

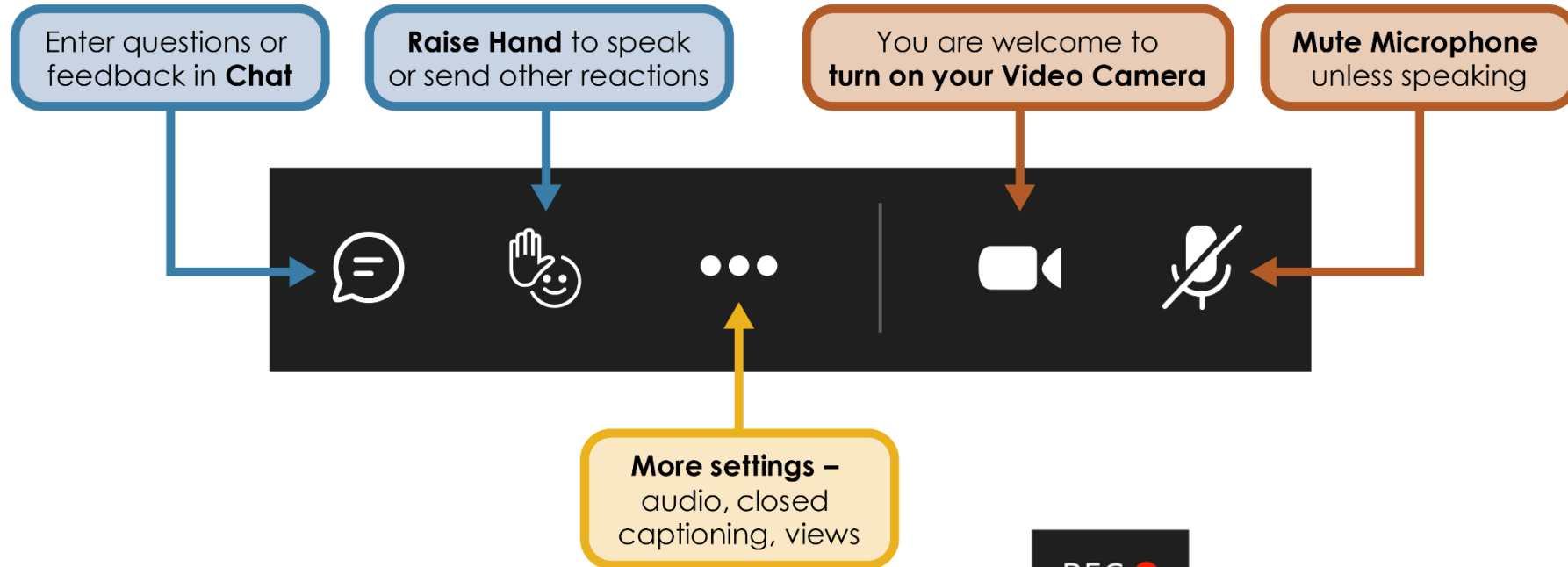
W A S H I N G T O N



WA PRAMS Advisory Committee
October 17, 2024



MS Teams Features We Will Use Today



Tips

- Try to be present
- State your name before speaking
- Speak clearly





Land Acknowledgment

Agenda

10:00 – 10:15	Welcome & Introductions
10:15 – 10:50	Opioid Supplement
10:50 – 11:00	Break
11:00 – 11:40	PRAMS Participant Recruitment
11:40 – 11:50	Data Use Reporting
11:50 – Noon	Announcements & Wrap-up





Welcome & Introductions

- **Welcome** to the Washington Pregnancy Risk Assessment Monitoring System Advisory Committee → **WA PRAMS-AC**
- **Introductions:**
 - Name
 - Organization and/or Role
- **Connection Question:** What is a favorite fall dish (soup, dessert, ..) and is there an origin story for your recipe?

Opioid Supplement

- 1) Background
- 2) Data findings
- 3) Discussion
- 4) POLL

PRAMS Supplements – “topics of emerging concern”

Topic	Year	WA PRAMS
H1N1 Influenza & Seasonal Flu	2009-10	
E-cigarette Use	2015	
History of Breast & Ovarian Cancer	2016-20	
Zika Supplement	2016-17	
Marijuana & Prescription Drug Use	2017	
Prescription Opioid Use	2019 -	
Opioid Call-Back Survey	2019-20	
Disability	2019-20	
Maternal COVID-19 Experiences	2020	
COVID-19 Vaccine	2021-22	
Social Determinants of Health	2022	

Criteria for Adding Supplement

- Suitability
 - Alignment with priorities
 - Data availability
 - Data validity
- Timeliness
 - Time sensitive topic
 - Timeline compatible with needs
 - Interest in Trends
- Usefulness
 - How used & by whom
 - Estimated strength of associations
 - Contributions to program / policy
- Health Equity
 - Contributions to health equity and social justice
- Capacity
 - Survey
 - Operations
 - Analytic

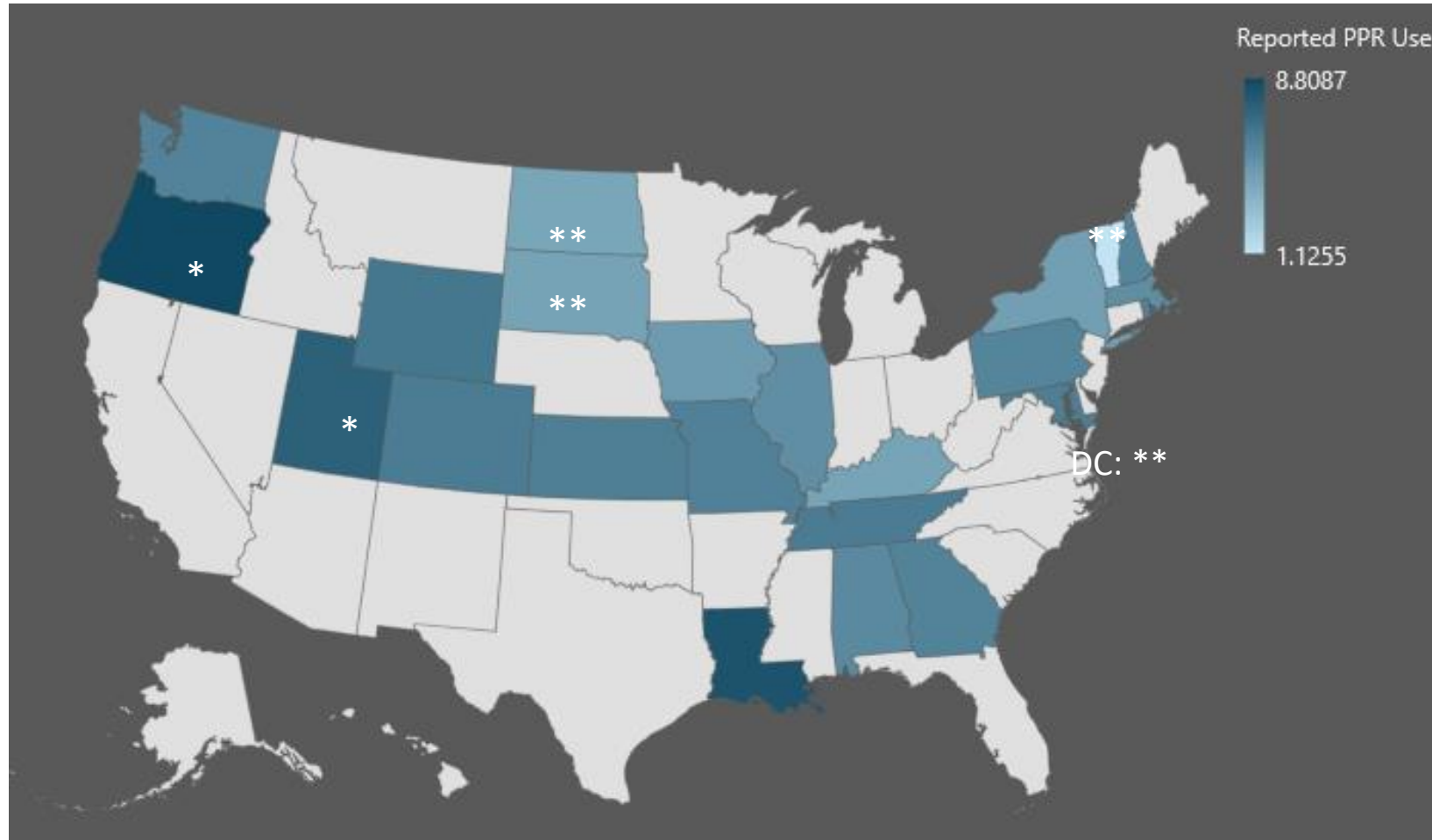
Applying Criteria to **Opioid Supplement**

Criterion	Summary of Findings: Rating 1(low) -5(high)
Suitability	5 – aligns with DOH/state/national priorities; – only source of pop-based data during perinatal period – validity of data unknown
Timeliness	3 – delay in data availability (and small counts) limit timeliness
Usefulness	4 – anticipate use by DOH, interest from media; – need time to review responses to measure prevalence and associations with outcomes
Equity	5 – yes, anticipate data will support equity & social justice
Capacity	3 – sufficient funding; – concerns about length and difficulty of survey lowering response rates; shifts burden to staff

Considerations for Continuing or Dropping Supplement

- Relevance to MCH in WA
- Acceptability by participants
- Sufficient Sample Size
- Data Quality
- Alternate data sources
- Capacity
- Other Considerations

5.7% postpartum people reported using Prescription Pain Relievers (PPRs) during pregnancy, 2019-2022[^]

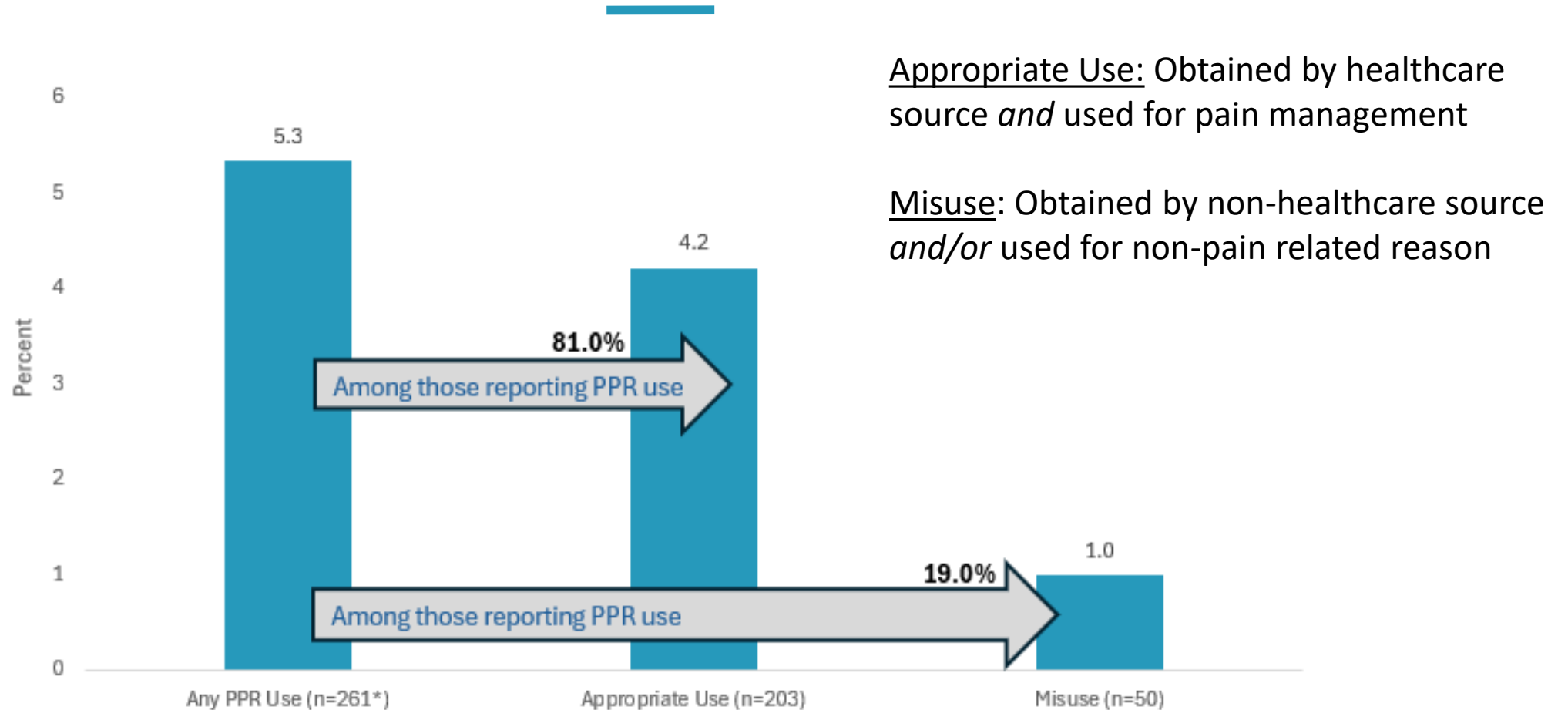


[^]25 sites collected the supplement at least 1 year

*Statistically higher than WA rate (5.9%)

