Pregnancy Risk Assessment Monitoring System







Background/Relevance

Infant mortality rates were no longer declining

Incidence of low birth weight infants had changed little

Research indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates







1987 -





What is PRAMS?

Ongoing, population-based, state-based surveillance system of women delivering live infants

Self-reported data on maternal behaviors and experiences before, during, and after pregnancy





Goal

- To improve the health of mothers and infants by reducing adverse outcomes such as
 - low birth weight
 - infant morbidity and mortality
 - maternal morbidity





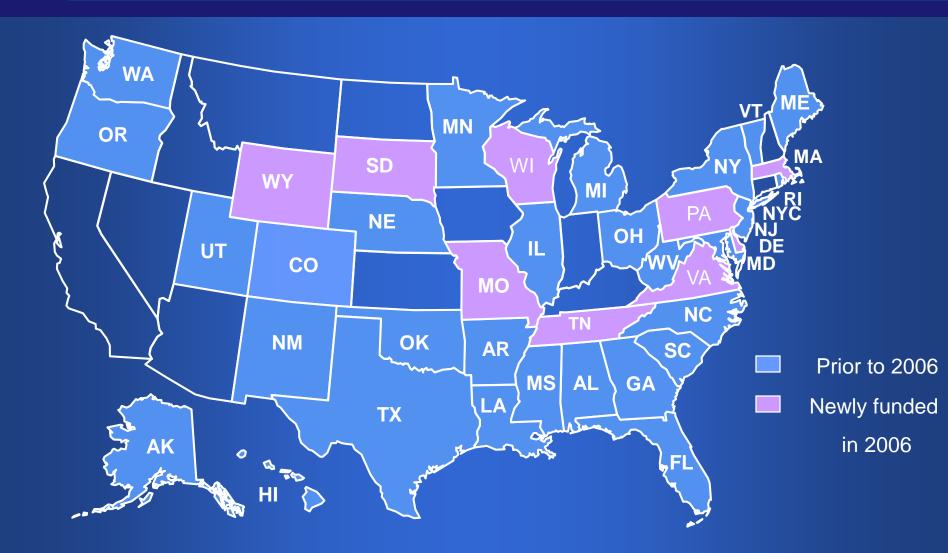
History of PRAMS: 1987







States Participating in PRAMS, 2006





Note: With the addition of 9 new states, PRAMS will represent approximately 75% of all US live births



Strengths of PRAMS

- Strong methodology
 - Standardized protocol
 - Data weighted to reflect population of live births in the state
- ❖ Response rates ≥70%
 - 90% of states
 - 4 states ≥80%
- Unique source of MCH data
 - State-based and population-based





Challenges

- ❖Overall response rates ≥70%
 - Mail & phone
- Racial/ethnic populations
 - Native American
 - African American
 - Hispanic
- Flexibility
 - May need to change/enhance methodology





Challenges

Timeliness

- Data timeliness indicated as most significant challenge to policy and program development
- Weighted datasets back to states
 - States and CDC share responsibility
- Frequency of changing questions on survey
- Lack of efficient data management system





Data to Action

- Use of PRAMS data to promote public health action
- 2 examples:
 - Policy/Law
 - Alaska- breastfeeding
 - Program
 - Utah adequacy of prenatal care
 - Colorado low birth weight



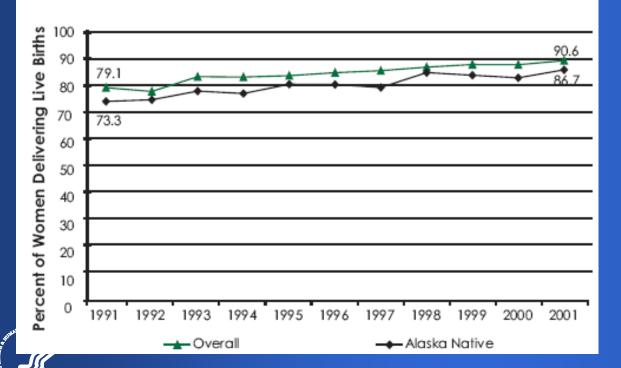


Alaska - Breastfeeding

Initiation

- 1991 79.1%
- 2001 90.6%

Breastfeeding Initiation by Race and Year of Birth Alaska, 1991-2001



Please one Back Page, TURNAGAIN

Ellis measure stands behind breast-feeding

By LISA DEMER Daily Neves reported

Breast-feeding methers in Alaska ofben are hassled when they try to nourish their babies in pusite. They have been asked to leave shopping malls, restaurants, and at least once, a parking lot,

because someone was offended. Extreme as it sounds, same worry that mothers could be charged with indecent exposure for nursing in public.

