

MAINE
PREGNANCY
RISK
ASSESSMENT
MONITORING
SYSTEM
(PRAMS)

2026
Maine
PRAMS
Report



Maine Department of Health & Human Services
Center for Disease Control and Prevention
Data, Research, and Vital Statistics
Statistical Services

SPECIAL THANKS

We gratefully acknowledge the contributions of Maine birthing parents who generously agreed to participate in the PRAMS survey. We also appreciatively thank the state medical records staff members, physicians, certified nurse midwives, funeral directors, attorneys, court clerks, researchers, analysts, and the national network of PRAMS coordinators for their assistance in collecting and providing the data used in this report.

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I N T R O D U C T I O N

What is included in this report?

This report includes Maine state level estimates for selected indicators from the Maine Pregnancy Risk Assessment Monitoring System (PRAMS) for the most recent year of data, 2023, as well as for the past 10 years (2014-2023) to show trends where the data could be trended. The data are grouped by topic and includes many, but not all questions, in the PRAMS survey. While this report does not include disaggregated data, PRAMS data can be disaggregated to get a better picture of how experiences, health indicators, and outcomes differ among various groups.

What data could be trended?

When new versions (or phases) of the PRAMS survey are developed, questions can change. Most times these changes mean the data cannot be trended or compared to other phases, because the question is different enough that any changes in the estimate may be, in part, due to the change in how the question is asked. In these instances, these data are not displayed on the same graph. Wherever there were only small changes to the question that would not affect the interpretation of the question or estimate, these estimates are displayed on the same trendline, and a note is added to the graph to explain the question difference. The data in this report covers three Phases of the PRAMS survey: Phase 7 (2014-2015), Phase 8 (2016-2022) and Phase 9 (2023).

Parental Leave Highlights

In addition to state-level estimates for a variety of indicators, this report highlights parental leave, a topic newly added in 2023. Exploring parental leave is important to understanding support available to families during a significant period of caregiving and transition. Examining access to and use of parental leave helps provide insights into family economic security, workforce participation, and the ability of parents to take time away from work following the birth of a child. By highlighting parental leave, this report offers a closer look at an emerging area of data and helps illustrate differences in the resources and policies available to Maine families and workers.

B A C K G R O U N D

History

PRAMS is an ongoing research project between the Maine Center for Disease Control and Prevention's Data, Research, and Vital Statistics office and the U.S. Centers for Disease Control Prevention's (U.S. CDC) Division of Reproductive Health to monitor maternal and infant health. PRAMS was developed in 1987 to address the high infant mortality rate at the time. Maine was one of the first states to adopt the project and has continuously participated since then. Today, almost all states participate, and PRAMS covers 81% of all live births in the United States.¹

Methodology

PRAMS data are collected by administering a questionnaire to birthing parents to learn about their experiences around the time of pregnancy. Each month, a random sample of new parents are selected to participate by mail, web, or phone. Yearly, PRAMS samples about 10% of Maine's resident birthing population for that birth year. Because PRAMS is a small sample of the birthing population, the data are weighted to be representative of Maine's entire birthing population.

Topics

The PRAMS survey covers a variety of topics, including, but not limited to:

- Breastfeeding
- Discrimination
- Food, Housing, and Economic Security
- Health Care Access
- Infant Sleep
- Maternal Health
- Mental Health and Stress
- Parental Leave
- Pregnancy Planning and Contraception
- Social Support
- Substance Use

Current and past PRAMS surveys can be found on the [Maine PRAMS website](#).

Uses and Limitations

PRAMS is population health surveillance, meaning it collects information on an on-going basis to monitor population-level trends and identify emergent issues. Because PRAMS is weighted to represent the entire birthing population, it can provide a good overall picture of maternal and infant health nationally and by state.

PRAMS is the primary source of information on people's experiences around the time of pregnancy and is the sole source of information for many health indicators, such as infant sleep practices, maternal mental health, pregnancy intention, and access to postpartum care.

Because PRAMS is a small sample of the population, some groups of birthing parents are not well represented in the survey, such as younger parents, Black, Indigenous, and People of Color (BIPOC) parents, and parents with less formal education. Additionally, the Maine survey is only available in English, which has posed a barrier for parents whose primary language is not English. Therefore, producing reliable estimates for some health indicators for these groups can be challenging.

¹ <https://www.cdc.gov/prams/index.html>

U P D A T E S

Federal Changes

In April 2025, the entire U.S. CDC PRAMS staff were laid off, causing delays in 2024 data processing and beginning 2025 data collection. While the data in this report was not impacted by these changes, the future of PRAMS at the federal level remains uncertain. You can read more in this issue brief published by the [Maine Permanent Commission on the Status of Women \(MePCSW\)](#).

Incentives and Outreach

In 2023, PRAMS implemented a web survey option, allowing sampled individuals to complete the survey online. Historically, parents could complete the survey by mail or phone, with mail being the preferred method of response by Maine parents. In 2024 and 2025, the online version replaced mail as the preferred method of survey response.

Beginning in 2024, Maine PRAMS, with support from the State Maternal and Infant Health Innovation (SMHI) grant, began offering a \$25 gift card to survey respondents. This helped increase the 2024 response rate by over 10 percentage points from the 2023 response rate.

To help reach more parents born outside the United States, Maine PRAMS began translating informational brochures into ten different languages. These brochures are provided to birthing hospitals, health clinics, and community organizations.

New Questions

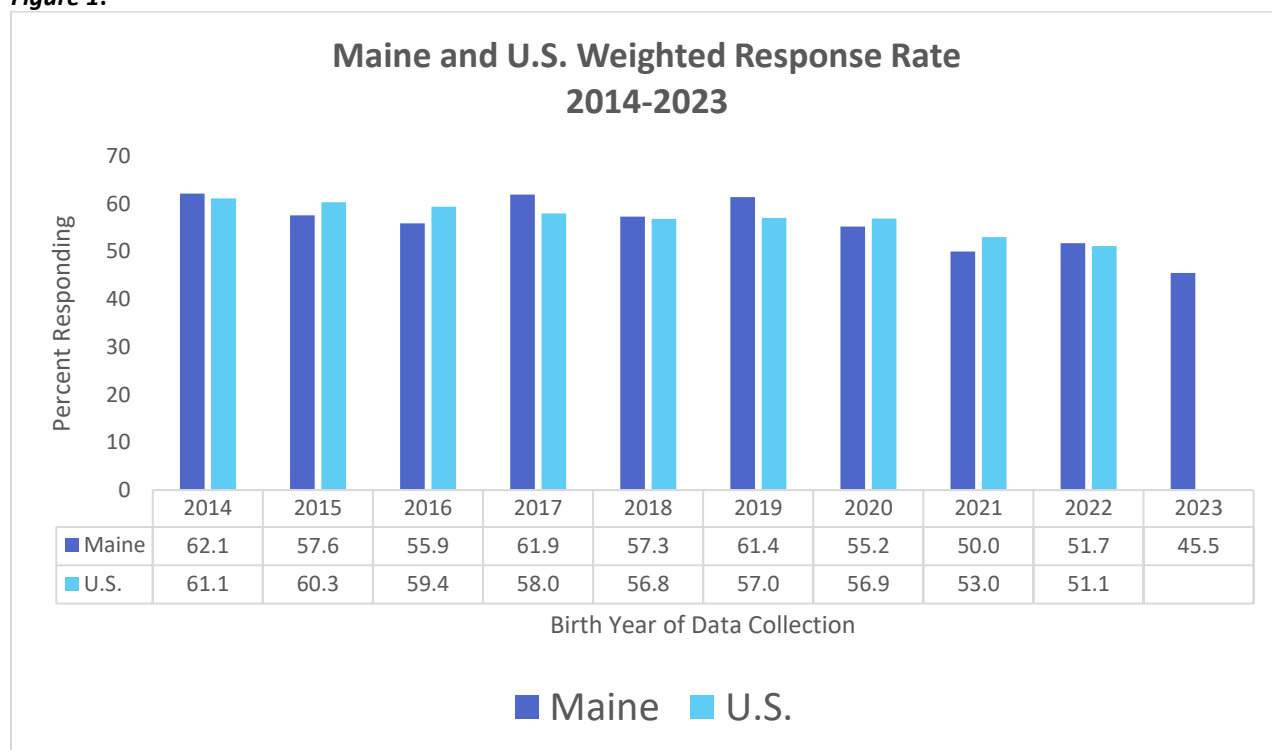
Every few years the PRAMS survey is revised by the U.S. CDC and with input from Maine stakeholders. The birth year 2023 marked the first year of data collection with the 9th version of the PRAMS survey (also referred to as the Phase 9 Survey). Examples of new questions added in 2023 for Phase 9 include:

- Adverse Childhood Experiences (ACEs)
- Anxiety
- Discrimination
- Experience with Healthcare Providers
- Food and Housing Insecurity
- Parental Leave
- Social Support
- Vaccination Status

Response Rate

The response rate is the number of people who responded to the survey compared to the number sampled (see **Figure 1**). The weighted response rate means the U.S. CDC adjusted the response rate based on the sampling plan for each state. Maine, like most states, oversamples babies born at a low birthweight, less than 2500 grams (5.5 pounds). In Maine, this means about 75% of low birthweight babies are selected to participate compared to about 10% of adequate birthweight babies. A lower percentage of parents of low birthweight babies respond than parents of babies who are born at an adequate birthweight, so adjusting for the oversampling helps provide an overall response rate that is not biased by the sampling plan.

Figure 1.²



In Maine and nationally, the response rate to the survey has been declining, and in 2023 Maine saw its lowest response rate since beginning the survey. This may also be true for the overall U.S. response rate; however, 2023 weighted response rate data are not yet available at the national level due to federal cuts.

The declining survey response rate is not unique to PRAMS. This paper published by [Mathematica](#) explains what may be contributing to declines in participation in federal health surveys and what could be done to help slow the decline.

² The weighted response rate is the adjusted response rate based on the sampling plan for each state. The U.S. response rate is the aggregate response rate of all U.S. states administering PRAMS.

FINDINGS FROM THE 2023 PRAMS SURVEY

The table below shows the number of participants that resonded to the 2023 PRAMS survey sample and their demographics. All demographics are from the birth certificate, except income. Income is only captured on the PRAMS survey. The demographic composition of the sample closely represents the demographics of Maine’s birthing population.

Table 1. Demographic Characteristics of Respondents to the 2023 PRAMS Survey.*

Characteristic	Number of Respondents	Percent
Total	595	100.0
Age		
Less than 20 years	15	3.3
20-24 years	65	13.0
25-34 years	394	63.8
35 years and older	121	19.8
Race/Ethnicity		
Alaska Native/American Indian Non-Hispanic	4	0.8
Asian or Pacific Islander Non-Hispanic	6	1.3
Black Non-Hispanic	32	6.0
Hispanic	17	3.6
Multiple and Additional Races Non-Hispanic	14	2.2
White Non-Hispanic	522	86.2
Education		
Less than 12 years	29	6.1
12 years	110	24.6
More than 12 years	454	69.3
Birthweight		
Low Birthweight**	222	7.3
Adequate Birthweight	372	92.7
Annual Household Income		
Less than \$18,001	72	12.8
\$18,001 - \$48,000	104	22.2
\$48,001 - \$85,000	129	23.7
\$85,001 or More	249	41.3

* not all subgroup counts will sum to the total due to non-response or missing data

** Low birth weight is defined as babies born with a weight less than 2,500 grams

BASIC NEEDS

Food Insecurity

From 2014 to 2022, fewer people reported food insecurity during their pregnancy (see **Figure 2**). In 2023, food insecurity increased to approximately 16%, however, this may be due, in part to a change in the survey question. Therefore, food insecurity could have been higher from 2014-2022.

Figure 2. 2014-2022 food insecurity includes those who ate less than they should because there was not money to buy food or got emergency food from a food pantry, food bank, church, or food kitchen.

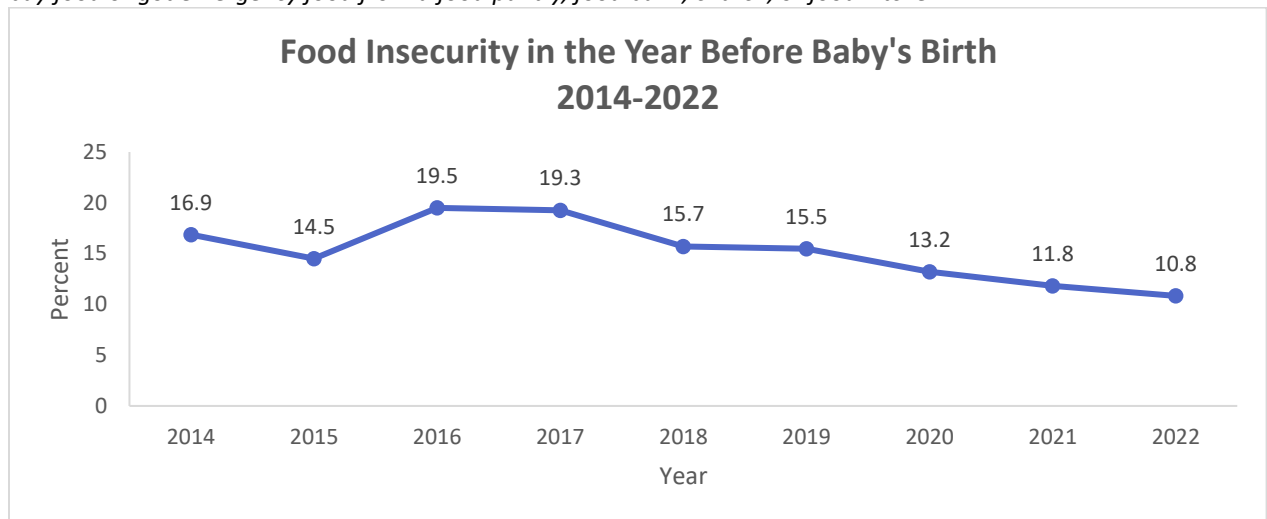
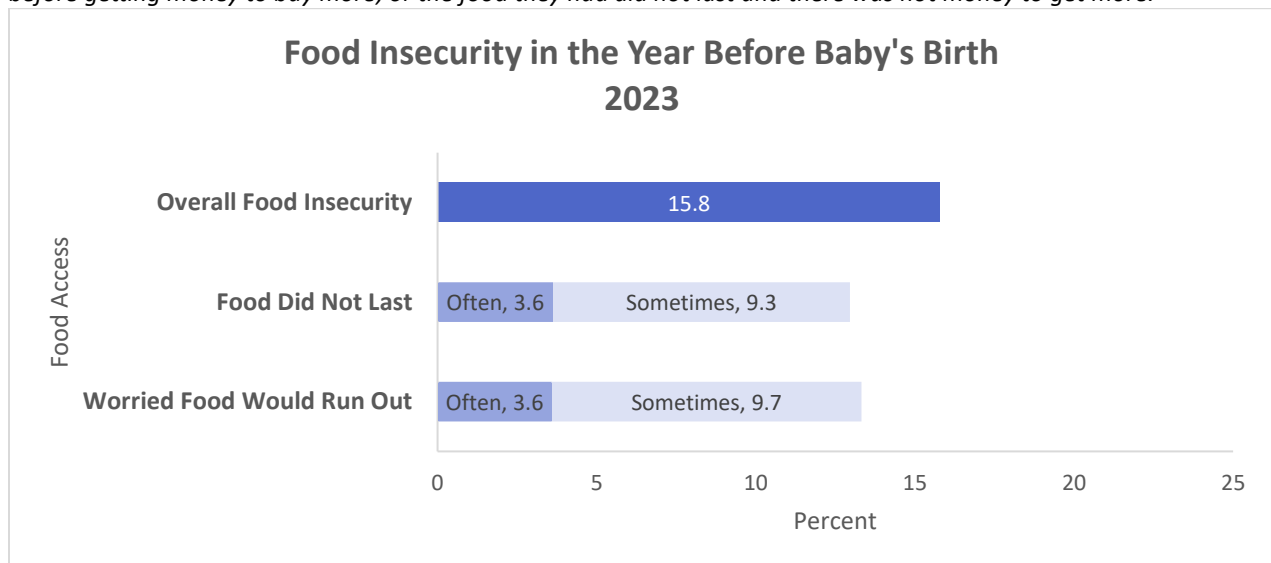


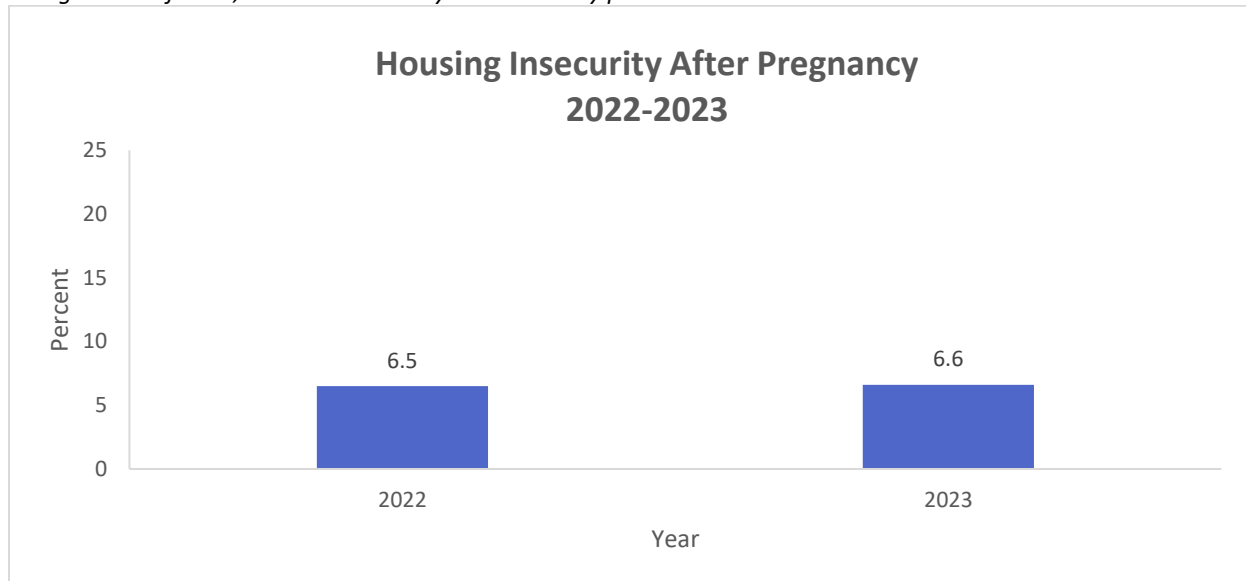
Figure 3. Overall food insecurity includes those who sometimes or often were worried their food would run out before getting money to buy more, or the food they had did not last and there was not money to get more.



Housing Insecurity

PRAMS first asked about housing security in 2022 on the Social Determinants of Health (SDOH) supplement to the survey. Then in 2023, added the question to the main survey where almost 7% of people who recently gave birth were housing insecure in 2022 and 2023.

Figure 4. Housing insecurity includes those who answered they currently have a place to live, but are worried about losing it in the future; or do not currently have a steady place to live.

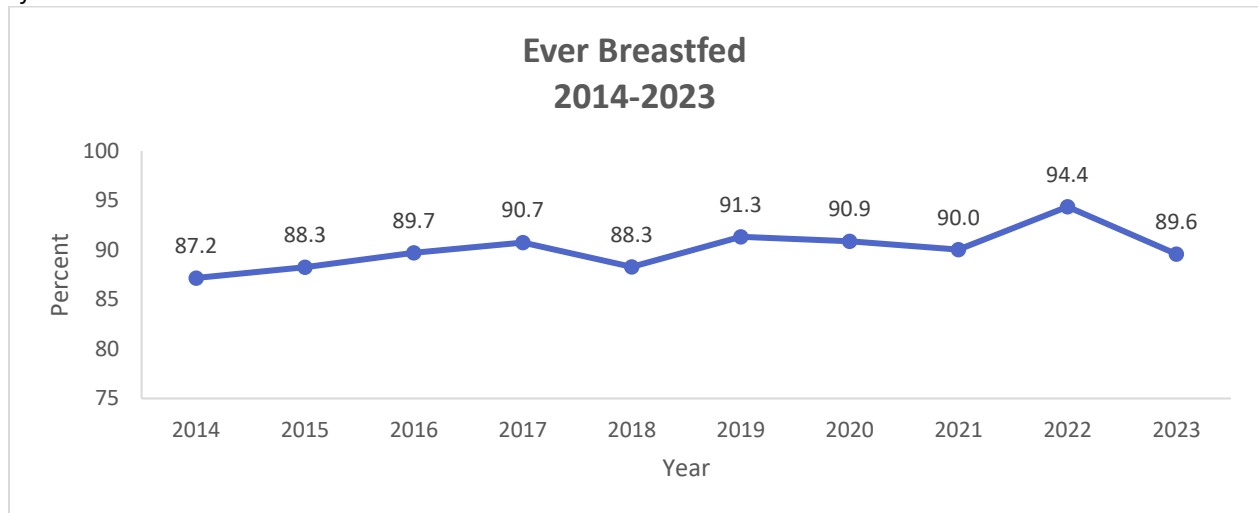


B R E A S T F E E D I N G

Ever Breastfed

The percentage of birthing parents initiating breastfeeding, or feeding pumped milk to their baby, may be increasing. Overall, around 90% of new parents initiated breastfeeding from 2014-2023.

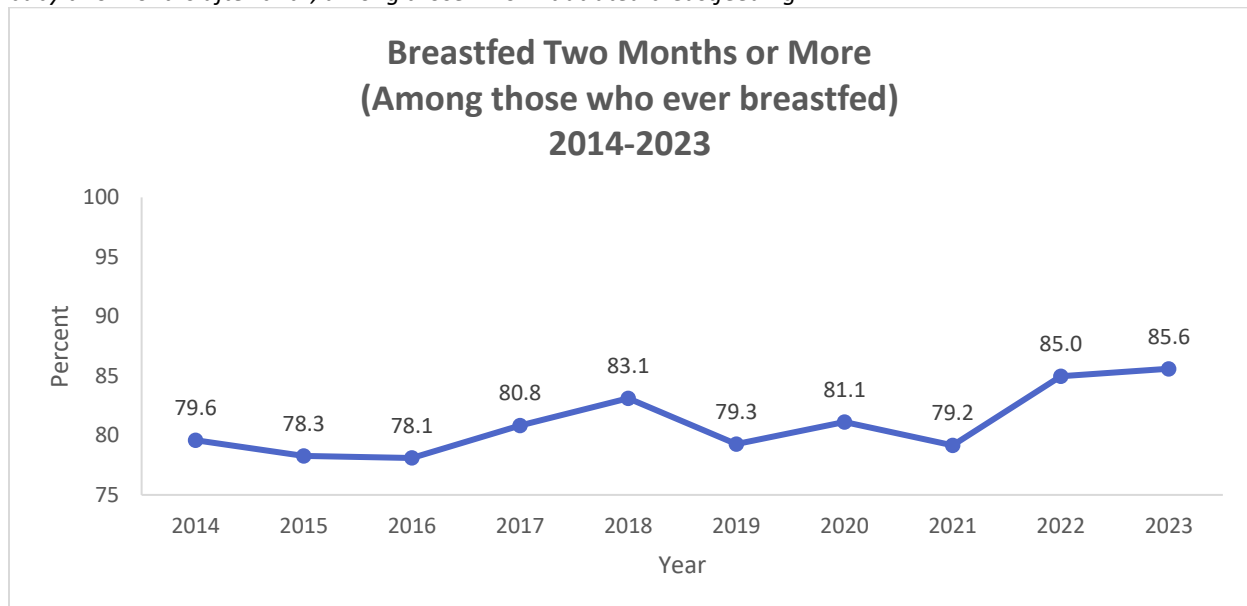
Figure 5. Ever breastfed includes those who ever breastfed or fed pumped milk to their baby, even for a short period of time.



