

- 1. County Health Rankings & Roadmaps. (2024). Dane, Wisconsin. https://www.countyhealthrankings.org/health-data/wisconsin/dane
- Nelson, H. D., Darney, B. G., Ahrens, K., Burgess, A., Jungbauer, R. M., Cantor, A., Atchison, C., Eden, K. B., Goueth, R., & Fu, R. (2022). Associations of Unintended Pregnancy With Maternal and Infant Health Outcomes: A Systematic Review and Meta-analysis. *JAMA*, 328(17), 1714–1729. https://doi.org/10.1001/jama.2022.19097
- 3. Fink, D. A., Kilday, D., Cao, Z., Larson, K., Smith, A., Lipkin, C., Perigard, R., Marshall, R., Deirmenjian, T., Finke, A., Tatum, D., & Rosenthal, N. (2023). Trends in Maternal Mortality and Severe Maternal Morbidity During Delivery-Related Hospitalizations in the United States, 2008 to 2021. *JAMA Network Open*, 6 (6), e2317641. https://doi.org/10.1001/jamanetworkopen.2023.17641
- 4. Sutton, M. Y., Anachebe, N. F., Lee, R., & Skanes, H. (2021). Racial and Ethnic Disparities in Reproductive Health Services and Outcomes, 2020. *Obstetrics and Gynecology*, 137(2), 225. https://doi.org/10.1097/AOG.000000000004224
- 5. American College of Obstetrics & Gynecology. (2015, January). *Access to Contraception*. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception
- 6. Reproductive Health Impact Study: Wisconsin | Guttmacher Institute. (2021, March 18). Guttmacher Institute. https://www.guttmacher.org/fact-sheet/reproductive-health-impact-study-wisconsin
- 7. American College of Obstetricians and Gynecologists. (2019, January). *Interpregnancy Care*. https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care
- 8. Lonhart, J. A., Mayo, J. A., Padula, A. M., Wise, P. H., Stevenson, D. K., & Shaw, G. M. (2019). Short interpregnancy interval as a risk factor for preterm birth in non-Hispanic Black and White women in California. *Journal of Perinatology*, 39(9), 1175–1181. https://doi.org/10.1038/s41372-019-0402-1
- 9. March of Dimes. (2023, February). Stress and pregnancy [Health Topic]. https://www.marchofdimes.org/find-support/topics/pregnancy/stress-and-pregnancy
- 10. Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2021. (2025).
- 11. Centers for Disease Control & Prevention. (2025, January 31). Disparities and Resilience Among American Indian and Alaska Native Women Who Are Pregnant or Postpartum. HEAR HER Campaign. https://www.cdc.gov/hearher/aian/disparities.html
- 12. Heckman, N., & Suri, D. (2025). Food Insecurity in Dane County. *Public Health Madison & Dane County*. https://publichealthmdc.com/documents/ food insecurity dane county.pdf
- 13. Chehab, R. F., Croen, L. A., Laraia, B. A., Greenberg, M. B., Ngo, A. L., Ferrara, A., & Zhu, Y. (2025). Food Insecurity in Pregnancy, Receipt of Food Assistance, and Perinatal Complications. *JAMA Network Open*, 8(1), e2455955. https://doi.org/10.1001/jamanetworkopen.2024.55955
- 14. U.S. Department of Agriculture Food & Nutrition Service. (2024, October 2). How WIC Helps. https://www.fns.usda.gov/wic/helps#:~:text=WIC%20reduces%20fetal%20deaths%20and,iron%20deficiency%20anemia%20in%20children.

- 15. Office on Women's Health. (2021, February 22). Sexually transmitted infections, pregnancy, and breastfeeding. https://womenshealth.gov/a-z-topics/stis-pregnancy-and-breastfeeding
- 16. Centers for Disease Control & Prevention. (2025, January 31). About Congenital Syphilis. Syphilis. https://www.cdc.gov/syphilis/about/about-congenital-syphilis.html
- 17. Westergaard, R. (2023, October 10). Rising Congenital Syphilis Cases: Test for Syphilis During Pregnancy. https://www.dhs.wisconsin.gov/dph/memos/communicable-diseases/2023-06-bcd.pdf
- 18. Centers for Disease Control and Prevention. (2023). AtlasPlus Charts. Retrieved February 20, 2025, from https://gis.cdc.gov/grasp/nchhstpatlas/charts.html
- 19. McDonald, R. (2023). Vital Signs: Missed Opportunities for Preventing Congenital Syphilis United States, 2022. MMWR. Morbidity and Mortality Weekly Report, 72. https://doi.org/10.15585/mmwr.mm7246e1
- 20. Division of STD Prevention. (2024). State Statutory and Regulatory Language Regarding Prenatal Syphilis Screenings in the United States. *Centers for Disease Control and Prevention*. https://www.cdc.gov/syphilis/media/pdfs/2024/07/Prenatal-Syphilis-Screening-Laws-Web-Document-25-July-2024-final.pdf
- 21. American College of Obstetrics and Gynecology. (2024). *Screening for Syphilis in Pregnancy*. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy
- 22. Kipling, L. (2024). Cigarette Smoking Among Pregnant Women During the Perinatal Period: Prevalence and Health Care Provider Inquiries Pregnancy Risk Assessment Monitoring System, United States, 2021. MMWR. Morbidity and Mortality Weekly Report, 73. https://doi.org/10.15585/mmwr.mm7317a2
- 23. Masud, N., Hamilton, W., & Tarasenko, Y. (2024). Prevalence of Cigarette Smoking, E-cigarette Use, and Dual Use Among Urban and Rural Women During the Peripartum Period, PRAMS 2015-2020. *Public Health Reports* (Washington, D.C.: 1974), 139(6), 708–716. https://doi.org/10.1177/00333549241251982
- 24. Gosdin, L. K., Deputy, N. P., Kim, S. Y., Dang, E. P., & Denny, C. H. (2022). Alcohol Consumption and Binge Drinking During Pregnancy Among Adults Aged 18-49 Years United States, 2018-2020. MMWR. Morbidity and Mortality Weekly Report, 71(1), 10–13. https://doi.org/10.15585/mmwr.mm7101a2
- 25. Ko, J. Y. (2020). Vital Signs: Prescription Opioid Pain Reliever Use During Pregnancy 34 U.S. Jurisdictions, 2019. MMWR. Morbidity and Mortality Weekly Report, 69. https://doi.org/10.15585/mmwr.mm6928a1
- 26. Carlson, J. M. (2023). Substance Use Among Persons with Syphilis During Pregnancy Arizona and Georgia, 2018–2021. MMWR. Morbidity and Mortality Weekly Report, 72. https://doi.org/10.15585/mmwr.mm7203a3
- 27. Higgins, T. M., Goodman, D. J., & Meyer, M. C. (2019). Treating perinatal opioid use disorder in rural settings: Challenges and opportunities. *Preventive Medicine*, 128, 105786. https://doi.org/10.1016/j.ypmed.2019.105786
- 28. Feder, K. A., Mojtabai, R., Musci, R. J., & Letourneau, E. J. (2018). U.S. adults with opioid use disorder living with children: Treatment use and barriers to care. *Journal of Substance Abuse Treatment*, 93, 31–37. https://doi.org/10.1016/j.jsat.2018.07.011

- 29. Pew Charitable Trusts. (2018). Substance Use Disorder Treatment Policy Recommendations for the State of Wisconsin. https://doc.wi.gov/Pages/OpioidProgramToolkit/Images/PewReportWisconsinFinalReport.pdf
- 30. Prince, M. K., Daley, S. F., & Ayers, D. (2024). Substance Use in Pregnancy. In StatPearls. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/
 NBK542330/
- 31. WI Department of Children and Families. (2023). Wisconsin Child Abuse and Neglect Report for CY2022 (p. 11.1). https://dcf.wisconsin.gov/files/cwportal/reports/pdf/2022can.pdf
- 32. Pregnancy Justice. (2022). Wisconsin's "Unborn Children Protection Act" (Act 292). https://www.pregnancyjusticeus.org/wp-content/uploads/2022/12/WI-act-292-12-12.pdf
- 33. University of Wisconsin-Madison Prevention Research Center, & Wisconsin Department of Health Services. (2021). Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019). https://prc.wisc.edu/wp-content/uploads/sites/1127/2021/09/MMR-RMOR-Repor.pdf
- 34. Wisconsin Department of Health Services. (2024). Wisconsin Data Resource: Severe Maternal Morbidity, 2016-2023. https://www.dhs.wisconsin.gov/ publications/p01125-2016-2023.pdf
- 35. Metzl, J. M., Maybank, A., & De Maio, F. (2020). Responding to the COVID-19 Pandemic: The Need for a Structurally Competent Health Care System. *JAMA*, 324(3), 231–232. https://doi.org/10.1001/jama.2020.9289
- 36. Hirai, A. (2023, March 20). Severe Maternal Morbidity: Trends and Disparities.
- 37. Gibson, C., Rohan, A. M., & Gillespie, K. H. (2017). Severe Maternal Morbidity During Delivery Hospitalizations. WMJ: Official Publication of the State Medical Society of Wisconsin, 116(5), 215–220.
- 39. Howell, E. A., & Zeitlin, J. (2017). Improving hospital quality to reduce disparities in severe maternal morbidity and mortality. *Seminars in Perinatology,* 41 (5), 266–272. https://doi.org/10.1053/j.semperi.2017.04.002
- 40. Hill, L., Rao, A., Artiga, S., & Published, U. R. (2024, October 25). Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them.

