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Health Disparities and Pregnancy

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Abstract

Pregnancy is a time in which an individual is particularly susceptible to the negative effects of health disparities, although it is unclear to what extent this may impact the pregnancy and the health of the mother and fetus. This literature review compiles research from a number of peer-reviewed journals to explore the impact of poverty-related health disparities on pregnancy as a whole. Through this review it has been shown that pregnant women living below the poverty line are impacted by poor nutrition, lack of prenatal care, domestic violence, pollution, stress, and lack of social support. These health disparities can cause difficulties with the pregnancy and delivery, the most common of which include low birth weight, preterm labor, and altered fetal development. It is suggested that healthcare professionals, including nurses, should educate themselves regarding the risks associated with low-income pregnant women and should be prepared to properly assess, treat, and provide resources to these patients.

Health Disparities and Pregnancy: A Nursing Perspective

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Significance

Pregnancy is a time of serious physical and mental stress for a woman. The environment in which a pregnant woman lives and works can have lasting health implications for herself and for the fetus. A person is considered to be living in poverty if they have a yearly income of $13,011; this number rises to $17,622 when considering a two-person household (United States Census Bureau, 2019). Poverty itself can be a risk factor for a person's health, with those of a lower socioeconomic status often struggling with an inability to maintain proper nutrition, pollution, increased stress, and inadequate access to healthcare services, among other issues. Poverty, like other aspects of an individual's environment, is considered a social determinant of health. Social determinants of health are the conditions in which a person lives, including both physical and social factors (HealthyPeople 2020, 2020). One aspect of social determinants of health is health disparities, or differences in the quality and quantity of healthcare available to certain groups of people. Social determinants significantly impact health disparities; for example, social determinants such as access to education and job opportunities can influence the likelihood that an individual will experience the health disparities associated with poverty, such as reduced access to healthcare. The purpose of this project is to explore the effects of health disparities, specifically related to poverty, on the health of the mother and the fetus during pregnancy. The project will also include recommendations on healthcare and community resource improvements that may help reduce the negative impact of poverty on pregnant women from a nursing perspective.

Literature Review

Pregnancy is a time of significant physical vulnerability for pregnant women. The demand placed upon the body by the pregnancy can be easily exacerbated by health disparities

and environmental factors. Furthermore, these environmental factors, specifically teratogens or factors that put stress on the mother, can significantly impact the development of the fetus. Low socioeconomic status is in itself a health disparity; it is also, however, directly related to a number of other disparities that may impact the success of a pregnancy.

Women, in general, are more likely than men to live in poverty. As of 2018, 12.9% of women lived below the poverty line, compared to 10.6% of men (Bleiweis et al., 2020). This socioeconomic disparity only increases when considering women with children. While married women experience poverty at similar rates regardless of their parental status (5.1% of married women without children live in poverty as compared to 5.6% of married women with children), unmarried women face much more serious economic hardship. Among single women without children, 16.6% live below the poverty line; comparatively, 24.7% of single mothers live in poverty (Bleiweis et al., 2020). Poverty may also contribute to incidences of unplanned pregnancy, as those of lower socioeconomic status often have less access to effective contraception and family planning education.

For women living in poverty, government assistance is often a necessity in terms of medical treatment and healthcare coverage. Medicaid is one such program, allowing low-income individuals, people with disabilities, children, and pregnant women (Centers for Medicare and Medicaid Services, 2020). A pregnant woman may be eligible for full Medicaid coverage if their income places them at or below 133% of the poverty line; this coverage would continue past the birth of the child (Centers for Medicare and Medicaid Services, 2020). Pregnant women who are not financially eligible for full Medicaid coverage may be eligible for specific coverage for the duration of her pregnancy. Though it varies by state, the most common figure states that pregnant women with an income between 133% and 185% of the poverty line may be eligible for

