

UTILIZATION OF WELL-CHILD CARE SERVICES BY RURAL AFRICAN AMERICAN PRE-TERM INFANTS

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Key words: Infant, minority, rural health

Purpose: Many studies have evaluated the reliability of self-report data finding that anxiety may lead to misclassification bias. However, the literature is not conclusive for maternal report of well-child care by high-risk infants. This study sought to compare the accuracy of maternal report versus actual utilization of well-child care by rural African American preterm infants during the first year after discharge from the NICU. In addition, we explored whether use of well-child care and the accuracy of maternal report could be predicted from neonatal medical severity, maternal use of prenatal care, maternal usage of public assistance, level of rurality of county of residence, and out of pocket costs of well-child care. **Method:** The study population consisted of 60 rural African American preterm infants and their mothers. All infants were high-risk for developmental problems because of a birthweight below 1500 grams or a requirement for mechanical ventilation. The mothers and infants were participants in a larger longitudinal study evaluating the impact of an in-depth nursing intervention for rural African American mothers of preterm infants. Mothers reported the use of well-child care and any associated out-of pocket costs at 2, 6, and 12 months after term. Actual usage was confirmed through information from the infant's primary care provider. Neonatal medical severity (length of mechanical ventilation) and maternal usage of early prenatal care were obtained from the infants' medical records. Maternal usage of public assistance and county of residence were obtained from a demographic form completed by the mother at enrollment during the NICU hospitalization and at 2, 6, and 12 months. Rurality of the county of residence was rated using the criteria of the US Department of Agriculture. Association between maternal report and actual well-child usage will be determined by correlations. Multiple regressions will be calculated to determine the relations among predictor variables, maternal report and actual well-child care usage. **Findings:** Analyses are in progress and will be completed by December 2004. **Conclusions:** Findings from this study will enable nurses and other health care providers to have a better understanding of the accuracy of maternal report of service usage and factors related to the usage of well-child care by a particularly vulnerable group of infants.