# Content of Prenatal Care Discussions in Michigan: Successes and Missed Opportunities

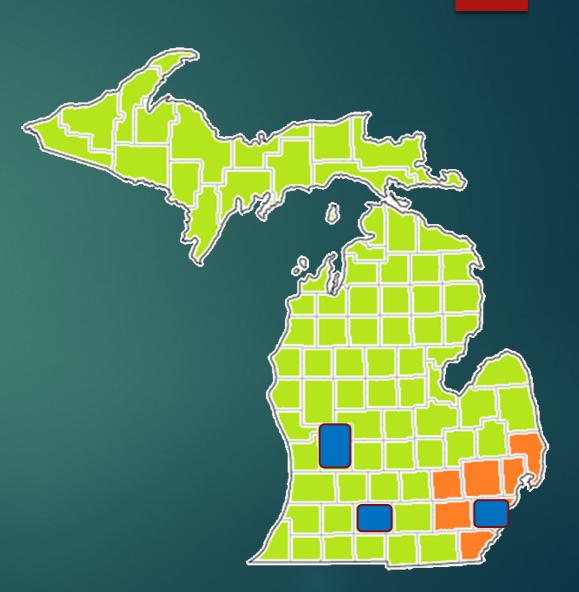
NOVEMBER 28, 2017
PETERSON HAAK
PRAMS PROJECT COORDINATOR
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

- ▶ Data source: MI PRAMS
- Prepregnancy period
  - ► Pregnancy intention
  - Prepregnancy health
- Prepregnancy health counseling

- Prenatal care
  - Descriptive statistics
- Prenatal care discussions
  - Frequency of topics discussed
  - Frequency of health condition / behavior
  - Adequacy of prenatal care by topic coverage
- Do conversations matter?

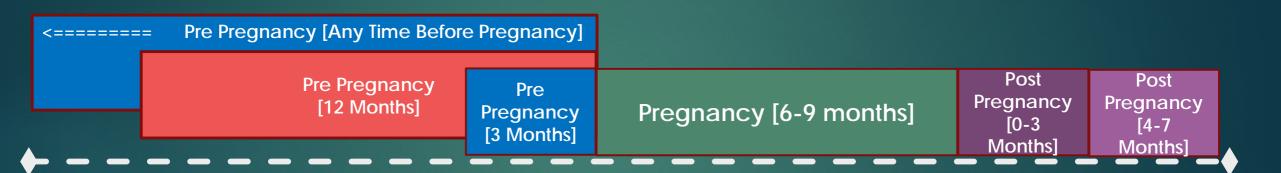
## Data Source - What is PRAMS?

- Pregnancy Risk Assessment Monitoring System
- 2,000 3,600 mothers per year sampled
  - **▶** 2012-2015 = 14,216
- ▶ 50-60% mothers complete
  - **▶** 2012-2015 = 7,257
- Oversample:
  - Low birth weight
  - African American
  - Southeast Michigan [ORANGE]
- Kellogg County Oversamples:
  - ▶ Black mothers from three counties [BLUE]
  - Calhoun[12-15], Kent[12-13], Wayne[12-13]
- Survey completed 3-9 months post-partum
- Population based survey





## PRAMS Windows of Measurement



## PRAMS - Letters Sent [QUIZ]

- ► How many pieces of mail did MI PRAMS send to collect this data [2012-2015]?
- **>** 25,000
- **>** 50,000
- **▶** 75,000
- **100,000**

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## Pregnancy Intention

What proportion of women report that, at the time they became pregnant, they had intended to become pregnant?

► A: 25%

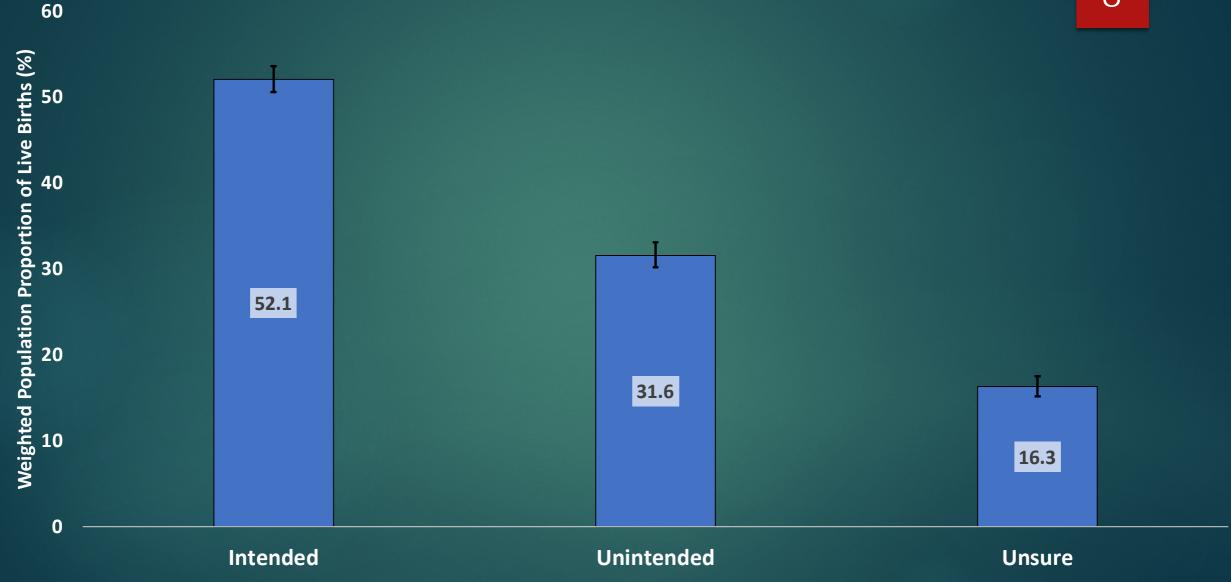
► B: 50%

► C: 75%

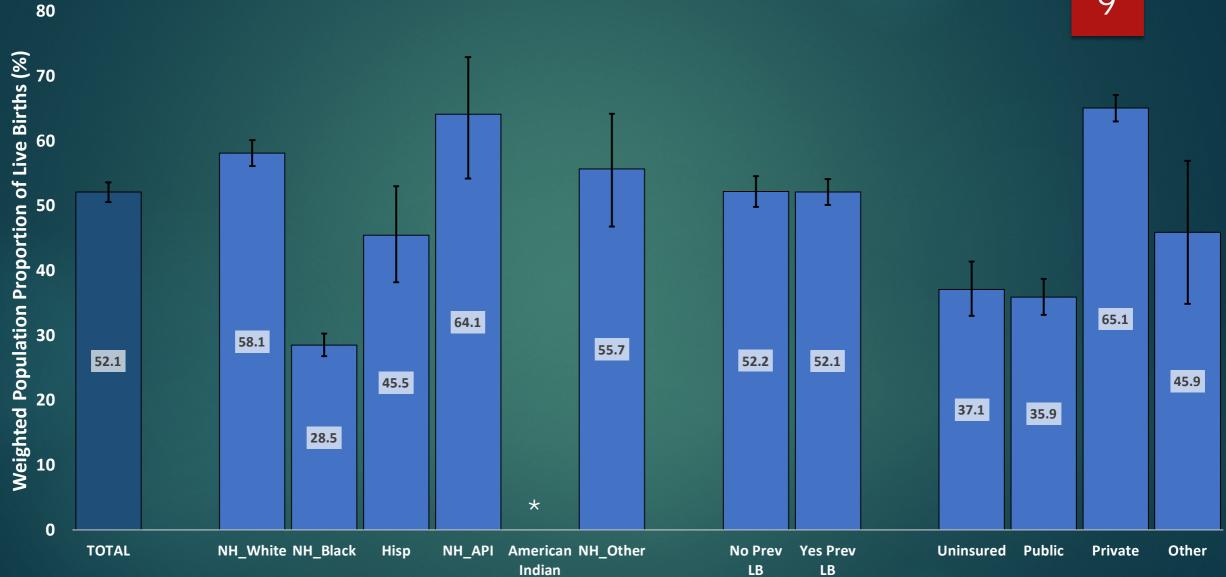
▶ D: 90%





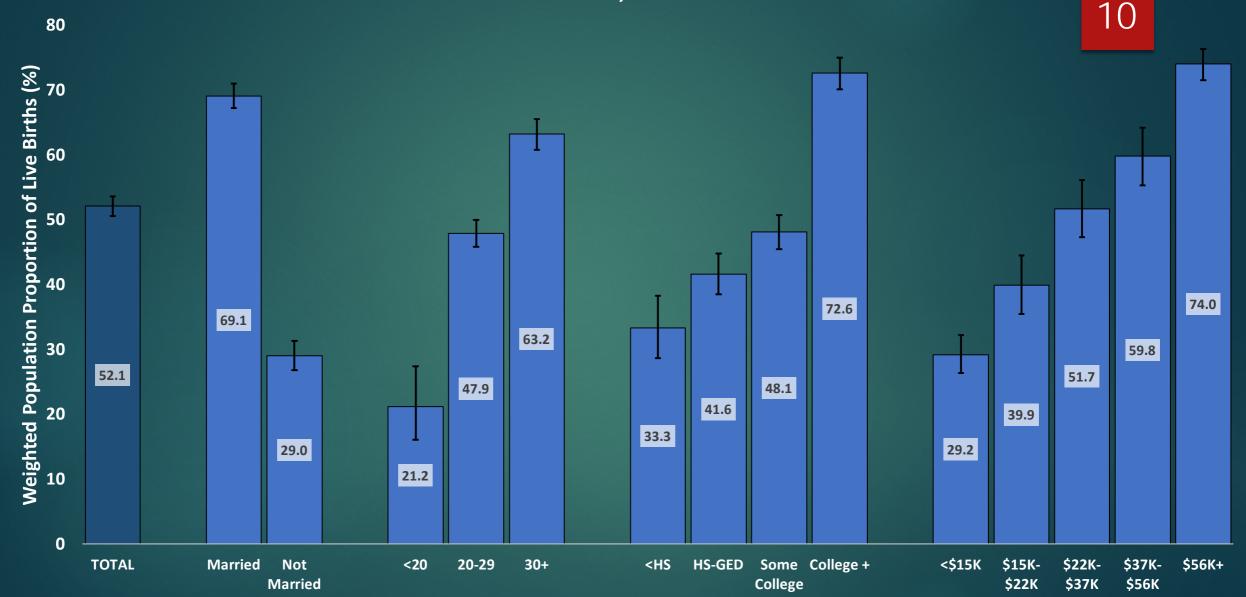






<sup>\*</sup> data not shown due to <6 respondents or Relative Standard Error (RSE) > 50%

