PERINATAL HEALTH

Georgia Five Year Needs Assessment

Perinatal Health

INTRODUCTION

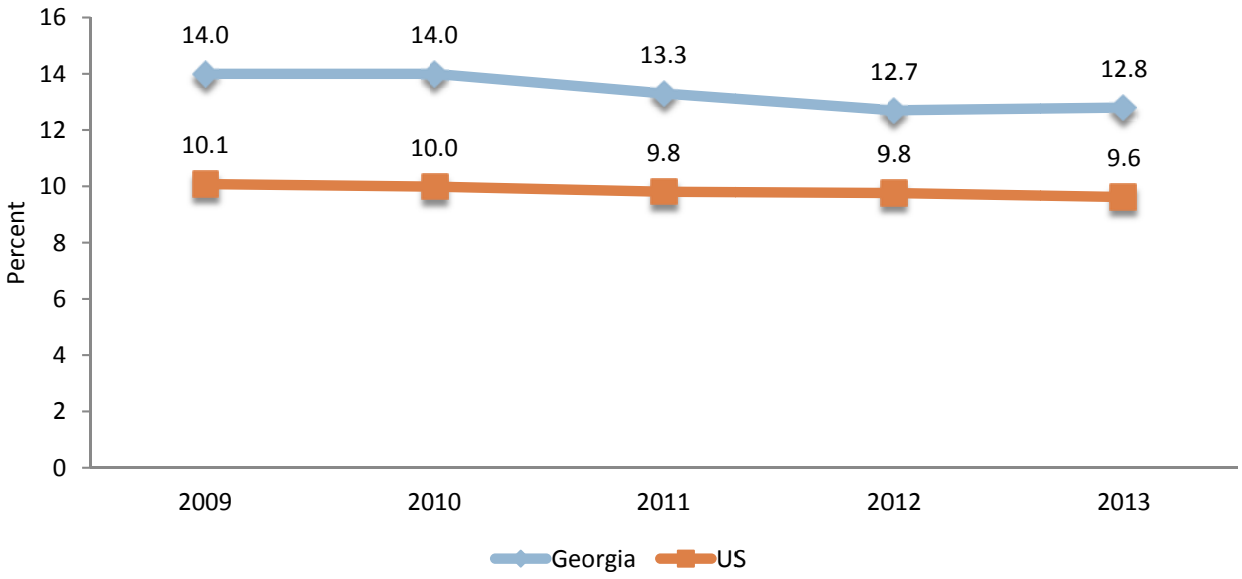
Perinatal health is most broadly defined as the period between conception and the end of the first year of life postpartum. Georgia has focused on perinatal health for a number of years because ensuring the healthiest start for babies and a healthy pregnancy for mothers will always be a priority. Many of the health indicators assessed in this section can determine the health, wellness and quality of life for mothers, infants, and families. This section focuses mainly on the period between birth and the first year of life, use of medical services, sleep and feeding practices.

PRETERM BIRTH

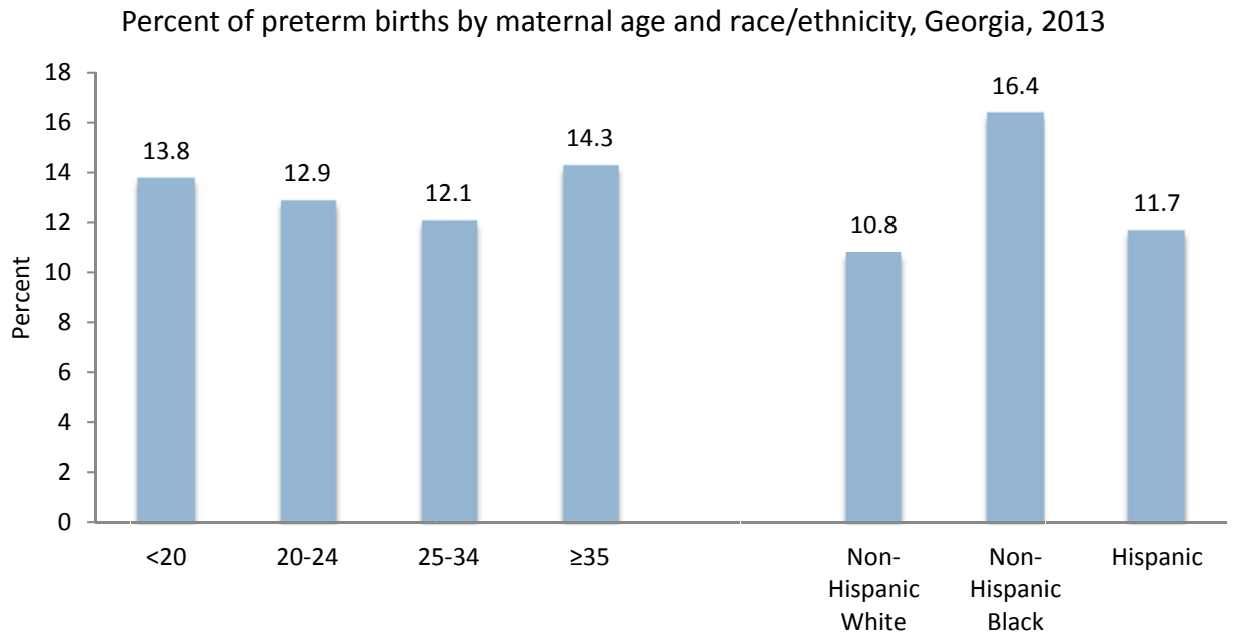
Healthy People 2020 Objective
MICH-9.1: Reduce preterm births to 11.4%

The percentage of preterm births (the birth of an infant before 37 completed weeks) has steadily declined since 2010 from 14.0% to 12.8%. However, Georgia has not yet met the Healthy People 2020 objective for preterm births and has remained above the national average in all years examined. The percentage was lowest among women between the ages of 20 and 34. Women under the age of 20 and over the age of 35 had higher percentages of preterm births (13.8% and 14.3% respectively). Almost 17% of non-Hispanic Black women had a preterm birth in 2013, while the percentage was just over 10.0% for non-Hispanic Whites and Hispanics.

Percent of preterm births by year, Georgia compared to the US, 2009-2013



Source: OASIS, National Vital Statistics System



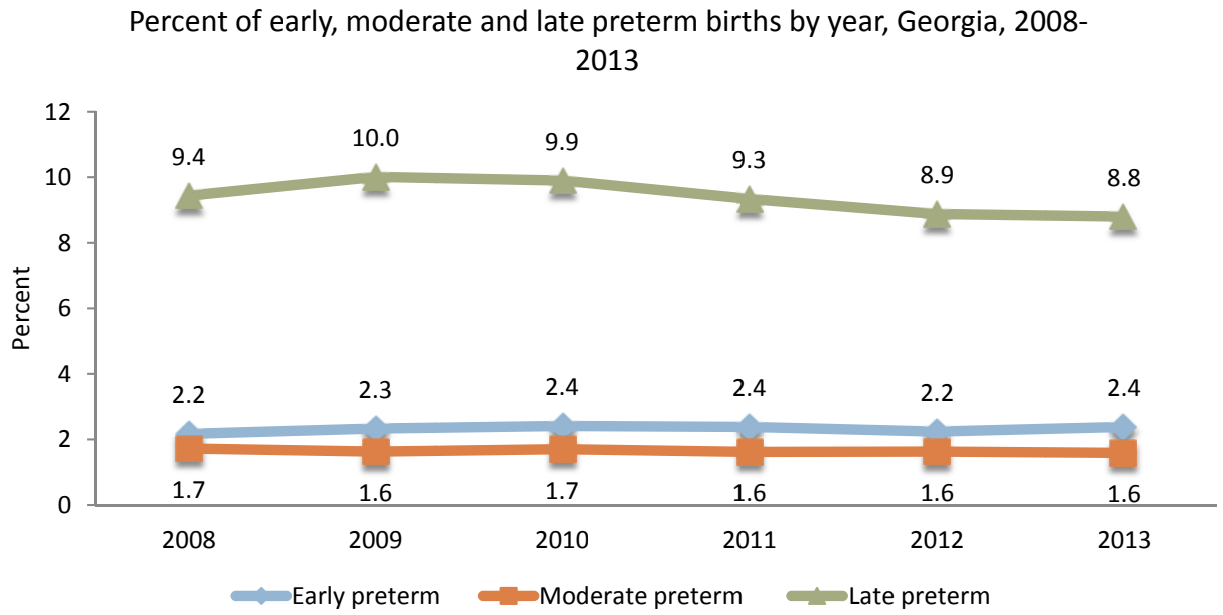
Source: OASIS 2013

Early, Moderate and Late Preterm Birth

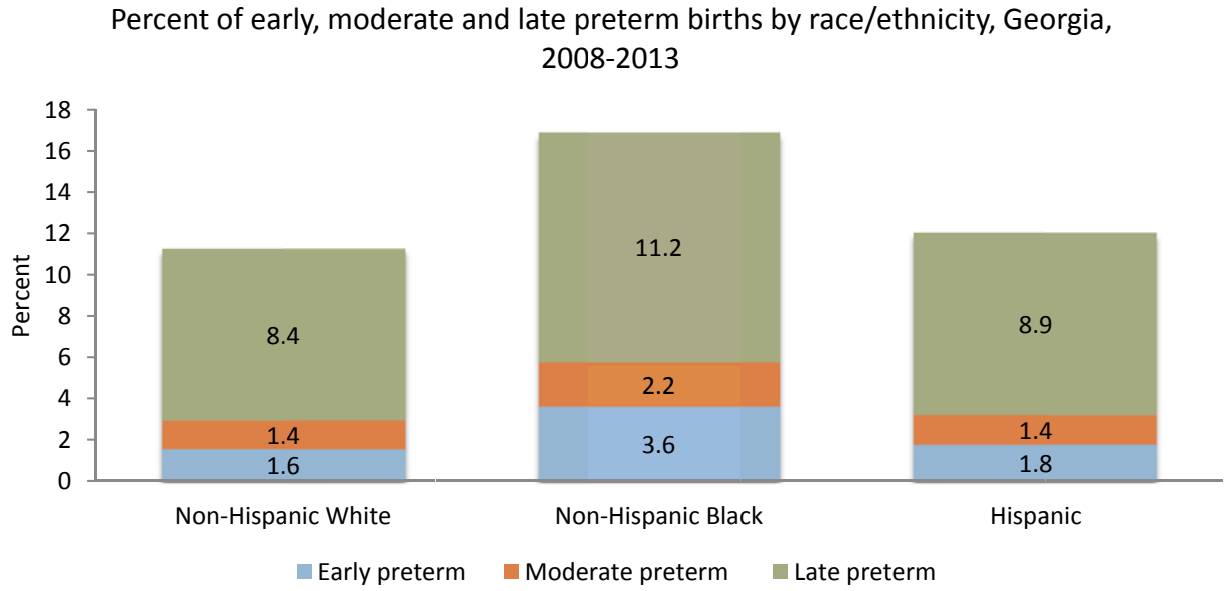
Healthy People 2020 Objectives
MICH-9.2: Reduce late preterm or live births at 34 to 36 weeks of gestation to 8.1%
MICH-9.3: Reduce live births at 32 to 33 weeks of gestation to 1.4%
MICH-9.4: Reduce very preterm or live births at less than 32 weeks of gestation to 1.8%

Early preterm births (deliveries occurring before 32 weeks of gestation) have fluctuated between 2.2% and 2.4% of total deliveries in the Georgia between 2008 and 2013 with no clear trend. Moderate preterm births (deliveries occurring between 32 and 33 weeks of gestation) accounted for less than 2.0% of all deliveries between 2008 and 2013. In the past three years examined, the percentage remained constant at 1.6%. Late preterm births (deliveries occurring between 34 and 36 weeks of gestation) account for most of preterm births in the state. The percentage has decreased from 10.0% in 2009 to 8.8% in 2013.

Each racial/ethnic group experienced larger percentages of late preterm deliveries when compared to early and moderate preterm deliveries. The percentage of all types of preterm deliveries was higher among non-Hispanic Black women compared to non-Hispanic White and Hispanic women.



Source: Vital Records 2008-2013



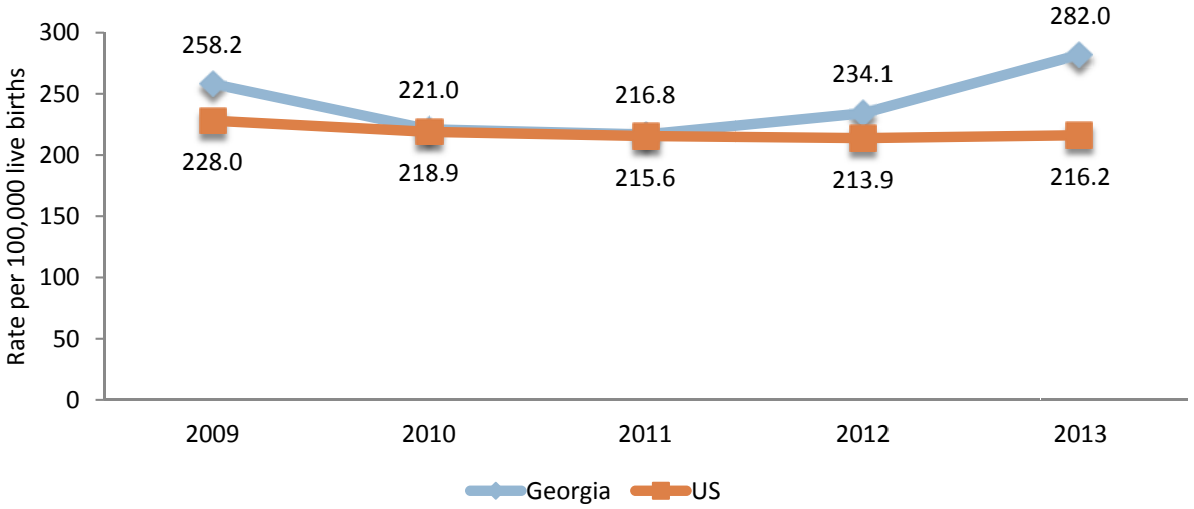
Source: Vital Records 2008-2013

Preterm Related Mortality

The mortality rate related to preterm deliveries has increased from 258.2 in 2009 to 282.0 in 2013 in Georgia, despite a decrease to 216.8 in 2011. The trend has remained more constant in the United States, where the rate decreased from 228.0 in 2009 to 216.2 in 2013. The preterm-related mortality rate was

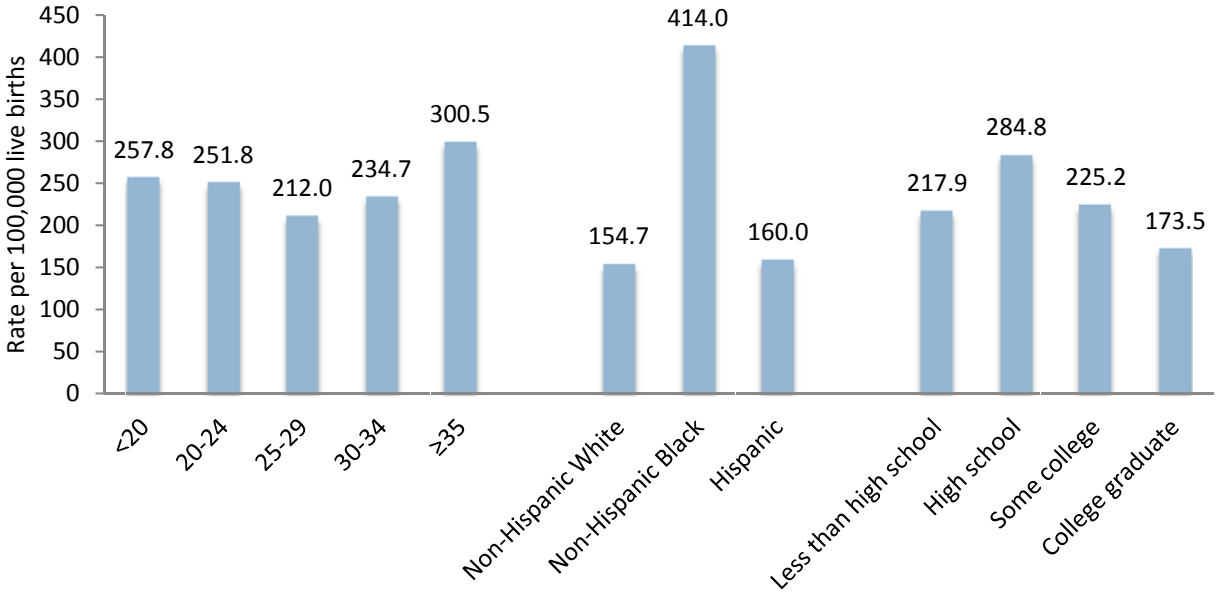
higher among the youngest and oldest mothers (those less than 25 years of age and over 35 years of age). The rate is 2.7 times higher among Non-Hispanic Black women compared to Non-Hispanic White women (414.0 and 154.7 respectively). The rate among Hispanic women (160.0) is comparable to that of Non-Hispanic Whites. Among women with a high school diploma, the rate was 184.8. When looking at women who graduated college, the rate was 173.5.

