HAWAII STATE DEPARTMENT OF HEALTH

PRAMS Prenatal Care Fact Sheet

Pregnancy Risk Assessment Monitoring System

Importance of Early Prenatal Care

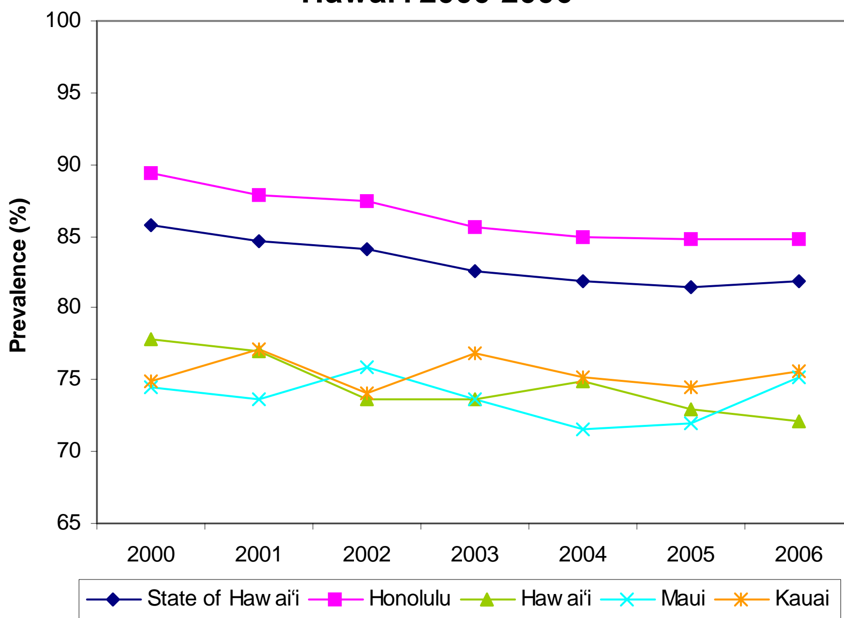
Prenatal care offers critical opportunities to screen for pregnancy complications, manage chronic conditions, and provide education and referral to social and nutritional services—all of which can help promote positive birth outcomes.[1] A national Healthy People 2010 goal is to increase the proportion of women who receive early prenatal care (within the first trimester) to 90%. Using data from all Hawai'i resident birth certificates, 82% of women who delivered infants in 2006 received early prenatal care. Likely due to a more rural environment and physician shortages, the rate of early prenatal care is about 10% lower in counties other than Honolulu. In 2006, the proportion of women receiving early prenatal care was 85% in Honolulu followed by 76% in Kauai, 75% in Maui, and 72% in Hawai'i County.

Trends in Early Prenatal Care

The rate of early prenatal care in the State of Hawai'i has slowly decreased from 86% in 2000 to 82% in 2006. Decreasing trends in early prenatal care were only noted for women residing in Honolulu and Hawai'i counties. Growing physician shortages may have contributed to these declines. Efforts are needed to understand and reverse these negative trends.

Data Highlights

- Early prenatal care—starting in the first trimester— has declined in Hawai'i from 86% in 2000 to 82% in 2006
- Compared to Honolulu, the rate of early prenatal care is about 10% lower in the rest of the State of Hawai'i
- Women who were less likely to obtain early care were Hispanic, Hawaiian, Samoan, or other Pacific Islander, younger in age, less educated, unmarried, and had Medicaid/QUEST insurance or were uninsured
- Having an unintended pregnancy and experiencing life stressors were other risk factors for receiving late or no prenatal care
- Only 1/3 of women who obtained late or no prenatal care wanted to get care earlier
- Reported barriers to prenatal care included not having enough money and not being able to get an appointment as early as they wanted
- The proportion of women who reported discussing various health topics with a prenatal provider ranged from 87% for birth defects to about 50% for seatbelt use and partner violence



Source: Hawai'i Resident Birth Certificates 2000-2006, Office of Health Status Monitoring, Hawai'i State Department of Health; calculations by the Family Health Services Division

"It's important to get prenatal care early to prevent problems. Education is key."

"There's not enough OB/GYN on Hawaii Island -too many pregnancies, too few doctors and midwives. Patient care suffers with long appointment waits and less time with the doctor."

"Because of the long wait for the doctor where I live, I had to drive to town every week for prenatal care."

--Hawai'i PRAMS Participants

For More Information Contact:

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Maternal Characteristics Related to Early Prenatal Care

Data from the Hawai'i Pregnancy Risk Assessment and Monitoring Survey (PRAMS 2004-2006) demonstrated that several maternal characteristics were related to the receipt of early prenatal care. Women who were less likely to receive early prenatal care were Hispanic, Hawaiian, Samoan, other Pacific Islander, were younger, less educated, unmarried, had Medicaid/QUEST insurance or were uninsured prior to their pregnancy, had an unintended pregnancy, experienced intimate partner violence before pregnancy, and experienced stressful life events (e.g., family illness or death, a divorce, moving, and problems with bills).

