

Maternal Health



Maternal Mortality

Maternal deaths are rare, sentinel events that alert us to important medical and social issues that affect women and families.

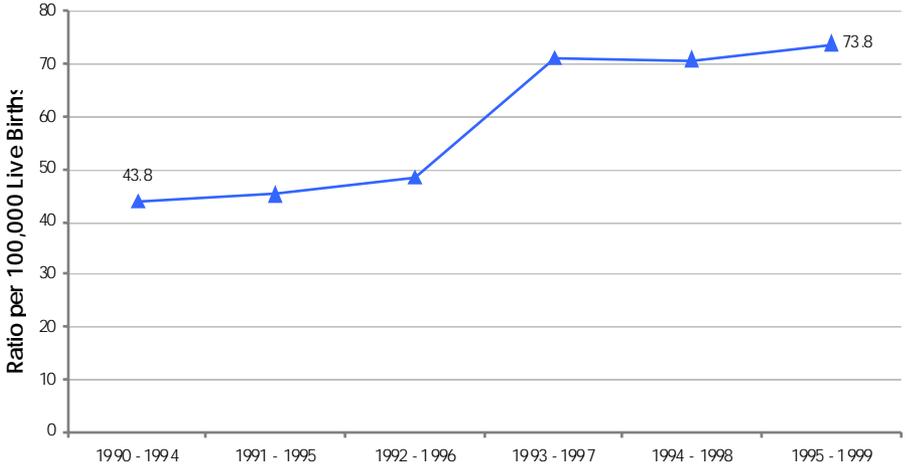
Pregnancy-associated deaths are those deaths that occur during pregnancy or within one year of pregnancy, due to any cause.

Pregnancy-related deaths are pregnancy-associated deaths that are caused by conditions directly related to pregnancy and childbirth.

- ◆ Pregnancy-associated mortality increased in Alaska between 1990 and 1999. The ten-year average ratio of pregnancy-associated deaths to live births is high in Alaska (58 per 100,000 population) compared to other states who have measured this indicator.
- ◆ According to the Alaska Maternal and Infant Mortality Review, as many as 77% of pregnancy-associated and 50% of pregnancy-related deaths are preventable. Alcohol abuse contributes to almost 30% of pregnancy-associated mortality in Alaska.
- ◆ Unintentional injury is the leading cause of pregnancy-associated death in Alaska and accounted for almost one third of maternal deaths during the 1990s.
- ◆ Alaska Native women are at higher risk of post-delivery mortality for all manners of death except pregnancy-related mortality.

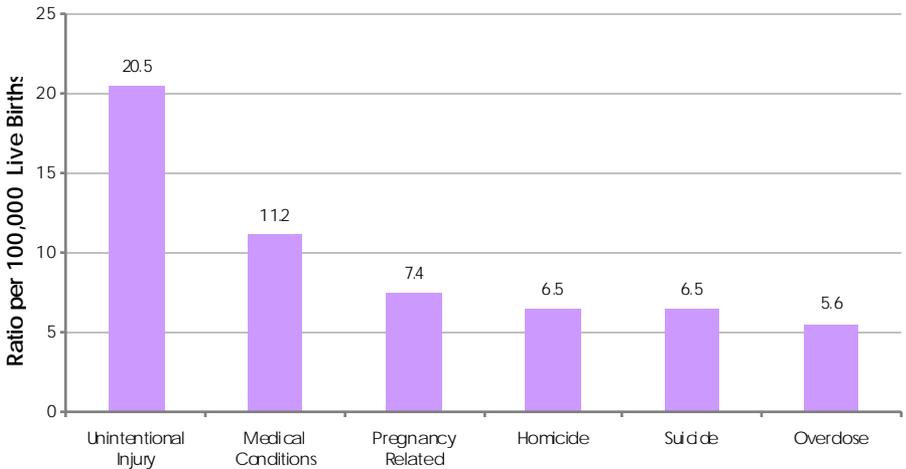
Data Source: Alaska Maternal-Infant Mortality Review.

Pregnancy-Associated Mortality by Year of Death, Five-Year Moving Average, Alaska, 1994-1999



Data Source: Alaska Maternal-Infant Mortality Review, MCH Epidemiology Unit.

Pregnancy-Associated Mortality by Manner of Death, Alaska, 1994-1999



Data Source: Alaska Maternal-Infant Mortality Review, MCH Epidemiology Unit.

