# **Vermont PRAMS Data Brief**

#### **Preconception / Interconception Indicators**

This is a report on the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey conducted on a sample of Vermont women with live births during calendar year 2004.

In April 2006, the Centers for Disease Control and Prevention (CDC) published 10 recommendations to improve health and health care for women prior to, and between pregnancies<sup>1</sup>. In order to monitor progress and to evaluate the impact of their recommendations, two sets of indicators—relating to the preconception period and the interconception period—were developed.

Presented here is a subset of these indicators, as follows:

Preconception Indicators	Interconception Indicators		
Pre-pregnancy Stressors	Postpartum Multivitamin use		
Pre-pregnancy Alcohol use	Postpartum Smoking		
Pre-pregnancy Multivitamin use	Postpartum Birth control		
Pre-pregnancy Smoking	Postpartum Checkup for self		

The above are presented by two additional indicators: whether or not the mother's pregnancy was not intended<sup>2</sup>, or if it was an intended pregnancy, whether the mother had sought out pre-pregnancy counseling<sup>3</sup>.

#### Unintended pregnancy and Pre-pregnancy counseling

As shown in the table and on the next page, a little less than one third of Vermont resident births were <u>unintended</u>. Teen mothers, those in their early 20s, and those without a high school degree were much more likely<sup>\*</sup> to report their pregnancy was unintended, as were Medicaid enrollees.

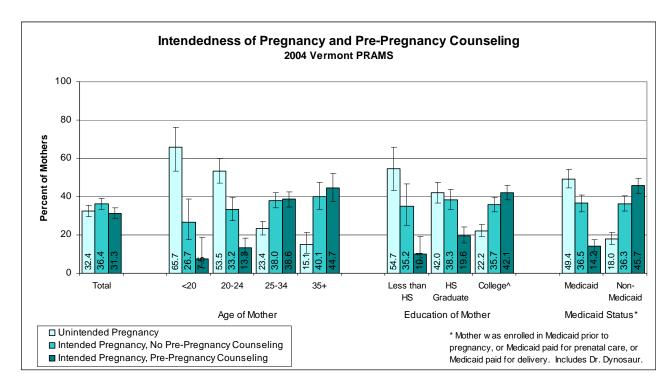
Responses to 2004 PRAMS:	Pre-pregnancy counseling			
		YES	NO	
Unintended pregnancy	YES	3	54	
	NO	358	392	

Of those pregnancies that *were* intended, 48% or slightly less than half sought <u>pre-pregnancy counseling</u> before they were pregnant. However, younger women, those with less education and those on Medicaid were significantly<sup>\*</sup> less likely to report pre-pregnancy counseling.

<sup>&</sup>lt;sup>1</sup> CDC. Recommendations to Improve Preconception Health and Health Care–United States. MMWR 2006;55(No. RR-6): 1-33.

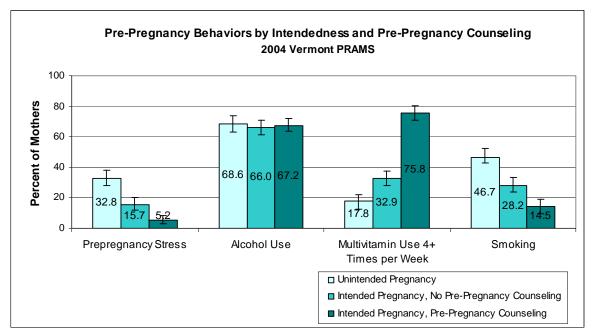
<sup>&</sup>lt;sup>2</sup> A pregnancy was considered <u>unintended</u> if the mother indicated that just before she got pregnant, she felt she wanted to be pregnant later or she felt she didn't want to be pregnant then or any time in the future.

<sup>&</sup>lt;sup>3</sup> <u>Pre-pregnancy counseling</u> is indicated if the mom answered "yes" to the following: *Before* you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?



# **Pre-pregnancy Stressors and Alcohol Use**

Pre-pregnancy stress was assessed based on mothers answering "yes" to 4 of more items from a list of 13 possible stressful events that may have occurred during the 12 months before the birth of their new baby. Like pregnancy intention, presence of stressors are correlated with lower age, education and Medicaid enrollment. Therefore, it is not surprising that those with unintended pregnancies were over 6 times more likely<sup>\*</sup> (32.8 vs. 5.2 percent) to report 4 or more stressors than those who had sought pre-pregnancy counseling.



#### **Vermont PRAMS Data Brief**

Pre-pregnancy alcohol use did not vary by pregnancy intention or counseling status. Rather for all three groups, approximately two-thirds of women reported drinking before pregnancy.

## Pre-pregnancy and postpartum Multivitamin Use and Smoking

Pre-pregnancy multivitamin use was indicated if a woman stated that she took a multivitamin or a prenatal vitamin 4 or more times a week in the month before their most recent pregnancy.

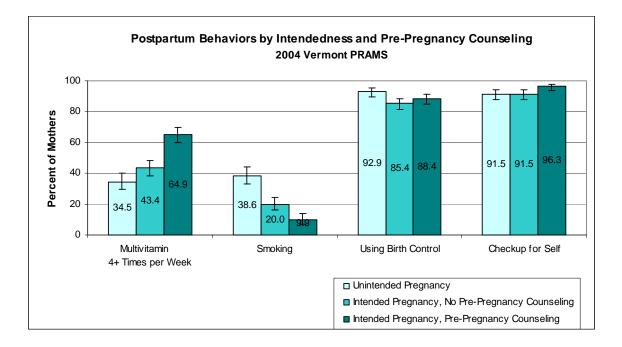
As shown in the figure on the previous page, pre-pregnancy multivitamin use is highly correlated with having sought pre-pregnancy counseling<sup>\*</sup>. Also, women with unintended pregnancies were much less likely to report using vitamins before pregnancy<sup>\*</sup>.

As shown below, the same pattern holds for multivitamin use postpartum<sup>\*</sup> (defined as having taken a multivitamin or prenatal vitamin in the past month). However, compared to the pre-pregnancy period, vitamin use is increased for those whose pregnancy was unintended and those who did not seek counseling.

A woman was considered to be a smoker if she smoked 100 cigarettes in the past 2 years and reported any tobacco use in the three months before her most recent pregnancy.

Almost 15 percent of those who sought pre-pregnancy counseling smoked prior to pregnancy, compared to 28 percent of those with no counseling, and 47 percent of those with unintended pregnancies<sup>\*</sup>. See the figure on the bottom of page 2.

As shown below, the same pattern holds for tobacco use after the pregnancy<sup>\*</sup> (those who smoked "now" at the time the survey was answered -2 to 9 months postpartum) although the prevalence in each group is slightly lower.



# Postpartum Birth Control and Checkup for Self

The above figure shows that postpartum birth control was reported by a slightly higher proportion of those with unintended pregnancies (93 percent<sup>\*</sup> vs. 85 and 88 percent).

Those who sought pre-pregnancy counseling were slightly more likely to get a postpartum checkup for themselves (96 percent<sup>\*</sup>) versus the other two groups (91.5 percent).

Questions or comments about this report may be addressed to John Gauthier, Vermont PRAMS Coordinator, <u>jgauthi@vdh.state.vt.us</u>, (802)863-7661 or to Mike Nyland-Funke, <u>mnyland@vdh.state.vt.us</u>, (802)863-7261.

Statistically different at the 95% confidence level.