

# Kansas Pregnancy Risk Assessment Monitoring System **2020 Surveillance Report**

## **Kansas Pregnancy Risk Assessment Monitoring System**

Bureau of Epidemiology & Public Health Informatics

Division of Public Health

Kansas Department of Health and Environment

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**[kdhe.ks.gov/prams](https://kdhe.ks.gov/prams)**

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Our Vision – Healthy Kansans living in safe and sustainable environments.

Our Mission – To protect and improve the health and environment of all Kansans.

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# Executive Summary

The Kansas Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of Kansas women with a recent live birth. The PRAMS questionnaire provides more detailed information about the health and experiences of Kansas women before, during, and in the months following pregnancy, than is available from the infant's birth certificate. This includes information about potential protective factors and risk factors for maternal and child health, including social support, stress, safety, mental health conditions, breastfeeding, and utilization of health care.

PRAMS data from 2017 to 2020 provide insight into current trends in maternal and infant health:

- The prevalence of self-reported gestational diabetes increased significantly, from 7.8% among Kansas women with a live birth in 2017, to 12.9% among women with a live birth in 2020.
- The prevalence of self-reported prenatal care initiation in the first trimester of pregnancy increased significantly, from 85.7% among women with a live birth in 2017, to 89.7% among women with a live birth in 2020.
- The prevalence of self-reported cigarette use in the 3 months before pregnancy decreased significantly, from 20.6 % among Kansas women with a live birth in 2017, to 17.3% among women with a live birth in 2020.
- The prevalence of reporting that the infant was placed to sleep without soft objects or loose bedding increased significantly, from 44.3% among women with a live birth in 2017, to 54.8% among women with a live birth in 2020.
- The prevalence of reporting that the infant “always” slept alone (in his/her own crib or bed), in a crib, bassinet, or pack and play, and not in a standard bed, couch, armchair, car seat, or swing, in the past two weeks, increased significantly from 30.1.% among women with a live birth in 2017, to 40.2.% among women with a live birth in 2020.
- While most women reported placing their infants to sleep on their backs most often (82.3% of Kansas women with a live birth in 2020), fewer women reported placing the infant to sleep on a separate approved sleep surface, room sharing without bed sharing.
- The prevalence of self-reported traumatic stress in the year before the infant was born decreased significantly, from 16.3 % among Kansas women with a live birth in 2017, to 13.1% among women with a live birth in 2020.
- Socioeconomic disparities were observed across a wide range of indicators, including unintended pregnancy, timing of prenatal care initiation, cigarette smoking, stress experienced in the year before the birth, breastfeeding for at least 8 weeks, postpartum depressive symptoms, and indicators related to infants' sleep habits.
- Racial disparities also persist, with a higher percentage of non-Hispanic Black women reporting certain outcomes or behaviors, compared to non-Hispanic White women (e.g., gestational hypertension, pre-eclampsia, or eclampsia; unintended pregnancy; not starting prenatal care in the first trimester of pregnancy; experiencing partner-related and financial

stress in the year before the birth; not breastfeeding to at least 8 weeks; and not placing the infant to sleep on his/ her back).

The information collected through the PRAMS survey can be used in a variety of ways. The data can guide public health programs and policy. Additionally, researchers can use the data to better understand factors related to maternal and infant health outcomes.

## Acknowledgements

Kansas PRAMS has risen as a collaboration of people both within and outside of the Kansas Department of Health & Environment, who are dedicated to understanding and improving the health of mothers and babies.

We would like to acknowledge the time and effort of our PRAMS team:

Lisa Williams, Past Project Coordinator  
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KDHE Bureau of Epidemiology & Public Health Informatics  
KDHE Office of Vital Statistics  
KDHE Bureau of Family Health  
Kansas Maternal Child Health Council

Finally, we are grateful to the respondents who gave their time to complete the PRAMS questionnaire. Thank you for sharing your stories with us

# Introduction

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based survey, in which women with a recent live birth are interviewed about their experiences before, during, and shortly after pregnancy. PRAMS was initiated in 1987 by the Centers for Disease Control and Prevention (CDC) as part of the effort to reduce infant mortality and low birth weight. States participating in PRAMS now represent approximately 83 percent of all U.S. births. Kansas became a PRAMS member in 2016 and began data collection in 2017.

The PRAMS survey helps shed light on issues that affect the well-being of mothers and infants. Findings from PRAMS may enhance the understanding of maternal behaviors and experiences and their relationship with pregnancy outcomes. PRAMS data may be used in a variety of ways, including identifying high-risk groups, monitoring trends in health indicators, assisting in program planning and assessment, and providing information for research of emerging maternal and infant health issues.

The 2020 Kansas PRAMS results are summarized here courtesy of the KDHE Bureau of Epidemiology and Public Health Informatics. To help inform public health planning, trends and demographic breakdowns are provided for the years 2017-2020. If you use any of the information contained here for public health practice or research purposes, please let us know.

If you are a researcher or other public health professional who is interested in obtaining Kansas PRAMS data, see our website for information about data requests: <https://kdhe.ks.gov/1348/>

This report uses female-gendered pronouns and terms (“she”, “her”, “women”) because most people represented are women. However, we recognize that this population may also include people who do not identify as women, including some gender non-conforming transgender men.

# Methods

Kansas PRAMS is a survey of women who live in Kansas and who have recently had a live birth in Kansas. Each month, about 140 mothers of babies born 2 to 3 months previously are randomly sampled from the Kansas Vital Statistics birth certificate database. The sampling is stratified by birth weight, where infants born at a low birth weight are over-sampled compared to infants born at a normal birth weight.

Data collection is conducted by mail and phone. The Kansas PRAMS questionnaire is first mailed to the mother up to three times, with instructions on how to complete and return it. If the mother does not respond by mail, PRAMS interviewers will attempt to reach her by phone. After data collection, the survey data for that year of births are weighted by the CDC to adjust for the sampling design, non-response-, and non-coverage.

In this report, statistics are weighted to represent Kansas-resident mothers who delivered a live infant in Kansas in 2020. The 2020 data tables are presented in the order in which questions appeared in the questionnaire. During this data collection year, supplemental questions about disability and about prescription opioid pain relievers were also asked at the end of the questionnaire.

In addition, trends and demographic breakdowns for selected outcomes are provided for Kansas women who delivered a live infant in 2017-2020. Trends over time were assessed using a logistic regression model, where a  $p$ -value of 0.05 indicated a statistically significant trend. Chi-square tests were used to assess relationships between indicators and each outcome, where a  $p$ -value of 0.05 indicated a statistically significant relationship.

See **Technical Notes** for additional information on statistical analysis.

Trends and Disparities  
For Selected Topics  
2017-2020



# Gestational Diabetes

Gestational diabetes is a type of diabetes with onset during pregnancy. Uncontrolled gestational diabetes can contribute to problems during the pregnancy or delivery, including development of pre-eclampsia or having a larger baby that may require a Cesarean section <sup>1</sup>.

In this report, gestational diabetes was considered if the respondent indicated having gestational diabetes. Those who also indicated having diabetes prior to the pregnancy were excluded.

Among Kansas women with a live birth in 2017-2020, the prevalence of self-reported gestational diabetes was 9.3% (95% CI: 8.2%-10.4%). There was a statistically significant trend\* in the prevalence of self-reported gestational diabetes, by the year of infant's birth (Table 1, Figure 1,  $p = 0.0004$ ). The prevalence among women with a live birth in 2020 (12.9%) was significantly higher than that of women with a live birth in 2017 (7.8%).

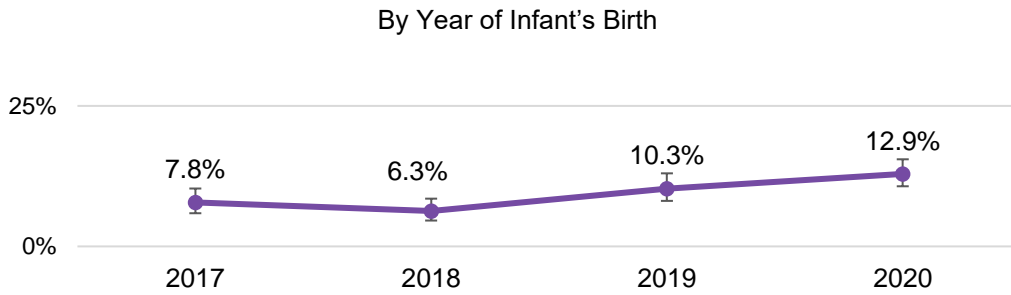
Across the four birth years, the prevalence of self-reported gestational diabetes was significantly higher among:

- Women who were 25-34 years old or were 35 years or older compared to those who were under 25 years or older
- Non-Hispanic women of other/mixed race, compared to non-Hispanic White women, non-Hispanic Black women and Hispanic women

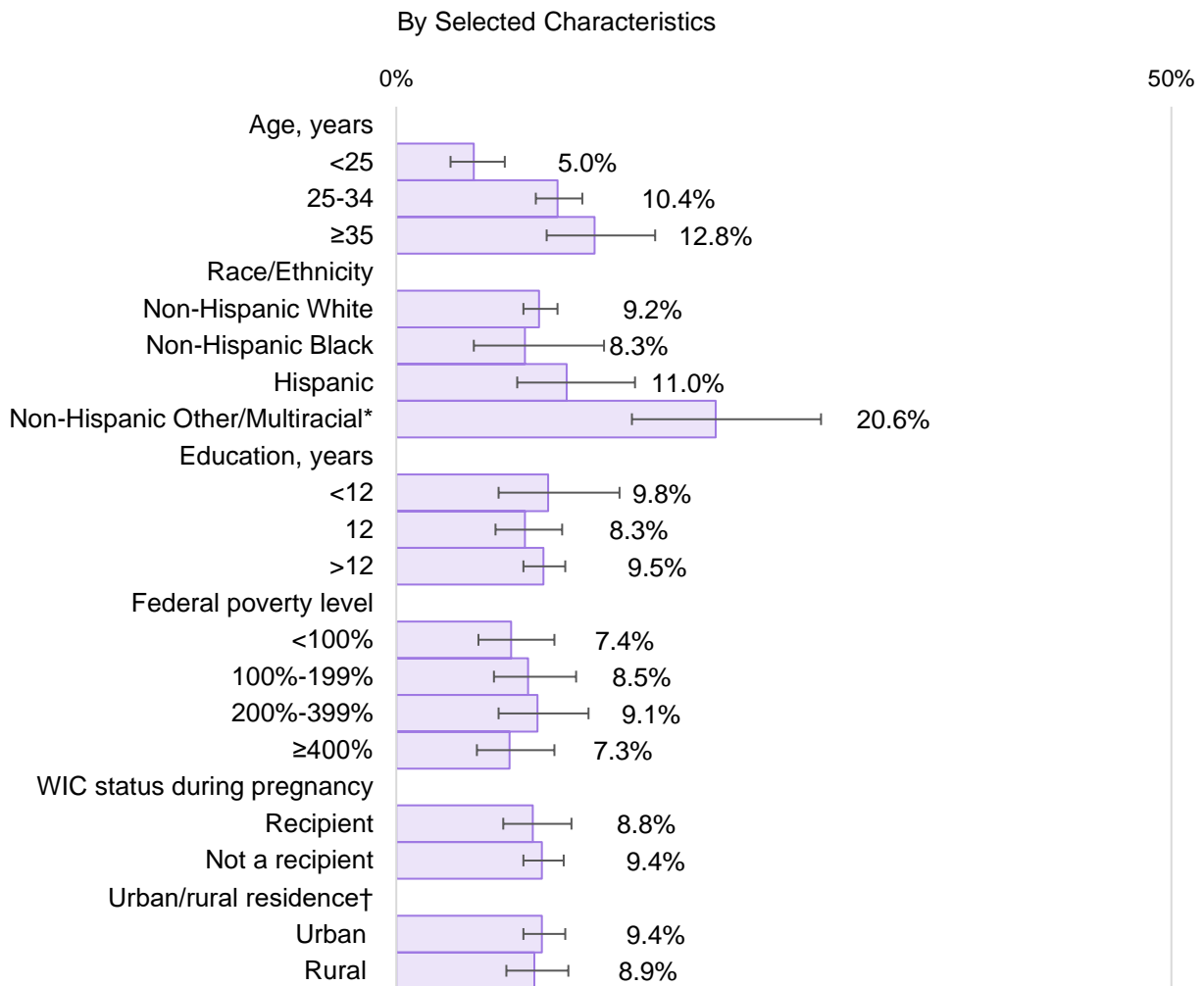
Table 1. Prevalence of Self-Reported Gestational Diabetes Among Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

Characteristic	Weighted Percent	95% Confidence Interval
Age, years		
<25	5.0	3.5 - 7.0
25-34	10.4	9.0 - 12.0
≥35	12.8	9.7 - 16.7
Race/Ethnicity		
Non-Hispanic White	9.2	8.2 - 10.4
Non-Hispanic Black	8.3	5.0 - 13.4
Hispanic	11.0	7.8 - 15.4
Non-Hispanic Other/ Multiracial*	20.6	15.2 - 27.4
Education, years		
<12	9.8	6.6 - 14.4
12	8.3	6.4 - 10.7
>12	9.5	8.2 - 10.9
WIC status during pregnancy		
Recipient	8.8	6.9 - 11.3
Not a recipient	9.4	8.2 - 10.8
Urban/rural residence <sup>†</sup>		
Urban	9.4	8.2 - 10.9
Rural	8.9	7.1 - 11.1
By Year of Infant's Birth		
2017	7.8	5.9 - 10.3
2018	6.3	4.6 - 8.5
2019	10.3	8.1 - 13.0
2020	12.9	10.7 - 15.5
* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.		
† Based on the NCHS 2013 urban-rural county classification scheme.		
Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.		

Figure 1. Prevalence of Self-Reported Gestational Diabetes Among Kansas Women with a Recent Live Birth



\*Significant linear trend assessed using logistic regression model.



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020

Error bars represent 95% confidence intervals.

# Gestational Hypertension, Preeclampsia, or Eclampsia

Hypertensive disorders during pregnancy can cause problems with the pregnancy or delivery. High blood pressure during pregnancy can lead to preeclampsia,<sup>2</sup> a condition that is characterized by elevated blood pressure and high protein levels in the urine. Preeclampsia may lead to eclampsia, which is a medical emergency resulting in seizures or coma. Other potential complications of hypertension during pregnancy include stroke or preterm birth.

Among Kansas women with a live birth in 2017-2020, the prevalence of self-reported gestational hypertension, preeclampsia, or eclampsia was 13.9% (95% CI: 12.6%-15.3%). There was not a statistically significant trend in prevalence by birth year (Table 2, Figure 2).

Across the four birth years, the prevalence of self-reported gestational hypertension, preeclampsia, or eclampsia was significantly higher among:

- Women who were 35 years or older compared to those who were under 20 or 24-35 years or older.
- Non-Hispanic Black women, compared to non-Hispanic White women, or Hispanic women.

Table 2. Prevalence of Self-Reported Gestational Hypertension, Preeclampsia, or Eclampsia, Among Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

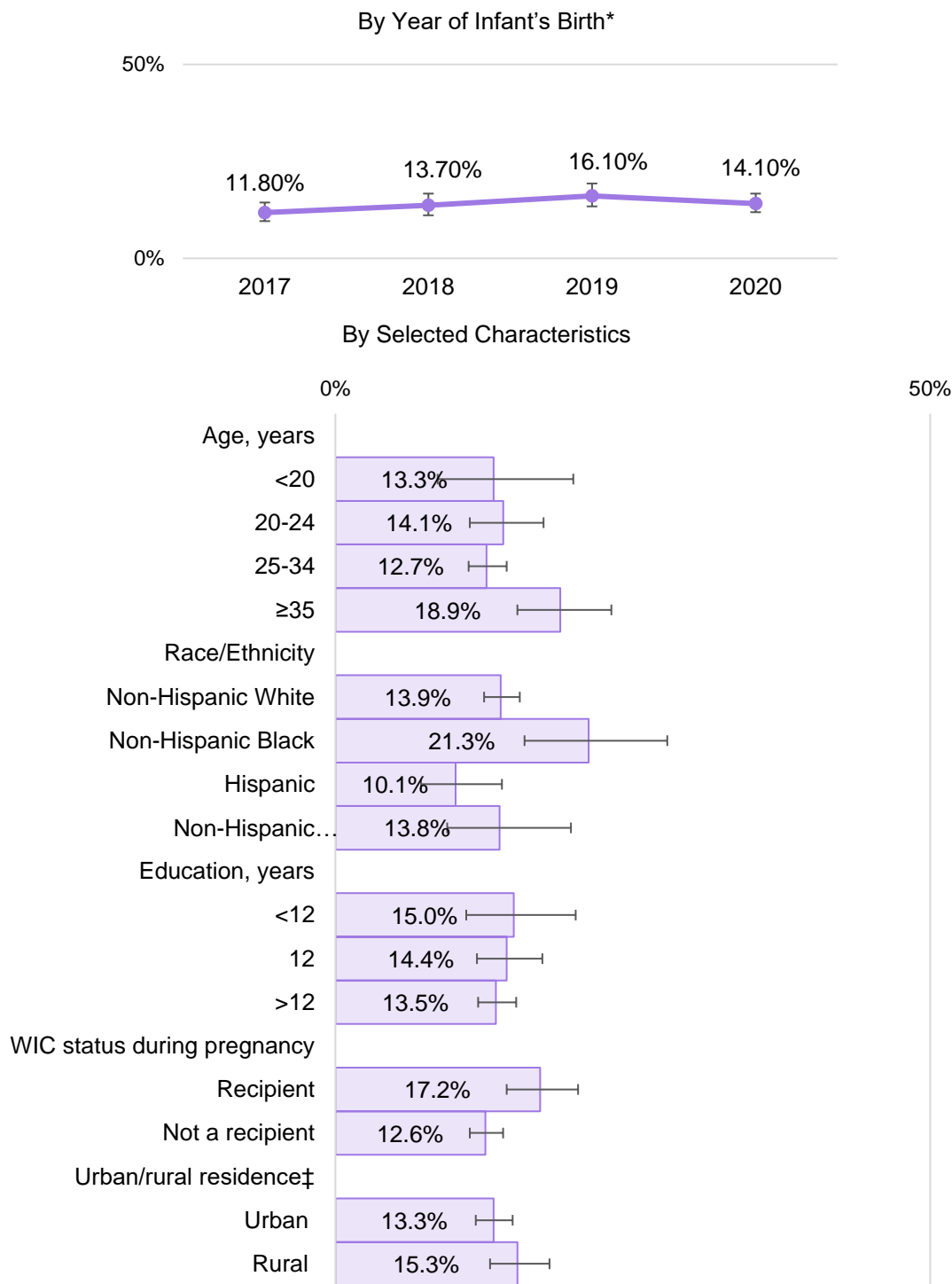
Characteristic	Weighted Percent	95% Confidence Interval
Age, years		
<20	13.3	8.6 - 20.0
20-24	14.1	11.3 - 17.5
25-34	12.7	11.2 - 14.4
≥35	18.9	15.3 - 23.2
Race/Ethnicity		
Non-Hispanic White	13.9	12.5 - 15.5
Non-Hispanic Black	21.3	15.9 - 27.9
Hispanic	10.1	7.2 - 14.0
Non-Hispanic Other/Multiracial*	13.8	9.4 - 19.8.
Education, years		
<12	15.0	11.0 - 20.2
12	14.4	11.9- 17.4
>12	13.5	12.0 - 15.2
WIC status during pregnancy		
Recipient	17.2	14.4 - 20.4
Not a recipient	12.6	11.3 - 14.1
Urban/rural residence <sup>†</sup>		
Urban	13.3	11.8 - 14.9
Rural	15.3	13.0 - 18.0
By Year of Infant's Birth		
2017	11.8	9.6 – 14.4
2018	13.7	11.1 - 16.7
2019	16.1	13.4 - 19.3
2020	14.1	11.9 - 16.7

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

<sup>†</sup> Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 2. Prevalence of Self-Reported Gestational Hypertension, Preeclampsia, or Eclampsia, Among Kansas Women with a Recent Live Birth



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020

Error bars represent 95% confidence intervals.

# Postpartum Depressive Symptoms

Postpartum depression can have a devastating impact on the mother or child. Potential consequences include reduced ability to care for oneself or one's infant, developmental delays for the infant -, and impaired bonding with the infant <sup>3</sup>. Mental health conditions can even lead to self-harm or death. Mental health conditions contributed to around one in five of Kansas' pregnancy-associated deaths in 2016-2018 <sup>4</sup>.

Postpartum depressive symptoms were indicated if the respondent reported "often" or "always" feeling down, depressed, or hopeless, or having little interest or little pleasure in doing things they usually enjoyed, since the birth.

Among Kansas women with a live birth in 2017-2020, the prevalence of self-reported postpartum depressive symptoms was 13.7% (95% CI: 12.4%-15.2%). There was not a statistically significant trend in prevalence by birth year (Table 3, Figure 3).

The prevalence of self-reported postpartum depressive symptoms was significantly higher among:

- Women who were under 20 years old or 20-24 years old, compared to those who were 25-34 years old or 35 years or older.
- Women who had not completed high school or whose highest level of education was a high school diploma/GED, compared to those with at least some college education.
- Women who had been WIC recipients during pregnancy, compared to those who had not been WIC recipients.

