Combined Summary Report
2018 and 2019

Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS)

Data on Tennessee Mothers and Babies

TN Department of Health

Acknowledgments

This report was the product of the following individuals' effort at the Tennessee Department of Health:

- Lauren Kuzma, MPH, *PRAMS Epidemiologist*
- Angela M. Miller, PhD, MSPH, *Director of Office of Population Health Surveillance*
- Shalini Parekh, MPH, *Assistant Commissioner of Division of Population Health Assessment*
- Morgan F. McDonald, MD, FAAP, FACP, *Deputy Commissioner for Population Health*
- Lisa Piercey, MD, MBA, FAAP, *Commissioner, Tennessee Department of Health*

Tennessee PRAMS project staff would like to express their gratitude to all of the mothers who took time to participate in the survey. Their information will provide a better understanding of the health of mothers and babies in Tennessee.

Project staff would like to acknowledge the PRAMS Steering Committee, our project partners, as well as those who participated in our Focus Group.

Birth certificate data used for sampling were provided by the Office of Vital Records and Statistics at the Tennessee Department of Health.

This publication was made possible by grant numbers U01 DP006245-03 and U01 DP006245-04 from the Centers for Disease Control and Prevention for grant years 2018 and 2019, respectively. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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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 2018 and 2019 Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS) and provides information on mothers who had recently given birth to babies during the 2018 and 2019 calendar years. The following are highlights . . .

In 2018 to 2019 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 39.8% of women with an ***unintended*** **pregnancy were using contraception** when they became pregnant.
- Nearly 22% of all women reported **smoking cigarettes** within 3 months before pregnancy; 5% used e-cigarettes during this same time.
- 65% of women reported having a **health care visit during the year before pregnancy**; 57% reported receiving a flu vaccine before or during pregnancy.
- An average of 62.7% of women were estimated to be at or below 195% of the **federal poverty level (FPL)** between 2018 and 2019.
- 16.3% of women reported being **uninsured** prior to pregnancy between 2018 and 2019.

During Pregnancy (Prenatal)

- 16.6% of women reported experiencing **depression during pregnancy.**
- Over 48% of women reported their pregnancy as being either **mistimed or unwanted, or being unsure** of their feelings toward pregnancy.
- Only 36.4% of women reported having their **teeth cleaned** during pregnancy.

After Pregnancy (Postpartum)

- Nearly 89% of women reported having a **postpartum check-up** between 2018 and 2019.
- About 80% of women reported any **postpartum contraceptive use**; 29.9% of all women reported using a highly-effective method.
- 82.7% of women reported having ever **breastfed** their infant; over 57.3% 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 87% 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. 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

Because demographics don't change drastically from year-to-year, the data presented here has been combined to represent an average of women with a recent live birth in Tennessee between 2018 and 2019. Comparisons between racial/ethnic and urban/rural groups are also presented as averages.

Race and Ethnicity

The majority of women who gave birth to live infants in Tennessee in 2018 and 2019 were non-Hispanic white or non-Hispanic black (figure 1). Hispanic women make up about 10-12% of Tennessee's maternal population each year.

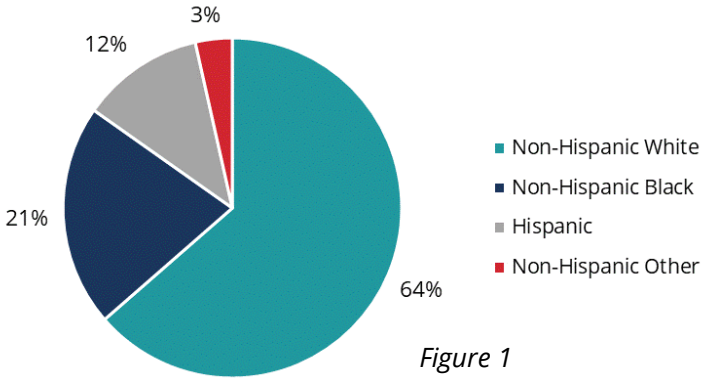
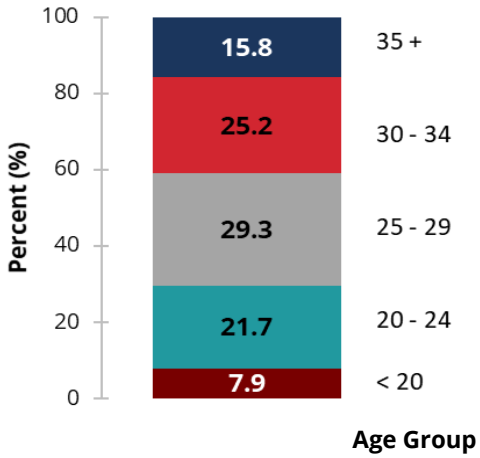


Figure 1

Age

The average age of women in Tennessee responding to the PRAMS survey between 2018 and 2019 was about **28 years old** (figure 2). Only about 8% of women were less than 20 years old.

Figure 2



Marital Status

About **54%** of women in Tennessee were married.

Previous Live Births

59% of women in Tennessee reported having a previous live birth.

Income

62.7% of women in Tennessee were at or below 195% of the Federal Poverty Level, which is the limit for Medicaid eligibility.

WIC Participation

43.4% of women in Tennessee participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program.

Education Level

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

- Almost 14% had less than a high school education
- Over 57% had more than a high school education.

Nearly **14%** of women in Tennessee with a previous live birth reported her previous baby was a low birthweight (<2,5000 g) infant.

15.7% of women in Tennessee with a previous live birth 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 by year for 2018 and 2019.

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

Before Pregnancy

In 2018 and 2019, the majority (57.2%) of women reported having private insurance prior to pregnancy; nearly **1 in 6 women** (16%) 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%) of women were insured during their pregnancy in 2018 and 2019 (table 1).

After Pregnancy

In 2018 and 2019, just over half of women were covered by private insurance and 40% had Medicaid coverage; nearly 10% were uninsured (table 1).

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

Period	Type	**2018** % (95% CL)	**2019** % (95% CL)
Before Pregnancy	Private	63.47 (59.23 - 67.72)	50.85 (45.25 - 56.46)
	Medicaid	22.53 (18.75 - 26.31)	30.58 (25.28 - 35.88)
	None	14 (11.11 - 16.88)	18.57 (14.2 - 22.93)
During Pregnancy	Private	65.58 (60.97 - 70.2)	53.56 (47.5 - 59.61)
	Medicaid	34.13 (29.52 - 38.74)	45.03 (38.97 - 51.08)
	None	0.29 (0 - 0.68)	1.42 (0 - 2.93)
After Pregnancy	Private	56.68 (52.28 - 61.07)	44.86 (39.35 - 50.37)
	Medicaid	35.57 (31.31 - 39.82)	43.75 (38.16 - 49.33)
	None	7.76 (5.39 - 10.12)	11.39 (7.85 - 14.94)

Differences between groups

During 2018 and 2019, **Hispanic women** more commonly reported being uninsured (60.1%) prior to pregnancy compared to non-Hispanic black (6.9%) and non-Hispanic white women (11.4%).

Non-Hispanic black women more commonly reported having Medicaid prior to (44.9%), during (54.4%), and after (57.6%) pregnancy compared to non-Hispanic white women (21.6%, 33.6%, and 36.3% respectively).

Women in **rural areas** less commonly (6%) reported being uninsured after pregnancy compared to women in urban areas (12.5%).

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

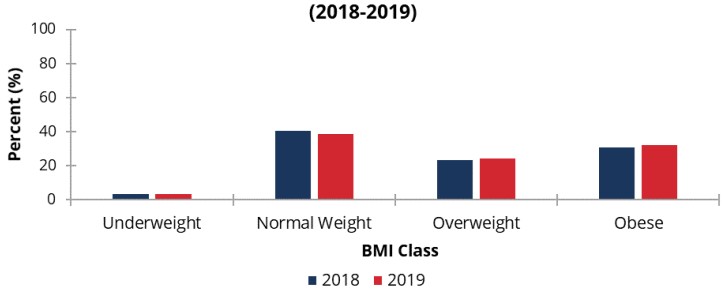
Maternal Preconception Health

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 (2018-2019)



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]

Between 2018 and 2019, 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 versus urban areas or between racial/ethnic groups.

Multivitamin Use

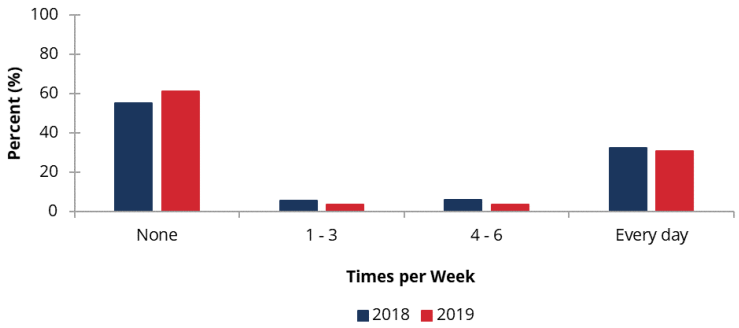
Because fetal development begins before many women know they are pregnant, it is recommended for women to regularly take a prenatal or multivitamin containing folic acid, a nutrient that prevents neural tube defects (defects of the brain and spinal cord) in infants.[3]

On average, nearly **59%** of women in Tennessee reported **not taking any** kind of **multivitamin, prenatal vitamin, or folic acid supplement** prior to pregnancy between 2018 and 2019; **32%** reported taking one **every day** (figure 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 (2018-2019)



Fewer **non-Hispanic black women** (20.3%) reported any multivitamin use compared to both non-Hispanic white (43.2%) and Hispanic (35.2%) women.

