

AMCHP Case Study

Using Data to Advance Preconception Health and Health Care: A Hawaii Case Study

Introduction

Improving women's health before pregnancy can result in improved pregnancy outcomes for women and infants. Preconception care aims to promote the health of women of reproductive age before conception in order to improve pregnancy-related outcomes.ⁱ Many states are integrating and implementing programs to address and improve preconception health and health care. State Title V agencies can play an important leadership role in moving programs and policies toward a focus on preconception health. The Hawaii Maternal and Child Health (MCH) Branch of the Department of Health (DOH) has used data to develop, integrate and improve programs and policy to address perinatal and preconception health outcomes. Using the Pregnancy Risk Assessment Monitoring System (PRAMS) project, a population based surveillance system funded by the Centers for Disease Control and Prevention's Division of Reproductive Health (CDC-DRH), the Hawaii DOH is identifying and monitoring preconception, pregnancy and interconceptional maternal experiences, attitudes and behaviors.ⁱⁱ

Hawaii State MCH Priorities

The prevalent health risks and conditions for Hawaii women of reproductive age inform the state's programs and activities that work to improve preconception health and health care. Hawaii's state priority needs from 2005-2010 include: 1) reducing the rate of unintended pregnancy; 2) reducing the rate of adolescent Chlamydia; 3) increasing abstinence from alcohol use during pregnancy; and 4) increasing abstinence from smoking during pregnancy. To measure progress toward specific state goals, each state reports annually to the Maternal and Child Health Bureau (MCHB) on seven to 10 State Performance Measures that they develop as part of the MCH Block Grant funding. State Performance Measures that are related to Hawaii's perinatal and preconception priority needs include:

- 01: Percent of pregnancies (live births, fetal deaths, abortions) that are unintended
- 06: Rate of women aged 15-19 years (per 1,000) with a reported case of Chlamydia
- 07: Percent of women who report smoking tobacco during pregnancy
- 08: Percent of women who report use of alcohol during pregnancyⁱⁱⁱ

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS was initiated in 1987 because infant mortality rates were no longer declining as rapidly as they had in prior years. In addition, the incidence of low birth weight infants had changed little in the previous 20 years. Research has indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health. Thirty-seven states, New York City, and South Dakota Yankton Sioux Tribe currently participate in the PRAMS program, which represents approximately 75 percent of all U.S. live births.^{iv}

Hawaii PRAMS – From Data to Action

Hawaii piloted the PRAMS project in 1999 and it became a CDC-funded PRAMS state in 2000. In the Hawaii islands, about 200 new mothers, identified by birth certificates, receive the PRAMS questionnaire each month. The core questions were developed by the CDC to address MCH issues such as unintended pregnancies, smoking and alcohol use in pregnancy, insurance at time of pregnancy, contraception, economic status, post-partum depression and domestic violence. The Hawaii PRAMS steering committee, program staff and health care providers developed State-specific questions to address HIV, breastfeeding, drug use, dental health, general health and the mother's current working/school status.^v

According to the staff at the Hawaii DOH, PRAMS is a great vehicle for improving collaboration. The data from the PRAMS project is driving partnerships both internal and external to the MCH Branch of the DOH. Information gathering and sharing with stakeholders has been an important part of this collaboration. Using PRAMS data and other data sources related to perinatal and preconception health, the DOH have found many intersections in the work that is being done with family and community health programs. Additionally, the other divisions within the DOH and its community partners are using PRAMS data in the policy arena to drive change.

Activities

Data has also been the foundation for Hawaii's recent preconception and perinatal health activities, including a summit, information and campaign materials and legislative efforts.