Preterm-related mortality rate per 100,000 live births by year, Georgia compared to the US, 2009-2013



Source: National Vital Statistics System 2009-2013

Preterm-related mortality rate per 100,000 live births by maternal age, race/ethnicity and education, Georgia, 2011-2013



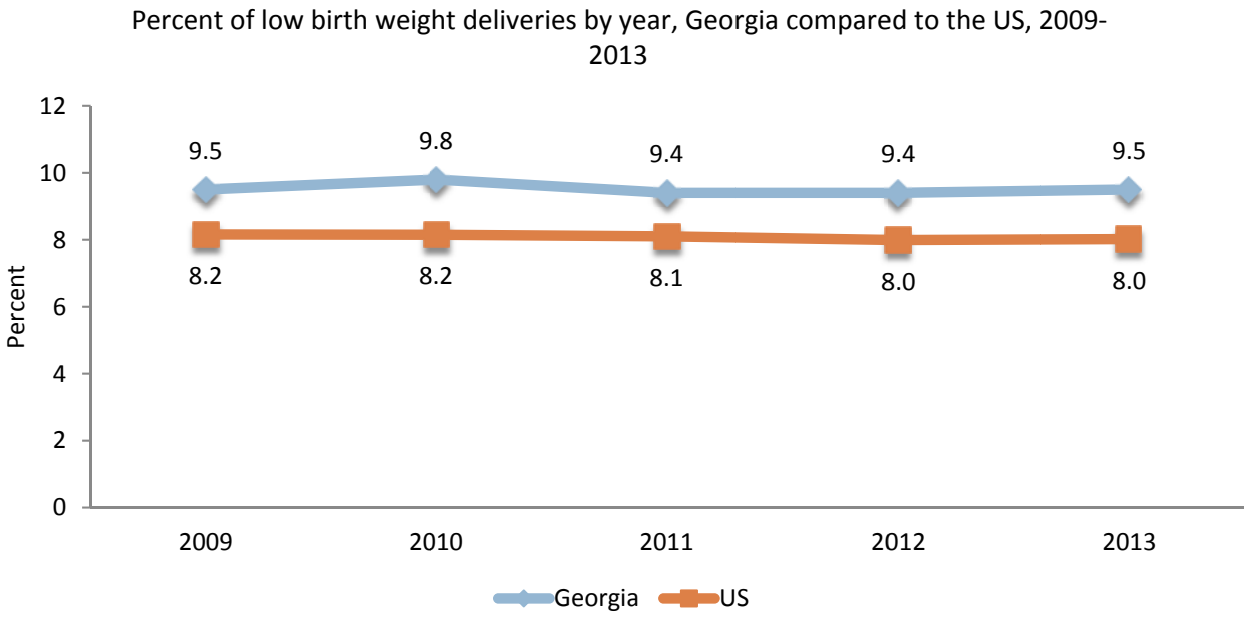
Source: National Vital Statistics System 2011-2013

BIRTH WEIGHT

Low Birth Weight and Very Low Birth Weight

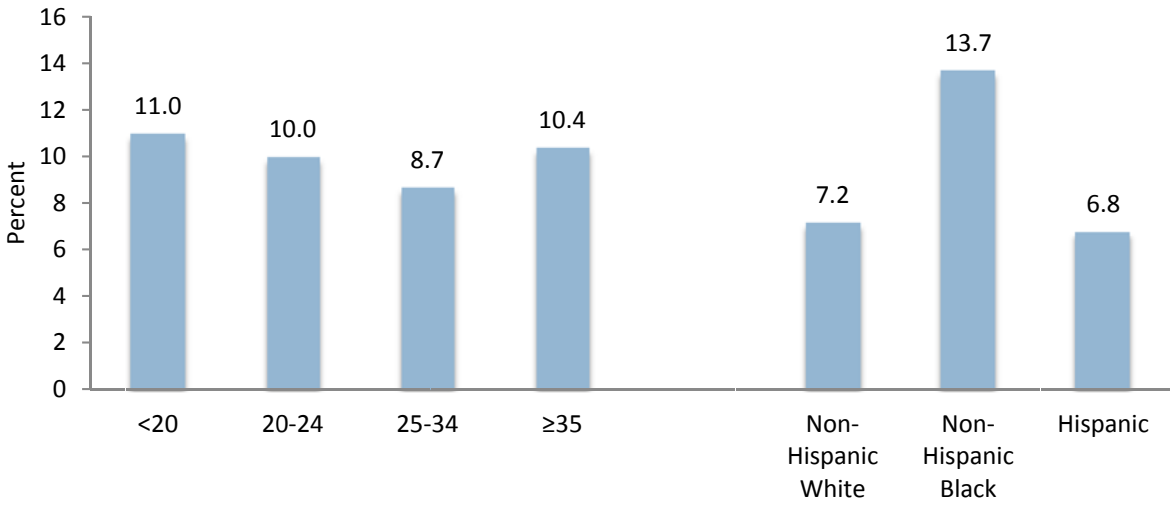
Healthy People 2020 Objective
MICH-8.1: Reduce low birth weight to 7.8%
MICH-8.2: Reduce very low birth weight to 1.4%

Over the five-year period reported below (2009 through 2013), the percentage of low birth weight deliveries in Georgia varied little and remained above the Healthy People 2020 objective. Women who most often had low birth weight infants in Georgia were either of young maternal age (less than 20 years) or advanced maternal age (35 years and older). Specifically, 11.0% of mothers younger than 20 years old and 10.4% of mothers older than 35 had a low birth weight delivery, compared to approximately 8-10.0% of women in the 20-34 year old age group. Non-Hispanic Black women (13.7%) had nearly twice the percentage of low birth weight infants as non-Hispanic Whites (7.2%) and Hispanics (6.8).



Source: OASIS, National Vital Statistics System 2009-2013

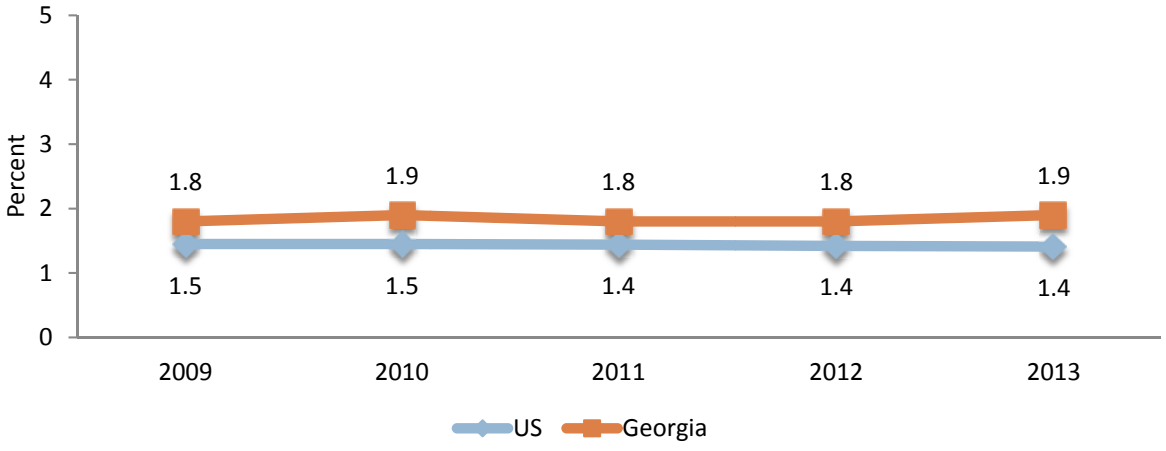
Percent of low birth weight deliveries by maternal age and race/ethnicity, Georgia, 2013



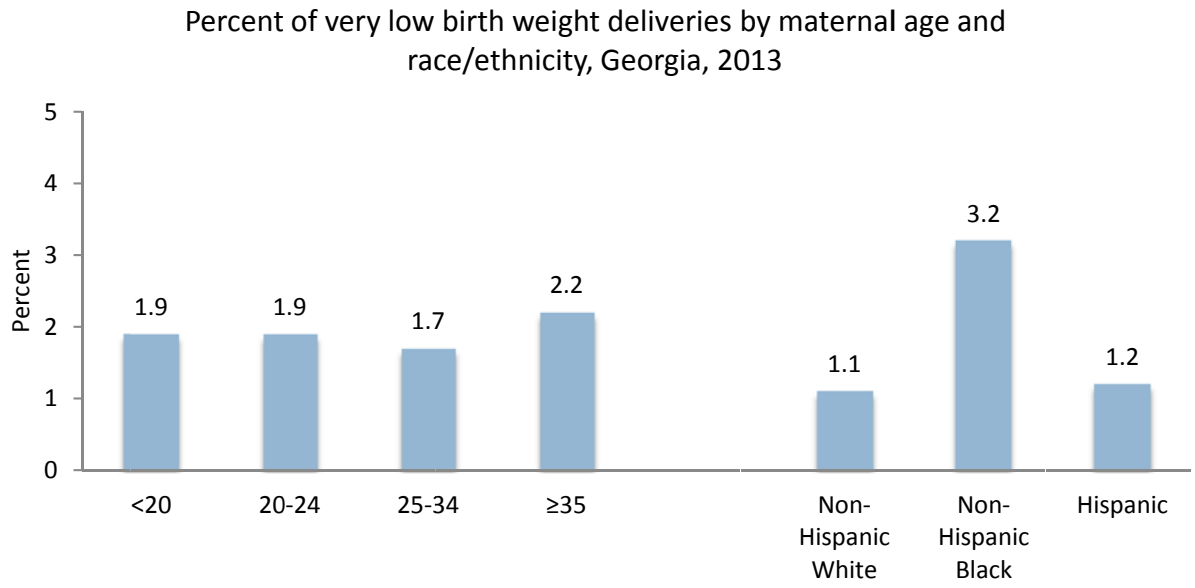
Source: OASIS 2013

The percentage of very low birth weight (VLBW) deliveries in Georgia varied between 1.8% and 1.9% from2009 to 2013 with no clear trend. The percentage did remain higher than both the national average and Healthy People 2020 objective. The lowest percentage of VLBW deliveries was seen among women between the ages of 25 and 34 (1.7%). Women over the age of 35 experienced the highest percentage of VLBW deliveries (2.2%). Disparities exist by race/ethnicity. The percentage of VLBW deliveries was 3 times higher among non-Hispanic Blacks (3.2%) compared to non-Hispanic Whites (1.1%) and Hispanics (1.2%).

Percent of very low birth weight deliveries (<1500 grams) by year, Georgia compared to the US, 2009-2013



Source: OASIS, National Vital Statistics System 2009-2013

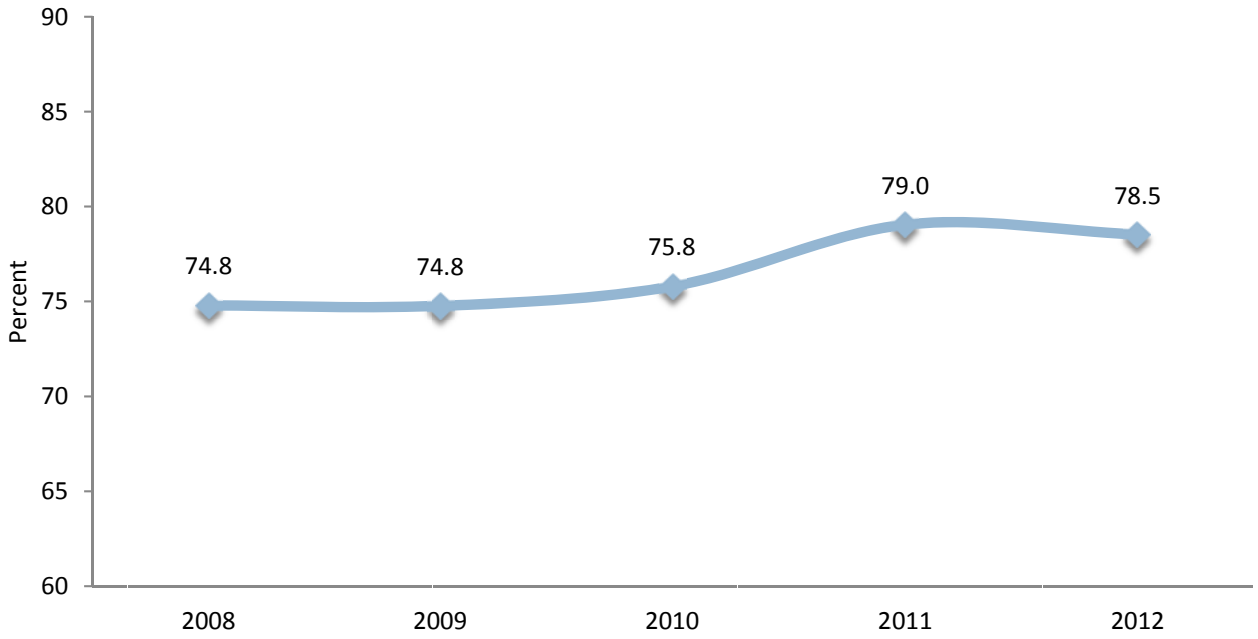


Source: OASIS 2013

Perinatal Regionalization

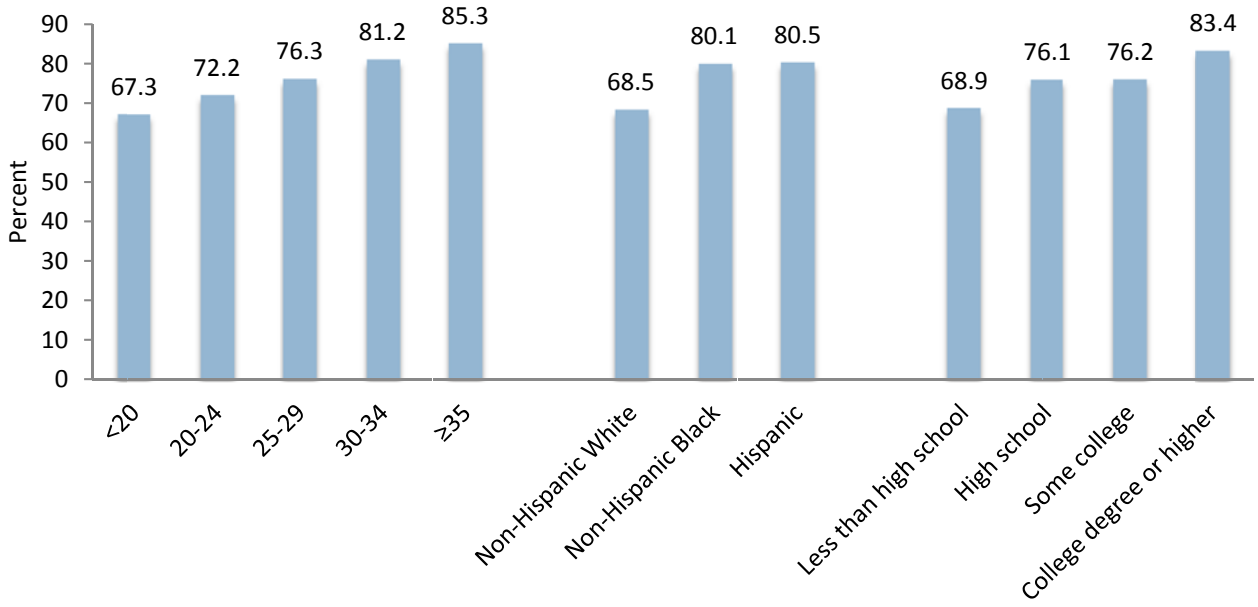
The percentage of VLBW infants delivered at Level III facilities has steadily increased, with 74.8% of babies being born in Level III facilities in 2008 compared to 78.5% in 2012. Older mothers had VLBW infants born in a Level III facility more often than younger mothers. Fewer non-Hispanic White infants (68.5%) were born at the appropriate level of care compared to non-Hispanic Black and Hispanic infants (80.1% and 80.5%). Differences were seen by education as well. The highest percentage of LVBW infants born in a Level III facility was among mothers with a college degree or higher (83.4%) compared to mothers with less than a high school diploma (68.9%). Georgia has six perinatal regions, which consist of a Regional Perinatal Center, Level III, Level II, and Level I facilities. The Atlanta perinatal region has the highest percentage (80.8%) of very low birth weight infants born at the appropriate level of care (Level III facility), compared to only 62.3% of babies in Augusta, followed by 66.1% in Savannah.

