

COLORADO PRAMS 2002 SURVEILLANCE REPORT

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

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INTRODUCTION

The Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based risk factor surveillance system conducted by the Colorado Department of Public Health and Environment, in collaboration with the Centers for Disease Control and Prevention (CDC). PRAMS is designed to identify and monitor behaviors and experiences of women before, during, and after pregnancy. Colorado PRAMS was initiated in 1996 and collected its first year of data in 1997. Currently, Colorado has data available for the years 1997-2002.

Each month, the PRAMS questionnaire is mailed to approximately 250 women who recently delivered a live born infant. The PRAMS survey covers topics including attitudes and feelings about the pregnancy, prenatal care access and utilization, maternal use of alcohol and cigarettes, pregnancy related morbidity, infant health care, stress, and pregnancy related violence.

This report contains data on 11 maternal and child health (MCH) indicators from the PRAMS questionnaire. Many of the indicators include their corresponding *Healthy People 2010* objective, which are target objectives set by the U.S. Department of Health and Human Services for improving the health of mothers and children. Each indicator includes a graph and a brief narrative highlighting the findings of the data.

PRAMS findings are used to enhance Colorado's understanding of maternal behaviors and experiences, and their relationship with adverse pregnancy outcomes. It is our hope that this data will be used to help develop and assess programs and to support policies with the goal of improving maternal and child health in Colorado.

“Women should take care of themselves, get prenatal care before each pregnancy, take prenatal vitamins and be sure to exercise throughout.

I think if you eat well, stop smoking & drinking, and take prenatal vitamins every day during your pregnancy, you have a great chance of having a healthy baby.”



METHODOLOGY

PRAMS is an ongoing, population-based surveillance system designed to supplement vital records and to generate Colorado specific perinatal health data. Each month, a stratified random sample containing approximately 5 percent of Colorado women who recently had a baby are selected from eligible birth certificates to comprise the PRAMS sample. The sample is stratified by region of residence (Denver Metro, Other Metro, Rural) and birth weight (low, adequate) to ensure an adequate sample in the rural and low birth weight categories.

At 2 to 6 months after delivery, each sampled woman is mailed up to 3 copies of the 14 page PRAMS questionnaire. For those women who do not complete and return the PRAMS survey through the mail, PRAMS staff attempt to call the women and administer the questionnaire over the telephone. Typically, women respond to the survey within 3 to 5 months after giving birth.

“I believe had a good pregnancy because family and friends supported me. A happy mother makes for a happy baby, and daddy!”

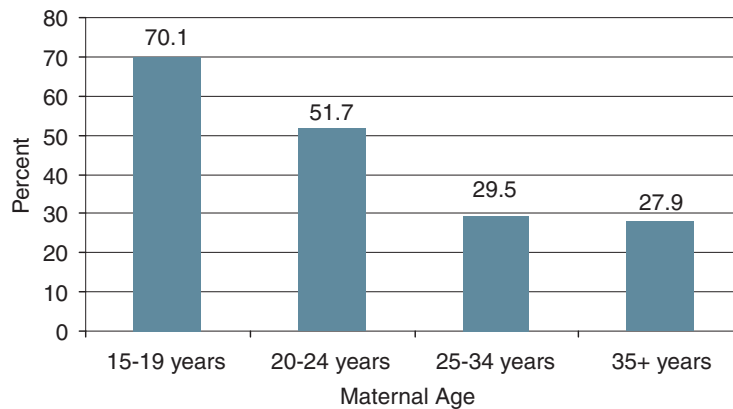
I believe exercise and drinking lots of water helped me have a healthy baby.”

The data presented in this report represent live births to Colorado residents in 2002. In 2002, a total of 3,113 women were selected to participate in PRAMS and 2,295 (74 percent) of those women completed surveys.

The survey data from respondents are weighted to represent all live births in 2002 to Colorado residents, ages 15 years and older. The sample data is weighted to adjust for sampling probabilities, nonresponse, and noncoverage. The weighted data can be interpreted as the number of women in Colorado who have characteristics similar to those of the respondents. All results produced in this report are generated from the statistical package SUDAAN. SUDAAN is used for the analysis of survey research data because it can account for the complex sampling design PRAMS employs.

Nearly 40% of all live births in Colorado are the result of an unintended pregnancy. Unintended pregnancies are defined as those that are unwanted (pregnancy not wanted at any time) or mistimed (pregnancy not wanted until some time in the future) at the time of conception. The prevalence of unintended pregnancy was significantly higher among women in their teens and early 20s as compared to women in their late 20s and older.

Figure 1. Women with unintended pregnancies by maternal age, 2002



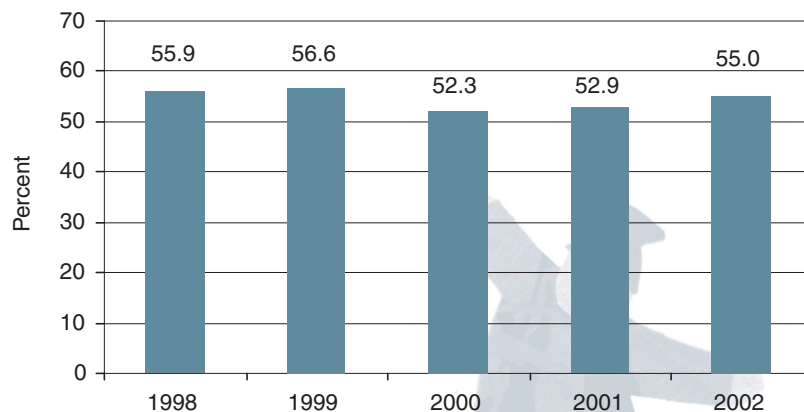
More than half of all women who had an unintended pregnancy were not using contraception at the time of conception. The *Healthy People 2010* objective is for 100% of females at risk for unintended pregnancy (and their partners) to use contraception. In 2002, the most common reasons for not using contra-

ception at conception among unintended pregnancies were:

- the woman thought she could not get pregnant (38%)
- the woman did not mind if she got pregnant (33%)
- the husband or partner did not want to use any contraception (19%)

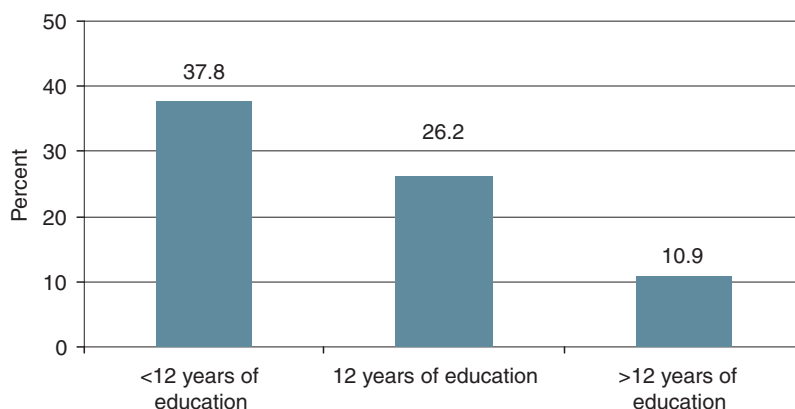
“Although I was not trying to get pregnant at the time my daughter was conceived, I am very glad to have my beautiful baby.”

Figure 2. Women with an unintended pregnancy who did not use contraception, 2002.



In 2002, more than 20 percent of pregnant women entered prenatal care later than recommended. A late start leads to an inadequate number of prenatal care visits and an increased chance of late identification of high risk conditions. By years of education, women with less than 12 years of education and those with 12 years of education were more likely to initiate prenatal care after the first trimester than women with more than 12 years of education. The *Healthy People 2010* objective is that 10 percent or fewer women will enter prenatal care after the first trimester.

