show a statistical association between payer of care and smoking before pregnancy.

WIC PARTICIPATION



This table shows Navajo women that smoked 3 months before pregnancy according to WIC services during pregnancy. A greater percentage of Navajo women with WIC services during pregnancy reported smoking 3 months before their pregnancy. This data does not show a statistical association between WIC service during pregnancy and smoking before pregnancy.

ALCOHOL USE BEFORE PREGNANCY

Alcohol use during pregnancy is unsafe, regardless of the type of alcohol, the amount consumed, or when it is consumed. Alcohol is dangerous to the baby as it passes through the mother's blood to the umbilical cord to the baby. Alcohol consumption is a public health concern as it results in a host of adverse effects from miscarriage, stillbirth, to lifelong disabilities known as Fetal Alcohol Spectrum Disorder (CDC, 2020). All adverse effects are preventable and the goal of Healthy People 2030 is to increase alcohol abstinence to 92.2% (ODPHP, 2020). American Indian/Alaska Native women are particularly vulnerable as historically there has been high rates of alcohol consumption (Navajo Epidemiology Center, 2020).

Sources:

CDC. (2020, October, 08). Alcohol Use in Pregnancy. Retrieved from <https://www.cdc.gov/ncbddd/fasd/alcohol-use.html>

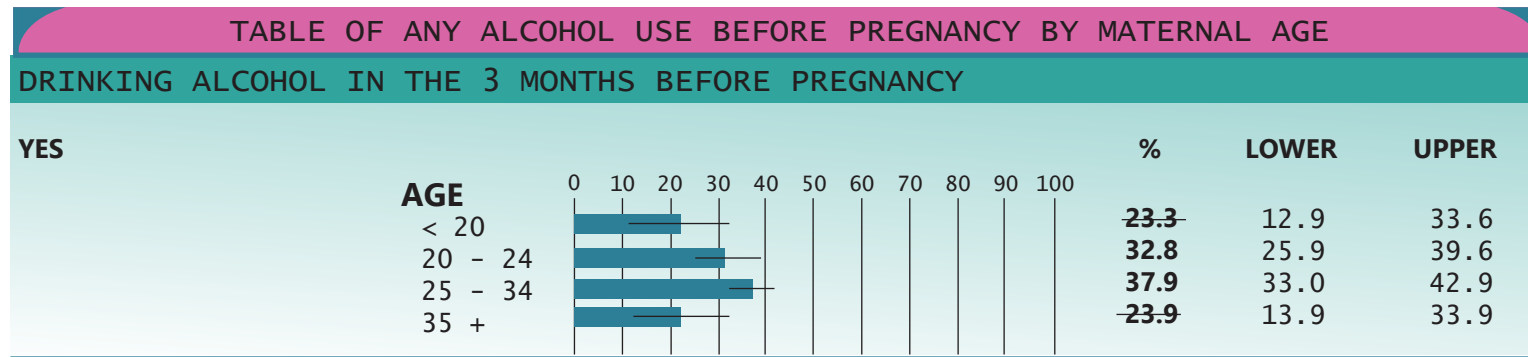
CDC. (2020, July 06). Fetal Alcohol Spectrum Disorders: Data & Statistics. Retrieved from <https://www.cdc.gov/ncbddd/fasd/data.html>

Navajo Epidemiology Center. (2020). Navajo Nation Maternal and Child Health Needs Assessment (pp. 1-71, Rep.). Window Rock, AZ. doi: https://www.nec.navajo-nsn.gov/Portals/0/HomeWebpage/MaternalChildHealth_V7_HiRez_Sept_30_20.pdf

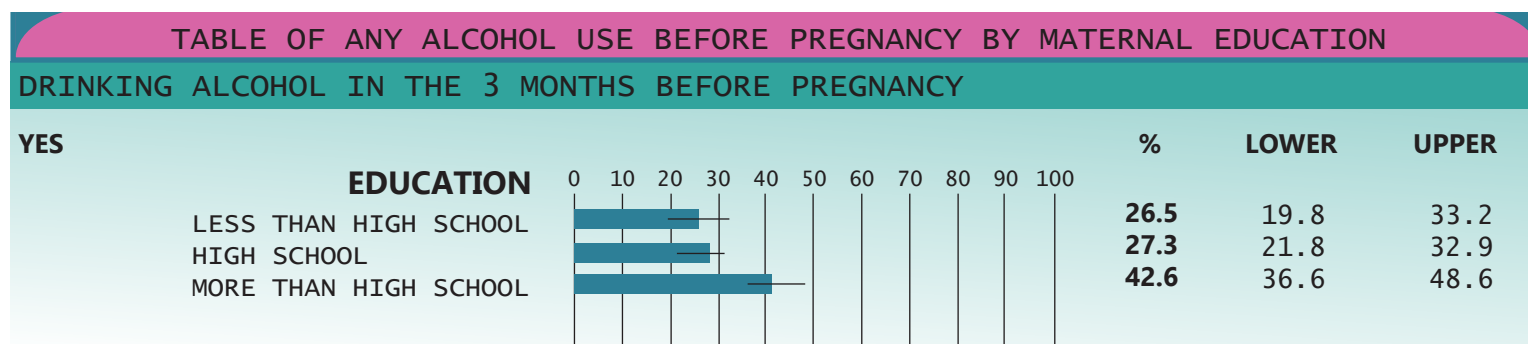
Office of Disease Prevention and Health Promotion. (2020). Increase abstinence from alcohol among pregnant women – MICH-09. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-abstinence-alcohol-among-pregnant-women-mich-09>

The graphs below show there was a higher prevalence of preconception alcohol use among those who were:

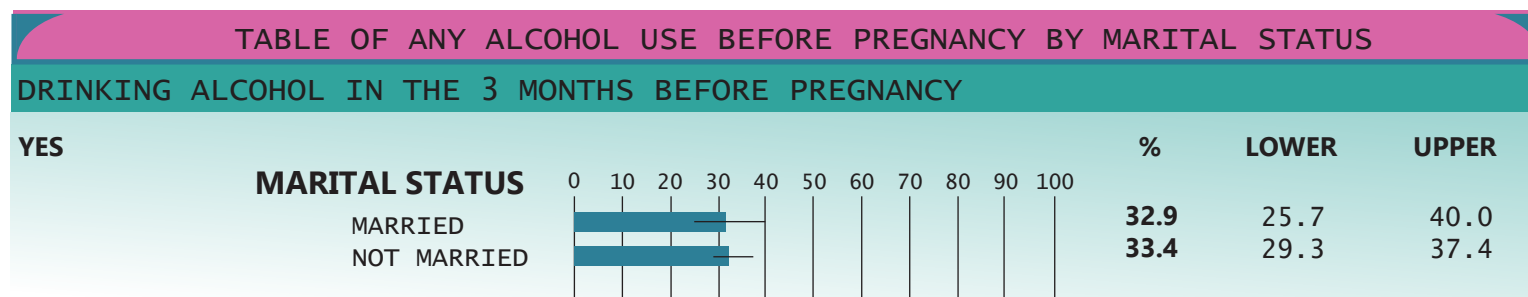
- Between the ages of 25 and 34.
- Had more than a high school education level.
- Were unmarried women.
- Resided in other New Mexico counties.
- Had incomes higher than 185% of the Federal Poverty Level.
- Had other sources for their payer of care/health insurance.
- Did not receive WIC services during their pregnancy.



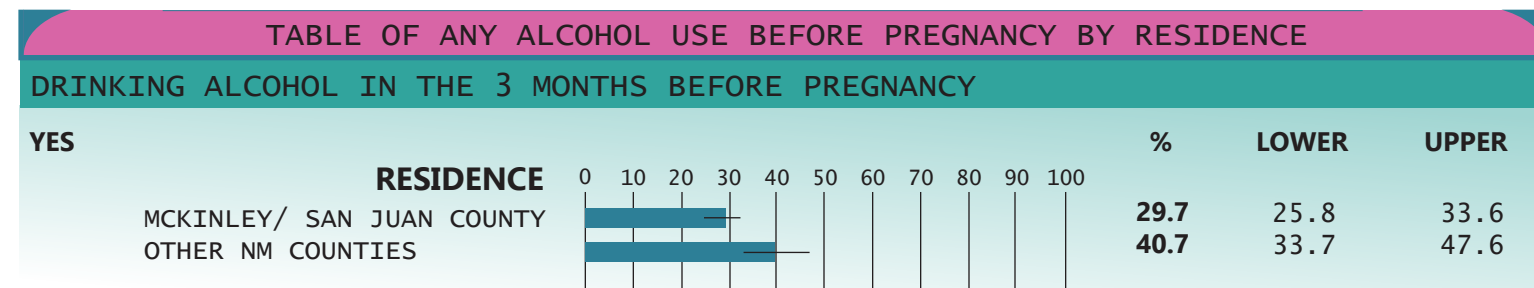
This table shows Navajo women's alcohol use 3 months before pregnancy by maternal age. According to the table, the greatest percentage of Navajo women that were between ages 25 and 34 reported that they consumed alcohol 3 months before their pregnancy. This data shows a statistically significant association between maternal age and alcohol use before pregnancy.



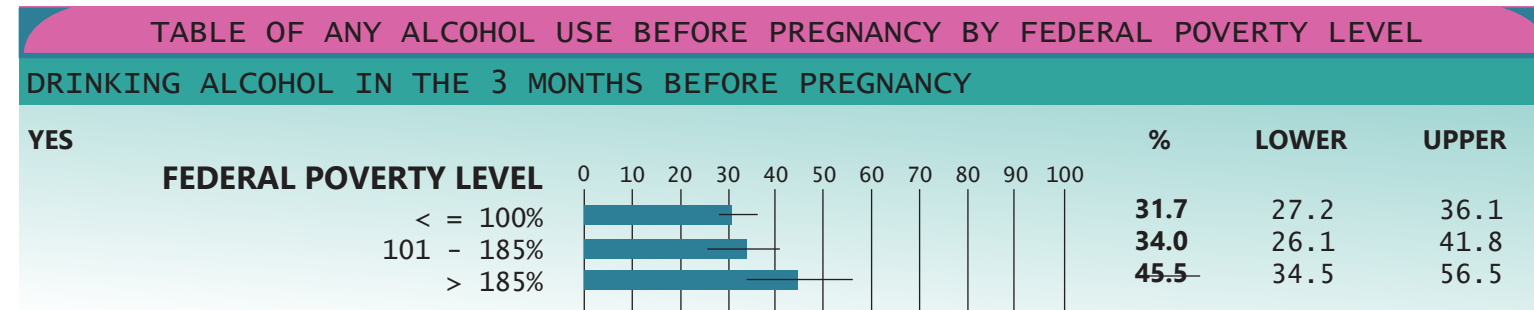
This table shows Navajo women's alcohol use 3 months before pregnancy by maternal education level. According to the table, the greatest percentage of Navajo women with more than a high school education reported that they consumed alcohol 3 months before their pregnancy. This data shows a statistically significant association between maternal education level and alcohol use before pregnancy.



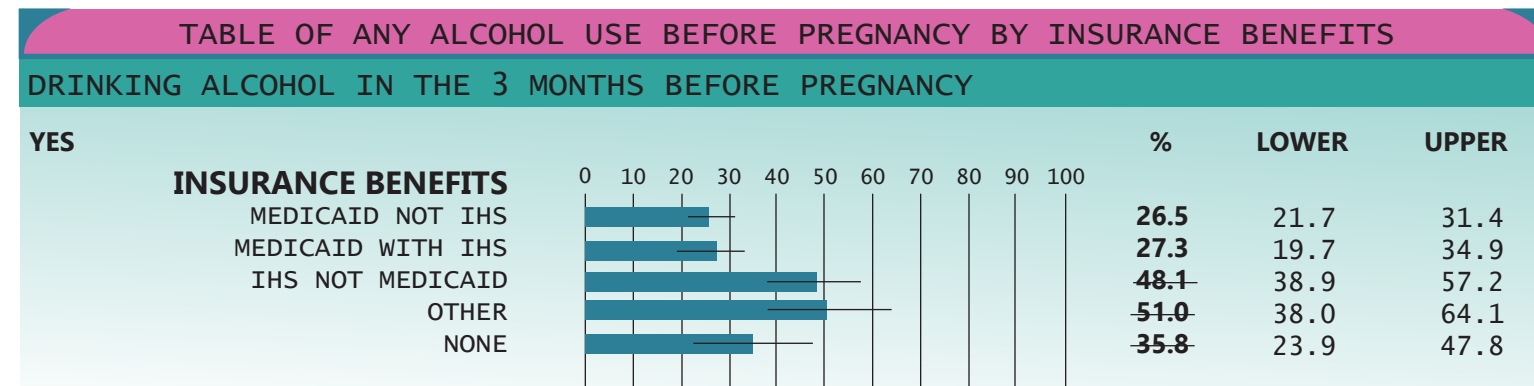
This table shows Navajo women's alcohol use 3 months before pregnancy by marital status. According to the table, a slightly larger percentage of unmarried Navajo women reported they consumed alcohol 3 months prior to their pregnancy. This data does not show a statistical association between marital status and alcohol use before pregnancy.



This table shows Navajo women's alcohol use 3 months before pregnancy by area of residence. According to the table, a greater percentage of Navajo women residing in other NM counties consumed alcohol 3 months prior to their pregnancy. This data shows a statistically significant association between area of residence and alcohol use before pregnancy.

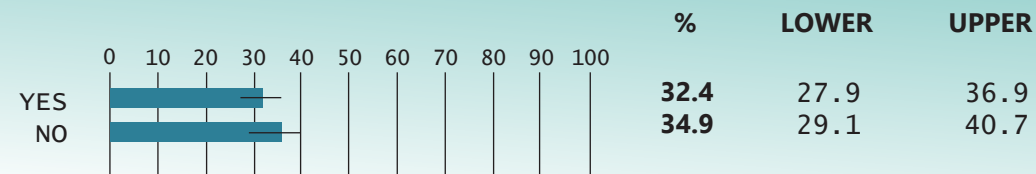


This table shows Navajo women's alcohol use 3 months before pregnancy by Federal Poverty Level (FPL). According to the table, a greater percentage of Navajo women earning more than 185% of the FPL reported they consumed alcohol 3 months prior to their pregnancy. This data does not show a statistical association between FPL and alcohol use before pregnancy.



This table shows Navajo women's alcohol use 3 months before pregnancy by payer of care. A greater percentage of Navajo women with other sources as payer of care reported consumption of alcohol 3 months prior to their pregnancy. This data shows a statistically significant association between payer of care and alcohol use before pregnancy.

DRINKING BEFORE PREGNANCY



This table shows Navajo women’s alcohol use 3 months before pregnancy by WIC services during pregnancy. According to the table, a greater percentage of Navajo women without WIC services consumed alcohol 3 months prior to their pregnancy. This data does not show a statistical association between WIC services and alcohol use before pregnancy.

SMOKING DURING PREGNANCY

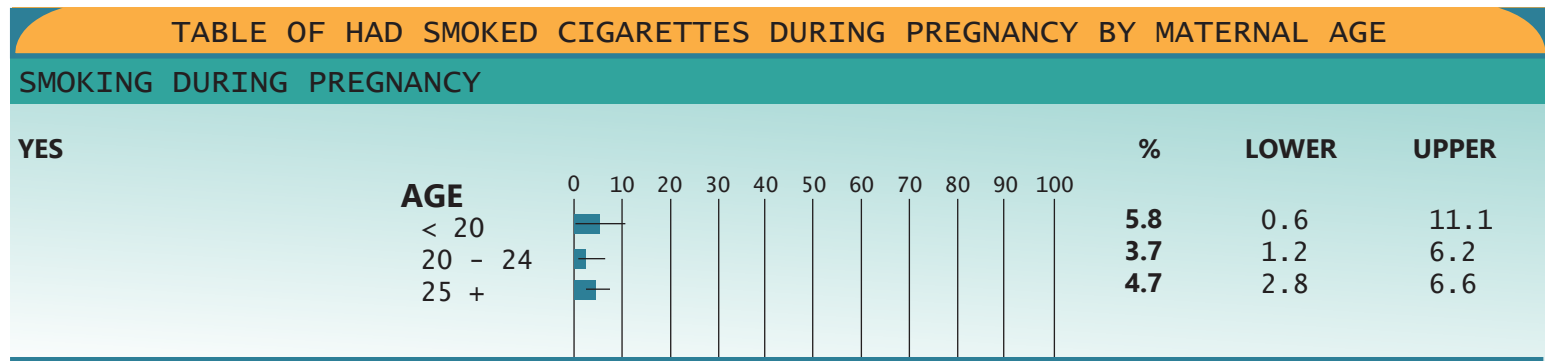
Smoking during pregnancy, whether it be cigarettes, pipes, cigars, or e-cigarettes, can have adverse effects on a woman’s pregnancy including the health of the baby. Adverse effects on the pregnancy include miscarriage, an ectopic pregnancy which can lead to miscarriage, placental abruption which can cause bleeding and loss of oxygen and nutrients to the baby, placenta previa which can cause severe bleeding during pregnancy and delivery, preeclampsia which can cause placental abruption and premature births, which impact the overall health of the newborn. Birth defects associated with smoking during pregnancy include damaged lungs and brain, cleft lip, and cleft palate (or both). In 2021, birth defects among Native Americans was 9.1/10,000 live births, the highest percentage of any population in New Mexico including cleft lip with cleft palate. Smoking during pregnancy is a significant public health concern as it has dramatic impacts on both mother and child. Smoking is of specific concern in Navajo women as the population demonstrates a notable disparity to their counterparts. Finally, the premature birth rate was 11% in 2017 among Navajo populations and the Healthy People 2030 goal is 9.4% (Navajo Nation Maternal and Child Health Needs Assessment, 2020; Healthy People 2030, 2025). The goal of Healthy People 2030 is to increase prenatal smoking abstinence by 2.2% from 93.5% to 95.7%. Increasing prenatal smoking abstinence can help improve the pregnancy and birth outcomes and infant health (Healthy People 2030, 2025).

Sources:

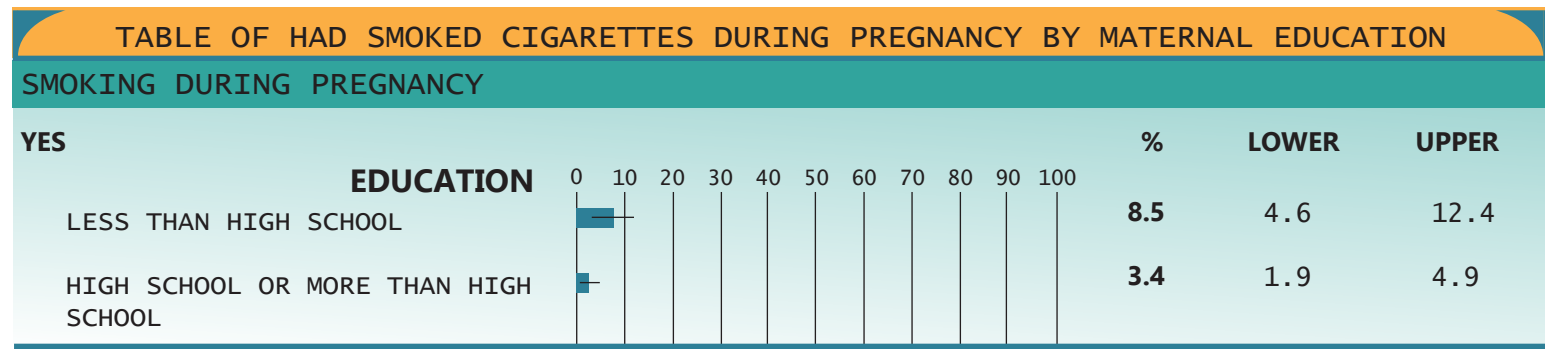
Navajo Epidemiology Center. (2020). 2020 Navajo Nation Maternal and Child Health Needs Assessment (pp. 1-71, Rep.). Window Rock, AZ. Doi:[https://www.nec.navajonnsn.gov/Portals/0/Home Webpage/MaternalChildHealth_V7_HiRez_Sept_30_20.pdf](https://www.nec.navajonnsn.gov/Portals/0/Home%20Webpage/MaternalChildHealth_V7_HiRez_Sept_30_20.pdf)
 ODPHP, O. of D. P. and H. P. (2025). Increase abstinence from cigarette smoking among pregnant women - mich-10. Increase abstinence from cigarette smoking among pregnant women - MICH-10 - Healthy People 2030. [https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-abstinence-cigarette-smoking-among-pregnant-women-mich-10#:~:text=96.3%20percent%20\(2022\),detailed%20data%20for%20this%20objective](https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-abstinence-cigarette-smoking-among-pregnant-women-mich-10#:~:text=96.3%20percent%20(2022),detailed%20data%20for%20this%20objective)

Smoking during pregnancy was highest for those under 20 years of age compared to older women; Higher rates were also observed among those who

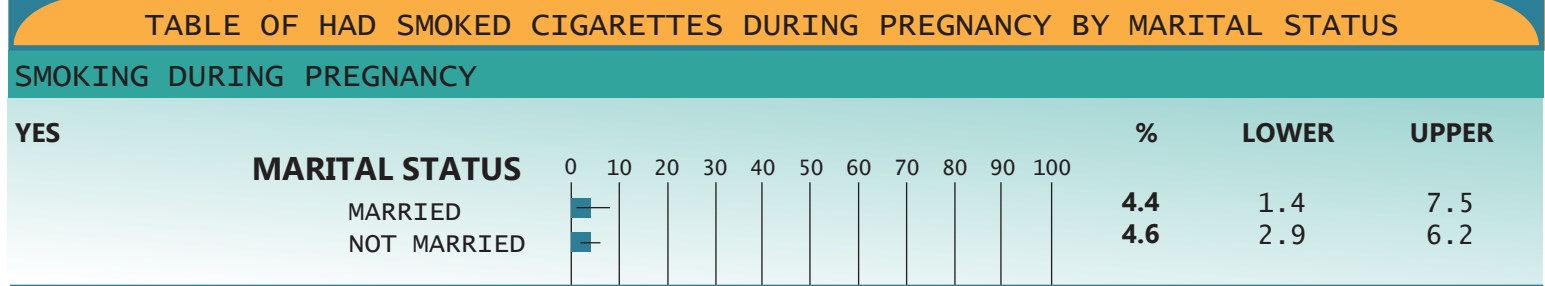
- Had less than a high school education
- Lived outside San Juan or McKinley Counties
- Had a household income equal to or less than 100% of the Federal Poverty Level
- Had Indian Health Services but not Medicaid as payer of care
- Had WIC services



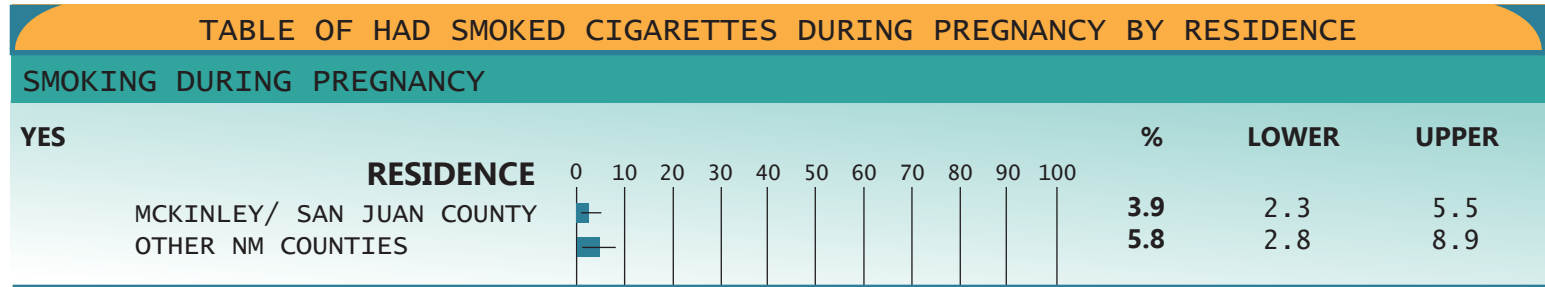
This table shows Navajo women that smoked cigarettes during pregnancy by maternal age. According to the table, there was a slightly larger percentage of Navajo women less than 20 years of age that smoked cigarettes during their pregnancy. This data does not show a statistical association between maternal age and smoking during pregnancy.



