

Perinatal Multivitamin Use

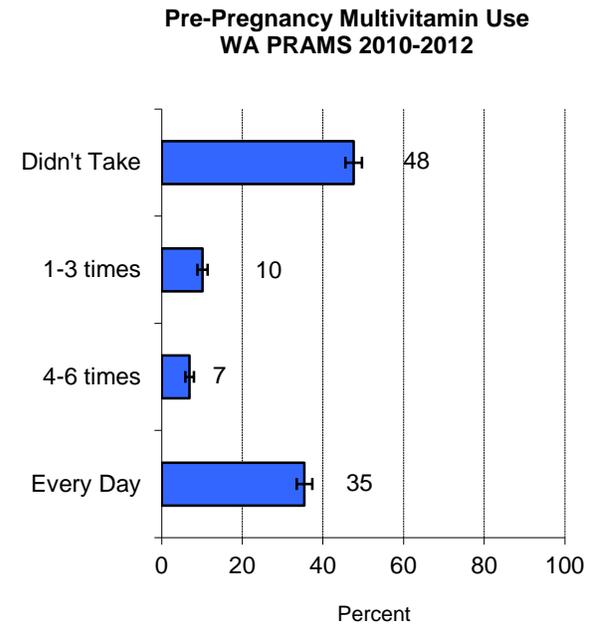
Key Findings:

Multivitamin Use

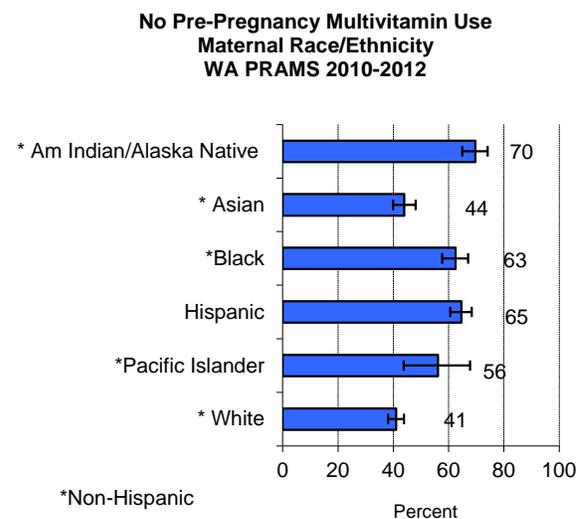
- From 2010-2012, an estimated 48 percent of mothers responded they did not take multivitamins in the month before their pregnancy (i.e. no vitamin use).^{1,2}
- American Indian/Alaska Natives, Blacks, Hispanics and Pacific Islanders were more likely than non-Hispanic White women to report no multivitamin use prior to pregnancy.^{1,2}
- Mothers under the age of 25 were less likely to take multivitamins than those older than 25. Those over 30 were most likely to take multivitamins, with an estimated 45 percent reporting taking a vitamin every day.^{1,2}
- Medicaid recipients, regardless of Medicaid program, were more likely not to take multivitamins compared to those not covered by Medicaid.^{1,2,3}
- The Healthy People 2020 objective is for 26.2 percent of pregnancies to begin with an optimal folic acid intake of at least 400 micrograms per day from fortified foods or dietary supplements.⁴

Definition: Self-reported data from the 2010-2012 Pregnancy Risk Assessment Monitoring System (PRAMS) on multivitamin use prior to conception of their most recent infant.

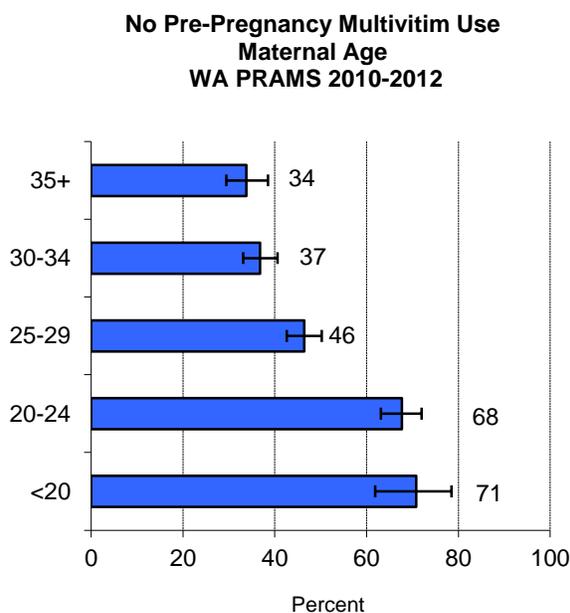
Overall^{1,2}



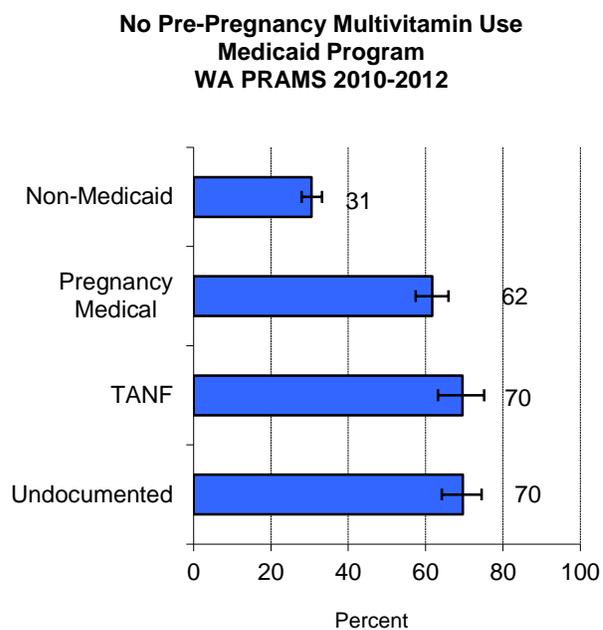
Race and Ethnicity^{1,2}



Maternal Age^{1,2}



Medicaid Status^{1,2,3,a}



Data Sources

1. *Washington Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 6m (2009-2011)*[Data file]. (2013, September). Olympia, WA: Washington State Department of Health..
2. *Washington Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 7 (2012)*[Data file]. (2015, April). Olympia, WA: Washington State Department of Health..
3. *First Steps Database 2013* [Data file]. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division.
4. U.S. Department of Health and Human Services. (2011). Healthy People 2020. Accessed July 2011 at <http://www.healthypeople.gov/2020/default.aspx>

Endnotes

- a. Medicaid women received maternity care paid for by Medicaid. Medicaid recipients were divided into three major subgroups (from highest to lowest socioeconomic status) based on program eligibility. **Pregnancy Medical** were women eligible for the pregnancy medical assistance “S” program. These women were U.S. citizens or legal US residents, and were eligible to receive Medicaid because they were pregnant and had incomes at or below 185% the federal poverty line; **TANF** were women enrolled in the Temporary Assistance for Needy Families (TANF) program. These women were very low income (generally < 50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid; and **Undocumented**: were women who were not legally admitted for permanent residence, lack temporary residence status, or were not lawfully present in the U.S. They were eligible to receive Medicaid because they were pregnant and had incomes at or below 185% the federal poverty level. Undocumented women were not eligible for TANF although their incomes were often lower than women on TANF. All three Medicaid groups had incomes below most non-Medicaid women. Note that Medicaid eligibility status for pregnant legal residents who were not US Citizens changed in Spring 2009. Prior to Spring 2009, legal residents who were not US Citizens were grouped with Undocumented women (and called Non-Citizens).

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