

# What Moms Tell Us *Wisconsin* PRAMS

Steering Committee Meeting

Joint project

Office of Health Informatics

&

Bureau of Community Health Promotion

March 29, 2011

Madison, Wisconsin

Mediasite Webcast – will be archived on DHS Webpage:

<http://dhs.wi.gov/webcast>

# What is PRAMS?

- Pregnancy
- Risk
- Assessment
- Monitoring
- System



CDC surveillance system started in 1987



# Updates

- Presentation at CDC National Meeting, December 2010
- Results of experiment in 2009
- Postpartum fact sheet
- Birth file for 2009

# Purpose of Experiment

Test whether a monetary incentive or a diaper coupon sent to African American mothers would increase their response rates, when compared to African American mothers who did not receive either incentive.

# Incentives



**\$5 dollar bill**

**Huggies diaper coupon from Kimberly-Clark**



# Outcomes

## Response Rates – by Treatment Group

Treatment Group	Period of Contact			N Respondents
	After Mail Phase	Batches with Phone Follow-up	Batches with No Phone Follow-up	
Cash - \$5	35%	59%	33%	93
Coupon - \$6	23%	47%	24%	68
Control	23%	47%	20%	63
Total	27%	52%	25%	224

# Outcomes – Survey Costs

Treatment Group	After Mail Phase		After Phone Phase	
	Total	Per Complete	Total	Per Complete
Cash - \$5	\$4,989	\$65	\$6,320	\$68
Coupon - \$6	\$3,664	\$75	\$4,992	\$72
Control	\$3,563	\$74	\$4,955	\$79

# Outcomes – Survey Responses

Treatment Group	Demographics	Risk Behaviors		Infant and Maternal Health
	Income less than \$20,000	Smoked 3 months before/last 3 months of pregnancy	Drank alcohol last three months of pregnancy	Ever breastfed
Cash - \$5	76%	33%	12%	63%
Coupon - \$6	65%	24%	7%	66%
Control	63%	18%	7%	78%

# Follow-up Activities and Lessons Learned

## Cash incentive

- Increased response rates for African American stratum
- Increased response rates more than coupon
- Paid for itself
- Motivates respondents to participate during mail phase

# Limitations

- African American stratum only
- Small sample sizes for treatment groups
- Phone phase is costly and was not possible for all respondents
- Cash incentives for government-sponsored research require careful planning

# Publication

- Postpartum Depression fact sheet
- First in the series *What Moms Tell Us*

## Wisconsin PRAMS

Pregnancy Risk Assessment Monitoring System

## What Moms Tell Us

January 2011

### Postpartum Depression

Postpartum depression affects 8% to 15% of women and may appear at any time in the first year after delivery.<sup>1</sup> If untreated, postpartum depression can be disabling for the mother and limit her ability to care for her new infant, resulting in negative effects on her child and other family members.

#### Symptoms of Postpartum Depression<sup>2</sup>

- Sadness, depression or a feeling of hopelessness
- Problems eating or sleeping
- Problems focusing and making decisions
- Feeling overwhelmed
- Anxiety, panic, or a feeling of being "out-of-control"
- Upsetting thoughts or worries that won't go away
- Difficulty bonding with the baby
- Fear of harming self or the baby

#### Risk Factors<sup>2</sup>

- Personal or family history of depression, anxiety, bipolar disorder or substance abuse
- Recent or ongoing stress or loss; financial, trauma or relationship problems
- History of medical problems, such as diabetes or hypertension
- High-risk pregnancy or birth complications
- Little or no support from partner/spouse, family or community
- Violence in the home

#### Is it just the Baby Blues?

Typically, the "baby blues" occur within the first 10 days of giving birth and go away within one or two weeks. Postpartum depression is a more serious condition requiring attention from a health care provider.

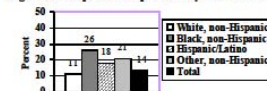
Wisconsin mothers who had a recent live birth were asked these questions in the PRAMS Survey:

- 1) Since your new baby was born, how often have you felt down, depressed or hopeless?
- 2) Since your new baby was born, how often have you had little interest or little pleasure in doing things?

Postpartum depression was defined by a response of "always" or "often" to either one of these questions. In 2007 and 2008, 14% of new mothers in Wisconsin met this definition of postpartum depression (Figure 1).