Medicaid coverage lasting from the beginning of pregnancy until sixty days after the birth of the child (Chen, 2018). Furthermore, if a pregnant woman does not qualify for any form of Medicaid coverage, she may be entitled to some form of health insurance coverage under the Children's Health Insurance Program (CHIP). While this program's eligibility requirements also vary by state, CHIP often accepts applicants of a higher income than Medicaid. Eligibility can range from 185% to 305% of the poverty line in some places; in Illinois, the limit is 213% of the poverty line (Brooks et al., 2018). However, despite their eligibility, there still remains a significant portion of the low-income population who remain uninsured. An estimated 8.8 million Americans are eligible for some form of government health insurance, but have not applied for support (Rudowitz et al., 2016). This could be due to a lack of knowledge about their eligibility, difficulties faced during the application process, or a belief that their situation is temporary.

Nutrition is one of the most impactful ways in which health disparities can impact a pregnancy. Proper nutrition an essential aspect of health and wellness, particularly for pregnant women, affecting both the health of the mother and the development of the fetus. It is recommended that, during the second trimester, women consume an additional 340 kcal each day. This recommendation increases to approximately 452 kcal during the third trimester (The Academy of Nutrition and Dietetics, 2014). This increase in caloric intake can be a challenge for low-income women, as additional calories imply increased food costs. Some of this cost may be offset by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a government program that provides nutritional support for low-income women and children. WIC provides services for approximately 1.5 million women each year, including many disadvantaged pregnant women. However, it is estimated that approximately half of eligible

pregnant women do not receive any WIC benefits (Bleiweis, 2020). Ideally, pregnant women should be consuming a healthy, diverse diet that includes fresh fruits and vegetables, lean meats, beans, whole grains, and low-fat dairy products. However, many of these foods, particularly fresh produce and whole grain products, are both expensive and oftentimes difficult to purchase consistently. Many low-income neighborhoods are also classified as food deserts, or areas in which fresh and varied foods are not readily accessible (Food Research and Action Center, 2017). Pregnant women living in food deserts may be required to travel many miles to obtain a healthy variety of foods- a difficult task for women who may also be struggling with transportation issues and long work shifts. For many pregnant women living below the poverty line, canned and frozen foods, along with fast food, are the only viable options for nutrition. It is also vital that pregnant women have access to nutrient-dense food. Nutrient-dense food is food that is rich in vitamins, minerals, protein, and other nutrients without providing an excessive amount of calories. Examples of nutrient-dense foods include fish, lean meats, fruit, leafy greens, and whole grains (Harvard Health Publishing, 2015). Nutrient-dense foods can be beneficial for low-income individuals because they can provide large amounts of nutrients for a smaller amount of money. Furthermore, the comparatively low number of calories can help protect against obesity. Food insecurity is also a common problem among people living below the poverty threshold; this refers to a lack of consistent, reliable, healthy food in a household, often due to lack of financial security (Food Research and Action Center, 2017). Food insecurity is reported in 35% of pregnant women living in poverty (Braveman et al., 2010). Nutrient deficiency is another serious issue among pregnant women, particularly those of low socioeconomic status. Iron-deficiency anemia is the most common nutrient deficiency, affecting over 17% of pregnant women (The Academy of Nutrition and Dietetics, 2014). It is difficult to

supplement iron with food alone; the most effective form of supplementation is oral iron pills or tablets. For many women living in poverty, however, iron supplements are not an affordable expense. Similar issues exist regarding vitamin D, calcium, and iodine supplementation. Folic acid is another important nutrient often requiring increased intake during pregnancy. It is recommended that pregnant women consume at least 600 micrograms of folic acid per day, be it through meal consumption or supplementation (The Academy of Nutrition and Dietetics, 2014). Folic acid is important in protecting the fetus from neural tube defects; despite its importance, it may be inaccessible to women living below the poverty line. Lack of adequate nutrition during pregnancy can lead to altered fetal development; the most common nutrition-related complication among low-income women is low birth weight. Low birth weight can lead to increased risk of infant mortality, physical and cognitive developmental delays in the infant, and increased risk for chronic conditions later in life (Williamson, 2006).

