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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. About 1 in every 7 Wyoming women are sampled.

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/>

What have we learned from the 2016-2018 WY PRAMS Data?

Maternal Depression. The Centers for Disease Control and Prevention (CDC) reports that depression affects as many as 1 in 10 U.S. women. About 1 in 9 women experience postpartum depression symptoms (1). Signs and symptoms of depression are different for every person and may occur more or less often, for longer or shorter periods, with variation in intensity (1). To view a list of symptoms and to learn more about resources for both the public and health professionals, visit the CDC Division of Reproductive Health website:

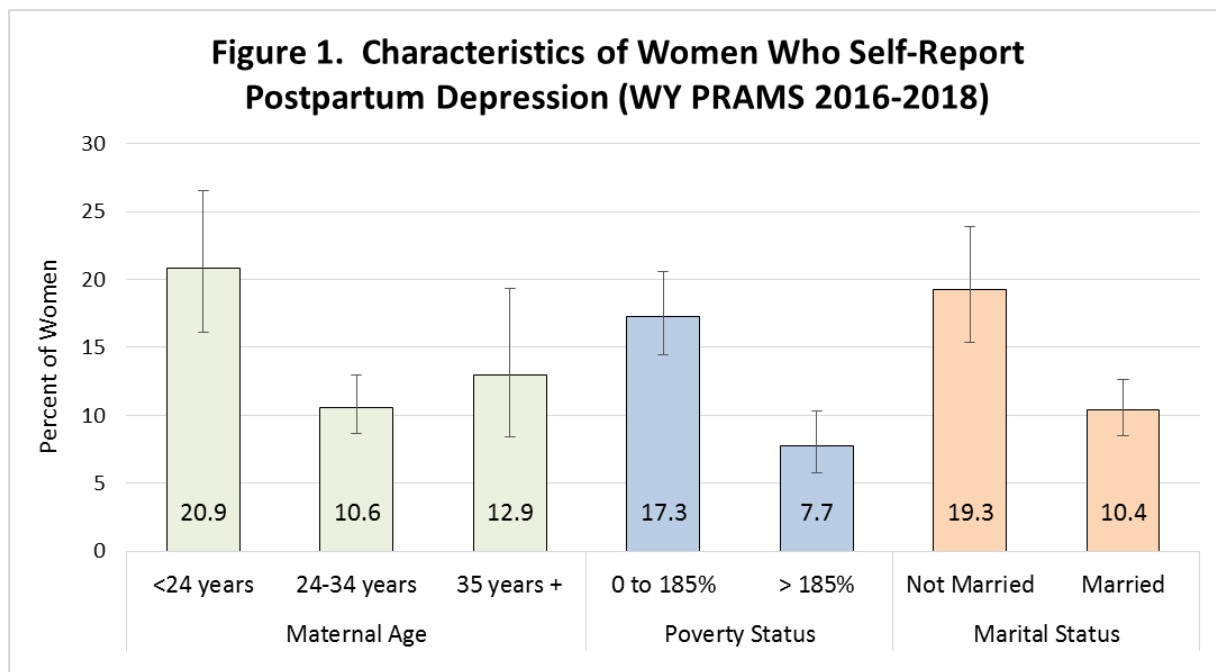
<https://www.cdc.gov/reproductivehealth/depression/>

Data from WY PRAMS 2016-2018 reports that over 13% of Wyoming women (13.2%; 95% CI 11.4-15.3) self-report postpartum depression. The PRAMS survey includes two questions that are considered to be reliable indicators of depression (2). Women who respond “always” or

“often” to at least one of the two questions below are classified as having self-reported postpartum depression.

1. Since your new baby was born, how often have you felt down, depressed, or hopeless? (*Always, Often, Sometimes, Rarely, Never*)
2. Since your new baby was born, how often have you had little interest or little pleasure in doing things? (*Always, Often, Sometimes, Rarely, Never*)

Figure 1 (below) illustrates three demographic/socioeconomic characteristics that were significantly associated with self-reported postpartum depression among Wyoming women. Young maternal age (less than 24 years) (20.9%); living at or under 185% of the federal poverty level (17.3%); and unmarried marital status (19.3%).



The prevalence of postpartum depression was higher among women with less than 12 years of education (20.6%; 95% CI 13.8-29.7) compared to women with more than 12 years of education (10.9%; 95% CI 8.9-13.2), and among women who were enrolled in Wyoming Medicaid for their prenatal care (18.6%; 95% CI 15.1-22.8) compared to non-enrolled women (10.5%; 95% CI 8.4-12.9). Women who reported smoking during the postpartum period were significantly more likely to report postpartum depression (21.2%; 95% CI 15.4-28.5) as compared to women who did not smoke (11.8%; 95% CI 9.9-13.9) and those who experienced 3 or more stressful life events (3) were nearly twice as likely to report postpartum depression (19.2%; 95% CI 15.3-23.7) as compared to women who experienced fewer than three such events (10.7%; 8.7-13.1). In Wyoming, there was no significant difference in the risk of postpartum depression by race or ethnicity.

Nationally, PRAMS data (2004-2012) report risk factors for postpartum depression including young maternal age (aged 24 or younger); American Indian/Alaska Native or Asian/Pacific Islander race; a high school education or less; and unmarried marital status (4). Other women who were at a higher risk of postpartum depression were women who smoked during the postpartum period; those who reported at least three stressful life events in the year before birth; women who delivered term, low birthweight infants; and those whose infants required neonatal intensive care admission after delivery (4).

(1). Centers for Disease Control and Prevention, Reproductive Health. Depression among Women. Accessed 11/19/2019 at <https://www.cdc.gov/reproductivehealth/depression/>

(2). Whooley MA, Avins AL, Miranda J, Browner WS. (1997). Case-Finding Instruments for Depression. J Gen Intern Med. 12:439-445.

(3). PRAMS respondents are asked about stressful life events occurring in the 12 months prior to delivery. These include traumatic events (jail for self or partner, alcohol or drug misuse, homelessness), financial stress (loss of job, cut in pay, inability to pay bills, move to a new address), partner-related stress (divorce, arguing with partner), and emotional stress (illness/death in family or friend).

(4). Ko JY, Rockhill KM, Tong VT, Morrow B, Farr SL. (2017). [Trends in Postpartum Depressive Symptoms – 27 States, 2004, 2008, and 2012](#). Morbidity and Mortality Weekly Report. 66(6):153-158.

Our goals with WY PRAMS continue 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

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