

Preconception and Women's Health



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Key indicator: Overweight/obesity among women 18–44 years old

Indicator details:

- » Definition: Percent of women 18–44 years old who have a body mass index of 25 to 29.9 (overweight) or 30 or more (obese)
- » Numerator: Number of women 18–44 years old who have a body mass index of 25 to 29.9 (overweight) or 30 or more (obese)
- » Denominator: Number of women 18–44 years old

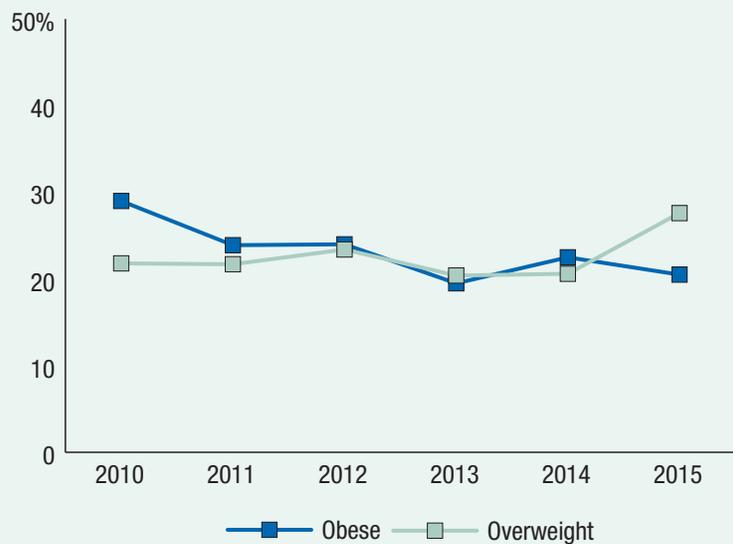
Significance of indicator: Overweight and obesity is becoming more common among women of reproductive age. Almost half of women 18 to 44 years old in the United States have a body mass index in the overweight or obese category.

People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions. These include hypertension (high blood pressure), diabetes, sleep apnea (pauses or reduced breathing during sleep), high LDL cholesterol, coronary heart disease, stroke and mental illness. People who are overweight or obese are also at higher risk for polycystic ovary syndrome. PCOS can cause reduced fertility or failure to achieve pregnancy. During pregnancy, overweight and obese women are at increased risk of gestational diabetes, pregnancy-related high blood pressure, miscarriage, preterm birth and congenital birth defects such as neural tube and heart defects, and gastrointestinal malformations. They are also at a higher risk of complications during labor including heavy blood loss after giving birth. (1,2)

Status in Oregon: The rates of overweight among women aged 18 to 44 in Oregon in 2015 was higher than the national rate. The rate of obesity among women aged 18 to 44 in Oregon in 2015 was slightly higher than the national rate. The rate of obesity among women of reproductive age has followed a slight downward trend in Oregon over the past five years (29.0% in 2010 to 22.5% in 2014) while the rate of overweight women of reproductive age has remained fairly flat.

