

# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: REPRODUCTIVE HEALTH & FAMILY PLANNING

### SUB-DOMAIN: PREVIOUS PRETERM BIRTH

#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO HAD A PREVIOUS PRETERM BIRTH

### SUMMARY

DATA SOURCE: MICHIGAN VITAL RECORDS (MI DATA)  
 NATIONAL VITAL STATISTICS SYSTEM (NVSS)<sup>1</sup>  
 LIMITATION: ASSESSES ANY PREVIOUS PRE-TERM BIRTH; UNABLE TO DETERMINE IF IT OCCURRED IN THE MOST RECENT PRIOR PREGNANCY.<sup>2</sup>  
 HP 2020 OBJECTIVE: NONE

Reproductive health and family planning are essential components of preconception health. This domain covers a broad range of constructs ranging from contraceptive access to previous poor birth outcome such as premature birth. Premature birth (born less than

Table 1. **Previous preterm birth<sup>a</sup>** by age group and race/ethnicity, Michigan Live Birth File, 2008

Demographic Characteristics	Women having a live birth who had a previous preterm birth <sup>a</sup>	
	%	95% Confidence Interval
<b>Total</b>	<b>1.8</b>	<b>(1.8-1.9)</b>
<b>Age</b>		
18 - 24	1.2	(1.1-1.3)
25 - 34	2.0	(1.9-2.1)
35 - 44	2.7	(2.4-2.9)
<b>Race</b>		
White	1.8	(1.7-1.9)
Black	2.1	(1.9-2.3)
Hispanic	1.7	(1.4-2.0)
Other	1.5	(1.2-1.8)

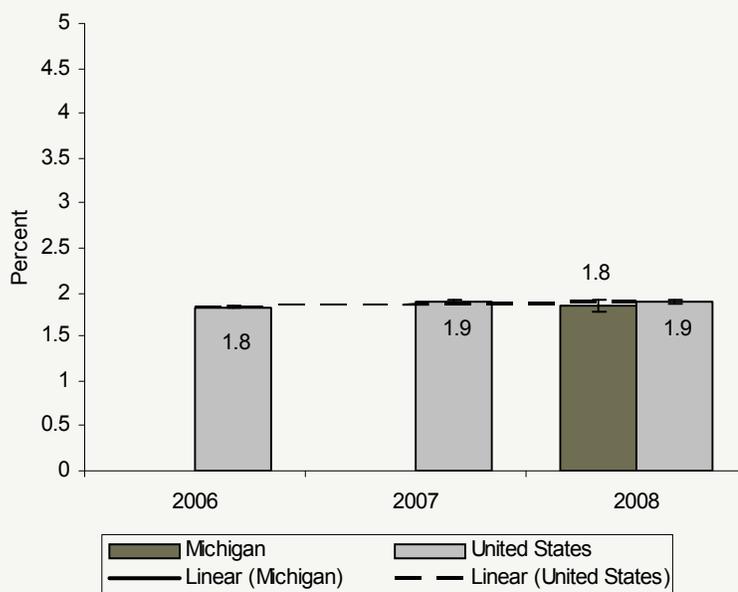
37 weeks gestation) has been associated with increased risk of subsequent preterm birth, birth complications and poor outcomes (both maternal

and infant).<sup>3</sup> In addition, preterm birth is a key risk factor for infant mortality.<sup>4</sup> Assessment of previous preterm birth and characteristics associated with it are essential for states to focus preconception health interventions.<sup>2</sup>

In 2008, the prevalence of previous preterm birth was 1.8% in Michigan, similar to the National rate.

Table 1 and Figure 2 report analysis of previous preterm birth by maternal characteristics. Although disparities are evident, only insurance type achieved statistical significance.

Figure 1. Trend of **previous preterm birth<sup>a</sup>** among women 18-44: US average vs. Michigan, NVSS & Michigan Live Birth File, 2006-2008



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#### NOTE ABOUT THE DATA

Prior to 2006 the NVSS data set reported previous preterm birth or small for gestational age infant, thus this data is not shown. In addition previous preterm birth was not collected in Michigan prior to 2008.



#### AUTHORS PRECONCEPTION HEALTH ASSESSMENT WORK GROUP

- VIOLANDA GRIGORESCU
- ROSE MARY ASMAN
- PAULETTE DOBYNES DUNBAR
- SYED HASAN
- JEANETTE LIGHTNING
- CHRIS FUSSMAN
- CRISTIN LARDER
- PATRICIA MCKANE

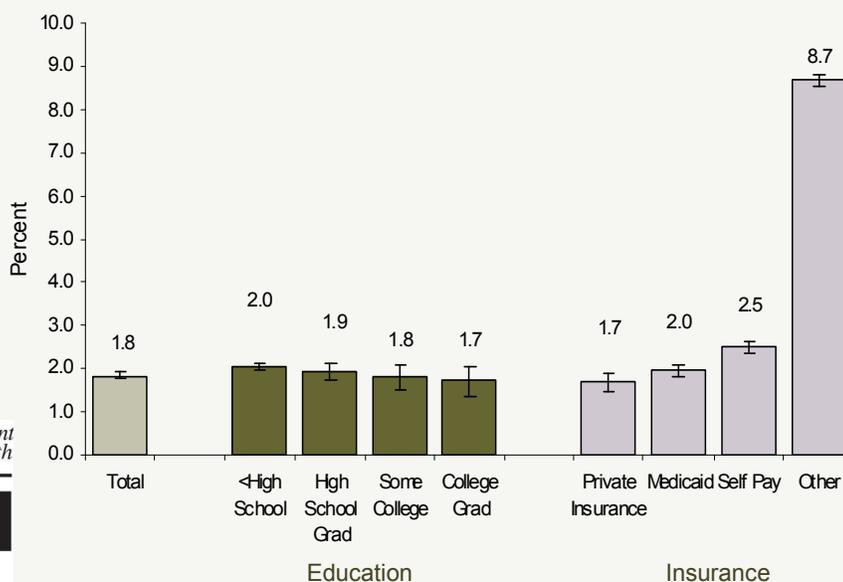
#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years who are Michigan residents. Michigan Live Birth File Vital Records & Health Statistics Section, MDCH