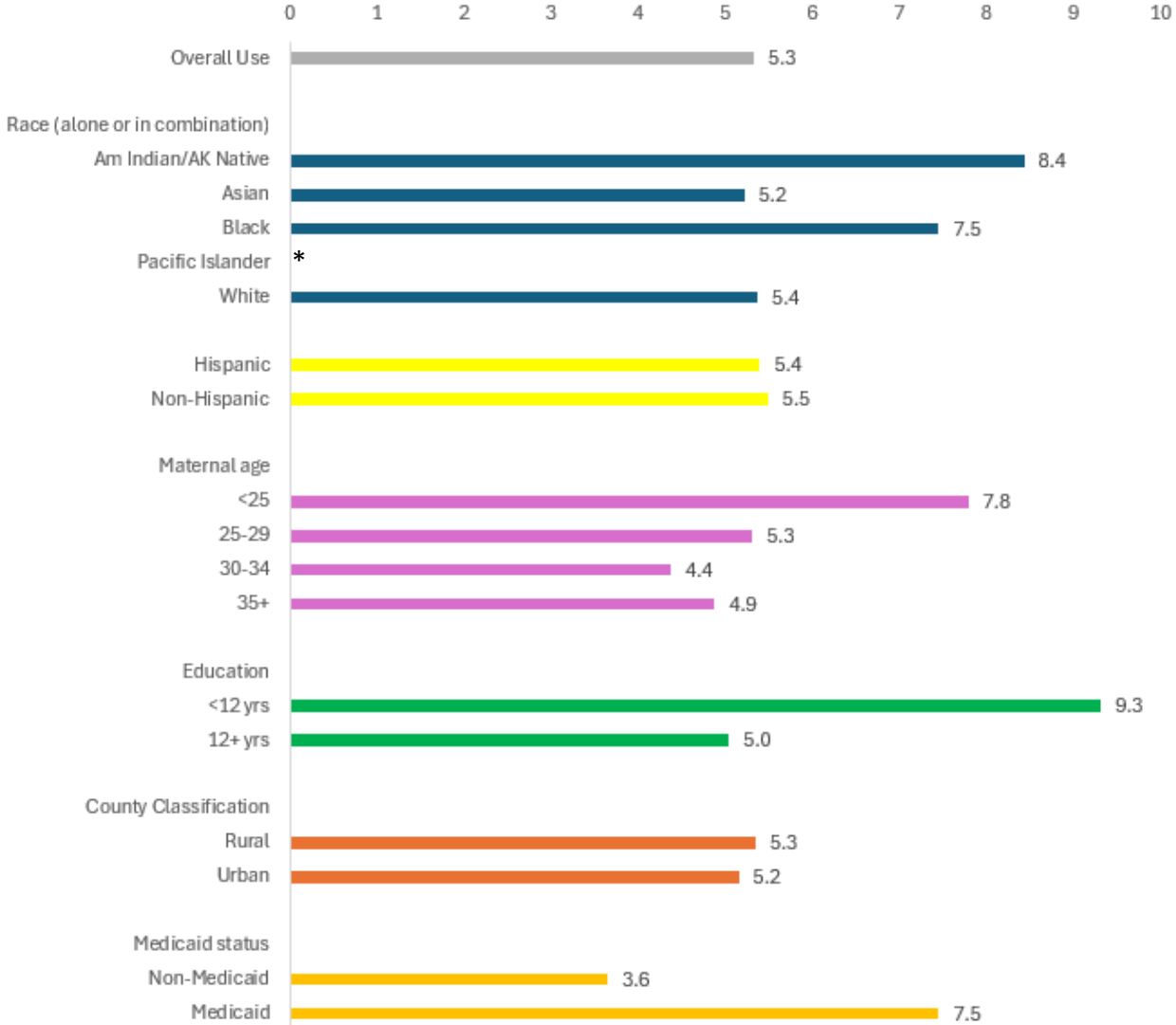
**Statistically lower than WA rate (5.9%)

Prevalence of PPR use in WA, 2019-2022



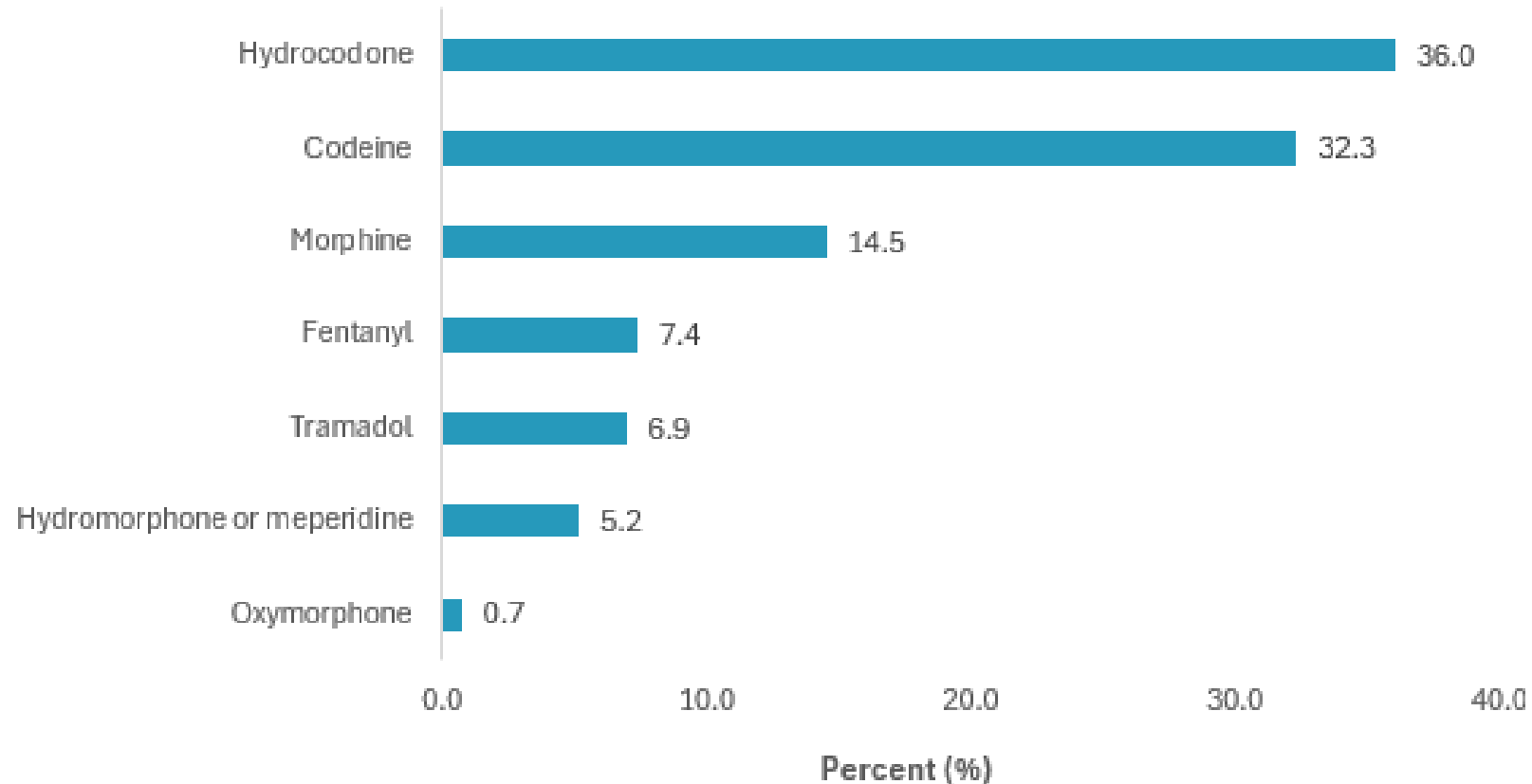
*8 respondents did not answer questions to determine type of use

PPR use differed by demographic characteristics



*Not statistically reliable

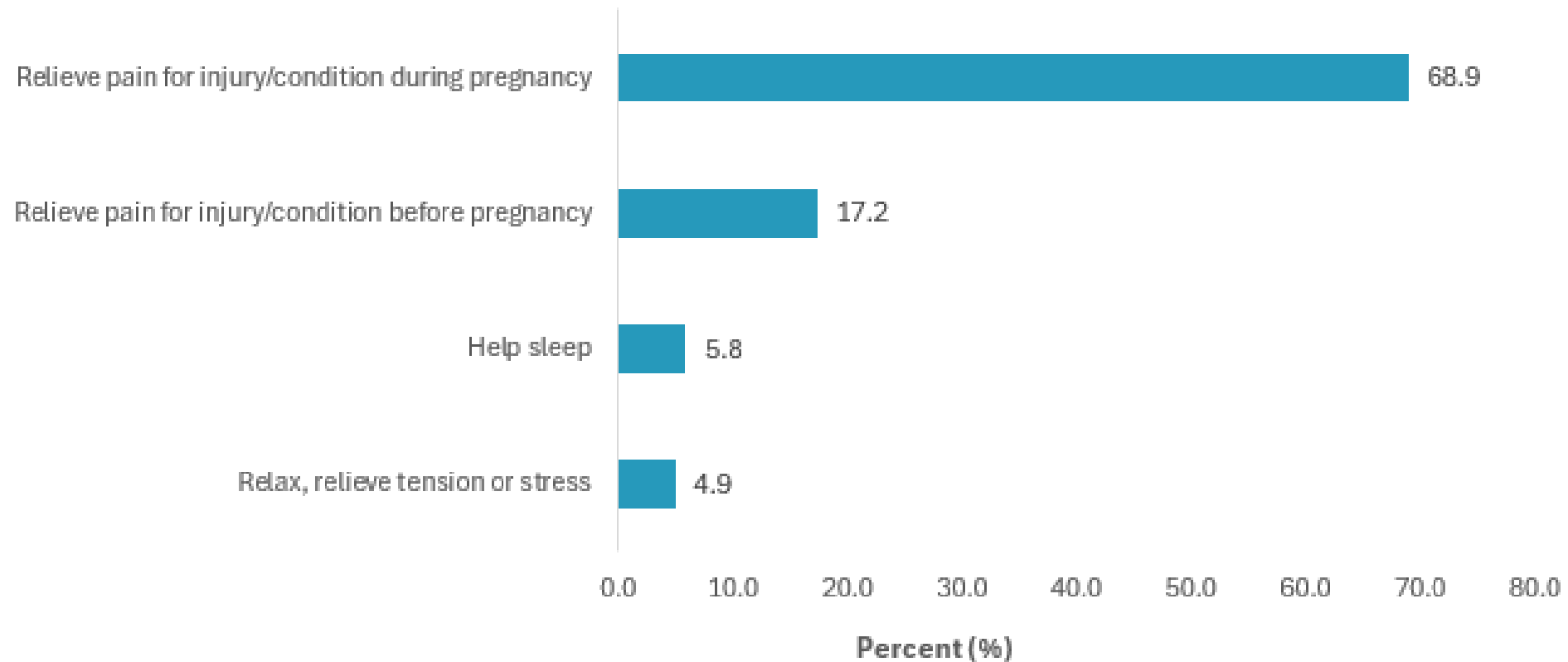
Most common PPRs used during pregnancy



Note: Responses to question were “check all that apply,” so may sum to more than 100%

