

Prenatal Health



Early and Adequate Prenatal Care

Inadequate prenatal care, including late initiation of care, infrequent prenatal visits, or no care at all, is associated with poor infant and maternal outcomes. Mothers having late or no prenatal care are more likely to have low birth weight or preterm infants and are at increased risk for pregnancy-related mortality and complications of childbirth.

- ◆ In 2000, the national baseline for prenatal care in the first trimester and for adequate* prenatal care were 83% and 74% respectively, compared to Alaska at 80.5% and 67.4%.
- ◆ The percent of Alaskan women who begin prenatal care in the first trimester is slowly declining, as is the percent of mothers receiving adequate* prenatal care. This disconcerting decline in the reported quality of prenatal care in Alaska is being investigated by the Section of Maternal, Child and Family Health and the Alaska Bureau of Vital Statistics.

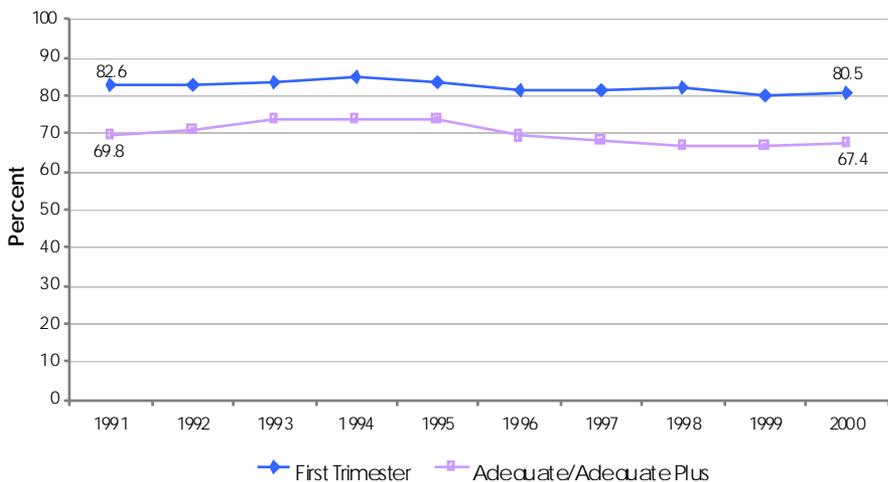
* Adequate prenatal care is a combination of adequate and adequate plus as defined by the Adequate Prenatal Care Utilization (APNCU), or Kotelchuck, Index.

Data Source: Alaska Bureau of Vital Statistics.

The Healthy People 2010 goals for care beginning in the first trimester of pregnancy and for adequate prenatal care have been set at 90%.

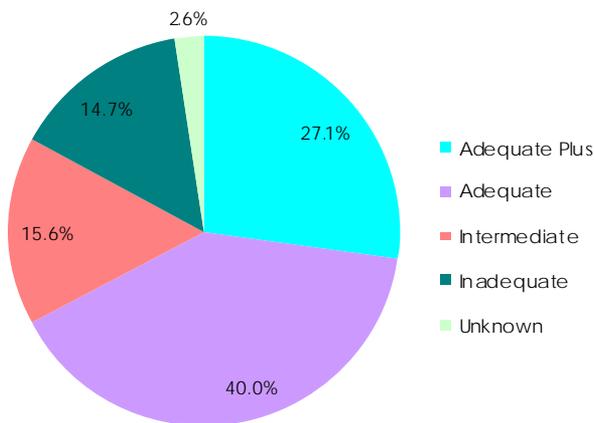
Prenatal Health: Protective Behaviors

Prenatal Care (First Trimester and Adequate) by Year Alaska, 1991-2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Level of Prenatal Care Adequacy Alaska, 1999



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Factors Affecting Prenatal Care

Early and adequate prenatal care insures improved maternal and infant outcomes. In Alaska, the lack of improvement in prenatal care indicators has been recognized as a problem, particularly for Alaska Native women. Since the risk of poor birth outcomes is greatest among the youngest mothers (ages 15 years and under), prevention of unintended pregnancy in adolescents and education of women about the need for early, continuous prenatal care are essential.

- ◆ The likelihood of adequate prenatal care increases with maternal age. Fewer than one-half of pregnant Alaskan women ages 15 years and under receive early or adequate prenatal care.
- ◆ Although the percentage of women receiving adequate prenatal care tends to increase with age, adequacy of prenatal care for Alaskan women of all age groups is significantly lower than the Healthy People objective of 90%.
- ◆ Prenatal care among young women is significantly lower than prenatal care received among other age groups. In 2000, 48.3% of teen women less than 15 years and 71% of women ages 15 - 19 years received prenatal care in the first trimester compared with over 80% of women in other age groups.
- ◆ Compared to other races in 2000, Alaska Natives received early and adequate* prenatal care less often. Whites had the highest prevalence of both early (84.9%) and adequate* prenatal care (74.4%) – 21% and 46% higher than the reported prevalence for Alaska Natives.

