



Pregnancy Risk Assessment Monitoring System Phase 8 Report

**A look at pre and postnatal
experiences of Vermonters
from 2016 to 2022.**

October 2024

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Introduction

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a statewide population-based survey that collects data on maternal attitudes and experiences before, during, and shortly after pregnancy. The survey is conducted in cooperation with the Centers for Disease Control and Prevention (CDC) and is currently active in 46 states, the District of Columbia, New York City, Puerto Rico, and the Northern Mariana Islands.

Vermont PRAMS implemented the Phase 8 questionnaire from 2016 through 2022 by sampling mothers from eligible birth certificates. Approximately 1 in 4 people were randomly chosen to receive the survey 3 to 4 months after delivering their baby. The Phase 8 questionnaire has 84 questions in a variety of topics including maternal attitude towards pregnancy, substance use, access to perinatal health care, and postpartum practices. A thorough list of Phase 8 topics can be found in the [CDC PRAMS Topics Reference](#).

Please see the Methods section on page 27 for more details on the PRAMS survey design and implementation.

For this report, we've followed the CDC's PRAMS language on pregnant people for consistency across national surveys. The Vermont Department of Health recognizes that not all people who give birth identify as women, or mothers, and can include transgender men and non-binary people.

Acknowledgements

We thank all the Vermont participants who shared with us their preconception, pregnancy, and postpartum experiences. This report was led and written by the Vermont PRAMS Coordinator, Lucia Orantes (Lucia.Orantes@vermont.gov). The survey data was collected by Rachael Lizotte and Elizabeth Goss, PRAMS Data Managers. Analysis and verification were conducted by Michael Nyland-Funke, Teri Hata, and Michael Kenny in the Division of Health Statistics and Informatics, at the Vermont Department of Health. Design, data visualization guidelines, and accessibility support were provided by the division's Information Director, Mary Fafard. We thank the CDC PRAMS Working Group, which includes the PRAMS Team, at the Division of Reproductive Health, CDC.

Executive Summary

The Phase 8 Report addresses 18 topics of interest to Vermont PRAMS partners. Below is a synthesis of the highlights from each topic:

Cigarette Use – About one in ten people smoke during pregnancy. Vermonters under 25, enrolled in Medicaid, or without a high school diploma are significantly more likely to smoke while pregnant. About 65% of people that quit smoking during pregnancy are still not smoking after giving birth. The rate of cigarette use during pregnancy decreased from 18% in 2016 to 10% in 2022.

Smoking Cessation – On average, 76% of Vermonters who smoke during pregnancy receive advice from a health care providers to quit smoking. More than half receive reading material or recommendations for classes, but only 9% use these tools to try to quit. Forty four percent of people who smoke prior to pregnancy quit during pregnancy. More than 70% tried to stop “cold turkey” and 26% tried setting a date to quit.

E-cigarette Use – Seven percent of people use E-cigarettes weekly in the months before getting pregnant, and 5% of them use E-cigarettes at least once a day. Four percent of people use E-cigarettes while pregnant, and 3% of them use E-cigarettes at least once a day. One in five Vermonters quit cigarettes during their pregnancy by switching to E-cigarettes.

Alcohol Use – On average, 70% of people report drinking in the months before getting pregnant, while 18% report binge drinking, (4+ drinks at a time at least once a week) during the same period. Eighty-two percent of people are advised to not drink alcohol during pregnancy in at least one prenatal visit. About 12% of people drink during pregnancy. Vermonters 35 and older, with private health insurance, or higher education are significantly more likely to drink while pregnant.

Cannabis Use – Cannabis use before pregnancy has increased significantly from 13% in 2016 to 20% in 2022. Vermonters under 25, enrolled in Medicaid, or without a high school diploma are significantly more likely to use cannabis during pregnancy. During pregnancy, 10% of pregnant people report using cannabis. Cannabis is the second most used substance after alcohol during pregnancy.

Medication Assisted Treatment – Most people enrolled in Medication Assisted Treatment (MAT) before getting pregnant, remain enrolled during pregnancy and after birthing. In 2019, MAT enrollment reached a peak of 6% in all perinatal stages. By 2022, enrollment decreased to 3%. From 2016-2022 all pregnant people enrolled in MAT indicated having Medicaid as their primary insurance

Executive Summary - Continued

Depression – One in four people report feeling depressed before their pregnancy. Among the birthing population, only eighteen percent receive health care for depression before getting pregnant. Twenty three percent of people feel depressed during pregnancy. Vermonters under 25 or enrolled in Medicaid are significantly more likely to experience depression while pregnant. About 90% of people are asked about depression symptoms in at least one prenatal visit. Thirteen percent of Vermont mothers experience postpartum depression symptoms, which is significantly lower than before (24%) or during pregnancy (23%).

Vaccination - Tdap – Eighty-one percent of people receive a Tdap vaccination during pregnancy regardless of age or insurance type. Vermonters with higher education are significantly more likely to receive the Tdap vaccine.

Vaccination - Flu – Eighty nine percent of people are offered a flu vaccine before or during their pregnancy. About 11% get a flu shot before getting pregnant and 57% get one during pregnancy. Vermonters under 25 or enrolled in Medicaid are significantly less likely to get a flu shot while pregnant.

Oral Health – From 2016-2022, an average of 69% of people got their teeth cleaned in the year before getting pregnant. Fifty nine percent got their teeth cleaned during their pregnancy. Vermonters 35 and older, with private insurance, or higher education, are significantly more likely to get their teeth cleaned while pregnant. About one in five pregnant people indicated having problems with their teeth. Of these, 85% did not receive dental care, citing unaffordability and Medicaid rejection as the most common reasons.

Workplace Parental Leave – Ninety-seven percent of mothers who recently delivered a baby take parental leave. Eighty two percent of them returned or will return to work. About 44% of mothers take only unpaid leave, which is a significantly higher proportion than those who take paid (35%) or combined (19%) leave. Fifty two percent take between 6-12 weeks of parental leave. Most mothers feel their parental leave is too short regardless of the length of leave or pay type. They indicate financial constraints and/or unpaid family leave as the reasons to not take more time.

Breastfeeding – Ninety-seven percent of people successfully start breastfeeding when their baby is born. Significantly less people (85%) breastfeed after eight weeks. Seventy six percent of people report still breastfeeding 3 to 6 months postpartum (at the time the PRAMS survey is received). Most pregnant people receive information about breastfeeding from a health care provider. Mothers 35 and older, with private insurance, or higher education, are significantly more likely to breastfeed past eight weeks.

Executive Summary - Continued

Family Planning – Twenty-one percent of mothers and their partners do not use birth control methods to prevent pregnancy during the postpartum period (6 to 8 weeks after birth). Vermonters between 25 and 34 years old or with a high school diploma and higher are significantly more likely to use birth control 6 to 8 weeks after delivery. Forty percent of mothers are not using birth control say they do not want to. Others worry about contraceptives side effects or do not feel the need to use a contraceptive since they are not sexually active.

Unintended Pregnancy – Unintended pregnancy declined from 37% in 2016 to 30% in 2022. Vermonters 25 and older, with private insurance, or with higher education, are significantly more likely to have planned pregnancies. Around 70% of people want to be pregnant at the time of their pregnancy or sooner. Fifteen percent wanted to be pregnant later, while 2% did not want to be pregnant.

Prenatal Health Visit – Ninety-eight percent of people have at least one prenatal care visit with a health care provider, but only 40% have a preconception visit to prepare for pregnancy. Vermonters 25 and older, with private health insurance, or higher education, are significantly more likely to have a preconception health care visit. Health care providers are significantly less likely to talk about mother's weight and HIV testing than any other topic during a prenatal care visit.

Postpartum Health Visit – On average, 93% of mothers have a postpartum checkup 4-6 weeks after delivery. Vermonters under 25 or enrolled in Medicaid are significantly less likely to have a postpartum checkup. About 96% of people are asked about depression during their postpartum checkup. Eighty one percent are asked about birth control plans, while only 12% are prescribed a contraceptive.

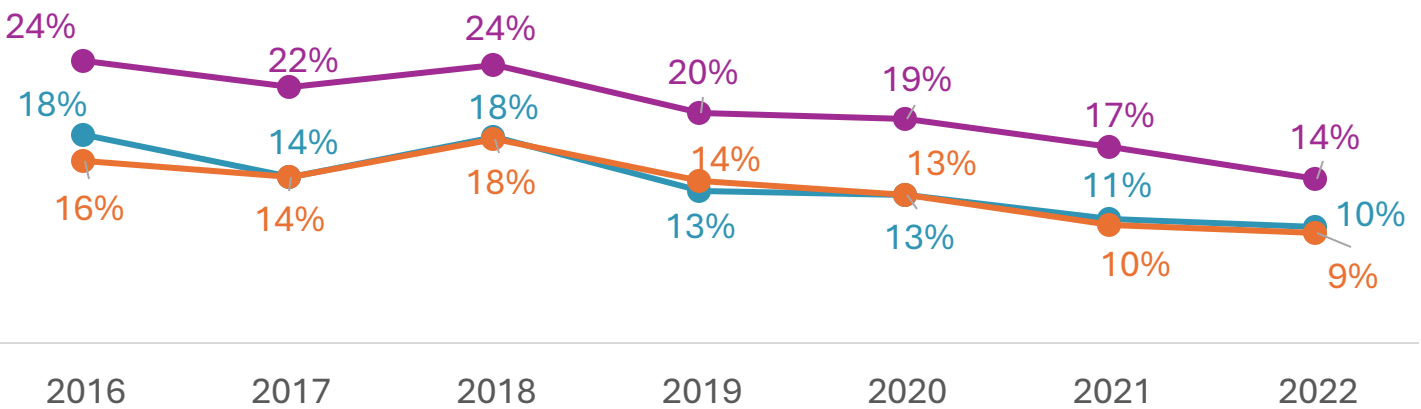
Sleep Environment – The rate of infants who sleep exclusively on their back increased from 85% in 2016 to 90% in 2022. About four in five infants sleep alone in their crib without objects or blankets. Seventy percent of them have their crib in their parent's room. Parents are significantly more likely to place their baby in a crib without objects or blankets now than in 2016. Mothers with health insurance or higher education are significantly more likely to place babies to sleep on their backs.

Vehicle Safety – Ninety-seven percent of Vermont infants always ride in a car seat while in a moving vehicle and 99% of them ride in a rear-facing seat. One hundred percent of mothers report having a car seat installed in their vehicles. While most parents learn to install a car seat on their own, 38% learn from a community professional (e.g., staff from hospital, fire dept., the Health Department, etc.).

Cigarette Use

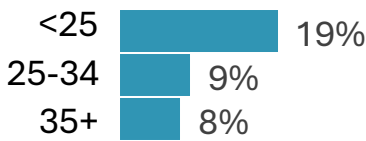
- Significantly less Vermonters reported using cigarettes before, during and after pregnancy from 2016 to 2020.
- 10% of people smoke during pregnancy. People under 25, enrolled in Medicaid, or without a high school diploma are significantly more likely to smoke while pregnant.
- 43% of people quit smoking during pregnancy. Of that group, 65% do not go back to smoking after giving birth. Among all birthing populations, 28% of mothers who quit smoking during pregnancy abstain from smoking during postpartum.

Cigarette use **before**, **during** and **after** pregnancy.

