

Voices for Children

A quarterly report from the Partnership for Children

Volume 1 June 2002



Infant Mortality in Greater Kansas City

PARTNERSHIP FOR CHILDREN

IS IT GOOD
FOR THE
CHILDREN

KANSAS CITY'S PROMISE
THE ALLIANCE FOR YOUTH





From the President

For more than a decade, the Partnership for Children has issued its annual *Report Card on the Status of Greater Kansas City's Children & Youth*. The grades in the Report Card are based on data for 18 benchmarks widely regarded as good measures of children's well-being. Although the news has not always been good, we think that our community has been enriched by knowing how its children and youth are faring in such areas as safety and security, health, early education, education and teen years. In fact, over the past decade, the Partnership can point to some decisive actions that have been taken because the Report Card showed where more attention and resources were needed.

Frequently, one or more of the benchmarks that the Report Card monitors demands a closer look. To bring more focus to these areas, and other emerging issues that affect our community's children and youth, the Partnership for Children in 2002 will begin issuing quarterly *Voices for Children* reports. The purpose of these reports is to more closely examine the issues affecting the lives of Greater Kansas City's young people, but also to explore how we can work together to find solutions to the problems facing our children.

This inaugural issue of *Voices for Children* explores, in greater depth, the devastating issue of infant mortality. Although yearly infant mortality rates have fluctuated from year to year, overall infant mortality has diminished considerably in the 20th century. We can primarily attribute this improvement to two factors: expanded access to health insurance coverage and concentrated efforts to reduce the risk factors that lead to infant deaths. But despite our reputation as one of the most advanced societies on earth, the United States continues to have one of the highest infant mortality rates among industrialized nations. The good news, as you will read, is that we have the means and the know-how to dramatically reduce the rate of infant deaths within the next decade, both in the U.S. and Kansas City.

It is our hope that *Voices for Children* will raise awareness and encourage community action. We would love to hear what you think about our *Voices for Children* report. If you have any feedback, please call us at (816) 531-9200, or e-mail us at infopfc@pfc.org. Our thanks go to the many community partners, some of whom are mentioned in this report, who work each day to improve the lives of Kansas City's children and youth.

Janice S. Ellis, Ph.D.
President
Partnership for Children

Infant Mortality in Greater Kansas City

“Infant mortality is the most sensitive index we possess of social welfare and of sanitary administration, especially under urban conditions...”

Sir Arthur Newsholme, 1909

Infant mortality rates are an indication of a society’s overall health and health care delivery system. The number of infants who die before their first birthday reflects both the quality of their mothers’ health, and the mother and child’s access to adequate health care. During the 20th century, tremendous advances have been made that have increased the odds of survival for even the tiniest infants. In Missouri, for example, the infant mortality rate in 1960 was 24.7 infant deaths per 1000 births. By 2000, that rate had dropped to 7.2.¹ Maternal and child health experts attribute the dramatic decline in infant mortality rates to

