

Fact Sheet

MCH Block Grant Core Performance Measure 18

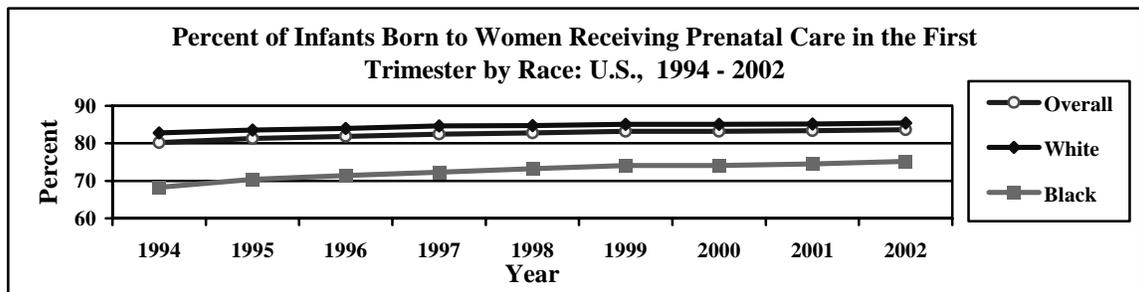
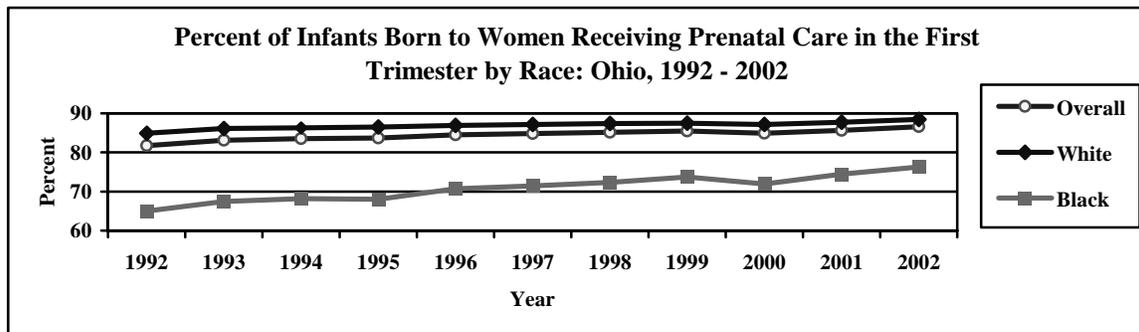
Percent of Infants Born to Pregnant Women Receiving Prenatal Care Beginning in the First Trimester

Percent of Infants Born to Pregnant Women Receiving Prenatal Care Beginning in the First Trimester by Race

Ohio, 1992 - 2002

HP 2010 Target < 90.0 >											
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Overall	81.7	83.1	83.5	83.7	84.5	84.8	85.1	85.5	84.9	85.6	86.6
White	84.9	86.1	86.3	86.5	86.9	87.2	87.4	87.5	87.2	87.7	88.5
Black	65.0	67.5	68.2	68.0	70.7	71.4	72.3	73.7	71.9	74.4	76.3
Other	81.7	82.1	84.3	84.0	84.5	83.9	85.1	85.8	85.2	84.9	87.5
Measure Targets	N/A	N/A	N/A	N/A	N/A	85.0	85.5	86.0	87.0	87.0	87.0

Data Source: Ohio Vital Statistics



Key Data Summary

- In 2002, 86.6 percent of infants were born to women receiving prenatal care in the first trimester in Ohio. This compares to 83.4 percent for the nation in 2001.
- In Ohio, the percent of infants born to women receiving prenatal care in the first trimester increased from 81.7 in 1992 to 86.6 in 2002. The trends for Ohio and the nation are similar.
- There is a disparity between black and white infants born to women receiving prenatal care in the first trimester, with blacks being about 16 percent lower than whites during the period of 1992-2002. This disparity was slightly higher than the nation's 13 percent during 1990-2001.

2010 Goal

- 2010 goal is that 90 percent of infants will be born to pregnant women receiving prenatal care beginning in the first trimester; 1998 baseline: 83.

U.S./Ohio Comparison: 2002 Data

- U.S.: Overall infants born to women receiving care in the 1st trimester = 83.7 percent; white = 85.4 percent; black = 74.2 percent.
- Ohio: Overall infants born to women receiving care in the 1st trimester = 86.6 percent; white = 88.5 percent; black = 76.3 percent.
- Ohio is slightly better than the nation overall and for whites and blacks.

Literature Review

- Early identification of maternal disease and risks for complications of pregnancy or birth is the primary reason for first trimester entry into prenatal care.
- Early high-quality prenatal care is critical to improving pregnancy outcomes.