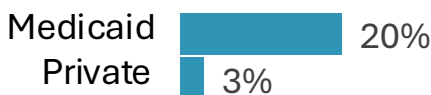


Cigarette use during pregnancy in 2022

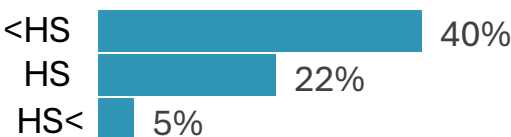
Age



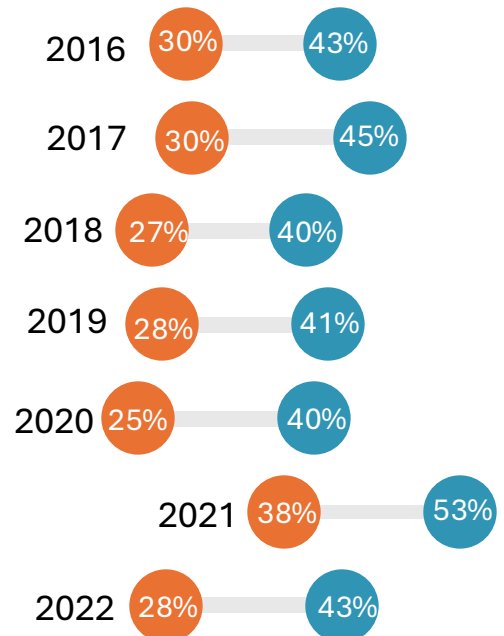
Insurance



Education



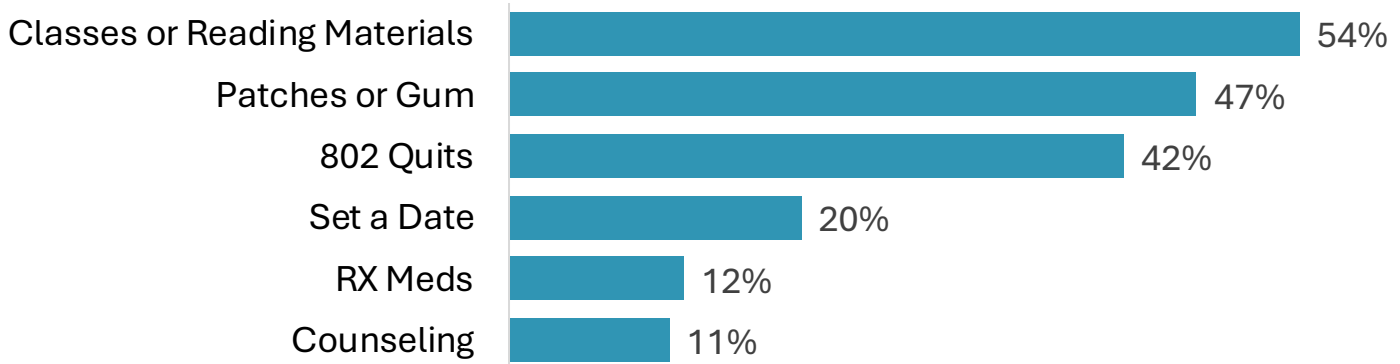
Vermonters who quit smoking **during** pregnancy and are still not smoking **after** delivery



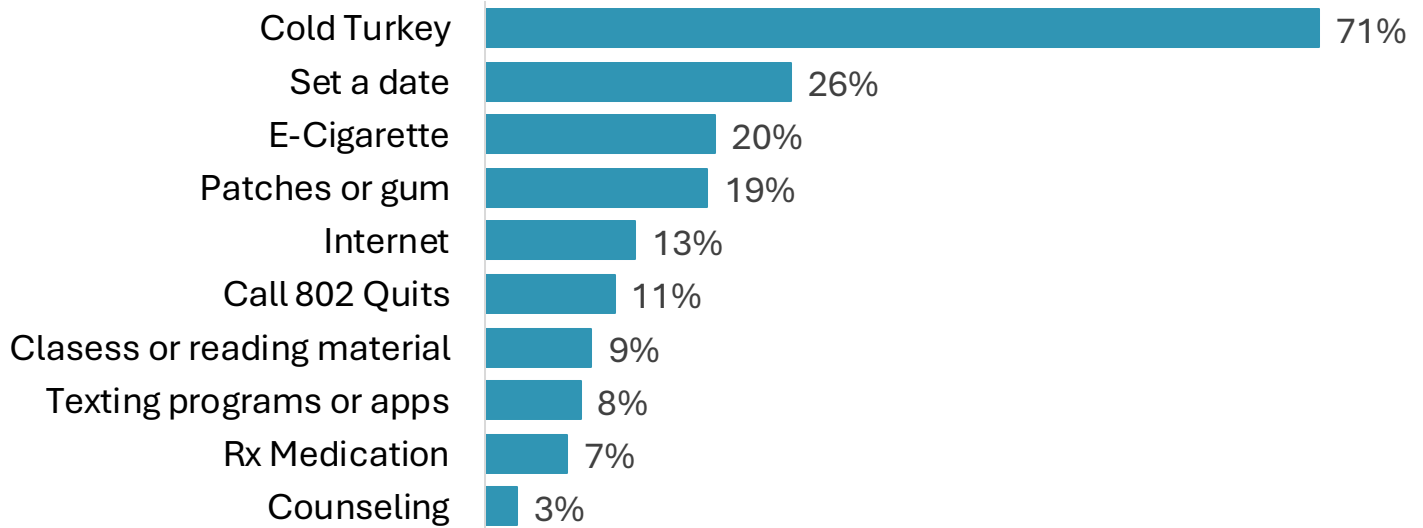
Smoking Cessation

- On average, 76% of Vermonters who smoke during pregnancy receive advice from healthcare providers to quit smoking. More than half receive reading material or recommendations for cessation classes. Only 9% use these tools to try to quit.
- 44% of people who smoke prior to pregnancy quit during pregnancy, from which 79% report using at least one strategy to quit.
- Most pregnant people try to quit smoking by stopping “cold turkey” or setting a date.

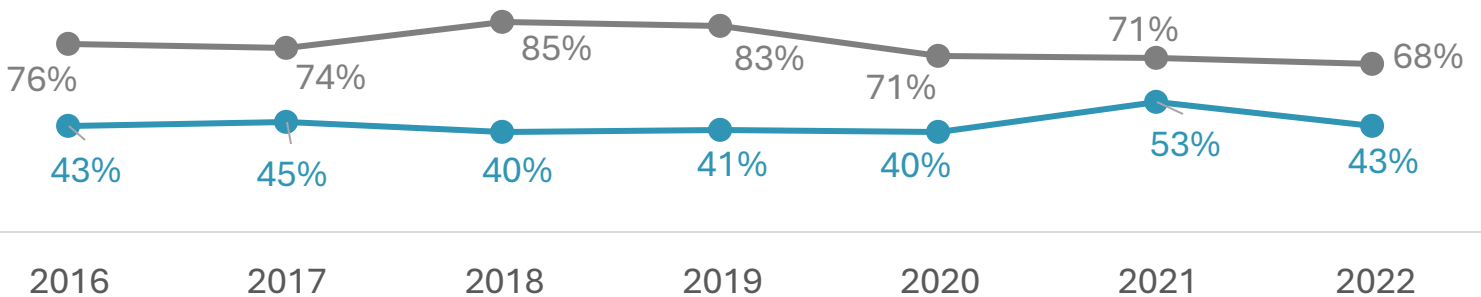
Recommended quit methods by health providers during pregnancy



Methods used to quit smoking during pregnancy



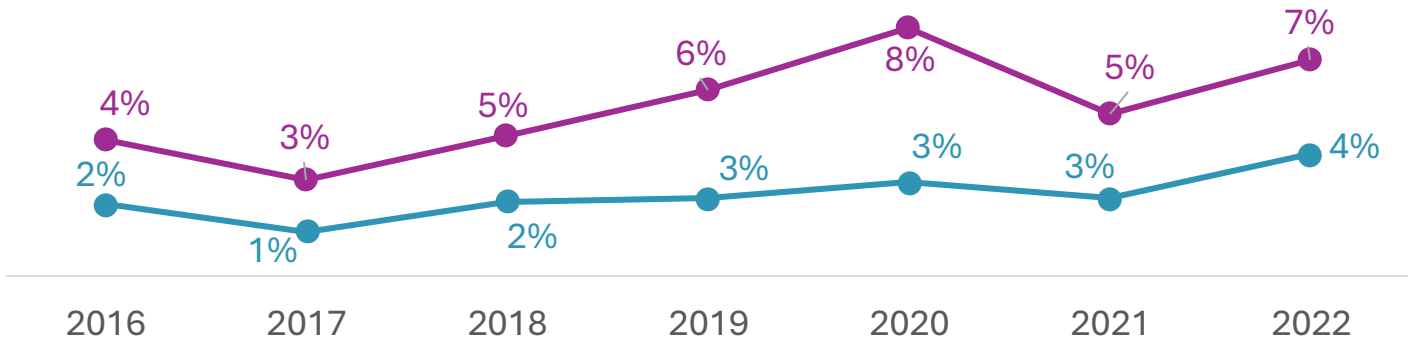
Pregnant people who received advice to quit smoking vs. those who quit while pregnant



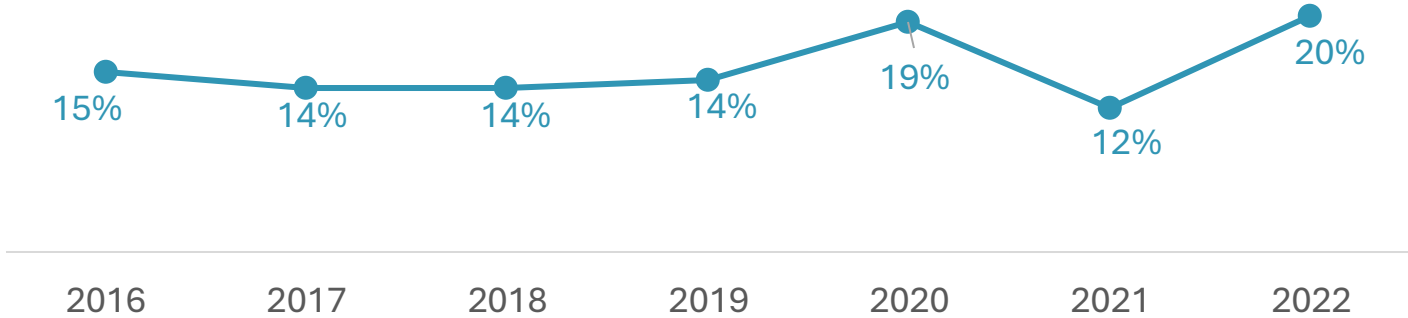
E-Cigarette Use

- 7% of people use E-cigarettes weekly in the months before getting pregnant. Five percent report using E-cigarettes at least once a day.
- 4% of people use E-cigarettes weekly while pregnant and 3% use E-cigarettes at least once a day.
- One in five Vermonters quit cigarettes during their pregnancy by switching to E-cigarettes.

Weekly E-Cigarette use **before** and **during** pregnancy



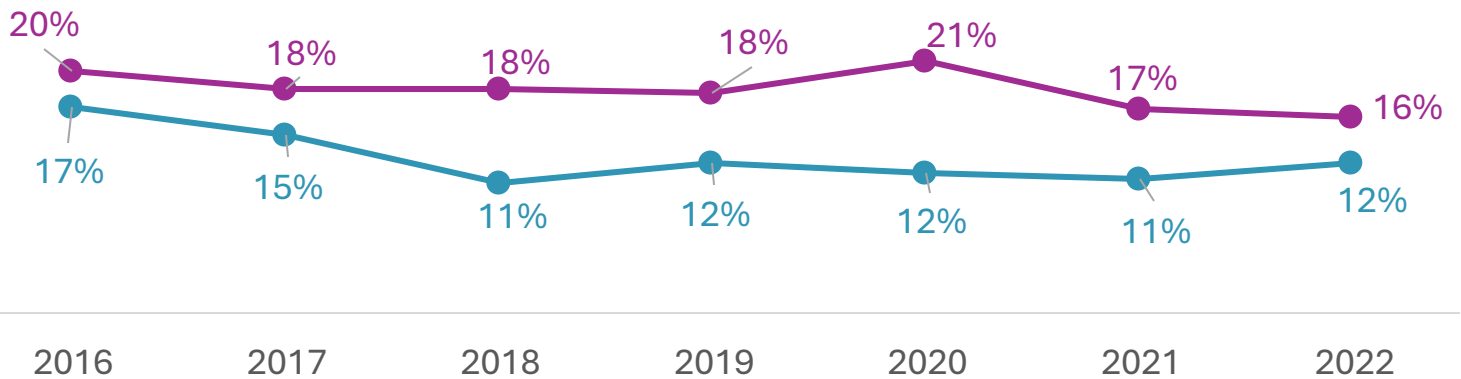
Vermonters who smoked cigarettes and switched to E-cigarettes to quit smoking during pregnancy



Alcohol Use

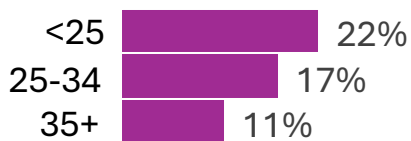
- On average, 70% of people report drinking in the months before getting pregnant, while 18% report binge drinking, (4+ drinks at a time), at least once a week.
- Vermonters under 25 are significantly more likely to binge drink than older people.
- 82% of people are advised to not drink alcohol while pregnant in at least one prenatal visit. About 12% of people drink during pregnancy.
- Vermonters 35 and older, with private health insurance, or higher education, are significantly more likely to drink while pregnant.

