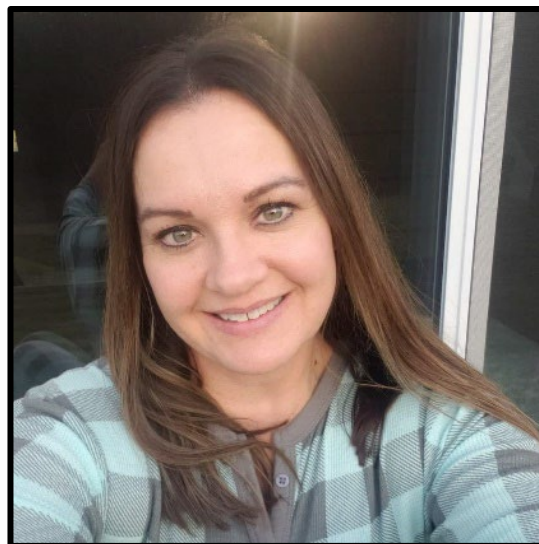


**Former
PRAMS Project
Coordinator**



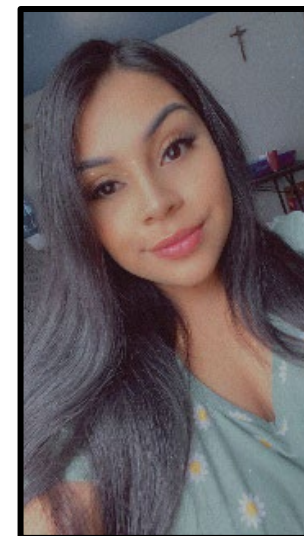
Celina Lopez

**New PRAMS Project
Coordinator**



Deena Carmona

Bilingual Phone Caller



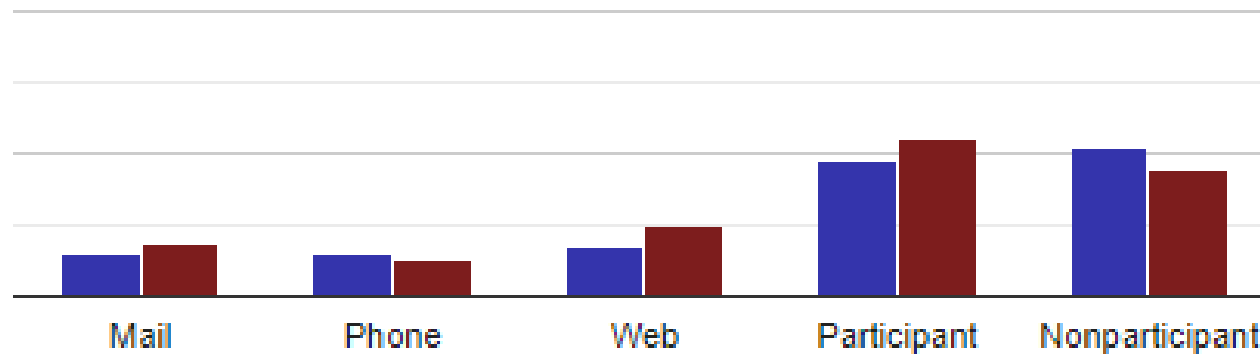
Citlaly Salguero



- Social Determinants of Health Supplement ended in March 2023 with December 2022 Births
- Phase 9 Questionnaire contains 78 Questions AND Opioid Supplement – Started April 2023
- Web Module started June 2023

Response Rates

Birth year: 2023

Filter by state: Kansas



		Mail	Phone	Web	Participant	Non-participant
All PRAMS		15.43%	15.42%	16.89%	47.79%	52.21%
KS		18.32%	12.95%	24.66%	55.92%	44.08%
Variance		2.89%	-2.47%	7.77%	8.13%	-8.13%

New Questions

If you had high blood pressure *before or during* your pregnancy, go to Question 20. If you didn't, go to Question 21.

During Pregnancy

20. *During your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check No or Yes.*

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Refer me to a different healthcare provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tell me to regularly check my blood pressure <i>during</i> pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to me about getting to a healthy weight <i>after</i> pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to me about regularly checking my blood pressure <i>after</i> pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to me about my risk for having high blood pressure (chronic hypertension) and heart disease <i>after</i> pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |

21. *During your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.*

- No → Go to Question 23
 Yes ↓

22. *During your most recent pregnancy, did you get information about warning signs from any of the following sources? For each one, check No or Yes.*

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. A healthcare provider (such as a doctor, nurse, or midwife) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Websites or social media (such as Facebook, Instagram, or Twitter)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any source of information that used the slogan " Hear Her " (such as websites, social media, or paper handouts)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Family or friends | <input type="checkbox"/> | <input type="checkbox"/> |

15. **During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. How much weight I should gain during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing tests to screen for birth defects or diseases that run in my family	<input type="checkbox"/>	<input type="checkbox"/>
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due).....	<input type="checkbox"/>	<input type="checkbox"/>
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born.....	<input type="checkbox"/>	<input type="checkbox"/>
Ask me...		
e. If I planned to breastfeed my new baby ..	<input type="checkbox"/>	<input type="checkbox"/>
f. If I planned to use birth control after my baby was born	<input type="checkbox"/>	<input type="checkbox"/>
g. If I was taking any prescription medication	<input type="checkbox"/>	<input type="checkbox"/>
h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco.....	<input type="checkbox"/>	<input type="checkbox"/>
i. If I was drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>
j. If someone was hurting me emotionally or physically	<input type="checkbox"/>	<input type="checkbox"/>
k. If I was using illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
l. If I was using marijuana.....	<input type="checkbox"/>	<input type="checkbox"/>
m. If I wanted to be tested for HIV.....	<input type="checkbox"/>	<input type="checkbox"/>