- Black mothers were more than twice as likely to report symptoms of depression (26%) as white mothers (11%).
- Hispanic mothers were also more likely to report symptoms of depression (18%), compared to white mothers (11%).
- Young mothers under age 20 had significantly higher than average rates of postpartum depression, as did mothers living in households with annual incomes below \$10,000 (Table 1). Unmarried mothers and mothers with high school or less education were also more likely to report depression symptoms.

Figure 1: Postpartum Depression by Race/Ethnicity



Source: 2007-2008 PRAMS, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

#### Comments from Wisconsin mothers

- "I felt frustrated mostly overwhelmed."
- "I just try not to think about it."
- "The first couple of months after my baby's birth I always felt [depressed]."
- "I believe that the hardest part of having my daughter was the first days back at home. I was in pain and wouldn't eat because I was so worried."
- "I think healthcare providers and family members should watch closely for postpartum depression."



Wisconsin PRAMS - Division of Public Health, Department of Health Services. -1-

# Birth File for 2009

- Online electronic birth registration system up and running since January
- Delay in preparation of final 2009 birth file
- Annual birth report expected in May

# CDC Cooperative Agreement

- End of first 5-year cycle, mid-April 2011
- Funding Opportunity Announcement, submitted January 2011
- Budget request \$160,000



# Looking Forward



# African American Oversample

- Large increase in sample of African American mothers, 2011
- Focused on Kenosha, Milwaukee, Racine and Rock Counties
- Results will be used to evaluate Lifecourse Initiative for Healthy Families (LIHF) community projects
- Expected to be ongoing for several years

# African American Oversample

- Efforts to increase the response rate among African American mothers
- Community outreach
- Cash incentive
- Telephone follow-up with all who do not respond by mail
- Potential for 1,000 African American mothers responding to PRAMS each year

# Phase 7 Questionnaire

- Official data source for Healthy People 2020 and Healthiest Wisconsin 2020 objectives
- A contributing data source for additional objectives
- New core questions
  - ✓ seasonal flu
  - ✓ oral health
  - ✓ family planning



# WPP and LIHF

- Wisconsin Partnership Program (WPP) and UW School of Medicine & Public Health have launched the Lifecourse Initiative for Healthy Families (LIHF)
- Based on the life-course model (Lu et al.)
- Focus on infant mortality disparities and community needs
- Milwaukee, Beloit, Racine, and Kenosha collaboratives

# Examples of Data Analysis

- WIC participation
- Pre-pregnancy weight
- Problems getting prenatal care
- Smoking
- Postpartum depression

# WIC Participation 2007 - 2008

<u>Race/ethnicity</u>	<u>Yes</u>
White, non-Hispanic	26%
Black, non-Hispanic	78%
Hispanic/Latina	74%
Other, non-Hispanic	56%

# Pre-pregnancy Weight 2007 - 2008

<u>Race/ethnicity</u>	<u>Obese &amp; Overweight</u>
White, non-Hispanic	43%
Black, non-Hispanic	56%
Hispanic/Latina	37%
Other, non-Hispanic	32%

