

The Columbus Dispatch

Number of Baby Deaths Should Drop as Unplanned Pregnancies Go Down

As fewer unplanned babies come into the world, the number who die before their first birthday will plummet, and more use of long-acting birth control will be integral to making that happen, experts at a statewide infant-mortality summit said.

The free summit drew almost 2,000 people to the Greater Columbus Convention Center yesterday and covered an array of topics, including smoking, poverty, racial disparities and safe sleep.

Ohio's overall infant mortality rate in 2013 was 7.3 per 1,000 live births. Among black infants, the rate was nearly double, at 13.8 per 1,000, according to preliminary numbers shared by Dr. Arthur James, an infant-mortality expert from Ohio State University's Wexner Medical Center.

The state's standing in the country is dismal: Ohio ranked 46th in infant mortality in 2011, the most recent year for which data were available. And in deaths of black infants, Ohio ranked 50th — the worst — that year.

Much of the work done to lower Ohio's high rate of infant deaths has focused on helping pregnant women, and new moms and their babies.

All of that is commendable and important, said Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancy. But she said that more energy should be devoted to making sure the babies born in Ohio are born to families who planned for them.

Unintended pregnancies carry a higher risk of problems — during both pregnancy and infancy, she said.

Women who didn't want to be pregnant are less likely to get prenatal care in the first trimester (19 percent of them go without that care, as opposed to 8 percent of women who planned their pregnancies), and it can be more challenging to help a woman with a variety of needs once she's pregnant, Brown said.

"We have to buy some time; we have to create some open space to work with non-pregnant women," she said.

That's the time to discuss and provide birth control, to address risky behaviors, to treat a wide range of medical conditions, and to address problems including unhealthy relationships and environmental toxins, Brown said.

More than half of U.S. women who become pregnant weren't planning for it, according to the Guttmacher Institute, a national sexual- and reproductive-rights group.

"All women need access to high-quality family planning and preconception care that is local, accessible and affordable," Brown said.

Long-acting contraceptives — progestin implants and IUDs — are increasingly being heralded for their ease of use and reliability, and Medicaid and most private insurers are covering them. But they still aren't always easy to come by, including at federally qualified health centers.

In September, the American Academy of Pediatrics recommended long-acting birth control as the first line of pregnancy prevention for teenagers, most of whom use condoms. Condoms, however, should be used as well, to lower the risk of sexually transmitted diseases, the group said.

A landmark birth-control study conducted in St. Louis found that when teens were given information about the efficacy of various forms of birth control and were allowed to choose which to use, most chose long-acting contraception.

Teens in the study had a pregnancy rate of 34 per 1,000, compared with almost 159 per 1,000 nationally. The abortion rate in the study group was 9.7 per 1,000 compared with the national average of 41.5.

Another project in Colorado led to a marked decrease in high-risk births and in abortions when women had access to long-acting contraceptives, Brown said.

Staffers at Nationwide Children's Hospital hope to see the same kind of benefits from a new project that will increase access to implants and IUDs for teens who live in neighborhoods near the hospital, said Dr. Elise Berlan, an adolescent-medicine specialist.

Some patients (and their moms and grandmas) have misconceptions about those methods of birth control, as do some health-care providers, but they are generally safe and exponentially more effective than pills and condoms, Berlan said.

Out of 10,000 girls who use Nexplanon, an implantable hormonal contraceptive that can provide birth control for up to three years and is reversible, five will become pregnant. Out of the same number on birth-control pills, 900 will become pregnant, Berlan said.

In 2012, Children's Hospital determined that only about 1 in 10 sexually active teen girls in the neighborhoods near the hospital on Columbus' South Side was using contraception.

The hospital is now partnering with primary-care doctors, school nurses, social workers and others to find teens who want birth control. In 2011, Children's gave 12 girls long-acting contraception. This year, that number will reach about 370.

Also during yesterday's summit, a Columbus firefighter brought many to tears when he spoke of his 3-month-old son who died without explanation in his crib in 2011.

"The grief is overwhelming. The sadness is unbearable," said Scott Widener, who worked with the responding medics to try to revive Jude.

"The memory that I have in my head is of me holding his cold, lifeless body."

Although there was no evidence that unsafe sleep contributed to Jude's death, Widener remains troubled that he and his wife had never heard — through four children — about safe-sleep practices. (Babies should sleep alone without blankets or pillows or toys, on their backs and in cribs.)

Widener's experience has led him to take special note of unsafe sleep conditions when he goes on calls, and yesterday he announced a new Columbus Fire Division effort to make sure that families who don't have a safe place to put their babies to sleep receive a Pack 'n Play from Columbus Public Health.

"Often, we see children with no crib, no bed," Widener said. "Some people don't even know that it's dangerous."