Prenatal care is vitally important to the health of pregnant women and their babies. Inadequate prenatal care has been associated with an increased risk of low birth weight, preterm births, infant mortality, and maternal mortality. Most policies and programs that attempt to improve pregnancy outcomes focus on improving the utilization of prenatal care services. The major components of prenatal care include counseling about diet, avoidance of drugs, smoking cessation, and the diagnosis and treatment of any health complications.

African-American and Hispanic mothers are far more likely than non-Hispanic white mothers to obtain prenatal care late or not at all. Adolescent mothers are also at a higher risk of obtaining either late or no prenatal care than mothers of other ages. Low income has been shown to be a major predictor of insufficient prenatal care.

An estimated 25% of mothers in South Texas received inadequate prenatal care in 1999-2003. This estimate was very similar to the percentage of inadequate prenatal care seen in the rest of Texas (Figure 6.3). Even though the percentage of both Hispanic and non-Hispanic white mothers receiving inadequate prenatal care in South Texas was less than their counterparts in the rest of Texas, Hispanic mothers were still at a much higher risk of having inadequate prenatal care when compared to non-Hispanic whites (Figure 6.3). In South Texas, the percentage of inadequate prenatal care among Hispanic mothers (28.4%) was more than two times higher than the percentage of inadequate prenatal care among non-Hispanic white mothers (11.7%).
In South Texas, a higher percentage of inadequate prenatal care was seen among younger maternal age groups than among older maternal age groups. More than 35% of the mothers in the two youngest maternal age groups (ages 10-17) had inadequate prenatal care, whereas approximately 20% of mothers age 35 and older had inadequate prenatal care (Figure 6.4).
Bexar County had a lower percentage of mothers with inadequate prenatal care (14%) than all of South Texas (25%). However, Webb County and the Lower Rio Grande Valley area had higher percentages of inadequate prenatal care than did South Texas; about 35% of mothers in each of these locations had inadequate prenatal care. Figure 6.5 illustrates the differences in percentages among Hispanic and non-Hispanic white mothers in each of these locations. It also shows the percent of inadequate prenatal care for African-American mothers in Bexar County, where there were sufficient numbers to calculate an estimate for this racial group.

![Graph](http://example.com/graph.png)

**Figure 6.5.** Percent of mothers with inadequate prenatal care in selected South Texas locations by race/ethnicity, 1999-2003.

Source: Texas Health Data (http://soupfin.tdh.state.tx.us/birth.htm)

**References**


2. Frick KD, Lantz PM. How Well Do We Understand the Relationship Between Prenatal Care and Birth Weight? Health Serv Res 1999; 35:1063-1073.
Infant Mortality

Infant mortality is the death of any liveborn infant within the first year of life. The infant mortality rate is an important measure of overall community health, as high infant mortality rates could indicate poor maternal health, inadequate access to health care, or infant malnutrition. In the U.S., the infant mortality rate has greatly declined over the past few decades, from 20 infant deaths per 1,000 live births in 1970 to about seven deaths per 1,000 live births in 2002. However, the U.S. still ranked 27th among industrialized nations in low infant mortality in 2000. This is mostly because of disparities that continue to exist among different race/ethnic groups in the US. The infant mortality rate in Texas has been lower than the nationwide rate since 1979. In 2002, the infant mortality rate for Texas was 6.4 deaths per 1,000 live births, which was slightly higher than the previous few years.

In the U.S., the mortality rate for African-American infants in 2002 was 13.9 per 1,000 live births, which was higher than the mortality rate for Hispanics (5.6/1,000) or non-Hispanic whites (5.8/1,000). Teenage mothers and mothers ages 40 or older have higher infant mortality rates than other maternal ages. The mortality rate is also higher for male infants than for female infants. The leading causes of infant mortality in the U.S. are birth defects, disorders related to preterm birth and low birthweight, sudden infant death syndrome, and maternal complications. Risk factors for infant mortality include no prenatal care, smoking, inadequate weight gain during pregnancy, and having a repeat pregnancy within six months or less.

Infant Mortality in South Texas

The infant mortality rate in South Texas from 1999-2003 was 5.6 deaths per 1,000 live births. The South Texas infant mortality rate was lower than the mortality rate in the rest of Texas (6.3/1,000). Infant mortality rates were similar between Hispanics and non-Hispanic whites, both in South Texas and the rest of Texas (Figure 6.6).