During Pregnancy

16. **During the 12 months before your new baby was born, did a healthcare provider offer you the following shots or vaccinations?** For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Tdap shot (protects against tetanus, diphtheria, and pertussis (whooping cough)).....	<input type="checkbox"/>	<input type="checkbox"/>
c. COVID-19 shot.....	<input type="checkbox"/>	<input type="checkbox"/>

17. **Did you get the following shots or vaccinations before or during your pregnancy?**
For each one, check:
B for **3 months before** pregnancy
D for **During** pregnancy
N for **Did not** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tdap shot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COVID-19 shot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Phase 9

32. During your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during...?
 For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1 st trimester)? <i>This includes the time before knowing you were pregnant</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. The second 3 months of pregnancy (2 nd trimester)?	<input type="checkbox"/>	<input type="checkbox"/>
c. The last 3 months of pregnancy (3 rd trimester)?	<input type="checkbox"/>	<input type="checkbox"/>

Pregnancy can be a difficult time. The next

Phase 8

35. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

No → **Go to Question 37**
 Yes

36. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

42. What were your reasons for stopping breastfeeding?

Check ALL that apply

- My baby had difficulty latching or nursing
- Breast milk alone didn't satisfy my baby
- I thought my baby wasn't gaining enough weight
- My nipples were sore, cracked, or bleeding, or it was too painful
- I thought I wasn't producing enough milk, or my milk dried up
- I had too many other things going on
- I felt it was the right time to stop breastfeeding
- I got sick or had to stop for medical reasons
- I went back to work
- I went back to school
- My spouse or partner didn't support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other _____ → Please tell us:

43. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Write ONE answer

- My baby has not had any liquids other than breast milk
- My baby was less than 1 week old
- My baby was:
_____ week(s) **OR** _____ month(s)

Discrimination: New Questions



74. While getting healthcare during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?
For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My race, ethnicity, or skin color | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My disability status | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My immigration status..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My age | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My income..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My sex or gender | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My sexual orientation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. My religion | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My language or accent..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. My type or lack of health insurance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My use of substances (alcohol, tobacco, or other drugs)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. My involvement with the justice system (jail or prison) | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Another reason..... | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

75. During your life until now, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?

- Very often
- Somewhat often
- Not very often
- Never

34. During the 12 months before your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?

- Very often
- Somewhat often
- Not very often
- Never

76. Have you ever been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?

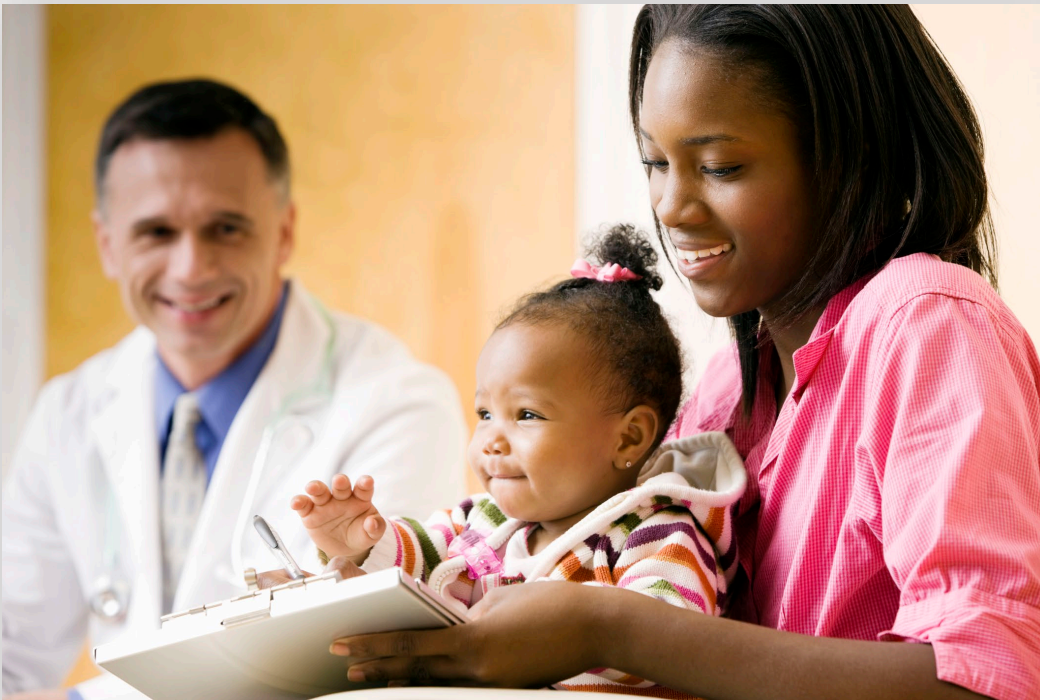
For each one, check **No** or **Yes**.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Job (hiring, promotion, firing)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing (renting, buying, mortgage) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Police (stopped, searched, threatened) ... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the courts | <input type="checkbox"/> | <input type="checkbox"/> |
| e. At school or my child's school | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting medical care..... | <input type="checkbox"/> | <input type="checkbox"/> |



