

## ADEQUACY OF PRENATAL CARE: KESSNER INDEX

### ADEQUATE\*

<u>Gestation (weeks)</u> ****	<u>Number of Prenatal Visits</u>
13 or less AND	1 or more or not stated
14-17 AND	2 or more
18-21 AND	3 or more
22-25 AND	4 or more
26-29 AND	5 or more
30-31 AND	6 or more
32-33 AND	7 or more
34-35 AND	8 or more
36 or more AND	9 or more

### INADEQUATE\*\*

<u>Gestation (weeks)</u> ****	<u>Number of Prenatal Visits</u>
14-21*** AND	0 or not stated
22-29 AND	1 or less or not stated
30-31 AND	2 or less or not stated
32-33 AND	3 or less or not stated
34 or more AND	4 or less or not stated

**INTERMEDIATE:** All combinations other than specified above

\* In addition to the specified number of visits indicated for adequate care, the Interval to the first prenatal visit has to be 13 weeks or less (first trimester).

\*\* In addition to the specified number of visits indicated for inadequate care, all Women who started their prenatal care during the third trimester (28 weeks or later) are considered inadequate.

\*\*\* For this gestation group, care is considered inadequate if the time of the first visit is not stated.

\*\*\*\* When month and year are specified but day is missing, input 15 for day. Adequacy categories are in accord with recommendations of American College of Obstetrics and Gynecology and the World Health Organization.

Source: Institute of Medicine, National Academy of Sciences: Infant Deaths, An Analysis by Maternal Risk and Health Care. In: Contrasts in Health Status, Vol. I, 1973. Based on: The American College of Obstetricians and Gynecologists: Standards for Obstetric-Gynecologic Services. Chicago, 1974. Internal modifications have been made to differentiate those having "no care" from those having "inadequate" or "intermediate care."

## ADEQUACY OF PRENATAL CARE: KOTELCHUCK INDEX

The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck Index classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9, with the underlying assumption that the earlier prenatal care begins the better. To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. The expected number of visits is based on the American College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the gestational age when care began and for the gestational age at delivery.

A ratio of observed to expected visits is calculated and grouped into four categories-Inadequate (received less than 50% of expected visits), Intermediate (50%-79%), Adequate (80%-109%), and Adequate Plus (110% or more). The final Kotelchuck index measure combines these two dimensions into a single summary score. The profiles define adequate prenatal care as a score of 80% or greater on the Kotelchuck Index, or the sum of the Adequate and Adequate Plus categories.

The Kotelchuck Index does not measure the quality of prenatal care. It also depends on the accuracy of the patient or health care provider's recall of the timing of the first visit and the number of subsequent visits. The Kotelchuck Index uses recommendations for low-risk pregnancies, and may not measure the adequacy of care for high-risk women. The Kotelchuck Index is preferable to other indices because it includes a category for women who receive more than the recommended amount of care (adequate plus, or intensive utilization).