

# **Prenatal Care Assessment Findings**

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# Ingham GSC Strategic Plan (2018-2021)

Based on the state's early childhood outcomes, the strategic plan focuses on four areas to frame the work:

1. Children are born healthy;
2. Children are healthy, thriving, and developmentally on track from birth to third grade;
3. Children are developmentally ready to succeed in school at the time of school entry; and
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

# Outcome #1: Children are Born Healthy

- **Goal:** Prenatal health care services are easy for families to access
- **Objective #1:** Barriers to accessing prenatal health care services are identified and reduced.
  - Examples include transportation, child care, parents' work schedules, and doctors' hours
- **Strategy #1:** Understand family mindset about the importance of prenatal healthcare and provider knowledge of barriers to accessing prenatal care
- **Objective #2:** Increase knowledge and use of health care benefits and other supportive services for prenatal care
- **Strategy #2:** Outreach to families about health care benefits in new and non-traditional ways

# Ingham County Findings

- Women in Ingham County had received 'less than adequate' prenatal care
- Ingham County continues to see rates of disparities for health outcomes such as infant mortality
- Data reviewed included:
  - The Kotelchuck Index
  - Infant Mortality Rates
  - Kids Count 2016-2018

# Kotelchuck Index

- Assesses the adequacy of prenatal care for women utilizing two measures:
  - Timeliness of first prenatal care visit
    - Obtained from birth certificate
  - Number of Prenatal Visits
    - Obtained from initial prenatal care until delivery of received services

*Source: [health.utah.gov/opha/IBIShelp/kotelchuck.html](http://health.utah.gov/opha/IBIShelp/kotelchuck.html)*

# Kotelchuck Index - Data for Michigan (2016)

## Kotelchuck Index for Michigan 2016

	White	Black	Native American	Asian/ Pacific Islander	Arab Ancestry	Hispanic Ancestry
Adequate Plus	39%	33%	34%	36%	35%	35%
Adequate	38%	27%	36%	39%	32%	34%
Intermediate	8%	11%	10%	9%	9%	9%
Inadequate	12%	21%	17%	12%	18%	19%
Unknown	4%	9%	4%	4%	6%	4%
Total	100%	100%	100%	100%	100%	100%

# Kotelchuck Index - Ingham County (2016)

## Kotelchuck Index for Ingham County 2016

	White	Black	Arab Ancestry	Hispanic Ancestry
Adequate Plus	38%	29%	23%	35%
Adequate	41%	34%	37%	32%
Intermediate	6%	7%	13%	10%
Inadequate	12%	27%	23%	21%
Unknown	2%	2%	3%	2%
Total	100%	100%	100%	100%