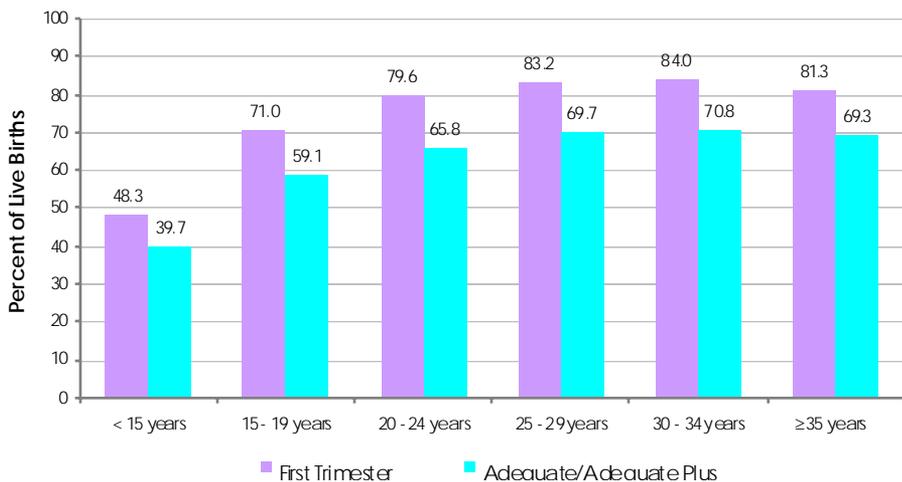
* Adequate prenatal care is a combination of adequate and adequate plus as defined by the Adequate Prenatal Care Utilization (APNCU), or Kotelchuck, Index.

Data Source: Alaska Bureau of Vital Statistics.

Disparities in prenatal care indicators for Alaska Natives may be partially explained by variation in the continuity of care for village residents. Utilization of different providers during the pregnancy may not be recorded accurately on the birth certificate.

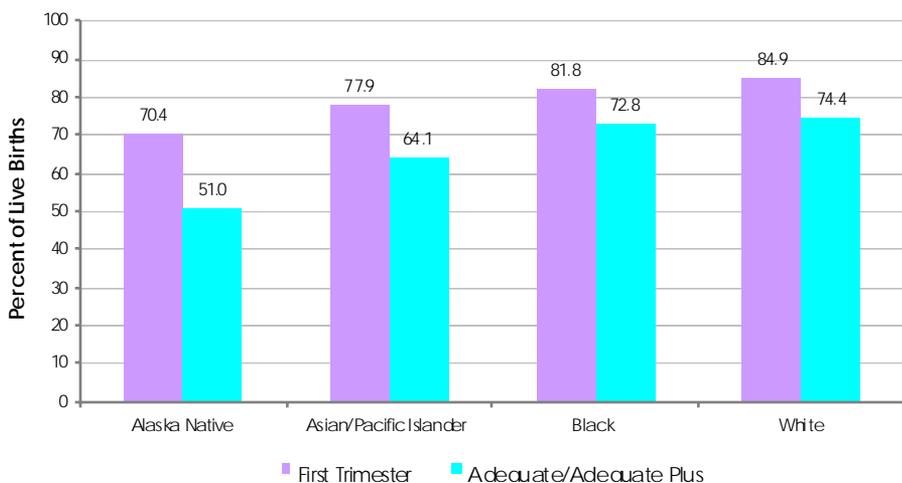
Prenatal Health: Protective Behaviors

Prenatal Care by Age Alaska, 2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Prenatal Care by Race Alaska, 2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Accessibility of Prenatal Care

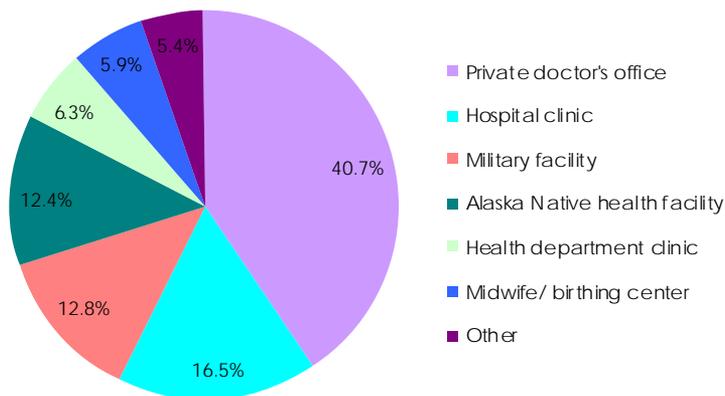
For women to receive early and adequate prenatal care, prenatal health care services must be available, accessible, and affordable. The type of health care provider seen, insurance status, early recognition of pregnancy and ability to find prenatal care locally may affect the level of prenatal care coverage in a population.