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

Maternal Preconception Health

Diet and Exercise

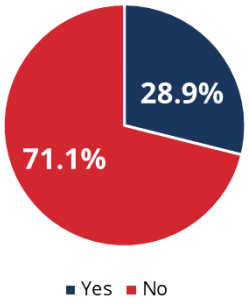
Diet and exercise prior to pregnancy can help control weight which can reduce the risk of pregnancy or delivery complications.[4]

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?

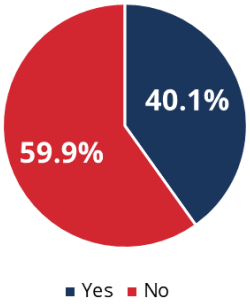
- ☐ *I was dieting (changing my eating habits) to lose weight*
- ☐ *I was exercising 3 or more days of the week for fitness outside of my regular job*

Figure 4.a: Those Who Dieted Prior to Pregnancy Among Women with a Recent Live Birth in Tennessee (2018-2019)



Between 2018 and 2019, an average of **29%** of women reported dieting to lose weight during the year before pregnancy (figure 4.a*)

Figure 4.b: Exercise Habits Prior to Pregnancy Among Women with a Recent Live Birth in Tennessee (2018-2019)



About **40%** of women in Tennessee indicated exercising for fitness 3 or more days per week during this same time (figure 4.b).

Fewer **non-Hispanic black women** (27.4%) reported any exercise compared to both non-Hispanic white (44.3%) and Hispanic (42.6%) women. Fewer non-Hispanic black women (22.7%) of women reported dieting to lose weight compared to non-Hispanic white women (32.5%).

No differences were seen between women in urban and rural areas for pre-pregnancy dieting or exercise.

Figures 4.a,b represent an average of reported responses between 2018 and 2019.

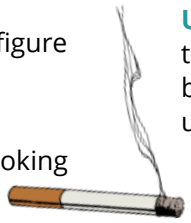
Maternal Substance Use

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 **22%** of all women reported smoking any cigarettes during the 3 months before pregnancy (figure 5).

During the **last 3 months of pregnancy** ("during pregnancy"), less than **10%** of women reported smoking any cigarettes.



E-cigarette Use

Use of e-cigarettes is less common; fewer than 5% of women reported using them before pregnancy, while only 1.3% reported use during pregnancy (figure 5).

Non-Hispanic white women more commonly reported any cigarette smoking before (28.1%), during (13%), and after (18%) pregnancy compared to other groups. Those in **rural areas** were more likely to report any cigarette smoking during this time (28.9% before, 15.2% during, 20.7% after) compared to urban areas (17%, 6.2%, 9.3% respectively).

Alcohol Use

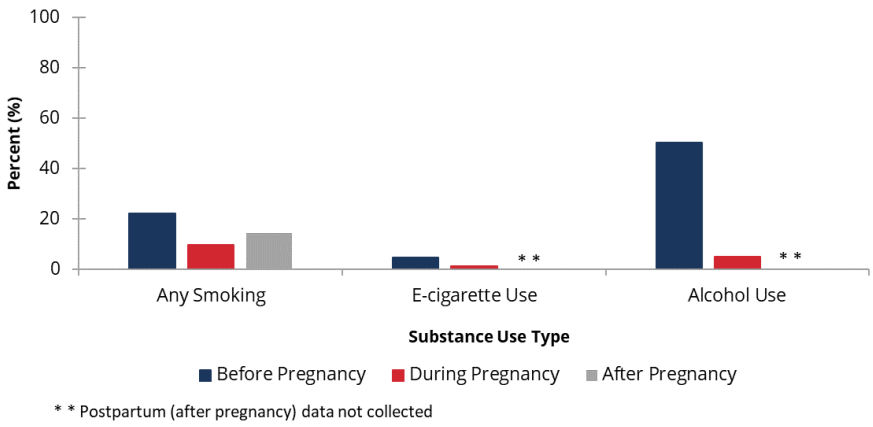
Alcohol exposure during pregnancy can cause **fetal alcohol spectrum disorders (FASDs)**, which can range from poor fetal growth to learning or developmental delays; alcohol exposure can also result in stillbirth or miscarriage.[7, 8] The Centers for Disease Control and Prevention[8] (CDC) notes "there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

1 in 2 women reported any alcohol use during the 3 months before pregnancy (figure 5).

Use dropped rapidly during pregnancy; nearly 5% of all women reported any alcohol use (figure 5).

Hispanic women less commonly (19%) reported any drinking before pregnancy compared to non-Hispanic white (58.2%) or black women (47.5%). More women in **urban areas** (7.4%) reported any drinking during the last trimester compared to those in rural areas (3.8%).

Figure 5: Substance Use Around the Time of Pregnancy
Among Women with a Recent Live Birth in Tennessee (2018-2019)



* * Postpartum (after pregnancy) data not collected

Figure 5 represents average reported substance use between 2018 and 2019.

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]

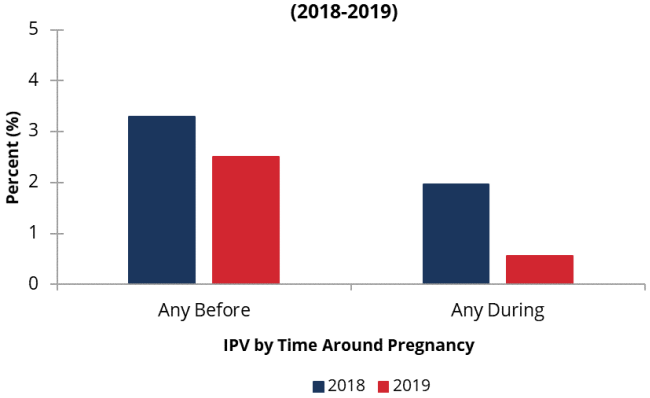
Intimate Partner Violence

Nearly **3%** of women reported experiencing IPV during the year before pregnancy, and less than 2% reported IPV during pregnancy (figure 6).

Non-Hispanic white women reported experiencing more IPV before (3.9%) and during pregnancy (1.8%) compared to non-Hispanic black (0.6%, 0.4%) and Hispanic (0.9%, 0.2%) women respectively.

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

Figure 6: Any IPV
Among Women with a Recent Live Birth in Tennessee
(2018-2019)



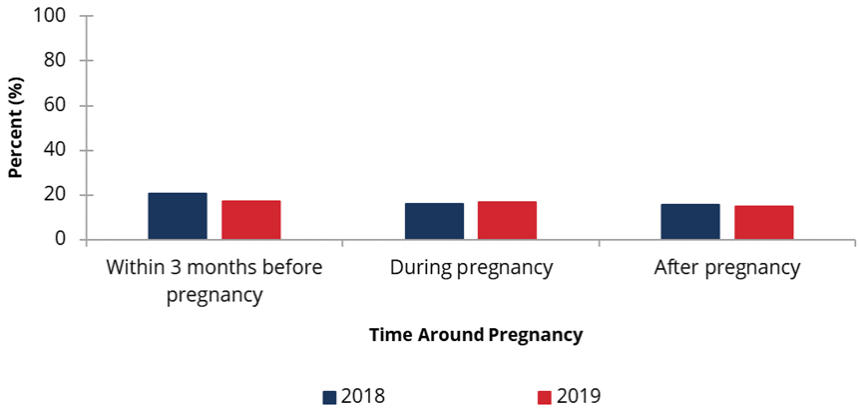
Maternal Depression

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* (see *Appendix A* for full definition of postpartum depressive symptoms).

Non-Hispanic white women most commonly reported (23.5%) depression before pregnancy, compared to other groups, while **Hispanic** women least commonly reported depression during (6.2%) and after (7%) pregnancy. More **rural** women (23.6%) reported experiencing depression before pregnancy compared to urban women (13.7%).

Figure 7: Self-Reported Depression
Among Women with a Recent Live Birth in Tennesse (2018-2019)



Depression

Around **19%** of women reported experiencing depression during the 3 months before pregnancy (figure 7).

While the rate of PPD symptoms has historically remained stable over time, an average of about **1 in 6 women** reported experiencing depressive symptoms either during or 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].

On average, **2 out of 3** women (65%) reported having a health care visit during the year before pregnancy.

Fewer **Hispanic** women (33.4%) reported having a pre-pregnancy health care visit compared to non-Hispanic white (72%) and non-Hispanic black (65%). There was no difference in rural/urban groups.

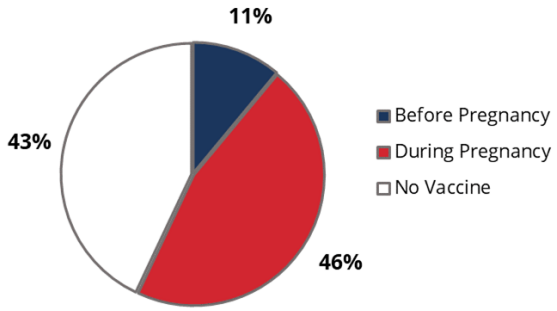
Flu Vaccinations

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]

57% of women reported receiving a flu vaccination either before or during pregnancy; the majority (46%) of women reported receiving it during pregnancy (figure 8).

