

Adequacy of Prenatal Care 2013

Early and regular prenatal care visits to health care providers are important for the mother and infant. 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]. Since 2007, the proportion of Kansas resident pregnant women initiating early prenatal care in the first trimester has steadily increased from 78.9 percent to 79.4 percent in 2013 [3].

Kansas Highlights

In 2013, there were 38,805 live births. Data were not available for 317 of the 2013 births for calculation of the Adequacy of Prenatal Care Utilization index (APNCU) [4]. Of the 38,488 births with calculated APNCU, White non-Hispanic mothers had the highest percentage receiving adequate plus and the lowest percentage receiving less than adequate care than the other population groups. Hispanic and Black non-Hispanic mothers had the highest percentages receiving less than adequate prenatal care (intermediate and inadequate prenatal care) (Table 1) [5].

Table1. Number and Percentage of Adequacy of Prenatal Care Levels by Selected Population Groups
Kansas, 2013

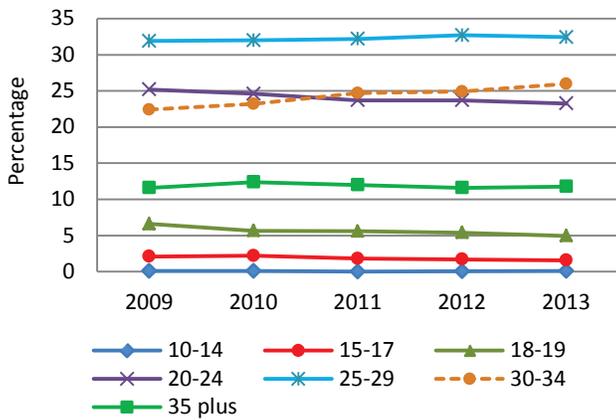
Population Group	Adequate Plus	Adequate	Intermediate	Inadequate
White non-Hispanic	8,913 (32.3%)	14,797 (53.6%)	1,465 (5.3%)	2,422 (8.8%)
Black non-Hispanic	694 (27.5%)	1,212 (44.4%)	251 (10.0%)	456 (18.1%)
Native American non-Hispanic	47 (25.8%)	81 (44.5%)	18 (9.9%)	36 (19.8%)
Asian/Hawaiian and other Pacific Islander non-Hispanic	320 (27.4%)	631 (54.0%)	78 (6.7%)	140 (12.0%)
Other non-Hispanic	254 (27.8%)	409 (44.8%)	99 (10.8%)	151 (16.5%)
Hispanic any Race	1,514 (24.9%)	2,733 (44.9%)	668 (11.0%)	1,175 (19.3%)

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Trends

Figure 1. Percentage of Kansas Females Receiving Adequate Prenatal Care by Age-group, Kansas 2009-2013



About 82 percent of Kansas resident females with available prenatal care information received adequate or better prenatal care in 2013 (Adequate plus and Adequate prenatal care) [1]. The percentage of Kansas females receiving adequate or better prenatal care was stable within age-groups from 2009 to 2013 (Figure 1).

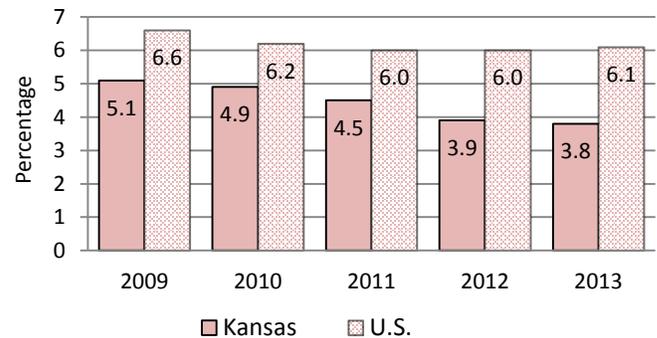
The percentage of females receiving adequate or better prenatal care increased by age from 10 through 29 years of age. Females between the ages of 30-34 years increased above ages 20-24 years from 2011 through 2013. The lowest percentage receiving adequate or better prenatal care was among adolescents and teens.

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. declined from 2009 through 2011, while Kansas has been declining from 2009 through 2013 (Figure 2) [1, 5].

The percentages of mothers in Kansas receiving late or no prenatal care were consistently lower than the national percentages from 2009 to 2013.

Figure 2. Percentage of Births to Mothers Receiving Late or No Prenatal Care, Kansas and the U.S., 2009-2013



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References:

- [1] Late or No Prenatal Care. Child Trends Databank, Febr 2014. Available from: <http://www.childtrends.org/?indicators=late-or-no-prenatal-care>.
- [2] 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>.
- [3] Oakley D, Crawford C, Savage C. Annual Summary of Kansas Vital Statistics 2009-2013. 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, Crawford G, Oakley D. Adequacy of Prenatal Care Utilization Index, Kansas, 2013. Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics.