

Information and Services for Prenatal Testing in Oregon: A Comparison of Urban and Rural Counties

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Background and Objectives: Oregon PRAMS, the Pregnancy Risk Assessment Monitoring System, is a project of the Office of Family Health with support from the CDC. PRAMS collects data on maternal attitudes and experiences prior to, during, and immediately after pregnancy. Oregon PRAMS data from 2003 was used to compare the discussion of prenatal testing and the access to prenatal genetic blood tests among women in rural and urban counties.

Methods: Data was analyzed using STATA 8 survey commands in order to incorporate the weighting schemes and strata of the survey collection procedures. Logistic regression was performed to obtain odds ratios for information about prenatal testing and access to blood tests. Odds ratios comparing rural to urban counties were adjusted for the confounding of age, income, education, race, parity, when and where care was received, and health insurance status.

Results: Receiving prenatal care in rural counties compared to prenatal care in urban counties was associated with a 48% ($p=.194$) increase in the odds of discussing prenatal testing. Given the adjustment for confounders, the odds ratio for discussing prenatal testing was 1.80 (95% CI: .914-3.55, $p=0.088$) for the comparison of rural to urban counties.

Receiving prenatal care in a rural county compared to prenatal care in urban counties was associated with a decrease in the odds of being offered a blood test of 10.5% ($p=.724$). Given the adjustment for confounders, the odds ratio for being offered testing was 1.11 (95% CI: .560-2.22 $p=0.757$) for the comparison of rural vs. urban counties.

Discussion/Conclusions: In 2003 most women in Oregon were offered information about prenatal testing and access to blood tests, (82% and 83% respectively). Differences were found between women in urban and rural counties indicating that women in rural counties may be at an increased advantage for receiving this information; however none of these results were statistically significant. Education of providers and patients should continue so that 100% of women can have access to these services.