Public Advocate for the City of New York

Hurdles to a Healthy Baby:

Pregnant Women Face Barriers to Prenatal Care at City Health Centers

A REPORT BY PUBLIC ADVOCATE BETSY GOTBAUM

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EXECUTIVE SUMMARY

This report finds that there are administrative barriers to accessing prenatal care at New York City Health and Hospitals Corporation (HHC) facilities. These barriers discourage and delay women's entry into prenatal care and eliminate an opportunity for preventive interventions. Prenatal care is essential for a healthy pregnancy and a healthy baby and must start early to be fully effective. In 2005, 27.8 percent of women who gave birth in New York City did not receive prenatal care during the first trimester.[1]

To evaluate access to prenatal care at New York City's public hospitals and clinics, staff of the Office of the Public Advocate called 39 Health and Hospitals Corporation facilities, posing as an uninsured woman seeking an appointment for prenatal care after a positive home pregnancy test. The phone survey resulted in the following findings:

- 82 percent of facilities presented barriers to making prenatal care appointments. The most frequent reason cited for not allowing the caller to make an appointment was the requirement that appointment-seekers first visit the clinic for a pregnancy test.
- Facilities had an average wait time of 12.8 days for a prenatal care appointment.
- Two thirds of the facilities do not offer any weekend or evening hours.
- Staff at more than 50 percent of the clinics reached did not know or did not volunteer information about the availability of the Prenatal Care Assistance Program (PCAP), which offers complete pregnancy care and other health services to low-income New Yorkers.

This report offers the following recommendations, among others, to improve access to prenatal care and increase opportunities for preventive interventions at New York City's HHC facilities and thereby improve the health of the city's babies:

- HHC should raise the percentage of clinics that grant prenatal care appointments over the phone from 18 percent to 100 percent.
- Instead of requiring an additional visit, clinics should confirm pregnancy at the time of the first prenatal appointment. If the clinic-based pregnancy test produces a negative result, the appointment should be used to provide the woman with preconception or interconception care, or family planning and contraception counseling as appropriate.
- To expand hours of operation, HHC should explore a regional system whereby each provider in a given region has at least one 11:00am to 8:00pm day and clinics coordinate so that each clinic in a given region offers extended hours on a different day of the week.
- HHC should train clinic staff to inform uninsured women that free and low-cost public health insurance is available and to provide an accurate list of documents needed for the PCAP application.

[1] New York City Department of Health and Mental Hygiene (DOHMH), *Summary of Vital Statistics: 2005*, Table 33, p. 46, www.nyc.gov/html/doh/downloads/pdf/vs/2005/sum.pdf.

What we found is that too many infants are born too small, too many are born too soon, and too many mothers never get decent care and guidance during their pregnancy.

National Commission to Prevent Infant Mortality, 1987

INTRODUCTION

Early and comprehensive prenatal care is associated with a reduced risk of adverse pregnancy outcomes, such as birth defects, low birth weight infants,[2] premature birth[3] and infant death.[4] Unfortunately, the New York City Health and Hospitals Corporation (HHC) is failing to provide accessible early prenatal care for women in all communities, and this failure has serious costs in terms of both the health of children and taxpayer dollars. In 2005, 27.8 percent of women who gave birth in New York City did not receive prenatal care during the first trimester.[5] New York City thus falls far behind the federal government's Healthy People 2010[6] target of 90 percent first trimester prenatal care utilization.[7] Moreover, stark disparities in early prenatal care exist. Approximately 34 percent of non-Hispanic black women who gave birth in 2005 did not receive first trimester prenatal care, compared to 18.1 percent of white women.[8]

Pursuant to the New York City Charter, the Public Advocate is authorized to review and investigate the programs, operations, and activities of city agencies.[9] In accordance with this responsibility, the Office of the Public Advocate initiated an investigation to assess the ability of uninsured women to obtain a timely prenatal care appointment at HHC hospitals, diagnostic and treatment centers, and family health centers across the city. These facilities are appropriate places for uninsured, pregnant women to visit for prenatal care.

This report finds that 82 percent of HHC prenatal care providers present barriers to women attempting to make a prenatal care appointment. The primary barrier is the requirement that women seeking prenatal care make (sometimes multiple) in-person visits prior to scheduling an appointment with a doctor. The purpose of these in-person visits is to conduct pregnancy tests, financial counseling sessions, registration or screening appointments, mandatory pregnancy

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[2] Infants born at less than 2,500 grams (5lbs 8oz) are considered low birth weight.
[3] Premature birth, also referred to as preterm birth, is defined as delivery at less than 37 completed weeks of gestation. By contrast, a full term baby is born between 38 to 42 weeks of gestation.
[4] Institute of Medicine of the National Academies (IOM), "Prenatal Care: Having Healthy Babies," Wymelenberg, S., (ed.), *Science and Babies*, 1990. See also: Kogan, M., Alexander G., Kotelchuck, M. and Nagey, D., "Relation of the content of prenatal care to the risk of low birth weight. Maternal reports of health behavior advice and initial prenatal care procedures," *The Journal of the American Medical Association*, Vol. 271, No. 17, May 4, 1994.
[5] Of the 122,725 women who gave birth in New York City in 2005, only 88,595 (72.2%) had a visit for prenatal care in the first to third months of their pregnancy. See: New York City Department of Health and Mental Hygiene (DOHMH), *Summary of Vital Statistics: 2005*, Table 33, p. 46.
[6] Healthy People 2010 is a national health promotion and disease prevention initiative, co-led by two Federal agencies, the Centers for Disease Control and Prevention and Health Resources and Services Administration. It is a statement of national health objectives, covering 28 focus areas such as cancer, food safety and maternal, infant and child health, designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.
[7] United States Department of Health and Human Services (HHS),"Maternal, Infant, and Child Health," *Healthy People 2010, Midcourse Review*, Chapter 16, Table 16-6, www.healthypeople.gov/data/midcourse/pdf/FA16.pdf.
[8] *See* 1.
[9] NYC Charter §24.