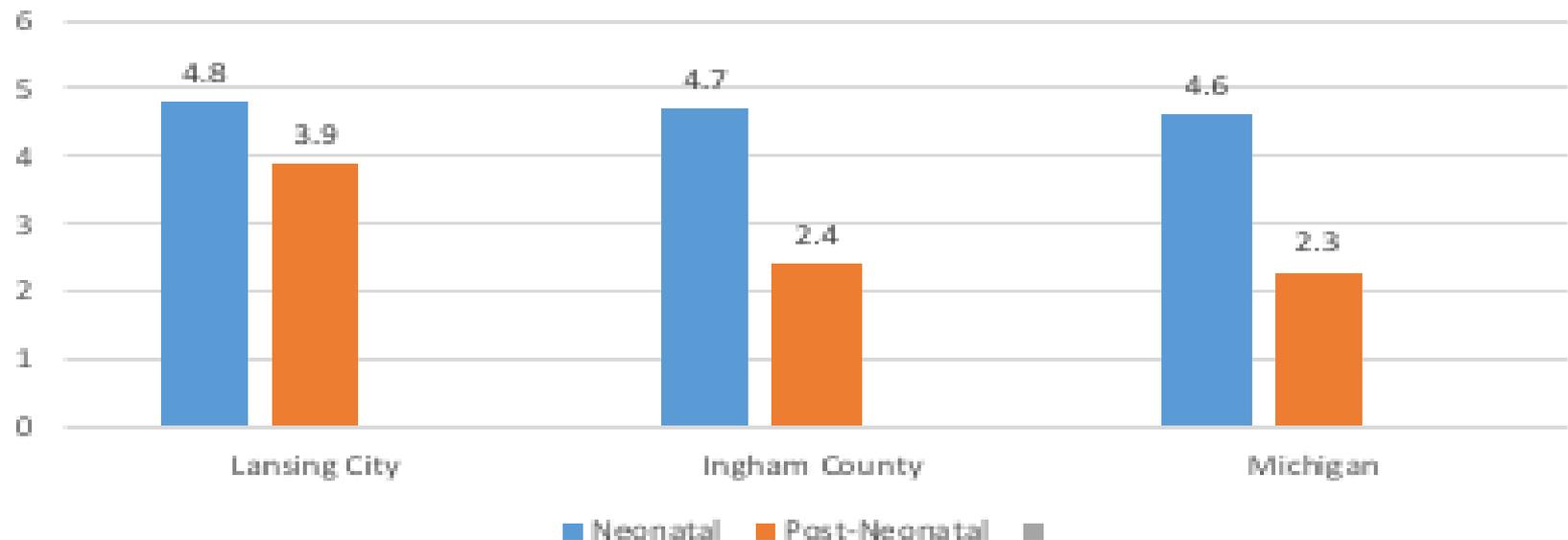
# Infant Mortality Rates

- Measures the number of deaths under one year of age per 1,000 live births
- Often viewed as an indicator of a community's overall health

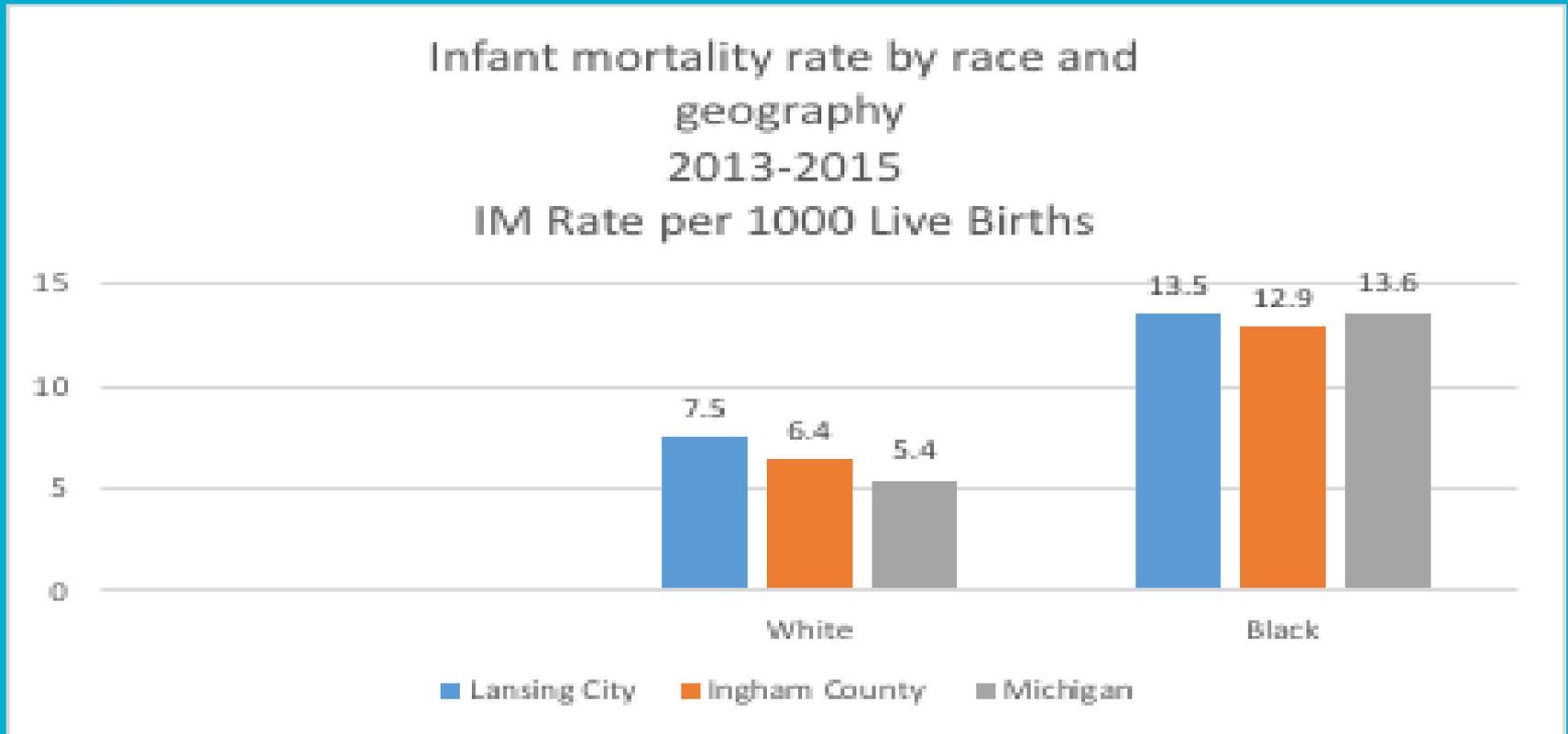
*Source: <https://stats.oecd.org/glossary/detail.asp?ID=1347>*

