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Infant Mortality and Financial Stability

Rene L. Ashman
Pace University

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Abstract

Over four million newborn babies are encased in caskets and laid to rest in the world each year (Lawn 399). The comparison of infant mortality rates in the urban areas of Atlanta, Georgia and White Plains, New York shows the real cause of infant mortality: a lack of prenatal care due to inadequate financial income or assistance. With the establishment of free access to prenatal healthcare through organizations such as Children's Healthcare of Atlanta, underprivileged mothers incapable of affording their prenatal expenses, can benefit along with their infants. This study represents a start in a move toward preserving the future generations through prenatal care.

René Ashman
English 201 & Sociology 111
Prof. Schulster & Spencer
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Infant Mortality and Financial Stability

Over four million newborn babies are encased in caskets and laid to rest in the world each year (Lawn 399). The Centers for Disease Control and Prevention's National Center of Health Statistics show that infant mortality has risen from a rate of 6.8 per 1,000 live births in 2001 to a rate of 7.0 per 1,000 births in 2002 in the United States alone (Nelson 626). If the mortality rate has risen two tenths of a point, nationwide, then should society expect higher mortality rates in urban areas? In actuality, urban areas have a higher mortality rate than rural areas; however, a high mortality rate does not depend on location only. In fact, infant mortality is most heavily determined by the financial stability of a family. The high mortality rate in urban Atlanta, Georgia and the low mortality rate in urban White Plains, New York exemplify the correlation between financial income and infant mortality in the United States. A family's income determines access to good prenatal care. Without prenatal care, infants are born prematurely, a condition which increases their risk of dying.

Before discussing the economic correlation between infant mortality in White Plains and Atlanta, one must define the term infant mortality. Infant mortality means the death of a child in an early stage of development. Each year approximately 0.06 percent of the world's population dies in infancy. The leading causes of infant mortality, according to the March of Dimes Foundation's website, include birth defects, prematurity/low birth weight, sudden infant death syndrome, maternal complications of

pregnancy, and respiratory distress syndrome, most of which are preventable with access to good prenatal care by mothers.

A simple solution to reducing infant mortality starts with a mother's access to prenatal care. Prenatal care provides attention to a mother during pregnancy prior to a birth ("Prenatal"). Without prenatal care, mothers increase their chances of engaging in unhealthy activities which will affect the health of the baby and of themselves; they increase the risk of having premature infants and of losing an infant to complications during the pregnancy. The March of Dimes foundation states in its Prenatal Care pamphlet, "During each prenatal visit, [...] health care team[s] will weigh [the patient] to see how much [she is] gaining, take blood pressure, test urine for infection [...] monitor baby's heartbeat and check baby's growth." A prenatal health care team administers various tests and gives advice to mothers. "Good prenatal care protects a woman's health not only during pregnancy but encourages good health habits – such as not smoking – which have life-long health benefits" (National Center for Health Statistics). The health care provider discusses healthy eating habits, avoiding unhealthy environments, and exercising carefully with the approval of the physician. Available care and treatment to all mothers in the United States – both urban and rural – helps to assure a mother of the delivery of a healthy infant. However, whether the mother can take advantage of the prenatal care available depends on her economic situation.

Although prenatal care exists, Atlanta still suffers from a high rate of infant mortality, unlike the city of White Plains. The March of Dimes foundation, in a 1999 statistic, shows the infant mortality rate for the state of Georgia as 7.5 - 16 per 1,000 live births. Within Georgia's rate of 7.5 – 16 per 1,000 live births, the infant mortality rate in

Atlanta was at an unprecedented 9.6. Statistics from the year 1996 until 2001 show that Atlanta has struggled to decrease its infant mortality rate. In 1996, with a rate of 12.1 deaths per 1,000 live births, Atlanta surpassed the state of Georgia, which had a rate of 9.3 per 1,000 live births (Infant Mortality Rates: Atlanta, Georgia). From 1996 until 2001, the rate has decreased more than four percentage points, but still lags behind the national average.

