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]

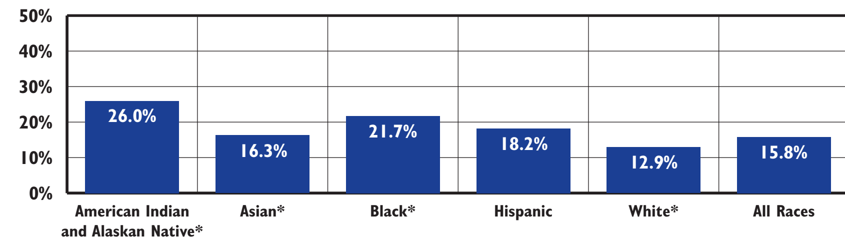
Effective prenatal care screens for and intervenes with a range of maternal needs including nutrition, social support, mental health, smoking cessation, substance use, domestic violence, and unmet needs for food and shelter. A prenatal visit is the first step in establishing an infant's medical home 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 desired care).[7] Rhode Island women with delayed prenatal care are more likely to report their pregnancy was unintended than women who initiated care in the first trimester. Access to contraception, preventative health care services, and the overall health and economic well-being of individuals impact pregnancy intention.[8,9]

Maternal health before pregnancy (preconception), during pregnancy, and after birth (postpartum) impact health outcomes. Currently, there is a maternal health crisis nationally and in Rhode Island. Beyond that, there are persistent racial and ethnic disparities that disproportionately impact health outcomes for Women of Color.[10]

Women With Delayed or No Prenatal Care by Race/Ethnicity, Rhode Island, 2018-2022



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022. * Race categories are non-Hispanic.

★ **In Rhode Island between 2018 and 2022, 15.8% of women who gave birth did not begin care until the second or third trimester if at all. Between 2018 and 2022 in Rhode Island, American Indian and Alaska Native (26.0%), Black (21.7%), Hispanic (18.2%), and Asian women (16.3%) were more likely to receive delayed prenatal care than white women (12.9%).[11]**

★ **Between 2018 and 2022 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 (25.0% compared to 13.0%). Adolescent and teen mothers were more likely to receive delayed prenatal care than older mothers in Rhode Island.[12] About one in five (19.6%) pregnant women in the four core cities received delayed prenatal care compared to 13.5% in the remainder of the state.[13]**

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. Health care before pregnancy is important for maintaining women's reproductive health and ensuring that they can access the reproductive health services they may need to become pregnant, if and when they want to.[14,15]**

★ **Between 2018 and 2022, women with health coverage through RIte Care (Rhode Island's Medicaid managed care program) were much less likely (20.0%) to receive delayed/no prenatal care than women who were uninsured (42.2%). Women with private insurance coverage were the least likely to receive delayed/no prenatal care (12.0%).[16]**

Racial/Ethnic Disparities in Severe Maternal Morbidity

★ Nationally, Black women are almost three times more likely than white women to die of pregnancy-related complications.[17,18] Racial disparities in maternal mortality span all levels of education, age, income, and insurance status.[19,20]

★ Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain.[21,22] This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.[23,24]

★ In Rhode Island, maternal mortality numbers are too small to report. Rhode Island instead reports the prevalence of severe maternal morbidity defined as unintended outcomes of labor and delivery that result in significant consequences to a woman's health.[25]

★ In 2022, the Rhode Island severe maternal morbidity rate was 87 per 10,000 delivery hospitalizations up from 72 per 10,000 in 2020. Black women (124 per 10,000) and Hispanic women (106 per 10,000) had higher rates of maternal morbidity than white women (73 per 10,000) between 2018 and 2022.[26]

Table 17. **Delayed Prenatal Care, Rhode Island, 2018-2022**

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	563	91	16.2
Bristol	661	98	14.8
Burrillville	619	94	15.2
Central Falls	1,441	318	22.1
Charlestown	275	25	9.1
Coventry	1,455	163	11.2
Cranston	3,720	562	15.1
Cumberland	1,653	231	14.0
East Greenwich	601	65	10.8
East Providence	2,160	317	14.7
Exeter	235	23	9.8
Foster	203	24	11.8
Glocester	344	57	16.6
Hopkinton	311	29	9.3
Jamestown	130	11	8.5^
Johnston	1,322	200	15.1
Lincoln	882	127	14.4
Little Compton	73	10	13.7 ^
Middletown	746	82	11.0
Narragansett	265	28	10.6
New Shoreham	29	4	*
Newport	1,025	155	15.1
North Kingstown	1,066	116	10.9
North Providence	1,564	248	15.9
North Smithfield	445	78	17.5
Pawtucket	4,182	755	18.1
Portsmouth	648	73	11.3
Providence	11,343	2,279	20.1
Richmond	339	32	9.4
Scituate	433	68	15.7
Smithfield	733	113	15.4
South Kingstown	807	69	8.6
Tiverton	534	66	12.4
Warren	393	65	16.5
Warwick	3,440	431	12.5
West Greenwich	242	36	14.9
West Warwick	1,409	180	12.8
Westerly	858	92	10.7
Woonsocket	2,438	442	18.1
*Unknown***	*228*	*32*	*14.0*
Four Core Cities	*19,404*	*3,794*	*19.6*
Remainder of State	*30,183*	*4,063*	*13.5*
Rhode Island	*49,815*	*7,889*	*15.8*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2018-2022.

The denominator is the total number of live births to Rhode Island residents from 2018-2022.

*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/Missing: 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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