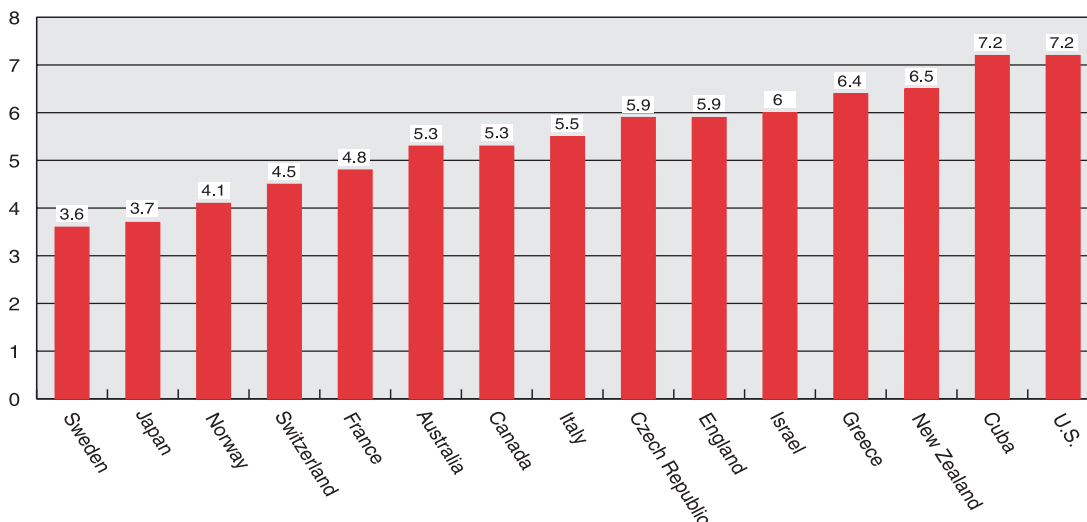


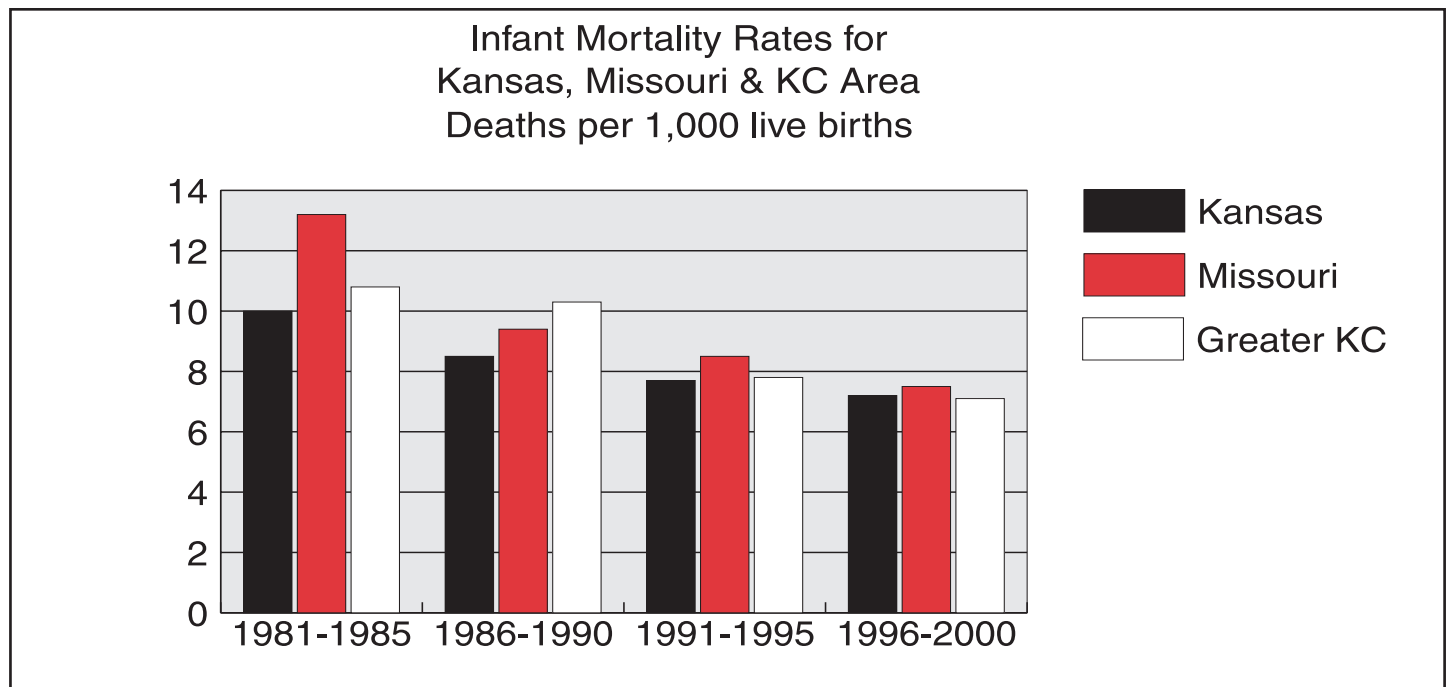
aggressive efforts to provide services to high-risk, pregnant girls and women. But these same experts say, despite the extraordinary improvement, now is not the time to relax efforts to reduce infant deaths, particularly in minority communities.

Infant Mortality Declines Worldwide During the 20th Century

While the U.S. infant mortality rate has fallen dramatically in the 20th century, the number of U.S. infants who die within their first year of life is still near the top among industrialized nations. In 1997, the United States was ranked

