
CONNECTING THE DOTS SNAPSHOT

TIMELY PRENATAL CARE

Children's
Data Network

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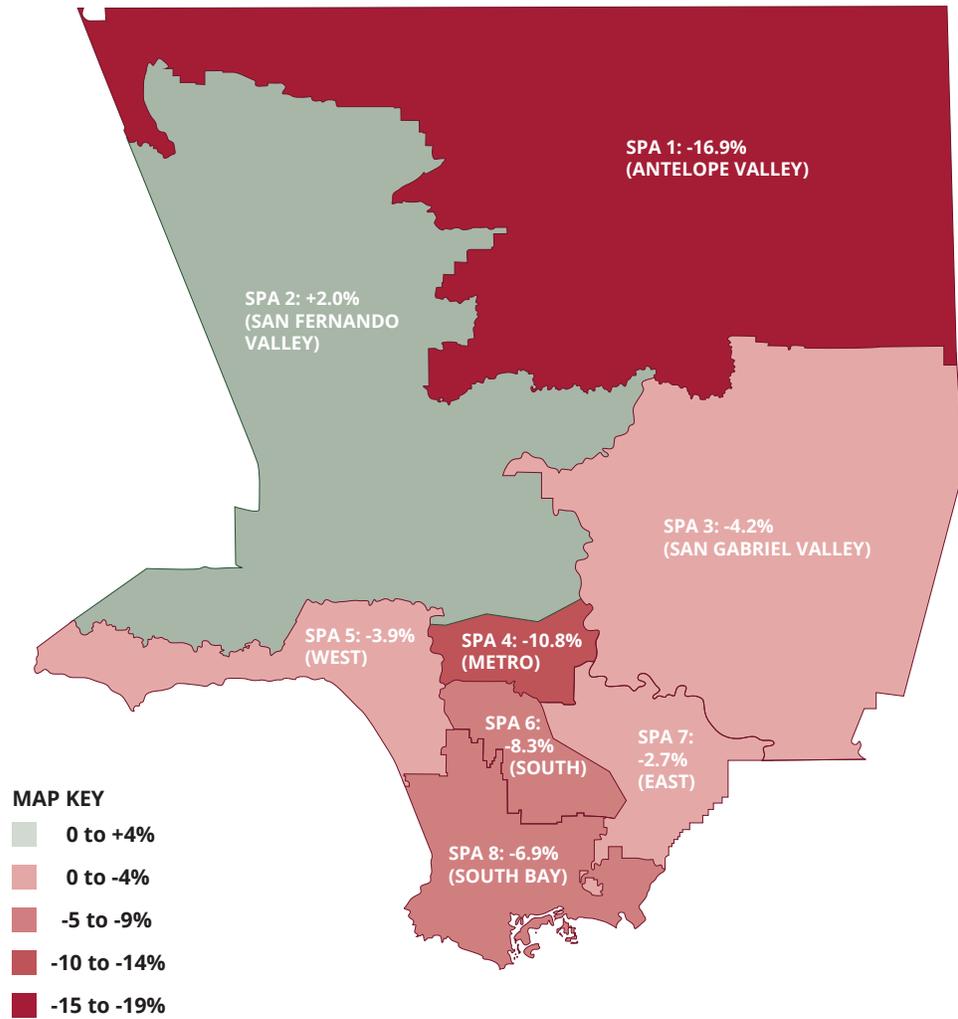
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TRENDS IN TIMELY PRENATAL CARE ACROSS LOS ANGELES COUNTY AND WHY IT MATTERS

- The percentage of births to women receiving prenatal care in their first trimester declined between 2002 and 2012 (most recent decade of birth records available), countywide and in all regions except the San Fernando Valley.
- Receipt of timely prenatal care declined for nearly every demographic group in nearly every region of L.A. County during this decade—and inequities persisted, with receipt remaining less common among births to teens, women of color (particularly African Americans), mothers with lower education levels, and mothers with public insurance, as well as births where paternity was not established.
- Why does it matter? Quality health care in the first trimester of pregnancy lowers the risk of complications including low birth weight and premature birth, a leading cause of infant death. Research shows that a healthy birth—followed by safe, nurturing relationships and environments—sets children on a path toward good health into adulthood.
- The policy and program landscape has changed dramatically since 2012, with a new federal health care system and many promising community programs launched or expanded in the last five years. As subsequent years of data become available, the impact of these changes may be reflected in the data, revealing improvements in access to prenatal care.
- Given the uncertain future of health care programs at the federal level, it is important to ensure that recent improvements are maintained and that services to support healthy births continue to be a priority.



