PRECONCEPTION HEALTH

Efforts to improve pregnancy outcomes and the health of mothers and infants should begin prior to conception, whether before a first or a subsequent pregnancy.[53] It is important to establish health and healthy behaviors well before pregnancy as most women do not become aware of their pregnancy, until several weeks or more after conception. Key indicators of preconception health include not smoking or drinking prior to pregnancy, taking a daily multivitamin, and achieving a healthy weight prior to pregnancy.[54]

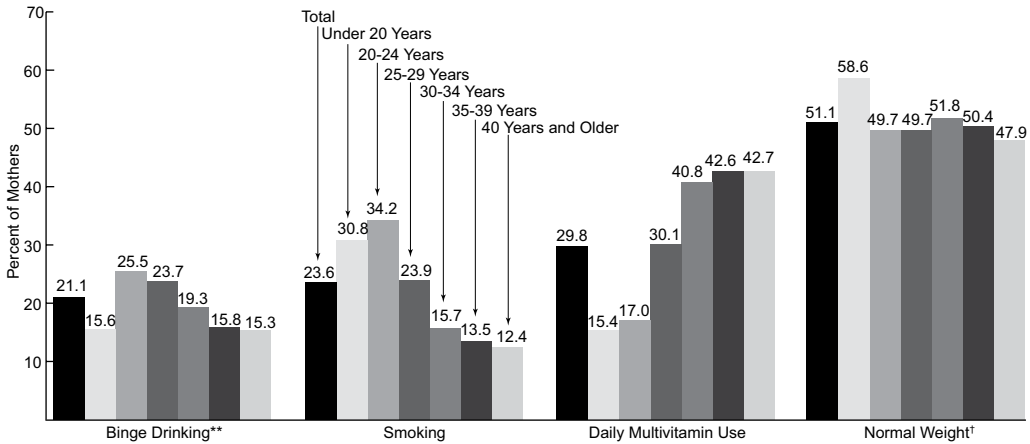
Frequent drinking, especially early in pregnancy, can cause fetal alcohol syndrome and alcohol-related birth defects.[54,55] Smoking also increases the risk of pregnancy complications, preterm birth, and low birth weight.[53] In 2007–2009, about 1 in 5 recent mothers in a 32-State area reported binge drinking (consumed 5 or more drinks in a sitting) at least once within 3 months prior to pregnancy (21.1 percent) and 23.6 percent reported smoking. Binge drinking and smoking in the 3 months prior to pregnancy tend to be higher among younger mothers. For example, among 20- to 24-year-old women, 25.5 percent reported preconception binge drinking and 34.2 percent reported preconception smoking compared to 15.3 and 12.4 percent, respectively, among women aged 40 years and older.

Daily use of multivitamins containing folic acid can reduce the risk of neural tube defects in infants by two-thirds.[53] In 2007–2009, only 29.8 percent of recent mothers reported daily multivitamin use in the month prior to pregnancy. Daily preconception multivitamin use increased with maternal age. Over 40 percent of women aged 30 years and older reported taking a daily multivitamin in the month prior to pregnancy compared with less than 20 percent of women younger than 25 years of age.

Women should also attain a healthy weight prior to pregnancy to prevent complications, such as diabetes and hypertension, which may necessitate preterm delivery.[53] Only about half of new mothers (51.1 percent) reported a healthy or normal pre-pregnancy weight for their height. This proportion did not vary by maternal age with the exception of teenage mothers who were more likely to have had a normal pre-pregnancy weight (58.6 percent). With regard to race and ethnicity, non-Hispanic Asian mothers were most likely to have attained a healthy pre-pregnancy weight (66.4 percent), while non-Hispanic Black mothers were least likely (40.4 percent; data not shown). See *Women's Health USA 2011* for additional estimates by race and ethnicity.

Selected Preconception Health Indicators Among Recent Mothers, by Age, 2007–2009*

Source II.20: Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System



*Includes data from a total of 32 States and New York City; 25 states contributed all 3 years; mothers completed surveys between 2 and 9 months postpartum. **Defined as drinking five or more alcohol drinks in one sitting at least once in the 3 months prior to pregnancy. †Defined as a pre-pregnancy body mass index (ratio of weight to height) between 18.5 and 24.9.