Breastfed Two Months or More

The percentage of birthing parents who initiated breastfeeding and continued to breastfeed or feed pumped milk to their baby at two months may also be increasing. In 2023, nearly 86% of those who initiated breastfeeding were still breastfeeding after two months.

Figure 6. Breastfed two months or more includes those who were still breastfeeding or feeding pumped milk to their baby two months after birth, among those who initiated breastfeeding.

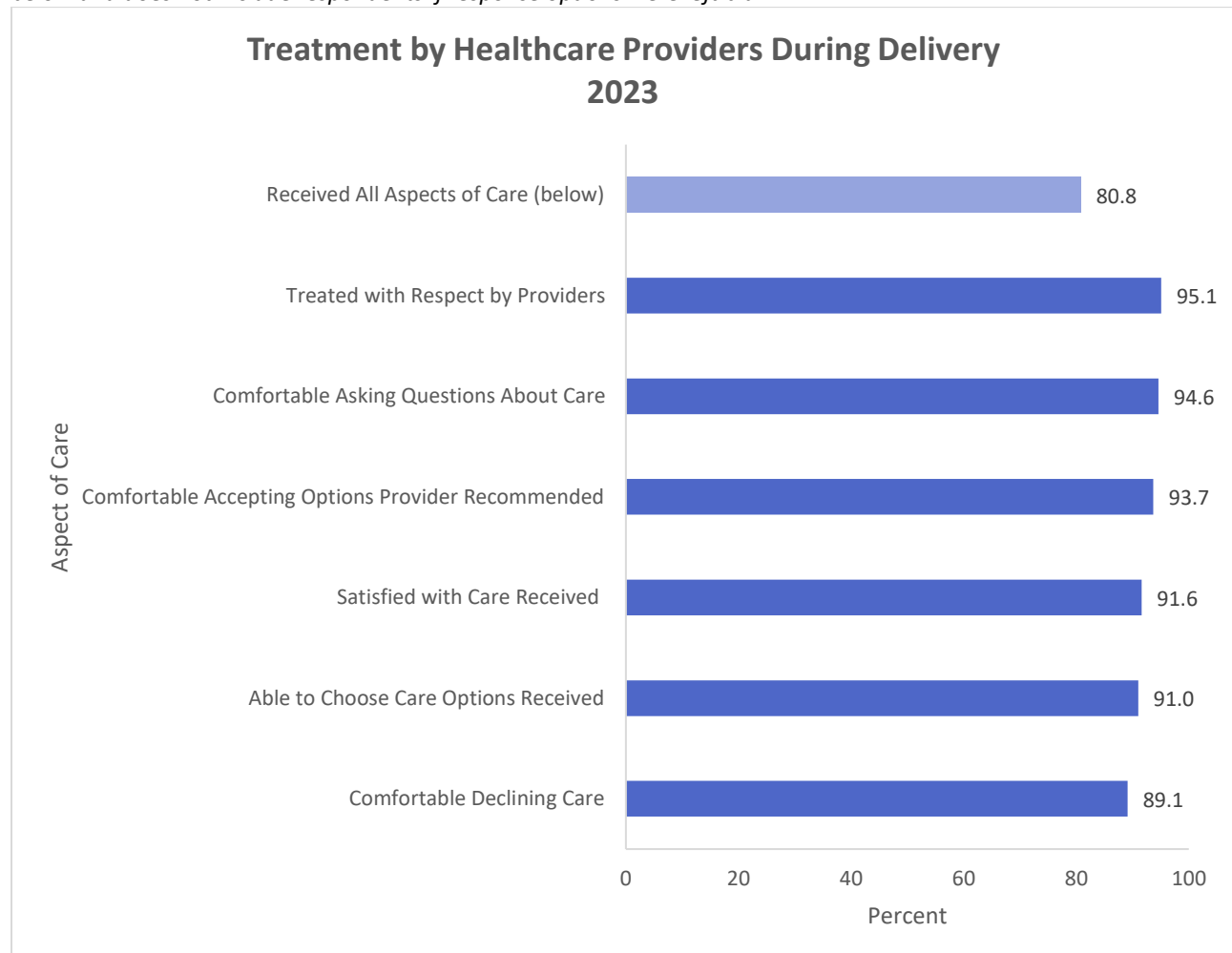


DISCRIMINATION AND TREATMENT WHILE RECEIVING HEALTHCARE

Treatment by Healthcare Providers During Delivery

The 2023 survey added a question to ask people to report on their experience with healthcare providers during the delivery of their baby. About 81% of people reported they experienced all the aspects of care listed below, with feeling comfortable declining care being the least likely to be reported.

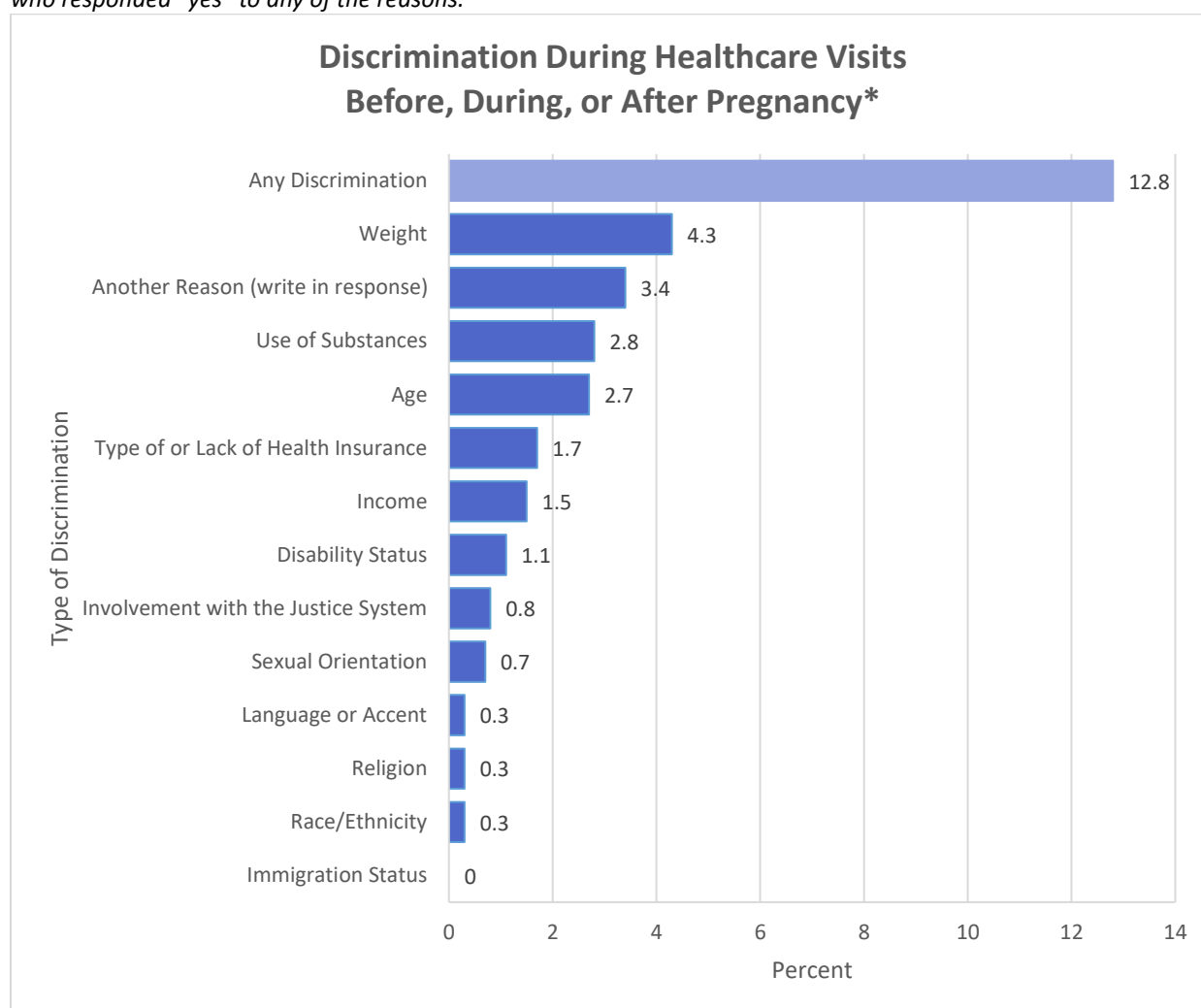
Figure 7. Treatment by healthcare providers during delivery includes those who answered “yes” to the aspects of care listed below. Received all aspects of care includes those who answered “yes” to all the aspects of care listed below and does not include respondents if response options were left blank.



Discrimination During Healthcare Visits

The 2023 survey also added a question to assess experiences of discrimination while receiving healthcare before, during, or after pregnancy. At this time, about 1 in 10 (13%) people reported experiencing any type of discrimination, with discrimination based on weight being the most common experience. Write-in responses (another reason) were the second most common response (n=19), and the most frequent write-in responses described discrimination based on substance use, or perceived substance use (n=4), and choices the birthing person made about their birth (n=4). Due to Executive Order 14168, the response option for discrimination based on sex or gender was removed from the survey and from the final dataset. Due to this, and the other limitations of the survey, the overall percentage experiencing any discrimination is likely underreported.

Figure 8. Discrimination during healthcare visits before, during, or after pregnancy includes those who reported experiencing discrimination, or were prevented from doing something, hassled, or made to feel inferior for one of the reasons, below, while getting healthcare during their most recent pregnancy. Any discrimination includes those who responded “yes” to any of the reasons.



*Gender identity responses were removed from the final dataset due to Executive Order (EO) 14168

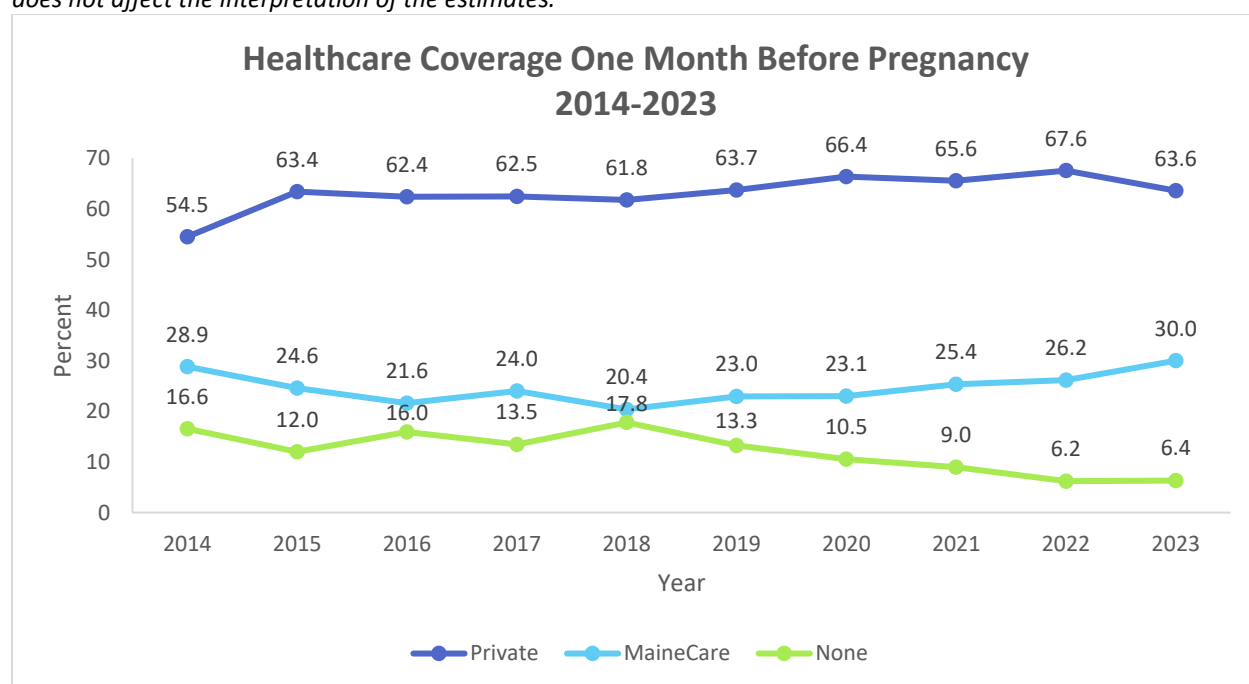
HEALTHCARE ACCESS

Healthcare trends over the past decade may demonstrate the impact of policies. The year 2015 marked the first year after the Affordable Care Act (ACA) was fully implemented³ as well as the year when Maine tightened eligibility restrictions for MaineCare.⁴ The year 2019 marked the year when MaineCare expansion took effect and the income eligibility limit of the program increased to cover more Maine people.⁵

Healthcare Coverage Before Pregnancy

From 2014 to 2023, fewer people reported no healthcare coverage within the month prior to becoming pregnant. This change is largely seen in 2015, with an increase in those with private insurance coverage, and in 2019, with an increase in those with MaineCare coverage, after a ten year low in 2018.

Figure 9. Private coverage includes those who had private insurance through their job or someone else, insurance paid for by them, and/or had military health coverage; and those with MaineCare and any private insurance option. MaineCare includes those whose only coverage was through MaineCare. If someone selected they had no insurance coverage and also reported a type of coverage, they were coded as having healthcare coverage. This is a change from previously reported healthcare measures for 2016-2022 and aligns with new coding methods from U.S. CDC. It does not affect the interpretation of the estimates.



³ <https://www.ncbi.nlm.nih.gov/books/NBK241401/>

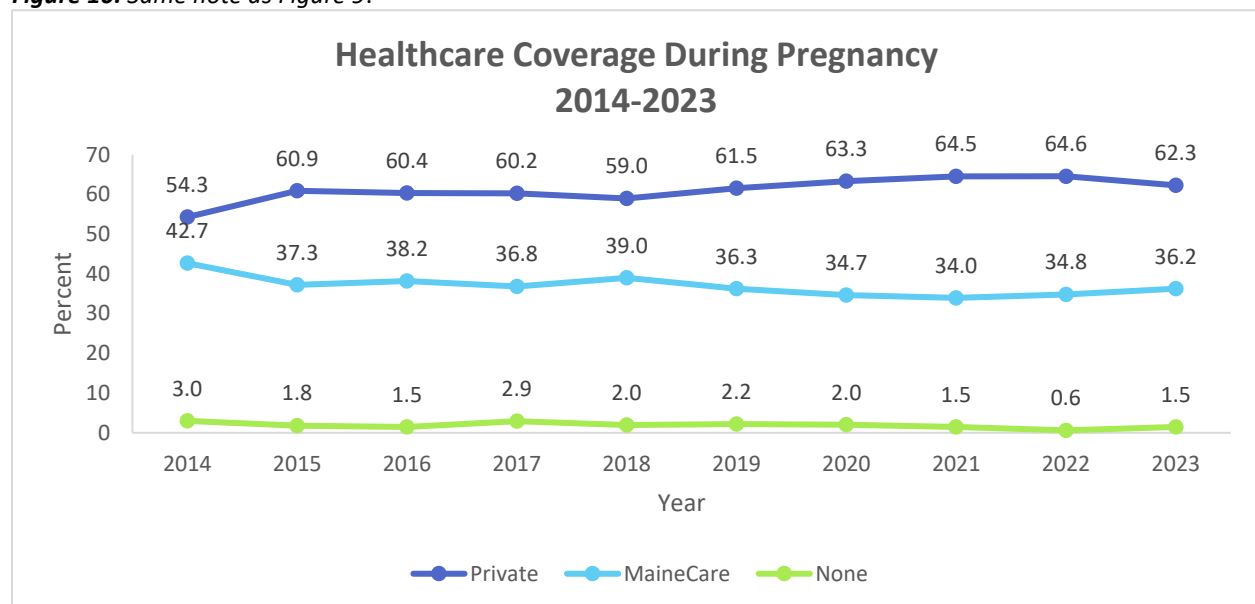
⁴ <https://www.mainesenate.org/feds-approve-some-lepage-cuts-to-health-care-for-low-income-mainers/>

⁵ <https://www.maine.gov/governor/mills/news/governor-mills-announces-federal-approval-medicare-expansion-2019-04-03>

Healthcare Coverage During Pregnancy

The number of pregnant people without healthcare coverage remained low from 2014-2023. In 2023, about 62% had private insurance and about 36% had MaineCare coverage during pregnancy.

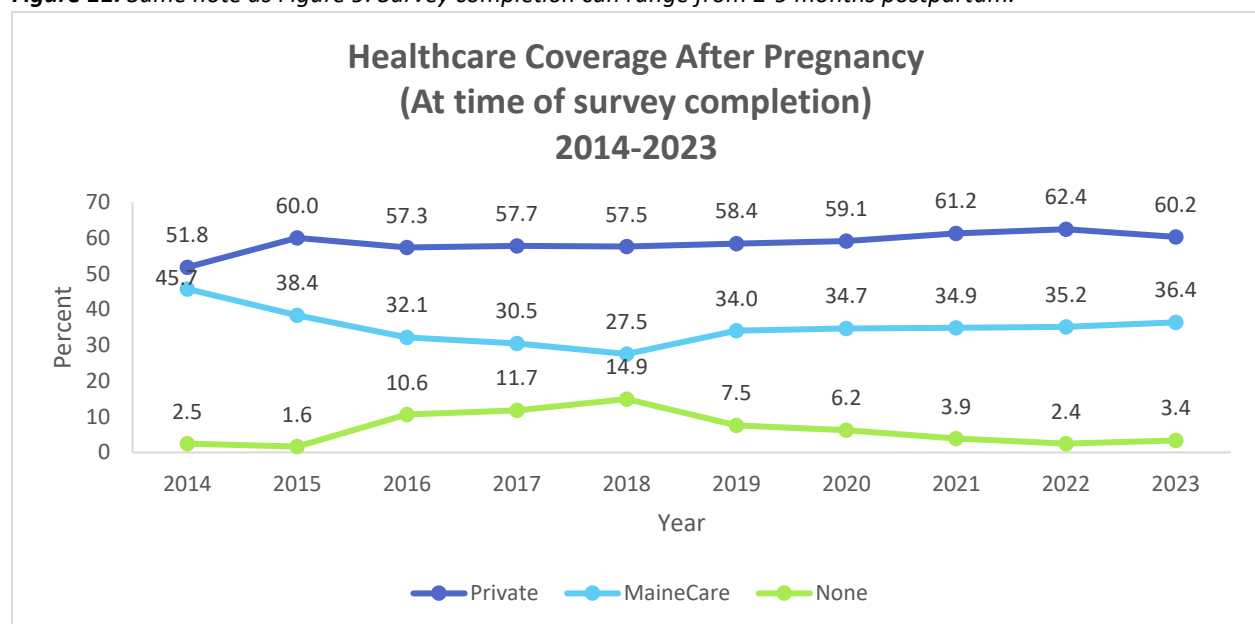
Figure 10. Same note as Figure 9.



Healthcare Coverage After Pregnancy

In 2018, approximately 15% of postpartum people did not have healthcare coverage, the highest from 2014-2023. In 2019, when MaineCare expansion took affect, this percentage decreased and has since been declining further. In 2023, around 3% of recently pregnant people reported not having healthcare coverage at the time of survey completion.

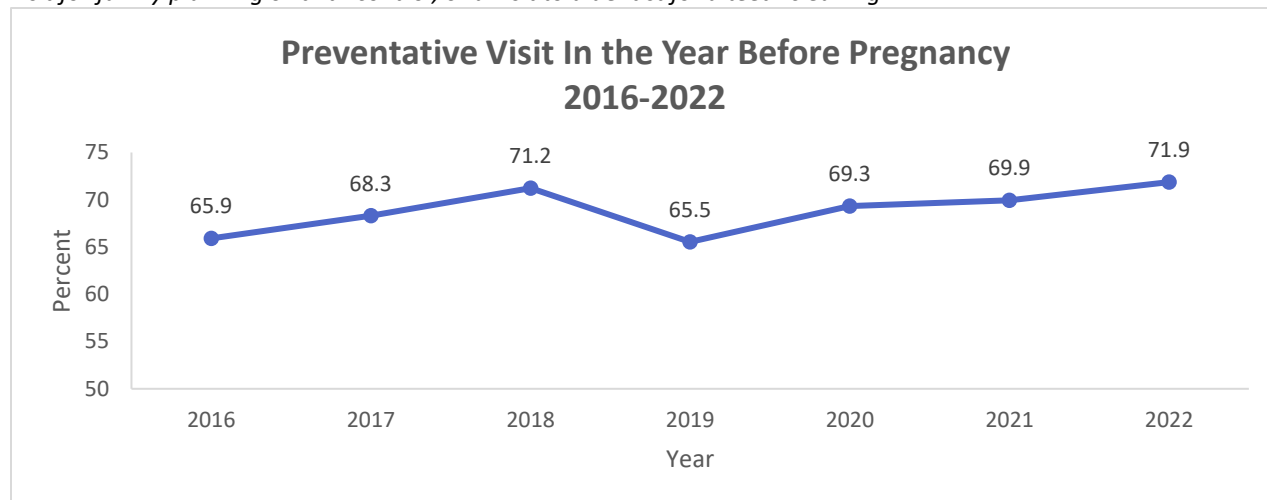
Figure 11. Same note as Figure 9. Survey completion can range from 2-9 months postpartum.



Preventative Visit Before Pregnancy

From 2016-2022, slightly more birthing people may have had a preventative visit within the year before pregnancy. In 2023, about 86% of people reported this, which is a statistically significant increase from prior years. However, the 2023 survey changed to remove the screener question, which may have increased the number of people answering the question and therefore it is possible the prior year's estimates may have been higher.

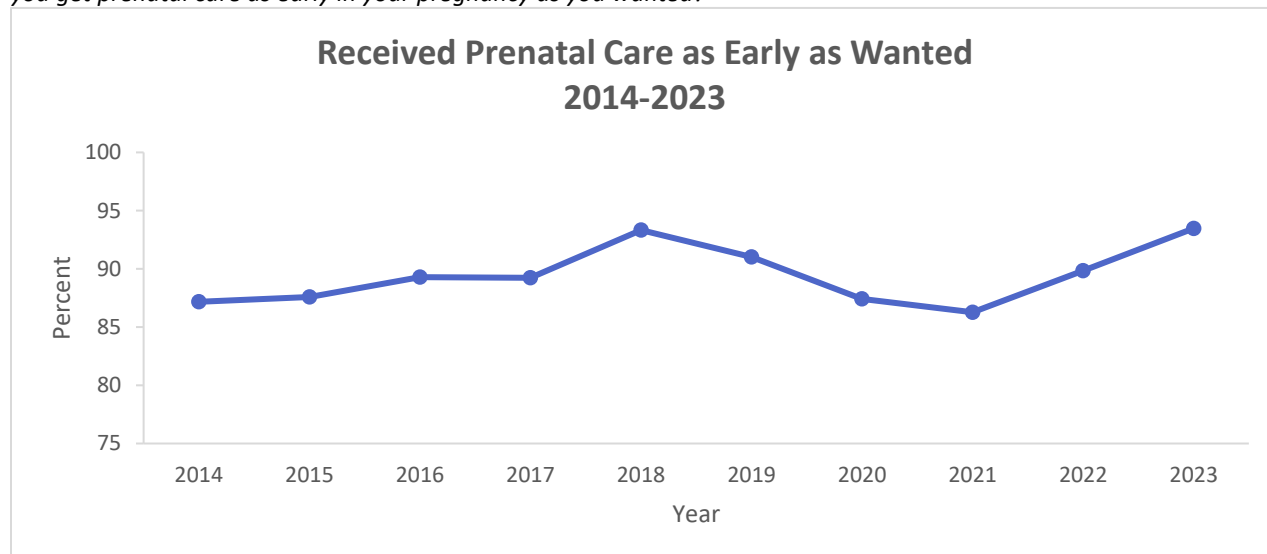
Figure 12. Preventative visit includes those who answered “yes” to having a healthcare visit in the 12 months before getting pregnant and reported having a regular check-up with their doctor, a regular check-up with their OBGYN, a visit for family planning or birth control, or a visit to a dentist for a teeth cleaning.



