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PERINATAL CARE

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Prenatal Care



Why is this indicator important?

Prenatal care refers to the formal care delivered by a health care provider

(physician or midwife) during pregnancy. The prenatal period is divided into three 13-week periods which are defined as the first, second, and third trimesters of pregnancy. (*Prenatal Care, 2007, p. 2*)

During the prenatal care visit, the health care provider establishes a relationship with the woman and her family to best maintain the health of the woman and the fetus. Prenatal care includes an extensive health history of the women, the father of the baby, and the family, screening and diagnostic laboratory tests, screening and diagnostic ultrasounds, risk appropriate interventions, and health education.

Early prenatal care has been long associated with better birth outcomes; however, recent studies affiliated with fetal-infant mortality reviews and patient chart reviews have found that there are no direct correlations between entry into prenatal care and infant mortality (Kuplicki, 2005 p.82), low birth weight, or prematurity (OHCA, 2005, p. 2). Early entry into care is still recommended because early care and continuity of care provide opportunities for health education and early identification of risk factors which might affect birth outcomes.

Risk factors for late entry into prenatal care include lack of culturally appropriate pregnancy testing sites, pregnancy at a young age, less than a high school education, and having had a large number of children. Domestic violence, cultural beliefs, drug abuse, single parenthood, and poverty may also prevent women from receiving timely prenatal care. (*PRAMS, 2007*)

What are the key findings?

The Healthy People 2010 goal for entry into prenatal care is 90% of all women entering care in the first trimester (*Healthy People 2010, 2007, p. 16-22*).

In Oklahoma, white non-Hispanic women are more likely to access prenatal care in the first trimester (79.8%) in comparison to minority women of any race (range: 66.48% to 77.53%) or ethnicity (range: 52.81% to 63.64%).

In Tulsa County, the results are similar to the state, with white non-Hispanic women having greater first trimester entry into care (77.52%) in comparison to minority women of any race (range: 61.34% to 72.55%) or ethnicity (range: 43.48% to 66.67%).

In the analysis of Oklahoma Pregnancy Risk Assessment Monitoring System 2000-2003, 74.2% of the 7,607 respondents indicated that they received prenatal care as early in their pregnancy as they wanted it.

By age, 65.4% of women less than 20 years, 67.8% of 20-24 year olds, 82.4% of 25-29 year olds, 85.9% of 30-34 year olds, and 82.8% of 35+ year olds responded that they received care as early in their pregnancy as they wanted.

By race, 76.5% of white women, 73.5% of African American women, 74% of Native American women, and 69.1% of other race women responded that they received prenatal care as early in their pregnancy as they wanted.

By education, 65.2% of the women with less than a high school education, 73.8% of women with a high school education, and 83.8% of women with more than a high school education responded that they received care as early in their pregnancy as they wanted.

By marital status, 82.3% of married women and 66.8 of single women (including never married, divorced, separated, and widowed) received prenatal care as early in their pregnancy as they wanted.

By ethnicity, 69.5% of Hispanic women and 76.5% of non-Hispanic women responded that they received prenatal care as early in their pregnancy as they wanted.

By timing of initiation of prenatal care, 87.3% of first trimester entrants and 41.5% of late or no care entrants responded they received prenatal care as early in their pregnancy as they wanted.

By low birth weight, 69.8% of low birth weight and 76.2% of normal birth weight infants' mothers responded that they received prenatal care as early in their pregnancy as they wanted.

By residence, 74.9% of women in urban areas and 77% of women in rural areas responded that they received prenatal care as early as they wanted.

