Maine Women's Health: Mental Health and Substance Use

Maternal and Child Health Block Grant Data Brief

Domain Listening	Regional Forums	Survey (Professional) (n=401)	Survey (Non-professional) (n=909)
Score 21 (rank=2)	Top 2: 2 of 3 forums	58% (SUD) 56% (MH)	51% (MH) 45% (SUD)

Stakeholder Input

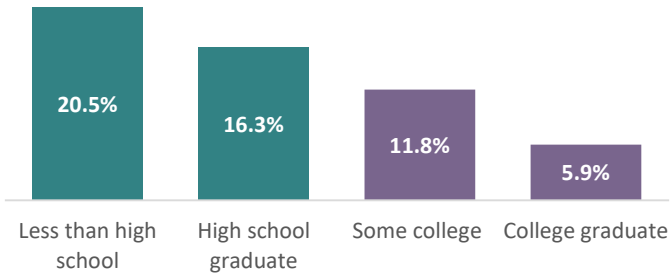
Stakeholders identified several **areas of concern** related to mental health and substance use among women :

- Depression
- Alcohol, marijuana and opioid use during and after pregnancy
- Stigma
- Domestic Violence
- Homelessness
- Family planning
- Lack of access to treatment
- Trauma

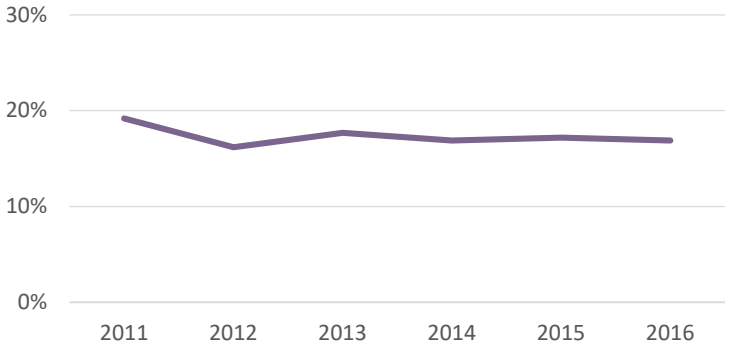
Stakeholders identified **strategies** that could **improve outcomes** related to mental health and substance use :

- Telehealth
- Address adverse childhood events
- Increased provider reimbursement
- Community outreach and education
- Provider education to decrease stigma
- Peer support
- Increase access to Behavioral Health
- Medication Assisted Treatment

In 2017, **13.4%** of new Maine mothers reported they had experienced **postpartum depression**. Women with **less education** were **more likely to experience PPD** (PRAMS).



More than **1 in 6** **(16.9%)** Maine women **experienced 14 or more "mentally unhealthy days" in the past month** (BRFSS, 2016)



28% of Maine women have ever been told they have depression (BRFSS, 2018).

Close to **1 in 4** Maine women aged 18-44 engaged in **binge or chronic alcohol use** in the past month (BRFSS, 2016-2017).

In 2015-2017, the rate of **drug-related deaths** among Maine women was **24.5 per 100,000** (NCHS).

In 2018, **12%** of new mothers in Maine **smoked during their pregnancy**. Smoking during pregnancy is more frequent among women with less education (28.8%), **American Indian/Alaska Native** mothers (36%), and mothers living in **Washington County** (28.5%) (DRVS, 2014-2017).

In 2017, **10.8%** of new mothers reported using **marijuana during pregnancy**. New mothers **under 20 years old** were most likely to use (30.5%) (PRAMS).

