

# PRAMS



# Prints

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## A New Grant Awarded

North Carolina PRAMS has good news to share! In spring 2011, we were awarded a renewal of our five-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) to maintain the PRAMS survey of postpartum mothers. PRAMS is now operating in 37 states and New York City, representing approximately 75 percent of annual births occurring in the United States. More information on participating states can be found on the CDC website: [www.cdc.gov/PRAMS/states.htm](http://www.cdc.gov/PRAMS/states.htm).

## An Update on PRAMS Survey Operations

### *The Revised 2009 Questionnaire*

In January 2009 we implemented a CDC revision (Phase 6) of the PRAMS questionnaire. CDC periodically revises the questions and the layout of the survey. Because of the tremendous effort involved in writing and pretesting questions and the need for continuity, these revisions happen infrequently (approximately once every three to five years). The latest revision included the addition of a few new questions, wording changes to existing questions, and the arrangement of questions by topic. These modifications are an effort to clarify areas where there has been some confusion by survey respondents. Most questions on the PRAMS questionnaire remain unchanged, providing a vehicle for those researchers who want to analyze a topic over several years. A copy of the revised questionnaire can be found on our website at: [www.schs.state.nc.us/SCHS/prams/pdf/questionnaire2009\\_2013.pdf](http://www.schs.state.nc.us/SCHS/prams/pdf/questionnaire2009_2013.pdf).

A “mini-revision” of the PRAMS questionnaire is currently underway, and the revised survey is expected to be in place beginning with our January 2012 births.

## New Birth Registration System in Place

All of North Carolina’s hospitals and birthing facilities submit birth data electronically to the state. Prior to August 2010, hospitals entered birth information into a DOS-based system, known as the “Electronic Birth Certification (EBC)” system, and every birth occurring in North Carolina was reported to the state using this EBC software. Beginning in August 2010, several hospitals in the state began piloting a new, web-based birth registration system, known as the “North Carolina Vital Records Automation System” (NC VRAS). By January 2011, all North Carolina hospitals had adopted the VRAS. The new VRAS contains built-in edits which are designed to resolve many of the most common errors in data entry on the birth certificate and facilitate more timely reporting. As a result, the NC PRAMS project will have access to birth data more quickly and have more accurate data from which to pull our monthly sample. Additionally, the new system now employs the latest revised U.S. Standard Certificate; therefore, PRAMS analysis files from 2011 forward will include a variety of new data fields such as infertility treatments, presence of infections during pregnancy, and epidural/spinal anesthesia use during delivery.

## Annual PRAMS Survey Results on the Web

Survey results from 1997–2009 can be accessed from our website. Disseminating this information to health professionals and the public is a priority of PRAMS and it is our belief that the web is the quickest and most comprehensive means of addressing general data needs. You can also contact us directly for particular data requests. Currently our website contains annual data tables, as well as aggregate tables containing PRAMS data for each of the six Perinatal Care Regions in the state. From the NC PRAMS website [www.schs.state.nc.us/SCHS/prams/index.html](http://www.schs.state.nc.us/SCHS/prams/index.html), the user can go to “Survey Results” and view data by survey question and year and obtain results categorized by socio-demographic groups. The website also provides



