Annual
Summary Report
2020

Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS)

Data on Tennessee Mothers and Babies

TN Department of Health

Acknowledgments

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Executive Summary

Over the years, **Tennessee has consistently had higher rates of infant mortality, low birth weight, and premature births compared to the United States**. These rates are influenced by various factors and experiences that take place before, during, and after a woman's pregnancy; monitoring and understanding these factors help shape policies and programs that function to improve maternal and infant outcomes.

Continuous monitoring and improvement of the health of mothers and babies is fundamental to supporting the overall health of a population. When babies begin life on a healthy note, they are often set on a healthy trajectory for the remainder of their lives.

This summary report includes data* from the 2020 Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS) and provides information on mothers who had recently given birth to babies during the 2020 calendar year. The following are highlights . . .

In 2020 in Tennessee . . .

Before Pregnancy (Preconception)

- 56% of women were **overweight** (BMI 25.0 - 29.9 kg/m^2) or **obese** (BMI 25.0 - 29.9 kg/m^2) just before pregnancy.
- Only 46.3% of women with an ***unintended*** **pregnancy were using contraception** when they became pregnant.
- Nearly 19.2% of all women reported **smoking cigarettes** within 3 months before pregnancy; 7.3% used e-cigarettes during this same time.
- 63.5% of women reported having a **health care visit during the year before pregnancy**; 54.7% reported receiving a flu vaccine before or during pregnancy.
- An average of 59.2% of women were estimated to be at or below 195% of the **federal poverty level (FPL)**.
- 14.8% of women reported being **uninsured** prior to pregnancy.

During Pregnancy (Prenatal)

- 16% of women reported experiencing **depression during pregnancy.**
- Over 49.5% of women reported their pregnancy as being either **mistimed or unwanted, or being unsure** of their feelings toward pregnancy.
- Only 33.9% of women reported having their **teeth cleaned** during pregnancy.

After Pregnancy (Postpartum)

- Nearly 88.7% of women reported having a **postpartum check-up** in 2020.
- About 80% of women reported any **postpartum contraceptive use**; 34.3% of all women reported using a highly-effective method.
- 87.9% of women reported having ever **breastfed** their infant; over 61% of women reported still breastfeeding at 8 weeks postpartum.

* For more information about the analysis and data for this report, see *Appendices A and B*.

Background: About Tennessee PRAMS

The **Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS)** is a state-run surveillance study conducted in collaboration with the CDC that allows states and other agencies to understand the health and wellness of maternal and infant populations, ultimately informing policies and programs to improve birth outcomes. State-specific, population-based information is collected through mail- and phone-based survey on the attitudes, beliefs, and experiences of women before, during, and after pregnancy. Presently, 47 states and 4 independent regions/territories participate in PRAMS, representing nearly 81% of all U.S. births each year.

Data is collected and weighted in a manner that is representative of the entire Tennessee population of women who have given birth to a live-born infant during that year. Currently, Tennessee's PRAMS program samples approximately 100 mothers per month (~1,200 per year) from Tennessee birth records. To be selected for participation, mothers must be residents of Tennessee that delivered a liveborn infant within the previous 2-6 months. Currently, out of the total sampled population of Tennessee mothers, around 800 women participate in the survey each year; this is known as the response rate.

Because only a small number of women with live births are selected for participation in PRAMS, PRAMS should not be considered the primary data source for maternal and child health measures. The birth certificate, which captures information on every TN residing mother-infant pair, can a better primary source for some measures. Because PRAMS collects similar information as the birth certificate (e.g., WIC participation), it should be noted that these estimates from the questionnaire may vary from the birth certificate data. That said, **PRAMS is unique in that it is the only data source that captures information before, during, and after pregnancy**, and it also captures qualitative data about these time periods. For example, the birth certificate captures a woman's insurance status at the time of delivery, while PRAMS captures insurance status before, during, and after pregnancy, as well as any barriers in addition to health care coverage that the woman may have experienced in seeking first trimester prenatal care.

Maternal Demographics

Race and Ethnicity

The majority of women who gave birth to live infants in Tennessee in 2020 were non -Hispanic white or non-Hispanic black (figure 1.a). Hispanic women make up about 10-15% of Tennessee's maternal population each year.

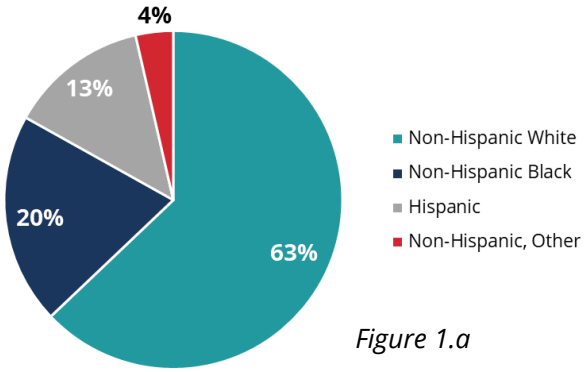
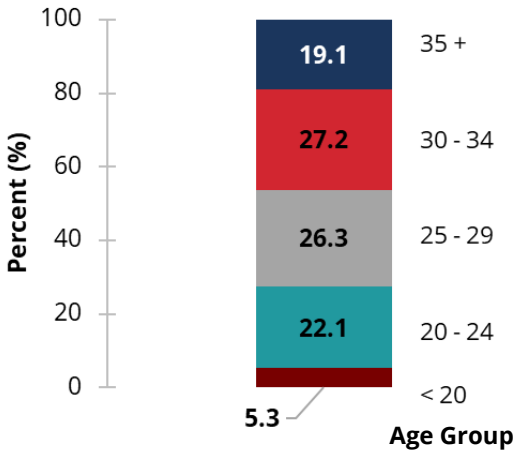


Figure 1.a

Age

The average age of women in Tennessee responding to the PRAMS survey in 2020 was nearly **29 years old**. Only about 5% of women were between 15-19 years old (figure 1.b).

Figure 1.b



Marital Status

About **55%** of women in Tennessee were married.

Previous Live Births

59.3% of women in Tennessee reported having a *previous* live birth.

Income

59.2% of women in Tennessee were at or below 195% of the Federal Poverty Level, which is the limit for Medicaid eligibility.

WIC Participation

40.7% of women in Tennessee participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Education Level

Nearly **1 in 3** women in Tennessee reported graduating from high school or obtaining a GED as the highest level of education completed.

- Almost 15% had less than a high school education
- Over 57% had more than a high school education.

Nearly **14.5%** of women in Tennessee with a previous live birth reported her *previous* baby was a low birthweight (<2,5000 g) infant.

2.9% of women in Tennessee reported her *previous* baby was born prematurely (<37 weeks gestation).

Maternal Insurance Coverage

Insurance coverage around the time of pregnancy (before, during, and after) is important for ensuring a woman's pregnancy and baby are healthy; health insurance is often essential to enabling access to consistent medical care, whether it is provided through an employer, self-purchased, or through state-based programs like Medicaid.

Table 1 below shows the percent of women who were covered by private or public insurance around the time of pregnancy in 2020.

Notes on insurance analysis can be found in *Appendix A*.

Before Pregnancy

In 2020, the majority (60.7%) of women reported having private insurance prior to pregnancy; about **1 in 7 women** (14.8%) were **uninsured** during this time (table 1).

During Pregnancy

In Tennessee, uninsured women who become pregnant are eligible to gain health insurance coverage through Tennessee's Medicaid program, and as a result, **nearly all (99.4%) of women were insured during their pregnancy in 2020** (table 1).

After Pregnancy

In 2020, just over half of women were covered by private insurance and 55% had Medicaid coverage; nearly 8% were uninsured (table 1).

Table 1: Insurance Coverage Among Women with a Recent Live Birth in Tennessee by Year

Period	Type	**2020** % (95% CL)
Before Pregnancy	Private	14.83 (10.95 - 18.72)
	Medicaid	60.68 (55.34 - 66.03)
	None	24.48 (19.75 - 29.22)
During Pregnancy	Private	0.6 (0.0 - 1.37)
	Medicaid	61.9 (56.01 - 67.79)
	None	37.5 (31.62 - 43.37)
After Pregnancy	Private	8.05 (4.99 - 11.1)
	Medicaid	55.13 (49.62 - 60.63)
	None	36.83 (31.48 - 42.17)

Differences between groups

During 2020, **Hispanic women** more commonly reported being uninsured (68.3%) prior to pregnancy compared to non-Hispanic Black (7.8%) and non-Hispanic White women (7.2%).

Non-Hispanic Black women more commonly reported having Medicaid prior to (44.6%) and during (48.2%) pregnancy compared to non-Hispanic White women (19.8% and 31.2% respectively).

There were no differences insurance coverage between urban and rural groups at any point around pregnancy.

For more further information regarding differences between groups for insurance status and other indicators throughout this report, see *Appendix B1 and B2*.