Percent of very low birthweight infants delivered at level III facilities, Georgia, 2008 to 2012

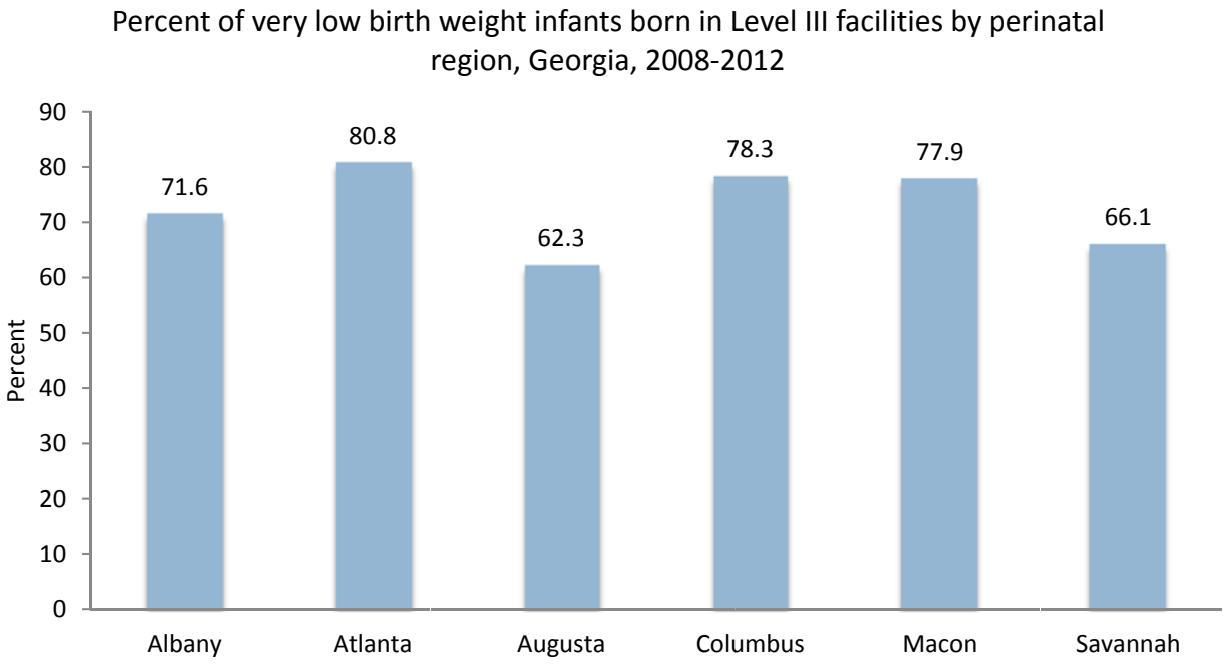


Source: Vital Records 2008-2012

Percent of very low birth weight infants born in Level III facilities by maternal age, race/ethnicity and education, Georgia, 2008-2012



Source: Vital Records 2008- 2012



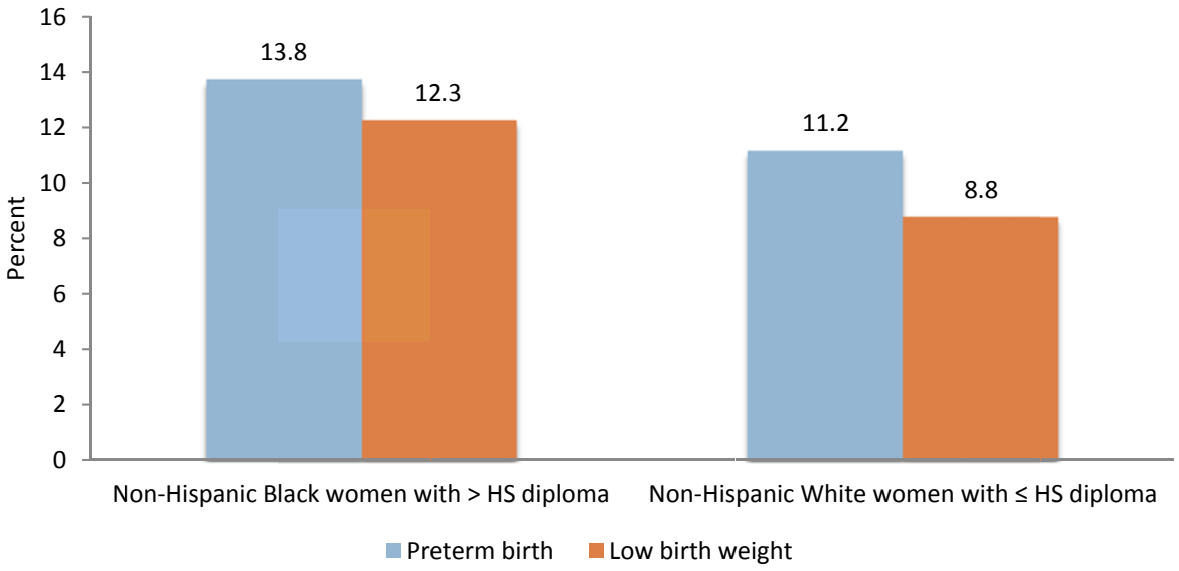
Source: Vital Records 2008-2012

ATYPICAL ANALYSIS

An atypical analysis was used to differentiate the effect that education and race/ethnicity have on adverse birth outcomes. Non-Hispanic Black women with more than a high school diploma had higher percentages of both preterm births and low birth weight infants than non-Hispanic White women with a high school diploma or less. The difference was most pronounced when examining low birth weight deliveries. The percentage was 12.3% among non-Hispanic Black women with more than a high school diploma compared to 8.8% among non-Hispanic White women with a high school diploma or less.

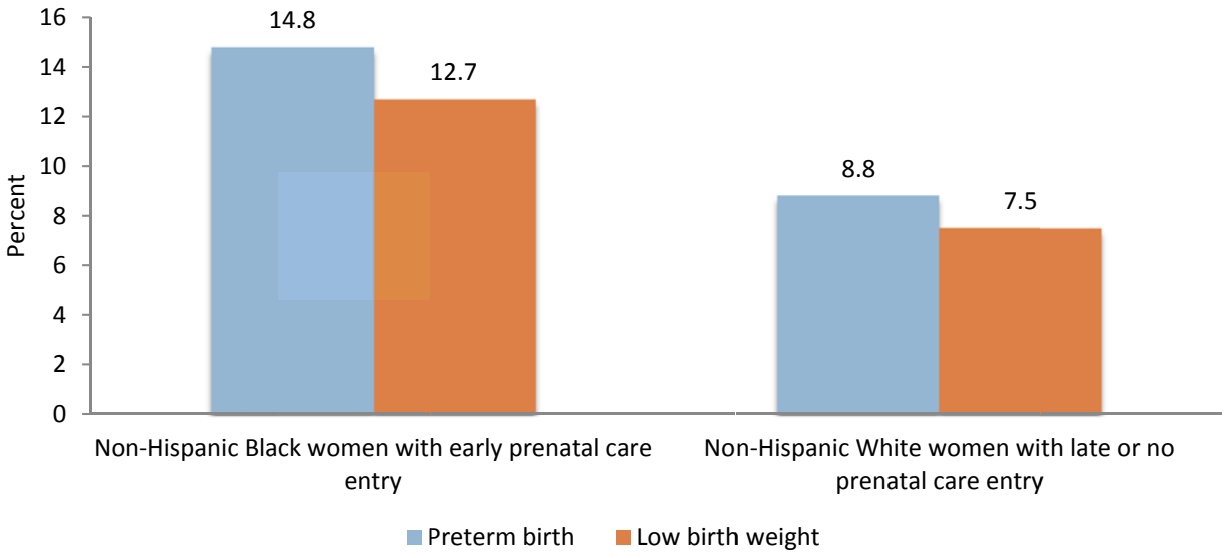
Additionally, Black women who entered prenatal care early were more likely to experience preterm birth and low birth weight (14.8% and 12.7% respectively), compared to White women with late or no entry to prenatal care (8.8% and 7.5% of mothers, respectively). Again, this points to the need for additional investigation to identify the root causes for such disparities among Black mothers as early entry in prenatal care does not provide the same protection against adverse birth outcomes as it provides for White women.

Percent of preterm birth and low birth weight deliveries by race and education, Georgia, 2008-2012



Source: Vital Records 2008-2012

Percent of preterm birth and low birth weight deliveries by race and prenatal care, Georgia, 2008-2012



Source: Vital Records 2008-2012

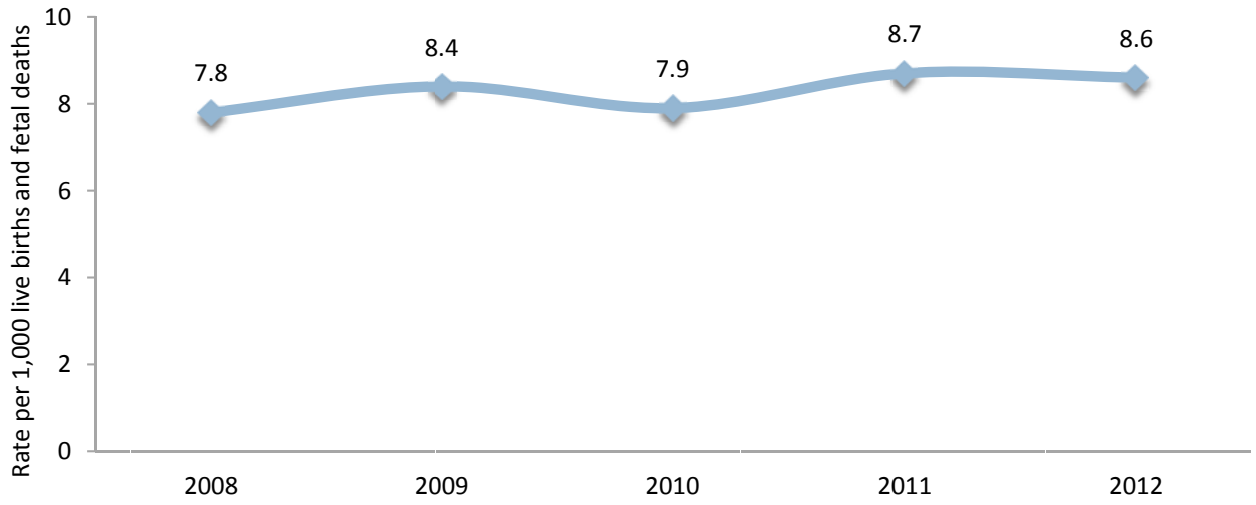
INFANT MORTALITY

Fetal Mortality

Healthy People 2020 Objective
MICH-1.1: Reduce the rate of fetal deaths (20 weeks of gestation or greater) to 5.6 deaths per 1,000 live births and fetal deaths

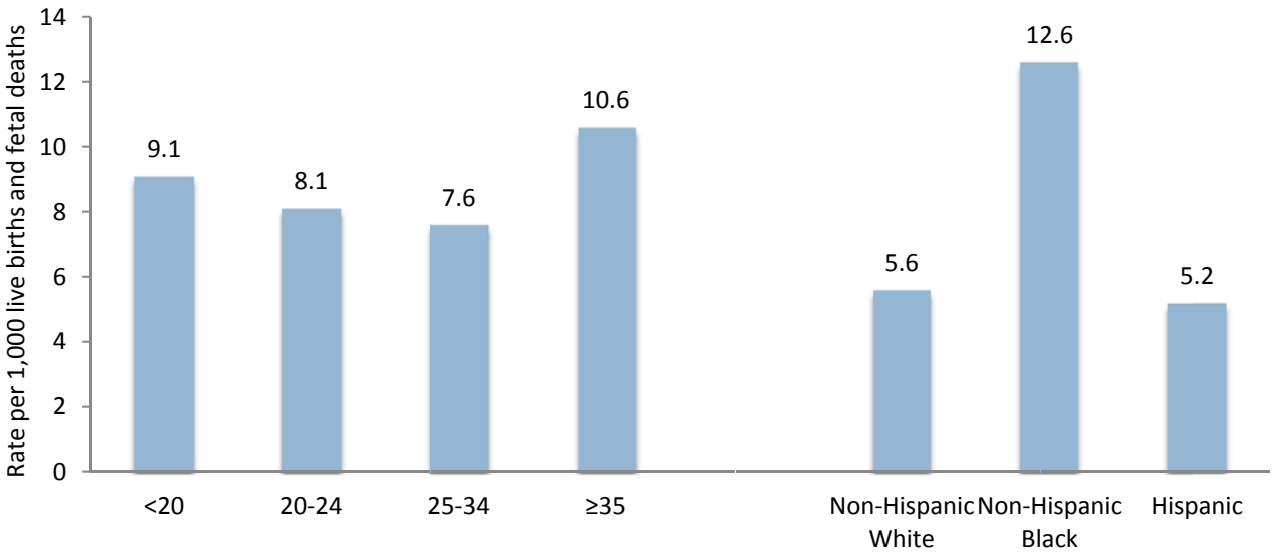
The fetal mortality rate (death at or after 20 weeks gestation per 1,000 live births and fetal deaths) steadily increased in Georgia from 2008 to 2012. In 2008, the rate was 7.8 per 1,000 live births and increased to 8.6 in 2012. This rate is trending away from the Healthy People 2020 objective of 5.6. When stratified by maternal age, it is evident that the fetal mortality rate is highest among the youngest and oldest mothers. The rate is over twice as high among non-Hispanic Blacks (12.6) compared to non-Hispanic Whites and Hispanics (5.6 and 5.2 respectively).

Fetal mortality rate (death ≥ 20 weeks gestation) by year, Georgia, 2008-2012



Source: OASIS 2008-2012

Fetal mortality rate per 1,000 live births by maternal age and race/ethnicity, Georgia, 2008-2012



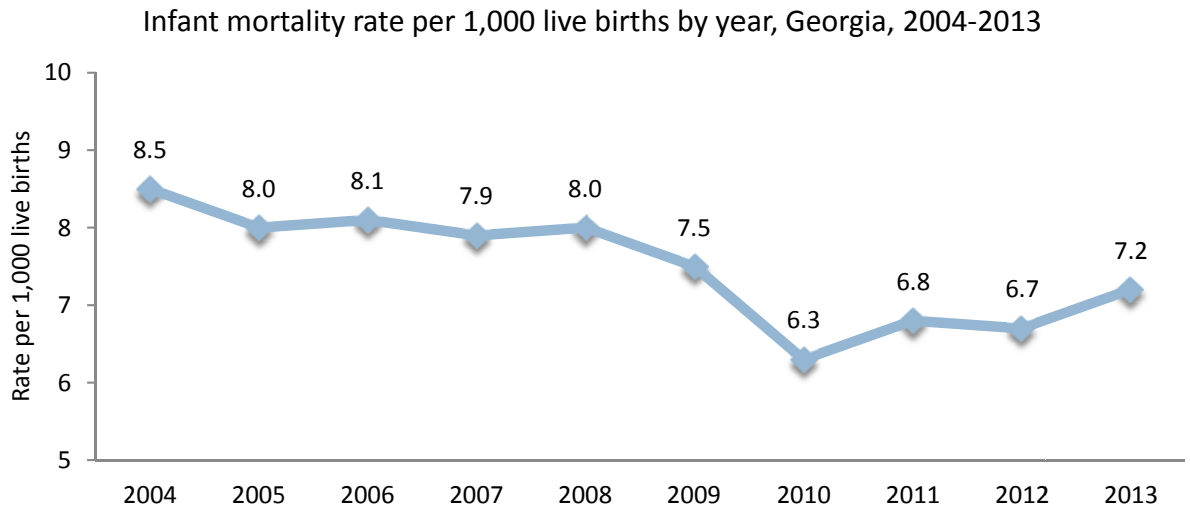
Source: OASIS 2008-2012

Infant Mortality

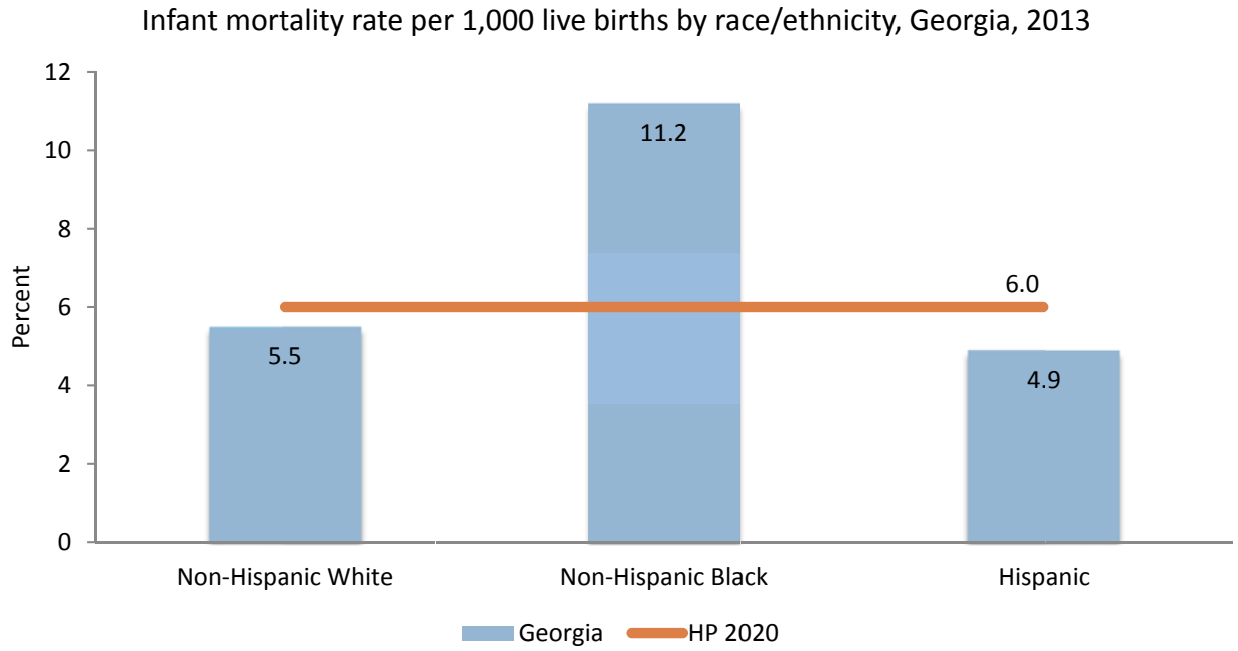
Healthy People 2020 Objective

MICH-1.3: Reduce the rate of all infant deaths (within 1 year) to 6.0 infant deaths per 1,000

Although there was an overall decrease in the infant mortality rate from 8.5 in 2004 to 7.2 in 2013, an increase was seen after 2010 when the rate was 6.3. In all years examined, the infant mortality rate in Georgia remained higher than the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births. Non-Hispanic White and Hispanic infants experienced an infant mortality rate below the Healthy People 2020 objective. However, the rate among non-Hispanic Blacks was 11.2, twice as high as that of non-Hispanic Whites and Hispanics. The ratio of the black to white infant mortality rate remained relatively stable at 2.0 between 2008 and 2012, with the exception of a decrease to 1.8 in 2010. Four public health districts had an infant mortality rate greater than 9.0 between 2008 and 2012: East Central Health District, North Central Health District, South Central Health District and West Central Health District.