# Intended Pregnancy by Maternal Demographics [2] MI PRAMS, 2012-2015



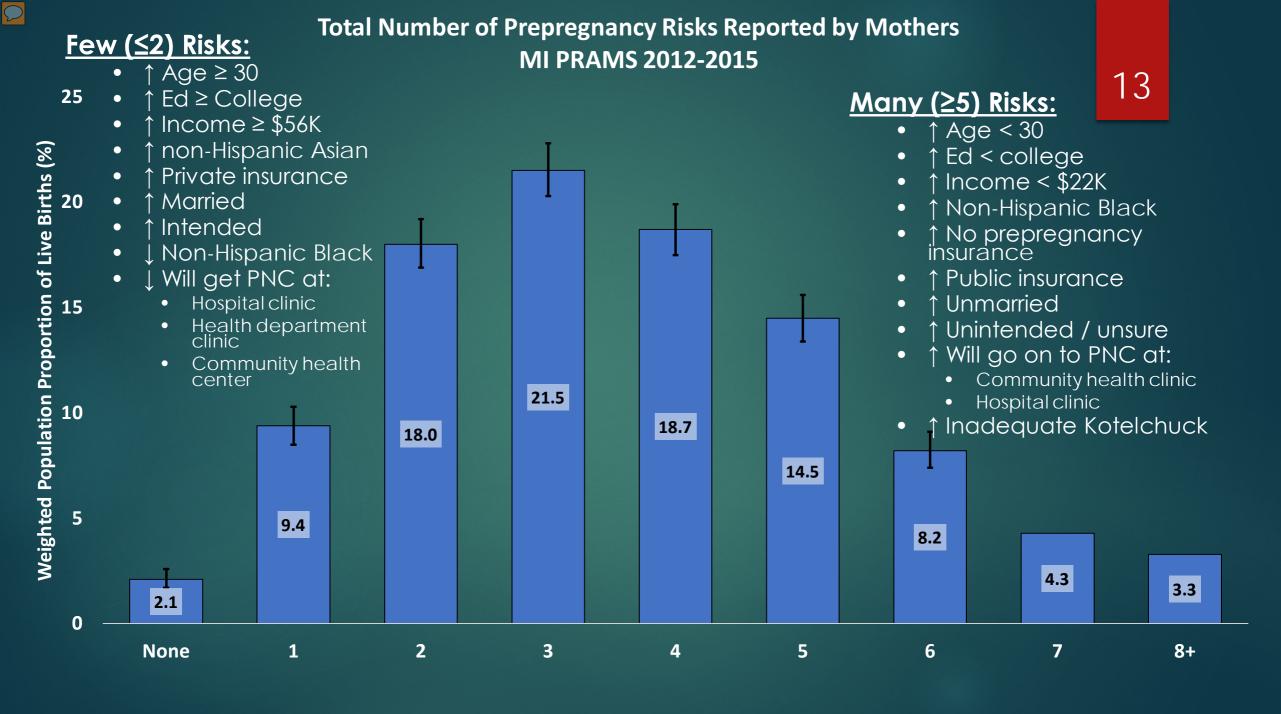
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#### Prevalence of Prepregnancy Health Risks, MI PRAMS 2012-2015

Health Issue	Sample Frequency	Weighted Frequency	Weighted Percent	95% CI
Any Alcohol	4,174	274,819	63.2	(61.7-64.7)
Exercise < 3X Week	4,307	245,311	56.2	(54.6-57.7)
No Prenatal Vitamin	4,238	238,169	54.1	(52.6-55.7)
BMI Outside Normal	4,003	226,490	51.4	(49.8-52.9)
No Teeth Cleaning	3,029	174,260	39.9	(38.4-41.4)
Any Smoking	1,933	122,922	28.3	(26.8-29.7)
Anxiety	1,065	75,329	17.2	(16.0-18.4)
Anemia	1,443	59,371	13.5	(12.6-14.6)
Asthma	1,049	57,892	13.2	(12.2-14.3)
Depression	900	54,800	12.5	(11.5-13.6)
Thyroid Problems	338	22,998	5.2	(4.6-6.0)
Hypertension	521	21,672	4.9	(4.4-5.6)
Partner Physical Abuse	288	12,917	3.0	(2.5-3.5)
Diabetes	207	9,579	2.2	(1.8-2.7)
Heart Problems	147	8,209	1.9	(1.5-2.4)
Epilepsy	91	4,122	0.9	(0.7-1.2)



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▶ What proportion of women report that, before they became pregnant with their new baby, a doctor, nurse, or other health care worker talked with them about how to improve their health before pregnancy [2012-2015]?

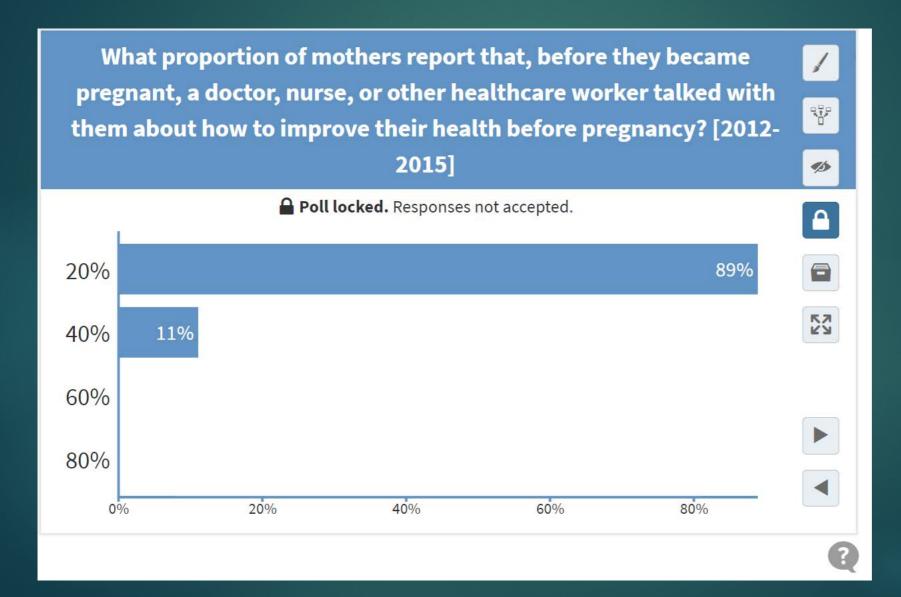
► A: 20%

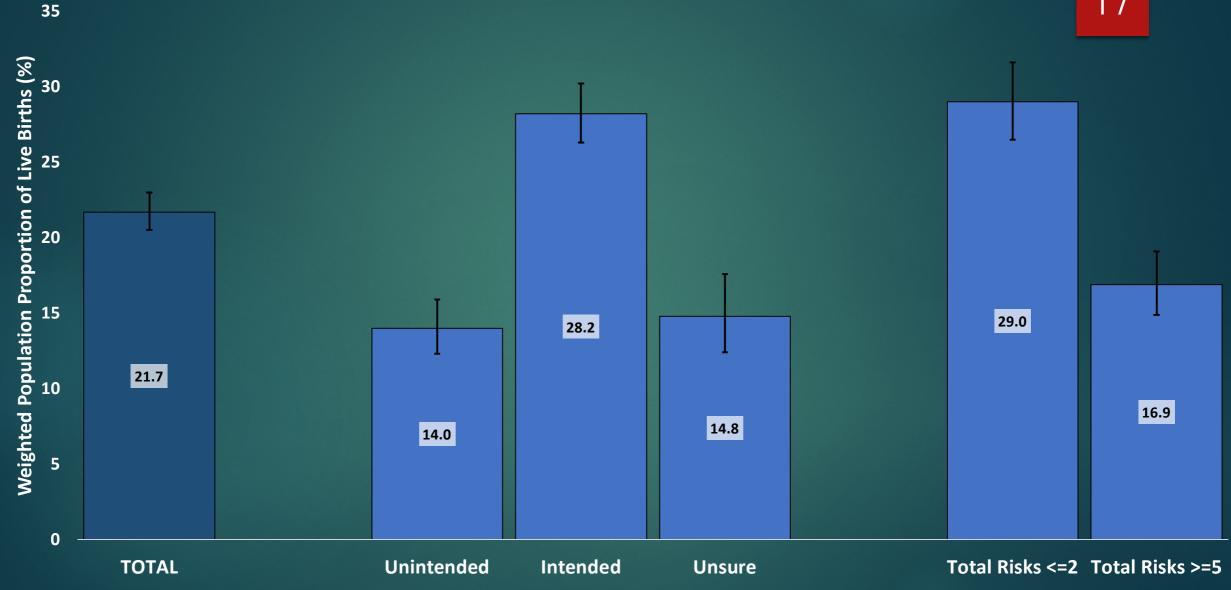
► B: 40%

► C: 60%

▶ D: 80%

## Prepregnancy Counseling - Results







- Around half of all Michigan pregnancies were intended
- Prepregnancy health risks are common
  - ▶ 30% of mothers start pregnancy with 5 or more health risks
  - ▶ Only 2.1% of mothers report no prepregnancy health risks
- Prepregnancy counseling about pregnancy health is rare
  - ▶ 78.3% report no prepregnancy counseling
- Mothers with <u>more</u> prepregnancy risks are <u>less</u> likely to report any prepregnancy counseling
- We must maximize the value and impact of prenatal care visits