Table 3. Prevalence of Self-Reported Postpartum Depressive Symptoms Among Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

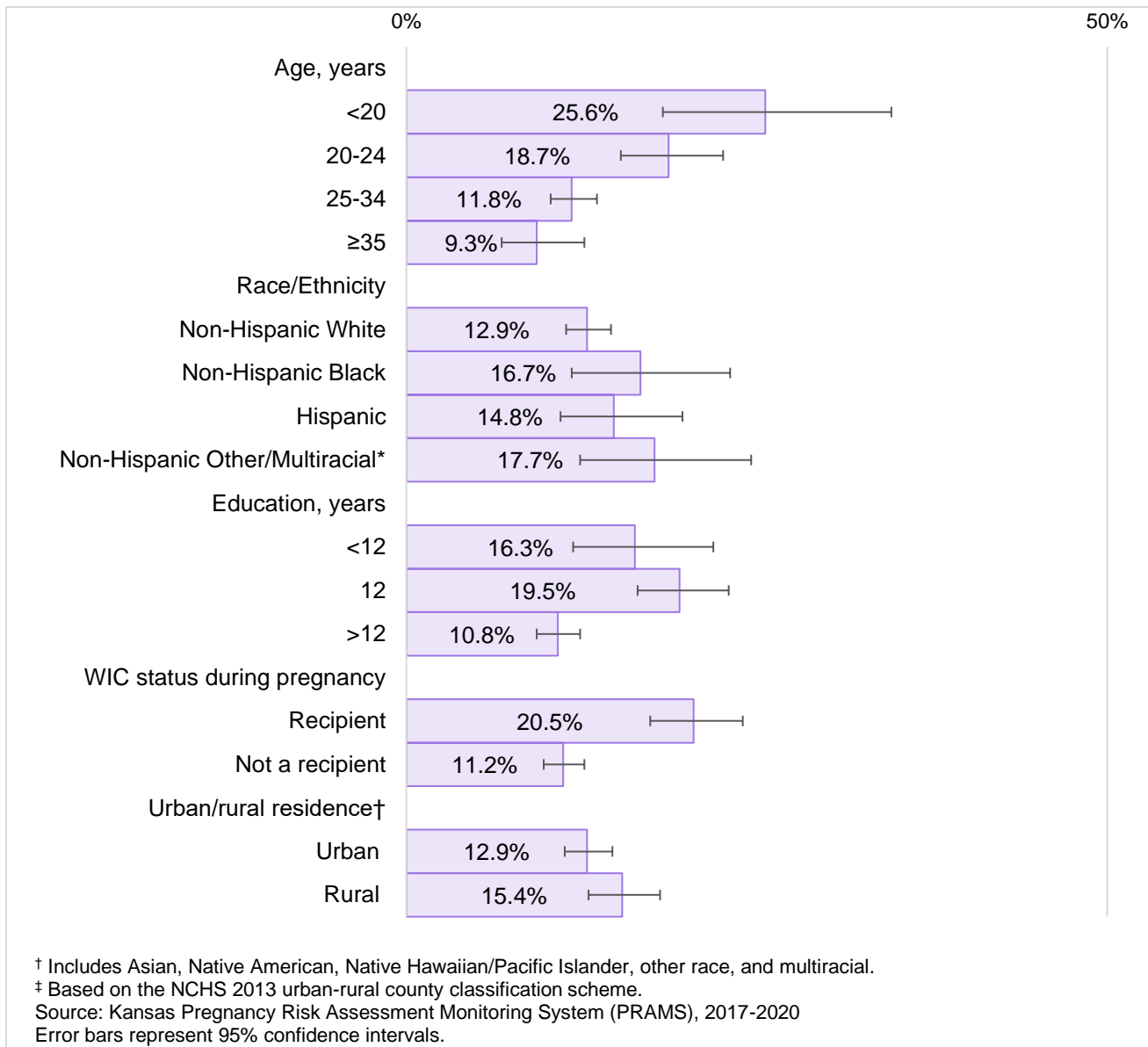
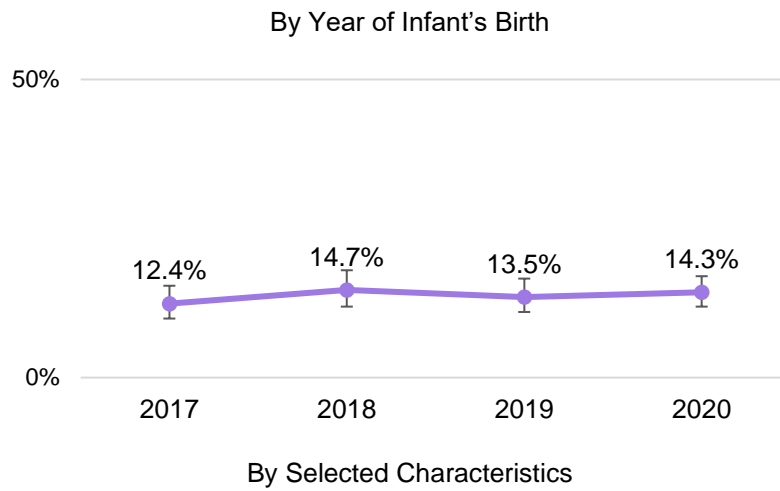
Characteristics	Weighted Percent	95% Confidence Interval
Age, years		
<20	25.6	18.3 - 34.6
20-24	18.7	15.3 - 22.6
25-34	11.8	10.3 - 13.6
≥35	9.3	6.8 - 12.7
Race/Ethnicity		
Non-Hispanic White	12.9	11.4 - 14.6
Non-Hispanic Black	16.7	11.8 - 23.1
Hispanic	14.8	11.0 - 19.7
Non-Hispanic Other/Multiracial*	17.7	12.4 - 24.6
Education, years		
<12	16.3	11.9 - 21.9
12	19.5	16.5 - 23.0
>12	10.8	9.3 - 12.4
WIC status during pregnancy		
Recipient	20.5	17.4 - 24.0
Not a recipient	11.2	9.8 - 12.7
Urban/rural residence <sup>†</sup>		
Urban	12.9	11.3 - 14.7
Rural	15.4	13.0 - 18.1
By Year of Infant's Birth		
2017	12.4	9.9 - 15.4
2018	14.7	11.9 - 18.0
2019	13.5	11.0 - 16.6
2020	14.3	11.9 - 17.0

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 3. Prevalence of Self-Reported Postpartum Depressive Symptoms Among Kansas Women with a Recent Live Birth



# Pregnancy Intent

Unintended pregnancies include mistimed or unwanted pregnancies <sup>5</sup>. Understanding unintended pregnancy in a community can help gauge needs for contraception or family planning services.

Respondents who had wanted to be pregnant “then” or “sooner” were classified as intending to become pregnant. Those who had wanted to be pregnant “later” or “didn’t want to be pregnant then or at any time in the future” were grouped as having unintended pregnancies. “I wasn’t sure what I wanted” was retained as its own category.

There was not a statistically significant trend in pregnancy intent by birth year (Table 4, Figure 4).

The prevalence of self-reported unintended pregnancy was significantly higher among:

- Women who were less than 20 years old or 20-24 years old, compared to those who were 25-34 years old or 35 years or older.
- Women who were 25-34 years old, compared to those who were 35 years or older.
- Non-Hispanic Black women and Hispanic women compared to non-Hispanic White women. Non-Hispanic Black women compared to Non-Hispanic women of other/mixed race.
- Women with less than a high school diploma or only a high school diploma/GED, compared to those with at least some college education.
- Women who were WIC recipients during pregnancy, compared to those women who had not been WIC recipients.

Table 4. Prevalence of Self-Reported Unintended Pregnancy, Among Kansas Women with a Recent Live Birth, by Infant’s Birth Year and Other Selected Characteristics

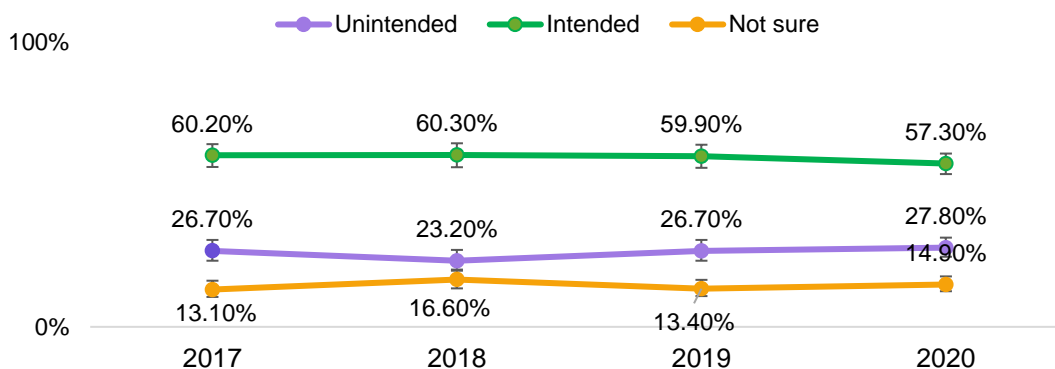
Characteristic	Weighted Percent	95% Confidence Interval
<b>Age, years</b>		
<20	49.3	39.9 - 58.7
20-24	40.4	36.0 - 44.9
25-34	21.7	19.6 - 23.9
≥35	15.1	11.7 - 19.3
<b>Race/Ethnicity</b>		
Non-Hispanic White	23.5	21.6 - 25.5
Non-Hispanic Black	39.8	32.5 - 47.6
Hispanic	32.4	29.6 - 38.5
Non-Hispanic Other/Multiracial*	27.5	21.1 - 35.1
<b>Education, years</b>		
<12	33.3	27.2 - 40.0
12	33.3	29.6 - 38.5
>12	21.7	19.8 - 23.8
<b>WIC status during pregnancy</b>		
Enrolled	37.2	33.3 - 41.3
Not enrolled	21.8	19.9 - 23.8
<b>Urban/rural residence<sup>†</sup></b>		
Urban	25.0	22.9 - 27.2
Rural	28.3	25.1 - 31.8
<b>By Year of Infant’s Birth</b>		
2017	26.7	23.2 - 30.5
2018	26.7	23.2 - 30.5
2019	26.7	23.2 - 30.5
2020	27.8	24.6 - 31.3

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

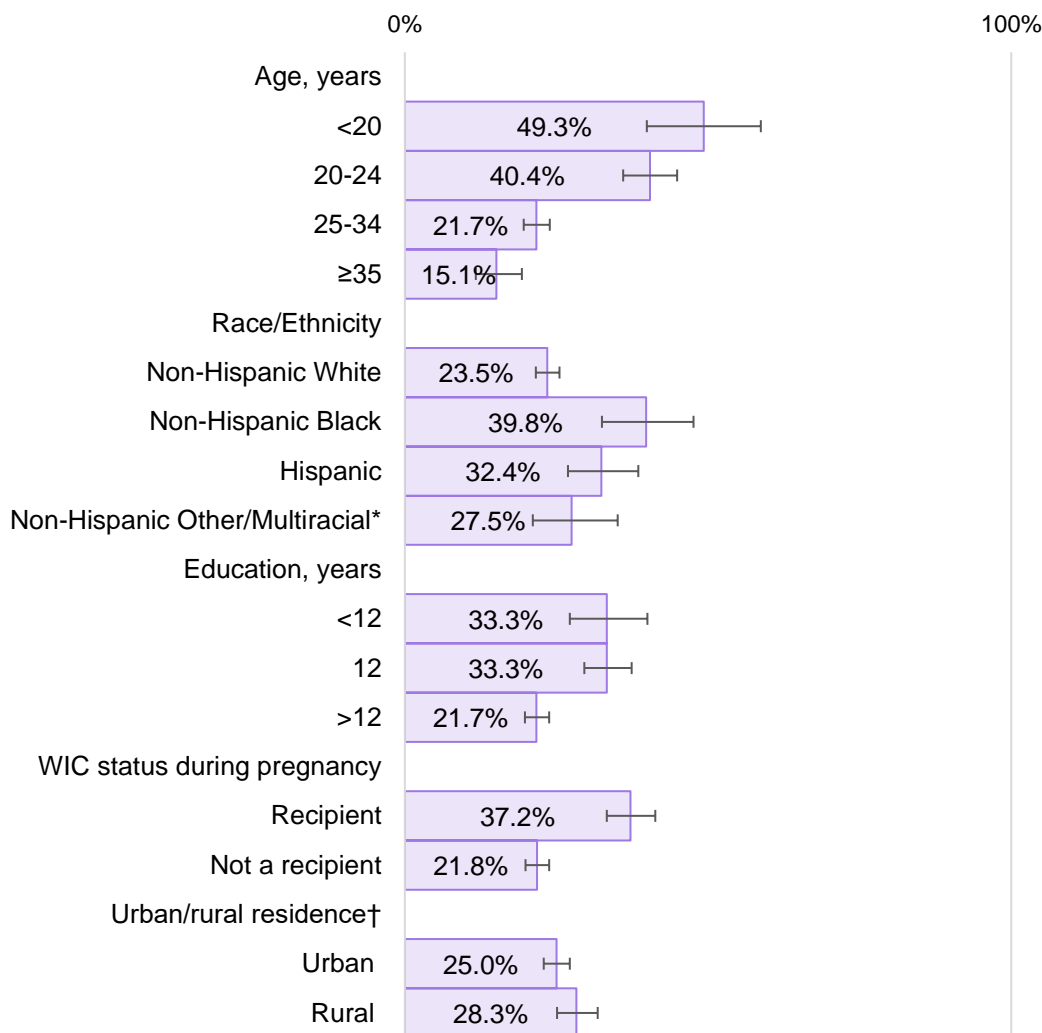
† Based on the NCHS 2013 urban-rural county classification scheme. Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 4. Prevalence of Having an Intended Pregnancy, Unintended Pregnancy, and Being Unsure of Pregnancy Intent, Among Kansas Women with a Recent Live Birth

By Year of Infant's Birth



Prevalence of Unintended Pregnancy by Selected Characteristics



\* † Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Error bars represent 95% confidence intervals.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020



# Postpartum Contraception

Contraceptive use following a birth can help prevent an unintended pregnancy or help lengthen the interval between pregnancies<sup>6,7</sup>. By knowing the prevalence of postpartum contraceptive use, communities can identify unmet needs for contraception or family planning services.

Respondents' answers about postpartum contraception were used to examine prevalence of using a most or moderately effective contraceptive method. Contraceptive methods that were considered most or moderately effective included male/female sterilization, implants, intrauterine devices (IUDs), shots or injections (e.g., DMPA), pills, and the patch/ring.

The prevalence of self-reported use of a most or moderately effective contraceptive method, among non-pregnant women with a live birth in 2017-2020, who did not report wanting to get pregnant or not having sex, was 59.2% (95% CI: 57.1%-61.2%). There was not a statistically significant trend in prevalence by birth year (Table 5, Figure 5).

Across the four birth years, the prevalence of self-reported use of a most or moderately effective contraceptive method, among non-pregnant women with a recent live birth who did not report wanting to get pregnant or not having sex, was significantly higher among:

- Non-Hispanic White women, non-Hispanic Black women, and Hispanic women, compared to non-Hispanic women of other/mixed race.
- Women whose highest level of education was a school diploma/GED, compared to those with at least some college education.
- Women who were WIC recipients during pregnancy, compared to those who had not been WIC recipients
- Women who were less than 20 years old compared to those who were 25-34 years old or 35 years or older

Table 5. Prevalence of Starting Prenatal Care in the First Trimester, as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

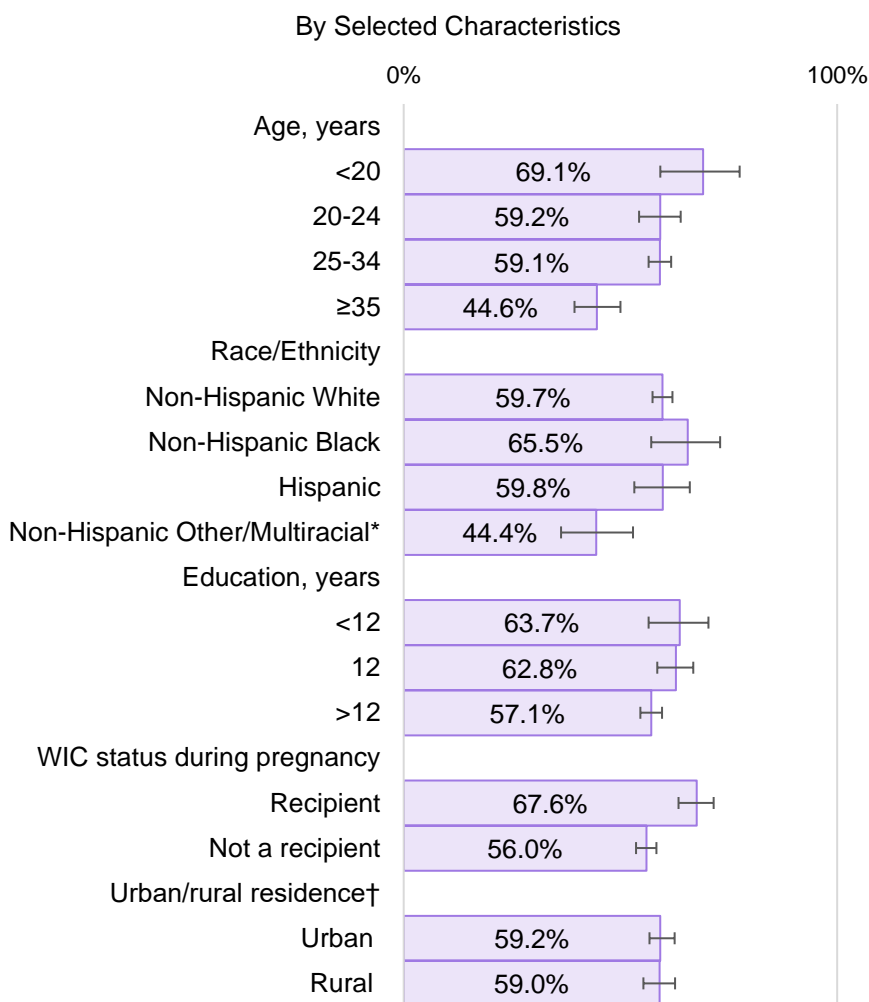
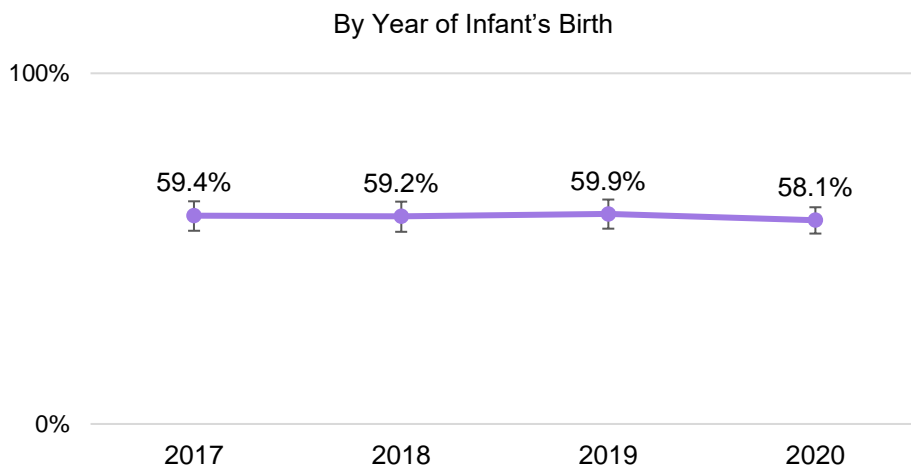
Characteristic	Weighted Percent	95% Confidence Interval
<b>Age, years</b>		
<20	69.1	59.2 - 77.5
20-24	59.2	54.3 - 64.0
25-34	59.1	56.5 - 61.7
≥35	44.6	39.4 - 50.0
<b>Race/Ethnicity</b>		
Non-Hispanic White	59.7	57.4 - 62.0
Non-Hispanic Black	65.5	57.1 - 73.0
Hispanic	59.8	53.2 - 66.0
Non-Hispanic Other/Multiracial*	44.4	36.0 - 52.9
<b>Education, years</b>		
<12	63.7	58.8 - 68.3
12	62.8	58.5 - 66.8
>12	57.1	54.6 - 59.6
<b>WIC status during pregnancy</b>		
Recipient	67.6	63.4 - 71.5
Not a recipient	56.0	53.6 - 58.3
<b>Urban/rural residence<sup>†</sup></b>		
Urban	59.2	56.7 - 62.5
Rural	59.0	55.3 - 62.6
<b>By Year of Infant's Birth</b>		
2017	59.4	55.1 - 63.5
2018	59.2	54.8 - 63.4
2019	59.9	55.7 - 64.0
2020	58.1	54.3 - 61.8

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 5. Prevalence of Using a Most or Moderately Effective Contraceptive Method in the Months After the Birth, as Reported by Kansas Women with a Recent Live Birth Who Did Not Report Being Pregnant, Wanting to Get Pregnant, or Being Sexually Inactive



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Error bars represent 95% confidence intervals.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

# First-Trimester Prenatal Care Initiation

Starting prenatal care in the first trimester of pregnancy is important for maternal and infant health<sup>8</sup>. Benefits of prenatal care include early monitoring of the fetus's growth, as well as screening for potential risk factors and health issues that may complicate the pregnancy or baby's health.

Among Kansas women with a live birth in 2017-20120, the prevalence of self-reported first-trimester prenatal care initiation was 88.0% (95% CI: 86.6%-89.3%). There was a statistically significant trend\* in the prevalence of self-reported first-trimester prenatal care initiation by birth year (Table 6, Figure 6,  $p = 0.1$ ). The prevalence increased from 85.7% among women with a live birth in 2017, to 89.7% among women with a live birth in 2020.

Across the four birth years, the prevalence of self-reported first-trimester prenatal care initiation was significantly higher among:

- Women who were 20-24 years old, 25-34 years old, or 35 years or older, compared to those less than 20 years old.
- Women who were 25-34 years old, compared to those who were 20-24 years old.
- Non-Hispanic White women, compared to Hispanic women, non-Hispanic Black women, and non-Hispanic women of other/mixed race.
- Women with at least some college education, compared to those with less than a high school diploma or only a high school diploma/GED.
- Women with a high school diploma/GED, compared to those with less than a high school diploma.
- Women who were WIC recipients during pregnancy, compared to those women who had not been WIC recipients.

Table 6. Prevalence of Starting Prenatal Care in the First Trimester, as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

Characteristic	Weighted Percent	95% Confidence Interval
Age, years		
<20	72.6	63.2 - 80.3
20-24	85.1	81.4 - 88.1
25-34	90.6	88.9 - 92.0
≥35	87.8	83.6 - 91.0
Race/Ethnicity		
Non-Hispanic White	90.8	89.4 - 92.1
Non-Hispanic Black	81.9	75.1 - 87.2
Hispanic	77.9	72.3 - 82.7
Non-Hispanic Other/Multiracial*	83.6	76.3 - 88.9
Education, years		
<12	71.8	65.1 - 77.6
12	83.5	80.1 - 86.3
>12	92.7	91.3 - 93.9
WIC status during pregnancy		
Recipient	79.3	75.7 - 82.6
Not a recipient	91.3	89.9 - 92.5
Urban/rural residence <sup>†</sup>		
Urban	85.5	86.8 - 90.0
Rural	87.0	84.2 - 89.3
By Year of Infant's Birth		
2017	85.7	82.4 - 88.5
2018	86.8	83.6 - 89.5
2019	90.0	87.2 - 92.3
2020	89.7	87.3 - 91.7

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

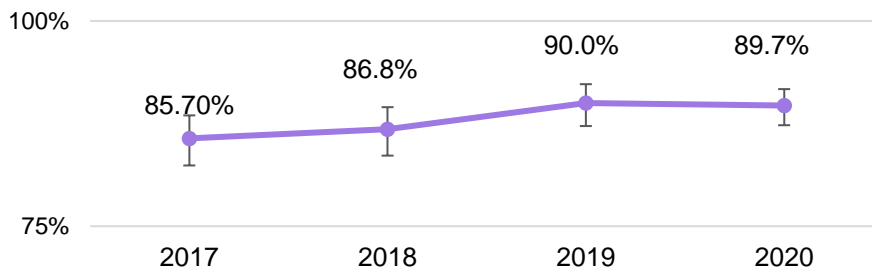
† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 6. Prevalence of Starting Prenatal Care in the First Trimester, as Reported by Kansas Women with a Recent Live Birth

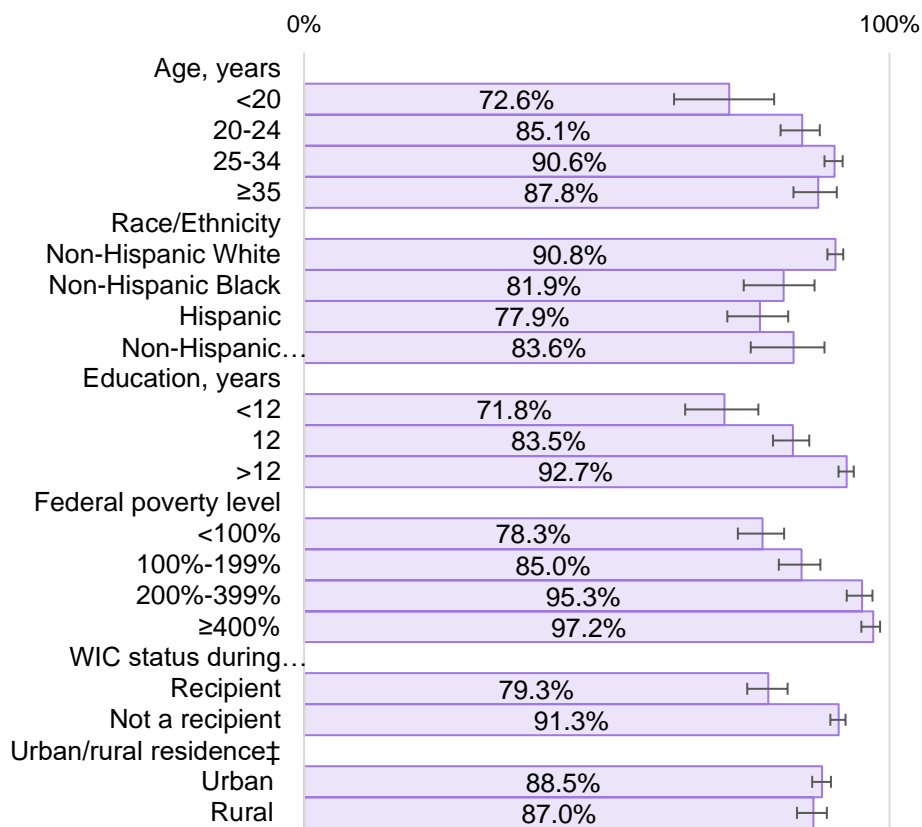
By Year of Infant's Birth\*

Figure 6. Prevalence of Starting Prenatal Care in the First Trimester, By Year of Infant's Birth, as Reported By Kansas Women with a Recent Live Birth



\*Significant linear trend assessed using logistic regression model.

