Listening to Mothers IV: First Full Survey Report Draft Outline with Item Contents and Subgroup Analyses Clarity

Ruby Barnard-Mayers

2025-08-13

New Mothers Share Views and Experiences of Childbearing: Results from the Fourth National Listening to Mothers Survey

Chapter 1. Before and During Pregnancy

Before pregnancy

Past births/NUMB_BIRTH and parity of respondents

```
## When `proportion` is unspecified, `survey_prop()` now defaults to `proportion = TRUE`.
## ℹ This should improve confidence interval coverage.
## This message is displayed once per session.
```

Values	Proportion	Confidence Interval
1	32.8%	30.6%, 35.2%
2	30.2%	28%, 32.5%
3	17.3%	15.5%, 19.2%
4	11.3%	9.9%, 13%
5	4.3%	3.4%, 5.4%
6	1.4%	0.9%, 2.1%
7	1.6%	1.1%, 2.4%
8	0.6%	0.3%, 1.1%
9	0.1%	0%, 0.5%
10	0.1%	0%, 0.5%
11	0.1%	0%, 0.5%

Index pregnancy intention/PREG_INT

Values	Proportion	Confidence Interval

Values	Proportion	Confidence Interval
I'd prefer not to answer	1.6%	1.1%, 2.3%
No, I didn't want to be pregnant then or at any time in the future	12.2%	10.7%, 13.9%
Yes, I wanted to become pregnant at that time	35.8%	33.5%, 38.1%
Yes, but I was hoping to be pregnant later on	35.2%	32.9%, 37.5%
Yes, but I was hoping to become pregnant sooner	15.3%	13.6%, 17.1%

Health issues during 3 months before index pregnancy

High Blood Pressure

Values	Proportion	Confidence Interval
No	86.7%	85%, 88.3%
Yes	13.3%	11.7%, 15%

Diabetes

Values	Proportion	Confidence Interval
No	86.9%	85.1%, 88.4%
Yes	13.1%	11.6%, 14.9%

Other Condition

Values	Proportion	Confidence Interval
No	72.4%	70.2%, 74.5%
Yes	27.6%	25.5%, 29.8%

None

Values	Proportion	Confidence Interval
No	88.1%	86.4%, 89.6%
Yes	11.9%	10.4%, 13.6%

Mental health conditions/PREPREG_MHCOND

Depression

Values	Proportion	Confidence Interval
No	71.3%	69.1%, 73.5%
Yes	28.7%	26.5%, 30.9%

Anxiety

Values	Proportion	Confidence Interval
No	53.5%	51%, 55.9%
Yes	46.5%	44.1%, 49%

Substance Use

Values	Proportion	Confidence Interval
No	94.7%	93.4%, 95.7%
Yes	5.3%	4.3%, 6.6%

Trauma

Values	Proportion	Confidence Interval
No	89.8%	88.2%, 91.1%
Yes	10.2%	8.9%, 11.8%

Other

Values	Proportion	Confidence Interval
No	96.5%	95.4%, 97.3%
Yes	3.5%	2.7%, 4.6%

None

Values	Proportion	Confidence Interval
No	54.7%	52.3%, 57.1%
Yes	45.3%	42.9%, 47.7%

BMI before pregnancy/PREPREG_WEIGHT and HEIGHT

Prepregnancy weight (in pounds)

Mean	Confidence Interval
161.11	158.86, 163.36

Height (in inches)

Mean	Confidence Interval
63.87	63.71, 64.03

BMI

	Mean	Confidence Interval
	27.75	27.38, 28.13

Pregnancy care team: main type of prenatal maternity care provider,

choice

- Most frequent type of pregnancy provider/PROVIDER

Values	Proportion	Confidence Interval
A doctor but I'm not sure what kind	1.6%	1.1%, 2.3%
A family medicine doctor (could be called FP)	2%	1.4%, 2.8%
A midwife (could be called CNM)	5.7%	4.6%, 6.9%
A nurse-practitioner (NP) or other nurse who was not a midwife	3.5%	2.7%, 4.5%
A physician assistant or physician associate (PA)	1.2%	0.8%, 1.8%
An obstetrician-gynecologist doctor (could be called OB, OBGYN, or maternal-fetal medicine specialist)	84.7%	82.8%, 86.3%
I'd prefer not to answer	0.3%	0.1%, 0.7%
Missing	1.2%	0.8%, 1.9%

By Race

PROVIDER	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
A doctor but I'm not sure what kind	4%, (0.6%, 23.4%	40.2%, (23.1%, 59.9%	NA	4%, (0.6%, 23.5%	8%, (2%, 27%	NA	27.9%, (13.9%, 48.1%	4.1%, (0.6%, 23.9%	12%, (3.9%, 31.2%
A family medicine doctor (could be called FP)	3.2%, (0.4%, 19.4%	43.6%, (27.8%, 60.9%	3.1%, (0.4%, 19.2%	3.2%, (0.4%, 19.5%	6.3%, (1.6%, 21.9%	9.3%, (3%, 25.2%	22%, (10.9%, 39.5%	NA	9.3%, (3%, 25.3%
A midwife (could be called CNM)	4.4%, (1.7%, 11.2%	35.1%, (26%, 45.4%	NA	1.1%, (0.2%, 7.4%	6.6%, (3%, 13.9%	3.3%, (1.1%, 9.6%	35.1%, (26%, 45.4%	NA	14.4%, (8.5%, 23.2%
A nurse-practitioner (NP) or other nurse who was not a midwife	1.8%, (0.2%, 11.5%	39.2%, (27.4%, 52.4%	NA	1.8%, (0.3%, 11.6%	12.5%, (6.1%, 24%	7.4%, (2.8%, 18%	23.1%, (13.9%, 35.9%	NA	14.3%, (7.3%, 26%

PROVIDER	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
A physician assistant or physician associate (PA)	5.3%, (0.7%, 29.6%	42%, (22.5%, 64.3%	NA	NA	5.3%, (0.7%, 29.4%	5.3%, (0.7%, 29.7%	37%, (18.8%, 59.9%	NA	5.1%, (0.7%, 28.7%
An obstetrician-gynecologist doctor (could be called OB, OBGYN, or maternal-fetal medicine specialist)	2.1%, (1.5%, 3%	34.5%, (32%, 37%	0.2%, (0.1%, 0.7%	1.2%, (0.8%, 2%	9.1%, (7.7%, 10.7%	5.1%, (4.1%, 6.4%	39.5%, (37%, 42.2%	0.5%, (0.2%, 1.1%	7.7%, (6.4%, 9.2%
I'd prefer not to answer	20%, (2.7%, 69.2%	60%, (20%, 90%	NA	NA	NA	19.9%, (2.7%, 69.1%	NA	NA	NA
Missing	5.3%, (0.7%, 29.7%	36.7%, (18.6%, 59.6%	NA	5.2%, (0.7%, 29.3%	10.4%, (2.6%, 33.6%	NA	36.9%, (18.7%, 59.8%	NA	5.4%, (0.8%, 29.9%

By Race/Ethnicity

PROVIDER	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
A doctor but I'm not sure what kind	4%, (0.6%, 23.4%	40.2%, (23.1%, 59.9%	NA	4%, (0.6%, 23.5%	8%, (2%, 27%	NA	27.9%, (13.9%, 48.1%	4.1%, (0.6%, 23.9%	12%, (3.9%, 31.2%
A family medicine doctor (could be called FP)	3.2%, (0.4%, 19.4%	43.6%, (27.8%, 60.9%	3.1%, (0.4%, 19.2%	3.2%, (0.4%, 19.5%	6.3%, (1.6%, 21.9%	9.3%, (3%, 25.2%	22%, (10.9%, 39.5%	NA	9.3%, (3%, 25.3%
A midwife (could be called CNM)	4.4%, (1.7%, 11.2%	35.1%, (26%, 45.4%	NA	1.1%, (0.2%, 7.4%	6.6%, (3%, 13.9%	3.3%, (1.1%, 9.6%	35.1%, (26%, 45.4%	NA	14.4%, (8.5%, 23.2%
A nurse-practitioner (NP) or other nurse who was not a midwife	1.8%, (0.2%, 11.5%	39.2%, (27.4%, 52.4%	NA	1.8%, (0.3%, 11.6%	12.5%, (6.1%, 24%	7.4%, (2.8%, 18%	23.1%, (13.9%, 35.9%	NA	14.3%, (7.3%, 26%