During the same statistical period from 1999 when, Atlanta had an infant mortality rate of 9.6, the state of New York's infant mortality rate amounted to 6.4 per 1,000 live births. Although the city of White Plains has not offered detailed statistics to make a clear comparison between the two urban settings, statistics for the county of Westchester, where White Plains is located, do offer infant mortality rates. The rate of infant mortality in Westchester for 1999 totals 4.7 per 1,000 live births, a tremendous difference in comparison to the city of Atlanta. In the previous years such as 1996, the mortality rates in Westchester County held the same average of 4.7 per 1,000 live births. From 1996 until 2001, infant mortality rates in the county did not increase more than two percentage points.

White Plains, an affluent city, has not succumbed to infant mortality as has the city of Atlanta because White Plains has the financial means to subsidize the cost of prenatal care for mothers. White Plains' high income rate, available Medicaid assistance and low unemployment rates aid pregnant mothers in taking advantage of prenatal care, a situation which helps to assure the delivery of healthy infants. Atlanta's constant high rate of infant mortality, on the other hand, has a direct relation to the low income rates, the cutbacks in Medicaid assistance and the high unemployment levels in the city, all of

which directly affect access to prenatal care. Statistics point to the likelihood that if mothers do not have the financial means to pay for prenatal expenditures, infant mortality rates will rise in Atlanta beyond the present rate.

Ironically, even though Atlanta, a city with a population of 416,474, thrives on the “recruiting [of] new companies to the region” (Atlanta: Official City Information), unfortunately, the new businesses in the area do not seem to affect the high unemployment rates. As a result of the high unemployment rates in Atlanta, many expectant mothers have low household incomes. Currently, the unemployment rate of Atlanta has risen to 5.1 percent, which, although 0.3 percent below the national average, is still 0.8 percent more than the unemployment rate of the state of Georgia (Georgia Department of Labor). The per capita personal income of Atlanta totals \$33,769, as of 2001 (Georgia Department of Labor). Of the approximately 420,000 population, 11.8% of the population and 7.6% of families are below the poverty line (Encyclopedia: North Atlanta, Georgia). In general, the standard of living in Atlanta cannot support the average costs of prenatal visits for mothers residing in the city.

Conversely, White Plains, with a population of 53,077 has a better standard of living than Atlanta. With a per capita personal income amounting to \$56,691 in 2001, White Plains’ unemployment rate averages 4.2 percent, a difference of 1.2 percent below the national average and 0.9 percent below Atlanta. Approximately 9.8% of the population and 6.5% of families are below the poverty line (White Plains, New York). These statistics indicate that with a greater income and an overall better standard of living, one can expect lower infant mortality rates. With a better standard of living, mothers in White Plains can afford prenatal care visits. And even if their income lies

under the poverty line, prenatal care is accessible because of the prosperity of the city they reside in.

What are the average costs for prenatal healthcare? According to the March of Dimes website, the average United States hospital costs for a mother during a normal uncomplicated delivery equals \$6,400. If the delivery results in complications such as prematurity, the infant faces a longer hospital stay; thus, the median treatment cost of delivery averages up to \$50,000. Hospital charges for all infant stays in the United States for the year 2001, equaled \$15.7 billion (Perinatal Statistics: Expenditures for Perinatal Care). With a \$22,922 difference in per capita personal income from mothers in White Plains, expectant Atlanta mothers cannot pay for the available prenatal care. White Plains' expectant mothers can receive adequate prenatal care because of their per capita income as well as because of access to prenatal care based simply on the fact that White Plains is prosperous and provides low cost healthcare for underprivileged earners.

Presently, the inadequate financial support for mothers and their families in Atlanta results in their dependence on the federal program Medicaid. The federal government and the governments of each state have devised this medical program to pay for medical assistance for individuals and families with low incomes and resources who meet eligibility criteria. Individuals eligible for Medicaid range from pregnant women to children to the elderly. Although eligible pregnant women can access the program, the newspaper, the Atlanta-Journal Constitution, states that the eligibility requirements for pregnant women in the state of Georgia have changed. Under the plan of Governor Sonny Perdue, "pregnant women and infants in households earning \$34,040 or more for a family of four would no longer qualify for Medicaid" (Miller). The total eligibility

income for a family of four is barely enough for an expectant mother to survive, much less for an expectant single mother. The government estimates that 12,500 women may lose prenatal care because of their inability to afford the costs of prenatal and maternity services (Miller). “An uncomplicated delivery, including doctor’s fees, can run at least \$5,000 for the privately insured. And people without insurance often pay higher rates than those with coverage” (Miller). Unemployed expectant mothers using Medicaid may decide to forego their normal prenatal care visits to health facilities due to the high costs of prenatal care.