Received Prenatal Care as Early as Wanted

From 2014 to 2023, the percentage of people reporting that they received prenatal care as early as they wanted ranged from approximately 86% to 93%. The percentage was highest in 2018 (93%) and lowest in 2021 (86%), increasing to 93% in 2023.

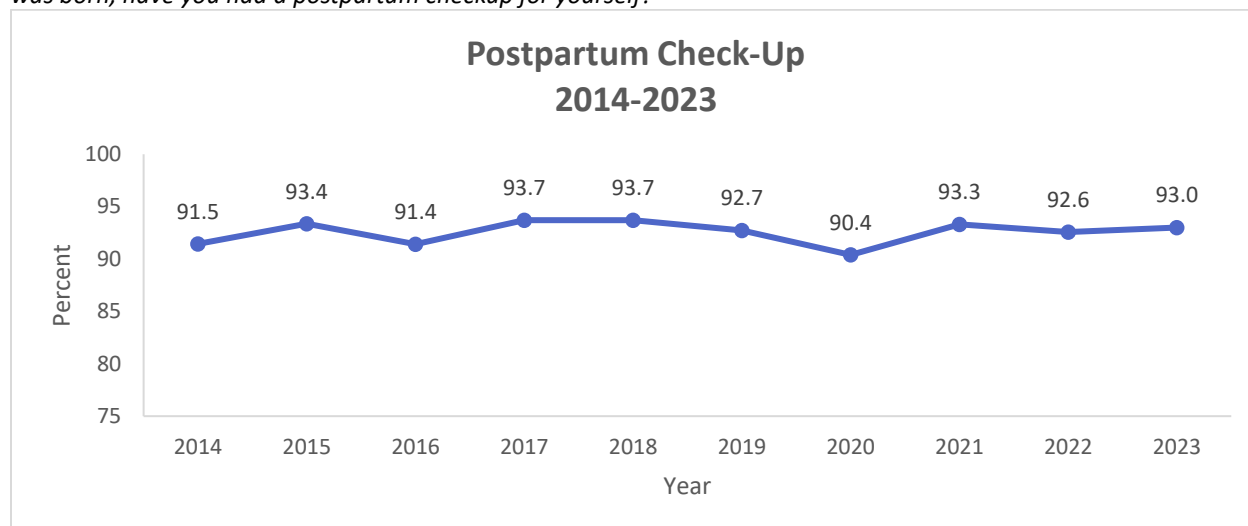
Figure 13. Received prenatal care as early as wanted includes those who answered “yes” to the survey question “did you get prenatal care as early in your pregnancy as you wanted?”



Postpartum Check-Up

The percentage of recently pregnant people reporting a postpartum check-up has remained relatively unchanged over the past ten years. Overall from 2014-2023, about 93% of birthing people had a postpartum check-up.

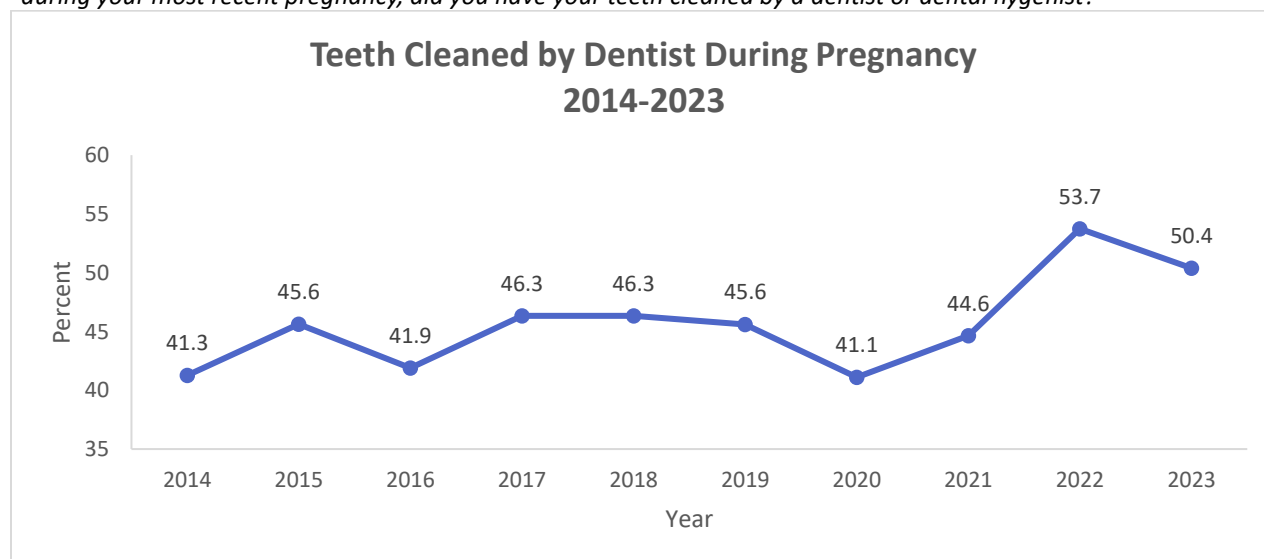
Figure 14. Postpartum check-up includes those who answered “yes” to the survey question, “since your new baby was born, have you had a postpartum checkup for yourself?”



Teeth Cleaned by Dentist During Pregnancy

From 2014-2021, the percentage of people visiting a dentist during pregnancy to have their teeth cleaned remained relatively unchanged. In 2022, MaineCare coverage expanded to include dental cleanings and other procedures, and in 2022 and 2023, more people accessed teeth cleanings during pregnancy than in prior years.⁶

Figure 15. Teeth cleaned by dentist during pregnancy includes those who answered “yes” to the survey question, “during your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?”

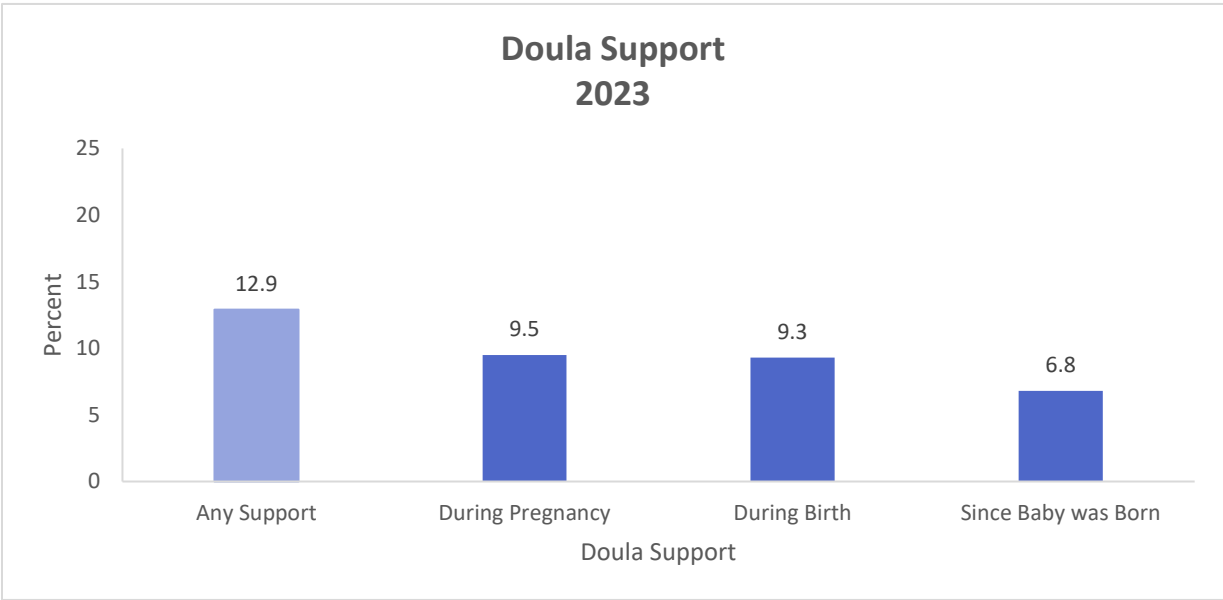


⁶ <https://www.maine.gov/housedems/news/starting-july-1st-maine-will-expand-dental-care-access>

Doula Support

The 2023 survey added a question about doula support around the time of pregnancy. At this time, nearly 13% reported using the support of a doula either during pregnancy, during birth, and/or since their new baby was born; with during pregnancy and during birth being the more common time periods. Due to recent policy changes in Maine aimed at increasing access to doulas, these data provide a baseline measure and method to assess the impact of these policies moving forward.

Figure 16. Doula support includes those who reported they had the support of a doula during their most recent pregnancy, during the birth of their new baby, and/or since their new baby was born. Any support includes those who reported doula support during any of those three time periods.

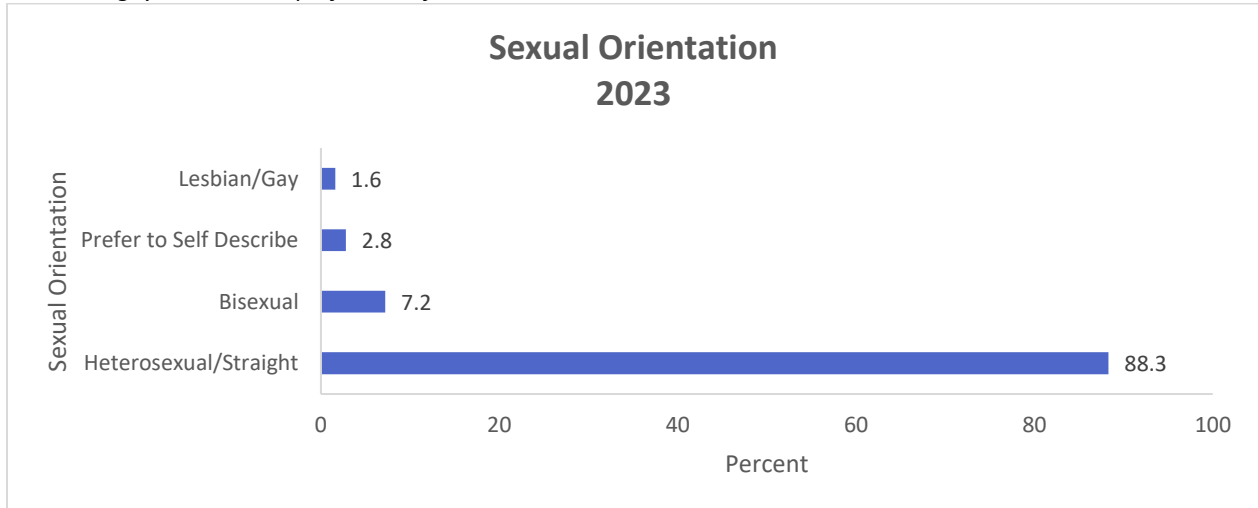


IDENTITY AND DEMOGRAPHICS

Sexual Orientation

The 2023 survey added a question to ask about sexual orientation. At this time, almost 12% of birthing people reported their sexual orientation as something other than heterosexual or straight.

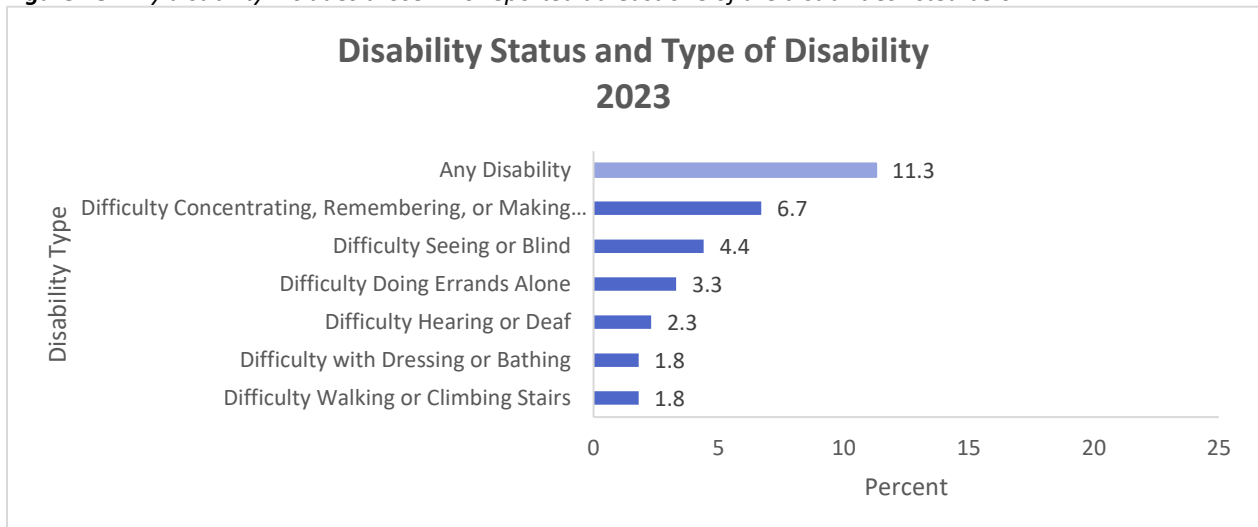
Figure 17. Sexual orientation includes those who described their sexual orientation as heterosexual or “straight,” lesbian or gay, bisexual, or prefer to self-describe.



Disability Status

The 2023 survey also added a question to ask about disability status. At this time, just over 11% of birthing people reported having at least one disability.

Figure 18. Any disability includes those who reported at least one of the disabilities listed below.



INFANT SLEEP PRACTICES

Placed to Sleep on Back

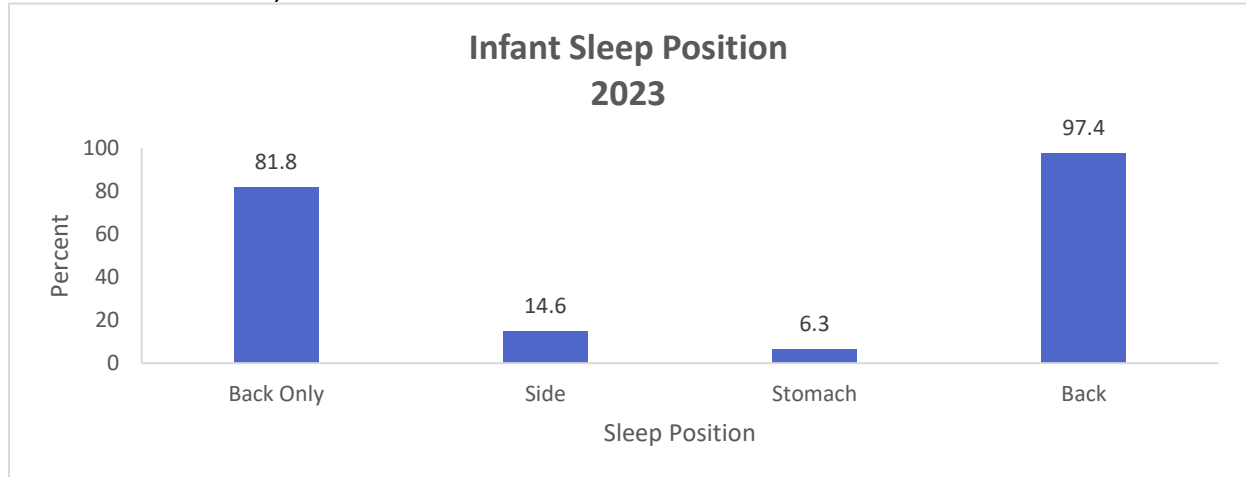
From 2014 to 2022, more infants were placed to sleep on their back and in 2022, Maine ranked among the highest of the U.S. states in the percentage of parents reporting most often laying their baby to sleep on their back.⁷

Figure 19. Baby most often placed to sleep on back includes those who reported at the time of completing the survey they most often laid their baby to sleep on their back, compared to their side or stomach. The response options directed respondents to “check one answer.”



In 2023, the survey question changed, allowing the question to better capture respondents who exclusively laid their baby to sleep on their back, and in this year, close to 82% exclusively laid their baby to sleep on their back. Therefore, the 2014-2022 estimates for exclusive back sleeping may have been lower.

Figure 20. Back only includes those who reported “yes” to placing their baby to sleep on their back in the past two weeks and “no” to placing their baby to sleep on their side or stomach. Side, stomach, and back percentages are respondents who checked “yes” to any of those options. Respondents who left a response option blank were not included in the “back only” estimate.

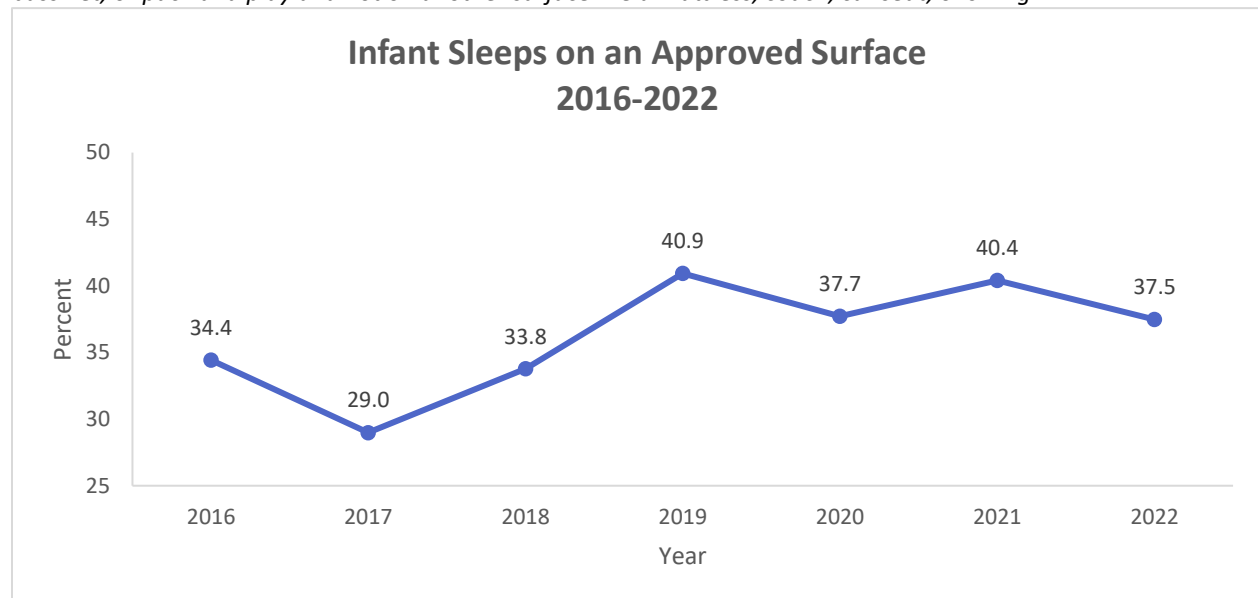


⁷ <https://www.cdc.gov/prams/php/data-research/mch-indicators-by-site.html>

Infant Sleeps on an Approved Surface

In 2019, recent birthing parents began placing their baby to sleep on a sleeping surface approved by the American Academy of Pediatrics (AAP).⁸ This change coincided with the launch of Maine's Safe Sleep Campaign, which aims to increase safe sleep practices for infants.⁹ In 2023, the survey question wording and response options changed to better assess infant sleep practices. Additionally, the coding guidelines changed to better align with the AAP recommendations, therefore, the prior years' estimates may have been slightly lower using this method. In this year, almost 35% of birthing people placed their baby to sleep on an approved surface.

Figure 21. Approved surface includes those who always or often placed their infant to sleep alone in their own crib, bassinet, or pack and play and not on another surface like a mattress, couch, car seat, or swing.



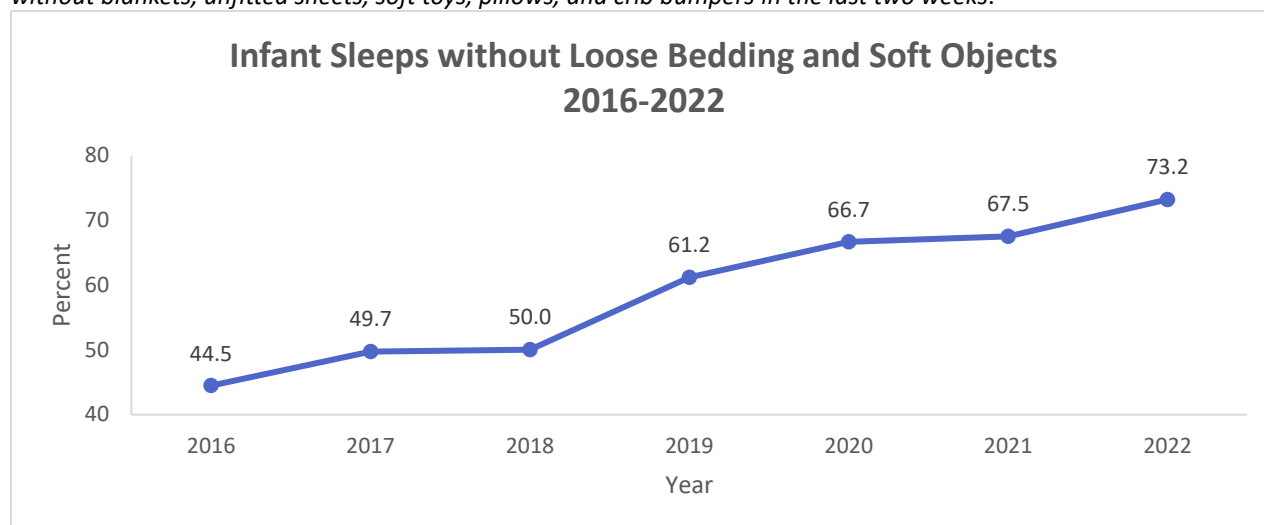
⁸ <https://www.aap.org/en/patient-care/safe-sleep/?srltid=AfmBOopDk3L1maz7cd-WQeOKSdFbncKFdCjGzXgrT0vmQGu0b6w7ZMM>

⁹ <https://safesleepforme.org/wp-content/uploads/Safe-Sleep-2019-State-of-Maine-DHHS-PDF.pdf>

Infant Sleeps without Loose Bedding and Soft Objects

From 2016 to 2022, more people placed their baby to sleep without loose bedding, such as blankets and unfitted sheets; and soft objects, such as pillows and crib bumpers. In 2019, the year Maine's Safe Sleep Campaign launched, the largest increase was observed. Since then, the trend has continued upward. In 2023, the question was revised to better assess whether a baby had been placed to sleep with any loose bedding or soft objects rather than asking how they were usually put to sleep. That year, 78% of parents reported their baby slept without any loose bedding and soft objects.

