

# What Moms Tell Us

## *Wisconsin* PRAMS

Wisconsin Maternal & Child Health Advisory Committee  
PRAMS 101: Wisconsin Pregnancy Risk Assessment  
Monitoring System

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Division of Public Health

Wisconsin Department of Health Services

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Madison, Wisconsin



# What is PRAMS?

- Pregnancy
- Risk
- Assessment
- Monitoring
- System



Centers for Disease Control and Prevention (CDC) surveillance system started in 1987

# What Moms Tell Us

## *Wisconsin* PRAMS

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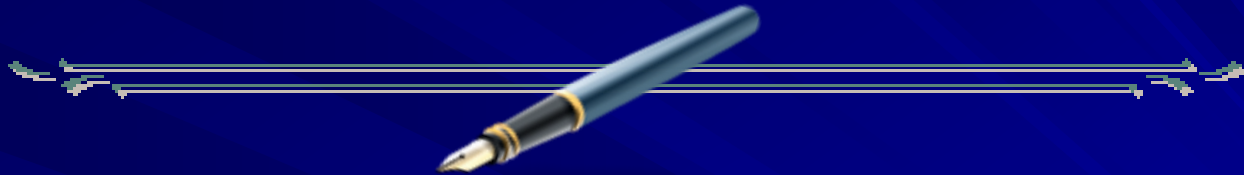
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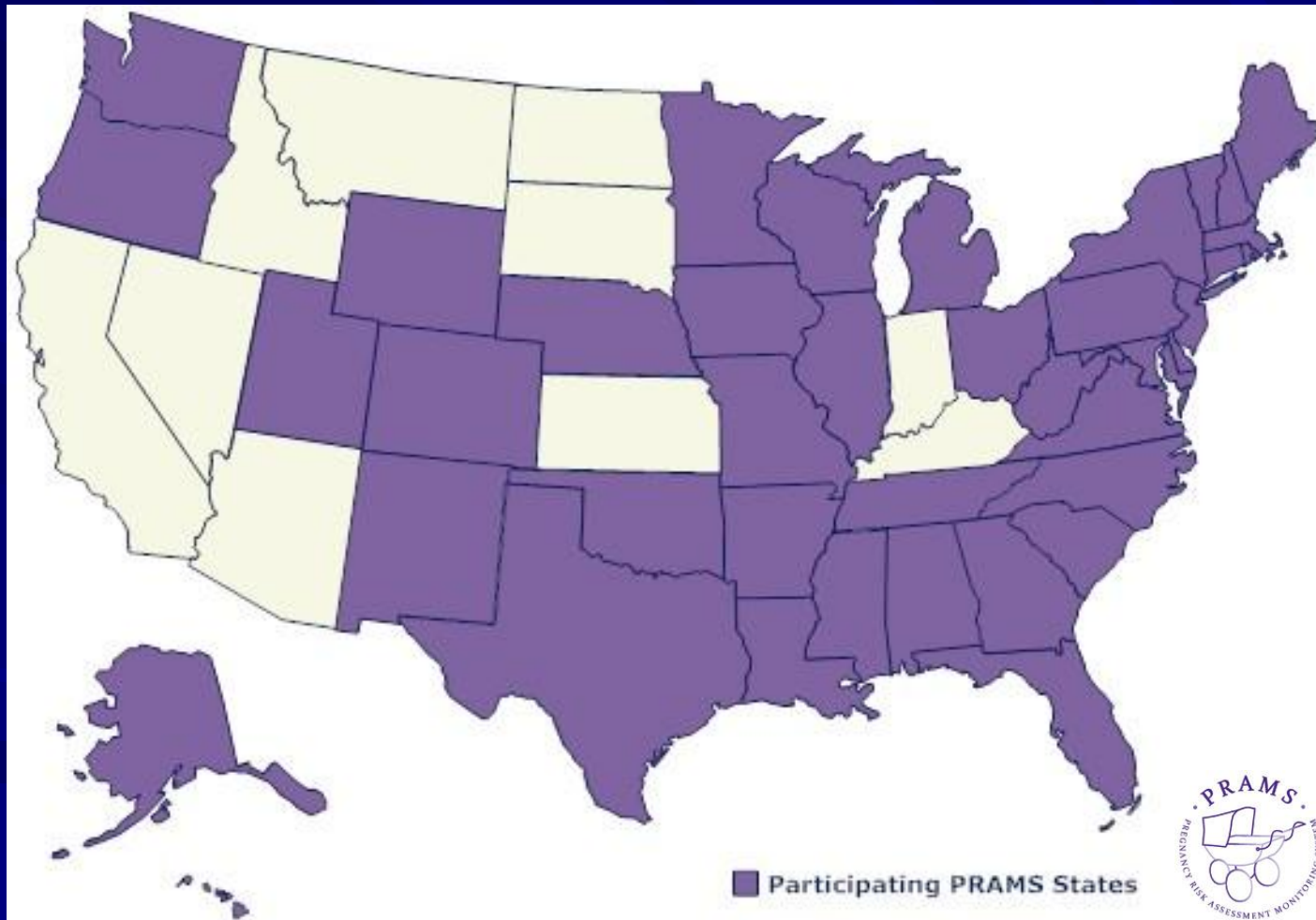
# From a PRAMS Mom



“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.”

