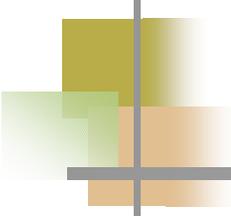


Where does Michigan-specific information about the following topics come from?

- Infant sleep position
- Pregnancy intention
- Postpartum contraception use



PRAMS

Share and Learn – A Life Course Perspective
One Day Conference

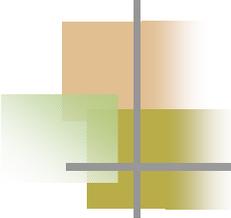
Division of Genomics, Perinatal Health and
Chronic Disease Epidemiology



What is PRAMS?

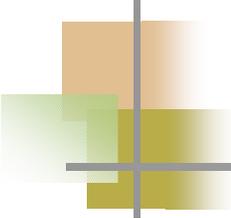
Pregnancy **R**isk **A**ssessment **M**onitoring **S**ystem

- a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments.
- collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.



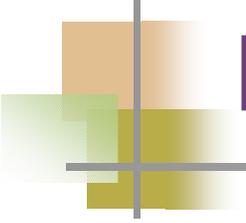
Why is PRAMS important?

- provides state-specific data to improve the health of mothers and infants;
- allows CDC and the states to monitor changes in maternal and child health indicators (e.g., unintended pregnancy, prenatal care, breast-feeding, smoking, drinking, infant health);
- enhances information from birth certificates used to plan and review state maternal and infant health programs;
- findings can be applied to the state's entire population of women who have recently delivered a live-born infant; and
- allows comparisons among participating states.



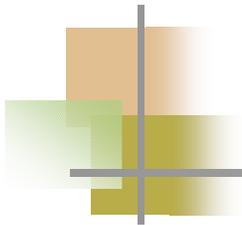
PRAMS Methodology

- PRAMS utilizes a mixed-mode methodology (contacts participants via mail and telephone)
 - Maximizes response rate
- MDCH works in conjunction with MSU's Office of Survey Research to conduct the survey
- PRAMS is a stratified random sample.
 - In 2004 PRAMS was stratified by infant birthweight (Low or Normal) and geographic region (SE Region, Other Urban Areas (populations >25,000), All Other Areas
 - Mothers of LBW women were oversampled to achieve sufficient numbers



PRAMS Methodology (2)

- PRAMS surveys mothers who have delivered a live born infant within a calendar year.



PRAMS Products: newsletters

Michigan Department of Community Health

MI PRAMS Delivery

<http://www.michigan.gov>



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Oral Health During Pregnancy

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- Points of Interest**
- A need for dental care was reported by 25% of pregnant women in Michigan.
 - Just over half of those who needed dental care actually sought such care.
 - There is evidence of socio-economic and race/ethnic disparities in access to dental care.
 - Less than half of participants reported being counseled on caring for their teeth and gum during pregnancy.

Michigan Department of Community Health

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<http://www.michigan.gov/prams>

Preterm Labor Course During Prenatal Care

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Regardless of the increase in the survival rates and decrease in morbidity due to the technologic advances in prenatal and neonatal medicine, preterm births (before the 37th week of pregnancy) have remained a burden for the family as well as society (1). Infants born prematurely are more likely to be low birth weight and at an increased risk for complications leading to long-term hospitalization as well as special health care needs such as cerebral palsy, blindness, lung disease, learning disabilities, and developmental disabilities.

The goal of US Healthy People 2010 Objective 16-11a is to decrease preterm birth to 7.8% nationally (2). However, the rate of preterm births in Michigan increased from 10.7% in 1990 to 11.9% in 2003, which translates into an 11% increase compared to a 16% increase nationally (3).

The majority of these preterm births are most likely a consequence of preterm labor, the leading cause of perinatal morbidity and mortality in the United States. Despite four decades of research, there are still many unknowns regarding its

Preterm Labor

PNC visits provide women with important information about their pregnancy and address any concerns these women may have. The Michigan PRAMS survey ascertains information about preterm labor discussed (Figure 1). In addition, about 10.2% of Michigan women had a baby who was born



Figure 1: Prevalence of Preterm Labor Counseling During Prenatal Care Visits, Jul 2001- Dec 2005 MI PRAMS

Michigan Department of Community Health

MI PRAMS Delivery

<http://www.michigan.gov/prams>



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Preconception Health Among Women with a Prior LBW Infant

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- Points of Interest**
- Among women with a prior LBW infant, approximately 18% of women reported having another LBW infant.
 - None of the preconception health measures available were significantly associated with chronic LBW pregnancies.
 - Other factors that increase a woman's risk of repeated adverse pregnancy outcomes should be further explored.

Michigan Department of Community Health

MI PRAMS Delivery

<http://www.michigan.gov/prams>



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Obesity and Mode of Delivery

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Overweight and obesity are modifiable disorders, represented by abnormal fat accumulation (1). Body mass index (BMI) is an index used in classifying overweight and obesity. Increasing global prevalence prompted a World Health Organization (WHO) declaration that obesity is a major killer on par with HIV (2).

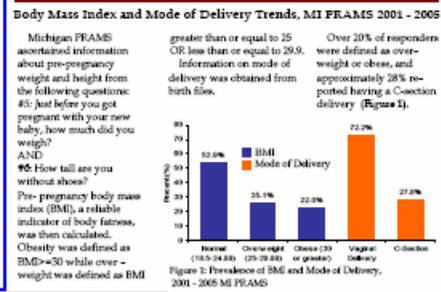
In US women, the problem of obesity is greatest among non-Hispanic black women (48.8%), as compared with non-Hispanic whites (31.3%) (3). The prevalence of obesity in women aged

20-39 years tripled from 9% in 1994-02 to 28% in 1999-2003. Of particular concern is that more than 33% of obese women are of childbearing age (4).