Binge drinking 3 months before pregnancy (4+ drinks at a time, at least once a week) , and alcohol use during pregnancy (1+ drink per week)

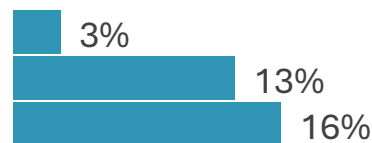


Binge drinking before pregnancy in 2022

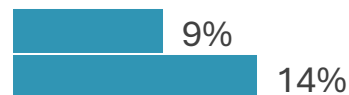
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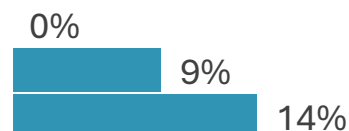
Drinking during pregnancy in 2022



Insurance



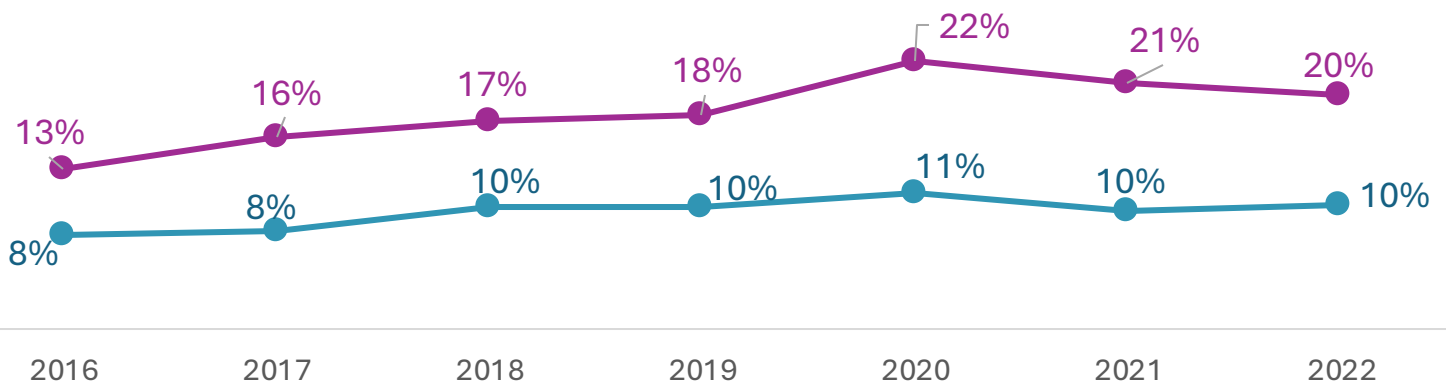
Education



Cannabis Use

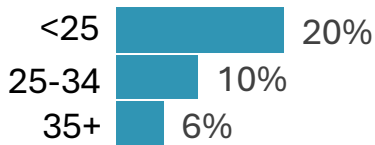
- Cannabis use before pregnancy has increased significantly from 13% in 2016 to 20% in 2022.
- Vermonters under 25, enrolled in Medicaid, or without a high school diploma, are significantly more likely to use cannabis during pregnancy.
- 10% of pregnant people use cannabis during pregnancy, making it the second most used substance after alcohol.

Cannabis use before and during pregnancy

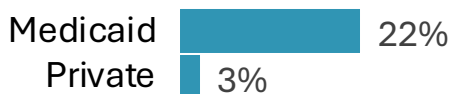


Cannabis use during pregnancy in 2022

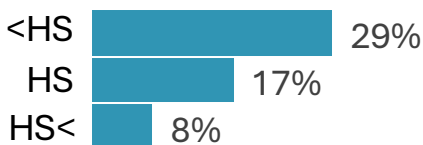
Age



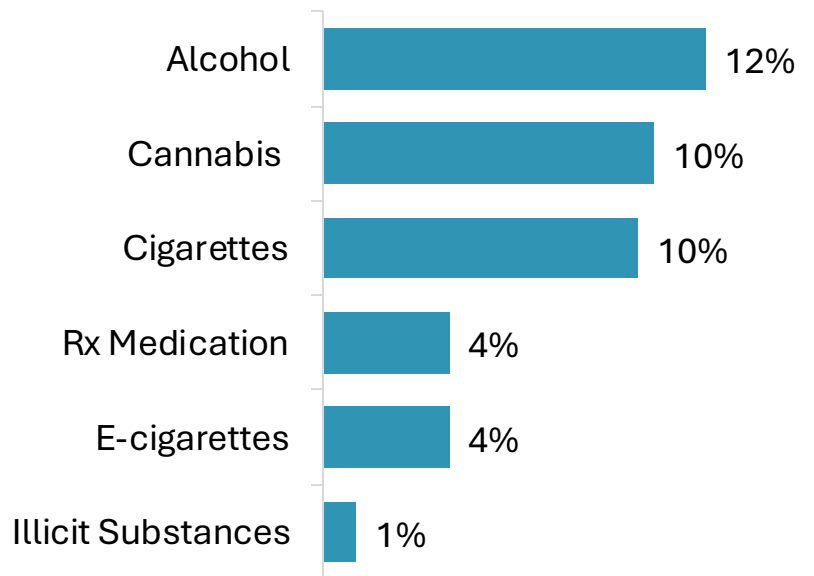
Insurance



Education



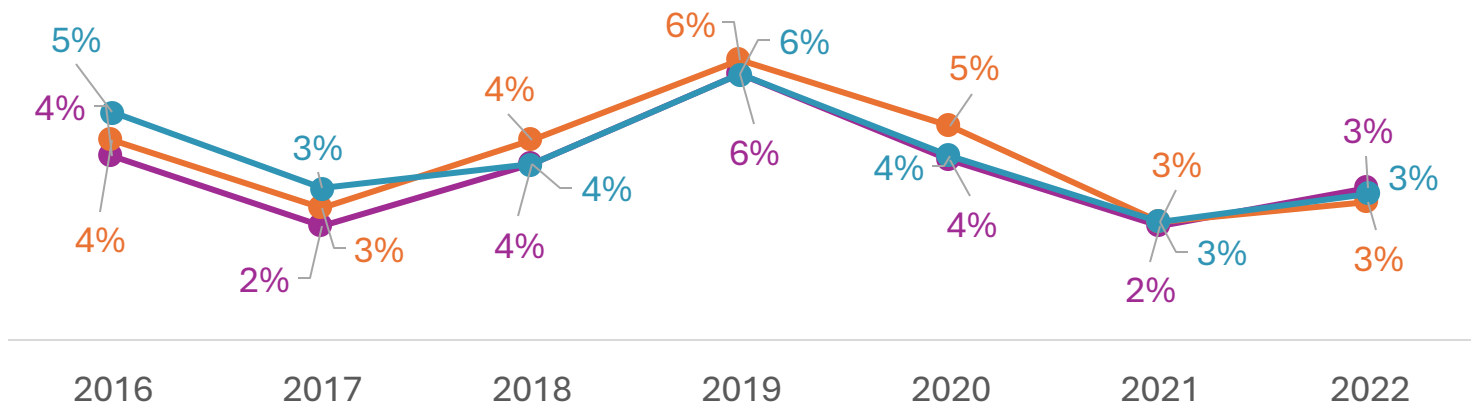
Substance use during pregnancy in 2022



Medication Assisted Treatment

- Most people enrolled in Medication Assisted Treatment (MAT) before getting pregnant, remain enrolled during pregnancy and after birth.
- In 2019, MAT enrollment reached a peak of 6% in all perinatal stages. By 2022, enrollment decreased to 3%.
- From 2016 to 2022 all pregnant people enrolled in MAT indicated having Medicaid as their primary insurance.

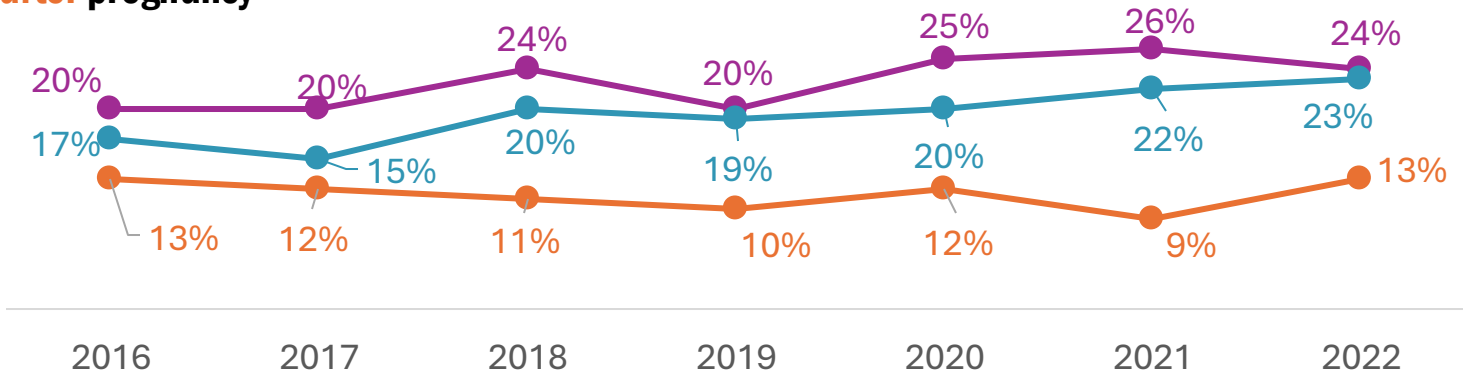
MAT 12 months before, during and after pregnancy



Depression

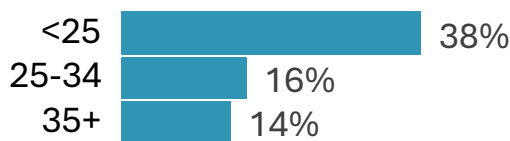
- 24% of Vermonters report feeling depressed before pregnancy.
- 18% of people receive health care for depression in the months before pregnancy.
- Vermonters under 25, enrolled in Medicaid, or without a high school diploma, are significantly more likely to experience depression while pregnant.
- Almost 90% of people are asked about depression symptoms during at least one prenatal visit.
- People have significantly less symptoms of postpartum depression compared to depression rates before or during pregnancy.