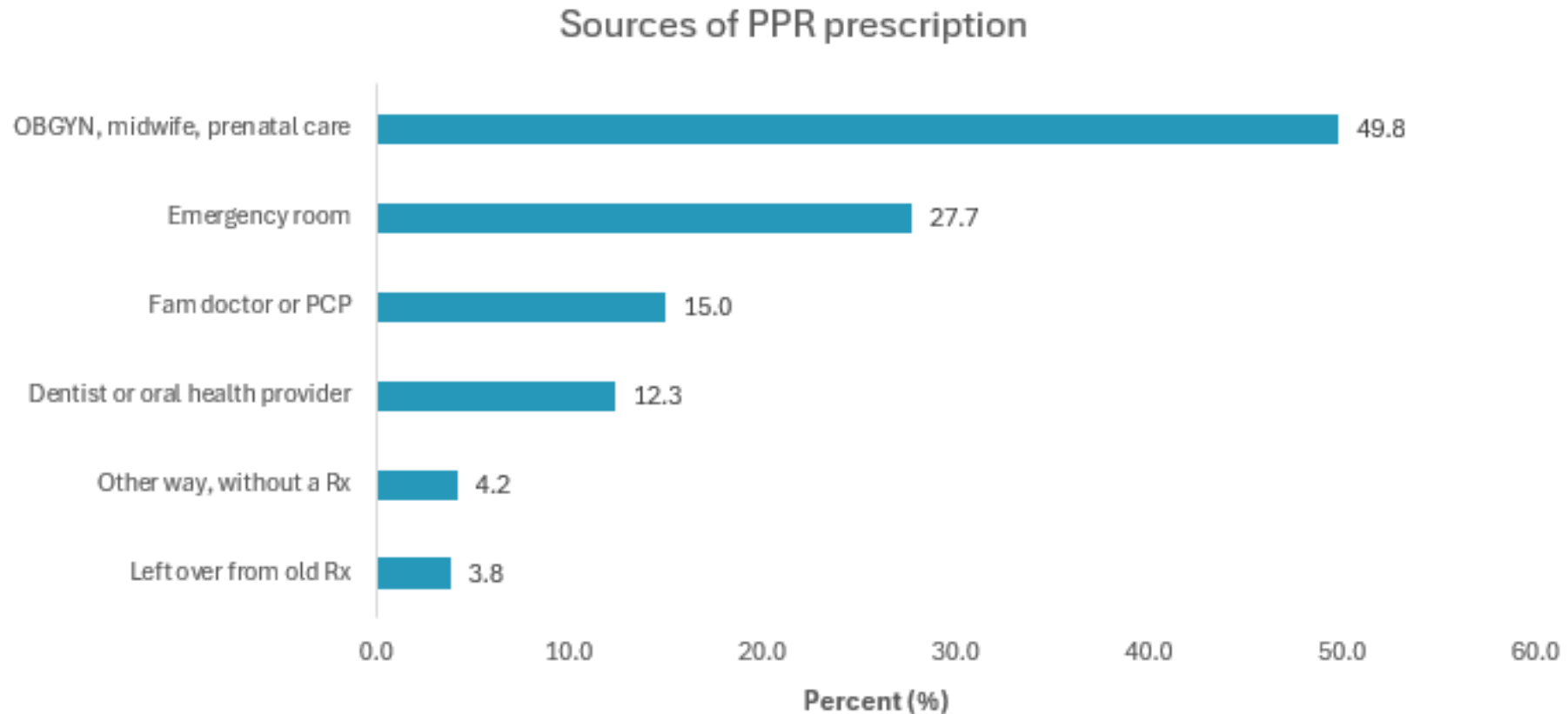
85.3% reported using PPRs for pain management

Top reasons for PPR use during pregnancy



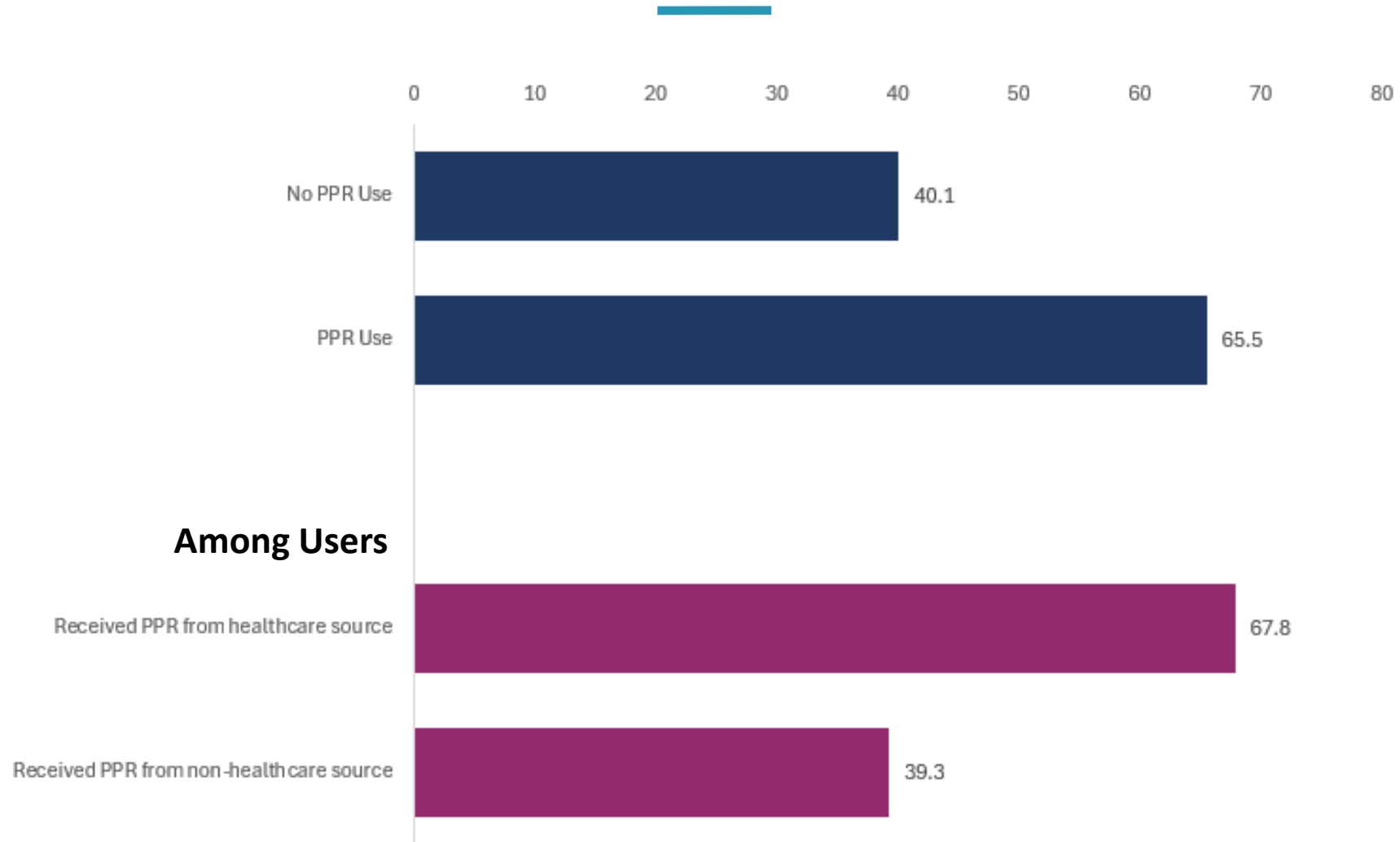
Note: Responses to question were “check all that apply,” so may sum to more than 100%

90.2% reported receiving PPR from healthcare provider



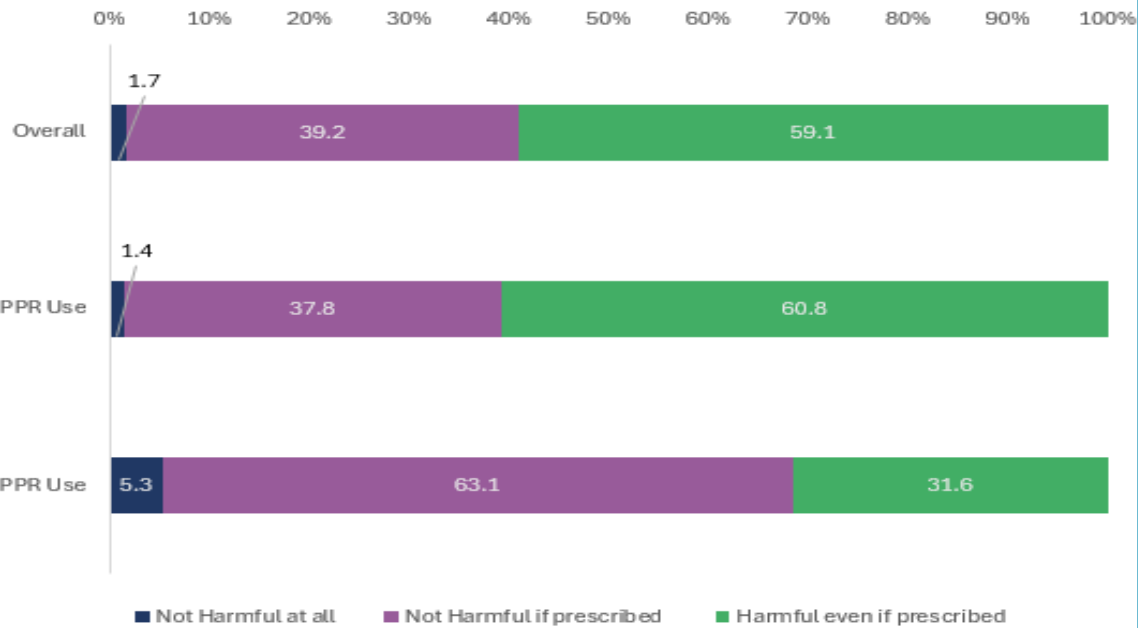
Note: Responses to question were “check all that apply,” so may sum to more than 100%

41.5% Received counseling on how using PPRs during pregnancy could affect a baby

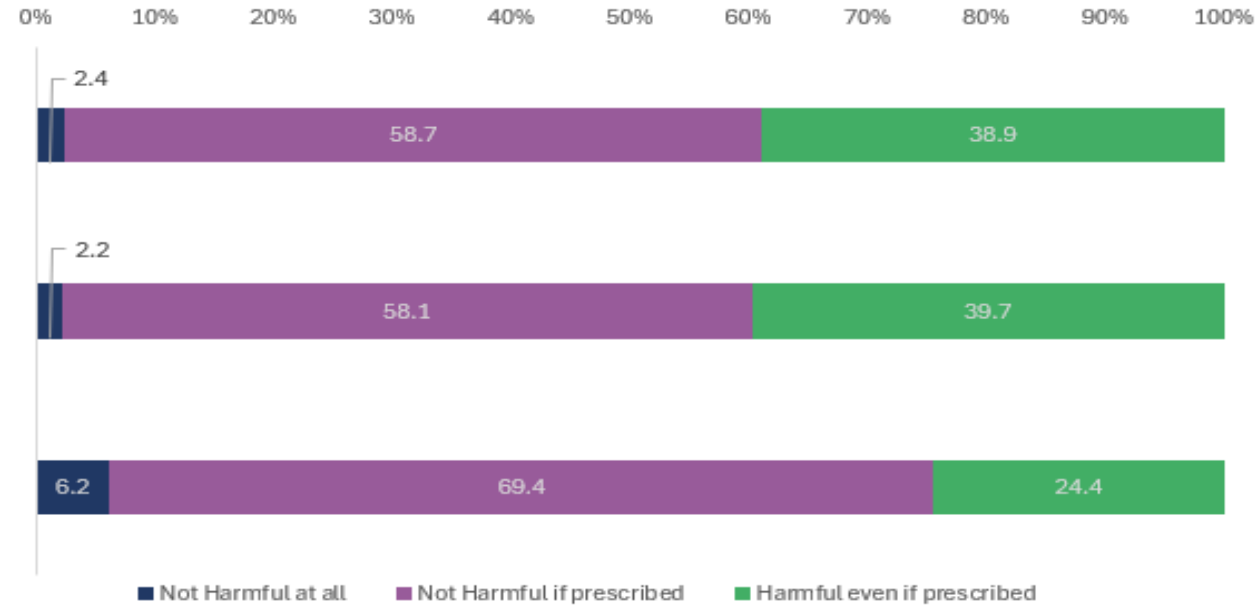


Perception of Harm of PPR use

Harm to Infant



Harm to Birthing Person



Special Project – Assessing Prescription Pain Reliever Use and Prenatal Care Utilization

