



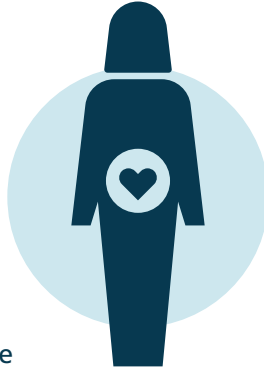
PRECONCEPTION, PREGNANCY, AND POSTPARTUM HEALTH

Rhode Island Issue Brief

What is Preconception, Pregnancy, and Postpartum Health?

Preconception, pregnancy, and postpartum health refers to the health of people before, during, and after pregnancy. This also includes the supports and resources needed to become pregnant, if and when someone wants to, and to ensure parents and children thrive with safe and healthy outcomes. Child-bearing age is defined as ages 15-44. However, demographic trends show that the age range has been widening in recent years.

The Rhode Island Department of Health (RIDOH) strives to ensure that all people who are considering pregnancy, who are pregnant, or who were recently pregnant, receive timely, high-quality, culturally sensitive healthcare.



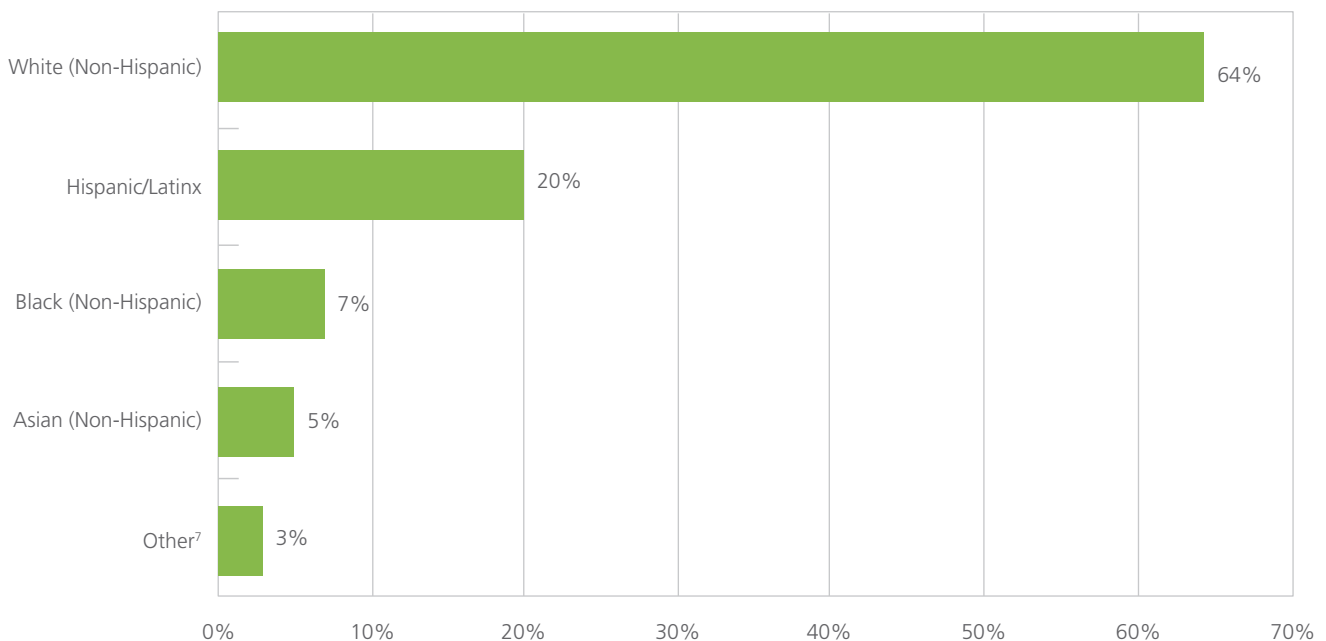
About the Data

RIDOH seeks to recognize the breadth of gender, racial, and ethnic identities among individuals who may become pregnant. Throughout this brief, data are presented as they were originally collected and reported for gender, age, race, and ethnicity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.