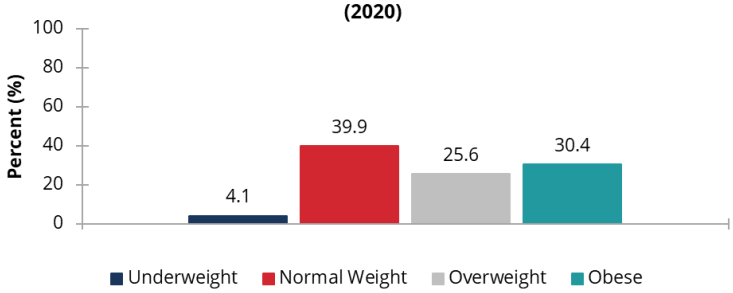
Maternal Preconception Health

A woman's pregnancy can be impacted by her pre-pregnancy health; monitoring chronic illness like high blood pressure or diabetes, and other factors like weight, diet, and getting enough exercise can put less stress on both her and her infant.[1]

Body Mass Index

Body Mass Index (BMI) is calculated from women's responses to questions regarding her height and weight just before getting pregnant with her new baby.

Figure 2: Body Mass Index (BMI) Before Pregnancy Among Women with a Recent Live Birth in Tennessee (2020)



Women who are overweight or obese can experience pregnancy and birth complications, such as gestational diabetes or preeclampsia; infants are at increased risk for macrosomia (large birth weight), preterm birth, and birth defects.[2]

In 2020, nearly **56%** of women reported having a BMI (kg/m^2) classified as **overweight or obese** (figure 2).

There were no differences in BMI between women in rural/urban areas or between racial/ethnic groups.

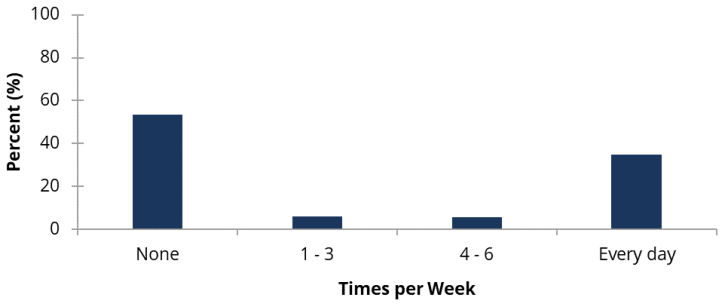
Multivitamin Use

Because fetal development begins before many women know they are pregnant, it is recommended for women to regularly take a prenatal or multivitamin containing folic acid, a nutrient that prevents neural tube defects (defects of the brain and spinal cord) in infants.[3]

PRAMS Asks

"During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?"

Figure 3: Multivitamin Use per Week Prior to Pregnancy Among Women with a Recent Live Birth in Tennessee (2020)



On average, **53.5%** of women in Tennessee reported ***not* taking any** kind of **multivitamin, prenatal vitamin, or folic acid supplement** prior to pregnancy in 2020; **34.7%** reported taking one **every day** (figure 3).

More **non-Hispanic Black women** (65.4%) reported *no* multivitamin use compared to non-Hispanic White (48%) women.

No differences were seen between women in urban and rural areas for multivitamin use.

Maternal Preconception Health

Diet and Exercise

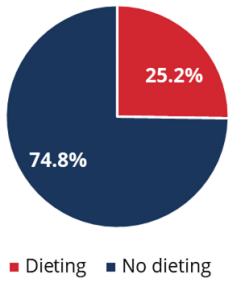
Diet and exercise prior to pregnancy can help control weight which can reduce the risk of pregnancy or delivery complications.[4]

PRAMS Asks

"At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things?

- ☐ *I was dieting (changing my eating habits) to lose weight*
- ☐ *I was exercising 3 or more days of the week for fitness outside of my regular job*

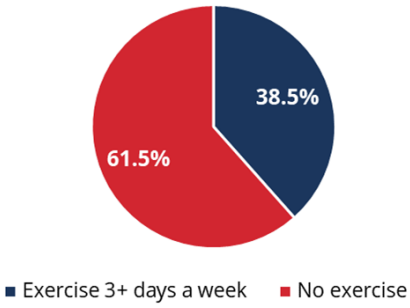
Figure 4.a: Those Who Dieted Prior to Pregnancy Among Women with a Recent Live Birth in Tennessee (2020)



In 2020, about **25%** of women reported dieting to lose weight during the year before pregnancy (figure 4.a)

About **39%** of women in Tennessee indicated exercising for fitness 3 or more days per week during this same time (figure 4.b).

Figure 4.b: Exercise Habits Prior to Pregnancy Among Women with a Recent Live Birth in Tennessee (2020)



More **non-Hispanic White women** (31.1%) reported any dieting compared to both non-Hispanic Black (14.2%) and Hispanic (15.1%) women. No racial/ethnic differences were seen for reported exercising.

While no differences were seen for dieting between the groups, more women in urban areas (46.4%) reported exercising 3+ days per week compared to those in rural areas (32.4%)

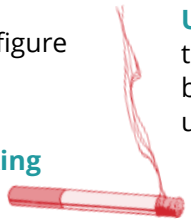
Maternal Substance Use

An infant exposed to maternal substance use during pregnancy can suffer premature birth, low birth weight, birth defects, miscarriage, and stillbirth.[5] Direct and second-hand exposure to tobacco (including e-cigarettes) can cause many of these adverse birth outcomes as well as increased risk for child respiratory infections or asthma, weak bone structure, and obesity. Quitting smoking at any point in pregnancy has shown to reduce these risks.[6]

Cigarette Smoking

Nearly **19.2%** of all women reported smoking any cigarettes during the 3 months before pregnancy (figure 5).

During the **last 3 months of pregnancy** ("during pregnancy"), nearly **12%** of women reported **smoking any cigarettes**.



E-cigarette Use

Use of e-cigarettes is less common; fewer than 7.3% of women reported using them before pregnancy, while only 2.1% reported use during pregnancy (figure 5).

Non-Hispanic White women were most likely to report any cigarette smoking (23.5%) compared to Hispanic women (4.8%). Those in **rural areas** were more likely to report any cigarette smoking and E-cigarette use before pregnancy (24% and 10.9%, respectively) compared to urban areas (12.9% and 2.5%, respectively.

Alcohol Use

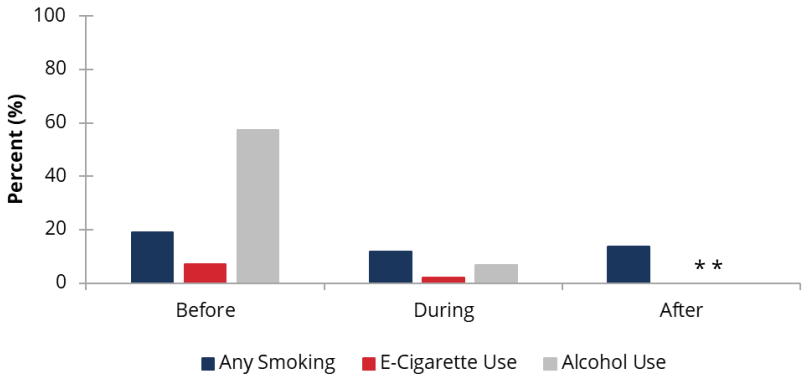
Alcohol exposure during pregnancy can cause **fetal alcohol spectrum disorders (FASDs)**, which can range from poor fetal growth to learning or developmental delays; alcohol exposure can also result in stillbirth or miscarriage.[7, 8] The Centers for Disease Control and Prevention[8] (CDC) notes "there is no known safe amount of [any type of] alcohol use during pregnancy or while trying to get pregnant".

57.4% women reported any alcohol use during the 3 months before pregnancy (figure 5).

During pregnancy, **under 7%** of all women reported any alcohol use (figure 5).

Hispanic women less commonly (22%) reported drinking before pregnancy compared to non-Hispanic women (60%). There was no difference between rural/urban groups.

Figure 5: Substance Use Around the Time of Pregnancy Among Women with a Recent Live Birth in Tennessee (2020)



* * Postpartum (after pregnancy) data not collected for E-cigarette or alcohol use

Intimate Partner Violence

Intimate partner violence (**IPV**) notably affects women more often than men, and beyond physical violence, it can include psychological or emotional violence, sexual violence, or stalking.[9] IPV can lead to numerous physical injuries in pregnancy such as preterm birth, low birth weight, and other pregnancy complications and psychological effects in women such as posttraumatic stress disorder (PTSD), depression, and anxiety.[9, 10] IPV often goes undetected by doctors or is underreported by victims; the United States Preventative Services Task Force (USPSTF) recommends screening for IPV and rereferring those who experience it to services for intervention.[10]

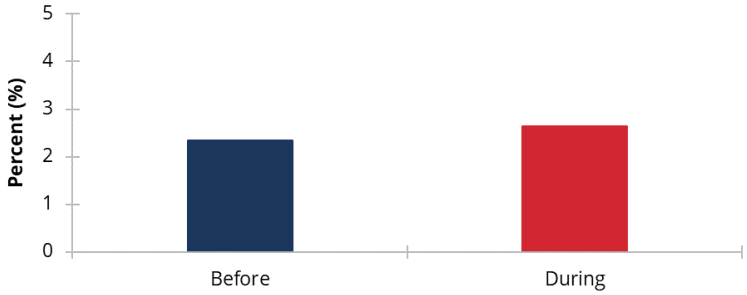
Intimate Partner Violence

Nearly **2.4%** of women reported **experiencing IPV** during the year before pregnancy, and 2.7% reported IPV during pregnancy (figure 6).