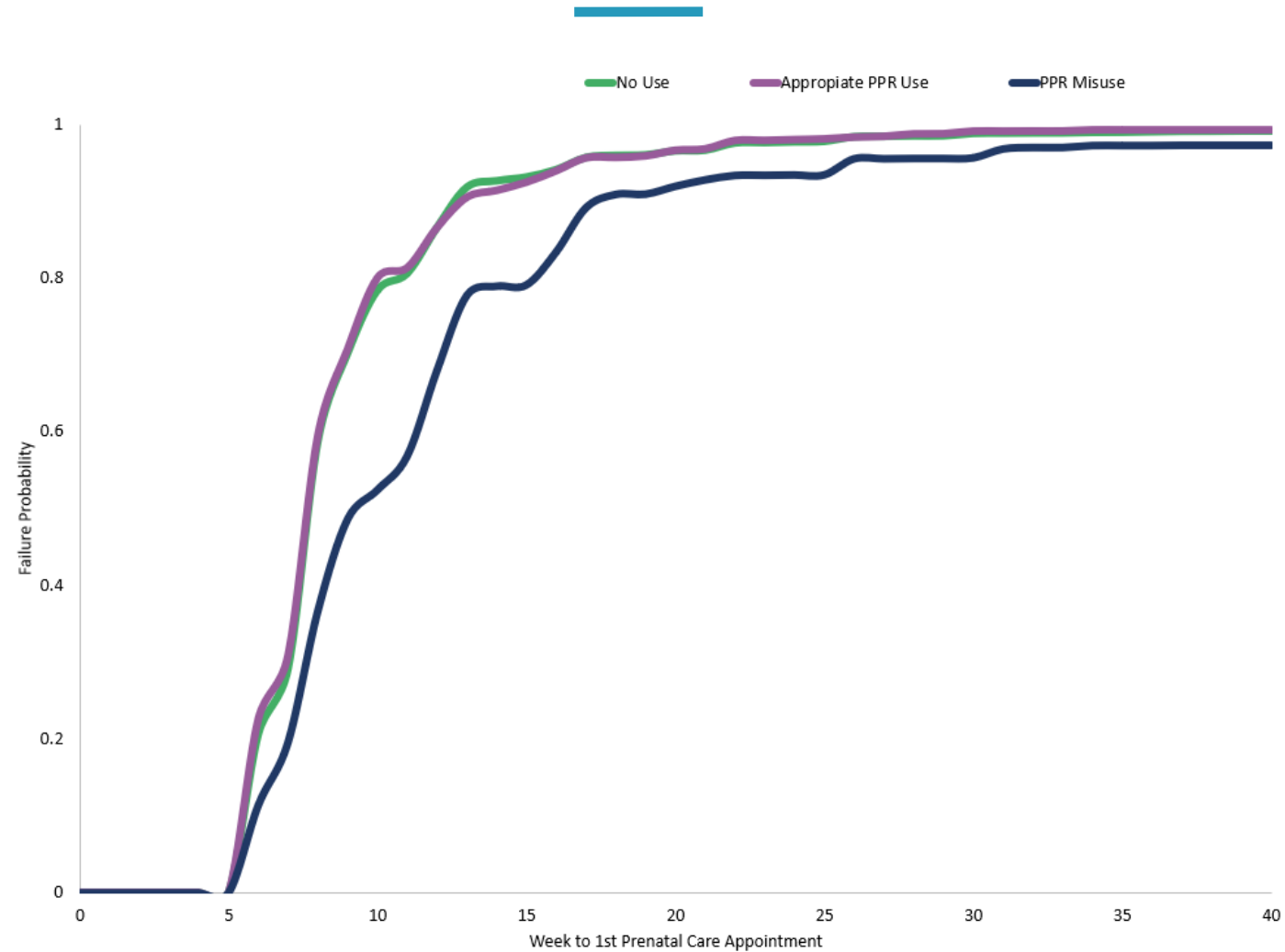
- Objectives:

1. Examine the effect of PPR use and misuse during pregnancy on prenatal care utilization (timing and adequacy)
2. Identify maternal characteristics associated with prenatal care utilization among pregnant persons misusing PPRs

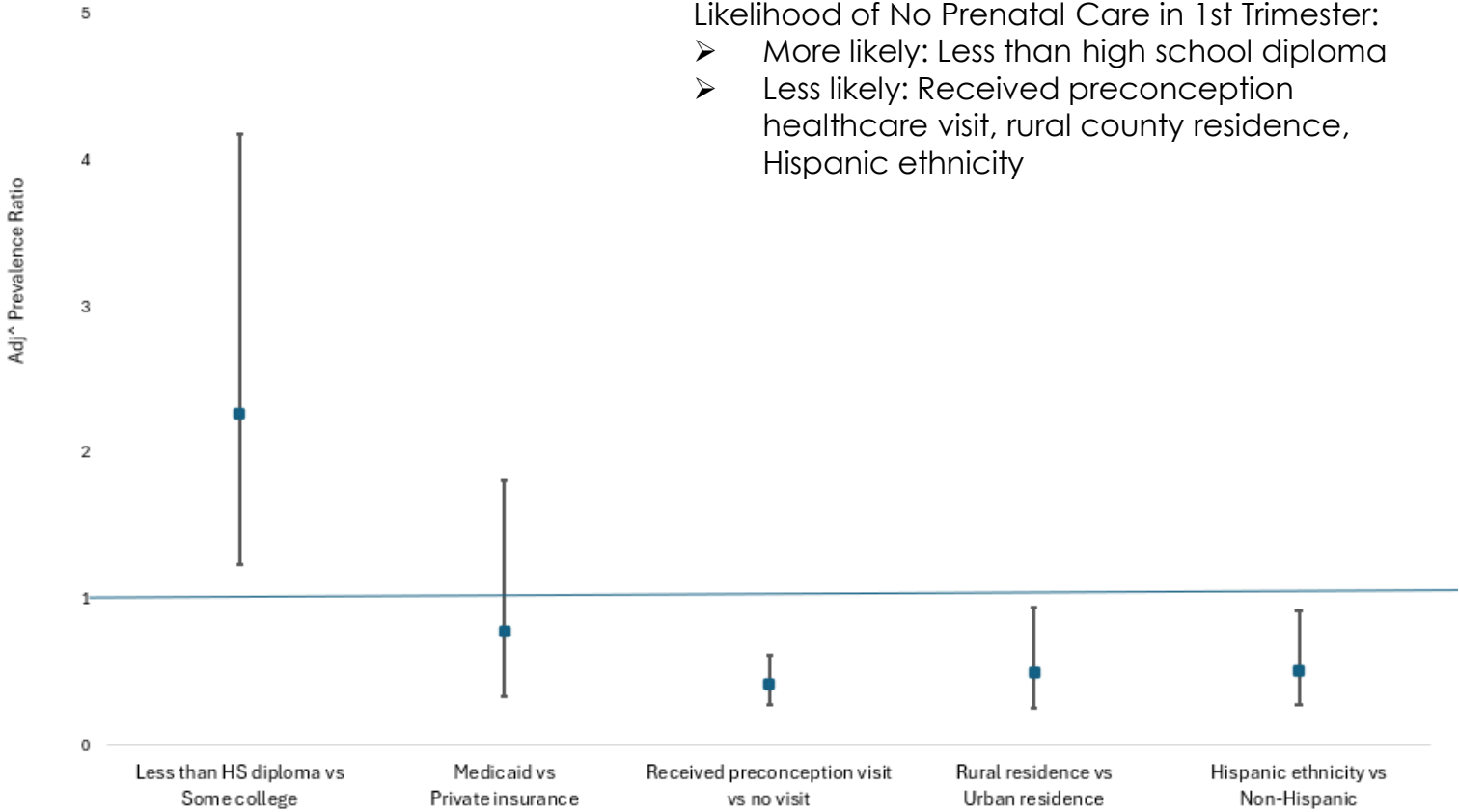
- Prenatal care offers an opportunity to screen for and treat substance use, including PPRs, to ensure healthiest maternal and infant outcomes

- 2019-2021 PRAMS weighted data from all sites fielding the Prescription Opioid Use Supplement

Pregnant people reporting PPR misuse (blue) had the slowest rate of prenatal care initiation



Predictors of Not Receiving Prenatal Care in 1st Trimester Among Pregnant People Reporting Misuse of PPRs



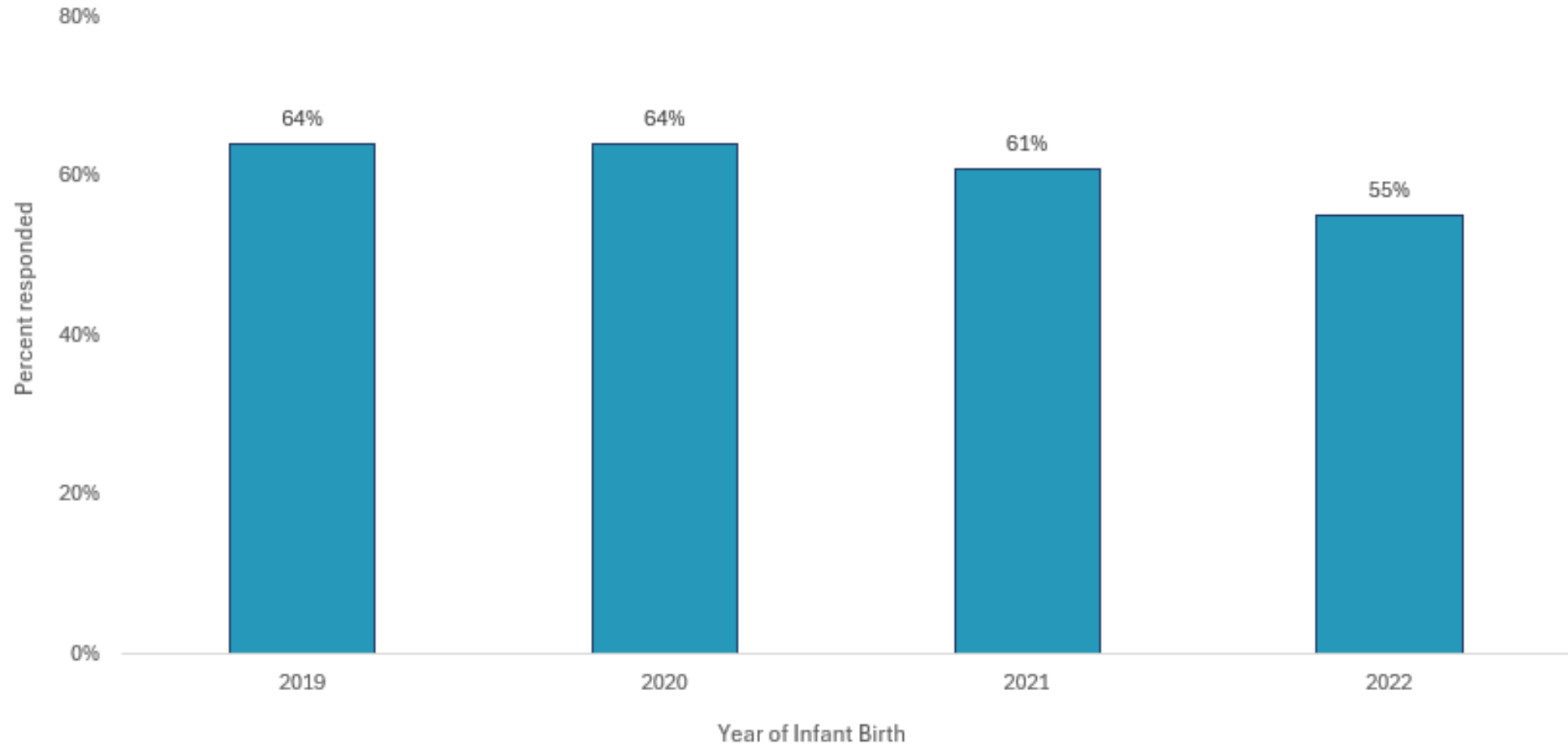
Potential projects with supplement data

- Relationship between PPR misuse and other drug use (tobacco, substance, marijuana)
 - May need more years of data and/or multiple PRAMS sites
- Assess who wants/needs to cut down use and who received help
 - May need more years of data and/or multiple PRAMS sites
- Deeper dive into who is receiving counseling and impact on perception of harm
- Analyses of maternal morbidity and substance use using hospital discharge linked data
 - May need more years of data
- New questions on Phase 9 (2023-)
 - Maternal care experiences during preconception, prenatal, and postpartum periods
 - Expanded questions on mental health, discrimination, racism

