



# EXECUTIVE SUMMARY

The Michigan Pregnancy Risk Assessment Monitoring System (MI PRAMS) is an annual population-based survey of new mothers which assesses behaviors and experiences around the time of pregnancy. MI PRAMS is a collaboration between the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Health and Human Services (MDHHS). Our goal is to collect information that will help MDHHS reduce disparities and improve the health of all Michigan mothers, babies, and families. Numbers in these tables represent the experiences of the population of Michigan resident mothers who delivered live-born infants between January 1 and December 31, 2022.

## 2022 Operational Summary |

MI PRAMS web and mail data collection and analysis operations are housed within the Maternal and Child Health Epidemiology Section, a part of the Lifecourse Epidemiology and Genomics Division. Each year, MI PRAMS randomly selects about 3% of all Michigan mothers of live births for participation in the survey. We send out over 15,000 letters per year and make over 20,000 phone calls in our efforts to secure responses from over 55% of mothers selected (1-2% of all mothers for the year). A growing proportion of survey responses are being collected via web.



"The world is a lot different from when I was growing up. My mom talked to us a lot, spent time with us, and cooked all the time. I will do this with my kids but lots of people can not put in the time and it's hard to get the help if you need to work!"

-2022 MI PRAMS Mom

## Strengths of the PRAMS Method and Instrument |

To ensure that this data set is useful for the MDHHS's mission to help improve health and reduce disparities, MI PRAMS oversamples from among populations of special interest: mothers who have had a low-birthweight infant, and African American mothers. Random selection and high response rates ensure that MI PRAMS hears from a wide spectrum of Michigan mothers - from across the state and from all socioeconomic groups. The MI PRAMS survey asks about mother's life experiences before and during pregnancy and in the months since their baby was born.

## 2022 Birth Year Findings of Interest

Within the MI PRAMS 2022 Birth Year Maternal and Infant Health Summary Tables there are some topics that are of perennial interest and also data on relatively newer topics. Some 2022 findings of interest may be important to interpret against the backdrop of the changing (yet ongoing) COVID-19 pandemic. Findings from selected topics are highlighted below.

### Healthcare Utilization in the Year Before Pregnancy | [Tables 8a, 8b]

- The MI PRAMS team is again highlighting demographic tables for both those who said YES to "any healthcare visits in the year before pregnancy" and, importantly, demographics for those who answered NO.
- Adding this table allows for an easier at-a-glance evaluation of inadequate healthcare delivery during what turned out to be the pre-conception year. Although this information was able to be calculated by simple subtraction in years past, it is worth adding a table that more clearly conveys an unmet need. We see more clearly that just under half of non-white mothers in Michigan reported no healthcare visits in the year before pregnancy, compared to only a fifth of non-Hispanic white mothers.



"I was fortunate enough to hire a doula for my most recent pregnancy and birth. Without her, I would have been clueless about breastfeeding, my birthing options, and much much more. Doulas are typically expensive and inaccessible to many communities but offer a wealth of knowledge! Providing basic healthcare and education to new moms is an obstacle on its own, making it easily accessible is another."

-2022 MI PRAMS Mom

### Breastfeeding | [Tables 56-62,68]

- In 2022, 90.0 percent of mothers initiated breastfeeding. This represents an increase from the 71.0 percent who initiated in 2004 and an all-time high measurement for Michigan.
- Three-month breastfeeding duration in 2022 (62.3%) may represent the first year with a considerable increase in this measure in the six years since the 2015 birth year (55.5%).
- Table 68 contains a breastfeeding statistic that may have escaped notice before now. About one in eight Michigan mothers (11.8%) report that the statement "My baby received breast milk from a source other than me" was true for them. This has increased steadily from just 6.4% of mothers in 2016. Availability and awareness of breast milk as a community resource for mothers and infants may be increasing.

### Cannabis Usage | [Tables 41-43]

- The 2018 policy legalizing recreational marijuana use in Michigan was implemented in 2020. Mothers delivering in 2022 will have lived in a state where cannabis use was legal for the duration of pregnancy and much of the year before pregnancy.
- About one in four mothers (23.9) reported any use in the year before pregnancy; about the same proportion as in 2021 and an increase from 12.4 percent in 2016-2017.
- One in 12 mothers (8.4%) used marijuana during pregnancy; similar to what was reported in 2021 (9.5%) and an increase from just 3.1 percent of mothers in 2016-2017.
- One in nine mothers (11.4%) reported marijuana use since the birth of their new baby; a substantial increase from 4.8 percent in 2016-2017.