Prenatal care is practice recommended by most physicians in order to allow for monitoring of the pregnancy and swift intervention for pregnancy-related issues. The average woman receiving prenatal care in the United States attends between seven and eleven prenatal visits during her pregnancy. These visits include patient education, fetal ultrasounds, nutritional advice, and genetic screening (Kirkham et al., 2005). The gold standards of prenatal care state that pregnant women should attend a prenatal care appointment once every four weeks for the first 28 weeks, which is then increased to once every two weeks from 28 weeks to 36 weeks, and once per week for the remainder of the pregnancy (The American College of Obstetricians and Gynecologists (ACOG), 2017). The first prenatal visit should consist of reviewing patient history, performing a general physical assessment, and providing education regarding future prenatal visits and care. Each subsequent prenatal visit should involve assessment of the

woman's weight and blood pressure, measurement of the uterine fundus, and presence of fetal heart tones. In later visits, the woman should be asked about the amount of fetal movement as well as any changes in movement (ACOG, 2017). The number of ultrasounds performed throughout a pregnancy is specific to each patient and healthcare facility. It is, however, recommended that every pregnant woman receive at least one ultrasound during her pregnancy, preferably between 18 and 22 weeks gestation (ACOG, 2017). One important aspect of early prenatal care is blood typing. In the event that an Rh-negative woman is pregnant with an Rh-positive fetus, the fetus may be at risk for health complications, including anemia, jaundice, and heart problems. Effective prenatal care can alleviate these issues through administration of Rhogam at 28 weeks gestation and after birth (Kirkham et al., 2005). Another important prenatal service is genetic testing, including screening for chromosomal disorders and neural tube defects (Kirkham et al., 2005). Early detection of genetic conditions is valuable for a number of reasons- it provides physicians with the opportunity to develop treatment and intervention plans early in the pregnancy; it allows parents to educate themselves on the condition and the care that will be required for their child; and, in some cases, it provides the mother an opportunity to decide whether or not to continue the pregnancy or to terminate. Low-income mothers who do not receive genetic counseling are at a disadvantage in caring for children with genetic conditions, as they are severely limited in their ability to quickly obtain the necessary financial, emotional, and educational support. Prenatal care is also important in insuring the health of the pregnant woman. One important prenatal screening for women is assessment for urinary tract infections. Pregnant women of lower socioeconomic status are more likely than average to experience urinary tract infections. Of those living at greater than 400% of the poverty threshold, 10.9% experienced a urinary tract infection during pregnancy as compared with 23.3% of pregnant women living

below the poverty line (Whitehead et al., 2009). Despite the importance of prenatal care, between 25% and 35% of women do not receive continuous prenatal care; women living below the poverty threshold are significantly more likely than their well-off counterparts to lack prenatal care (Aved et al., 1993). One of the major barriers for low-income pregnant women in obtaining prenatal care is difficulty in finding a physician who will accept clients on Medicaid; 64% of women who had attempted to seek prenatal care but were unsuccessful cited this as the most serious hardship (Aved et al., 1993). Transportation was also cited as a barrier to prenatal care, with 54% of women who had not received continuous care reporting difficulties in finding reliable transportation to doctor's appointments (Aved et al., 1993). Transportation is of particular concern for low-income women, as many do not have access to private vehicles, and instead rely on public transportation or walking. Issues regarding transportation may be assuaged through the use of home-health visits; unfortunately, these visits can be difficult to obtain and can sometimes be difficult to receive coverage for under many insurance plans. If available, there are many services that can be provided by home-health nurses. Nurses can monitor the pregnant woman's vital signs, specifically blood pressure, provide education regarding pregnancy, pregnancy-related conditions, and parenting. Some home-health nurses can also perform ultrasounds and nonstress tests in the home (Allina Health, 2020). At least one home-health visit is covered by Medicaid in 30 of 41 responding states; unfortunately, some of these states only allow for home-health visits under specific health circumstances, such as preeclampsia or history of myocardial infarction (Gifford et al., 2017). Furthermore, many states allow for only one home-health visit unless additional visits are indicated by a health condition. Although many pregnant women report difficulties in obtaining prenatal care, some women report not having attempted to seek prenatal care at all; among these women, the primary reason was reported as

