

Data Report

Preconception health among
New Hampshire women, by pregnancy
intention and insurance coverage
2013 - 2017

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Disclaimer

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Preconception health among New Hampshire women, by Pregnancy Intention and Insurance Coverage, 2013-2017

EXECUTIVE SUMMARY

Preconception health is the outcome of the behaviors that comprise a healthy lifestyle before pregnancy and between pregnancies, which increase the likelihood of having a healthy pregnancy and a healthy baby. These behaviors include medical consultations to treat and control chronic conditions; preventive health visits to verify or update immunizations and maintain oral health; other medical visits for family planning or birth spacing; the cessation of smoking, drinking, and use of drugs; attaining and maintaining a healthy weight; taking folic acid; avoiding toxic substances in the environment; and getting help for violence and for optimum mental health.

Utilizing data from the Pregnancy Risk Assessment Monitoring Survey (PRAMS), some significant differences in the prevalence of various elements of preconception health were found, when these behaviors or conditions were stratified by pregnancy intention (desired versus undesired or mistimed) and/or by insurance status (covered by Medicaid, or by some other insurance, or uninsured).

For example, it was found that 79% of women overall reported having a health care visit in the 12 months before pregnancy, but only 30% of uninsured women and 71% of Medicaid-enrolled women did so. When stratified by pregnancy intention, it was found that 83% of those with an intended pregnancy had a health visit, compared to 69% of those with an unintended pregnancy.

A second example concerns depression: 20% of women reported visiting a health provider to get checked for depression or anxiety in the 12 months before their pregnancy. Here also significant differences were found between sub-groups, with 25% of those with an unintended pregnancy having a visit to get checked for depression, compared to 16% of those with an intended pregnancy; and 42% of Medicaid participants reported a visit to get checked for depression versus approximately 15% each among those with other insurance or no insurance.

In addition to spotlighting numerous disparities by pregnancy intention and insurance coverage, this report also notes that women with an unintended pregnancy and those who are uninsured or covered by Medicaid are substantially younger, with less educational attainment and less income than their counterparts with intended pregnancies, and those who have other health insurance plans.

Recommendations to optimize preconception health for all are included in the final section of this report.

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Preconception health among New Hampshire women, by pregnancy intention and insurance coverage, 2013-2017

Introduction

Preconception health is the outcome of healthy behaviors that women can implement before becoming pregnant. These healthy practices can be followed by anyone, men or women, regardless of pregnancy intention – they are all about leading healthy lives, which will increase the chances of having a healthy pregnancy, should a pregnancy occur.

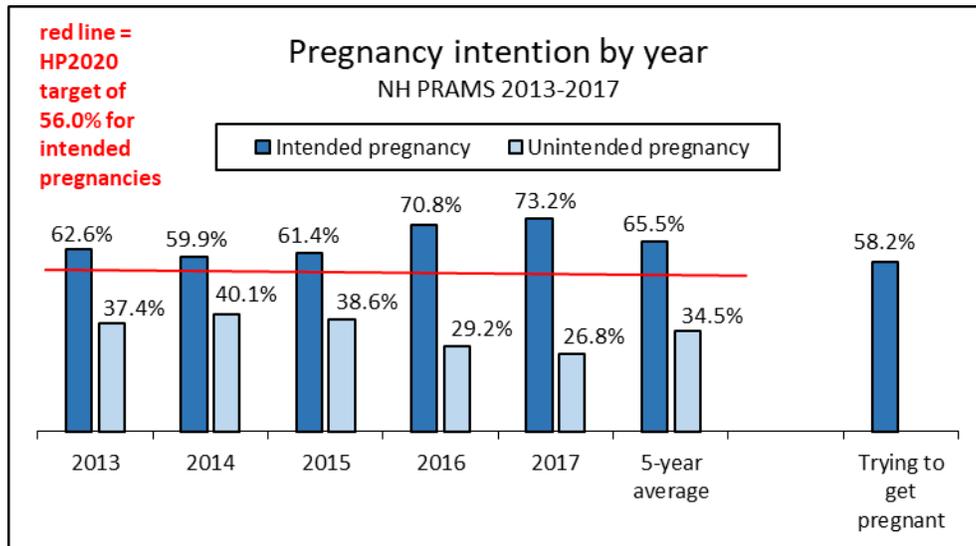
Several preconception health indicators are assessed by the Pregnancy Risk Assessment Monitoring Survey (PRAMS), including healthy weight, immunizations, substance use, vitamin use, and domestic violence. These data were analyzed for this report, and findings are presented.

Results / Discussion

Indicators of preconception health among New Hampshire (NH) women who had a live birth in the years 2013-2017 were analyzed in totality as well as by pregnancy intention and insurance coverage, to look for differences by these characteristics. Many significant disparities were found.

Pregnancy intention

An intended pregnancy is defined in this report as the desire to have a pregnancy then or sooner, and an unintended pregnancy is defined as wanting the pregnancy later, never, or being unsure. Between 2013 and 2017 it was found that 65.5% of NH resident women had an intended pregnancy, and 58.2% of births resulted from deliberate attempts to conceive; 34.5% of women who had a baby had an unintended pregnancy.



(see the data tables at the back of this report for more detail on the reported percentages, including confidence intervals)

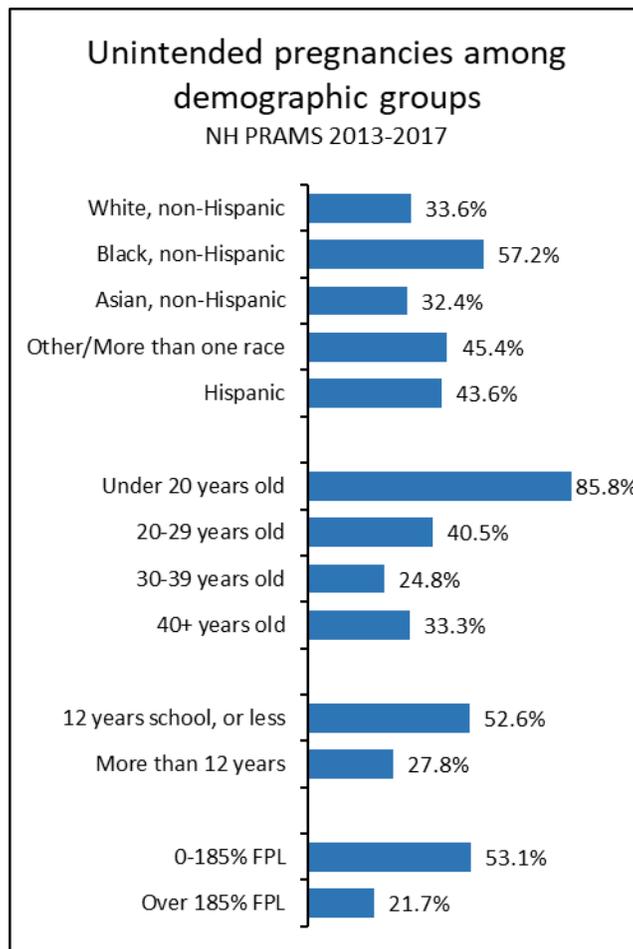
HP2020 objective FP-1

Increase the proportion of pregnancies that are intended to 56.0%.

New Hampshire has consistently exceeded the HP2020 target for intended pregnancies in all years from 2013 through 2017.

The demographic characteristics of those who had an unintended pregnancy are shown below.

By racial/ethnic group, the frequency of unintended pregnancies ranges from approximately 33% to 57%. The frequency of unintended pregnancy is significantly higher among the under-20 year olds than any other age group; among those with 12 years of school or less, than among those with more education; and among those living at 0-185% of the Federal Poverty Level (FPL) than among those with a higher income.



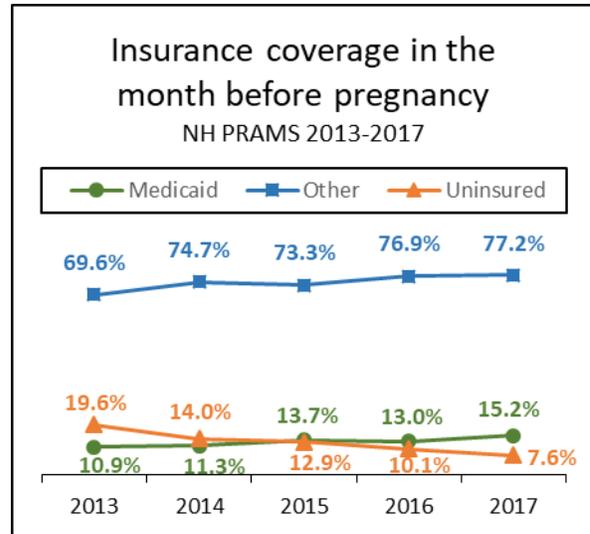
Pre-pregnancy insurance coverage

Insurance coverage in the month before pregnancy was found to range over the five years assessed from approximately 11%-15% for Medicaid participation, 70%-77% for all other

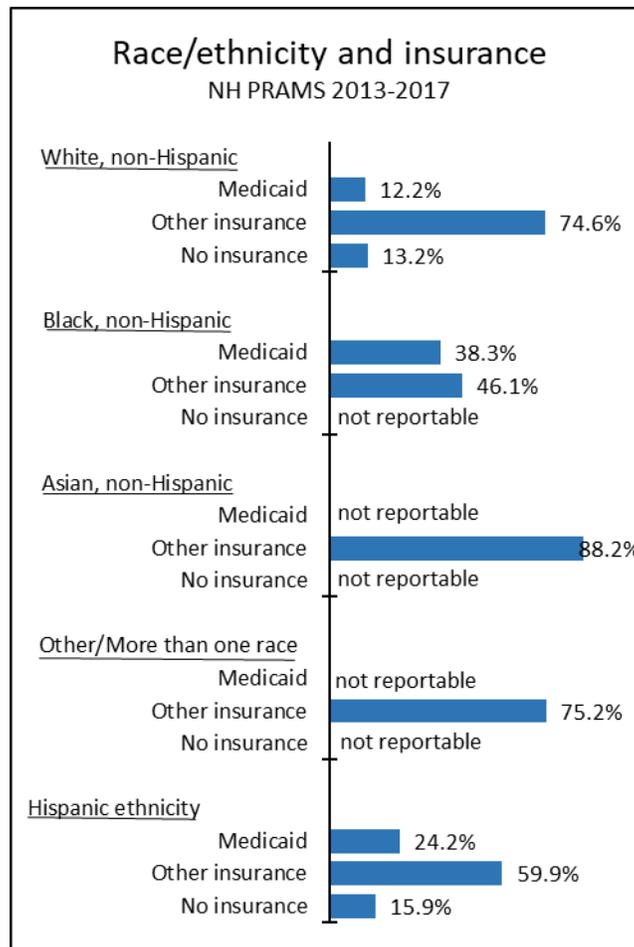
insurance plans (private, community health center, local hospital program, military), and 8%-20% were uninsured.

