Questions and Answers from April 5 Grand Rounds

Question: If less than 10 prenatal visits account for 65% of infant deaths, why not target populations to get at least 10 prenatal visits?

Response: We believe that this question is in reference to Slide 28 in the presentation, where information was shown about rates of prenatal care in the first trimester. On this slide, the figure on the left shows percent of live births where the mother received prenatal care beginning in the first trimester, both overall and by race/ethnicity. This figure shows that in 2015, 65.9% of all *live births* in Texas were born to mothers who received prenatal care starting in the first trimester. These data are *not* suggesting that receiving prenatal care starting later in the pregnancy accounts for 65% of all infant deaths.

Question: Based on this data, has DSHS made any policy recommendations to hospitals, community health centers, or the legislature?

Response: In some cases, there is an opportunity for DSHS to inform policy or to make policy recommendations. For example, the Texas Maternal Mortality and Morbidity Task Force submits a biennial report to the Texas Legislature, which includes data on maternal mortality and morbidity in Texas, as well as recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in the state. The legislature also periodically requests maternal and child health vital statistics and PRAMS data to support proposed bills or initiatives.

Question: Was there any data analysis of non-medically indicated inductions related to rural residents having more inductions?

Response: Because of the small number of inductions that occurred in many rural counties over the one-year time period in our geographic analysis (2014), the percent of low-risk inductions in over half of the counties in Texas were suppressed and could not be shown in the map in our presentation (Slide 38). Among those counties for which we could calculate the proportion of labor induction among low-risk mothers, there does not seem to be any noticeable association between county population size and low-risk delivery induction rates. However, it would be a good idea to conduct a formal analysis of overall induction rates among low-risk deliveries in urban counties vs. rural counties in the future – thanks so much for this suggestion.

Question: We are a Native American Tribe in the 9/10 region with an interest in obtaining data obtained by PRAMS. What would be the process to get the data?

Response: If your question is about analysis of PRAMS data for your region (9/10), Dr. Guthrie can run analyses on selected survey questions for that region; however, several years of data would need to be pooled (e.g., 2011-2014) in order to analyze a sufficiently large number of participants to produce reliable results. The PRAMS regional charts shown in the Grand Rounds presentation slides highlighted maternal health risks or behaviors where a significant difference in prevalence existed between at least two Health Service Regions. Regional charts were not shown for those maternal health risks/behaviors where all regions had a similar prevalence.

The PRAMS survey is located on our website:
https://www.dshs.texas.gov/mch/PRAMS.aspx

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