

# 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. 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

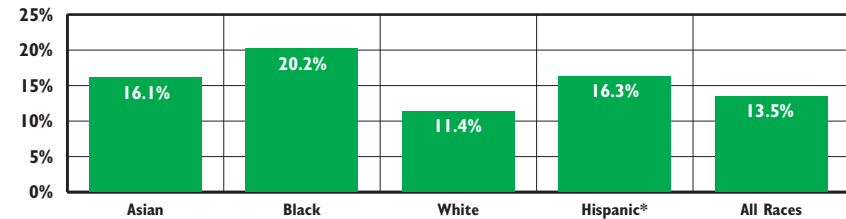
before pregnancy. Effective monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care 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> Between 2009 and 2011, 22.0% 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>9</sup>

In Rhode Island between 2011 and 2015, 13.5% of women who gave birth did not begin care until the second or third trimester. Pregnant adolescents in Rhode Island are the most likely to delay prenatal care.<sup>10</sup>

**Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2011-2015**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2011-2015. \*Hispanic may be included in any racial category. \*See note regarding new methodology for calculations, starting with this Factbook. Data for births in 2015 are provisional.

◆ **Between 2011-2015 in Rhode Island, Black women (20.2%), Hispanic women (16.3%), and Asian women (16.1%), were more likely to receive delayed prenatal care than White women (11.4%).<sup>11</sup>**

◆ **Between 2011-2015 in Rhode Island, women with a high school degree or less were more likely to receive delayed prenatal care than their peers (18.0% compared to 10.0%), and the rate of delayed prenatal care among pregnant women in the four core cities was 17.4%.<sup>12</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>13,14</sup>**

◆ **Between 2011-2015, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were much less likely (18.2%) to receive delayed prenatal care than women who were uninsured (31.9%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (8.9%) during this time period.<sup>15</sup>**

◆ **RIte Care has had a positive impact on health care services for its members. RIte Care health plans rank above the 90th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.<sup>16</sup>**

# Women with Delayed Prenatal Care

Table 18. Delayed Prenatal Care, Rhode Island, 2011-2015

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	513	45	8.8%
Bristol	730	81	11.1%
Burrillville	648	77	11.9%
Central Falls	1,575	269	17.1%
Charlestown	249	15	NA
Coventry	1,448	160	11.0%
Cranston	3,916	454	11.6%
Cumberland	1,625	161	9.9%
East Greenwich	573	66	11.5%
East Providence	2,372	279	11.8%
Exeter	244	27	NA
Foster	172	22	NA
Glocester	344	41	NA
Hopkinton	306	27	NA
Jamestown	128	9	NA
Johnston	1,323	155	11.7%
Lincoln	952	100	10.5%
Little Compton	77	9	NA
Middletown	851	90	10.6%
Narragansett	346	25	NA
New Shoreham	53	6	NA
Newport	1,283	144	11.2%
North Kingstown	1,042	92	8.8%
North Providence	1,635	204	12.5%
North Smithfield	420	43	NA
Pawtucket	4,930	819	16.6%
Portsmouth	570	45	7.9%
Providence	12,724	2,248	17.7%
Richmond	319	18	NA
Scituate	359	46	NA
Smithfield	620	62	10.0%
South Kingstown	874	71	8.1%
Tiverton	525	53	10.1%
Warren	454	68	NA
Warwick	3,844	417	10.8%
West Greenwich	231	23	NA
West Warwick	1,754	253	14.4%
Westerly	927	55	5.9%
Woonsocket	2,908	510	17.5%
Unknown	104	8	NA
Four Core Cities	22,137	3,846	17.4%
Remainder of State	31,727	3,443	10.9%
Rhode Island	53,968	7,297	13.5%

## Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2011-2015. Data for births in 2015 are provisional and 2014 birth data 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 2011-2015.

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

Unknown: Births were to Rhode Island residents, but specific city/town information was unavailable.

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

Due to birth certificate changes that began in 2015 (the last year in the 2011-2015 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>1</sup> *Late or no prenatal care: Indicators on children and youth.* (2015). Washington, DC: Child Trends.
- <sup>2</sup> Akkerman, D., et al. (2012). *Health care guideline: Routine prenatal care.* Retrieved February 27, 2017, 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, A. J. & Carrough, M. 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>814</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</sup> *Unintended pregnancy among women in Rhode Island, 2009-2011.* (2015). Providence, RI: Rhode Island Department of Health.
- <sup>10,11,12,15</sup> Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2011-2015.
- <sup>13</sup> *Child health USA 2014.* (2015). Rockville, MD: U.S. Department of Health and Human Services
- <sup>16</sup> *Monitoring quality and access through the Performance Goal Program.* (2016). Cranston, RI: Rhode Island Executive Office of Health and Human Services.