

# Overview of Maternal Health Characteristics and Outcomes

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May 5, 2025

# Prioritized Health Indicators and Associated Risk Factors

## Social Determinants of Health

- Location of unplanned, out of hospital birth places (i.e., en-route birth places)
- Insurance status at time of pregnancy and prior
- Housing status
- Food security
- Prenatal care utilization (timing of entry, adequacy of care, quantity of care)

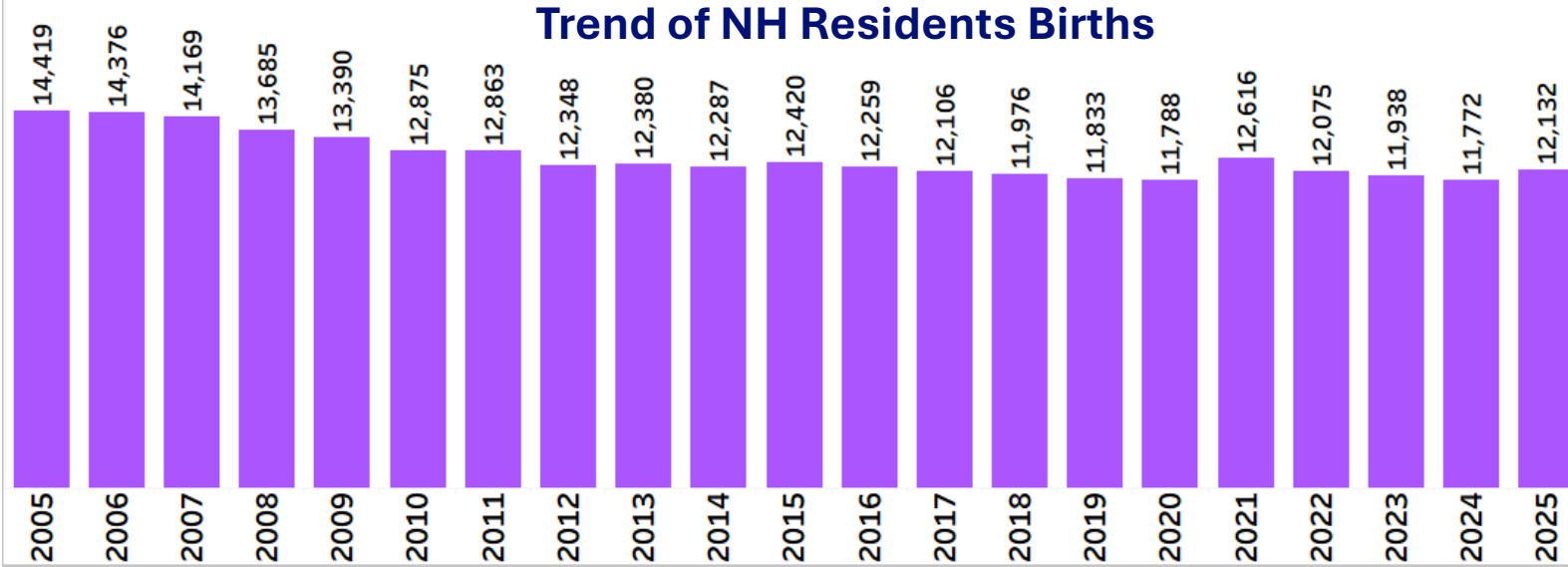
## Clinical

- Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) in pregnancy
- Perinatal Mental Health Conditions identified
- Breastfeeding rate, at discharge, at 6 weeks and at 6 months postpartum
- Pre-Pregnancy BMI, Hypertension, and Diabetes
- Severe Maternal Morbidity
- Maternal Mortality



# New Hampshire Birth Population

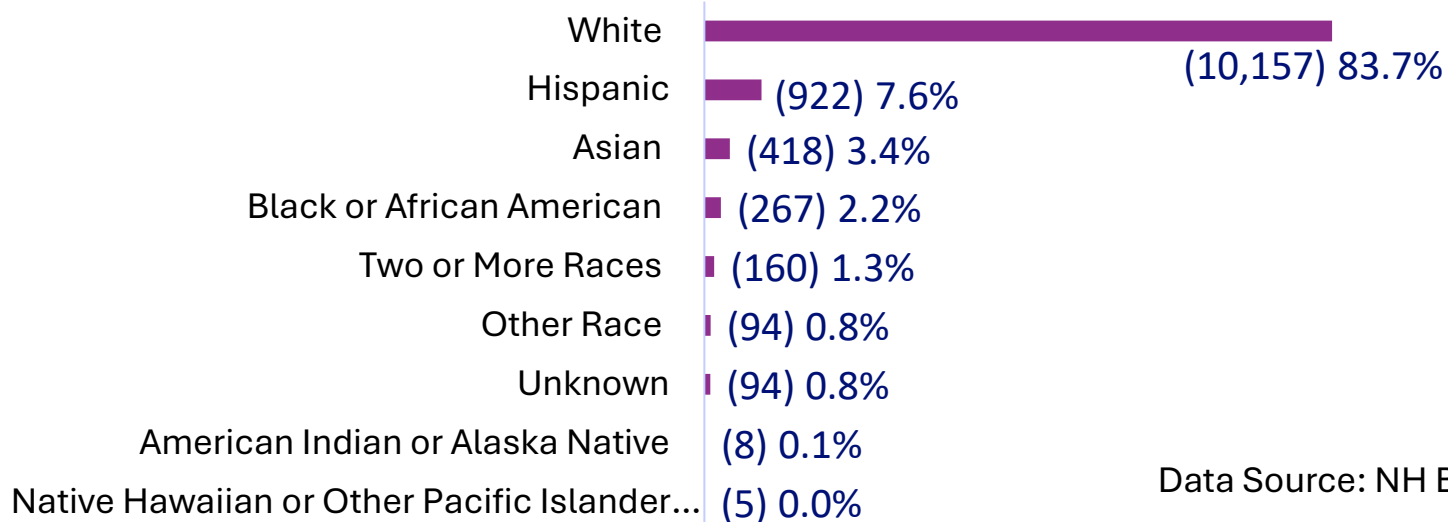
## Trend of NH Residents Births



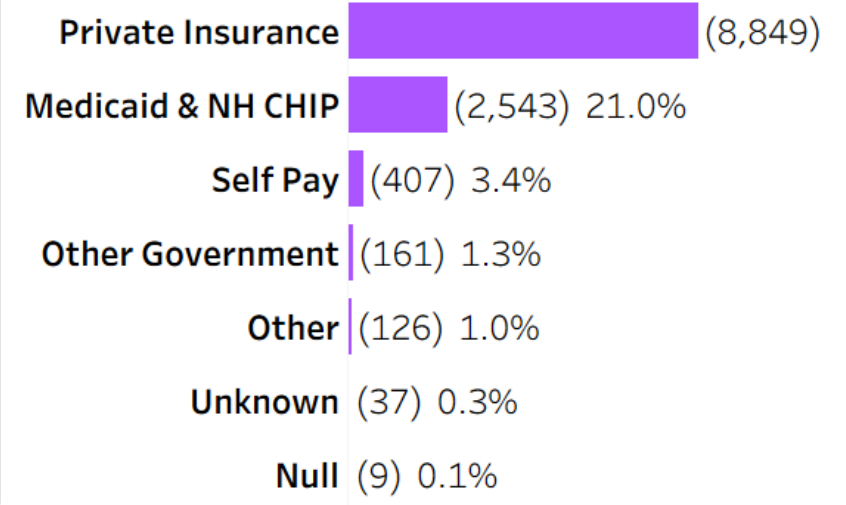
LBW <2500g 6.3%

<37wks 8.3%

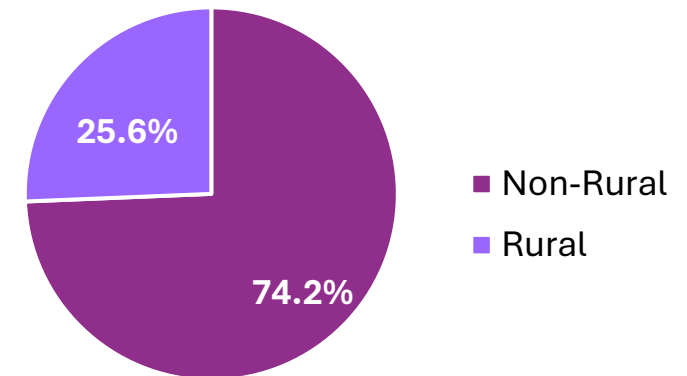
## 2025 NH Resident Births By Race and Ethnicity



