

1.1 Early Prenatal Care

Percentage of pregnant women receiving early prenatal care

Purpose

This measure documents how well the service system is meeting the universal need of pregnant women to receive prenatal health care in the first trimester. Collecting data by income, neighborhood, and race/ethnicity (if available) can illuminate disparities and inform policy responses.

Definition

The percentage of pregnant women who received prenatal care in the first trimester, in aggregate and by race/ethnicity, neighborhood, and/or income, when available.

Implementation

Summary of Steps

- 1. Set intention:** Consider community goals, recent efforts, and constraints related to this area as a first step.
- 2. Retrieve local data:** Obtain local aggregate and subgroup calendar year data for a 5-10-year period (smaller geographies may need to use 2- or 3-year pooled data for stability or for sufficient data strength to disaggregate by race, ethnicity, or other important categories).
- 3. Retrieve comparison data:** For comparison, obtain state and national data. Race and ethnic definitions may vary between state and national data sources.
- 4. Analyze and interpret:** Analyze and interpret the data. Consider health equity factors in your analysis if able to access disaggregated data. Consider implications related to sufficiency and adequacy in addition to timeliness if data are available.
- 5. Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide.

Stakeholders

This measure can be implemented by a single agency or by a collaborative of early childhood system stakeholders. If results warrant a response, whether through policy changes, service changes, or advocacy, having a collaborative of early childhood stakeholders involved and invested in the measurement may aid the success of those responses. However, single agencies may have the influence and resources to be effective as well.

Data Sources

- ▶ County-level and state-level data are typically sourced from vital statistics databases maintained by state health agencies. In some states, data are freely available in aggregate and for

racial and ethnic subgroups through an online portal. In other states, a special request, and potentially a fee, will be required either through the state directly or through the county public health agency.

- ▶ National-level data are available from the [National Vital Statistics System](#). Early prenatal care is a [National Outcome Measure per the Title V Maternal and Child Health Block Grant](#).
- ▶ Another potential data source is post-partum surveillance survey data. A widely used data source is the Center for Disease Control and Prevention's [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), which has data on timeliness and adequacy of prenatal care. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS surveillance currently covers 47 states and about 83% of all U.S. births. While these surveillance data produce similar results as the vital statistics sources, and may include data by mothers' income, vital statistics sources are more common and are more available at the community level.

Tips For Successful Implementation

If data are available by zip code, this would provide a more precise view of areas within a community that may benefit from more focused attention or contribute to a more in-depth assessment of what may be affecting the results for that community.

Limitations

This measure analyzes the timeliness of prenatal care, looking at whether a woman accesses any prenatal care in her first trimester of pregnancy. It is neither a measure of sufficiency of care (number of visits), nor is it a measure of adequacy of prenatal care (appropriate content), which has more variation in measurement approaches and lower data availability. Regions may wish to include sufficiency and/or adequacy for their own assessment purposes.

Opportunities

Additional opportunities include the following:

- ▶ For ongoing work to build adequacy of prenatal care into the measure, users may want to investigate the suitability of the [Kotelchuck Index](#) (also called the Adequacy of Prenatal Care Utilization Index), the American College of Obstetricians and Gynecologists Standards (guidelines to perinatal care has member only access), or the [Kessner Index](#) methodologies for measuring the adequacy of prenatal care for low-risk pregnancies. User may also look at a combination of content and quantity of visits to assess adequacy.