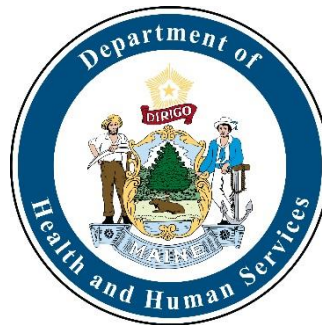


# Using PRAMS to Measure Social Determinants of Health of Perinatal and Infant Health in Maine

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# What is the Pregnancy Risk Assessment Monitoring System (PRAMS)?

- Population health surveillance system to improve the health of birthing parents and infants
- Asks questions that cannot be obtained via birth record data



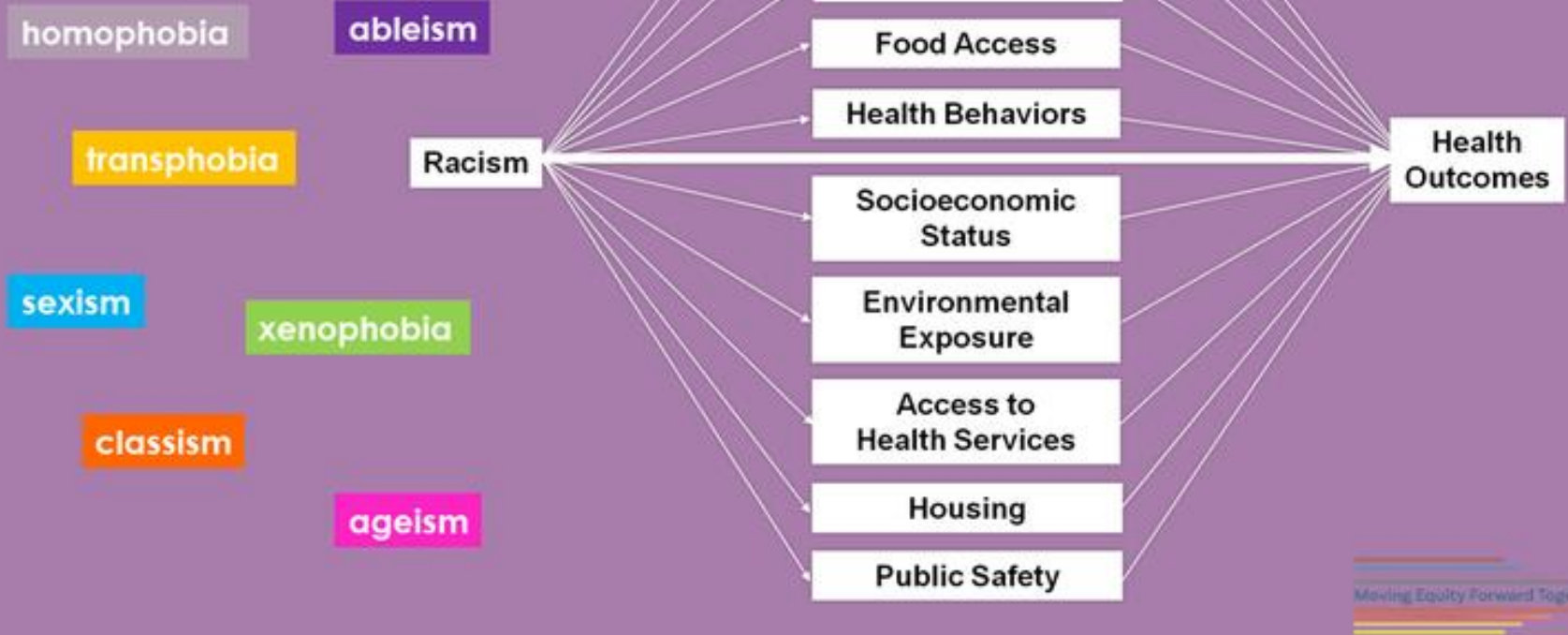
# Why Measure Social Determinants of Health?

