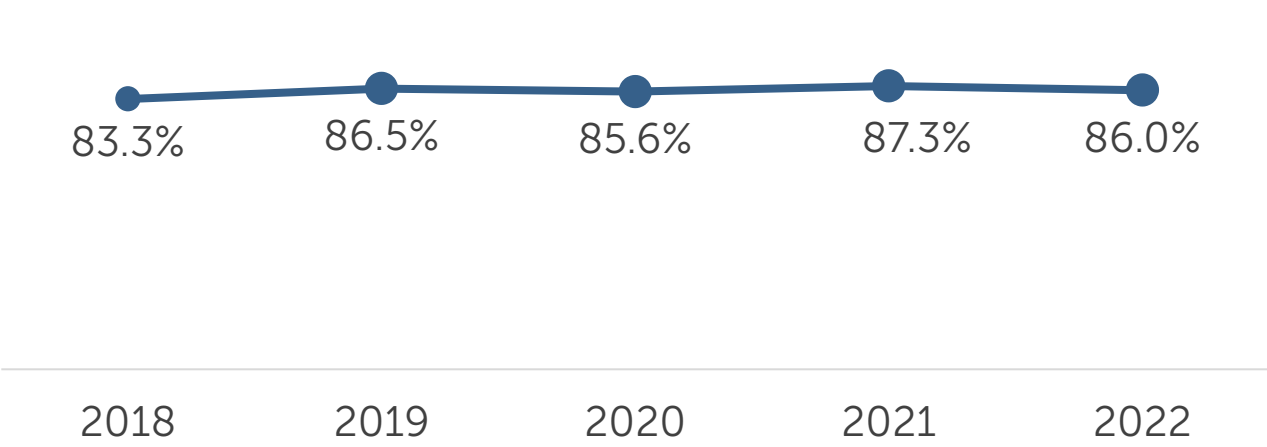


Prenatal Care

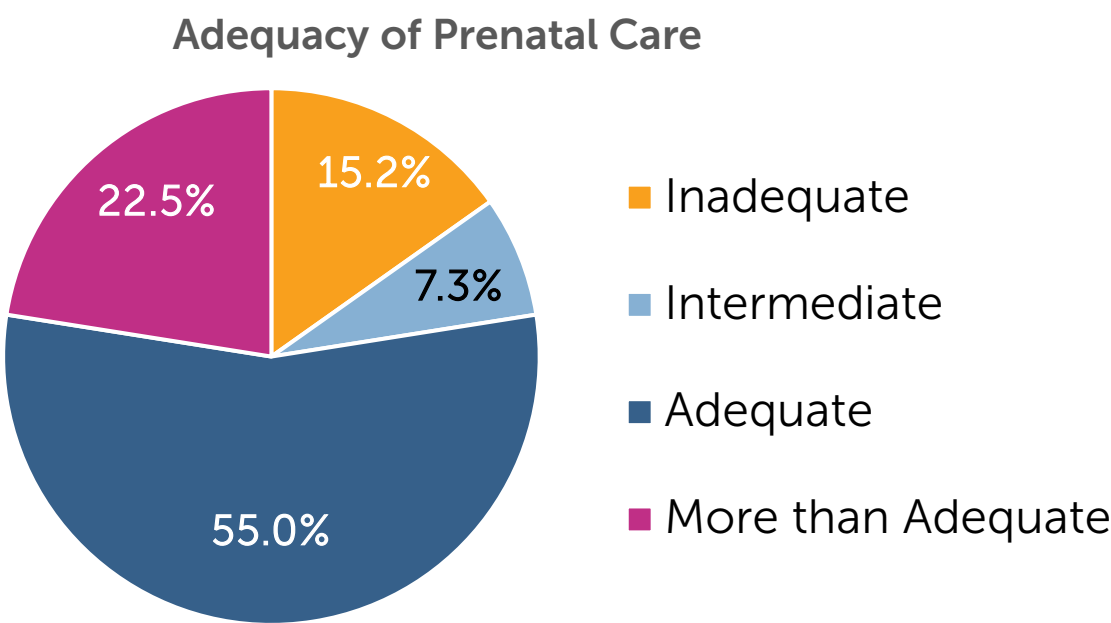
SD PRAMS, 2022

Prenatal care (PNC) visits are regular visits to a health care provider during pregnancy to check on the health of mother and baby and provide an opportunity for the provider to address questions. Early and regular prenatal care is important. It can prevent complications and inform mothers on steps to take for a healthy pregnancy.^a

