

# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: TOBACCO, ALCOHOL & SUBSTANCE USE

### SUB-DOMAIN: SMOKING

#### INDICATOR: PERCENTAGE OF WOMEN WHO CURRENTLY SMOKE EVERYDAY OR SOME DAYS

#### SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: HIGH<sup>1</sup>

VALIDITY: MODERATE<sup>1</sup>

HP 2020 OBJECTIVE: TU-1.1 REDUCE TOBACCO USE BY ADULTS: CIGARETTES (12%)

Smoking during pregnancy has been associated with an increased risk for low birth-weight, spontaneous abortion, sudden infant death syndrome, still birth and long term negative effects on the infant.<sup>2,3</sup> Many of these outcomes can be prevented if women quit smoking prior to becoming pregnant or early in their pregnancy.<sup>4</sup> Since only 20% of women who smoke were able to quit while

Table 1. Self-reported **current smoking**<sup>a</sup> by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Current Smoking	
	%	95% Confidence Interval
<b>Total</b>	<b>21.8</b>	<b>(19.3-24.5)</b>
<b>Age</b>		
18 - 24	22.5	(16.8-29.4)
25 - 34	23.6	(19.5-28.2)
35 - 44	19.8	(14.3-23.2)
<b>Race</b>		
White	22.0	(19.2-25.0)
Black	17.8	(12.6-24.5)
Other	28.2	(18.0-41.4)

pregnant, the Select Panel on Preconception Care recommends that all women of reproductive age be screened for tobacco use.<sup>4</sup>

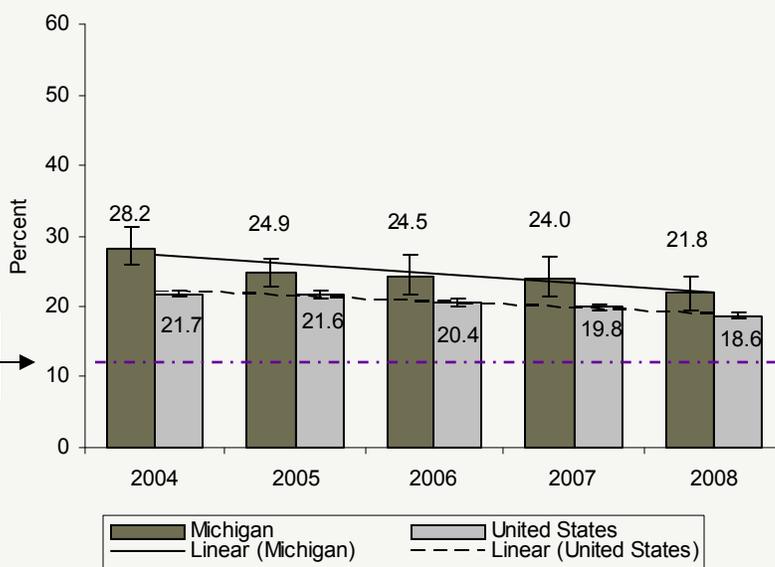
In 2008, 21.8% of Michigan women of reproductive age reported smoking currently, a 23% decline since 2004, but higher than the national rate and the HP2020 goal (Figure 1).

Significant disparities based on education, household income and insurance status were evident (Table 1, Figures 2-3).

Smoking rates were higher among:

- Women with low educational attainment (High School diploma/GED or less);
- Women whose reported household income was less than \$50,000 year; and
- Women without health insurance.

Figure 1. Trend of self-reported **current smoking**<sup>a</sup> among women 18-44: US average vs. Michigan, BRFSS 2004-2008



HP 2020 goal: 12%

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Figure 2. Prevalence of self-reported **current smoking**<sup>a</sup> among MI women by educational attainment or household income, Michigan BRFSS 2008

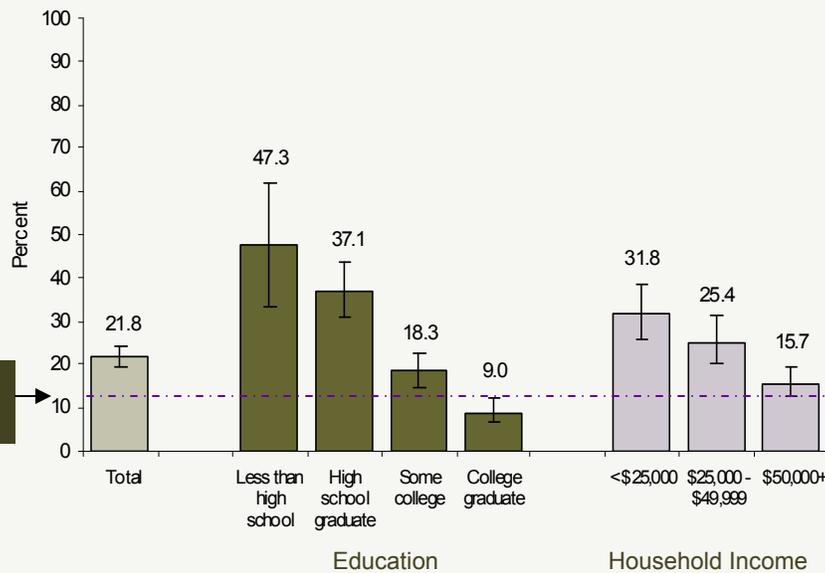
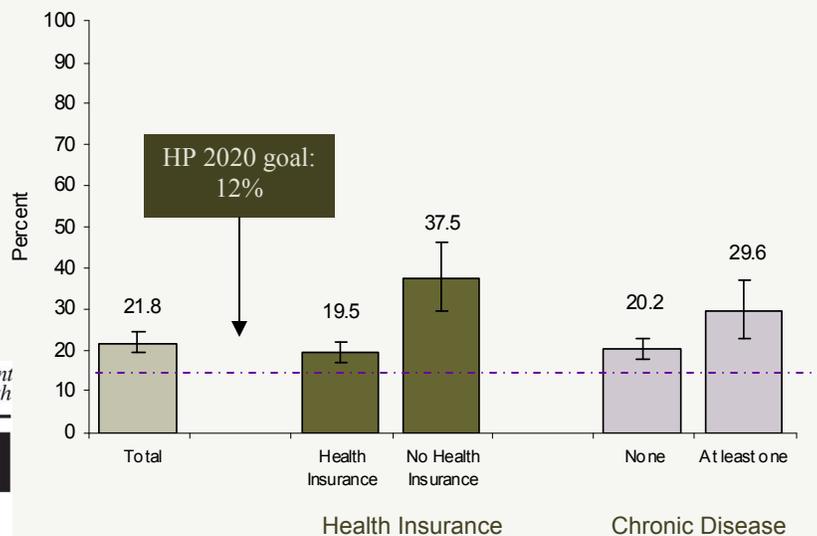


