

PRAM-O-GRAM

Fact Sheet Series: Number 4, 2007

What is Covered in Prenatal Care?

Prenatal care is the health care a woman receives during pregnancy and is important to the health of the mother and infant.¹ The vast majority of North Dakota mothers in 2002 indicated they received some level of prenatal care (99%).

During prenatal care, the health-care worker is able to monitor medical conditions, test for issues with the infant, and test for issues with the mother.² In addition to testing for health problems in the mother and the baby, prenatal care also includes education and counseling. Topics covered by health-care workers include diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol.¹ The provider also discusses what to expect during the delivery process and skills for caring for an infant.³

Mothers who receive adequate prenatal care are less likely to give birth prematurely, are less likely to have other serious pregnancy-related problems, and generally have babies that are healthier.²

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 and www.ndhealth.gov.

Discussions With Health-Care Workers During Prenatal Care Visits

Mothers who participated in the 2002 North Dakota PRAMS survey were asked whether health-care workers provided them with information on a variety of topics during their prenatal care visits.

Medicines that are safe to take during pregnancy were discussed by health-care workers with 89 percent of mothers, followed by breastfeeding the baby (83%), what to do if labor starts early (77%), and birth control methods to use after pregnancy (73%). Using a seat belt during pregnancy was discussed with one in two mothers (46%) and physical abuse was discussed with one in four mothers (24%) (see Figure 1). Doing tests to screen for birth defects or diseases that run in the family was discussed with 81 percent of mothers, followed by getting blood tested for HIV (73%), how drinking alcohol could affect the baby (69%), how smoking could affect the baby (68%), and how using illegal drugs could affect the baby (56%) (see Figure 2).

Figure 1. Percentage of North Dakota Mothers Who Discussed General Topics With Health-Care Workers: 2002

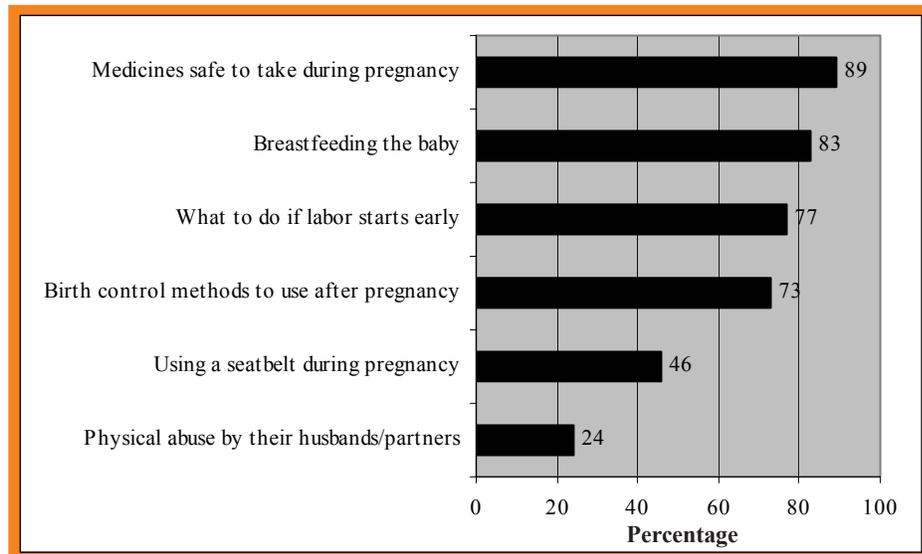
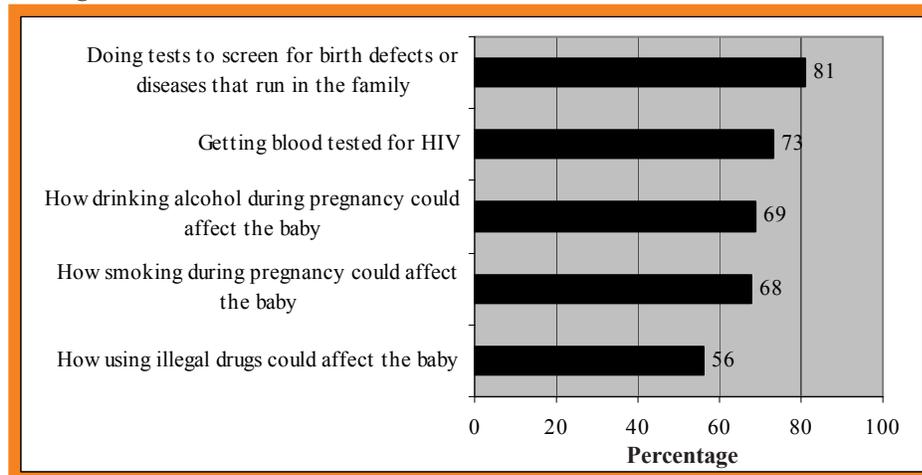


Figure 2. Percentage of North Dakota Mothers Who Discussed Testing Issues and Substance Use Issues With Health-Care Workers: 2002



North Dakota mothers on prenatal care:

“Very little information is taught at the doctor’s office. They check you and you’re on your way. ... But what about those who do not have guidance, ambition, or know-how to search for their information?”