an inability to afford prenatal care, cited by 45% of women interviewed (Aved et al., 1993). Despite many low-income women being on Medicaid, many pregnant women report difficulties in receiving their benefits, as well as fear that unexpected costs will arise and not be covered by insurance. Unexpected costs related to prenatal care may create an unsustainable financial situation for women living below the poverty threshold, discouraging them from seeking care. One reason for this fear is a lack of education and knowledge regarding Medicaid coverage. Since Medicaid services vary from state to state, it can be difficult for pregnant women to determine which prenatal costs will be covered by their insurance. Every state's Medicaid program covers prenatal vitamins and ultrasounds; some states, however, limit the number of ultrasounds covered during a pregnancy (Gifford et al., 2017). Almost every state (38 of 41 responding states) will also cover genetic testing such as chorionic villus sampling and amniocentesis, and a large portion of states (33 of 41 responding states) cover genetic counselling (Gifford et al., 2017). Medicaid is lacking, however, in coverage for prenatal education, with 27 of 41 responding states reporting providing no coverage for childbirth classes and 24 of 41 states providing no coverage for parenting classes (Gifford et al., 2017). It is vital that pregnant women on Medicaid be made aware of the coverage options in their state in order to more effectively encourage prenatal care for women living below the poverty line.

Pollution can have negative health impacts on pregnant women, as well as alter the development of the fetus and lead to birth complications. Women living in poverty are more likely to be exposed to pollution during their pregnancy. Those of lower socioeconomic status are more likely to live in crowded, urban areas; these areas experience more traffic than rural or suburban areas, drastically increasing pollution levels from car exhaust (Weck et al., 2008). Women living in poverty are also more likely to be exposed to hydrocarbons, which can be

released by vehicles, home heating systems, power plants, and cigarette smoking. These hydrocarbons are associated with an increased risk of developmental defects and fetal death (Weck et al., 2008). Exposure to air pollution, including hydrocarbons, carbon monoxide, and particulates, can also increase the likelihood of a preterm birth (Weck et al., 2008). Pesticide use is also more common among pregnant women living in poverty; these women often live in apartments or homes with damaged or aged foundations and exteriors, allowing insects and rodents to enter. One study of women in a low-income neighborhood in New York found that 85% had utilized some form of pesticide in their home during their pregnancy. Following delivery of their infants, it was found that between up to 74% of those infants had detectable levels of at least one pesticide in their blood. These infants were further found to be, on average, of a lower birth weight and length (Whyatt et al., 2004, as cited by Weck et al., 2008).

Pregnancy is a dangerous time for women in abusive relationships; domestic violence often begins or worsens during a pregnancy. It is reported that 2% of women experience domestic violence each year; this number does not, however, account for cases in which the woman never reports her abuse or receives medical treatment (Aizer, 2010). Women who live below the poverty line are at even greater risk, and experience domestic violence at five times the rate of women who live above the poverty line (Aizer, 2010). Domestic violence is also of increased concern in current times, as the COVID-19 pandemic has increased the isolation of victims and the control of violent partners. Additionally, economic strain and inability to participate in preferred hobbies and activities may add further stress to a dangerous relationship. Although statistics do not yet exist for the United States as a whole, increases in domestic violence are being reported in other countries affected by quarantine. Reports of domestic violence in rural China increased by 300% when comparing reports in February of 2019 to

