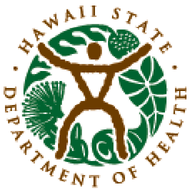


Family Health
Services Division

PRAMS

Prenatal Care Fact Sheet

Pregnancy Risk Assessment Monitoring System

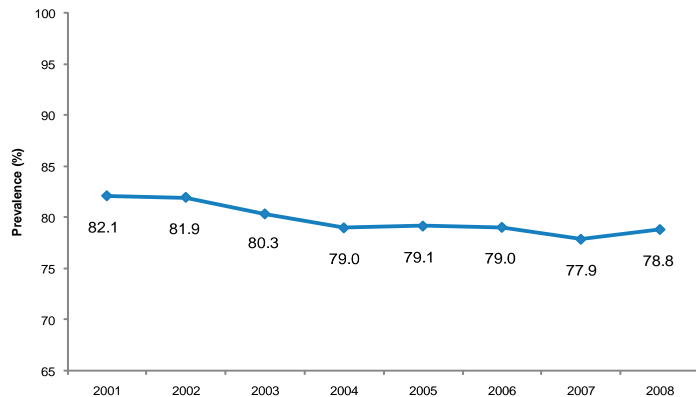
Importance of Early Prenatal Care

Prenatal care offers critical opportunities to screen for pregnancy complications, manage chronic conditions, and provide education and referral to social and nutritional services—all of which can help promote positive birth outcomes.[1] The National Healthy People 2010 objective was to increase the proportion of women who receive early prenatal care (within the first trimester) to 90%.

Data Highlights

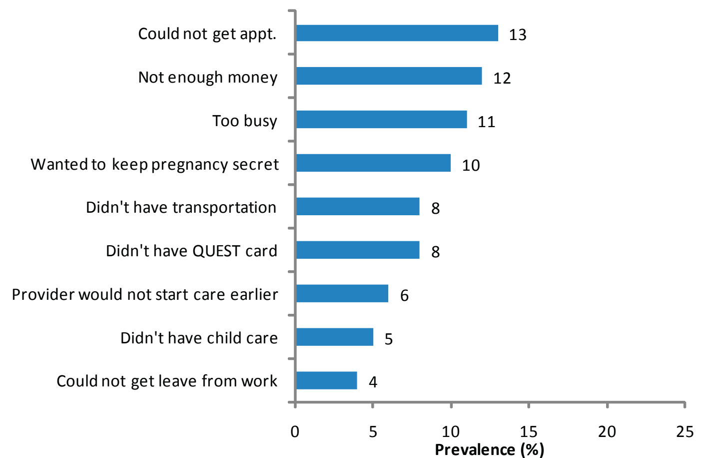
- Early prenatal care—starting in the first trimester—has declined in Hawaiʻi from 82.1% in 2001 to 78.8% in 2008
- Compared to Honolulu County, the early prenatal care is about 8-10% lower in the rest of the State
- Women who were less likely to obtain early care were Other Pacific Islander, Samoan, Hispanic, or Hawaiian, younger in age, less educated, unmarried, and were uninsured or had Medicaid/ QUEST insurance.
- Having an unintended pregnancy and experiencing intimate partner violence were other risk factors for receiving late or no prenatal care
- Reported barriers to prenatal care included not being able to get an appointment, not having enough money, being too busy, and wanting to keep the pregnancy a secret

First Trimester Trends in Early Prenatal Care, Hawaiʻi PRAMS 2001-2008



Source: Resident Birth Certificates, Office of Health Status Monitoring, Hawaiʻi State Department of Health; calculations by the Family Health Services Division

Barriers to Prenatal Care, Hawaiʻi PRAMS 2004-2008



Trends in Early Prenatal Care

The rate of early prenatal care in the first trimester in the State of Hawaiʻi has declined from 82.1% in 2001 to 78.8% in 2008. Entry into the first prenatal care is below the National Healthy People 2010 objective.

"It's important to get prenatal care early to prevent problems. Education is key."

"Because of the long wait for the doctor where I live, I had to drive to town every week for prenatal care."

"There's not enough OB/GYN on Hawaii Island -too many pregnancies, too few doctors and midwives. Patient care suffers with long appointment waits and less time with the doctor."

--Hawaiʻi PRAMS Participants

Barriers to Prenatal Care

There are many reasons why women may not receive early prenatal care. Common barriers include personal, structural, and financial factors.[2] Among women in Hawaiʻi who did not get early prenatal care, the most commonly reported barriers were not being able to get an appointment when they wanted, not having enough money, being too busy, and wanting to keep the pregnancy a secret from others. Overall, 41% of women who entered care after the first trimester reported at least one barrier to getting earlier prenatal care.