World Infant Mortality Rates - 1997
Deaths per 1,000 live births





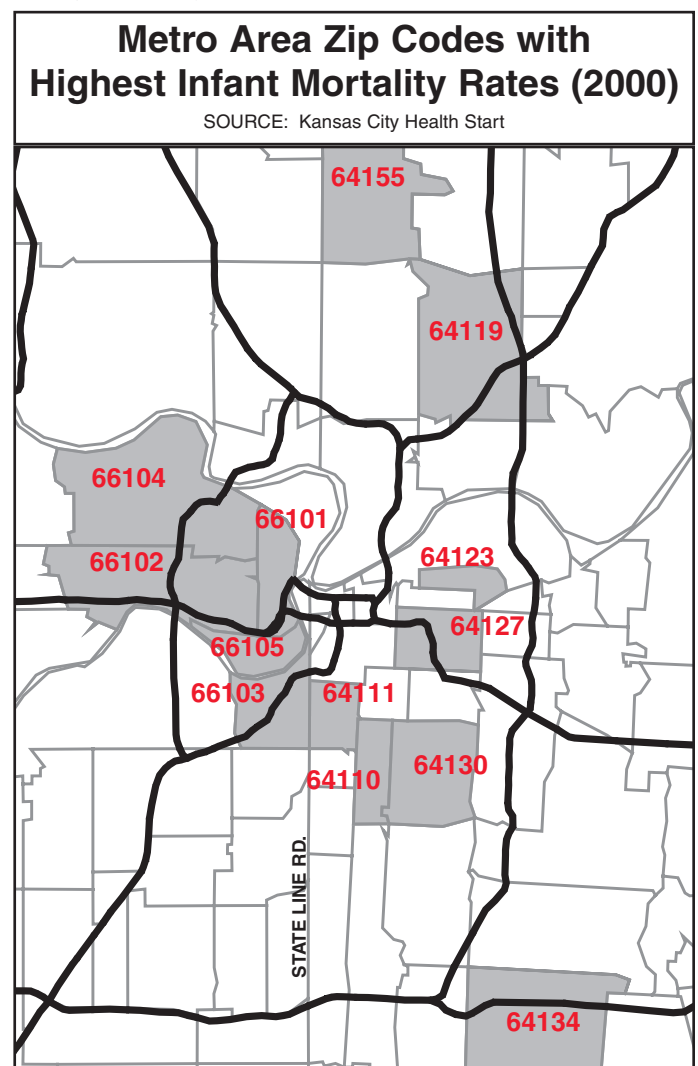
27th in infant mortality rates among industrialized nations – behind the Czech Republic and equal to Cuba. Sweden reports the lowest infant mortality rate, at just 3.6 infant deaths per 1,000 births. According to the U.S. Maternal and Child Health Bureau, “the risk of a Swedish child dying in infancy was half that of a child born in the United States.”²

The National Center for Health Statistics reports the three leading causes of infant death are congenital malformations, health problems because of low birth weight and sudden infant death syndrome (SIDS).³ Maternal and child health experts say, of the three, low birth weight and SIDS are most preventable. Infants who are at the greatest risk of dying within their first year are those whose mothers received little or no prenatal care, who smoked during pregnancy, or who did not breastfeed.

Preventing Infant Mortality

Advances in medical care, the targeting of services to high-risk mothers and infants, and increased access to health insurance for low-income families have all contributed to the decline in infant mortality in the past 40 years. The emerging research and consistent data collection on infant mortality have led to improved medical care and services aimed at

preventing infant deaths (See Risk Factors For Infant Mortality, page 6). Those who work with pregnant girls and women in the highest risk categories say that personal intervention,



'Back to Sleep' Campaign Saves Infants' Lives

The U.S. rate of Sudden Infant Death Syndrome (SIDS) has been cut in half in just six years. How? The astonishingly simple conclusion that infants should be placed on their backs to sleep. The nationwide "Back to Sleep" campaign led to a sharp decline in the number of infant deaths during the 1990s. Government officials now report that 86% of households say they place infants on their backs to sleep, compared with just 13% when the "Back to Sleep" campaign began.* However, as is true of other contributing factors in infant mortality, the SIDS rate among African American infants is double that of white infants. To promote the "Back to Sleep" message among African Americans, the National Black Child Development Institute is leading a national coalition of organizations to aggressively market the Back to Sleep campaign to African Americans and, hopefully, close the racial gap in SIDS.

