A Healthy Start

Assessment system helps babies by helping mothers

The Pregnancy Risk Assessment Monitoring System (PRAMS) gives legislators crucial information they need to make sure their state’s most vulnerable residents are thriving.

By Jennifer Ginn
How do you know how healthy the new mothers and infants in your state are? Do you rely on anecdotal information, national trends or information from advocates?

For many state legislators, the information is at their fingertips with an assessment called PRAMS—the Pregnancy Risk Assessment Monitoring System. The data it contains can be a vital tool to improve the health of a state’s most vulnerable residents.

PRAMS was started in 1987 by the Centers for Disease Control and Prevention (CDC). It was begun because at that point in time, infant mortality rates were no longer declining as fast as they once had and the prevalence of low birth weight babies had changed little in 20 years. PRAMS goal is to improve the health of newborns by improving the health of mothers.

How It Works

As of April 2006, 37 states, New York City and the South Dakota Tribal-State collaborative project participate in PRAMS through cooperative agreements with the CDC. Each state’s health department sends out a questionnaire to a representative sample of women who gave birth to a live infant within the previous two to six months. State sample sizes range from 1,300 to 3,400 women per year and PRAMS coverage represents approximately 75 percent of all U.S. live births.

There are three types of questions on the PRAMS questionnaire. Core questions are those that all PRAMS states use. They cover topics such as the use of prenatal care, knowledge about folic acid and abuse during pregnancy. However, a portion of the assessment can be tailored to meet each state’s need.

“In addition to core questions, we have a set of what we call standard questions,” said Norma Harris, PRAMS project officer in the Division of Reproductive Health at the CDC. “Those standard questions have been cognitively tested. States can choose what they’d like to include. In addition to the core and standard questions, states can also develop and include state-specific questions.”

These are questions that the state develops that are not covered by the standard list of questions. The information, said Harris, can be vital for legislators looking to spend their public health dollars in the most effective way possible.

“If they really want to start using evidence-based decision-making, data is one way to support evidence for policy initiatives,” she said. “PRAMS data can provide that. … It allows them to monitor changes in maternal and child health indicators, for example, prenatal care utilization. … It can help them figure out what the maternal and child health priorities should be.”

PRAMS data are also of great interest to those working on chronic disease issues because data are collected on outcomes such as diabetes, hypertension and obesity.

Funding for PRAMS runs in five-year cycles, with a new cycle starting in April 2006. During the previous cycle, there were 30 funded organizations. In April 2006, nine additional organizations were funded. States send in applications and the number selected to participate is based on the amount of funding allocated by Congress. Although CDC provides funding for the actual assessment, each state provides additional money to support project operations.

New Mexico Gets Focused

Dr. Susan Nalder, maternal and child health epidemiologist and New Mexico’s PRAMS director, said her state is one of the few that funds a full-time epidemiologist to work with the assessment data. Information gleaned from PRAMS has been used successfully to promote funding requests to increase home visitation programs for first-time parents. As a part of these programs, a health professional makes regular home visits to check on a child’s progress, identify any potential problems or delays early and answer questions from the parents.

“New Mexico doesn’t have very good coverage for home visiting right now,” Nalder said. “What we do know, when you can offer certain kinds of home visitation programs … during
pregnancy and then for the first three years of a child’s life, it can have results such as optimal readiness for children to learn and improvement in a lot of health indicators, like immunizations, lower injury rates and better breast-feeding continuation. Most critical of all is better parenting and infant development.”

One group using the PRAMS data is the New Mexico Early Childhood Action Network (ECAN), which held its first meeting in April 2006. It was formed to develop policy directions to help improve early childhood development in the state. It is a broad-based alliance that includes representatives from health, education, social services, legal, maternal and child health advocacy and faith communities.

State Sen. Dede Feldman, a member of the alliance, chair of the Senate Public Affairs Committee and co-chair of the health and human services committee, said PRAMS data have been vital in focusing the alliance’s efforts. The alliance is using PRAMS information to create the state’s Healthy Birth Index, a select group of indicators used to determine if the mother was healthy, the pregnancy was wanted and the family was stable and prepared for the new baby.