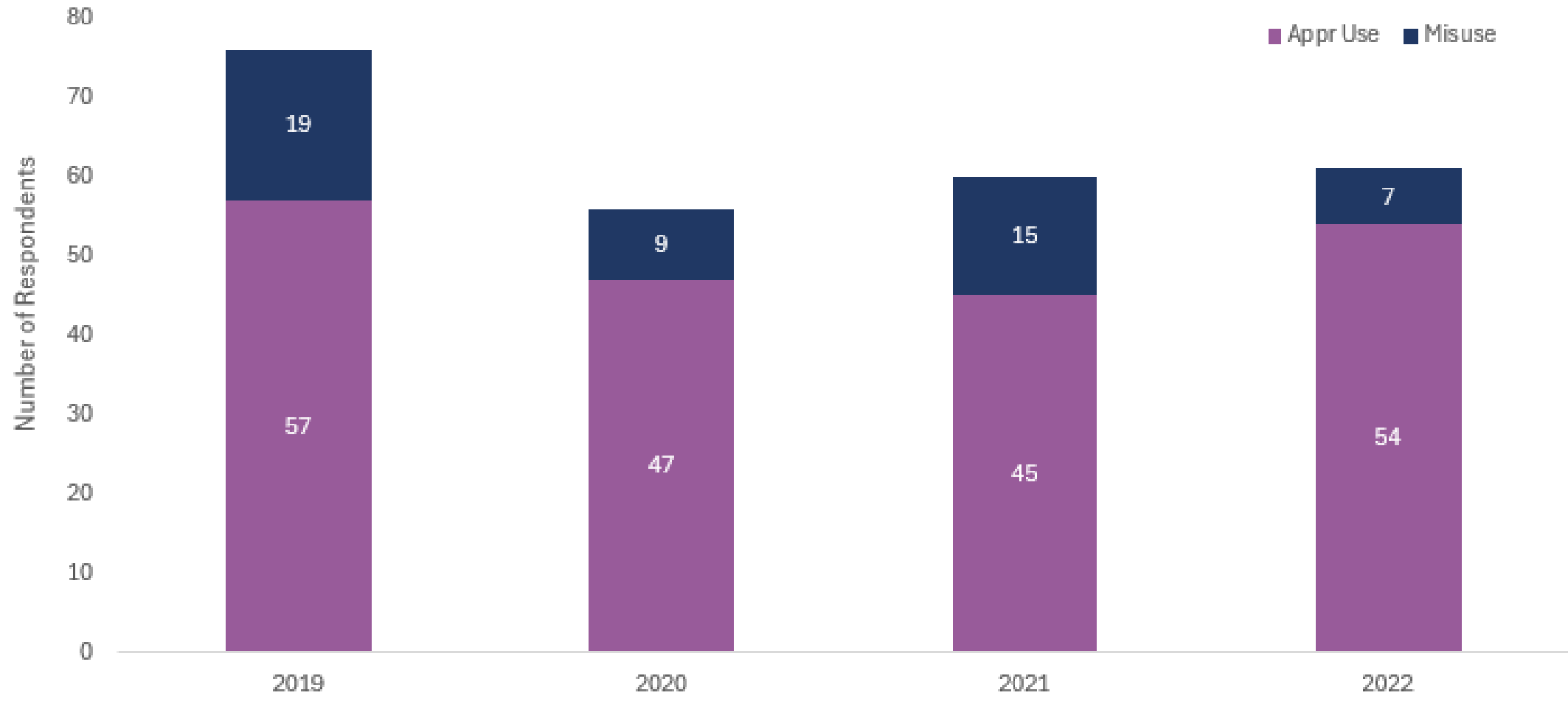
Things to consider

SAMPLE SIZE/ACCEPTABILITY/CAPACITY

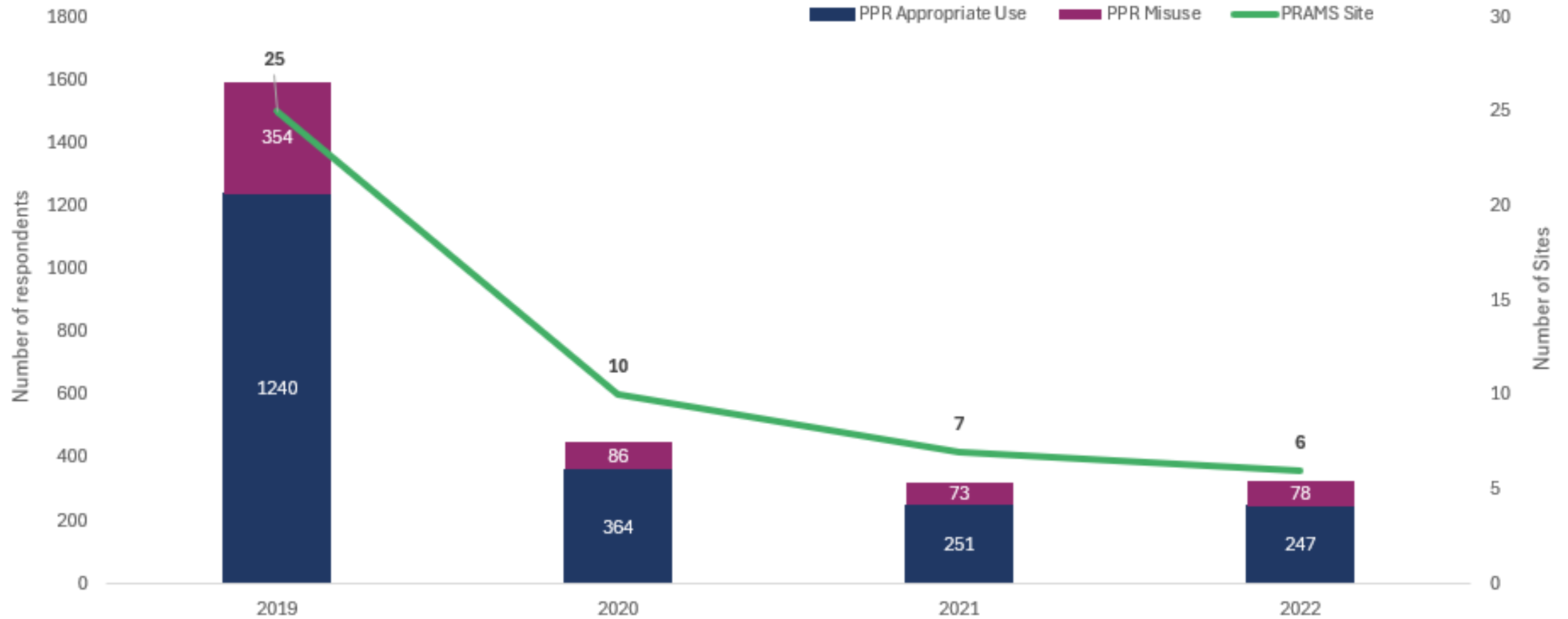
WA PRAMS Weighted Response Rates by Birth Cohort, 2019-2022



Number of respondents reporting PPR use during pregnancy, by type of use, Washington state



Number of PRAMS sites collecting and survey respondents completing the Prescription Opioid Use Supplement, 2019-2022



PPR supplement questions have higher missing rates compared to most core survey questions, WA 2019-22

Q #	Question	% Missing*
Core Survey		
5	Vitamin use 3 months before pregnancy	0.5%
6	Preconception health care visit 12 months prior to pregnancy	1.1%
34	Alcoholic drinks during last 3 months of pregnancy	0.7%
37b	Experienced abuse during pregnancy	3.0%
64b	Marijuana use during pregnancy	1.8%
66	Income	5.3%
Prescription Pain Reliever Supplement		
O2	Use of any prescription pain relievers	4.1%
O10	Perceived harm to baby's health	10.1%
O12	Health care worker talk about how PPRs could affect baby	8.1%

*Among respondents (surveys considered complete)

Feedback from interviewers



Acceptability

- No resistance to answer questions
 - If drop out, usually happens before
- Sensitive topic, but no more than others (IPV, marijuana use, etc.)
- Not sure if questions are being interpreted correctly (paper/web)
- Currently looks like an add on



Capacity

- PPR supplement not much of added burden for interview
- Additional cost of printing, inserting, and data entry
- In general, shorter survey is easier to sell

Summary



Challenges

- Adds length to an already long survey
- Need multiple years of data for adequate sample size
- Small numbers prohibit certain WA specific analyses
- No federal funding for supplement



Opportunities

- Substance use is primary contributor to maternal mortality in WA
- Only source of data for this population
- Distinguishes appropriate and misuse of PPRs

Questions



Discussion

POLL: Do you recommend continuing or dropping the Opioid Supplement questions in 2025?

BREAK



PRAMS Recruitment

- 1) New Materials
- 2) Response Rates
- 3) Breakout Groups



PRAMS

Pregnancy Risk Assessment Monitoring System

Helping to improve the health of mothers and babies in Washington State

Every experience counts!

For more Information

PRAMS Project Coordinator
Washington State Department of Health
Prevention and Community Health
Surveillance and Evaluation
PO Box 47835
Olympia, WA 98504-7835
360-236-3576

1-877-867-7267
www.doh.wa.gov/prams

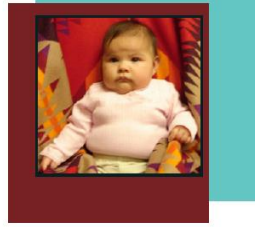
E-Mail: WAPRAMS@doh.wa.gov



Healthy Mothers
and
Healthy Babies



PRAMS data can be used to improve the health of mothers & infants by reducing low birth weight, infant mortality, & health problems before, during, and after pregnancy.



YOU CAN HELP improve the health of American Indian & Alaska Native mothers and babies by:

- WRITING in Tribal Affiliation & Reservation on Birth Certificate Forms
- COMPLETING PRAMS mail-in & telephone surveys

THESE small steps ensure accurate health information on mothers and babies for Tribes to address health care needs and improve programs.



PRAMS data is obtained three ways:

1. Birth certificate forms filled out shortly after the birth of your baby
2. Mail-in surveys
3. Telephone interviews



What is PRAMS?



PRAMS is an ongoing mail/telephone survey of women who have recently given birth and is sponsored by the CDC and the Washington State Department of Health.



What other women say

"Thank you for organizing this study about pregnancy. Please continue to do all that you can to educate pregnant women about their health and the health of their babies."

"I am so grateful for the many resources that were available to me during pregnancy because of my diabetes."

"Worrying about money and supporting my family was the biggest stressor during pregnancy."

"Thank you for caring and wanting to improve care for mothers and babies."

"Good luck with the survey and keep up the good work. The collection and analysis of this information is so important to the future health of our state."

For more information

PRAMS Project Coordinator
Department of Health
Prevention and Community Health
Surveillance and Evaluation
PO Box 47835
Olympia, WA 98504-7835
360-236-3576

Washington PRAMS on the Internet:
www.doh.wa.gov/prams

E-Mail: WAPRAMS@doh.wa.gov



Help mothers and babies by telling your story



Fill out your PRAMS survey by mail or call 1-877-867-7267 to complete it by phone



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-877-867-7267.