*Source: National Institute of Child Health and Human Development

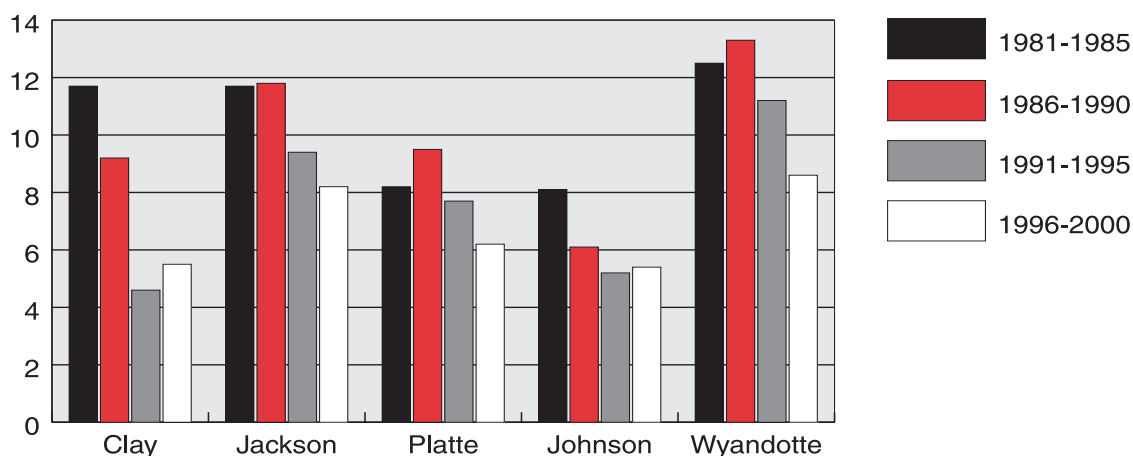
combined with additional services and awareness, are the surest ways to reduce infant mortality.

In the Greater Kansas City area, infant mortality has declined steadily since 1980, although not as dramatically as it had in the two decades before. However, the infant mortality rate for African Americans is about twice as high as for whites. That racial disparity exists throughout the U.S., leading federal, state and local public health agencies to target high-risk African American mothers for more services. Kansas City is among 14 cities nationwide participating in a collaborative, organized by the Centers for Disease Control and the World Health Organization, to develop a national model for

reducing infant mortality. The Perinatal Periods of Risk Practice Collaborative hopes to use detailed infant mortality data to identify the areas in each community with the highest infant death rates and gaps in prevention services.⁴ Kansas City, Missouri Health Department statisticians have identified nine zip code areas in the city that have the highest rates of infant mortality. All are located in the city's urban core.

Public health officials in the metro area, working with organizations such as the Heart of America United Way and the Maternal and Child Health Coalition of Greater Kansas City (MCHC), have identified additional zip code areas where direct services can be targeted. The agencies' federally funded Kansas City Healthy

Five County Metro Area
Infant Mortality Rates
Deaths per 1,000 live births



Start program, launched in 1996, brings the resources of nine area agencies together to reduce infant deaths.⁵ Susan McLoughlin, Executive Director of MCHC, says Healthy

A significant reduction in the rate of infant death, and the closing of the racial gap, are within our nation's reach.

Start attempts to coordinate various community resources to assist high risk mothers from the first trimester of pregnancy through the child's second birthday. Healthy Start agencies, which range from urban health clinics to public hospitals, create interdisciplinary teams to work one-on-one with pregnant girls and women. These "Care Coordination Teams" are able to connect expectant mothers with the services needed to insure a healthy pregnancy and birth. Those services can include transportation to doctor appointments, smoking cessation classes,

and parent education. Often, Healthy Start clients are adolescents of color, low-income, with no transportation and, in some cases, speaking little or no English. "This population of mothers has such

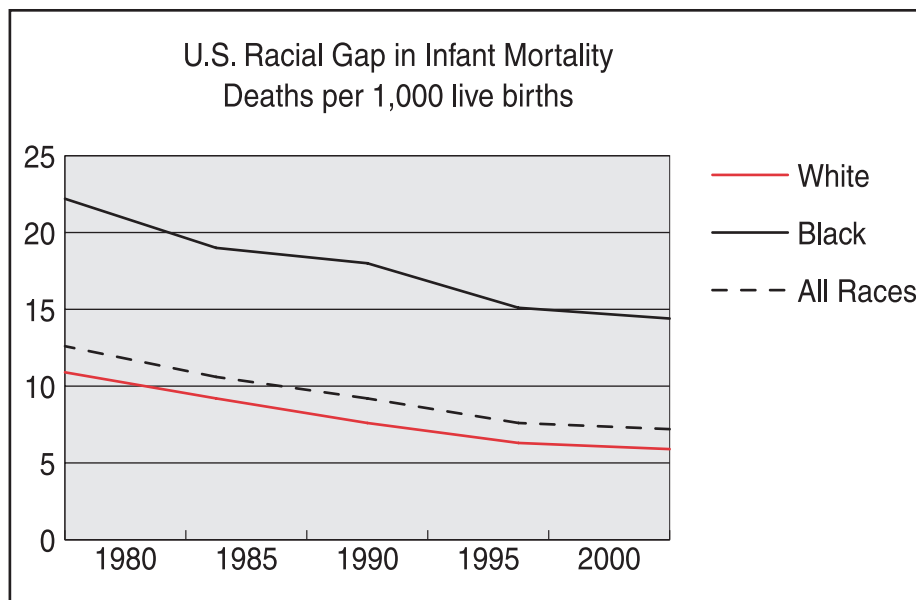
challenges accessing services that they would ordinarily give up trying to get services," McLoughlin says. Part of Healthy Start's focus is to prevent adolescent mothers from becoming pregnant again soon after the birth