#### REFERENCES

1. Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats. <http://www.cdc.gov/nchs/vitalstats.htm>. Accessed on March 11, 2011.
2. Core State Preconception Health Indicators: a voluntary, multi-state selection process November 2009.
3. CDC Division of Reproductive health (2010) Preterm Birth. Accessed at <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm> on March 8, 2011.
4. Martin JA, Osterman MJK, Sutton PD (2010) Are preterm births on the decline in the United States? Recent data from the National Statistics System. NCHS data brief, no. 39. Hyattsville, MD: National Center for Health Statistics.

Figure 2. Prevalence of **previous preterm birth**<sup>a</sup> among MI women by race/ethnicity or educational attainment, Michigan Live Birth File 2008



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Olga Dazzo, Director

# PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: REPRODUCTIVE HEALTH & FAMILY PLANNING

SUB-DOMAIN: PREVIOUS PRETERM BIRTH

INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO HAD THEIR PREVIOUS LIVE BIRTH MORE THAN 3 WEEKS PREMATURE

## SUMMARY

DATA SOURCE: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)  
 RELIABILITY: STRONG<sup>1,2</sup>  
 VALIDITY: STRONG<sup>1,2</sup>  
 HP 2020 OBJECTIVE: MICH-9.1 REDUCE TOTAL PRETERM BIRTHS TO 11.4%

While vital records data report the number of previous live births, PRAMS estimates the prevalence of premature birth of the infant born immediately prior to the current infant. Two questions were asked of all respondents: 1. Before you got pregnant with your new baby, did you ever have any other babies who were born alive? Women who answered yes

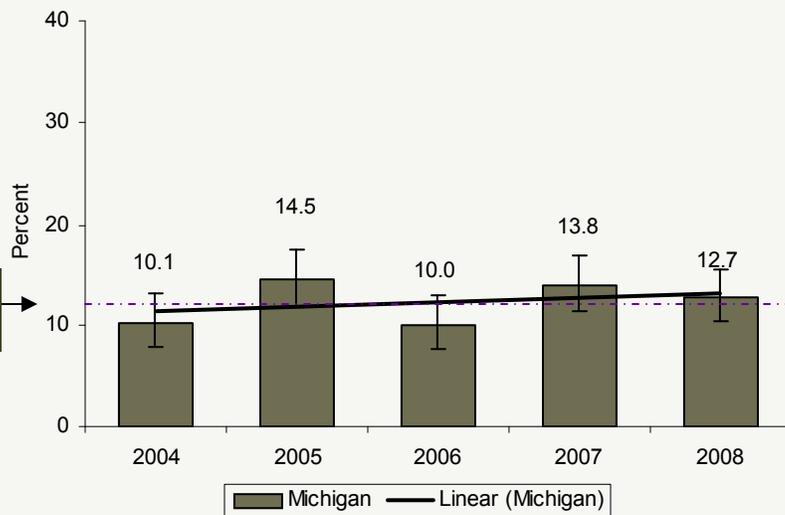
Table 1 **Previous live birth born premature<sup>a</sup>** by age group and race, MI PRAMS 2008

Demographic Characteristics	Women having a live birth who had a previous preterm birth	
	%	95% Confidence Interval
<b>Total</b>	<b>12.7</b>	<b>(10.4-15.5)</b>
<b>Age</b>		
18 - 24	15.0	(10.4-21.2)
25 - 34	11.5	(8.6-15.2)
35 - 44	13.6	(8.4-21.3)
<b>Race</b>		
White	11.7	(9.0-15.0)
Black	16.1	(12.0-21.4)
Other	b	b

were then asked 2. Was the baby just before your new one born more than 3 weeks before its due date?

Women who answered 'Yes' to both questions were classified as having a previous live birth born prematurely.

Figure 1 Trend of **Previous live birth born premature<sup>a</sup>** among women 18-44: Michigan, PRAMS 2004-2008



The incidence of previous live birth born prematurely increased by 25% among PRAMS respondents from 2004 to 2008 (Figure1).

Table 1 and Figures 2 & 3 report analysis of preterm birth by maternal characteristics. Although disparities are evident based on age, race, education, household income and insurance status, none achieved statistical significance.

HP 2020 goal:  
11.4%

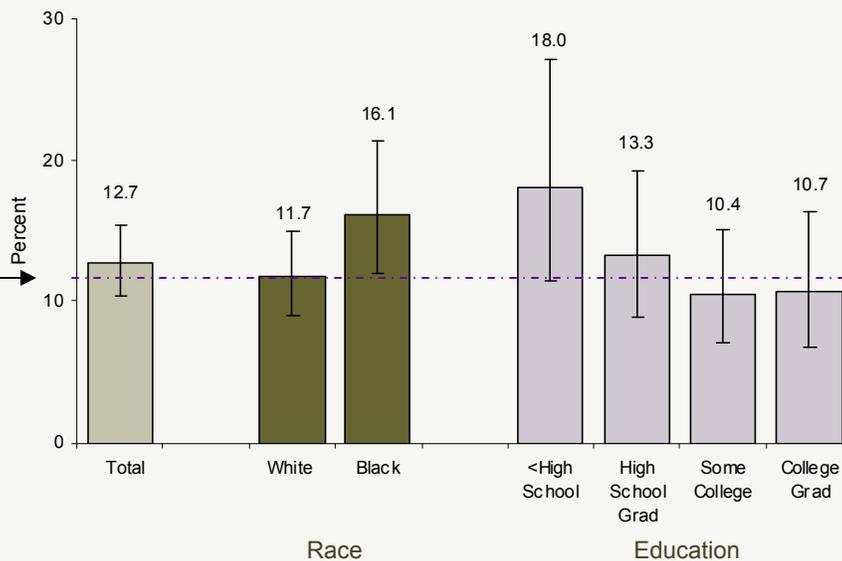
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### SUB-DOMAIN: PREVIOUS PRETERM BIRTH