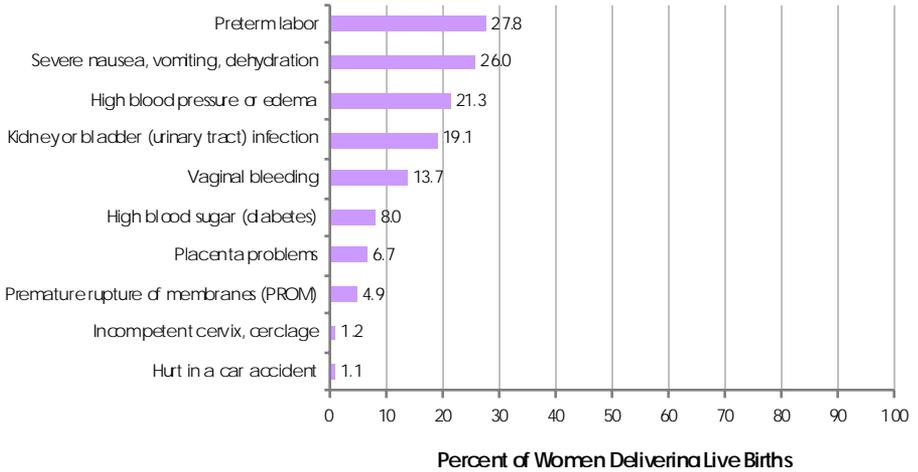
Maternal Morbidity

Illnesses and health conditions related to pregnancy can result in short or long-term maternal morbidity, especially if not appropriately treated through adequate prenatal and post-delivery care. Maternal morbidity during pregnancy and after delivery contributes to perinatal mortality, chronic health problems for mothers and infants, increased health care expenditures and decreased quality of life.

- ◆ Approximately 33% of women who delivered a live-born infant in 2000 indicated they did not have any of the conditions listed in the bar chart on the facing page.
- ◆ The most prevalent self-reported prenatal condition for women who delivered a live-born infant in Alaska during 2000 was preterm labor (27.8%), followed by severe nausea, vomiting, and dehydration (26.0%).
- ◆ Of the women who indicated they had at least one of these conditions, 38.5% went to the hospital or emergency room and stayed less than 1 day because of the condition(s). About thirteen percent (12.9%) went to the hospital and stayed 1 to 7 days, 4.5% went to the hospital and stayed more than 7 days, and 30.0% stayed in bed at home more than 2 days because of their doctor's or nurse's advice.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

Self-Reported Prenatal Conditions Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Pre-Pregnancy Body Mass Index (BMI)

Nationally, overweight and obesity have been significantly increasing over the past decade and Alaska is no exception. Overweight and obesity (having a body mass index of 25 or greater) are associated with certain types of cancer, heart disease, stroke and diabetes. When considered in conjunction with a pregnancy, pre-pregnancy obesity has been found to be an independent risk factor for different adverse pregnancy and neonatal outcomes.¹

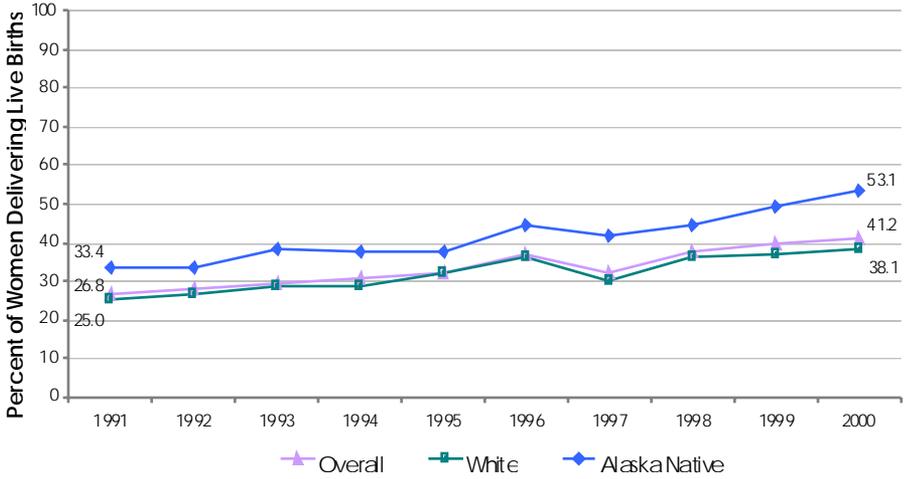
- ◆ Over 40% of Alaskan women who delivered a live birth in 2000 were overweight or obese prior to becoming pregnant. The prevalence of pre-pregnancy overweight/obesity increased from 26.8% to 41.2% over the last decade.
- ◆ Alaska Native women have the highest prevalence of pre-pregnancy overweight/obesity. In 2000, 53.1% of Alaska Native women were overweight or obese before they got pregnant with their new baby.
- ◆ Asian/Pacific Islander women show the lowest prevalence of pre-pregnancy overweight/obesity in Alaska (23.6%).
- ◆ The proportion of women who reported a normal pre-pregnancy body mass index decreased from 60.6% in 1991 - 1995 to 49.7% in 1996 - 2000.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