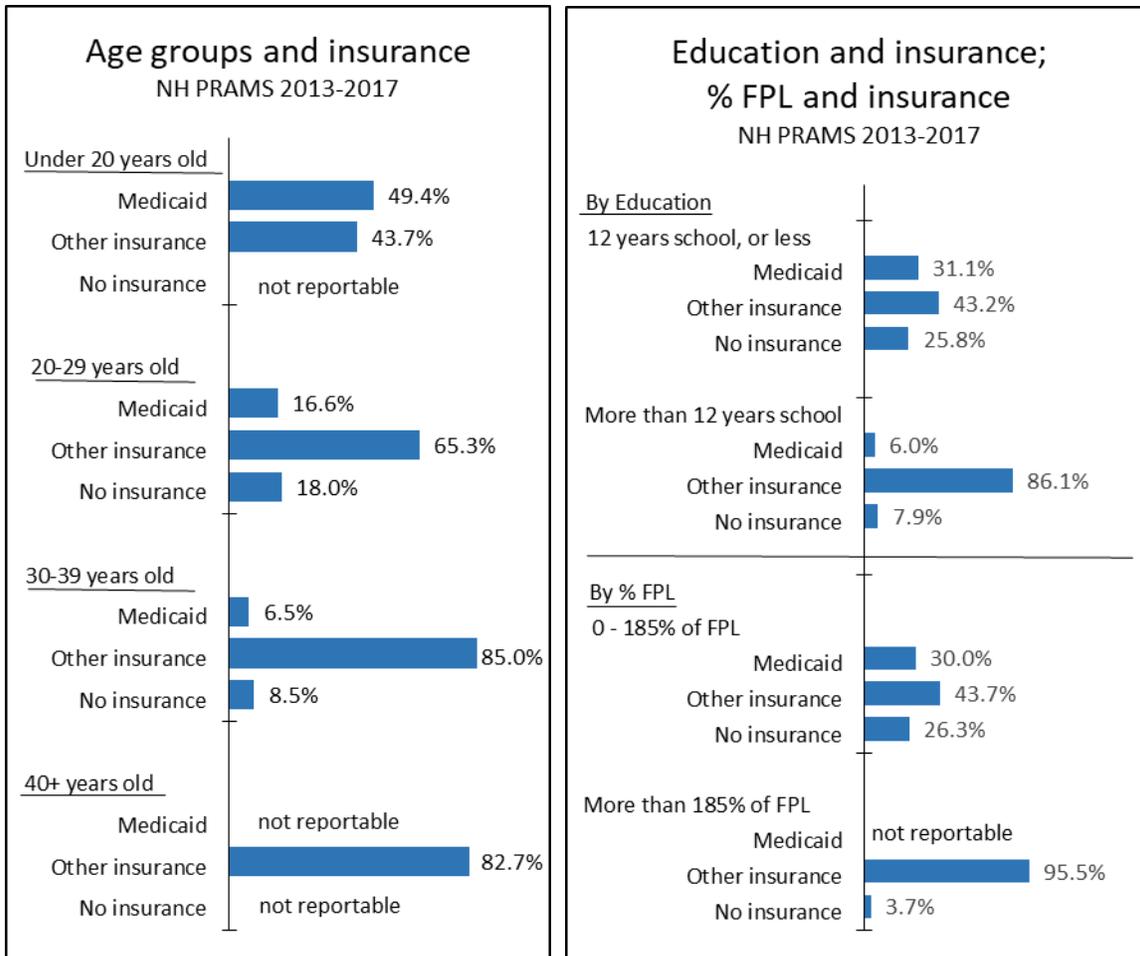
In 2014 the Affordable Care Act (ACA) increased access to health insurance in NH, through the availability of subsidized health plans (in January 2014) and expanded access to Medicaid through the NH Health Protection Program (in August 2014).

It is noteworthy that over the five-year period 2013-17, the percentage of women uninsured for preconception health care fell from 19.6% to 7.6%, representing a **61% decrease in the proportion of women without insurance coverage.**



Insurance coverage in the month before pregnancy was analyzed by race/ethnicity, age, education, and income (% FPL). Results are shown in the following graphics.





Indicators of Preconception Health

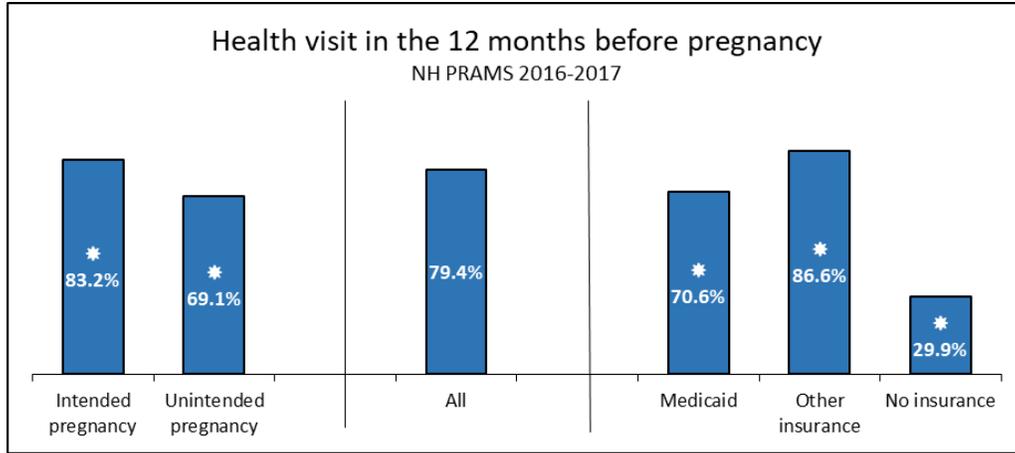
NB: on the graphics below, percentages marked with an asterisk (*) are statistically significantly different from the other percentages shown on that panel (pregnancy or insurance). Differences characterized as ‘statistically significant’ have a 95% probability of being truly different, and not the result of random chance.

HEALTH CARE VISITS

79.4% of women **visited a health care provider**, including for dental or mental health, in the 12 months before their pregnancy. While this is a relatively positive finding overall, there are nonetheless some significant differences according to pregnancy intention as well as by insurance coverage.

- 83.2% of women with an intended pregnancy reported a medical visit, compared to 69.1% of women with an unintended pregnancy; these figures are statistically significantly different.

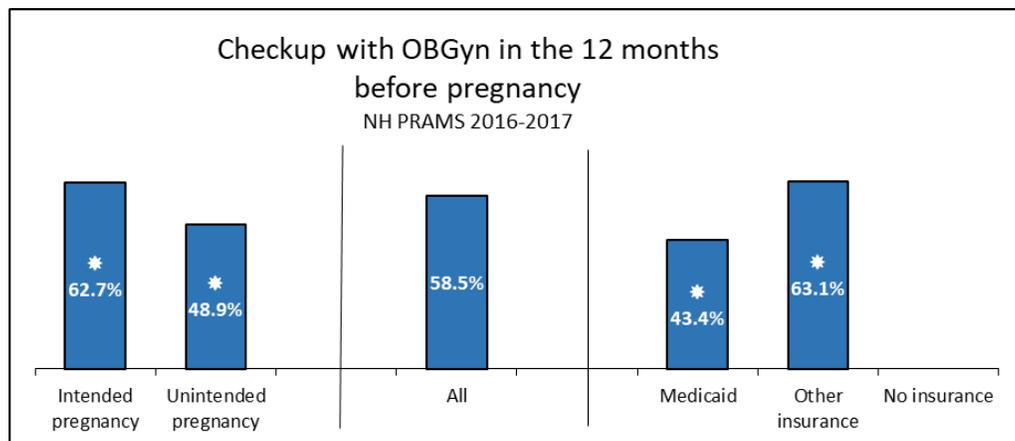
- Regarding insurance coverage, 70.6% of Medicaid participants had a health care visit, compared to 86.6% of women with other insurance plans, and 29.9% of women with no insurance. These differences also are statistically significant.



57.4% of women had a medical visit with their **family doctor** in the 12 months before pregnancy. There were no significant differences by pregnancy intention or insurance coverage.

58.5% of women had a regular check-up with an **obstetrician/gynecologist (OBGyn)** in the 12 months before their pregnancy, with some significant differences by both pregnancy intention and insurance coverage.

- It was found that 62.7% of women with an intended pregnancy, and 48.9% of women with an unintended pregnancy had a checkup with their OBGyn before pregnancy.
- Regarding insurance coverage, 43.4% of Medicaid enrollees and 63.1% of women with other health insurance saw an OBGyn, and a very small number (too small to report) of uninsured women did so.



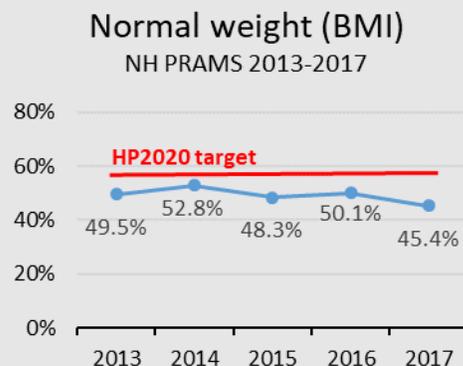
HEALTHY WEIGHT

Before pregnancy, 49.2% of women had a **healthy weight** ('normal' BMI of 18.5 – 24.9) and 47.1% of were overweight or obese (BMI 25.0 or greater). There were no significant differences by pregnancy intention or insurance coverage.

HP2020 objective MICH-16.5

Increase the proportion of women delivering a live birth who had a healthy weight (i.e. BMI of 18.5 to 24.9) prior to pregnancy to 57.8%.

The proportion of women at a normal weight when delivering a live birth was consistently below the HP2020 target of 57.8%, in all years from 2013 through 2017.

