Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Plan for the Coming Year

A. Analyze BCFHS Family Planning referral data to prenatal care for women with positive pregnancy tests. Identify trends, opportunities for technical assistance and/or intervention and recommend follow-up activities.

This infrastructure-level strategy will be accomplished by: 1) analyzing positive pregnancy test and referral to prenatal care data from the Family Planning Data System, specifically looking at racial disparities; 2) developing and implementing a plan to analyze FP referral data including chart audits, Family Planning data, other qualitative data; 3) developing report based on analysis that identifies trends and opportunities for technical assistance and/or quality improvement recommendations; 4) partnering with Ohio ACOG to develop/modify and implement pre/interconception service protocols for public health and private providers; and 5) using focus group results of women of childbearing age and providers of WCA women of childbearing age re: pre/interconception care (P/IC) to inform design/delivery of health education messages interventions;

B. Examine disparities in prenatal care in first trimester rates in regards to age, marital status, income, education, parity, payer, race and ethnicity.

This infrastructure-level strategy will be accomplished by: 1) gathering data about first trimester entry into prenatal care in BCFHS funded programs by age, marital status, income, education, parity, payer, race and ethnicity; 2) analyzing first trimester entry into prenatal care in BCFHS funded programs by age, marital status, income, education, parity, payer, race and ethnicity; 3) literature review and review of evidence-based practices on getting women into prenatal care in the first trimester; 4) providing technical assistance to BCFHS funded programs to strengthen referral and follow-up to activities between family planning services and prenatal care services and to ensure education to women about the importance of early entry into prenatal care based on data (see 1).

C. Provide training and/or technical assistance to increase strategic plans to increase cultural competency in family planning and prenatal care services in DFCHS funded programs.

This infrastructure-level strategy will be accomplished by working with SPM 4 Workgroup to 1) identify appropriate training on cultural competency; 2) to train DCFHS managers and consultants on cultural competency; 2) to identify common language for cultural competency and linguistic competency in ODH RFPs; and 4) to apply for MCHBG TA assistance in #2 above.

D. Facilitate process to complete results-based accountability model developed by Mark Friedman to produce performance measures and future interventions.

See State Performance Measure 2 (B).