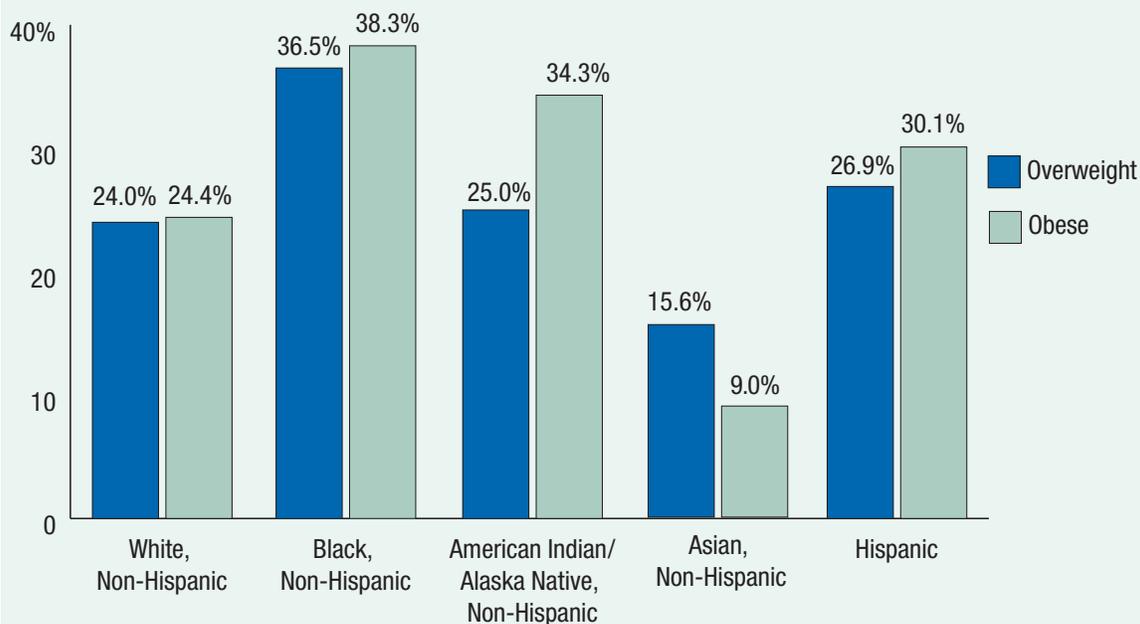
Disparities in Oregon: In 2015, among Oregon women aged 18 to 44, the highest rates of overweight and obesity were among non-Hispanic Blacks, non-Hispanic American Indian/Alaska Natives and Hispanics. Overweight and obesity were lower for non-Hispanic Whites and non-Hispanic Asians.

Overweight and obesity among women 18–44 years old, Oregon, 2010 to 2015



Data source: Behavioral Risk Factor Surveillance System

Overweight and obesity among women 18–44 years old, by race/ethnicity, Oregon, 2015



Data source: Behavioral Risk Factor Surveillance System

Key indicator: Adverse childhood events among women 18–44 years old

Indicator details:

- » Definition: Percent of women 18–44 years old who have experienced four or more adverse childhood experiences
- » Numerator: Number of women 18–44 years old who have experienced four or more adverse childhood experiences
- » Denominator: Number of women 18–44 years old

Significance of indicator: The impact of adversity in childhood is profound. Early experiences influence the developing brain. Significant adversity during early sensitive periods of development can create toxic stress and interrupt normal brain development. Traumatic childhood experiences are a root cause of many social, emotional, physical and cognitive impairments that can lead to increased incidence of developmental delays and other problems in childhood. (3) Adverse childhood events can also lead to adult health risk behaviors (e.g., smoking, alcoholism), mental illness (e.g., depression and suicide), diseases (e.g., heart disease, cancer, diabetes), disability and premature mortality. (4)

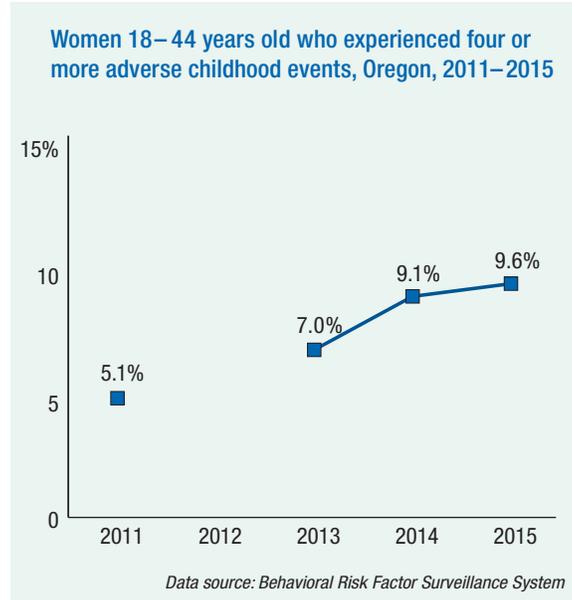
The adverse childhood events (ACEs) contained in this indicator include emotional, physical or sexual abuse; intimate partner violence; household substance abuse; household mental illness; parental separation or divorce; and incarceration of a household member. Women who have experienced three or more ACEs have more than 2.5 times the risk of smoking, alcohol use and illicit substance use during pregnancy. (5) Women with high ACEs also experience more obstetrical complications such as backaches, headaches and leg cramps, all of which increase the risk of hospitalization and preterm births. (6) ACEs can also affect adult caretakers' functioning and core capabilities needed to succeed in life. These include providing the safe and nurturing relationships and environments that are critical to healthy pregnancies and to children's health and development. (7)

Understanding adult women's experience of adversity during their childhood is critical to addressing their physical, mental and behavioral health needs. Understanding these adverse childhood events and their impact on adult outcomes facilitates public health policies and programming that build parenting skills and capabilities in order to prevent ACEs in future generations. In this indicator, women who have experienced four or more ACEs are considered to have a "high" ACE score.

