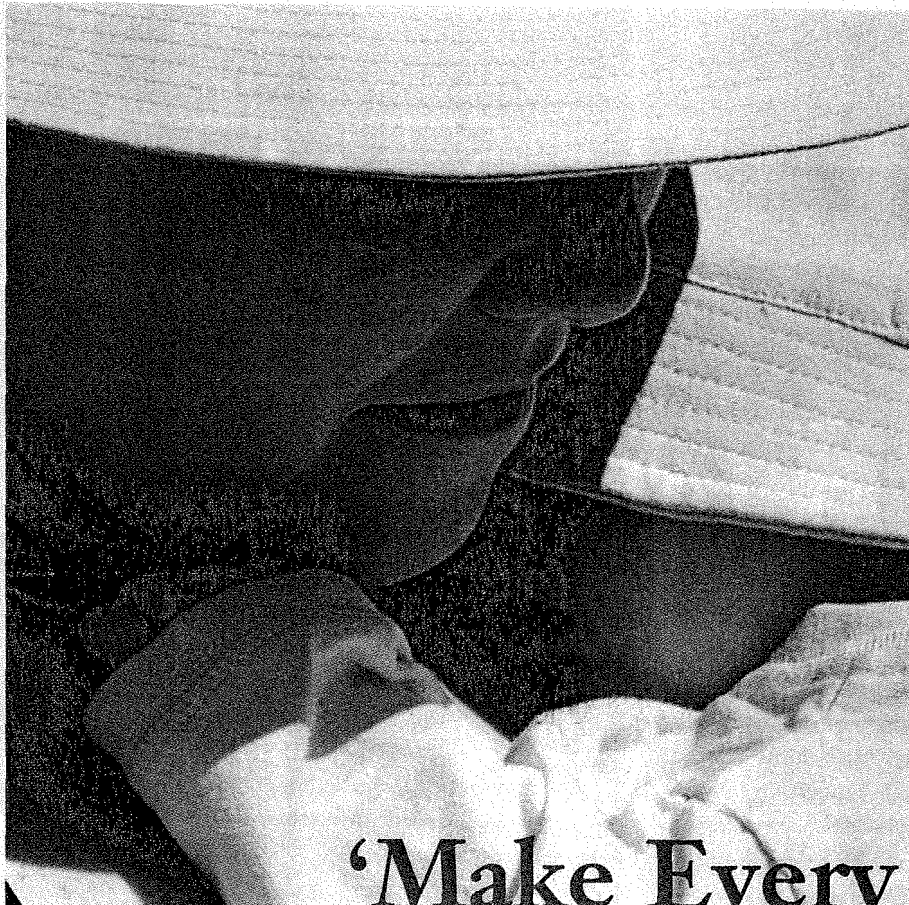


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# 'Make Every Mother and Child Count'

by Ruth White

## A Local and Global Perspective on Maternal and Childhood Health

**T**he statistics are overwhelming. Each year 10.5 million children worldwide die from causes that are mostly preventable; this includes 4 million infants who die during the first month of life. Every minute of every day a woman – 99 percent of the time in the developing world – dies from complications related to pregnancy and childbirth. This adds up to more than half a million deaths each year, making pregnancy-related complications among the leading causes of death for women ages 15 to 49 in developing countries. And for each one who dies, 30 to 50 women suffer injury, infection or disease. The health and survival of an infant is highly linked to the health of the mother, and the survival of older children is highly dependent on the survival of their primary caregiver: the mother.

On World Health Day 2005 (April 7), the World Health Organization released the World Health Report with the theme, "Make Every Mother and Child Count." Representatives from many governments and international agencies gathered together to form the Partnership for Maternal, Newborn and Child Health with the vision of reducing maternal, newborn and child deaths by providing universal access to essential care.

Partnership members include governments, nonprofit organizations and universities, including the Seattle-based Bill and Melinda Gates Foundation, the World Health Organization, UNICEF and the World Bank. The partnership acknowledges that maternal and infant health is a human rights issue, and that saving mothers' lives is an imperative for social and economic development. Members work to efficiently focus global and national resources and expertise on care for families from pregnancy through childhood.

In addition to international initiatives funded by Western Washington organizations such as the Bill and Melinda Gates Foundation, PATH and World Vision, there are local initiatives that share the goal of the partnership and work on a community-to-community level.

