DEPARTMENT OF HEALTH

Care during Pregnancy and Delivery

ACCESSIBLE, QUALITY HEALTH CARE DURING PREGNANCY AND DELIVERY

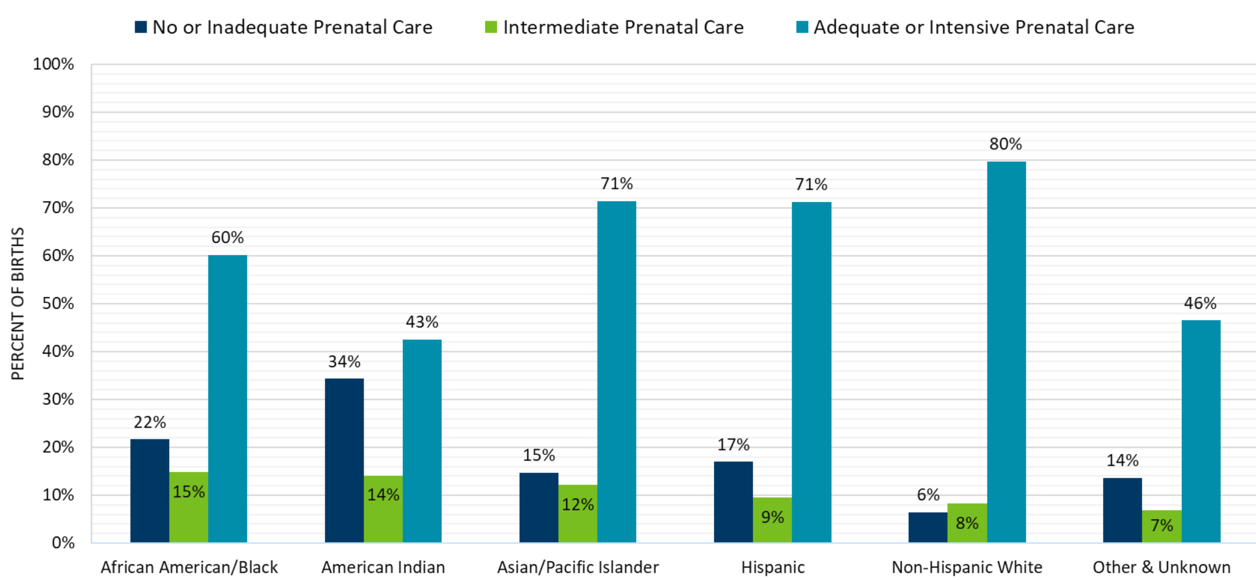
Why It's Important

Having a healthy pregnancy and access to quality birth facilities are the best ways to promote a healthy birth and have a thriving newborn. Getting early and regular prenatal care is vital. Prenatal care is the health care that women receive during their entire pregnancy. Prenatal care is more than doctor's visits and ultrasounds; it is an opportunity to improve the overall well-being and health of the mom which directly affects the health of her baby. Prenatal visits give parents a chance to ask questions, discuss concerns, treat complications in a timely manner, and ensure that mom and baby are safe during pregnancy and delivery. Receiving quality prenatal care can have positive effects long after birth for both the mother and baby. When it is time for the mother to give birth, having access to safe, high quality birth facilities is critical.

Early prenatal care, starting in the 1st trimester, is crucial to the health of mothers and babies. But more important than just initiating early prenatal care is receiving adequate prenatal care, having the appropriate number of prenatal care visits at the appropriate intervals throughout the pregnancy. Babies of mothers who do not get prenatal care are three times more likely to be born low birth weight and five times more likely to die than those born to mothers who do get care.[1]

In 2017 in Minnesota, only 77.1 percent of women received prenatal care within their first trimester of pregnancy. Approximately 1 in 30 or 2,289 infants were born to a woman who received late (care that started in the 3rd trimester) or no prenatal care at all. Disparities are seen in the adequacy of prenatal care utilization across race/ethnicity (Figure 1). Less than half of births to American Indian mothers receive the recommended adequate/intensive prenatal care utilization.

