

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 and 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.

III. 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.

IV. 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.

V. 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. Except those provided with an asterisk, all estimates shown meet the National Center for Health Statistics (NCHS) standard of having less than or equal to 25% relative standard error. The approach for presenting point estimates and their variability is adapted from the NCHS; the relative standard error is the standard error of the estimate divided by the estimate itself. Details of NCHS guidelines are available at <http://www.cdc.gov/nchs/products/hestats.htm>.

Relative Standard Error (RSE) is calculated by "dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. Relative standard error is expressed as a percent of the estimate. 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}." In this report, RSE >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.

Confidence Intervals (C.I.) are also included in every table. The Confidence Interval is the range around the indicator value that represents the margin of error. A 95% C.I. means that there is a 95% probability that the true value lies within that range. Narrow confidence intervals reflect less variability in the sample for a particular indicator, while large confidence intervals reflect more variability in the sample and/or a smaller sample size.

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

VI. Strengths and limitations

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

VII. Glossary

Unwanted/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).

Preterm Birth: an infant born before 37 weeks gestation.

Overweight/Obese: 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 . Respondents' BMI was calculated on the basis of their self-reported pre-pregnancy height and weight.

Low Birth Weight: an infant weighing less than 2500 grams or 5 pounds 8 ounces at birth.

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.

Depressed during pregnancy: feeling depressed for most of the day for two weeks or longer during pregnancy.

VIII. 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>

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Los Angeles County Department of Public Health

Jonathan E. Fielding, MD, MPH

Director and Health Officer

Cynthia Harding, MPH

Chief Deputy Director

Maternal, Child, and Adolescent Health Programs

Suzanne Bostwick

Interim Director

Research, Planning, and Evaluation Unit

Shin Margaret Chao, MPH, PhD, Principal Investigator

Suvas Patel, MPH, Research Analyst III

Chandra Higgins, MPH, Epidemiologist

Diana Liu, MPH, Epidemiologist

Marian Eldahaby, BA, Research Analyst II

Rozana Ceballos, BA, Research Analyst I

Cinthyia Ather, MPH, Student Professional Worker

Rebecca Chou, BS, Research Intern

Sai Liu, BS, Research Intern

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