

# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: MENTAL HEALTH

### SUB-DOMAIN: GENERAL MENTAL DISTRESS

#### INDICATOR: PERCENTAGE OF WOMEN WHO REPORT THAT THEIR MENTAL HEALTH WAS NOT GOOD FOR AT LEAST 14 OUT OF THE PAST 30 DAYS

### SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

RELIABILITY: UNKNOWN<sup>1</sup>

VALIDITY: MODERATE<sup>1</sup>

HP 2020 OBJECTIVE: NONE

For many women of reproductive age the onset or recurrence of psychiatric disorders may occur during the prenatal and postpartum periods.<sup>2</sup> Furthermore, psychiatric disorders during pregnancy have been associated with increased risk of substance abuse, lower participation in prenatal care and poorer birth outcomes.<sup>3</sup> Screening for mental illness prior to pregnancy allows time to

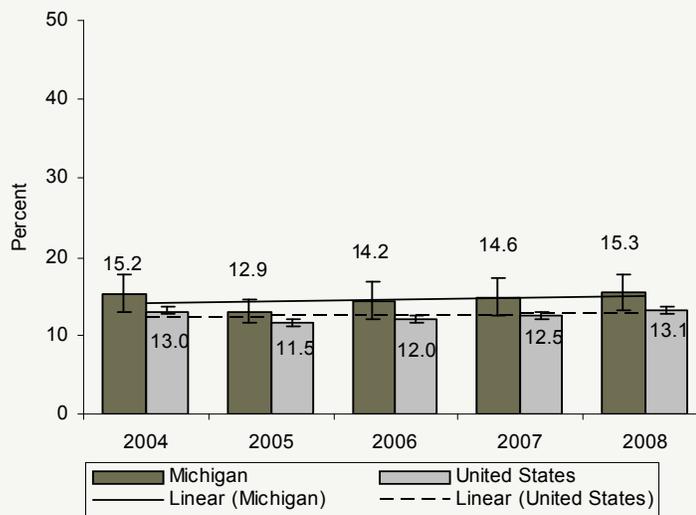
Table 1. Self-reported **poor mental health**<sup>a</sup> by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Poor Mental Health	
	%	95% Confidence Interval
<b>Total</b>	<b>15.3</b>	<b>(13.1-17.8)</b>
<b>Age</b>		
18 - 24	17.9	(12.6-24.9)
25 - 34	14.1	(10.8-18.2)
35 - 44	14.5	(12.0-17.5)
<b>Race</b>		
White	14.8	(12.4-17.6)
Black	14.8	(10.2-20.9)
Other	21.6	(12.1-35.6)

discuss treatment options and change treatment (if needed) to one that is safer for pregnancy.<sup>2,3</sup>

In 2008, 15.3% of Michigan women of reproductive age reported poor mental health, higher than the national rate for the same period (Figure 1).

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



Significant disparities based on income, education and presence of chronic disease were evident (Table 1, Figures 2-3).

The prevalence of poor mental health was higher among:

- Women with less than a high school education compared to college graduates;
- Women with a household income less than \$25,000 compared to those with a household income exceeding \$50,000;
- Women with more than one chronic disease compared to women with no chronic disease.