Fewer **non-Hispanic black** women (40%) reported receiving a vaccination compared to other Hispanic (60.6%) and non-Hispanic white (62.4%) women; there was no difference between rural/urban groups.

Figure 8: Average Reported Flu Vaccination by Timing Among Women with a Recent Live Birth in Tennesee (2018-2019)



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 (85%) reported beginning prenatal care during the first trimester of pregnancy.

Hispanic women (27.4%) more commonly reported starting PNC after the first trimester compared to non-Hispanic white (8.4%) and non-Hispanic black (22.8%) women.

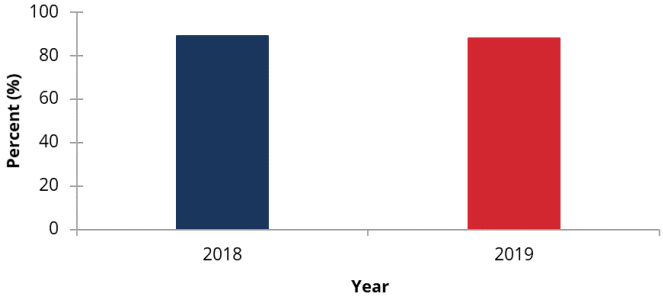
Maternal Postpartum Checkup

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

Between 2018 and 2019, about **89%** of women reported having a postpartum check up (figure 9).

Fewer Hispanic women (79.8%) reported a postpartum checkup compared to non-Hispanic white women (90.5%). There were no differences in receipt of postpartum check up between urban/ rural groups.

Figure 9: Reported Maternal Postpartum Check Up Among Women with a Recent Live Birth in Tennessee (2018-2019)



Pregnancy Intention & Family Planning

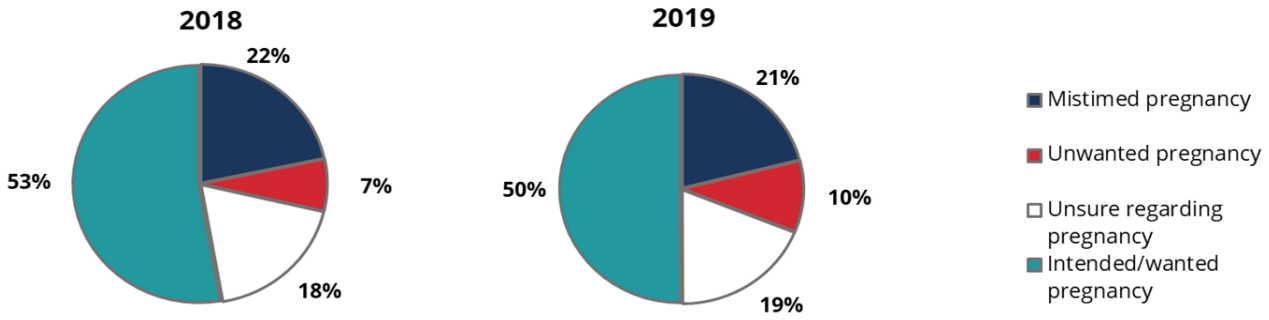
Proper spacing between births and access to effective birth control methods help families reduce the number of unintended pregnancies, defined as being either unwanted or mistimed pregnancies, and can prevent various negative financial and health outcomes for women and infants.[18] Approximately 45%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

Pregnancy Intention

Nearly **30%** of pregnancies in Tennessee were reported as unintended; around **18.5%** of women reported "I wasn't sure what I wanted" regarding pregnancy (figure 10).

More **non-Hispanic black women** (73.6%) reported having a mistimed or unwanted pregnancy, or feeling unsure about the pregnancies compared to non-Hispanic white (40.2%) and non-Hispanic black (48.7%) women. There was no difference in pregnancy intention seen between urban/rural groups.

Figure 10 : Pregnancy Intention
Among Tennessee Women with a Recent Live Birth (2018-2019)

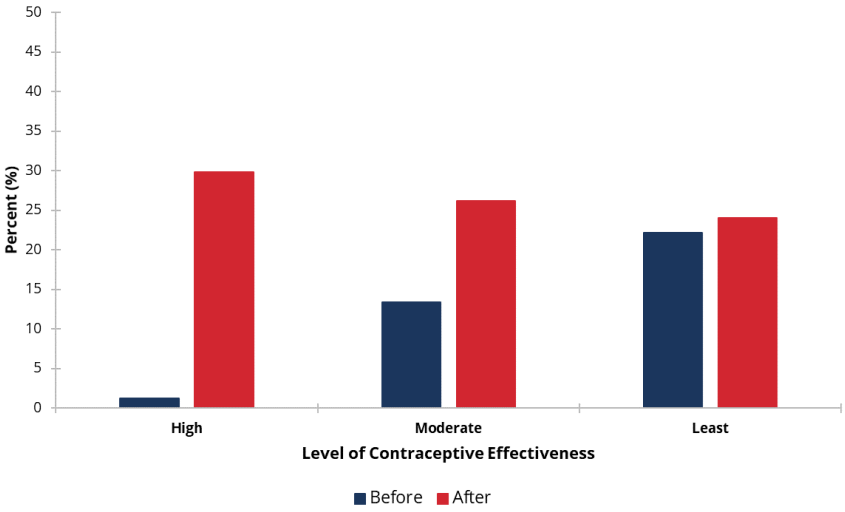


Family Planning

On average, **37%** of all women reported using some type of contraceptive before pregnancy between 2018 and 2019. After pregnancy, nearly **80%** of women reported using some type of contraceptive.

Prior to pregnancy, the majority of women used least effective methods (**22.2%**) (figure 11); after pregnancy, about **30%** used a highly effective method.

Figure 11: Average Contraceptive Use Before and After Pregnancy
Among Women with a Recent Live Birth in Tennesee (2018 - 2019)



There were no differences in pre-pregnancy contraceptive use between groups. **Non-Hispanic black women** more frequently reported (28.4%) not using any method of postpartum contraceptive compared to non-Hispanic white (17.6%) and Hispanic women (13%).

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

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 interchangeably 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 **80%** of women reported "most often" placing their baby to sleep on its back, while nearly **35%** women reported placing her baby to sleep alone on a separate approved sleep surface, such as a crib (figure 12).

Non-Hispanic black women less commonly reported putting her baby to sleep on its back (65.4%) and alone (59%) compared to non-Hispanic white women (85.8%, 80.7% respectively). More **non-Hispanic white women** reported her baby slept on an approved sleep surface (40.2%) compared to other groups.

Figure 12: Average Infant Sleep and Breastfeeding Practices Among Women with a Recent Live Birth in Tennesee (2018-2019)

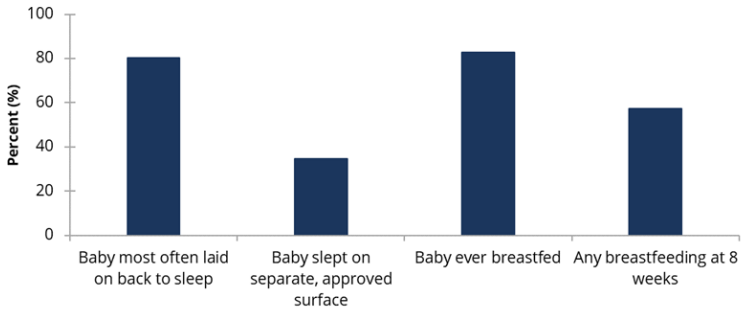


Figure 12 shows average infant sleep and breastfeeding practices between 2018 and 2019.

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.

Baby Ever Breastfed

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 **83%** of women ever initiated breastfeeding their infants, however, by 8 weeks after initiation, only about **57%** of women were still breastfeeding (figure 12).

Non-Hispanic black women less frequently reported initiating breastfeeding (67.4%) and any breastfeeding at 8 weeks (57.9%) compared to non-Hispanic white (85.8%, 59.5% respectively) and Hispanic women (90.8%, 69.4%). No differences were seen between urban/rural groups.

