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Early births, low weight are challenges for state

Kentucky ranks poorly in study

By Michelle Day

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Ellen Berry has been in the hospital for eight weeks, pregnant with her fourth child.

A doctor said the 33-year-old was at risk for premature delivery, so she came to Louisville from her home near Owensboro, Ky., for monitoring and care.

Without prenatal care, "I would have lost the baby," she said from her room at Norton Suburban Hospital. She's now about 31 weeks into her pregnancy.

Kentucky ranks 39th out of the 50 states in the number of infants with low birth weight, and ranks 46th in premature births, which can lead to long-term health problems or death, according to a recent report by the Annie E. Casey Foundation. The foundation is aimed at helping vulnerable children and families succeed.

Experts say there's no clear reason why Kentucky does so poorly, but many agree those numbers could be improved if more women would seek prenatal care and stop smoking during pregnancy.

According to the report, called "The Right Start for America's Newborns: City and State Trends," 15.2 percent of Kentucky births were premature in 2005, compared with a national average of 12.7 percent.

About 9.1 percent of Kentucky babies had a low birth weight, compared with 8.2 percent nationally.

Louisville also rated poorly compared with other large cities: The city's premature birth rate was 16.1 percent, and 9.9 percent of babies had a low birth weight.

The average for the 50 largest cities for premature births was 13.5 percent; for low birth weight, it is 9.1 percent.

Tara Grieshop-Goodwin, deputy director of Kentucky Youth Advocates, said the state has historically been behind in those areas.

"It seems we need to refocus our efforts on supporting women and having healthy birth outcomes, which affects not only that child but also the greater community," she said.

Premature birth and low birth weight often go hand in hand, and premature babies can develop physical or educational handicaps, said Dr. Thomas Tabb, who works in maternal fetal medicine at Norton Suburban.

"Obviously, if you have a group with educational or developmental issues, that's going to be more costly as far as having an education work ... and care is more costly," he said.

Kelly McKown with the March of Dimes said premature babies' brains don't have enough time to develop fully, which could lead to a greater chance of mental disability. Their lungs also might not fully develop, leading to problems with breathing, she said.

She said the average cost of intensive care for a premature infant is \$35,000, and that puts a strain on the health-care system as about 8,000 are born every year in Kentucky.

Grieshop-Goodwin said premature babies or those with low birth weight are 34 percent less likely to graduate high school by age 19, even when compared with siblings raised in a similar environment.

According to 2005 data from the March of Dimes, the latest available, one in seven infants in Kentucky was born to a woman who received inadequate prenatal care. Tabb said that care is necessary to spot medical problems in the mother that could lead to premature birth or low birth weight.

Diabetes, hypertension, obesity and smoking need to be under control before pregnancy, he said, and symptoms of some conditions, such as hypertension, can be hard to detect without a doctor's evaluation.

Dr. Ruth Shepherd, director of maternal and child health for the state health department, said smoking during pregnancy is the leading preventable cause of premature birth and low birth weight, and Kentucky is second-highest in the nation in smoking among pregnant women.

"If I could do just one thing, that would be eliminate smoking," she said. The rates "would be significantly better."

Several programs are in place to help.

The city-run Healthy Start program provides home visits to encourage prenatal care in western Louisville, where the infant mortality rate is 2.5 times higher than other areas of the city, said Dave Langdon, a spokesman for the Louisville Metro Department of Health & Wellness. Most of its clients are referred to them.

"The conditions among women and children who participate in the program are improving," he said.

The statewide HANDS program, which is similar to Healthy Start and targets first-time mothers, also has also seen lower rates of premature birth and low birth weight among its participants, Shepherd said.

Other state programs are in the works to help women stop smoking before pregnancy.

But some say change is slow in coming.

Kentucky's ranking in both areas has slipped since 2000, from 39th in premature birth and 37th in low birth weight, Grieshop-Goodwin said.

Nazenin Assef, the director of Healthy Start, said it took the program several years to see results.

"We have quite a bit of work ahead of us," she said. "The key is continuing education."

McKown said spreading the word about the dangers of smoking and the importance of prenatal care should decrease the rates.

"Community and public education is key," she said.

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