

## **Infant Deaths are Commemorated In September**

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### **(September is Infant Mortality Awareness Month)**

A mother's grief from the loss of an infant knows no economic boundaries even though our more vulnerable women suffer losses at a significantly higher rate than those in more comfortable living situations. African American babies die at three times the rate of white babies and African American women have a Maternal Mortality Rate (MMR) five times that of their white counterparts. This means that these mothers die five times more often during pregnancy or while giving birth or within 42 days from delivery than do white women. This is a disparity that has persisted since the 1940s.

Over 600 infants die each year in Maryland and another 7,200 are born prematurely- at risk to die before they crawl or walk; all this, despite the fact that Maryland is the nation's third richest state. Infant deaths and premature births are occurring at rates that are escalating in our wealthy state and across the nation. The 2006 Institute of Medicine Report on the issue of infant mortality indicates that the nation has experienced a 30% increase in preterm births resulting in 25% of babies born early and at very low birth weights (less than 3.3 pounds) dying before their first birthday. We don't see these statistics on the evening news. The newspapers don't publish the year-to-date count of infant deaths. This is a silent count that goes largely unnoticed even in the communities hardest hit by these precious deaths.

Baltimore City Healthy Start, Inc., Maryland's only federally funded infant mortality reduction program, wages a battle daily in some of our City's most economically deprived communities to save every tiny life, and to help every mother have a healthy baby. This organization serves pregnant and postpartum women who live in extreme poverty with no primary or prenatal care, and who live in unstable housing conditions, with limited educational attainment, and whose lives are impacted daily by substance abuse, domestic violence and an array of mental health issues. With these women, the loss of an infant is set in a frame work of desperate living conditions and against a backdrop of generational disparities in health care and health status.

And if I say that Healthy Start is making a difference in the lives of these women, this would be too modest and quite an understatement. Baltimore City Healthy Start, as does the other 100 Healthy Start programs nationally, *reaches thousands of the most disadvantaged people, dramatically improves access to essential prenatal health care, and saves taxpayers at least as much as it spends every year* (Washington-Business Wire, August 2007).

The Baltimore City Healthy Start model does not rely on risk assessments or other screening mechanisms to determine who receives its services. Every pregnant and postpartum woman, with a child six months or less, who resides in one the Baltimore City Healthy Start service areas is considered to be potentially high risk, and is, therefore, sought out through persistent outreach to engage them in the program. On average, 80% of pregnant women throughout its service areas are enrolled.

Core services provided by Baltimore City Healthy Start to reduce infant mortality include:

Outreach and recruitment via canvassing neighborhoods to locate pregnant women;  
Case management, in which enrolled clients receive two home visits per month and are registered for entitlements and other assistance, give urine samples to check for sexually transmitted diseases and infections and are connected to primary and prenatal care;  
Health education, done through home visits and center-based activities;  
Perinatal depression screening and referrals for 100% of those served; and  
Interconceptional care, where a nurse assists with contraception to increase the time between pregnancies to at least 18 months.

Home visiting is the primary means in which the core services are delivered by a cadre of specially trained community residents or Neighborhood Health Advocates. The success of this approach is borne out by the affect of Baltimore City Healthy Start on participant and service area pregnancy outcomes, most notably in significantly reducing very low birth weight rates (VLBW). Healthy Start has closed the gap in very low birth weight births for the more than 10,000 women it has served in its 16 year history, reaching the Surgeon General's *Healthy People 2010* goal of .9% in 2006. This means that among the Healthy Start families, the birth of an infant weighing less than 3.3 lbs. (a leading reason for infant deaths) has virtually been eliminated.

Not only are these results yielding healthier lives for the communities served by Healthy Start, they are also impacting the Maryland State and federal budgets which are estimated to have saved over \$7 million since Baltimore City Healthy Start's inception, and continue to save over \$700,000 per year in reduced Medicaid infant hospitalization costs. Add to those savings all of the deferred costs to society from the development disabilities that often occur in undersized babies.

At Healthy Start, we celebrate any and all the successes achieved by the families we serve because they must overcome so many obstacles to make the gains in life that many of us take for granted. Read these couple of Success Stories and sense the feeling of hope engrained in each:

**Ms. C is a 20 year old woman enrolled in Healthy Start since 2004 and is in her 4<sup>th</sup> pregnancy. She already had a 2 year old and had suffered two prior miscarriages. Initially she denied being in an abusive relationship, but in time, she shared with her Healthy Start**

**Neighborhood Health Advocate (NHA) that she was being boyfriend. After the birth of her second child and with the consistent visits and encouragement of her NHA, she was able to end the abusive relationship and take control of her life. Ms. C began a Department of Social Services Work Program where she is employed as a cashier. She got her driver's license and bought a car. Ms. C has overcome numerous obstacles in a short time and she is truly a success story.**

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**Ms. D is a newly enrolled Healthy Start client who is a special needs mother with five children, three of which have been removed from the home by Social Services. She was recently admitted to the hospital because her current pregnancy is high risk and while she was hospitalized, Social Services removed her youngest child from the home. Once released from the hospital, the Healthy Start nurse, Neighborhood Health Advocate and Case Manager arranged for Ms. D to have transportation to all of her medical and social services appointments, interfaced with her DSS caseworker, arranged parenting classes and child care for her children and accompanied her to court to assisted her in successfully regaining temporary custody of her child. Mental Health home visiting services have been arranged by the Healthy Start team as well as our early childhood development services for her children. The team remains by the side of Ms. D. as she fights to keep her children.**

Federal Healthy Start is up for funding reauthorization in Congress this fall. Recognizing the success of this program, the House of Representatives has passed an appropriation of \$120 million. This amount represents an 18% increase over last year's funding and offers local programs like Baltimore City Healthy Start the prospect of expanding its service compliment to include much needed nutrition, and mental health programs, as well as the prospect of implementing a community based dental program for our families.

**For more information visit our website at **HYPERLINK "http://  
www.baltimorehealthystart.org" [www.baltimorehealthystart.org](http://www.baltimorehealthystart.org) or call 410-396****

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