Data Excerpts from PAHS Survey

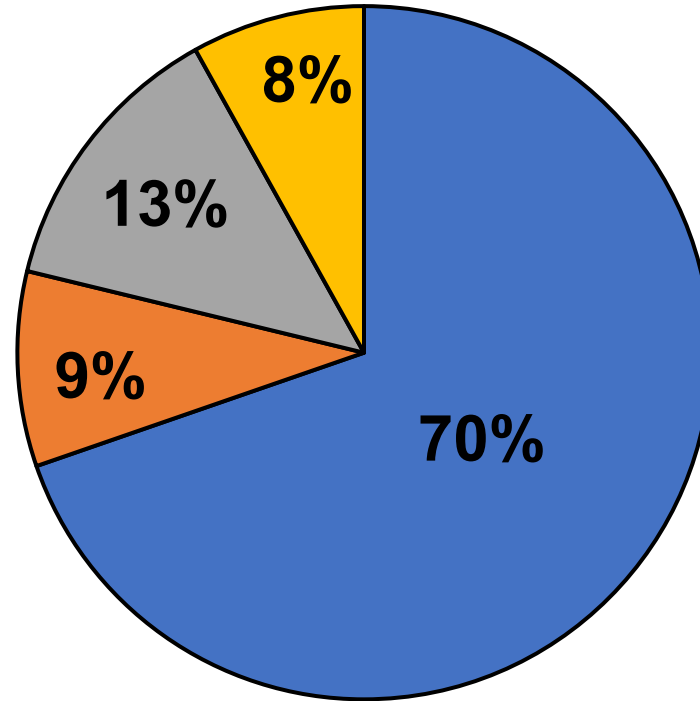
PAHS – Postpartum Assessment of Health Survey



- Follow-up survey to PRAMS, once infants born in 2020 reached 1 year of age
- Funded by Columbia University
- In partnership with KDHE's Bureau of Family Health (MCH)
- Was carried out in eight jurisdictions: New Jersey, New York City, Pennsylvania, Virginia, Michigan, Montana, Utah, and Kansas
- During 2020 PRAMS data collection, respondents had been given the opportunity to opt out of the PAHS survey

