

## Adequacy of Prenatal Care 2012

Early and regular prenatal care visits to health care providers are important for the health of both mother and infant. Health care 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.

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 [1]. Since 2007, the proportion of pregnant women residing in Kansas initiating prenatal care in the first trimester has steadily increased from 72.4 percent to 78.9 percent in 2012 [2].

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 [3].

### Kansas Highlights

In 2012, there were 40,304 live births. Data were not available for 745 of the 2012 births for calculation of the Adequacy of Prenatal Care Utilization index (APNCU) [4]. Of the 39,559 births with calculated APNCU, White non-Hispanic mothers had the highest percentage receiving adequate plus and adequate prenatal care and the lowest percentage receiving less than adequate care than the other population groups. Black non-Hispanic and Hispanic mothers had the highest percentages receiving less than adequate prenatal care (intermediate +inadequate) (Table 1) [5].

Table1. Number and Percentage of Adequacy of Prenatal Care Levels by Selected Population Groups Kansas, 2012

Population Group	Adequate Plus	Adequate	Intermediate	Inadequate
White non-Hispanic	9,505 (33.3%)	15,044 (52.7%)	1,413 (5.0%)	2,549 (8.9%)
Black non-Hispanic	759 (29.0%)	1,136 (43.4%)	241 (9.2%)	480 (18.3%)
Native American non-Hispanic	53 (27.7%)	79 (39.7%)	18 (9.4%)	41 (21.5%)
Asian/Hawaiian and other Pacific Islander non-Hispanic	338 (28.5%)	614 (51.7%)	79 (6.6%)	157 (13.2%)
Other non-Hispanic	233 (26.5%)	416 (47.4%)	81 (9.2%)	148 (16.9%)
Hispanic any Race	1,491 (24.3%)	2,713 (44.2%)	686 (11.2%)	1,246 (20.3%)

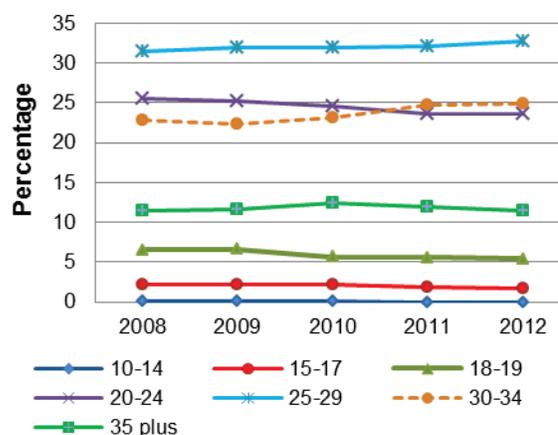
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## Trends

- About 82 percent of Kansas resident females with available prenatal care information received adequate prenatal care in 2012 [3]. The percentage of Kansas females receiving adequate prenatal care was stable within age-groups from 2008 to 2012.
- The percentage of females receiving adequate prenatal care increased by age from 10 through 29 years of age. Females between the ages of 30-34 years increased slightly from 2010 to 2012. The lowest percentage receiving adequate prenatal care was among adolescents and teens (Figure 1).

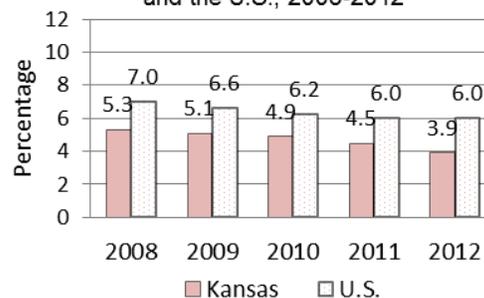
**Figure 1. Percentage of Kansas Females Receiving Adequate Prenatal Care by Age-group, Kansas, 2008-2012**



## State and National Comparison

- The percentage of births to mothers receiving late (prenatal care began in the third or later trimester) or no prenatal care in the U.S. and Kansas has been decreasing since 2008 (Figure2) [3, 5].
- The percentages of mothers in Kansas receiving late or no prenatal care were consistently lower than the national percentages from 2008 to 2012.

**Figure 2. Percentage of Births to Mothers Receiving Late or No Prenatal Care in Kansas and the U.S., 2008-2012**



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**References:**

- [1] Healthy People 2020 Goals and Objectives [Internet] Department of Health and Human Services. [Cited 16 Dec. 2011; Updated: 23 Nov 2011]. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26>.
- [2] Oakley D, Crawford G, Savage C. 2012 Annual Summary of Kansas Vital Statistics. Topeka, KS: Kansas Department of Health and Environment. 2013.
- [3] Late or No Prenatal Care. Child Trends Databank, November 2012. Available from: <http://www.childtrendsdatabank.org/?q=node/214>.
- [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, Crawford G, Zornes. Adequacy of Prenatal Care Utilization Index, Kansas, 2012. Kansas Department of Health and Environment. 2013.