For More Information Contact:

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Maternal Characteristics Related to Early Prenatal Care

Women who were less likely to receive early prenatal care were Other Pacific Islander, Samoan, Hispanic, or Hawaiian, were younger, less educated, unmarried, were uninsured or had Medicaid/QUEST insurance prior to their pregnancy, had an unintended pregnancy, experienced intimate partner violence before pregnancy, and lived outside of Honolulu County.

Discussion

The downward trend in early prenatal care is concerning and warrants close monitoring and investigation. Physician shortages are growing, particularly for obstetricians and gynecologists who face the highest malpractice premiums.[3] There have been a number of activities in Hawaii to address shortages by enhancing the recruitment and retention of physicians, including loan repayment, tort reform, and increases in Medicaid/QUEST reimbursement rates.

Aside from suspected problems with physician supply and acceptance of various health plans, there are a number of other issues that may influence the timely receipt of prenatal care. Approximately two-thirds of women who obtained late or no care did not report wanting to get care earlier in their pregnancy, which may suggest a need for greater outreach and community education promoting the value of early prenatal care. Among women who received late or no prenatal care, a financial concern was the most commonly reported barrier. Women who reported not having insurance coverage prior to the pregnancy were less likely to obtain early prenatal care. Therefore, increased awareness of the Medicaid/QUEST program eligibility and benefits may promote earlier enrollment and access to care.

Having an unintended pregnancy is also a significant risk factor for late or no prenatal care that could be addressed through improved access to family planning and counseling within the health care system.[4]

The promotion of healthy birth outcomes depends both on the early initiation of care and the quality of care received. One indicator of prenatal care quality is the receipt of physician counseling on various prenatal and postnatal health issues. Based on the information reported by Hawai‘i’s mothers, providers should pay greater attention to counseling on seatbelt use, partner violence, and substance use. In addition, given their lower rates of early prenatal care, special outreach to women of Hawaiian, Samoan, other Pacific Islander, and Hispanic ethnicity and those who are

References

1 Alexander, G. R., & Korenbrot, C. C. The role of prenatal care in preventing low birth weight. The Future of Children. 1995;5(1):103-120.

2 Curry MA. Factors associated with inadequate prenatal care. Journal of Community Health Nursing. 1990;7(4):245-252.

3 Wilson C. Hawai‘i losing doctors. Honolulu Advertiser. January 28, 2007.

4 Frost JJ, Darroch JE, Remez L. Improving contraceptive use in the United States. In Brief. New York: Guttmacher Institute, 2008.

Early Prenatal Care by Maternal Characteristics, Hawai‘i PRAMS 2004-2008

	Early Prental Care (%) 95% CI*
Maternal Race/Ethnicity	
White	87.6 (86.0-89.0)
Black	83.7 (77.3-88.5)
Hispanic	77.1 (69.5-83.2)
Hawaiian	78.7 (76.8-80.5)
Samoan	67.9 (61.3-73.7)
Other Pacific Islander	57.2 (51.9-62.4)
Filipino	84.4 (82.7-86.0)
Japanese	89.8 (87.8-91.5)
Chinese	88.4 (86.3-90.1)
Korean	85.0 (81.6-87.9)
Other Asian	83.8 (76.4-89.1)
Maternal Age	
under 20 years	67.2 (63.3-70.8)
20-24 years	77.2 (75.2-79.1)
25-34 years	84.8 (83.6-85.9)
35 and greater	88.9 (87.2-90.4)
Maternal Education	
< High School	64.7 (61.2-68.2)
High School	78.9 (77.3-80.3)
Some College	86.0 (84.5-87.4)
College Graduate	90.5 (89.3-91.6)
Marital Status	
Married	87.3 (86.3-88.1)
Unmarried	73.1 (71.4-74.8)
Health Insurance Prior to Pregnancy	
Private Insurance	88.2 (87.3-89.0)
Medicaid/QUEST	72.0 (69.5-74.3)
None	66.6 (63.6-69.4)
Intention of Pregnancy	
Intended	87.3 (86.2-88.2)
Unintended	76.5 (75.1-77.9)
Intimate Partner Violence Before Pregnancy	
Yes	74.6 (70.1-78.5)
No	82.7 (81.8-83.5)
County of Residence	
Honolulu	85.1 (84.2-86.0)
Hawai‘i	73.5 (70.6-76.2)
Maui	76.1 (73.1-78.8)
Kauai	76.1 (71.6-80.1)
Overall	**82.2 (81.4-83.1)**

* 95% CI refers to the 95% confidence interval around estimate.

About the Data

Birth certificates are collected for every birth in Hawai‘i (~18,500 per year) by the Department of Health’s Office of Health Status Monitoring. Data from the full population of resident births in Hawai‘i were used to determine overall rates of early prenatal care.

The Hawai‘i Pregnancy Risk Assessment Monitoring System (PRAMS) is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate. In this analysis, the timing of prenatal care was determined by information on the linked birth certificate rather than that obtained by self-report in the survey. PRAMS survey data were used to examine maternal characteristics and barriers to prenatal care.