

Technical Notes

Collection of Data

The data collection for the 2015 Illinois Pregnancy Risk Assessment Monitoring System (PRAMS) was conducted by the Division of Health Data and Policy, Illinois Department of Public Health. Illinois uses the standardized data collection methods developed by the U.S. Centers for Disease Control and Prevention (CDC) and used by the 47 states and New York City, Puerto Rico, the District of Columbia, and the Great Plains Tribal Chairmen's Health Board (GPTCHB) participating in PRAMS. Data are collected through mailed surveys with telephone follow-up for non-responders. A systematic stratified random sample of approximately 200 mothers is selected monthly from a frame of eligible birth certificates. At two to six months after delivery, each sampled mother is mailed an introductory letter and a survey. A reminder letter and a second and third mailing of the survey are sent to those who do not initially respond. PRAMS interviewers telephone mothers who do not respond to any of the mailed surveys to administer the survey by telephone. Surveys are available in both English and Spanish, and telephone interviews are conducted in both languages.

In 2015, a total of 2,338 women were select to participate in the study; 1,528 women actually participated. Data were weighted and are representative of the 12-month PRAMS-eligible population of 149,862. Illinois PRAMS 2015 is the fourth year for data collection using the PRAMS Phase 7 survey. Data analysis reports included the survey questions so data users are aware of exactly what was asked on the survey.

Sampling Design

A systematic stratified random sampling design is used to oversample low birthweight (less than 2,500 grams) births. The sample is divided into two strata: Low birthweight (less than 2,500 grams) and normal birthweight (2,500 grams or greater). The overall weighted response rate for 2015 was 66.3%, low birth weight was 62.0%, and normal birth weight was 66.6%.

Weighting and Interpretation of Results

Statistics in this report are based on weighted data. The weights were developed by CDC to adjust for sample design, non-response patterns, and omissions from the sampling frame. The final sampling weight used in the analysis of the survey data is the product of these three elements. Weighting is necessary to give unbiased estimates of population parameters.

Percentages, 95 percent confidence intervals, and estimated populations affected were calculated using Survey Data Analysis (SUDAAN®*) software. Estimates for response categories with fewer than 30 respondents are not reported due to possible imprecision and bias. In previous years, estimates for response categories with fewer than 6 respondents were not reported. The change from fewer than 6 to fewer than 30 was made to reflect recommendations from CDC PRAMS and changing practices within the profession.

PRAMS data are representative of Illinois resident women, age 14 years or older, who have given birth in Illinois to live infants. The sampling design is valid at the state level and not intended or developed to represent sub-state geographies or their populations without further evaluation. The data are not applicable to all pregnant women. At the direction of IDPH legal counsel, women younger than 18 years of age were not asked questions about physical abuse.

Acknowledgements

The Illinois PRAMS project would like to thank all the mothers who took the time to participate in our survey and providing valuable information to improve the understanding of why some babies are born healthy and some are not. The Illinois PRAMS project would also like to thank the PRAMS teams at the CDC for their technical support, review, and comments.

This publication was supported by Cooperative Agreement Number 1U01DP003109-05 from the CDC.

Please call 1-866-643-7194 with any questions about Illinois PRAMS or email us at dph.pramtrac@illinois.gov.

Suggested citation: 2015 Illinois PRAMS Annual Report, Division of Health Data and Policy, Illinois Department of Public Health, 2017

***SUDAAN® is a registered trademark of the Research Triangle Institute. © 2005 Research Triangle Institute. All rights reserved**