Figure 3. Prevalence of self-reported **current smoking**<sup>a</sup> among MI women by health insurance coverage or at least one chronic disease<sup>b</sup>, Michigan BRFSS 2008



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#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.

<sup>b</sup> Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

#### REFERENCES

1. Nelson DE, Holtzman D, Bolen J, Stanwyck CAT & Mack KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Praventivmedizin*, 46 (Suppl 1), S3-S42.
2. Cnattingius, S. (2004). The epidemiology of smoking during pregnancy: Smoking prevalence, maternal characteristics, and pregnancy outcomes. *Nicotine & Tobacco Research*, 6 (Suppl 2), S125-40.
3. U.S. Department of Health and Human Services. (2004). The health consequences of smoking: A report of the surgeon general. Washington DC: U.S. Government Printing Office.
4. Johnson K, Posner SF, Bietmann J, et al. Recommendations to improve preconception health and health care: UnitedStates: a report of the CDC/ATSDR Preconception Care workgroup and the Select Panel on Preconception Care. *MMWR* 2006;55:1-23.

HP 2020 goal:  
12%

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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: TOBACCO, ALCOHOL & SUBSTANCE USE

### SUB-DOMAIN: SMOKING

#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO SMOKED CIGARETTES DURING THE 3 MONTHS PRIOR TO 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: TU-1.1 REDUCE TOBACCO USE BY ADULTS: CIGARETTES (12%); INCREASE ABSTINENCE FROM CIGARETTES AMONG PREGNANT WOMEN (96.8%)

Smoking before and during pregnancy is the most preventable cause of illness and death among women and infants.<sup>3</sup> Furthermore, women who quit smoking before or early in their pregnancy reduce the risk of adverse outcomes. In addition to previously discussed outcomes, women who smoke prior to pregnancy

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

Demographic Characteristics	Prepregnancy Smoking	
	%	95% Confidence Interval
<b>Total</b>	<b>26.9</b>	<b>(24.3-29.6)</b>
<b>Age</b>		
18 - 24	39.4	(34.5-44.5)
25 - 34	20.9	(17.7-24.4)
35 - 44	20.1	(14.5-27.2)
<b>Race</b>		
White	28.5	(25.4-31.9)
Black	19.9	(16.5-23.7)
Other	b	b

are almost twice as likely to have a delay in conception and have a 30% higher odds of being infertile compared to non-smokers.<sup>3</sup>

In 2008, 26.9% of Michigan women of reproductive age reported smoking in the 3 months prior to pregnancy, a 14% decline since 2004,

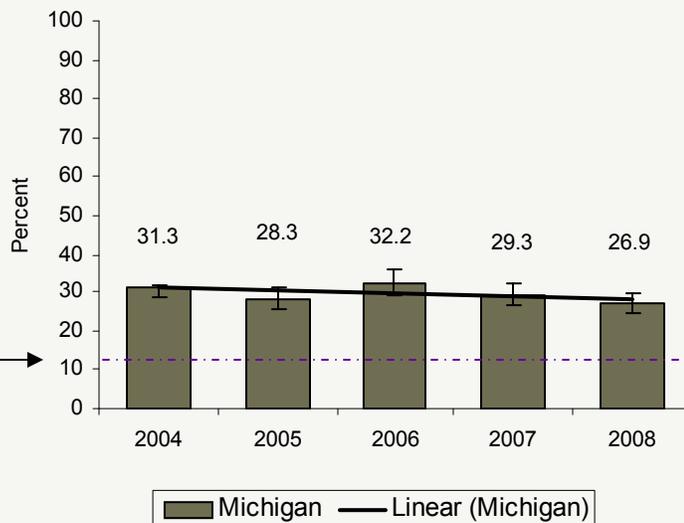
but higher than the HP2020 goal (Figure 1).

Significant disparities were evident (Table 1, Figures 2-3).

Smoking rates were lower among:

- Black women;
- Women with some college or a college degree;
- Women whose household income was at least \$50,000/year;
- Women with private health insurance.