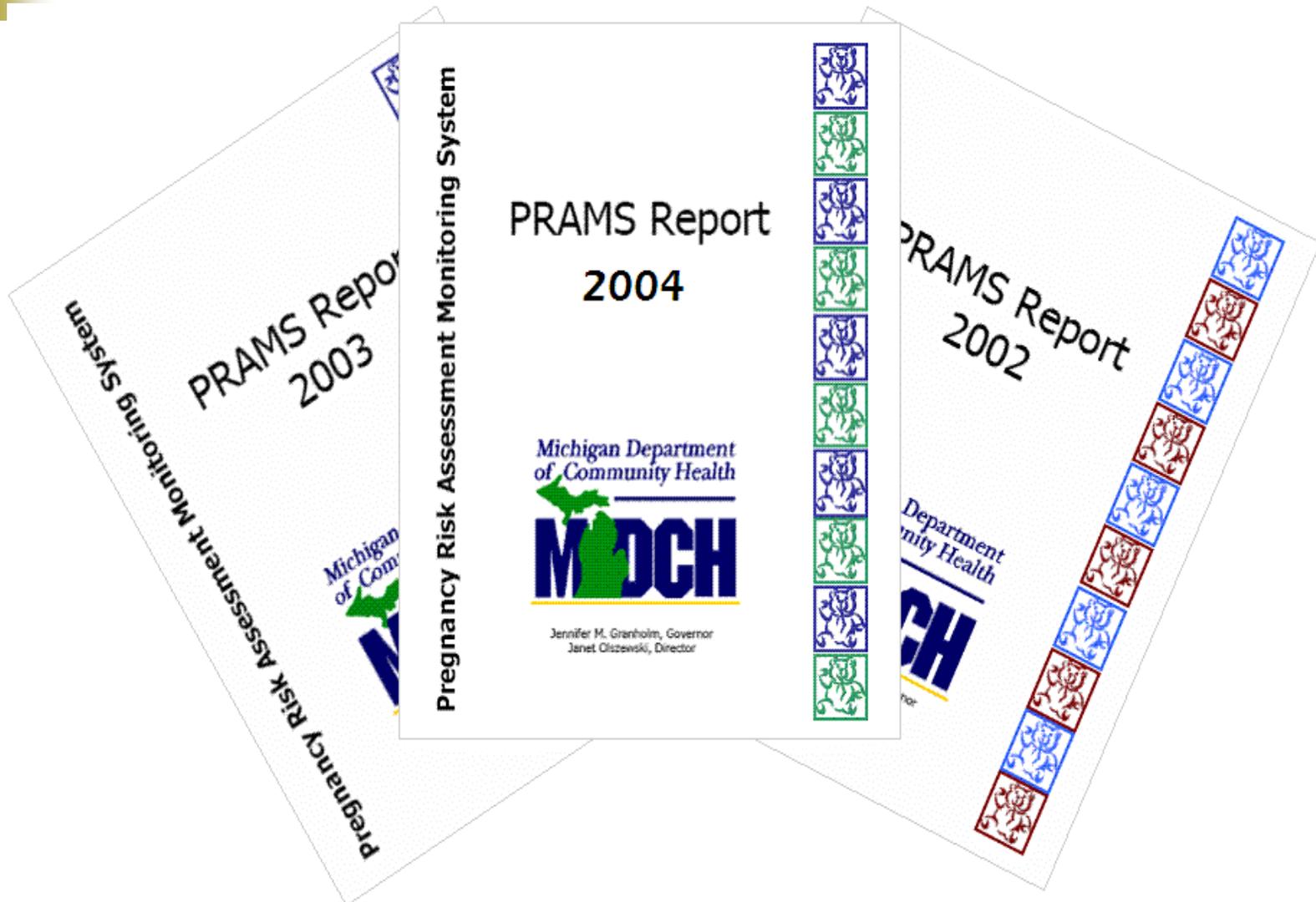
Obesity in pregnancy poses a special problem as it represents a sequel of complications including gestational diabetes and cesarean delivery (5). Compared with spontaneous vaginal delivery, cesarean delivery is associated with increased risks of endometritis, pretermia and deep venous thrombosis among other disorders (6).

While much is known about obesity and associated disorders, such as diabetes and hypertension, very little information is available about pre-pregnancy obesity and its association with health outcomes. This issue of MI PRAMS Delivery will focus on pre-pregnancy obesity and mode of delivery in Michigan.

- Points of Interest**
- Approximately 47% of MI PRAMS respondents were either overweight or obese.
 - Respondents 20-34 years of age were most likely to be defined as obese (22.3%).
 - Black, Non-Hispanic respondents were more likely obese (30.4%) than White, Non-Hispanics (19.5%).
 - The proportion of obesity among the <20 age group more than doubled between 2002-2005.
 - More than a third (36.3%) of obese respondents reported having a C-section.