## 2025 NH Residents Births by Pavor

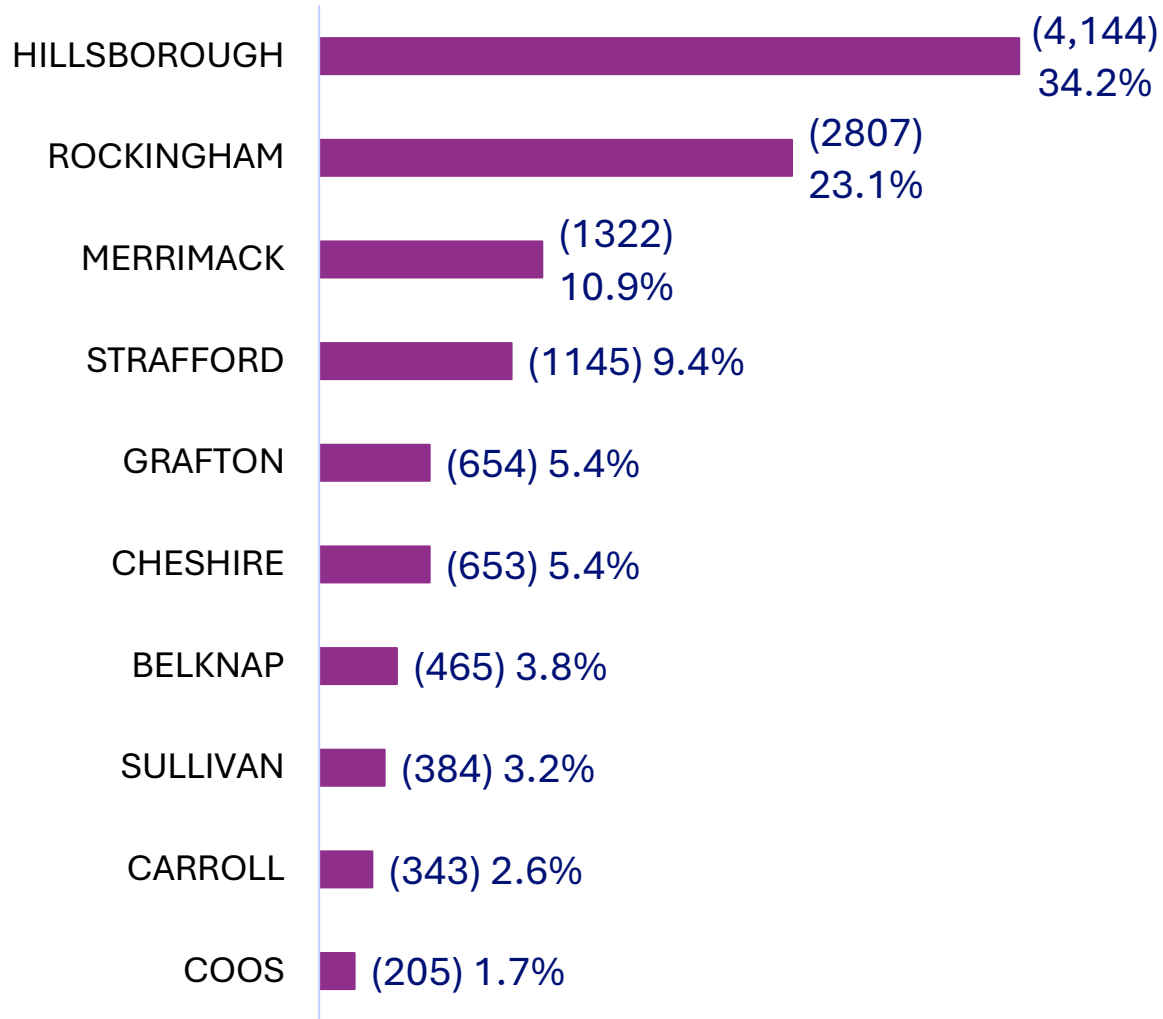


## 2025 NH Resident Births by Rural Vs Non-Rural

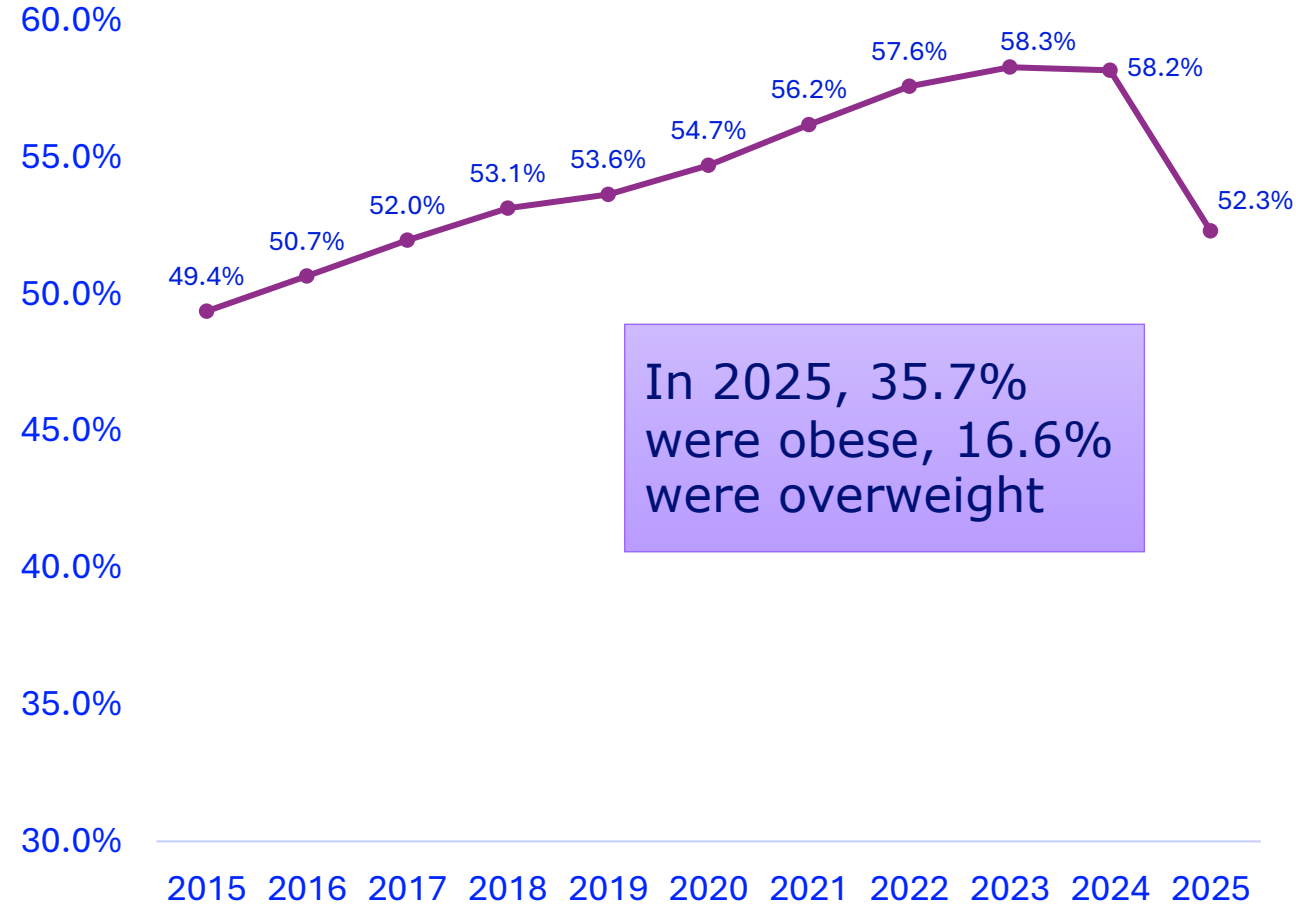


Data Source: NH Birth Certificate Data

## 2025 NH Residents Births Occurring in Each NH County

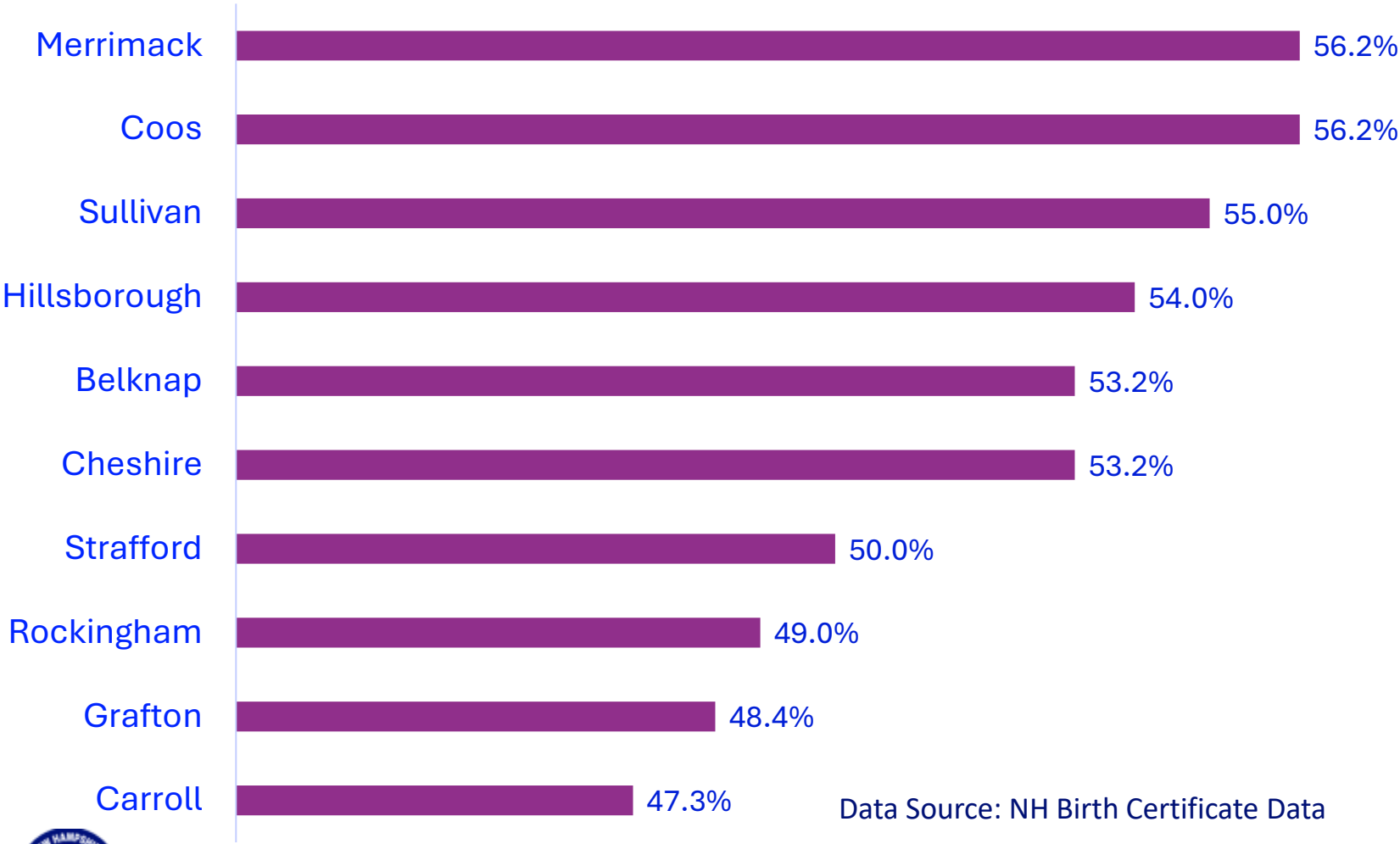


## Trend of Pre-Pregnancy Overweight and Obesity, NH Resident Births

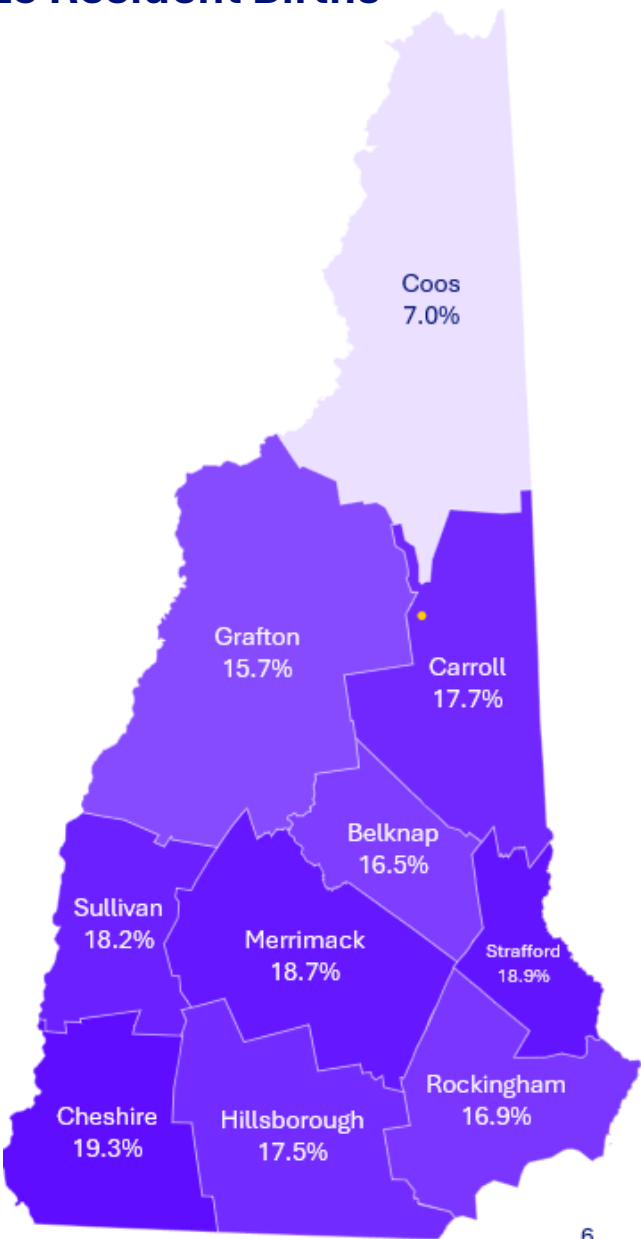


# Prevalence of Gestational Diabetes Among Women with Pre-pregnancy BMI-Overweight and Obesity, NH 2025 Resident Births

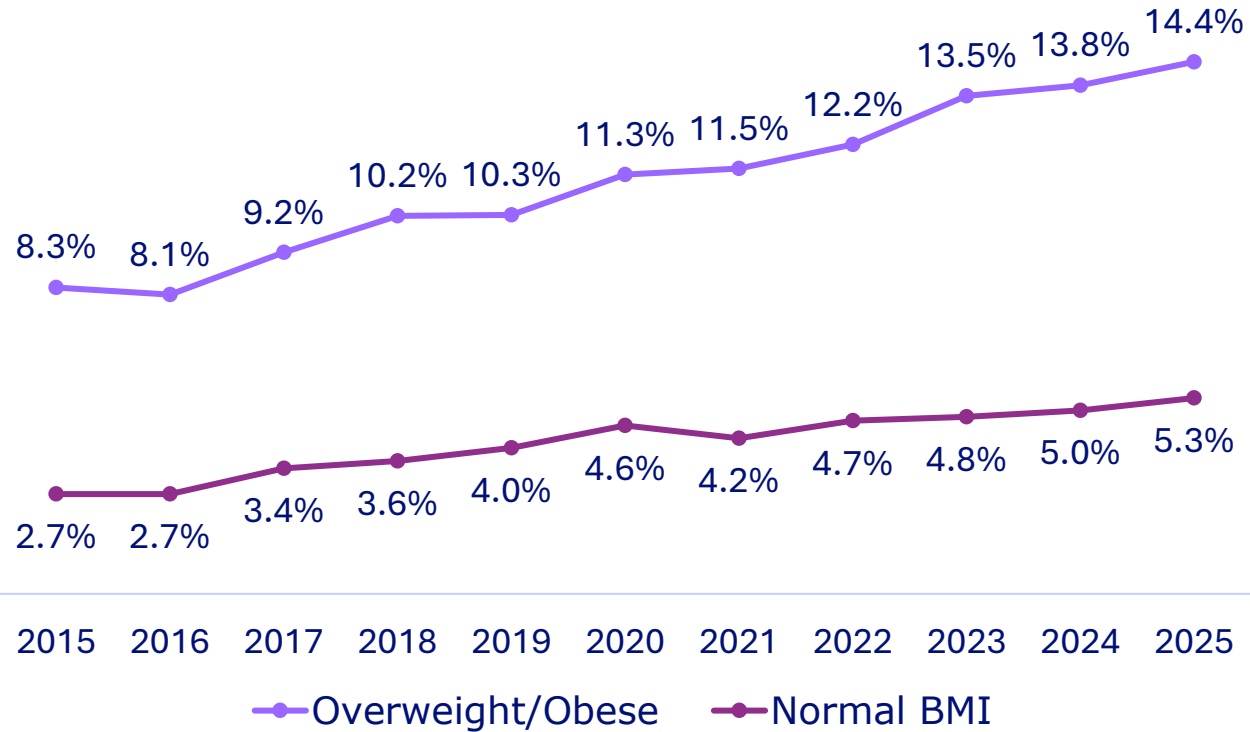
## Prevalence of Pre-pregnancy BMI- Overweight & Obesity by Mother's County of Residence, 2025 NH Resident Births



Data Source: NH Birth Certificate Data

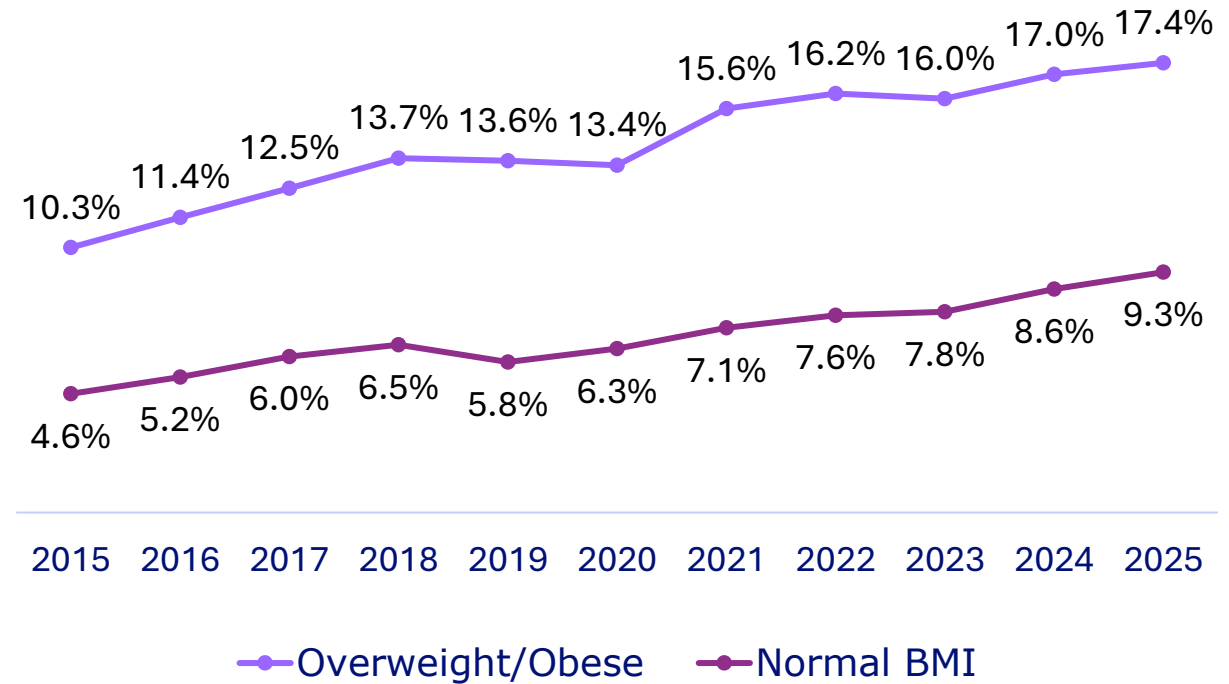


## Trends of Gestational Diabetes by Pre-Pregnancy BMI



- Gestational diabetes was nearly **three times more** common in women who were overweight or obese pre-pregnancy than in those with a normal BMI

