

Birth and Death

By Victor Cohn

Too many babies are dying for lack of medical care; too many mothers-to-be are not getting care; too many of those who do not get care and die are members of minorities.

And in a "gross miscallocation" of American medical services—a miscallocation costing thousands of infant lives—those mothers who need care the least get the most while those who need the most get the least.

These are the messages of a major study of infant births and deaths in New York City issued by the Institute of Medicine of the National Academy of Sciences. It is probably the most detailed study of infant deaths ever conducted in any American city and it is also one whose results were called applicable to any East Coast city like Washington, Boston or Philadelphia and applicable to some degree to any American city.

In an examination of 140,000 births—and, among these births, 3,115 infant deaths—in New York City in 1968, the study group found that:

- The babies of all mothers who received "adequate" care in their pregnancies had an "infant mortality rate"—deaths in the first year of life—of only 13 per

thousand. This is not far above the low rate (10 to 12 per thousand) in the Scandinavian countries which are among the world's health leaders.

- The death rate among babies of mothers who got "inadequate" care was three times higher: around 36 per thousand or twice the current U.S. rate of around 18 per thousand. (The definition of "adequate" or "inadequate" care was based on the number of prenatal medical visits, the time of the first visit and the kind of service.)

- The death rate for black infants was about two and a half times higher than whites.

- But among whites or blacks or any ethnic group (in New York mainly Puerto Ricans), getting adequate rather than inadequate care in pregnancy cut the infant death rate in half. This applied as fully for white college-educated women as for lesser educated black women.

"This was one of the real surprises—that medical care counts heavily even among the most disadvantaged," said Dr. David M. Kessner, study director.

He had thought that social factors would outweigh the effects of medical care among all groups.

Yet among white women at "no risk" in pregnancy,

those who had adequate care bore infants with a death rate of only 9 per thousand; inadequate care increased the rate to 18. Among black women at no risk, the infant death rate among those who got adequate care was 13 per thousand; inadequate care made it 30.

In all, the study found, the lives of between 460 and 1,000 New York infants could have been saved if all the mothers had had good care.

The study's main lesson lies in the huge possibilities in prevention. Yet, Kessner told a news conference at the 2-year-old Institute of Medicine's headquarters in the National Academy of Sciences building at 21st and Constitution Avenue NW, the Nixon administration's current maternal and child health programs "do not look very viable."

"The last thing we need," he said, is to "cut the bottom" out of many federally financed health programs in low-income areas, yet that is "precisely" what is happening.

To judge risk factors among pregnant women—as a step toward learning better methods of prevention—the study divided all mothers into those at some medical risk (with old or developing health problems), those at no medical risk, those at some social risk

(those with little schooling; young teen-agers; those with many children; the unemployed), those with no social risk and those with "combined risk."

It was learned that 95 per cent of all women at risk could readily be identified if they were examined and interviewed before childbirth.

Three times as many black as white women were at some risk. Yet—in what Kessner called the "upside down" miscallocation of medical care—among 22,000 black and Puerto Rican mothers at social risk, less than 27 per cent got adequate care, more than 50 per cent got inadequate care while the rest got "intermediate" or spotty care.

Such facts led the study group to recommend:

- That all pregnant women should be evaluated by risk factors early to enable health workers to order effective treatment schedules.

- That the American College of Obstetricians and Gynecologists should also set guidelines, letting some women visit their doctors less often and others more.

- That the government should update and expand, rather than abandon, infant and maternal care projects and guidelines—as ordered by never implemented 1967 Social Security amendments.

- That "outreach" and other programs should be developed to seek and identify all pregnant women—something done now by far too few neighborhood, migrant and family health centers.

- That hospitals and other centers should "regionalize" or concentrate special care—for example, intensive care for low-birth-weight babies—rather than scatter scarce personnel and facilities.

Just as one simple piece of advice, Kessner told the news conference that "all" women should seek medical care as soon as they think they may be pregnant.

Much of what was learned, though not all, had been held as "assumptions" by health workers, it was noted.

"Until now, however," said Harvard child psychiatrist Robert Coles in a forward to the study, no one had done "a conscientious and meticulous study that establishes for at least one major American city the exact state of affairs . . . and does so in such a way that the social and racial issues at stake are made thoroughly clear."

Cole concluded: "It remains to be seen how quickly this nation will respond to this evidence and, thereby, how many infants will one day live who might otherwise have died."