



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:

Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) Dashboard (Phase 8, currently 2016-2019)

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

Aside from Fact Sheets and the Annual PRAMS Report there was no way for the programs and other Stakeholders to view the data in an interactive way, examine data broken down by demographics groups or examine multiple years of data at the same time in a visual display.

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

The Wyoming PRAMS Dashboard was initially developed with 2016-2019 (Phase 8) data. The process to include in 2020 data is currently underway. Topic areas from the PRAMS survey to explore on the Dashboard include: Preconception Health, Prenatal Health, Delivery, Infant, Breastfeeding, Maternal Drug/Alcohol Use, Stressors During Pregnancy, Experienced Abuse, Postpartum HealthCare, Pregnancy Intention, Postpartum Family Planning, Maternal Mental Health, and Insurance.

The following indicators are included under each topics area:

PRECONCEPTION HEALTH: Prenatal Vitamin Use, Pre-Pregnancy BMI, Pre-Pregnancy Hypertension, Pre-Pregnancy Diabetes, Preconception Health Care Visit, Type of health care visit, Topics discussed during preconception visits. **PRENATAL HEALTH:** Prenatal Care in First Trimester, Topics during prenatal care visits, Offered flu shot in 12 months before delivery, Received flu shot before delivery, Teeth cleaned during pregnancy, Received a prenatal home visit, High Blood Pressure starting during pregnancy, pre-eclampsia, eclampsia; Gestational diabetes. **DELIVERY:** Labor was induced; Reasons for induction; Cesarean; Reasons for cesarean delivery. **INFANT:** Infant alive now; Infant living with the mother (at the time of survey); Put to sleep on Back only; Sleeps alone in crib or bed 'always' or 'often'; Sleeps in same room as mother when sleeping alone in crib or bed; Usual sleep environment elements; Sleep environment education discussed by provider. **BREASTFEEDING:** Provider discussed breastfeeding at prenatal visit; Thoughts about breastfeeding before delivery; Sources of breastfeeding information; Breastfeeding initiation (ever); Duration of

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breastfeeding (to at least 4 weeks); Duration of breastfeeding (to at least 8 weeks); Reasons for discontinuation among women that discontinued; Hospital Breastfeeding Practices. MATERNAL DRUG/ALCOHOL USE: Provider discussed smoking at prenatal visit; Tobacco use in past 2 years; Tobacco use 3 months prior to pregnancy; Quit smoking during pregnancy among smokers prior to pregnancy; Tobacco use now; Electronic nicotine products in past two years; Hooked Use in past 2 years; Chewing tobacco, snuff, snus, or dip in past 2 years; Electronic nicotine use 3 months prior to pregnancy; Electronic nicotine use during pregnancy; Quit Electronic nicotine use during pregnancy among those who used prior to pregnancy; Provider discussed alcohol use at prenatal visit; Alcohol use in past 2 years; Alcohol use 3 months prior to pregnancy; Quit drinking during pregnancy among those who drank before; Provider discussed illegal drug use at prenatal visit; Types of drugs used the month before pregnancy. STRESSORS DURING PREGNANCY: Experienced Financial Stressors; Experienced Emotional Stressors; Experiences Partner/Spouse Related Stressors; Experienced Traumatic Stressors; Experienced 6 or more stressors; Experienced food insecurity; Experienced racial bias. EXPERIENCE ABUSE: IPV before pregnancy (by a husband or partner and/or an ex-husband or ex-partner); Physician abuse before pregnancy; IPV during pregnancy (by a husband or partner and/or an ex-husband or ex-partner); Physical Abuse during pregnancy; Experienced threatening or controlling behavior by partner before pregnancy; Experienced threatening or controlling behavior by partner during pregnancy; Experienced threatening or controlling behavior by partner after pregnancy. POSTPARTUM HEALTH CARE: Received a postnatal home visit; Received a postpartum check-up; Postpartum health education discussion. PREGNANCY INTENTION: Mistimed (wanted to be pregnant later); Unwanted pregnancy (Did not want then or any time); Unsure whether wanted pregnancy; Unintended Pregnancy (wanted to be pregnant Later/Never). POSTPARTUM FAMILY PLANNING: Provider discussed postpartum birth control; Currently using birth control use; Use of most or moderately effective contraceptive method; Use of Long Acting Reversible Contraception (LARC); Reason for not using postpartum BC. MATERNAL MENTAL HEALTH: Depression discussed prior to pregnancy by provider; Pre-pregnancy Depression; Depression discussed during pregnancy by provider; Depression during Pregnancy; Depression discussed after pregnancy by provider; Postpartum Depression. INSURANCE: Insurance Before Pregnancy; Insurance During Pregnancy - Source of Prenatal Care; Insurance After Pregnancy.