## Trends of Gestational Hypertension by Pre-Pregnancy BMI Category



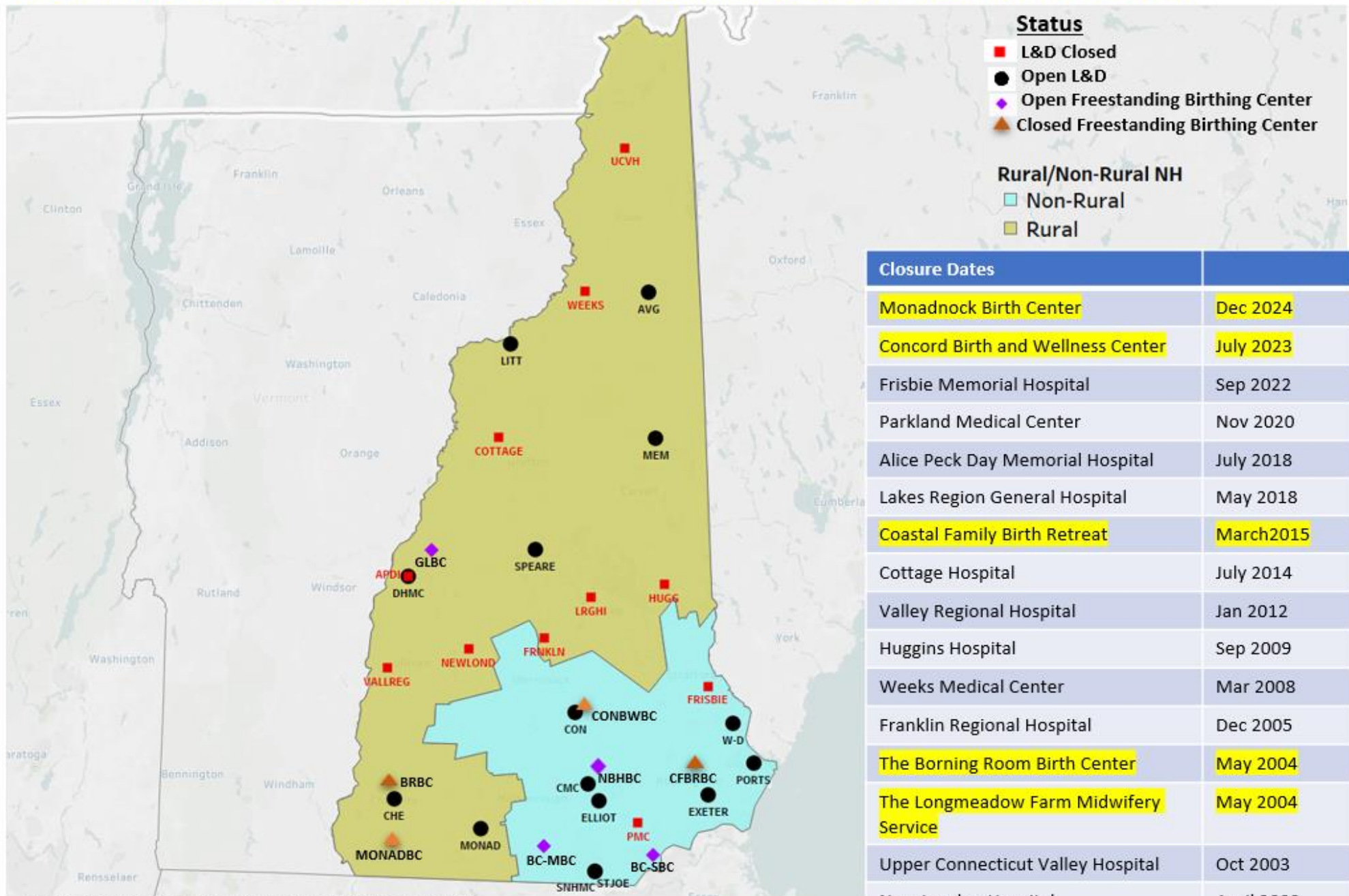
- Gestational hypertension has increased over time, with women who were overweight or obese reporting twice the percentage of those with a normal BMI.



# New Hampshire Open and Closed Labor and Delivery Centers Between 2000-2025

## Open Freestanding Birthing Centers

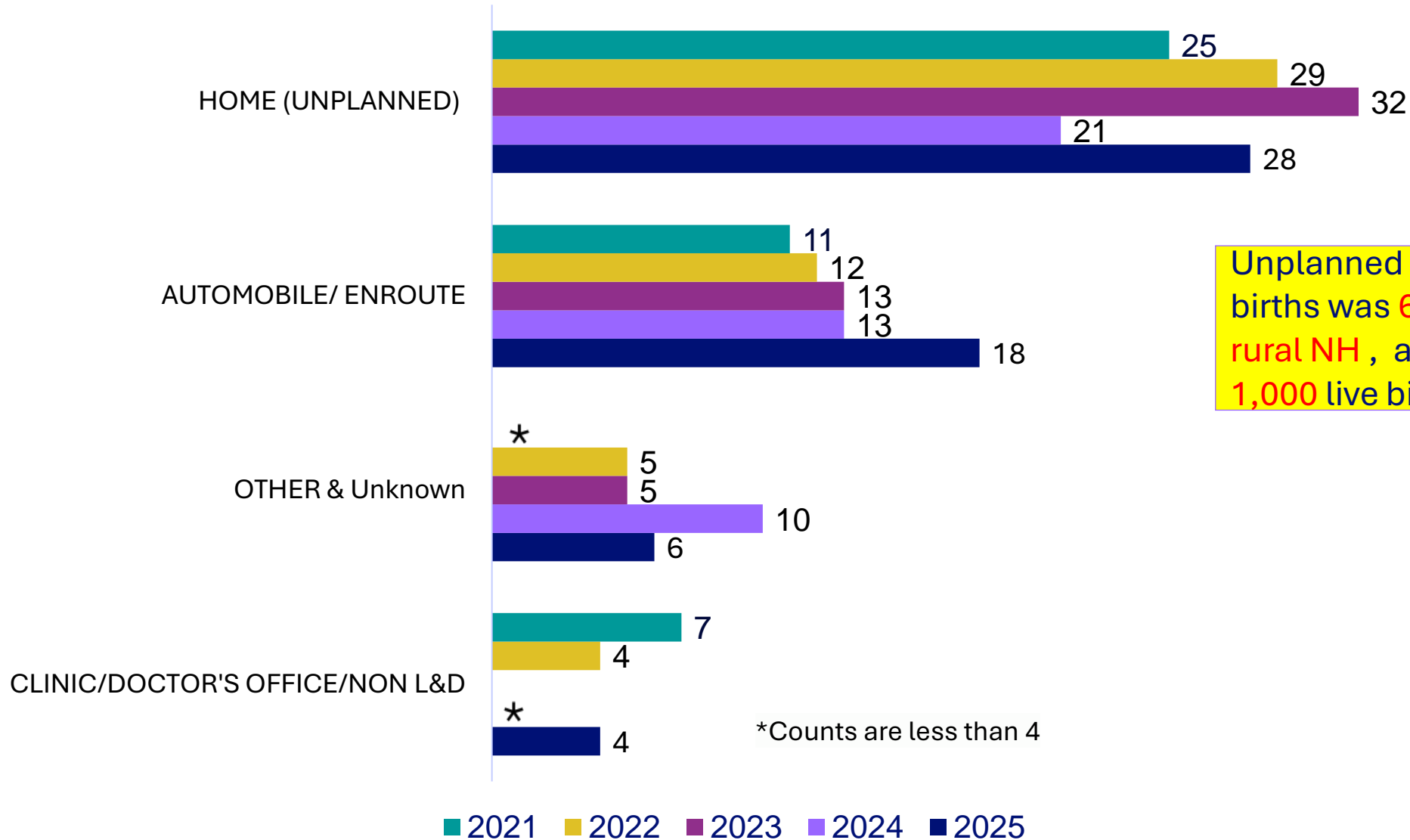
1. BC-MBC-The Birth Cottage-Milford
2. BC-SBC-The Birth Cottage-Salem
3. GLBC-Gentle Landing Birth Center
4. NBHBC-Nightingale Birth House



Closure Dates	
Monadnock Birth Center	Dec 2024
Concord Birth and Wellness Center	July 2023
Frisbie Memorial Hospital	Sep 2022
Parkland Medical Center	Nov 2020
Alice Peck Day Memorial Hospital	July 2018
Lakes Region General Hospital	May 2018
Coastal Family Birth Retreat	March 2015
Cottage Hospital	July 2014
Valley Regional Hospital	Jan 2012
Huggins Hospital	Sep 2009
Weeks Medical Center	Mar 2008
Franklin Regional Hospital	Dec 2005
The Borning Room Birth Center	May 2004
The Longmeadow Farm Midwifery Service	May 2004
Upper Connecticut Valley Hospital	Oct 2003
New London Hospital	April 2002

Prepared by NH DHHS MCH Epidemiologist

## Total Births that Occurred in Specified Unplanned Birth Locations by Year

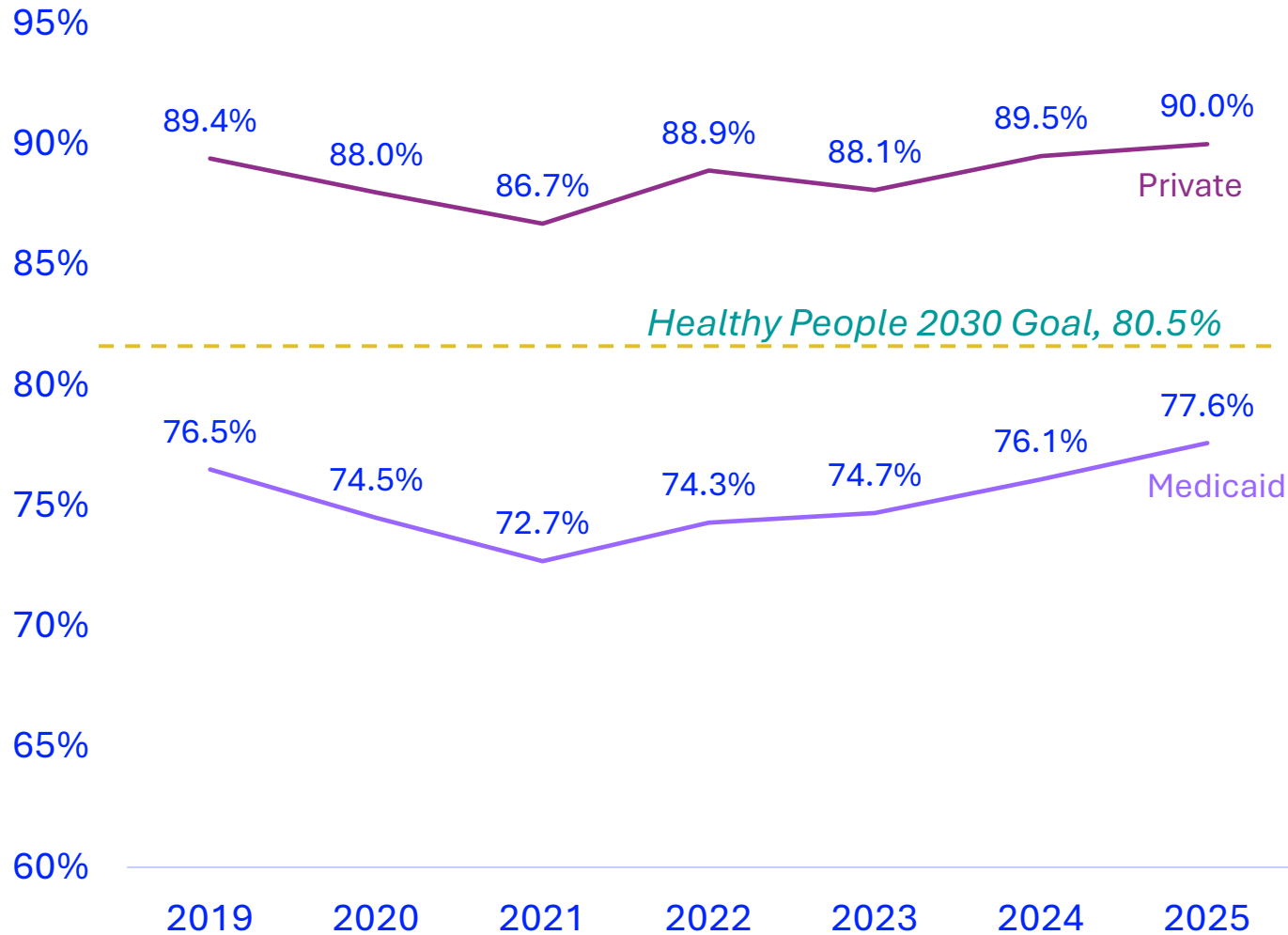


Unplanned birth location for 2025 births was 6.1 per 1,000 live births in rural NH , as compared to 3.5 per 1,000 live births in Non-Rural