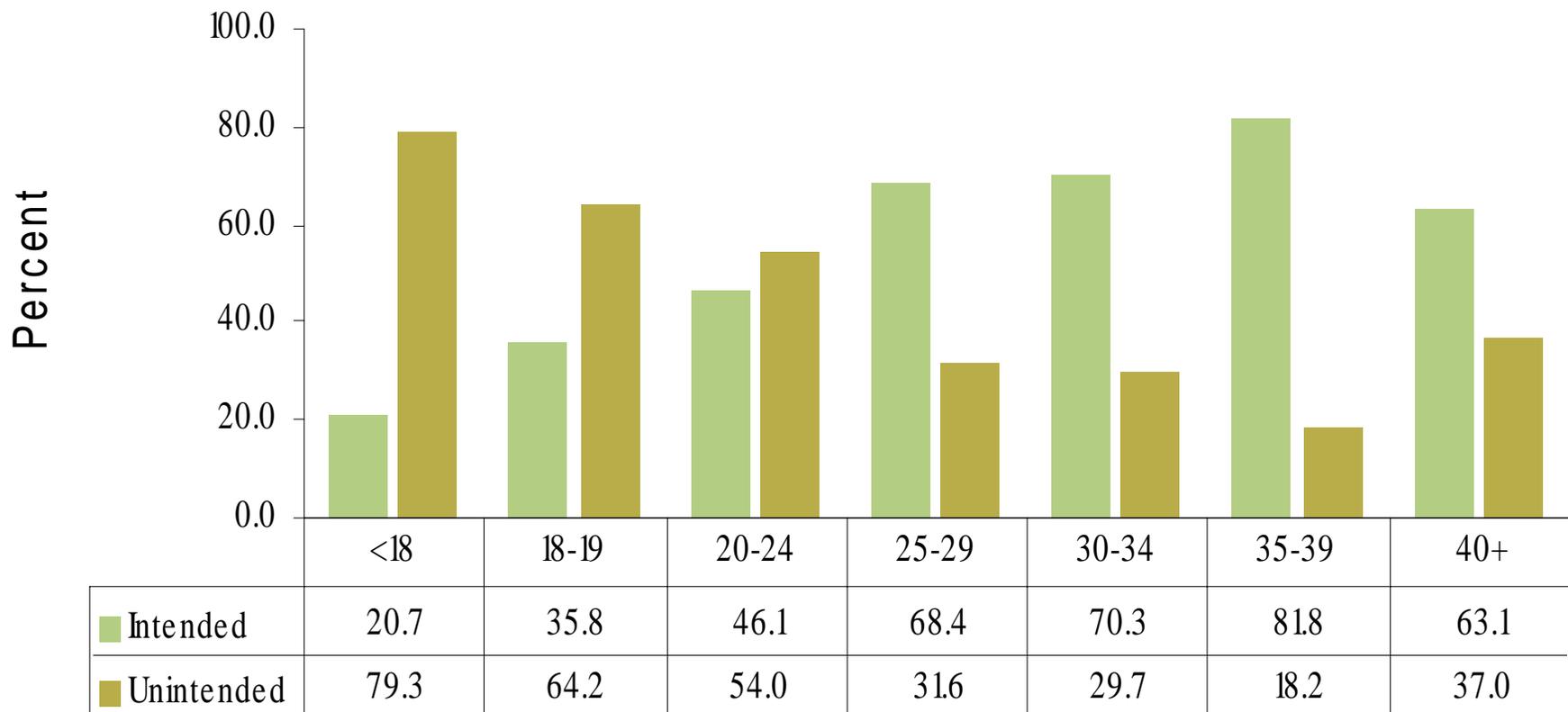
PRAMS Products: annual report



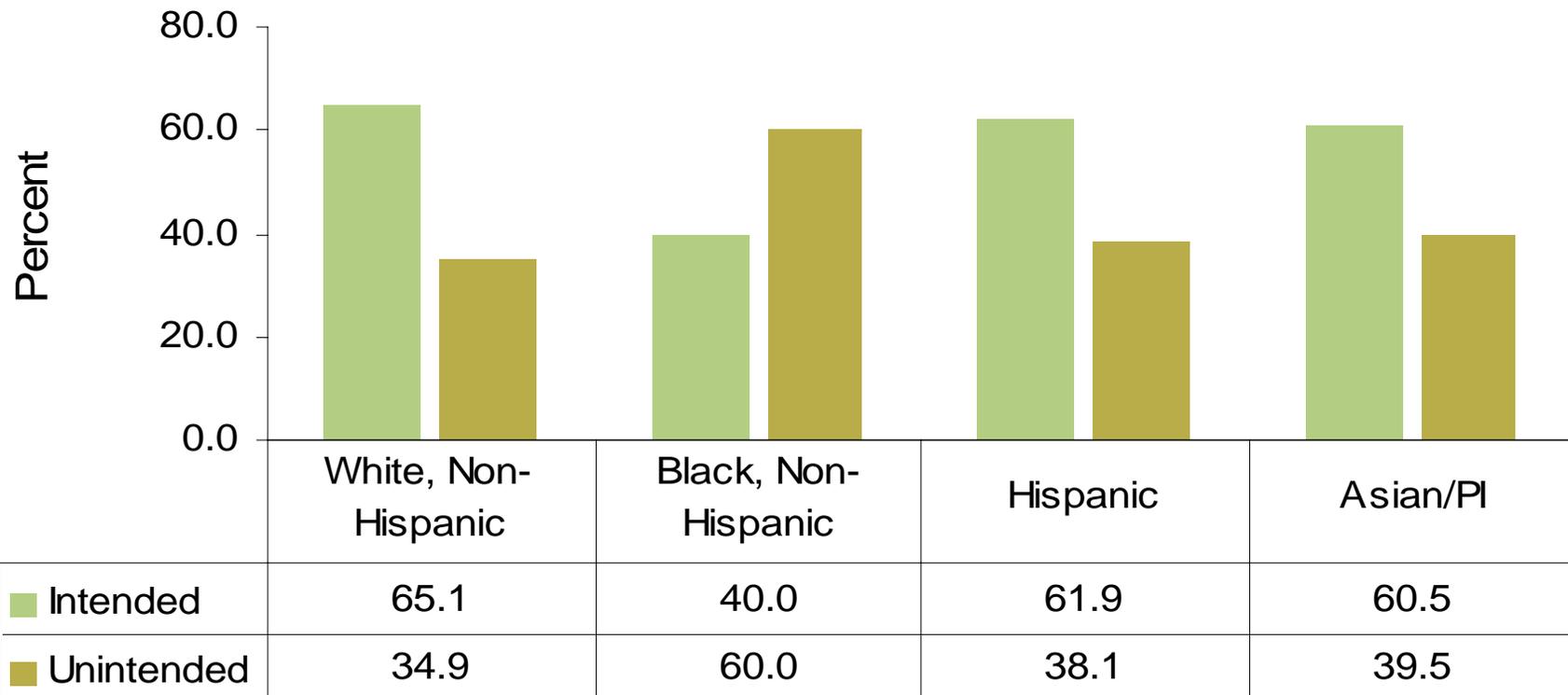


Unintended Pregnancy

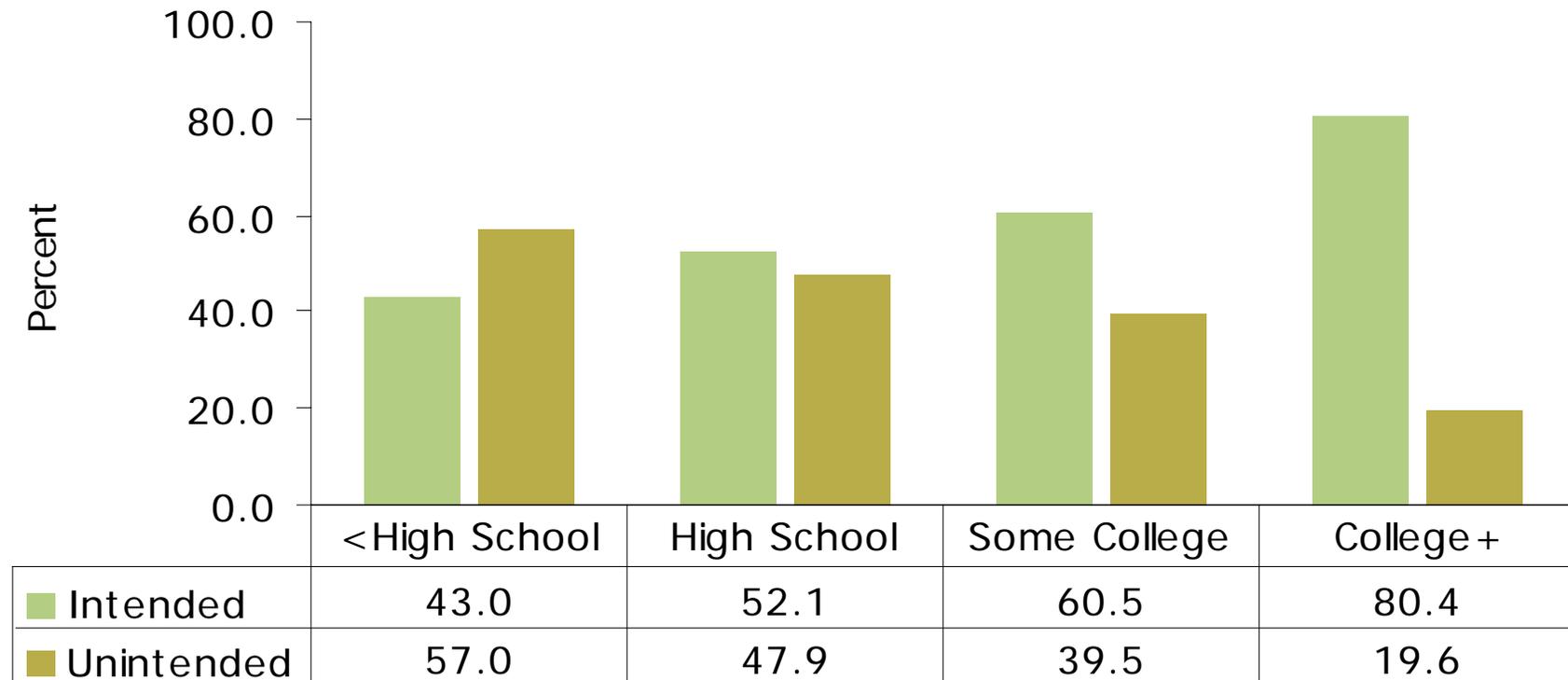
