

MAINE PRAMS

THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population - based sample survey administered to Maine mothers within a few months after delivery. These mothers are asked questions about their experiences before, during, and after pregnancy. We hope that the information obtained through this project will be instrumental in improving the outcomes of future pregnancies.



DEPARTMENT OF HUMAN SERVICES

Office of Data, Research, and Vital Statistics

#11 State House Station, 161 Capitol Street

Augusta, Maine 04333-0011

Telephone Number: (207) 287-5500 (Voice) 287-2070 (TTY)

Website: <http://www.state.me.us/dhs/bohodr/index.htm>

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Kim Pierce, the Department's Equal Employment Opportunity Coordinator, has been designated to coordinate our efforts to comply with and implement these federal laws and can be reached at 221 State Street, Augusta, Maine 04333. Telephone number: (207) 287-3468 (Voice) or 1-800-332-1003 (TTD).

Maine PRAMS: 1999 (Pregnancy Risk Assessment Monitoring System)

Statewide Highlights

Maine Births: 1999

In 1999, 13,608 babies were born to Maine women – a decrease of more than 100 births from the previous year. In the past 10 years, Maine's birth rate has dropped from 14 births/1,000 population to 11 births/1,000 population.

- ▶ The average age of new mothers was 27 years old in 1999; teen mothers accounted for 10% of Maine births.
- ▶ 31% of the women who had babies in 1999 were unmarried.

BIRTHS BY MOTHER'S AGE: MAINE, 1999		
Mother's Age	Number Births	Rate/1,000 Female Population
15-19	1,312	29.8
20-24	3,313	87.7
25-29	4,023	100.7
30-34	3,213	71.0
35-39	1,458	26.6
40-44	262	4.8

* Table excludes 27 births to mothers younger than 15, older than 44, or with unknown age.

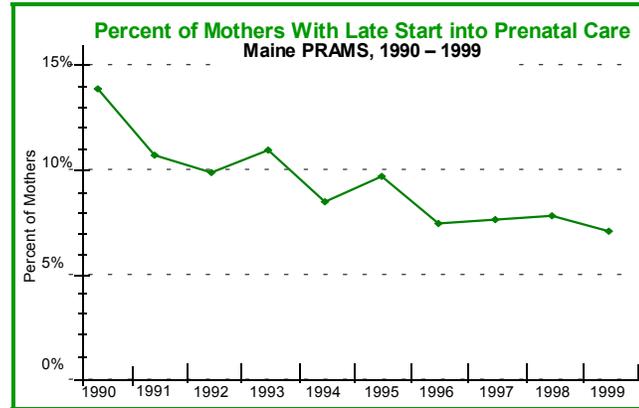
Prenatal Care

Most women start prenatal care in the first 3 months of their pregnancy. Getting prenatal care early helps mothers have healthy babies. More women got prenatal care earlier in 1999 than in the previous 9 years.

- ▶ In 1999, 7% of women started prenatal care late – after the 3rd month of pregnancy – affecting nearly 900 pregnancies.
- ▶ Teenage mothers were less likely than older women to start prenatal care in the first 3 months.
- ▶ Among women who began prenatal care late or not at all, well over half of them did not get care as early as they wanted.
- ▶ Women who did not plan their pregnancy were less likely to get

early prenatal care than women with planned pregnancies.

- ▶ The most common reasons for entering prenatal care late were because women did not know they were pregnant and women could not get an earlier appointment.



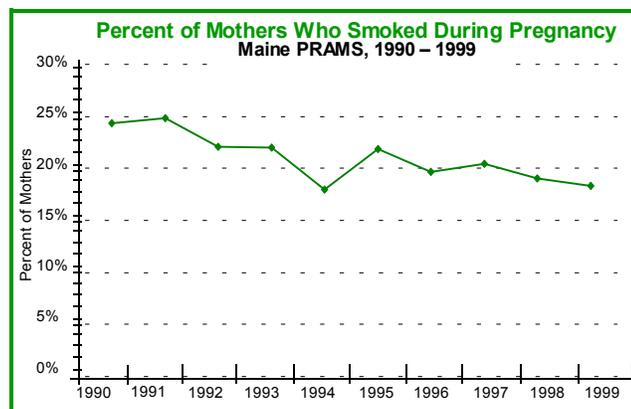
Smoking

Women who smoke during pregnancy may have health problems during their pregnancy and are more likely to deliver a smaller baby than average. Birth weight is a key indicator of infant health.

- ▶ Smoking rates during pregnancy are down since 1990 when 24% of pregnant women smoked. In 1999, 18% of pregnant women smoked.
- ▶ Nearly 1/3 of women who had babies in 1999 smoked before pregnancy.
- ▶ Teenagers were more likely to smoke during pregnancy. In 1999, 4 out of 10 teen mothers smoked during pregnancy.
- ▶ Women insured with Medicaid were nearly 5 times more likely

to smoke during pregnancy than other women.

- ▶ Women who smoked before or during pregnancy were more likely to have a smaller weight baby than mothers who did not smoke.

