

RI Pregnancy Risk Assessment Monitoring System (RI PRAMS)

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What is PRAMS?

- PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments.
- Developed in 1987, PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy and currently covers about 83% of all U.S. births.
- Administered using mail questionnaire with telephone follow-up to survey mothers who recently had a live birth (2-9 months postpartum).
- RI has collected PRAMS data since 2002.

PRAMS Goals

- ✓ To reduce infant morbidity and mortality by impacting maternal and child health programs, policies, and maternal behaviors.
- ✓ To improve the health of mothers and infants by reducing adverse health outcomes.

How Does PRAMS Work?

- PRAMS combines two modes of data collection: a survey conducted by mail questionnaire with multiple follow-up attempts, and a survey by telephone
 - > In 2017, RI implemented data collection at WIC sites in collaboration with the State WIC Office.
- Each month, a stratified sample of approximately 160 RI women who have given birth to a live infant is drawn from the current birth certificate file.
- RI oversamples mothers of low birth weight infants (<2,500 g) to ensure data are available in this high risk group.
- The series of mailings commences 2 to 4 months after delivery
- The data collection cycle from the first mailing to the close of telephone follow-up lasts approximately 60 to 95 days.

PRAMS Questionnaire Topics

Psychosocial Infant Care and Development Pregnancy (attitudes and feelings) Regular source of care Supports and stresses Well-baby checkup Domestic violence Infant inconsolability Experience during pregnancy Infant care (co-sleeping, reading to) Perinatal depression Awareness of "shaken baby" Mobility Duration of breastfeeding Behavioral

Medical

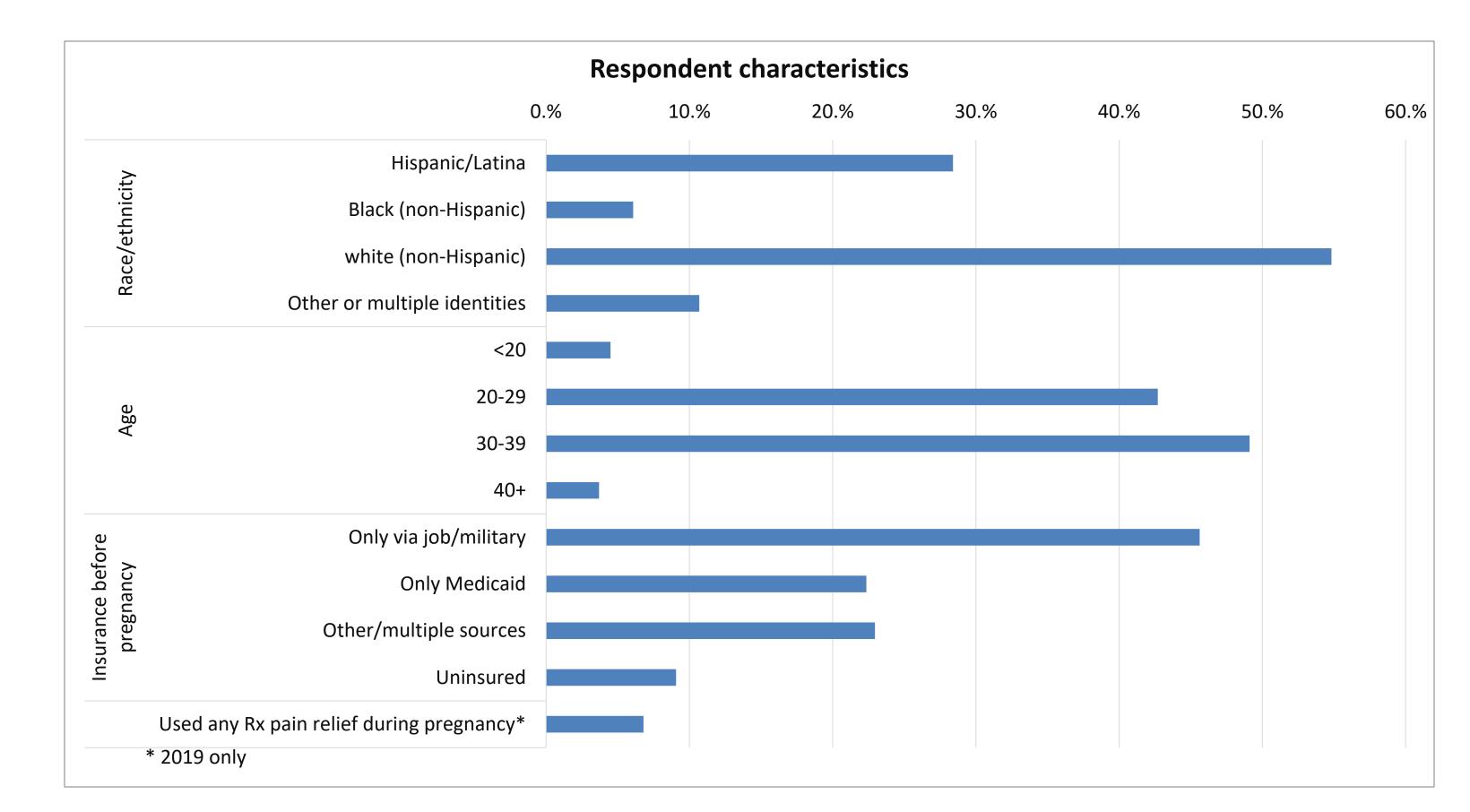
- Past Pregnancy Outcomes
- Low birth weight, preterm, infant deaths
- Current Pregnancy/Birth
- Unintended pregnancy
- Health insurance coverage
- Prenatal care (barriers and content)
- Pre-pregnancy height/weight
- Fertility treatment
- Medical problems Baby's outcomes (prematurity, NICU stay)