# PRAMS States

Forty states and New York City participate in PRAMS



# Wisconsin PRAMS

## Fact Sheets

- Postpartum Depression
- Safe Sleep Practices
- Breastfeeding

**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 the child and other family members.

**Symptoms of Postpartum Depression**

- Sadness, depression or a feeling of hopelessness
- Problems eating or sleeping
- Feeling overwhelmed
- Anxiety, panic, or a feeling of being overwhelmed
- Upsetting thoughts or worries that interfere with daily life
- Difficulty bonding with the baby
- Fear of harming self or the baby

**Risk Factors?**

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

**Is it just the Baby Blues?**  
Typically, the "baby blues" occur within days of giving birth and go away within a few weeks. Postpartum depression is a mood condition requiring attention from a health care provider.

**Comments from Wisconsin mothers**

- "I felt frustrated mostly over the fact that I just try not to think about it."
- "The first couple of months after the baby, I believe that the hardest part was going back to work. I was in pain and I think healthcare providers and family support were helpful."

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**Safe Sleep Practices**  
Sudden unexpected infant death (SUID) is the death of a previously healthy infant (<365 days old), without an immediately obvious cause prior to investigation. SUID deaths in infants sleep have been on the rise in recent years. Three main diagnostic categories of SUID associated with SIDS (sudden infant death syndrome) when no cause emerges, even after a thorough investigation of the death scene, clinical history (autopsy findings), (2) ASSB (accidental suffocation/strangulation in bed), and (3) other unspecified causes. Some deaths categorized as SIDS or of unspecified cause likely are also associated with unsafe sleep environments. As increasing care to proper diagnostic categorization by use of a scene investigation, autopsy, and child/infant review, greater opportunity exists to develop specific prevention recommendations in sleep deaths.

Two factors are critical components of safe sleep:  
(1) infant sleep position and (2) whether the infant is alone in the crib.

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**Breastfeeding**  
The American Academy of Pediatrics (AAP) describes human milk as "uniquely superior for infant feedings,"<sup>1</sup> and the AAP and American Academy of Family Physicians recommend that, with rare exception, infants should be exclusively breastfed for the first six months of life, with continuation of breastfeeding for at least one year or as long as mutually desired by mother and infant.<sup>1,2</sup> Not only does breast milk provide the optimal source of nutrition<sup>3</sup> for almost all infants, but breastfeeding also has been shown to confer multiple benefits to infants, mothers, and the community (Table 1).<sup>4</sup>

who do not achieve the recommended breastfeeding goals, it is important to be aware of barriers that can be addressed.

A sample of Wisconsin mothers received the PRAMS survey two to three months after their baby was born and were asked a variety of questions, including questions regarding breastfeeding. Although many factors play a role in determining both breastfeeding initiation and duration, this survey of new mothers provides valuable information on breastfeeding practices in our state.

**Breastfeeding practices**

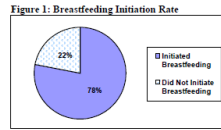
**1) Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

Mothers who had a live birth and were living with their infant were asked in the 2007-2008 Wisconsin PRAMS survey about breastfeeding initiation. Ever having provided breast milk, through breastfeeding or by pumping and providing the expressed breast milk to feed the baby, was considered breastfeeding initiation.

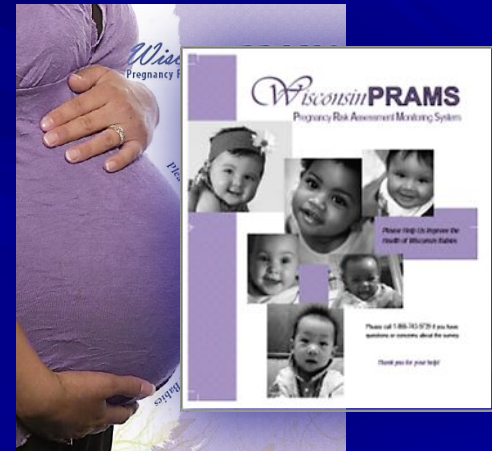
One of the Healthy People 2020 targets related to breastfeeding is that 82% of all infants will be breastfed.<sup>5</sup> Results from the 2007-2008 Wisconsin PRAMS data indicated that 78% of new mothers ever breastfed or used expressed breast milk to feed their infant. Thus, 22% of Wisconsin new mothers never initiated breastfeeding (Figure 1).

**Table 1. Benefits of Breastfeeding to Infants, Mothers, and Communities<sup>1,4</sup>**

Infants
Decreased Risk of the Following:
• Middle ear and respiratory tract infections
• Necrotizing enterocolitis
• Gastrointestinal infection
• Celiac disease
• Inflammatory bowel disease
• Sudden infant death syndrome (SIDS)
• Atopic dermatitis and asthma
• Childhood leukemia (AML, ALL)
• Obesity
• Type 1 and Type 2 diabetes mellitus
Mothers
Decreased Risk of the Following:
• Postpartum blood loss
• Postpartum depression
• Type 2 diabetes mellitus
• Rheumatoid arthritis
• Cardiovascular disease
• Breast and ovarian cancer
Communities
Decreased healthcare/hospital costs
Decreased parental absenteeism from work
Reduced environmental burden (No packaging or transportation required)



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



Wisconsin PRAMS - Division of Public Health

Given these recommendations and benefits of breastfeeding, it is important to understand what proportion of mothers in Wisconsin are initiating breastfeeding and how long they are continuing to breastfeed their children. Furthermore, among mothers

# Why PRAMS?

- Standardized protocol for all states that participate
- Representative of Wisconsin mothers who have had a live birth
- Unique source of data and information
- Stark evidence of these major disparities
  - household income
  - postpartum depression
  - safe sleep practices
  - breastfeeding
  - pregnancy intention