¹Bo S, Menato G, Signorile A, et al. Obesity or diabetes: what is worse for the mother and for the baby? *Diabetes Metab* 2003 Apr; 29(2 Pt 1):175.

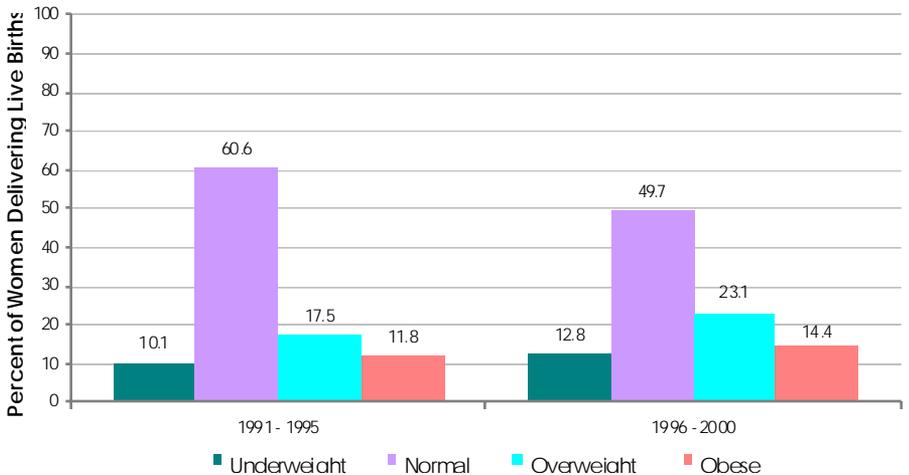
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Pre-pregnancy Overweight or Obesity by Race and Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Pre-pregnancy Body Mass Index (BMI) Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Maternal Mental Health

Although one in ten new mothers experiences various degrees of postpartum depression, it still remains one of the least well known of postpartum conditions. Postpartum depression can occur within days of the delivery or appear gradually, sometimes up to a year later.

- ◆ Over one-fourth of Alaskan women who delivered a live-born infant in 2000 indicated that their prenatal period was a “moderately hard time”, a “very hard time”, or “one of the worst times of my life”.
- ◆ Among mothers of newborns, 67% indicated that a health care worker talked with them about “baby blues” or postpartum depression either during pregnancy or after delivery.
- ◆ About sixty percent of Alaskan mothers of newborns indicated they were somewhat depressed in the months after their delivery and nearly 6% said they were “very depressed”.
- ◆ Twenty percent of mothers who reported postpartum depression said they wanted to see a mental health professional, and 9% indicated that they had already seen one.

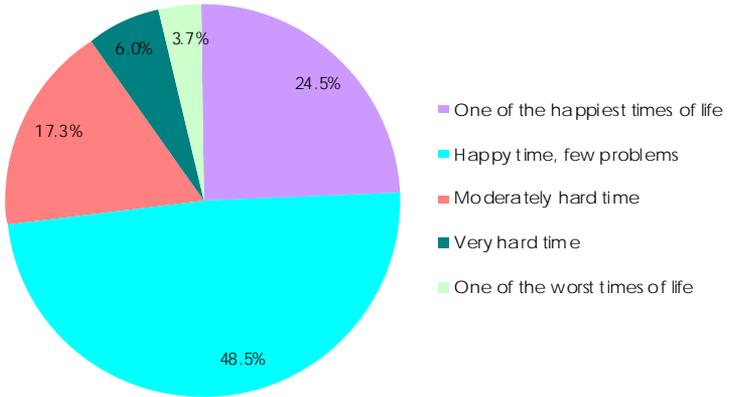
Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 2000

