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Title

The Landscape of Pregnancy Care in U.S. Community Health Centers

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: Maternal morbidity and mortality are high in the U.S. and racial disparities are on the rise. Community health centers (CHCs) provide critical health care access for communities of color, those with low income, and others at risk of pregnancy complications. Though most CHC clinicians have training in pregnancy care, it is unclear to what extent CHCs provide longitudinal prenatal care. Objectives: Describe (1) the prevalence of prenatal care delivery among CHCs; (2) the characteristics of CHCs that provide longitudinal prenatal care; and (3) the characteristics of patients who receive this care. Compare characteristics of patients receiving prenatal care at CHCs to pregnant patients who do not. Study Design: Retrospective cohort study, 2018-2019. Dataset: Electronic health record (EHR) data from the Accelerating Data Value Across a National Community Health Center Network (ADVANCE) clinical research network. Population Studied: Primary care CHCs, excluding school-based, dental and corrections clinics (n=408 health centers); and pregnant CHC patients (n=28,578). Outcome Measures: (1) Proportion of CHCs providing prenatal care; (2) Clinic characteristics (e.g., patient volume, panel characteristics, team structure); (3) patient characteristics (e.g., demographics, comorbidity, visit utilization). Results: 41% of CHCs provided longitudinal prenatal care, 13% provided occasional prenatal care (<2 visits per patient), and 45% provided no prenatal care. Clinics providing any prenatal care were on average larger, more often had multidisciplinary teams, and served higher proportions of non-white or non-English speaking patients. Patients who received longitudinal care were racially and ethnically diverse (42% non-white, 52% Hispanic) and had comorbid conditions (mental health-14%, substance use disorders-6%, gestational diabetes-2%, hypertensive disorders of pregnancy-1%). Patients with longitudinal prenatal care at CHCs (compared to those who did not) were more likely to be white or Hispanic, but were similar in age and comorbidity, and both groups were likely to have 1+ postpartum visit. Conclusions: The majority of CHCs in this large national network provide prenatal care and serve many pregnant patients at high risk of pregnancy-related complications, including people of color, those with low income, and those with comorbidities. Thus, CHCs are an important stakeholder in the movement to address inequities in maternal morbidity and mortality.