Depression before and during pregnancy, and symptoms that can lead to depression after pregnancy

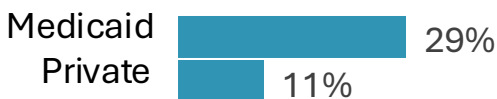


Depression during pregnancy in 2022

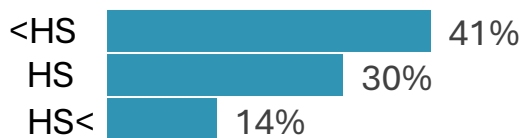
Age



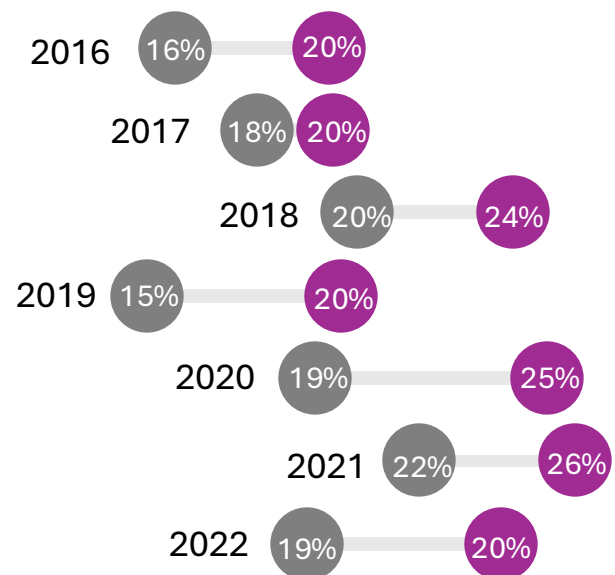
Insurance



Education



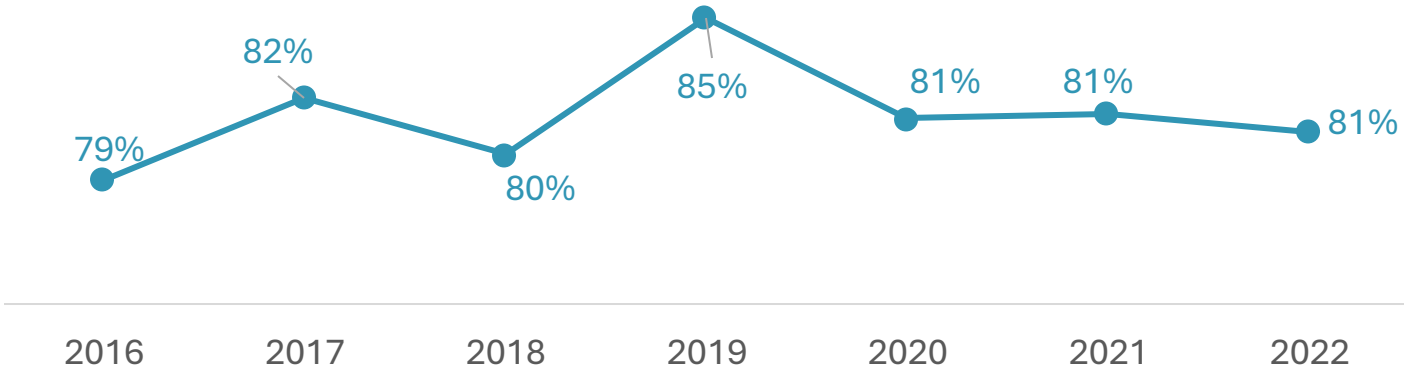
People who had depression before pregnancy, and those who received health care for depression before pregnancy



Vaccination – Tdap

- From 2016 to 2022, the average rate of Tdap vaccination during pregnancy was 81%.
- Four in five Vermonters receive the Tdap vaccine during pregnancy, regardless of age or insurance.
- Vermonters with higher education are significantly more likely to receive the Tdap vaccine.

Tdap vaccination during pregnancy



Tdap vaccination during pregnancy in 2022

Age



Insurance



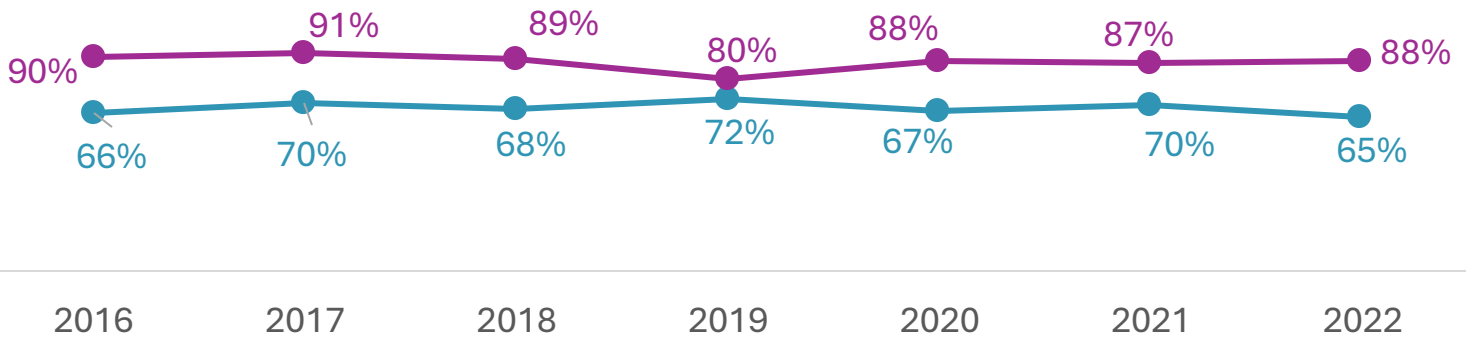
Education



Vaccination – Flu

- 89% of people were offered a flu shot before or during their pregnancy.
- From 2016 to 2022, an average of 68% of people received a flu shot either before or during pregnancy.
- 11% of people get a flu shot before getting pregnant, while 57% get it during pregnancy.
- Vermonters under 25 or enrolled in Medicaid are significantly less likely to get a flu shot while pregnant.

People offered a flu shot **before** pregnancy vs. those who got it **before or during** pregnancy



Flu vaccination months before or during pregnancy in 2022

Age



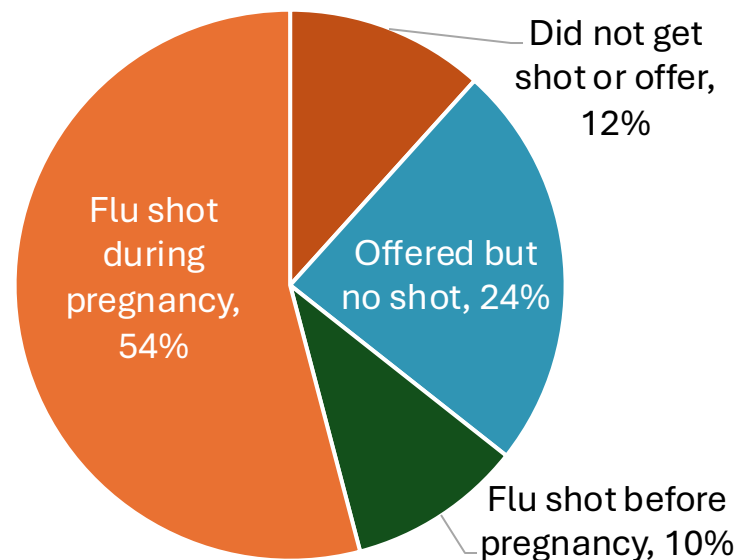
Insurance



Education



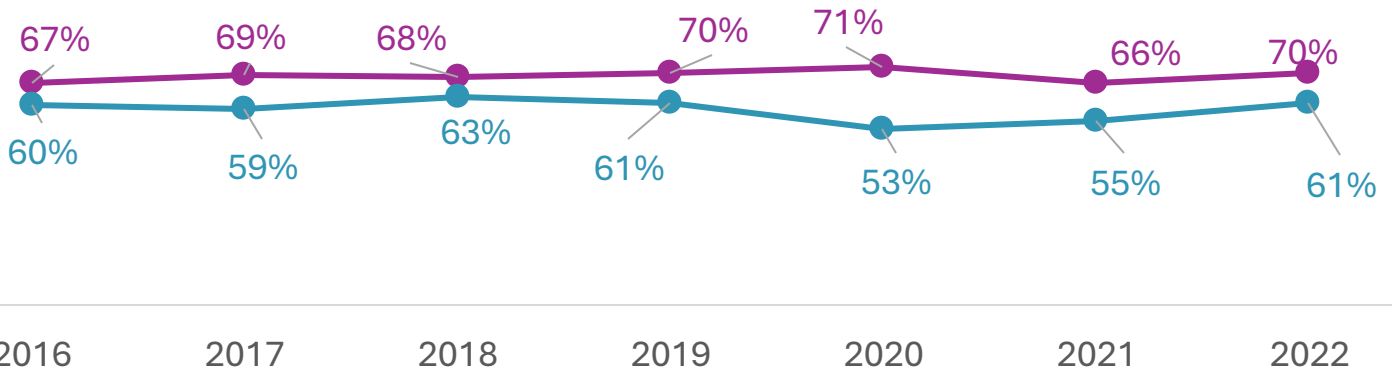
A quarter of pregnant people offered a flu shot in 2022 did not get the vaccine.



Oral Health

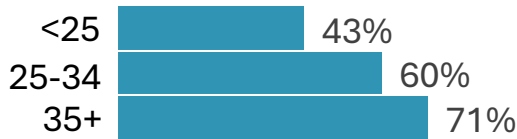
- On average, 69% of people get their teeth cleaned in the 12 months before pregnancy.
- Fifty-nine percent get their teeth cleaned during pregnancy.
- Vermonters 35 and older, with private insurance, or higher education are significantly more likely to get their teeth cleaned while pregnant.
- About one in five (19%) pregnant people indicate having problems with their teeth. Of those, 85% did not receive dental care citing unaffordability and/or Medicaid rejection as the most common reasons.

People who had their teeth cleaned **before** pregnancy vs. those who had their teeth cleaned **during** pregnancy



Teeth cleaning during pregnancy in 2022

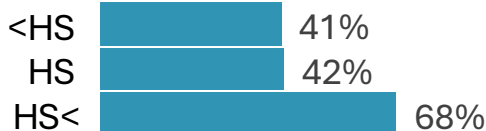
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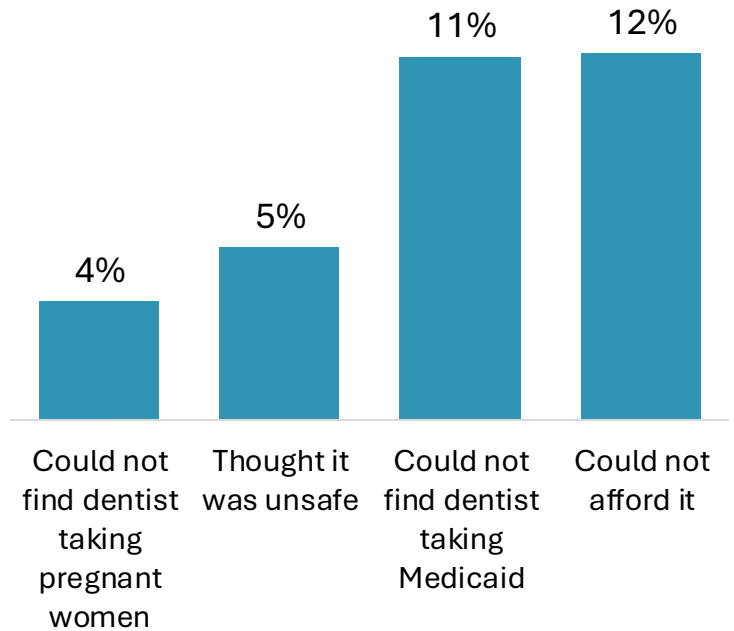
Insurance



Education



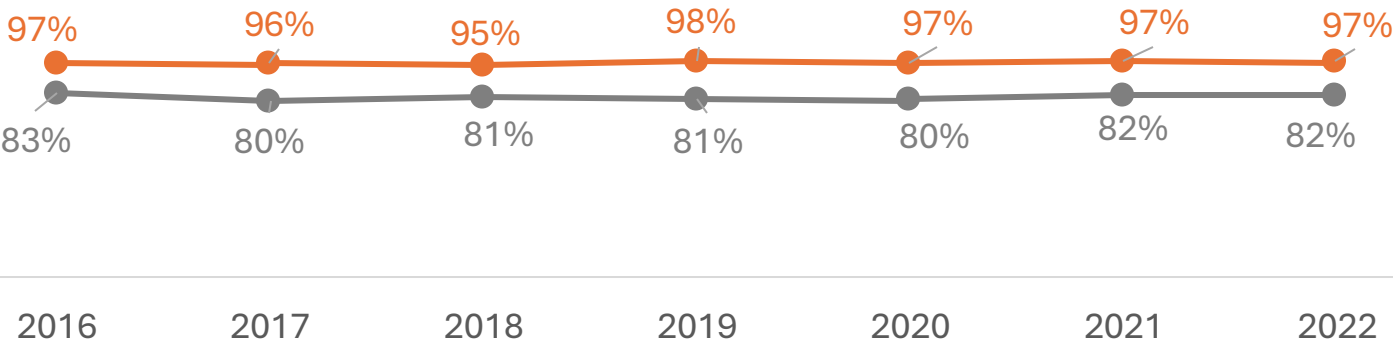
Reasons why people who needed dental care during pregnancy did not get it, 2022