- ◆ Nearly 41% of Alaskans use private doctors as their primary source for prenatal care, followed by hospital clinics (16.5%), military facilities (12.8%), and Alaska Native clinics (12.4%). About 6% each use a health department clinic or midwife/birthing center.
- ◆ In 2000, prenatal care for 41% of the Alaskan women who delivered live births was paid, at least in part, by Medicaid. Private health insurance was used by 38% and one-fourth of Alaska women who delivered a live birth used personal income to help pay for their prenatal care.
- ◆ More than 20% of Alaska-resident women who delivered a live-born infant in 2000 did not get prenatal care as early in their pregnancy as they wanted. Among these women, nearly one-third reported they did not know they were pregnant.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

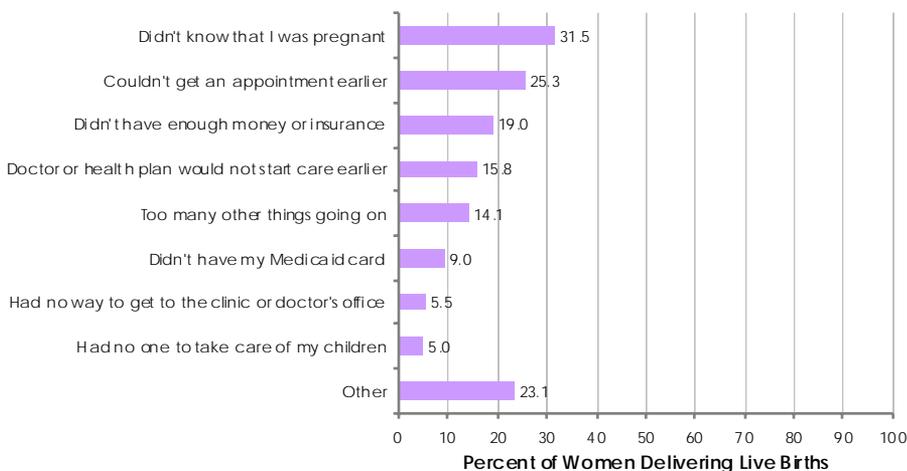
Prenatal Health: Protective Behaviors

Source of Prenatal Care Among Women Delivering Live Births, Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Reasons Prenatal Care Not Obtained Earlier Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Care Counseling

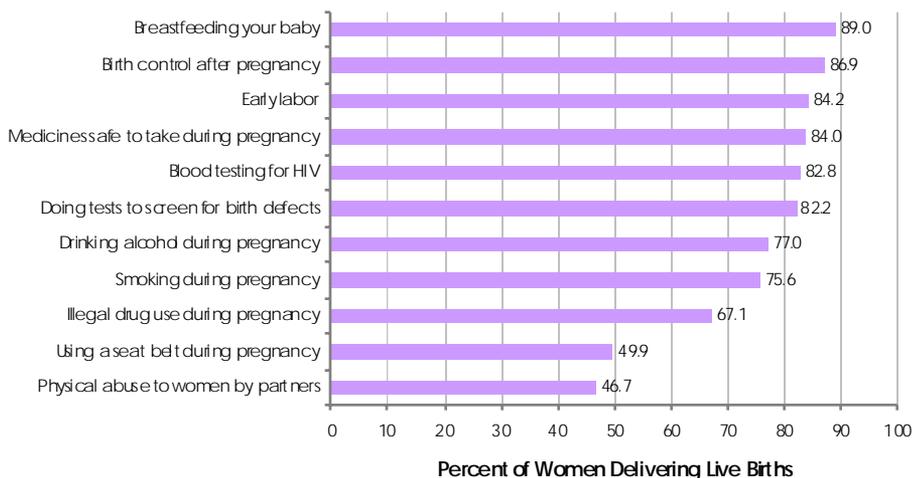
Good prenatal care includes screening for important risk factors, providing prenatal counseling, and promoting healthy behaviors. Prenatal care providers should offer education and counseling about behaviors that can affect maternal and infant health, as well as strategies for reducing risks and insuring a safe pregnancy and delivery.

- ◆ In 2000, the main topic areas discussed by health care workers with their prenatal patients were breastfeeding (89.0%), birth control methods to use after pregnancy (86.9%), and what to do if labor starts early (84.2%).
- ◆ Less often discussed prenatal topic areas were how using illegal drugs could affect the baby (67.1%), using a seat belt during pregnancy (49.9%), and physical abuse to women by their partners (46.7%).
- ◆ From 1996 - 1999, there was a significant increase (50%) in the percentage of women who indicated that their prenatal care provider had ever asked them directly whether they had been hurt or threatened by their partner.
- ◆ During 1999, 60.7% of Alaska Native women who delivered were screened prenatally for domestic violence, compared with 44.1% of Asian/Pacific Islanders, 35.8% of whites, and 32.2% of blacks.
- ◆ According to the Alaska Pregnancy Risk Assessment Monitoring System, 34.7% of Alaska women who delivered a baby during 1996 - 1999 took a childbirth class while they were still pregnant. Thirty-nine percent of white women, compared with 34.6% of black women, 25.4% of Alaska Native women and 22.3% of Asian/Pacific Islanders took a childbirth class during their pregnancy.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

