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**Prenatal Care in Utah: Executive Summary**

Improvement in Access, but Persistent Gaps by Mothers’ Race, Ethnicity, and Nativity Status

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**Introduction**

Developed at the turn of the 20th century, prenatal care is seen as one of the most important advances in obstetrics in the 20th century and its importance in reducing the incidence of fetal death is widely established (Healy et al. 2006). Prenatal care (PNC) visits provide a setting and context for education on pregnancy, delivery and infant care, and detection and treatment of medical conditions that may impede healthy pregnancy and delivery. Most medical experts maintain, therefore, that adequate PNC allows for prevention of pregnancy and delivery complications, and reduction of risk of low birth weight and other post-natal health problems. In this study, we examine the determinants of prenatal care utilization among Utah mothers, seeking to delineate whether race, ethnicity, immigrant status, and a range of socio-demographic characteristics influence mothers’ risks of receiving less than adequate prenatal care.

**Prenatal Care in Utah**

As Utah attains the status of a new immigrant destination, and as its demographics shift toward greater racial, ethnic, and cultural diversity, systems of healthcare delivery will face the challenge of reaching and serving an increasingly diverse body of patients. Ensuring the health of newborns in the state is a crucial step toward ensuring the health of the state’s future population.

Our analyses of state birth records from 2000 to 2005 reveals that certain subgroups of mothers remain at risk of receiving inadequate prenatal care – in particular mothers with low levels of education, those who are unmarried or teenagers at the time of birth, and those who are outside of the labor force at the time of their pregnancy (and hence likely to lack insurance coverage and personal income). These factors point to the importance of informational, social, and socioeconomic resources for mothers as they attempt to seek care during pregnancy. Race, ethnicity, and immigrant status have significant effects on prenatal care utilization in the state, independent of other maternal characteristics. We find that, controlling for education, marital status, and other individual and neighborhood level factors, racial ethnic minority women, in particular American Indians, African Americans, and Latinas, are more likely than non-Hispanic white women to receive inadequate prenatal care.

Immigrant women constitute a growing proportion of mothers giving birth in Utah in recent years. Their utilization of prenatal care, and their subsequent perinatal health outcomes, presents a mixed picture. After controlling for certain individual background factors, we find that immigrant women, both Hispanic and Non-Hispanic, fare better than non-white minorities with respect to prenatal care utilization in the study period. This suggests that the social and economic barriers to healthcare are pronounced not only among newcomers, but among long resident, socially marginalized groups, in particular American Indians and African Americans.

While PNC adequacy standards have been widely adopted in the field of obstetrics, recent research indicates that despite improved access to prenatal care, racial-ethnic minority women, as compared to non-Hispanic whites, often continue to be at greater risk of most types of pregnancy complications and perinatal mortality (Healy et al. 2006). Healy and colleagues conclude that increased accessibility to early prenatal care has not had the positive effect on minority communities that was anticipated, and hence they suggest developing novel and appropriate strategies to reach minority women so as to reduce their levels of birth complications and perinatal mortality. Thus, for the state of Utah and its healthcare providers to best ensure maternal and infant health across the state’s racial, ethnic, and socioeconomic spectrum, existing gaps in prenatal care access should be addressed, as well as the social, cultural, and economic differences that divide these populations and influence their receipt of care.

The full report will be posted on the CPPA website www.cppa.utah.edu soon.

**References**