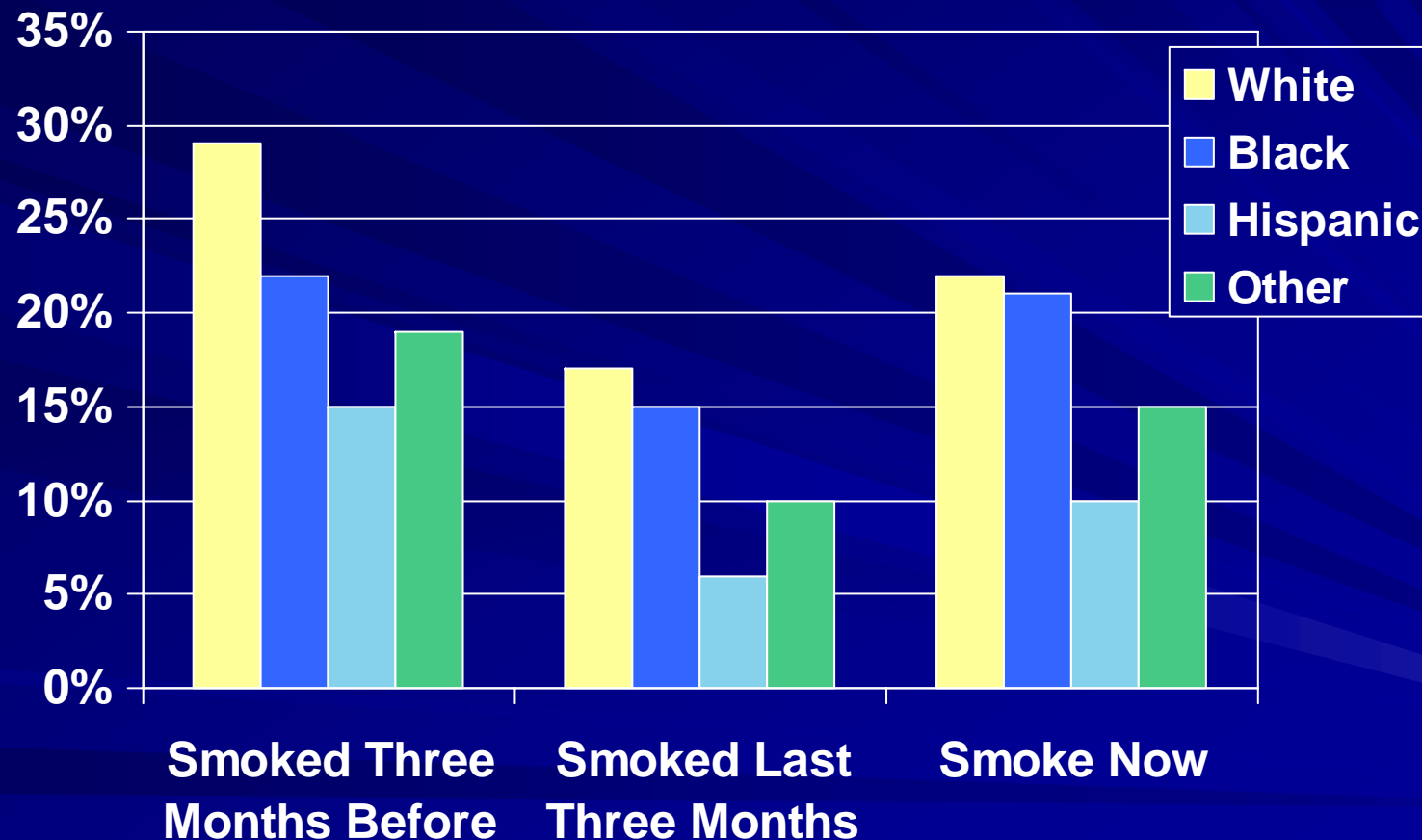
# Prenatal Care – Problems\*

## 2007 - 2008

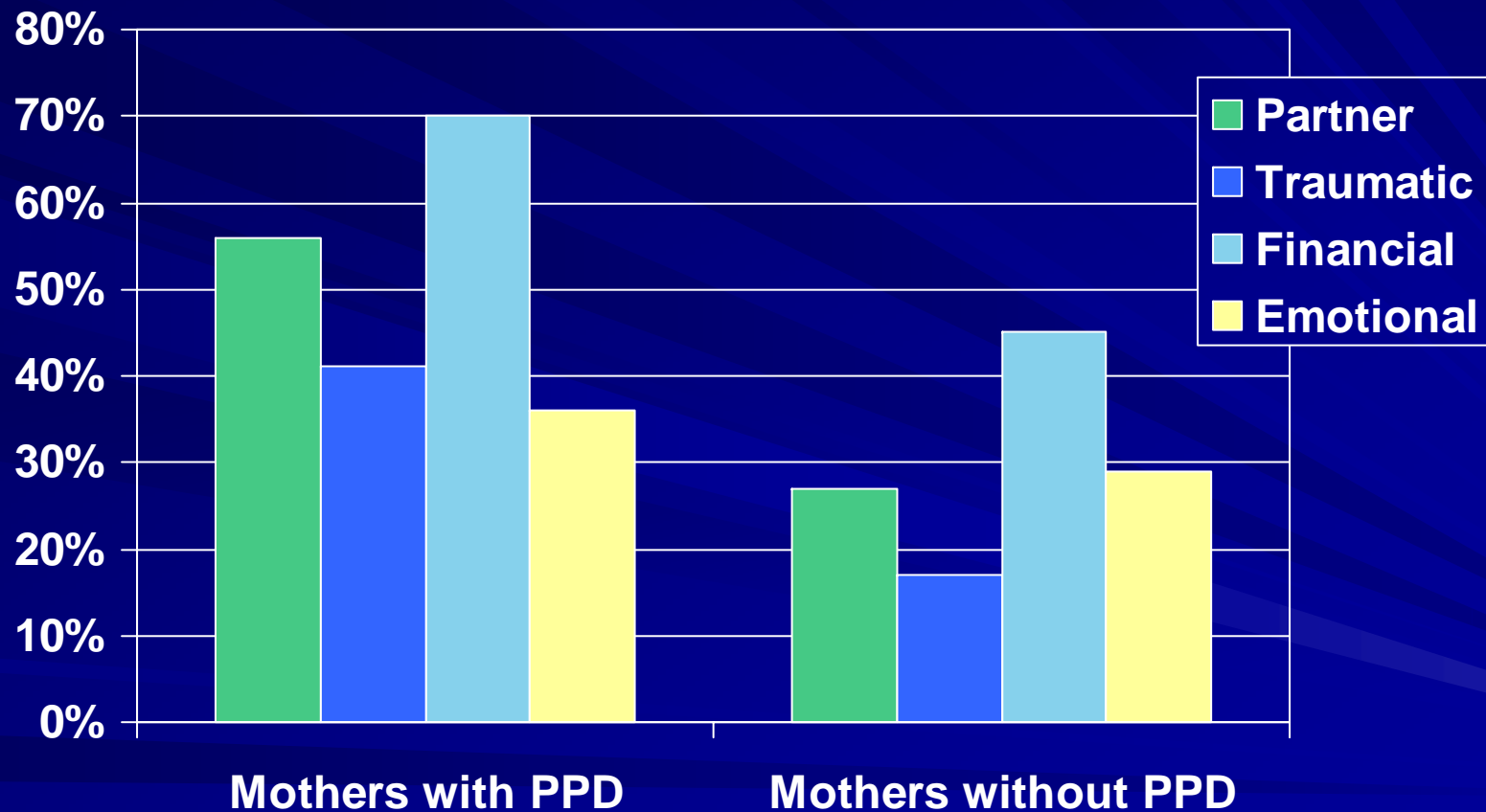
	Insurance	
	<u>Self-pay</u>	<u>Medicaid</u>
Didn't have money or insurance	4%	14%
Couldn't get appointment when I wanted one	6%	14%
Couldn't take time off from work	2%	9%
Physician/health plan would not start as early as I wanted	4%	8%
Had no way to get to the clinic	2%	9%
Too many other things going on	3%	7%

\*Among women who did not get prenatal care as early as they wanted.

# Smoking – Moms Tell Us They Smoke 2007 - 2008



# Stressful Life Events by Type 2007 - 2008



# Dissemination and Publication Process

## Suggestions and discussion

- Who is our audience for PRAMS results?
- What publication formats are useful?
- Fact Sheets, PowerPoints, data books, etc.
- How will you use PRAMS results in your work?

# Challenges and Budget

- Exciting data to share with partners
- Bare-bones funding