PROVIDER	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
A physician assistant or physician associate (PA)	5.3%, (0.7%, 29.6%	42%, (22.5%, 64.3%	NA	NA	5.3%, (0.7%, 29.4%	5.3%, (0.7%, 29.7%	37%, (18.8%, 59.9%	NA	5.1%, (0.7%, 28.7%
An obstetrician-gynecologist doctor (could be called OB, OBGYN, or maternal-fetal medicine specialist)	2.1%, (1.5%, 3%	34.5%, (32%, 37%	0.2%, (0.1%, 0.7%	1.2%, (0.8%, 2%	9.1%, (7.7%, 10.7%	5.1%, (4.1%, 6.4%	39.5%, (37%, 42.2%	0.5%, (0.2%, 1.1%	7.7%, (6.4%, 9.2%
I'd prefer not to answer	20%, (2.7%, 69.2%	60%, (20%, 90%	NA	NA	NA	19.9%, (2.7%, 69.1%	NA	NA	NA
Missing	5.3%, (0.7%, 29.7%	36.7%, (18.6%, 59.6%	NA	5.2%, (0.7%, 29.3%	10.4%, (2.6%, 33.6%	NA	36.9%, (18.7%, 59.8%	NA	5.4%, (0.8%, 29.9%

- Proposed exhibit: primary prenatal use of physicians and midwives by race and ethnicity and by private vs Medicaid insurance

By Insurance type (note, not sure how to deal with multiple insurances)

PROVIDER	Indian Health Service or tribal	Medicaid/ CHIP	Missing	None	Other	Private	TRICARE or other military health care
A doctor but I'm not sure what kind	NA	72.1%, (51.8%, 86.1%	4%, (0.6%, 23.7%	3.9%, (0.5%, 23.2%	4%, (0.6%, 23.7%	16%, (6.1%, 35.7%	NA
A family medicine doctor (could be called FP)	3%, (0.4%, 18.6%	56.6%, (39.3%, 72.4%	6.1%, (1.5%, 21.3%	NA	NA	24.8%, (12.9%, 42.3%	9.5%, (3.1%, 25.7%
A midwife (could be called CNM)	1.1%, (0.2%, 7.3%	49.4%, (39.3%, 59.6%	1.1%, (0.2%, 7.4%	NA	6.5%, (2.9%, 13.7%	41.9%, (32.2%, 52.2%	NA
A nurse-practitioner (NP) or other nurse who was not a midwife	NA	53.4%, (40.4%, 66%	1.8%, (0.3%, 11.7%	NA	NA	44.8%, (32.4%, 57.9%	NA

PROVIDER	Indian Health Service or tribal	Medicaid/ CHIP	Missing	None	Other	Private	TRICARE or other military health care
A physician assistant or physician associate (PA)	NA	58.1%, (35.8%, 77.5%	NA	NA	NA	36.7%, (18.6%, 59.6%	5.2%, (0.7%, 29%
An obstetrician-gynecologist doctor (could be called OB, OBGYN, or maternal-fetal medicine specialist)	0.1%, (0%, 0.5%	59%, (56.4%, 61.6%	1.2%, (0.8%, 2%	1.1%, (0.7%, 1.8%	2.1%, (1.4%, 3%	35.1%, (32.6%, 37.7%	1.4%, (0.9%, 2.2%
I'd prefer not to answer	NA	80.1%, (30.9%, 97.3%	NA	NA	NA	19.9%, (2.7%, 69.1%	NA
Missing	NA	94.7%, (70.6%, 99.3%	NA	5.3%, (0.7%, 29.4%	NA	NA	NA

- Narrative could report on whether there were differences in type of provider by parity and by whether born in US or abroad ##### By Parity

PROVIDER	Multiparous	Nulliparous
A doctor but I'm not sure what kind	35.9%, (19.8%, 55.9%	64.1%, (44.1%, 80.2%
A family medicine doctor (could be called FP)	62.3%, (44.7%, 77.2%	37.7%, (22.8%, 55.3%
A midwife (could be called CNM)	65%, (54.6%, 74%	35%, (26%, 45.4%
A nurse-practitioner (NP) or other nurse who was not a midwife	62.3%, (49%, 74%	37.7%, (26%, 51%
A physician assistant or physician associate (PA)	63%, (40.1%, 81.2%	37%, (18.8%, 59.9%
An obstetrician-gynecologist doctor (could be called OB, OBGYN, or maternal-fetal medicine specialist)	68%, (65.5%, 70.4%	32%, (29.6%, 34.5%
I'd prefer not to answer	80.1%, (30.9%, 97.3%	19.9%, (2.7%, 69.1%
Missing	84%, (60.5%, 94.8%	16%, (5.2%, 39.5%

By Birth Country

PROVIDER	I'd prefer not to answer	In the United States	Outside the United States, please specify country:
A doctor but I'm not sure what kind	4%, (0.6%, 23.8%	67.9%, (47.7%, 83.1%	28%, (14%, 48.3%
A family medicine doctor (could be called FP)	NA	75.1%, (57.5%, 87%	24.9%, (13%, 42.5%
A midwife (could be called CNM)	2.2%, (0.6%, 8.4%	83.6%, (74.5%, 89.9%	14.2%, (8.4%, 23%
A nurse-practitioner (NP) or other nurse who was not a midwife	NA	87.5%, (76%, 93.9%	12.5%, (6.1%, 24%
A physician assistant or physician associate (PA)	5.3%, (0.7%, 29.5%	79%, (55.5%, 91.9%	15.7%, (5.2%, 39.1%
An obstetrician-gynecologist doctor (could be called OB, OBGYN, or maternal-fetal medicine specialist)	1.8%, (1.2%, 2.6%	84.3%, (82.3%, 86.2%	13.9%, (12.2%, 15.9%
I'd prefer not to answer	20%, (2.7%, 69.1%	20%, (2.7%, 69.2%	60%, (20%, 90%
Missing	NA	100%, (100%, 100%	NA

- Whether had choice about pregnancy provider/PROVIDERCHOICE ##### Provider Choice

Values	Proportion	Confidence Interval
I'd prefer not to answer	0.4%	0.2%, 0.8%
Missing	1.2%	0.8%, 1.9%
No, I had no choice; my maternity care provider was assigned to me	16.5%	14.8%, 18.4%
Yes, I had a choice and generally saw members of a small team	31.5%	29.3%, 33.8%
Yes, I had a choice and generally saw one person	50.4%	48%, 52.9%

- Proposed exhibit: breakdown by race and ethnicity and private vs Medicaid insurance ##### By Race

PROVIDERCHOICE	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
I'd prefer not to answer	NA	33.7%, (8.5%, 73.5%	NA	16.4%, (2.2%, 62.7%	NA	NA	49.9%, (16.7%, 83.2%	NA	NA