 KFF. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/
- 41. Cain Miller, C., & Kliff, S. (2023, May 6). News: Unwanted Epidurals, Untreated Pain:... (The New York Times) Behind the headlines NLM. NCBI. https://www.ncbi.nlm.nih.gov/search/research-news/18866

- 42. March of Dimes. (2024, January). *Adequate/adeq+ prenatal care: United States, 2018-2023*. https://www.marchofdimes.org/peristats/data?reg=99&top=5&stop=29&lev=1&slev=4&obj=1
- 43. Banting, R. (2024, April 17). Saving Our Babies celebrates six years of bolstering Black maternal and infant health in Dane County. *Madison365*. https://madison365.com/saving-our-babies-celebrates-six-years-of-bolstering-black-maternal-and-infant-health-in-dane-county/
- 44. Gregory, E., Valenzuela, C., & Hoyert, D. (2024). Fetal Mortality: United States, 2022. *National Vital Statistics Reports*, 73(9). https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-09.pdf
- 45. Office of Disease Prevention and Health Promotion. Reduce the rate of fetal deaths at 20 or more weeks of gestation MICHIO1 Healthy People 2030 / odphp.health.gov. Retrieved February 4, 2025, from https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01
- 46. Burgess, A., Aucutt, M., & Coleman, S. L. (2024). Standardizing Fetal Movement Monitoring using Count the Kicks. MCN. *The American Journal of Maternal Child Nursing*, 49(6), 306–313. https://doi.org/10.1097/NMC.0000000000001048
- 47. Moon, R. Y., Carlin, R. F., & Hand, I. (2022). Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics*, 150(1), e2022057990. https://doi.org/10.1542/peds.2022-057990
- 48. Obeagu, E. I., & Obeagu, G. U. (2024). Breastfeeding's protective role in alleviating breast cancer burden: a comprehensive review. *Annals of Medicine and Surgery*, 86(5), 2805. https://doi.org/10.1097/MS9.00000000000001914
- 49. Asiodu, I. V., Bugg, K., & Palmquist, A. E. (2021). Achieving Breastfeeding Equity and Justice in Black Communities: Past, Present, and Future. *Breastfeeding Medicine*, 16(6), 447. https://doi.org/10.1089/bfm.2020.0314
- 50. Lampert Smith, S. (2024, October 3). Improving Health for Mothers and Babies Through Care Coordination and Connection. *Wisconsin Partnership Program*. https://wpp.med.wisc.edu/featured-grantees/connectrx-improving-maternal-child-health/
- 51. National Institute on Drug Abuse. (2024, August 21). *Drug Overdose Deaths: Facts and Figures | National Institute on Drug Abuse (NIDA)*. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates
- 52. Dose of Reality: Opioid Data Summary Dashboard | Wisconsin Department of Health Services. (2019, August 6). https://www.dhs.wisconsin.gov/opioids/dashboards.htm
- 53. Atwell, K. A., Weiss, H. B., Gibson, C., Miller, R., & Corden, T. E. (2016). Neonatal Abstinence Syndrome and Maternal Substance Use in Wisconsin, 2009-2014. WMJ: Official Publication of the State Medical Society of Wisconsin, 115(6), 287–294.
- 54. March of Dimes. (2025, January). *Neonatal Abstinence Syndrome (NAS)* [Health Topic]. https://www.marchofdimes.org/find-support/topics/planning-baby/neonatal-abstinence-syndrome-nas
- 55. Burns, L., & Mattick, R. P. (2007). Using population data to examine the prevalence and correlates of neonatal abstinence syndrome. *Drug and Alcohol Review*, 26(5), 487–492. https://doi.org/10.1080/09595230701494416

- 57. 2016-17 Wisconsin Maternal Mortality Report (No. P-03226). (2022). Wisconsin Department of Health Services. https://www.dhs.wisconsin.gov/publications/p03226.pdf
- 58. Falconi, A. M., Bromfield, S. G., Tang, T., Malloy, D., Blanco, D., Disciglio, R. S., & Chi, R. W. (2022). Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. *EClinicalMedicine*, 50, 101531. https://doi.org/10.1016/j.eclinm.2022.101531
- 59. Keefe-Oates, B., Janiak, E., Gottlieb, B., & Chen, J. T. (2024). Disparities in Postpartum Care Visits: The Dynamics of Parental Leave Duration and Postpartum Care Attendance. *Maternal and Child Health Journal*, 28(9), 1506–1516. https://doi.org/10.1007/s10995-024-03929-z
- 60. Saldanha, I. J., Adam, G. P., Kanaan, G., Zahradnik, M. L., Steele, D. W., Chen, K. K., Peahl, A. F., Danilack-Fekete, V. A., Stuebe, A. M., & Balk, E. M. (2023). Health Insurance Coverage and Postpartum Outcomes in the US: A Systematic Review. *JAMA Network Open,* 6(6), e2316536. https://doi.org/10.1001/jamanetworkopen.2023.16536
- 61. Harris, L. H., & Wolfe, T. (2014). Stratified reproduction, family planning care and the double edge of history. *Current Opinion in Obstetrics & Gynecology, 26* (6), 539–544. https://doi.org/10.1097/GCO.000000000000000121
- 62. Cadena, D. S., Chaudhri, A., & Scott, C. (2022). Contraceptive Care Using Reproductive Justice Principles: Beyond Access. *American Journal of Public Health,* 112(Suppl 5), S494. https://doi.org/10.2105/AJPH.2022.306915
- 63. American College of Obstetrics and Gynecology. Summary of Perinatal Mental Health Conditions. Retrieved February 28, 2025, from https://www.acog.org/programs/perinatal-mental-health/summary-of-perinatal-mental-health-conditions
- 64. Maternal Mortality Review Program. (2024). Wisconsin Maternal Mortality Review Team Recommendations: 2020 Pregnancy-Associated Deaths. Wisconsin Department of Health Services. https://www.dhs.wisconsin.gov/publications/p02108-2020.pdf
- 65. National Institute of Mental Health. (2023). Perinatal Depression National Institute of Mental Health (NIMH). https://www.nimh.nih.gov/health/
 publications/perinatal-depression
- 66. Weeks, F., Zapata, J., Rohan, A., & Green, T. (2022). Are Experiences of Racial Discrimination Associated with Postpartum Depressive Symptoms? A Multistate Analysis of Pregnancy Risk Assessment Monitoring System Data. *Journal of Women's Health* (2002), 31(2), 158–166. https://doi.org/10.1089/jwh.2021.0426



Poor or near-poor: Household income less than 200% of the Federal Poverty Limit (FPL). Note that these limits are updated <u>annually</u>.

Financial stress: Mother/birthing parent moved to a new address, husband or partner lost job, mother/birthing parent lost job, mother/birthing parent or husband/partner had a cut in work hours or pay, and/or mother/birthing parent had problems paying rent, mortgage or other bills.^{7,8}

Partner stress: Mother/birthing parent was separated/divorced from husband or partner; mother/birthing parent apart from husband or partner due to extended work-related or military travel; mother/birthing parent argued with husband or partner more than usual, and/or husband or partner didn't want mother/birthing parent to be pregnant.^{7,8}

Traumatic stress: Mother/birthing parent was homeless, mother/birthing parent or husband/partner went to jail, and/or someone close to mother/birthing parent had a problem with drinking or drugs. ^{7,8}

Emotional stress: Mother's/birthing parent's close family member was sick and had to go to the hospital and/or someone close to mother/birthing parent died. 7,8

Adequate prenatal care: Pregnant person receives 80% or more of the recommended prenatal visits.

Early prenatal care: Pregnant person begins receiving prenatal care in the first trimester of pregnancy.

