Introduction

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based survey, in which mothers with a recent live birth are interviewed about their experiences before, during, and shortly after pregnancy. PRAMS was initiated in 1987 by the Centers for Disease Control and Prevention (CDC) as part of the effort to reduce infant mortality and low birth weight. States participating in PRAMS now represent approximately 81 percent of all U.S. live births. Kansas became a PRAMS member in 2016 and began data collection in 2017.

The PRAMS survey helps shed light on issues that affect the well-being of mothers and infants. Findings from the PRAMS survey may enhance the understanding of mothers' behaviors and experiences and their relationship with pregnancy outcomes. PRAMS data may be used in a variety of ways, including identifying high-risk groups, monitoring trends in health indicators, assisting in program planning and assessment, and providing information for research of emerging mothers and infant health issues.

The 2022 Kansas PRAMS results are summarized here courtesy of the Kansas Department of Health and Environment (KDHE) Bureau of Epidemiology and Public Health Informatics. To help inform public health planning, trends and demographic breakdowns are provided for the years 2017-2022. If you use any of the information contained here for public health practice or research purposes, please let us know (**kdhe.prams@ks.gov**).

If you are a researcher or other public health professional who is interested in obtaining Kansas PRAMS data, see our website for information about data requests**:** kdhe.ks.gov/1348/.

Gestational Diabetes

Gestational diabetes is a type of diabetes with onset during pregnancy. Uncontrolled gestational diabetes can contribute to problems during the pregnancy or delivery, including development of pre-eclampsia or having a larger baby that may require a Cesarean section.[1]

In this report, gestational diabetes was considered if the respondent indicated having gestational diabetes. Those who also indicated having diabetes prior to the pregnancy were excluded.

Among Kansas mothers with a live birth between 2017-2022, the prevalence of self-reported gestational diabetes was 9.5% (95% CI: 8.7%-10.5%). There was a statistically significant trend (indicated by #) in the prevalence of self-reported gestational diabetes, by the year of infant's birth (Table 1, Figure 1, $p = 0.0043$). The prevalence among mothers with a live birth in 2022 (10.7%) was significantly higher than that of those with a live birth in 2017 (7.8%).

Across the six birth years, the prevalence of self-reported gestational diabetes was significantly higher among:

- Mothers who were 25-34 years old or were 35 years or older compared to those who were under 25 years.
- Hispanic mothers of other or mixed race, compared to non-Hispanic White mothers, non-Hispanic Black mothers and Hispanic mothers.

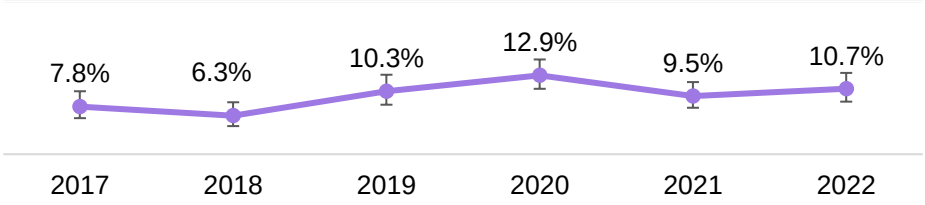
Table 1. Prevalence of Self-Reported Gestational Diabetes Among Kansas Mothers with a Recent Live Birth, by Infant's Birth Year and Other Selected Characteristics

Characteristic	Weighted Percent	95% Confidence Interval
Age, years		
<25	5.4	4.2 - 7.1
25-34	10.1	9.0 - 11.4
≥35	14.6	11.9 - 17.7
Race/Ethnicity		
Non-Hispanic White	8.3	5.9 - 9.3
Non-Hispanic Black	8.9	5.0 - 13.1
Hispanic	11.9	9.3 - 15.2
Non-Hispanic Other/ Multiracial*	18.6	14.3 - 23.8
Education, years		
Less than high school	10.0	7.3 - 13.6
High school/GED	8.3	6.7 - 10.2
Greater than high school	10.0	8.9 - 11.2
WIC status during pregnancy		
Recipient		7.7 - 11.4
Not a recipient		8.6 - 10.7
Urban/rural residence†		
Urban	9.9	8.8 - 11.1
Rural	8.8	7.4 - 10.5
By Year of Infant's Birth#		
2017		5.9 - 10.3
2018		4.6 - 8.5
2019		8.1 - 13.0
2020		10.7 - 15.5
2021		7.6 - 11.8
2022		8.6 -13.3

* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race and multiracial.
† Based on the NCHS 2013 urban-rural county classification scheme.
Source: Kansas Pregnancy Risk Assessment Monitoring System, 2017-2022.