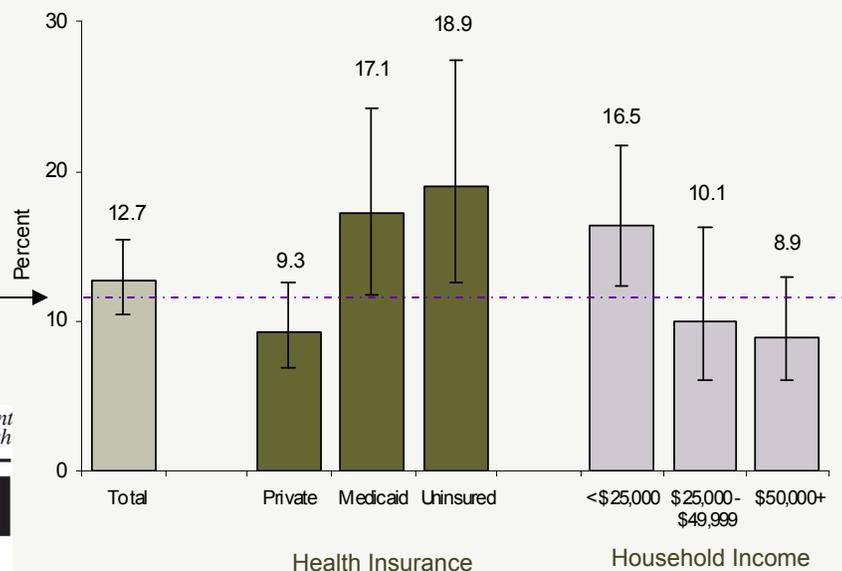
#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO HAD THEIR PREVIOUS LIVE BIRTH MORE THAN 3 WEEKS PREMATURE

Figure 2. Prevalence of **previous live birth born premature**<sup>a</sup> among MI women by race or education, Michigan PRAMS 2008



HP 2020 goal:  
11.4%

Figure 3. Prevalence of **previous live birth born premature**<sup>a</sup> among MI women by health insurance coverage or household income, Michigan PRAMS 2008



HP 2020 goal:  
11.4%

#### AUTHORS

#### PRECONCEPTION HEALTH ASSESSMENT WORK GROUP

- VIOLANDA GRIGORESCU
- ROSE MARY ASMAN
- PAULETTE DOBYNES DUNBAR
- SYED HASAN
- JEANETTE LIGHTNING
- CHRIS FUSSMAN
- CRISTIN LARDER
- PATRICIA MCKANE

#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among women aged 18-44 years, who had a live birth in 2008 that was not their first live birth, the proportion who reported having their last live birth more than three weeks before the due date.

<sup>b</sup> Data not sufficient for analysis.

#### REFERENCES

1. Core State Preconception Health Indicators: a voluntary, multi-state selection process November 2009.
2. Larder, C MI PRAMS Epidemiologist/Coordinator, Personal communication.

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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: REPRODUCTIVE HEALTH & FAMILY PLANNING

### SUB-DOMAIN: INTERPREGNANCY INTERVAL

#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO HAD LESS THAN 18 MONTH BIRTH INTERVAL

### SUMMARY

DATA SOURCE: MICHIGAN VITAL RECORDS

LIMITATION: PROVIDES DATA AMONG WOMEN WHO DELIVER A LIVE BIRTH ONLY, WOMEN WHO MISCARRY, OR EXPERIENCE FETAL DEATH OR STILLBIRTH ARE NOT INCLUDED.<sup>2</sup>

HP 2020 OBJECTIVE: REDUCE THE PROPORTION OF PREGNANCIES CONCEIVED WITHIN 18 MONTHS OF A PREVIOUS BIRTH (31.7%)

Too short of a pregnancy interval (the time between the end of the previous pregnancy and the last normal menses occurring before the start of pregnancy) has been associated with higher rates of adverse birth outcomes such as preterm birth, low birthweight and small-for-gestational age.<sup>2</sup>

Table 1. **Interpregnancy interval**<sup>a</sup> by age group and race/ethnicity, Michigan Live Birth File, 2008

Demographic Characteristics	Women having a live birth who had an Interpregnancy interval less than 18 months	
	%	95% Confidence Interval
<b>Total</b>	<b>20.0</b>	<b>(19.7-20.3)</b>
<b>Age</b>		
18 - 24	29.8	(29.2-30.1)
25 - 34	17.5	(17.1-17.7)
35 - 44	14.6	(14.0-15.3)
<b>Race</b>		
White	19.6	(19.3-19.7)
Black	23.0	(22.3-24.1)
Hispanic	17.9	(16.9-18.5)