Figure 3. Women who started prenatal care later than recommended* by years of education, 2002



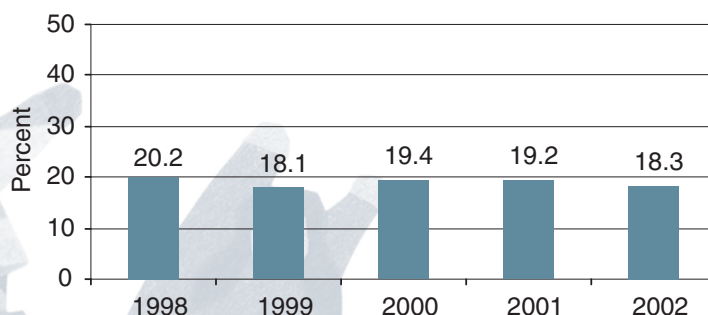
* - after the first trimester

Many women do not receive prenatal care services as early as they would like. In 2002, the most common reasons for delayed prenatal care initiation include:

- inability to get an earlier appointment (34%)
- the woman didn't know she was pregnant (28%)
- not enough money or insurance to pay for the visits (26%)
- not having their Medicaid card (19%)
- the doctor or health plan wouldn't start care earlier (14%)

"I think the success and health of my pregnancies and babies can be attributed to my doctor. I received excellent, pro-active informational care. Good care is so important."

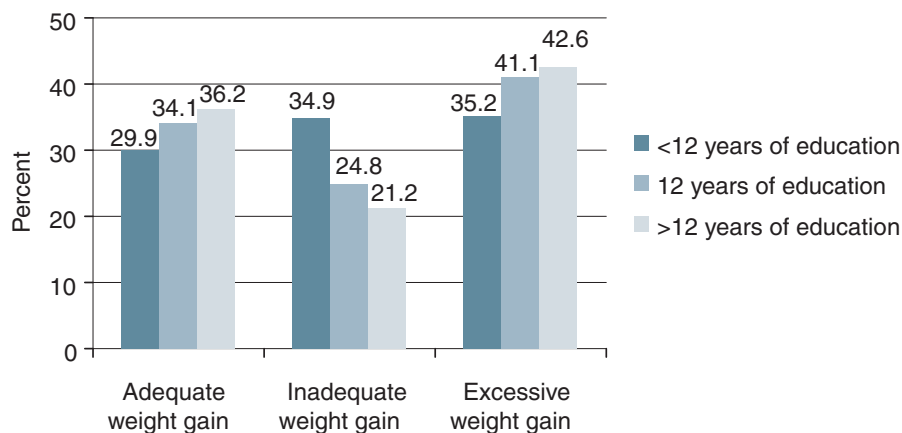
Figure 4. Women who did not get prenatal care as early as they wanted, 1998-2002



ADEQUACY OF WEIGHT GAIN DURING PREGNANCY

Evidence suggests that maternal weight gain during pregnancy is an important determinant of fetal growth. Adequacy of weight gain is measured as the total amount of weight gain during pregnancy within, below, or above the amount recommended by the Institute of Medicine. Excessive weight gain is of concern, given the trend toward increasing obesity among US women and the associated risks for cardiovascular disease and certain types of cancer. Inadequate prenatal weight gain is a significant risk factor for intrauterine growth retardation and low birth weight in infants.

Figure 5. Adequacy of weight gain during pregnancy by maternal education, 2002



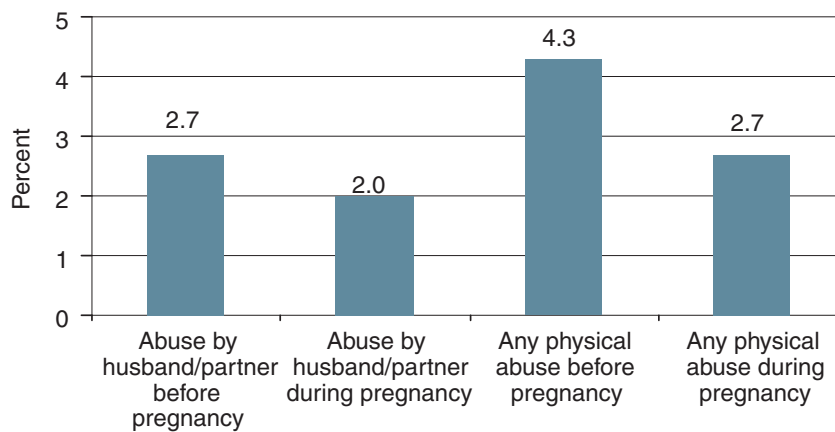
“Doctors should talk with you about breastfeeding and gaining weight, they shouldn’t say, “Oh, it’s okay that you haven’t gained weight.”

“During my pregnancy, I walked 1-2 miles daily and tried to eat well. I don’t know if it made any difference, but my labor experience was great and my baby was healthy.”



During the year before pregnancy, 2.7 percent of Colorado mothers were abused by their husband or partner, and 4.3 percent reported that someone abused them before their pregnancy. These rates correlate to approximately 1,800 and 2,900 women in Colorado, respectively. Even though these rates decreased during pregnancy, they were still far greater than the *Healthy People 2010* objective. The objective is fewer than 3.3 physical assaults by a current or former intimate partner per 1,000 persons (0.33 percent) 12 years or older. Physical abuse during pregnancy can result in fetal loss, early onset of labor, and delivery of a preterm, low birth weight infant.

Figure 6. Physical abuse before and during pregnancy, 2002

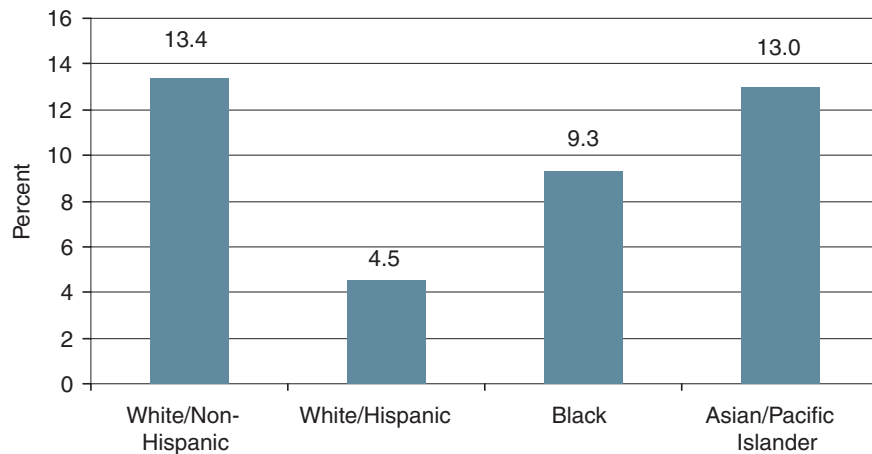


“I’m glad to see your questions about domestic violence. Though it isn’t a problem for me, it has been for friends of mine. It is truly a public health issue and I’d like to see more doctors ask about it in a sensitive and appropriate way.”

SMOKING DURING AND AFTER PREGNANCY

Smoking cigarettes during pregnancy has been shown to contribute to a number of adverse birth outcomes, including spontaneous abortion, stillbirth, fetal death, low birthweight, prematurity, and intrauterine growth retardation. In 2002, almost 11 percent of all Colorado women smoked during pregnancy. When stratified by race/ethnicity, White/non-Hispanic women were found to have the highest prevalence of smoking during pregnancy (13.4%), while White/Hispanic women were found to be the least likely to smoke during pregnancy (4.5%). The *Healthy People 2010* objective states that 99% of women will abstain from smoking during pregnancy.

