

The Maine Pregnancy Risk Assessment Monitoring System (PRAMS)

Helping Maine become a healthier place for parents and babies

What is PRAMS?

PRAMS is a joint research project between the U.S. and Maine Centers for Disease Control and Prevention (CDC) that surveys people who recently gave birth. The information gathered from PRAMS about people's experiences around the time of pregnancy is used to help improve maternal and infant health. PRAMS is population health surveillance, meaning it collects this information on an on-going basis to monitor population-level trends and identify emergent issues. Population health surveillance is a core component of public health practice. PRAMS is a national program that covers approximately 81% of all U.S. births and has been operating in Maine since 1987.

How is PRAMS Unique?

PRAMS is the primary source of information on people's experiences around the time of pregnancy and is the sole source of information for many health issues affecting maternal and infant health. Infant sleep practices, maternal mental health, and access to postpartum care are just a few examples of the topics only PRAMS covers.

What is the Impact of PRAMS?

PRAMS data are used at the local, state, and national level to improve policy and programs to better support families.

Drive Policy Change

In Maine, PRAMS data have been used to show the need for policy changes to MaineCare reimbursement for smoking cessation, changes to insurance coverage for postpartum hospital stays, increasing pregnancy-related MaineCare coverage to one year postpartum, and advocating for Maine's Paid Family and Medical Leave Act.

Conduct Program Evaluations

PRAMS data have been used to assess public awareness about eating mercury contaminated fish, shaken baby syndrome, lead paint risk, and the Maine Supplemental Nutrition Program for Women, Infants, and Children (WIC). PRAMS data have also been used to assess the Maternal Child Health Program's progress towards meeting their Title V priorities, including: increasing mental health screening and access to mental health care for pregnant and postpartum people, increasing safe sleep practices, and increasing the prevalence of breastfeeding.

What do Maine Organizations Say About PRAMS?

*PRAMS is instrumental in collecting valuable insight into maternal and infant health that better informs public health strategies and interventions to address maternal health needs. Our maternal health program is a clear example of an initiative that has been developed to address maternal health inequities that PRAMS data has identified (e.g. lack of access to early prenatal care)... **Without this crucial data, we would lack the data and evidence necessary to develop our program effectively.***

- Michaela Schwartz, Maternal Health Program Coordinator at Greater Portland Health

***PRAMS data is currently our most extensive source of information on how patients experience our health care system.** Statewide quantitative data on outcomes, severe morbidity and mortality is essential, but it does not provide us with the insight that the PRAMS data does. Through PRAMS we are able to better understand the experiences, perceptions, and situations that community members come to their care with, and how we can better meet their needs; it really is the tool that elevates the patient voice in our state.*

- Emily Watson, Perinatal Outreach Coordinator at Maine Medical Center

***PRAMS is Maine's only statewide source of data on many critical indicators of maternal and infant health, including infant safe sleep practices, self-reported mental health, and pregnancy intention.** The MCH epidemiology team uses these data to monitor the wellbeing of Maine's birthing parents and babies, identify disparities and risk factors, and assess the impact of Maine's MCH programs and initiatives. PRAMS data are truly essential to our ability to perform our core function as MCH epidemiologists.*

- Fleur Hopper and Rebecca Bussa, Epidemiologists with the Maternal and Child Health Program at the Maine CDC

*The Maine State Breastfeeding Coalition uses PRAMS data every year to update our Coalition on rates of breastfeeding as well as reasons why people choose not to breastfeed or why they stop if they started. This data is incredibly valuable for us as we target our goals for our work. In fact, this data will play a large role in our next strategic plan which we are drafting this year... **Tracking trends is so important to know where resources and education have been impactful, and where they should be targeted going forward.***

- Kara Kaikini, Executive Director of the Maine State Breastfeeding Coalition

Want to Learn More?

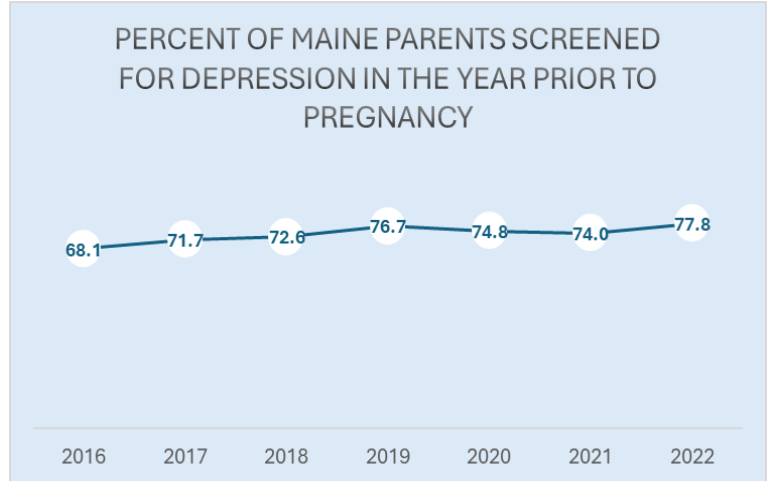
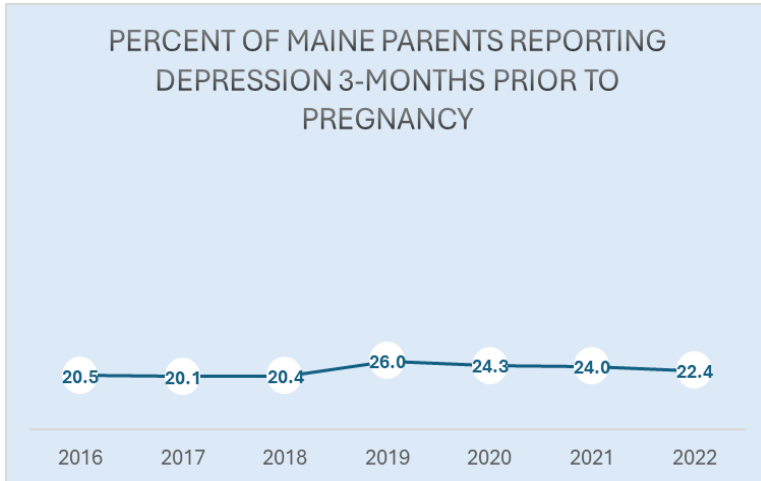
Contact Emily Gerety, Maine PRAMS Project Coordinator at maine.prams@maine.gov