PRAMS

THE BEST SOURCE OF DATA ON MOTHERS AND BABIES

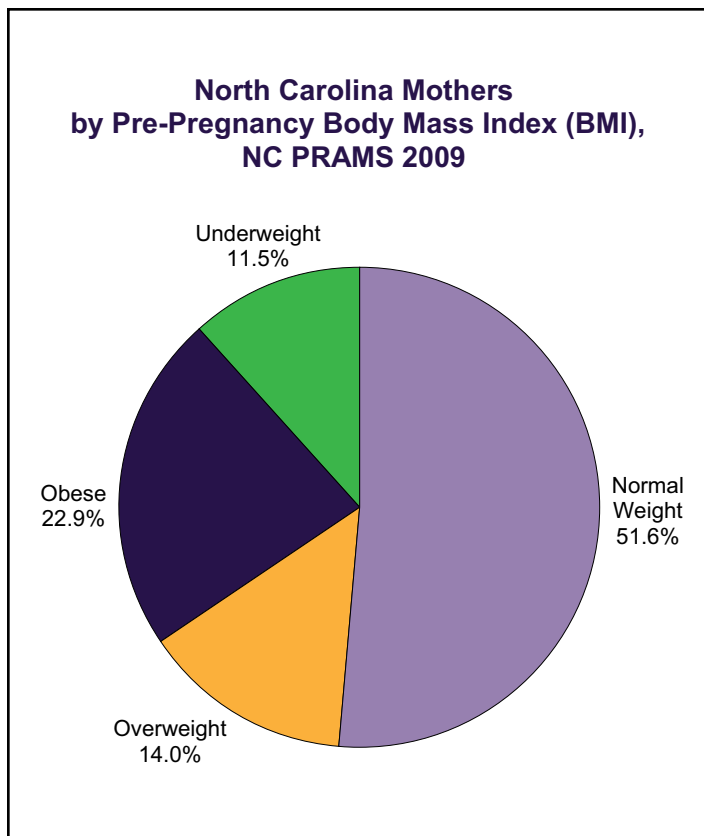
The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement 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 37 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 to 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.

background information on the survey including an overview of the survey methodology, a description of the data collection process, and copies of the survey questionnaires.

The following are a few highlights from the 2009 NC PRAMS survey:

- ◆ Thirty-seven percent of new mothers were overweight or obese prior to pregnancy.
- ◆ Thirty-two percent of women took a multivitamin on a daily basis.
- ◆ Seventy-two percent of mothers put their baby to sleep on his or her back.
- ◆ Seventy-nine percent of mothers reported that they initiated breastfeeding, but only 53 percent were still breastfeeding eight weeks after delivery.
- ◆ Thirteen percent of mothers reported smoking during the last trimester of their pregnancy.
- ◆ Twenty-three percent of mothers reported that they did not receive prenatal care in the first trimester of pregnancy.
- ◆ Forty-five percent of births were unintended (mothers did not want to be pregnant then or wanted to become pregnant later).
- ◆ Four percent of women reported being physically abused during their most recent pregnancy.



## Healthy North Carolina 2020: PRAMS-based Objective Selected

On January 27, 2011, State Health Director Dr. Jeffrey Engel unveiled the Healthy North Carolina 2020 (Healthy NC 2020) Objectives, which will drive state and local-level activities to improve population health. The focus areas for Healthy NC 2020 include tobacco use, nutrition and physical activity, risky sexual behavior, substance abuse, environmental risks, injury, infectious disease/foodborne illness, mental health, dental health, maternal and infant health, social determinants of health, and chronic disease. Among the 40 indicators included, the PRAMS objective selected was: *Decrease the percentage of pregnancies among adults that are unintended*. In 2009, 44.6 percent of new mothers reported that their pregnancy was unintended, compared with 39.8 percent in the Healthy NC 2020 baseline year of 2007. The 2020 target is to reduce this figure to 30.9 percent.