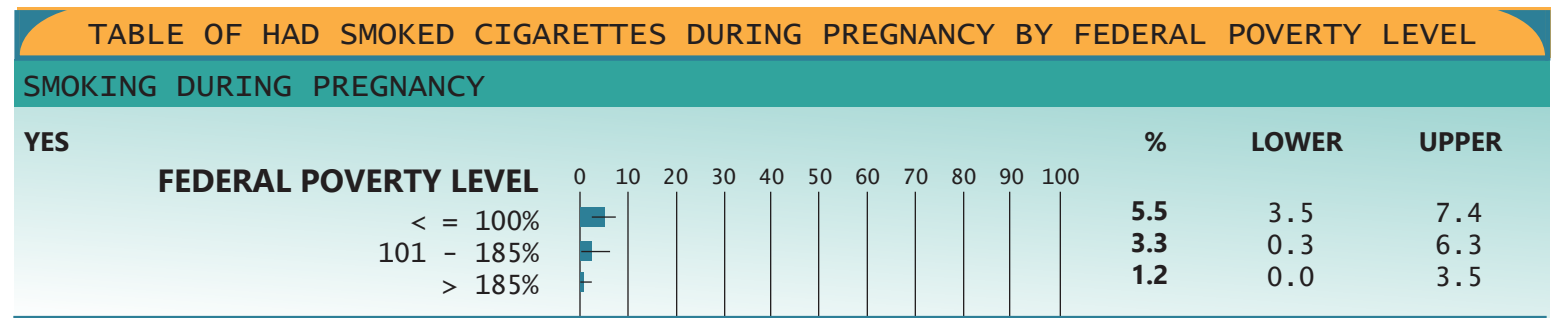
This table shows Navajo women that smoked cigarettes during pregnancy by maternal education. According to the table, a greater percentage of Navajo women with less than a high school education smoked cigarettes during their pregnancy. This data shows a statistically significant association between maternal education and smoking during pregnancy.



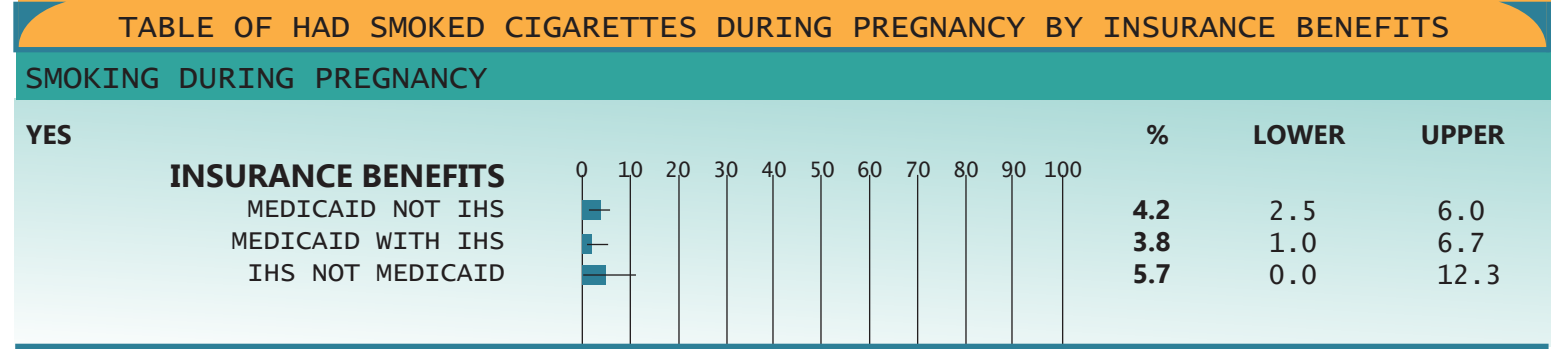
This table shows Navajo women that smoked cigarettes during pregnancy by marital status. This data does not show a statistical association between marital status and smoking during pregnancy.



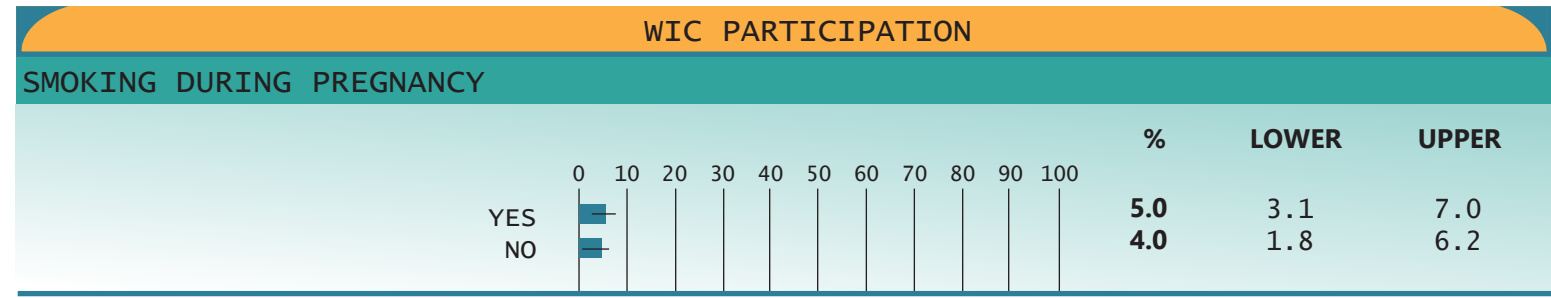
This table shows Navajo women that smoked cigarettes during pregnancy by area of residence. According to the table, there was a greater percentage of Navajo women residing in other NM counties that smoked cigarettes during their pregnancy. This data does not show a statistical association between area of residence and smoking during pregnancy.



This table shows Navajo women that smoked cigarettes during pregnancy by Federal Poverty Level (FPL). According to the table, a greater percentage of Navajo women that earned less than 100% of the FPL smoked cigarettes during their pregnancy. This data does not show a statistical association between FPL and smoking during pregnancy.



This table shows Navajo women that smoked cigarettes during pregnancy by payer of care. According to the table, a slightly larger percentage of Navajo women with Indian Health Services but not Medicaid as their payer of care smoked during their pregnancy. This data does not show a statistical association between payer of care and smoking during pregnancy.



This table shows Navajo women that reported smoking during pregnancy according to WIC service during their pregnancy. According to the table, a slightly larger percentage of Navajo women with WIC services reported smoking during their pregnancy. This data does not show a statistical association between WIC service and smoking during pregnancy.

INTIMATE PARTNER ABUSE BEFORE OR DURING PREGNANCY

Intimate partner abuse during pregnancy can have detrimental effects on both the woman and unborn fetus. According to the American College of Obstetricians and Gynecologists (ACOG), intimate partner abuse is a pattern of threatening or controlling behavior where the partner is abused on purpose and more than once. Intimate partner abuse includes hitting, slapping, kicking, choking, pushing, and/or pulling hair. Sometimes abusers focus their violence towards the pregnant woman's belly (March of Dimes, 2020). Most cases of domestic abuse are not reported and most victims are women. Furthermore, 1 in 6 women first experience intimate partner abuse during pregnancy (March of Dimes, 2020). Intimate partner abuse of pregnant women is a public health concern as it can dangerously impact both the mother and unborn baby.

The dangers include: stillbirth, miscarriages, perinatal deaths, vaginal bleeding, pelvic fractures, placental abruption, fetal injury, preterm delivery, and babies born with low birth weights (ACOG, 2020). Native American and Alaska Native women are more at risk for intimate partner abuse during pregnancy, therefore it is important to collect data to be able to determine programs to help reduce dangerous outcomes (National Congress of American Indians, 2013).

Sources:

American College of Obstetricians and Gynecologists. (2020, January). Intimate Partner Violence.

Retrieved from <https://www.acog.org/womens-health/faqs/intimate-partner-violence>

March of Dimes. (2020). Abuse during pregnancy. Retrieved from

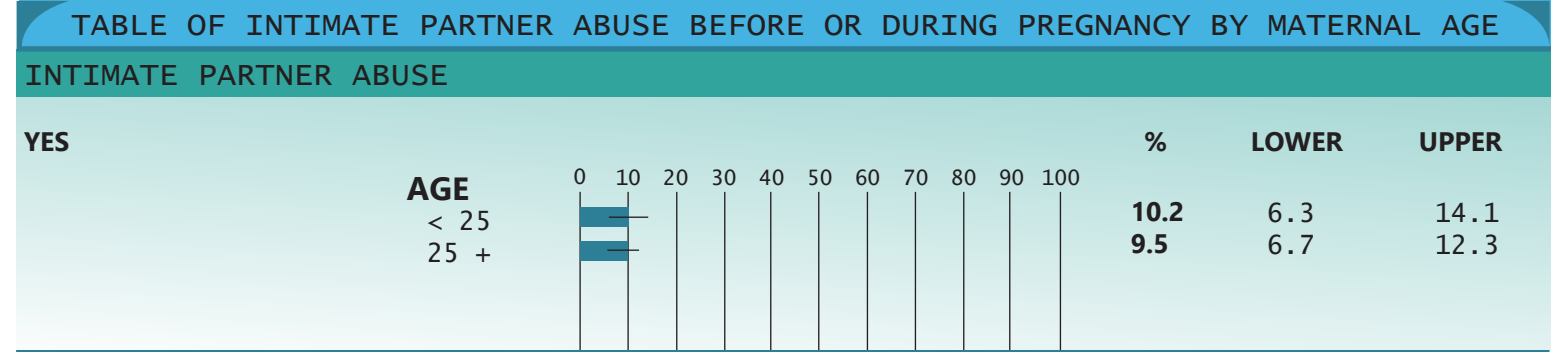
<https://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx>

National Congress of American Indians. (2013). Statistics on Violence Against Native Women.

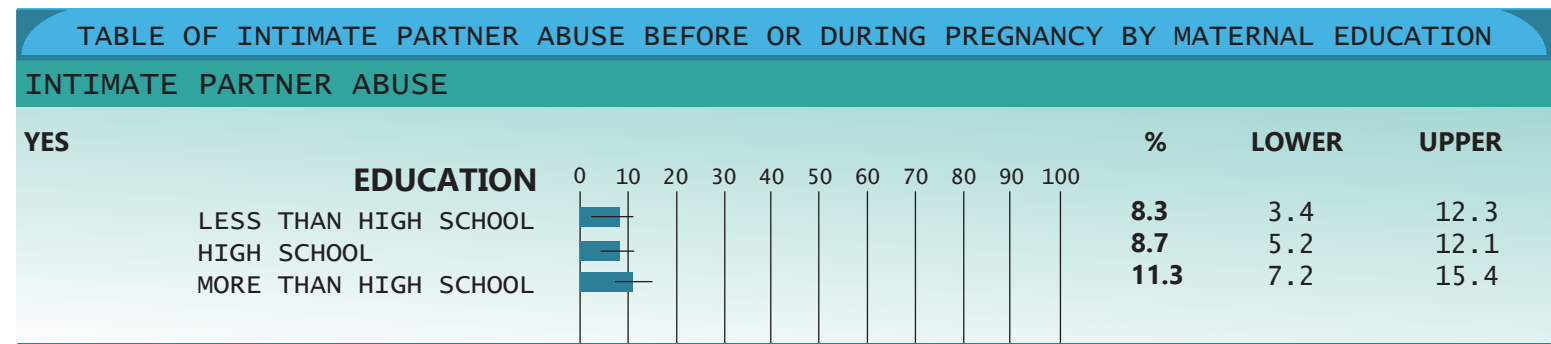
Retrieved from <https://www.ncai.org/>

The graphs below show the following about the New Mexico Navajo mothers in this report:

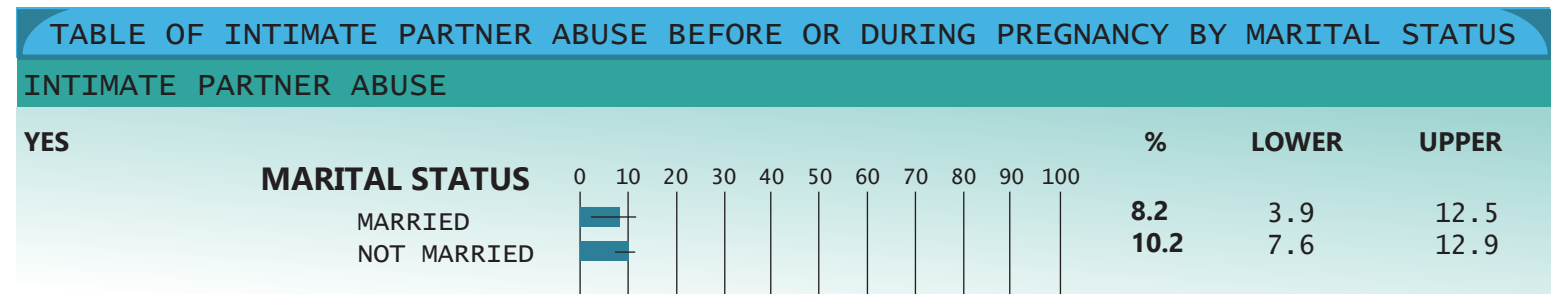
- Slightly more women were less than 25 years of age experienced abuse before or during pregnancy compared to those over 25.
- More women with more than a high school education than those with lower education levels experienced abuse before or during pregnancy.
- Slightly more unmarried than married women experienced abuse before or during pregnancy.
- Slightly more women residing in Mckinley or San Juan counties than those outside experienced abuse before or during pregnancy.
- A higher proportion with household incomes at or below 100% of the Federal Poverty Level experienced abuse before or during pregnancy compared to those with higher income levels.



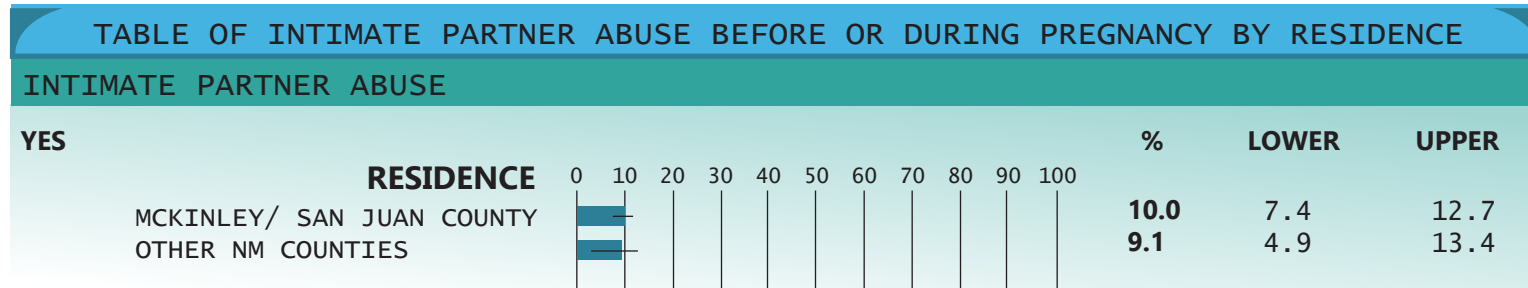
This table shows intimate partner abuse before or during pregnancy by maternal age. According to the table, a slightly larger percentage of Navajo women under 25 years of age experienced intimate partner abuse compared to Navajo women who were older than 25 years of age. This data does not show a statistical association between maternal age and intimate partner abuse before or during pregnancy.



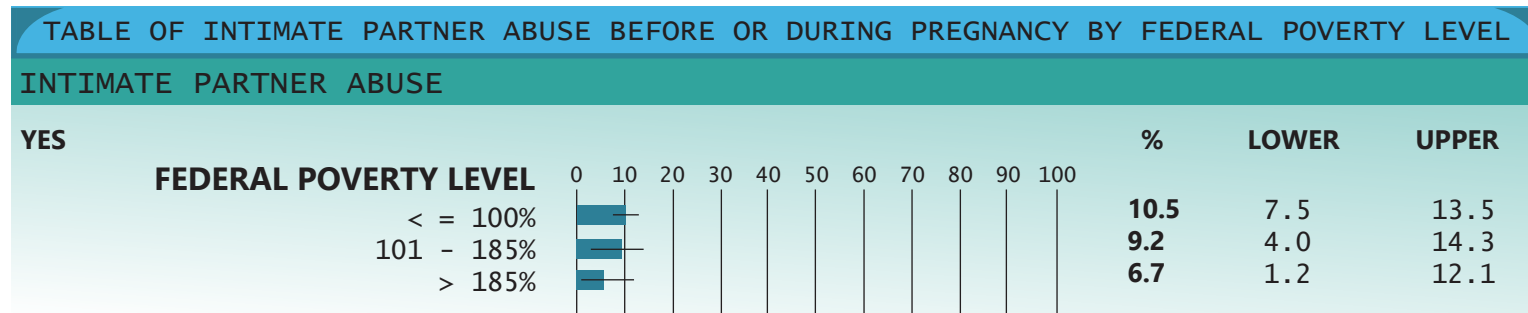
This table shows intimate partner abuse before or during pregnancy by maternal education. According to the table, a greater percentage of Navajo women with more than a high school education were more likely to report abuse before or during their pregnancy. This data does not show a statistical association between maternal education and physical abuse before or during pregnancy.



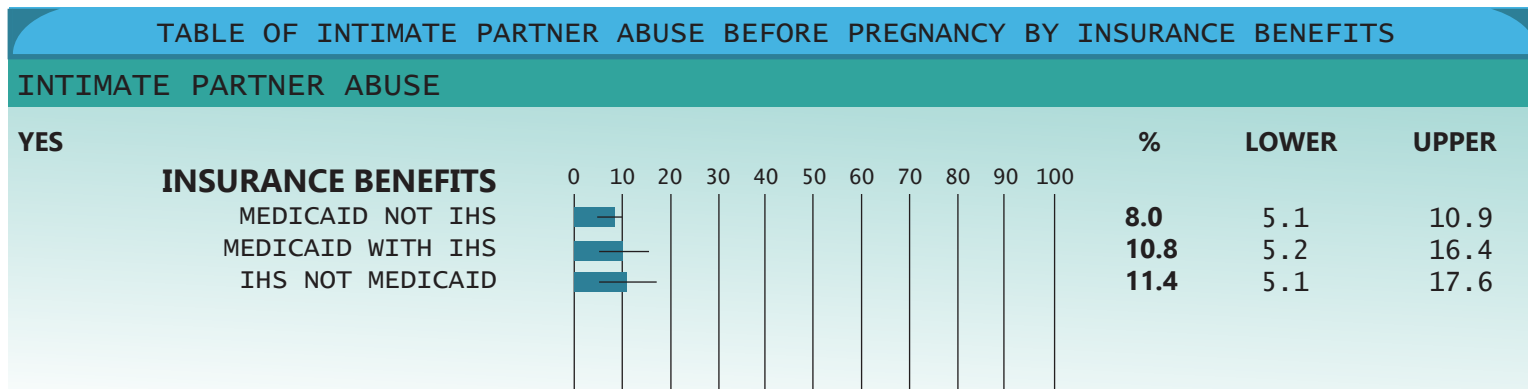
This table shows intimate partner abuse before or during pregnancy by marital status. According to the table, a greater percentage of unmarried Navajo women experienced abuse before or during their pregnancy. This data does not show a statistical association between marital status and intimate partner abuse before or during pregnancy.