# Infant Mortality Rates - (2013-2015) By Age at Death

Infant mortality rate by age at death 2013-2015  
IM Rate per 1000 Live Births



# Infant Mortality Rates - By Race/Geography (2013-2015)



# Kids Count

- A source of data on children and families in Michigan, stratified by county produced by the Michigan League for Public Policy
- Measures children over well - being in the United States through:
  - Economic Well- Being
  - Education
  - Health
  - Family and Community

# Kids Count Data - Health Outcome Indicators

Trends In Child Well-Being	Number	Ingham County Rate	Michigan Rate
Low birth weight babies	259	8%	8.4%
Children (0-18) insured by Medicaid	26,631	41.3%	41.5%
Children receiving WIC	8,205	50.9%	49.1%
Birth to moms w/o high school diploma or GED (2013-2015)	418	12.9%	12.5%
High poverty neighborhoods (2012-2016)	17,196	<b>30.5%</b>	16.9%

# Assessment Strategy

- GSC Strategic Plan goal #1:
  - a. To ensure prenatal healthcare services are easy for families to access
- Similar work was collected in 2018 utilizing quantitative collection strategies
  - a. Completed Survey- Results did not match data (Kotelchuck, IMR, Kids Count) and lacked qualitative data.
  - b. Overall findings suggested the women surveyed did not have challenges in accessing prenatal care; and overall had positive experiences with their providers
- Shift in approach for 2019: Assessing women's prenatal experiences around concepts of *barriers and mindset* using three methods:
  - a. Surveys
  - b. Community Input Walls
  - c. Discussion Groups

# Assessment Criteria

- Target population is women who are pregnant or who had children
- Maternal health=infant health
  - Adequate health care improves outcomes
  - Socio-economic factors and cultural implications impact care
  - Barriers to accessing care (i.e., transportation, childcare) and environment
- The survey examined the prenatal care experience and accessibility to resources and services in Ingham County
  - Evaluated the data based on race, age, and type of medical insurance

# Our Process

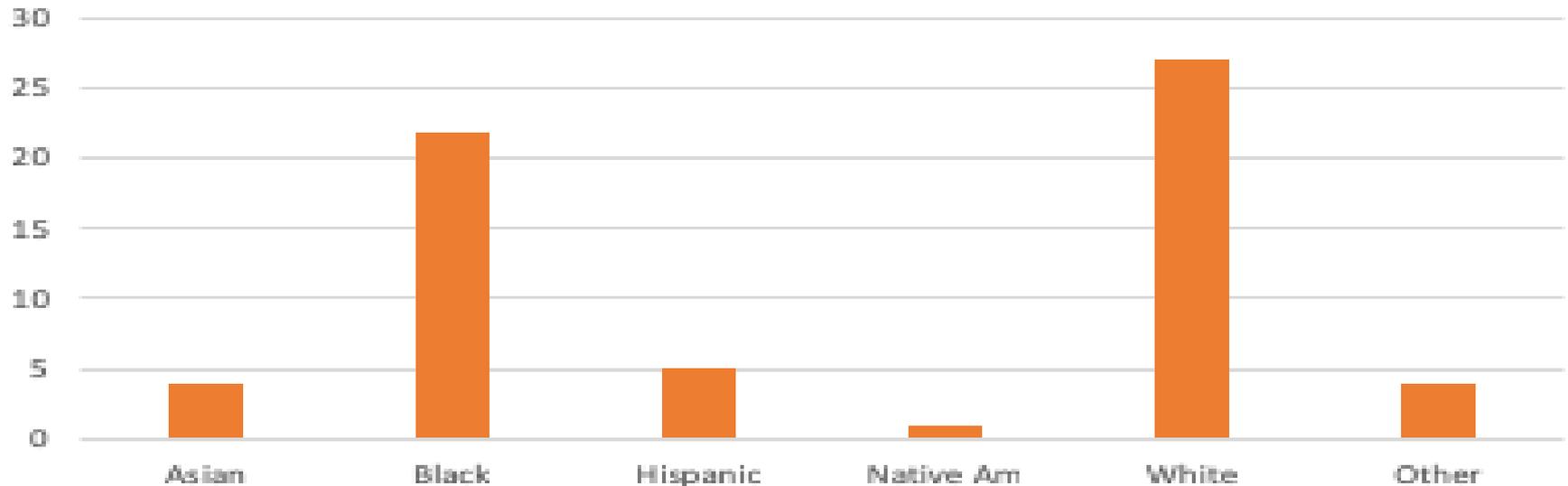
- Intentional focus on women of color to learn from their experiences
- Data collected utilizing three approaches:
  - Hard copy surveys
    - Left at various locations throughout the community
    - Included closed - end and multiple choice questions
  - Discussion Groups
    - Worked with existing community sites and programs
  - Community Input Walls
    - Opportunities for individuals to provide feedback to open - ended questions
    - Posted at various locations throughout the community