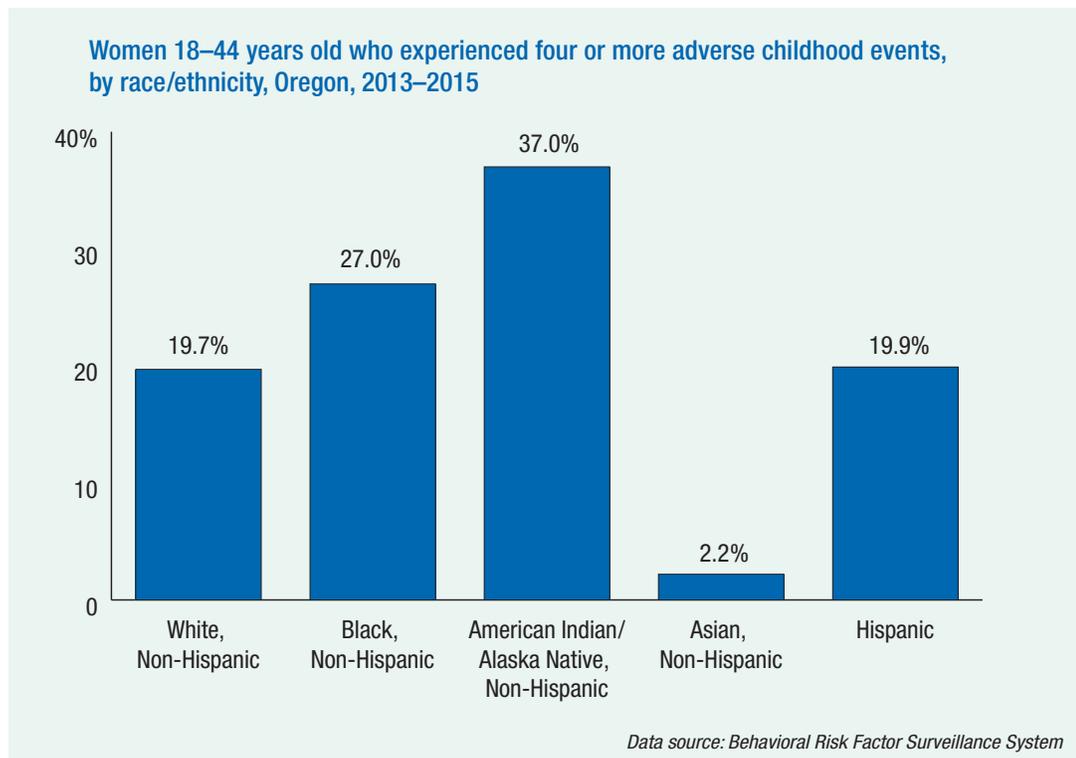
Status in Oregon: The rate of women 18 to 44 years old with four or more ACEs increased steadily between 2011 and 2015 (5.1% to 9.6%).

Disparities in Oregon: In 2015, the percentage of Oregon women aged 18 to 44 who experienced four or more ACEs was higher for non-Hispanic American Indian/Alaska

Natives (37.0%) and non-Hispanic Blacks (27.0%) compared to non-Hispanic Whites (19.7%), and lower for non-Hispanic Asians (2.2%). The percentage of Hispanic women (19.9%) was almost the same as the percent of non-Hispanic White women who experienced four or more ACEs.



Note: ACEs data not available in 2012



Note: Native Hawaiian/Pacific Islander, Non-Hispanic and two or more races, Non-Hispanic are not shown due to small sample size.