Severe maternal morbidity: When a mother/birthing person experiences any one of the following 20 serious conditions at the time of delivery hospitalization:

1. Acute myocardial infarction	12. Pulmonary edema/acute heart failure
2. Aneurysm	13. Severe anesthesia complications
3. Acute renal failure	14. Sepsis
4. Adult respiratory distress syndrome	15. Shock
5. Amniotic fluid embolism	16. Sickle cell disease with crisis
6. Cardiac arrest/ventricular fibrillation	17. Air and thrombotic embolism
7. Conversion of cardiac rhythm	18. Hyserectomy
8. Disseminated intravascular coagulation (DIC)	19. Temporary tracheostomy
9. Eclampsia	20. Ventilation
10. Heart failure/arrest during surgery or procedure	
11. Puerperal cerebrovascular disorders	

The current list of ICD-9 and ICD-10 codes for these conditions can be found on the CDC's website.



Healthy People 2030: 10-year national objectives aimed at improving the health of all Americans. These objectives are developed by the federal government and are updated every decade.

Fetal death: Intrauterine death of a baby at 20 weeks gestation or later; also called stillbirth.

Infant death: Death of a baby before their first birthday.

Preterm birth: Birth prior to 37 weeks gestation.

Low birth weight: Birth weight less than 2,500 grams (about 5.5 pounds).

Sudden Unexplained Infant Death (SUID): The sudden, unexpected death of a baby less than 1 year old from both known and unknown causes. SUID deaths include Sudden Infant Death Syndrome (SIDS), accidental suffocation and strangulation in a sleep environment, and other unexplained deaths.

Neonatal abstinence syndrome (NAS): Condition caused when an infant withdraws from substances they have been exposed to during pregnancy. Neonatal abstinence syndrome is often caused by exposure to opioids.

N

Appendix: Technical notes

Data management and statistical analyses were conducted primarily in SAS version 9.4. For all analyses involving PRAMS and BRFSS data, SAS survey procedures were used. SAS survey procedures take into account the sample design, including sampling weights and stratification.

To assess differences between groups (e.g., racial and ethnic groups, age categories), we used Chi-squared (χ^2) tests (alpha level = 0.05, two-sided p-value). Where cell counts were less than 5, we instead used Fisher's exact tests. We used 95% Wilson confidence intervals for binomial proportions.

To assess trends over time, a combination of methods was used. The Cochrane-Armitage Trend test was also used to assess trends over time. Joinpoint was used to identify potential "joinpoints," which indicate time periods where a trend line changes in a statistically significant way.

Records with missing data on an outcome of interest were excluded from the analysis of the outcome of interest.



Appendix: Race/ethnicity definitions

The data compiled in this report come from birth certificates, fetal and infant death certificates, hospital discharge data, the Pregnancy Risk Assessment Monitoring System (PRAMS), and the Behavioral Risk Factor Surveillance Systems (BRFSS). Race categories are mostly defined according to census categories to allow for comparison to state and national estimates when available:

- American Indian/Alaska Native (AI/AN): American Indian and/or Alaska Native race regardless of any other reported race or ethnicity. AI/AN is not a mutually-exclusive category. Defined per the <u>Urban Indian Health Institute's Best Practices for American Indian and Alaska Native Data Collection.</u>
- Asian/Pacific Islander (PI) Non-Hispanic ethnicity and Asian or Pacific Islander race alone (includes Native Hawaiian)
- Black/African American (AA): Non-Hispanic ethnicity and Black race alone
- Hispanic/Latina: Hispanic/Latina ethnicity regardless of race
- White: Non-Hispanic ethnicity and white race alone



Appendix: Statistical significance

Throughout this report, we use the terms "significant" and "statistically significant" interchangeably to emphasize important trends. Statistical significance testing is one way we can look at data. Testing for statistical significance is standard epidemiological practice. It tells us whether the data show a pattern that is likely due to chance, or likely due to something other than chance.

Statistical significance is important, but it doesn't show the whole picture of what is happening in a population. It is influenced by both sample size (the amount of data we have) and effect size (the size of the difference we're interested in). Sometimes we see patterns in data that may be important even if they don't reach the level of statistical significance. Statistical significance alone (or lack thereof) cannot tell us what is meaningful or important for a community.

The data tables include estimates with 95% confidence intervals and, when appropriate, two-tailed significance tests for group differences or trends over time. In some cases, small sample sizes within individual group categories (e.g., race/ethnicity, age) may influence our ability to detect statistically significant differences in different measures. We use the terms "significant" and "statistically significant" interchangeably to emphasize important trends.



BIRTH CERTIFICATES

Birth certificates are compiled by the Department of Health Services Vital Records Office for all babies born in Wisconsin. Birth certificates include information such as characteristics of the birthing person (e.g. race/ethnicity, age), care received during pregnancy, health information at the time the baby was born, how the baby was delivered, and gestational age and size of the baby. Birth certificate data are available at the county level.

DEATH CERTIFICATES

Fetal and infant death certificates are compiled by the Department of Health Services Vital Records Office for all Wisconsin residents who die (decedents). Death certificates include information such as characteristics of decedents (e.g. race/ethnicity, age) and underlying and contributing causes of death. Death certificate data are available at the county level.

Death certificates contain ICD-10 codes, which describe underlying and contributing causes of death. Categories for causes of infant deaths are <u>available from the Wisconsin Department of Health Services</u>.

HOSPITAL DISCHARGE

Deidentified hospital discharge data are provided by the Department of Health Services Office of Health Informatics for all Wisconsin residents who are admitted for an inpatient hospital stay. Hospital discharge data include limited demographic information (e.g. age, race) and primary and other diagnoses for the hospital stay. Hospital discharge data are available at the county level.

PREGNANCY RISK
ASSESSMENT
MONITORING SYSTEM
(PRAMS)

PRAMS is a national surveillance system that collects information from new mothers and gestational parents in participating states.

PRAMS asks a randomly-selected sample of WI mothers with a recent live birth (2-4 months after delivery) about their experiences and attitudes before pregnancy, during pregnancy, and after giving birth. The PRAMS survey is available in English and Spanish. In Wisconsin, PRAMS oversamples Black and American Indian mothers and birthing people, depending on the year. PRAMS data are weighted to the state, meaning the data match the demographic make-up of Wisconsin births statewide. PRAMS data are available at the state and county level. County-level sample sizes are small, often leading to estimates with wide confidence intervals even when multiple years of data are combined. Dane County birth characteristics are similar to the state, which gives us some confidence in using state estimates.

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

The BRFSS is a national surveillance system that collects health-related information, behaviors, and challenges from adults who live across the United States and three U.S. territories. Wisconsin conducts an annual BRFSS survey via phone with thousands of adults who live across the state. The survey contains a set of "core questions" provided by the Centers for Disease Control & Prevention (CDC). States also add optional modules of questions that often focus on health challenges that are important to each state. The survey is available in English and Spanish. Like PRAMS, BRFSS data are weighted to the state, meaning the data match the demographic make-up of Wisconsin adults statewide. BRFSS data are available at the state and county level. County-level sample sizes are small, often leading to estimates with wide confidence intervals even when multiple years of data are combined. Dane County characteristics are similar to the state, which gives us some confidence in using state estimates.



