

## What is PRAMS?

The Georgia Pregnancy Risk Assessment Monitoring System (PRAMS) is a Georgia Department of Public Health surveillance project funded by the Centers for Disease Control and Prevention. PRAMS collects state-specific population-based data on maternal knowledge, attitudes, behaviors, and experiences before, during, and shortly after pregnancy. Each month, a random sample of approximately 200 mothers is drawn from birth records. Mothers are contacted by mail or telephone (for non-responders) within 2-6 months after delivery. Each mother's survey is linked to her baby's birth certificate. The goal of the Georgia PRAMS project is to reduce poor birth outcomes and improve health of mothers and babies. PRAMS complements Vital Records data by providing information not available from other sources about pregnancy and the first few months after delivery.

Data on various topics including oral health, breastfeeding, and postpartum contraception planning can be obtained from:

- Georgia PRAMS website, [dph.georgia.gov/PRAMS](http://dph.georgia.gov/PRAMS)
- CDC's PRAMStat System, [www.cdc.gov/prams/pramstat/about/index.html](http://www.cdc.gov/prams/pramstat/about/index.html)
- Georgia PRAMS Coordinator, Florence Kanu at [florence.kanu@dph.ga.gov](mailto:florence.kanu@dph.ga.gov)

As a provider, you can use PRAMS data to determine who is at high risk and who would benefit most from targeted guidance. Given that April is Alcohol Awareness Month, we have provided information on substance abuse among Georgia moms and helpful resources to offer your patients in need.

## Substance Use Before and During Pregnancy

Smoke and alcohol exposure during pregnancy can be harmful to mother and baby, causing a range of adverse birth outcomes and developmental/behavioral problems including miscarriage, preterm birth, low birth weight, birth defects, and intellectual disabilities<sup>1,2</sup>. Vital Record data can tell us that the rate of preterm birth; however, PRAMS provides additional information about potential contributing factors, for instance smoke and alcohol use during pregnancy.



About 2 out of 10 moms reported that during their prenatal care visits their doctor, nurse, or other healthcare worker **DID NOT** talk with them about how smoking or drinking during pregnancy affects their baby.

GA PRAMS 2009-2013

About 7 out of 10 moms who reported using any substance during pregnancy also reported experiencing at least 1 stressful life event 12 months prior to the birth of their new baby.

GA PRAMS 2009-2013



## How Can Healthcare Providers Help?

### Smoking Cessation

- Participate in Georgia's FREE Online Provider Training, [www.GAtobaccointervention.org](http://www.GAtobaccointervention.org)
- Execute Georgia cAARds, *takes less than 3 minutes!*
- Utilize the Georgia Tobacco Quit Line fax referral form, [gaobgyn.org/patients/wp-content/uploads/2016/02/GTQL\\_Fax-Referral-Form-English.pdf](http://gaobgyn.org/patients/wp-content/uploads/2016/02/GTQL_Fax-Referral-Form-English.pdf)
- Utilize 10 Call Specialty Program, [dph.georgia.gov/ready-quit](http://dph.georgia.gov/ready-quit)

**Ask** all patients about tobacco use during each visit

**Advise** them about the benefits of tobacco cessation

**Refer** to Georgia Tobacco Quit Line (1-877-270-STOP) for free "Quit Kit", individualized plan, and behavioral counseling

### Alcohol Cessation

- Create a safe place for mom to talk about substance use
- Offer empathy and understanding that encourages help-seeking behavior
- Build much needed trust in heeding medical advice by refraining from accusing or shaming mom
- Provide accurate information on risk to mom and baby due to alcohol use
- Focus on positive outcomes associated with alcohol cessation
- To find a provider in your area, visit [www.mygcal.com/](http://www.mygcal.com/)
- For immediate assistance, contact the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225 or visit [dbhdd.georgia.gov/](http://dbhdd.georgia.gov/)

***Recovery is a personal and unique journey that only mom can decide but keeping her engaged during her prenatal visits are essential to cessation success!***

### References:

1. Alcohol during pregnancy. July 2012. [www.marchofdimes.org/pregnancy/alcohol-during-pregnancy.aspx](http://www.marchofdimes.org/pregnancy/alcohol-during-pregnancy.aspx)
2. Smoking during pregnancy. January 2016. [www.cdc.gov/tobacco/basic\\_information/health\\_effects/pregnancy/index.htm](http://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm)

The Georgia *Substance Abuse Fact Sheet* is published as new data become available by the Office of Strategy and Epidemiology, Maternal and Child Health Section, Division of Health Promotion, Georgia Department of Public Health. For data requests, please apply through the Public Health Information Portal in Georgia DPH at [dph.georgia.gov/hip-data-request](http://dph.georgia.gov/hip-data-request).

### **FOR MORE INFORMATION**

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***We Protect Lives.***