reports in February of 2020 (Boserup et al., 2020). Reports of domestic violence increased by 30% in France, 25% in Argentina, and 33% in Singapore since the initiation of lockdown orders (Boserup et al., 2020). Local statistics have also been released for some areas in United States. Portland, Oregon, for example, has reported a 22% increase in domestic violence-related arrests since quarantine began. Jefferson County, Alabama likewise reported a 27% increase in reports of domestic violence in March of 2020 when compared to reports made in March of 2019 (Boserup et al., 2020). This is an evolving issue, and may further increase the risks faced by pregnant women. Domestic violence can have a significant impact on pregnancy, including both physical and developmental damage to the fetus. Physical violence, especially concentrated near the abdomen, can have devastating effects on the fetus and its development. Abdominal injuries can lead to premature rupture of membranes, placental abruption, uterine hemorrhage, and fracture of fetal bones (Aizer, 2010). The rate of fetal death for women who have been hospitalized for an assault is 1.2% higher than that of the average fetal death rate (Aizer, 2010). Violence against the mother can also lead to growth and developmental delays for the fetus. Infants born to a woman who has been hospitalized at least once for assault during her pregnancy tend to weigh an average of 163 grams less than other infants (Aizer, 2010). Assaults that occur earlier in a pregnancy tend to impact the birth weight of an infant more significantly than assaults that occur later in pregnancy; a woman who is assaulted in her first trimester is more likely to have an infant with a reduced birth rate than a woman who is assaulted in her third trimester (Aizer, 2010). Of course, most women involved in physically abusive relationships do not face a single physical assault during their pregnancy. Physical abuse is most often an ongoing, recurring issue, causing negative health effects for the woman and the fetus to compound.

Stress, particularly chronic stress, can have serious health impacts on any individual, though the effects may be more far-reaching in pregnant women. Chronic stress can result from any number of challenges and hardships, including financial, emotional, and physical stressors. Among low-income pregnant women, 26% reported having multiple bills that they were unable to pay during their pregnancy (Braveman et al., 2010). Furthermore, of women living in poverty, 12.7% report having experienced a divorce or a separation during their pregnancy, as compared to 1.2% of women living at 400% of the poverty threshold (Braveman et al., 2010). Lack of education can also be a stressor, especially for pregnant women concerned about their understanding of their own pregnancy, their upcoming labor, and childcare. Of pregnant women living below the poverty threshold, 79% had no education beyond the high-school level; this is compared to 7% of pregnant women living at greater than 400% of the poverty line (Braveman et al., 2010). There are a number of physiological effects of stress that can impact pregnant women as well as the fetus. Chronic stressors, including financial instability, lack of support, and a heavy workload, can lead to an increase in the release of corticotropin-releasing hormone (CRH) via the placenta. Placental CRH can cause initiate uterine contractions, which can increase the risk of preterm labor (Kramer et al., 2000). It is further estimated that major life stressors, especially occurring in the first trimester of pregnancy, can increase the risk of preterm labor by 140% to 180% (Schetter & Tanner, 2012). Stress can also increase the risk for low birth rate by an estimated 200% to 380% (Schetter & Tanner, 2012). As with anyone experiencing consistent levels of stress, pregnant women with chronic stressors may also experience hypertension. This increase in blood pressure can be especially dangerous for pregnant women, who may develop hypertensive conditions including gestational hypertension or preeclampsia (Landsbergis & Hatch, 1996).