Key indicator: Well-woman visit

Indicator details:

- » **Definition:** Percent of women 18–44 years old with a visit to a doctor for a routine checkup in the past 12 months
- » **Numerator:** Number of women 18–44 years old with a visit to a doctor for a routine checkup in the past 12 months
- » **Denominator:** Number of women 18–44 years old

Significance of indicator: Access to high-quality well-woman care is a key driver in optimizing women’s health before, between and beyond potential pregnancies. (8) Taking action on health issues throughout the lifespan can prevent future problems for a mother and her baby. (9)

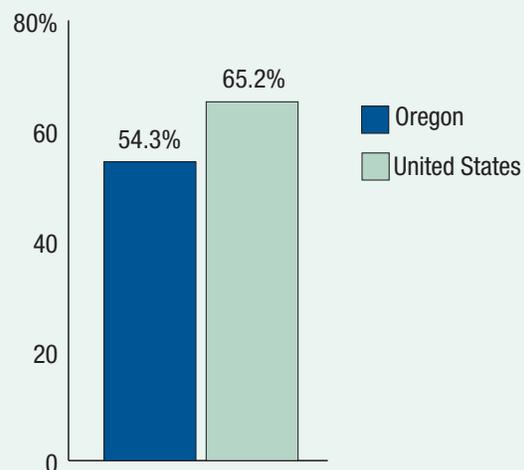
Access to high-quality well-woman care:

- » Provides a critical opportunity to receive recommended clinical preventive services, screening and management of chronic conditions such as diabetes, counseling to achieve a healthy weight and smoking cessation, and immunizations
- » Increases the likelihood that any future pregnancies are by choice rather than chance
- » Decreases the likelihood of complications in future pregnancies.

Status in Oregon: Oregon women aged 18-44 had a lower rate for routine checkups in the past year (54.3%) as compared to those in the United States as a whole (65.2%). Between 2011 and 2015, the rate of women in that age group getting routine checkups in Oregon followed a slight upward trend (from 52.2% to 54.9%).

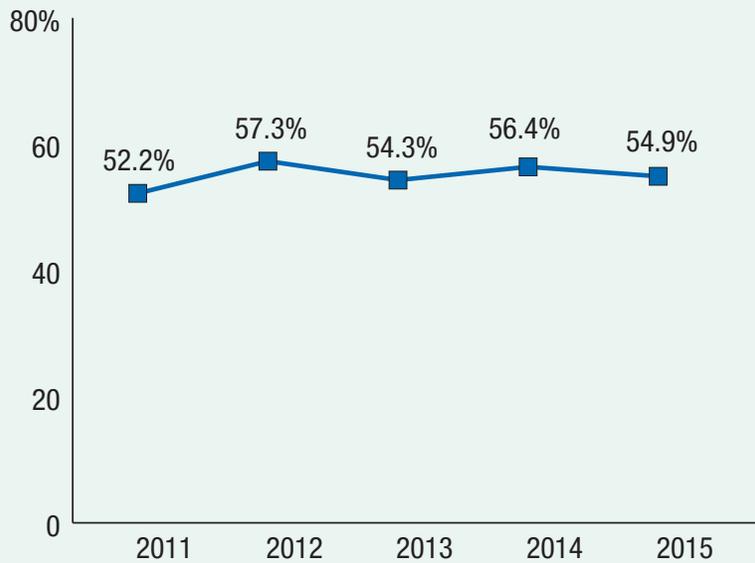
Disparities in Oregon: In Oregon in 2015, the percent of women aged 18 to 44 who had a routine checkup in the last 12 months was relatively similar among race/ethnicity groups.

Routine checkup within the last 12 months among women 18–44 years old, Oregon and United States, 2013