classes or meetings with as many as five different social and public health professionals. This despite a 2001 report by the New York City Department of Health and Mental Hygiene (DOHMH) which concluded that required in-person visits to women's health services providers prior to granting doctor's appointments constitute unnecessary barriers to prenatal care.[10] Such requirements delay a woman's entry into prenatal care and place an additional burden on women, especially those who have to take time off from work, travel to the facility, and/or secure childcare for each visit.[11] Facilities in the Bronx, Brooklyn, and Queens were more likely to require one or more additional visits before a prenatal appointment than facilities in Manhattan.

In addition to required in-person visits, there are a range of other barriers to prenatal care at HHC facilities. Of the 39 facilities included in this study, 10 percent were inaccessible by phone and another 41 percent could only be reached after repeated calls. At the HHC facilities that could be reached and agreed to grant appointments, the average wait time for a doctor's appointment was 12.8 days. Two thirds of the facilities do not offer any weekend or evening hours. When asked about assistance for the uninsured, staff at more than 50 percent of the clinics reached did not know or did not volunteer information about the availability of free or low-cost public health insurance for pregnant women in New York City.

BACKGROUND

Infant Mortality and Preterm Birth Rates

In recent years, the long decline in the overall infant mortality rate[12] (IMR) in New York City has tapered off. From 1991 to 2001, New York City's IMR declined from 11.4 to 6.1.[13] Since 2001, it has remained more or less the same, with a rate of 6.0 reported for fiscal year 2006.[14] This rate exceeds the city's IMR goal of 5.6 for FY06,[15] as well as the Healthy People 2010 goal of 4.5.[16]

Significant socio-demographic disparities in infant mortality rates persist. While some community districts have a very low IMR—for example the Upper East Side in Manhattan (3.5) and Park Slope in Brooklyn (2.1)—community districts with high percentages of minority and low-income residents in all five boroughs have drastically higher IMRs. Morrisania (10.8) and Throgs Neck (9.8) in the Bronx; Central Harlem (7.8) in Manhattan; Bedford-Stuyvesant (10.2), Crown Heights South (10.6), and Coney Island (10.2) in Brooklyn; Jamaica and St. Albans (10.1) in Queens; and Willowbrook and South Beach (7.2) in Staten Island all have IMRs[17] well above the city and Healthy People 2010 goals.

Numerous studies have documented that disparities in health care are correlated with socio-economic barriers to health care access.[18] In New York City, 5.7 percent of women giving birth

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[10] Golden, C., Besculides, M., and Laraque, F., *Prenatal Care Appointment Survey 2001. Barriers to Accessing Prenatal Care in New York City,* DOHMH, 2001, p. 4.
[11] *Ibid*. The report also found that such barriers to prenatal care have changed little over time by comparing its result to previous surveys conducted by DOHMH in 1996 and 1998.
[12] Infant mortality under one year, rate per 1,000 live births.
[13] DOHMH, *Summary of Vital Statistics: 2005*, Table 1, p. 6.
[14] City of New York, Mayor's Office of Operations, *Preliminary Mayor's Management Report*, February 2007, p. 4.
[15] City of New York, Mayor's Office of Operations, *Management Report, Fiscal Year 2006*, September 2006, p. 5.
[16] HHS, *Healthy People 2010, Midcourse Review,* Chapter 16, Table 16-1C.
[17] DOHMH, *Summary of Vital Statistics: 2005*, Table 36, p. 49.
[18] See: Byrd, W.M., and Clayton, L., "Racial and Ethnic Disparities in Healthcare: A Background and History," in Smedley, B., Stith, A., and Nelson, A. (eds.): *Unequal Treatment. Confronting racial and ethnic disparities in*

in 2005 received late (7-9 months) or no prenatal care.[19] While this percentage may seem negligible, the statistic varies greatly across different neighborhoods and ethnic groups. Of mothers who gave birth in 2005 after late or no prenatal care, 73.3 percent were Hispanic or non-Hispanic black.[20] Only 1.6 percent of new mothers residing on the Upper East Side and 1.7 percent of those residing in Tribeca received late or no prenatal care, compared to 13.3 percent in Elmhurst/Corona, 12.8 percent in Jackson Heights, 9.5 percent in Central Harlem, and 9.4 percent in Flatbush.[21] During recent testimony before the City Council Health Committee, a non-HHC provider testified that 25 percent of pregnant women in the Bronx obtained late or no care.[22]

While infant mortality rates overall have declined, preterm births have steadily increased over the last decade, rising to levels that constitute a serious public health issue. The percentage of infants delivered in the United States at less than 37 weeks' gestation has increased by 30 percent in the last 25 years.[23] From 2004 to 2005, the preterm birth rate rose again from 12.5 percent to 12.7 percent.[24] Recently completed research by the Institute of Medicine (IOM) indicates that advances in neonatal intensive care have greatly improved survival rates for premature infants. Yet, prematurely born infants remain at high risk for many problems, including cerebral palsy, mental retardation, respiratory ailments, vision and hearing impairments, behavioral and social/emotional concerns, learning difficulties, and poor health and growth.[25] The IOM report stresses that the preterm birth phenomenon is due to a multitude of factors, including lifestyle, environmental, and medical factors that may be positively affected by preventive interventions.