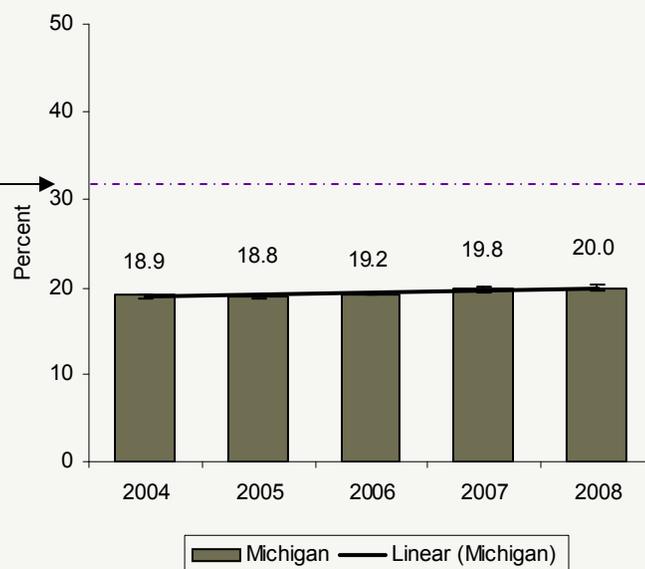
Maternal nutritional depletion has been proposed as a plausible cause of the association between short pregnancy intervals and poor outcomes.<sup>3</sup>

Therefore, counseling women regarding optimal birth spacing, as well as referral to family planning services is an essential component of preconception health.

In 2008, the prevalence of short interpregnancy interval birth was 20.0% in Michigan, below the HP 2020 objective.

Table 1 and Figure 2 report analysis of short pregnancy interval by maternal characteristics. Significant disparities based on age, race/ethnicity, educational attainment and health insurance type are evident.

Figure 1. Trend of **interpregnancy interval less than 18 months**<sup>a</sup> among women 18-44: Michigan Live Birth File, 2004-2008



HP 2020 goal:  
31.7%

# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: REPRODUCTIVE HEALTH & FAMILY PLANNING

### SUB-DOMAIN: INTERPREGNANCY INTERVAL

INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO HAD LESS THAN 18 MONTH BIRTH INTERVAL



#### NOTE ABOUT THE DATA

The data source for this indicator and indicator #11 (previous preterm birth) was the Michigan Live Birth File, Vital Records & Health Statistics Section, MDCH.

#### AUTHORS PRECONCEPTION HEALTH ASSESSMENT WORK GROUP

- VIOLANDA GRIGORESCU
- ROSE MARY ASMAN
- PAULETTE DOBYNES DUNBAR
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- JEANETTE LIGHTNING
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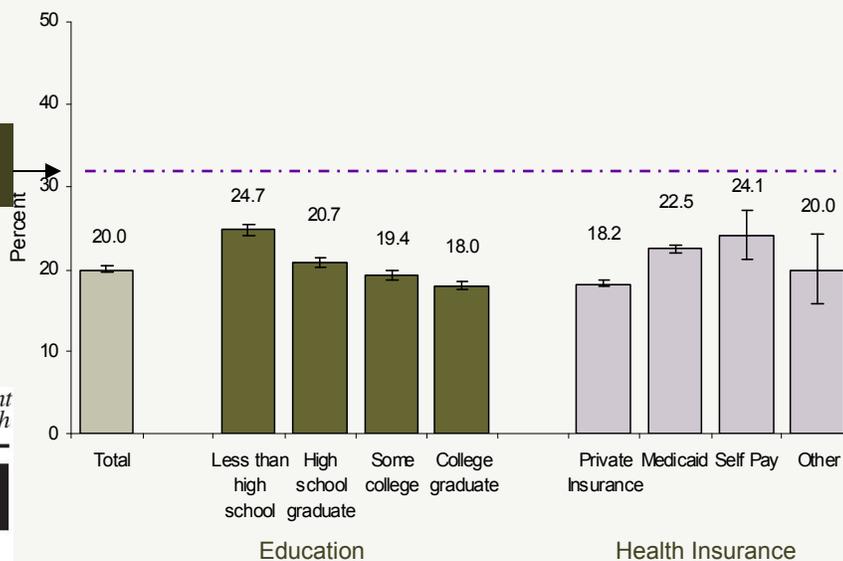
#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years who are Michigan residents who delivered a live birth.

#### REFERENCES

1. Core State Preconception Health Indicators: a voluntary, multi-state selection process November 2009.
2. Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta A. Birth spacing and risk of adverse perinatal outcomes: A meta-analysis. *JAMA* 2006; 295 (15): 1809-23.
3. Smits LJM & Essed GGM. Short interpregnancy intervals and unfavorable pregnancy outcome: Role of folate depletion. *Lancet*. 2001; 358:2074-2077.

Figure 2. Prevalence of **interpregnancy interval less than 18 months**<sup>a</sup> among MI women by educational attainment or type of health insurance, MI Live Birth File 2008



HP 2020 goal:  
31.7%

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Olga Dazzo, Director

# PRECONCEPTION HEALTH IN MICHIGAN

DOMAIN: REPRODUCTIVE HEALTH & FAMILY PLANNING  
 SUB-DOMAIN: PREGNANCY INTENTION/WANTEDNESS

INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO REPORTED HAVING AN UNINTENDED PREGNANCY

## SUMMARY

DATA SOURCE: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)  
 RELIABILITY: INTERMEDIATE<sup>1,2</sup>  
 VALIDITY: INTERMEDIATE<sup>1,2</sup>  
 HP 2020 OBJECTIVE: FP-1 INCREASE THE PROPORTION OF PREGNANCIES THAT ARE INTENDED TO 56%

The measure of unintended pregnancy includes pregnancies that are unwanted (women who didn't want to be pregnant now or at any time in the future) or mistimed (women who wanted to be pregnant later). Unintended and especially unwanted pregnancies have been associated with unhealthy maternal behaviors (i.e. late entry into prenatal care, smoking, and drinking alcohol), poor infant birth outcomes and adverse child health outcomes.<sup>3,4</sup>

Figure 1 Trend of **unintended pregnancy**<sup>a</sup> among women 18-44: Michigan, PRAMS 2004-2008