Visit Maine PRAMS at www.maine.gov/dhhs/prams or U.S. CDC PRAMS at www.cdc.gov/prams.



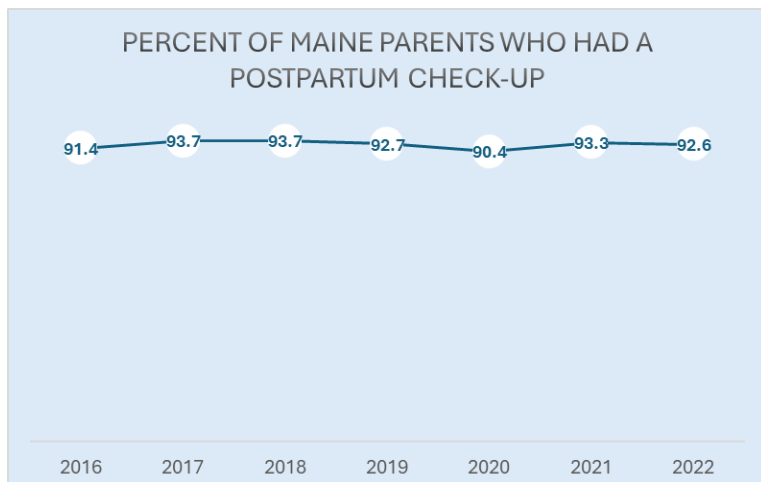
Maternal Mental Health

More Maine birthing parents report depression in the three months before pregnancy than parents in most other states. However, over the past several years, screenings for depression during health care visits have been increasing. The Maine CDC Maternal and Child Health Program (MCHP) has been working to improve screenings for and access to mental health care, and rely on PRAMS data to assess progress.



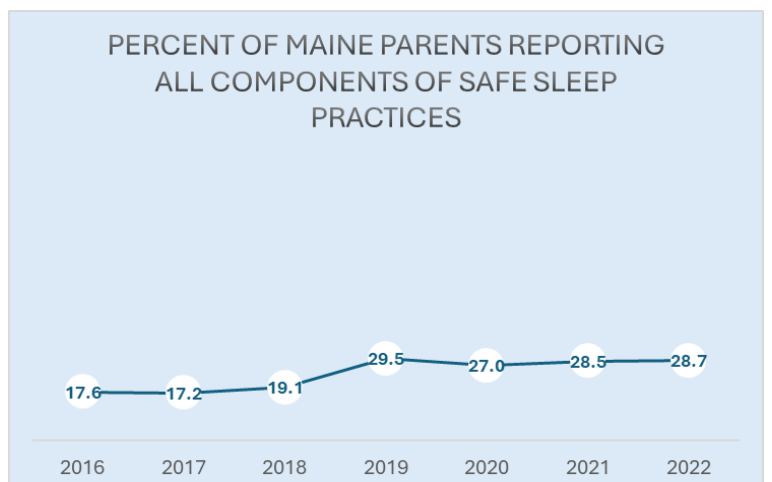
Postpartum Check-Up

Most Maine birthing parents receive a postpartum check-up within 6-weeks after birth. However, some parents are less likely to receive this care. For example, in 2022, fewer Maine parents with lower incomes received a postpartum check-up (87.6%) than parents with higher incomes (95.7%)¹. Postpartum check-ups are crucial for addressing health and social needs during an extremely vulnerable time. Access to postpartum care is a priority for the Maine CDC MCHP over the next five years and they will rely on PRAMS data to assess progress.



Safe Sleep Practices

In 2017, Maine had the highest rate of infant deaths in New England. Sleep-related deaths were the third leading cause of infant deaths, and are largely preventable with safe sleep practices. Since Maine's Safe Sleep Campaign in 2019, PRAMS shows more Maine birthing parents are reporting safe sleep practices, but there is more work to do.



¹ Higher income defined here is income that exceeded 185% of the Federal Poverty Level (FPL) and lower income is income at or below 185% of the FPL. FPL is a calculation of household size to income and 100% FPL is considered poverty. 185% FPL is the income level for SNAP, WIC, and other social service programs. The FPL is updated annually by the U.S. Department of Health and Human Services (HHS).