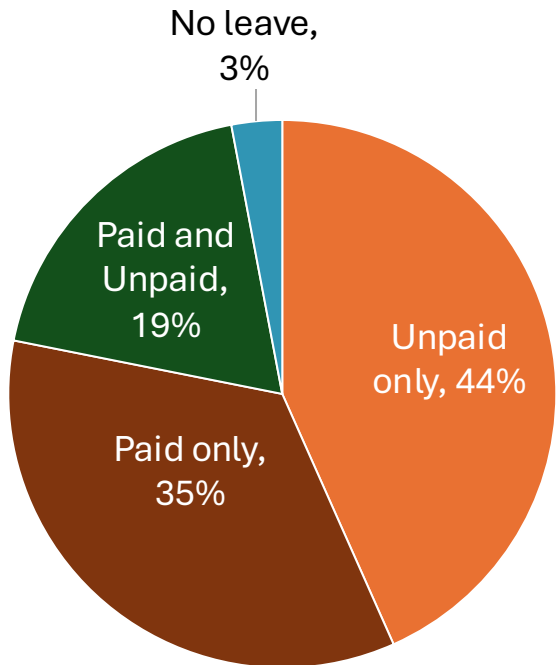
Workplace Parental Leave

- 97% of mothers who recently delivered a baby take parental leave. From this population, 82% returned to or will return to work.
- 44% of mothers take only unpaid leave, a significantly higher proportion than those who take paid or combined leave.
- 52% of mothers take between 6-12 weeks of parental leave.
- 69% feel their parental leave is too short regardless of length of leave or pay type.
- Most indicate financial constraints and/or unpaid family leave as the reasons to not take more time.

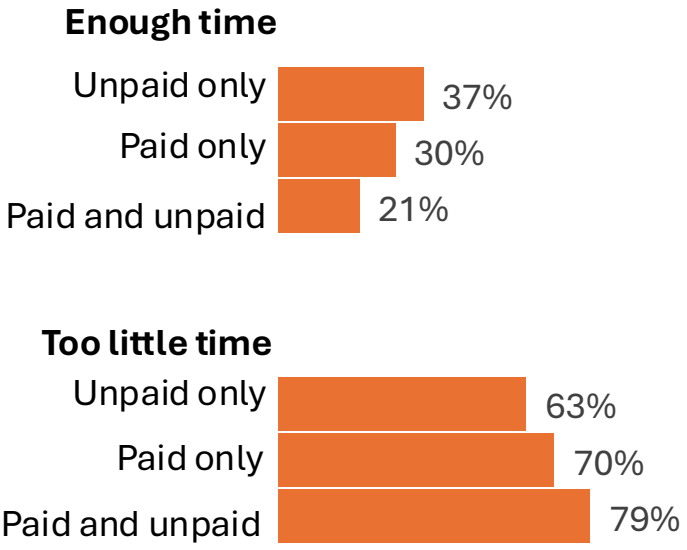
Mothers who take parental leave and those who return to work after parental leave



Parental leave by pay type in 2022

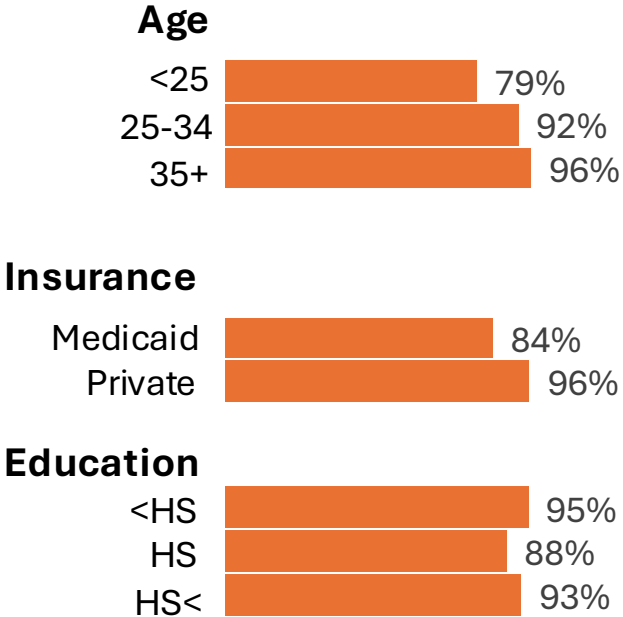


Satisfaction with length of parental leave by pay type in 2022

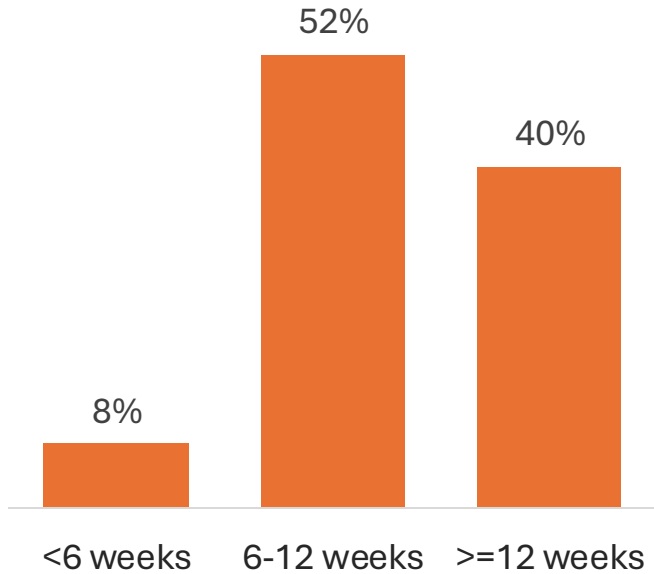


Workplace Parental Leave – continued

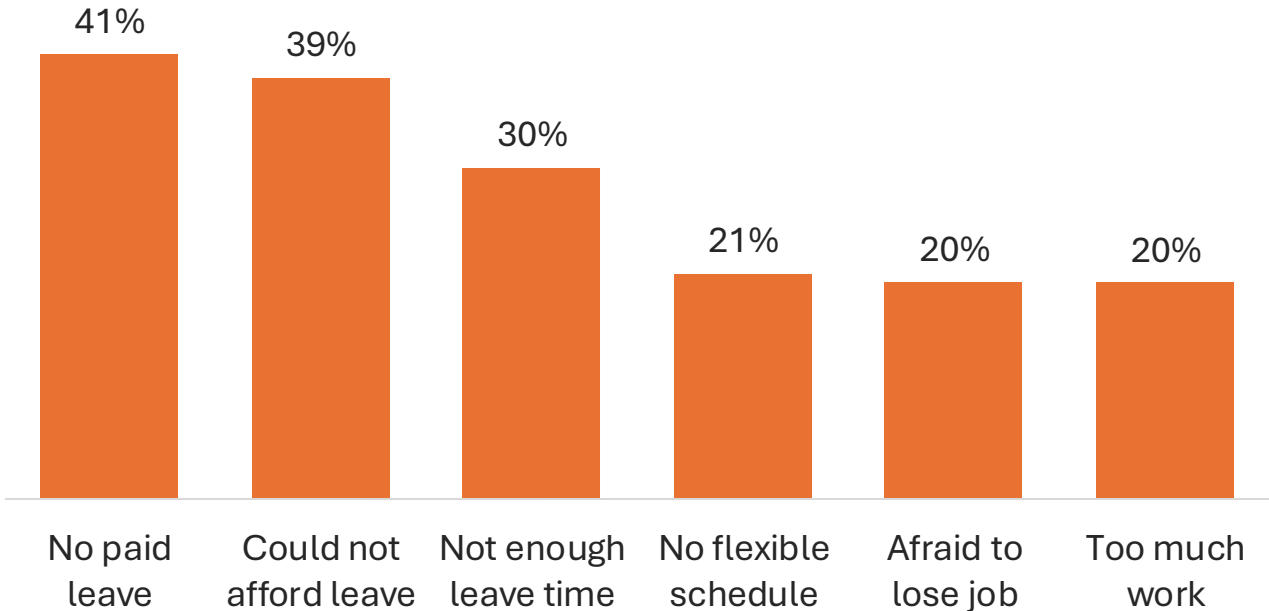
Parental leave lasted 6 weeks or more in 2022



Parental leave by week periods in 2022



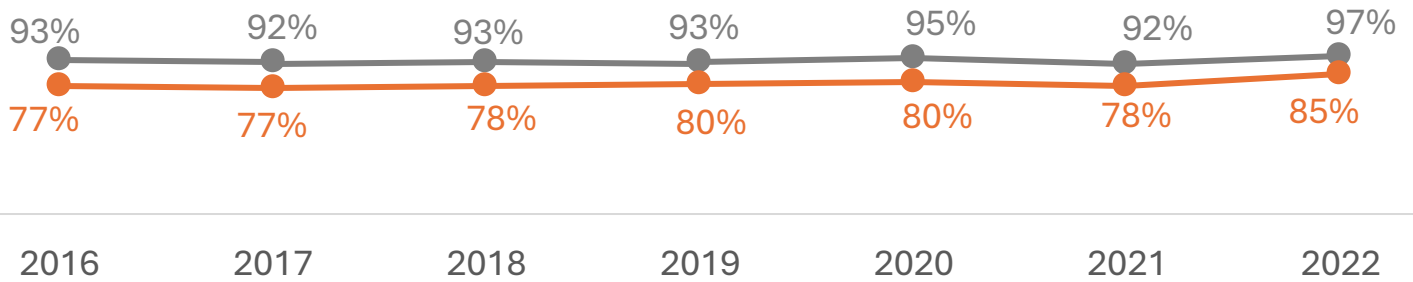
Reasons for not taking, or taking less parental leave, than desired in 2022



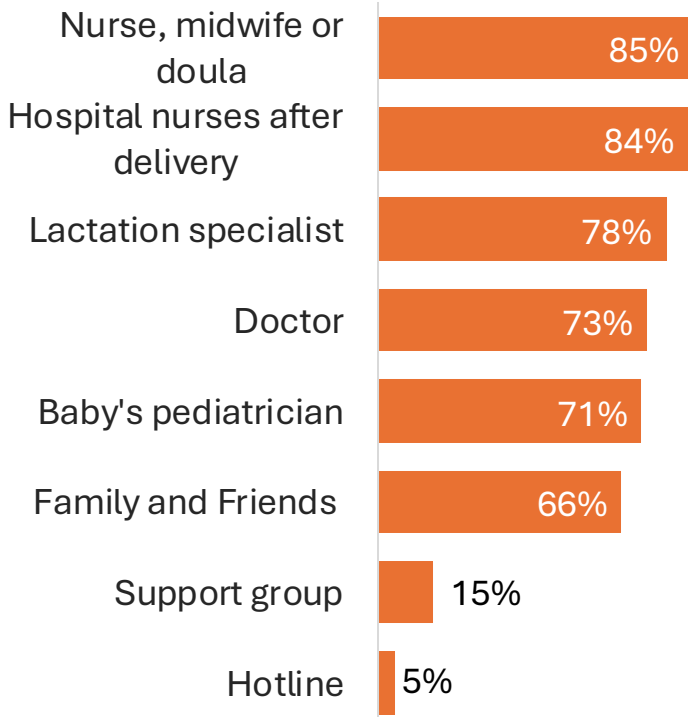
Breastfeeding

- 97% of people successfully start breastfeeding when their baby is born. Significantly less (85%) breastfeed after 8 weeks.
- 76% of people report breastfeeding 3 to 6 months postpartum, (at the time the PRMAS survey is received).
- Most pregnant people receive information about breastfeeding from a health care provider.
- Mothers 35 and older, with private insurance, or higher education are significantly more likely to breastfeed past 8 weeks.

