



Focus: Women Across the Lifespan

What more can we do to raise the health of women that would also benefit the health of their families?

**How Do Social Networks and Economic Status Affect Health?**

Disparities in health status has long been observed to be associated with income, education, social class, and working and living conditions. There is now a growing body of work that explains the pathways by which these social, economic and environmental factors at the population level translate to biological processes affecting the human body and the individual's health. In the social factors listed below, Alaska rates are similar to the U.S. average.<sup>1</sup>

	Alaska	U.S.
Living in poverty	15.7%	16.4%
all minority women	23.7%	25.8%
Median HH income	\$ 54,431	\$ 45,000
all minority women	\$ 39,029	\$ 30,000
Gender wage gap	69.4%	69.2%
all minority women	56.0%	60.8%
No high school diploma	7.5%	12.4%
all minority women	14.9%	22.8%
Living in Female-headed households w/children	20.0%	22.1%
all minority women	28.2%	29.6%

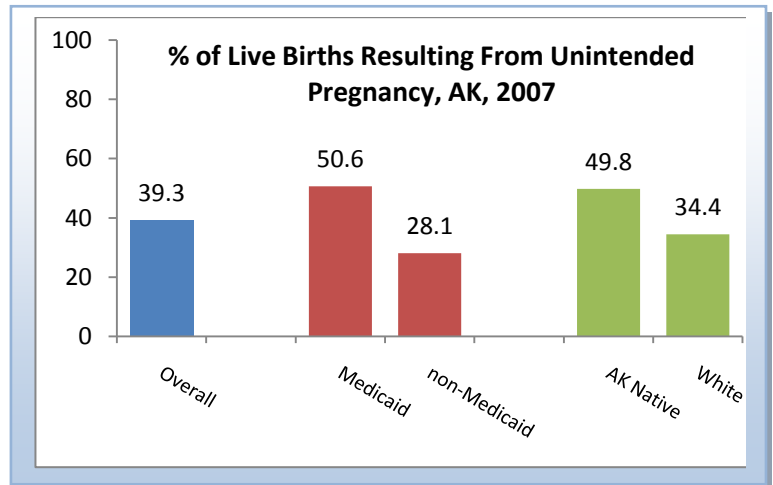
**Importance of Reproductive Health during the Child Bearing Years**

Most women spend half their lives trying not to become pregnant. In 2007, 39% of Alaska women who delivered a live birth indicated their pregnancy was unintended.<sup>7</sup> At the same time, an estimated 12% of women (based on U.S. data)<sup>2</sup> have an impaired ability to have children. Therefore, preconception and interconception care is important to all women regardless of pregnancy intention. This includes helping women detect, treat or modify behaviors and health conditions to minimize poor outcomes such as pregnancy loss, low birth weight, premature birth, infant mortality and birth defects. Recent research has shown that poor birth outcomes can be detrimental to the life long health of the offspring. In 2008, there were **140,026** women of childbearing age (15-44 years) in Alaska. More than half (56%) reside in the Anchorage/Mat-Su Region, and 16% live in the Interior Region.

Women with **unintended pregnancies** are more likely to find out that they are pregnant later than women with intentional pregnancies - making intendedness a factor in the newborns' birth outcomes. Of the women who indicated they had an unintended pregnancy, over half - 54% in 2007 - were using a contraceptive. National studies indicate that incorrect or inconsistent use is the primary reason for unintended pregnancy despite use of contraception.<sup>3</sup> In the postpartum period (3 months after birth, on average), 84% of women surveyed were doing something to keep from getting pregnant.



- WCFH provides information to health care professionals on contraception and the importance of having a planned pregnancy. Nurse practitioner contracts for family planning services are funded where access to such services is minimal. Title X funds are used at the Division of Public Health Nursing's clinics for technical assistance and contraceptive supplies.
- Access to long-acting reversible contraceptives is limited in rural areas of the state.
- Medicaid only covers contraceptive services up to 30 days postpartum.



"Prenatal care is one of the most widely used preventive health care services in the U.S."<sup>4</sup> It was originally conceived to reduce maternal morbidity and mortality, prevent fetal abnormalities, and reduce risk of low birthweight and preterm births. However,

*"Despite the widespread use of prenatal care, the evidence for its effectiveness remains equivocal and its primary purpose and effects continue to be a subject of debate".<sup>4</sup>*

--- GR Alexander and M Kotelchuk

In Alaska, the proportion of singleton low birthweight births has not decreased in the last thirty years, although infant mortality rates have dramatically improved mostly through reduction of infectious disease. The proportion of women receiving prenatal care in the first trimester has remained at about 80% over the last decade. This indicate, however, does not measure quality of care.