**PERCENTAGE CHANGE IN BIRTHS TO MOTHERS RECEIVING
TIMELY (FIRST TRIMESTER) PRENATAL CARE FROM 2002 TO 2012
BY SERVICE PLANNING AREA (SPA) IN LOS ANGELES COUNTY**

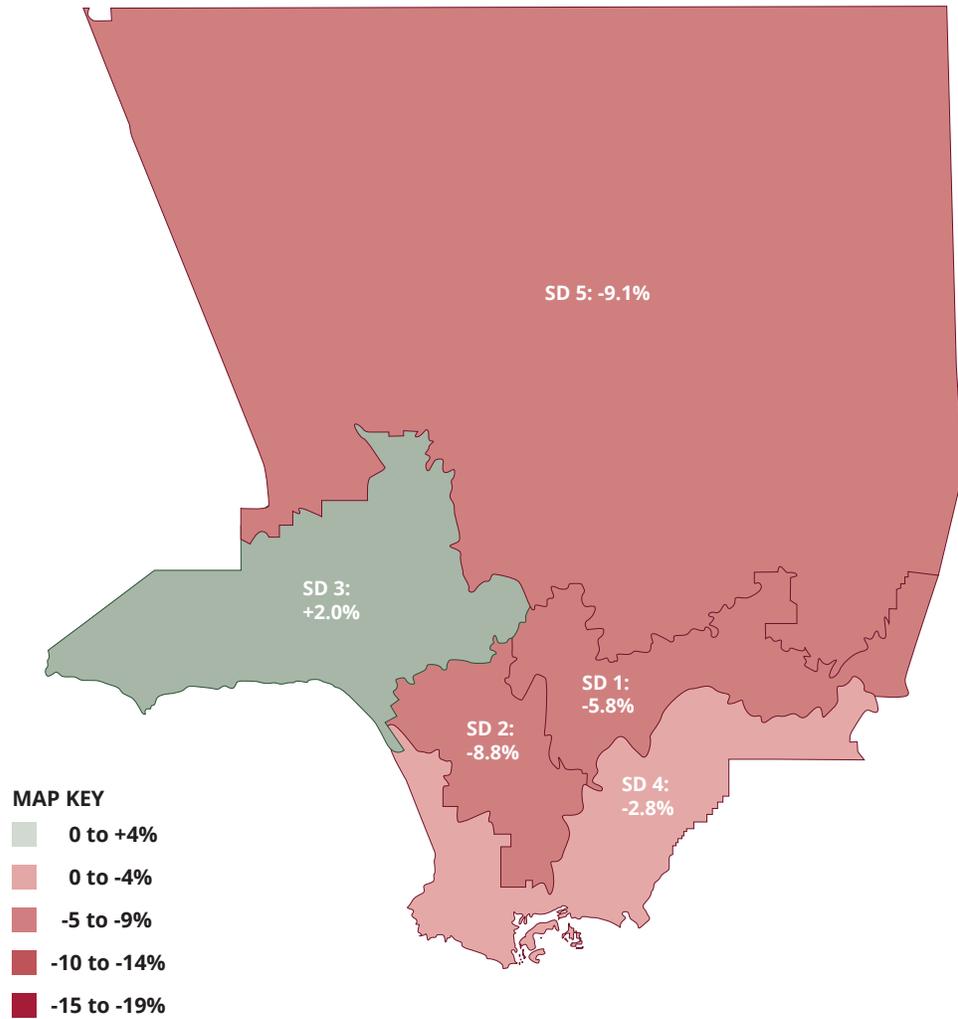


DATA DEFINITION: Percentage change in births to mothers receiving timely prenatal care (i.e., in the first trimester) from 2002 to 2012, by [Service Planning Area \(SPA\)](#) in Los Angeles County.

SOURCE: Vital Records, 2002-2012. Analysis by the Children’s Data Network at the USC Suzanne Dworak-Peck School of Social Work.

