

Opinions

Too many babies dying in NC

By Dr. Earl Siegel

It is often said that a society is judged by the care it provides those least able to care for themselves. If that is so, what does North Carolina's high infant mortality say about our state?

Too many of our babies are dying. In 1983 (the last year for which figures are available) 1,176 babies died in North Carolina, for an infant mortality rate (the number of babies under one year who die per 1,000 live births) of 13.2.

North Carolina's rate was worse than 90% of the other states and much higher than the national average of 10.9. We were almost twice as high as Montana -- the state with the lowest rate (7.7). North Carolina ranked behind Texas (11.2) -- a state with a large migrant population, Michigan (11.2) -- a state with serious unemployment, and surrounding states, including Virginia (11.3), Tennessee (12.9) and Kentucky (10.6).

The infant mortality picture for nonwhites in North Carolina was particularly tragic.

Their rate was 19.1, double that of the 10.5 for whites. That means a nonwhite infant in North Carolina in 1983 was as likely to die as an infant in such less developed countries as Honduras, where the rate is 21.

Death of our babies is not the only shocking consequence of lack of adequate health care for mothers and unborn infants in North Carolina.

The percentage of our babies with low birth weight, which makes them much less likely to survive, is consistently higher (7.9%) than the national average (6.8) and is very much higher than other countries such as Norway (3.3%), Sweden (4.0%) and Switzerland (5.1%).

Low birth weight babies, those weighing less than 5.5 pounds, are 40 times more likely to die in early infancy, while very low birth weight infants weighing less than three pounds three ounces, are at 200 times greater risk of dying.

Babies born too soon or too small not only die in much greater numbers than full term babies. If they survive, they suffer from much more physical and mental handicaps. Among very low birth weight babies, whose survival has improved so much recently, 10%

are severely affected by these problems, with another 25% moderately and mildly affected.

Both low birth weight and very low birth weight babies are twice as frequent among blacks as whites (5.9% of white babies and 12.1% of black babies are low birth weight; .9% of white babies and 2.6% of black babies are very low birth weight).

This state made enormous strides in reducing infant mortality, beginning in 1974. The infant mortality for very low birth weight babies fell by almost 50%. This marked reduction resulted from major advances in intensive care for mothers and babies provided by specially trained obstetricians, pediatricians, nurses and other health providers. These health professionals work in a coordinated, statewide system of regional maternal and infant health care.

But the situation, sadly, has changed. Our infant mortality, along with that of 11 other states, increased in 1982. It dropped only slightly in 1983.

Nonwhite infant mortality rose significantly, especially in urban areas. White infant mortality, in general, continued to decline, but there was a significant increase for mothers 20 to 24 years of age. Meanwhile, the number of premature and low birth weight as well as very low birth weight infants has stayed at high levels for the past 10 years.

North Carolina has the capability to achieve another sharp reduction in its infant mortality rate. An effective strategy would include:

First, development of more effective community approaches for reaching sexually active adolescents. We need to provide information, education and family planning services to prevent unplanned and unwanted pregnancies among high risk women because these result in high infant mortality and low birth weight.

Second, we need to expand the accessibility of high quality prenatal care to the highest risk poor women who, paradoxically over the years, have been the most underserved. Much research has demonstrated that assuring all pregnant women early and frequent pre-natal care visits will significantly reduce infant mortality.

Finally, North Carolina needs to take aggressive action to prevent

prematurity, low birth weight and very low birth weight. During the past year and a half health care professionals, within the framework of the regional maternal and infant program, have targeted preventing premature births. Basically, the strategy requires identification and education of women who are at high risk of premature labor. Beginning at the fifth or sixth month of pregnancy, these women should be seen at weekly intervals to help them and their obstetricians detect the earliest signs of premature labor. When these occur, prompt treatment has been shown to stop labor, extending the duration of pregnancy and leading to less mortality, prematurity and low birth weight.

Such preventive medicine is extremely cost effective. Each pound a premature baby puts on in a hospital setting costs \$5,000. Even with such expensive care, many die.

The cost of not acting is prohibitive. At least one third of the very low birth weight children who survive are handicapped by problems that could have been prevented. The families face ongoing severe psychological and economic challenges in caring for these children. Society bears the cost of medical care, rehabilitative and educational services as well as the long range, unrealized economic productivity of these children as adults.

In short, we can reduce the tragedy of dying and handicapped babies in our state by cost-effective programs in each of our communities. We should act now.

(Editor's note: Siegel is Professor of Maternal & Child Health and Clinical Professor of Pediatrics at the University of North Carolina at Chapel Hill. Copyright (C) 1985 by the North Carolina Forum.



1985 Copley News Service

Letters To The Editor

Others being sought with same disease

To the Editor:
As a scleroderma patient who has suffered alone for too many years with a disease that few people have ever even heard of, I am attempting to locate others who suffer from scleroderma (systemic sclerosis).
My New Year's resolution is to correspond with as many scleroderma patients as possible. Doctors tell me there are 300,000 of us. Perhaps your readers can assist me in locating others like myself.
I can be reached at 21 Brennan Street, #21, Watsonville, CA 95076.
Thank you,
Diane Williams

Long's practices are questioned

To the Editor:
Every day additional stories are filed in Raleigh concerning newly sworn in Commissioner of Insurance, Jim Long, and his trashy

efforts to obtain as much publicity as he can in his "world class media events."

The whole thrust of Mr. Long's attitude was "pack your gear, clean out your desk, and get out of here before I take the oath of office Saturday at noon." In this chaotic atmosphere that Jim Long had deliberately created, I misunderstood Commissioner Ingram's directive to (1) leave in my files all material (which could include some Beacon material which I boxed for Archives) that would be helpful to the next administration, and (2) send other material to Archives. It is, therefore, unfair for newspapers to misrepresent John Ingram's request for Archives storage for five years. He never intended to seal these papers from being available as public documents.

The people of North Carolina deserve to know about this chaotic condition that Jim Long created by illegally firing State employees before he was sworn in as Insurance Commissioner by giving some only 24 hours, and others no more than 48 hours, notice.

I think John Ingram's employees did a fine job under these chaotic conditions in retaining useful materials and discarding the trash, such as duplicates and other unnecessary papers going back as far as twelve years.

Compare Jim Long's madness in having to re-fire us (employees) because he was not even legally the Commissioner when he mailed the first letter of termination. It would appear that he is still mad about John Ingram firing him in 1976. A lot of people need to remember Long's irrational behavior when he threw a beer party in the Legislative Building at the end of the '75 session, during which session I represented Guilford County in the House of Representatives. Needless to say, I did not attend his beer party, but I heard a lot of voters' criticism of Long's using state property for this unreasonable purpose of questionable legality.

Thomas B. Sawyer
Former Director of Technical Operations
North Carolina Department of Insurance
Raleigh, North Carolina

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