

Prenatal and postpartum health



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Key indicator: Gestational diabetes

Indicator details:

- » Definition: Percentage of women with a live birth who were told by a doctor, nurse or other health care worker that they had gestational diabetes during their pregnancy
- » Numerator: Number of women with a live birth who were told by a doctor, nurse or other health care worker that they had gestational diabetes during their pregnancy
- » Denominator: Number of women with a live birth

Significance of indicator: Gestational diabetes is a type of diabetes that appears in pregnant women who did not have diabetes before the pregnancy. It is diagnosed in 4–7% of all pregnancies in the United States. The prevalence is likely to continue increasing given the epidemic of obesity in the United States. (13)

This form of diabetes increases the risk of problems at the time of delivery and can give rise to complications such as macrosomia, C-section delivery, high blood pressure and hypoglycemia. (14,15)

Gestational diabetes is caused by changes in the mother's response to insulin so as to increase blood sugar levels to support the developing baby. In many cases, the mother is not producing enough insulin to keep her own blood glucose in normal range and, therefore, the mother develops gestational diabetes.

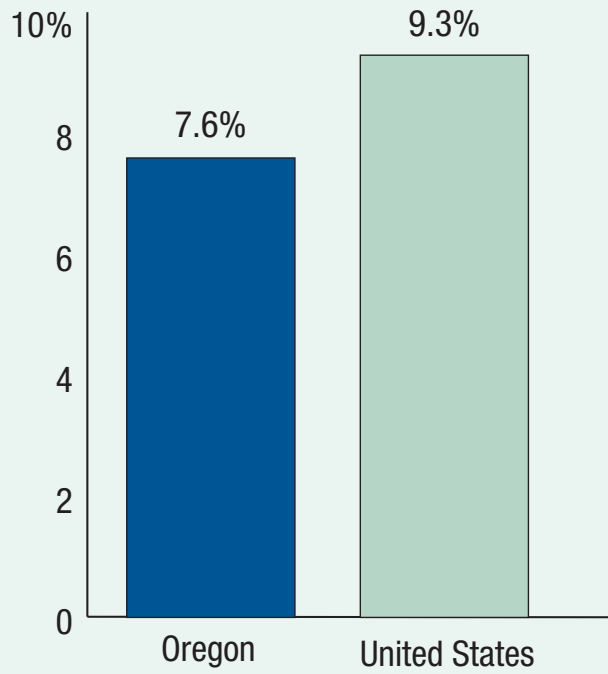
Babies born to mothers with gestational diabetes may have breathing problems and hypoglycemia and can develop jaundice. (16)

Studies show that Asian populations are at the greatest risk for developing gestational diabetes, whereas non-Hispanic White and Black women have the lowest prevalence, reinforcing the fact that gestational diabetes is a result of both genetics and environmental factors. (17)

Status in Oregon: In 2013, Oregon had a lower rate of gestational diabetes than the United States as a whole (7.6% compared to 9.3%). However, between 2008 and 2014, this rate has increased steadily, from 5.0% in 2008 to 7.8% in 2014.

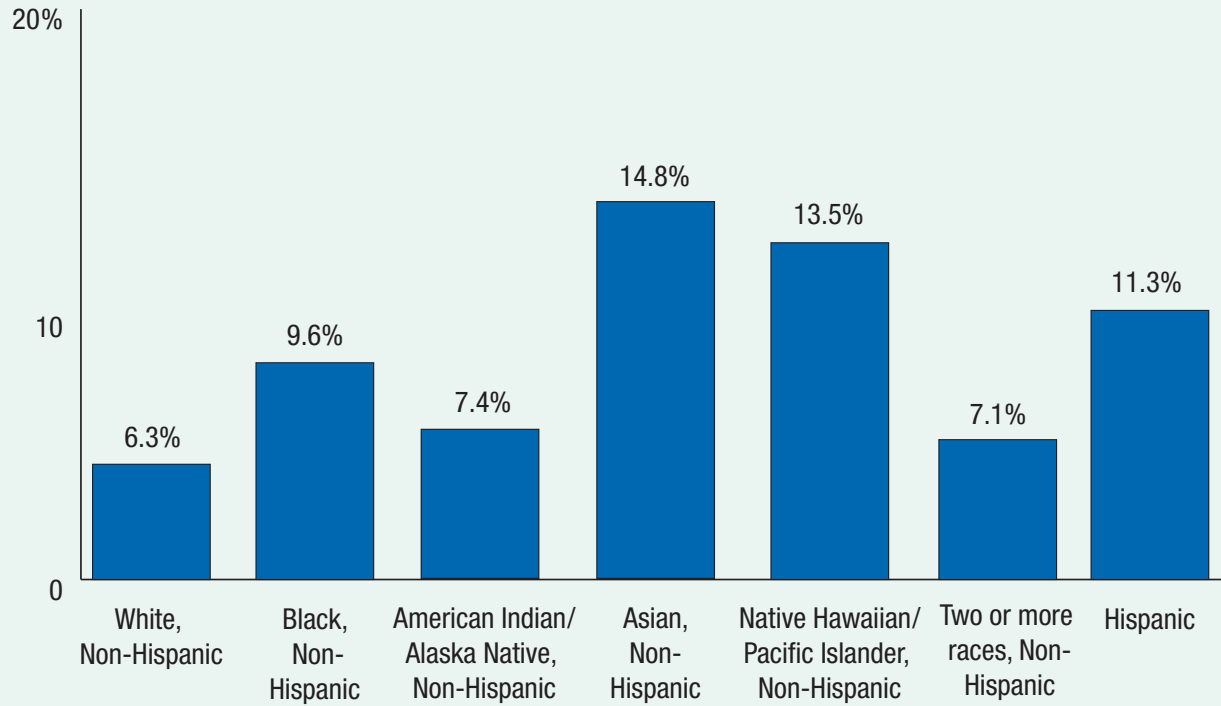
Disparities in Oregon: Non-Hispanic Blacks, non-Hispanic Asians, non-Hispanic Pacific Islanders/Native Hawaiians and Hispanic women had higher rates of gestational diabetes in Oregon in 2014 than non-Hispanic Whites (6.3%).

Gestational diabetes, Oregon and United States, 2013



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Gestational diabetes by race/ethnicity, Oregon, 2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Key indicator: Perinatal depression (depression during and after pregnancy)

Indicator details:

- » Definition: A) Percentage of women with a live birth who experienced depressive symptoms during pregnancy
B) Percentage of women with a live birth who experienced depressive symptoms after pregnancy
- » Numerator: A) Number of women with a live birth who experienced depressive symptoms during pregnancy
B) Number of women with a live birth who experienced depressive symptoms after pregnancy
- » Denominator: A) & B) Number of women with a live birth

Significance of indicator: Perinatal depression is depression that occurs during pregnancy or in the first year after pregnancy. It is one of the most common complications of childbirth. When untreated, perinatal depression can greatly affect women, infants and families but often goes unrecognized because changes in sleep, appetite and libido may be attributed to normal pregnancy symptoms. (18)

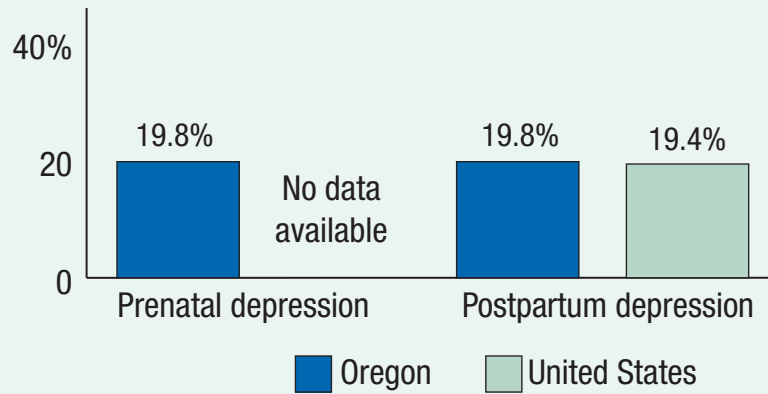
Untreated perinatal depression can affect a mother's ability to care for herself, relate to others, bond with her infant and parent her older children. Children of mothers with untreated depression are at risk for serious health, developmental, emotional, behavioral and learning problems that can last for many years.

Approximately 13% of women in the United States are depressed while pregnant. One study found that up to 51% of women who were socio-economically disadvantaged reported depressive symptoms during pregnancy. Furthermore, mothers who are young, single or have experienced traumatic or stressful situations such as intimate partner violence or homelessness are more likely to experience depression. (19)

Status in Oregon: The rate of postpartum depression (depression after pregnancy) in Oregon 2011 was similar to the national rate (19.8% compared to 19.4%). Both prenatal (during pregnancy) and postpartum (after pregnancy) depression have been on an upward trend in Oregon between 2009 and 2014.

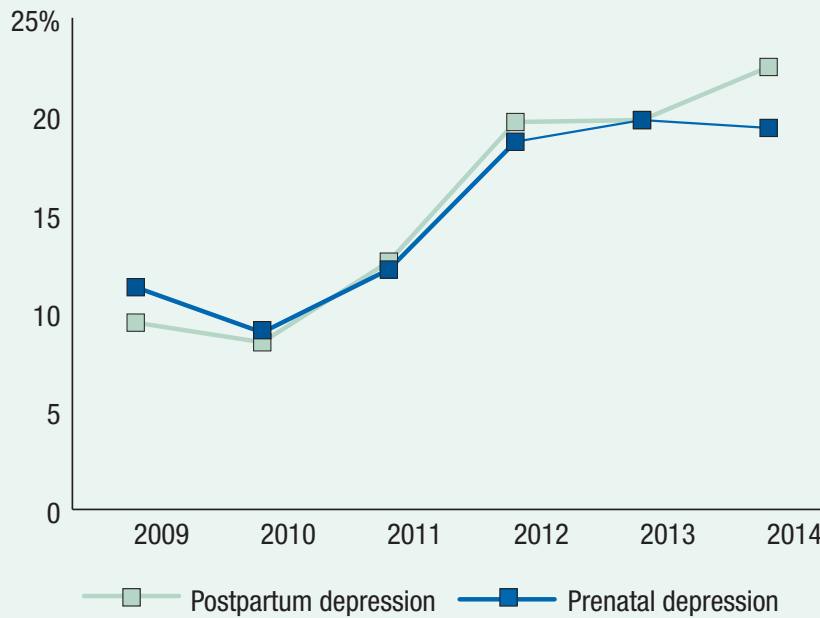
Disparities in Oregon: Compared to non-Hispanic Whites, all other subgroups had higher rates of prenatal depression in Oregon in 2014. Compared to non-Hispanic Whites, non-Hispanic Blacks and non-Hispanic Pacific Islanders/Native Hawaiians had higher rates of postpartum depression in Oregon in 2014. Non-Hispanic American Indian/Alaska Natives, non-Hispanic Asians, non-Hispanic of two or more races and Hispanics all reported lower rates of postpartum depression.

