



# BEPHI Data Brief

Kansas Department of Health and Environment  
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## Adequacy of Prenatal Care 2016

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]. While the proportion of Kansas resident pregnant women initiating early prenatal care in the first trimester decreased slightly from 81.7 percent in 2015 to 81.2 percent in 2016, Kansas continues to reflect favorably with the 2020 goal [3].

### Kansas Highlights

In 2016, there were 38,048 live births. Data were not available for 122 of the 2016 births for calculation of the Adequacy of Prenatal Care Utilization index (APNCU) [4]. Of the 37,926 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, 2016

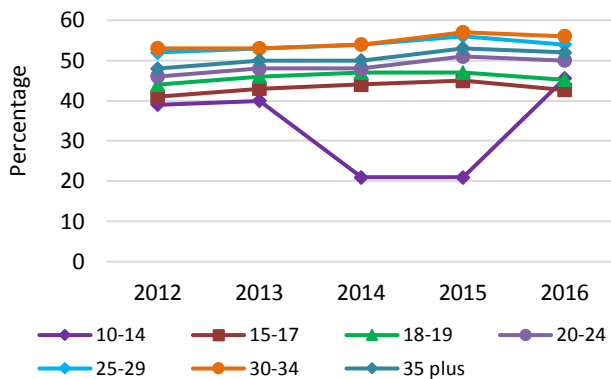
Population Group	Adequate Plus	Adequate	Intermediate	Inadequate
White Non-Hispanic	8,569 (32.1%)	14,816 (55.5%)	1,120 (4.7%)	2,199 (8.2%)
Black Non-Hispanic	619 (25.0%)	1,206 (48.6%)	225 (9.1%)	429 (17.3%)
Native American Non-Hispanic	59 (34.7%)	72 (42.4%)	9 (5.3%)	30 (17.6%)
Asian/Hawaiian And Other Pacific Islander Non-Hispanic	391 (32.1%)	647 (53.1%)	43 (3.5%)	138 (11.3%)
Other Non-Hispanic	294 (28.0%)	511 (48.7%)	108 (10.3%)	137 (13.0%)
Hispanic Any Race	1,488 (23.7%)	2,937 (46.7%)	681 (10.8%)	1,178 (18.7%)

#### More Kansas Health Statistics and Publications

- For a list of all publications issued by KDHE go to [http://www.kdheks.gov/data\\_reports\\_stats.htm](http://www.kdheks.gov/data_reports_stats.htm).
- Visit Kansas Information for Communities (KIC) the department's online data query tool at <http://kic.kdheks.gov>.
- Community Health Needs Assessment information at <http://www.kansashealthmatters.org/>.

## Trends

Figure 1. Percentage of Kansas Females Receiving Adequate Prenatal Care by Age-group, 2012-2016



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

About 83.4 percent of Kansas resident mothers with available prenatal care information received adequate or better prenatal care in 2016 (adequate plus + adequate prenatal care) [5].

The percentage of Kansas mothers receiving adequate prenatal care was stable within age-groups from 2012 to 2016 with highest percentages among ages 25-34 years and older (Figure 1).

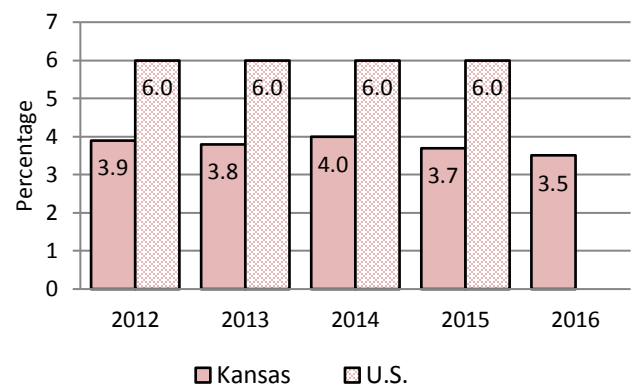
The lowest percentage receiving adequate prenatal care was among adolescents and teens (see note in Figure 1).

## State and National Comparison

The percentage of births to mothers receiving late prenatal care (began care in the 7<sup>th</sup> month or later in third trimester) or no prenatal care in both the U.S. and Kansas has remained stable from 2012 through 2016 (Figure 2) [3, 6].

The percentage of mothers in Kansas receiving late or no prenatal care were consistently lower than the national percentages from 2012 through 2015. The 2016 rate for the U.S. is not currently available.

Figure 2. Percentage of Births to Mothers Receiving Late or No Prenatal Care in Kansas and the U.S., 2012-2016



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References:

- [1] Pregnancy and Prenatal Care. Division of Reproductive Health, Centers for Disease Control and Prevention (CDC). Available from: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/PregnancyPrenatalCare.html>.
- [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/topicsobjectives2020/overview.aspx?topicid=26>.
- [3] Oakley D, Crawford G, Savage C. Annual Summary of Kansas Vital Statistics 2016. 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, Oakley D. Adequacy of Prenatal Care Utilization Index, Kansas, 2016. Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics.
- [6] Population Reference Bureau Analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) 2007-2015. Updated May 2017. Available from: <http://datacenter.kidscount.org/data/tables/11-births-to-women-receiving-late-or-no-prenatal-care#detailed>.

