

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, of 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 and to educate parents on caring for newborns. Effective prenatal care also screens for and intervenes with a range of maternal needs including nutritional needs, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter.^{2,3} Prenatal visits are also the first step in establishing the infants' medical home, and can provide valuable links to other health services.^{4,5}

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes. Addressing barriers to prenatal care, implementing and enhancing Medicaid policies and other programs that provide health care to women of childbearing age, and renewing focus on timing and content of prenatal care are strategies to increase timely prenatal care for all women.⁶

In Rhode Island between 2004 and 2008, 14% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester, up from 9.4% between 2001 and 2005.⁵ Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2004 and 2008, over one-quarter (26.8%) of teens ages 19 and under received delayed prenatal care, compared with 12.6% of women ages 20 and over.⁷

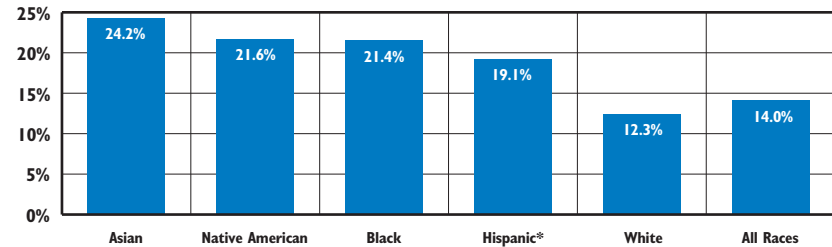
| Late or No Prenatal Care | | |
|--------------------------|------|------|
| | 1995 | 2006 |
| RI | 1.3% | 1.9% |
| US | 4.2% | 3.6% |
| National Rank* | | 3rd |
| New England Rank** | | 3rd |

*1st is best; 32nd is worst

**1st is best; 4th is worst

Source: U.S. Centers 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, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2004-2008. Data for 2008 are provisional. *Hispanic may be included in any racial category.

◆ Between 2004 and 2008 in Rhode Island, Asian women (24.2%), Native American women (21.6%), Black women (21.4%), and Hispanic* women (19.1%) were significantly more likely to receive delayed prenatal care than White women (12.3%).⁸

◆ Between 2004 and 2008, the rate of delayed prenatal care in the core cities (18.2%) was nearly twice the rate in the remainder of the state (10.2%). Newport was the only core city with a rate of delayed prenatal care (11.5%) better than that of the state as a whole (14.0%).⁹

Reducing Barriers to Prenatal Care

◆ Strategies that increase access to timely prenatal care include insurance coverage and access to preconceptional care for teens and women of childbearing age, education on preventive health practices, and access to health providers with the training and skills to be culturally and linguistically competent.¹⁰

◆ 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.¹¹

◆ Between 2004 and 2008, uninsured women in Rhode Island were more than twice as likely to receive delayed prenatal care (44.2%) than women enrolled in RIte Care (20.4%).¹²

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Table 18.

Delayed Prenatal Care, Rhode Island, 2004-2008

| City/Town | # Births | # Delayed Care | % Delayed Care |
|---------------------------|---------------|----------------|----------------|
| Barrington | 667 | 53 | 7.9% |
| Bristol | 921 | 92 | 10.0% |
| Burrillville | 754 | 61 | 8.1% |
| Central Falls | 2,021 | 383 | 19.0% |
| Charlestown | 370 | 25 | NA |
| Coventry | 1,683 | 177 | 10.5% |
| Cranston | 4,325 | 559 | 12.9% |
| Cumberland | 1,784 | 149 | 8.4% |
| East Greenwich | 517 | 39 | 7.5% |
| East Providence | 2,606 | 283 | 10.9% |
| Exeter | 261 | 22 | NA |
| Foster | 233 | 27 | NA |
| Glocester | 398 | 29 | NA |
| Hopkinton | 458 | 50 | NA |
| Jamestown | 187 | 14 | NA |
| Johnston | 1,390 | 158 | 11.4% |
| Lincoln | 909 | 87 | 9.6% |
| Little Compton | 141 | 11 | NA |
| Middletown | 984 | 89 | 9.0% |
| Narragansett | 492 | 32 | NA |
| New Shoreham | 49 | 2 | NA |
| Newport | 1,516 | 174 | 11.5% |
| North Kingstown | 1,272 | 127 | 10.0% |
| North Providence | 1,615 | 189 | 11.7% |
| North Smithfield | 439 | 22 | NA |
| Pawtucket | 5,668 | 927 | 16.4% |
| Portsmouth | 810 | 82 | 10.1% |
| Providence | 14,774 | 3,031 | 20.5% |
| Richmond | 460 | 34 | NA |
| Scituate | 417 | 43 | NA |
| Smithfield | 730 | 59 | 8.1% |
| South Kingstown | 1,161 | 93 | 8.0% |
| Tiverton | 625 | 76 | 12.2% |
| Warren | 527 | 70 | 13.3% |
| Warwick | 4,193 | 450 | 10.7% |
| West Greenwich | 245 | 25 | NA |
| West Warwick | 1,989 | 288 | 14.5% |
| Westerly | 1,340 | 129 | 9.6% |
| Woonsocket | 3,304 | 525 | 15.9% |
| Unknown | 5 | 1 | NA |
| <i>Core Cities</i> | <i>29,272</i> | <i>5,328</i> | <i>18.2%</i> |
| <i>Remainder of State</i> | <i>32,963</i> | <i>3,358</i> | <i>10.2%</i> |
| <i>Rhode Island</i> | <i>62,240</i> | <i>8,687</i> | <i>14.0%</i> |

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 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 from 2004-2008.

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

Note: The Rhode Island Birth Worksheet was changed in 2008 to allow for multiple race and Hispanic options for the first time, resulting in a decline in the number of women reported as White and an increase in women coded as "other."

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 Cohen, G. & Committee on Psychosocial Aspects of Child and Family Health. (2009). The prenatal visit. *Pediatrics* 124(4), 1227-1232.

^{5,6} Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.

^{7, 8, 9, 12} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 1995-2008.

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