



Prenatal Care Utilization and Satisfaction Among Low Income Hispanic Women

Linda J. Luecken, Ph.D., Arizona State University



BUSTING MYTHS, BREAKING BARRIERS
Arizona Department of Health Services
Jan 8-9, 2008

Benefits of prenatal care

- Healthier babies
- Chance to teach about infant health
- Smooth transition to child health care
- Chance to identify potential problems
- Cost-savings from less hospital care



“Traditional” barriers to use of prenatal care

- Low income
- Lack of insurance
- Low education
- Immigrant status
- Lack of access
- Poor treatment
- Unintended pregnancy
- High life stress



Resilience

The ability to bounce back when faced with difficult times and circumstances



Resilience Resources

For Individuals:

- Friends and family
- Cultural connection
- Sense of meaning
- Sense of control
- Helping others

For Communities:

- Neighbors talk
- Work for common good
- Plan for the future
- Focus on assets
- Diversity

**Prenatal Care Satisfaction and Resilience
Factors in Maryvale and South Phoenix**



*Maricopa County Department of Public Health,
The Alliance for Innovations in Health Care
& Arizona State University*

The Goals:

- ✓ Assess utilization and satisfaction with pregnancy care
- ✓ Understand barriers to access
- ✓ Evaluate predictors of utilization and positive experiences

Why focus on Maryvale and South Phoenix?

Previous findings:

- **Worse pregnancy and birth outcomes among low-income and ethnic minority groups**
- **High infant mortality rates**
- **Less use of prenatal care than in the surrounding areas of Phoenix.**

What We Did:

- Interviewed 483 Hispanic women in postpartum unit of hospitals serving Maryvale and South Phoenix
- All women were eligible to receive AHCCCS or FES to cover the cost of the birth.
- All women spoke either Spanish or English, and were at least 18 years old

Study Participants

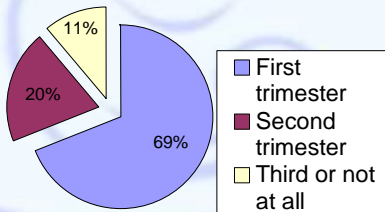
- Averaged 26 years old
- 55% married/living with partner
- 50% completed High School
- 81% were born in Mexico
- 68% spoke Spanish only

KEY FINDINGS...

Use of Prenatal Care

- 95% reported use of prenatal care
- 9% attended childbirth classes

First Prenatal Care Visit



Barriers to use of prenatal care:

- ✓ Lower educated
- ✓ Born in Mexico
- ✓ Low acculturation
- ✓ Single, divorced/separated
- ✓ Unintended pregnancy
- ✓ Distress
- ✓ Stressful life events

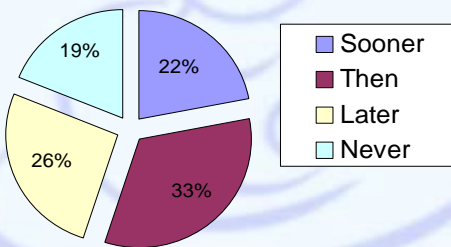


Stressful Life Events

- On average, women reported 2 major life stressors (range 0-12).
- 35% moved at least once, 10% moved more than once, 9% were homeless.
- 16% reported someone close had a bad problem with drinking or drugs
- 19% reported the death of someone close.

Life events and experiences

She wanted to be pregnant...



Among women who received prenatal care, 19% did not receive it as early as they wanted it.

Reasons for the delay:

- 35% cited lack of money or insurance
- 19% did not know they were pregnant
- 4% couldn't find a doctor who would see her
- 19% reported other reasons (mainly difficulty getting on AHCCCS)

RESILIENCE

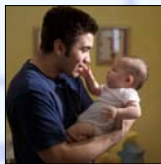
Predictors of *earlier* entry into PNC:

- Support from family and friends
- Support from the baby's father
- Strong cultural beliefs
- Sense of control/mastery
- Positive feelings about being pregnant
- Religious beliefs and practices



FAMILY AND FRIENDS

- Most were highly satisfied with support from friends, family, and the baby's father.
 - 83-85% felt the baby's father would provide financial support and help care for the baby.
- 9% of women felt they had no close friends or family nearby who could provide support*



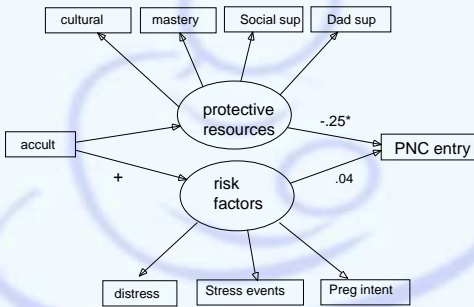
Neighborhood support was generally low

“People in my neighborhood are willing to help their neighbors” (49% agree)

“This is a close-knit neighborhood” (37% agree)

“People in my neighborhood can be trusted” (31% agree)

