



CHILDHOOD RESILIENCE

Early Prenatal Care

INDICATOR

Percent of women beginning prenatal care in the first trimester of their pregnancy.

Numerator	Number of births in which the mother began prenatal care in month one, two, or three of her pregnancy
Denominator	Total number of births

DESCRIPTION

This metric captures the number of pregnancies in which prenatal care began in the first trimester, that is, in the first three months after conception.

IMPORTANCE

Early engagement in prenatal care increases the likelihood of a healthy infant and mother (Ryan, 1980). Additionally, up to 25% of pregnant women experience heightened stress, depression, and anxiety which can be addressed through prenatal care. (Kingston, 2014).

LIMITATIONS

- Early prenatal care is an indicator of increased access to needed services and supports for pregnant women. However, the degree to which prenatal care improves the health of the mother and child may be confounded by socioeconomic status, as women with increased financial means frequently plan pregnancy, start prenatal care early, and have a higher level of education, all of which tend to have a positive effect on the child.
- Connecticut and New Jersey are excluded from this calculation as they have non-standard birth certificate reporting.
- Appointment frequency is not routinely collected on the birth certificate in all states and thus is not accounted for, though may impact outcomes.

ADDITIONAL ANALYSES

Wisconsin Analyses

Race	% Births
American Indian/ Alaskan	69%
Asian	71%
Black	64%
White	82%

National Analyses

Race	% Births
Data not available.	

YEAR:		2015	
WI	US	Best	Worst
79.5%*	71.7%	86.8% VT	58.4% AK
PAST YEAR:		2014	
WI	US		
79.3%*	70.8%		

* Indicates a statistically significant difference from the US value at $p < 0.05$.

SOURCE

Centers for Disease Control and Prevention, National Center for Health Statistics. (2015). Natality public-use data 2007-2015 [Data file]. Retrieved at <http://wonder.cdc.gov/ucd-icd10.html>.
Kingston, Dawn, et al. (2014). Study protocol for a randomized, controlled, superiority trial comparing the clinical and cost-effectiveness of integrated online mental health assessment-referral-care in pregnancy to usual prenatal care on

prenatal and postnatal mental health and infant health and development: the Integrated Maternal Psychosocial Assessment to Care Trial (IMPACT). *Trials Journal*, 15(1), 1.
Ryan Jr, G. M., Patrick J. Sweeney, and Abiodun S. Solola. (1980). Prenatal care and pregnancy outcome. *American Journal of Obstetrics and Gynecology* 137(8), 876-881.