



Preconception Health Indicators Among Women—Texas, 2002–2010

The first few weeks after conception are the most critical for fetal development; because most women are not aware that they are pregnant until after this critical period, health-care interventions should begin before conception. Promoting preconception health is an essential component of any broad strategy to prevent adverse pregnancy outcomes, including both birth defects and preterm delivery. Women who are planning pregnancy or may become pregnant, should have a preconception health evaluation and adopt appropriate health behaviors. The Texas Department of State Health Services (DSHS) analyzed Pregnancy Risk Assessment Monitoring System (PRAMS) responses regarding preconception health of women in Texas.

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Link to article:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6129a3.htm>

CDC. Preconception health indicators among women – Texas, 2002-2010. Morbidity and Mortality Weekly 2012; 61:550-555. [July 27]

(Reported by Rochelle Kingsley, Rebecca Martin, Mark Canfield, Amy Case, Diana Bensyl, Noha Farag)

Data from 15,386 respondents aged 13–47 years who delivered a live-born infant during 2002–2010 in Texas were analyzed. Prevalence estimates and crude prevalence ratios of preconception health indicators were calculated by race/ethnicity, education, age, health care coverage before pregnancy, whether delivery was paid for by Medicaid, and whether the pregnancy was intended.

Main findings from this research

- ◇ Women in Texas reported unfavorable levels of preconception health indicators that are traditionally associated with adverse birth outcomes. Forty eight percent of women had no health care coverage before pregnancy and 46% reported an unplanned pregnancy. Forty-five percent of women reported consuming alcohol during the 3 months before pregnancy, of which 18% reported binge drinking.
- ◇ Women without health care coverage before pregnancy were generally more likely to report unfavorable behavioral characteristics and health conditions compared with women with health care coverage, even if the pregnancy was planned.
 - ◇ Among women with a planned pregnancy, lack of health care coverage before pregnancy was associated with a 70% higher prevalence of anemia, 50% higher prevalence of underweight, 30% higher prevalence of obesity and not consuming daily multivitamins, and a 20% higher prevalence of physical inactivity.
- ◇ Compared with non-Hispanic white women, non-Hispanic black and Hispanic women reported:
 - ◇ A 20% higher prevalence of not consuming a daily multivitamin, physical inactivity, and being overweight.
 - ◇ Approximately twice the prevalence of pre-pregnancy diabetes.
 - ◇ A 50% and 30% higher prevalence respectively, of obesity.
- ◇ Compared with non-Hispanic whites, non-Hispanic black women had three times the prevalence of hypertension and anemia and among Hispanic women; the prevalence of anemia was 60% higher than among non-Hispanic whites.
- ◇ Even women with a planned pregnancy and health-care coverage before pregnancy had preconception health indicators that could be improved (e.g. obesity, smoking, and lack of multivitamin use).

Conclusion and discussion

Access to health care is important for improving women’s pregnancy outcomes. Every health care visit provides an opportunity to assess and address unhealthy behaviors and health conditions known to adversely affect pregnancy outcomes, including birth defects and preterm delivery. Nearly half of Texas women (48%) did not have any health care coverage before pregnancy. Among Hispanic women, only 37% had health care coverage before pregnancy and Hispanic women accounted for 50% of live-births in Texas in 2009. Given the rapidly growing Hispanic population in Texas more efforts and outreach are needed to enroll poor women, especially Hispanics, in Medicaid coverage before they become pregnant.

Additionally, since almost half of pregnancies in Texas were unintended, it is imperative that women receive preconception care during any encounter with the health care system. Education messages targeting both the health care providers and women in the reproductive years are needed to close the gap.