PROVIDERCHOICE	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
Missing	5.3%, (0.7%, 29.7%	36.7%, (18.6%, 59.6%	NA	5.2%, (0.7%, 29.3%	10.4%, (2.6%, 33.6%	NA	36.9%, (18.7%, 59.8%	NA	5.4%, (0.8%, 29.9%
No, I had no choice; my maternity care provider was assigned to me	3.8%, (2%, 6.8%	36.5%, (30.9%, 42.5%	NA	1.9%, (0.8%, 4.5%	9.8%, (6.7%, 14%	4.5%, (2.6%, 7.7%	36.4%, (30.8%, 42.4%	1.1%, (0.4%, 3.5%	6.1%, (3.7%, 9.7%
Yes, I had a choice and generally saw members of a small team	2%, (1.1%, 3.6%	28.5%, (24.7%, 32.6%	0.6%, (0.2%, 1.8%	1.2%, (0.5%, 2.6%	12.8%, (10.1%, 16%	6.1%, (4.3%, 8.5%	36.1%, (32%, 40.4%	0.2%, (0%, 1.4%	12.6%, (10%, 15.8%
Yes, I had a choice and generally saw one person	2.2%, (1.4%, 3.5%	38.8%, (35.5%, 42.2%	0.1%, (0%, 0.9%	1.1%, (0.6%, 2.1%	6.3%, (4.8%, 8.1%	4.8%, (3.5%, 6.5%	39.7%, (36.4%, 43.1%	0.5%, (0.2%, 1.3%	6.5%, (5%, 8.4%

By Insurance (same note about multiple insurance)

PROVIDERCHOICE	Indian Health Service or tribal	Medicaid/CHIP	Missing	None	Other	Private	TRICARE or other military health care
I'd prefer not to answer	NA	66.9%, (26.9%, 91.7%	33.1%, (8.3%, 73.1%	NA	NA	NA	NA
Missing	NA	94.7%, (70.6%, 99.3%	NA	5.3%, (0.7%, 29.4%	NA	NA	NA
No, I had no choice; my maternity care provider was assigned to me	NA	66.9%, (61%, 72.3%	2.3%, (1%, 4.9%	2.7%, (1.3%, 5.5%	4.5%, (2.6%, 7.8%	21.4%, (16.9%, 26.7%	2.2%, (1%, 4.9%
Yes, I had a choice and generally saw members of a small team	0.2%, (0%, 1.4%	51.8%, (47.4%, 56.1%	0.2%, (0%, 1.4%	0.2%, (0%, 1.4%	1.4%, (0.7%, 2.9%	44.1%, (39.9%, 48.5%	2.2%, (1.2%, 3.8%
Yes, I had a choice and generally saw one person	0.2%, (0.1%, 1%	59.9%, (56.5%, 63.2%	1.6%, (0.9%, 2.7%	1%, (0.5%, 2%	2%, (1.2%, 3.2%	34.6%, (31.4%, 38%	0.7%, (0.3%, 1.6%

- Narrative could report on whether there were differences in choice by whether born in US or abroad, whether speaks Eng or something else at home, by disability status (any vs no types), by metro vs non-metro residence

By Birth country, language, and disability

NOTE Not sure how to get metro/non-metro

PROVIDERCHOICE	I'd prefer not to answer	In the United States	Outside the United States, please specify country:
I'd prefer not to answer	16.4%, (2.2%, 62.7%	49.9%, (16.7%, 83.2%	33.7%, (8.5%, 73.6%
Missing	NA	100%, (100%, 100%	NA
No, I had no choice; my maternity care provider was assigned to me	2.6%, (1.3%, 5.4%	77.8%, (72.4%, 82.4%	19.6%, (15.3%, 24.8%
Yes, I had a choice and generally saw members of a small team	1%, (0.4%, 2.4%	87.4%, (84.3%, 90%	11.6%, (9.1%, 14.7%
Yes, I had a choice and generally saw one person	2%, (1.2%, 3.2%	83.5%, (80.8%, 85.9%	14.5%, (12.2%, 17.1%

PROVIDERCHOICE	English	Other
I'd prefer not to answer	100%, (100%, 100%	NA
Missing	94.8%, (70.8%, 99.3%	5.2%, (0.7%, 29.2%
No, I had no choice; my maternity care provider was assigned to me	85.7%, (80.9%, 89.4%	14.3%, (10.6%, 19.1%
Yes, I had a choice and generally saw members of a small team	94.3%, (92%, 96%	5.7%, (4%, 8%
Yes, I had a choice and generally saw one person	88.9%, (86.6%, 90.9%	11.1%, (9.1%, 13.4%

PROVIDERCHOICE	I'd prefer not to answer	No	Yes
I'd prefer not to answer	NA	100%, (100%, 100%	NA
Missing	NA	94.8%, (70.7%, 99.3%	5.2%, (0.7%, 29.3%
No, I had no choice; my maternity care provider was assigned to me	NA	95.5%, (92.2%, 97.4%	4.5%, (2.6%, 7.8%
Yes, I had a choice and generally saw members of a small team	0.2%, (0%, 1.4%	97.2%, (95.4%, 98.4%	2.6%, (1.5%, 4.4%
Yes, I had a choice and generally saw one person	0.4%, (0.1%, 1.1%	97.1%, (95.6%, 98%	2.6%, (1.7%, 3.9%

- Whether had doula support during pregnancy/DOULA [x-ref to childbirth and pp doula results] ##### Had any doula support before, during, or after birth

Values	Proportion	Confidence Interval
Missing	0.4%	0.2%, 0.9%
No	83.3%	81.4%, 85%
Yes	16.3%	14.5%, 18.2%

- Proposed exhibit: breakdown by race and ethnicity and private vs Medicaid insurance
- Narrative could report on whether there were differences by parity, by mother's country of birth, by disability status, by metro vs non-metro residence

If yes, how doula supported/DOULA1

Values	Proportion	Confidence Interval
During Pregnancy	46.6%	40.6%, 52.7%
Not During Pregnancy	53.4%	47.3%, 59.4%

Values	Proportion	Confidence Interval
During Birth	66.8%	60.8%, 72.3%
Not During Birth	33.2%	27.7%, 39.2%

Values	Proportion	Confidence Interval
Not Postpartum	76.4%	70.9%, 81.2%
Postpartum	23.6%	18.8%, 29.1%

- Possible doula quotes for margins/DOULA3
- [appropriate to consolidate doula results across phases of care; propose that this occurs when reporting birth doula experiences; maybe x-ref here]
- See also re preg care team: mental health help and childbirth education, later in this chapter

Prenatal care

Learning about pregnancy and first prenatal visit, setting, remote care/equipment, solo/group

- Learning about pregnancy, initiating and not having prenatal care, care setting

Weeks pregnant when learned about pregnancy/LEARNED1; average

and range

Values	Proportion	Confidence Interval
10	2.5%	1.9%, 3.4%
11	1.2%	0.8%, 1.9%
12	4.5%	3.6%, 5.7%

Values	Proportion	Confidence Interval
13	1.1%	0.7%, 1.7%
14	0.7%	0.4%, 1.3%
15	0.5%	0.2%, 1%
16	1.4%	0.9%, 2.1%
17	0.2%	0.1%, 0.7%
18	0.4%	0.2%, 0.9%
19	0.2%	0.1%, 0.7%
2	4.7%	3.8%, 5.9%
20	0.8%	0.5%, 1.4%
21	0.4%	0.2%, 0.9%
22	0.4%	0.2%, 0.9%
23	0.2%	0.1%, 0.7%
24	0.2%	0.1%, 0.6%
25	0.1%	0%, 0.5%
26	0.1%	0%, 0.4%
27	0.1%	0%, 0.4%
28	0.1%	0%, 0.4%
3	7.1%	6%, 8.5%
30	0.3%	0.1%, 0.7%
32	0.1%	0%, 0.4%
33	0.1%	0%, 0.5%
36	0.1%	0%, 0.4%
37	0.2%	0.1%, 0.6%
38	0.6%	0.3%, 1.1%
39	0.3%	0.1%, 0.7%
4	19.3%	17.5%, 21.3%
40	0.4%	0.2%, 0.9%
41	0.1%	0%, 0.4%

Values	Proportion	Confidence Interval
42	0.1%	0%, 0.4%
5	13.1%	11.5%, 14.8%
6	19.2%	17.4%, 21.2%
7	4.5%	3.6%, 5.6%
8	11.3%	9.9%, 13%
9	2.7%	2%, 3.6%
Missing	0.6%	0.3%, 1.1%

- No prenatal care/LEARNED2/98 (and comment that those with no pnc or late initiation of pnc less likely to participate in survey so our data probably underestimate those folks)