By Selected Characteristics



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020  
Error bars represent 95% confidence intervals.

# Cigarette Use Before Pregnancy

Tobacco use can be harmful to the mother and baby's health. Smoking during pregnancy increases the risk for adverse birth outcomes, such as preterm birth and birth defects<sup>9</sup>. Infant exposure to tobacco smoke may also raise the risk for sleep-related deaths<sup>7, 10</sup>.

There was not a statistically significant trend in the prevalence of self-reported cigarette smoking in the 3 months before pregnancy by birth year. (Table 7, Figure 7).

The prevalence of self-reported cigarette smoking in the three months before pregnancy was significantly higher among:

- Women who were 20-24 years old, compared to those who were 25-34 years old or 35 years or older.
- Women who were less than 20 years old compared to those who were 35 years or older.
- Women who had been WIC recipients during pregnancy, compared to those who had not been WIC recipients.
- Women who were living in rural counties, compared to women living in urban counties.

**Table 7. Prevalence of Self-Reported Cigarette Use in the 3 Months Before Pregnancy, Among Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics**

<b>Characteristic</b>	<b>Weighted Percent</b>	<b>95% Confidence Interval</b>
<b>Age, years</b>		
<20	22.3	15.3 - 31.3
20-24	28.4	24.5 - 32.7
25-34	16.9	15.0 - 18.9
≥35	12.9	9.8 - 16.8
<b>Race/Ethnicity</b>		
Non-Hispanic White	19.8	18.0 - 21.8
Non-Hispanic Black	21.6	16.0 - 28.5
Hispanic	15.5	11.5 - 20.6
Non-Hispanic Other/Multiracial*	15.9	11.0 - 22.4
<b>Education, years</b>		
<12	34.1	28.0 - 40.7
12	29.8	26.2 - 33.7
>12	12.1	10.5 - 13.8
<b>WIC status during pregnancy</b>		
Recipient	32.5	28.7 - 36.4
Not a recipient	14.0	12.5 - 15.7
<b>Urban/rural residence†</b>		
Urban	17.2	15.4 - 19.2
Rural	23.1	20.2 - 26.3
<b>By Year of Infant's Birth</b>		
2017	20.6	17.5 - 24.1
2018	21.6	18.1 - 25.4
2019	16.9	14.1 - 20.2
2020	17.3	14.7 - 20.1

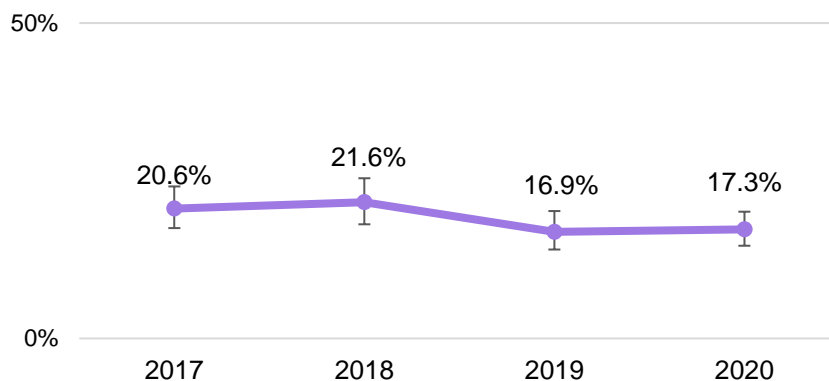
\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

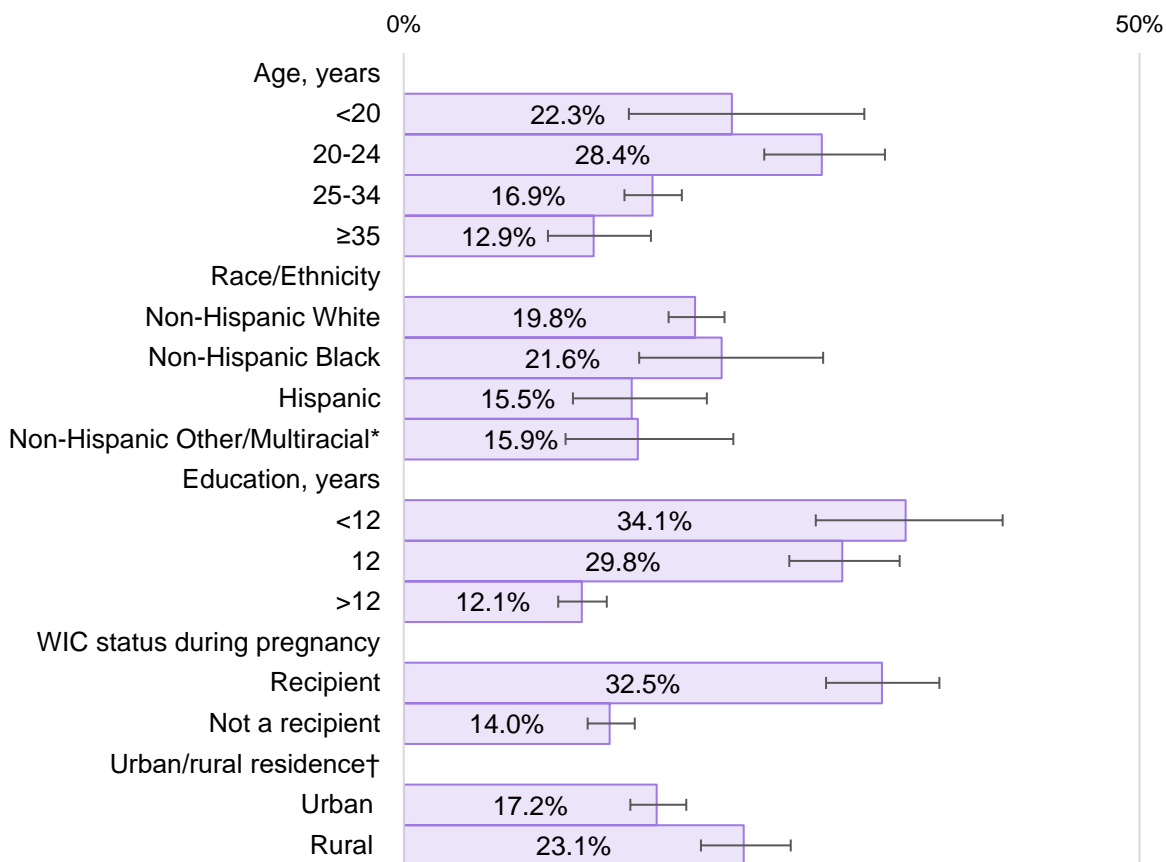
Figure 7. Prevalence of Self-Reported Cigarette Use in the Three Months Before Pregnancy, Among Kansas Women with a Recent Live Birth

By Year of Infant's Birth



\*Significant linear trend assessed using logistic regression model.

By Selected Characteristics



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020

Error bars represent 95% confidence intervals.

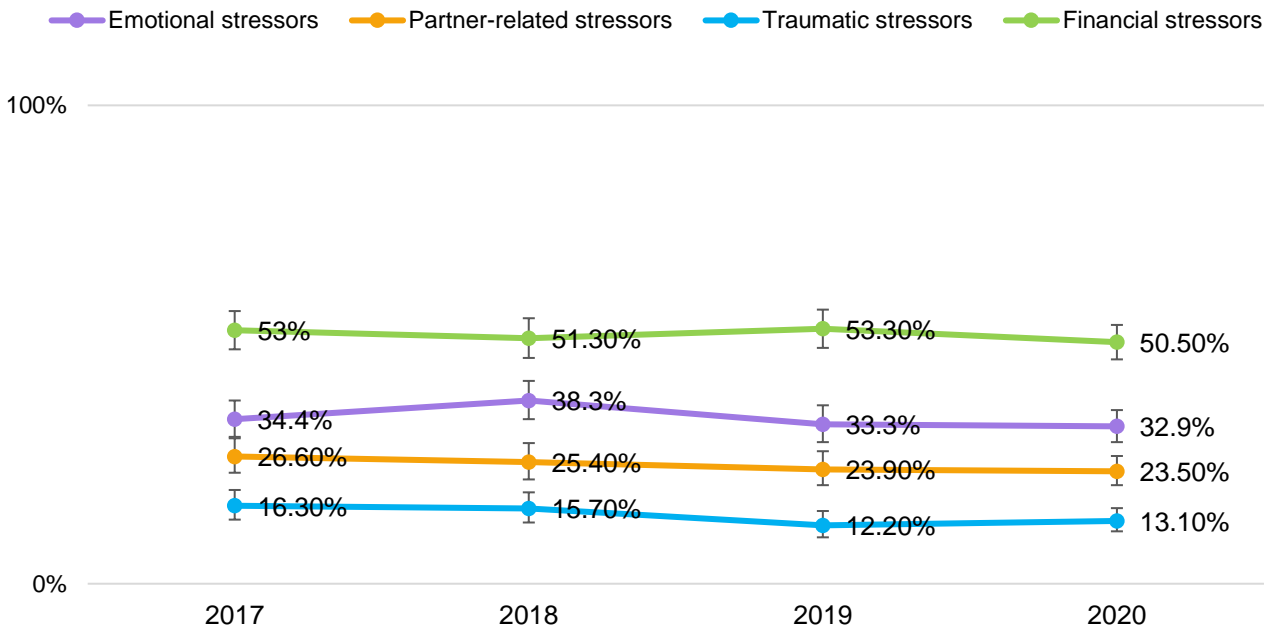
# Stressful Life Experiences

Stress may have adverse effects on the well-being of the mother or fetus during pregnancy. Elevated levels of stress hormones may contribute to the risk for preterm birth or low birth weight<sup>11, 12</sup>.

In this report, stressors experienced in the year before the infant was born were grouped into four categories. Emotional stress included a family member being ill and hospitalized, someone very close to her dying, or being apart from husband/partner due to military deployment or extended work-related travel. Financial stress included moving to a new address, losing her job, husband/partner losing their job, or being unable to pay bills. Partner-associated stress included getting separated/divorced, arguing more than usual with her husband/partner, or her husband/partner saying they did not want the pregnancy. Traumatic stress included being homeless, she or her husband/partner going to jail, or someone very close to her having a problem with drinking or drugs. (See the **Technical Notes** section for more information.)

There was a statistically significant trend\* in the prevalence of self-reported traumatic stress, by the year of infant's birth Table 8, Figure 8,  $p = .04$ ). The prevalence among women with a live birth in 2020 (13.1%) was significantly lower than that of women with a live birth in 2017 (16.3%).

Figure 8. Prevalence of Self-Reported Stress Types in the Year Before the Birth, by the Year of Infant's Birth



\*Significant linear trend assessed using logistic regression model

Across the birth years, the prevalence of self-reported emotional stress in the year before the birth (Table 8, Figure 8) was significantly higher among:

- Women who were 20-24 years old, compared to those who were 35 years or older

The prevalence of self-reported partner-related stress in the year before the birth was significantly higher among:

- Women who were less than 20 years old or 20-24 years old, compared to those who were 25-34 years old or 35 years or older
- Non-Hispanic Black women or Hispanic women, compared to non-Hispanic White women or non-Hispanic women of other/mixed race.
- Women whose highest level of education was a high school diploma/GED, compared to those with at least some college education
- Women who were enrolled in WIC during pregnancy, compared to those who were not enrolled in WIC

The prevalence of self-reported traumatic stress in the year before the birth was significantly higher among:

- Women who were less than 20 years old or 20-24 years old, compared to those who were 25-34 years old or 35 years or older
- Women with less than a high school diploma or only a high school diploma/GED, compared to those with at least some college education
- Women who were enrolled in WIC during pregnancy, compared to those who were not enrolled in WIC

The prevalence of self-reported financial stress in the year before the birth was significantly higher among:

- Women who were less than 20 years old or 20-24 years old, compared to those who were 25-34 years old or 35 years or older
- Non-Hispanic Black women, compared to non-Hispanic White women
- Women with a high school diploma/GED, compared to those with less than a high school diploma or at least some college education
- Women who were enrolled in WIC during pregnancy, compared to those who were not enrolled in WIC



Table 8. Prevalence of Self-Reported Stress Types in the Year Before the Infant's Birth, Among Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

Characteristic	Emotional Stress		Partner-Related Stress		Traumatic Stress		Financial Stress	
	Weighted Percent	95% Confidence Interval	Weighted Percent	95% Confidence Interval	Weighted Percent	95% Confidence Interval	Weighted Percent	95% Confidence Interval
Age, years								
<20	43.8	34.7 - 53.2	37.4	28.8 - 46.9	27.3	19.9 - 36.2	66.9	57.5 - 75.0
20-24	36.3	32.0 - 40.7	34.8	30.6 - 39.3	21.3	17.8 - 25.4	68.7	64.3 - 72.8
25-34	34.6	32.3 - 37.0	21.8	19.8 - 24.1	12.0	10.2 - 14.1	46.8	44.3 - 49.4
≥35	29.7	25.3 - 34.5	17.5	13.9 - 21.8	6.7	4.4 - 10.2	42.5	37.6 - 47.6
Race/Ethnicity								
Non-Hispanic White	36.1	34.0 - 38.3	23.5	21.6 - 25.5	15.0	13.4 - 16.8	50.8	48.6 - 53.1
Non-Hispanic Black	31.3	24.8 - 38.8	32.3	25.6 - 39.8	14.5	10.0 - 20.5	62.9	55.1 - 70.0
Hispanic	30.4	25.0 - 36.4	30.6	25.1 - 36.7	11.6	8.2 - 16.1	52.2	46.1 - 59.6
Non-Hispanic Other/Multiracial*	31.3	24.6 - 39.0	21.0	15.2 - 28.3	13.1	8.5 - 19.7	54.6	45.4 - 58.3
Education, years								
<12	33.3	27.3 - 40.0	30.2	21.9 - 36.3	21.4	16.4 - 27.5	50.6	48.3 - 57.4
12	36.6	32.0 - 40.6	31.8	29.1 - 38.5	19.1	16.1 - 22.5	63.6	59.5 - 67.4
>12	34.4	32.2 - 36.7	21.2	19.2 - 23.2	11.1	9.6 - 12.8	47.5	45.2 - 49.9
WIC status during pregnancy								
Enrolled	36.6	32.8 - 40.6	38.5	34.6 - 42.6	22.8	19.6 - 26.5	65.0	61.1 - 68.8
Not enrolled	34.1	32.0 - 36.9	19.6	17.9 - 21.5	11.1	9.7 - 12.7	47.1	44.9 - 49.4
Urban/rural residence†								
Urban	34.5	32.3 - 36.8	23.3	21.3 - 25.5	14.1	12.5 - 15.9	51.1	48.7 - 53.4
Rural	35.3	31.9 - 38.7	28.2	25.1 - 31.6	14.9	12.5 - 17.6	54.2	50.7 - 57.7
By Year of Infant's Birth								
2017	34.4	30.7 - 38.3	26.6	23.2 - 30.4	16.3	13.4 - 19.6	53.0	49.0 - 57.0
2018	38.3	34.4 - 42.4	25.4	21.8 - 29.4	15.7	12.8 - 19.1	51.3	47.2 - 55.5
2019	33.3	29.6 - 37.3	23.9	20.6 - 27.7	12.2	9.7 - 15.2	53.3	49.3 - 57.3
2020	32.9	29.6 - 36.3	23.5	20.6 - 26.7	13.1	10.9 - 15.8	50.5	46.9 - 54.1

\* Includes (non-Hispanic) Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

# Breastfeeding

Breastfeeding is considered a protective factor. For the infant, breastfeeding is associated with a reduced risk for ear infections, asthma, and sleep-related deaths<sup>7, 13</sup>. For the mother, breastfeeding may reduce the risk of breast or ovarian cancer<sup>11</sup>. The American Academy of Pediatrics recommends that infants breastfeed exclusively to at least six months of age, and then at least until the infant's first birthday while introducing solid foods<sup>14</sup>.

Among Kansas women with a live birth in 2017-2020, the prevalence of self-reported breastfeeding for at least eight weeks was 72.5% (95% CI: 70.6%-74.3%). There was not a statistically significant trend in prevalence by birth year (Table 9, Figure 9).

Across the four birth years, the prevalence was significantly higher among:

- Women who were 20-24 years old, 25-34 years old, or 35 years or older, compared to those who were less than 20 years old.
- Women who were 25-34 years old, compared to those who were 20-24 years old.
- Non-Hispanic White women and non-Hispanic women of other/mixed race, compared to non-Hispanic Black women.
- Non-Hispanic women of other/mixed race, compared to Hispanic women.
- Women with at least some college education, compared to those with less than a high school diploma or only a high school diploma/GED.
- Women who had not been WIC recipients during pregnancy, compared to those who were WIC recipients.

Table 9. Prevalence of Breastfeeding for At Least Eight Weeks, as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

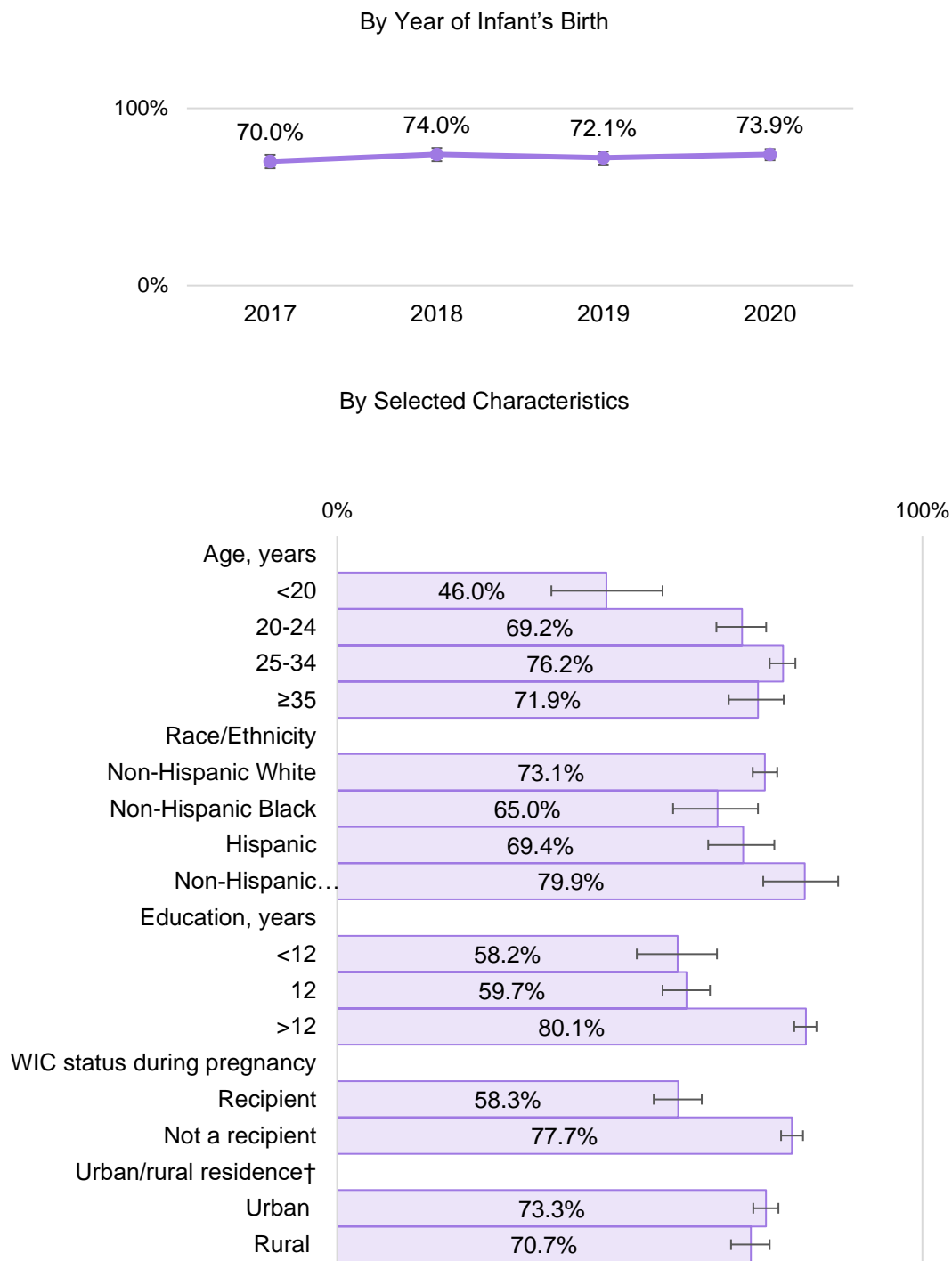
Characteristic	Weighted Percent	95% Confidence Interval
<b>Age, years</b>		
<20	46.0	36.6 - 55.6
20-24	69.2	64.8 - 73.3
25-34	76.2	73.9 - 78.3
≥35	71.9	66.9 - 76.3
<b>Race/Ethnicity</b>		
Non-Hispanic White	73.1	71.0 - 75.2
Non-Hispanic Black	65.0	57.4 - 71.9
Hispanic	69.4	63.4 - 74.7
Non-Hispanic Other/Multiracial*	79.9	72.8 - 85.6
<b>Education, years</b>		
<12	58.2	51.2 - 64.9
12	59.7	55.6 - 63.7
>12	80.1	78.1 - 81.9
<b>WIC status during pregnancy</b>		
Recipient	58.3	54.1 - 62.3
Not a recipient	77.7	75.8 - 79.6
<b>Urban/rural residence†</b>		
Urban	73.3	71.1 - 75.4
Rural	70.7	67.3 - 73.9
<b>By Year of Infant's Birth</b>		
2017	70.0	66.1 - 73.7
2018	74.0	70.1 - 77.6
2019	72.1	68.2 - 75.6
2020	73.9	70.60 - 77.0

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 9. Prevalence of Breastfeeding for At Least Eight Weeks, as Reported by Kansas Women with a Recent Live Birth



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Error bars represent 95% confidence intervals.

