The Importance of Prenatal Care

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Healthy People 2020 initiative made early and adequate prenatal care as one of their objectives (United States Department of Health and Human Services (HHS), Healthy People 2020, (June, 2011). They have recommended beginning care in the first trimester and to continue with prescribed care throughout the pregnancy. Prenatal care has been proven to improve the maternal and infant outcomes. Many complications can be identified and treated with medical care during pregnancy. Not only are there poor outcomes with no prenatal care, but there is also a decreased use of pediatric care after delivery (Sunil, Spears, Hook, Castillo, & Torres, 2010). The community of San Antonio has many health needs but one of the main concerns is the health of its mothers and babies. In 2010, Bexar County (where San Antonio is located) had 28.1% of the mothers with late or no prenatal care (City of San Antonio Metropolitan Health District, 2012). It is the goal of Healthy People 2020 to have at least 77.9% of pregnant women initiate prenatal care in the first trimester. San Antonio is below this goal.

Our teenagers have a birth rate of 50.9% and the national level is only 39.1%. The state of Texas has a teen pregnancy rate that is 47% higher than the national level (City of San Antonio Metropolitan Health District, 2012). Texas has the 4th highest teen pregnancy rate. In 2005, there were 73,000 teenagers becoming pregnant in Texas and 58% of them were Latina teens (Tortolero et al., 2010). Texas is home to over one million Latino Teens. It is estimated that 98 per 1000 Latinas aged 15-19 are giving birth. The cost of teen childbearing to Bexar County is estimated at 64 million dollars and 98 million dollars for the state of Texas (Tortolero et al., 2010). These teens are more likely to drop out of high school and to not attend college. They may remain single parents and live in poverty (Project W-o-r-t-h, 2012). Teenagers often engage in risky behaviors, such as taking drugs, smoking, drinking alcohol and having multiple
sexual partners. Informing teenagers of these risks and what it can do to infants may be just enough to keep their future children safe. Teenagers often hide their pregnancies as long as possible because they are afraid of telling their parents. When they enter into prenatal care late, they miss out on the benefits of medical care in the early months. The risky behaviors may continue because they are unaware of the damage they can do. Teen pregnancies have long term effects on both the parents and the child—emotionally, physically, and financially. It is important that health care workers give these young mothers support and try to make the pregnancy a positive experience (Magness, 2012).

There is an obvious need for all mothers to start prenatal care early and to continue to be seen throughout the pregnancy. Pregnancies that end prematurely or result in a low-birth weight or sick infant is stressful—emotionally and financially. Almost losing a mother to eclampsia or hemorrhage from placenta previa is just as devastating. Educating young people on the importance of and benefits of prenatal care is one way to decrease these unwanted outcomes. Having a baby in the Neonatal Intensive Care is not in anyone’s best interest.

Prenatal care was first introduced in 1902 by Dr. J.W. Ballantyne in Scotland (Moos, 2006). He noticed that the care given to the mothers and babies during labor and birth was not enough. He realized that antenatal care was just as important. He was aware of risky behaviors, conditions, infections, and exposures that could have poor pregnancy outcomes if left untreated.

By 1907 programs began in the United States under the leadership of Dr. Josephine Baker (Moos, 2006). Care was not offered before the 7th month and this was soon identified as not early enough. In 1920, care was offered earlier in the pregnancy and there were more visits included—mostly in the homes by nurses. These nurses were instrumental in building the foundation of the prenatal care that we know today. They checked on the mother’s health,
assessed the health of the fetus and provided education on danger signs, nutrition, exercise and infant care. Later in the 1920’s physicians felt that they should be managing this prenatal care rather than community health nurses. By 1929, there were prenatal care guidelines in place. The guidelines stated when to start prenatal care (16 weeks) and how often to visit the doctor during the pregnancy (Moos, 2006). One change that has been made in recent times is that care is recommended to begin by 13 weeks. The current guidelines also include to be seen monthly until 28 weeks, then every 2 weeks until 36 weeks, then weekly until delivery (American Academy of Pediatrics & The American College of Obstetricians and Gynecologists, 2008)

Prenatal care includes managing maternal complications as well as monitoring the fetal growth in an attempt to reduce prematurity and low birth weight infants. Moms that participate in early and adequate prenatal care have an increased chance of not having their child end up in the Neonatal Intensive Care Unit and their own health is monitored closely. Pregnancy induced hypertension and gestational diabetes can be managed if the mom seeks care. Both of these conditions can cause serious complications in the mother if left untreated. Many premature deliveries are the result of unmanaged hypertension (Institute of Medicine [IOM], 2006).

