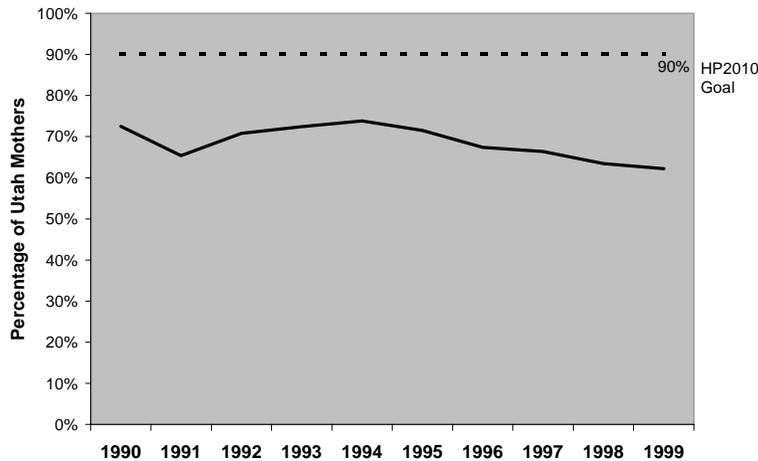


Early and adequate prenatal care can improve pregnancy outcomes for mothers and infants. Healthy People 2010 has set two goals for prenatal care: 90% of women should receive care in the first trimester; and 90% of women should obtain early and adequate prenatal care (see text box). In 1998, Utah achieved rates of 80% for entry in the 1st trimester and 63.5% for early and adequate prenatal care. In a recent report, Utah was ranked 49th for adequacy of prenatal care. This Health Status Update presents highlights from *Barriers to Adequate Prenatal Care in Utah*, the first report from Utah's new Pregnancy Risk Assessment Monitoring System (PRAMS).

- The percentage of Utah women who received early and adequate prenatal care declined during the decade of the 1990s (Figure 1).

Prenatal Care Trends

Figure 1. Percentage of Utah mothers who obtained early and adequate prenatal care, 1990-1999.

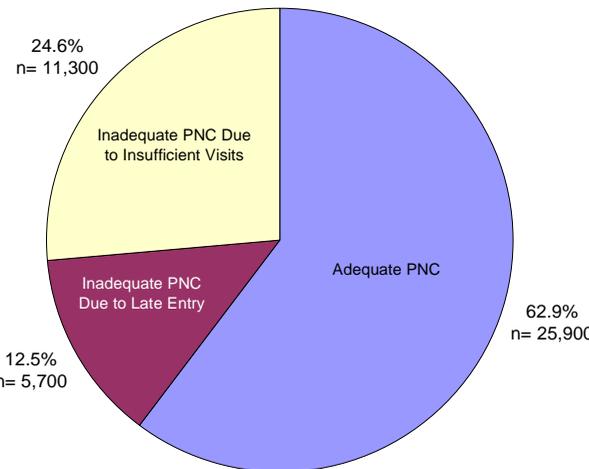


Source: Utah Birth Certificate Database
Early and adequate prenatal care is adequate or adequate plus prenatal care based on time of entry and number of visits based on Adequacy of Prenatal Care Utilization Index.

- In 1999, 17,000 Utah women (37.1%) who gave birth to a live baby received inadequate prenatal care. Of those, 5,700 (12.5%) received inadequate care due to late entry into care, and 11,300 (24.6%) received inadequate care due to an insufficient number of visits (Figure 2).

Adequacy of Prenatal Care

Figure 2. Percentage of Utah women according to adequacy of prenatal care, Utah 1999.

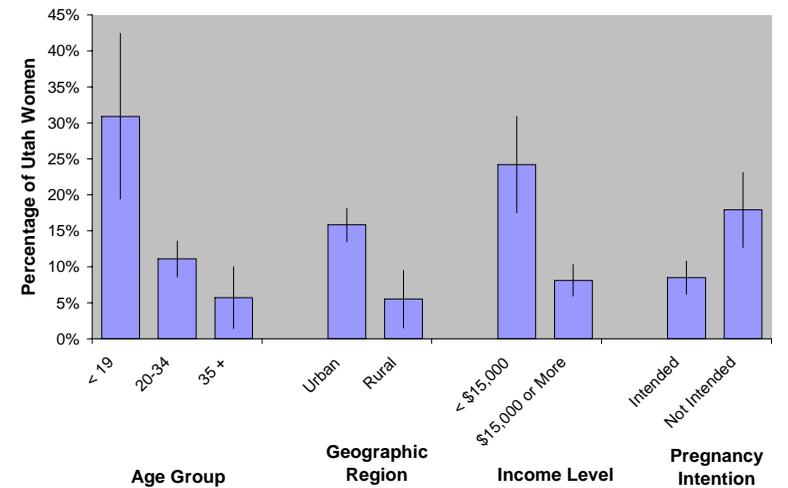


Source: Pregnancy Risk Assessment Monitoring System (PRAMS), 1999

- Women who received inadequate care due to an insufficient number of visits were similar to other women with regard to most demographic and behavioral characteristics (data not shown). The few differences did not in general indicate higher risk for adverse outcomes.
- Women who received inadequate care due to late entry differed from other women (Figure 3), and based on their demographic and risk profiles, these women appear to be at high risk for adverse outcomes.