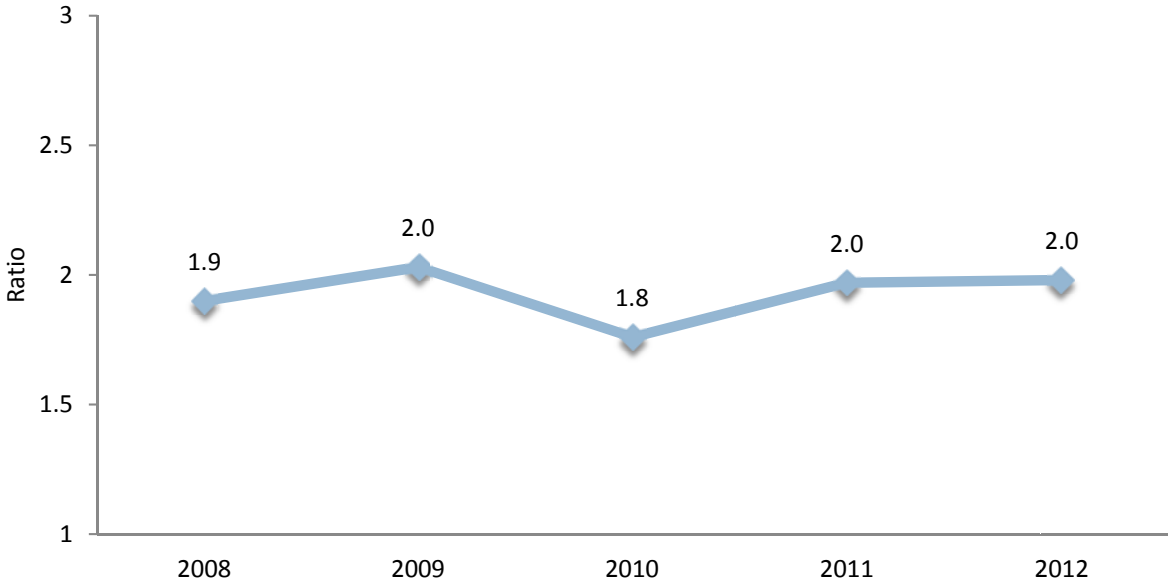


Source: Source: OASIS 2004-2013



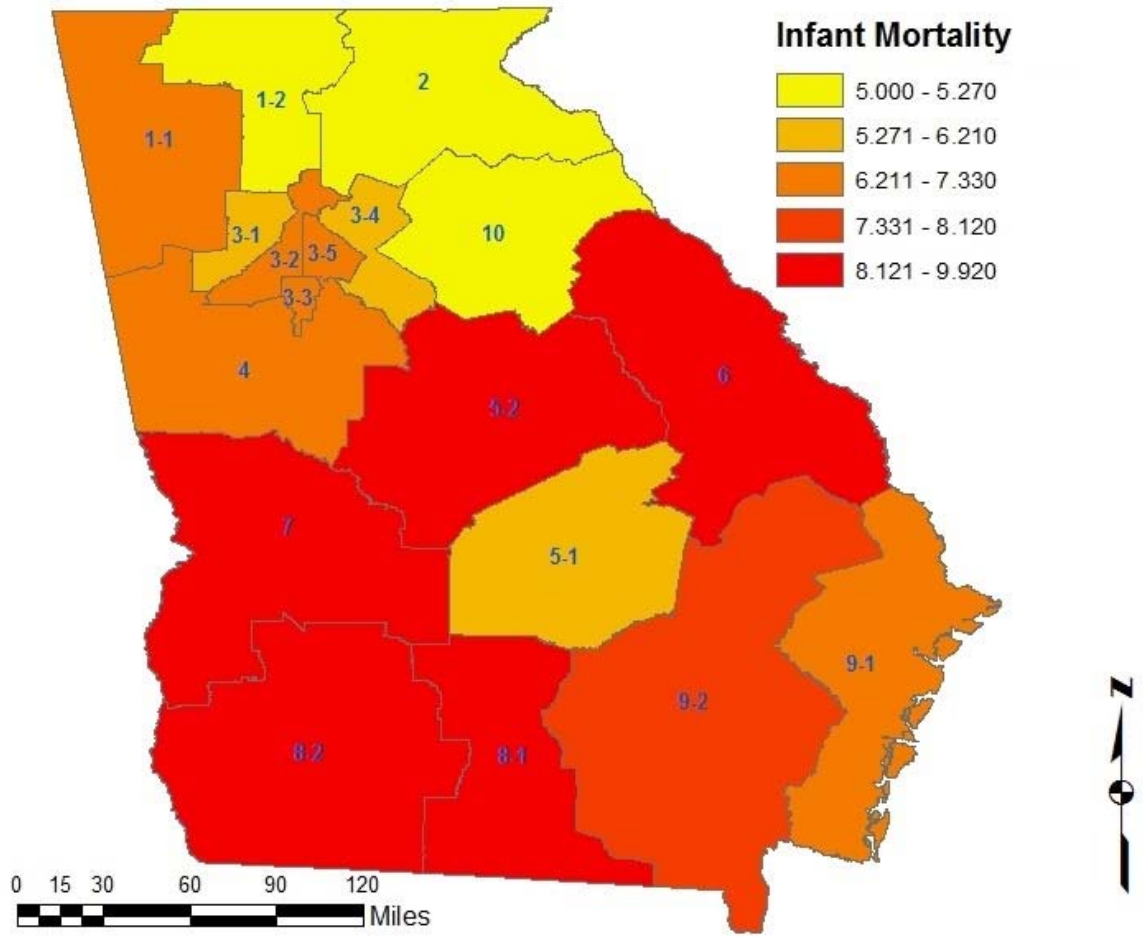
Source: OASIS 2013

Ratio of black to white infant mortality rate by year, Georgia, 2008-2012



Source: OASIS 2008-2012

Infant mortality rate by public health district, Georgia, 2008-2012



ID	District	Rate
3-3	Clayton County Health District (Jonesboro)	7.1
9-1	Coastal Health District (Savannah)	7.33
3-1	Cobb/Douglas Health District	6.1
3-5	DeKalb Health District	7.02
4	District 4 Health District	7.07
6	East Central Health District (Augusta)	9.76
3-2	Fulton Health District	6.79
3-4	Gwinnett, Newton, & Rockdale County Health Depts. (Lawrenceville)	5.67
5-2	North Central Health District (Macon)	9.58

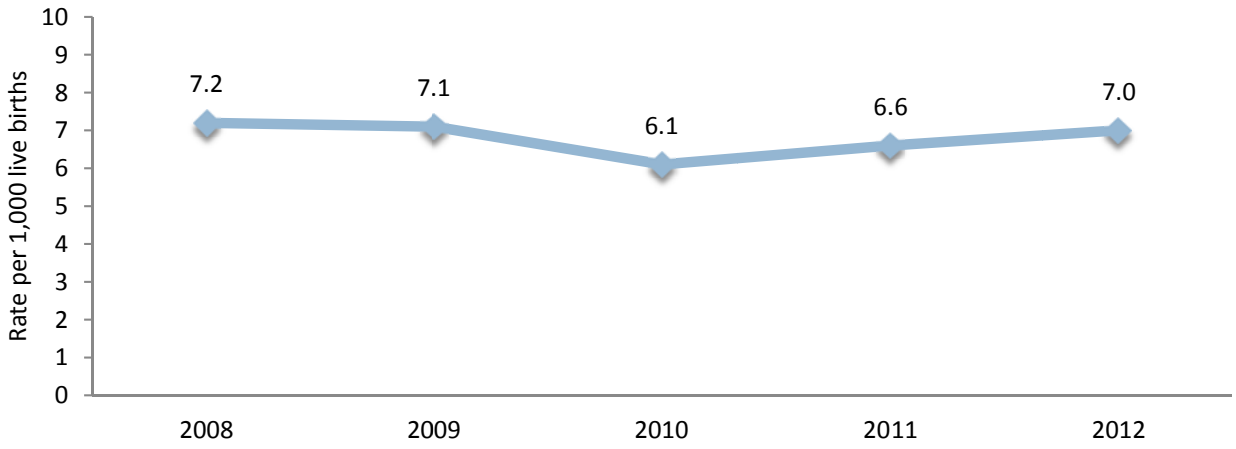
ID	District	Rate
1-2	North Georgia Health District (Dalton)	5
2	North Health District (Gainesville)	5.19
10	Northeast Health District (Athens)	5.27
1-1	Northwest Health District (Rome)	6.88
5-1	South Central Health District (Dublin)	6.21
8-1	South Health District (Valdosta)	9.92
9-2	Southeast Health District (Waycross)	8.12
8-2	Southwest Health District (Albany)	9.28
7	West Central Health District (Columbus)	9.92

Perinatal Mortality

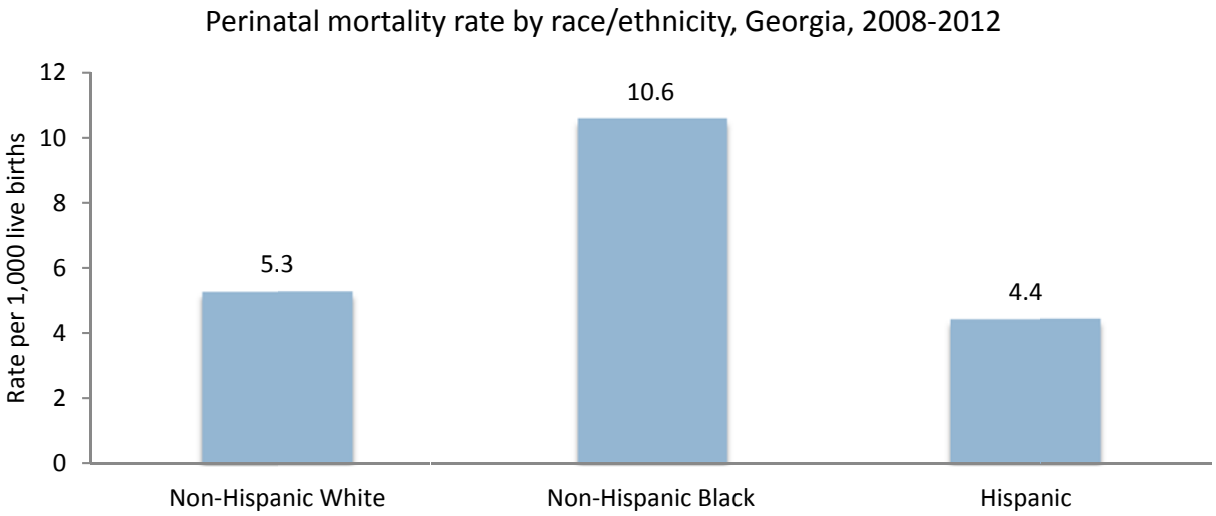
Healthy People 2020 Objective
MICH-1.2: Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth) to 5.9 perinatal deaths per 1,000 live births and fetal deaths

In 2010, Georgia was close to reaching the Healthy People 2020 objective of 5.9 perinatal deaths per 1,000 live births and fetal deaths. However, an increase of nearly 15.0% was seen over the next two years. Decreases in both fetal death and early neonatal death need to be made in order for Georgia to change the trajectory of perinatal mortality. The increase in perinatal mortality in 2012 was most likely due to an increase in fetal deaths. When stratified by race, disparities were present. Non-Hispanic Black mothers had a higher perinatal mortality rate (10.58 per 1,000 live births) compared to a rate of 5.3 among non-Hispanic White infants and 4.4 for Hispanic infants.

Perinatal mortality rate by year, Georgia, 2008-2012



Source: OASIS Miner 2008-2012

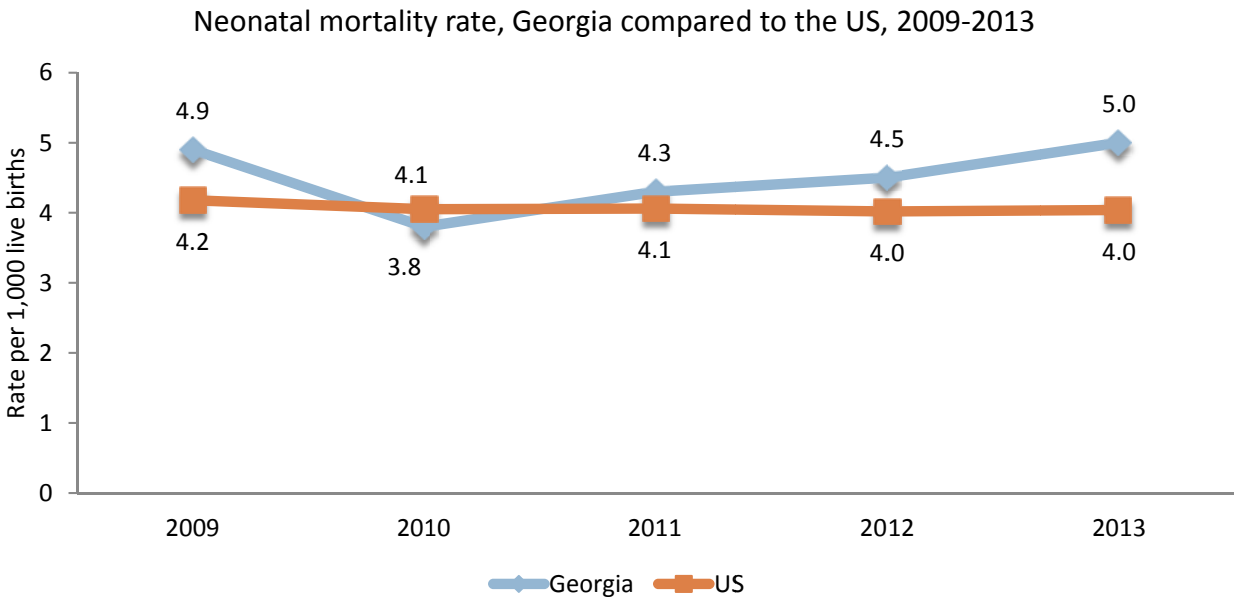


Source: Vital Records 2008-2012

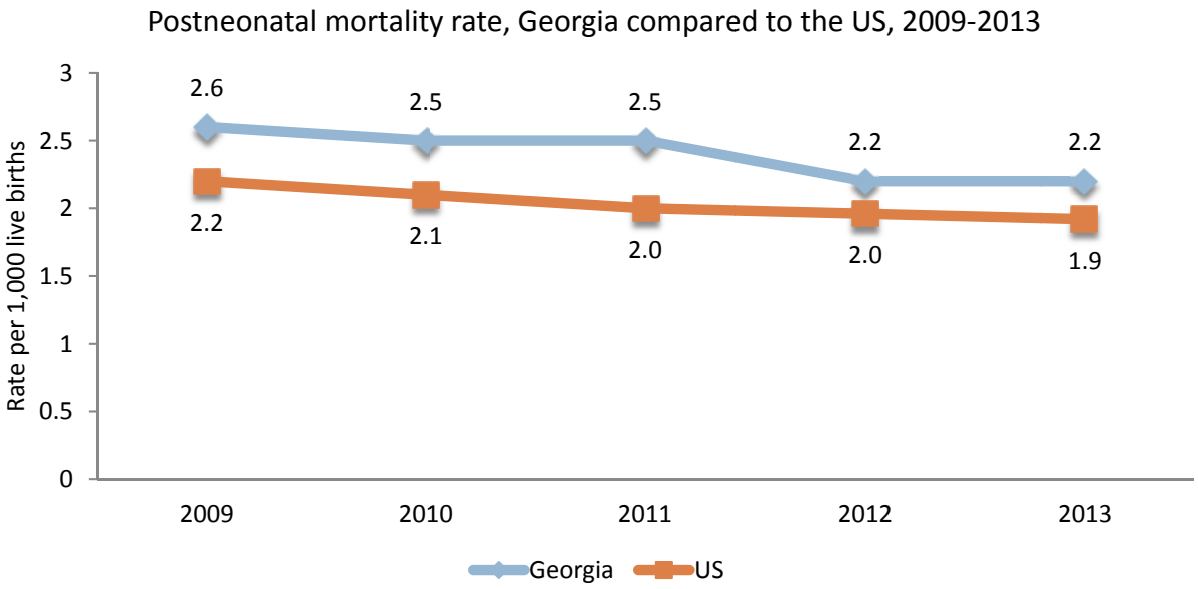
Neonatal and Postneonatal Mortality

Healthy People 2020 Objectives
MICH-1.4: Reduce the rate of neonatal deaths (within the first 28 days of life) to 4.1 neonatal deaths per 1,000 live births
MICH-1.5: Reduce the rate of postneonatal deaths (between 28 days and 1 year) to 2.0 post-neonatal deaths per 1,000 live births

