TOPIC: SOCIAL DETERMINANTS OF HEALTH IN RELATION TO PRENATAL CARE UTILIZATION AMONG PREGNANT WOMEN

INTRODUCTION

Prenatal care is a crucial preventive healthcare service that plays a significant role in improving health outcomes for both women and infants. It encompasses various aspects, such as monitoring fetal development, identifying complications, and providing education (1). While adequate prenatal care has been shown to enhance outcomes, disparities in utilization persist, particularly among individuals of low socioeconomic status; these disparities persist even in countries with universal healthcare access (2,3). In Canada, for example, a substantial proportion of pregnant women do not receive the recommended number of prenatal visits, especially among teenage mothers and those with lower education and income levels (4). Disparities are also evident among certain populations, such as Aboriginal women, who may face cultural oppression and intergenerational social problems (3). Inadequate prenatal care is associated with adverse pregnancy outcomes, and factors contributing to inadequate care include geographic, demographic, socioeconomic, and pregnancy-related factors (5). Appropriate prenatal care can reduce perinatal morbidity and mortality by identifying risks, promoting healthier lifestyles, and increasing the odds of positive outcomes, such as postpartum mental health and breastfeeding initiation (6, 8). Various guidelines recommend the timing and frequency of prenatal care visits, emphasizing the importance of regular check-ups throughout pregnancy; for example, The Society of Obstetricians and Gynaecologists of Canada recommends at least one visit in the first trimester, then every 4 to 6 weeks until 30 weeks gestation, then every 2 to 3 weeks until 36 weeks gestation, and weekly after that (5,7).

BACKGROUND

Residence in rural areas, young maternal age, lone parenthood, high parity (four or more live births), short inter-pregnancy intervals, maternal education, income assistance, and living in low-income neighbourhoods are among the sociodemographic factors associated with inadequate prenatal care utilization (4,5). Research conducted by Heaman et al. in Winnipeg identified neighbourhoods characterized by lower average family incomes, higher rates of single-parent families, unemployment, Aboriginal people, and recent immigrants as having the highest rates of inadequate prenatal care (3).

Language barriers and limited awareness of available free prenatal healthcare services among new immigrants also contribute to the underutilization of prenatal care (4). The priorities and cultural expectations of new immigrants, such as finding permanent housing and securing food, may overshadow the importance of seeking prenatal care (4).

BARRIERS TO PRENATAL CARE

While prenatal care visits are covered in the universal health care system, various barriers have been identified that hinder access to care for women. Various barriers, encompassing economic, psychosocial, attitudinal, and structural factors, hinder women, particularly those with low income, from accessing sufficient prenatal care (4, 9).

Situational and Geographic Barriers: These barriers include not knowing where to seek prenatal care, long appointment wait times, and difficulties with child care or transportation (9) as well as recent relocation or the absence of a regular healthcare provider before pregnancy (3). Heaman et al. found

that women encounter difficulties accessing prenatal care due to long distances to service locations, limited appointment availability, transportation costs, and adverse weather conditions, particularly during harsh winters in Winnipeg. Additionally, lengthy office waits pose further inconveniences for women seeking care (9).

Psychosocial Barriers: Women who experience stress, family problems, social isolation, depression, being worried that the baby will be apprehended by child protection services or have negative attitudes toward their pregnancy are more likely to receive inadequate prenatal care (3). Additionally, a history of postpartum depression and other mental health concerns contribute to inadequate care utilization (1,7). Stigma, shame, and mistrust are perceived barriers affecting pregnant adolescents, low-income individuals, Indigenous communities, immigrants, and racialized communities, leading to disincentives for accessing prenatal health services (10)

Attitudinal and Pregnancy-related Barriers: Attitudinal barriers encompass factors such as unplanned or unwanted pregnancies, lack of motivation to learn about protecting one's health, negative attitudes toward prenatal care, and considering abortion as an option. According to the study by Heaman et al., women considering abortion were found to be 20 times more likely to receive inadequate prenatal care. Additionally, mothers with unplanned pregnancies are more likely to receive inadequate prenatal care than those with planned pregnancies. Negative attitudes toward prenatal care itself also influence utilization rates (3).

Individual/Personal Barriers: Several individual barriers affect prenatal care utilization. These include personal fears of medical examinations or procedures, reluctance to use emergency rooms or obstetrical triage units, seeking advice from family and friends instead of healthcare professionals, dissatisfaction with care, dislike for healthcare workers, and forgetting appointments. The preference to avoid examination by male healthcare providers is also associated with receiving inadequate prenatal care (3). Some women perceive PNC as unnecessary or lacking value, particularly if they had previous pregnancies without complications. Other commitments, such as work or school, can make it challenging to attend prenatal care (9). Negative characteristics of care providers, such as rudeness, abrasiveness, or a lack of cultural sensitivity, can further hinder access to and continuation of prenatal care (4). Engaging in risky behaviours during pregnancy, such as illicit drug use, smoking, or alcohol consumption, has been linked to inadequate prenatal care. These behaviours may serve as coping strategies to alleviate stress, irrespective of socioeconomic status (4,5,7).

FACILITATORS OF PRENATAL CARE

Facilitators for accessing prenatal care include practical support such as transportation assistance, child care, and home visits by nurses or community health workers. Other facilitators include convenient clinic hours, understanding staff, financial and emotional support, and incentives (3). Social support from family and friends also plays a crucial role in encouraging women to attend prenatal care.

MOTIVATORS OF PRENATAL CARE

Motivating factors for seeking prenatal care include the belief that it ensures a healthy baby and receiving encouragement from others. Gaining knowledge and skills, acquiring information about housing, nutrition, relationships, lifestyle, and community supports, ensuring health for both mother and baby and the opportunity for social interaction creating an environment that allows women to interact with one another during clinical visits were also identified as motivators for seeking prenatal care (3,9).

RECOMMENDATIONS FOR IMPROVEMENT

Utilization of prenatal care showed a clear social gradient, with rates of inadequate care increasing in lower-income neighbourhoods. Recommendations to improve prenatal care utilization include locating prenatal care services closer to where women live, providing transportation assistance, and promoting public awareness about the importance of prenatal care. Initiatives should also consider cultural beliefs and values. Improving the provider-patient interaction by prioritizing personalized care, information sharing, and meaningful connections with healthcare providers is important (9). Additionally, addressing broader social issues such as low income, homelessness, and substance use can help break down barriers to accessing prenatal care. Community outreach programs targeted at distressed communities and individuals have shown success in breaking down barriers to prenatal care (5).

CONCLUSION

The literature review highlights the impact of social determinants of health, such as low income, low education, and living in rural areas, on inadequate prenatal care utilization. Interventions should target these determinants within and outside the healthcare system, focusing on housing, income, education, and employment. Tailored interventions, including home visiting programs, are particularly important for disadvantaged pregnant women. It is crucial to ensure timely and sufficient access to prenatal care to improve outcomes for mothers, fetuses, and infants. Efforts should be expanded to meet the needs of at-risk populations and eliminate barriers to prenatal care. Additionally, educating postpartum women on the importance of future prenatal care is essential, and addressing mental health concerns through sensitive discussions and appropriate referrals is a priority. Overall, a comprehensive approach involving healthcare providers, social services, substance treatment programs, abortion providers, and the broader social system is necessary to educate women about the significance of prenatal care and ensure its accessibility for all.

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