FOOTNOTES: Changes in the percentage of births to women receiving timely prenatal care between 2002 and 2012 were statistically significant for L.A. County and all SPAs.

**PERCENTAGE CHANGE IN BIRTHS TO MOTHERS RECEIVING
TIMELY (FIRST TRIMESTER) PRENATAL CARE FROM 2002 TO 2012
BY SUPERVISORIAL DISTRICT (SD) IN LOS ANGELES COUNTY**



DATA DEFINITION: Percentage change in births to mothers receiving timely prenatal care (i.e., in the first trimester) from 2002 to 2012, by Supervisorial District (SD) in Los Angeles County.

SOURCE: Vital Records, 2002-2012. Analysis by the Children's Data Network at the USC Suzanne Dworak-Peck School of Social Work.

FOOTNOTES: Changes in the percentage of births to women receiving timely prenatal care between 2002 and 2012 were statistically significant for L.A. County and all SDs.



INTRODUCTION

HEALTHY BIRTHS REQUIRE HEALTHY PARENTS, HOMES, AND COMMUNITIES—AND ACCESSIBLE, HIGH QUALITY HEALTH CARE.

Increasing access to quality health care in the first trimester of pregnancy is a major public health goal, as it lowers the risk of complications including low birth weight and premature birth, a leading cause of infant death.¹ Addressing inequities in access to prenatal care by race/ethnicity, mother's age, and socioeconomic factors is particularly critical.

Prenatal care not only can prevent serious health problems but also can promote long-term wellness for infants and mothers. Research shows that a healthy birth—followed by safe, nurturing relationships and environments—sets children on a path toward good health into adulthood.¹

While timely prenatal care is a critical step at a vulnerable time for pregnant women and their expected infants, women need regular access to quality health care throughout their lives (before, during, and after pregnancies) to reduce risks of adverse health outcomes for themselves and their children.¹ Nearly half of all pregnancies are unintended, and important fetal growth occurs before many women realize they are pregnant.² Promoting the overall health of reproductive-age women before pregnancy increases the likelihood of healthy births and lifelong wellness.^{1,2}

This snapshot examines trends and regional variation in access to timely prenatal care in L.A. County, drawing on the most recent decade of data available from birth records: 2002-2012. Given that this decade is prior to full implementation of the federal Affordable Care Act (ACA), these data present a pre-ACA picture of prenatal care access in the county. This perspective illustrates long-term trends and a trajectory of change that provides a useful backdrop for understanding today's evolving health care environment. As new birth record data become available, these data will be updated and analyzed alongside policy and program changes that took place after 2012.

WHAT IS PRENATAL CARE?

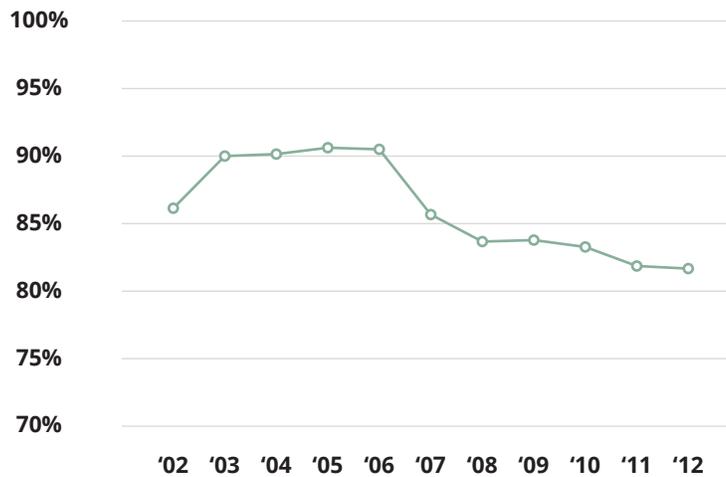
Quality prenatal care is comprehensive, culturally sensitive, linguistically appropriate, and client-centered. It is complex because providers must identify and address both medical and non-medical issues that could affect the health of the mother and baby. Non-medical needs might involve nutrition, emotional health, substance use, housing, poverty, or other issues. Quality prenatal care connects patients to needed support services and resources while identifying and resolving potential medical problems and providing guidance on health in general.



