

Prenatal Care Data Items in EBRS

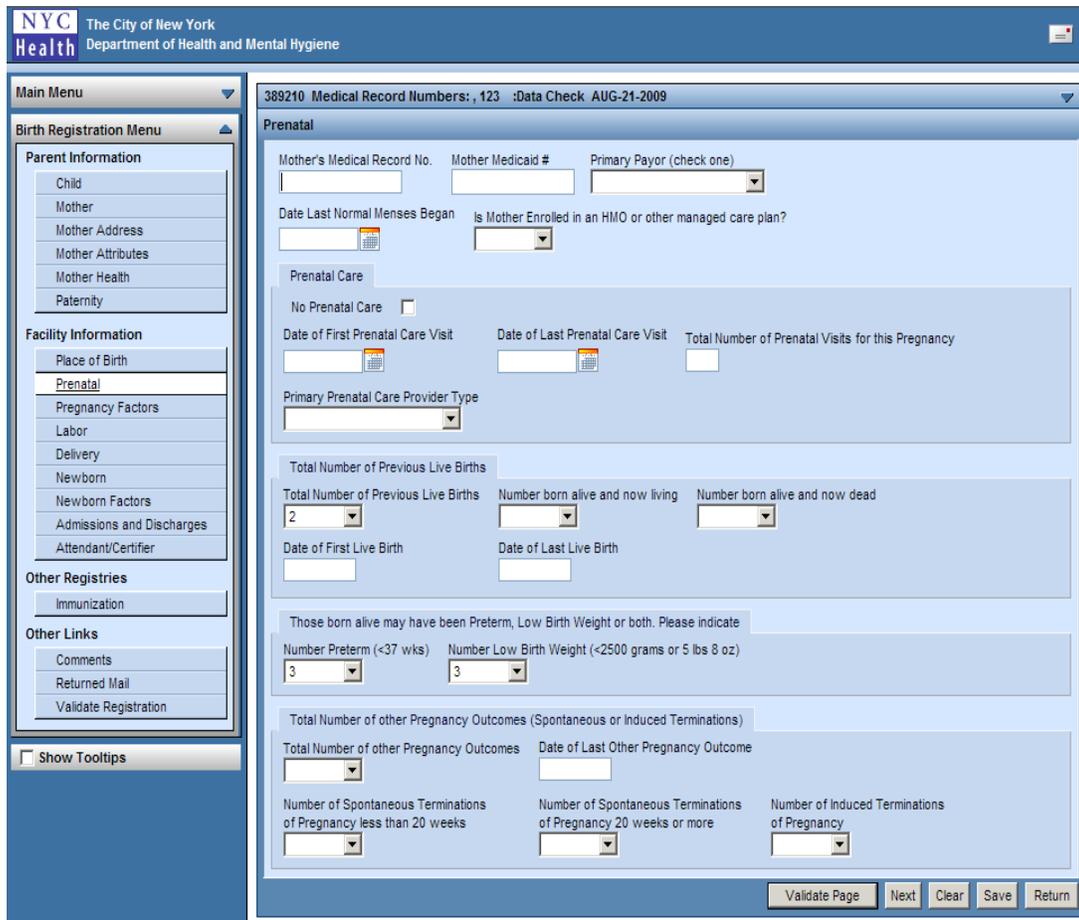
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In this issue, you will find information on poor data quality regarding Prenatal Care and ways to improve the reporting of these data in EBRS.

This newsletter will cover the following data items:

- No Prenatal Care
- Date Last Normal Menses Began
- Date of First Prenatal Care Visit
- Date of Last Prenatal Care Visit
- Total Number of Prenatal Visits for this Pregnancy



The screenshot shows the EBRS Prenatal Care data entry form. The interface includes a navigation menu on the left with categories like Parent Information, Facility Information, and Other Registries. The main form area contains various data entry fields and dropdown menus. At the top, it displays '389210 Medical Record Numbers: , 123 :Data Check AUG-21-2009'. The form fields include:

- Mother's Medical Record No., Mother Medicaid #, Primary Payor (check one)
- Date Last Normal Menses Began, Is Mother Enrolled in an HMO or other managed care plan?
- Prenatal Care section with a 'No Prenatal Care' checkbox.
- Date of First Prenatal Care Visit, Date of Last Prenatal Care Visit, Total Number of Prenatal Visits for this Pregnancy
- Primary Prenatal Care Provider Type
- Total Number of Previous Live Births section with dropdowns for Total Number of Previous Live Births (2), Number born alive and now living, and Number born alive and now dead.
- Date of First Live Birth, Date of Last Live Birth
- Those born alive may have been Preterm, Low Birth Weight or both. Please indicate section with dropdowns for Number Preterm (<37 wks) (3) and Number Low Birth Weight (<2500 grams or 5 lbs 8 oz) (3).
- Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations) section with dropdowns for Total Number of other Pregnancy Outcomes and Date of Last Other Pregnancy Outcome.
- Number of Spontaneous Terminations of Pregnancy less than 20 weeks, Number of Spontaneous Terminations of Pregnancy 20 weeks or more, and Number of Induced Terminations of Pregnancy.

At the bottom right, there are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

The Quality Assurance Unit of the Office of Vital Statistics is dedicated to improving the quality of vital event data by providing education and training to data providers. This newsletter is the first of a series of quality improvement improvement newsletters that will be distributed to all birthing institutions and regional perinatal coordinators to help improve the entry and quality of birth data.