“Certain doctors don’t run all the prenatal tests for birth defects, but my doctor ran every test possible, leaving me reassured and not worrying. I feel testing for all birth defects is necessary so a mother is at ease with what to expect.”

“In my experience, the free classes given from the hospital were very helpful. The doctors don’t seem to have time to spend. If I had a question, the doctor would answer but never any additional information was given if there were no questions.”

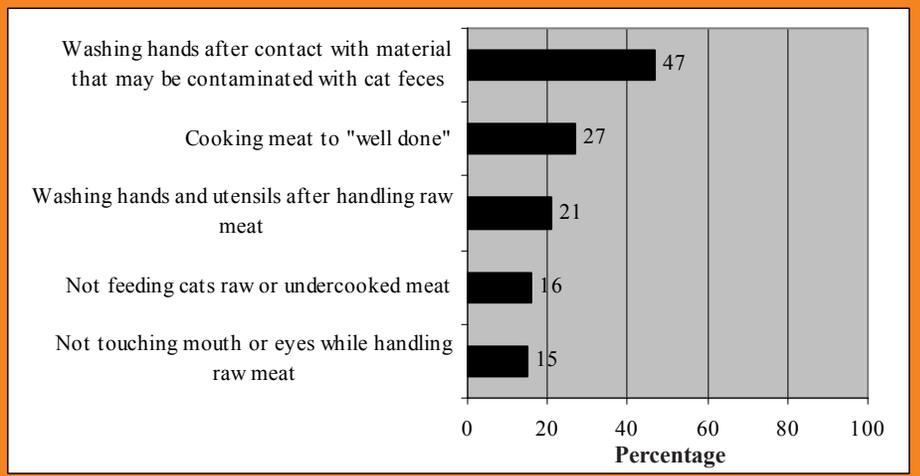


Sources: Unless indicated otherwise, all data and quotes are from North Dakota PRAMS, 2002: www.ndsu.edu/sdc/ndprams.htm; 1. “Late or No Prenatal Care.” www.childtrends.databank.org/indicators/25PrenatalCare.cfm; 2. “Prenatal Care.” www.marchofdimmes.com/pnhec/159_513.asp; 3. “Preconception Care.” www.nichd.nih.gov/health/topics/preconception_care.cfm

Discussions With Health-Care Workers, continued

Safe food handling practices were discussed by health-care workers with pregnant mothers the least frequently of all the topics. While nearly half of mothers had discussions with health-care workers about washing hands after contact with material that may be contaminated with cat feces (47%), smaller proportions of mothers discussed cooking meat to well done (27%), washing hands and utensils after handling raw meat (21%), not feeding cats raw or undercooked meat (16%), and not touching mouth or eyes while handling raw meat (15%) (see Figure 3).

Figure 3. Percentage of North Dakota Mothers Who Discussed Safe Food Handling Practices With Health-Care Workers: 2002



Some of the prenatal care topics were discussed by health-care workers more with women who had certain characteristics. For the following topics, the prevalence of mothers who discussed the issues with a health-care worker was higher for mothers who were:

- **Recipients of Medicaid** – smoking, alcohol, illegal drugs, physical abuse, cooking meat and washing after handling raw meat.
- **Recipients of WIC** – smoking, breastfeeding, alcohol, illegal drugs, physical abuse, not touching mouth/eyes after raw meat, cooking meat, washing after handling raw meat and not feeding cats raw meat.
- **First-time mothers** – smoking, breastfeeding, alcohol and illegal drugs.
- **Unmarried** – smoking, breastfeeding, alcohol, postpartum birth control, illegal drugs, physical abuse, not touching mouth/eyes after raw meat, cooking meat, washing after handling raw meat and not feeding cats raw meat.
- **Younger** – smoking, alcohol, postpartum birth control, illegal drugs, physical abuse, not touching mouth/eyes after raw meat, cooking meat, washing after handling raw meat, washing hands after contact with cat feces and not feeding cats raw meat.
- **Less-educated** – smoking, alcohol, postpartum birth control, illegal drugs, testing for HIV, physical abuse, cooking meat, washing after handling raw meat and not feeding cats raw meat.
- **American Indian** – smoking, alcohol, illegal drugs, early labor, testing for HIV, physical abuse, washing after handling raw meat, and not feeding cats raw meat.

In contrast, the prevalence for discussions about screening tests was higher for married, older, more educated and white women; for what medicines are safe to take, the prevalence was higher for white women.