# *Wisconsin* PRAMS – First Cycle 2006 - 2011

- 2006: Wisconsin protocol approved by CDC, and local Institutional Review Board (IRB)
- 2007: Data collection began
- 2009: Experiment that increased African American response rates
- 2010: Wisconsin Partnership Program (WPP) considers using PRAMS for the Lifecourse Initiative for Healthy Families (LIHF)



# *Wisconsin* PRAMS – Second Cycle 2011 - 2016

- 2011: Wisconsin Partnership Program (WPP)
  - African American moms oversampled in Kenosha, Milwaukee, Racine and Rock counties
  - Purple Envelope campaign and incentive for African American moms
- 2012: Growing pains
  - Phase 7 questionnaire
  - PRAMS Integrated Data System (PIDS)
  - Reorganization of PRAMS Advisory Committee

# PRAMS – Methods

- Federal IRB approval
- CDC protocol
- Local IRB approval for states
- Required core questions from CDC
- Optional “standard” questions
- Sampling strata for Wisconsin designed in consultation with CDC statisticians
- Random sample from birth certificate file

# PRAMS - Mixed-Mode Data Collection

- Mailed questionnaire to sample of new moms 2 to 4 months after birth
- Sampling strata – about 250/month
  - White, non-Hispanic
  - Black, non-Hispanic
  - Other (including Hispanic/Latina)
- Follow-up phone calls to moms who don't return questionnaire
- Survey data linked to birth certificate

# Wisconsin PRAMS

## Weighted Response Rates

<b>Race/ethnicity</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
White, non-Hispanic	76%	72%	73%	67%
Black, non-Hispanic	37%	35%	35%	30%
Other	53%	57%	52%	52%
Total	69%	66%	66%	61%

# PRAMS - WPP - LIHF

- Phase 7 – standard questions selected to reflect Lifecourse model
- Results from PRAMS will be used to help the LIHF collaboratives learn more about the experiences of African American mothers before, during, and after pregnancy
- Monitor changes in communities that have an impact on birth outcomes

# LIHF Collaboratives

## PRAMS Purple Envelope Campaign

- CDC protocol for mailed surveys to African American mothers in Kenosha, Milwaukee, Racine, and Rock counties
- Started with 2011 births
- African American mothers receive the survey in a “Purple Envelope”



# PRAMS Topics

Health  
inequity

Smoking

Oral health

Prenatal  
care



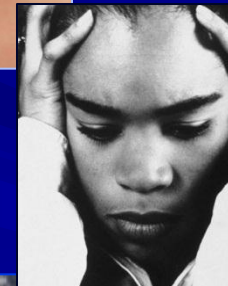
# PRAMS Topics

Breastfeeding

Healthy eating

Stress

Household income





# PRAMS and Wisconsin's Title V Program

- PRAMS data uses:
  - For annual block grant reporting
  - In the MCH needs assessment (2010)
  - Informing DHS and partner program and planning efforts
- PRAMS data are well-aligned with the MCH needs assessment priority areas

# MCH Priorities

- A. Health disparities
- B. Medical home
- C. Necessary services and supports  
(for children and youth with special health care needs and families)
- D. Optimal infant and child health,  
development, and growth

# MCH Priorities

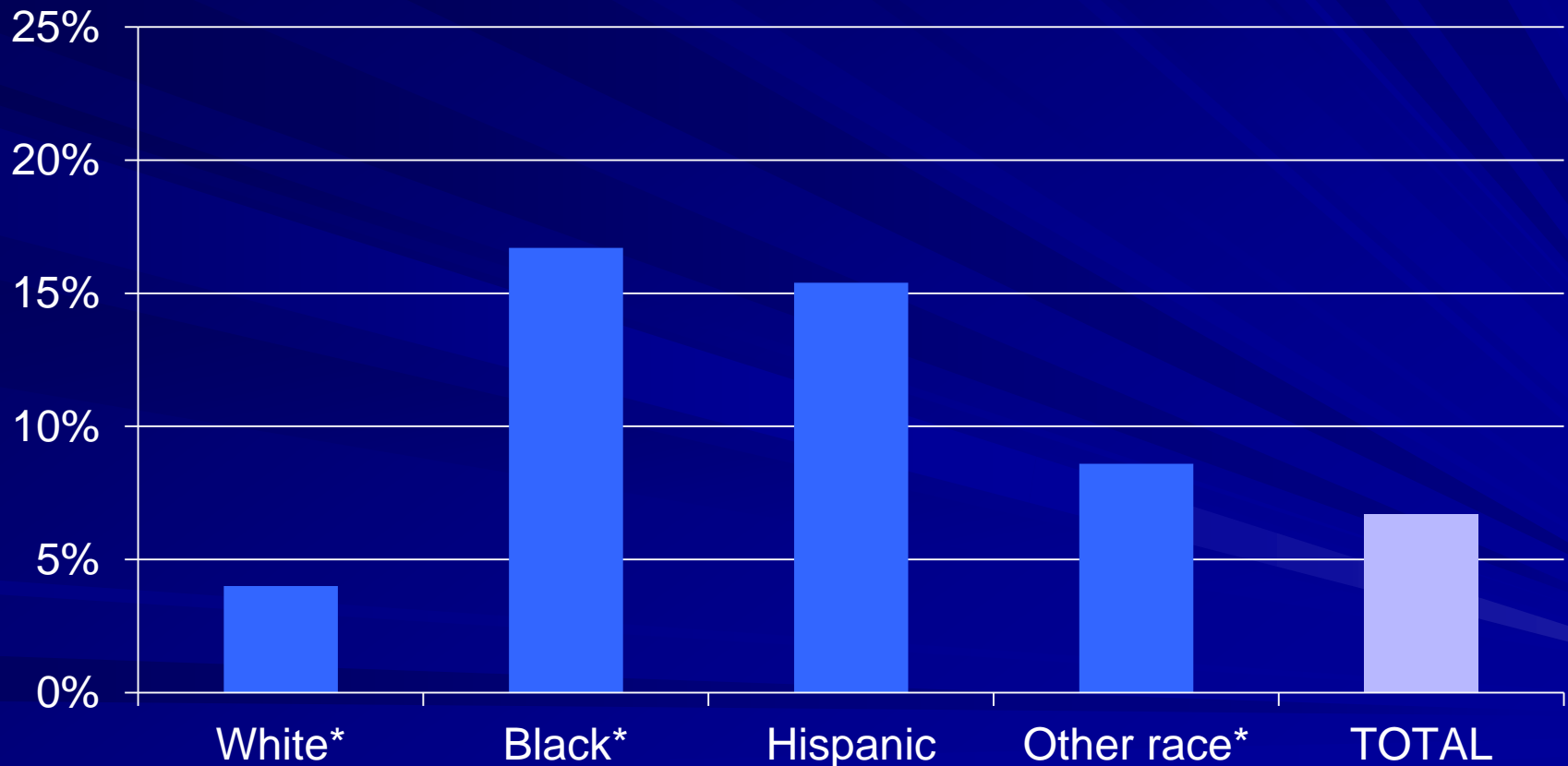
- E. Optimal mental health and healthy relationships
- F. Optimal reproductive health and pregnancy planning
- G. Preventive screenings, early identification, and intervention
- H. Safe and healthy community