Like IMRs, preterm birth rates also exhibit stark racial disparities. While non-Hispanic whites in the United States run an 11.7 percent risk of a preterm delivery, black women have an 18.4 percent risk.[26] In New York City, rates for low-birth-weight infants are 7.2 for non-Hispanic whites and 13.0 for non-Hispanic blacks.[27] In addition to straightforward socio-economic and environmental conditions, chronic stress may be a major contributor to elevated preterm birth rates in blacks.[28]

The IOM's most important recommendations for the future of prenatal health care are close diagnostic monitoring of pregnancies beginning in the first trimester; studies of the clinical

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healthcare, IOM, 2003. Byrd and Clayton cite "a body of 600 scientific publications" that document racial and ethnic disparities related to socio-economic differences and inadequate access to quality health care. For New York City, see: Nelson, J., Chiasson, M. A., Matson, P., McCalla, S., and Minkoff, H., "Characteristics of Obstetrical Services in New York City Hospitals," *Medical and Health Research Association of New York City, Inc. (MHRA) Pulse Study*, Vol. IV, No. 2, May 2005.

[19] *See* 17.

[20] DOHMH, *Summary of Vital Statistics: 2005*, Table 33, p. 46.

[21] *See* 17.

[22] Testimony of Joann Casado, Executive Director of the Bronx Health Link, Inc., New York City Council Health Committee hearing on the Mayor's FY 2008 Preliminary Budget, March 12, 2007.

[23] IOM, *Preterm Birth: Causes, Consequences, and Prevention*, Report Brief, July 2006.

[24] Hamilton, B. E., Martin, J. A., Ventura, S. J., "Births: Preliminary data for 2005," *National Vital Statistics Reports*, Vol. 55, No. 11, HHS, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2007.

[25] *See* 23.

[26] Hamilton, B. E., Martin, J. A., Ventura, S. J., "Births: Preliminary data for 2005," *National Vital Statistics Reports*, Vol. 55, No. 11, HHS, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2007.

[27] DOHMH, *Vital Statistics: 2005*, Table 42, p. 58.

[28] Zwillich, T., "Nation Ignores Preterm Birth Risks," *WebMD Health News*, July 13, 2006, www.medscape.com/viewarticle/540850.

treatment of women who deliver preterm and the healthcare institutions that care for them with a focus on disparities among racial, ethnic, and socio-economic groups; and a strong emphasis on preventive care in policy and practice.[29]

Preconception Care

In addressing persistent disparities in adverse pregnancy outcomes, as well as the stagnating rate of decline for infant mortality and rising preterm and low-birth-weight rates, the IOM[30] and the American College of Obstetricians and Gynecologists[31] have developed the concept of preconception care.[32] In the spring of 2006, the United States Centers for Disease Control and Prevention (CDC) issued guidelines for preconception care, including 14 specific preconception health care interventions, the effectiveness of which have been scientifically confirmed. These include, among other interventions, folic acid supplementation, rubella vaccination, diabetes management, obesity control, alcohol and smoking cessation, screening for environmental toxins and medication use management, STD screening, HIV/AIDS screening, and hepatitis B vaccination. Other health conditions that may be addressed by preconception care include hypertension, eating disorders, substance abuse, domestic violence, and poor nutrition.[33]

One of the most difficult issues facing providers is the ability to reach those women who would benefit most from preconception care. Uninsured women who seek contact with a health care provider because they believe they are pregnant, even if they turn out to be mistaken, present an opportunity for risk assessment, health education, and possibly medical interventions that can reduce the risks of adverse pregnancy outcomes in the future.

Economic Costs

Aside from the critical difference it can make in the lives of the mother and future infant, such intervention also makes sense for the health care system. According to an analysis by the March of Dimes, prematurely born babies incur direct medical costs 15 times as high as full-term, healthy babies. While the average cost of medical and follow-up care for a healthy, normal-weight baby is $2,830, the direct health care costs for a premature or low-weight baby start at $41,610.[34] The IOM estimates that the costs of each premature baby are closer to $51,600, with total economic costs to society of at least $26 billion a year.[35] In New York City, where the average costs of medical and follow-up care for a healthy, normal-weight baby are $6,500, costs associated with a preterm or low birth-weight baby start at $90,000.[36] For the health care costs

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[29] *See* 23.

[30] See: IOM, *Preventing low birth weight*, National Academy Press, 1985.

[31] See: American College of Obstetricians and Gynecologists (ACOG), *Guidelines for women's health care*, 2nd ed., 1996. See also: American Academy of Pediatrics, and ACOG, *Guidelines for perinatal care*, 5th ed., 2002.

[32] The main components of preconception care are classified into four categories of interventions: physical assessment, risk screening, vaccinations, and counseling. The CDC's Select Panel on Preconception Care (SPPC) defined preconception care as "a set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes through prevention and management. Certain steps should be taken before conception or early in pregnancy to have a maximal effect on health outcomes." See: CDC, "Recommendations to Improve Preconception Health and Health Care – United States," *Morbidity and Mortality Weekly Report*, Vol. 55, No. RR-6, April 21, 2006, p. 3.

[33] CDC, "Recommendations to Improve Preconception Health and Health Care – United States," *Morbidity and Mortality Weekly Report*, Vol. 55, No. RR-6, April 21, 2006.

[34] March of Dimes, *Premature Birth: The Cost to Business*, 2005, www.marchofdimes.com/prematurity/21198_15349.asp.

[35] *See* 23.

