



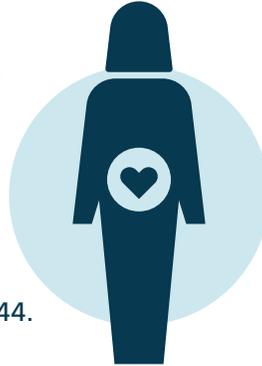
PRECONCEPTION, PREGNANCY, AND POSTPARTUM HEALTH

Rhode Island Issue Brief

What is Preconception, Pregnancy, and Postpartum Health?

Preconception, pregnancy, and postpartum health refers to the health of people before, during, and after pregnancy. This also includes the supports and resources needed to become pregnant, if and when someone wants to, and to ensure parents and children thrive with safe and healthy outcomes. Child-bearing age is defined as age 15-44. However, demographic trends show that the age range has been widening in recent years.

The Rhode Island Department of Health (RIDOH) strives to ensure that all people who are considering pregnancy, who are pregnant, or who were recently pregnant, receive timely, high-quality, culturally sensitive healthcare.



About the Data

RIDOH seeks to recognize the breadth of gender identities among individuals who may become pregnant. This includes individuals who are trans, non-binary, and intersex. However, there are limitations in the data on pregnant individuals. This is because current, population-level data report pregnant people as female/women.

Throughout this brief, data are presented as they were originally collected and reported for gender, age, race, and ethnicity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.¹

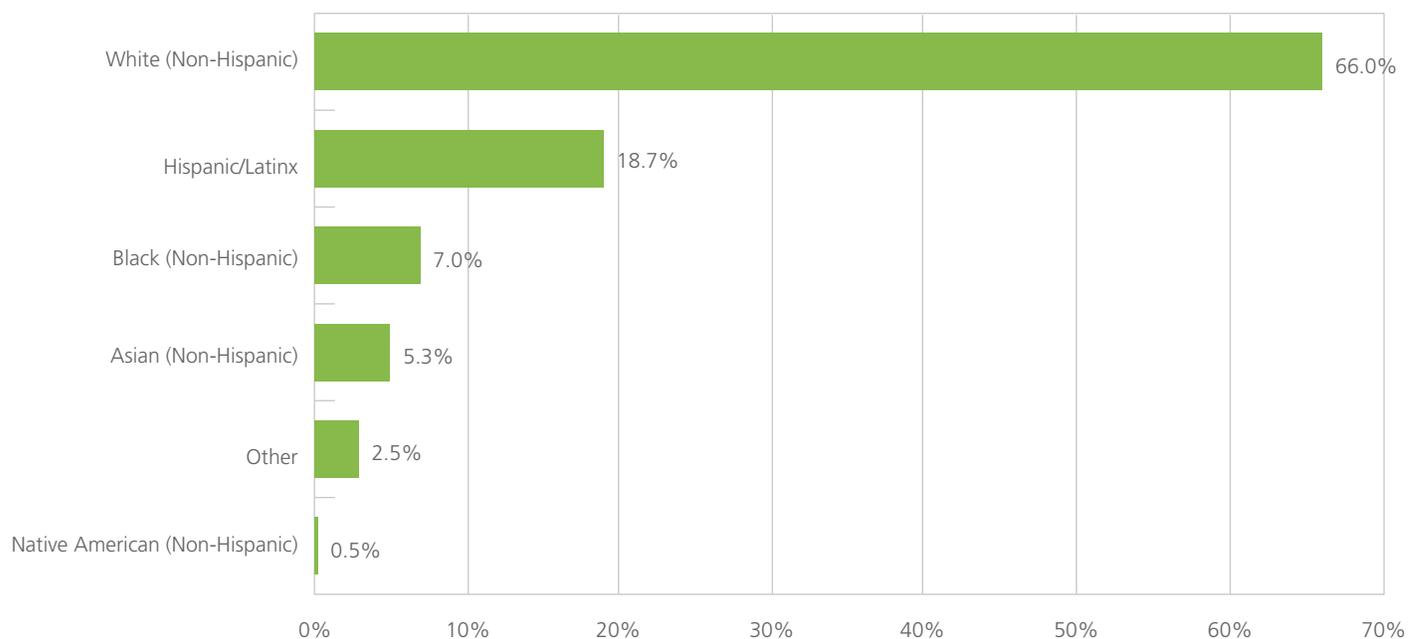
Demographics

Rhode Island Population | 1,059,639

Total Women | 209,072

This section provides data on Rhode Island women during 2017. The age range for each category appears in parentheses. (For example, race/ethnicity data are available for Rhode Island women age 15-44.)

