**Abstract**
OBJECTIVE: To determine the efficacy and cost effectiveness of the standard prenatal care offered in Nicaragua and the United States. METHODS: In a comparative study of standard prenatal care in Nicaragua with the prenatal care in the U.S., the number of appointments, the types of tests/screenings, the frequency of tests/screenings, and the maternal and neonatal mortality rates were compared. Data concerning prenatal care was collected from a U.S. obstetric gynecologist and a Nicaraguan government nurse and doctor in the respective countries. The mortality rates used were provided by The World Bank1–2. RESULTS TO DATE: Standard prenatal care in Nicaragua recommended fewer appointments for pregnant mothers than U.S. standard care. Due to the different living conditions, there are some differences in tests/screenings performed in each country. Overall, the U.S. performs more screenings on mothers. CONCLUSIONS: Many unaccounted factors have interfered with the ability to make concrete conclusions about the efficacy and cost effectiveness of standard prenatal care in Nicaragua and the U.S. relative to one another.

**Introduction**
I spent eight weeks in Las Salinas, Nicaragua working through the Foundation of International Medical Relief for Children (FIMRC), working at a government health clinic. My primary goal, was to learn about the prenatal healthcare available to women in Las Salinas and in the United States, and through a comparison of the two systems, find ways to improve each one. Before leaving for Nicaragua, I met with Dr. Michelle Metz, an obstetrician at the George Washington Hospital, to learn about the standard prenatal care available for expecting mothers in this country. While in Las Salinas, I assisted during the prenatal appointments, measuring the uterine height, taking and recording patients’ weight statistics, and detected the fetal heartbeat. In addition to conducting my study, I assisted the government clinic staff in primary care. I looked up treatment guidelines and evidence-based medicine, took patient histories, performed physical exams, administered medications and vaccinations, cleaned wounds, and aided in suturing. I also helped out next door in the FIMRC clinic when the pediatrician was present to see patient, finding patient files, recording the patients’ height, weight and vitalis, and distributing medications from the pharmacy. I also participated in the educational “charlas.” Twice a week, FIMRC visited the town’s school to give mini-health lectures on various topics. I was an educator, and to prepare for these “charlas,” I prepared posters, diagrams, and games.

**Materials and Methods**
The number of appointments, the types of tests/screenings, the frequency of tests/screenings, and the maternal and neonatal mortality rates were compared. Data concerning prenatal care was collected from a U.S. obstetric gynecologist and a Nicaraguan government nurse and doctor in the respective countries. Prenatal appointments were observed in the government clinic in Las Salinas, Nicaragua to determine the adherence of provided healthcare to the stated standard by the Ministerio de Salud (MINSAL), the ministry of health. Time did not allow similar observation at the George Washington Hospital. The mortality rates used were provided by The World Bank1–2.

**Results**

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<td>Table 1. Nicaraguan Government Health Clinic George Washington University Medical Faculty Schedule. Table 2. Association (MFA) Prenatal Mortality rate. The maternal mortality rate reported by The World Bank For the U.S. and Nicaragua in 2011 are 21 and 95 per 100,000 live births respectively. The neonatal mortality rate reported for 2011 is 8 and 26 per 1,000 live births respectively.</td>
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**Conclusion**
Standard prenatal care in Nicaragua recommended fewer appointments for pregnant mothers than U.S. standard care. In March 2012, the Nicaraguan government implemented a reduction of the recommended appointments from nine to six, whereas in the U.S., standard care provides mothers with at least 11 visits. Additionally, due to the different living conditions, there are some differences in tests/screenings performed in each country, and overall, the U.S. performs more screenings on mothers. For example, in Nicaragua, it is standard to screen expectant mothers for Toxoplasmosis due to general inadequate sanitation. Furthermore, in the U.S., screenings for the mother and fetus for genetic diseases are available; however these resources are limited in Nicaragua, and not even available in Las Salinas. Many unaccounted factors have interfered with the ability to make concrete conclusions about the efficacy and cost effectiveness of standard prenatal care in Nicaragua and the U.S. relative to one another. For example, the data collection in Nicaragua was completed primarily in Las Salinas, a very small and rural town not representative of all of Nicaragua. The differences in access to healthcare were another important factor. First, unlike the United States, the healthcare provided at the Nicaraguan government health posts are covered by government subsidies. Theoretically, this allows all pregnant mothers prenatal care, regardless of family income. However, transportation to these government clinics is another issue. While there is a public transportation system in the bigger cities, many patients are hindered by the limited transportation options. Therefore, though the standard of care recommends 6 appointments, the significant inconvenience of getting to the clinic reduced the actual number of visits for many women. Furthermore, the clinic did not have a phone and many patients also did not have phones. If the patient needed to contact the doctor or the nurse, they needed to find them in person or have their personal cell phone numbers.

**References:**

Right: Government health clinic
Below: Charla about dental hygiene