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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	Item/Question	2018 % (95% CL)	2019 % (95% CL)
Pre-Pregnancy Multivitamin Use	No multivitamin	55.47 (51.14 - 59.8)	61.5 (56.26 - 66.74)
	Multivitamin 1-3/week	5.85 (3.74 - 7.96)	3.82 (1.84 - 5.8)
	Multivitamin 4-6/week	6.08 (4.11 - 8.04)	3.84 (1.79 - 5.89)
	Multivitamin every day	32.6 (28.52 - 36.68)	30.84 (25.91 - 35.77)
Pre-Pregnancy Diet and Exercise	Dieting (to lose weight) during year	30.06 (25.97 - 34.16)	27.74 (22.91 - 32.56)
	Exercise 3+ days a week during year	41.22 (36.93 - 45.52)	39.04 (33.75 - 44.33)
Pre-Pregnancy Maternal Body Mass Index (BMI)	Underweight (BMI < 18.5 kg/m^2)	**3.84 (2.22 - 5.47)**	3.78 (1.82 - 5.75)
	Normal weight (BMI 18.5 - 24.9 kg/m^2)	41.16 (36.8 - 45.52)	39.21 (33.81 - 44.61)
	Overweight (BMI 25 - 29.0 kg/m^2)	23.84 (20.03 - 27.65)	24.51 (19.77 - 29.25)
	Obese (BMI > 29.0 kg/m^2)	31.16 (27.09 - 35.23)	32.5 (27.25 - 37.74)
Any Cigarette Smoking	3 months before pregnancy	25 (21.28 - 28.71)	19.35 (15.07 - 23.63)
	Last 3 months of pregnancy	11.48 (8.82 - 14.15)	8.28 (5.5 - 11.05)
	After pregnancy	14.98 (11.92 - 18.05)	13.6 (9.98 - 17.23)
Hookah and E-Cigarette Use	Any hookah use, 2 years prior to preg-	**4.22 (2.21 - 6.24)**	**3.85 (1.63 - 6.08)**
	Any e-cigarette use, 3 months before	4.61 (2.72 - 6.49)	5.15 (2.6 - 7.7)
	Any e-cigarette use, last 3 months of	1.77 (0.51 - 3.03)	1 (0.19 - 1.81)
Any Alcohol Use	3 months before pregnancy	51.21 (46.83 - 55.59)	49.55 (44.09 - 55.01)
	Last 3 months of pregnancy	5.27 (3.40 - 7.15)	4.77 (2.57 - 6.96)
Intimate Partner Violence Before	During the year before pregnancy	**3.29 (1.88 - 4.71)**	**2.51 (0.97 - 4.05)**
	By current partner	**1.66 (0.66 - 2.67)**	**1.19 (0.17 - 2.21)**
	By ex-partner	**1.9 (0.84 - 2.97)**	**1.78 (0.48 - 3.08)**
Intimate Partner Violence During Pregnancy	Any during	**1.96 (0.8 - 3.12)**	**0.57 (0.0 - 1.17)**
	By current partner	**1.28 (0.38 - 2.18)**	**0.16 (0.03 - 0.29)**
	By ex-partner	**0.82 (0.03 - 1.61)**	**0.5 (0.0 - 1.09)**
Self-reported Depression	Within 3 months before pregnancy	20.59 (17.01 - 24.18)	17.31 (13.3 - 21.33)
	During pregnancy	16.27 (13.02 - 19.51)	16.84 (12.78 - 20.89)
	Postpartum depressive symptoms	15.73 (12.53 - 18.92)	15.05 (11.10 - 19.00)

Note: Due to small subgroup sample size (n<30), ***estimates in bold*** *should be interpreted with caution.*

Appendix B: Data Tables

Topic	Item/Question	2018 % (95% CL)	2019 % (95% CL)
Health Care Access	Health care visit in the year before pregnancy	67.29 (63.21 - 71.37)	62.8 (57.49 - 68.11)
	Began prenatal care in 1st trimester	86.14 (82.98 - 89.29)	84.66 (80.57 - 88.74)
	Had flu shot before or during pregnancy	57.26 (52.94 - 61.59)	56.77 (51.33 - 62.21)
	Had maternal postpartum check-up	89.26 (86.43 - 92.08)	88.29 (84.75 - 91.82)
	Had teeth cleaned during pregnancy	41.42 (37.16 - 45.68)	31.35 (26.37 - 36.33)
Pregnancy Intention	Mistimed pregnancy	21.66 (18.09 - 25.23)	21.02 (16.38 - 25.67)
	Unwanted pregnancy	7.00 (4.94 - 9.06)	10.08 (6.72 - 13.45)
	Unsure regarding pregnancy	18.56 (15.04 - 22.07)	18.84 (14.51 - 23.17)
	Intended/wanted pregnancy	52.78 (48.42 - 57.14)	50.05 (44.58 - 55.53)
Preconception Family Planning	Any contraceptive use	40.72 (34.81 - 46.63)	33.42 (26.23 - 40.62)
	Highly-effective contraceptive method	**1.15 (0.0 - 2.34)**	**1.29 (0.0 - 2.80)**
	Moderately-effective contraceptive method	13.63 (9.58 - 17.69)	13.25 (7.96 - 18.53)
	Least-effective contraceptive method	25.46 (20.24 - 30.68)	18.86 (12.99 - 24.74)
Postpartum Family Planning	Any contraceptive use	77.62 (73.86 - 81.37)	83.14 (79.05 - 87.24)
	Highly-effective contraceptive method	30.48 (26.43 - 34.53)	29.27 (24.38 - 34.17)
	Moderately-effective contraceptive method	26.35 (22.5 - 30.21)	25.97 (21.09 - 30.84)
	Least-effective contraceptive method	20.44 (17.02 - 23.86)	27.7 (22.73 - 32.66)
Pre-Pregnancy Insurance	Private	63.47 (59.23 - 67.72)	50.85 (45.25 - 56.46)
	Medicaid	22.53 (18.75 - 26.31)	30.58 (25.28 - 35.88)
	None	**14.0 (11.11 - 16.88)**	**18.57 (14.2 - 22.93)**
Pregnancy Insurance	Private	65.58 (60.97 - 70.2)	53.56 (47.5 - 59.61)
	Medicaid	34.13 (29.52 - 38.74)	45.03 (38.97 - 51.08)
	None	0.29 (0.0 - 0.68)	1.42 (0.0 - 2.93)
Postpartum Insurance	Private	56.68 (52.28 - 61.07)	44.86 (39.35 - 50.37)
	Medicaid	35.57 (31.31 - 39.82)	43.75 (38.16 - 49.33)
	None	7.76 (5.39 - 10.12)	11.39 (7.85 - 14.94)
Infant Sleep Practices	Baby most often laid on back to sleep	81.26 (77.78 - 84.75)	79.35 (74.85 - 83.85)
	Baby slept alone	74.18 (70.18 - 78.18)	76.93 (72.26 - 81.61)
	Baby slept on a separate, approved sleep surface	31.67 (27.63- 35.71)	37.89 (32.48- 43.3)
Breastfeeding Practices	Baby ever breastfed	84.14 (80.84 - 87.44)	81.32 (76.94 - 85.69)
	Any breastfeeding at 8 weeks	61.33 (57.02 - 65.65)	53.33(47.82 - 58.83)

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	**Insurance Status, Before Pregnancy**	**%**	**[95%CL]**	**%**	**[95%CL]**
NH White	None	10.2	7.1-13.2	12.8	8.1-17.5
	Private	72.6	67.9-77.3	60.4	53.4-67.4
	Medicaid	17.3	13.2-21.3	26.8	20.4-33.2
NH Black	None	6.0	1.5-10.4	7.7	0.8-14.6
	Private	49.7	39.2-60.3	46.9	34.7-59.1
	Medicaid	44.3	33.8-54.8	45.4	33.2-57.7
Hispanic	None	57.6	43.5-71.6	62.2	46.9-77.4
	Private	29.9	16.7-43.0	17.6	6.2-28.9
	Medicaid	12.6	3.1-22.0	20.3	7.1-33.5

		Year			
		2018		2019	
Race, Ethnicity	**Insurance Status, During Pregnancy**	**%**	**[95%CL]**	**%**	**[95%CL]**
NH White	None	0.2	0.0- 0.7	1.2	0.0- 2.6
	Private	72.1	67.2-77.0	58.5	51.4-65.6
	Medicaid	27.7	22.8-32.6	40.4	33.3-47.5
NH Black	None	0.6	0.0- 1.5	2.9	0.0- 8.3
	Private	43.7	31.8-55.7	43.9	30.3-57.6
	Medicaid	55.7	43.7-67.6	53.2	39.4-67.0
Hispanic	None	.	--	.	--
	Private	58.6	36.1-81.1	37.1	15.3-58.9
	Medicaid	41.4	18.9-63.9	62.9	41.1-84.7

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Insurance Status, Postpartum	%	[95%CL]	%	[95%CL]
NH White	None	1.1	0.2- 2.1	3.9	1.3- 6.5
	Private	66.0	60.9-71.0	55.7	48.7-62.7
	Medicaid	32.9	27.9-37.9	40.4	33.4-47.4
NH Black	None	2.1	0.0- 5.0	3.6	0.0- 8.3
	Private	45.4	34.7-56.1	33.8	22.7-44.9
	Medicaid	52.5	41.8-63.3	62.6	51.1-74.1
Hispanic	None	58.8	45.4-72.2	58.8	43.5-74.1
	Private	23.0	12.0-34.0	16.5	5.5-27.5
	Medicaid	18.2	7.9-28.4	24.7	11.0-38.3

		Year			
		2018		2019	
Race, Ethnicity	Dieting to Lose Weight, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	67.5	62.4-72.6	67.5	61.0-74.0
	Yes	32.5	27.4-37.6	32.5	26.0-39.0
NH Black	No	75.2	66.4-84.0	79.1	69.6-88.6
	Yes	24.8	16.0-33.6	20.9	11.4-30.4
Hispanic	No	70.1	57.6-82.7	77.8	65.8-89.7
	Yes	29.9	17.3-42.4	22.2	10.3-34.2