- PRAMS partners will be essential in disseminating information and data to inform program and policy
- We look forward to working with our partners with our new information

# What Moms Tell Us

## *Wisconsin* PRAMS

Murray Katcher, PhD, MD, Principal Investigator

Katherine Kvale, PhD, Project Director:

[Katherine.Kvale@Wisconsin.gov](mailto:Katherine.Kvale@Wisconsin.gov)

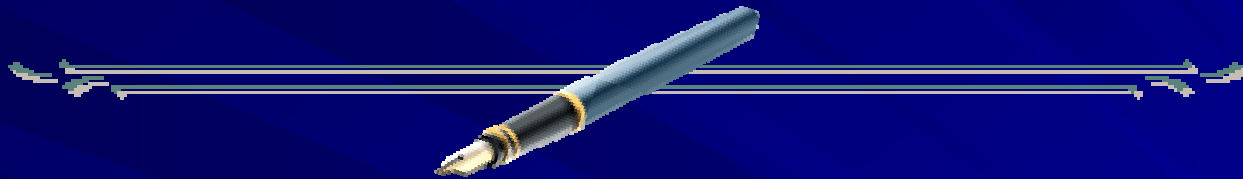
Eleanor Cautley, Project Coordinator, OHI

Kim González, Data Manager, OHI

Kathryn Jones, Resource Technician, OHI

Angela Rohan, PhD, CDC Assignee

# From a PRAMS Mom



“Thank you for allowing me to answer the questions in this survey; and I do hope that my answers will be of help to women out there including members of my family.”

# The face of *Wisconsin* PRAMS



# Many Thanks!

Thanks!

Thanks!

Thanks!

¡Gracias!

Thanks!



Hey!  
Thanks!

Thanks!

¡Gracias!

Thanks!

Thanks!

¡Gracias!

Thanks!