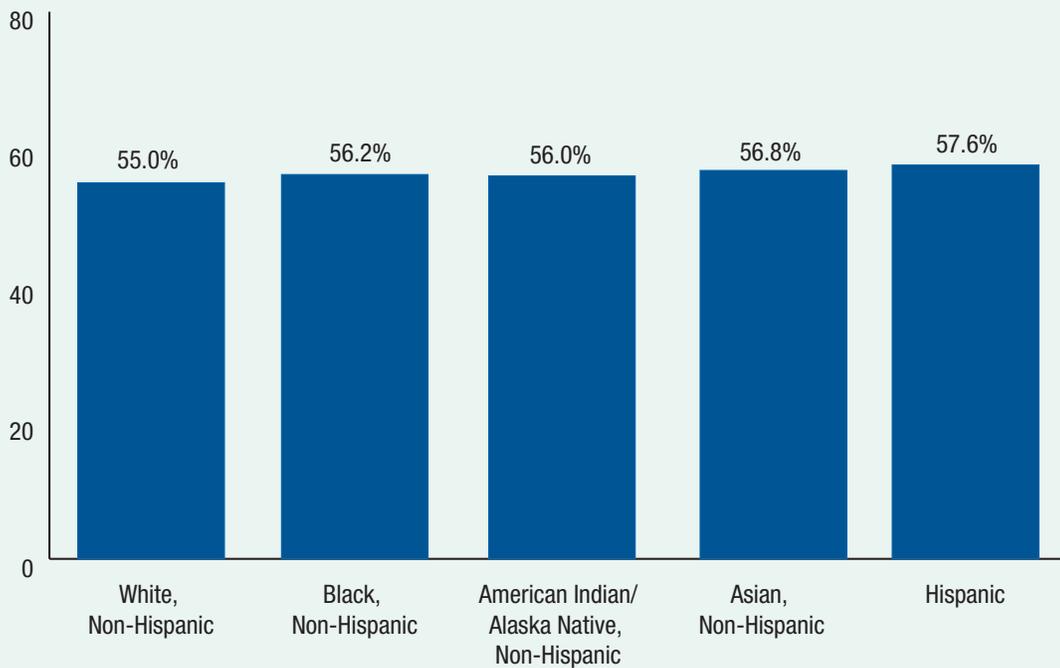
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Routine checkup within the last 12 months among women 18–44 years old, Oregon, 2011–2015



Data source: Behavioral Risk Factor Surveillance System

Routine checkup within the last 12 months among women 18-44 years old by race/ethnicity, Oregon 2013-2015



Data source: Behavioral Risk Factor Surveillance System

Key indicator: Pre-pregnancy smoking

Indicator details:

- » Definition: Percentage of women with a live birth who smoked in the three months prior to their pregnancy
- » Numerator: Number of women with a live birth who smoked in the three months prior to their pregnancy
- » Denominator: Number of women with a live birth

Significance of indicator: Smoking cigarettes during pregnancy is one of the most important avoidable causes of adverse pregnancy outcomes and is associated with high rates of long- and short-term morbidity for both the child and mother. Smoking during pregnancy elevates the risk of complications such as premature birth, low birth weight, sudden infant death syndrome (SIDS), (10) congenital heart and gastrointestinal defects and a decrease in pulmonary function later in the child's life. (11)

In the United States, approximately one in 10 women who gave birth in 2014 smoked during the three months before pregnancy. Approximately three-quarters of these women continued to smoke after learning they were pregnant.

This indicator focuses on smoking prior to pregnancy. This can be used as a proxy for smoking during the first trimester because women often are not aware of the pregnancy early in the first trimester. Therefore, examining the percentage of women who smoked prior to pregnancy and subsequently had a live birth gives us a good estimate of the percentage of women who smoked in the first trimester.

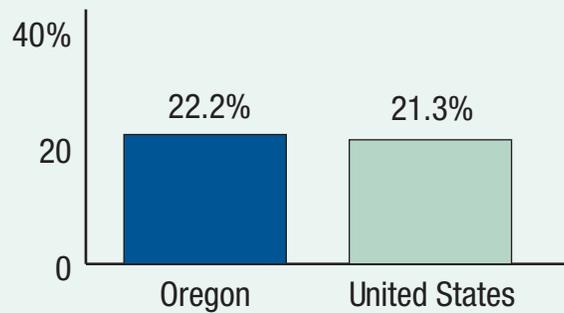
Low socio-economic status, lower education and belonging to a racial/ethnic minority are significantly associated with increased risk for smoking during pregnancy. Smoking during pregnancy was most prevalent for women aged 20–24.

By race, the highest rate was for non-Hispanic American Indian or Alaska Native women. (12)

Status in Oregon: In 2013, the rate of smoking among women in the three months prior to pregnancy was slightly higher in Oregon than the national rate (22.2% vs. 21.3%, respectively). The percentage of women in Oregon who smoke in the three months prior to pregnancy remained relatively even from 2012 to 2014 (21.5 % to 20.9%).