Perinatal depression, Oregon and United States, 2013



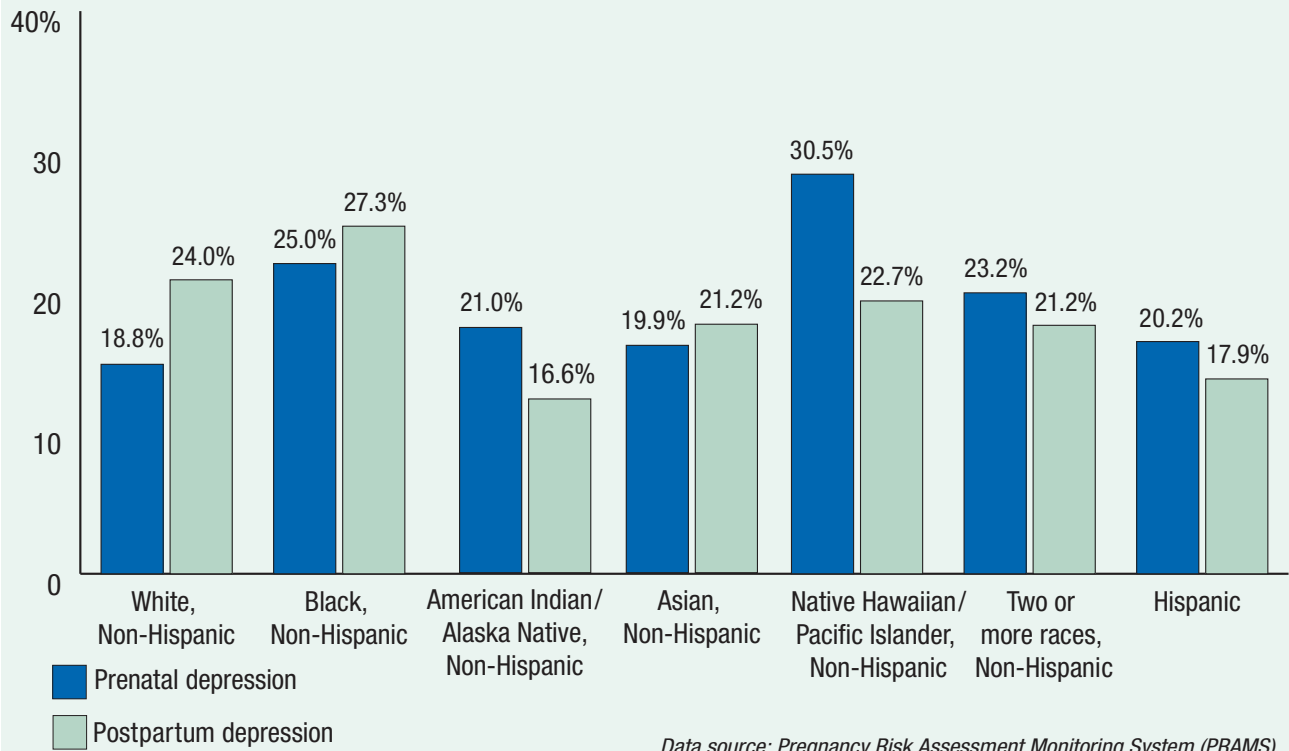
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Perinatal depression, Oregon, 2009–2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Perinatal depression, by race/ethnicity, Oregon, 2014



Key indicator: Intimate partner violence among pregnant women

Indicator details:

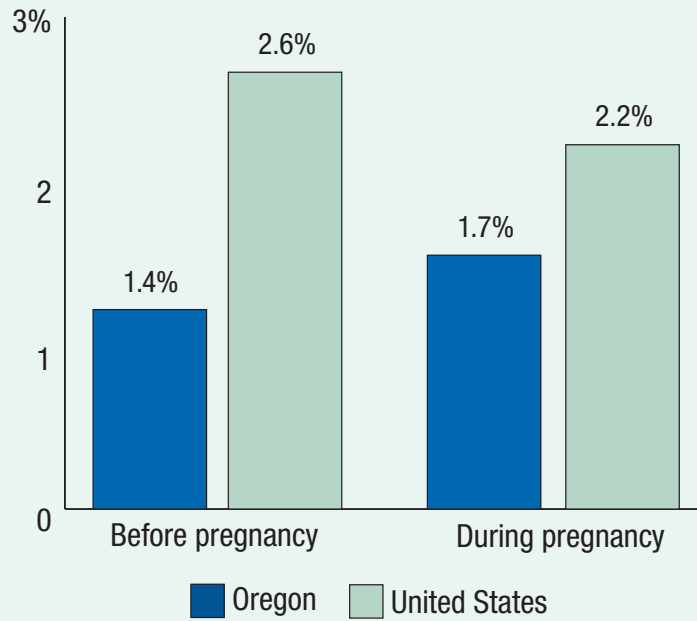
- » Definition: A) Percentage of women with a live birth who were physically abused by their partner during the 12 months prior to pregnancy
B) Percentage of women with a live birth who were physically abused by their partner during their pregnancy
- » Numerator: A) Number of women with a live birth who were physically abused by their partner during the 12 months prior to pregnancy
B) Percentage of women with a live birth who were physically abused by their partner during their pregnancy
- » Denominator: A) & B) Number of women with a live birth

Significance of indicator: Intimate partner violence is a significant medical, public health and societal concern that affects anywhere from 1.5 million to 4 million women in the United States every year. The U.S. Department of Justice estimates that, over a lifetime, 52% of women experience intimate partner violence. (20) Women with disabilities are even more at risk; they have a 40% greater risk of experiencing IPV than those who do not have a disability. (21)

