Prenatal Health
Inadequate prenatal care, including late initiation of care, infrequent prenatal visits, or no care at all, is associated with poor infant and maternal outcomes. Mothers having late or no prenatal care are more likely to have low birth weight or preterm infants and are at increased risk for pregnancy-related mortality and complications of childbirth.

- During 2000-2008, 80% of Alaskan women delivering a live-born infant had their first prenatal care appointment during their first trimester of pregnancy. This proportion remained constant throughout the nine-year timeframe.

- Non-Native women were more likely than Alaska Native women to receive prenatal care in the first trimester during the entire eight year period 2000-2008.

- During the two-year period, 2007-2008, 18.8% of all Alaskan women delivering live births reported that they did not get prenatal care as early in their pregnancy as they wanted.

- Among all women who wanted prenatal care, common problems getting prenatal care were not having enough money or insurance to pay for prenatal care (12.5%), not being able to get an appointment when they wanted one (12.3%), and not having their Medicaid card (11.2%).

- Non-Native women were more than twice as likely as Alaska Native women to report that they did not have enough money or insurance to pay for prenatal care visits. Alaska Native women were more likely than non-Native women to report that they had too many other things going on, no one to take care of their children, no way to get to the clinic or doctor’s office, and they did not want anyone to know that they were pregnant.

Prenatal Care (First Trimester) by Alaska Native Status and Year Alaska, 2000-2008

Problems Getting Prenatal Care Among Those Who Wanted Prenatal Care by Alaska Native Status, Alaska, 2007-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

* Statistically significant difference between Alaska Native and Non-Native (p <0.05).
Prenatal care visits give providers the opportunity to offer education and counseling about behaviors that affect maternal and infant health. In addition, comprehensive prenatal care includes screening for certain risk factors and conditions such as HIV† infection.

- During the two-year period 2007-2008, Alaskan women reported that their prenatal care provider most commonly discussed breastfeeding (89%), tests to screen for birth defects (87%), and birth control after pregnancy (87%). Topics least discussed were using a seatbelt during pregnancy (55%), physical abuse to women by their partners (63%), and illegal drug use during pregnancy (69%).

- The most commonly discussed topics reported by Alaska Native women were breastfeeding (89%) and birth control after pregnancy (89%). Among non-Native women, the most common topics reported were doing tests to screen for birth defects (91%) and breastfeeding (89%).

- Alaska Native women were more likely than non-Native women to report having discussions with a prenatal care provider on physical abuse by their partners and use of substances during pregnancy such as illegal drugs, cigarettes, and alcohol.

- Non-Native women were more likely than Alaska Native women to report having discussions with a prenatal care provider on use of seatbelts during pregnancy, what to do if labor starts early, tests to screen for birth defects, and medicines that are safe to take during pregnancy.

- During 2004-2008, more Alaska Native women (78%) than non-Native women (68%) reported that they were tested for HIV during their pregnancy or delivery.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.

†Human Immunodeficiency Virus
Prenatal Health

Prenatal Care Counseling Received by Topic and Alaska Native Status, Alaska, 2007-2008

Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

HIV Test During Pregnancy or Delivery by Alaska Native Status and Tribal Health Region, Alaska, 2004-2008

Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

* Statistically significant difference between Alaska Native and Non-Native (p < 0.05).

^ Data may be unreliable. Number of respondents was at least 30 but less than 60.
About half of neural tube defects (or NTDs, a serious birth defect of the spinal cord or brain) appear to be due to deficiencies in folic acid intake by women during early pregnancy (1). NTD prevalence among Alaska Native births decreased between 1996 and 2004, which may have been related to folic acid fortification of commercially prepared foods which began in 1998 (2). However, more recent data indicate the prevalence of NTDs in Alaska is now increasing (3). The protective effects of folic acid can only be obtained if there are adequate stores of folic acid when the baby is conceived and in the earliest days of pregnancy. Women who might become pregnant should take a multivitamin with 400 micrograms of folic acid everyday and eat a balanced diet that includes fruits, vegetables, and whole grains.

- During 2000-2006, the prevalence of knowledge about the benefits of folic acid among all Alaskan women delivering live births held steady around 80%, then decreased slightly during 2007-2008. This decrease occurred only among non-Native women.

- In 2008, 82% of non-Native women and 67% of Alaska Native women had heard or read that taking supplemental folic acid can help prevent some birth defects.

- Alaska Native and non-Native women differed in their reported multivitamin or prenatal vitamin use. During the month before pregnancy, a higher proportion of non-Native women reported taking a vitamin every day of the week than Alaska Native women (29% vs. 19%, respectively). During the last three months of pregnancy, daily multivitamin use increased to 63% among non-Native women and 50% among Alaska Native women.

- During the month before pregnancy, more Alaska Native women than non-Native women reported not taking a vitamin at all (62% vs. 50%, respectively). The proportion of women who did not take multivitamins decreased to 8% of non-Native women and 12% of Alaska Native women during the last three months of pregnancy.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.
Knowledge of Folic Acid Benefits by Alaska Native Status and Year Alaska, 2000-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

Multivitamin or Prenatal Vitamin Use One Month Before Pregnancy by Alaska Native Status, Alaska, 2007-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.
**WIC Participation**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides services designed to help pregnant and breastfeeding women, mothers of newborns (6 months old or younger), and young children (less than 5 years old) eat well, learn about good nutrition, and stay healthy. WIC provides vouchers to families meeting income and nutritional guidelines that can be used to purchase healthy foods such as milk, juice, eggs, cheese, and cereal. The program also provides nutrition counseling, breastfeeding support, and assistance with finding health care and other community services.

- During 2000-2008, prenatal WIC participation among Alaska Native women delivering a live birth varied from 62.1% during 2001 to 72.5% during 2005, and there was an overall increase during the study period. There was no change, however, in the percentage of non-Native women reporting prenatal WIC participation, which averaged around 43%.

- In 2008, prenatal WIC participation was higher among Alaska Native women than non-Native women (69.6% vs. 39.1%, respectively).

- During 2004-2008, the tribal health regions with the highest percentages of Alaska Native women utilizing prenatal WIC were the Arctic Slope (85.9%), Northwest Arctic (83.9%), and the Interior (81.4%).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.
Prenatal WIC Participation by Alaska Native Status and Year
Alaska, 2000-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

Prenatal WIC Participation by Alaska Native Status and Tribal Health Region, Alaska, 2004-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

^Data may be unreliable. Number of respondents was at least 30 but less than 60.
Chapter References

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1. Centers for Disease Control and Prevention. Recommendations for the use of folic acid to reduce the number of cases of spina bifida and other neural tube defects. MMWR 1992; 41(No. RR-14).