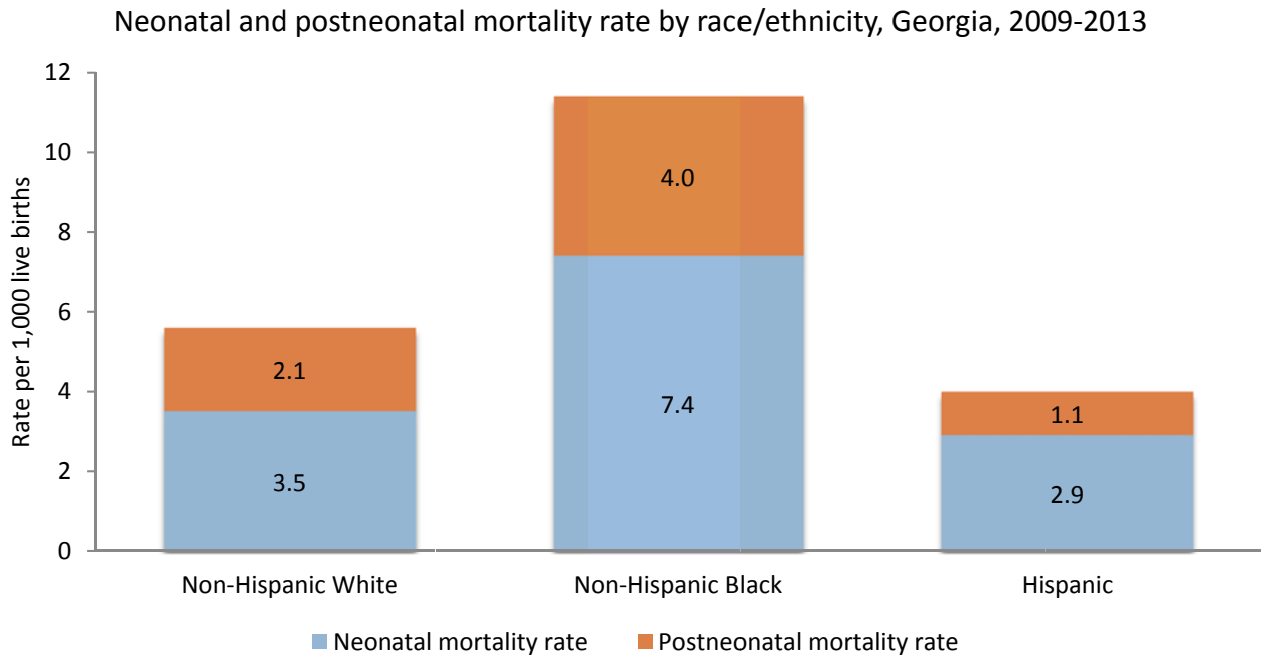
Georgia's neonatal and postneonatal mortality rates in 2013 were slightly higher than the Healthy People 2020 objectives. The neonatal mortality rate increased from 4.1 in 2010 to 5.0 in 2013, while the national average decreased from 4.2 to 4.0 during the same time period. Postneonatal mortality declined from 2009 to 2013, but remained above the national average. In 2009, the rate in Georgia was 2.6. In 2013, the rate declined to 2.2. In all racial groups examined, neonatal deaths were a larger contributor to the overall infant mortality rate than postneonatal deaths. The neonatal and postneonatal mortality rates were higher among non-Hispanic Blacks (4.0 and 7.4) compared to non-Hispanic Whites (3.5 and 2.1) and Hispanics (2.9 and 1.1). The rates are higher in the southern part of the state and lowest in the northeastern corner.



Source: OASIS, National Vital Statistics System 2009-2013

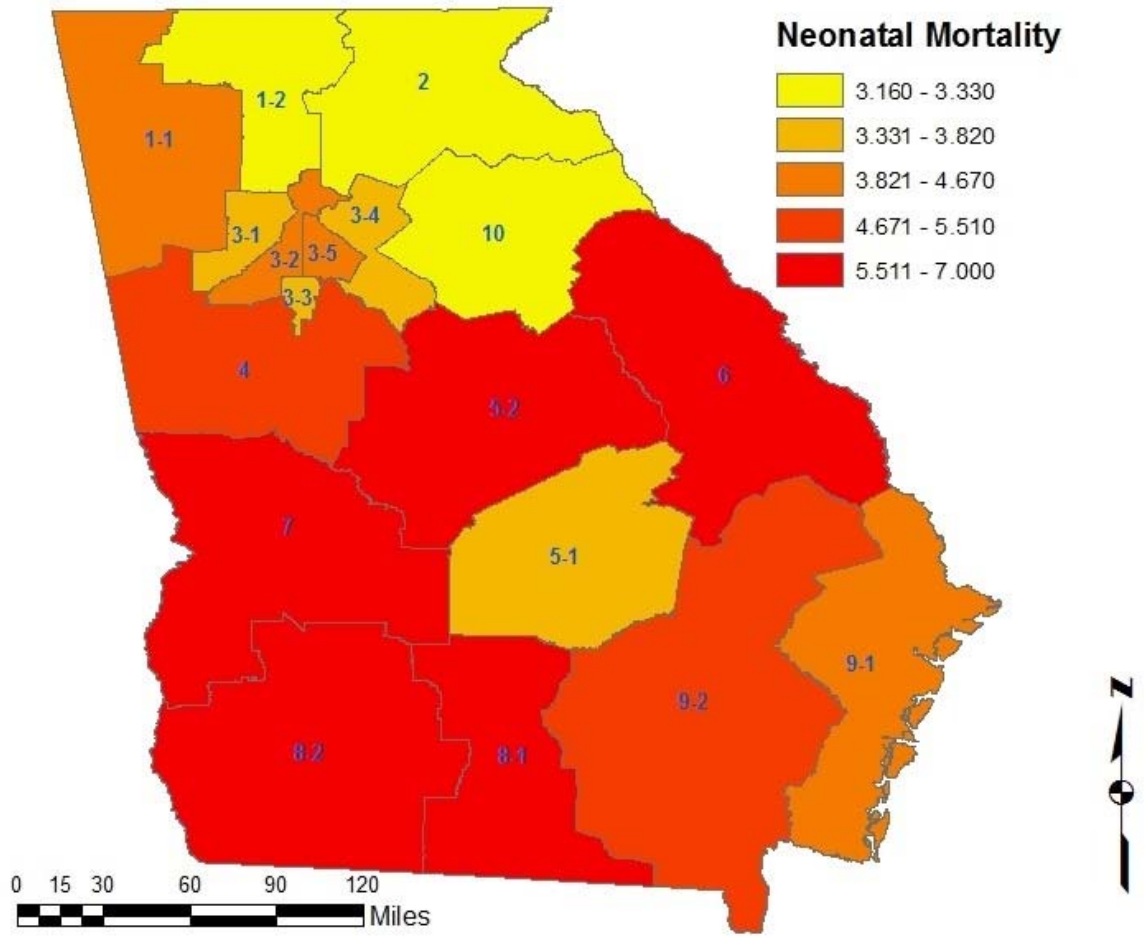


Source: OASIS, National Vital Statistics System 2009-2013



Source: OASIS 2009-2013

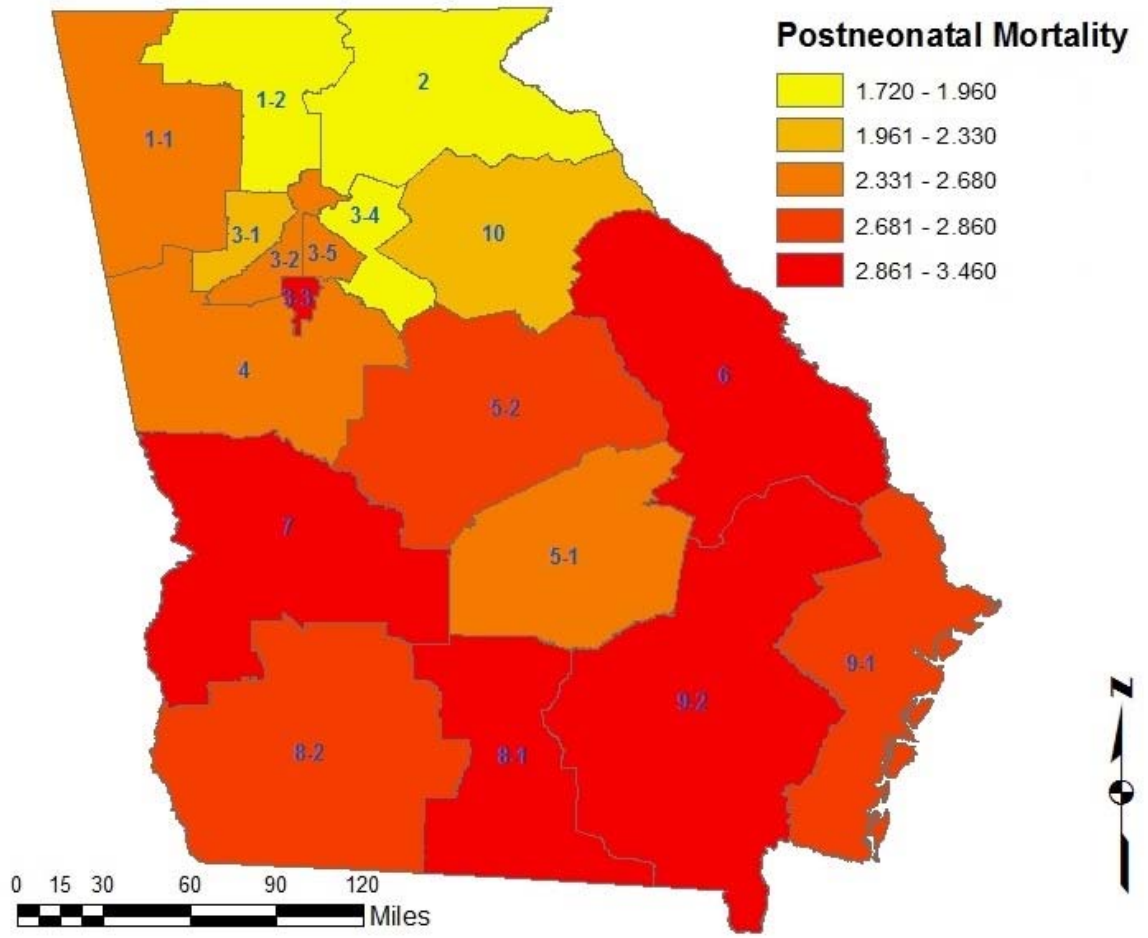
Neonatal mortality by public health district, Georgia, 2008-2012



ID	District	Rate
3-3	Clayton County Health District (Jonesboro)	3.73
9-1	Coastal Health District (Savannah)	4.67
3-1	Cobb/Douglas Health District	3.82
3-5	DeKalb Health District	4.41
4	District 4 Health District	5.51
6	East Central Health District (Augusta)	6.87
3-2	Fulton Health District	4.19
3-4	Gwinnett, Newton, & Rockdale County Health Depts. (Lawrenceville)	3.76
5-2	North Central Health District (Macon)	6.9

ID	District	Rate
1-2	North Georgia Health District (Dalton)	3.31
2	North Health District (Gainesville)	3.33
10	Northeast Health District (Athens)	3.16
1-1	Northwest Health District (Rome)	4.39
5-1	South Central Health District (Dublin)	3.69
8-1	South Health District (Valdosta)	6.95
9-2	Southeast Health District (Waycross)	5.05
8-2	Southwest Health District (Albany)	6.53
7	West Central Health District (Columbus)	7

Postneonatal mortality by public health district, Georgia, 2008-2012

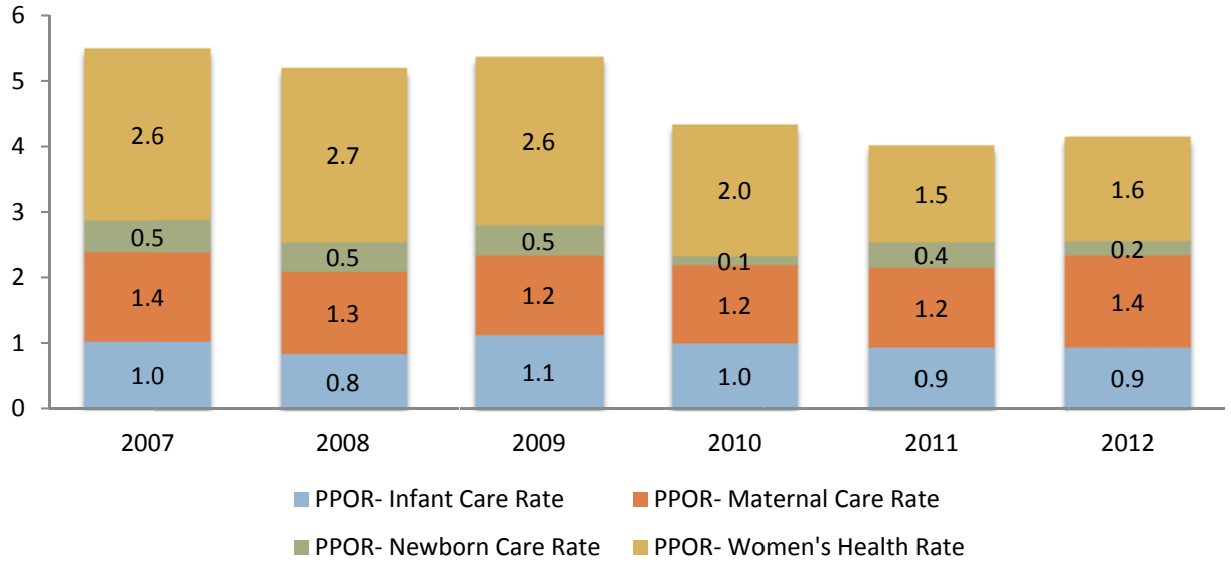


ID	District	Rate	ID	District	Rate
3-3	Clayton County Health District (Jonesboro)	3.46	1-2	North Georgia Health District (Dalton)	1.72
9-1	Coastal Health District (Savannah)	2.73	2	North Health District (Gainesville)	1.9
3-1	Cobb/Douglas Health District	2.33	10	Northeast Health District (Athens)	2.15
3-5	DeKalb Health District	2.68	1-1	Northwest Health District (Rome)	2.55
4	District 4 Health District	2.63	5-1	South Central Health District (Dublin)	2.57
6	East Central Health District (Augusta)	3.02	8-1	South Health District (Valdosta)	3.1
3-2	Fulton Health District	2.67	9-2	Southeast Health District (Waycross)	3.15
3-4	Gwinnett, Newton, & Rockdale County Health Depts. (Lawrenceville)	1.96	8-2	Southwest Health District (Albany)	2.86
5-2	North Central Health District (Macon)	2.78	7	West Central Health District (Columbus)	3.06

Perinatal Periods of Risk

The Perinatal Periods of Risk framework is used to help communities understand fetal and infant death, and to provide insight into intervention strategies. While women's health is the largest contributor to fetal and infant death, the overall impact of women's health on infant mortality has declined. Overall, the data suggest that efforts should be made around improving women's health and maternal care to see marked decreases in both fetal and infant death.

Excess feto-infant death rate per 1,000 live births using the perinatal period of risk (PPOR) frameowork, Georgia, 2007-2012



HOSPITALIZATIONS

Infant Hospitalizations

The top ten causes of hospitalization for infants in Georgia from 2009 to 2013 are listed below. The number one cause was conditions that originate in the perinatal period, followed by congenital malformations. The number one cause, conditions originating in the perinatal period, was the same across all races and ethnicities.

Causes of hospital discharges for infants, Georgia, 2009-2013	
Reason for hospitalization (rate per 100,000)	**Rank**
Certain conditions originating in perinatal period (13,927)	1
Congenital malformations, deformations, and chromosomal	2

abnormalities (7,773)	
Pneumonia (3,860)	3
All other endocrine, nutritional and metabolic diseases (1,845)	4
All other diseases of the genitourinary system (1,335)	5
All other diseases of the nervous system (1,322)	6
Asthma (773)	7
Infections of the kidney (702)	8
Septicemia (554)	9
Influenza (532)	10

Source: OASIS 2009-2013

Emergency Room Visits

The number one cause of emergency room visits among infants from 2009 to 2013 was certain conditions originating in the perinatal period, followed by falls as the number two cause and unintentional injury as the third. Conditions that originate in the perinatal period was the number one cause among all races and ethnicities with the exception of non-Hispanic White infants, in which falls were the number one cause.