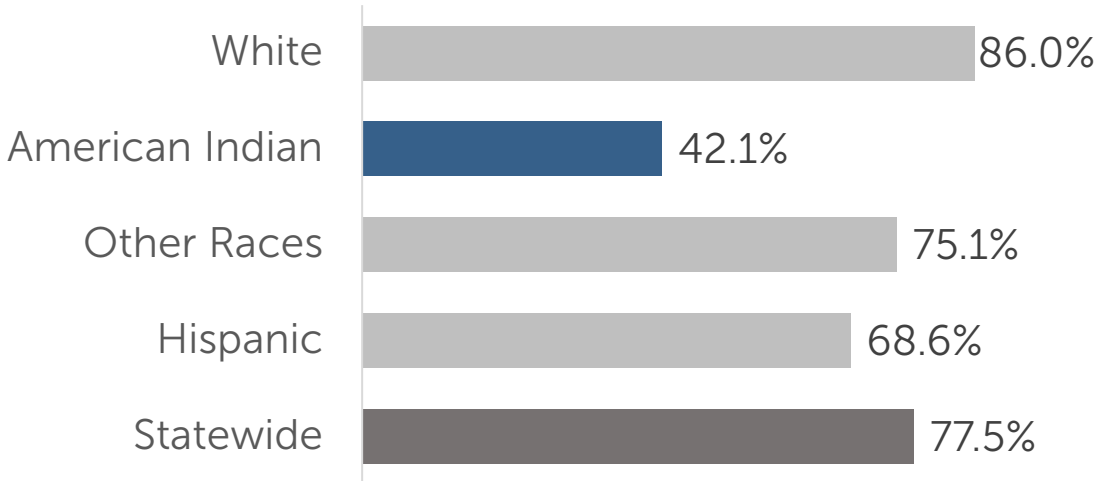
In the last five years, the percentage of mothers who began prenatal care in the first trimester has not changed over time.



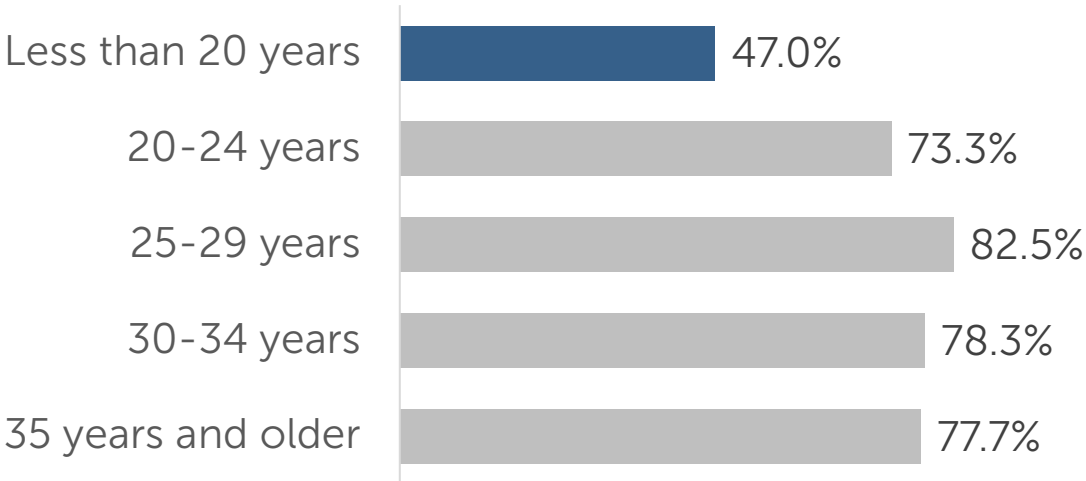
Adequate PNC, calculated by the Kotelchuck Index, is defined as care that starts in the first four months of pregnancy and attending at least 80% of the recommended PNC appointments.^b