PAHS Demographics

Race-Ethnicity of PAHS Participants



■ White non-Hispanic

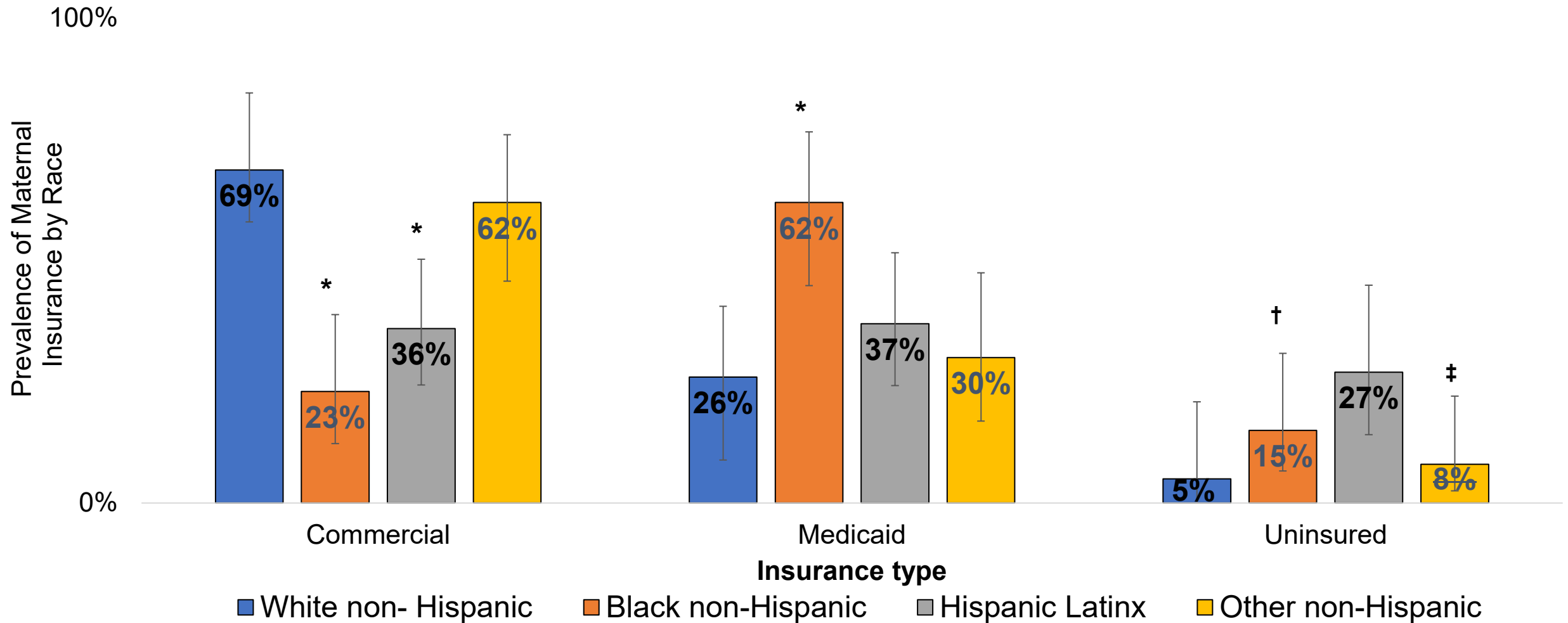
■ Black non-Hispanic

■ Hispanic or Latinx

■ Other non-Hispanic

Insurance

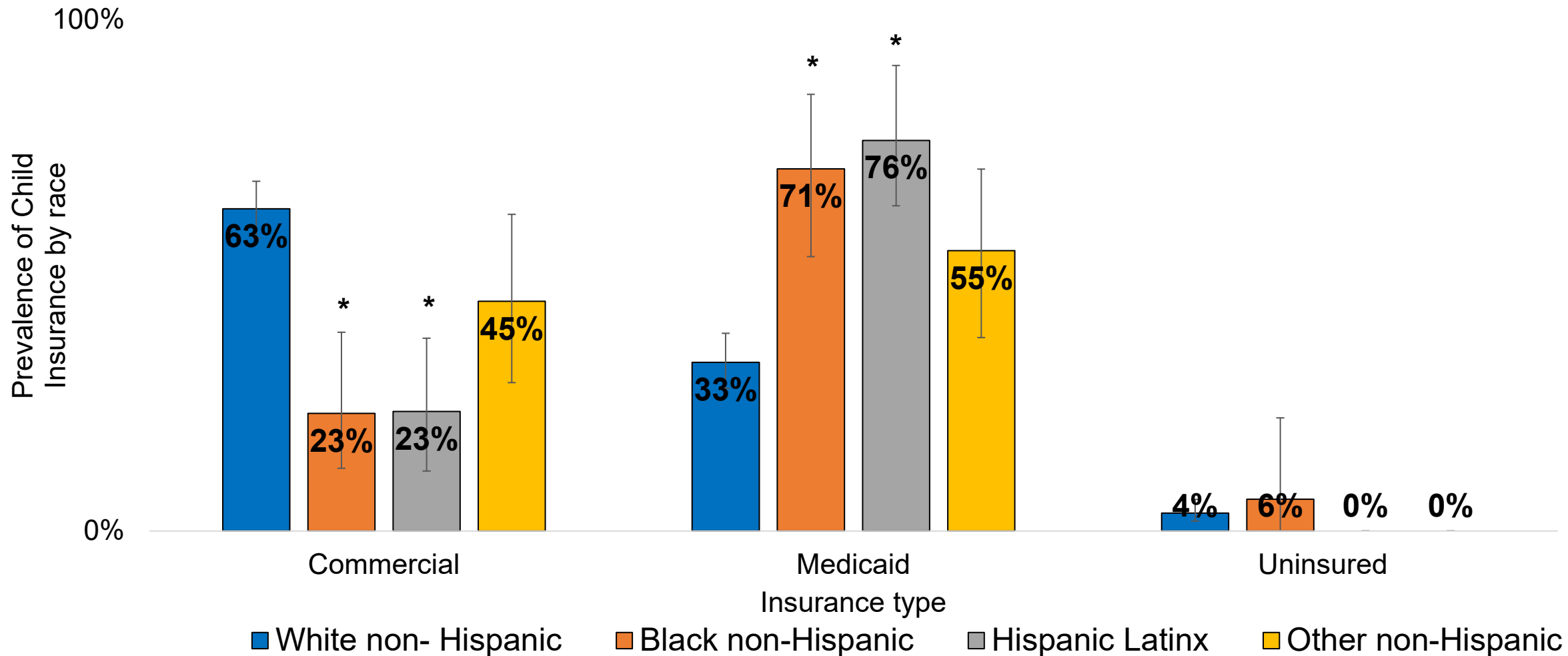
Maternal Insurance One Year after Birth



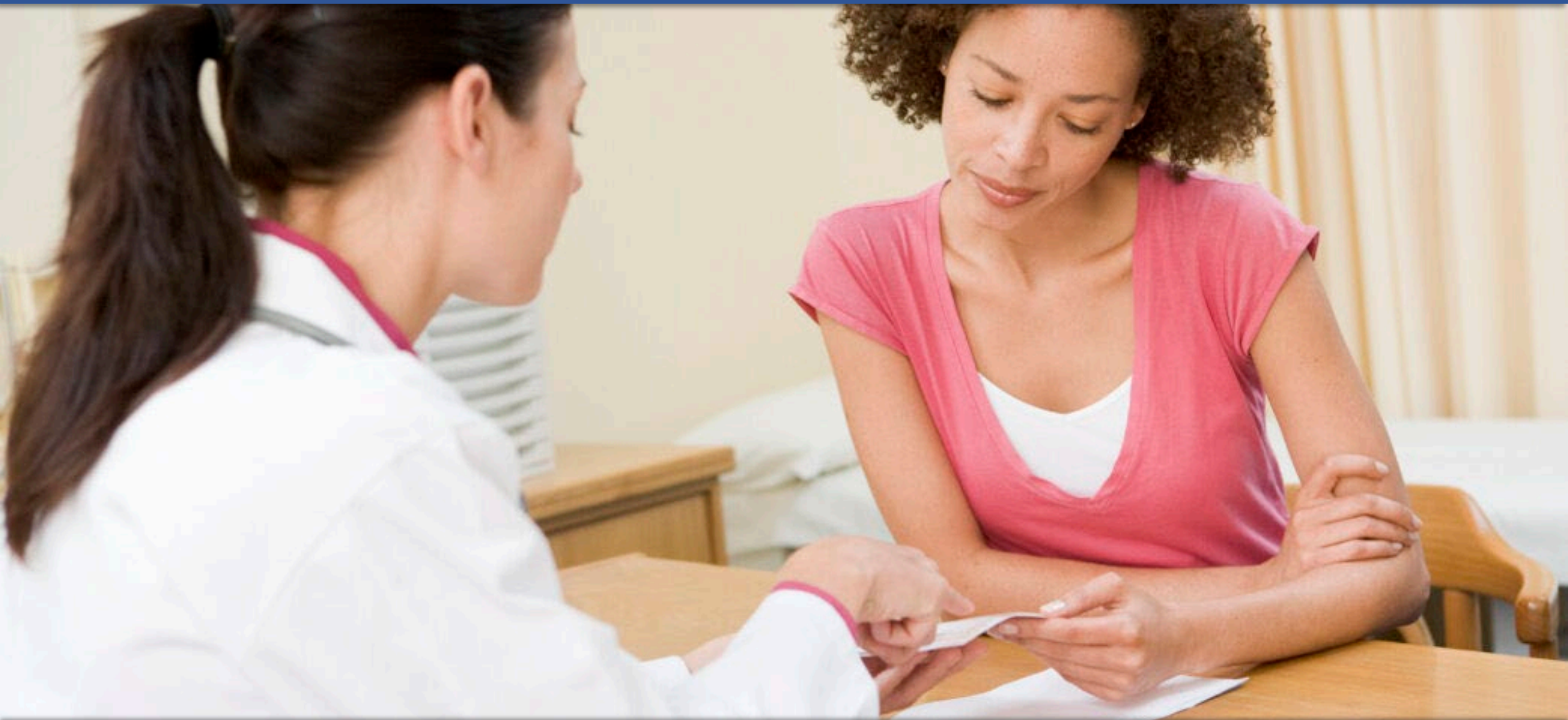