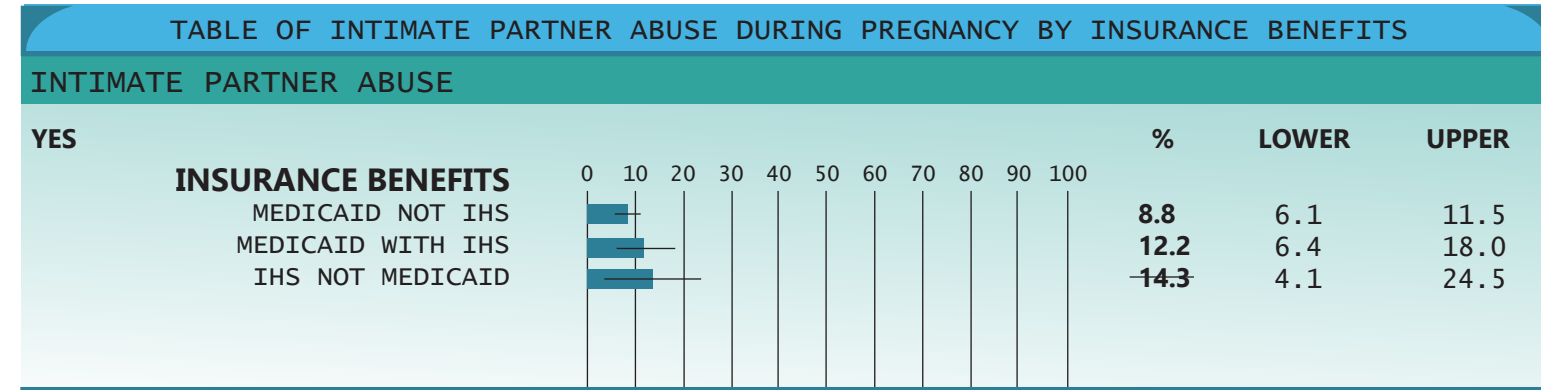
This table shows intimate partner abuse before or during pregnancy by area of residence. According to the table, a slightly larger percentage of Navajo women residing in McKinley/San Juan counties reported abuse before or during their pregnancy. This data does not show a statistical association between area of residence and intimate partner abuse before or during pregnancy.



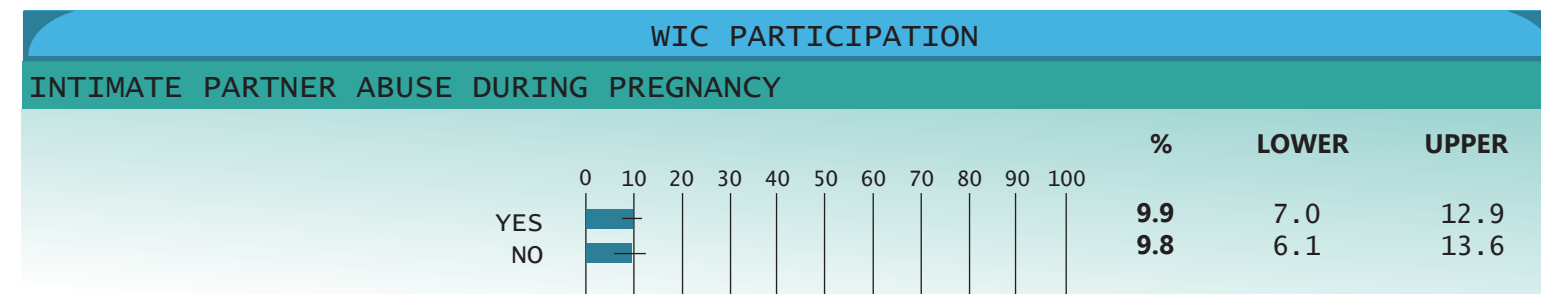
This table shows intimate partner abuse before or during pregnancy by Federal Poverty Level (FPL). According to the table, a slightly larger percentage of Navajo women that earned less than 100% of the FPL experienced abuse before or during their pregnancy. This data does not show a statistical association between FPL and intimate partner abuse before or during pregnancy.



This table shows intimate partner abuse before pregnancy by payer of care. A greater percentage of Navajo women with Indian Health Services but not Medicaid as their payer of care reported abuse before their pregnancy. This data does not show a statistical association between payer of care and intimate partner abuse before pregnancy.



This table shows intimate partner abuse during pregnancy by payer of care. A greater percentage of Navajo women with Indian Health Services but not Medicaid as their payer of care reported abuse during their pregnancy. This data does not show a statistical association between payer of care and intimate partner abuse during pregnancy.



This table shows intimate partner abuse before or during pregnancy by WIC service during pregnancy. This data does not show a statistical association between WIC service and intimate partner abuse before or during pregnancy.

PRENATAL CARE

Pregnancy consists of three trimesters. During a trimester of pregnancy, it is important for the mother to receive consistent care for her health and the health of the baby as they are closely linked (WHO, 2013). The first trimester is crucial as the baby's structure and organs are developing and is the period when most miscarriages and birth defects occur (UCSF, 2021). The first trimester prenatal care should include a physical exam, lab tests, screenings for fetal abnormalities, and discussions on lifestyle behaviors (Mayo Clinic, 2020).

Prenatal care is important for public health because it reduces the chances of maternal and infant mortality.

Additionally, quality prenatal care leads to healthy birth outcomes through early identification and treatment of developmental delays and disabilities in children so they can live to their full potential.

Disparities in access to prenatal care exist in the United States (US). According to the Annie E. Casey Foundation, American Indian women were less likely to receive prenatal care when compared to other women in the US. Access to prenatal care may be limited due to a lack of healthcare providers, a lack of or unreliable transportation, and household instability (Johnson, 2020). Lack of access to prenatal care is problematic as it may lead to adverse outcomes for Native American women and their children.

Sources:

Healthy People 2020. (2020, October 8). Maternal, Infant, and Child Health. Retrieved from

<https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

Johnson, M. (2020). Prenatal Care for American Indian Women. MCN, The American Journal of Maternal/Child Nursing, 45 (4), 221-227. doi: 10.1097/NMC.0000000000000633.

Mayo Clinic Staff. (2020, August 7). Prenatal care: 1st trimester visits. Retrieved from

<https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-care/art-20044882>

UCSF Health Obstetrics and Gynecology. (2021). Pregnancy the three trimesters. Retrieved from

<https://www.ucsfhealth.org/conditions/pregnancy/trimesters>

World Health Organization. (2013, October 22). Maternal and perinatal health. Retrieved from

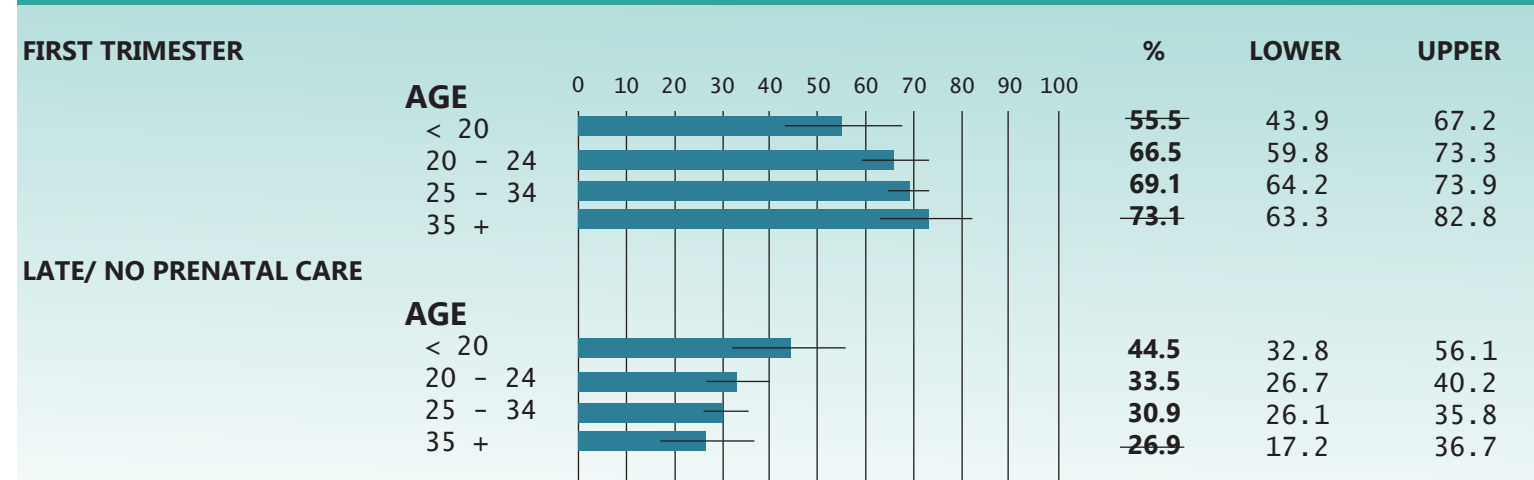
https://www.who.int/maternal_child_adolescent/topics/maternal/maternal_perinatal/en/

The graphs below show the following about the New Mexico Navajo mothers in this report:

- Younger women were less likely to receive prenatal care in the first trimester compared to those over the age 21.
- Women with less than a high school education were less likely to receive prenatal care in the first trimester compared to those with a high school education or more.
- Unmarried women were less likely to receive prenatal care in the first trimester compared to those who were married.
- Those living outside San Juan or McKinley counties had a higher rate of prenatal care in the first trimester compared to those in San Juan or McKinley.
- Women who made less than 100% of the Federal Poverty Level were less likely to receive prenatal care in the first trimester compared to those who had higher income levels.
- Uninsured women were less likely to receive prenatal care in the first trimester compared to those who had insurance.
- A slightly higher proportion of women with WIC during their pregnancy were able to receive prenatal care during their first trimester.

TABLE OF TRIMESTER PRENATAL CARE BY MATERNAL AGE

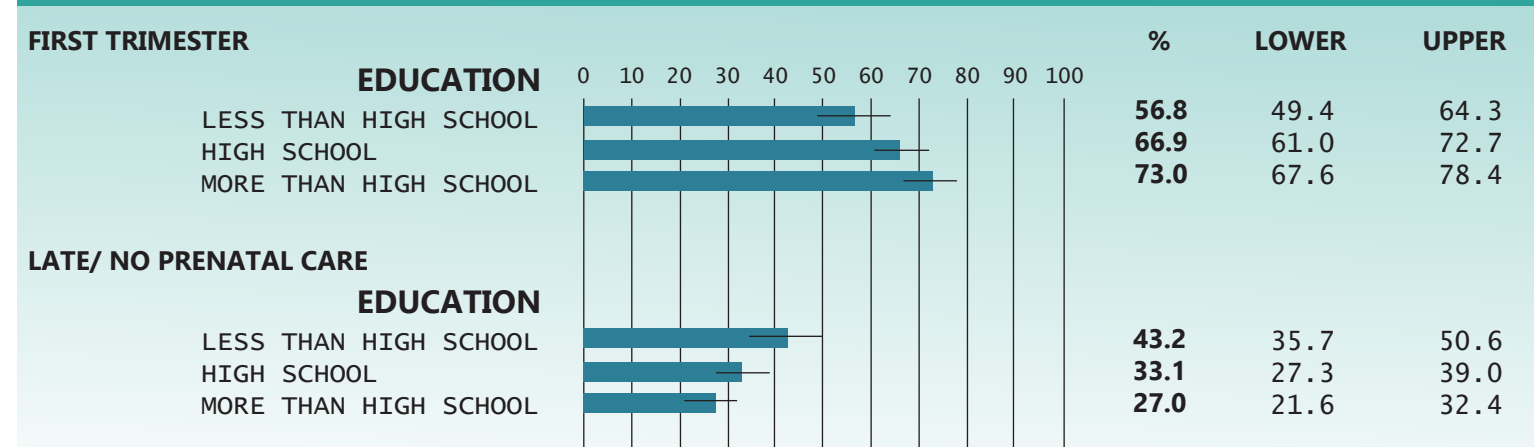
PRENATAL CARE FIRST TRIMESTER



This table shows when Navajo women began prenatal care by maternal age. According to the table, the greatest percentage of Navajo women older than 35 years of age began prenatal care during their first trimester. Fewer Navajo women less than 20 years of age began prenatal care in their first trimester compared to Navajo women older than 35 years of age. This data does not show a statistical association between maternal age and prenatal care during the first trimester of pregnancy. A greater percentage of Navajo women less than 20 years of age either began prenatal care after the first trimester or received no prenatal care during their pregnancy. Fewer Navajo women older than 35 years of age either began prenatal care after their first trimester or received no prenatal care during their pregnancy compared to Navajo women less than 20 years of age.

TABLE OF TRIMESTER PRENATAL CARE BY MATERNAL EDUCATION





PRENATAL CARE FIRST TRIMESTER



This table shows when Navajo women began prenatal care by maternal education. According to the table, the greatest percentage of Navajo women with more than a high school education began prenatal care during their first trimester. Fewer Navajo women with less than a high school education began prenatal care during their first trimester. This data shows a statistically significant association between maternal education and prenatal care during the first trimester of pregnancy. A greater percentage of Navajo women with less than a high school education either began their prenatal care after the first trimester or received no prenatal care. Fewer Navajo women with more than a high school education either began their prenatal care after the first trimester or received no prenatal care. This data shows a statistically significant association between maternal education and prenatal care after the first trimester.

TABLE OF TRIMESTER PRENATAL CARE BY MARITAL STATUS

PRENATAL CARE FIRST TRIMESTER







FIRST TRIMESTER		%	LOWER	UPPER
MARITAL STATUS				
MARRIED		80.7	74.7	86.8
NOT MARRIED		63.0	58.8	67.1
LATE/ NO PRENATAL CARE				
MARITAL STATUS				
MARRIED		19.3	13.2	25.3
NOT MARRIED		37.0	32.9	41.2

*Some data instability may be represented in the table above.

This table shows when Navajo women began prenatal care by marital status. According to the table, the greatest percentage of married Navajo women began prenatal care during their first trimester. Fewer unmarried Navajo women began prenatal care during their first trimester. This data shows a statistically significant association between marital status and prenatal care during the first trimester of pregnancy. A greater percentage of unmarried Navajo women either began their prenatal care after the first trimester or received no prenatal care. Fewer married Navajo women either began their prenatal care after the first trimester or received no prenatal care. This data shows a statistically significant association between marital status and prenatal care after the first trimester of pregnancy.

TABLE OF TRIMESTER PRENATAL CARE BY FEDERAL POVERTY LEVEL





PRENATAL CARE FIRST TRIMESTER

FIRST TRIMESTER		%	LOWER	UPPER
FEDERAL POVERTY LEVEL				
< = 100%		64.1	56.8	66.1
101 - 185%		77.8	70.8	84.8
> 185%		82.8	74.3	91.4
LATE/ NO PRENATAL CARE				
FEDERAL POVERTY LEVEL				
< = 100%		38.6	33.9	43.2
101 - 185%		22.2	15.2	29.2
> 185%		17.2	8.6	25.7

This table shows when Navajo women began prenatal care by Federal Poverty Level (FPL). According to the table, the greatest percentage of Navajo women that earned more than 185% of the FPL began prenatal care during the first trimester. Fewer Navajo women that earned less than 100% of the FPL began prenatal care during the first trimester. This data shows a statistically significant association between FPL and prenatal care during the first trimester of pregnancy. A greater percentage of Navajo women that earned less than 100% of the FPL either began their prenatal care after the first trimester or received no prenatal care. Fewer Navajo women that earned more than 185% of the FPL either began their prenatal care after the first trimester or received no prenatal care. This data shows a statistically significant association between FPL and prenatal care during the first trimester of pregnancy.

TABLE OF TRIMESTER PRENATAL CARE BY RESIDENCE

PRENATAL CARE FIRST TRIMESTER

FIRST TRIMESTER		%	LOWER	UPPER
RESIDENCE				
MCKINLEY/ SAN JUAN COUNTY		67.1	63.2	71.1
OTHER NM COUNTIES		67.4	60.5	74.2
LATE/ NO PRENATAL CARE				
RESIDENCE				
MCKINLEY/ SAN JUAN COUNTY		32.9	28.9	36.8
OTHER NM COUNTIES		32.6	25.8	39.5

This table shows when Navajo women began prenatal care by area of residence. This data does not show a statistical association between area of residence and prenatal care during or after the first trimester of pregnancy.

TABLE OF TRIMESTER PRENATAL CARE BY INSURANCE BENEFITS

PRENATAL CARE FIRST TRIMESTER

INSURANCE BENEFITS	%	LOWER	UPPER
FIRST TRIMESTER			
MEDICAID NOT IHS	65.2	60.8	69.6
MEDICAID WITH IHS	72.7	65.6	79.8
IHS NOT MEDICAID	72.0	57.4	86.5
OTHER	85.2	73.5	96.9
NONE	64.4	34.4	94.3
LATE/ NO PRENATAL CARE			
MEDICAID NOT IHS	34.8	30.4	39.4
MEDICAID WITH IHS	27.3	20.2	34.4
IHS NOT MEDICAID	28.0	13.5	42.6
OTHER	14.8	3.1	26.5
NONE	35.6	5.7	65.6

*Some data instability may be represented in the table above.

This table shows when Navajo women began prenatal care by payer of care. According to the table, the greatest percentage of Navajo women with other payer of care services began their prenatal care during the first trimester. Fewer Navajo women with no payer of care began prenatal care during the first trimester.

This data does not show a statistical association between payer of care and prenatal care during the first trimester of pregnancy.

A slightly larger percentage of Navajo women with no payer of care either began their prenatal care after the first trimester or received no prenatal care. Fewer Navajo women with other payer of care services either began their prenatal care after the first trimester or received no prenatal care. This data does not show a statistical association between payer of care and prenatal care after the first trimester of pregnancy.

WIC PARTICIPATION

PRENATAL CARE FIRST TRIMESTER

	%	LOWER	UPPER
YES	67.5	63.0	72.0
NO	66.0	60.2	71.9

This table shows when Navajo women began prenatal care by WIC service during pregnancy. According to the table, a slightly larger percentage of Navajo women that received WIC service were more likely to begin prenatal care in the first trimester. This data does not show a statistical association between WIC service and prenatal care during the first trimester of pregnancy.

FLU SHOT 12 MONTHS BEFORE DELIVERY

According to the Centers for Disease Control and Prevention the flu is a contagious respiratory illness. The flu infects the upper (nose and throat) and lower (lungs) respiratory tracts. The flu ranges from mild to severe and may cause death. Annual vaccination can prevent and reduce the burden of the flu associated with death and hospitalization (CDC, 2020). Pregnant women are at high risk as they are prone to severe illness; therefore, a flu shot is recommended before delivery. If pregnant women do not receive an annual flu shot, they are at risk of several adverse effects leading to hospitalization. High fevers associated with flu can lead to neural tube defects to the baby. A flu shot will help protect the baby as antibodies pass from the mother to their child and protects the baby from the flu after birth.

Sources:

CDC. Flu Vaccine Safety and pregnancy. 8 Sept. 2020, www.cdc.gov/flu/highrisk/qa_vacpregnant.htm

The graphs below show the following about the New Mexico Navajo mothers in this report:

- Women who were less than 20 years of age were less likely to receive a flu shot 12 months before delivery compared to those who were older.
- There was no difference among high school education levels for women who received a flu shot 12 months before delivery.
- There was a slightly lower proportion of women who were not married, compared to those who were married, that would receive a flu shot 12 months before delivery.
- There was a slight difference in proportion of women living in McKinley or San Juan counties who may have received a flu shot 12 months before delivery compared to more women living in Other New Mexico counties.
- Women who made less than 185% of the Federal Poverty Level were less likely to receive a flu shot 12 months before delivery compared to those who had higher household incomes.
- Women with Medicaid only as their payer of care were less likely to receive a flu shot 12 months before delivery compared to those with Medicaid and Indian Health Services.
- Women who did not receive any WIC services during pregnancy were less likely to receive a flu shot 12 months before delivery compared to those who received WIC services.

TABLE OF FLU SHOT BY MATERNAL AGE

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	AGE	%	LOWER	UPPER
	< 20	63.0	51.9	74.2
	20 - 24	73.5	67.2	79.7
	25 - 34	77.1	72.7	81.4
	35 +	78.0	68.1	87.9

This table shows flu shots 12 months before delivery by maternal age. According to the table, a slightly larger percentage of Navajo women older than 35 years of age received flu shots 12 months before delivery.

This data does not show a statistical association between maternal age and flu shot uptake before delivery.

TABLE OF FLU SHOT BY MATERNAL EDUCATION

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	EDUCATION	%	LOWER	UPPER
	LESS THAN HIGH SCHOOL	76.7	70.4	83.0
	HIGH SCHOOL	72.0	66.5	77.6
	MORE THAN HIGH SCHOOL	76.5	71.3	81.6

This table shows flu shots 12 months before delivery by maternal education level. This data does not show a statistical association between maternal education level and flu shot uptake before delivery.

TABLE OF FLU SHOT BY MARITAL STATUS

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	MARITAL STATUS	%	LOWER	UPPER
	MARRIED	75.6	68.9	82.4
	NOT MARRIED	74.6	70.9	78.2

This table shows flu shots 12 months before delivery by marital status. According to the table, a slightly larger percentage of married Navajo women received flu shots 12 months before delivery compared to unmarried Navajo women. This data does not show a statistical association between marital status and flu shot uptake before delivery.

TABLE OF FLU SHOT BY RESIDENCE

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	RESIDENCE	%	LOWER	UPPER
	MCKINLEY/ SAN JUAN COUNTY	74.5	70.7	78.3
	OTHER NM COUNTIES	75.5	69.3	81.7

This table shows flu shots 12 months before delivery by area of residence. According to the table, a slightly larger percentage of Navajo women residing in other NM counties received flu shots 12 months before delivery. This data does not show a statistical association between area of residence and flu shot uptake before delivery.