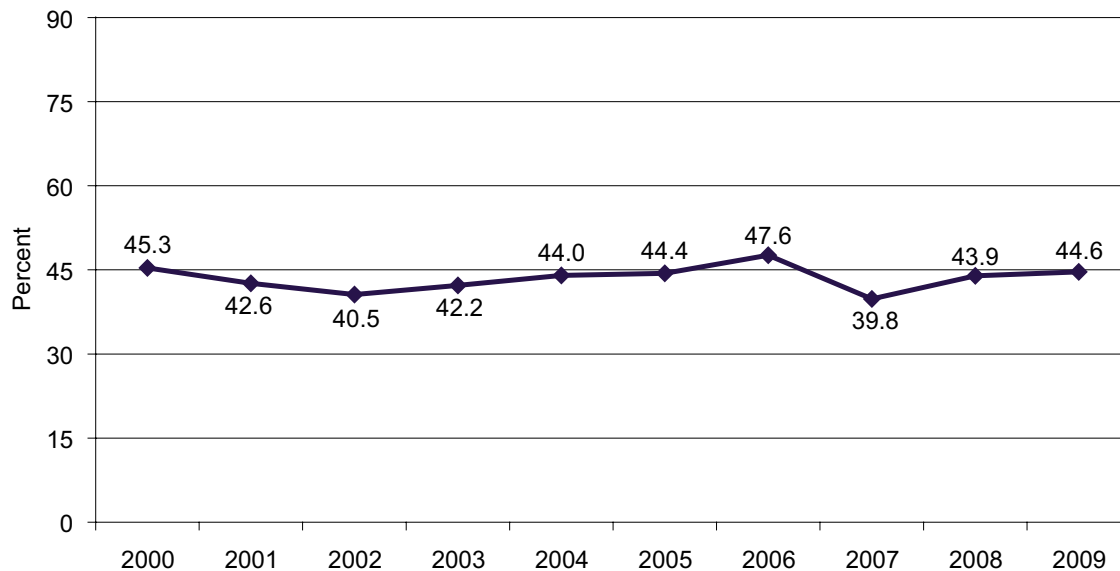
For more information on Healthy NC 2020, including a full list of all objectives: please see: <http://publichealth.nc.gov/hnc2020>.

## Recent Publications Highlighting NC PRAMS Data

A variety of publications have recently been published using our NC PRAMS data. A list of these reports can be found below:

- ◆ North Carolina PRAMS Fact Sheet: Folic Acid Awareness: [www.schs.state.nc.us/SCHS/pdf/PRAMS\\_Folic\\_Acid\\_WEB.pdf](http://www.schs.state.nc.us/SCHS/pdf/PRAMS_Folic_Acid_WEB.pdf).
- ◆ North Carolina PRAMS Fact Sheet: N.C. African American Maternal Health: 2006–2008: [www.schs.state.nc.us/SCHS/pdf/PRAMS\\_AA\\_FactSheet.pdf](http://www.schs.state.nc.us/SCHS/pdf/PRAMS_AA_FactSheet.pdf).
- ◆ PRAMS Surveillance Update: North Carolina Mothers Who Report Unintended Pregnancies: [www.schs.state.nc.us/SCHS/pdf/PRAMS\\_SU\\_2\\_WEB.pdf](http://www.schs.state.nc.us/SCHS/pdf/PRAMS_SU_2_WEB.pdf).
- ◆ PRAMS Surveillance Update: North Carolina Mothers Who Report Returning to Work or School after Delivery: [www.schs.state.nc.us/SCHS/pdf/PRAMS\\_SU\\_1\\_WEB.pdf](http://www.schs.state.nc.us/SCHS/pdf/PRAMS_SU_1_WEB.pdf).
- ◆ “Physical activity and hypertensive complications during pregnancy: findings from 2004 to 2006 North Carolina Pregnancy Risk Assessment Monitoring System.” Martin CL, Brunner Huber LR., PhD, *Birth*. 2010 Sep;37(3):202–10. This study included 3,348 participants from the 2004 to 2006 North Carolina Pregnancy Risk Assessment Monitoring System. Hypertensive complications during pregnancy were assessed using birth certificate data, and physical activity levels before pregnancy and during pregnancy were self-reported on questionnaires. In this population-based study, physical activity, particularly during pregnancy, was associated with a lower risk of hypertensive complications during pregnancy. During a healthy pregnancy, health care practitioners may recommend that women engage in physical activity as one way to potentially prevent the development of this critical condition.