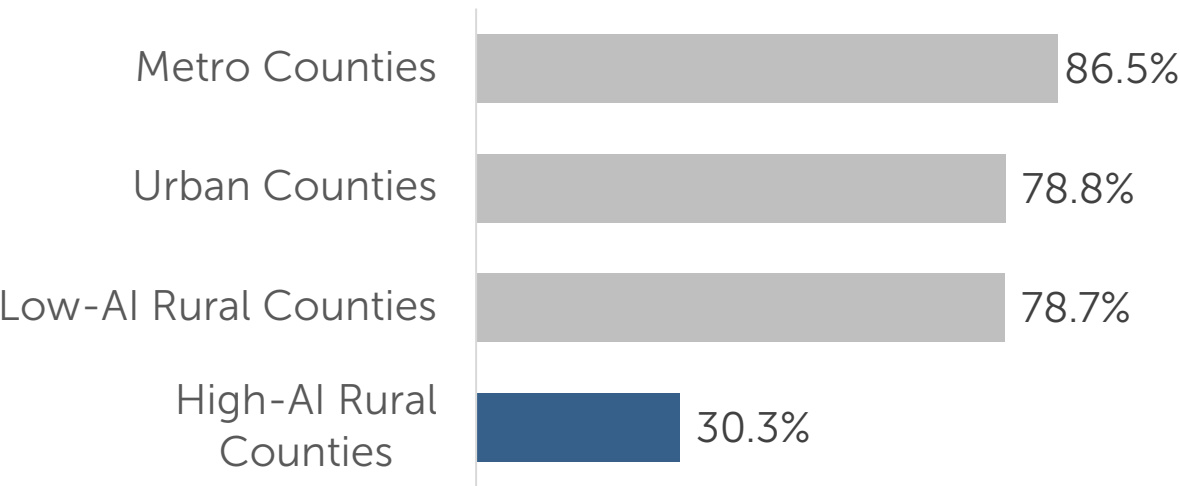
American Indian mothers had the lowest frequency of receiving adequate PNC (p<0.01)



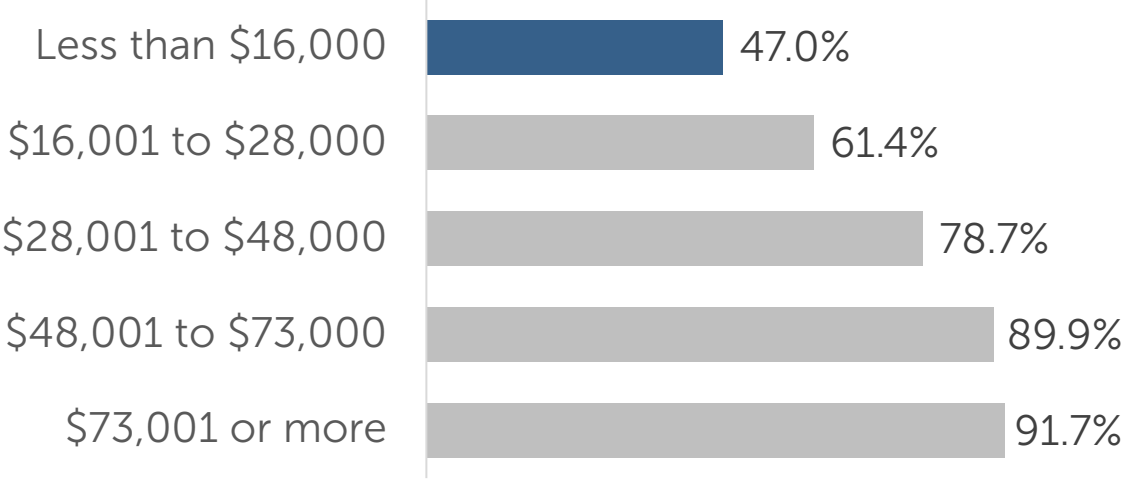
Mothers less than 20 years old had the lowest percentage of receiving adequate PNC (p<0.01) .



Mothers residing in a rural county with a high percentage of American Indians* had the lowest percentage of receiving adequate PNC (p<0.01).