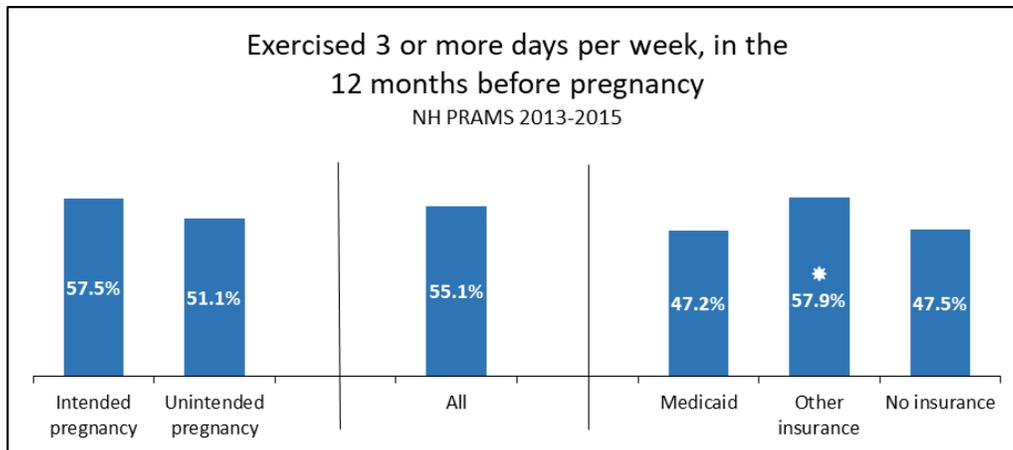


41.9% of women reported that a health care worker (HCW) talked with them about **maintaining a healthy weight**, in the 12 months before pregnancy; there were no significant differences by pregnancy intention or insurance coverage.

In the 12 months before their pregnancy, 33.5% of women were **dieting** to lose weight; again, there were no significant differences by pregnancy intention or by insurance coverage.

Also in the 12 months before pregnancy, 55.1% of women were **exercising** three or more days of the week, to lose weight.

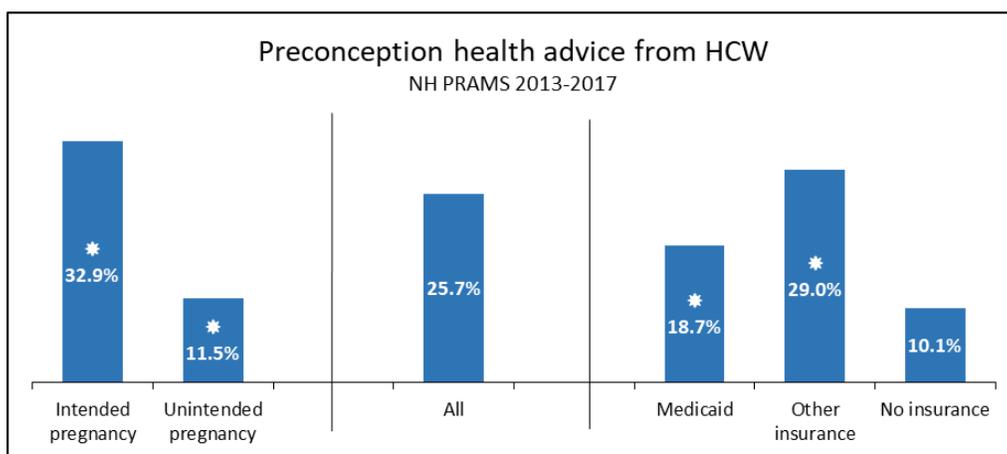
- While there was no significant difference by pregnancy intention, insurance coverage did reveal one significant difference: women who had other insurance (not Medicaid, not uninsured) exercised three or more times per week significantly more often (57.9%) than did Medicaid participants (47.2%) or uninsured women (47.5%).



PRECONCEPTION HEALTH ADVICE

Before their pregnancy, 25.7% of women reported receiving advice from a HCW about **improving their health before a pregnancy**.

- Among those with an intended pregnancy, 32.9% received advice, while only 11.5% of those with an unintended pregnancy did so.
- 18.7% of women insured by Medicaid received advice to improve their pre-pregnancy health, 29.0% of women with other insurance received such advice, and 10.1% of women with no insurance reported getting such advice (which is not significantly different from the figure reported by Medicaid enrollees, but it is significantly different from the percentage reported by women with other insurance).



HP2020 objective MICH-16.1

Increase the proportion of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy to 27.0%.

The HP2020 target was attained in 2016 (27.5%) and surpassed in 2017 (30.3%).

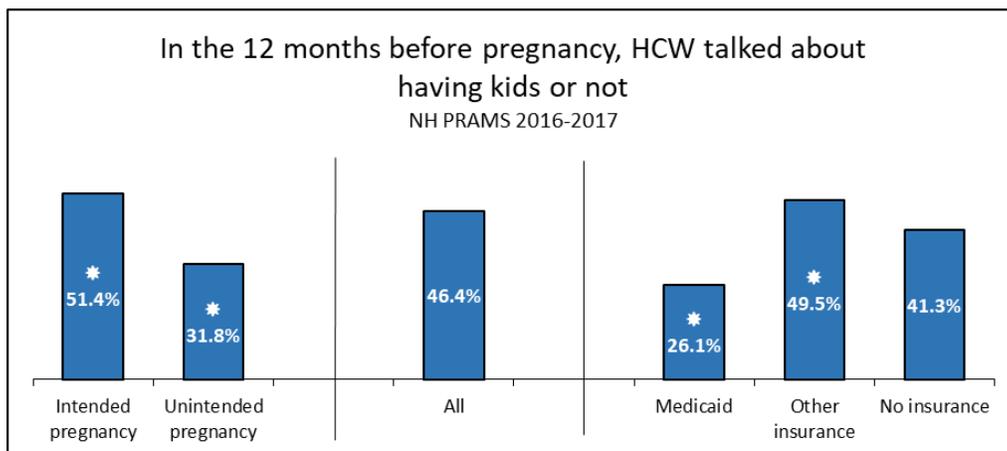
Pre-pregnancy health advice from HCW
NH PRAMS 2013-2017



18.4% of women reported that a provider **talked with them about sexually transmitted diseases** in the 12 months before pregnancy; and 86.0% of women reported that a HCW **asked if they were smoking cigarettes** in the 12 months before pregnancy; for both indicators there were no significant differences by either pregnancy intention or insurance coverage.

In the 12 months before pregnancy, 46.4% of women reported that a HCW **talked to them about their desire to have or not have children**.

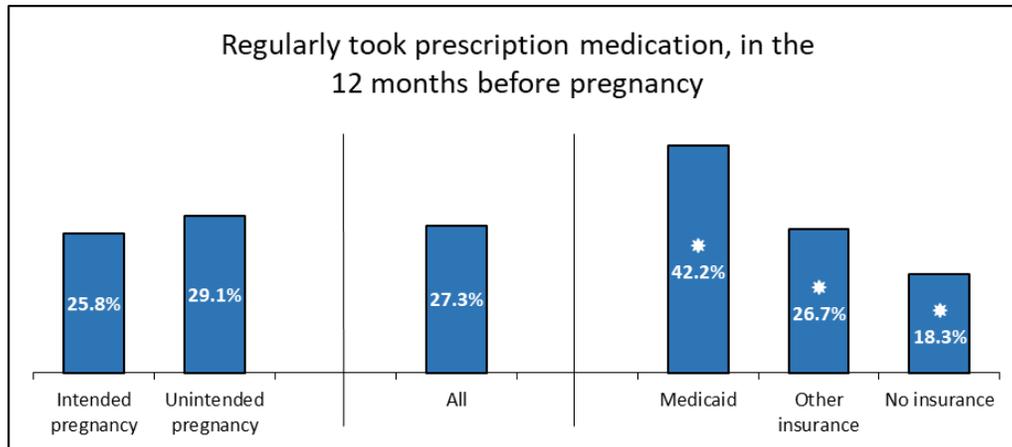
- The percentage was 51.4% among women with an intended pregnancy, and 31.8% among those with an unintended pregnancy.
- Among the insurance groups this figure was 26.1% for Medicaid participants, 49.5% for women with other insurance, and 41.3% for women with no health insurance; this figure for the uninsured is not significantly different from the percentage for either of the other two insurance groups.



PRESCRIPTION MEDICATIONS

In the 12 months before pregnancy, 27.3% of women reported regularly taking **prescription medications**.

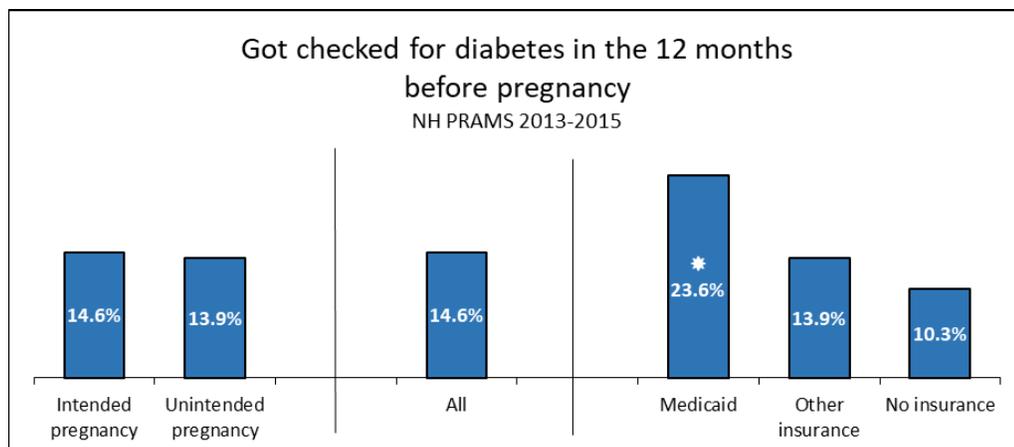
- There was no significant difference by pregnancy intention, but there were significant differences by insurance coverage, with 42.2% of women covered by Medicaid taking prescription meds, compared to 26.7% of women on other insurance plans, and 18.3% of uninsured women.



