

Voices for VI Children

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Title: **It all Begins with Babies**

What a miracle it is -- the birth of a healthy baby! And what a challenge it is to keep that baby healthy!

The US Virgin Islands *KIDS COUNT 2005 Data Book* reported the territory’s infant mortality rate as 5.3/1000 live births, which in community terms translates as 8 babies in the VI who died before their first birthday in 2003, the latest year reported.

The territory’s infant mortality rate has actually fallen in the past years. This means that our rate has actually improved (and is actually lower than the average of 7.1/1000 live births). The hospital’s professional delivery services and immediate care for critical newborns has strengthened very significantly in the last 5 years. But there is also room for greater improvement -- for more VI babies to reach their first birthday in good health, well-nurtured, and ready to develop into strong, capable youngsters.

You may be surprised to know that at no other time in our lives are the risks to life so high as in the first month after birth. This is the *neonatal* (newborn) period. We usually refer to this period as “early infancy.”

Why is early infancy such a critical time period in a child’s life?

How can we improve babies’ chances of surviving....and of getting a strong, healthy start?

For some answers to these questions, *Voices for VI Children* spoke with Dr. Beverly Banks Randall, the territory’s single neonatologist doctor. She oversees the many hundreds of babies born at the Roy L. Schneider Hospital each year.

Addressing the first question, she says, “**Every baby is high-risk to some degree.** The birth and delivery processes themselves hold dangers for newborns. Then, like a new car just driven off the lot, **a new baby must start up and rely on functions that have never yet been tested:** its lungs, liver, kidneys, digestive tract...”

Those infants at greatest risk of death in their first year are low birth-weight newborns (weighing under 5.5 pounds). Most often these are babies born to women who lacked preventive health care during pregnancy, or those born into substandard living conditions. Maternal poverty greatly increases the risks for a baby’s low birth-weight and possible mortality.

Our territorial rate of low birth-weight continues to be of major concern. The USVI low birth-weight rate has been growing, and is now 10.7% of all live births (or 161 USVI newborns) -- more than 1/3rd greater than the national rate of 7.9%.

Most healthy, normal-weight newborns remain in the hospital for observation only for 24 to 48 hours. But **even for healthy newborns, dangers can loom when they reach home.**

“Once out of the hospital, babies tend to fall into a black hole,” Dr. Randall muses. “If mothers don’t schedule or show up for regular well-baby/mother clinic appointments, we can be looking at setbacks that can run out of control. These risks include dehydration, jaundice, infections, failure to thrive.” The first recommended evaluation visit for a healthy newborn is within the first week after birth.

It’s not easy, however, for a mother to access the follow-up health resources in the community that provide evaluation care for newborns. Our clinics are few, and crowded. According to Dr. Randall, it typically takes 7 to 14 days after a baby’s appointment is made for the infant to be seen at either of our two clinics, **making access to timely care difficult -- especially for newborns, or the older baby with a sudden health setback.**

While accessing community care services can prove logistically difficult, other personal factors can also cause mothers not to seek out health checks or healthcare for their infants.

A mother leaves the hospital with her own set of abilities, habits and risks. Perhaps she herself has lacked or overlooked the need for health care during her pregnancy, and won’t seek it for her child. A further risk-factor is how well -- or badly — she copes with the high demands of a new baby, especially alone. “Sending a mother home with no source of real support puts the baby at risk,” Randall asserts. **“A mother’s stress or fatigue, and a lack of relief...or confidence...can lead to lashing out, ignoring, or withdrawing care from her child.”**

This is especially true when the mother is a first-time parent, or when she is young (11-19 years old), or poor. It also happens more if she is a single parent. Why? Documentation shows that mothers in all these categories are far less likely to have a reliable and ready source of logistical help and emotional support.

Because **more than 70% of mothers delivering babies at the hospital are unmarried**, Dr. Randall cites that **stresses are high on VI mothers, and on their newborn infants.**

Now for the second question: *how can we improve VI babies’ chances of surviving (and thriving) during their high-risk first months?*

“Being well-cared for by their mothers in the first months of life is critical to a child’s health and life-long outlook. This is when a baby absorbs messages about itself and what to expect: that *the world is good*, that *my needs will be met*,” according to Dr. Randall.

Like many in the community, we at *Voices for VI Children* are concerned that VI mothers get better access to the resources and support they need during this often-difficult time.

Without being able to take an after-hours shift with a mother’s crying baby at night, **what effective measures or “solutions” can we as community members undertake to help safeguard our youngest citizens in their first months of life?**

When we asked Dr. Randall, she suggested ways to improve a mother’s logistical access to healthcare services for her baby:

Let's put information in the mother's hands. Mothers could benefit from a basic guidebook of services available to them within the territory. Included would be specific programs serving newborns and young babies, offered by Human Services, WIC, Miracle Babies Support Foundation, other support groups, hotlines, and more. Why not put this multi-lingual pamphlet into a mother's hands as she's discharged from the hospital? Stock it at clinics, private doctor's offices, at WIC offices, daycares, and any other place where new mothers gather.

Let's break down the barriers for mothers with young babies to be able to access the health care system. Currently our clinics are limited in number: to 2. The waiting time for a required appointment is particularly long. Could we restructure to allow babies (especially those in the first month of life, or with critical symptoms) a same-day, walk-in appointment? Can we expand the sites that offer baby check-ups...perhaps even establishing a site in the hospital itself?

Let's track "dropouts." Is there a way to "flag" a newborn and mother who have failed to be seen (by a doctor or a clinic health professional) for their essential first check-ups within the baby's first month? At one time public health nurses, working through the Department of Health, used to make home visits in circumstances indicating this need. Can this or a similar program be revived?

These may be small changes for small people. But those small people are not only our community's children, they are our community's future.

It's time to speak up for the Virgin Islands' children, even the very youngest.