

West Virginia PRAMS 2017 Annual Report

Pregnancy Risk Assessment Monitoring System

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Introduction

Purpose of the Pregnancy Risk Assessment Monitoring System (PRAMS)

West Virginia PRAMS is a joint research project between the West Virginia Department of Health and Human Resources Office of Maternal, Child and Family Health and the Centers for Disease Control and Prevention (CDC). The project is an on-going, population-based surveillance system designed to identify maternal attitudes and experiences before, during and after pregnancy.

PRAMS was developed in 1987 by the CDC because infant mortality rates were not declining as rapidly as they had in previous years, and the number of low birthweight babies had changed little in the previous 20 years. Research indicates that maternal behaviors during pregnancy influence infant birthweight and death rates. The goal of PRAMS is to identify maternal risk behaviors that may affect both maternal and infant health.

Each month, approximately 200 mothers are randomly selected from the West Virginia Birth Certificate Registry and asked to participate in the PRAMS survey. All West Virginia mothers who have had a live birth have about a one in fourteen chance of being chosen two to four months after their baby's birth. Selected mothers are contacted first by mail and asked to complete a questionnaire; then, after several attempts by mail, the non-respondents are called and asked if they would like to participate by phone. After completion of the survey, each participant receives a special gift.

PRAMS provides data not available from other sources about pregnancy and the first few months after birth. This information can be used to identify groups of mothers and babies at high risk for health problems, to monitor changes in health status and to measure progress toward goals in improving the health status of mothers and infants. PRAMS information is also used by state and local governments to plan and review programs and policies intended to decrease poor health outcomes among mothers and babies.

Technical Notes

This Surveillance Report covers a variety of perinatal and infant health topics. West Virginia data were collected by the PRAMS questionnaire and West Virginia Vital Statistics in 2017. A new phase of the survey, Phase 8, was implemented in 2016 where new content was added, and some questions were removed. Selection of the questions was determined by input from the West Virginia PRAMS Steering Committee, including the PRAMS Director and Coordinator. Topics are broken down into several categories: family planning, prenatal care, pregnancy risk factors, infant health and care, maternal health and care and state-interest perinatal topics and services. Statewide yearly trend data are reported in graphs and charts throughout the report along with additional descriptive narrative.

It is important to remember that PRAMS data collected from the questionnaire are self-reported by participants. After data collection ends each year, survey data are linked with appropriate birth certificate data. The combined birth certificate/survey database is then weighted by the CDC to adjust for sample design, non-response and omissions in the sampling frame.¹ This weighted dataset is an estimation, reflective of West Virginia's PRAMS eligible population (i.e., residents who delivered a live infant during the survey year of interest). The data methods used by West Virginia PRAMS are standardized CDC protocols used by all participating PRAMS states.

Each participating states' survey is unique, as states have the ability to add or eliminate topics based on interest when developing their surveys. Previously each state had to reach a minimum 60% survey completion rate before data was considered substantial, currently that threshold decreased to 55% for valid data reporting purposes. PRAMS states not achieving the threshold minimum for a particular year are *not* included in the collective data. As of 2017, 47 US states and New York City, Puerto Rico, the District of Columbia and the Great Plains Tribal Chairmen's Health Board (GPTCHB) were participating in PRAMS. For more details concerning state participation and PRAMS data availability, visit <http://www.cdc.gov/prams/index.htm>.

A copy of the West Virginia PRAMS questionnaire is located in Appendix A for reference purposes.

¹ CDC PRAMS Methodology: <http://www.cdc.gov/PRAMS/methodology.htm>

West Virginia PRAMS Highlights

Family Planning

- 25.7% of mothers responded that their pregnancy was unintended.²
- 62.9% of mothers reported not using contraception at the time of conception when they weren't trying to become pregnant.