TABLE OF FLU SHOT BY FEDERAL POVERTY LEVEL

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	FEDERAL POVERTY LEVEL	%	LOWER	UPPER
	< = 100%	74.9	70.7	79.1
	101 - 185%	72.0	64.5	79.5
	> 185%	82.5	73.6	91.4

This table shows flu shots 12 months before delivery by Federal Poverty Level (FPL). According to the table, the greatest percentage of Navajo women that earned more than 185% of the FPL were more likely to receive flu shots 12 months before delivery. This data does not show a statistical association between FPL and flu shot uptake before delivery.

TABLE OF FLU SHOT BY INSURANCE BENEFITS

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	INSURANCE BENEFITS	%	LOWER	UPPER
	MEDICAID NOT IHS	72.2	68.0	76.4
	MEDICAID WITH IHS	83.0	76.8	89.1
	IHS NOT MEDICAID	78.5	67.0	90.1
	OTHER	82.3	70.7	93.8
	NONE	81.5	50.1	100.0

This table shows flu shots 12 months before delivery by payer of care. According to the table, a slightly larger percentage of Navajo women with Medicaid and Indian Health Services as payer of care received flu shots 12 months before delivery. Fewer Navajo women with Medicaid but not Indian Health Services as payer of care were less likely to receive flu shots 12 months before delivery. This data does not show a statistical association between payer of care and flu shots uptake before delivery.

WIC PARTICIPATION

FLU SHOT 12 MONTHS BEFORE DELIVERY

YES	WIC PARTICIPATION	%	LOWER	UPPER
	YES	76.8	72.7	80.8
	NO	69.9	64.1	75.6

This table shows flu shots before delivery by WIC service. According to the table, a greater percentage of Navajo women with WIC service reported receiving a flu shot 12 months before delivery. This data does not show a statistical association between WIC service and flu shot uptake before delivery.

ORAL HEALTH DURING PREGNANCY

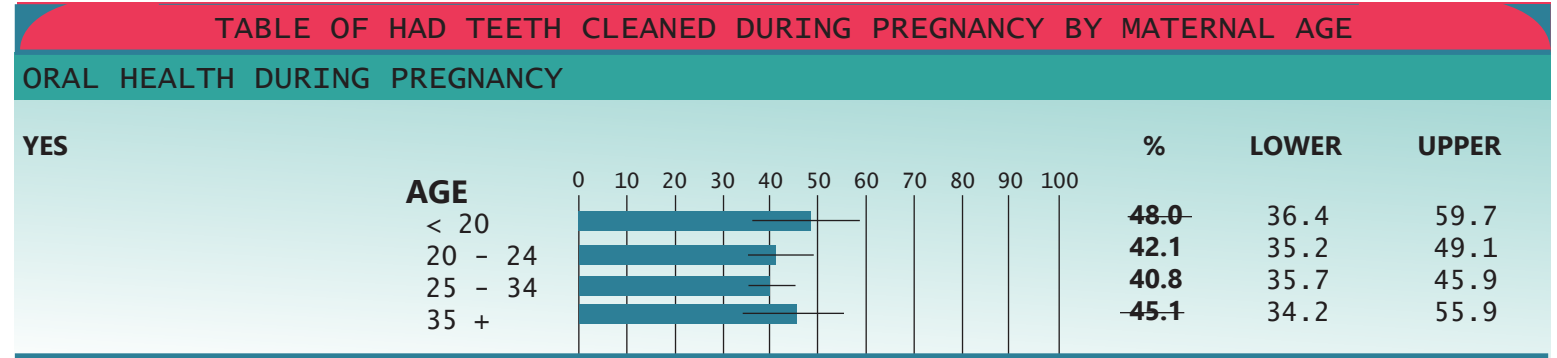
Oral health is especially important during pregnancy. During pregnancy, women are prone to gingivitis, periodontal diseases, loose teeth, tooth erosion, and dental cavities (March of Dimes, 2019; CDC, 2020). It is important to safeguard the health of mother and the child by practicing good oral hygiene (brush, floss, regular dental visits). Poor oral health hygiene impacts children as cavity causing bacteria can be passed from mother to baby (CDC, 2020). Poor health hygiene can result in preterm births and babies born with low birth weights (CDC, 2020). Children of mothers with untreated cavities are three times more likely to have cavities in childhood; and if untreated, children miss more school due to dental pain (CDC, 2020). These adverse outcomes are public health concerns as they can have long term effects on both mother and child. Studies show that periodontal disease is connected to diabetes, heart disease, obesity, and pneumonia (ADA, 2019).

Disparities in overall oral health outcomes have been reported among American Indians and Alaska Natives, which is important as Navajo women may be at high risk of poor oral health outcomes (CDC, 2020).

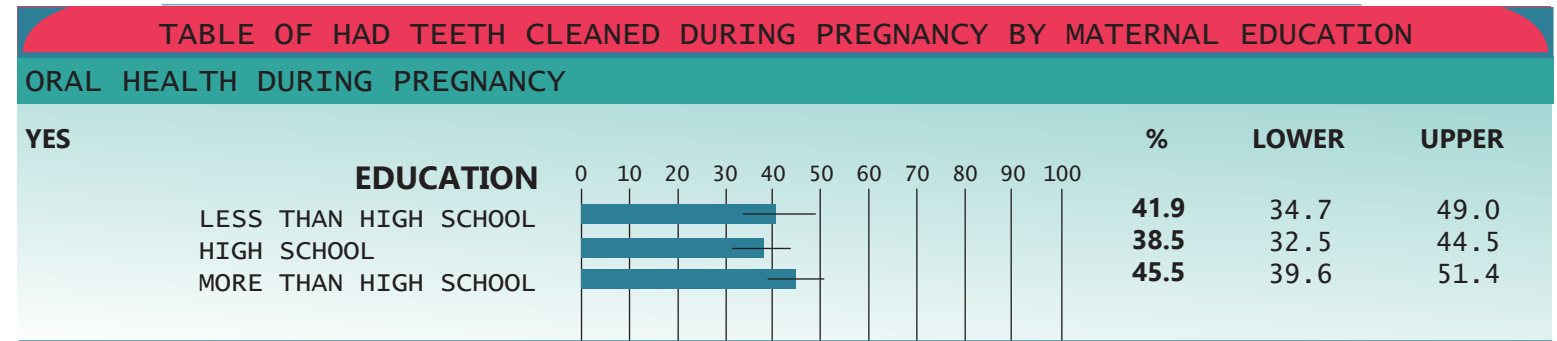
Sources:
 ADA Science & Research Institute, LLC. (2019, September 23). Oral-Systemic Health. Retrieved from <https://www.ada.org/en/member-center/oral-health-topics/oral-systemic-health>
 CDC. (2020, May 01). Disparities in Oral Health. Retrieved from https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm
 March of Dimes. "Dental Health during Pregnancy." Dental Health During Pregnancy, June 2019, www.marchofdimes.org/pregnancy/dental-health-during-pregnancy.aspx

Higher proportions of prenatal oral health services were obtained by those who:

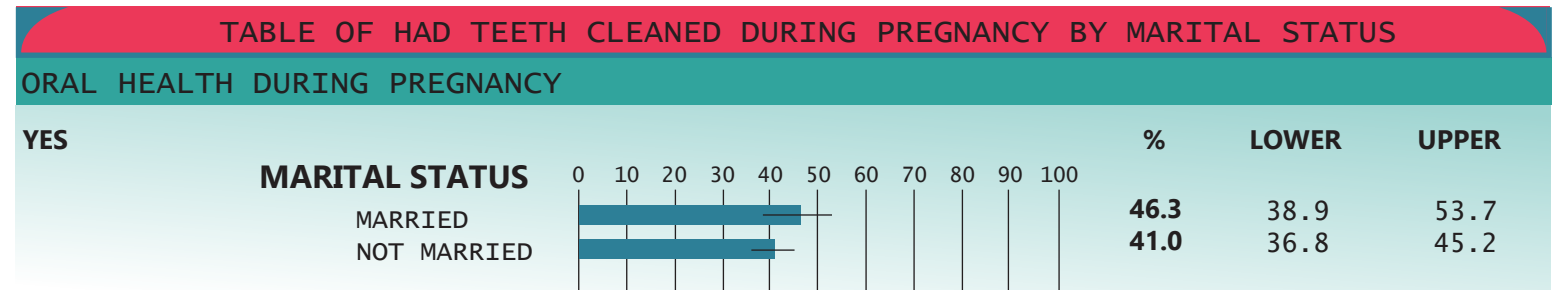
- were under 20 years of age.
- had achieved more than a high school education.
- were married.
- had household incomes greater than 185% of the Federal Poverty Level.
- had Medicaid and Indian Health Services as payers of care.
- received WIC benefits.



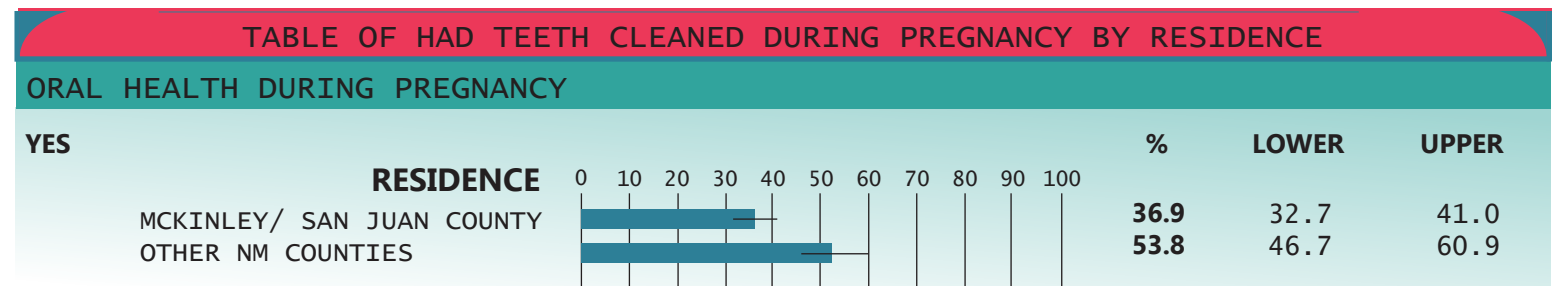
This table shows oral health services during pregnancy by maternal age. According to the table the greatest percentage of Navajo women less than 20 years of age received oral health services during pregnancy. This data does not show a statistical association between maternal age and oral health care.



This table shows oral health services during pregnancy by maternal education. According to the table, the greatest percentage of Navajo women with more than a high school education level were more likely to receive oral health services during pregnancy. This data does not show a statistical association between maternal education and oral health care.



This table shows oral health services during pregnancy by marital status. According to the table, the greatest percentage of married Navajo women were more likely to receive oral health services during pregnancy. This data does not show a statistical association between marital status and oral health care.



This table shows oral health services during pregnancy by area of residence. According to the table, the greatest percentage of Navajo women residing in other NM counties received oral health services during pregnancy. This data shows a statistically significant association between area of residence and oral health care.

GESTATIONAL DIABETES

TABLE OF HAD TEETH CLEANED DURING PREGNANCY BY FEDERAL POVERTY LEVEL

ORAL HEALTH DURING PREGNANCY				
YES	FEDERAL POVERTY LEVEL	%	LOWER	UPPER
	< = 100%	41.7	37.0	46.5
	101 - 185%	41.6	33.7	49.4
	> 185%	44.5	33.2	55.8

This table shows oral health services during pregnancy by Federal Poverty Level (FPL). According to the table, the greatest percentage of Navajo women that earned more than 185% of the FPL were more likely to receive oral health services during pregnancy.

TABLE OF HAD TEETH CLEANED DURING PREGNANCY BY INSURANCE BENEFITS

ORAL HEALTH DURING PREGNANCY				
YES	INSURANCE BENEFITS	%	LOWER	UPPER
	MEDICAID NOT IHS	41.9	37.3	46.5
	MEDICAID WITH IHS	46.7	38.6	54.7
	IHS NOT MEDICAID	37.6	22.7	52.6
	OTHER	42.6	26.1	59.1

This table shows oral health services during pregnancy by payer of care. According to the table, the greatest percentage of Navajo women with Medicaid and Indian Health Services as their payer of care were more likely to receive oral health services during pregnancy. This data does not show a statistical association between payer of care and oral health care.

WIC PARTICIPATION

ORAL HEALTH DURING PREGNANCY				
	WIC PARTICIPATION	%	LOWER	UPPER
YES	YES	44.2	39.6	48.9
NO	NO	38.8	32.7	44.9

This table shows oral health services during pregnancy by WIC service during pregnancy. According to the table, the greatest percentage of Navajo women with WIC services during their pregnancy received oral health services. This data does not show a statistical association between WIC service and oral health care.

Gestational diabetes is diagnosed during pregnancy and causes high blood sugar that affects both the mother and baby's health (Mayo Clinic, 2020). The adverse effects associated with gestational diabetes is a public health concern. The effects on the mother include high blood pressure and preeclampsia, the need for a c-section, and future diabetes. Effects on the baby include excessive birth weight, preterm births, serious breathing difficulties, low blood sugar, stillbirth, and obesity and diabetes later in life (Mayo Clinic, 2020). Ten percent of pregnancies are affected by gestational diabetes, and recently cases of gestational diabetes has increased by 56% (CDC, 2018). There is a major public health concern for the Navajo population as there are more diagnoses of gestational diabetes in American Indian/Alaska Native women (12.8%) (Hiratsuka et al., 2022).

Sources:

Center for Disease Control and Prevention. (2018, June 12). Diabetes During Pregnancy. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>

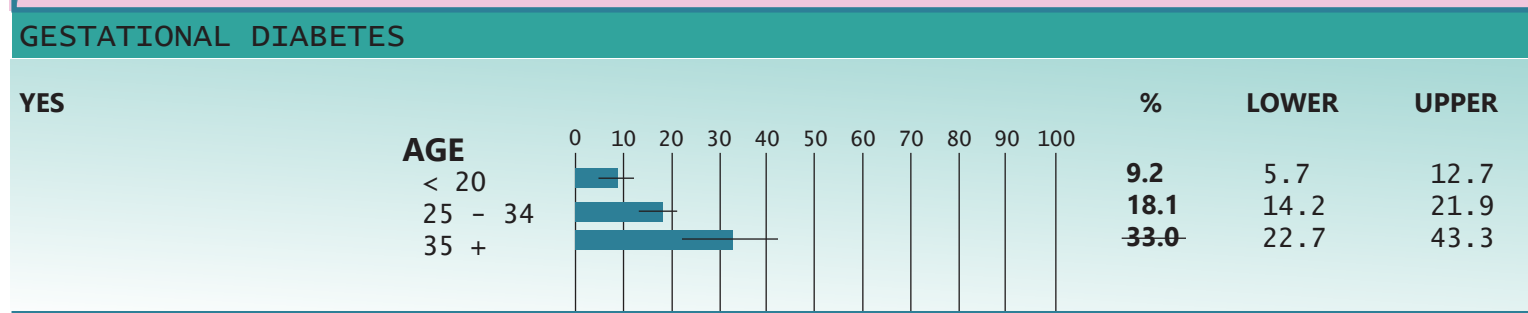
Hiratsuka, V. Y., Reid, M., Chang, J., Jiang, L., Brega, A. G., Fyfe-Johnson, A. L., Huyser, K. R., Johnson-Jennings, M., Conway, C. J. F., Rockell, J., Dillard, D. A., Moore, K., Manson, S. M., & O'Connell, J. (2022). Associations Between Ruralness, Pre-pregnancy Health Status, and Macrosomia in American Indian/Alaska Native Populations. *Maternal and Child Health Journal*, 26(12), 2454. <https://doi.org/10.1007/s10995-022-03536-w>

Mayo Clinic. (2020, August 26). Gestational diabetes. Retrieved from <https://www.mayoclinic.org/diseases-conditions/gestational-diabetes/symptoms-causes>

Women with the highest prevalence of diabetes included:

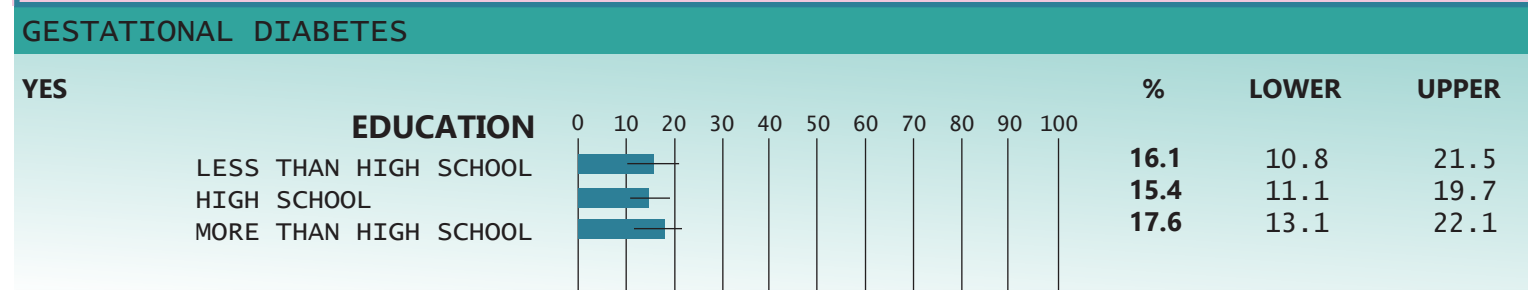
- those over 35 years of age;
- those with higher education levels,
- those who were married,
- those living outside San Juan or McKinley Counties,
- those with higher income levels,
- those with Indian Health Services only,
- and those who did not receive any WIC service during pregnancy.

TABLE OF HAD GESTATIONAL DIABETES BY MATERNAL AGE



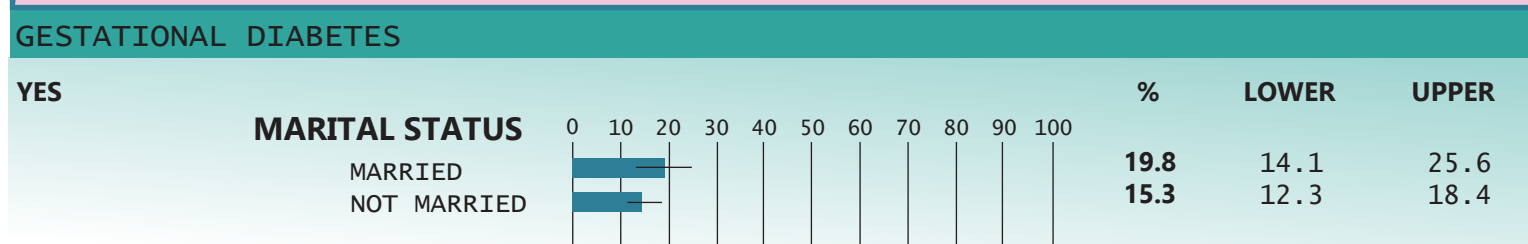
This table shows Navajo women that had gestational diabetes during pregnancy by maternal age. According to the table, the greatest percentage of Navajo women older than 35 years of age had gestational diabetes during pregnancy. This data shows a statistically significant association between maternal age and gestational diabetes.

TABLE OF HAD GESTATIONAL DIABETES BY MATERNAL EDUCATION



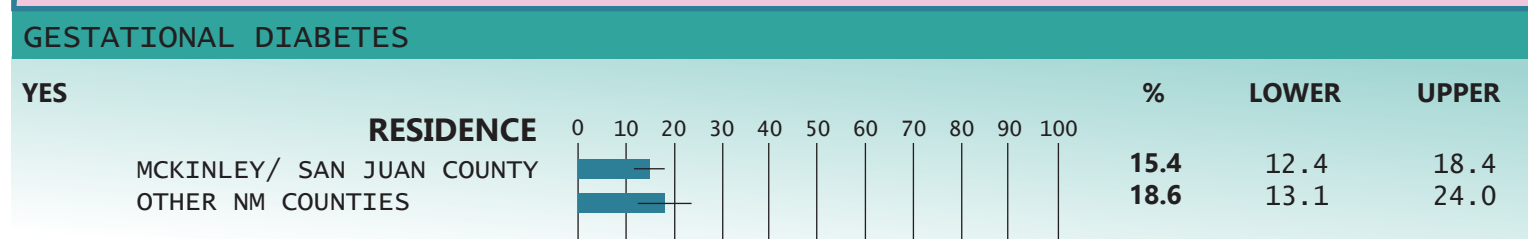
This table shows Navajo women that had gestational diabetes during pregnancy by maternal education. According to the table, a slightly larger percentage of Navajo women with more than a high school education had gestational diabetes during pregnancy. This data does not show a statistical association between maternal education and gestational diabetes.

TABLE OF HAD GESTATIONAL DIABETES BY MARITAL STATUS



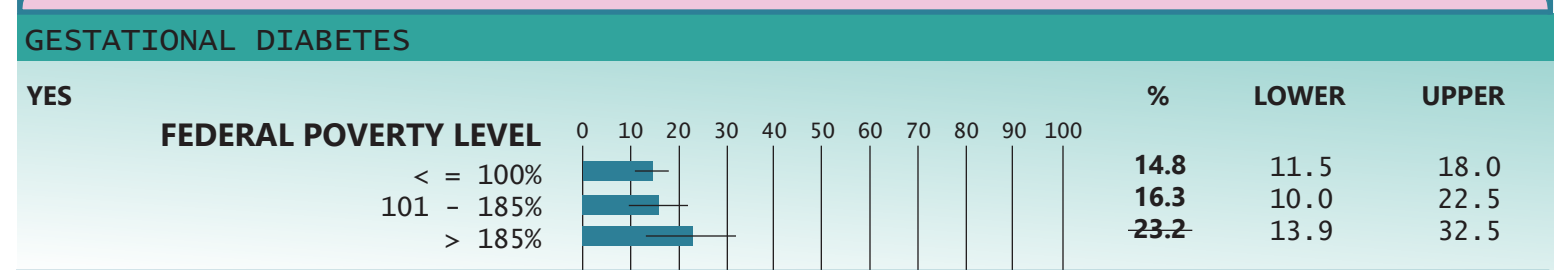
This table shows Navajo women that had gestational diabetes during pregnancy by marital status. According to the table, the greatest percentage of married Navajo women had gestational diabetes during pregnancy. This data does not show a statistical association between marital status and gestational diabetes.