Figure 1. Prenatal Care Utilization by Race/Ethnicity, Minnesota Mothers, 2017



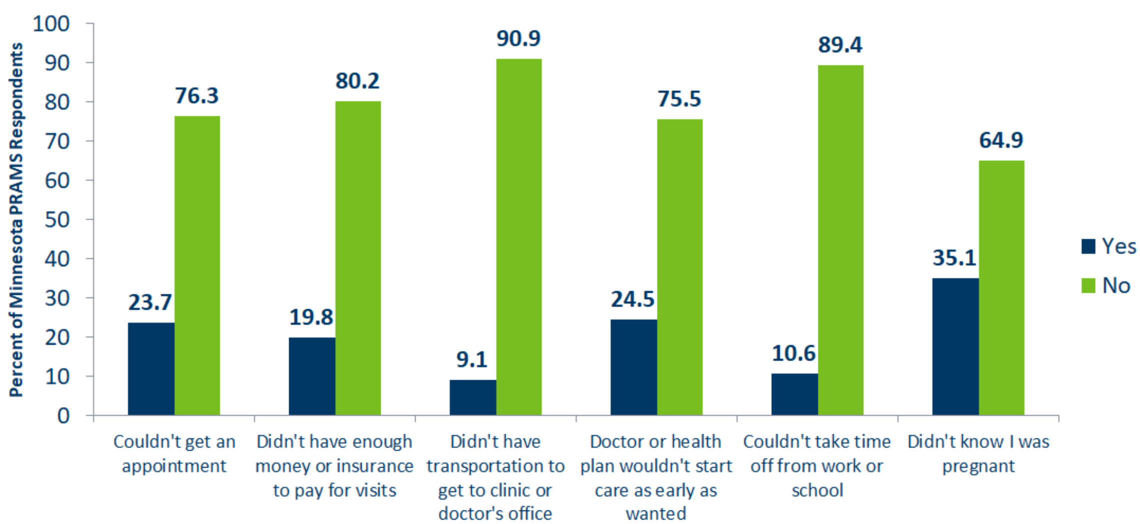
Source: Minnesota Final Resident Birth File

There are many reason why women do not get timely quality care during pregnancy. In Minnesota, the Pregnancy Risk Assessment Monitoring System (PRAMS) survey identifies barriers to care from the mother's perspective. The leading causes for women who did not get prenatal care as early in their pregnancy as they wanted were:

- Didn't know I was pregnant
- Doctor/insurer wouldn't start care earlier
- Not enough money/insurance to pay
- Couldn't get appointment when wanted

Less common but still important barriers included being unable to take off time from work, not having transportation to get to the care they needed, and not being able to find anyone to take care of their children. Barriers reported by Minnesota mothers are similar to those described across geographies and are well-documented in the literature.[2] Though some of the barriers identified are personal, many, such as the inability to get an appointment when wanted, are structural or systemic and could be modified to improve accessibility.

Figure 2. Barriers to Prenatal Care in Minnesota among women who didn't get it as early as they wanted, 2012-2017



Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS)

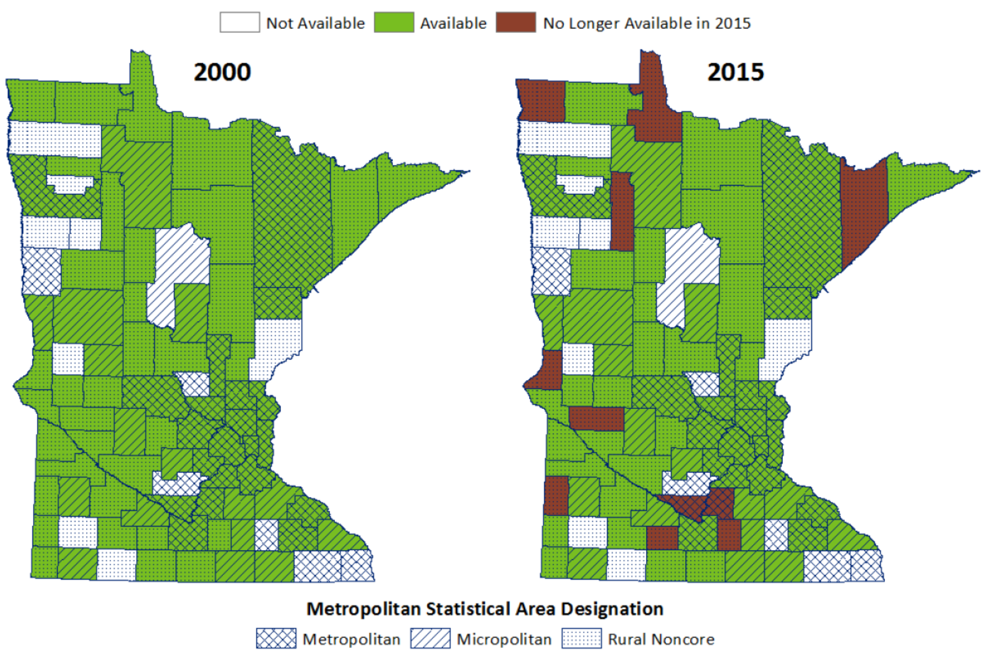
Prenatal care is critical as women can be screened for common complications during pregnancy, such as preeclampsia and gestational diabetes, and receive timely, appropriate care to treat these conditions. Screening for infections during pregnancy, such as CMV and Zika, is important as well as these infections left untreated could lead to numerous congenital health effects for the baby including vision loss, brain malformations, miscarriage, or stillbirth. Appropriate treatment of health conditions can improve the chance of giving birth to babies that are full term and a healthy weight. Prenatal health includes the birthing experience, such as selecting the best birthing environment and doula support for a woman's needs, whether it be a birthing center for low risk pregnancies or a hospital with obstetric services.