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## DOMAIN: MENTAL HEALTH

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

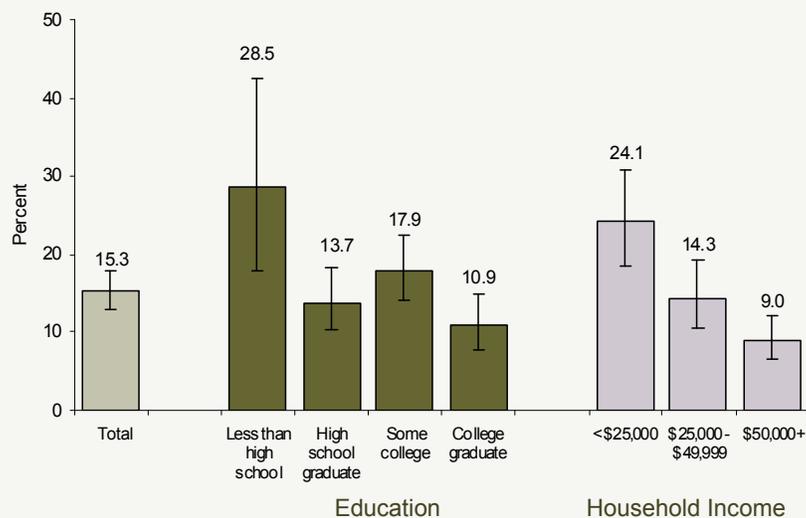
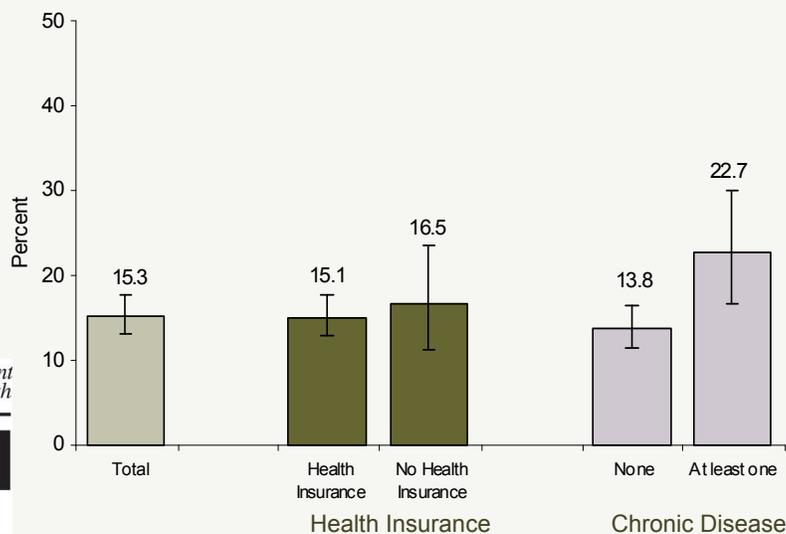


Figure 3. Prevalence of self-reported **poor mental health**<sup>a</sup> among MI women by health insurance coverage or at least one chronic disease<sup>b</sup>, Michigan BRFSS 2008



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#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years, the proportion who reported 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 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. Frieder A, Dunlop A, Culpepper L, et al The clinical content of preconception care: women with psychiatric conditions. *Am J Obstet Gynecol* 2008; 199 (6 Suppl B): S328-S332.
3. Wyszynski AA, Lusskin SI. The obstetric patient In: Wyszynski AA, Wyszynski B, eds, *Manual of psychiatric care for the medically ill*. Arlington, VA: American Psychiatric Publishing, Inc; 2005.

Michigan Department of Community Health



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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: EMOTIONAL & SOCIAL SUPPORT

### SUB-DOMAIN: DOMESTIC ABUSE

#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO WERE PHYSICALLY ABUSED BY THEIR PARTNER DURING THE 12 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: IVP-39.1  
 (DEVELOPMENTAL) REDUCE PHYSICAL VIOLENCE BY CURRENT OR FORMER INTIMATE PARTNERS

Intimate partner violence is a significant reproductive health problem; abuse before pregnancy puts women at risk for abuse during pregnancy.<sup>3</sup> The Select Panel on Preconception Care recommends that all women be asked about their experiences of physical, sexual, or emotional violence from any source (parents, intimate partners, or strangers) cur-

