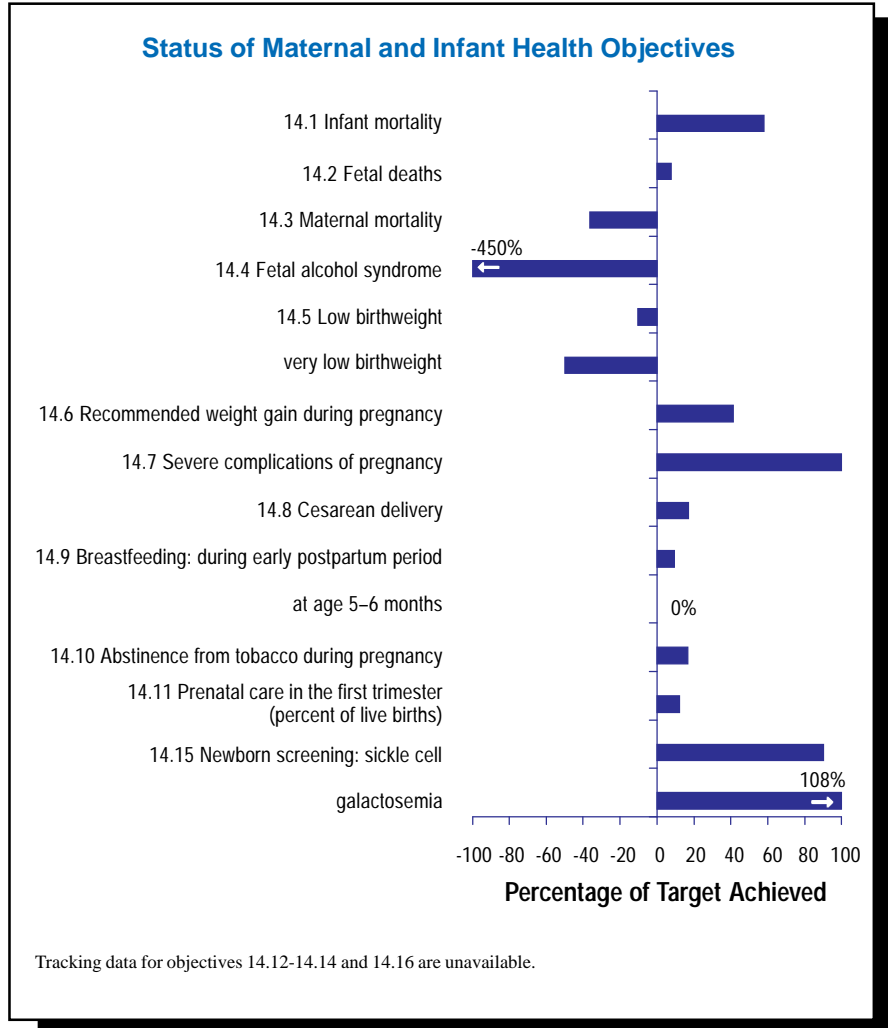


# 14

## Maternal and Infant Health



Lead Agency: *Health Resources and Services Administration*

### MATERNAL AND INFANT HEALTH

Infant mortality is an important measure of a Nation's health and a worldwide indicator of health status. Compared with other industrialized nations, the United States ranks 24th in infant mortality rate (1991). The objectives in the Maternal and Infant Health priority area of HEALTHY PEOPLE 2000 seek to reduce the tragedy of more than 33,000 babies dying before their first birthday.

One of the most effective ways of ensuring successful birth outcomes and a healthy first year of life is making sure that every child is planned and wanted. Women should begin prenatal care in their first trimester of pregnancy and avoid the hazards of smoking and drug and alcohol consumption while pregnant. As the Institute of Medicine's *Access to Care* report shows, "prenatal care is a good investment—for every dollar spent, more than three are saved." The challenge is to ensure that prenatal care is accessible and provided in a culturally and linguistically sensitive manner.

*The Report to Congress on Fiscal Year 1991 Maternal and Child Health Activities and Health Status* is the first report to Congress using HEALTHY PEOPLE 2000 indicators for Maternal and Child Health Block Grant program activities. This report characterizes the attainment of the year 2000 targets as challenging and shows, as does this midcourse review, that results are mixed: Some objectives show progress while others are moving away from targets. Initiatives such as Healthy Start, which seeks to reduce infant mortality by 50 percent in selected communities, and SPRANS grants for research, training, and service demonstration projects help build the knowledge and science base to improve the health of mothers and children. Through partnerships with States using \$664 million in Maternal and Child Health Block Grant funds, and with Medicaid, Head Start, and the Women, Infants and Children Supplemental Feeding Program, systems of preventive population-based services make a difference in propelling changes in the health of mothers and their children.

### Review of Progress

Although the infant mortality rate has reached record low levels, 8.5 per 1,000 live births in 1992, the rate for blacks is 2.4 times that of white infants. The disparity in infant mortality rates between blacks and whites has not narrowed between 1987 and 1992. Among Hispanics, Puerto Ricans have the highest infant mortality rates; unlike the other Hispanic population groups, their infant mortality rates have risen over the past 5 years. Fetal mortality rates have declined slightly while maternal mortality rates have risen.