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



HP 2020 goal:  
12%

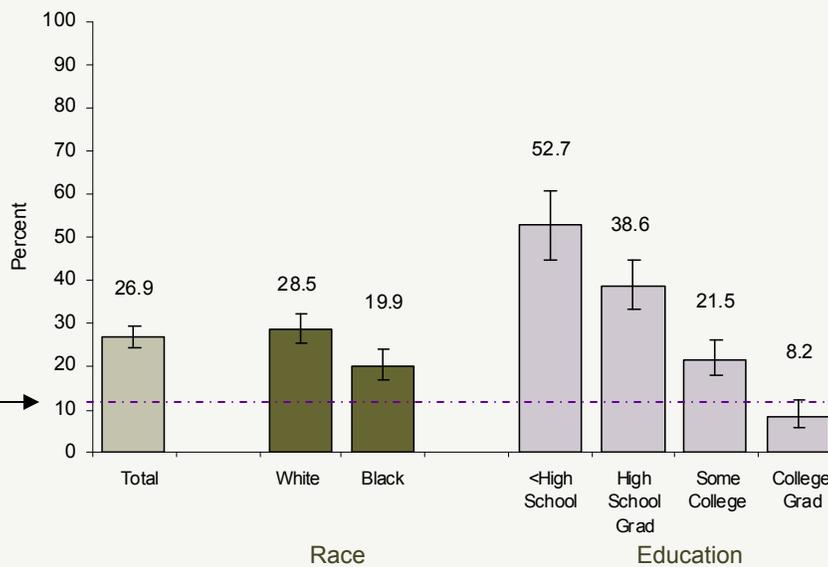
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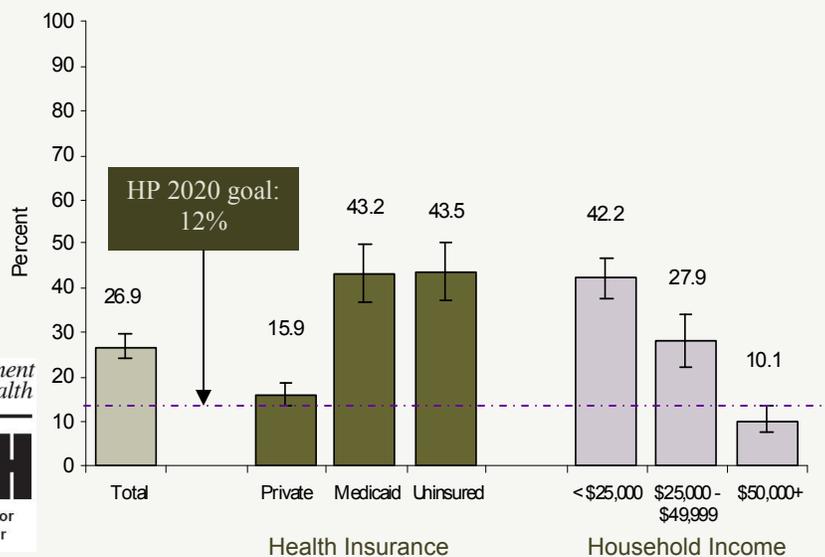
INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO SMOKED CIGARETTES DURING THE 3 MONTHS PRIOR TO PREGNANCY

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



HP 2020 goal:  
12%

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



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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 smoking more than zero cigarettes per day during the 3 months before 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.
3. CDC Fact Sheet. Preventing smoking and exposure to secondhand smoke before, during and after pregnancy Accessed at <http://www.cdc.gov/ncedphp/publications/factsheets/Prevention/pdf/smoking.pdf> on March 22, 2011.

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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: TOBACCO, ALCOHOL & SUBSTANCE USE

### SUB-DOMAIN: ALCOHOL CONSUMPTION

#### INDICATOR: PERCENTAGE OF WOMEN WHO PARTICIPATED IN HEAVY DRINKING ON AT LEAST ONE OCCASION WITHIN THE PAST MONTH

### SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: HIGH<sup>1</sup>

VALIDITY: MODERATE<sup>1</sup>

HP 2020 OBJECTIVE: SA-15 REDUCE THE PROPORTION OF ADULTS WHO DRANK EXCESSIVELY IN THE PREVIOUS 30 DAYS (25.3%)

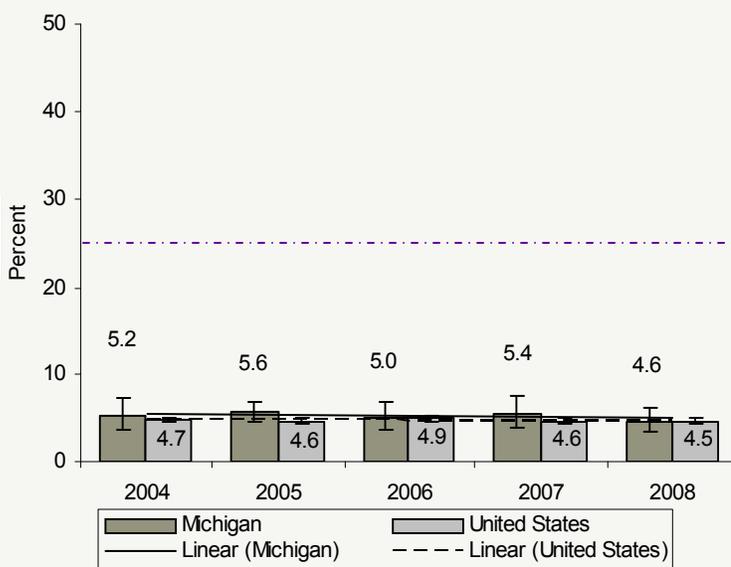
There is no known safe amount of alcohol to drink during pregnancy, therefore women should not drink alcohol if they are pregnant, planning to become pregnant or are sexually active and not using birth control.<sup>2</sup> Alcohol rapidly enters the fetal circulation through the umbilical cord to the developing fetus; it also

