Prenatal Care

Early initiation of prenatal care is an important way to improve maternal and infant health outcomes. Women who receive delayed (after first 12 weeks of pregnancy) or no prenatal care are at risk for having undetected complications of pregnancy that can result in severe maternal or infant morbidity or death.

Prenatal care improves birth outcomes, but how many visits and when is not as well established. Ideally women would access medical care before getting pregnant so they can get any chronic illness stabilized, adjust medications and begin taking daily folic acid.

In 2016, 74% of Washington State resident women who gave birth received prenatal care during their first trimester of pregnancy. This is below the *Healthy People 2020* goal of increasing the proportion of pregnant women who receive prenatal care beginning in the first trimester to 77.9%.

Women who were less than 25 years old, Native Hawaiian and Pacific Islander (NHOPI) women, women receiving Temporary Assistance for Needy Families (TANF) and women with a high school education or less had the lowest percent of first trimester prenatal care.

Many different agencies across the state are engaged in the work of improving prenatal care and birth outcomes.

3 in 4

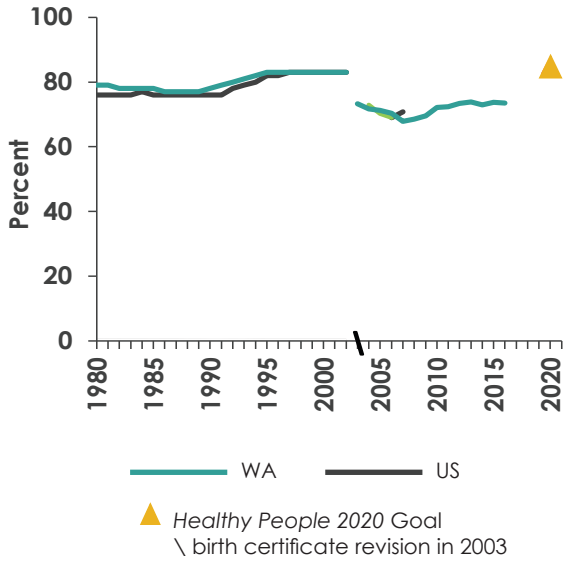
Washington women who give birth begin prenatal care in the first trimester

In Washington, fewer women under 25 begin prenatal care in the first trimester

Time Trends

- In 2016, the first trimester prenatal care rate among Washington State women who gave birth was 74%, lower than the Healthy People 2020 goal of 77.9%, but an increase in recent years.
- Following a revision to the U.S. standard birth certificate in 2003, there is limited national data for comparison. The standard certificate changed how prenatal care was reported and not all states have adopted the new certificate.

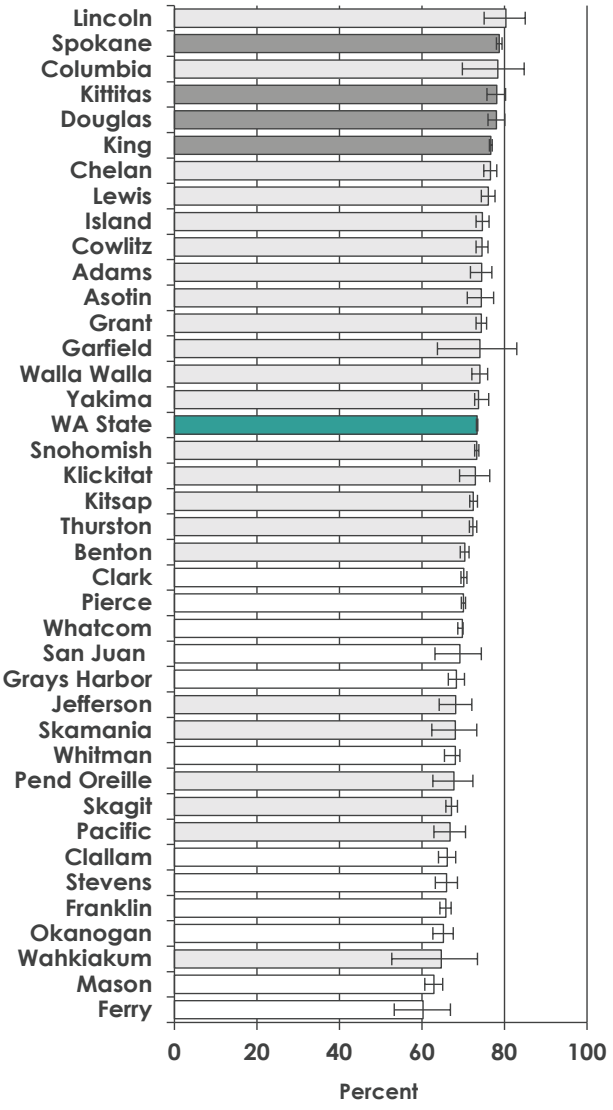
First Trimester Prenatal Care
Washington State & US
WA Birth Certificate, 1980-2016



Geographic Variation

- For 2014-2016, Douglas, King, Kittitas, and Spokane counties had a first trimester prenatal care rate higher than the state.
- Clallam, Clark, Ferry, Franklin, Grays Harbor, Mason, Okanogan, Pierce, San Juan, Stevens, Whatcom, and Whitman counties had a lower rate.

