

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

In Rhode Island between 1999 and 2003, 8.9% of Rhode Island women received delayed prenatal care. The rate for women in the core cities (12.4%) was more than twice that for women in the remainder of the state (6.1%).⁵

Late or No Prenatal Care		
	1990	2002
RI	2.0%	1.5%
US	6.1%	3.6%
National Rank*		2nd
New England Rank**		2nd

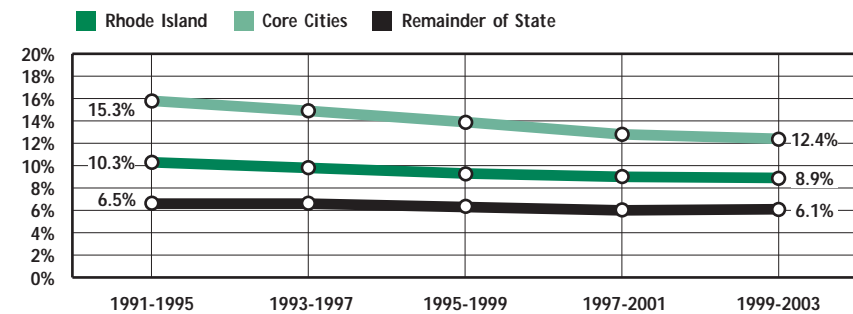
*1st is best; 50th is worst

**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: City and state trends.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

Delayed Prenatal Care, Rhode Island, Core Cities and the Remainder of the State, 1991-2003



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-2003. Data for 2002-2003 are provisional.

- ◆ Over the past decade, the rate of delayed prenatal care decreased across Rhode Island. However, women in the core cities remain twice as likely to receive delayed prenatal care as women in the remainder of the state.⁶

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 system's barriers resulted in the improvement of adequate prenatal care utilization by women in the program.⁷

- ◆ Between 1993 and 2002, the percentage of women using Medicaid who began prenatal care in the first trimester increased from 77% to 82%.⁸

- ◆ 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 2002, the percentage of women receiving high-quality care increased from 56% to 72%.⁹

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Table 15.

Delayed Prenatal Care, Rhode Island, 1999-2003

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	839	20	2.4%
Bristol	1,034	76	7.4%
Burrillville	803	56	7.0%
Central Falls	1,862	304	16.3%
Charlestown	459	40	NA
Coventry	2,003	100	5.0%
Cranston	4,305	229	5.3%
Cumberland	1,763	100	5.7%
East Greenwich	569	21	3.7%
East Providence	2,478	176	7.1%
Exeter	343	22	NA
Foster	196	8	NA
Glocester	429	31	NA
Hopkinton	453	50	NA
Jamestown	206	10	NA
Johnston	1,470	67	4.6%
Lincoln	988	57	5.8%
Little Compton	170	16	NA
Middletown	1,075	67	6.2%
Narragansett	631	32	5.1%
New Shoreham	54	11	NA
Newport	1,576	203	12.9%
North Kingstown	1,503	75	5.0%
North Providence	1,614	97	6.0%
North Smithfield	521	28	5.4%
Pawtucket	5,219	675	12.9%
Portsmouth	869	43	4.9%
Providence	14,306	1,615	11.3%
Richmond	500	29	5.8%
Scituate	472	21	NA
Smithfield	769	26	3.4%
South Kingstown	1,293	78	6.0%
Tiverton	655	60	9.2%
Warren	559	42	7.5%
Warwick	4,416	222	5.0%
West Greenwich	305	10	NA
West Warwick	2,035	154	7.6%
Westerly	1,308	205	15.7%
Woonsocket	3,092	530	17.1%
Unknown	15	1	NA
Core Cities	28,090	3,481	12.4%
Remainder of State	35,052	2,125	6.1%
Rhode Island	63,157	5,607	8.9%

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1999-2003. Data for 2002-2003 are provisional.

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

NA: Percentages were not calculated for cities and towns with fewer 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 1999-2003.

References for Indicator

¹ Office of the Assistant Secretary for Planning and Evaluation. (2004). *Trends in the well-being of America's children and youth 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. (2001). The prenatal visit. *Pediatrics*, 107(6), 1456-1458.

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.

^{5,6} Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-2003.

⁷ Silow-Carroll, S. (2003). *Building quality into RItE Care: How Rhode Island is improving health care for its low-income populations*. Washington, DC: The Commonwealth Fund.

^{8,9} Griffin, J. (2004). *The impact of RItE Care on adequacy of prenatal care and the health of newborns: Ten year profiles and trends of births by insurance status, 1993-2002*. Cranston, RI: Rhode Island Medicaid Research and Evaluation Project.