Abstract

Prenatal care has been shown to improve birth outcomes, and a lack of prenatal care is a significant risk factor for poor maternal and infant health. Although the state of maternal health has made significant strides in recent years, women in low socioeconomic status continue to receive in adequate care. Research has stressed the importance of prenatal care and health outcomes as a result of adequate care.

Methods

Queries were conducted via PubMed for literature dated from 2008 – 2020. Keywords such as, access, barriers, prenatal care, "no-show" appointment, and missed appointments were used to find studies. Literature were chosen based on their relevance to the topic. Most studies had to reference the significance of missed appointments. Studies that made no mention of missed visits were not reviewed.

Results

Out of 46 articles reviewed, six met eligibility criteria. Of the six selected three articles addressed barriers to PNC, two focused on missed appointments and health outcomes, and the final article addressed recommended and possible interventions.

Discussion/Conclusion

Of the 46 articles reviewed, six met eligibility criteria. Three focused on barriers to prenatal care, two focused on the impact missed appointment on health outcomes, and the last article gave recommendations for interventions that address barriers to PNC. Although there are many contributions to study on barriers that affect access to inadequate PNC, there aren’t many studies that focus on the impact of missed appointments on maternal health outcomes.

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Possible Interventions

An article by Peahl et al argued that the current model for PNC is outdated and should be reconceptualized. The authors suggest that focusing on promoting health and wellness instead of primarily focusing on medical complications, flexibility incorporating patient preferences, and individualizing care will improve the current prenatal care model better to serve patients and health care providers of today. They proposed a conceptual model for prenatal care that incorporates both patients’ medical and social needs into four phenotypes (1. Low medical need; high support need, 2. High medical need; high support need, 3. Low medical need; low support need, and 4. High medical need; low support need). Effective prenatal care should address two types of patients’ needs: medical and psychosocial. Combining a patient’s medical and support needs into a single maintenance model can improve patient phenotyping, which can then match appropriate providers with appropriate services.

References


Teneisha N. Olivierre
School of Public Health, SUNY Downstate Health Sciences University

Daniel Ehlke, PhD, MA
Interim Chair and Associate Professor
Department of Health Policy and Management

Faculty Advisor

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The Impact on Prenatal/Maternal Care among a Low Socioeconomic Population as a Result of Poor Attendance/Missed Appointments