

Issue Brief

Ensuring a Healthy Start:

Prenatal Care and Birth Outcomes among Newborn Kentuckians

Introduction

All children need a healthy start in life. A child's health at birth can impact educational outcomes, and compromised health can have far-reaching effects into adulthood. Kentucky can offer all children a strong start by ensuring every mother have access to appropriate and frequent health care both before conception and during pregnancy.

Kentucky babies, regardless of their parents' circumstances, need appropriate care in utero to set the foundation for a healthy and productive life. The Commonwealth as a whole benefits from improved health across communities. Kentucky's economic viability also depends on healthy children, starting at birth, because they represent our future workforce.

The brief includes data on access to prenatal care, low-weight births and preterm births, as well as solutions to improve access to care and birth outcomes. For the purposes of this report, comparisons will be made between Kentucky births to U.S.-born mothers and Kentucky births to mothers born outside the U.S. across six geographic regions of the Commonwealth and by race and Hispanic ethnicity.^{1,2}

Kentucky Births

From 2000 to 2003, five percent of all births in Kentucky were to mothers born outside the U.S.³ Percentages were slightly higher in the counties surrounding Louisville (KIPDA region) and Lexington (Bluegrass region) at eight percent and lowest in the Eastern Kentucky region at one percent (see Table 1 on pg 6).

Of Kentucky births to U.S.-born mothers, 90 percent were born to White mothers, 9 percent to Black mothers, and 1 percent to Hispanic mothers. Among Kentucky births to mothers born outside the U.S., the greatest numbers of births were to Hispanic mothers (42 percent), White mothers (30 percent), and mothers from Pacific Islands and other Asian countries (17 percent).⁴

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Early Prenatal Care

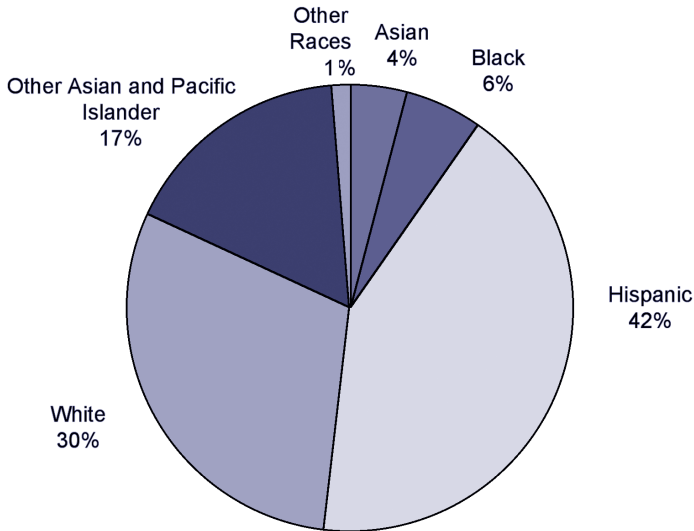
Access to prenatal care during the first thirteen weeks of pregnancy increases the likelihood of healthy birth outcomes. Early prenatal care serves an important purpose in detecting and treating pre-existing medical conditions.⁵ Early prenatal care also allows providers and pregnant women the opportunity to discuss topics such as diet and nutrition, managing the pregnancy, and community resources to promote healthy deliveries.⁶

Women are more likely to access prenatal care early in their pregnancy when they have health insurance coverage prior to conception. Other factors that impact early prenatal care include access to providers that serve Medicaid and/or uninsured patients and use culturally competent practices.

Access to prenatal care in the U.S. has leveled off after years of steady improvement; approximately 84 percent of women received early prenatal care in 2004.⁷ Between 2000 and 2003, nearly 86 percent of Kentucky births were to mothers who received early prenatal care. Rates of access to early prenatal care were higher for U.S.-born mothers (86 percent) than for mothers born outside the U.S. (77 percent).

Prenatal care access varies across Kentucky (see Table 1). Regions with the highest rates of access to prenatal care among women born outside the U.S. were the Louisville and surrounding counties region (85 percent) and the Northern Kentucky region (82 percent). Women born outside the U.S. were least likely to receive early prenatal care in Eastern Kentucky (69 percent). Differences between rates for births to U.S.-born mothers and mothers born outside the U.S. were greatest (12 percentage points or more) in the Bluegrass, Eastern, and South Central regions of Kentucky. High disparities in these varied regions suggest that accessibility to care reflects community access issues not confined to rural or urban areas.

