



# MI PRAMS Delivery

## Prenatal Care in Michigan

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### Points of Interest:

- ❖ Socioeconomically vulnerable women, who are at greatest risk for adverse pregnancy outcomes and who would benefit the most from early intervention, tend to enroll into prenatal care after the first trimester if at all.
- ❖ The majority of women who enrolled late into prenatal care declared that they were: unaware of their pregnancy, could not afford care, or could not get an appointment earlier.
- ❖ Health topics discussed during the prenatal care visit varied by prenatal care provider.
- ❖ Prenatal care continues to be an essential component of favorable maternal and infant health outcomes.

Prenatal care is the comprehensive care that women receive and provide for themselves throughout their pregnancy. Prenatal care includes:

- Periodic, regular visits to a health care provider
- Good nutrition
- Regular physical activity
- Awareness and monitoring of warning signs

- Avoidance of the use of unhealthy substances

There are a number of studies that indicate a relationship between the use of prenatal care services and birth outcomes (1-10). Prenatal care may also be, for some women, their gateway into the healthcare system during which previously undiagnosed conditions may be uncovered.

This issue of MI PRAMS Delivery focuses on issues surrounding prenatal care such as: when women in Michigan begin prenatal care; the characteristics of women who enter prenatal care late, perceived barriers to care, and health education received during visits. ♦

### Timely Admission to Prenatal Care

Prenatal care has been recognized as the cornerstone of our health-care system for pregnant women since the beginning of the twentieth century. The approach to prenatal care was based originally on the detection and treatment of preeclampsia, and later, preterm birth (13). Although the delivery of prenatal care has changed its focus over time from the conditions of the mother to conditions of the fetus, its inception is still very important.

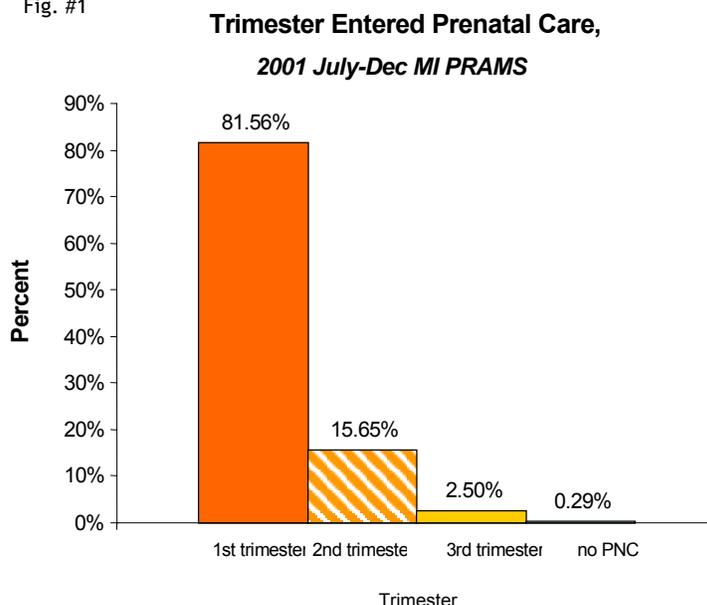
The month or trimester prenatal care began is still used as one of the MCH indicators although this information alone provides no evidence of what occurs subsequent to the first visit.

Of the PRAMS respondents between July and December 2001, 81.6% entered prenatal care in the first trimester. The percent of those with no

prenatal care was low (0.3%).

The remaining 18.1% had late entry into prenatal care (care beginning in either the second or third

Fig. #1



## In Their Own Words

Women delay entry into prenatal care for a variety of reasons. The PRAMS questionnaire lists eight specific options from which women, who enter prenatal care later than they desired, can select. This, however, is not an exhaustive list. Women filling out the questionnaire have the option, for some questions, to write in their response if none of the options given reflected their particular situation. Some women's responses reveal their feelings of apprehension surrounding the impending pregnancy. This type of anxiety is particularly apparent among younger women and women for whom the pregnancy was unplanned. Several of the responses women gave for not entering prenatal care were: "I was afraid to tell my mother," "did not want family to know," and "... I was scared to tell everyone." Women may delay entry into prenatal care while deciding whether to continue with the pregnancy. Also traveling and relocation to a new home may cause a disruption of care until the woman is settled. One woman mentioned a move from California and several others cited vacation travel as the reason for not entering care earlier in their pregnancy. Stressful life situations may also play a role in late entry into prenatal care. One respondent, while mourning her late husband, failed to recognize the early signs of her pregnancy. ♦

