



## First Trimester Prenatal Care Utilization Clark County and Washington State, 1997 through 2006

**Why it matters:**

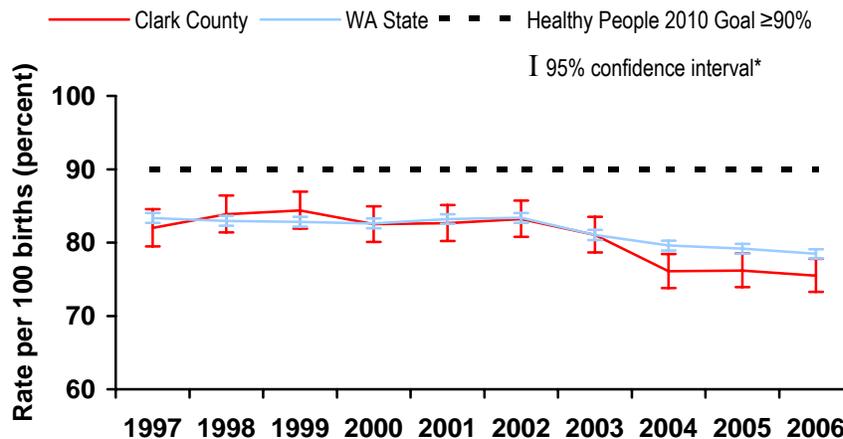
Prenatal care (PNC) throughout pregnancy increases opportunities for improving the long-term health of mothers and their infants, thereby contributing to a healthier society and lower financial burden to families and taxpayers.<sup>1</sup>

**Status:**

- In 2006, 76% of pregnant women in Clark County obtained prenatal care in the first trimester, which is considered early prenatal care. This is a significant decline since the 2002 rate of 83%.<sup>2,3</sup>
- Clark County's rate of 76% early entry into prenatal care is slightly lower than Washington's rate or 79%.<sup>2,3</sup>
- Disparities exist between women on Medicaid, where only 60% received early prenatal care, and women who are not on Medicaid, where 87% received early prenatal care.<sup>4</sup>
- Both Clark County and Washington State fell short of the national target that 90% of all pregnant women have ongoing prenatal care starting in the first trimester.<sup>8</sup>

**What we can do:**

- Support programs that remove financial obstacles to women's access to early prenatal care.<sup>1</sup>
- Support culturally appropriate prenatal care services.<sup>1</sup>
- Support efforts to ensure an adequate supply and geographic distribution of diverse providers to provide prenatal care.<sup>1</sup>
- Promote and support women's participation in Family Planning clinics, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Maternity Support Services (MSS). Participation in these programs increases the likelihood of receiving timely and adequate prenatal care.<sup>6,7,8</sup>



Year	Clark County			Washington State		
	% with 1st Tri. PNC	95% CI*	Number with 1st Tri. PNC	% with 1st Tri. PNC	95% CI*	Number with 1st Tri. PNC
1997	82.0	(79.5, 84.6)	4,046	83.4	(82.7, 84.0)	59,140
1998	83.9	(81.4, 86.4)	4,277	83.0	(82.3, 83.6)	59,655
1999	84.4	(81.9, 86.9)	4,349	82.8	(82.2, 83.5)	59,628
2000	82.5	(80.1, 85.0)	4,451	82.6	(82.0, 83.3)	61,700
2001	82.6	(80.2, 85.1)	4,390	83.2	(82.5, 83.9)	60,771
2002	83.2	(80.8, 85.7)	4,360	83.4	(82.7, 84.0)	60,076
2003	81.1	(78.6, 83.5)	4,270	81.1	(80.4, 81.8)	52,885
2004	76.1	(73.8, 78.4)	4,179	79.6	(78.9, 80.3)	53,367
2005	76.2	(73.9, 78.5)	4,254	79.2	(78.5, 79.8)	54,648
2006	75.5	(73.3, 77.8)	4,332	78.5	(77.8, 79.1)	59,518

\*If two confidence intervals overlap, there is generally no significant difference between these rates.

Please see reverse side for sources.





Sources: (1) Washington State Department of Health. (July 2002). *The Health of Washington State. Prenatal Care*. Olympia, WA. Retrieved January 2008 from <http://www.doh.wa.gov/hws/HWS2002.htm>. (2) *Vital Registration System, Annual Statistics Files, Births 1980-2006*. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (3) Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. (1991-2008). *VistaPHW 7.2.0.0*, 2007 [Computer software for public health assessment]. Seattle, WA. (4) Washington State Department of Social and Health Services, Research and Data Analysis. (2007, November) *Prenatal Care by Medicaid Status for Washington Women with 2006 Births*. Olympia, WA: Washington State Department of Social and Health Services. (5) U.S. Department of Health and Human Services. (January 2000). Maternal, Infant, and Child Health, Objective 16-6: Increase the proportion of pregnant women who receive early prenatal care, beginning in the first trimester of pregnancy to 90%. In *Healthy people 2010*. (Conference Edition, in Two Volumes, p. 16-27). Washington, DC: U.S. Government Printing Office. (6) Jamieson D, & Bhescher P. (1992, September/October). The effect of family planning participation on prenatal care use and low birth weight. *Family Planning Perspectives*, 24 (5), 214-218. (7) Rush D. et al. (1988). Historical study of pregnancy outcomes. *American Journal of Clinical Nutrition*, 48, 412-28. (8) Farow D, Baldwin L, Cawthon ML, & Connell F. (1996). The impact of extended maternity services on prenatal care use among Medicaid women. *American Journal of Preventive Medicine*, 12 (2), 103-107.



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