# Quantitative Findings - Surveys

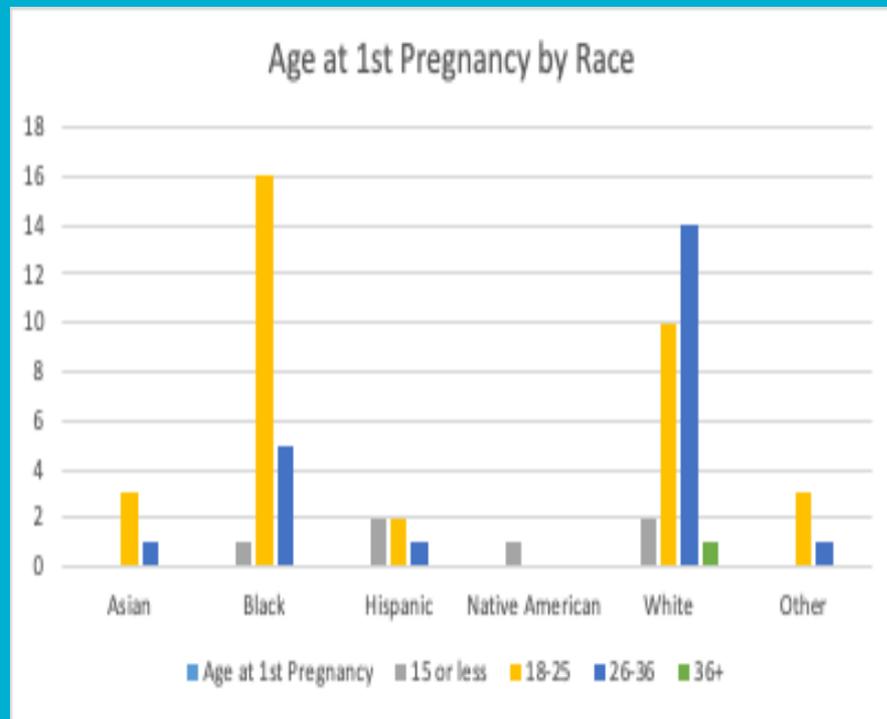
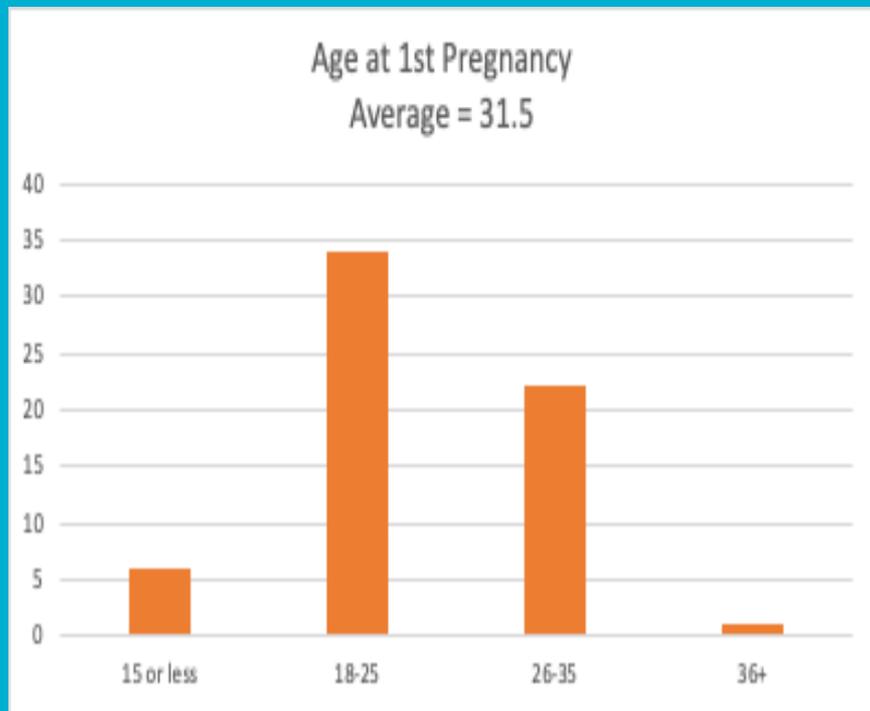
- 63 surveys completed
- Found noticeable differences between age, insurance type, and race
- Demographics compared to race that showed most difference:
  - Age of first pregnancy
  - Insurance type