trimester), (Fig. #1). When analyzed by maternal characteristics, the highest percent of late entry prenatal care was observed in women that were non-Hispanic Black (38.2%), age 18-21 years (40.7%), had less than high school education (38.4%), or had no insurance (39.1%). These findings led us to the conclusion that the early entry into prenatal care is still a problem for socioeconomically vulnerable women living in Michigan. If we are to consider that the most beneficial effects of prenatal care are among these women as suggested by several researchers, then more efficient and targeted prevention strategies are needed (6,7). The percent of late prenatal care was 2.7 times higher among PRAMS respondents with an unintended pregnancy compared to those with an intended pregnancy.

The admission time into prenatal care doesn't always reflect the women's intention to enroll. The PRAMS question asking:

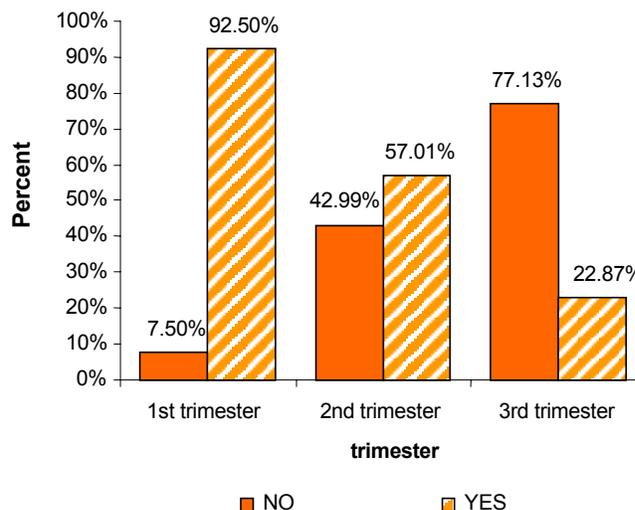
*"Did you get prenatal care as early in your pregnancy as you wanted?"* showed that 85.5% of participants did, while 15.2% did not. The satisfaction with the admission time varied decreasing from 92.5% among those enrolled in the first trimester to 57% among those enrolled in the second trimester, and just 22.9% among those

enrolled in the third trimester, (Fig. #2). The majority of women who enrolled late into prenatal care did not choose to do so. These women may have experienced barriers that kept them from getting prenatal care as early as they desired. ♦

Fig. #2

Entered prenatal care as early as desired by trimester of entry,

July-Dec. 2001 MI PRAMS



## Topics Discussed During Prenatal Care Visits

Although the timing of the first prenatal visit has often been used as a measure of the adequacy of prenatal care received, it is limited because early care does not always signify continuous or comprehensive care. In the PRAMS questionnaire, respondents are asked to identify from a list of topics, those that they discussed with a doctor nurse or health professional. Although considered as valuable educational tools, any

videos watched or reading materials given during the prenatal visit are not counted in women's responses. Over eighty percent of women reported having a discussion with a doctor, nurse, or health care worker about:

- Use of Safe medications during pregnancy (90.18%)
- HIV/AIDS testing (86.50%)
- Screening for birth defects (83.42%)
- What to do in the

event of an early labor (83.18%), and

- Breastfeeding (82.11%), (Fig. #3).

When stratified by prenatal care providers, variation in health topics discussed during prenatal care visits were observed (Fig. #4). A higher percentage of women, who received prenatal care at the health department clinic, reported having a discussion about all but one of the health topics