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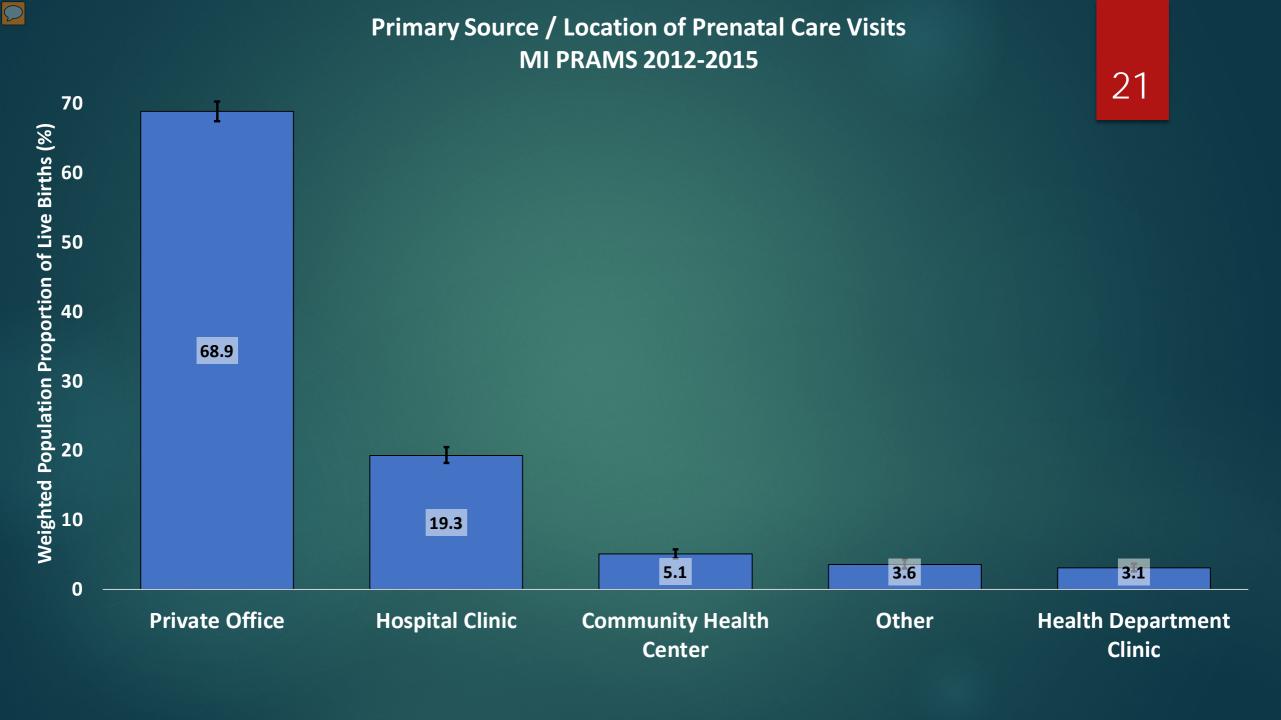
## Prenatal Care

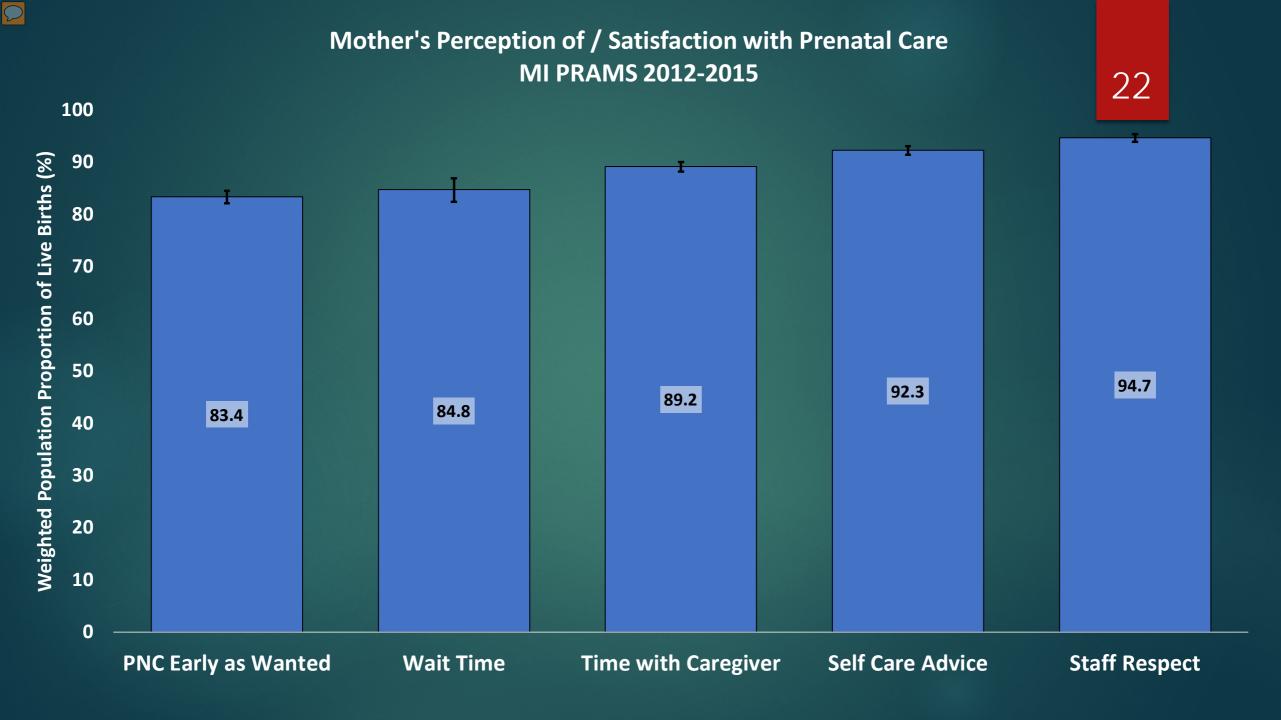












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24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

		No	Yes
a.	How much weight I should gain		
	during my pregnancy	⊔	Ш
b.	How smoking during pregnancy		
	could affect my baby		
c.	Breastfeeding my baby	🗖	
d.	How drinking alcohol during		
	pregnancy could affect my baby		
e.	Using a seat belt during my		
	pregnancy		
f.	Medicines that are safe to take		
	during my pregnancy	□	

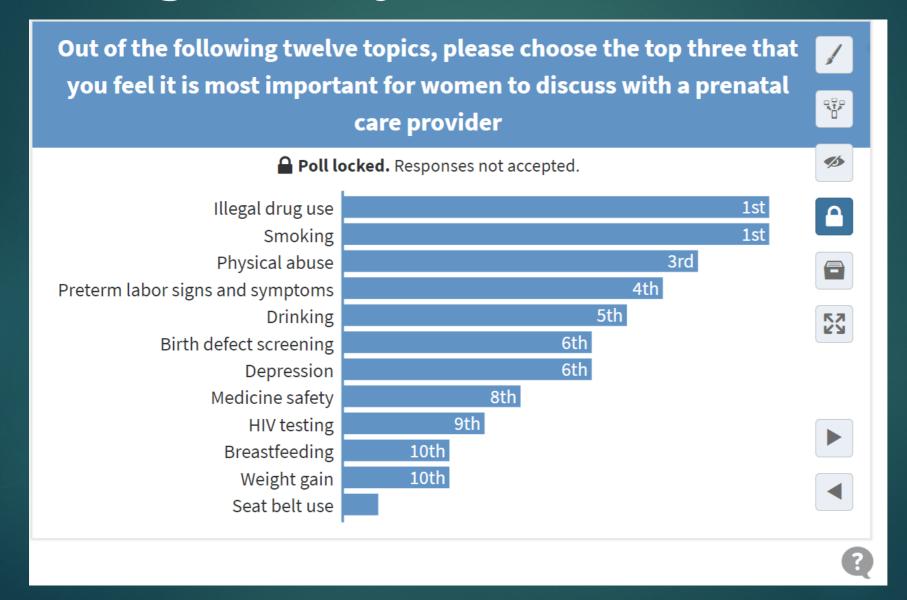
g.	How using illegal drugs could
	affect my baby
h.	Doing tests to screen for birth defects
	or diseases that run in my family
i.	The signs and symptoms of
	preterm labor (labor more than
	3 weeks before the baby is due)
j.	Getting tested for HIV
	(the virus that causes AIDS)
k.	What to do if I feel depressed
	during my pregnancy or after my
	baby is born
1.	Physical abuse to women by their
	husbands or partners