Pregnancy intention stratified by maternal age, 2004 PRAMS



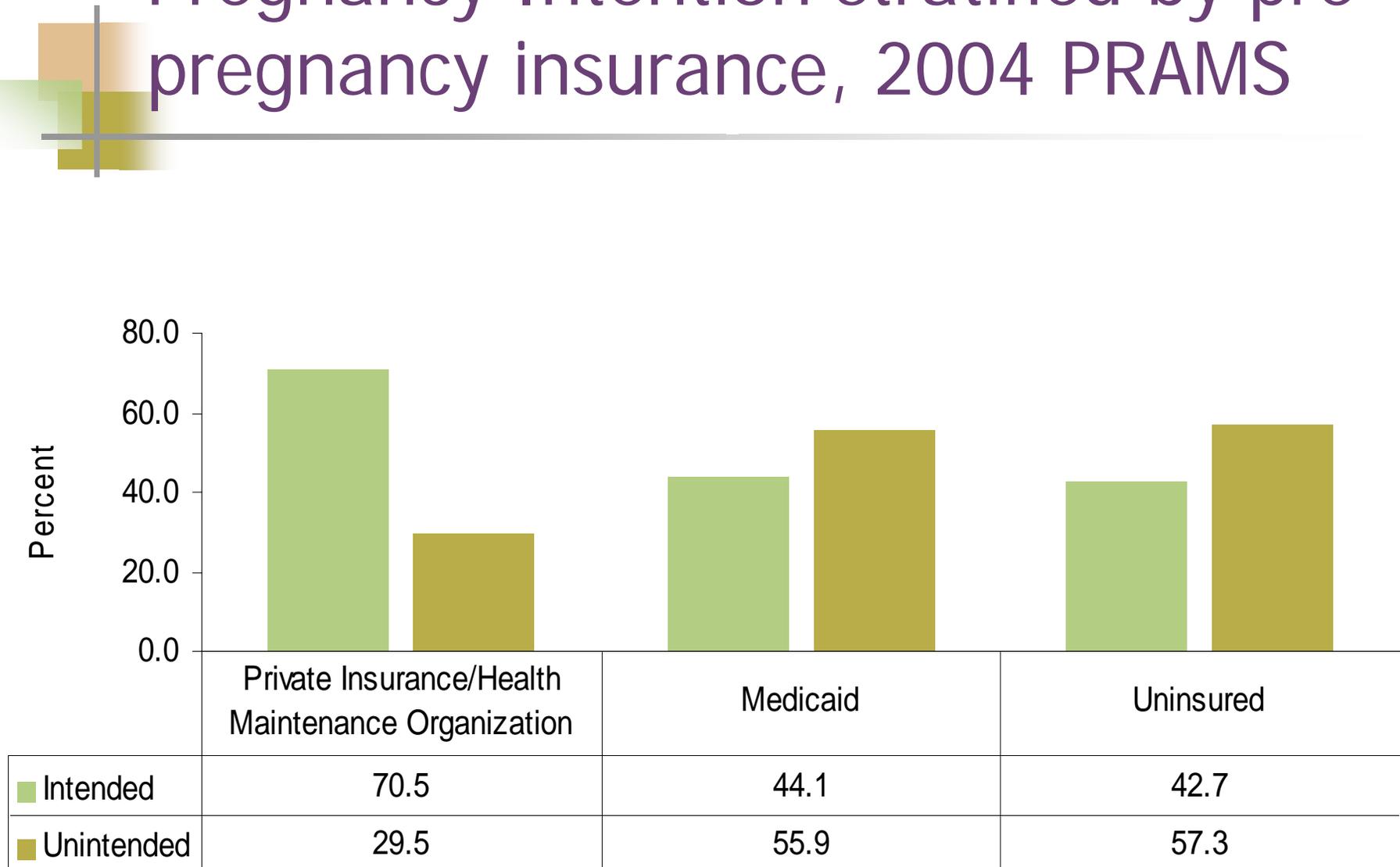
Pregnancy intention stratified by maternal race/ethnicity, 2004 PRAMS



