



## KANSAS HEALTH INSTITUTE

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Committee on Public Health and Welfare**

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Use of the Kansas Birth Record Data for Monitoring the Health of Mothers and Infants

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*Information for policymakers. Health for Kansans.*

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

The Honorable Chairman Barnett and members of the committee, thank you for this opportunity to describe the uses of birth, death, and stillbirth certificates to monitor the health of mothers and their infants, with the goal of reducing the likelihood that infants will be born preterm or with low birth weights, or that they will die in the first year of life.

As a neutral conferee, I hope to shed light on the relationship between SB448 and the state's ability to monitor and assess maternal and child health in Kansas, and plan programs to target specific health needs.

SB448 permits the secretary, or secretary's designee, to interview individuals for purposes of maternal and child health surveillance and monitoring provided there is informed consent and institutional review board approval. Surveillance and ongoing collection of population-based data of high scientific quality are essential functions of local and state health departments and the Centers for Disease Control and Prevention (CDC). Kansas does not have a surveillance system to track maternal behaviors and experiences before, during, and after pregnancy. Such monitoring would aid in identifying the specific program needs in Kansas communities. Monitoring permits communities to target efforts at reducing infant mortality and promoting healthy pregnancies and births. By identifying community-specific needs through surveillance efforts, health officials can address challenges in assuring early access to prenatal care, reducing risks of pregnancy-related violence, alcohol and tobacco use during pregnancy, increasing folic acid intake, and educating mothers about breastfeeding, safe sleeping positions, and well-baby care.

SB448 would allow Kansas to join 37 other states, New York City, and the Yankton Sioux Tribe that participate in PRAMS, the Pregnancy Risk Assessment Monitoring System. PRAMS is a key part of the CDC's initiative to reduce infant mortality and low birth weight. The CDC began PRAMS in 1987 because infant mortality rates were no longer declining as rapidly as they had in prior years. The goal of PRAMS 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.

In Kansas, the infant mortality rate is on the rise. Research has indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. PRAMS

provides data for state health officials to use to improve the health of mothers and infants. PRAMS enables Kansas health officials to monitor changes in maternal and child health indicators (e.g., unintended pregnancy, prenatal care, breast-feeding, smoking, drinking, infant health). PRAMS enhances information from birth certificates used to plan and review state maternal and infant health programs.

PRAMS provides data not available from other sources about pregnancy and the first few months after birth. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. PRAMS data can be used by state and local governments to plan and review programs and policies aimed at improving the health of mothers and babies. Like other states, Kansas can use PRAMS data when planning maternal and infant health programs and developing partnerships with local and state agencies.

SB448 removes the barrier to monitoring the health and safety of pregnant women, mothers and infants. Health monitoring provides data for targeted actions that could improve the health and safety of Kansas mothers and babies. New Mexico used PRAMS data to increase breastfeeding among working mothers. New Jersey, which ranked 40<sup>th</sup> among states in first trimester prenatal care, used PRAMS data to determine barriers to early prenatal care and to obtain funding to increase access to prenatal and preconception care. Alaska used PRAMS data to address affordability and barriers to well-baby checkups.

SB448 will enable Kansas to implement PRAMS and other surveillance systems such as FIMR, the Fetal and Infant Mortality Review, that are nationally recognized and supported by the Centers for Disease Control, the American College of Obstetricians and Gynecologists and the Maternal and Child Health Bureau. These surveillance systems are critical tools for improving birth outcomes and systems of care surrounding pregnancy, childbirth and infancy, statewide, and in specific local communities. Surveillance is essential to creating action-oriented processes for reducing infant mortality and promoting healthy mothers and infants.