MATERNAL & CHILD HEALTH FACT SHEET

More than four million children 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 healthcare and the continuity of care incredibly difficult.

General Information

- In an average week, more than 79,584 children are born in the United States. In 2004, one in every eight children, or more than half a million, are born preterm. The percentage of children born with low birth weight (less than 5 pounds 8 ounces) was 8.1 percent, a 16 percent increase from 1990. During this same time period, births increased for Hispanic women, were essentially unchanged for non-Hispanic black women, and declined for non-Hispanic white women.
- 3.6 percent of all live births, or 1 in 28 infants, are born to mothers who started prenatal care in the third trimester or who received no prenatal care at all. One in every three babies born in the U.S. each year has a birth defect, the leading cause of infant deaths. In an average week, 536 babies in the United States die before reaching their first birthday.
- Births among unmarried women reached a record high in 2004, with 35.7 percent of all U.S. births to unmarried women. According to the Population Reference Bureau, the United States has a birth rate of 14 births per 1,000 people and a 2.1 fertility rate. Fertility rate is the average number of children born to a woman during her lifetime. In comparison, Mexico has a fertility rate of 2.37, Guatemala 3.59, Columbia 2.49, while Canada has a fertility rate of 1.57, Germany 1.41, and France 1.98.
- The U.S. infant mortality rate during 2008 was 6.6 deaths per 1,000 live births. Though the U.S. has the largest and most technologically powerful economy in the world, with a per capita GDP of $46,000, its infant mortality rate is higher than significantly poorer countries such as Cuba (5.93 deaths per 1,000 live births) and Ireland (5.14 deaths per 1,000 live births). The 2005 mortality rate for children aged 1 to 4-years-old was 4,756 total deaths or 29.4 deaths per 100,000 children. The leading causes of death were unintentional injuries followed by congenital malformations.
- Women in the U.S. have a 1 in 4,800 chance of dying from pregnancy or childbirth during their lifetime. In 2004, 440 women in the U.S. died from maternal causes.
- In 2005, Latinas had the highest birth and fertility rates in the U.S. Latina women, compared with 23.1 live births per 1,000 Latina women, compared with 12.4 for non-Latino women. 99.4 births per 1,000 Latina women aged 15 to 44 years, compared to 60.4 for non-Latino women. Women of Mexican origin had the highest fertility rate of all populations, with 107.7 births per 1,000 women aged 15 to 44 years.
• In 2005, for mothers of Mexican origin, 5.53 out of every 1,000 infants less than one-year-old died, an increase from the year 2000 (5.43).18
• Balanced and complete nutrition is essential for both maternal and infant health. Excessive and inadequate intake of certain vitamins and minerals can hurt the mother and the growing fetus. Inadequate intake of folate or folic acid, a B vitamin, can lead to major birth defects such as neural tube defects. Pregnant women are advised to take 400 micrograms each day.19 Likewise, in-take of vitamins A and D in the early stages of pregnancy have been linked to malformations in babies. 19a Though multi/prenatal vitamins can ensure sufficient nutrient intake, a 2004 study found only a 35.1 percent prevalence of multivitamin use among pregnant women, with the highest prevalence among white women with private health insurance.20 Poor nutrition can cause not only birth defects but also mental retardation, and it also increases the risk for heart disease, diabetes and high blood pressure later in the baby’s life.20a
• 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.” The CDC found the prevalence of anemia in pregnant women to be 10.2 percent, with Hispanic women having the second highest rate.21
• In 2008, more than 47 million Americans did not have health insurance.22 32.8 percent of Hispanics in the United States are uninsured, while 19.6 percent of African Americans and 14.5 percent of whites were without health insurance.21 8.1 million children under the age of 18 in the U.S. were uninsured in 2007.24
• Nearly one in five women of childbearing age in the United States did not have health insurance in 2006. This rate of 20.4 percent showed no improvement from the previous year and was higher than the 17.8 percent rate for all Americans less than 65-years-old.25 With an uninsured rate of 39 percent, Latina women ages 15 to 44 were three times more likely to be uninsured than non-Latina white women at 14 percent.26

