

BUSINESS DAY

New Front in the Fight With Infant Mortality

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As the health care bill that was to become known as Obamacare was making its way through Congress in 2009, Senator Jon Kyl, Republican of Arizona, sought to block the requirement that health insurers cover a minimum set of health benefits determined by the federal government.

“I don’t need maternity care,” said Senator Kyl, who retired from the Senate last year at the age of 70. “Requiring that on my insurance policy is something that I don’t need and will make the policy more expensive.”

Mr. Kyl’s proposed amendment embodied the conservative view: The Affordable Care Act that passed Congress in 2010 is an unacceptable intrusion into the private decisions of American families and businesses.

The Senate Finance Committee, by a vote of 14 to 9, rejected the amendment, opting for a different approach that could change, in subtle but profound ways, the nature of the American social contract.

Pregnant women, across the country and anywhere along the income spectrum, will for the first time have guaranteed access to health insurance offering a minimum standard of care that will help keep their babies alive.

The benefit may seem narrow. But it offers the best opportunity in a generation to tackle one of the United States' most notorious stigmas: an intractably high infant mortality rate that hardly fits one of the richest, most technologically advanced nations on earth. If it succeeds, it could provide Americans with an alternative view of how government can serve society.

I have brought up infant mortality before as a marker of the drawbacks inherent in the United States' model of relatively low taxes and modest government, leaving more social outcomes to the sway of market forces.

The United States was not always at the bottom of the charts. Four decades ago, Americans lost proportionately fewer babies than average among industrialized nations. The United States lost more than France but fewer than Germany, more than Sweden but fewer than Luxembourg.

By 2010, however, virtually every other advanced country had surpassed the United States. In Portugal, 2.5 babies out of every 1,000 born alive died before they were a year old. In Finland and Japan the figure was 2.3. Though the United States has made progress recently, it still lost 6.1. Among members of the Organization for Economic Cooperation and Development, only Mexico, Chile and Turkey did worse.

It is unclear to what extent Obamacare might help prevent these earliest of deaths. Infant mortality is a complex problem. The frustration of hundreds of thousands of Americans fruitlessly trying to buy health insurance on the new federal exchange raises legitimate questions about whether such a mind-bogglingly complex reform can fulfill its main purpose of providing near-universal health coverage.

Still, the experience of other countries — not to say common sense — suggests that offering broad access to health care to women before, during and after their pregnancy could help close the gap with the nation's peers.

"This is a sea change," said Genevieve Kenney, co-director of the Health Policy Center at the Urban Institute, a nonpartisan research center in Washington. "The

needle could move.”

Consider Finland. Mika Gissler, a research professor at the National Institute for Health and Welfare in Helsinki, told me that Finland decided to take action against infant mortality in the 1940s, when the country had a poor agrarian economy.

Today the Finnish government provides free prenatal care to every woman who wants it. Of every 1,000 pregnant women, some 997 — including illegal immigrants — visit the maternity clinics 13 to 15 times during their pregnancy, on average.

They are screened for risk factors. They learn about breast-feeding and how to care for their baby. Fathers too, learn what to expect and how to contribute once their baby is born.

Partly as a consequence, the infant mortality rate has fallen to about one-sixth of what it was in 1970. Mr. Gissler notes that only 5.7 births out of 100 are premature, about the same as a quarter of a century ago.

In the United States, such maternity care is rare. Individual health policies usually do not cover pregnancy. Fewer than two out of three pregnant women in Texas or Maryland have even one prenatal care visit in their first trimester. And almost 12 American babies out of 100 are born prematurely, more than twice the rate in Finland and 18 percent more than 25 years ago.

Prenatal care alone is not enough. The causes of the high death rate of American babies remain, to some extent, nebulous.

“We can identify a whole lot of risk factors,” said Sam Notzon, who heads the International Statistics Program at the Centers for Disease Control and Prevention. “Honestly, no one truly understands.”

For a while, experts hoped measurement differences might explain it away: unlike some European countries, the United States counts the fleeting existence of

very premature babies as live births. Yet while this accounts for part of the gap, the American mortality rate remains substantially higher among babies who are delivered closer to their full term, too.

The large number of premature deliveries — many more than in the rest of the developed world — is probably the most important factor. But experts don't have a clear picture of what causes so many babies to be born before, sometimes well before, 37 weeks of gestation.

An in-depth report published in 2006 by the Institute of Medicine of the National Academies of Science identified a wide range of overlapping “behavioral and psychosocial factors, neighborhood characteristics, environmental exposures, medical conditions, infertility treatments, biological factors and genetics.”

Pregnant women who have diabetes or high blood pressure are more likely to deliver premature babies prone to die early. So are obese women, women who smoke, teenagers and women who have second babies soon after the first.

The pattern follows familiar contours of social and economic deprivation. Infant mortality is much higher among black babies than among whites. The babies of less educated women die at a higher rate than those born to women with more education. But these factors alone do not explain the entire picture. Non-Hispanic white babies also die at a higher rate than in Finland, Mr. Notzon told me.

The complex causes behind America's high infant mortality might suggest there is little the government can do. It might do better than to stick its finger into the maw of social and economic forces it has little power to sway and does not fully understand.

Washington has tried before and failed. In an attempt to reduce infant mortality, starting in the second half of the 1980s Medicaid was expanded broadly to cover more pregnant women. According to one study, Medicaid covered almost half of births in 2010. And yet infant mortality rates improved little.

President Obama's health care law might stand a better chance. That expansion of Medicaid picked up women only once they became pregnant. And it dropped them a few weeks after giving birth, cutting them off from advice on family planning, breast-feeding and healthy behaviors for a new mother.

The Affordable Care Act, by contrast, should offer broader, consistent access to care for all women. It puts a lot of emphasis on prevention and fostering healthy behavior. It could help reduce unwanted pregnancies, which often lead to premature births, or even relieve the financial stress of going without adequate health care.

"Women of lower income and education whose jobs don't provide health care will have more consistent care on an ongoing basis," Ms. Kenney said. "For women of reproductive age, this is a sea change."

Today, the United States' private health care industry offers the most advanced care in the world for premature babies and their survival rate is higher than elsewhere. Technology, however, has done nothing to help there.

"The problem is not the technology," said Gaetan Lafortune, an economist at the O.E.C.D.'s health division. "The problem is having so many women delivering babies at half term."

For this, Obamacare might do a better job. If it cut into the United States' rate of infant deaths, it might offer a new perspective on government's ability to address the nation's health and, perhaps, other social dysfunctions.

Correction: October 24, 2013

The Economic Scene column on Wednesday, about the potential for the Affordable Care Act to reduce the United States' high rate of infant mortality, misstated the frequency of premature births in Finland and the United States. In Finland, 5.7 births out of 100, not out of 1,000, are premature, and in the United States the number is 12 out of 100, not out of 1,000.

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4

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