

N.C. PRAMS FACT SHEET

June 2005



Barriers to Prenatal Care

2003 N.C. Pregnancy Risk Assessment Monitoring System (PRAMS)

→ The objective of prenatal care is to monitor and improve the health of the pregnant mother and her baby.

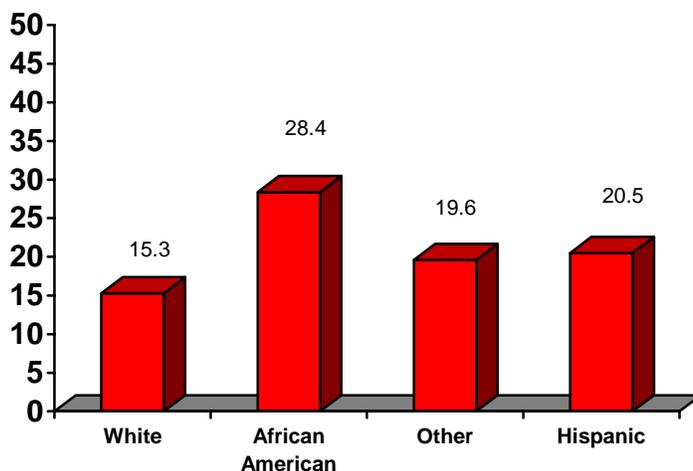
→ Getting early and regular prenatal care is crucial because it allows the health care provider the chance to find problems early so they can be treated as soon as possible. According to the Centers for Disease Control and Prevention, nearly one-third of American women who give birth every year will have some kind of pregnancy-related complication. Those who do not get adequate prenatal care run the risk that such complications will go undetected or will not be identified soon enough. This can lead to potentially serious consequences for both the mother and her baby.

→ During prenatal visits, the health care provider teaches the woman about pregnancy, monitors any medical conditions she may have, tests for health problems with the mother and baby, and refers the woman to needed services such as a support group, childbirth class, or the WIC program.

→ The percentage of women who reported that their first prenatal care visit occurred during the first trimester has remained relatively stable from a low of 74.8 percent in 1997 to a high of 80.8 percent in 2001.

→ This is still below the Healthy People 2010 target of 90 percent of women beginning prenatal care during the first trimester.

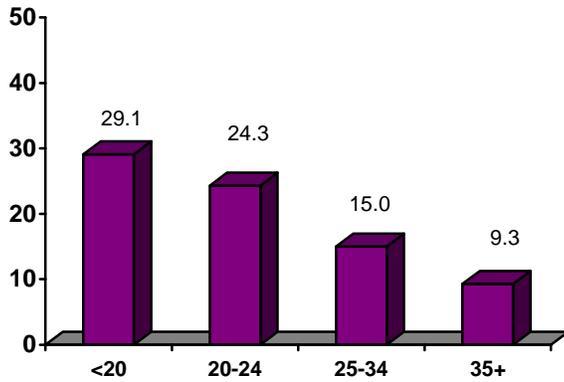
Percentage of women reporting a barrier to prenatal care, by race/ethnicity: N.C. PRAMS, 2003



– Overall, 18.4 percent of mothers reported a barrier to obtaining prenatal care.

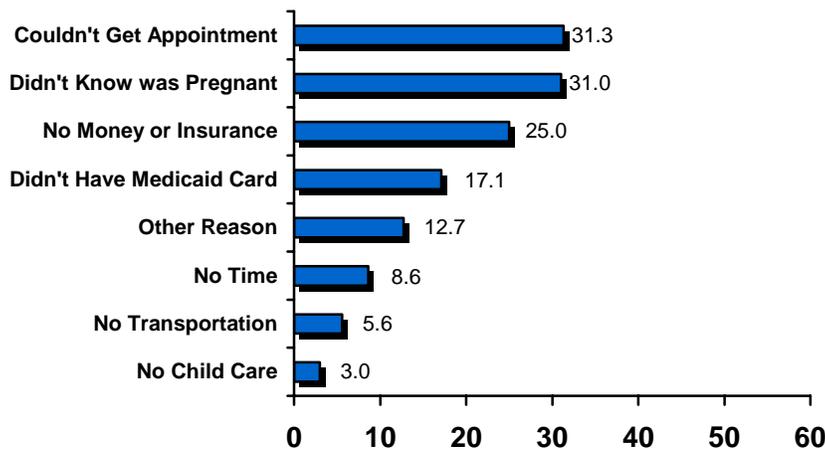
– African American mothers (28.4%) were significantly more likely to report a barrier than white mothers (15.3%). Hispanic mothers were also more likely to report barriers to obtaining prenatal care (20.5%), compared to whites.

Percentage of women reporting a barrier to prenatal care, by age: N.C. PRAMS, 2003



– Younger mothers were more likely to report barriers to obtaining prenatal care. Mothers under the age of 20 were significantly more likely to report barriers compared to the 25-34 and 35+ age groups.

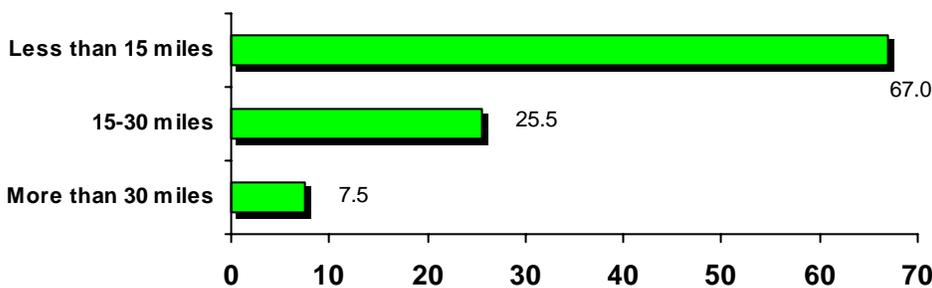
Percentage of women reporting selected barriers to prenatal care: N.C. PRAMS, 2003 *



– The most common reasons that kept mothers from getting prenatal care as early as they wanted were “I couldn’t get an appointment earlier in my pregnancy” (31.3%), “I didn’t know I was pregnant” (31%), and “I didn’t have enough money or insurance to pay for my visits” (25%).

* A woman may report more than one reason.

Percentage of women reporting certain travel distances to receive prenatal care: N.C. PRAMS, 2003



– Mothers were asked, “How far did you travel (one way) to receive prenatal care?”

– The majority of mothers (67%) traveled less than 15 miles.

– Mothers over the age of 35 (10.9%) and Hispanic mothers (10.1%) were the most likely to travel over 30 miles. White mothers were also more likely to travel over 30 miles (8.7%) compared to African American mothers (3.6%).*

* Due to small numbers, these percentages should be interpreted with caution.

What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state-specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement vital records by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Currently conducted in 29 states and New York City, PRAMS covers 60% of U.S. births.

NC PRAMS is a random, stratified, monthly mail/telephone survey of North Carolina women who recently delivered a live-born infant. Data collection began in North Carolina on July 1, 1997, providing us with 6 months of data for 1997. Since 1997, PRAMS data have been collected every year. Each month around 200 women are selected from the Provisional Live Birth File and are interviewed approximately 3-6 months after giving birth. All estimates are weighted to reflect the entire population of North Carolina women who gave birth in each year.

