

## Indicator Domain: OUTCOME

### Indicator W.5. Percentage of Pregnant Women Reporting That They Needed to See a Dentist for a Problem During Pregnancy

Source: Centers for Disease Control and Prevention (CDC), [Pregnancy Risk Assessment Monitoring System](#) (PRAMS)

#### 1. Description

Percentage of pregnant women reporting that they needed to see a dentist for a problem during pregnancy

- **Numerator:** Number of women who answered “yes” to the response option: “I needed to see a dentist for a **problem**”
- **Denominator:** Number of women who answered “yes” or “no” to standard question Y7, response option “I needed to see a dentist for a **problem**”; exclude unknowns and refusals

#### Phase 8, Standard Question Y7

This question is about the care of your teeth *during your most recent pregnancy*. For each item, check No if it is not true or does not apply to you or Yes if it is true.

- I knew it was important to care for my teeth and gums during my pregnancy
- A dental or other health care worker talked with me about how to care for my teeth and gums
- I had insurance to cover dental care during my pregnancy
- I needed to see a dentist for a **problem**
- I went to a dentist or dental clinic about a **problem**

#### 2. Framework Domain

##### Outcome

- Care experience: Experience when a person seeks and receives care, including elements such as ease or difficulty in getting appointments, accessing information, and communicating with health care providers
- Patient-reported outcomes: Any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response

#### 3. Level of Reporting

This is a state-level, population-based measure of resident women within the state who recently gave birth to a live-born infant during the surveillance year.

#### 4. Data Source

PRAMS is a mixed-mode (mail and telephone) surveillance system.<sup>34</sup>

#### 5. Data Elements

Critical Data Elements	
Phase 8, standard question Y7	This question is about the care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.
Priority Stratifications	
Maternal age (from birth certificate)	<20 Years 20–24 Years 25–29 Years 30–34 Years ≥35 Years
Race/ethnicity, collapsed (from birth certificate)	Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic other/multiple race
Optional Stratification Elements <sup>35</sup>	
Race/ethnicity, detailed (from birth certificate)	Hispanic Non-Hispanic White Non-Hispanic Black Non-Hispanic American Indian/Alaska Native Non-Hispanic Asian Non-Hispanic Native Hawaiian/Other Pacific Islander Non-Hispanic multiple race Non-Hispanic other race (single other race)
Educational attainment (from birth certificate)	Less than high school High school graduate More than high school (some college or more)
Health insurance (principal source of payment for delivery; only available for states with the 2003 revision to the U.S. certificate of live birth)	Private Medicaid/CHIP Other public Uninsured
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes No

<sup>34</sup> Centers for Disease Control and Prevention. 2019. [Methodology](#) [webpage].

<sup>35</sup> Adapted from Health Resource and Services Administration, Maternal and Child Health Bureau. 2019. [Federally Available Data \(FAD\) Resource Document](#). Rockville, MD: Health Resource and Services Administration, Maternal and Child Health Bureau.

participation (birth certificate; from PRAMS survey before 2016)	
Marital status (from birth certificate)	Married Unmarried/other

## 6. Measure Guidance

When calculating this measure score, states should use the weighted data provided to them by CDC. This measure should be publicly reported only if the state met the PRAMS response rate threshold of 55% specified by CDC.<sup>36</sup> If the response rate threshold was not met, the measure can be used for internal use to support quality improvement efforts. To improve response rates, states can use a range of incentives and rewards.<sup>37</sup>

## 7. Measure Calculation: Detailed Specification

### A. Denominator

**Step 1.** Determine the number who answered “yes” or “no” to Phase 8, standard question Y7, response option “I needed to see a dentist for a **problem**.”

**Step 2.** Exclude unknowns and refusals.

**Note:** Base denominator inclusion on answers to the specific response option “I needed to see a dentist for a **problem**” and not on whether the person answered any of the response options in question Y7.