- 80% of health outcomes are determined by **factors outside of medical care**<sup>1</sup>
- Measuring Social Determinants of Health (SDOH) exposes inequities and discrimination in **systems as the root cause of health disparities** and is critical in developing meaningful interventions to advance health equity

<sup>1</sup>Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

# Health Equity Framework

## Health Equity Framework



Source: Boston Public Health Commission's Racial Justice and Health Equity Initiative, <https://www.boston.gov/government/cabinets/boston-public-health-commission/racial-justice-and-health-equity#framework>

# PRAMS and Health Equity

**Racism**  
(Birthing Parent's  
Race/Ethnicity)

Health Care Access

- Health care coverage
- Health care visits

Mental Health  
and Stress

- Postpartum depression
- Stressful events

**Classism**  
(Birthing Parent's Income)

Breastfeeding

- Ever breastfed
- Breastfed at least 2 months
- Breastfeeding support at hospital
- Reason for not breastfeeding

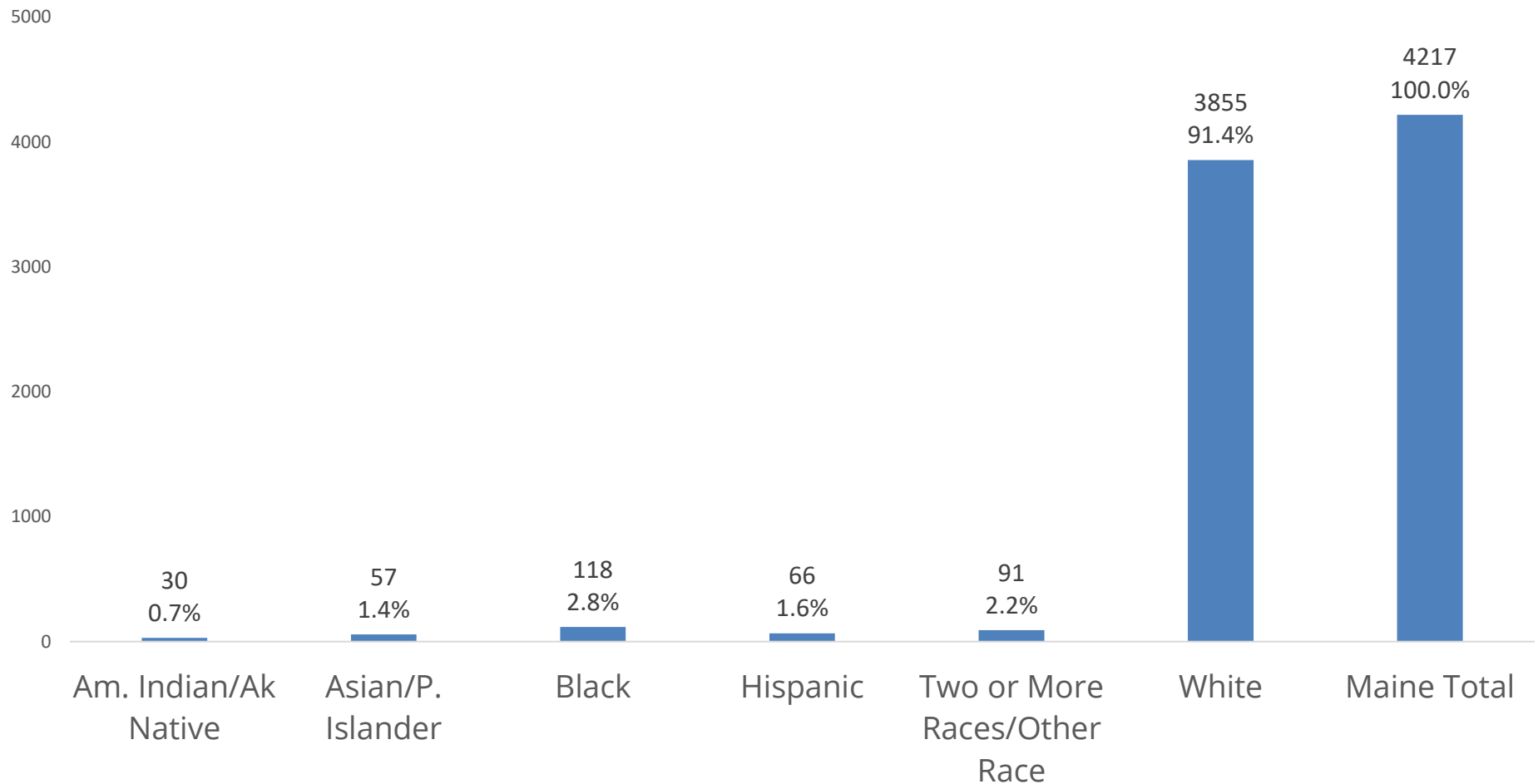
# What is Data Equity?

