Cuts may hurt infant care

By KATHLEEN DONAHUE

A proposed 22 percent state budget cut threatens the slight progress Louisiana has made in recent years toward reducing its high infant death rate, officials say.

For a state that prides itself on family and its continuity, at least 13 infants will die for every 1,000 born this year, according to state projections. For some parishes, especially rural ones like Assumption and St. James, the number of deaths will approach 21 per 1,000.

A few deaths will be caused by medical complications, but the majority of children will die as a result of their prematurity and their mothers’ lack of prenatal care, the experts say.

Attempts in the past few years to correct that problem have had some impact, but two of the state’s health experts say budget cuts will handicap programs designed to reduce infant mortality and cause the state charity hospitals to reduce funding allocated for care of high-risk, premature infants.

Without medical care for premature infants and prenatal educational programs for mothers, death is inevitable for many newborns, said Dr. Larry J. Hebert, chief of pediatrics at Earl K. Long Memorial Hospital.

“They are going to die. There is no way you can support a (premature) infant indefinitely. There is no place to support them,” he said.

If the budget cuts are implemented, EKL Administrator Cal Bankston said he may be forced to reduce by half the number of beds and the $600,000 allocated each year to the neonatal intensive care unit, where premature infants are sustained by life-support machines. All beds in the 11-bed unit are in constant use, he said.

“If they don’t get into these units, they won’t live,” Bankston said.

Some parish health offices that care for expectant mothers and infants may be closed if the cuts are implemented, a state Department of Health and Human Resources spokesman said.

“We have made progress and that progress is severely threatened. In 1977, the rate of infant deaths was 18.1 per 1,000. In 1983, it was reduced to 13.2 per 1,000,” said Suzanne Danilson, administrator of DHHR’s Maternal and Child Health Office.

Louisiana once recorded the highest number of deaths in the nation. The state moved from the last spot to 47th out of 52 states (including Puerto Rico and the District of Columbia) in 1986.

But that change in rank is minimal — almost insignificant — according to Hebert. Health care experts have been asking for years for more funds to further reduce the rate of infant mortality, but the legislators have been unresponsive, he said.

“It’s a day-to-day struggle,” Hebert said with exasperation. “I don’t think they hear us.”

Hebert was a member of the short-lived Louisiana Perinatal Commission that fell victim to budget cuts last year. The commission, which consisted of neonatal health care experts, was responsible for setting minimum standards of care for premature infants.

Attempts to reduce infant deaths were handicapped by the elimination of the commission, Hebert said.

Attention also needs to be focused on the prenatal programs to reduce the number of infant deaths, Danilson said. The money spent to...
care for one premature child, which could reach as high as $100,000, could be spent to educate at least 100 mothers about personal health practices that could prevent premature or high-risk births, she said.

The problem of premature birth cannot be solved at the neonatal intensive care unit, Danilson said. “We shouldn’t have one-pound babies. The answer is not to provide bigger and better intensive care units. You have to prevent the problem,” she said.

Many expectant mothers in need of prenatal care have no transportation to the state’s 10 charity hospitals, Danilson said. They already have difficulty finding transportation to the public health units in the parishes where they live.

“Louisiana is a rural and a poor state,” she said. “Some people have no access to care.”

Many also cannot afford health care without the services the state provides.

“So many of the state’s residents are tenant farmers and construction workers. They don’t have the means to pay for medical care,” Danilson said.

“That’s a significant part of the population.”

The struggle to provide care and reduce mortality rates will be compounded further if the state elects to close public health units in some parishes because many residents have become dependent on them, Danilson said. The number of patients in the waiting rooms at the health units has increased because of the rise in unemployment.

“Where would people go? The health units are their only source of prenatal care. They wouldn’t get any care,” Danilson said. “You can’t cut (the budget) without affecting services and staff. If we get cut, we can’t afford to pay our nurses and doctors.”

One area of the state’s budget that will remain unscathed is Medicaid reimbursements to hospitals that care for premature infants when the state hospitals’ intensive care units are occupied, said Chris Pilley, director of DHHR’s Division of Medical Assistance.

The state’s Medicaid reimbursement is facing a 10 percent, across-the-board cut on the federal level, Pilley said. However, neonatal care will be exempted from that cut.