# Infant Sleep Habits

Infants' sleep position and environment may influence the risk for sleep-related deaths, including Sudden Infant Death Syndrome<sup>7,15</sup>. To help prevent sleep-related deaths, the American Academy of Pediatrics recommends that infants are placed to sleep on their backs, on a firm sleep surface, room-sharing but not bed-sharing, and without loose objects or soft bedding<sup>16</sup>.

## Sleep Position

Among Kansas women with a live birth in 2017-2020, the prevalence of reporting that the infant slept most often on his/her back (rather than on the side, stomach, or a combination of positions) was 82.9% (95% CI: 81.3%-84.4%). There was not a statistically significant trend in prevalence by birth year (Table 10, Figure 10). Across the four birth years, the prevalence was significantly higher among:

- Women who were 20-24 years old, 25-34 years old or 35 years or older, compared to those who were less than 20 years old.
- Women who were 25-34 years old, compared to those who were 20-24 years old.
- Non-Hispanic White women compared non-Hispanic Black women.
- Hispanic women compared non-Hispanic Black women.
- Women who were living in rural counties, compared to those living in urban counties.
- Women with at least some college credit, compared to those who had not completed high school or whose highest level of education was a high school diploma/GED.
- Women who had not been WIC recipients during pregnancy, compared to those who were WIC recipients.

Table 10. Prevalence of Infant Sleeping Most Often on His/Her Back, as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

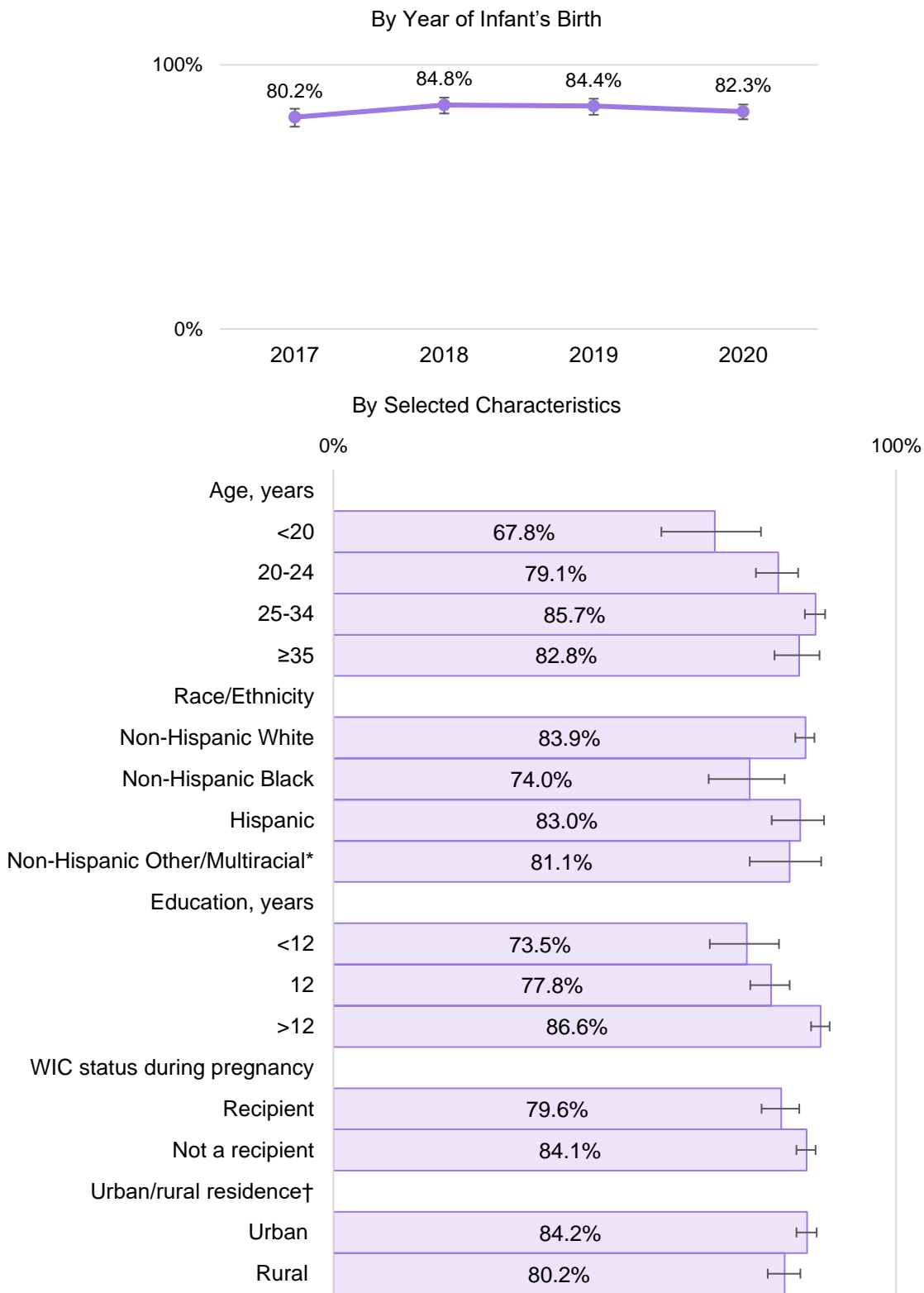
Characteristic	Weighted Percent	Confidence Interval
Age, years		
<20	67.8	58.3 - 76.0
20-24	79.1.3	75.1 - 82.6
25-34	85.8	83.2 - 87.4
≥35	82.8	78.4 - 86.4
Race/Ethnicity		
Non-Hispanic White	83.9	82.1 - 85.5
Non-Hispanic Black	74.0	66.7 - 80.2
Hispanic	83.0	77.9 - 87.2
Non-Hispanic Other/Multiracial*	81.1	74.0 - 86.7
Education, years		
<12	73.5	66.9 - 79.2
12	77.8	74.1 - 81.1
>12	86.6	84.9 - 88.2
WIC status during pregnancy		
Recipient	79.6	76.1 - 82.8
Not a recipient	84.1	82.3 - 85.7
Urban/rural residence <sup>†</sup>		
Urban	84.2	82.3 - 85.9
Rural	80.2	77.2 - 83.0
By Year of Infant's Birth		
2017	80.2	76.6 - 83.4
2018	84.8	81.6 - 87.6
2019	84.4	81.1 - 87.2
2020	82.3	79.4 - 85.0

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 10. Prevalence of Infant Sleeping Most Often on His/Her Back, as Reported by Kansas Women with a Recent Live Birth



\* † Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Error bars represent 95% confidence intervals.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

## Sleep Surface

Respondents' answers to multiple questions were combined to provide an overall picture of whether infants had slept on a separate approved sleep surface in the past two weeks. (See the Technical Notes section.)

Among Kansas women with a live birth in 2017-2020, the prevalence of reporting that the infant "always" slept alone (in his/her own crib or bed), in a crib, bassinet, or pack and play, and not in a standard bed, couch, armchair, car seat, or swing, in the past two weeks, was 33.5% (95% CI: 31.6%-35.4%). There was a statistically significant trend by the year of infant's birth (Table 11, Figure 11,  $p = .001$ ). The prevalence increased from 30.1% in 2017 to 40.2% among women with a live birth in 2020.

Across the four birth years, the prevalence was significantly higher among:

- Women who were 25-34 years old or 35 years or older, compared to those less than 20 years or 20-24 years old.
- Non-Hispanic White women, compared to non-Hispanic Black women, Hispanic women, and
- non-Hispanic women of other/mixed race.
- Women with at least some college education, compared to those with a high school diploma/GED or less.
- Women who had not been WIC recipients during pregnancy, compared to those who were WIC recipient.

**Table 11. Prevalence of Infant Sleeping on a Separate Approved Sleep Surface in the Past Two Weeks,\* as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics**

Characteristic	Weighted Percent	95% Confidence Interval
Age, years		
<20	21.3	14.5 - 30.1
20-24	27.0	23.1 - 31.3
25-34	36.0	33.6 - 38.5
≥35	37.3	32.4 - 42.4
Race/Ethnicity		
Non-Hispanic White	36.9	34.8 - 39.2
Non-Hispanic Black	21.0	15.2 - 28.1
Hispanic	24.8	19.9 - 30.5
Non-Hispanic	21.0	15.2 - 28.1
Other/Multiracial†		
Education, years		
<12	28.3	22.3 - 35.1
12	26.1	22.7 - 29.9
>12	37.5	35.2 - 39.2
WIC status during pregnancy		
Recipient	25.0	21.6 - 28.7
Not a recipient	36.6	34.4 - 38.8
Urban/rural residence‡		
Urban	34.1	31.8 - 36.4
Rural	32.1	28.9 - 35.6
By Year of Infant's Birth		
2017	30.1	26.5 - 34.0
2018	29.5	25.8 - 33.5
2019	34.2	30.4 - 38.2
2020	40.2	36.7 - 43.8

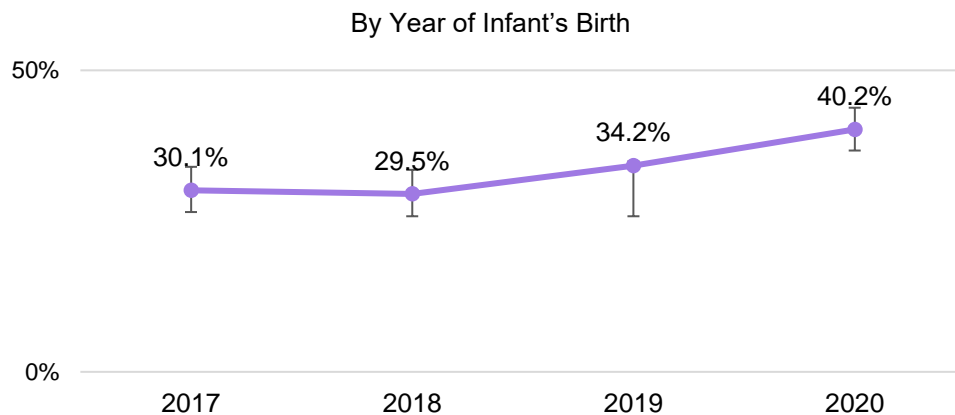
\* Sleeping on a separate approved sleep surface was defined as the infant "always" sleeping alone (in his/her own crib or bed), in a crib, bassinet, or pack and play, and not in a standard bed, couch, armchair, car seat, or swing, in the past two weeks.

† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

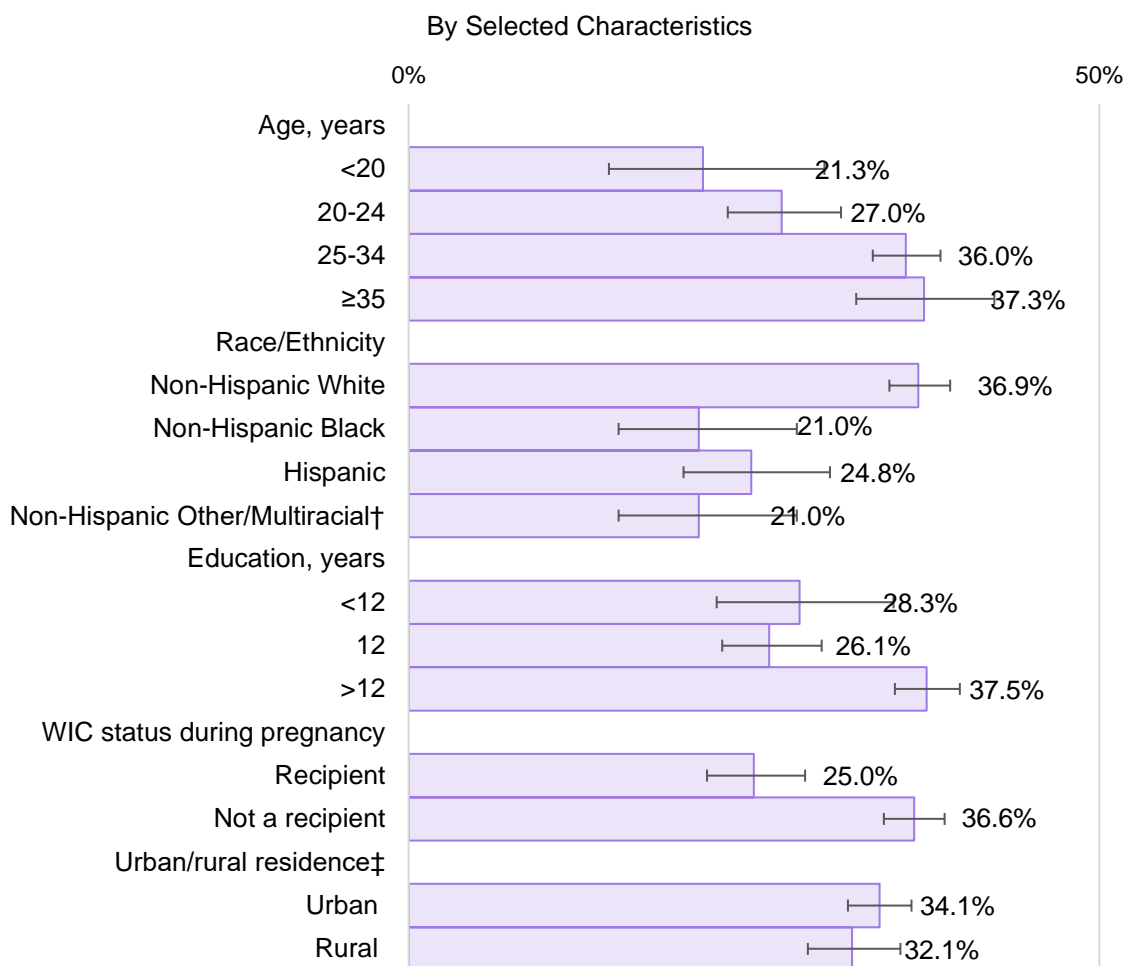
‡ Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.

Figure 11. Prevalence of Infant Sleeping on a Separate Approved Sleep Surface in the Past Two Weeks,\* as Reported by Kansas Women with a Recent Live Birth



\*Significant linear trend assessed using logistic regression model



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Error bars represent 95% confidence intervals.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

## Room Sharing Without Bed Sharing

Respondents' answers to multiple questions were combined to assess whether infants shared a room but not a bed when they slept. (See the **Technical Notes** section.)

Among Kansas women with a live birth in 2017-2020, the prevalence of reporting that the infant shared a room but not a bed in the past two weeks was 42.3%

(95% CI: 40.4%-44.3%). There was not a statistically significant trend in prevalence by birth year (Table 12, Figure 12).

Across all four birth years, the prevalence of reporting that the infant shared a room but not a bed, in the past two weeks, was significantly higher among non-Hispanic White women and Hispanic women, compared to non-Hispanic Black women.

Table 12. Prevalence of Infant Always Sleeping in His/Her Own Crib or Bed in the Past Two Weeks, and in the Same Room as the Mother, as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

Characteristic	Weighted Percent	95% Confidence Interval
Age, years		
<20	35.2	26.7 - 44.7
20-24	40.0	35.6 - 44.6
25-34	44.3	41.8 - 46.8
≥35	40.3	35.4 - 45.4
Race/Ethnicity		
Non-Hispanic White	43.2	41.5 - 45.0
Non-Hispanic Black	31.4	24.6 - 39.2
Hispanic	45.5	39.3 - 51.6
Non-Hispanic	37.2	29.9 - 45.1
Other/Multiracial*		
Education, years		
<12	47.4	40.4 - 54.
12	40.0	36.0 - 44.1
>12	42.6	40.2 - 45.0
WIC status during pregnancy		
Recipient	41.1	37.1 - 45.3
Not a recipient	42.8	40.5 - 45.0
Urban/rural residence <sup>†</sup>		
Urban	42.3	39.9 - 44.7
Rural	42.4	38.9 - 46.0
By Year of Infant's Birth		
2017	41.4	37.4 - 45.5
2018	40.7	36.6 - 44.8
2019	41.8	37.8 - 45.9
2020	45.6	42.1 - 49.3

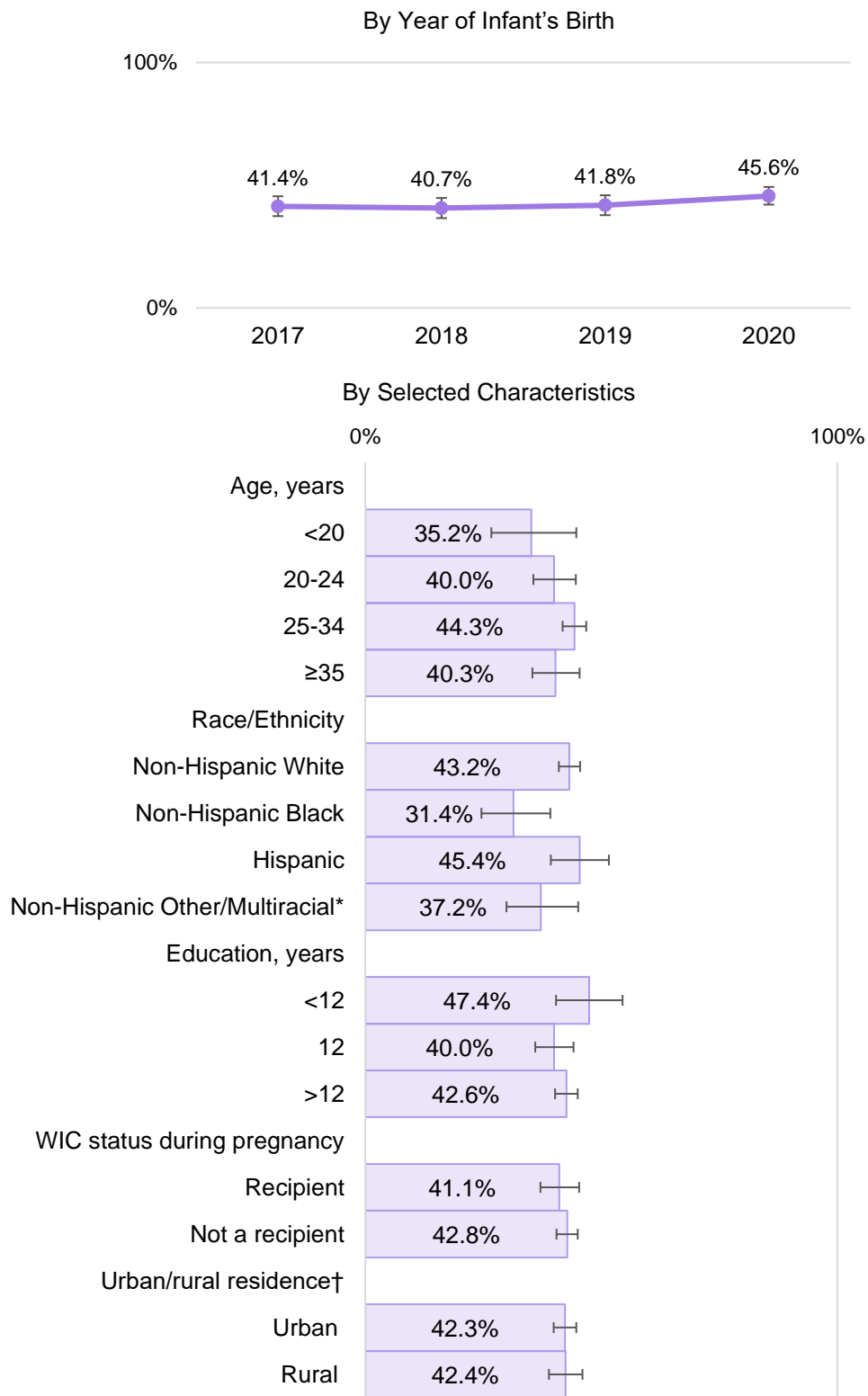
\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

<sup>†</sup> Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020.



Figure 12. Prevalence of Infant Always Sleeping in His/Her Own Crib or Bed in the Past Two Weeks, and in the Same Room as the Mother, as Reported by Kansas Women with a Recent Live Birth



\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

† Based on the NCHS 2013 urban-rural county classification scheme.

Error bars represent 95% confidence intervals.

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

## Sleeping Without Soft Objects or Loose Bedding

Respondents' answers to a question about how their infants slept in the past two weeks were used to assess whether infants had slept without soft objects or loose bedding. Soft objects or loose bedding could have included blankets; toys, cushions, or pillows; or crib bumper pads. (See the Technical Notes section.)

Among Kansas women with a live birth in 2017-2020, the prevalence of reporting that the infant was placed to sleep without soft objects or loose bedding in the past two weeks was 49.5% (95% CI: 47.4%-51.5%). There was a statistically significant trend\* in the prevalence by birth year (Table 13, Figure 13,  $p = .001$ ). The prevalence increased from 44.3% among women with a live birth in 2017, to 54.8% among women with a live birth in 2020.

Across birth years, the prevalence was significantly higher among:

- Women who were 25-34 years old or 35 years or older, compared to those who were under 20 years old.
- Women who were 25-34 years old, compared to those who were 20-24 years old.
- Non-Hispanic White women, compared to non-Hispanic Black women, Hispanic women or non-Hispanic women of other/mixed race.
- Women with at least some college credit, compared to those whose highest level of education was a high school diploma/GED.
- Women who had not been WIC recipients during pregnancy, compared to those who were WIC recipients.
- Women who were living in urban counties, compared to those living in rural counties.