Figure 7. Women who smoked during pregnancy by race/ethnicity, 2002

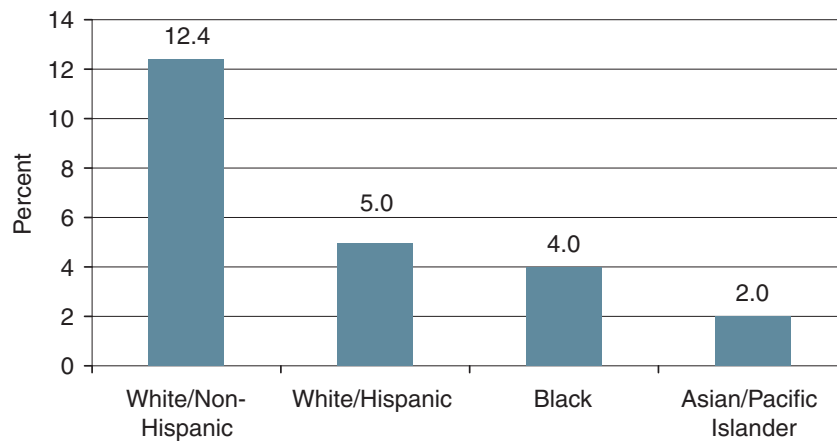


“I’m glad I decided to quit smoking while I was pregnant. My baby is so healthy and I am too, thanks to my healthcare provider and all the wonderful people I had around me.”



About 10 percent of Colorado women drink alcoholic beverages during pregnancy, and this has remained fairly constant over time. When viewed by race/ethnicity, White/non-Hispanic women were found to have the highest prevalence of drinking alcohol during pregnancy (12.4%). In 2002, the vast majority (99%) of women who report drinking, drink three or fewer drinks per week. The *Healthy People 2010* objective is for 94 percent of pregnant women to abstain from drinking alcohol.

Figure 8. Women who drank alcohol during pregnancy by race/ethnicity, 2002



“I wanted to be as healthy as possible for my baby. I completely quit smoking and drinking the minute I found out I was pregnant.”

Most women start breastfeeding shortly after their baby is born, but many do not stick with it long enough for the baby to gain all the benefits. The American Academy of Pediatrics recommends breastfeeding for one year, but most women do not continue for that long. Although more women are breastfeeding, less than two-thirds currently do so for nine weeks or more. The *Healthy People 2010* objective states that 75% will initiate breastfeeding soon after delivery and 50% will breastfeed for 6 months. Breastfeeding has long been touted as beneficial to both the infant and the mother. Some of the benefits for the babies are fewer middle-ear infections and chronic illnesses such as diabetes, allergies and, most recently, even obesity. Schoolchildren who were breastfed also were found to have IQs about eight points higher.

Figure 9. Women who initiated breastfeeding after delivery, 2002

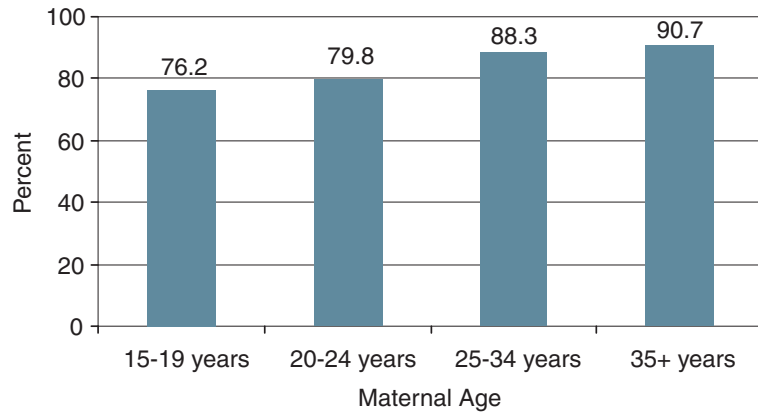
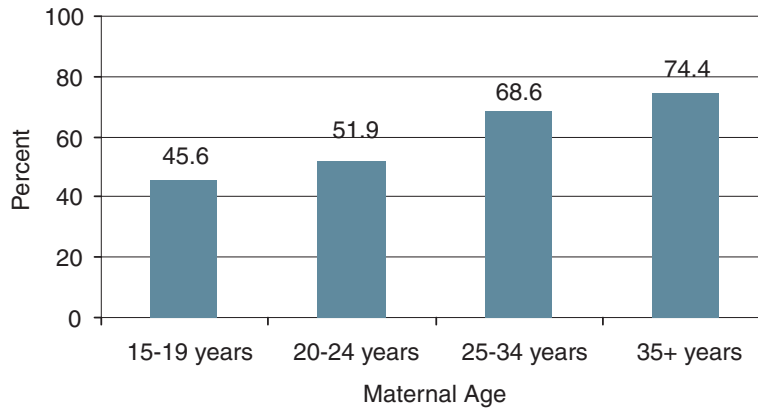


Figure 10. Women who breastfed for nine or more weeks, 2002

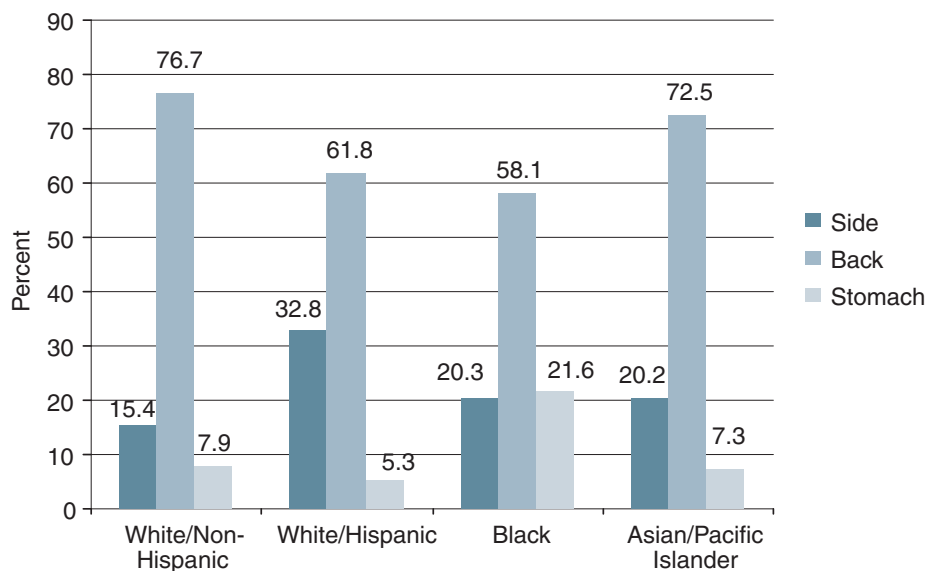


“I feel that breastfeeding is a great way to bond with your baby.”



Infant sleep position has been identified as an important factor in preventing sudden infant death syndrome (SIDS). Infants who sleep on their stomach are estimated to be up to 9.3 times more likely to have SIDS than infants who sleep on their backs. Since the implementation of the 1994 “Back to Sleep” campaign, the percent of infants who sleep on their backs has increased significantly. Overall, 71.4 percent of infants in Colorado are laid to sleep on their backs. However, continued efforts need to be made to meet the *Healthy People 2010* objective to increase the percentage of infants who are put down to sleep on their backs to 70 percent in Colorado’s Hispanic and Black populations.

Figure 11. Percent of infants who sleep on their backs by race/ethnicity, 2002



“I know babies should be on their backs when they sleep to reduce the risk for SIDS.”

MORE INFORMATION

The following Appendix contains an abundance of additional information derived from the PRAMS instrument. Each table reflects responses among Colorado women grouped by category or behavior. Due to the fact that not every Colorado woman whom delivered a live-born infant was selected to participate,

confidence intervals were calculated to estimate the true percent. A 95 percent confidence interval can be interpreted as an estimated range of values in which we are 95 percent certain the true percent lies.

