

New leases on life

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HARD WORK pounding the pavement and getting the word out is showing results: Fewer Baltimore babies are dying.

The city posted the lowest infant mortality rate in its history in 2002, according to its preliminary figures released this month. In 2001, the mortality rate was 11.9 deaths per 1,000 births; last year, it was 10.4. Also for the first time, the mortality rate for black babies was better in Baltimore than in the nation as a whole: 12.5 per 1,000 born in the city didn't make it to age 1, compared with an estimated 13.2 nationwide.

The trend bucks the received wisdom about big cities: As the middle class leaves, things must fall apart. Like the canaries once used in coal mines, infants are the bellwether of their community. The most vulnerable of humans, their well-being is a direct indicator of the well-being of the society around them. And despite Baltimore's troubles, more and more of its babies are growing into toddlers and on up.

How did it happen?

A potent masala of services and an all-out effort to get women the information and the care they need. Workers at Healthy Start clinics travel traditionally high-risk neighborhoods knocking on doors, seeking out women who may be expecting and offering them access to services that can help them carry to term and thrive after birth. Their visits, as well as those by the Success by 6, Maternal & Infant Nursing and Baltimore HealthCare Access folks who come after, not only keep the focus on good perinatal care but also inform women who may not yet be with child that help is out there should they need it.

Concerted efforts to diagnose and care for women with sexually transmitted diseases has slashed the number of pregnant women who have syphilis or gonorrhea. Prenatal testing and treatment for chronic problems such as high blood pressure and diabetes and for bacterial and viral infections is showing results. And improved access to drug treatment for pregnant addicts also has helped. Women with STDs or drug problems often give birth prematurely or deliver babies who weigh far below average, two conditions that drive up mortality rates.

On the talk side, city officials credit a relentless campaign on how babies sleep safest (on their backs, by themselves, not in heavy bedding) with making a big difference. They also should credit themselves, for calling for and then listening to the perinatal review board that studied why so many city babies were dying and recommended how best to stem the tide.

All this outreach and follow-up is labor-intensive and costs up-front money, mostly state and federal funds. But it's well worth it. Woe to any foolish public official who dares suggest this money be cut, even in these hard times.

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