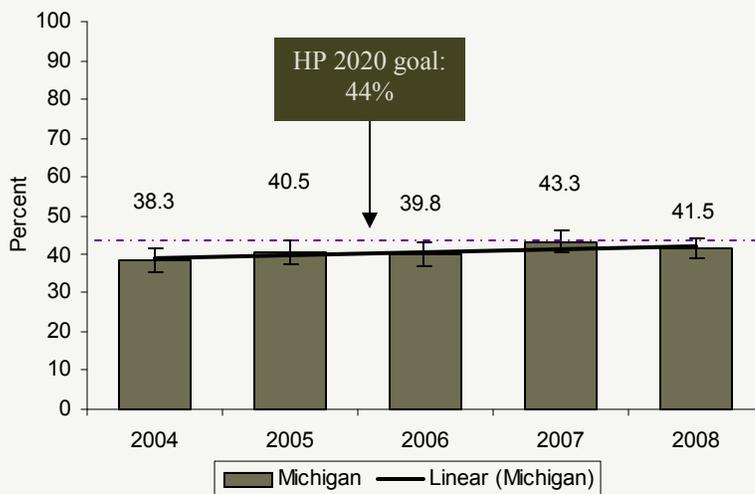


Table 1 **Unintended pregnancy**<sup>a</sup> by age group and race, MI PRAMS 2008

Demographic Characteristics	Unintended or Unwanted Pregnancy	
	%	95% Confidence Interval
<b>Total</b>	<b>41.5</b>	<b>(38.7-44.4)</b>
<b>Age</b>		
18 - 24	61.3	(56.2-66.1)
25 - 34	33.1	(29.4-37.0)
35 - 44	27.2	(20.9-34.6)
<b>Race</b>		
White	37.1	(33.8-40.7)
Black	66.6	(62.2-70.4)
Other	19.7	(8.7-38.8)

The prevalence of unintended pregnancy increased 8.4% among PRAMS respondents from 2004 to 2008, but remained lower than the HP 2020 goal (Figure 1).

Significant disparities in unintended pregnancy were seen when analyzed by age, race, education, health insurance type and income (Table 1, Figures 2-3).

The prevalence of unintended pregnancy significantly exceeded the HP 2020 goal among:

- Black, non-Hispanic women
- Women with low educational attainment (less than high school diploma)
- Women who are insured by Medicaid or who are uninsured
- Women whose household income is less than \$25,000/year.

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INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO REPORTED HAVING AN UNINTENDED PREGNANCY

Figure 2. Prevalence of **unintended pregnancy**<sup>a</sup> among MI women by race or educational attainment, Michigan PRAMS 2008

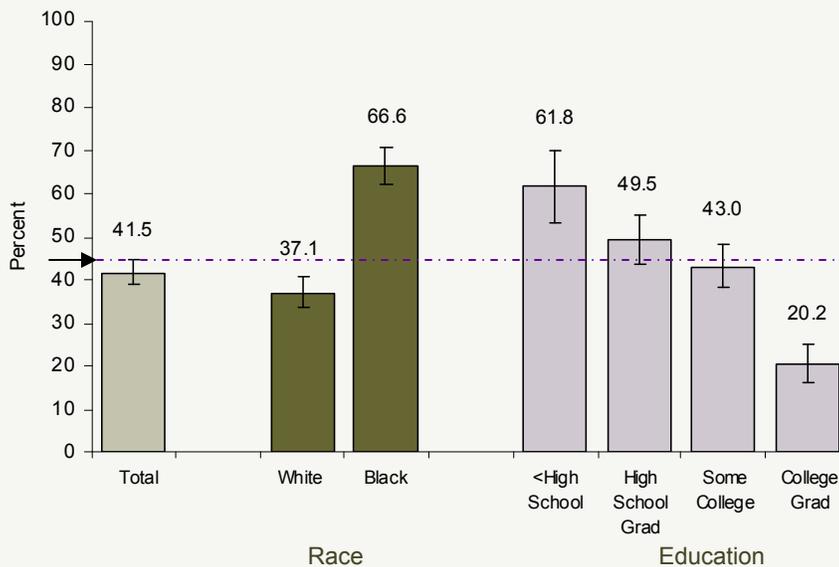
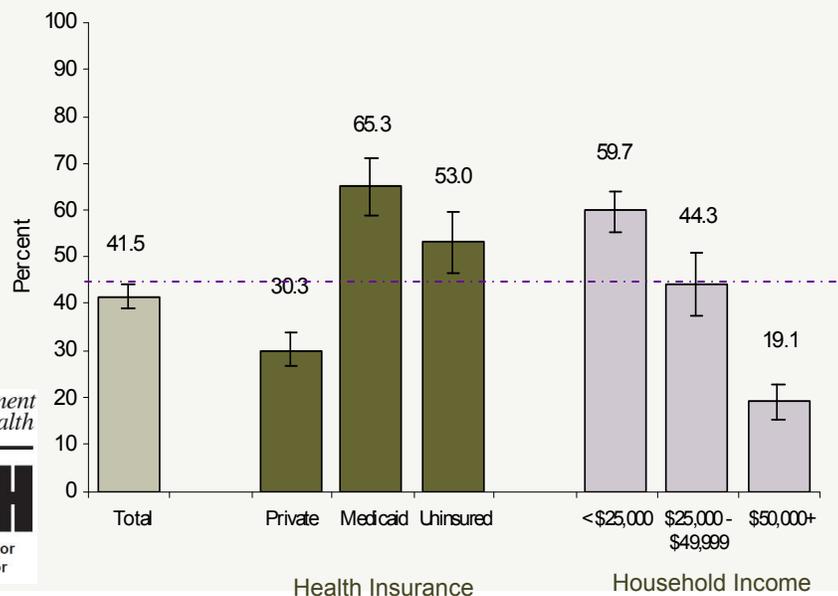


Figure 3. Prevalence of **unintended pregnancy**<sup>a</sup> among MI women by health insurance or household income, Michigan PRAMS 2008



## AUTHORS

### PRECONCEPTION HEALTH ASSESSMENT WORK GROUP

- VIOLANDA GRIGORESCU
- ROSE MARY ASMAN
- PAULETTE DOBYNES DUNBAR
- SYED HASAN
- JEANETTE LIGHTNING
- CHRIS FUSSMAN
- CRISTIN LARDER
- PATRICIA MCKANE

### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among women aged 18-44 years, who had a live birth in 2008, the proportion who reported not wanting to be pregnant just before conception, plus those who reported not wanting to be pregnant ever. <sup>b</sup>Data not sufficient for analysis.

