



An Analysis Of Prenatal Beliefs, Practices, and Experiences of Patients at UC Davis Student-Run Clinics

Rohini Jain B.S. (MS2), Camille Roque B.A. (MS2), Sameera Mokkarala MPH (MS2), Blanca Solis MD



Purpose

The UC Davis-affiliated student-run clinics (SRCs) provide primary and specialty care for some of the lowest-resource members of the Sacramento community, largely serving uninsured, underinsured, and undocumented patients. Within these populations, women and children are often amongst the most vulnerable, and most likely to suffer as a result of poor access to and underutilization of healthcare resources. In addition, Sacramento county is known to fall below state averages in engagement with prenatal care services.

The purpose of this study is to compare the rate of prenatal health care utilization by patients seen at the Davis SRCs with the overall averages in Sacramento County. Given that SRCs are often patients' primary sources of care, we are also interested to know where our female patients are receiving prenatal care, and in what ways we can improve access through SRCs to these vital and potentially life-saving services.

Introduction

In Sacramento County, 79.1% of women receive prenatal care in their first trimester, compared to a California state average of 81.3%. In some subpopulations, such as the Pacific Islander community, that rate is as low as 59.7%. Given the impact that prenatal care can have on a pregnancy's outcome, it is concerning that the percent of women in Sacramento County who receive prenatal care in their first trimester has dropped over the last ten years. The higher rate of delayed initiation of prenatal care amongst women of color is also concerning and merits investigation. Comprehensive prenatal care is not amongst the services provided through UC Davis-affiliated SRCs.

Objectives

With this study we aim to:

- To compare the rate of prenatal care utilization by female patients seen at SRCs with the overall averages in Sacramento County, and
- To gain a more complete understanding of patients' culturally-informed health beliefs and practices related to pregnancy and childbirth

Hypothesis: Uninsured/underinsured women who depend on SRCs must seek outside referrals for prenatal visits, and will therefore seek care later in their pregnancy in comparison to the general population of women in Sacramento County.

Study Design

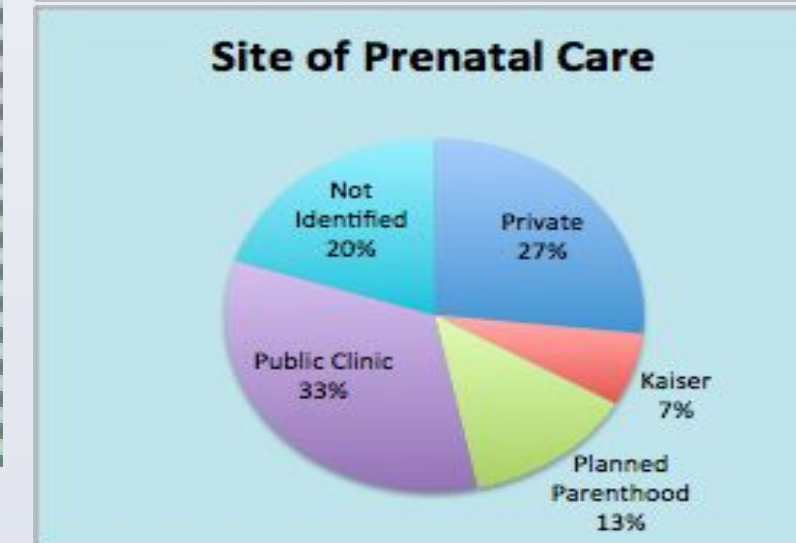
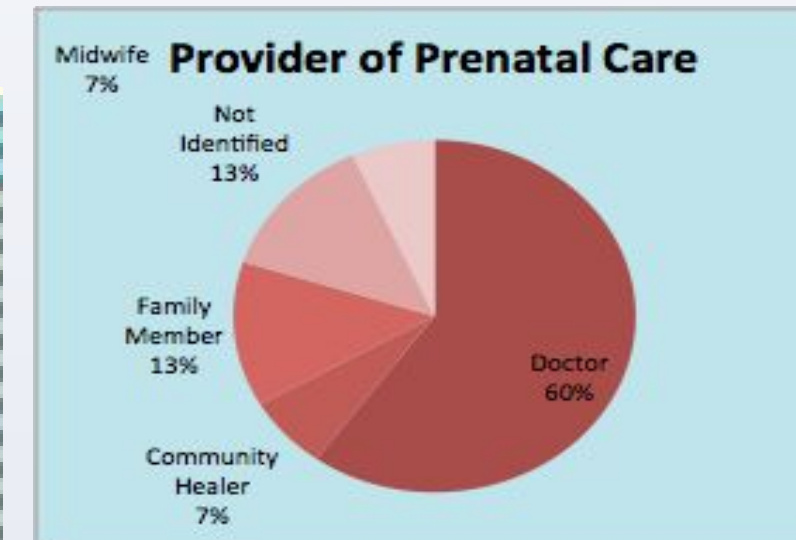
- Patients over 18 years old seeking care at an SRC and a pregnancy/delivery in Sacramento County were eligible
- 46 question survey administered by intake volunteer/medical student
- Survey questions asked specific Obstetrical history including:

- Gravida and Parity
- Location of prenatal care sought
- Gestational age at time of seeking prenatal care
- Cultural modifications during and after pregnancy
- Barriers preventing access to care
- Complications during pregnancy/ delivery
- Location of delivery
- Location of where woman rested immediately after delivery
- Specific cultural rituals, beliefs, and practices done up to six weeks postpartum

Results

Table: Patient Demographics

Ethnicity	
Hispanic	8 (53.3%)
Non-Hispanic	6 (40.0%)
Not Identified	1 (6.67%)
Race	
White	5 (33.3%)
Asian	7 (46.7%)
Not Identified	3 (20.0%)
Sexual Orientation	
Heterosexual	11 (73.3%)
Homosexual	0 (0.00%)
Not Identified	4 (26.7%)
Insurance Status	
Insured	2 (13.3%)
Not Insured	9 (60.0%)
Not Identified	4 (26.7%)



Demographics

- The average age of respondents is 54 years old
- 5 pregnancies were delivered locally in Sacramento and 10 pregnancies were delivered outside of the Sacramento area

Insurance and Sources of Care

- 9 out of the 11 respondents were not insured during the time of their prenatal care
- 11 out of 14 did not have a primary care provider during their pregnancy
- Barriers to obtaining care included: limited monetary funds (3), lack of insurance (4), immigration status (1), lack of transportation (1), late discovery of pregnancy (1)

Obstetrical History

- Out of the 15 total respondents, there was an average of 4 pregnancies
- Out of the 15 total respondents, 11 were attended by doctors, 2 by nurses, 1 by midwife, and 1 by a family member
- 9 respondents delivered vaginally and 6 had cesarean sections
- 12 out of 14 respondents did not practice cultural modifications during pregnancy

Postpartum History

- 9 out of 10 denied any specific cultural rituals during the postpartum period
- One respondent noted that she did not bathe during the postpartum period
- Immediately after delivery, 8 out of 14 respondents stated that they went directly home versus 6 stayed in the hospital

Conclusions

- Difficult to reach conclusions regarding our original study question, since few subjects had pregnancies since moving to Sacramento.
 - Hypothesis is rejected, as 100% of subjects who disclosed when they first sought prenatal care did so within first trimester, meeting WHO recommendations. 100% of participants who disclosed the number of times they sought prenatal care received ≥ 4 visits, meeting WHO recommendations.
 - Low number of respondents to these items (N = 5 and 3 respectively)
- Objective of exploring culturally-informed beliefs and practices was unfulfilled, as only 2 participants endorsed lifestyle changes, and only 1 elaborated when requested.
- Participants were most impeded from seeking prenatal care by a lack of insurance and a lack of monetary funds, which met our expectations.
- This topic merits further study, as changing insurance climate in Sacramento for undocumented patients may open new coverage and care options.

Limitations

- Patients in the demographics that present to the principal clinics of capture (Bayanihan and Shifa) tend to be 'late immigrants', who came to the US at an older age after having their children elsewhere, resulting in little information about where patients at SRCs are seeking/receiving prenatal care in Sacramento.
- Intake staff availability to survey eligible patients
- Small sample size and lack of diversity in subject ethnicity limits generalizability

Future Directions

Though our study is small and limited, our results show that there could be future research done to determine the outcomes of pregnancies who sought prenatal care late and/or were limited in their resources. Perhaps further research could also initiate discussion of adding comprehensive prenatal care through student run free clinics. This study question would be better answered via guided focus groups or direct interviews between patients and study coordinators, as this method would be more likely to yield the kind of qualitative culture-related information we were hoping to obtain.

Acknowledgements

We would like to thank Drs. Blanca Solis and Raja Sivamani and Roy Rai for their invaluable guidance and assistance on this project. We would also like to thank the clinic staff of Bayanihan, Imani, JVMC, Shifa, and Willow Clinics for their participation in our data collection.

References

- UNFPA, ICM, and WHO (2014). The State of the World's Midwifery 2014: A Universal Pathway - A Woman's Right to Health.
- Wells, Q., RN, MPH, Syas, S., MPH & Pry, J., MPH. Lecture presented at Sacramento County MCAH Needs Assessment 2013-2014. <http://www.dhhs.saccounty.net/PUB/Documents/Maternal-Child-Adolescent-Health/MA-20140114-MCAHCAdata.pdf>