of a first child. Research shows that if adolescents have more than one child before reaching adulthood, they are more likely to drop out of school and less likely to seek prenatal care. Unfortunately, Kansas City is among the worst in the nation in its number of repeat teen births. The 50-city U.S. average is 23.2% repeat teen births. Kansas City recorded 27% in 1999.⁶ "We are trying to break the cycle of teen parents, school dropouts and poverty" says McLoughlin.

The Racial Gap in Infant Mortality

Nationally, the rate of low birth weight infants for African-Americans is twice that of white infants. In past years, that rate has been up to three times as high. Public health officials note that, as infant mortality rates have dropped among whites, rates have also declined for blacks. While both lines have steadily fallen, they have yet to converge.

Dr. Duane Alexander, Director of the National Institute of Child Health and Human Development (NICHD), attributes the persistent racial disparity to the higher occurrence of low birth weight infants and



Sudden Infant Death Syndrome (SIDS) among blacks. The NICHD has studied the effectiveness of interventions such as teen pregnancy reduction, smoking cessation, early entry into prenatal care, injury

prevention and increased quality of care in neonatal intensive care units in a continuing effort to shrink the disparity between white and black infant death rates.⁷ Reducing the racial gap is also the goal of

Risk Factors for Infant Mortality

Low Birth Weight

The risk factor most closely associated with infant mortality, low birth weight is defined as infants who are born weighing 5.5 pounds or less. Very low birth weight babies, who weigh less than 3.3 pounds, comprise up to half of infant deaths. The U.S. low birth weight rate has remained steady the past several years. Excluding multiple-birth newborns, 6% of births are low birth weight. The low birth weight rate among African-American infants is twice that of whites.⁹

Smoking During Pregnancy

The link between smoking during pregnancy and both low birth weight and Sudden Infant Death Syndrome (SIDS) is dramatic. The Kansas City Health Department reports that more than 40% of SIDS deaths are infants whose mothers smoked while pregnant. The number of mothers who smoked during their pregnancies dropped by one-third during the decade of the 1990s.¹⁰ Still, 12% of mothers in the U.S. smoke during pregnancy. In both Kansas and Missouri, the rates are higher: 13% of Kansas mothers smoked while pregnant and 18% of Missouri mothers did so.¹¹

Inadequate Prenatal Care

Early, consistent and high quality prenatal care influences the health of infants more than any other factor. Currently, about 83% of expectant mothers in the U.S. seek health care in the first trimester.¹² The Children's Defense Fund reports that in Kansas, 86% of white mothers seek early care, but only 76% of blacks and 64.5% of Hispanics do so.¹³ In Missouri, white mothers receive care at a similar rate, while 74% of blacks and 75% of Hispanics receive early prenatal care. The national rates of mothers who receive late or no prenatal care hovers around 4%. That number is higher among African American mothers.¹⁴

Lack of Breastfeeding

Breastfeeding for at least the first six months of life greatly reduces the chances of infant mortality, according to researchers at Brigham Young University. An August 2001 article published in *Pediatrics* says a lack of breastfeeding among African American mothers accounts for the racial gap in infant mortality as much as low birth weight. About 30% of black mothers breastfeed their newborns, compared to 65% of white mothers. Mothers who were least likely to breastfeed were African American teens with low-incomes. Those more likely to breastfeed are mothers who are educated, insured and with an economic and emotional support system.¹⁵