## REFERENCES

1. Core State Preconception Health Indicators: a voluntary, multi-state selection process November 2009.
2. Larder, C MI PRAMS Epidemiologist/Coordinator, Personal communication.
3. D'Angelo DV, Gilbert KM, Rochat RW, et al. Differences between mistimed and unwanted pregnancies among women who have live births. *Perspect Sex Repro Health* 2004; 36: 192-97.
4. Mohllajee AP, Curtis KM, Morrow B, et al. Pregnancy intention and its relationship to birth and maternal outcomes. *Obstet Gynecol* 2007; 109:678-68.

HP 2020 goal:  
44%

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44%

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Olga Dazzo, Director

# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: REPRODUCTIVE HEALTH & FAMILY PLANNING

### SUB-DOMAIN: CONTRACEPTION

**INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO WERE NOT TRYING TO GET PREGNANT AT THE TIME OF CONCEPTION AND NEITHER THEY NOR THEIR PARTNER WERE DOING ANYTHING TO PREVENT PREGNANCY**

### SUMMARY

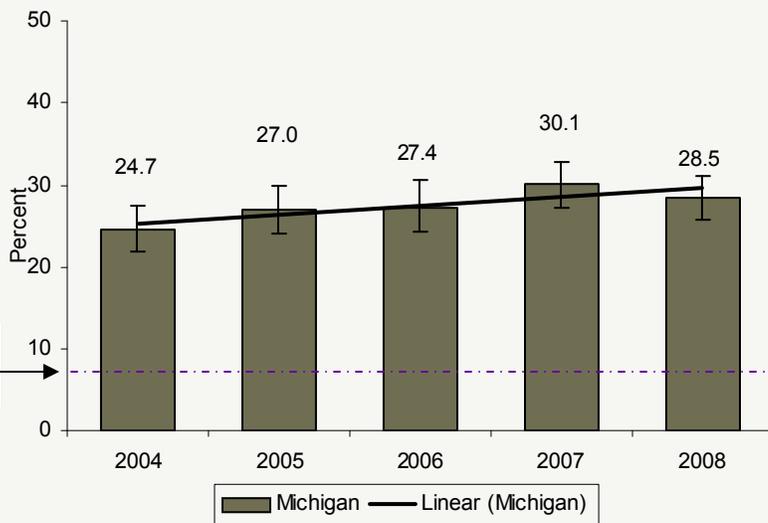
DATA SOURCE: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)  
 RELIABILITY: STRONG<sup>1,2</sup>  
 VALIDITY: STRONG<sup>1,2</sup>  
 HP 2020 OBJECTIVE: FP-6 INCREASE THE PROPORTION OF FEMALES OR THEIR PARTNERS AT RISK OF UNINTENDED PREGNANCY WHO USED CONTRACEPTION AT MOST RECENT SEXUAL INTERCOURSE (91.3%)

Effective contraception is a way to reduce unintended pregnancy and short pregnancy interval; thereby reducing associated adverse birth outcomes. To determine the prevalence of contraceptive use among women with an unintended pregnancy two questions were asked of all PRAMS respondents: 1. When you got pregnant with your new baby, were you trying

Table 1 Preconception contraceptive non-use<sup>a</sup> by age group and race, MI PRAMS 2008

Demographic Characteristics	Not trying to get pregnant and not doing anything to keep from getting pregnant	
	%	95% Confidence Interval
<b>Total</b>	<b>28.5</b>	<b>(25.9-31.2)</b>
<b>Age</b>		
18 - 24	38.3	(33.5-43.4)
25 - 34	22.9	(19.7-26.5)
35 - 44	26.4	(20.3-33.7)
<b>Race</b>		
White	25.4	(22.4-28.7)
Black	46.1	(41.5-50.7)
Other	b	b

Figure 1 Trend of **preconception contraceptive non-use<sup>a</sup>** among women 18-44: Michigan, PRAMS 2004-2008



HP 2020 goal:  
8.7%

to become pregnant? and 2. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Women who answered 'No' to both

questions were included in the numerator for indicator #16. The prevalence of contraceptive non-use among women at risk for an unintended pregnancy increased (15.4%) among PRAMS respondents from 2004 to 2008, exceeding the HP 2020 goal (Figure 1).

Further, significant disparities were seen when analyzed by age, race, education, health insurance type and income (Table 1, Figures 2-3).

