



April 2017

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a population-based risk factor surveillance system jointly sponsored by the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). The purpose of PRAMS is to find out why some babies are both healthy and others are not. To do this, PRAMS asks a sample of Wyoming women who had a live birth infant in the past two to six months, questions about their experience and behaviors before, during, and shortly after pregnancy.

PRAMS Mission: To promote the collection, analysis, and dissemination of population-based data of high scientific quality and to support the use of data to develop policies and programs in order to decrease maternal and infant morbidity and mortality.

Visit our WY PRAMS website for more information:

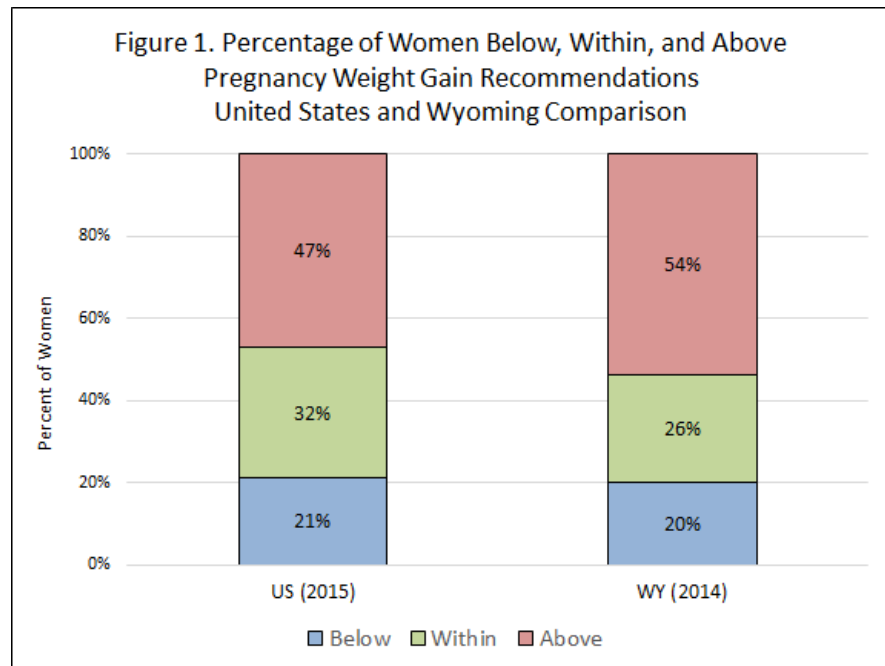
<https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/mch-epi/pregnancy-risk-assessment-monitoring-system-prams/data/>

Wyoming PRAMS: Maternal Prepregnancy BMI and Weight Gain

According to the Centers for Disease Control and Prevention (CDC), “gaining less than the recommended amount of weight in pregnancy is associated with delivering a baby who is too small.”¹ Infants that are born too small may have more difficulty breastfeeding, meeting developmental milestones for their age, and could be at higher risk for illness.¹ Conversely, women who gain too much weight during their pregnancy are at higher risk of having an infant that is born too large. Risk factors for both mother and infant include delivery complications and cesarean delivery.¹ After delivery, excessive maternal weight gain may contribute to an overweight or obese status for the mother. An infant born too large may also be at higher risk for obesity during childhood.¹

Seventy-one percent (71.4%) of Wyoming women reported that their health provider discussed maternal weight gain during their pregnancy visit, ranking this topic fifth, behind safe medicines during pregnancy (89.1%), birth defect screening (88.3%), breastfeeding (79.4%), and preterm labor signs (78.5%) (WY PRAMS, 2012-2014).

How did Wyoming women compare to U.S. totals for maternal weight gain? About one-third of women in the U.S. (2015) were within range of their pregnancy weight gain recommendations as compared to one quarter of Wyoming women (2014).³ In 2015, slightly less than half of U.S. women were above the recommendation as compared to 54% of Wyoming women (2014) (Figure 1).