		Year			
		2018		2019	
Race, Ethnicity	Exercise 3+ Days Per Week, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	54.9	49.6-60.1	56.8	50.0-63.6
	Yes	45.1	39.9-50.4	43.2	36.4-50.0
NH Black	No	70.3	60.6-79.9	74.7	64.3-85.0
	Yes	29.7	20.1-39.4	25.3	15.0-35.7
Hispanic	No	53.7	40.4-67.0	60.2	45.9-74.6
	Yes	46.3	33.0-59.6	39.8	25.4-54.1

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Any Smoking, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	69.6	64.8-74.3	74.5	68.5-80.5
	Yes	30.4	25.7-35.2	25.5	19.5-31.5
NH Black	No	80.0	71.8-88.2	86.6	78.3-94.8
	Yes	20.0	11.8-28.2	13.4	5.2-21.7
Hispanic	No	98.5	95.5- 100	97.9	93.8- 100
	Yes	1.5	0.0- 4.5	2.1	0.0- 6.2

		Year			
		2018		2019	
Race, Ethnicity	Any Smoking, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	86.1	82.6-89.6	88.0	83.8-92.2
	Yes	13.9	10.4-17.4	12.0	7.8-16.2
NH Black	No	90.9	85.1-96.7	96.7	92.6- 100
	Yes	9.1	3.3-14.9	3.3	0.0- 7.4
Hispanic	No	98.5	95.5- 100	97.9	93.8- 100
	Yes	1.5	0.0- 4.5	2.1	0.0- 6.2

		Year			
		2018		2019	
Race, Ethnicity	Any Smoking, Postpartum	%	[95%CL]	%	[95%CL]
NH White	No	81.2	77.1-85.3	82.8	77.8-87.9
	Yes	18.8	14.7-22.9	17.2	12.1-22.2
NH Black	No	89.7	83.6-95.8	91.4	84.8-98.0
	Yes	10.3	4.2-16.4	8.6	2.0-15.2
Hispanic	No	97.0	92.8- 100	94.5	86.8- 100
	Yes	3.0	0.0- 7.2	5.5	0.0-13.2

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Any Hookah Use	%	[95%CL]	%	[95%CL]
NH White	No	97.8	96.2-99.4	97.7	95.3- 100
	Yes	2.2	0.6- 3.8	2.3	0.0- 4.7
NH Black	No	92.3	85.9-98.6	92.6	86.7-98.5
	Yes	7.7	1.4-14.1	7.4	1.5-13.3
Hispanic	No	98.5	95.5- 100	97.9	93.9- 100
	Yes	1.5	0.0- 4.5	2.1	0.0- 6.1

		Year			
		2018		2019	
Race, Ethnicity	Any E-Cigarette Use, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	93.4	90.6-96.1	92.3	88.4-96.2
	Yes	6.6	3.9- 9.4	7.7	3.8-11.6
NH Black	No	99.7	99.1- 100	99.7	99.3- 100
	Yes	0.3	0.0- 0.9	0.3	0.0- 0.7
Hispanic	No	98.5	95.5- 100	100	100- 100
	Yes	1.5	0.0- 4.5	.	--

		Year			
		2018		2019	
Race, Ethnicity	Any E-Cigarette Use, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	97.6	95.7-99.4	98.4	97.1-99.8
	Yes	2.4	0.6- 4.3	1.6	0.2- 2.9
NH Black	No	100	100- 100	99.8	99.4- 100
	Yes	.	--	0.2	0.0- 0.6
Hispanic	No	98.5	95.5- 100	100	100- 100
	Yes	1.5	0.0- 4.5	.	--

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Any Alcohol Use, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	40.6	35.3-45.9	43.3	36.4-50.1
	Yes	59.4	54.1-64.7	56.7	49.9-63.6
NH Black	No	55.6	45.1-66.1	49.7	37.5-61.9
	Yes	44.4	33.9-54.9	50.3	38.1-62.5
Hispanic	No	80.0	70.3-89.8	81.8	70.8-92.7
	Yes	20.0	10.2-29.7	18.2	7.3-29.2

		Year			
		2018		2019	
Race, Ethnicity	Any Alcohol Use, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	95.6	93.5-97.7	95.0	92.0-98.0
	Yes	4.4	2.3- 6.5	5.0	2.0- 8.0
NH Black	No	89.3	83.1-95.5	96.1	92.4-99.8
	Yes	10.7	4.5-16.9	3.9	0.2- 7.6
Hispanic	No	98.5	96.2- 100	95.5	89.6- 100
	Yes	1.5	0.0- 3.8	4.5	0.0-10.4

		Year			
		2018		2019	
Race, Ethnicity	Any Intimate Partner Violence, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	96.1	94.2-98.1	96.1	93.5-98.6
	Yes	3.9	1.9- 5.8	3.9	1.4- 6.5
NH Black	No	99.5	98.8- 100	99.4	98.8-99.9
	Yes	0.5	0.0- 1.2	0.6	0.1- 1.2
Hispanic	No	97.9	94.5- 100	100	100- 100
	Yes	2.1	0.0- 5.5	.	--

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Any Intimate Partner Violence, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	98.3	96.9-99.7	99.3	98.3- 100
	Yes	1.7	0.3- 3.1	0.7	0.0- 1.7
NH Black	No	98.4	95.9- 100	99.4	98.9-99.9
	Yes	1.6	0.0- 4.1	0.6	0.1- 1.1
Hispanic	No	94.6	88.9- 100	100	100- 100
	Yes	5.4	0.0-11.1	.	--

		Year			
		2018		2019	
Race, Ethnicity	Any Intimate Partner Violence, Current Partner, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	98.2	96.9-99.6	98.2	96.6-99.9
	Yes	1.8	0.4- 3.1	1.8	0.1- 3.4
NH Black	No	99.8	99.5- 100	99.5	98.9- 100
	Yes	0.2	0.0- 0.5	0.5	0.0- 1.1
Hispanic	No	99.6	98.9- 100	100	100- 100
	Yes	0.4	0.0- 1.1	.	--

		Year			
		2018		2019	
Race, Ethnicity	Any Intimate Partner Violence, Ex-Partner, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	97.6	96.1-99.1	97.1	95.0-99.3
	Yes	2.4	0.9- 3.9	2.9	0.7- 5.0
NH Black	No	99.5	98.8- 100	99.8	99.5- 100
	Yes	0.5	0.0- 1.2	0.2	0.0- 0.5
Hispanic	No	97.9	94.6- 100	100	100- 100
	Yes	2.1	0.0- 5.4	.	--

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Any Intimate Partner Violence, Current Partner, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	98.7	97.5-99.9	99.9	99.8- 100
	Yes	1.3	0.1- 2.5	0.1	0.0- 0.2
NH Black	No	99.6	99.2- 100	99.5	99.0- 100
	Yes	0.4	0.0- 0.8	0.5	0.0- 1.0
Hispanic	No	96.4	91.8- 100	100	100- 100
	Yes	3.6	0.0- 8.2	.	--

		Year			
		2018		2019	
Race, Ethnicity	Any Intimate Partner Violence, Ex-Partner, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	99.6	98.9- 100	99.3	98.3- 100
	Yes	0.4	0.0- 1.1	0.7	0.0- 1.7
NH Black	No	98.7	96.3- 100	99.7	99.4- 100
	Yes	1.3	0.0- 3.7	0.3	0.0- 0.6
Hispanic	No	96.6	92.0- 100	100	100- 100
	Yes	3.4	0.0- 8.0	.	--

		Year			
		2018		2019	
Race, Ethnicity	Reported Depression, Before Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	75.8	71.2-80.4	77.4	71.6-83.2
	Yes	24.2	19.6-28.8	22.6	16.8-28.4
NH Black	No	84.4	76.4-92.5	89.6	82.8-96.3
	Yes	15.6	7.5-23.6	10.4	3.7-17.2
Hispanic	No	89.9	82.5-97.3	94.5	88.5- 100
	Yes	10.1	2.7-17.5	5.5	0.0-11.5

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Reported Depression,, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	84.1	80.1-88.0	80.5	74.9-86.0
	Yes	15.9	12.0-19.9	19.5	14.0-25.1
NH Black	No	79.9	71.2-88.6	79.3	69.4-89.1
	Yes	20.1	11.4-28.8	20.7	10.9-30.6
Hispanic	No	87.0	78.6-95.3	98.9	98.1-99.7
	Yes	13.0	4.7-21.4	1.1	0.3- 1.9

		Year			
		2018		2019	
Race, Ethnicity	Reported Postpartum Depressive Symptoms	%	[95%CL]	%	[95%CL]
NH White	No	84.8	81.0-88.7	85.0	80.0-90.1
	Yes	15.2	11.3-19.0	15.0	9.9-20.0
NH Black	No	82.1	73.9-90.4	77.1	67.1-87.2
	Yes	17.9	9.6-26.1	22.9	12.8-32.9
Hispanic	No	87.6	79.7-95.5	96.9	92.9- 100
	Yes	12.4	4.5-20.3	3.1	0.0- 7.1

