ABOUT LAMB

The Los Angeles Mommy and Baby (LAMB) Project is a public health surveillance project developed by the Maternal, Child & Adolescent Health Division of Los Angeles County in 2004. Through a survey, the LAMB Project collects countywide population-based data approximately every other year on maternal attitudes and experiences before, during, and shortly after pregnancy. Research has indicated that various maternal factors and experiences before, during, and after pregnancy can influence birth outcomes. Through the release of this report, the Maternal, Child & Adolescent Health Division hopes that these data can be used to monitor and assess trends, to plan and evaluate programs, and to direct policy decisions, with the ultimate goal to improve the health of mothers and infants in Los Angeles County. For more information about LAMB, please visit us at: LALAMB.PH.LACOUNTY.GOV

USE OF LAMB DATA

The data present findings from the 2016 LAMB project with comparisons between 2012 and 2016 LAMB data as appropriate. There were 122,941 live births in Los Angeles County in 2016 and the 2016 LAMB project surveyed 5,595 eligible respondents. The data are weighted by the respondents' selection probability which allows the percentage (prevalence) reported in this document to represent the entire population of live births in the County of Los Angeles in the year 2016.

The 2016 LAMB data presented here covers a wide range of health topics organized into five sections: Pre-pregnancy Health & Well-being, Prenatal Care and Maternal Risk Factors During Pregnancy, Psychosocial and Behavioral Risk Factors During Pregnancy, Postpartum Health & Well-being, and Infant Health and Well-Being. Each section of the report contains tables displaying estimates by race/ethnicity, Service Planning Area (SPA), and Supervisorial District. In every table, county-level estimates are provided so that comparisons may be made between subpopulations and the County total. Furthermore, select indicators are presented in charts to explore prevalence across age groups.

The LAMB Project recommends readers review the Technical Notes section of this report, which includes the methodology and details of the sampling, data weighting, response rate, strength and limitations of the data, and a glossary of maternal/infant health terms.

TECHNICAL NOTES

I. Methods

The LAMB Project follows the Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS) methodology[1] 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 2016 LAMB Project is a population-based survey that utilizes a stratified random sampling method, by Service Planning Area (SPA), 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 2016, the data were weighted by SPA, race/ethnicity (does not include multiracial designation), mother's age (mother's age less than 20 or not), preterm birth-weight status and mother's education (mother's education less than 12 years, 12 years, or more). Specifically, post stratification procedures were used to properly weight the sample and account for the complex sampling frame.

III. Response Rate:

There were 5,595 mothers who responded to the 2016 LAMB Project, resulting in an adjusted response rate of 46.0%, 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 9.3, 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: The LAMB Project is a population-based survey allowing generalization to all women with a live birth in Los Angeles County in 2016.

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 recall and non-coverage biases.

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