Maternal Prepregnancy BMI and Weight Gain Trends

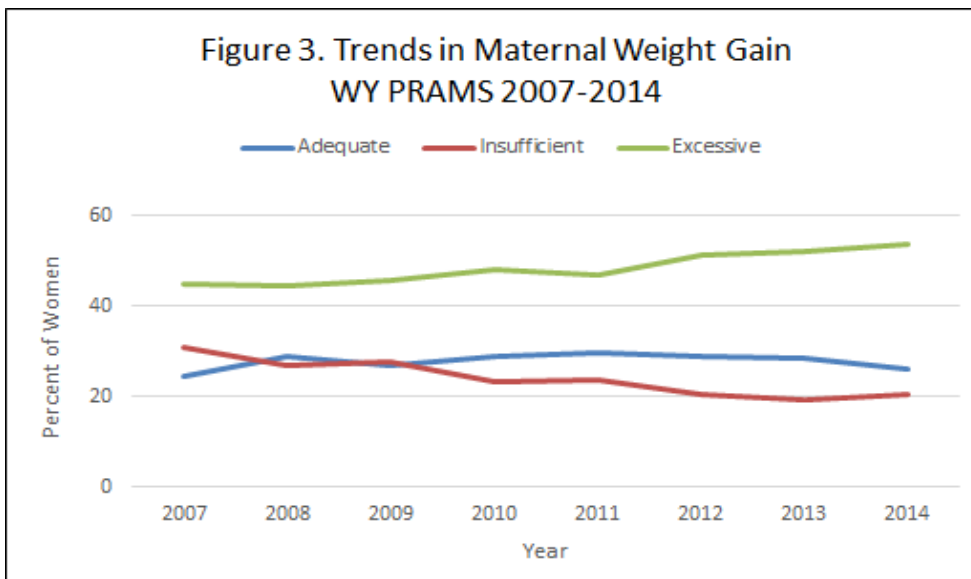
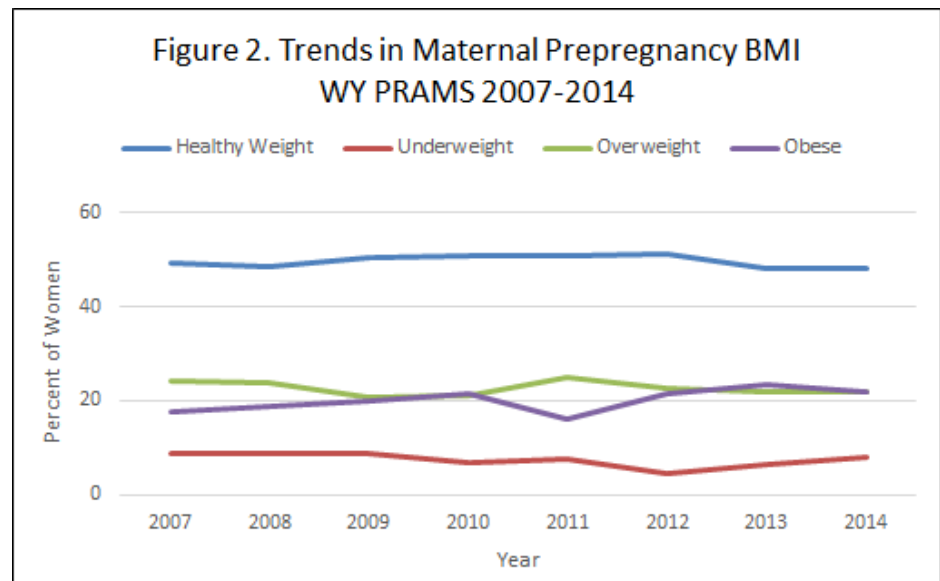
Perhaps the most interesting way to examine maternal prepregnancy BMI and maternal weight gain data is by looking over time, in this case, using eight years of WY PRAMS data (2007-2014). Figure 2 provides a visual for trends in maternal prepregnancy BMI while Figure 3 illustrates changes in maternal weight gain over the same period.

Changes over time in maternal prepregnancy BMI were not significantly different over the eight year period presented in Figure 2, at right.

However, as observed in Figure 3, the percent of women with excessive weight gain increased from

44.7% (2007) to 53.7% (2014). Those with insufficient weight gain decreased from 30.8% (2007) to 20.3% (2014). Overall, changes in the maternal weight gain trends during this

period were statistically significant.



Resources

The Institute of Medicine's *Weight Gain During Pregnancy: Reexamining the Guidelines* (2009)⁴ provides public health professionals with recommendations for weight gain during pregnancy, based upon prepregnancy BMI. Also provided are five *recommendations for action* including the need for national routine surveillance of weight gain during pregnancy and postpartum weight retention. To achieve this goal, all states should adopt the revised version (2003) of the birth certificate which includes the fields needed [maternal

prepregnancy weight, height, weight at delivery, and age at the last measured weight] to measure maternal prepregnancy weight and BMI (Wyoming did so beginning in 2006). As noted by the committee, *“all states should strive for 100 percent completion of their fields on birth certificates and collaborate to share data, thereby allowing a complete national picture as well as regional snapshots.”*⁴

- (1) Centers for Disease Control and Prevention. Weight Gain During Pregnancy. Accessed 04/27/2017 at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm>
- (2) Source: 2015 National Vital Statistics System birth data. Accessed 04/27/2017 at <https://www.cdc.gov/nchs/nvss/births.htm>
- (3) WY PRAMS from 2014 is the most recent year available. WY PRAMS 2015 data is expected during Summer 2017.
- (4) Institute of Medicine (2009). Weight Gain During Pregnancy: Reexamining the Guidelines. Access 04/28/2017 at <http://nationalacademies.org/hmd/reports/2009/weight-gain-during-pregnancy-reexamining-the-guidelines.aspx>

Our goals with WY PRAMS continue to be to:

1. To work with YOU to disseminate data from WY PRAMS
2. To inform WY stakeholders, programs, and policies.
3. To conduct and present analyses of WY PRAMS data pertaining to priorities of stakeholders and programs across the state.

If you would like more information please contact the WY PRAMS Project (wdh-wyprams@wyo.gov)

To Subscribe to the WY PRAMS Listserv: Please encourage anyone you feel would be interested in participating in PRAMS activities to subscribe to the Wyoming PRAMS Listserv. To subscribe, send an email to sympa@lists.health.wyo.gov. In the subject line of the email please type "subscribe wyoprms", and in the body of the email, please provide your first and last name.

To unsubscribe send an email to sympa@lists.health.wyo.gov. In the subject line of the email please type "unsubscribe wyoprms", and in the body of the email please provide your first name and last name.