The best time to start caring for children’s health is before they are born. Prenatal care is essential to protecting and promoting the health of both children and mothers and to improving life opportunities. Adequate prenatal care increases the likelihood of complication-free pregnancies and the delivery of healthy children. But not all women are equally able to access or utilize these services. Significant racial, ethnic, and income-based disparities in access to high-quality prenatal care are compounded by geographic and transportation barriers. These barriers pose additional problems for women already at risk for receiving inadequate or no care.¹

In New York City many residents lack access to quality health care in general. Health services are distributed inequitably, and low-income communities and communities of color face a serious shortage of health-care providers. The potential closure of community hospitals and clinics throughout the area could increase such geographic disparities, exacerbating the shortage of essential services, such as prenatal care, in neighborhoods already lacking critical medical services. If the current imbalance in the availability of prenatal-care services in New York City worsens—due to bankruptcies and the state’s pending recommendations for hospital downsizing and closures—it will contribute to higher health-care costs for all and weaken public institutions upon which New Yorkers depend.

This fact sheet describes the risks associated with late or no prenatal care, and how we can improve the health of all families by increasing access to such care. With the aid of the accompanying maps, we demonstrate that the inequitable distribution of prenatal-care services is affecting all of New York City and that much can be done to fix it.

Disparities in Access to Care for Women and Families in New York City

As displayed in Figure 1, the availability of obstetric and gynecologic (OB/GYN) physicians varies considerably across New York City’s five boroughs, with the lowest concentration of providers in communities that have more low-income people—people who earn 200% of the federal poverty level or less ($39,042 annually for a family of four).² This is no surprise; health-care providers are generally more plentiful in communities where people are more likely to have private health insurance and can afford out-of-pocket costs. But the consequences of this imbalance can be profound.

As Figure 2 shows, pregnant women in neighborhoods that have the lowest density of OB/GYN providers often have the highest rates of receiving late or no prenatal care. For example, in 2001 there were only two OB/GYN pro-
providers practicing in the 11368 zip code in west Queens, but a total of 24,234 women of child-bearing age live in the zip code. Over 1 in 8 pregnant women (12.8%) in this community received late or no prenatal care between 2001 and 2003. In zip code 10021 (located in Manhattan’s Upper East Side) there were 143 OB/GYN physicians for the 27,839 women of child-bearing age. Only about 1% of pregnant women in this community received late or no prenatal care. It is certainly reasonable to expect that many women need to travel outside their zip code for prenatal care. But the farther a woman must travel for prenatal care—particularly if the woman is low-income, juggles multiple and often competing family and work demands, and faces transportation barriers—the less likely she is to receive the care that she and her baby need.

Risks of Not Receiving Prenatal Care

Inadequate care for mothers and children carries significant human and economic costs. While it is better to receive late care rather than none at all, studies suggest that women who do not receive early prenatal care experience poor birth outcomes.\(^3\) Late or no prenatal care is associated with multiple negative pregnancy outcomes, including:
- A 40% increase in the risk of neonatal death overall;\(^4\)
- Low birth weight babies;\(^5\)
- Postpartum complications for mothers;\(^6\)
- Future health complications for infants and children.\(^7\)

Benefits of Adequate Prenatal Care

Early and adequate prenatal care for all is essential to ensuring the security of mothers and children and narrowing the health status gap in our nation. The medical profession commonly defines adequate prenatal care as care received during the first trimester of pregnancy.\(^8\) In this crucial period prenatal education, genetic screening for certain diseases, and counseling regarding nutrition and food safety increase the likelihood of a healthy pregnancy and delivery.\(^9\)