# MCH Priorities and PRAMS (A)

- Reduce **health disparities** for women, infants, and children, including those with special health care needs
- (Q37) *During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?*

# Health disparities

## Emotionally upset due to how treated



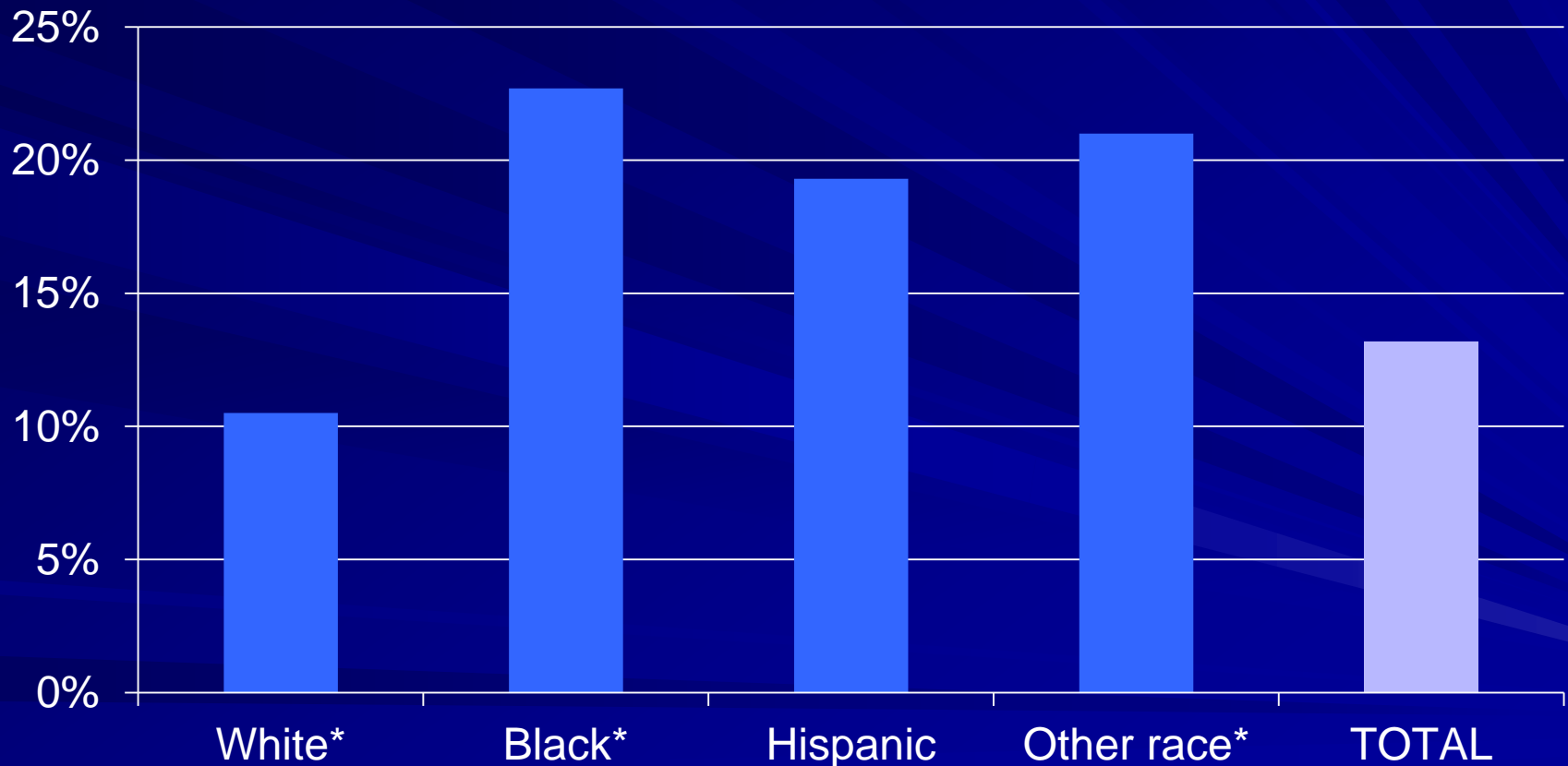
\*Non-Hispanic

# MCH Priorities and PRAMS (B)

- Increase the number of women, children, and families who receive preventive and treatment health services within a **medical home**
- (Q18-19) *Did you get prenatal care as early in your pregnancy as you wanted? Did any of these things keep you from getting prenatal care at all or as early as you wanted?*