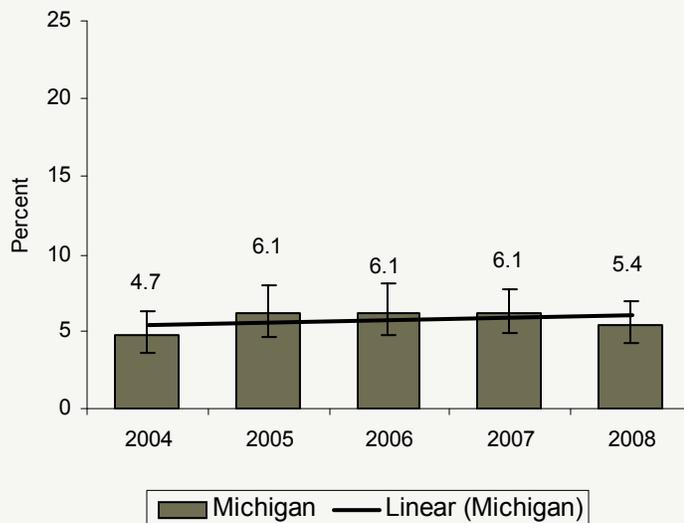
Table 1. **Prepregnancy physical abuse<sup>a</sup>** by age group and race, Michigan PRAMS 2008

Demographic Characteristics	Prepregnancy physical abuse %	95% Confidence Interval
<b>Total</b>	<b>5.4</b>	<b>(4.2-6.9)</b>
<b>Age</b>		
18 - 24	9.5	(6.9-12.9)
25 - 34	2.9	(1.8-4.6)
35 - 44	5.1	(2.5-10.1)
<b>Race</b>		
White	3.9	(2.7-5.6)
Black	8.7	(6.4-11.7)
Other	b	b

rently, in the recent past, or as children.<sup>3</sup>

In 2008, 5.4% of Michigan women of reproductive age reported prepregnancy physical abuse by a partner or ex-partner, a 15% increase from 2004 (Figure 1).

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



Significant disparities were evident when analyzed by age, race, education, household income, and insurance status (Table 1, Figures 2-3). The prevalence of prepregnancy physical abuse was higher among:

- Younger women (18 to 24 yrs);
- Black women;
- Women with less than a high school diploma;
- Women with household income less than \$25,000; and
- Women who were enrolled in Medicaid or uninsured.

# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: EMOTIONAL & SOCIAL SUPPORT

### SUB-DOMAIN: DOMESTIC ABUSE

INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO WERE PHYSICALLY ABUSED BY THEIR PARTNER DURING THE 12 MONTHS PRIOR TO PREGNANCY

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

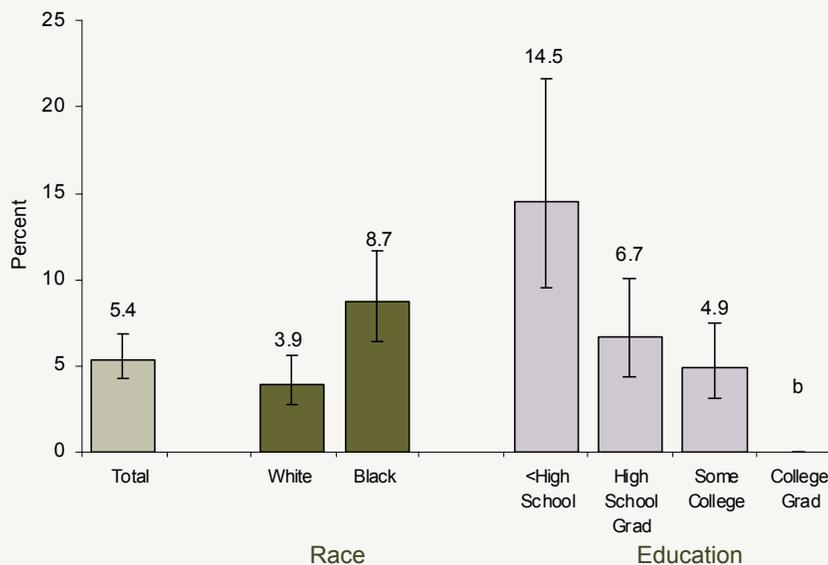
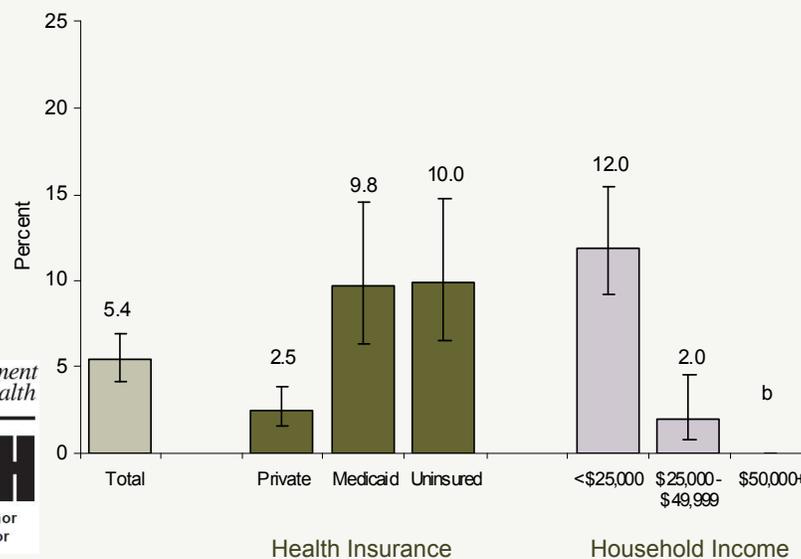