Each table contains three column headings: All Colorado, Medicaid, and Non-Medicaid. The “All Colorado” heading

contains information that can be generalized to all women in Colorado who gave birth in the year 2002. The remaining column headings (Medicaid and Non-Medicaid) were categorized according to whether or not Colorado women had Medicaid pay for any of their prenatal care visits. The Medicaid/Non-Medicaid data found in the appendix is only one example of how PRAMS data can be analyzed. Upon request, PRAMS data can be analyzed by maternal age, infant’s birth weight, WIC participation, or any other characteristic of interest for which data are available.

PRAMS data are available online on the Colorado Health Information Dataset (CoHID). CoHID is an internet-based technology, in which users may query and summarize information from a variety of datasets. The CoHID website can be found at: www.cdphe.state.co.us/cohid/. Users are allowed the flexibility to query the PRAMS dataset by year, category or topic, county, and by selected maternal demographics.

In addition, a PRAMS county-level quick report is now available on CoHID. This module allows the user to dynamically combine six years of PRAMS county data. Submitted requests will return a table containing 12 MCH indicators for the selected county and its comparison to the state.

“Because of Colorado Medicaid, I was able to get great prenatal care for my daughter and me.

If you ever need my help again give me a buzz or drop me a note, always happy to help!”

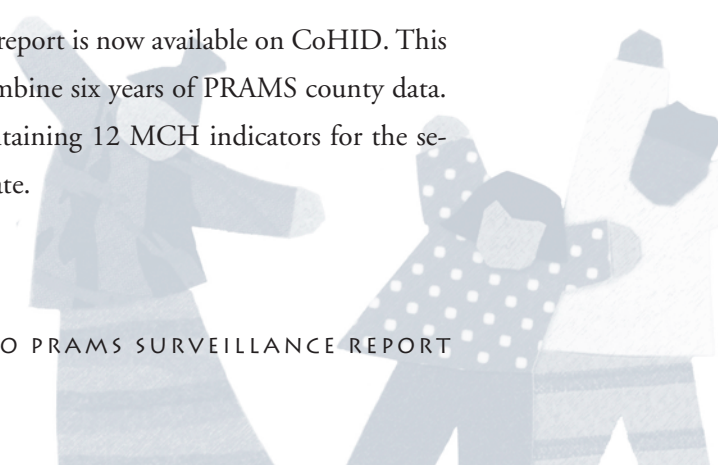


Table 1. Colorado PRAMS prevalence estimates: sample characteristics, 2002

Sample Characteristics	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Marital Status⁺:									
Married	74.7	72.4	77.0	48.0	43.2	52.8	87.5	85.3	89.7
Other	25.3	23.0	27.6	52.0	47.2	56.8	12.5	10.3	14.7
Birthweight⁺:									
Low (<2500 grams)	7.9	7.8	8.0	9.3	8.2	10.4	7.3	6.9	7.7
Adequate (≥2500 grams)	92.1	92.0	92.2	90.7	89.6	91.8	92.7	92.3	93.1
Region of Residence^{**}:									
Denver metro	59.2	58.8	59.6	51.9	47.8	56.0	62.7	61.2	64.2
Other metro	27.8	27.5	28.1	29.9	26.5	33.3	26.8	25.4	28.2
Rural	13.0	12.8	13.2	18.2	16.1	20.3	10.5	9.8	11.2
Race/Ethnicity⁺:									
White/Non-Hispanic	62.4	59.7	65.1	36.4	32.1	40.7	74.6	71.6	77.6
White/Hispanic	30.3	27.7	32.9	53.5	48.8	58.2	19.6	16.8	22.4
Black	4.0	2.8	5.2	7.3	4.3	10.3	2.5	1.4	3.6
Other	3.2	2.3	4.1	2.8	1.5	4.1	3.4	2.2	4.6
Education⁺:									
<12 years	20.8	18.5	23.1	42.2	37.4	47.0	10.8	8.6	13.0
12 years	28.5	26.1	30.9	37.6	32.9	42.3	24.4	21.6	27.2
>12 years	50.7	48.0	53.4	20.3	16.6	24.0	64.9	61.7	68.1
Age⁺:									
15-19 years	11.0	9.3	12.7	24.2	20.1	28.3	4.6	3.2	6.0
20-24 years	22.9	20.7	25.1	37.0	32.4	41.6	16.4	14.0	18.8
25-34 years	51.5	48.8	54.2	32.6	28.1	37.1	60.4	57.2	63.6
35+ years	14.6	12.7	16.5	6.2	3.7	8.7	18.7	16.2	21.2
Poverty Level:									
>185% FPL ^{***}	44.9	42.3	47.5	6.4	4.2	8.6	63.2	60.0	66.4
≤185% FPL	46.6	43.9	49.3	80.7	76.9	84.5	30.5	27.5	33.5
Unknown	8.5	7.0	10.0	12.8	9.5	16.1	6.3	4.7	7.9
Income:									
0-15,999	27.5	25.1	30.0	63.7	59.1	68.3	10.4	8.2	12.6
16,000-24,999	10.0	8.5	11.5	15.1	11.8	18.4	7.8	6.1	9.5
25,000-39,999	13.3	11.5	15.1	7.9	5.3	10.5	16.0	13.7	18.3
40,000+	41.5	38.9	44.1	2.1	0.8	3.4	59.9	56.7	63.1
Unknown	7.7	6.2	9.2	11.2	8.1	14.3	5.8	4.2	7.4

* Confidence Interval

** Denver Metro includes Adams, Arapahoe, Boulder, Denver, Douglas, and Jefferson counties. Other Metro includes El Paso, Larimer, Mesa, Pueblo, and Weld counties. The Rural region includes the remaining counties in the state.

*** Federal Poverty Level

+ As reported on the birth certificate

Table 2. Colorado PRAMS prevalence estimates: unintended pregnancy and birth control use, 2002

Unintended Pregnancy and Birth Control Use	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Unintended pregnancy (later, never)	38.9	36.3	41.5	56.6	51.8	61.4	30.5	27.5	33.5
Mistimed pregnancy (later)	29.9	27.4	32.4	43.7	38.9	48.5	23.6	20.8	26.4
Unwanted pregnancy (never)	8.9	7.3	10.5	13.0	9.8	16.2	6.8	5.1	8.5
Husband or partner didn't want pregnancy	8.4	6.9	9.9	12.4	9.2	15.6	6.6	4.9	8.3
Using birth control at time of pregnancy	20.9	18.7	23.1	30.7	26.3	35.1	16.6	14.1	19.1
During PNC HCW** talked									
about postpartum birth control	81.8	79.7	83.9	86.5	83.2	89.8	79.6	77.0	82.2
Using birth control now	86.4	84.5	88.3	85.0	81.4	88.6	87.2	85.0	89.4
After baby was born HCW talked									
about using birth control	85.9	84.0	87.8	84.7	81.0	88.4	86.8	84.5	89.1
Mom's pregnancy intent:									
Trying to get pregnant	44.3	41.6	47.0	25.0	20.7	29.3	53.2	49.9	56.5
Weren't trying to get pregnant	24.7	22.4	27.0	31.1	26.6	35.6	22.0	19.3	24.7
Not trying very hard	21.8	19.6	24.0	30.6	26.1	35.1	17.5	15.0	20.0
Trying hard not to get pregnant	9.2	7.6	10.8	13.4	10.1	16.7	7.4	5.6	9.2