National Performance Measures - Women's Health

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
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Sources: Maine Center for Disease Control and Prevention, Office of Data, Research and Vital Statistics; Maine Pregnancy Risk Assessment Monitoring System (PRAMS); Maine Behavioral Risk Factor Surveillance System (BRFSS); Maine Health Data Organization; US Centers for Disease Control, National Center for Health Statistics (NCHS)

Maine Women's Health: Family Planning

Maternal and Child Health Block Grant Data Brief

Domain Listening	Regional Forums	Survey (Professionals) (n=401)	Survey (Non-professionals) (n=904)
Score = 8	NA	22%	35%

Stakeholder Input

Stakeholders noted the following may support family planning in Maine:

- Emphasize the benefits of long acting reversible contraception (LARC) methods
- Engage women at wellness checks
- Educate women about availability of contraception exams
- Offer incentives
- Utilize telehealth
- Engage in meaningful collaborations
- Improve access to pregnancy tests

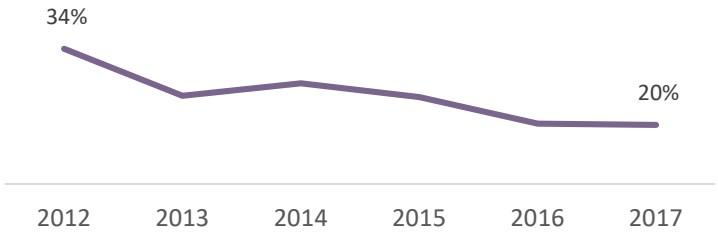
78% of Maine women 18-49 used **any contraceptive method** in 2017 (Guttmacher Institute).

8.2% of Maine women who gave birth as a result of an unintended pregnancy reported they had **difficulty accessing birth control** prior to pregnancy (PRAMS, 2016).

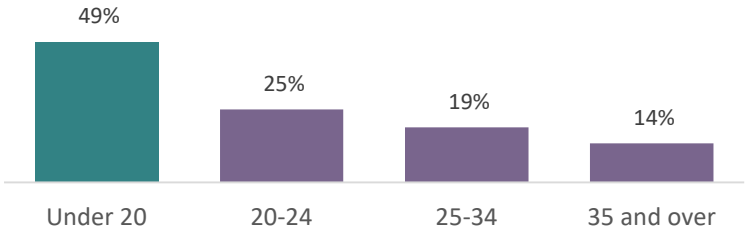
In 2017, Maine Family Planning providers inserted over **900 long acting reversible contraceptives (LARCs)** (Maine Family Planning).

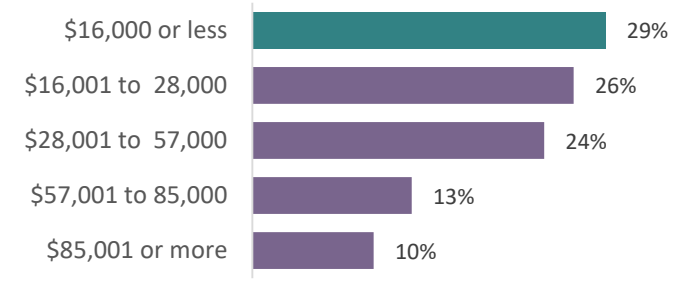
79.3% of new mothers reported using a pregnancy prevention method **after their most recent birth** (PRAMS, 2016).

In 2017, about 1 in 5 Maine women had a birth resulting from an unintended pregnancy (PRAMS).



Younger and lower income women are more likely to have a birth resulting from an unintended pregnancy than older or higher income women (PRAMS, 2017).





National Performance Measures - Women's Health

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Sources: Guttmacher Institute; Maine Behavioral Risk Factor Surveillance System (BRFSS); Maine Pregnancy Risk Assessment Monitoring System (PRAMS), Maine Center for Disease Control and Prevention.

Maine Women's Health : Access to Care

Maternal and Child Health Block Grant Data Brief

Domain Listening	Regional Forums	Survey (Professionals) n=401	Survey (Non-Professionals) N=909
Score = 24	Top 2: 2 of 3 forums	22% access to birth control 20% access to health care 26% dental care access	35% access to birth control 24% access to health care 17% dental care access

Stakeholder Input

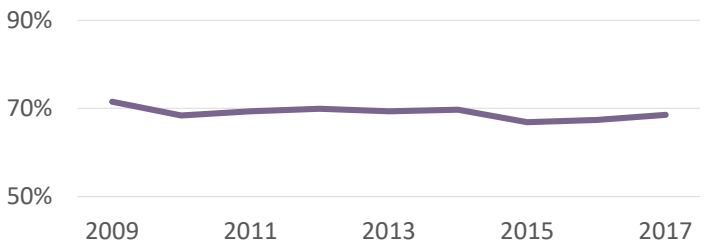
Stakeholders identified challenges accessing the following **types of care:**

