

Folic Acid Surveillance Surveys

Virginia (Updated 10/2012)

Criteria	Comments
Title of the state or local Folic Acid Survey	Virginia Pregnancy Risk Assessment Monitoring System (PRAMS)
Geographic area covered	Commonwealth of Virginia (State Level Survey)
Contact information at BDR	
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Survey sample size:	Approximately 1,200 Virginia resident women who have recently (2-6 months postpartum) give birth to a live birth infant. The responses of the ~1200 women surveyed are weighted to represent the approximately 100,000 births that occur in Virginia each year.
General description of survey or dataset (target population, frequency of administration, years covered, data collection methods, reason for data collection)	The purpose of VA PRAMS is to provide data needed for monitoring impacts of programs and policies intended to promote improved pregnancy outcomes. The target population is women giving birth in Virginia. VA PRAMS is an annual mailed survey of women delivering live infants in Virginia. The first year of data collection was completed in 2007. Self-administered surveys are mailed to women two to three months after giving birth. Surveys are available in English and Spanish. Non-responders are sent several additional mailings. After this, telephone follow-up is attempted for the remaining non-responders. The sampling frame includes women delivering live infants in Virginia, as identified from the birth certificate. Cases of maternal mortality; infant adoption; non-Virginia residency; maternal age under 15 years; multiple births (>3); or missing contact information were excluded. Overall, 96,483 women were eligible to participate in 2010. (Less than 0.5% of all births were excluded.) Strata were created by infant birth weight (Low Birthweight (<2500g) vs. Normal Birthweight (>=2500g)). A sample of 1,091 women randomly selected across these strata were selected for inclusion in VA PRAMS. Low Birthweight infants are oversampled
Cost of survey	Not available
Questions included in the survey (most current, changes over time, state specific changes)	Questions in the surveys focus on demographics, intendedness of pregnancy, utilization of health care, breastfeeding, risk behaviors before and during pregnancy including use of folic acid supplementation. Birth outcomes are provided through linkage with birth certificate data. Questions may be rotated into and out of MIHA depending on data needs and emerging issues.
Uses of data	Used to describe status of Virginia mothers and infants, and to assess impacts of programs and policies designed to improve pregnancy outcomes and to inform decisions about resource allocation.
Results/Summary (may including links to reports or published articles)	Numerous papers, reports and presentations have been completed. Topics addresses include access to prenatal care, various breastfeeding issues, policy-oriented monitoring of social disparities, socioeconomic and racial/ethnic disparities with regard to infant sleep position, pregnancy intendedness, postpartum Depression and happiness, and folate use.
Web site address (if available)	http://www.vahealth.org/Prams/
Comments (limitations, lessons learned)	This is a mailed survey with telephone follow-up of non-responders. Some women cannot be reached or do not choose to participate. Despite this limitation, overall response rate in 2010 was 54.3%.