## Ranking Activity [QUIZ]

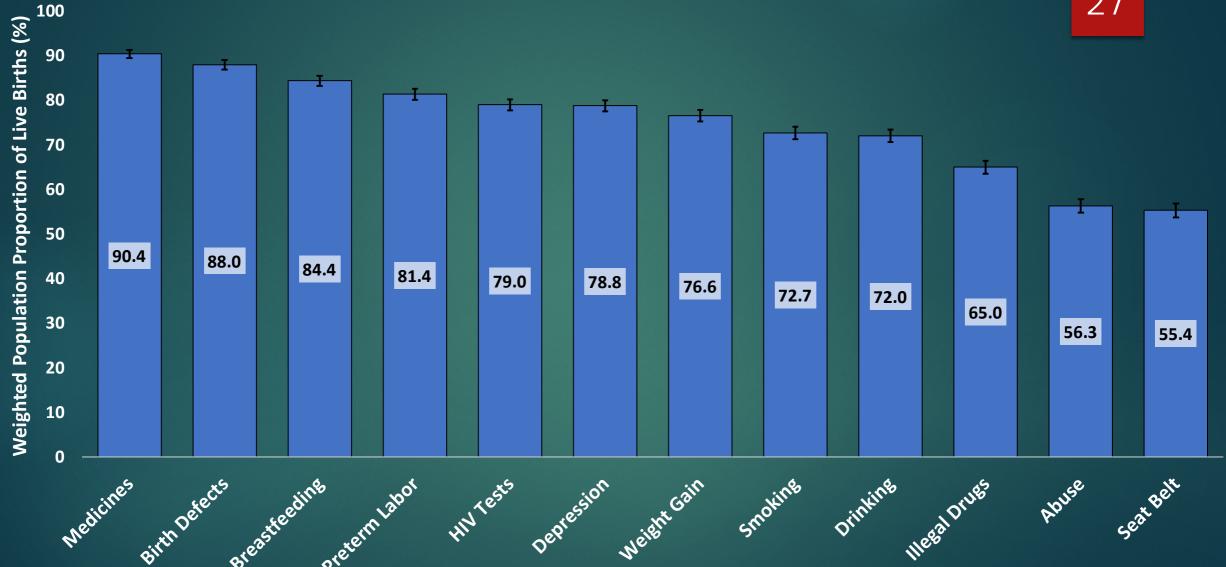
▶ Of the following topics, please rank the top three that you feel must be discussed at least once during prenatal care visits with mothers

(sort quiz activity)

## Ranking Activity - Results



# Prenatal Care Discussions, by Topic MI PRAMS, 2012-2015



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- ▶ Is there a difference in prenatal care conversations breaking apart the mothers who most need to discuss topics and those with less need?
- How many conversations are hitting their "targets?"

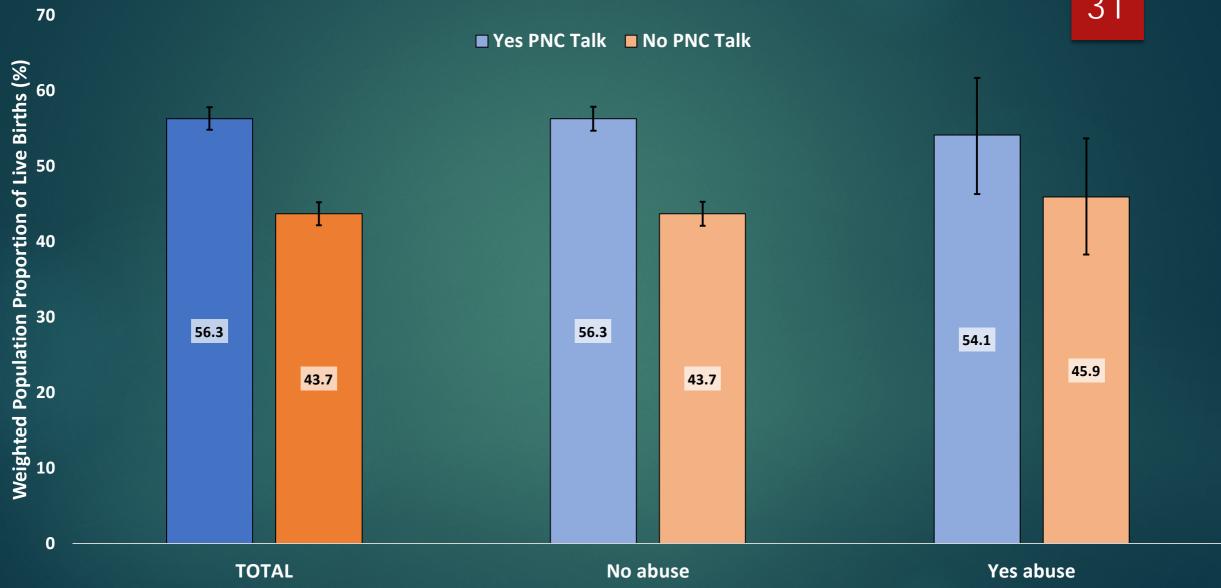
- ► For many items, PRAMS assesses which mothers had the greatest need for discussion / intervention on these topics
  - Physical abuse
  - Depression
  - Weight gain
  - Preterm labor
  - Alcohol use
  - Smoking
  - Illegal drug use\*



- During the 12 months before pregnancy, or at any time during pregnancy, did your husband or partner:
  - Push, hit, slap, kick, choke, or physically hurt you in any way?
- Michigan: 3.9% (95% CI: 3.4% 4.5%)
  - ► Age < 20: 8.9% (95% CI: 6.1% 12.9%)
  - Non-Hispanic Black: **7.4%** (95% CI: 6.5% 8.5%)
  - Prepregnancy Medicaid: 7.1% (95% CI: 5.8% 8.6%)
  - ► Education <HS, HS-GED: <u>6.0%</u> (95% CI: 4.9% 7.4%)



31



Mothers who were abused were no more likely to discuss this topic than mothers who were not abused