While more Non-Hispanic White women reported experiencing IPV around all times of pregnancy, the difference between groups was not significant.

There was no difference in any reported IPV between urban/rural groups.

Figure 6: Any Intimate Partner Violence Among Women with a Recent Live Birth in Tennessee (2020)



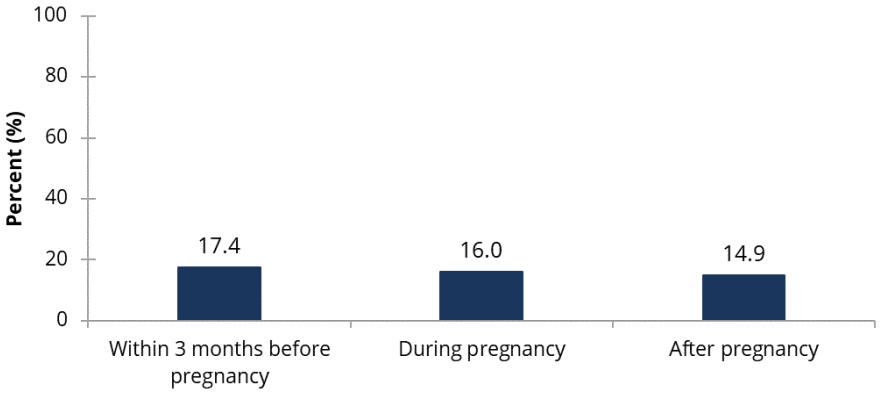
Maternal Depression

Post-partum depression (**PPD**) is a type of depression that occurs at any time during the postpartum period, and is another complication that mothers can face after giving birth.[11]

Pre-pregnancy depression, family history of mental illness or substance use disorder, as well as young maternal age are thought to be some risk factors for PPD.[12] PRAMS asks questions regarding *postpartum depressive symptoms* (PPDS, see *Appendix A* for full definition of postpartum depressive symptoms).

There were no differences in reported depression between racial/ethnic groups or urban/rural groups.

Figure 7: Self-Reported Depression Among Women with a Recent Live Birth in Tennesse (2020)



Depression

Over **17%** of women reported experiencing depression during the 3 months before pregnancy (figure 7).

While the rate of PPDS has historically remained stable over time, **16%** of women reported experiencing depression during, and **14.9%** reported PPDS after pregnancy (figure 7).

Maternal Health Care Services

Timely and adequate health care before, during, and after pregnancy improves overall health and wellbeing, and has been linked to better birth outcomes compared to those who don't receive proper care or don't receive it on time.[13]

Pre-Pregnancy Health Care Visit

Pre-pregnancy health care visits are "the first step in planning a healthy pregnancy" [14].

In 2020, **63.6%** of women reported having a health care visit during the year before pregnancy.

Fewer **Hispanic** women (29.9%) reported having a pre-pregnancy health care visit compared to non-Hispanic White (76%) and non-Hispanic Black (51.1%). There was no difference between rural/urban groups.

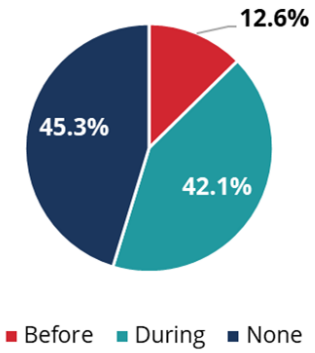
Flu Vaccinations

It is recommended women be vaccinated against the influenza virus during pregnancy; this helps prevent the severe symptoms they are at greater risk for.[15]

54.7% of women reported receiving a flu vaccination either before or during pregnancy; the majority (42%) of women reported receiving it during pregnancy (figure 8).

Fewer non-Hispanic Black women (34.9%) reported receiving a vaccination compared to non-Hispanic White (60.9%) women; there was no difference between rural/urban groups.

Figure 8: Receipt of Flu Vaccine Before Delivery Among Women with a Recent Live Birth in Tennessee (2020)



Timing of Prenatal Care

Starting prenatal care (PNC) during the first trimester has been linked to better birth outcomes as well as improved maternal and infant health.[16]

Nearly **6 out of 7** women (84.6%) reported **beginning prenatal care** during the first trimester of pregnancy (figure 9).

Hispanic women (39.6%) more commonly reported starting PNC after the first trimester compared to non-Hispanic White (7.5%) and non-Hispanic Black (18.7%) women.

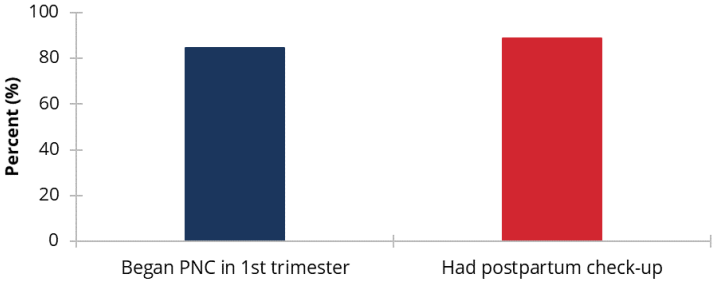
Maternal Postpartum Checkup

Postpartum check ups ensure a woman's adequate recovery from delivery, as well as identify any serious complications from delivery.[17]

In 2020, about **88.7%** of women reported having a **postpartum check up** (figure 9).

There were no differences in receipt of postpartum check up between racial/ethnic or urban/rural groups.

Figure 9: Timing of Prenal Care & Reported Postpartum Check-Up Among Women with a Recent Live Birth in Tennessee (2020)

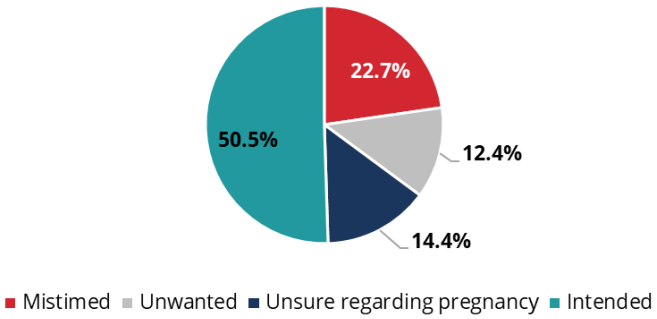


Pregnancy Intention & Family Planning

Proper spacing between births and access to effective birth control methods help families reduce the number of unintended pregnancies, defined as being either unwanted or mistimed pregnancies, and can prevent various negative financial and health outcomes for women and infants.[18] Approximately 45% of U.S. pregnancies each year are unintended, due to contraceptive failure or non-use.[19]

Pregnancy Intention

Figure 10: Pregnancy Intention Among Women with a Recent Live Birth in Tennessee (2020)



Over **1 in 3 women** in Tennessee reported her pregnancy as *unintended* (mistimed/ unwanted) and **14.4%** of women reported "I wasn't sure what I wanted" regarding pregnancy (figure 10).

More **non-Hispanic Black women** reported having a mistimed (24.9%) or unwanted (32.6%) pregnancy, or feeling unsure (21.3%) compared to other racial/ethnic groups. There was no difference in pregnancy intention seen between urban/rural groups.

Family Planning

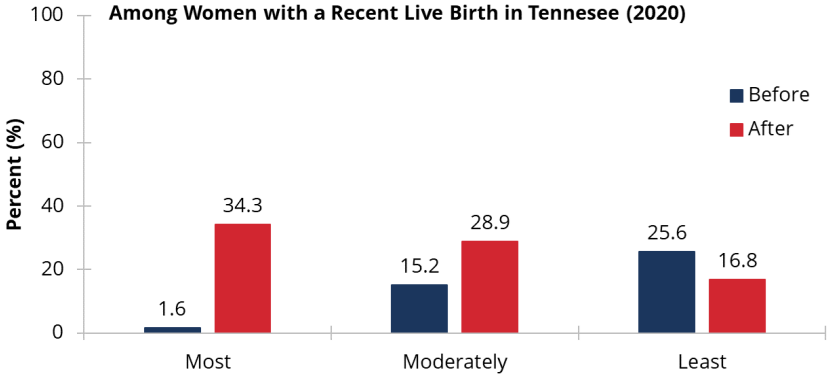
On average, **42.8%** of all women reported using some type of **contraceptive** before pregnancy in 2020. After pregnancy, **80.3%** of women reported using some type of contraceptive.

Prior to pregnancy, the majority of women used **least effective methods** (**25.6%**) (figure 11); after pregnancy, **34.3%** used a **highly effective method**.

There were no differences in overall contraceptive use between groups, and there were no differences in method effectiveness.

For more on method effectiveness, see *Appendix A*.

Figure 11: Contraceptive Use by Level of Effectiveness Before and After Pregnancy Among Women with a Recent Live Birth in Tennesee (2020)



Note: the categories of contraceptive effectiveness is not equal those reporting "any method" because those who indicated "any method" without specifying the specific method were not included in the effectiveness categories.