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
CHRONIC CON	DITIONS BEFORE PF	REGNANCY			
2021-2023	Birth certificate	BMI <25.00 - All	2.2	2.0, 2.4	NA
2021-2023	Birth certificate	BMI 18.50-24.99 - All	46.1	45.4, 46.9	NA
2021-2023	Birth certificate	BMI 25.00-29.99 - All	26.6	26.0, 27.3	NA
2021-2023	Birth certificate	BMI 30.00+ - AII	25.1	24.4, 25.7	NA
2021-2023	Birth certificate	BMI 25.00+ - All	51.7	50.9, 52.5	NA
2021-2023	Birth certificate	BMI 25.00+ - AI/AN	63.7	55.0, 71.6	↑ than ref
2021-2023	Birth certificate	BMI 25.00+ - Asian/PI	43.5	40.7, 46.3	↓ than ref
2021-2023	Birth certificate	BMI 25.00+ - Black/AA	66.1	63.6, 68.4	↑ than ref
2021-2023	Birth certificate	BMI 25.00+ - Hispanic/Latina	61.0	58.7, 63.1	↑ than ref
2021-2023	Birth certificate	BMI 25.00+ - White	48.7	47.8, 50.0	ref
2021-2023	Birth certificate	Pre-pregnancy diabetes - All	1.9	1.7, 2.1	NA
2021-2023	Birth certificate	Pre-pregnancy diabetes - AI/AN	3.2	1.3, 8.0	same as ref
2021-2023	Birth certificate	Pre-pregnancy diabetes - Asian/PI	3.4	2.5, 4.6	↑ than ref
2021-2023	Birth certificate	Pre-pregnancy diabetes - Black/AA	4.5	3.6, 5.7	↑ than ref
2021-2023	Birth certificate	Pre-pregnancy diabetes - Hispanic/ Latina	3.1	2.4, 4.0	↑ than ref
2021-2023	Birth certificate	Pre-pregnancy diabetes - White	1.2	1.1, 1.5	ref
2021-2023	Birth certificate	Pre-pregnancy hypertension (high blood pressure) - All	3.7	3.4, 4.0	NA
2021-2023	Birth certificate	Pre-pregnancy hypertension (high blood pressure) - AI/AN	4.0	1.7, 9.1	same as ref
2021-2023	Birth certificate	Pre-pregnancy hypertension (high blood pressure) - Asian/Pl	2.8	2.0, 3.8	same as ref
2021-2023	Birth certificate	Pre-pregnancy hypertension (high blood pressure) - Black/AA	4.9	3.9, 6.1	same as ref
2021-2023	Birth certificate	Pre-pregnancy hypertension (high blood pressure) - Hispanic/Latina	2.9	2.2, 3.7	↓ than ref
2021-2023	Birth certificate	Pre-pregnancy hypertension (high blood pressure) - White	3.8	3.5, 4.1	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co					
CHRONIC COI	CHRONIC CONDITIONS BEFORE PREGNANCY continued									
2017-2021	PRAMS	Hypertension in the 3 months prior to pregnancy - All	2.9 (6.4)	1.3, 4.5 (5.5, 7.4)	NA					
2017-2021	PRAMS	Hypertension in the 3 months prior to pregnancy - AI/AN	-	-	-					
2017-2021	PRAMS	Hypertension in the 3 months prior to pregnancy - Asian/PI	(5.9)	(3.4, 8.4)	-					
2017-2021	PRAMS	Hypertension in the 3 months prior to pregnancy - Black/AA	(12.8)	(10.9, 14.7)	-					
2017-2021	PRAMS	Hypertension in the 3 months prior to pregnancy - Hispanic/Latina	(4.3)	(2.9, 5.8)	-					
2017-2021	PRAMS	Hypertension in the 3 months prior to pregnancy - White	(5.7)	(4.4, 7.0)	-					
2017-2021	PRAMS	Anemia in the 3 months prior to pregnancy - All	11.4 (13.4)	7.8, 15.0 (12.1, 14.7)	NA					
2017-2021	PRAMS	Anemia in the 3 months prior to pregnancy - AI/AN	(13.2)	(6.4, 20.0)	-					
2017-2021	PRAMS	Anemia in the 3 months prior to pregnancy - Asian/PI	17.9 (12.2)	8.3, 27.5 (8.9, 15.5)	-					
2017-2021	PRAMS	Anemia in the 3 months prior to pregnancy - Black/AA	30.2 (36.9)	21.0, 39.4 (34.2, 39.6)	-					
2017-2021	PRAMS	Anemia in the 3 months prior to pregnancy - Hispanic/ Latina	(13.2)	(10.7, 15.7)	-					
2017-2021	PRAMS	Anemia in the 3 months prior to pregnancy - White	8.7 (9.8)	3.9, 13.5 (8.1, 11.5)	-					
2021-2023	Birth certificate	Smoking before pregnancy - All	3.6	3.3, 3.9	NA					
2021-2023	Birth certificate	Smoking before pregnancy - AI/AN	11.6	7.0, 18.5	↑ than ref					
2021-2023	Birth certificate	Smoking before pregnancy - Asian/PI	0.8	0.5, 1.5	↓ than ref					
2021-2023	Birth certificate	Smoking before pregnancy - Black/AA	8.2	6.9, 9.8	↑ than ref					
2021-2023	Birth certificate	Smoking before pregnancy - Hispanic/Latina	2.0	1.5, 2.8	↓ than ref					
2021-2023	Birth certificate	Smoking before pregnancy - White	3.3	3.0, 3.6	ref					
2017-2021	PRAMS	E-cigarette use/vaping before pregnancy - All	4.7	(3.7, 5.7)	NA					



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co			
CHRONIC CONDITIONS BEFORE PREGNANCY continued								
2017-2021	PRAMS	Anxiety in the 3 months prior to pregnancy - All	26.6 (28.0)	21.0, 32.3 (26.1, 29.9)	NA			
2017-2021	PRAMS	Anxiety in the 3 months prior to pregnancy - AI/AN	(40.7)	(30.0, 51.4)	-			
2017-2021	PRAMS	Anxiety in the 3 months prior to pregnancy - Asian/PI	(9.3)	(6.3, 12.3)	-			
2017-2021	PRAMS	Anxiety in the 3 months prior to pregnancy - Black/AA	29.6 (24.6)	20.8, 38.4 (22.2, 27.0)	-			
2017-2021	PRAMS	Anxiety in the 3 months prior to pregnancy - Hispanic	(20.6)	(17.6, 23.6)	-			
2017-2021	PRAMS	Anxiety in the 3 months prior to pregnancy - White	29.7 (30.6)	21.7, 37.7 (28.0, 33.2)	-			
2017-2021	PRAMS	Depression in the 3 months prior to pregnancy - All	12.7 (19.6)	8.5, 16.9 (17.9, 21.3)	NA			
2017-2021	PRAMS	Depression in the 3 months prior to pregnancy - AI/AN	(33.2)	(22.8, 43.6)	-			
2017-2021	PRAMS	Depression in the 3 months prior to pregnancy - Asian/PI	(7.9)	(5.1, 10.8)	-			
2017-2021	PRAMS	Depression in the 3 months prior to pregnancy - Black	25.3 (22.0)	16.8, 33.8 (19.6, 24.3)	-			
2017-2021	PRAMS	Depression in the 3 months prior to pregnancy - Hispanic/Latina	(15.8)	(13.1, 18.5)	-			
2017-2021	PRAMS	Depression in the 3 months prior to pregnancy - White	11.6 (20.1)	5.8, 17.4 (17.7, 22.4)	-			
2017-2021	PRAMS	Multivitamin use daily in the month prior to pregnancy - All	46.3 (37.0)	40.2, 52.5 (35.1, 39.0)	NA			
2017-2021	PRAMS	Multivitamin use daily in the month prior to pregnancy - AI/AN	(26.4)	(16.2, 36.6)	-			
2017-2021	PRAMS	Multivitamin use daily in the month prior to pregnancy - Asian/PI	23.0 (27.3)	13.3, 32.6 (22.9, 31.8)	↓ than ref			
2017-2021	PRAMS	Multivitamin use daily in the month prior to pregnancy - Black/AA	16.6 (20.9)	10.1, 23.1 (18.6, 23.1)	↓ than ref			
2017-2021	PRAMS	Multivitamin use daily in the month prior to pregnancy - Hispanic/Latina	21.7 (26.3)	11.5, 31.9 (23.0, 29.5)	↓ than ref			
2017-2021	PRAMS	Multivitamin use daily in the month prior to pregnancy - White	57.3 (42.1)	48.5, 66.1 (39.3, 44.8)	ref			



