

PRAMS Prints

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A New Five-Year Grant Awarded

North Carolina PRAMS has good news to share! We have just been awarded a renewal of our five-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) to maintain the PRAMS survey of postpartum mothers. PRAMS is now operating in 32 states and New York City, representing about 62 percent of annual births occurring in the United States.

An Update on PRAMS Survey Operations

The Revised 2000 Questionnaire

In January 2000 we implemented a CDC revision of the PRAMS questionnaire. CDC periodically revises the questions and the layout of the survey. Because of the tremendous effort involved in writing and pre-testing questions and the need for continuity, these revisions happen infrequently (approximately once every three years). The latest revision includes the addition of a few new questions, wording changes to existing questions, and the arrangement of questions by topic. These modifications are an effort to clarify areas where there has been some confusion by survey respondents. Most questions on the PRAMS questionnaire remain unchanged, providing a vehicle for those researchers who want to analyze a topic over several years. If you would like to receive a copy of the revised questionnaire, contact the PRAMS Coordinator at 715-4572.

The Telephone Interviewing Component

The telephone-interviewing component of NC PRAMS survey was transferred from an outside contractor to the in-house BRFSS survey laboratory in November 2000. (PRAMS is now a part of the State Center for Health Statistics' Survey Operations Unit along with BRFSS.) BRFSS has maintained a telephone survey laboratory since 1987. Both the organizational and physical proximity of the survey lab has allowed the PRAMS Data Manager to work closely with the Survey Laboratory Supervisor to coordinate the telephone operations.

Plans are also underway to conduct the PRAMS telephone interviews using a computer-assisted telephone interviewing system (CATI). The benefits of a CATI mode of operation include eliminating separate data entry, reducing the interview cost, making the phone phase paperless, and improving data quality. CDC has purchased the software and is developing the computer programs to conduct the PRAMS phone component via CATI. We expect to implement these programs in August 2001.



Survey Results on the Web

Survey results can be accessed from our newly redesigned web site. Disseminating this information to health professionals and the public is a priority of PRAMS and it is our belief that the web is the quickest and most comprehensive means of addressing general data needs. (You can contact us directly for particular data requests.) Currently, two and a half years of data are available for analysis (July 1997- December 1999). The web site has been updated to include findings for every survey question. From the NC PRAMS web site <http://www.schs.state.nc.us/SCHS/about/programs/prams.html>, the user can query by survey question and year and obtain results categorized by socio-demographic groups. The web site also provides background information on the survey including an overview of the survey methodology, a description of the data collection process, and graphical summaries describing the findings of the data on 12 topic areas. The following are a few highlights from the NC PRAMS survey (1997-1999 data):

- 45 percent of births were unintended (mothers did not want to be pregnant then or at any time.)
- 25 percent of women took vitamins containing folic acid or a multivitamin on a daily basis.
- 48 percent of mothers put their baby to sleep on his/her back.
- 61 percent of women never breastfed or stopped breastfeeding their baby within 8 weeks of delivery.
- 14 percent of pregnant women smoked during the last trimester of their pregnancy.
- 23 percent of pregnant women did not receive prenatal care in the first trimester of pregnancy.
- 29 percent of mothers reported experiencing moderate or serious postpartum depression.
- 6 percent of women reported being physically abused during their most recent pregnancy.

Annual Report

Currently, PRAMS staff is compiling a surveillance report using the most recent data (1999). Data will be presented on twenty different topics including physical abuse, breastfeeding, contraceptive use, prenatal care, smoking, intendedness of pregnancy, and folic acid use. The report is designed to be comprehensive, yet readable, and will present data tabulations and graphs to highlight the findings.

Publications Using NC PRAMS Data

NC PRAMS has recently received national attention in prestigious journals due to two publications using PRAMS data. Dr. Sandra L. Martin's article on physical abuse was published by the **Journal of American Medical Association (JAMA)**. Dr. Kathryn Andersen Clark's paper, which is also an analysis of NC PRAMS physical abuse data, was accepted by the **Archives of Family Medicine**. The titles, authors, reference information, and a brief description of these papers are listed below.

- "Physical Abuse of Women Before, During, and After Pregnancy" Sandra L. Martin, PhD, Linda Mackie, BS, Laurence L. Kupper, PhD, Paul Buescher, PhD, and Kathryn E. Moracco, PhD, *JAMA*, Vol 285, March 28, 2001, pp 1581-1584. The study estimates the statewide prevalence of postpartum abuse and examines the association between postpartum abuse and sociodemographic factors, previous abuse experiences, home safety issues, and infant health care utilization.
- "Who Gets Screened During Pregnancy for Partner Violence?" Kathryn Andersen Clark, MS, Sandra L Martin, Ph.D. Ruth Petersen, MD MPH, Suzanne Cloutier, MS et al, *Archives of Family Medicine*, Nov/ Dec 2000; 9:1039-1099. The study estimates the statewide prevalence of partner violence screening during prenatal care and compares women screened for partner violence with non-screened women.