Infant Sleep Practices & Breastfeeding

Sudden unexpected infant death (SUID) describes the sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation. [20] These deaths often happen during sleep and/or in the baby's sleep area.[20] Sudden unexpected infant deaths include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths from unknown causes.[20]

While SUID and SIDS are often used interchangeable by the public, SIDS is technically one of the causes of SUID. Data from the Centers for Disease Control and Prevention (CDC) indicates Tennessee had one of the highest death rates from SUID between 2015 and 2019.[21] While other factors such as substance use during or after pregnancy and low birth weight may also be linked to SUID/SIDS, most cases are due to incorrect sleeping position in babies. Research indicates that placing babies on their backs to sleep, as well as breastfeeding them, can help dramatically decrease the risk of SUID/SIDS.[20]

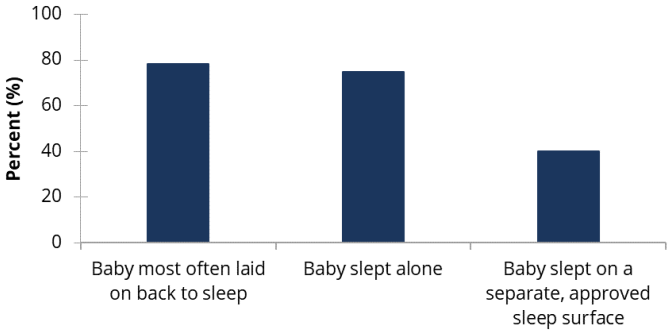
Infant Sleep Practices

PRAMS asks *"In which one position do you most often lay your baby down to sleep?"*

An average of **78.4%** of women reported "most often" **placing their baby to sleep on its back**, while nearly 40.1% of women reported placing her baby to sleep alone on a separate approved sleep surface, such as a crib (figure 12).

Non-Hispanic White women most commonly (85.7%) reported placing their baby on his/her back to sleep compared to non-Hispanic Black (64.8%) and Hispanic (66%). Fewer Hispanic women (23.1%) reported placing their baby on a separate, approved sleep surface compared to non-Hispanic women (46.1%).

Figure 12: Infant Sleep Practices Among Women with a Recent Live Birth in Tennessee (2020)



Safe Sleep For Your Baby

The ABCs of Safe Sleep [22]

Alone . . . Never in a bed where the baby could be smothered.

On baby's **Back** . . . It is not recommended to place a baby to sleep on their side or stomach.

In a **Crib** . . . Babies should always be put to sleep in a crib, away from loose objects or blankets, and on a firm mattress.

Breastfeeding

PRAMS asks *"Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?"* This is often referred to as "initiation".

Nearly **87.9%** of women ever **initiated breastfeeding** their infants; however, by 8+ weeks after initiation, only about **61%** of women were still breastfeeding.

While there were no differences in breastfeeding initiation between racial/ethnic or urban/rural groups, fewer women in urban areas (29.8%) reported any breastfeeding at 8+ weeks compared to rural areas (46%).

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Appendix A: Analysis Notes

SAS 9.4 (Cary, NC) was used for all analyses; appropriate survey procedures were used to account for the nature of the complex survey data.

Contraceptive Use

Questions regarding contraceptive use before and after pregnancy (i.e., at the time of survey completion) are "select-all-that-apply" and responses are not mutually exclusive; total proportions can sum to greater than 100%. Women who selected the "other" write-in option were excluded from analysis. **Long-Acting Reversible Contraception (LARC)** methods include Intrauterine Device (IUD) or contraceptive implant. **Moderately effective** methods include birth control pills, shots or injections (e.g., Depo–Provera), contraceptive patch, and vaginal ring. **Least effective** methods include condom, rhythm method/natural family planning, and withdrawal.

Insurance Coverage

Except for Medicaid, other state-specific government plans or programs such as SCHIP/CHIP were excluded from estimates; those selecting "other" types were also excluded. **Private** includes private only, any other insurance in combination with private, TRICARE, or other military-type insurance. **Medicaid** includes Medicaid or other state-named Medicaid program (e.g, TennCare). **None** is defined as no selected insurance or selecting only Indian Health Service (IHS).

Pregnancy Intention

Defined as the mother's reported feelings about becoming pregnant just before she became pregnant. Intention was assessed 2-6 months postpartum. **Mistimed** pregnancies are those that were wanted, but later. **Unwanted** pregnancies are those not wanted then or any time in the future. **Intended** pregnancies were those that were wanted then or sooner. **Unsure** describes those women who were unsure about their desire for pregnancy.

Intimate Partner Violence

Defined as being pushed, hit, slapped, kicked, choked, or physically hurt in any way by a husband/partner and/or an ex-husband/ex-partner. Beginning in 2016 (Phase 8), the question response options were expanded to include "my ex-husband or ex-partner" in addition to "my husband or partner". For this report, TN PRAMS data has been calculated to reflect this change.

Postpartum Depressive Symptoms

PRAMS asks two questions related to postpartum depressive symptoms (PPDS). PPDS is defined as a woman who reported "always" or "often" *felt down, depressed, or hopeless* or *having little interest or little pleasure in doing things she usually enjoyed since delivery*.

Substance Use

Estimates include all moms as the denominator.

Safe Sleep

The CDC provides guidance on assessing the percent of infants "placed to sleep on a separate approved sleep surface" that best estimates the Health Resources and Services Administration (HRSA) Title V National Performance Measure 5C of *Safe Sleep Indicators*.

Appendix B: Data Tables

Topic	Indicator	2020 % (95% CL)
Pre-Pregnancy Multivitamin Use	No Multivitamin	53.46 (48.14 - 58.79)
	Multivitamin 1-3/week	6.2 (3.58 - 8.82)
	Multivitamin 4-6/week	5.61 (3.15 - 8.06)
	Multivitamin Every day	34.73 (29.69 - 39.78)
Pre-Pregnancy Diet and Exercise	Dieting during year before pregnancy	25.24 (20.69 - 29.79)
	No dieting	74.76 (70.21 - 79.31)
	Exercise 3+ days a week, during year before pregnancy	38.45 (33.3 - 43.6)
	No exercise	61.55 (56.4 - 66.7)
Pre-Pregnancy Maternal Body Mass Index (BMI)	Underweight (BMI < 18.5 kg/m2)	4.14 (2.01 - 6.28)
	Normal Weight (BMI 18.5 - 24.9 kg/m2)	39.85 (34.5 - 45.2)
	Overweight (BMI 25 - 29.0 kg/m2)	25.56 (20.75 - 30.37)
	Obese (BMI > 29.0 kg/m2)	30.45 (25.42 - 35.47)
Any Cigarette Smoking	Any cigarette smoking, 3 months before	19.21 (15.04 - 23.39)
	Any cigarette smoking, last 3 months of pregnancy	11.99 (8.57 - 15.41)
	Any cigarette smoking, post partum	13.62 (9.99 - 17.25)
Hookah and E-Cigarette Use	Any hookah use, 2 years prior to pregnancy	3.26 (1.34 - 5.17)
	Any e-cigarette use, 3 months before pregnancy	7.28 (4.5 - 10.05)
	Any e-cigarette use, last 3 months of pregnancy	2.14 (0.62 - 3.67)
Any Alcohol Use	Any alcohol use, 3 months before pregnancy	57.36 (52.07 - 62.64)
	Any alcohol use, last 3 months of pregnancy	6.79 (4.05 - 9.52)
Intimate Partner Violence Before Pregnancy	Any IPV during the year before pregnancy	2.35 (0.88 - 3.83)
	IPV before pregnancy, by current partner	1.81 (0.48 - 3.14)
	IPV before pregnancy, by ex-partner	0.94 (0.07 - 1.8)
Intimate Partner Violence During Pregnancy	Any IPV during pregnancy	2.65 (0.96 - 4.34)
	IPV during the year before pregnancy, by current partner	2.19 (0.64 - 3.74)
	IPV during the year before pregnancy, by ex-partner	1.22 (0.03 - 2.42)
Self-reported Depression	Self-reported depression, within 3 months before pregnancy	17.41 (13.37 - 21.44)
	Self-reported depression, during pregnancy	16.02 (12.1 - 19.94)
	Self-reported post-partum depressive symptoms	14.87 (11.1 - 18.65)