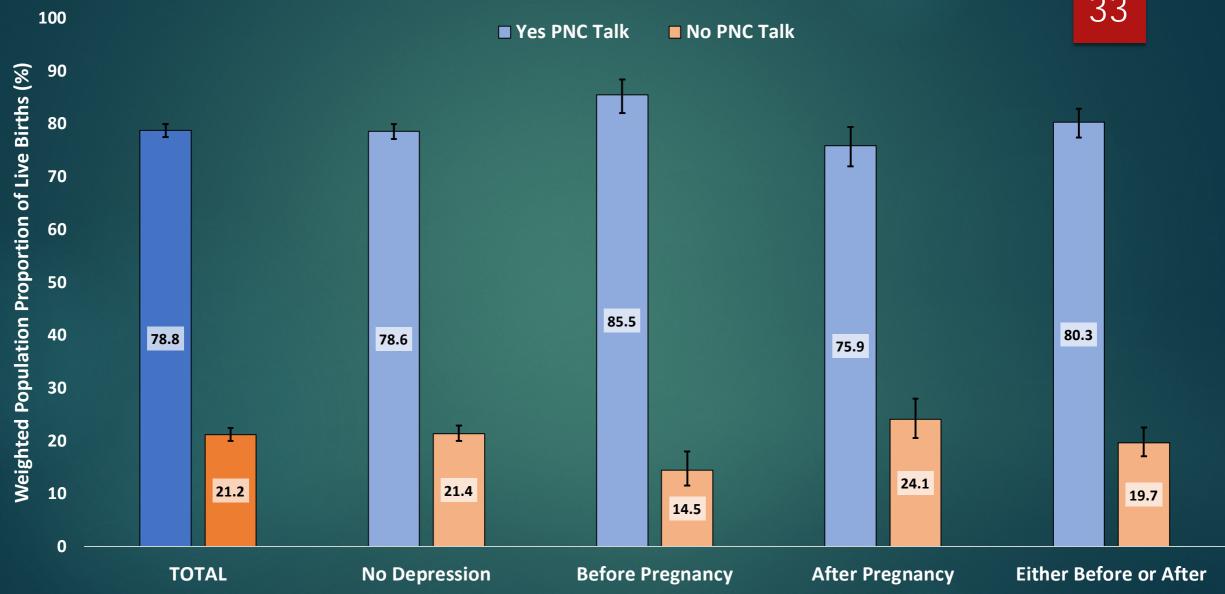




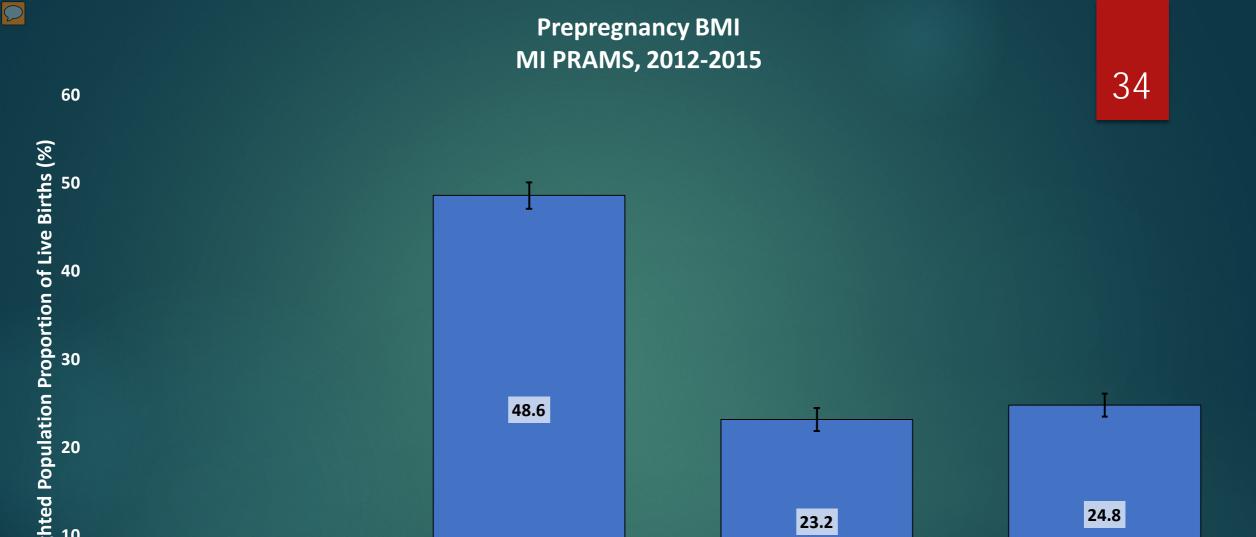


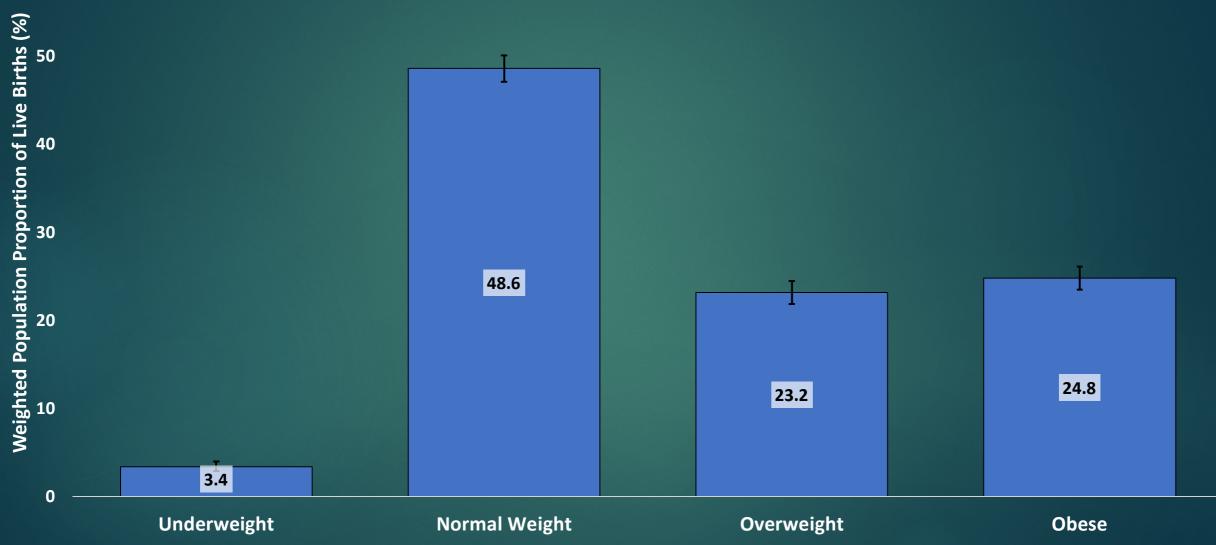
#### **Prenatal Care Discussions about Depression by Maternal Depression Status MI PRAMS, 2012-2015**

33



Most mothers who experienced depression were no more likely to discuss this topic than mothers without depression

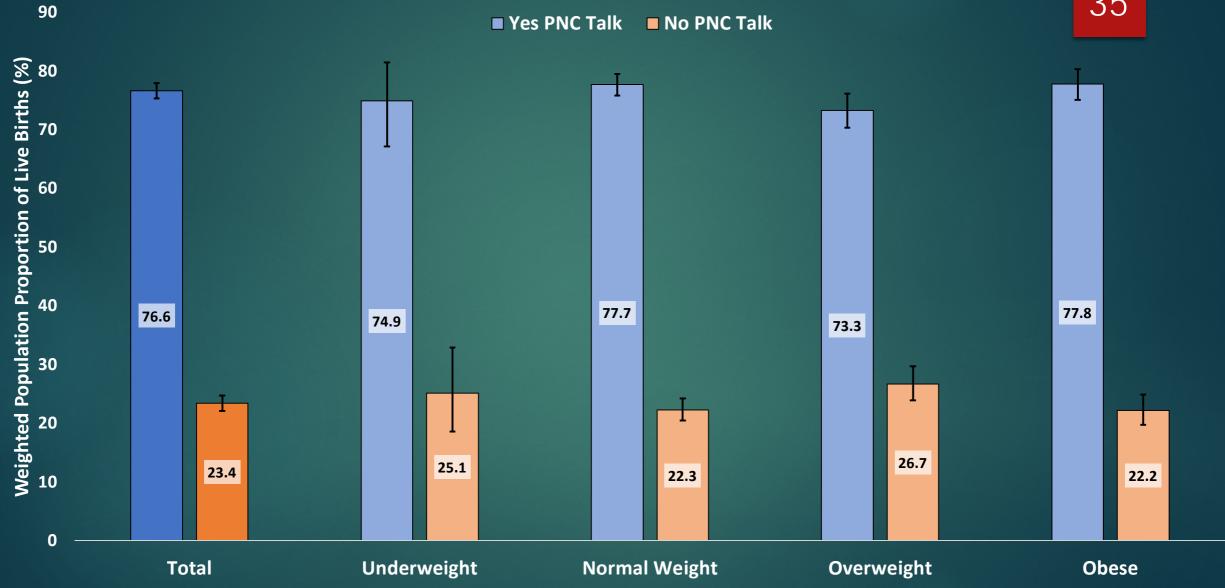




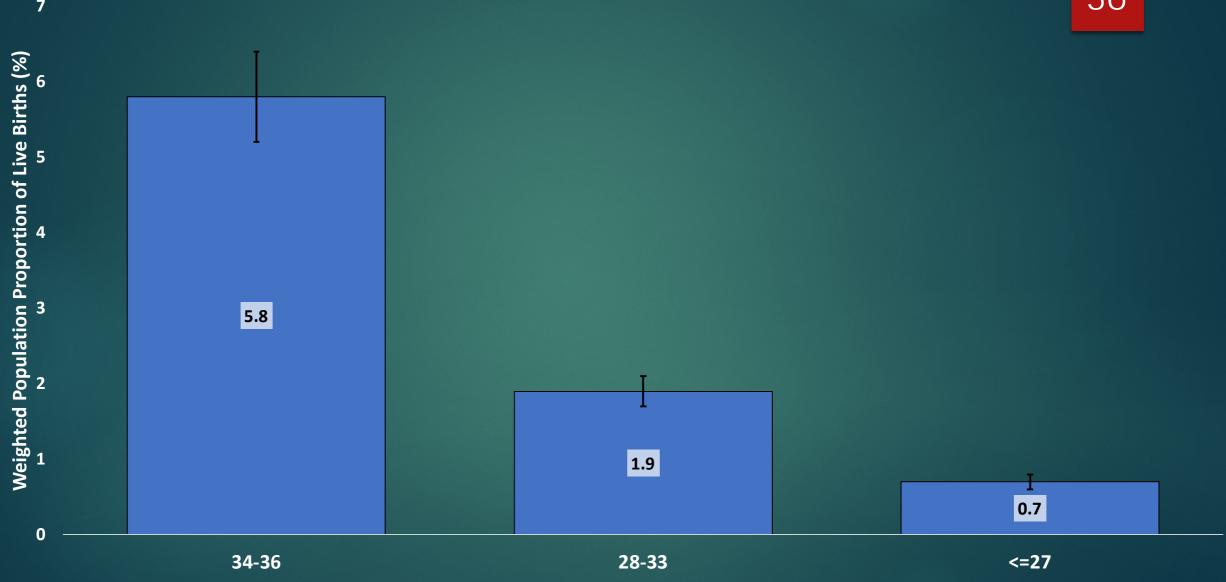


#### Prenatal Care Discussions about Pregnancy Weight Gain by Prepregnancy BMI **MI PRAMS, 2012-2015**

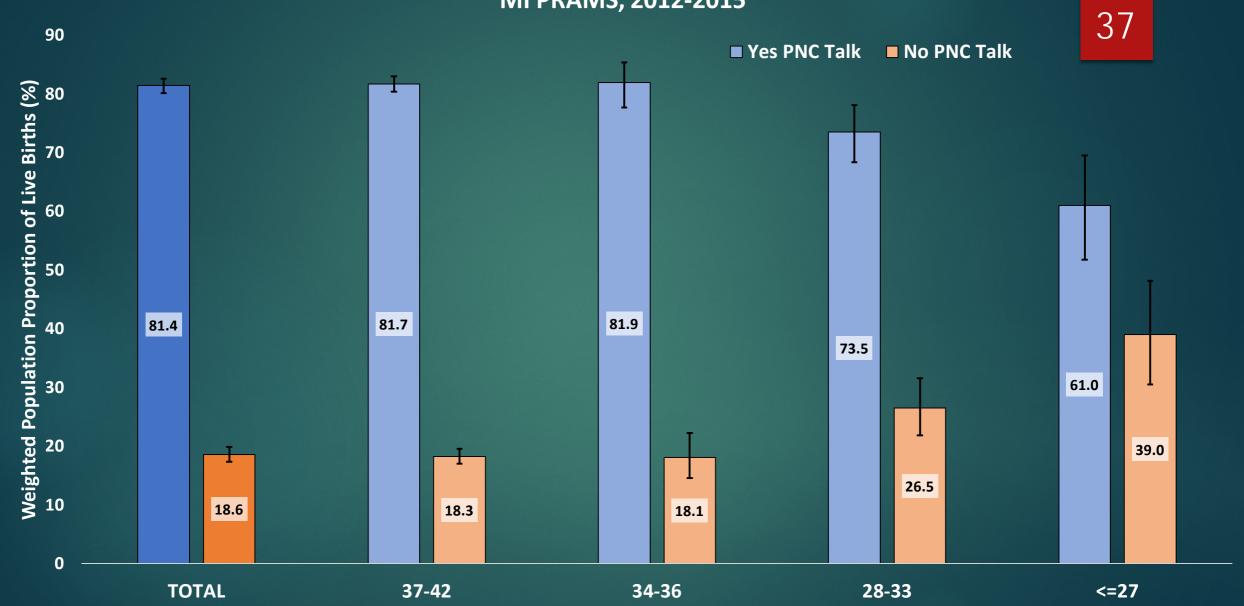




Across prepregnancy BMI groups, mothers were no more or less likely to discuss recommended pregnancy weight gain







