

Adequacy of Prenatal Care 2015

Early and regular prenatal care visits to health care providers are important for mothers and infants. Providers have the opportunity to instruct expecting parents on nutrition, exercise, avoidance of tobacco, alcohol and drugs, the benefits of breastfeeding, and to monitor for prenatal risks factors.

Expectant mothers who begin prenatal care in the third trimester or receive no prenatal care are three times more likely to deliver an infant with low birth weight and their infant is five times more likely to die. Adequacy of prenatal care (defined by the frequency and timing of prenatal visits) has been correlated with positive birth outcomes, i.e., early prenatal care is important because potential problems that endanger the mother or her infant can be identified and treated before delivery or even prevented altogether [1].

The Healthy People 2020 initiative has set a national goal of increasing the proportion of pregnant women initiating prenatal care within the first trimester of pregnancy from 70.8 percent in 2007 to 77.9 percent in 2020 [2]. The proportion of Kansas resident pregnant women initiating early prenatal care in the first trimester has increased from 80.0 percent in 2014 to 81.7 percent in 2015, reflecting favorably with the 2020 goal [3].

Kansas Highlights

In 2015, there were 39,126 live births. Data were not available for 187 of the 2015 births for calculation of the Adequacy of Prenatal Care Utilization index (APNCU) [4]. Of the 38,939 births with calculated APNCU, Native American non-Hispanic mothers had the highest percentage receiving adequate plus care, compared to all other population groups. Among mothers receiving less than adequate prenatal care (intermediate + inadequate prenatal care), White non-Hispanic mothers had the lowest percentage, and Hispanic mothers had the highest percentage (Table 1) [5].

Table 1. Number and Percentage of Adequacy of Prenatal Care Levels by Selected Population Groups, Kansas, 2015

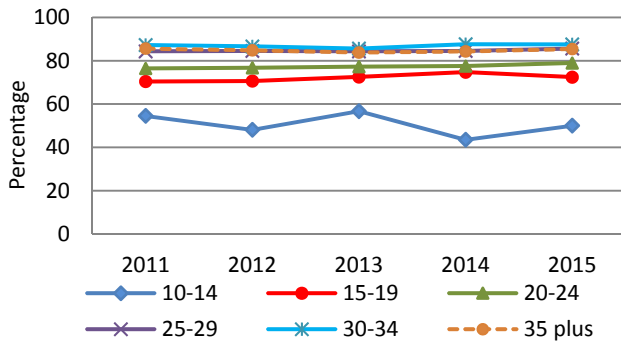
Population Group	Adequate Plus	Adequate	Intermediate	Inadequate
White Non-Hispanic	8,555 (31.0%)	15,572 (56.4%)	1,289 (4.7%)	2,181 (7.9%)
Black Non-Hispanic	639 (24.8%)	1,264 (49.1%)	235 (9.1%)	438 (17.0%)
Native American Non-Hispanic	62 (33.7%)	73 (39.7%)	10 (5.4%)	39 (21.2%)
Asian/Hawaiian And Other Pacific Islander Non-Hispanic	344 (27.6%)	699 (56.1%)	82 (6.6%)	121 (9.7%)
Other Non-Hispanic	315 (29.5%)	504 (47.2%)	97 (9.1%)	152 (14.2%)
Hispanic Any Race	1,470 (23.5%)	3,062 (49.0%)	590 (9.4%)	1,125 (18.0%)

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Trends

Figure 1. Percentage of Kansas Mothers Receiving Adequate or Better Prenatal Care by Age-group, Kansas, 2011-2015



Note: Age 10-14 data are not reliable due to small number of pregnancies within this age-group

About 83.7 percent of Kansas resident mothers with available prenatal care information received adequate or better prenatal care in 2015 (adequate plus + adequate prenatal care) [5].

The percentage of Kansas mothers receiving adequate or better prenatal care was stable within age-groups from 2011 to 2015 with slight increases over time for ages 15 years through 35 years and older (Figure 1).

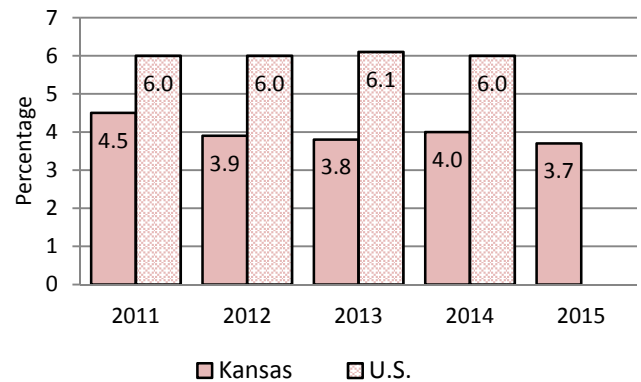
The lowest percentage receiving adequate or better prenatal care was among adolescents and teens (see note in Figure 1).

State and National Comparison

The percentage of births to mothers receiving late prenatal care (began care in the 7th month or later in third trimester) or no prenatal care in the U.S. has remained stable from 2011 through 2014, while Kansas has been declining from 2011 through 2015 (Figure 2) [1, 3].

The percentages of mothers in Kansas receiving late or no prenatal care were consistently lower than the national percentages from 2011 through 2015.

Figure 2. Percentage of Births to Mothers Receiving Late or No Prenatal Care in Kansas and the U.S., 2011-2015



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References:

- [1] Child Trends Databank. (2015). Late or no prenatal care. Available at: <http://www.childtrends.org/?late-or-no-prenatal-care>.
- [2] Healthy People 2020 Goals and Objectives [Internet] Department of Health and Human Services. [Cited 22 Mar. 2017; Updated: 21 Mar 2017]. Available from: <http://www.healthypeople.gov/2020/topicobjectives2020/overview.aspx?topicid=26>.
- [3] Oakley D, Crawford G, Savage C. Annual Summary of Kansas Vital Statistics 2014-2015. Topeka, KS: Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics.
- [4] Kotelchuck M. Evaluation of Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. American Journal of Public Health, 1994; 84; 1414-1420.
- [5] Savage C, Soap J, Crawford G, Oakley D. Adequacy of Prenatal Care Utilization Index, Kansas, 2015. Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics.