



PRAMS September 2019

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](#).

Postpartum Visits: Optimal Care for Mother and Infant.

The Healthy People 2020 postpartum visit target for the nation is to *increase the proportion of women giving birth who attend a postpartum care visit with a health care worker* from 90.1% (2012) to 90.8% (2020).¹ According to Wyoming PRAMS data (2016-2017), Wyoming has already exceeded the Healthy People 2020 goal, with 91.5% of women who recently had a live birth reporting that they had a postpartum visit.

In 2018, The American College of Obstetricians and Gynecologists (ACOG) issued a new Committee Opinion² addressing the need to optimize postpartum care for all women. They suggest that the postpartum period was important enough to be considered *the fourth trimester*, and encouraged a new paradigm for postpartum care which includes ongoing care, as opposed to a single encounter, as the norm.

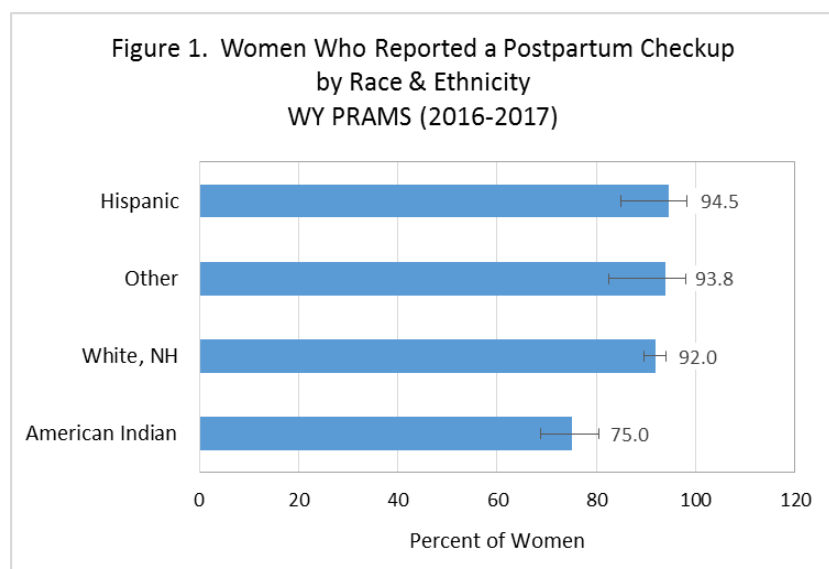
¹ Office of Disease Prevention and Health Promotion. Healthy People 2020. Accessed 08/09/2019 at <https://www.healthypeople.gov/>

² American College of Obstetricians and Gynecologists (2018). Optimizing Postpartum Care. Committee Opinion Number 736 (May 2018). Accessed 08/09/2019 at <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co736.pdf?dmc=1&ts=20190222T1814547421>

Recommendations include an initial visit no later than 3 weeks postpartum, with the final visit being a *comprehensive postpartum visit no later than 12 weeks after birth*.³ Within this period, ACOG advises that support for the new mother should include counseling about control of chronic diseases, breastfeeding information and support, as well as pregnancy spacing and contraception options. If the woman experienced a miscarriage, fetal death, or neonatal death, she should be placed in contact with her obstetric provider. Finally, an assessment of physical, social, and psychological well-being should be completed on all women.⁴

PRAMS Data Update: Postpartum Visits in Wyoming

While the proportion of Wyoming women who receive a postpartum visit (91.5%) is higher than the Healthy People 2020 target (90.8%), not all Wyoming women benefit equally from this achievement. Prevalence of postpartum visits vary by race, with American Indian women significantly less likely to report a postpartum visit (75.0%) when compared to women of other race and ethnicities (Figure 1).



Women who are living in poverty (<185% of the Federal Poverty Level) were less likely to report a postpartum visit as compared to women whose incomes exceeded 185% (88.0% vs. 95.5%).

There were no differences in the proportion of women receiving a postpartum visit reported by maternal age, education, insurance type, pregnancy intention, or parity.