Figure 1. Prevalence of Self-Reported Gestational Diabetes Among Kansas Mothers with a Recent Live Birth

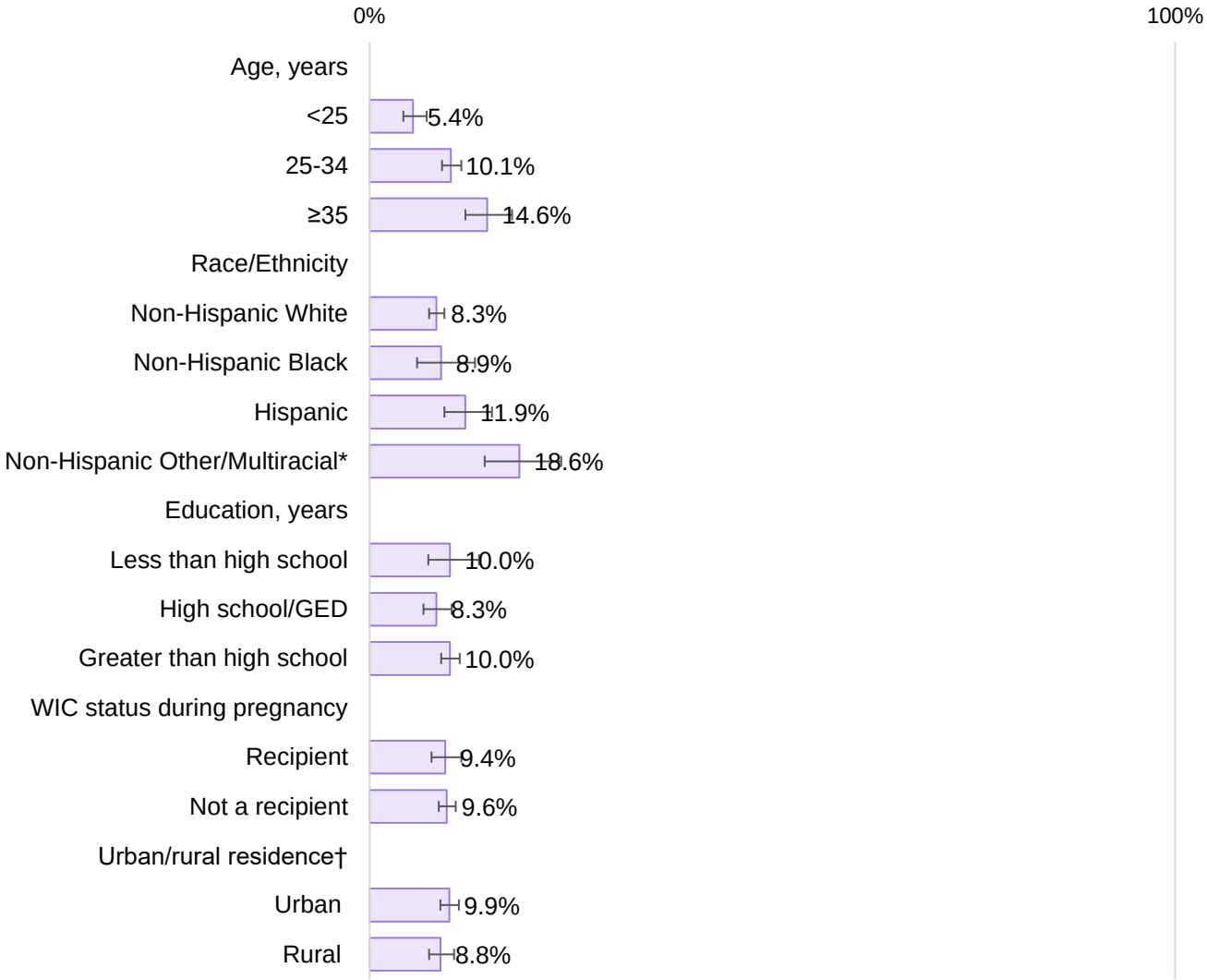
By Year of Infant's Birth[#]



[#]Significant linear trend assessed using logistic regression model.

Figure 2. Prevalence of Self-Reported Gestational Diabetes Among Kansas Mothers with a Recent Live Birth

By Selected Characteristics



† Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race and multiracial.
‡ Based on the NCHS 2013 urban-rural county classification scheme.
Error bars represent 95% confidence intervals.
Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2022