In contrast, in the county of Westchester, where White Plains is situated, pregnant women and infants in households earning \$37,704 or less for a family of four are eligible for Medicaid. In association with the Westchester County Current News website, Westchester County property taxpayers spend approximately \$3.6 million weekly on Medicaid. “New York is one of only a few states that require counties to pay a large percentage of the costs of the program...[meanwhile] In most other states, counties contribute little or no money to fund Medicaid” (Westchester County Current News). With a higher eligibility income level and the shared costs of Medicaid by taxpayers, White Plains has an advantage over Atlanta in financial access to prenatal care.

Another advantage to living in the city of White Plains is that individuals who do not meet the income eligibility for Medicaid may still receive help with medical costs. The traditional Medical Assistance program provides assistance coverage if one becomes ineligible for Medicaid and has a dependent child under the age of twenty-one living in the same household (Westchester County Current News). Medicaid assistance for pregnant women has worked in White Plains, but not in Atlanta.

The inconsistency of government officials in the state of Georgia affects the aid available to mothers in Atlanta. A solution capable of aiding expectant mothers in Atlanta with their financial stability needs to be implemented. In the twenty-first century, women should have easy access to available resources to assist them in their pregnancy. In addition, available technology to detect difficulties during pregnancies is widespread in the medical field; however, disadvantaged women in Atlanta, Georgia do not benefit from these resources. Each year, maternal care expands in resources and knowledge. Equipped physicians can diagnose birth defects long before a mother gives birth. Absurdly, poor twenty-first century mothers in Atlanta lack access to this prenatal care, which would play a vital role in the reduction of infant mortality. Without prenatal care, mothers endanger not only their lives but also the lives of their unborn infants.

A proposed solution for adequate access to prenatal care for Atlanta mothers involves sponsoring a healthcare group, such as the Children's Healthcare of Atlanta or local hospitals, which can provide free monthly screenings for underprivileged mothers. Because of major cutbacks in the federal and state program, Medicaid, there is difficult for all mothers to take advantage of the government program. Therefore, in order to send a message about healthy living, organizations can partake of a great experience that will help to preserve the future generation. To go about implementing the proposal of offering free monthly screenings for underprivileged mothers in Atlanta, organizations can fundraise and ask for donations for this cause. Like the breast cancer walks performed throughout the nation, private organizations in Atlanta can take the initiative to hold annual walk-a-thons, ask for sponsorships from local businesses of downtown Atlanta and/or have students, majoring in nursing at a local university, volunteer their

time in helping to educate the underprivileged mothers in Atlanta. While educating the expectant mothers, the college students can train unemployed individuals who are willing to help promote education in prenatal care. As a result, job opportunities are created and the unemployed are able to increase their financial stability. With the help of this financial stability and education, mothers will have a better chance than mothers who do not have access to this help, of accessing prenatal care in Atlanta, Georgia.

In urban areas such as Atlanta, Georgia, the poverty level affects the rates of infant mortality. Individuals with lower incomes and lower job status have a greater likelihood of experiencing the loss of an infant due to lack of financial accessibility to prenatal care than individuals from higher income environments such as White Plains, New York. Even though White Plains has a higher per capita income, in the greater picture, it has only climbed one step ahead of Atlanta in reducing infant mortality. However, an increase in income leads to better access to health care which ultimately results in healthier mothers and infants and, therefore, a reduced infant mortality rate.

The key to reducing infant mortality around the world starts with addressing financial accessibility in underprivileged urban areas such as Atlanta. If Atlanta uses the suggested solution and is successful, its approach to reducing infant mortality will give other urban areas a key to increasing survival rates among newborns. The existence of a new generation depends on the healthy birth of every child in every hospital of every city and suburb of every state. The proposal in this study represents a start in preserving the future generations, through prenatal care.