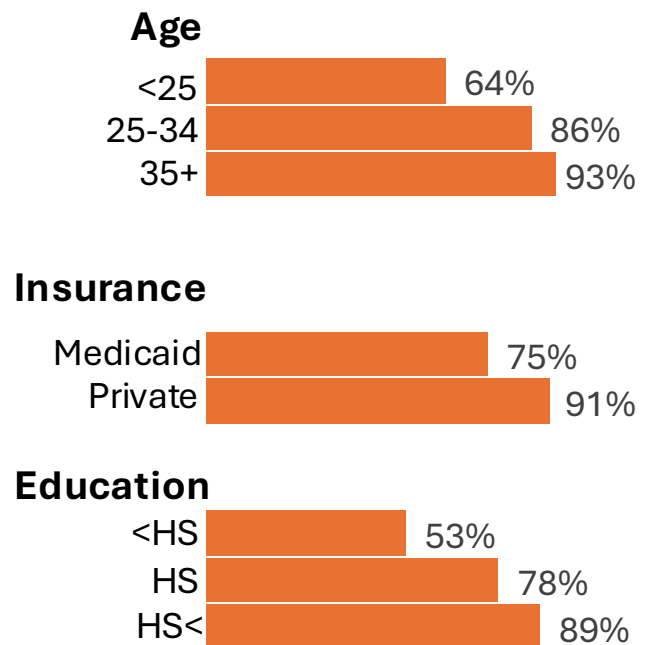
Mothers who start breast feeding and those who breastfeed for at least 8 weeks



Sources of information about breastfeeding during or after pregnancy in 2022



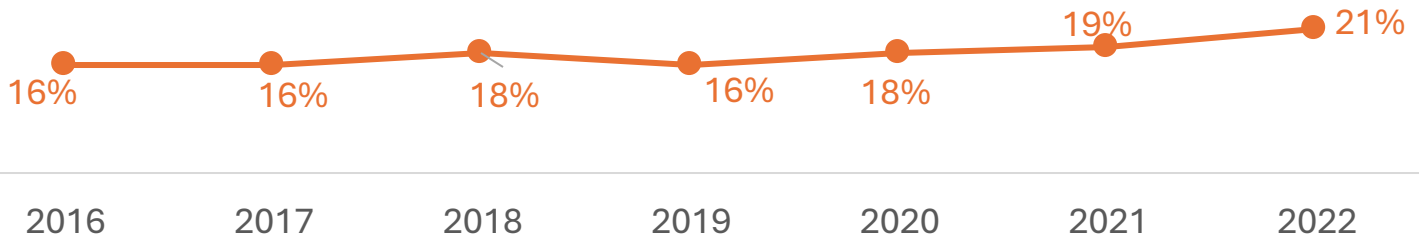
Reached at least 8 weeks of breastfeeding, 2022



Family Planning

- 21% of mothers and their partners do not use birth control methods to prevent pregnancy during the postpartum period (6-8 weeks after delivery). This is a significant increase since 2016.
- Vermonters between 25 and 34 years old or with a high school diploma and higher are significantly *more* likely to use birth control 6 to 8 weeks after delivery.
- 40% of mothers do not use birth control starting in the postpartum period because they “do not want to.” Other reasons reported include worries about side effects from birth control (30%) and/or not being sexually active (30%).

Mothers and partners not using birth controls methods to prevent pregnancy 6 to 8 weeks after delivery



Use of birth control 6-8 weeks after delivery, 2022

Age



Insurance

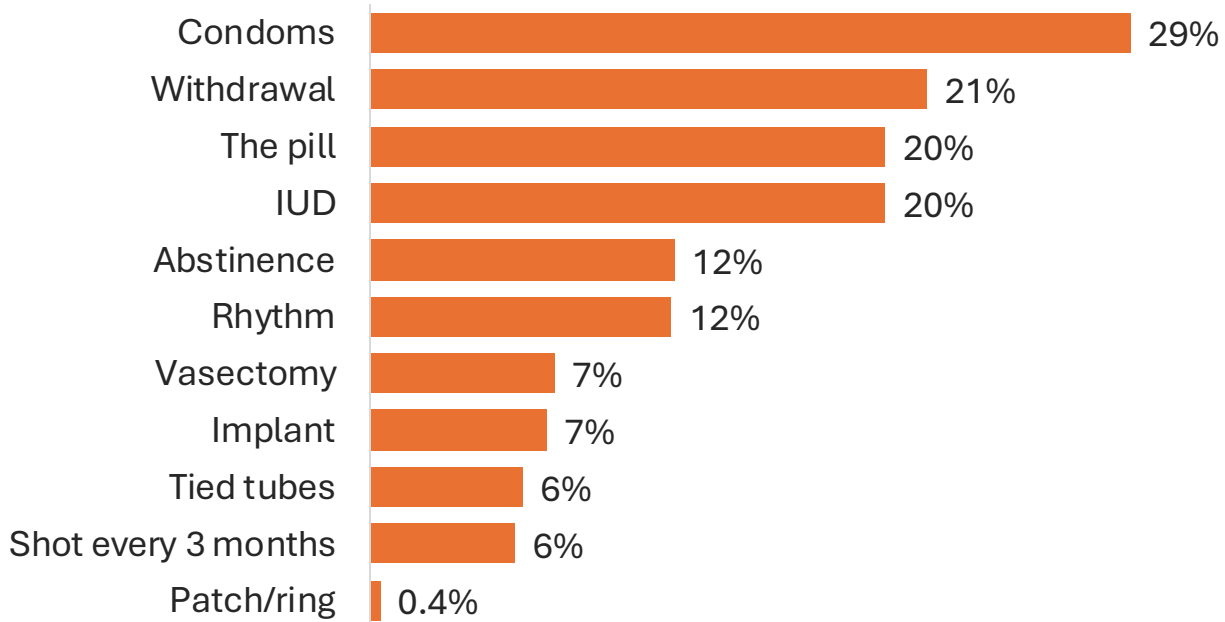


Education

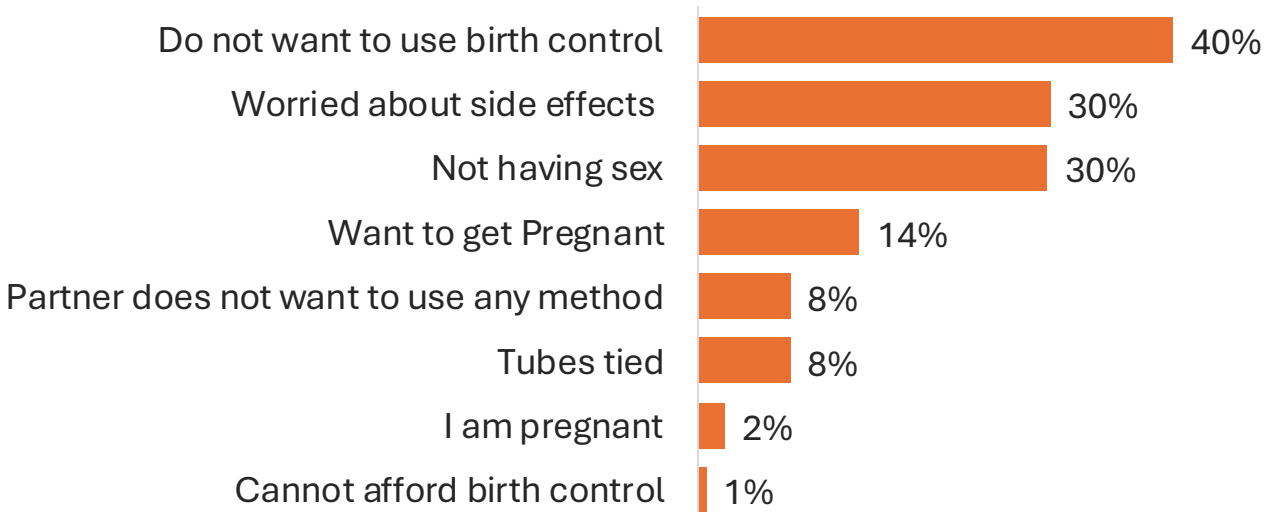


Family Planning - continued

Birth control methods used postpartum to prevent a pregnancy in 2022



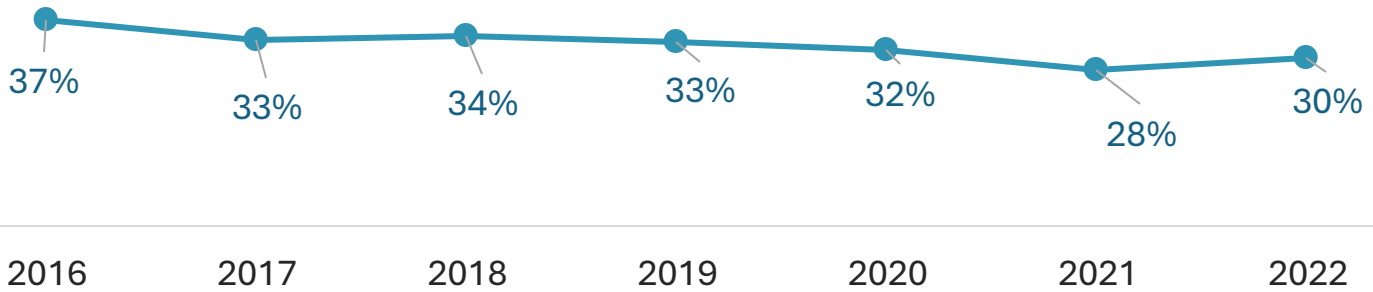
Reasons mothers and their partners are not using any birth control method 6 to 8 weeks after delivery, 2022



Unintended Pregnancy

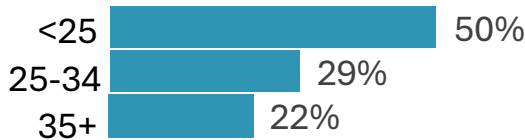
- The rates of unintentional pregnancy declined from 37% in 2016 to 30% in 2022.
- Vermonters 25 and older, with private insurance, or with higher education are significantly more likely to have planned pregnancies.
- 70% of people want to be pregnant at the time of their pregnancy or sooner. Fifteen percent want to be pregnant later, while 2% did not want to be pregnant.