Prenatal Care

- 88.6% of mothers initiated prenatal care in the 1st trimester of pregnancy.
- 94.1% of mothers were asked during their prenatal care visits if they were smoking.
- 86.4% were asked if they planned to use birth control after their new baby was born.
- Mothers responded that the most common conversation they had with their prenatal care was – *“medicines that are safe to take during my pregnancy”*

Risk Factors

- 18.6% of all mothers smoked during the last 3 months of pregnancy.
- 18.9% were not advised to quit smoking during any of their prenatal care visits.
- 2.2% said they used e-cigarettes during the last 3 months of their pregnancy.
- 41.5% of mothers drank alcohol during the 3 months prior to pregnancy.

Infant Health and Care

- 89.7% of infants were placed to sleep on their backs.
- 69.9% of mothers reported their infants *always* slept alone in their own crib or bed.
- 72.4% of mothers initiated breastfeeding.
- 91.6% of mothers reported smoking isn't allowed anywhere inside their home.

Maternal Health and Care

- 85.5% of mothers used contraception postpartum, birth control pills is the most common method used.
- 88.1% of mothers went in for their postpartum checkup.
- 64.4% of mothers did not have their teeth cleaned during their pregnancy.
- 90.8% of mothers did not have gestational diabetes during their pregnancy.

² The phrase “wasn't sure what I wanted” previously was included in unintended pregnancies data until Phase 8. 2016 annual report data to present is comparable.

PRAMS 2017 Maternal Demographics

Characteristic	PRAMS Eligible Population*		PRAMS Survey Participants	
	Population Size*	Percent	Respondents [†]	Estimated Percent [‡]
Total	16,096	--	699	--
Age (years)				
<20	1,314	8.2	54	8.2
20-24	4,787	29.7	188	25.6
25-34	8,288	51.5	380	55.4
35+	1,707	10.6	77	10.9
	16,096		699	
Race				
White	14,533	90.7	635	92.3
Black	547	3.4	28	3.2
Hispanic	336	2.1	11	1.1
American Indian	14	0.1	1	0.2
Asian/Pac. Islander	177	1.1	5	0.7
Other/Mixed	422	2.6	17	2.5
	16,029		697	
Annual Household Income				
<\$16,000	--	--	197	30.0
\$16,001-\$40,000	--	--	175	31.4
\$40,001-\$85,000	--	--	125	23.1
≥\$85,001	--	--	85	15.5
			582	
Education (yrs.)				
<12	2,227	13.9	89	13.6
12	5,184	32.4	232	33.7
>12	8,586	53.7	375	52.7
	15,997		696	

Characteristic	PRAMS Eligible Population*		PRAMS Survey Participants	
	Population Size*	Percent	Respondents†	Estimated Percent‡
Marital Status				
Married	8,469	52.9	339	52.4
Unmarried	7,546	47.1	357	47.6
	16,015		696	
Birthweight§				
LBW (<2,500 g)	1,398	8.7	276	8.7
NBW (≥2,500 g)	14,697	91.3	423	91.3
	16,095		699	
Parity				
1 st Birth	6,079	37.9	282	38.1
2 nd or later	9,970	62.1	413	61.9
	16,049		695	
Delivery payment method				
Medicaid	--	--	412	60.9
Other	--	--	265	39.1
			677	

*PRAMS Eligible Population = all West Virginia mothers who gave birth to a live-born infant in a referenced year (2017). These data are taken from West Virginia Vital Statistics Birth Certificate information.

†Respondents = the actual number of mothers who fall into the referenced demographical group who participated in the survey.

‡Estimated Percent = the number of mothers who would fall into a demographical group if the survey were given to all PRAMS eligible mothers. These values are determined by weighting PRAMS respondents' data.

§Low Birthweight is considered a baby born weighing less than 5 pounds 8 ounces or less than 2,500 grams. Normal Birthweight is a baby born weighing 5 pounds 8 ounces or more or 2,500 grams or more. LBW = Low Birthweight; NBW = Normal Birthweight.

