

# PRAM-O-GRAM

Fact Sheet Series: Number 3, 2007

## The Importance of Adequate Prenatal Care

*"I feel fortunate to have good health benefits coverage so as to never not go to the doctor due to money. I wish all pregnant women in North Dakota could enjoy the same sense of security I have."*

—North Dakota mother, 2002

Prenatal care is considered the "cornerstone" of the system of health care for pregnant women. Adequate prenatal care has been shown to improve birth outcomes, while inadequate prenatal care is associated with increased risks for premature and low-birthweight births and neonatal, infant and maternal mortality.<sup>1</sup>

In 2005, 6 percent of all North Dakota births were to mothers who received inadequate prenatal care (464 births out of 8,381).<sup>2</sup>

A determination that a pregnant mother received an *inadequate* amount of prenatal care considers both an infant's gestational age at birth and the number of prenatal visits completed by the mother at the time of birth, ranging from 14 to 21 weeks gestational age with no prenatal visits to 34 or more weeks gestational age with four or fewer prenatal visits. For *adequate* prenatal care, a mother must begin her prenatal care in the first four months of pregnancy and have made at least 80 percent of the recommended visits prior to delivery.<sup>2</sup>

## Prenatal and Postpartum Issues

Mothers who participated in the 2002 North Dakota PRAMS survey were asked questions about prenatal (i.e., prior to delivery) and postpartum (i.e., after delivery) issues. Prenatal issues covered are whether the mothers received prenatal care as early as they wanted and the number of prenatal care visits they received. Postpartum issues covered are the amount of time spent in the hospital after delivery, source of payment for delivery, and whether the mothers were doing anything to keep from getting pregnant. An important postpartum issue which was not addressed in the survey is whether the mothers experienced depression after the delivery.

### Prenatal Issues

The vast majority of North Dakota mothers in 2002 received prenatal care as early as they wanted (81%). For mothers who did *not* get prenatal care as early as they wanted, reasons included that they did not know they were pregnant (38%), they could not get an appointment earlier



in the pregnancy (27%), the doctor or health plan would not start prenatal care earlier (22%), and they did not have enough money or insurance to pay for prenatal care (12%). The prevalence of mothers who reported a barrier to getting prenatal care as early as they wanted was higher for mothers who were younger, less educated, unmarried, American Indian, or recipients of Medicaid.

North Dakota mothers had an average of 11 prenatal care visits in 2002. Less than 1 percent had no prenatal care visits. However, 20 percent of mothers said they did not receive prenatal care in the first trimester.

The prevalence of North Dakota mothers not starting prenatal care in the first trimester was:

- **Age** – Higher among women ages 15 to 19 (48%) than women ages 20 to 24 (23%), 25 to 29 (16%), 30 to 34 (13%), and 35 and older (20%).
- **Education** – Higher among women with less than a high school degree (37%) than women with a high school degree (28%), some college (18%), and a college degree (14%).
- **Marital** – Higher among unmarried women (32%) than married women (16%).
- **Race** – Higher among American Indian women (35%) than white women (19%).
- **Medicaid** – Higher among women receiving Medicaid before or during pregnancy (31%) than women not receiving Medicaid (16%).

**More information about the Pregnancy Risk Assessment Monitoring System (PRAMS), North Dakota PRAMS 2002 data, and the PRAM-O-GRAM fact sheets is available online at [www.ndsu.edu/sdc/ndprams.htm](http://www.ndsu.edu/sdc/ndprams.htm) and [www.ndhealth.gov](http://www.ndhealth.gov).**

## North Dakota mothers on postpartum depression:

*"I think doctors or nurses should help other pregnant women understand and deal with postpartum blues, because I'm still struggling with it. No doctors [said] what to do if I got them. I still have episodes when all I want to do is scream and cry and there is no good reason I can think of."*

*"Postpartum depression - [there is] not enough information about that. I think that happens more often than we think."*

### Postpartum Depression

Among PRAMS states that asked mothers to self-report postpartum depression in 2000, more than half of the mothers reported low to moderate depression after delivery (52%). Overall, 7 percent reported severe depression after delivery.<sup>4</sup>

Women most likely to report severe postpartum depression had less than 12 years of education, were receiving Medicaid, or had delivered low-birthweight babies. In addition, women who had experienced physical abuse during pregnancy and women who reported stress (e.g., emotional, partner-related, financial, traumatic) were more likely than other women to report being severely depressed after delivery.<sup>4</sup>

Analysis of mothers' comments illustrate the need for: **3**

- More public acknowledgement of postpartum depression.
- Greater involvement of husbands/partners in education and counseling about depression.
- Medical professionals to discuss mental health issues more often.
- Counseling to be part of routine checkups and covered by insurance.

## Prenatal and Postpartum Issues, continued

### Postpartum Issues

In 2002, North Dakota mothers reported spending an average of three nights in the hospital after delivery. Less than 1 percent of births were not delivered in the hospital.

North Dakota mothers' delivery was paid for using health insurance (67%), personal income (34%), Medicaid (27%), military (7%), and Indian Health Service (2%). More than one-third of mothers used multiple payment sources to pay for the delivery (36%).

Approximately one in seven North Dakota mothers reported that a health-care worker did not talk to her about using birth control after the baby was born (14%). Similarly, one in seven mothers was not doing anything at the time of the survey to keep from getting pregnant (14%). For mothers not doing anything to prevent pregnancy, reasons included that they didn't want to use birth control (38%), they were not having sex (29%), the husband/partner didn't want to use anything (13%), they wanted to get pregnant (12%), they didn't think they could get pregnant (7%), and they couldn't pay for birth control (3%). Several mothers indicated there were other reasons they were not using birth control, including religious reasons and side effects from particular methods.



A study released in 2007 in the *Maternal and Child Health Journal* examined comment data from mothers in 10 states that conducted the 2000 PRAMS survey. Three different time periods relating to pregnancy emerged from the mothers' comments: the prenatal period, the intrapartum period, and the postpartum period.<sup>3</sup>

When analyzing only those comments relating to the postpartum period, six themes emerged: **3**

- 1) Need for social support for new mothers; mothers of preemies, twins, or multiples; and parents who lose their infants.
- 2) Breastfeeding issues, including experiences in the hospital, barriers to breastfeeding at work, and other barriers to breastfeeding.
- 3) Lack of education about newborn care.
- 4) Perceived need for extended postpartum hospital stay, for infants' health as well as mothers' need for rest and recuperation.
- 5) Need for maternal insurance coverage beyond delivery.
- 6) Need for help with postpartum depression (see sidebar at left).

**Sources:** Unless indicated otherwise, all data and quotes are from North Dakota PRAMS, 2002: [www.ndsu.edu/sdc/ndprams.htm](http://www.ndsu.edu/sdc/ndprams.htm); **1.** "Prenatal Care." *Maternal and Child Health Monograph 1994*. [www.cdc.gov/reproductivehealth/Products&Pubs/DatatoAction/DataToAction.htm](http://www.cdc.gov/reproductivehealth/Products&Pubs/DatatoAction/DataToAction.htm); **2.** *2007 North Dakota KIDS COUNT Fact Book*. [www.ndkidscount.org/factbook.htm](http://www.ndkidscount.org/factbook.htm); **3.** "Challenges Faced by New Mothers in the Early Postpartum Period." Nov. 2007. [www.springerlink.com/content/94425271458v7hk2/](http://www.springerlink.com/content/94425271458v7hk2/); **4.** "PRAMS and Postpartum Depression." [www.cdc.gov/prams/ppd.htm](http://www.cdc.gov/prams/ppd.htm)