



Prenatal Care Utilization Differences by Payment and Provider Source

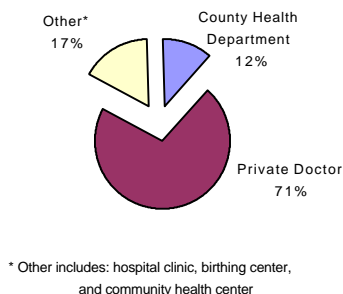
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PRAMS Report # 7

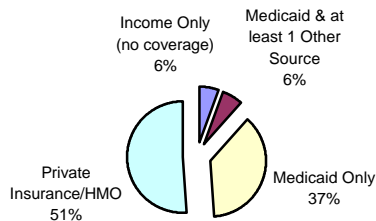
Findings at a Glance

PRAMS data for 1996 and 1997 were analyzed to examine differences in the adequacy of prenatal care utilization based on the payment source and type of provider used for prenatal care. There were statistically significant differences in adequacy of prenatal care utilization by payment type. Women who paid for their prenatal care using only Medicaid had the least adequate utilization of prenatal care. There was no statistically significant difference in the adequacy of prenatal care utilization by provider type after controlling for payment source for prenatal care, and Medicaid status before pregnancy.

Provider Source for Prenatal Care, 1996 and 1997



Payment Source for Prenatal Care, 1996 and 1997



Definition of Provider and Payment Source:

The following PRAMS questions were used (for a brief description of PRAMS, please see page 6): Where did you go **most of the time** for your prenatal visits? **Don't include visits for WIC. Check one answer.** (1) Hospital clinic (2) Health department clinic (3) Private doctor's office (4) Birthing center (5) Community health center and (6) other. We excluded the "other" response from the analysis because after analyzing the responses, it was clear that most of these responses were not valid. Hospital clinics, birthing centers and community health centers were grouped together and labeled as "other".

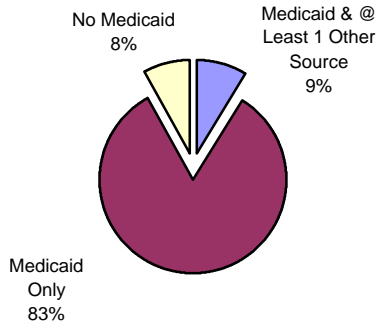
How was your prenatal care paid for? **Check all that apply.** (1) Medicaid (2) Personal income (cash, check or credit card) (3) Health insurance (4) Medipass (5) Private HMO (6) Other. Medicaid and Medipass are combined and are referred to as "Medicaid". Health insurance and using a private HMO were combined into one payment source. All categories are mutually exclusive. Women who paid using private insurance may have also used personal income as an additional source (for example, a co-payment). We excluded the "other" response from the analysis because after analyzing the responses, it was clear that most of these responses were not valid.

Results

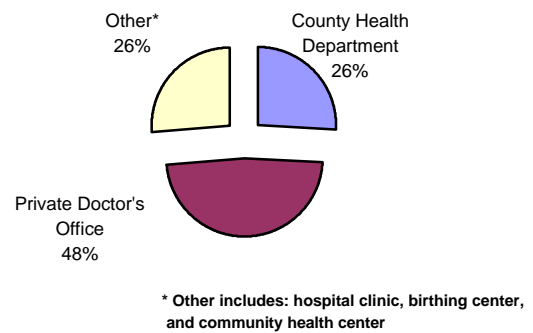
The majority of women (71%) reported they received their prenatal care from a private doctor's office and 51% of women paid for their prenatal care using private insurance or an HMO. The percentage of women who used only Medicaid to pay for their prenatal care was also large at 37%; 43% of women received at least part of their coverage through Medicaid.

