



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 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, to monitor changes in health status, and to measure progress toward improving the health of infants and birthing people in Washington.

WELCOME to our first PRAMS newsletter! We hope this newsletter will be a rich source of information about PRAMS and a place to learn about important PRAMS program and related updates.

Please complete the [PRAMS Priority Topics Survey](#) by Monday, May 9, 2022. Information from this survey will inform our PRAMS Phase revision (see below). Other topics in our first newsletter include a few data highlights and a description of a new project which links PRAMS and hospital discharge data. We plan to send out a PRAMS newsletter 1-2 times per year. We welcome your feedback.

CURRENTLY IN PROCESS – PRAMS SURVEY REVISION

The current Phase 8 PRAMS survey is undergoing revision. This is the first revision in seven years and will include changes to the CDC core questions included in every state's PRAMS survey and Washington's state-selected questions.

This spring and summer, WA PRAMS is partnering with PRAMS data users to decide which state-selected questions to include in the Phase 9 PRAMS survey. Typically, Washington has space for about 10 state-selected questions. Below is our estimated timeline of the process.

Currently, WA PRAMS is gathering information from partners via the [PRAMS Priority Topics Survey](#). This information will help define Washington's PRAMS data needs and contribute to the prioritization of state-selected questions.

In late spring or early summer, we will send you the finalized Phase 9 core questions from CDC. We will invite your feedback on potential questions for the Phase 9 WA state-selected questions. Your organization will have the opportunity to propose the following:

- To continue a Phase 8 state-selected question onto Phase 9
- To continue a core Phase 8 PRAMS question removed by CDC
- To propose a question from CDC's bank of "standard" tested questions (this resource will be shared with you)
- To propose revisions to questions or response options
- To propose new questions for PRAMS

In late summer, we will finalize Washington's state-selected questions through a group prioritization and/or voting process. Afterward, we will test new questions (if needed) and format the hard-copy WA PRAMS survey. **Please note that due to a small sample size, at this time PRAMS data typically can only be used at the state and larger-county level.** Collection will begin in April 2023. We look forward to working with you! Please reach out if you have any questions at WAPRAMS@doh.wa.gov.

DATA COLLECTION IN PRAMS

- * Multiple mailings each month
 - * Preletter introducing the survey
 - * Mail survey packet
 - * Reminder/ Thank You letter
 - * 2nd survey packet for nonresponders
- * Telephone follow-up
 - * Up to 15 call attempts per phone number



PRAMS AND HOSPITALIZATION DATA LINKAGE PROJECT

In partnership with the Center for Health Statistics at Washington Department of Health, WA PRAMS is developing a linkage with data from the Comprehensive Hospital Abstract Reporting System (CHARS). The linked hospitalization data will include records from both the person giving birth and the infant, contributing to a better understanding of perinatal morbidity and related topics. We anticipate the linked data and data sharing processes will be ready by the end of 2022. Funding is provided by The Association of State and Territorial Health Officials (ASTHO) and the Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community.



HOW TO REQUEST PRAMS DATA

For Information on Washington PRAMS, please contact:

PRAMS Coordinator
Washington State Department of Health

Prevention and Community Health

PO Box 47835
Olympia, WA 98504-7835

Phone: 360-236-3576

Email: WAPRAMS@doh.wa.gov

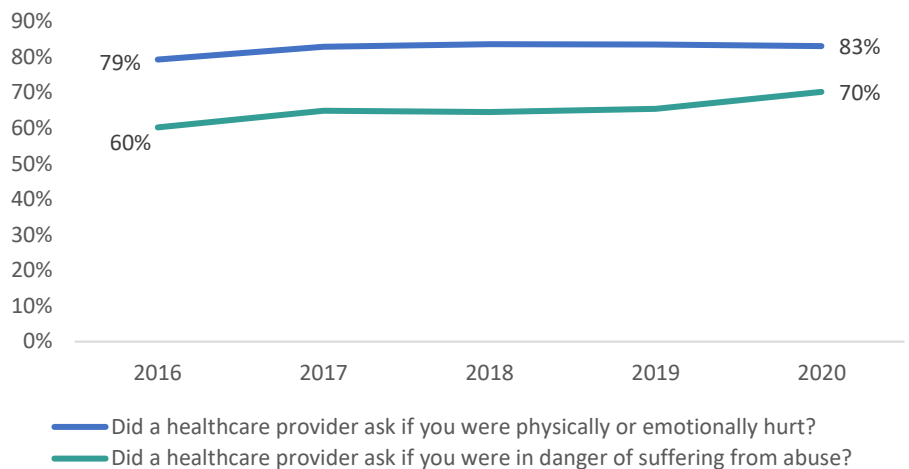
DATA SPOTLIGHT

PRAMS is dedicated to improving the health, safety, and well-being of infants and birthing people in Washington. Data collected from the PRAMS survey are used to inform many programs across the state that support these populations. Below are data from the PRAMS survey.

Percent of birthing people reporting depression prior to, during, and after pregnancy in 2020:

- 17% (C.I. 14-20) reported depression prior to pregnancy
- 16% (C.I. 13-19) reported depression during pregnancy
- 12% (C.I. 10-14) exhibited symptoms of postpartum depression

Additionally, an important point of contact where birthing people may receive care and support services is when they visit their health care provider. It is best practice for providers to inquire upon the safety of patients during each appointment. The chart below shows the results of these two questions from the PRAMS survey between 2016 and 2020. There was an increase in the percent of birthing people **reporting yes** to these questions across the four years.



PRAMS Supplements Currently in the Field:

- **Opioid Use:** The PRAMS Prescription Opioid Supplement collects state-level information on prescription opioid pain reliever use during pregnancy. The Prescription Opioid Supplement was implemented in 2019 in 32 PRAMS states/territories.
- **COVID-19 Vaccine:** CDC in cooperation from Council of State and Territorial Epidemiologists developed the supplement to collect Washington state data on experiences related to COVID-19, including vaccinations of pregnant and postpartum people. Findings will inform federal and state public health response activities.

ACKNOWLEDGMENTS

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