\*Counts are less than 4

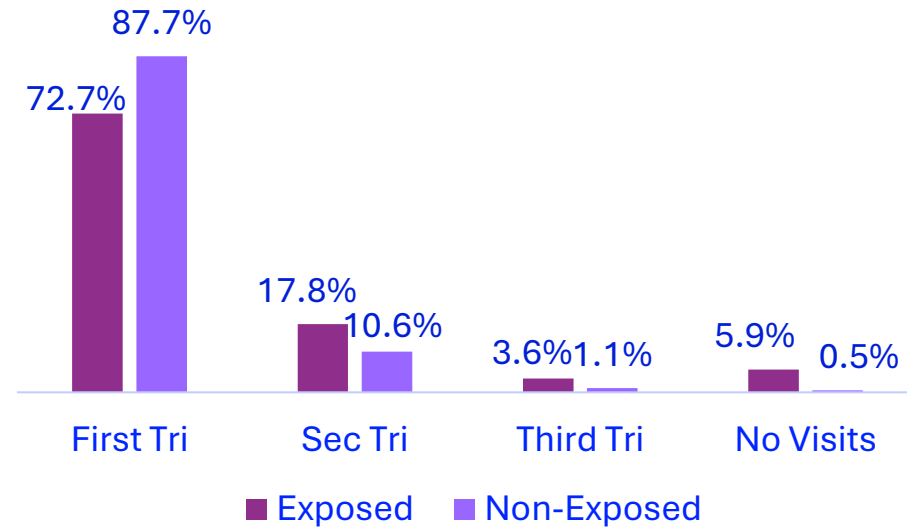


## NH Residents Receiving Prenatal Care in the First Trimester

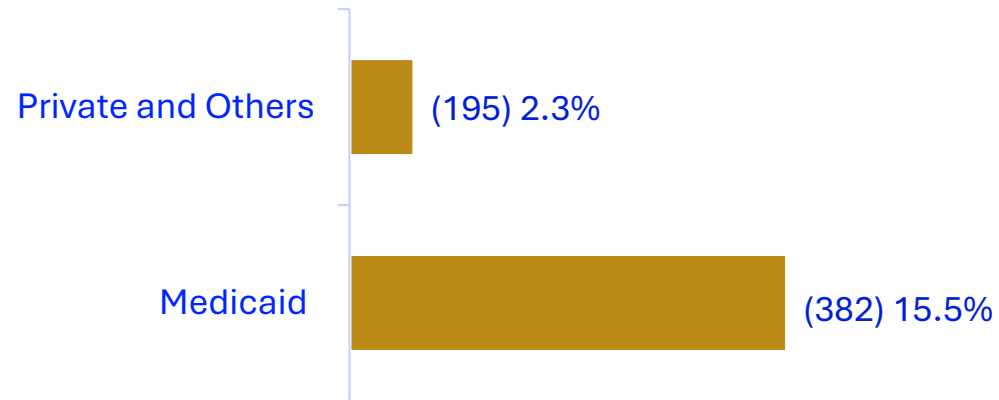


Data Source, NH Birth Certificate Data

## Entry Into Prenatal Care By Substance Exposure, 2025 NH resident Births

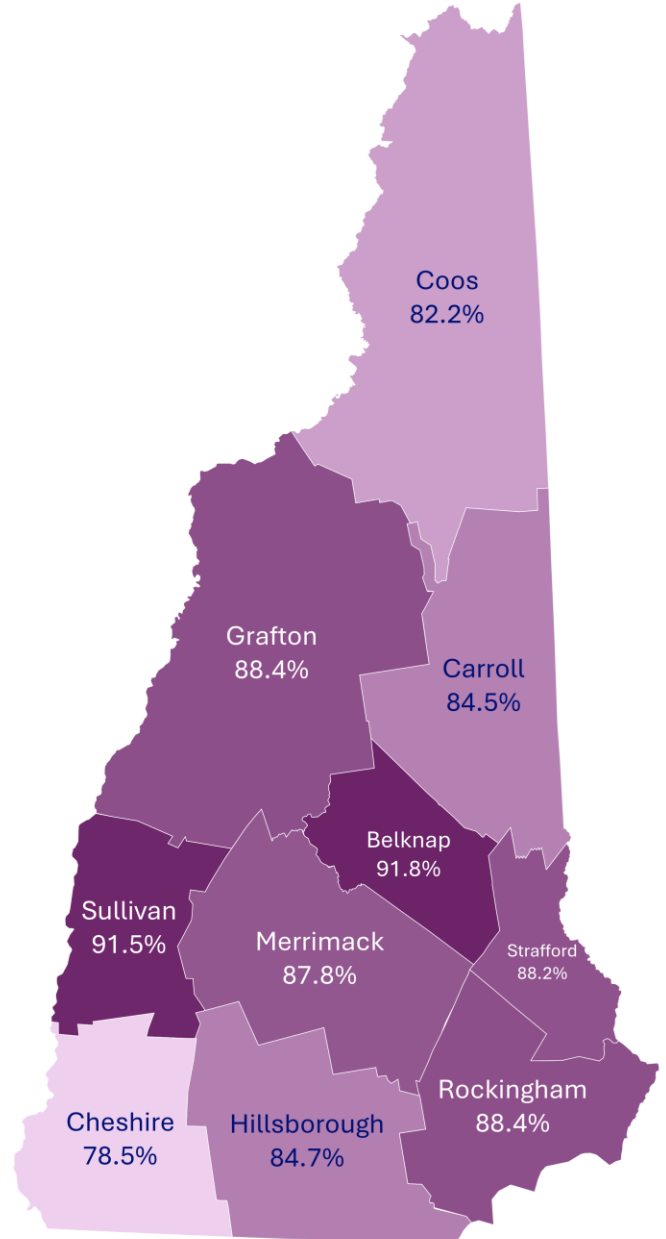


## 2025 Substance Exposed Infants by Payor, NH Resident Births

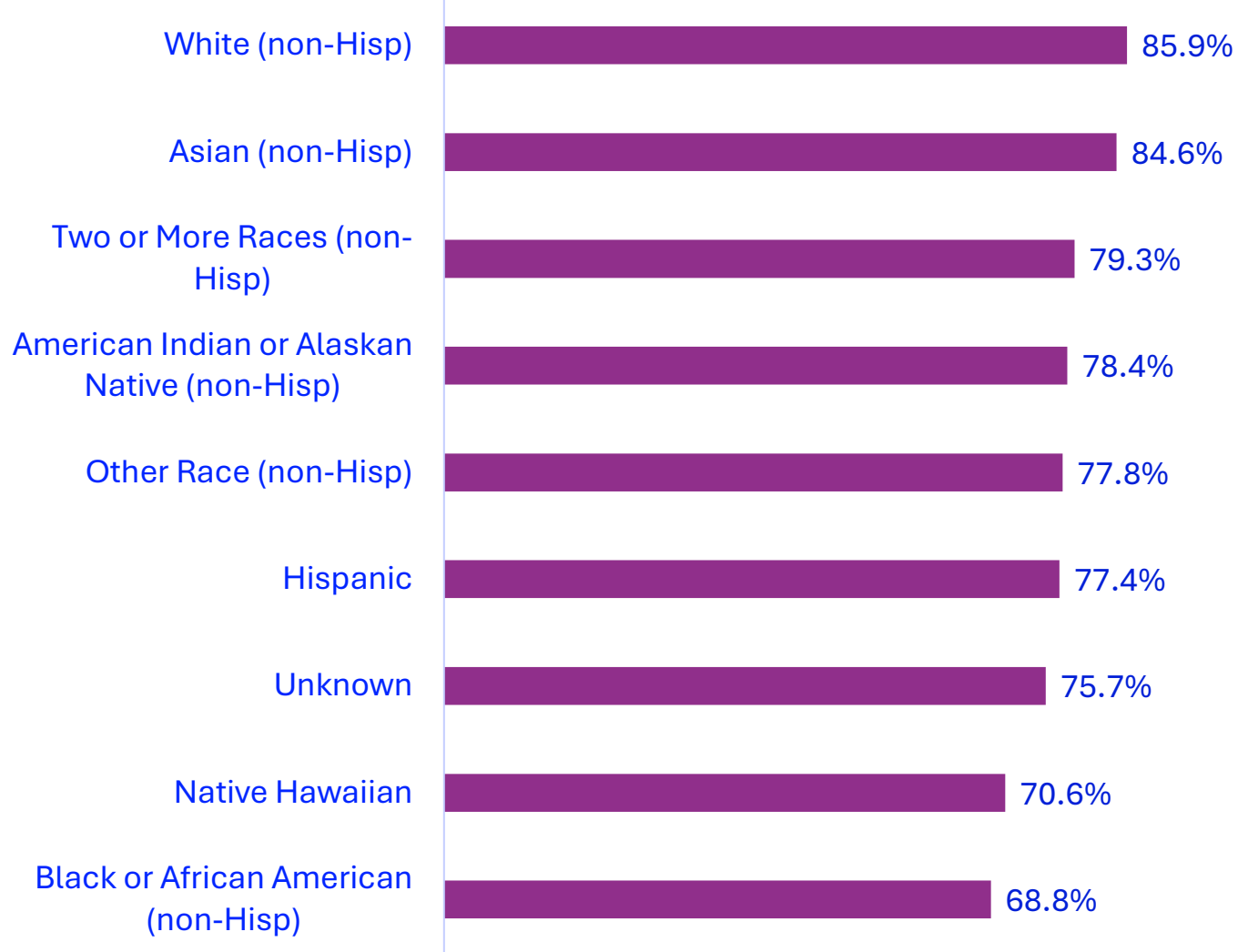


# First Trimester Prenatal Care Entry by County of Residence, 2025

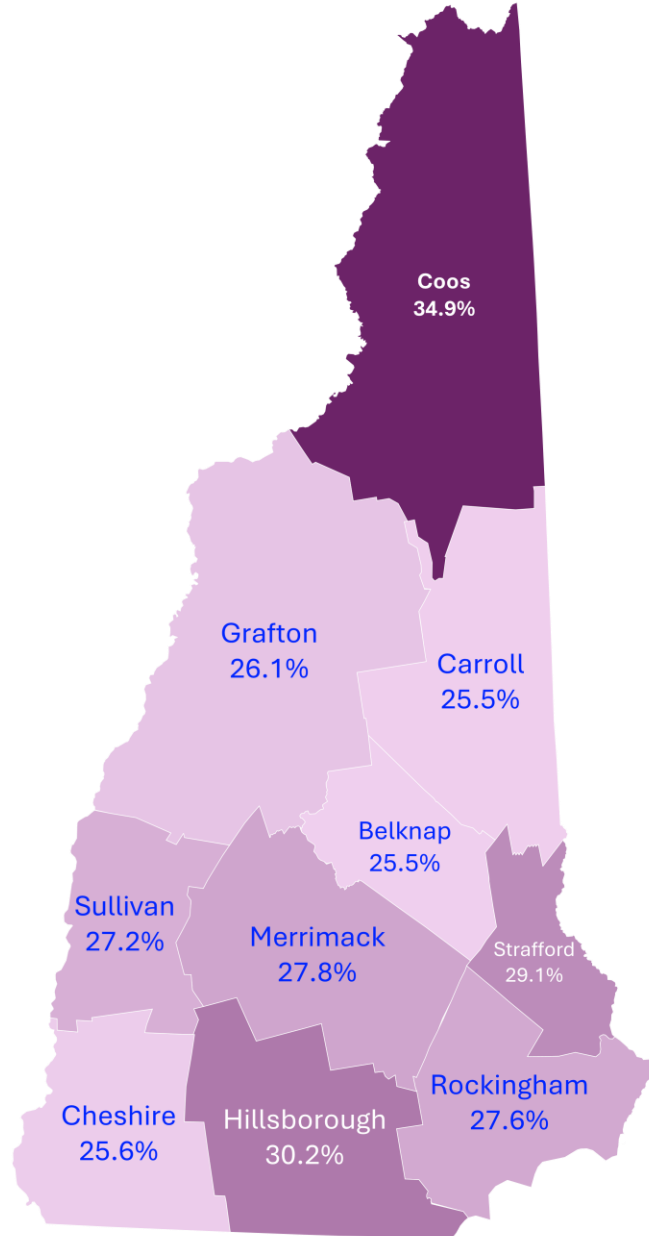
## NH Resident Births



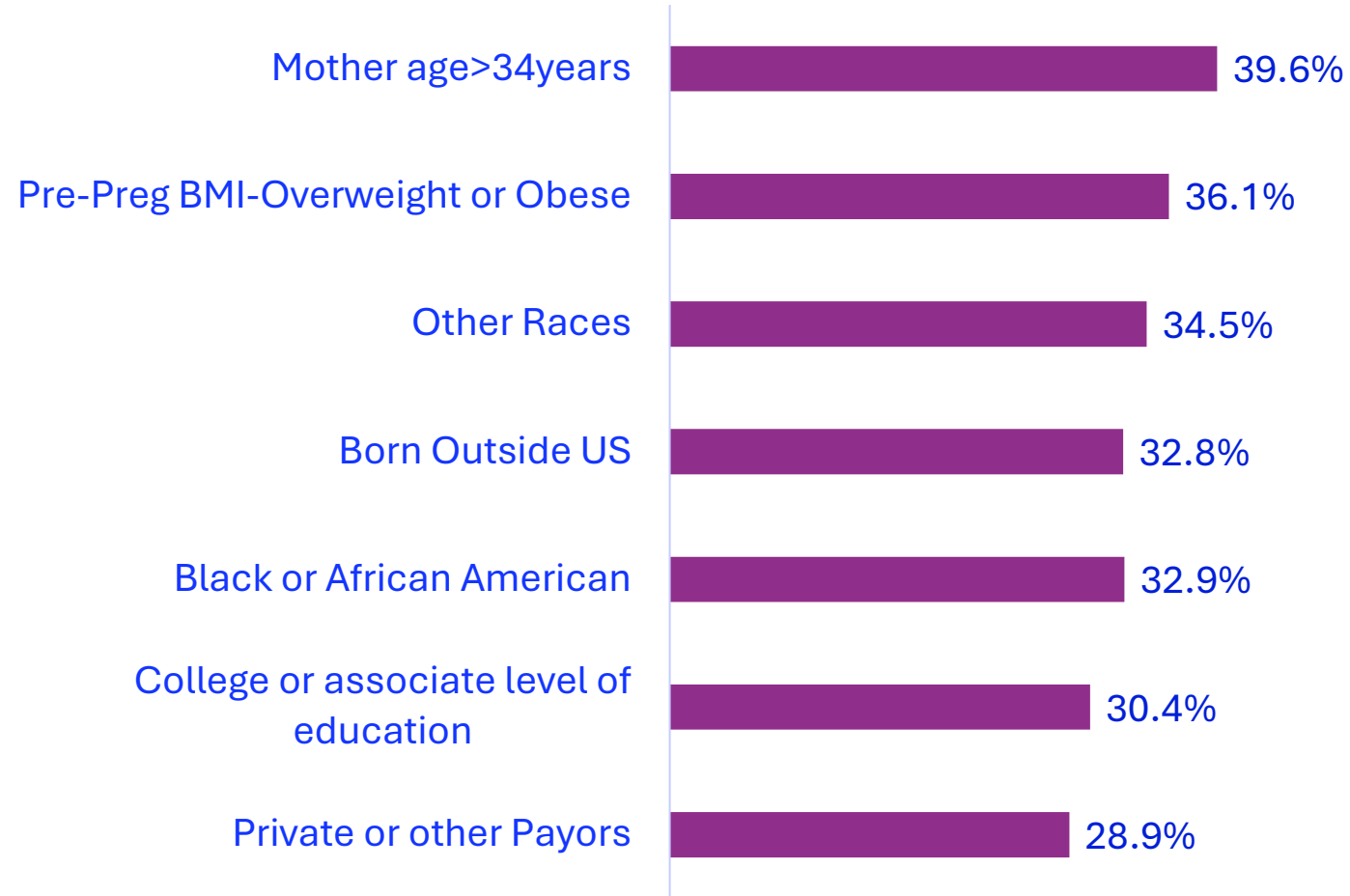
# First Trimester Entry to Prenatal Care by Mother's Race and Ethnicity, 2021-2025 NH Resident Births