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
PREGNANCY I	INTENTION & SPA	CING			
2017-2021	PRAMS	Unintended pregnancy - All	14.1 (22.7)	10.4, 17.7 (21.0, 24.4)	NA
2017-2021	PRAMS	Unintended pregnancy - <20 years old	(61.8)	(54.4, 69.2)	-
2017-2021	PRAMS	Unintended pregnancy - 20-24 years old	42.6 (38.1)	23.8, 61.3 (33.2, 43.1)	↑ than ref
2017-2021	PRAMS	Unintended pregnancy - 25-29 years old	13.9 (18.9)	7.3, 20.4 (16.1, 21.6)	same as ref
2017-2021	PRAMS	Unintended pregnancy - 30+ years old	8.9 (17.2)	5.4, 12.5 (15.0, 19.3)	ref
2017-2021	PRAMS	Unintended pregnancy - <12 years of education	25.9 (28.9)	11.5, 40.3 (23.3, 34.5)	same as ref
2017-2021	PRAMS	Unintended pregnancy - 12 years of education	27.7 (32.3)	20.4, 35.0 (28.3, 36.2)	↑ than ref
2017-2021	PRAMS	Unintended pregnancy - >12 years of education	11.1 (17.9)	7.2, 15.0 (16.0, 19.8)	ref
2017-2021	PRAMS	Unintended pregnancy - Not poor	8.4 (13.5)	4.4, 12.5 (11.4, 15.5)	ref
2017-2021	PRAMS	Unintended pregnancy - Poor or near poor	30.8 (32.1)	21.6, 39.9 (29.3, 34.9)	↑ than ref
2017-2021	PRAMS	Unintended pregnancy - Food insecure during pregnancy	34.0 (32.8)	23.4, 44.7 (29.4, 36.2)	个 than ref
2017-2021	PRAMS	Unintended pregnancy - Not food insecure during pregnancy	10.5 (18.9)	6.8, 14.2 (17.0, 20.9)	ref
2017-2021	PRAMS	Unintended pregnancy - AI/AN	(29.8)	(19.7, 39.9)	-
2017-2021	PRAMS	Unintended pregnancy - Asian/PI	17.9 (21.7)	8.4, 27.4 (17.5, 26.0)	ref
2017-2021	PRAMS	Unintended pregnancy - Black/AA	35.8 (41.1)	26.7, 44.8 (38.4, 43.9)	same as ref
2017-2021	PRAMS	Unintended pregnancy - Hispanic/Latina	30.3 (27.4)	18.2, 42.3 (24.0, 30.7)	same as ref
2017-2021	PRAMS	Unintended pregnancy - White	(18.9)	(16.6, 21.2)	-
2017-2021	PRAMS	Unintended pregnancy - Public insurance	33.7 (33.8)	18.0, 49.3 (30.1, 37.6)	↑ than ref
2017-2021	PRAMS	Unintended pregnancy - Private insurance	9.8 (14.1)	6.1, 13.6 (10.4, 17.7)	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
PREGNANCY	INTENTION & SPA	CING continued			
2021-2023	Birth certificate	Interpregnancy interval 0 - 6 months - All	7.4	6.9, 8.0	NA
2021-2023	Birth certificate	Interpregnancy interval 7 - 11 months - All	9.3	8.8, 9.9	NA
2021-2023	Birth certificate	Interpregnancy interval 12 - 17 months - All	17.9	17.2, 18.7	NA
2021-2023	Birth certificate	Interpregnancy interval 18+ months - All	65.3	64.3, 66.3	NA
PRENATAL CA	ARE & CHRONIC CO	ONDITIONS DURING PREGNANCY			
2021-2023	Birth certificate	Started prenatal care in first trimester - All	83.2	82.7, 83.8	NA
2021-2023	Birth certificate	Started prenatal care in first trimester - AI/AN	75.4	67.1, 82.2	\downarrow than ref
2021-2023	Birth certificate	Started prenatal care in first trimester - Asian/PI	81.9	79.6, 84.0	\downarrow than ref
2021-2023	Birth certificate	Started prenatal care in first trimester - Black/AA	70.1	67.7, 72.4	\downarrow than ref
2021-2023	Birth certificate	Started prenatal care in first trimester - Hispanic/Latina	72.9	70.8, 74.9	↓ than ref
2021-2023	Birth certificate	Started prenatal care in first trimester - White	87.3	86.6, 87.9	ref
2021-2023	Birth certificate	Adequate prenatal care - All	83.9	83.3, 84.4	NA
2021-2023	Birth certificate	Adequate prenatal care - AI/AN	75.6	67.3, 82.4	↓ than ref
2021-2023	Birth certificate	Adequate prenatal care - Asian/PI	85.1	83.0, 87.0	↓ than ref
2021-2023	Birth certificate	Adequate prenatal care - Black/AA	70.7	68.3, 72.9	↓ than ref
2021-2023	Birth certificate	Adequate prenatal care - Hispanic/Latina	74.7	72.6, 76.6	↓ than ref
2021-2023	Birth certificate	Adequate prenatal care - White	87.6	87.0, 88.2	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
PRENATAL CA	RE & CHRONIC CO	ONDITIONS DURING PREGNANCY			
2021-2023	Birth certificate	Gained less than the recommended amount of weight during pregnancy - All	19.2	18.6, 19.8	NA
2021-2023	Birth certificate	Gained recommended amount of weight during pregnancy - All	32.0	31.3, 32.7	NA
2021-2023	Birth certificate	Gained more than the recommended amount of weight during pregnancy - All	48.9	48.1, 49.6	NA
2021-2023	Birth certificate	Gained recommended amount of weight during pregnancy - AI/AN	27.6	20.5, 36.1	same as ref
2021-2023	Birth certificate	Gained recommended amount of weight during pregnancy - Asian/PI	35.1	32.5, 37.9	same as ref
2021-2023	Birth certificate	Gained recommended amount of weight during pregnancy - Black/AA	27.6	25.4, 30.0	↓ than ref
2021-2023	Birth certificate	Gained recommended amount of weight during pregnancy - Hispanic/Latina	32.3	30.2, 34.5	same as ref
2021-2023	Birth certificate	Gained recommended amount of weight during pregnancy - White	32.4	31.6, 33.3	ref

SEVERE MATERNAL MORBIDITY - TREND OVER TIME								
	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023	CHANGE?	
Severe maternal complications per 10,000 birth hospitalizations - All Dane County mothers & birthing people	75.8	87.3	100.1	101.1	98.1	105.2	↑ 2016-2023	



