

# Reduce Disparity in Adequacy of Prenatal Care

## Priority 3 - Reduce disparities in adequacy of prenatal care.

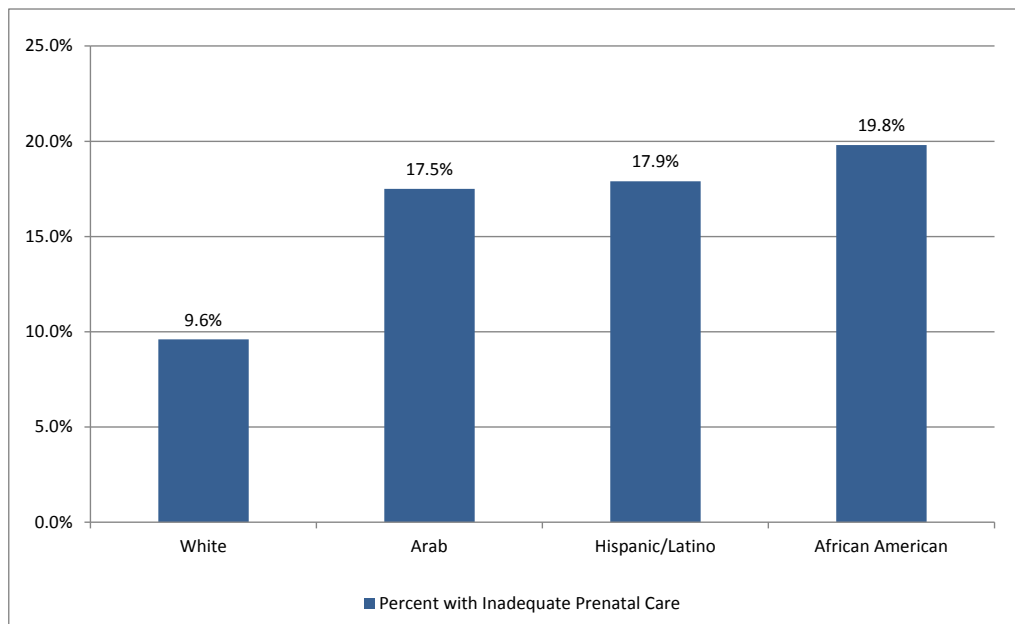
### THE PROBLEM

A healthy birth begins with a healthy pregnancy, and a healthy pregnancy is supported by adequate prenatal care. Adequacy of prenatal care can be measured by the Kotelchuck Index, which is recorded in Michigan birth records. This index incorporates how early moms enter prenatal care and the number of prenatal care visits they receive. The index categorizes adequacy of prenatal care as follows:

*HP2020: Increase the proportion of pregnant females who received early and adequate prenatal care from 70.5% to 77.6%.*

- Adequate Plus Prenatal Care - Prenatal care begun by the 4th month and 110% or more of recommended prenatal visits were received
- Adequate Prenatal Care - Prenatal care begun by the 4th month and 80% to 109% of recommended prenatal visits were received
- Intermediate Prenatal Care - Prenatal care begun by the 4th month and 50% to 79% of recommended prenatal visits were received
- Inadequate Prenatal Care - Prenatal care begun after the 4th month or less than 50% of recommended prenatal visits were received

While adequacy in prenatal care in Kent County is comparable to Michigan, substantial disparities exist. More specifically, in Kent County, a woman is more likely to receive inadequate prenatal care if she is African American, Hispanic/Latino, or Arab American. See Figure 1.



**Figure 1.** Percent of Births in Kent County with Inadequate Prenatal Care (Vital Records, 2009).

Beginning prenatal care in the first trimester is important to having a healthy birth, particularly because prenatal care providers can connect mothers to services that they might need early on to promote a healthy pregnancy. In Kent County, prenatal care is much less likely to begin early among younger mothers, and among mothers with a racial or ethnic background other than white. See Table 3.

*HP2020: Increase the proportion of females delivering a live birth receiving prenatal care beginning in the first trimester from 70.8% to 77.9%.*

**Table 3.** Percent of Births in Kent County with Prenatal Care Beginning in the 1st Trimester by Age and Race (Vital Records, 2009).

Age of Mother	All Races	White	African American	Arab	Hispanic/Latino
Less than 15	22.2%	25.0%	20.0%	N/A	N/A
15-19	54.7%	56.9%	51.8%	50.0%	48.2%
20-24	67.3%	70.0%	58.2%	77.8%	66.1%
25-29	78.0%	80.0%	65.0%	66.7%	67.5%
30-34	80.9%	82.3%	68.5%	55.6%	72.5%
35-39	78.9%	80.8%	57.4%	83.3%	67.5%
40 and Over	76.5%	78.7%	64.7%	33.3%	62.1%
<b>Total</b>	<b>74.1%</b>	<b>76.7%</b>	<b>59.8%</b>	<b>66.0%</b>	<b>64.8%</b>

Teens are more likely than adult women to receive late or no prenatal care, deliver pre-term, and deliver a baby at low birth weight. This is important to note because the teen pregnancy rate in Kent County (61.5/1,000) is higher than it is in Michigan overall (53.6/1,000).

The most tragic outcome that adequate prenatal care can help to prevent is the death of an infant. Findings from a study of fetal deaths in Kent County indicated that African American babies in Kent County are significantly more likely to die before their first birthday than babies of any other race or ethnicity. This study also found that African American and Hispanic/Latino mothers who lost a baby were more likely to have had late entry into prenatal care and to report fear, distrust, or dissatisfaction with the healthcare received.

The Michigan Department of Community Health is currently working to address infant mortality through the state's Infant Mortality Reduction Plan. The infant mortality rate in Michigan has not changed significantly in the past 10 years and remains higher than the U.S. rate. In 2010, the rate in the state was 7.1 infant deaths per 1,000 live births, which is higher than the U.S. rate of 6.1 infant deaths per 1,000 live births. Health disparities between races are notable. Michigan's African American infant mortality rate is approximately three times greater than the white, non-Hispanic rate. Likewise, the Hispanic, Native American, and Arabic populations in the state also have higher infant mortality rates. One key strategy the state described in its Infant Mortality Reduction Plan is a Regional Perinatal System. This system will establish coordinated perinatal care throughout the state in order to ensure pregnant women are receiving adequate prenatal care. Additionally, the state plans to expand home-visiting programs to support vulnerable women and infants, reduce unintended pregnancies, and weave the social determinants of health into all strategies for infant mortality reduction. Each of these strategies aligns well with those selected by Kent County.

*HP2020: Increase the proportion of pregnancies that were intended from 51% to 56%.*