**“...the consideration through an equity lens, of the ways in which data is collected, analyzed, interpreted, and distributed.”**

Lee-Ibarra, Joyce. (2021). Data equity: What is it, and why does it matter? Hawaii Data Collaborative.  
<https://www.hawaiidata.org/news/2020/7/1/data-equity-what-is-it-and-why-does-it-matter>

# There is a much larger number of white birthing parents represented in PRAMS compared to BIPOC parents

Total Number of PRAMS Respondents by Race/Ethnicity, 2016-2020



# Many indicators were unreliable or could not be reported for BIPOC parents

**Out of the 25 indicators analyzed, the number and percentage suppressed or unreliable by race/ethnicity:**

American Indian/Alaska Native: 25 (100%)

Asian/Pacific Islander: 24 (96%)

Black: 7 (28%)

Hispanic: 14 (56%)

Two or More Races/Other Race: 11 (44%)

White: 0 (0%)



# Inequities in Data Collection Methods and Sampling Design

**The lack of data for smaller groups in the population:**

**Is representative of inequities in the data collection  
methods and sampling design**

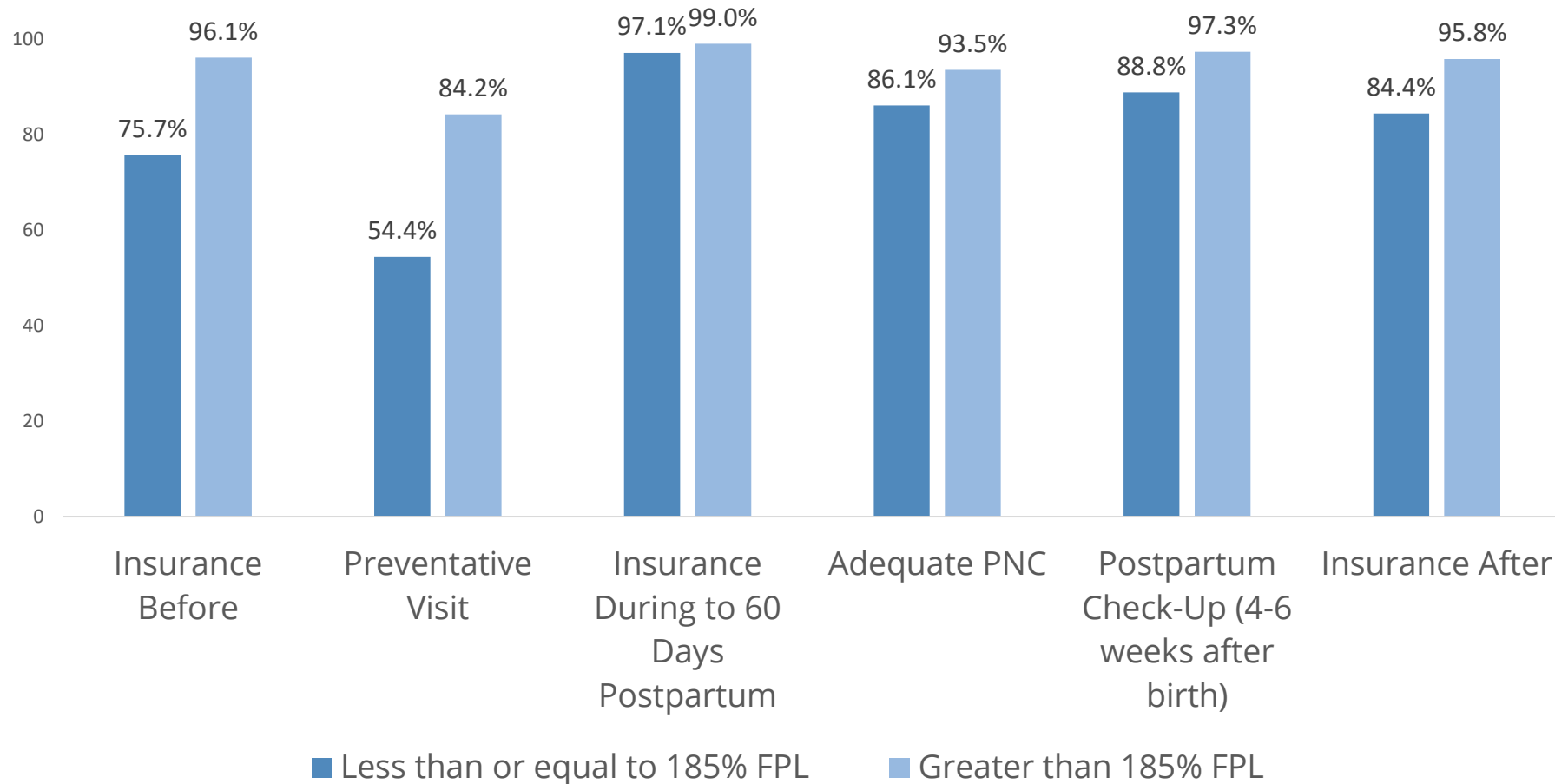
**and**

**Further contributes to inequities by rendering certain  
groups invisible in the data.**

# Analysis Results

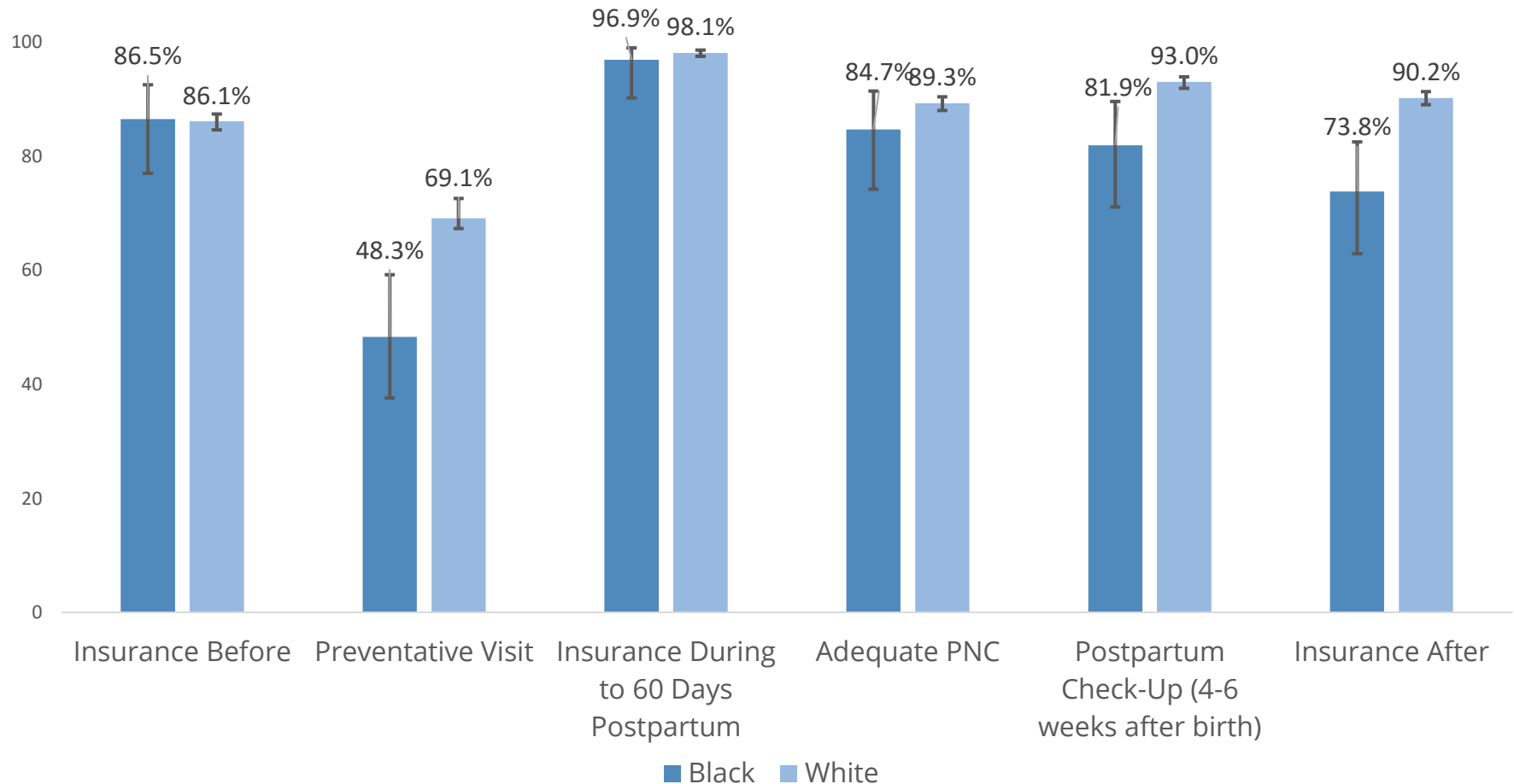
# Birthing parents with lower incomes were less likely to have access to health care

