

NORTH CAROLINA PRAMS FACT SHEET

July 2011

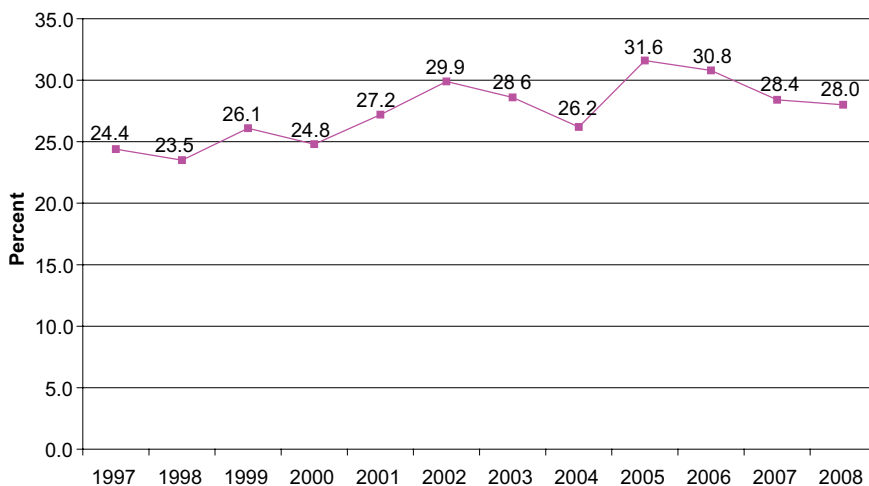


Folic Acid Awareness:

2008 N.C. Pregnancy Risk Assessment Monitoring System (PRAMS)

- Folic acid, a B vitamin, helps prevent birth defects of the brain and spinal cord when taken at least one month before becoming pregnant and through at least the first three months of pregnancy.¹
- Folic acid helps a baby's neural tube, the part of the developing baby that becomes the brain and spinal cord, develop properly.¹
- Each year in North Carolina, approximately 150 children are born with a neural tube defect.² If all women consumed adequate folic acid before conception and during pregnancy, the number of babies born with a neural tube defect could drop 50 to 70 percent.³
- Because the most common neural tube defects occur during the first 28 days of pregnancy (usually before a woman even knows she is pregnant), U.S. Centers for Disease Control and Prevention (CDC) recommends that all women of childbearing age consume a multivitamin every day containing 400 micrograms of folic acid.³
- The national Healthy People 2020 target is to have 33 percent of females delivering a recent live birth taking multivitamins/folic acid every day in the month prior to pregnancy.⁴

Percent of women with a recent live birth who reported taking a multivitamin containing folic acid every day (one month before becoming pregnant), NC PRAMS 1997–2008

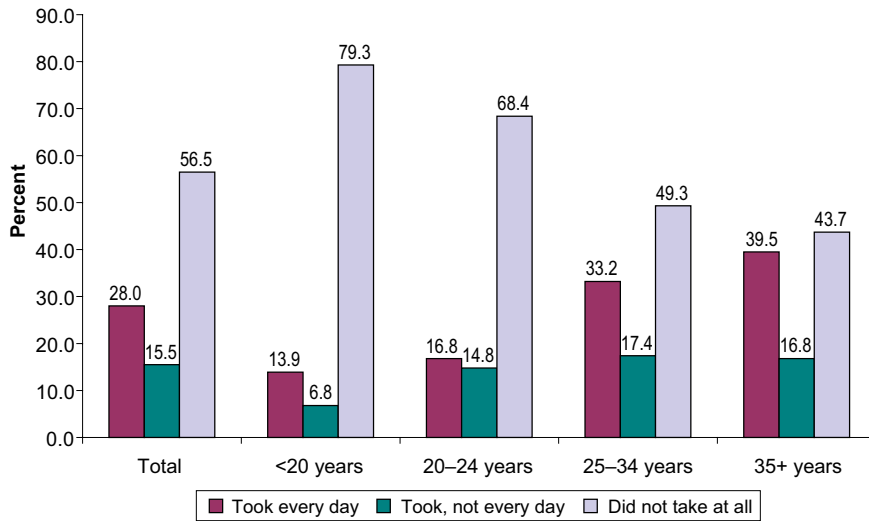


– The percentage of women with a recent live birth who reported taking a multivitamin containing folic acid every day the month before they became pregnant has increased from 24.4 percent in 1997 (C.I. 20.7–28.4) to 28.0 percent in 2008. (C.I. 25.4–30.7).

– However, this change is not statistically significant and falls below the Healthy People 2020 target of 33 percent.