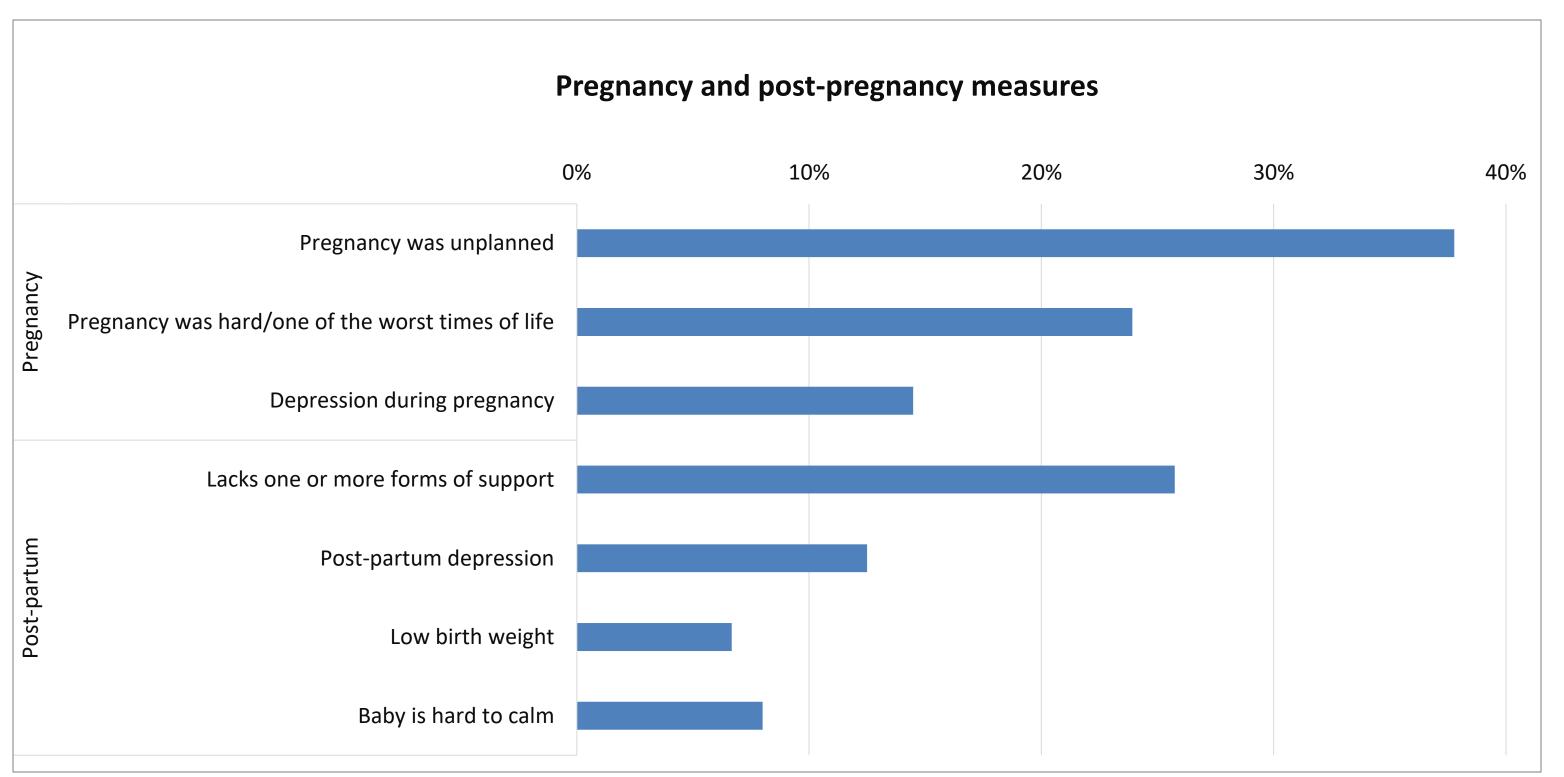
Nutrition

- Folic acid (awareness and use)
- Tobacco use
- Alcohol use
- Family planning practices (before and after
- pregnancy)
- Breastfeeding
- Infant sleep position Lead poisoning prevention