* Significantly different at $p < 0.05$; † interpret with caution, may be unreliable due to RSE $>30\%$, ‡ unreliable estimate due to RSE $>50\%$

Insurance

Child Insurance One Year after Birth



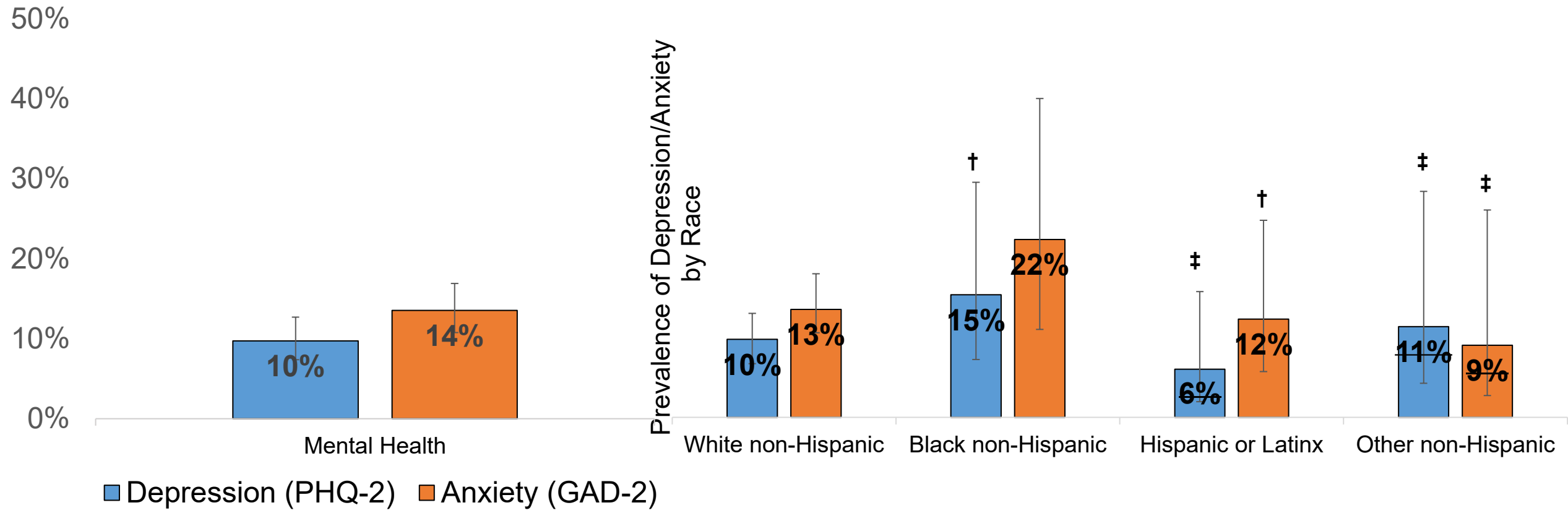
* Significantly different at $p < 0.05$; † interpret with caution, may be unreliable due to RSE >30%



