

## Lack of or Inadequate Prenatal Care

### Definition/ cut-off value

Prenatal care beginning after the 1<sup>st</sup> trimester (after 13th week), or based on an Inadequate Prenatal Care Index published in a peer reviewed article such as the one by Kessner et al. (3):

First prenatal visit in the third trimester (7-9 months) or:

<u>Weeks of gestation</u>	<u>Number of prenatal visits</u>
14-21	0 or unknown
22-29	1 or less
30-31	2 or less
32-33	3 or less
34 or more	4 or less

### Participant category and priority level

<b>Category</b>	<b>Priority</b>
Pregnant Women	I

### Justification

Women who do not receive early and adequate prenatal care are more likely to deliver premature, growth retarded, or low birth weight infants (2). The Kessner Index can be used to assess the adequacy of prenatal care for a woman with an uncomplicated pregnancy. Women with medical or obstetric problems, as well as younger adolescents, may need closer management; the frequency of prenatal visits should be determined by the severity of identified problems (1). Several studies have reported significant health and nutrition benefits for pregnant women enrolled in the WIC Program (2).

### Clarifications/ Guidelines

The Centers for Disease Control and Prevention (CDC) defines a trimester as a term of three months in the prenatal gestation period with the specific trimesters defined as follows in weeks:

First Trimester: 0-13 weeks  
 Second Trimester: 14-26 weeks  
 Third Trimester: 27-40 weeks.

Further, CDC begins the calculation of weeks starting with the first day of the last menstrual period. If that date is not available, CDC estimates that date from the estimated date of confinement (EDC). This definition is used in interpreting CDC's Prenatal Nutrition Surveillance System data, comprised primarily of data on pregnant women participating in the WIC Program.

**References (cont)**

1. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists: Guidelines for Perinatal Care; 4<sup>th</sup> ed., Chapter 4; Washington, D.C.; August 1997.
2. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 208-210.
3. Kessner DM, Singer J, Kalk CE, Schlesinger ER: Infant Death: An Analysis by Maternal Risk and Health Care. Contrasts in Health Status; Vol. I, Washington, DC; Institute of Medicine; National Academy of Sciences; 1973.
4. Centers for Disease Control and Prevention: Prenatal Nutrition Surveillance System User's Manual. Atlanta, GA: CDC;1994; page 8-3.