Table 1. Self-reported **heavy drinking**<sup>a</sup> by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Heavy Drinking	
	%	95% Confidence Interval
<b>Total</b>	<b>4.6</b>	<b>(3.4-6.2)</b>
<b>Age</b>		
18 - 24	4.1	(1.6-10.2)
25 - 34	4.3	(2.6-7.0)
35 - 44	5.2	(3.7-7.2)
<b>Race</b>		
White	4.8	(3.5-6.6)
Black	1.8	(0.7-5.5)
Other	8.4	(2.7-23.5)

enters maternal milk. Alcohol consumption during pregnancy can cause miscarriage, stillbirth, and a variety of lifelong disorders now known as Fetal Alcohol Spectrum Disorders.<sup>2</sup>

Figure 1. Trend of self-reported **heavy drinking**<sup>a</sup> among women 18-44: US average vs. Michigan, BRFSS 2004-2008



In 2008, 4.6% of Michigan women of reproductive age reported heavy drinking, a 12% decline, similar to the national rate and lower than the HP2020 goal (Figure 1). It should be noted that drinking rates vary by gender and the HP 2020 goal for heavy drinking is not gender specific.

Disparities based on race, education, household income and insurance status were evident (Table 1, Figures 2-3). The only statistically significant disparity was found based on insurance status.

- More uninsured women reported drinking heavily than did women with health insurance.

HP 2020 goal:  
25.3%

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#### INDICATOR: PERCENTAGE OF WOMEN WHO PARTICIPATED IN HEAVY DRINKING ON AT LEAST ONE OCCASION WITHIN THE PAST MONTH

Figure 2. Prevalence of self-reported **heavy drinking**<sup>a</sup> among MI women by educational attainment or household income, Michigan BRFSS 2008

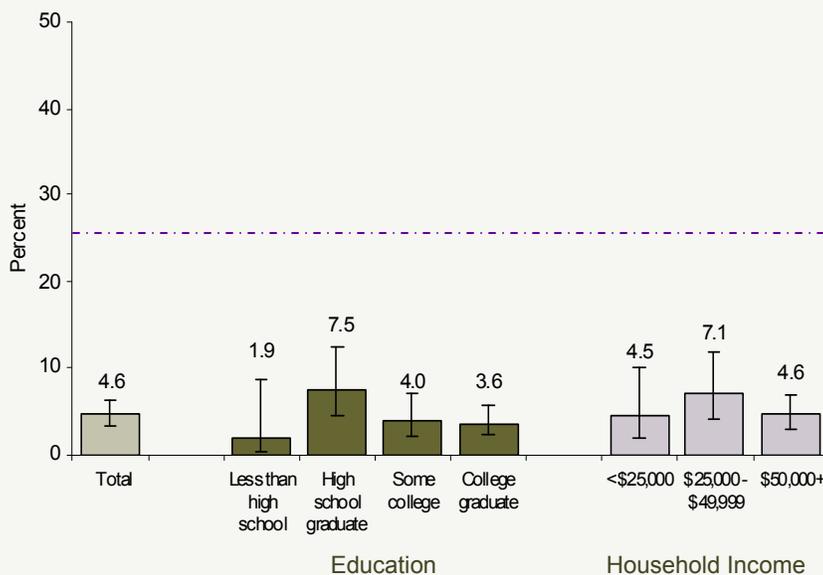
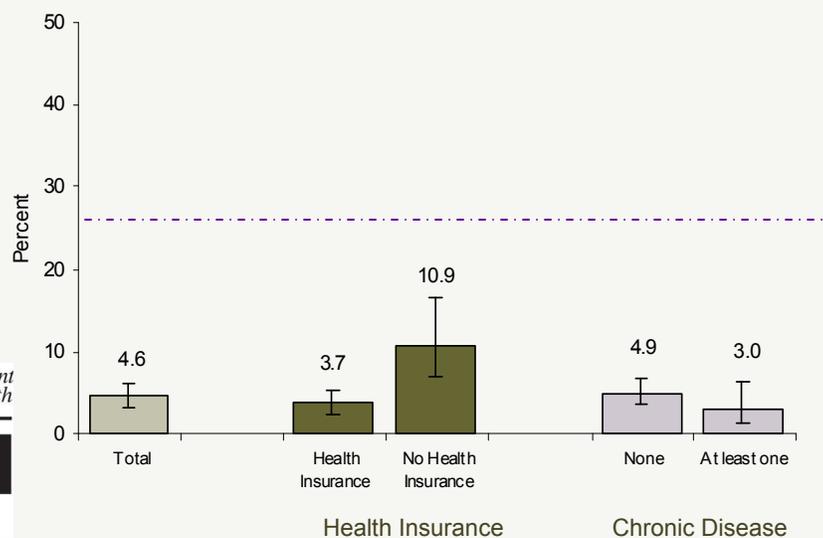


Figure 3. Prevalence of self-reported **heavy drinking**<sup>a</sup> among MI women by health insurance coverage or at least one chronic disease<sup>b</sup>, Michigan BRFSS 2008



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#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years, the proportion who reported consuming an average of more than two alcoholic drinks per day for men or more than one per day for women in the previous month.

<sup>b</sup> Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

#### REFERENCES

1. Nelson DE, Holtzman D, Bolen J, Stanwyck CAT & Mack KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Preventivmedizin*, 46 (Suppl 1), S3-S42.
2. Centers for Disease Control and Prevention (CDC). (2009). Fetal alcohol spectrum disorders (FASD). Retrieved 11/19/ 2009, from <http://www.cdc.gov/ncbddd/fasd/alcohol-use.html>.