Figure 1
Race/Ethnicity of Rhode Island Women (age 15-44, 2017)



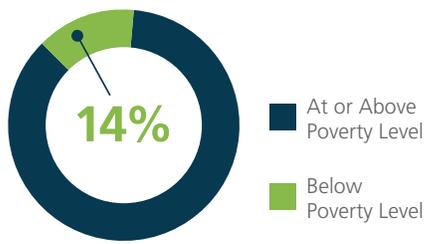
Source: CDC Wonder, 2017

NOTES: While these data were originally collected using the terms Hispanic and Non-Hispanic, this report uses the term Hispanic/Latinx as a more inclusive alternative to Hispanic, Latino, or Latina.

Almost one in five (19%) of women age 15-44 are Hispanic/Latinx.

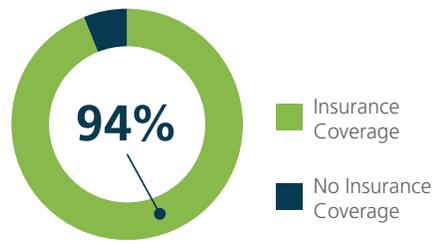


Figure 2
Poverty Status of Rhode Island Women
(age 15-44, 2017)



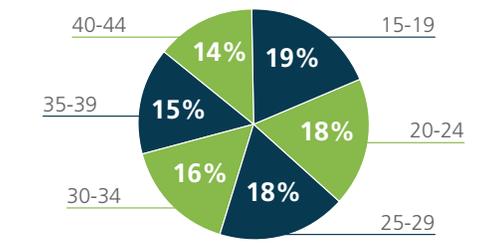
Source: American Community Survey, 2017
In 2017, 14% of Rhode Island women, age 15-44, reported living below the federal poverty level during the last 12 months.

Figure 3
Insurance Status of Rhode Island Women
(age 19-44, 2017)



Source: American Community Survey, 2017
94% of Rhode Island women, age 15-44, had insurance coverage.

Figure 4
Rhode Island Women, by Age Group
(by years, 2017)



Source: American Community Survey, 2017

NATIONAL MEASURES Rhode Island Women of Reproductive Age versus US Women of Reproductive Age

National Measure	How Does Rhode Island Compare to the Country as a Whole?			
	RI	versus	US	YEAR
Percent of women with a past year preventive medical visit ^{2,3}	79.7%	vs	65.8%	2017
Percent of pregnant women who receive prenatal care beginning in the first trimester ^{4,5}	81.0%	vs	77.1%	2016
Percent of women who had a dental visit during pregnancy ^{6,7}	57.7%	vs	46.1%	2017
Percent of women who report using tobacco during pregnancy ^{4,5}	5.9%	vs	6.9%	2017
Percent of non-medically indicated early elective deliveries ^{9,10}	2.0%	vs	N/A	FY 2017 ⁸
Rate of severe maternal morbidity ¹¹ per 10,000 delivery hospitalizations ^{12,13}	214.9	vs	144.1	2015
Percent of women who experience postpartum depressive symptoms following a recent live birth ^{6,7}	13.6%	vs	12.6%	2017

HEALTH INEQUITIES Based on the Most Recent Data Available for Rhode Island

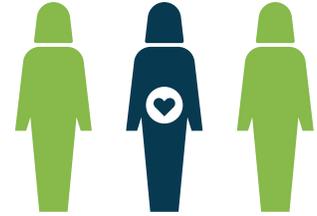
This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination,

racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare. Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.

