Prenatal Care in Alaska

Inadequate prenatal care, including late initiation of care, infrequent prenatal visits, or no care at all, is associated with poor infant and maternal outcomes. Good prenatal care includes screening for risk factors, providing prenatal counseling, and promoting healthy behaviors. Prenatal care is tracked by data reported on birth certificates. These data may not reflect actual receipt of prenatal care, because of recall bias or women may not consider some care (e.g., that delivered by a community health aide) to constitute reportable prenatal care. Additionally, no measure of prenatal care quality or services delivered during prenatal care are available. For these reasons, data presented below should be interpreted with caution.

**Seriousness**

*Healthy People 2010 Targets and National Data*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska (2004)*</th>
<th>Nation&lt;sup&gt;+&lt;/sup&gt;</th>
<th>Healthy People 2010*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of women receiving prenatal care in the 1st trimester</td>
<td>81.1%</td>
<td>83.9%&lt;sup&gt;*&lt;/sup&gt; (2004)</td>
<td>≥ 90.0%</td>
</tr>
<tr>
<td>Proportion of women receiving at least adequate prenatal care</td>
<td>63.3%</td>
<td>74.6% (2002)</td>
<td>≥ 90.0%</td>
</tr>
</tbody>
</table>

- Alaska has made some progress toward achieving the Healthy People 2010 goals for early or adequate prenatal care – but both of these measures remain well below the 90% targets.

- The proportion of Alaskan women receiving prenatal care in the first trimester was slightly lower compared to all U.S. women.

- The proportion of Alaskan women receiving adequate prenatal care was significantly lower compared to all U.S. women.

**Severity**

The National Committee for Quality Assurance (NCQA) is a non-profit organization that uses data from 262 commercial health plans to track health care quality. Their data indicate that in 2001, infants of mothers who received no prenatal care had a mortality rate of 34.8 per 1,000 live births, compared to an infant mortality rate of only 6.2 per 1,000 among mothers who initiated prenatal care in the first trimester. 25.6% of women who did not receive prenatal care delivered preterm infants - nearly three times the rate of women who received even a minimum amount of prenatal care.

**Urgency**

- The percent of Alaskan women reported receiving adequate prenatal care declined during 1991—2004. During the same period, the percent of women who began prenatal care in the first trimester remained well below the Healthy People 2010 goal. (Figure 1)

- Nearly 1 in 3 Alaskan women who delivered an infant received less than adequate prenatal care and nearly 1 in 7 received inadequate care or no care at all. (Figure 2)
Barriers to Prenatal Care

- Analysis of the 2005 Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) data indicated that 12.5% of mothers of newborns say their physician or health plan would not start prenatal care as early as they wanted, or they could not get an appointment as early as they wanted. In 2004 the percentage was 14.8.

Prenatal Counseling

- In 2004, of the women who smoked 3 months prior to pregnancy, and were talked to about the effects of smoking by a prenatal health care provider, 58.5% still smoked during the last 3 months of pregnancy. In 2005, that percentage was 53.9%, not a statistically significant decrease.†

- In 2004, of the women who recently had a live-born infant and received prenatal care, 80.3% reported that they had been advised by their prenatal health care provider not to drink alcohol during their pregnancy. In 2005 that percentage was 79.5%, not a statistically significant decrease.†

Disparities

Maternal race and age are associated with disparities in prenatal care utilization in Alaska. Differences in prenatal care indicators for Alaska Natives may be partially explained by variation in the continuity of care for village residents. Utilization of several providers during the pregnancy may not be recorded accurately on the birth certificate.1

- In 2004, birth certificate data indicated that Alaska Natives received early and adequate prenatal care less often than non-Natives. Non-natives had a higher prevalence of both early (84.5%) and adequate prenatal care (71.2%) as opposed to 70.9% and 41.9%, respectively, among Alaska Natives.2

Economic Loss

The National Committee for Quality Assurance estimates that every dollar spent on prenatal care results in expected savings of $3.33 for postnatal care and $4.63 in long-term morbidity costs (2004 $).3

Interventions & Recommendations

Early and adequate prenatal care may improve maternal and infant outcomes. In Alaska, the lack of improvement in prenatal care indicators has been recognized as a problem, particularly for Alaska Native women. Prenatal health care services must be available, accessible, affordable, and of high quality, including use of evidence-based interventions. The type of health care provider seen, insurance status, early recognition of pregnancy and ability to find prenatal care locally may affect the level of prenatal care coverage in a population.

Prenatal care providers should offer education and counseling that has been demonstrated to alter behaviors affecting maternal and infant health, as well providing evidence-based strategies for reducing risks and insuring a safe pregnancy and delivery.

Intervention Effectiveness

An important outcome of the Medicaid expansion effort has been a reduction of the number of uninsured deliveries in the United States. Improvement in indicators of prenatal health, such as early entry into prenatal care; participation in support services; and the number of providers serving low income women, have also been documented.4

Since many women who do not receive adequate prenatal care often have other risk factors related to poverty and young maternal age – factors which cannot be fully addressed through improved prenatal care – it is unlikely that increased use of prenatal care alone will significantly improve birth outcomes for many women.5

Capacity

Propriety

Assuring that women receive timely and adequate prenatal care falls within the overall mission of the section of Women’s Children’s and Family Health. Prenatal care is an important issue among the maternal and child health population – national initiatives have been set forth to address prenatal care objectives (HP2010) and the Maternal and Child Health Bureau requires that indicators related to
prenatal care (NPM#18 and HSCI#4) are monitored and assessed on a yearly basis.

**Economic Feasibility**
Economic feasibility has not been evaluated.

**Acceptability**
The public health community recognizes the decline in prenatal care indicators as an important issue.

**Resources**
Data: Alaska Bureau of Vital Statistics; Alaska PRAMS

**Programs:** Medicaid; WIC

**Legality**
Not an issue.

**References**


**Data Sources**


**Notes**

Prevalence estimates for PRAMS data are among women that delivered a live-born infant.

Adequacy of Prenatal Care Utilization (APCNU) is derived from an algorithm making use of two types of prenatal care information obtained from the birth certificate data – when prenatal care began and the number of prenatal visits from when care began until delivery. A more detailed explanation is available at http://www.hss.state.ak.us/dph/bvs/PDFs/2000/annual_report/Appendix_D.pdf