Intimate partner violence harms the pregnant mother's body and her psychological health. It also inflicts stress on the developing fetus. Pregnant women who experience abuse have higher rates of intrauterine growth retardation and preterm labor that can subsequently lead to lower birth weight and other neonatal risks. (22) Furthermore, intimate partner violence is associated with an increase in alcohol and substance abuse during pregnancy. Intimate partner violence among women can lead to lifelong consequences such as emotional trauma, unplanned pregnancy, gynecologic disorders and other chronic health problems. (23)

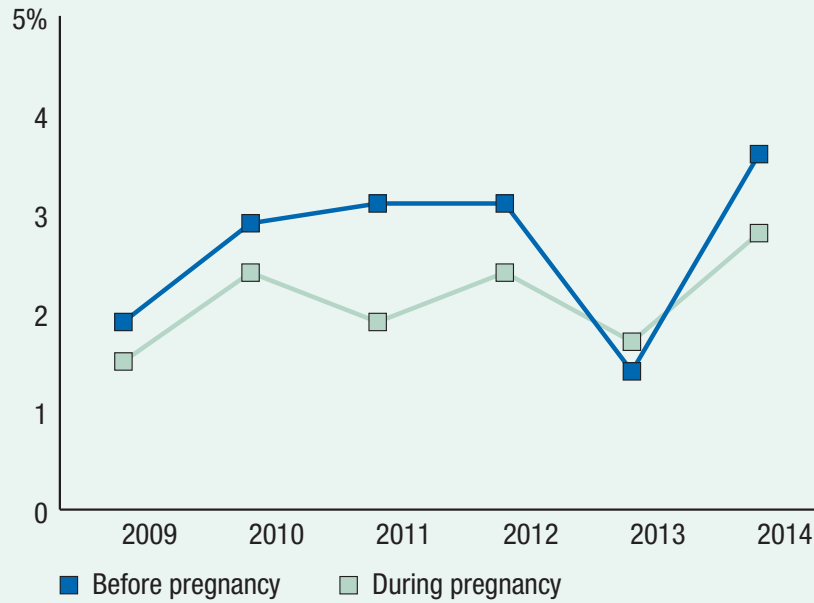
Status in Oregon: Rates of intimate partner violence both before and during pregnancy were lower in Oregon than in the United States as a whole in 2013. In Oregon, intimate partner violence before pregnancy increased between 2009 and 2014, from 1.9% to 3.6%. Intimate partner violence during pregnancy also increased from 2009 to 2014, from 1.5% to 2.8%. It should be mentioned that intimate partner violence is very underreported nationwide. An increase in rates may be reflective of work that is being done to make reporting more acceptable.

Intimate partner violence before and during pregnancy, Oregon and United States, 2013



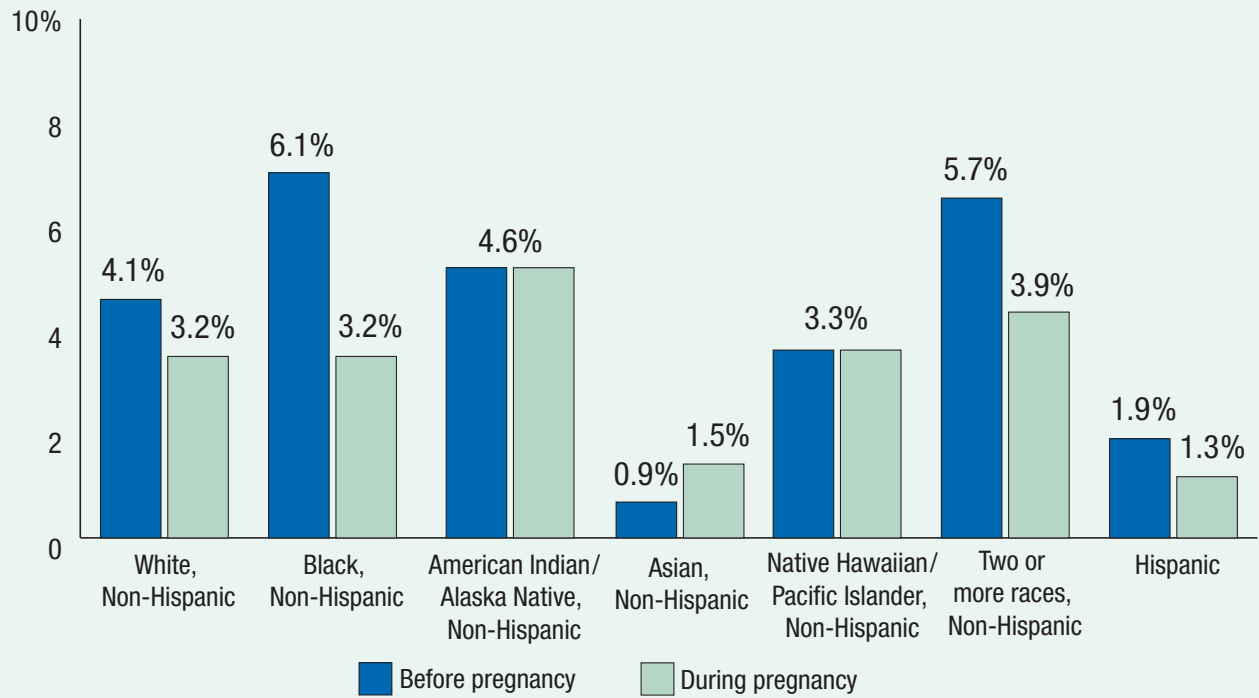
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Intimate partner violence before and during pregnancy, Oregon, 2009–2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Intimate partner violence before and during pregnancy, Oregon, by race/ethnicity, 2014



