

Table 7.44d First Trimester Prenatal Care by Mother's Race/Ethnicity in Hawai'i: Aggregate 2004-2008

Race-Ethnicity	Prevalance (%)
Japanese	89.8
Chinese	88.4
White	87.6
Korean	85.0
Filipino	84.4
Black	83.7
Native Hawaiian	78.7
All Others	68.7
Samoan	67.9

Background:

“Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reasons for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists if required. Early high quality prenatal care is critical to improving pregnancy outcomes. The U.S. Healthy People 2010 Objective is to increase the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy to 90%.”

PRAMS Definition:

“First trimester prenatal care was defined by the birth certificate variable for the month that prenatal care began within the first three months. If the response was missing from the birth certificate, the PRAMS variable for number of weeks (<13) or months (<3) that they reported as their first prenatal care visit was used.”

Differences Related to Maternal Race:

“Samoan, Hawaiian, and those reporting ‘All Others’ race reported the lowest estimates of first trimester prenatal care.”

Source: Hawai'i State, Department of Health, Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS). Trend Report 2000-2008