Early Prenatal Care

Pregnant Hispanic and African American women were less likely to receive first trimester prenatal care compared to pregnant women in the county overall.

- Contra Costa's percentage of pregnant women who began prenatal care during the first trimester did not meet the Healthy People 2010 objective.
- A greater percentage of women residing in Contra Costa received prenatal care in the first trimester compared to California.
- Pregnant women residing in Bay Point, Pittsburg, Antioch and Concord had lower rates of first trimester prenatal care than the county overall.

Between 2005 and 2007, 86.1% (34,588) of pregnant women residing in Contra Costa began prenatal care during their first trimester of pregnancy. On average, 11,529 women residing in Contra Costa began prenatal care during their first trimester (early prenatal care) each year. This means that 5,605 pregnant women, an average of 1,868 each year, did not receive prenatal care at all during their pregnancy, started prenatal care after the first trimester, or their care status was unknown.

Contra Costa's percentage of pregnant women who received first-trimester prenatal care between 2005 and 2007 (86.1%) was higher than the percentage of women in the state who received early prenatal care during the same period (84.0%) but did not meet the Healthy People 2010 objective (90%).[1]

Table 1 ■ Women in early prenatal care by race/ethnicity

Contra Costa 2005–2007

	Cases	Percent	Rate
White	13,167	38.1%	91.7*
Hispanic	11,637	33.6%	80.3**
Asian/Pacific Islander	5,281	15.3%	89.0*
African American	2,914	8.4%	81.4**
Total	**34,588**	**100.0%**	**86.1**

These are unadjusted crude rates per 100 live births.
Total includes some racial/ethnic groups not listed.
* Significantly higher rate than the county.
** Significantly lower rate than the county.

In this section, "pregnant women" refers to all women who eventually gave birth to a live infant and does not include women whose pregnancies ended in miscarriage, abortion or fetal death.

The highest number of women in the county who obtained early prenatal care were white (13,167), followed by Hispanic (11,637), Asian/Pacific Islander (5,281) and African American (2,914). African American (81.4 per 100 live births) and Hispanic women (80.3 per 100 live births) had lower rates of early prenatal care compared to women in the county overall (86.1 per 100 live births).

The rate of early prenatal care for white women (91.7 per 100 live births) and Asian/Pacific Islander women (89.0 per 100 live births) were higher than the county rate.

Table 2 ■ Women in early prenatal care by city

Contra Costa County 2005–2007

	Cases	Percent	Rate
Concord	4,358	12.6%	80.5**
Richmond	4,064	11.7%	84.9
Antioch	3,902	11.3%	82.4**
Pittsburg	2,630	7.6%	79.1**
San Pablo	1,954	5.6%	84.3
Brentwood	1,921	5.6%	88.3*
Walnut Creek	1,915	5.5%	92.0*
Martinez	1,284	3.7%	88.3*
Oakley	1,176	3.4%	84.9
Pleasant Hill	1,079	3.1%	94.1*
Bay Point	942	2.7%	76.3**
Hercules	791	2.3%	90.2*
El Cerrito	740	2.1%	91.7*
Pinole	471	1.4%	85.9
Total	**34,588**	**100.0%**	**86.1**

Prenatal care initiated during the first three months of pregnancy –the first trimester –is considered "early prenatal care" or "early entry into prenatal care."

These are unadjusted crude rates per 100 live births.
Total includes cities and unincorporated areas not listed
* Significantly higher rate than the county.
** Significantly lower rate than the county.

The rate of early prenatal care also varied by community. Bay Point (76.3 per 100 live births), Pittsburg (79.1 per 100 live births), Concord (80.5 per 100 live births) and Antioch (82.4 per 100 live births) women had lower rates of early prenatal care than women in the county overall (86.1 per 100 live births). The women of Pleasant Hill (94.1 per 100 live births), Walnut Creek (92.0 per 100 live births), El Cerrito (91.7 per 100 live births), Hercules (90.2 per 100 live births), Brentwood (88.3 per 100 live births) and Martinez (88.3 per 100 live births) had higher rates of early prenatal care than county women overall.

What is early prenatal care?

Early entry into prenatal care occurs when a woman starts medical prenatal care within the first trimester (or first 12 weeks) of pregnancy. Early entry into prenatal care is often called early prenatal care.

Why is it important?