Early prenatal care has numerous benefits. Studies show that adequate care:
- Improves birth outcomes by diagnosing treatable conditions and encouraging better maternal health habits.\(^10\)
- Reduces maternal smoking.\(^11\)
- Serves as an introduction to the health-care system for some women, allowing physicians to evaluate nonobstetric conditions.\(^12\)
- Offers a valuable opportunity for impoverished women to connect with other needed social services.\(^13\)
- Presents an occasion for providers to educate mothers regarding numerous health issues affecting their pregnancy, including diet and nutrition, immunizations, weight gain, abstinence from drugs and alcohol, benefits of breast-feeding, and injury and illness prevention.\(^14\)
- Decreases rates of pregnancy complications in comparison to women who initiate late or no prenatal care.\(^15\)
- Provides a cost-effective way of potentially decreasing the incidence of preterm birth and low birth weight, problems that are among the leading causes of infant mortality in the United States.
Figure 1
NEW YORK CITY, NY
OB/GYN AND POVERTY

This map displays the rate of OB/GYN physicians per 10,000 women of reproductive age in relation to the percentage of people below 200% of the federal poverty level in New York City between 2001-2003, by zip code. In general, areas with higher rates of poverty have a lower density of OB/GYN physicians.

Source of Data: Census.gov; NY SPARCS database; GeographyNetwork.com
NYS AHEC System - Data Resource Center

Prepared by:

Ob/Gyn rate: OB/GYN physicians per 10,000 women of reproductive age

No Data
10% or less
10 - 15%
15 - 20%
20 - 40% (High Pov.)
Above 40% (Extreme Pov.)

Better

NY City zipcodes
OB/GYN Rate
5.01 - 51.37
1.01 - 5.00
0.00 - 1.00

All data ranges contain almost equal number of observations

Projection: State Plane 83 New York East | Date: September 25, 2006
This map displays the rate of OB/GYN physicians per 10,000 women of reproductive age in relation to the percentage of births to women receiving late or no prenatal care in New York City between 2001-2003, by zip code. In general, a larger percentage of women receive late or no prenatal care in areas with the lowest density of OB/GYN providers.

Source of Data: Census.gov; NY SPARCS database; GeographyNetwork.com; NYS AHEC System - Data Resource Center

Projection: State Plane 83 New York East | Date: September 25, 2006

OB/GYN RATE: OB/GYN physicians per 10,000 women of reproductive age
LATE PRENATAL: Percentage of births to women who received late or no prenatal care

All data ranges contain almost equal number of observations
Conclusions and Recommendations

Low-income and minority communities often have a greater need for health-care services. However, because the health-care system does not encourage providers to serve these communities, poor women and women of color must often endure longer waiting times to see providers in their communities or travel longer distances (at greater expense and inconvenience) to see providers in other neighborhoods. The failure to address the women’s needs, such as child care and language accommodations, bars a substantial proportion of mothers and children from obtaining services vital to their well-being and security.

Changes in policy are necessary to expand and ensure equitable access to prenatal care. State, federal, and local governments should:

• Provide universal health care. The most direct and efficient way to improve access to prenatal care is through universal health-insurance coverage. Universal health-insurance programs will also reduce financial disincentives that limit health-care providers’ willingness to practice in low-income communities.

• Eliminate other barriers to health care by providing sufficient transportation, shortening waiting times for appointments, providing medical translators, and ensuring equal treatment in the health-care system regardless of race and ethnicity.

• Ensure that all women have access to adequate health care before conception in order to ensure healthy pregnancies and birth outcomes.

• Direct public-health outreach programs toward women at high risk for not receiving prenatal care (e.g., minority populations and teenage mothers).

• Improve access to prenatal care through an expansion of programs, such as Women, Infants, and Children (WIC) programs and New York State’s Prenatal Care Assistance Program. However, these programs should be improved in order to address many of the remaining barriers, including child-care needs, clinic overcrowding, the inability to get an appointment, and language barriers.


5 Loveland Cook et al., “Access Barriers and the Use of Prenatal Care,” 129.

6 Ibid.

7 Child Trends Data Bank, “Late or No Prenatal Care.”


9 Kurkham, Harris, and Grzybowski, “Evidence Based Prenatal Care,” 1309–12.


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11 Ibid.
12 Krueger and Scholl, “Adequacy of Prenatal Care,” 485.
13 Echevarria and Frisbie, “Race/Ethnic-Specific Variation,” 634.
14 Child Trends Data Bank, “Late or No Prenatal Care.”
15 Hayes-Bautista et al., Timely Access to Prenatal Care, 2.