Access to Prenatal Care in Rural Northern California

- Healthy pregnancies occur when comprehensive, routine prenatal care begins early in pregnancy. Receiving prenatal care during the first trimester improves maternal and infant health outcomes.

- 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.¹,²

- Women who do not receive prenatal care are at almost three times the risk of having a low-birthweight infant. This puts infants at increased risk for poorer health outcomes.

- About 10% of women in rural Northern California have diabetes, gestational diabetes, or hypertension during pregnancy.³

- Smoking and alcohol use in the three months before pregnancy and during pregnancy are more prevalent health behaviors in rural Northern California than in other areas of the state⁴.

Quality Measure Definitions

The percentage of prenatal care patients who entered treatment during their first trimester.

- The Institute of Medicine estimates that every $1 invested into proper prenatal care results in a savings of $3.37 in neonatal care.⁵

- Maternal hospital stays with pregnancy and delivery-related complicating conditions account for $17.4 billion in hospital costs in the U.S.⁶

National Quality Goals and Benchmarks

Healthy People 2020 objectives: Increase to 78% the percentage of pregnant women who received prenatal care beginning in the first trimester.

National Committee for Quality Assurance (NCQA): The top 10% of Medicaid-HMO plans (90th percentile) report 93% of women entering prenatal care in the first trimester.

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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


⁴ Ibid.

⁵ Lantos JD, Lauderdale DS. What is Behind the Rising Rates of Preterm Birth in the United States? RMMJ

Prenatal Care

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. Even one patient entering care late can have a significant impact on these results.
- Health centers often have pregnant women come in for prenatal care as new patients; some don’t seek care until after their first trimester.
- Women choosing alternative care from a midwife or other practitioner may come to the health center during pregnancy for screenings or medical attention their practitioner cannot offer.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Offer contraceptive services, pregnancy testing and preconception counseling for all reproductive age women.
- Recommend that all reproductive age women take a folic acid supplement. Adequate intake of folic acid may help prevent some birth defects.
- Ask all pregnant patients about tobacco use and provide appropriate counseling or cessation interventions for those who smoke.

Community Interventions

- Share patient handouts, brochures, or videos at community health fairs to increase awareness that intake of folic acid may help prevent some birth defects.

The Health Alliance of Northern California (HANC) is a network of community clinics and health centers working to promote the health and well-being of communities in the rural/frontier Northern California counties of Lassen, Modoc, Nevada, Shasta, Sierra, Siskiyou, Tehama and Yuba.

Approved by the HANC Board of Directors June 14, 2013.