Table 13. Prevalence of Reporting That the Infant Was Placed to Sleep without Soft Objects or Loose Bedding in the Past Two Weeks, as Reported by Kansas Women with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

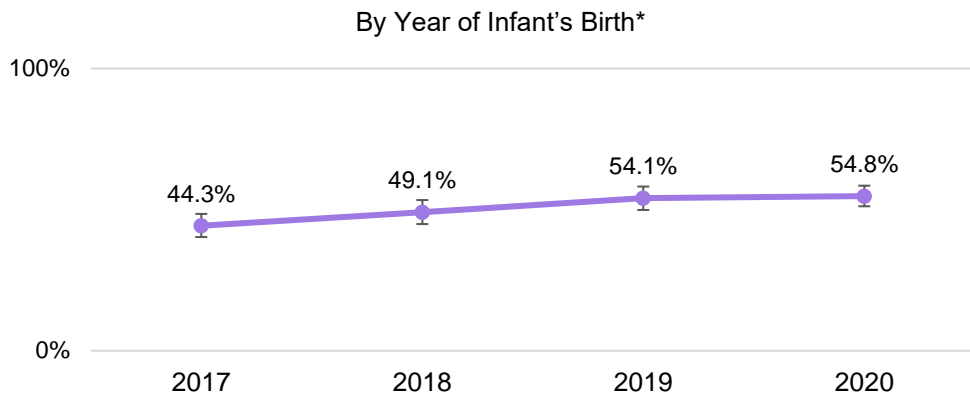
Characteristic	Weighted Percent	95% Confidence Interval
<b>Age, years</b>		
<20	35.6	26.8 - 45.5
20-24	43.2	38.6 - 47.9
25-34	53.8	51.2 - 56.4
≥35	53.4	48.1 - 58.6
<b>Race/Ethnicity</b>		
Non-Hispanic White	53.6	51.2 - 55.8
Non-Hispanic Black	38.5	31.0 - 46.5
Hispanic	44.4	38.3 - 50.7
Non-Hispanic Other/Multiracial*	40.5	32.8 - 48.7
<b>Education, years</b>		
<12	44.5	37.6 - 51.7
12	40.9	36.8 - 45.1
>12	55.5	53.0 - 57.9
<b>WIC status during pregnancy</b>		
Recipient	41.5	37.5 - 45.7
Not a recipient	53.8	51.5 - 56.1
<b>Urban/rural residence†</b>		
Urban	53.8	51.4 - 56.2
Rural	43.6	40.0 - 47.2
<b>By Year of Infant's Birth</b>		
2017	44.3	40.3 - 48.5
2018	49.1	44.9 - 53.4
2019	54.1	49.9 - 58.2
2020	54.8	51.2 - 58.5

\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

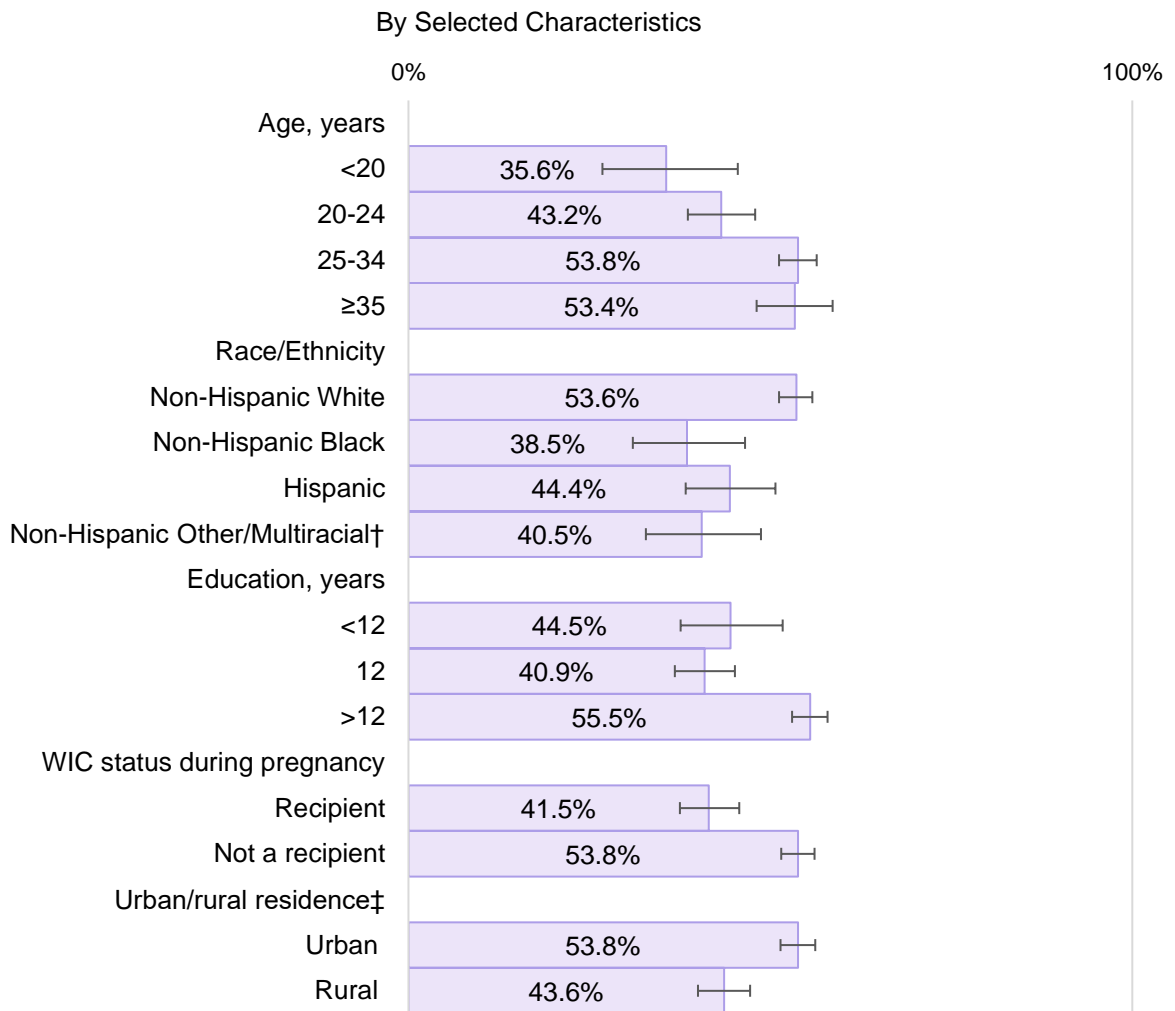
† Based on the NCHS 2013 urban-rural county classification scheme.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020

Figure 13. Prevalence of Infant Being Placed to Sleep without Soft Objects or Loose Bedding in the Past Two Weeks, as Reported by Kansas Women with a Recent Live Birth



\* Statistically significant linear trend assessed via logistic regression.



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

‡ Based on the NCHS 2013 urban-rural county classification scheme.

Error bars represent 95% confidence intervals.

Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2020

# 2020 Data Tables

# Key Findings from the 2020 Survey

Out of 1,772 women with a live birth in 2020 who were sampled for the PRAMS survey, a total of 1,174 mothers completed the questionnaire, yielding a weighted response rate of 65.8%.

## Preconception health

- Based on self-report of height and weight, more than half of mothers (54.5%) were overweight or obese just before pregnancy. Forty-one point seven percent were at a normal weight, and around 4% were underweight (Table 15).
- Nearly 1 in 18 mothers (5.6%) reported having hypertension during the 3 months before pregnancy, while 2.6% had Type 1 or Type 2 diabetes (Table 16).

## Access to medical care

- Over two-thirds of mothers (68.3%) reported having a health care visit in the year before pregnancy (Table 18).
- More than four in five mothers (89.7%) received prenatal care during their first trimester (Table 26).
- Among mothers who did not receive prenatal care, or who did not get care as early as they had wished, the most common barriers to obtaining care where they could not get an appointment at a desired time (35.4%) their doctor or health plan would not start care as early as they wanted (34.5%), they did not have enough money or insurance (Table 27).

## Substance use

- One in five mothers (19.8%) reported smoking cigarettes in the past two years (Table 33).
- The prevalence of cigarette smoking varied from 17.3% in the three months before pregnancy, to 8.5% in the last three months of pregnancy, to 12.1% in the months following pregnancy.
- One in ten mothers (10.1%) had used e-cigarettes or other electronic nicotine products in the past two years (Table 39).
- The prevalence of alcohol use during the three months before pregnancy was 64.0% (Table 41).
- Substances used during pregnancy included over-the-counter pain relievers (78.4%), prescription pain relievers (4.7%), and marijuana (4.9%, Table 71).
- One in 18 women (5.4.0%) reported having used prescription pain relievers during pregnancy, based on questions asked in an Opioid Supplement (Table 90). Of these, nearly one in six women (18.0%) reported using the prescription pain reliever for a reason other than pain or obtaining the pain reliever from a source other than a health care worker (Table 91).

## Mental health

- In the 3 months before pregnancy, one in five mothers (23.0%) reported having depression while 31.6 % had anxiety during this time (Table 16).
- One in five mothers (22.5%) reported having depression during pregnancy (Table 32).
- Nearly one in seven mothers (14.3%) exhibited symptoms of postpartum depression (Table 67).
- Among women who smoked during the three months before pregnancy, 34.4% reported worsening depression as a barrier to quitting, and 46.2% indicated worsening anxiety as a barrier to quitting (Table 37).

## Breastfeeding

- More than nine in ten mothers (92.5%) had breastfed or fed pumped milk to their new infant, even for only a short period of time (Table 53).
- The proportion of mothers who breastfed their infants for at least four weeks was 82.2%, while 73.9% breastfed for at least eight weeks (Table 54).

- Mothers learned about breastfeeding from a variety of sources, primarily: from their own doctors (78.6%), from a breastfeeding or lactation specialist (77.5%), or from their infant's doctor or other healthcare provider (72.4%, Table 52).

### **Infants' sleep habits**

- Most mothers placed their infants on his/her back to sleep most frequently (82.3%), rather than on his/her side, stomach, or a combination of positions (Table 55).
- While at least 4 in 5 mothers (89.8%) were informed by a health care worker about proper sleep positions, appropriate type of bed to use, and which items can be placed in the bed, only 62.1% of mothers were advised to place the infant's crib or bed in the same room as where she slept (Tables 57,59).

### **Other experiences**

- Nearly 3 in 4 mothers (71.3%) had experienced at least one stressful life event during the year before delivery (Table 44).
- Less than 5% of mothers had experienced physical abuse by an individual partner, ex-partner, or family member during their pregnancy, or in the year before their pregnancy (Table 46).

### **Disability**

Mothers were asked about any difficulties with seeing, hearing, walking, remembering, caring for oneself, and/or communicating.

Mothers were asked about any difficulties with seeing, hearing, walking, remembering, caring for oneself, and/or communicating.

- One in 15 mothers (6.3 %) reported difficulty with at least one of the six tasks (Table 88).
- Difficulty with remembering or concentrating was most commonly reported (27.1%), followed by difficulty seeing even when wearing glasses or contact lenses (15.3%, Tables 85, 82, respectively).

# Demographics

A total of 1,174 respondents who had a live birth in 2020 participated in the PRAMS project. Their demographic characteristics are broken down in Table 1, along with the corresponding weighted percent of each characteristic among the population of Kansas women with a recent live birth in Kansas.

Table 14. Demographics of Women with a Recent Live Birth, 2020

Characteristic	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
<b>Total</b>	<b>1174</b>	<b>32455</b>	<b>100</b>	
Age, years				
<20	61	1756	5.4	4.0 - 7.3
20-24	225	7109	21.9	19.0 - 25.2
25-34	720	19503	60.1	56.5 - 63.6
≥35	168	4087	12.6	10.5 - 15.1
Race/ethnicity				
Non-Hispanic White	837	23849	73.6	66.9 - 74.6
Non-Hispanic Black	106	2403	7.4	5.1 - 9.2
Hispanic	141	4224	13.0	14.0 - 20.8
Other <sup>a</sup>	87	1918	5.9	3.6 - 7.2
Highest education level attained				
Less than high school diploma	109	3122	9.7	7.7 - 12.1
High school diploma/GED	332	9568	29.7	26.4 - 33.2
Beyond high school	727	19548	60.6	57.0 - 64.1
Marital status				
Married	733	20557	63.4	59.8 - 66.8
Other	440	11893	36.6	33.2 - 40.2
Residence				
Urban/rural classification <sup>b</sup>				
Urban	812	22130	68.2	64.7 - 71.4
Rural	362	10325	31.8	28.6 - 35.3
Population density peer group <sup>c</sup>				
Frontier	36	1039	3.2	2.2 - 4.7
Rural	95	2970	9.1	7.3 - 11.4
Densely settled rural	172	4968	15.3	12.9 - 18.1
Semi-urban	198	5152	15.9	13.4 - 18.7
Urban	673	18327	56.5	52.9 - 60.0
Poverty level during the year before delivery <sup>d</sup>				
<100%	350	8630	28.3	25.1 - 31.8
100% - 199%	242	7043	23.1	20.1 - 26.5
200% - 399%	217	6235	20.5	17.7 - 23.6
≥ 400%	300	8542	28.1	25.0 - 31.4
Postpartum health insurance status <sup>e</sup>				
Private	692	19906	63.5	59.9 - 67.0

	Medicaid	345	8631	27.5	24.4 - 30.9
	None	96	2799	8.9	7.0 - 11.4
<b>WIC status</b>					
	Received during pregnancy	325	7651	23.6	20.8 - 26.7
	Did not receive during pregnancy	846	24718	76.4	73.3 - 79.2

All variables except poverty level and health insurance status have been derived from information contained in the infant's birth certificate. For each variable, only respondents with known information are included in the frequencies and percentages.

<sup>a</sup> Includes Non-Hispanic Asian, Native American, Native Hawaiian/Pacific Islander, and multiracial.

<sup>b</sup> Based on 2013 county classifications by the National Center for Health Statistics. Counties were classified into two categories: Urban (large fringe metropolitan, medium metropolitan, and small metropolitan counties); Rural (micropolitan and noncore counties).

<sup>c</sup> Based on population data from the 2010 Census. Counties were classified as: Frontier (<6.0 persons per square mile); Rural (6.0 to 19.9 persons per square mile); Densely settled Rural (20.0 to 39.9 persons per square mile); Semi-Urban (40.0 to 149.9 persons per square mile); and Urban (≥150.0 persons per square mile).

<sup>d</sup> Calculated from responses to Questions 78-79 in the questionnaire. Based on poverty thresholds established by the Census Bureau for the year 2018.

<sup>e</sup> From responses to Question 12 in the questionnaire. Insurance is coded as: Private (Private only, both Medicaid & private, any other insurance in combination with private, TRICARE or other military health insurance); Medicaid; and No insurance (no insurance or Indian Health Service only).



# Before Pregnancy

## Maternal Health

Table 15. Prevalence of Underweight Status, Normal Weight Status, Overweight Status, and Obesity Prior to Pregnancy, Based on Height and Weight Reported by Kansas Women with a Recent Live Birth

Body-Mass Index Prior to Pregnancy	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
<18.5 (underweight)	48	1202	3.8	2.6 - 5.5
18.5 – 24.9 (normal weight)	492	13129	41.7	38.2 - 45.3
25.0 – 29.9 (overweight)	291	8540	27.1	24.0 - 30.5
≥30.0 (obese)	314	8639	27.4	24.3 - 30.7

From the questions, “How tall are you without shoes?” and “Just before you got pregnant with your new baby, how much did you weigh?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 16. Prevalence of Self-Reported Health Conditions in the Three Months Before Pregnancy, Among Kansas Women with a Recent Live Birth

Health Conditions, Three Months Before Pregnancy (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Type 1 or Type 2 diabetes	39	847	2.6	1.7 - 4.1
Hypertension	80	1803	5.6	4.1 - 7.5
Depression	276	7415	23.0	20.1 - 26.1
Anxiety	397	10244	31.6	28.4 - 35.0

From the question, “During the three months before you got pregnant with your new baby, did you have any of the following health conditions?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 17. Prevalence of Self-Reported Vitamin Use in the Month Before Pregnancy, Among Kansas Women with a Recent Live Birth

Use of Multivitamin, Prenatal Vitamin, or Folic Acid Vitamin, One Month Before Pregnancy	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No use	609	16415	50.7	47.1 - 54.2
1 to 3 times a week	74	2141	6.6	5.0 - 8.6
4 to 6 times a week	66	1994	6.2	3.6 - 8.1
Every day of the week	424	11854	36.6	33.3 - 40.1

From the question, “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?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Health Care Visits Before Pregnancy

Table 18. Prevalence of Having a Health Care Visit in the 12 Months Before Pregnancy, as Reported by Kansas Women with a Recent Live Birth

Had Health Care Visit in the 12 Months Before Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	375	10227	31.7	28.4 - 35.1
Yes	792	22076	68.3	64.9 - 71.6

From the question, "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?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 19. Prevalence of Having Specific Types of Health Care Visits in the 12 Months Before Pregnancy, as Reported by Kansas Women with a Recent Live Birth Who Went for a Health Care Visit in the 12 Months Before Pregnancy

Type of Visit? (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Regular checkup at family doctor's office	429	11615	48.4	39.2 - 56.9
Regular checkup at OB/GYN's office	431	11912	53.9	49.6 - 58.2
Visit for an illness or chronic condition	181	4886	22.1	18.8 - 25.8
Visit for an injury	47	1316	6.0	4.2 - 8.4
Visit for family planning or birth control	156	4241	19.2	16.0 - 22.8
Visit for depression or anxiety	150	3875	17.5	14.5 - 21.0
Visit to have teeth cleaned	511	15021	67.9	63.8 - 71.7
Other visit	136	3647	16.5	13.6 - 19.9

From the question, "What type of health care visit did you have in the 12 months before you got pregnant with your new baby?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 20. Prevalence of Specific Actions Taken by a Health Care Worker During Any Health Care Visit in the 12 Months Before Pregnancy, as Reported by Kansas Women with a Recent Live Birth Who Went for a Health Care Visit in the 12 Months Before Pregnancy

<b>Action Taken By Health Care Worker (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Recommended vitamin with folic acid	239	6664	30.5	26.7 - 34.5
Discussed maintaining healthy weight	253	6407	29.4	25.7 - 33.5
Discussed controlling medical conditions (e.g., diabetes)	91	2031	9.3	7.1 - 12.1
Discussed desire to have children	319	8825	40.5	36.3 - 44.7
Discussed birth control	269	7312	33.6	29.7 - 37.8
Discussed improving health before a pregnancy	203	5183	23.8	20.4 - 27.6
Discussed sexually transmitted infections	146	4083	18.8	15.6 - 22.5
Asked about smoking cigarettes	595	16016	73.9	69.9 - 77.6
Asked about physical or emotional abuse	442	11790	54.5	50.1 - 58.7
Asked if feeling down or depressed	489	13182	60.6	56.3 - 64.8
Asked about mother's kind of work	517	13687	63.0	58.7 - 67.1
Tested mother for HIV	133	3668	17.1	14.0 - 20.7

From the question, "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?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Health Insurance Before, During, and After Pregnancy

Table 21. Prevalence of Self-Reported Health Insurance Types During the Month Before Pregnancy, Among Kansas Women with a Recent Live Birth

Health Insurance, 1 Month Before Pregnancy? (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Private health insurance from work (own job or partner's job)	600	16580	51.2	47.6 - 54.7
Private health insurance from parents	98	3043	9.4	7.4 - 11.8
Private health insurance from the Health Insurance Marketplace or HealthCare.gov	24	572	1.8	1.1 - 2.9
Medicaid (Title 19) or KanCare	199	4801	14.8	12.4 - 17.5
TRICARE or other military health care	71	2377	7.3	5.6 - 9.5
Indian Health Service (IHS) or Tribal*	--	177	0.5	0.2 - 1.4
Other	32	855	2.6	1.7 - 4.1
No health insurance	202	5506	17.0	14.4 - 19.9

\* This percentage may be statistically unreliable. Interpret with caution.

Two hyphens (i.e., --) indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the question, "During the month before you got pregnant with your new baby, what kind of health insurance did you have?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 22. Prevalence of Specific Reasons for Not Having Health Insurance During the Month Before Pregnancy, as Reported by Kansas Women with a Recent Live Birth Who Did Not Have Health Insurance

<b>Reasons for Not Having Health Insurance (% yes, all that apply)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Health insurance was too expensive	101	2846	45.2	36.5-54.1
Could not get health insurance from work or partner's work	52	1507	27.4	20.0 - 36.2
Applied for health insurance, but waiting to get it*	22	498	9.0	5.1 - 15.7
Had problems with the health insurance application or website*	--	161	2.9	0.9 -8.9
Income was too high to qualify for Medicaid*	28	852	15.5	10.1- 23.0
Income was too high to qualify for a tax credit from the Health Insurance Marketplace or HealthCare.gov*	--	49	0.9	0.2 – 4.3
Did not know how to get health insurance*	28	745	13.5	8.5-20.9
Did not have the right residency documents	36	1036	19.0	12.6-27.7
Other	38	1115	20.3	14.0-28.4

Two hyphens (i.e., --) indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the question, "What was the reason that you did not have any health insurance during the month before you got pregnant with your new baby?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 23. Prevalence of Self-Reported Health Insurance Types During Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth

Health Insurance for Prenatal Care? (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Private health insurance from work (own job or partner's job)	575	16240	52.0	48.4 - 55.6
Private health insurance from parents	69	1992	6.4	4.8 - 8.4
Private health insurance from the Health Insurance Marketplace or HealthCare.gov	19	588	1.9	1.1 - 3.2
Medicaid (Title 19) or KanCare	396	10132	32.4	29.1 - 36.0
TRICARE or other military health care	71	2458	7.9	6.1 - 10.2
Indian Health Service (IHS) or Tribal*	--	177	0.6	0.2 - 1.4
Other	37	1083	3.5	2.3 - 5.2
No health insurance	58	1717	5.5	4.0 - 7.6

\* This percentage may be statistically unreliable. Interpret with caution.

Two hyphens (i.e., --) indicate a numerator of less than 6 respondents.

From the question, "During your most recent pregnancy, what kind of health insurance did you have for your prenatal care?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 24. Prevalence of Self-Reported Health Insurance Types After the Birth, Among Kansas Women with a Recent Live Birth

Current Health Insurance? (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Private insurance from work (own job or partner's job)	565	16200	49.9	46.4 - 53.5
Private health insurance from parents	58	1651	5.1	3.7 - 7.0
Private health insurance from the Health Insurance Marketplace or HealthCare.gov*	15	381	1.2	0.6 - 2.3
Medicaid (Title 19) or KanCare	399	9823	30.3	27.1 - 33.7
TRICARE or other military health care	72	2322	7.2	5.5 - 9.3
Indian Health Service (IHS) or Tribal*	--	89	0.3	0.1 - 0.9
Other	27	821	2.5	1.6 - 4.0
No health insurance	95	2793	8.6	6.7 - 11.0

\* This percentage may be statistically unreliable. Interpret with caution.

(Two hyphens (i.e., --) indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the question, "What kind of health insurance do you have now?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Mother's Pregnancy Intent

Table 25. Prevalence of Wanting to Be Pregnant Later, Sooner, Then, or Never, Just Before Becoming Pregnant, as Reported by Kansas Women with a Recent Live Birth

Thoughts About Becoming Pregnant, Just Before Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Wanted to be pregnant later	213	6544	20.8	17.9 - 24.0
Wanted to be pregnant sooner	179	4390	14	11.7 - 16.5
Wanted to be pregnant then	473	13628	43.3	39.8 - 46.9
Did not want to be pregnant then or at any time in the future	81	2202	7	5.3 - 9.1
Not sure	190	4689	14.9	12.5 - 17.7

From the question, "Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

# During Pregnancy

## Prenatal Care

Table 26. Prevalence and Timing of Prenatal Care, as Reported by Kansas Women with a Recent Live Birth

<b>Started Prenatal Care During the First Trimester?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	126	3200	10.0	8.0 - 12.4
Yes	1020	28796	89.7	87.3 - 91.7
Did not receive prenatal care*	6	107	0.3	0.1 - 1.1

<b>Received Prenatal Care as Early as Wanted?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	148	3714	11.6	9.5 - 14.1
Yes	1001	28242	88.4	85.9 - 90.5

\* indicate suppressed estimates due Relative Standard Error > 50%.