Pregnancy was unintended (i.e., not sure, not wanted, or wanted to be pregnant later)



Unintended pregnancy, 2022

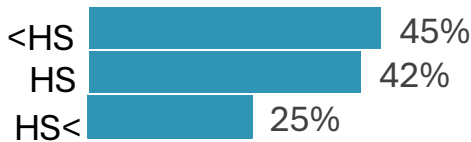
Age



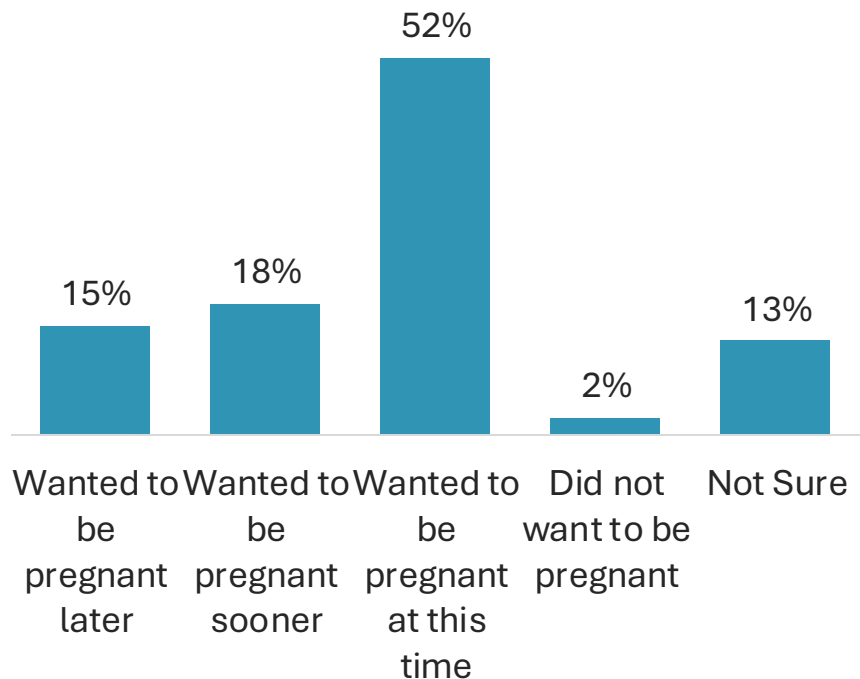
Insurance



Education



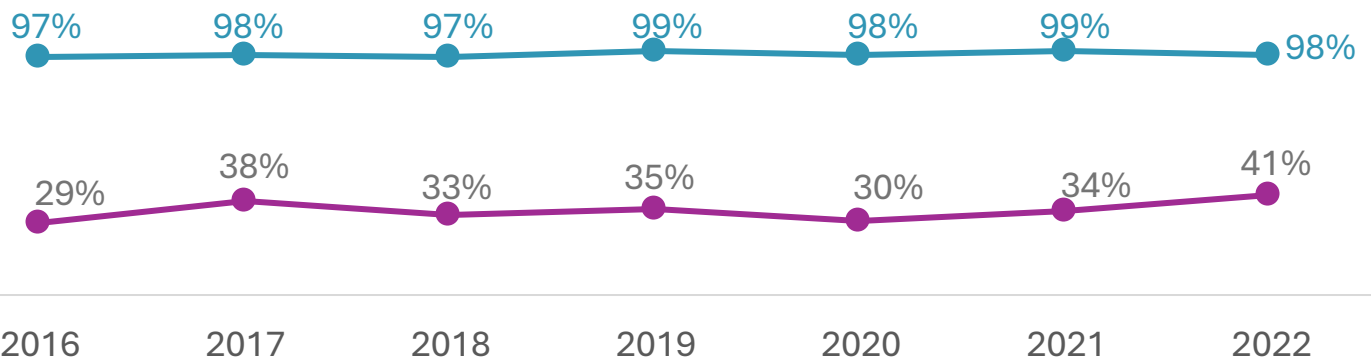
Attitude towards the timing of pregnancy in 2022



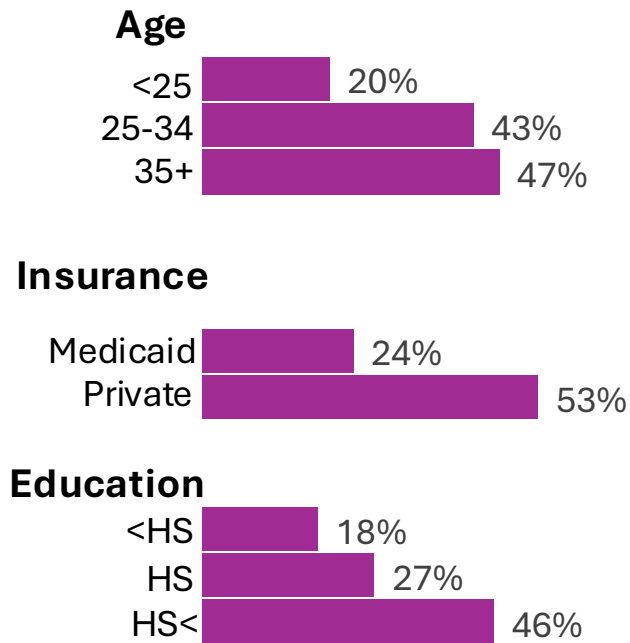
Prenatal Health Visit

- 98% of pregnant people attend at least one prenatal care visit with a health care provider. Only 41% have a preconception visit to prepare for pregnancy.
- Vermonters 25 and older, with private health insurance, or higher education are significantly more likely to have a preconception health care visit.
- Health care providers are significantly less likely to talk about mother’s weight or HIV testing compared to any other topic during prenatal care visits. The main topics of conversation are (1) substance use, (2) breastfeeding, and (3) depression.

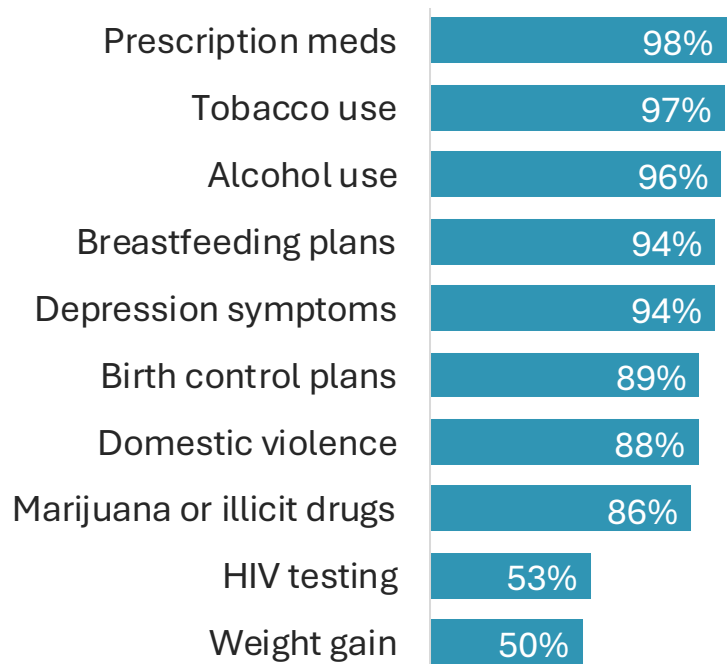
People who had a health care visit to specifically prepare for pregnancy and people who initiated prenatal care visit



Preconception health care visit to prepare for pregnancy in 2022



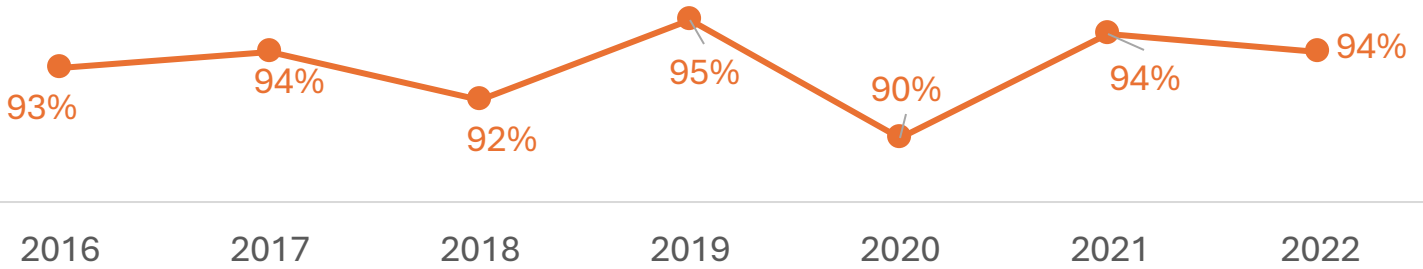
Topics health care providers addressed during a prenatal visit in 2022



Postpartum Health Visit

- On average, 93% of people have a postpartum checkup 4-6 weeks after delivery.
- Vermonters under 25 or enrolled in Medicaid are significantly less likely to have a postpartum checkup.
- 96% of people are asked about depression during their postpartum checkup.
- 81% are asked about birth control plans, while only 12% are prescribed contraceptives.

People who attend a postpartum health check-up 4-6 weeks after delivery



Postpartum checkup visits in 2022

Age



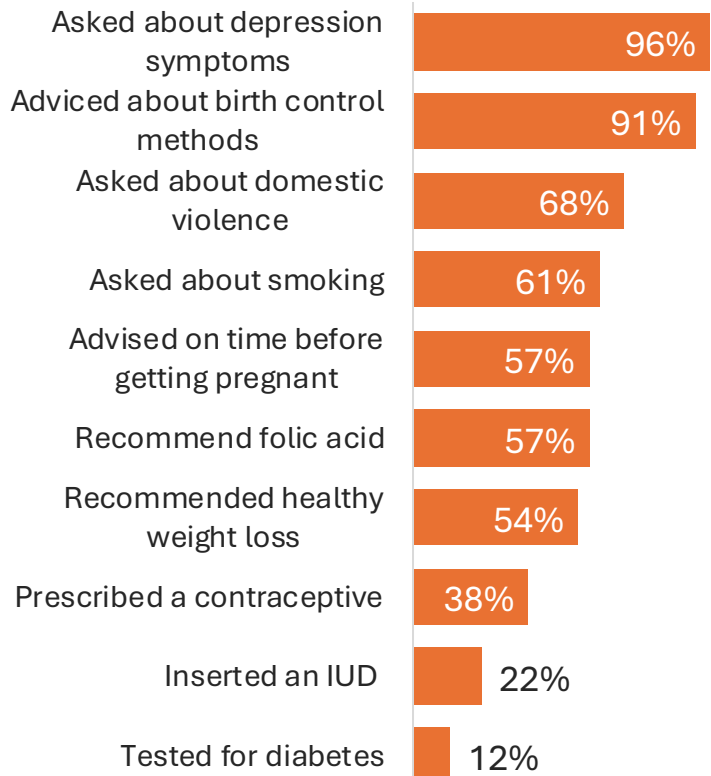
Insurance



Education



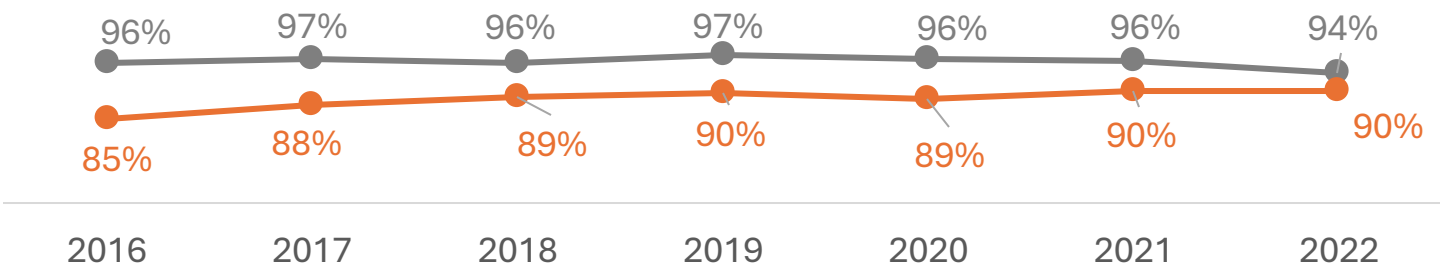
Actions by healthcare providers during postpartum checkup in 2022



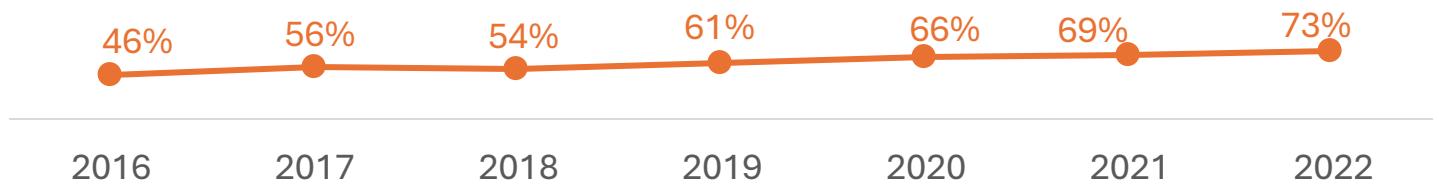
Sleep Environment

- The rate of infants who sleep exclusively on their back increased from 85% in 2016 to 90% in 2022.
- 81% of infants sleep alone in their crib without objects or blankets. Seventy percent of them have their crib in their parent’s room. Parents are significantly more likely to place their baby in a crib without objects or blankets now than in 2016.
- Mothers with health insurance or higher education are significantly more likely to place babies to sleep on their backs.