* Confidence Interval
 ** Health Care Worker



Table 3. Colorado PRAMS prevalence estimates: prenatal care, 2002

Prenatal Care	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Entry into PNC** after the 1st trimester	20.8	18.6	23.0	36.6	31.9	41.3	13.5	11.3	15.7
Did not get PNC as early as wanted	18.3	16.2	20.4	26.9	22.6	31.2	13.6	11.3	15.9
Barriers to PNC:									
Couldn't get earlier appointment	33.6	27.6	39.6	34.9	25.9	43.9	34.1	25.8	42.4
Not enough money/no insurance	25.8	20.2	31.4	39.6	30.5	48.7	14.7	8.1	21.3
Didn't know pregnant	28.3	22.9	33.7	29.2	21.3	37.1	26.6	19.0	34.2
No transportation	3.7	1.4	6.0	5.6	1.3	9.9	1.5	0.0	3.6
MD/health plan would not start earlier	13.8	9.7	17.9	4.5	0.8	8.2	22.7	15.7	29.7
Didn't have Medicaid card	19.3	14.1	24.5	35.7	26.6	44.8	4.8	0.8	8.8
No one to take care of children	2.4	0.4	4.4	2.2	0.0	5.4	1.9	0.0	4.2
Too many other things going on	6.2	3.3	9.1	6.7	2.1	11.3	5.4	1.8	9.0
During PNC HCW*** talked about:									
How smoking could affect baby	68.0	65.5	70.5	78.5	74.4	82.6	63.1	59.9	66.3
Breast-feeding	79.7	77.5	81.9	85.6	82.1	89.1	77.0	74.2	79.8
How drinking alcohol could affect baby	69.0	66.5	71.5	75.8	71.6	80.0	65.9	62.8	69.0
Using a seat belt during pregnancy	48.0	45.3	50.7	56.1	51.4	60.8	44.2	40.9	47.5
Postpartum birth control	81.8	79.7	83.9	86.5	83.2	89.8	79.6	77.0	82.2
Testing for birth defects	82.0	79.8	84.2	76.7	72.5	80.9	84.5	82.0	87.0
Medicines that are safe during pregnancy	89.3	87.6	91.0	88.1	85.0	91.2	89.9	87.8	92.0
How using illegal drugs could affect baby	60.2	57.6	62.8	73.2	69.0	77.4	54.1	50.8	57.4
Early labor	85.3	83.4	87.2	85.3	82.0	88.6	85.3	83.0	87.6
HIV testing	75.8	73.5	78.1	78.7	74.7	82.7	74.4	71.5	77.3
Physical abuse by husband/partner	37.6	35.0	40.2	52.1	47.3	56.9	30.9	27.9	33.9
How much weight you should gain	80.5	78.3	82.7	81.4	77.7	85.1	80.0	77.4	82.6
During PNC HCW asked if:									
You were smoking cigarettes	92.5	91.1	93.9	96.7	94.9	98.5	90.6	88.8	92.4
You were drinking alcohol	88.6	86.9	90.3	94.1	91.9	96.3	86.0	83.7	88.3
Source of most PNC visits:									
Hospital clinic	11.5	9.7	13.3	17.9	14.0	21.8	8.6	6.7	10.5
Health department clinic	5.3	4.0	6.6	11.6	8.3	14.9	2.5	1.4	3.6
Private doctor's office	64.7	62.1	67.3	32.8	28.5	37.1	79.2	76.4	82.0
Community health center	11.9	10.1	13.7	27.7	23.3	32.1	4.8	3.3	6.3
Other	6.5	5.1	7.9	10	6.9	13.1	4.9	3.5	6.3

* Confidence Interval
 ** Prenatal Care
 *** Health Care Worker



Table 4. Colorado PRAMS prevalence estimates: Medicaid coverage and WIC participation, 2002**

Medicaid Coverage and WIC Participation	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Participation in WIC during pregnancy	31.9	29.4	34.4	69.7	65.2	74.2	14.3	12.0	16.6
Covered by insurance before pregnancy (not Medicaid)	64.1	61.5	66.7	14.5	11.3	17.7	87.3	85.0	89.6
Covered by Medicaid before pregnancy	4.6	3.5	5.7	12.8	9.6	16.0	0.6	0.1	1.1
Prenatal care paid by ¹ :									
Medicaid	31.6	29.1	34.1	Medicaid defined as prenatal care paid for by Medicaid					
Personal income	22.7	20.5	24.9	10.6	7.3	13.9	28.3	25.5	31.1
Insurance	59.5	56.9	62.1	7.7	5.1	10.3	83.4	80.9	85.9
Military/Champus/VA	3.3	2.5	4.1	0.1	0.0	0.3	4.8	3.6	6.0
Colorado Resident Discount Program	5.3	3.9	6.7	6.4	3.6	9.2	4.8	3.2	6.4
Labor and delivery paid by ¹ :									
Medicaid	36.1	33.5	38.7	98.1	96.6	99.6	7.2	5.4	9.0
Personal income	21.0	18.9	23.1	1.7	0.4	3.0	30.0	27.1	32.9
Insurance	58.2	55.6	60.8	3.5	1.9	5.1	83.7	81.2	86.2
Military/Champus/VA	3.2	2.4	4.0	0.1	0.0	0.2	4.6	3.4	5.8
Colorado Resident Discount Program	1.9	1.0	2.8	2.8	0.8	4.8	1.5	0.6	2.4
Infant not covered by health insurance or Medicaid:	5.8	4.4	7.2	5.2	2.7	7.7	6.2	4.5	7.9
Type of insurance infant is covered by ¹ :									
Medicaid	36.7	34.0	39.4	94.0	91.7	96.3	9.7	7.6	11.8
Private insurance/HMO	57.1	54.4	59.8	5.7	3.5	7.9	81.3	78.6	84.0
Child Health Plan Plus	1.7	34.0	39.4	1.2	0.0	2.5	2.0	1.1	2.9
Other	5.0	54.4	59.8	2.9	1.4	4.4	6.1	4.6	7.6
	5.2	3.9	6.5	8.7	5.6	11.8	3.6	2.4	4.8

* Confidence Interval

** The Special Supplemental Nutrition Program for Women, Infants, and Children

¹ can select more than one



Table 5. Colorado PRAMS prevalence estimates: breastfeeding, 2002

Breastfeeding	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
During prenatal care HCW** talked about breastfeeding	79.7	77.5	81.9	85.6	82.1	89.1	77.0	74.2	79.8
Ever breastfed	85.5	83.6	87.4	78.2	74.2	82.2	89.4	87.4	91.4
Never breastfed	14.5	12.6	16.4	21.8	17.8	25.8	10.6	8.6	12.6
Among all women:									
Breastfed for 4 weeks or less	29.6	27.1	32.1	41.5	36.7	46.3	23.6	20.8	26.4
Breastfed for 5-8 weeks	7.3	5.9	8.7	6.5	4.1	8.9	7.7	5.9	9.5
Breastfed for 9 or more weeks	63.1	60.5	65.7	52.0	47.1	56.9	68.8	65.7	71.9
Among all women:									
Other food at 9 or more weeks	32.3	29.8	34.8	27.2	22.8	31.6	34.9	31.8	38.0
Other food at <9 weeks	67.7	65.2	70.2	72.8	68.4	77.2	65.1	62.0	68.2
Reasons for stopping breastfeeding ¹ :									
Baby had difficulty nursing	25.7	21.7	29.7	25.2	18.8	31.6	26.2	21.0	31.4
Did not satisfy baby	37.5	33.0	42.0	36.0	28.6	43.4	38.8	33.0	44.6
Baby not gaining enough weight	8.9	6.4	11.4	9.2	5.4	13.0	8.9	5.6	12.2
Baby became sick	2.8	1.4	4.2	4.0	1.3	6.7	2.1	0.5	3.7
Nipples were sore	20.3	16.5	24.1	23.7	17.1	30.3	18.5	13.9	23.1
Not producing enough milk	38.7	34.1	43.3	38.7	31.3	46.1	38.7	32.9	44.5
Too many household duties	12.5	9.6	15.4	12.8	8.1	17.5	12.4	0.0	16.2
Felt right time to stop	16.5	13.0	20.0	18.7	12.5	24.9	15.0	10.8	19.2
Mom became sick	9.3	6.5	12.1	12.3	6.8	17.8	7.6	4.5	10.7
Went back to school/work	23.8	19.8	27.8	20.5	14.1	26.9	25.6	20.4	30.8
Husband wanted me to stop	1.2	0.1	2.3	1.5	0.0	3.8	1.0	0.0	2.2
Needed help feeding baby	13.2	10.1	16.3	11.6	6.7	16.5	14.1	10.1	18.1
Breastfeeding practices at hospital:									
Hospital staff gave me information about breastfeeding	92.2	90.6	93.8	89.2	85.9	92.5	93.5	91.8	95.2
Baby stayed in same room with me in hospital	83.5	81.6	85.4	79.8	76.0	83.6	85.3	83.1	87.5
Breastfed baby in hospital	83.0	81.0	85.0	73.7	69.4	78.0	87.6	85.5	89.7
Breastfed baby in the first hour after birth	56.6	53.9	59.3	48.1	43.2	53.0	60.6	57.4	63.8
Hospital staff helped me learn how to breastfeed	74.1	71.7	76.5	68.6	64.1	73.1	77.0	74.2	79.8
Baby was fed only breast milk at the hospital	43.5	40.8	46.2	39.9	35.1	44.7	45.1	41.8	48.4
Hospital staff told me to breastfeed whenever baby wanted	71.0	68.5	73.5	64.3	0.0	69.1	74.9	0.0	77.8
Hospital gave me a gift pack with formula	92.2	90.7	93.7	90.0	86.8	93.2	93.1	91.5	94.7
Hospital gave me a telephone number to call for help with breastfeeding	78.6	76.3	80.9	68.4	63.8	73.0	83.6	81.1	86.1
Baby used a pacifier in the hospital	58.7	56.0	61.4	59.4	54.6	64.2	58.6	55.3	61.9