Mental Health

Overall Prevalence

Mental Health PAHS Participants



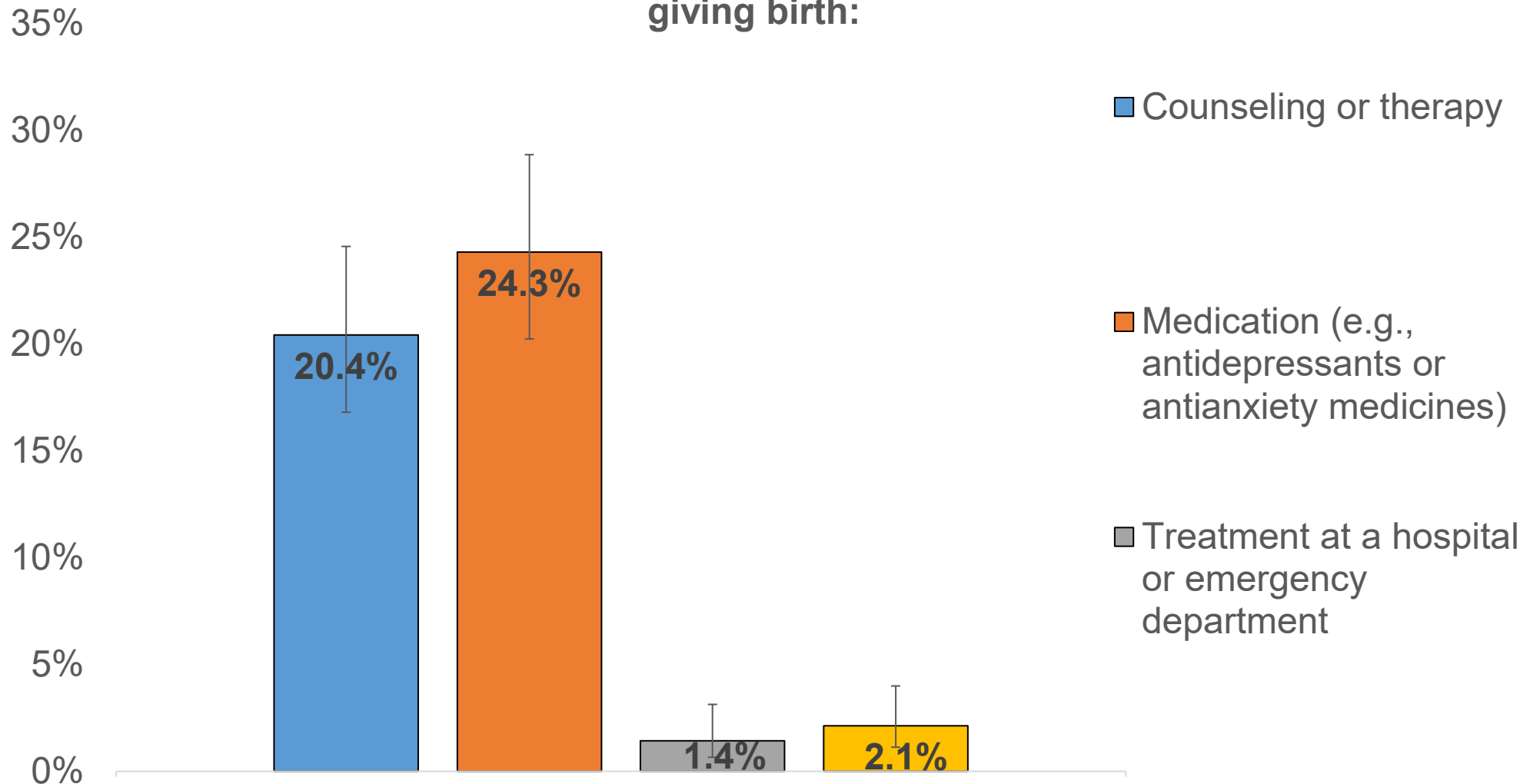
Depression (PHQ-2) Patient Health Questionnaire-2 asks about frequency of depressed mood over the past two weeks as a first step depression screening approach

Anxiety GAD-2 Generalized anxiety disorder screening tool- asks about frequency of feeling nervous, anxious or on edge over the past two weeks

† interpret with caution, may be unreliable due to RSE >30% , ‡ unreliable estimate due to RSE >50%