Early Prenatal Care by Maternal Characteristics, Hawai'i PRAMS 2004-2006

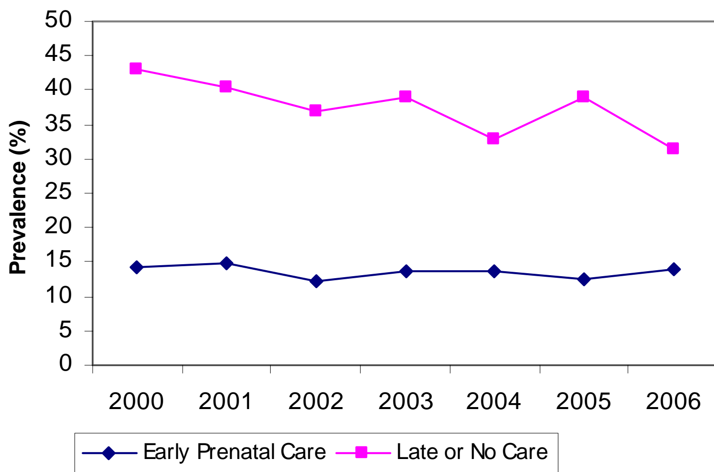
	% (95% CI)*
Race/Ethnicity	
White	86.8 (84.7-88.7)
Black	85.5 (77.6-90.9)
Hispanic	74.4 (64.9-82.0)
Hawaiian	77.2 (74.7-79.6)
Samoan	66.4 (57.9-74.0)
Other Pacific Islander	58.3 (51.3-64.9)
Chinese	89.3 (86.8-91.3)
Filipino	84.3 (82.0-86.3)
Japanese	90.6 (88.0-92.7)
Korean	84.1 (79.8-87.6)
Other Asian	86.3 (76.3-92.6)
Maternal Age	
Under 20 years	67.9 (62.9-72.5)
20-24 years	76.8 (74.3-79.2)
25-34 years	83.9 (82.4-85.4)
35 or more years	89.2 (87.1-91.1)
Maternal Education	
< High School	61.1 (56.2-65.9)
High School	78.0 (76.0-79.8)
Some College	86.2 (84.2-87.9)
College graduate	91.1 (89.5-92.4)
Marital Status	
Married	87.2 (86.0-88.3)
Unmarried	71.5 (69.2-73.7)
Insurance Coverage Prior to Pregnancy	
Private Insurance	88.0 (86.8-89.0)
Medicaid/QUEST	71.3 (68.1-74.3)
None	64.7 (60.9-68.4)
Intention of Pregnancy	
Intended	87.2 (85.9-88.4)
Unintended	75.6 (73.8-77.4)
Intimate Partner Violence Before Pregnancy	
Yes	71.2 (65.3-76.4)
No	82.5 (81.3-83.5)
Number of Stressful Life Events	
None	87.9 (86.2-89.5)
One	84.3 (82.2-86.2)
Two or more	76.0 (74.0-77.9)
Overall	81.8 (80.7-82.9)

*Note: 95% CI refers to the 95% confidence interval around estimate

Satisfaction with the Timing of Prenatal Care Entry

During the period from 2004-2006, only 34% of women who received late or no prenatal care reported they wanted to get care earlier in their pregnancy. Despite physician shortages, this may indicate that community education is also warranted to promote the value and need for timely prenatal care entry. Moreover, among the women who entered care late, the proportion of those who wanted to get care earlier has declined from 43% to 31% between 2000 and 2006. There were no significant differences by county.

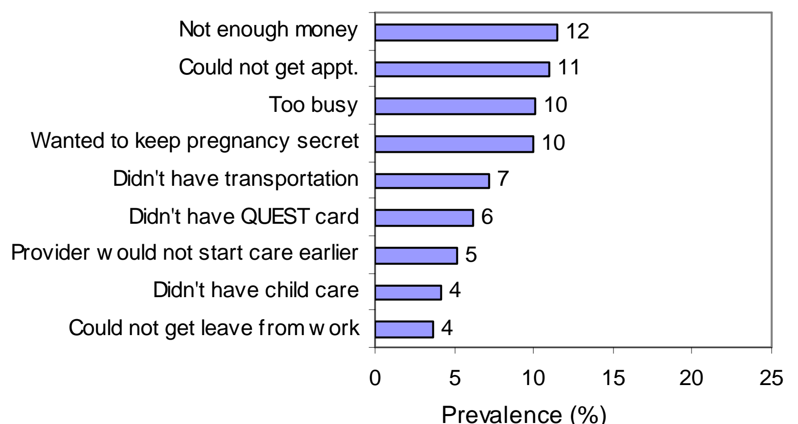
Satisfaction with the Timing of Prenatal Care Entry, Hawai'i PRAMS 2000-2006