Note: Please use caution when interpreting race/ethnicity data due to small sample size.

Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Key indicator: Prenatal oral health

Indicator details:

- » **Definition:** Percentage of women with a live birth who had a dental visit during their pregnancy
- » **Numerator:** Number of women with a live birth who had a dental visit during their pregnancy
- » **Denominator:** Number of women with a live birth

Significance of indicator: Dental care is an important part of a healthy pregnancy. Pregnancy increases the risk for tooth decay (cavities) and periodontitis (gum disease). Oral health diseases may increase risk of poor pregnancy outcomes, such as low birth weight. (24) It is specifically recommended that women receive dental care during pregnancy.

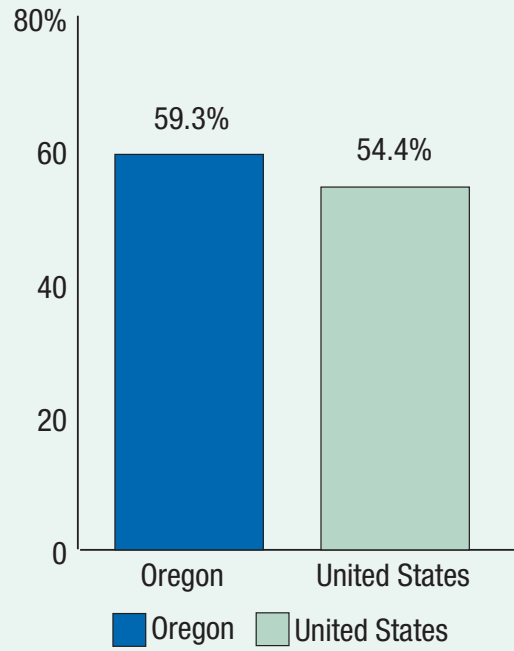
Children born to women with tooth decay are much more likely to develop cavities themselves. (25) Mothers can pass cavity-causing germs to their baby by actions such as by cleaning a pacifier with their own mouth or sharing a spoon.

The greatest burden of oral disease lies in disadvantaged and poor populations. A leading factor in this burden of disease is the lower proportion of women in these communities with access to dental care. In 2007–2009, 35% of U.S. women reported they did not have a dental visit within the past year and 56% did not visit a dentist during pregnancy. (26) Barriers to dental care include lack of insurance coverage, education, transportation and dental providers that see pregnant women.

Status in Oregon: The percentage of women who had a dental visit during pregnancy was higher in Oregon than the United States in 2013 (59.3% vs. 54.4%). However, the percentage of women in Oregon with a dental visit during pregnancy has been decreasing from 2012 to 2014 (61.1% to 55.5%).