Prenatal care visits are used as an opportunity to educate women about preventable exposures to risk factors. In 2006, of mothers who delivered a live birth, 77% reported being talked to about how drinking alcohol during pregnancy could affect the baby, 73% about smoking during pregnancy, and 83% about what to do if labor starts early. Sixty-four percent said they were talked to about physical abuse by their partners, an increase from just 47% in 2000.<sup>7</sup> From 1999- 2007 approximately 25% of women who delivered a live baby said they took a daily multi-vitamin during the month before pregnancy.<sup>7</sup>

**Prenatal Health Messages - In 2006, how many Alaskan mothers of newborns were talked to about:<sup>4</sup>**

- Breastfeeding 87%
- Screening for birth defects 86%
- Early labor 83%
- Drinking alcohol 77%
- Smoking 73%
- Physical abuse by husband or partner 64%
- Seat belt use 52%

**Risky Behaviors Have Consequences**

Alaska has had the first or second highest **chlamydia** infection rate in the U.S. each year since 2000. In 2008, 3,252, or 67% of all cases, occurred in females.<sup>2</sup> The highest documented infection rates were among females 15-19 and

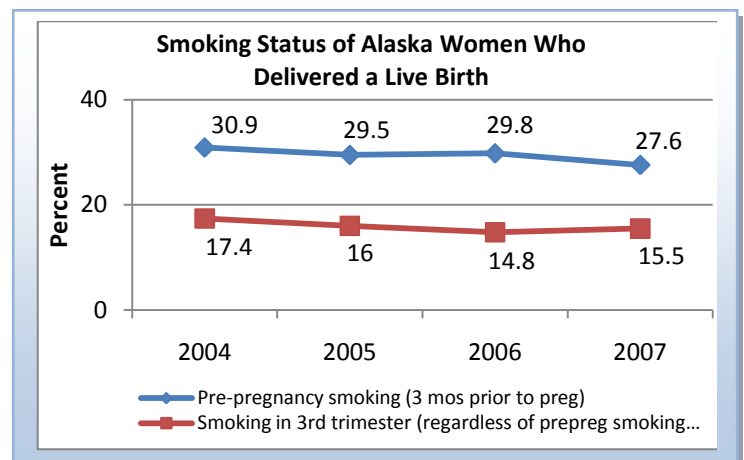


20-24 years.<sup>2</sup> Up to 40% of females with untreated chlamydia infections develop pelvic inflammatory disease, which can lead to infertility, pelvic abscess and chronic pelvic pain.<sup>5</sup>

- The state’s STD Program consists of case surveillance, consultation on laboratory and medical aspects of diagnosis and treatment; direct assistance to providers in outbreak situations; assistance to affected individuals and their sexual partners, as well as to their health care providers, with partner notification and access to STD treatment; training for health care providers in partner interviewing, follow up, notification, and referral techniques; and provision of information, technical assistance, and other capacity building services to medical and other health service providers, as well as educators and members of the public.
- The Title V program actively participates in the Infertility Prevention Project as a part of Title X Family Planning to promote prevention of sexually transmitted infections, testing both clients and partner contacts, and timely treatment.

High risk behaviors contribute to adverse pregnancy outcomes. Prenatal cigarette **smoking** is the strongest known risk factor for low birthweight births, accounting for 20 - 30% of all low birthweight births in the U.S.<sup>6</sup> In 2008 14.2% of adult Alaskan women reported smoking everyday and an additional 5% reported smoking some days.<sup>10</sup> Both these indicators are slightly higher than the national median but reflects a reduction from 1996.<sup>10</sup>

For the women who gave birth, the percentage who smoked during the three months before getting pregnant has not changed much from 2002 - 2006, remaining steady at about 30% - 32%.<sup>8</sup> The percent of those who smoked during the last 3 months of pregnancy ranged from 15% - 18%.<sup>8</sup>



There remains further opportunities to target smoking cessation intervention. Of the women who smoked prior to pregnancy, 45% of those who were talked to by a health care provider about smoking impacts said they quit, and 60% of those who weren't talked to quit as well. But 55% of smokers who were talked to continued to smoke in the third trimester.<sup>7</sup>

During 2004–2005, 4.1% of all Alaskan women surveyed reported prenatal **iq'mik** and 2.7% reported spit tobacco use.<sup>8</sup> Compared to women from other regions, women from Southwest Alaska reported prenatal use of iq'mik or spit tobacco over seven times more frequently than the region with the next highest reported use. Although chew tobacco may contribute to nicotine addiction and adverse effects on the fetus, Alaska Native women report few perceived health effects.<sup>8</sup>

**Intervention Opportunity -**  
55% of pre-pregnancy smokers who were talked to in 2006 continued to smoke in the third trimester.