Barriers to Prenatal Care

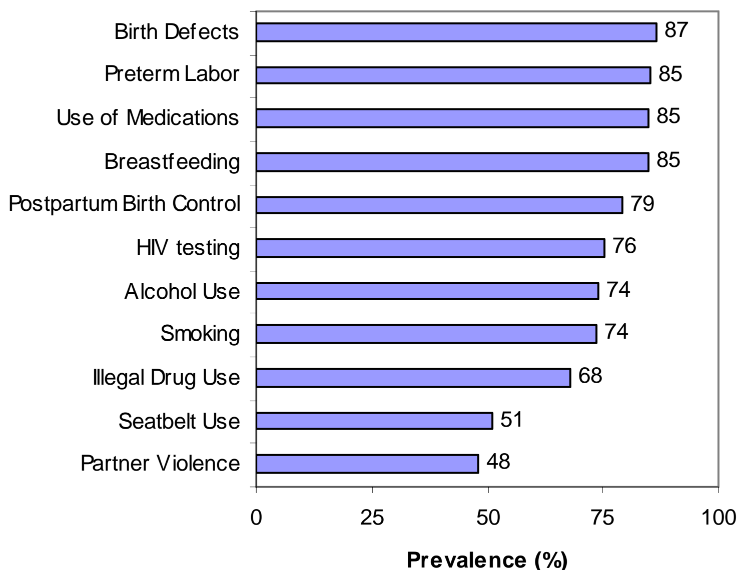
There are many reasons why women may not receive early prenatal care. Common barriers include personal, structural, and financial factors.[2] Among women in Hawai'i (2004-2006) who did not get early prenatal care, the most commonly reported barriers were not having enough money, not being able to get an appointment when they wanted, being too busy, and wanting to keep the pregnancy a secret from others. Overall, only a third of women who entered care after the first trimester reported at least one barrier to getting prenatal care.

Barriers to Prenatal Care, Hawai'i PRAMS 2004-2006



Content of Prenatal Care

Providers of prenatal care discuss a variety of health topics including prenatal and postpartum health behaviors. In Hawaiʻi, the proportion of women who reported receiving counseling during prenatal care on birth defects, signs of preterm labor, use of medications, and breastfeeding exceeded 80%. Counseling on substance use ranged from 68% for illegal drugs to 74% for alcohol and cigarette smoking. Only about half of women received counseling on seatbelt use during pregnancy and partner violence.



Discussion

The downward trend in early prenatal care is concerning and warrants close monitoring and investigation. Physician shortages are growing, particularly for obstetricians and gynecologists who face the highest malpractice premiums.[3] State legislatures are pursuing a number of activities to recruit and retain more physicians, including loan repayment, tort reform, and increases in Medicaid/QUEST reimbursement rates.

Aside from suspected problems with physician supply and acceptance of various health plans, there are a number of other issues that may influence the timely receipt of prenatal care. Approximately two-thirds of women who obtained late or no care did not report wanting to get care earlier in their pregnancy, which may suggest a need for greater outreach and community education promoting the value of early prenatal care. Among women who received late or no prenatal care, a financial concern was the most commonly reported barrier. Women who reported not having insurance coverage prior to the pregnancy were less likely to obtain early prenatal care. Therefore, increased awareness of the Medicaid/QUEST program eligibility and benefits may promote earlier enrollment and access to care.

Having an unintended pregnancy is also a significant risk factor for late or no prenatal care that could be addressed through improved access to family planning and counseling within the health care system.[4]

The promotion of healthy birth outcomes depends both on the early initiation of care and the quality of care received. One indicator of prenatal care quality is the receipt of physician counseling on various prenatal and postnatal health issues. Based on the information reported by Hawaiʻi's mothers, providers should pay greater attention to counseling on seatbelt use, partner violence, and substance use. In addition, given their lower rates of early prenatal care, special outreach to women of Hawaiian, Samoan, other Pacific Islander, and Hispanic ethnicity and those who are socioeconomically vulnerable may be warranted.

References

[1] Alexander, G. R., & Korenbrot, C. C. The role of prenatal care in preventing low birth weight. *The Future of Children.* 1995;5(1):103-120.

[2] Curry MA. Factors associated with inadequate prenatal care. *Journal of Community Health Nursing.* 1990;7(4):245-252.

[3] Wilson C. Hawaiʻi losing doctors. *Honolulu Advertiser.* January 28, 2007.

[4] Frost JJ, Darroch JE, Remez L. Improving contraceptive use in the United States. *In Brief.* New York: Guttmacher Institute, 2008.

About the Data

Birth certificates are collected for every birth in Hawaiʻi (~18,000 per year) by the Department of Health's Office of Health Status Monitoring. Data from the full population of resident births in Hawaiʻi were used to determine overall rates of early prenatal care and trends by county.

The **Hawaiʻi *Pregnancy Risk Assessment Monitoring System (PRAMS*)** is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate. In this analysis, the timing of prenatal care was determined by information on the linked birth certificate rather than self-report. PRAMS survey data were used to examine maternal characteristics, satisfaction with timing, barriers, and content of prenatal care received.

Suggested Citation

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