## Health Care Coverage and Health Care Visits in the Perinatal Period by Income



# Overall, black birthing parents were less likely to have access to health care compared to white, but the data is less reliable

## Health Care Coverage and Health Care Visits in the Perinatal Period by Race



# The high cost of health insurance and a system that is burdensome to navigate

“Our country’s health insurance is broken. I’ve paid \$410 per month just for myself with a \$6,500 deductible. My pregnancy total billed was \$32,000... The cost of having a baby and my health insurance caused me to decline certain precautions/testing due to cost and not putting myself in more debt...”

“I was on a Marketplace plan. When my son was born I called my private insurer to add him and this set in motion an incredibly confusing, stressful, months-long insurance mix-up that is not fully resolved... 4 months of repeated calls to MaineCare, the Marketplace, the insurance company. 4 months of no health insurance for me, no prescription coverage. 4 months of bills piling up, stress, etc. All this during my child’s [first] 4 months of life.”

# Provider bias and understaffing

"I used while I was pregnant for the first few months. When I saw the doctor and told her about using she belittled me and scared me more than helped me...She prescribed me 7 Subutex pills and told me they wouldn't let me stop the medication before I had the baby and that they would also call DHHS on me. I was petrified so I weened off with the meds they gave me and stopped getting prenatal care, but continued my prenatal vitamins. I relapsed off and on through my pregnancy."

"I was not seen by a provider until 16 weeks because my original provider could not see me until 20 weeks... I was only seen at [name of provider's office] to confirm pregnancy and lab work. Never a provider. Because I was seen so late due to the [first office rescheduling] I was not offered genetic testing which is typically done at 12 weeks."

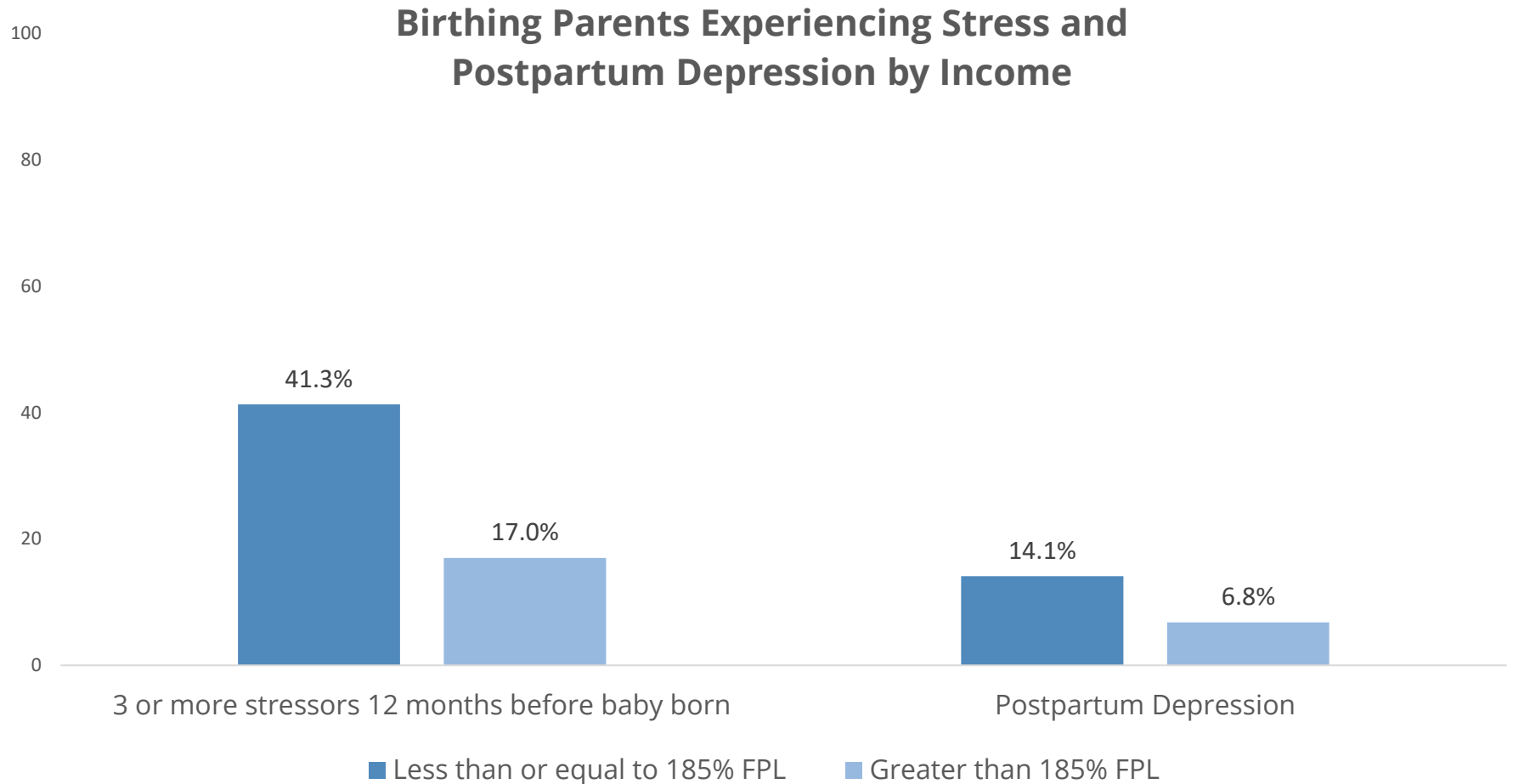
# The personal impact of losing health care coverage in the postpartum period

“MaineCare needs to extend the postpartum time periods after a mother gives birth to their baby. I was kicked off MaineCare two weeks after giving birth and due to my pregnancy induced hypertension/Preeclampsia my son was born premature and I was still in need of blood pressure medication to keep my pressure at a safe level.”

“...my health insurance was cut off before I was able to make a postpartum visit and obtain birth control (IUD). It would make more sense for MaineCare to cover a longer period of time for new mothers.”

Note: These responses were collected prior to MaineCare extending pregnancy-related coverage to one year postpartum and reflect the importance of this change and in general the importance of consistent health care coverage in the postpartum period.

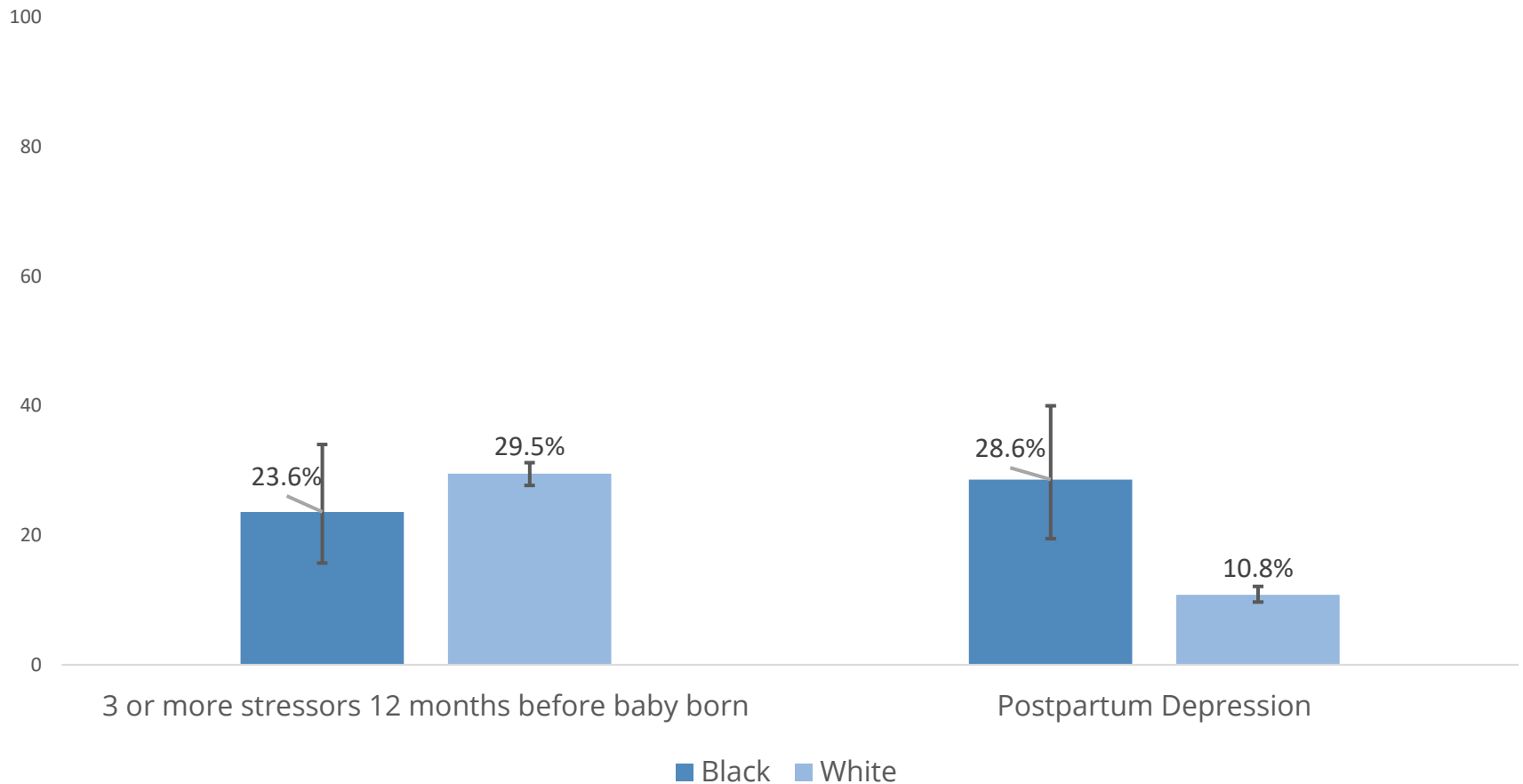
# Birthing parents with lower incomes reported more stressful events and postpartum depression





# Black birthing parents were more likely to report postpartum depression symptoms

## Birthing Parents Experiencing Stress and Postpartum Depression by Race



# Structural factors are impacting postpartum mental health

“I have decided to stay home with my baby and as such have a significantly reduced income. The expectation to return to work was too soon and maternity leave was unpaid. This caused a high level of stress and depression.”

“Postpartum care for moms could be better. I had only one visit and I had bad depression. I felt like I needed more visits.”

“I am very fortunate to have a wonderful family and support system. I think this is so important. We came home to a clean house, prepared food, stocked cabinets/fridge, and people who let us take naps while they watched our baby.”

# The stress of financial hardship

“During my pregnancy I wanted to be financially stable so I had to over work myself so that we can pay our bills and co-pays and also take care of the family.”

“Was in a homeless shelter due to my apartment I was in became condemned and unsafe for my two children and I to live...”

“My husband is working like a dog to keep our family afloat. We are a family of four... We are doing the best we can, but we can't even afford groceries.”

# What Other Social and Environmental Conditions are Affecting Perinatal and Infant Health?

# Themes from Participant Comments

**Unpaid, limited, or no parental leave** creates financial hardship and mental and physical stress when returning to work “too soon.”

**Difficulty accessing social service programs** creates stress and gaps in meeting basic needs.

**“Falling through the cracks:”** Over income for social service programs, but experiencing financial hardship and difficulty affording food and health care.

**Stressful jobs**, such as working long hours or in a high stress or physically demanding job, during pregnancy and postpartum.

**High cost of maternity care and underinsurance** becomes a stressful event during pregnancy and postpartum, and also leads to people declining health care visits or procedures.

**Feelings of comfort with health care providers** can reduce stress and increase trust and confidence in the care received or increase stress and reduce trust and confidence in the care received.

**More support is needed, especially in the postpartum period**, such as through peer groups, community organizations, lactation specialists, in-home support, and sooner and more frequent prenatal and postpartum visits.

# Where Do We Go From Here?

**Experiment with different sampling designs and data collection methods that may result in a more robust sample and representation of BIPOC birthing parents in the survey data**

**Use alternative data collection methods, such as qualitative studies and community-led data gathering**

**Prioritize questions and reporting that illuminate structural causes of health disparities**

**Ensure policies, systems, programs, and data systems center equity**

# Thank You!

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For more information and to find the Data Brief and Data Tables related to this presentation:

[\*\*www.maine.gov/dhhs/prams\*\*](http://www.maine.gov/dhhs/prams)