# Medical home

## Prenatal care NOT as early as wanted (if any care)



\*Non-Hispanic

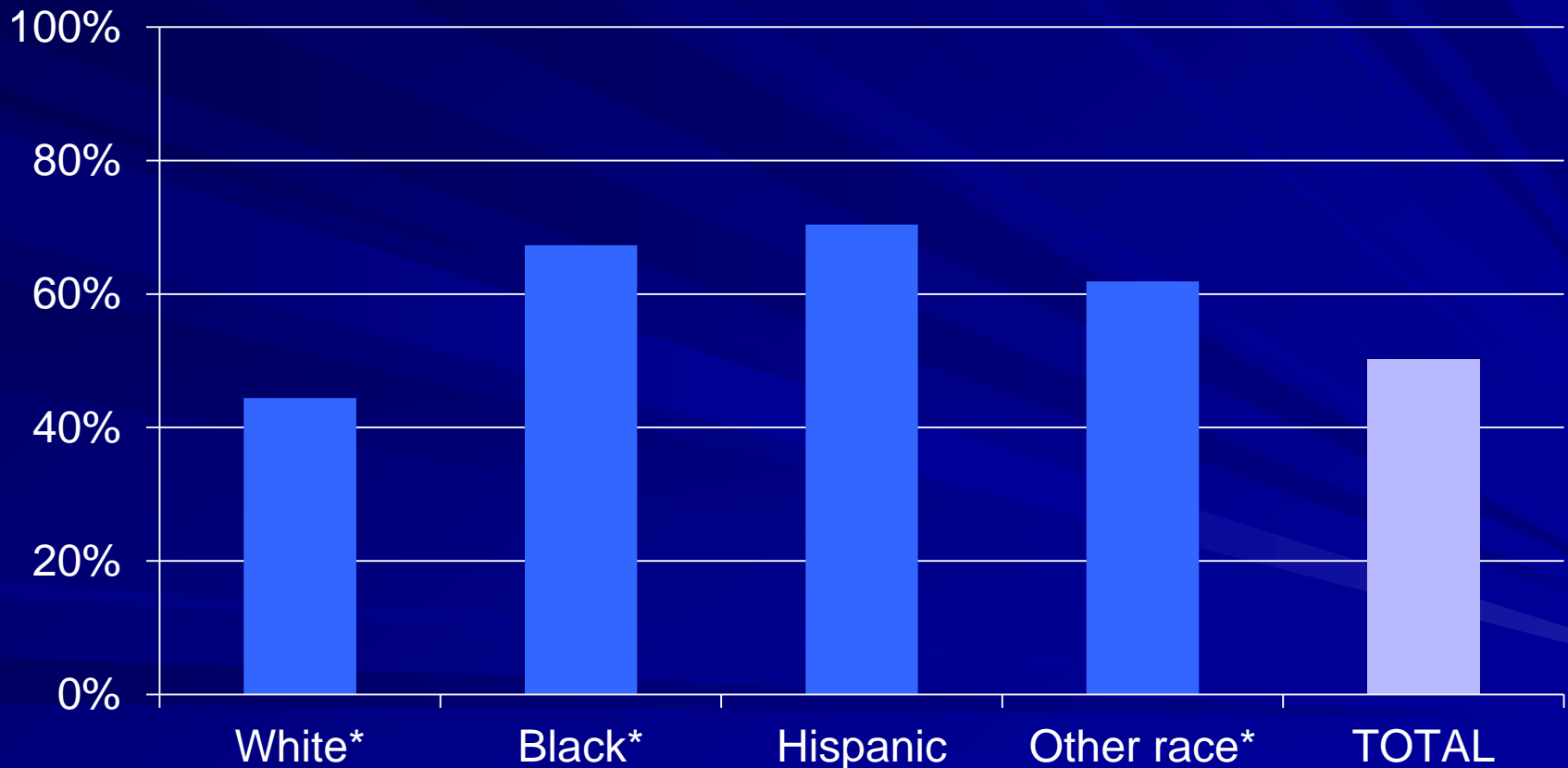
# MCH Priorities and PRAMS (C)

- Increase the number of children and youth with special health care needs and their families who access **necessary services and supports**
- (Q3) *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?*



