

PRENATAL CARE IN LOUISIANA

2016 PRAMS DATA

KEY FINDINGS ON PRENATAL CARE

- **Early, regular, and adequate prenatal care leads to improved health outcomes** for mothers and infants through health education and the timely assessment and management of maternal risk behaviors, genetic risk factors, and chronic and pregnancy-associated conditions.¹
- Women who have little or no prenatal care are at **increased risk for premature birth**.²
- With regular prenatal care, women can receive **help to control existing conditions** such as high blood pressure and diabetes. This is important to avoid serious complications in pregnancy, such as preeclampsia.³

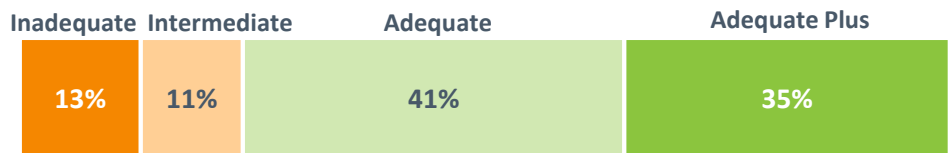
WHAT LOUISIANA MOMS SAY ABOUT PRENATAL CARE⁴

"I think as a mother that it is very important to practice self health and be aware of your body, as well as be responsible . . . [to] care for yourself and [your] baby, and to have to prenatal care [that] you and your baby need and deserve."

"The only thing I wish would have happened during my pregnancy is [to] have [had a] discussion with my doctor about the pregnancy. Instead I was handed a book that talked about breastfeeding, depression, baby, health, etc. I can't read that well."

A CLOSER LOOK AT PRENATAL CARE IN LOUISIANA

Nearly 1 in 4 women received **less than adequate*** prenatal care.⁵



*Less than adequate prenatal care includes **"inadequate"** and **"intermediate"** responses.

The **Adequacy of Prenatal Care Utilization Index (Kotelchuck Index)***

scores two elements:

- the timing of the initial prenatal care visit
- the number of prenatal visits from initiation until delivery

The index defines adequate prenatal care as having received **80% or more of the recommended prenatal visits** for gestational age based on standards set by the American Congress of Obstetricians and Gynecologists. It is important to note that this index does not measure quality of care.

1. Department of Health and Human Services. (2009) Prenatal care fact sheet. Retrieved from <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>
2. Behrman RE, Butler AS. (Eds) (2007) Preterm Birth. Causes, Consequences and Prevention. Washington, DC National Academies Press
3. Centers for Disease Control and Prevention. (2006). A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>
4. Louisiana PRAMS, 2015-2016
5. Louisiana PRAMS, 2016



Pregnancy Risk Assessment Monitoring System

Louisiana PRAMS is a project of the Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Health's Bureau of Family Health.

The PRAMS survey asks new moms about their lives before, during, and shortly after their pregnancies. Participants are randomly selected new moms in Louisiana with babies primarily ages 2 – 6 months old.



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For more information on Louisiana PRAMS, visit PartnersForFamilyHealth.org/PRAMS

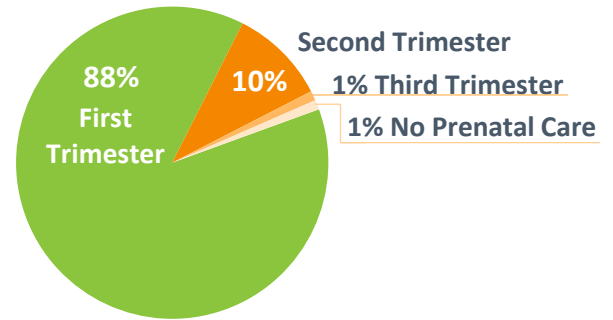


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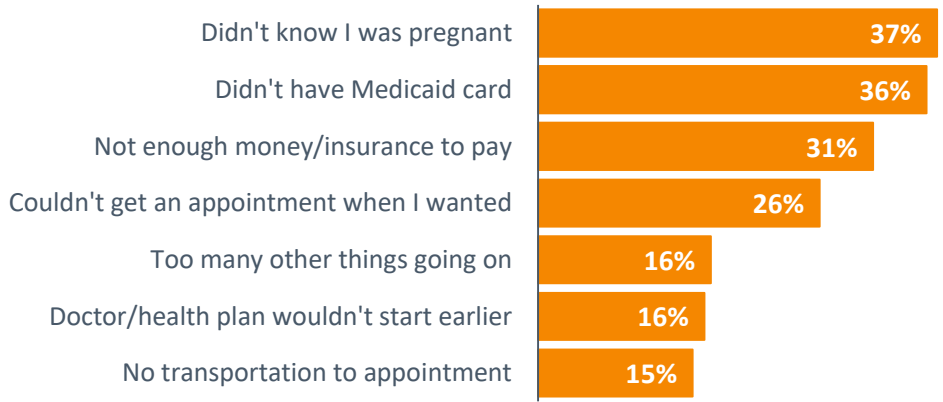
MOTHERS WHO DID NOT RECEIVE PRENATAL CARE

Over 1 in 10 (12%) Louisiana mothers **do not receive prenatal care in the first trimester or at all.**⁵



BARRIERS TO PRENATAL CARE SERVICES

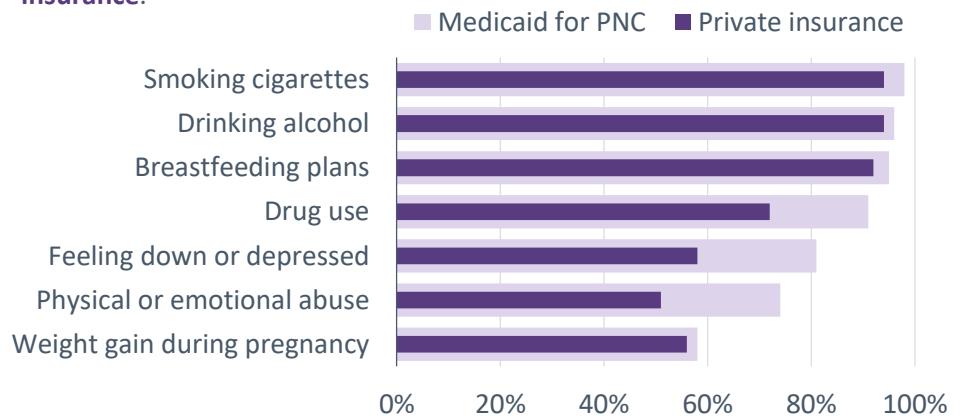
Women who wanted prenatal care but were unable to receive it in the first trimester reported not knowing they were pregnant and the lack of a Medicaid card as top barriers. Lack of insurance or other financial means to pay for services was another common barrier.⁵



■ Women without prenatal care in first trimester

TOPICS DISCUSSED AT PRENATAL CARE VISITS

Louisiana **mothers with Medicaid** were **more likely** to discuss the following topics with a doctor during prenatal care (PNC) than **mothers with private insurance.**⁵



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