

PRENATAL CARE

Early and adequate prenatal care helps to promote healthy pregnancies through screening and management of a woman’s risk factors and health conditions as well as education and counseling on healthy behaviors during and after pregnancy, including nutrition, physical activity, and breastfeeding.¹ Women should schedule a prenatal visit as soon as they know or suspect that they are pregnant, ideally within the first trimester of pregnancy (12 weeks).² Monthly visits are recommended thereafter that increase to biweekly visits at 28 weeks and weekly visits after 36 weeks.^{1,3} More frequent care may be necessary for women with certain conditions and risk factors.¹

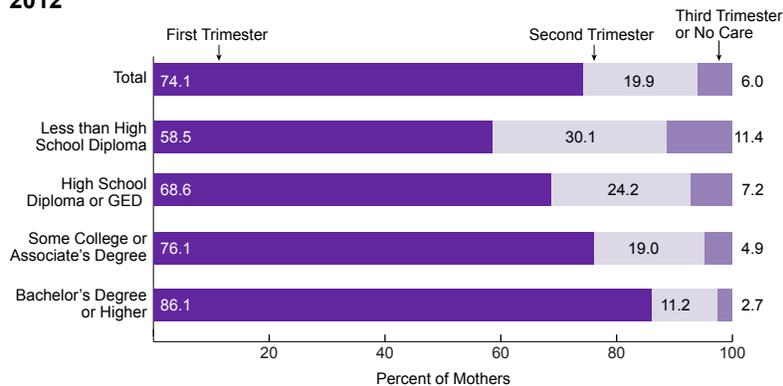
In 2012, in the District of Columbia and the 38 states that had implemented the 2003 revision to the standard birth certificate as of January 1 and collected prenatal care information in the same format, 74.1 percent of women giving birth were determined to have received early prenatal care in the first trimester, while 6.0 percent of women began prenatal care in the third trimester or did not receive any prenatal care. Rates of first-trimester prenatal care increased greatly with educational attainment, from 58.5 percent of mothers with less than a high school diploma to 86.1 percent of mothers with a bachelor’s degree or higher (figure 1). Conversely, late or no prenatal care declined

sharply with educational attainment, from 11.4 percent of mothers with less than a high school diploma to 2.7 percent of mothers with a bachelor’s degree or higher.

Timing of prenatal care entry also varied greatly by race and ethnicity and delivery payment source. First trimester prenatal care initiation was highest for non-Hispanic White and non-Hispanic Asian women (79.0 and 78.0 percent, respectively), followed by non-Hispanic multiple race and Hispanic women (70.7 and 69.0 percent, respectively), and was lowest for non-Hispanic Black, non-Hispanic American Indian/Alaska Native, and non-Hispanic Native Hawaiian/other Pacific Islander women (63.6, 59.4, and 54.7 percent, respectively). With respect to delivery payment source, privately insured women had the highest rate of early prenatal care entry (85.0 percent), followed by women with Medicaid insurance (65.2 percent), while uninsured women were least likely to receive early prenatal care (51.4 percent).

In 2012, 84.9 percent of women in the District of Columbia and the 38-state reporting area received adequate prenatal care, defined as receiving 80 percent or more of expected visits given the timing of prenatal care entry and gestational age at delivery. Regardless of when care was initiated, privately insured women were most likely to

Figure 1. Timing of Prenatal Care Initiation,* by Maternal Education, 2012



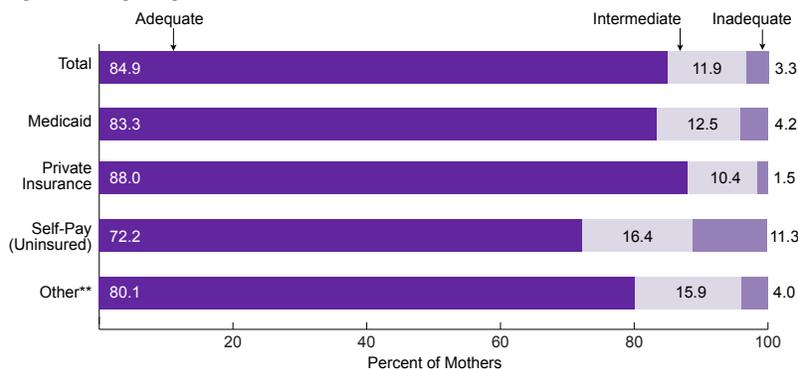
*Data are from the District of Columbia and 38 states that implemented the 2003 revision of the birth certificate as of January 1, 2012, representing 86 percent of all U.S. births. Percentages may not total 100 due to rounding.

have received adequate care (88.0 percent), followed by those with Medicaid (83.3 percent) and other forms of insurance (80.1 percent; figure 2). Uninsured women were least likely to receive adequate care (72.2 percent). Receipt of adequate care by race and ethnicity and education were similar to those for timing of prenatal care entry.

The Affordable Care Act improves access to early and adequate prenatal care by expanding health insurance and requiring Medicaid expansions and Marketplace plans (and other small and individual

group plans) to cover pregnancy and maternity care as part of essential health benefits.⁴ The Affordable Care Act also requires new private plans to cover, without cost sharing, prenatal visits and many preventive services routinely provided in prenatal care, such as vaccinations; screening for gestational diabetes, anemia, sexually transmitted infections, and depression; screening and counseling for obesity, tobacco and alcohol use, and interpersonal and domestic violence; and breastfeeding counseling and support.⁴

Figure 2. Adequacy of Prenatal Care Utilization Upon Initiation,* by Delivery Payment Source, 2012



**Based on a ratio of observed to expected prenatal care visits given the timing of prenatal care entry and gestational age at delivery (Kotelchuck Index), adequate prenatal care is defined as receiving 80 percent or more of expected visits, intermediate is receipt of 50–79.9 percent of expected visits, and inadequate is receipt of less than 50 percent of expected visits. Data are from the District of Columbia and 38 states that implemented the 2003 revision of the birth certificate as of January 1, 2012, representing 86 percent of all U.S. births. Percentages may not total to 100 due to rounding. **Includes CHAMPUS/TRICARE; the Indian Health Service; and other federal, state, or local government payment sources.*

Data Sources

Figure 1 and 2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. 2012 Natality File. Analysis conducted by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Endnotes

1. U.S. Department of Health and Human Services Office on Women’s Health. Pregnancy: prenatal care and tests. Available at: <http://www.womenshealth.gov/pregnancy/you-are-pregnant/prenatal-care-tests.html>. Accessed September 8, 2014.
2. National Committee for Quality Assurance. Prenatal and postpartum care. Available at: <http://www.ncqa.org/portals/0/Prenatal%20Postpartum%20Care.pdf>. Accessed September 8, 2014.
3. National Committee for Quality Assurance. Frequency of ongoing prenatal care. Available at: <http://www.ncqa.org/portals/0/Frequency%20of%20Ongoing%20Prenatal%20Care.pdf>. Accessed September 8, 2014.
4. Kaiser Family Foundation. Health reform: implications for women’s access to coverage and care. August 2013. Available at: <http://kff.org/womens-health-policy/issue-brief/health-reform-implications-for-womens-access-to/> Accessed September 8, 2014.

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