Appendix B: Data Tables

Topic	Indicator	2020 % (95% CL)
Health Care Access	Health care visit in the year before pregnancy	63.57 (58.38 - 68.77)
	Began prenatal care in 1st trimester	84.59 (80.68 - 88.5)
	Had flu shot before or during pregnancy	54.71 (49.35 - 60.08)
	Had maternal postpartum check-up	88.67 (85.29 - 92.06)
	Had teeth cleaned during pregnancy	33.88 (28.85 - 38.9)
Pregnancy Intention	Mistimed pregnancy	22.71 (18.25 - 27.17)
	Unwanted pregnancy	12.41 (8.72 - 16.09)
	Unsure regarding pregnancy	14.39 (10.65 - 18.12)
	Intended/wanted pregnancy	50.5 (45.16 - 55.84)
Pre-Pregnancy Family Planning	Any pre-conception contraceptive use	42.76 (35.36 - 50.16)
	Highly-effective contraceptive method	1.6 (0.0 - 3.48)
	Moderately-effective contraceptive method	15.19 (9.82 - 20.56)
	Least-effective contraceptive method	25.6 (18.96 - 32.24)
Postpartum Family Planning	Any postpartum contraceptive use	80.32 (76.14 - 84.49)
	Highly-effective contraceptive method	34.29 (29.15 - 39.44)
	Moderately-effective contraceptive method	28.93 (24.03 - 33.82)
	Least-effective contraceptive method	16.8 (12.79 - 20.81)
Pre-Pregnancy Insurance	None	14.83 (10.95 - 18.72)
	Private	60.68 (55.34 - 66.03)
	Public/Medicaid	24.48 (19.75 - 29.22)
Pregnancy Insurance	None	0.6 (0.0 - 1.37)
	Private	61.9 (56.01 - 67.79)
	Public/Medicaid	37.5 (31.62 - 43.37)
Postpartum Insurance	None	8.05 (4.99 - 11.1)
	Private	55.13 (49.62 - 60.63)
	Public/Medicaid	36.83 (31.48 - 42.17)
Infant Sleep Practices	Baby most often laid on back to sleep	78.45 (74.04 - 82.85)
	Baby slept alone	74.87 (70.15 - 79.58)
	Baby slept on a separate, approved sleep surface	40.13 (34.79 - 45.47)
Breastfeeding Practices	Baby ever breastfed	87.93 (84.39 - 91.46)
	Any breastfeeding at 8+ weeks	61 (55.71 - 66.29)

Appendix B1: Data Tables, stratified by race/ethnicity

Dieting during year before pregnancy

Race/Ethnicity	% * Yes	% No
NH White	31.11 (24.96 - 37.26)	68.89 (62.74 - 75.04)
NH Black	14.2 (6.49 - 21.92)	85.8 (78.08 - 93.51)
Hispanic	15.09 (5.19 - 24.99)	84.91 (75.01 - 94.81)

Exercise 3+ days a week, during year before pregnancy

Race/Ethnicity	% Yes	% No
NH White	42.21 (35.65 - 48.77)	57.79 (51.23 - 64.36)
NH Black	29.34 (18.64 - 40.04)	70.66 (59.96 - 81.36)
Hispanic	32.26 (18.54 - 45.97)	67.74 (54.03 - 81.46)

Any cigarette smoking, during 3 months before pregnancy

Race/Ethnicity	% Yes	% No
NH White	23.45 (17.81 - 29.09)	76.55 (70.91 - 82.19)
NH Black	15.62 (6.87 - 24.36)	84.38 (75.64 - 93.13)
Hispanic	4.75 (0.00 - 10.84)	95.25 (89.16 - 100)

Any cigarette smoking, during last 3 months of pregnancy

Race/Ethnicity	% Yes	% No
NH White	13.58 (9.08 - 18.08)	86.42 (81.92 - 90.92)
NH Black	10.75 (3.13 - 18.36)	89.25 (81.64 - 96.87)
Hispanic	4.75 (0.00 - 10.84)	95.25 (89.16 - 100)

Any cigarette smoking, postpartum

Race/Ethnicity	% Yes	% No
NH White	14.54 (9.91 - 19.18)	85.46 (80.82 - 90.09)
NH Black	15.96 (6.93 - 24.99)	84.04 (75.01 - 93.07)
Hispanic	4.63 (0.00 - 10.69)	95.37 (89.31 - 100)

Any hookah use, during 2 years before pregnancy

Race/Ethnicity	% Yes	% No
NH White	2.58 (0.52 - 4.64)	97.42 (95.36 - 99.48)
NH Black	5.82 (0.16 - 11.47)	94.18 (88.53 - 99.84)
Hispanic	3.24 (0.00 - 9.47)	96.76 (90.53 - 100)

Any e-cigarette use during 3 months before pregnancy

Race/Ethnicity	% Yes	% No
NH White	9.82 (5.86 - 13.79)	90.18 (86.21 - 94.14)
NH Black	2.03 (0.00 - 5.97)	97.97 (94.03 - 100)
Hispanic	2.29 (0.00 - 6.72)	97.71 (93.28 - 100)

Appendix B1: Data Tables, stratified by race/ethnicity

Any e-cigarette use during last 3 months of pregnancy

Race/Ethnicity	% Yes	% No
NH White	2.87 (0.66 - 5.08)	97.13 (94.92 - 99.34)
NH Black	0 (--)	100 (--)
Hispanic	2.34 (0.00 - 6.88)	97.66 (93.12 - 100)

**No NH Black respondents reported e-cigarette use during pregnancy*

Any alcohol use, during 3 months before pregnancy

Race/Ethnicity	% Yes	% No
NH White	65.35 (59.01 - 71.69)	34.65 (28.31 - 40.99)
NH Black	55.02 (43.01 - 67.04)	44.98 (32.96 - 56.99)
Hispanic	21.86 (9.63 - 34.09)	78.14 (65.91 - 90.37)

Any alcohol use, last 3 months of pregnancy

Race/Ethnicity	% Yes	% No
NH White	7.35 (3.83 - 10.87)	92.65 (89.13 - 96.17)
NH Black	7.85 (1.15 - 14.54)	92.15 (85.46 - 98.85)
Hispanic	3.58 (0.00 - 9.54)	96.42 (90.46 - 100)

Any intimate partner violence during the year before pregnancy

Race/Ethnicity	% Yes	% No
NH White	2.82 (0.7 - 4.94)	97.18 (95.06 - 99.3)
NH Black	0.93 (0.16 - 1.7)	99.07 (98.3 - 99.84)
Hispanic	2.73 (0.00 - 7.31)	97.27 (92.69 - 100)

Any intimate partner violence, by current partner, during the year before preg-

Race/Ethnicity	% Yes	% No
NH White	2.13 (0.25 - 4.01)	97.87 (95.99 - 99.75)
NH Black	0.62 (0.00 - 1.24)	99.38 (98.76 - 100)
Hispanic	2.55 (0.00 - 6.83)	97.45 (93.17 - 100)

Any intimate partner violence, by ex-partner, during the year before pregnancy

Race/Ethnicity	% Yes	% No
NH White	1.16 (0.00 - 2.51)	98.84 (97.49 - 100)
NH Black	0.62 (0.00 - 1.24)	99.38 (98.76 - 100)
Hispanic	0.39 (0.00 - 0.92)	99.61 (99.08 - 100)

Any intimate partner violence during pregnancy

Race/Ethnicity	% Yes	% No
NH White	3.32 (0.84 - 5.81)	96.68 (94.19 - 99.16)
NH Black	0.96 (0.22 - 1.69)	99.04 (98.31 - 99.78)
Hispanic	2.73 (0.00 - 7.31)	97.27 (92.69 - 100)

Appendix B1: Data Tables, stratified by race/ethnicity

Any intimate partner violence, by current partner, during pregnancy

Race/Ethnicity	% Yes	% No
NH White	3.24 (0.79 - 5.68)	96.76 (94.32 - 99.21)
NH Black	0.53 (0.00 - 1.07)	99.47 (98.93 - 100)
Hispanic	0.36 (0.00 - 0.86)	99.64 (99.14 - 100)

Any intimate partner violence, by ex-partner, during pregnancy

Race/Ethnicity	% Yes	% No
NH White	1.2 (0.00 - 2.82)	98.8 (97.18 - 100)
NH Black	0.53 (0.00 - 1.07)	99.47 (98.93 - 100)
Hispanic	2.73 (0.00 - 7.31)	97.27 (92.69 - 100)

Reported depression during the 3 months before pregnancy

Race/Ethnicity	% Yes	% No
NH White	18.18 (13.1 - 23.26)	81.82 (76.74 - 86.9)
NH Black	19.03 (9.35 - 28.71)	80.97 (71.29 - 90.65)
Hispanic	9.6 (1.19 - 18.01)	90.4 (81.99 - 98.81)

Reported depression during pregnancy

Race/Ethnicity	% Yes	% No
NH White	15.82 (11.04 - 20.61)	84.18 (79.39 - 88.96)
NH Black	20.82 (10.72 - 30.91)	79.18 (69.09 - 89.28)
Hispanic	7.69 (0.16 - 15.22)	92.31 (84.78 - 99.84)

Experienced postpartum depressive symptoms

Race/Ethnicity	% Yes	% No
NH White	13.91 (9.31 - 18.5)	86.09 (81.5 - 90.69)
NH Black	17.21 (8.06 - 26.35)	82.79 (73.65 - 91.94)
Hispanic	12 (2.9 - 21.11)	88 (78.89 - 97.1)

Had healthcare visit during the year before pregnancy

Race/Ethnicity	% Yes	% No
NH White	76 (70.29 - 81.72)	24 (18.28 - 29.71)
NH Black	**51.06 (39.03 - 63.08)**	48.94 (36.92 - 60.97)
Hispanic	**29.9 (16.49 - 43.31)**	70.1 (56.69 - 83.51)