Kentucky Births to Mothers Born Outside the U.S. by Race and Hispanic Ethnicity of the Mother, 2000-2003



Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Regardless of a woman's hometown or country of birth, women in Kentucky experience disparities in prenatal care based on race and ethnicity. These disparities reflect unequal access to quality health care within communities. Among births to mothers born outside the U.S., Hispanics were least likely to have received early prenatal care. Asian, Black, White and Pacific Islander women were more than 20 percent more likely to have received early prenatal care than Hispanic women.

Within the same race or ethnicity category, rates between mothers born in and outside the U.S. differ little, with the exception of Hispanics and "Other Races." The largest gap in access to prenatal care is among Hispanics. Only 66 percent of babies born to Hispanic mothers born outside the U.S. received early prenatal care between 2000 and 2003, in comparison to 81 percent of births to U.S.-born Hispanics.

Solutions for Kentucky

Improve Women's Access To Health Care

Communities can improve birth outcomes by increasing women's access to regular health care, with a specific emphasis on eliminating racial and ethnic disparities. Regular health care includes routine gynecological exams, education on healthy living, preventative care, and screening for early detection of diseases. Routine visits establish a relationship between physician and patient, encouraging early and frequent prenatal care among pregnant women, which in turn reduces the risk of preterm and low weight births.^{8,9}

Improve Outreach To Communities With Low Access To Prenatal Health Care

Kentucky's public health system requires all health departments to provide prenatal care, among other preventive services, to Kentucky residents regardless of immigration status.¹⁰ Kentucky health departments play a critical role in providing prenatal care, especially in serving women without health insurance. Early and frequent prenatal care for all women offers newborn

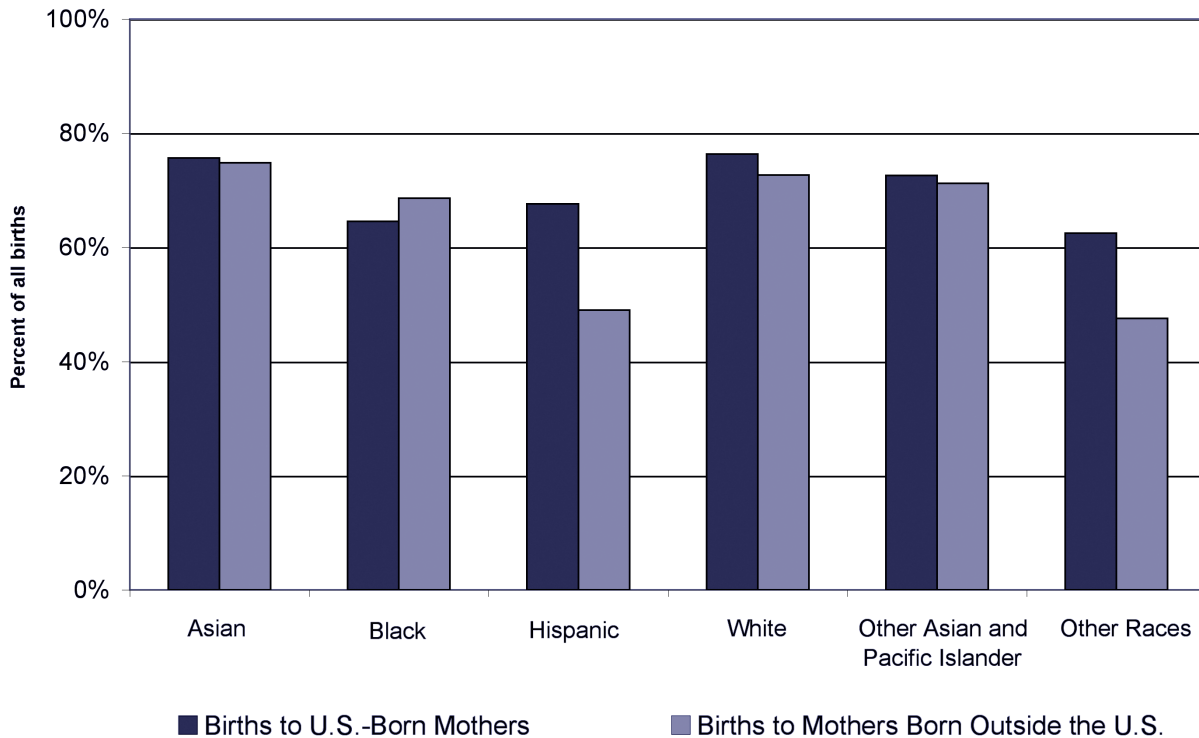
Kentuckians the greatest chance of starting life without health complications. Kentucky should build on this foundation by ensuring health departments and other community organizations inform communities with low rates of adequate prenatal care about available services and the importance of receiving prenatal care.