Causes of emergency room visits for infants, Georgia, 2009-2013	
Reason for emergency room visit (rate per 100,000)	**Rank**
Certain conditions originating in perinatal period (20,869)	1
Falls (17,439)	2
All other unintentional injury (14,171)	3
Pneumonia (10,881)	4
All other diseases of the genitourinary system (5,756)	5
Influenza (4,845)	6
All COPD except Asthma (4,324)	7
Asthma (4,138)	8
All other endocrine, nutritional, and metabolic diseases (2,719)	9
Accidental poisoning and exposure to noxious substances (1,164)	10

Source: OASIS 2009-2013

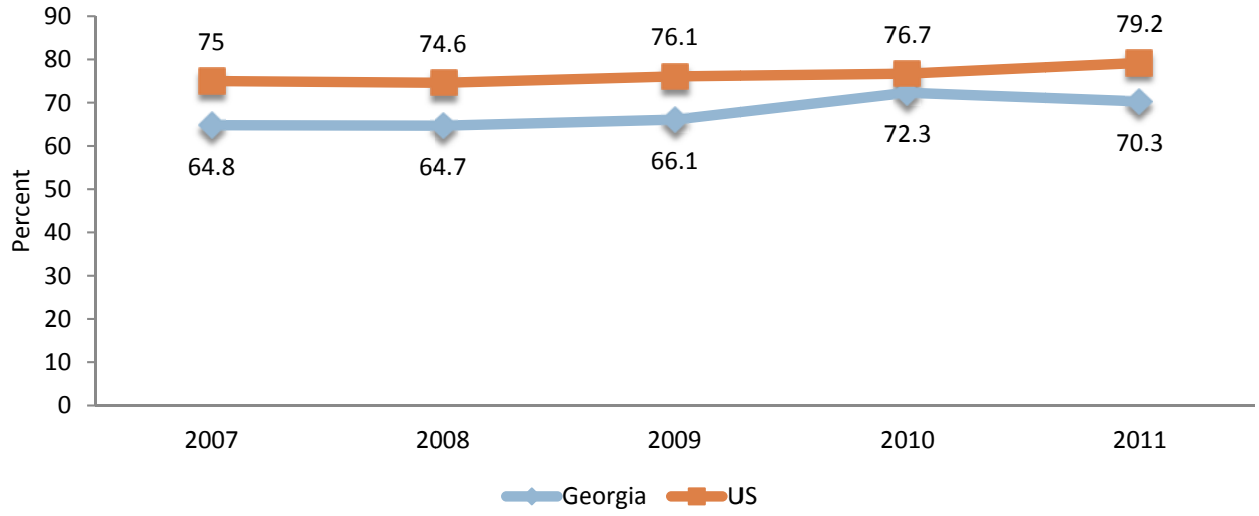
BREASTFEEDING

Initiation

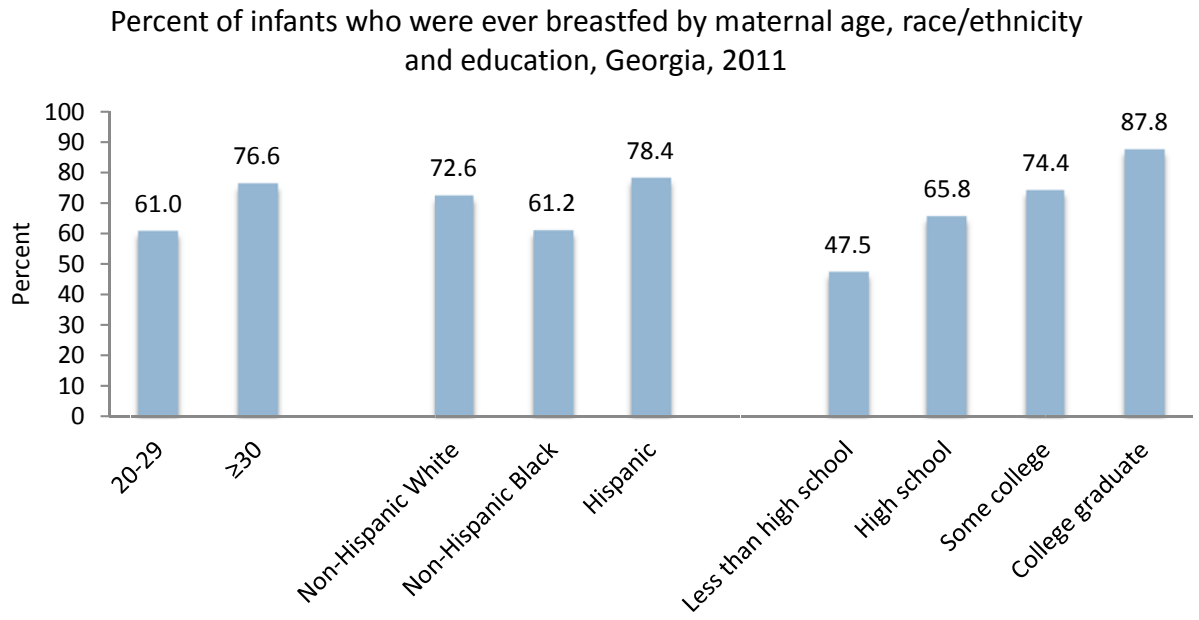
Healthy People 2020 Objectives
MICH-21.1: Increase the proportion of infants who are ever breastfed to 81.9%
MICH-21.5: Increase the proportion of infants who are breastfed exclusively through 6 months to 25.5%

The percentage of mothers who reported ever breastfeeding peaked in 2010, at 72.3%. The percentage declined to 70.3% in the subsequent year. Based on 2011 data, Georgia is seven percentage points from achieving the Healthy People 2020 objective for breastfeeding initiation. Georgia's percentage was lower than the national average from 2007 to 2011. More women 35 years of age or older (76.6%) reported ever breastfeeding than women between the ages of 20 and 29 (61.0%). Initiation was lowest among non-Hispanic Blacks (61.2%) and highest among Hispanics (78.4%). The percentage was 1.8 times higher among women with a college degree compared to women without a high school diploma.

Percent of infants who were ever breastfed by year, Georgia compared to the US, 2007-2011



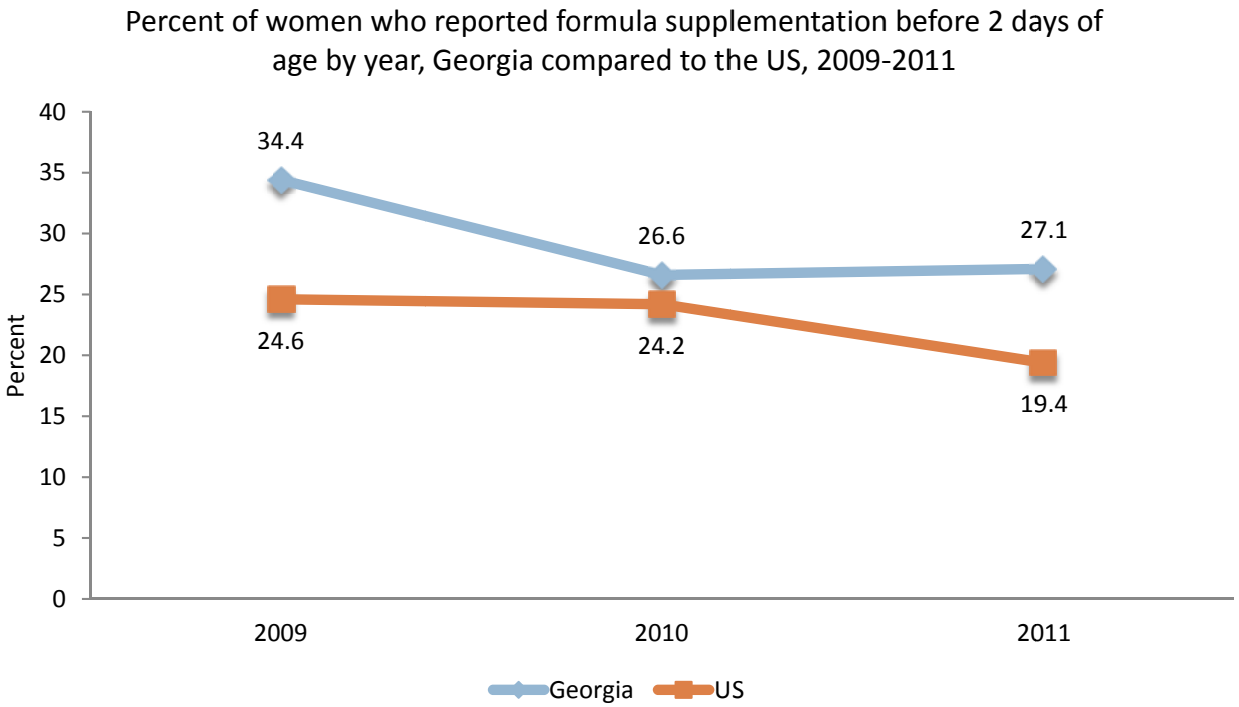
Source: National Immunization Survey 2007-2011



Source: National Immunization Survey 2011

Formula Supplementation

The percentage of women who reported formula supplementation before two days of age was higher in Georgia when compared to the nation at every reported year. The gap between Georgia and the US decreased in 2010, however the percentage continued to decline across the nation while slightly increasing in Georgia in 2011.



Source: National Immunization Survey 2009-2011

Barriers to Breastfeeding Initiation

The top two barriers to breastfeeding initiation reported by mothers in 2011 were that the mother didn't want to (46.3%) and the mother didn't like breastfeeding (25.3%). The third and fourth reasons for not breastfeeding are that the mother returned to work or school or she had other children to take care of. Fewer than 10.0% of women reported being sick or having too many household duties as a barrier.

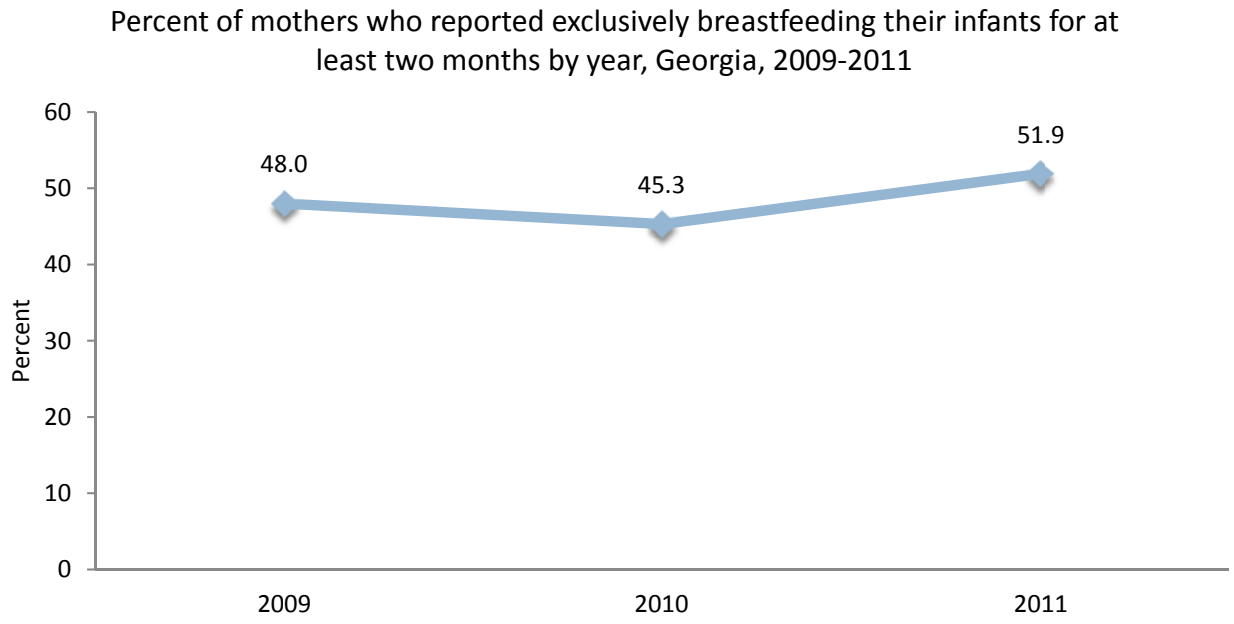
Barriers to breastfeeding initiation, Georgia, 2011	
Barriers	**Percent**
I didn't want to	46.3
I didn't like breastfeeding	25.6
I went back to work or school	11.7
I had other children to take care of	11.5
I tried but it was too hard	11.2
I was sick or on medicine	9.6
I had too many household duties	7.0

Source: PRAMS 2011

Exclusivity for Two Months

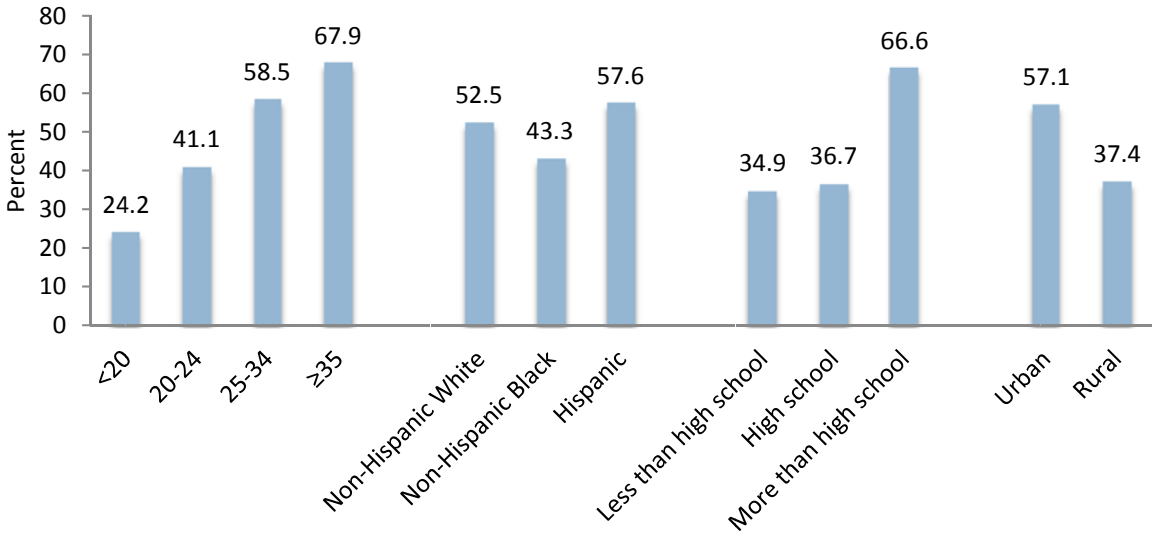
The percentage of mothers who reported exclusively breastfeeding their infant for at least two months increased from 48.0% in 2009 to 51.9% in 2011. Among mothers under the age of 20, 24.2% reported exclusive breastfeeding for two months. The percentage was 2.8 times higher among mothers 35 years of

age or older. More Hispanic mothers (57.6%) exclusively breastfed their infant for two months than non-Hispanic White (52.5%) and non-Hispanic Black mothers (43.3%). The percentage was approximately 35.0% among mothers who have a high school diploma or less. However, two-thirds of women with more than a high school education exclusively breastfed their infant for two months. Additionally, exclusive breastfeeding for at least two months was more common in urban areas compared to rural areas (57.1% and 37.4% respectively).



Source: PRAMS 2009-2011

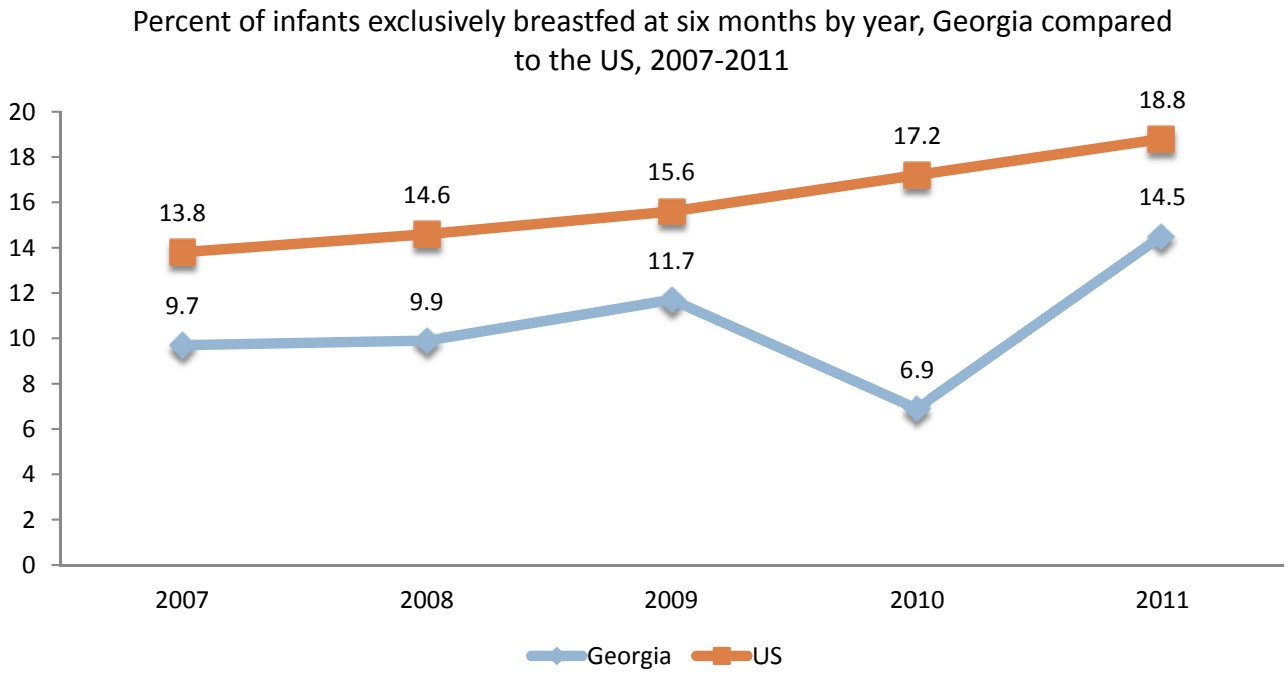
Percent of mothers who reported exclusively breastfeeding their infants for at least two months by maternal age, race/ethnicity, education and urban vs. rural status, Georgia, 2011



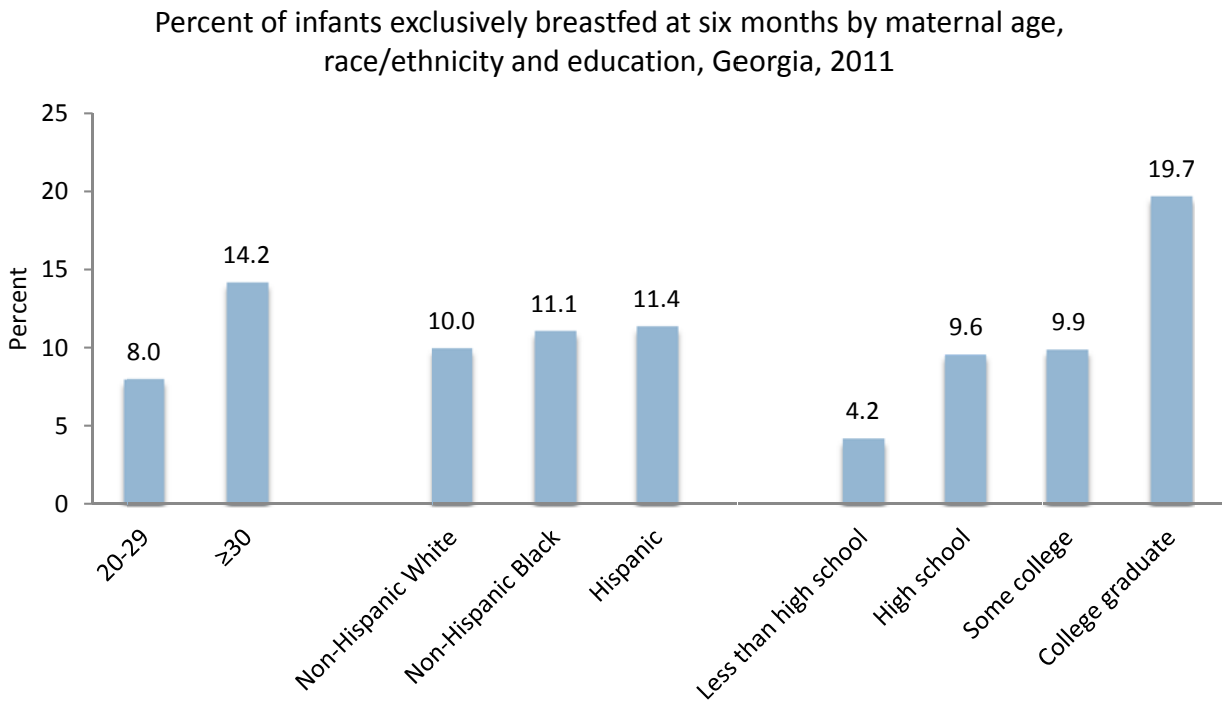
Source: PRAMS 2011

Exclusivity at Six Months

The percentage of infants who were exclusively breastfed at six months in Georgia increased from 9.7% in 2007 to 14.5% in 2011, despite a decrease to 6.9% in 2010. Nationally, the percentage increased from 13.8% in 2007 to 18.8% in 2011. The percentage in Georgia was 1.7 times higher among mothers 30 years of age or higher compared to mothers between the ages of 20 and 29. Little variation was seen by race and ethnicity. Among mothers with some college education or less, the percentage of infants who were exclusively breastfed at six months was less than 10.0%. However, the percentage was 19.7% among mothers with a college degree.