- Entry into prenatal care/LEARNED2

Values	Proportion	Confidence Interval
1	1.2%	0.8%, 1.9%
2	0.4%	0.2%, 0.9%
3	1.7%	1.2%, 2.4%
4	4%	3.2%, 5.1%
5	5.7%	4.7%, 6.9%
6	13.1%	11.6%, 14.9%
7	6.7%	5.6%, 8%
8	21.4%	19.5%, 23.5%
9	5.9%	4.9%, 7.2%
10	9%	7.7%, 10.5%
11	2.7%	2%, 3.6%
12	9.4%	8.1%, 10.9%
13	1.7%	1.1%, 2.4%

Values	Proportion	Confidence Interval
14	2%	1.5%, 2.9%
15	2.2%	1.6%, 3%
16	3%	2.3%, 3.9%
17	0.5%	0.2%, 1%
18	0.9%	0.6%, 1.5%
19	0.1%	0%, 0.5%
20	2.3%	1.7%, 3.1%
21	0.4%	0.2%, 0.8%
22	0.6%	0.3%, 1.1%
23	0.3%	0.1%, 0.7%
24	0.8%	0.5%, 1.4%
25	0.5%	0.2%, 1%
26	0.2%	0.1%, 0.7%
27	0.1%	0%, 0.5%
28	0.2%	0.1%, 0.7%
29	0.1%	0%, 0.4%
30	0.2%	0.1%, 0.7%
32	0.1%	0%, 0.5%
33	0.1%	0%, 0.5%
34	0.1%	0%, 0.4%
36	0.1%	0%, 0.5%

Values	Proportion	Confidence Interval

Values	Proportion	Confidence Interval
37	0.1%	0%, 0.5%
38	0.2%	0.1%, 0.6%
39	0.2%	0.1%, 0.7%
40	0.1%	0%, 0.4%
99	1.4%	0.9%, 2.1%

No Prenatal Care

```
## Warning: There was 1 warning in `dplyr::summarise()`.
## ℹ In argument: `prop = survey_prop(vartype = "ci")`.
## ℹ In group 1: `PRENAT = "Had Prenatal Care"`.
## Caused by warning:
## ! glm.fit: algorithm did not converge
```

Values	Proportion	Confidence Interval
Had Prenatal Care	100%	100%, 100%

No prenatal care by race

PRENAT	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
Had Prenatal Care	2.4%, (1.8%, 3.3%	35.1%, (32.8%, 37.5%	0.2%, (0.1%, 0.6%	1.4%, (0.9%, 2.1%	8.9%, (7.6%, 10.4%	5.1%, (4.1%, 6.3%	38%, (35.7%, 40.4%	0.5%, (0.2%, 1%	8.3%, (7.1%, 9.8%

No prenatal care by insurnace

PRENAT	Indian Health Service or tribal	Medicaid/ CHIP	Missing	None	Other	Private	TRICARE or other military health care
Had Prenatal Care	0.2%, (0.1%, 0.6%	58.9%, (56.5%, 61.3%	1.4%, (0.9%, 2.1%	1.1%, (0.7%, 1.7%	2.2%, (1.6%, 3%	34.9%, (32.6%, 37.3%	1.4%, (0.9%, 2.1%

No prenatal care by pregnancy intention

PRENAT	I'd prefer not to answer	No, I didn't want to be pregnant then or at any time in the future	Yes, but I was hoping to be pregnant later on	Yes, but I was hoping to become pregnant sooner	Yes, I wanted to become pregnant at that time

PRENAT	I'd prefer not to answer	No, I didn't want to be pregnant then or at any time in the future	Yes, but I was hoping to be pregnant later on	Yes, but I was hoping to become pregnant sooner	Yes, I wanted to become pregnant at that time
Had Prenatal Care	1.6%, (1.1%, 2.3%	12.2%, (10.7%, 13.9%	35.2%, (32.9%, 37.5%	15.3%, (13.6%, 17.1%	35.8%, (33.5%, 38.1%

Prenatal by parity

PRENAT	Multiparous	Nulliparous
Had Prenatal Care	67.2%, (64.8%, 69.4%	32.8%, (30.6%, 35.2%

- Narrative could report no prenatal care by race and ethnicity; private vs Medicaid insurance; pregnancy intention/PREG_INT = 1 or 2 versus 4 (and decide where 3/later best fits); **mental health (PREPREG_MHCOND = any 1-5 and/or BOTHER – explore screen positive for depression, anxiety, and/or psychological distress); by SOCIALNEED cumulative social needs during pregnancy (is there a good cut point, e.g., 2+**

- First visit as early as wanted/FIRSTVISIT

Values	Proportion	Confidence Interval
I'd prefer not to answer	0.3%	0.1%, 0.7%
Missing	1.2%	0.8%, 1.9%
No	27.7%	25.6%, 29.9%
Yes	70.9%	68.6%, 73%

- Proposed exhibit: breakdown by race and ethnicity

FIRSTVISIT	AIAN	Hispanic	MENA	Missing	Multiracial	NH Asian	NH Black or African American	NHPI	NHW
I'd prefer not to answer	NA	25.3%, (3.4%, 76.5%	NA	NA	24.7%, (3.3%, 76%	25.5%, (3.4%, 76.7%	24.5%, (3.3%, 75.8%	NA	NA
Missing	5.3%, (0.7%, 29.7%	36.7%, (18.6%, 59.6%	NA	5.2%, (0.7%, 29.3%	10.4%, (2.6%, 33.6%	NA	36.9%, (18.7%, 59.8%	NA	5.4%, (0.8%, 29.9%
No	1.8%, (0.9%, 3.6%	39.3%, (34.9%, 43.9%	NA	1.8%, (0.9%, 3.6%	10%, (7.6%, 13.2%	4%, (2.5%, 6.2%	35.1%, (30.8%, 39.7%	0.9%, (0.3%, 2.4%	7%, (5%, 9.8%
Yes	2.6%, (1.8%, 3.7%	33.5%, (30.8%, 36.3%	0.3%, (0.1%, 0.9%	1.1%, (0.7%, 1.9%	8.4%, (6.9%, 10.2%	5.5%, (4.3%, 7%	39.2%, (36.4%, 42.1%	0.3%, (0.1%, 0.9%	8.9%, (7.4%, 10.7%

- Proposed exhibit: breakdown by private vs Medicaid insurance

FIRSTVISIT	Indian Health Service or tribal	Medicaid/ CHIP	Missing	None	Other	Private	TRICARE or other military health care
I'd prefer not to answer	NA	25.3%, (3.4%, 76.5%	NA	NA	NA	74.7%, (23.5%, 96.6%	NA
Missing	NA	94.7%, (70.6%, 99.3%	NA	5.3%, (0.7%, 29.4%	NA	NA	NA
No	NA	61.6%, (57%, 66%	1.5%, (0.7%, 3.2%	1.6%, (0.7%, 3.3%	2.9%, (1.7%, 5%	31.1%, (26.9%, 35.5%	1.3%, (0.6%, 2.9%
Yes	0.3%, (0.1%, 0.8%	57.4%, (54.5%, 60.2%	1.3%, (0.8%, 2.2%	0.8%, (0.4%, 1.5%	1.9%, (1.3%, 2.9%	36.8%, (34.1%, 39.7%	1.5%, (0.9%, 2.4%

- Narrative could report whether there were differences by pre-preg physical/PREPREG_PHYSCOND and mental health/PREPREG_MHCOND health conditions

First visit by High Blood Pressure

FIRSTVISIT	No	Yes
I'd prefer not to answer	100%, (100%, 100%	NA
Missing	58.1%, (35.8%, 77.6%	41.9%, (22.4%, 64.2%
No	86.8%, (83.3%, 89.6%	13.2%, (10.4%, 16.7%
Yes	87.5%, (85.4%, 89.3%	12.5%, (10.7%, 14.6%