# Quantitative Findings - Surveys

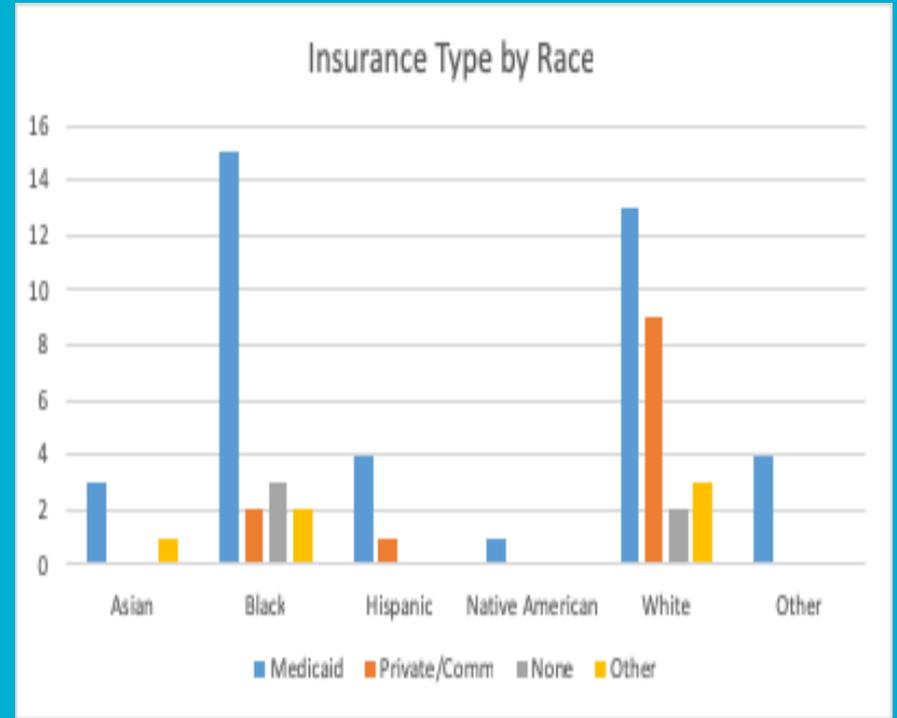
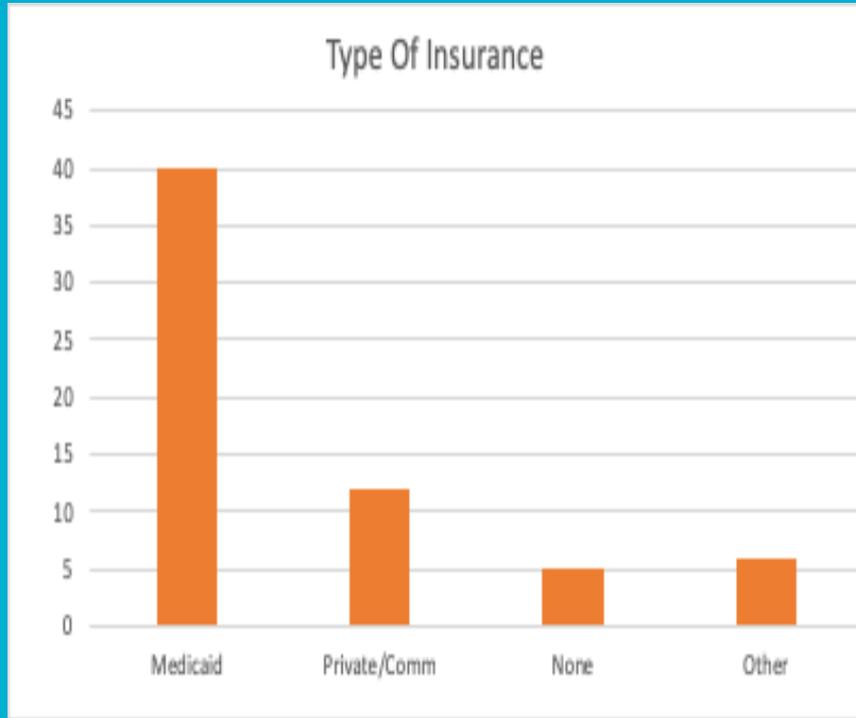
Race of Respondents



# Quantitative Findings - Surveys



# Quantitative Findings - Surveys



# Qualitative Findings - Discussion Groups

- Conducted at three sites throughout the community
  - ICHD- Childbirth Education, Diaper Drive Class
  - Willow Tree Family Center - Black Breastfeeding Sisterhood Class
  - Family Growth Center - Parent Cafe
- Questions included:
  - How do you feel about your relationship with your doctor?
  - How comfortable were you with asking questions or sharing personal information with your doctor?
  - During your pregnancy, what was it like going to your prenatal visits (initially and throughout pregnancy)?
  - Did you feel like your doctor(s) understood your needs during your pregnancy?