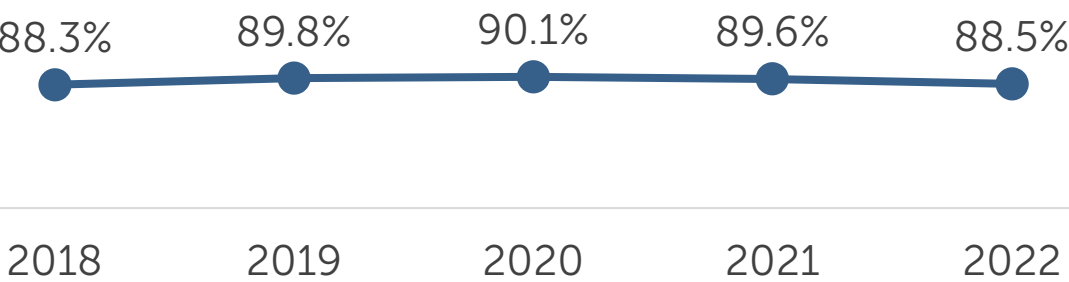
Mothers residing in households with income less than \$16,000 had the lowest percentage of receiving adequate PNC (p<0.01).



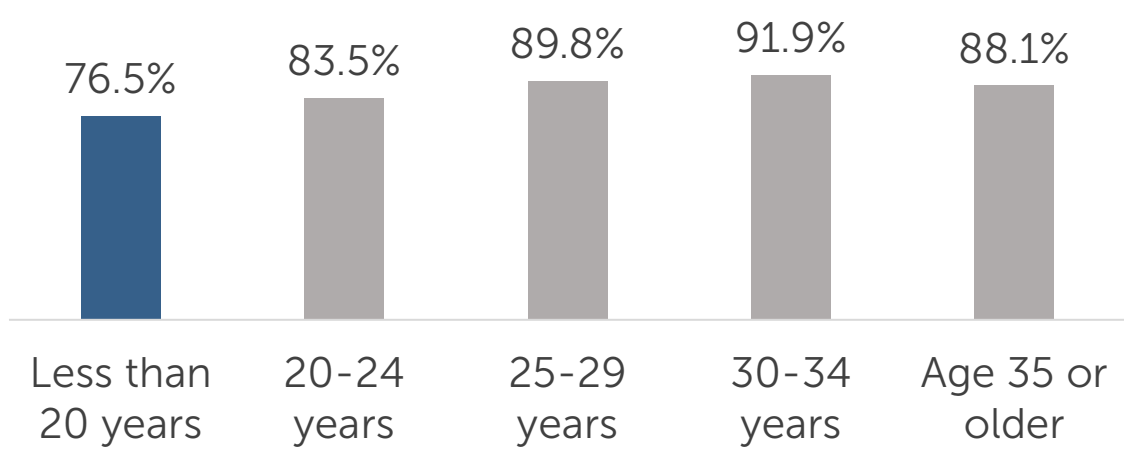
*Urban/Rural classification is based on Rural-Urban Continuum Codes (RUCC) developed by the USDA Economic Research Service. There are nine RUCC categories that have been combined to form three categories: Metro counties include a major city, urban counties have populations 5,000 to 20,000, and rural counties have populations less than 5,000. Rural counties are further divided into those having significant area belonging to an American Indian Reservation.

Prenatal care visits are important for the health of the baby and the mother. There are many reasons why a mother may not receive early PNC or be able to attend all visits. Barriers can be structural, socioeconomic, sociocultural, and personal.

