

Monitoring Progress Toward Achieving Maternal and Infant
Healthy People 2010 Objectives—19 States, Pregnancy Risk Assessment
Monitoring System (PRAMS), 2000-2003

FIVE MINUTE PODCAST TRANSCRIPT

This podcast is brought to you by the Centers for Disease Control and Prevention. CDC. safer, healthier people.

Welcome to A Cup of Health with CDC, a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds.

Having a healthy baby is in many ways dependent on the choices a mother makes before, during, and after a pregnancy. Most people know that smoking or drinking alcohol during a pregnancy can lead to serious health problems in a newborn child. Choices a mother makes after the baby is born can also affect its health. For example, breastfeeding and putting the baby on its back to sleep are also important factors for helping to ensure a healthy baby. But what about health choices made before a woman even becomes pregnant? Can a woman impact the health of a child that hasn't yet been conceived? Here to discuss a new report by the CDC that takes a look at maternal health behaviors in the United States is Denise D'Angelo, with the CDC's Division of Reproductive Health. Welcome, Denise.

Denise: Thank you, Matthew. It's great to be here.

Matthew: How is CDC monitoring maternal health behaviors in the U.S.?

Denise: One way CDC is monitoring maternal health behaviors is by using the Pregnancy Risk Assessment Monitoring System or PRAMS. PRAMS gathers information from new mothers about their behaviors and experiences before, during and shortly after pregnancy. PRAMS is done as a collaboration between CDC and health departments across the country. We hope that the information collected by PRAMS will help states develop programs that reduce infant death and low birth weight rates.

Matthew: What are some of the important findings from this most recent report?

Denise: We were encouraged to find that many states have achieved some of their goals for healthy maternal behaviors both during and after pregnancy. The targets we were looking at are national health targets called Healthy People 2010 Objectives. For example some states have hit their target for getting women to stop smoking during pregnancy and getting women to abstain from alcohol during pregnancy. This is very important because, as you mentioned earlier, smoking during pregnancy can lead to babies being born too small and too early. Drinking alcohol during pregnancy has been linked to birth defects and mental retardation in babies.

Matthew: What else does the report offer?

Denise: The report also shows that many states have made great progress in meeting targets related to getting new moms to start breastfeeding, and getting new moms to place their infants on their backs to sleep. For most healthy full-term infants, it's important to place them to sleep on their backs because it can reduce the risk of the baby dying from Sudden Infant Death Syndrome or SIDS.

However, we also found that states aren't making much progress in hitting health targets for the time period before a woman gets pregnant. For example, none of the states in our report met their target for multivitamin use before pregnancy.

Matthew: Why is it important that women take multi-vitamins?

Denise: Well, Matthew, getting enough folic acid by taking a multi-vitamin that contains folic acid, and by eating foods that are rich in folic acid, can decrease the risk of having a baby born with certain birth defects. The benefits of folic acid start even before a woman becomes pregnant. Because of that, CDC recommends that all women of childbearing age capable of getting pregnant take a multi-vitamin containing at least 400 micrograms of folic acid every day -- regardless of whether or not they plan on becoming pregnant. The reason our new report is important, is that using information collected by PRAMS, we are able to see what percent of women who just had a baby actually followed this recommendation. According to our report, less than 50% of women in any state that we looked at took a multivitamin 4 or more times a week in the month before pregnancy. This shows that more needs to be done to get the word out about folic acid. Our new report gives information about the percent of new mothers engaging in other recommended behaviors, too.

Matthew: Clearly, PRAMS is an important tool for helping states to make progress toward improving maternal health behaviors. Is there anything else you'd like the audience to know about PRAMS or this report?

Denise: We'd really like to emphasize that while states we looked at made great progress in many areas, there is still lots of work to be done. We also want to encourage all women, and especially women of child bearing age, to adopt healthy behaviors since healthy behaviors now can have a positive impact on any future pregnancy. Lastly, we'd like to take this opportunity to plug PRAMS, and would encourage any woman who receives the PRAMS survey in the mail or is contacted to participate in PRAMS over the phone, please participate. As we have said, this information is so important in helping both the CDC and the states develop and improve programs that can ultimately improve the health women and infants.

Matthew: Thanks Denise for talking with us here today.

Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for A Cup of Health with CDC.

To access the most accurate and relevant health information that affects you, your family, and your community, please visit www.cdc.gov.