

Prenatal Care and Arizona Women

Definition

Inadequate prenatal care is defined as either late initiation of prenatal care (beginning after the 4th month of pregnancy) or receiving less than fifty percent of recommended prenatal care visits (Kotelchuck, 1994). A typical prenatal care schedule for a low-risk woman with a normally progressing pregnancy is; 1 visit per month during weeks 4 to 28, 2 visits per month during weeks 28 to 36, and 1 visit per week during weeks 36 to birth. It is highly recommended that all women seek care before conception (preconception care) or prenatal care as early as possible when there is a pregnancy. All women regardless of maternal age and number of previous pregnancies need prenatal care. Women who see a health care provider regularly for prenatal care are more likely to have healthier babies and are less likely to deliver prematurely or have pregnancy related complications (www.marchofdimes.com/aboutus/681_513.asp).

Significance

Adequate prenatal care is the priority for improved birth outcomes. Mothers who receive inadequate prenatal care are at greater risk of premature birth, low birth weight births, and mortality (neonatal, infant, and maternal deaths). Early and consistent prenatal care allows for the detection and management of health conditions that may affect the health of both the mother and child, especially if the pregnancy is found to be of high-risk. One of the best ways to promote a healthy pregnancy is to seek early and regular prenatal care regardless of risk status (PRAMS 1999, CDC).

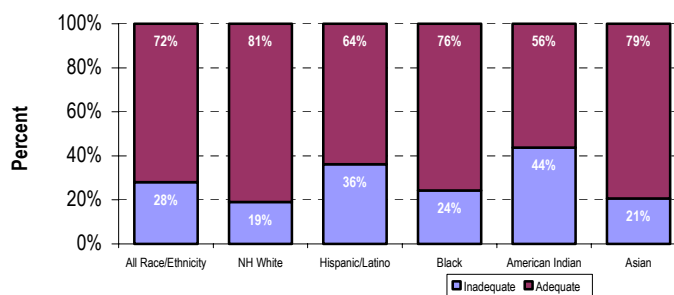
Data Source

Arizona Women and Prenatal Care

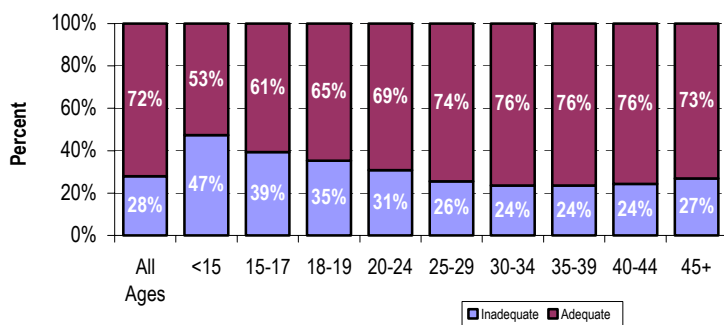
Data for prenatal care are collected using birth certificates filed with the Arizona vital registration system. Birth certificate data was used to compute a composite measure that takes into account the adequacy of when prenatal care was initiated and the adequacy of prenatal care services received (Kotelchuck, 1994). In 2001, twenty-eight percent of all pregnant women in Arizona received inadequate prenatal care.

When race/ethnicity was examined, American Indian women had the highest percent (44%) of inadequate prenatal care followed by Hispanic/Latina (36%), Black (24%), Asian (21%), and Non-Hispanic (NH) White (19%) women.

PNC Use by Race/Ethnicity, AZ Vital Statistics, 2001



PNC Use by Age Group, AZ Vital Statistics, 2001



When age was examined, those less than 15 years of age had the highest percent (47%) of inadequate prenatal care. The percentage of pregnant women receiving inadequate prenatal care declined in later age categories with the exception of the last category. Women in the 45 and older age category had a slightly higher percentage of inadequate prenatal care compared to women in the 30 to 44 age categories. The Healthy People 2010 objective

for early and adequate prenatal care is 90%. These results show that Arizona falls behind in meeting this objective regardless of race/ethnicity or age.

Best Practices

A crucial step in improving prenatal care utilization is the identification of pregnant women early in the pregnancy (i.e. before conception or within the first trimester). Outreach efforts are also crucial to assure that pregnant women receive consistent prenatal care. Identification and outreach activities can work hand-in-hand. For example, identifying high-risk pregnancies and providing outreach activities to assure consistent prenatal care utilization among high-risk pregnancies will result in better birth outcomes.¹ The March of Dimes website (www.marchofdimes.com) provides a wealth of information on many topics, including pregnancy. Visit their Pregnancy & Newborn Health Education Center (www.marchofdimes.com/pnhec) for more information on prenatal care and other topics.

Current State Efforts

The Arizona Department of Health Services' (ADHS) Office of Women's and Children's Health (OWCH) administers the County Prenatal Block Grant and the Health Start Program. The County Prenatal Block Grant supports local efforts to encourage entry into prenatal care by funding each of its fifteen county health departments. The county programs provide many activities including pregnancy testing, community education, clinical services, and information and referral to name a few. Additionally, each county develops their program goals depending on their county's needs identified by their community members, service providers, and medical community (<http://www.hs.state.az.us/phs/owch/cpbq.htm>). The Health Start Program uses lay health workers (trained community members) to provide services (education, support, and advocacy) to pregnant and postpartum women and their families in targeted communities. Some examples of the Health Start Program's goals are to prevent low birth weight births, increase care for high-risk pregnancies, assure proper immunizations, and provide education on prenatal care, parenting, breastfeeding, and other issues (<http://www.hs.state.az.us/phs/owch/healthstart.htm>). Baby Arizona is a public/private partnership managed by Arizona's Health Care Cost Containment System (AHCCCS) to get pregnant women into prenatal care as early as possible. It is a statewide comprehensive approach to outreach, education, and coordination of care with four major components; statewide hotline (1-800-833-4642) for information and referral services, application for medical services, community based programs, and a public awareness campaign promoting prenatal care services (www.azwellness.com/babyarizona.html).

¹ Applied the BCAP Model *Toward Improving Birth Outcomes* in Managed Care. Prenatal care was identified as a priority topic and discussed in detail. For details please see the Center for Health Care Strategies, Inc. Managed Care Best Practices section (<http://www.chcs.org/publications/pdf/mcbps/CHCSIssue.pdf>).