**YOU NOW HAVE THE DENOMINATOR (DEN) COUNT: Number of respondents who answered the response option “I needed to see a dentist for a problem” of Phase 8, standard question Y7**

### B. Numerator

**Step 1.** Determine the number who answered “yes” to the response option: “I needed to see a dentist for a **problem**.”

**YOU NOW HAVE THE NUMERATOR (NUM) COUNT: Respondents who reported they needed to see a dentist for a problem**

### C. Denominator Exclusions/Exceptions

Missing responses and refusals.

### D. Priority Reporting Stratifications

- Maternal Age (<20, 20–24, 25–29, 30–34, ≥35)
- Race/ethnicity (Hispanic, Non-Hispanic White, Non-Hispanic Black, Non-Hispanic other/multiple race)

<sup>36</sup> Centers for Disease Control and Prevention. 2020. [Are PRAMS Data Available to Outside Researchers](#) [webpage]

<sup>37</sup> Shulman HB, D’Angelo DV, Harrison L, Smith RA, Warner L. 2018. [The Pregnancy Risk Assessment Monitor System \(PRAMS\): Overview of design and methodology](#). *American Journal of Public Health*; 108(10):1305–1313.

## E. Optional Reporting Stratifications

- a. Detailed race/ethnicity if sample size permits (Hispanic, Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian/Alaska Native, Non-Hispanic Asian Non-Hispanic Native Hawaiian/Other Pacific Islander, Non-Hispanic other race [single other race], Non-Hispanic multiple race)
- b. Educational attainment (less than high school, high school graduate, more than high school)
- c. Health insurance (private, Medicaid/CHIP, other public, uninsured)
- d. WIC participation (yes, no)
- e. Marital status (married, unmarried/other)

## F. Measure Score

Report:

- a. Number of individuals excluded from denominator, unweighted
- b. Number in denominator (after exclusions), unweighted sample count
- c. Number in numerator, unweighted sample count
- d. Number in denominator, weighted
- e. Number in numerator, weighted
- f. Measure score (NUM/DEN), weighted, with 95% confidence interval
- g. Measure score, weighted, stratified by [priority reporting stratification] with 95% confidence intervals and unweighted denominator count
- h. Measure score, weighted, stratified by [optional reporting stratification] with 95% confidence intervals and unweighted denominator count
- i. Response rate for overall survey

### Reporting notes:

- States should follow their own data-suppression methodologies, provide a reporting note for any cells that fall below the data-suppression threshold, and specify the threshold value. For example: NR=Not reportable due to respondent count of less than XX.
- Any indicator or indicator stratification with a data element missing more than 10% of data should explicitly note that the indicator/stratification should be interpreted with caution and identify the percentage of missing data for the relevant data element(s).

## 8. Limitations

Indicator limitations include: (1) PRAMS data are collected only from women who delivered a live-born infant, not from all women of reproductive age, and from 40 states and one city, not from the entire United States. (2) PRAMS data are self-reported and may be subject to recall bias and under-reporting or over-reporting of behaviors based on social desirability. (3) Self-report surveys such as PRAMS may be subject to systematic error resulting from non-coverage (e.g. lower landline telephone coverage due to transition to cellular-telephone-only households, undeliverable addresses), nonresponse (e.g. refusal to participate in the survey or to

answer specific questions), or measurement bias (e.g. recall bias). However, PRAMS attempts to contact potential respondents by mail and landline or cellular telephone to increase response rates. (4) Women with fetal death or abortion are excluded from PRAMS. (5) PRAMS estimates cover only the population of women in each state who also deliver in that state; therefore, women who delivered in a different state are not captured in their resident state.<sup>38</sup>

## 9. Additional Notes

This indicator was created by the Center for Oral Health Systems Integration and Improvement for the maternal and child (MCH) oral health quality indicators from the PRAMS survey. Additional information on PRAMS is [online](#).

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<sup>38</sup> Centers for Disease Control and Prevention. 2015. [Chronic Disease Indicators: Indicator Definitions—Oral Health](#) [webpage].