**Percentage of North Carolina Mothers Who Report Unintended Pregnancies by Year, NC PRAMS 2000–2009**



### **Using PRAMS Data for Program Planning and Policy Development**

One of the central goals of the North Carolina PRAMS project is to disseminate the survey information for use in planning and evaluating health programs and in developing policies. In this past year, PRAMS data on infant sleep position, use of folic acid, and intendedness of pregnancy have been used in public awareness campaigns and to obtain funding for programs for infants and families.

### **North Carolina Women’s and Children’s Health Section: Women’s Health Branch**

The North Carolina Division of Public Health’s Women’s and Children’s Health Section has utilized PRAMS data extensively:

The Women’s Health Branch has:

- ◆ Reported PRAMS data in two competitive grant applications;
- ◆ Reported PRAMS data on annual continuation applications for three grants;
- ◆ Presented PRAMS data at community meetings and professional conferences;
- ◆ Shared PRAMS data and fact sheets with their network of community-based organizations and health department maternal health staff;
- ◆ Utilized PRAMS data within the NC 1115 Medicaid Family Planning Waiver (FPW) on unintended pregnancies as one of the Centers for Medicare & Medicaid Studies (CMS) approved outcome measures of the FPW.

### **North Carolina Women’s and Children’s Health Section: Nutrition Services (WIC) Branch**

The Nutrition Services (WIC) Branch has:

- ◆ Included PRAMS data in presentations to explain North Carolina trends by region (e.g., North Carolina Lactation Educator Training Program offered twice per year);
- ◆ Used the latest regional PRAMS maps to help the Regional Training Centers focus their education efforts for peer counselor managers, peer counselors, and other healthcare providers;
- ◆ Shared PRAMS data with advocacy groups (e.g., NC Child Fatality Task Force, NC Breastfeeding Coalition) to support their efforts for environmental change, regulations, and possible legislative activities;
- ◆ Used PRAMS data to lecture graduate students (e.g., showing examples of PRAMS reports in a nutrition class at UNC-Chapel Hill);
- ◆ Decided to use PRAMS data in a newly developed state breastfeeding report card.

### **North Carolina Chronic Disease and Injury Section: Injury and Violence Prevention Branch**

The North Carolina Division of Public Health’s Injury and Violence Prevention Branch has highlighted PRAMS data on injury, violence, and alcohol use in 13 different fact sheets. These reports are posted on its website: [www.injuryfreenc.ncdhhs.gov](http://www.injuryfreenc.ncdhhs.gov), and branch staff distributed these publications at conferences.

### ***House Bill 215: Unborn Victims of Violence Act***

2008 PRAMS data revealed that 2.6 percent of new mothers reported being physically abused by their spouse or partner during pregnancy. These estimates were used to determine the scope of impact and costs associated with incarceration for the Unborn Victims of Violence Act, House Bill 215. The act was signed into law by Governor Beverly Perdue in April 2011 and it will take effect in December 2011. The bill states that a person who commits the crime of murder or manslaughter of a pregnant woman is guilty of a separate offense for the resulting death of the unborn child. The bill stipulates that a person who commits a felony or a misdemeanor and injures a pregnant woman that results in a miscarriage or stillbirth by the woman is guilty of a separate offense that is punishable at the same class and level as the underlying offense.

*Please share this newsletter with co-workers and others that you think may be interested.*

#### **State of North Carolina**

Beverly Eaves Perdue, Governor

#### **Department of Health and Human Services**

Lanier M. Cansler, Secretary

[www.ncdhhs.gov](http://www.ncdhhs.gov)

#### **Division of Public Health**

Jeffrey P. Engel, M.D., State Health Director

[www.publichealth.nc.gov](http://www.publichealth.nc.gov)

#### **State Center for Health Statistics**

Karen L. Knight, M.S., Director

[www.schs.state.nc.us/SCHS](http://www.schs.state.nc.us/SCHS)

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