Babies at risk

By Celeste Kennel-Shank

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Singing "Nothing Is Lost on the Breath of God" in church recently, my mind called up the face and tiny body of the most recent stillborn child I blessed. A beautiful post by Rebecca Kirkpatrick from some months ago has connected the song in my mind with pregnancy loss.

Edward Blum brought it to my attention that tomorrow, October 15, is Pregnancy and Infant Loss Remembrance Day. In caring for parents after stillbirth or the death of an infant I have witnessed a deep pain and sadness distinct from other expressions of grief I have seen. These losses are profound in any circumstances. Some young lives can't be saved by even the best medical technology, and that is one of the heaviest tragedies a family can face.

Yet periodically I wonder why there is so much more infant and pregnancy loss in the hospitals where I have worked as a chaplain, which serve largely low-income people of color.

During my first unit of clinical pastoral education, I worked in a hospital on the west side of Chicago with a top-level neonatal intensive care unit. That summer, I said a pastoral blessing over each of several stillborn children as I cared for their families.

It was an unforgettable introduction to the reality I had read about before: that more babies die in the U.S. before reaching their first birthday than in many other developed countries worldwide, and that in some areas it is much higher still. (The deaths of children who don't survive childbirth are sometimes recorded differently from infant deaths, but the causes may be related.) According to 2010 statistics, the U.S. infant mortality rate is 6.1 per 1,000 live births. In the southern part of Chicago and its nearby suburbs, where I work as a chaplain now, it's 10.8 (according to the most recent available data, from 2008).

Recent research from three U.S. scholars—including one from the University of Chicago, located in that same area—examines why the U.S. infant mortality rate is higher than other wealthy countries (pdf), in particular Austria and Finland. It finds that U.S. children often have access to “technology-intensive medical care provided shortly after birth” in hospitals. There is a difference in reporting on deaths after premature births. “Extremely preterm births recorded in some places may be considered miscarriage or still birth in other countries,” and those deaths before viability account for some of the difference.

But the gap in mortality rate is apparent after children go home with their families. Knowing that infant mortality “varies strongly across racial and education groups,” the authors look at socioeconomic status. “We show," they write, "that infants born to white, college-educated, married women in the US have mortality rates that are essentially indistinguishable from a similar advantaged demographic in Austria and Finland.”

Christopher Ingraham of *The Washington Post* commented on this paper. “To put it bluntly, babies born to poor moms in the U.S. are significantly more likely to die in their first year than babies born to wealthier moms,” he wrote. “Research like this drives home the notion that economic debates in this country—about inequality, poverty, healthcare—aren’t just policy abstractions. There are real lives at stake.”

As I remember some of those lives, I give thanks for the opportunity to minister to families facing such loss. And I pray for policymakers in this nation to take the research seriously—research that points to a way to reduce infant deaths by improving their families' standard of living.