

# Women with Delayed Prenatal Care

## DEFINITION

*Women with delayed prenatal care* is the percentage of women receiving prenatal care beginning in the second or third trimester of pregnancy. Data are reported by place of mother's residence, not place of infant's birth.

## SIGNIFICANCE

Early prenatal care is an important way to identify and treat health problems as well as influence health behaviors that can affect 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 low birthweight or who die within the first year of life.<sup>1,2</sup>

Effective prenatal care screens for and intervenes with a range of maternal needs including nutrition, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter. A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other services.<sup>3,4</sup>

Early prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to preconception health care services before pregnancy. Effective

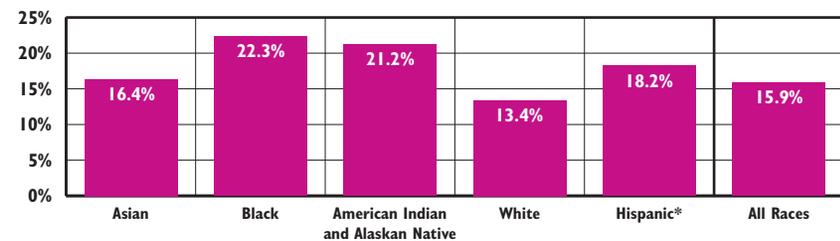
monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of childbearing age.<sup>5,6</sup>

Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and/or financial constraints, including lack of insurance and/or money to pay for care.<sup>7</sup>

Rhode Island women with delayed or no prenatal care are more likely to report their pregnancy was unintended than women who initiated care in the first trimester. Between 2012 and 2015 in Rhode Island, 66% of women whose prenatal care was delayed had unintentional pregnancies.<sup>8</sup>

In Rhode Island between 2014 and 2018, 15.9% of women who gave birth did not begin care until the second or third trimester. Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island.<sup>9</sup>

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**Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2014-2018**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. \* Race categories are non-Hispanic.

◆ Between 2014 and 2018 in Rhode Island, Black women (22.3%), Hispanic women (18.2%), American Indian and Alaskan Native women (21.2%), and Asian women (16.4%) were more likely to receive delayed prenatal care than White women (13.4%).<sup>10</sup>

◆ Between 2014 and 2018 in Rhode Island, women who did not graduate from high school were more likely to receive delayed prenatal care than women with more than a high school education (23.4% compared to 13.3%). Nearly 20% of pregnant women in the four core cities received delayed prenatal care.<sup>11</sup>

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**Insurance Coverage Improves Access to Prenatal Care**

◆ In the U.S. and Rhode Island, women with private insurance have the highest rates of timely prenatal care. Rhode Island women who are most likely to receive care in the first trimester have higher levels of education.<sup>12,13</sup>

◆ Between 2014 and 2018, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were less likely (19.7%) to receive delayed prenatal care than women who were uninsured (23.7%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (11.9%) during this time period.<sup>14</sup>

◆ RIte Care ranks in the top quartile in first trimester prenatal care, compared to other Medicaid health plans in the nation.<sup>15</sup>

# Women with Delayed Prenatal Care

Table 18. Delayed Prenatal Care, Rhode Island, 2014-2018

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	445	63	14.2
Bristol	550	78	14.2
Burrillville	531	61	11.5
Central Falls	1,276	253	19.8
Charlestown	208	19	9.1 <sup>^</sup>
Coventry	1,213	144	11.9
Cranston	3,156	474	15.0
Cumberland	1,462	178	12.2
East Greenwich	401	43	10.7
East Providence	1,855	270	14.6
Exeter	196	18	9.2 <sup>^</sup>
Foster	131	19	14.5 <sup>^</sup>
Glocester	285	40	14.0
Hopkinton	208	16	7.7 <sup>^</sup>
Jamestown	98	11	11.2
Johnston	1,062	140	13.2
Lincoln	768	112	14.6
Little Compton	71	14	19.7 <sup>^</sup>
Middletown	691	91	13.2
Narragansett	228	27	11.8
New Shoreham	33	8	*
Newport	1,036	162	15.6
North Kingstown	881	107	12.1
North Providence	1,247	183	14.7
North Smithfield	330	45	13.6
Pawtucket	3,832	727	19.0
Portsmouth	556	66	11.9
Providence	9,898	1,957	19.8
Richmond	222	34	15.3
Scituate	330	53	16.1
Smithfield	580	79	13.6
South Kingstown	647	76	11.7
Tiverton	528	82	15.5
Warren	356	47	13.2
Warwick	3,100	379	12.2
West Greenwich	187	26	13.9
West Warwick	1,359	185	13.6
Westerly	766	72	9.4
Woonsocket	2,266	470	20.7
Unknown**	291	37	12.7
Four Core Cities	17,272	3,407	19.7
Remainder of State	26,008	3,459	13.3
Rhode Island	43,280	6,866	15.9

## Racial/Ethnic Disparities in Severe Maternal Morbidity

- ◆ Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications.<sup>16,17</sup> Racial disparities in maternal mortality span all levels of education, age, and income.<sup>18</sup>
- ◆ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.<sup>19</sup> This coupled with stress from racism and racial discrimination contribute to the unacceptable health outcomes among Black women and their infants.<sup>20</sup>
- ◆ In Rhode Island, maternal mortality numbers are too small to report. To better measure maternal health during pregnancy and after childbirth, Rhode Island reports the prevalence of severe maternal morbidity.<sup>21</sup>
- ◆ Severe maternal morbidity is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.<sup>22</sup> In 2014-2018, the Rhode Island severe maternal morbidity rate was 223 per 10,000 delivery hospitalizations. Black (345 per 10,000), Hispanic (254 per 10,000), and Asian (262 per 10,000) women all had higher rates of maternal morbidity than White women (189 per 10,000).<sup>23</sup>

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018. Data for births in 2014 do not include births among Rhode Island residents that occurred out-of-state.

The denominator is the total number of live births to Rhode Island residents from 2014-2018.

\*The data are statistically unreliable and rates are not reported and should not be calculated.

<sup>^</sup>The data are statistically unstable and rates or percentages should be interpreted with caution.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Due to birth certificate changes that began in 2015 (the last two years in the 2014-2018 five-year average), comparisons with previous years should be made with caution. Delayed prenatal care is now a calculated variable that is based on the number of visits over 90 days (3 months). "No prenatal care" is not broken out.

### References

- <sup>14</sup> Yogman, M., Lavin, A., & Cohen, G. (2018). The prenatal visit. *Pediatrics* 142(1): e20181218.
- <sup>26</sup> U.S. Department of Health & Human Services, Office on Women's Health. (n.d.). *Prenatal care*. Retrieved February 18, 2020, from www.womenshealth.gov
- <sup>3</sup> Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds.). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents (4th ed.)*. Elk Grove Village, IL: American Academy of Pediatrics.
- <sup>5</sup> Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.
- <sup>7</sup> Kim, H., Cain, R., & Viner-Brown, S. (2014). *2014 Rhode Island Pregnancy Risk Assessment Monitoring System data book*. Providence, RI: Rhode Island Department of Health.
- <sup>8</sup> Kim, H., Monteiro, K., Cooper, T., Viner-Brown, S., & Weber, A. (2018). *2018 Rhode Island Pregnancy Risk Assessment Monitoring System data book: 3rd edition*. Providence, RI: Rhode Island Department of Health.

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