

Barriers to Prenatal Care Access for Latinas: Results from a Mixed-methods Study

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INTRODUCTION

In the US, Latinas have a higher fertility and birth rate compared to other ethnic and racial groups yet disparities in access to prenatal care (PNC) exist. Reasons for these disparities are not fully explored in Midwestern states with growing Latino populations.

OBJECTIVE

To assess the attitudes, barriers and cultural beliefs regarding access to and use of PNC among Latinas in the Kansas City metropolitan area.

METHODS

We used a mixed-method framework to conduct quantitative surveys and 4 focus groups (FG) with 24 Spanish-speaking Latinas who were pregnant within the last 5 years (Tables 1 & 2).

FG discussions were centered on attitudes, knowledge and beliefs about PNC. We used SPSS 25.0 to obtain frequency and distribution measures of survey responses and employed grounded theory and framework analysis to analyze FG data using Atlas.ti software.

Table 1. Stratification of FG by Age and Acculturation

Age	Acculturation	
	<10 years in the US	≥10 years in the US
< 35 yrs	N=8 Women	N= 4 Women
≥ 35 yrs	N=7 Women	N=5 Women

Table 2. Scales Included in Quantitative Survey

Instrument	Construct
Quality of Life Scale	Quality of Life
Patient Health Questionnaire-2	Depression
Pregnancy Risk Assessment Monitoring System	Barriers to Care
Brief Acculturation Scale for Hispanics	Acculturation
Hispanic Stress Inventory V.2	Stress

RESULTS



Figure 1. Primary Barriers to Prenatal Care Access from Quantitative Survey

Table 3. Main Themes and Subthemes Emerging from FG

Financial	System Capacity	Environmental & Organization	Personal	Pregnancy Prevention
<ul style="list-style-type: none"> Cost of care Health coverage & complexity of application Health insurance literacy 	<ul style="list-style-type: none"> Availability of maternity care providers Community Health Centers Language 	<ul style="list-style-type: none"> Patient-provider communication Access to health information Transportation 	<ul style="list-style-type: none"> Emotional wellbeing Immigration status Knowledge of prenatal care 	<ul style="list-style-type: none"> Availability of information Access to specific methods

“..they did a discount, I believe it was \$150 per ultrasound, but it is still a lot for every week.”

“I am not sure about the quality because they are not physicians, they are specialty nurses, but they are not physicians.”

“...feel special in the sense that they are listening to you...and not thinking about the other 100 things that they have to do.”

“...if you are sick take painkillers because if you go to the hospital you will have a big bill...this is what we hear when we're undocumented.”

“Where can we have the (pregnancy prevention) procedures?... we wanted to do it because we do not want to have more babies.”

Table 4. Participant Demographics

Demographics	Percentage
Education: high school or more	79%
Insurance Status: uninsured	83%
Marital Status: married/living with partner	96%
Late or no prenatal care	29%
Average Number of Pregnancies	3

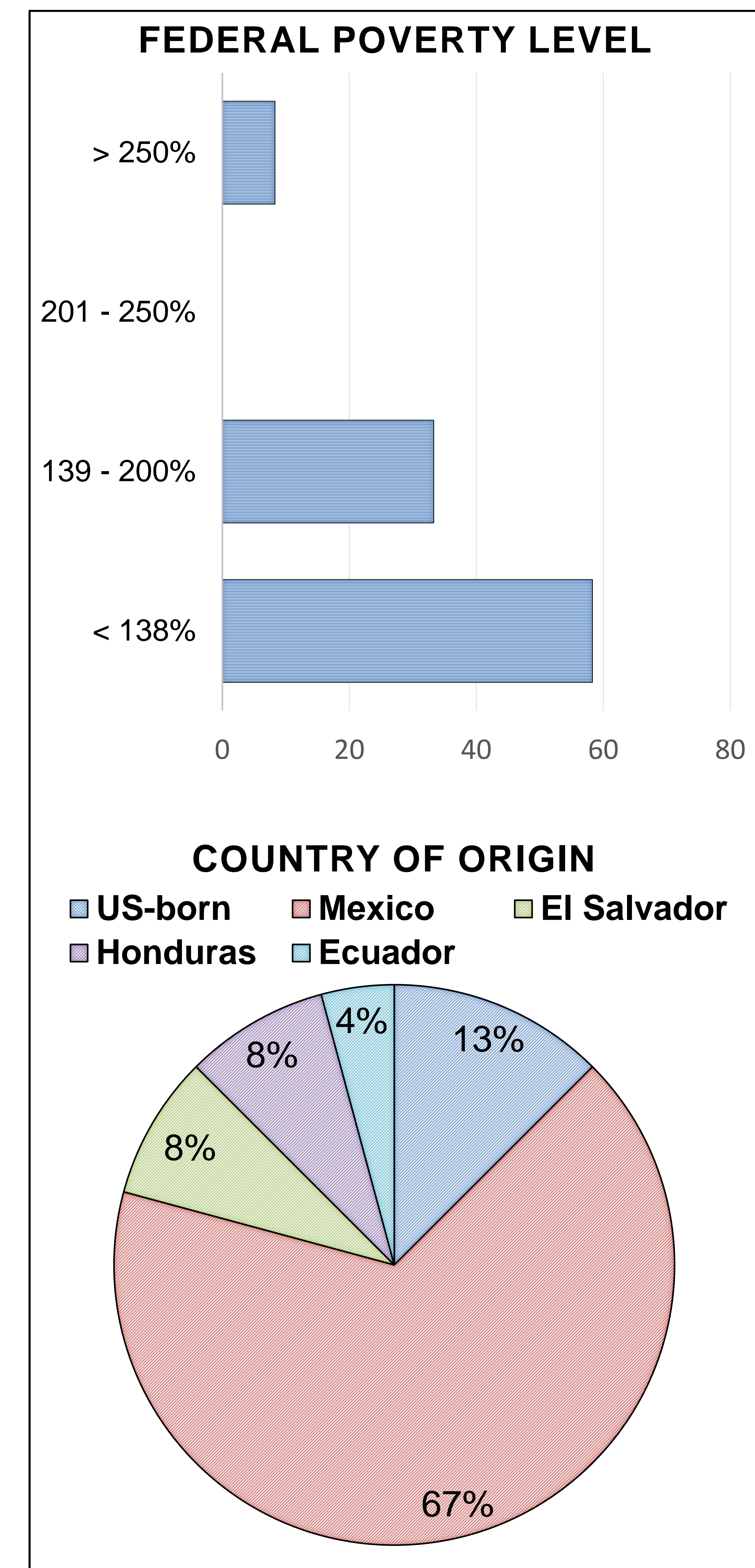


Figure 2. Participant Income & Country of Origin

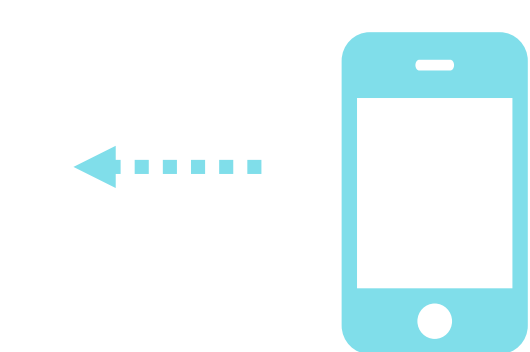
CONCLUSIONS

In addition to addressing health care coverage, opportunities to promote PNC among Midwestern Latinas may include targeting barriers to system capacity and the environment.

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