DIABETES

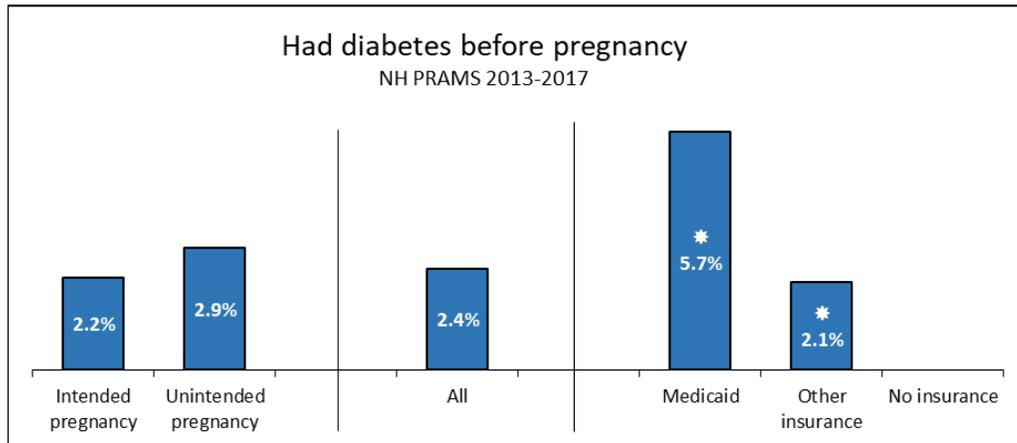
14.6% of women reported **getting checked for diabetes** in the 12 months before pregnancy.

- There were no significant differences by pregnancy intention, but Medicaid participants got checked for diabetes significantly more often (23.6%) than the other insurance groups (13.9% and 10.3% for the otherwise insured and the uninsured, respectively).



2.4% of women reported **having diabetes** before their pregnancy.

- There was no significant difference by pregnancy intention, but there was a significant difference by insurance coverage, with 5.7% of Medicaid participants (more than twice the percentage of the total population overall), 2.1% of women with other insurance, and a small, unreportable number of uninsured women reporting pre-pregnancy diabetes.



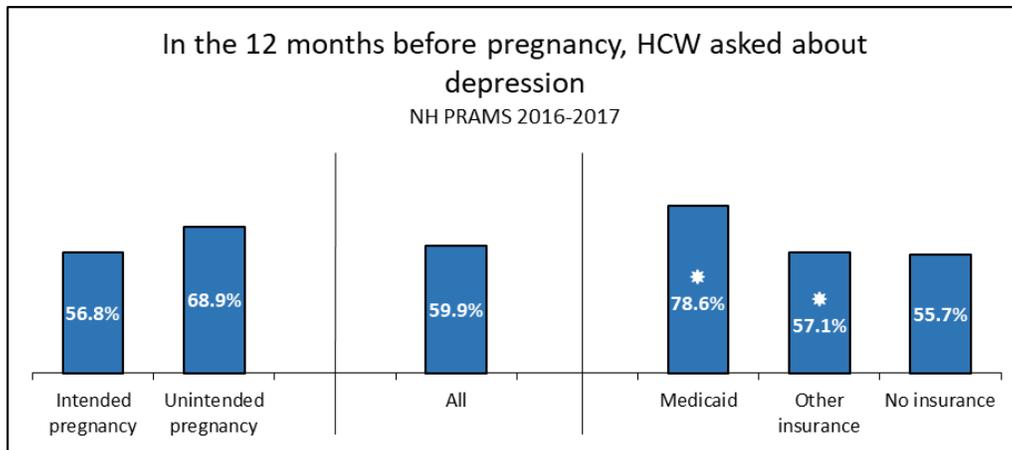
HIGH BLOOD PRESSURE

23.0% of women got **checked for high blood pressure** in the 12 months before pregnancy, and 3.9% reported **having high blood pressure** before their pregnancy; there were no significant differences by pregnancy intention or by insurance coverage, for either indicator.

DEPRESSION

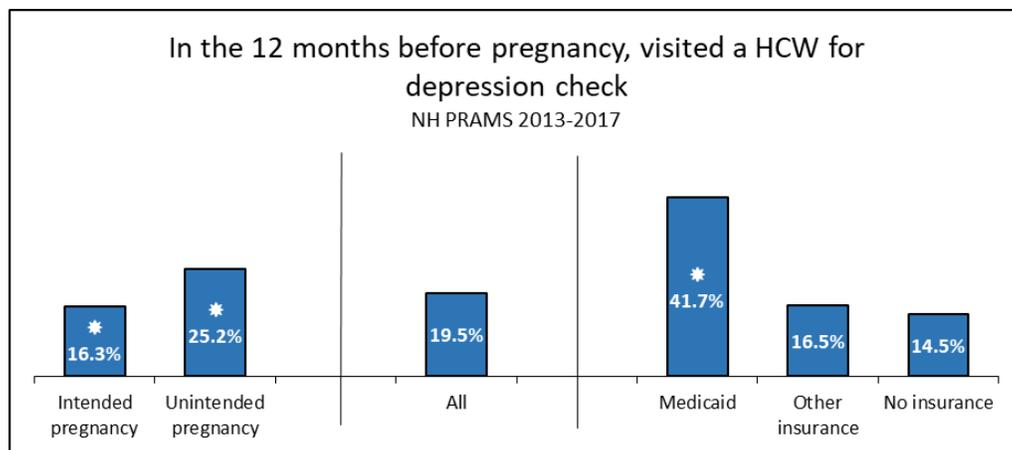
In the 12 months before pregnancy, 59.9% of women reported that a **HCW asked about feeling down or depressed**.

- This occurred significantly more often among women enrolled in Medicaid (78.6%) than among the other insured (57.1%) women. There was no significant difference for the uninsured, from either of the other two insurance groups.
- The frequencies by pregnancy intention were not significantly different.



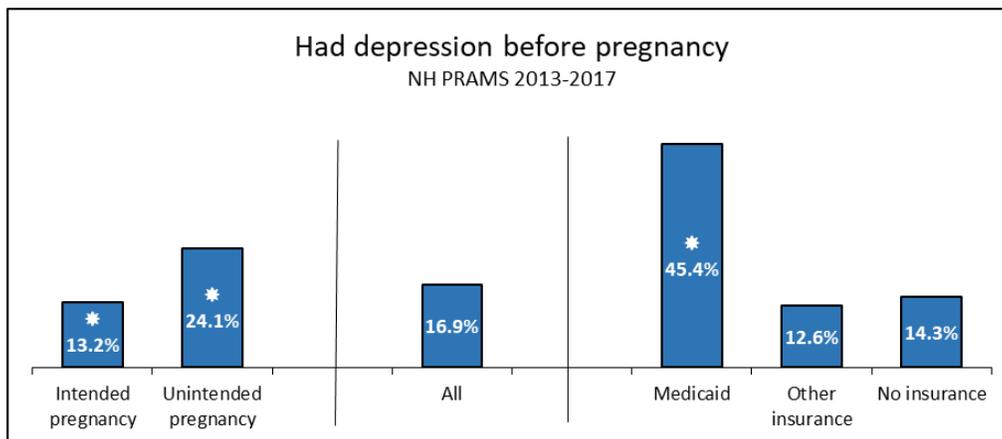
19.5% of women visited a HCW for a **depression check** during the 12 months before their pregnancy.

- Among women with an intended pregnancy, 16.3% got checked for depression, compared with 25.2% of those with an unintended pregnancy.
- The only significant difference by insurance coverage was that 41.7% of Medicaid participants were checked for depression, significantly more than the 16.5% of women with other insurance, or 14.5% of uninsured women (the latter two groups are not significantly different from each other).



16.9% of women reported **experiencing depression** or anxiety before pregnancy.

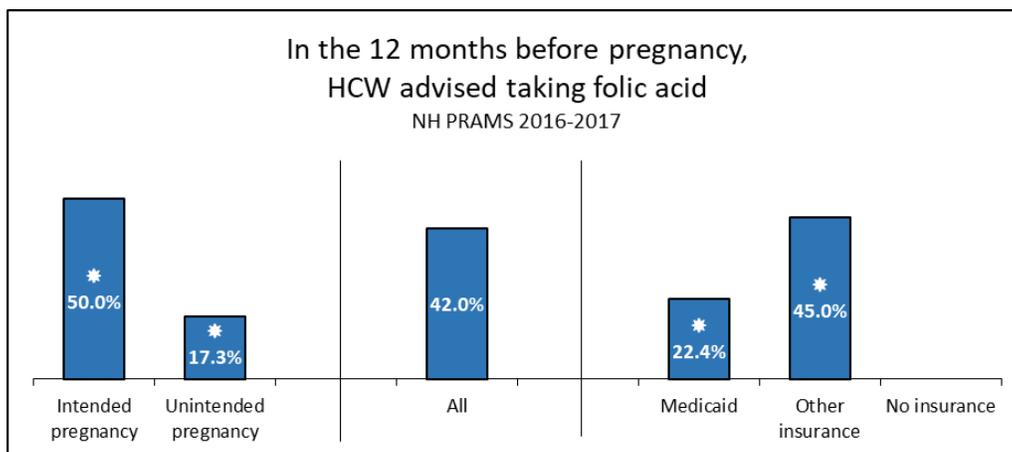
- Among women with an intended pregnancy, this figure was 13.2%; among those with an unintended pregnancy, the frequency was significantly higher, at 24.1%.
- There was likewise a significant difference by insurance status, with 45.4% of women enrolled in Medicaid reporting depression, significantly more than the reported 12.6% of those with other insurance plans, and 14.3% of those with no insurance (the latter two groups are not significantly different from each other).



VITAMIN SUPPLEMENT / FOLIC ACID

In the 12 months before pregnancy, 42.0% of women reported that a **HCW advised taking a vitamin or folic acid supplement**.

