Based on these data and their service system assessment, the Priority 3 workgroup drafted goals, objectives, strategies, and action plans to address the disparity in adequate prenatal care in Kent County.

Priority 3 Goals, Objectives, and Strategies appear in Table 4. Priority 3 Action Plans appear in Appendix D. The data source for tracking objectives appears in the footnotes. The evidence-base underlying the selected strategies appears in footnotes, where appropriate.

Table 4. Goals, Objectives, and Strategies to Reduce Disparities in Adequacy of Prenatal Care.

GOALS	OBJECTIVES[10]	STRATEGIES
1. Ensure all women receive prenatal care in the first trimester.	O1. By September 2015, increase from 75.7% to 79.5% the percent of women with a live birth in Kent County who received their first prenatal visit in their first trimester.	S1. Promote planning for pregnancy and recognizing pregnancy early.[11]
		S2. Implement a system for ensuring pregnant women presenting in the ED are scheduled an appointment with a prenatal care provider at discharge and referred to a home visiting or support program if eligible.
		S3. Ensure pregnant women have referral and navigation support to get their first prenatal appointment right away.
		S4. Promote OB provider adherence to ACOG guidelines pertaining to first trimester entry to prenatal care and acceptance of Medicaid "guarantee letter" as proof of insurance.
	O2. By September 2015, increase by 10% calls to 211 regarding prenatal care.	S5. Educate community on the availability of prenatal care resources, insurance eligibility, and other support services.
		S6. Identify funding for a coordinated "early and often" prenatal care messaging and a social marketing campaign.

[10] Vital records is the data source for O1, O3, & O4. Objective O2 requires identifying a data source.

[11] Community education and social marketing strategies to improve awareness of and access to prenatal care are recommended by the Centers for Disease Control and Prevention (S1, S5, S6). See Guide to Community Preventive Services. Guide to Community Preventive Services. Health communication & social marketing: health communication campaigns that include mass media and health-related product distribution. www.thecommunityguide.org/healthcommunication/campaigns.html.

2. Ensure all women receive an adequate number of prenatal care visits.	O3. By September 2015, increase from 78.4% to 82.3% the proportion of women with a live birth in Kent County who received adequate or adequate plus prenatal care.	S7. Increase the number of women who are served prenatally by home visiting programs that are evidence-based or promising practices.[12]
		S8. Ensure providers screen pregnant women for social determinants of health and provide referrals to appropriate resources and services.
3. Reduce disparities in the provision of prenatal care.	O4. By September 2015, reduce the disparity between African American and white women in Kent County in adequacy of prenatal care such that the percent of African American women who receive adequate prenatal care increases from 68.0% to 71.4%.	S9. Educate community members regarding the relationship between racism/ discrimination and poor birth outcomes.
		S10. Educate providers about the relationship between racism/discrimination and poor birth outcomes.
		S11. Ensure that processes for providing prenatal care are culturally competent.
		S12. Expand the models of prenatal care that are available within Kent County, such as Midwifery[13] care and Centering.[14]

[12] Paulsell, D., Avellar, S., Sama Martin, E., & Del Grosso, P. (2011). *Home Visiting Evidence of Effectiveness Review: Executive Summary.* Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.

[13] Gabay, M., & Wolfe, S. (1997). Nurse-midwifery. The beneficial alternative. *Public Health Reports*, *112*, 386-394.

[14] Walker, D., & Worrell, R. (2008). Promoting healthy pregnancies through perinatal groups: A comparison of Centering Pregnancy group prenatal care and childbirth education classes. *Journal of Perinatal Education*, *17*, 27-34.