

# Women with Delayed Prenatal Care

## DEFINITION

*Women with delayed prenatal care* is the percentage of women beginning prenatal care in the second or third trimester of pregnancy. Data are reported by place of mother's residence, not place of infant's birth.

## SIGNIFICANCE

Early prenatal care is an important way to identify and treat health problems as well as influence health behaviors that can affect fetal development, infant health, and maternal health. Women receiving late or no prenatal care are at increased risk of poor birth outcomes such as having babies who are low birthweight or who die within the first year of life.<sup>1</sup>

Effective prenatal care screens for and intervenes with a range of maternal needs including nutrition, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter.<sup>2,3</sup> A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other services.<sup>4,5</sup>

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to health care services before pregnancy. Effective

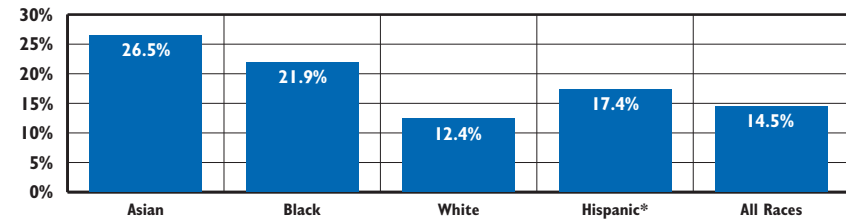
monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve health care for women of childbearing age.<sup>6</sup>

Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and financial constraints, including lack of insurance and/or money to pay for care.<sup>7</sup>

Rhode Island women with delayed or no prenatal care were more likely to report their pregnancy was unintended than women who initiated care in the first trimester.<sup>8</sup> Between 2009 and 2011, 22.0% of Rhode Island mothers with an unintended pregnancy had delayed or no prenatal care, compared with 7.9% of mothers with an intended pregnancy.<sup>9</sup>

In Rhode Island between 2012 and 2016, 14.5% of women who gave birth did not begin care until the second or third trimester. Of all age groups in Rhode Island, adolescents were the most likely to delay prenatal care.<sup>10</sup>

**Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2012-2016**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2012-2016. \*Hispanic may be included in any racial category. Data for births in 2015 are provisional.

- ◆ Between 2012 and 2016 in Rhode Island, Black women (21.9%), Hispanic women (17.4%), and Asian women (26.5%), were more likely to receive delayed prenatal care than White women (12.4%).<sup>11</sup>
- ◆ Between 2012 and 2016 in Rhode Island, women with a high school degree or less were more likely to receive delayed prenatal care than women with more than a high school education (19.4% compared to 11.1%). The percentage of pregnant women with delayed prenatal care in the four core cities was 18.6%. Rhode Island women who are older, married, and have higher levels of education were also most likely to initiate care in the first trimester.<sup>12,13</sup>

## Insurance Coverage Improves Access to Prenatal Care

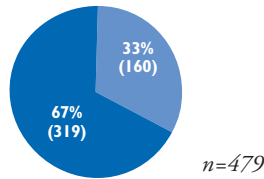
- ◆ In the U.S. and Rhode Island, women with commercial insurance have the highest rates of timely prenatal care. Between 2012 and 2016, pregnant women who were uninsured were most likely to receive delayed prenatal care (33%) compared to pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) (19%), and pregnant women with private insurance coverage (10%).<sup>14,15</sup>
- ◆ RIte Care has had a positive impact on health care services for its members. RIte Care health plans rank above the 90th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.<sup>16</sup>

# Women with Delayed Prenatal Care

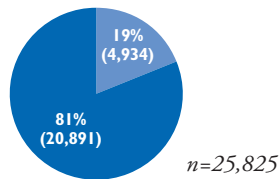
## Delayed Prenatal Care by Mother's Insurance Type, Rhode Island, 2012-2016

- Delayed Prenatal Care (2nd or 3rd Trimester)
- Prenatal Care in 1st Trimester

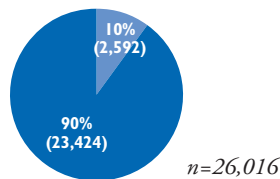
### Uninsured



### Public Insurance (Rite Care)



### Private Insurance



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

Table 18. Delayed Prenatal Care, Rhode Island, 2012-2016

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	537	56	10.4%
Bristol	719	91	12.7%
Burrillville	645	83	12.9%
Central Falls	1,613	292	18.1%
Charlestown	238	14	5.9%^
Coventry	1,480	177	12.0%
Cranston	3,927	514	13.1%
Cumberland	1,661	176	10.6%
East Greenwich	576	62	10.8%
East Providence	2,347	310	13.2%
Exeter	246	27	11.0%
Foster	166	19	11.4%^
Glocester	337	40	11.9%
Hopkinton	288	28	9.7%
Jamestown	115	11	9.6%^
Johnston	1,330	150	11.3%
Lincoln	977	113	11.6%
Little Compton	78	13	16.7%
Middletown	804	91	11.3%
Narragansett	330	27	8.2%
New Shoreham	58	9	*
Newport	1,305	162	12.4%
North Kingstown	1,081	106	9.8%
North Providence	1,625	215	13.2%
North Smithfield	415	46	11.1%
Pawtucket	4,885	884	18.1%
Portsmouth	583	55	9.4%
Providence	12,511	2,351	18.8%
Richmond	307	22	7.2%^
Scituate	385	57	14.8%
Smithfield	641	62	9.7%
South Kingstown	854	78	9.1%
Tiverton	530	63	11.9%
Warren	434	63	14.5%
Warwick	3,831	449	11.7%
West Greenwich	223	25	11.2%
West Warwick	1,741	254	14.6%
Westerly	873	52	6.0%
Woonsocket	2,890	548	19.0%
Unknown	166	22	13.3%
Four Core Cities	21,899	4,075	18.6%
Remainder of State	31,687	3,720	11.7%
Rhode Island	53,752	7,817	14.5%

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2012-2016.

The denominator is the total number of live births to Rhode Island residents from 2012-2016.

\*The data are statistically unreliable and rates are not reported and should not be calculated.

^The data are statistically unstable and rates or percentages should be interpreted with caution.

Unknown: Births were to Rhode Island residents, but specific city/town information was unavailable.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Due to birth certificate changes that began in 2015 (the last two years in the 2012-2016 five-year average), comparisons with previous years should be made with caution. Delayed prenatal care is now a calculated variable that is based on the number of visits over 90 days (3 months). "No prenatal care" is not broken out.

### References

- <sup>1</sup> Late or no prenatal care: Indicators on children and youth. (2015). Washington, DC: Child Trends.
- <sup>2</sup> Zolotor, A. J. & Carlough, M. C. (2014). Update on prenatal care. *American Family Physician*, 89(3),199-208.
- <sup>3,4</sup> Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds.). (2017). *Bright futures: Guidelines for health supervision of infants, children and adolescents (4th ed.)*. Elk Grove Village, IL: American Academy of Pediatrics.
- <sup>5,6</sup> Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.
- <sup>7,8,13</sup> Kim, H., Cain, R., & Viner-Brown, S. (2014). *2014 Rhode Island Pregnancy Risk Assessment Monitoring System data book*. Providence, RI: Rhode Island Department of Health.
- <sup>9</sup> *Unintended pregnancy among women in Rhode Island, 2009-2011*. (2015). Providence, RI: Rhode Island Department of Health.

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