		Year			
		2018		2019	
Race, Ethnicity	Preconception Visit	%	[95%CL]	%	[95%CL]
NH White	No	25.4	20.9-29.9	30.9	24.4-37.4
	Yes	74.6	70.1-79.1	69.1	62.6-75.6
NH Black	No	37.7	27.7-47.8	32.5	21.3-43.8
	Yes	62.3	52.2-72.3	67.5	56.2-78.7
Hispanic	No	64.4	51.9-76.8	68.3	54.5-82.1
	Yes	35.6	23.2-48.1	31.7	17.9-45.5

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Started Prenatal Care 1st Trimester	%	[95%CL]	%	[95%CL]
NH White	Yes	93.2	90.4-95.9	89.4	84.9-94.0
	No	6.5	3.8- 9.3	10.5	5.9-15.1
	No PNC	0.3	0.0- 0.8	0.1	0.0- 0.1
NH Black	Yes	67.4	57.3-77.4	82.6	73.3-92.0
	No	30.5	20.6-40.4	15.9	6.8-25.0
	No PNC	2.1	0.0- 5.1	1.4	0.0- 4.0
Hispanic	Yes	75.5	64.4-86.6	70.1	56.6-83.7
	No	24.5	13.4-35.6	29.6	16.1-43.2
	No PNC	.	--	0.2	0.0- 0.5

		Year			
		2018		2019	
Race, Ethnicity	Received Flu Shot before Delivery	%	[95%CL]	%	[95%CL]
NH White	No	38.8	33.6-43.9	36.2	29.6-42.9
	Yes	61.2	56.1-66.4	63.8	57.1-70.4
NH Black	No	55.8	45.2-66.4	63.7	52.2-75.2
	Yes	44.2	33.6-54.8	36.3	24.8-47.8
Hispanic	No	36.9	23.8-50.0	41.4	26.2-56.6
	Yes	63.1	50.0-76.2	58.6	43.4-73.8

		Year			
		2018		2019	
Race, Ethnicity	Received Dental Cleaning, During Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	53.9	48.7-59.1	60.4	53.7-67.1
	Yes	46.1	40.9-51.3	39.6	32.9-46.3
NH Black	No	67.2	57.3-77.0	79.0	69.4-88.5
	Yes	32.8	23.0-42.7	21.0	11.5-30.6
Hispanic	No	63.0	49.8-76.1	81.3	69.9-92.6
	Yes	37.0	23.9-50.2	18.7	7.4-30.1

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Had Postpartum Check-up	%	[95%CL]	%	[95%CL]
NH White	No	8.4	5.3-11.6	10.8	6.4-15.2
	Yes	91.6	88.4-94.7	89.2	84.8-93.6
NH Black	No	11.3	4.9-17.6	12.3	4.1-20.5
	Yes	88.7	82.4-95.1	87.7	79.5-95.9
Hispanic	No	22.2	10.1-34.4	18.6	7.5-29.6
	Yes	77.8	65.6-89.9	81.4	70.4-92.5

		Year			
		2018		2019	
Race, Ethnicity	Mistimed pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	82.3	78.3-86.3	82.1	76.6-87.6
	Yes	17.7	13.7-21.7	17.9	12.4-23.4
NH Black	No	63.6	53.6-73.6	78.9	68.4-89.3
	Yes	36.4	26.4-46.4	21.1	10.7-31.6
Hispanic	No	76.1	65.0-87.1	73.3	59.6-87.1
	Yes	23.9	12.9-35.0	26.7	12.9-40.4

		Year			
		2018		2019	
Race, Ethnicity	Unwanted pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	94.4	92.2-96.7	93.8	90.5-97.2
	Yes	5.6	3.3- 7.8	6.2	2.8- 9.5
NH Black	No	84.9	78.1-91.8	80.8	71.1-90.5
	Yes	15.1	8.2-21.9	19.2	9.5-28.9
Hispanic	No	97.4	93.7- 100	85.4	74.7-96.2
	Yes	2.6	0.0- 6.3	14.6	3.8-25.3

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Felt Unsure about pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	82.2	78.0-86.4	84.8	79.8-89.8
	Yes	17.8	13.6-22.0	15.2	10.2-20.2
NH Black	No	79.1	70.4-87.8	65.6	54.1-77.2
	Yes	20.9	12.2-29.6	34.4	22.8-45.9
Hispanic	No	84.9	75.8-94.1	88.6	79.7-97.6
	Yes	15.1	5.9-24.2	11.4	2.4-20.3

		Year			
		2018		2019	
Race, Ethnicity	Intended Pregnancy	%	[95%CL]	%	[95%CL]
NH White	No	41.0	35.8-46.3	39.2	32.4-46.0
	Yes	59.0	53.7-64.2	60.8	54.0-67.6
NH Black	No	72.3	62.5-82.1	74.7	64.4-85.0
	Yes	27.7	17.9-37.5	25.3	15.0-35.6
Hispanic	No	41.7	28.7-54.6	52.6	37.5-67.7
	Yes	58.3	45.4-71.3	47.4	32.3-62.5

		Year			
		2018		2019	
Race, Ethnicity	Preconception Contraceptive Use	%	[95%CL]	%	[95%CL]
NH White	No	60.8	53.3-68.2	60.0	49.2-70.7
	Yes	39.2	31.8-46.7	40.0	29.3-50.8
NH Black	No	64.9	53.7-76.2	78.8	67.5-90.1
	Yes	35.1	23.8-46.3	21.2	9.9-32.5
Hispanic	No	32.6	13.6-51.6	61.3	42.8-79.8
	Yes	67.4	48.4-86.4	38.7	20.2-57.2

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	**Contraceptive Use by Effectiveness, Before Pregnancy**	**%**	**[95%CL]**	**%**	**[95%CL]**
NH White	Most	0.6	0.0- 1.5	1.6	0.0- 3.9
	Moderately	15.0	9.6-20.4	17.0	8.5-25.5
	Least	23.3	16.9-29.8	21.4	12.5-30.3
	None	61.1	53.6-68.6	60.0	49.2-70.7
NH Black	Most	1.6	0.0- 4.8	1.6	0.0- 4.7
	Moderately	10.1	3.4-16.8	8.5	0.9-16.1
	Least	23.1	13.1-33.0	11.1	2.2-20.0
	None	65.2	53.9-76.5	78.8	67.5-90.1
Hispanic	Most	4.2	0.0-12.2	0.2	0.0- 0.5
	Moderately	11.1	0.0-24.1	16.1	1.4-30.9
	Least	50.5	29.6-71.3	22.3	7.2-37.4
	None	34.2	14.5-54.0	61.4	42.9-80.0

		Year			
		2018		2019	
Race, Ethnicity	**Postpartum Contraceptive Use**	**%**	**[95%CL]**	**%**	**[95%CL]**
NH White	No	19.4	15.2-23.6	15.5	10.6-20.5
	Yes	80.6	76.4-84.8	84.5	79.5-89.4
NH Black	No	32.8	22.7-43.0	24.2	13.6-34.8
	Yes	67.2	57.0-77.3	75.8	65.2-86.4
Hispanic	No	16.8	5.5-28.2	10.0	1.8-18.2
	Yes	83.2	71.8-94.5	90.0	81.8-98.2

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Contraceptive Use by Effectiveness, Postpartum	%	[95%CL]	%	[95%CL]
NH White	Most	32.2	27.1-37.2	27.4	21.4-33.5
	Moderately	26.8	22.2-31.5	25.6	19.6-31.7
	Least	21.2	16.9-25.5	31.1	24.6-37.5
	None	19.8	15.5-24.0	15.8	10.8-20.9
NH Black	Most	28.4	19.2-37.6	25.7	15.4-35.9
	Moderately	28.8	18.9-38.7	30.3	18.9-41.7
	Least	9.6	3.8-15.3	19.8	9.5-30.1
	None	33.3	23.1-43.6	24.2	13.6-34.8
Hispanic	Most	32.9	20.1-45.6	42.1	27.4-56.8
	Moderately	18.1	8.2-28.0	20.5	7.5-33.4
	Least	32.0	19.8-44.1	27.4	13.8-41.0
	None	17.1	5.6-28.6	10.0	1.8-18.2

		Year			
		2018		2019	
Race, Ethnicity	Baby Most often Placed to Sleep on Back	%	[95%CL]	%	[95%CL]
NH White	No	13.6	10.1-17.1	14.9	9.9-19.9
	Yes	86.4	82.9-89.9	85.1	80.1-90.1
NH Black	No	30.1	20.1-40.1	38.9	26.8-51.1
	Yes	69.9	59.9-79.9	61.1	48.9-73.2
Hispanic	No	27.8	15.3-40.3	17.8	6.4-29.3
	Yes	72.2	59.7-84.7	82.2	70.7-93.6

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	Baby Most often Slept Alone	%	[95%CL]	%	[95%CL]
NH White	No	21.6	17.1-26.1	16.6	11.5-21.7
	Yes	78.4	73.9-82.9	83.4	78.3-88.5
NH Black	No	41.7	31.0-52.4	40.3	27.9-52.8
	Yes	58.3	47.6-69.0	59.7	47.2-72.1
Hispanic	No	22.0	10.1-33.9	19.2	8.1-30.3
	Yes	78.0	66.1-89.9	80.8	69.7-91.9