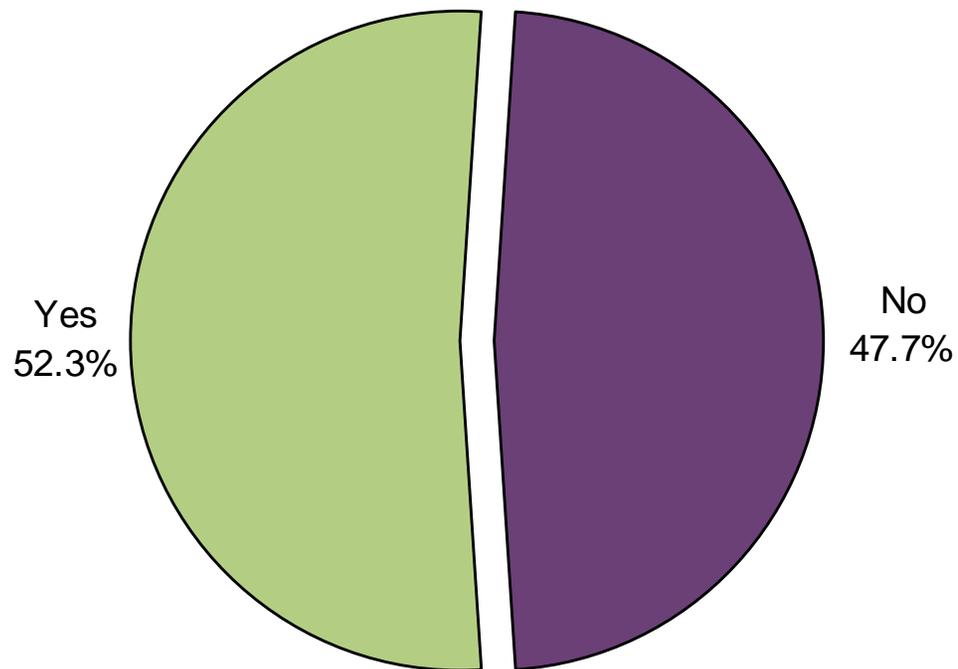
Pregnancy Intention stratified by maternal education, 2004 PRAMS



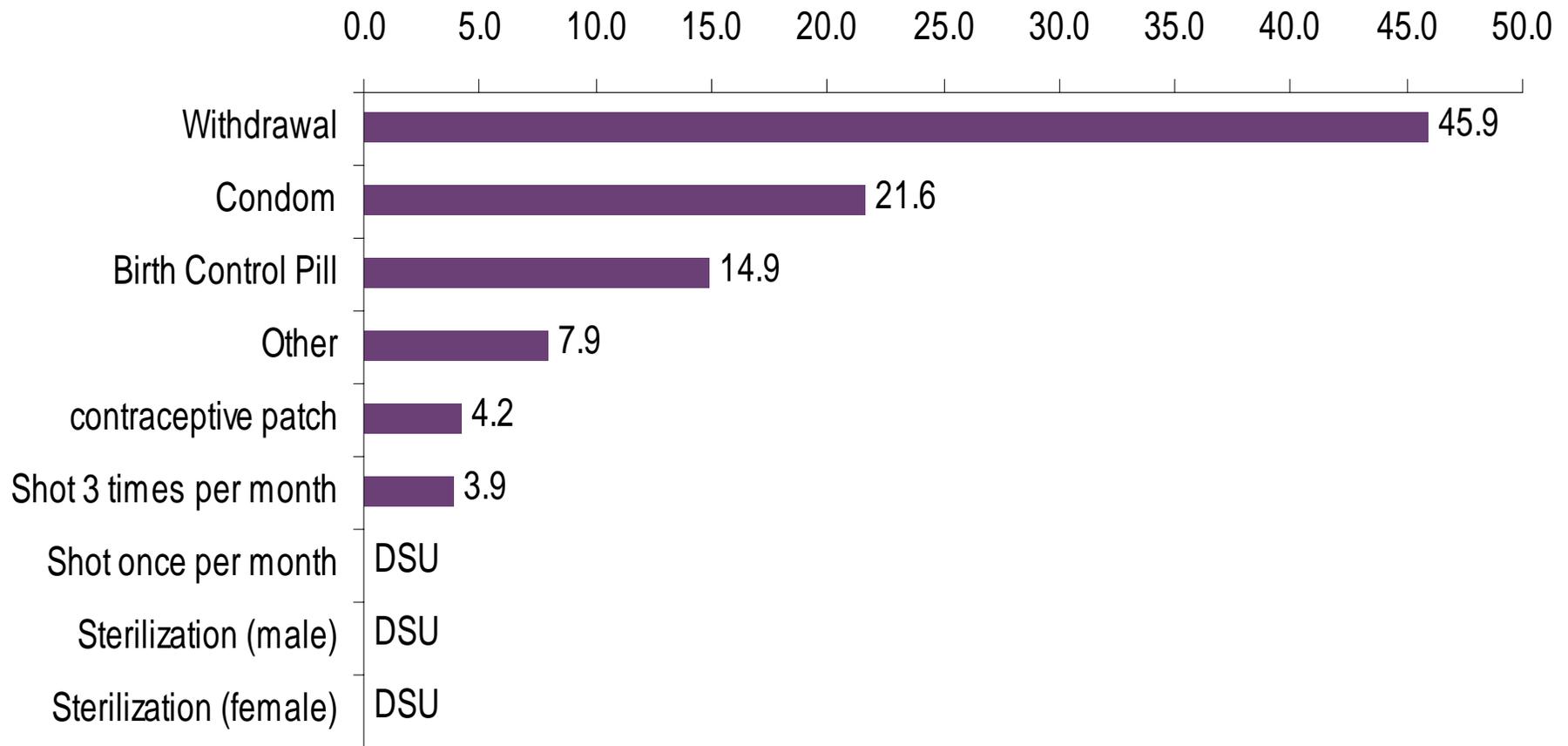
Pregnancy Intention stratified by pre-pregnancy insurance, 2004 PRAMS

