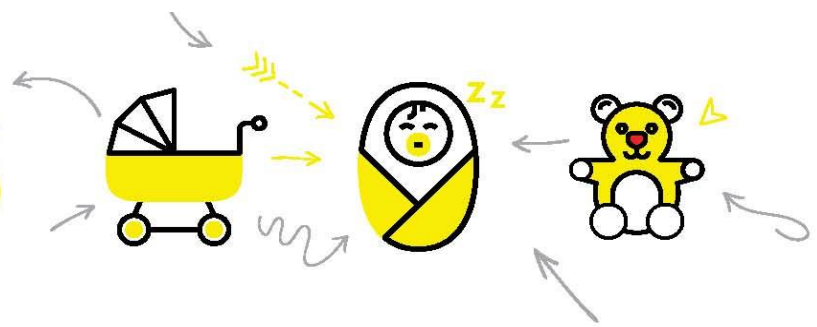


GEORGIA PRAMS

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PROGRAM HIGHLIGHTS

Georgia PRAMS 2014 data are now available for analysis. See “How to request PRAMS data” on page 2 for more information.

Welcome 

New Georgia PRAMS Team Members!

Michelle Livings
PRAMS Epidemiologist

Kathy Ereshena
PRAMS Lead Interviewer

Hannah Bolden
PRAMS Interviewer, Part-Time

Petrona Seabrook
PRAMS Interviewer, Part-Time

LOOKING AHEAD

Georgia PRAMS will be updating our [webpage](#) with Georgia PRAMS Surveillance Reports and topical fact sheets.

Stay tuned!

The next Georgia PRAMS Steering Committee Meeting will be held on **January 25, 2018**.

More details to come!

GEORGIA PRAMS NEWSLETTER - 2017

This newsletter provides information to assist the Georgia PRAMS Steering Committee and other agencies and organizations to better understand issues important to maternal and infant health outcomes in Georgia. If there are specific topics you would like to see in future newsletters, please contact the Georgia PRAMS team at DPH-GeorgiaPRAMS@dph.ga.gov.

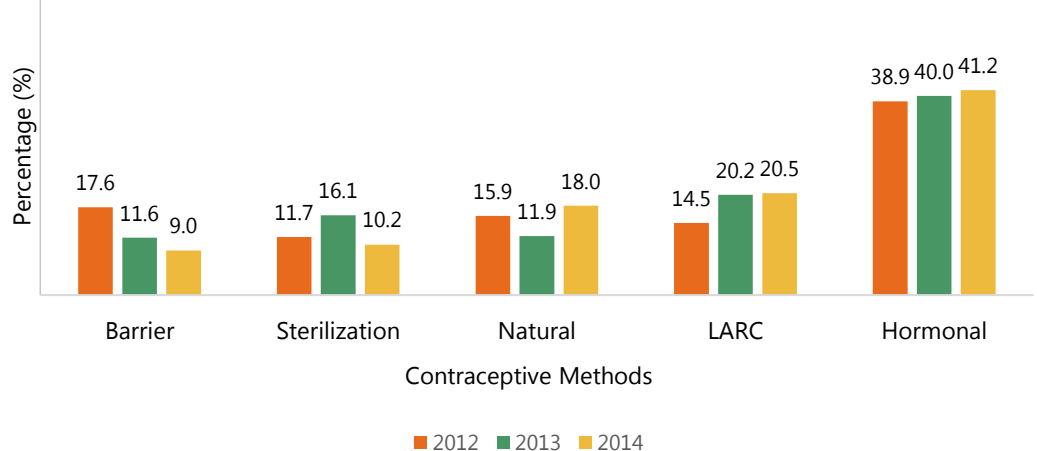
DATA SPOTLIGHT – POSTPARTUM CONTRACEPTION

Postpartum contraception is essential for reducing unintended pregnancies, promoting appropriate pregnancy spacing, and ultimately reducing pregnancy-related and pregnancy-associated morbidity and mortality¹⁻². According to the American College of Obstetricians and Gynecologists’ clinical management guidelines, the immediate postpartum period is a particularly favorable time for intrauterine device (IUD) or implant insertion³. Georgia has included a state performance measure in its Title V Block Grant to increase the percentage of women aged 15-44 years served in the Georgia Family Planning Program using long-acting reversible contraceptives (LARCs)⁴ such as IUDs. Georgia PRAMS has collected data on postpartum contraception since 2012 that can track Georgia’s progress toward its goal.