[36] Ngozi Moses, Executive Director of the Brooklyn Perinatal Network, interview quoted in: The Opportunity Agenda, *Dangerous and Unlawful: Why Our Health Care System is Failing New York And How to Fix It*, p. 4.

associated with the premature birth of two babies ($180,000), 50 at-risk pregnant women could be provided with intervention to reduce their risk of bearing low-weight babies.[37]

Prenatal Care Assistance Program

Therefore, it is in the interests of the health care system as a whole to encourage pregnant women to seek prenatal care as early in their pregnancy as possible and ensure that uninsured women are aware of the health insurance options available to them. The Prenatal Care Assistance Program (PCAP) is an extension of the Medicaid program and offers complete pregnancy care and other health services to women and teenagers who live in New York State and whose income does not exceed 200 percent of the federal poverty level (FPL), which, in the year 2007, means an annual income at or below $27,380 for a household of two or $41,300 for a household of four.[38] (For eligibility purposes, pregnant women count as two people). PCAP offers routine pregnancy check-ups, hospital care during pregnancy and delivery, full health care for the woman until at least two months after delivery, and full health care coverage for the baby up to one year of age.[39] There is no cost to eligible women who participate in PCAP.[40]

METHODOLOGY

In April 2007, calls were made to 39 HHC hospitals, HHC diagnostic and treatment centers, and HHC family health centers.[41] The HHC website lists 11 hospitals, six diagnostic and treatment centers, and 24 family health clinics,[42] of which six stated that they do not provide prenatal care. Four additional HHC extension clinics, licensed to provide prenatal care, were identified through the New York State Department of Health (NYSDOH) website,[43] for a total of 39 HHC facilities. No HHC facility providing prenatal care services could be identified in Staten Island through the HHC website or 311.

Researchers made calls to determine whether and how soon a pregnant and uninsured woman could obtain a prenatal care appointment with a doctor over the phone and during which hours the care could be obtained. Callers posed as an uninsured woman with a positive home pregnancy test seeking an initial prenatal care appointment.[44] All calls were made in English. Callers asked five questions:

1. When is the next available prenatal care appointment?
2. Do you have weekend and evening hours?
3. Can I see a doctor at the time of my appointment?
4. I do not have health insurance. Is that a problem?
5. What does the first visit cost?

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[37] *Ibid*.

[38] New York State Department of Health (NYSDOH), Medicaid (Annual and Monthly) Income Levels for Pregnant Women and Children, January 1, 2007, www.health.state.ny.us/nysdoh/perinatal/en/income.htm.

[39] NYS Public Health Law §§ 2520-2529. See also: NYS Department of Insurance, *Prenatal Care Assistance Program*, www.health.state.ny.us/nysdoh/perinatal/en/pcap.htm.

[40] NYSDOH, "*A healthy baby starts with a healthy pregnancy*," www.health.state.ny.us/nysdoh/pcap/index.htm.

[41] For a list of the facilities included in the study, please see the Appendix.

[42] HHC, *Hospitals, Medical Centers, Home Care Services*, www.nyc.gov/html/hhc/html/facilities/directory.shtml. Twenty-four family health clinics, which are not explicitly identified as child clinics, are listed under the category "Child and Teen Health Centers."

[43] Hospital Profiles online at http://hospitals.nyhealth.gov/index.php.

[44] Note: To avoid taking away available appointment times, no actual appointments were made.

All calls were made during regular office hours, Monday through Friday between the hours of 9:00 am and 5:00 pm. When a call to a clinic was unsuccessful, repeat calls were made. Calls were considered unsuccessful if the line was busy, if the line rang 10 times, if the caller was placed on hold for more than five minutes, if the line went dead, if the call was lost during transfers, or if the caller was connected to a voicemail box. Repeat calls were spaced at least three hours apart, and no three calls were made on the same day. If a live staff member could not be reached after three calls, a facility was considered inaccessible.

FINDINGS

82 percent of facilities presented barriers to making prenatal care appointments.
Callers were able to reach a live staff member at 35 of the 39 facilities,[45] but 28 of these 39 facilities did not grant prenatal care appointments. (See Table A below). The most frequent reasons cited for not granting an appointment were the requirements that appointment seekers:

- come in for a pregnancy test (24),
- meet or speak with a financial counselor (10), or
- meet with a nurse for a screening (8).

Numerous facilities listed more than one such requirement, and some facilities required up to three separate appointments prior to seeing a physician. (See Appendices A, B and C).

Table A
Appointment Outcome

Appointment	HHC Facilities
Yes	7 (18.0%)
No	28 (71.8%)
Inaccessible	4 (10.2%)
Total	39 (100%)

HHC facilities had an average wait time of 12.8 days for a prenatal appointment.
The time between the call and the day of the next available appointment varied widely (see Appendix C). Among the 18 percent of facilities that granted appointments, the average wait time was 12.8 days. The facility with the longest wait time was HHC's Harlem Hospital Center, with a wait time of 30 days.

In some cases, callers were able to ask follow-up questions about wait times in situations in which a prenatal care appointment was only available after other requirements had been met. The most common answer about likely wait time for an appointment after a pregnancy test or financial counseling was "1 to 2 weeks." While these answers cannot be averaged in any precise way (and were not included in the calculation of average wait times), it seems fair to estimate that a series of up to four required appointments can lead to an overall wait time of four or more weeks for a prenatal care appointment.

[45] Four facilities were inaccessible by phone.

10 percent of the facilities called were inaccessible via the phone. Another 41 percent[46] were accessible only after making repeated calls.
Among the facilities that proved inaccessible, at least two were listed with incorrect phone numbers on HHC's website or 311. The Bronx River Family Health Center is listed on the HHC website with an incomplete area code, but even with the presumably correct area code (718), it is an incorrect number. Also, the Grant Houses Clinic in Manhattan and the Charles R. Drew Primary Care Center in Queens could not be reached using the phone numbers listed on HHC's website. The East New York Diagnostic and Treatment Center was eventually reached through its separate appointment line; the number listed for the center on the HHC website leads to an orthodontist.