A LOOK AT THE OVERALL DECLINES

L.A. County birth records reveal declines in timely prenatal care between 2002 and 2012, countywide and in all regions except the San Fernando Valley. The percentage of L.A. County births to women receiving timely prenatal care increased in the first part of the decade (from 86% to 91%), but dropped sharply after 2006, ending at 82% in 2012.

FIGURE 1. PERCENTAGE OF BIRTHS TO MOTHERS RECEIVING TIMELY PRENATAL CARE (I.E., IN THE FIRST TRIMESTER) IN LOS ANGELES COUNTY



The figures below illustrate trends and differences among sub-county regions, as defined in two ways: [Service Planning Areas \(SPAs\)](#) and [Supervisorial Districts \(SDs\)](#).*

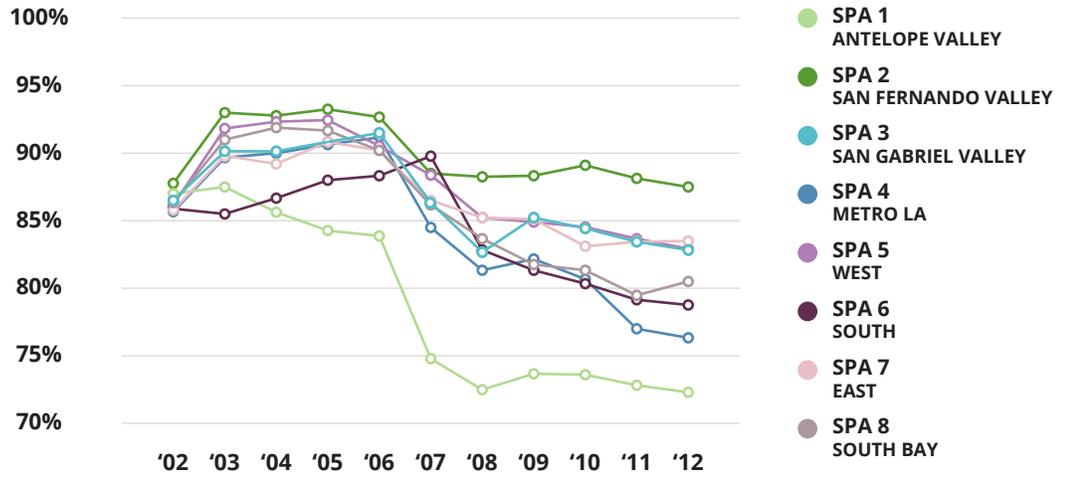
Like the county as a whole, all SPAs and SDs experienced a sharp drop after 2006 in the percentage of infants whose mothers received timely prenatal care. The drop is especially striking as it follows several years of rising percentages (except in the Antelope Valley, which saw declines throughout the decade).

As shown in the maps above, when comparing the beginning of the decade (2002) to the end (2012), the percentage with access to early prenatal care decreased in every region except the San Fernando Valley, which had a slight increase of 2%. The largest decline was in the Antelope Valley (SPA 1), where the percentage fell from 87% to 72%.

*The five Supervisorial Districts in L.A. County are defined by electoral district boundaries. Each district's elected Supervisor is a member of the Board of Supervisors, the governing body for the County. The eight SPAs were created for planning and information sharing purposes, in line with how communities think about their regions. The SPA boundaries were developed through a collaborative process, including focus groups and consultation with community organizations.

