

Birth Outcomes Introduction

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The issues of teen pregnancy, infant mortality, and low birth weight are some of the core causes for poor birth outcomes; these issues are three distinct but interrelated areas of the utmost importance to children's health. The connections between these birth outcomes may be readily apparent, but they can also be quite alarming: one of the primary causes of infant mortality is low birth weight; one of the causes of low birth weight is teen pregnancy; teen pregnancies have higher rates of infant mortality and low birth weight; and children of teenage mothers are more likely later to be teenage mothers, thus perpetuating the cycle. Together, these three health issues intimately affect and determine the well-being and future success of children, their mothers, and society as a whole. The fact that these three birth outcome issues are so interwoven creates the very real potential for an ever-increasing downward health spiral; at the same time, the interrelatedness also provides an opportunity for significant and effective change and improvement.

While these birth outcome issues are of national concern, Mississippi in particular must devote significant attention to these matters. In 2006, Mississippi had the third-highest pregnancy rate of teens 15-19 in the country as well as the highest teen birthrate overall.¹ In fact, the state saw an increase of nearly 1,000 births to teens from 2005 to 2006.² Mississippi has also had the highest rate of infant mortality in the country since at least 1999.³ Finally, Mississippi has both

¹ Guttmacher Institute, *U.S. Pregnancy Statistics National and State Trends and Trends by Race and Ethnicity*, at 11 (2006). Available at: www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf.

² Associated Press, *CDC: Mississippi Has Highest Teen Pregnancy Rate*, Jan. 7, 2009. Available at: <http://www.foxnews.com/story/0,2933,477441,00.html>.

³ The Annie E. Casey Foundation, "KIDS COUNT Data Center: Profiles by Geographic Area → United States," 2008. Available at: http://www.kidscount.org/datacenter/profile_results.jsp?d=1&r=1.

the highest percentage of infants with a low birth weight⁴ and, in 2006, had the highest percentage of very low birth weight infants.⁵ Addressing negative birth outcomes, therefore, is critical to the general health and well-being of citizens of Mississippi.

Consequences of Negative Birth Outcomes

The high rates of teen pregnancy, infant mortality, and low birth weight in Mississippi create serious consequences for the children and the mothers involved. These consequences are often long-term and produce serious harms of their own. Some of the consequences of negative birth outcomes include:

- Teen parents are more likely to drop out of high school.⁶
- Pregnant teens are at an increased risk for poor maternal weight gain and a higher maternal mortality rate.⁷
- Children of teenage mothers are more likely to have lower cognitive attainment and proficiency scores when entering kindergarten; have behavioral problems and chronic medical conditions; and drop out of high school.⁸
- Low birth weight babies are more likely to experience complications during and directly after birth, such as infection, difficulty in feeding, and neurological problems.⁹

⁴ Kaiser Family Foundation, Kaiser State Health Facts, "Births of Low Birthweight as % of Births," 2009. *Available at:* <http://www.statehealthfacts.org/comparemaptable.jsp?ind=42&cat=2>.

⁵ Annie E. Casey Foundation, Kids Count Data Center, "Data Across States: Very Low-birthweight Babies (Percent) – 2006," July 2009. *Available at:* <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=17>.

⁶ Centers for Disease Control and Prevention, "Preventing Teen Pregnancy: An Update in 2009," (2009). *Available at:* <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/AboutTP.htm>.

⁷ Jonathan D. Klein et al., *Adolescent Pregnancy: Current Trends and Issues*, 116 *Pediatrics* 1, at 281-86 (July 2005). *Available at:* <http://pediatrics.aappublications.org/cgi/content/full/116/1/281>.

⁸ Centers for Disease Control and Prevention, *supra* note 4.

⁹ Weill Cornell Medical College, "Low Birth Weight," 2009. *Available at:* <http://wo-pub2.med.cornell.edu/cgi-bin/WebObjects/PublicA.woa/4/wa/viewHContent?website=wmc+pediatrics&contentID=2382&wosid=ocIm5tesvYInJEiZtmQYQw>.

- Low birth weight babies are more likely in the long term to suffer from respiratory distress syndrome, brain bleeding, and various serious heart, intestinal, and eye conditions.¹⁰

In addition to the serious ramifications for individual children and mothers, Mississippi as a whole suffers considerable consequences. The striking health problems caused by teen pregnancy, infant mortality, and low birth weight create significant societal and financial costs that must be borne by the people of Mississippi:

- Childbearing teens cost Mississippi taxpayers at least \$135 million in 2004, primarily consisting of costs associated with increased public health care, child welfare, incarceration, and decreased earnings and spending.¹¹
- Between 1991 and 2004 there have been more than 116,900 teen births in Mississippi, costing taxpayers a total of \$2.7 billion over that period.¹²
- The average cost for low birth weight and preterm babies between birth and one year of age was \$15,100 as opposed to \$600 for infants born with no complications.¹³
- Preterm and low birth weight babies spent an average of 13 days in the hospital, as opposed to 2 days for healthy newborns.¹⁴

¹⁰ March of Dimes, "Quick Reference Fact Sheets: Low Birth Weight," 2009. *Available at:* http://www.marchofdimes.com/professionals/14332_1153.asp.

¹¹ The National Campaign to Prevent Teen Pregnancy, "By the Numbers: The Public Costs of Teen Childbearing in Mississippi," (Nov. 2006). *Available at:* <http://www.thenationalcampaign.org/costs/pdf/states/mississippi/onepager.pdf>.

¹² *Id.*

¹³ Russell et al., "Cost of Hospitalization for Preterm and Low Birth Weight Infants in the United States," 120 *Pediatrics*, e1, e5 (2007). *Available at:* <http://www.pediatrics.org/cgi/content/full/120/1/e1>

¹⁴ *Id.*