Demographics	Rhode Island Population 1,097,379	Total Females Ages 15-44 216,584
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This section provides data on Rhode Island females ages 15-44 during 2022. The age range for each category appears in parentheses. (For example, race/ethnicity data are available for Rhode Island females ages 15-44.)

Figure 1
Race/Ethnicity of Rhode Island Females (ages 15-44)



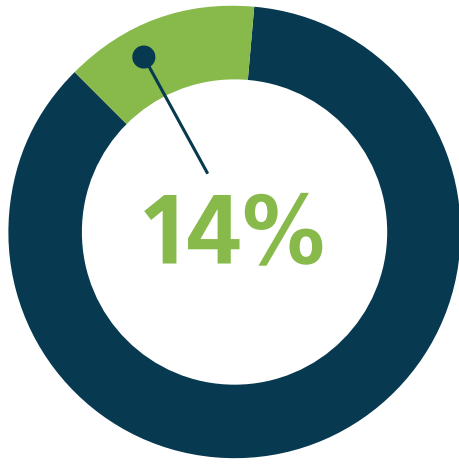
Source: CDC Wonder, 2020-2021

NOTES: While these data were originally collected using the terms Hispanic and Non-Hispanic, this report uses the term Hispanic/Latinx as a more inclusive alternative to Hispanic, Latino, or Latina.

One in five (20%) of females ages 15-44 are Hispanic/Latinx.



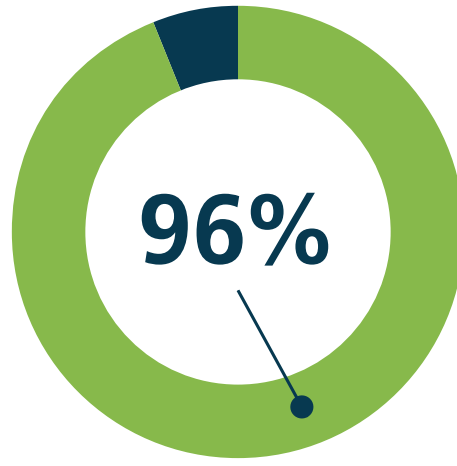
Figure 2
Poverty Status of Rhode Island Females
 (ages 15-44)



■ At or Above Poverty Level
 ■ Below Poverty Level

Source: American Community Survey, 2020-2022
 In 2022, 14% of Rhode Island women, ages 15-44, reported living below the federal poverty level during the last 12 months.

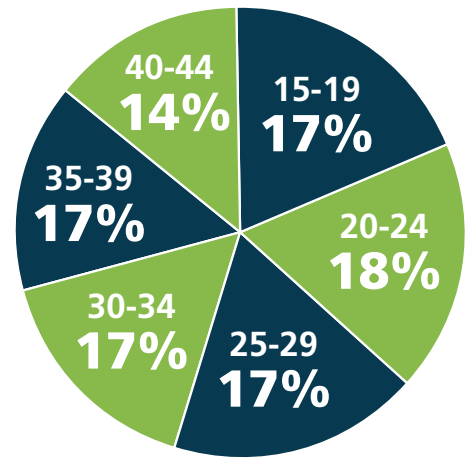
Figure 3
Insurance Status of Rhode Island Females
 (ages 19-44)



■ Insurance Coverage
 ■ No Insurance Coverage

Source: American Community Survey, 2022
 96% of Rhode Island women, ages 15-44, had insurance coverage.

Figure 4
Rhode Island Females, by Age Group



Source: American Community Survey, 2022

NATIONAL MEASURES Females of Reproductive Age


National Measure	How Does Rhode Island Compare to Others?		
	US	RI	New England
Percent of women with a past year preventive medical visit ^{2,3}	69.7%	78.2%	74.3%
Percent of pregnant women who receive prenatal care beginning in the first trimester ^{4,5}	78.3%	85.3%	85.2%
Percent of women who had a dental visit during pregnancy ⁶	45.1%	52.5%	53.4%
Percent of women who report using tobacco during pregnancy ^{4,5}	4.6%	3.4%	3.8%
Percent of non-medically indicated early elective deliveries ¹⁰	2%	2%	N/A
Percent of cesarean deliveries among low-risk first births. ⁵	26.3%	29.1%	26.9%
Rate of severe maternal morbidity ¹¹ per 10,000 delivery hospitalizations ¹²	88.3	86.6	92
Percent of women who experience postpartum depressive symptoms following a recent live birth ^{6,9}	12.7%	12.1%	10.9%

