

Access to Clinical Preventive Services

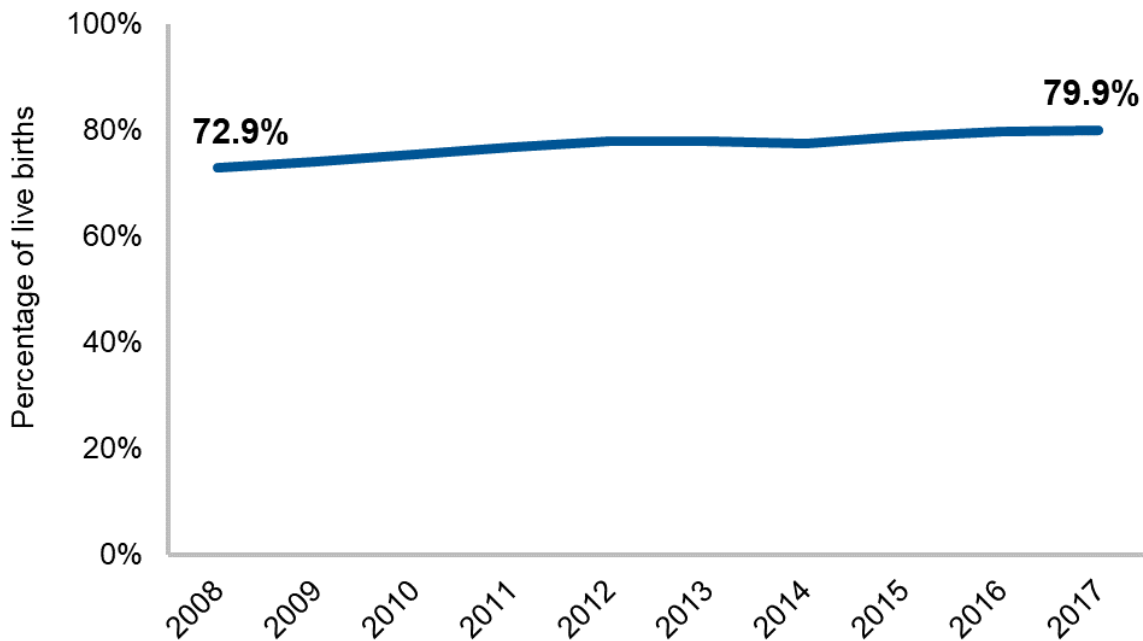
First trimester prenatal care

The percentage of women initiating prenatal care during the first trimester is a marker for access to maternal health care services. Early prenatal care is important to identify and treat mothers at risk for health conditions that can affect the pregnancy. It is also important because health care providers can educate and assist mothers with health issues related to pregnancy including nutrition, alcohol use, smoking, exercise, and preparing for childbirth and infant care. Babies born to women who receive prenatal care early and throughout the pregnancy are less likely to have low birth weight or to be born prematurely.

The percentage of women starting prenatal care during the first trimester has improved since 2008, reaching almost 80% in 2017 (Figure 1).

FIGURE 1

Prenatal care in the 1st trimester by year, Oregon

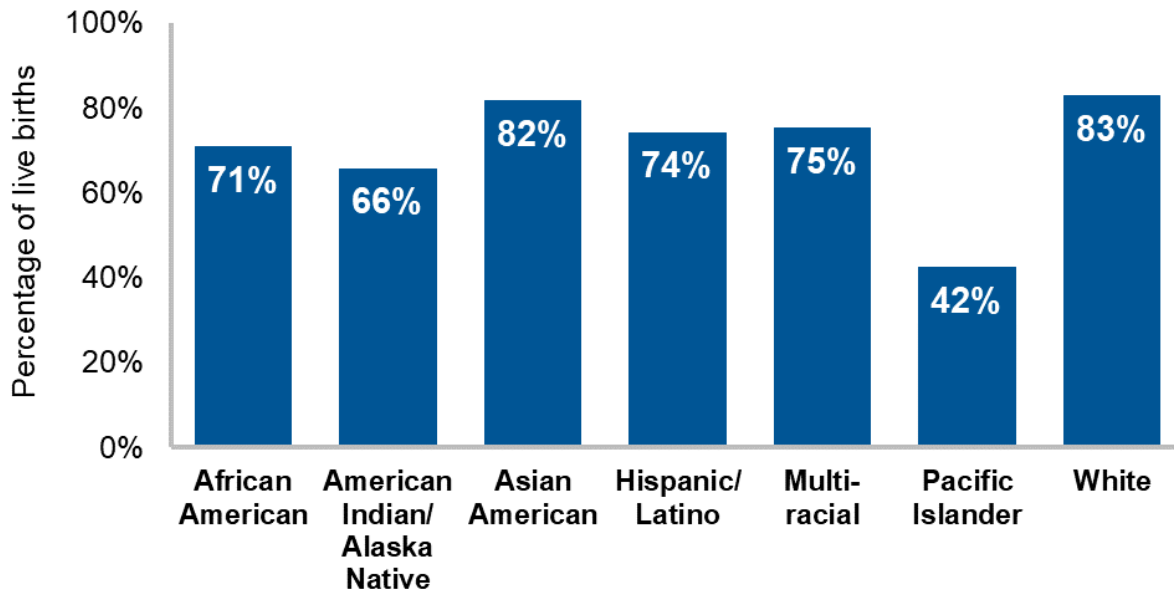


Source: Oregon Birth Certificate Data

Asian American and White women in Oregon have higher rates of first trimester prenatal care than all other groups (Figure 2). This lets us know that more work is needed on removing barriers to the early start of prenatal care in populations such as Pacific Islander, American Indian/ Alaska Native, and African American women, as seen in the figure below.

FIGURE 2

Prenatal care in the 1st trimester by race/ethnicity, Oregon, 2017



Notes: All other groups exclude Hispanic ethnicity

Source: Oregon Birth Certificate Data

Oregon data also show differences in early prenatal care initiation by age of the mother. Women ages 30-34 years have the highest proportion of early prenatal care (83.7%), but women below age 20 are at least 16 percentage points lower. For this age group, the younger the mother, the less likely she was to have received early prenatal care.

Psychosocial, financial, logistical, health care provider, and many other issues can create barriers for women in obtaining early prenatal care. In Oregon, efforts have been made to improve initiation of early prenatal care for our Medicaid population. In 2000, the MCH program began Oregon Mothers Care, which worked closely with the Oregon Health Plan to ensure that pregnant women on Medicaid obtained early prenatal care. Starting in 2014, Coordinated Care Organizations (CCOs) have had a financial incentive metric around provision of early prenatal care for women in Medicaid. In 2014, 68.1% of women whose deliveries were paid by Medicaid had prenatal care in the first trimester. That increased to 70.9% in 2017.

Additional Resources: [Oregon Birth Data](#); [Oregon MCH Data Book](#); [OHP Timeliness of Prenatal Care Guidance Document](#)

About the Data: Data source is Oregon Birth Certificate Data. Data include the percentage of live births where mothers reported initiating prenatal care during the first trimester of pregnancy. Birth certificate data documents whether a delivery was paid by Medicaid, but cannot be used to determine whether prenatal care for that pregnancy was paid by Medicaid. Birth Certificate data for 2015 is preliminary and does not include births to Oregon residents that occur in other states.

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Date Updated: August 26, 2019

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