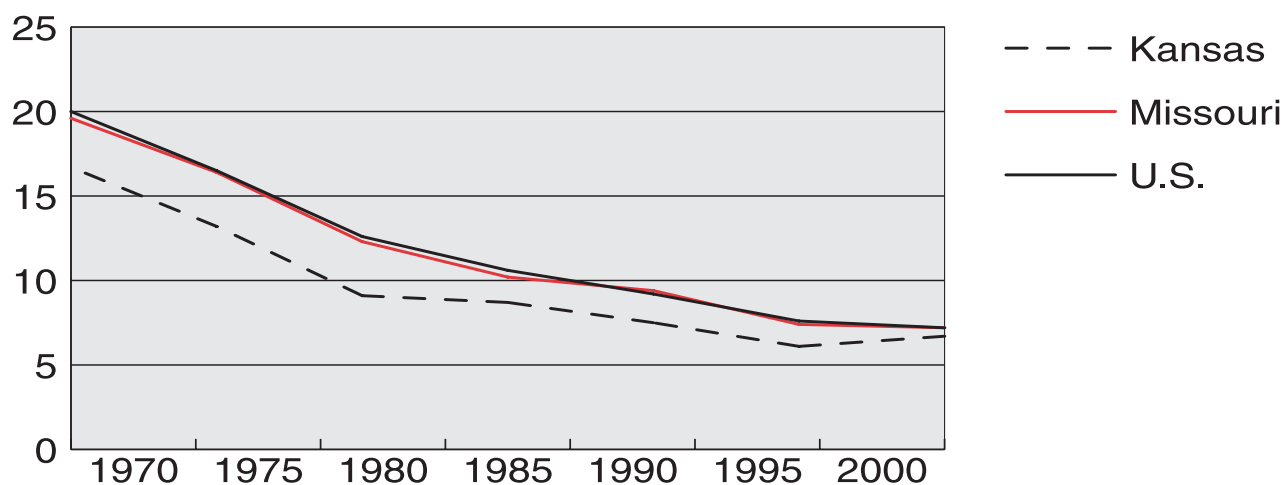
Sleep Position of Infant

In the 1990s, more than 5,000 infants each year died of SIDS or "crib death." Today, that number has been cut in half, largely because of research suggesting that infants face less risk if placed on their backs to sleep (see "Back to Sleep Saves Infants' Lives", page 4).

Adolescent Mothers

In Kansas City, three babies each day are born to adolescent mothers and two adolescents each day abort their pregnancies.¹⁶ This statistic illustrates how vast the problem of underage pregnancies has become, especially in America's urban areas. Babies born to adolescent mothers face a greater risk of being low birth weight, and of dying within their first year. Much of the risk is associated with poverty, which often means little or no prenatal care. A young woman's immaturity also can lead to risky behaviors during pregnancy, such as smoking. Although the adolescent birth rate has decreased steadily, the U.S. leads industrialized nations in adolescent pregnancies.

Infant Mortality Rates 1970-2000 Deaths per 1,000 live births



Kansas City's Perinatal Periods of Risk Practice Collaborative. The group reported in February 2002 that the racial disparity in infant death rates in Kansas City is narrowing.

Dr. Jinwen Cai, Kansas City Health Department Statistician, has examined pregnancy, birth and death records in detail, to help identify the causes of infant mortality and possible strategies to attack the problem. Once the data have been analyzed, professionals can then identify the point during each pregnancy, birth or period of newborn care where resources could help to prevent infant deaths. For example, Dr. Cai has documented that the incidence of low birth weight infants is highest

among teens (9.5 per 1,000 births among white teens and 14 per 1,000 births among black teens.⁸) The Kansas City Health Department and the Maternal and Child Health coalition have convened maternal and child health providers to determine the best standards of care for adolescent pregnancies and prenatal care.

Knowledge is Power in Reducing Infant Mortality

Maternal and child health care professionals say the best way to reduce infant mortality is to

The Importance of Multi-Year Trends

Each year, the Partnership for Children publishes area infant mortality rates in its annual Report Card on the Status of Greater Kansas City's Children & Youth. The number of infants who die within their first year can fluctuate dramatically from year to year. For example, in 1999, Platte County had the lowest infant mortality rate in the five county metro area at 5 deaths per 1,000 live births. In 2000, Platte County's rate then more than doubled to almost 11 deaths per 1,000 live births.* Statisticians warn that random variations can affect infant mortality rates. Small data flukes or errors can cause rates to appear to jump one year and decline the next. For that reason, analysts advise looking at infant mortality rates over time to get a true picture of the well-being of infants in a given population.

*Source: Missouri Department of Health and Senior Services, 2002

know as much as possible about the mother and child's lives before, during and after pregnancy. Unfortunately, that detailed information is sometimes available only after an infant has died. In the U.S. approximately two-thirds of infant deaths occur within the infants' first month of life.