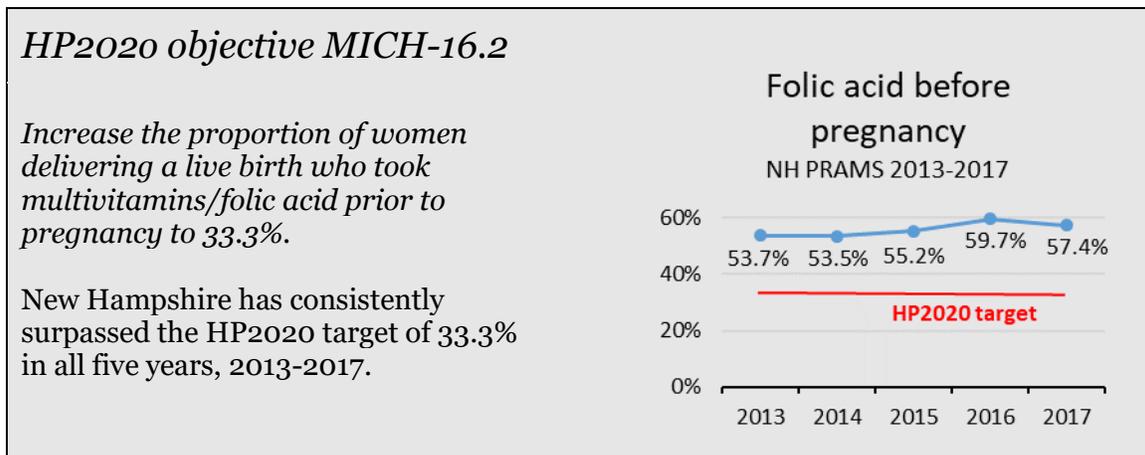
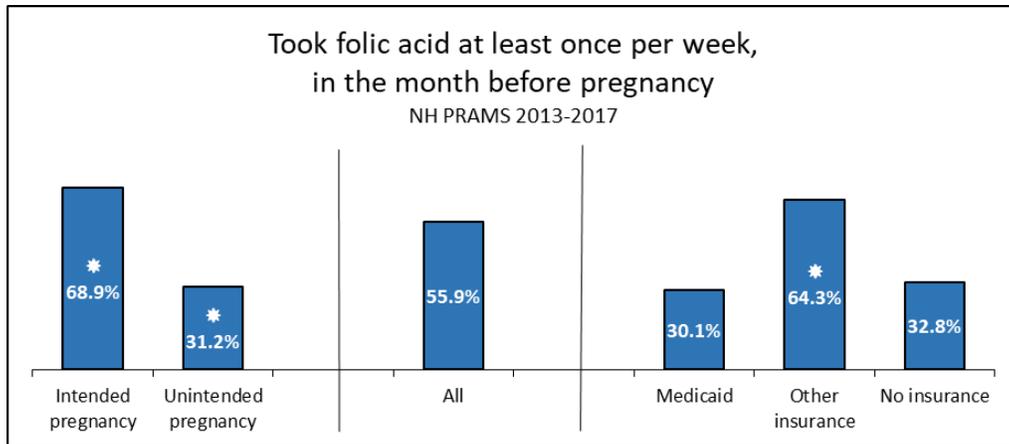
- Among women with an intended pregnancy, 50.0% reported this, compared to 17.3% of women with an unintended pregnancy.
- And 45.0% of women with other insurance reported being advised to take a vitamin or folic acid supplement, compared to 22.4% of women covered by Medicaid, and a small, unreportable number among uninsured women.



55.9% of women (5-year average) reported **taking a vitamin or folic acid supplement** at least once a week, in the month before pregnancy.

It is noteworthy that more women reported taking folic acid (55.9%) than were advised to take it (42.0%).

- 68.9% of women with an intended pregnancy took folic acid at least once per week, compared to 31.2% of women with an unintended pregnancy.
- Regarding insurance coverage, 64.3% of women with other insurance took folic acid at least weekly, which was significantly higher than the consumption of folic acid among Medicaid participants (30.1%) or uninsured women (32.8%) (these two figures are not significantly different from each other).

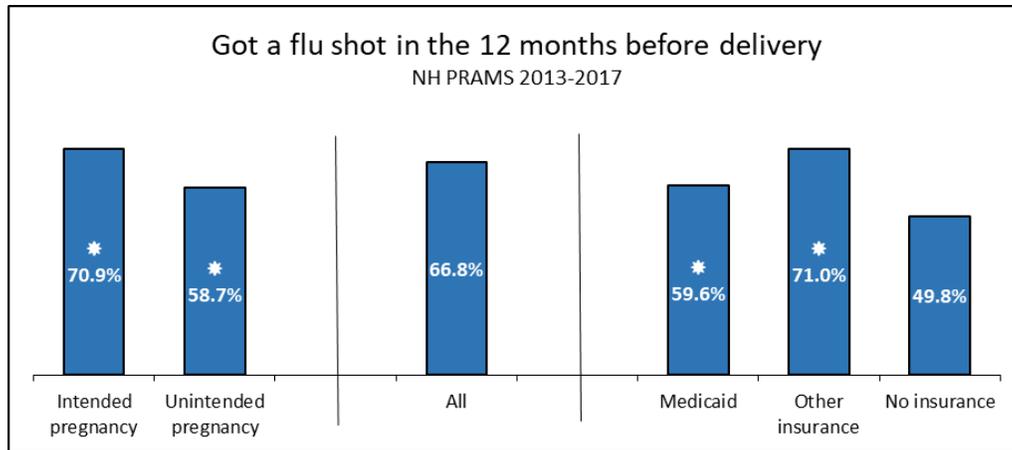


FLU SHOT

66.8% of women (5-year average) reported getting a **flu shot** in the 12 months before delivery; this ranged from 63.0% in 2014 to 70.2% in 2017.

- Among those with an intended pregnancy, 70.9 % got a flu shot, compared to 58.7% among those with an unintended pregnancy.

- Regarding insurance coverage, 59.6% of Medicaid participants received a flu shot, while 71.0% of those with some other insurance did so, and 49.8% of those with no insurance (which is not significantly different than the frequency for Medicaid participants but it does differ significantly from the otherwise insured group).



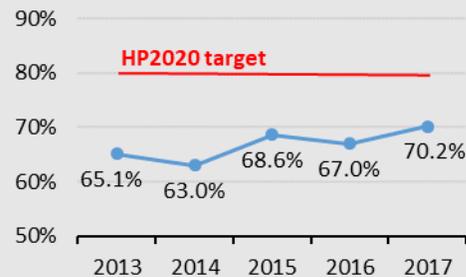
HP2020 objective IID-12.4

Increase the percentage of pregnant women who are vaccinated against seasonal influenza to 80.0%.

All yearly percentages failed to reach the HP2020 target of 80.0%.

Flu shot before delivery

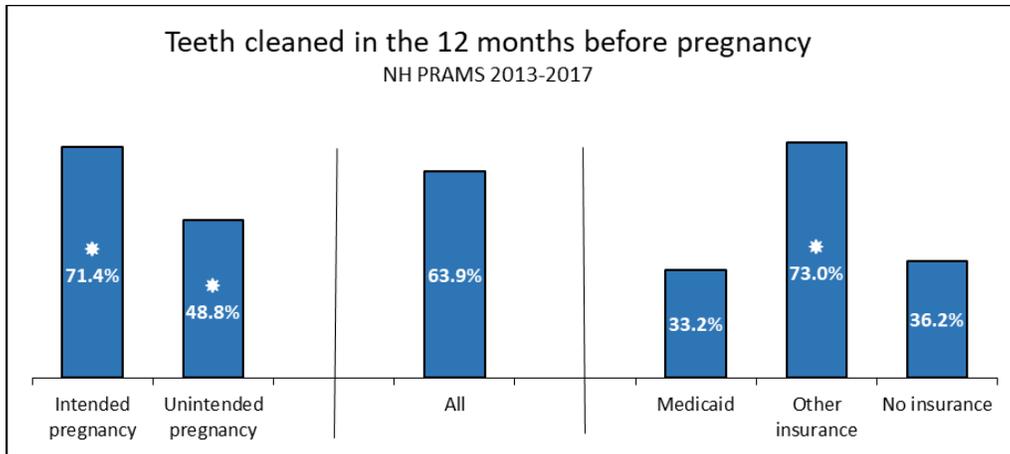
NH PRAMS 2013-2017



ORAL HEALTH

63.9% of women had their **teeth cleaned** in the 12 months before their pregnancy.

- Among those with an intended pregnancy, 71.4% got a dental cleaning compared to 48.8% of those with an unintended pregnancy.
- The only significant difference by insurance coverage was that 73.0% of women with other insurance had a dental cleaning, compared to 33.2% and 36.2% among Medicaid enrollees and uninsured women, respectively (the latter two are not significantly different from each other).

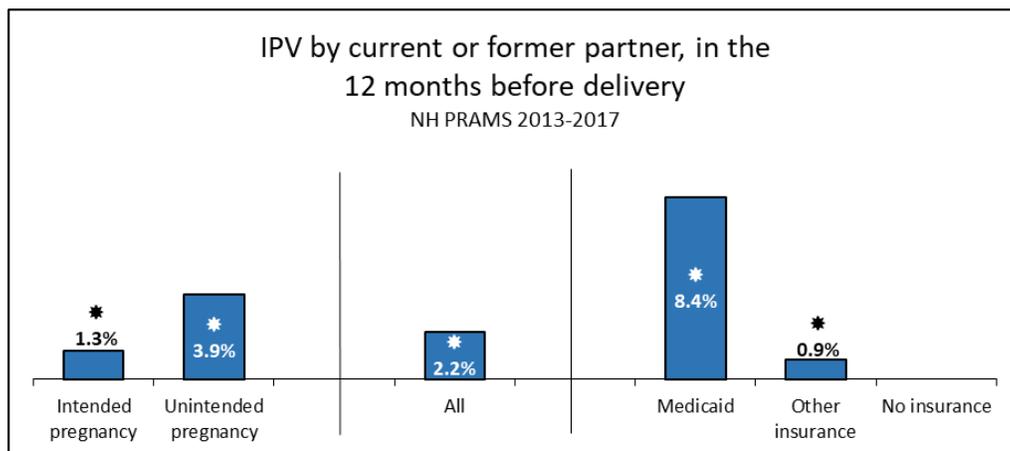


INTIMATE PARTNER VIOLENCE (IPV)

58.4% of women reported that a HCW **asked about emotional or physical abuse**, during a health visit in the 12 months before pregnancy; there were no significant differences by either pregnancy intention or insurance coverage.

Intimate partner violence (IPV) by a current or former partner before the pregnancy was reported by 2.2% of women overall.