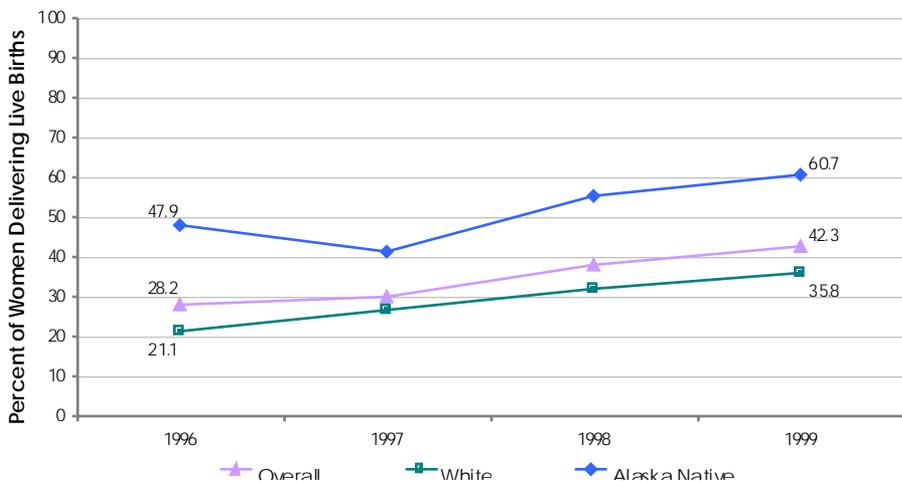
Prenatal Health: Protective Behaviors

Prenatal Care Counseling Received by Topic Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Screening for Domestic Violence by Race and Year, Alaska, 1996-1999



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Medicaid and WIC

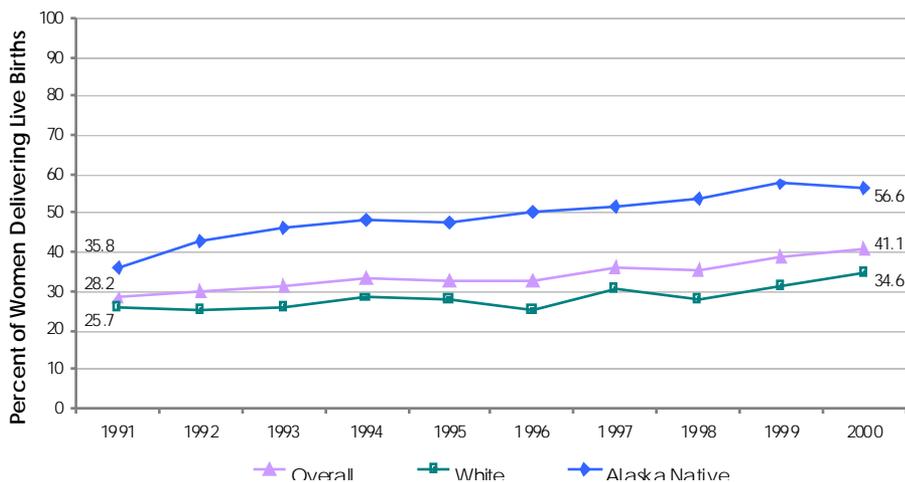
The Children's Health Insurance Program for the State of Alaska, Denali KidCare, was implemented on March 1, 1999. This health initiative represented the biggest expansion of the Medicaid program in Alaska. In addition to funding children's health, Denali KidCare expanded coverage to pregnant women. Denali KidCare recipients are automatically eligible for the Supplemental Nutrition Program for Women, Infants, and Children (WIC).

- ◆ Medicaid coverage of prenatal care (either in part or in whole) in Alaska has been steadily increasing over the past decade.
- ◆ Both Alaska Native and white women have experienced increases in Medicaid coverage of prenatal care, however, Alaska Native women have consistently higher percentages covered by Medicaid than white women.
- ◆ Prenatal WIC participation has also been steadily increasing over the past decade. Nearly 50% of women who delivered a live-born infant in 2000 received WIC services while they were pregnant.
- ◆ WIC participation among prenatal Alaska Native women in 2000 was 66.3% – a 32% increase from 1991. WIC participation rates among white women nearly doubled between 1991 and 2000, but remained constant from 1998 - 2000.

Data Source: Alaska PregnancyRisk Assessment Monitoring System.

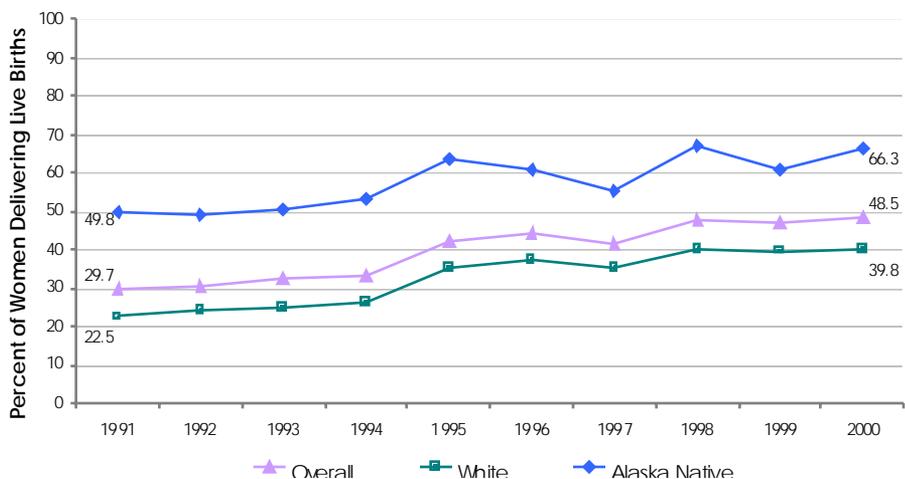
Prenatal Health: Protective Behaviors

Medicaid Coverage for Prenatal Care by Race and Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal WIC Participation by Race and Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Folic Acid

For women of childbearing age, increasing folic acid use by taking multivitamins before and during pregnancy can reduce the risk of certain birth defects of the spinal cord or brain (neural tube defects or NTDs). Women who might become pregnant should take a multivitamin with 400 micrograms of folic acid every day and eat a balanced diet that includes a variety of fruits, vegetables, and fortified breads and cereals.