Maternal Life Stressors 12 Months Before Delivery of a Live Birth Alaska, 2000

	%
Moved to a new address	40.2
Lot of bills that couldn't be paid	27.2
Argued with husband/partner more than usual	26.8
Close family member sick	22.9
Someone close had problem with drinking or drugs	18.8
Someone close died	18.0
Separated or divorced from husband/partner	12.2
Husband/partner lost job	11.0
Husband/partner said he didn't want pregnancy	10.5
Lost job	8.7
Husband/partner went to jail	7.7
In a physical fight	5.1
Homeless	3.3

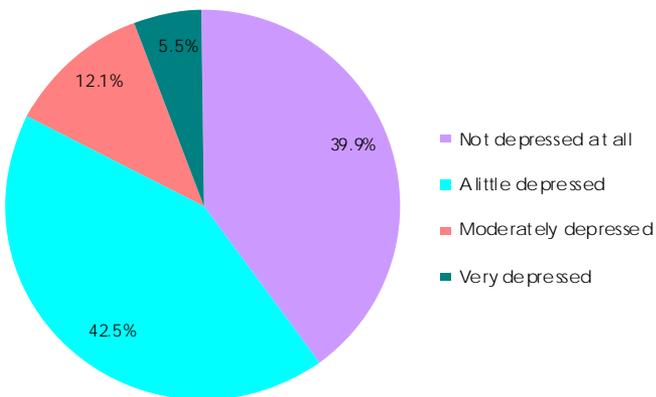
Source: Alaska PRAMS 2000 data

Prenatal Emotional State of Women Delivering Live Births Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Postpartum Depression Among Women Delivering Live Births, Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

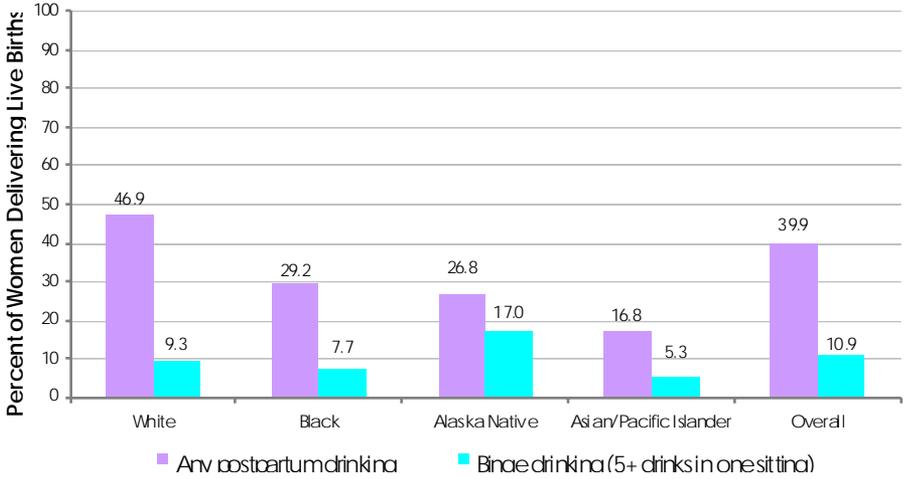
Postpartum Alcohol Use

Postpartum alcohol consumption can negatively affect the well-being of mothers and families. There was no significant change in the prevalence of postpartum alcohol use in Alaska during 1996 - 2000 for women that report drinking some amount of alcohol.

- ◆ Overall, 39.9% of postpartum Alaskan women drank some amount of alcohol in 1996 - 2000.
- ◆ Approximately 11% of postpartum women indicated that they binged (had five or more alcoholic drinks at one sitting) at least once since their new baby was born. (On average, women were 3.5 months postpartum when surveyed.)
- ◆ Alaska Native women reported the highest prevalence of postpartum binge drinking (17.0%), while Asian/Pacific Islander women reported the lowest (5.3%).
- ◆ Only one-fourth of mothers under 20 years indicated they had consumed alcohol since the birth of their baby, while at least 40% of mothers 20 and older indicated they had drunk alcohol since delivery.