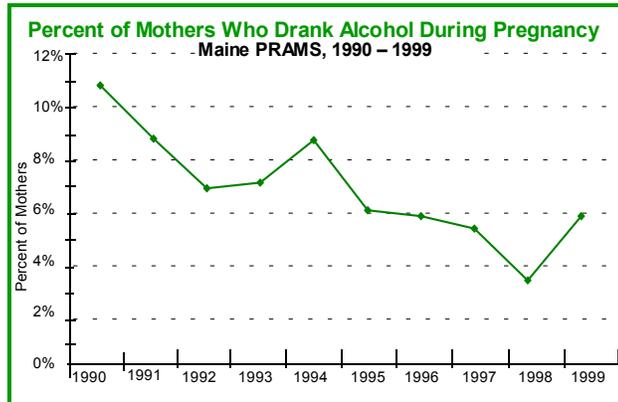


Alcohol Use

Pregnancy and birth outcome can be jeopardized by drinking alcohol during pregnancy. In addition to the risk of the baby suffering from Fetal Alcohol Syndrome, a severely debilitating outcome, data show a distinct pattern of elevated risk of low birth weight – a key indicator of infant health.

- ▶ More than half of mothers who had babies in 1999 drank alcohol just before they got pregnant.
- ▶ In the 10 years since 1990, the proportion of women who drank alcohol during pregnancy went down from 11% to 6%, a decrease of nearly 50%.
- ▶ Four out of 5 new mothers said that during prenatal care a health professional talked with them about how drinking could affect their baby.

- ▶ Twenty-four percent of the women who drank alcohol during pregnancy also smoked during pregnancy.
- ▶ Mothers who were married were 2½ times more likely to drink during the last 3 months of pregnancy than unmarried mothers.

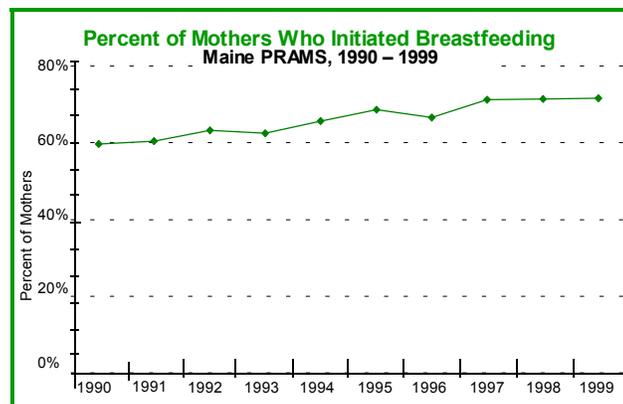


Breastfeeding

Breast milk not only meets the complete nutritional needs of babies, but protects them from infections and asthma. Breastfeeding also provides health benefits to the mother by reducing her stress and risk of certain cancers, and by helping her to lose weight.

- ▶ Since 1990, the numbers of mothers who breastfed in Maine increased from 60% in 1990 to 72% in 1999.
- ▶ Teen mothers were 30% less likely to breastfeed than mothers 20 years old or older.
- ▶ Nine out of 10 women said that a health care provider talked with them during prenatal care about breastfeeding their baby.

- ▶ Women who were covered by Medicaid for their prenatal care or delivery expenses were nearly 25% less likely to breastfeed than mothers with other prenatal care and delivery payment sources.



Folic Acid Knowledge

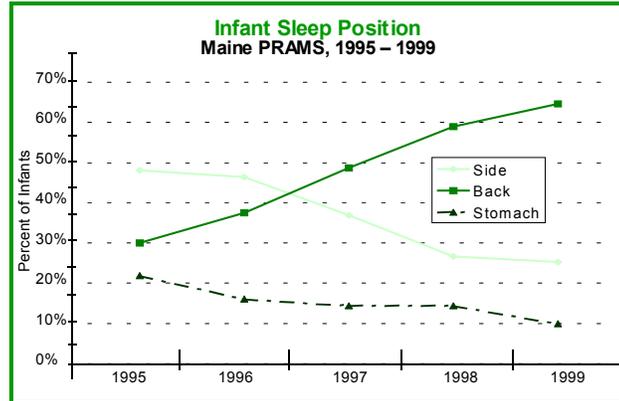
The Institute of Medicine recommends that women capable of becoming pregnant take synthetic folic acid daily, in addition to consuming folate from a varied diet. If all women of childbearing age took a daily multivitamin with folic acid, birth defects could be reduced by up to 70%.

- ▶ Since 1995, there has been an increase in the number of new mothers who have heard that folic acid could prevent some birth defects. In 1999, 87% of new mothers had heard about folic acid.
- ▶ Increase in folic acid awareness has been seen most among mothers with less than a high school education, mothers with incomes less than \$25,000, and with mothers who are not married.

Infant Sleep Position

Doctors recommend putting babies to sleep on their backs as a way to reduce the possibility of Sudden Infant Death Syndrome.

- ▶ Since 1995, more Maine babies were put down to sleep on their backs.



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