# Necessary services and support

## Did NOT take a prenatal or multivitamin



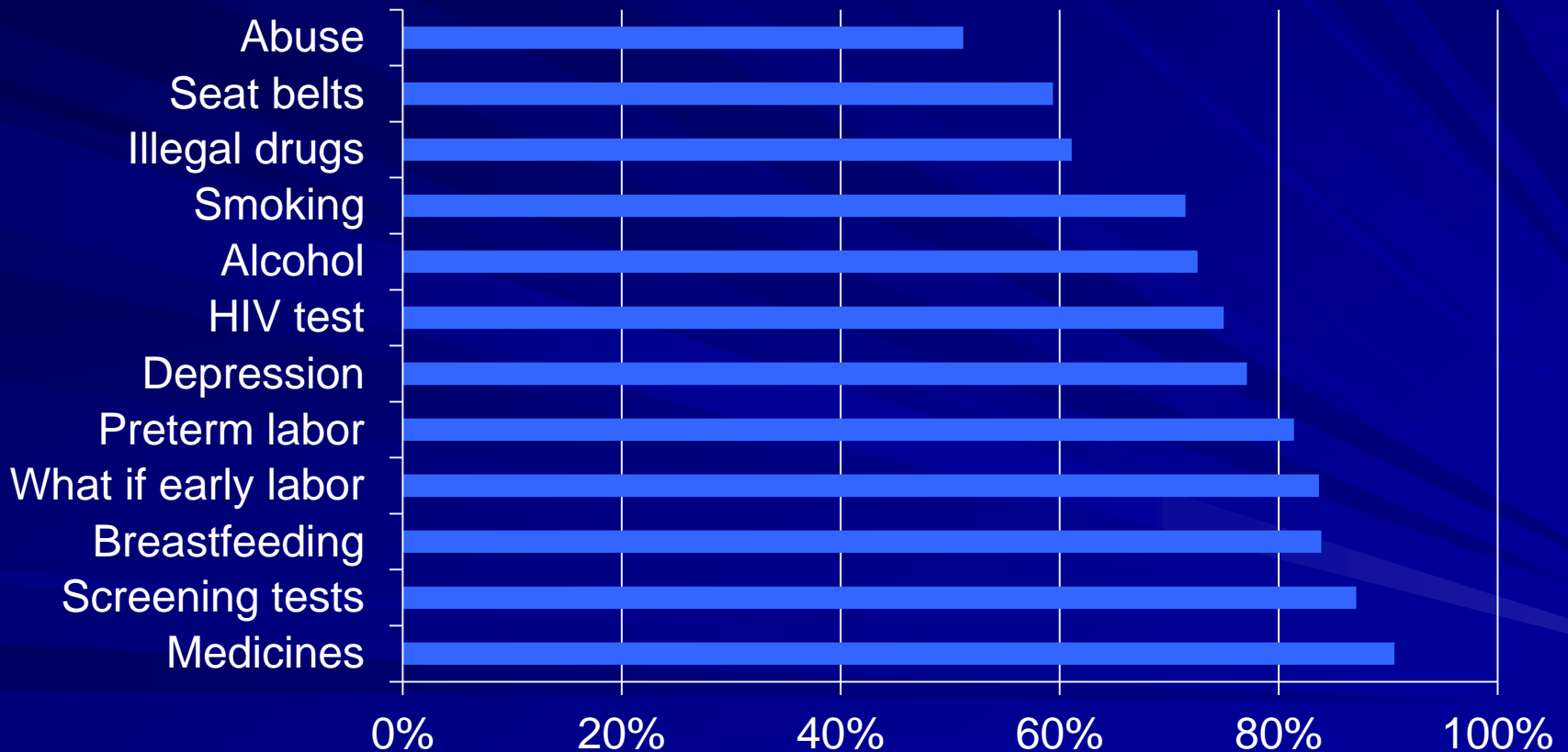
\*Non-Hispanic

# MCH Priorities and PRAMS (D)

- Increase the number of women, men, and families who have knowledge of and skills to promote **optimal infant and child health, development, and growth**
- (Q21) *During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?*