Source: National Immunization Survey 2007-2011



Source: National Immunization Survey 2011

Breastfeeding Cessation

The top two reasons for breastfeeding cessation reported by mothers were that breast milk alone did not satisfy their baby (37.8%) and that they were not producing enough milk (36.5%). The third and fourth reasons involved the baby having difficulty latching or nursing and the mother having to return to work or school. Fewer than 10.0% of mothers reported breastfeeding cessation due to feeling it was the right time to stop, illness or having too many other household duties.

Reasons for breastfeeding cessation, Georgia, 2011	
Reasons	**Percent**
Breast milk alone did not satisfy my baby	37.8
Not producing enough milk	36.5
My baby had difficulty latching or nursing	26.7
I went back to work or school	21.9
It was hard, painful or time consuming	19.9
Nipples were sore, cracked or bleeding	18.3
Baby was not gaining enough weight	15.8
Felt it was the right time to stop	7.7
Got sick	6.3
Too many other household duties	3.9

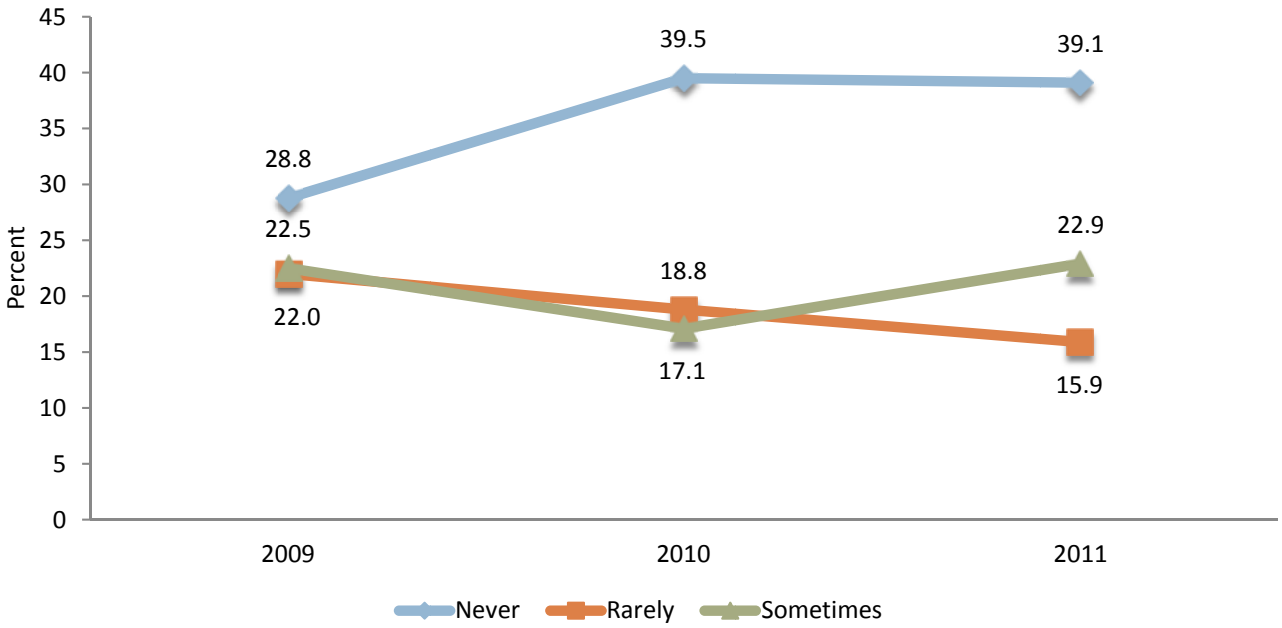
Source: PRAMS 2011

SAFE SLEEP

Bed Sharing

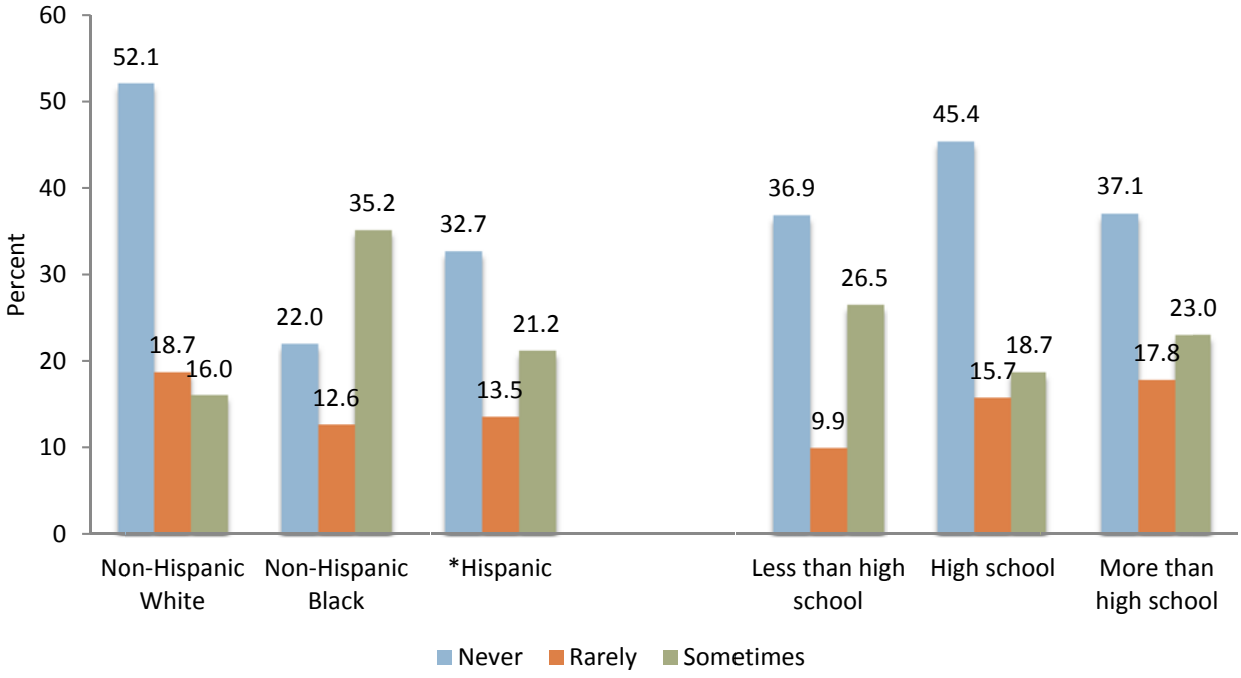
The percentage of mothers who reported their infants never bed share increased from 28.8% in 2009 to 39.1% in 2011. There was no clear trend among those who reported sometimes bed sharing. Mothers who reported never bed sharing declined from 28.0% in 2009 to 22.0% in 2009 to less than 16% in 2011. Almost twice as many mothers 25 years of age and older reported never bed sharing than mothers 20 years of age or less. The percentage of mothers who reported rarely bed sharing was fairly consistent across all age groups. The percentage of mothers who reported sometimes bed sharing was highest among younger mothers and lowest among older mothers. Disparities were most pronounced by race and ethnicity. Over half of non-Hispanic White mothers reported never bed sharing, compared to only 22.0% of non-Hispanic Black mothers and 32.7% of Hispanic mothers. More mothers who had a high school education reported never bed sharing compared to those with less than a high school education and more than a high school education.

Percent of mothers who reported that their infants never, rarely, or sometimes bed share by year, Georgia, 2009 to 2011



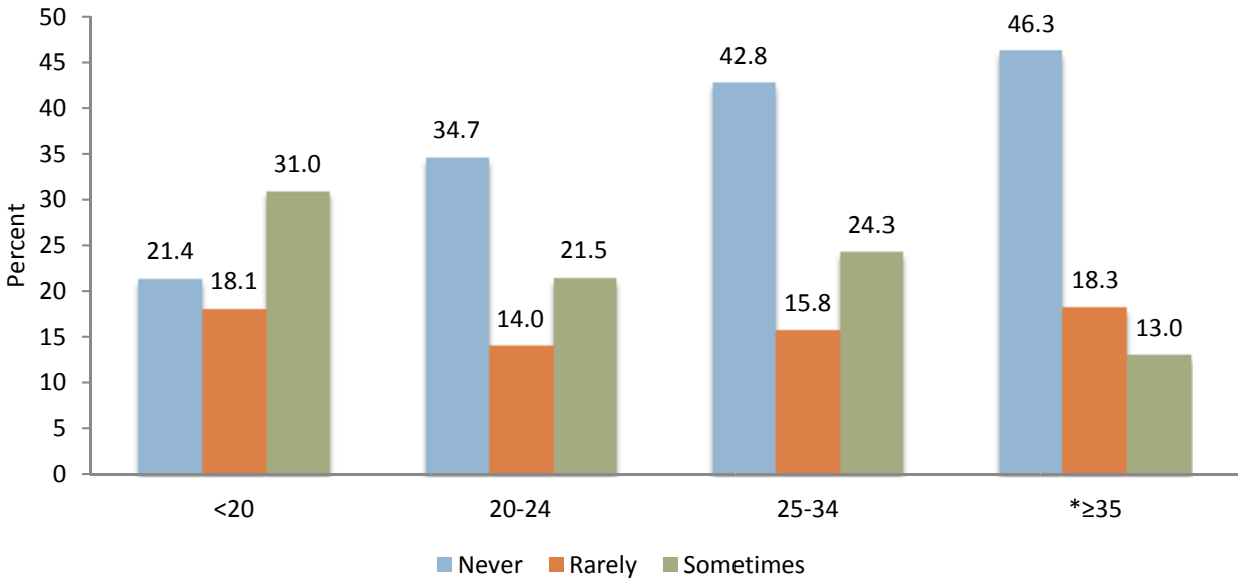
Source: PRAMS 2009-2011

Percent of mothers who reported that their infants never, rarely or sometimes bed share by race/ethnicity and education, Georgia, 2011



Source: PRAMS 2011
*Indicator for Hispanics that rarely bed share is based on counts <30 and may be unstable

Percent of mothers who reported that their infants never, rarely or sometimes bedshare by maternal age, Georgia, 2011

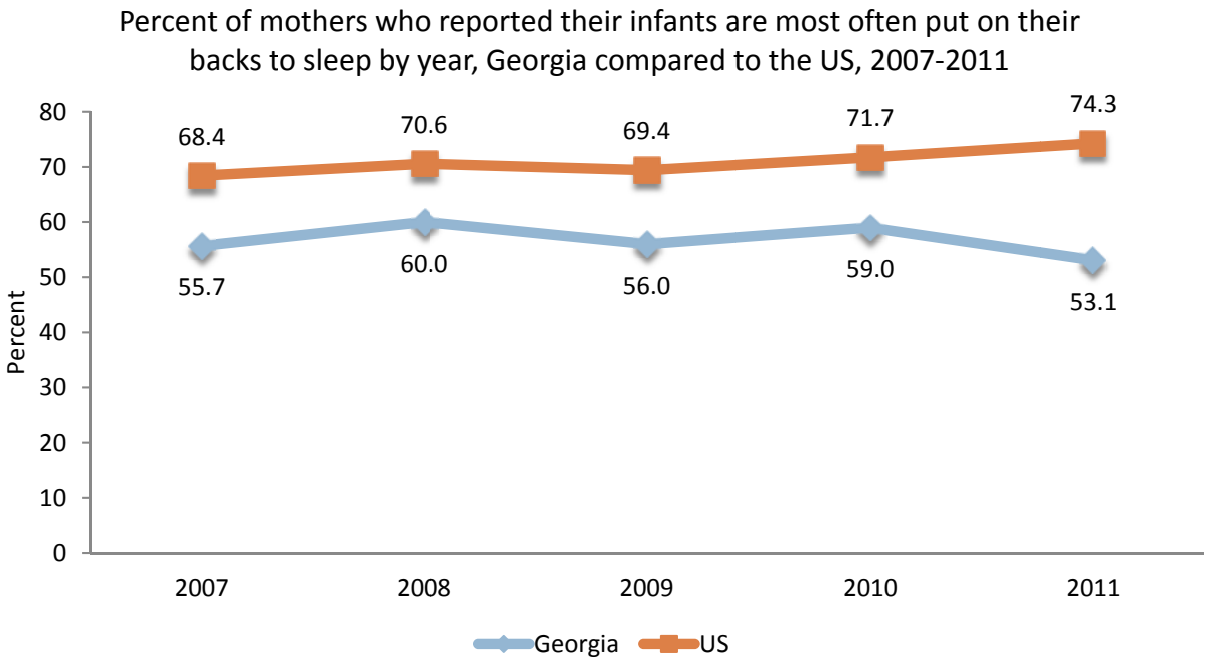


Source: PRAMS 2011
*Indicator for women ≥35 who sometimes bed share is based on counts <30 and may be unstable

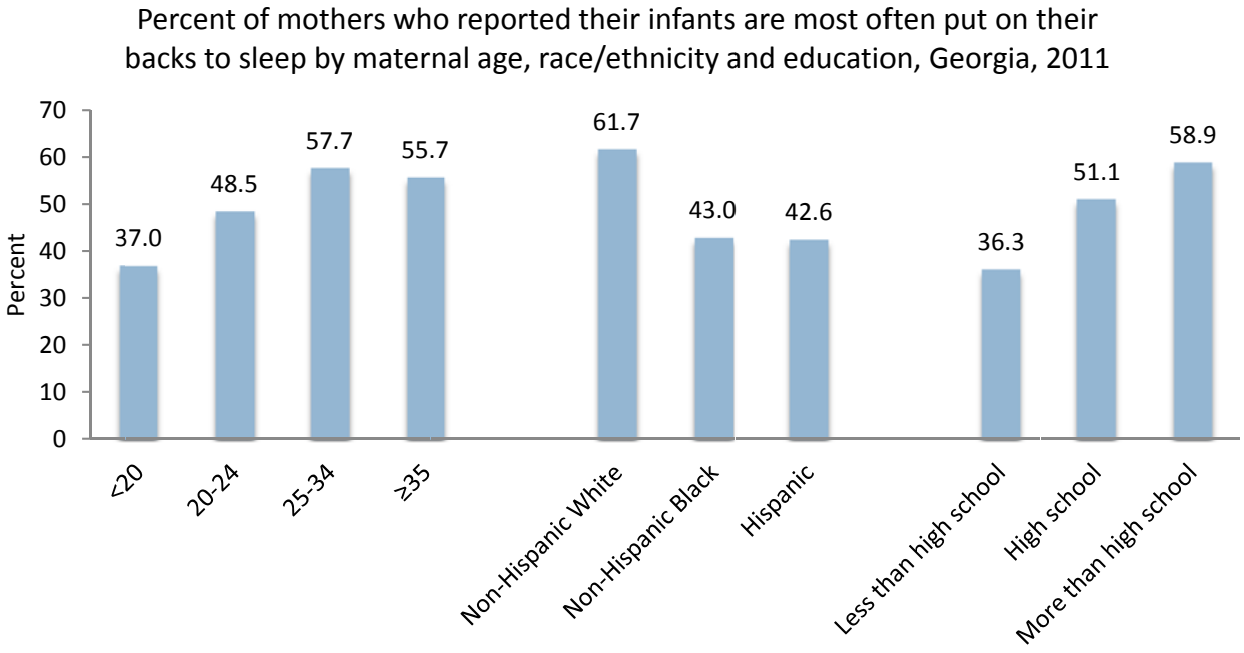
Back to Sleep

Healthy People 2020 Objective
MICH-20: Increase the proportion of infants who are put to sleep on their backs to 75.9%

The Healthy People 2020 objective for infants sleeping on their backs is 75.9%. Georgia was more than twenty percentage points behind the Healthy People 2020 objective and the national average at only 53.1% in 2011. The youngest mothers put their infants on their back to sleep (37.0%) less often than mothers over 35 years of age (55.7%). The percentage was 61.7% among non-Hispanic White mothers, but less than half of non-Hispanic Black and Hispanic mothers placed their infant to sleep on their back. As educational attainment increased, the percentage of mothers who reported putting infants to sleep on their backs increased (36.3% of mothers with less than a high school education compared to 58.9% of mothers with more than a high school education). None of these stratified groups met or exceeded the Healthy People 2020 objective.