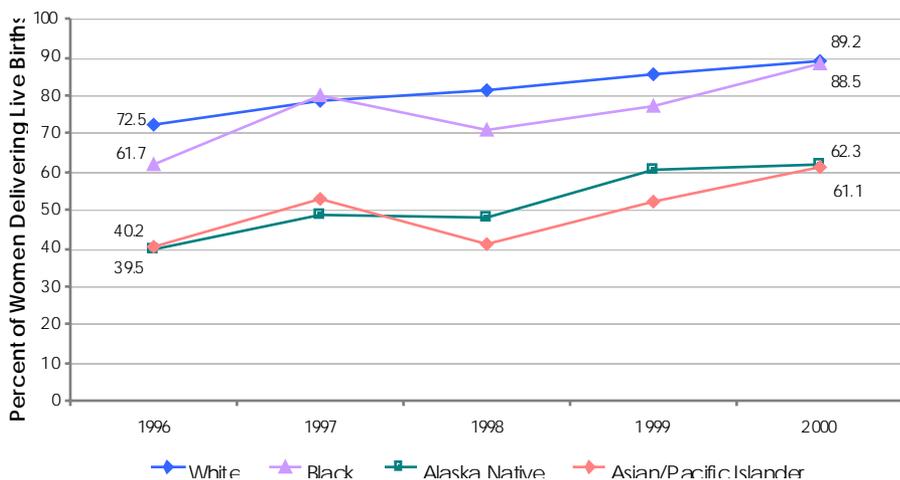
- ◆ According to the Alaska Birth Defects Registry, approximately 9 Alaskan babies are born every year with NTDs that might have been prevented by taking folic acid.
- ◆ According to the Alaska Pregnancy Risk Assessment Monitoring System, 58.1% of women who delivered a live-born infant in 2000 indicated they never took a multivitamin in the month before they got pregnant. Only 23.1% said they took a multivitamin every day of the week.
- ◆ Knowledge in Alaska about folic acid's benefits increased from 63.0% in 1996 to 80.9% in 2000. The older the mother, the more likely she is to know about the benefits of folic acid.
- ◆ Over 1996 - 2000, knowledge about the benefits of folic acid was highest among white and black mothers (89.2% and 88.5%, respectively). Just over 60% of Alaska Native and Asian/Pacific Islander mothers were knowledgeable about folic acid benefits.
- ◆ Forty-one percent of Alaskan women hear about folic acid from their doctor or other health care provider, but more women (70%) report hearing about folic acid benefits from a newspaper or magazine.¹

Data Sources: Alaska Birth Defects Registry; Alaska Pregnancy Risk Assessment Monitoring System.

¹ Alaska Folic Acid Survey December 2000.

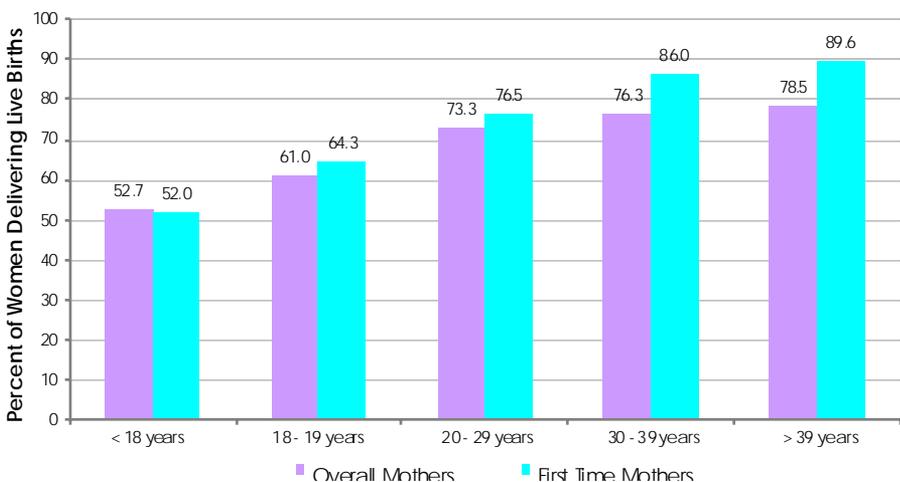
Prenatal Health: Protective Behaviors

Knowledge of Folic Acid Benefits by Race and Year Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Knowledge of Folic Acid Benefits, First Time and Overall Mothers, by Age, Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Overview of Prenatal Risk Factors