First visit by Diabetes

FIRSTVISIT	No	Yes
I'd prefer not to answer	100%, (100%, 100%	NA
Missing	100%, (100%, 100%	NA
No	97.8%, (95.9%, 98.8%	2.2%, (1.2%, 4.1%
Yes	96.3%, (95.1%, 97.3%	3.7%, (2.7%, 4.9%

First visit by Other

FIRSTVISIT	No	Yes

FIRSTVISIT	No	Yes
I'd prefer not to answer	75.3%, (24%, 96.7%	24.7%, (3.3%, 76%
Missing	89.6%, (66.6%, 97.4%	10.4%, (2.6%, 33.4%
No	83.4%, (79.7%, 86.6%	16.6%, (13.4%, 20.3%
Yes	89.2%, (87.2%, 90.9%	10.8%, (9.1%, 12.8%

If not, why couldn't have visit as early as wanted/NOPRENATAL

Proposed exhibit: simple bar graph in descending order of reasons with Overall throughline

Setting for prenatal care/CARESETTING/

```
# CARESETTINGC1 — CARESETTINGC9
```

- Proposed exhibit: simple bar graph in descending order with overall throughline ##### Individual and group prenatal care ##### Individual versus group care/CARETYPE

```
# ARETYPEC1 — ARETYPEC3
```

Whether had choice/CARETYPE1

Values	Proportion	Confidence Interval
I don't know	13.4%	11.9%, 15.2%
I'd prefer not to answer	0.1%	0%, 0.5%
No	39.3%	37%, 41.8%
Yes	45.9%	43.5%, 48.3%
Missing	1.2%	0.8%, 1.9%

Proposed exhibit: by race and ethnicity and type of insurance

Preference between individual and group care type (if

experienced both)/CARETYPEPREF ###### Proposed exhibit: by race and ethnicity, private vs Medicaid insurance (bars, including overall, showing individual, group, mix of both) - Narrative could report by parity, education, age - Remote and in-person prenatal care/CAREMODE - Reason for televisits/WHYTELE - Proposed exhibit: simple bar graph in descending order with Overall throughline - Whether had equipment/supplies for 4 types of home monitoring/ATHOMECARE - Confidence about ability to do four types of home monitoring/BPCONFID + URINECONFID + WEIGHCONFID + BABYHRCONFID - Proposed exhibit: table with rows combining use of four types of home monitoring (percent with equipment/supplies among those with remote care?) and confidence of those with equipment/supplies - Narrative could report whether greater confidence (fully or somewhat, or fully alone?) differed by parity (first time vs experienced), age (is there a meaningful cut point?), education level (high school or less vs more than high school?), and private vs Medicaid insurance - Preference between in-person and televisits (if experienced both)/CAREMODEPREF - Proposed exhibit: by race and ethnicity, metro vs non-metro residence (bars, including overall, showing in-person, televisit, mix) Narrative could report whether preference differed by parity, education, whether employed during pregnancy, private vs Medicaid insurance - Childbirth education - Whether had CBE classes/CURREDUC - Narrative could report whether this differed by parity, by private vs Medicaid insurance, by employment during pregnancy - If had 1+ prior birth, whether took CBE classes during previous pregnancy/PRIOREDUC - Narrative could report whether, limited to multips, CURREDUC differed by having taken

classes in the past - Sponsor of index pregnancy classes/independence/EDUCTYPE - In-person vs remote/hospital vs community/EDUCMODE - Impact of class/EDUCIMPACT - Proposed exhibit: simple bar graph in descending order with Overall throughline - Maybe: comment on cbe trends across LTM surveys (seemed to be greatly falling off in past; remote options and maternal health crisis publicity might be leading to greater use now)

- Pregnancy complications

- Whether experienced pregnancy conditions/PREGCONDITION

- Proposed exhibit: simple bar graph of percentage reporting queried conditions, in descending order with Overall throughline

- Proposed exhibit: summative score (number of fixed choice responses selected) by race and ethnicity, private vs Medicaid insurance

- Narrative could report whether summative score differed by disability status, metro vs non-metro county, vaginal or cesarean index birth

- Mental health during pregnancy

- PHQ4 mental health screener/BOTHER (analyzed as PHQ2 (depression), GAD2 (anxiety), and PHQ4 (psychological distress) (see LTM-CA chapter for cut-points and literature)

- Proposed exhibit: positive depression screen by race and ethnicity, private vs Medicaid insurance

- Narrative could report whether positive screen for depression differed by disability status, metro vs non-metro county, whether IDed depression before preg

- Proposed exhibit: positive anxiety screen by race and ethnicity, private vs Medicaid insurance

- Narrative could report whether positive screen for anxiety differed by disability status, metro vs non-metro county, whether IDed anxiety before preg

- Whether received counseling or therapy during index preg/MENTALSUPPORT

- Whether took mental health meds during index preg/MENTALSUPPORT [Questionnaire repeats previous code: think this one needs to be MENTALSUPPORT1]

- Proposed exhibit: table showing screening status for depression and for anxiety and percentage of people with negative and positive screens who got any help

- Proposed exhibit: whether got help (counseling/therapy and/or meds) by race and ethnicity, private vs Medicaid insurance

- Narrative could report whether got help (counseling/therapy and/or meds) by disability status, metro vs non-metro county, whether IDed mental health issues before preg

- Social needs during pregnancy [cross-ref to whether pregnancy needs are still an issue at time of survey in postpartum chapter]

- Proposed exhibit: simple bar graph with percentage of all respondents identifying 9 types of social needs during index pregnancy/SOCIALNEED [ordered in most to least order of frequency]

- Proposed exhibit: average # of needs identified by race and ethnicity, private vs Medicaid payment, income

- Narrative could report whether average number of needs identified differed by disability status, sexual orientation, metro vs non-metro residence, education

- Employment and pregnancy accommodations

- Whether employed during index pregnancy/EMPLOY

- If yes, whether FT or PT/EMPLOYHOURS

- Whether had paid time off for prenatal visits/EMPLOYBEN

- Proposed exhibit: whether had PTO for prenatal visits by race and ethnicity, private vs Medicaid payment

- Narrative could report whether PTO for prenatal care differed by disability status, income, metro vs non-metro residence, education

- Whether needed temporary accommodations/EMPLOYCHANGE

- If needed, whether received pregnancy accommodations/EMPLOYCHANGE1

- Narrative could report whether access to needed accommodations differed by private vs Medicaid payment, disability status, metro vs non-metro residence, income, education [explore whether "partial" is grouped with none or fully or left aside]

- Late pregnancy

- Big baby prediction.Whether told baby might be getting quite large/BIGBABY1 [could also fit in a childbirth chapter]

- If BIGBABY1=1, whether care provider recommended specific response/BIGBABY2

- If intervention recommended (BIGBABY2=1,2,or 3), whether it occurred/use special programming

- If recommended intervention occurred, whether it was before 39 weeks/use special programming

- If BIGBABY1 = 1

- Proposed exhibit: show induction and cesarean rates for babies that were were and were not predicted to be large

- If BIGBABY1 = 1,

- Proposed exhibit: pie chart showing actual birth weight for predicted large babies: LBW, normal weight, macrosomic

- [We don't have data on provider motivation, but noting that providers get the relatively lucrative IP payment from scheduling births during time when they're in hospital]

- Planned infant feeding as came to the end of pregnancy/PLANNEDFEED (or can put this in BF section of next chapter with hospital BF support)

- Proposed exhibit: bar graph of intention to exclusively BF and partially BF by race and ethnicity, private vs Medicaid payment, beginning with an overall bar

- Narrative could report intention by whether employed, age, education

- Pregnancy weight gain PREGWEIGHT - PREPREG_WEIGHT

- Proposed exhibit: align with 2009 IOM recommended ranges by prepregnancy BMI (https://nap.nationalacademies.org/resource/12584/Report-Brief---Weight-Gain-During-Pregnancy.pdf) [let's find a data viz to show compliance vs deviation from these guidelines]

Chapter 2. Childbirth in hospital settings

- Basic facts

- Mother

- Age at birth/AGEBIRTH [Will need to inpute from age given in screener for someone with a valid Q1 complete from first field period and no Q2 complete in the first round of fielding; this added to Q2 in first field period and moved to Q1 in second field period]

- Parity/NUMB_BIRTH: Report specific numbers (and not binary first-time vs experienced)

- Average LABORLENGTH for vaginal birth/no induction, vaginal birth/induction, in-labor cesarean/no induction, in-labor cesarean/induction

- LOS/DAYSHOSP: overall, vaginal births, cesarean births, range

- Mode of birth (report underlying for 2023 and 2024 (with our removable exclusions via WONDER) as this is a

weighting variable?