Washington State Department of Health
Prevention and Community Health

WA PRAMS and partners have used promotional materials to educate pregnant people and new parents about PRAMS and encourage them to participate if selected.

PRAMS PROMOTIONAL MATERIALS

Flyer-----

Poster-----

Brochure-----



Flyer - English/Spanish



Audience: Sampled moms

Suggested Use: Send with pre-letter or 1st survey mailing

WASHINGTON
PRAMS Pregnancy Risk Assessment Monitoring System

Share your unique birthing story
Every month, we reach out to people in Washington who recently had a birth and ask them to complete a survey. Washington Pregnancy Risk Assessment Monitoring System (PRAMS) collects information on individuals' experiences before, during and after birth.
Your selection to participate in this survey is by chance, like a lottery. The PRAMS survey asks about your experiences before, during, and after pregnancy.

Your stories matter
Your responses help us understand and support the different experiences of people who give birth in Washington. By sharing your story, you help us create practices and policies that benefit everyone. All birth experiences are important in helping Washington babies and parents thrive. We hope you share your story with us.

All survey participants receive a \$20 gift card as a thank you for your time.
Thank you for contributing to the health and well-being of people who give birth and their babies in our state.

Questions?
Please contact us at WAPRAMS@doh.wa.gov or call (877) 867-7276 or (360) 236-3576.

Washington State Department of Health
DOH 141-168 CS August 2024
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Poster – English/Spanish



Audience: New and expecting
moms

Suggested Use: Clinics,
e.g., WIC, family planning

WASHINGTON
PRAMS
Pregnancy Risk Assessment
Monitoring System

Your stories matter
Sharing your birth experiences helps
parents and babies thrive.

Every month, we reach out to people in
Washington who recently had a birth and ask
them to complete a survey.
Selection to participate in this survey is by chance,
like a lottery. The PRAMS survey asks about your
experiences before, during, and after pregnancy.

By sharing your story, you help us
create practices and policies that
benefit everyone.

All survey participants receive a
\$20 gift card
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HEALTH
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Brochure – *English/Spanish*




Audience: Sampled moms, new and expecting moms

Suggested Uses:
Companion piece with poster;
Hospital Discharge packets

How PRAMS responses are shaping support for babies and parents:


- Comprehensive insurance coverage for 12 months following end of pregnancy, including birth control.
- Postpartum mental health resources:

Scan




Call



1-888-404-7763



For more Information:



WASHINGTON PRAMS
Pregnancy Risk Assessment Monitoring System



Scan the QR code to the left to visit our website

email: WAPRAMS@doh.wa.gov
call: (877) 867-7276
or (360) 236-3576

Washington State Department of HEALTH

DOH 160-195 CS August 2024
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Your stories matter
Sharing your birth experiences helps parents and babies thrive.

PRAMS Response Rates, 2020-2023

- 1) Completion type
- 2) Select Demographics

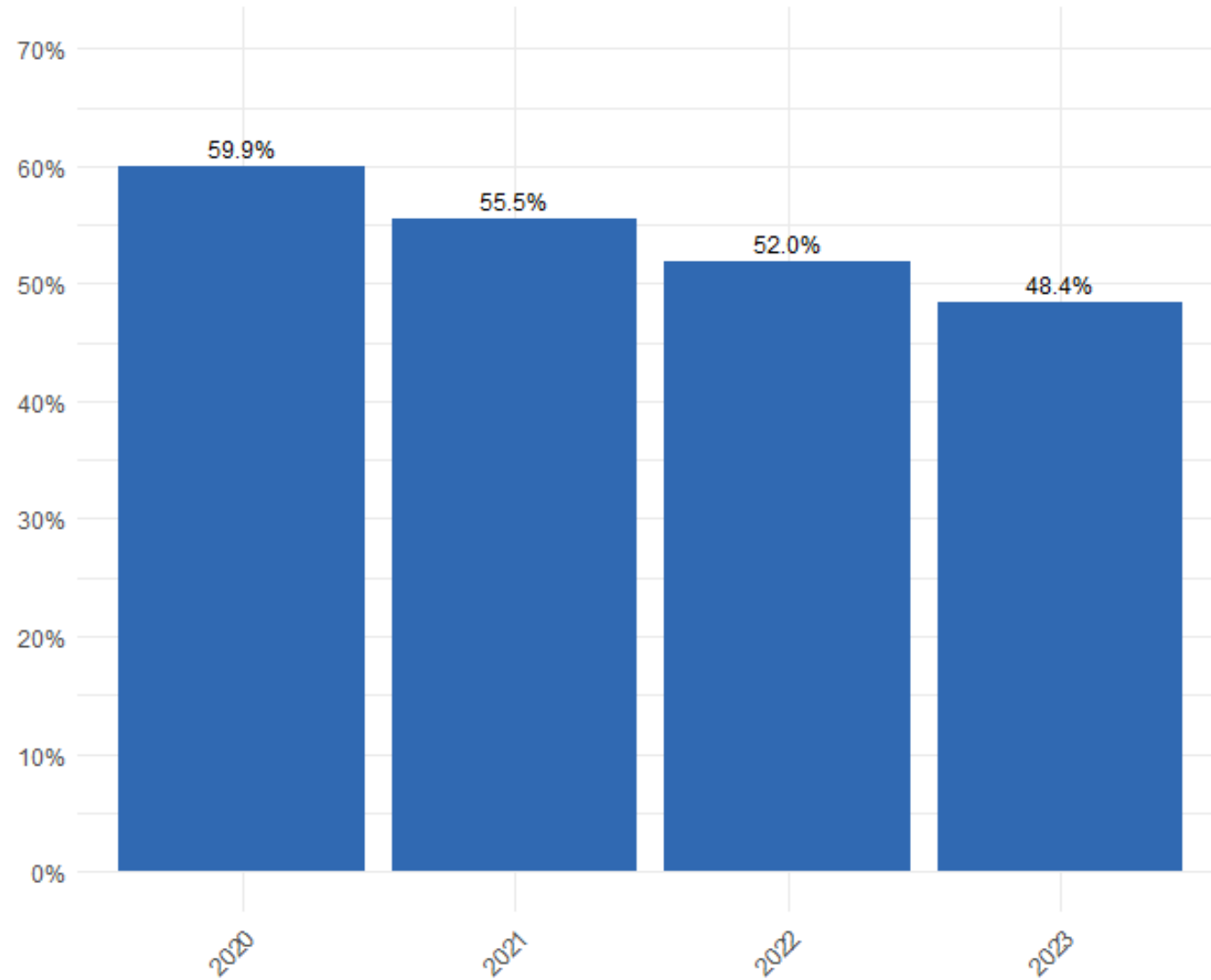
About the data presented

All response rates are
unweighted.

They represent PRAMS response rates from Phase 8 (2020-2022) and Phase 9 (2023).

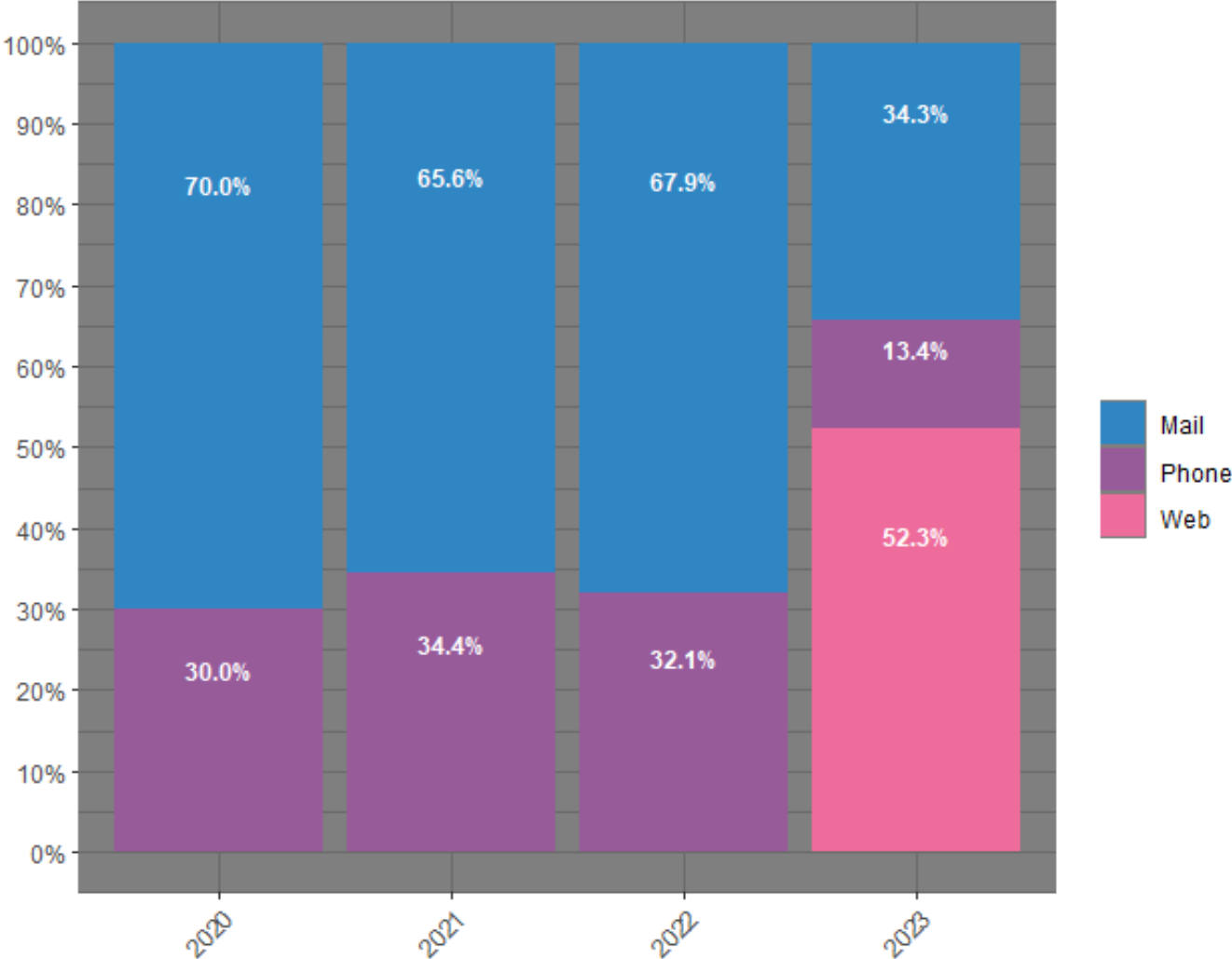
Data was selected based on year of birth (2020-2023).