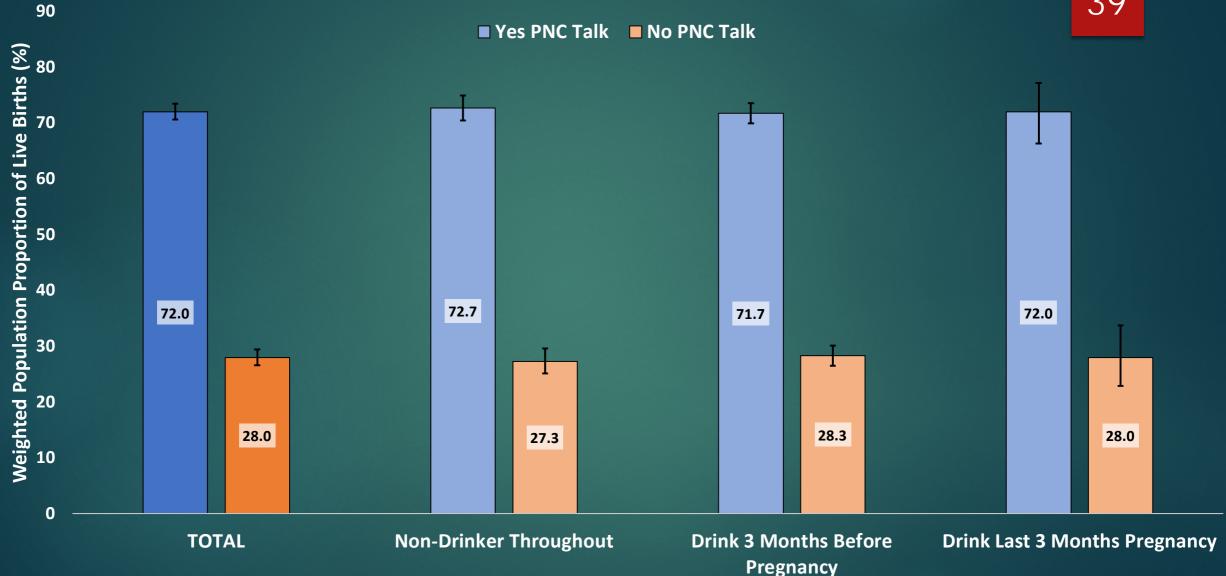
Mothers who experienced preterm birth were less likely to discuss this topic than women with a late preterm or term birth







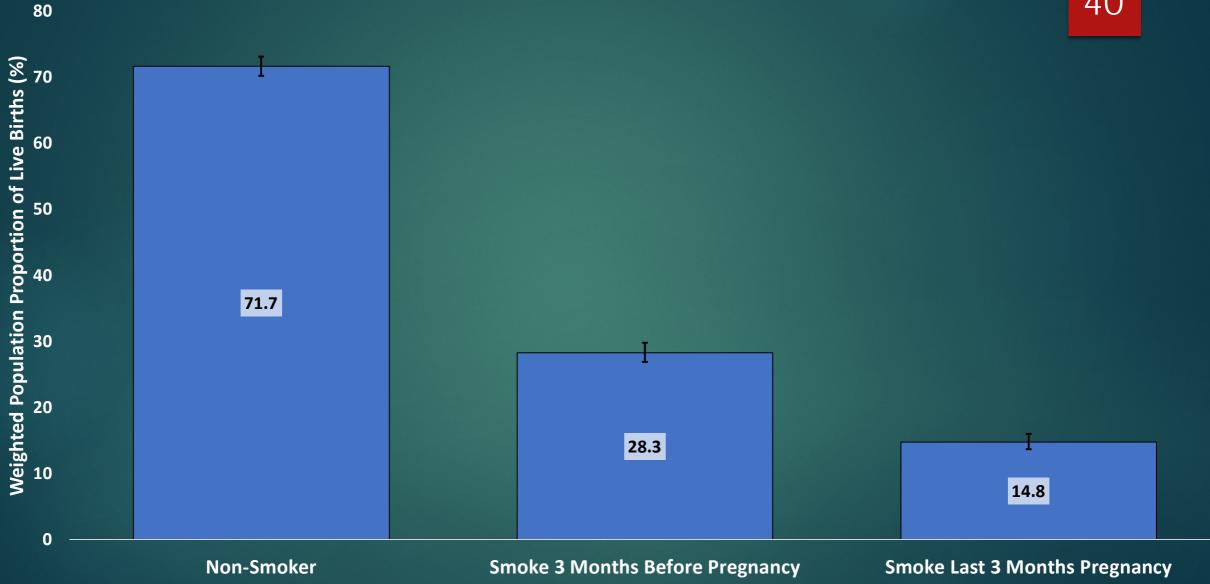


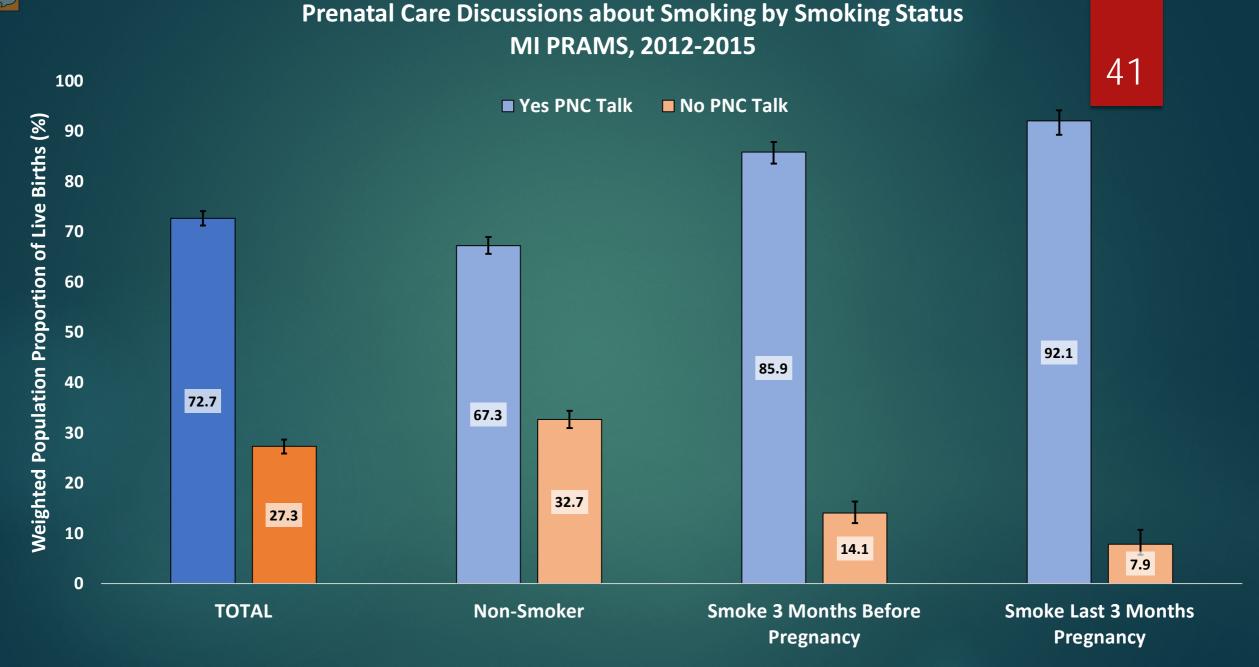


Mothers who reported alcohol use before and during pregnancy were no more likely to discuss this topic than non-drinkers







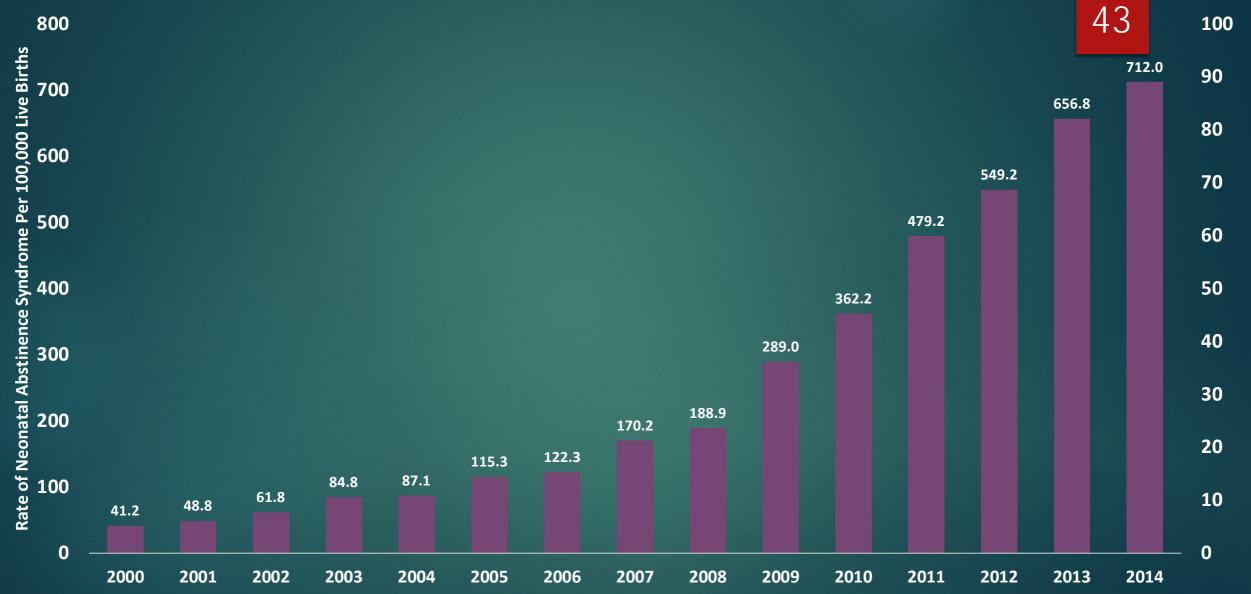


Mothers who reported smoking before and during pregnancy were more likely to discuss this topic than non-smokers