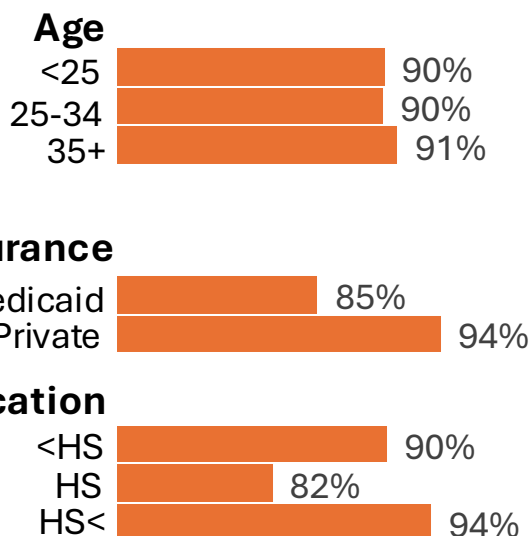
Mothers who were advised by health providers to place baby on their back to sleep vs. those who place babies exclusively on their backs to sleep.



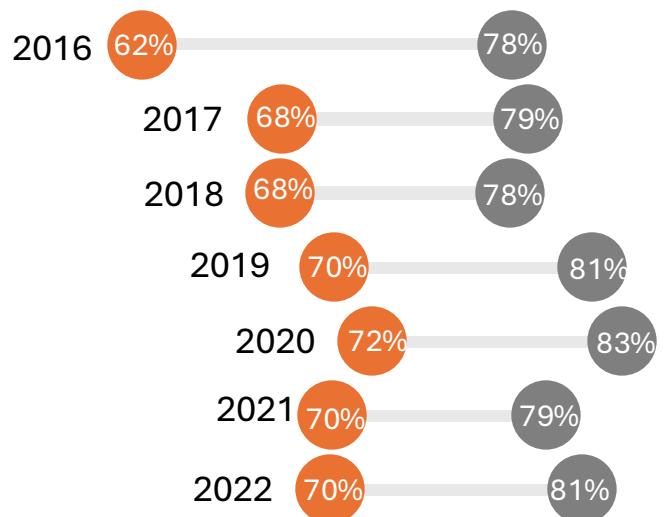
Baby sleeps without blanket, bumper pads, toys, cushions or pillows



Mothers who place babies to sleep exclusively on their back, 2022



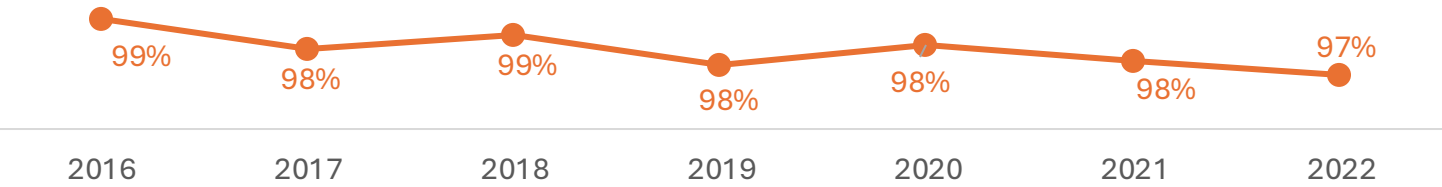
Baby sleeps always or often alone in crib vs. sleeping alone in crib and in parent’s room



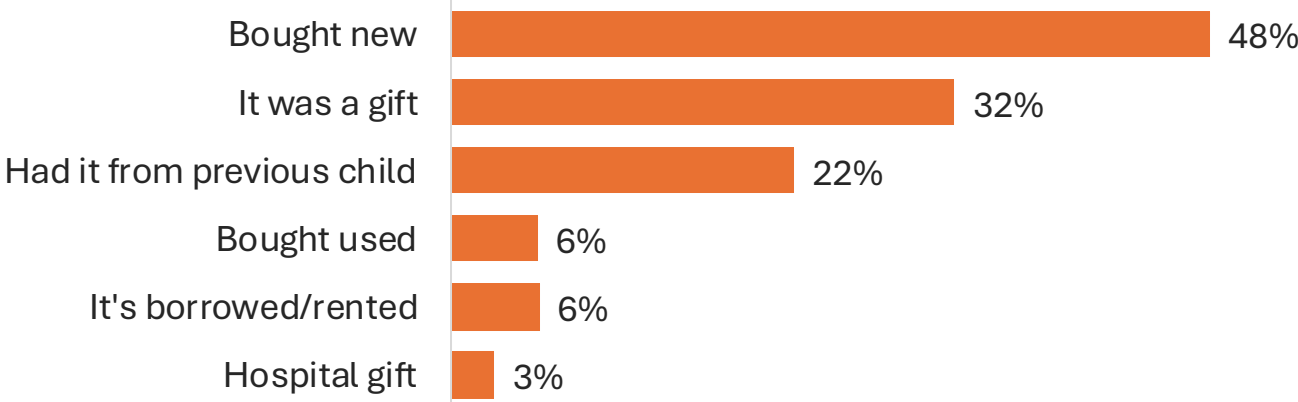
Vehicle Safety

- 97% of Vermont infants always ride in a car seat while in a moving vehicle and 99% of them ride in a rear-facing seat.
- 100% of parents have a car seat installed in their vehicle.
- While most parents learn to install a car seat on their own, 38% of them learn from a community professional (e.g., hospital staff, fire dept., Health Department, etc.).

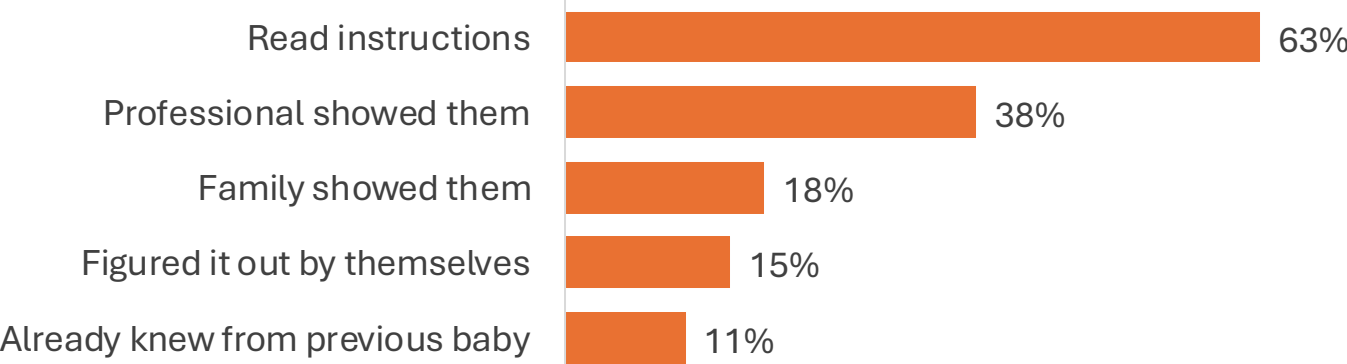
Percent of infants that are *always* placed in a car seats while riding in the car



Ways parents acquired the car seat, 2022



Ways parents learned to install car seat, 2022



Methods

Sampling – During Phase 8 (2016-2022), Vermont PRAMS sampled recently birthing mothers from eligible birth certificates on a monthly schedule. Approximately 23% of people who delivered babies weighing 2500 grams or more at birth were randomly selected. People who delivered low weight (< 2500g) babies were sampled. The overall sampling ratio in VT was about 1 in 4. Detailed information about sampling and survey methodology can be found at [CDC PRAMS Methodology website](#).

Data Collection– The Phase 8 Vermont PRAMS survey contains 84 questions, from which 61 are core questions asked by all PRAMS jurisdictions. The other 23 standard questions were selected by Vermont partners. Mothers selected to complete the survey are mailed a de-identified questionnaire 3-4 months after delivery. Participants receive three paper mailing and are contacted by phone up to 10 times in a span of 95 days. They can mail-in their survey up to 9 months after delivery. Vermont’s average response rate for Phase 8 is 62%.

Weighting and Analysis– The data were weighted by the CDC to account for non-response bias and the oversampling of low birthweight outcomes. The minimum response rate accepted by CDC to weigh the data was 55%. Vermont PRAMS met the weighing requirements every year during Phase 8. PRAMS data is linked to the birth certificates but excludes personal identifying variables. A comprehensive data dictionary can be found at the [CDC PRAMS Data website](#). The weighted data are analyzed by Vermont PRAMS staff utilizing the complex sampling module in the SPSS statistical software. When possible, analysis include calculated variables from PRAMS and the birth certificate to increase accuracy.

Limitations– PRAMS suppresses any variable with 30 respondents or less to avoid statistical bias. Additionally, VT PRAMS aggregates demographic variables that could lead to the identification of participants including county-level geographic identifiers, race/ethnic categories outside of “White non-Hispanic,” birth multiplicity, and mothers younger than 19 or older than 44 years old.

Vermont PRAMS – 2022 Demographics

Age Group of Mother					
				95 % CI	
Age Group	Weighted Count	Respondents	Percent	Upper	Lower
<20	99	14	2%	1%	3%
20-24	652	88	13%	10%	15%
25-34	2885	480	56%	53%	59%
35+	1511	260	29%	26%	33%
Total	5146	842	100%	100%	100%

Maternal Education					
				95 % CI	
Education	Weighted Count	Respondents	Percent	Upper	Lower
Less than HS	218	31	4%	3%	6%
HS Graduate	1160	138	23%	20%	26%
College	3711	667	73%	69%	76%
Total	5089	836	100%	100%	100%

Delivery Payment Source					
				95 % CI	
Insurance	Weighted Count	Respondents	Percent	Lower	Upper
Medicaid	2010	273	39%	36%	43%
Private	2900	525	56%	53%	60%
Other or Unknown	236	44	5%	3%	6%
Total	5146	842	100%	100%	100%

* Includes people who were on Medicaid at any time before, during or after pregnancy.

Maternal Race and Ethnicity					
				95 % CI	
Race and Ethnicity	Weighted Count	Respondents	Percent	Upper	Lower
Non-Hispanic White	4554	750	89%	86%	91%
Other	590	91	12%	9%	14%
Unknown	2	1	0%	0%	0.2%
Total	5146	842	100%	100%	100%

Vermont PRAMS – 2016-2022 Demographics

Age Group of Mother					
				95 % CI	
Age Group	Weighted Count	Respondents	Percent	Upper	Lower
<20	994	146	3%	2%	3%
20-24	5010	671	14%	13%	15%
25-34	22664	3751	61%	60%	63%
35+	8298	1479	22%	21%	23%
Total	36967	6047	100%	100%	100%

Maternal Education					
				95 % CI	
Education	Weighted Count	Respondents	Percent	Upper	Lower
Less than HS	2394	311	7%	6%	7%
HS Graduate	8703	1149	24%	23%	25%
College	25673	4559	70%	69%	71%
Total	36770	6019	100%	100%	100%

Delivery Payment Source					
				95 % CI	
Insurance	Weighted Count	Respondents	Percent	Lower	Upper
Medicaid	14919	2175	40%	39%	42%
Private	20337	3592	55%	54%	56%
Other or Unknown	1711	280	5%	4%	5%
Total	36967	6047	100%	100%	100%

* Includes people who were on Medicaid at any time before, during or after pregnancy.

Maternal Race and Ethnicity					
				95 % CI	
Race and Ethnicity	Weighted Count	Respondents	Percent	Upper	Lower
Non-Hispanic					
White	33522	5500	91%	90%	91%
Other	3332	526	9%	8%	10%
Unknown	113	21	0%	0%	0%
Total	36967	6047	100%	100%	100%