HP 2020 goal:  
25.3%

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## DOMAIN: TOBACCO, ALCOHOL & SUBSTANCE USE

### SUB-DOMAIN: ALCOHOL CONSUMPTION

#### INDICATOR: PERCENTAGE OF WOMEN WHO PARTICIPATED IN BINGE DRINKING ON AT LEAST ONE OCCASION WITHIN THE PAST MONTH

### SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)  
 RELIABILITY: HIGH<sup>1</sup>  
 VALIDITY: MODERATE<sup>1</sup>  
 HP 2020 OBJECTIVE: SA-14.3 REDUCE THE PROPORTION OF ADULTS ENGAGING IN BINGE DRINKING DURING THE PAST MONTH (24.3%)

Binge drinking for women is defined as drinking 4 or more drinks (12 oz beer, 5 oz wine or 1.5 oz distilled spirits) within 2 hours.<sup>2</sup> Binge drinking has been associated with many health problems which may impact preconception health including: sexually transmitted infections, unintended pregnancy, hyperten-

Table 1. Self-reported **binge drinking**<sup>a</sup> by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Binge Drinking	
	%	95% Confidence Interval
<b>Total</b>	<b>18.4</b>	<b>(16.0-21.1)</b>
<b>Age</b>		
18 - 24	20.6	(14.7-28.0)
25 - 34	19.1	(15.4-23.5)
35 - 44	16.4	(13.6-19.6)
<b>Race</b>		
White	19.6	(16.9-22.6)
Black	10.8	(6.5-17.5)
Other	23.1	(13.3-36.9)

sion, cardiovascular disease and poor control of diabetes.<sup>3</sup> Further, Fetal Alcohol Spectrum Disorders appear to result from frequent and heavy drinking, including binge drinking, can be pre-

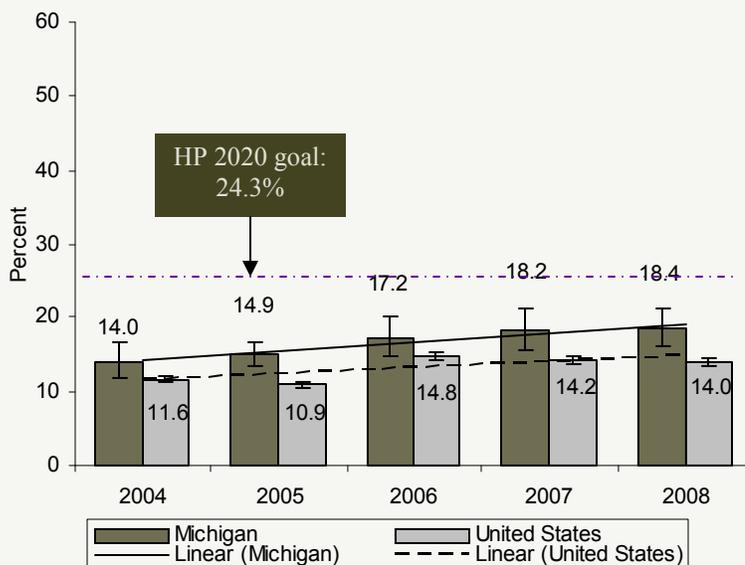
vented if women stop drinking prior to conception.<sup>4</sup>

In 2008, 18.4% of Michigan women of reproductive age reported binge drinking, a 31% increase from 2004, higher than the national rate, but below the HP2020 goal (Figure 1).

Disparities based on age, race, income, insurance status and presence of chronic disease were evident (Table 1, Figures 2-3). The only statistically significant disparity was found based on insurance status.

- More uninsured women reported binge drinking than did women with health insurance.

Figure 1. Trend of self-reported **binge drinking**<sup>a</sup> among women 18-44: US average vs. Michigan, BRFSS 2004-2008



# PRECONCEPTION HEALTH IN MICHIGAN

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### SUB-DOMAIN: ALCOHOL CONSUMPTION

#### INDICATOR: PERCENTAGE OF WOMEN WHO PARTICIPATED IN BINGE DRINKING ON AT LEAST ONE OCCASION WITHIN THE PAST MONTH

Figure 2. Prevalence of self-reported **binge drinking**<sup>a</sup> among MI women by educational attainment or household income, Michigan BRFSS 2008

