

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 preconception health care services before pregnancy. Effective

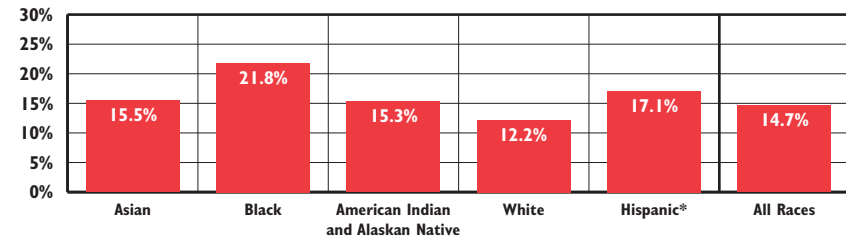
monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage, and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of childbearing age.^{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/or financial constraints, including lack of insurance and/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, 66% of women whose prenatal care was delayed had unintentional pregnancies.⁸

In Rhode Island between 2013 and 2017, 14.6% 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.⁹

Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2013-2017



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2013-2017. * Race categories are non-Hispanic.

◆ Between 2013 and 2017 in Rhode Island, Black women (21.8%), Hispanic women (17.1%), American Indian and Alaskan Native (15.5%), and Asian women (15.5%) were more likely to receive delayed prenatal care than White women (12.6%).¹⁰

◆ Between 2013 and 2017 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% compared to 11.7%). Nineteen percent of 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 commercial 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 2013 and 2017, pregnant women with health coverage through RIte Care (Rhode Island's Medicaid managed care health program) were much less likely (19.0%) to receive delayed prenatal care than women who were uninsured (27.4%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (10.3%) during this time period.¹⁴

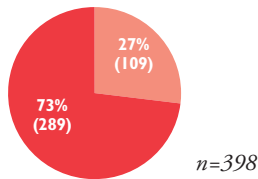
◆ RIte Care ranks in the top quartile in first trimester prenatal care, compared to other Medicaid health plans in the nation.¹⁵

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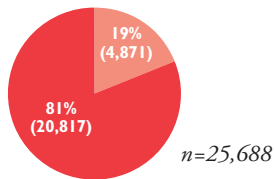
Delayed Prenatal Care by Mother's Insurance Type, Rhode Island, 2013-2017

■ Delayed Prenatal Care (2nd or 3rd Trimester)
■ Prenatal Care in 1st Trimester

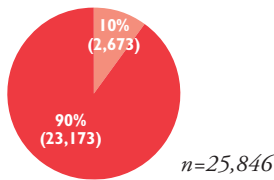
Uninsured



Public Insurance (Rite Care)



Private Insurance



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017.

Table 18. Delayed Prenatal Care, Rhode Island, 2013-2017

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	537	60	11.2%
Bristol	713	91	12.8%
Burrillville	660	80	12.1%
Central Falls	1,606	298	18.6%
Charlestown	239	17	7.1%^
Coventry	1,469	167	11.4%
Cranston	3,912	519	13.3%
Cumberland	1,717	204	11.9%
East Greenwich	558	57	10.2%
East Providence	2,331	310	13.3%
Exeter	238	26	10.9%
Foster	169	22	13.0%
Glocester	333	41	12.3%
Hopkinton	308	27	8.8%
Jamestown	116	11	9.5%^
Johnston	1,328	151	11.4%
Lincoln	997	125	12.5%
Little Compton	83	14	16.9%
Middletown	844	106	12.6%
Narragansett	316	34	10.8%
New Shoreham	57	11	19.3%^
Newport	1,303	186	14.3%
North Kingstown	1,097	117	10.7%
North Providence	1,627	211	13.0%
North Smithfield	407	49	12.0%
Pawtucket	4,848	910	18.8%
Portsmouth	618	62	10.0%
Providence	12,453	2,275	18.3%
Richmond	280	23	8.2%
Scituate	394	53	13.5%
Smithfield	673	72	10.7%
South Kingstown	817	79	9.7%
Tiverton	597	81	13.6%
Warren	455	58	12.7%
Warwick	3,862	452	11.7%
West Greenwich	230	25	10.9%
West Warwick	1,720	249	14.5%
Westerly	913	69	7.6%
Woonsocket	2,925	562	19.2%
Unknown**	217	29	13.6%
Four Core Cities	21,832	4,045	18.5%
Remainder of State	31,918	3,859	12.1%
Rhode Island	53,967	7,933	14.7%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2013-2017. 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 2013-2017.

*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.

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

** Unknown births include three births with missing maternal residence data.

Due to birth certificate changes that began in 2015 (the last three years in the 2013-2017 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

- ¹⁴ Yogman, M., Lavin, A., & Cohen, G. (2018). The prenatal visit. *Pediatrics* 142(1): e20181218.
- ²⁶ U.S. Department of Health & Human Services, Office on Women's Health. (n.d.). *Prenatal care*. Retrieved March 6, 2019, from www.womenshealth.gov
- ³ 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.
- ⁵ Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing infant mortality*. Baltimore, MD: The Annie E. Casey Foundation.
- ⁷ 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.

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