**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**

<table>
<thead>
<tr>
<th>Psychosocial</th>
<th>Infant Care and Development</th>
<th>Behavioral</th>
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</thead>
<tbody>
<tr>
<td>• Pregnancy (attitudes and feelings)</td>
<td>• Regular source of care</td>
<td>• Nutrition</td>
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<tr>
<td>• Supports and stress</td>
<td>• Well-baby checkup</td>
<td>• Folic acid (awareness and use)</td>
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<td>• Domestic violence</td>
<td>• Infant inordinability</td>
<td>• Tobacco use</td>
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<tr>
<td>• Experience during pregnancy</td>
<td>• Infant care (co-sleeping, reading to)</td>
<td>• Alcohol use</td>
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<td>• Perinatal depression</td>
<td>• Awareness of “sudden baby”</td>
<td>• Family planning practices (before and after pregnancy)</td>
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<td>• Mobility</td>
<td>• Duration of breastfeeding</td>
<td>• Breastfeeding</td>
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<tr>
<td>• Past Pregnancy Outcomes</td>
<td>• Infant sleep position</td>
<td>• Lead poisoning prevention</td>
</tr>
</tbody>
</table>
  - Low birth weight, preterm, infant deaths |
| • Current Pregnancy/Birth | • Baby’s need to feed | Supplemental modules: Opioid, Disability, Marijuana use |
  - Unintended pregnancy |
  - Health insurance coverage |
  - Prenatal care (barriers and content) |
  - Pre-pregnancy height/weight |
  - Forcibly terminated |
  - Medical problems |
  - Baby’s outcomes (prematurity, NICU stay) |

**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

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