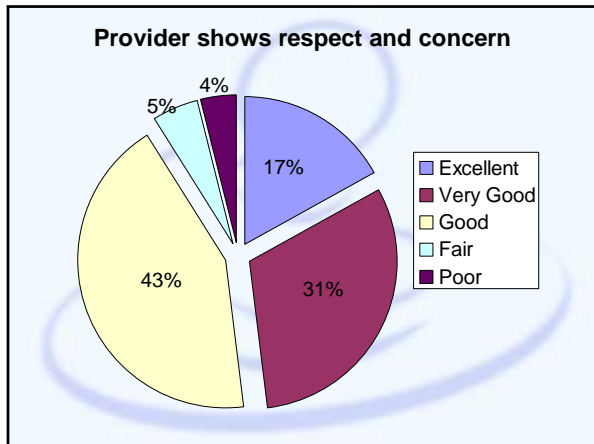
Combined impact of risk and protective factors on time of entry into prenatal care (PNC)



Care quality and satisfaction

Overall ratings tended to be fairly high for the prenatal care facility and prenatal care provider. However:

- 57% reported trouble communicating with their provider due to language differences
- 15% reported that her provider “sometimes”, “rarely”, or “never” went over test results



Care quality and satisfaction, cont.

Perceived discriminatory treatment

“I was ignored or discriminated against by a health care worker” (20%)

“Due to how I look or speak, a health care worker mistreated me” (17%)

“A health care worker treated another patient well but treated me badly” (18%)

Provider-level predictors of increased satisfaction with care

- Less wait time
- Provider spent more time with her
- Felt more control over birth experience
- Treated with respect
- Usually seen by same person

Individual-level predictors of increased satisfaction with care

- Fewer stressful life events
- Strong social support
- Low levels of depression and anxiety
- Strong cultural beliefs
- Mother born in Mexico

Care content

23% of women reported that their provider did not discuss what to eat during pregnancy

- 11-14% reported that their provider did not discuss how drinking, smoking, or illegal drugs could affect their baby
- 27% reported that her provider did not discuss domestic violence
- 25% reported they did not discuss HIV

Where to go from here??



Recommendations

1. Expand use of best practices and develop interventions to increase prenatal care among low-income and culturally diverse women.
2. Asset-based community interventions to build cohesion, social networks, and engagement
3. Focus groups to understand experiences with discrimination, and how cultural beliefs influence use of prenatal care.
4. Culturally relevant provider and community education and outreach focused on access, pregnancy and birth control education, and illegal immigrant fears.

5. Increase depression and social screening during prenatal care visits. Look at prenatal programs available in homeless shelters.
6. Simplify the process of obtaining AHCCCS coverage. Publicize it, with emphasis on Spanish-language media.
7. Work with providers and institutions to improve patient recall of essential information related to good health during pregnancy.



Acknowledgements

Maricopa County Department of Public Health (MCDPH): Bob England, MD, MPH *Division of Preventive Health Services*: David Dube, RD, MPH, CHES; Diane Cox, PhD, MSN, RN; Rose Howe, MSW; Wanda Thompson, BAHS, CPM

Alliance for Innovations in Health Care; Diane Ziple, MS, Director, Alyce-Anne Meadows, Med. Director, Cathie Hannen, Arizona Department of Health Services; Donna Thompson, Office of Nutrition Services – WIC; Connie Williams and Jennifer O'Connor, Arizona Health Care Cost Containment System; Doug Hirano, Mountain Park Health Center; Thelma Brandon-Davis, South Central Clinic; Barbara Freeman, Phoenix Birthing Project; Lylaine Gavette, CNM; Cheri Tomlinson, Mary Maudlin and Rosanne Hatfield, Maricopa Medical Center; Lynda Choate, Mercy Care Health Plan; Kathy King, St. Joseph's Hospital & Medical Center; Dr. Anu Partap, Arizona Center for Community Pediatrics; Dr. Dean Coonrod, Maricopa Medical Center; Dr. John Mattox, Banner Good Samaritan Regional Medical Center; Lisa Derrick, South Phoenix Healthy Start; Martha Mendoza, APIPA Health Plan; Cheri Belancourt, Health Choice Health Plan; Rhonda Andrews, Phoenix Health Plan; Sherry Childress, Maryvale Hospital; Kathy Elston, Care First Health Plan; Anne Jorgensen-Hust, Donna Williams, and Jewel Shelton, St. Joseph's Hospital & Medical Center; Lonnie Rubio-Jones, It's A Baby's Life; Joan Agostinelli and Lisa Scharus, Arizona Department of Health Services; Chris Tussey, Banner Good Samaritan Regional Medical Center; Barb Jorgensen, Southwest Human Development

Resilience Solutions Group, Arizona State University; Leona Aiken, PhD, Felipe Gonzalez Castro, PhD, Mary Davis, PhD, John Hall, PhD, Kathryn Lemery, PhD, Linda Luecken, PhD, Kate Murray, John Reich, PhD, Rebecca Rios, Alex Zautra, PhD

The Arizona Department of Health Services, Office of Women and Children's Health

St. Joseph's Hospital & Medical Center Foundation

St. Luke's Health Initiatives