# Access to and Adequacy of Prenatal Care[1] in Nebraska

Approximately 26 percent of infants born to Nebraska residents in 2012 were at risk of premature birth, birth defects, low birth weight, and mortality because their mothers did not obtain adequate prenatal care.[2] The risk varies across racial and ethnic groups. Adequate prenatal care promotes a healthy birth and reduces serious complications related to pregnancy.

According to the 2013 Behavioral Risk Factor Surveillance System, 78 percent of women reported having a personal physician. Approximately 80 percent of Nebraska women ages 18 to 24 reported having health insurance and 82 percent of women ages 25 to 44 reported having health insurance.[3] If only 18 to 20 percent of women don't have health insurance yet 26 percent of mothers did not obtain adequate prenatal care, this indicates a potential gap in access.

Among Nebraska women with late or no prenatal care (26% of all post-partum women) *and* who did not receive care as early as they wanted (10% of all post-partum women), a number of barriers have been identified. Specifically, these women cite: 1) the provider or health insurance plan would not start coverage sooner (21.5%); 2) could not get an appointment (31.8%); 3) couldn't afford the care (48.9%); and 4) didn't have transportation (15.6%).

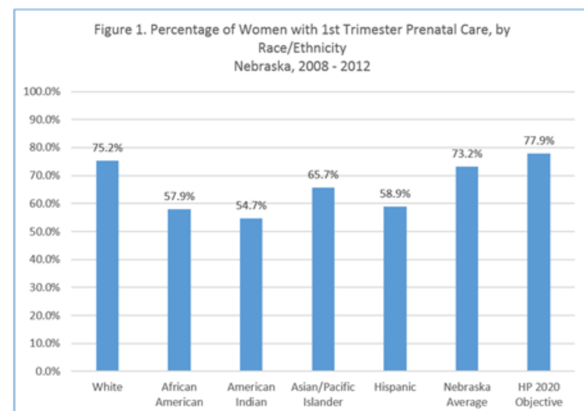
## *Criterion 1: The Problem is Worse than the Benchmark or Increasing*

Although Nebraska women (ages 15-44) have a significantly higher rate (74.0%) of initiating prenatal care in the first trimester than the nation (71.7%), Nebraska is below the Healthy People 2020 goal of 77.9 percent. Approximately 26 percent of Nebraska women do not initiate prenatal care in the first trimester, which has exhibited a significant but slight decrease over the past few years.

In addition, the percentage of women whose prenatal care quality ("Kotelchuck Index") was adequate or intensive has not changed significantly over the past five years. The state's goal is to get closer to 100 percent of women reporting adequate or intensive prenatal care.

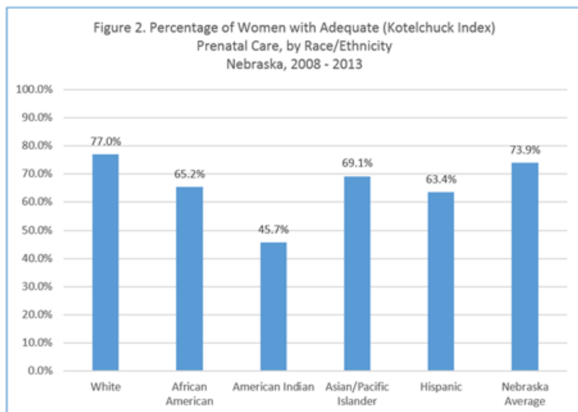
## *Criterion 2: Disparities Exist Related to Health Outcomes*

Significant racial and ethnic disparities exist for initiation in the first trimester of prenatal care among Nebraska women (Figure 1). Approximately 42 percent of African American women did not initiate prenatal care in the first trimester during 2008 – 2012, 45 percent of American Indian women, 34 percent of Asian/Pacific Islander women, and 41 percent of Hispanic women.

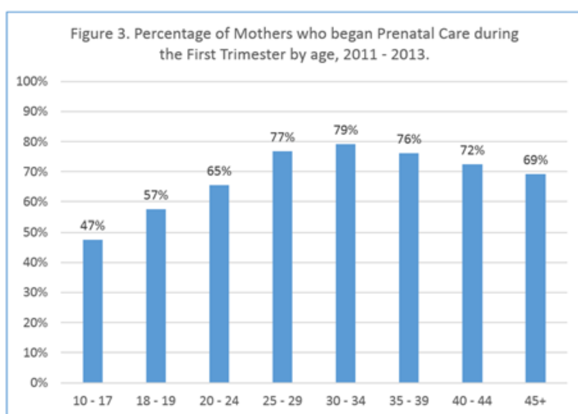



Disparities were also clear in terms of adequate or intensive prenatal care (Figure 2). Only 45.7 percent of American Indian women indicated

their prenatal care quality was adequate or intensive.