- Legislation around tobacco sales to youth, advertising, taxes, and smoking in public places has been effective. Other successful intervention efforts include a free quit line service, health messaging to the community and schools, and surveillance.
- The Alaska Tobacco Control Program<sup>9</sup> is funded through tobacco taxes and follows CDC recommended Best Practices. In 2008, nine health center grantees received funding for tobacco use cessation programs.

### What Chronic Conditions Do Alaska Women Face?

In 2008, 30% of all Alaskan women over 18 years old reported themselves as being **obese**.<sup>10</sup> Seven percent of women reported being told they had **diabetes**.<sup>10</sup> Twenty-two percent of adult women have ever been told they had **high blood pressure**<sup>1</sup>, and of those who had their **cholesterol** checked, 36% were told it was too high<sup>10</sup>.

- At this time, obesity prevention and promotion of physical activity interventions primarily revolve around surveillance of related behaviors in adolescent and adult populations, creating partner coalitions to work on policy issues, and providing nutrition and physical activity training to childcare providers.
- Better surveillance of obesity rates and risk factors is needed in the child population, and increased research could help refine policy initiatives. The state is limited to advocacy efforts through providing expertise on policy topics. Providing physical activity opportunities is within the scope of local government and school districts.
- The Institute of Medicine recently published new guidelines for total and rate of **weight gain** during pregnancy, based on observational data which show women who gained within the guidelines experienced better outcomes of pregnancy than those who did not.<sup>11</sup> The next phase of the PRAMS survey will include questions on pregnancy weight gain.

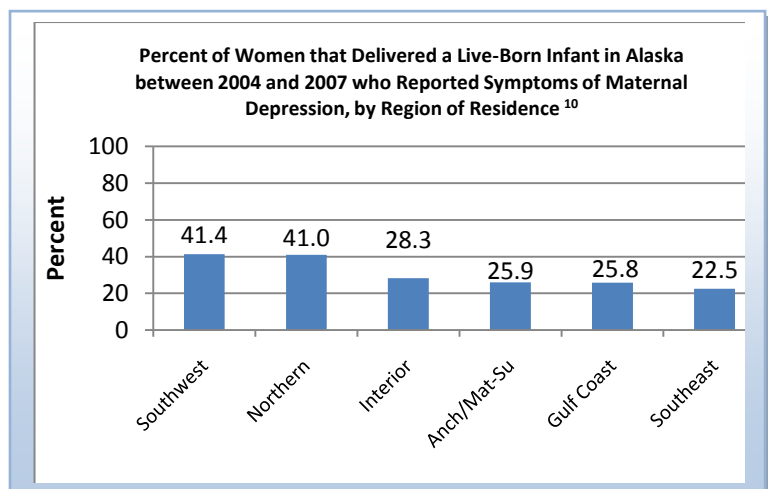
**Chronic conditions of new mothers :**

- hypertension - 1.4% (BVS, 2008)
- diabetes - 0.5% (BVS, 2008)
- obesity - 23% (PRAMS, 2006)

### Life Stressors

Poor **maternal mental health** adversely affects families, children and infants. Recent research has shown that children whose mothers had a chronic and activity-limiting mental health condition had a fourfold increased association of ADHD.<sup>12</sup> During 2004-2007, 9% of postpartum women reported always or often having a depressed mood since their baby was born.<sup>13</sup> Ten percent of new mothers who were surveyed in 2004 and again 2 years later reported being depressed at both times.<sup>13</sup>

- The Children's Hospital at Providence (Anchorage) has a perinatal mood disorder program manager who advocated for and provided training (to a wide array of providers) on screening all mothers for depression. This program will end December 2009.
- In 2008, Title V monies funded printing and distribution of postpartum depression packets for

