

This is a maternal and child health surveillance report focused on births to WIC recipients for the three-year period from 2018-2020. This report is based on the MCH Annual reports but excludes teen pregnancy since we do not have WIC specific data for that indicator. Included are WIC birth data for three-year periods reported by district and county for low birth weight, preterm delivery, pre-pregnancy BMI and weight gain during pregnancy, entry into prenatal care, adequacy of prenatal care utilization, smoking before pregnancy, quit rates for smokers during pregnancy, and new families at risk. Following the highlights is a series of charts showing recent WIC data by county and district for each indicator, and a long-term trend plot comparing WIC and non-WIC data. The charts will be followed by detailed tables for each indicator for the most recent three years by district, and lastly the same tables by county.

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### Highlights

- The low birth weight (<2500g) rate for WIC births from 2018-2020 was 9.3%. No district had a WIC low birthweight rate significantly higher or lower than the state WIC rate for this period.
- The very low birthweight (<1500g) rate was 1.2% for WIC births from 2018-2020.
- The low birthweight rate for singleton births was 7.5% for WIC births during this three-year period. The St. Albans district had a significantly lower rate than the state for WIC births.
- The preterm delivery rate (<37 weeks gestation) was 9.0% among WIC births for 2018-2020.
- Among women on WIC who gave birth from 2018-2020, 34.4% had a healthy pre-pregnancy body-mass index (BMI). During this three-year period, 3.7% of WIC women giving birth were underweight pre-pregnancy, while 23.4% were overweight and 38.5% were obese (BMI > 30). The Burlington district had a significantly higher percentage of healthy weight mothers among WIC clients than the state. The St. Johnsbury district had a significantly higher percentage of overweight mothers, and the St. Albans district had a higher percentage of obese mothers than the state WIC population.
- From 2018-2020, 27.0% of women on WIC achieved the recommended amount of weight gain during pregnancy, while 25.5% gained less weight than recommended and 47.5% gained more than the recommended amount. Women in the Burlington district were more likely to gain less than the recommended amount, while women in the St. Johnsbury district were more likely to gain more than the recommended amount.

[BMI categories and weight gain recommendations defined by the Institute of Medicine. See bottom of page 2 for details.]

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- The rate for first trimester prenatal care entry was 80.7% among WIC mothers from 2018-2020. The Newport, White River Jct., St. Albans and Middlebury districts all had first trimester prenatal care entry rates significantly higher than the state rate for WIC mothers. The Burlington district had a significantly lower rate of first trimester care.
- The percent of women with adequate or intensive prenatal care utilization (as defined by the Kotelchuck Index) among WIC mothers was 84.4% for this three-year period. The Rutland and Middlebury districts had a significantly higher rate of at least adequate prenatal care utilization, while the Springfield district was significantly lower than the state rate for WIC mothers.
- From 2018-2020, 31.3% of WIC births were to women who smoked before pregnancy. There was wide variation in smoking rates among WIC mothers by district, ranging from a low of 20.3% in the Burlington district, to a high of 37.8% in the Barre district.
- Of the women who smoked before pregnancy or during the first trimester from 2018-2020, 24.6% quit smoking for the second and third trimester. Quit rates also varied widely by district, from a low of 17.4% in Morrisville to a high of 29.8% in St. Johnsbury.
- New families at risk, defined as first births to single mothers aged less than 20 years with less than a high school education, accounted for 8.8% of first births to WIC mothers for 2018-2020. The Burlington, Middlebury and White River Jct. districts had significantly lower percentage of new families at risk than the overall state WIC population, while Barre had a significantly higher percentage.

Institute of Medicine Recommendations for Weight Gain During Pregnancy by Pre-Pregnancy BMI

Pre-pregnancy BMI	BMI (kg/m <sup>2</sup> )	Weight Gain Recommendation	
		Single Gestation	Twin Gestation
Underweight	<18.5	28–40lbs	---
Normal weight	18.5-24.9	25–35lbs	37–54lbs
Overweight	25.0-29.9	15–25lbs	31–50lbs
Obese	≥30.0	11–20lbs	25–42lbs

There are no standard recommendations for underweight women carrying twins, or for higher order multiple gestations.

Details on the IOM guidelines for weight gain can be found here:

<http://iom.edu/About-IOM/Leadership-Staff/Boards/Food-and-Nutrition-Board/HealthyPregnancy.aspx>