* Confidence Interval

** Health Care Worker

¹ can select more than one

Table 6. Colorado PRAMS prevalence estimates: smoking, 2002

Smoking	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Smoked >= 100 cigarettes in last 2 years	22.6	20.4	24.8	34.4	30.0	38.8	16.8	14.4	19.2
Smoked during 3 months before pregnancy	20.1	18.0	22.2	31.0	26.7	35.3	15.0	12.6	17.4
Of all women, quantity:									
None	79.9	77.8	82.0	69.0	64.7	73.3	85.0	82.6	87.4
1-9 per day	6.9	5.5	8.3	8.1	5.5	10.7	6.4	4.7	8.1
10-19 per day	5.7	4.5	6.9	9.0	6.4	11.6	3.9	2.7	5.1
20+ per day	7.6	6.3	8.9	13.9	10.8	17.0	4.7	3.4	6.0
Of those women who smoked, quantity:									
1-9 per day	34.1	28.4	39.8	26.0	18.7	33.3	42.5	34.0	51.0
10-19 per day	28.3	23.1	33.5	29.1	21.8	36.4	25.9	18.6	33.3
20+ per day	37.5	32.0	43.0	44.9	37.0	52.8	31.6	23.9	39.3
Smoked during last 3 months of pregnancy	10.6	9.1	12.1	16.6	13.5	19.7	7.6	5.9	9.3
Of all women, quantity:									
None	89.4	87.9	90.9	83.4	80.3	86.5	92.4	90.7	94.1
1-9 per day	6.3	5.0	7.6	8.3	6.1	10.5	5.1	3.6	6.6
10-19 per day	3.5	2.6	4.4	6.4	4.3	8.5	2.2	1.3	3.1
20+ per day	0.8	0.4	1.2	1.9	0.9	2.9	0.3	0.0	0.7
Of those women who smoked, quantity:									
1-9 per day	59.7	52.3	67.1	50.2	40.3	60.1	67.0	56.2	77.8
10-19 per day	32.9	25.7	40.1	38.5	28.7	48.3	29.1	18.5	39.7
20+ per day	7.4	4.1	10.7	11.3	5.4	17.2	3.8	1.0	6.6
Smoke currently (when survey completed)	14.0	12.2	15.8	24.0	20.1	27.9	9.1	7.2	11.0
Of all women, quantity:									
None	86.0	84.2	87.8	76.0	72.1	79.9	90.9	89.0	92.8
1-9 per day	5.4	4.2	6.6	7.9	5.4	10.4	4.0	2.7	5.3
10-19 per day	5.2	4.1	6.3	8.9	6.4	11.4	3.5	2.3	4.7
20+ per day	3.3	2.5	4.1	7.2	5.0	9.4	1.6	0.9	2.3
Of those women who smoke, quantity:									
1-9 per day	39.0	32.1	45.9	33.0	24.3	41.7	44.4	33.6	55.2
10-19 per day	37.3	30.7	43.9	37.0	28.4	45.6	38.1	27.7	48.5
20+ per day	23.8	18.4	29.2	30.0	22.0	38.0	17.5	10.3	24.7
During prenatal care HCW** talked about smoking	68.0	65.5	70.5	78.5	74.4	82.6	63.1	59.9	66.3
Husband/partner smokes in house	4.4	3.4	5.4	9.0	6.3	11.7	2.3	1.4	3.2
Someone else smokes in house (not including mom/husband partner)	4.5	3.4	5.6	8.5	5.8	11.2	2.7	1.6	3.8
Baby never in same room with someone smoking	94.8	93.7	95.9	92.3	89.9	94.7	95.8	94.5	97.1
During PNC*** HCW (of those who smoked before pregnancy and went for PNC):									
Discussed how to quit smoking	39.8	34.3	45.3	47.4	39.7	55.1	32.9	25.2	40.6
Suggested setting a specific date to stop smoking	25.7	20.7	30.7	26.1	19.4	32.8	25.4	18.1	32.7
Prescribed a nicotine nasal spray/inhaler	2.0	0.4	3.6	1.5	0.0	3.5	2.5	0.0	5.0
Prescribed a pill like Zyban to help quit	2.9	0.8	5.0	3.0	0.0	6.4	2.8	0.3	5.3
Recommended using nicotine gum	4.6	2.4	6.8	5.9	2.0	9.8	3.4	1.1	5.7
Recommended using a nicotine patch	6.3	3.6	9.0	7.0	3.0	11.0	5.8	2.1	9.5
Suggested attend a class/program to stop smoking	13.0	9.2	16.8	15.3	9.7	20.9	10.9	5.6	16.2
Provided booklets/videos/other materials to help quit smoking	22.3	17.8	26.8	32.2	25.0	39.4	13.3	8.1	18.5
Referred to counseling for help with quitting	4.4	2.3	6.5	6.0	2.6	9.4	2.9	0.3	5.5

* Confidence Interval

** Health Care Worker

*** Prenatal Care

Table 7. Colorado PRAMS prevalence estimates: alcohol and other drugs, 2002

Alcohol/Other Drugs	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Drank alcohol during the 3 months before pregnancy	54.2	51.5	56.9	39.9	35.3	44.5	60.9	57.7	64.1
Of all women, quantity:									
None	45.8	43.1	48.5	60.1	55.5	64.7	39.1	35.9	42.3
3 or fewer drinks/week	45.2	42.5	47.9	32.6	28.2	37.0	51.0	47.7	54.3
4-6 drinks/week	6.6	5.3	7.9	4.5	2.5	6.5	7.6	5.9	9.3
7 or more drinks/week	2.5	1.8	3.2	2.7	1.4	4.0	2.4	1.5	3.3
Of those women who drank, quantity:									
3 or fewer drinks/week	83.4	80.8	86.0	81.8	76.3	87.3	83.7	80.7	86.7
4-6 drinks/week	12.1	9.7	14.5	11.4	6.6	16.2	12.4	9.6	15.2
7 or more drinks/week	4.5	3.1	5.9	6.8	3.5	10.1	3.9	2.4	5.4
Drank alcohol during last 3 Months of Pregnancy	9.5	7.9	11.1	5.2	3.1	7.3	11.6	9.5	13.7
Of all women, quantity:									
None	90.5	88.9	92.1	94.8	92.7	96.9	88.4	86.3	90.5
3 or fewer drinks/week	9.4	7.8	11.0	5.2	3.1	7.3	11.5	9.4	13.6
4 or more drinks/week	0.1	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.1
Of those women who drank, quantity:									
3 or fewer drinks/week	99.2	98.0	100.0	99.5	98.7	100.0	99.1	97.6	100.0
4 or more drinks/week	0.8	0.0	2.0	0.5	0.0	1.3	0.9	0.0	2.4
During prenatal care HCW** talked about:									
Alcohol consumption	69.0	66.5	71.5	75.8	71.6	80.0	65.9	62.8	69.0
Medicines that are safe during pregnancy	89.3	87.6	91.0	88.1	85.0	91.2	89.9	87.8	92.0
Using illegal drugs	60.2	57.6	62.8	73.2	69.0	77.4	54.1	50.8	57.4