Mental Health

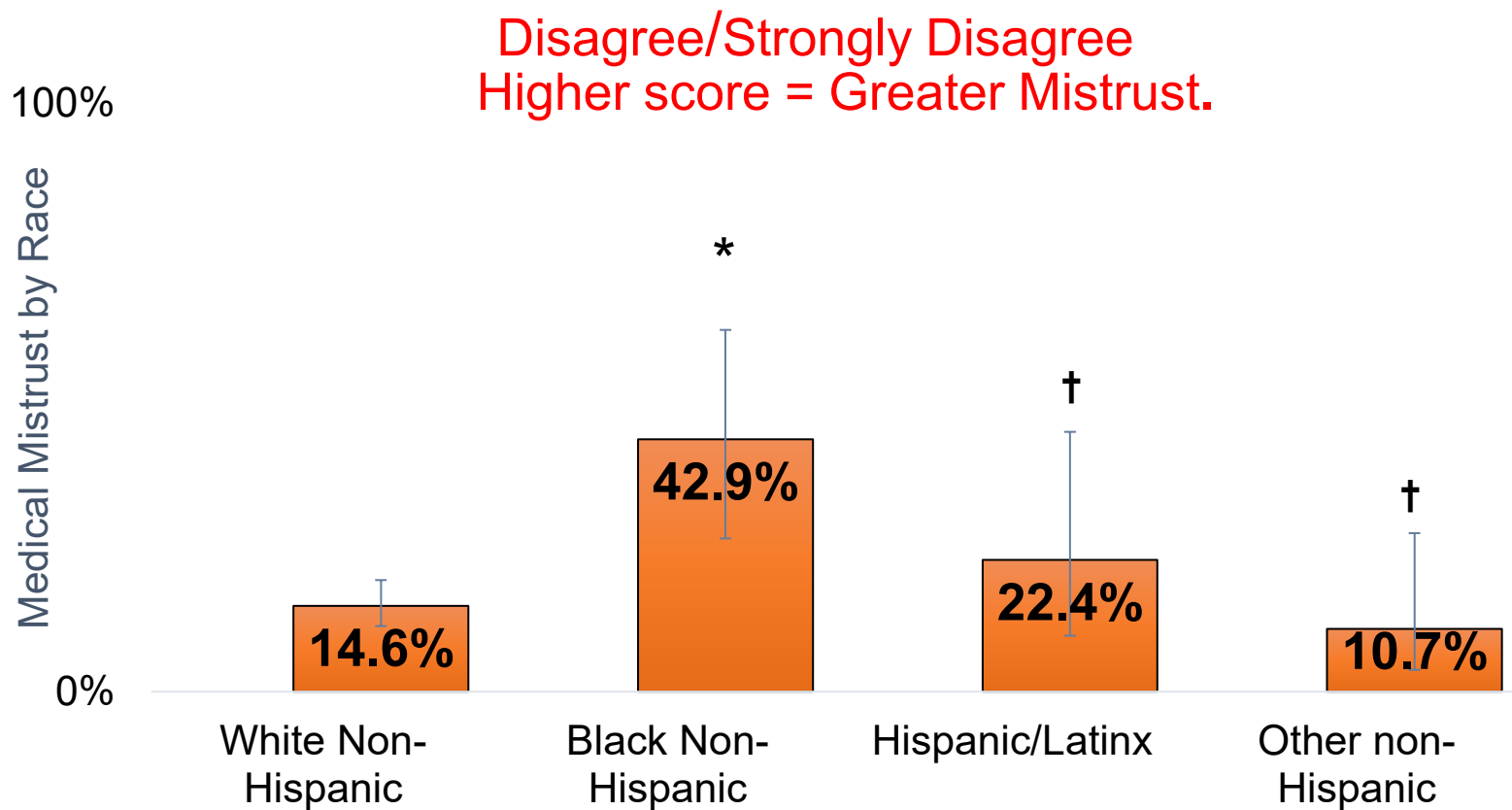
Types of treatment received for your emotional/mental health, since giving birth:



Medical Mistrust by Race/Ethnicity



People of my identity group(s) receive the same medical care from doctors and health care workers as people from other groups.



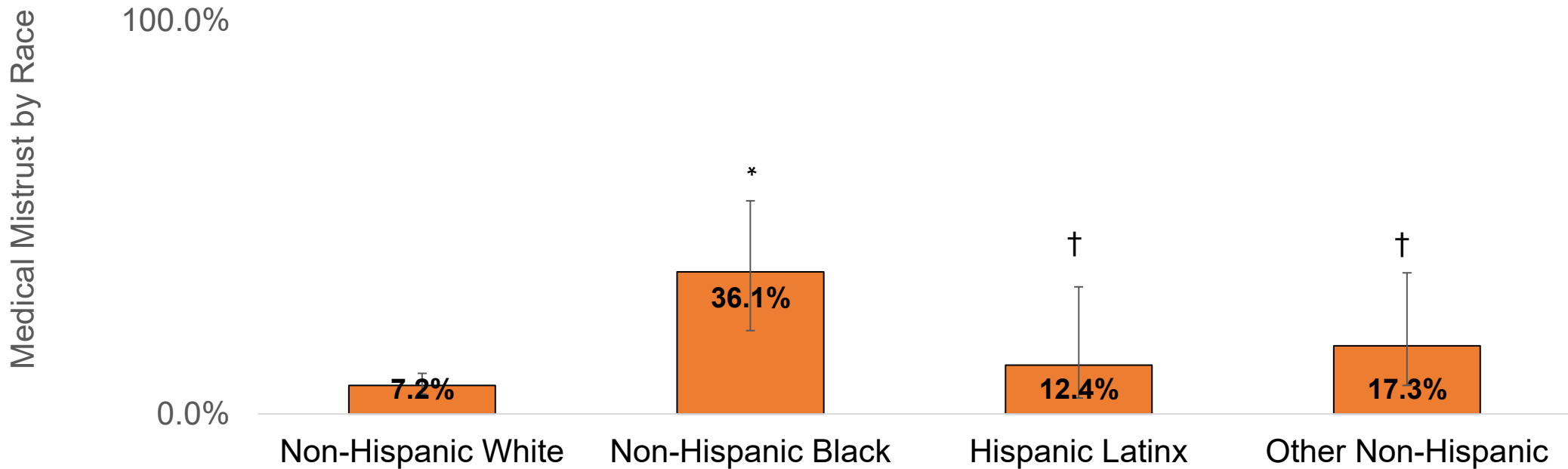
PAHS

Postpartum Assessment of Health Survey

* Significantly different at $p < 0.05$; † interpret with caution, may be unreliable due to RSE >30%

Health care clinicians do not take the medical complaints of people of my identity group(s) seriously.