Had flu shot before or during pregnancy

Race/Ethnicity	% Yes	% No
NH White	60.89 (54.3 - 67.47)	39.11 (32.53 - 45.7)
NH Black	34.93 (23.57 - 46.29)	65.07 (53.71 - 76.43)
Hispanic	55.83 (40.86 - 70.8)	44.17 (29.2 - 59.14)

Appendix B1: Data Tables, stratified by race/ethnicity

Maternal postpartum check up

Race/Ethnicity	% Yes	% No
NH White	91.89 (88.26 - 95.51)	8.11 (4.49 - 11.74)
NH Black	85.11 (76.35 - 93.87)	14.89 (6.13 - 23.65)
Hispanic	80.6 (69.07 - 92.13)	19.4 (7.87 - 30.93)

Woman felt pregnancy was mistimed

Race/Ethnicity	% Yes	% No
NH White	23.1 (17.45 - 28.76)	76.9 (71.24 - 82.55)
NH Black	24.94 (14.78 - 35.11)	75.06 (64.89 - 85.22)
Hispanic	23.01 (10.38 - 35.65)	76.99 (64.35 - 89.62)

Woman felt pregnancy was unwanted

Race/Ethnicity	% Yes	% No
NH White	7.22 (3.71 - 10.73)	92.78 (89.27 - 96.29)
NH Black	32.64 (20.79 - 44.5)	67.36 (55.5 - 79.21)
Hispanic	5.29 (0.00 - 11.39)	94.71 (88.61 - 100)

Woman felt unsure about pregnancy

Race/Ethnicity	% Yes	% No
NH White	12.53 (8.17 - 16.91)	87.46 (83.09 - 91.83)
NH Black	21.30 (11.43 - 31.16)	78.7 (68.84 - 88.56)
Hispanic	14.14 (3.54 - 24.74)	85.86 (75.26 - 96.46)

Intended pregnancy

Race/Ethnicity	% Yes	% No
NH White	57.14 (50.53 - 63.74)	42.86 (36.26 - 49.47)
NH Black	21.12 (11.91 - 30.32)	78.88 (69.68 - 88.09)
Hispanic	57.56 (42.8 - 72.32)	42.44 (27.68 - 57.2)

Any Preconception Contraceptive Use

Race/Ethnicity	% Yes	% No
NH White	44.75 (34.68 - 54.81)	55.25 (45.19 - 65.32)
NH Black	45.93 (31.97 - 59.88)	54.07 (40.12 - 68.03)
Hispanic	33.36 (14.46 - 52.25)	66.64 (47.75 - 85.54)

Any Preconception Contraceptive Use by Pregnancy Intention -- NH White

Race/Ethnicity	% Yes	% No
Unintended Pregnancy	47.43 (36.51 - 58.34)	52.57 (41.66 - 63.49)
Intended Pregnancy	29.17 (3.83 - 54.5)	70.83 (45.5 - 96.17)

Any Preconception Contraceptive Use by Pregnancy Intention -- NH Black

Race/Ethnicity	% Yes	% No
Unintended Pregnancy	48.11 (33.63 - 62.59)	51.9 (37.41 - 66.38)
Intended Pregnancy	7.67 (0.00 - 19.91)	92.33 (80.09 - 100)

Appendix B1: Data Tables, stratified by race/ethnicity

Any Preconception Contraceptive Use by Pregnancy Intention -- Hispanic

Race/Ethnicity	% Yes	% No
Unintended Pregnancy	40.4 (16.12 - 64.68)	59.6 (35.32 - 83.88)
Intended Pregnancy	17.87 (0.00 - 43.24)	82.13 (56.76 - 100)

Any Postpartum Contraceptive Use

Race/Ethnicity	% Yes	% No
NH White	82.52 (77.54 - 87.49)	17.48 (12.51 - 22.46)
NH Black	75.42 (65.24 - 85.6)	24.58 (14.4 - 34.76)
Hispanic	79.19 (66.98 - 91.4)	20.81 (8.6 - 33.02)

Any Postpartum Contraceptive Use -- NH White

Race/Ethnicity	% Yes	% No
Unintended Pregnancy	86.79 (80.18 - 93.4)	13.21 (6.6 - 19.82)
Intended Pregnancy	79.11 (71.96 - 86.27)	20.89 (13.73 - 28.04)

Any Postpartum Contraceptive Use -- NH Black

Race/Ethnicity	% Yes	% No
Unintended Pregnancy	**81.55 (71.15 - 91.95)**	**18.45 (8.05 - 28.85)**
Intended Pregnancy	**60.02 (36.26 - 83.78)**	**39.98 (16.22 - 63.74)**

Any Postpartum Contraceptive Use -- Hispanic

Race/Ethnicity	% Yes	% No
Unintended Pregnancy	72.71 (51.73 - 93.69)	27.29 (6.31 - 48.27)
Intended Pregnancy	83.98 (69.94 - 98.01)	16.02 (1.99 - 30.06)

Had teeth cleaned during pregnancy

Race/Ethnicity	% Yes	% No
NH White	43.15 (36.52 - 49.77)	56.85 (50.23 - 63.48)
NH Black	19.96 (10.57 - 29.36)	80.04 (70.64 - 89.43)
Hispanic	12.84 (3.52 - 22.16)	87.16 (77.84 - 96.48)

Baby most often laid on back to sleep

Race/Ethnicity	% Yes	% No
NH White	85.65 (80.95 - 90.35)	14.35 (9.65 - 19.05)
NH Black	64.76 (53.32 - 76.19)	35.24 (23.81 - 46.68)
Hispanic	65.99 (51.59 - 80.39)	34.01 (19.61 - 48.41)

Baby slept alone

Race/Ethnicity	% Yes	% No
NH White	80.01 (74.59 - 85.42)	19.99 (14.58 - 25.41)
NH Black	61.75 (49.91 - 73.59)	38.25 (26.41 - 50.09)
Hispanic	71.12 (57.15 - 85.09)	28.88 (14.91 - 42.85)

Appendix B1: Data Tables, stratified by race/ethnicity

Baby slept on separate, approved sleep surface

Race/Ethnicity	% Yes	% No
NH White	46.11 (39.35 - 52.88)	53.89 (47.12 - 60.65)
NH Black	32.53 (20.8 - 44.26)	67.47 (55.74 - 79.2)
Hispanic	23.07 (10.39 - 35.75)	76.93 (64.25 - 89.61)

Baby ever breastfed

Race/Ethnicity	% Yes	% No
NH White	88.41 (84.07 - 92.74)	11.59 (7.26 - 15.93)
NH Black	83.2 (73.7 - 92.71)	16.8 (7.29 - 26.3)
Hispanic	91.95 (84.51 - 99.39)	8.05 (0.61 - 15.49)

Any breastfeeding at 8+ weeks

Race/ethnicity	% <8 Weeks	% 8+ Weeks
NH White	39.7 (33.06 - 46.34)	60.3 (53.66 - 66.94)
NH Black	43.98 (31.77 - 56.2)	56.02 (43.8 - 68.23)
Hispanic	36.15 (21.73 - 50.57)	63.85 (49.43 - 78.27)

Multivitamin use during the month before pregnancy

Race/Ethnicity	Response	% Yes
	None	47.96 (41.27 - 54.65)
	1-3/week	5.54 (2.44 - 8.64)
	4-6/week	6.45 (3.21 - 9.68)
NH White	Every day	40.05 (33.51 - 46.58)
	None	65.37 (54.06 - 76.69)
	1-3/week	4.87 (0.00 - 10.36)
	4-6/week	1.98 (0.00 - 4.87)
NH Black	Every day	27.78 (17.25 - 38.32)
	None	58.26 (43.5 - 73.02)
	1-3/week	10.6 (1.4 - 19.81)
	4-6/week	6.33 (0.00 - 14.56)
Hispanic	Every day	24.81 (12.12 - 37.49)

Appendix B1: Data Tables, stratified by race/ethnicity

Maternal body mass index (BMI) before pregnancy

Race/Ethnicity	Response	% Yes
NH White	**Under (< 18.5 kg/m^2)**	4.26 (1.58 - 6.94)
	Normal (18.5 - 24.9 kg/m^2)	42.79 (36.2 - 49.38)
	Over (25 - 29.9 kg/m^2)	23.54 (17.89 - 29.19)
	Obese (30+ kg/m^2)	29.41 (23.36 - 35.46)
NH Black	**Under (< 18.5 kg/m^2)**	2.7 (0.00 - 5.8)
	Normal (18.5 - 24.9 kg/m^2)	33.54 (21.81 - 45.26)
	Over (25 - 29.9 kg/m^2)	26.53 (15.44 - 37.62)
	Obese (30+ kg/m^2)	37.24 (25.19 - 49.29)
Hispanic	**Under (< 18.5 kg/m^2)**	4.63 (0.00 - 12.75)
	Normal (18.5 - 24.9 kg/m^2)	37.85 (21 - 54.7)
	Over (25 - 29.9 kg/m^2)	36.61 (19.3 - 53.93)
	Obese (30+ kg/m^2)	20.9 (6.74 - 35.07)

