

Technical Notes

I. Methods

LA HOPE is an ongoing, population-based survey that surveys women in Los Angeles County seven to nine months after they have experienced a fetal or infant loss. Women were selected from infant and fetal death records and 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 and Spanish, with translators available for other languages. In addition, grief and bereavement resources and \$20-25 gift certificates were provided with each mailed survey regardless if moms chose to participate.

II. Sampling

The 2007-2009 LA HOPE Project uses stratified random sampling and an over-sample of African American mothers.

II. Data Weighting

To obtain a representative picture of the mothers who experienced a fetal or infant loss in Los Angeles County in 2007-2009, the data were weighted by SPA and race/ethnicity.

III. Response Rate:

There were 938 mothers who responded to the 2007-2009 LA HOPE survey, resulting in an average response rate of 60%, based on calculations proposed by the American Association for Public Opinion Research (AAPOR).¹

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. 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.

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.²

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

VI. Strengths and Limitations

LA HOPE is a population-based survey allowing generalization to all women who have experienced fetal or infant loss Los Angeles County. However, 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 experienced fetal or infant loss in 2007-2009.

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 of 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 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) http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

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 to Technical Notes

1. American Association for Public Opinion Research (AAPOR), http://www.aapor.org/Standard_Definitions/2852.htm
2. Behavioral Risk Factor Survey Relative Standard Error, <http://www.dhs.wisconsin.gov/wish/main/BRFS/rse.htm>
3. National Center for Health Statistics reference <http://www.cdc.gov/nchs/data/statnt/statnt24.pdf>