

Abstract

Access to prenatal care among vulnerable populations in the United States

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Background: Prenatal care initiation in the first trimester improve pregnancy and birth outcomes. Health Resources and Services Administration (HRSA) funded Health Centers (HC) provide primary care including prenatal services in underserved communities to over 500,000 pregnant women annually.

Objective: This study examined the prenatal care utilization and select HC organizational characteristics for maternal care provision.

Method: Data came from HRSA Uniform Data System (UDS), which contains organizational level data on patient sociodemographic status, services provision, workforce, and clinical quality measures (CQMs). We analyzed clinical care trends from 2016 to 2018 and compared organizational characteristics of clinics delivering prenatal care onsite to those by referral.

Results: Early entry into prenatal care CQM has declined from 74.1% (2016) to 73.8% (2018), which were lower than 77.1% reported in 2016 National Vital Statistics System. Over two years, we observed a 20% reduction in HCs providing prenatal care onsite. Among 60.3% of HC with onsite prenatal care, 37.3% were in rural as compared to 62.7% in urban settings. With regards to obstetrician/gynecologist and certified nurse midwives workforce, the mean FTE was 1.73 and 1.05 respectively among HC delivering care onsite as compared to 0.18 and 0.11 of those providing care by referral.

Conclusions: This study demonstrated the disparities in early prenatal care initiation among women from underserved communities. The distribution of health care providers is critical in maternal care provision. We need to identify interventions to increase key types and distribution of health care providers that will improve access to high quality prenatal care.

Provision of health care to the public Public health administration or related administration Public health or related public policy

