

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)
Kansas Core Surveillance Project
2016-2021

KS PROJECT SUMMARY

Total Funding: \$161,000/year
Funding Sources: Centers for Disease Control & Prevention (CDC)
Project Period (5 years): 5/1/2016-4/30/2021

Project Summary/Abstract: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS) is a collaborative project with the Centers for Disease Control and Prevention (CDC) to establish a state-specific, population-based, epidemiological surveillance system of selected maternal attitudes, behaviors and experiences for the State of Kansas. There are two major goals of the Kansas PRAMS project to reduce infant mortality and low birth weight. Kansas will obtain data to understand the risk factors that contribute to poor pregnancy outcomes and understand the experiences and behaviors before, during, and after pregnancy that result in high risk births. Each month, a sample of women who have had a recent live birth, is randomly drawn from the birth certificate file. Mothers from this sample are mailed a questionnaire covering a number of questions related to prenatal and postnatal behaviors and experiences. Questionnaires may be sent up to three times depending on response. If there is no response, mothers may be contacted and interviewed by telephone. Responses are then aggregated to provide a picture of the behavior of expectant mothers for policy and program planning.

Overall Goal/Specific Aim: The overall goal of Kansas PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy. The information from Kansas PRAMS may lead to improvement in the health of mothers and infants in Kansas.

KS STEERING COMMITTEE

The Kansas Maternal & Child Health (MCH) Council meets at least quarterly and consists of four subcommittees, in line with the HRSA Title V MCH population health domains: Women/Maternal, Perinatal/Infant, Child, and Adolescent (Children and Youth with Special Health Care Needs and Cross-cutting are integrated across all four domain groups). The PRAMS steering committee is a joint group including members from two of the four standing Council subcommittees, Women/Maternal and Perinatal/Infant. The majority of these members were previously involved in the Blue Ribbon Panel on Infant Mortality* which merged with the Kansas MCH Council in September 2015.

**The Blue Ribbon Panel on Infant Mortality supported launch of the PRAMS pilot and advised throughout. The MCH Council received information and updates. The Panel members transitioned to the Council, bringing with them knowledge of the PRAMS pilot history and status.*

PRAMS BACKGROUND

What is PRAMS?

PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS provides data not available from other sources, including the Birth Record. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.

(Source: <http://www.cdc.gov/prams/index.htm>)

Purpose of the Study: PRAMS is an ongoing, population-based risk factor surveillance system (survey) designed to identify and monitor selected maternal behaviors and experiences that occur before, during, and shortly after pregnancy. Data is used by policy makers and health care groups across the state to develop prevention and control measures, plan research and policies to improve the health of women, infants and families, as well as evaluate current programs and policies.

Objectives of the Research:

1. To collect population-based data of high scientific quality on topics relating to pregnancy and early infancy.
2. To conduct data analyses in order to increase understanding of maternal behaviors and experiences during pregnancy and early infancy, and their relationship to health outcomes.
3. To translate results from analyses into useable information for planning and evaluation of public health programs/policy.
4. To build state capacity for collecting, analyzing, and translating data to address relevant maternal and infant health issues.

Using PRAMS Data: PRAMS provides data not available from other sources about pregnancy and the first few months after birth. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. See attachment 1 for information specific to Kansas. See attachment 2 for current PRAMS states.

PRAMS Questionnaires: The PRAMS questionnaire contains core questions that are asked by all states. The core portion of the questionnaire includes questions about the following:

- Attitudes and feelings about the most recent pregnancy
- Content and source of prenatal care
- Maternal alcohol and tobacco consumption
- Physical abuse before and during pregnancy
- Pregnancy-related morbidity
- Infant health care
- Contraceptive use
- Mother's knowledge of pregnancy-related health issues, such as adverse effects of tobacco and alcohol; benefits of folic acid; and risks of HIV

Forty-seven states, New York City, Puerto Rico, the District of Columbia and the Great Plains Tribal Chairman's Health Board (GPTCHB) currently participate in PRAMS, representing approximately 83% of all U.S. live births. Two other states (California and Ohio) previously participated. Click here/visit this link for the interactive map <http://www.cdc.gov/prams/States.htm>.