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
PRENATAL CA	RE & CHRONIC CO	ONDITIONS DURING PREGNANCY continued			
2017-2021	PRAMS	Got dental cleaning during pregnancy - All	63.0 (48.6)	57.4, 68.7 (46.5, 50.6)	NA
2017-2021	PRAMS	Got dental cleaning during pregnancy - AI/AN	(34.0)	(23.7, 44.3)	-
2017-2021	PRAMS	Got dental cleaning during pregnancy - Asian/PI	39.7 (36.4)	27.6, 51.9 (31.6, 41.3)	↓ than ref
2017-2021	PRAMS	Got dental cleaning during pregnancy - Black/AA	40.8 (36.4)	31.3, 50.2 (33.7, 39.1)	↓ than ref
2017-2021	PRAMS	Got dental cleaning during pregnancy - Hispanic/Latina	57.2 (39.9)	45.4, 69.0 (36.3, 43.5)	↓ than ref
2017-2021	PRAMS	Got dental cleaning during pregnancy - White	71.1 (53.3)	63.3, 78.8 (50.4, 56.1)	ref
2017-2021	PRAMS	Got dental cleaning during pregnancy - Public insurance	30.5 (29.2)	19.1, 41.8 (25.6, 32.8)	↓ than ref
2017-2021	PRAMS	Got dental cleaning during pregnancy - Private insurance	68.4 (59.0)	62.1, 74.7 (56.5, 61.8)	ref
2017-2021	PRAMS	Got home visiting during pregnancy - All	(5.8)	(5.0, 6.6)	NA
2017-2021	PRAMS	Got home visiting during pregnancy - AI/AN	-	-	-
2017-2021	PRAMS	Got home visiting during pregnancy - Asian/PI	(7.0)	(4.2, 9.7)	-
2017-2021	PRAMS	Got home visiting during pregnancy - Black/AA	11.1 (16.4)	5.4, 16.8 (14.3, 18.5)	-
2017-2021	PRAMS	Got home visiting during pregnancy - Hispanic/Latina	(11.4)	(9.0, 13.8)	-
2017-2021	PRAMS	Got home visiting during pregnancy - White	(3.2)	(2.2, 4.3)	-
2021-2023	Birth certificate	Gestational diabetes - All	11.1	10.6, 11.6	NA
2021-2023	Birth certificate	Gestational diabetes - AI/AN	12.1	7.5, 19.0	same as ref
2021-2023	Birth certificate	Gestational diabetes - Asian/PI	21.0	18.8, 23.4	↑ than ref
2021-2023	Birth certificate	Gestational diabetes - Black/AA	12.9	11.3, 14.7	↑ than ref
2021-2023	Birth certificate	Gestational diabetes - Hispanic/Latina	13.7	12.2, 15.3	↑ than ref
2021-2023	Birth certificate	Gestational diabetes - White	9.3	8.7, 9.8	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
PRENATAL CA	RE & CHRONIC CO	ONDITIONS DURING PREGNANCY continued			
2021-2023	Birth certificate	Gestational hypertension (high blood pressure) - All	17.5	16.9, 18.0	NA
2021-2023	Birth certificate	Gestational hypertension (high blood pressure) - AI/AN	21.8	15.4, 29.8	same as ref
2021-2023	Birth certificate	Gestational hypertension (high blood pressure) - Asian/PI	12.1	10.4, 14.1	↓ than ref
2021-2023	Birth certificate	Gestational hypertension (high blood pressure) - Black/AA	18.2	16.3, 20.3	same as ref
2021-2023	Birth certificate	Gestational hypertension (high blood pressure) - Hispanic/Latina	14.1	12.6, 15.7	↓ than ref
2021-2023	Birth certificate	Gestational hypertension (high blood pressure) - White	18.5	17.8, 19.2	ref
SUBSTANCE L	ISE & EXPOSURE I	DURING PREGNANCY			
2021-2023	Birth certificate	Cigarette use during pregnancy - All	2.7	2.5, 2.9	NA
2017-2021	PRAMS	Electronic cigarette use during pregnancy - All	(21.5)	(14.3, 28.7)	NA
2017-2021	PRAMS	Cannabis use during pregnancy - All	(5.5)	(4.5, 6.5)	NA
2019-2023	BRFSS	Alcohol use during pregnancy - All	(14.7)	(6.1, 23.2)	NA
2017-2021	PRAMS	Opioid use during pregnancy - All	(5.3)	(4.3, 6.3)	NA
2021-2023	Birth certificate	Lives with person who smokes - All	4.0	3.7, 4.3	NA
2021-2023	Birth certificate	Lives with person who smokes - AI/AN	10.7	6.4, 17.5	个 than ref
2021-2023	Birth certificate	Lives with person who smokes - Asian/PI	3.3	2.4, 4.4	same as ref
2021-2023	Birth certificate	Lives with person who smokes - Black/AA	7.1	5.9, 8.5	↑ than ref
2021-2023	Birth certificate	Lives with person who smokes - Hispanic/Latina	4.9	4.0, 6.0	↑ than ref
2021-2023	Birth certificate	Lives with person who smokes - White	3.2	2.9, 3.6	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
SOCIAL & ECC	NOMIC STRESS /	STRESSORS DURING PREGNANCY			
2021-2023	Birth certificate	Food insecurity (got WIC) during pregnancy - All	15.0	14.5, 15.5	NA
2021-2023	Birth certificate	Food insecurity (got WIC) during pregnancy - AI/AN	26.5	19.3, 35.2	个 than ref
2021-2023	Birth certificate	Food insecurity (got WIC) during pregnancy - Asian/PI	12.8	11.0, 14.9	个 than ref
2021-2023	Birth certificate	Food insecurity (got WIC) during pregnancy - Black/AA	44.9	42.4, 47.5	个 than ref
2021-2023	Birth certificate	Food insecurity (got WIC) during pregnancy - Hispanic/Latina	39.3	37.1, 41.6	个 than ref
2021-2023	Birth certificate	Food insecurity (got WIC) during pregnancy - White	6.6	6.1, 7.1	ref
2017-2021	PRAMS	Financial stress in the 12 months prior to having a baby - All	46.3 (46.3)	40.2, 52.5 (44.2, 48.3)	NA
2017-2021	PRAMS	Financial stress in the 12 months prior to having a baby - AI/AN	(68.1)	(58.1, 78.1)	-
2017-2021	PRAMS	Financial stress in the 12 months prior to having a baby - Asian/PI	39.0 (43.4)	27.1, 50.9 (38.4, 48.5)	same as ref
2017-2021	PRAMS	Financial stress in the 12 months prior to having a baby - Black/AA	64.1 (59.8)	55.1, 73.2 (57.1, 62.5)	个 than ref
2017-2021	PRAMS	Financial stress in the 12 months prior to having a baby - Hispanic/Latina	59.3 (48.4)	46.7, 72.0 (44.7, 52.1)	个 than ref
2017-2021	PRAMS	Financial stress in the 12 months prior to having a baby - White	42.2 (43.6)	33.5, 50.9 (40.8, 46.4)	ref
2017-2021	PRAMS	Partner stress in the 12 months prior to having a baby - All	17.1 (23.3)	12.6, 21.6 (21.6, 25.0)	NA
2017-2021	PRAMS	Partner stress in the 12 months prior to having a baby - AI/AN	(38.9)	(28.5, 49.3)	-
2017-2021	PRAMS	Partner stress in the 12 months prior to having a baby - Asian/PI	(18.3)	(14.4, 22.3)	-
2017-2021	PRAMS	Partner stress in the 12 months prior to having a baby - Black/AA	35.7 (37.4)	26.9, 44.5 (34.7, 40.0)	个 than ref
2017-2021	PRAMS	Partner stress in the 12 months prior to having a baby - Hispanic/Latina	24.4 (25.1)	12.8, 35.9 (21.9, 28.4)	same as ref
2017-2021	PRAMS	Partner stress in the 12 months prior to having a baby - White	14.3 (20.6)	8.0, 20.5 (18.3, 23.0)	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
SOCIAL & ECC	DNOMIC STRESS /	STRESSORS DURING PREGNANCY continued			
2017-2021	PRAMS	Traumatic stress in the 12 months prior to having a baby - All	9.9 (15.1)	6.4, 13.3 (13.6, 16.6)	NA
2017-2021	PRAMS	Traumatic stress in the 12 months prior to having a baby - AI/AN	(42.0)	(31.1, 52.9)	-
2017-2021	PRAMS	Traumatic stress in the 12 months prior to having a baby - Asian/PI	(6.0)	(3.5, 8.6)	-
2017-2021	PRAMS	Traumatic stress in the 12 months prior to having a baby - Black/AA	28.2 (21.0)	19.4, 37.0 (18.7, 23.2)	个 than ref
2017-2021	PRAMS	Traumatic stress in the 12 months prior to having a baby - Hispanic/Latina	(12.4)	(9.9, 14.9)	-
2017-2021	PRAMS	Traumatic stress in the 12 months prior to having a baby - White	8.6 (14.5)	3.8, 13.4 (12.4, 16.6)	ref
2017-2021	PRAMS	Emotional stress in the 12 months prior to having a baby - All	24.2 (30.0)	18.9, 29.5 (28.1, 31.9)	NA
2017-2021	PRAMS	Emotional stress in the 12 months prior to having a baby - AI/AN	(39.3)	(29.4, 49.2)	-
2017-2021	PRAMS	Emotional stress in the 12 months prior to having a baby - Asian/PI	19.2 (22.5)	9.6, 28.9 (18.3, 26.7)	↓ than ref
2017-2021	PRAMS	Emotional stress in the 12 months prior to having a baby - Black/AA	35.9 (37.4)	27.0, 44.8 (34.8, 40.1)	个 than ref
2017-2021	PRAMS	Emotional stress in the 12 months prior to having a baby - Hispanic/Latina	26.9 (25.1)	15.5, 38.3 (21.9, 28.3)	same as ref
2017-2021	PRAMS	Emotional stress in the 12 months prior to having a baby - White	22.8 (30.0)	15.4, 30.2 (27.4, 32.6)	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
SOCIAL & ECC	DNOMIC STRESS /	STRESSORS DURING PREGNANCY continued			
2017-2021	PRAMS	Racial discrimination in the 12 months prior to having a baby - All	6.4 (7.2)	4.4, 8.4 (6.4, 8.0)	NA
2017-2021	PRAMS	Racial discrimination in the 12 months prior to having a baby - AI/AN	(21.4)	(12.1, 30.7)	-
2017-2021	PRAMS	Racial discrimination in the 12 months prior to having a baby - Asian/PI	(12.3)	(8.9, 15.7)	-
2017-2021	PRAMS	Racial discrimination in the 12 months prior to having a baby - Black/AA	31.4 (23.5)	22.6, 40.3 (21.1, 26.0)	-
2017-2021	PRAMS	Racial discrimination in the 12 months prior to having a baby - Hispanic/Latina	(15.3)	(12.6, 18.0)	-
2017-2021	PRAMS	Racial discrimination in the 12 months prior to having a baby - White	(2.7)	(1.7, 3.7)	-
BREASTFEEDI	NG / CHESTFEEDI	NG			
2021-2023	Birth certificate	Breast/chestfeeding initiation - All	93.7	93.4, 94.1	NA
2021-2023	Birth certificate	Breast/chestfeeding initiation - AI/AN	95.2	89.8, 97.8	same as ref
2021-2023	Birth certificate	Breast/chestfeeding initiation - Asian/PI	89.6	87.8, 91.2	↓ than ref
2021-2023	Birth certificate	Breast/chestfeeding initiation - Black/AA	84.0	82.0, 85.8	↓ than ref
2021-2023	Birth certificate	Breast/chestfeeding initiation - Hispanic/Latina	94.3	93.1, 95.2	↓ than ref
2021-2023	Birth certificate	Breast/chestfeeding initiation - White	95.5	95.1, 95.8	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
BREASTFEEDI					
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - All	91.5	88.8, 94.2	NA
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - AI/AN	-	-	-
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Asian/	85.7	75.8, 95.6	same as ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Black/	70.1	60.1, 80.1	↓ than ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Hispanic/Latina	86.3	77.1, 95.4	same as ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - White	96.0	92.7, 99.2	ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - <20 years old	-	-	-
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - 20-24 years old	77.4	64.5, 90.3	same as ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - 25-29 years old	92.9	88.5, 97.2	same as ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - 30+ years old	93.4	90.0, 96.8	ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Not	94.3	91.0, 97.6	ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Poor or near poor	83.2	77.9, 88.5	↓ than ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Food insecure during pregnancy	80.2	69.7, 90.7	↓ than ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Not food insecure during pregnancy	93.8	91.0, 96.5	ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Private insurance	93.8	90.9, 96.8	ref
2017-2021	PRAMS	Breast/chestfeeding 8 weeks after baby's birth - Public insurance	74.1	65.0, 83.2	↓ than ref