No more, if a bill moving through the Alaska Legislature becomes law.

Son Johnny Ellis, as Anchorage Democrat who often takes up social issues, is sponsoring a measure that would prohibit interference with breast-feeding. Anyone who tried to stop a woman from breastfeeding in a public place could be charged with a vi-

could be charged with a violation of state law and face a fine. And, under the legislation, breast-feeding could not be considered indecent exposure or lawd

Studies have long shows that battes who breast-feed are healthler than those nour-ished with formula. They also bond better with their mothers. New research shows there are smarter, too. And mothers who



get the word out

thing," Sen. John-

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Alaska Senate Bill 297 signed into law June 8, 1998 states:

A woman may breastfeed her child in a public place.

Provided by Alinka Beauthording Coultine, and Alaska Department of Health and Social Services WIC Program in support of broadfeeding mothers and children.





Utah: Prenatal care adequacy

Analyzed state data

Utah ranked 49th in adequacy of PNC

61% received adequate PNC versus US average of 74%

"Baby your baby" media campaign

Focus groups of women with inadequate PNC

Women unaware of PNC recommendations, didn't value PNC

Evaluation of postpartum women to see if ads changed their attitudes and actions



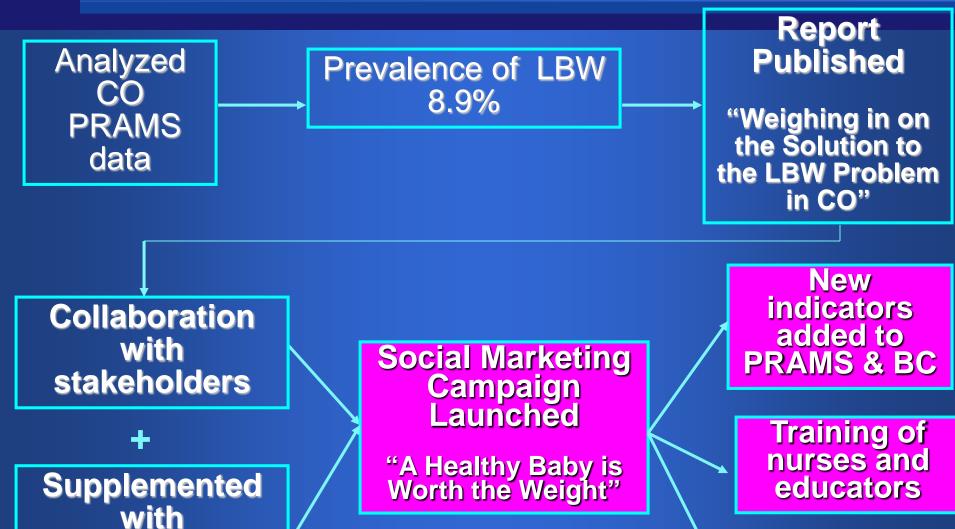




focus group

data

Colorado – Low Birth Weight



Campaign expanded to other states



Data to action

- Characteristics of states able to use data for public health action
 - Staff to analyze data
 - Strong collaborations
 - Within health department
 - MCH community
 - Skilled in working with program staff and policy makers
 - Champion
- Provide TA to states to strengthen these skills



MCH Data Linkage Project

Goal: To promote collaboration between MCH and chronic disease/health promotion professionals by:

- Increasing awareness of the value of PRAMS data with Chronic Disease/Health Promotion Directors
- Identifying issues of mutual concern in PRAMS
- Working together to address those issues







MCH Linkage Project Partners

- CDC PRAMS DRH (Division of Reproductive Health)
- NACDD (National Association for Chronic Disease Directors)
- AMCHP (Association of Maternal and Child Health Programs)
- State MCH/PRAMS and chronic disease/health promotion professionals





Why Link?

- Preconception care is important, especially for women with chronic diseases
 - Risk factors and conditions can be identified and addressed
- Pregnancy can unmask a potential for disease
- Pregnancy is an entry point into health care and an opportunity for primary prevention





Example: Tobacco Prevention and Control Programs

- Utah persuaded Medicaid clinics to cover counseling and cessation costs
- Designed media campaign and Quit Line strategies to target this population
- Use maternal smoking and secondhand smoke exposure data to design, implement and evaluate programs





Future Directions

- Data collection in 9 new states
- Questionnaire evaluation/revision
 - Phase 5 (2004-2008)
 - Phase 6 (2009+)
- Overhaul of PRAMS data management systems
- Methods to increase response rates in hard to reach populations





Future Directions

- Increased dissemination of data
 - State accessed query system
 - Public use query system
- Increased utilization of data for public health action
- Expand Chronic Disease Linkage Project