- Baby

- Gestational age/calculate with DUEDATE and BIRTHDATE

- Proposed exhibit: GA vertical bars by gestational week or other viz to show how much we have deviated from a bell curve

- Birth weight/BIRTHWEIGHT: distribution by VLBW, LBW, normal BW, macrosomic

- First hour/GOLDENHOUR, location of baby

- Proposed exhibit: bar graph with percentage with mom, spouse/partner, staff/routine, staff/special percentage and with staff for routine care percentage by mode of birth; race/ethnicity, beginning with overall percentages

- Narrative could report private vs Medicaid payment; midwife vs physician maternity care provider

- If with mom or dad, whether skin-to-skin/SKIN

- Proposed exhibit: side-by-side bar graphs with percentage with mom and with spouse/partner, by mode of birth; race/ethnicity, beginning with overall percentages

- Location of baby after that/HOSPLOC

- NICU admissions (partial or full stay)/NICU

- To discuss, whether we feel comfortable trying to ID low-risk baby with NICU stay given trend of supplier-induced demand and healthier and healthier babies getting NICU care (e.g., term, normal birth weight and — per eligibility – singleton,)

- LOS/BABYHOSP: overall, with no NICU stay, with partial NICU stay, with full NICU stay, range

- Care team – birth attendant, doula support (for many, begins in pregnancy, ends pp) and labor support from personal network

- Primary type of provider who attended birth/BIRTHATTEND: percentages for 1-6

- Proposed exhibit: midwife vs physician attendant by race and ethnicity, private vs Medicaid payment

- Narrative could report midwife vs physician attendant by disability status, sexual orientation, metro vs non-metro residence, education, income

- Moreover, was that person a student/ATTENDSTUDENT=1

- Whether had doula support when gave birth/DOULA

- Proposed exhibit: whether had birth doula by race and ethnicity, private vs Medicaid payment

- Narrative could report whether doula support differed by no vs any type of disability, income, education, metro vs non-metro residence

- Possible doula quotes/DOULA3

- This may be the place to describe doula use by phase of care/DOULA (while describing doula support during pregnancy in previous chapter and pp in pp chapter) [trend: from birth doulas to extended longitudinal doula support]

- Other companions during index birth/OTHERSUPPORT

- Labor induction

- Elective labor induction at term. Provider discussion about inducing because it's around due date/INDUCE

- Among those who labored/MODE=1 or LABCSEC=1 (leaving aside planned cesareans), percentage whose provider recommended elective induction at term/INDUCE5=1

- Shared decision making sequence/INDUCE1 and INDUCE2 and INDUCE3 and INDUCE4 and INDUCE5 and INDUCE7 based on endorsed performance measure (https://mghdecisionsciences.org/wp-content/uploads/2024/02/PQM_2962_User_Guide_SDM_Process_Scale_2023.pdf) with 0-4 scoring for INDUCE1 + INDUCE2 + INDUCE3 + INDUCE4

- Proposed exhibit: for whom is elective induction at term being recommended: INDUCE5=1 by race and ethnicity, private vs Medicaid insurance

- Narrative could report whether recommendation differs by metro vs non-metro residence, by age, education, first-time vs experienced

- Proposed exhibit: to what extent are various subgroups experiencing SDM, by race and ethnicity, private vs Medicaid insurance

- Narrative could report whether recommendation differs by age, education, first-time vs experienced, any or no type of disability

- Use INDUCE6 open end for selected quotes in margin about trend of elective induction at term

- Whether this discussion was followed by attempt to medically induce: among INDUCE=1, results for MEDINDUCE and then

- Whether among this subset with MEDINDUCE=1, medical induction started labor/MEDINDUCE2 and

- Whether the subset of labors induced electively at term ended with vaginal or cesarean birth/MODE2023

- [Could also be done using MEDINDUCE3=3, but recommend incorporating into this sequence focusing on induction because it's term]

- Self-induction of labor: whether tried to self-induce index pregnancy/SELFINDUCE

- If SELFINDUCE=1, whether it started labor/SELFINDUCE1

- If SELFINDUCE=1, why tried to self-induce/SELFINDUCE2

- Proposed exhibit: simple bar graph of the response choices in descending order of frequency with Overall throughline

- Narrative could report who was more likely to self-induce, looking at education, recommendation for induction because it was around term, by race and ethnicity, by private vs Medicaid payment, by predominant physician vs midwife prenatal care provider

- Medical induction of labor: whether experienced medical induction/MEDINDUCE

- If MEDINDUCE=1, method(s) used/MEDINDUCE1

- Proposed exhibit: bar graph of response choices in descending order of frequency

- If MEDINDUCE=1, whether medical induction started labor/MEDINDUCE2

- If MEDINDUCE=1, reason for medical induction/MEDINDUCE3

- Proposed exhibit: simple bar graph of the response choices in descending order of frequency with Overall throughline

- If MEDINDUCE2=1 (medical induction started labor), duration of medical induction/MEDINDUCE4

- If MEDINDUCE2=2 (medical induction did not start labor), duration of medical induction attempt/MEDINDUCE5 [Note that Word version of questionnaire repeats MEDINDUCE4 and this should be MEDINDUCE5]

- If MEDINDUCE=1, mode of birth (MODE) among people with medical induction (whether started labor or not; could limit to medical induction for non-health reason and compare mode of birth outcome with those experiencing labor and no induction)

- [Cross-ref to big baby intervention results, briefly noting takeaways here]

- Hospital childbirth restrictions on movement/positions, oral nutrition, choice, optimal care

- Among those who labored/MODE=1 or LABCSEC=1, whether had oral fluids/LABORPERMIT=1 or oral solids/LABORPERMIT=2 (need to creatively distinguish between no/not interested and no/interested but not allowed)

- Among those who labored/MODE=1 or LABCSEC=1, no ambulation/LABORWALK=2 (but did not ask whether was restricted to bed)

- Among those with a vaginal birth/MODE=1, positions/POSITION used by those who did and did not have a choice/POSITIONCHOICE

- Proposed exhibit: positions used with and without choice

- Consider identifying baby with staff for routine care in first hour as restriction or x-ref to that as restriction

- Consider no choice in having epis or x-ref to that as restriction

- Consider hospital staff gave baby formula w/o respondent permission/HOSPFEED = 8 (not a part of Baby-Friendly steps; LTMAC added this one)

- Various childbirth interventions: pain relief, fetal monitoring, episiotomy, other labor interventions

- Pain relief

- Drugfree: among those who labored (either MODE:1 or LABCSEC:1), drug-free pain relief methods used/DRUGFREE

- Proposed exhibit: simple bar graph showing use of non-pharm methods in descending order and those who used none

- Among those who labored//MODE=1 or LABCSEC=1, percentage who did vs did not use drugfree methods

- Proposed exhibit: Consider comparing those who did/did not use drugfree methods and their attributes (e.g., RE, first-time vs experienced mom, physician vs midwife birth attendant, no doula vs doula)

- Narrative could report how likely respondents were to use drugfree methods, by education, race and ethnicity, private vs Medicaid payment

- Painmeds: among all respondents, which pain medications were used/PAINMEDS

- Proposed exhibit: simple bar graph showing use of pharm methods in descending order and those who used none with Overall throughline