Figure 3. Prevalence of **prepregnancy physical abuse**<sup>a</sup> among MI women by insurance status or household income, Michigan PRAMS 2008



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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 being pushed, hit, slapped, kicked, choked, or physically hurt in any other way by a partner or ex-partner during the 12 months before pregnancy.

<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. Klerman L, Jack B, Coonrod D, et al. The clinical content of preconception care: care of psychosocial stressors. *Am J Obstet Gynecol.* 2008; 199 (6 suppl B): S362-366.

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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: EMOTIONAL & SOCIAL SUPPORT

### SUB-DOMAIN: DOMESTIC ABUSE

#### INDICATOR: PERCENTAGE OF WOMEN HAVING A LIVE BIRTH WHO WERE MENTALLY ABUSED BY THEIR PARTNER DURING THE 12 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: IVP-39.3 (DEVELOPMENTAL) REDUCE PSYCHOLOGICAL ABUSE BY CURRENT OR FORMER INTIMATE PARTNERS

If mental or emotional abuse occurs before pregnancy it is likely to continue during pregnancy which may interfere with a healthy pregnancy and positive parenting practices.<sup>3</sup> PRAMS uses a proxy to measure mental abuse. Respondents were categorized as having pre-pregnancy mental abuse if they answered yes

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

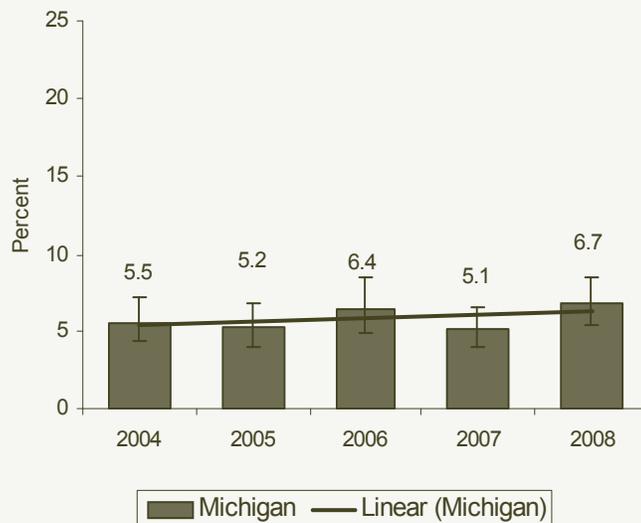


Table 1. **Prepregnancy mental abuse<sup>a</sup>** by age group and race, Michigan PRAMS 2008

