

PRAMS for Dads Survey

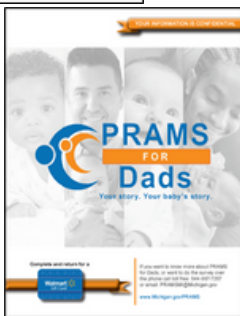
Elevating Public Health Monitoring for Fathers

Purpose

Current research recognizes the contribution of fathers to the health and wellbeing of mothers and infants; however, while the CDC's Pregnancy Risk Assessment System (PRAMS) has monitored maternal health for over 35 years, no such monitoring exists during the transition to fatherhood. The Pregnancy Risk Assessment Monitoring System for Dads (PRAMS for Dads) uses validated survey methodology and tools to inform system-level change addressing gender equity in the Maternal and Child Health ecosystem in order to foster the health and wellbeing of fathers, families and children.

The purpose of PRAMS for Dads is to:

- Give voice to fatherhood experiences through validated, representative public health data collection
- Fill gaps in knowledge concerning the lived experiences and needs of fathers
- Focus on paternal health, attitudes, behaviors and influences and their impacts on maternal and child health during the perinatal period

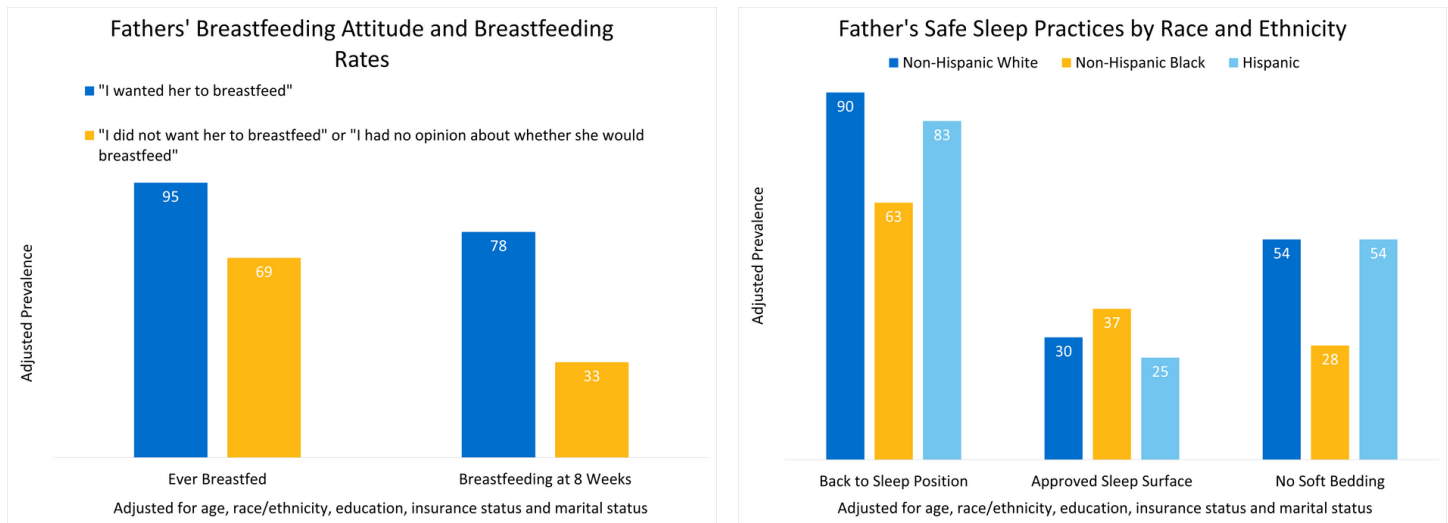


PRAMS for Dads: The first public health survey of new fathers

After formative, field-based research to test feasibility, the PRAMS for Dads survey was first piloted in 2018-19 in collaboration with the Georgia (GA) Department of Public Health and the CDC. Mirroring maternal PRAMS, PRAMS for Dads uses the same birth cohort sampling frame to collect information about men's health and experiences during the perinatal period; linkages can be made between paternal factors and pregnancy, maternal, and infant outcomes. Examples of actionable health data from the GA pilot reveal that 70% of fathers were overweight/obese, 19% currently smoke, 13% binge drink and 5% use marijuana; additionally, 10% of fathers endorsed depressive symptoms.

Pushing public health science forward, our team has published a number of articles in high profile journals. This includes a 2018 commentary in the [American Journal of Public Health](#) arguing for the importance of including fathers in child and maternal health. Our Georgia pilot data was published in 2022 in [PLOS One](#), and a linked maternal and paternal data study in 2023 in [Archives of Women's Mental Health](#). Most recently our manuscript in [Pediatrics](#) examined safe sleep

and breastfeeding, finding racial and ethnic differences in infant safe sleep practices, low rates of fathers using safe sleep practices, and longer breastfeeding rates when fathers support breastfeeding. These data support the potential untapped benefits fathers may provide for infant safe sleep behavior and breastfeeding continuation.



Expanding PRAMS for Dads to more states

With a groundswell of interest across the country to better understand the intersection of maternal and infant health and the role of fathers, numerous states have reached out to implement PRAMS for Dads. Funding was secured in five states; all of which have developed similar fatherhood surveys and data will be comparable. Multiple innovations within these states include gender-neutral surveys based on listed sex on the birth certificate for non-birth parents (Massachusetts), oversampling of tribal fathers (North Dakota), oversampling of BIPOC and Hispanic families (Kent County, Michigan), and earlier contact for survey completion at 3-4 weeks following the birth of an infant (Georgia).

Benefits of father involvement for families and fathers

Fathers represent nearly 2/3 of the U.S. adult male population (72.2 million). In fact, 82% of fathers live with at least one biological child. Father involvement is linked to numerous maternal and infant outcomes including earlier prenatal care initiation, higher utilization of postnatal care services, longer breastfeeding duration, lower levels of maternal depression, and improved child developmental, psychological and cognitive outcomes.

Fatherhood also presents a critical opportunity for men to improve their own health. Healthy men are more likely to participate in childrearing, support mothers in parenting, and have healthier children. Many fathers view the transition to fatherhood as a key life course event to promote positive health behavior changes. Yet, no population-based surveillance system in the United States currently collects data from fathers during the perinatal period. Limited data on fathers or partners is available on PRAMS, with one notable exception: a question asking about domestic abuse perpetrated by the partner/father.

Implications

The transition to fatherhood -- when men move from partner to parent -- is a powerful lever for change for fathers. Men look to improve upon their own childhood to best parent their new infant and to improve their own health. Collecting information about the health of fathers directly from fathers in the postnatal period can eliminate barriers and systemic impediments to fathers and families thriving in this generation and future generations. We have designed PRAMS for Dads to move nimbly, with data available soon after exiting the field. Data collected will be available with a quick turn-around to share with communities, policy makers and stakeholders to improve fathers' health, creating a 3-for-1 synergy for healthier fathers, mothers, and babies.