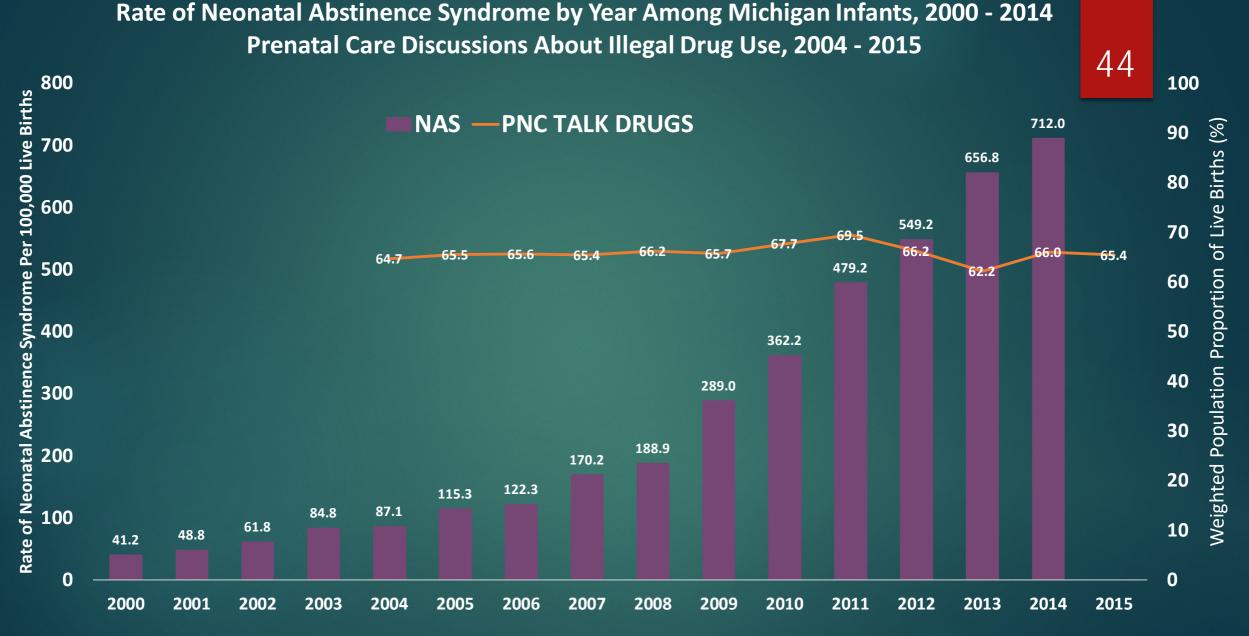
# Neonatal Abstinence Syndrome in Michigan: Methods

- Data Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation.
- ► This file was linked to the Michigan Resident Live Birth File by the Division for Vital Records and Health Statistics, MDHHS.
- Case Definition based on ICD-9 779.5- Neonatal Abstinence Syndrome-pharmacologically treated
  - Definition can be broadened to include NAS non-pharmacologically treated

#### Rate of Neonatal Abstinence Syndrome by Year Among Michigan Infants, 2000 - 2014

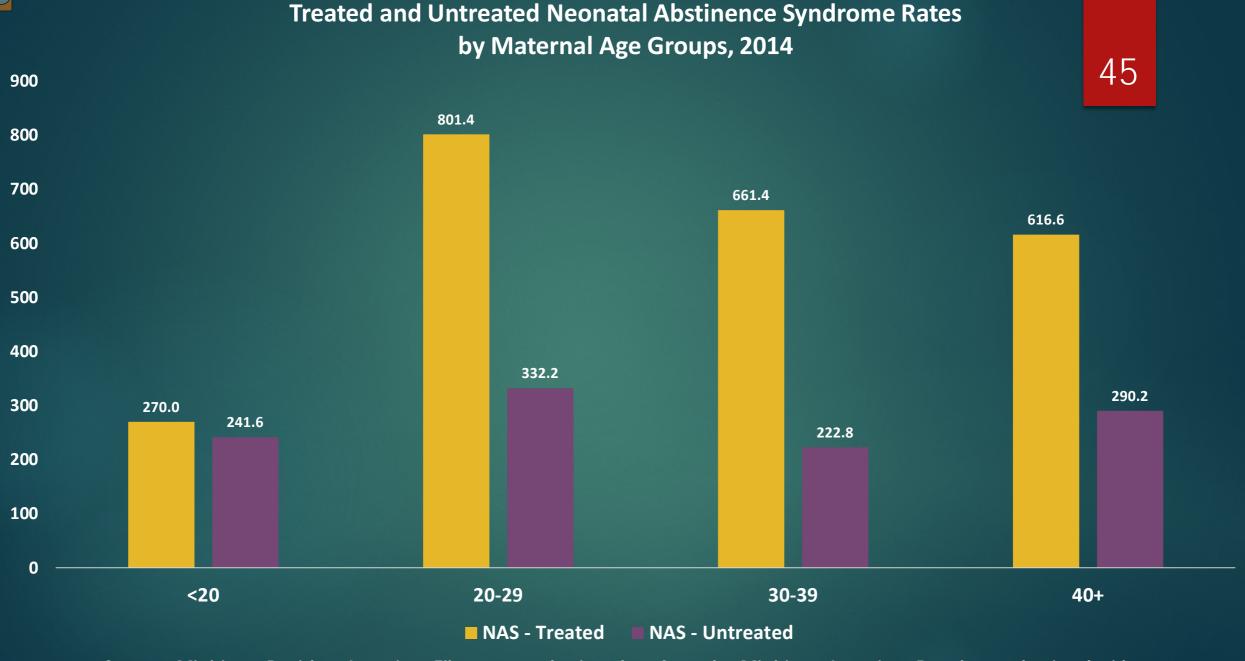


NAS Data Source: Michigan Inpatient Database NAS defined by ICD-9-CM diagnosis code 779.5



NAS Data Source: Michigan Inpatient Database NAS defined by ICD-9-CM diagnosis code 779.5

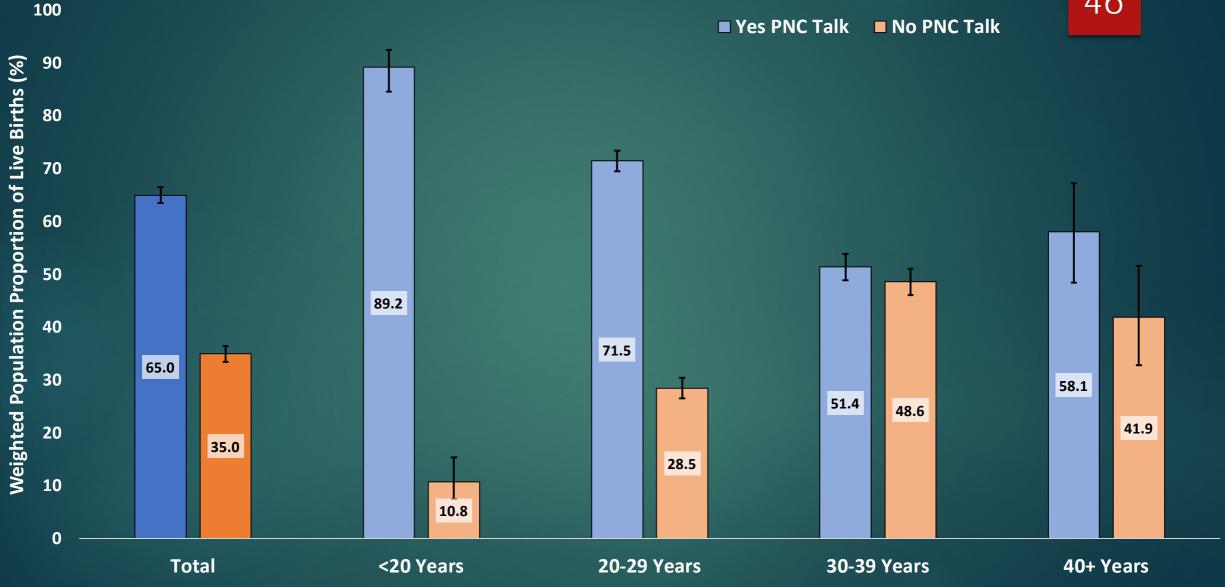
Prenatal Conversation Data Source: Michigan PRAMS



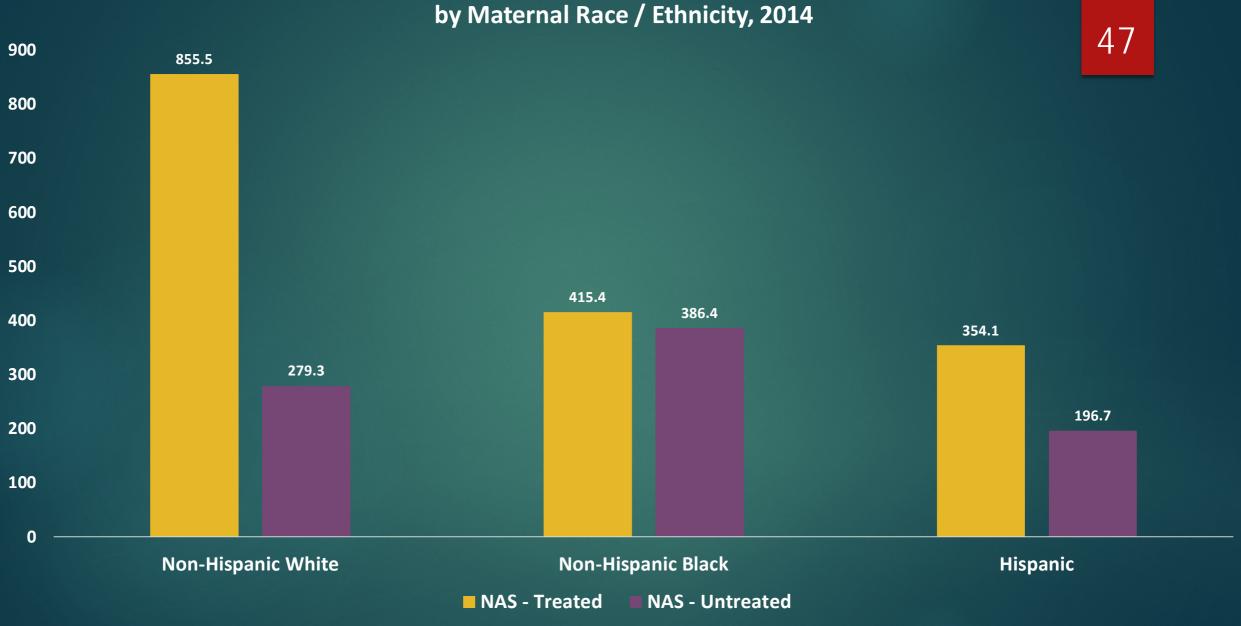
Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation.