- Consider subgroup analyses by vaginal and cesarean outcomes and/or between planned cesareans and those who labored/MODE = 1 or LABCSEC =1

- Among all respondents, percentage who did vs did not/PAINMEDS = 7 use pain meds

- Proposed exhibit: Consider comparing those who did/did not use pain meds and their attributes (e.g., RE, first-time vs experienced mom, physician vs midwife birth attendant, no doula vs doula)

- Narrative could report how likely respondents were to use pain meds, by education, race and ethnicity, private vs Medicaid payment, parity, mode of birth

- Interventions among respondents with cesarean and no labor/LABCSEC=2

- Whether had IV fluids/CSECTIONINT:1 and bladder catheter/CSECTIONINT=2

- [Note: respondents unlikely to know the details about many additional interventions]

- Interventions among respondents who labored/MODE=1 and LABCSEC=1

- Whether had AROM post-contractions/LABORINT = 1, IV fluids/LABORINT = 2, synthetic OT after labor contractions/LABORINT = 3, bladder catheter/LABORINT = 4, one+ vaginal exams/LABORINT = 5

- Proposed exhibit: simple bar graph of use of these five interventions in descending order of frequency with Overall throughline

- Method used to monitor the fetus (can we say baby at this point?)/FETALMON

- Interventions among respondents with a vaginal birth,

- Main position used when pushing their baby out/POSITION

- Proposed exhibit: simple bar graph of use of various positions in descending order of frequency with Overall throughline

- Other positions used when pushing their baby out/POSITION2 (some stage 2 position results proposed for Restriction section, above)

- Whether they experienced [avoid gift terms like "received"] an episiotomy/EPIST=1

- Among those with epis, percentage who did not have a choice/EPISTCHOICE=2 [no choice could be included above under restrictions]

- Narrative could report how likely respondents were to have had no choice, looking at education, age, race and ethnicity, private vs Medicaid payment, parity

- Whether a health professional stitched them near the opening of their vagina to repair a tear or cut/SUTURE [could remove those with epis to estimate the proportion with a tear]

- Medicalization and physiologic childbirth

- Experience of physiologic childbirth according to reVITALize definition (https://www.acog.org/practice-management/ health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions) (use same programming as in LTM-CA report)

- Narrative could report how likely respondents were to meet the definition by type of prenatal and type of birth maternity care provider, whether had birth doula, dilation at admission, private vs Medicaid payment, race and ethnicity, education

- At least one measure of experiencing childbirth interventions (in the past have enumerated cumulative significant interventions (LTM-CA Figure 27), have created flow chart (LTM-CA Figure 28 Cascade of Intervention), and have enumerated in a table (LTM-CA Table 3)

- Also: spontaneous onset of labor (large-scale uncontrolled experiment of shortened gestation) and spontaneous vaginal birth rates,

- Labor practices and vaginal or cesarean outcome

- We can test the following variables, which are associated with vaginal vs cesarean birth, clarifying the analysis is not adjusted [could go near end of this chapter as bridge or in the following chapter]:

- Having a labor doula/DOULA=2 vs no labor doula

- Having a midwife birth attendant/BIRTHATTEND=4 vs a physician/BIRTHATTEND=1,2,or3

- Induced labor [ARRIVE trial says this is protective; many others feel that ARRIVE is not generalizable and induction poses risk for cesarean]/MEDINDUCE=1

- Active versus early labor on first vaginal exam after admission/VAGEXAM=6+ vs VAGEXAM=<6 [could also do separate analysis of cesarean rates for each cm as in LTM-CA report Figure 19]

- Fetal monitoring with hand-held device/FETALMON = 2 vs EFM/FETALMON = 1

- Being upright and mobile during labor/LABORWALK=1 vs in bed

- Noting that epidural slows labor and that is why synthetic oxytocin is almost universally used as co-intervention: could look at epidural without vs with synthetic oxytocin among people who labored

- Support for breastfeeding among those who planned partial or exclusive BF

- Breastfeeding intention/PLANNEDFEED = 1

- Among those who planned partial or exclusive BF/PLANNEDFEED = 1, whether nurses/other staff aligned with Baby-Friendly "steps" that women could reasonably know/HOSPFEED = 1-7, 9-10

- Separate analysis of HOSPFEED = 8, which was added by LTMAC and isn't precisely aligned with Baby-Friendly steps (report HOSPFEED = 8 separately, possibly in restrictions section, as restriction on respondent's feeding choice)

- Proposed exhibit: simple bar graph showing cumulative Baby-Friendly steps (leaving HOSPFEED = 8 aside) and likelihood of breastfeeding at 1 week, separating exclusive and mixed feeding

- Narrative could report who was more likely to achieve their feeding goals at 1 week, by race and ethnicity, type of insurance, type of prenatal care provider, type of birth attendant, parity, age, education

- Respectful care – PCMC-US (maybe ref to appendix on sources of new items about selection of items from each scale in longer validated tool)

- Respect care: developer's 0-100 scoring guidance (https://drive.google.com/drive/u/0/folders/1Cj9z-7o3ppGYYNRm3JwZH1nzZj1YQbgm?ths=true)

- RESPECT (Dignity & Respect scale)

- KNOWLEDGE (Dignity & Respect scale)

- HEARD (Communication & Autonomy scale)

- DECISIONS (Communication & Autonomy scale)

- CONSENT (Communication & Autonomy scale)

- INFORMED (Communication & Autonomy scale)

- TIMELINESS (Responsiveness, Supportive Care scale)

- NEGLECT (Dignity & Respect scale)

- TRUST (Responsiveness, Supportive Care scale)

- FEEDING (Responsiveness, Supportive Care scale)

- SAFE (Responsiveness, Supportive Care scale)

- DISCRIMINATION (Dignity & Respect scale)

- Consider scores for each item, scores for all 12 items

- Scores for subscales

- Proposed exhibit: by race/ethnicity, private vs Medicaid payment

- Narrative could report by midwife vs physician birth attendant, any vs no type of disability, age, education

- Separately analyze/DISCRIMINATION1, which we added [percentage choosing each type and cumulative selection?]

- Separately analyze per pre-field decision: cultural traditions and AIAN analysis/CULTURE (from Dignity & Respect scale) whether had customs and then for those that did, whether provider respected customs/culture

- Proposed exhibit: race and ethnicity [hypothesize greatest acknowledgment of cultural traditions and greatest failure to accommodate them among AIAN, then Black]

Chapter 3. Vaginal and cesarean births

- Mode of birth overview for all survey participants (similar to Table 4, LTM-CA report)

Vaginal XX%

Vaginal/no previous CSVBAC

Unassisted
Vacuum or Forceps Assisted
Total Cesarean XX%

Primary Cesarean XX%Repeat Cesarean XX%

Unplanned
Planned

- Total cesarean and vaginal birth rates

- Proposed exhibit: mode of birth by race and ethnicity, private vs Medicaid payment

- Narrative could report midwife vs physician childbirth provider

- Vaginal birth

- Whether assisted with forceps or vacuum/VAGASSIST

- Very low VBAC rate [and reference to discussion of access, choice, results in following section]

- Could reference section in previous chapter with labor practices that were and were not associated with greater likelihood of vaginal birth

- Cesarean variations

- Mind the denominator. Consider replicating LTM-CA Table 5 Mind the denominator for 4 different cesarean rates: total, primary, repeat, NTSV [illustrates: not to confuse total and NTSV, sky-high repeat rate, NTSV just deals with a small proportion]

- Unplanned in-labor cesareans/CSECTIONTYPE=2

- Reported reason for the cesarean/UNPLANNEDREASON

- Proposed exhibit: simple bar graph in descending order of response choices with Overall throughline

- [Possibly something here about length of labor with unplanned cesareans/LABORLENGTH among those who labored before planned/CSECTIONTYPE=2 and LABCSEC=1]

- [Maybe cross-ref to planned cesarean labor interventions, in prev chapter]