- During 2012-2014, 17.3% of postpartum Georgia mothers reported not doing anything to keep from getting pregnant at survey completion.
- The top 3 reasons for not using postpartum contraception were:
 1. Mother did not want to use contraception (32.3%)
 2. Mother was not having sex (26.2%)
 3. Husband or partner did not want to use contraception (24.0%)

Figure 1. Postpartum Contraceptive Methods, Georgia PRAMS, 2012-2014

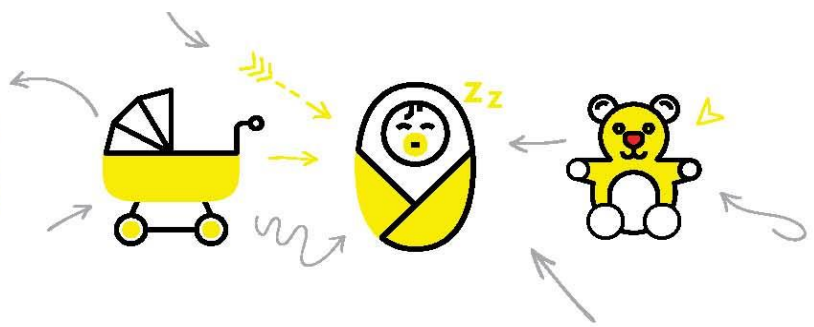
- We noted a *slight decrease* in use of barrier methods over the 3 years.
- We noted a *slight increase* in use of LARC and hormonal methods over the 3 years.



References: (1) Engin-Üstün, Y., Üstün, Y., Çetin, F., Meydani, M. M., Kafkaslı, A., & Sezgin, B. (2007). Effect of postpartum counseling on postpartum contraceptive use. Archives of gynecology and obstetrics, 275(6), 429-432. (2) Ross, J. A., & Winfrey, W. L. (2001). Contraceptive use, intention to use and unmet need during the extended postpartum period. International family planning perspectives, 20-27. (3) Long-acting reversible contraception: implants and intrauterine devices. Practice Bulletin No. 121. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:184-96. (4) Georgia Maternal and Child Health Title V Block Grant 2017 Application/2015 Annual Report.

GEORGIA PRAMS

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GEORGIA PRAMS UPDATES

- **2014 Georgia PRAMS data** are now available! Although the overall state response rate in 2014 fell short of the 60% CDC threshold, 2014 data are still likely to be representative of Georgia moms who gave birth to a live infant.
- The **response rate threshold for 2016** was not met; therefore, we will not receive weighted data for that year.
- We welcome four **new members** to the team as we are now fully staffed.
- CDC has funded Georgia PRAMS to continue including the **Zika virus supplemental questions**. Since August 2016, we have asked 12 additional questions to monitor Zika virus testing among pregnant women, prenatal counseling about Zika, and practices to reduce or prevent exposure to Zika through mosquito bites or sexual transmission.
- We would like to conduct **focus groups** across the state to gain insight on potential ways to increase response rates and possible incentives for survey completion. We would like your help designing and implementing these focus groups across the state. If you are interested, contact the [Georgia PRAMS team](#).
- We would like to increase our qualitative data analysis by adding a **survey comment data field for specific questions**. If you are interested in qualitative data on specific PRAMS topics, please contact the [Georgia PRAMS team](#).
- Georgia PRAMS will be participating in the national **Healthy Start Evaluation**, an initiative of the Maternal and Child Health Bureau (MCHB) at the Health Resources and Services Administration (HRSA) to reduce factors that contribute to high infant mortality rates. We will be working with DPH Vital Records and the MCG Health, Inc. Healthy Start program to oversample Healthy Start mothers in Burke and McDuffie Counties.
- Due to **CDC PRAMS budget cuts** in FY 2017, our grant award was reduced by 10% for the new budget period, May 2017 – April 2018, but this has not impacted our overall activities.

HOW TO REQUEST GEORGIA PRAMS DATA

Datasets for analysis or aggregate data can be provided upon request.

For assistance making a Georgia PRAMS data request, please contact the PRAMS Team at DPH-GeorgiaPRAMS@dph.ga.gov.

After receiving approval from Georgia PRAMS Team, proceed to the Public Health Information Portal (PHIP) to complete a formal Georgia Department of Public Health data request through the PHIP Data Request process:

<https://dph.georgia.gov/hip-data-request>.

CDC PRAMS also has some Georgia PRAMS data available via PRAMStat at

<http://www.cdc.gov/prams/pramstat/about/index.html>.

Georgia PRAMS

Georgia Department of Public Health
Maternal and Child Health Epidemiology
2 Peachtree St. NW., 14th Floor, Atlanta, GA 30303
Contact us at DPH-GeorgiaPRAMS@dph.ga.gov

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