Fig. #3

**Information discussed Prenatal care visit,  
2001 July-Dec. PRAMS**

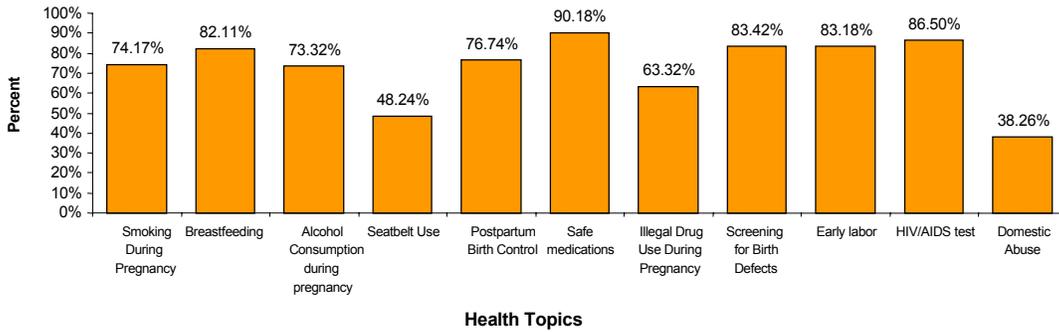
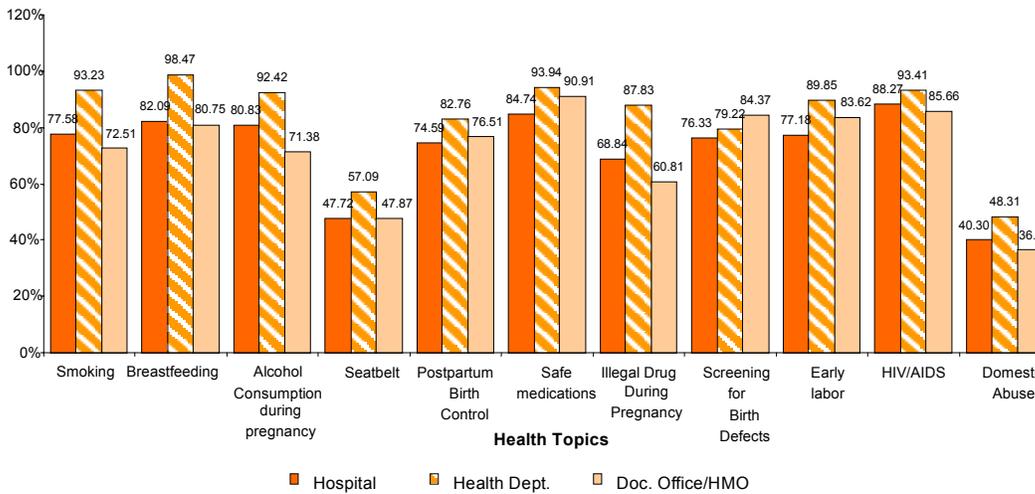


Fig. #4

**Information discussed during PNC visit by  
2001 July-Dec. MI PRAMS**



listed when compared to women who received their PNC at a hospital clinic or their doctor/HMO office. Screening for birth defects was reported by a higher percentage of

women who received their care at the doctor or HMO office. Significant differences were observed between the health topics related to breastfeeding, tobacco, alcohol and illegal drug

use which were reported as addressed more frequently by women receiving care at the health department compared to a HMO/doctor's office. ♦

**Barriers to Early Entry into Prenatal Care**

In the PRAMS questionnaire there is a question related to barriers to prenatal care. Among women who entered prenatal care after the first trimester and who entered later than desired, 50.42% reported having one barrier to care. Almost a

third (29.41%), reported experiencing two barriers and 20.17% reported three or more barriers to care. The four most prevalent barriers women who desired earlier care reported were:

- Being unaware of pregnancy (33.25%)

- Could not afford visit (30.18%)
- Could not obtain an earlier appointment (27.73%), and
- Did not have Medicaid card (23.13%). ♦

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**About Michigan's PRAMS**

The Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based survey, is a CDC initiative to reduce infant mortality and low birth weight. It is a combination mail/telephone survey designed to monitor selected self-reported maternal behaviors and experiences

that occur before and during pregnancy, and early-post partum periods of women who delivered a live infant in Michigan. Information regarding the health of the infant is also collected for analysis. Annually, over 2,000 mothers are selected at random to participate from a frame of eligible birth

certificates. Women who delivered a low-birth weight infant were over-sampled in order to ensure adequate representation. The results are weighted to represent the entire cohort of women who delivered during that time frame. ♦

**Why Prenatal Care Still Matters?**

Despite the controversies surrounding prenatal care among researchers and health care providers, it remains an important component of health care for pregnant women. Prenatal care is comprehensive and refers to timely admission, the number as well as the content of the visits. Prenatal care continues to provide

invaluable monitoring and support functions for pregnant women. Information obtained from state and national vital records as well as state and national surveys will help us to examine trends in prenatal care utilization and to delineate the prenatal procedures that are most

effective for increasing a woman's chances for a healthy pregnancy (13) and good outcomes. Women's health conditions, either pre-existing or pregnancy-related, can adversely affect both, maternal and infant health. ♦

**Suggested Citation**

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