

Priority: Access to and Use of Prenatal Care

Goal: Increase accessibility, availability, timeliness, and quality of equitable prenatal care for all birthing persons.

What is Access to and Use of Prenatal Care and Why is it Important?

Prenatal care is one of the most common preventive care services in the US and aims to improve the health of 4 million birthing persons and their children each year. The 3 main components of prenatal care are: risk assessment, health promotion and education, and therapeutic intervention.

Prenatal care is most effective when it starts early and continues throughout pregnancy. The World Health Organization (WHO) recommends that birthing persons have at least 8 contacts with a health professional during their pregnancy, with the first contact taking place within the first 12 weeks of pregnancy. Increased frequency of fetal and maternal assessment helps early detection of potential complications and improves the birthing person's prenatal care experience.³⁵⁹

Increasing access to health care can help more birthing persons get the prenatal care they need. Prenatal care has been proven to reduce the rate of poor pregnancy outcomes, including preterm birth, low birth weight, stillbirth, and infant and maternal mortality. Some of these risk factors include late or no prenatal care, cigarette smoking, alcohol and other drug use, being HIV positive, spacing of pregnancies, maternal age, poor nutrition and socioeconomic status. Birthing persons from minority groups are more likely to have poorer birth outcomes than the general population.

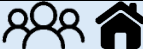



NYS is committed to addressing risk factors that lead to poor birth outcomes, especially in the hard-to-reach populations of the state. Infant mortality in New York State has decreased by about 14.8% over the past 10 years, taking the state from 32nd in the nation to ninth. Nationally the decline over the same period was 6.7%.³⁶⁰ By promoting existing programs focused on increasing access to prenatal and perinatal care for birthing persons from underserved populations, NYS can continue to make the health of women and children a priority.

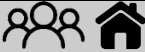



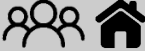

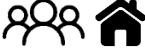




SMART(IE) Objective:







25.0 Increase the percentage of birthing persons who receive prenatal care during the first trimester from 80.7% to 83.0%.

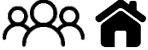

25.1 Increase the percentage of uninsured birthing persons who receive prenatal care during the first trimester from 41.4% to 45.0%.

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase the percentage of birthing persons who receive prenatal care during the first trimester of pregnancy.	Percentage of births with early (1st trimester) prenatal care	National Vital Statistics system	Birthing persons	80.7% (2021)	83.0% (2030)
			Subpopulation of Focus	Baseline	Target
			Uninsured birthing persons	41.4% (2021)	45.0% (2030)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Featured Intervention: Provide screenings to prenatal and postpartum patients using validated tools, for example:</p> <ul style="list-style-type: none"> • Mental Health: Edinburgh; Community-based Perinatal Support Model (CPSM) • Substance Use Disorder: Verbal Screening tools (4P’s Plus, ASSIST-lite, DAST-10, BSTAD, etc.) • Social Care Needs: 1115 NYHER Waiver • Pregnancy Risk Assessment: Perinatal Risk Assessment (PRA); Antepartum Risk Score (APRS); Rotterdam Reproductive Risk Reduction (R4U); Maternal Venous Thromboembolism (VTE) Risk Assessment^{43, 361-367} 	Birthing persons, especially those more susceptible or at risk of mental illnesses or disorders associated with pregnancy or postpartum	Ages 15-44	Number of people screened, number of successful referrals made
 <p>Featured Intervention: Establish policies and practices to support doula care and services, especially in areas of maternal deserts and historic underinvestments. This could include supporting doula training, certification, enrollment in Medicaid for reimbursement for services, and public-facing promotion about being a doula-friendly hospital.^{368, 369}</p> 	Birthing persons, infants	Ages 15-44	Number of hospitals that institute doula-friendly policies, number of births involving doula care, utilization of doula Medicaid benefit

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Offer Centering Pregnancy, the evidence-based group prenatal care session.³⁷⁰⁻³⁷²</p> 	Birthing persons	Ages 14-55	Number of hospitals/health care practices that adopt group prenatal care models, number of birthing persons enrolled in group prenatal care
 <p>Connect birthing people at high risk to evidence-based or evidence-informed home visitation programs (e.g., Healthy Families which is in every county, Nurse Family Partnership, and the Perinatal and Infant Community Health Collaborative which utilizes community health workers).^{55, 373-376}</p> 	Birthing persons at high risk for experiencing symptoms of perinatal mood and anxiety disorders	Ages 14-55	Number of people served by home visiting programs, number of home visits per patient, number of screenings performed for medical or social care needs, number of successful referrals made for medical or social care needs
 <p>Integrate telemedicine and home-based connectivity devices into routine prenatal care check-ins to increase accessibility.³⁷⁷</p> 	Birthing persons	Ages 14-55	Number of prenatal visits per patient, number of cancelled appointments
 <p>Connect hospitals with local health departments, community-based partners, and philanthropic organizations to support the establishment of midwifery practices, especially in areas of maternal deserts and historic underinvestments.³⁷⁸⁻³⁸⁰</p> 	Health care organizations, Midwives	N/A	Number of midwifery practices established
 <p>Integrate hospital-based midwifery model of care that supports the employment of midwives in leadership roles, the institution of formal policies and practices supportive of midwives as independent clinical professionals, and emphasis on the value and benefit of such programs.³⁷⁸⁻³⁸⁰</p> 	Hospitals, Midwives	N/A	Number of hospitals and practices that integrate midwife care, number of births involving midwife care
 <p>Encourage the development and implementation of birth plans. This could include providing a birth plan template to help expecting parents to create a vision of</p>	Birthing persons	Ages 14-55	Number of birth plans created, number of trainings delivered

Interventions	Population of Focus	Age Range	Intermediate Measures
<p>their birth experience and incorporating literacy around doula support, pain management, induction and possible surgical delivery.^{378-380, 381}</p> <p></p>			
<p> Offer free childbirth education classes or financial support for participants with high need.³⁸²</p> <p></p>	Birthing persons, particularly low-income individuals	Ages 14-55	Number of trainings delivered, number of people trained, number of people given financial support, number of people seeking financial support
<p> Encourage Obstetrics and Gynecology (OB-GYN) and midwifery practices to adopt the Collaborative Care model and/or enroll in New York State's Collaborative Care Medicaid Program to support maternal mental health needs.³⁸³⁻³⁸⁵</p> <p></p>	OB-GYN and midwifery practices	N/A	Number of practices enrolled in NYS Collaborative Care Medicaid Program, number of applications for enrollment, number of people served by practices enrolled in program
<p> Develop peer support services for the prevention of perinatal depression and connect birthing persons to peer support services as part of prenatal care.³⁸⁶⁻³⁸⁸</p> <p></p>	Birthing persons	Ages 14-55	Number of successful referrals made, number of patients connected to peers, number of peer support specialists available, number of new certifications for peer support specialists
<p> Promote use of Project TEACH (pediatric and perinatal psychiatry access program) for primary care, pediatric, OB-GYN practices, doulas, nurses, CHWs, to improve provider knowledge and capacity to address maternal mental health needs.³⁸⁶⁻³⁸⁸</p> <p></p>	Birthing persons	Ages 14-55	Number of inquiries made, number of practices/providers who contact Project TEACH, perceived capacity of providers to address perinatal mental health needs
<p> Develop training for Community Health Workers/Doulas that is culturally responsive to assist families in navigating the health system and accessing care.³⁸⁹⁻³⁹³</p> <p></p>	Community Health Workers & Doulas	N/A	Number of trainings delivered, number of birthing persons who receive doula or CHW care, number of people who have newly enrolled in insurance, number of attended/cancelled appointments

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Provide support with health insurance navigation assistance to improve health insurance literacy (e.g., NYS Growing Up Healthy Hotline; NYS Perinatal Quality Collaborative).^{394,395}</p> 	Birthing Persons	Ages 14-55	Number of people served, number of insured birthing persons who were previously uninsured

Lead Partner Agencies and Organizations

[US Centers for Disease Control and Prevention \(CDC\)](#)

[NYS Department of Health](#)

NYS Medicaid

WIC Program

New York State Perinatal Quality Collaborative

Perinatal Infant Community Health Collaboratives

Breastfeeding, Chestfeeding, Lactation Friendly New York

[NYS Office of Children and Family Services](#)

[NYS Office of Mental Health](#)

Local child and family services agencies

Health care providers, health plans, insurance brokers

American College of Obstetricians and Gynecologists (ACOG)

Alliance for Innovation in Maternal Health (AIM)

Project TEACH

Postpartum Support International, Postpartum Resource Center of New York

Regional Food Banks

Medicaid Social Care Network

Nurse Family Partnership, Healthy Families NY

Local midwifery and doula practices

Local childcare organizations

Implementation Resources

[Project TEACH](#)

[NYSDOH - Doula Services Information for Medicaid Members](#)

[New York Center for the Advancement of Behavioral Health Integration - Collaborative Care Medicaid Program \(CCMP\)](#)

[New York 1115 Medicaid Waiver Information Page](#)

[New York State Perinatal Quality Collaborative \(NYSPQC\)](#)

[NYSDA - Creating Healthy Schools and Communities \(CHSC\), 2021-2026](#)

[HRSA - Title V Maternal and Child Health Services Block Grant Program](#)

[Groundswell Fund - Birth Justice Fund](#)

Access to and Use of Prenatal Care

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