# Percentage of Cesarean Deliveries Occurring Among Nulliparous, Term, Singleton, Vertex (NTSV) Pregnancies, 2025 Births



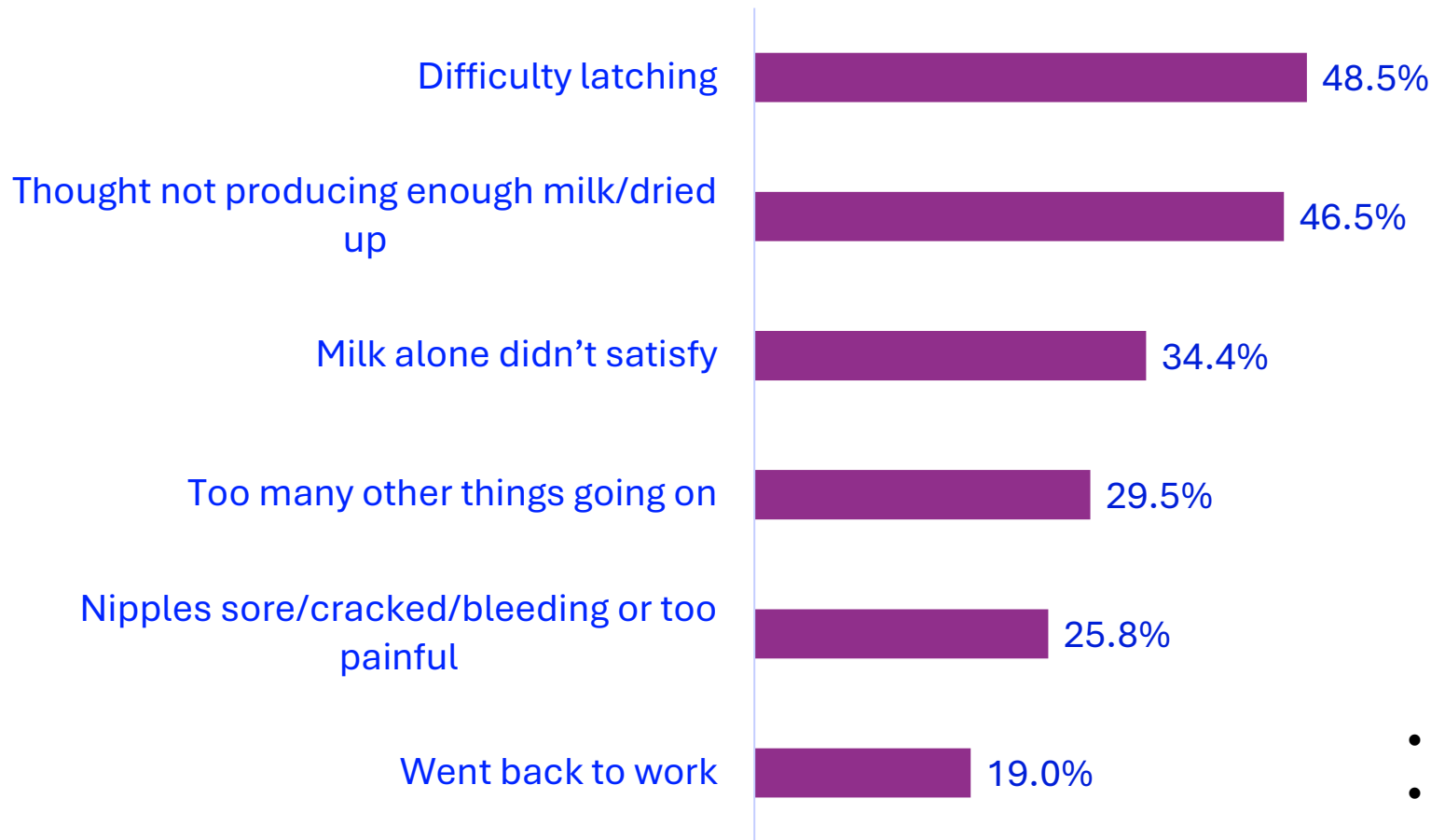
## NTSV Cesarean Rate by Selected Characteristics with a % higher than the 2025 State Overall Rate (28.5%)



Data Source, NH Birth Certificate Data



## Most Frequently Cited Reasons for Stopping Breastfeeding, PRAMS 2023



Data Source: [NH PRAMS 2023 Data Summary](#)

75.7% reported breastfeeding for more than eight weeks  
**PRAMS 2023**

37.6% reported Exclusive Breastfeeding for 6 months  
**NSCH 2023-24**

### Lowest Exclusive Breastfeeding Rates

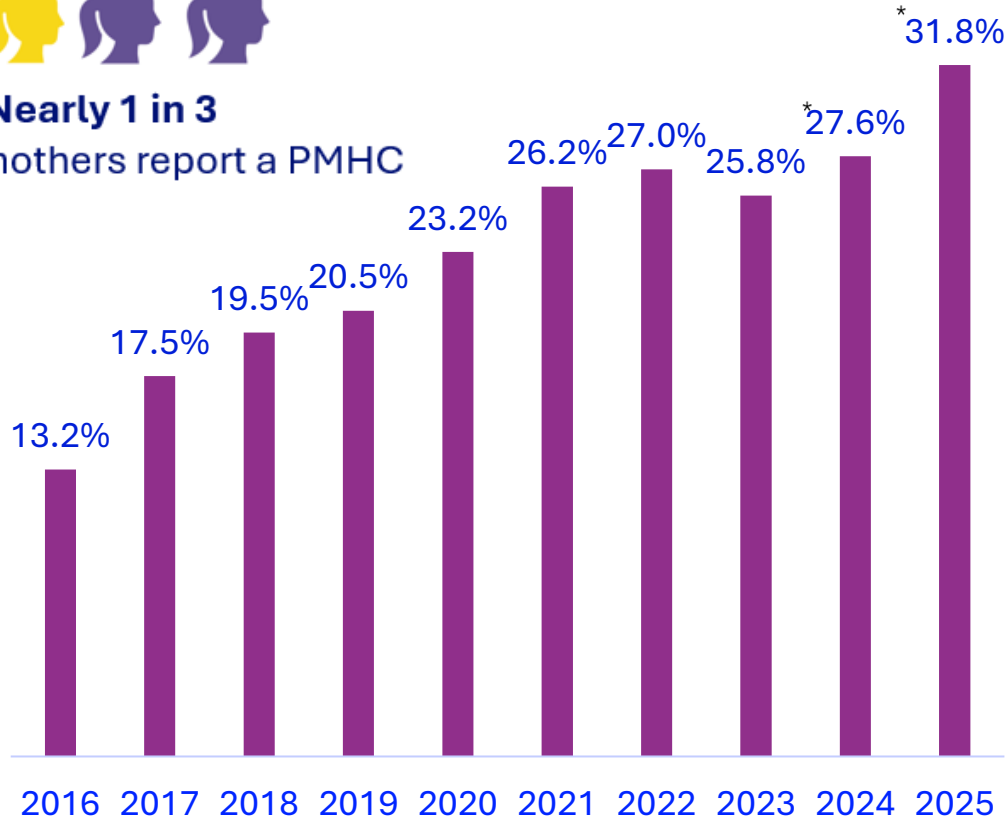
- 1+ Adverse Childhood Experiences 35.4%
- MSA, Principal City/main city e.g. Manchester or Nashua in NH 19.4%
- Medicaid 26.8%
- Income-poverty ratio 100%-199% =35.7%
- Born in U.S.=35.6%



# Trend of Perinatal Mental Health Conditions (PMHC) in NH

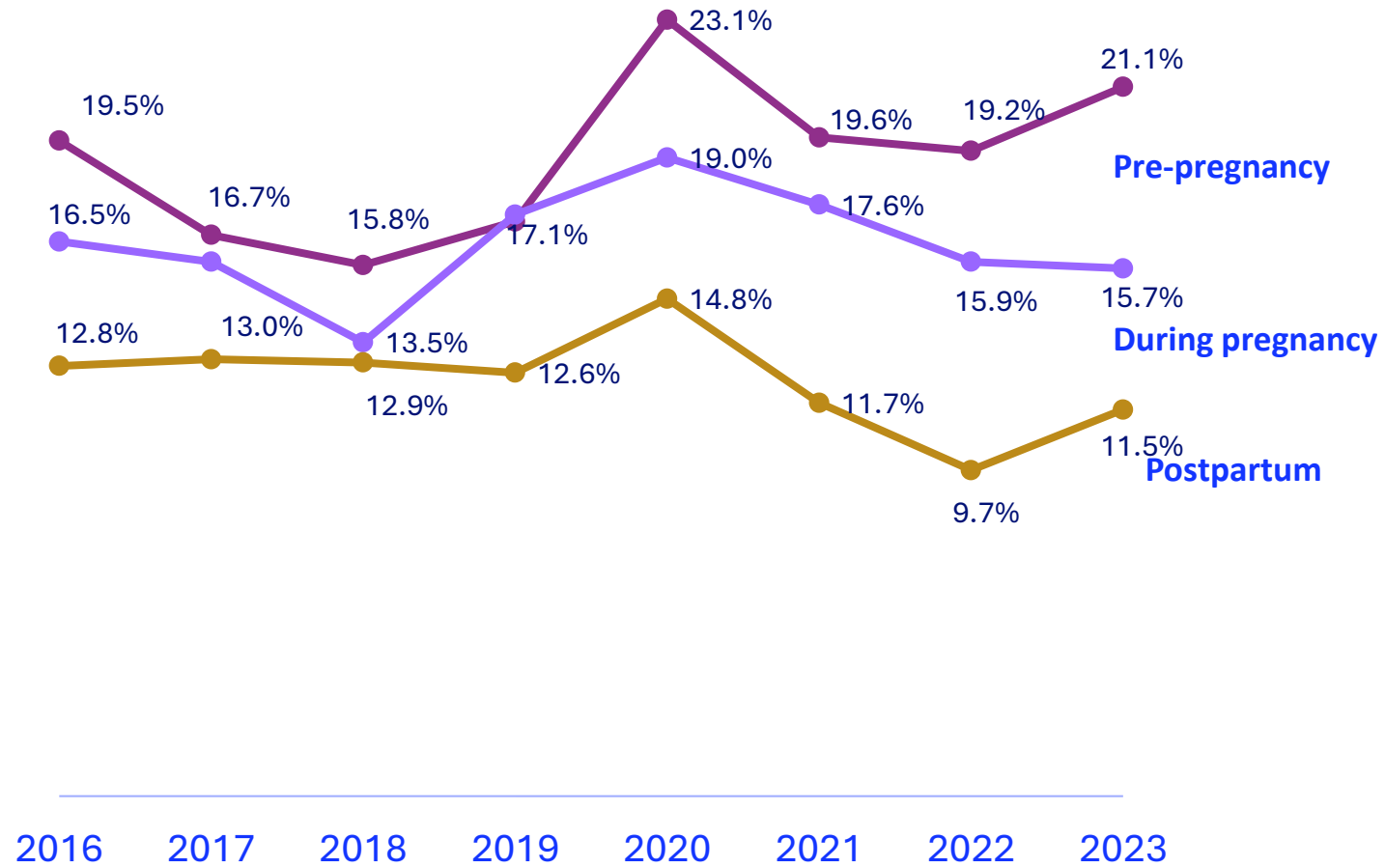


**Nearly 1 in 3** mothers report a PMHC



**The % has doubled since 2016**

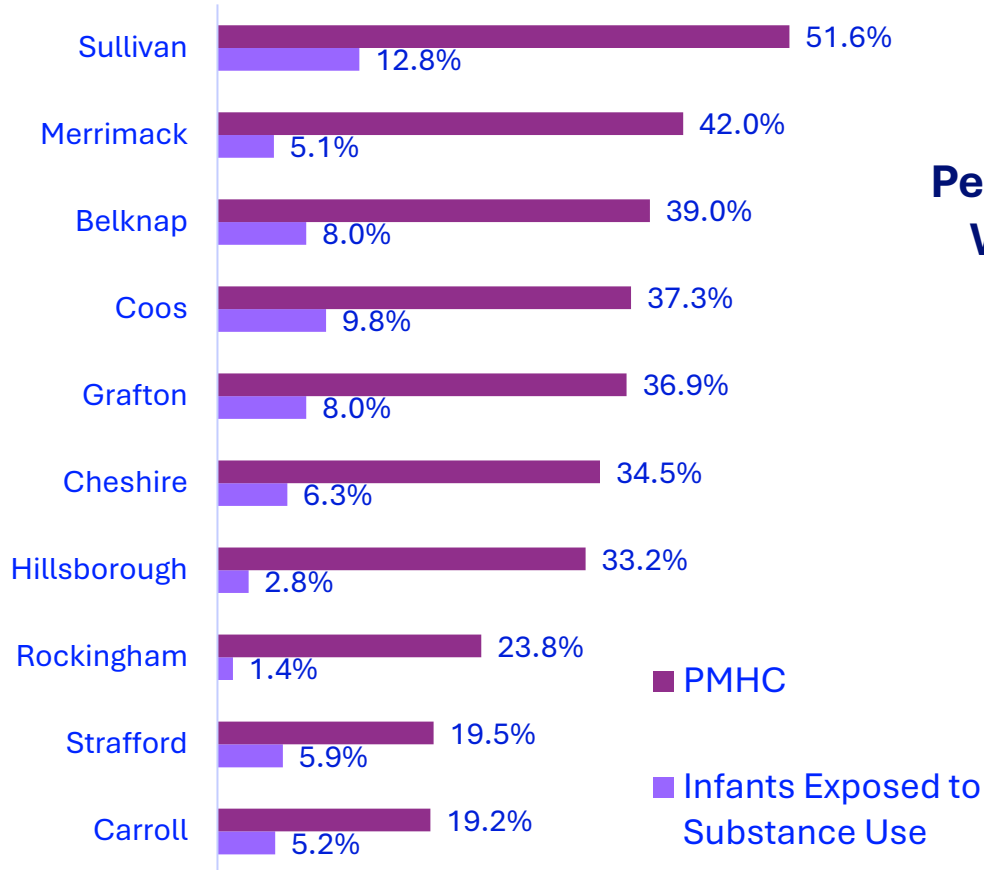
# Trends of Perinatal Depression Using NH PRAMS Data



Data Source: Pregnancy Risk Assessment and Monitoring System (PRAMS)

Source: Data source: NH Delivery Hospitalization Data and \*NH Vital Records Birth Certificate Data

# PMHC and Substance Use by County, 2025 Resident Births



**Top 5 Substances Identified**

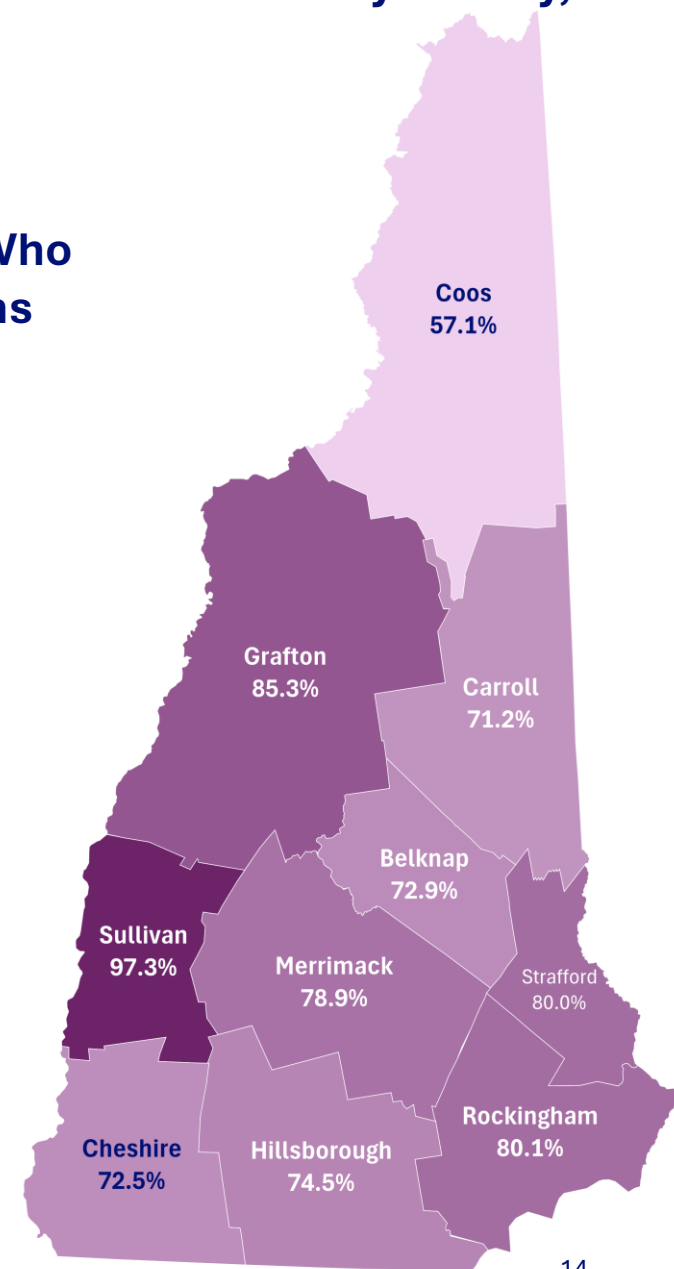
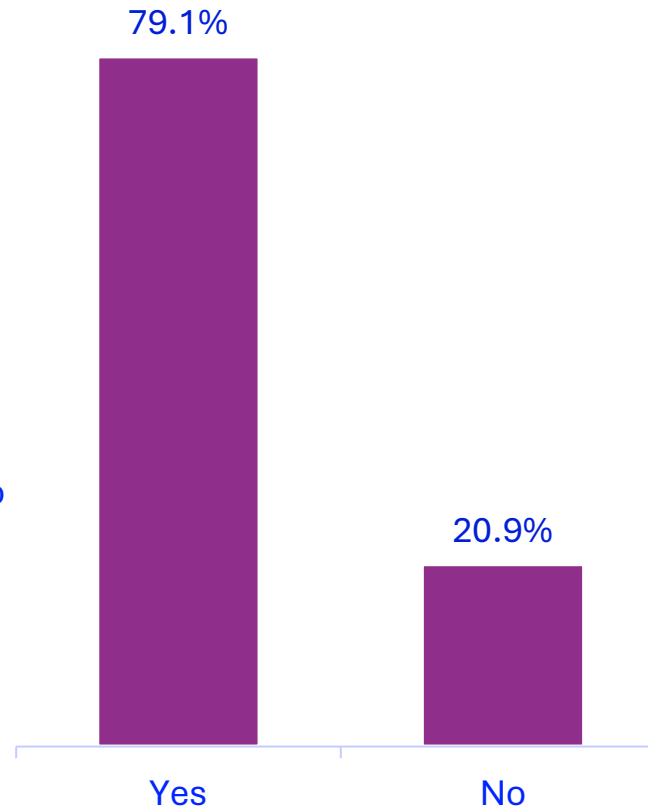
- Cannabis 354
- Nicotine 300
- Opioids 147
- Stimulants 59
- Cocaine 56



NH Department of Health & Human Services

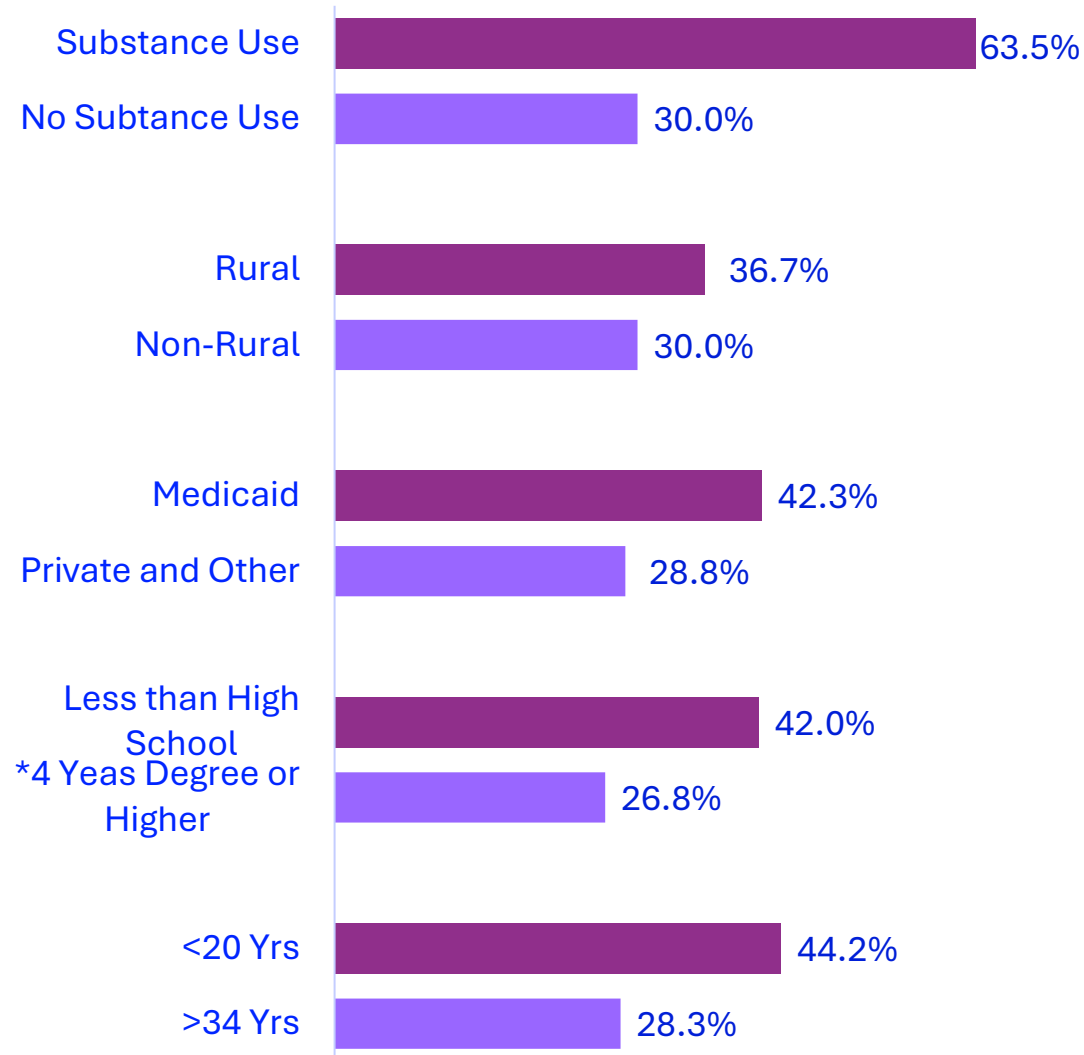
# PMHC Treatment/Referral by County, 2025

## Percentage of Patients with a PMHC Who Were Treated or Referred, 2025 Births



Data Source, NH Birth Certificate Data

## Perinatal Mental Health by Selected Factors (2025)



## Barriers to seeking mental health services, PRAMS 2023 SDOH Supplement



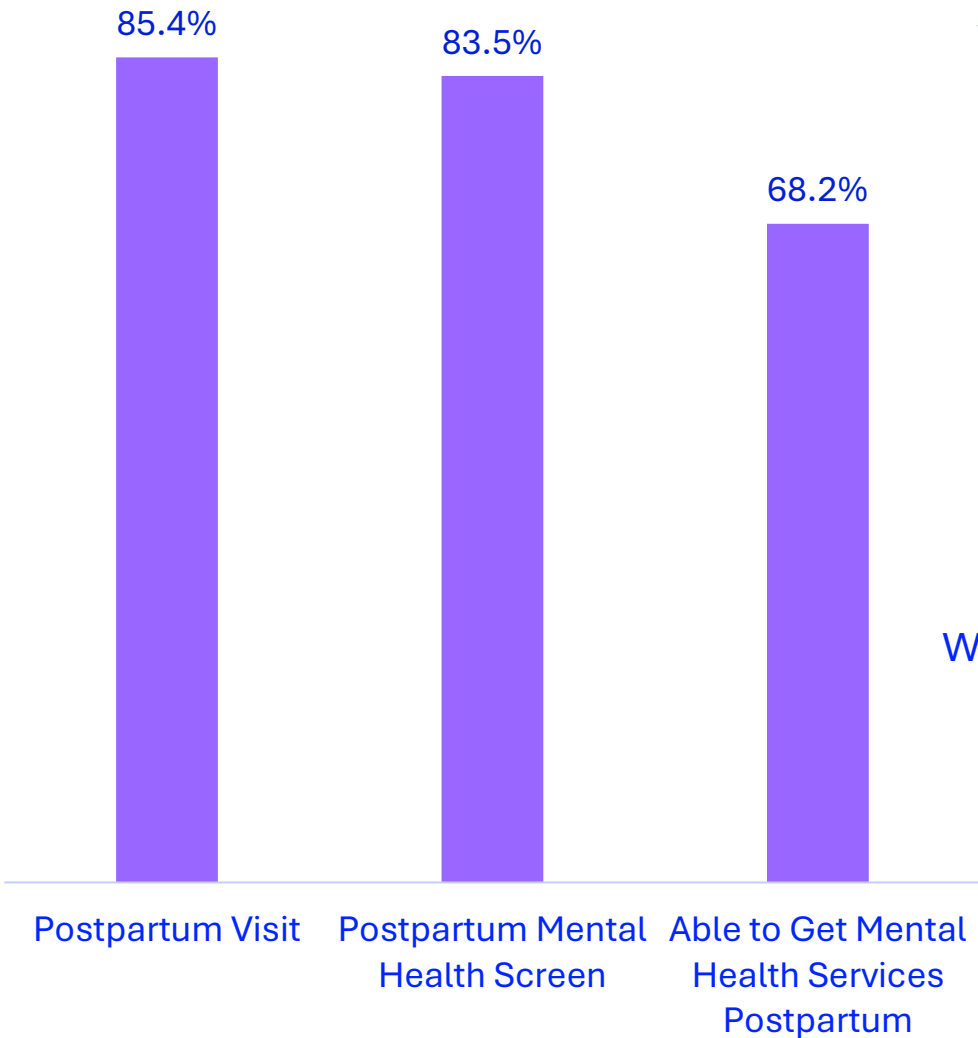
Data Source, NH Birth Certificate Data



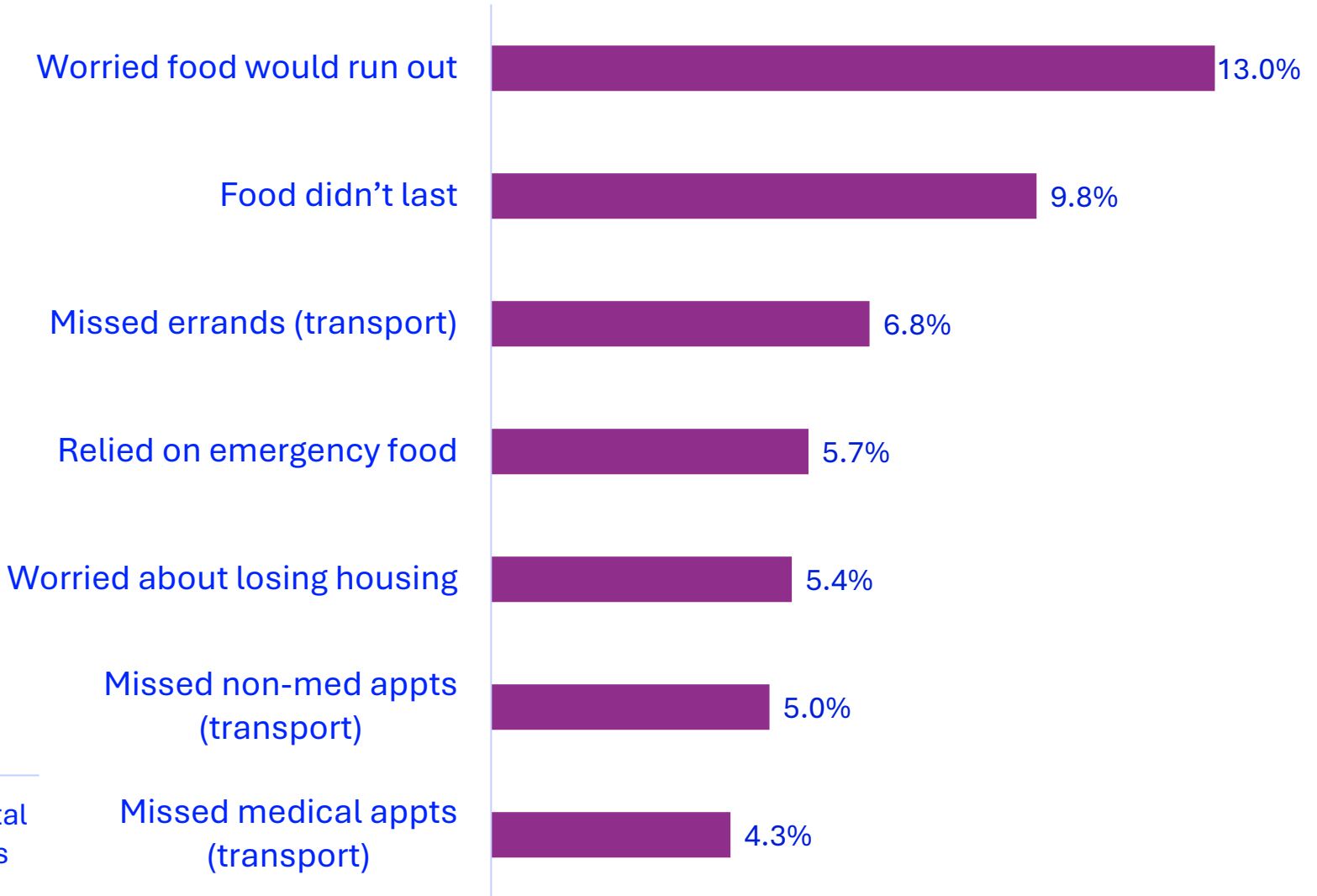
NH Department of Health & Human Services

Data Source: [NH PRAMS 2023 Data Summary](#)

## Postpartum Attendance and Mental Health Services, 2023 PRAMS Survey



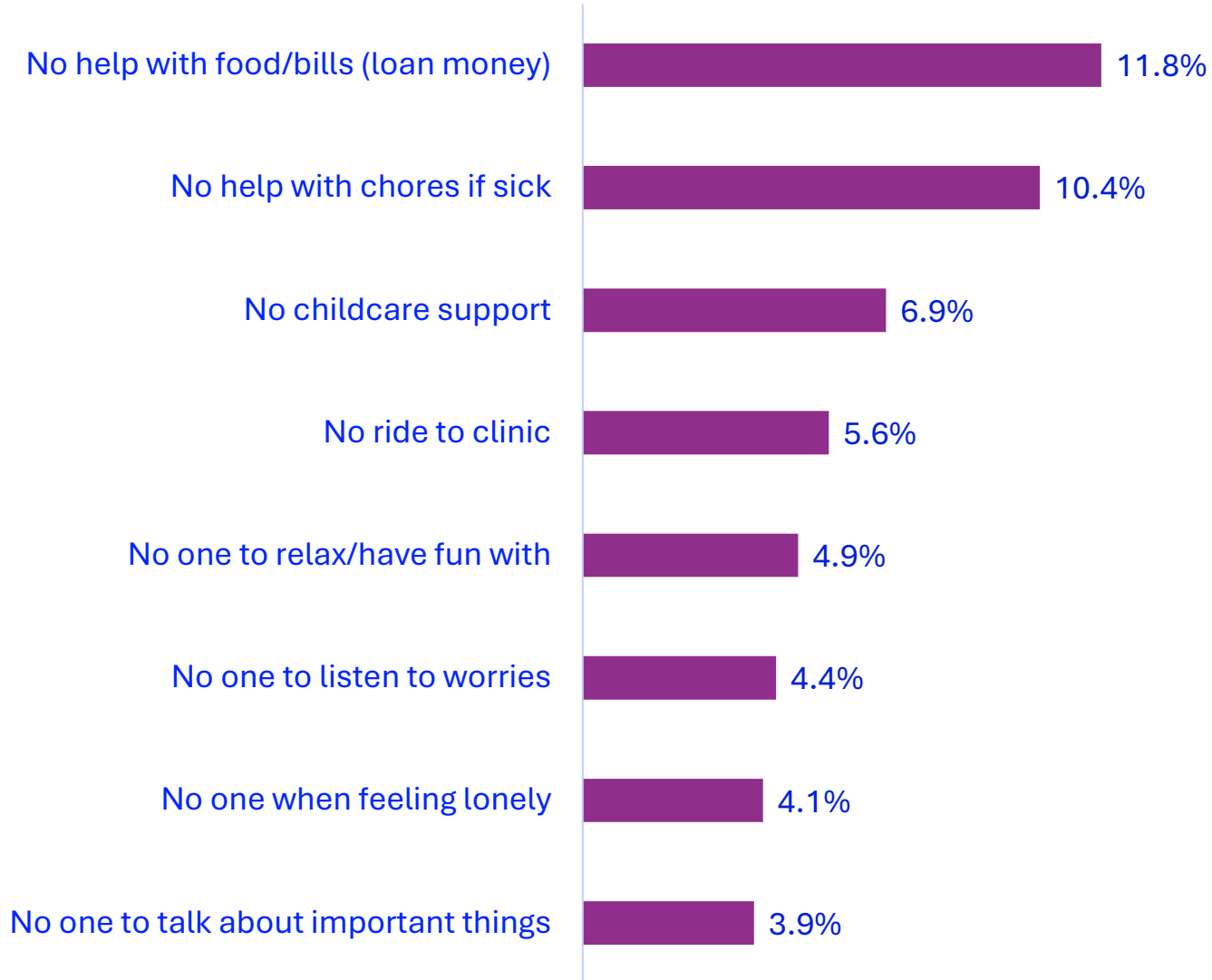
## Social Determinants of Health Experienced in the Past 12 months Before Baby was Born, NH PRAMS Postpartum Survey, 2023



Data Source: [NH PRAMS 2023 Data Summary](#)

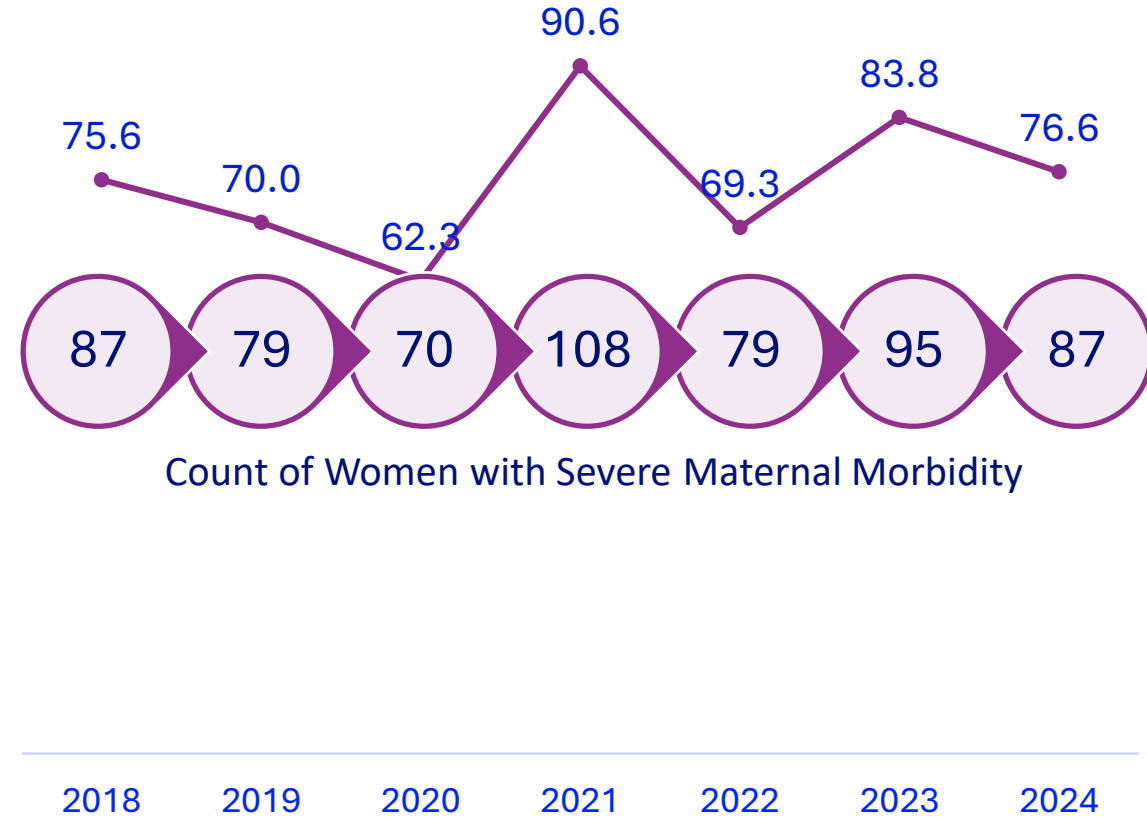


## Availability of Social Support, NH PRAMS Postpartum Survey, 2023



Data Source: [NH PRAMS 2023 Data Summary](#)

## Rate and Count of Severe Maternal Morbidity per 10,000 Live Births, No Blood Transfusions, Births Occurring in NH



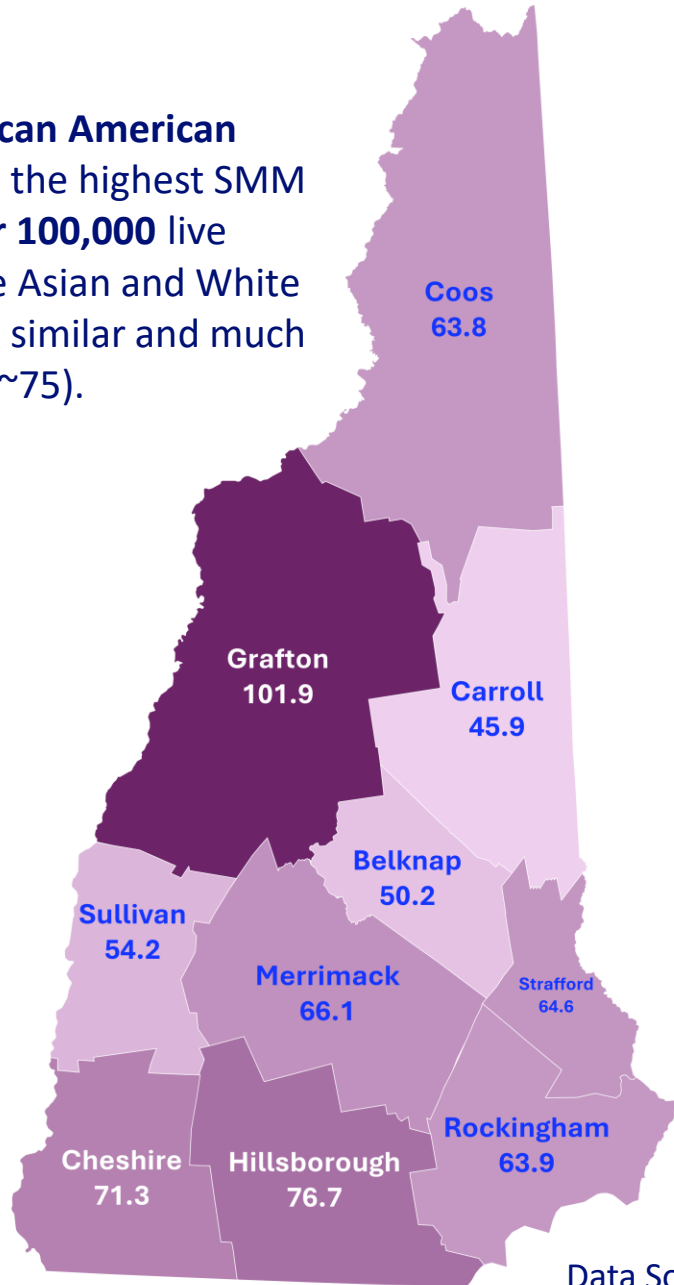
Count of Women with Severe Maternal Morbidity

