

# 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>

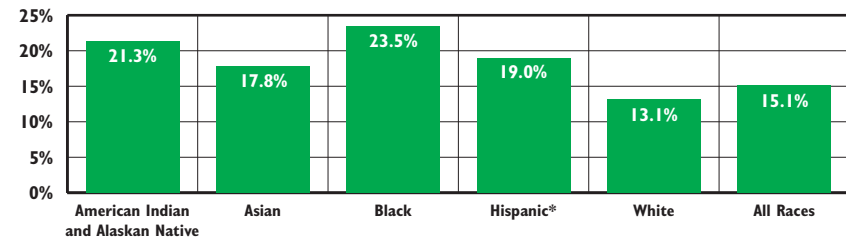
Barriers to prenatal care include not knowing one is pregnant, not being able to get an appointment or start care when desired, lack of transportation or child care, inability to get time off work, and financial constraints (including lack of insurance or money to pay for care).<sup>7</sup>

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, 65% of women whose prenatal care was delayed had unintentional pregnancies.<sup>8</sup>

In Rhode Island between 2015 and 2019, 15.1% 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>



## Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2015-2019



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019. \* Race categories are non-Hispanic.

◆ Between 2015 and 2019 in Rhode Island, Black women (23.5%), American Indian and Alaskan Native (21.3%), Hispanic women (19.0%), and Asian women (17.8%) were more likely to receive delayed prenatal care than white women (13.1%).<sup>10</sup>

◆ Between 2015 and 2019 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 (25.5% compared to 12.9%). One in five (20.5%) pregnant women in the four core cities received delayed prenatal care.<sup>11</sup>



## 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 2015 and 2019, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were much less likely (20.6%) to receive delayed prenatal care than women who were uninsured (40.3%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (11.6%) 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>



## 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 2019, the Rhode Island severe maternal morbidity rate was 271 per 10,000 delivery hospitalizations up from 243 per 10,000 in 2018. Black (383 per 10,000) and Hispanic (333 per 10,000) women had higher rates of maternal morbidity than white women (225 per 10,000) in 2019.<sup>23</sup>

Table 18. Delayed Prenatal Care, Rhode Island, 2015-2019

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	527	76	14.4
Bristol	640	92	14.4
Burrillville	576	74	12.8
Central Falls	1,417	301	21.2
Charlestown	246	22	8.9 <sup>^</sup>
Coventry	1,471	169	11.5
Cranston	3,726	584	15.7
Cumberland	1,588	199	12.5
East Greenwich	499	55	11.0
East Providence	2,131	324	15.2
Exeter	236	20	8.5 <sup>^</sup>
Foster	172	20	11.6 <sup>^</sup>
Glocester	335	55	16.4
Hopkinton	312	32	10.3 <sup>^</sup>
Jamestown	120	9	*
Johnston	1,259	167	13.3
Lincoln	870	123	14.1
Little Compton	71	15	21.1 <sup>^</sup>
Middletown	765	90	11.8
Narragansett	264	27	10.2
New Shoreham	37	8	*
Newport	1,129	160	14.2
North Kingstown	1,066	121	11.4
North Providence	1,471	217	14.8
North Smithfield	419	61	14.6
Pawtucket	4,278	829	19.4
Portsmouth	639	66	10.3
Providence	11,305	2,344	20.7
Richmond	267	32	12.0
Scituate	418	68	16.3
Smithfield	686	93	13.6
South Kingstown	848	88	10.4
Tiverton	544	83	15.3
Warren	386	58	15.0
Warwick	3,627	435	12.0
West Greenwich	217	25	11.5
West Warwick	1,558	211	13.5
Westerly	887	93	10.5
Woonsocket	2,503	531	21.2
Unknown**	139	18	12.9
Four Core Cities	19,503	4,005	20.5
Remainder of State	30,146	3,972	13.2
Rhode Island	49,649	7,995	16.1

### Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

The denominator is the total number of live births to Rhode Island residents from 2015-2019.

\*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 year in the 2015-2019 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

- Yogman, M., Lavin, A., & Cohen, G. (2018). The prenatal visit. *Pediatrics* 142(1): e20181218.
- U.S. Department of Health & Human Services, Office on Women's Health. (n.d.). *Prenatal care*. Retrieved April 19, 2021, from womenshealth.gov
- 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.
- Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.
- 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.
- 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.
- <sup>9,10,11,13,14,21,23</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2015-2019.

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