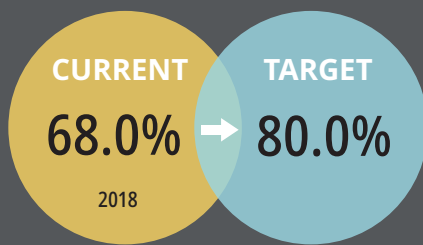


HEALTH INDICATOR 18: EARLY PRENATAL CARE

DESIRED RESULT: IMPROVE BIRTH OUTCOMES



DEFINITION

Percent of women who receive pregnancy-related health care services during the first trimester of a pregnancy

DETAILS

First trimester is the first three months of pregnancy

NC EARLY PRENATAL CARE RATE (2018)

68.0%

2030 TARGET

80.0%

RANGE AMONG NC COUNTIES

41.4% - 86.9%

RANK AMONG STATES

Tied for 36th*

DATA SOURCE

NC State Center for Health Statistics, Vital Statistics

STATE PLANS WITH SIMILAR INDICATORS

Not Applicable

*Rank of 1st for state with greatest use of prenatal care

Rationale for Selection:

Receipt of early prenatal care is a protective factor for many negative health outcomes for mothers and their babies. In North Carolina, only 68% of pregnant women receive care within the first trimester. Those who do not receive care are disproportionately women of color and teenage mothers.

Context

Women who receive early prenatal care have lower rates of negative pregnancy outcomes such as low birth weight and infant death (see Page 32).¹⁵⁷ Early prenatal care services include screening for substance use, chronic conditions like diabetes and hypertension, and fetal abnormalities.¹⁵⁸ Wellness visits early in a pregnancy can also ensure that women are connected to social support systems and programs that can help them navigate their pregnancy safely and healthily.¹⁵⁸ In North Carolina, only 68% of pregnant women receive necessary early prenatal care services, a figure that falls below the national average of 77%.¹⁵⁹

"In North Carolina, only 68% of pregnant women receive necessary early prenatal care services, a figure that falls below the national average of 77%."

Disparities

There are sharp disparities between those who receive and do not receive early prenatal care in North Carolina. Income is a key indicator of whether a mother will receive early prenatal care, as low-income mothers may be uninsured^{160,159} and unaware of their Medicaid eligibility, or may lack the funds needed to seek care.¹⁵⁷ In North Carolina, Medicaid for Pregnant Women is available for women with incomes up to 200% of the federal poverty level for the duration of the pregnancy and ends 60 days postpartum.¹⁶¹ Medicaid for Pregnant Women covers prenatal care, delivery, postpartum care, childbirth classes, and services to treat conditions that may complicate pregnancy.¹⁶¹ Undocumented immigrant women are ineligible for Medicaid coverage of prenatal care, an option available under the Children's Health Insurance Program and utilized by 16 states.

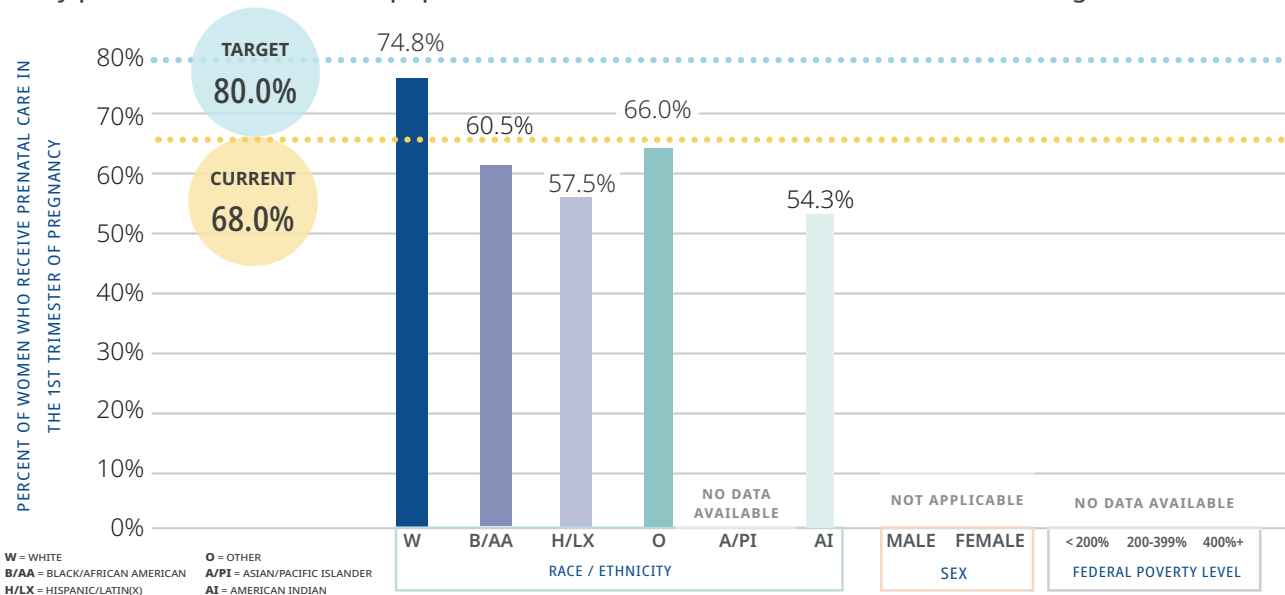
The age of the mother is associated with early initiation of prenatal care, with teenage mothers and mothers in their early 20s seeking early prenatal care at lower rates than older mothers.¹⁵⁹ Race and ethnicity are also associated with rates of early prenatal care. African American women, Hispanic women, and American Indian women are less likely to receive early prenatal care than their white counterparts (see Figure 32).^{162,45} In addition, studies show that implicit bias in health care delivery may prevent African American women from receiving sufficient patient education in the prenatal period about risks to maternal and fetal health,¹⁶³ and may also contribute to African American women's increased risk of life-threatening conditions such as preeclampsia and postpartum hemorrhage.^{164,165,166}

HEALTH INDICATOR 18: EARLY PRENATAL CARE

DESIRED RESULT: IMPROVE BIRTH OUTCOMES

FIGURE 32

Early prenatal care use across populations in North Carolina and distance to 2030 target



2030 Target and Potential for Change

The HNC 2030 work group reviewed data across several years and a forecasted value for North Carolina based on historical data to develop a target for the percentage of women receiving early prenatal care. The group chose 80% of women receiving care in the first trimester as the target for 2030. This would reflect a reversal of a negative trend seen over the past 10 years and represent a substantial move toward ensuring that all pregnant women in the state get care within the first trimester of pregnancy.

Levers for Change

- Ensure group prenatal care, childbirth education, and doula services are covered services by Prepaid Health Plans
- Use community health workers to provide outreach and education to women of childbearing age in underserved communities
- Expand Medicaid eligibility
- Encourage workforce diversity and cultural competence in the delivery of prenatal care services
- Support quality improvement efforts to standardize treatment protocol to minimize provider bias
- Expand safe and reliable public transit options (PRAMS, 2005)
- Take advantage of the Children's Health Insurance Program option to provide coverage for comprehensive prenatal care to undocumented immigrant women