Began prenatal care in 1st trimester

Race/Ethnicity	Response	% Yes
NH White	**Yes**	92.44 (88.95 - 95.93)
	No	7.52 (4.03 - 11.01)
	No PNC	0.04 (0.00 - 0.13)
NH Black	Yes	79.33 (68.98 - 89.68)
	No	18.73 (8.69 - 28.76)
	No PNC	1.95 (0.00 - 5.18)
Hispanic	Yes	57.94 (43.2 - 72.68)
	No	39.64 (25.03 - 54.25)
	No PNC	2.43 (0.00 - 6.82)

Effectiveness of Preconception Contraceptive Use

Race/Ethnicity	Response	% Yes
NH White	**Most**	2.74 (0.00 - 6.24)
	Moderately	10.37 (4.43 - 16.32)
	Least	31.59 (22.05 - 41.13)
	None	55.3 (45.22 - 65.37)
NH Black	**Most**	0.31 (0.00 - 0.73)
	Moderately	20.2 (8.66 - 31.75)
	Least	25.32 (12.94 - 37.71)
	None	54.16 (40.19 - 68.14)
Hispanic	**Most**	0.33 (0.00 - 0.98)
	Moderately	28.02 (9.42 - 46.62)
	Least	2 (0.27 - 3.73)
	None	69.65 (50.95 - 88.34)

Appendix B1: Data Tables, stratified by race/ethnicity

Effectiveness of Postpartum Contraceptive Use

Race/Ethnicity	Response	% Yes
NH White	**Most**	34.86 (28.41 - 41.3)
	Moderately	30.3 (24.13 - 36.48)
	Least	17.11 (12.03 - 22.19)
	None	17.73 (12.7 - 22.77)
NH Black	**Most**	24.62 (14.07 - 35.17)
	Moderately	32.88 (21.28 - 44.47)
	Least	17.9 (8.76 - 27.03)
	None	24.6 (14.41 - 34.8)
Hispanic	**Most**	52.99 (37.92 - 68.07)
	Moderately	18.28 (6.77 - 29.78)
	Least	7.44 (0.00 - 14.98)
	None	21.29 (8.84 - 33.74)

Preconception insurance status

Race/Ethnicity	Response	% Yes
NH White	**None**	7.16 (3.75 - 10.57)
	Private	73.08 (67.1 - 79.06)
	Medicaid	**19.76 (14.37 - 25.15)**
NH Black	**None**	**7.82 (1.36 - 14.27)**
	Private	**47.62 (35.33 - 59.9)**
	Medicaid	**44.57 (32.26 - 56.87)**
Hispanic	**None**	**68.3 (53.44 - 83.16)**
	Private	**15.93 (4.59 - 27.28)**
	Medicaid	**15.76 (3.79 - 27.74)**

Prenatal insurance status

Race/Ethnicity	Response	% Yes
NH White	None	0.63 (0.00 - 1.69)
	Private	68.08 (61.39 - 74.77)
	Medicaid	31.29 (24.63 - 37.95)
NH Black	None	0.43 (0.00 - 1.03)
	Private	51.33 (37.54 - 65.12)
	Medicaid	48.24 (34.45 - 62.03)
Hispanic	None	1.24 (0.00 - 3.07)
	Private	30 (7.45 - 52.55)
	Medicaid	68.75 (46.14 - 91.36)

Appendix B1: Data Tables, stratified by race/ethnicity

Postpartum insurance status

Race/Ethnicity	Response	% Yes
NH White	**None**	1.61 (0.00 - 3.27)
	Private	65.21 (58.72 - 71.7)
	Medicaid	33.18 (26.76 - 39.6)
NH Black	**None**	1.68 (0.00 - 4.74)
	Private	50.35 (37.78 - 62.93)
	Medicaid	47.97 (35.4 - 60.53)
Hispanic	**None**	57.78 (41.39 - 74.17)
	Private	10.49 (1.42 - 19.56)
	Medicaid	31.73 (16.05 - 47.42)

Appendix B2: Data Tables, stratified by location

Dieting during year before pregnancy

Location	% Yes	% No
Urban	21.58 (15.13 - 28.02)	78.42 (71.98 - 84.87)
Rural	28.04 (21.74 - 34.34)	71.96 (65.66 - 78.26)

Exercise 3+ days a week, during year before pregnancy

Location	% Yes	% No
Urban	46.36 (38.29 - 54.42)	53.64 (45.58 - 61.71)
Rural	32.36 (25.8 - 38.92)	67.64 (61.08 - 74.2)

Any cigarette smoking, during 3 months before pregnancy

Location	% Yes	% No
Urban	12.88 (7.44 - 18.33)	87.12 (81.68 - 92.56)
Rural	23.99 (18.01 - 29.98)	76.01 (70.02 - 81.99)

Any cigarette smoking, during last 3 months of pregnancy

Location	% Yes	% No
Urban	8.39 (3.8 - 12.98)	91.61 (87.02 - 96.2)
Rural	14.7 (9.82 - 19.58)	85.3 (80.42 - 90.18)

Any cigarette smoking, postpartum

Location	% Yes	% No
Urban	10.17 (5.13 - 15.2)	89.83 (84.8 - 94.87)
Rural	16.23 (11.13 - 21.33)	83.77 (78.67 - 88.87)

Any hookah use, during 2 years before pregnancy

	% Yes	% No
Urban	5.28 (1.51 - 9.05)	94.72 (90.95 - 98.49)
Rural	1.75 (0.00 - 3.53)	98.25 (96.47 - 100)

Any e-cigarette use during 3 months before pregnancy

Location	% Yes	% No
Urban	2.47 (0.00 - 5.12)	97.53 (94.88 - 100)
Rural	10.87 (6.5 - 15.24)	89.13 (84.76 - 93.5)

Any e-cigarette use during last 3 months of pregnancy

Location	% Yes	% No
Urban	0.78 (0.00 - 2.15)	99.22 (97.85 - 100)
Rural	3.16 (0.71 - 5.61)	96.84 (94.39 - 99.29)

Any alcohol use, during 3 months before pregnancy

Location	% Yes	% No
Urban	60.81 (52.87 - 68.75)	39.19 (31.25 - 47.13)
Rural	54.7 (47.66 - 61.75)	45.3 (38.25 - 52.34)

Appendix B2: Data Tables, stratified by location

Any alcohol use, last 3 months of pregnancy

Location	% Yes	% No
Urban	8.94 (4.22 - 13.66)	91.06 (86.34 - 95.78)
Rural	5.12 (1.95 - 8.29)	94.88 (91.71 - 98.05)

Any intimate partner violence during the year before pregnancy

Location	% Yes	% No
Urban	2.07 (0.1 - 4.04)	97.93 (95.96 - 99.9)
Rural	2.57 (0.44 - 4.71)	97.43 (95.29 - 99.56)

Any intimate partner violence, by current partner, during the year before pregnancy

Location	% Yes	% No
Urban	1.81 (0.00 - 3.74)	98.19 (96.26 - 100)
Rural	1.81 (0.00 - 3.63)	98.19 (96.37 - 100)

Any intimate partner violence, by ex-partner, during the year before pregnancy

Location	% Yes	% No
Urban	1.13 (0.00 - 2.54)	98.87 (97.46 - 100)
Rural	0.78 (0.00 - 1.87)	99.22 (98.13 - 100)

Any intimate partner violence during pregnancy

Location	% Yes	% No
Urban	2.69 (0.31 - 5.07)	97.31 (94.93 - 99.69)
Rural	2.61 (0.25 - 4.98)	97.39 (95.02 - 99.75)

Any intimate partner violence, by current partner, during pregnancy

Location	% Yes	% No
Urban	1.77 (0.00 - 3.7)	98.23 (96.3 - 100)
Rural	2.51 (0.2 - 4.83)	97.49 (95.17 - 99.8)

Any intimate partner violence, by ex-partner, during pregnancy

Location	% Yes	% No
Urban	1.0 (0.00 - 2.39)	99 (97.61 - 100)
Rural	1.4 (0.00 - 3.23)	98.6 (96.77 - 100)

Reported depression during the 3 months before pregnancy

Location	% Yes	% No
Urban	13.21 (7.64 - 18.79)	86.79 (81.21 - 92.36)
Rural	20.57 (14.91 - 26.23)	79.43 (73.77 - 85.09)

Appendix B2: Data Tables, stratified by location

Reported depression during pregnancy

Location	% Yes	% No
Urban	16.27 (10.18 - 22.35)	83.73 (77.65 - 89.82)
Rural	15.83 (10.72 - 20.95)	84.17 (79.05 - 89.28)

Experienced postpartum depressive symptoms

Location	% Yes	% No
Urban	13.49 (8.01 - 18.97)	86.51 (81.03 - 91.99)
Rural	15.92 (10.75 - 21.09)	84.08 (78.91 - 89.25)

Had healthcare visit during the year before pregnancy

Location	% Yes	% No
Urban	61.51 (53.48 - 69.55)	38.49 (30.45 - 46.52)
Rural	65.17 (58.38 - 71.95)	34.83 (28.05 - 41.62)

