FACTORS WHICH INFLUENCE USE OF PRENATAL CARE IN LOW-INCOME RACIAL-ETHNIC WOMEN IN LOS ANGELES COUNTY

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ABSTRACT: There is very limited information on ethnic differences in use of prenatal care services. The purpose of this study was to examine the effect of sociodemographic, health behaviors, medical risk, and psychosocial risk factors on the timing of prenatal care among Black-American, Mexican-American, and recent Mexican immigrant women in Los Angeles. A sample of 107 primiparous women were interviewed using a structured questionnaire. Information obtained included socioeconomic indicators, relationship with baby’s father, timing of prenatal care, psychosocial factors, and substance use before pregnancy. Ethnic patterns of timing of prenatal care revealed no significant differences. The relationship with the baby’s father was associated with early timing of prenatal care and more prenatal care visits. Substance use before pregnancy was significantly related to total number of visits for this pregnancy.

INTRODUCTION

Improved access to prenatal care represents a major pathway to improving the nation’s health. This connection is reflected in a target set in 1980 by the United States Surgeon General. “In 1990 at least ninety percent of pregnant women in any racial or ethnic group will obtain prenatal care during the first trimester.” Currently most, if not all, evidence suggests that among low-income and minority women only 50 percent initiate prenatal care in the first trimester while 80 percent of the general population initiate prenatal care in the first trimester."
Although there is overwhelming evidence that inadequate prenatal care contributes to unfavorable birth outcomes, there is more limited understanding of those factors which contribute to delayed prenatal care.

Several recent studies have suggested factors which contribute to delayed prenatal care and higher prevalence of unfavorable perinatal outcome in these groups. These include lack of financial resources and inadequate or no health insurance; high rates of preexisting chronic disease conditions; low maternal education; age; disrupted families and lack of social support; problems of transportation and child care and recent immigrant status combined with financial problems. Furthermore, past research strongly indicates that non-medical factors such as stressful life events, social support, and health behaviors, such as substance use, also appear to interact with population characteristics to influence timing of prenatal care. Yet, few studies have examined these issues among pregnant women of Mexican origin. Although Mexican origin women have more favorable birth outcomes than Black women, they have similar patterns of initiation of prenatal care as Black women.

Several studies on recent Mexican immigrant women have suggested that they are a population at reproductive health risk due to their sociodemographic characteristics, fear of using public health services due to the likelihood of detection or deportation, and lack of health insurance. One study of recent Mexican immigrant women documented the delayed patterns of prenatal care in this group. Their findings revealed that 20 percent of Mexican immigrant women had received no prenatal care, while 40.5 percent had initiated prenatal care in the second or third trimester. In fact, undocumented immigrant pregnant women were three times more likely to deliver with no or late prenatal care. Norris and Williams also found that the highest crude and standardized perinatal mortality rates in California in 1978 were for non-Medi-Cal patients giving birth in county hospitals who had received late or no prenatal care. The authors suggest that this group may include a significant number of recent immigrant women.

Current trends show that the Latino immigrant population in California will increase by 50 percent in the next decade and triple by the end of the century. Thus, it is timely to examine the patterns of prenatal care in this group since projections suggest that births of Latino women will constitute 50 percent of all births in the state of California within the next decade. One aim of this exploratory study was to examine the effect of sociodemographic, health behaviors, medical risk, and psychosocial risk factors on the timing of prenatal care among