In 2017, 13.4% of new Maine mothers reported they had experienced postpartum depression. Women with less education were more likely to experience PPD (PRAMS).

28% of Maine women have ever been told they have depression (BRFSS, 2018).

Close to 1 in 4 Maine women aged 18-44 engaged in binge or chronic alcohol use in the past month (BRFSS, 2016-2017).

In 2015-2017, the rate of drug-related deaths among Maine women was 24.5 per 100,000 (NCHS).

In 2018, 12% of new mothers in Maine smoked during their pregnancy. Smoking during pregnancy is more frequent among women with less education (28.8%), American Indian/Alaska Native mothers (36%), and mothers living in Washington County (28.5%) (DRVS, 2014-2017).

In 2017, 10.8% of new mothers reported using marijuana during pregnancy. New mothers under 20 years old were most likely to use (30.5%) (PRAMS).

**National Performance Measures - Women’s Health**
- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- NPM 2: Percent of cesarean deliveries among low risk first births
- NPM 13.1: Percent of women who had a preventive dental visit during pregnancy
- NPM 14.1: Percent of women who smoke during pregnancy

**Sources:** Maine Center for Disease Control and Prevention, Office of Data, Research and Vital Statistics; Maine Pregnancy Risk Assessment Monitoring System (PRAMS); Maine Behavioral Risk Factor Surveillance System (BRFSS); Maine Health Data Organization; US Centers for Disease Control, National Center for Health Statistics (NCHS)
78% of Maine women 18-49 used **any contraceptive method** in 2017 (Guttmacher Institute).

8.2% of Maine women who gave birth as a result of an unintended pregnancy reported they had **difficulty accessing birth control** prior to pregnancy (PRAMS, 2016).

In 2017, Maine Family Planning providers inserted over **900 long acting reversible contraceptives (LARCs)** (Maine Family Planning).

79.3% of new mothers reported using a pregnancy prevention method **after their most recent birth** (PRAMS, 2016).

In 2017, about **1 in 5** Maine women had a birth resulting from an unintended pregnancy (PRAMS).

**Younger and lower income women are more likely to have a birth resulting from an unintended pregnancy than older or higher income women** (PRAMS, 2017).

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Sources: Guttmacher Institute; Maine Behavioral Risk Factor Surveillance System (BRFSS); Maine Pregnancy Risk Assessment Monitoring System (PRAMS), Maine Center for Disease Control and Prevention.
86.5% of pregnant women had early and adequate prenatal care (BRFSS, 2017).

64.6% of women had a dental visit in the past year (BRFSS, 2016).

11% of women are uninsured (BRFSS, 2017).

19% of women are insured by MaineCare (BRFSS, 2017).

62.6% of African American mothers received at least 80% of expected prenatal care visits versus 82.5% of White mothers (DRVS, 2017).

Mothers with incomes under $16,000 are less likely than higher income women to get prenatal care as early as they wanted (PRAMS, 2016).

Women aged 18-44 who are in middle-income categories are less likely to have a preventive visit.

Women with health insurance are more likely to have a preventive visit.

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Percentage</th>
<th>Insured</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15,000-$24,999</td>
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<td>$25,000-$49,999</td>
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<td></td>
</tr>
<tr>
<td>≥$50,000</td>
<td>75%</td>
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</tr>
</tbody>
</table>

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Sources: Maine Birth Certificate Data, Maine Data Research and Vital Statistics (DRVS); Maine Behavioral Risk Factor Surveillance System (BRFSS); Maine Pregnancy Risk Assessment Monitoring System (PRAMS), Maine Center for Disease Control and Prevention.
Maine Women’s Health: Maternal Mortality & Morbidity
Maternal and Child Health Block Grant Data Brief

Injuries, including suicides and drug overdoses, were the most frequent causes of pregnancy-associated deaths in Maine in 2014-2017 (DRVS, 2017).

Between 2014 and 2017, an average of 8 Maine women per year died while pregnant or within a year of delivery.

Injuries, including suicides and drug overdoses, were the most frequent causes of pregnancy-associated deaths in Maine in 2014-2017 (DRVS, 2017).

In 2013-2015, Maine’s rate of severe maternal morbidities was 120.4 per 10,000 delivery hospitalizations (MHDO).

In 2016, 13.9% of Maine new mothers reported they experienced high blood pressure, pre-eclampsia or eclampsia during their most recent pregnancy (PRAMS, 2016).

23.8% of low-risk first births in Maine were delivered by c-section. Mothers over 35 were more likely to deliver a low-risk first birth by c-section than younger mothers (38% vs. 22%) (DRVS, 2017).

In 2014-2018, 7% of women giving birth in Maine had gestational diabetes. Asian-American women were at highest risk (12%) (DRVS).

More than 40% of lower income women received no healthcare in the 12 months prior to their most recent pregnancy.

More than $60,000 $28,001 to $60,000 $16,001 to $28,000 $16,000 or less
9% 26% 40% 43%

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Maine Women’s Health: Obesity
Maternal and Child Health Block Grant Data Brief

<table>
<thead>
<tr>
<th>Domain Listening</th>
<th>Regional Forums</th>
<th>Survey (Professionals)</th>
<th>Survey (Non-Professionals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score = 3 (rank =5)</td>
<td>Top 2: 0 of 3 forums</td>
<td>22% (rank=5)</td>
<td>25% (rank=5)</td>
</tr>
</tbody>
</table>

### Stakeholder Input

Stakeholders identified the following strategies that could reduce obesity among Maine women:

- Mobile healthcare units
- Nutrition education
- Strengthening SNAP-Ed
- Reinstating home economics curriculum
- Improving access to healthy foods
- Taking a wellness approach to healthcare

56.3% of new mothers who received a postpartum check up reported their healthcare provider talked with them about physical activity and nutrition during their visit (PRAMS, 2016).

Between 2016-2018, the percent of births to Maine women who were overweight or obese was the 3rd highest in the U.S. behind Mississippi and North Dakota (NCHS, 2019).

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