		Year			
		2018		2019	
Race, Ethnicity	Baby Laid to Sleep on an Approved Sleep Surface	%	[95%CL]	%	[95%CL]
NH White	No	64.7	59.7-69.7	54.2	47.3-61.1
	Yes	35.3	30.3-40.3	45.8	38.9-52.7
NH Black	No	73.3	63.7-82.9	75.9	64.7-87.1
	Yes	26.7	17.1-36.3	24.1	12.9-35.3
Hispanic	No	82.7	73.5-92.0	69.4	54.4-84.3
	Yes	17.3	8.0-26.5	30.6	15.7-45.6

		Year			
		2018		2019	
Race, Ethnicity	Baby Ever Breastfed	%	[95%CL]	%	[95%CL]
NH White	No	12.1	8.6-15.6	16.6	11.4-21.8
	Yes	87.9	84.4-91.4	83.4	78.2-88.6
NH Black	No	32.6	22.4-42.9	32.5	20.8-44.3
	Yes	67.4	57.1-77.6	67.5	55.7-79.2
Hispanic	No	10.0	2.1-17.8	8.6	0.0-17.5
	Yes	90.0	82.2-97.9	91.4	82.5- 100

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by race/ethnicity

		Year			
		2018		2019	
Race, Ethnicity	**Breastfeeding Duration**	**%**	**[95%CL]**	**%**	**[95%CL]**
NH White	<8 weeks	35.1	30.0-40.2	46.8	39.9-53.7
	8+ weeks	64.9	59.8-70.0	53.2	46.3-60.1
NH Black	<8 weeks	59.3	48.7-69.8	56.6	44.2-69.1
	8+ weeks	40.7	30.2-51.3	43.4	30.9-55.8
Hispanic	<8 weeks	22.9	12.0-33.7	36.7	22.1-51.4
	8+ weeks	77.1	66.3-88.0	63.3	48.6-77.9

***Non-Hispanic, Other Race was excluded due to consistently small (<30) subgroup sample size for both 2018 and 2019.*

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	**Insurance Status, Before Pregnancy**	**%**	**[95%CL]**	**%**	**[95%CL]**
Urban	None	15.7	11.0-20.5	17.8	9.7-26.0
	Private	58.3	51.7-64.9	56.2	45.5-66.9
	Medicaid	26.0	20.0-31.9	26.0	16.2-35.8
Rural	None	12.6	9.1-16.1	16.5	10.1-22.9
	Private	67.7	62.3-73.2	51.8	42.9-60.7
	Medicaid	19.7	14.9-24.5	31.7	23.2-40.1

		Year			
		2018		2019	
Urbanicity	**Insurance Status, During Pregnancy**	**%**	**[95%CL]**	**%**	**[95%CL]**
Urban	None	0.7	0.0- 1.6	3.8	0.0- 8.8
	Private	61.1	53.8-68.5	62.7	50.7-74.7
	Medicaid	38.2	30.8-45.6	33.5	21.8-45.3
Rural	None	.	--	1.0	0.0- 2.7
	Private	69.0	63.2-74.8	50.0	40.6-59.4
	Medicaid	31.0	25.2-36.8	49.0	39.6-58.4

		Year			
		2018		2019	
Urbanicity	**Insurance Status, Postpartum**	**%**	**[95%CL]**	**%**	**[95%CL]**
Urban	None	10.9	6.6-15.2	15.3	7.6-23.0
	Private	54.1	47.5-60.8	49.3	38.6-59.9
	Medicaid	35.0	28.6-41.4	35.4	24.8-46.0
Rural	None	4.4	2.3- 6.5	7.2	2.9-11.5
	Private	59.3	53.4-65.1	45.6	36.7-54.5
	Medicaid	36.3	30.6-42.0	47.2	38.3-56.2

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Any Multivitamin Use, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	58.7	52.3-65.1	70.1	60.9-79.4
	Yes	41.3	34.9-47.7	29.9	20.6-39.1
Rural	No	63.5	57.9-69.1	60.9	52.5-69.3
	Yes	36.5	30.9-42.1	39.1	30.7-47.5

		Year			
		2018		2019	
Urbanicity	Dieting to Lose Weight, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	69.5	63.3-75.8	65.8	56.2-75.5
	Yes	30.5	24.2-36.7	34.2	24.5-43.8
Rural	No	70.3	64.9-75.7	74.3	66.7-81.9
	Yes	29.7	24.3-35.1	25.7	18.1-33.3

		Year			
		2018		2019	
Urbanicity	Exercise 3+ Days Per Week, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	59.4	53.0-65.8	56.8	46.7-66.9
	Yes	40.6	34.2-47.0	43.2	33.1-53.3
Rural	No	58.3	52.5-64.0	63.7	55.2-72.1
	Yes	41.7	36.0-47.5	36.3	27.9-44.8

		Year			
		2018		2019	
Urbanicity	Any Smoking, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	78.8	73.4-84.1	90.1	83.5-96.6
	Yes	21.2	15.9-26.6	9.9	3.4-16.5
Rural	No	71.8	66.7-77.0	70.1	62.2-78.1
	Yes	28.2	23.0-33.3	29.9	21.9-37.8

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Any Smoking, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	91.8	88.3-95.2	97.2	94.0- 100
	Yes	8.2	4.8-11.7	2.8	0.0- 6.0
Rural	No	85.8	81.8-89.7	83.3	76.9-89.7
	Yes	14.2	10.3-18.2	16.7	10.3-23.1

		Year			
		2018		2019	
Urbanicity	Any Smoking, Postpartum	%	[95%CL]	%	[95%CL]
Urban	No	89.1	85.2-93.0	93.2	88.1-98.4
	Yes	10.9	7.0-14.8	6.8	1.6-11.9
Rural	No	81.5	77.0-86.1	76.0	68.4-83.5
	Yes	18.5	13.9-23.0	24.0	16.5-31.6

		Year			
		2018		2019	
Urbanicity	Any Hookah Use	%	[95%CL]	%	[95%CL]
Urban	No	94.9	91.4-98.5	98.5	96.6- 100
	Yes	5.1	1.5- 8.6	1.5	0.0- 3.4
Rural	No	96.5	94.3-98.7	97.4	94.8- 100
	Yes	3.5	1.3- 5.7	2.6	0.0- 5.2

		Year			
		2018		2019	
Urbanicity	Any E-Cigarette Use, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	97.0	95.1-98.8	99.4	99.0-99.9
	Yes	3.0	1.2- 4.9	0.6	0.1- 1.0
Rural	No	94.1	91.0-97.1	92.8	88.2-97.5
	Yes	5.9	2.9- 9.0	7.2	2.5-11.8

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Any E-Cigarette Use, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	97.9	95.8- 100	99.7	99.4- 100
	Yes	2.1	0.0- 4.2	0.3	0.0- 0.6
Rural	No	98.5	97.1-99.9	97.8	95.6-99.9
	Yes	1.5	0.1- 2.9	2.2	0.1- 4.4

		Year			
		2018		2019	
Urbanicity	Any Alcohol Use, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	48.3	41.8-54.9	44.9	34.6-55.1
	Yes	51.7	45.1-58.2	55.1	44.9-65.4
Rural	No	49.2	43.3-55.0	51.0	42.3-59.8
	Yes	50.8	45.0-56.7	49.0	40.2-57.7

		Year			
		2018		2019	
Urbanicity	Any Alcohol Use, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	93.2	90.2-96.3	91.7	86.4-97.0
	Yes	6.8	3.7- 9.8	8.3	3.0-13.6
Rural	No	96.0	93.7-98.3	96.5	93.5-99.6
	Yes	4.0	1.7- 6.3	3.5	0.4- 6.5

		Year			
		2018		2019	
Urbanicity	Any Intimate Partner Violence, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	98.0	96.5-99.5	98.5	96.4- 100
	Yes	2.0	0.5- 3.5	1.5	0.0- 3.6
Rural	No	95.6	93.3-97.9	97.2	94.5- 100
	Yes	4.4	2.1- 6.7	2.8	0.0- 5.5

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Any Intimate Partner Violence, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	98.7	97.3- 100	99.5	99.1-99.9
	Yes	1.3	0.0- 2.7	0.5	0.1- 0.9
Rural	No	97.5	95.7-99.3	99.0	97.4- 100
	Yes	2.5	0.7- 4.3	1.0	0.0- 2.6

		Year			
		2018		2019	
Urbanicity	Any Intimate Partner Violence, Current Partner, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	98.9	97.7- 100	99.6	99.2- 100
	Yes	1.1	0.0- 2.3	0.4	0.0- 0.8
Rural	No	97.9	96.3-99.5	99.1	97.5- 100
	Yes	2.1	0.5- 3.7	0.9	0.0- 2.5

		Year			
		2018		2019	
Urbanicity	Any Intimate Partner Violence, Ex-Partner, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	98.8	97.6- 100	98.8	96.7- 100
	Yes	1.2	0.0- 2.4	1.2	0.0- 3.3
Rural	No	97.5	95.8-99.2	98.1	95.9- 100
	Yes	2.5	0.8- 4.2	1.9	0.0- 4.1

		Year			
		2018		2019	
Urbanicity	Any Intimate Partner Violence, Current Partner, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	99.5	98.8- 100	99.6	99.3- 100
	Yes	0.5	0.0- 1.2	0.4	0.0- 0.7
Rural	No	98.0	96.5-99.6	100	100- 100
	Yes	2.0	0.4- 3.5	.	--

