Border States CoIIN Project: TEXAS
Target Area: Val Verde County

VAL VERDE COUNTY has among the lowest rates of first trimester prenatal care in the State of Texas. According to provisional state data, only 43.0% of women received first trimester prenatal care in 2017, compared to 66.4% in the state as a whole. Prenatal care in the first three months of pregnancy is important for managing complications and early access to comprehensive supports for mom and baby.

Women share that the biggest barriers they experience in accessing early prenatal care (PNC) include delays in Medicaid eligibility determination, confusion on where and how to obtain services, and the fact that first trimester PNC is not prioritized in appointment scheduling.

**Project Goal:** To increase first trimester prenatal care by 10% through strategies that demystify prenatal care enrollment requirements and reduce the delay between pregnancy confirmation and enrollment at key clinic sites.

**Target Site:** United Medical Center (UMC) clinic sites in Del Rio, Texas

**Success Measures:**
- % of women with first trimester prenatal care
- Average scheduling delay (in days) for 1st prenatal care visit

Through participatory human-centered design processes engaging local stakeholders, the CoIIN team has developed a My Pregnancy Passport tool that is provided to all women who present with a positive pregnancy test; it informs women of what they need to bring to expedite presumptive Medicaid eligibility screening and helps them keep track of their PNC milestones.

To support timely enrollment into prenatal care and appointment scheduling, key clinic staff are testing an improved workflow developed to ensure that all patients exit the pregnancy confirmation visit with a first appointment scheduled within 14 days and are navigated through the enrollment process in a way that meets their individual needs.

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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