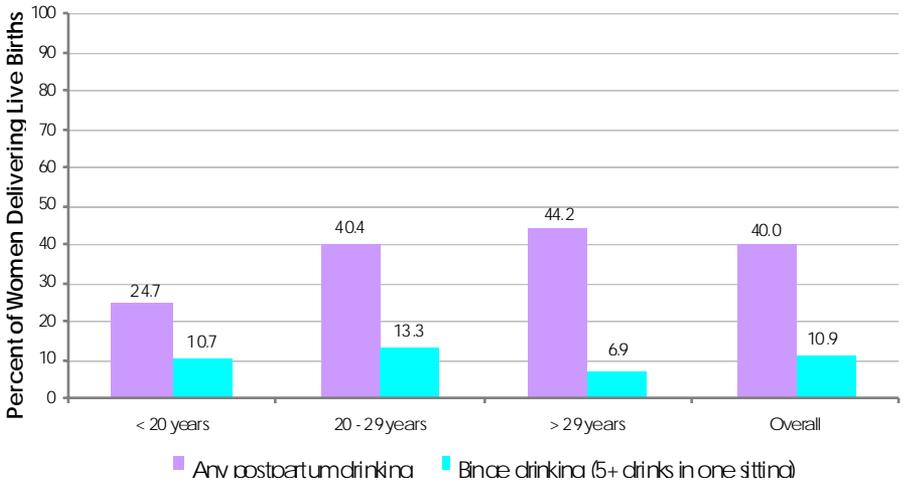
Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

Postpartum Drinking (Any and Binge) by Maternal Race Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Postpartum Drinking (Any and Binge) by Maternal Age Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Postpartum Tobacco Use

Smoking tobacco is a demonstrated risk factor for cancer, heart disease, high blood pressure and other leading causes of female mortality and morbidity. Maternal cigarette smoking has adverse effects on the health of children through exposure to second-hand smoke. Because smoking during pregnancy contributes to a number of adverse birth outcomes, and because pregnant women have frequent contact with the health care system, it is important to promote smoking cessation during pregnancy.

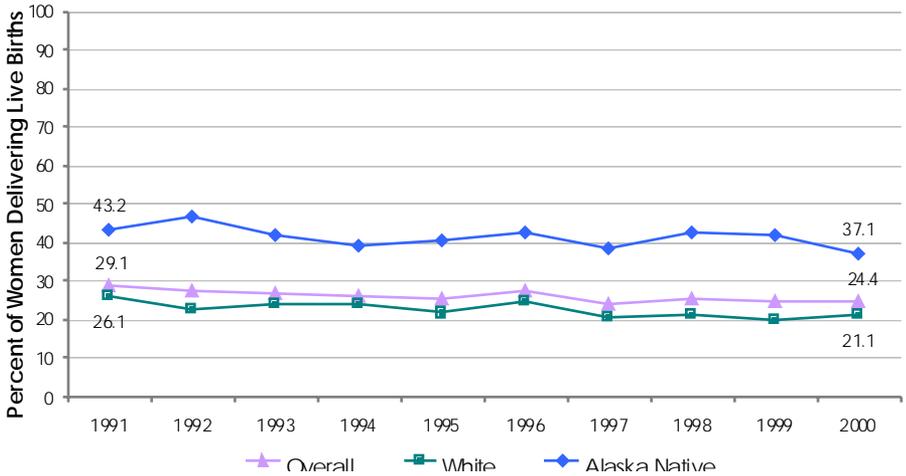
- ◆ On average, 26% of postpartum women in Alaska smoke cigarettes. Alaska Native women are almost twice as likely to smoke than white women.
- ◆ The number one barrier to quitting smoking among women smokers who would like to quit (80% of postpartum women) was the craving for a cigarette (85.4%). If cost were not an issue, 74.2% would use a nicotine patch, gum, nasal spray, or inhaler to aid them in quitting smoking.
- ◆ Approximately 3% of women who had smoked at least 100 cigarettes in their lifetime and gave birth during 1996-1999 indicated that they took classes on how to stop smoking while they were pregnant. Alaska Native women had the highest prevalence of taking prenatal smoking cessation classes (5%).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 1991 - 2000

Aids to Quitting Smoking Among Postpartum Women Alaska, 2000	%
Nicotine patch, gum, nasal spray, or inhaler	74.2
Zyban, or other non-nicotine prescription medicine	53.3
A quit smoking class or group	33.8
Books, pamphlets, videotapes, or audiotapes	29.6
A telephone helpline to quit smoking	23.9
Something else	25.9