Had flu shot before or during pregnancy

Location	% Yes	% No
Urban	59.21 (51.07 - 67.35)	40.79 (32.65 - 48.93)
Rural	51.27 (44.16 - 58.39)	48.73 (41.61 - 55.85)

Maternal postpartum check up

Location	% Yes	% No
Urban	89.4 (84.39 - 94.41)	10.6 (5.59 - 15.61)
Rural	88.12 (83.54 - 92.7)	11.88 (7.3 - 16.46)

Woman felt pregnancy was mistimed

Location	% Yes	% No
Urban	21.96 (15.35 - 28.58)	78.04 (71.42 - 84.65)
Rural	23.28 (17.26 - 29.3)	76.72 (70.7 - 82.74)

Woman felt pregnancy was unwanted

Location	% Yes	% No
Urban	17.31 (10.83 - 23.79)	82.69 (76.21 - 89.17)
Rural	8.66 (4.56 - 12.75)	91.34 (87.25 - 95.44)

Woman felt unsure about pregnancy

Location	% Yes	% No
Urban	12.66 (7.26 - 18.07)	87.34 (81.93 - 92.74)
Rural	15.7 (10.58 - 20.83)	84.3 (79.17 - 89.42)

Appendix B2: Data Tables, stratified by location

Intended pregnancy

Location	% Yes	% No
Urban	48.06 (39.94 - 56.19)	51.94 (43.81 - 60.06)
Rural	52.36 (45.29 - 59.42)	47.64 (40.58 - 54.71)

Any Preconception Contraceptive Use

Location	% Yes	% No
Urban	45.65 (34.36 - 56.94)	54.35 (43.06 - 65.64)
Rural	40.52 (30.74 - 50.29)	59.48 (49.71 - 69.26)

Any Preconception Contraceptive Use -- Urban

Location	% Yes	% No
Unintended Pregnancy	49.24 (37.18 - 61.3)	50.76 (38.7 - 62.82)
Intended Pregnancy	16.16 (0.00 - 38.25)	83.84 (61.76 - 100)

Any Preconception Contraceptive Use -- Rural

Location	% Yes	% No
Unintended Pregnancy	43.66 (32.65 - 54.68)	56.34 (45.32 - 67.35)
Intended Pregnancy	27.87 (6.96 - 48.78)	72.13 (51.22 - 93.04)

Any Postpartum Contraceptive Use

Location	% Yes	% No
Urban	76.24 (69.4 - 83.08)	23.76 (16.92 - 30.6)
Rural	83.44 (78.28 - 88.59)	16.56 (11.41 - 21.72)

Any Postpartum Contraceptive Use -- Urban

Location	% Yes	% No
Unintended Pregnancy	77.87 (68.51 - 87.24)	22.13 (12.76 - 31.49)
Intended Pregnancy	75.97 (66.18 - 85.76)	24.03 (14.24 - 33.82)

Any Postpartum Contraceptive Use -- Rural

Location	% Yes	% No
Unintended Pregnancy	87.4 (80.8 - 94.0)	12.6 (6.0 - 19.2)
Intended Pregnancy	79.56 (71.76 - 87.37)	20.44 (12.63 - 28.24)

Had teeth cleaned during pregnancy

Location	% Yes	% No
Urban	35.8 (28.04 - 43.56)	64.2 (56.44 - 71.96)
Rural	32.41 (25.83 - 39)	67.59 (61 - 74.17)

Appendix B2: Data Tables, stratified by location

Baby most often laid on back to sleep

Location	% Yes	% No
Urban	73.54 (66.29 - 80.79)	26.46 (19.21 - 33.71)
Rural	82.17 (76.79 - 87.55)	17.83 (12.45 - 23.21)

Baby slept alone

Location	% Yes	% No
Urban	70.93 (63.36 - 78.5)	29.07 (21.5 - 36.64)
Rural	77.85 (71.92 - 83.79)	22.15 (16.21 - 28.08)

Baby slept on separate, approved sleep surface

Location	% Yes	% No
Urban	32.76 (24.99 - 40.53)	67.24 (59.47 - 75.01)
Rural	45.66 (38.49 - 52.82)	54.34 (47.18 - 61.51)

Baby ever breastfed

Location	% Yes	% No
Urban	90.77 (85.97 - 95.58)	9.23 (4.42 - 14.03)
Rural	85.76 (80.75 - 90.78)	14.24 (9.22 - 19.25)

Any breastfeeding at 8 weeks

Location	% <8 Weeks	% 8+ Weeks
Urban	29.79 (22.23 - 37.35)	70.21 (62.66 - 77.77)
Rural	46.05 (38.9 - 53.19)	53.95 (46.81 - 61.1)

Multivitamin use during the month before pregnancy

Location	Response	% Yes
	None	47.81 (39.65 - 55.97)
	1-3/week	6.77 (2.54 - 11.01)
	4-6/week	9.09 (4.35 - 13.84)
Urban	Every day	36.32 (28.57 - 44.08)
	None	57.81 (50.84 - 64.77)
	1-3/week	5.75 (2.46 - 9.05)
	4-6/week	2.93 (0.65 - 5.21)
Rural	Every day	33.51 (26.87 - 40.15)

Appendix B2: Data Tables, stratified by location

Maternal body mass index (BMI) before pregnancy

Location	Response	% Yes
Urban	Under (< 18.5 kg/m^2)	3.74 (0.62 - 6.87)
	Normal (18.5 - 24.9 kg/m^2)	39.7 (31.5 - 47.91)
	Over (25 - 29.9 kg/m^2)	31.77 (23.8 - 39.75)
	Obese (30+ kg/m^2)	24.78 (17.56 - 32)
Rural	Under (< 18.5 kg/m^2)	4.44 (1.53 - 7.36)
	Normal (18.5 - 24.9 kg/m^2)	39.96 (32.9 - 47.02)
	Over (25 - 29.9 kg/m^2)	20.96 (15.16 - 26.76)
	Obese (30+ kg/m^2)	34.64 (27.79 - 41.48)

Began prenatal care in 1st trimester

Location	Response	% Yes
Urban	**Yes**	83.77 (77.62 - 89.91)
	No	15.28 (9.25 - 21.32)
	No PNC	0.95 (0.00 - 2.37)
Rural	**Yes**	85.2 (80.15 - 90.26)
	No	13.67 (8.78 - 18.57)
	No PNC	1.12 (0.00 - 2.61)

Effectiveness of Preconception Contraceptive Use

Location	Response	% Yes
Urban	**Most**	0.57 (0.06 - 1.08)
	Moderately	15.87 (7.59 - 24.14)
	Least	29.21 (18.8 - 39.63)
	None	54.35 (43.06 - 65.64)
Rural	**Most**	2.4 (0.00 - 5.73)
	Moderately	14.65 (7.61 - 21.7)
	Least	22.76 (14.22 - 31.3)
	None	60.18 (50.36 - 70.01)

Effectiveness of Postpartum Contraceptive Use

Location	Response	% Yes
Urban	**Most**	28.11 (20.65 - 35.57)
	Moderately	27.23 (19.92 - 34.54)
	Least	20.73 (14.14 - 27.31)
	None	23.93 (17.05 - 30.82)
Rural	**Most**	39.09 (32.09 - 46.09)
	Moderately	30.24 (23.67 - 36.82)
	Least	13.75 (8.82 - 18.69)
	None	16.92 (11.66 - 22.17)

Appendix B2: Data Tables, stratified by location

Preconception insurance status

Location	Response	% Yes
Urban	**None**	16.3 (10.08 - 22.52)
	Private	58.53 (50.29 - 66.78)
	Medicaid	25.17 (17.88 - 32.46)
Rural	**None**	13.72 (8.79 - 18.65)
	Private	62.31 (55.3 - 69.32)
	Medicaid	23.97 (17.74 - 30.19)

Prenatal insurance status

Location	Response	% Yes
Urban	**None**	0.33 (0.00 - 0.7)
	Private	64.43 (55.29 - 73.56)
	Medicaid	35.24 (26.11 - 44.38)
Rural	**None**	0.79 (0.00 - 2.05)
	Private	60.18 (52.5 - 67.87)
	Medicaid	39.03 (31.36 - 46.69)

Postpartum insurance status

Location	Response	% Yes
Urban	**None**	10.97 (5.39 - 16.55)
	Private	56.59 (48.12 - 65.05)
	Medicaid	32.44 (24.49 - 40.39)
Rural	**None**	5.9 (2.6 - 9.2)
	Private	54.05 (46.81 - 61.3)
	Medicaid	40.05 (32.9 - 47.19)

For more information on:

PRAMS methodology, visit: https://www.cdc.gov/prams/index.htm

TN Department of Health Maternal and Child Health Priorities: https://www.tn.gov/health/health-program-areas/mch/mch-block-grant/mch-block-grant-priorities.html

HRSA National Performance Measures: https://mchb.tvisdata.hrsa.gov/

For more information regarding PRAMS, contact the **TN PRAMS Coordinator**:

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Tennessee Pregnancy Risk Assessment Monitoring System (tn.gov)