Social support is an important aspect of care for pregnant women. Having a reliable social support network ensures that women have help with tasks that may be hindered by pregnancy, that they have aid available in the event of a medical emergency, and that they have emotional support through the more difficult aspects of pregnancy and delivery. Women living in poverty, however, tend to report having less social support than women of other economic statuses. One common source of support for pregnant women is a spouse. Of pregnant women living at greater than 400% of the poverty line, only 6% are unmarried. Of pregnant women living below the poverty line, however, an average of 61% are unmarried (Braveman et al., 2010). Pregnancy without a partner can be difficult in that the pregnant woman often has no at-home support during times of distress or discomfort, such as during bouts of morning sickness or Braxton Hicks contractions. These women may also struggle with laboring alone, adding stress to the delivery process. Unmarried pregnant women may also struggle with increased levels of poverty, as they do not have the benefit of a dual-income household and child support is difficult to obtain during pregnancy. Women living below the poverty line do not only report lack of support in terms of marriage, however. They also report lacking both practical and emotional support from friends, family, and neighbors, oftentimes due to the increased hardships faced by the community as a whole. Practical support describes aid involving physical or financial acts, including help with household chores, transportation to doctor's visits, and monetary support. Among low-income pregnant women, 21.6% report receiving no practical support, while only 5.1% of women living above 400% of the poverty threshold report the same (Braveman et al., 2010). Emotional support is also an important component in reducing stress. Pregnant women of higher incomes also fare better in this regard, with 2.1% reporting that they receive no emotional

support as compared to 14.7% of pregnant women living below the poverty line (Braveman et al., 2010).

Nursing Considerations

Aside from simply carrying out interventions and treatment during an inpatient hospital stay or outpatient visit, nurses have a responsibility to aid in the overall betterment of their patients' health. Nurses are also in a unique position to spend extended periods of time with patients and their families, often much more than a physician. For these reasons, nurses should make a concerted effort to recognize health disparities among pregnant women and provide education, resources, and support that may improve the overall health of the mother and the fetus.

One way in which nurses can recognize and assess for health disparities such as poverty is through routine screening. Screening is already an aspect of many initial health assessments, particularly screening for domestic violence. Healthcare professionals are encouraged, and in some cases required, to ask the patient if they feel safe at home and/or if anyone in their home has ever hurt them. This is a valuable screening tool for pregnant women, as abuse from a romantic partner is often exacerbated by pregnancy. There may, however, be value in expanding the range of screening tools used to assess pregnant women, especially those who have been hospitalized or those seeking prenatal care for the first time. For example, screening for homelessness, financial instability, and food insecurity can provide healthcare professionals with important context that may explain certain health conditions and behaviors. It can also provide the necessary information to allow the nurse to create an individualized education plan and resource packet for the patient. Screening for stress and specific stressors may also allow

healthcare professionals to understand a woman's risk factors for certain conditions, such as gestational hypertension.

Education is one of the most important aspects of a nurse's job, and one that has great value for patients. Educating all pregnant women about the importance of nutrition and prenatal care is vital; providing this education may be even more important for low-income women, however, considering the impact poverty can have on these areas of care. Providing women with lists of low-cost, nutrient-rich food, for example, may help alleviate some of the impact of food deserts. Nurses could also provide an information sheet explaining the various nutrient levels required each day during pregnancy; this would provide women with the opportunity to tailor their diet to incorporate the necessary amounts of nutrients while being sensitive to their individual circumstances. Nurses should also stress to low-income women the importance of continuous prenatal care in order to monitor the health of the mother and the development of the fetus. This is also an area in which nurses must advocate for their patients. Based on interviews with women living below the poverty line, physicians are often reluctant to accept new patients when they rely on Medicaid (Aved et al., 1993). Nurses, especially those working in a hospital setting, should educate themselves on in-network physicians who are accepting new patients, and be prepared to recommend referrals to these physicians.

