

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.^{1,2}

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.^{3,4}

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

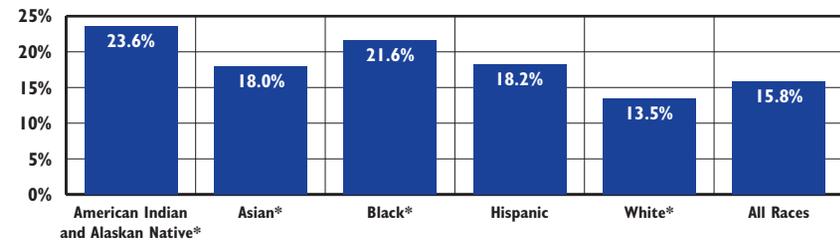
and treatment of chronic disease, providing health education, implementing and enhancing Medicaid policies, improving health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of childbearing age.^{5,6}

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).⁷

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.⁸

In Rhode Island between 2016 and 2020, 15.0% of women who gave birth did not begin care until the second or third trimester if at all. Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island.⁹

Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2016-2020



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020. * Race categories are non-Hispanic.

◆ Between 2016 and 2020 in Rhode Island, American Indian and Alaskan Native (23.6%), Black women (21.6%), Hispanic women (18.2%), and Asian women (18.0%) were more likely to receive delayed prenatal care than white women (13.5%).¹⁰

◆ Between 2016 and 2020 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 (18.9% compared to 12.7%). One in five (20.0%) pregnant women in the four core cities received delayed prenatal care.¹¹

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.^{12,13}

◆ Between 2016 and 2020, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were much less likely (20.2%) to receive delayed prenatal care than women who were uninsured (39.3%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (11.5%) during this time period.¹⁴

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

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.^{16,17} Racial disparities in maternal mortality span all levels of education, age, and income.¹⁸
- ◆ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.¹⁹ This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.²⁰
- ◆ 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.²¹ Severe maternal morbidity (SMM) is defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.²²
- ◆ In 2020, the Rhode Island severe maternal morbidity rate was 89 per 10,000 delivery hospitalizations down from 122 per 10,000 in 2019. Black (155 per 10,000) and Hispanic (106 per 10,000) women all had higher rates of maternal morbidity than white women (86 per 10,000) in 2020. The definition of SMM now excludes blood transfusions, so this data is not comparable to previous years.²³

Table 18. Delayed Prenatal Care, Rhode Island, 2016-2020

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	526	75	14.3
Bristol	660	91	13.8
Burrillville	574	82	14.3
Central Falls	1,448	303	20.9
Charlestown	261	20	7.7 [^]
Coventry	1,438	163	11.3
Cranston	3,695	597	16.2
Cumberland	1,604	210	13.1
East Greenwich	521	55	10.6
East Providence	2,131	307	14.4
Exeter	234	20	8.5 [^]
Foster	179	21	11.7 [^]
Glocester	326	52	16.0
Hopkinton	319	30	9.4
Jamestown	122	10	*
Johnston	1,249	170	13.6
Lincoln	858	122	14.2
Little Compton	70	10	14.3 [^]
Middletown	769	82	10.7
Narragansett	256	23	9.0
New Shoreham	33	8	*
Newport	1,117	144	12.9
North Kingstown	1,050	119	11.3
North Providence	1,474	217	14.7
North Smithfield	426	72	16.9
Pawtucket	4,298	826	19.2
Portsmouth	644	67	10.4
Providence	11,351	2,294	20.2
Richmond	284	33	11.6
Scituate	414	73	17.6
Smithfield	705	105	14.9
South Kingstown	826	81	9.8
Tiverton	542	76	14.0
Warren	382	55	14.4
Warwick	3,485	417	12.0
West Greenwich	216	28	13.0
West Warwick	1,497	194	13.0
Westerly	923	93	10.1
Woonsocket	2,480	485	19.6
Unknown**	147	19	12.9 [^]
Four Core Cities	19,577	3,908	20.0
Remainder of State	29,810	3,922	13.2
Rhode Island	49,534	7,849	15.8

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2016-2020.

The denominator is the total number of live births to Rhode Island residents from 2016-2020.

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

[^]The data are statistically unstable and rates or percentages should be interpreted with caution.

**Unknown: Specific city/town information unavailable

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

Due to birth certificate changes that began in 2015, 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

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