Frequent Prenatal Care

Frequent prenatal care measures births to mothers who visit their prenatal care provider ten or more times during the pregnancy. Such care ensures the health of the mother and the child throughout the pregnancy. The combination of receiving early and frequent prenatal care results in healthier pregnancies and babies, reducing healthcare expenses.¹¹

As with early prenatal care, women are more likely to have regular prenatal care visits when they have health insurance and access to affordable health care. U.S.-born mothers were more likely to have regular prenatal care during their pregnancy (81 percent) compared to mothers born outside the U.S. (70 percent) With the

Access to Early and Frequent Prenatal Care by Race and Hispanic Ethnicity, 2000-2003



Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

exception of the Western Kentucky region, the rates of access to regular prenatal care differed by more than 10 percentage points across the Commonwealth (see Table 1).

Reviewing the data on access to early and frequent prenatal care by race exacerbates the disparities. Hispanic foreign-born women are the least likely to access early and regular prenatal health care. Fewer than half of all Kentucky births to Hispanic women born outside the U.S. received adequate prenatal care between 2000 and 2003, and the rates were less than 40 percent in the Bluegrass and Eastern Kentucky regions.

Solutions for Kentucky

Ensure Eligible Women Are Enrolled In Medicaid

Medicaid provides a critical link to health care for low-income people. Expanded outreach efforts, with a focus on eligible immigrant women, can ensure health coverage for women without other options. Pregnant women who meet income guidelines are eligible to receive “emergency” Medicaid services allowing temporary coverage for delivery. Coverage of all eligible women supports healthy pregnancies and can reduce future health costs by helping women achieve a full-term, healthy pregnancy.

Include Language Access Services As A Covered Service For Members Of Kentucky Medicaid

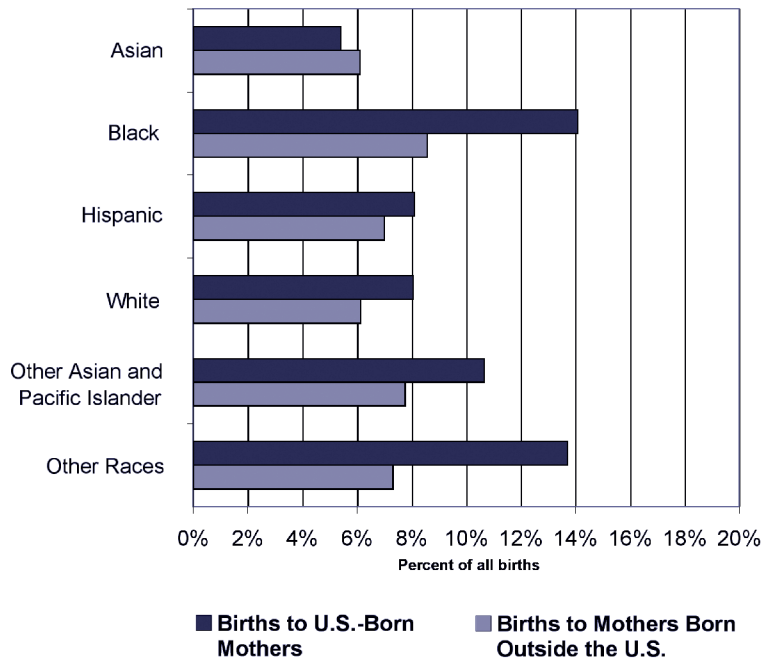
Currently 13 states include language services as an administrative or optional covered service under Medicaid and the State Children’s Health Insurance Program, and nine states are using Medicaid matching funds to offset the costs of language services.¹² Allowing for direct Medicaid reimbursement to healthcare providers for language access services would support Kentucky providers’ efforts to ensure patients served through Medicaid and other federally-funded programs have meaningful access to services and information.^{13,14,15}

