

Inequalities in Pre-Natal Healthcare

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Over 3.5 million infants die each year, almost exclusively in the developing world[2]. Many initiatives to increase children's health have been funded, especially in the wake of Millennium Development Goal #4, which calls for the mortality of children under 5 between 1990 and 2015 to be reduced by two-thirds. However, even the UN admits most countries are nowhere close to achieving this goal. Initiatives that have been funded to eradicate children's death have only funded the treatment of diseases that occur after the first month of life, like pneumonia and diarrhea, which account for 22% of children's mortality. So how will we ever reach Goal #4 when 41% of children's deaths are being ignored[3]?

Finally, with only 5 years left to complete the Millennium Development Goals, 40 billion dollars has been pledged over the 5 remaining years to aid maternal and children's healthcare[1]. Low-cost solutions are not new knowledge – kangaroo care and nutrition for premature babies, immunizations to prevent diseases passed in utero, the importance of breast-feeding and programs

to train health care workers have been around for decades. What's worse is that many countries that will receive funding have set their own goals in terms of maternal and children's healthcare, but I was hard-pressed to find more than a handful of countries that mention newborns in their plans.

Imagine that you are a 28-year-old Canadian woman who is 7 months pregnant and that you suddenly go into labor. In Canada neonates of 5.5 month gestation are viable candidates to live, so you need not worry. Your hospital room is equipped with all of the latest technologies and the neonatal intensive care unit is right down the hall. Anything and everything you need is right at your fingertips and your insurance will cover a large part of your medical expenses. You will be afforded the best healthcare in the world from the most educated health professionals. You are one of the lucky ones, only 1% of neonatal death occurs in developed countries[2].

Now let's pretend you live in Uganda, a country stricken with poverty and lacking adequate healthcare. More likely, you are not 28, but only a

teenager, which makes your pregnancy more risky. You must walk over 10 kilometers to reach the hospital, which is understaffed and overburdened, so like many other women in rural communities you will choose to have a home birth. Since you have received no prenatal care you will likely have some sort of disease, like malaria, which can be fatal to a fetus. You also may not have access to proper nutrition, so your seemingly 7 month old fetus may actually only be as developed as a 6 month old fetus, leading to a baby born of low birth weight which is the cause of 70% of neonatal deaths. Only 1 in 5 women in developing countries have access to skilled nurses and midwives who are trained to perform essential newborn care[2]. Even more upsetting, your baby may be asphyxiated because its lungs are still too small to breathe on their own – easily remedied by an inexpensive bag and mask system, but even this simple intervention has not been implemented. In Uganda, newborn deaths each year cause an estimated 90,000 deaths which makes 1125 buses full of dead babies according to the Uganda Newborn Study[4]. This tragedy, like many others, is most prevalent in Sub-Saharan Africa and Southeast Asia where communities have the least access to information and interventions.

Even if you don't have a soft spot for babies, economically speaking, new-

born complications are costly. Neonatal complications can result in severe disorders like cerebral palsy or chronic bronchitis, not only putting an economic cost on the family, but also on the community health system. When considering the numbers, neonatal complications affect over 1 million infants each year. Not only is a family less productive, but also villages and even cities are less productive. Finally, the social cost of neonatal complications or death is immense for a mother who may become depressed because she is outcast by her family or village[2]. Many women each year in developing nations bear children expecting that each child will help the family gain prosperity, but a complicated pregnancy puts families into debt. Neonatal survival is proven to decrease future birth rates[2].

So why have we waited to invest until now? Most people believe that expensive high tech hospital equipment is required to save infants, but a mere \$5 per capita spent on neonatal care each year could avert 2.6 million deaths according to Dr. Viviana Mangiaterra, an expert in international public health. Further, even at the height of the internet, available data relating to neonates is scarce; too scarce to receive policy attention[2].

More than 150 countries have pledged their support to the Millennium Development Goals[3] and now that funding has been secured its time

countries fulfill their promises. The knowledge to reduce neonatal deaths by over 50% is at our fingertips[2] and we should be using it. In order to reach Millennium Development Goal #4 it is imperative that interventions to save infant lives are implemented.

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