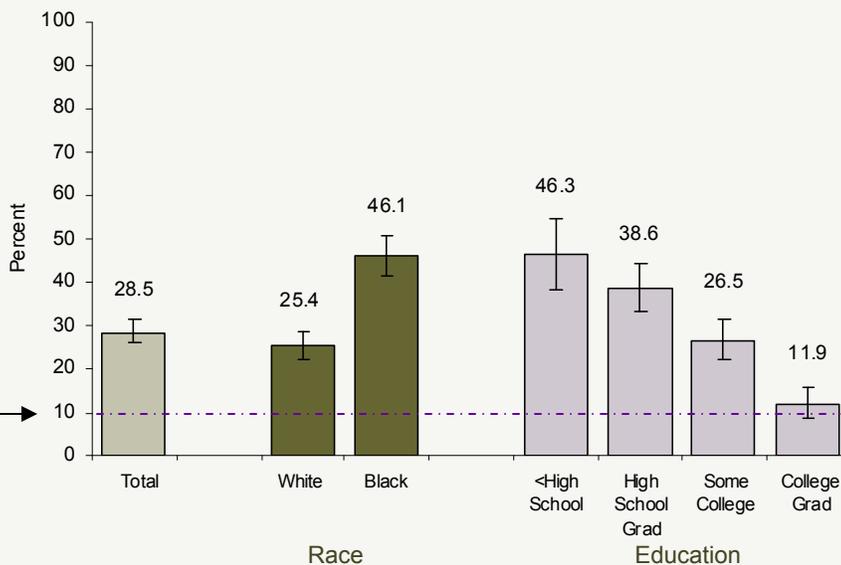
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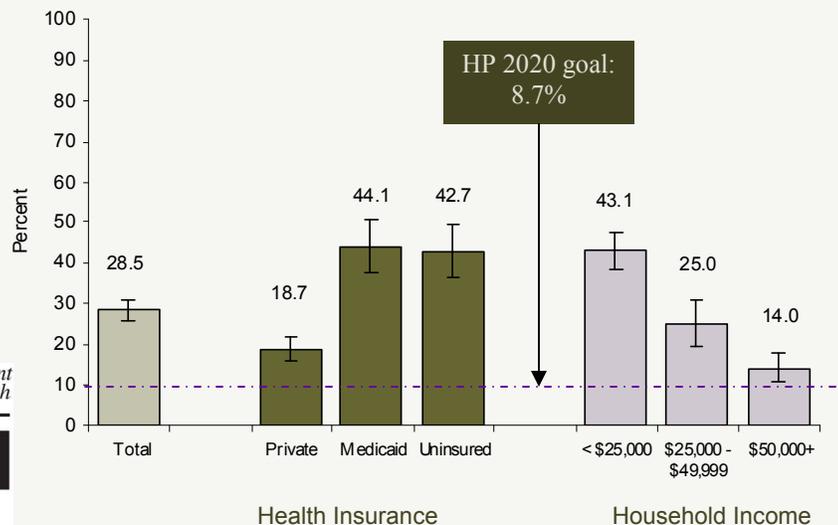
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Figure 2. Prevalence of **preconception contraceptive non-use**<sup>a</sup> among MI women by race or educational attainment, Michigan PRAMS 2008



HP 2020 goal:  
8.7%

Figure 3. Prevalence of **preconception contraceptive non-use**<sup>a</sup> among MI women by insurance status or household income, Michigan PRAMS 2008



#### AUTHORS PRECONCEPTION HEALTH ASSESS- MENT WORK GROUP

- VIOLANDA GRIGORESCU
- ROSE MARY ASMAN
- PAULETTE DOBYNES DUBAR
- SYED HASAN
- JEANETTE LIGHTNING
- CHRIS FUSSMAN
- CRISTIN LARDER
- PATRICIA MCKANE

#### TABLE & FIGURE FOOTNOTES

<sup>a</sup>Among women aged 18-44 years, who had a live birth in 2008, the proportion who reported not trying to get pregnant at conception and also that neither they nor their husbands/partners were doing anything to keep from getting pregnant at time of conception.

<sup>b</sup>Data not sufficient for analysis.

#### REFERENCES

1. Core State Preconception Health Indicators: a voluntary, multi-state selection process November 2009.
2. Larder, C MI PRAMS Epidemiologist/Coordinator, Personal communication.

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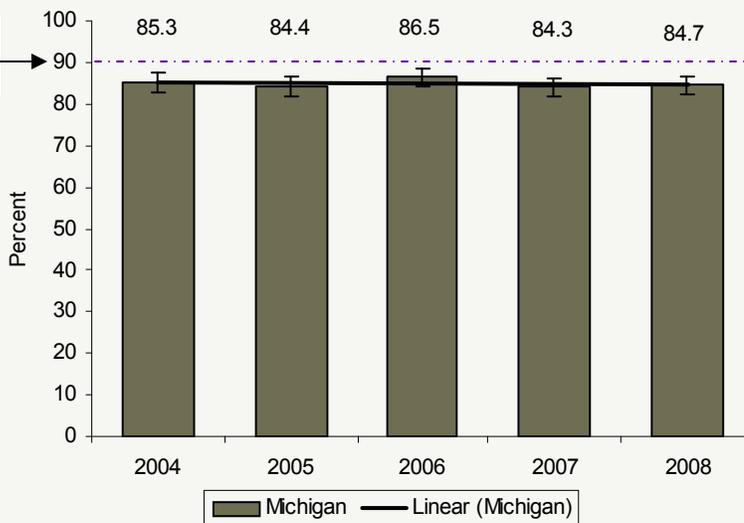
**INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO REPORTED THAT THEY OR THEIR HUSBANDS OR PARTNERS WERE CURRENTLY DOING SOMETHING TO KEEP FROM GETTING PREGNANT**

### SUMMARY

DATA SOURCE: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)  
 RELIABILITY: STRONG<sup>1,2</sup>  
 VALIDITY: STRONG<sup>1,2</sup>  
 HP 2020 OBJECTIVE: FP-6 INCREASE THE PROPORTION OF FEMALES OR THEIR PARTNERS AT RISK OF UNINTENDED PREGNANCY WHO USED CONTRACEPTION AT MOST RECENT SEXUAL INTERCOURSE (91.3%)