From the questions, "How many weeks or months pregnant were you when you had your first visit for prenatal care?" and "Did you get prenatal care as early in your pregnancy as you wanted?" Those who responded "I didn't go for prenatal care" to the first question were not included in the analysis of the second question.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020



Table 27. Prevalence of Specific Barriers to Starting Prenatal Care as Early as Wanted, as Reported by Kansas Women with a Recent Live Birth Who Either Did Not Get Prenatal Care, or Did Not Get Prenatal Care as Early as Wanted

Barrier to Prenatal Care (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Could not get appointment at desired time	52	1289	35.4	26.0 - 46.1
Did not have enough money or insurance	39	1219	34.2	24.6 - 45.3
Did not have transportation*	14	238	6.9	3.1 - 14.6
Doctor or health plan would not start care as early as desired	45	1226	34.5	25.3 - 45.2
Too busy	30	748	21.4	13.9 - 31.4
Could not take time off from work or school*	8	165	4.8	1.8 - 12.1
Did not have Medicaid/KanCare card*	29	733	20.8	13.4 - 31.0
Did not have child care*	16	305	8.8	4.5 - 16.7
Did not know she was pregnant	57	1036	28.5	19.8 - 39.1
Wanted to keep pregnancy secret*	12	212	6.1	2.8 - 13.0
Did not want prenatal care*	--	47	1.4	0.3 - 6.8

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

Two hyphens (i.e., --) indicate a numerator of less than 6 respondents.

From the question, "Did any of these things keep you from getting prenatal care when you wanted it?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 28. Prevalence of Primarily Receiving Prenatal Care from a Specific Source, as Reported by Kansas Women with a Recent Live Birth Who Received Prenatal Care

Primary Source of Prenatal Care	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Private doctor's office	651	18104	58.1	54.4 - 61.6
Hospital clinic	331	9230	29.6	26.4 - 33.1
Health department clinic	34	787	2.5	1.6 - 4.0
Community Health Center	38	1112	3.6	2.4 - 5.2
Other	70	1940	6.2	4.7 - 8.3

From the question, "Where did you go most of the time for your prenatal care visits? Do not include visits for WIC."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 29. Prevalence of Being Asked Specific Questions by a Health Care Worker During Prenatal Care Visits, as Reported by Kansas Women with a Recent Live Birth Who Received Prenatal Care

Questions from a Health Care Worker (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
If I knew how much weight I should gain during pregnancy	604	16362	52.0	48.4 - 55.6
If I was taking any prescription medication	111	31186	98.0	96.8 - 98.8
If I was smoking cigarettes	1106	30734	96.6	95.1 - 97.7
If I was drinking alcohol	1089	30199	95.4	93.6 - 97.0
If someone was hurting me emotionally or physically	870	23870	75.5	72.3 - 78.5
If I was feeling down or depressed	944	26086	82.3	79.4 - 84.9
If I was using drugs such as marijuana, cocaine, crack, or meth	940	25810	81.5	78.6 - 84.1
If I wanted to be tested for HIV	529	14312	46.0	42.4 - 49.7
If I planned to breastfeed my new baby	1036	28919	91.9	88.9 - 92.9
If I planned to use birth control after my baby was born	870	24522	77.4	74.3 - 80.2

From the question, "During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Flu Vaccination

Table 30. Prevalence of Self-Reported Vaccination for Influenza During the 12 Months Before the Birth, Among Kansas Women with a Recent Live Birth

<b>Offered a Flu Shot by a Health Care Worker, During the 12 Months Before the Birth?</b>				
	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	123	2765	8.6	6.8 - 10.9
Yes	1032	29225	91.4	89.1 - 93.2

<b>Received a Flu Shot, During the 12 Months Before the Birth?</b>				
	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	356	9270	29.1	26.0 - 32.5
Yes, before pregnancy	149	3615	11.4	9.3 - 13.8
Yes, during pregnancy	641	18919	59.5	55.9 - 63.0

From the questions, "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?" and "During the 12 months before the delivery of your new baby, did you get a flu shot?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Dental Cleaning During Pregnancy

Table 31. Prevalence of Receiving a Dental Cleaning During Most Recent Pregnancy, as Reported by Kansas Women with a Recent Live Birth

<b>Teeth Cleaned During Most Recent Pregnancy?</b>				
	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	666	17383	54.1	50.5 - 57.7
Yes	493	14737	45.9	42.3 - 49.5

From the question, "During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Maternal Morbidity During Pregnancy

Table 32. Prevalence of Self-Reported Health Conditions During Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth

Health Conditions During Most Recent Pregnancy (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Gestational diabetes*	156	4282	13.3	11.1 - 15.9
Pregnancy-onset hypertension, pre-eclampsia, or eclampsia	264	4558	14.1	11.9 - 16.7
Depression	274	7212	22.5	19.6 - 25.7
Anxiety	380	9955	31.1	27.9 - 34.5

\* Gestational diabetes was indicated if the mother answered “yes” to the answer item “Gestational diabetes (diabetes that started during this pregnancy)”. Those who had also answered “yes” to having diabetes in the three months prior to pregnancy were not included.

From the question, “During your most recent pregnancy, did you have any of the following health conditions?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Substance Use Around the Time of Pregnancy

Table 33. Prevalence of Self-Reported Cigarette Smoking, Before, During, and After Pregnancy, Among Kansas Women with a Recent Live Birth

Cigarette Use	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Past 2 years:				
No	897	25871	80.2	77.2 - 82.9
Yes	268	6380	19.8	17.1 - 22.8
3 months before pregnancy:				
No	921	26620	82.7	79.9 - 85.3
Yes	237	5553	17.3	14.7 - 20.1
Last 3 months of pregnancy:				
No	1023	29447	91.5	89.3 - 93.3
Yes	137	2734	8.5	6.7 - 10.7
Postpartum:				
No	989	28188	87.9	85.3 - 90.0
Yes	171	3897	12.1	10.0 - 14.7
Changes in cigarette use during pregnancy:				
Non-smoker	920	26616	82.7	79.9 - 85.3
Smoker who quit	102	2827	8.8	6.9 - 11.1
Number of cigarettes reduced	75	1539	4.8	3.5 - 6.6
Number of cigarettes increased or stayed the same	59	1183	3.7	2.6 - 5.2
Non-smoker who resumed*	--	4	0.0	0.1

Two hyphens (i.e., --) indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the questions, "Have you smoked any cigarettes in the past 2 years?", "In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?", "In the last 3 months of pregnancy, how many cigarettes did you smoke on an average day?", and "How many cigarettes do you smoke on an average day now?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 34. Prevalence of Being Advised to Quit Smoking During a Prenatal Care Visit, As Reported by Kansas Women with a Recent Live Birth Who Smoked in the Three Months Before Pregnancy

<b>Advised By a Health Care Worker To Quit Smoking During Prenatal Care Visit?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	49	1177	21.8	15.5 - 29.8
Yes	180	4155	77.0	68.9 - 83.5
Did not go for prenatal care*	--	63	1.2	5.6

Two hyphens (i.e., --) indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the question, "During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 35. Prevalence of Specific Tobacco Cessation Interventions by a Health Care Worker During Prenatal Care Visits, Among Kansas Women with a Recent Live Birth Who Smoked in the Three Months Before Pregnancy and Went for Prenatal Care

<b>Intervention by Health Care Worker During Prenatal Care Visit (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Spent time discussing how to quit smoking	84	1848	34.5	26.6 - 43.2
Suggested setting a specific date to stop smoking	51	1082	20.2	14.0 - 28.1
Suggested attending a class or program to stop smoking	41	973	18.1	12.2 - 26.0
Provided booklets, videos, or other materials to help me quit smoking on my own	64	1455	27.1	20.0 - 35.7
Referred to counseling for help with quitting*	25	592	11.0	6.6 - 17.9
Asked if a family member or friend would support decision to quit	59	1320	24.8	18.0 - 33.3
Referred to a national or state quit line (i.e., KanQuit)	72	1612	22.6	12.9 - 38.8
Recommended nicotine gum*	41	860	16.0	10.6 - 23.5
Recommended a nicotine patch	48	1055	19.7	13.6 - 27.5
Prescribed a nicotine nasal spray or nicotine inhaler*	10	231	4.3	1.8 - 9.9
Prescribed a pill like Zyban®*	14	306	5.7	2.8 - 11.3
Prescribed a pill like Chantix®*	12	275	5.1	2.4 - 10.8

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "Listed below are some things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, check No if it was not done or Yes if it was."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 36. Prevalence of Quitting or Reducing Cigarette Smoking During Most Recent Pregnancy, as Reported by Kansas Women with a Recent Live Birth Who Smoked in the Three Months Before Pregnancy

Quit Smoking Around the Time of Most Recent Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	38	601	11.0	6.8 - 17.2
No, but cut back	84	1780	32.5	24.9 - 41.1
Yes, quit before finding out about the pregnancy	24	694	12.7	7.9 - 19.7
Yes, quit after finding out about the pregnancy	69	1863	34.0	26.2 - 42.8
Yes, quit later in the pregnancy*	22	541	9.9	5.8 - 16.3

\* This percentage may be statistically unreliable. Interpret with caution.

From the question, "Did you quit smoking around the time of your most recent pregnancy?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 37. Prevalence of Barriers to Quitting Smoking, as Reported by Kansas Women with a Recent Live Birth Who Smoked in the Three Months Before Pregnancy

Barriers to Quitting Smoking (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Cost of medicines or products to help with quitting	66	1506	27.4	20.4 - 35.8
Cost of classes to help with quitting	47	953	17.7	12.0 - 25.2
Fear of gaining weight	58	1331	24.3	17.5 - 32.5
Loss of a way to handle stress	151	3393	61.8	53.0 - 69.9
Other people smoking around her	146	3437	62.6	53.9 - 70.5
Cravings for a cigarette	172	3902	71.1	62.6 - 78.3
Lack of support from others to quit	50	1275	23.4	16.7 - 31.8
Worsening depression	88	1888	34.4	26.7 - 43.0
Worsening anxiety	114	2539	46.2	37.8 - 54.9
Other	28	806	17.0	11.0 - 25.5

From the question, "Listed below are some things that can make it hard for some people to quit smoking. For each item, check No if it is not something that might make it hard for you or Yes if it is."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020



Table 38. Prevalence of Allowing Smoking Anywhere Inside the Home, In Some Rooms or at Some Times, or Nowhere Inside the Home, as Reported by Kansas Women with a Recent Live Birth

<b>Rules about Smoking Inside Home Now?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No one is allowed to smoke anywhere inside home	1107	30817	96.9	95.3 - 97.9
Smoking is allowed in some rooms or at sometimes	31	713	2.2	1.4 - 3.6
Smoking is permitted anywhere inside home*	14	284	0.9	0.4 - 1.9

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution From the question, "Which of the following statements best describes the rules about smoking inside your home now, even if no one who lives in your home is a smoker?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 39. Prevalence of Self-Reported Use of Other Nicotine Products in the Past two Years, Among Kansas Women with a Recent Live Birth

<b>Use of Nicotine Product (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
E-cigarettes or other electronic nicotine products	120	3237	10.1	8.1 - 12.5
Hookah	49	1034	3.3	2.2 - 4.7
Chewing tobacco, snuff, snus, or dip*	9	191	0.6	0.3 - 1.4

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution From the question, "Have you used any of the following products in the past 2 years?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 40. Prevalence of Self-Reported Use of E-cigarettes or Other Electronic Nicotine Products in Three Months Before Pregnancy or Last Three Months of Pregnancy, Among Kansas Women with a Recent Live Birth Who Used E-cigarettes or Other Electronic Nicotine Products in the Past Two Years

Average Use During the 3 Months Before Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
More than once a day	32	909	28.3	19.1 - 39.7
Once a day	--	99	3.1	0.9 - 10.5
2 to 6 days a week*	8	199	6.2	2.5 - 14.4
1 day a week or less	25	683	21.3	13.0 - 32.8
Did not use then*	51	1323	41.2	30.4 - 52.9

Average Use During the Last 3 Months of Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
More than once a day*	7	173	5.3	1.9 - 13.7
Once a day*	--	4	0.1	0.0 - 0.7
2 to 6 days a week*	6	178	5.5	2.2 - 13.2
1 day a week or less*	--	178	5.5	1.8 - 15.3
Did not use then	102	2720	83.6	72.0 - 90.6

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

Two hyphens (i.e., --) indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the questions, “During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?” and “During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 41. Prevalence of Self-Reported Alcohol Use Before Pregnancy, Among Kansas Women with a Recent Live Birth

Alcohol Use	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
In the past 2 years:				
No	314	8061	25.0	22.0 - 28.2
Yes	852	24206	75.0	71.8 - 78.0
In the 3 months before pregnancy:				
No	426	11561	36.0	32.6 - 39.6
Yes	736	20520	64.0	60.4 - 67.4

From the questions, “Have you had any alcoholic drinks in the past 2 years?” and “During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 42. Prevalence of Consuming a Specific Number of Alcoholic Drinks Per Week During the Three Months Before Pregnancy, Among Kansas Women with a Recent Live Birth Who Drank Any Alcohol in the Two Years Before Pregnancy

<b>Average Number of Drinks, During the 3 Months Before Pregnancy</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
14 drinks or more per week*	12	276	1.1	0.6 - 2.4
8 or more drinks per week	28	938	3.9	2.6 - 5.9
4 to 7 drinks per week	86	2388	9.9	7.7 - 12.7
1 to 3 drinks per week	253	7025	29.2	25.7 - 33.1
Less than 1 drink per week	357	9894	41.2	37.2 - 45.3
Did not drink then	112	3500	14.6	11.8 - 17.8

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

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

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Stress and Abuse Around the Time of Pregnancy

Table 43. Prevalence of Specific Stressful Life Experiences, During the 12 Months Before the Birth, as Reported by Kansas Women with a Recent Live Birth

Experiences During the 12 Months Before the Birth (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
A close family was very sick and had to go into the hospital	272	7507	23.3	20.4- 26.4
I got separated or divorced from my husband or partner	86	2093	6.5	4.9 - 8.5
I moved to a new address	422	11574	36.0	32.6 - 39.5
I was homeless or had to sleep outside, in a car, or in a shelter	23	518	1.6	0.9 - 2.8
My husband or partner lost their job	118	3059	9.5	7.6 - 11.8
I lost my job even though I wanted to go on working	141	3263	10.1	8.1 - 12.5
My husband, partner, or I had a cut in work hours or pay	205	5062	15.7	13.3 - 18.4
I was apart from my husband or partner due to military deployment or extended work-related travel	68	2177	6.7	5.1 - 8.8
I argued with my husband or partner more than usual	243	6386	19.7	17.0 - 22.8
My husband or partner said they didn't want me to be pregnant	69	1709	5.3	3.9 - 7.1
I had problems paying the rent, mortgage, or other bills	164	4079	12.6	10.5 - 15.2
My husband, partner, or I went to jail	51	1213	3.8	2.6 - 5.4
Someone very close to me had a problem with drinking or drugs	131	3369	10.4	8.4 - 12.8
Someone very close to me died	211	5267	16.3	13.8 - 19.1

From the question, "This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 44. Prevalence of Experiencing a Certain Number of Specific Stressors, During the 12 Months Before the Birth, as Reported by Kansas Women with a Recent Live Birth

<b>Number of Stressful Life Experiences Reported</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
None	337	9781	30.2	27.0 - 33.6
1-2 stressors	490	13605	42.0	38.5 - 45.6
3-5 stressors	267	7340	22.7	19.8 - 25.8
6 or more stressors	76	1664	5.1	3.7 - 7.0

From the question, "This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 45. Prevalence of Food Insecurity During the 12 Months Before the Birth, as Reported by Kansas Women with a Recent Live Birth

<b>Ever Ate Less Because There Was Not Enough Money to Buy Food, in the 12 Months Before the Birth?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	1048	29237	91.4	89.1 - 93.2
Yes	107	2774	8.6	6.8 - 10.9

From the question, "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?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 46. Prevalence of Self-Reported Physical Abuse by Partner, Ex-partner, or Another Family Member, During and Prior to Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth

<b>Source of Physical Abuse in the 12 Months Before Pregnancy (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Husband or partner*	24	532	1.6	0.9 - 2.7
Ex-husband or ex-partner	28	676	2.1	1.3 - 3.4
Another family member*	7	163	0.5	0.2 - 1.4

<b>Source of Physical Abuse During Pregnancy (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Husband or partner	21	532	1.6	1.3 - 4.0
Ex-husband or ex-partner*	17	552	1.7	0.9 - 3.1
Another family member*	6	216	0.7	0.3 - 1.7

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the questions, “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?” and “During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 47. Prevalence of Self-Reported Abuse or Manipulation by Partner During Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth

<b>Experience During Most Recent Pregnancy (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
My husband or partner threatened me or made me feel unsafe in some way	45	1053	3.3	2.2 - 4.8
I was frightened for my safety or my family’s safety because of the anger or threats of my husband or partner	31	662	2.1	1.2 - 3.4
My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	51	1379	4.3	3.0 - 6.1
My husband or partner forced me to take part in touching or any sexual activity when I did not want to*	8	202	0.6	0.3 - 1.5

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution From the question, “During your most recent pregnancy, did any of the following things happen to you?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

# After Pregnancy

## Delivery Outcome

Table 48. Prevalence of Self-Reported Age Group of Infant, Among Kansas Women with a Recent Live Birth

Age Group of Infant	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
2 months (60-89 days)	186	4872	15.0	12.7 - 17.7
3 months (90-119 days)	501	14373	44.3	40.8 - 47.8
4 months (120-149 days)	211	5842	18.0	15.4 - 20.9
5 months (150-179 days)	168	4400	13.6	11.2 - 16.3
6 months or more (≥180 days)	108	2968	9.1	7.2 - 11.5

From the question, "When was your new baby born?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 49. Prevalence and Duration of Infant Hospital Stay after the Birth, as Reported by Kansas Women with a Recent Live Birth

Infant Stayed in the Hospital?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	53	1472	4.6	3.3 - 6.2
Yes	1094	30728	95.3	93.6 - 96.5
Still in the hospital*	16	51	0.2	0.1 - 0.3

Infant's Length of Stay in Hospital	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Less than 1 day	45	1216	3.8	2.7 - 5.3
1 to 2 days	509	19133	59.3	55.8 - 62.7
3 to 5 days	302	9460	29.3	26.1 - 32.7
6 to 14 days	96	1133	3.5	2.5 - 4.9
More than 14 days	187	1002	3.1	2.5 - 3.9
Infant was not born in a hospital*	8	257	0.8	0.4 - 1.7
Still in the hospital*	13	51	0.2	0.1 - 0.3

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "After your baby was delivered, how long did he or she stay in the hospital?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 50. Prevalence of Infant Mortality, as Reported by Kansas Women with a Recent Live Birth

<b>Infant Currently Alive?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No*	25	104	0.3	0.2 - 0.5
Yes	1121	31686	99.7	99.5 - 99.8

This percentage may be statistically unreliable. Interpret with caution.

From the question, "Is your baby alive now?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 51. Prevalence of Living with the Infant, Among Kansas Women with a Recent Live Birth

<b>Infant Currently Living with the Mother?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No*	17	296	0.9	0.5 - 1.9
Yes	1089	31296	99.1	98.1 - 99.5

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "Is your baby living with you now?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020



## Breastfeeding

Table 52. Prevalence of Learning about Breastfeeding from Specific Sources, as Reported by Kansas Women with a Recent Live Birth

Source(s) of Breastfeeding Information (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
My doctor	873	24705	78.6	75.5 - 81.4
A nurse, midwife, or doula	793	22149	70.8	67.3 - 74.0
A breastfeeding or lactation specialist	881	24265	77.5	74.2 - 80.4
Infant's doctor or other health care provider	788	22597	72.4	69.0 - 75.5
A breastfeeding support group	283	7537	24.7	21.6 - 28.0
A breastfeeding hotline or toll-free number	129	3600	11.8	9.6 - 14.4
Family or friends	688	19811	63.4	59.8 - 66.8
Other	95	2718	11.4	9.0 - 14.4

Excludes respondents whose infants were not alive or living with them.

From the question, "Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 53. Prevalence of Ever Breastfeeding Infant, as Reported by Kansas Women with a Recent Live Birth

Ever Breastfed?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	98	2375	7.5	5.8 - 9.6
Yes	1019	29368	92.5	90.4 - 94.2

Excludes respondents whose infants were not alive or living with them.

From the question, "Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 54. Prevalence of Breastfeeding Continuation to Four and Eight Weeks

<b>Breastfeeding Duration</b>		<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
At least 4 weeks:					
	No	218	5582	17.8	15.2 - 20.7
	Yes	888	25805	82.2	79.3 - 84.8
At least 8 weeks:					
	No	323	8181	26.1	23.0 - 29.4
	Yes	783	23206	73.9	70.6 - 77.0

Excludes respondents whose infants were not alive or living with them.

From the questions, "Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?", "Are you currently breastfeeding or feeding pumped milk to your new baby?", and "How many weeks or months did you breastfeed or feed pumped milk to your baby?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Safe Sleep

Table 55. Prevalence of Infant Sleeping Most Often on the Side, Back, or Stomach, as Reported by Kansas Women with a Recent Live Birth

Infant's Most Frequent Sleeping Position	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Mostly on side	95	3015	9.5	7.5 - 11.9
Mostly on back	915	26085	82.3	79.4 - 85.0
Mostly on stomach	52	1487	4.7	3.4 - 6.5
Combination of positions	40	1096	3.5	2.4 - 5.1

<sup>a</sup> A small percentage of respondents selected more than one position, such as “side and back”, “side and stomach”, “back and stomach”, or “all 3 positions”.

*Excludes respondents whose infants were not alive or living with them.*

*From the question, “In which one position do you most often lay your baby down to sleep now?”*

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 56. Prevalence of Infant Sleeping Alone in His or Her Own Crib or Bed, as Reported by Kansas Women with a Recent Live Birth

Frequency of Infant Sleeping Alone in His or Her Own Crib or Bed, in the Past 2 Weeks	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Always	687	19128	60.4	56.8 - 63.9
Often	164	4844	15.3	12.8 - 18.1
Sometimes	103	3381	10.7	8.6 - 13.2
Rarely	71	2176	6.9	5.2 - 9.0
Never	79	2126	6.7	5.1 - 8.7

*Excludes respondents whose infants were not alive or living with them.*

*From the question, “In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?”*

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 57. Prevalence of Infant Sleeping in the Same Room as the Mother, as Reported by Kansas Women with a Recent Live Birth Whose Infants Had Slept Alone in His or Her Own Crib or Bed in the Past Two Weeks

<b>Infant Sleeps in the Same Room as the Mother, When Sleeping Alone in His or Her Own Crib or Bed?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	192	5790	19.8	17.0 - 22.9
Yes	825	23508	80.2	77.1 - 83.0

Excludes respondents who answered that the infant never slept alone in his/her own crib or bed in the past 2 weeks, as well as those whose infants were not alive or living with them.

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

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 58. Prevalence of Infant Sleeping on Specific Surfaces or With Specific Items, as Reported by Kansas Women with a Recent Live Birth

<b>Ways Infant Slept in Past 2 Weeks (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
In a crib, bassinet, or pack and play	1004	28937	91.5	89.2 - 93.3
On a twin or larger mattress or bed	272	8309	26.7	23.5 - 30.1
On a couch, sofa, or armchair	78	2393	7.7	5.9 - 9.9
In an infant car seat or swing	326	9922	31.9	28.6 - 35.4
In a sleeping sack or wearable blanket	500	14316	45.8	42.2 - 49.4
With a blanket	437	12336	39.5	36.0 - 43.1
With toys, cushions, or pillows, including nursing pillows	79	2416	7.7	6.0 - 10.0
With crib bumper pads (mesh or non-mesh)	100	2746	8.8	7.0 - 11.1

Excludes respondents whose infants were not alive or living with them.