First Trimester Prenatal Care
Washington Counties
Birth Certificates, 2014-2016

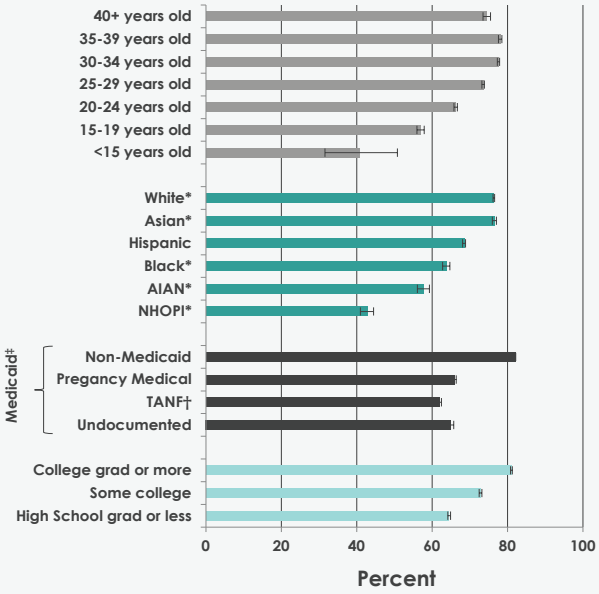


WA State
Same as WA State
Lower than WA State
Higher than WA State

Disparities

- Women under 25 years old had the lowest first trimester prenatal care rates.
- NHOPI , American Indian and Alaska Native (AIAN), black and Hispanic women all had lower first trimester prenatal care initiation rates than white women.
- Pregnant women under each program of Medicaid—Temporary Assistance for Needy Families (TANF), Pregnancy Medical and Undocumented women—had lower first trimester prenatal care rates compared to women who were not receiving Medicaid.
- Women with a high school education or less had the lowest first trimester prenatal care rates.

First Trimester Prenatal Care
Washington State
Birth Certificates, 2014-2016



Impact

- Early initiation of prenatal care can be hampered or improved by system, provider and individual practices.
- Availability and accessibility of appointments, insurance coverage and provider practices, as well as unintended or late recognition of pregnancy, financial constraints, alcohol and substance use, and personal and cultural beliefs can influence early initiation of prenatal care.

‡ *Medicaid Status Source:* First Steps Database, DSHS

**Non-Hispanic* (all races) | *AIAN:* American Indian/Alaska Native | *NHOPI:* Native Hawaiian/Other Pacific Islander

†*TANF:* Temporary Assistance for Needy Families

How is Washington promoting early & continous prenatal care?

Many different agencies across the state are engaged in the work of improving prenatal care and birth outcomes.

- The *March of Dimes* has been working to increase the number of providers who offer evidence-based group prenatal care as this method of care has been shown to decrease both low birth weight and preterm births.
- The Washington State Hospital Association has created the Safe Deliveries Roadmap and has a section on prenatal care that is free to all providers in the state for a reference on offering quality prenatal care.
- The Health Care Authority provides the First Steps Maternity Support Service program which targets women at risk for poor birth outcomes and pays for additional prenatal interventions.
- Department of Health is a large contributor to the Family Health Hotline which helps women get connected with health insurance and prenatal care resources.
- WIC and family planning contractors refer women to prenatal care providers.
- Department of Health and the Health Care Authority partner to improve first trimester prenatal care for women on Medicaid.

See also Infant Mortality

Technical Notes

Confidence Intervals: Definition and examples are described in Appendix C

Medicaid: Because we do not have a measure of income among mothers of newborn infants, we use the Medicaid program as a proxy. To do this, we classified women whose pregnancies were covered by Medicaid into three subgroups (from highest to lowest socioeconomic status) based on program eligibility. 'Pregnancy Medical' were women eligible for the pregnancy medical assistance program. These women were U.S. citizens or legal US residents, and were eligible to receive Medicaid because they were pregnant and had incomes at or below 193% of the federal poverty line. 'TANF' were women enrolled in the Temporary Assistance for Needy Families (TANF) program. These women were very low income (generally < 50% the federal poverty level) and received cash assistance (TANF) in addition to Medicaid. 'Undocumented' were women who were not legally admitted for permanent residence, lacked temporary residence status, or were not lawfully present in the U.S. They were eligible to receive Medicaid because they were pregnant and had incomes at or below 193% federal poverty level. Undocumented women were not eligible for TANF although their incomes were often lower than women on TANF. All three Medicaid groups had incomes below most non-Medicaid women.

Race and Ethnicity: Classification described in Appendix C