TABLE OF HAD GESTATIONAL DIABETES BY RESIDENCE



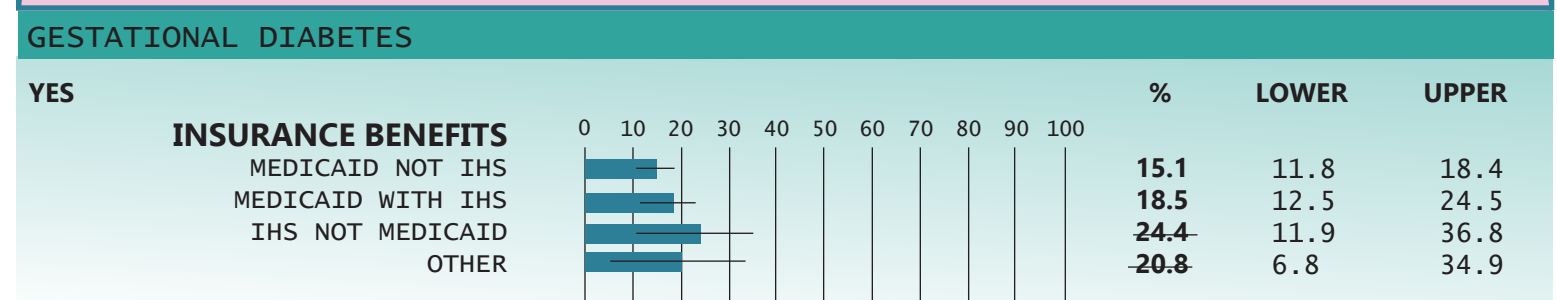
This table shows Navajo women that had gestational diabetes during pregnancy by area of residence. According to the table, the greatest percentage of Navajo women residing in other NM counties were diagnosed with gestational diabetes during pregnancy. This data does not show a statistical association between area of residence and gestational diabetes.

TABLE OF HAD GESTATIONAL DIABETES BY FEDERAL POVERTY LEVEL



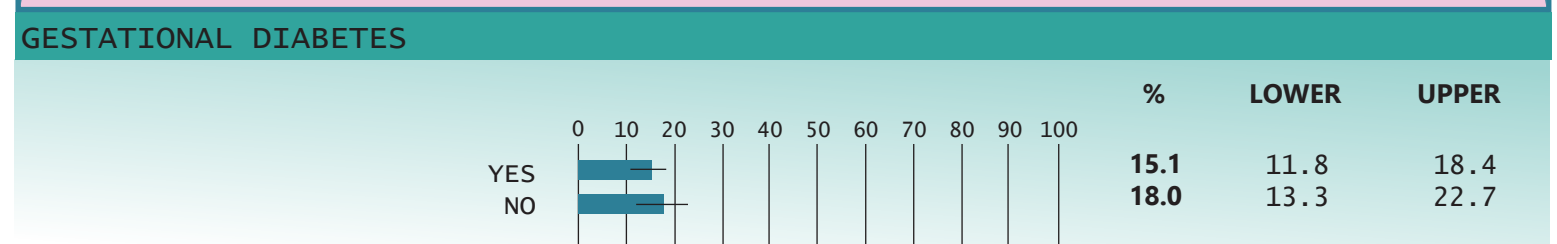
This table shows Navajo women that had gestational diabetes during pregnancy by Federal Poverty Level (FPL). According to the table, the greatest percentage of Navajo women that earned more than 185% of the FPL were more likely to be diagnosed with gestational diabetes. This data does not show a statistical association between FPL and gestational diabetes.

TABLE OF HAD GESTATIONAL DIABETES BY INSURANCE BENEFITS



This table shows Navajo women that had gestational diabetes during pregnancy by payer of care. According to the table, the greatest percentage of Navajo women with Indian Health Services but not Medicaid as payer of care were diagnosed with gestational diabetes during pregnancy. This data does not show a statistical association between payer of care and gestational diabetes.

WIC PARTICIPATION



This table shows Navajo women that reported gestational diabetes according to WIC service during their pregnancy. According to the table, a greater percentage of Navajo women without WIC service were diagnosed with gestational diabetes during pregnancy. This data does not show a statistical association between WIC service and gestational diabetes.

BABY'S STAY IN HOSPITAL

The length of hospital stay following delivery is determined by a few factors including the type of delivery and the specialized needs of the infant. Specialized care and a lengthier hospital stay are typically required for babies that are born preterm (before 37 weeks) or late term (after 42 weeks), babies born at a low birth weight (less than 5.5 pounds), multiple births (that can result in lower birth weights), medicine or resuscitation in the delivery room, specialized treatment (e.g. blood transfusion), or health conditions such as seizures, breathing troubles, heart problems, infections, or birth defects (Stanford, 2021). The baby's length of stay, and the mother's, is based on the unique characteristics of each mother-baby dyad, hence medical practitioners make decisions based on but not limited to the aforementioned factors (Benitz, 2015). Typically, the length of stay is up to 48 hours for a vaginal birth (Nicholson, 2018).

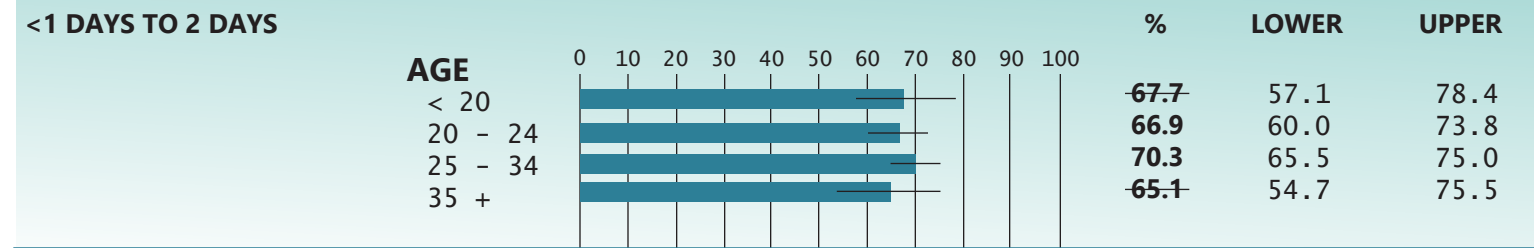
Sources:

Benitz, W.E., & Newborn, C.O. (2015, May 01). Hospital Stay for Healthy Term Newborn Infants. Retrieved from <https://pediatrics.aappublications.org/content/135/5/948>
 Nicholson, H. (2018, April 23). Maternity Length of Stay Rules. Retrieved from <https://www.ncsl.org/research/health/final-maternity-length-of-stay-rules-published.aspx>
 Stanford Children's Health. (2021). The Neonatal Intensive Care Unit (NICU). Retrieved from <https://www.stanfordchildrens.org/en/topic/default?id=the=neonatal-intensive-care-unit-nicu-90-P02389>

Infant hospitalization for less than one day was experienced among:

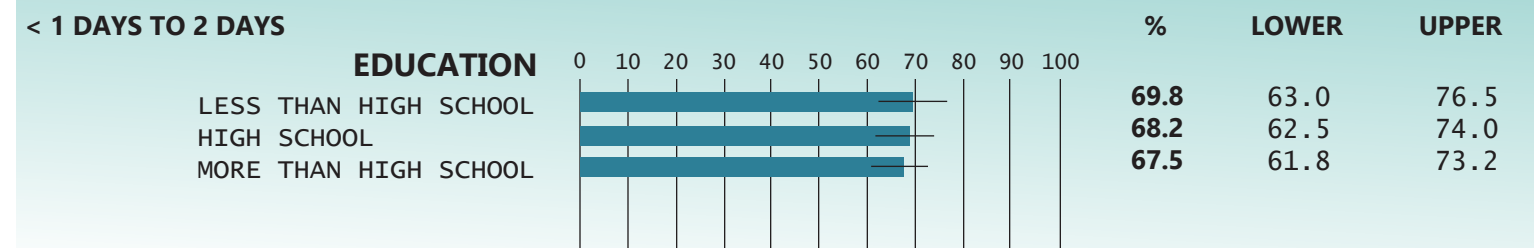
- women aged 25-34,
- women with less than a high school education,
- women that were not married,
- women living in McKinley or San Juan Counties,
- women with lower household incomes,
- women without insurance,
- and women without any WIC service during pregnancy.

BABY'S STAY IN HOSPITAL BY AGE



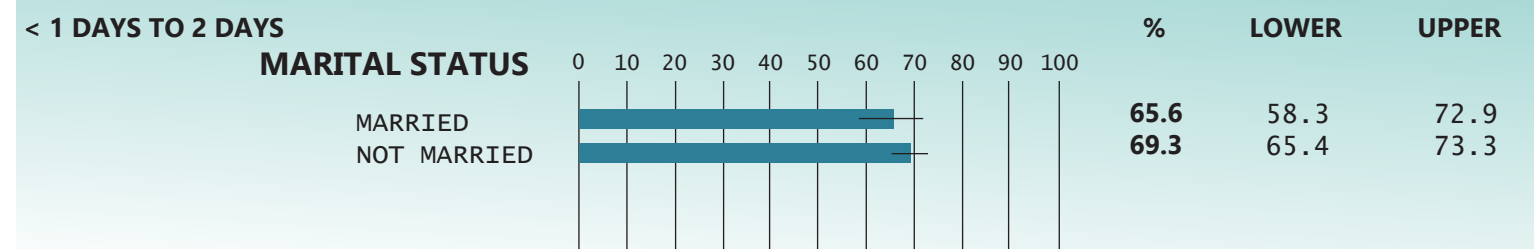
This table shows how many days a newborn Navajo baby stayed in the hospital by maternal age. According to the table, the majority of Navajo babies born to Navajo women between the ages of 25 and 34 stayed less than 1 to 2 days at the hospital. This data does not show a statistical association between maternal age and the length of baby's hospital stay.

BABY'S STAY IN HOSPITAL BY EDUCATION





This table shows how many days a newborn Navajo baby stayed in the hospital by maternal education. According to the table, a slightly larger percentage of Navajo babies born to Navajo women with less than a high school education stayed less than 1 to 2 days at the hospital. This data does not show a statistical association between maternal education and the length of the baby's hospital stay.

BABY'S STAY IN HOSPITAL BY MARITAL STATUS



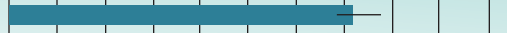


This table shows how many days a newborn Navajo baby stayed in the hospital by marital status. According to the table, the majority of Navajo babies born to unmarried Navajo women stayed less than 1 to 2 days at the hospital. This data does not show a statistical association between marital status and the length of the baby's hospital stay.

BABY'S STAY BY RESIDENCE

AVERAGE OVERNIGHT STAY			%	LOWER	UPPER
RESIDENCE		0 10 20 30 40 50 60 70 80 90 100			
MCKINLEY/ SAN JUAN COUNTY		72.8	69.0	76.7	
OTHER NM COUNTIES		59.1	52.0	66.2	



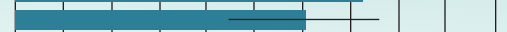


This table shows how many days a newborn Navajo baby stayed in the hospital by maternal area of residence. According to the table, the majority of Navajo babies born to Navajo women residing in McKinley/San Juan counties stayed less than 1 to 2 days at the hospital. This data shows a statistically significant association between maternal area of residence and the length of the baby's hospital stay.

BABY'S STAY BY FEDERAL POVERTY LEVEL

< 1 DAYS TO 2 DAYS			%	LOWER	UPPER
FEDERAL POVERTY LEVEL		0 10 20 30 40 50 60 70 80 90 100			
< = 100%		72.8	68.5	77.1	
101 - 185%		64.5	56.7	72.2	
> 185%		66.3	55.7	76.9	



This table shows how many days a newborn Navajo baby stayed in the hospital by Federal Poverty Level (FPL). According to the table, the majority of Navajo babies born to Navajo women that earned less than <100% of the FPL stayed less than 1 to 2 days at the hospital. This data does not show a statistical association between FPL and the length of the baby's hospital stay.

BABY'S STAY BY INSURANCE BENEFITS

< 1 DAYS TO 2 DAYS			%	LOWER	UPPER
INSURANCE BENEFITS		0 10 20 30 40 50 60 70 80 90 100			
MEDICAID NOT IHS		68.5	63.9	73.2	
MEDICAID WITH IHS		65.1	57.0	73.1	
IHS NOT MEDICAID		73.9	64.4	83.4	
OTHER		61.1	45.9	76.3	
NONE		79.2	66.0	92.5	

This table shows how many days a newborn Navajo baby stayed in the hospital by payer of prenatal care. According to the table, the majority of Navajo babies born to Navajo women that did not have a payer of prenatal care stayed less than 1 to 2 days at the hospital. This data does not show a statistical association between payer of prenatal care and the length of the baby's hospital stay.

BABY'S STAY BY WIC PARTICIPATION

< 1 DAYS TO 2 DAYS			%	LOWER	UPPER
WIC PARTICIPATION		0 10 20 30 40 50 60 70 80 90 100			
YES		68.2	63.8	72.7	
NO		69.8	64.1	75.4	

This table shows how many days a newborn Navajo baby stayed in the hospital by maternal WIC service. According to the table, slightly more Navajo babies born to Navajo women who did not receive WIC service during pregnancy stayed less than 1 to 2 days at the hospital. This data does not show a statistical association between maternal WIC service and the length of the baby's hospital stay.

BREASTFEEDING DURATION

According to the Centers for Disease Control and Prevention, breastfeeding is a long term health investment for both mother and infant. Benefits to the mother include lower risks of high blood pressure, type 2 diabetes, ovarian, and breast cancers. Benefits to the infant include reduced risks of asthma, obesity, type 1 diabetes, severe lower respiratory disease, ear infections, sudden infant death syndrome, gastrointestinal infections, and necrotizing enterocolitis in preterm infants.

Improving the duration of breastfeeding is a public health concern. According to the Navajo Maternal Child Needs Assessment, the challenge for new mothers is limited family and workplace support. Navajo mothers, as many mothers in the United States, stop breastfeeding sooner than they planned, which can affect the long term health benefits of both the mother and their infant. Disparities exist in breastfeeding with African American women and American Indian/Alaska Native women as they have the lowest percentage of breastfeeding compared to other races (Jones, 2015).

Sources:

Centers for Disease Control and Prevention. (2020, May 28). About Breastfeeding. Retrieved from <https://www.cdc.gov/breastfeeding/about-breastfeeding/index.html>

Jones, K.M., Power, M.L., Queenan, J.T., & Schulkin, J. (2015, May). Racial and ethnic disparities in breastfeeding. Retrieved from

<https://https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410446>

Navajo Maternal Child Needs Assessment Working Group. (2020). 2020 Navajo Nation Maternal and Child Health Needs Assessment. Retrieved from <https://www.nec.navajo-nsn.gov/>

Prevalence of breastfeeding beyond two months was highest among:

- those who were over 35 years of age,
- those with more than a high school education,
- those who were married,
- those who lived in McKinley or San Juan Counties,
- those with high household incomes,
- those who had other sources as payer of care,
- those who did not receive any WIC service during their postnatal period.

TABLE OF BREASTFEEDING MORE THAN 2 MONTHS BY MATERNAL AGE

BREASTFED MORE THAN 2 MONTHS

YES	AGE	%	LOWER	UPPER
	< 20	53.2	40.7	65.7
	20 - 24	71.9	65.0	78.8
	25 - 34	71.3	66.2	76.4
	35 +	77.5	67.2	87.9

This table shows breastfeeding by Navajo mothers for more than two months by maternal age. According to the table, there was a greater percentage of Navajo mothers over the age of 35 that breastfed for more than two months. This data shows a statistically significant association between maternal age and breastfeeding.

TABLE OF BREASTFEEDING MORE THAN 2 MONTHS BY MATERNAL EDUCATION

BREASTFED MORE THAN 2 MONTHS

YES	EDUCATION	%	LOWER	UPPER
	LESS THAN HIGH SCHOOL	61.3	52.9	69.8
	HIGH SCHOOL	65.0	58.7	71.4
	MORE THAN HIGH SCHOOL	78.4	73.0	83.7

This table shows breastfeeding by Navajo mothers for more than two months by maternal education. According to the table, a greater percentage of Navajo mothers with more than a high school education breastfed for more than two months. This data shows a statistically significant association between maternal education and breastfeeding.

TABLE OF BREASTFEEDING MORE THAN 2 MONTHS BY MARITAL STATUS

BREASTFED MORE THAN 2 MONTHS

YES	MARITAL STATUS	%	LOWER	UPPER
	MARRIED	71.1	63.8	78.4
	NOT MARRIED	69.7	65.5	74.0

This table shows breastfeeding by Navajo mothers for more than two months by marital status. According to the table, there was a greater percentage of married Navajo mothers that breastfed for more than two months. This data does not show a statistical association between marital status and breastfeeding.

TABLE OF BREASTFEEDING MORE THAN 2 MONTHS BY RESIDENCE

BREASTFED MORE THAN 2 MONTHS

YES	RESIDENCE	%	LOWER	UPPER
	MCKINLEY/ SAN JUAN COUNTY	71.3	67.1	75.5
	OTHER NM COUNTIES	67.4	59.9	74.8

This table shows breastfeeding by Navajo mothers for more than two months by area of residence. According to the table, there was a greater percentage of Navajo mothers residing in McKinley/San Juan counties that breastfed for more than two months. This data does not show a statistical association between area of residence and breastfeeding.

TABLE OF BREASTFEEDING MORE THAN 2 MONTHS BY FEDERAL POVERTY LEVEL

BREASTFED MORE THAN 2 MONTHS

YES	FEDERAL POVERTY LEVEL	%	LOWER	UPPER
	< = 100%	66.9	62.0	71.9
	101 - 185%	77.3	69.8	84.8
	> 185%	79.2	69.8	88.7

This table shows breastfeeding by Navajo mothers for more than two months by Federal Poverty Level (FPL). According to the table, a greater percentage of Navajo mothers that earned more than 185% of the FPL breastfed for more than two months. This data shows a statistically significant association between FPL and breastfeeding.

TABLE OF BREASTFEEDING MORE THAN 2 MONTHS BY INSURANCE BENEFITS

BREASTFED MORE THAN 2 MONTHS

YES	INSURANCE BENEFITS	%	LOWER	UPPER
	MEDICAID NOT IHS	67.7	62.6	72.7
	MEDICAID WITH IHS	75.9	68.0	83.8
	IHS NOT MEDICAID	72.5	61.5	83.5
	OTHER	77.5	63.6	91.3
	NONE	61.5	45.2	77.8

This table shows breastfeeding by Navajo mothers for more than two months by payer of care. According to the table, a greater percentage of Navajo mothers with other payers of care breastfed for more than two months. This data does not show a statistical association between payer of care and breastfeeding.

WIC PARTICIPATION

BREASTFED MORE THAN 2 MONTHS

	WIC PARTICIPATION	%	LOWER	UPPER
YES		67.7	63.2	72.2
NO		77.3	70.6	83.9

This table shows breastfeeding by Navajo mothers for more than two months according to WIC service during the postnatal period. According to the table, a greater percentage of Navajo mothers without WIC services reported breastfeeding for more than 2 months during their postnatal period. This data shows a statistically significant association between WIC service in the postnatal period and breastfeeding.

INFANT SLEEPS ON BACK

Sudden Infant Death Syndrome or SIDS is the unexpected death of infants under the age of one year. Sudden unexpected infant death is a sudden and unexpected death of a baby aged younger than 1 year. For these deaths, there is no obvious cause before investigation. Sudden unexpected infant deaths often happen during sleep or in the baby's sleep area. The Mayo Clinic reported the cause of SIDS might be associated with defects in portions of the brain that control breathing and arousal from sleep. The Centers for Disease Control and Prevention (CDC) reported 1,300 deaths in the United States due to SIDS in 2018. CDC reported an increased risk of SIDS when babies are placed on their stomachs to sleep. It is recommended that babies be placed on their backs to sleep to reduce SIDS relating to sleep. CDC and the National Institute of Health launched a public health safe sleep campaign to reduce instances of infant mortality from SIDS. It is important to note that SIDS disproportionality affects infants of color. Despite increases in Navajo mothers placing their infants to sleep on their backs, American Indian and Alaska Natives have high rates of SIDS that other ethnicities (CDC, 2020; Navajo Maternal Child Needs Assessment Working Group, 2020).