# Qualitative Findings: Discussion Group Themes

## *Different Doctors vs. the Same Doctor (as before pregnancy)*

- “I had multiple doctors, so I never felt attached to any one doctor at the clinic...when I finally felt comfortable with one, they’d change again.”
- “...I had been with the same doctor before at the OB- GYN clinic, so we already had a good relationship.”

# Qualitative Findings: Discussion Group Themes

*Having Male Doctors vs. Female Doctors (establishing relationship)*

- “...I am resistant to talk to male doctors about personal experiences or ask them personal questions.”
- “...I felt very comfortable talking to her (my doctor) about anything. She was very understanding, and open to talk about my feelings.”

# Qualitative Findings: Discussion Groups Themes

## *The First Time vs Multiple Experiences Being Pregnant*

- “Most of the doctors I had were nice; some scared me, others were friendly. Until I had my fourth child, I didn’t have the greatest experiences with my doctors.”
- “I instantly went to go see my doctor when I found out I was pregnant with my third child...I still regularly go to visit the same doctor.”

# Qualitative Findings: Discussion Groups Themes

## *Just Doing “Their Job” vs Honoring Needs and Wishes*

- “...I had to do a bunch of tests and they did not guide me through the process...I wasn’t sure what to ask...I felt like I had no psycho - social support.”
- “Doctors switched me around...I had no chance to develop any rapport with them...I had no family out here.”

# Qualitative Findings - Community Input Walls

- Conducted at four sites throughout the community
  - WIC at ICHD
  - Family Growth Center/Bethlehem Lutheran Church
  - Allen Farmers Market
  - Willow Tree Family Center
- Questions included:
  - How did you feel when talking to your doctor while pregnant?
  - What was your experience with finding a doctor while pregnant?
  - How did you feel about the care you received from your doctor while pregnant?
  - What was your experience getting to your doctor while pregnant?

# Qualitative Findings: Community Input Walls

## Hard to Receive Services

- No insurance
- On Medicaid with disability

## Negative Provider Experiences

- Feeling disrespected/  
devalued
- Wishes not honored
- Unimpressed by treatment

## Having Same Doctor

- Same doctor as before
- Same OB GYN doctor
- Had positive experiences

## Transportation Issues

*Women made appointments if...*

- Had family support to drive
- Access to CATA, taxi, or other

# Recommendations

## Objective #1: Overcoming Barriers to Accessing Prenatal Care

- Policy development on transparency for providers accepting new Medicaid patients
- Adopting flexibility with the ‘three strike rule’
  - To reduce no-show rates
- Transportation Education
  - As a part of the Affordable Care Act, Medicaid health plans are required to assist with transportation to medical appointments
  - Families should receive information about Medicaid transportation services as new patients
    - Should include also community transportation services such as the Davies Project,
    - CATA bus routes to provider offices

# Recommendations

- **Objective #2: Increase Knowledge and Use of Health Care Benefits**
- Target medical providers
  - OB/GYN, pediatrics, family practice
  - Urgent cares, Emergency departments
- Include community partners
  - Churches
  - Schools
  - Home visiting programs
  - Pregnancy related agencies
  - Social supportive services

# Overall Recommendations

- **Goal: Prenatal health care services are easy for families to access**
- Understand the significance of the relationship between patient and provider
  - Better understand the patient as a whole
    - Psycho-social assessments
    - Referrals to supportive services
    - Increase wrap around support with other community-based agencies
  - Utilize health-literacy practices in communicating with patients
    - Teach-back methods
    - Visual aids
  - Support families who speak English as a second language
- Setting clients expectations for clinical experiences
  - For both the duration of the pregnancy and at each visit

**Questions?**