

Perceived Barriers to Preconception Care: Findings from the Los Angeles Mommy and Baby (LAMB) Survey

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Significance

Increasing recognition that *prenatal care* is too late to prevent adverse pregnancy outcomes.

The fetal heart begins to beat 22 days after conception
The neural tube closes by 28 days after conception
The palate fuses at 56 days after conception
Critical period of teratogenesis: day 17- day 56

Growing interest in *preconception care*.

CDC developed Recommendations to Improve Preconception Health and Health Care in the United States

Previous studies have shown low rates of *preconception care* utilization, yet few studies have examined *barriers to preconception care* utilization.

Less than one-third of LAMB respondents indicated they utilized *preconception care*.

Purpose and Hypothesis

The purpose of this study was to identify perceived *barriers* among mothers who did not receive *preconception care* based on a population-based survey of mothers with a recent live birth in Los Angeles County.

Research Questions

Do *barriers to preconception care* utilization vary by *insurance status*?

Do *barriers to preconception care* utilization vary by *race/ethnicity*?

It was hypothesized that *barriers to preconception care* utilization would vary by *insurance status* and *race/ethnicity*.

Literature Cited

Atrash HK, Johnson K, Adams MM, Cordero JF, Howse J. Preconception Care for Improving Perinatal Outcomes: The Time to Act. *Matern Child Health J.* 2006 September;10(Suppl 1):3-11.

Johnson K, Posner SF, Biermann J, Cordero JF, Atrash HK, Parker CS, Boulet S, Curtis MG; CDC/ATSDR Preconception Care Work Group; Select Panel on Preconception Care. Recommendations to improve preconception health and health care—United States. A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR Recomm Rep.* 2006 Apr 21;55(RR-6):1-23.

Lu MC, Kotelchuck M, Culhane JF, Hobel CJ, Klerman LV, Thorp JM Jr. Preconception Care Between Pregnancies: The Content of Internatal Care. *Matern Child Health J.* 2006 Sep;10(Supplement 7):107-122.

Methods

Study Design

Data collection

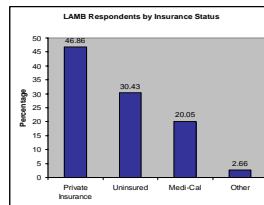
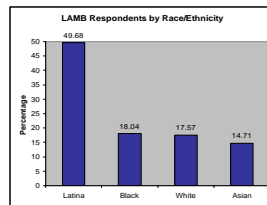
Mailed questionnaire with multiple follow-up attempts and by telephone

Multistage clustered design

Cross-sectional, population-based survey of a stratified random sample of mothers who recently delivered a liveborn infant in Los Angeles County

Data collected for the 2007 birth cohort (N=1258)

Population



Variables

Health Insurance Status

"Just *before* your last pregnancy, did you have health insurance?"

"What kind of health insurance did you have *before* your last pregnancy?"

Preconception care utilization

"During the six months *before* you got pregnant with your new baby, did you talk to a doctor, nurse or other health care worker about how to prepare for a healthy pregnancy and baby?"

Barriers to preconception care utilization

"Tell us why you did not see a health professional to prepare for this baby. Check all that apply."

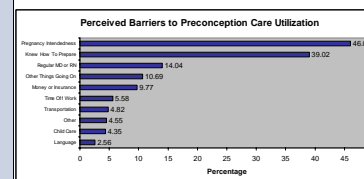
Data Analysis

Pearson's chi square tests used to determine if:

Barriers to preconception care utilization varied by *insurance status*.

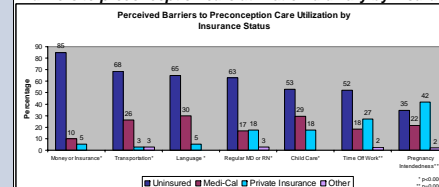
Barriers to preconception care utilization varied by *race/ethnicity*.

Results



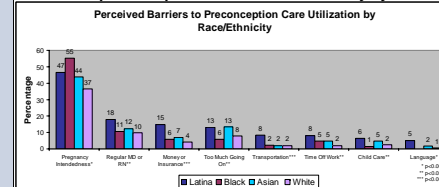
The most often cited *barriers to preconception care* utilization were: pregnancy intendedness, knew how to prepare, regular health care practitioner, have too many things going, and money or insurance.

Barriers to preconception care utilization did vary by insurance status.



Uninsured mothers were more likely to cite money or insurance, transportation, language, regular health care provider, child care and time off work as *barriers to preconception care* utilization compared to insured mothers. Interestingly, mothers with private insurance were more likely to cite pregnancy intendedness as a *barrier to preconception care* utilization.

Barriers to preconception care utilization did vary by race/ethnicity.



Black mothers were more likely to cite pregnancy intendedness as a *barrier to preconception care* utilization compared to mothers of all other racial/ethnic groups. Latina mothers were more likely to cite regular health care provider, money or insurance, too much going on, transportation, time off work, child care and language as *barriers to preconception care* utilization.

Public Health Implications

Additional research on the *barriers to preconception care* utilization. Additional research on mothers who do not utilize *preconception care*.

Address the most often cited *barriers to preconception care* utilization.

Pregnancy intendedness
Knew how to prepare
Regular health care practitioner
Have too many things going
Money or insurance

Address lack of health insurance.

Policies ensuring access to care throughout the life course

Address racial/ethnic disparities.

Increase public awareness on the importance of and increase feasibility of *preconception care* utilization.

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For further information, please visit www.LALamb.org