Bibliography

- “Atlanta: Official City Information.” Atlanta City Government. 13 Oct. 2004.
AtlantaGA.gov. 13 Oct. 2004. <<http://www.atlantaga.gov/>>.
- “Encyclopedia: North Atlanta, Georgia.” Nationmaster.com. 2003-2004. 14 Oct. 2004.
<<http://www.nationmaster.com/encyclopedia/North-Atlanta,-Georgia>>.
- Georgia Department of Labor. Atlanta. 17 Oct 2004. <<http://www.dol.state.ga.us/>>.
- Gortmaker, Steven L. “Poverty and Infant Mortality in the United States.” American Sociological Review 44 (April 1999): 280-297. JSTOR. Mortola Library. Pace University, Pleasantville, New York. 27 Oct 2004. <<http://links.jstor.org>>.
- “Infant.” Def 2. Merriam-Webster’s Collegiate Dictionary. 10th ed. Springfield Massachusetts: Merriam Webster Incorporated, 2001.
- “Infant Mortality Rates.” March of Dimes Birth Defect Foundation. 31 November 2004.
1 December 2004. <<http://marchofdimes.com/peristats/level1.asp>>.
- Lawn, Joy E., et al. “Why are 4 Million Newborn Babies Dying Each Year?” Health Source: Nursing/Academic Edition. EBSCOhost. 23 Sept 2004.
<<http://search.epnet.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid&db=hch&an=14019690>>.
- The Many Costs of Premature Birth. March of Dimes Birth Defects Foundation, 2003.
- March of Dimes Foundation. “Infant Mortality Rates by State: United States, 1999.”
March of Dimes Foundation. 7 Nov. 2004. <<http://www.marchofdimes.com/aboutus/1520.asp>>.
- “Medicaid: Is it for Me?” The Mental Health Association of Westchester. 15 November 2004. 17 November 2004. <<http://www.mhawestchester.org/benefits/medicaid>>.

asp>.

Miller, Andy and Guthrie Patricia. "12,500 Women May Lose Prenatal Care." Atlanta-Journal Constitution Atlanta,GA. 3 Feb 2004. 6 Oct. 2004

<<http://web.lexisnexis.com/universe>>.

"Mortality." Def 2. Merriam-Webster's Collegiate Dictionary. 10th ed. Springfield Massachusetts: Merriam Webster Incorporated, 2001.

Nelson, Roxanne. "US Infant Mortality Shows First Rise in 40 Years." Health Source: Nursing/Academic Edition. EBSCOhost. 23 Sept 2004.

<<http://web25.epnet.com/externalframe.asp>>.

"New Birth Report Shows More Moms Get Prenatal Care." National Center for Health Statistics. 18 Oct. 2002. Center for Disease Control. 27 Oct. 2004. <<http://www.cdc.gov/nchs/pressroom/02news/precare.htm>>.

New York State Department of Labor. White Plains. 17 Oct. 2004

<http://64.106.160.140:8080/lmi/laus_results2.jsp?PASS=1&area=51CT1860White+Plains+City>.

"Prenatal." Def 1. Merriam-Webster's Collegiate Dictionary. 10th ed. Springfield Massachusetts: Merriam Webster Incorporated, 2001.

Prenatal Care. March of Dimes Birth Defects Foundation, 2002.

"Perinatal Statistics: Expenditures for Perinatal Care." March of Dimes Birth Defect Foundation. 6 November 2004. 7 November 2004. <http://www.marchofdimes.com/aboutus680_2203.asp>.

PeriStats. Ed. March of Dimes. 29 November 2004. March of Dimes Birth Defect Foundation. 30 November 2004. <<http://www.marchofdimes.com/Peristats>>

/tlanding>.

United States Census Bureau. White Plains and Atlanta Georgia Population. 2000.

5 October 2004 <<http://factfinder.census.gov>>.

United States. Department of Labor. Bureau of Labor Statistics. Current Unemployment Rates for States and Historical Highs/Lows. Aug. 2004. 6 Oct. 2004

<<http://www.bls.gov/web/lauhsthl.htm>>.

“Westchester Count Current News: New York Medicaid Costs Westchester County

Property Taxpayers Almost \$3.6 Million Just This Week.” Westchestergov.com.

12 November 2004. 17 November 2004 <[http://www.weschetergov.com/current news/Medicaid/](http://www.weschetergov.com/current_news/Medicaid/)>.

“White Plains, New York.” Fact -Index.com. Wikimedia Foundation. 13 Oct. 2004

<http://www.fact-index.com/w/wh/white_plains__new_york.html>.