Prenatal care is one of the most used forms of health care but is still underutilized (Moos, 2006). It is not something that is generally taught in schools or advertised on television. Getting the message out to potential mothers is crucial. The plan for this project involved presenting it to young men and women at an early childbearing age. There are adolescents having babies but they are too young to be responsible about their prenatal care. Their parents would have to be involved. The best age group to present this project to seemed to be teenagers that were 16-18 years old. Ideally, their childbearing should be years down the road but there are many teens having babies. Preconception health is important for both the mother and the baby.
Drugs, alcohol, smoking and risky sexual behaviors can cause lifelong problems for both mother and baby. Explaining these risks and defining prenatal care was an integral part of this project. Part of the project also included how infants can be affected by prematurity, low birth weight, and infections if there is late, inadequate or no prenatal care. Information was provided on how and where to obtain prenatal care in Bexar County.

The high school that allowed this project to be presented was on the south side of San Antonio. This area is typically of a lower income and Hispanic. This was not particularly the target audience but there is an increased amount of Hispanic women not obtaining prenatal care. In 2010, only 60.5% of Hispanic women initiated care in the first trimester (Sunil et al., 2010). The women with lower income may not have insurance or the financial means to pay for prenatal care (Sunil et al., 2010). The teacher in charge of the health classes at this school was very enthusiastic about this project and did not hesitate to allow it to be presented. Another teacher heard about this project and brought her Anatomy and Pathophysiology classes into the presentations. Before the project was presented to the students at each session, they were given a four question quiz. They were asked what prenatal care was, when prenatal care should start, what risky behaviors can cause problems with the fetus, and what maternal complications can be detected and treated with prenatal care. After the quizzes were collected, a Power Point presentation was given, followed by a question and answer session. The Power Point presentation included the answers to the four questions and the slides went into more detail on each question. The problems that the fetus experiences from risky maternal behaviors and medical conditions were discussed. There were pictures included of premature, low birth weight and term infants. This gave the information a visual perspective. The same quiz was presented
to the same students two days after each session to see if there was an increase in the awareness in the importance of prenatal care.

The cost of this project was mostly time but there was a cost for printing the copies of the quizzes and gasoline to drive to the school over the six week period. The cost may have been at a minimum but the value of this project was priceless.

The goal of this project was to increase the awareness of prenatal care. It would be very interesting to know if these students actually participate in early and adequate prenatal care when they have children. With the time restraints of this project, an increase in awareness had to be the goal. The quizzes presented before and after the presentation provided the need information to evaluate the project.

Based on the information obtained from the pre and post quizzes the goal of an increase in the awareness of prenatal care was met. The pre-quiz revealed that 43% knew what prenatal care was. Only 25% of the students knew when to start prenatal care. 71% of the students knew what risky behaviors could cause problems with the fetus and only 21% knew what maternal complications could be detected and treated with prenatal care. The post-quiz revealed that there was an increase in awareness of all the questions. Now, 65% of the students knew what prenatal care was. There was an increase to 64% of students that knew to start prenatal care by 13 weeks. 97% of the students knew the risky behaviors and there was an increase to 34% of the students that knew the maternal complications that could be detected and treated with early and adequate prenatal care. The teenagers in these classes did pay attention to the information provided and this will be beneficial for their future children.

One of the more obvious barriers to this project was presenting it to high school juniors and seniors at the end of their school year. Some of the students were preparing to graduate and
there was TAAS testing and final exams during the time frame that this project was presented. There are challenges to keeping the attention of teenagers and the presenter had no experience at teaching children of any age. The attention that they gave to the presenter was appropriate and much more than expected. The students had many pertinent questions after the presentation. The teacher stated that they talked about the presentation several times in the days following. The Power Point presentation was kept to an appropriate level for teenagers to understand and extended explanation of the slides was provided. The students were encouraged to ask questions for further clarification if needed. There were many questions and they were answered in detail. There were visual aspects to the slides such as pictures of premature and term infants. Many of students had never seen a 24 week infant in the Neonatal Intensive Care Unit. Seeing how vulnerable these infants were was disturbing to some, especially since the babies were connected to ventilators and intravenous lines. This seemed to help put the information into perspective for them.

The presenter did not want the teenagers or the fact that most of them were Hispanic to be the main reason the project was presented to them. It was explained that the aim was to present this information to young men and women at the earliest childbearing age so they would be aware of the importance of prenatal care. The information provided did include the teen statistics such as the drop-out rate, lower incomes, less education, and single status. The high teen pregnancy rate was discussed and the Hispanic rate was also mentioned. The presenter did not want the Hispanic teens to feel singled out by their culture but did want them to be aware of the statistics.

The nursing process was apparent during this project. There was an assessment made of what health needs there were in the community. Having inadequate or no prenatal care is a
definite problem and there needed to be an increase in the awareness of how important prenatal care is to improved maternal and fetal outcomes. Empowering young men and women with this important knowledge is a way to address this problem. Once the problem was identified, a plan was formulated on how to address it and correct it. A goal was set to increase the awareness of the importance of prenatal care. The plan was to educate young women and men of an early childbearing age of this importance. The plan was implemented over a six week period and a way to measure its success was formulated. There was a pre and post quiz to see what the teenagers knew about prenatal care before the presentation and what they were more knowledgeable about after the presentation. After the presentations and the quizzes were evaluated, it was determined that the teenagers did have an increase in the awareness of the importance of prenatal care. This nursing process was developed in stages but gave the project a need, a plan, a goal and how to evaluate the success of the project (American Nurses Association [ANA], n.d).