The Select Panel on Preconception Care recommends family planning counseling and advises men and women of reproductive age to develop reproductive life plan.<sup>3</sup> The postpartum period is an opportunity for clinicians to counsel women and men with regard to preconception or interconception health

Figure 1. Trend of **postpartum contraceptive use<sup>a</sup>** among women 18-44: Michigan, PRAMS 2004-2008



HP 2020 goal:  
91.3%

Table 1 **Postpartum contraceptive use<sup>a</sup>** by age group and race, MI PRAMS 2008

Demographic	Postpartum contraceptive use	
	%	95% Confidence Interval
<b>Total</b>	<b>84.7</b>	<b>(82.5-86.7)</b>
<b>Age</b>		
18 - 24	85.9	(82.0-89.0)
25 - 34	84.5	(82.3-87.2)
35 - 44	83.1	(76.7-87.9)
<b>Race</b>		
White	86.1	(83.5-88.4)
Black	83.2	(79.4-86.3)
Other	b	b

behaviors and risks. This is especially important for women who experienced an unintended pregnancy or poor pregnancy outcome. Postpartum contraceptive use is a way to prevent unintended pregnancy and short interpregnancy interval.

The prevalence of postpartum contraceptive use among PRAMS respondents remained fairly constant from 2004 to 2008, but was lower than the HP 2020 goal. (Figure 1). There were no significant disparities in postpartum contraceptive use when analyzed by age, race, education, health insurance type and income (Table 1, Figures 2-3).

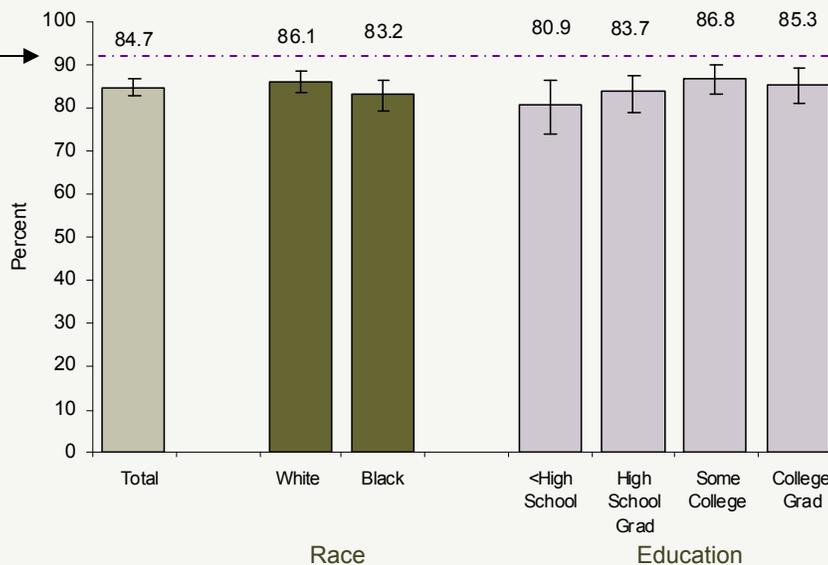
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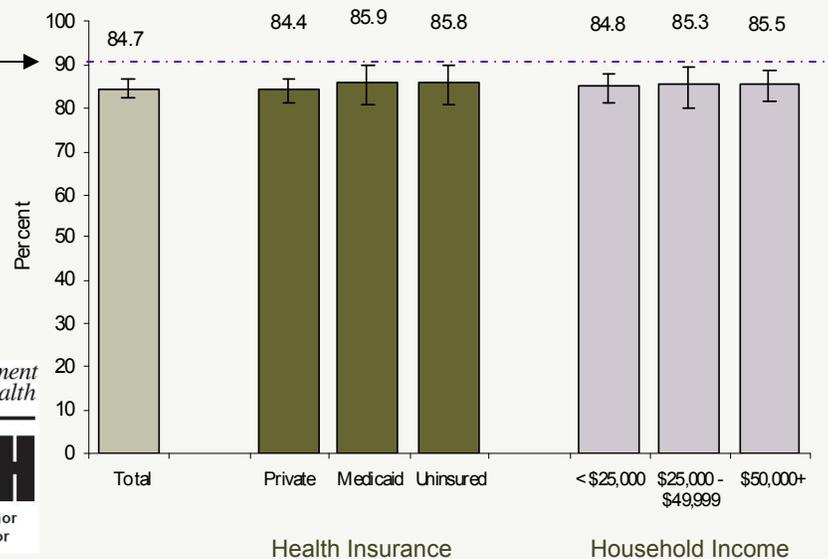
**INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO REPORTED THAT THEY OR THEIR HUSBANDS OR PARTNERS WERE CURRENTLY DOING SOMETHING TO KEEP FROM GETTING PREGNANT**

Figure 2. Prevalence of **postpartum contraceptive use**<sup>a</sup> among MI women by race or educational attainment, Michigan PRAMS 2008



HP 2020 goal:  
91.3%

Figure 3. Prevalence of **postpartum contraceptive use**<sup>a</sup> among MI women by insurance status or household income, Michigan PRAMS 2008



HP 2020 goal:  
91.3%

#### AUTHORS

#### PRECONCEPTION HEALTH ASSESSMENT WORK GROUP

- VIOLANDA GRIGORESCU
- ROSE MARY ASMAN
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- JEANETTE LIGHTNING
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#### TABLE & FIGURE FOOTNOTES

<sup>a</sup>Among women aged 18-44 years, who had a live birth in 2008, the proportion who reported either they or their husbands/partners were doing something to keep from getting pregnant at time of conception.

<sup>b</sup>Data not sufficient for analysis.

#### REFERENCES

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Michigan Department  
of Community Health



Rick Snyder, Governor  
Olga Dazzo, Director