

NEW YORK STATE
PRAMS
Pregnancy Risk Assessment Monitoring System

Delivery
New York State Department of Health

What is PRAMS?

PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based risk factor surveillance system designed to identify and monitor selected maternal behaviors that occur before and during pregnancy and the child's early infancy among a sample of mothers delivering a live born infant.

PRAMS was developed in 1987 by the Centers for Disease Control and Prevention (CDC) as a part of their initiative to reduce maternal mortality and infant morbidity. New York State (excluding New York City) began data collection in June of 1993. New York City received funding in October, 1998 to implement a PRAMS project. As of January 2000, there are 22 PRAMS states across the country.

How does the project work?

New York State's (excluding New York City) Vital Statistics Reporting System provides a sampling frame of new mothers. Every month approximately 150 mothers are randomly selected from the Birth Certificate Registry and are sent the PRAMS questionnaire. Mothers receive the questionnaire two to six months after delivery.

The data collection process:

1. All women in the sample are sent an introductory letter that informs the mother a questionnaire will be coming in the mail.
2. The questionnaire packet is sent out with a cover letter, questionnaire, self-addressed stamped return envelope, a question and answer brochure, a small calendar and a 10 minute pre-paid phone card as an incentive.
3. A thank you/reminder letter is sent one week after the initial questionnaire packet.
4. Two weeks after the reminder note, a second questionnaire packet (minus the incentive) is sent.
5. A final packet is mailed two weeks later.
6. Telephone follow-up is attempted for those who do not respond by mail.

What information is collected?

The PRAMS questionnaire consists of two types of questions. There are 54 core questions that are asked in every state, the rest are state-specific questions. These questions differ according to each state's selected areas of need. Questions are asked about experiences before, during and after pregnancy that address maternal characteristics, behaviors and other factors that may influence pregnancy outcome.

Core topics include:

- Prenatal Care
- Health Insurance
- Birth Control
- History and Timing of Pregnancy
- Alcohol and Tobacco Use
- Physical Abuse
- Psychological Stressors
- Breastfeeding
- Well Baby Care
- Folic Acid
- Seat Belt Safety
- Infant Sleeping Position

State-specific topics include:

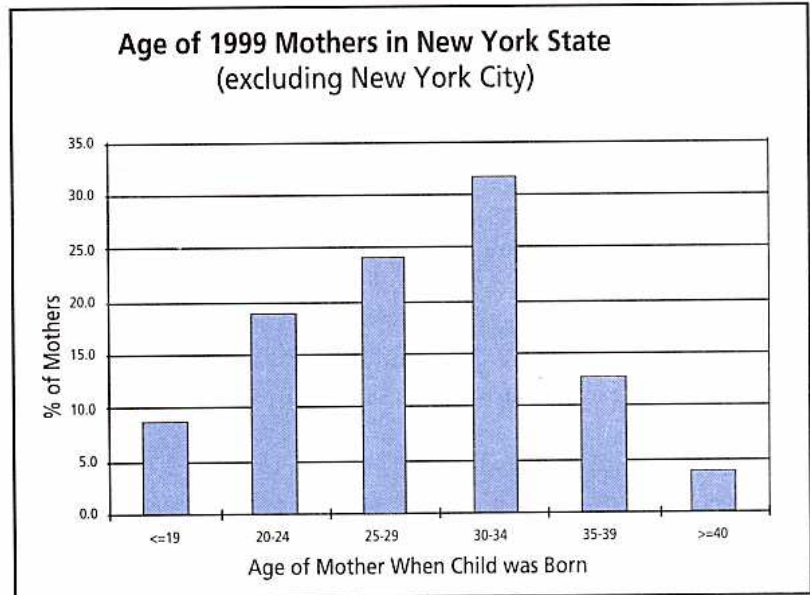
- Knowledge of Folic Acid
- HIV Testing
- Smoke Alarms in the Home
- Loaded Firearms in the Home
- Postpartum Depression
- Physical Stressors
- Verbal Abuse
- Family Income





Births in New York State (excluding New York City), 1999

PRAMS data is used to generalize to the entire New York State (excluding New York City) population of mothers who had live births. Some maternal information is collected from the baby's birth certificate. In 1999 there were 135,968 live births to New York State residents (excluding New York City). In 1999, 56 percent of the mothers delivering live infants were between the ages of 25 and 34. Eight percent of the births were to mothers less than 20 years old.