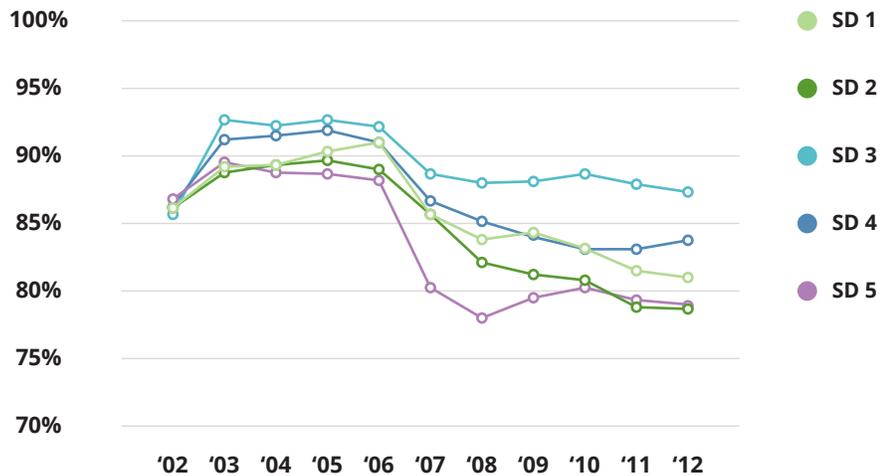


FIGURE 2. PERCENTAGE OF BIRTHS TO WOMEN RECEIVING TIMELY PRENATAL CARE BY SERVICE PLANNING AREA (SPA)



NOTE: See downloadable Excel file at <http://www.datanetwork.org/cdn-apps/prenatalcare> for additional prenatal care data by SPA and SD.

FIGURE 3. PERCENTAGE OF BIRTHS TO WOMEN RECEIVING TIMELY PRENATAL CARE BY SUPERVISORIAL DISTRICT (SD)



NOTE: See downloadable Excel file at <http://www.datanetwork.org/cdn-apps/prenatalcare> for additional prenatal care data by SPA and SD.



WHAT'S BEHIND THE DECLINES?

The county's health care safety net faced many strains during this decade, especially the second half, that likely contributed to the declines. Such strains involved the closure of several hospitals and clinics, including a clinic in the Antelope Valley. Another impactful closure was that of the Martin Luther King-Harbor Hospital in 2007 (it reopened in 2015), which affected health care services for residents in South L.A. and surrounding areas (SPA 6 and SD 2, in particular). The Great Recession, too, added pressure on service systems during 2007-2012, with rising unemployment and poverty levels,³ and concurrent state and county budget cuts. Local health care experts point to other factors, as well, such as difficulty finding available providers during this time, especially for Medi-Cal patients. Specific program changes also may have played a role, including the California Perinatal Outreach and Education (POE) program ending in the mid 2000s (while some local POE programs remained open with other funding, many closed).

Recognizing these challenges and the need to improve birth outcomes throughout the county, community leaders and service providers collaborated on new strategies to increase access to quality prenatal care and other services. Examples include:

- In the mid 2000s, [Antelope Valley Partners for Health](#) and many other local public and private organizations came together to find ways to increase the availability of primary care services for low-income residents in the region. This effort resulted in opening the [Antelope Valley Community Clinic](#) in 2008, which has greatly expanded over the years and is now a Federally Qualified Health Center (FQHC).
- In 2006, the [LA Best Babies Network](#) created the Healthy Births Care Quality Collaborative (now called the **Perinatal Health Collaborative of LA**), which partners with clinics throughout the county to implement best practices for prenatal and postpartum care. The LA Best Babies Network also created **Best Babies Collaboratives** in high-need communities, funded by First 5 LA, involving dozens of agencies working together to improve interconception care* (between pregnancies) through coordinated case management, outreach, social support, and health education.

*Recognizing that a healthy pregnancy begins before conception, interconception care focuses on women's health, including mental health, between pregnancies and encourages women to wait at least 18 months before their next pregnancy to help improve outcomes. This is especially important for women with existing health problems or with a history of pregnancy complications.



- In 2009, the **Welcome Baby** program was piloted through **Maternal and Child Health Access** in partnership with California Hospital Medical Center to support pregnant and postpartum women and their families. It provides free in-home and in-hospital visits, where trained professionals offer support and information on topics like health care, nutrition, breastfeeding, home safety, and parenting. It has since expanded to thirteen L.A. County hospitals.
- The **Comprehensive Perinatal Services Program (CPSP)** was revamped and strengthened during this decade. CPSP serves pregnant and postpartum women in Medi-Cal, providing culturally competent health care as well as services related to nutrition, emotional health, and health education. Prior to the Affordable Care Act, CPSP offered benefits not available elsewhere.

Experts anticipate that data after 2012 will show improvements in timely prenatal care given efforts like those listed above, plus implementation of the **Affordable Care Act**, the introduction of groundbreaking new strategies such as First 5 LA's **Best Start Communities**, economic recovery after the recession, and additional resource allocation to underserved communities.