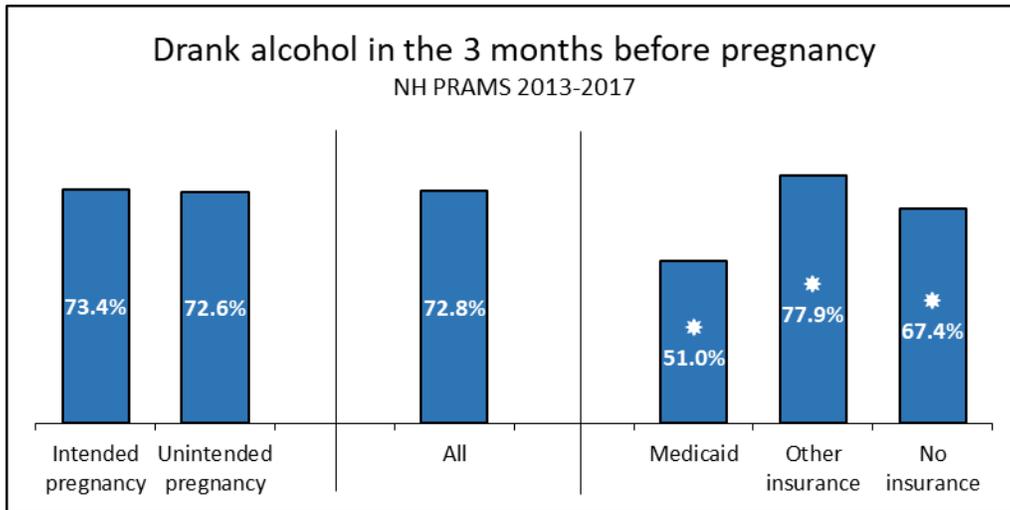
- Among women with an intended pregnancy, 1.3% reported IPV, compared to 3.9% among those with an unintended pregnancy.
- 8.4% of Medicaid participants reported experiencing IPV (nearly four times the percentage reported overall), compared to 0.9% of those with some other insurance.



DRINKING ALCOHOL

72.8% of women reported **drinking alcohol** in the three months before pregnancy.

- The frequency of drinking was essentially the same regardless of pregnancy intention (73.4% and 72.6%, intended and unintended, respectively).
- However, women with other insurance reported drinking significantly more often (77.9%) than uninsured women (67.4%), who reported drinking significantly more often than Medicaid participants (51.0%).



HP2020 objective MICH-16.4

Increase the proportion of women delivering a live birth who did not drink alcohol prior to pregnancy to 55.6%.

(Or conversely, Decrease the proportion of women delivering a live birth who drank alcohol prior to pregnancy to 44.4%.)

New Hampshire's performance was considerably worse than the HP2020 target of 44.4% for drinking before pregnancy, with approximately 70% of women reporting drinking, each year from 2013-2017.

Drank alcohol 3 months before pregnancy

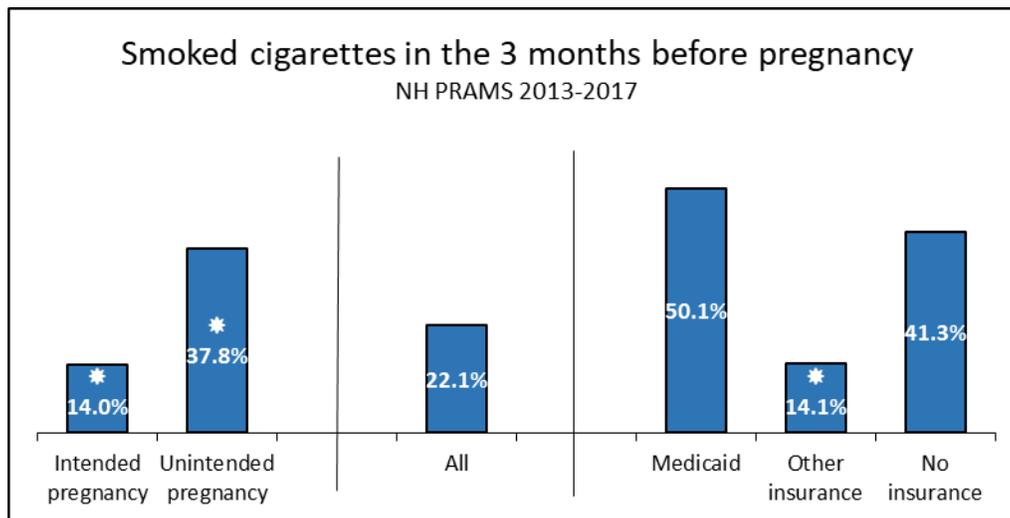
NH PRAMS 2013-2017



SMOKING CIGARETTES

22.1% of women reported **smoking cigarettes** in the three months before pregnancy.

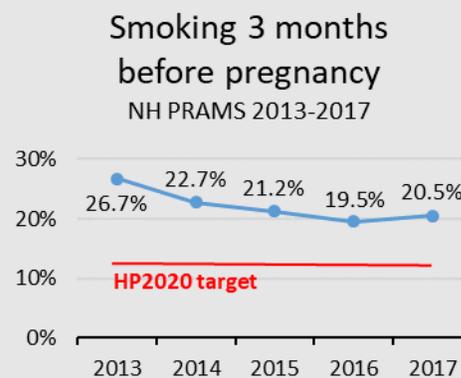
- There was a significant difference by pregnancy intention, with 14.0% of women with an intended pregnancy smoking, compared to 37.8% of women with an unintended pregnancy.
- Among the insurance groups, the otherwise insured women smoked significantly less (14.1%) than the other two groups, with 41.3% of uninsured women smoking, and 50.1% of Medicaid participants smoking (the latter two figures are not significantly different from each other).



HP2020 objective MICH-16.3

*Increase the proportion of women delivering a live birth who did **not** smoke prior to pregnancy to 87.8%. (Or conversely, Decrease the proportion of women delivering a live birth who smoked prior to pregnancy to 12.2%.)*

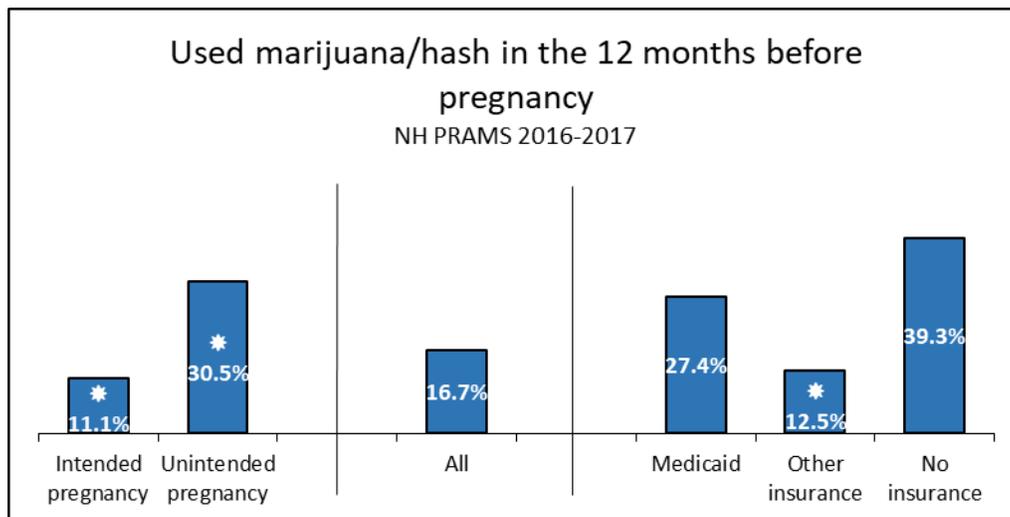
New Hampshire's performance was considerably worse than the HP2020 target of 12.2%, with approximately 20% or more reporting smoking before pregnancy, each year from 2013-2017.



MARIJUANA

16.7% of women reported using **marijuana or hash** in the 12 months before pregnancy.

- Women with an intended pregnancy smoked significantly less frequently (11.1%) than women with an unintended pregnancy (30.5%).
- Among the insurance groups, the otherwise insured women reported using marijuana significantly less frequently (12.5%) than the other two groups, whose frequency of use was not significantly different (27.4% Medicaid, 39.3% uninsured).



IN CONCLUSION

This report highlights the importance of looking beyond statewide population percentages, which can mask some significant disparities between population subgroups. Pregnancy intention as well as insurance coverage are sometimes associated with important disparities in preconception health.

It is important to be mindful of patients' personal situations, particularly when a pregnancy is unintended and/or Medicaid is the insurer, as a larger proportion of women in these two subgroups enter into pregnancy with considerably more health risks (i.e. less healthy behaviors) than their peers who have an intended pregnancy or have health insurance other than Medicaid.

It was found that women with an **unintended pregnancy** (who are mainly younger, with less educational attainment and lower income) had a significantly different preconception health experience than women with an intended pregnancy in the following ways:

- Having a health visit in the 12 months before pregnancy (less often)
- Having a checkup with an OBGyn in the 12 months before pregnancy (less often)
- Getting pre-pregnancy advice from a HCW to improve health (less often)

- Talking with a HCW about having kids, in the 12 months before pregnancy (less often)
- Visiting a HCW for a depression check, in the 12 months before pregnancy (more often)
- Experiencing depression in the 12 months before pregnancy (more often)
- Getting advice from a HCW to take folic acid, in the 12 months before pregnancy (less often)
- Taking folic acid in the month before pregnancy (less often)
- Getting a flu shot in the 12 months before having their baby (less often)
- Getting their teeth cleaned in the 12 months before pregnancy (less often)
- Experiencing intimate partner violence in the 12 months before having their baby (more often)
- Smoking cigarettes in the three months before pregnancy (more often)
- Using marijuana in the 12 months before pregnancy (more often)

Regarding insurance coverage, it was found that women **enrolled in Medicaid** (who also are mainly younger, with less educational attainment and lower education) had a significantly different experience than women with other insurance in the following ways:

- Having a health visit in the 12 months before pregnancy (less often)
- Getting a check-up with an OBGyn in the 12 months before pregnancy (less often)
- Exercising three or more days/week in the 12 months before pregnancy (less often)
- Getting pre-pregnancy advice from a HCW to improve health (less often)
- Talking with a HCW about having kids, in the 12 months before pregnancy (less often)
- Regularly taking prescription medication in the 12 months before pregnancy (more often)
- Getting checked for diabetes in the 12 months before pregnancy (more often)
- Having diabetes before pregnancy (more often)
- Being asked about experiencing depression in the 12 months before pregnancy (more often)
- Visiting a HCW for a depression check in the 12 months before pregnancy (more often)
- Having depression before pregnancy (more often)
- Being advised by a HCW to take folic acid in the 12 months before pregnancy (less often)
- Taking folic acid in the month before pregnancy (less often)
- Getting a flu shot in the 12 months before having their baby (less often)
- Getting their teeth cleaned in the 12 months before pregnancy (less often)
- Experiencing intimate partner violence in the 12 months before delivery (more often)
- Drinking alcohol in the three months before pregnancy (less often)
- Smoking cigarettes in the three months before pregnancy (more often)
- Using marijuana in the 12 months before pregnancy (more often)

RECOMMENDATIONS

Health professionals should promote the following recommendations from the CDC for optimal preconception health for all.

