Wyoming PRAMS

July 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/

The Importance of Postpartum Contraception

While consensus has not been reached regarding the *ideal* period of time between a live birth and the next pregnancy (the interpregnancy interval or IPI), experts agree that a short IPI (less than 18 months) or long IPI (greater than 60 months or more) can increase the risk of a variety of pregnancy complications and adverse health outcomes, including preterm birth, low birthweight, and small for gestational age.[1] Mediating factors of both short and long IPI's include maternal age and socioeconomic status.[1]

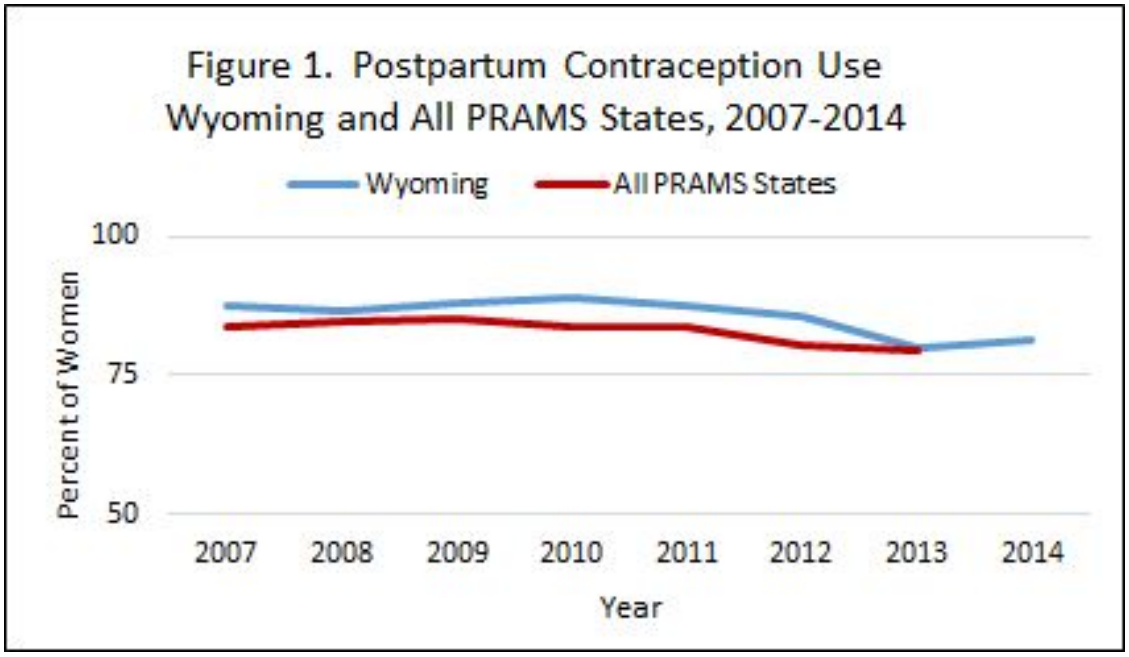
The May PRAMS listserv post focused on the levels of effectiveness of postpartum contraception used by Wyoming women. Demographic factors such as maternal age and

education were discussed. This issue continues the discussion focusing on trend analysis (2007-2014) of postpartum contraception use.

More information about recommendations for the use of contraceptive methods during the postpartum period can be accessed in the Center for Disease Control and Prevention Morbidity and Mortality Weekly Report (2011), "*Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period*", available here.

Wyoming PRAMS: Postpartum Contraception Trends

Use of postpartum contraception in Wyoming has decreased from 87.3% (2007) to 81.6% (2014), representing a statistically significant[2] decrease across the period. Data from other PRAMS states also reflect the downward trend from 83.7% (2007) to 79.7% (2013)[3], representing a decline of over 4.0% in postpartum contraception use (Figure 1, below).



To understand more about change in postpartum contraception use by Wyoming women, PRAMS analysts examined a variety of demographic factors including race/ethnicity (non-Hispanic White, Native American, Other, Hispanic), maternal age (<20, 20-24, 25-29, 30-34, >34 years), maternal education (<12 years, 12 years, 12+ years), marital status, and the type of prenatal insurance.[4]

Postpartum Contraception Use by Demographic Characteristics, Wyoming PRAMS (2007-2014)

A statistically significant decrease was observed in the use of postpartum birth control among non-Hispanic White women over the eight-year period (2007-2014). The proportion of women who used postpartum birth control was relatively steady from 2007 through 2012, ranging from a low of 87.1% to a high of 89.6%. In 2013, this proportion decreased to 80.8% and rose only slightly in 2014 (82.2%). Similar but not statistically significant declines occurred in 2013 and 2014 among the Native American population. No difference was found in the use of postpartum contraception among Hispanic women during this period.

Maternal Age: When maternal age was examined over the eight-year period, a significant decline was observed in the proportion of women aged 25-29 who reported that they used postpartum birth control. Closer examination of this age group revealed levels ranging from a low of 86.2% (2007) to a high of 93.5% (2010). In 2013, a decrease was observed that reduced the total to 84.2% and in 2014, this decrease continued to 81.2%. No other age categories showed significant multi-year differences across this period.

Maternal Education: Interestingly, there was no difference in postpartum contraception use across the eight-year period for women who had either less than a high school degree or who had attained a high school diploma/GED. However, women with some college experienced a statistically significant decline in postpartum contraception over the period. From 2007 through 2012, little variation occurred in the proportion of women who used postpartum contraception, averaging at about 88.5% across the period. But in 2013 and 2014, the percentage declined to 81.9% and 79.3% respectively. This decline is statistically significant.

Marital Status: No changes were observed between 2007 and 2014 for women who reported that they were married. For unmarried women, proportions of those reporting postpartum birth control use were steady from 2007 (87.5%) through 2011 (86.4%). However, beginning in 2012, a decline was observed with the total proportion decreasing to 84.7% and continuing in 2013 to a low of 80.5%. The year 2014 showed a slight increase to 81.8%.

Prenatal Insurance[5]: Finally, women who reported that their prenatal care was covered by Medicaid showed significant declines in postpartum contraception use over the 8-year period. With proportions relatively steady from 2007 (85.9%) to 2012 (88.4%), 2013 showed a decrease (82.6%) that continued in 2014 (80.7%).

Only 6 years of data (2009-2014) were available for women who reported having private insurance from either their or their partner's place of employment. This group also experienced a significant decline in postpartum contraception use. Levels of reported use decreased from 89.4% (2009) to 82.6% (2014).

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(1). Copen CE, Thoma ME, Kirmeyer S. (2015). Interpregnancy Intervals in the United States: Data from the Birth Certificate and the National Survey of Family Growth. National Vital Statistics Reports. 64(3):1-11. Accessed 06/21/2017 at https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_03.pdf

(2). p=<0.0001.

(3). Data for other PRAMS states for 2014 has not been released.

(4). Information regarding postpartum insurance was only available in PRAMS Phase 7 (2012 - 2014). Data regarding prenatal insurance is available throughout the period of interest (2007-2014).

(5). Due to minor changes in PRAMS questions regarding insurance coverage, data for some categories of prenatal insurance was only available from 2009-2014.

Additional Resources: MMWR (2011). Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised recommendations for the Use of Contraceptive Methods During the Postpartum Period. *Centers for Disease Control and Prevention*. 60(26):878-883.

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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)

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