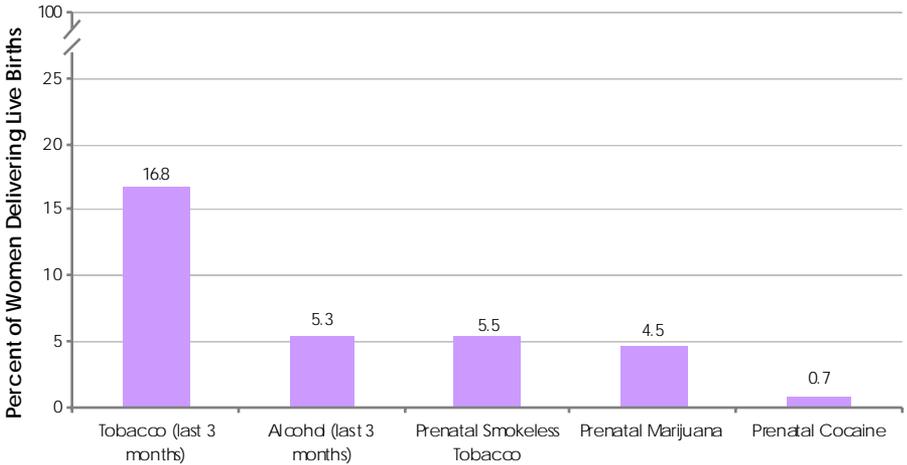
Prenatal use of substances (licit or illicit) is of concern for Alaskans. Drug abuse has a devastating impact on families and communities. When a woman abuses substances while pregnant, her unborn child can be adversely impacted in a variety of physical and developmental ways. Physical violence against women during pregnancy or surrounding the pregnancy period is recognized as a serious health concern for mothers and infants. Substance use is correlated with domestic violence, which suggests that prevention efforts in one venue may help the other.

- ◆ Nearly 17% of the prenatal population smokes.
- ◆ Alcohol, smokeless tobacco, or marijuana is used by 5% of the prenatal population.
- ◆ From 1991 - 2000, prenatal cocaine use in Alaska has remained at less than 1%.
- ◆ Their husband or partner physically abused approximately 5% of pregnant women who delivered a baby during 1996 - 2000.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

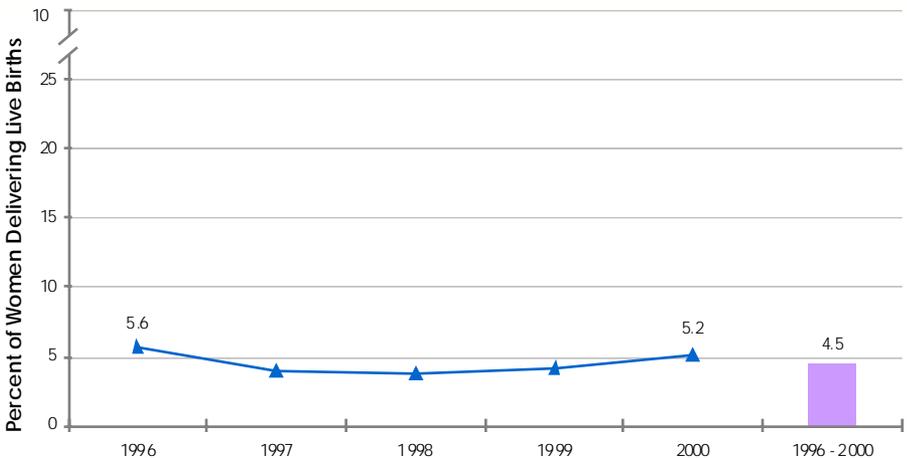
Prenatal Health: Risk Behaviors

Prenatal Substance Use Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Physical Abuse by Husband/Partner by Year Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Alcohol Use

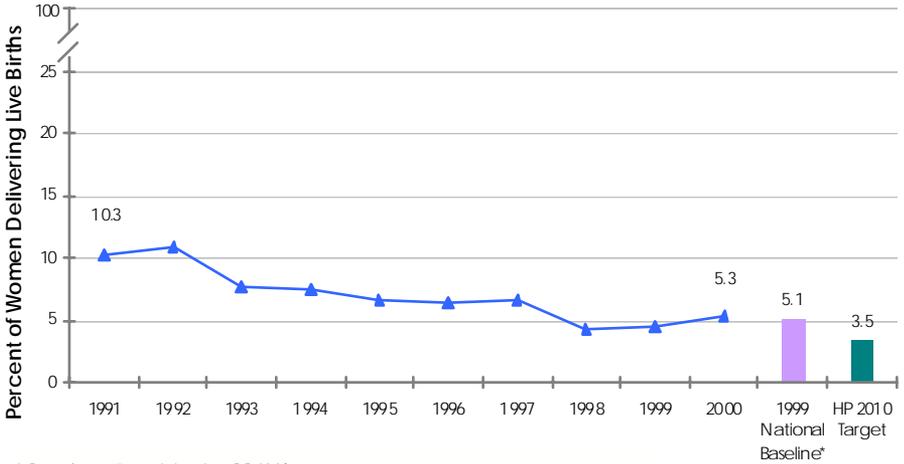
Prenatal alcohol use is the leading preventable cause of birth defects and mental retardation. Health care providers should routinely screen women of childbearing age for alcohol use and counsel them about the adverse effects of alcohol use during pregnancy. For this analysis, we use data from the Alaska Pregnancy Risk Assessment Monitoring System which collects data about alcohol use during the last three months of pregnancy.