“It included things like percent of mothers who did not smoke or drink during their pregnancies, those who were physically abused, those who knew about folic acid and prenatal care,” Feldman said. “There are all these measures where we fall very nearly at the bottom of the list when you compare us to the rest of the country. That’s something we know we have to improve.

“At that meeting, based on some of this information, we decided that the first priority was the need to expand home visiting programs. The second priority was the Healthy Birth Index, to have more mothers with all the characteristics on that scale. We figured the best way to do it was to continue doing home visiting programs, which we have started, but the effort has not been fully funded.”

Feldman said New Mexico has focused intensely on the health of young children. Lt. Gov. Diane Denish has formed a children’s cabinet, which includes eight cabinet secretaries, to focus on how to improve the lives of children. Gov. Bill Richardson even declared 2006 as the Year of the Child. PRAMS data have been essential to the state’s efforts, Feldman said.

“It’s been a very helpful and a very, very good tool to get us to focus on what are the real problems … and to figure out how to focus our limited resources,” she said. “There are so many of us who have said for years that we need to focus.”

Alaska Sees Possibilities

Dr. Brad Gessner, a pediatrician who is director of the maternal and child health epidemiology unit at the Alaska Department of Health, said PRAMS information has been used in a variety of ways, including in a response to newly released guidelines regarding sudden infant death syndrome (SIDS) he submitted to the journal “Pediatrics.” In his letter, Gessner provides data from Alaska PRAMS that seems to contradict evidence supporting that infants should not share a parent’s bed during sleep.

“We used the PRAMS data to illustrate the SIDS rate has been going down every year since the mid to late ’90s, mainly because of Back to Sleep (a campaign that encourages parents to put babies to sleep on their backs). The proportion of parents reporting co-sleeping with children most of the time has gone up during that time period,” Gessner said.

In other words, evidence suggests that SIDS rates have declined during the same time that bed-sharing with mothers has increased. Gessner agrees that evidence clearly shows infants should not bed-share with an impaired parent (i.e., one who has been drinking or taking drugs).

According to CDC, the safest sleep environment for an infant is on his back on his own firm sleep surface close to his caregiver. The sleep surface should be free of blankets, pillows and other loose bedding. Parents or caregivers should never smoke or be under the influence of alcohol or drugs if they choose to sleep with their infant.

Gessner said PRAMS data also have been used to help design the state’s SIDS recommendations, evaluate the impact of a folic acid campaign and is now being used to see what the long-term consequences are for infants whose mothers used smokeless tobacco while pregnant. But what experts have learned pales in comparison to what could be accomplished if there was enough state funding to support the manpower needed to analyze the information, he said.

“The key message to me is PRAMS is a potential gold mine of information for designing and evaluating public health interventions that is so poorly funded that most of it can’t be realized,” Gessner said. “For example, we want to use PRAMS data and link it to our child abuse data then look at what are the things we know about at the time of birth or early infancy that predict child abuse later on …

“There are a lot of things that can be done besides saying, ‘Here’s the proportion of women who report co-sleeping.’”

So while PRAMS can provide a lot of crucial data, just participating is not enough. Using the information to direct policy takes informed people and funding. Nalder and Gessner both urged legislators to learn more about what data are available in their state, how their program is funded and the potential uses of PRAMS data for planning and reviewing programs and policies aimed at reducing health problems among mothers and babies.

“PRAMS is possibly the most utilized public health database that we have,” Gessner said. “Even though we’re not doing nearly as much as we could, it really is a well-respected source of information.”

—Jennifer Ginn is a health policy analyst at The Council of State Governments.

For more information …

To learn more about the CDC’s PRAMS program, visit www.cdc.gov/PRAMS.

To find out if your state is participating in PRAMS and for contact information, visit www.cdc.gov/PRAMS/states.htm.

To learn more about PRAMS and chronic disease, visit www.chronicdisease.org/WH_Council/WHC_projects.htm.