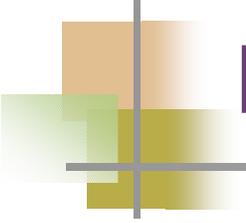


Prevalence of pre-pregnancy contraceptive use among women with an unintended pregnancy, 2004 MI PRAMS



Method of pre-pregnancy contraceptive use among women with an unintended pregnancy, 2004 MI PRAMS





Policy Development/changed Regarding Unintended Pregnancy

PLAN FIRST!

Plan First! Enrollment Begins July 1. New program will expand services to more women

Contact: T.J. Bucholz (517) 241-2112

Michigan Governor Jennifer M. Granholm today announced that enrollment for the state's new Plan First! program will begin July 1, and will expand health services to an expected 200,000 more women.

"Investing in more preventative health care for women will help reduce health care costs statewide," Granholm said. "Through this innovative program, we will extend services to women across the state and help reduce infant mortality, child abuse, child neglect, and unintended pregnancies."

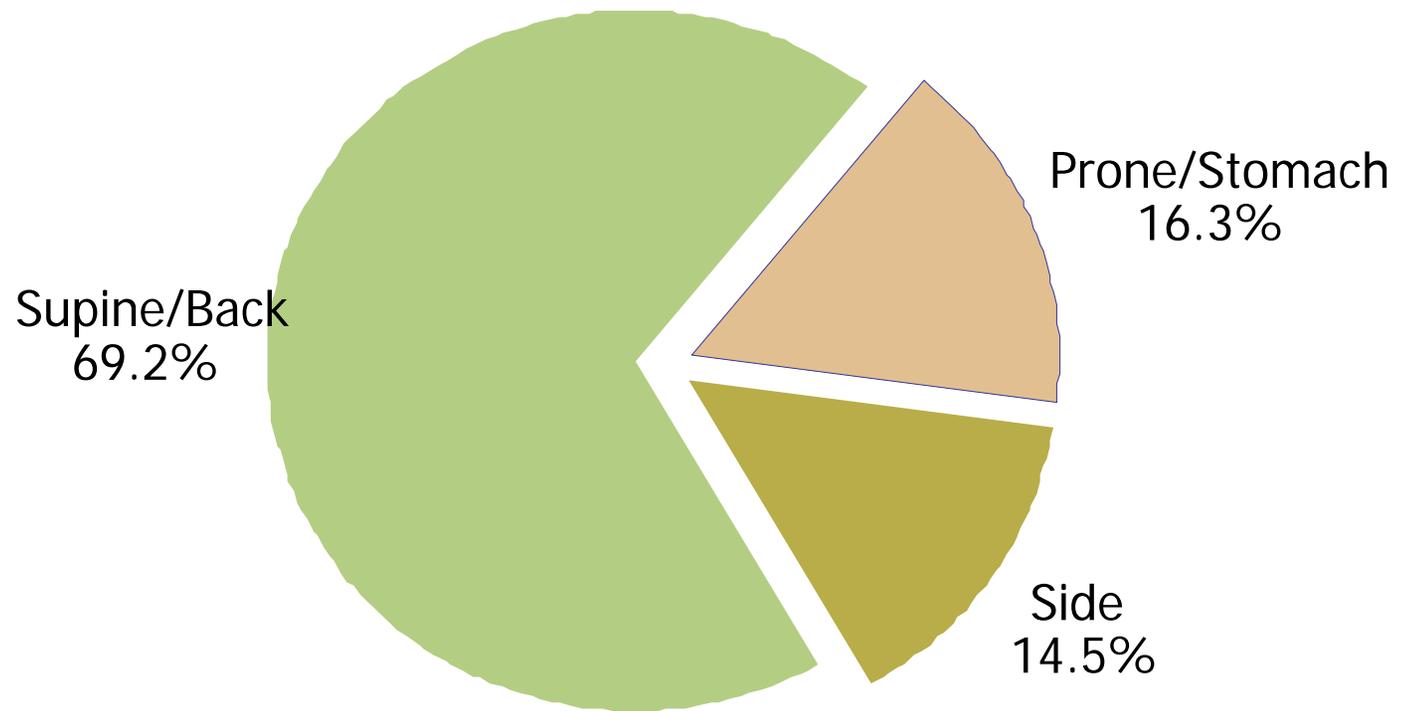
Granholm said if Michigan can reduce the number of unintended pregnancies by only 10 percent, it would save the state more than \$27 million in Medicaid expenditures annually. Plan First! is a program to expand family planning to 200,000 low income women.

The creation of the Plan First! program came after the federal government approved the Governor's request for a Medicaid waiver to fund the program in March 2006. Michigan will kick off its official Plan First! marketing campaign on July 5, when television commercials debut throughout the state.