- Birthing hospitals due to recent closures
- Obstetric care
- Family planning
- Mental health counseling
- Substance disorder treatment
- Support groups/community supports

The following **barriers to accessing care** were identified:

- Transportation
- Lack of child care
- Isolation
- Paid leave
- Insurance
- Availability of providers
- Rurality

About 2 out of 3 (67%) women aged 18-44 have had a preventive health visit in the past year (BRFSS, 2017).



86.5% of pregnant women had **early and adequate prenatal care** (BRFSS, 2017).

64.6% of women had a **dental visit** in the past year (BRFSS, 2016).

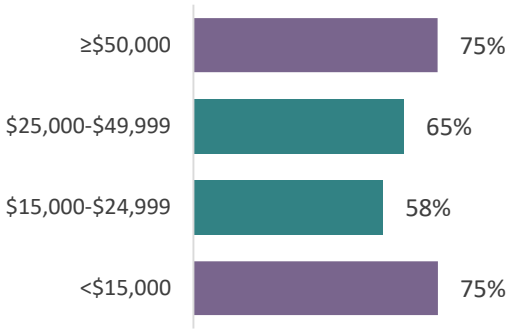
11% of women are **uninsured** (BRFSS, 2017).

19% of women are insured by **MaineCare** (BRFSS, 2017).

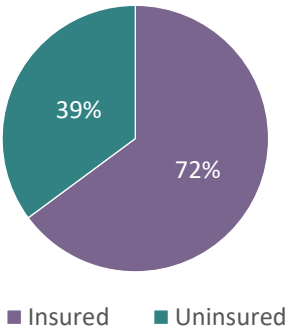
62.6% of **African American** mothers received at least 80% of expected prenatal care visits versus **82.5%** of **White** mothers (DRVS, 2017).

Mothers with **incomes under $16,000** are less likely than higher income women to get prenatal care as early as they wanted (PRAMS, 2016).

Women aged 18-44 who are in **middle-income categories** are less likely to have a **preventive visit.**



Women with **health insurance** are more likely to have a **preventive visit.**



National Performance Measures - Women's Health

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Sources: Maine Birth Certificate Data, Maine Data Research and Vital Statistics (DRVS); Maine Behavioral Risk Factor Surveillance System (BRFSS); Maine Pregnancy Risk Assessment Monitoring System (PRAMS), Maine Center for Disease Control and Prevention.

Maine Women's Health: Maternal Mortality & Morbidity

Maternal and Child Health Block Grant Data Brief

Domain Listening	Regional Forums	Survey (Professionals) (n=401)	Survey (Non-Professionals) (n=904)
Score = 15	Top 2: 2 of 3 forums	NA	NA

Stakeholder Input

Stakeholders identified several factors that **contribute** to maternal morbidity and mortality:

- Chronic diseases
- Intimate partner violence
- Poverty
- Stress
- Trauma
- Nutrition
- Poor care coordination
- Substance use
- Lack of access to risk appropriate care
- Lack of access to preconception health care
- Mental health

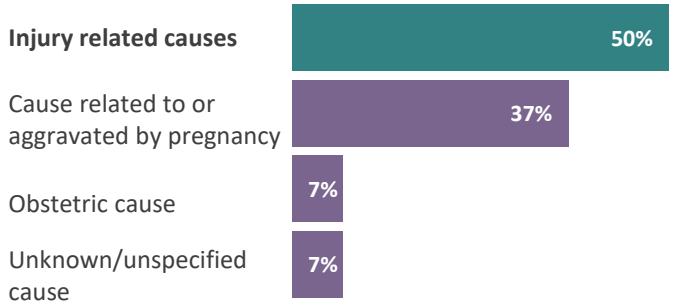
Stakeholders identified **strategies** that could **reduce** maternal morbidity and mortality:

- Cultural competency training for providers
- Low barrier OBGYN care
- Case management
- Use of telehealth
- Universal home visiting
- Extended MaineCare for postpartum women
- Breastfeeding support
- Mental health and substance abuse screening
- Prenatal/postpartum medical homes

More than **40%** of **lower income women** received **no healthcare** in the 12 months prior to their most recent pregnancy.