* Confidence Interval

** Health Care Worker



Table 8. Colorado PRAMS prevalence estimates: infant health and hospital stay, 2002

Infant Health and Hospital Stay	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Hospital stay of 1 night or less for labor and delivery (mom)	19.0	16.9	21.1	20.2	16.3	24.1	18.1	15.6	20.6
Infant placed	11.2	9.7	12.7	13.9	10.8	17.0	10.1	8.5	11.7

* Confidence Interval

Table 9. Colorado PRAMS prevalence estimates: infant sleep position, 2002

Infant Sleep Position	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Sleep position on back	71.4	68.9	73.9	66.4	61.6	71.2	73.2	70.2	76.2
Sleep position on side	20.8	18.5	23.1	26.2	21.7	30.7	18.8	16.2	21.4
Sleep position on stomach	7.8	6.4	9.2	7.4	4.8	10.0	8.0	6.3	9.7

* Confidence Interval

Table 10. Colorado PRAMS prevalence estimates: physical abuse, 2002

Physical Abuse	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Abuse by husband/partner 12 months before pregnancy	2.7	1.9	3.5	5.8	3.8	7.8	1.2	0.6	1.8
Abuse by husband/partner during pregnancy	2.0	1.3	2.7	4.3	2.5	6.1	0.9	0.3	1.5
During PNC HCW** talked about physical abuse	37.6	35.0	40.2	52.1	47.3	56.9	30.9	27.9	33.9
Any physical abuse before pregnancy	4.3	3.3	5.3	9.7	7.0	12.4	1.8	1.0	2.6
Any physical abuse during pregnancy	2.7	1.9	3.5	5.4	3.4	7.4	1.4	0.6	2.2
Husband/partner threatened you or made you feel unsafe	4.0	3.0	5.0	7.7	5.2	10.2	2.2	1.2	3.2
Frightened for the safety of yourself/family because of the anger of husband/partner	2.2	1.4	3.0	4.4	2.6	6.2	1.2	0.5	1.9
Husband/partner tried to control daily activities	4.1	3.0	5.2	8.2	5.5	10.9	2.2	1.2	3.2
Husband/partner forced you into sexual activity	0.9	0.4	1.4	2.1	0.9	3.3	0.4	0.0	0.8

* Confidence Interval
 ** Health Care Worker

Table 11. Colorado PRAMS prevalence estimates: stress, 2002

Stress	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Stressors experienced in the 12 months before delivery:									
Family member ill and hospitalized	21.3	19.1	23.5	18.6	15.0	22.2	22.7	20.0	25.4
Separated/divorced from husband/partner	8.9	7.3	10.5	16.2	12.7	19.7	5.6	4.0	7.2
Moved to new address	39.6	37.0	42.2	49.4	44.5	54.3	35.4	32.3	38.5
Homeless	6.4	4.9	7.9	12.1	8.6	15.6	3.8	2.4	5.2
Husband/partner lost job	19.0	16.8	21.2	30.4	25.9	34.9	13.9	11.6	16.2
Lost job though wanted to continue working	13.2	11.3	15.1	25.7	21.3	30.1	7.4	5.7	9.1
Argued with husband/partner more than usual	24.7	22.4	27.0	32.1	27.7	36.5	21.2	18.5	23.9
Husband/partner didn't want pregnancy	8.4	6.9	9.9	12.4	9.2	15.6	6.6	4.9	8.3
Bills you couldn't pay	22.8	20.6	25.0	35.7	31.2	40.2	16.6	14.1	19.1
Involved in a physical fight	2.7	1.9	3.5	5.4	3.3	7.5	1.3	0.6	2.0
You or husband/partner went to jail	4.1	3.1	5.1	8.9	6.2	11.6	1.7	0.9	2.5
Someone close had problems with alcohol/drugs	10.5	8.9	12.1	16.6	13.3	19.9	7.5	5.8	9.2
Someone close died	14.8	12.9	16.7	16.9	13.3	20.5	13.7	11.5	15.9
Number of stressors experienced in the 12 months before delivery:									
0	26.9	24.5	29.3	15.7	12.0	19.4	32.3	29.3	35.3
1-2	40.1	37.5	42.7	33.9	29.3	38.5	42.8	39.6	46.0
3-5	27.2	24.8	29.6	39.4	34.7	44.1	21.6	18.9	24.3
6+	5.8	4.5	7.1	11.1	8.1	14.1	3.3	2.0	4.6
Postpartum depression:									
Not depressed	39.2	36.6	41.8	39.5	34.7	44.3	38.7	35.5	41.9
Slightly depressed	41.8	39.2	44.4	40.3	35.6	45.0	43.0	39.8	46.2
Moderately depressed	12.8	11.1	14.5	11.5	8.7	14.3	13.4	11.3	15.5
Very depressed	3.5	2.5	4.5	5.7	3.5	7.9	2.5	1.5	3.5
Very depressed and had to get help	2.6	1.8	3.4	3.1	1.4	4.8	2.4	1.4	3.4

* Confidence Interval



Table 12. Colorado PRAMS prevalence estimates: nutrition and maternal weight gain, 2002

Nutrition and Maternal Weight Gain	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Frequency of taking a multivitamin before pregnancy:									
Didn't take multivitamin	52.5	49.8	55.2	73.4	69.3	77.5	42.8	39.6	46.0
1-3 times a week	9.2	7.7	10.7	9.0	6.3	11.7	9.4	7.5	11.3
4-6 times a week	7.1	5.8	8.4	3.7	2.1	5.3	8.7	6.9	10.5
Every day of the week	31.2	28.8	33.7	13.8	10.6	17.0	39.0	35.8	42.2
During prenatal care HCW** talked about how much weight you should gain									
	80.5	78.3	82.7	81.4	77.7	85.1	80.0	77.4	82.6
Body mass index just before got pregnant:									
Underweight (<19.8)	14.5	12.6	16.4	17.9	14.0	21.8	13.1	10.9	15.3
Normal (19.8-26.0)	57.2	54.5	59.9	52.4	47.3	57.5	59.1	55.8	62.4
Overweight (26.0-29.0)	11.3	9.5	13.1	13.2	9.6	16.8	10.5	8.5	12.5
Obese (>29.0)	17.1	15.0	19.2	16.5	12.8	20.2	17.3	14.7	19.9
Weight gain in pounds during pregnancy*:									
<16	11.8	10.0	13.6	17.1	13.3	20.9	9.2	7.3	11.1
16-20	11.3	9.6	13.0	13.7	10.5	16.9	10.4	8.4	12.4
21-25	16.5	14.5	18.5	17.0	13.3	20.7	16.4	13.8	19.0
26-30	18.4	16.3	20.5	17.0	13.3	20.7	18.8	16.3	21.3
31-35	14.1	12.2	16.0	11.8	8.7	14.9	15.1	12.7	17.5
36-40	12.2	10.5	13.9	7.8	5.4	10.2	14.4	12.2	16.6
41-45	6.5	5.1	7.9	6.1	3.7	8.5	6.7	5.0	8.4
46+	9.2	7.6	10.8	9.5	6.7	12.3	9.0	7.1	10.9
Weight gain adequacy***:									
In IOM recommended range	34.5	31.7	37.3	30.3	25.1	35.5	35.9	32.5	39.3
Below IOM recommended range	24.5	21.9	27.1	32.2	26.9	37.5	21.4	18.5	24.3
Above IOM recommended range	41.0	38.1	43.9	37.5	32.1	42.9	42.7	39.2	46.2