Low-Weight Births

Prenatal care plays a critical role in ensuring healthy pregnancies. Two critical measures of a healthy birth include the length of the pregnancy and the weight of the newborn. Infants born at low birthweight, weighing less than 5.5 pounds, are twenty-six times more likely to die within their first year of life.¹⁶ These children face increased risk for serious health problems, poor educational outcomes, and long-term physical, behavioral and developmental disabilities.¹⁷

Communities with high rates of preterm and low-weight births face increased health costs and future challenges in educating youth at higher risk for developmental disabilities. Mothers born outside the U.S. have lower rates of low-weight and preterm births than U.S.-born mothers, yet opportunities exist for further reducing those numbers and strengthening the factors that contribute to those low rates among immigrant women.

Low-Weight Births by Race and Hispanic Ethnicity, 2000-2003



Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

The rate of babies born at low birthweight has been increasing in the U.S. and Kentucky over the past couple of decades.¹⁸ In Kentucky, seven percent of all births to mothers born outside the U.S. between 2000 and 2003 were low weight. Data by race show less disparity among races among mothers born outside the U.S. With the exception of births to Asian mothers, U.S.-born mothers have higher rates of low-weight births.

Recent medical research examining the health of immigrant women to U.S.-born women suggests an “epidemiologic paradox,” meaning a protective effect not accounted for by demographic, socioeconomic, behavioral, or medical risk.¹⁹ Despite high risk factors among some foreign-born populations, women born outside the U.S. tend to have better birth outcomes than U.S.-born women.²⁰ Research cites cultural protective factors characteristic among recent immigrant populations, especially among Hispanic populations, including social support systems and informal health care networks.²¹

The American Academy of Pediatrics explores variations across race, ethnicity and socio-economic status, controlling for age, medical risk factors, and health behaviors during pregnancy.²² Part of the protective effect is that foreign-born women are less likely to smoke during pregnancy.²³ Smoking is the “single most important known cause” of low-weight births, nearly doubling a mother’s risk for having a low birthweight delivery.²⁴

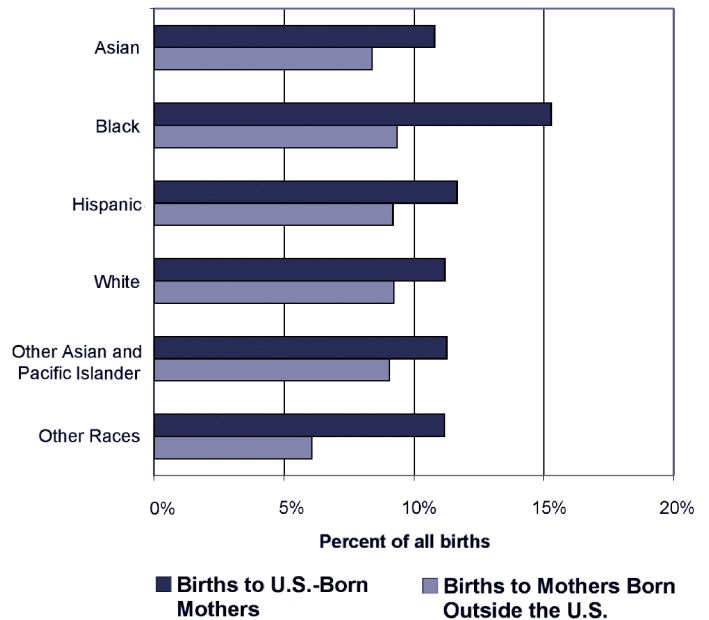
Though the impact of unmeasured risk factors remains undetermined, research suggests healthier women immigrate to the U.S. Furthermore, cultural factors and social supports play a significant role. The protective effect against low birthweight is stronger among recently immigrated foreign-born women. Immigrant women who have adapted to the U.S. culture, like their U.S.-born counterparts, see a reduced risk of having a low-weight birth with increased educational attainment.²⁵

Preterm Births

Preterm births occur before thirty-seven weeks of pregnancy. Gestation length is an important predictor of a child’s health and survival.²⁶ Half of mothers who experience preterm births do not belong to any known risk group.²⁷ The most persistent contributors to preterm births are disparities and unequal access to health care. The rate of preterm births has been increasing in recent decades, nationally and in Kentucky, with Kentucky’s rate of preterm births higher than the national rate.²⁸

In Kentucky, mothers born outside the U.S. had a lower preterm birth rate than U.S.-born mothers in Kentucky. This trend held true across racial groups. Though the rates of preterm births, like low-weight births, are lower among women born outside the U.S., efforts to ensure access to prenatal care are critical in maintaining those lower rates and avoiding costly newborn health care that arises from complications.

