

West Virginia Pregnancy Risk Assessment Monitoring System (PRAMS)

2017 Statistics

- ✓ 31.8% of the pregnancies that resulted in a live birth in West Virginia were unintended, meaning the mother was unsure what she wanted, pregnancy was wanted later or not at all.
- ✓ 88.6% of mothers received prenatal care in the first 3 months of pregnancy.
- ✓ 18.6% of mothers smoked during the last trimester of pregnancy.
- ✓ 72.4% of mothers breast-fed their infants for at least some period of time.
- ✓ 89.7% of infants were placed on their back to sleep.

For more information:

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What is PRAMS?

WV 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.

How are PRAMS data collected?

All West Virginia women who have had a live birth have a one in fourteen chance of being chosen 2-4 months after their baby's birth. Each month, approximately 200 women are randomly selected from the West Virginia Birth Certificate Registry and asked to participate in the PRAMS survey. Names are randomly selected, like in a lottery, and no other factors cause a mother to be chosen.

Selected women 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.

Why Does PRAMS exist?

PRAMS was developed in 1987 by the CDC because infant mortality rates were no longer 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 has indicated that maternal behaviors prior to 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.

How are PRAMS data used?

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 women and babies at high risk for health problems, to monitor changes in health status and to measure progress towards goals in improving the health of mothers and infants.

PRAMS information is also used by state and local governments to plan and review programs and policies aimed at reducing health problems among mothers and babies.

PRAMS data are used by West Virginia agencies to identify other sources that have important contributions to make in planning maternal and infant health programs and to develop partnerships with these agencies.