- ◆ There has been a significant decline in prenatal alcohol use in Alaska over the past decade, with the overall prevalence (5.3% in 2000) approaching the Healthy People 2010 target of 3.5%.
- ◆ Self-reported prenatal binge drinking remains low. Less than 1% of women who delivered a baby during 1996 - 2000 indicated that they binged during pregnancy.
- ◆ Any prenatal drinking was highest among white women (any drinking can be as little as “less than 1 drink a week”), while Alaska Native women had the highest prevalence of prenatal binge drinking.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

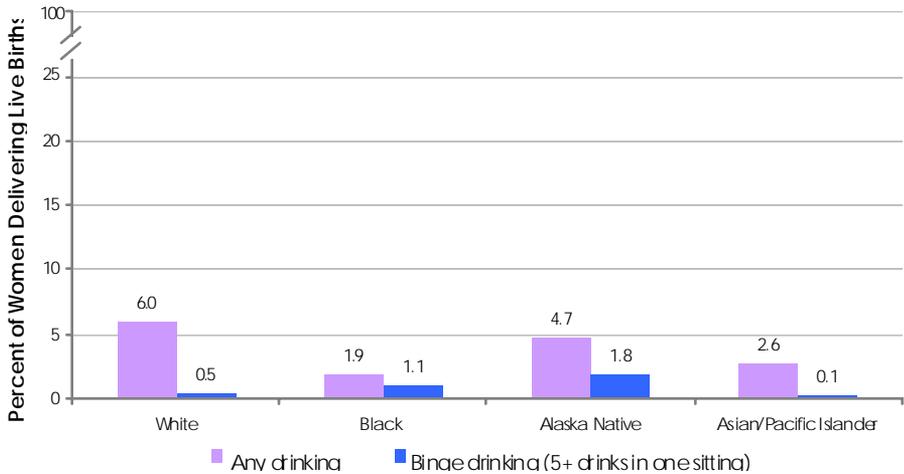
Prenatal Health: Risk Behaviors

Any Prenatal Alcohol Use (last 3 months) by Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Alcohol Use (last 3 months), Any and Binge, by Race, Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Tobacco Use

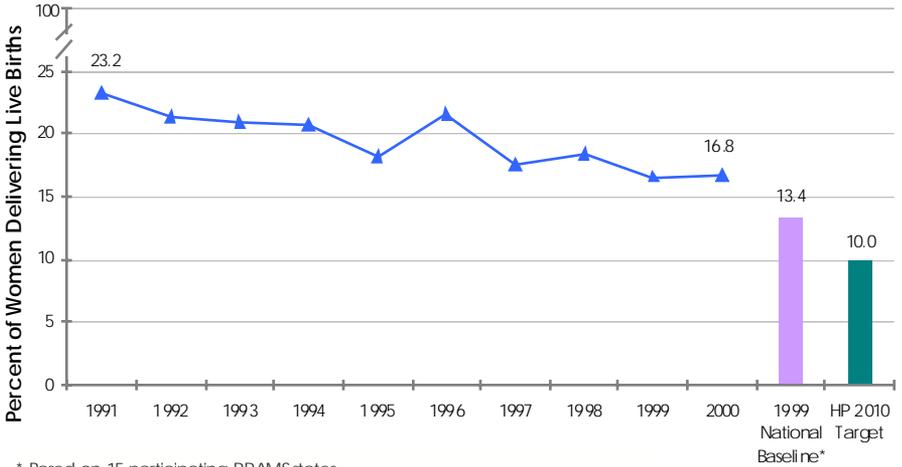
Prenatal tobacco exposure is the single largest preventable risk factor for low birth weight and prematurity. Prenatal tobacco exposure has been associated with poor motor tone and activity, reduced auditory responsiveness and lower arousal and irritability of the newborn. The data presented is here is from the Alaska Pregnancy Risk Assessment Monitoring System, which asks about cigarette smoking during the last three months of pregnancy.

- ◆ Although prenatal tobacco use has been declining over the past decade, Alaska's prevalence of prenatal tobacco use (16.8%) is still much higher than the Healthy People 2010 target of 10%.
- ◆ On average, 62% of pregnant women smoked less than half a pack a day during the last three months of their pregnancy, while 14% smoked a pack or more a day.
- ◆ Alaska Native women are twice as likely to smoke during pregnancy as white women (29% and 17%, respectively).
- ◆ While prenatal smoking during the 1990s declined for both white and Alaska Native women, a statistically significant decline was seen only among white women.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

