In US border counties, the proportions of women who receive early and adequate prenatal care (PNC) are much lower than the national average and non-border counties within the same states. While it is well understood that many pregnant women in the U.S. – Mexico border region access PNC in Mexico, there is no systemic way that this information is captured.

This issue of potential data skewness in vital statistics around PNC data for the border region is important because we rely on vital statistics to help us understand the quality of and access to medical care, and racial, ethnic, and socioeconomic disparities in maternal and infant care in our communities.

Project Goal: To improve birth data quality related to early prenatal care utilization along the U.S. – Mexico border region by advocating for the use of PNC records from other countries to inform the completion of the birth certificate worksheet for the purposes of vital statistics.

The California CoIIN team is developing a multi-tiered strategy to obtain and promote awareness and the adoption of official guidance from the CDC National Center for Health Statistics and the State of CA regarding the use of PNC records from countries outside of the U.S. and in languages other than English to inform the completion of the birth certificate worksheet. As part of this, we have developed a Prenatal Transfer Record (PTR) tool designed to facilitate the transfer of information from foreign PNC records to U.S. PNC records, which are sent to birthing hospitals by providers when a woman is ready to give birth.

Success Measures:
- Existence of clear guidance from NCHS & State of CA on using foreign PNC records
- % of hospitals in the border region who use foreign PNC records to complete birth certificate worksheet
- % of hospitals in the border region aware of national/state guidance regarding PNC from other countries

The Border States CoIIN is a network of state and local stakeholders across Arizona, California, New Mexico and Texas (the Border States) working together over a period of 3 years with a common aim to increase first trimester prenatal care by 10% among women in targeted impact areas through the development of place-based improvement strategies that address the social determinants of health.

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