1. See your doctor to discuss:
 - any medical conditions, making sure they are being treated and are under control;
 - lifestyle and behaviors, to get counseling, treatment, and other support services as needed;
 - medications, to avoid all (prescription as well as over-the-counter, including herbal supplements) that may be harmful to the baby;
 - immunizations, to stay healthy and reduce the baby's exposure to serious conditions.
2. In consultation with your health care provider, take 400 micrograms of folic acid every day, starting at least one month before the pregnancy; folic acid can help prevent major birth defects of the baby's brain and spine.
3. Stop drinking alcohol, smoking cigarettes, and using street drugs; these are all unhealthy behaviors for adults, and during pregnancy they can result in premature birth, birth defects, or infant death.
4. Avoid toxic substances and environmental contaminants, which can hurt a woman's reproductive system; and after the pregnancy, even small exposures during the baby's infancy or childhood can lead to diseases or developmental impairments.
5. Reach and maintain a healthy weight, to reduce the chance of pregnancy complications.
6. Get help for violence; in addition to physical danger for the victim, violence can cause lifelong emotional harm or trauma to children and babies born into a situation where violence is tolerated.
7. Learn your family's and your partner's family medical history to see if there are any genetic conditions that could be passed to your baby; your doctor may recommend genetic counseling.
8. Get mentally healthy; everyone feels sad or stressed sometimes, but if these feelings become the new normal or they interfere with daily life, see your doctor or another health professional for treatment—depression is a medical condition that requires medical care

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PRAMS Survey Methodology

The Pregnancy Risk Assessment Monitoring Survey (PRAMS) is a surveillance project of the CDC, conducted through cooperative agreements with state health departments. PRAMS collects self-reported data on maternal behaviors and experiences that occur shortly before, during and after pregnancy. In New Hampshire (NH), PRAMS-eligible women are all NH residents who have a live birth. Approximately one in 12 women are randomly selected and asked to participate between two and six months after giving birth. Out-of-state births to NH residents are included in the sampling plan due to the high proportion of births occurring out-of-state (approximately 10% annually).

Data collected through PRAMS are linked to birth certificate data, which allows the survey data to be weighted to reflect the total population of resident women who have a live birth. Sampling,

non-response and non-coverage weights are applied. Population estimates are obtained using the analysis weights and survey design variables. See the [NH PRAMS 2017 Data Book](#) [external link] for more information.

Data analysis

Analysis for this report was done using SAS survey analysis procedures for complex survey design (version 9.4). Associations between behaviors and health outcomes, as well as some demographic variables from the birth certificate were examined.

NB: when the number of respondents is less than 10, or the relative standard error is greater than 0.30, estimates are statistically unreliable and therefore not reported. Differences characterized as ‘significant’ have a 95% probability of being truly different, and not the result of random chance.

The frequencies cited in this report, along with their 95% confidence intervals, are listed in the data table located in the Appendix; the total number of responses and the annual population estimate for each indicator are also provided. The 95% confidence interval denotes the range within which the true population value falls, with a 95% degree of certainty.

Limitations

PRAMS data are self-reported and may be subject to social desirability bias or inaccuracies leading to reporting bias. The survey is typically administered two to four months after the birth occurs, so recall bias should be limited but cannot be excluded. The survey is available only in English, so mothers with limited English proficiency may not participate. This report presents unadjusted associations between various health indicators—causal relationships cannot be inferred.

References

Before Pregnancy; Centers for Disease Control and Prevention;
<https://www.cdc.gov/preconception/index.html>; accessed December 17, 2018.

Preconception Health; Office on Women’s Health, US Department of Health and Human Services;
<https://www.womenshealth.gov/pregnancy/you-get-pregnant/preconception-health>; accessed December 17, 2018.

Preconception Care; National Institutes of Health, US Department of Health and Human Services;
<https://www.nichd.nih.gov/health/topics/preconceptioncare>; accessed December 17, 2018.

Preconception health – Series from the Lancet journals;
<https://www.thelancet.com/series/preconception-health>; accessed December 17, 2018.

Before or Between Pregnancies; the March of Dimes
<https://www.marchofdimes.org/pregnancy/before-pregnancy.aspx>; accessed December 17, 2018.

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Indicators cited in this report

	Percent Yes	95% CI		Total Responses	Annual Population Estimate
		Lower	Upper		
⑤= 5 years of data, 2013-2017 ③= 3 years of data, 2013-2015 ②= 2 years of data, 2016-2017					
Pregnancy intention by year ⑤					
2013 intended	62.6	57.9	67.2	402	7,431
2013 unintended	37.4	32.8	42.1	224	4,433
2014 intended	59.9	55.1	64.5	386	7,115
2014 unintended	40.1	35.5	44.9	236	4,766
2015 intended	61.4	56.7	66.0	388	7,346
2015 unintended	38.6	34.0	43.3	220	4,611
2016 intended	70.8	66.0	75.1	392	8,495
2016 unintended	29.2	24.9	34.0	171	3,511
2017 intended	73.2	68.2	77.7	417	8,387
2017 unintended	26.8	22.3	31.8	147	3,068
5-year average intended	65.5	63.4	67.6	1,985	7,755
5-year average unintended	34.5	32.4	36.6	998	4,078
Trying to get pregnant③	58.2	55.5	60.9	1,131	6,968
Unintended pregnancies ⑤					
White non-Hispanic	33.6	31.4	35.8	843	3,482
Black non-Hispanic	57.2	37.9	74.6	25	92
Asian non-Hispanic	32.4	22.9	43.6	32	139
Other/more than one race	45.4	30.5	61.1	27	116
Hispanic	43.6	32.6	55.4	56	184
Under 20 years old	85.8	74.2	92.7	84	344
20-29 years old	40.5	37.3	43.8	531	2,240
30-39 years old	24.8	22.2	27.6	353	1,378
40+ years old	33.3	22.8	45.8	30	116
12 years school or less	52.6	48.0	57.1	395	1,687
More than 12 years school	27.8	25.6	30.0	597	2,375
0-185% FPL	53.1	49.3	56.8	587	2,358
Over 185% FPL	21.7	19.5	24.1	352	1,501
Insurance coverage in the month before pregnancy ⑤					
Medicaid					
2013	10.9	8.1	14.4	72	1,305
2014	11.3	8.6	14.7	77	1,348
2015	13.7	10.7	17.4	87	1,643
2016	13.0	9.9	17.0	73	1,571
2017	15.2	11.6	19.6	83	1,775

	Percent	95% CI		Total Responses	Annual Population Estimate
	Yes	Lower	Upper		
Other insurance					
2013	69.6	64.9	73.8	450	8,352
2014	74.7	70.3	78.6	451	8,904
2015	73.3	68.8	77.4	454	8,783
2016	76.9	72.2	80.9	440	9,265
2017	77.2	72.2	81.5	448	9,013
No insurance					
2013	19.6	16.0	23.7	110	2,349
2014	14.0	11.0	17.7	96	1,675
2015	12.9	10.0	16.6	68	1,548
2016	10.1	7.4	13.7	51	1,218
2017	7.6	5.1	11.2	42	889
Race/ethnicity and insurance^⑤					
White non-Hispanic					
Medicaid	12.2	10.7	13.9	327	1,278
Other insurance	74.6	72.5	76.6	1,983	7,800
No insurance	13.2	11.6	14.8	322	1,375
Black non-Hispanic					
Medicaid	38.3	21.7	58.3	14	62
Other insurance	46.1	28.3	65.0	24	75
No insurance	(*)	(*)	(*)	(*)	(*)
Asian non-Hispanic					
Medicaid	(*)	(*)	(*)	(*)	(*)
Other insurance	88.2	79.0	93.7	105	377
No insurance	(*)	(*)	(*)	(*)	(*)
Other/more than one race					
Medicaid	(*)	(*)	(*)	(*)	(*)
Other insurance	75.2	58.8	86.6	37	185
No insurance	(*)	(*)	(*)	(*)	(*)
Hispanic					
Medicaid	24.2	15.7	35.4	28	106
Other insurance	59.9	48.2	70.6	65	263
No insurance	15.9	9.1	26.3	23	70
Age groups and insurance^⑤					
Under 20 years old					
Medicaid	49.4	37.1	61.6	52	206
Other insurance	43.7	31.8	56.3	39	182
No insurance	(*)	(*)	(*)	(*)	(*)
20-29 years old					
Medicaid	16.6	14.3	19.3	225	924
Other insurance	65.3	62.1	68.4	861	3,628
No insurance	18.0	15.6	20.7	235	1,001

	Percent	95% CI		Total Responses	Annual Population Estimate
	Yes	Lower	Upper		
30-39 years old					
Medicaid	6.5	5.1	8.3	106	365
Other insurance	85.0	82.5	87.1	1,258	4,765
No insurance	8.5	6.9	10.5	115	479
40+ years old					
Medicaid	(*)	(*)	(*)	(*)	(*)
Other insurance	82.7	71.4	90.2	85	288
No insurance	(*)	(*)	(*)	(*)	(*)
Education and insurance^⑤					
12 years school or less					
Medicaid	31.1	27.0	35.4	240	1,009
Other insurance	43.2	38.8	47.7	302	1,403
No insurance	25.8	22.0	29.9	191	836
More than 12 years school					
Medicaid	6.0	4.9	7.4	149	518
Other insurance	86.1	84.2	87.8	1,932	7,406
No insurance	7.9	6.6	9.3	172	678
% FPL and insurance					
0 – 185% of FPL					
Medicaid	30.0	26.7	33.5	346	1,343
Other insurance	43.7	40.0	47.4	469	1,955
No insurance	26.3	23.2	29.7	282	1,179
Over 185% of FPL					
Medicaid	(*)	(*)	(*)	(*)	(*)
Other insurance	95.5	94.1	96.5	1,699	6,625
No insurance	3.7	2.8	5.0	60	259
Visited a health care provider, 12 months before pregnancy^②					
Intended pregnancy	83.2	79.6	86.3	678	6,999
Unintended pregnancy	69.1	62.2	75.3	216	2,271
All	79.4	76.2	82.3	911	9,462
Medicaid	70.6	60.6	79.0	100	1,180
Other insurance	86.6	83.5	89.2	770	7,886
No insurance	29.9	20.0	42.2	33	315
Medical visit with family doctor^②					
	57.4	53.5	61.1	536	5,462
Check-up with OBGyn^②					
Intended pregnancy	62.7	58.4	66.9	428	4,409
Unintended pregnancy	48.9	40.6	57.2	102	1,112
All	58.5	54.7	62.3	535	5,573
Medicaid	43.4	31.7	55.9	47	513
Other insurance	63.1	59.1	67.0	479	4,997
No insurance	(*)	(*)	(*)	(*)	(*)