Kings County Hospital appeared to be inaccessible after two calls were lost during transfers from the general hospital line. An additional call to 311 led to a transfer to the hospital employee voicemail system. As was confirmed in additional calls to 311 regarding other HHC hospitals, 311 staff does not provide direct phone numbers to OB/GYN clinics within HHC hospitals. However, a caller ultimately reached Kings County accidentally by calling the number listed for the Flatbush Avenue Health Center, which turned out to have moved its clinic staff to Kings County.

Two thirds of the facilities do not offer any weekend or evening hours.
Only 12 of the 35 facilities reached offered any weekend or evening hours. (See Appendix C). In all but one case, late hours were offered only one day a week, and in several instances late hours extended only to 6:00 pm. Saturday hours were limited in several cases to morning hours, and, in one case, included only every other Saturday. None of the facilities offered Sunday hours. At several facilities the hours for pregnancy tests and first prenatal appointments were more restrictive than the facilities' general hours of operation. For example, Sheepshead Bay Primary Care Center in Brooklyn stated that it was necessary to come in at 9:00 am for a pregnancy test and Segundo Ruiz Belvis Neighborhood Family Care Center stated that it was necessary to come in at 9:00 am for first time registration and lab tests, even though the clinic hours extended until 4:00 pm and 5:00 pm respectively. Women's Medical Center at Corona in Queens offered Saturday hours for pregnancy tests, but not for prenatal appointments, and Ida G. Israel Community Health Center in Brooklyn stated that prenatal care was only provided on Mondays.

More than 50 percent of the clinics reached did not know or did not volunteer information about the availability of the Prenatal Care Assistance Program (PCAP).
Callers asked clinic staff at the 35 facilities reached whether it was a problem that the caller was uninsured and what the first visit would cost. None of the facilities advised the caller about the short list of documents necessary to apply for PCAP. Only three of the 35 facilities (8.6 percent) offered transfers to a financial counselor on stand-by. (See Table B below).

Staff at another 13 facilities (37.1 percent) said that Medicaid or PCAP was available for uninsured pregnant women, but did not offer any specific information about application requirements and instead indicated that it was necessary to meet with a financial counselor in person.

[46] Sixteen of the 39 facilities required two or more calls to reach a live staff person.

Clinic staff at 19 of the 35 facilities (54.3 percent) did not explain the availability of any specific public health insurance program or gave incorrect information. Of those 19, 14 stated that they did not know the costs or that the caller would be advised at a later point by a financial counselor. At four facilities, clinic staff quoted costs ranging from $20 to $195 per visit, despite the fact that prenatal care visits are covered by PCAP,[47] and at one facility, staff incorrectly stated that the caller needed to provide a social security card. (See Appendix D).

Table B

Insurance/Costs Outcome

Response to Caller being uninsured	Number of Facilities (%)
Financial counselor on stand-by to explain	3 (8.6%)
Caller can/needs to apply for PCAP and/or Medicaid in person	13 (37.1%)
Don't know costs / depends on income / will be advised / need to meet with financial counselor	14 (40.0%)
Payments necessary	4 (11.4%)
Incorrect documentation requirements	1 (2.9%)
Total	35 (100%)

Facilities in Queens, Brooklyn and the Bronx were more likely to present barriers to prenatal care than facilities in Manhattan.
Eighty-seven percent of the facilities in Queens and 75 percent of facilities in Brooklyn and the Bronx presented a barrier to accessing prenatal care. All the HHC family health centers reached in Queens, one hospital in the Bronx, and one hospital in Brooklyn require multiple visits to their facilities before the first appointment with a physician can be made. By comparison, in Manhattan only about 50 percent failed to grant a prenatal appointment without prior visits.

Facilities with multiple barriers to prenatal care were concentrated in neighborhoods with high percentages of mothers receiving late or no prenatal care.
Facilities with multiple barriers to early prenatal care were concentrated in Queens, notably in Elmhurst, Corona, and Sunnyside. These same neighborhoods have strikingly high percentages of mothers receiving late or no prenatal care (13.3 percent in Elmhurst/Corona and 11.5 percent in Sunnyside/Woodside, compared to 1.6 percent on the Upper East Side and 1.7 percent in Tribeca).[48]

Another neighborhood that stood out was Central Harlem. While overall the borough of Manhattan fared best, Harlem Hospital had a wait time for appointments of 30 days. Central Harlem has an IMR (7.8) significantly above the city average and one of the highest rates of low-weight births (12.5).

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[47] NYS Public Health Law §2522 (a)ff.
[48] *See* 17.

Few facilities asked the caller about the progression of the pregnancy (i.e. how many weeks or months the person is pregnant) or urged the caller not to delay pregnancy care.
The vast majority of clinic staff did not inquire about how far the caller's pregnancy had progressed. The caller stated that she was a woman in an early stage of pregnancy, in order to better determine whether early-stage pregnancy appointments were available. However, the caller did not volunteer this information unless asked. Only in a single instance[49] did a clinic staff person ask when the caller's last period had been (to determine the week of pregnancy), and in a few instances, clinic staff asked "how many months" the caller was pregnant. But in the overwhelming majority of contacts with the clinics, no questions to this effect were asked, suggesting that a woman in her last trimester would receive no additional consideration in the scheduling of appointments.