Disagree/Strongly Disagree
Higher Score = Greater Mistrust



* Significantly different at $p < 0.05$; † interpret with caution, may be unreliable due to RSE >30%

Kansas PAHS Fact Sheet

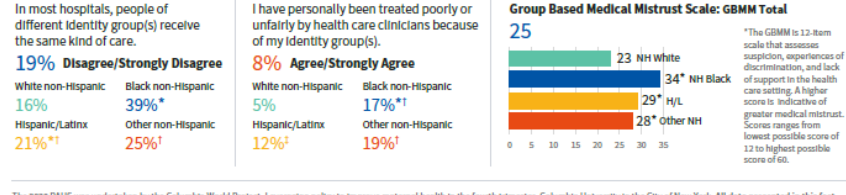
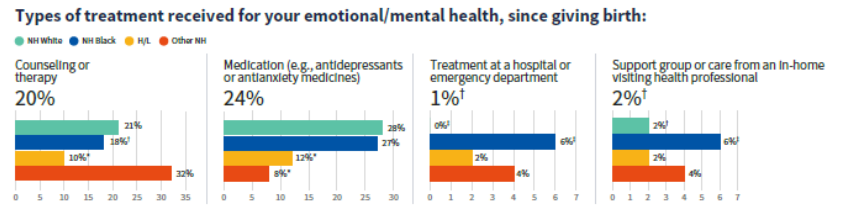
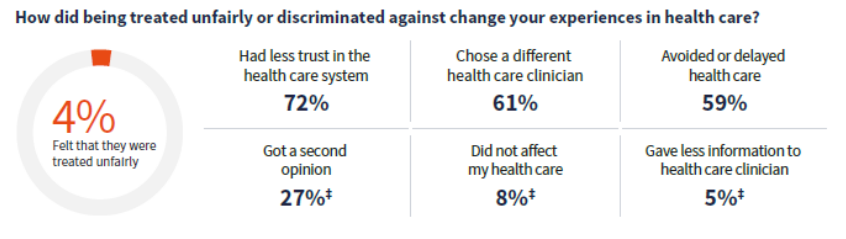
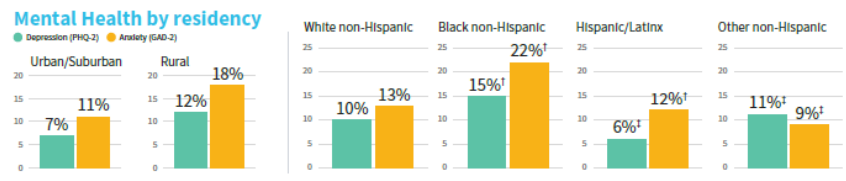
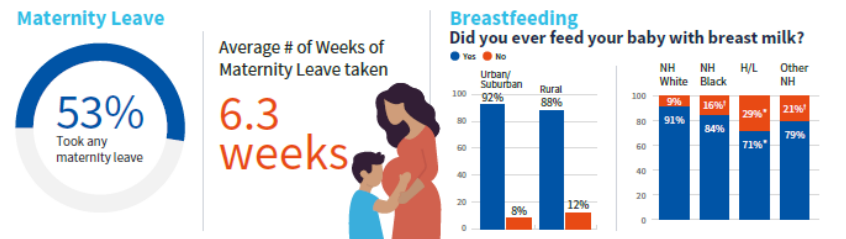
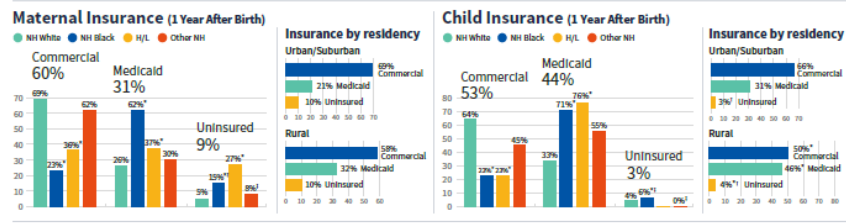
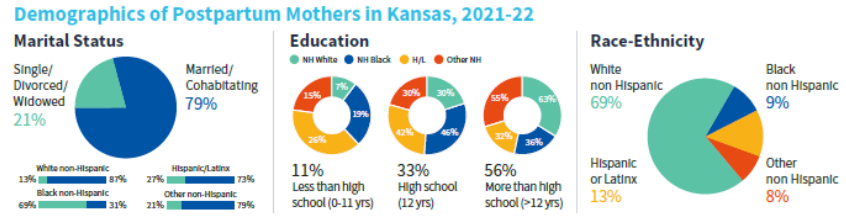
PAHS
Postpartum Assessment of Health Survey

Postpartum Health Indicators
KANSAS FACT SHEET

PAHS
Postpartum Assessment of Health Survey

Postpartum Health Indicators
KANSAS FACT SHEET

Results shown are self-reported by 774 Kansas respondents to the 2020 Postpartum Assessment of Health Survey (PAHS) at 12-14 months after giving birth. Data was collected from January 2020 to March 2021. Results are weighted to be representative of all postpartum people who had a live birth in Kansas in 2020.



Notes on specific values: *significantly different at p < 0.05. † Interpret with caution, may be unreliable due to a Relative Standard Error > 30%. ‡ unreliable estimate due to a Relative Standard Error > 50%

The 2020 PAHS was undertaken by the Columbia World Project, Leveraging Policy to Improve Maternal Health in the fourth trimester, Columbia University in the City of New York. All data presented in this fact sheet were generated by the Columbia World Project. More information about PAHS is available at <https://worldprojects.columbia.edu/postpartum-assessment-health-survey-pahs>. Notes on specific values: *significantly different at p < 0.05. † Interpret with caution, may be unreliable due to a Relative Standard Error > 30%. ‡ unreliable estimate due to a Relative Standard Error > 50%.