NCFH
National Center for Farmworker Health, Inc.

MATERNAL & CHILD HEALTH FACT SHEET

Nearly four million babies are born in the United States each year. Many of the high costs associated with poor pregnancy outcomes are preventable and unnecessary. Due to mobility, the pregnant farmworker woman and infant child face great obstacles in obtaining adequate and timely prenatal and postnatal care. Likewise, once born, the health of farmworker children is one of the poorest of any group in the country and is a major concern within the migrant health field. The migratory lifestyle, language barriers, poor living conditions, and a lack of sufficient financial resources or health insurance make access to health care and the continuity of care incredibly difficult.

General Information

- On an average day in the United States 11,120 babies are born. Of these births 1,280 babies are born preterm, 841 babies are born with low birth weights, 418 babies are born to mothers who started prenatal care in the third trimester or who received no prenatal care at all, 411 babies are born with a birth defect, and 76 of these babies will die before they reach their first birthday.[1]

- According to the World Population Bureau, the United States' 2002 infant mortality rate was 6.6 deaths per 1000 births.[2] Though the United States has the largest Gross Domestic Product in the world (2000/2001)[3], its current infant mortality rate is higher than such significantly poorer nations as Ireland and Cuba.[4]

- Latinas have the highest birth and fertility rates in the U.S. Nationally, the number of live births per 1,000 women ages 15-44 years (fertility rate) in 1990 was 107.7 for Latinas compared to 67.1 for non-Latino women, the highest fertility rates being among Mexican women.[5]

- In 1998, for mothers of Mexican ethnicity, 5.6 out of every 1000 children under one year of age died. The rate for babies with non-Hispanic white mothers was 5.98 per 1000 births for 1998, a decline from the previous year's rate of 6.02. The rate for babies with non-Hispanic black mothers was 13.88 per 1000 births.[6]

- Proper management of nutrition and dietary intake is essential for both maternal and infant health. Excessive intake of vitamins and minerals are as destructive to the growing fetus as deficient intakes. Intake of folate and vitamins A and D in the early stages of pregnancy have been linked to malformations in the baby[7] while inadequate nutrition can cause not only birth defects like neural tube defects and mental retardation[8], but also increase the risks for heart disease, diabetes and high blood pressure later in the baby's life.[9]

- According to the CDC, "an estimated 700,000 children aged 1-2 years are iron deficient, putting them at increased risk of developmental delays and impaired cognitive ability." Nearly a third of low-income women are anemic by the third trimester, and a quarter of these women do not gain enough weight throughout their pregnancies, thus increasing the risk of pre-term and low-weight babies.[10]

- Hispanics and Latinos typically exhibit lower levels of immunization than their White counterparts. In 1995, 58.8% of Latino children in North Carolina were immunized compared to 66.4% of White children.[11]

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- According to a recent study, 15.8 percent of people in the United States, or 42.8 million people, were without health insurance coverage. Among people under 65, 17.9 %, or 42.6 million people, were uninsured. Young adults 19-24 years of age are more likely than other age groups to be uninsured. Almost one-third (32 percent) of young adults were uninsured in the first half of 1999. Among people under 65, Hispanics (36 percent) and blacks (21 percent) are much more likely than whites (14 percent) to be without health insurance. Among children under 18, 13.6 percent, or 9.8 million children, were uninsured in the first half of 1999.[12]

Farmworker Data

- There are an estimated 3-5 million migrant and seasonal farmworkers in the United States, 16% of whom are women.[13]

- Of the farmworkers with children, 66% migrate with their children, and an estimated 250,000 children migrate with their parents each year.[14] This high mobility inhibits long-term relationships with health providers and creates barriers to continuous and follow-up care. [15]

- A 1998 study in Wisconsin reported that 1/3 of the mothers participating in that study self-rated their health as either fair or poor, compared to only 1/10 of the corresponding population in the U.S. [16]

Prenatal Care

- Geographic isolation inhibits access to prenatal care, and barring any obvious problem, migrant women are not likely to seek out prenatal care.[17] In one study, only 42% of pregnant migrant farmworkers sought care during the first trimester of their pregnancy. Comparatively, 76% of all pregnant women nationally sought care during the first trimester.[18] Another study, based in California, found that 29% of the participants did not seek prenatal care until their second trimester, while 14% waited until the final trimester.[19]

- Based on hospital claims data, the estimated average cost for postnatal care for women without prenatal care was $3,930, compared to $1,589 for a woman who had had prenatal care. The average long-term cost of care (incremental cost of health care, child care, and special education from birth to 15 years) for women without prenatal care is estimated to be $4,839, compared to $1,592 for women who have had prenatal care. [20]

- Data from the Pregnancy Nutrition Surveillance System found that of 4840 migrant women monitored, 52 percent (1835) had less than recommended weight gain throughout their pregnancies. 23.8 percent had undesirable birth outcomes: 6.7 percent had low birthweight, .7 percent had very low birthweight, 9.9 percent had preterm births, while 6.5 percent were small for gestational age.[21]

Pediatric Care

- In a study done by Alan Dever, he found that migrant clinics had twice as many visits with children younger than 15 years of age as ambulatory care settings in general. Overall, 43.9% of the migrant workers surveyed had more than one morbidity. The highest rate of co-morbidity was for those patients younger than 5 years of age and older than 64 years of age.[22]

- In two other studies, one found that 61% of the migrant children had at least one health problem while 43% had two or more problems.[23] While another found more than a third of the migrant children examined suffered from "intestinal parasites, severe asthma, chronic diarrhea, Vitamin A deficiency, chemical poisoning or continuous otitis media."[24]

Nutrition

- A study examining the diet of Mexican-origin migrants found that 61.2% of the diets were deficient in Vitamin A; 30.6% deficient in Vitamin C; 57.1% deficient in calcium, and 42.8% deficient in Riboflavin.[25]

- Although studies have shown that migrant parents understand the importance of a balanced diet for their children, a lack of money prohibited them from providing such diets. Poor dental health, obesity, diabetes, anemia and cardiovascular disease are among the most common nutrition-related health problems found in migrants of Mexican descent.[26]

Occupational Health & Safety

- Occupational hazards associated with farmwork pose significant risks to pregnant women. "Prolonged standing and bending, overexertion, extremes in temperature and weather, dehydration, chemical exposure, and lack of sanitary washing facilities in the fields. These occupational hazards might lead to spontaneous abortion, fetal malformation, or growth retardation and abnormal postnatal development."[27]

- Exposure to pesticides, infectious disease, and sub-standard living conditions makes farmworker children susceptible to poor health.[28]

- Another significant health risk for migrant children is their exposure to pesticides. A study conducted in New York State found that 48% of the migrant children surveyed worked in fields still wet with pesticides with 36% having been sprayed directly with pesticides.[29]

Other

- A study found that migrant farmworker children consistently receive their immunizations "significantly later than the recommended schedule." This study found that, while migrant children are eventually adequately protected, they are unprotected at an early age when they are most susceptible to diseases.[30]

- Although most migrant farmworkers are eligible for Medicaid, few are able to take advantage of such benefits. The constant movement associated with migration prevents enrollment in State-administered public health insurance programs. 72.8% of migrant and seasonal farmworker children have no health insurance.[31] In a 1998 Wisconsin-based study, 64% of migrant children's medical bills were paid for by Medicaid, with 20% being paid by Migrant Health funds and 16% paid by private insurance. However, 20% of the families surveyed paid for some or all medical bills "out of pocket."[32]

- Migrant children are also at a greater risk for maltreatment. Another study in New York State "found a child maltreatment incident rate of 40.2/1000 per person years, six times the state average."[33]

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