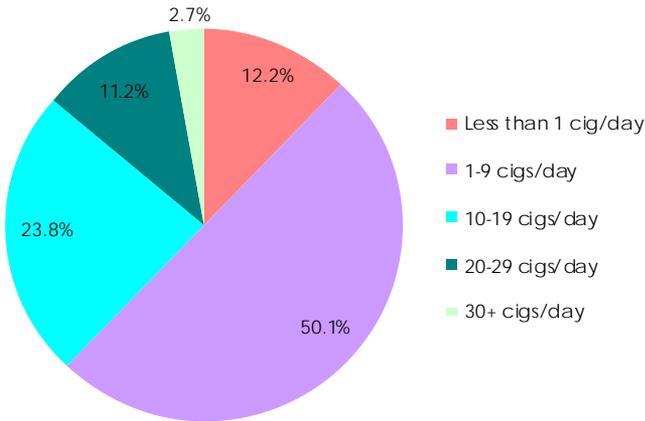
Prenatal Health: Risk Behaviors

Prenatal Tobacco Use (last 3 months) by Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Cigarette Smoking During Last 3 Months of Pregnancy Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Marijuana and Smokeless Tobacco

Prior to March 31, 1991, marijuana was a legal substance in Alaska. In 2000, prenatal use of marijuana was slightly less prevalent than prenatal alcohol use, but far less prevalent than cigarette smoking during pregnancy. Smokeless tobacco use is a growing public health concern. Few states besides Alaska collect information on the use of smokeless tobacco during pregnancy.

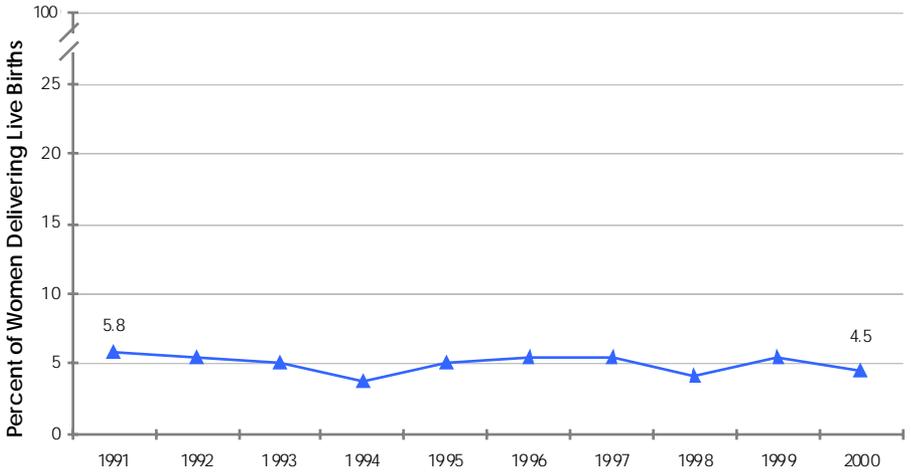
- ◆ Prenatal marijuana use in Alaska has remained fairly constant over the last decade. About 5% of Alaskan women who recently delivered a live birth report marijuana use during pregnancy compared to an estimated 3% of women in the United States.
- ◆ During 1996 - 2000, an average of 6% of women who recently delivered a live-born infant had used smokeless tobacco products during their pregnancy.
- ◆ Even though prenatal smokeless tobacco use among Alaska Natives has decreased significantly since 1996, this group had the highest rate (21.8%) for the five-year average. Less than 3% of women of other races indicated they used smokeless tobacco during pregnancy.
- ◆ The Yukon-Kuskokwim region[†] in Alaska stands out as having the highest prevalence of prenatal smokeless tobacco use (56.6%) for the 1996 - 2000 period. The region with the second highest prevalence of smokeless tobacco use is the North/Northwest region, with only 7.9%.

[†]See page 18 for regional map of Alaska.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

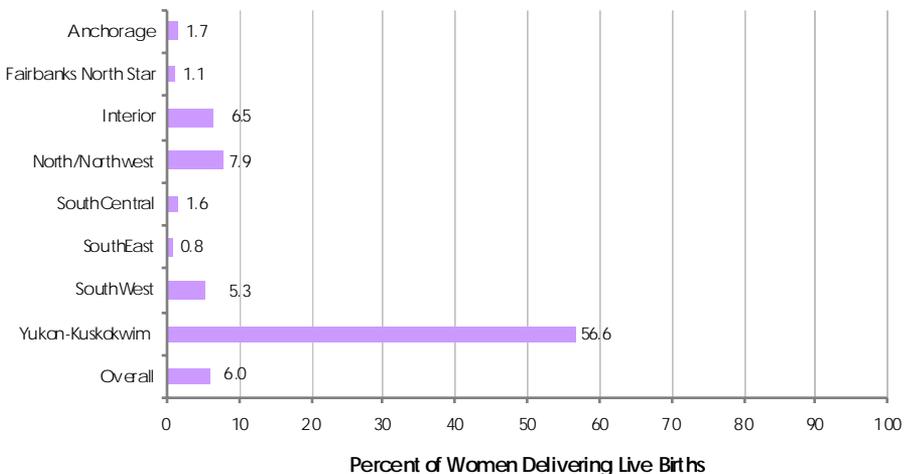
Prenatal Health: Risk Behaviors

Prenatal Marijuana Use by Year Alaska, 1991-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Prenatal Smokeless Tobacco Use by Region† Alaska, 1996-2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.