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Postpartum Tobacco Use by Race and Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Barriers to Quitting Smoking Among Postpartum Women Alaska, 2000

Barrier	%
Craving for a cigarette	85.4
Loss of a way to handle stress	64.6
Other people around me smoke	62.9
Fear of gaining weight	48.8
Costs of medicines, products, or classes to help you quit	41.1
Lack of support from others to quit smoking	31.1
Some other reason	9.4

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Physical Abuse Before Pregnancy

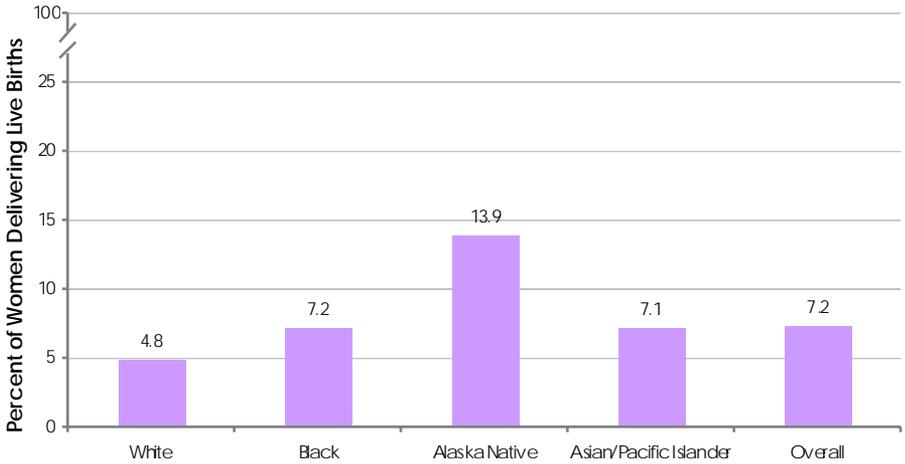
Domestic violence is a leading cause of injuries to women. In Alaska, domestic violence may account for one-half or more of female homicides. A growing body of scientific research has identified numerous long-term health effects of living in an abusive relationship.

- ◆ Overall, 7.2% of women who delivered a live-born infant during 1996 - 1999 experienced physical abuse during the 12 months before they got pregnant. Of those women, 76% indicated that their husband or partner was the abuser.
- ◆ Eighty-nine percent of women who experienced physical abuse during the 12 months before they got pregnant mentioned one person as the abuser. Eleven percent of abused women mentioned two or three different persons.
- ◆ Approximately 5% of white women reported pre-pregnancy physical abuse in 1996 - 1999. Alaska Native women were three times more likely than white women to have been abused, and black women and Asian/Pacific Islander women were 1.5 times more likely than white women to have been abused before pregnancy.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

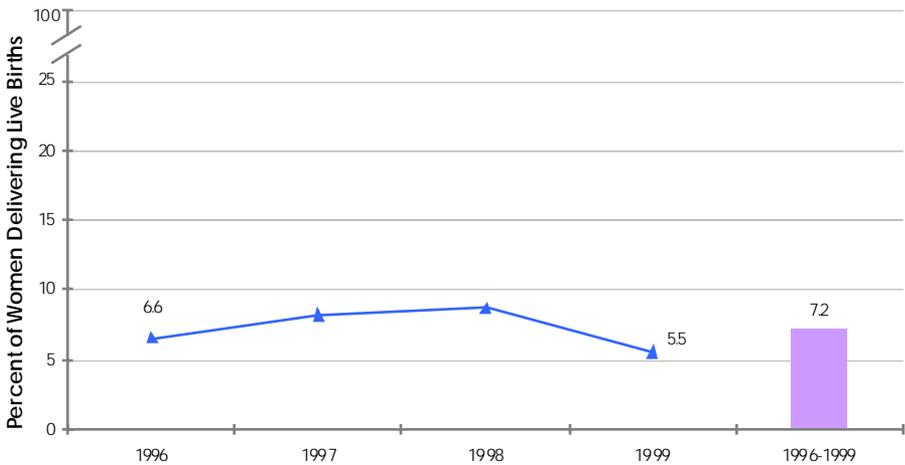
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Physical Abuse (by Anyone) 12 Months Before Pregnancy by Race, Alaska, 1996-1999



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Physical Abuse (by Anyone) 12 Months Before Pregnancy by Year, Alaska, 1996-1999



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.