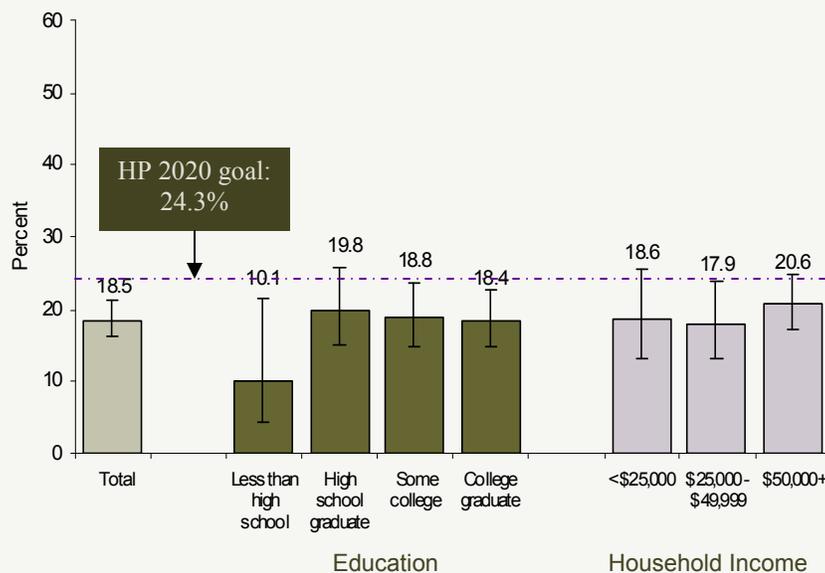
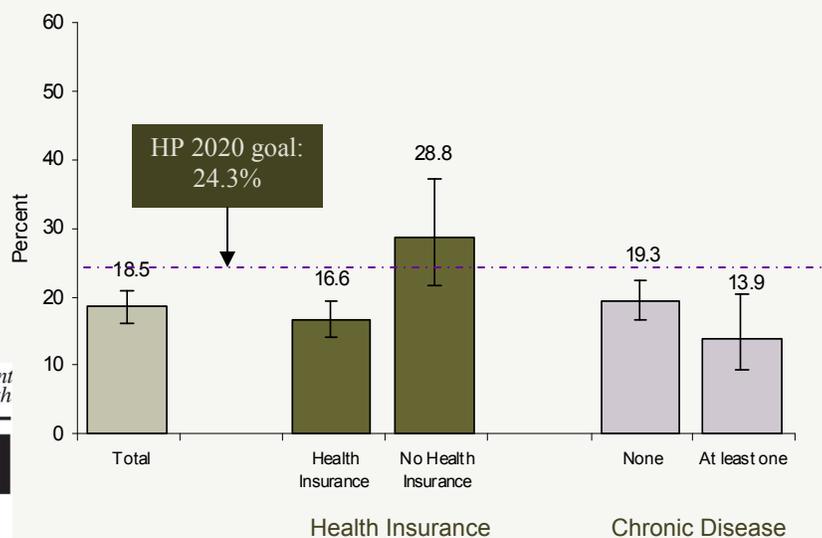


Figure 3. Prevalence of self-reported **binge drinking**<sup>a</sup> among MI women by health insurance coverage or at least one chronic disease<sup>b</sup>, Michigan BRFSS 2008



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#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years, the proportion who reported consuming four or more drinks per occasion at least once in the previous month

<sup>b</sup> Women with at least one of the following: Ever told that they had diabetes, heart attack/myocardial infarction, angina/coronary heart disease, stroke or who currently had asthma.

#### REFERENCES

1. Nelson DE, Holtzman D, Bolen J, Stanwyck CAT & Mack KA (2001) Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Sozialund Preventivmedizin*, 46 (Suppl 1), S3-S42
2. National Institute of Alcohol Abuse and Alcoholism. NIAAA council approves definition of binge drinking. NIAAA Newsletter 2004; No. 3, p. 3. Accessed at [http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter\\_Number3.pdf](http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf) on March 23, 2011
3. CDC (2010) Fact sheets: Binge Drinking. Accessed at <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm> on March 23, 2011
4. CDC (2006) Preconception care questions and answers. Available at [http://www.cdc.gov/ncbddd/preconception/QandA\\_providers.htm](http://www.cdc.gov/ncbddd/preconception/QandA_providers.htm). Accessed on March 23, 2011

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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: TOBACCO, ALCOHOL & SUBSTANCE USE

### SUB-DOMAIN: ALCOHOL CONSUMPTION

#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO DRANK ANY ALCOHOL 3 MONTHS PRIOR TO PREGNANCY

### SUMMARY

DATA SOURCE: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

RELIABILITY: STRONG<sup>1,2</sup>

VALIDITY: STRONG<sup>1,2</sup>

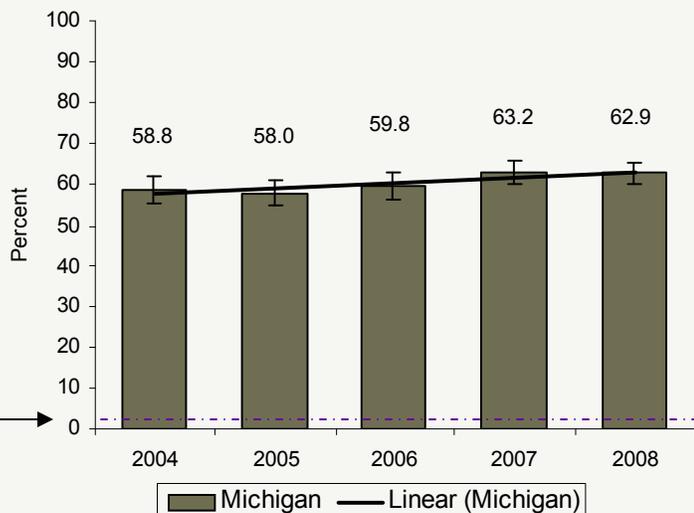
HP 2020 OBJECTIVE: MICH-11.1

INCREASE ABSTINENCE FROM ALCOHOL AMONG PREGNANT WOMEN (98.3%)

To determine the prevalence of any pre-pregnancy drinking respondents were asked how many alcoholic drinks they consumed in an average week during the 3 months prior to pregnancy. A limitation of this indicator is that it doesn't convey the frequency of drinking or the number per day.<sup>1</sup>

In 2008, 62.9% of Michigan women of reproductive age reported drinking in the 3 months

Figure 1. Trend of **prepregnancy alcohol consumption<sup>a</sup>** among women 18-44: Michigan, PRAMS 2004-2008



HP 2020 goal:  
1.7%

Table 1 **Prepregnancy alcohol consumption<sup>a</sup>** by age group and race, MI PRAMS 2008

