About Our Work...
Who We Are:

CDC’s Division of Reproductive Health

- Mission: To promote optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice
- Vision: Optimal reproductive health for a healthy future
DRH Focus Areas

Women’s Reproductive Health - Improve women’s reproductive health from menarche through menopause

Infant Health - Improve fetal, newborn, and infant health

Pregnancy Health - Improve pregnancy health and care
What We Do:
DRH Strategic Areas of Focus

- Chronic Disease Prevention in Women of Reproductive Age
- Infant Mortality and Morbidity
- Maternal Mortality and Complications of Pregnancy
- Reducing Teen and Unintended Pregnancy
- Global Reproductive Health
- Science to Practice
DRH Priority: Understanding and Preventing Maternal Mortality

700

Each year in the U.S., about 700 women die as a result of pregnancy complications.

3 – 4X

Black women are 3 – 4 times more likely to die of pregnancy-related causes than white women.
DRH Priority:
Documenting and Reducing the Impact of Maternal Opioid Use Disorder
Opioid Use Disorder at Delivery Hospitalization

* Prevalence rate numerator consisted of opioid type dependence and nondependent opioid abuse based on ICD-9 codes (304.00-304.03, 304.70-304.73, 305.50-305.53) and denominator consisted of state delivery hospitalization discharges.

† Rates prior to the 2012 are weighted with trend weights and rates after 2012 are weighted using original NIS discharge weights to account for the change in NIS design in 2012.

Source: Haight et al, *MMWR*, 2018
Rapid Assessment of Maternal Opioid Use and Overdose to Improve Outcomes and Save Lives

- Improving and standardizing data on pregnancy-associated overdose deaths through work with state Maternal Mortality Review Committees
- Supporting state teams to address opioid use among women in the preconception, pregnancy and postpartum periods through establishment of a Learning Community
- Collecting and disseminating state-based data on non-fatal opioid use during pregnancy through PRAMS
Updates from
Pregnancy Risk Assessment Monitoring System (PRAMS)
What is PRAMS?

- Established in 1987 as part of an Infant Health Initiative
- Ongoing, population-based surveillance system
- Self-reported maternal behaviors and experiences before, during, and shortly after pregnancy
- State and near-national estimates
Who Participates in the PRAMS Surveys?

Women who recently delivered a live infant

- Random sample from birth certificate records
- Sampled when infants are 2 - 6 months old
- State sample ~1500–3000 women per year
- Combined annual sample ~ 100,000 women per year
  - 47 states, NYC, DC, Puerto Rico and South Dakota Tribal project
Examples of PRAMS Indicators Affecting Infant Health

- Preconception health
- Maternal weight
- Maternal tobacco / alcohol use
- Receipt of prenatal care
- Health insurance status

- Postpartum contraception
- Breastfeeding
- Infant sleep practices
Addressing Emerging Issues with PRAMS

2009-2010
H1N1 Flu supplement

2015
E-cigarette/hookah supplement

2016
Zika U.S. states supplement
- Zika Postpartum Emergency Response (ZPER)

2018-2019
Stillbirth surveillance supplement
- Paternal survey

2017
Marijuana & drug use supplement
- Hurricane supplement

2019
Opioid use supplement
- Disabilities supplement
Leveraging PRAMS to Address Key MCH Issues

- Adapting PRAMS methodology to survey women experiencing stillbirth
- Exploring surveying of new fathers regarding behaviors surrounding pregnancy
- Utilizing PRAMS to evaluate the effect of Healthy Start program on key outcomes
PRAMS Releases New Data

CDC is pleased to announce the release of 2016 data from the Pregnancy Risk Assessment Monitoring System (PRAMS). Researchers can request the most recent year of data, as well as prior years’ data.

To determine the data availability by site and year from 1988–2016, please access the tables under Years of Data Available.

Request data at https://www.cdc.gov/prams/researchers.htm
Promoting Use of PRAMS Data for Action

State Topic Reports

- Available:
  - Breastfeeding
  - Infant Safe Sleep
  - Oral Health
  - Cigarette Smoking

- Pending:
  - Mental Health
  - Family Leave
The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology

Objective and Practice

Data System. The Pregnancy Risk Assessment Monitoring System (PRAMS) is a comprehensive surveillance system that monitors 170 maternal and child health outcomes and experiences and is used to guide interventions during and after pregnancy. PRAMS is conducted by the Centers for Disease Control and Prevention's Division of Reproductive Health, in collaboration with state health departments.

Participants. PRAMS is conducted by state and local health departments in partnership with CDC. Data Collection/Processing. 10th birth certificate records are used in each participating jurisdiction in the design sample. Participants are selected on the basis of maternal and child health outcomes and experiences and are used to guide interventions during and after pregnancy. PRAMS is conducted by the Centers for Disease Control and Prevention's Division of Reproductive Health, in collaboration with state health departments.