Supplemental modules: Opioid, Disability, Marijuana use

Selected Rhode Island PRAMS Measures





PRAMS Data Uses

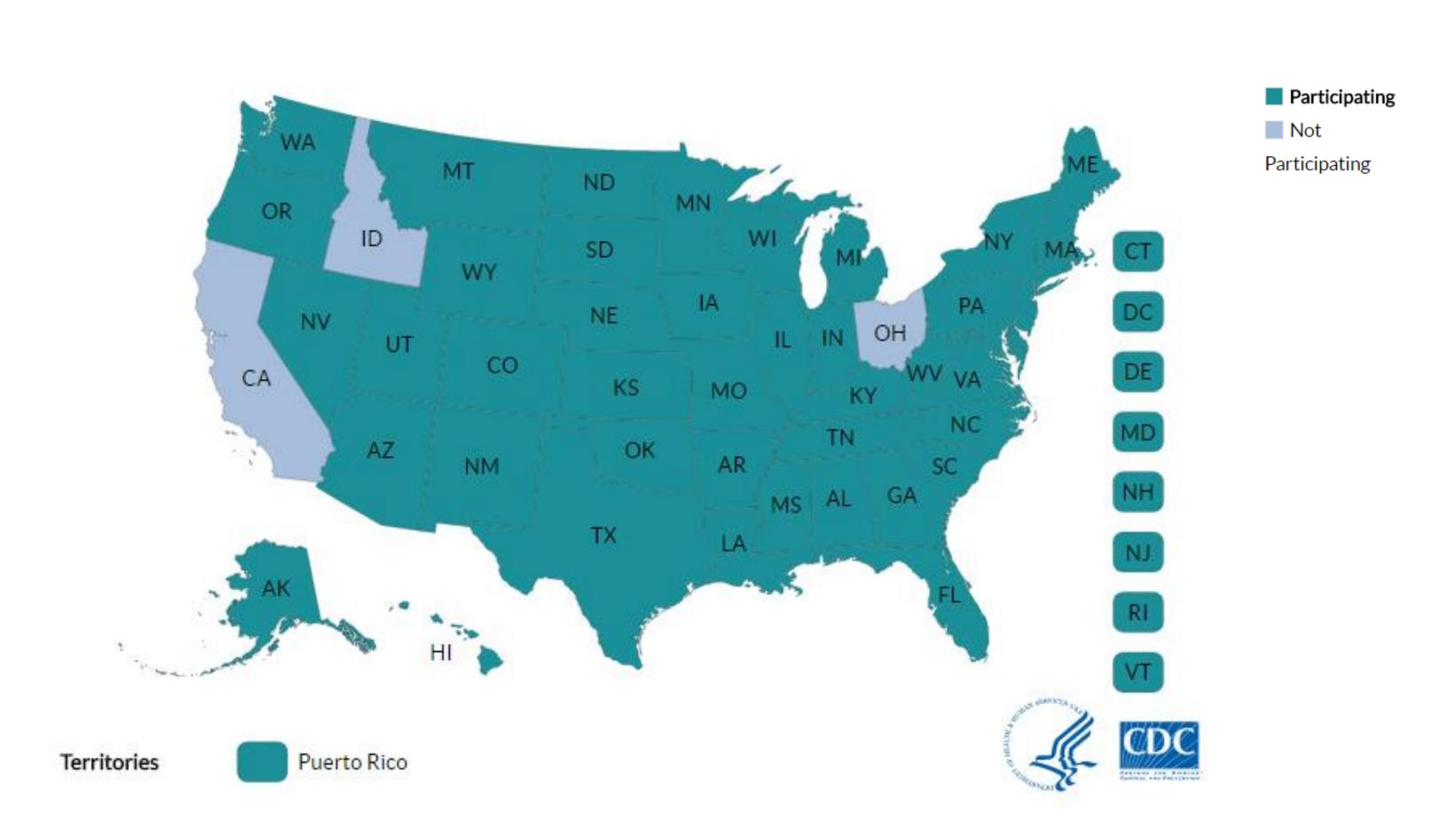
- Identify women and infant populations at high risk for health problems.
- Monitor changes in maternal and child health indicators.
- Measure progress towards public health goals to improve the health of mothers and infants.
- Develop new, and modify existing, maternal and child health programs.
- Incorporate new research findings into standards of practice.
- Used in academic settings for research and academic exercises
 - > RI PRAMS data integrated in the Brown University Biostatistics and Data Analysis I & II core course.

Recent Data to Action Examples

- Impact of PRAMS data on RI's perinatal and Infant Oral Health Quality Improvement (PIOHQI) efforts (October 2019)
- RI PRAMS data informs efforts to bolster systems for screening and treatment of maternal depression to improve child outcomes (January 2019)
- RI PRAMS data used to raise awareness of infant safe sleep recommendations (September 2018)

Availability & Access

- Datasets and documentation are maintained at the RI Department of Health, Center for Health Data & Analysis.
- 2002–2019 weighted data available for analysis upon written request and signing a data use agreement.
- Weighted dataset is linked to birth certificate information
- PRAMS staff are available for ad hoc data needs



Contact Information

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