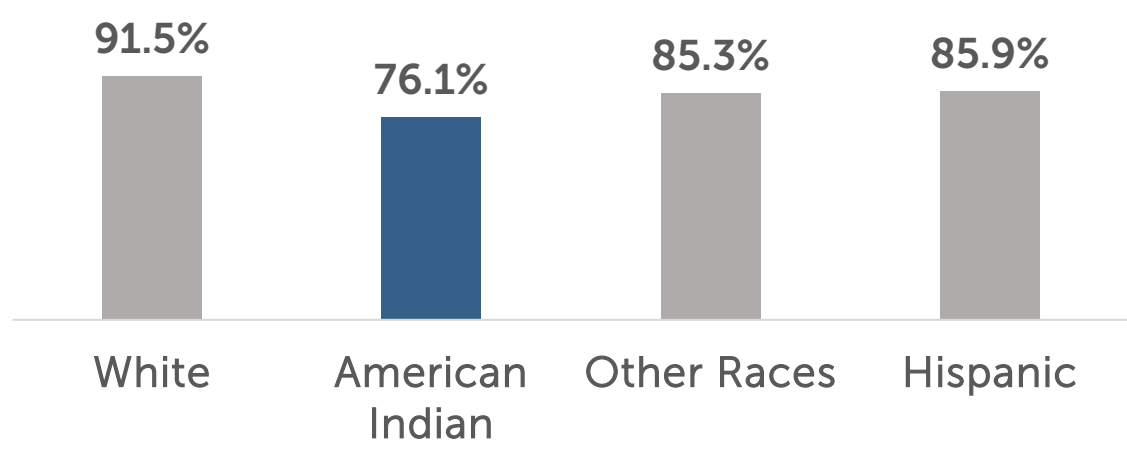
The percentage of mothers who started prenatal care as early as they wanted has not changed over time.



Younger mothers were less likely to report having PNC as early as desired (p<0.05).*



American Indian mothers were less likely to report having PNC as early as desired (p<0.05).*

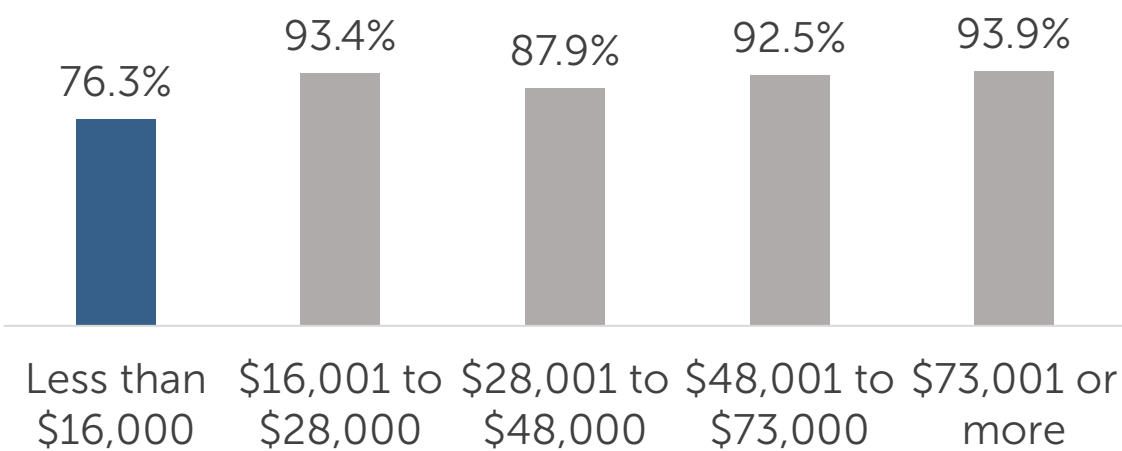


11.5% of mothers said they did not start PNC as early as they wanted

Top barriers among women not getting PNC as early as desired:

▪ Could not get an appointment	41.0%
▪ Did not know she was pregnant	33.2%
▪ Had too many other things going on	24.8%
▪ Health plan would not start as early as wanted	23.7%

Mothers with a household income of less than \$16,000 were less likely to report having PNC as early as desired (p<0.0001).*



*Among mothers that received prenatal care.

Percentage of mothers who reported receiving information on the following topics during a PNC visit:

▪ Use of prescription medication	97.7%	▪ Postpartum birth control	83.1%
▪ Smoking	96.9%	▪ Use of illegal drugs	80.8%
▪ Drinking alcohol	96.3%	▪ Emotional or physical abuse	79.4%
▪ Breastfeeding	92.7%	▪ Weight gain during pregnancy	50.9%
▪ Symptoms of depression	87.5%	▪ HIV Testing	47.0%

a. Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017). *What is Prenatal Care and Why is it Important*. Retrieved from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

b. Kotelchuck M. An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. *Am J Public Health*. 1994 Sep;84(9):1414-20. doi: 10.2105/ajph.84.9.1414. PMID: 8092364; PMCID: PMC1615177. <https://pubmed.ncbi.nlm.nih.gov/8092364/>