Adequacy of Prenatal Care Utilization

Payment Source for Prenatal Care at County Health Department, 1996-97

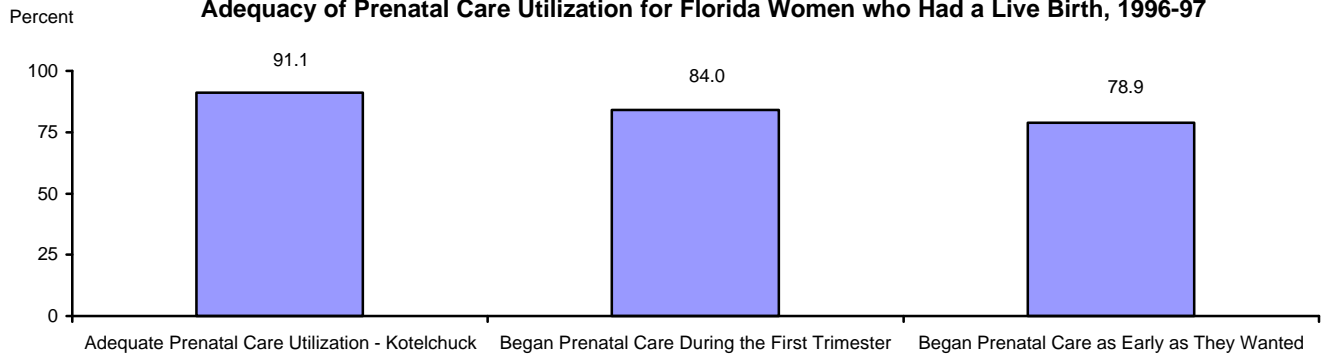


Prenatal Care Provider Source for Women who Paid with Medicaid Only, 1996-97



The majority (83%) of women who received their prenatal care at a county health department paid for their care with Medicaid only and 92% paid at least partially with Medicaid. This high percentage makes it necessary to separate the effects of paying with Medicaid only from the effects of receiving prenatal care at a county health department. On the other hand, the largest percentage (48%) of women who paid for their prenatal care with Medicaid only received their prenatal care at a private doctor's office.

Adequacy of Prenatal Care Utilization for Florida Women who Had a Live Birth, 1996-97



Definitions of Three Different Measures of Adequacy of Prenatal Care Utilization:

The first measure of adequacy of prenatal care utilization was calculated using the Kotelchuck index (see the reference given on page 6 for a complete description). It takes into account the number and timing of prenatal care visits.

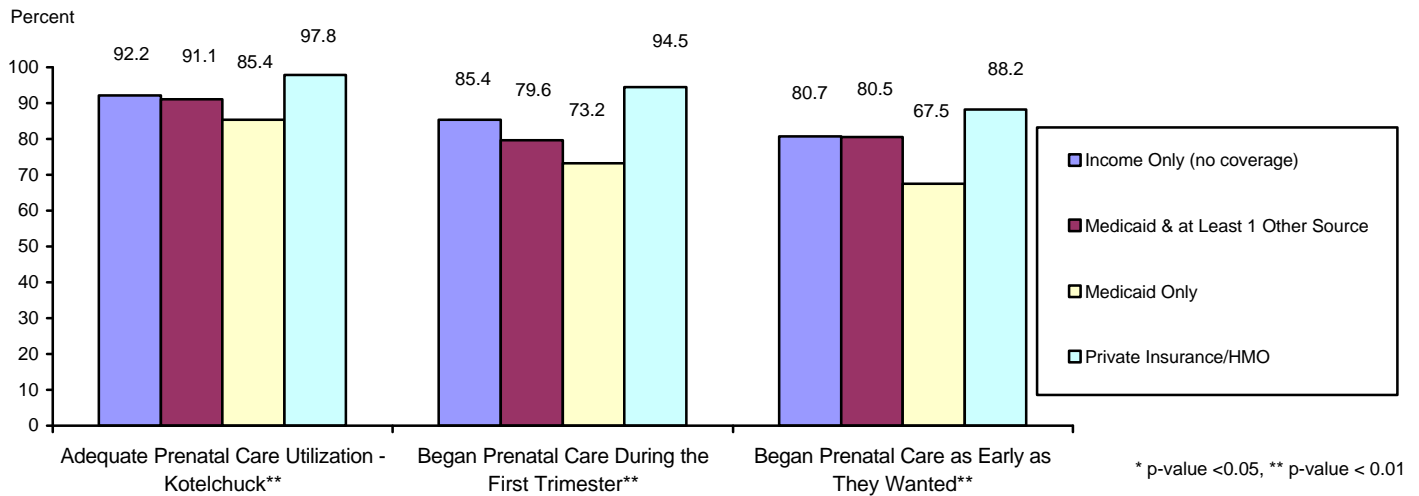
The percentage of women who began prenatal care during the first trimester is based on self-reported data. The PRAMS questionnaire asks women to list the number of prenatal care visits they had in each month of their pregnancy. The first month where the number of visits is greater than zero is the month prenatal care began.

We calculated the percentage of women who began prenatal care as early as they wanted based on responses to the PRAMS question:

Did you get prenatal care as early in your pregnancy as you wanted? (1) No (2) Yes (3) I did not want prenatal care. Only women who wanted prenatal care and answered the question were included in the analysis of this question.