Providing information about local resources can greatly benefit women living below the poverty threshold, especially those for whom social support is limited. The contact information, locations, and hours if operation of local charitable and government organizations can be particularly valuable. If a patient is recognized as at risk for food insecurity, the nurse should provide her with the information for local food banks and information about how to apply for the WIC program. If a patient expresses doubt regarding her ability to obtain or pay for prenatal

care, the nurse should refer her to a local federally qualified health center (FQHC). FQHCs are facilities run by the Health Resources and Services Administration; they provide healthcare services to low-income patients on a sliding scale payment method, meaning that patients are charged based on their income and ability to pay, as opposed to a flat fee (Health Resources and Services Administration, 2018). While not all FQHCs are equipped to provide full prenatal care throughout a pregnancy, many provide women with pregnancy testing and initial prenatal visits. They are then able to refer women to local obstetricians who are willing and able to take on new patients (Kinsler, 2020). Transportation is also of significant concern for low-income women attempting to receive prenatal care. The nurse should provide these women with schedules and pricing for public transportation, as well as the numbers and application processes for any local medical transportation services that cater to low-income individuals. Due to the increased risk of domestic violence faced by women living in poverty, the nurse should also be prepared to provide pregnant women with information regarding women's shelters in the area. Many women's shelters give priority to pregnant women, and can provide special resources including job placement, GED programs, and childcare.

One nursing program that could be implemented to the benefit of low socioeconomic areas is a home-health system for pregnant women. A program such as this would allow women living in poverty to receive some prenatal care, particularly education, in the home, instead of in a healthcare facility. This would be beneficial in that it would allow the nurse to view the client's home and community. The client would be able to ask the nurse specific childcare questions related specifically to their environment, and the nurse would have the necessary context to effectively provide support. Home-health visits would also eliminate the challenges of transportation faced by many low-income women in regards to consistent prenatal care. Visiting

the client in the home would also allow for a more flexible appointment schedule. This can be valuable in that many low-income women cannot take regular days-off from their job; furthermore, many cannot afford to miss work multiple times throughout their pregnancy, especially with the time off that will be required when the baby is born.

Nurses can also help support pregnant women living below the poverty line by helping them make a pregnancy and birth plan. Many low-income women report having less practical and emotional support than their more wealthy counterparts (Braveman et al., 2010). For this reason, many may struggle with making informed decisions regarding the remainder of their pregnancy and the delivery process. The nurse can provide the client with a list of necessary supplies for when the infant arrives, along with cost-effective ways to purchase these supplies. The nurse and the client should also discuss the client's plan to get to the hospital during labor, particularly if the client lives alone. The nurse can also provide the client with information and resources regarding childcare if returning to work quickly following delivery is necessary.

Resources for Low-Income Pregnant Women

Need/Concern	Resources
Food Insecurity	• Lists of low-cost, nutrient-dense foods. • Information sheet regarding nutritional requirements during pregnancy. • Local food banks. • Information regarding benefits and application process for the WIC program.
Prenatal Care	• List of in-network physicians who will accept patients on Medicaid. • Local Federally Qualified Health Centers (FQHC). • Information regarding Medicaid coverage and application process.
Transportation Issues	• Schedules and pricing for public transportation. • Information and application processes for local medical transportation services.

Domestic Violence	• Women's shelters (may be specific to pregnant women). • Local FQHCs. • Local food banks.

Conclusion

Health disparities, particularly poverty and its associated hardships, can have significant health impacts on a pregnancy. Food insecurity and resulting nutrient deficiencies can lead to low birth weight and developmental defects in the fetus. Pollution can similarly cause developmental concerns for the fetus, as well as increased risk for fetal death. Lack of prenatal care can lead to reduced maternal health as well as a lack of knowledge regarding potential health conditions that may arise in the fetus. Other factors associated with poverty, including increased rates of domestic violence, increased stressors, and lack of social support, can also have negative health implications for the mother and the fetus. While health disparities associated with poverty are a systemic issue that require a multi-faceted approach to solving, nurses can play an important role in improving the health of pregnant women living below the poverty threshold. Perhaps the most important aspects of nursing care for these women include recognition of health disparities, education regarding proper nutrition and prenatal care, and the dissemination of resources regarding food banks, women's shelters, FQHCs, and transportation. Although systemic issues regarding poverty may persist, healthcare professionals, including nurses, have a responsibility to aid and support the pregnant women in their community in order to improve their own health and the health of future generations.

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