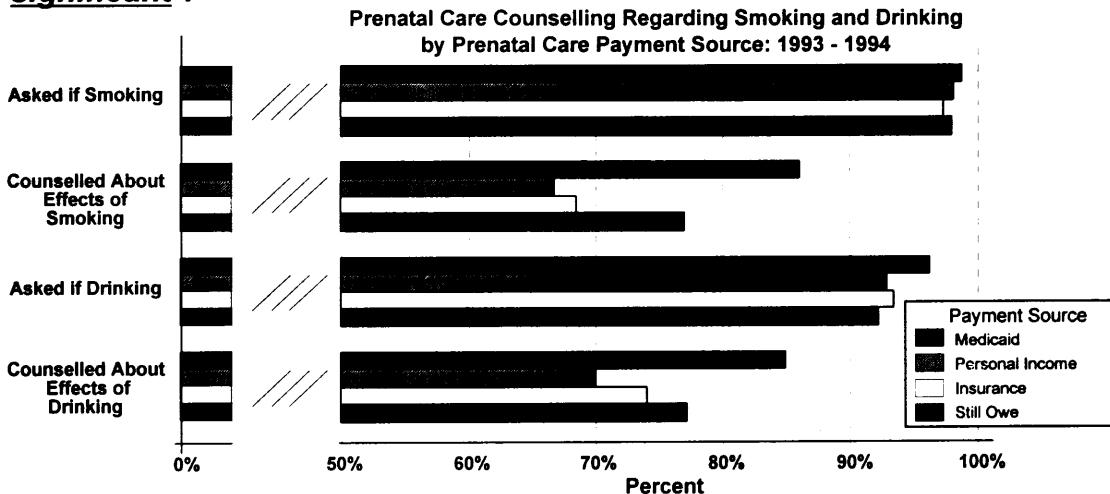


SMOKING AND DRINKING DURING PREGNANCY PRENATAL CARE COUNSELLING

Data from the
MAINE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
Maine Residents: 1993-1994

- ➔ During 1993 and 1994, there were 29,450 live births in Maine to mothers residing in the state. More than 36% of the mothers of these infants paid for their prenatal care with Medicaid.
- ➔ Mothers whose prenatal care was paid for by Medicaid were more likely than mothers who paid with personal income or insurance to have a health care provider talk with them about how smoking and drinking during pregnancy affects their infants. *This difference is statistically significant**.



- ➔ Nearly 77% of Maine women went for their prenatal care visits to a private doctor's office or HMO, 10% to a hospital clinic, 8% to a community/rural health center, and 5% to other locations.
- ➔ During prenatal care visits, 95% of mothers were asked if they were drinking alcoholic beverages. However, at private doctor's offices and HMOs, only 76% of drinking mothers were being counselled about how drinking during pregnancy could affect their babies. At community/rural health centers, nearly 91% of drinking mothers were counselled. *This difference is statistically significant**.
- ➔ During prenatal care visits, nearly 100% of providers asked women if they were smoking. 92% of smoking women were counselled about how smoking during pregnancy could affect their babies. There were *no significant differences** between any of the prenatal care settings and counselling about the effects of smoking.

* Unless noted, differences in rates are not statistically significant, i.e., they could be accounted for by chance alone.

For further data on this topic, please contact:
the Office of Data, Research, and Vital Statistics, Bureau of Health
at 35 Anthony Avenue, #11 State House Station Augusta, Maine 04333-0011
The contact person is: Marty Burns - (207) 624-5445

For program information, please contact: Community and Family Health at 287-5180

Angus S. King, Jr.
Governor



Kevin W. Concannon
Commissioner

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