# Prenatal and Postnatal Care

## 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 after their first trimester.[10,11]
- 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.[12]
- Smoking and alcohol use in the three months before pregnancy and during pregnancy are more prevalent health behaviors of women in rural Northern California than in other areas of the state[13].

## 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 multi-vitamin that includes a folic acid supplement. Adequate intake of folic acid may help prevent some birth defects.
- Ask all pregnant patients about tobacco, alcohol and other drug use and provide appropriate counseling or treatment interventions.
- For Partnership members, introduction to PHC's Growing Together Perinatal Program (GTPP) which offers incentives for timely prenatal and postpartum care.
- Schedule postpartum visit 3-5 weeks after delivery to allow time for rescheduling if needed.
- Piggyback scheduling of infant and postpartum visits (if same provider) during prenatal visits and prior to hospital discharge.
- Active outreach for no-shows.

### *Community Interventions*

- Share patient handouts, brochures, or videos at community health fairs to raise awareness about everyday strategies to support healthy pregnancy, such as eating a balanced diet, staying active, and taking nutritional supplements.
- Provide health insurance information, public benefit programs, and enabling service enrollment support to patients.

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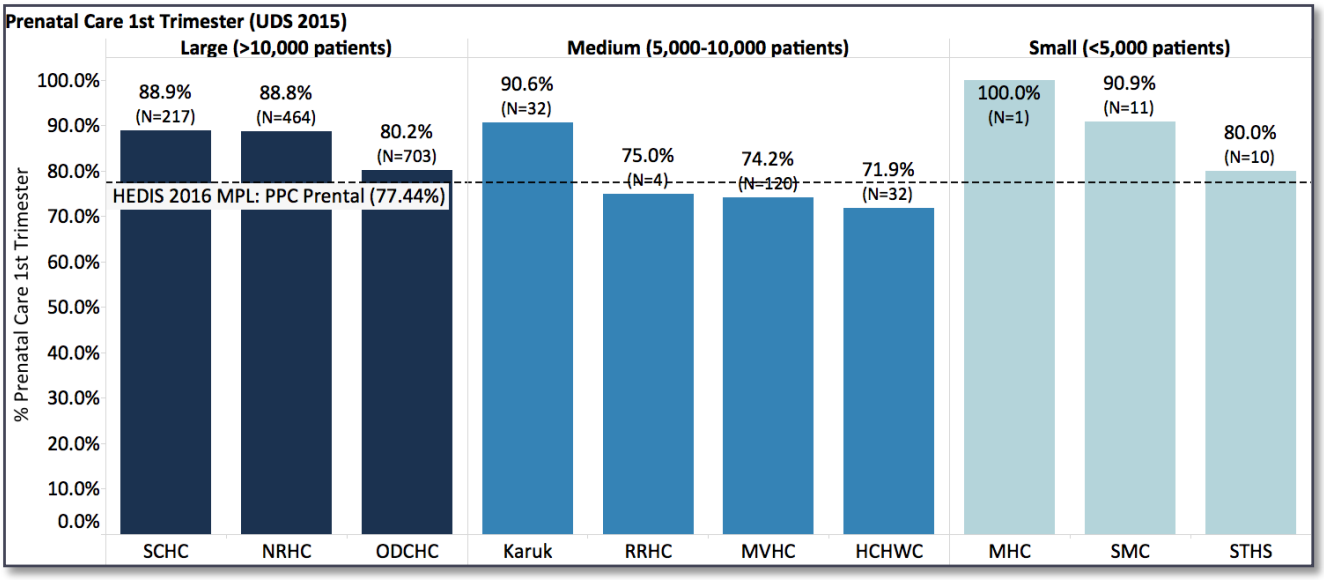
[10] Egerter S, Braveman P, Marchi K. (2002). Timing of Insurance Coverage and Use of Prenatal Care among Low-Income Women. Am J Public Health. 2002 March; 92(3): 423–427.
[11] Braveman P et al., Barriers to timely prenatal care among women with insurance: the importance of prepregnancy factors, *Obstetrics & Gynecology*, 2000, 95(6):874-880.
[12] California Department of Public Health (2010). Maternal and Infant Health Assessment Survey. MIHA Snapshot, North/Mountain Region 2010.
[13] Ibid.

## Rural Northern California Health Center Data

*Key Points*

- 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 primary practitioner cannot offer.
- 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.




## 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.[14]
- Maternal hospital stays with pregnancy and delivery-related complicating conditions account for $17.4 billion in hospital costs in the U.S.[15]

## National Quality Goals and Benchmarks

HEDIS 25th (MPL): HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile, for Timeliness of Prenatal Care is 77.8%.

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

[15] Elixhauser A. (AHRQ) and Wier LM. (Thomson Reuters). *Complicating Conditions of Pregnancy and Childbirth, 2008.* HCUP Statistical Brief #113. May 2011. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup/us.ahrq/gov/reports/statbriefs/sb113.pdf



HCHWC – Hill Country Health and Wellness Center; Karuk – Karuk Tribe; MHC – McCloud Health Center; MVHC – Mountain Valley Health Center; NRHC – Northeastern Rural Health Center; ODCHC – Open Door Community Health Centers; RRHC – Redwoods Rural Health Center; SCHC – Shasta Community Health Center; SMC – Shingletown Medical Center; STHS – Southern Trinity Health Services.