BREASTFEEDING/CHES	REASTFEEDING/CHESTFEEDING INITIATION (%, 95% CI) - TREND OVER TIME									
	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023	CHANGE?				
All Dane County mothers	93.4 (93.0, 93.7)	93.5 (93.1, 93.8)	93.5 (93.1, 93.9)	93.6 (93.3, 94.0)	93.7 (93.4, 94.1)	↑ 2017-2023				
AI/AN Dane County mothers	91.2 (85.6, 94.8)	87.9 (81.4, 92.3)	90.9 (84.8, 94.7)	90.3 (83.4, 94.5)	95.2 (89.8, 97.8)	no change				
Asian/PI Dane County mothers	90.7 (89.1, 92.1)	90.7 (89.1, 92.1)	90.2 (88.5, 91.7)	89.9 (88.1, 91.5)	89.6 (87.8, 91.2)	no change				
Black/AA Dane County mothers	81.1 (79.0, 83.0)	80.7 (78.6, 82.6)	80.8 (78.7, 82.7)	82.0 (80.0, 83.9)	84.0 (82.0, 85.8)	↑ 2017-2023				
Hispanic/Latina Dane County mothers	94.5 (93.3, 95.6)	94.4 (93.2, 95.5)	94.0 (92.7, 95.0)	94.1 (92.9, 95.1)	94.3 (93.1, 95.2)	no change				
White Dane County mothers	95.3 (94.9, 95.7)	95.5 (95.1, 95.9)	95.6 (95.2, 96.0)	95.6 (95.3, 96.0)	95.5 (95.1, 95.8)	↑ 2017-2023				

SEXUALLY TRANSMITTED INFECTIONS DURING PREGNANCY - TREND OVER TIME									
	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023	CHANGE?			
STI rate per 10,000 births - All Dane County mothers & birthing people	140.1	181.0	223.5	233.8	228.3	个 2016-2022			
Chlamydia rate per 10,000 births - All Dane County mothers & birthing people	123.8	154.4	189.9	195.9	196.1	个 2016-2022			
Gonorrhea rate per 10,000 births - All Dane County mothers & birthing people	17.5	36.1	49.5	49.7	37.5	个 2016-2022			
Syphilis rate per 10,000 births - All Dane County mothers & birthing people	4.7	4.7	7.1	11.2	13.1	个 2016-2022			



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
INFANT SLEEP	PRACTICES				
2017-2021	PRAMS	Most often put babies to sleep alone or in a crib or bed - All	82.8 (79.8)	78.7, 86.9 (78.1, 81.4)	NA
2017-2021	PRAMS	Most often put babies to sleep on their back - All	92.5, 85.8	90.1, 94.9 (84.4, 87.3)	NA
2017-2021	PRAMS	Slept in the same room with baby - All	75.2 (77.1)	69.4, 81.0 (75.2, 78.9)	NA
2017-2021	PRAMS	Given information about putting baby to sleep in a crib, Pack 'n Play, or bassinet from a health care provider -	97.1 (91.0)	94.8, 99.5 (89.6, 92.3)	NA
2017-2021	PRAMS	Given information about what should and should not go in bed with baby from a health care provider - All	97 /1 87 7 89 2 95 5 (86 2 89 2)		NA
2017-2021	PRAMS	Given information about putting baby to sleep on their back from a health care provider - All	98.4 (95.0)	97.6, 99.3 (94.1, 96.0)	NA
2017-2021	PRAMS	Told to place baby's crib or bed in the same room as mother by a health care provider - All	65.9 (56.8)	59.9, 71.9 (54.7, 58.9)	NA
POSTPARTUN	MATERNAL HEA	LTH			
2021-2023	Birth certificate	Any maternal complications - All	6.0	5.7, 6.4	NA
2021-2023	Birth certificate	Any maternal complications - AI/AN	6.5	3.3, 12.3	same as ref
2021-2023	Birth certificate	Any maternal complications - Asian/PI	8.3	6.9, 10.0	个 than ref
2021-2023	Birth certificate	Any maternal complications - Black/AA	3.7	2.9, 4.8	↓ than ref
2021-2023	Birth certificate	Any maternal complications - Hispanic/Latina	5.1	4.2, 6.2	same as ref
2021-2023	Birth certificate	Any maternal complications - White	6.3	5.9, 6.8	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
POSTPARTUN	MATERNAL HEA	<u>LTH</u>			
2017-2021	PRAMS	Postpartum visit - AI/AN	90.0 (87.0)	65.5, 100.0 (80.3, 93.7)	same as ref
2017-2021	PRAMS	Postpartum visit - Asian/PI	98.7 (93.5)	96.1, 100.0 (90.8, 96.1)	same as ref
2017-2021	PRAMS	Postpartum visit - Black/AA	88.5 (84.4)	82.0, 95.0 (82.3, 86.6)	\downarrow than ref
2017-2021	PRAMS	Postpartum visit - Hispanic/Latina	87.7 (85.5)	78.9, 96.6 (82.9, 88.2)	same as ref
2017-2021	PRAMS	Postpartum visit - White	97.9 (92.9)	95.5, 100.0 (91.4, 94.5)	ref
2017-2021	PRAMS	Postpartum visit - <20 years old	78.4 (84.1)	57.5, 99.2 (76.9, 91.3)	same as ref
2017-2021	PRAMS	Postpartum visit - 20-24 years old	90.9 (86.1)	81.3, 100.0 (82.9, 89.3)	same as ref
2017-2021	PRAMS	Postpartum visit - 25-29 years old	96.0 (91.2)	91.4, 100.0 (89.1, 93.4)	same as ref
2017-2021	PRAMS	Postpartum visit - 30+ years old	97.4 (93.3)	95.5, 99.3 (91.9, 94.8)	ref
2017-2021	PRAMS	Postpartum visit - <12 years of education	86.2 (76.3)	71.1, 100.0 (70.4, 82.2)	same as ref
2017-2021	PRAMS	Postpartum visit - 12 years of education	90.2 (86.3)	84.7, 95.8 (83.5, 89.0)	same as ref
2017-2021	PRAMS	Postpartum visit - >12 years of education	97.6 (95.1)	95.5, 99.6 (94.1, 96.2)	ref
2017-2021	PRAMS	Postpartum visit - Poor or near poor	92.3 (86.4)	88.2, 96.3 (84.4, 88.4)	↓ than ref
2017-2021	PRAMS	Postpartum visit - Not poor	98.3 (96.2)	96.5, 100.0 (95.1, 97.3)	ref
2017-2021	PRAMS	Postpartum visit - Public insurance	91.5 (92.3)	85.6, 97.5 (91.0, 93.7)	same as ref
2017-2021	PRAMS	Postpartum visit - Private insurance	98.3 (95.5)	96.8, 99.9 (94.5, 96.6)	ref
2017-2021	PRAMS	Doing something to prevent pregnancy - All	86.8 (80.5)	83.0, 90.7 (78.8, 82.1)	NA
2017-2021	PRAMS	Doing something to prevent pregnancy - AI/AN	(78.9)	(70.3, 87.5)	-
2017-2021	PRAMS	Doing something to prevent pregnancy - Asian/PI	74.5 (67.8)	63.9, 85.1 (63.0, 72.7)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - Black/AA	76.0 (76.1)	67.8, 84.2 (73.7, 78.6)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - Hispanic/ Latina	90.7 (82.2)	83.1, 98.3 (79.3, 85.1)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - White	89.1 (82.0)	83.9, 94.3 (79.8, 84.2)	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
POSTPARTUN	MATERNAL HEA	NLTH continued			
2017-2021	PRAMS	Doing something to prevent pregnancy - <20 years old	68.7 (77.8)	65.1, 72.3 (67.9, 87.7)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - 20-24 years old	88.2 (79.3)	81.8, 94.6 (75.3, 83.4)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - 25-29 years old	93.2 (82.2)	88.5, 98.0 (79.4, 85.0)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - 30+ years old	84.0 (79.9)	78.3, 89.7 (77.5, 82.3)	ref
2017-2021	PRAMS	Doing something to prevent pregnancy - <12 years of education	87.3 (68.5)	75.7, 98.9 (62.1, 75.0)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - 12 years of education	85.7 (78.4)	79.4, 92.0 (74.9, 81.9)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - >12 years of education	87.0 (82.8)	82.4, 91.5 (80.9, 84.7)	ref
2017-2021	PRAMS	Doing something to prevent pregnancy - Poor or near poor	86.1 (78.0)	81.3, 90.9 (75.5, 80.5)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - Not poor	87.8 (83.4)	82.9, 92.7 (81.1, 85.6)	ref
2017-2021	PRAMS	Doing something to prevent pregnancy - Public insurance	79.8 (75.7)	68.5, 91.1 (72.1, 79.3)	same as ref
2017-2021	PRAMS	Doing something to prevent pregnancy - Private insurance	88.0 (83.9)	83.6, 92.4 (82.0, 85.8)	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
POSTPARTUM	MATERNAL HEA	LTH continued			
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - All	50.0 (52.4)	43.6, 56.3 (50.3, 54.5)	NA
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - AI/AN	(66.1)	(56.0, 76.3)	-
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Asian/PI	24.7 (30.5)	13.8, 35.7 (25.8, 35.2)	↓ than ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Black/AA	54.5 (60.2)	45.0, 64.1 (57.4, 63.1)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Hispanic/Latina	58.3 (55.0)	45.6, 71.1 (51.2, 58.8)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - White	50.7 (52.2)	41.8, 59.5 (49.4, 55.0)	ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - <20 years old	57.3 (63.8)	52.4, 62.2 (52.3, 75.2)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - 20-24 years old	54.7 (52.8)	34.9, 74.5 (47.5, 58.0)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - 25-29 years old	41.0 (49.9)	29.3, 52.7 (46.1, 53.6)	ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - 30+ years old	53.1 (53.2)	44.9, 61.3 (50.2, 56.2)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - <12 years of education	64.4 (44.8)	48.0, 80.7 (38.6, 51.0)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - 12 years of education	60.7 (58.0)	50.1, 71.3 (53.7, 62.3)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - >12 years of education	47.6 (51.1)	40.4, 54.8 (48.5, 53.6)	ref