Figure 22. *Infant sleeps without loose bedding and soft objects include those who usually placed their baby to sleep without blankets, unfitted sheets, soft toys, pillows, and crib bumpers in the last two weeks.*



Received All Components of Safe Sleep Advice from a Healthcare Worker

Beginning in 2019, more Maine birthing parents received all the AAP recommended components of safe sleep advice from a healthcare worker. From 2019-2021 the trend continued upward and may have slowed in 2022. At that time, nearly 71% of parents reported receiving all components of safe sleep advice, compared to nearly 49% in 2016. This question was not carried over to the 2023 survey.

Figure 23. Received all components of safe sleep advice includes those whose were told by a healthcare worker to place their baby on their back to sleep; place their baby to sleep in a crib, bassinet, or pack and play; place the baby's bed in the parent's room; and not put soft objects or loose bedding in bed with the baby.

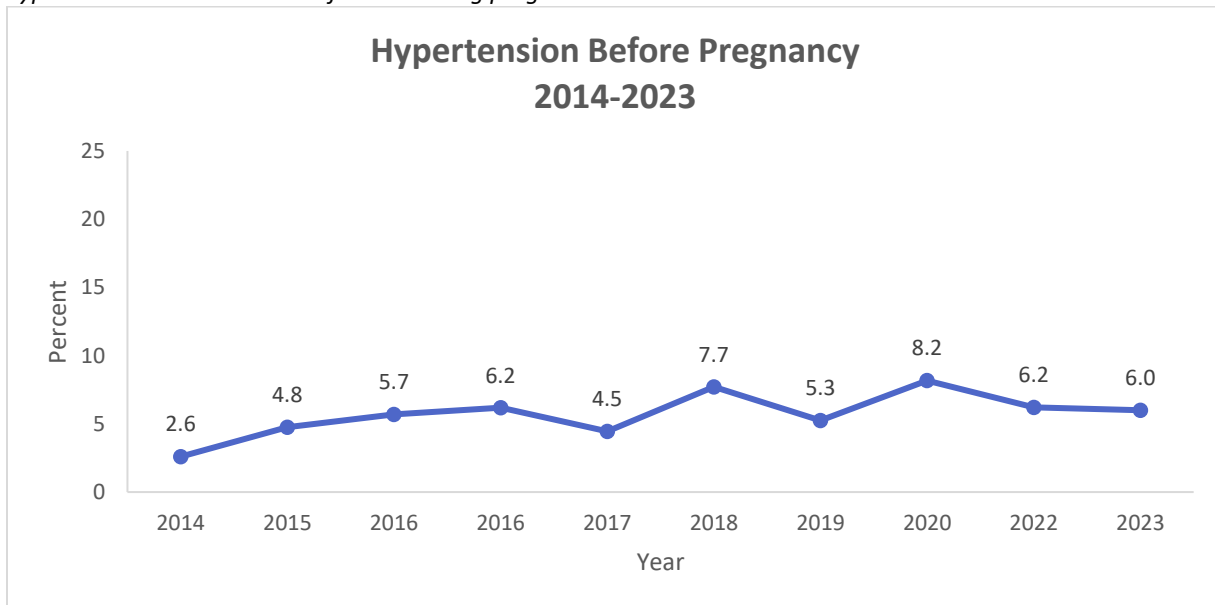


M A T E R N A L H E A L T H

Hypertension Before Pregnancy

From 2016-2023, the percentage of birthing parents reporting hypertension before pregnancy has remained relatively unchanged. Overall, during this time about 6% of people reported this condition.

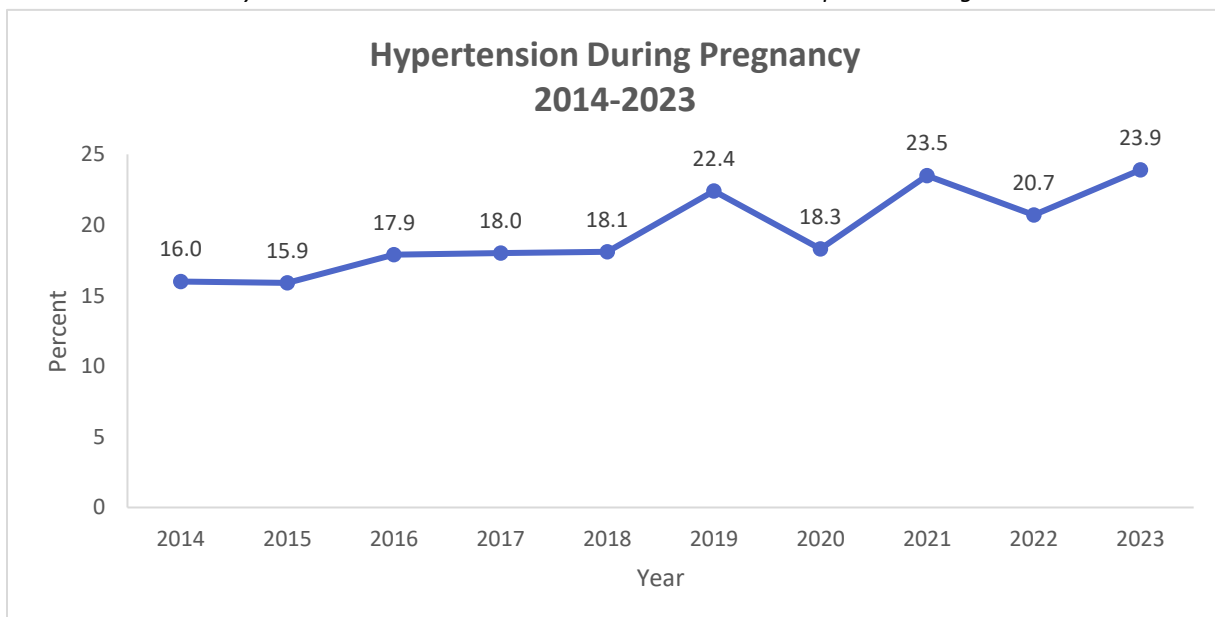
Figure 24. Hypertension before pregnancy includes those who answered “yes” to having high blood pressure or hypertension three months before becoming pregnant.



Hypertension During Pregnancy

Hypertension during pregnancy may be increasing and in 2023, close to 24% of birthing people reported having this condition.

Figure 25. Hypertension during pregnancy in 2014-2015 and 2023 includes those who reported they were told by a healthcare worker they had this condition. 2016-2022 includes those who reported having the condition. *

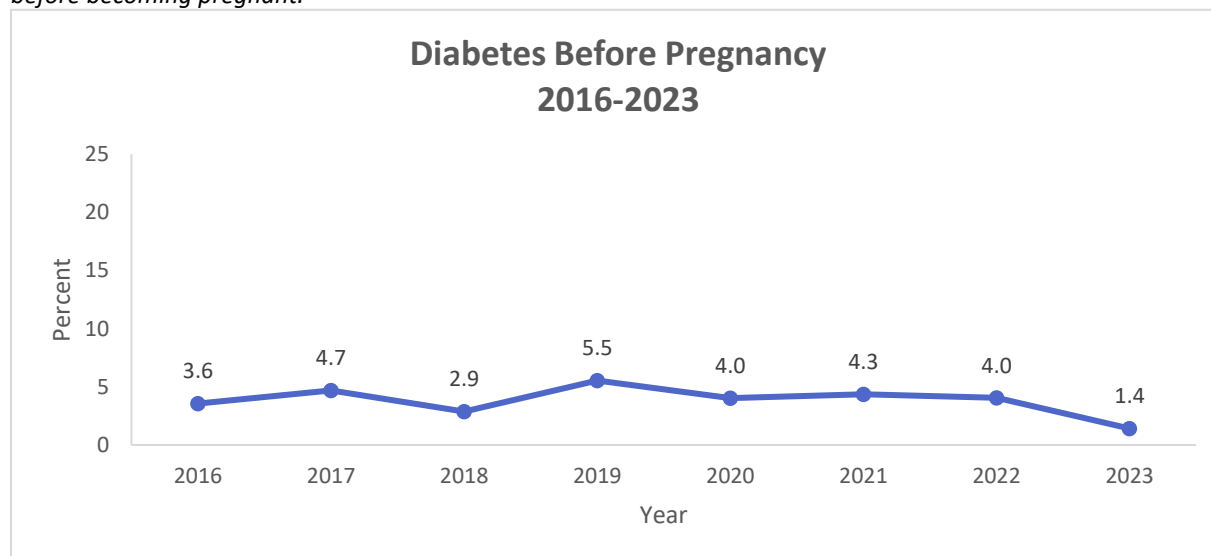


*Analysis allows any mention of hypertension, either pre or gestational.

Diabetes Before Pregnancy

From 2016-2022, the percentage of birthing people reporting diabetes before pregnancy remained relatively unchanged. In 2023, about 1% of people reported this condition, but it is too soon to determine if this represents a downward trend.

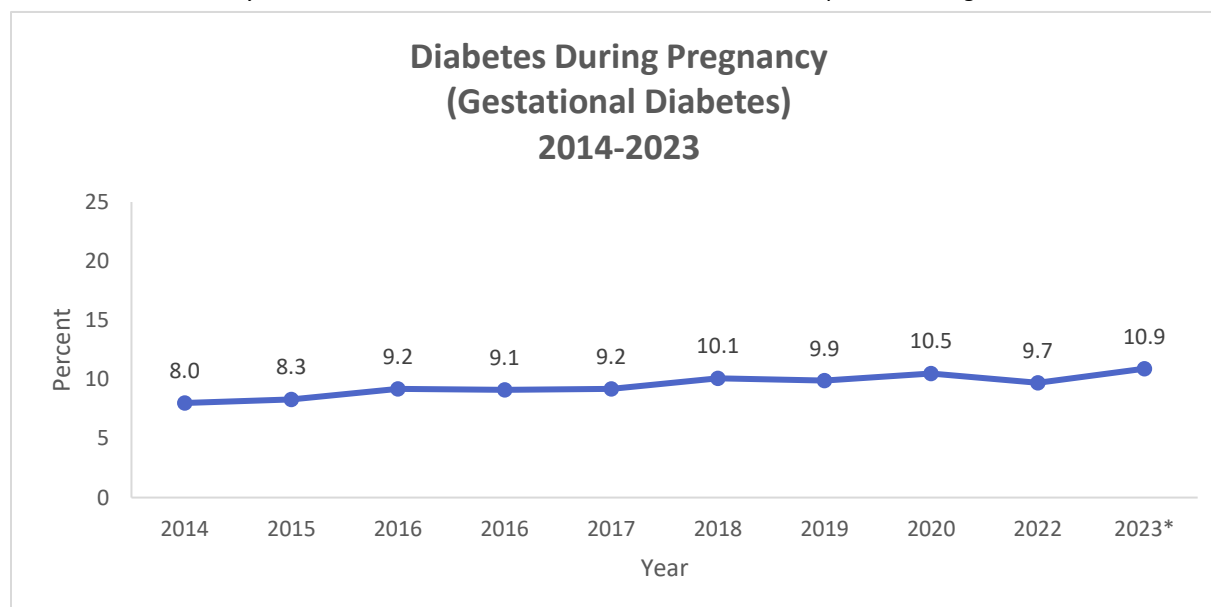
Figure 26. Diabetes before pregnancy include those who reported having Type 1 or Type 2 diabetes three months before becoming pregnant.



Diabetes During Pregnancy (Gestational Diabetes)

The percentage of birthing people reporting gestational diabetes could be slowly increasing. While the increase is not statistically significant, the trend is moving upward.

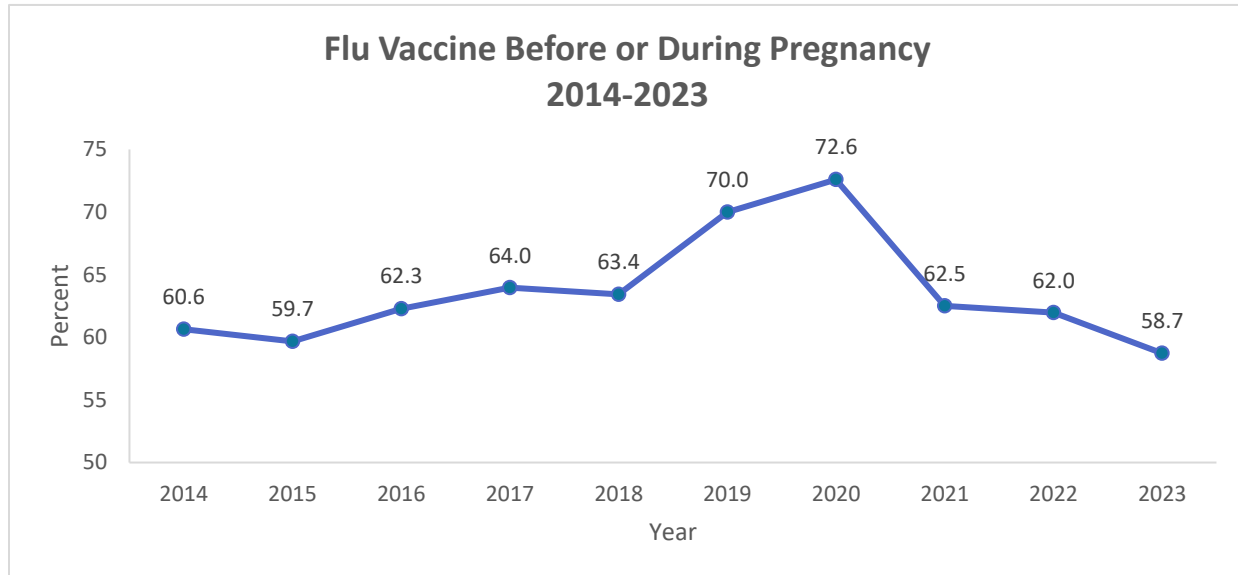
Figure 27. *Diabetes during pregnancy in 2014-2015 and 2023 include those who reported they were told by a healthcare worker they had this condition. 2016-2022 includes those who reported having the condition.



Flu Vaccine

From 2014 to 2020, more people received the flu shot either before or during pregnancy. In 2021, the percentage significantly dropped and since then has been declining. In 2023, about 59% of birthing people reported receiving the flu shot, the fewest in the last 10 years.

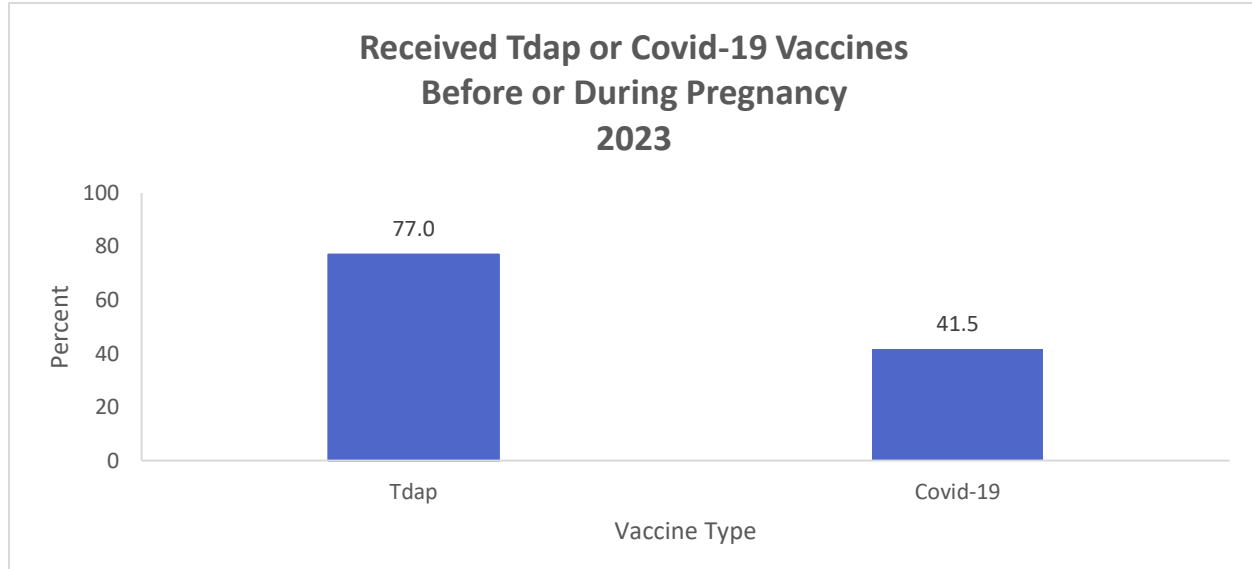
Figure 28. Flu vaccine before or during pregnancy includes those who reported receiving the flu shot in the 3 months before pregnancy or during pregnancy (12 months before the delivery of their baby).



Tdap and Covid-19 Vaccines

In 2023, the survey added additional questions to ask about the Tdap and Covid-19 vaccination status around the time of pregnancy. At this time, 77% of people reported receiving the Tdap vaccine either 3 months before pregnancy or during pregnancy, while almost 42% reported this for the Covid-19 vaccine.

Figure 29. Received Tdap or Covid-19 vaccines before or during pregnancy includes those who reported they received this vaccine in the 3 months before pregnancy or during pregnancy (12 months before the delivery of their baby).



MENTAL HEALTH AND STRESS

Stressful Events Around Pregnancy

The percentage of people experiencing stressful events around the time of pregnancy may have decreased between 2014 and 2022. In 2023, the survey question changed to be more specific with fewer response options. In this year, the percentage reporting three or more stressful events was 12% (**Figure 31**). Using the 2023 question in earlier years may have resulted in lower percentages in these years. In 2023, the most common stressful event reported was that someone close was very sick or died, followed by not being able to pay bills.

Figure 30. Three or more stressful events includes those who reported at least three of the following events: a close family member was sick, I got separated or divorced, I moved to a new address, I was homeless, my partner lost their job, I lost my job, my partner or I had a cut in work hours or pay, I was apart from my partner due to military or work travel, I argued with my partner more than usual, my partner said they didn't want me to be pregnant, I had problems paying bills, my partner went to jail, I went to jail, someone close to me had a problem with drinking or drugs, or someone close to me died.

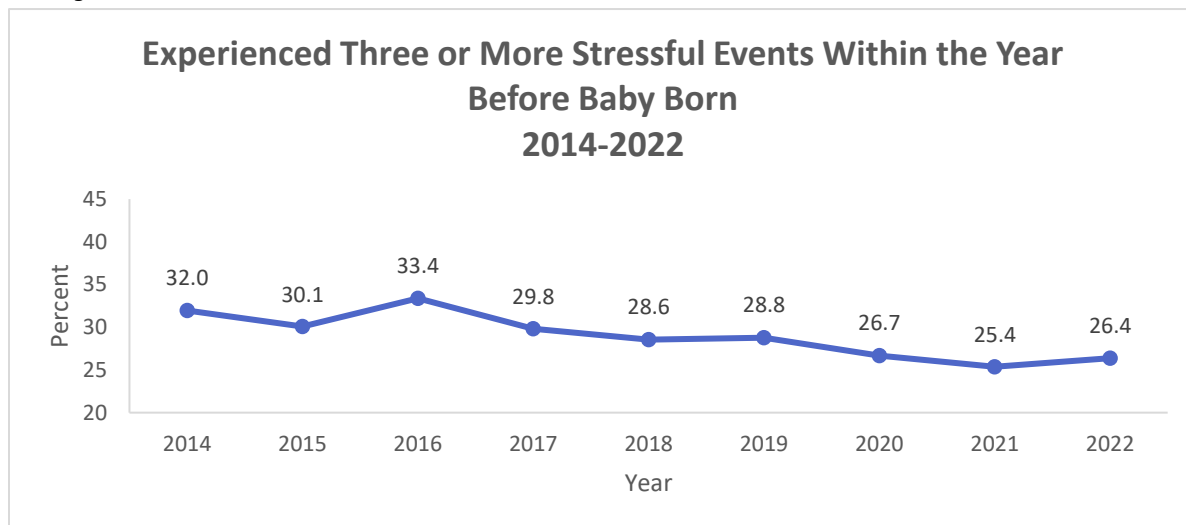
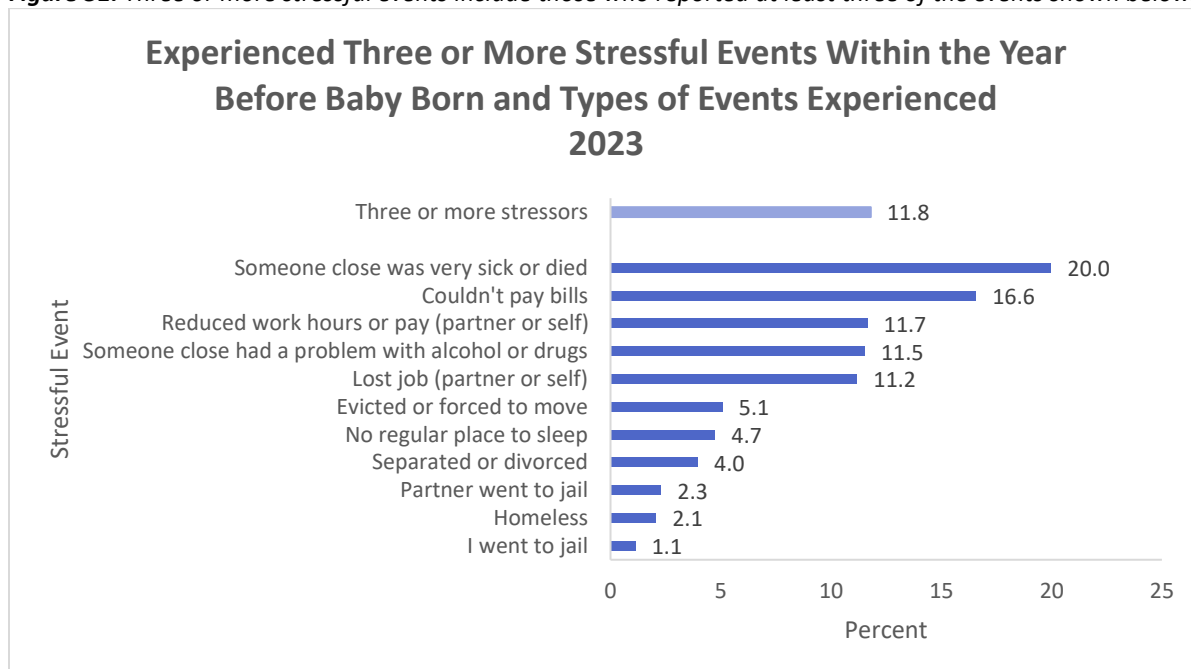


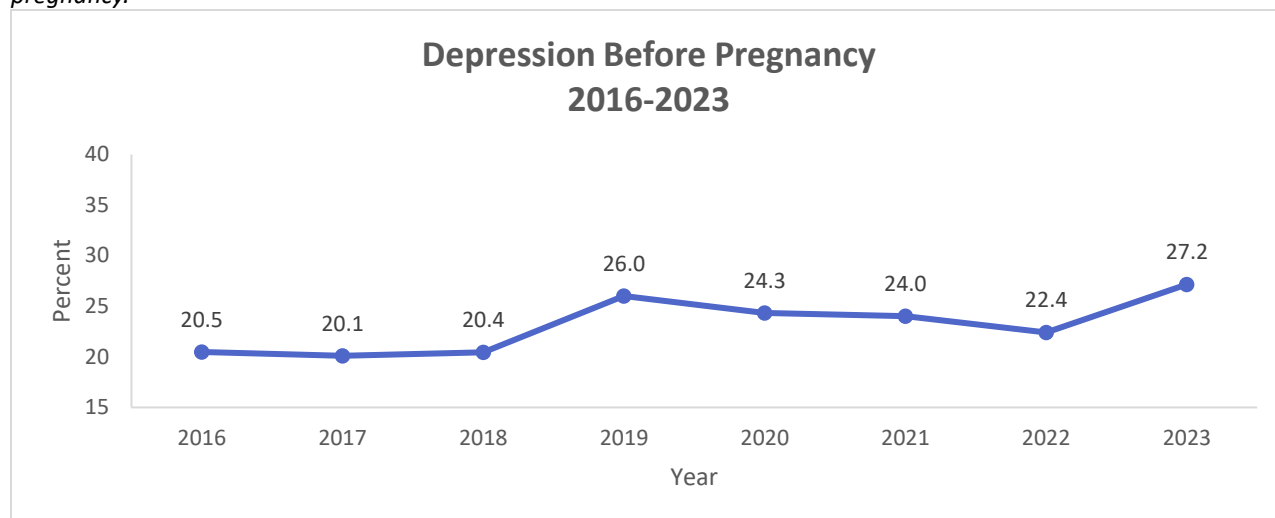
Figure 31. Three or more stressful events include those who reported at least three of the events shown below.