Demographic Characteristics	Prepregnancy alcohol consumption (any)	
	%	95% Confidence Interval
<b>Total</b>	<b>62.9</b>	<b>(60.0-65.6)</b>
<b>Age</b>		
18 - 24	56.6	(51.5-61.5)
25 - 34	66.2	(62.3-69.9)
35 - 44	64.9	(57.5-71.6)
<b>Race</b>		
White	68.7	(65.3-71.9)
Black	45.3	(40.8-49.8)
Other	15.1	(6.2-32.2)

prior to pregnancy, a 7% increase since 2004, and higher than the HP2020 goal for pregnant women (Figure 1). Significant disparities were evident (Table 1, Figures 2-3). Drinking was significantly less prevalent among:

- Women 18-24 years of age compared to women 25 to 34 years;
- Black and Other race/ethnicity women compared to White women;
- Women with some High School compared to women with some college or a college degree;
- Women whose household income was less than \$25,000/year compared to those whose income was greater than \$50,000/year;
- Women on Medicaid or Uninsured compared to women with private health insurance.

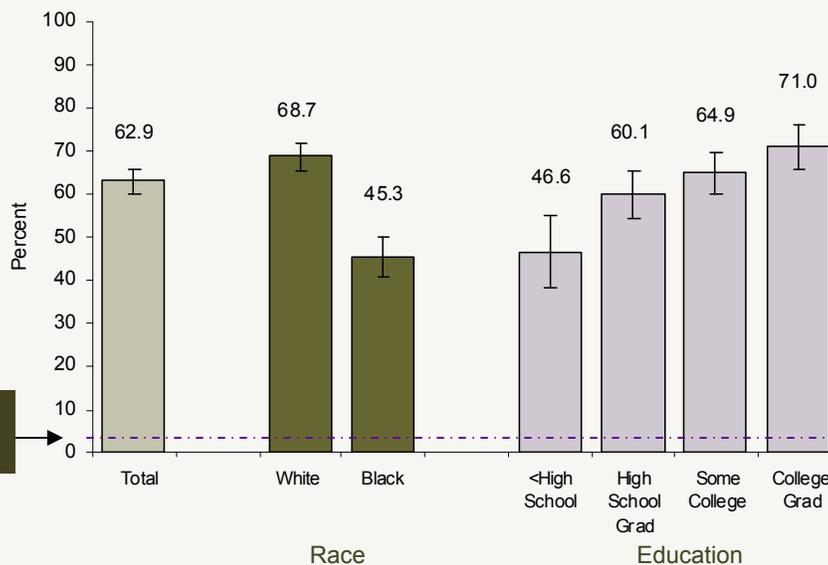
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Figure 2. Prevalence of **pregnancy alcohol consumption**<sup>a</sup> among MI women by race or educational attainment, Michigan PRAMS 2008

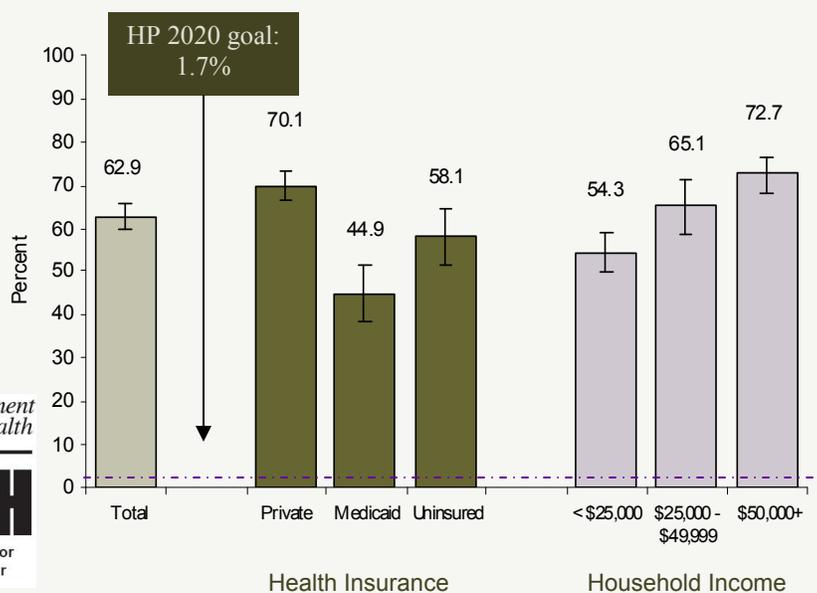


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#### TABLE & FIGURE FOOTNOTES

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



<sup>a</sup>. Among women aged 18-44 years, who had a live birth in 2008, the proportion who reported drinking any drinks per week during the 3 months before conception.

#### REFERENCES

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

HP 2020 goal:  
1.7%

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SUB-DOMAIN: ALCOHOL CONSUMPTION

INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO PARTICIPATED IN BINGE DRINKING IN THE 3 MONTHS PRIOR TO 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: SA-14.3 INCREASE ABSTINENCE FROM BINGE DRINKING AMONG PREGNANT WOMEN (100%)

In PRAMS, women are asked: During the 3 months before you got pregnant, how many times a week did you drink 5 alcoholic drinks or more in one sitting? A limitation of this indicator is that it does not convey when the binge drinking occurred within the 3 months prior to pregnancy or the specific amount of alcohol consumed.<sup>1</sup>

Figure 1. Trend of **prepregnancy binge drinking**<sup>a</sup> among women 18-44: Michigan, PRAMS 2004-2008