Between 2014 and 2017, an average of 8 Maine women per year died while pregnant or within a year of delivery.

Injuries, including suicides and drug overdoses, were the most frequent causes of **pregnancy–associated deaths** in Maine in 2014-2017 (DRVS, 2017).



In 2013-2015, Maine's rate of **severe maternal morbidities** was **120.4** per 10,000 delivery hospitalizations (MHDO).

In 2016, **13.9%** of Maine new mothers reported they experienced **high blood pressure, pre-eclampsia or eclampsia** during their most recent pregnancy (PRAMS, 2016).

23.8% of **low-risk first births** in Maine were delivered by **c-section**. Mothers **over 35** were more likely to deliver a low-risk first birth by c-section than younger mothers (38% vs. 22%) (DRVS, 2017).

In 2014-2018, **7%** of women giving birth in Maine had **gestational diabetes**. Asian-American women were at highest risk (12%) (DRVS).

National Performance Measures - Women's Health

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Sources: Maine Center for Disease Control and Prevention, Office of Data, Research and Vital Statistics (DRVS); Maine Pregnancy Risk Assessment Monitoring System (PRAMS); Maine Health Data Organization (MHDO);

Maine Women's Health: Obesity

Maternal and Child Health Block Grant Data Brief

Domain Listening	Regional Forums	Survey (Professionals) (n=401)	Survey (Non-Professionals) (n=909)
Score = 3 (rank =5)	Top 2: 0 of 3 forums	22% (rank=5)	25% (rank=5)

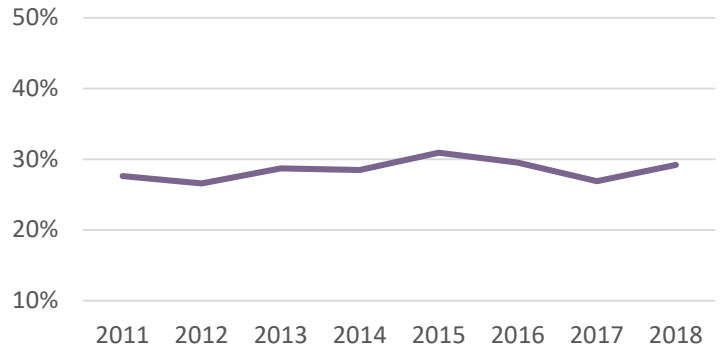
Stakeholder Input

Stakeholders identified the following strategies that could reduce obesity among Maine women:

- Mobile healthcare units
- Nutrition education
- Strengthening SNAP-Ed
- Reinstating home economics curriculum
- Improving access to healthy foods
- Taking a wellness approach to healthcare

2 in 3 (66%) Maine women are overweight or obese (have a body mass index (BMI) greater than 25) (BRFSS, 2018) .

About 1 in 3 (30%) Maine women are obese (have a BMI of 30 or greater) (BRFSS, 2018) .



56.3% of **new mothers** who received a postpartum check up reported their healthcare provider **talked with them about physical activity and nutrition** during their visit (PRAMS, 2016).

Between 2016-2018, the percent of births to Maine women who were **overweight or obese** was the **3rd highest in the U.S.** behind Mississippi and North Dakota (NCHS, 2019).

In 2016-2017, **16%** of Maine women age 18-44 engaged in **no physical activity** in the past 30 days (BRFSS).

In 2015, **about 1 in 3** Maine women reported consuming **less than 1 serving of fruits and vegetables** per day (BRFSS).

In 2017, **27.7%** of new Maine mothers were **receiving WIC** at the time of their baby's birth (DRVS).

183 farmers markets in Maine **accept WIC** (WIC, 2019)

In 2017, **12.9%** of Maine residents experienced **food insecurity** (Feeding America).

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