

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 or receiving no prenatal care at all. Data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Early prenatal care is important to identify and treat health problems and influence health behaviors that can compromise 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 stillborn, low birthweight or who die within the first year of life.¹

Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes. Effective prenatal care also screens for and intervenes with a range of maternal needs including nutritional needs, social support, mental health, substance use, domestic violence, and unmet needs for food and shelter. Prenatal care visits provide an opportunity for health care professionals to assess and educate parents on issues such as newborn care, including breastfeeding, safety and infant development.^{2,3}

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education. Enhanced prenatal care services available to women with high-risk pregnancies who are enrolled in Medicaid include risk assessment, case management, smoking cessation, nutritional and psychosocial counseling, health education, transportation and home visits.⁴

In Rhode Island between 2003 and 2007, 12.1% of women giving birth either received no prenatal care or did not begin care until the second or third trimester, up from 9.4% in 2001-2005.⁵ Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2003 and 2007, one-quarter (24.9%) of teens ages 19 and under received delayed prenatal care, compared with 10.9% of women ages 20 and over.⁶

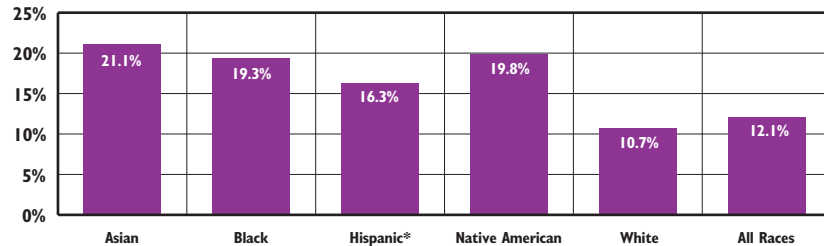
Late or No Prenatal Care		
	1995	2006
RI	1.3%	1.9%
US	4.2%	3.6%
National Rank*		3rd
New England Rank**		3rd

*1st is best; 32nd is worst

**1st is best; 4th is worst

Source: U.S. Center for Disease Control and Prevention. (2009). Births: Final data for 2006. *National Vital Statistics Reports*, 57(7). This ranking is based on the 32 states with comparable prenatal care data. Late or no prenatal care indicates care beginning in the 3rd trimester or not at all prior to birth.

Women with Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2003-2007



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Database, 2003-2007. Data for 2007 are provisional. *Hispanic may be included in any racial category.

◆ Between 2003 and 2007 in Rhode Island, Asian women (21.1%), Black women (19.3%), Native American women (19.8%) and Hispanic women (16.3%) were significantly more likely to receive delayed prenatal care than White women (10.7%).⁷

◆ Between 2003 and 2007, the rate of delayed prenatal care in the core cities (16.0%) was nearly twice the rate in the remainder of the state (8.8%). Newport was the only core city with a rate of delayed prenatal care (11.9%) better than the state rate (12.1%).⁸

RItE Care's Impact on Prenatal Care Utilization

◆ Nationally, prenatal care utilization improved for all groups of women between 1990 and 2003, with gains linked to the expansion of Medicaid for pregnant women; however, more recent changes to Medicaid policy may limit further improvements in timely care.⁹

◆ RItE Care, Rhode Island's Medicaid managed care program, has improved access to prenatal care for women. Targeted interventions expanded the number of obstetric care providers serving Medicaid patients and improved the adequacy of prenatal care to women in the program.¹⁰

◆ Between 2003 and 2007, uninsured women in Rhode Island were nearly two and a half times more likely to receive delayed prenatal care (44.4%) as women enrolled in RItE Care (18.4%).¹¹ Between 1995 and 2005, the percentage of women enrolled in RItE Care or Medicaid who began prenatal care in the first trimester increased from 80.4% to 83.8%.¹²

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Table 16.

Delayed Prenatal Care, Rhode Island, 2003-2007

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	725	45	6.2%
Bristol	967	82	8.5%
Burrillville	776	62	8.0%
Central Falls	2,027	348	17.2%
Charlestown	387	28	NA
Coventry	1,775	155	8.7%
Cranston	4,407	456	10.3%
Cumberland	1,826	131	7.2%
East Greenwich	522	33	6.3%
East Providence	2,638	237	9.0%
Exeter	281	20	NA
Foster	228	21	NA
Glocester	410	30	NA
Hopkinton	467	53	NA
Jamestown	206	14	NA
Johnston	1,395	122	8.7%
Lincoln	935	76	8.1%
Little Compton	143	8	NA
Middletown	1,005	89	8.9%
Narragansett	547	44	8.0%
New Shoreham	52	6	NA
Newport	1,540	183	11.9%
North Kingstown	1,319	109	8.3%
North Providence	1,650	167	10.1%
North Smithfield	470	28	NA
Pawtucket	5,715	838	14.7%
Portsmouth	855	78	9.1%
Providence	14,869	2,586	17.4%
Richmond	483	26	NA
Scituate	446	37	NA
Smithfield	746	49	6.6%
South Kingstown	1,214	95	7.8%
Tiverton	660	73	11.1%
Warren	546	57	10.4%
Warwick	4,273	379	8.9%
West Greenwich	256	17	NA
West Warwick	2,019	252	12.5%
Westerly	1,322	147	11.1%
Woonsocket	3,301	509	15.4%
Unknown	2	0	NA
Core Cities	29,471	4,716	16.0%
Remainder of State	33,932	2,974	8.8%
Rhode Island	63,405	7,690	12.1%

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional.

During 2004, data on delayed prenatal care began to be collected via a review of medical records, rather than via self report by the mother. Due to this change in methodology, data in this indicator are not comparable to data included in previous Factbooks.

NA: Percentages were not calculated for cities and towns with less than 500 births, as percentages for small denominators are statistically unreliable.

The denominator is the total number of live births to Rhode Island residents between 2003 and 2007.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

References

¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (n.d.). *Trends in the well-being of America's children and youth 2003*. Washington, DC: Government Printing Office.

² Kirkham, C., Harris, S., & Grzybowski, S. (2005). Evidence-based prenatal care: Part I. General prenatal care and counseling issues. *American Family Physician*, 71(7), 1307-1316, 1321-1322.

³ Hagan, J. F., Shaw, J. S. & Duncan, P. M. (Eds.). (2008). *Bright futures: Guidelines for health supervision of infants, children, and adolescents (3rd ed.)*. Elk Grove Village, IL: American Academy of Pediatrics.

⁴ *Opportunities to use Medicaid in support of access to health care services: Maternal and child health services*. (n.d). Retrieved January 29, 2009 from www.hrsa.gov/medicaidprimer/maternal_child_part3only.htm

^{5,6,7,8,11} Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1995-2007.

⁹ Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., Kirmeyer, S. & Mathews, T. J. (2009). Births: Final data for 2006. *National vital statistics reports*, 57(7). Hyattsville, MD: National Center for Health Statistics.

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