

# 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 an important way to identify and treat health problems as well as 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 poor birth outcomes, such as having babies who are low birthweight or who die within the first year of life.<sup>1</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.<sup>2,3,4</sup> A prenatal visit is the first step in establishing an infant's medical home and can provide valuable links to other health services.<sup>5,6</sup>

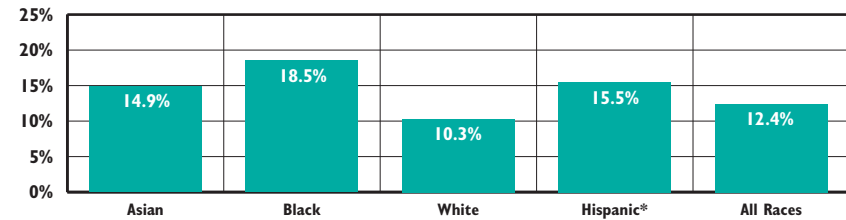
Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, as is ensuring access to preconception health care services

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 child-bearing age.<sup>7</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. Rhode Island women with delayed or no prenatal care were more likely to report their pregnancy was unintended than women who initiated care in the first trimester.<sup>8</sup>

In Rhode Island between 2010 and 2014, 12.4% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester, an improvement from 12.8% in 2009-2013. Pregnant adolescents in Rhode Island are the most likely to delay prenatal care.<sup>9</sup> Between 2009 and 2011, 22% of Rhode Island mothers who had an unintended pregnancy had delayed or no prenatal care, compared with 7.9% of mothers who had an intended pregnancy.<sup>10</sup>

**Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2010-2014**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2010-2014. \*Hispanic may be included in any racial category. Data for births in 2014 are provisional.

- ◆ Between 2010 and 2014 in Rhode Island, Black women (18.5%), Hispanic women (15.5%), and Asian women (14.9%) were more likely to receive delayed prenatal care than White women (10.3%).<sup>11</sup>
- ◆ Between 2010 and 2014 in Rhode Island, 17% of women with a high school degree or less were more likely to receive delayed prenatal care than their peers, and the rate of delayed prenatal care among pregnant women in the four core cities was 16.1%.<sup>12,13</sup>

## Insurance Coverage Improves Access to Prenatal Care

- ◆ In the U.S. and Rhode Island, women with commercial insurance have the highest rates of timely prenatal care. Rhode Island women who are most likely to initiate care in the first trimester are also older, married, and have higher levels of education.<sup>14,15</sup>
- ◆ Between 2010 and 2014, pregnant women with RIte Care coverage (Rhode Island's Medicaid managed care health insurance program) were much less likely (17.2%) to receive delayed prenatal care than women who were uninsured (33%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (7.6%) during this time period.<sup>16</sup>
- ◆ RIte Care has had a positive impact on the accessibility, timeliness, and quality of health care services for its members. RIte Care health plans rank above the 75th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.<sup>17</sup>

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Table 18. Delayed Prenatal Care, Rhode Island, 2010-2014

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	503	40	8.0%
Bristol	778	83	10.7%
Burrillville	632	71	11.2%
Central Falls	1,619	256	15.8%
Charlestown	260	12	NA
Coventry	1,417	150	10.6%
Cranston	3,887	424	10.9%
Cumberland	1,613	143	8.9%
East Greenwich	552	55	10.0%
East Providence	2,453	233	9.5%
Exeter	256	23	NA
Foster	163	22	NA
Glocester	342	42	NA
Hopkinton	357	30	NA
Jamestown	117	12	NA
Johnston	1,282	143	11.2%
Lincoln	901	79	8.8%
Little Compton	79	1	NA
Middletown	834	72	8.6%
Narragansett	373	28	NA
New Shoreham	56	5	NA
Newport	1,295	121	9.3%
North Kingstown	1,020	88	8.6%
North Providence	1,582	172	10.9%
North Smithfield	412	39	NA
Pawtucket	4,941	765	15.5%
Portsmouth	573	33	5.8%
Providence	12,890	2,118	16.4%
Richmond	348	18	NA
Scituate	331	42	NA
Smithfield	593	44	7.4%
South Kingstown	897	63	7.0%
Tiverton	528	37	7.0%
Warren	458	64	NA
Warwick	3,831	389	10.2%
West Greenwich	241	24	NA
West Warwick	1,789	251	14.0%
Westerly	959	66	6.9%
Woonsocket	2,946	469	15.9%
Unknown	41	3	NA
Four Core Cities	22,396	3,608	16.1%
Remainder of State	31,712	3,119	9.8%
Rhode Island	54,149	6,730	12.4%

## Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2010-2014. Data for births in 2014 are provisional and 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 2010-2014.

NA: Rates should not be calculated due to small numbers and the lack of statistical reliability.

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

During 2004, data on delayed prenatal care began to be collected via a review of medical records, rather than via self report by the mother. Due to this change in methodology, data in this indicator only are comparable to Factbooks since 2009.

## References

- <sup>1</sup> Child Trends. (2015). *Late or no prenatal care: Indicators on children and youth*. Retrieved January 25, 2016, from www.childtrendsdatabank.org
- <sup>2</sup> Akkerman, D., et al. (2012). *Health care guideline: Routine prenatal care*. Retrieved January 25, 2016, from www.icsi.org
- <sup>3</sup> Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds.). (2008). *Bright futures: Guidelines for health supervision of infants, children and adolescents (3rd ed.)*. Elk Grove Village, IL: American Academy of Pediatrics.
- <sup>4</sup> Zolotor, Adam J. & Carlough, Martha C. (2014). Update on prenatal care. *American Family Physician*, 89(3),199-208.
- <sup>5</sup> Cohen, G. & Committee on Psychosocial Aspects of Child and Family Health. (2009). The prenatal visit. *Pediatrics*, 124(4), 1227-1232.
- <sup>67</sup> Shore, R. & Shore, B. (2009). *KIDS COUNT Indicator brief: Reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.
- <sup>815</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>9,11,12,13,16</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2010-2014.
- <sup>10</sup> *Unintended pregnancy among women in Rhode Island, 2009-2011*. (2015). Providence, RI: Rhode Island Department of Health.
- <sup>14</sup> U.S. Department of Health and Human Services. (2013). *Women's health USA 2012*. Retrieved January 25, 2016, from www.mchb.hrsa.gov/whusa12/
- <sup>17</sup> *Monitoring quality and access in RIte Care and Rhody Health Partners*. (2015). Cranston, RI: Rhode Island Executive Office of Health and Human Services.