CHARACTERISTICS From 1997 Data	% in NYS (excluding NYC)	% in PRAMS Sample
Marital Status		
Married	71.3	70.3
Not Married	28.7	29.7
Maternal Race		
White	85.3	86.5
Black	10.7	10.4
Other	12.9	3.0
Maternal Education		
Less Than High School	3.1	2.0
1-3 Years of High School	11.2	12.1
High School Graduate	29.1	32.3
1-3 Years of College	24.8	23.6
College Graduate or More	30.4	30.0
Prenatal Care		
Early	75.1	82.9
Other	19.8	16.8
Unknown	5.1	0.0
Birth Weight of Child		
Less Than 1500	1.4	1.1
1500-2500	5.8	5.2
Normal	92.7	93.7
Unknown	0.1	0.0

Characteristics of Mothers and Infants

The PRAMS sample is reflective of the characteristics of mothers and new infants in New York State (excluding New York City). The data that is collected by the PRAMS questionnaire is weighted to account for non-response and non-coverage. When a batch is complete it is sent to the Centers for Disease Control and Prevention where the weighting is configured. It is then sent back to the New York State Department of Health where the results are used to translate analyses into useable information for planning and evaluation of public health programs and policy. PRAMS data can be used to receive new funding or extensions of funding for projects. Trends in the data can be used to update and change current programs. PRAMS data can also be used to develop legislation on public health issues.



Topics PRAMS Questions Address

Birth Control: The PRAMS survey asks mothers of new babies if a form of birth control was being used when the mother became pregnant and if a form of birth control is currently being used. If a prevention method was not used or is not being used, the mother is then asked to identify the reasons for not using birth control. Research has concluded that a mother's intention of becoming pregnant is associated with health related behaviors and birth outcomes.

Prenatal Care: There are six questions that seek information about prenatal care. The questions address when the mother went for her first prenatal care visit, if she was able to obtain prenatal care as early as she wanted and if there were obstacles to getting prenatal care. Mothers are also asked how many times each month they went for prenatal care and how the visits were paid for. It is advised that prenatal care be sought as soon as the pregnancy is known.

Folic Acid: The survey asks mothers if they have heard or read that taking the vitamin folic acid can prevent some birth defects. Research has concluded that folic acid can protect against neural tube defects. The Public Health Service (PHS) recommends that all women of childbearing age consume 400ug folic acid daily.

PRAMS States

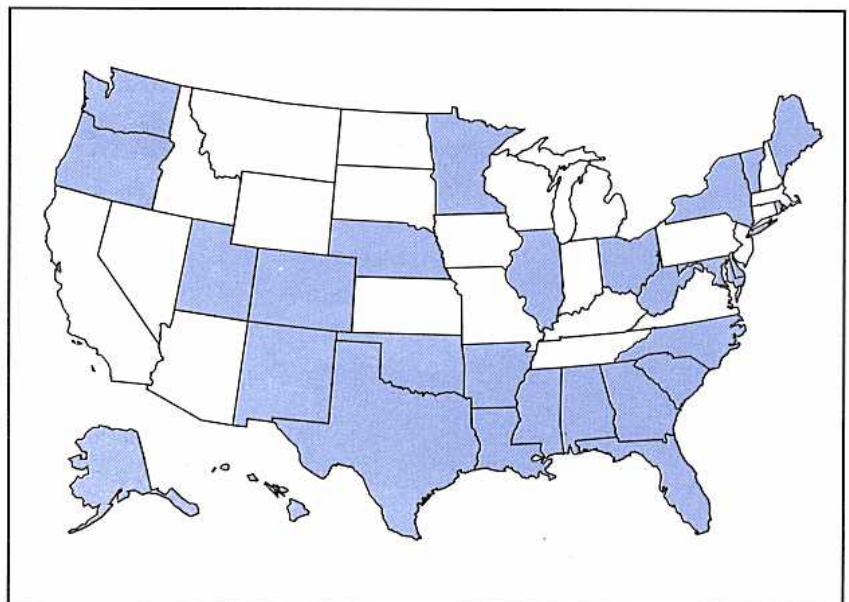
There are currently 22 states involved in PRAMS projects. Each state is required to maintain a yearly response rate of approximately 70 percent or higher to be considered statistically reliable. New York PRAMS overall response rates from 1993-1997 have been statistically reliable. Response rates for 1993-1997 are:

1993: 71.5%	1998: 68%
1994: 74.8%	1999: 76%
1995: 73.2%	
1996: 72.4%	
1997: 69.8%	

Breastfeeding: The survey questions request information on how long the mother breastfed, reasons why the mother did not breastfeed, and what information on breastfeeding the mother was provided with while at the hospital. Healthy People 2000 calls for increase in the proportion of mothers who breastfeed during the early postpartum period.

Sleeping Position: One of the core questions inquires how the new baby is put down to sleep most of the time. The American Academy of Pediatrics (AAP) recommends that all healthy babies be put to sleep on their backs because of the lower risk of Sudden Infant Death Syndrome (SIDS).

Vehicle Safety: This topic is addressed in both the core and state specific questions. There are questions on safety belt use as well as infant car seats. The questions ask if health care workers spoke with mothers about wearing a seat belt or putting their infant in a car safety seat. The rate of infant mortality and morbidity is reduced when the infant is traveling in a safety seat. In New York State all infants are required to be in a car seat.



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A Survey of the Health of
Mothers & Babies
in New York State