– Data from the 2008 NC BRFSS (telephone survey of the general population of adults 18+) show a higher percentage of women (ages 18–44) reporting daily consumption of a multivitamin containing folic acid (46.5%).⁵ This difference could be due in part to the younger respondents in the PRAMS survey (many of whom are under the age of 25). Younger women are less likely to take folic acid.

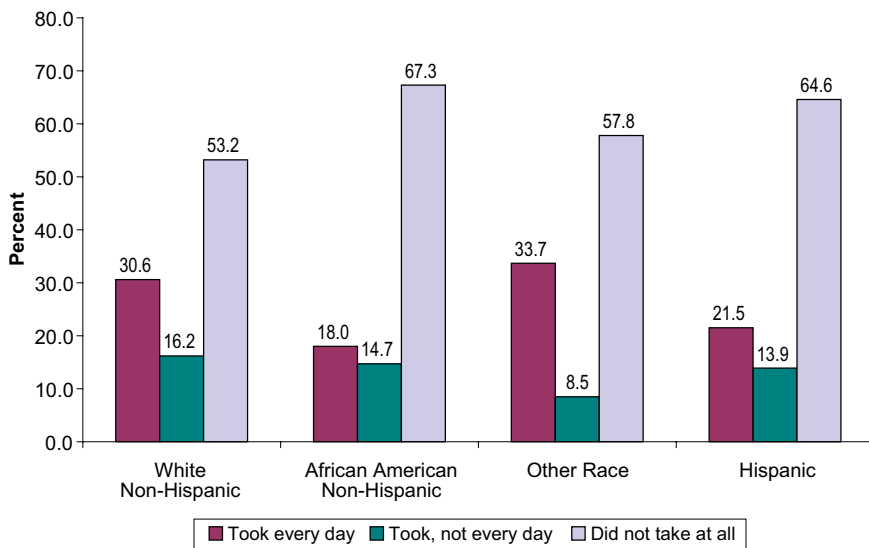
Percent of women with a recent live birth who reported taking a multivitamin before pregnancy by age group, NC PRAMS 2008



– Daily use of a multivitamin containing folic acid before pregnancy increases with maternal age.

– Compared to mothers ages 25–34 (33.2%) and mothers age 35 and older (39.5%), mothers under age 20 are substantially less likely to report taking a multivitamin containing folic acid every day before pregnancy (13.9%).

Percent of women with a recent live birth who reported taking a multivitamin before pregnancy by race/ethnicity, NC PRAMS 2008



– White mothers were significantly more likely to report taking a multivitamin containing folic acid every day before pregnancy (33.2%), compared to African American mothers (18.0%).

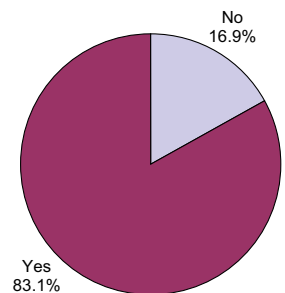
– Hispanic mothers and African American mothers were the most likely to report not taking a multivitamin at all.

– The majority (83.1%) of mothers reported having heard that folic acid can help prevent birth defects; however, only a third of these mothers report taking a multivitamin containing folic acid every day one month before becoming pregnant.

– Most mothers (85.7%) reported receiving information on folic acid from their health care provider. Smaller percentages reported receiving this information from other sources.

– Among mothers who report having heard that folic acid can help prevent birth defects, 31 percent took a multivitamin containing folic acid every day prior to pregnancy.

Percent of women with a recent live birth who have ever heard that the vitamin folic acid can help prevent birth defects, NC PRAMS 2008



References:

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2. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. *Health Profile of North Carolinians: 2009 Update*. Available at: www.schs.state.nc.us/SCHS/pdf/HealthProfile2009.pdf.
3. Division of Birth Defects, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. *Folic Acid Recommendations*. Available at: www.cdc.gov/ncbddd/folicacid/recommendations.html.
4. U.S. Department of Health and Human Services. Healthy People 2020: Maternal, Infant, and Child Health Objectives—Preconception Health and Behaviors. MICH-15. Available at: www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26.
5. North Carolina Department of Health and Human Services, Division of Public Health, Behavioral Risk Factor Surveillance System, 2008 Results. Available at: www.schs.state.nc.us/SCHS/brfss/2010/nc/female/folic.html.

What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement vital records by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Currently conducted in 39 states and New York City, PRAMS collects data representative of 75 percent of U.S. births.

NC PRAMS is a random, stratified, monthly mail/telephone survey of North Carolina women who recently delivered a live-born infant. Data collection began in North Carolina on July 1, 1997, providing us with six months of data for 1997. Since 1997, PRAMS data have been collected every year. Each month around 150–180 women are selected from the Provisional Live Birth File and are interviewed approximately three to six months after giving birth. All estimates are weighted to reflect the entire population of North Carolina women who gave birth in each year.

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