

CDC's PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) SNAPSHOT REPORT RESULTS FROM 2009

INTRODUCTION

In order to keep pace with emerging public health challenges and to have an impact on the leading causes of death and disability, the Centers for Disease Control and Prevention (CDC) embarked on an initiative to achieve measurable impact in a short time for 10 topics that are described as Winnable Battle areas*. CDC's *Winnable Battles* are areas with potential for large-scale public health effects and for which effective strategies exist to address them. Six topics are included in this report, which together represent five of CDC's 10 Winnable Battles:

- HIV in the U.S.
- Motor Vehicle Injuries
- Nutrition, Physical Activity, and Obesity
- Breastfeeding (part of the Nutrition, Physical Activity, and Obesity Winnable Battle)
- Teen Pregnancy
- Tobacco

One of the criteria for the Winnable Battles is that metrics and measurement tools exist to assess performance. The Pregnancy Risk Assessment Monitoring System (PRAMS)[†] provides information that can be used in the assessment of a number of Winnable Battles, as exemplified in this report.

PRAMS is a CDC-sponsored surveillance system undertaken to reduce adverse outcomes such as low birth weight, infant morbidity and mortality, and maternal morbidity, and has served as an annual state-based data source for maternal and child health (MCH) issues since 1987. PRAMS is an ongoing population-based survey that collects data on a range of maternal behaviors and experiences before, during, and shortly after pregnancy among women who recently delivered a live-born infant. Information from PRAMS can be used to monitor trends, to enhance understanding of the relationship between behaviors and health outcomes, to plan and evaluate programs, and to inform policy decisions, and is used to monitor progress toward a number of the *Healthy People 2020*[‡] objectives.

PRAMS surveys are administered currently by 40 states and New York City, representing approximately 78% of the nation's live births. The monthly surveys are administered to stratified random samples of 100-300 women with recent live births drawn from each participating state birth certificate registry. The dissemination of PRAMS data is an essential step in translating findings from PRAMS surveillance into public health action. Because PRAMS enables states to obtain population-based estimates to support their MCH programs, participating states gain unique and invaluable information for public health administrators, policy makers, and researchers as they develop and evaluate programs and policies to improve the health of women and children.

* For more information about CDC's Winnable Battles, see <http://www.cdc.gov/WinnableBattles/index.html>

† For more information about PRAMS, see <http://www.cdc.gov/PRAMS/>

‡ *Healthy People 2020* objectives: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

We are pleased to present the PRAMS Snapshot Report, a compilation of results for MCH indicators that directly relate to five of CDC's Winnable Battles. This report highlights aggregate data from women who had live births in 2009 in one of 29 PRAMS states that achieved weighted response rates of at least 65%⁵. In addition, we present results of analyses for each MCH indicator stratified by maternal age, race/ethnicity, education, and Medicaid status. Select information regarding insurance status before pregnancy, during pregnancy, or at delivery is also presented for relevant indicators.

We hope this report will be useful to public health practitioners across the United States in assessing performance and developing evidence-based and feasible public health strategies that will improve the health of women and children.

⁵The 29 PRAMS states that met the response rate threshold of 65% in 2009 include: AK, AR, CO, DE, GA, HI, IL, ME, MD, MA, MI, MN, MS, MO, NE, NJ, OH, OK, OR, PA, RI, TN, TX, UT, VT, WA, WV, WI, and WY.