

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 having infants who are low birthweight, who are stillborn, 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 conditions including maternal depression, smoking, substance use, domestic violence, nutritional deficiencies, and unmet needs for food and shelter.² Women who receive adequate prenatal care are more likely to obtain preventive health care for their children, such as scheduling well-baby visits, immunizations, and regular health checkups.³

Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education. Several studies indicate that low-income women who receive enhanced prenatal care services experience improved birth outcomes. Enhanced prenatal care services may include outreach, case management, risk assessment, smoking cessation, nutritional and psychosocial counseling, health education, guidance on infant and child development, referrals to social services, and home visits.⁴

Late or No Prenatal Care		
	1990	2001
RI	2.0%	1.1%
US	6.1%	3.7%
National Rank*	1st	
New England Rank**	1st	

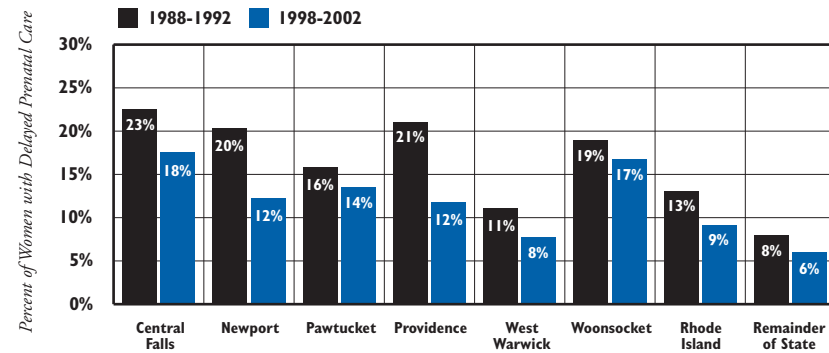
*1st is best; 50th is worst

**1st is best; 6th is worst

Late prenatal care is defined as beginning prenatal care in the third trimester.

Source: *The Right Start for America's Newborns*. (2004). Baltimore, MD: The Annie E. Casey Foundation.

Delayed Prenatal Care, Core Cities and Rhode Island, 1988-2002



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988-2002. Data for 2000-2002 are provisional.

◆ During the 1990s, the rate of delayed prenatal care decreased across Rhode Island, with major improvements in Providence and Newport. However, women in the core cities and in Westerly are twice as likely to receive delayed prenatal care as women in the remainder of the state.⁵

RItE Care's Impact on Prenatal Care

◆ RItE Care, Rhode Island's Medicaid managed care program, has improved access to prenatal care for women using Medicaid. A recent study in the *American Journal of Public Health* states that RItE Care's specific program interventions that addressed and changed organizational and delivery systems barriers resulted in the improvement of adequate prenatal care utilization by women in the program.⁶

◆ Between 1993 and 2000, the percentage of women using Medicaid who began prenatal care in the first trimester increased from 77% to 84%.⁷

◆ In addition to earlier entry into prenatal care, RItE Care has increased the number of women using Medicaid who received "adequate" and "adequate plus" care. Between 1993 and 2000, the percentage receiving high quality care increased from 57% to 73%.⁸

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Table 15.

Delayed Prenatal Care, Rhode Island, 1998-2002

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	825	21	2.5%
Bristol	1,069	84	7.9%
Burrillville	795	60	7.5%
Central Falls	1,795	314	17.5%
Charlestown	456	37	NA
Coventry	2,004	102	5.1%
Cranston	4,209	232	5.5%
Cumberland	1,744	102	5.8%
East Greenwich	582	22	3.8%
East Providence	2,452	196	8.0%
Exeter	339	18	NA
Foster	195	9	NA
Glocester	467	28	NA
Hopkinton	458	52	NA
Jamestown	206	9	NA
Johnston	1,500	81	5.4%
Lincoln	974	60	6.2%
Little Compton	176	19	NA
Middletown	1,077	63	5.8%
Narragansett	618	26	4.2%
New Shoreham	56	9	NA
Newport	1,609	197	12.2%
North Kingstown	1,525	70	4.6%
North Providence	1,571	96	6.1%
North Smithfield	521	25	4.8%
Pawtucket	5,119	689	13.5%
Portsmouth	906	45	5.0%
Providence	13,980	1,647	11.8%
Richmond	491	29	NA
Scituate	488	23	NA
Smithfield	801	34	4.2%
South Kingstown	1,286	65	5.1%
Tiverton	670	62	9.3%
Warren	568	45	7.9%
Warwick	4,402	218	5.0%
West Greenwich	302	11	NA
West Warwick	2,028	156	7.7%
Westerly	1,321	210	15.9%
Woonsocket	3,024	506	16.7%
Unknown	2	0	NA
Core Cities	27,555	3,509	12.7%
Remainder of State	35,054	2,163	6.2%
Rhode Island	62,611	5,672	9.1%

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1998-2002. Data for 2000-2002 are provisional.

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

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 1998-2002.

References for Indicator

¹ *Trends in the Well-Being of America's Children and Youth 2002*. (2003). Washington, DC: U.S. Department of Health and Human Services.

² American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health (June 2001). *The Prenatal Visit*. *Pediatrics*, Vol. 107, No. 6.

³ *The Right Start State Trends: Conditions of Babies and Their Families Across the Nation 1990-1998*, (2001). Baltimore, MD: The Annie E. Casey Foundation.

⁴ *Opportunities to Use Medicaid in Support of Maternal and Child Health Services*. (2000). Rockville, MD: U.S. Department of Health and Human Services, Health Resources & Services Administration.

⁵ Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988-2002.

⁶ Griffin, J. et al. (1999). The Effect of a Medicaid Managed Care Program on the Adequacy of Prenatal Care Utilization in Rhode Island. *American Journal of Public Health*, 89.

^{7,8} J. Griffin (2002). *The Impact of RIte Care on Adequacy of Prenatal Care and the Health of Newborns, 2000 Update*. Cranston, RI: Rhode Island Department of Human Services, Center for Child and Family Health.