PRAMS Response Rates, 2020-2023

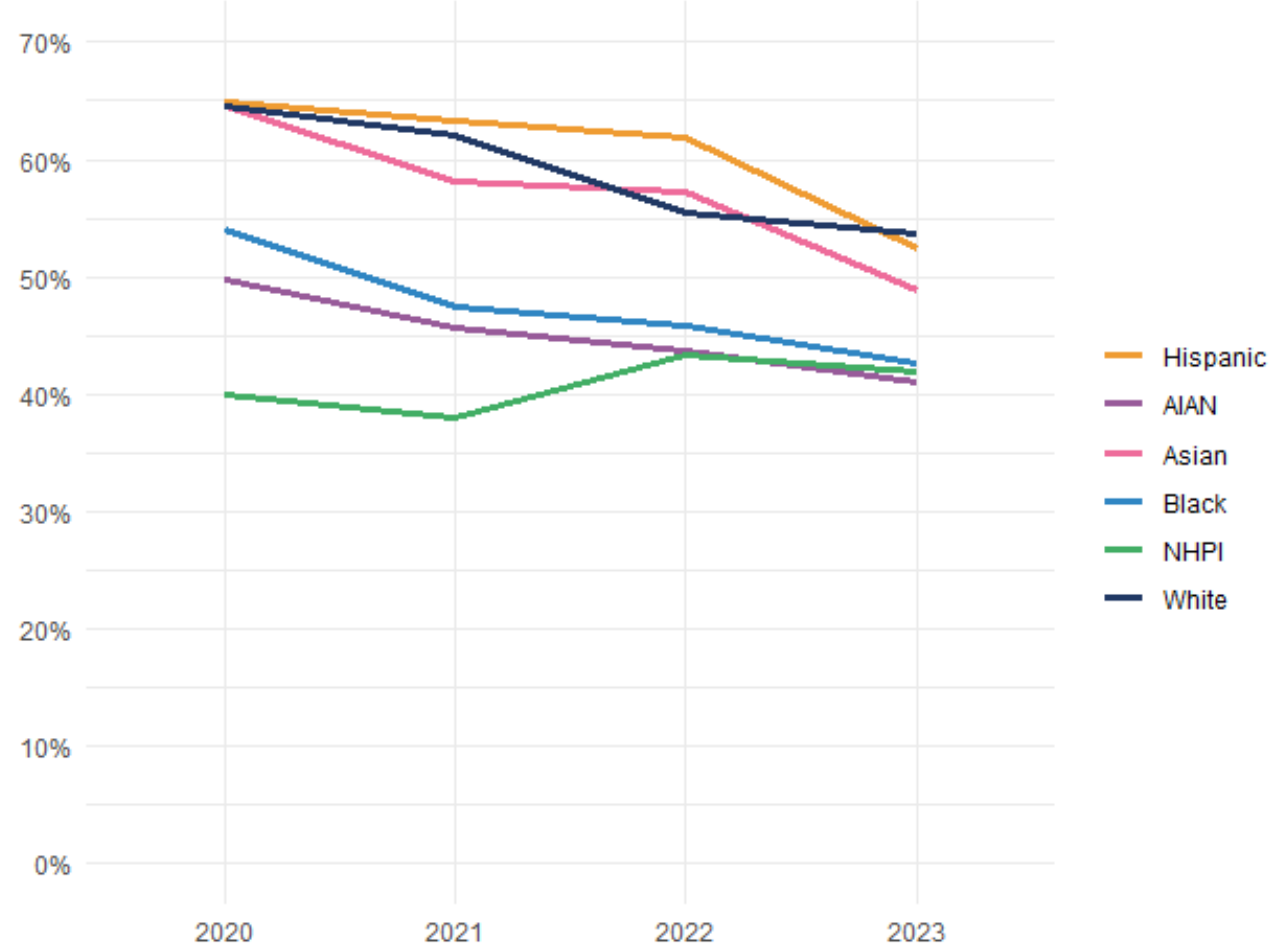


Responses by Completion Type, 2020-2023

Note: Web only available in 2023

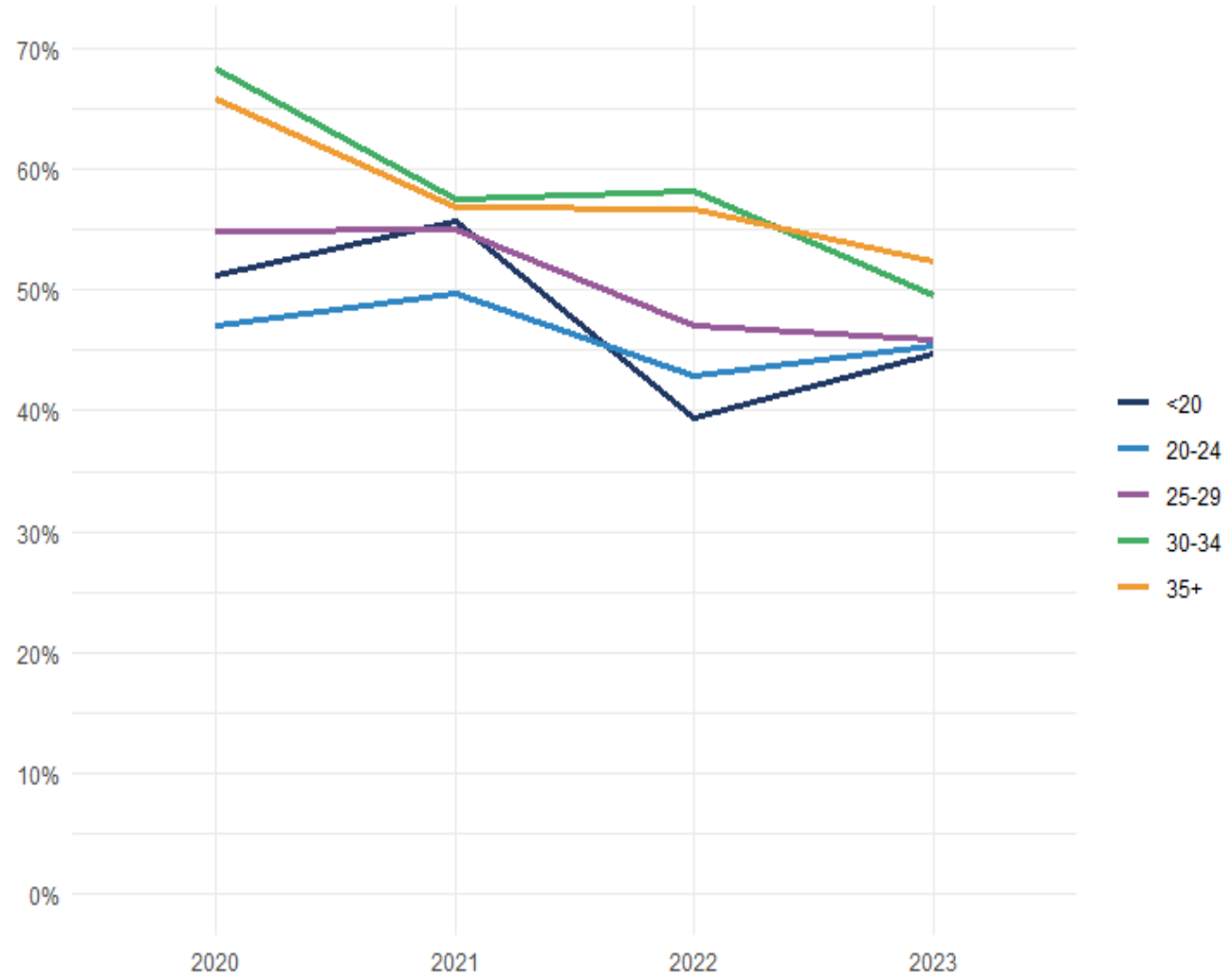


Response Rates by Race/Ethnicity Alone or in Combination, 2020-2023



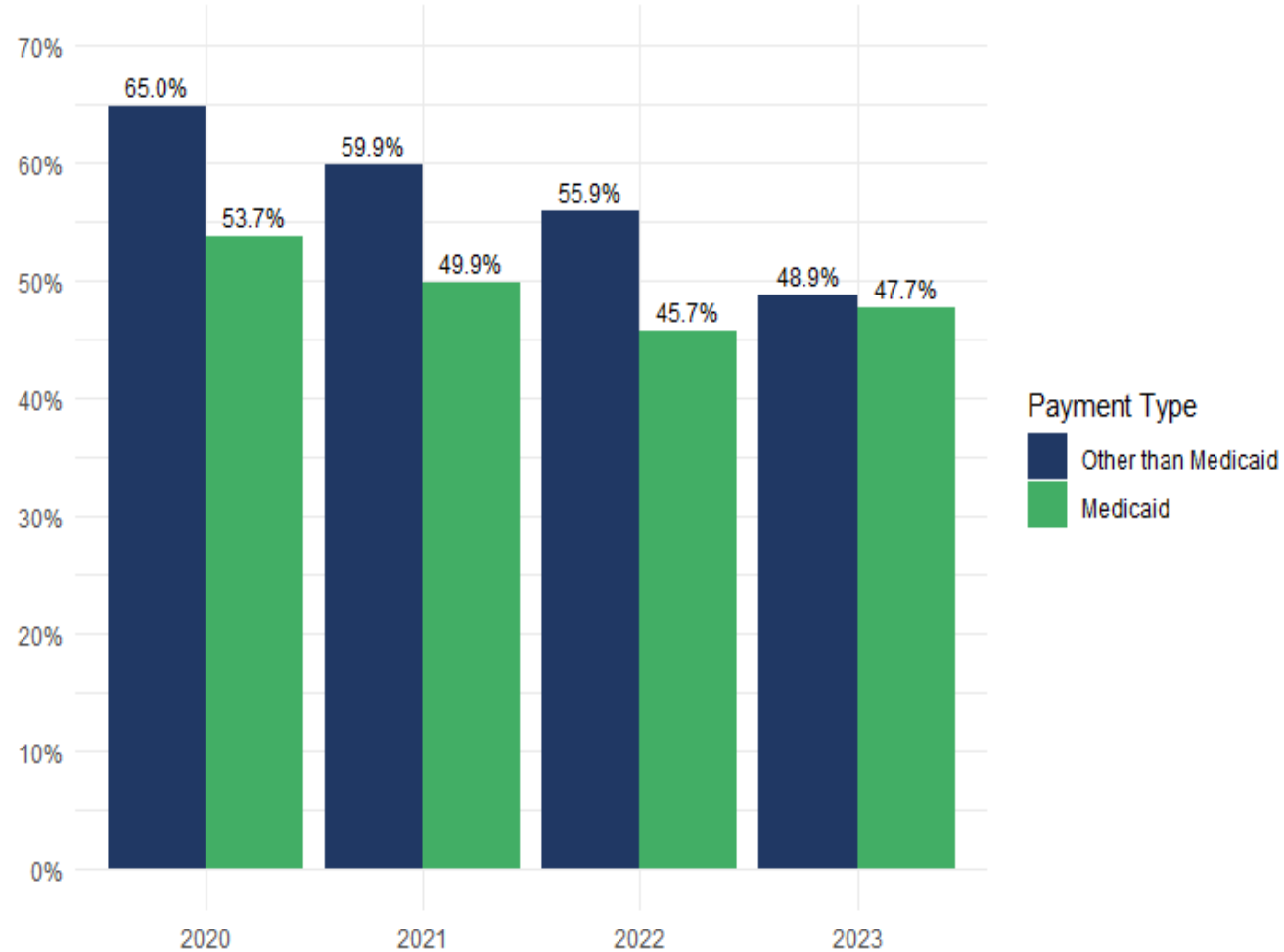
Note: Response rates for the age group “<20” are based on smaller annual numbers (<50 in some cases) compared to the other age groups (>100).