“The central goals of epidemiology are describing the disease patterns, identifying the etiological factors in disease development, and taking the effective preventative measures” (Nies & McEwen, 2011, p. 77). The primary prevention measure for this project was to give the information explaining why preconception health and prenatal care are important before these young women become pregnant. If the material presented results in the early and adequate prenatal care and avoidance of risky behaviors then the outcomes for mother and fetus will be better. If there were any young women pregnant at the time of the presentation, (and there were a couple), the information may encourage them to start or continue with adequate prenatal care. If they were continuing to smoke, drink, or engage in other risky behaviors, then the information provided might encourage them to stop so that injury to the fetus could be avoided or decreased.
This would be the secondary prevention component of this project. The tertiary prevention includes the importance to prenatal care for the young women who are pregnant and may be suffering from such conditions as gestational diabetes or pregnancy induced hypertension. The presentation addressed these complications and the importance of prenatal care in managing these conditions was stressed. If these conditions are managed appropriately by a physician, the pregnancy has an increased chance of resulting in a healthier mother and baby.

Nursing has always been an integral part of prenatal care. Some of the earliest known care was based on nurses going to homes to provide care to pregnant women. There are nurses employed in Obstetrician and Gynecology offices, home health agencies and hospitals. There are nurses teaching childbirth classes and preconception health classes. The nurses in the Neonatal Intensive Care Units are strong advocates of prenatal care as they see the results of mothers not having adequate care during the pregnancy. Babies born addicted to drugs, born with preventable infections, or born too early or too small is heartbreaking, especially when some of these problems could have been avoided with prenatal care. Nurses have the unique position of being employed in so many areas that pregnant mothers (or potential pregnant mothers) come in contact with. The opportunity to educate these women occurs in many aspects of nursing. Many nurses are not teachers but providing information by talking with these women and offering brochures or written materials on the importance of preconception health and prenatal care is invaluable. Reaching out to vulnerable populations such as teenagers or the poor is extremely important and nurses often have a trust built with these groups and are able to positively influence them. The women with the highest risk for poor pregnancy outcomes are often the ones that do not have access to care or chose not to participate (Van Dijik, Anderko, & Stetzer, 2011). The nurses in pediatric areas also are instrumental in providing information about
prenatal care. Women that do not use prenatal care often do not use pediatric care after delivery (Bengiamin, Capitman, & Ruwe, 2009). Encouraging moms to seek care with all pregnancies and complimenting moms on healthy children may help to increase compliance on seeking prenatal care.

This project could have been so much bigger-reaching more communities and populations of women in need of this information. It would be beneficial to include this information in all sex education classes to reach as many young people as possible. More information could have been provided. The intent was to provide information and not to overwhelm the students. The first presentations were based off the power point slides with questions and answer sessions at the completion. After one or two classes, the questions that the students asked directed the addition of more information on complications that can affect the babies. The teenagers were very curious about the medical care that is required to help these infants. They were not as worried about their own bodies with these behaviors but didn’t like seeing the babies suffer. In their eyes, this information seemed to put more importance to prenatal care.

The importance of prenatal care cannot be stressed enough. The women of childbearing age have to be made aware of this needed care and also need to be aware of pre-conception health. If more women knew of the complications of risky behaviors they may not be so quick to engage in them. Providing this education to young men and women of childbearing age is an essential component of their reproductive years.

Education on prenatal care is important but providing access to this care is also necessary. There may be many reasons why mothers do not participate in prenatal care. They may have no money or insurance. They may not be able to leave their jobs during the day to go
to appointments. They may not have transportation or childcare for other children. They may not be aware of how important it is. Mothers may be taking drugs and are afraid of getting in trouble or that their babies will be taken away from them (Friedman, Heneghan, & Rosenthal, 2009). In 1985 Medicaid started including prenatal care until their coverage (Van Dijik et al., 2011). There are clinics located in major cities that may provide care at a reduced cost. Outreach programs can help direct these mothers to needed care. Mothers can contact WIC, Planned Parenthood, their local Medicaid contact or their local health department for assistance.

Healthy mothers and healthy babies is the goal of prenatal care. If this message is delivered enough, the mothers may seek early and adequate care. Starting this education at the earliest age is crucial as more and more teenagers are having babies. Prenatal care can provide medical supervision of maternal and fetal health, nutrition advice, physical activity advice, and emotional support. This project provided education on the importance of prenatal care to young men and women of an early childbearing age. The information provided to these teenagers did increase their awareness as evidenced by the pre and post quizzes. The teachers of these students stated that there were several conversations about the presentation and that it had got the students thinking. If even one teenager that becomes pregnant seeks early and adequate prenatal care because of this presentation then it was a success.

“Given that birth outcomes may have lifetime effects, good prenatal care has the potential to affect the Nation’s future health and health care needs” (For Our Babies: A Call for Better Beginnings, 2013, p. 1).
References


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