Source: PRAMS 2007-2011



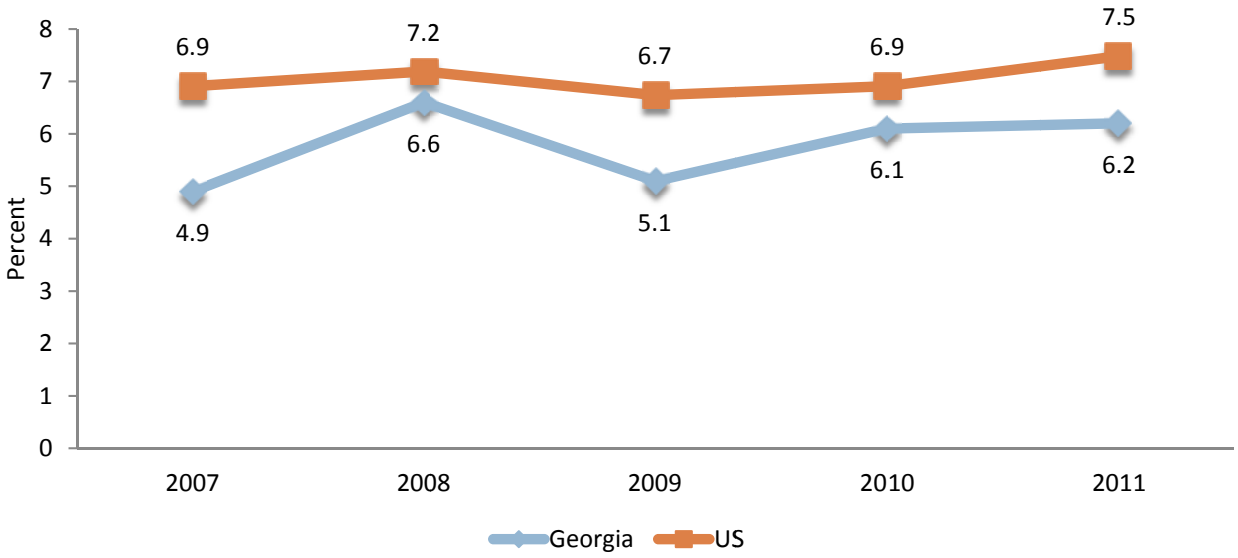
Source: PRAMS 2011

ALCOHOL USE DURING PREGNANCY

There was an overall increase in the percentage of mothers who recently had a baby reporting alcohol usage during the last three months of pregnancy in Georgia from 2007 to 2011. In 2007, 4.9% of new

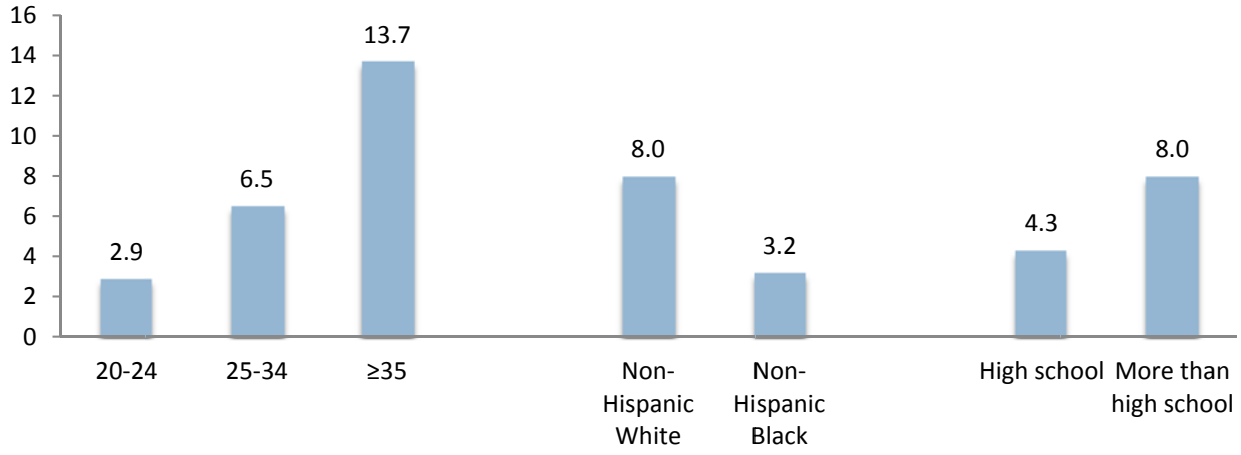
mothers reporting using alcohol in the last three months of pregnancy, compared to 6.2% of mothers in 2011. Despite the increase, Georgia's estimate was lower than the national average in all years examined. The percentage was higher among mothers 35 years of age or older (13.7%) than in any other age category. Non-Hispanic White mothers reported using alcohol during the last three months of pregnancy 2.5 times more often than Non-Hispanic Black women. More mothers with more than a high school diploma (8.0%) reported using alcohol during the last three months of pregnancy than mothers with a high school diploma (4.3%).

Percent of mothers who reported any alcohol use during the last three months of pregnancy by year, Georgia compared to the US, 2009-2011



Source: PRAMS 2009-2011

Percent of mothers who reported any alcohol use during the last three months of pregnancy by maternal age, race/ethnicity and education, Georgia, 2009-2011

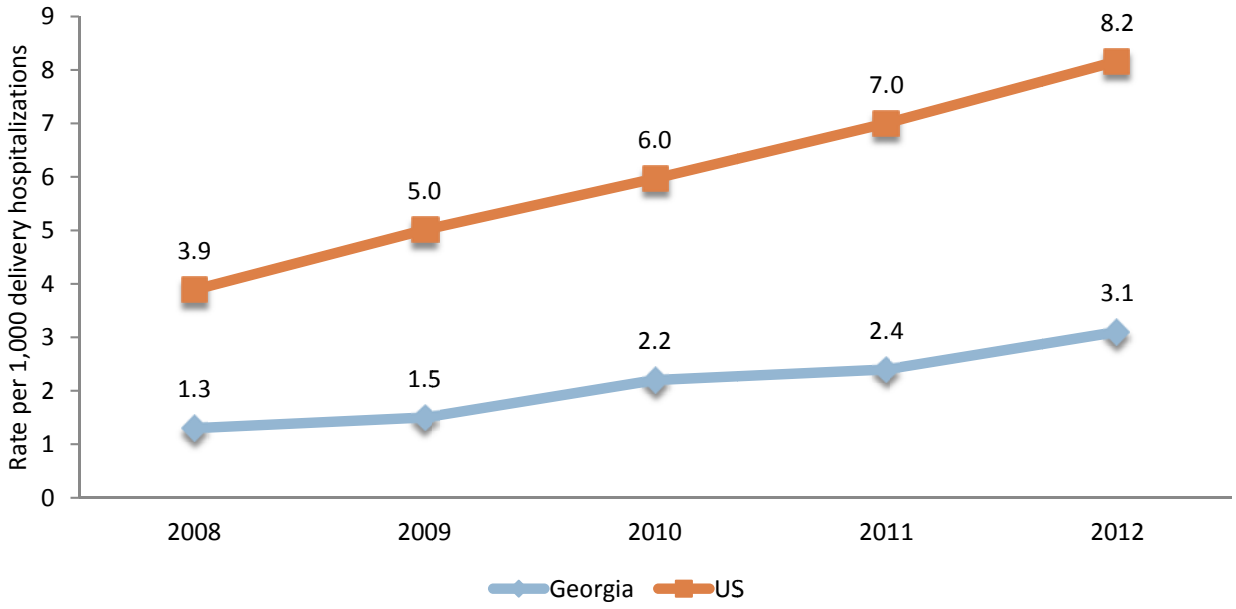


Source: PRAMS 2009-2011

NEONATAL ABSTINENCE SYNDROME

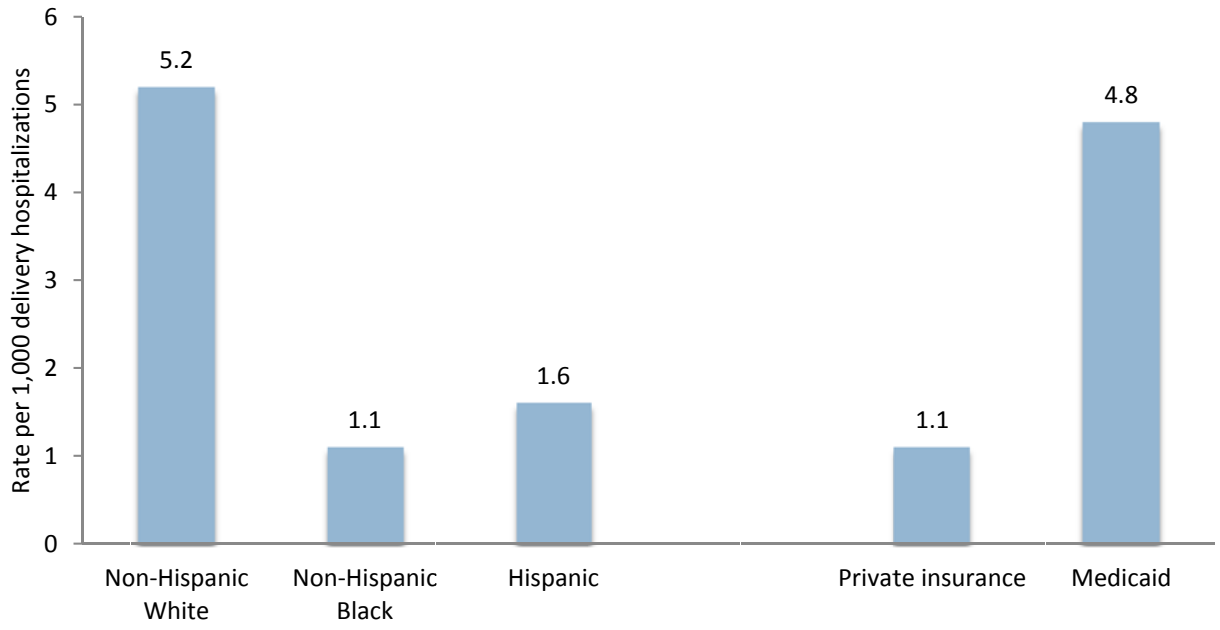
The rate of infants born with neonatal abstinence syndrome increased in Georgia and the US from 2008 to 2012. However, the rate was consistently two to three times higher in the US than Georgia throughout the same time period. In Georgia, the rate of infants born with neonatal abstinence syndrome was 5.2 among non-Hispanic Whites in 2012. The rate was far lower among non-Hispanic Blacks (1.1) and Hispanics (1.6). Disparities were seen by insurance status in 2012 as well. The rate was only 1.1 among those with private insurance, but was 4.8 among those insured by Medicaid.

Rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations by year, Georgia compared to the US, 2008-2012



Source: State Inpatient Databases 2008-2012

Rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations by race/ethnicity and type of insurance, Georgia, 2012

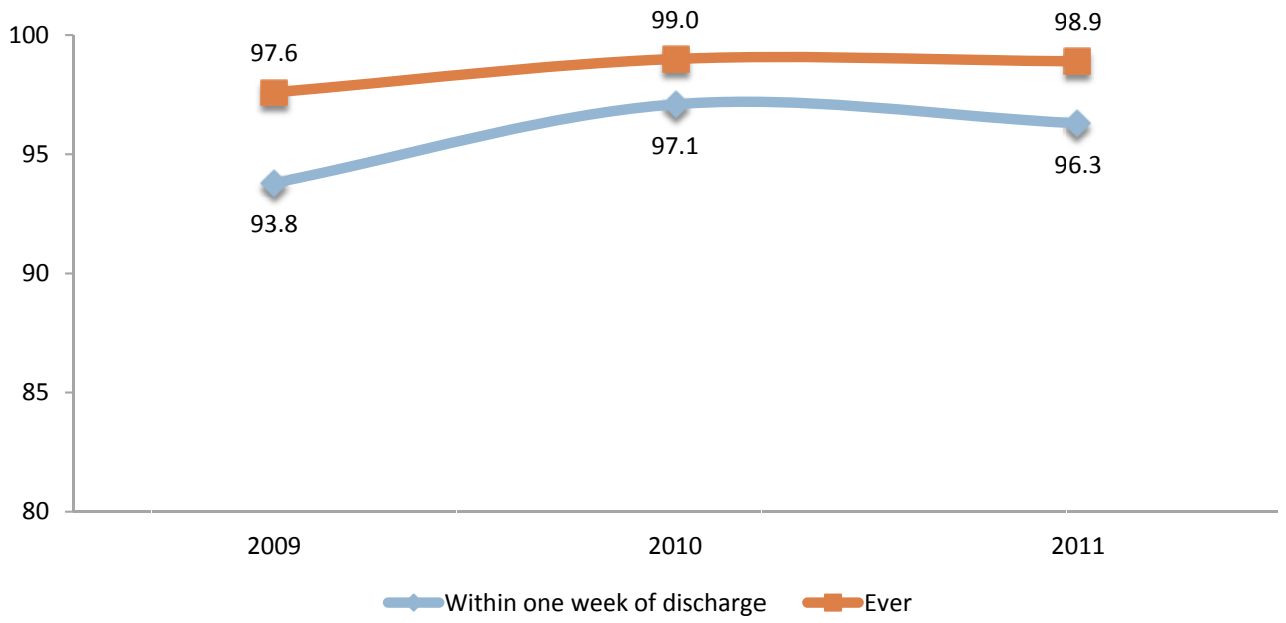


Source: State Inpatient Databases 2012

INFANT CARE

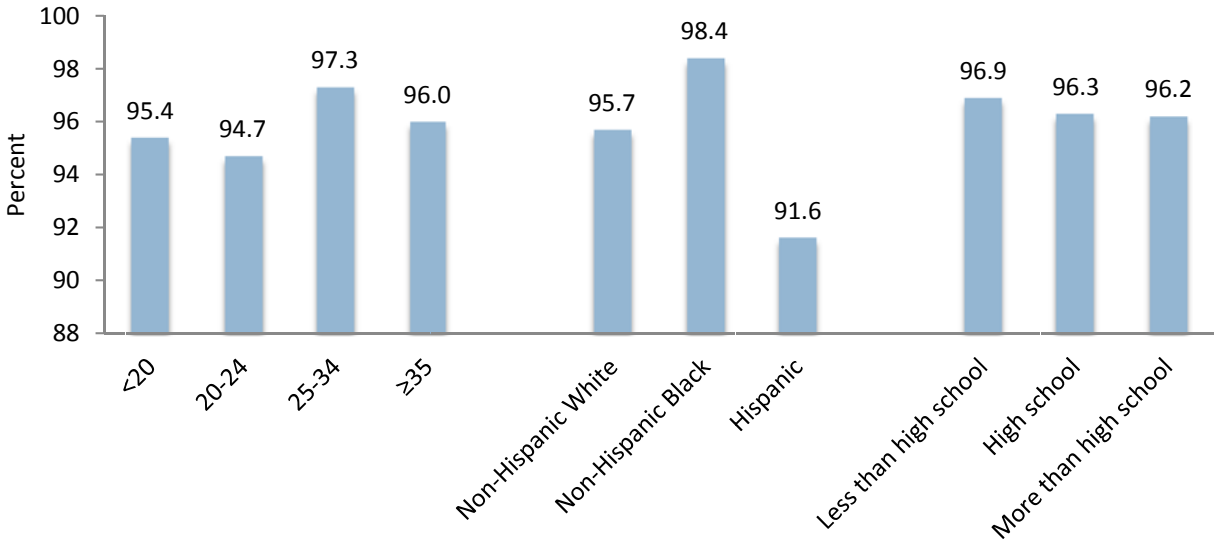
As of 2010, nearly 100% of infants received a well infant examination, with about 96% receiving that check-up within the first week of life. When looking at the data by year, there was a slight dip after 2010, but still an overall increase from 2009. The percentage was highest among mothers who recently had a baby that were between the ages of 25 and 34 (97.3%). The percentage was lowest among mothers between the ages of 20 to 24 (94.7%). A larger disparity was seen by race and ethnicity, with 98.4% of non-Hispanic Black mothers reporting their infant received a well exam within one week of discharge compared to 91.6% of Hispanic mothers. There was little variation by educational attainment.

Percent of mothers who reported their infants received a well-infant examination by year, Georgia, 2009-2011



Source: PRAMS 2009-2011

Percent of mothers who reported that their infant received a well infant exam within one week of discharge by maternal age and race/ethnicity, Georgia, 2011



Source: PRAMS 2011