

# APPENDIX D: PRENATAL CARE

## KESSNER INDEX

The classification of prenatal care as adequate, intermediate, or inadequate is derived from the Institute of Medicine's Three-Factor Prenatal Care Index.<sup>1</sup> The classes of care are in accordance with recommendations for prenatal care set forth by the American College of Obstetricians and Gynecologists and the World Health Organization. This classification scheme accounts for length of gestation by requiring fewer prenatal visits for pregnancies with short gestation time. Records with missing information (i.e. last normal menstrual period, gestation weeks, number of visits, or month prenatal care began) are assigned to the inadequate prenatal care category.

The gestation weeks are calculated by subtracting the last menstrual date from the child's birth date. If the last menstrual date is missing from the birth record, the doctor's (or other medical professional's) estimate of gestation is used. The accuracy of the level of prenatal care is only as reliable as the information provided by the mother and her care giver.

The table below shows the Institute of Medicine's Three-Factor Prenatal Care Index.

**TABLE D.1**

GESTATION	TRIMESTER CARE BEGAN AND/OR NUMBER OF PRENATAL VISITS	LEVEL OF CARE
<= 13 Weeks	At least 1 visit	Adequate
	No prenatal visits	Intermediate
14-17 Weeks	1st trimester and at least 2 visits	Adequate
	1st or 2nd trimester and 1 visit	Intermediate
	No prenatal visits	Inadequate
18-21 Weeks	1st trimester and at least 3 visits	Adequate
	1st or 2nd trimester and 1-2 visits	Intermediate
	No prenatal visits	Inadequate
22-25 Weeks	1st trimester and at least 4 visits	Adequate
	1st or 2nd trimester and 2-3 visits	Intermediate
	3rd trimester or no more than 1 visit	Inadequate
26-29 Weeks	1st trimester and at least 5 visits	Adequate
	1st or 2nd trimester and 2-4 visits	Intermediate
	3rd trimester or no more than 1 visit	Inadequate
30-31 Weeks	1st trimester and at least 6 visits	Adequate
	1st or 2nd trimester and 3-5 visits	Intermediate
	3rd trimester or no more than 2 visits	Inadequate
32-33 Weeks	1st trimester and at least 7 visits	Adequate
	1st or 2nd trimester and 4-6 visits	Intermediate
	3rd trimester or no more than 3 visits	Inadequate
34-35 Weeks	1st trimester and at least 8 visits	Adequate
	1st or 2nd trimester and 5-7 visits	Intermediate
	3rd trimester or no more than 4 visits	Inadequate
=> 36 Weeks	1st trimester and at least 9 visits	Adequate
	1st or 2nd trimester and 5-8 visits	Intermediate
	3rd trimester or no more than 4 visits	Inadequate

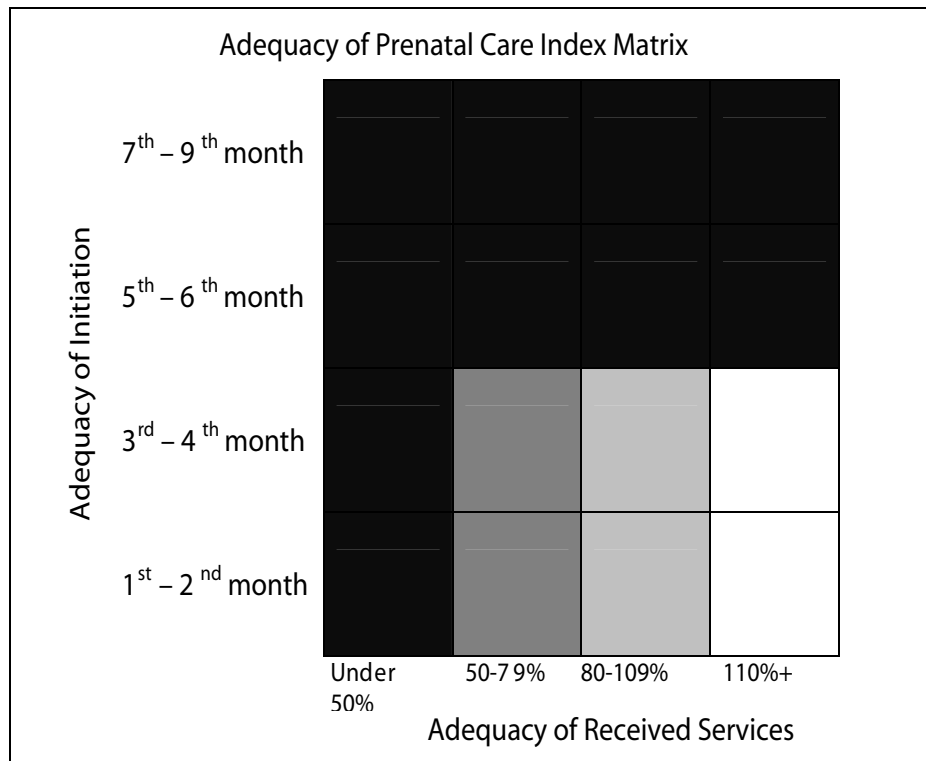
<sup>1</sup> Kessner, D. "Infant Death: An Analysis by Maternal Risk and Health Care" Institute of Medicine, Contrasts in Health Status, Volume 1, 1973. National Academy of Sciences, Washington, DC pp 58-60.

**APNCU INDEX**

The APNCU index makes use of two types of prenatal care information obtained from birth certificate data: when prenatal care began (adequacy of initiation) and the number of prenatal visits from when prenatal care began until delivery (adequacy of received services). The APNCU index classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9. To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. The expected number of visits is based on the American

College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the gestational age when care began and for the gestational age at delivery. A ratio of observed to expected visits is calculated and grouped into four categories—Inadequate (received less than 50% of expected visits), Intermediate (50%-79%), Adequate (80%-109%), and Adequate Plus (110%). The final APNCU index measure combines these two dimensions into a single summary score. The chart below summarizes the two dimensions of the APNCU index.

**TABLE D.2**



Summary Index

