

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

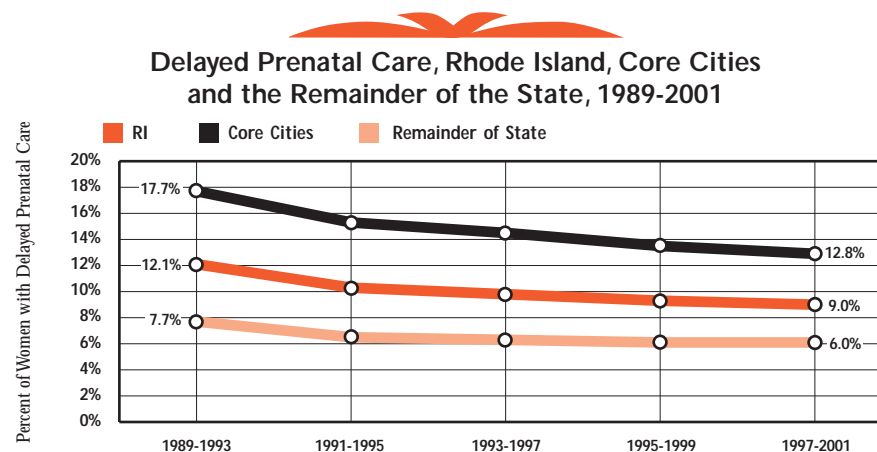
Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education. Several studies indicate that low-income women who receive enhanced prenatal care services experience improved birth outcomes. Enhanced prenatal care services 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	2000
RI	2.0%	1.3%
US	6.1%	3.9%
State Rank	<i>1st</i>	

1st is best; 50th is worst

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

Source: *The Right Start for America's Newborns, A Decade of City and State Trends: 1990-2000* (2003). Baltimore, MD: The Annie E. Casey Foundation.



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1989-2001. Data for 1999-2001 are provisional. Delayed prenatal care is defined as beginning prenatal care later than the first trimester.

- ◆ During the 1990s, 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 compared to women in the remainder of the state.⁵
- ◆ During 1997-2001, the women in the following communities were the least likely to receive prenatal care beginning in the first trimester of pregnancy: Central Falls (18.8%), Woonsocket (16.0%), Westerly (15.9%), Pawtucket (13.3%), Providence (12.0%), and Newport (11.4%).⁶

Smoking During Pregnancy

- ◆ Smoking during pregnancy increases the risk of pregnancy complications, low birthweight, stillbirth and sudden infant death syndrome (SIDS).⁷ Pregnancy provides a unique opportunity to help women quit smoking. Studies have shown that providing brief medical counseling and pregnancy-tailored self-help materials during prenatal visits significantly increases quit rates.⁸
- ◆ In 1999, 14% of pregnant women in Rhode Island smoked cigarettes, compared to 13% nationally.⁹ The percentage of Rhode Island women enrolled in RIte Care or Medicaid who smoked during pregnancy decreased significantly from 32% in 1993 to 24% in 2000.¹⁰

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Table 14. Delayed Prenatal Care, Rhode Island, 1997-2001

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	820	19	2.3%
Bristol	1,067	79	7.4%
Burrillville	781	53	6.8%
Central Falls	1,781	335	18.8%
Charlestown	446	39	NA
Coventry	1,924	102	5.3%
Cranston	4,171	242	5.8%
Cumberland	1,701	100	5.9%
East Greenwich	588	22	3.7%
East Providence	2,499	194	7.8%
Exeter	341	16	NA
Foster	197	11	NA
Glocester	464	28	NA
Hopkinton	488	53	NA
Jamestown	205	4	NA
Johnston	1,492	86	5.8%
Lincoln	990	57	5.8%
Little Compton	156	14	NA
Middletown	1,083	57	5.3%
Narragansett	667	21	3.1%
New Shoreham	57	9	NA
Newport	1,645	188	11.4%
North Kingstown	1,500	59	3.9%
North Providence	1,576	94	6.0%
North Smithfield	515	24	4.7%
Pawtucket	5,030	669	13.3%
Portsmouth	917	41	4.5%
Providence	13,589	1,631	12.0%
Richmond	472	30	NA
Scituate	504	27	5.4%
Smithfield	805	39	4.8%
South Kingstown	1,298	52	4.0%
Tiverton	649	58	8.9%
Warren	582	49	8.4%
Warwick	4,427	204	4.6%
West Greenwich	297	11	NA
West Warwick	2,024	171	8.4%
Westerly	1,373	218	15.9%
Woonsocket	2,980	478	16.0%
Unknown	9	0	NA
<i>Core Cities</i>	<i>27,049</i>	<i>3,472</i>	<i>12.8%</i>
<i>Remainder of State</i>	<i>35,061</i>	<i>2,112</i>	<i>6.0%</i>
<i>Rhode Island</i>	<i>62,110</i>	<i>5,584</i>	<i>9.0%</i>

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1997-2001. Data for 1999-2001 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 1997-2001.

References for Indicator

¹ *Trends in the Well-Being of America's Children and Youth 2001* (2002). 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" in *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 Resources, Health Resources & Services Administration.

^{5a} Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1989-1993 and 1997-2001.

⁷ *Women and Smoking: A Report of the Surgeon General* (2001). Baltimore, MD: Centers for Disease Control and Prevention.

⁸ Orleans, C. et al (2000). "Helping Pregnant Smokers Quit: Meeting the Challenge" in *The Next Decade in Tobacco Control*, Vol. 9, No. 3.

⁹ *State Prenatal Smoking Databook 1999* (2002). Baltimore, MD: Centers for Disease Control and Prevention.

¹⁰ 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.