PRENATAL CARE ACCESS 2005 - OKLAHOMA

Race & Ethnicity	Trimester of Entry into Prenatal Care				Percentage Entering Care in Each Trimester							
	None	1st	2nd	3rd	Un-known	Total	% None	% 1st	% 2nd	% 3rd	% Un-known	% None & 3rd
White	340	27,096	4,624	1,185	697	33,942	1.00%	79.83%	13.62%	3.49%	2.05%	4.49%
Hispanic	106	3,819	1,586	315	126	5,952	1.78%	64.16%	26.65%	5.29%	2.12%	7.07%
Unknown*	2	98	20	6	5	131	1.53%	74.81%	15.27%	4.58%	3.82%	6.11%
Black	110	3,299	977	215	113	4,714	2.33%	69.98%	20.73%	4.56%	2.40%	6.89%
Hispanic	2	47	24	7	9	89	2.25%	52.81%	26.97%	7.87%	10.11%	10.11%
Unknown*	11	1	1	2	15	0.00%	73.33%	6.67%	6.67%	13.33%	6.67%	7.92%
American Indian	103	3,745	1,274	343	168	5,633	1.83%	66.48%	22.62%	6.09%	2.98%	6.67%
Hispanic	6	110	47	6	11	180	3.33%	61.11%	26.11%	3.33%	6.11%	8.70%
Unknown*	1	16	4	1	1	23	4.35%	69.57%	17.39%	4.35%	4.35%	5.93%
Asian/Pacific Islander	12	811	157	50	16	1,046	1.15%	77.53%	15.01%	4.78%	1.53%	5.93%
Hispanic	28	9	4	3	44	0.00%	63.64%	20.45%	9.09%	6.82%	9.09%	0.00%
Unknown*	5	1			6	0.00%	83.33%	16.67%	0.00%	0.00%	0.00%	

PRENATAL CARE ACCESS 2005 - TULSA COUNTY												
White	93	4,320	905	202	53	5,573	1.67%	77.52%	16.24%	3.62%	0.95%	5.29%
Hispanic	30	733	570	90	15	1,438	2.09%	50.97%	39.64%	6.26%	1.04%	8.34%
Unknown*	33	5		1	39	0.00%	84.62%	12.82%	0.00%	2.56%	0.00%	10.54%
Black	56	803	337	82	31	1,309	4.28%	61.34%	25.74%	6.26%	2.37%	10.54%
Hispanic	10	7	3	3	23	0.00%	43.48%	30.43%	13.04%	13.04%	13.04%	10.54%
Unknown*	7	1		1	9	0.00%	77.78%	11.11%	0.00%	11.11%	0.00%	10.21%
American Indian	26	453	131	42	14	666	3.90%	68.02%	19.67%	6.31%	2.10%	10.21%
Hispanic	11	5	3		19	0.00%	57.89%	26.32%	15.79%	0.00%	15.79%	8.33%
Unknown*	8	1			9	0.00%	88.89%	11.11%	0.00%	0.00%	0.00%	8.33%
Asian/Pacific Islander	6	148	37	11	2	204	2.94%	72.55%	18.14%	5.39%	0.98%	8.33%
Hispanic	4		2		6	0.00%	66.67%	0.00%	33.33%	0.00%	33.33%	8.33%
Unknown*	2				2	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	

* Numbers are too small to be statistically accurate.

Source: Oklahoma State Department of Health, Vital Statistics, 2005, Retrieved from the OK2Share July 2007.

By Medicaid funded care, 67.3% of Medicaid funded and 84.4% of non-Medicaid funded women responded that they received care as early as they wanted.

Reasons for late care
The women who responded regarding barriers to access to prenatal care as early as they wanted indicated that 34% were not aware they were pregnant, 31% could not get an earlier appointment, 25.1% lacked money or insurance to pay for care, 17.1% did not have Medicaid, 10.6% had a doctor or health plan that would not start care earlier, and 8.9% indicated that they had too many other things going on.

Implications

Early entry into prenatal care is not a panacea to prevent negative birth outcomes for the mother or the fetus. However, the opportunity to establish health care provider relationships and to receive education, counseling, and risk appropriate interventions is valuable to the improvement of health outcomes.

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