

# The Los Angeles Mommy & Baby Project

Maternal, Child, and Adolescent Health Programs

Research, Evaluation, and Planning Unit



## When To Start Thinking About Your Baby's Health: A Guide to Preconception and Interconception Care

Brief Report

November 2007

Over 150,000 babies are born in Los Angeles County every year. Due to a lack of comprehensive maternal and infant health indicators, in 2005, the Maternal, Child and Adolescent Health (MCAH) programs conducted the Los Angeles Mommy and Baby (LAMB) project to monitor maternal and infant health in the County.

In 2005, 5329 (47% response rate) postpartum women residing in Los Angeles County completed the survey. The study identified factors that occurred before and during pregnancy that increased the likelihood of having adverse birth outcomes, including

- Preconception health
- Prenatal care
- Maternal medical conditions
- Psychosocial risk factors
- Behavioral risk factors

### Preconception Health

Preparing pregnancy by early prenatal care is not enough to affect infant's health. Events during the time before a woman becomes pregnant (preconception) and the time between pregnancies (inter-conception) may be just as important to an infant's health as the time during pregnancy.

**Note:** Low birth weight: <5.5 lbs (2500 grams). Preterm: <37 weeks of pregnancy

A woman's overall health can affect her pregnancy and the health of her future child. Issues such as depression, risky health behaviors (e.g., smoking, drug use), and pre-existing medical conditions all play a role in the overall health status of a woman. Addressing these issues before becoming pregnant can reduce the likelihood of having a low birth weight (LBW) or preterm (PT) baby.

During 2005 in California, the average percentage of women of childbearing age without health insurance was 17.3%.<sup>1</sup> Lack of health insurance is a barrier to access disease prevention and health promotion services.

Continuous health care, from ado-

lescence through a woman's reproductive years, is necessary to promote wellness and monitor high risk conditions before pregnancy.<sup>2</sup>

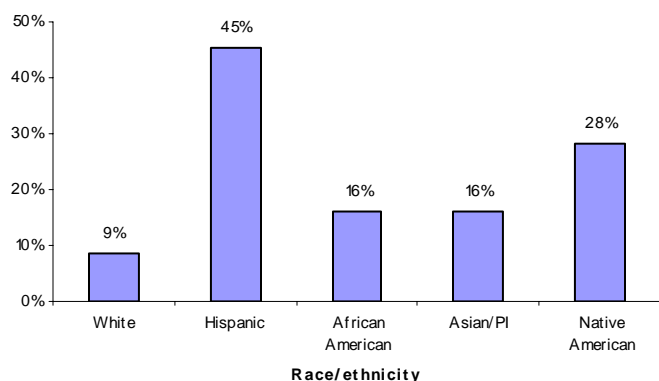
### Results

Factors that were associated with having a LBW/PT infant include: not having health insurance before pregnancy, having high blood pressure before pregnancy, having diabetes before pregnancy and having a previous LBW/PT infant.

### Health Insurance

Women who did not have health insurance before they became pregnant were more likely to have given birth to a baby who was born too early compared to women who did have health insur-

**FIGURE 1.** Percentage of Women Who Reported Not Having Health Insurance Before Pregnancy Among Women Who Recently Gave Birth, by Race/Ethnicity, LA County 2005\*



\*Adjusted to birth estimates in LA County

ance (OR=1.3; p<.05). Among women who gave birth in 2005, approximately 33% did not have insurance before pregnancy.

The percentage of women without insurance differed by race/ethnicity. Latinas were more likely to be uninsured (45%) compared to Whites (9%), African Americans (16%), or Asian/Pacific Islanders (16%) (Figure 1).

Among women who had health insurance before pregnancy, 35% were covered by Medi-Cal. Almost half (46%) of the insured Latinas were enrolled in Medi-Cal compared to 9% of Whites and 41% of African Americans.

**Medical Conditions Before Pregnancy**

Women who reported having high blood pressure before pregnancy were almost twice as likely to have a low birth weight or preterm baby compared to women who did not report having high blood pressure before pregnancy (OR=1.8; p<.05).

Overall, about 2.6% of the women who recently gave birth in Los Angeles County reported having high blood

pressure prior to becoming pregnant. African American women were more likely to have high blood pressure (5.4%) compared to Latinas (2.8%) and Whites (1.6%).

Women with diabetes before pregnancy were also 1.6 times more likely to have a low birth weight or preterm baby. In Los Angeles County, 2.9% of women who recently gave birth reported having diabetes before pregnancy.

**Previous Low Birth Weight or Preterm Infant**

The risk of having a LBW/PT baby was more than three

times greater in women who reported having a previous low birth weight or preterm infant (OR=3.3, p<.05).

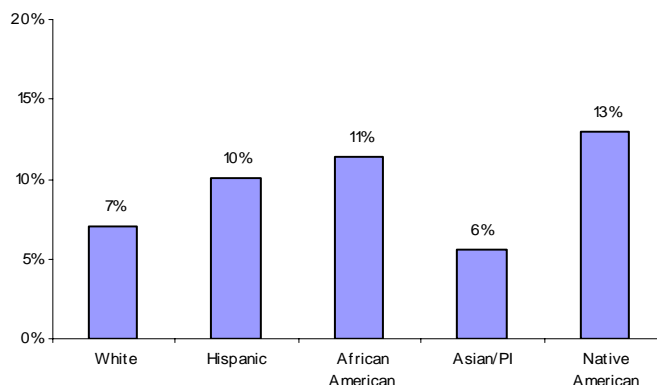
In Los Angeles County, 9.2% of women had given birth to a LBW/PT infant in the past. African Americans were more likely to experience a previous low birth weight or preterm birth (11.5%) compared to Latinas (10.0%) and Whites (7.1%) (Figure 2).

**Recommendations**

To decrease the risk of having a baby who is born too early or too small, the LAMB study suggests:

- Women of childbearing age should be enrolled in health insurance, even before becoming pregnant.
- Although only a small percentage of women of childbearing age have high blood pressure before pregnancy, it is a serious risk factor for having a LBW/PT infant. It is recommended that their conditions be closely monitored and have their high blood pressure under control before pregnancy.
- Women who gave birth to a LBW/PT baby previously should discuss with their physician before becoming pregnant again regarding steps to take to reduce the risk of having another low birth weight or preterm infant.

**FIGURE 2.** Percentage of women who reported having a previous preterm / low birth weight birth among women who recently gave birth, by race/ethnicity, LA County 2005\*



\*Adjusted to birth estimates in LA County

**References**

1. 2003 California Health Interview Survey. www.chis.ucla.edu
2. March of Dimes. Retrieved from www.marchofdimes.com/peristats
3. Centers for Disease Control and Prevention. Recommendations to improve preconception health and health

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