From the question, "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."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 59. Prevalence of Receiving Specific Recommendations about Infant Sleep from a Health Care Worker, as Reported by Kansas Women with a Recent Live Birth

<b>Recommendation from Health Care Worker (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Place baby on his/her back to sleep	1036	29697	94.3	92.4 - 95.8
Place baby to sleep in a crib, bassinet, or pack and play	995	28382	89.9	87.5 - 91.9
Place baby's crib or bed in my room	690	19521	62.1	58.6 - 65.6
What things should or should not go in bed with the baby	999	28312	89.8	87.5 - 91.8

Excludes respondents whose infants were not alive or living with them.

From the question, "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."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Well-Baby Checkups

Table 60. Prevalence of Infant Receiving a Well-Baby Checkup, as Reported by Kansas Women with a Recent Live Birth

<b>Infant Had a Well-Baby Checkup?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No*	14	238	0.8	0.3 - 1.7
Yes	1091	31362	99.2	98.3 - 99.7

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

Excludes respondents whose infants were not alive or living with them.

From the question, "Has your new baby had a well-baby checkup?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

The PRAMS questionnaire also asks about potential barriers to receiving a well-baby checkup ("Did any of these things keep your baby from having a well-baby checkup?"). However, fewer than 30 respondents answered this question. Therefore, results are unavailable for women with a live birth in 2020.

## Family Planning After Pregnancy

Table 61. Prevalence of Self-Reported Birth Control Use, Among Kansas Women with a Recent Live Birth

Using Any Birth Control?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	270	7564	23.7	20.7- 26.9
Yes	888	24382	76.3	73.1 - 79.3

From the question, "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."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 62. Prevalence of Self-Reported Reasons for Not Using Birth Control, Among Kansas Women with a Recent Live Birth Who Reported Not Using Birth Control

Reason for Not Using Birth Control (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Wanted to get pregnant	52	1386	17.6	12.8 - 23.7
Was pregnant*	14	237	3.0	1.3 - 6.6
Had tubes tied or blocked*	14	369	4.7	2.3 - 9.1
Did not want to use birth control	117	3344	42.4	35.3 - 49.5
Worried about side effects from birth control	99	3000	37.9	31.3 - 45.2
Was not having sex	69	2054	26.0	20.1 - 32.8
Partner did not want to use anything	28	926	11.7	7.7 -17.3
Had problems paying for birth control*	6	203	2.6	1.0 - 6.4
Other	64	1738	22.0	16.5 - 28.6

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 63. Prevalence of Self-Reported Use of Specific Birth Control Methods, Among Kansas Women with a Recent Live Birth Who Reported Using Birth Control

<b>Birth Control Method Used (% yes, all that apply)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Tubes tied or blocked (female sterilization)	123	2824	8.7	6.9 - 11.0
Vasectomy (male sterilization)	40	1197	3.7	2.6 - 5.2
Birth control pills	180	5251	16.2	13.7 - 19.0
Condoms	174	5240	16.1	13.7 - 18.9
Shots or injections	47	1219	3.8	2.6 - 5.4
Contraceptive patch or vaginal ring	15	441	1.4	0.8 - 2.4
IUD	140	3486	10.7	8.7 - 13.1
Contraceptive implant in the arm	66	2008	6.2	4.6 - 8.2
Natural family planning (including rhythm method)	40	1345	4.1	3.0 - 5.8
Withdrawal (pulling out)	35	841	2.6	1.7 - 3.9
Not having sex (abstinence)	106	2671	10.8	8.5 - 13.6
Other*	6	26	0.1	0.0 - 0.2

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "What kind of birth control are you or your husband or partner using now to keep from getting pregnant?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 64. Prevalence of Self-Reported Contraceptive Use, Among Kansas Women with a Recent Live Birth

Contraceptive Use	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Use of any contraceptive methods postpartum: <sup>a</sup>				
No	282	7823	24.5	21.5-27.7
Yes	876	24123	75.5	72.3 - 78.5
Contraceptive use by effectiveness of method:				
Most effective <sup>b</sup>	369	9515	30.0	26.8 - 33.5
Moderately effective <sup>c</sup>	242	6910	21.8	19.0 - 24.9
Least effective <sup>d</sup>	249	7426	23.4	20.5 - 26.6
Not using a contraceptive method	282	7823	24.7	21.7- 27.9

<sup>a</sup> Respondents were considered as using contraceptives if they checked “yes” to currently using any birth control, indicated at least one type of birth control (besides abstinence), and/or indicated female sterilization as a reason for not using birth control. Respondents who checked “no” to currently using birth control, or who indicated only abstinence as their birth control method, were classified as not using any contraceptive.

<sup>b</sup> Includes sterilization, implants, or IUDs.

<sup>c</sup> Includes shots or injections, pills, or patch/ring.

<sup>d</sup> Includes condoms, natural family planning, or withdrawal.

From the questions, “Are you or your husband or partner doing anything now to keep from getting pregnant?”, “What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?”, and “What kind of birth control are you or your husband or partner using now to keep from getting pregnant?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020



## Postpartum Checkup for Mother

Table 65. Prevalence of Receiving a Postpartum Checkup, as Reported by Kansas Women with a Recent Live Birth

Has Had Postpartum Checkup?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	136	3346	10.4	8.4 - 12.8
Yes	1030	28908	89.6	87.2 - 91.6

From the question, "Since your new baby was born, have you had a postpartum checkup for yourself?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 66. Prevalence of Specific Actions Taken by a Health Care Worker During the Postpartum Checkup, as Reported by Kansas Women with a Recent Live Birth Who Went for a Postpartum Checkup

Action Taken By Health Care Worker (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Tell me to take a vitamin with folic acid	510	14676	51.5	47.7 - 55.3
Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	519	14289	50.0	46.2 - 53.8
Talk to me about how long to wait before getting pregnant again	508	14087	49.2	45.4 - 53.0
Talk to me about birth control methods I can use after giving birth	872	24830	86.7	83.8 - 89.1
Give or prescribe me a contraceptive method	386	10655	37.3	33.7 - 41.1
Insert an IUD or a contraceptive implant	212	5621	19.7	16.9 - 22.9
Ask me if I was smoking cigarettes	592	15967	56.0	52.2 - 59.8
Ask me if someone was hurting me emotionally or physically	634	16965	59.3	55.5 - 62.9
Ask me if I was feeling down or depressed	931	26117	91.1	88.7 - 93.0
Test me for diabetes	171	4551	16.0	13.5 - 19.0

From the question, "During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Feelings of Depression During the Postpartum Period

Table 67. Prevalence of Self-Reported Postpartum Depressive Symptoms, Among Kansas Women with a Recent Live Birth

Frequency and Indication of Postpartum Depressive Symptoms	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Since delivery, frequency of feeling down, depressed, or hopeless:				
Always	26	605	1.9	1.1 - 3.1
Often	105	2399	7.5	5.8 - 9.6
Sometimes	316	8205	25.6	22.6 - 28.8
Rarely	379	10834	33.8	30.5 - 37.3
Never	335	10013	31.2	28.0 - 34.7
Since delivery, frequency of having little interest or little pleasure in doing things usually enjoyed:				
Always	37	764	2.4	1.5 - 3.7
Often	92	2299	7.2	5.5 - 9.3
Sometimes	272	7029	21.9	19.1 - 25.0
Rarely	347	8955	27.9	24.8 - 31.2
Never	413	13057	40.7	37.2 - 44.3
Indicated as having postpartum depressive symptoms? <sup>a</sup>				
No	968	27450	85.7	83.0 - 88.1
Yes	191	4562	14.3	11.9 - 17.0

<sup>a</sup> Postpartum depressive symptoms are indicated if the respondent answered “always” or “often” to one or both questions about depression.

From the questions, “Since your new baby was born, how often have you felt down, depressed, or hopeless?” and “Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Abuse after Pregnancy

Table 68. Prevalence of Self-Reported Abuse or Manipulation by Partner Since the Birth, Among Kansas Women with a Recent Live Birth

Experience Since the Birth (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
My husband or partner threatened me or made me feel unsafe in some way	24	598	1.9	01.1 -3.0
I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner*	17	391	1.2	0.6 - 2.3
My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	35	838	2.5	1.7 - 4.0
My husband or partner forced me to take part in touching or any sexual activity when I did not want to*	9	113	0.4	0.1 - 0.9

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "Since your new baby was born, have any of the following things happened to you?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

# Other Experiences

## Adverse Childhood Events (ACEs)

Table 69. Prevalence of Specific Childhood Experiences, as Reported by Kansas Women with a Recent Live Birth

Childhood Experience (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Most of the time, I had an adult who believed in me and who I could count on to help me	1030	29115	90.6	88.4 - 92.5
A parent or guardian I lived with got divorced or separated	434	11836	36.8	33.4 - 40.3
We had to move because of problems paying the rent or mortgage	182	4696	14.7	12.3 - 17.4
Someone in my family or I went hungry because we could not afford enough food	135	3354	10.4	8.4 - 12.8
A parent or guardian got in trouble with the law or went to jail	180	4768	14.9	12.5 - 17.6
A parent or guardian I lived with had a serious drinking or drug problem	245	6663	20.7	17.9 - 23.8
I was in foster care	76	1733	5.4	4.0 - 7.2

From the question, "Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from the time you were born through age 13."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Knowledge of Emergency Birth Control

Table 70. Prevalence of Knowledge of Emergency Birth Control Before Becoming Pregnant, as Reported by Kansas Women with a Recent Live Birth

<b>Before Getting Pregnant, Had Known about Emergency Birth Control?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	148	4103	12.8	10.5 - 15.5
Yes	1012	27933	87.2	84.5 - 89.5

From the question, "Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the 'morning-after pill')?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Drug Use During Pregnancy

Table 71. Prevalence of Self-Reported Drug Use During Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth

Drug Use During Pregnancy (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	889	25102	78.4	75.2 - 81.2
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	66	1490	4.7	3.3 - 6.5
Adderall®, Ritalin® or another stimulant*	13	338	1.1	0.5 - 2.1
Marijuana or hash	64	1579	4.9	3.6 - 6.7
Synthetic marijuana (K2, Spice)	--	0	0.0	0
Methadone, naloxone, Subutex, or Suboxone®*	--	20	0.1	0. - 0.1
Heroin (smack, junk, black tar)	--	64	0.2	0.0 - 1.0
Amphetamines (uppers, speed, crystal meth, crank, ice, <i>agua</i> )*	13	147	0.5	0.2 - 1.2
Cocaine (crack, rock, coke, blow, snow)*	--	108	0.3	0.1 - 1.3
Tranquilizers (downers, ludes)*	--	0	0.2	0.0 - 0.0
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	--	60	0.2	0.0 - 1.0

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

Two hyphens (i.e., --) indicate a numerator of less than 6 respondents.

From the question, "During your most recent pregnancy, did you take or use any of the following drugs for any reason?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Basic Needs & Social Support During Pregnancy

Table 72. Prevalence of Self-Reported Experiences Related to Basic Needs During Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth

Access to Basic Needs During Pregnancy	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Had affordable, reliable transportation	1107	30788	96.0	94.3 - 97.2
Skipped meals or ate less because there wasn't enough money or food	68	1488	4.6	3.4 - 6.4
Had safe housing	1116	31188	97.2	95.9 - 98.2
Had consistent and stable housing	1103	30895	96.5	94.9 - 97.6
Home was too crowded	65	1412	4.4	3.2 - 6.1
Could keep basic utility services on (heat, water, lights)	1110	31037	96.9	95.4 - 97.9
Had access to a telephone when needed	1138	31684	98.8	97.8 - 99.4
Had other unmet basic needs	44	811	2.6	1.7 - 3.9

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

From the question, "During your most recent pregnancy, which of the following statements about basic needs applied to you? For each item, check No if it was not true or Yes if it was."

Table 73. Prevalence of Having Social Support from Specific Sources During Most Recent Pregnancy, as Reported by Kansas Women with a Recent Live Birth

Source of Social Support During Pregnancy (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Husband or partner	1047	29420	91.4	89.2 - 93.3
Mother, father, or in-laws	984	27366	85.1	82.2 - 87.5
Other family member or relative	819	23948	72.1	68.8 - 75.2
A friend	798	22745	70.8	67.4 - 74.0
Religious community	329	9654	30.2	27.0 - 33.6
Other	60	1664	5.2	3.8 - 7.1
No one*	18	386	1.2	0.6 - 2.3

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "During your most recent pregnancy, who would have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Home Visiting Services

Table 74. Prevalence of Being Offered and Accepting Home Visiting Services During Most Recent Pregnancy, as Reported by Kansas Women with a Recent Live Birth

Offered Home Visiting Services During Pregnancy?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	1036	28840	89.9	87.6 - 91.9
Yes	125	3226	10.1	8.1 - 12.4

Accepted the Offer of Home Visiting Services?	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Among those who were offered home visiting services:				
No	65	1678	54.8	43.3 - 65.9
Yes	54	1381	45.2	34.1 - 56.7

From the questions, "During your most recent pregnancy, were you offered home visiting services?" and "Did you accept the offer of home visiting services?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 75. Prevalence of Specific Reasons for Refusing Home Visiting Services, Among Kansas Women with a Recent Live Birth Who Refused Home Visiting Services

Reason for Refusing Home Visiting Services (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
I didn't think I needed it	50	1375	74.3	60.2 - 84.8
I didn't understand how it would help me*	7	113	6.1	2.0 - 17.3
I did not want anyone in my home	20	499	27.0	16.2 - 41.4
Household member(s) didn't want anyone in my home*	6	95	5.1	1.6 - 15.1
Other	13	423	22.9	12.3 - 38.6

\* indicate suppressed estimates due to a numerator of less than 6 respondents and/or Relative Standard Error > 50%.

From the question, "Why did you not accept the offer of home visiting services?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020



## Infant Vaccination

Table 76. Prevalence of Specific Vaccination Plans for Infant, as Reported by Kansas Women with a Recent Live Birth

Plan for Infant Vaccination	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
My baby will be vaccinated the way my doctor recommends	989	27973	88.9	86.4 - 91.1
My baby will get every vaccine, but at different times than my doctor recommends	41	1262	4.0	2.8 - 5.7
My baby will get only some of the recommended vaccines	50	1604	5.1	3.7 - 7.1
My baby will not get vaccines	25	616	2.0	1.2 - 3.3

Excludes respondents whose infants were not alive or living with them.

From the question, "What are your plans for vaccinating your new baby?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Safety

Table 77. Prevalence of Specific Safety Practices, as Reported by Kansas Women with a Recent Live Birth

Safety Practice (% yes)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
I always used a seatbelt during my most recent pregnancy	1082	30859	97.1	95.6 - 98.1
My new baby always rides in a rear-facing car seat	1112	31613	99.5	98.4 - 99.9
The Poison Control Center phone number (1-800-222-1222) is accessible in my home	838	23485	74.2	70.9 - 77.3
I know how to perform baby CPR	837	22888	72.4	68.9 - 75.5
My home has a working smoke alarm	1071	30261	95.7	93.8 - 97.0
My home has a working carbon monoxide alarm	809	22889	73.6	70.2 - 76.7
A health care worker talked with me about what happens if a baby is shaken	916	25614	80.8	77.7 - 83.5
A health care worker talked with me about what to do for a crying baby to quiet him or her	960	26649	83.9	81.0 - 86.4

Excludes respondents whose infants were not alive or living with them.

From the question, "Listed below are some statements about safety. For each one, check No if it does not apply to you or Yes if it does."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Social Support After Pregnancy

Table 78. Prevalence of Having Social Support from Specific Sources Since the Birth, as Reported by Kansas Women with a Recent Live Birth

Source of Social Support Since the Birth (% yes, all that apply)	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Husband or partner	1061	29902	92.9	90.9 - 94.5
Mother, father, or in-laws	1014	27918	86.8	84.0 - 89.1
Other family member or relative	818	23107	71.8	68.5 - 74.9
A friend	795	22861	71.0	67.7 - 74.2
Religious community	320	9289	29.0	25.8 - 32.3
Other	51	1171	3.7	2.6 - 5.2
No one*	18	410	1.3	0.7 - 2.5

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "Since you delivered your new baby, who would help you if a problem came up? For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Access to Treatment for Postpartum Depression

Table 79. Prevalence of Not Getting Treatment or Counseling for Postpartum Depression, Despite a Perceived Need, as Reported by Kansas Women with a Recent Live Birth

<b>Did Not Get Treatment or Counseling for Postpartum Depression, Despite a Perceived Need?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	961	26792	83.3	80.5 - 85.8
Yes	198	5360	16.7	14.2 - 19.5

From the question, "Since your new baby was born, was there a time when you thought you needed treatment or counseling for depression but didn't get it?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 80. Prevalence of Specific Reasons for Not Getting Treatment or Counseling for Postpartum Depression, Among Kansas Women with a Recent Live Birth Who Did Not Get Treatment or Counseling for Postpartum Depression, Despite a Perceived Need

<b>Reason for Not Getting Treatment or Counseling for Depression (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
I had trouble finding a provider that I liked	59	1623	32.8	24.8 - 41.8
It seemed too difficult or overwhelming	145	3956	77.1	68.9 - 83.7
I was worried about the cost or could not afford it	97	2715	52.9	43.9 - 61.8
I did not have time because of a job, childcare or another commitment	104	2787	56.0	46.8 - 64.8
I could not find a provider who spoke my language	--	183	3.7	1.4 - 9.4

Two hyphens (i.e., --) indicate suppressed estimates due to numerator of less than 6 respondents.

From the question, "What were your reasons for not getting treatment or counseling for depression? For each item, check No if it was not a reason for you or Yes if it was."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Income

Table 81. Prevalence of Self-Reported Income Brackets Among Kansas Women with a Recent Live Birth

Yearly Total Household Income, During the Year Before the Birth	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
\$0 to \$16,000	178	4087	13.4	11.0 - 16.1
\$16,001 to \$20,000	84	2177	7.1	5.4 - 9.3
\$20,001 to \$24,000	65	1832	6	4.4 - 8.1
\$24,001 to \$28,000	44	980	3.2	2.2 - 4.8
\$28,001 to \$32,000	67	1844	6	4.5 - 8.0
\$32,001 to \$40,000	80	2302	7.5	5.7 - 9.8
\$40,001 to \$48,000	58	1740	5.7	4.2 - 7.7
\$48,001 to \$57,000	64	1885	6.2	4.6 - 8.2
\$57,001 to \$60,000	33	1018	3.3	2.2 - 5.0
\$60,001 to \$73,000	59	1955	6.4	4.8 - 8.4
\$73,001 to \$85,000	71	1864	6.1	4.6 - 8.0
\$85,001 or more	311	8882	29.1	25.9 - 32.4

From the question, "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."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Disability

Table 82. Prevalence of Self-Reported Difficulty with Seeing, Among Kansas Women with a Recent Live Birth

<b>Difficulty with Seeing, Even When Wearing Glasses or Contact Lenses</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No difficulty	959	26734	83.2	80.4 - 85.7
Some difficulty	188	4902	15.3	12.9 - 18.0
A lot of difficulty or cannot do at all	16	500	1.6	0.9 - 2.8

The categories "A lot of difficulty" and "I cannot do this at all" were combined to yield a more reliable estimate.

From the question, "Do you have difficulty seeing, even when wearing glasses or contact lenses?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 83. Prevalence of Self-Reported Difficulty with Hearing, Among Kansas Women with a Recent Live Birth

<b>Difficulty with Hearing, Even If Using Hearing Aid(s)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No difficulty	1102	30615	95.3	93.5 - 96.6
At least some difficulty	60	1514	4.7	3.4 - 6.5

The categories "Some difficulty", "A lot of difficulty", and "I cannot do this at all" were combined to yield a more reliable estimate.

From the question, "Do you have difficulty hearing, even if using a hearing aid(s)?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 84. Prevalence of Self-Reported Difficulty with Walking or Climbing Steps, Among Kansas Women with a Recent Live Birth

<b>Difficulty with Walking or Climbing Steps</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No difficulty	1091	30263	94.2	92.3 - 95.6
At least some difficulty	72	1872	5.8	4.4 - 7.7

The categories "Some difficulty", "A lot of difficulty", and "I cannot do this at all" were combined to yield a more reliable estimate.

From the question, "Do you have difficulty walking or climbing steps?" Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 85. Prevalence of Self-Reported Difficulty with Remembering or Concentrating, Among Kansas Women with a Recent Live Birth

<b>Difficulty with Remembering or Concentrating</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No difficulty	802	21766	67.7	64.3 - 71.0
Some difficulty	301	8709	27.1	24.0 - 30.4
A lot of difficulty or cannot do at all	60	1660	5.2	3.8 - 7.0

The categories "A lot of difficulty" and "I cannot do this at all" were combined to yield a more reliable estimate.

From the question, "Do you have difficulty remembering or concentrating?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 86. Prevalence of Self-Reported Difficulty with Self Care, Among Kansas Women with a Recent Live Birth

<b>Difficulty with Self Care</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No difficulty	1124	31088	96.9	95.3 - 97.9
At least some difficulty	38	1008	3.1	2.1 - 4.7

The categories "Some difficulty," "A lot of difficulty," and "I cannot do this at all" were combined to yield a more reliable estimate.

From the question, "Do you have difficulty with self-care, such as washing all over or dressing?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 87. Prevalence of Self-Reported Difficulty with Communicating, Among Kansas Women with a Recent Live Birth

<b>Difficulty with Communicating</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No difficulty	1103	30535	95.2	93.3 - 96.5
At least some difficulty	58	1545	4.8	3.5 - 6.7

The categories "Some difficulty," "A lot of difficulty," and "I cannot do this at all" were combined to yield a more reliable estimate.

From the question, "Using your usual language, do you have difficulty communicating, for example, understanding or being understood?"

Table 88. Prevalence of Any Self-Reported Disability, Among Kansas Women with a Recent Live Birth

<b>Any Disability</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	1078	29985	93.7	91.7 - 95.3
Yes	80	2009	6.3	4.7 - 8.3

Having a disability was defined as responding “A lot of difficulty” or “I cannot do this at all” to at least one of the six questions about disability, regardless of answers to the other questions.

Not having a disability was defined as responding “No difficulty” or “Some difficulty” to all six questions about disability.

Those who indicated “No difficulty” or “Some difficulty” to some questions, but left one or more of the other questions blank, were excluded from analysis.

From the questions, “Do you have difficulty seeing, even when wearing glasses or contact lenses?”, “Do you have difficulty hearing, even if using a hearing aid(s)?”, “Do you have difficulty walking or climbing steps?”, “Do you have difficulty remembering or concentrating?”, “Do you have difficulty with self-care, such as washing all over or dressing?”, and “Using your usual language, do you have difficulty communicating, for example, understanding or being understood?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020



## Use of Other Drugs or Medications

Thirteen questions about use of drugs, including prescription pain relievers, were asked as part of an Opioid Supplement. This section provides results from some of these questions.

**Table 89. Prevalence of Self-Reported Use of Specific Over-the-Counter Pain Relievers During Most Recent Pregnancy, Among Kansas Women with a Recent Live Birth**

<b>Over-the-Counter Pain Reliever (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Acetaminophen (e.g., regular Tylenol®, Tylenol Extra Strength®)	869	24922	77.6	74.4 - 80.4
Ibuprofen (e.g., Motrin®, Advil®)	197	5269	16.6	14.1 - 19.5
Aspirin (e.g., Bayer®)	126	2520	7.9	6.3 - 9.9
Naproxen (e.g., Aleve®)	53	1215	3.8	2.7 - 5.4

From the question, "During your most recent pregnancy, did you use any of the following over-the-counter pain relievers? Over-the-counter pain relievers are those usually available without a prescription. For each one, check No if you did not use it during your pregnancy or Yes if you did."