Adequacy of Prenatal Care Utilization

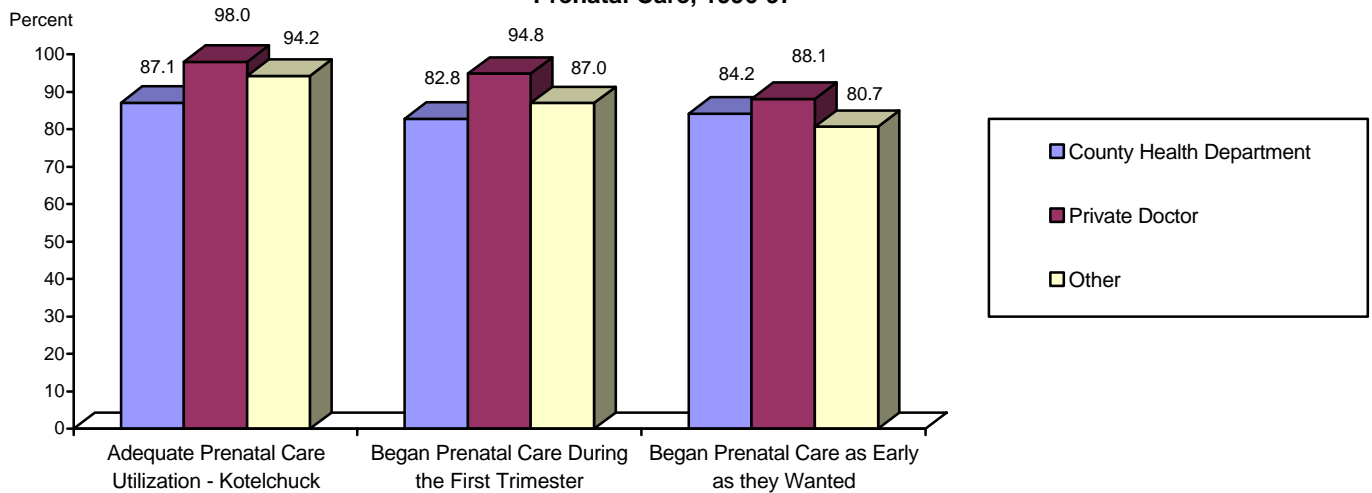
Percent of Women with Adequate Prenatal Care Utilization By Payment Source, 1996-97



Results

All three measures of adequacy of prenatal care utilization are statistically significantly different by payment source using the chi-square test. Women who paid for their prenatal care using only Medicaid had the lowest percentages of adequate prenatal care utilization based on all three measures, while women who had private insurance had the highest.

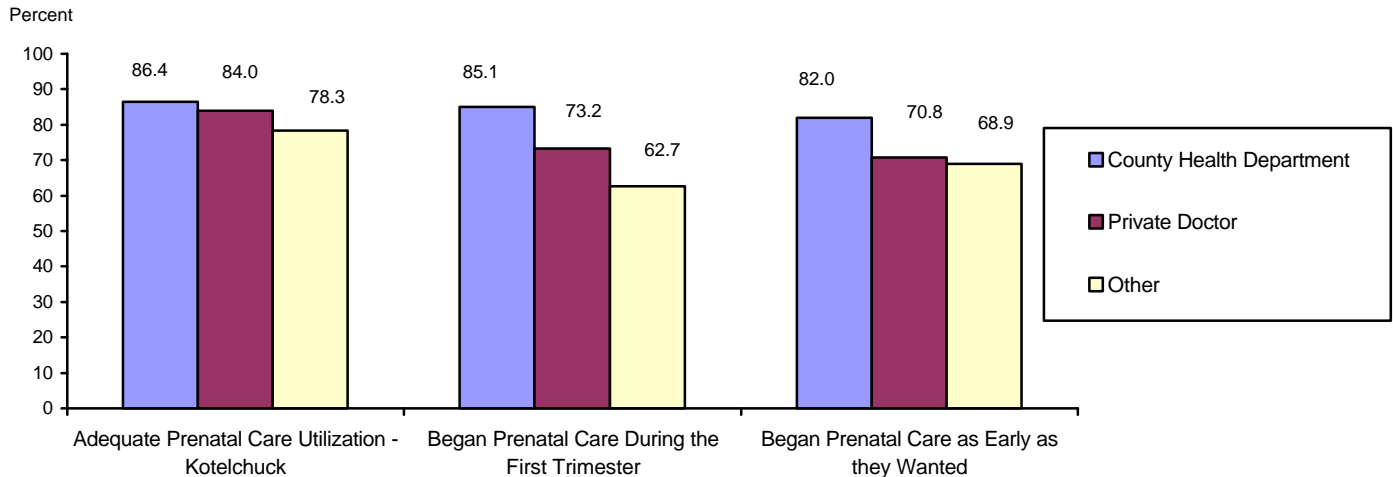
Percent of Women with Adequate Prenatal Care Utilization By Provider Source - Women Not On Medicaid Before Pregnancy and Did Not Use Any Medicaid to Pay for Prenatal Care, 1996-97



For women who were not on Medicaid before they were pregnant and did not use Medicaid to pay for prenatal care, there were no statistically significant differences in the three measures of adequacy of prenatal care utilization based on which provider they used. However, the percentage for adequacy of prenatal care utilization was higher, although not statistically significantly higher, for women who went to a private doctor, than for women who went to a county health department. These are women who paid for their prenatal care with income or private insurance or an HMO.

