

Introducing PRAMS to North Dakota: Helping Children Find the Right Start

A baby is born in North Dakota every hour (8,179 live births in 2004). A baby is born to a teenage mother every 14 hours and every 16 hours a baby is born with a low birthweight.



*It's About Mothers
and Babies*

North Dakota 2002 PRAMS Data Highlights (mothers with a live birth)

46% of mothers did not take a multivitamin at all in the month before they became pregnant

31% of mothers were overweight or obese just before they became pregnant (based on Body Mass Index)

36% of babies were unintended pregnancies

20% of mothers who delivered did not get prenatal care in the first trimester

57% of mothers did not go to a dentist or dental clinic during the pregnancy

26% of mothers smoked in the 3 months before they got pregnant; 16% of mothers were smoking during the last 3 months of pregnancy

72% of mothers breastfed their baby after delivery; 42% of mothers breastfed at least 12 weeks

5% of babies were born at a low birthweight (5 lb. 8 oz. or less); 11% of babies were placed in a neonatal intensive care unit



National KIDS COUNT strives to enhance discussions concerning ways to secure better futures for children. Through its Right Start for America's Newborns program, it focuses on how the circumstances and conditions under which a baby is born have lifelong implications. An exciting program mirrors this goal of helping children find the right start - the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS provides valuable information about mothers' experiences before, during, and after pregnancy.

What is PRAMS?

PRAMS is part of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birthweight. It was designed to help state health departments establish and maintain a system to learn about maternal behaviors and experiences. Because PRAMS provides data about pregnancy and the first few months after birth, the information can be used to design health programs and policies, help health care workers improve care, and make better use of health resources. The benefits include improving mothers' experiences during pregnancy, achieving positive birth outcomes, and paving the way for healthy child development.

How does PRAMS collect information?

In participating states, a portion of mothers who delivered a live infant is randomly selected each month from the state birth certificate registry and asked to complete a survey. The survey asks the mother about her feelings about becoming pregnant, her prenatal care, her behaviors, and her experiences. All answers given on the survey are kept confidential and are grouped together to result in generalizable statewide data.

North Dakota's history with PRAMS

North Dakota was one of the first states to receive funding from the CDC to implement a "point-in-time" study, with the goal of improving the health of mothers and babies in the state. North Dakota PRAMS was a cooperative project between the North Dakota Department of Health, the North Dakota State Data Center (NDSDC), and the CDC. The NDSDC conducted the study in 2002 and collected data from 909 North Dakota mothers who had delivered babies that same year. In addition to the complete results published in 2004, the NDSDC will be releasing a series of PRAM-O-GRAM fact sheets in 2006 highlighting findings from the study in areas such as pregnancy intendedness, prenatal stress, infant health characteristics, breastfeeding, and health services utilization. To see the full report *North Dakota PRAMS - 2002 Survey Results* as well as PRAM-O-GRAM fact sheets as they become available, visit www.ndsu.edu/sdc/ndprams.htm.

What mothers participating in 2002 PRAMS in North Dakota had to say:

“I think more education should be done on the importance of multivitamins and especially folic acid during childbearing years. Not enough women know the importance of this.”

“I have endometriosis, I was on the pill and I got pregnant. I am thrilled that our daughter is here and healthy!”

“I couldn’t get a [prenatal care] appointment earlier in my pregnancy.”

“The dentist that I went to never told me to take a lot of calcium when I was pregnant with my 4-year-old.”

“I am a high school teacher and I see a lot of young girls who are pregnant and have no knowledge of how to care for babies.”

“To all pregnant mothers or women with other small children. DO NOT take any physical or mental abuse from [your] spouse or partner. You don’t deserve it.”

“I developed gestational diabetes with this baby. I was really scared for my baby and myself at first because I didn’t know how common this was.”

“I would like to say... please tell mothers never to smoke, drink, do drugs when pregnant.”

“I was very upset that the hospital [fed] my baby formula even though they knew I was planning on breastfeeding.”

“I think doctors or nurses or whoever should help other pregnant women understand and deal with post-partum blues; I’m still struggling with it.”

“I never realized the importance, never even thought about things like these until I had my baby. Now I read books, ask lots of questions – it’s a huge responsibility having a baby. Yet also very rewarding at the same time.”

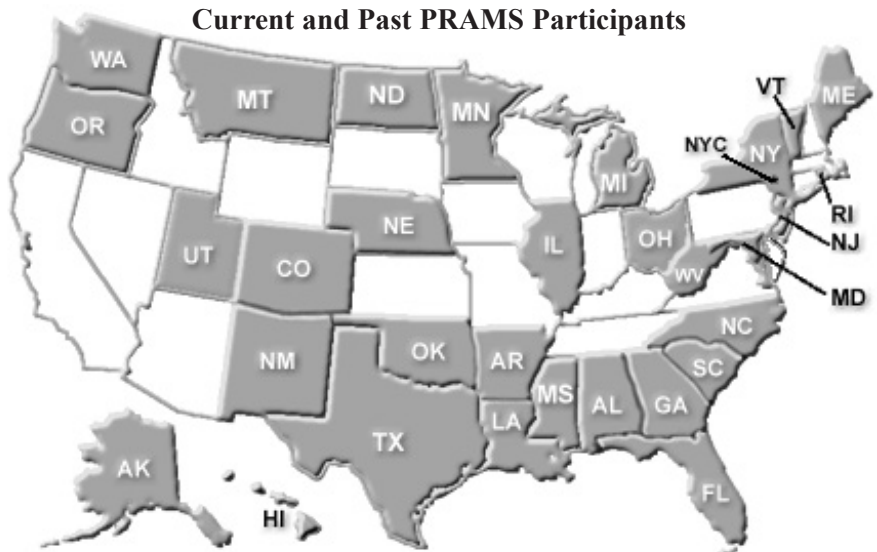
Why PRAMS?

Research indicates that there are poorer birth outcomes among mothers in certain groups in North Dakota, such as Native Americans, Medicaid recipients, and WIC recipients. In an effort to promote educational campaigns and influence public policy which can positively impact the health of these populations and all North Dakota mothers, it is necessary to have accurate and reliable information to share with legislators, tribal leaders, and health care providers. 2002 PRAMS provides information on topics including:

- use of multivitamins among women before pregnancy
- unintended pregnancy
- access to prenatal care and dental care
- weight gain during pregnancy
- stressful events experienced during pregnancy, including physical abuse
- tobacco and alcohol use before, during, and after pregnancy
- breastfeeding and infant care practices

These data can be explored using dimensions such as the mother’s age, race, weight, previous birth status, and Medicaid or WIC recipient status. Statewide data relating to morbidity, access to care, and preventive health practices are not readily available from sources other than PRAMS. The PRAMS surveillance system offers an opportunity to link PRAMS data with vital records, establish trendlines, and compare data with other participating states. Reports presenting combined states’ results are available on the CDC’s website at www.cdc.gov/PRAMS/. PRAMS data can be used for making informed decisions that enhance the quality of life for all North Dakota mothers and babies, reduce the financial costs of poor birth outcomes, and enable children to reach their full potential.

Current and Past PRAMS Participants



National PRAMS Website: www.cdc.gov/PRAMS/
North Dakota PRAMS Website: www.ndsu.edu/sdc/ndprams.htm
KIDS COUNT Right Start Online: www.aecf.org/kidscount/rightstart/
North Dakota Department of Health: www.ndhealth.gov
North Dakota Division of Vital Records: www.ndhealth.gov/vital