Depression Before Pregnancy

More birthing people may be experiencing depression. In 2023, nearly 27% reported having this pre-pregnancy condition compared to about 21% in 2016.

Figure 32. Depression before pregnancy includes those reporting having depression in the three months before pregnancy.



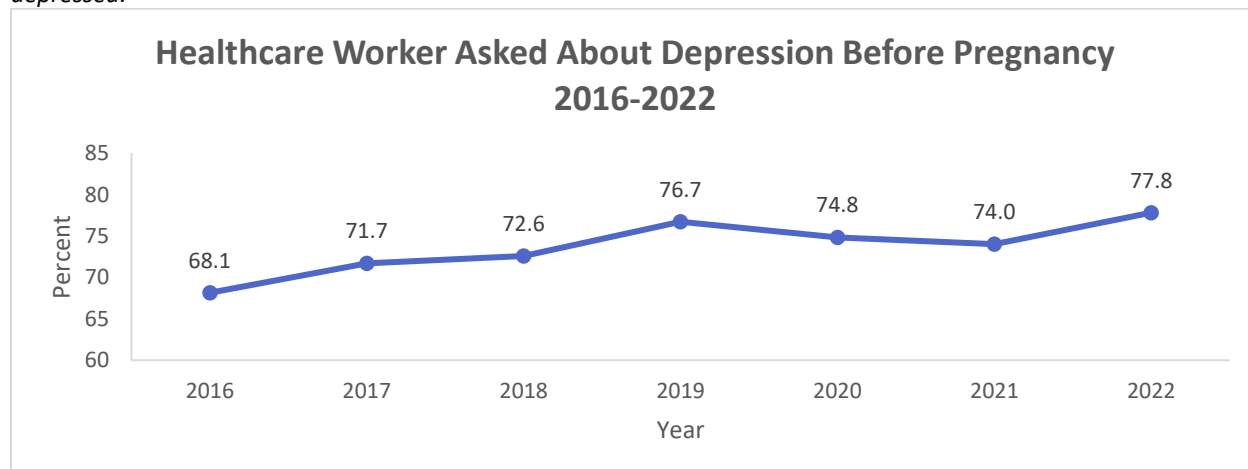
Anxiety Before Pregnancy

In 2023, the survey began asking about anxiety around the time of pregnancy. In this year, close to 49% reported having anxiety three months before pregnancy, making anxiety a more frequently reported mental health condition than depression.

Healthcare Worker Asked About Depression or Anxiety Before Pregnancy

From 2016 to 2022, more healthcare workers asked about depression during healthcare visits prior to pregnancy. During this period, an average of about 3 in 4 (74%) reported being asked about depression by a healthcare worker. In 2023, the survey question changed to ask if a healthcare worker asked about depression or anxiety, and at this time, close to 79% reported being asked about this.

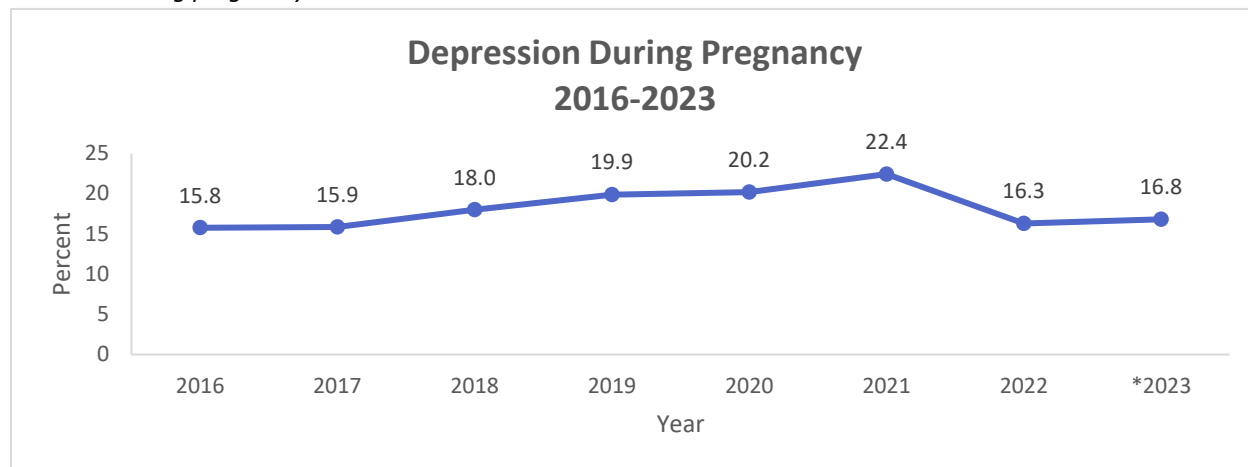
Figure 33. A healthcare worker asked about depression before pregnancy includes those who had a healthcare visit within the 12 months prior to pregnancy and reported a healthcare worker asked if they were feeling down or depressed.



Depression During Pregnancy

Birthing parents reporting depression during pregnancy ranged from nearly 16% in 2016, ticking up to 22%, or just over 1 in 5 survey participants in 2021. The survey years 2022 and 2023 saw 16% and 17% of birthing parents reporting depression during pregnancy, respectively.

Figure 34. 2016-2023 depression during pregnancy includes those who reported having depression as a health condition during pregnancy.



*2023 includes those who reported they were told by a healthcare worker they had this condition.

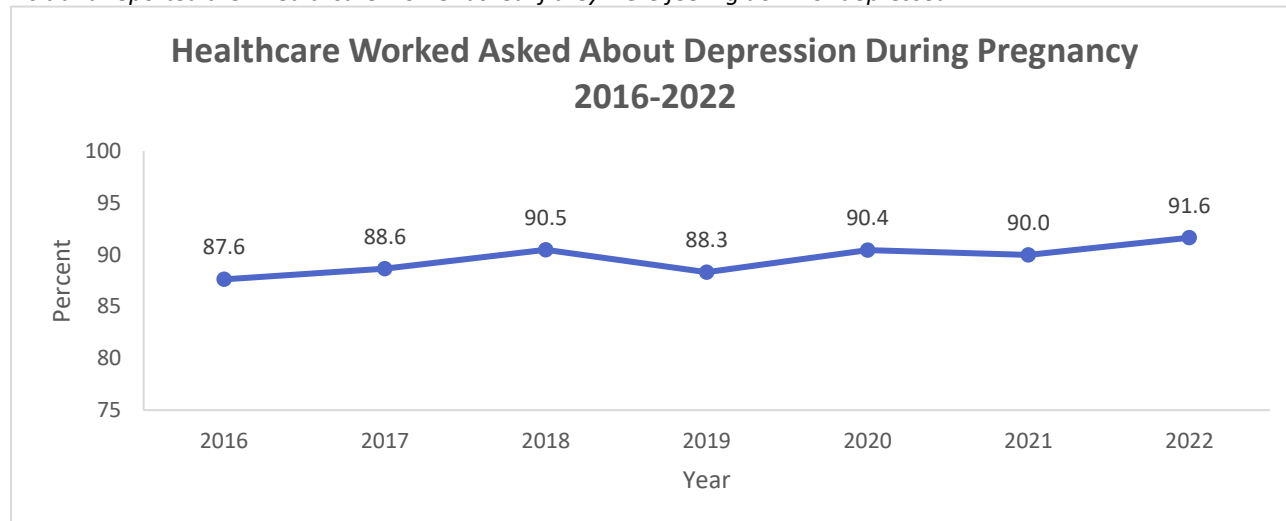
Anxiety During Pregnancy

In 2023, the survey began asking about anxiety during pregnancy and in this year about 27% of birthing people reported they were told by a healthcare worker they had this condition during pregnancy.

Healthcare Worker Asked About Depression or Anxiety During Pregnancy

From 2016-2022, about 9 in 10 (90%) birthing parents reported that a healthcare worker asked them about depression during their most recent pregnancy and this trend may slowly be increasing. In 2023, the survey question changed to ask if a healthcare worker screened for depression or anxiety and at this time close to 89% reported this.

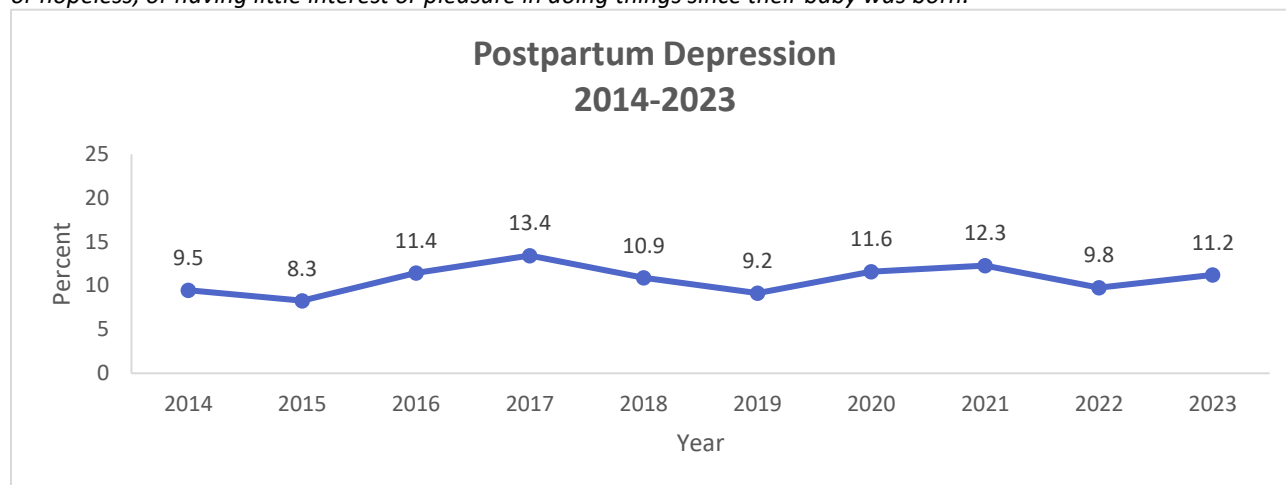
Figure 35. A healthcare worker asked about depression during pregnancy includes those who had a prenatal care visit and reported their healthcare worker asked if they were feeling down or depressed.



Postpartum Depression

Overall, from 2014-2023, close to 11% of birthing parents, or about 1 in 10, reported symptoms of depression after pregnancy.

Figure 36. Postpartum depression symptoms include those who reported always or often feeling down, depressed, or hopeless; or having little interest or pleasure in doing things since their baby was born.



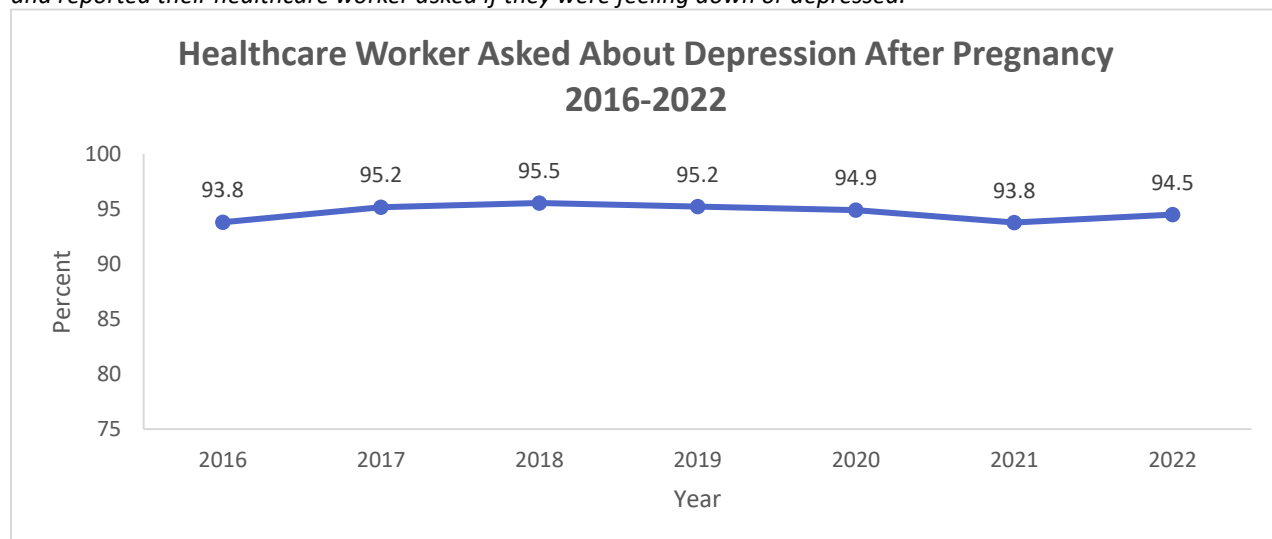
Postpartum Anxiety

The 2023 survey added a question to ask about postpartum anxiety symptoms. At this time, 21% reported experiencing postpartum anxiety.

Healthcare Worker Asked About Depression or Anxiety After Pregnancy

From 2016-2022, about 95% of birthing parents reported a healthcare worker asked them about depression during a postpartum visit. Over this time, the trend remained relatively stable. In 2023, the survey question changed to ask if a healthcare worker screened for depression or anxiety and nearly 91% reported this. It is too early to tell if this decrease is a trend or is related to the change in the survey question.

Figure 37. Healthcare worker asked about depression after pregnancy include those who had a postpartum visit and reported their healthcare worker asked if they were feeling down or depressed.



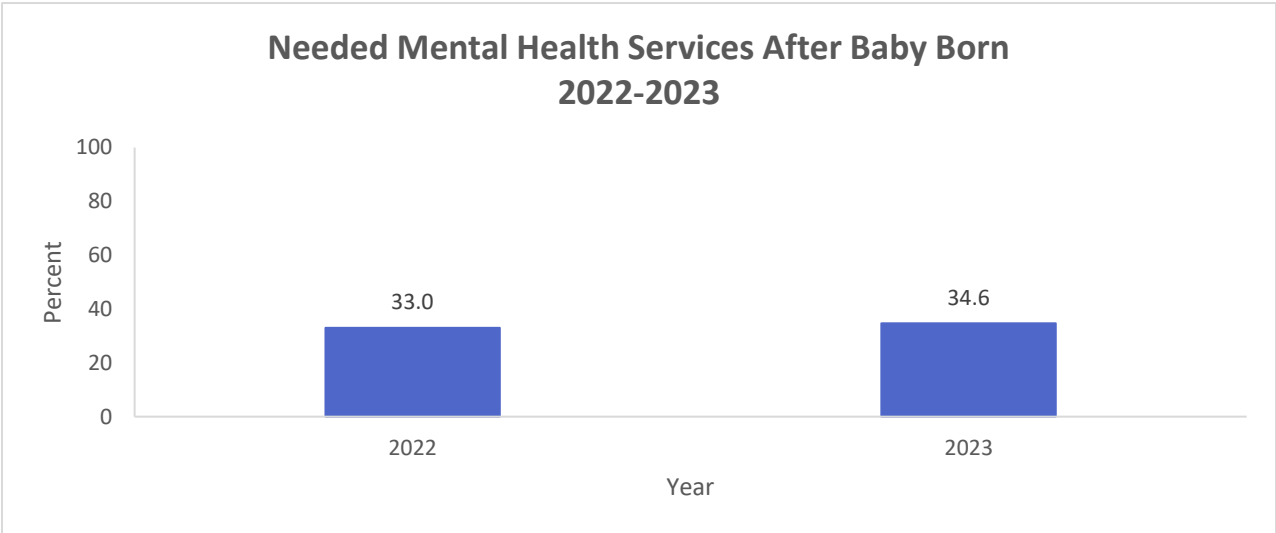
Prescribed Medication for Depression or Anxiety

The 2023 survey added a question to ask if a healthcare provider prescribed medication for depression or anxiety during a postpartum visit. At this time, about 23% of birthing people with a postpartum check-up reported this happening.

Needed Mental Health Services After Baby Born

The 2022 Social Determinants of Health supplement to the survey asked about the need for postpartum mental health services and in 2023 this question was added to the main survey. In these two years, about 1 in 3 (34%) recently postpartum people needed mental health services.

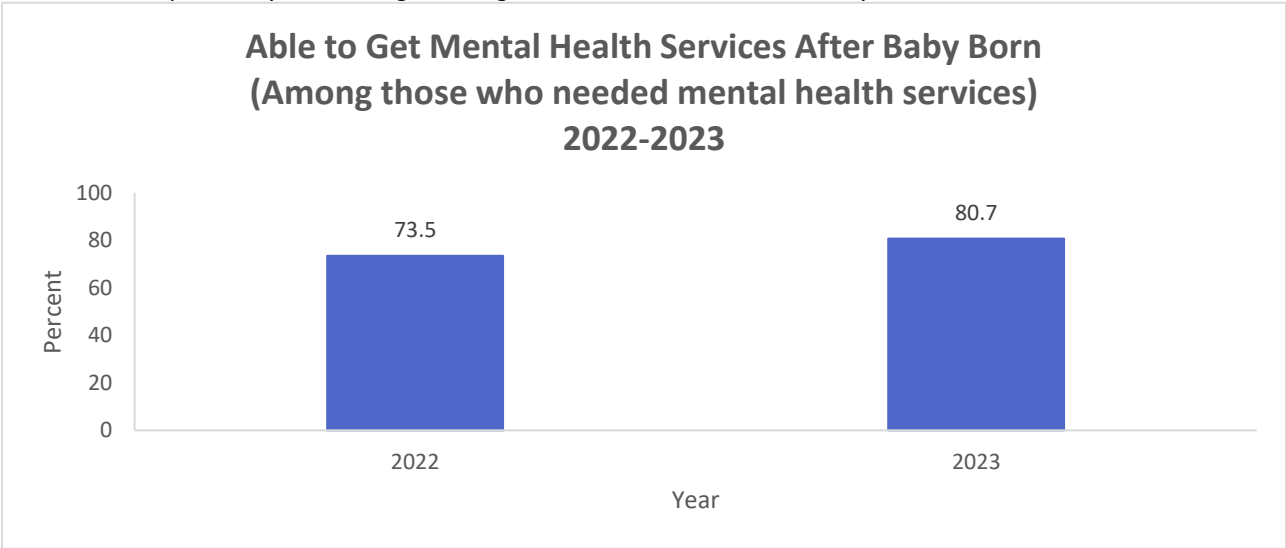
Figure 38. Needed mental health services after baby born includes those who responded “yes” to needing mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues.



Able to Get Mental Health Services After Baby Born

From 2022 to 2023, among the recently postpartum people who needed mental health services after their baby was born, about 3 in 4 (77%) were able to get services. While the increase in 2023 is not statistically significant, it may indicate the beginning of an upward trend.

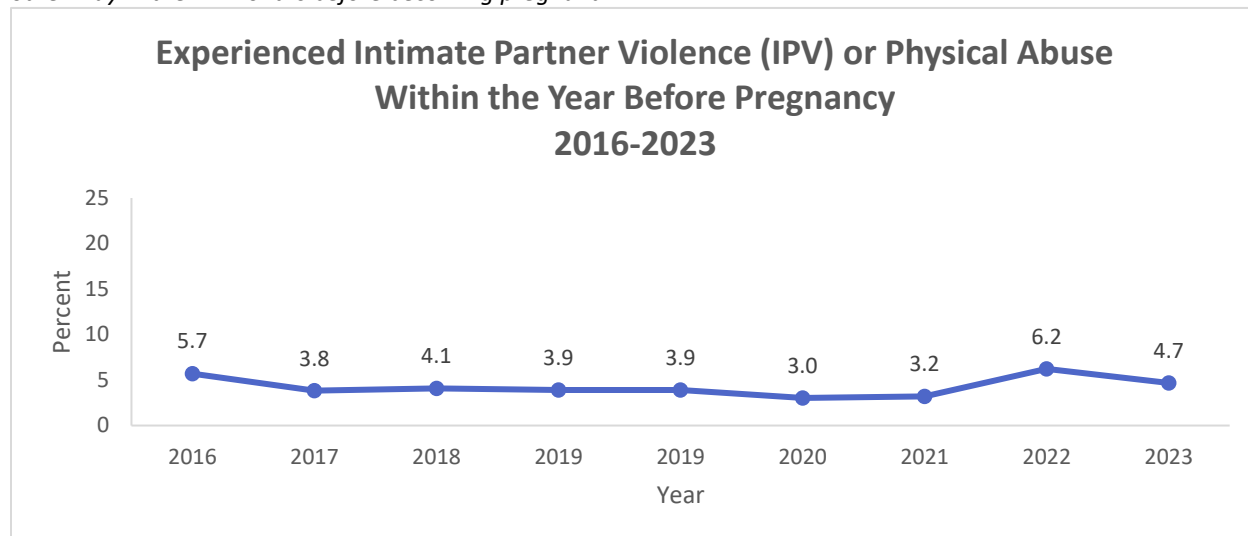
Figure 39. Able to get mental health services after baby born includes those who reported needing mental health services and responded “yes” to being able to get the mental health services they needed.



Intimate Partner Violence or Physical Abuse Before Pregnancy

From 2016-2023, nearly 5% of birthing parents reported experiencing Intimate Partner Violence (IPV) or physical abuse within the year before becoming pregnant. The survey does not ask about other types of abuse, such as emotional or psychological.