● Rhode Island better than comparison ● Rhode Island same as comparison ● Rhode Island worse than comparison



KEY FACTS

Based on the Most Recent Data Available for Rhode Island

Nearly **1 in 10**  women who gave birth were diagnosed with COVID-19 during pregnancy.⁴



About **18%** of mothers report being diagnosed with depression during pregnancy.⁶

There are about **6-8**  pregnancy-associated deaths a year.^{1,14}

70% of mothers experiencing depression during pregnancy did not take medication.⁶

There were **234** women ages 18-44 who experienced an opioid-involved overdose death in the past five years.¹⁵




Birthing people in Rhode Island are most vulnerable to poor outcomes due to mental health and substance abuse.^{2,8}

About **2 out of 3** women who visited a MomsPRN clinic were screened for depression during pregnancy and/or postpartum.⁹



27% of women ages 18-44 report using marijuana at least once in the past 30 days.³

Nearly **4 out of 5**  women ages 18-44 have received a preventive care visit within the past year.³

About **3 out of 4** women with Medicaid received postpartum care between 7 and 84 days.¹³

HEALTH INEQUITIES

Based on the Most Recent Data Available for Rhode Island

This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

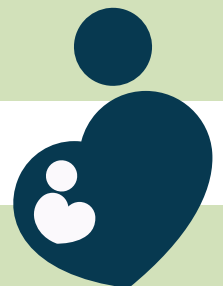
RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare.

Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.

- Non-Hispanic Black (**76.2%**) and Hispanic (**78.8%**) women are *less likely to receive first semester prenatal care* than non-Hispanic White (**86.0%**) women.⁴

- Non-Hispanic Black women are more than **twice as likely** to have an *unintended pregnancy* than Non-Hispanic White Women.⁶

- Non-Hispanic Black women are almost **2x** as likely to experience *serious pregnancy-related complications* compared to Non-Hispanic White women.^{11,12}



Footnotes

- ¹ A pregnancy associated death is a death during pregnancy or within one year of pregnancy, regardless of cause.
 - ² The Maternal Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes due to clinical risk factors and other social, contextual, and environmental factors
 - ³ Rhode Island Behavioral Risk Factor Surveillance System (BRFSS)
 - ⁴ RIDOH's Center for Vital Records
 - ⁵ National Vital Statistics System
 - ⁶ Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)
 - ⁷ Other Race includes mothers who report Native American, Not Hispanic; Native Hawaiian, Not Hispanic; or Other Pacific Islander, Not Hispanic
 - ⁸ 2023 March of Dimes Report Card <https://www.marchofdimes.org/report-card>
 - ⁹ RIDOH MomsPRN (Psychiatric Referral Network) Program
 - ¹⁰ Centers for Medicare and Medicaid Services (CMS) Hospital Compare
 - ¹¹ Includes unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health
 - ¹² Rhode Island Hospital Discharge Data (HDD)
 - ¹³ National Committee for Quality Assurance (NCQA)
 - ¹⁴ Pregnancy and Postpartum Death Review Committee
 - ¹⁵ State Unintentional Drug Overdose Systems (SUDORS)
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Rhode Island Maternal and Child Health program's mission is to support & promote the health of all birthing parents, children, and their families; identify and reduce inequities among mothers and children; and improve health outcomes among Rhode Island families. In short, **Rhode Island MCH is committed to ensuring equity in the maternal and child health system.**

Rhode Island's Maternal and Child Health Program is designated as Rhode Island's Title V Authority under the Social Security Act of 1975. Title V, as the only federal legislation that focuses solely on improving the health of the nation's mothers and children, is a state - federal partnership for resource development, capacity and systems building, public information and education, and technical assistance to communities for MCH's 5 domains, including Women/Mothers, Infants, Children, Adolescents, Children with Special Healthcare Needs. For more information regarding the initiatives and collaborations of RI's MCH program, please visit the RI Department of Health Maternal Child Health Program web page.



For additional information about the data presented in this issue brief, please contact Will Arias at William.Arias@health.ri.gov.

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