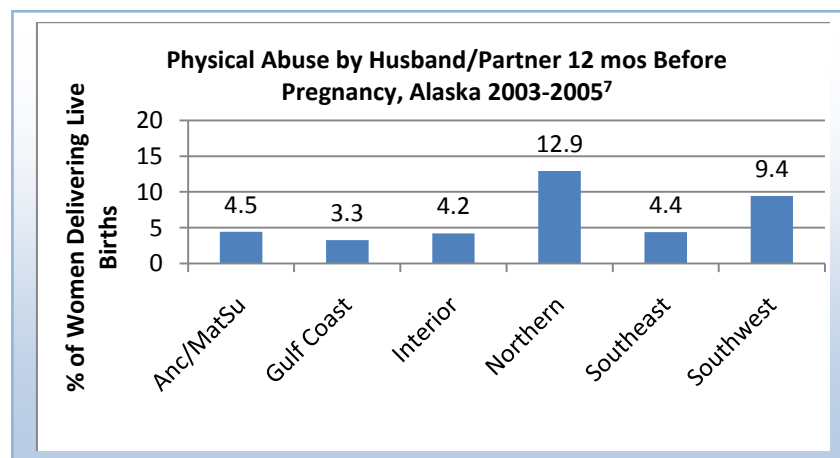




health care providers and the public. WCFH continues to distribute educational materials that include information on postpartum depression.

**Violence against women** is gradually receiving more attention, but significant gaps in knowledge and data exist. According to a national survey<sup>14</sup> conducted in 1995 by the National Institute of Justice and the Centers for Disease Control and Prevention, 52% of surveyed women said they were physically assaulted as a child or as an adult. Eighteen percent of the women surveyed said they had been the victim of a completed or attempted rape at some time in their life. Of those, more than half were younger than 18 years at the time of the attempted or completed rape. Violence against women is predominantly intimate partner violence. National studies indicate that Native American and Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in other women in the U.S.<sup>15</sup>

In Alaska, women who are physically abused prior to pregnancy are more at risk for **physical abuse** during pregnancy than those that never experienced abuse.<sup>16</sup> Although both Alaska Native women and non-Native women independently reported a 50% decline in the prevalence of pre-pregnancy physical abuse by their husbands or partners during 2000-2005, Alaska Native women were 3.2 times more likely to report abuse than non-Native women at the end of that time frame (8% compared with 2.5%, respectively).<sup>16</sup>



- State level data on different aspects of violence against women are available through the Pregnancy Risk Assessment Monitoring System, the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and research from the University of Alaska Anchorage Justice Center.
- Crisis services statewide are inadequate.

### Disabilities and Illnesses

Disabilities are physical or mental limitations that make it harder to perform normal daily activities. A disability can range from mild to severe. It is estimated that during 1997 - 2008, 2.3% of U.S. women over 18 years of age needed help with activities of daily living (any personal care needs).<sup>17</sup>

### Related Title V State Priorities, 2005 - 2010

- Reduce the rate of unplanned and unwanted pregnancies including teen pregnancies.



- Reduce the rate of domestic violence.
- Increase awareness around mental health issues in the MCH population.

### Related State Performance Measures, 2005 - 2010

#1. Percentage of mothers of newborns who say their physician or health plan would not start prenatal care as early as they wanted or they could not get an appointment as early as they wanted.

2004 - 14.8%    2005 - 12.5%    2006 - 16.5%    2007 - 14.8%

#2. Percent of women who smoked during the last 3 months of pregnancy among women who smoked 3 months prior to pregnancy and were talked to about the effects of smoking by a prenatal health care provider.

2004 - 58.5%    2005 - 53.9%    2006 - 51.5%    2007 - 60.1%

#5. Percentage of women who recently had a live-born infant who reported their prenatal health care provider advised them not to drink alcohol during their pregnancy.

2004 - 80.3%    2005 - 79.5%    2006 - 82.6%    2007 - 80.0%

#6. Prevalence of unintended pregnancies that resulted in a live birth among women who reported having a controlling partner during the 12 months prior to getting pregnant.

2004 - 51.9%    2005 - 51.3%    2006 - 69.6%    2007 - 50.0%

#7. Percentage of women who recently had a live-born infant who reported that they always or often felt down, depressed, or hopeless since their new baby was born.

2004 - 10.8%    2005 - 9.3%    2006 - 8.5%    2007 - 8.3%

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<sup>15</sup> Amnesty International. Maze of Injustice - The failure to protect Indigenous women from sexual violence in the USA. 2007. Available at <http://www.amnestyusa.org/women/maze/report.pdf>.

<sup>16</sup> Schoellhorn KJ, Perham-Hester KA, Goldsmith YW. AK Maternal and Child Health Data Book 2008: Health Status Edition. Anchorage, AK. Maternal and Child Health Epidemiology Unit, Section of Women's Children's and Family Health, Division of Public Health, AK Dept of Health & Social Services. December 2008.

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