Sources:

Centers for Disease Control and Prevention. (n.d.). About suid and sids. Centers for Disease Control and Prevention. <https://www.cdc.gov/sudden-infant-death/about/index.html#:~:text=Sudden%20unexpected%20infant%20death%20is,the%20problem%20and%20CDC%20activities>

Centers for Disease Control and Prevention. (2020, December 31). Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. Retrieved from <https://www.cdc.gov/sids/index.htm>

Centers for Disease Control and Prevention. (2020, November 10). Data and Statistics for SIDS and SUID. Retrieved from <https://www.cdc.gov/sids/data.htm>

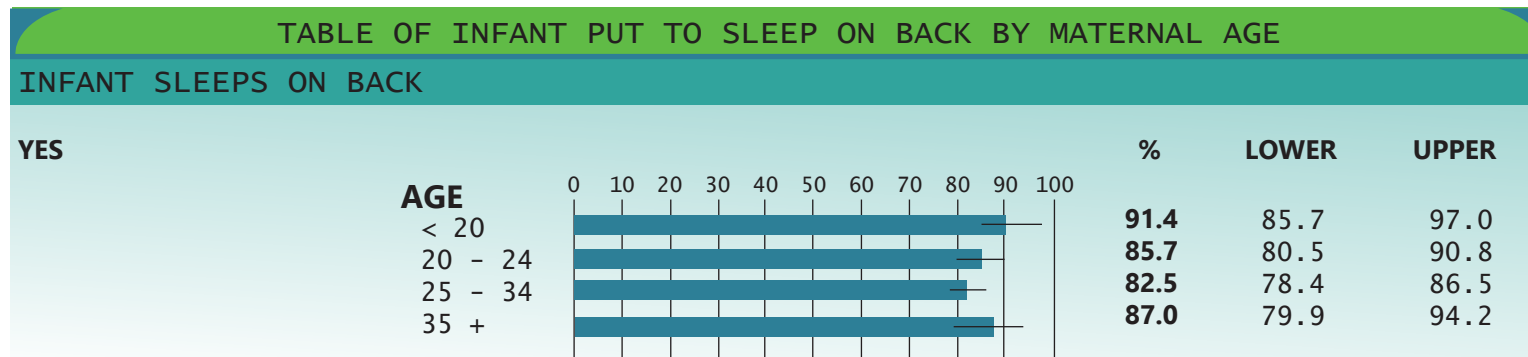
Mayo Clinic. (2020, May 20). Sudden Infant Death Syndrome (SIDS). Retrieved from <https://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/symptoms-causes>

National Institute of Health. (2020). Research on Back Sleeping and SIDS. Retrieved from <https://safetosleep.nichd.nih.gov/research/science/backsleeping>

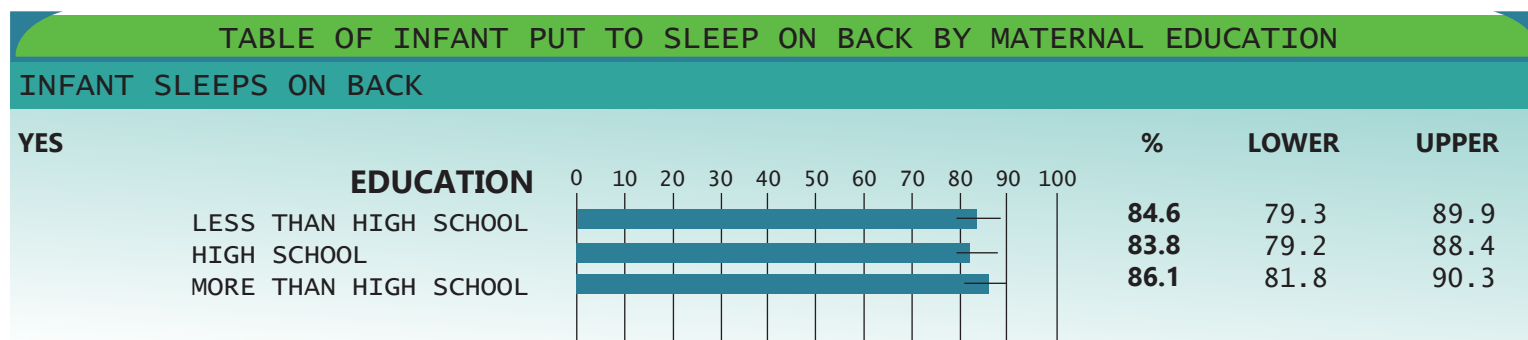
Navajo Maternal Child Needs Assessment Working Group. (2020). 2020 Navajo Nation Maternal and Child Health Needs Assessment. Retrieved from https://www.nec.navajo-nsn.gov/Portals/0/HomeWebpage/MaternalChildHEalth_V7_HiRez_Sept_30_20.pdf

Higher proportions of supine/back to sleep placement were reported for:

- women who were under 20 years of age,
- women who had more than a high school education,
- women who were married,
- women that lived in McKinley or San Juan Counties,
- women with high household incomes,
- women that used Indian Health Services only,
- women who did not receive WIC service in their postnatal period.



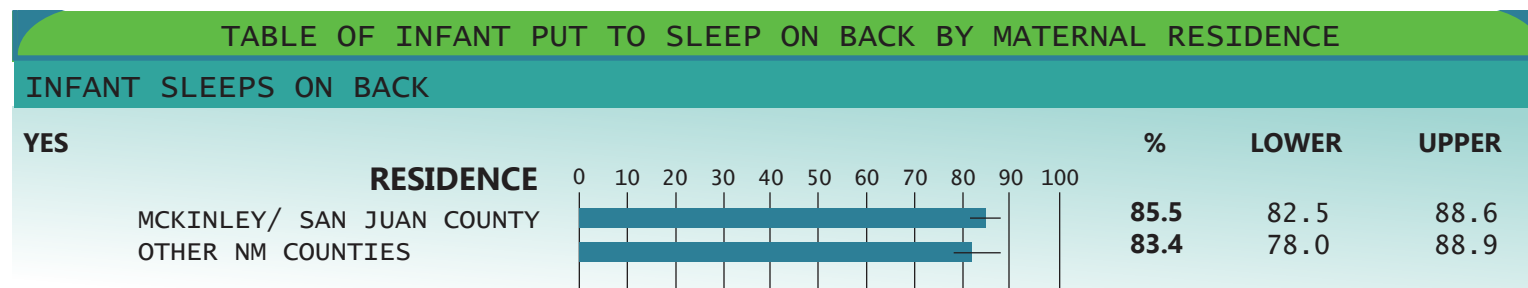
This table shows Navajo mothers that placed their babies to sleep on their backs by maternal age. According to the table, a greater percentage of Navajo mothers twenty years of age and younger placed their babies to sleep on their back. This data does not show a statistical association between maternal age and infant sleeping position.



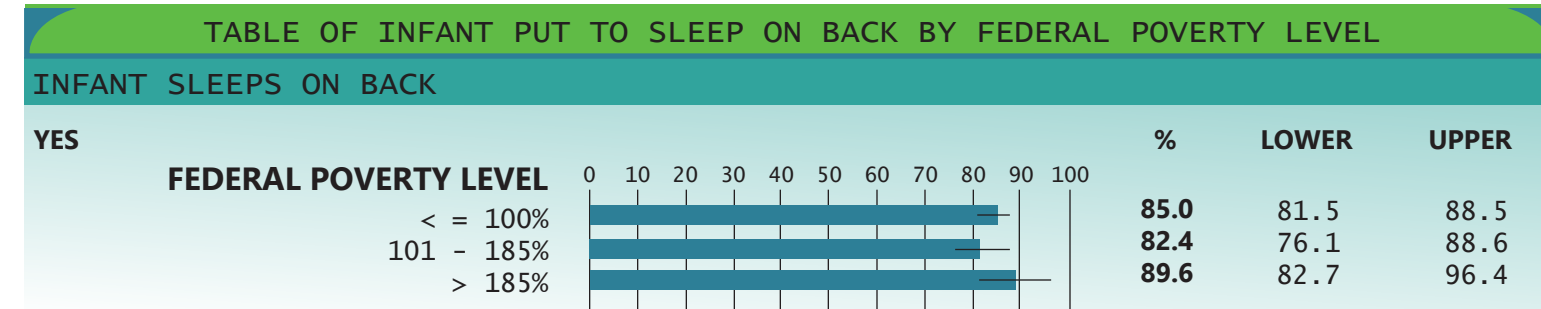
This table shows Navajo mothers that placed their babies to sleep on their backs by maternal education. According to the table, a greater percentage of Navajo mothers with more than a high school education placed their babies to sleep on their back. This data does not show a statistical association between maternal education and infant sleeping position.



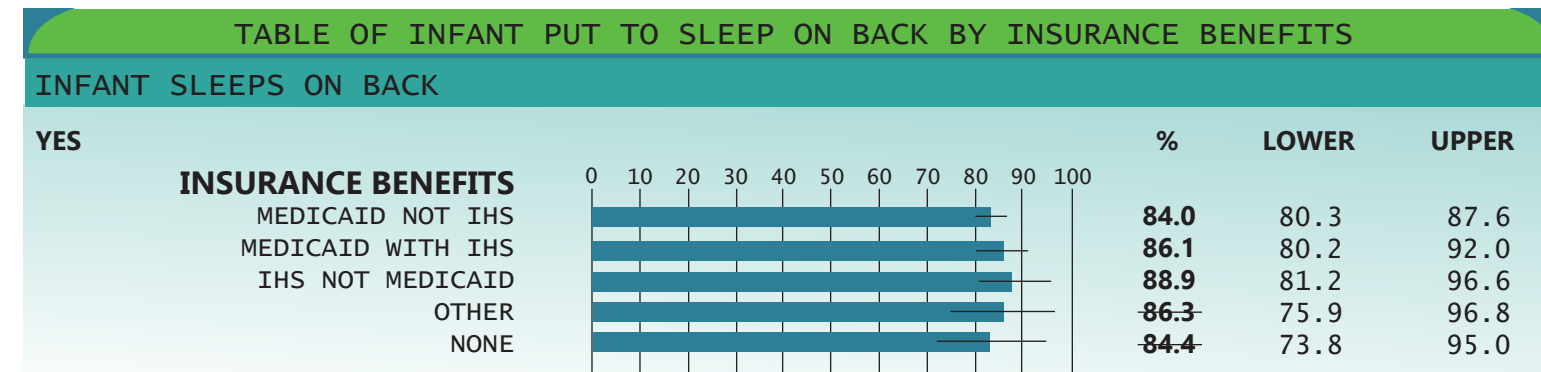
This table shows Navajo mothers that placed their babies to sleep on their backs by marital status. According to the table, a greater percentage of married Navajo mothers placed their babies to sleep on their back. The data does not show a statistical association between marital status and infant sleeping position.



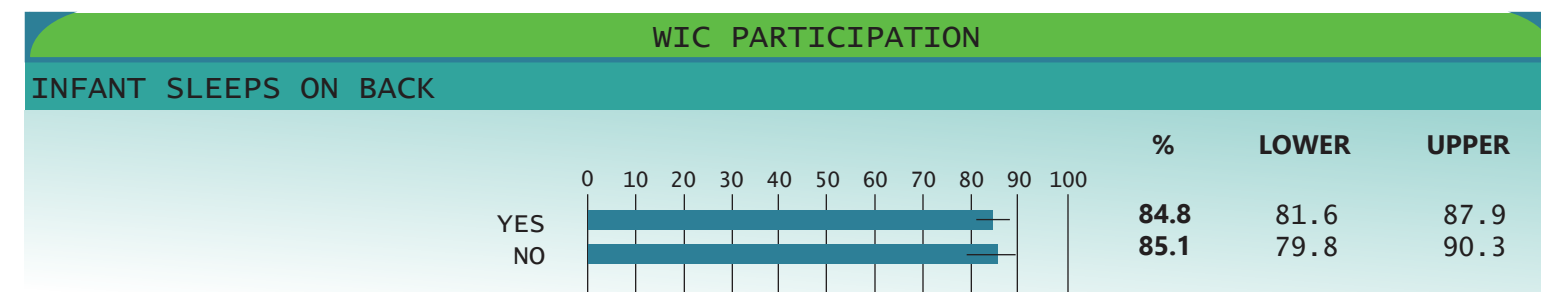
This table shows Navajo mothers that placed their babies to sleep on their backs by area of residence. According to the table, a greater percentage of Navajo mothers residing in McKinley/San Juan counties placed their babies to sleep on their back. This data does not show a statistical association between area of residence and infant sleeping position.



This table shows Navajo mothers that placed their babies to sleep on their backs by Federal poverty Level (FPL). According to the table, a greater percentage of Navajo mothers that earned more than 185% of the FPL placed their babies to sleep on their back. This data does not show a statistical association between FPL and infant sleeping position.



This table shows Navajo mothers that place their babies to sleep on their backs by payer of care. According to the table, a greater percentage of Navajo mothers with Indian Health Services but not Medicaid as payer of care placed their babies to sleep on their back. This data does not show a statistical association between payer of care and infant sleeping position.



This table shows Navajo mothers that placed their babies to sleep on their back by WIC service during the postnatal period. According to the table, a slightly larger percentage of Navajo mothers without WIC services during the postnatal period placed their babies to sleep on their back. This data does not show a statistical association between WIC service during the postnatal period and infant sleeping position.

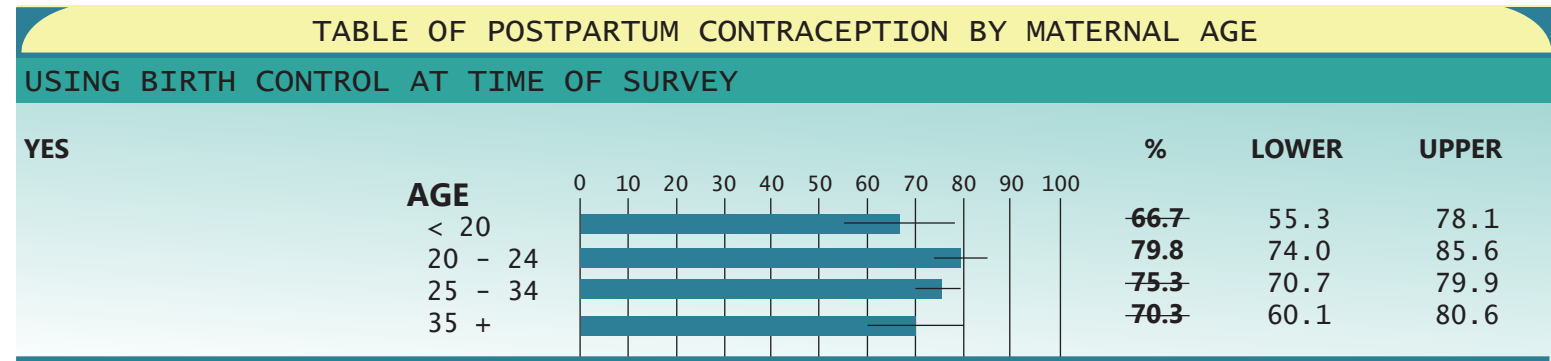
POSTPARTUM CONTRACEPTION

Contraception allows women to decide when and if they want to have children. In the postpartum period, women can become pregnant as early as 3 weeks after delivery even if the mother is breastfeeding and has not yet had her period. Knowing how early a woman can become pregnant in the postpartum period is important as women can plan on contraception use. In public health, family planning is important as there are health and economic implications to birth spacing for unplanned births. Unintended births have been linked to babies born preterm, babies born with low birth weights, and/or babies born with birth defects (ODPHP, 2020). Unintended pregnancies can be linked to delays in prenatal care, reduced likelihood of breastfeeding, increased risk of maternal depression, and increased risk of intimate partner violence during pregnancy (ODPHP, 2020). Postpartum contraception is a public health concern which is important for women to be educated on how to use contraception and access contraception. Women of color experience lower rates of postpartum contraception usage when compared with other ethnicities/races. Younger women under the age of 20 have lower rates of postpartum contraception use when compared to older women of childbearing age (ODPHP, 2020).

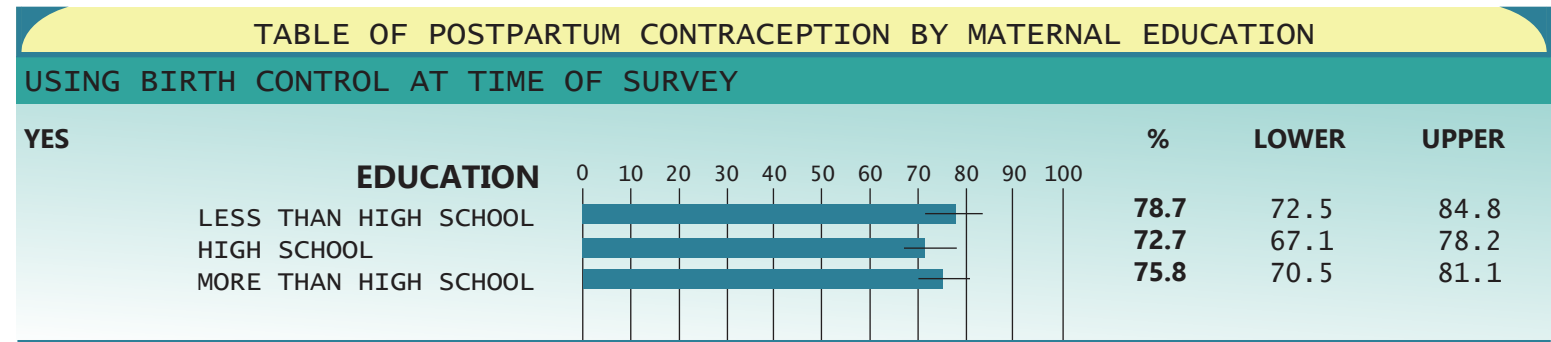
Sources:
Office of Disease Prevention and Health Promotion. (2020). Family Planning. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning>

Postpartum contraceptive use was highest among those

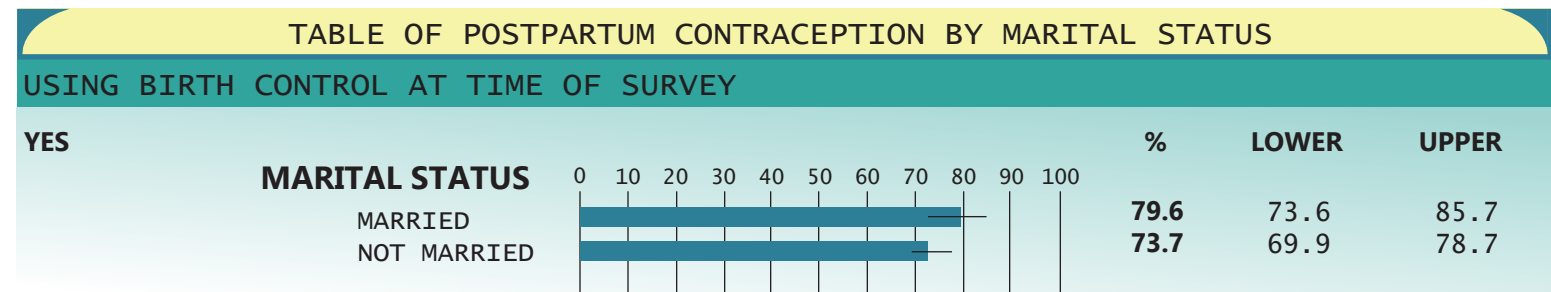
- between the ages of 20 and 24.
- who had less than a high school education.
- who were married.
- who lived in McKinley or San Juan counties.
- whose household income was between 101 and 185% of the Federal Poverty Level.
- who reported 'other' as a form of insurance.
- who had WIC services in the postnatal period (slight difference than those without).



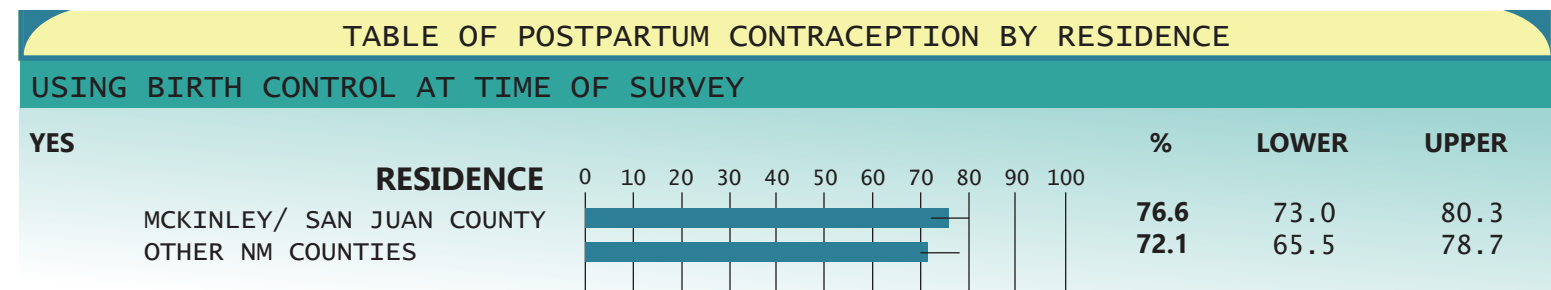
This table shows Navajo women's postpartum contraception use by maternal age. According to the table, there was a greater percentage of Navajo women aged 20-24 that used contraception in their postpartum period. This data does not show a statistical association between maternal age and postpartum contraception.



This table shows Navajo women's postpartum contraception use by maternal education. According to the table, there was a greater percentage of Navajo women with less than a high school education that used contraception in their postpartum period. This data does not show a statistical association between maternal education and postpartum contraception.



This table shows Navajo women's postpartum contraception use by marital status. According to the table, there was a greater percentage of married Navajo women that used contraception in their postpartum period. This data does not show a statistical association between marital status and postpartum contraception.



This table shows Navajo women's postpartum contraception use by area of residence. According to the table, there was a greater percentage of Navajo women residing in McKinley/San Juan counties that used contraception in their postpartum period. This data does not show a statistical association between area of residence and postpartum contraception.

POSTPARTUM CHECKUP

TABLE OF POSTPARTUM CONTRACEPTION BY FEDERAL POVERTY LEVEL

USING BIRTH CONTROL AT TIME OF SURVEY

YES	FEDERAL POVERTY LEVEL	%	LOWER	UPPER
	< = 100%	74.1	69.8	78.4
	101 - 185%	81.9	75.4	88.4
	> 185%	75.8	66.2	85.5

This table shows Navajo women's postpartum contraception use by Federal Poverty Level (FPL). According to the table, a greater percentage of Navajo women that earned between 101-185% of the FPL used contraception in their postpartum period. This data does not show a statistical association between FPL and postpartum contraception.