Demographic Characteristics	Prepregnancy mental abuse	
	%	95% Confidence Interval
<b>Total</b>	<b>6.7</b>	<b>(5.3-8.4)</b>
<b>Age</b>		
18 - 24	11.3	(8.4-15.2)
25 - 34	3.7	(2.4-5.6)
35 - 44	7.0	(3.9-12.1)
<b>Race</b>		
White	6.3	(4.8-8.4)
Black	6.8	(4.9-9.4)
Other	b	b

to: “During the 12 months before your new baby was born were you repeatedly called names, told you were worthless, ugly, or verbally threatened by your partner or someone important?” In 2008, 6.7% of Michigan women of reproductive age re-

ported prepregnancy mental abuse, a 22% increase from 2004 (Figure 1). Significant disparities were evident when analyzed by age, education, household income, and insurance status (Table 1, Figures 2-3).

The prevalence of prepregnancy mental abuse was significantly higher among:

- Younger women (18 to 24 yrs);
- Women with less than a high school diploma;
- Women with household income less than \$25,000; and
- Women enrolled in Medicaid.

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

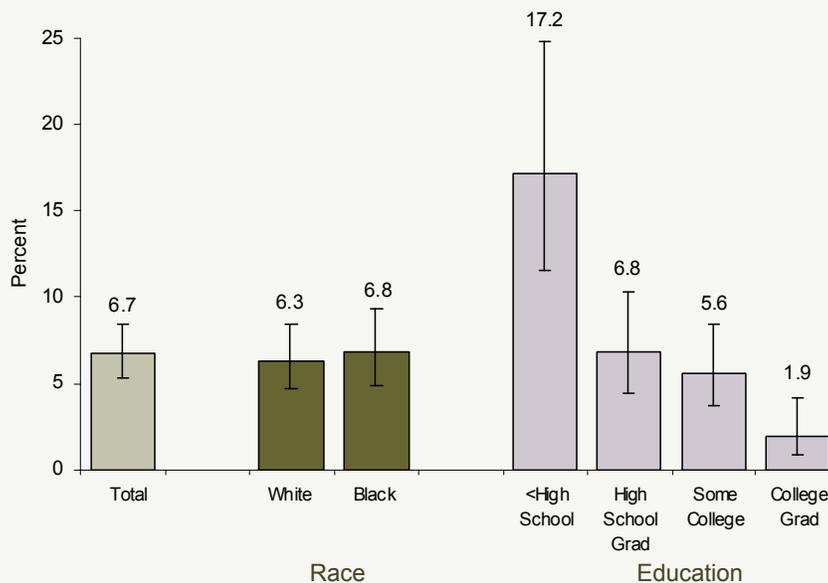
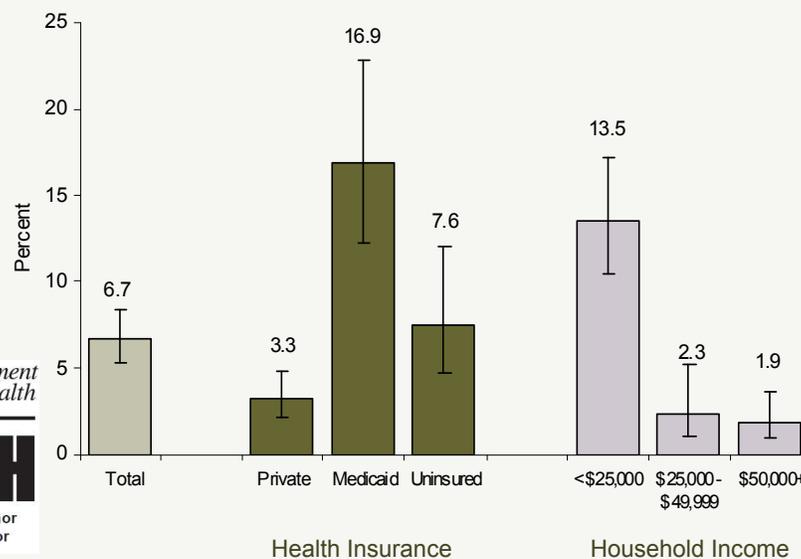


Figure 3. Prevalence of **prepregnancy mental abuse**<sup>a</sup> among MI women by insurance status or household income, Michigan PRAMS 2008



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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 being repeatedly called names, told they were worthless or ugly, or verbally threatened by a partner or someone important to them during the 12 months before delivery. This is a proxy for mental abuse during the 12 months before pregnancy.