# Optimal infant and child health, development, and growth

## Health care worker talked about:

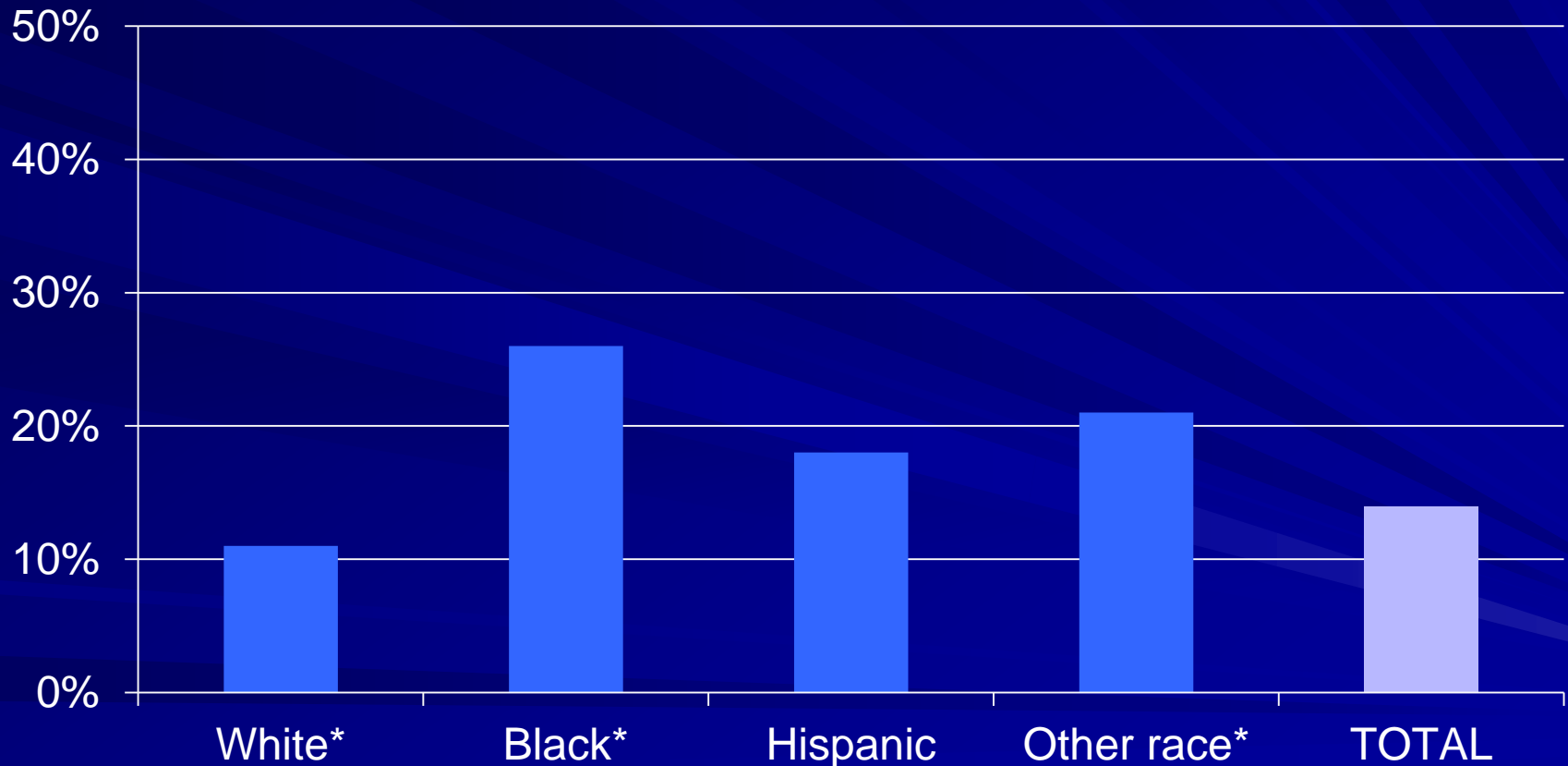


# MCH Priorities and PRAMS (E)

- Increase the number of women, children, and families who have **optimal mental health and healthy relationships**
- (Phase 5) *Since your new baby was born, how often have you felt down, depressed, or hopeless? ... how often have you had little interest or little pleasure in doing things?*

# Optimal mental health and healthy relationships

## Postpartum depressive symptoms



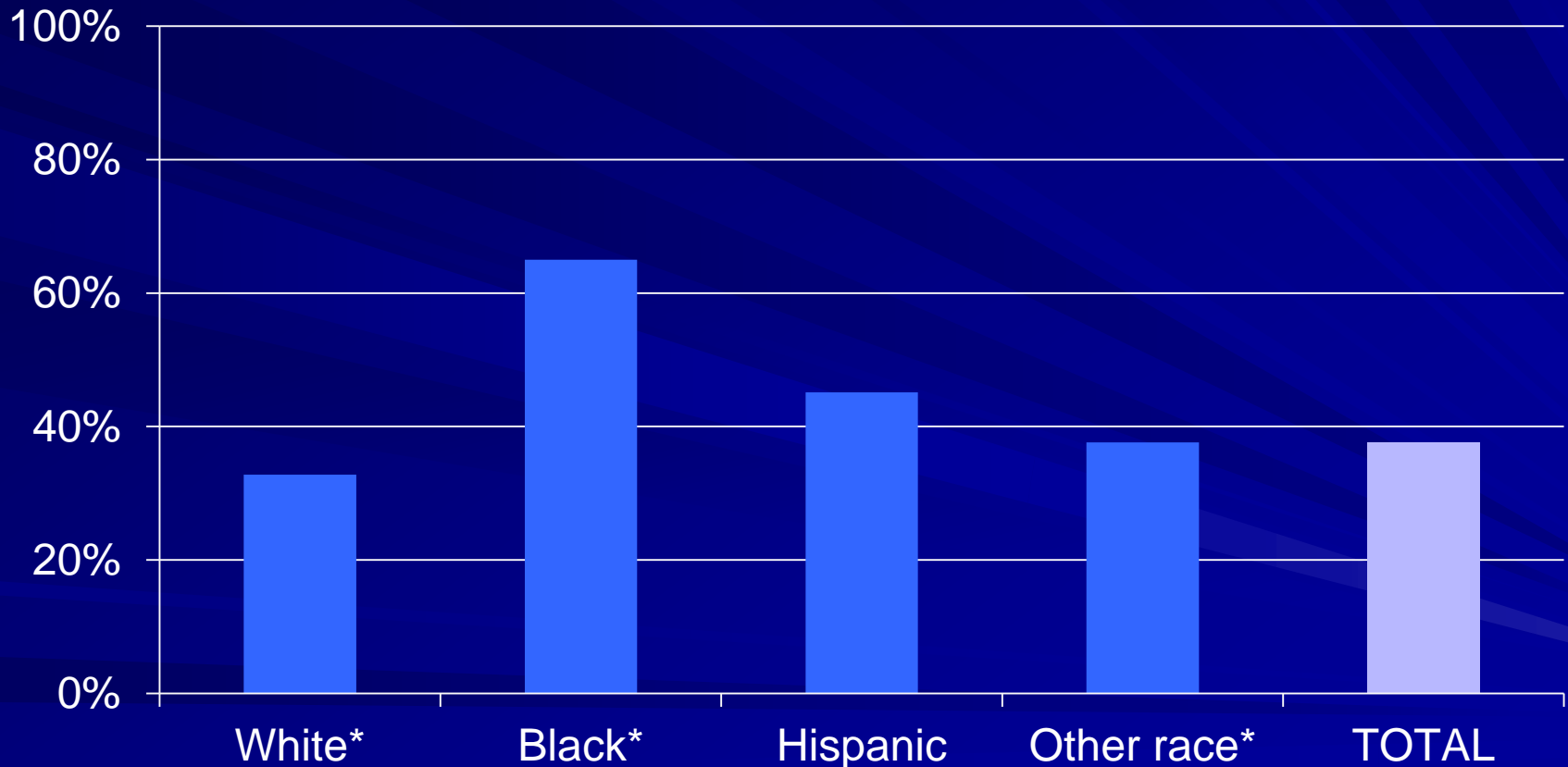
\*Non-Hispanic

# MCH Priorities and PRAMS (F)

- Increase the number of women, men, and families who have knowledge of and skills to promote **optimal reproductive health and pregnancy planning**
- (Q12) *Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?*

