



May-June 2018

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 born 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.

For more information about the WY PRAMS visit our [website](#).

For more information about PRAMS including questionnaires, methodology, participating states, data to action and publications, visit the [CDC website](#).

PRAMS 2016 Data Highlights: Drug Use Before Pregnancy

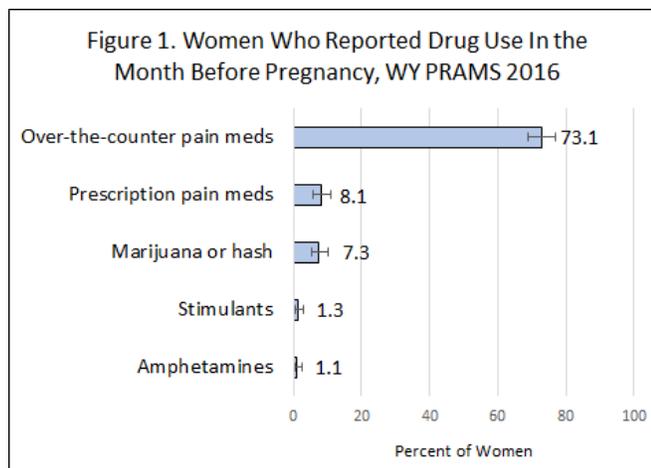
The Wyoming PRAMS team was pleased to receive the first year (2016) of Phase 8 weighted data from the CDC in March of 2018, and we are working hard to examine both existing and new questions for Wyoming moms.

While many questions remain the same, Phase 8 included new questions in several important areas: breastfeeding practices in hospitals, electronic cigarette use before and during pregnancy, food insecurity during the prenatal period, and drug use before pregnancy. This month we will highlight data on drug use before pregnancy.

Drug Use Before Pregnancy in Wyoming

2015-2016 data from The Substance Abuse and Mental Health Services Administration's *National Survey of Drug Use and Health (NSDUH)* revealed that 4.6% of Wyoming adults (both genders, aged 18+) reported the misuse of pain relievers¹ while 6.3% reported marijuana use in the past month.²

According to 2016 PRAMS data (Figure 1), 8.1% of new mothers in Wyoming reported that they used prescription pain medicine³ in the month before pregnancy, while 7.3% reported using marijuana or hash during the same period. A small percent of women also reported using stimulants and amphetamines in the month before pregnancy.⁴



Prenatal substance abuse is associated with a number of adverse outcomes for both the mother and infant. Women have an increased risk of miscarriage and preterm delivery. Their infants are at increased risk of low birth-weight, neonatal abstinence syndrome, and cognitive as well as motor delays. Much is still not known about long-term outcomes for children exposed to teratogens in the womb.⁵⁻⁶

PRAMS staff recently collaborated with the Behavioral Health Division of the Wyoming Department of Public Health to present “*Prenatal Substance Use in Wyoming: Evidence and Impact*” through the University of Wyoming ECHO Network. The session was taped and is available for viewing at through the following link:

<http://www.uwyo.edu/wind/echo/behavioral-health/index.html>

This and many more presentations pertaining to the use of opioids in Wyoming are available for public health professionals through the University of Wyoming ECHO portal. The link to other offerings follows: <https://wind.catalog.instructure.com/>.

(1). The NSDUH defined misuse of prescription psychotherapeutics as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

(2). State Reports from the 2016 National Survey on Drug Use and Health. Accessed 06/29/2018 at <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/state-reports-NSDUH-2016>

(3). While PRAMS asks new moms about the use of prescription pain relievers, their responses do not necessarily indicate *abuse* of these medicines.

(4). PRAMS also asks about synthetic marijuana; heroin; cocaine; tranquilizers, hallucinogens; sniffing gasoline, glue, aerosols, and huffing. Women are also questioned about their use of drugs prescribed in the treatment of addiction such as methadone, naloxone, subutex, and suboxone. While the number of women reporting use is too low to include in this summary, future years of data collection will add to our body of knowledge regarding maternal use of these and other drugs as we combine multiple years of data.

(5). Behnke M & Smith VC (2013). Prenatal Substance Abuse: Short- and long-term Effects on the Exposed Fetus: Technical Report. American Academy of Pediatrics. *Pediatrics* 131(3):1009-1024.

(6). The American College of Obstetricians and Gynecologists. Tobacco, Alcohol, Drugs, and Pregnancy. Accessed 06/06/2018 at <https://www.acog.org/Patients/FAQs/Tobacco-Alcohol-Drugs-and-Pregnancy>

More PRAMS 2016 results will be forthcoming!

Our goal with WY PRAMS continues 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 wyoprams", 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 wyoprams", and in the body of the email please provide your first name and last name.