Hawaii Perinatal Care Summit

A statewide Perinatal Summit held in October 2008 on "Developing Strategies for Healthy Women, Healthy Pregnancy, Healthy Birth Outcomes" brought together 175 people, including community organizations and national experts on preconception health. The Summit provided a stage to highlight Hawaii data and strengthen relationships to improve health. The goals of the summit were to: 1) increase awareness of statewide preconception health care needs, behaviors and the connection between perinatal women needs and services; 2) encourage dialogue on critical preconception health and perinatal health concerns and directions for Hawaii; and 3) establish linkages and collaborative opportunities for all who work with disparate populations.^{vi}

Resources

During the Summit, fact sheets using Hawaii PRAMS data on perinatal and preconception health were presented and distributed "to increase discussion, focus further analyses, and serve as a way to present data on several important issues and how they may vary among common socio-demographic groups."^{vii} Key indicators chosen to be highlighted in fact sheets can inform prevention activities to improve preconception and postpartum health outcomes. The key indicators included preconception vitamin intake, unintended pregnancy, early prenatal care, substance use, Medicaid/Quest access and utilization, breastfeeding, infant sleep position and postpartum depression.^{viii}

Women's Health Week

During 2009, the Hawaii MCH Branch of the DOH made over five million contacts to increase preventive health screening for women in the state. The Branch was the lead for the 2009 Women's Health Week and partnered with stores, churches and community organizations to disseminate the schedule of women's health screenings. Over 78,500 screening guides were distributed. The DOH set up a display table and distributed placards in the main lobby. In addition, DOH partnered with AlohaCare, American College of Obstetricians and Gynecologists-Hawaii Section, Hawaii State Commission on the Status of Women, Healthy Mothers Healthy Babies Coalition of Hawaii, HMSA, Kaiser Permanente, Kapi'olani Women's Center, Planned Parenthood of Hawaii, The Queen's Womens' Health Center and Women's Fund of Hawaii to develop a guide providing information on screening tests for women at different age groups. In this guide, adapted from www.WomensHealth.gov, women were encouraged to celebrate their bodies, minds, spirits and health.

Women's Health Guide: Celebrate Your Body, Your Mind, Your Spirit, Your Health

1. Check in with yourself. What positive steps are you taking to keep yourself healthy and happy?
2. Check up. Call your health care provider. Appointments and screenings are a simple step you can take to maintain and improve your health.
3. Get personal..... Your health care provider will personalize the timing of each test and immunization to meet your health care needs.^{ix}

Legislative Efforts

Data has also been the driving force behind the development of legislation around preconception health. Analysis of Hawaii PRAMS data showed that women who had Medicaid at delivery were twice as likely as women with other forms of health insurance to suffer from postpartum depression (21.8%, compared to 11.5%); were 1.5 times more likely to breastfeed for less than eight weeks (26.8% vs. 18.4%); and two times less likely to be seen for postpartum examinations (16.6% vs. 8.0%). These findings were used to help shape MCH policy through the introduction and passage of law Act 2, 2008 Special Session which "requires the Department of Human Services to apply to the Federal Centers for Medicare and Medicaid Services to extend post-partum and interconception care, from eight weeks to at least six months, for women who participate in the Hawaii Medicaid/Quest program." The waiver was submitted and eventually declined by the Federal Centers for Medicare and Medicaid Services. However, this process has increased awareness of the issue, and has led to continued interest by the Legislators on the costs, benefits and consequences of women's and infants health in promoting better resources for preconception and interconception health and health care. Additional efforts involving community stakeholders continue to meet to discuss this issue.

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ⁱ Recommendations to Improve Preconception Health and Health Care --- United States: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

ⁱⁱ The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) Project: <http://hawaii.gov/health/family-child-health/mchb/programs/prams.html>.

ⁱⁱⁱ The Maternal and Child Health Bureau Title V Information System: <https://perfdata.hrsa.gov/MCHB/TVISReports/default.aspx>.

^{iv} Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System (PRAMS): <http://www.cdc.gov/PRAMS/index.htm>.

^v The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) Project: <http://hawaii.gov/health/family-child-health/mchb/programs/prams.html>.

^{vi} Hawaii State Department of Health: Save the Date: 2008 Perinatal Health Summit: http://hawaii.gov/health/health/about/reports/perinatal_summit.pdf.

^{vii} The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) Project: <http://hawaii.gov/health/family-child-health/mchb/programs/prams.html>.

^{viii} The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) Project: <http://hawaii.gov/health/family-child-health/mchb/programs/prams.html>

^{ix} Women's Health Guide: http://www.kapiolaniwoman.org/docs/KWC_woman_health_guide.pdf.