Preconception health among New Hampshire women, by pregnancy intention and insurance coverage, 2013-2017

	Percent	95% CI		Total Responses	Annual Population Estimate
	Yes	Lower	Upper		
Healthy weight ('normal' BMI)⑤	49.2	47.1	51.4	1,483	5,837
2013	49.5	44.8	54.2	319	5,940
2014	52.8	48.0	57.5	332	6,189
2015	48.3	43.6	53.1	301	5,787
2016	50.1	45.2	55.0	268	5,950
2017	45.4	40.4	50.5	263	5,20
HCW talked about healthy weight②	41.9	38.1	45.8	373	3,902
Dieting to lose weight③	33.5	31.0	36.2	600	4,036
Exercising 3+ days/week③					
Intended pregnancy	57.5	54.0	60.8	683	4,188
Unintended pregnancy	51.1	46.5	55.6	332	2,346
All	55.1	52.4	57.8	1,031	6,649
Medicaid	47.2	39.2	55.3	110	675
Other insurance	57.9	54.7	61.0	784	5,020
No insurance	47.5	40.5	54.7	127	879
Advice to improve pre-pregnancy health⑤					
Intended pregnancy	32.9	30.4	35.5	635	2,351
Unintended pregnancy	11.5	9.2	14.3	109	422
All	25.7	23.8	27.7	753	2,805
Medicaid	18.7	13.9	24.6	66	247
Other insurance	29.0	26.8	31.3	657	2,417
No insurance	10.1	6.6	15.2	27	124
2013	25.9	22.0	30.2	174	3,097
2014	23.4	19.7	27.6	158	2,808
2015	22.9	19.2	27.0	151	2,739
2016	27.5	23.0	32.5	127	2,637
2017	30.3	25.4	35.8	143	2,749
HCW talked about STIs②	18.4	15.6	21.7	177	1,713
HCW asked if they were smoking cigarettes②	86.0	83.0	88.5	781	8,028
HCW talked about having children②					
Intended pregnancy	51.4	47.0	55.9	369	3,564
Unintended pregnancy	31.8	24.6	40.0	67	716
All	46.4	42.6	50.4	440	4,315
Medicaid	26.1	16.7	38.4	29	309
Other insurance	49.5	45.4	53.7	398	3864
No insurance	41.3	22.2	63.4	12	119

	Percent	95% CI		Total Responses	Annual Population Estimate
	Yes	Lower	Upper		
Regularly took prescription medication^③					
Intended pregnancy	25.8	23.0	28.9	338	1,879
Unintended pregnancy	29.1	25.2	33.4	204	1,336
All	27.3	24.9	29.7	551	3,284
Medicaid	42.2	34.4	50.4	110	604
Other insurance	26.7	24.0	29.6	388	2,311
No insurance	18.3	13.3	24.6	46	337
Getting checked for diabetes before pregnancy^③					
Intended pregnancy	14.6	12.4	17.1	198	1,058
Unintended pregnancy	13.9	11.1	17.3	101	634
All	14.6	12.8	16.6	307	1,753
Medicaid	23.6	17.5	31.0	58	338
Other insurance	13.9	11.9	16.2	221	1,196
No insurance	10.3	6.7	15.6	23	189
Having diabetes before pregnancy^⑤					
Intended pregnancy	2.2	1.5	3.1	48	169
Unintended pregnancy	2.9	1.9	4.5	28	116
All	2.4	1.8	3.2	77	286
Medicaid	5.7	3.4	9.5	21	85
Other insurance	2.1	1.5	2.9	49	185
No insurance	(*)	(*)	(*)	(*)	(*)
Getting checked for high blood pressure^③					
Intended pregnancy	23.0	20.8	25.3	502	1,655
Having high blood pressure before pregnancy^⑤					
Intended pregnancy	3.9	3.2	4.8	168	470
HCW asked about depression pre-pregnancy^②					
Intended pregnancy	56.8	52.4	61.2	403	3,939
Unintended pregnancy	68.9	60.8	75.9	148	1,561
All	59.9	56.0	63.6	557	5,573
Medicaid	78.6	66.4	87.2	79	928
Other insurance	57.1	52.9	61.1	456	4,460
No insurance	55.7	34.0	75.5	21	161
Visited HCW for check on depression^⑤					
Intended pregnancy	16.3	14.4	18.4	345	1,167
Unintended pregnancy	25.2	21.9	28.8	242	923
All	19.5	17.8	21.3	598	2,143
Medicaid	41.7	35.1	48.7	147	551
Other insurance	16.5	14.7	18.4	392	1,375
No insurance	14.5	10.4	19.8	51	178

	Percent	95% CI		Total Responses	Annual Population Estimate
	Yes	Lower	Upper		
Had depression before pregnancy ^⑤					
Intended pregnancy	13.2	11.4	15.1	285	1,017
Unintended pregnancy	24.1	21.0	27.6	254	981
All	16.9	15.3	18.6	543	2,019
Medicaid	45.4	39.0	51.9	176	682
Other insurance	12.6	11.1	14.4	293	1,116
No insurance	14.3	10.6	19.1	72	220
HCW advised taking folic acid ^②					
Intended pregnancy	50.0	45.6	54.4	348	3,489
Unintended pregnancy	17.3	11.9	24.5	36	390
All	42.0	38.3	45.9	389	3,928
Medicaid	22.4	13.7	34.4	25	264
Other insurance	45.0	40.9	49.1	354	3,533
Took folic acid in the month before pregnancy ^⑤					
Intended pregnancy	68.9	66.4	71.3	1,371	5,340
Unintended pregnancy	31.2	27.8	34.7	311	1,271
All	55.9	53.7	58.0	1,702	6,697
Medicaid	30.1	24.6	36.2	125	460
Other insurance	64.3	61.9	66.7	1,459	5,695
No insurance	32.8	27.2	38.9	111	504
2013	53.7	49.0	58.4	343	6,448
2014	53.5	48.7	58.2	344	6,413
2015	55.2	50.5	59.9	336	6,630
2016	59.7	54.7	64.4	334	7,197
2017	57.4	52.2	62.3	345	6,797
Got flu shot in the 12 months before delivery ^⑤					
Intended pregnancy	70.9	68.4	73.2	1,404	5,480
Unintended pregnancy	58.7	54.8	62.4	581	2,364
All	66.8	64.7	68.8	2,017	7,991
Medicaid	59.6	53.1	65.8	232	902
Other insurance	71.0	68.7	73.2	1,577	6,261
No insurance	49.8	43.5	56.0	190	761
2013	65.1	60.4	69.5	423	7,845
2014	63.0	58.3	67.5	399	7,489
2015	68.6	64.0	72.8	409	8,223
2016	67.0	62.2	71.4	380	8,057
2017	70.2	65.4	74.7	406	8,341

	Percent	95% CI		Total Responses	Annual Population Estimate
	Yes	Lower	Upper		
Had teeth cleaned pre-pregnancy^⑤					
Intended pregnancy	71.4	68.8	73.8	1,316	5,133
Unintended pregnancy	48.8	44.8	52.8	409	1,781
All	63.9	61.8	66.1	1,757	7,052
Medicaid	33.2	27.0	39.9	104	438
Other insurance	73.0	70.7	75.2	1,536	6,106
No insurance	36.2	29.9	43.0	99	443
HCW asked about experiencing abuse^②	58.4	54.5	62.2	537	5,432
Experienced intimate partner violence^⑤					
Intended pregnancy	71.4	68.8	73.8	1,316	5,133
Unintended pregnancy	48.8	44.8	52.8	409	1,781
All	63.9	61.8	66.1	1,757	7,052
Medicaid	33.2	27.0	39.9	104	438
Other insurance	73.0	70.7	75.2	1,536	6,106
No insurance	36.2	29.9	43.0	99	443
Drinking alcohol in the 3 months before pregnancy^⑤					
Intended pregnancy	73.4	70.9	75.7	1,425	5,638
Unintended pregnancy	72.6	69.1	75.9	697	2,946
All	72.8	70.8	74.7	2,148	8,693
Medicaid	51.0	44.6	57.5	195	768
Other insurance	77.9	75.8	79.9	1,697	6,839
No insurance	67.4	61.2	73.0	242	1,035
2013	71.4	66.9	75.5	448	8,588
2014	74.3	70.0	78.2	456	8,888
2015	68.5	64.0	72.8	408	8,176
2016	75.7	71.2	78.7	419	9,065
2017	74.2	69.4	78.4	417	8,750
Smoked cigarettes in the 3 months before pregnancy^⑤					
Intended pregnancy	14.0	12.2	16.0	289	1,080
Unintended pregnancy	37.8	34.2	41.6	403	1,530
All	22.1	20.3	24.1	700	2,646
Medicaid	50.1	43.6	56.5	216	750
Other insurance	14.1	12.4	16.0	310	1,244
No insurance	41.3	35.3	47.7	168	631

	Percent	95% CI		Total Responses	Annual Population
	Yes	Lower	Upper		Estimate
2013	26.7	22.7	31.2	174	3,223
2014	22.7	19.0	27.0	152	2,709
2015	21.2	17.5	25.4	142	2,530
2016	19.5	15.7	24.0	114	2,350
2017	20.5	16.5	25.2	118	2,419
Used marijuana in the 12 months before pregnancy^②					
Intended pregnancy	11.1	8.7	14.1	88	934
Unintended pregnancy	30.5	24.3	37.6	94	997
All	16.7	14.1	19.7	186	1,990
Medicaid	27.4	19.0	37.7	51	445
Other insurance	12.5	10.0	15.5	100	1,138
No insurance	39.3	27.4	52.5	35	408

The population estimates represent the annual frequency for each indicator, regardless of the number of data years.

Data is suppressed and represented with an asterisk (*) when the sampled number of responses is less than ten or when the relative standard error of the estimate is large ($\geq 30\%$ of the estimate) which indicates that the estimate has high variability and is not reliable.