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

**Table 90. Prevalence of Self-Reported Use of Prescription Pain Relievers, Among Kansas Women with a Recent Live Birth**

<b>Any Prescription Pain Reliever Use?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	1074	30234	94.6	92.7 - 96.1
Yes	79	1717	5.4	3.9 - 7.3

From the question, "During your most recent pregnancy, did you use any of the following prescription pain relievers? For each one, check No if you did not use it during your pregnancy or Yes if you did. Do not include pain relievers you used only during labor and delivery." Answer items included hydrocodone, codeine, oxycodone, tramadol, hydromorphone or meperidine, oxymorphone, morphine, and fentanyl.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 91. Prevalence of Any Misuse, as Reported by Kansas Women with a Recent Live Birth Who Used Prescription Pain Relievers

<b>Any Prescription Pain Reliever Misuse?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	56	1262	82.0	66.5 - 91.3
Yes*	15	277	18.0	8.7 - 33.5

Misuse is indicated as obtaining the prescription pain reliever from a source other than a health care provider, and/or for a reason other than to relieve pain.

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the questions, "Where did you get the prescription pain relievers that you used during your most recent pregnancy?" and "What were your reasons for using prescription pain relievers during your most recent pregnancy?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 92. Prevalence of Wanting or Needing to Cut Down or Stop Using Prescription Pain Relievers, as Reported by Kansas Women with a Recent Live Birth Who Used Prescription Pain Relievers

<b>Wanted or Needed to Cut Down or Stop Using Prescription Pain Relievers?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	55	1224	77.5	60.9 - 88.4
Yes*	19	355	22.5	11.6 - 39.1

\* This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

From the question, "During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 93. Prevalence of Provider Counseling on How Using Prescription Pain Relievers During Pregnancy Could Affect a Baby, as Reported by Kansas Women with a Recent Live Birth Who Used Prescription Pain Relievers

<b>Health Care Worker Discussed How Using Prescription Pain Relievers During Pregnancy Could Affect a Baby?</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
No	23	464	27.0	15.3 - 43.1
Yes	56	1253	73.0	56.9 - 84.7

From the question, “At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers during pregnancy could affect a baby?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 94. Prevalence of Self-Reported Perception of Harm of Prescription Pain Reliever Use to a Baby’s Health, Among Kansas Women with a Recent Live Birth

<b>Perception of Harm of Prescription Pain Reliever Use to a Baby’s Health</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Not harmful at all	29	555	1.8	1.0 - 3.0
Not harmful, even if taken as prescribed	448	12507	40.4	36.8 - 44.0
Harmful, even if taken as prescribed	644	17296	57.8	54.2 - 61.4

From the question, “Do you think the use of prescription pain relievers during pregnancy could be harmful to a baby’s health?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 95. Prevalence of Self-Reported Perception of Harm of Prescription Pain Reliever Use to a Woman’s Own Health, Among Kansas Women with a Recent Live Birth

<b>Perception of Harm of Prescription Pain Reliever Use to a Woman’s Own Health</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Not harmful at all	45	1122	3.6	2.4 - 5.2
Not harmful, even if taken as prescribed	700	19043	60.9	57.3 - 64.4
Harmful, even if taken as prescribed	385	11123	35.6	32.1 - 39.1

From the question, “Do you think the use of prescription pain relievers during pregnancy could be harmful to a woman’s own health?”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 96. Prevalence of Self-Reported Use of Specific Medications or Drugs, Among Kansas Women with a Recent Live Birth

<b>Medication or Drug (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
Medication for depression (e.g., Prozac®, Zoloft®)	146	3634	11.4	9.3 – 13.8
Medication for anxiety (e.g., Valium®, Xanax®)	30	637	2.0	1.2 - 3.3
Methadone, Subutex®, Suboxone®, or buprenorphine*	10	158	0.5	0.2 - 1.3
Naloxone	--	95	0.3	0.1 – 1.1
Cannabidiol (CBD) products	33	690	3.0	2.0 – 4.6

\*This percentage may be statistically unreliable (Relative Standard Error > 30%). Interpret with caution.

Two hyphens (i.e., --) indicate a numerator of less than 6 respondents.

From the question, “During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? For each item, check No if you did not take or use it or Yes if you did.”

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

## Work

Table 97. Prevalence of Working for Pay During Pregnancy Among Kansas Women with a Recent Live Birth

During pregnancy work for pay	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	303	8347	26.0	23.0 - 29.3
Yes*	856	23725	74.0	70.7 - 77.0

From the question, "At any time during your most recent pregnancy, did you work at a job for pay?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 98. Prevalence of Returning to Job Had Before Pregnancy Among Kansas Women with a Recent Live Birth

Returned to job had before pregnancy	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
No	227	5971	25.4	21.9 - 29.2
No, will be returning	123	3273	13.9	11.3 - 17.0
Yes	502	14308	60.8	56.6 - 64.7

From the question, "Have you returned to the job you had during your most recent pregnancy?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 99. Prevalence of Type of Leave Taken, Among Kansas Women with a Recent Live Birth

Type of leave taken	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Both paid and unpaid	97	2472	14.1	11.1 - 17.6
Paid leave only	266	7663	43.6	38.9 - 48.4
Unpaid leave only	228	6531	37.1	32.6 - 41.9
No leave	32	922	5.2	3.5 - 7.8

From the question, Did you take leave from work after your new baby was born?

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 100. Prevalence of Amount of Leave Taken After New Baby Was Born, Among Kansas Women with a Recent Live Birth

Amount of leave taken	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
None/less than one week	38	1100	6.4	4.4 - 9.1
1 to 5 weeks	42	1283	7.4	5.2 - 10.4
6 to 11 weeks	243	7007	40.5	35.9 - 45.3
12 or more weeks	289	7902	45.7	40.9 - 50.5

From the question, How many weeks or months of leave, in total, did you take, or will you take?

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 101. Prevalence of Feelings About Leave/Time Taken After New Baby Was Born, Among Kansas Women with a Recent Live Birth

Amount of leave taken	Unweighted Frequency	Weighted Frequency	Weighted Percent	95% CI
Too little time	350	9639	55.1	50.3 - 59.9
Just the right time	247	7330	41.9	37.2 - 46.8
Too much time	18	513	2.9	1.7 - 5.1

From the question, How did you feel about the amount of time you were able to take off *after* the birth of your new baby?

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

Table 102. Prevalence of Reasons For Not Taking Leave, Among Kansas Women with a Recent Live Birth

<b>Reason for Not Taking Leave (% yes)</b>	<b>Unweighted Frequency</b>	<b>Weighted Frequency</b>	<b>Weighted Percent</b>	<b>95% CI</b>
I could not afford to take leave	187	4980	28.7	24.5 - 33.2
I was afraid to lose my job	117	2922	16.8	13.6 - 20.6
I had too much work	105	3143	18.1	14.7- 22.1
I did not have paid leave	191	5664	32.8	28.4 - 37.5
I did not have a flexible schedule	131	3614	20.9	17.2 - 25.1

From the question, "Did any of the things listed below affect your decision about taking leave from work after your new baby was born?"

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2020

# Technical Notes

## Statistical Procedures

Analyses for this report were performed using SAS software, Version 9.4 of the SAS System for Windows, with SAS-callable SUDAAN®, Version 11.0. SAS software is copyright © 2012 SAS Institute Inc. SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc., Cary, NC, USA. SUDAAN is a registered trademark of the Research Triangle Institute.

For each variable, any respondents missing information on that variable were excluded from analysis. For questions inside skip patterns (where some respondents were asked to skip forward to another section in the questionnaire), the denominator also excludes those who should have skipped the question.

Some estimates have been suppressed due to statistical unreliability. These include estimates with a denominator of less than 30 respondents, a numerator of less than 6 respondents and/or a relative standard error (RSE) of greater than 50%. The RSE is calculated by dividing the standard error of the estimate by the estimate itself, and then multiplying by 100 to express this result as a percent.

In addition, some estimates have been flagged with an asterisk as statistically unreliable. The basis for unreliability was a relative standard error (RSE) of greater than 30% and/or a denominator of less than 60 respondents.

Trends for the years 2017-2020 were assessed using a logistic regression model, where a p-value < 0.05 indicated a statistically significant linear trend.

Breakdowns by selected characteristics are provided for women with a live birth in 2017-2020. Chi-square tests were performed to assess any statistically significant relationship between the characteristic and the outcome, where a p-value < 0.05 was the cutoff for statistical significance. If the result of the Chi-square test was statistically significant (p-value < 0.05), pairwise testing was performed to identify the specific groups which differed in prevalence.



## Survey Response

Kansas PRAMS yielded a weighted response rate of 65.8% for 2020. This percentage meets and exceeds CDC PRAMS' current threshold of 50%, which is the minimum for reporting results externally<sup>17</sup> See Table 103 for response rates across specific maternal and pregnancy characteristics.

Table 103. Weighted response rates by characteristic of the mother, 2020

Characteristic	Weighted Response Rate (%)
<b>Birth weight stratum</b>	
Low birthweight	67.1
Normal birthweight	65.7
<b>Maternal education</b>	
0-11 years	52.5
12 years	59.8
>12 years	71.0
<b>Marital status</b>	
Married	70.1
Unmarried	58.7
<b>Maternal age</b>	
<20 years	63.9
20-29 years	63.7
30+ years	68.6
<b>Maternal race/ethnicity</b>	
Non-Hispanic White	69.7
Non-Hispanic Black	59.4
Hispanic	55.1
Other	56.5
<b>Birth history</b>	
No previous live births	66.6
1+ previous live births	65.3
<b>Prenatal care</b>	
1 <sup>st</sup> trimester PNC	68.1
Late or no PNC	50.9

### Note on Race/Ethnicity

Due to issues with mapping of Hispanic ethnicity fields from the Kansas birth certificate to ethnicity fields in PRAMS datasets, not all mothers of Central or South American background who gave birth in 2020 may have been classified as Hispanic.

## New Variables and Modifications to Existing Variables

The following modifications were made for this report. Where the methodology for a certain variable is different from that used in a previous report, the difference is noted below.

### *Gestational Diabetes*

Gestational diabetes was considered as a “yes” response to the answer item “Gestational diabetes (diabetes that started during this pregnancy)” in the question, “During your most recent pregnancy, did you have any of the following health conditions?”. Those who also indicated having diabetes in the 3 months before pregnancy were not included. This differs from previous surveillance reports,<sup>1819</sup> which did not make any exclusions based on having diabetes in the 3 months before pregnancy.

### *Types of Stressful Life Experiences*

The PRAMS questionnaire asks respondents whether they experienced any of fourteen stressors in the 12 months before the birth, in the question, “This question is about things that may have been happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did.” In this report, the fourteen stressors have been combined into categories:

- Emotional stress: family member was ill and hospitalized; someone very close died; apart from husband/partner due to military deployment or extended work-related travel
- Financial stress: moved to a new address; lost job; husband/partner lost job; unable to pay bills
- Partner-associated stress: separated/divorced; argued more than usual with husband/partner; husband/partner said they did not want the pregnancy
- Traumatic stress: homeless; husband/partner or self-went to jail; someone very close had a problem with drinking or drugs

For each category, experiencing any of the stressors in that category was considered a “yes” to the category, regardless of the respondent’s answers to the other stressors in that category. A respondent was considered as not experiencing any of the stressors (“no” to that entire category) if they had answered “no” to every stressor in the category. Respondents who answered “no” to some stressors in that category, but left one or more of the others blank, were excluded from the analysis.

### *Sources of Social Support*

Types of social support sources came from the questions, “During your most recent pregnancy, who would have helped you if a problem had come up?” and “Since you delivered your new baby, who would help you if a problem came up?” These were “check all that apply” questions. Those who left all items in a question unchecked, and did not write in another response, were excluded from the analysis of that question.

Written “other” responses were recoded: Stepparents were included with “parents or in-laws”. Partners were included with “husband or partner.” Specific family members and extended family (including relatives by marriage, “partner’s parents”, partner’s family, other family members’ partners) were included with “other family member or relative.” Classmates, friends of friends, friends’ family members, partners’ friends, and family members’ friends were included with “friends.” Places of worship were included with “religious community”. Neighbors, ex-partner, ex-partner’s family, government/community services, coworkers/military, partner’s coworkers, teachers, “school resources”, and blanks were retained as “other” sources of support. Excluded: medical providers; spirituality (not a

religious community); “anybody”/“anyone”/“everyone I know”; “myself” and similar indications that the respondent relied on herself, where the respondent had also indicated that she could rely on other sources of social support. Respondents who indicated “myself,” “no one,” or similarly indicated not having support, and who had not checked “yes” to any other source of support, were recoded as “no one.” “Not applicable” was recoded as if the respondent had not checked the “someone else” write-in option.

### *Any Unmet Basic Needs*

Experiences with unmet basic needs during pregnancy came from the question, “During your most recent pregnancy, which of the following statements about basic needs applied to you?” Written responses that exactly fit an existing answer choice were recoded to that answer choice. All other written unmet needs were retained as an “other” response.

Where multiple answers were provided in a written response, each answer was categorized individually.

Those who checked “yes” to having other unmet needs but indicated in their written responses that they did not have any other unmet needs, were counted as not having other unmet needs (e.g., “that was all”, “I had everything I needed”, “everything was good”, “We never had trouble with any needs”).

Comments that only mentioned social support or personal resilience, and not unmet needs, were excluded from the “other” answer choice. Emotional and partner-related needs (non-material needs) were also excluded.

Any unmet needs could have included:

- Unmet needs related to housing and basic services (e.g., not having safe housing, living in a home that was too crowded, not having consistent or stable housing, not being able to keep basic utility services on, not having access to a telephone, or any other written responses where the respondent indicated issues with paying rent/bills, having to stay with someone, or living in a shelter including a domestic violence shelter)
- Unmet needs related to transportation (e.g., not having affordable or reliable transportation, or issues with paying for gas or car repairs)
- Unmet needs related to food insecurity (e.g., having to skip meals or eat less because there wasn’t enough money for food)
- Any other unmet material needs (e.g., no employment; healthcare-related needs, such as issues paying for healthcare visits or prescriptions; family, household, or childcare needs, such as inability to pay for or no access to childcare, clothing, toiletries and other household items, or items for children; lack of money in general; any blank written responses where the respondent had checked “yes” to having other unmet needs; and non-specific written answers or descriptors of the respondent’s situation, such as “was rocky”, “everything”, or “bad ordeal”)

### *Infant Sleep*

The percent of infants placed to sleep on their backs was derived from the question, “In which one position do you most often lay your baby down to sleep now?” It was defined as most often placing the infant to sleep on the back versus side, stomach, or a combination of positions.

The percent of infants placed to sleep on a separate approved sleep surface was derived from the questions, “In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?” and “Listed below are some things about how babies sleep. How did your new baby usually sleep in the past 2 weeks?” It was defined as the infant sleeping, in the past 2 weeks: 1) alone in his/her own crib or bed (always versus

often/sometimes/rarely/never); 2) in a crib, bassinet, or pack and play; 3) not in a standard bed; 4) not in a couch or armchair; and 5) not in a car seat or swing.

The percent of infants placed to sleep without soft objects or loose bedding was derived from the question, “Listed below are some things about how babies sleep. How did your new baby usually sleep in the past 2 weeks?” It was defined as the infant, in the past 2 weeks, usually sleeping without 1) blankets; 2) toys, cushions, or pillows; and 3) crib bumper pads.

The percent of infants who shared a room but not a bed was derived from the questions, “In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?” and “When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?” It was defined as the infant usually sleeping 1) alone in his/her own crib or bed in the past 2 weeks (always versus often/sometimes/rarely/never) and 2) in the same room as the mother.

### *Any Disability*

Having a disability was defined as responding “A lot of difficulty” or “I cannot do this at all” to at least one of the six questions about disability, regardless of answers to the other questions. Not having a disability was defined as responding “No difficulty” or “Some difficulty” to all six questions about disability. Those who indicated “No difficulty” or “Some difficulty” to some questions, but left one or more of the other questions blank, were excluded from analysis.

This definition differs from that used in the *Kansas PRAMS 2018 Surveillance Report*.<sup>19</sup> In that report, any disability had been defined as having at least “some” difficulty with at least one of the six tasks.

### *Use and Misuse of Prescription Pain Relievers*

This report includes the results of questions from an Opioid Supplement, which asked about use of drugs, including prescription pain relievers. Analyses of prescription pain reliever use in the section titled Use of Opioids and Other Drugs followed the same procedure used for an analysis of the data across multiple PRAMS sites.<sup>20</sup> Misuse of prescription pain relievers was considered as obtaining prescription pain relievers from a source other than a health care provider or using prescription pain relievers for a reason other than pain.

A small number of respondents indicated that their prescription pain reliever use was for labor and delivery. To be consistent with the analysis across multiple PRAMS sites,<sup>20</sup> these respondents were not excluded from the total of respondents who used prescription pain relievers during pregnancy. However, this should be recognized as a potential limitation of the data.

## Urban-Rural Classification

This report provides two classification schemes for defining population density and urban-rural residence. Urban-rural residence is based on 2013 county classifications by the National Center for Health Statistics.<sup>21</sup> (NCHS) classified counties into six categories: large central metropolitan, large fringe metropolitan, medium metropolitan, small metropolitan, micropolitan, and noncore. In this report, micropolitan and noncore counties are considered rural, while all other counties are urban. In addition, Kansas counties are assigned to peer groups based on population density, derived from the 2010 Census.

Table 104 lists Kansas counties by their peer group and NCHS classification. As PRAMS data are weighted at the state level and not the county level, geographic estimates should be interpreted with caution.

Table 104. County Classifications by Peer Group and Urban-Rural Status

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<b>County Name</b>	<b>Population Density Peer Group (2010)</b>	<b>NCHS Urban-Rural 6-Level Classification (2013)</b>	<b>NCHS Urban-Rural 2-Level Classification (2013)</b>
Allen	Densely Settled Rural	Non-core	Rural
Anderson	Rural	Non-core	Rural
Atchison	Densely Settled Rural	Micropolitan	Rural
Barber	Frontier	Non-core	Rural
Barton	Densely Settled Rural	Micropolitan	Rural
Bourbon	Densely Settled Rural	Non-core	Rural
Brown	Rural	Non-core	Rural
Butler	Semi-Urban	Medium metropolitan	Urban
Chase	Frontier	Non-core	Rural
Chautauqua	Frontier	Non-core	Rural
Cherokee	Densely Settled Rural	Non-core	Rural
Cheyenne	Frontier	Non-core	Rural
Clark	Frontier	Non-core	Rural
Clay	Rural	Non-core	Rural
Cloud	Rural	Non-core	Rural
Coffey	Rural	Non-core	Rural
Comanche	Frontier	Non-core	Rural
Cowley	Densely Settled Rural	Micropolitan	Rural
Crawford	Semi-Urban	Micropolitan	Rural
Decatur	Frontier	Non-core	Rural
Dickinson	Densely Settled Rural	Non-core	Rural
Doniphan	Densely Settled Rural	Small metropolitan	Urban
Douglas	Urban	Small metropolitan	Urban
Edwards	Frontier	Non-core	Rural
Elk	Frontier	Non-core	Rural
Ellis	Densely Settled Rural	Micropolitan	Rural
Ellsworth	Rural	Non-core	Rural
Finney	Densely Settled Rural	Micropolitan	Rural
Ford	Densely Settled Rural	Micropolitan	Rural
Franklin	Semi-Urban	Micropolitan	Rural
Geary	Semi-Urban	Micropolitan	Rural
Gove	Frontier	Non-core	Rural
Graham	Frontier	Non-core	Rural
Grant	Rural	Non-core	Rural
Gray	Rural	Non-core	Rural
Greeley	Frontier	Non-core	Rural
Greenwood	Frontier	Non-core	Rural
Hamilton	Frontier	Non-core	Rural
Harper	Rural	Non-core	Rural
Harvey	Semi-Urban	Medium metropolitan	Urban

Haskell	Rural	Non-core	Rural
Hodgeman	Frontier	Non-core	Rural
Jackson	Densely Settled Rural	Small metropolitan	Urban
Jefferson	Densely Settled Rural	Small metropolitan	Urban
Jewell	Frontier	Non-core	Rural
Johnson	Urban	Large fringe metropolitan	Urban
Kearny	Frontier	Micropolitan	Rural
Kingman	Rural	Medium metropolitan	Urban
Kiowa	Frontier	Non-core	Rural
Labette	Densely Settled Rural	Micropolitan	Rural
Lane	Frontier	Non-core	Rural
Leavenworth	Urban	Large fringe metropolitan	Urban
Lincoln	Frontier	Non-core	Rural
Linn	Rural	Large fringe metropolitan	Urban
Logan	Frontier	Non-core	Rural
Lyon	Densely Settled Rural	Micropolitan	Rural
McPherson	Densely Settled Rural	Micropolitan	Rural
Marion	Rural	Non-core	Rural
Marshall	Rural	Non-core	Rural
Meade	Frontier	Non-core	Rural
Miami	Semi-Urban	Large fringe metropolitan	Urban
Mitchell	Rural	Non-core	Rural
Montgomery	Semi-Urban	Micropolitan	Rural
Morris	Rural	Non-core	Rural
Morton	Frontier	Non-core	Rural
Nemaha	Rural	Non-core	Rural
Neosho	Densely Settled Rural	Non-core	Rural
Ness	Frontier	Non-core	Rural
Norton	Rural	Non-core	Rural
Osage	Densely Settled Rural	Small metropolitan	Urban
Osborne	Frontier	Non-core	Rural
Ottawa	Rural	Micropolitan	Rural
Pawnee	Rural	Non-core	Rural
Phillips	Rural	Non-core	Rural
Pottawatomie	Densely Settled Rural	Small metropolitan	Urban
Pratt	Rural	Non-core	Rural
Rawlins	Frontier	Non-core	Rural
Reno	Semi-Urban	Micropolitan	Rural
Republic	Rural	Non-core	Rural



Rice	Rural	Non-core	Rural
Riley	Semi-Urban	Small metropolitan	Urban
Rooks	Frontier	Non-core	Rural
Rush	Frontier	Non-core	Rural
Russell	Rural	Non-core	Rural
Saline	Semi-Urban	Micropolitan	Rural
Scott	Rural	Non-core	Rural
Sedgwick	Urban	Medium metropolitan	Urban
Seward	Densely Settled Rural	Micropolitan	Rural
Shawnee	Urban	Small metropolitan	Urban
Sheridan	Frontier	Non-core	Rural
Sherman	Frontier	Non-core	Rural
Smith	Frontier	Non-core	Rural
Stafford	Frontier	Non-core	Rural
Stanton	Frontier	Non-core	Rural
Stevens	Rural	Non-core	Rural
Sumner	Densely Settled Rural	Medium metropolitan	Urban
Thomas	Rural	Non-core	Rural
Trego	Frontier	Non-core	Rural
Wabaunsee	Rural	Small metropolitan	Urban
Wallace	Frontier	Non-core	Rural
Washington	Rural	Non-core	Rural
Wichita	Frontier	Non-core	Rural
Wilson	Rural	Non-core	Rural
Woodson	Rural	Non-core	Rural
Wyandotte	Urban	Large fringe metropolitan	Urban

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