TABLE OF POSTPARTUM CONTRACEPTION BY INSURANCE BENEFITS

USING BIRTH CONTROL AT TIME OF SURVEY

YES	INSURANCE BENEFITS	%	LOWER	UPPER
	MEDICAID NOT IHS	76.7	72.5	80.8
	MEDICAID WITH IHS	72.8	65.1	80.6
	IHS NOT MEDICAID	73.0	62.7	83.3
	OTHER	84.9	74.0	95.8
	NONE	67.4	53.2	81.7

This table shows Navajo women's postpartum contraception use by payer of care. According to the table, there was a greater percentage of Navajo women with other payer of care benefits that used contraception in their postpartum period. This data does not show a statistical association between payer of care and postpartum contraception.

WIC PARTICIPATION

USING BIRTH CONTROL AT TIME OF SURVEY

		%	LOWER	UPPER
YES		76.1	72.3	80.0
NO		73.0	66.6	79.5

This table shows Navajo women's postpartum contraception use by WIC service during the postnatal period. According to the table, a greater percentage of Navajo women with WIC services used contraception in their postpartum period. This data does not show a statistical association between WIC service during the postnatal period and postpartum contraception.

Postpartum checkups are important in the healthcare of recently pregnant women. Checkups allow healthcare providers to determine if there are any health complications related to recent pregnancy. Postpartum health complications can be serious and life threatening. It is important that mothers know the warning signs, receive accurate and timely diagnosis and quality care (CDC, 2020). Postpartum checkups are important for public health because two out of three pregnancy-related deaths are preventable, and the leading cause of death are heart conditions and stroke (March of Dimes, 2018). American Indian/Alaska Natives are two to three times more likely to die of pregnancy-related causes compared to White women (CDC, 2020).

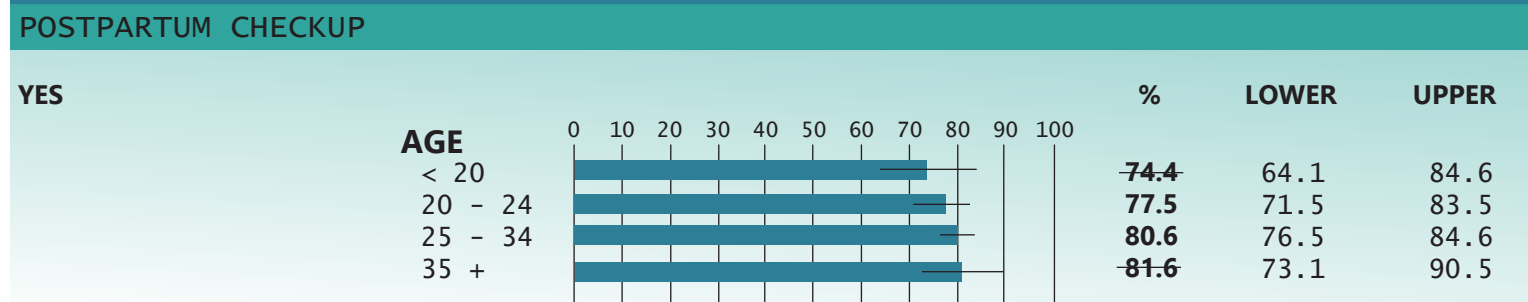
Sources:

Centers for Disease Control and Prevention. (2020, August 04). Pregnancy-Related Deaths in the United States. Retrieved from <https://www.cdc.gov/earher/pregnancy-related-deaths/index.html>
 March of Dimes. (2018, July). Your postpartum checkups. Retrieved from <https://www.marchofdimes.org/pregnancy/postpartum-care.aspx>

Having a postpartum checkup was higher among those

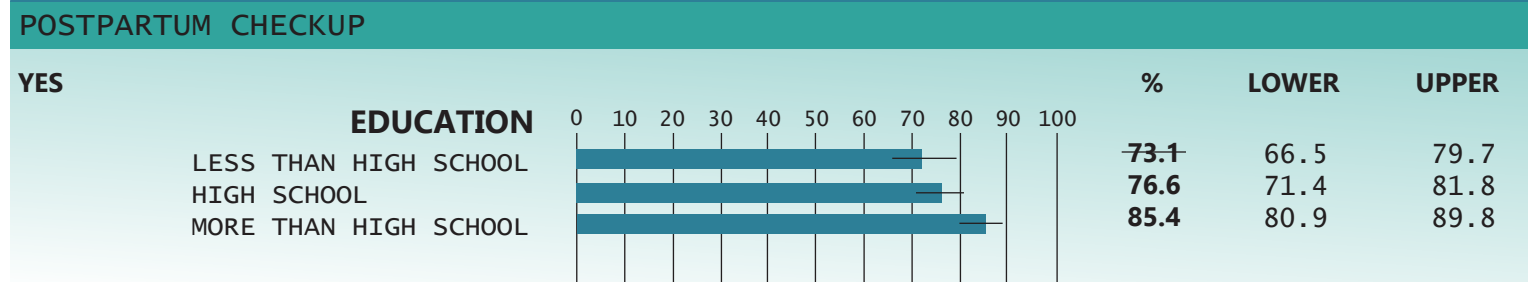
- Who were over 35 years of age
- with higher education levels
- who were married
- who lived outside San Juan or McKinley Counties
- whose household income was greater than 185% of the Federal Poverty Level
- Used Medicaid and Indian Health Services as forms of insurance
- Participated in WIC

TABLE OF POSTPARTUM CHECKUP BY MATERNAL AGE



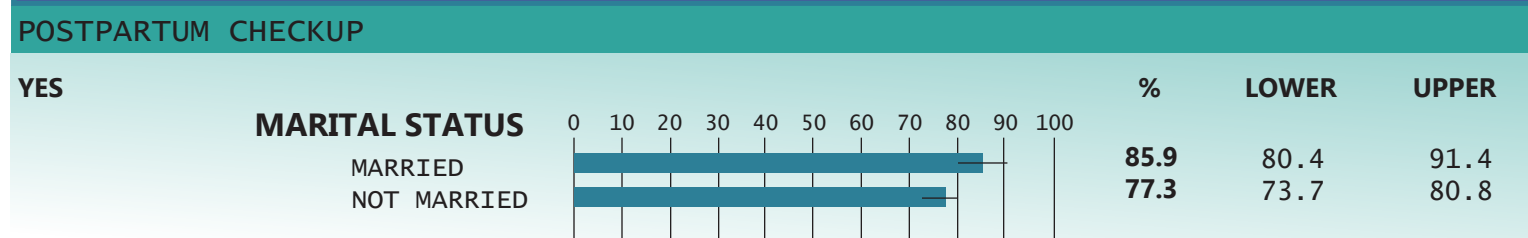
This table shows Navajo women's postpartum checkup by maternal age. According to the table, there was a slightly larger percentage of Navajo women over the age of 35 that had a postpartum checkup. This data does not show a statistical association between maternal age and postpartum checkup.

TABLE OF POSTPARTUM CHECKUP BY MATERNAL EDUCATION



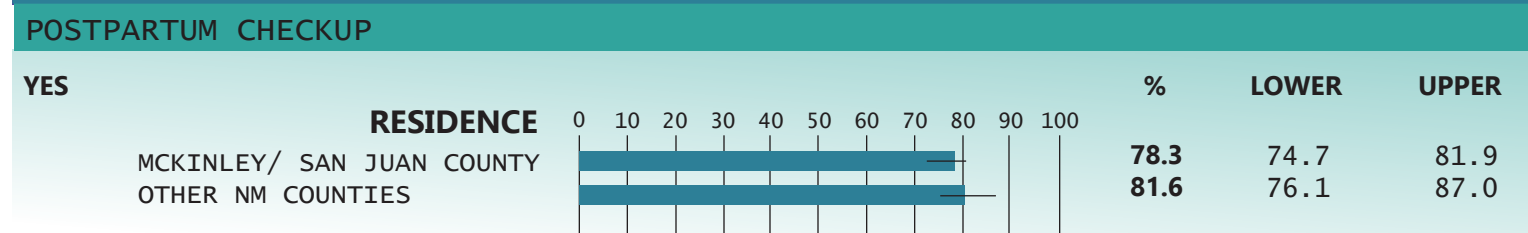
This table shows Navajo women's postpartum checkup by maternal education. According to the table, there was a greater percentage of Navajo women with more than a high school education that had a postpartum checkup. This data shows a statistically significant association between maternal education and postpartum checkup.

TABLE OF POSTPARTUM CHECKUP BY MARITAL STATUS



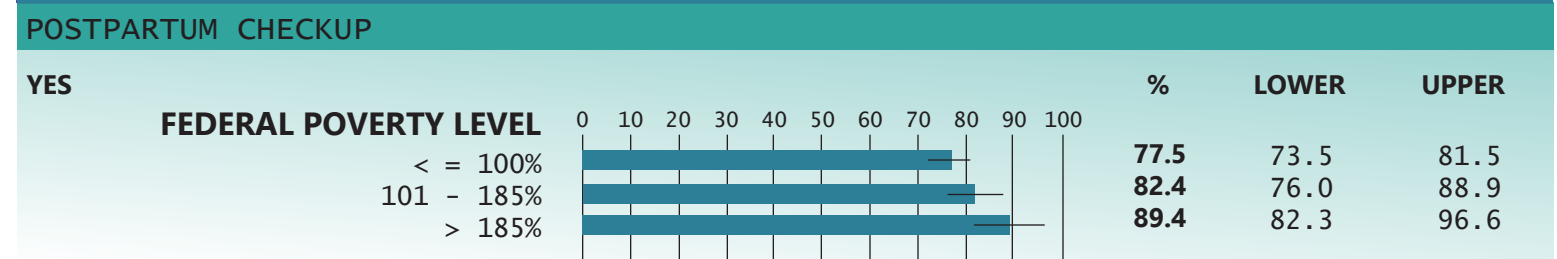
This table shows Navajo women's postpartum checkup by marital status. According to the table, there was a greater percentage of married Navajo women that had a postpartum checkup. This data shows a statistically significant association between marital status and postpartum checkup.

TABLE OF POSTPARTUM CHECKUP BY RESIDENCE



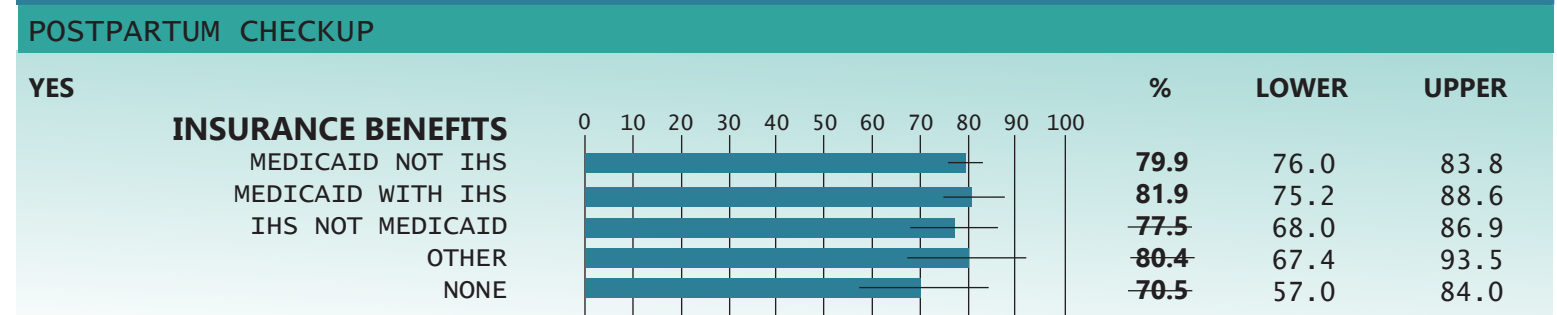
This table shows Navajo women's postpartum checkup by area of residence. According to the table, there was a greater percentage of Navajo women residing in other NM counties that had a postpartum checkup. This data does not show a statistical association between area of residence and postpartum checkup.

TABLE OF POSTPARTUM CHECKUP BY FEDERAL POVERTY LEVEL



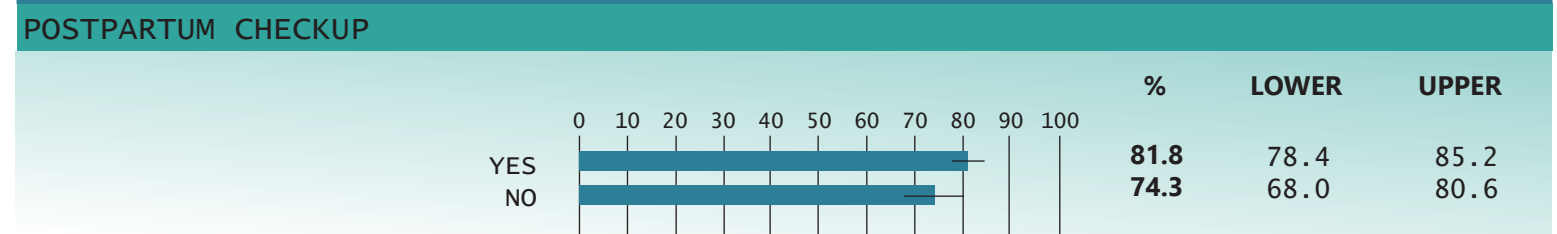
This table shows Navajo women's postpartum checkup by Federal Poverty Level (FPL). According to the table, there was a greater percentage of Navajo women who earned more than 185% of the FPL that had a postpartum checkup. This data shows a statistically significant association between FPL and postpartum checkup.

TABLE OF POSTPARTUM CHECKUP BY INSURANCE BENEFITS



This table shows Navajo women's postpartum checkup by payer of care. According to the table, there was a slightly larger percentage of Navajo women with Medicaid and Indian Health Services as their payer of care that had a postpartum checkup. This data does not show a statistical association between payer of care and postpartum checkup.

WIC PARTICIPATION



This table shows Navajo women's postpartum checkup by WIC service during the postnatal period. According to the table, there was a greater percentage of Navajo women with WIC service during their postnatal period that had a postpartum checkup. This data shows a statistically significant association between WIC service during the postnatal period and postpartum checkup.

POSTPARTUM DEPRESSION

One in eight new mothers report experiencing postpartum depression (CDC, 2020). Researchers note that hormonal changes relating to pregnancy may be a possible cause of postpartum depression (OWH, 2019). Postpartum depression is a public health concern when left untreated. If untreated, depression can become chronic and children of mothers with postpartum depression are more likely to develop emotional and/or behavioral problems (Mayo Clinic, 2018). Studies show those most at risk of not receiving treatment for postpartum depression are women of color and lower socioeconomic status (CDC, 2020). Those that reported higher rates of postpartum depression were women of color with American Indian and Alaska Natives experience higher rates than other races or ethnicities (Ko et al, 2017).

Sources:

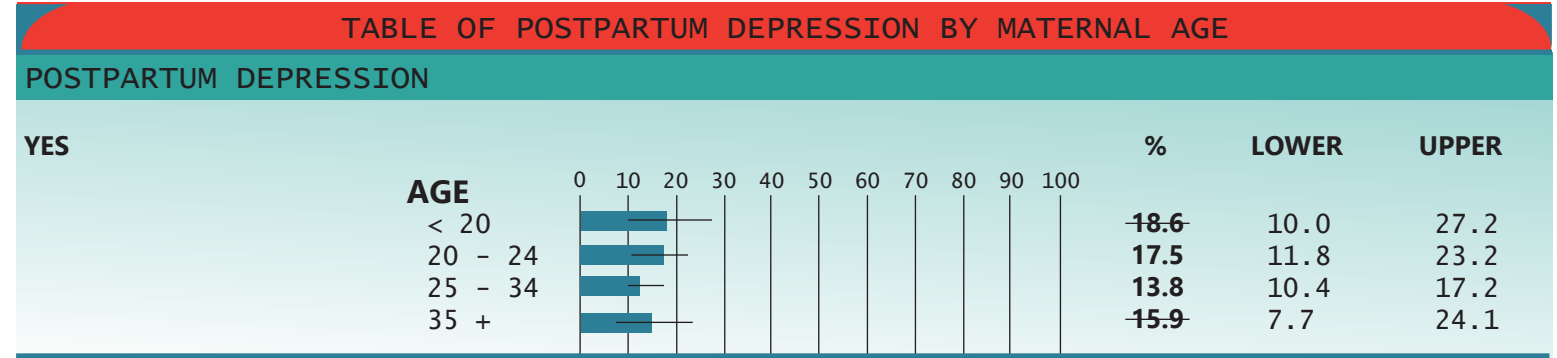
Centers for Disease Control and Prevention. (2020, May 14). Depression Among Women. Retrieved from <https://www.cdc.gov/reproductivehealth/depression/index.htm>

Ko, J. Y., Rockhill, K. M., Tong, V. T., Morrow, B., & Farr, S. L. (2017). Trends in Postpartum Depressive Symptoms - 27 States, 2004, 2008, and 2012. MMWR. Morbidity and mortality weekly report, 66(6), 153–158. <https://doi.org/10.15585/mmwr.mm6606a1>

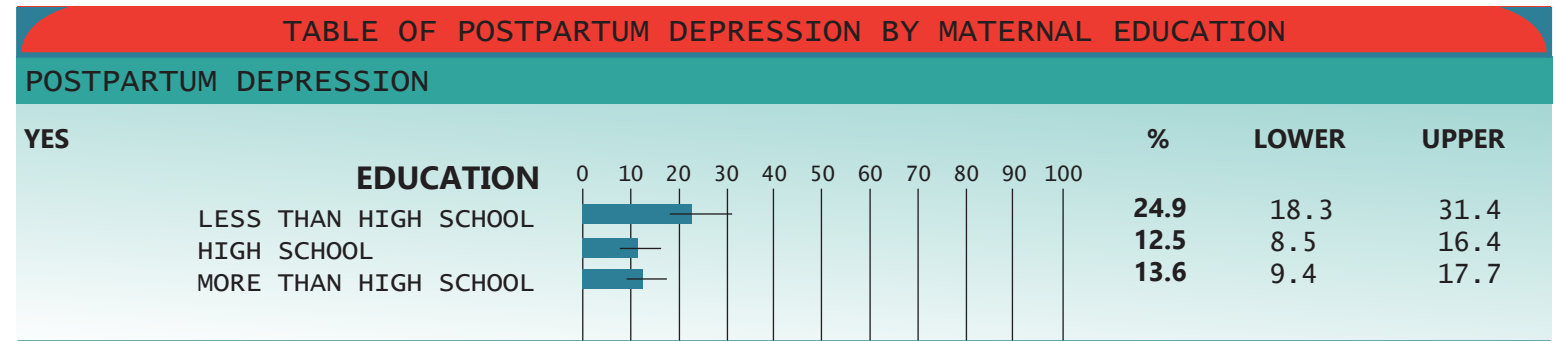
Mayo Clinic. (2018, September 01). Postpartum depression. Retrieved from <https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617>
Office on Women’s Health. (2019, May 14). Postpartum depression. Retrieved from <https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

The graphs below show the following about the New Mexico Navajo mothers in this report:

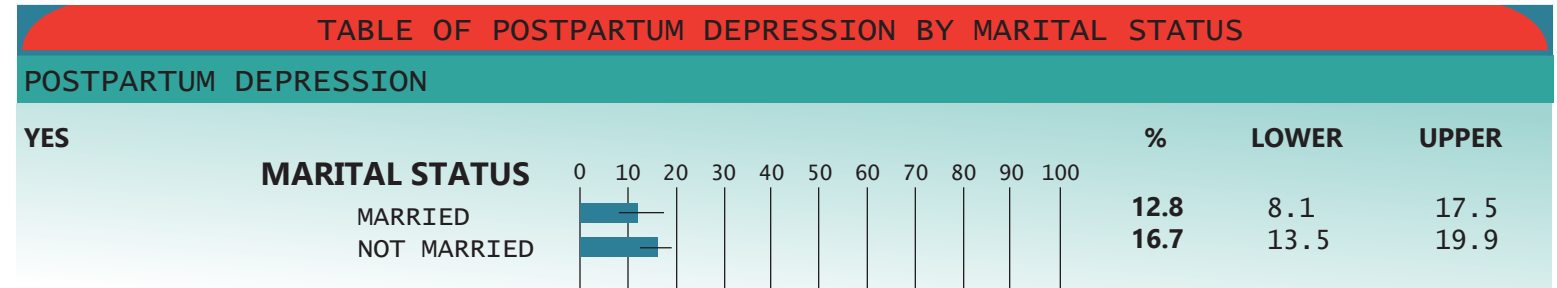
- those under 20 years experienced a higher rate of depression symptoms compared to those that were older than 20,
- those with less than a high school education were more likely to experience depression,
- and those who were not married experienced depression symptoms compared to those who were married.
- Slightly more women that had postpartum depression lived in other New Mexico counties.
- A greater proportion of women with low household incomes experienced depression.
- The prevalence of postpartum depression did not vary by insurance type.
- Postpartum Depression was higher among WIC recipients than those without WIC.



