

Technical Notes

I. Methods

LAMB follows the Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS) methodology¹ to collect data. Women were selected from birth records. Selected mothers are first contacted by mail. If there is no response to repeated mailings, women are contacted and interviewed by telephone. The survey can be administered in English, Spanish, and Chinese, with translators available for other languages. In addition, an informational packet with resources and information about 211 is sent along with the survey.

II. Sampling

The 2010 LAMB is a population-based survey that utilizes a stratified random sampling method, by Service Planning Area, race and age, with an over sample of African American and teen age mothers to ensure an adequate sample for subgroup analysis.

II. Data Weighting

To get a representative picture of the mothers who gave birth in Los Angeles County in 2010, the data were weighted by SPA, race/ethnicity, and mother's age. Specifically, post stratification procedures were used to properly weight the sample and account for the complex sampling frame.

III. Response Rate:

There were 6,593 mothers who responded to the 2010 LAMB survey, resulting in a response rate of 57%, based on calculations proposed by the American Association for Public Opinion Research (AAPOR)².

IV. Statistical Methods

Point estimates and their variances were calculated using the SAS, PROC SURVEYFREQ procedures, (Release 9.2, North Carolina) to account for the complex sample design. In this report, relative standard error (RSE) more than 25% is used as the criterion for determining that the estimate is statistically unstable and therefore may not be appropriate to use for planning or policy purposes.

RSE is calculated by "dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100." For example, if the estimate of cigarette smokers is 20 percent and the standard error of the estimate is 3 percent, the RSE of the estimate = $(3/20) * 100$, or 15 percent.^{3,4}

All missing and unknown response values were excluded from individual calculations where applicable.

V. Strengths and limitations

Strengths: LAMB is a population-based survey allowing generalization to all women with a live birth.

Limitations: Sample sizes for some subpopulations were too small for precise estimates. If presented, these are indicated by an Asterisk. Potential sources of bias include non-response, recall, and non-coverage. The data can only be generalized to LAC residents who delivered live infants in the year 2010.

VI. Glossary

1. Unintended/mistimed pregnancy: just before becoming pregnant, wanting to be pregnant later (i.e. mistimed) or not wanting to be pregnant then or at any time in the future (i.e. unwanted).
2. Preterm Birth: an infant born before 37 weeks gestation.
3. Respondents were considered to be overweight if their Body Mass Index (BMI) was 25.0-29.9, and obese if their BMI was 30.0 or higher. Respondents' BMI was calculated on the basis of their self-reported pre-pregnancy height and weight. BMI categories were based on published BMI categories for adults from [Center for Disease Control and Prevention \(CDC\)](#).
4. Low Birth Weight: an infant weighing less than 2500 grams or 5 pounds 8 ounces at birth.
5. Meeting the PHS prenatal care guidelines: meeting all the recommendations of the Public Health Service Expert Panel on the Content of Prenatal Care (1989), including having blood pressure measured, urine and blood samples taken, height and weight measured, a pelvic exam, and a health history taken.
6. Depressed during pregnancy: feeling depressed for most of the day for two weeks or longer during pregnancy.

VII. References

1. Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS)
<http://www.cdc.gov/prams/methodology.htm>
2. American Association for Public Opinion Research (AAPOR)
http://www.aapor.org/Standard_Definitions/2852.htm
3. Behavioral Risk Factor Survey Relative Standard Error
<http://www.dhs.wisconsin.gov/wish/main/BRFS/rse.htm>
4. National Center for Health Statistics reference
<http://www.cdc.gov/nchs/data/statnt/statnt24.pdf>



Los Angeles County Department of Public Health

Jonathan E. Fielding, MD, MPH

Director and Health Officer

Cynthia A. Harding, MPH

Acting Chief Deputy Director

Maternal, Child, and Adolescent Health Programs

Suzanne M. Bostwick, Interim Director

Maternal, Child, and Adolescent Health Programs

Research, Evaluation and Planning Unit

Shin Margaret Chao, MPH, PhD, Principal Investigator

Diana Liu, MPH, Epidemiologist

Chandra Higgins, MPH, Epidemiologist

Marian Eldahaby, BA, Research Analyst II

Rozana Ceballos, BA, Research Analyst I

Yeghishe Nazinyan, MD, MS, Epidemiology Analyst

Alex Chen, MS, Network System Administrator II

Carmen Gutierrez, Information System Supervisor I

Glenda Moore, Senior Network System Administrator

Administrative Staff

Yvornia Horton

Martha Martinez

Los Angeles County Board of Supervisors

Gloria Molina, First District

Mark Ridley-Thomas, Second District

Zev Yaroslavsky, Third District

Don Knabe, Fourth District

Michael D. Antonovich, Fifth District

Acknowledgments

The LAMB Project is grateful to all of the Los Angeles County mothers who took the time to complete the survey. The information they provided will provide a more thorough understanding of the health of mothers and babies in Los Angeles County.

Maternal, Child and Adolescent Health Programs would like to thank all of the interns who have contributed their time and effort to the 2010 LAMB project.

This project is made possible by funding from First Five Los Angeles and MCAH general grants.

Suggested Citation: Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs (MCAH), Los Angeles Mommy and Baby Project, 2010 Surveillance Report.