Safe Sleep

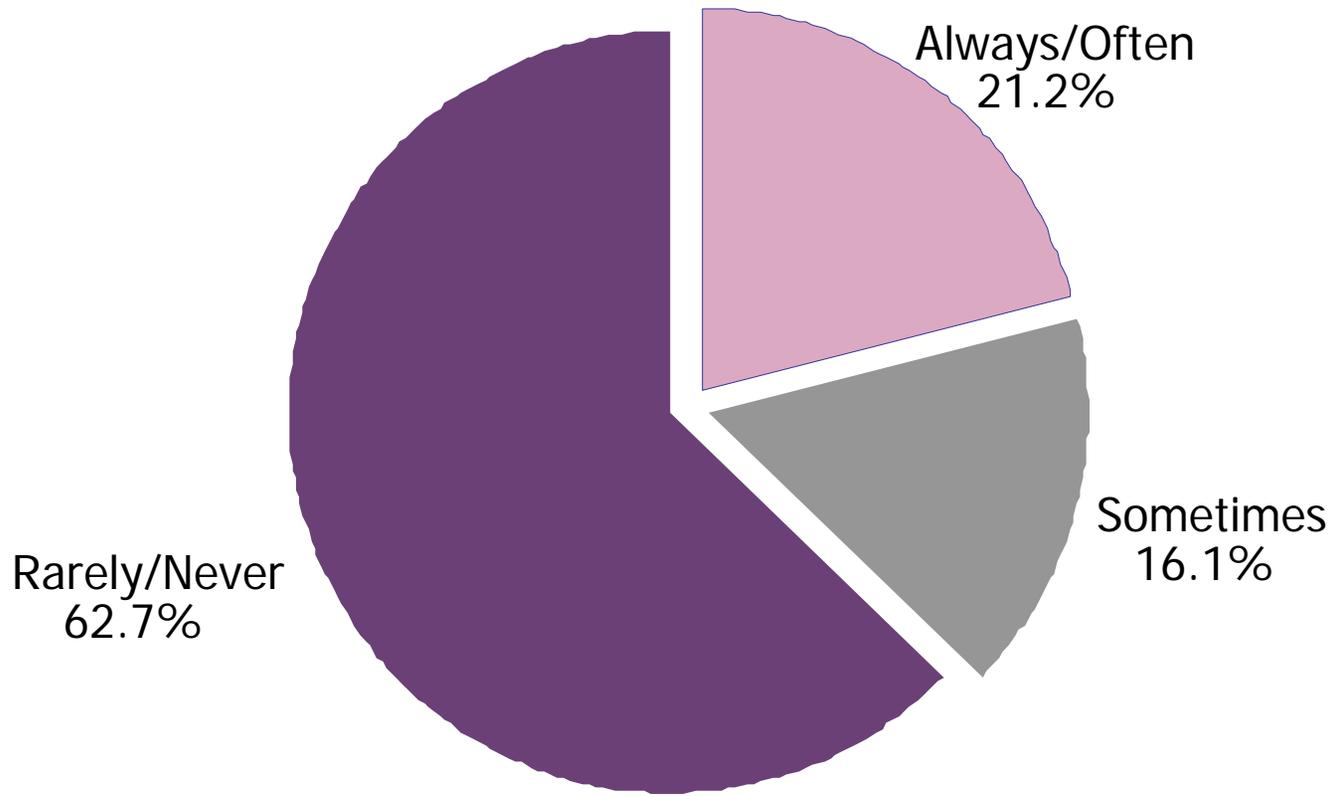
Prevalence of infant sleep position, 2004 MI PRAMS



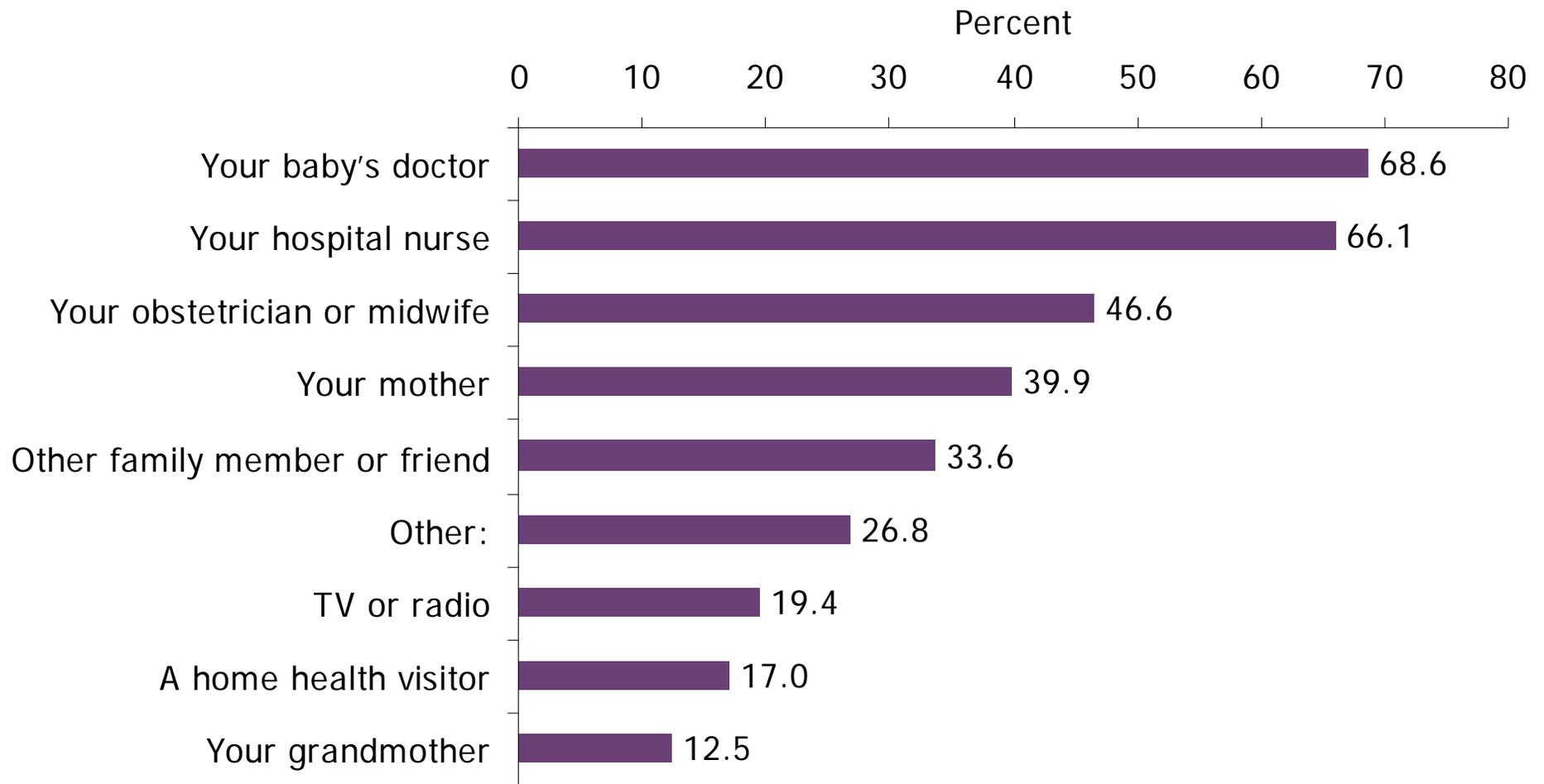
Characteristics of respondents who placed baby to sleep in Prone/Stomach position, MI PRAMS 2004