Most indicators listed above are also stratified by the following groups: Maternal Age, Race, Ethnicity, Maternal Education, Marital Status and Poverty Level.

4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

When initially planning on developing a Wyoming PRAMS Dashboard, Wyoming PRAMS spoke with the New York PRAMS program in regards to the process they went through for developing their PRAMS Dashboard, and referenced the Main PRAMS Dashboard which was publically available online for idea on the design of the Wyoming PRAMS Dashboard. Plante & Moran PLLC was the contract chosen to assist with the development of the Wyoming PRAMS Dashboard. This contractor worked closely with the Wyoming PRAMS staff to ensure the PRAMS Dashboard included desired indicators, as well ensuring the dashboard was intuitive and useful to the user. .



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

Previous to the Dashboard being created, there was no way to look at all of the data that PRAMS had compiled in the current phase without gathering multiple different sources, such as the Annual Surveillance reports and going through the paperwork to compare. The Dashboard was created to streamline access to PRAMS data in a way that is much more user friendly to MCH Program Managers and other Stakeholders within and outside of the state.

The Dashboard currently allows viewers to customize their search by allowing the option to filter through different Topic Areas, Topic Area Indicators and Topic Indicator Responses when applicable. Viewers can also filter the data they wish to view by different stratifier groups for the whole Phase 8 time period (currently, 2016-2019).

This accessibility to the Dashboard has allowed MCH Program Managers and other stakeholders to get a sense of where the data stands across several years on Pregnancy behaviors and outcomes. Trends are more easily identifiable in one condensed location. The Dashboard also gives a preview to those that may be interested in Wyoming PRAMS data for more specific data requests.

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.

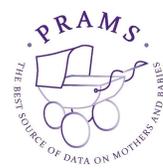
- A. *SHORT-TERM OUTCOMES: This includes early outputs of the process such as relevant publications, meetings with stakeholders and other MEASURABLE products or activities:

The Wyoming PRAMS Dashboard is currently live on the Wyoming PRAMS website and will continue to be updated with additional year's PRAMS data as the data is received by the Wyoming PRAMS program.

- 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 Wyoming PRAMS Dashboard has inspired the Wyoming PRAMS program to create a Medicaid specific Dashboard, using the Wyoming PRAMS Dashboard as a template. Wyoming Medicaid has expressed interest in having access to more data examining the pregnant population utilizing medicaid. Wyoming PRAMS has also created a specific Wyoming PRAMS Tribal Dashboard that currently examines all the same indicators which are on the Main PRAMS Dashboard, but for the American Indian population only, with the

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option of comparing to the State population as a whole. Again, the Main PRAMS Dashboard was used as a template. Additionally, discussions between the Wyoming PRAMS team and Tribal stakeholders needs to be had to ensure the data provided is what is wanted and needed by the Tribes. This Dashboard is not planned to be widely available in order to protect and honor the data and the people the data represents.

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

Previous to the Wyoming PRAMS Dashboard being created, the PRAMS data was only available in static reports and looking for data on multiple topics across multiple years was a tedious process. Annual surveillance reports have to be examined individually to understand the trends in survey questions response. And while factsheets were produced on different topics, certain topics may not have had the most current data included, if the factsheet was even a year or two old. The Annual Reports do not stratify data by demographics groups either. The Wyoming PRAMS Dashboard has streamlined the process for users to easily access Wyoming PRAMS data on many topics, over multiple years and broken down by stratifying groups.

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: <https://sites.google.com/wyo.gov/wypramsdashboard/home>)

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: 12/30/21

12. PRAMS Program PI: Joseph Grandpre, PhD, MPH

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