

Free essay about low- birth weight and preterm babies

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Low birth weight and preterm delivery are significant birth outcomes that affect both the families and societies alike. Despite the fact that great improvements in dramatically reducing infant mortality have taken place in the medical world during the 20th century, racial and ethnic disparities in health still exist, in the US, as well as the rest of the world. It appears that specific racial groups are more favored than others, and infant health causes a rising concern in the US healthcare system (Anachebe, 2006 p. S3-71). The black-white disparity in extremely low birth weight in the US is persistent, with 13 percent of babies with low birth weight are born to black mothers, when the equivalent percentage of white mothers giving birth to infants with low weight at birth is 6.7 percent (Anachebe, 2006 p. S3-73). The disparity in healthcare is not limited to the Black community only, but affects all minority groups; yet, Black women have four times the risk of dying from childbirth and pregnancy complications (Anachebe, 2006 p. S3-73).

An infant that weighs less than 2,500 grams is considered an infant with low birth weight and is a primary indicator of an infant welfare (Hanratty 1996). Studies have shown that very low birth weight children usually have delayed neuropsychomotor developments while brain paralysis affects approximately 15 percent of the aforementioned group of children (Konstantyner, Leite, and Taddei, 2007 p. 139). Those children that have been born preterm usually experience cognitive issues, increased aggressiveness, hyperactivity and reduced academic performance, and have difficulty in learning process (Reichman, 2005). As a result, families are burdened with extra costs that rise from taking care of such children and struggling to make them keep up with the academic standards applied to children their age. Other than that, a

child with low birth weight runs a highly increased risk of mortality within the first year of his/her life, which of course is devastating for the family (apha.org).

On top of that, the financial costs associated with treating women that had preterm labor and delivery are exceptionally high, when charges for low birth weight inpatient stays reach \$44, 000, compared to the \$1, 700 one needs to pay for normal newborn hospital charges (apha.org). Some minority groups and women from low income families run a much greater risk for giving birth to low birth weight children.

Support services and systems in the US for preterm infants and their families do not adequately address the needs of women of racial and ethnic minority populations, as well as those that come from a low socioeconomic status.

Health care organizations should “ advocate that future efforts to reduce preterm birth and low birthweight include a focus on the broad, multifactorial causes of disparities in these newborn outcomes” (apha.org).

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