Nearly **6** out of **10**  individuals served at Title X clinics use a family planning method defined as *most to moderately effective*, such as IUDs or hormonal injections.¹⁴

About **1** in **3** pregnancies are unintended.⁶



There were **13** maternal deaths in nearly 10 years (2008-2017).⁴

There were **177** opioid-related deaths among women age 15-44 in the last five years.¹⁵



About **13%** of mothers report being diagnosed with depression during pregnancy.⁶



4% of pregnant women lose their Medicaid coverage in the postpartum period.⁶

Nearly **1** in **4** women age 18-45 currently use marijuana.²

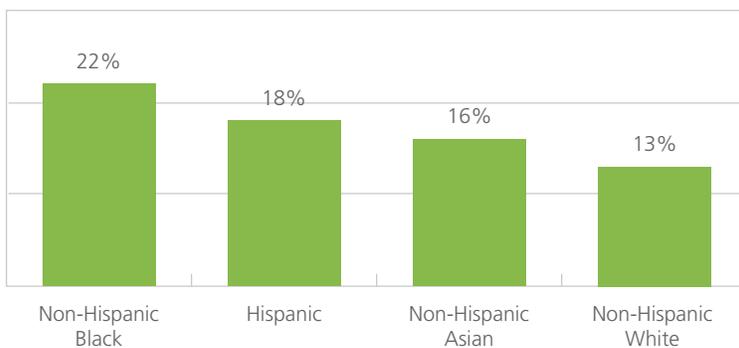


Pregnant women who were recommended or offered flu vaccine by their healthcare provider were **2.3** times more likely to be vaccinated.⁶

2.3 times



• Non-Hispanic Black, Hispanic, and Non-Hispanic Asian women are more likely to receive *delayed prenatal care*¹⁶ (after the first trimester) than non-Hispanic White women.⁴



Source: RIDOH Center for Vital Records, 2018

• Non-Hispanic Black women are almost **2x** as likely to experience *serious pregnancy-related complications* compared to Non-Hispanic White women.¹²

• Depression during and/or after pregnancy was more likely to be reported by women who were:

- Members of low-income families
- Non-Hispanic Black
- Younger than age 20¹⁷



Footnotes

- ¹ RIDOH acknowledges the contributions of SisterSong and the reproductive justice (RJ) movement to our framing of the goal for reproductive health and personal autonomy (SisterSong.net). RJ is a national movement, led by queer and trans women of color, that combines reproductive rights and social justice.
- ² Rhode Island Behavioral Risk Factor Surveillance System (BRFSS)
- ³ Behavioral Risk Factor Surveillance System (BRFSS - National Dataset)
- ⁴ RIDOH's Center for Vital Records
- ⁵ National Vital Statistics System
- ⁶ Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)
- ⁷ Pregnancy Risk Assessment Monitoring System (PRAMS - National Dataset)
- ⁸ Fiscal year 2017 for the Centers for Medicare and Medicaid Services includes July 2016-June 2017
- ⁹ Number of inductions or Cesarean sections without labor or spontaneous rupture of membranes among deliveries at 37 and 38 weeks' gestation without conditions possibly justifying elective delivery at fewer than 39 weeks' gestation
- ¹⁰ Centers for Medicare and Medicaid Services (CMS) *Hospital Compare*
- ¹¹ Includes unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health
- ¹² Rhode Island Hospital Discharge Data (HDD)
- ¹³ Healthcare Cost and Utilization Project (HCUP), State Inpatient Database (SID)
- ¹⁴ Rhode Island Title X Database
- ¹⁵ Rhode Island Statewide Unintentional Drug Overdose Reporting System (SUDORS)
- ¹⁶ Women receiving prenatal care beginning in the second or third trimester of pregnancy
- ¹⁷ Rhode Island KIDS COUNT Issue Brief: *Maternal Depression in Rhode Island: Two Generations at Risk*, January 2018

RIDOH would like to acknowledge the contributions of **SISTA Fire** for providing their time and feedback on the content and development of this publication. SISTA Fire is a small and growing network of women of color from across Rhode Island who are on a journey to create a space where they can build foundations for deep solidarity across differences, strengthen community connections, and create change in their lives and communities.



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For additional information about RIDOH's Maternal and Child Health Program, please contact Jaime Comella at Jaime.Comella@health.ri.gov.

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