* Confidence Interval

** Health Care Worker

*** The Institute of Medicine (IOM) provides recommendations for weight gain during pregnancy based on a woman's prepregnancy body mass index

+ As reported on the birth certificate



Table 13. Colorado PRAMS prevalence estimates: previous pregnancies, 2002

Previous Pregnancies	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Previous live birth outcomes:									
No previous live birth	45.2	42.5	47.9	44.6	39.7	49.5	45.5	42.2	48.8
OK (not LBW** or preterm)	46.4	43.7	49.1	43.1	38.2	48.0	47.9	44.6	51.2
LBW	2.1	1.3	2.9	3.9	2.0	5.8	1.3	0.6	2.0
Preterm	3.1	2.2	4.0	4.1	2.1	6.1	2.6	1.6	3.6
LBW and preterm	3.2	2.3	4.1	4.4	2.6	6.2	2.7	1.7	3.7
Previous other terminations of pregnancy of all women, quantity*:									
0	72.5	70.1	74.9	77.1	73.2	81.0	70.7	67.8	73.6
1	17.9	15.9	19.9	16.4	13.0	19.8	18.6	16.1	21.1
2+	9.6	8.0	11.2	6.5	4.2	8.8	10.7	8.7	12.7

* Confidence Interval

** Low Birth Weight

+ As reported on the birth certificate

Table 14. Colorado PRAMS prevalence estimates: problems during pregnancy, 2002

Problems During Pregnancy	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Problems during pregnancy*:									
Early labor	27.8	25.5	30.1	33.6	29.1	38.1	24.8	22.1	27.5
High blood pressure	17.9	15.9	19.9	20.2	16.4	24.0	16.9	14.5	19.3
Vaginal bleeding	15.4	13.5	17.3	17.4	13.7	21.1	14.3	12.1	16.5
Problems with placenta	6.4	5.2	7.6	6.2	4.0	8.4	6.3	4.8	7.8
Nausea/dehydration	27.6	25.2	30.0	33.5	29.0	38.0	25.1	22.2	28.0
Kidney/bladder infection	14.2	12.3	16.1	19.6	15.9	23.3	11.8	9.6	14.0
Diabetes	7.4	6.0	8.8	8.7	5.9	11.5	6.8	5.1	8.5
PROM	5.4	4.4	6.4	6.8	4.9	8.7	4.8	3.6	6.0
Cervix sewn shut	2.2	1.4	3.0	3.4	1.5	5.3	1.6	0.8	2.4
Car accident	1.7	1.0	2.4	2.5	1.0	4.0	1.4	0.6	2.2
Hospital stay during pregnancy*:									
Less than 1 day	37.0	33.8	40.2	44.2	38.6	49.8	33.4	29.5	37.3
1 to 7 days	13.8	11.7	15.9	18.3	14.0	22.6	11.4	9.1	13.7
More than 7 days	3.4	2.4	4.4	3.4	1.6	5.2	3.5	2.3	4.7
Stayed in bed more than 2 days	29.9	26.9	32.9	33.1	27.8	38.4	28.6	24.9	32.3

* Confidence Interval

+ As reported on the birth certificate

Table 15. Colorado PRAMS prevalence estimates: well baby care visits and child care, 2002

Well Baby Visits and Child Care	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Number well baby visits:									
0	2.1	1.3	2.9	2.4	0.8	4.0	2.0	1.0	3.0
1	8.6	7.1	10.1	12.1	9.0	15.2	7.1	5.5	8.7
2	39.0	36.3	41.7	36.9	32.1	41.7	39.5	36.3	42.7
3	32.9	30.3	35.5	25.7	21.3	30.1	36.3	33.1	39.5
4	11.7	10.0	13.4	14.7	11.1	18.3	10.5	8.5	12.5
5	3.0	2.0	4.0	3.7	1.7	5.7	2.7	1.6	3.8
6+	2.6	1.8	3.4	4.5	2.4	6.6	1.7	0.9	2.5
Source of well baby care ¹ :									
Hospital	9.4	7.7	11.1	15.1	11.3	18.9	6.4	4.8	8.0
Health department	6.4	4.9	7.9	13.8	10.0	17.6	2.8	1.6	4.0
Private doctor	67.5	64.8	70.2	37.0	32.5	41.5	82.2	79.5	84.9
Community health center	13.8	11.8	15.8	29.9	25.3	34.5	6.3	4.6	8.0
Other	3.0	2.0	4.0	4.2	2.1	6.3	2.3	1.2	3.4
Mom currently in school or working outside of home									
	42.8	40.1	45.5	37.7	32.9	42.5	44.9	41.6	48.2
Who cares for baby when at school/work?:									
Husband/partner	27.5	23.7	31.3	23.5	16.4	30.6	28.9	24.4	33.4
Baby's teenage sibling	0.6	0.0	1.2	0.7	0.0	1.8	0.6	0.0	1.4
Baby's preteen sibling	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.1
Other close relative	30.4	26.4	34.4	39.8	31.5	48.1	27.4	22.8	32.0
Friend or neighbor	3.3	1.8	4.8	4.2	0.7	7.7	3.0	1.5	4.5
Babysitter, nanny, or child care provider	17.5	14.3	20.7	10.9	5.7	16.1	19.9	16.0	23.8
Staff at a day-care center	8.8	6.4	11.2	5.1	1.5	8.7	10.3	7.3	13.3
Other	11.9	9.3	14.5	15.8	10.1	21.5	9.8	6.9	12.7
How often mom feels that baby is well cared for:									
Always	90.6	88.3	92.9	92.3	88.5	96.1	90.1	87.3	92.9
Almost always	8.2	6.1	10.3	5.9	2.4	9.4	9.0	6.4	11.6
Sometimes	0.5	0.0	1.1	0.4	0.0	1.2	0.6	0.0	1.4
Rarely	0.2	0.0	0.5	0.8	0.0	1.9	0.0	0.0	0.0
Never	0.5	0.0	1.0	0.6	0.0	1.6	0.4	0.0	1.0

* Confidence Interval

¹ can select more than one



Table 16. Colorado PRAMS prevalence estimates: dental care, 2002

Dental Care	All Colorado			Medicaid			Non-Medicaid		
	%	95% C.I.*		%	95% C.I.		%	95% C.I.	
Dental care during pregnancy:									
Needed to see a dentist	22.6	20.4	24.8	31.9	27.5	36.3	18.1	15.6	20.6
Went to see a dentist	40.1	37.5	42.7	23.7	19.6	27.8	47.6	44.3	50.9
Dental/HCW** talked about teeth care	39.8	37.2	42.4	31.5	27.0	36.0	43.9	40.7	47.1
Time since last dental care visit:									
Less than 6 months	28.1	25.6	0.6	17.7	13.7	21.7	32.6	29.5	35.7
6-11 months	19.4	17.2	21.6	12.0	8.5	15.5	22.2	19.5	24.9
12-23 months	27.3	24.8	29.8	33.1	28.1	38.1	24.9	22.0	27.8
More than 24 months	25.2	22.7	27.7	37.2	32.1	42.3	20.4	17.6	23.2

* Confidence Interval

** Health Care Worker







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