Maternal Stressors and Health Behaviors 2012-2015 Vermont PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of women who recently gave birth that asks about their experiences, behaviors and healthcare utilization before, during and shortly after their pregnancy. Vermont has participated in PRAMS since 2001. The following is a report on the relationship between maternal stress and health behaviors or pregnancy outcomes.

For 2012-2015 births, Vermont PRAMS asked women whether they experienced any of a list of 17 stressful events in the 12 months before their baby was born. For this analysis, these stressful events were categorized by the number and type of stressors reported which are: financial (reported by 54.8% of women), emotional (29.8%), partner (29.4%) and traumatic stress (19.1%) About three in ten women faced at least three stressors. A full list and definitions of stressors are on page 4.

The number and type of stresses experienced were related to maternal demographic characteristics.

Younger women tended to report more stressors than older women.

Women with household incomes below 200% of the poverty line were more likely to report three or more stressors than those above 200% of the Federal Poverty Level (FPL), and were also more likely to report each type of stress than those above 200% FPL (not pictured).

Women without any college education were also more likely to report 3 or more stressors than those who attended college and more likely to report each type of stressor (not pictured).
Prenatal Care and Pregnancy Intendedness

Women with three or more stressors were slightly less likely to receive prenatal care that was considered adequate or intensive on the Kotelchuck scale, as were women reporting financial, partner or traumatic stress. The relationship between these three types of stressor and prenatal care quality persists after controlling for age, income, and education (not pictured). There was no statistically significant association between emotional stressors and prenatal care quality when controlling for demographic factors.

Less Than Adequate® Prenatal Care and Maternal Stress
Vermont PRAMS 2012-2015

[Graph showing the distribution of prenatal care quality across different stressor categories]

Women with three or more stressors and those who reported financial, partner, or traumatic stress were more likely to have an unintended pregnancy. As with prenatal care, these associations persisted when controlling for age, income and education, while the experience of an emotional stressor was not statistically associated with intendedness.

Unintended Pregnancy and Maternal Stress
Vermont PRAMS 2012-2015

[Graph showing the distribution of unintended pregnancies across different stressor categories]

* There is a statistically significant difference across the stressor category when controlling for age, education, and income.
Tobacco Use and Maternal Stress

Women reporting three or more stressors were more likely to smoke cigarettes before and during pregnancy and were less likely to quit smoking.

When controlling for age, income and education, statistically significant differences by number of stressors remain.

Each type of stressor was also associated with smoking before and during pregnancy, and women with emotional, financial and traumatic stressors were less likely to quit smoking when controlling for age, income and education.

Postpartum Risks and Maternal Stressors

Women reporting three or more stressors were more likely to report postpartum depressive symptoms than those with fewer than three, even when controlling for age, income and education.

Women with financial, partner, or traumatic stress were also significantly more likely to report depressive symptoms.

After controlling for age, income, and education, the presence of three or more stressors was associated with the presence of a safe sleep risk factor, as was each stressor type other than emotional.

While women with higher numbers of stressors and those reporting economic and partner-related stress breastfed at a lower rate, this association did not persist after controlling for age, income, and education. However, when controlling for maternal demographics, women with financial stress were less likely to breastfeed at four or eight weeks and those with traumatic stress were less likely to initiate breastfeeding and to persist in breastfeeding for 8 weeks.
The following PRAMS questions were used for this data brief:

**Emotional Stress**
A close family member was very sick and had to go into the hospital.
Someone very close to me died.

**Financial Stress**
I moved to a new address.
My husband or partner lost his job.
I lost my job even though I wanted to go on working.
My husband, partner or I had a cut in work hours or pay.
I had problems paying the rent, mortgage, or other bills.

During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

**Partner Stress**
I got separated or divorced from my husband or partner.
I was apart from my husband or partner due to military deployment or extended work-related travel.
I argued with my husband or partner more than usual.
My husband or partner said he didn’t want me to be pregnant.

During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

**Traumatic Stress**
I was homeless or had to sleep outside, in a car, or in a shelter.
My husband, partner, or I went to jail.
Someone very close to me had a problem with drinking or drugs.

**Postpartum Depression** status was coded as a response of ‘Always’ or ‘Often’ to either:
Since your new baby was born, how often have you felt down, depressed, or hopeless?
Since your new baby was born, how often have you had little interest or little pleasure in doing things?

**A Safe Sleep Risk Factor** is present when an infant was not most often placed on his or her back to sleep and/or often slept in the same bed with others.
In which position do you most often lay your baby down to sleep now?
How often does your new baby sleep in the same bed with you or anyone else?

Questions or comments about this report may be directed to John Davy at (802) 863-7661 or john.davy@vermont.gov. More information about Vermont PRAMS can also be found at http://healthvermont.gov/research/PRAMS/prams.aspx.