2018 2019 2020 2021 2022 2023 2024

Data Source: NH Hospital Discharge Data

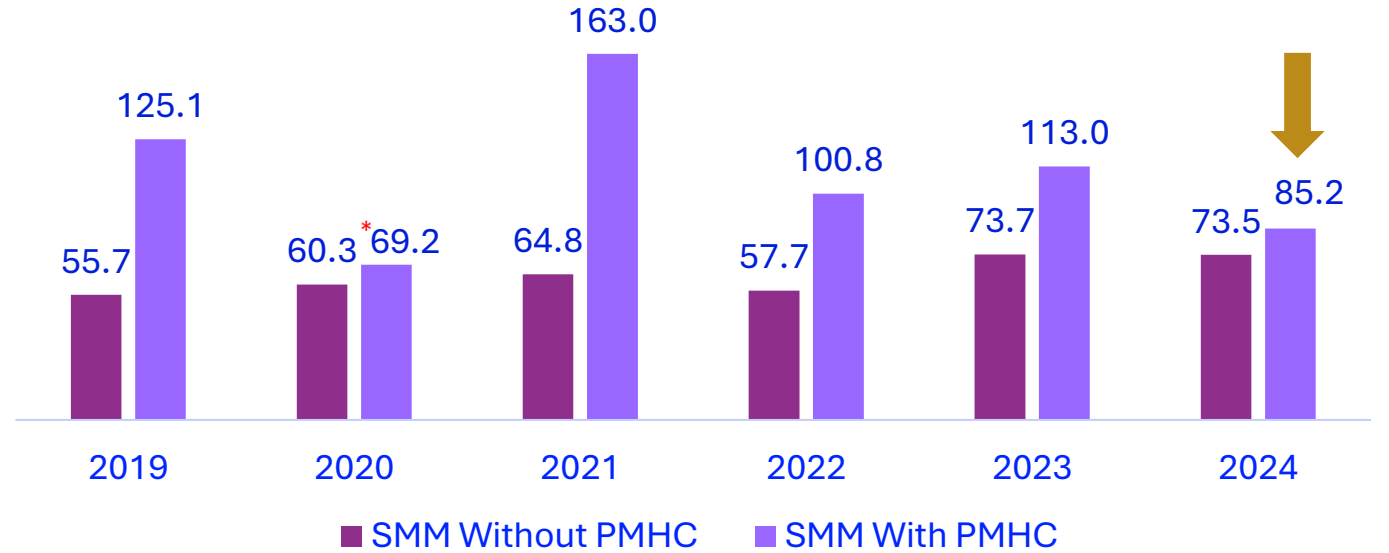
## Rate of Severe Maternal Morbidity (SMM) per 100,000 Live Births By County of Residence, 2017-2024

**Black or African American** mothers had the highest SMM rate (**127 per 100,000** live births), while Asian and White mothers had similar and much lower rates (~75).



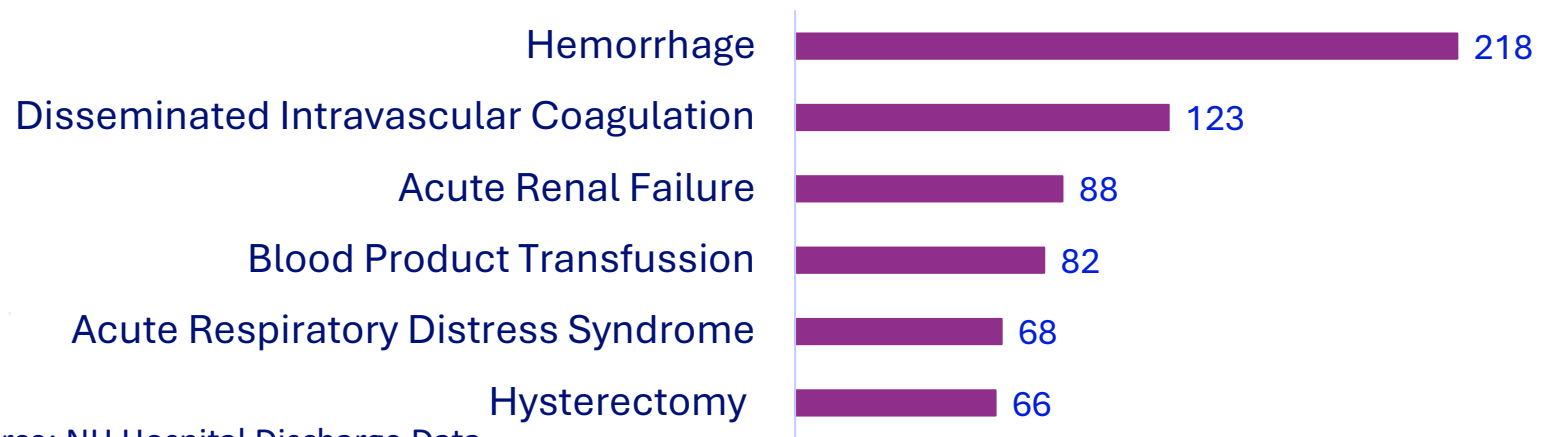
Data Source: NH Hospital Discharge Data

## The SMM Rate Nearly Doubles Among Those with a Perinatal Mental Health Diagnosis Except in 2024, NH Deliveries

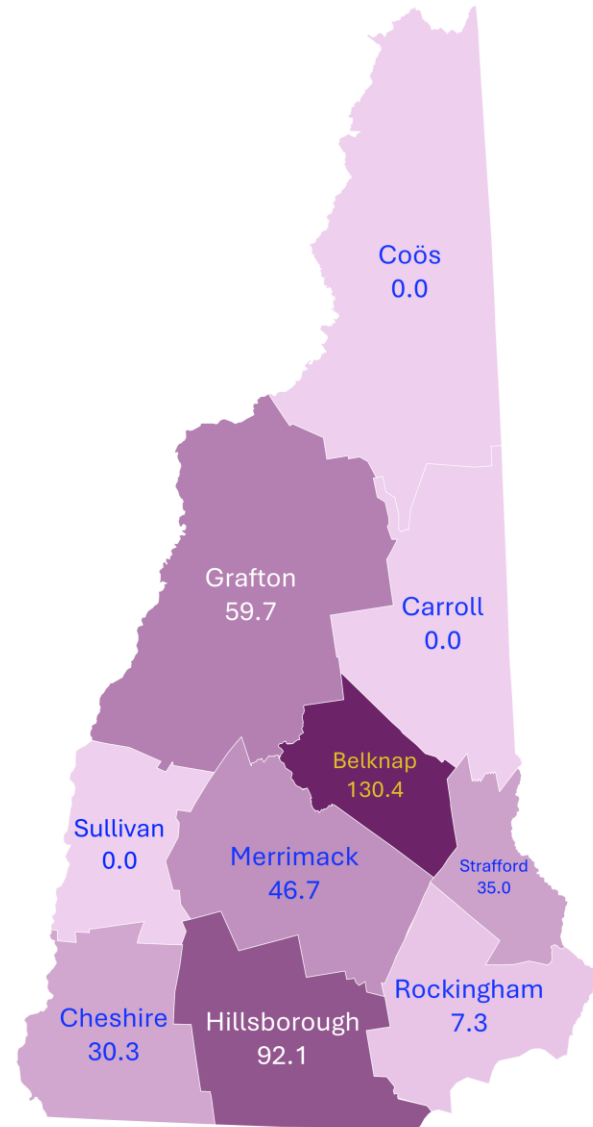


\*The numerator has <20 counts which is typically considered unstable.

## Top 5 Conditions Reported Between 2020-2024



# Pregnancy-Associated Deaths by Mother's County of Residence per 100,000 Live Births



- 2020–2024:** 19 of 31 pregnancy-associated deaths occurred in Hillsborough County

- Hillsborough had the largest share of births (34.5%) and the second-highest mortality rate (92 per 100,000)

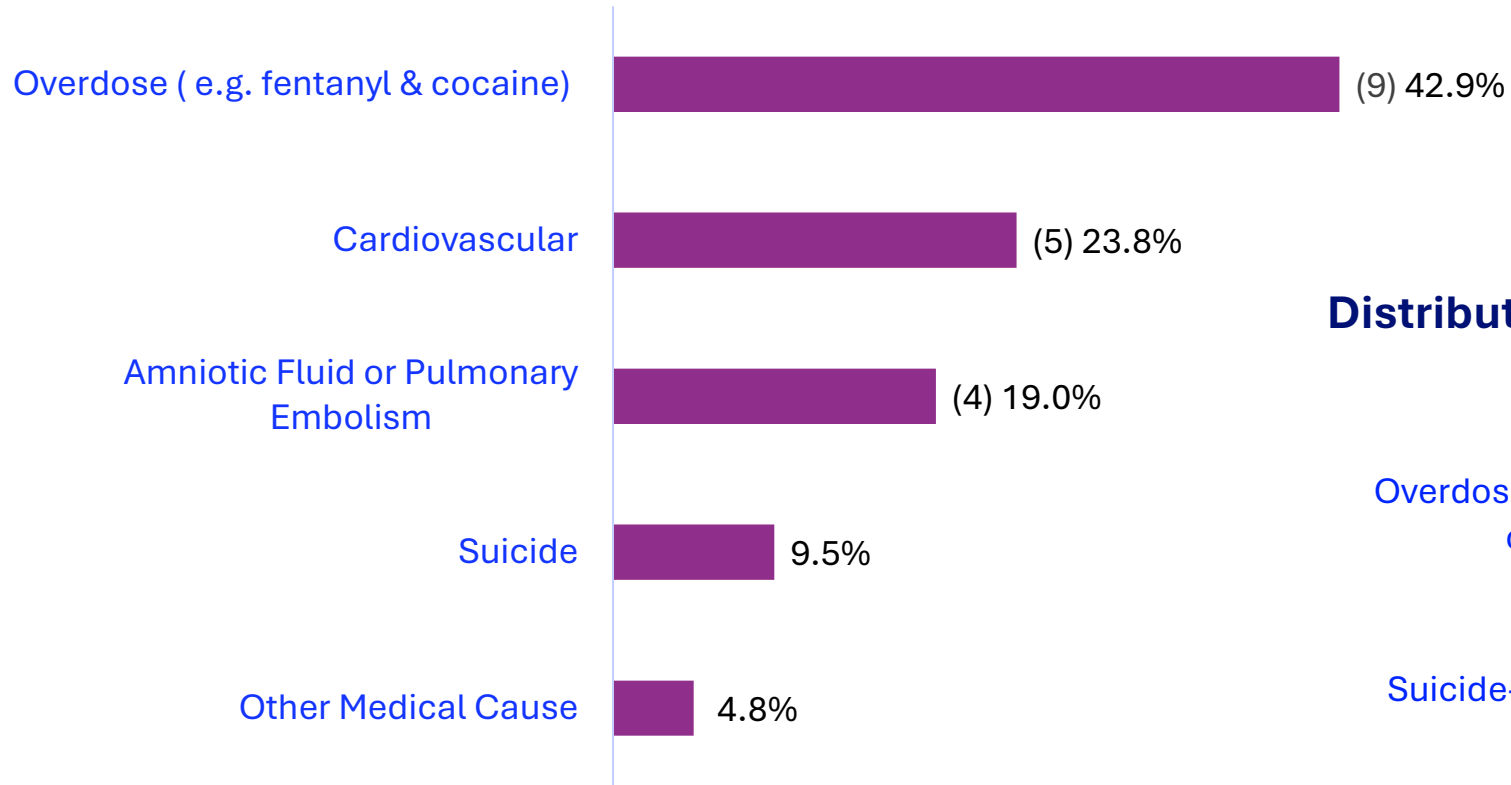
- Belknap County had only 4.0% of births but the **highest mortality rate** (130 per 100,000)

- High rate in Belknap reflects **few births relative to deaths**

Data Source: Maternal Mortality Review Application

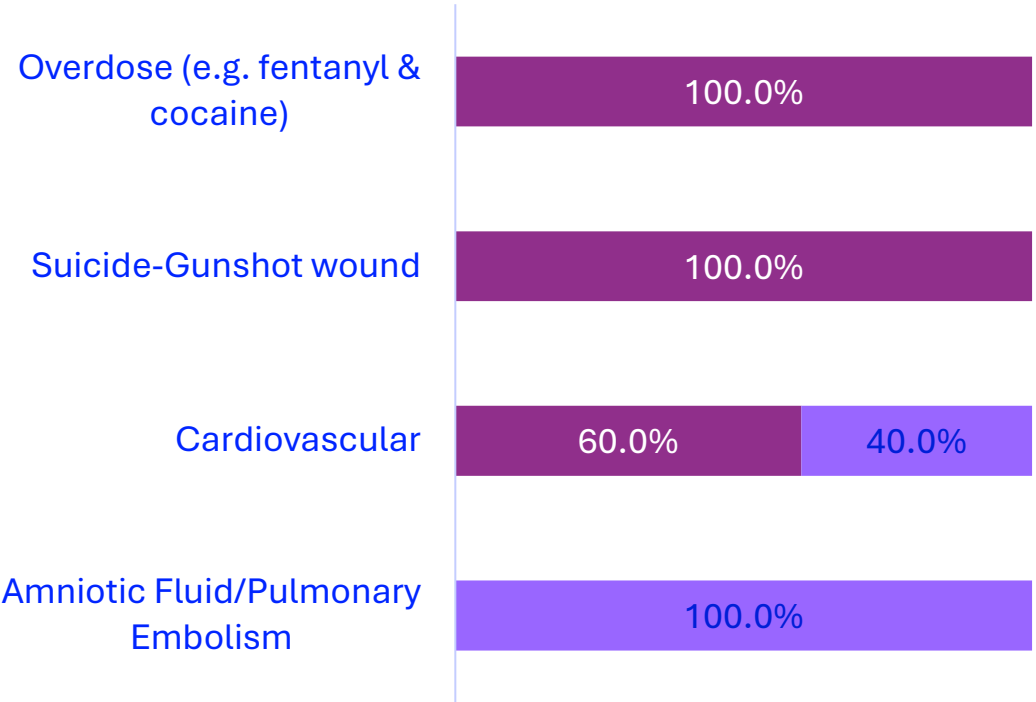


# Causes of Pregnancy-Related Deaths Among NH Residents (2020-2024)



61.9% of pregnancy-associated deaths occurred postpartum

## Distribution of Pregnancy-Related Deaths by Cause and Payor Type, 2020–2024



- Mental Health conditions were the primary underlying cause of **60.0%** of overdose and suicide deaths
- All overdose and suicide deaths occurred among **Medicaid recipients**



# THANK YOU! QUESTIONS

## Contact:

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The NH PQC Tableau Public  
Site with Data Dashboards

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