Maternal and Child Health in Rural Northern California

- Healthy births occur when routine prenatal care begins early in pregnancy. Receiving prenatal care during the first trimester improves maternal and infant health outcomes.
- Women who do not receive prenatal care are at almost three times the risk of having a low-birthweight infant. Women who are uninsured or those with no regular source of care prior to pregnancy are more likely to enter into prenatal care late after the first trimester.\textsuperscript{1,2}
- Incidence of low birthweight in rural Northern California ranges from about 4.6% to 7.3%. This is similar to the state rate of 6.8%.\textsuperscript{3} Most low birthweight infants are at increased risk for poor developmental and physical health outcomes.\textsuperscript{4,5}
- Factors that contribute to low birthweight include preterm birth, maternal chronic health conditions, poor maternal nutrition and weight gain, maternal age (under 17 or over 35), and smoking or substance use during pregnancy.\textsuperscript{6}
- Women living in rural Northern California are more likely to smoke and use alcohol before and during pregnancy.\textsuperscript{7}

How Health Centers Provide the Necessary Care

Clinical Interventions

- Offer contraceptive services, pregnancy testing and preconception counseling for all reproductive age women.
- Ask all women of reproductive age and pregnant patients about tobacco, alcohol and substance use and provide appropriate counseling or cessation interventions for those who smoke.
- Provide prenatal care patients with information on proper nutrition during pregnancy.
- Screening pregnant women for certain medical conditions, such as infections or physical abnormalities.

\begin{thebibliography}{9}
\bibitem{2} Braveman P et al., Barriers to timely prenatal care among women with insurance: the importance of prepregnancy factors, Obstetrics & Gynecology, 2000, 95(6):874-880
\bibitem{3} California Dept. of Public Health, Center for Health Statistics, Birth Files: Centers for Disease Control & Prevention, Natality data (Mar. 2012).
\end{thebibliography}
**Low Birthweight**

**Health Alliance of Northern California Health Center Data**

**Key Points**

- Health centers in rural Northern California provide prenatal care to a relatively small population of women. Given the small numbers, results are presented as an average for the network.
- The total number of low birthweight births within the HANC network is 130 out of a total of 1,844 births over the four-year period.

<table>
<thead>
<tr>
<th>Babies born to health center patients whose birthweight was below normal (&lt; 2500 grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
</tr>
<tr>
<td>Health center prenatal care patients who delivered in the year</td>
</tr>
<tr>
<td>Live births &lt;2500 grams</td>
</tr>
</tbody>
</table>

**Quality Measure Definitions**

The percentage of patients born to health center patients whose birthweight was below normal (less than 2500 grams).

- Low birthweight infants are those weighing less than 5.8 pounds.
- A lower result indicates improved performance, as the goal is to decrease the percentage of patients whose birthweight is below normal.
- One estimate suggests that raising birth weight by even half a pound for a LBW infant saves an average of more than $28,000 in first-year medical costs alone.\(^8\)

**National Quality Goals and Benchmarks**

Healthy People 2020 objectives:

Decrease to 7.8% the proportion of low birth weight among live births.

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