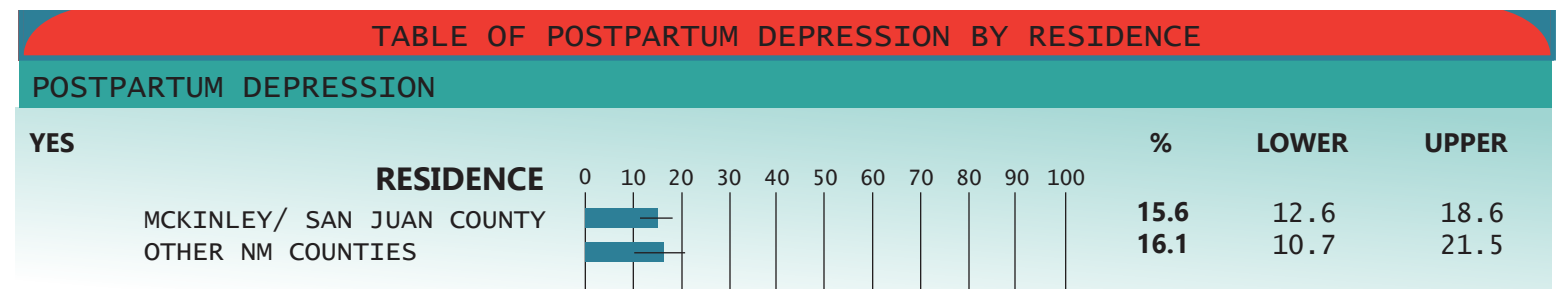
This table shows Navajo women reporting postpartum depression by maternal age. According to the table, there was a slightly larger percentage of Navajo women less than 20 years of age that reported postpartum depression. This data does not show a statistical association between maternal age and postpartum depression.



This table shows Navajo women reporting postpartum depression by maternal education. According to the table, there was a greater percentage of Navajo women with less than a high school education that had postpartum depression. This data shows a statistically significant association between maternal education and postpartum depression.



This table shows Navajo women reporting postpartum depression by marital status. According to the table, there was a greater percentage of unmarried Navajo women that reported postpartum depression. This data does not show a statistical association between marital status and postpartum depression.



This table shows Navajo women reporting postpartum depression by area of residence. According to the table, there was a slightly larger percentage of Navajo women residing in other NM counties that reported postpartum depression. This data does not show a statistical association between area of residence and postpartum depression.

TABLE OF POSTPARTUM DEPRESSION BY FEDERAL POVERTY LEVEL

POSTPARTUM DEPRESSION								%	LOWER	UPPER		
YES	FEDERAL POVERTY LEVEL	0	10	20	30	40	50	60	70	80	90	100
	< = 100%							17.4	13.7	21.0		
	101 - 185%							13.2	8.0	18.5		
	> 185%							9.8	3.3	16.4		

This table show Navajo women reporting postpartum depression by Federal Poverty Level (FPL). According to the table, there was a greater percentage of Navajo women who earned less than 100% of the FPL that reported postpartum depression. This data does not show a statistical association between FPL and postpartum depression.

TABLE OF POSTPARTUM DEPRESSION BY INSURANCE BENEFITS

POSTPARTUM DEPRESSION								%	LOWER	UPPER		
YES	INSURANCE BENEFITS	0	10	20	30	40	50	60	70	80	90	100
	MEDICAID NOT IHS							15.4	11.9	18.8		
	MEDICAID WITH IHS							15.5	9.0	21.9		
	IHS NOT MEDICAID							15.3	8.0	22.6		

This table shows Navajo women reporting postpartum depression by payer of care. This data does not show a statistical association between payer of care and postpartum depression.

WIC PARTICIPATION

POSTPARTUM DEPRESSION								%	LOWER	UPPER		
POSTPARTUM WIC	YES	0	10	20	30	40	50	60	70	80	90	100
YES								16.5	13.3	19.7		
NO								11.4	7.0	15.7		

This table shows Navajo women reporting postpartum depression by WIC service. According to this table, there was a slightly greater percentage of Navajo women with WIC service that reported postpartum depression. This data does not show a statistical association between WIC service and postpartum depression.

PRAMS SURVEY

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you.

1. How tall are you without shoes?

____ Feet ____ Inches

OR ____ Centimeters

2. Just before you got pregnant with your new baby, how much did you weigh?

____ Pounds OR ____ Kilos

3. What is your date of birth?

____ / ____ / ____
Month Day Year

The next questions are about the time before you got pregnant with your new baby.

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression | <input type="checkbox"/> | <input type="checkbox"/> |

5. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- No → **Go to Page 2, Question 9**
- Yes

7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

Check ALL that apply

- Regular checkup at my family doctor's office
- Regular checkup at my OB/GYN's office
- Visit for an illness or chronic condition
- Visit for an injury
- Visit for family planning or birth control
- Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- Other → Please tell us:

8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Tell me to take a vitamin with folic acid... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to me about maintaining a healthy weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to me about my desire to have or not have children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to me about using birth control to prevent pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Talk to me about how I could improve my health before a pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ask me if I was smoking cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ask me if someone was hurting me emotionally or physically | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Ask me if I was feeling down or depressed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Ask me about the kind of work I do | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Test me for HIV (the virus that causes AIDS)..... | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

9. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, <http://www.bewellnm.com>, or [HealthCare.gov](http://www.healthcare.gov)
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Family Planning or Title X Program
- TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- Other health insurance —> Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

10. During your *most recent pregnancy*, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

- I did not go for prenatal care —> **Go to Question 12**
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, <http://www.bewellnm.com>, or [HealthCare.gov](http://www.healthcare.gov)
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Discount/State prenatal HRF or sliding scale
- TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- Other health insurance —> Please tell us:
- I did not have any health insurance for my *prenatal care*

If you had health insurance for your *prenatal care*, go to Question 11. Otherwise, go to Question 12.

11. Did the cost of health insurance for your prenatal care cause financial problems for you or your family?

- No
- Yes

12. What kind of health insurance do you have *now*?

Check ALL that apply

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, <http://www.bewellnm.com>, or [HealthCare.gov](http://www.healthcare.gov)
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Family Planning or Title X Program
- TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- Other health insurance —> Please tell us:
- I do not have health insurance *now*

13. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

Check ONE answer

- I wanted to be pregnant later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future
- I wasn't sure what I wanted

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

14. How many weeks or months pregnant were you when you had your first visit for prenatal care?

{ Weeks OR Months

I didn't go for prenatal care → **Go to Question 16**

15. Did you get prenatal care as early in your pregnancy as you wanted?

No
 Yes → **Go to Question 17**

Go to Question 16

16. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I couldn't take time off from work or school..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I didn't have my Medicaid or Centennial Care card..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I didn't have anyone to take care of my children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't know that I was pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't want anyone else to know I was pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The clinic or doctor's office was too far away..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I did not believe prenatal care was important or that it would help me..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I did not feel prenatal care was culturally appropriate..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I didn't want prenatal care..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not get prenatal care, go to Question 20.

17. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

- Private doctor's office
- Hospital clinic
- Health department clinic
- Community or Federally Qualified Health clinic
- Indian Health Service (IHS), Tribal-638, or Tribal Urban health facility
- Other → Please tell us:

18. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. If I knew how much weight I should gain during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If I was taking any prescription medication..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I was smoking cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If I was drinking alcohol..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If someone was hurting me emotionally or physically..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If I was feeling down or depressed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If I was using drugs such as marijuana, cocaine, crack, or meth..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If I wanted to be tested for HIV (the virus that causes AIDS)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If I planned to breastfeed my new baby.. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If I planned to use birth control after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |

19. How did you feel about the prenatal care you got during your most recent pregnancy? If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. The amount of time I had to wait..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The amount of time the doctor, nurse, or midwife spent with me..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The advice I got on how to take care of myself..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The understanding and respect shown toward me as a person..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The cultural understanding or respect demonstrated in my care..... | <input type="checkbox"/> | <input type="checkbox"/> |

20. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

- No
- Yes

21. During the 12 months before the delivery of your new baby, did you get a flu shot?

Check ONE answer

- No
- Yes, before my pregnancy
- Yes, during my pregnancy

22. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- No
- Yes

23. During your most recent pregnancy, did you have any of the following health conditions?

For each one, check **No** if you did not have the condition or **Yes** if you did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Gestational diabetes (diabetes that started during <i>this</i> pregnancy)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure (that started during <i>this</i> pregnancy), pre-eclampsia or eclampsia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Labor pains more than 3 weeks before my baby was due (preterm or early labor)..... | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

24. Have you smoked any cigarettes in the past 2 years?

- No → **Go to Question 28**
- Yes

25. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

26. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

27. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

28. Have you used any of the following products in the past 2 years? For each item, check **No** if you did not use it or **Yes** if you did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. E-cigarettes or other electronic nicotine products..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hookah..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cigars, cigarillos, or little filtered cigars.... | <input type="checkbox"/> | <input type="checkbox"/> |

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 29. Otherwise, go to Question 31.

29. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

30. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

31. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No → **Go to Question 33**
- Yes

32. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.

33. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
- Yes

34. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

- | | No | Yes |
|-------------------------------------|--------------------------|--------------------------|
| a. My husband or partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another family member..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |

35. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

- | | No | Yes |
|-------------------------------------|--------------------------|--------------------------|
| a. My husband or partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another family member..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |

AFTER PREGNANCY

The next questions are about the time since your new baby was born.

36. When was your new baby born?

/ / 20
 Month Day Year

37. How was your new baby delivered?

- Vaginally → **Go to Page 8, Question 39**
- Cesarean delivery (c-section)

Go to Page 8, Question 38

38. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)? **Check ONE answer**

My health care provider recommended a cesarean delivery **before** I went into labor

My health care provider recommended a cesarean delivery while I was in labor

I asked for the cesarean delivery

39. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

No

Yes

I don't know

40. After your baby was delivered, how long did he or she stay in the hospital?

Less than 24 hours (less than 1 day)

24 to 48 hours (1 to 2 days)

3 to 5 days

6 to 14 days

More than 14 days

My baby was not born in a hospital

My baby is still in the hospital → **Go to Question 43**

41. Is your baby alive now?

No → *We are very sorry for your loss. Go to Page 11, Question 60*

Yes

42. Is your baby living with you now?

No → **Go to Page 11, Question 60**

Yes

Go to Question 43

43. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

	No	Yes
a. My doctor	<input type="checkbox"/>	<input type="checkbox"/>
b. A nurse, midwife, or doula.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A breastfeeding or lactation specialist	<input type="checkbox"/>	<input type="checkbox"/>
d. My baby's doctor or health care provider.....	<input type="checkbox"/>	<input type="checkbox"/>
e. A breastfeeding support group.....	<input type="checkbox"/>	<input type="checkbox"/>
f. A breastfeeding hotline or toll-free number.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Family or friends	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us:

44. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

No → **Go to Page 10, Question 52**

Yes → **Go to Question 45**

45. After your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check No if you did not receive this kind of breastfeeding help or Yes if you did.

	No	Yes
a. Someone to answer my questions	<input type="checkbox"/>	<input type="checkbox"/>
b. Help getting my baby positioned correctly	<input type="checkbox"/>	<input type="checkbox"/>
c. Help knowing if my baby was getting enough milk	<input type="checkbox"/>	<input type="checkbox"/>
d. Help with managing pain or bleeding nipples.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Information about where to get a breast pump	<input type="checkbox"/>	<input type="checkbox"/>
f. Help using a breast pump.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Information about breastfeeding support groups	<input type="checkbox"/>	<input type="checkbox"/>
h. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us: _____

46. Are you currently breastfeeding or feeding pumped milk to your new baby?

No

Yes → **Go to Question 48**

47. How many weeks or months did you breastfeed or feed pumped milk to your baby?

Less than 1 week

_____ Weeks OR _____ Months

48. Have you used a breast pump to express milk to feed to your new baby?

No → **Go to Question 50**

Yes

Go to Question 49

49. Did your health insurance pay for a breast pump for you to use with your new baby?

No

Yes, but I had to make a co-payment

Yes, with no co-payment

I did not have health insurance

I don't know

If your baby was not born in a hospital, go to Page 10, Question 51.

50. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did.

	No	Yes
a. Hospital staff gave me information about breastfeeding.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My baby stayed in the same room with me at the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
c. I breastfed my baby in the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Hospital staff helped me learn how to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>
e. I breastfed in the first hour after my baby was born	<input type="checkbox"/>	<input type="checkbox"/>
f. My baby was placed in skin-to-skin contact within the first hour of life.....	<input type="checkbox"/>	<input type="checkbox"/>
g. My baby was fed only breast milk at the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Hospital staff told me to breastfeed whenever my baby wanted	<input type="checkbox"/>	<input type="checkbox"/>
i. The hospital gave me a breast pump to use.....	<input type="checkbox"/>	<input type="checkbox"/>
j. The hospital gave me a gift pack with formula	<input type="checkbox"/>	<input type="checkbox"/>
k. The hospital gave me a telephone number to call for help with breastfeeding.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Hospital staff gave my baby a pacifier	<input type="checkbox"/>	<input type="checkbox"/>

51. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

_____ Weeks OR _____ Months

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

If your baby is still in the hospital, go to Question 60.

52. In which one position do you most often lay your baby down to sleep now?

Check ONE answer

- On his or her side
- On his or her back
- On his or her stomach

53. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never

Go to Question 55

54. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

- No
- Yes

55. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. In a crib, bassinet, or pack and play | <input type="checkbox"/> | <input type="checkbox"/> |
| b. On a twin or larger mattress or bed | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On a couch, sofa, or armchair | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In an infant car seat or swing | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In a sleeping sack or wearable blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| f. With a blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| g. With toys, cushions, or pillows, including nursing pillows | <input type="checkbox"/> | <input type="checkbox"/> |
| h. With crib bumper pads (mesh or non-mesh) | <input type="checkbox"/> | <input type="checkbox"/> |

56. Did a doctor, nurse, or other health care worker tell you any of the following things?

For each thing, check No if they did not tell you or Yes if they did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Place my baby on his or her back to sleep | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Place my baby to sleep in a crib, bassinet, or pack and play | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Place my baby's crib or bed in my room .. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What things should and should not go in bed with my baby | <input type="checkbox"/> | <input type="checkbox"/> |

57. How many times has your new baby gone for care when he or she was sick?

_____ Times

- None → Go to Question 59
- My baby has not been sick
- My baby is still in the hospital → Go to Question 60

58. Has your new baby gone for care as many times as you wanted when he or she was sick?

- No
- Yes → Go to Question 60

59. Did any of these things keep you from taking your baby for care when he or she was sick?

Check ALL that apply

- I didn't have health insurance to pay for the visit
- I couldn't get an appointment
- I didn't have a regular doctor for my baby
- I had no way to get my baby to the clinic or doctor's office
- I didn't have anyone to take care of my other children
- Other → Please tell us: _____

60. Are you or your husband or partner doing anything now to keep from getting pregnant?

Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes → Go to Question 62

Go to Question 61

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

Check ALL that apply

- I want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- I don't want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn't want to use anything
- I have problems paying for birth control
- Other → Please tell us: _____

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Page 12, Question 63.

62. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

Check ALL that apply

- Tubes tied or blocked (female sterilization or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us: _____

63. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
Yes

Go to Question 65

64. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

- a. Tell me to take a vitamin with folic acid
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy
c. Talk to me about how long to wait before getting pregnant again
d. Talk to me about birth control methods I can use after giving birth
e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera), NuvaRing, or condoms
f. Insert an IUD (Mirena, ParaGard, Liletta, or Skyla) or a contraceptive implant (Nexplanon or Implanon)
g. Ask me if I was smoking cigarettes
h. Ask me if someone was hurting me emotionally or physically
i. Ask me if I was feeling down or depressed
j. Test me for diabetes

65. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
Often
Sometimes
Rarely
Never

66. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?

- Always
Often
Sometimes
Rarely
Never

OTHER EXPERIENCES

The next questions are on a variety of topics.

67. Are you Hispanic, Spanish, or Latina?

- No
Yes

68. Which one or more of the following would you say is your race?

Check ALL that apply

- American Indian or Alaska Native
Tribe:
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other -> Please tell us:

69. Which one of these best describes you?

Check ONE answer

- American Indian or Alaska Native
Asian
Black or African American
Hispanic, Spanish, or Latina
Native Hawaiian or Other Pacific Islander
White
Other -> Please tell us:

70. Within the past 12 months, when seeking health care, did you feel your experiences were worse than, the same as, or better than for people of other races (or ethnicities)?

Check ONE answer

- Worse than other races
The same as other races
Better than other races
Worse than some races, better than others
I only encountered people of the same race
I did not have health care in past 12 months
Don't know / Not sure

71. During the month before you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.

No Yes

- a. Prescription for depression or anxiety
b. Over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve
c. Prescription pain relievers such as hydrocodone (Vicodin), oxycodone (Percocet), or codeine
d. Marijuana (pot, weed, bud, mota or hashish (hash))
e. Synthetic marijuana (K2, Spice)
f. Methadone, naloxone (Narcan), subutex, or Suboxone
g. Heroin (smack, junk, Black Tar, Chiva)
h. Amphetamines (uppers, speed, crystal meth, crank, ice, agua)
i. Cocaine (crack, rock, coke, blow, snow, nieve)
j. Tranquilizers (downers, ludes)
k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)
l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

72. During your most recent pregnancy, did you receive any of the following services? For each one, check No if you did not receive the service or Yes if you did.

No Yes

- a. Counseling or a support group for depression
b. Class or support group to stop smoking cigarettes
c. Help to reduce violence in my home
d. Healthy Start
e. Families FIRST case management
f. Doula or midwife support
g. Home visiting program

If your baby is not alive or is not living with you, go to Question 75.

73. Since your new baby was born, have you used any of these services? For each one, check No if you did not use the service or Yes if you did.

No Yes

- a. A breastfeeding class or peer counseling support
b. WIC for me or my baby
c. Families FIRST case management
d. Healthy Start
e. Counseling or a support group for depression
f. Breastfeeding help from a hospital or clinic
g. Breastfeeding help from a community program or lactation consultant
h. Home visiting program

If your baby is still in the hospital, go to Question 75.

74. Please read each statement below about how you feel about your baby's crying or how you manage his or her crying. For each one, check No if you did not apply to you or Yes if it did.

No Yes

- a. I can almost always get my baby to stop crying.....
- b. In the past week, I have carried my baby in my arms or in a cloth baby carrier for 5 or more hours every day.....
- c. I think that picking up a baby every time he or she cries will spoil the baby.....
- d. I sometimes feel overwhelmed by my baby's crying.....

75. At any time during your most recent pregnancy, did you work at a job for pay?

- No → **Go to Question 78**
- Yes

76. Have you returned to the job you had during your most recent pregnancy?

Check ONE answer

- No, and I do not plan to return → **Go to Question 78**
- No, but I will be returning
- Yes

77. Did you take leave from work after your new baby was born?

Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- I did not take any leave

The last questions are about the time during the 12 months before your new baby was born.

78. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.

- \$0 to \$16,000
- \$16,001 to \$20,000
- \$20,001 to \$24,000
- \$24,001 to \$28,000
- \$28,001 to \$32,000
- \$32,001 to \$40,000
- \$40,001 to \$48,000
- \$48,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$73,000
- \$73,001 to \$85,000
- \$85,001 or more

79. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

People

80. What is today's date?

/ / 20
Month Day Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in New Mexico.

Thanks for answering our questions!
Your answers will help us work to keep mothers and babies in New Mexico healthy.

Binge Drinking

Having 4/5 or more alcoholic beverages on one occasion (the definition was 5+ from 2005-2008, and 4+ from 2009-2011).

Cigarette Smoking

The smoking of any cigarettes. If the mother said she did not know how many cigarettes she smoked, she was coded as a smoker.

Diabetes, Pre-existing

Type 1 or Type 2 diabetes that was diagnosed before pregnancy.

Diabetes, Gestational

Diabetes that started during pregnancy.

Families FIRST

Families FIRST provide prenatal and postpartum case management support to Medicaid-eligible women and their families. Services include comprehensive psychosocial assessment, support with Medicaid enrollment and education on prenatal health and infant care. Home visiting is offered for both expecting and newly-delivered moms and their families.¹

Frequent Alcohol Use

Having seven or more drinks in one week.²

Intention of Pregnancy

Mothers were asked how they felt about being pregnant at the time of conception. Mothers could respond that they wanted to be pregnant either 1) sooner, 2) later, 3) then, or 4) not then or at any time. “Later” responses meant a mistimed pregnancy; “Not then or at any time” referred to an unwanted pregnancy. Mothers who selected either of these two responses (a mistimed or unwanted pregnancy) were categorized overall as having an “Unintended pregnancy.”³

Kotelchuck Index

Also called the Adequacy of Pregnancy Care Utilization Index. The index is used to measure prenatal care levels. The Kotelchuck Index is derived from a ratio of actual to recommended number of visits, according to the infant’s gestational age at delivery. Women with adequate prenatal care began prenatal visits during the 1st trimester and had an appropriate number of prenatal care visits according to infant gestational age.¹

Low Birth Weight

Low Birth Weight Infants who weigh less than 2500 grams at birth.

Overweight

BMI (Body Mass Index) was calculated from the mother’s self-reported pre-pregnancy weight and height and was determined by dividing her weight (in kg) by height square (in meters). A mother with a BMI of 25 or more was classified as being overweight.⁴

Payer of Prenatal Care

Mother could choose up to 6 options for the payer of their prenatal care, including Indian Health Service (IHS) with or without other payers, Medicaid with or without other private insurance but without IHS, private insurance only, or none of the payers (i.e., no insurance at all).

Postpartum

After childbirth.

Preconception

Preconception Before conception./pregnancy.

Prenatal

Prenatal The period of time between conception and birth (usually 9 months).

Preterm Birth

Preterm Birth Infants with gestational age less than 37 completed weeks.

Stress, Emotional

Stress, emotional The mother answered “yes” to any of the following: A close family member was very sick and had to go into the hospital; Someone very close to her died.

Stress, Financial

Stress, financial The mother answered “yes” to any of the following: She had a lot of bills she couldn’t pay; Her husband/partner lost his job; She lost her job; She moved to a new address.

Stress, Partner-related

Stress, partner-related The mother answered “yes” to any of the following: She was separated/divorced from husband/partner; She argued with husband/partner more than usual; Husband/partner said he didn’t want her to be pregnant.

Stress, Traumatic

The mother answered “yes” to any of the following: Someone close to her had a problem with drinking or drugs; Husband/partner went to jail; She was in a physical fight; She was homeless.