Farmworker Data
• An estimated 3.5 million migrant and seasonal farmworkers live and work in the United States 27, 20 percent are women.28
• 51 percent of migrant and seasonal farmworkers are parents. Farmworker parents have an average of two children less than 18-years-old. Of these farmworker parents, 66 percent are accompanied by their families, and women were two times more likely to be accompanied.29
• 97 percent of farmworker mothers were accompanied by their children, compared to 55 percent of farmworker fathers.30
• Farmworker parents who had authorization to work inside the U.S. were twice as likely to be accompanied by family as were parents who lacked authorization.31

Prenatal Care
• Extreme poverty, constant mobility, language differences and lack of transportation make it difficult for farmworkers to have regular access to medical care.32
• In a 2005 study, only 42 percent of migrant and seasonal farmworker women reported accessing prenatal care services early on in their pregnancy (within the first 3 months). Compare this with the 76 percent of women who access early prenatal care nationally.33
One study in California found that postnatal care for an infant without prenatal care costs $2,341 more initially and $3,247 more when incremental long-term morbidity cost is added. In addition, the study found that for every dollar cut from prenatal care, the state of California could expect an increase of $3.33 in the cost of postnatal care and $4.63 in incremental long-term cost.34
• Data from the Pregnancy Nutrition Surveillance System found that of 4,840 migrant women monitored, 52 percent (1,835) had less than recommended weight gain throughout their pregnancies 23.8 percent had undesirable birth outcomes. 6.7 percent had low birth weight, .7 percent had very low birth weight, 9.9 percent had preterm births, while 6.5 percent were small for gestational age.35

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Pediatric Care

- A study done by Alan Dever 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. In this same study, 61% of migrant children seen at migrant health clinics had at least one health problem while 43% had two or more problems.
- Another study found that 53% of farmworker children had an unmet medical need according to their caretakers. This is twenty-four times higher than that reported for U.S. children overall (2.2%), 29% times higher than that for non-Hispanic white children (1.8%), twenty times that of non-Hispanic Black children (2.7%), and fifteen to sixteen times higher than reports for both Mexican American (3.5%) and Hispanic (3.4%) children.

Nutrition

- A mother’s education plays a key role in their child’s nutrition status. In 2008 in most countries, children with less educated mothers are much more likely to fail to reach their biological potential for growth. This includes especially low heights, low IQs and less education.
- 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.
- A 2007 study of migrant and seasonal farmworkers found that 82% of households experienced food insecurity, 49% of who additionally reported hunger.

Occupational Health & Safety

- The occupational hazards of farm work pose significant risks to pregnant women and children. Some of the occupational hazards faced by farmworkers include 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 can lead to spontaneous abortion, fetal malformation, or growth retardation and abnormal postnatal development.
- Exposing pregnant farmworkers to pesticides puts unborn children at risk for various severe physical and neurological developmental abnormalities such as facial/cranial malformation and missing limbs.
- Pesticide exposure commonly occurs in children via the take-home pathway. Parents working with pesticides often carry contaminated clothes, shoes and hats which then reaches children via household dust found in cars and common living areas. In a study involving urine samples, almost all children (88%) whose parents worked with pesticides tested positive for pesticide metabolites in their system.
- Further, children of farmworker families are exposed to the harsh and unstable environment of migrant work: 85% of farmworker housing units are typically over-crowded, high levels of anxiety, depression and suicidal attempts are commonly present in women, and overwhelming occurrences of farm injuries in both adults and children have been documented.

Other

- According to the findings of the latest National Agricultural Workers Survey, 77% of farmworkers were uninsured. The Kaiser Foundation found that 90% of farmworker children are uninsured compared to the 22% of nationally uninsured low-income children.
- Although many 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. Recent studies have proposed the idea of portable insurance plans, which are accepted across state borders where farmworkers frequently travel.

3 Ibid.
4 Ibid.
13 Ibid.
15 Ibid.
16 Ibid.
17 Ibid.
24 Ibid.
26 Ibid.
29 Ibid.
30 Ibid.
31 Ibid.


Ibid


