Mothers who participated in the 2002 North Dakota PRAMS survey were asked questions about prenatal (i.e., prior to delivery) and postpartum (i.e., after delivery) issues. Prenatal issues covered are whether the mothers received prenatal care as early as they wanted and the number of prenatal care visits they received. Postpartum issues covered are the amount of time spent in the hospital after delivery, source of payment for delivery, and whether the mothers were doing anything to keep from getting pregnant. An important postpartum issue which was not addressed in the survey is whether the mothers experienced depression after the delivery.

### Prenatal Issues

The vast majority of North Dakota mothers in 2002 received prenatal care as early as they wanted (81%). For mothers who did not get prenatal care as early as they wanted, reasons included that they did not know they were pregnant (38%), they could not get an appointment earlier in the pregnancy (27%), the doctor or health plan would not start prenatal care earlier (22%), and they did not have enough money or insurance to pay for prenatal care (12%). The prevalence of mothers who reported a barrier to getting prenatal care as early as they wanted was higher for mothers who were younger, less educated, unmarried, American Indian, or recipients of Medicaid.

North Dakota mothers had an average of 11 prenatal care visits in 2002. Less than 1 percent had no prenatal care visits. However, 20 percent of mothers said they did not receive prenatal care in the first trimester.

The prevalence of North Dakota mothers not starting prenatal care in the first trimester was:

- **Age** – Higher among women ages 15 to 19 (48%) than women ages 20 to 24 (23%), 25 to 29 (16%), 30 to 34 (13%), and 35 and older (20%).
- **Education** – Higher among women with less than a high school degree (37%) than women with a high school degree (28%), some college (18%), and a college degree (14%).
- **Marital** – Higher among unmarried women (32%) than married women (16%).
- **Race** – Higher among American Indian women (35%) than white women (19%).
- **Medicaid** – Higher among women receiving Medicaid before or during pregnancy (31%) than women not receiving Medicaid (16%).

In 2002, North Dakota mothers reported spending an average of three nights in the hospital after delivery. Less than 1 percent of births were not delivered in the hospital.

North Dakota mothers’ delivery was paid for using health insurance (67%), personal income (34%), Medicaid (27%), military (7%), and Indian Health Service (2%). More than one-third of mothers used multiple payment sources to pay for the delivery (36%).

Approximately one in seven North Dakota mothers reported that a health-care worker did not talk to her about using birth control after the baby was born (14%). Similarly, one in seven mothers was not doing anything at the time of the survey to keep from getting pregnant (14%). For mothers not doing anything to prevent pregnancy, reasons included that they didn’t want to use birth control (38%), they were not having sex (29%), the husband/partner didn’t want to use anything (13%), they didn’t think they could get pregnant (7%), and they couldn’t pay for birth control (3%). Several mothers indicated there were other reasons they were not using birth control, including religious reasons and side effects from particular methods.

A study released in 2007 in the Maternal and Child Health Journal examined comment data from mothers in 10 states that conducted the 2000 PRAMS survey. Three different time periods relating to pregnancy emerged from the mothers’ comments: the prenatal period, the intrapartum period, and the postpartum period. When analyzing only those comments relating to the postpartum period, six themes emerged:

1) Need for social support for new mothers; mothers of preemies, twins, or multiples; and parents who lose their infants.
2) Breastfeeding issues, including experiences in the hospital, barriers to breastfeeding at work, and other barriers to breastfeeding.
3) Lack of education about newborn care.
4) Perceived need for extended postpartum hospital stay, for infants’ health as well as mothers’ need for rest and recuperation.
5) Need for maternal insurance coverage beyond delivery.
6) Need for help with postpartum depression (see sidebar at left).