For example, a Seattle University project is hoping to make a difference in the health of one community in Uganda. The Maama Omwaana (which means Mother Baby in the Luganda language) project is a collaboration between Seattle University and Njeru, Uganda – a growing collection of villages located on the shores of the Nile River, near Lake Victoria.

In a country where 80 percent of all births occur at home and the infant mortality rate is 68 per 1,000 births – almost 10 times the rate of that in the United States – the primary goal is to improve the skill and knowledge level of traditional birth attendants, who attend 62 percent of births. This can reduce the risk of hemorrhage and infection, which are two of the leading causes of maternal death in the developing world. Like many such projects that link community-to-community, reliable funding and ongoing donations of medical equipment and supplies are essential to the project's success.

## LOCAL PERSPECTIVES

How do the Puget Sound area, the state of Washington and the United States fare in the area of maternal and child health?

Every day in the United States, 11,205 babies are born and seven out of every 1,000 die before their first year of life. Thirty percent of the four million women who give birth in the United States each year have a pregnancy-related complication before, during or after delivery with 8.9 deaths per 100,000, according to the National Center for Health Statistics and the federal Centers for Disease Control and Prevention. This figure may be an underestimation, and the rate could be 1.3 to three times higher, according to the March of Dimes. In 2000, the National Center for Health Statistics ranked the United States 30th in maternal mortality rates and 27th in infant mortality rates compared to the rest of the world.

Washington state's infant mortality rates are below the national average at 5.8 deaths per 1,000 live births in 2001, down from 7.8 per 1,000 births in 1990. Infant mortality rates in Pierce County (6.8 per 1,000 births) and Kitsap County (6.3 per 1,000 births) are above the state average; those in King and Snohomish Counties (4.9 per 1,000 births) and Thurston County (4.6 per 1,000 births) are lower.

"Although our outcomes are better than developing countries', there are still significant disparities," notes Kathy Carson, administrator of parent/child health at Public Health – Seattle & King County. African-American, Native American and poor women fare worse than their peers. For example, African-American women are four times as likely to die from pregnancy complications and childbirth as white women. African-American infants are also twice as likely to die in the first year of life than white infants, with the national infant mortality rates at 5.8 per 1,000 births for white babies and 13.9 per 1,000 for African-American infants, according to the March of Dimes 2005 report on "Maternal, Infant and Child Health in the United States."

In response, the Washington State Department of Health has adopted the national "Healthy People 2010" initiative to eliminate ethnic/racial and socioeconomic disparities, including those in maternal and child health care.

Despite the disparities, King County's 2005 report on key health indicators shows some improvements in the health of

women and children in the county. Since the mid-1990s, there has been a slight decrease in the total infant mortality, race-specific infant mortality and Medicaid-specific (an indicator of poverty) infant mortality. Smoking during pregnancy has decreased overall, but is slightly higher for women on Medicaid. However, like the rest of the nation, African-American and Native American women had higher infant mortality rates than other ethnic groups, and poor women are less likely to find care in their first trimester of pregnancy.

Experts believe that up to half of maternal deaths in the United States could be prevented if mothers had good prenatal care and if problems were diagnosed early. "Keeping women healthy throughout the life course has an impact on the children that are born, whether their own or their grandchildren," says Carson.

## LOCAL EFFORTS

Washington is one of the few states that provides maternity support services through Medicaid, and King County provides direct services to more than 80 percent of the women on Medicaid. These services include a public health nurse, nutritionist and social worker who work as a team to provide education, counseling and support from conception to 60 days postpartum (up to one year postpartum for high-risk infants). These programs have been very successful, with those who receive services having better outcomes than those who do not, and those who receive the most services having the healthiest pregnancies and babies.

King County provides many other services to women and children. For example, Public Health – Seattle & King County runs a federally funded program for children with special health care needs. It links children who are at risk for serious chronic physical, developmental, behavioral or emotional conditions to a public health nurse who helps their families find the information, support and services they need.

As the Spanish-speaking community grows, outreach and interpretation services to Latino communities are also growing. The health department helps members of the community get Medicaid and connects them with the range of services provided by the county.

The Nurse Family Partnership program works with first-time pregnant teens to help them achieve their goals. This program's documented success includes less sexual risk-taking and less incarceration. Faizah Mills, 19, mother of Anthony, 2 and Jamarie, 8 months, went to Columbia Health Clinic when she was pregnant with Anthony, and she was linked with the Best Beginnings program for first-time mothers until her son was 2 years old. She saw the nurse weekly in the first few months and less frequent as pregnancy and childhood progressed. Mills says that she found the nurse helpful in finding resources and in teaching her about what was happening to her body when she was

pregnant and about positive ways to interact with her baby as he grew. The Best Beginnings program also works hard to involve fathers.