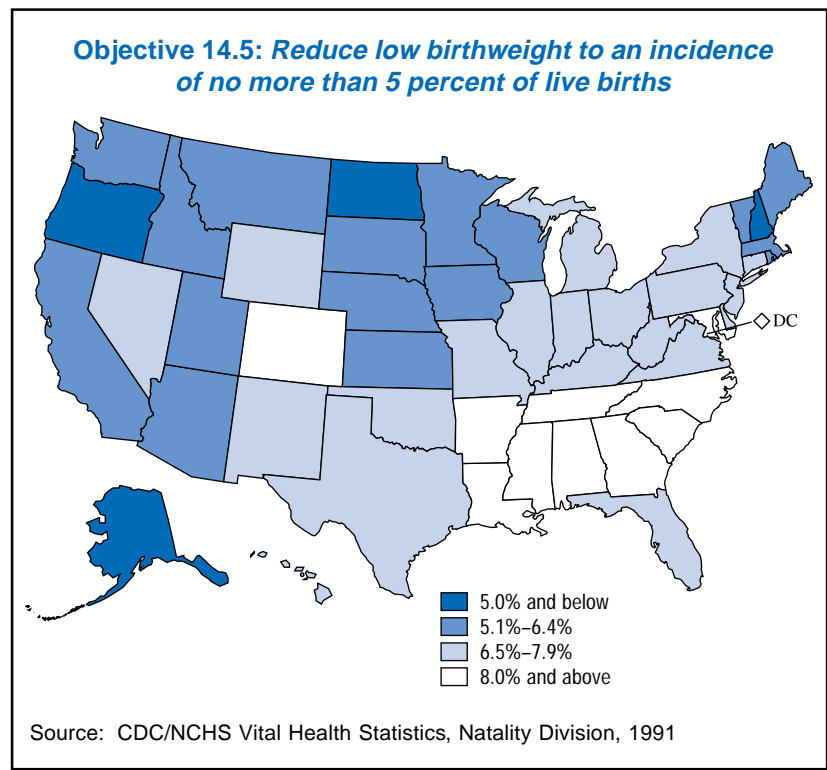
Low birthweight and very low birthweight rates have increased, with 7.1 percent of babies being born under 5.5 pounds (2,500 grams) and 1.3 percent of babies weighing less than 3.3 pounds at birth (1,500 grams) in 1992. The increase in low birthweight is due largely to the steady increase of preterm births since 1981. However, more recent interventions such as surfactant treatment have improved survival of low birthweight infants.

Severe complications of delivery have decreased sufficiently to meet the year 2000 target. Cesarean delivery rates also have fallen. While the percent of women abstaining from tobacco use has moved toward the target, the number abstaining from alcohol was 81 percent in 1993. One indicator of alcohol use during pregnancy—the number of babies born with fetal alcohol syndrome—has increased. The number of hospitals participating in the Birth Defects Monitoring Program, which is the source of data for this objective, has declined. However, this increase may in part be explained by improved identification and reporting. One measure showing progress is the percent of women gaining the recommended weight during pregnancy. Some 75 percent of women achieved optimal weight gain.

Another objective moving in the right direction is the percent of women who breastfed their infants during the early postpartum period. While 56 percent of all women were breastfeeding in 1993, a 2 percent gain from the baseline established in 1988, there has been more progress among racial and ethnic minorities. Among black mothers, 31 percent were breastfeeding in the early postpartum period; among Hispanics, 56 percent were breastfeeding; and among American Indians/Alaska Natives, 51 percent. The gains among these women are beginning to narrow the gap with the total population. There has been little progress among women breastfeeding 5 to 6 months postpartum.

A 1992 Primary Care Providers' Survey shows the extent to which clinicians are routinely inquiring about family planning of female patients of childbearing age or providing counseling about family planning. Among pediatricians, 18 percent reported that they routinely inquire about family planning, while 36 percent reported that they routinely counsel about family planning. For other providers the findings were: family physicians, 28 percent and 36 percent; obstetricians/gynecologists, 48 percent and 65 percent; and nurse practitioners, 53 percent for both services.

For several objectives there are no consistent tracking data sources. Baselines have not been established yet for the objectives seeking to increase the proportion of pregnant women and



## Healthy People 2000 Midcourse Review and 1995 Revisions

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infants who receive risk-appropriate care and the percent of babies who are receiving recommended primary care services at the appropriate intervals. No update is available for women receiving screenings for fetal abnormalities.

While a summary statistic is not available on the percent of newborns being screened and treated for genetic disorders, two measures show significant increases in screening. Based on 43 States reporting in 1993, 89 percent of infants were screened for sickle cell disease. In the 38 States reporting, 97 percent of infants were screened for galactosemia.

### 1995 Revisions

A new objective has been added to track the incidence of spina bifida and other neural tube defects (NTDs). This objective, in place for the 1980s, seeks reductions in birth defects. The potential to reduce spina bifida and other NTDs by 50 percent is suggested by data showing the association of risk reduction with consumption of 400 micrograms of folic acid prior to pregnancy.

Several special population targets have been added: reductions in low birthweight and very low birthweight for Puerto Ricans; and decreased pregnancy complications for blacks.

The targets for objective 14.10 for marijuana and cocaine have been revised to 100 percent. New baseline data show that 99 percent of pregnant women abstain from cocaine use and 98 percent abstain from using marijuana.