ACCESS TO PRENATAL CARE BY DEMOGRAPHIC GROUP

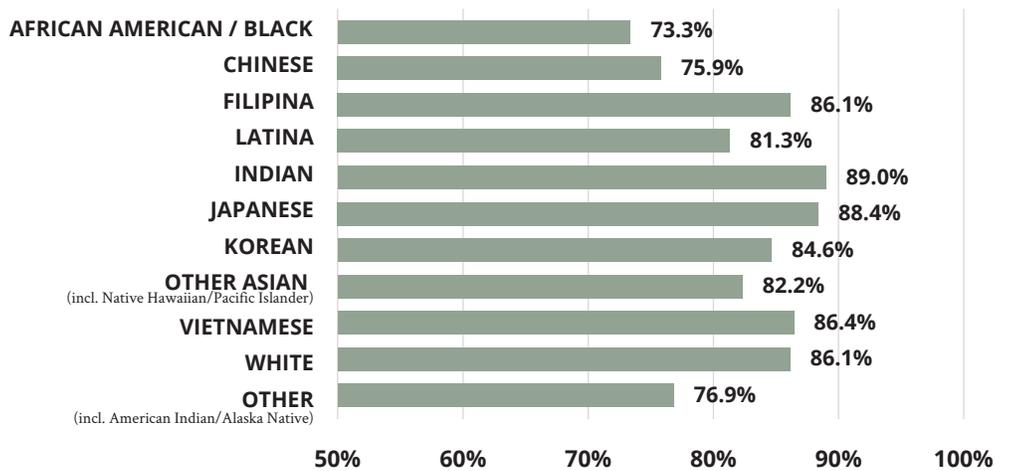
WHILE TIMELY RECEIPT OF PRENATAL CARE DECREASED COUNTYWIDE FOR ALMOST ALL RACIAL/ETHNIC GROUPS BETWEEN 2002 AND 2012, DECLINES WERE STATISTICALLY SIGNIFICANT FOR AFRICAN AMERICAN, CHINESE, KOREAN, LATINA, AND WHITE MOTHERS.

The decreasing percentage of births to Chinese mothers who received timely prenatal care was especially striking—from 90.4% in 2002 to 75.9% in 2012—with the San Gabriel Valley (SPA 3 and SD 1) experiencing the greatest drops. Among African American mothers, especially large decreases occurred in the Antelope Valley (SPA 1 and SD 5). Looking across SPAs in 2012, births to African American women receiving timely prenatal care ranged from 61.6% in SPA 1 (Antelope Valley) to 81.9% in SPA 2 (San Fernando Valley). (See data for all regions and racial/ethnic groups in the downloadable Excel file at <http://www.datanetwork.org/cdn-apps/prenatalcare>.)



The next graph illustrates the county-level inequities in accessing prenatal care among all racial/ethnic groups with available data in 2012. These figures are fairly consistent with state and national trends, which show that African American, American Indian/Alaska Native, and Latina women are less likely to receive timely prenatal care than other groups.^{4,5}

FIGURE 4. PERCENTAGE OF BIRTHS TO WOMEN RECEIVING TIMELY PRENATAL CARE IN LOS ANGELES COUNTY, BY RACE/ETHNICITY OF MOTHERS, 2012



NOTE: More data, including breakdowns by SPA and SD, are available in the downloadable Excel file at <http://www.datanetwork.org/cdn-apps/prenatalcare>.

Timely prenatal care also was less likely for births to teens, mothers with lower education levels, and mothers with public insurance, as well as births where paternity was not established.

Prenatal care is an especially important source of support for teen mothers, though these young moms are much less likely than older women to receive it.^{4,6} While receipt of timely prenatal care declined for mothers of all ages in L.A. County (and in nearly all sub-county regions) during 2002-2012, only 64.7% of births to teen moms involved timely prenatal care in 2012, compared to 85.1% for births to mothers ages 30-39. Among regions within the county in 2012, timely prenatal care for teen births was lowest in the Antelope Valley (48.9% in SPA 1 and 50.3% in SD 5) and highest in the San Fernando Valley and West L.A. areas (about 74% in SPA 2 and SD 3).



