

# Parental care

[Family](#), [Mother](#)



Thesis statement) Mothers in the United States continue to face severe consequences for the birth outcome of both infant and mother without prenatal care. Prenatal care is often referred to as antenatal care and better known as medical and nursing care recommended for women before and during pregnancy. Some of the main goals of good prenatal care are to detect any potential problems early fetal development and prevent them if possible through adequate nutrition, exercise, and vitamin also to direct the mother to appropriate hospital specialists as necessary. It is well documented that routine prenatal care has played a major part in reducing maternal death rates and miscarriages as well as birth defects, low birth weight, and other preventable infant issues. Prenatal care has considerable personal health and social benefits, socioeconomic concerns have prevented its universal adoption in many developed as well as developing nations.

(REF: 1) Prenatal care generally consists of: - monthly visits during the first two trimesters (from week 1—28) - biweekly from 28 to week 36 of pregnancy - weekly after week 36 (delivery at week 38—40) - Assessment of parental needs and family dynamic As a new mother I felt prenatal care kept me and my new baby very healthy. It has been determined and documented that infants of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. With the above facts in hand, it is very important for all mothers to strive to maintain a health prenatal plan at all cost. When mother follow a prenatal plan, doctors can spot health problems early and deploy a course of action or actions to better assist the mother and her Baby. Early treatments can be the key to curing many problems and

prevent others. Plus sound advice from your provider about things you can do to give your unborn babies a healthy start to life. When a woman is considering having a child it is important to start taking care of yourself before you start trying to get pregnant. This thought process is known as preconception health. It is considering your health conditions and risk factors and how they may affect you or your unborn baby if you become pregnant. For example, some foods that the mother consumes, habits (smoking, drinking, not getting enough rest), and medicines can harm your baby before he or she is conceived. You should also consider your health problems they can also have an effect on your pregnancy. Good communication with your doctor before pregnancy to learn what you can do to prepare your body could better assist you in determining when to have a baby. It is recommended that women should prepare for pregnancy before becoming sexually active. When possible, women should give themselves at least 3 months to prepare before getting pregnant. (REF: 2) Things you can do before becoming pregnant are: 1. Take 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day for at least 3 months before getting pregnant to lower your risk of some birth defects of the brain and spine. 2. Stop smoking and drinking alcohol. 3. If you have a medical condition, be sure it is under control. 4. Talk to your doctor about any over-the-counter and prescription medicines you are using. 5. Avoid contact with toxic substances or materials at work and at home that could be harmful. (REF: 3) It has been documented that women in their late 30's have an increasing chance of having a baby born with a birth defect. However in this day and time most women in their late 30s and early 40s are having healthy

babies. This could be because largely the approach of seeing your provider regularly before you even start trying to get pregnant is a proven fact of better infant health after birth. (REF: 2) While most health professionals consider prenatal care an essential practice for pregnant women however, there are wide gaps in the American population regarding who has access to these services and who actually utilizes these services. These are current issues on the table in our congress today being affecting by our elective representative lack of action and selfish hidden agendas. It is well documented that African-American expectant mothers are 2.8 times as likely as non-Hispanic white mothers to begin their prenatal care in the third trimester, or to receive no prenatal care during the entirety of the pregnancy. (REF: 4) Hispanic expectant mothers are 2.5 times as likely as non-Hispanic white mothers to begin their prenatal care in the third trimester, or to receive no prenatal care at all. We can conclude from the above fact that having access to prenatal care is not always available for all women. (REF: 5) In conclusion, it can determine based on my reading and limited research, without timely, thorough, and appropriate prenatal care, women and especially racial minorities mothers in the United States continue to face severe consequences for the birth outcome of both infant and