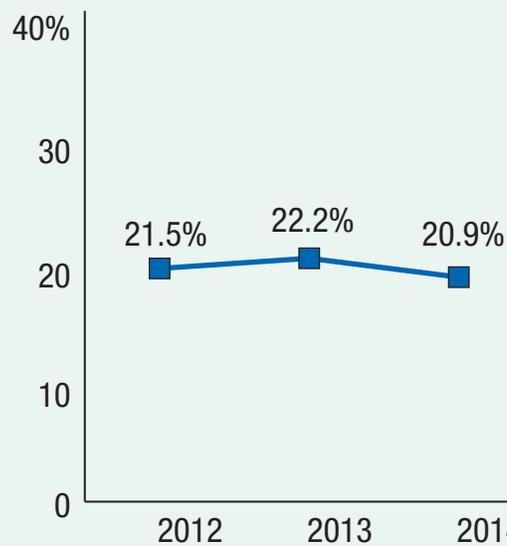
Disparities in Oregon: Compared to non-Hispanic Whites (24.3%), more non-Hispanic American Indian/Alaska Native (35.9%) and non-Hispanic women of two or more races (32.7%) smoked during the three months before their pregnancies in Oregon in 2014.

Smoking in the three months prior to pregnancy, Oregon and United States, 2013



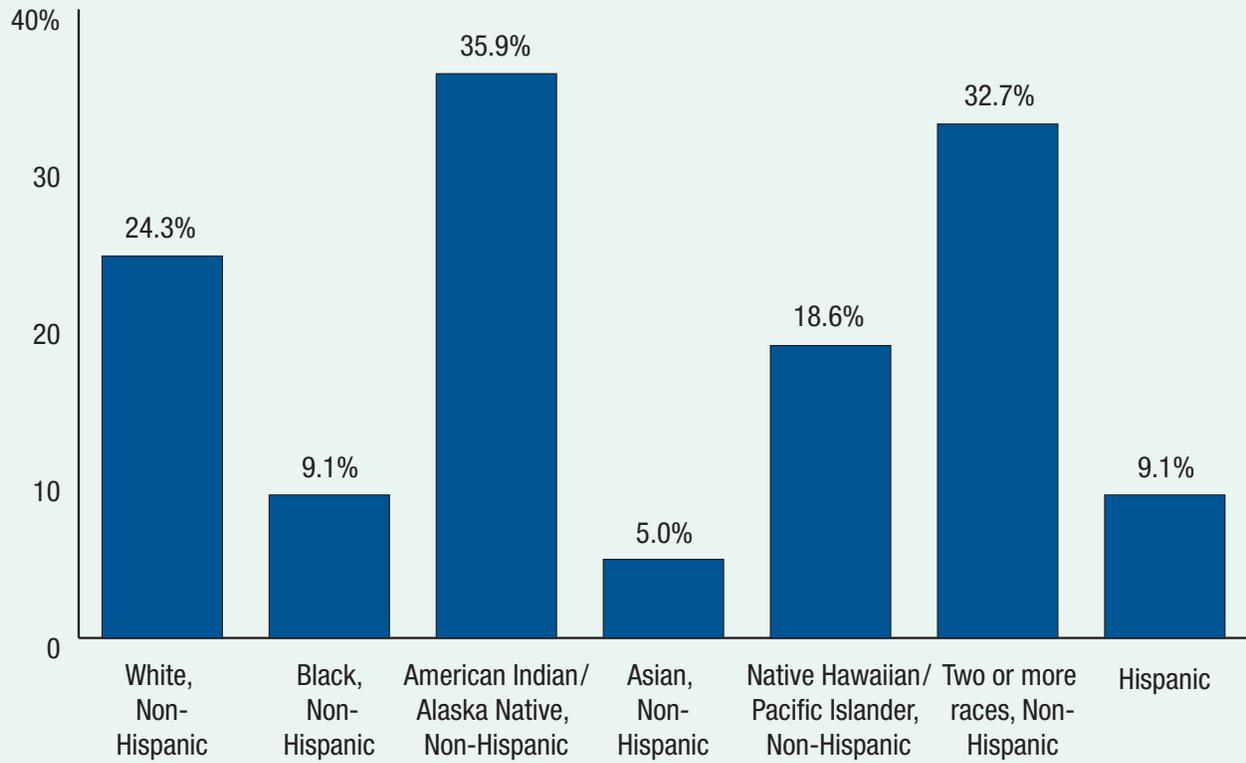
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Smoking in the three months prior to pregnancy, Oregon 2012–2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Smoking in the three months prior to pregnancy, by race/ethnicity, Oregon, 2014



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)