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
POSTPARTUN	MATERNAL HEA	LTH continued			
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Not poor	49.0 (50.5)	41.0, 57.1 (47.5, 53.6)	ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Poor or near-poor	54.7 (55.9)	44.0, 65.4 (52.9, 58.9)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Public insurance	44.4 (59.0)	31.8, 57.0 (54.9, 63.0)	same as ref
2017-2021	PRAMS	Using a highly or moderately effective method of pregnancy prevention - Private insurance	50.9 (52.5)	43.6, 58.2 (49.8, 55.1)	ref
2017-2021	PRAMS	Postpartum depression - All	7.7 (12.4)	4.5, 10.9 (11.1, 13.8)	NA
2017-2021	PRAMS	Postpartum depression - AI/AN	(14.5)	(6.9, 22.0)	-
2017-2021	PRAMS	Postpartum depression - Asian/PI	(15.1)	(11.4, 18.9)	-
2017-2021	PRAMS	Postpartum depression - Black/AA	19.4 (22.9)	12.1, 26.6 (20.4, 25.3)	-
2017-2021	PRAMS	Postpartum depression - Hispanic/Latina	(14.0)	(11.3, 16.6)	-
2017-2021	PRAMS	Postpartum depression - White	(10.2)	(8.4, 12.0)	-
2017-2021	PRAMS	Postpartum depression - <20 years old	(22.5)	(14.1, 30.8)	-
2017-2021	PRAMS	Postpartum depression - 20-24 years old	(20.6)	(16.4, 24.7)	-
2017-2021	PRAMS	Postpartum depression - 25-29 years old	(11.0)	(8.7, 13.2)	-
2017-2021	PRAMS	Postpartum depression - 30+ years old	7.2 (9.9)	3.1, 11.4 (8.1, 11.7)	-
2017-2021	PRAMS	Postpartum depression - <12 years of education	(15.7)	(11.0, 20.3)	-
2017-2021	PRAMS	Postpartum depression - 12 years of education	13.3 (18.0)	9.3, 17.3 (14.8, 21.1)	-
2017-2021	PRAMS	Postpartum depression - >12 years of education	6.6 (9.8)	3.4, 9.9 (8.3, 11.2)	-
2017-2021	PRAMS	Postpartum depression - Not poor	(7.1)	(5.5, 8.6)	-
2017-2021	PRAMS	Postpartum depression - Poor or near-poor	9.7 (17.9)	6.3, 13.0 (15.6, 20.1)	-
2017-2021	PRAMS	Postpartum depression - Public insurance	14.3 (20.6)	7.8, 20.8 (17.3, 23.9)	-
2017-2021	PRAMS	Postpartum depression - Private insurance	7.2 (9.7)	3.5, 11.0 (8.2, 11.3)	-



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co				
LOW RISK CES	OW RISK CESAREAN BIRTHS AMONG WOMEN & BIRTHING PEOPLE WITH NO PRIOR BIRTHS								
2021-2023	Birth certificate	Low risk Cesarean birth - All	23.9	22.8, 25.0	NA				
2021-2023	Birth certificate	Low risk Cesarean birth - AI/AN	37.8	24.1, 53.9	↑ than ref				
2021-2023	Birth certificate	Low risk Cesarean birth - Asian/PI	30.9	27.0, 35.1	↑ than ref				
2021-2023	Birth certificate	Low risk Cesarean birth - Black/AA	25.6	21.5, 30.2	same as ref				
2021-2023	Birth certificate	Low risk Cesarean birth - Hispanic/Latina	20.2	17.3, 23.4	same as ref				
2021-2023	Birth certificate	Low risk Cesarean birth - White	23.5	22.2, 24.7	ref				
2021-2023	Birth certificate	Low risk Cesarean birth - <20 years old	13.7	10.1, 18.3	↓ than ref				
2021-2023	Birth certificate	Low risk Cesarean birth - 20-24 years old	18.2	15.7, 21.0	↓ than ref				
2021-2023	Birth certificate	Low risk Cesarean birth - 25-29 years old	21.1	19.2, 23.0	↓ than ref				
2021-2023	Birth certificate	Low risk Cesarean birth - 30+ years old	27.7	26.2, 29.3	ref				
2021-2023	Birth certificate	Low risk Cesarean birth - <12 years of education	17.2	12.9, 22.5	same as ref				
2021-2023	Birth certificate	Low risk Cesarean birth - 12 years of education	22.2	19.5, 25.2	same as ref				
2021-2023	Birth certificate	Low risk Cesarean birth - >12 years of education	24.5	23.3, 25.7	ref				
2021-2023	Birth certificate	Low risk Cesarean birth - Public insurance	21.9	19.6, 24.4	same as ref				
2021-2023	Birth certificate	Low risk Cesarean birth - Private insurance	24.6	23.4, 25.8	ref				



DATA YEARS	DATA SOURCE	MEASURE	PERCENT Dane Co (WI)	95% CONFIDENCE INTERVAL Dane Co (WI)	STATISTICAL DIFFERENCE? Dane Co
INDUCED LAB	OR (SINGLETON E	BIRTHS & VERTEX PRESENTATION ONLY)			
2021-2023	Birth certificate	Induced labor - All	45.2	44.4, 46.0	NA
2021-2023	Birth certificate	Induced labor - AI/AN	40.7	32.1, 50.0	same as ref
2021-2023	Birth certificate	Induced labor - Asian/PI	40.3	37.5, 43.2	↓ than ref
2021-2023	Birth certificate	Induced labor - Black/AA	47.6	44.9, 50.2	same as ref
2021-2023	Birth certificate	Induced labor - Hispanic/Latina	42.2	39.9, 44.5	↓ than ref
2021-2023	Birth certificate	Induced labor - White	46.0	45.1, 47.0	ref
2021-2023	Birth certificate	Induced labor - <20 years old	50.6	45.3, 55.8	↑ than ref
2021-2023	Birth certificate	Induced labor - 20-24 years old	49.8	47.2, 52.4	↑ than ref
2021-2023	Birth certificate	Induced labor - 25-29 years old	47.1	45.5, 48.8	个 than ref
2021-2023	Birth certificate	Induced labor - 30+ years old	43.7	42.7, 44.7	ref
2021-2023	Birth certificate	Induced labor - <12 years of education	42.1	39.0, 45.5	same as ref
2021-2023	Birth certificate	Induced labor - 12 years of education	48.3	46.2, 50.3	same as ref
2021-2023	Birth certificate	Induced labor - >12 years of education	44.8	44.0, 45.7	ref
2021-2023	Birth certificate	Induced labor - Public insurance	44.4	42.8, 46.0	same as ref
2021-2023	Birth certificate	Induced labor - Private insurance	46.1	45.1, 47.0	ref

BIRTH PROCEDURES - TREND OVER TIME									
	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023	CHANGE?			
Low-risk Cesarean - All Dane County mothers & birthing people	21.7%	22.1%	22.7%	23.2%	23.9%	个 2017-2023			
Induced labor - All Dane County mothers & birthing people	38.7%	41.2%	42.7%	43.3%	46.0%	↑ 2017-2023			