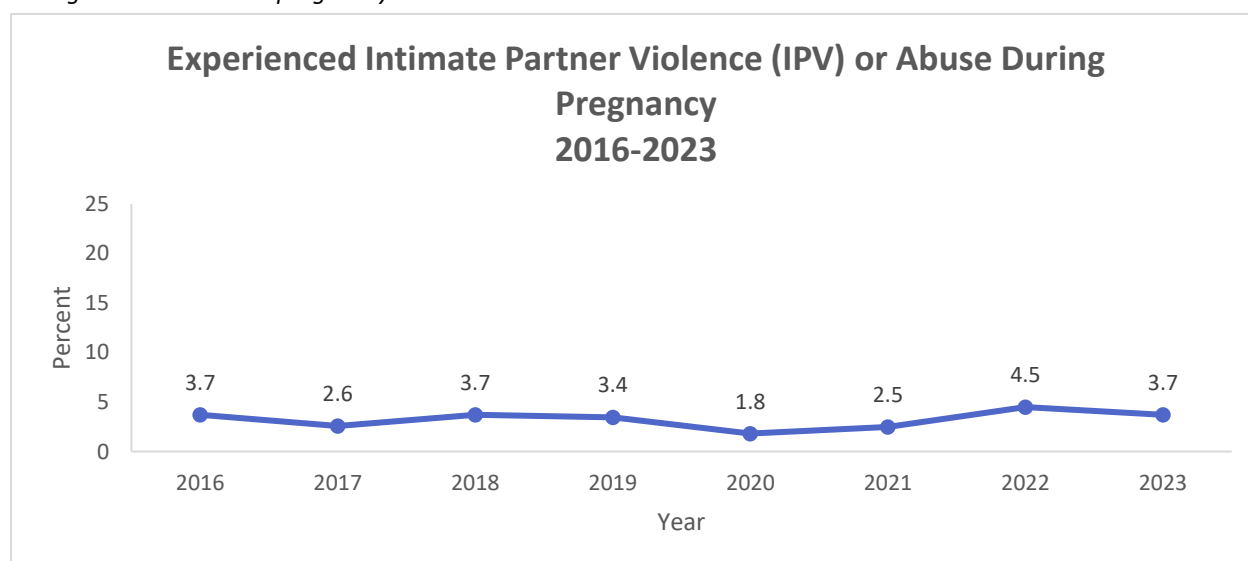
Figure 40. Experienced IPV or abuse within the year before pregnancy includes those who reported their partner, ex-partner, another family member, or someone else pushed, slapped, kicked, choked, or physically hurt them in any other way in the 12 months before becoming pregnant.



Intimate Partner Violence or Physical Abuse During Pregnancy

From 2016-2023, close to 4% of birthing parents experienced IPV or physical abuse during their most recent pregnancy.

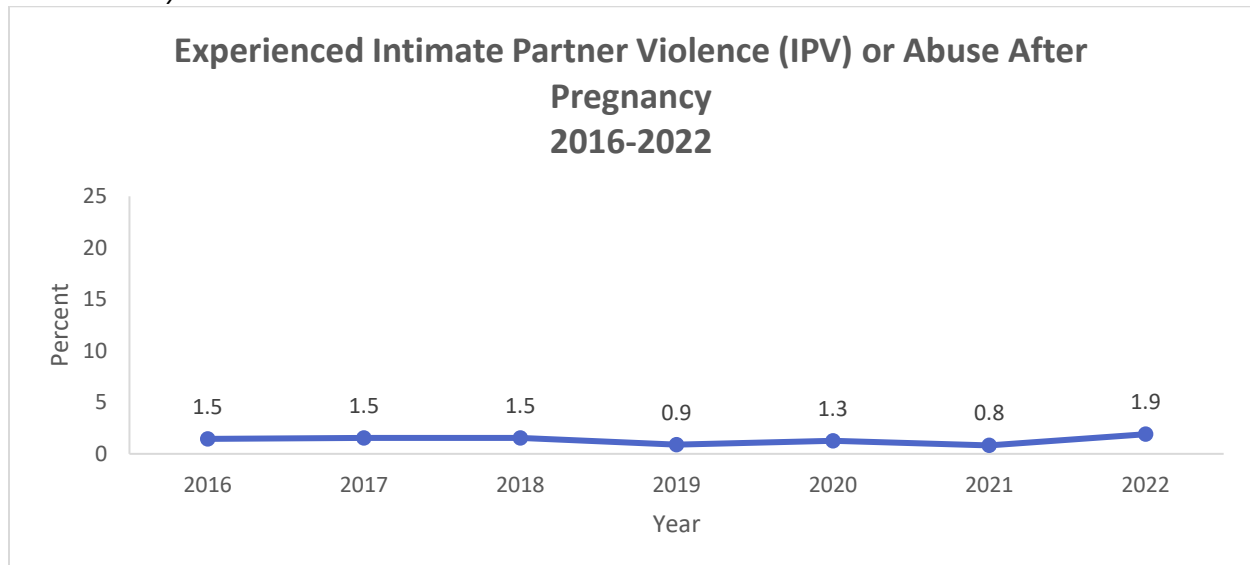
Figure 41. Experienced IPV or abuse during pregnancy includes those who reported their partner, ex-partner, another family member, or someone else pushed, slapped, kicked, choked, or physically hurt them in any other way during their most recent pregnancy.



Intimate Partner Violence or Physical Abuse After Pregnancy

From 2016-2022, about 1% of birthing parents reported experiencing IPV or abuse after their baby was born. Beginning in 2023, this question was no longer asked in the survey.

Figure 42. Experienced IPV or abuse during pregnancy includes those who reported their partner, ex-partner, another family member, or someone else pushed, slapped, kicked, choked, or physically hurt them in any other way since their baby was born.

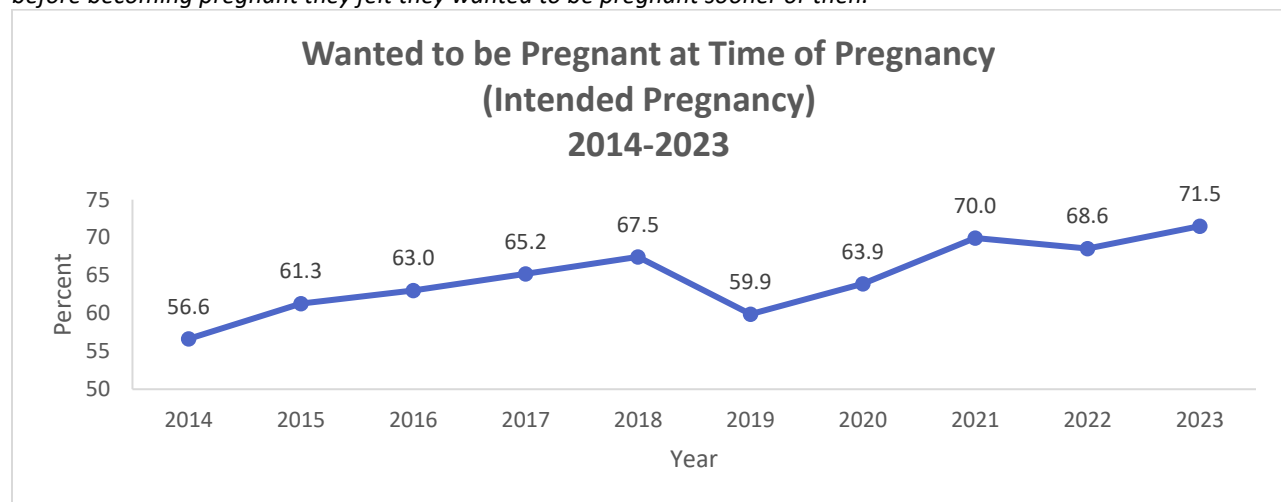


PREGNANCY PLANNING AND CONTRACEPTION

Pregnancy Intention

Since 2014, more birthing parents reported wanting to be pregnant at the time they found out they were pregnant. From 2019 -2020, the percentage of people reporting this dropped, but since 2021 may slowly be increasing again.

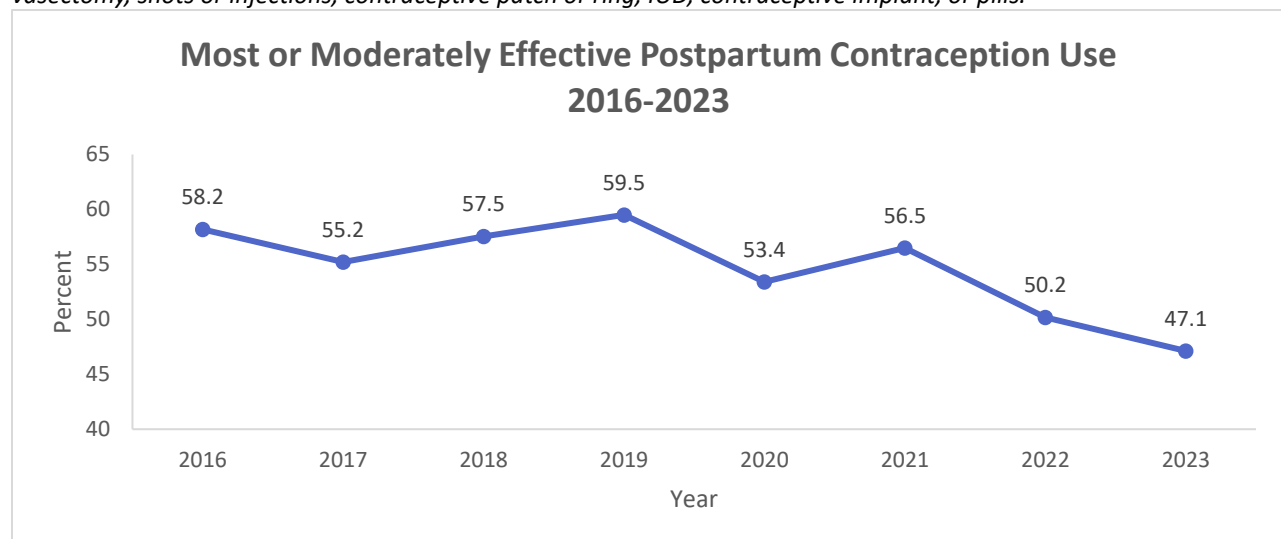
Figure 43. Wanted to be pregnant at time of pregnancy (or intended pregnancy), includes those who reported just before becoming pregnant they felt they wanted to be pregnant sooner or then.



Postpartum Contraception Use

Since 2016, fewer recently postpartum people are using effective methods of contraception after their baby's birth. In 2016, almost 58% of people were using an effective method and in 2023 the percentage dropped below 50% to nearly 47%.

Figure 44. Most or moderately effective contraceptive use includes those who reported using at least one of the following contraceptive methods at the time of completing the survey: tubes tied or blocked, partner had vasectomy, shots or injections, contraceptive patch or ring, IUD, contraceptive implant, or pills.



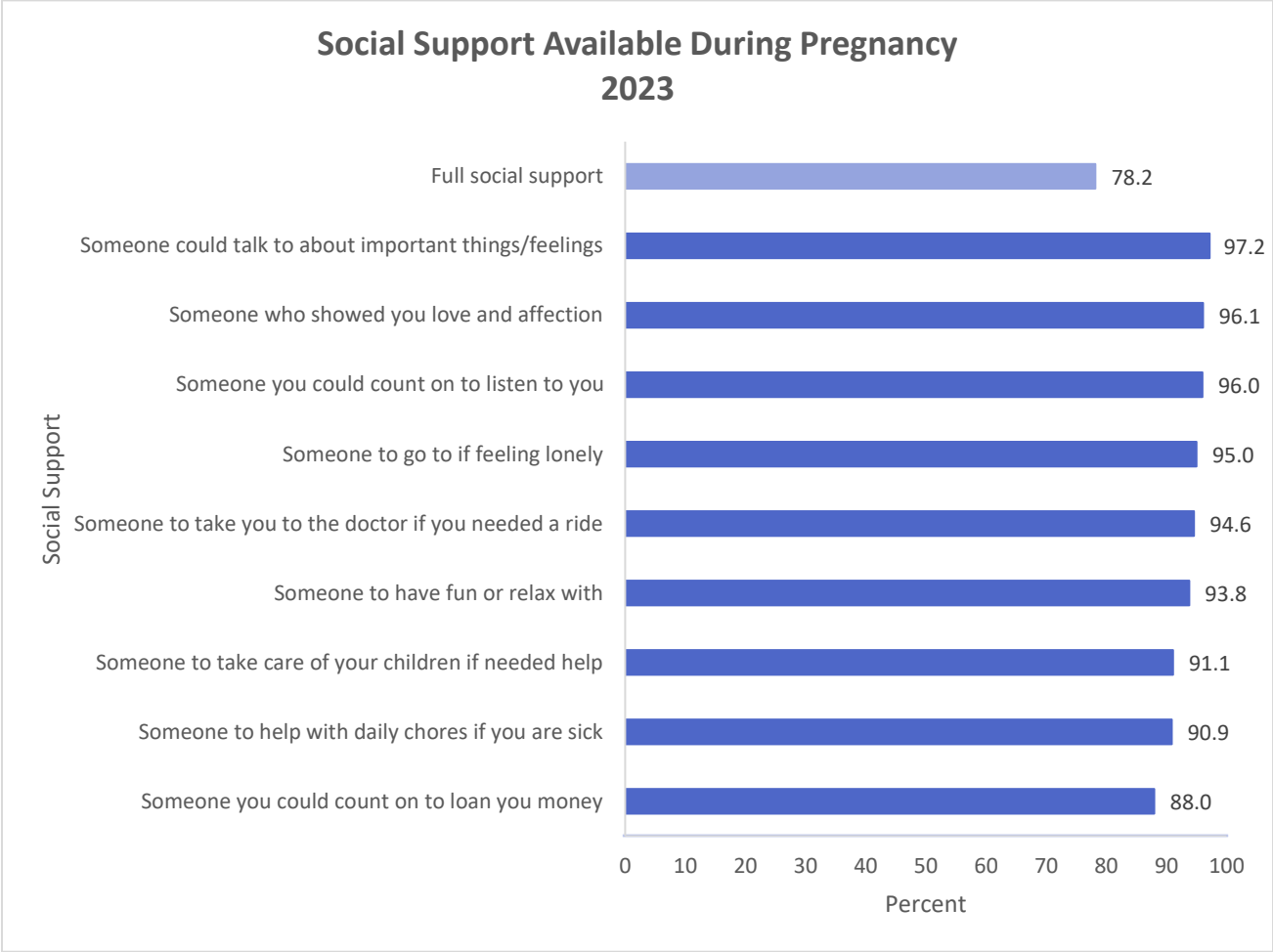
SOCIAL DETERMINANTS OF HEALTH

Much of the data in this report can be categorized as data reflecting Social Determinants of Health (SDOH). The data in this section are SDOH data that did not fit directly into one of the other categories in this report.

Social Support During Pregnancy

In 2023, the survey added a question to ask about social support during pregnancy. At this time, about 3 in 4 (78%) people reported having full social support available to them during pregnancy, with having someone to count on to loan them money being the least likely type of support available.

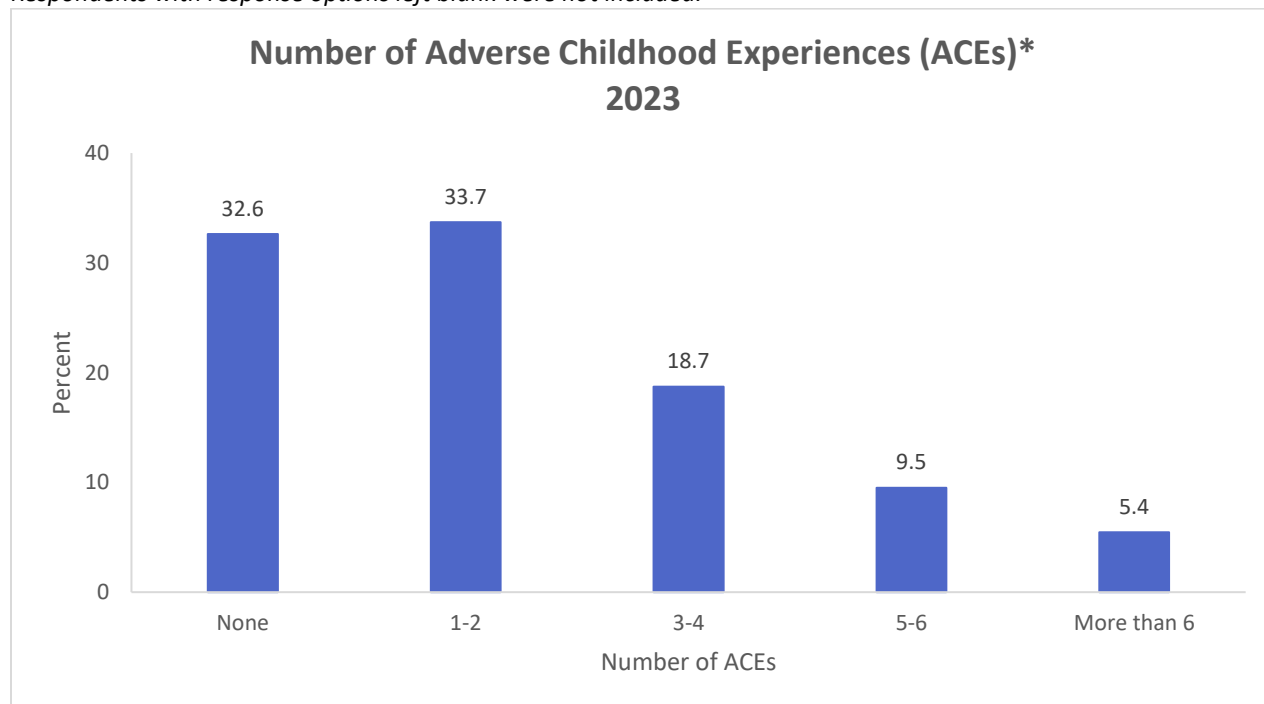
Figure 45. Social support during pregnancy includes those who responded “yes” to having someone in their life who provided each type of the support listed below. Full social support includes those who responded “yes” to all the types of support and does not include respondents if response options were left blank.



Adverse Childhood Experiences

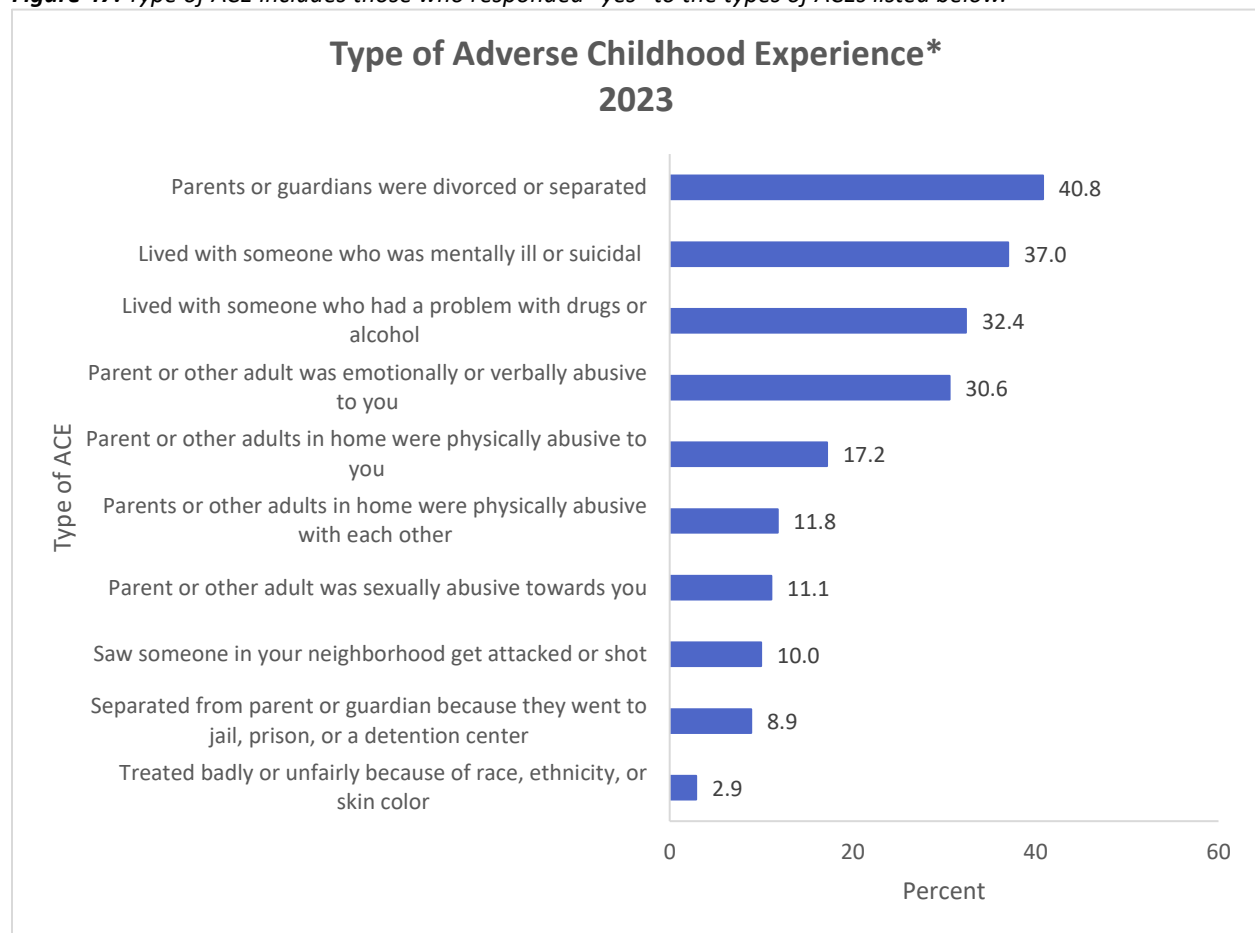
In 2023, the survey added a question to ask about Adverse Childhood Experiences (ACEs). At this time, about 2 in 3 (67%) birthing people reported experiencing at least one ACE. The two most common ACEs reported were parents or guardians were divorced or separated and lived with someone who was mentally ill or suicidal (**Figure 47**). Executive Order 14168 removed respondents from the final dataset who answered “yes” to experiencing maltreatment due to their gender identity or sexual orientation. Therefore, the number of ACEs experienced and the number of people experiencing ACEs may be higher.

Figure 46. Number of ACEs is a count of how many ACEs respondents reported. The total number of ACEs asked about in the survey was 12. None includes respondents who responded “no” to all of the ACEs questions. Respondents with response options left blank were not included.



**Gender identity and sexual orientation were removed from the final dataset due to Executive Order 14168*

Figure 47. Type of ACE includes those who responded “yes” to the types of ACEs listed below.



**Gender identity and sexual orientation responses were removed from the final dataset due to Executive Order 14168*

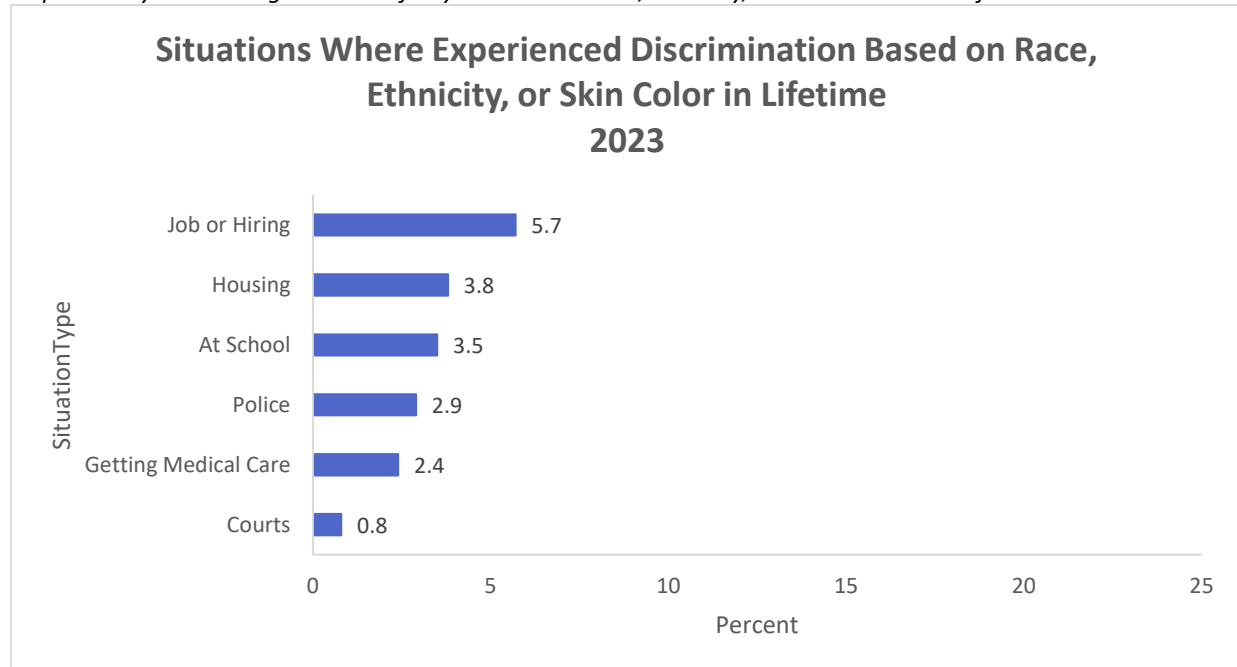
Positive Childhood Experiences

In 2023, the survey also added a question to ask about Positive Childhood Experiences (PCEs). At this time, nearly 81% reported experiencing both PCEs asked about in the survey, which meant they had an adult in their home who made them feel loved and supported and they had an adult in their home who made sure their basic needs were met (respondents with response options left blank were not included).

