



Pregnancy Risk Assessment Monitoring System

“The best source of data on babies and birthing people for over 30 years”



BACKGROUND:

PRAMS is an ongoing population-based surveillance system, sponsored in part by the Centers for Disease Control and Prevention. The survey is designed to supplement vital records data and to generate state-specific data for understanding population needs and planning and assessing perinatal health programs.

PURPOSE:

The PRAMS survey provides data about pregnancy and the first few months after birth. PRAMS is a unique source of data, and these data are not available from other sources. The survey results can be used to identify groups of birthing people and infants at high risk for health problems, monitor changes in health status, and measure progress toward improving the health of infants and birthing people in Washington.

Check out our updated PRAMS website: [Pregnancy Risk Assessment Monitoring System \(PRAMS\) | Washington State Department of Health](#)

PRAMS Phase 9 Launched June 2023

Thank you to all who participated in the Phase 9 Survey revision process in Summer 2022. Washington was able to add several new or continuing questions from partners and we continue to field the Prescription Opioid Supplement. The new survey was introduced in June 2023 for the 2023 birth cohort and will run for 4-6 years.

WASHINGTON PRAMS ADVISORY COMMITTEE

Are you a maternal child health advocate? A data champion for PRAMS? A voice for the communities we serve? Or just interested in learning more about PRAMS and how you can contribute? If YES, please consider joining the Washington PRAMS Advisory Committee.

DOH is looking to rebuild the Advisory Committee after a hiatus during COVID. Our goal is to bring together a 10–15-member multi-disciplinary advisory group that reflects the voices of community and public health professionals committed to improving the health and wellbeing of birthing people and infants in Washington. The Advisory Committee will provide input to DOH on the strategic direction and planning for the WA PRAMS survey and findings. This may include the development and selection of Washington-specific questions, data dissemination, and application of PRAMS findings.

Membership Expectations

- Meet 1-2 times annually, with in-person and virtual options
- Bring your experience, expertise, and interest to the work
- Be a PRAMS data champion with your colleagues and communities

I'm interested – what's next?

By December 1, 2023: Please tell us a little bit about yourself, complete an [Application here](#).

By December 31, 2023: DOH will review applications and respond to you.

February 8, 2024, 10:00 am to 12:00 noon: Please mark your calendars for the first meeting.

For more information, please go to the [WA PRAMS website](#) for the Advisory Committee Charter, survey questionnaires and methods, data use, and previous newsletters.

For questions or to request a mailed Application, please contact WAPRAMS@doh.wa.gov

DATA SPOTLIGHT

Washington State, like many states in the US, is experiencing an opioid crisis. Several sources point to an increase in opioid use, abuse and overdoses in our state. PRAMS began collecting use of prescription pain relievers (PPR) during pregnancy in 2019: here is our first look.

PRAMS COUNTY-LEVEL ESTIMATES PROJECT

WA PRAMS is collaborating with Centers for Disease Control and Prevention to develop county-level estimates of maternal and infant social determinants of health indicators. These key indicators will help us understand social conditions that may support or harm maternal and infant health. They may also help us pinpoint areas with the greatest opportunity for intervention.

We hope to have results to share by early 2024. Once the methodology is developed, we plan to produce county-level estimates for other PRAMS indicators.



NEW PRAMS DATA REQUEST SYSTEM

Check out our new PRAMS analytic resources and data request system!

Researchers and Public Health Professionals can now submit a [Data Request Form](#) online.

We also have new analytic resources on our [website](#). Check out the standard Phase 8 data dictionary and tips on how to analyze PRAMS data.

Questions? Please email WAPRAMS@doh.wa.gov

Between 2019-2021, 6.1% (C.I. 5.2-7.2) of PRAMS participants reported PPR use during pregnancy. The primary reason opioids are prescribed is to treat pain. Among those that indicated PPR use during pregnancy, 84.6% used their PPR as prescribed.

Misuse of PPRs can occur when a PPR is either not prescribed by a doctor and/or not used for pain management. **Misuse of PPRs was reported among 15.4% (C.I. 6.4-40.3) of birthing people who used PPRs during pregnancy,** including:

- 4.0% (C.I. 1.7-9.0) were not prescribed PPR but used it for pain
- 8.7% (C.I. 4.1-18.5) were prescribed PPR but did not use it for pain
- 2.7% (C.I. 0.6-12.8) were not prescribed PPR nor used it for pain

Misuse of opioid PPRs during pregnancy can lead to negative outcomes for the birthing person and their babies, including increased risk for maternal death, preterm birth, stillbirth, and neonatal abstinence syndrome. Early identification and treatment are critical for these families.

Coming Soon from Tribal & Urban Indian Partners

The American Indian Health Commission has been awarded state Foundational Public Health Service funds to design and implement an American Indian and Alaska Native (AIAN) PRAMS project in Washington. The goals of the project are to (1) assess the root causes, risks factors, and current indicators that contribute to disparities impacting AIAN Pregnant, Birthing and Postpartum People (PBPP); and (2) provide a process to understand how to eliminate inequities and their negative maternal and infant health outcomes. This will improve understanding, relationships, policies, and systems to benefit and build trust in AIAN PBPP, to eliminate health disparities, and to facilitate a new era with thriving, engaged and healthy PBPP, children, and families. The survey will be developed to respond to the concerns, issues, and needs expressed by Tribal leaders, community members, and service providers. The first year of the project includes planning, outreach, and promotion.

ACKNOWLEDGMENTS

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