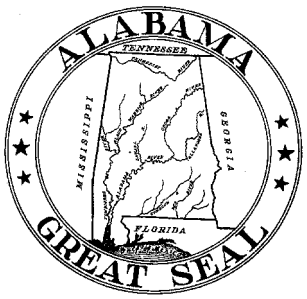
# ALABAMA




**"We have the technical know-how and we have the basic knowledge of preventative healthcare. What we do not have is the societal commitment for putting our collective noses to the grindstone and not budging until the changes we know need to be there are there."**

*–Senator Ted Little, Lead Legislator*
*Southern Regional Project on Infant Mortality, July 22, 1985*

According to the Department of Public Health's Center for Health Statistics, the infant mortality rate for the state was 9.1 in 2002, or 538 total infant deaths, a drop from its two-year steady rate of 9.4. This is the lowest number recorded, yet it remains among the nation's highest. Sumter County had the highest IMR (19.2) for the years 2000-2002 combined, while Coffee County had the lowest rate of 3.7. The counties with the lowest rates generally are in the northern part of the state. Counties with the highest rates are scattered throughout the middle and southern part of the state.

The decrease in infant mortality occurred despite several alarming trends: the rate of premature births increased from 13.8 in 1990, to 15.4 in 2001; the percent of low birth weight infants increased from 9.3 in 1999, to 9.6 in 2001; the percent of mothers receiving late or no prenatal care rose from 3.7 in 1999, to 3.9 in 2001; and multiple births rose from 3.0 percent of all births in 1999, to 3.5 percent in 2001. The total number of twin births also increased from 1,237 in 1980, to 1,923 in 2001; births of triplets increased from 20 in 1980, to 115 in 2001; and the number of quadruple births increased from zero in 1980, to 15 in 2001. In 2001, 4,094 infants were admitted to the neonatal intensive care units, a rising trend for the state in the last decade.[33]

Although the infant mortality rate remains high, Alabama's teenage pregnancy rate continues to decrease. The teenage birth rate declined from 62.8 in 1999, to 57.8 in 2001. This also was the lowest number of recorded births to teenagers in Alabama.[34]

Improvement in survival has not been associated with equal improvement in morbidity. There has been an increase in the number of chronic lung diseases, sepsis, and poor growth outcomes among the infants born.[18] Intensive medical treatment of preterm and low birth weight infants may result in future ill effects in adulthood including altered neurodevelopment and cognitive functions. In order to ensure positive results year after year, many programs were developed and expanded in Alabama to help reduce infant morbidity and mortality. Neonatal intensive care and regionalization of perinatal care emerged as early as the late 1970s. In an effort to confront the state's high infant mortality rate, a group of physicians, other healthcare providers, and interested citizens came together and became the impetus behind the passage of the Alabama Perinatal Health Act in 1980. This statute established the Alabama Perinatal Program and the mechanism for its operation under the direction of the State Board of Health.

### State Facts 2001*

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| Infant Mortality Rate | 9.4 |
| Preterm Birth Rate | 15.4 |
| Low Birth Weight Infants | 9.6 |
| Prenatal Care in First Trimester | 84.4 |
| Pregnancy/Maternal Smoking | 12.6 |
| Teenage Birth Rate (age 15-19) | 57.8 |
| Birth Rate to Unmarried Women (age 15-44) | 34.4 |

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

The purpose of the Alabama Perinatal Program is to identify and recommend strategies that will effectively decrease infant morbidity and mortality. Additionally, there are several regional and community-based projects that have evolved throughout the state implementing specific strategies to target mothers and infants at risk. These are designed to strengthen statewide efforts to maximize perinatal health that will result in improved access to and quality of services for pregnant women, mothers, and infants.

Alabama is divided into five perinatal regions. Each region has its own perinatal nurse coordinator and a high-risk infant follow-up program. Though each region is comprised of different perinatal

programs, all have similar goals and targets with strong emphasis on improving maternal and infant health. There are several statewide programs and initiatives that influence perinatal issues in Alabama. Some of these include:

**Alabama Abstinence-Only Education Program**: funded since FY 1998 through Section 510 of Title V of the Social Security Act, the Program was established to help reduce sexual activity among adolescents 17 years of age and younger by providing abstinence-only-until-marriage education.

**Smoking Cessation-Reduction in Pregnancy Trial** (SCRIPT): a five-year (1997-2001) collaborative project between the University of Alabama at Birmingham (UAB) and the Department of Public Health (DPH). It was developed in an effort to reduce smoking among pregnant Medicaid patients. Based on 10 years of previous studies involving 2,000 DPH patients, the SCRIPT methods were found to be effective. The Bureau of Family Health Services, in collaboration with the UAB, developed a dissemination plan to train all DPH maternity care services staff to deliver the SCRIPT methods as part of routine care.

**Alabama Tobacco Free Families Program**: a four-year (2000-2004) community-based program using a campaign of media and policy change and a professional practice education component to reduce the smoking prevalence rate of pregnant women whose maternity care is supported by Medicaid, and all females of childbearing age (14-44) in the eight SCRIPT counties (Cullman, Calhoun, Covington, Jefferson, Houston, Lee, St. Clair, and Walker).

**Alabama Unwed Pregnancy Prevention Program**: established through a partnership with the DPH and the Department of Human Resources to reduce the incidence of unwed pregnancies by providing funding to local communities to develop strategies that will assist all women of childbearing ages to not engage in unprotected sexual activity, provide information regarding health and social services, and increase public awareness about abstinence. Funding is made available through the federal program Temporary Assistance to Needy Families (TANF) funds.

**ALL Kids Children's Insurance**: a low cost or free children's health insurance program for uninsured children from birth to age 18. Benefits include regular check-ups and immunizations, sick child doctor visits, prescriptions, dental services, vision services, hospital and physician services, and limited mental health and substance abuse services.

**Plan*f*irst**: a family health insurance program that helps low-income women plan for their pregnancies. Applicants must live in Alabama, be a U. S. citizen or resident, a female between the ages of 19 and 44, have not had surgery to prevent pregnancy, and meet income guidelines. Services include yearly family planning exam, care support from a social worker or nurse, birth control, tubal ligation for women 21 years or older, and pregnancy testing and lab work.

**State Perinatal Advisory Council** (SPAC): established in 1980 by the passage of the Alabama Perinatal Health Act (22-12A-4), its purpose is to advise the state health officer of the ADPH in the planning, organization, and evaluation of the Perinatal Program.

**Alabama Child Death Review System**: reviews unexpected and unexplained child deaths that occur in the state.

**Uncompensated Maternity Care Project**: initiated to encourage development through community-based coalitions of local healthcare networks to provide prenatal care and delivery services to pregnant women who are without private insurance and Medicaid. In FY 2002, Maternal and Child Health Block Grant funds were redirected to prenatal care programs in 21 counties that participated in the Uncompensated Maternity Care Project.