Prenatal care is important for the health of both the mother and the baby. During prenatal care, health care providers monitor the health of the mother and baby and identify and treat health conditions and issues that could impact the pregnancy. It is also an important time for providers to educate mothers on a variety of health issues related to pregnancy, such as smoking, alcohol use, exercise, nutrition, preparing for childbirth, and infant care and feeding.

Prenatal care is more likely to be effective if it is initiated early in pregnancy.[2] Women who start prenatal care in the last trimester are more likely to have babies with health problems. Women who receive no prenatal care are more likely to have low birth weight babies, and these babies are at greater risk of dying.[3]

Who does it impact the most?

Women may experience a variety of barriers to obtaining early prenatal care. In general, these barriers fall into four broad categories: (1) financial/economic issues (including problems with private and public insurance programs and lack of insurance altogether), (2) inadequate capacity, primarily within prenatal care systems relied upon by low-income women, (3) organization, practices and atmosphere of prenatal services (including policies and provider attitudes as well as issues such as transportation and child care), and (4) cultural or personal factors that can limit prenatal care use.[4]

Rates of early prenatal care differ between racial/ethnic groups and by maternal age. In the United States from 2000–2002, white women had the highest rates of early prenatal care (88.6%), followed by Asians (84.4%), Hispanics (75.7%), Blacks (74.6%) and Native Americans (69.4%). In addition, teen mothers have lower rates of early prenatal care (69.1%) compared to all women (83.4%).[5]

What Can We Do About It?

Early entry into prenatal care is a key factor in ensuring that pregnant women are healthy and have healthy babies. Given that the goal of prenatal care is positive birth outcomes and healthy mothers, strategies toward this end ideally include a focus on social determinants of health, health equity and the Life Course Perspective. The Life Course Perspective suggests that perinatal outcomes are determined by the entire life course of the woman prior to pregnancy, not just the nine months of pregnancy. Efforts that focus more broadly on social determinants of health serve to address the complex interplay of social, behavioral, biological and environmental factors that influence health in a community. Medical care alone is not enough to address the cumulative risk factors that a

woman may have encountered over her life's course. The Life Course Perspective proposes that public health efforts to reduce inequities in perinatal outcomes focus on:[6]

- Access to quality health care across the life span, including before, during and between pregnancies.
- Enhancing family and community systems that can have broad impacts on families and communities (e.g., father involvement, integration of family support services, reproductive social capital, community building).
- Addressing social and economic inequities that impact health (e.g., education, poverty, support for working mothers, racism).

Data Sources: Early Prenatal Care

TABLES

Tables 1, 2: Birth data from the California Department of Public Health (CDPH), Birth Statistical Master Files, 2005-2007. Any analyses or interpretations of the data were reached by the Community Health Assessment, Planning and Evaluation (CHAPE) Unit of Contra Costa Health Services and not the CDPH. Data presented for Hispanics include Hispanic residents of any race. Data presented for whites, Asians/Pacific Islanders and African Americans include non-Hispanic residents. Not all races/ethnicities shown but all are included in totals for the county and for each city. These tables include total number of women residing in Contra Costa who initiated prenatal care in the first trimester and average crude early prenatal rates for 2005 through 2007. Early prenatal care rate is the number of mothers who began prenatal care during the first trimester of pregnancy divided by the number of live births multiplied by 100.

TEXT

1. California Department of Public Health, Death and Birth Records. (2009) *Vital Statistics Query System*. Retrieved from http://www.applications.dhs.ca.gov/vsq/ on January 8, 2010.
2. National Center for Health Statistics. Healthy People 2010 final review. Hyattsville (MD): Public Health Service, 2001. Available at http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#_Toc494699665
3. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. "A Healthy Start: Begin Before Baby's Born." Accessed September 27, 2005. http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm
4. Institute of Medicine. Prenatal Care: Reaching Mothers, Reaching Infants. Sarah Brown, editor. Division of Health Promotion and Disease Prevention. National Academy Press, Washington, D.C. 1988.
5. March of Dimes. Peristats, Quick Facts, Prenatal Care. Available at http://www.marchofdimes.com/peristats/level1.aspx?reg=99&top=5&stop=24&lev=1&slev=1&obj=1
6. Lu M, Kotelchuck M, Hogan V, Jones L, Jones CP, Halfon N. Closing the Black-white gap in birth outcomes: A life-course approach. Accepted for publication in Ethnicity and Disease. 2010.