For more information, please visit the PRAMS website at prams.cdc.gov.

Public Health Implications. PRAMS data can be used to develop public health policies and programs aimed at improving maternal and child health outcomes. PRAMS data can also be used to evaluate the effectiveness of interventions implemented to improve maternal and child health outcomes. The PRAMS data can be used to identify areas for improvement and to guide future research.

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Authors. The authors are affiliated with the Centers for Disease Control and Prevention's Division of Reproductive Health. The authors are also affiliated with state health departments.

For more information, please visit the PRAMS website at prams.cdc.gov.
Sleep-related Infant Deaths

- 3,500 deaths each year in the U.S.
- Also known as Sudden Unexpected Infant Death (SUID)
  - Deaths of infants less than 1 year old
  - Occur during sleep or in a sleep environment
- Includes:
  - Sudden Infant Death Syndrome (SIDS)
  - Accidental suffocation/strangulation in bed
  - Undetermined causes
Rates of Sleep-related Infant Deaths Dropped in 1990s but Have not Declined Since 2000

AAP recommends infants sleep on their backs
Back to Sleep campaign launched

All Sleep-related Infant Deaths
AAP Safe Infant Sleep Recommendations

- Back positioning for every sleep
- Use a firm sleep surface
  - Crib, bassinet, play yard
- No soft objects or loose bedding
- Room-sharing, but not bed-sharing
- Smoke-free sleep environment
- Avoid overheating
- Avoid alcohol and tobacco exposure (prenatal & environmental)
Infant Safe Sleep on PRAMS

- Infant sleep position
  - all survey respondents since 1996
- Surface-sharing, Usual sleep location, Soft bedding use, Provider safe sleep advice
  - respondents in select states 1996-2015
Safe Sleep for Babies Vital Signs


On January 9, 2018, this report was posted online as an MMWR Early Release.

CDC.gov/vitalsigns/safesleep/index.html
Key findings from PRAMS 2015

Not Placing Baby on Back to Sleep

- Overall: 22%
- White: 16%
- Black: 38%
- Hispanic: 27%
- Asian or Pacific Islander: 21%
- American Indian or Alaska Native: 20%

Any Bed Sharing

- Overall: 61%
- White: 53%
- Black: 77%
- Hispanic: 67%
- Asian or Pacific Islander: 77%
- American Indian or Alaska Native: 84%

Any Soft Bedding

- Overall: 39%
- White: 33%
- Black: 41%
- Hispanic: 53%
- Asian or Pacific Islander: 55%
- American Indian or Alaska Native: 36%

Improvements to PRAMS Safe Sleep Questions

- 2016: HRSA funded addition of four questions to be asked of all respondents
- 5 questions now asked of all respondents
  - Sleep position
  - Surface-sharing
  - Room-sharing, but not bed-sharing
  - Surface type (crib, bassinet, adult bed, etc.), use of soft bedding
  - Health care provider advice
Additional Infant Safe Sleep Activities at CDC
SUID & SDY Case Registry

- Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry
- SUID Registry began 2009
  - Surveillance of sudden unexpected infant (birth-364 days) deaths
- SDY added in 2014
  - Collaboration with additional funding provided by NHLBI and NINDS
  - Increased surveillance up to age 18
  - Includes an extensive postmortem clinical review
  - Genetic testing
- New 5-year award cycle launched FY 18-23
What is the Registry?

- Built upon established National Center for Fatality Review and Prevention’s child death review programs, identical:
  - Protocols
  - Multidisciplinary teams
  - Review of medicolegal records
  - Web-based reporting system

- Aim is to enhance states’ capacity to:
  - Review and monitor all cases; population-based surveillance
  - Use data to improve case review processes, death investigations and develop prevention strategies
Characteristics of deaths in the Registry

- Compared to their proportion of the overall population:
  - Whites, Asians, and Hispanics under-represented
  - Blacks, American Indian/Alaska Natives over-represented
- Median maternal age: 25 years
- Median age 3 months, almost 80% occur in infants ≤ 4 months
- Slight majority male (58%)
- Only 1% had no identifiable unsafe sleep factors
How are the data being used?

- Changes to childcare licensing rules (CO)
- Development of child welfare system training (CO, MI)
- SUID notification letter sent to OBGYN, delivery hospital, pediatrician (LA)
- New birthing hospital safe sleep education legislation (MI)
- Dashboard to visualize SUID data.
  - Local CFR teams can use the dashboard to access local-level SUID data
- Safe Sleep Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality
Public Health Grand Rounds: Safe Sleep for Infants

October 21, 2018

▪ Beyond the Data interview: Dr. Mike Goodstein (AAP SIDS task force)
▪ 1000 webcast viewers: in 49 states & 7 foreign countries
▪ Total Facebook reach: 31k; video viewed 10k times
▪ Archived:
  – https://www.youtube.com/watch?v=NdjihES8FY
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.