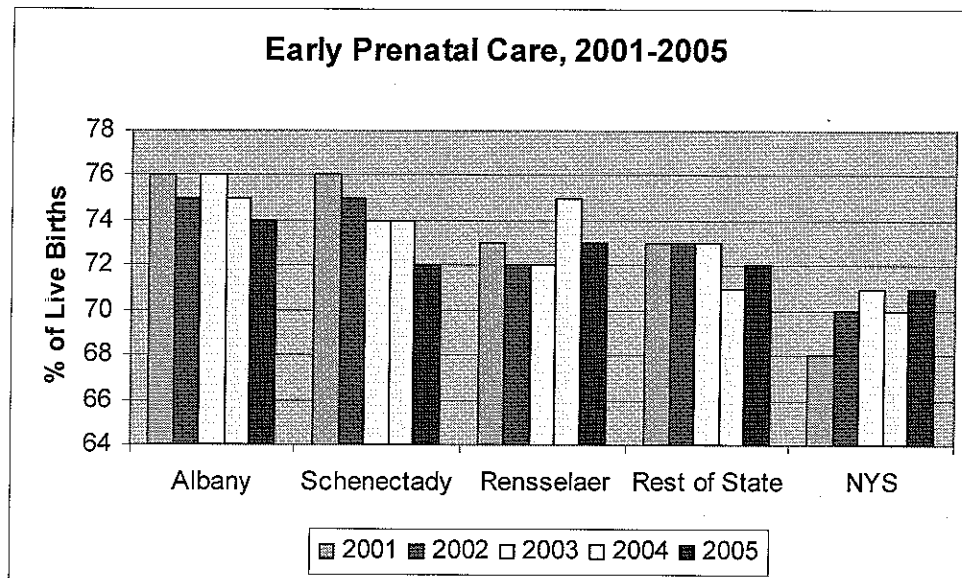


## Prenatal Care

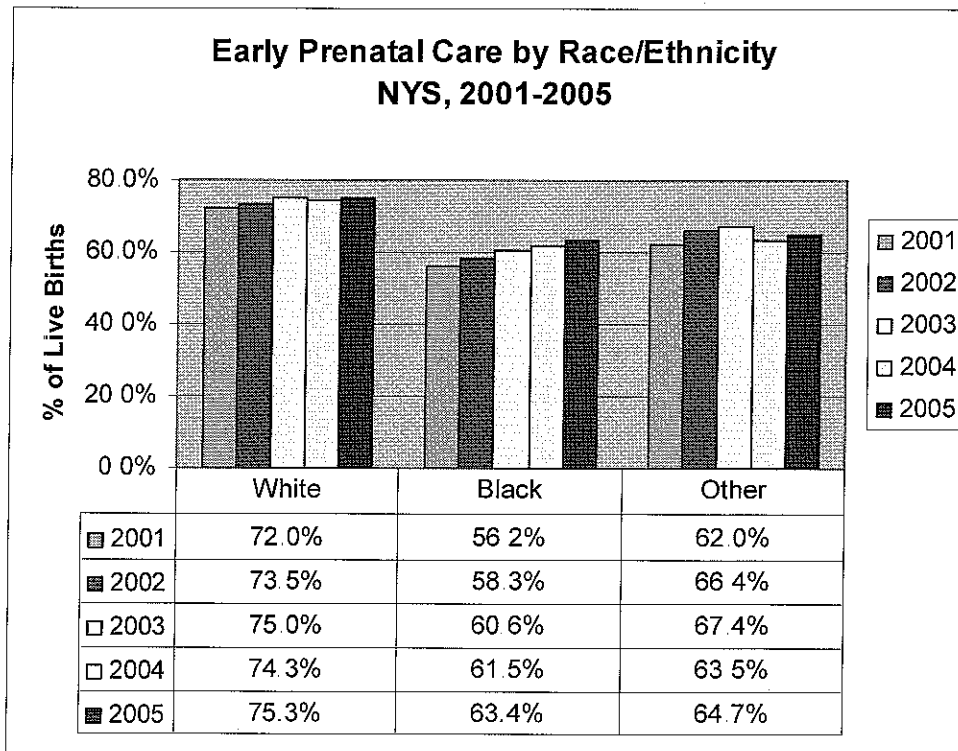
Inadequate prenatal care is a factor in low birth weight births as well as increasing risk for perinatal morbidity and mortality. The prenatal period presents a critical opportunity for both parent(s) and prenatal providers to assess and monitor maternal health status and behaviors (such as smoking, substance use, nutrition) as well as fetal development. A psychosocial assessment of the family's preparedness for parenthood and parenting skills is also appropriate during the prenatal period. Intervention to address concerns in any of these areas can be offered early in the pregnancy, e.g., obtaining public assistance benefits, WIC, assistance in getting a job, adequate housing, baby items, and arranging for child care after delivery.

The *Healthy People 2010* target for early entry into prenatal care is 90 percent. As Figure 27 presents, there is a disturbing downward trend from 2001-2005 in Albany and Schenectady Counties and no significant upward progress towards the goal in Rensselaer County. Yet we see that the Capital Region is doing better overall, than the rest of the state.



\* Rest of State – All of New York State excluding New York City

Early prenatal care, defined as pregnancy-related health care received by the mother in the first three months (first trimester) of her pregnancy, entry rates are typically lower among non-White populations (Figure 28). Not only do non-White women enter care later than White women, minority women are more likely to enter care after the first trimester or not at all. In New York State, Black women receive late or no care twice as often as their White counterparts.



**% Late/No Prenatal Care  
NYS, 2001-2005**

