

expectant mothers nationwide met this criterion (NCHS, 2002b). The percentage was higher for non-Hispanic, White women than for non-Hispanic, African-American, American Indian, or Alaskan Native women (DHHS, 2002). For teen mothers ages 15-19, the percentage rate drops to 69.1 percent (NCHS, 2002a). The goal for Healthy People 2010 remains at 90 percent (NCHS, 2001).

The National Committee of Quality Assurance (NCQA), a nonprofit organization dedicated to improving health care everywhere, defines early or timely prenatal care as care that begins during the first trimester of pregnancy (NCQA, 2001). This level of care, if continued throughout pregnancy, reduces the risk of maternal morbidity and poor birth outcomes (Pastor, Makuc, Reuben, & Zia, 2002). Expectant mothers begin with monthly visits to a health professional – either an obstetrician, family practitioner, nurse-practitioner, or nurse-midwife – that increase to at least once per week closer to the due date. The health professional performs a series of examinations and tests to determine the health of the mother and baby during visits. Among the exams are measuring the growth of the uterus; listening to the baby’s heartbeat; and checking the mother’s blood pressure, weight, and urine. Pregnant mothers should alert the professional to any concerns or problems with blurred vision, leg cramps, abdominal cramps, or unusual headaches (Williams, 1999).

Many expectant mothers still fail to see a health practitioner early in their pregnancy. Those at high risk for delaying prenatal care (i.e., expectant women who delay getting proper medical care until after the first trimester) include African-Americans, Hispanics, those under 20, those with less than a high school education, and those with more than one child (Knudsen, 2002). Attitudes toward pregnancy, lifestyle factors, and cultural beliefs have been offered as reasons for the delay in care (Pastor, Makuc, Reuben, & Zia, 2002). Reasons most often cited by high-risk mothers include not knowing they were pregnant, lack of money or insurance coverage, and not being able to get an appointment (Knudsen, 2002). A recent study of prenatal phone counseling in North Carolina promotes its benefits for African-Americans and other at-risk expectant women (Schiff, 2000). Using a sample of more than 1,500 African-American women ages 19 and older, nurses called once or twice weekly starting in the 24th week of pregnancy. The results showed these women had fewer preterm and low birthweight babies, and hospital costs were lower, too.

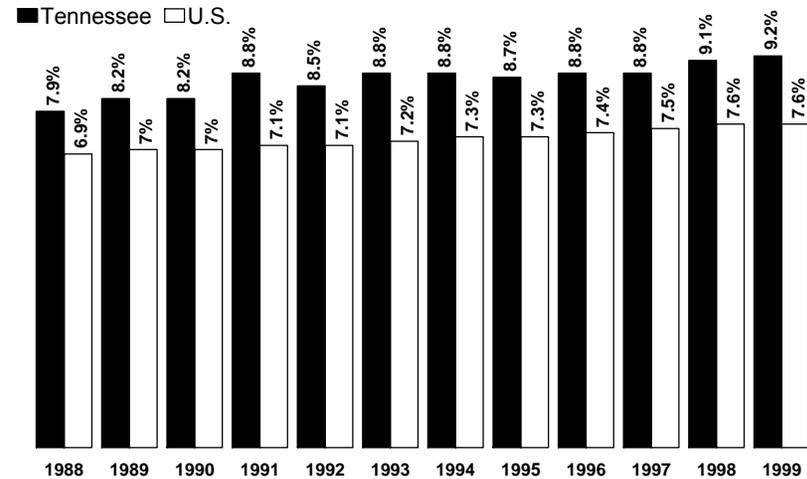
Ideally, prenatal care should begin before conception, but seeing a health care professional as early as possible during the first three months of pregnancy is highly recommended (Knudsen, 2002). Other precautions that women should take during pregnancy include:

- ✓ Have urinary tract infections and any STDs treated immediately;
- ✓ Avoid cat litter and raw meat, as either may contain the parasite *Toxoplasma gondii*, which can put the baby at risk for serious illness or death. (If the mother can’t get someone else to change the kitty litter, she should at least wear a face mask and rubber gloves for protection);
- ✓ Avoid alcohol and tobacco products altogether;
- ✓ Minimize X-rays, hot tubs, and saunas. X-rays can expose the fetus to radiation that can result in birth defects. Hot tubs and saunas can raise the core temperature of the mother’s body and potentially harm the fetus (Williams, 1999).

Percent Low-Birthweight Babies

Less Than 2,500 Grams (5.5 Pounds)

Twelve Year Comparison Between Tennessee and U.S.



Source: The Annie E. Casey Foundation. Kids Count Data Book (2002), State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation.