

Entry into Prenatal Care: An Evaluation of Process and Outcomes at Family Health Centers, Inc.

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BACKGROUND

- A goal for Healthy People 2020 is for 77.6% of pregnant women to obtain first trimester prenatal care.¹
- The Uniform Data System (UDS) identifies the first trimester as 13 weeks from the last menstrual period.²
- According to the Louisville Metro Health Equity Report (2012), 31% of Hispanic women did not receive prenatal care during the first trimester.³
- In 2014, Hispanic mothers were 70% more likely to receive late or no prenatal care as compared to non-Hispanic white mothers.³
- Prenatal care is critical in achieving good infant birth outcomes.⁴
- In 2014, the infant mortality rate among Hispanic Americans was 3.9 per 1,000 live births.⁴

OBJECTIVE

The purpose of this study was to assess the factors that influence women's early entry into PNC. This case study evaluation considered women in general but specifically Hispanic women's facilitators and barriers to their utilization of PNC at Family Health Center, Inc. In addition, it reviewed pregnancy related educational materials provided to women.

Evaluation Research Questions

- What are the experiences of patients, providers, and staff with PNC at FHC?
- What are the barriers to the implementation and utilization of PNC services?
- What are the information/education needs of patients who attend PNC at FHC?

METHODOLOGY

This process evaluation utilized multiple data collection methods that included an analysis of FHC's database, surveys (patients, providers, staffs; semi-structured), observations, document reviews, and GIS mapping to answer the research questions.

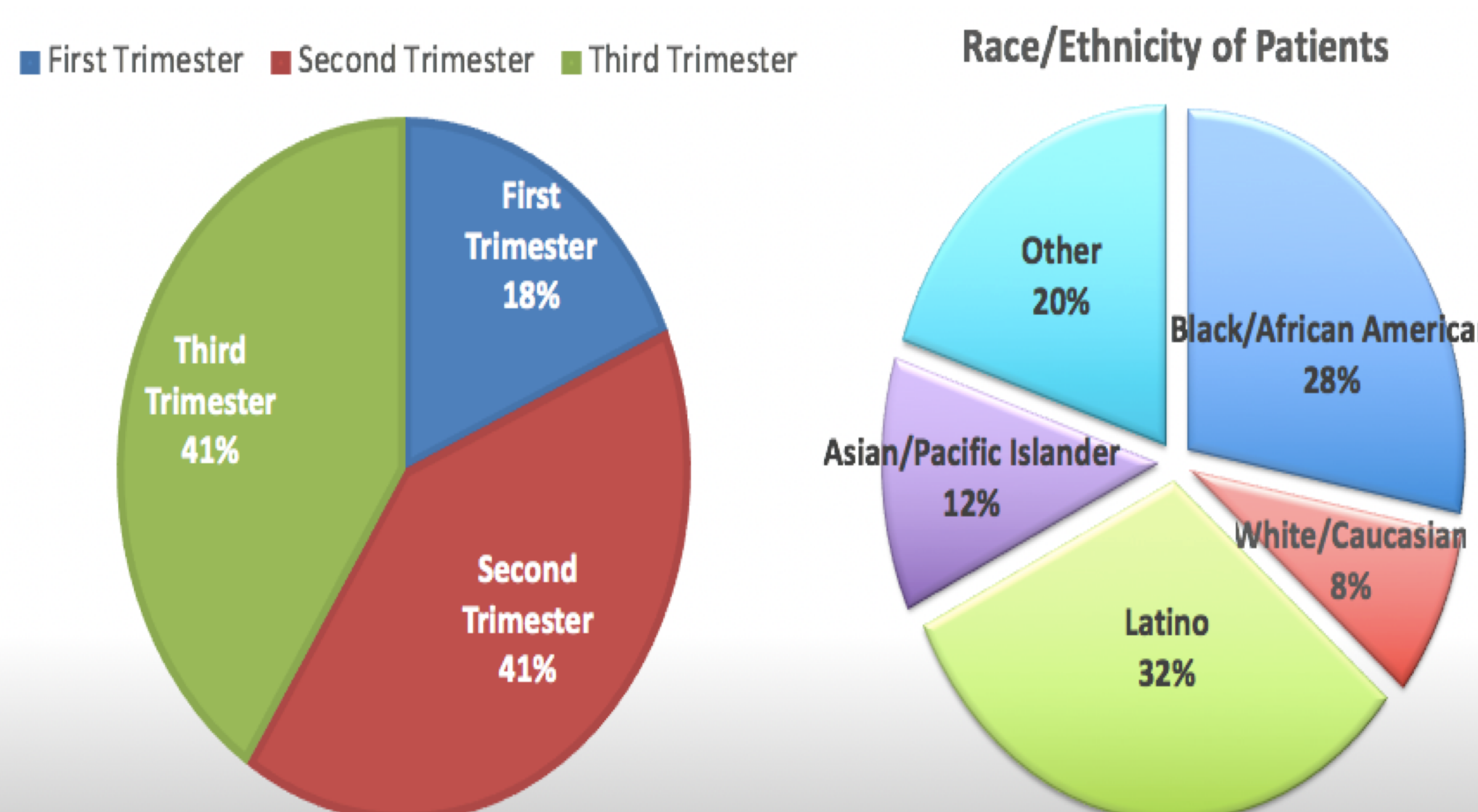
The research team conducted the study collecting data at the four participating PNC sites at East Broadway, Iroquois, Fairdale, and Portland between March 11 and March 15, 2019.

CONCEPTUAL FRAMEWORK



RESULTS

DATA DESCRIPTION



Study Population	Detail	N
Staff	Medical Assistants, Front Office	12
Providers	NP, Physicians	7
Demographic Characteristics (Patient)		
Variable (n= 26)	Percent	
Insurance		
Insured	48%	
Non Insured	48%	
Marital Status		
Single	52%	
Married	33%	
Divorced/ Separated	8%	
Translation Service Utilization* (Majority users were Latino)	56%	

FINDINGS & IMPLICATIONS

- Providers were pleased overall, with the PNC services they provide, however, most were disappointed with the number of women entering PNC in their first trimester.
- Women identified the lack of awareness of their pregnancy as the primary barrier to seeking PNC early.
- Overall, staff and providers thought they understood patients' cultural beliefs related to PNC but expressed a concern over the diversity of cultural backgrounds and languages resulting in often less effective communication using interpreters.
- Almost half of the respondents sought PNC services at FHC because of their satisfaction with the quality of the services. The women felt very comfortable asking their provider questions.
- Scheduling conflicts may be barriers to women seeking early PNC.
- Women require additional educational material that includes information related to general health, contraception and nutrition. In addition, providers also perceived that patients needed information about when to start care, medications, self-care do's and don'ts, delivery information, and ultrasounds.

RECOMMENDATIONS

- There may be value in implementing an approach that addresses the myriad of information needs through primary care, family planning, and Sexually Transmitted Infections (STIs) services.
- It is important that educational materials are produced in multiple languages in print and electronic web-based formats.
- Ensure that all providers and staff have access to participate in cultural competency training, and where applicable, provide resources for those who are interested to learn a foreign language.

REFERENCES

1. U.S. Department of Health and Human Services, 2019
2. Uniform Data System, 2018
3. the Louisville Metro Health Equity Report, 2012
4. U.S. Department of Health and Human Services, Office of Minority Health, 2017

Acknowledgements

To the administrators, staff, and patients of Family Health Centers, Inc., thank you for the opportunity to learn from you