A method gaining increasing favor among maternal and child health advocates is the establishment of a Fetal Infant Mortality Review Board (FIMR). Neither Kansas nor Missouri currently has an FIMR board, but that may soon change. Josie Manning of the Kansas City Health Department is leading the campaign to establish a FIMR board in Kansas City.¹⁷ Mary O'Conner, Ph.D., of St. Luke's Hospital, says the FIMR process can be simultaneously simple and complex. The process involves scrutinizing, in detail, the circumstances of each infant's death. Case workers who are trained in grief counseling interview each parent once an infant has died. All medical records for both mother and child are reviewed. Home visits and interviews are conducted, so that, in Dr. O'Conner's words, "we can build a story about that mother and child." At that point, a board of interdisciplinary professionals reviews each profile to determine when intervention could have reduced risks and saved an infant's life.

Dr. O'Conner says for a FIMR board to achieve its goals, it must be composed of professionals who have contact with mothers and babies. That includes medical professionals involved in the care of both mother and child from pregnancy up to the infant's death, social workers, employers, insurers, child caregivers and school district personnel.¹⁸ Advocates for an FIMR board agree the process would provide more information than is currently known about the circumstances contributing to each child's death. Ms. Manning says discussions are currently underway with officials of the Missouri Department of Health to create a FIMR board in Kansas City. Dr. O'Conner and others are hopeful that a Kansas City FIMR panel would serve the entire

metropolitan area, and would include a review of infant deaths in Kansas.

Conclusion & Recommendations

A significant reduction in the rate of infant death, and the closing of the racial gap, are within our nation's reach. Healthy People 2010, which establishes the nation's health objectives as determined by the U.S. Department of Health and Human Services, has set a goal of reducing infant mortality to 4.5 deaths per 1,000 live births by 2010.¹⁹ Such a goal would still place the U.S. behind several other industrialized nations in infant mortality. Nonetheless, America's shameful infant mortality ranking of 27th among industrialized

Early, consistent and high quality prenatal care influences the health of infants more than any other factor

countries should be incentive enough to mobilize the nation to put prevention procedures in place.

Infant mortality in the Kansas City metro area has declined significantly in recent years. But prevention efforts cannot be relaxed just because rates have declined. Greater Kansas City is in a better position than many urban areas to reduce the number of infant deaths because many programs and services are currently in place. We have detailed data and analysis of infant deaths, the identification of specific neighborhoods where high rates of infant deaths occur, a federally funded Healthy Start program, support for the creation of a Fetal Infant Mortality Review board and organizational advocates such as the Maternal and Child Health Coalition of Greater Kansas City.

Recommendations to continue this metropolitan-wide fight against infant mortality include:

Establishment of a Fetal Infant Mortality Review Board (FIMR) to review detailed accounts of each infant death in the metropolitan Kansas City area. Child health advocates should establish a FIMR board with a metropolitan-wide, or even regional, scope of review. Proponents should explore state and federal support for FIMR analysis. Additionally, FIMR should include a wide spectrum of professionals who touch the lives of mothers and infants, especially those in high risk categories. Because of Kansas City's high rate of adolescent births, school district officials should sit on any FIMR board. Information gathered because of FIMR should be used to create effective prevention efforts.

Greater Kansas City is in a better position than many urban areas to reduce the number of infant deaths because many programs and services are currently in place.

Raise reimbursement rates for physicians and others providing prenatal and well-baby care to mothers receiving Medicaid. Access to quality health care must be guaranteed for low-income women and children. Maternal and child health experts agree that pregnant girls and women are far more likely to seek early and ongoing medical care when they have insurance. In fact, the start of the U.S. decline in infant mortality can be linked, in part, to the availability of Medicaid in 1965. Unfortunately, health care professionals sometimes face financial barriers in serving Medicaid patients, making it harder for high risk mothers to get care.

Ensure the continuation and expansion of programs such as Kansas City Healthy Start that seek to eliminate the risk factors associated with infant deaths. Perhaps the most tragic of infant deaths are those that are preventable. In the 21st century, infant mortality rates can be lowered significantly by harnessing community resources to increase awareness about and access to prenatal and newborn care, the promotion of healthy lifestyles, and the elimination of environmental dangers to children.

Step up efforts to reduce adolescent pregnancies in Greater Kansas City. Births to adolescents not only put infants and children at higher risk, they rob adolescents of their chance to reach their full potential. Teen parents, particularly mothers, risk dropping out of school and facing a lifetime of poverty or near-poverty. As better data is made available about teen pregnancy, it is more likely that effective prevention strategies will be developed.

Continue data collection and analysis, and cross-discipline and cross-community collaboration, to attack the problem. Comprehensive data collection and analysis, like that available through the Kansas City Health Department, adds to the community's understanding of infant deaths and possible strategies to reduce them. When that data is made available to health care and family support professionals throughout the area, children will benefit.