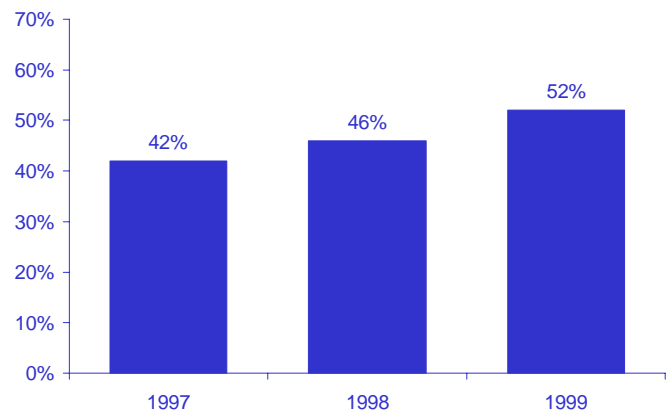
Using PRAMS Data for Program Planning and Policy Development

One of the central goals of the North Carolina PRAMS project is to disseminate the survey information for use in planning and evaluating health programs and in developing health policies. In this past year, PRAMS data on infant sleep position, use of folic acid, and intendedness of pregnancy have been used in public awareness campaigns and to obtain funding for programs for infants and families.

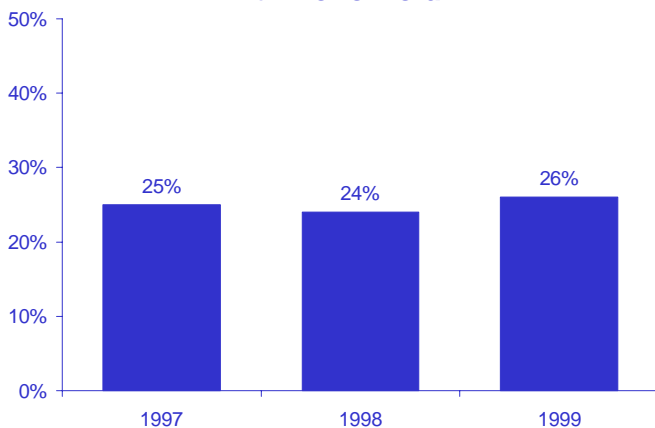
Infant Sleep Position

The American Academy of Pediatrics Task Force recommends that healthy infants be put to sleep on their back to reduce the risk of SIDS. The North Carolina Healthy Start Foundation has incorporated PRAMS data on infant sleep position into a statewide public education and awareness campaign to reduce the risk of Sudden Infant Death Syndrome (SIDS) through its "Back to Sleep" campaign. The graph indicates the success of the Healthy Start Foundation's campaign.

Prevalence of Infants Who Sleep on Back



Prevalence of Daily Use of Vitamins with Folic Acid



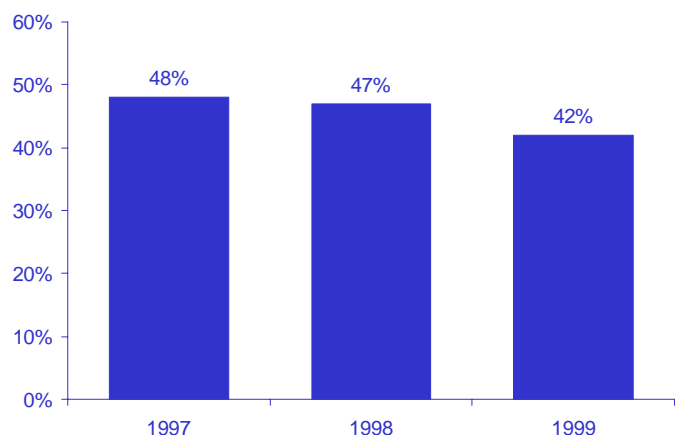
Knowledge and Use of Folic Acid

The CDC recommends that all women of childbearing age consume folic acid in the form of a multivitamin or supplement in order to decrease their risk of having a pregnancy with a neural tube defect. The North Carolina chapter of the March of Dimes and other PRAMS partners used PRAMS and BRFSS survey data on folic acid use to bring about legislation for an expansion of the Birth Defects Monitoring Program in North Carolina and funding for folic acid education. PRAMS data indicate the need for increased folic acid use by women of childbearing age.

Intendedness of Pregnancy Data

The North Carolina Medicaid Program and the Division of Public Health were partners in a family planning proposal designed to reduce unintended pregnancies and infant deaths and improve overall family health in North Carolina. This proposal to extend Medicaid eligibility for family planning was passed by the North Carolina Legislature and is pending approval from the Health Care Financing Administration. PRAMS data indicate that a large percentage of pregnancies are unintended and that the percentage has improved somewhat from 1997 to 1999.

Prevalence of Unintended Pregnancies



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