### Smoking and Electronic Cigarette Use During Pregnancy | [Table 36, 38]

- The proportion of mothers who reported any cigarette smoking in the final three months of their pregnancy reached another all-time low of 5.7 percent in 2022.
- This is down from almost one in five (17.8%) who reported late-pregnancy smoking in 2009.
- Use of electronic cigarettes before (2.9%) or during (1.1%) pregnancy was rare in 2016 but continues to grow more common with time (9.5% before and 3.9% during pregnancy in 2022).

### Plans for Infant Immunization | [Table 101]

- The proportion of mothers who plan to follow all of their physician's recommendations for infant immunization has continued a modest year-over-year decrease in the last six years (87.7% in 2016 and 78.7% in 2022). Still, the vast majority of Michigan mothers plan to follow their doctor's plan for this important public health behavior.

### Perinatal Mood and Anxiety Disorders | [Tables 7, 34 and 99]

- Depression remains prevalent before (20.4%), during (19.6%), and following (14.3%) pregnancy.
- Just over a third of mothers (34.0%) report anxiety in the three months before pregnancy, continuing a trend of steady year-over-year increase from just 15.5% in 2012.

### Health Insurance Coverage | [Table 1 and by pre- or post-pregnancy insurance status throughout]

- Due to an increasing proportion of women with Medicaid coverage, the proportion of mothers who had no insurance before pregnancy remains low. In 2012, 16.3 percent of mothers were uninsured in the month before pregnancy; this was down to 6.9 percent in 2020 and down even further to 4.8 percent in 2022.



"As an immigrant who lives here without family or friends (except my husband), it was very difficult for me to care for my babies all on my own. My husband works 60 hours a week, so he can't help me enough at home. In Europe women receive free help from a social worker. If I knew I would go through all of this without support I would not immigrate to America."

- 2022 MI PRAMS Mom

### Maternal Postpartum Care | [Tables 97 -98]

- One in ten mothers (9.8%) did not have a postpartum visit for themselves following pregnancy.
- While there is room for improvement in delivering this vital care to all new mothers, the 90.2% of mothers receiving postpartum care was similar to numbers seen in the pre-pandemic years (2016-2019). The 2020 and 2021 birth years saw fewer mothers (86.4% and 87.5%, respectively) receiving postpartum care for themselves.
- Among those who did have a postpartum visit in 2022, screening for postpartum opioid pain reliever use was rare (31.4%), as were tests for diabetes (21.0%) and discussions around ideal pregnancy timing (52.4%).
- Screening for depression (92.1%) and discussions about contraceptives (87.7%) were both common.



"There is no transportation. I had to use Uber for EVERYTHING since my husband was not here for most of my visits."

-2022 MI PRAMS Mom

### Unmet Basic Needs | [Tables 87-88]

- Over one in five mothers (21.5%) had at least one basic need such as food, housing, or transportation that was not met during pregnancy.
- About one in twelve (8.5%) had two or more unmet basic needs.
- These proportions may represent slight increases from unmet basic needs reported across the 2016-2021 birth years.

### Life Stressors | [Tables 85-86]

- Nearly seven in ten mothers (69.2%) experienced at least one of the significant life stressors asked about on Michigan PRAMS and summarized in Table 85.
- Housing insecurity is a persistent problem. About one in eight (13.1%) report that they had to live with a friend or family member in the year before baby was born, and 2.8% report that they experienced homelessness (i.e. they had to sleep outside or in a car or shelter).
- About the same proportion of mothers (2.7%) report that either they or their husband or partner went to jail in the year before delivery.



"My baby was always on the low end of the scale for size. There was a lot of stress, I moved away from my partner, had a new job. I was afraid and didn't have enough money. I spent 2 weeks in jail the month before I delivered. I believe she stopped growing at that time. Now she is petite but seems to be on target."

-2022 MI PRAMS Mom

### New Annual Topics | [COVID-19 Vaccine Decisions]

MI PRAMS asked about personal-level impacts of the COVID-19 pandemic for both the 2020 and 2021 birth years. For the 2022 birth year, MI PRAMS replaced these questions with a series asking about COVID vaccine coverage during pregnancy and reasons why mothers did not have COVID vaccine coverage. All COVID-related statistics asked on PRAMS are available upon request.

### For Additional Information |

The 2022 Birth Year Maternal and Infant Health Summary Tables as well as other Michigan PRAMS reports are available online at [www.michigan.gov/prams](http://www.michigan.gov/prams).

For more information about Michigan PRAMS or to discuss using Michigan PRAMS data to better support programs that help Michigan mothers and babies, contact the Michigan PRAMS Analyst Pete Haak ([haakp@michigan.gov](mailto:haakp@michigan.gov)).



"I was very relieved to know how much support I had from the state of Michigan when it came down to WIC and Medicaid."