<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. Klerman L, Jack B, Coonrod D, et al. The clinical content of preconception care: care of psychosocial stressors. Am J Obstet Gynecol. 2008; 199 (6 suppl B): S362-366.

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# PRECONCEPTION HEALTH IN MICHIGAN

## DOMAIN: EMOTIONAL & SOCIAL SUPPORT

### SUB-DOMAIN: ADEQUACY OF SUPPORT

#### INDICATOR: PERCENTAGE OF WOMEN WHO ALWAYS OR USUALLY GET THE SOCIAL AND EMOTIONAL SUPPORT THEY NEED

### SUMMARY

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)  
 RELIABILITY: UNKNOWN  
 VALIDITY: UNKNOWN  
 LIMITATIONS: EMOTIONAL AND SOCIAL SUPPORT ARE NOT DEFINED. THE INDICATOR RECORDS RESPONSES ON A LIKERT SCALE, LIMITING THE TYPE OF RESPONSE.<sup>1</sup>  
 HP 2020 OBJECTIVE: NONE

Insufficient social support may be associated with risky maternal behaviors such as smoking, thereby influencing birth outcomes.<sup>2</sup> Furthermore, pregnant women with low social support were found to have increased depressive symptoms and lower quality of life.<sup>2</sup> Since lack of social support is an important risk factor for maternal health during

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

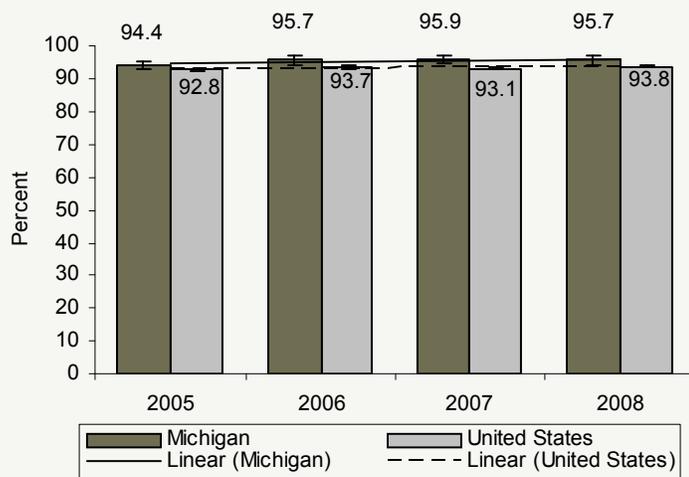


Table 1. Self-reported **adequate social support**<sup>a</sup> by age group and race, Michigan BRFSS 2008

Demographic Characteristics	Receive the Social and Emotional Support that is Needed	
	%	95% Confidence Interval
<b>Total</b>	<b>95.7</b>	<b>(94.3-96.8)</b>
<b>Age</b>		
18 - 24	95.9	(92.5-97.8)
25 - 34	96.7	(94.2-98.1)
35 - 44	94.8	(92.3-96.5)
<b>Race</b>		
White	97.4	(96.1-98.3)
Black	90.3	(84.7-94.0)
Other	89.2	(76.8-95.4)

pregnancy, it should be included in preconception screening.<sup>3</sup>

In 2008, 95.7% of Michigan women of reproductive age reported adequate social support health, higher than the national rate for the same period (Figure 1). Significant disparities based on demographic characteristics were evident (Table 1, Figures 2-3).

The prevalence of adequate social support was lower among:

- Black women;
- Women with less than a high school diploma;
- Women with a household income less than \$25,000 per year;
- Uninsured women; and
- Women with more than one chronic disease.