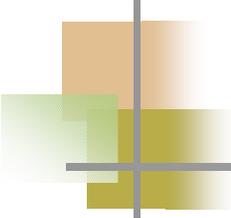
	Sample Frequency (n)	Weighted Frequency (N)	Weighted Percent
Total	199	19,624	
Maternal age (years)			
<20	19	1,739	15.8
20 - 29	109	11,272	17.4
30+	71	6,613	14.9
Race/Ethnicity			
White, Non-Hispanic	146	14,130	16
Black, Non-Hispanic	35	3,157	18
Maternal Education			
<High School	20	2,153	11.2
High School	63	6,248	16.8
Some College	57	5,349	19.4
College+	53	4,607	14.2
Medicaid Status			
Medicaid Ever	77	7,155	14.6
Medicaid Never	121	12,441	17.5

Prevalence of infant bed sharing, 2004 MI PRAMS



Source of infant sleep information, 2004 MI PRAMS





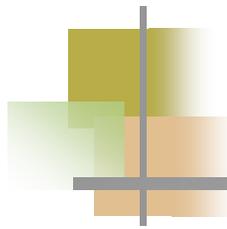
Policy Development/Changes Regarding Safe Sleep

- The 1994 “Back to Sleep” campaign in Michigan has changed (improved) the behavior of many mothers to put infants to sleep on their back
- However, the campaign needs to identify and address changes in the public health message, which will be more effective for very young, with less than a high school education and Non-Hispanic Black mothers
- MDCH should explore further the possibility of adding the “Back to Sleep” curriculum in the Michigan Model, School Health education and a strategy for working with teen health centers on safe sleep issues.



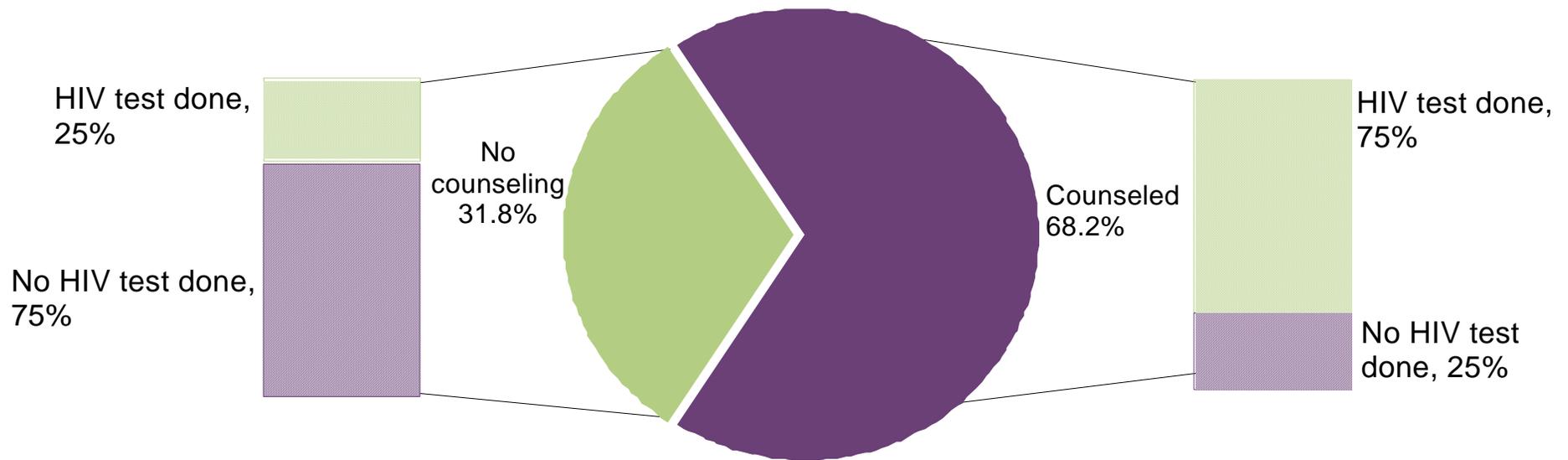
Policy Development/Changes Regarding Safe Sleep

- The new information gathered about the high prevalence of bed sharing in Michigan is a timely contribution to the planning for a statewide “Infant Safe Sleep” campaign sponsored by MDCH, MDHS, and MDE.
- Growing risk of sudden infant death associated with infants sleeping in unsafe arrangements recently reported by a work group
- Important ethnic and age appropriate considerations are needed to adequately target younger women to avoid the accidental suffocation risk associated with bed sharing.
- The high prevalence of this risky behavior demands rigorous study of the reasons behind the numbers, including qualitative evaluation of women’s stories.

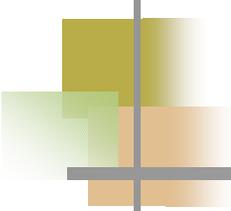


HIV Testing

Prevalence of prenatal HIV counseling & testing, 2004 MI PRAMS



Thank you for your attention.



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