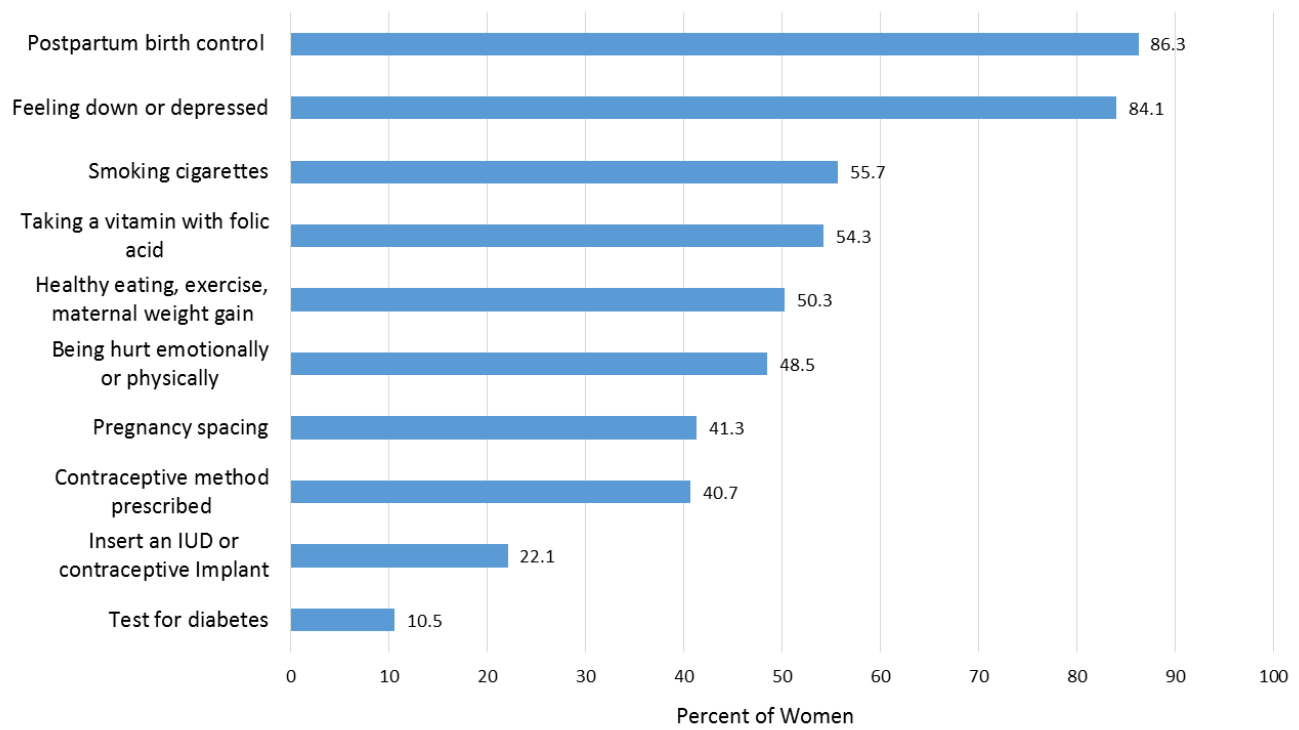
Discussions with a Health Care Worker during the Postpartum Visit

The two topics most often discussed with health care providers during the postpartum visit were contraception (86.3%) and maternal depression (84.1%). Just over half of Wyoming women reported that their provider talked to them about smoking cigarettes (55.7%), vitamin use (54.3%), and nutrition/physical activity/maternal weight gain (50.3%). Fewer women said that emotional or physical abuse (48.5%) or pregnancy spacing (41.3%) were discussed during the postpartum visit (Figure 2).

³ American College of Obstetricians and Gynecologists (2018). Optimizing Postpartum Care. Committee Opinion Number 736 (May 2018). Accessed 08/09/2019 at <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co736.pdf?dmc=1&ts=20190222T1814547421>

⁴ Ibid

Figure 2. Topics Discussed with Health Care Provider during the Postpartum Checkup, WY PRAMS 2016-2017



Resources

The March of Dimes recommends the development of a postpartum care plan, created in partnership with a health provider during the prenatal period, to address medical care after delivery. Patient resources about postpartum care are available at March of Dimes webpage [Your Postpartum Checkups](#). Information available includes the importance of postpartum visits, how to create a postpartum plan of care, and why a postpartum care team is important.

Our goal with WY PRAMS continues to be to:

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

If you would like to subscribe to the Wyoming PRAMS Listserv, please contact Moira Lewis, MCH Epidemiology Program Manager: moira.lewis@wyo.gov (307-777-5769) or Lorie Wayne Chesnut, Wyoming PRAMS Coordinator: lorie.chesnut@wyo.gov (307-777-6304).