Endnotes

- ¹Missouri Information for Community Assessment. Missouri Vital Statistics 2000. Missouri Department of Health and Senior Services
- ²Child Health USA 2001, Maternal and Child Health Bureau, U.S. Department of Health and Human Services, p. 22
- ³"New CDC Report Shows Decline in Infant Mortality Rate in 1999 Analyzes Patterns of Infant Mortality," National Center for Health Statistics, Centers for Disease Control and Prevention, January 30, 2002
- ⁴"Infant Mortality Gap Narrows," The Kansas City Star, February 15, 2002, page B-1
- ⁵Interview with Susan McLaughlin, March 1, 2002
- ⁶The Right Start 2002, Kids Count, Annie E. Casey Foundation, February 2002
- ⁷Comments by Duane Alexander, M.D., Director, National Institute of Child Health and Human Development
- ⁸Presentation by Dr. Jinwen Cai, Public Health Statistician, Kansas City Health Department, February 2002
- ⁹Child Health USA 2001, p. 60
- ¹⁰"Smoking During Pregnancy – Rates Drop Steadily in the 1990s, But Among Teen Mothers Progress Has Stalled," National Center for Health Statistics, Centers for Disease Control and Prevention, 2001
- ¹¹National Vital Statistics Report, Vol. 49, No. 7, August 28, 2001, p.11
- ¹²Child Health USA 2001, p. 60
- ¹³"The Right Start Online," Profile of Kansas City, Missouri, Kids Count, Annie E. Casey Foundation, 2002
- ¹⁴Child Health USA 2001, p. 60
- ¹⁵"African American Women Less Likely to Breastfeed, Narrowing Gap Could Shrink Infant Mortality Rate," American Academy of Pediatrics Press Release, August 2001
- ¹⁶Presentation by Dr. Jinwen Cai, Public Health Statistician, Kansas City Health Department, February 2002
- ¹⁷Interview with Josie Manning, RNC, BSN, MSA, Program Manager – Community Partnerships, Division of Maternal, Child and Family Health, Kansas City, Missouri Health Department, March 2002
- ¹⁸Interview with Mary O’Conner, Ph.D., R.N., March 2002
- ¹⁹U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington D.C. November 2000

For more information on infant mortality

Back to Sleep Campaign: www.nichd.nih.gov/sids
Kansas City Health Start: www.mchc.net/healthystart.htm
March of Dimes: www.modimes.org
Maternal and Child Health Coalition of Greater Kansas City: www.mchc.net

Additional copies of this report can be found on
the Partnership for Children web site at www.pfc.org

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Susan McLoughlin, Maternal and Child Health Coalition of Greater Kansas City
Mary O’Conner, Ph.D., R.N., Saint Luke’s Hospital

The Partnership for Children's mission is to improve conditions for children and youth in Greater Kansas City by mobilizing new voices in our community to work on their behalf. As Kansas City's leading children's advocacy organization, the Partnership for Children has been diligent in helping the metro area make progress on the issues affecting the well-being of its children and youth. Since its founding in 1991, the Partnership for Children has placed special emphasis on the areas of children's health, early care and education, out of school programs, and youth violence prevention.

You Are Invited to Join the Voices for Children Alliance

For more than ten years, the Partnership for Children has been working to improve the quality of life for all of Greater Kansas City's children and youth. With help from our community partners, and people like you, we believe we are making significant progress in ensuring a brighter future for our children.

But metro area children and youth still face a myriad of problems. We must reduce youth violence and substance abuse. We need to increase the quality and availability of early education and out-of-school programs. We should ensure that every child has access to quality health care.

For these things to happen, we need **you** to get involved in the effort to better the lives of our children and youth. By becoming a member of the PFC's Voices for Children Alliance, you can have a meaningful impact on improving the well-being of our kids.

As a member of the Voices for Children Alliance, you'll receive:

- ☞ The Annual Report Card on the Status of Metro Area Children and Youth
- ☞ The Partnership for Children E-News
- ☞ Quarterly Issue Reports
- ☞ Advocacy on the municipal, county, state and national level

To become a member of the Voices for Children Alliance, just fill out the form below and mail it to the Partnership for Children. Or you can visit our web site at www.pfc.org, and sign up online.

Yes, I want to become a member of the Voices for Children Alliance

Annual Membership Dues:

____ \$500 Champion ____ \$100 Advocate

____ \$250 Guardian ____ \$50 Supporter

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