Response Rates by Age Group, 2020-2023

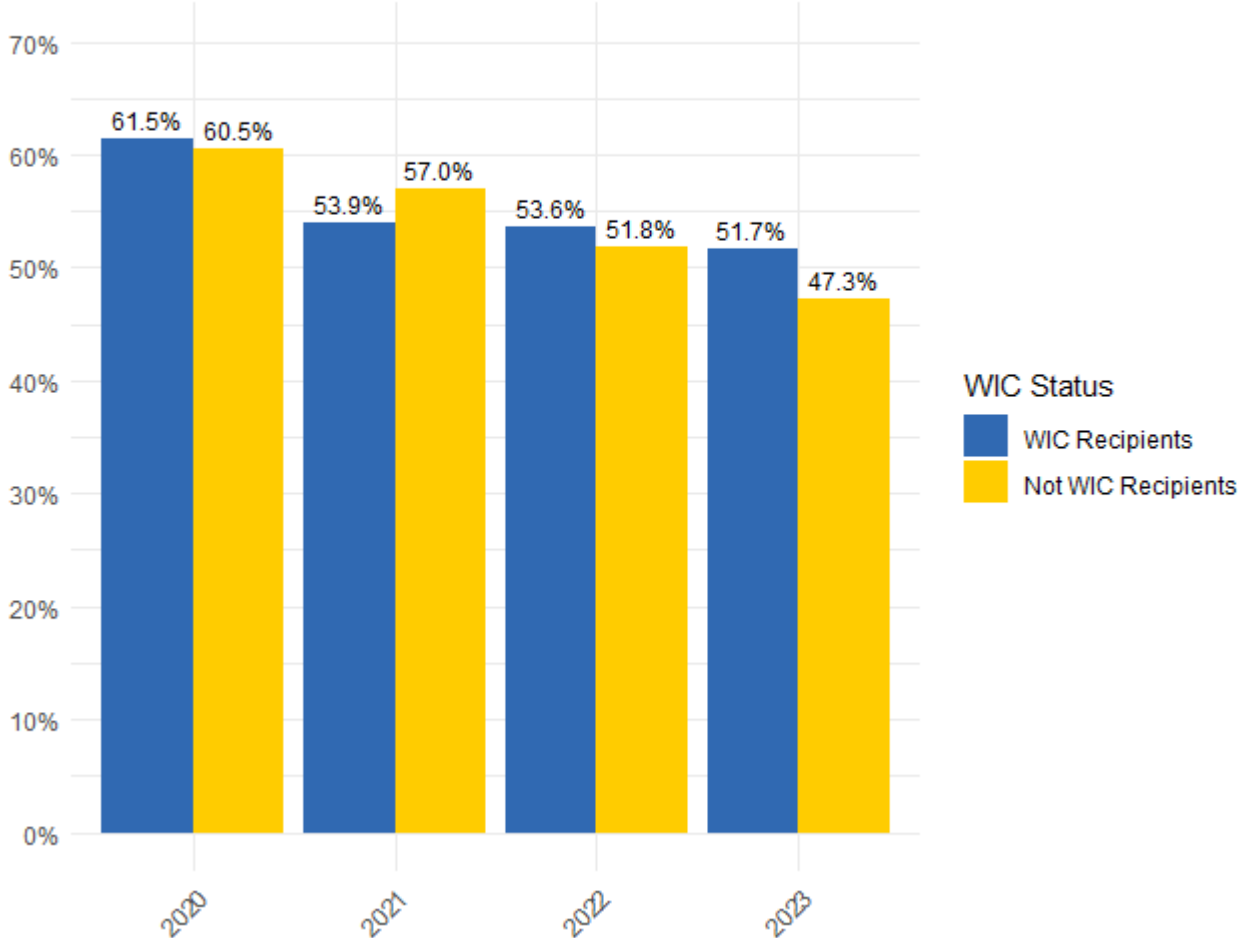


Response Rate by Payment Type at Delivery, 2020-2023

Note: Payment type data is collected from the birth certificate. There is known misclassification in terms of pay type; people with Medicaid are being reported as non-Medicaid.



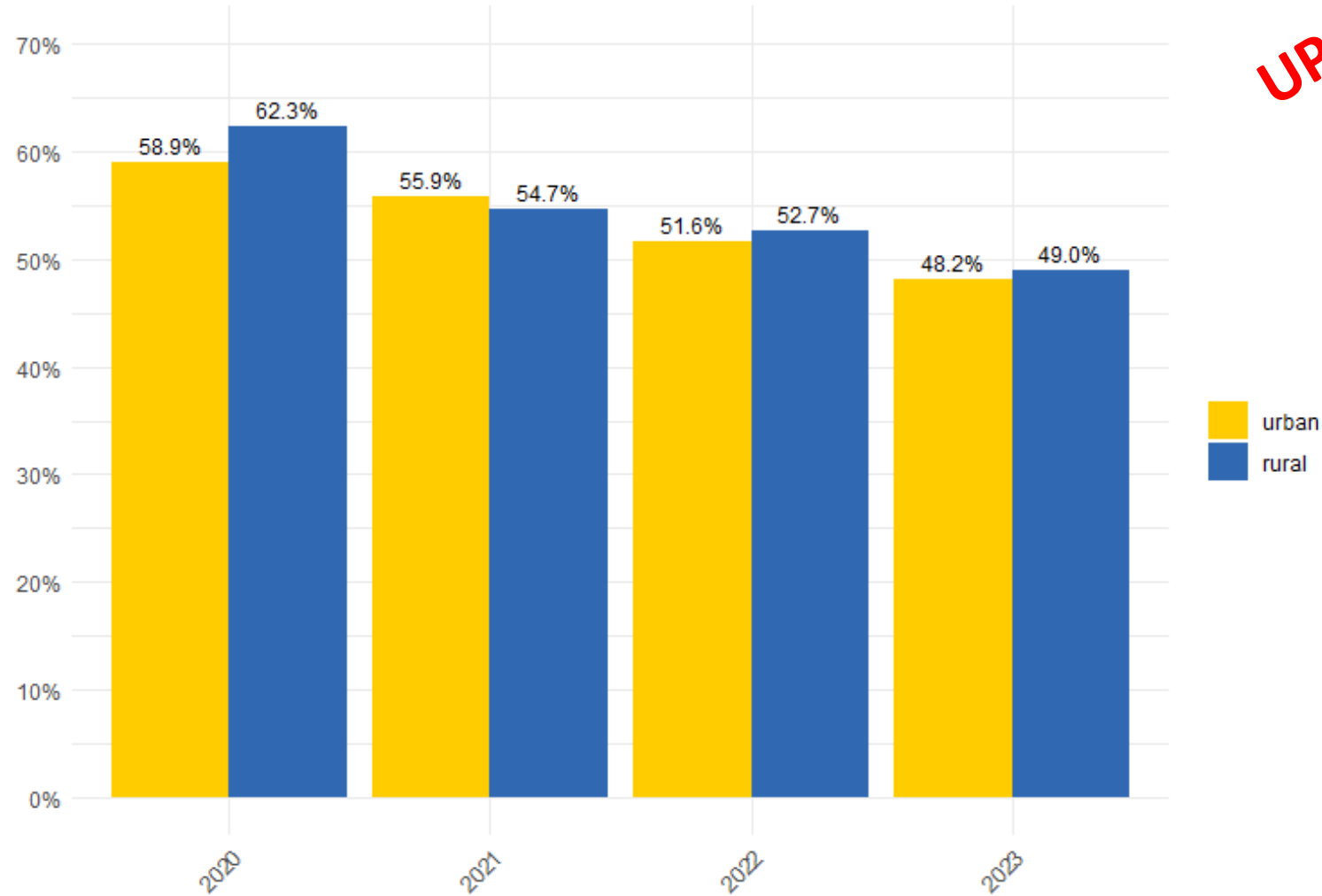
Response Rates by WIC Status, 2020-2023



Data re: WIC status is collected from the birth certificate.

PRAMS Response Rates Among Rural and Urban Respondents

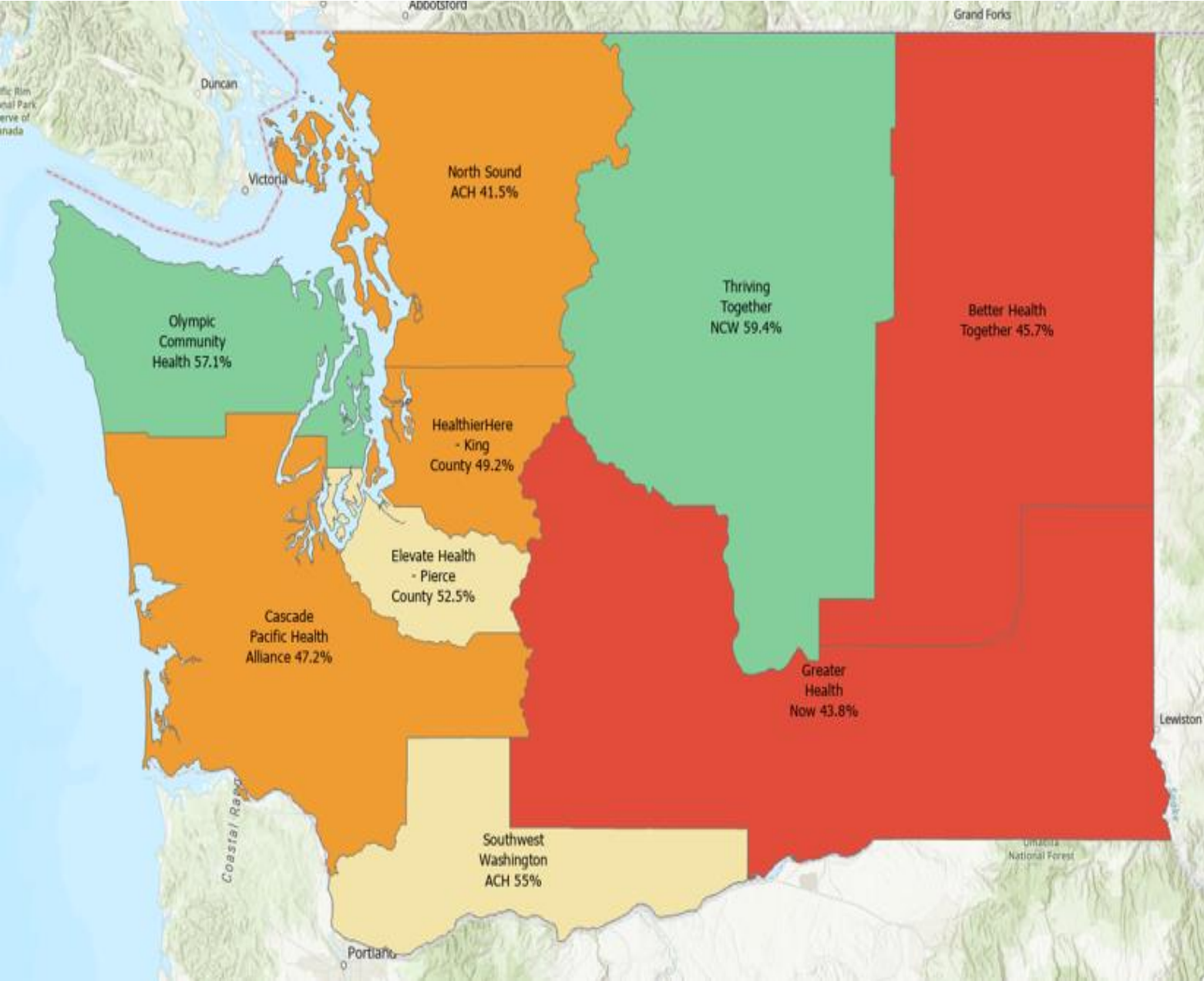
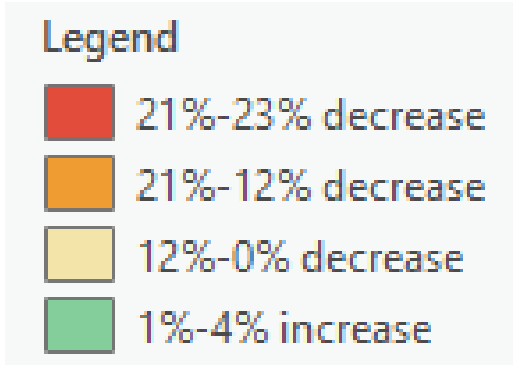
2020-2023



Note: Graphic updated from original presented in 10/17/24 advisory committee meeting

Difference in Response Rates by ACH Region: 2020 to 2023

- 2023 Response rates
- Increase/decrease in comparison with 2020



Key Takeaways

- **Some groups consistently respond less frequently.**
 - Race/ethnicity group: NH NH/PI
 - ACH region: North Sound
 - Age groups: Respondents under 25
- **Other groups' participation decreased notably in this period.**
 - Race/ethnicity groups: Hispanic & Asian
 - ACH regions: Better Health Together and Greater Health
- **Completion by Web appears to be a popular mode.**
 - But it also replaced other response modes in 2023.



Recommendations for Distribution

Working in small groups for a few minutes please:

- Identify 3 or more priority methods/locations/ideas for sharing out materials.
- Appoint spokesperson to report back to full group

Your input is appreciated

Announcements

- **New PRAMS Continuation Grant:** *expected Nov'24 for 2025*
 - **Required Annual Data Reporting:** *May 2024-current*
- **Posters and Presentations from PRAMS Grantee Meetings:**
coming soon
- **WA PRAMS Data Availability**
 - **2022 WA PRAMS data now available:** *Request on DOH WA PRAMS website*
 - **2023 WA PRAMS data expected early 2025**
- **Next Meeting:**
 - February 6, 2025. 10:00-Noon

WA PRAMS Team



Coordinator	Linda Lohdefinck
Survey Operations	Kevin Beck
	Silbia Moreno
	Karen Kirk
	Julie Latham
Epidemiologist	Teal Bell
Principal Investigator	Martha Skiles

Contact: martha.skiles@doh.wa.gov
WAPRAMS@doh.wa.gov



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