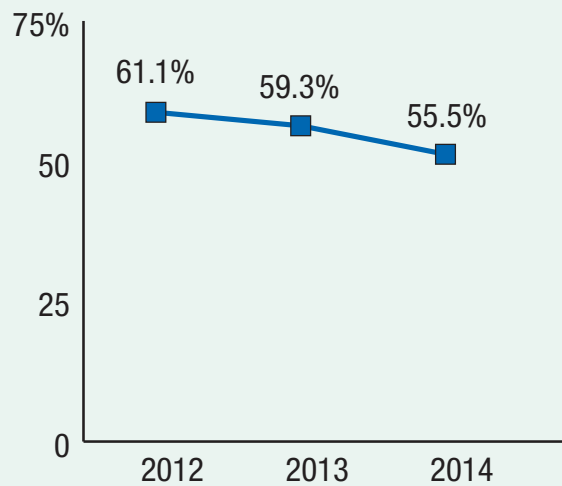
Disparities in Oregon: In Oregon in 2014, the percent of women who had a dental visit during pregnancy was relatively even among most race/ethnic groups. We found the rate of prenatal dental visits in Hispanic women to be 3-6 percentage points higher than other race/ethnic groups (59.9%).

Prenatal dental visit, Oregon and United States, 2013



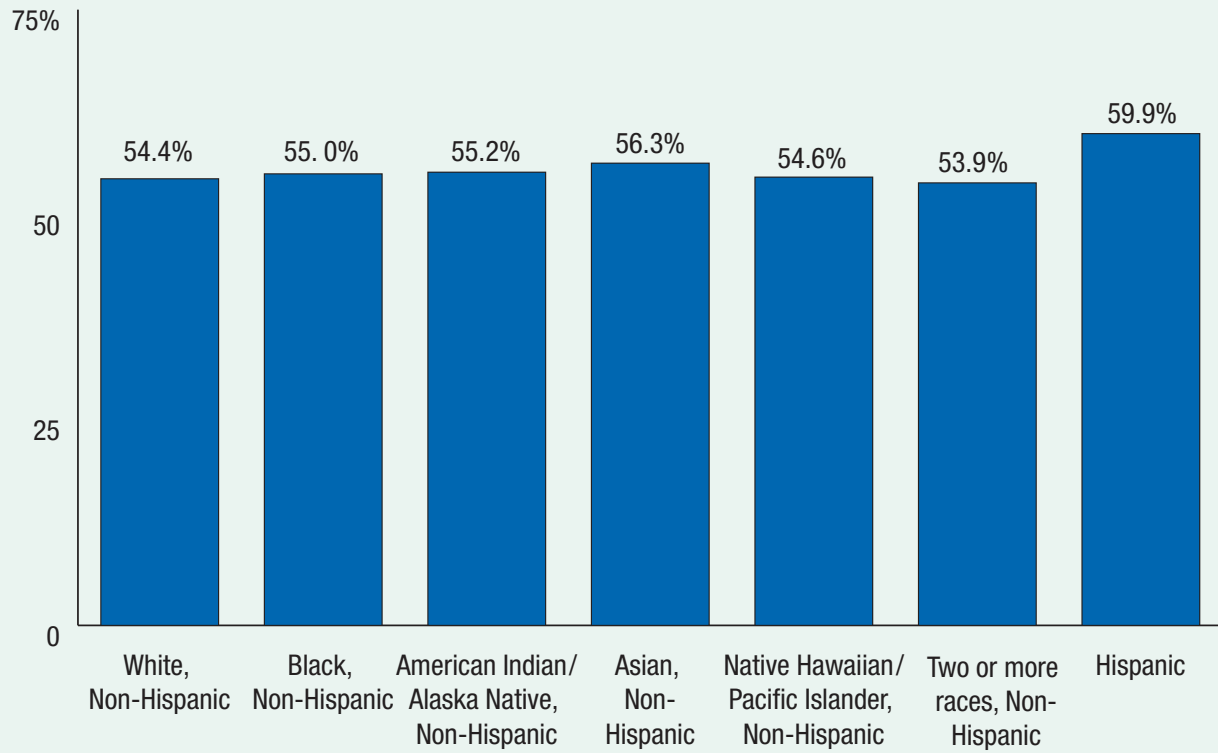
Data source: National Survey of Children's Health

Prenatal dental visit, Oregon, 2012–2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Prenatal dental visit, by race/ethnicity, Oregon, 2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)