

PRAM-O-GRAM

Fact Sheet Series: Number 8, 2008

Health Services

Babies who are discharged within one day of birth commonly see a health-care provider within the next few days to identify problems that would have been identified with longer hospital stays. Problems can include jaundice, feeding issues, infections or too much weight loss. It is also a great opportunity for the family to ask questions once the baby is home.¹

Three in five babies were seen by a health-care provider in the first week after leaving the hospital (62%). While the majority of babies were seen at the doctor's office (76%), 24 percent were seen by a health-care provider at home.

In addition to this initial one week visit, well-baby checkups are recommended on a regular basis throughout the first year in order to closely monitor the child's growth and development. Visits are generally recommended at two, four, six, nine, and 12 months.²

At the time of the survey, nearly all of the babies had a well-baby checkup (97%), including 58 percent who had one to two visits and 38 percent who had three or more visits.



Infant Health and Services

Data from the Pregnancy Risk Assessment Monitoring System survey, based on the responses of a representative sample of North Dakota mothers who gave birth in 2002, provide information about the health characteristics of infants, including gestation, birthweight and time spent in intensive care. Health services, home environment, and injury prevention also were explored.



Health Characteristics

Gestation – Most babies were born full-term; i.e., after 37 weeks of gestation (92%). One in 13 babies was born pre-term (8%). The prevalence of having a baby who was pre-term was higher for mothers who:

- Experienced preterm labor (19%).
- Had vaginal bleeding during pregnancy (15%).
- Did not gain an adequate amount of weight during pregnancy (15%).
- Had high blood pressure during pregnancy (11%).
- Were American Indian (11%).
- Were unmarried (10%).
- Were recipients of Medicaid (9%).
- Had an unintended pregnancy (9%).

Birthweight – Most babies were born at a normal birthweight; i.e., 2,500 grams or more/5 pounds 8 ounces or more (95%). One in 21 babies was born with a low birthweight (5%). The prevalence of having a low birthweight baby was higher for mothers who:

- Experienced preterm labor (12%).
- Did not gain an adequate amount of weight during pregnancy (11%).
- Were American Indian (9%).
- Had vaginal bleeding during pregnancy (8%).
- Had a kidney/bladder infection during pregnancy (8%).
- Were unmarried (8%).
- Were underweight (8%) or overweight (7%) before becoming pregnant.
- Drank alcohol in the three months before becoming pregnant (6%).

Neonatal Intensive Care Unit (NICU) – Most babies did not need to be in the NICU after birth (89%); one in nine babies spent time in the NICU (11%). The prevalence of having a baby who spent time in the NICU was higher for mothers who:

- Experienced preterm labor (21%).
- Did not gain an adequate amount of weight during pregnancy (20%).
- Had vaginal bleeding during pregnancy (17%).
- Were obese before becoming pregnant (15%).
- Had high blood pressure during pregnancy (14%).
- Had a kidney/bladder infection during pregnancy (13%).
- Were unmarried (13%).
- Drank alcohol in the three months before becoming pregnant (13%).
- Were recipients of Medicaid (13%).

More than half of babies who were born pre-term were low birthweight (52%), and two-thirds needed to spend time in the NICU (68%).

North Dakota mothers on infant health and services:

"This was a twin pregnancy resulting in an early delivery. The babies were in the NICU 12 days."

"As a new mother of my first child, I would like to say that I was treated very well [in the hospital] and my doctor checked in to see me several times."

"My baby was born at 29 weeks and spent 55 days in the NICU. He is still on oxygen."

"My baby was born with spina bifida. I never knew about folic acid. Please teach women before they try to get pregnant."

"They should give all new mothers a quick class in CPR before they leave the hospital."

"When we had our first child, it was really helpful that the hospital gave us a car seat to take the baby home in."



Sources: Unless indicated otherwise, all data and quotes are from North Dakota PRAMS, 2002: www.ndsu.edu/sdc/ndprams.htm; 1. "Well Checkups: Two-Day Visit." www.ibabydoc.com/online/well2day.asp; 2. "Well Child Visits." www.keepkidshealthy.com/infant/infantwellchildvisits.html; 3. "Questions and Answers for Professionals on Infant Sleeping Position and SIDS." www.nichd.nih.gov/SIDS/sids_qa.cfm; 4. "The Changing Concept of Sudden Infant Death Syndrome." aappolicy.aappublications.org/cgi/reprint/pediatrics;116/5/1245.pdf; 5. "Study Finds Bed Sharing Among Parents and Infants on the Rise." www.nichd.nih.gov/news/releases/bed_sharing.cfm; 6. "Should pregnant women wear seat belts?" www.htsda.dot.gov

Infant Health and Services, continued

Home Environment and Injury Prevention

Since 1992, the American Academy of Pediatrics (AAP) has recommended that infants be placed on their backs to sleep, because infants who sleep prone (i.e., on their stomachs) have an increased risk of dying from sudden infant death syndrome (SIDS).³ In 2002, three-fourths of North Dakota mothers placed their infants on their backs to sleep (77%). One in 10 placed their infants on their sides to sleep (12%) or on their stomachs to sleep (9%), and 2 percent used a combination of positions.



The AAP stresses other recommendations including avoiding soft bedding or objects in the baby's sleeping environment, avoiding the use of pacifiers at the time of sleep, and adults avoiding sleeping with an infant in the same bed, also known as cosleeping.⁴ Though cosleeping is discouraged, proponents argue that bedsharing has benefits such as encouraging breastfeeding. Nationally, the proportion of infants who usually sleep in a bed with an adult has increased from 6 percent in 1993 to 13 percent in 2000.⁵ In 2002, one in seven North Dakota infants always or almost always slept with his/her mother or someone else (15%).

One-fourth of pregnant mothers were worried that wearing a seatbelt during pregnancy would hurt the infant (23%), and more than half of mothers were not talked to about using a seatbelt during pregnancy during a prenatal care visit (54%). Doctors do recommend that pregnant women use seat belts; the lap belt should be worn across the hips and below the belly, while the shoulder belt should be placed across the chest and away from the neck.⁶

Nearly every infant was brought home from the hospital in an infant car seat (99%), and, at the time of the survey, nearly every infant always or almost always rode in a car seat (99%). All mothers had a car safety seat. More than half of mothers used a car safety seat they purchased new, received as a gift, or were given by the hospital (60%). More than one-third had a used car seat from a previous child or a seat that came from a friend or family member (34%). Other methods of obtaining a car seat included being given one through another program like WIC or county social services, or purchasing one used, renting one, or borrowing one (5%).

Three in five mothers worked or attended school outside the home at the time of the survey (60%), which was on average 15.9 weeks after the baby was born. The person who usually took care of the infant when the mother was at work or school was a child-care provider (37%), a close relative (19%), the husband/partner (18%), or staff at a day-care center (16%).

One in 10 infants was exposed to secondhand smoke every day (11%). Most mothers indicated that smoking was not allowed in the house or car (87%).

More information about the Pregnancy Risk Assessment Monitoring System (PRAMS), North Dakota PRAMS 2002 data, and the PRAM-O-GRAM fact sheets is available online at www.ndsu.edu/sdc/ndprams.htm and www.ndhealth.gov.