

Nursing and Human Rights: Infant Mortality

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Infant mortality is the rate of infant deaths for those under one year of age per 1,000 live births. Infant mortality has long been regarded as one of the strongest indicators of the overall health and structure of a community. It is reflective of the distribution of wealth within a country. By looking at infant mortality rates, one can estimate the adequacy of food, housing, medical care and clean water available to subgroups within the population. This paper will further examine infant mortality as an essential tool for nursing practice in furthering the core belief that health is a fundamental human right.

Overview

What do we know about infant mortality? There is a distinction between infant deaths in the first 28 days of life (neonatal mortality) and the next 11 months (post neonatal mortality). Risk factors associated with infant mortality rates differ within these two time periods.

In the first 28 days of life, the neonatal period, risk factors include what happened during the birth and during the pregnancy. Two-thirds of all infant deaths fall within this period. Risk factors include congenital (birth) defects, race, high birth order, low birthweight, inadequate prenatal and neonatal care. The other one-third of deaths occur within the next 11 months. Causes within this period are related to the environment; such

as poverty, substandard housing, inadequate food or sanitation, and lack of health services.

“Infant mortality is the most sensitive measure of the social ills afflicting a community” (Cohen, 2007). By looking at infant mortality rates (IMR), we can see how well society is meeting the needs of its people (Centers for Disease Control, 2007). Wagner (1988) initially reported “infant mortality is not a health problem. Infant mortality is a social problem with health consequences” (p. 473). “As a social indicator, the IMR illuminates much that a measurement of the gross national product obscures” (Newland, 1991). It is reflective of the distribution of wealth within a country. This encompasses how much food, housing, medical care, and clean water is available to all segments of a population.

Social problems, such as environmental contamination, lack of education, discrimination against women and poor health services, have been strongly associated with high infant mortality rates (Newland, 1991). The immediate cause may be lack of food, disease, severe birth injury, or prematurity. But, behind these deaths may be a complex interplay of other factors such as low family income, lack of sanitation, ignorance, discrimination, crowding, high fertility or exposure to toxic substances. It is often difficult to pinpoint a single fatal factor (Newland, 1991).

Risk Factors

There is a well-known relationship between a few variables and infant mortality. Some of these are access to prenatal care, birthweight, length of gestation, maternal age, and race.

Access to prenatal care. Women who receive prenatal care during the first trimester of their pregnancy have better birth outcomes than women who receive little or no prenatal care. In 2002, 1 in 9 births in the United States were from women receiving inadequate prenatal care (March of Dimes, 2008).

Low birthweight. Babies born weighing less than 5 pounds and 8 ounces are considered low birthweight. In the United States, about 1 in 13 babies are born below this each year (March of Dimes, 2008).

Length of gestation. The length of a woman's pregnancy can be connected to low birthweight. Overall health of a baby may vary within birthweight groups depending on the length of gestation (pregnancy).

Maternal age. Both low birthweight babies and a high infant mortality are associated with young mothers. Mothers under 20 years of age have the highest incidence of low birthweight babies (March of Dimes, 2008).

Race. Another area of concern is the infant mortality rates of black infants compared to the rates of white infants. In the United States African American babies are more than twice as likely to die before their first birthday as white infants (Children's Defense Fund, 2006).

Global Perspective

How does the United States compare in the global picture? United States ranks at the lowest of industrialized countries. Infant mortality rates are more than two times that of Japan or Sweden (CIA Factbook, 2008). In the last few years Slovenia, Greece, and South Korea have moved past the United States (CIA Factbook, 2008). Rates in the United States are similar to that of Cuba and Croatia (See Appendix).

Our current rank reflects the disparities within ethnic and racial groups within the United States (Centers for Disease Control, 2008). When you compare rates of African American babies to babies in other countries, the United States fares even worse.

Poverty is often a major predictor of birth outcomes. In many countries the poor are three times less likely to obtain health care through pregnancy, birth, and the infant's first year of life. Nigeria has one of the worst rates with poor children having a 45% less chance of receiving health care as compared to those with financial resources in the same country (World Health Statistics, 2008).

A recent study of the social determinants of health found that in most countries the differences in health can be linked to the "social environment where people are born, live, grow, work, and age" (World Health Organization, 2008, p. 1). The commission determined that the most effective way to deal with health inequities is NOT through medical intervention but by looking at social policy (World Health Organization, 2008)

Nursing

Nurses are essential members of health care teams and play a pivotal role in decreasing infant mortality. As the issue of infant mortality is a complex one, so is the role of the nurse. Certainly one aspect of nursing is the hands-on care provided to women and families throughout pregnancy, birthing, and care of children. This often includes educating people to take better care of themselves. Nurses can't stop there.

Understanding the implications of the social determinants of health and illness, nurses work to change policy at the heart of inequities. This broader focus of care protects the health of all families.

Appendix

Infant Mortality Rates

Sweden	2.76
Japan	2.8
Iceland	3.27
France	3.41
Norway	3.64
Czech Republic	3.86
Germany	4.08
Switzerland	4.28
Spain	4.31
Slovenia	4.35
United Kingdom	5.01
Ireland	5.22
Cuba	6.04
South Korea	6.05
United States	6.37
African American infants	14.1
Croatia	6.6
Thailand	18.23
Columbia	19.51
Nicaragua	25.91
Iraq	45.43
Haiti	62.23
Somalia	110.97
Liberia	143.89
Afghanistan	154.67
Sierra Leone	156.48
Angola	182.31

CIA World Fact Book (2008)

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