

A public health crisis

Our view: Maryland must do more to reduce its high infant mortality rates

Maryland is one of the wealthiest states in the union as measured by per capita income, yet its infant mortality rate — the number of babies who die in the first year of life per thousand live births — is shockingly high, comparable to those in many developing nations. The state's overall rate of nearly 8 deaths per thousand is higher than those of all of the European Union countries as well as Singapore, Hong Kong and Cuba. In Baltimore, where the problem is most severe, infants die at a rate of 11.3 per thousand, higher than in Uruguay and Ukraine. In the city's poorest neighborhoods, the rate is as high as 18 per thousand.

This unconscionable loss of life represents a hidden public health crisis in our midst. Yet despite its wealth and excellent medical institutions, infant mortality in Maryland has remained depressingly constant over the years. And a report this week by the Annie E. Casey Foundation and the nonprofit Advocates for Children and Youth suggests that, in addition to infant mortality, the state may be losing ground on a number of other key indicators, including the number of children living in single-parent households and the number of high school dropouts. Maryland's indicators were worse in seven of the 10 categories used to measure child well-being and only better in two.

In the big picture, infant mortality reflects not only the health status of vulnerable children but also the overall well-being of the larger population of women of childbearing age. Advocates for Children and Youth Executive Director Matthew Joseph says infant mortality is the driving factor pushing down the state's overall national ranking in child well-being, which

dropped from 19th in the nation to 25th in 2009. Many states that are not nearly as affluent as Maryland did significantly better.

In April, Baltimore Health Department officials unveiled an aggressive plan to reduce infant mortality by targeting the 12 city neighborhoods with the highest number of infant deaths. The aim is to provide pregnant women and young mothers with an array of services ranging from primary health care, obstetrics and home visits to mental health care, domestic violence prevention and substance abuse treatment.

Experts know the major factors that contribute to high infant death rates: premature births, low-birthweight deliveries and unsafe sleeping habits. The city hopes that by connecting women with the services they need before and during pregnancy, they can help them to avoid the poor birth outcomes that result from such causes; the goal is to reduce infant deaths in the city's hardest-hit communities 60 percent by 2012.

For years, efforts to reduce infant mortality in Baltimore and across the state have been scattered and underfunded. Gov. Martin O'Malley has made reducing infant deaths a priority of his administration, yet the current economic downturn has made it even harder to fund the kinds of programs that are needed to address the problem effectively. The governor hasn't yet announced specifics of his plan, but the state is eligible to apply for significant federal assistance to fund such programs. The strategy adopted by Baltimore officials, which will cost about \$20 million over the next three years, could be a model for the state if fully implemented, and we hope that it is. In a state as wealthy as Maryland, every child deserves a chance at a healthy life.



Readers respond

The problem should be tackled at its roots. I am a doctor. I recently saw a 30-year-old woman in my office, twenty weeks pregnant, with elevated blood sugar, and almost fell off my chair when I learned that this is her eighth pregnancy. She, her husband, her unborn child and her seven living children are on state medical assistance. In Baltimore children are having children, and they are stubborn and refuse to exercise good prenatal care. They eat nothing but fast food, drink alcohol, use drugs, smoke cigarettes and are promiscuous while pregnant. They become fat, diabetic and anemic, and they don't take their

prescribed vitamins. This increases congenital anomalies and endangers the infants. Also, in communities where infant mortality is high, pregnancies come in quick succession, and with mothers depleted from repeated pregnancies the infants have less of a shot at life. Baltimore City wants to pursue this problem aggressively and unfurl the banner, "Save the infants!" What comes after the infants have been saved? They live in dismal poverty, are often abused or neglected and left as wards of the state. The city should butt out of reducing infant mortality and instead put the \$20 million into preventing these catastrophic pregnancies.

Disgusted