Also important is access to care during preconception (i.e. the period of time of a woman's life prior to getting pregnant) and periconception (i.e. the period of time during which a woman is actively trying to become pregnant) to ensure great health for women and a future healthy pregnancy. Altering certain habits, such as quitting smoking, achieving a healthy weight, or managing diabetes, can help a woman to become pregnant more easily and sustain a healthy pregnancy. Maintaining good health prior to getting pregnant and getting good care for any health issues can reduce the risk of early miscarriage and birth defects through genetic counseling and daily supplementation of folic acid, management of health conditions, and avoiding substance use. Women struggling with fertility issues can benefit from intensive reproductive care to improve the odds of successful conception and gestation.

Focus on Health Equity

The Rural Health Research Center at the University of Minnesota published a comprehensive rural hospital study and found mothers living in rural areas are at higher risks of pregnancy complications including preterm birth, out of hospital birth, and giving birth in a hospital without obstetric services.[3] Giving birth in a hospital without obstetric services can lead to higher rates of hemorrhage, emergency surgery, and maternal death.[4] Between 2000 and 2015, the number of community hospitals offering birth services in Minnesota in rural counties fell 37 percent compared to just 4 percent of loss of services in metropolitan counties.[5] There has been an increase in anxiety among expectant mothers when the Grand Marais and Ely hospitals stopped providing labor and delivery services in the summer of 2015.[6] More rural hospitals are planning to cease offering birth services by 2020, further deepening disparities seen in access to prenatal and birth care.

Figure 3. Hospital Birth Services Availability by County, 2000 and 2015



Source: Minnesota Health Economics Program Analysis of Hospital Annual reports; U.S. Census Bureau (County Designations)

Among mothers living in Greater Minnesota, 44 percent experienced at least one barrier to prenatal care.[3] Barriers can be related to finances, transportation, health insurance, and ability to take time off work. Women with lower incomes are at a greater risk of experiencing multiple barriers to care.

The disparities between reproductive health care received by mothers are impacted by their race and ethnicity as well. American Indian women are least likely to receive prenatal care and are at the highest risk of giving birth prematurely to a low birthweight baby in Minnesota.[7] In addition to racial and ethnic identity, education can impact access to reproductive and maternity care. Women who have higher levels of education are more likely to initiate prenatal care in the first trimester and receive adequate prenatal care.[8]

Additional Considerations

Access to Comprehensive Reproductive Health Services

Reproductive health supports the health of women and men across the lifespan through STI testing and treatment, cancer screenings, intimate partner violence screenings, and access to abortion services. Limited access to comprehensive reproductive health services and abortion can result in increased morbidity, mortality, and health disparities between women of different races.[9] Access to safe abortion services requires trained physicians and providers willing to offer abortion in a timely manner. Rates of unintended pregnancy, which is independently associated with numerous negative health outcomes for mother and baby, are higher in areas without access to reproductive health services. Furthermore, rates of abortion do not decrease when abortion access is limited rather the rate of unsafe abortions performed outside of a medical setting increase in the absence of trained medical providers.[9]

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment Team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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