Late Prenatal Care

Figure 3. Percentage of Utah women with inadequate prenatal care due to late entry according to selected risk factors, Utah 1999.



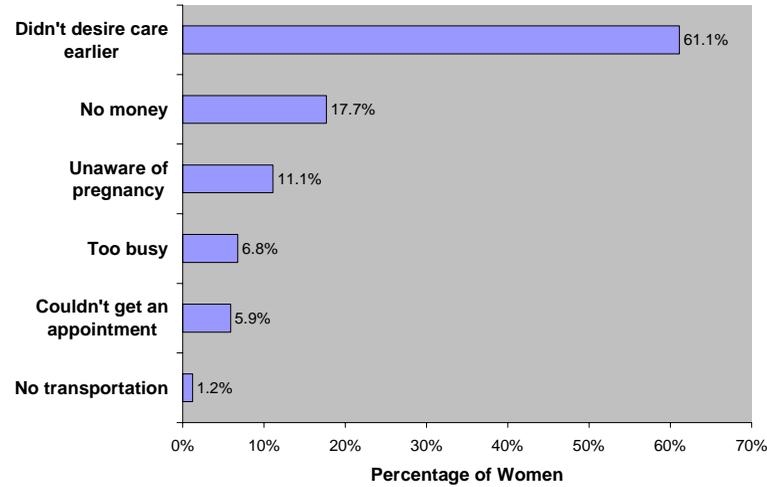
Source: Pregnancy Risk Assessment Monitoring System (PRAMS), 1999

- Inadequate care due to late entry was more common for women who were:
 - Young, <19 years (31%)
 - Education <high school (24%)
 - Other than white race (33%)
 - Hispanic (21%)
 - Living in urban areas (16%)
 - Living in household with annual income <\$15,000 (24%)
 - Medicaid covered (23%) or without insurance (19%)
 - Cigarette smokers 3 months before pregnancy (21%)
- Of those women whose care was inadequate due to late entry, the most commonly reported barriers to obtaining care earlier were *didn't desire earlier care, no money,*

didn't know I was pregnant, too busy, and couldn't get an appointment.

Barriers to Early Prenatal Care

Figure 4. Reasons for not obtaining early prenatal care reported by women whose care was inadequate due to late entry, Utah 1999.



Source: Pregnancy Risk Assessment Monitoring System (PRAMS), 1999

The birth certificate provides valuable information about pregnancy and pregnancy outcomes, but many important questions are left unanswered. PRAMS was intended to help provide answers to those questions and guide policy and other efforts to improve care and outcomes for pregnant women and infants in Utah. These data from the first PRAMS report provide important information that can guide efforts to improve the adequacy of prenatal care for Utah women.

Prenatal Care

Prenatal care includes risk assessment, treatment for medical conditions, risk reduction, and education. In addition to medical and obstetric conditions, prenatal care should address behavioral risk factors that contribute to adverse pregnancy outcomes, such as smoking, alcohol, and poor nutrition. Adequate prenatal care should begin in the first trimester and include an adequate number of visits at appropriate times. The American College of Obstetrics and Gynecology recommends 13 visits for a term pregnancy.

For this study, early and adequate prenatal care was defined based on the Adequacy of Prenatal Care Utilization (APNCU) index (Kotelchuck), which classifies prenatal care into inadequate, intermediate, adequate, and adequate plus based on the time of entry and number of visits adjusted by the gestation age at delivery.

Utah Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is an ongoing, population-based risk factor surveillance system. It is designed to identify and monitor maternal behaviors and experiences that occur before and during pregnancy and during the child's early infancy and that affect pregnancy outcomes and maternal and infant health. Data are collected by a combination of mail and telephone surveys from a representative sample of women. Surveys are collected from 4 to 6 months after delivery.

June Utah Health Status Update

For additional information about this topic, contact Lois Bloebaum, R.N., Director, Utah PRAMS Project, Utah Department of Health, P. O. Box 142001, Salt Lake City, Utah 84114-2001, (801) 538-6792, FAX (801) 538-9409, email: lbloebau@doh.state.ut.us; or the Center for Health Data, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@doh.state.ut.us.

Center for Health Data
Utah Department of Health
P O Box 142101
Salt Lake City, Utah 84114-2101

RETURN SERVICE REQUESTED