No clinic staff members advised the caller to take vitamins or any other recommended precautions.
Clinic staff did not inform the caller about best practices to follow while waiting for a prenatal care appointment. The CDC has outlined 14 recommendations for pregnant women, including a number of important yet easily communicated practices, such as folic acid supplementation and warnings about the use of alcohol, tobacco, and a number of medications, such as acne medication (e.g. Accutane).[50]

RECOMMENDATIONS

HHC must apply the current paradigm shift toward preventive health services to prenatal care by encouraging early and comprehensive prenatal care and promoting preconception and interconception[51] care. The findings above suggest the need for changes at HHC facilities to better promote early prenatal care. The following recommendations focus on how to improve access to care, and ultimately, improve the health of the city's babies.

Eliminate barriers to making prenatal care appointments.
Currently, 18 percent of the HHC facilities included in this study grant prenatal care appointments over the phone to uninsured pregnant women who seek a doctor's appointment without requiring prior visits. HHC should raise this figure to 100 percent.

Pregnancy Test
Requiring a visit to conduct a pregnancy test prior to a prenatal care appointment is an unsound and unnecessary policy. Rather than relying on lab work, which according to one facility takes up to a week,[52] facilities should confirm pregnancies with a urine dipstick, which can be done in a matter of minutes.

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[49] During a call to Gouverneur Healthcare Services Diagnostic & Treatment Center in Manhattan.
[50] *See* 33.
[51] "Interconception care" refers to care between pregnancies, or more specifically, interventions for women who have had a previous pregnancy that ended in an adverse outcome, including infant death, fetal loss, birth defects, low birthweight, or preterm birth. Experiencing an adverse outcome in a previous pregnancy is an important predictor of future reproductive risk. See: CDC, "Recommendations to Improve Preconception Health and Health Care – United States," *Morbidity and Mortality Weekly Report*, Vol. 55, No. RR-6, April 21, 2006, p. 12.
[52] Clinic staff at the Segundo Ruiz Belvis diagnostic and treatment center explained that there was a minimum wait time of one week between pregnancy test and doctor's appointment to make sure lab results were back.

Even if a clinic-based pregnancy test produces a negative result, the appointment should be used to provide the woman with preconception or interconception care, or family planning and contraception counseling as appropriate.

Financial Counseling
While it may be necessary to provide financial counseling in order to determine a woman's eligibility for health insurance, it should not come at the expense of early initialization of prenatal care, which is a key factor in reducing adverse pregnancy outcomes. Therefore, financial counseling should be part of the initial prenatal care visit, rather than preceding it. Providers could mail women who make an appointment a list of documents to bring with them to the appointment. Alternatively, rather than having the occasional financial counselor on stand-by at some HHC facilities, HHC could establish a central phone hub, to which clinic staff could transfer prospective prenatal care patients in need of financial counseling.

Reduce multiple extra visits prior to initial prenatal appointments.
Requiring multiple visits prior to the first prenatal care appointment not only delays entry into prenatal care for pregnant women but also may discourage women already struggling to juggle the demands of work and/or childcare or overcome other barriers to appropriate health care, such as immigration, language, or transportation issues, or stigmatized behavioral issues. While social workers, HIV counselors, and nutritionists provide valuable services, meeting with them should not be a precondition for prenatal care, as it is at Lincoln Medical and Mental Health Center in the Bronx and at several Queens facilities.

Reduce wait time in HHC facilities for prenatal care appointments.
The wait time at several HHC facilities suggests that the facilities are understaffed and need to hire additional personnel. In order to help reduce wait times, HHC should also develop a centralized scheduling system across regionalized groups of prenatal providers. Several hospitals already have appointment lines capable of transferring callers to and scheduling appointments at different clinics.

Expand hours in which prenatal care is offered.
The hours in which prenatal care is offered at HHC facilities are often shorter than regular business hours and seem to be contracting rather than expanding. For example, clinic staff at Renaissance Health Care Network diagnostic and treatment center in Manhattan mentioned that they used to have Saturday hours but do not anymore. A lack of evening and weekend hours can severely restrict the ability of working women and women with child care responsibilities to see health care providers early in their pregnancy and regularly throughout their pregnancy. HHC should explore creating a regional system whereby each provider in a given region has at least one 11:00 am to 8:00 pm day and clinics coordinate so that in a region served by, say, five clinics, each clinic offers extended hours on a different day of the week, thereby providing access to late hours any day of the work week. Expanded weekend hours should also be a part of this regional system.

Train clinic staff to inform women that free and low-cost public health insurance is available and to provide an accurate list of documents needed for the PCAP application.
Clinic staff should explain to uninsured women that the documents required for the PCAP application include an ID, proof of address, and proof of income. Proof of address cannot be older than 30 days but can be as simple as a self-addressed envelope postmarked and mailed to the woman's current address. Proof of income may include pay stubs but also a letter from an

employer indicating weekly cash income or from a relative or friend indicating the provision of food and shelter. Clinic staff should be able to mail or e-mail information about PCAP to callers.

Work to reduce disparities in health care access across boroughs and neighborhoods by opening a HHC women's health services facility in Staten Island and reducing barriers to prenatal care, particularly in Queens, Brooklyn and the Bronx.
The ability to see a physician during the early stages of a woman's pregnancy should not be negatively influenced by the borough or neighborhood in which a woman lives. HHC should examine and, as necessary, restructure policies and funding to ensure that an adequate number of trained and qualified personnel staff facilities in every neighborhood.

Clinic staff should be trained to accurately assess the progression of a prospective patient's pregnancy and provide appropriate responses and recommendations to callers.
A mother-to-be's (or potential mother-to-be's) first contact over the phone with clinic staff can make the critical difference in her decision to access early and comprehensive prenatal care, or even successful preconception care. HHC should post standardized procedures for staff to follow, as well as answers to frequently asked questions, in order to ensure best practices during the crucial initial contact between the mother-to-be or potential mother-to-be and the health care provider.

Update the HHC website to include correct phone numbers and locations of OB/GYN clinics and provide this information to 311 operators.
HHC should update its website to ensure accurate information for the Bronx River Family Health Center in the Bronx, the Flatbush Avenue Health Center in Brooklyn, and the Charles R. Drew Primary Care Center. In addition, the website should provide a comprehensive list of HHC OB/GYN clinics. This information should also be shared with 311 operators, who are not currently able to provide direct phone numbers to the OB/GYN clinics of HHC hospitals.

Appendix A

Extra visits required before granting prenatal care appointment*

Type of Initial Visit Required	Facilities**
Pregnancy test	24
Financial counseling	10
Screening with nurse (blood and urine tests, weight)	8
Registration	3
Meeting with social worker	2
Meeting with nutritionist	2
Meeting with HIV counselor	2
Sonogram appointment	2
Mandatory Pregnancy class	1

* Facilities that require a pregnancy test but allow women to make a prenatal care appointment at the same time were not counted as requiring an extra visit.
** Total is higher than 29 (number of facilities reached that did not grant appointments) because several facilities listed required multiple appointments.

Appendix B

Appointment Outcome by Borough

Appointment	Bronx	Brooklyn	Manhattan	Queens
Yes	1 (12.5%)	2 (16.7%)	4 (36.4%)	0
No	6 (75.0%)	9 (75.0%)	6 (54.5%)	7 (87.5%)
Inaccessible	1 (12.5%)	1 (8.3%)	1 (9.1%)	1 (12.5%)
Total Facilities (39)	8	12	11	8

Appendix C

Bronx

Facility Name	Type of Facility	Appoint. Outcome	Reason for Not Granting Appointment (or Wait Time)*	Evening or Weekend Hours
Jacobi Medical Center	HHC Hospital	No	• Pregnancy test	Thursday until 6pm
Lincoln Medical & Mental Health Center	HHC Hospital	No	• Pregnancy test • "Prenatal Registration" including required meeting(s) with financial counselor, social worker, HIV counselor, nutritionist and nurse	No
North Central Bronx Hospital	HHC Hospital	No	• Pregnancy test	No
Morrisania	HHC Diagnostic & Treatment Center	No	• Pregnancy test	No
Segundo Ruiz Belvis	HHC Diagnostic & Treatment Center	No	• Registration and Screening with nurse	No
Gunhill Health Center	HHC Family Health Center	No	• Financial counseling	N/A
Health Center at Tremont	HHC Family Health Center	Yes	2-3 weeks	No
Bronx River Family Health Center	HHC Family Health Center	Inaccessible		

* Each "•" designates a separate visit. In cases in which facility staff mentioned multiple requirements but left open the possibility that, depending on availability, they could be fulfilled in one visit, only one separate visit is designated.

Brooklyn

Facility Name	Type of Facility	Appoint. Outcome	Reason for Not Granting Appointment (or Wait Time)	Evening or Weekend Hours
Coney Island Hospital	HHC Hospital	No	• Pregnancy test and registration	No
Kings County Hospital Center	HHC Hospital	No	• Pregnancy test	Until 8pm (for test)
Woodhull Medical and Mental Health Center	HHC Hospital	No	• Pregnancy test • Mandatory pregnancy class • Meeting with financial counselor	Tuesday and Thursday until 6:30 pm
Cumberland	HHC Diagnostic & Treatment Ctr	No	• Pregnancy test and meeting with financial counselor	No
East New York	HHC Diagnostic & Treatment Ctr	No	• Pregnancy test	No (for test) Saturday (for appointment)
Bushwick Community Health Center	HHC Family Health Center	Yes	15 days	N/A
Greenpoint Community Health Center	HHC Family Health Center	No	• Pregnancy test and Registration	No (for test) Monday until 7pm (for appt.)
Williamsburg Health Center	HHC Family Health Center	No	• Financial counseling and registration	N/A
Sheepshead Bay Primary Care Center	HHC Family Health Center	No	• Pregnancy test	No
Fifth Avenue Women's & Children's Health Ctr	HHC Family Health Center	Yes (Walk-in Tu, Th and Fr)	Prenatal care with midwife 1-3 days	No
Flatbush Avenue Health Center	HHC Family Health Center	Inaccessible		
Ida G. Israel Community Hlth Ctr	HHC Family Health Center	No	• Pregnancy test	No (Mondays only)

* Each "•" designates a separate visit. In cases in which facility staff mentioned multiple requirements but left open the possibility that, depending on availability, they could be fulfilled in one visit, only one separate visit is designated.

Manhattan

Facility Name	Type of Facility	Appointment Outcome	Reason for Not Granting Appointment (or Wait Time)	Evening or Weekend Hours
Bellevue Hospital Center	HHC Hospital	No	• Pregnancy test	No
Harlem Hospital Center	HHC Hospital	Yes	30 days	N/A
Metropolitan Hospital Center	HHC Hospital	No	• Pregnancy test, screening with nurse and meeting with financial counselor	No
Gouverneur Healthcare Services	HHC Diagnostic & Treatment Center	No	• Pregnancy test and meeting with financial counselor	No
Renaissance Health Care Network	HHC Diagnostic & Treatment Center	No	• Pregnancy test	Thursday until 6pm
Dyckman Clinica De Las Americas	HHC Family Health Center	Yes	16 days (pregnancy test prior to granting appointment, but appt. scheduled for same day)	No
Drew Hamilton Houses Health Center	HHC Family Health Center	Yes	1 day	No
Grant Houses Clinic	HHC Family Health Center	Inaccessible		
Sydenham Health Center	HHC Family Health Center	No	• Pregnancy test	Tuesday until 6:45 pm
La Clinica Del Barrio	HHC Family Health Center	No	• Registration with Metropolitan Hospital and meeting with financial counselor	N/A
Judson Health Center	HHC Family Health Center	Yes	8 days (choice of female or male doctor offered)	Wednesday until 7pm

* Each "•" designates a separate visit. In cases in which facility staff mentioned multiple requirements but left open the possibility that, depending on availability, they could be fulfilled in one visit, only one separate visit is designated.

Queens

Facility Name	**Type of Facility**	**Appoint. Outcome**	**Reason for Not Granting Appointment (or Wait Time)**	**Evening or Weekend Hours**
Elmhurst Hospital Center	HHC Hospital	No	• Pregnancy test	No
Queens Hospital Center	HHC Hospital	No	• Pregnancy test	No
Parsons Medical Center	HHC Family Health Center	No	•Pregnancy test • Screening with nurse	Thursday until 8pm
Medical Center at Sunnyside	HHC Family Health Center	No	• Pregnancy test • Screening with nurse and financial counseling	No
Charles R. Drew Primary Care Center	HHC Family Health Center	Inaccessible		
Springfield Gardens Medical Center	HHC Family Health Center	No	• Pregnancy test • Screening with nurse and meeting(s) with financial counselor, social worker, HIV counselor and nutritionist	Every other Saturday
Women's Medical Center at Corona	HHC Family Health Center	No	• Pregnancy test • Screening with nurse • Sonogram appointment at Elmhurst Hospital	Saturday (for test) No (for doc. appoint)
Tzu-Chi Elmhurst	HHC Family Health Center	No	• Pregnancy test • Screening with nurse and sit-down to explain "prenatal package" offered at Tzu-Chi • Sonogram	Saturday

* Each "•" designates a separate visit. In cases in which facility staff mentioned multiple requirements but left open the possibility that, depending on availability, they could be fulfilled in one visit, only one separate visit is designated.

Appendix D

Insurance/Costs

Facility	Borough	Insurance/Costs
Jacobi Medical Center	Bronx	Meet with financial counselor.
Lincoln Medical & Mental Health Center	Bronx	After pregnancy test, make appt. for meeting with financial counselor. (Requirement for prenatal appointment.)
North Central Bronx Hospital	Bronx	Don't know/ costs depend on income/need to meet with financial counselor.
Morrisania	Bronx	Will be advised at pregnancy test.
Segundo Ruiz Belvis	Bronx	Speak to financial counselor, phone transfer available.
Gunhill Health Center	Bronx	Must speak with financial counselor, phone transfer. (Requirement for prenatal appointment.)
Health Center at Tremont	Bronx	Cost per visit is $195.
Coney Island Hospital	Brooklyn	Do not know / meet with financial counselor.
Kings County Hospital	Brooklyn	Will be advised at pregnancy test.
Woodhull Medical and Mental Health Center	Brooklyn	Meet with financial counselor. Bring photo ID (to enter building), proof of address, proof of income and social security card. (Requirement for prenatal appointment.)
Cumberland	Brooklyn	Meet with financial counselor. (Requirement for prenatal appointment.)
East New York	Brooklyn	Apply for PCAP or Medicaid at first prenatal appointment.
Bushwick Community	Brooklyn	Meet with financial counselor (Thursday only).
Greenpoint Community	Brooklyn	Don't know.
Williamsburg Health Center	Brooklyn	Speak to financial counselor / phone transfer. (Requirement for prenatal appointment.)
Sheepshead Bay Primary Care Center	Brooklyn	Apply for PCAP after pregnancy test.
Fifth Avenue Women's and Children's Center	Brooklyn	Go to Kings County Hospital and register for "fee-scaled" card. Without card, costs will be in the hundreds of dollars.
Ida G. Israel Community Health Ctr	Brooklyn	Meet with financial counselor.
Bellevue Hospital Center	Manhattan	Apply for PCAP / onsite evaluation for financial options.
Harlem Hospital Center	Manhattan	Don't know / referred to billing dept. (no answer).

Facility	Borough	Insurance/Costs
Metropolitan Hospital Center	Manhattan	Meeting with financial counselor (after pregnancy test and screening with nurse). (Requirement for prenatal appointment.)
Gouverneur Healthcare Services	Manhattan	Apply for PCAP / meeting with financial counselor. (Requirement for prenatal appointment.)
Renaissance Health Care Network	Manhattan	Depending on income you may get PCAP.
Dyckman Clinica de Las Americas	Manhattan	We will refer you to PCAP.
Drew Hamilton Houses Health Center	Manhattan	Apply for PCAP or Medicaid.
Sydenham Health Ctr	Manhattan	No charge. Come in for pregnancy test first.
La Clinica del Barrio	Manhattan	If no insurance, self-pay. Call back for financial counselor. (Requirement for prenatal appointment.)
Judson Health Center	Manhattan	First visit $20, $40 or $60, dependent on income.
Elmhurst Hospital Ctr	Queens	Bring $20 for first visit.
Queens Hospital Center	Queens	Apply for Medicaid.
Parsons Medical Center	Queens	Meet with financial counselor at screening appointment. Apply for Medicaid or PCAP and WIC.
Medical Center at Sunnyside	Queens	Meet with financial counselor at screening appointment. Apply for Medicaid. (Requirement for prenatal appointment.)
Springfield Gardens Medical Center	Queens	Meet with financial counselor at screening appointment. Apply for PCAP. (Requirement for prenatal appointment.)
Women's Medical Center at Corona	Queens	Apply for PCAP.
Tzu-Chi Elmhurst	Queens	Meet with financial counselor. Apply for PCAP.