Adequacy of Prenatal Care Utilization

Percent of Women with Adequate Prenatal Care Utilization By Provider
Source - Women On Medicaid Before Pregnancy and Used Only Medicaid to Pay for Prenatal Care, 1996-97



Women who were on Medicaid before pregnancy and used Medicaid to pay for their prenatal care, who received their prenatal care at a county health department seemed to have a higher percentage of adequate prenatal care utilization, based on all three measures, than these same women who went to other providers. However, these differences by provider were not statistically significant (p -value < 0.05) based on the chi-square test. The p -value for the measure of adequacy of prenatal care utilization based on when prenatal care began was close to being statistically significant with a p -value of 0.08.

Summary

The percentage of women with adequate prenatal care utilization varies by payment source. Women who pay for prenatal care through private insurance or an HMO tend to have the highest percentages of adequate prenatal care utilization (88.2% or greater for all three measures of adequacy). Women whose only payment source is Medicaid have the lowest adequacy percentage (67.5, 73.2 and 85.4 for the three measures of adequacy). The situation is different when looking at adequacy of prenatal care utilization by provider type while controlling for payment source. For women who did not use Medicaid to pay for prenatal care, there was no statistically significant difference in the percentage of women with adequate prenatal care utilization for the three provider types (county health departments, private doctor and other). For women who were on Medicaid before they got pregnant and who paid for their prenatal care with Medicaid, the adequacy of prenatal care utilization percentage was highest for county health departments. However, with a p -value of 0.08 this difference was not statistically significant.

Program Implications

Women who are not on Medicaid who are eligible to receive Medicaid, should be encouraged to apply for Medicaid as soon as possible. Also, the application process should be made as easy as possible. Women who are on Medicaid need to be encouraged to attend all of their prenatal visits and to start them as early as possible.

References

Kotelchuck M. An Evaluation of the Kessner Adequacy of Prenatal Care Index and a Proposed Adequacy of Prenatal Care Utilization Index. **American Journal of Public Health** 1994; 84: 1414-1420.

PRAMS Overview

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint surveillance project between the Florida Department of Health and the U.S. Centers for Disease Control and Prevention. PRAMS is designed to monitor the physical, economic, and social health of Florida's mothers and newborns. PRAMS is a mail survey with telephone follow-up of a random sample of recent mothers of live-born infants, completed when the infant is approximately three months old. Minority and low birth weight infants are over-sampled. 5370 mothers were sampled in 1996 and 1997 with 4237 surveys completed, for a response rate of 78.9%. The results presented are weighted to reflect the total population of Florida mothers and infants, as non-respondents to the survey are somewhat different from respondents.

Adequacy of Prenatal Care Utilization

Detailed Tables

Measures of Adequacy of Prenatal Care Utilization By Payment Source

		Adequate PNC*		Began PNC During 1 st Trimester		Began PNC as Early as Wanted	
		%	95% CI*	%	95% CI	%	95% CI
All Women	Income Only (no coverage)	92.15	±5.00	85.43	±6.39	80.70	±7.33
	Medicaid & @ least 1 Other Source	91.06	±4.59	79.59	±6.84	80.53	±6.41
	Medicaid only	85.35	±2.51	73.23	±3.12	67.48	±3.31
	Private Insurance/HMO	97.80	±0.78	94.54	±1.35	88.20	±1.96

Measures of Adequacy of Prenatal Care Utilization By Provider Source

		Adequate PNC Utilization		Began PNC During 1 st Trimester		Began PNC as Early as Wanted	
		%	95% CI	%	95% CI	%	95% CI
Not on Medicaid Before Pregnancy and Did Not Use Medicaid to Pay for Prenatal Care	CHD	87.05	±17.46	82.79	±17.62	84.19	±17.05
	Doctor	97.96	±0.80	94.79	±1.37	88.07	±2.02
	Other	94.23	±4.14	86.95	±6.76	80.68	±8.21
On Medicaid Before Pregnancy and Used Medicaid Only to Pay for Prenatal Care	CHD	86.41	±8.23	85.05	±7.21	81.96	±8.17
	Doctor	83.96	±6.80	73.21	±7.72	70.75	±7.88
	Other	78.25	±9.68	62.70	±10.94	68.94	±10.41

*PNC – Prenatal care
 CI – Confidence interval
 CHD – County health department
 Other – Hospital clinic, birthing center, community health center

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