This fact sheet describes the pregnancies of low-income women living in West Virginia during the year 2000. The information presented here was gathered by the West Virginia WIC Program during the course of interviewing approximately 15,000 pregnant and postpartum women. The WIC Program provides nutrition counseling and education, and referral services to a range of community resources for medical care, early childhood programs, or family support programs. Supplemental foods are provided to pregnant women, postpartum women, infants, and children up to five years old. In West Virginia, 75 percent of WIC participants report family income under 100% of the federal poverty level.

Health disparities among low income women are a nationwide public health concern, as is improved health status for all women during pregnancy. The national Healthy People 2010 Initiative has called for improvement in pre-pregnancy health, behaviors during pregnancy and pregnancy outcome. Achieving the target Objectives in the next ten years will require concerted effort on the part of all health providers, including the public health community.

Pregnancy and Birth Outcome - the Year in PNSS in West Virginia

15,000 low income pregnant and postpartum women are served
43% of mothers were overweight before pregnancy
24% of pregnant women are teenagers
90% of live births to women who participated in WIC while pregnant are full-term
39% of mothers try Breastfeeding

WV PNSS in 2000 and Healthy People 2010 Objectives

Entry into Medical Care in First Trimester
- 24% of mothers under 16 years old report delayed entry into medical care until the 2nd or 3rd Trimester
- 18% of non-Caucasian ethnicity report delayed entry into medical care until the 2nd or 3rd Trimester; vs. 9% for Caucasians
- Smokers had twice as many low birth weight babies as non-smokers - 10% vs. 5% for non-smokers
- Women who smoked were less likely to achieve ideal weight gain during pregnancy 46% for smokers - 49% for non-smokers
- Women most likely to smoke during pregnancy were white, over 30 years old, less than a high school education, and unmarried

Abstinence from Smoking among Pregnant Women
- 65% of pregnant women report delayed entry into medical care until the 2nd or 3rd Trimester
- 99% of pregnant women who participated in WIC while pregnant are full-term

Footnotes:
1 Full text of Healthy People 2010 at www.health.gov/healthy_people/
2 For the 12,400 women who participated in WIC while pregnant; does not include postpartum only participants
3 The national rate in PNSS for smoking abstinence is 77%
Socio-Economic Factors in PNSS

<table>
<thead>
<tr>
<th>Less than 12 Years of Education</th>
<th>Unmarried</th>
<th>Ethnicity in PNSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNSS</td>
<td>32.7%</td>
<td>PNSS</td>
</tr>
<tr>
<td>All WV Births</td>
<td>19.7%</td>
<td>All WV Births</td>
</tr>
<tr>
<td>All US Births</td>
<td>21.3%</td>
<td>All US Births</td>
</tr>
<tr>
<td>White</td>
<td>94.3%</td>
<td>African-American</td>
</tr>
<tr>
<td>All Others</td>
<td>0.9%</td>
<td></td>
</tr>
</tbody>
</table>

4 The Healthy People 2010 definition for obese is BMI>30; PNSS cutoff for very overweight is BMI >29.1


6 ibid; Institute of Medicine 1996,pg.73-79

*No 2010 target figure was adopted for minimum weight gain

7 ibid; Institute of Medicine 1996,pg.97-100

8 1999 WV Vital Statistics Report, WV Bureau for Public Health


Overweight rates increase by age category; 34% of women over 19 are very overweight; 41% of women over 30 are very overweight 4

Women who are non-Caucasian have higher overweight rates; 33% vs. 30% for Caucasian

Pregnant overweight women have a higher risk of gestational diabetes, hypertension, preeclampsia, labor complications and neural tube defects in infants 5

13% of women with less than ideal weight gain delivered a low birth weight baby

Women who did achieve ideal weight gain during pregnancy had 6% low birth weight babies

Low maternal weight gain is associated with lower birth weights and infants small for gestational age 6

Premature infants were 10 times more likely to be low birth weight

For women who participated in WIC during pregnancy, 3.2% of full term infants were low birth weight

Low birth weight is an important predictor of deficiencies in childhood development7

This Fact Sheet was developed by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Nutrition Services. For more information, contact us at (304) 558-0030 or http://www.wvdhhr.org/ons/WIC.htm