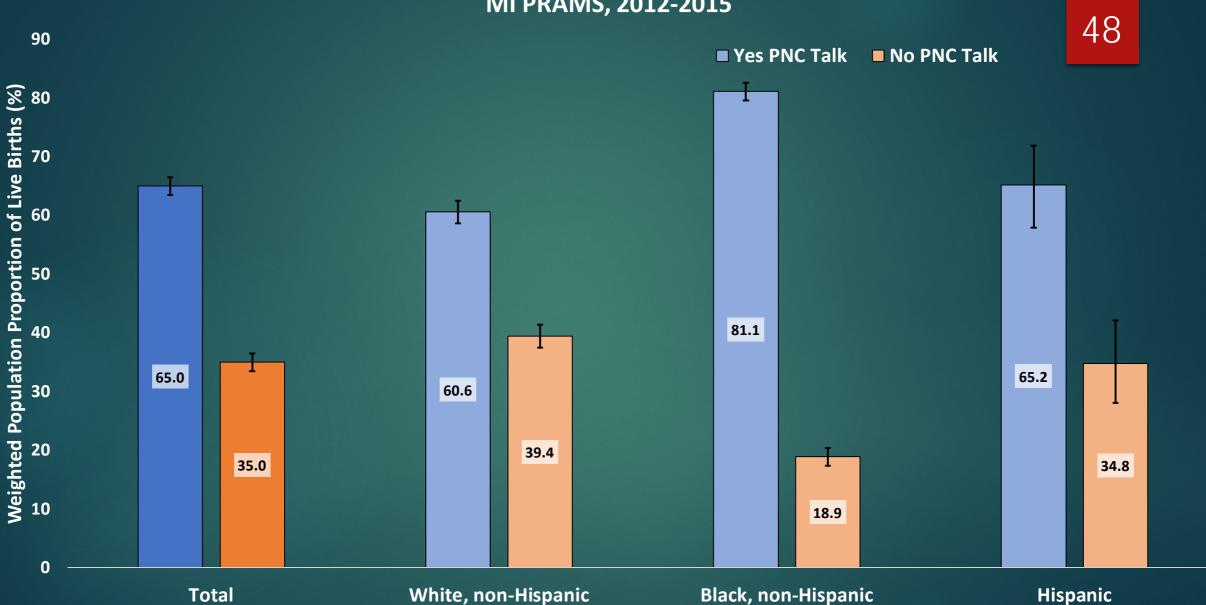
Conversations about illegal drug use during pregnancy do not follow the risk groups for NAS



**Treated and Untreated Neonatal Abstinence Syndrome Rates** 

Source: Michigan Resident Inpatient Files, created using data from the Michigan Inpatient Database obtained with permission from the Michigan Health & Hospital Association Service Corporation.





Conversations about illegal drug use during pregnancy do not follow the risk groups for NAS

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# Summary 2: How Well Are Prenatal Care Conversations Reaching Their Targets?

- Above average:
  - Smoking
- Average:
  - Physical abuse
  - Depression
  - Weight gain
  - Alcohol
- Below average:
  - Preterm labor
  - Illegal drug use



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► How many phone calls did MI PRAMS make to collect this data [2012-2015]?

► A: 20,000

► B: 50,000

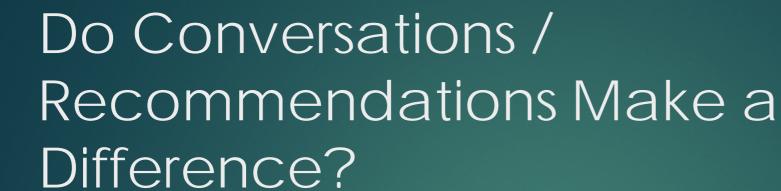
► C: 80,000

**▶** D: 110,000

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27. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

☐ No

☐ Yes

28. During the 12 months before the delivery of your new baby, did you get a flu shot?

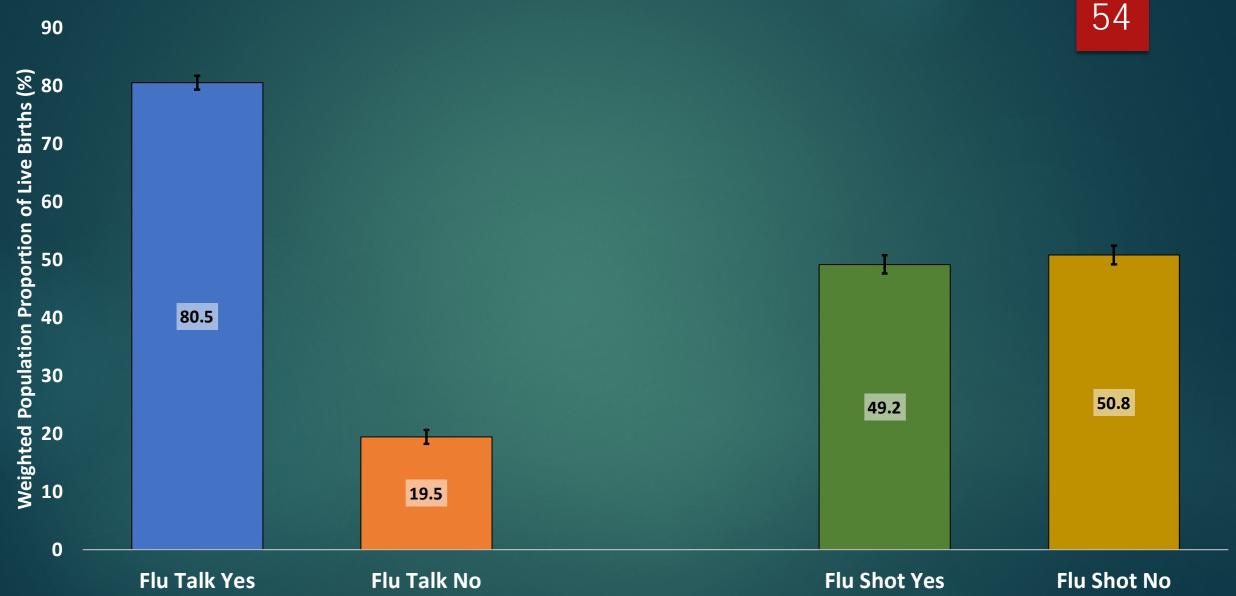
Check ONE answer

No Go to Question 30

Yes, before my pregnancy

Yes, during my pregnancy





#### Flu Shot Coverage by Mother Offered / Counseled on Flu Shot **MI PRAMS 2012-2015**



# Summary

- Women come to prenatal care from many different places
  - Intention / unintended
  - Varying number of health risks
  - Little prepregnancy counseling
- Most women are satisfied with
  - ▶ Time of PNC entry
  - ▶ Wait time, time with doctor / nurses, quality of advice, respect
- Some topics are discussed broadly, others sparsely
  - ► Targeting discussions to specific audiences is not effective
- Adequacy of prenatal care can be measured by topics discussed
- Health care worker advice / counseling can make a difference!



## MI PRAMS Resources

- haakp@michigan.gov
- www.michigan.gov/PRAMS
  - ► Past annual reports
  - ► Fact sheets and newsletters
  - ► TOPIC MAP!!
- www.cdc.gov/PRAMS/PRAMStat



## MI PRAMS People

- ▶ MDHHS
  - ▶ Patricia McKane, DVM MPH
  - ▶ Chris Fussman, MS
  - ▶ Jill Hardy
  - Hannah Sauter
  - ▶ Jacob Paciorek
  - Anna Raykov
  - Mei You, MS
  - Carol Davis
  - Virginia Ganzevoort

- CDC
  - Nan Ruffo MPA
- Rutgers Bloustein Center for Survey Research (2016 -->)
  - Nancy Wolff
  - Vanessa Loyola | GriseldaVillanueva
- Michigan State University Office for Survey Research
  - **▶** (1987 2015)
- Larry Hembroff Survey Consulting

## Conclusion

- The mission of Michigan PRAMS is to <u>collect</u> high-quality data and <u>provide</u> analytic products that help <u>facilitate</u> positive changes for Michigan mothers and babies.
- ▶ If these results have been useful for you or your organization, please let us know! Your reports of how PRAMS data has been useful to your organization are vital to keeping PRAMS running.
- If you need different analyses to help make positive changes for the mothers and babies that you serve, please contact me!
- HaakP@Michigan.gov

Additional Figures:

Composite variables for prenatal care conversation topic coverage