Among women under 20 years of age, only about half began prenatal care in the first trimester (Figure 3). Women ages 30 to 34 were most likely to initiate prenatal care in the first trimester at almost 80 percent.




When compared to those covered by private insurance (82%), a much lower percentage of women covered under Medicaid (61%) received prenatal care in the first trimester.[4]

### *Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available*

Several strategies exist to address the problem of access and adequacy of prenatal care in Nebraska.

- In Nebraska, the DHHS Healthy Mothers, Healthy Babies Helpline is a free service that provides information and referrals to mothers for health and social services across the state. This can help link mothers to potential prenatal care. (http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_healthymothershealthybabies.aspx)
- Access Nebraska offers public assistance programs and online application for Medicaid at: http://accessnebraska.ne.gov/.
- While waiting for Medicaid approval, Nebraska offers Presumptive Eligibility Medicaid for Pregnant Women. Presumptive Eligibility is a program for pregnant women with low incomes that provides immediate, temporary coverage of ambulatory prenatal care services to pregnant women while waiting for Medicaid approval.
- All health care insurance plans including the Marketplace and Medicaid cover pregnancy and childbirth, even if the pregnancy begins before coverage takes place. Maternity care and childbirth services are considered essential health benefits.
- Lack of an obstetrician in many rural areas is a barrier to accessing prenatal care. Many small rural hospitals have closed or stopped obstetrical care as well. To encourage physicians to practice in underserved areas, many states offer incentive packages with loan repayment and flexible work options. According to the Nebraska Rural Health Advisory Commission 2012 Annual Report, as of October 2012, there are 87 rural incentive program recipients practicing under obligation in Nebraska. Many physicians in large metropolitan practices travel to smaller communities to offer their services on a scheduled basis.

- Several evidence-based home visiting programs are being offered across Nebraska including the Healthy Families America program.[5]
- The National Healthy Start Initiative helped to identify and develop community-based systems approaches to reducing infant mortality and improving the health and well-being of women, infants, children and their families including prenatal care approaches.[6]
- The National Healthy Mothers, Healthy Babies Coalition created the Text4baby education program. Text4baby is a free cell phone text messaging service for pregnant women and new moms. Text messages are sent three times a week with information on how to have a healthy pregnancy and a healthy baby including prenatal care.
- Other strategies include:
  - Providing access via mobile services to provide prenatal screening and services.
  - Increasing access to diagnostic screening services, especially for uninsured patients.
  - Integrating attainment of early prenatal care into business, strategic, and performance improvement plans.
  - Creating mechanisms for patient peer support and behavior change programs, such as group prenatal visits.
  - Providing initial and ongoing education for providers and staff regarding importance of timely prenatal care.
  - Facilitating provider access to clinical guidelines.[7]

### *Criterion 4: Societal Capacity to Address the Problem*

There are a number of organizations that are addressing the issue of access to and adequacy of prenatal care. The March of Dimes helps moms take charge of their health and supports families when something goes wrong. The organization share best practices in perinatal health and helps improve birth outcomes where the needs are most urgent. Many national organizations support prenatal care programs such as the Centers for Disease Control and Prevention and the Health Resources and Services Administration. The Nebraska Department of Health and Human Services supports home visiting programs in local health departments and other community-based organizations.

### *Criterion 5: Severity of Consequences*

According to the Health Resources and Services Administration, babies that are born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those babies whose mothers received prenatal care.[8] Prenatal care serves as the primary method to identify problems during pregnancy. It has the potential to detect and treat early indicators of premature birth, leading to healthier pregnancies, healthy moms and healthy babies.

## *References*

[1] Current American Congress of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care indicate that women should initiate prenatal care at 8 –
10 weeks of pregnancy, continuing office visits every 4 weeks for the first 28 weeks, every 2 – 3 weeks until 36 weeks gestation, and every week after 36 weeks gestation.
[2] Nebraska Department of Health and Human Services, Division of Public Health, Vital Records.
[3] United States Census, 2013 Current Population Survey
[4] Nebraska Department of Health and Human Services, Division of Public Health, Vital Records, Birth Certificate File
[5] Nebraska Maternal, Infant, and Early Childhood Home Visiting Program (N-MIECHV), accessed at http://dhhs.ne.gov/publichealth/Pages/HomeVisitingIndex.aspx.
[6] National Healthy Start Association, accessed at http://www.nationalhealthystart.org/healthy_start_initiative.
[7] Health Resources and Services Administration, Key Changes to Improve First Trimester Prenatal Care Access - Care Model Framework Appendix, accessed at http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/prenatalframeworkappendix.html#1B.
[8] Health Resources and Services Administration, Maternal, Infant and Early Childhood Home Visiting Program accessed at http://mchb.hrsa.gov/programs/womeninfants/prenatal.html.