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Any Intimate Partner Violence, Ex-Partner , During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	99.1	97.9- 100	99.7	99.4- 100
	Yes	0.9	0.0- 2.1	0.3	0.0- 0.6
Rural	No	99.2	98.2- 100	99.0	97.4- 100
	Yes	0.8	0.0- 1.8	1.0	0.0- 2.6

		Year			
		2018		2019	
Urbanicity	Reported Depression, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	83.7	78.6-88.8	90.7	85.3-96.0
	Yes	16.3	11.2-21.4	9.3	4.0-14.7
Rural	No	75.8	70.8-80.8	77.1	69.7-84.6
	Yes	24.2	19.2-29.2	22.9	15.4-30.3

		Year			
		2018		2019	
Urbanicity	Reported Depression,, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	83.2	78.1-88.4	87.2	80.4-94.0
	Yes	16.8	11.6-21.9	12.8	6.0-19.6
Rural	No	84.2	80.1-88.3	81.4	74.7-88.1
	Yes	15.8	11.7-19.9	18.6	11.9-25.3

		Year			
		2018		2019	
Urbanicity	Reported Postpartum Depressive Symptoms	%	[95%CL]	%	[95%CL]
Urban	No	87.3	83.0-91.6	84.2	76.2-92.1
	Yes	12.7	8.4-17.0	15.8	7.9-23.8
Rural	No	81.7	77.1-86.3	84.4	78.3-90.6
	Yes	18.3	13.7-22.9	15.6	9.4-21.7

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Preconception Visit	%	[95%CL]	%	[95%CL]
Urban	No	34.7	28.3-41.0	35.3	25.2-45.4
	Yes	65.3	59.0-71.7	64.7	54.6-74.8
Rural	No	31.1	25.8-36.3	40.1	31.6-48.6
	Yes	68.9	63.7-74.2	59.9	51.4-68.4

		Year			
		2018		2019	
Urbanicity	Started Prenatal Care 1st Trimester	%	[95%CL]	%	[95%CL]
Urban	Yes	81.7	76.3-87.2	87.8	80.8-94.8
	No	17.7	12.3-23.1	12.0	5.0-19.1
	No PNC	0.5	0.0- 1.5	0.2	0.0- 0.4
Rural	Yes	89.8	86.4-93.3	85.2	78.8-91.6
	No	9.5	6.1-12.8	14.7	8.3-21.1
	No PNC	0.7	0.0- 1.5	0.1	0.0- 0.2

		Year			
		2018		2019	
Urbanicity	Received Flu Shot before Delivery	%	[95%CL]	%	[95%CL]
Urban	No	39.0	32.5-45.4	43.9	33.5-54.2
	Yes	61.0	54.6-67.5	56.1	45.8-66.5
Rural	No	45.9	40.0-51.7	43.0	34.4-51.7
	Yes	54.1	48.3-60.0	57.0	48.3-65.6

		Year			
		2018		2019	
Urbanicity	Received Dental Cleaning, During Pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	56.4	49.9-62.8	63.5	53.7-73.3
	Yes	43.6	37.2-50.1	36.5	26.7-46.3
Rural	No	60.4	54.8-66.1	71.8	63.9-79.6
	Yes	39.6	33.9-45.2	28.2	20.4-36.1

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Had Postpartum Check-up	%	[95%CL]	%	[95%CL]
Urban	No	12.0	7.7-16.4	11.3	4.7-17.8
	Yes	88.0	83.6-92.3	88.7	82.2-95.3
Rural	No	9.6	5.9-13.3	11.8	6.3-17.3
	Yes	90.4	86.7-94.1	88.2	82.7-93.7

		Year			
		2018		2019	
Urbanicity	Mistimed pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	78.2	72.8-83.5	77.4	68.3-86.6
	Yes	21.8	16.5-27.2	22.6	13.4-31.7
Rural	No	78.5	73.7-83.3	78.0	70.5-85.5
	Yes	21.5	16.7-26.3	22.0	14.5-29.5

		Year			
		2018		2019	
Urbanicity	Unwanted pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	93.3	90.2-96.3	92.7	87.2-98.2
	Yes	6.7	3.7- 9.8	7.3	1.8-12.8
Rural	No	92.8	90.0-95.6	92.7	88.2-97.2
	Yes	7.2	4.4-10.0	7.3	2.8-11.8

		Year			
		2018		2019	
Urbanicity	Intended pregnancy	%	[95%CL]	%	[95%CL]
Urban	No	48.1	41.5-54.6	53.2	42.9-63.6
	Yes	51.9	45.4-58.5	46.8	36.4-57.1
Rural	No	46.5	40.7-52.4	46.6	37.9-55.3
	Yes	53.5	47.6-59.3	53.4	44.7-62.1

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Preconception Contraceptive Use	%	[95%CL]	%	[95%CL]
Urban	No	59.3	50.5-68.2	65.5	51.8-79.3
	Yes	40.7	31.8-49.5	34.5	20.7-48.2
Rural	No	59.2	51.3-67.2	58.8	46.2-71.4
	Yes	40.8	32.8-48.7	41.2	28.6-53.8

		Year			
		2018		2019	
Urbanicity	Contraceptive Use by Effectiveness, Before Pregnancy	%	[95%CL]	%	[95%CL]
Urban	Most	1.6	0.0- 3.9	2.1	0.0- 5.7
	Moderately	11.2	5.6-16.7	16.0	5.0-27.0
	Least	27.3	19.4-35.3	16.4	5.7-27.1
	None	59.9	51.0-68.8	65.5	51.8-79.3
Rural	Most	0.8	0.0- 1.8	0.1	0.0- 0.3
	Moderately	15.7	9.9-21.5	14.5	5.1-23.8
	Least	23.9	17.0-30.8	26.7	15.4-37.9
	None	59.7	51.7-67.6	58.8	46.2-71.4

		Year			
		2018		2019	
Urbanicity	Postpartum Contraceptive Use	%	[95%CL]	%	[95%CL]
Urban	No	25.8	19.8-31.8	15.6	8.1-23.0
	Yes	74.2	68.2-80.2	84.4	77.0-91.9
Rural	No	19.5	14.8-24.1	14.0	8.3-19.7
	Yes	80.5	75.9-85.2	86.0	80.3-91.7

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	Contraceptive Use by Effectiveness, Postpartum	%	[95%CL]	%	[95%CL]
Urban	Most	30.4	24.3-36.5	25.1	16.4-33.8
	Moderately	22.2	16.7-27.7	24.3	15.1-33.4
	Least	21.1	16.1-26.2	35.1	25.2-45.0
	None	26.3	20.2-32.4	15.6	8.1-23.0
Rural	Most	30.5	25.1-35.9	31.6	23.4-39.7
	Moderately	29.9	24.5-35.2	24.1	16.6-31.7
	Least	19.9	15.2-24.5	29.9	21.6-38.2
	None	19.7	15.0-24.5	14.4	8.6-20.2

		Year			
		2018		2019	
Urbanicity	Baby Most often Placed to Sleep on Back	%	[95%CL]	%	[95%CL]
Urban	No	22.6	16.9-28.3	24.0	15.1-33.0
	Yes	77.4	71.7-83.1	76.0	67.0-84.9
Rural	No	15.4	11.2-19.6	18.7	12.0-25.4
	Yes	84.6	80.4-88.8	81.3	74.6-88.0

		Year			
		2018		2019	
Urbanicity	Baby Most often Slept Alone	%	[95%CL]	%	[95%CL]
Urban	No	25.2	19.3-31.1	21.3	12.5-30.0
	Yes	74.8	68.9-80.7	78.7	70.0-87.5
Rural	No	26.4	20.9-31.8	19.4	12.7-26.2
	Yes	73.6	68.2-79.1	80.6	73.8-87.3

		Year			
		2018		2019	
Urbanicity	Baby Laid to Sleep on an Approved	%	[95%CL]	%	[95%CL]
Urban	No	71.0	65.1-76.9	61.6	51.1-72.2
	Yes	29.0	23.1-34.9	38.4	27.8-48.9
Rural	No	66.1	60.5-71.6	59.5	50.8-68.2
	Yes	33.9	28.4-39.5	40.5	31.8-49.2

Appendix B1: Data Tables, stratified by urban/rural location

		Year			
		2018		2019	
Urbanicity	**Baby Ever Breastfed**	**%**	**[95%CL]**	**%**	**[95%CL]**
Urban	No	14.4	9.7-19.1	16.9	8.8-24.9
	Yes	85.6	80.9-90.3	83.1	75.1-91.2
Rural	No	17.1	12.5-21.7	20.7	13.5-27.9
	Yes	82.9	78.3-87.5	79.3	72.1-86.5

		Year			
		2018		2019	
Urbanicity	**Breastfeeding Duration**	**%**	**[95%CL]**	**%**	**[95%CL]**
Urban	<8 weeks	40.9	34.4-47.4	40.8	30.5-51.2
	8+ weeks	59.1	52.6-65.6	59.2	48.8-69.5
Rural	<8 weeks	36.8	31.0-42.5	48.9	40.1-57.6
	8+ weeks	63.2	57.5-69.0	51.1	42.4-59.9

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**:

TNPRAMS.health@tn.gov

Tennessee Pregnancy Risk Assessment Monitoring System (tn.gov)