Higher maternal education levels are linked to increased access to timely prenatal care,⁷ a pattern reflected in all areas of the county during 2002-2012. For example, L.A. County 2012 data show that 87.8% of births to women with college degrees received early prenatal care, well above the 77.7% for births to women without high school diplomas, though access dropped for all education levels over this 10-year period. (See data for all subgroups and regions in the downloadable Excel file at <http://www.datanetwork.org/cdn-apps/prenatalcare>.)

Recognizing that income levels tend to rise with education levels, it is not surprising that births funded by public insurance—one way to gauge family income level—were less likely to receive timely prenatal care than those with private insurance: 78.6% vs. 85.2%, respectively, in L.A. County in 2012. This disparity was true for nearly all regions of the county during this decade, even though access to early prenatal care declined for privately insured births, too.

Data also show consistent, large disparities across the county in access to timely prenatal care by whether or not fathers are listed on the birth records, e.g., in L.A. County, 83% of births with paternity established received early prenatal care, compared to 66.4% for births without paternity established in 2012.

IMPLICATIONS

“WE NEED TO AIM FOR ALL WOMEN TO GET THE HEALTH CARE AND SUPPORT THEY NEED, WHEN AND WHERE THEY NEED IT.”

– Lynn Kersey, Executive Director, Maternal and Child Health Access

While L.A. County birth records show a troubling downward trend in receipt of timely prenatal care, especially between 2006 and 2012, the policy and program landscape has changed dramatically since then, as noted, with a new federal health care system and numerous promising local programs implemented or expanded in the last five years. Access to health care can be affected by changes at all levels of government (federal, state, and local). In this case, it is expected that federal (the Affordable Care Act), state, and local program improvements will combine to counterbalance factors causing the downward trend. In fact, a 2017 L.A. County report shows that the percentage of women without health insurance decreased by more than 60% during 2011-2015, an indication of significant progress and a change that will help promote pre- and inter-conception health for women.⁸



But local efforts to promote healthy birth outcomes must be sustained, strengthened, and expanded, particularly in light of the current national policy context and an evolving health care system. Local efforts also need to be aligned to fill gaps so that residents have the information and support they need to make the most of what is available through our complex service systems. We must keep striving to ensure that all populations, particularly those at greatest risk of poor pregnancy outcomes,* have continuous, accessible, and affordable high-quality health care coverage and services near their homes.

We need to continue promoting the health of reproductive-age women before pregnancy. This means having a regular source of health care, where pregnancy risk factors such as obesity or cardiac issues can be addressed. We also must continue working toward a comprehensive approach to health care for both women and men that includes family planning and contraception education, with adequate insurance reimbursement.

Having a regular source of care will help ensure, too, that once a woman becomes pregnant, she receives early prenatal care and is connected to appropriate services and a birthing hospital/center as close to her home as possible. Without these connections, women may not receive care until critical problems or ER visits occur, and they may have to wait for approval of services or go through last-minute transfers from one location to another—all of which could have life-threatening consequences.

Overall, reducing inequities in access to health care and improving pregnancy outcomes in L.A. County will not involve any single solution, organization, program, or policy. It will require the continued commitment of leaders and organizations working across sectors to strengthen the network of services available in every community. At a time of uncertainty for health care programs and systems at the federal level, this continued focus is more important than ever.

* Risks of poor pregnancy outcomes are higher among: women with pre-pregnancy health issues and a history of pregnancy complications; teens; those with lower incomes or education levels; and women of color, particularly African Americans.^{1,6}



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ABOUT THE PROJECT

This snapshot is part of the ongoing "Connecting the Dots" series by the Children's Data Network at the USC Suzanne Dworak-Peck School of Social Work. Connecting the Dots snapshots bring together data and stories to provide new insights about the health and well-being of children and families in L.A. County. The series also highlights the great work happening throughout the county.

This is the second of four snapshots to be released in 2017, drawing on data from birth records to examine trends and regional differences within L.A. County. The first snapshot provided an overview of birth trends and family demographics as a foundation for the next three snapshots, which will explore specific indicators of healthy birth outcomes. This snapshot focuses on access to early prenatal care, and the next one will address perinatal smoking.

To learn more about this project and the Children's Data Network, please visit <http://www.datanetwork.org/snapshots/>.



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