- Planned cesareans and birth options after cesarean/CSECTIONTYPE=1

- Reported reasons for having a planned cesarean/PLANNEDC

- Proposed exhibit: simple bar graph in descending order of response choices with Overall throughline

- Possible repeat cesarean quotes for margins/REPEATCSEC

- VBAC rate

- Proposed exhibit: VBAC rates by race and ethnicity, private vs Medicaid payment with overall throughline

- Narrative could report by midwife vs physician prenatal provider and midwife vs physician childbirth provider

- Proposed exhibit: who reported main reason for repeat was previous by race and ethnicity, private vs Medicaid payment

- Narrative could report who was more likely to have repeat due to prior cesarean by midwife vs physician prenatal provider and midwife vs physician childbirth provider

- Whether those with repeat cesarean (LTM-CA report has some food for thought on display of VBAC results)

- Had option of VBAC/VBACCHOICE

- Reason VBAC not available (VBACCHOICE=2 and VBACINTEREST=1

- See complex graphic for these items in LTM-CA report (Figure 33)

- Important to look at

- Was interested in option VBAC/VBACINTEREST

- If had repeat and was interested in VBAC, whether tried to plan a VBAC/VBACEFFORT

- Whether took any steps to plan for VBAC/VBACEFFORT (among MODE=2for any previous birth, MODE2023=2, and VBACINTEREST=1)

- If didn't have option, was interested in VBAC and had a repeat, why didn't have option/VBACACCESS

Chapter 4. Early Postpartum Period (after leaving hospital)

- Postpartum doula support

- Whether had doula support after birth when home with baby/DOULA=3

- Proposed exhibit: whether had postpartum doula support by race and ethnicity, private vs Medicaid payment with overall throughline

- Narrative could report by any vs no type of disability, income, education, metro vs non-metro residence,

- If yes, how doula supported/DOULA2

- Possible doula quotes for margins/DOULA3

- [appropriate to concisely report consolidated doula results across phases of care; propose that this occurs when reporting birth doula experiences; maybe x-ref here]

- Postpartum office visits

- Number of visits/PPVISIT

- Proposed exhibit: bar graph showing 0, 1, 2, 3, 4+ by race/ethnicity, private vs Medicaid payment, with Overall bar (CA Figure 47 aligns bars vertically between 0 to left and 1+ to right)

- Narrative could report whether there were differences by midwife vs physician prenatal provider

- Can comment on the flaws of using billing codes to describe extent of pp visits, because they greatly underestimate actual visits; more accurate and more extensive to ask mothers

- Timing of first visit among 2+ visits/PPVISITTIME and timing of single visit/PPVISITTIME (can reference ACOG recommendation for pp visits and how much our respondents' experiences align)

- Content of pp visits/VISITTOPIC, ordered from least to most likely to have been addressed (need creative way of distinguishing no and needed from no and didn't need across the seven topics)

- Narrative could report whether there are differences between No and needed vs no and didn't need, by first-time vs experienced moms, education

- Narrative could report whether there are differences between yes, covered and either no, not covered, by midwife vs physician most often prenatal provider

- Infant feeding

- Feeding intention and feeding at one week, Relationship between feeding intention/PLANNEDFEED and feeding at one week postpartum/FEED1WEEK: concordant, discordant and in what direction

- Proposed exhibit: to look at missed opportunities, compare concordant BF (either planned exclusive and exclusive at one week or planned mixed and mixed at one week) to who dropped off of BF intention: planned exclusive and

mixed or formula at one week and planned mixed and formula only at one week, by race/ethnicity; private vs Medicaid payment

- Narrative could report whether there were differences by midwife vs physician birth attendant, first-time vs experienced moms; fidelity to Baby-Friendly steps/HOSPFEED (apart from 8, added by LTMAC)

- Proposed exhibit: to look at value-added situations, compare concordant planned formula and formula at one week or planned mixed and mixed at one week to who improved over BF intention: planned formula and any BF or planned mixed and exclusive BF at one week, by midwife vs physician birth attendant, and fidelity to Baby-Friendly steps/HOSPFEED (apart from 8, added by LTMAC)

- Narrative could report whether there were differences by first-time vs experienced moms

- Proposed exhibit: HOSPFEED showing possible relationship between cumulative # of yeses (apart from response 8, which was a LTMAC addition to Baby-Friendly criteria) and achievement of breast milk feeding goals at one week

- Separate result for HOSPFEED = 8 (if enough reported yes, Proposed exhibit: by race and ethnicity and private vs Medicaid payment) OR could just report under Hospital Childbirth Restrictions in Childbirth in Hospital Settings chapter

- Achieving goals for breast milk feeding/CURRENTFEED: exclusive, any, no breast milk (with some indication of baby age for each

- Duration of exclusive breast milk feeding/EXCLUSIVEBF

- Whether fed breast milk alone as long as wanted/EXCLBFGOAL

- Proposed exhibit: simple bar graph describing how likely respondents were to exclusively breastfeed as long as they wanted, by race and ethnicity, first-time vs experienced moms, with Overall throughline

- Narrative could report whether there were differences by age, education, income

- Baby's age at full weaning

- Whether fed any breast milk as long as wanted/BFGOAL

- Proposed exhibit: simple bar graph describing how likely respondents were to feed any breast milk as long as they wanted, by race and ethnicity, first-time vs experienced moms, with Overall throughline

- Narrative could report whether there were differences by age, education, income

- Mental health at time of survey

- Positive screens for depression, anxiety, psychological distress

- PHQ4 mental health screener/PPBOTHER analyzed as PHQ2 (depression)

- Proposed exhibit: simple bar graph describing who screened positive for depression by race and ethnicity and private vs Medicaid payer with Overall throughline

- PHQ4 mental health screener/PPBOTHER analyzed as GAD2 (anxiety)

- Proposed exhibit: simple bar graph describing who screened positive for anxiety by race and ethnicity and private vs Medicaid payer with Overall throughline

- PHQ4 mental health screener/PPBOTHER analyzed as PHQ4 (psychological distress) (see LTM-CA chapter for cut-points and literature)

- Proposed exhibit: simple bar graph describing who screened positive for psychological distress by race and ethnicity and private vs Medicaid payer with Overall throughline

- Receiving mental health help

- Whether received counseling or therapy during index preg/PPTHERAOT

- Whether took mental health meds during index preg/PPMEDS

- Proposed exhibit: received help (counseling and/or therapy) by positive and negative screens for psychological distress, by race and ethnicity and private vs Medicaid payer

- Narrative could report whether there were differences, by age, education, income

- Persistence of mental health conditions

- Relationship between prepreg mental health/PREPREG_MHCOND and mental health at time of survey/PPBOTHER for PHQ4/psychological distress

- Relationship between preg mental health and mental health at time of survey/BOTHER and mental health at time of survey/PPBOTHER in two ways

- BOTHER = PHQ2 and PPBOTHER = PHQ2 for depression

- BOTHER = GAD2 and PPBOTHER = GAD2 for anxiety

- Continuing social needs Still an issue at time of survey (comment: possible that some needs newly arose after birth and we did not repeat entire screener)

- Compare percentage resolved and percentage unresolved for social needs identified during pregnancy and whether still experiencing the need at time of survey/SNMEAL; SNLIVE; SNUTILITIES; SNTRANSPORT; SNCHILDCARE; SNINCOME; SNDRUGS; SNUNSAFE; SNABUSE

- Proposed exhibit: whether respondents had continuing specific social needs identified during pregnancy at time of survey, by race and ethnicity and private vs Medicaid payer

- Proposed exhibit: who had continuing social needs at time of survey by counts (e.g., 0, 1, 2, 3+), by race and ethnicity and private vs Medicaid payer

- Narrative could report whether there were differences by income, age, education, first-time vs experienced moms

- Weight loss at time of survey/PREGWEIGHT - CURRWEIGHT by time elapsed since birth in two-month increments (previously we found incremental loss/mo over finite period, ending with no further loss and a net gain of about 6? lbs/pregnancy)