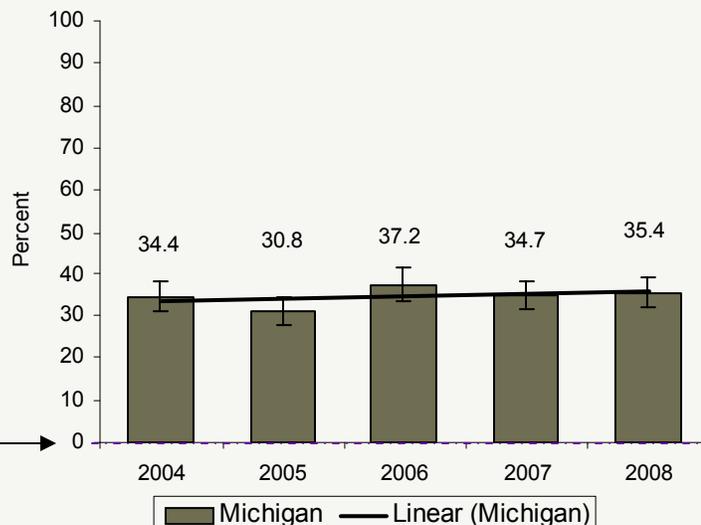


Table 1 **Prepregnancy binge drinking**<sup>a</sup> by age group and race, MI PRAMS 2008

Demographic Characteristics	Prepregnancy binge drinking	
	%	95% Confidence Interval
<b>Total</b>	<b>35.4</b>	<b>(32.1-38.8)</b>
<b>Age</b>		
18 - 24	41.2	(35.2-47.6)
25 - 34	31.5	(27.3-36.1)
35 - 44	37.6	(29.3-46.8)
<b>Race</b>		
White	36.7	(32.9-40.6)
Black	25.1	(20.1-30.8)
Other	b	b

In 2008, 35.4% of Michigan women of reproductive age reported binge drinking in the 3 months prior to pregnancy, a 3% increase since 2004, and higher than the HP2020 goal for pregnant women (Figure 1).

Significant disparities were evident (Table 1, Figures 2-3).

The prevalence of binge drinking was lower among:

- Black women compared to White women;
- Women with a college degree compared to women with less than a High School diploma;
- Women whose household income was at least \$50,000/year compared to women with a household income lower than \$25,000/year.

HP 2020 goal:  
0%

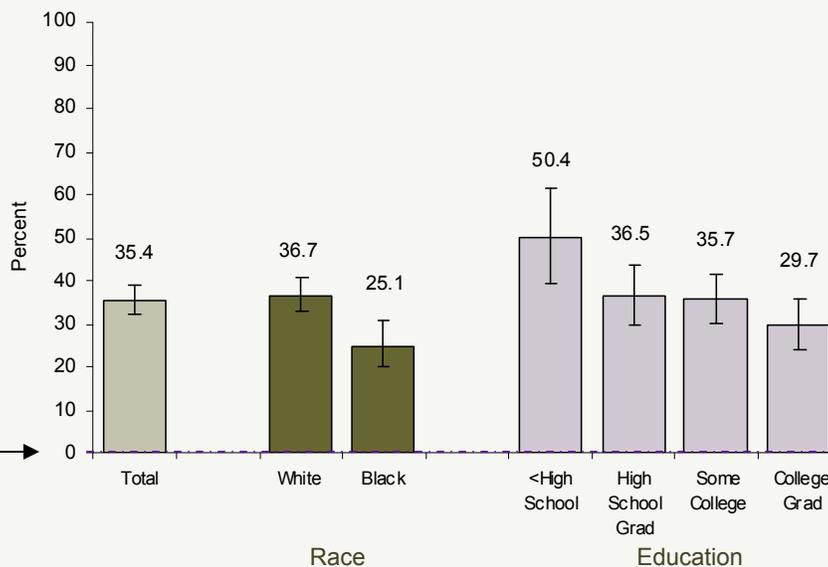
# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: TOBACCO, ALCOHOL & SUBSTANCE USE

### SUB-DOMAIN: ALCOHOL CONSUMPTION

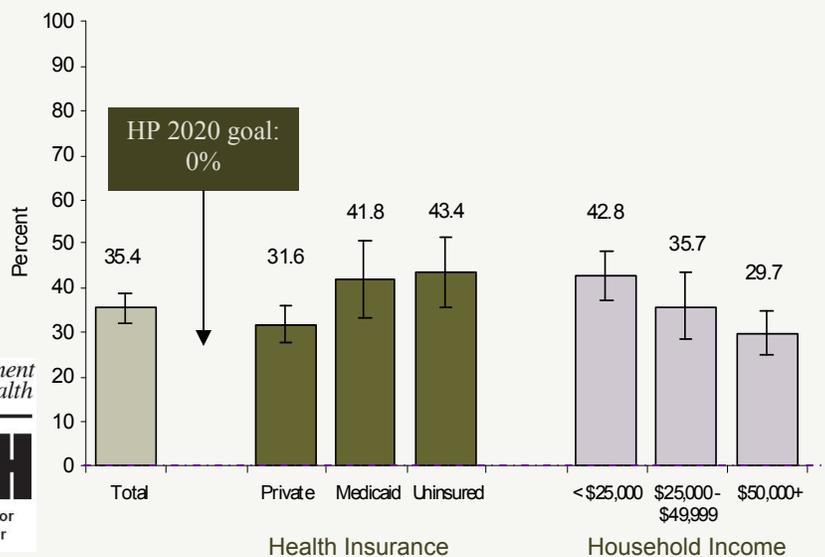
**INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO PARTICIPATED IN BINGE DRINKING IN THE 3 MONTHS PRIOR TO PREGNANCY**

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



HP 2020 goal:  
0%

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



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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 drinking 5 or more drinks in one sitting on at least one occasion during the 3 months before 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.

Michigan Department  
of Community Health



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