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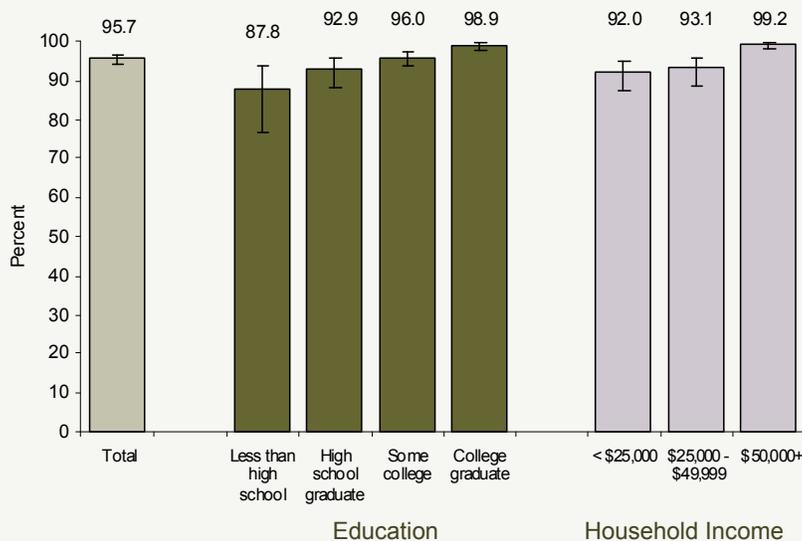
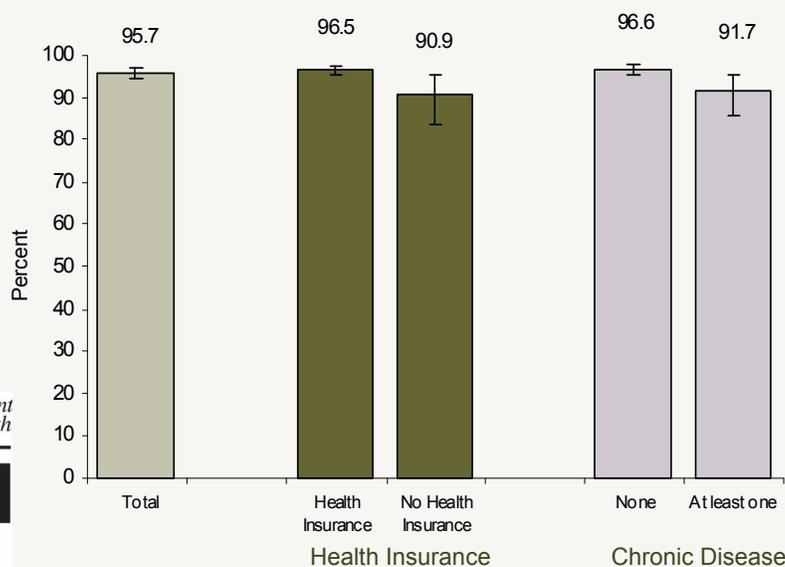


Figure 3. Prevalence of self-reported **adequate social support**<sup>a</sup> among MI women by health insurance coverage or at least one chronic disease<sup>b</sup>, Michigan BRFSS 2008



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#### TABLE & FIGURE FOOTNOTES

<sup>a</sup> Among adult women aged 18-44 years, the proportion who reported either "Always," "Usually" or "Sometimes" to the following question: "How often do you get the social and emotional support you need?"

<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. Core State Preconception Health Indicators: a voluntary, multi-state selection process. November 2009.
2. Elsenbruch S, Benson S, Rose M, et al. Social support during pregnancy: effects on maternal depressive symptoms, smoking and pregnancy outcome. *Human Reproduction* 2007; 22:869-877.
3. Gonzalez-Calvo J, Jackson J, Hansford C, Woodman C. Psychosocial factors and birth outcome: African American women in case management. *J Health Care Poor Underserved* 1998; 9:395-419.

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