

Prenatal Care: What are the Barriers?

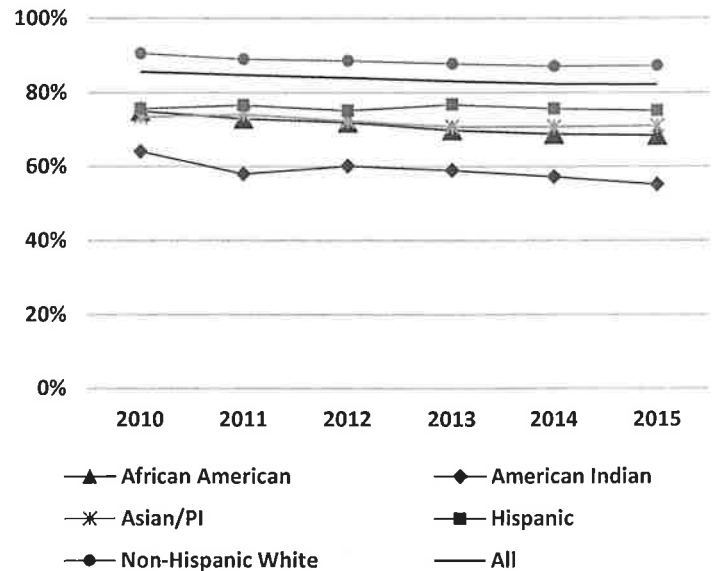
What is Prenatal Care?

Prenatal care is understood to be the medical care a woman receives during her pregnancy. Timely and adequate prenatal care is important because it can help to improve birth outcomes by reducing the incidence of low birthweight and preterm births. Access to early and adequate prenatal care promotes healthy pregnancies and may also reduce rates of infant death and long-term disability by identifying fetal anomalies. Other benefits from prenatal care include the potential to influence healthy behaviors, such as exercise, healthy eating and the support to quit smoking and drinking.

Prenatal Care in the First Trimester

The US Healthy People 2020 goal is for 77.9% of women to receive prenatal care beginning in the first trimester. The overall rates in Minnesota were just above 85% in 2010 and dropped to 82% in 2015. However, though overall rates of prenatal care access are above the Healthy People 2020 goal, this is not true across all racial/ethnic groups. Non-Hispanic white women report the highest rates of care beginning in the first trimester, with 90.5% receiving care in 2010, decreasing to 87.2% in 2015. African American mothers reported 74.9% in 2010 with care falling to 68.4% in 2015. American Indian mothers reported the lowest levels of care in the first trimester, with 64.1% in 2010 falling to 55.1% in 2015. The variability in first-trimester prenatal care access across racial/ethnic groups is similar to rates recently published by the US Department of Health and Human Services, Child Health USA 2014 report.¹

Percent of Minnesota Births Starting Prenatal Care in First Trimester, 2010-2015

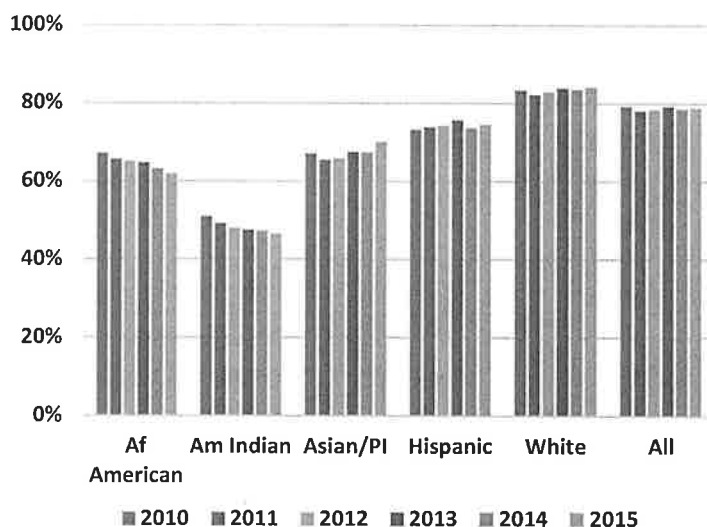


Source: Vital Records, Minnesota Department of Health, 2010-2015
 Note: Race includes people identifying as single race;
 Other/Unknown includes multiple race; Hispanic includes any race

Adequate Care

Adequate prenatal care not only includes initiating care in the first trimester, but having the appropriate number of prenatal care visits at intervals throughout the pregnancy. While the overall rate of adequate care received is approximately 79%, as with early access to care, rates are not equal across racial/ethnic groups. Non-Hispanic White mothers report the highest level of adequate care (82.2 – 84.2%), while American Indian mothers report the lowest rates. Only 46.6% of American Indian mothers received an adequate level of prenatal care in 2015—a steady decline from 51% reported in 2010.

Percent of Births in MN with Adequate Prenatal Care Use*, 2010-2015



Source: Vital Records, Minnesota Department of Health, 2010-2015
 Note: Af American = African American; Am Indian = American Indian
 Race includes people identifying as single race; Hispanic includes any race; *Kotelchuck Index used to calculate adequacy and includes the number of prenatal care visits from time care began until delivery.

In Minnesota: Barriers to Early Prenatal Care

There are many reasons why women may not receive prenatal care early in their pregnancies. In Minnesota, the Pregnancy Risk Assessment Monitoring System (PRAMS) survey of new mothers identifies barriers to care from the mother’s perspective. PRAMS data collected from 2009-2013 revealed the following barriers for women who did not get prenatal care as early in their pregnancy as they wanted:

- Didn’t know I was pregnant (33%)
- Doctor/insurer wouldn’t start care earlier (28%)
- Not enough money/insurance to pay (26%)
- Couldn’t get appointment when wanted (25%)
- Didn’t have my Medical Assistance or MinnesotaCare card (19%)
- Had too many other things going on (17%)
- Wanted to keep pregnancy secret (11%)
- Couldn’t take time off from work (9%)
- No transportation (8%)

- No one to take care of children (6%)
- I didn’t want prenatal care (4%)

Barriers reported by Minnesota mothers are similar to those described across geographies and well-documented in the literature.² In the Child Health USA 2013 report published by the US Department of Health and Human Services, 37% of women indicated not knowing they were pregnant, almost 38% said they could not get an appointment when desired, and nearly 39% lacked the money or insurance to cover their visits.³ Though some of the barriers identified are personal, many, such as the inability to get an appointment when wanted, are structural or systemic and could be modified to improve accessibility.

References

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. [Child Health USA 2014 \(http://mchb.hrsa.gov/chusa14/\)](http://mchb.hrsa.gov/chusa14/)
2. Phillippi JC. Women’s Perceptions of Access to Prenatal Care in the United States: A Literature Review. Journal of Midwifery & Women’s Health. 2009 Volume 54 No. 3 May/June pg 219-225.
3. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2013. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

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Minnesota Department of Health
 Maternal & Child Health
 PO Box 64882
 St. Paul, MN 55164-0882
 651-201- 3760
www.health.state.mn.us
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