I. IMPORTANCE OF PRENATAL CARE DATA

Prenatal care is an important indicator of women's and infant health. It is therefore critical to obtain accurate and reliable reporting of prenatal care, including the timing of prenatal care initiation and the total number of visits received. These data help to inform research, programs and policies aimed at improving maternal and infant health.

Below are a few examples of how prenatal care data are used:

- The total number of prenatal care visits can be used in conjunction with the month of pregnancy prenatal care began to assess the adequacy of prenatal care.
- Researchers study the association between prenatal care adequacy and pregnancy outcomes such as low birthweight, preterm birth, and infant death.
- Program and policy analysts study the characteristics of women facing barriers to prenatal care and evaluate the effectiveness of efforts to improve access for all mothers.

Prenatal care data items are presented each year in the Annual Summary produced by the Bureau of Vital Statistics. ***This year, due to poor data entry and resulting poor data quality, many prenatal care data items will not be reported in the Annual Summary. Prenatal care data will be electronically posted once the Department receives facility corrections for these data.***

Recently revised NYC Health Code Article 201.3 requires that any information that was required to be reported, but was not available to be reported at the time of birth registration, is required to be reported within five business days of the facility receiving the information. The Health Code also requires that facilities receiving a request from the Department for information that is necessary to complete, clarify or verify a birth report, respond to this request with the information within five business days.

To prevent Department requests for data completion, clarification or verification, please review the following data quality issues, and incorporate the "How to Improve Reporting" sections into your daily reporting practices. Without improvement, poor reporting and data entry practices will continue to affect the ability of the DOHMH, your hospital, and other organizations to analyze and report birth data.

Questions? Contact Us!

If you need assistance or have questions regarding birth data quality, please contact Melissa Gambatese in the Quality Assurance Unit at 212-788-4583. If you have questions regarding EBRs, please contact the EVERS Help Desk at 212-788-4575.

II. DATA QUALITY ISSUES

The DOHMH Office of Vital Statistics continues to conduct its annual birth data cleaning for the 2008 filing year. Throughout this process, many issues of poor data entry and quality for the Prenatal Care data items have been identified. These issues are outlined below.

Data Item	Issues	How to Improve Reporting
<p>No Prenatal Care* and Total Number of Prenatal Care Visits for This Pregnancy</p> 	<p>From 2007 to 2008 as currently reported, the proportion of births with no prenatal care more than tripled. Hospitals reported that 2,106 mothers did not receive prenatal care in 2008.</p> <p>Among 1,069 of these records, the user did not use the “No Prenatal Care” check box to indicate that the mother did not receive prenatal care. Instead, the user entered “0” for Total Number of Prenatal Care Visits, and may or may not have entered dates into the respective fields. This is not the correct way to indicate no prenatal care.</p> <p>For 781 records, the mother said she had prenatal care, but the institution said she had 0 prenatal care visits.</p>	<p>Carefully review the mother’s prenatal care record to see if the mother received prenatal care.</p> <p>If the mother did not receive prenatal care according to your records, please use the checkbox to indicate no prenatal care. When you select this checkbox, the fields for Total Number of Prenatal Care Visits and First and Last Prenatal Care Visit dates will be auto filled by the system and disabled.</p> <p>If unknown whether mother received prenatal care, please enter 99 for Total Number of Prenatal Care Visits and 99-99-9999 for First and Last Prenatal Care Visit dates.</p>

* The percentage of NYC mothers who do not receive prenatal care is heavily monitored by stakeholders throughout the City, and it is used as an indicator by analysts to determine if interventions and programs are working. Any increase or decrease in the proportion of mothers receiving no prenatal care vs. prenatal care can impact resources allocated to promote prenatal care.

Data Item	Issues	How to Improve Reporting
<p>Date of First Prenatal Care Visit and Date Last Normal Menses Began **</p>  	<p>7,869 records were missing First Prenatal Care Date.</p> <p>The Date of First Prenatal Care Visit was the same as the LMP Date or before the LMP date in 668 records. These dates should not be the same, and the Date of First Prenatal Care Visit should always fall after the LMP date.</p>	<p>Refer back to the medical and prenatal records to verify the LMP and First Prenatal Care Visit dates.</p> <p>Do not enter the First Prenatal Care Visit Date in the LMP Date field or leave the LMP field blank.</p> <p>If the LMP is unknown, please enter 99-99-9999.</p>

** Date of First Prenatal Care Visit and LMP are used to determine the trimester in which the mother started prenatal care. Without one or both of these data items, the trimester cannot be calculated or reported.

Data Item	Issues	How to Improve Reporting
<p>Date of Last Prenatal Care Visit</p> 	<p>For 6,011 records, the Date of Last Prenatal Care Visit was missing. For 3,951 of these records, the hospital indicated that the mother had prenatal care visits, but still left the date blank.</p>	<p>Refer back to the mother's prenatal care record to verify the Last Prenatal Care Visit date.</p> <p>Enter the Last Prenatal Care Visit Date as it appears in the prenatal care record. Do not enter a date that is not documented in the record.</p> <p>If you are reporting that the mother had prenatal care visits, please double-check the prenatal care record to obtain the Last Prenatal Care Visit Date.</p>