

Short-Changing Babies

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I recently participated in the PQCNC (Perinatal Quality Collaborative of North Carolina) "39 Weeks Project" in Chapel Hill. Coordinator Kate Berrien contacted me after reading my story regarding the anomalously candid and thorough discussion with a Duke doctor that spared my newborn son from circumcision. Though the forum focused on mothers carrying their babies to full term (39-40 weeks), Kate thought my story would encourage doctors to communicate with their patients regarding their medical decisions.

Before this forum, I thought that women and doctors insisting on early births for nonmedical reasons – because of their families' vacation schedules, the husband's work schedule, or the fact that the mother is just too uncomfortable to remain pregnant any longer -- lived only in cynical imaginations and television soap operas. Turns out that, in the last decade, the main stream has effectively reduced 'full-term' to 37 weeks. The Washington Post reports that nearly 9 percent of all American babies were born late-preterm (37-39 weeks) in 2003, with that number increasing such that the *average* U.S. pregnancy in 2006 was shortened from 40 weeks to 39, despite the common-sense risks of trying to outskirt Mother Nature.

According to the March of Dimes, a baby's brain at 35 weeks is just two-thirds of its weight at 39 or 40 weeks. Likewise, the lungs and other organs of babies born before 39-40 weeks are often underdeveloped, causing difficulties concerning breathing, body temperature and feeding. Late pre-term babies are also more vulnerable to infections and jaundice, which can cause brain injury or death. In fact, compared to full-term babies, late-preterm babies are nearly five times as likely to die in the first week of life and three times as likely to die in the first year. And recent studies suggest that surviving late-preterm babies exhibit more long-term problems related to speech development, coordination, learning and behavior. Furthermore, a due date is only a guestimate -- if it's off by a week or more, a birth at 37 weeks would be seriously premature, greatly increasing the chances and severity of the above risks.

Because so many of these 37-39 week babies are being born-- more than 350,000 annually -- a slightly increased risk translates into thousands of sick babies, resulting in 1-2 weeks' post-birth hospitalization, often with neonatal intensive care. In addition to the trauma to the baby and parents, this translates into hundreds of millions of dollars/year in medical costs.

So why would a mother and/or her doctor willingly put a baby at risk like this? One reason is ignorance and lack of communication. With 37 weeks now effectively considered 'full-term,' many physicians take for granted the difference a couple more weeks can make, so

the mother doesn't get the information necessary to make a truly informed decision. And since obstetric physicians, by definition, only deal with the mother and the fetus until birth, many are completely unaware of the complications arising in the late-preterm babies they deliver. Newborn babies are the pediatricians' domain.

Another reason is the lack of time and priority on behalf of the medical industry. Today's doctors are pressured to see so many patients/day that they may not have or take the time to truly discuss medical decisions with their patients. Furthermore, as I discovered at PQCNC's forum, medicine has become such a business that patients are too often seen as paying clients who deserve customer satisfaction. To prevent patients from taking their business elsewhere, doctors/practices often give them what they want, regardless of medical reasons, as long as there is no increase in legal liability.

It is a mistake to wait for patients to initiate discussion of options and consequences, and a bigger mistake to assume that if no such discussion is initiated, patients are completely comfortable with their medical decisions. In most cases, patients probably don't even realize that such discussion might need initiating. Regardless of their education and background, and all the information available online, patients generally do what they think their doctors want them to do. If their doctor doesn't initiate discussion, they presume it is best to agree to whatever (s)he suggests.

It's clear our physicians should resume their responsibility for proactively educating and engaging their patients. Thankfully, this was the consensus of the forum attendees, all of whom were committed to returning a full-term pregnancy to 39-40 weeks, as Nature intended. Thank you, PQCNC, for bringing the problem of elective late-preterm births to our attention and for giving our doctors the support they need to truly talk to their patients and each other. Here's hoping the insurance companies realize how much money you are saving them and use some of these savings to financially support your efforts.