Lifetime Experience of Race-Based Discrimination

In 2023, job or hiring discrimination was the most reported race-based discrimination. At this time, close to 18% reported experiencing discrimination in their lifetime because of their race (which included reporting very often, somewhat often, or not very often being discriminated against, prevented from doing something, hassled, or made to feel inferior because of race, ethnicity, or skin color). In addition, the survey also added a question to ask about specific situations where race-based discrimination occurred. In 2023, job or hiring discrimination was the most reported race-based discrimination.

Figure 48. Situations where experienced discrimination based on race, ethnicity, or skin color includes those who responded “yes” to being treated unfairly due to their race, ethnicity, or skin color in one of the situations below.

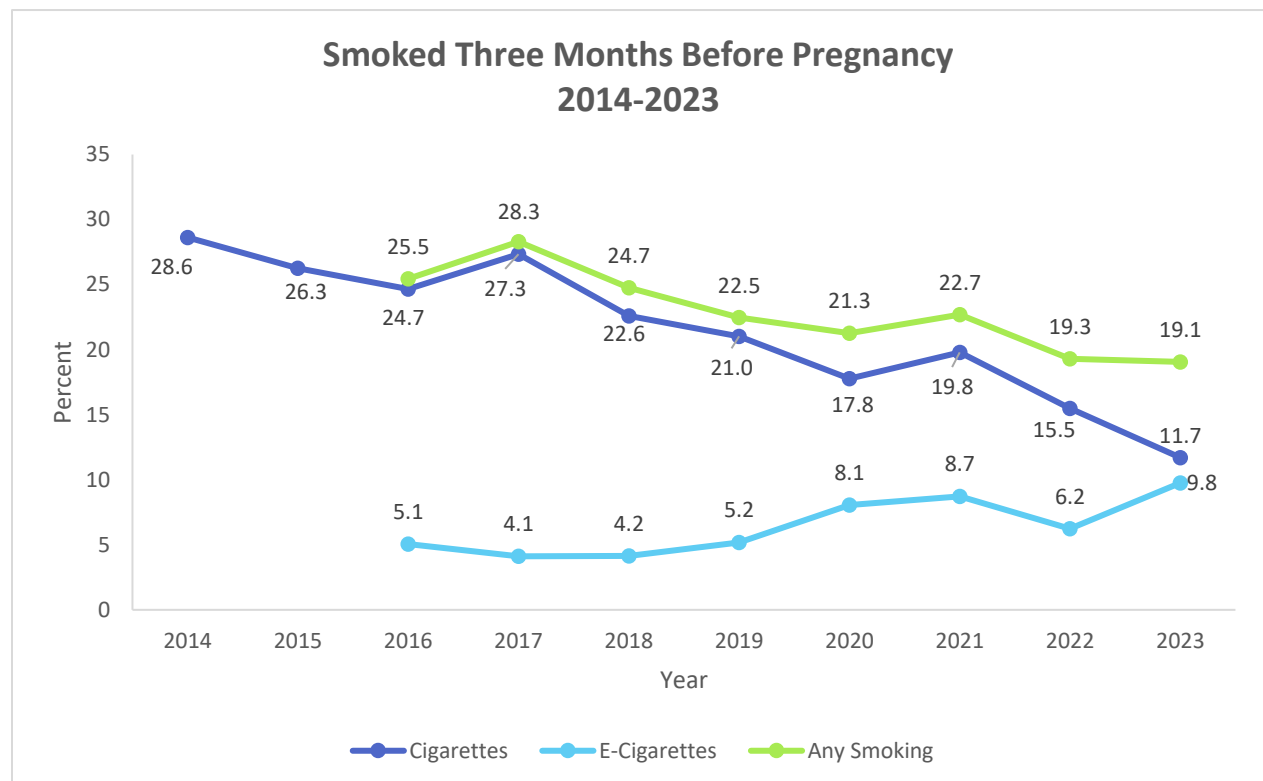


SUBSTANCE USE

Smoked Before Pregnancy (Cigarettes, E-Cigarettes, or Either)

From 2014-2023, fewer birthing parents reported smoking cigarettes in the three months before pregnancy. In 2014, about 1 in 4 (29%) reported smoking cigarettes compared to 1 in 10 (12%) in 2023. However, e-cigarette use is increasing. In 2016, about 1 in 20 (5%) birthing parents reported using e-cigarettes compared to almost 1 in 10 (10%) in 2023.

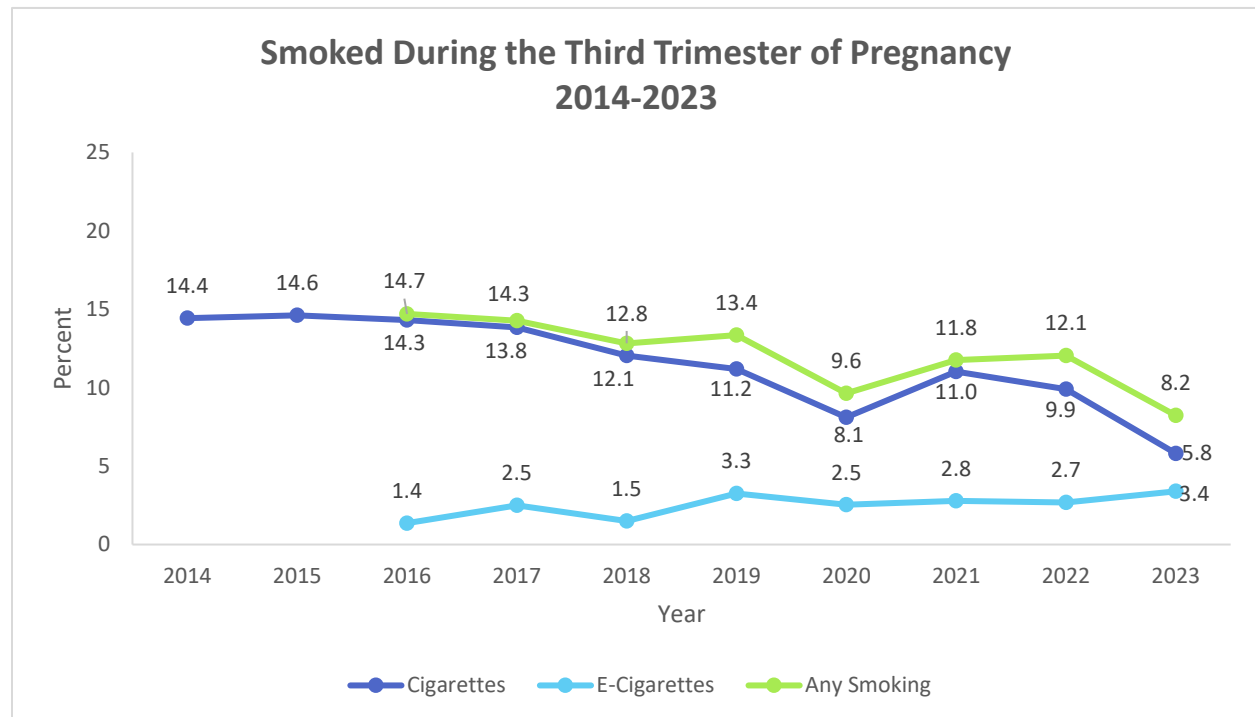
Figure 49. Smoked three months before pregnancy includes those who reported smoking any number of cigarettes, those who reported any e-cigarette use, and those who reported any cigarette or e-cigarette use (any smoking) in the three months before their pregnancy.



Smoked During Pregnancy (Cigarettes, E-cigarettes, or Either)

Similar to the trend of less smoking before pregnancy, fewer birthing parents are smoking cigarettes during pregnancy. In 2014, about 1 in 7 (14%) reported cigarette use during pregnancy and in 2023 this decreased to about 1 in 17 (6%). While the percentage of smoking e-cigarettes during pregnancy is small compared to cigarettes, use may be increasing.

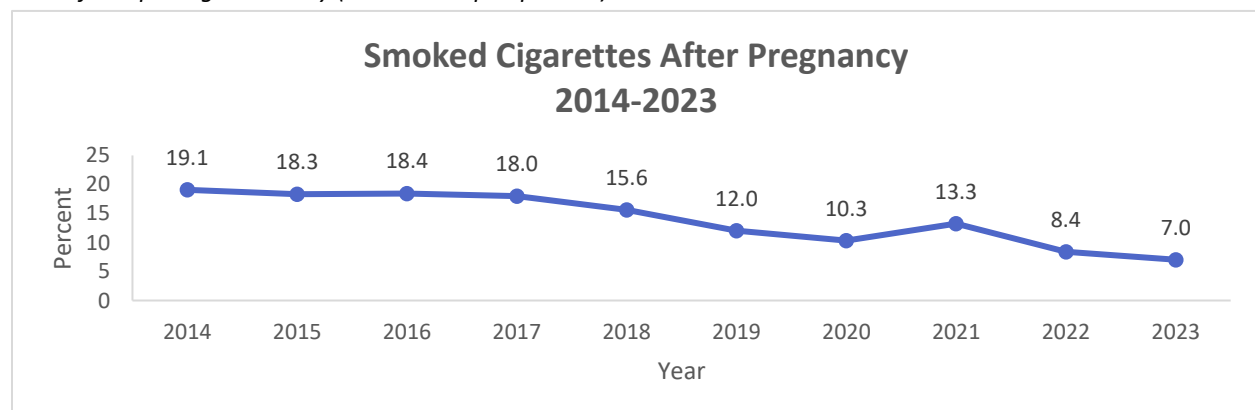
Figure 50. Smoked during the third trimester pregnancy includes those who reported smoking any number of cigarettes, those who reported any e-cigarette use, and those who reported any cigarette or e-cigarette use (any smoking) during the last three months of their pregnancy.



Smoked After Pregnancy

Since 2014, fewer birthing parents are also reporting smoking cigarettes after pregnancy. In 2014, about 1 in 5 (18%) reported smoking cigarettes and in 2023 this dropped to fewer than 1 in 10 (7%). The survey does not ask about postpartum e-cigarette use.

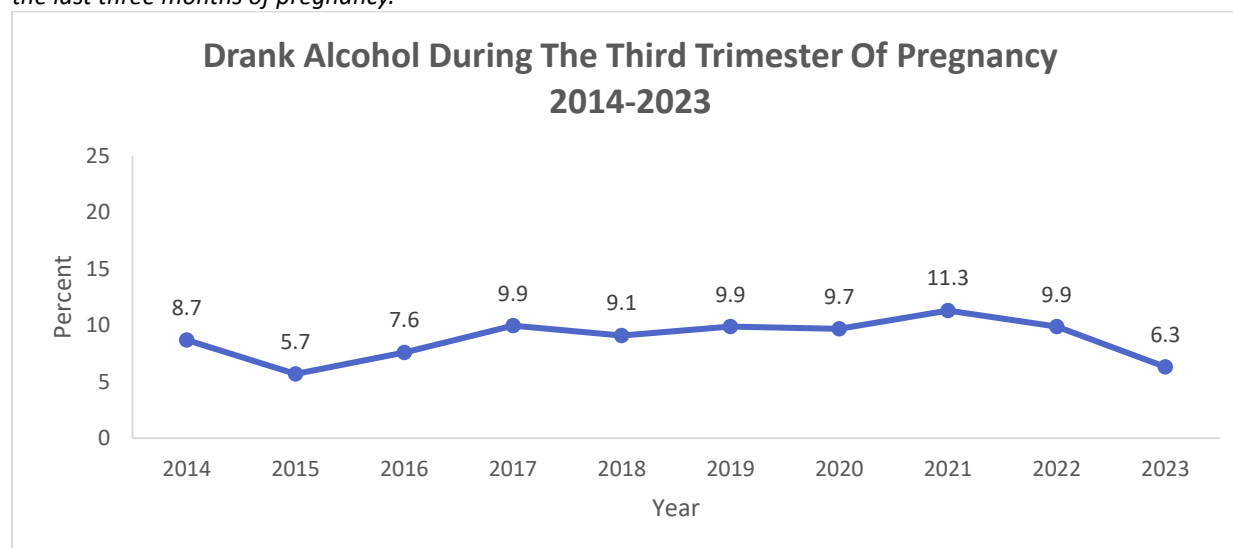
Figure 51. Smoked cigarettes after pregnancy include those who reported smoking any number of cigarettes at the time of completing the survey (2-9 months postpartum).



Drank Alcohol During Pregnancy

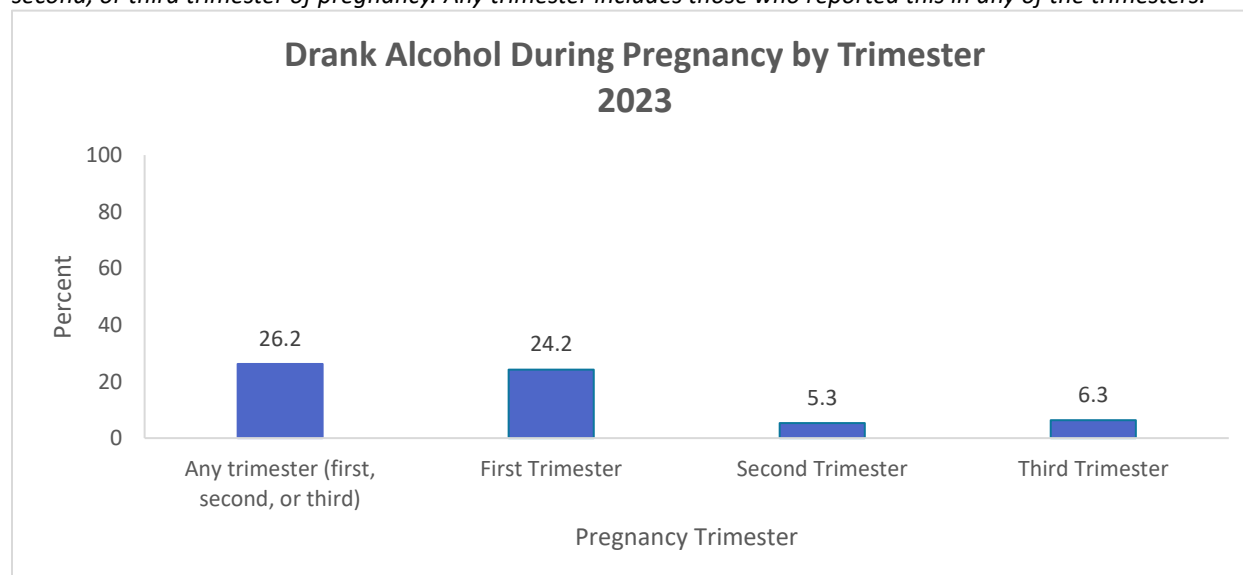
The percentage of birthing parents reporting drinking alcohol during the third trimester of pregnancy has remained relatively unchanged since 2014 and overall, about 9% of parents reported consuming alcohol from 2014-2023.

Figure 52. Drank alcohol during the third trimester of pregnancy includes those who reported any drinking during the last three months of pregnancy.



In 2023, the survey question changed to allow respondents to report any drinking during the first, second, and third trimesters. Across all trimesters, 1 in 4 survey participants (26%) reported drinking alcohol during pregnancy, with most people reporting this in the first trimester.

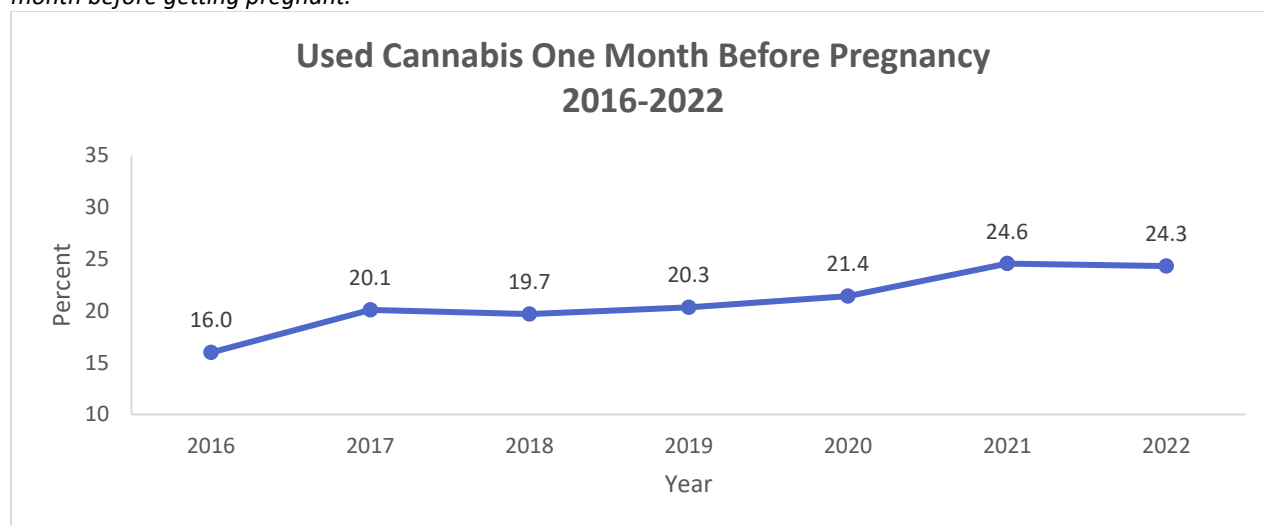
Figure 53. Drank alcohol during pregnancy includes those who reported having any alcoholic drinks during the first, second, or third trimester of pregnancy. Any trimester includes those who reported this in any of the trimesters.



Used Cannabis Before Pregnancy

Cannabis use among birthing people is increasing. In 2016, about 1 in 6 (16%) people reported using cannabis one month before pregnancy and in 2022 this increased to nearly 1 in 4 (24%). In 2023, the survey question changed to ask respondents to report cannabis use within the three months prior to pregnancy and directed respondents to not include hemp or CBD only products. At this time, nearly 27% of people reported this.

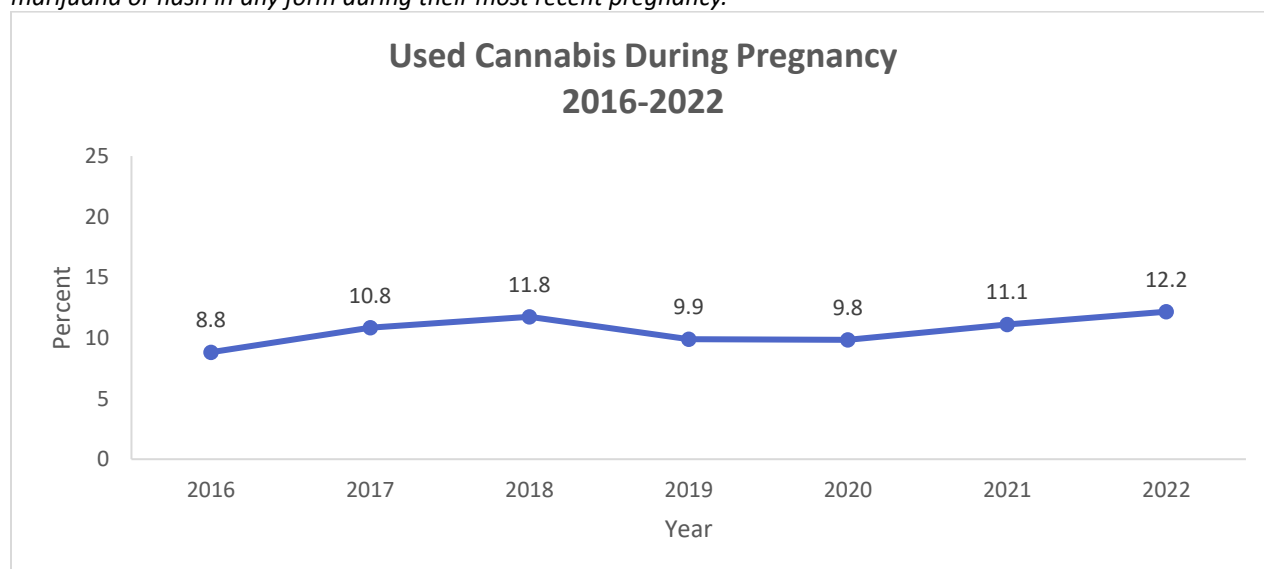
Figure 54. Used cannabis one month before pregnancy includes those who reported using marijuana or hash one month before getting pregnant.



Used Cannabis During Pregnancy

Following the trend above, cannabis use during pregnancy may also slowly be increasing. In 2023, the survey question changed to specify that respondents should not include hemp or CBD-only products, this year about 14% of people reported cannabis use during pregnancy.

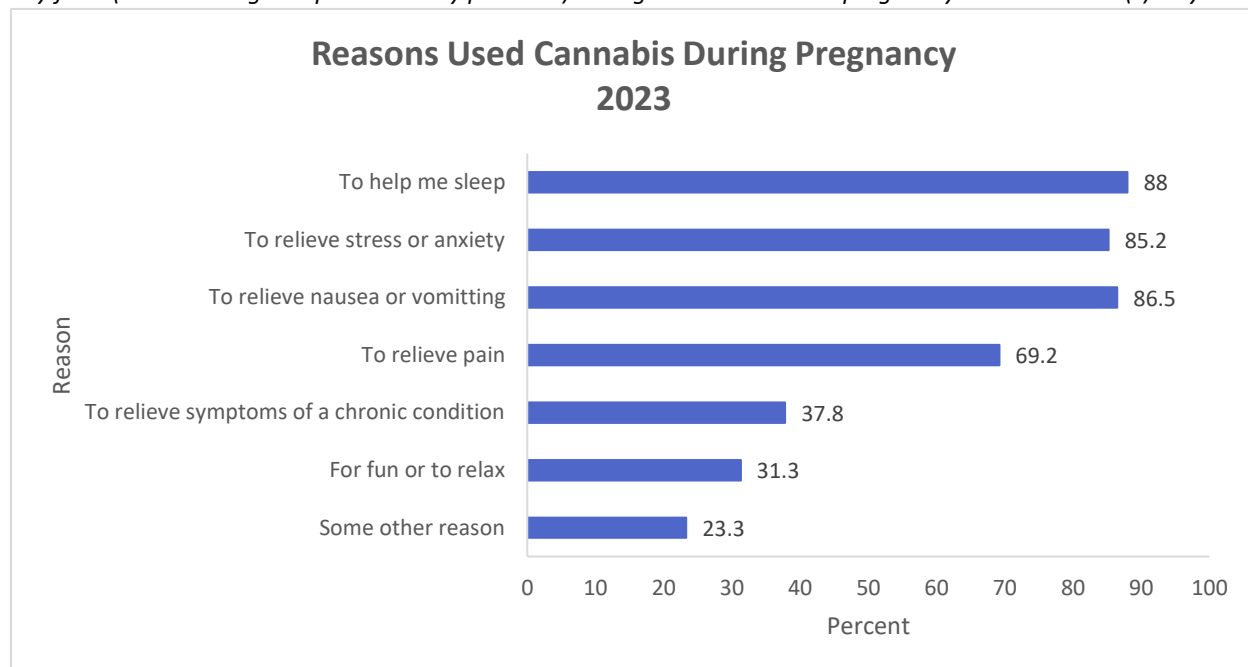
Figure 55. Percent of survey respondents who used cannabis during pregnancy include those who reported using marijuana or hash in any form during their most recent pregnancy.