# Optimal reproductive health and pregnancy planning

## Pregnancy unintended (wanted later or not at all)



\*Non-Hispanic

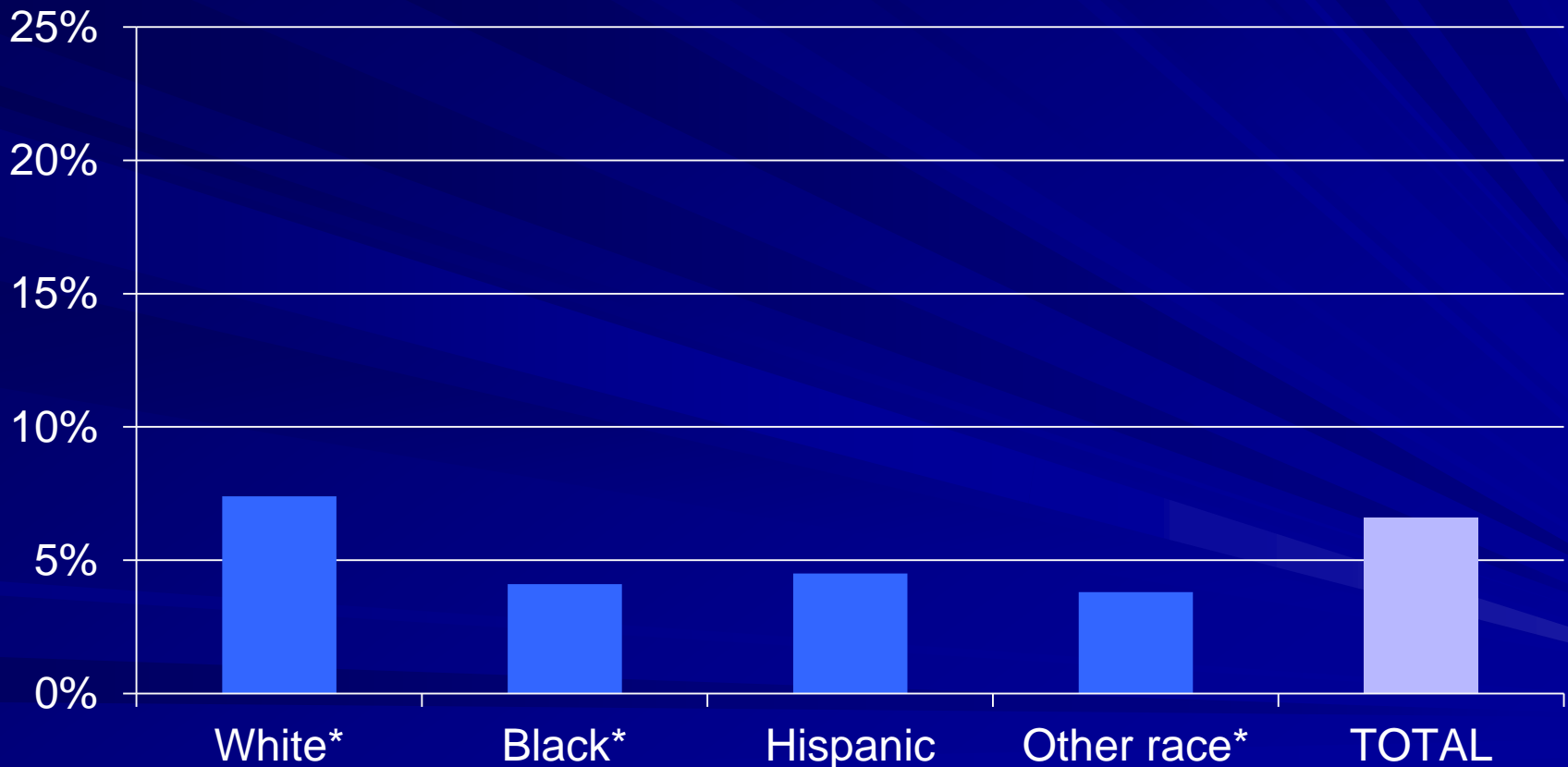
# MCH Priorities and PRAMS (G)

- Increase the number of women, children, and families who receive **preventive screenings, early identification, and intervention**
- (Q56) *Was your new baby seen by a doctor, nurse, or other health care worker for a one week check-up after he or she was born?*



# Preventive screenings, early identification, and intervention

## New baby with NO one week visit



\*Non-Hispanic

# MCH Priorities and PRAMS (H)

- Increase the number of women, children, and families who live in a **safe and healthy community**
- (Phase 7, Q43)\* *During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?*

\*Data collection for this question began in 2012.

# For more information:

- Wisconsin PRAMS

<http://www.dhs.wisconsin.gov/births/prams>

Factsheets, presentations, and commonly asked questions for mothers

- Afternoon advisory committee meeting

- CDC PRAMS <http://www.cdc.gov/prams/>

# Many Thanks!

Thanks!

Thanks!

Hey!  
Thanks!

¡Gracias!

Thanks!

Thanks!

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