At the federal level, one of the most widely used programs in the country is WIC: the Supplemental Nutrition Program for Women, Infants and Children. WIC's core services include education and counseling, funds to buy healthy foods and referral to other preventive health services. Decades of research have shown that WIC's services reduce premature births, lower infant mortality, prevent childhood anemia, improve cognitive development and increase breastfeeding rates.

In addition to government funded programs and services, there are many nonprofit organizations that work towards improving the health of women and children. The March of Dimes is probably the most widely known. In 2006, the Washington State Chapter of the March of Dimes distributed grants of \$118,730 to 11 diverse organizations scattered throughout the state, serving approximately 25,000 at-risk women and children.

The First Step Family Support Center in Clallam County, for example, provides outreach services to low-income pregnant women and women who are likely to become pregnant, including street youth, incarcerated women and women who participate in Narcotics Anonymous. Another grantee, the Seattle-based Refugee Women's Alliance, gives refugee women education and support in their own languages in ways that honor their cultures.

The Pregnancy Workshop is one of the March of Dimes' direct services, a 16-hour, train-the-trainer program that provides education from prepregnancy to newborn care. These workshops are provided to any interested parties, including churches, community groups and alternative school nurses.

Because of the direct link between a woman's health and her child's health, the March of Dimes is expanding its focus to include the prepregnancy period. Chapters fund efforts to help women eat right and maintain a healthy weight, get fit, avoid infections, limit exposure to hazards and avoid stress. Many of these strategies are also recommended for fathers-to-be. Lastly, they suggest that parents-to-be seek medical care before they begin planning their pregnancies. Their "Are You Ready?" brochure also includes financial and emotional tips for families-to-be.

Public health programs must take a more holistic view of women's health, according to Carson. "We must back up and look at the health of women before they get pregnant, and our systems are not set up for that. We could do more if we could look more broadly."

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# Resources

To find out more about maternal and children's health issues, contact:

**Partnership for Maternal, Newborn and Child Health**

– administered by the World Health Organization and focused on universal access to essential care, [www.pmnch.org](http://www.pmnch.org).

**Safe Motherhood Initiative** – worldwide effort to reduce the number of deaths and illnesses associated with pregnancy and childbirth, [www.safemotherhood.org](http://www.safemotherhood.org).

**Maama Omwaana Project** – a collaboration between Seattle University and Ugandan villages to improve the skills and knowledge of birth attendants; for information or to make a donation, call 206-296-5351 or e-mail: [ruthw@seattleu.edu](mailto:ruthw@seattleu.edu).

**Maternal and Child Health Bureau of the U.S. Department of Health and Human Services** – primary federal agency for improving the health of the nation's mothers and children, 301-443-2170, <http://mchb.hrsa.gov/about/default.htm>.

**March of Dimes** – National nonprofit organization providing information on birth defects, pregnancy and newborns, 206-624-1373 (Washington Chapter), [www.marchofdimes.com](http://www.marchofdimes.com).

**WIC: Special Supplemental Nutrition Program for Women, Infants and Children** – federal nutrition program for low-income families, [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic). Apply through Healthy Mothers, Healthy Babies Coalition of Washington State, 1-800-322-2588, [www.hmhbwa.org](http://www.hmhbwa.org).

**County Public Health Departments:**

**Kitsap County Health District** – 360-337-5235, [www.kitsapcountyhealth.com](http://www.kitsapcountyhealth.com).

**Public Health – Seattle & King County** – 206-296-4600, [www.metrokc.gov/health](http://www.metrokc.gov/health).

**Snohomish Health District** – 425-339-5210, [www.snohd.org](http://www.snohd.org).

**Tacoma-Pierce County Health Department** – 253-798-6500, [www.tpchd.org](http://www.tpchd.org).

**Thurston County Public Health & Social Services Department** – 360-786-5581, [www.co.thurston.wa.us/health](http://www.co.thurston.wa.us/health).

**Sound Baby** – Find out more about the **March of Dimes' efforts to reduce premature labor** and preterm births in the Spring 2006 issue of *Sound Baby*, published by *Seattle's Child* and *Puget Sound Parent*. Pick it up at public libraries, hospital maternity wards or doctor's offices or call 206-441-0191 to have one mailed.