Family Planning



Pregnancy Intention

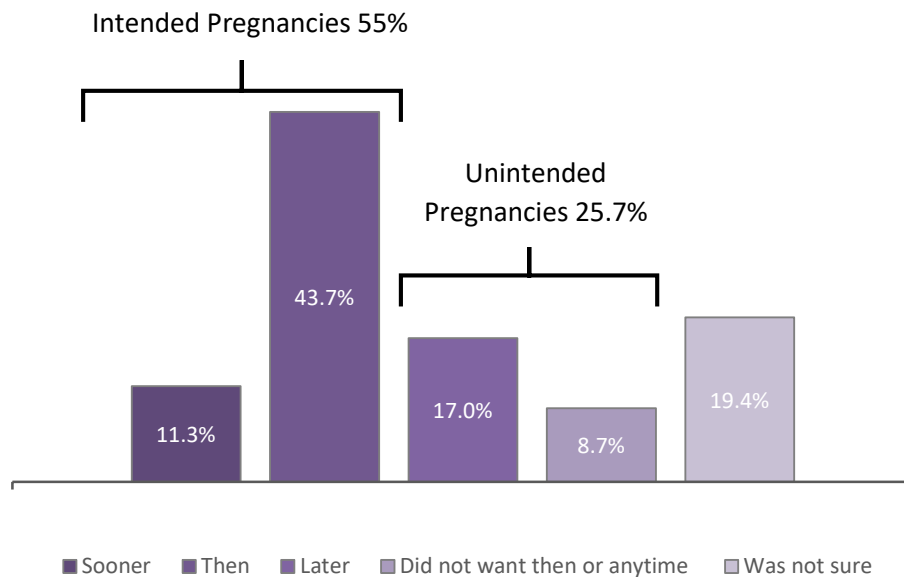
An unintended pregnancy is a pregnancy that is mistimed, unplanned or unwanted at the time of conception. Unintended pregnancies are associated with an increased risk of problems for the mother and baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. For example, a woman with an unintended pregnancy may delay prenatal care that may potentially lead to an adverse pregnancy outcome.

PRAMS asks mothers how they felt about becoming pregnant with their most recent baby. Those mothers who reported they wanted to be pregnant “later”, “didn’t want to be pregnant at any time in the future” were grouped as having an unintended pregnancy. Mothers who reported wanting to be pregnant “sooner” or “then” were grouped as having an intended pregnancy. Mothers who reported “I wasn’t sure what I wanted” were classified as unsure.[±]

West Virginia’s prevalence of unintended pregnancy was 25.7% in 2017 (**Figure 1**). Mothers were *more likely* to report an unintended pregnancy if they had some high school education, 17 years or younger, or those who had a household income of \$20,000 or less (**Figure 2**).

Question 13: Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

Figure 1.



[±]The phrase “wasn’t sure what I wanted” was previously included in unintended pregnancies. 2016 report data to present is comparable.

Figure 2.

Demographics of Mothers' Pregnancy Intention



Preconception Contraception Use

The best way to decrease the risk of unintended pregnancy among women who are sexually active is to use effective birth control correctly and consistently.

PRAMS wanted to find out if mothers who said they were not trying to get pregnant were using some form of birth control at the time of their conception.

In 2017, 45.2% of mothers stated they were trying to become pregnant at the time they became pregnant compared to the 50.1% in 2016. Among the mothers who reported they were not trying to get pregnant during their current pregnancy, only 37.1% were using contraception prior to pregnancy (**Figure 3**). Mothers were *more likely* to report higher rates of no contraception use prior to pregnancy if they were Black/African American, received some college education, were less than or equal to 17 years of age and slightly higher among mothers with a household income of \$20,001-\$40,000 compared to those with a household income of less than or equal to \$20,000 (**Figure 4**).

Question 16: When you got pregnant with your new baby, were you trying to get pregnant?

Question 17: When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

Figure 3.