Preterm Births by Race and Hispanic Ethnicity, 2000-2003



Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Data on low-weight and preterm births by region show better outcomes in Northern Kentucky for all women, and especially those born outside the U.S. In contrast, rates of low-weight and preterm births are higher in Eastern Kentucky for all women, with an even higher rate among women born outside the U.S. (see Table 1).

Solutions for Kentucky

Increase Cultural Competency Training And Resources For Healthcare Providers

Even though mothers born outside the U.S. have better birth outcomes than U.S.-born mothers, access to prenatal care is effective in further improving birth outcomes for all newborn Kentuckians. All patients do

better when health care providers engage them as active partners in their health care services. Health care providers can encourage women to take an active role in maintaining a healthy pregnancy by using culturally and linguistically appropriate services. Such services could include encouraging input from patients about their cultural practices, contracting with professional interpreters within the community, and recruiting bilingual staff.²⁹

Table 1: Kentucky Births And Birth Characteristics By Region And Birthplace Of Mother, 2000-2003

Region	Birthplace of mother	Number of births	Percent of births to mothers receiving early prenatal care	Percent of births to mothers receiving frequent prenatal care	Percent low-weight births	Percent pre-term births
Bluegrass	U.S.-Born	34,493	83.6	81.8	8.5	11.9
	Born Outside U.S.	2,944	69.0	66.6	7.6	10.1
Eastern Kentucky	U.S.-Born	39,018	84.4	78.2	9.2	12.4
	Born Outside U.S.	429	72.0	59.9	8.2	11.2
KIPDA	U.S.-Born	44,878	90.1	83.9	8.9	11.8
	Born Outside U.S.	3,699	85.3	72.6	7.3	9.1
Northern Kentucky	U.S.-Born	22,211	91.1	86.3	7.2	10.1
	Born Outside U.S.	914	81.6	74.1	4.4	6.6
South Central	U.S.-Born	35,071	84.1	79.0	8.0	10.6
	Born Outside U.S.	1,695	71.3	65.3	6.3	8.3
Western Kentucky	U.S.-Born	31,955	85.1	76.5	9.2	12.1
	Born Outside U.S.	1,258	76.6	72.7	6.6	9.5
Kentucky Total	U.S.-Born	207,626	86.3	80.8	8.6	11.6
	Born Outside U.S.	10,939	76.9	69.5	6.9	9.2

Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Data Note: See endnote 2 for description of regions.

Endnotes

- 1 For the purposes of this report, births to mothers born outside the U.S. includes all Kentucky births where the birth certificate indicates the mother was born in a country other than the United States.
- 2 Regions reflect Area Development Districts (ADDs). With the exception of the Bluegrass, KIPDA (Metro Louisville and surrounding counties), and Northern Kentucky ADDs, the districts have been combined to ensure data reliability. Eastern Kentucky includes the Big Sandy, Buffalo Trace, Cumberland Valley, FIVCO, Gateway, and Kentucky River ADDs; South Central includes Barren River, Lake Cumberland, and Lincoln Trail ADDs; and Western Kentucky includes Green River, Pennyryle, and Purchase ADDs.
- 3 Unless otherwise noted, all data reported in this document is based on Vital Statistics data from 2000 to 2003. Due to changes in the birth certificate, Vital Statistics data after 2003 on births to mothers born outside the U.S. is less reliable.
- 4 For the purposes of this report, race and ethnicity categories report categories defined by Kentucky's Vital Statistics Branch. The category "Asian" includes Chinese, Japanese and Filipino persons. The category "Other Asian and Pacific Islander" includes persons from India, Pakistan, and all other Asian and Pacific Island countries. "Other Races" includes persons not identified with any of the Vital Statistics categories, those of unknown race, and indigenous populations.
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