



PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

PRAMS Data to Action/Success Stories Template

This template is intended for use by PRAMS sites to describe the impact of their data collection and dissemination activities. The form aims to collect **detailed** information in a format that is conducive to creating a success story. Each section in the template is followed by a self-check, which outlines relevant criteria that should be addressed in that section.

1. DATA TO ACTION/SUCCESS STORY TITLE:

Maternal Smoking, Wyoming 2016-2019

2. PROBLEM OVERVIEW: BRIEFLY DESCRIBE THE PUBLIC HEALTH PROBLEM THAT WAS ADDRESSED IN THIS DATA TO ACTION EXAMPLE/SUCCESS STORY.

In the 2019 Needs Assessment, the Women and Infant Health (WIH) Program within the Wyoming Maternal and Child Health (MCH) Unit, along with the Tobacco Prevention Control Program and QUIT line selected smoking during pregnancy as a public health and Title V priority for the state.

3. PRAMS DATA USED: LIST THE TOPICS AND YEARS OF PRAMS DATA THAT WERE USED

We used PRAMS data from 2012-2019 to describe smoking trends before, during and after pregnancy for Wyoming women and examined the association of smoking with income level, experienced stressors during pregnancy and Low Birth Weight (LBW) deliveries.

4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

Primary collaborators were the MCH Unit WIH Program Manager , the Tobacco Prevention & Control Program Manager and the QUIT Line.

5. DATA TO ACTION/SUCCESS STORY NARRATIVE: WHAT HAPPENED?

Results: The prevalence of smoking was significantly lower from 2016-2019 when compared to 2012-2015. Between 2016-2019, 21.9% of PRAMS mothers who were living at the 100% or less of the Federal Poverty Level (FPL) reported smoking during the last 3 months of pregnancy, a significantly higher proportion compared to women living above 100% of the FPL (101-200%, 9.5%; 201-300, 5.0%; and 301+%, 2.8%). The proportion of PRAMS mothers enrolled in Medicaid reported smoking during the last 3 months of pregnancy was significantly higher (20.4%) compared to women not enrolled in Medicaid (4.1%). During this time, significantly more women who reported more stressors experienced during pregnancy, also reported smoking during pregnancy (3-5 stressors, 19.2%; and more than 6 stressors,



25.2%) compared to women who reported 1-2 stressors, or none at all. Similarly, women who reported experiencing Partner-related, Financial-related or Traumatic Stressors, also reported smoking during the last 3 months of pregnancy significantly more than women who did not experience these stressors during pregnancy.

Among PRAMS respondents who reported smoking before pregnancy from 2016-2019, the prevalence of LBW deliveries was significantly higher among those who reported reducing smoking during pregnancy (15.4%) or those who smoked the same or more during pregnancy (17.4%), compared to women who quit (8.4%) or those who were non-smokers (7.1%) before pregnancy. Women who reduced smoking during pregnancy had a 1.8 relative risk of delivering a LBW baby compared to women who quit during pregnancy.

The majority of PRAMS mothers, (63.6%) who smoked 3 months before pregnancy and then quit during pregnancy also reported to have stayed quitting after pregnancy from 2012-2019. The prevalence of women who stayed quitting smoking postpartum did not significantly differ by FPL or Medicaid status. Among women who smoked before pregnancy and quit during pregnancy, significantly more who reported experiencing no stressors also reported they stayed quit postpartum (86.1%) compared to those who reported experiencing more than 6 stressors during pregnancy (41.4%).

6. OUTCOMES & IMPACT: HOW IS LIFE DIFFERENT AS A RESULT OF THE ACTIVITY? THIS IS THE MOST CRITICAL PIECE OF THE STORY. *SHORT-TERM AND *INTERMEDIATE OUTCOMES MUST BE DOCUMENTED.

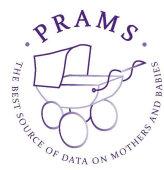
A. *SHORT-TERM OUTCOMES: This includes early outputs of the process such as relevant publications, meetings with stakeholders and other MEASURABLE products or activities:

The information presented in the data brief assisted the WIH Program and its stakeholders to select smoking during pregnancy as a Title V priority to address in Wyoming.

B. *INTERMEDIATE OUTCOMES: This includes RESULTS of the short-term outcomes— what did those products or activities lead to? For example, a media campaign was launched, legislation was introduced and passed, a new program was funded, a program was changed to better address client needs, etc.

The WIH Program Manager and the Tobacco Prevention & Control Program and QUIT Line will be able to use the trends and disparities displayed in the data brief to help decide which strategies would be most effective in Wyoming and which demographic groups would most benefit from the interventions.

C. LONG-TERM OUTCOMES: This includes the measurable changes in the behaviors or health outcomes of the target population. Such changes may be difficult to directly attribute to the efforts described in the intermediate impact, but efforts should be made to monitor and evaluate the activities that are implemented.



7. STORY ABSTRACT: PROVIDE A SHORT 1-2 PARAGRAPH SUMMARY OF YOUR STORY AND THE OUTCOMES

An initial look at the data around maternal smoking, including mothers reporting smoking habits before, during and after pregnancy assisted the program in choosing maternal smoking as a priority area. 23.6% of women in 2019 reported that they smoked during the 3 months before pregnancy and 11.4% of women in 2019 reported they smoked during the last 3 months of pregnancy (PRAMS, 2019).

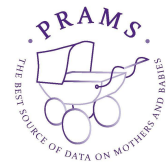
A more in-depth analysis helped the program decide to focus its efforts in tackling this priority on disparities observed to be experienced by women of differing income levels. Between 2016-2019, 21.9% of women who were living at the 100% or less of the Federal Poverty Level (FPL) reported smoking during the last 3 months of pregnancy, a significantly higher proportion compared to women living above 100% of the FPL (101-200%, 9.5%; 201-300, 5.0%; and 301+%, 2.8%). The proportion of women enrolled in Medicaid reported smoking during the last 3 months of pregnancy was significantly higher (20.4%) compared to women not enrolled in Medicaid (4.1%). In addition, Women who reduced smoking during pregnancy had a 1.8 relative risk of delivering a LBW baby compared to women who quit during pregnancy (PRAMS, 2016-2019).

The majority of women who smoked 3 months before pregnancy and then quit during pregnancy also reported to have stayed quitting after pregnancy from 2012-2019. The prevalence of women who stayed quitting smoking postpartum did not significantly differ by FPL or Medicaid status. The Women and Infant Health program plans to utilize this data to more efficiently work with the Tobacco Prevention and Control Program on joint efforts to help prevent maternal smoking.

8. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY: (CHECK ALL THAT APPLY)

- Testimonials
- Quote from Partner/Participant
- Sample of Materials Produced
- Press Release
- Promotional Materials
- Photo(s) of Project
- Video/Audio Clip
- Other (Explain:)

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**9. HOW WOULD YOU CATEGORIZE THE DATA TO ACTION EXAMPLE/SUCCESS STORY?
(CHECK ALL THAT APPLY)**

- Appropriation of funds
- Policy change
- New program started
- Existing program revised
- Increased visibility for an organization, program or issue
- Capacity building of an organization or group
- Other Obstetric Provider Support and Education

10. CONTACT INFORMATION:

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11. DATE SUBMITTED:

12. PRAMS Program PI: Joseph Grandpre, MPH
PRAMS Coordinator/Program Manager: Neva Ruso, MPH