



Early Prenatal Care in Florida, 2000-2001

Prenatal care in the first trimester of pregnancy (early prenatal care) can allow for the identification and treatment of health problems and health-compromising behaviors during the initial stages of fetal development. Early prenatal care can improve birth outcomes and lower healthcare costs by reducing the likelihood of complications during pregnancy and childbirth.

According to Florida PRAMS 2000 and 2001 survey data, 74.0 percent of pregnant women in Florida received prenatal care during their first trimester. Of the 89.7 percent of women who knew they were pregnant during their first trimester, 82.4 percent received early prenatal care, 17.6 percent did not. The prevalence of early prenatal care in Florida was:

- The highest among non-Hispanic White women (81.4 percent); 64.1 percent among non-Hispanic black women, and 67.9 percent among Hispanic women.
- Higher among women age 25 and older than among those age 24 and younger. In particular, 55.0 percent among women age 19 and younger, 67.0 percent among those age 20 to 24, 80.8 percent among women between the ages of 25 and 34, and 79.0 percent among those 35-years-old and older.
- Higher as education increased. In particular, 52.9 percent among women with less than a high school education, 70.9 percent among those with a high school education, and 85.1 percent among those with more than a high school education.
- Higher as annual household income increased. In particular, 60.8 percent among women with household incomes of \$15,600 or less, 75.3 percent among women with household incomes between \$15,601 and \$39,600, and 92.1 percent among those with household incomes over \$39,600.
- Lower among Medicaid recipients (58.2 percent) than among non-Medicaid recipients (85.6 percent).
- Higher among married women (81.6 percent) than among unmarried women (60.7 percent).
- Higher among women with intended pregnancies (84.2 percent) than among unintended pregnancies (62.1 percent).
- Higher among women with health insurance before pregnancy (87.0 percent) than among those who were uninsured before pregnancy (55.3 percent).
- Lower among victims of domestic violence before pregnancy (64.3 percent) than among non-victims (74.8 percent).
- Lower among women who smoked cigarettes before pregnancy (69.6 percent) than among those who did not smoke cigarettes before pregnancy (75.5 percent).

The prevalence of low birth weight infants among women who received early prenatal care (7.0 percent) was lower than among women who received no early prenatal care (8.3 percent). Although not statistically different, the prevalence of preterm births among women who received early prenatal care (8.8 percent) was lower than among women who received no early prenatal care (9.4 percent). The prevalence of breastfeeding among women who received early prenatal care (78.5 percent) was higher than among those who received no early prenatal care (69.4 percent).

This study shows that women who are less likely to get early prenatal care are non-Hispanic Blacks or Hispanics, are under the age of 25, have lower levels of education or income, are Medicaid recipients, are unmarried, smoke cigarettes, experience domestic violence, and/or have unintended pregnancies. The data underscore the associations between early prenatal care and low birth weight, preterm birth, and breastfeeding. These findings may assist healthcare providers in providing effective information for increasing the prevalence of early prenatal care.

The Florida Pregnancy Risk Assessment Monitoring System (PRAMS) is a random survey of recent mothers of live-born infants. It is designed to monitor the physical, economic, and social health of Florida mothers and newborns. PRAMS data are "weighted" so that the resulting estimates can be generalized to the entire state population. PRAMS data from 2000 and 2001 were combined to increase sample size and precision of estimates for this study.

Florida PRAMS is supported by grant number U50/CCU407145 from the Centers for Disease Control and Prevention.

For more information about Florida PRAMS, please contact Helen Marshall, PRAMS Coordinator, at (850) 245-4444, extension 2415, or by e-mail at: Helen_Marshall@doh.state.fl.us; or Curt Miller, Epidemiologist, extension 2407, or by e-mail at: Curt_Miller@doh.state.fl.us; or visit the department's web site at: http://www.doh.state.fl.us/disease_ctrl/epi/prams/prams.htm.