



**ALL WOMEN SHOULD HAVE ACCESS TO
QUALITY PRENATAL CARE, INCLUDING
PARENTING EDUCATION**

Increasing availability and service coverage can address multiple factors

The health of women prior to pregnancy and during pregnancy is a critical factor related to birth outcomes and child health, and the risk of child death is greatest at birth¹. Although Florida has made progress in assuring women access to prenatal care, many women continue to lack such care. Fifteen percent of women who delivered in Florida in 2003 did not receive prenatal care until after the first trimester, an increase from 14% in 2002.

The percentages of low-birth weight babies and preterm babies have slowly but steadily increased between 1990 and 2002 to reach 8.6% (in 2002; 8.5% in 2003) and 13% respectively (compared to 7.8% and 12.1% nationwide). The percentage of low-birth weight African-American babies is extraordinarily high, 14% compared to 8.2% for Caucasians and 7.4% for Hispanics. Adolescent mothers and their newborns face numerous health and social challenges, and although the percentage has decreased from 8.2% in 1999 to 6.7% in 2003, Florida's adolescent birth rate is above the national average². More women are also delaying childbearing, and rates of chronic diseases and maternal mortality increase with age³.

Psychosocial and socio-cultural factors impact maternal health and seldom occur in isolation. Maternal depression, substance abuse, HIV and AIDS, domestic violence, unintended pregnancies, and parent/infant attachment disorders are often linked. Racial and ethnic disparities persist, most closely tied to socioeconomic status, and illegal aliens are at particular risk for poor health outcomes. The U.S. Department of Health and Human Services gave Florida an "unsatisfactory" grade in women's health noting the need for better access to health insurance, prevention services, and specific health care providers and services for women⁴.

Research clearly demonstrates that children's health benefits from:

- ***Increasing the availability and service coverage for prenatal care, including pre-conception care.*** Florida has elected to expand Medicaid services to several optional groups of recipients, including providing prenatal care to pregnant women with incomes between 150% and 185% of the federal poverty level since Fiscal Year 1992-93. Indeed, Medicaid now funds almost 50% of all deliveries⁵. However, many families in need do not receive Medicaid. And maternal health services do not include preconception care and limit inter-conception care to family planning services.
- ***Improving health literacy.*** Health literacy is an issue that crosses socioeconomic categories. Many adults are ill-prepared to provide all relevant information regarding their health status, question their medical providers, clarify their understanding of information, or gather health information from additional sources. The variety of funding sources, medical specialties, and application and paperwork requirements are further barriers to accessing health care and understanding personal health issues, particularly when it comes to parenting education.
- ***Developing policies across agencies, funding sources, and systems to integrate prenatal and maternal health services with educational, economic, and social support services.*** A wellness system must be created that includes, all aspects of health, and support systems must be in place and integrated to help families access, afford, and utilize health services.

¹ Florida Department of Health, 2002

² Kids Count, 2005; The Maternal Child Health and Education Research and Data Center (The Research Center) & The Lawton and Rhea Chiles Center for Health Mothers and Babies (The Chiles Center), 2005

³ Strobino, Grason, & Minkovitz, 2002

⁴ Waxman et al., 2004

⁵The Research Center & The Chiles Center, 2005