Reasons Used Cannabis During Pregnancy

In 2023, a survey question was added to ask why people used cannabis during pregnancy. The most common reasons were for symptom management, with the top three being sleep, stress or anxiety, and nausea or vomiting.

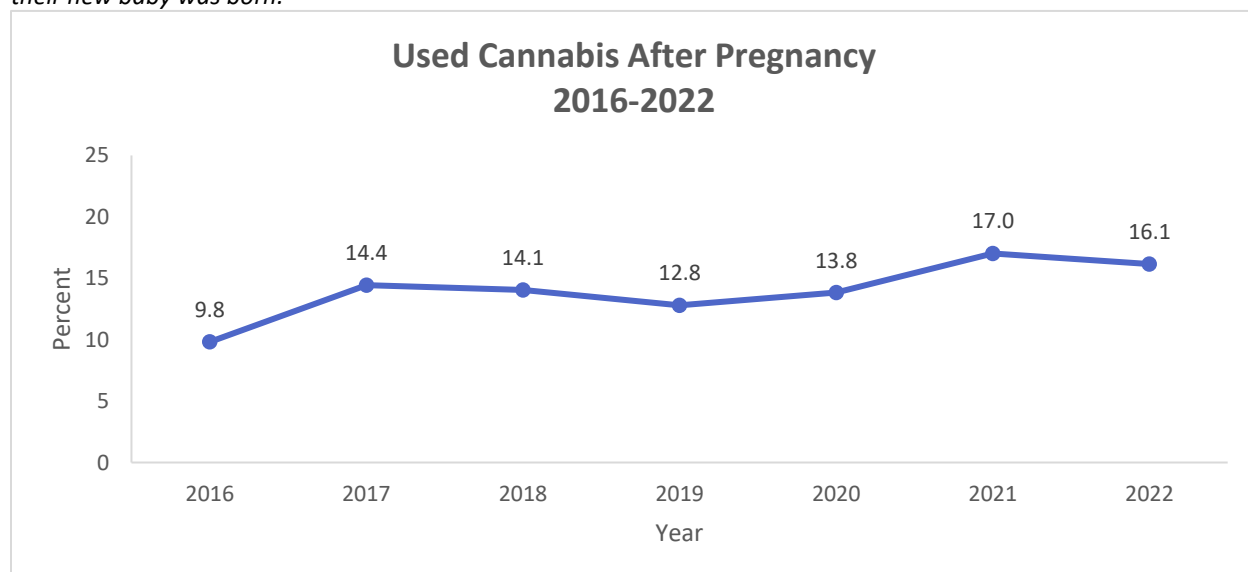
Figure 56. Reasons used cannabis during pregnancy includes those who reported using marijuana or cannabis in any form (not including hemp or CBD-only products) during their most recent pregnancy and the reason(s) why.



Used Cannabis After Pregnancy

Cannabis use after pregnancy may also slowly be increasing. From 2016-2022, about 1 in 8 (14%) reported using cannabis since their baby was born. In 2023, the question changed to specify hemp and CBD-only products should not be included and at this time, nearly 15% reported using cannabis since their baby was born.

Figure 57. Used cannabis after pregnancy includes those who reported using marijuana or hash in any form since their new baby was born.



P A R E N T A L L E A V E

In 2023, the survey added questions to assess new parents' access to parental leave, which is leave taken from work after a baby's birth. In the spring of 2026, [Maine's new Paid Family and Medical Leave Act](#) took effect, which allows up to 12 weeks of paid time off after the birth of a child. The 2023 PRAMS data establish a baseline to understand current access to parental leave and a method to assess the impact of this policy moving forward.

Type of Parental Leave Taken

Almost half (49%) of birthing parents who worked at a job for pay during their most recent pregnancy had access to leave that was entirely paid, either by their job, short-term disability insurance, or both. Taken together, close to 60% of respondents worked at a job for some pay during pregnancy (**Figure 58**). Notably, disparities exist in terms of those who had access to this type of leave and only about 25% of lower income parents had access to leave that was all paid versus close to 58% of higher income parents. Lower income parents were more likely to take leave that was all unpaid or take no leave at all (see **Figure 59**).

Figure 58. Type of parental leave taken includes those who worked at a job for pay during their pregnancy. All paid leave includes those who took paid leave from their job and/or used Short-Term Disability Insurance. Some paid include those who took either of the types of leave, above, and took unpaid leave. All unpaid includes those who did not take any of the paid leave options and only took unpaid leave. No leave includes those who did not take any leave.

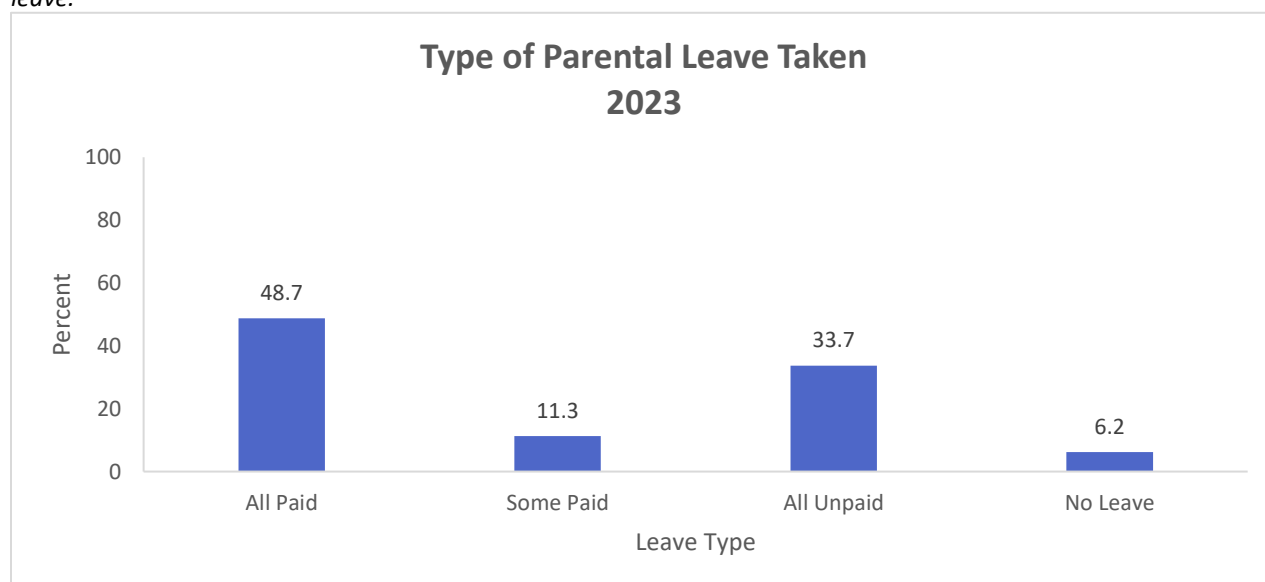
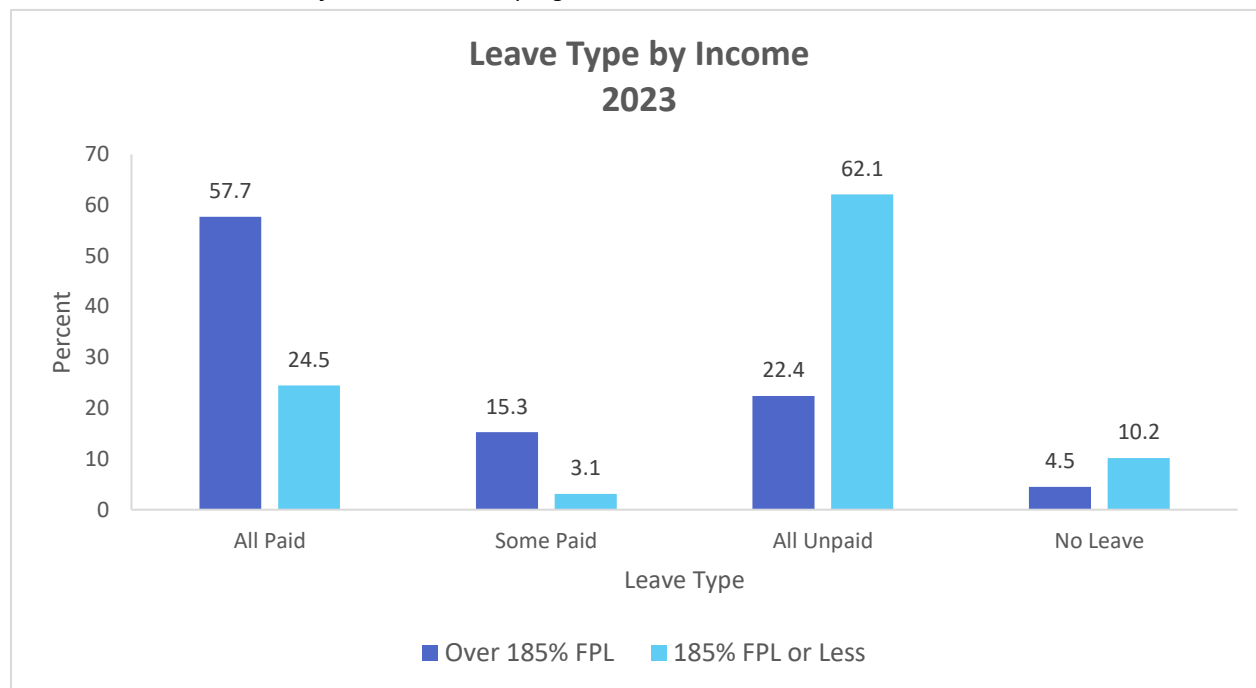


Figure 59. Same note as above. Federal Poverty Level (FPL) is a calculation of household size to income and is updated annually by the U.S. Department of Health and Human Services (HHS). 100% FPL is considered poverty. 185% FPL is the income limit for social services programs like SNAP and WIC.



Taking unpaid leave can create financial stress. One participant described taking six weeks of unpaid leave and having to dip into their savings to do so. “[I] used up a lot of myself/husband’s savings to stay home for those weeks.”

When pregnancy complications arise, lack of access to sufficient paid leave adds to an already stressful situation. A respondent whose baby was still in the NICU at the time of completing the survey explained, “I am a single mom - employed and on a leave of absence as I did not have enough days to take for a paid leave, but I used short-term disability insurance. It’s rough, but I am pulling through.”

Parental Leave Length

Among birthing parents who took parental leave after their baby’s birth, approximately 72% of survey respondents took 12 weeks or more. Those with paid leave, either all or some, were more likely to take at least 12 weeks of leave compared to those whose leave was all unpaid (**Figure 60**). Because lower income parents have less access to paid leave, the ability to take at least 12 weeks of leave disproportionately affects these parents and close to 56% of parents with lower incomes took 12 weeks or more of leave compared to almost 79% of parents with higher incomes (**Figure 61**).

Figure 60. Same note as Figure 58 for leave type. Length of leave includes parents who worked for a job for pay and took parental leave after the birth of their baby.

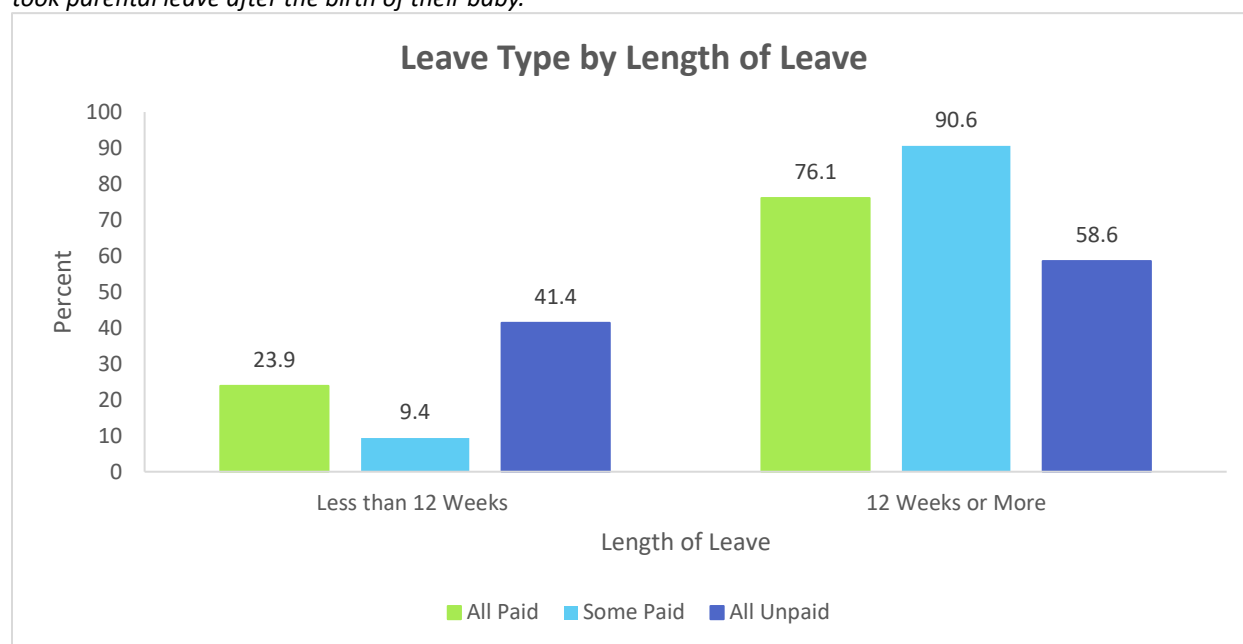
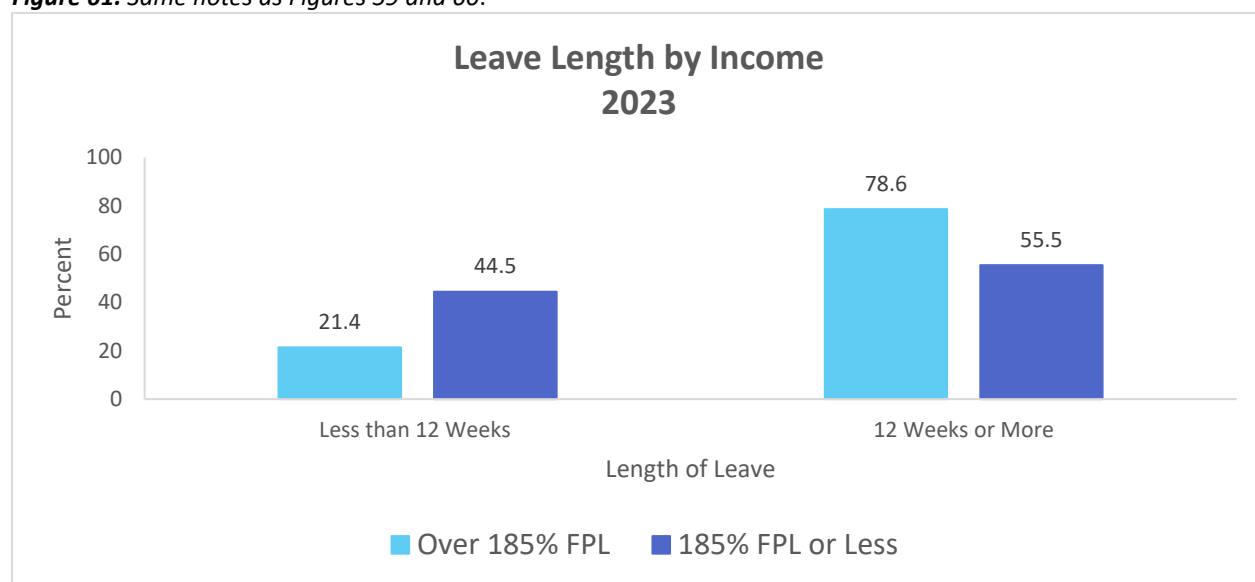


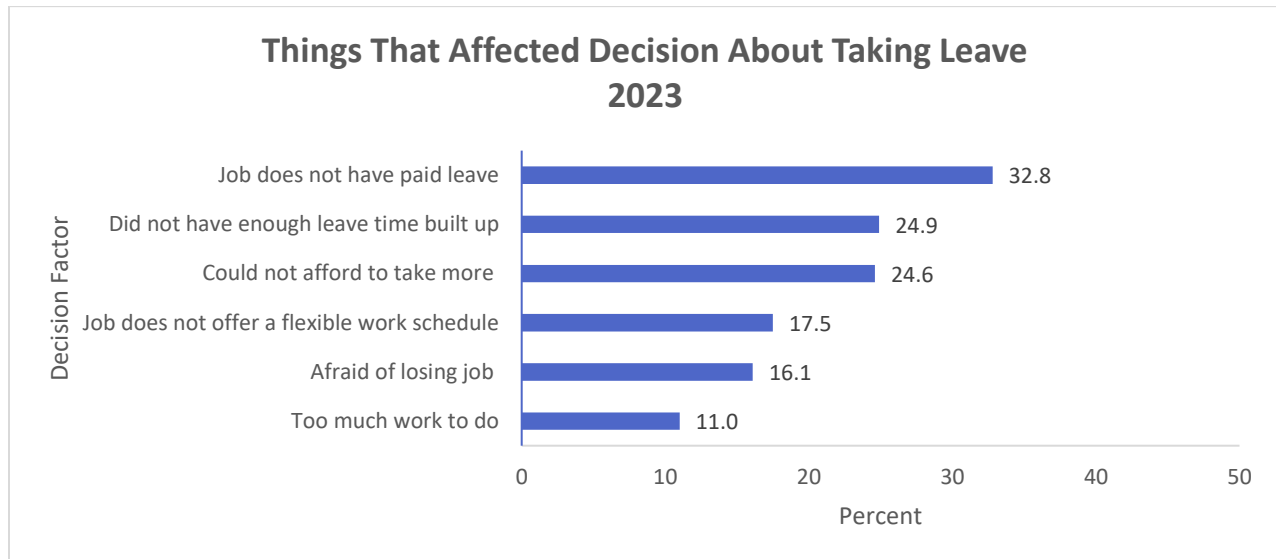
Figure 61. Same notes as Figures 59 and 60.



Decision to Take Leave

Among parents who took leave from work, the survey asked them to select things that impacted their decision about taking leave. Among parents who worked at a job with pay, close to 55% reported at least one of the reasons below (see **Figure 62**), as impacting their decision. Survey respondents selected “job does not have paid leave” as the most common reason. Of note, almost 81% of those who did not identify at least one of the reasons took at least 12 weeks of leave.

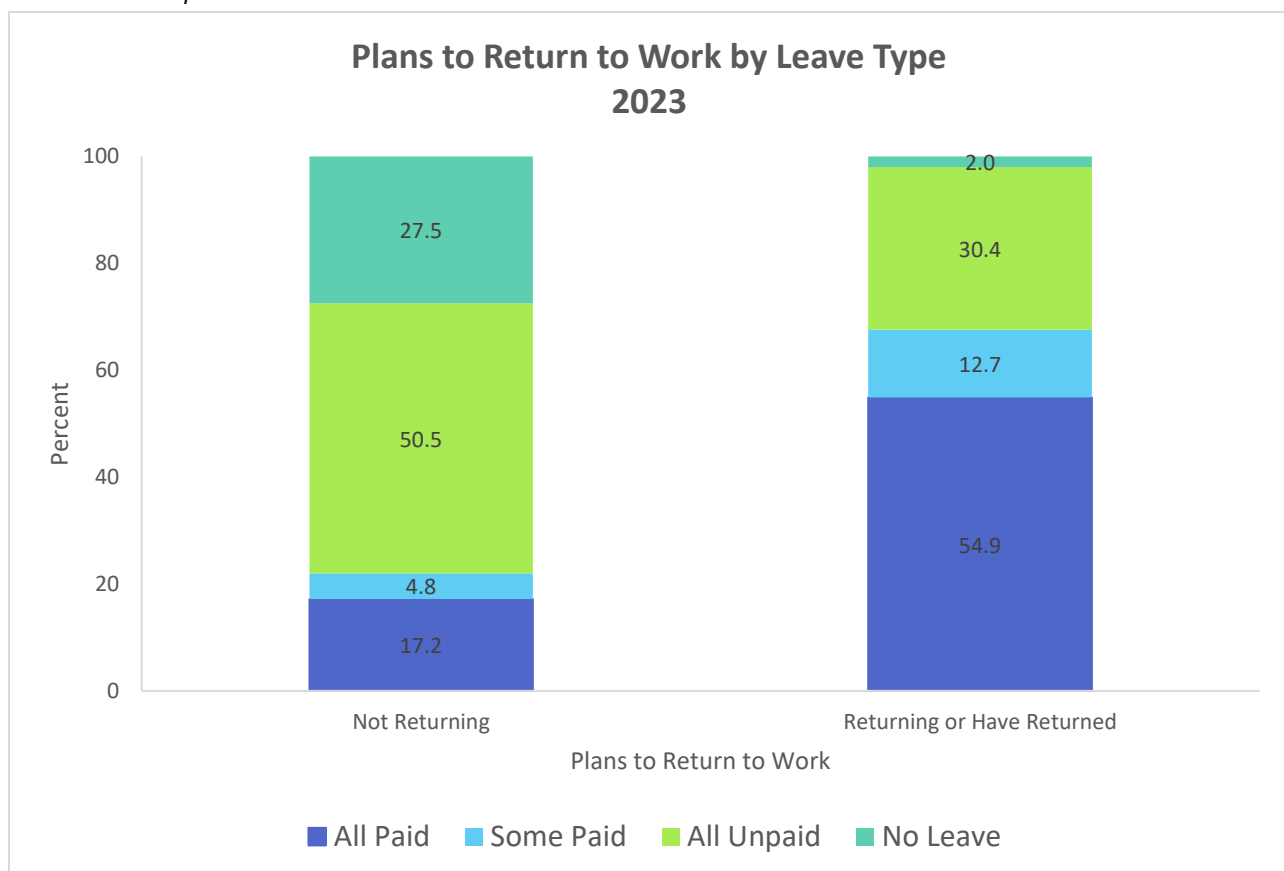
Figure 62. Things that affected decision about taking leave includes those who responded “yes” to any of the situations below.



Plans to Return to Work

Among parents who work at a job for pay during pregnancy, just over 1 in 5 (22%), were not planning on returning to work after the birth of their baby. Those who had returned, or planned to return, were more likely to have paid leave, either all or some, compared to those not returning.

Figure 63. Plans to return to work by leave include those who reported they had not and do not plan on returning to the job they had during their pregnancy and returning or have returned include those who reported they had returned or had plans to return.



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