

Critical Discussion

One of the major concerns these days affecting communities in general, pertaining to childbirth, is the preterm births of infants in the United States of America. In fact, low birth weights and preterm births have certain negative medical and social consequences that potentially affect not only the infants but their families and the entire community depressingly. WHO (World Health Organization) defines LBW as the infants who born with the weight less than 2500 g whereas defines preterm infants as those who born before the 37 week's period of gestation. Thus the primary concern is the premature delivery as the consequences of such preterm deliveries involves low birth weights that have major influence on functional abilities of infants such as chronic lung disease, cerebral palsy, hyperactivity disorder, attention deficit hyperactivity disorder, autism spectrum etc. According to American Journal of Clinical Nutrition (2015), LBW infants who fortunately survived, unfortunately lasts with greater risks of diseases and impaired immunity functions as they have greater chances to stay malnourished with lessen muscular strength all through their lives and are increasingly vulnerable to suffer from greater incidences of heart diseases and diabetes. Moreover they also tend to have lower IQ and cognitive disabilities which affect their school or job performance while also limiting their social, physical and professional opportunities.

Furthermore, these disparities of health have posted somber effects on United State's minority population. Therefore, it has become one of the greatest challenges for healthcare systems of United States on determination of disparities in maternal and infant health among all ethnic and racial groups. In the last few years, the significant health disparities has not only defunct black community; but it has also affected other and almost all minority groups existed in U.S. Alaskan American, Hispanics and Indian American are posting the highest infant mortality rates in comparison to white infants due to high rates of SIDS (Sudden Infant Death Syndrome). However, explaining about racial and ethnic disparities is a never ended issue. The primary risk factor described for preterm birth is MGI (Material Genetic Infection), additionally the maternal age, substance abuse, drug addiction, smoking habits, hypertension, diabetes and PTD observations are the major factors that are affecting the gestation period, thus resulting in preterm births along with less birth weight and functional disabilities.

According to rough estimation approximately 15% births of infants are LBW (Low-birth weights). According to American Public Health Association (2015) globally almost 15 million infants that born annually are premature and this is an ever increasing number; of which almost 1 million die annually, due to preterm complication in birth and deliveries. American Journal of Clinical Nutrition (2015) further defines that, in the last five year, after pneumonia, preterm birth is the second largest cause of infant mortality. In U.S almost 5 million children born annually preterm i.e. every 1 out of 8 child in U.S is preterm. More than 60% of preterm births occur in South Asia and Africa and other low-income countries. Additionally 12% more preterm infants born in low income countries in comparison to 9% in high-income countries (WHO, 2015).

According to (United States Centers for Disease Control and Prevention, 2015) low birth weight preterm births; there are certain observed pattern of disparities such as African Americans are at the highest risk because the percentage of low birth weight preterm births is almost double as compared to non-Hispanic whites. However there are 23 other ethnic and cultural groups that are at the highest risk including Alaska Natives (7.2 %), Japanese (7.6 %), Puerto Ricans (9.7 %), Hawaiians (8.1 %) and Filipinos (8.6 %) (UNICEF Statistics, 2015).

National Center for Biotechnology Information (2015) added that infant of women with low socio-economic background of any ethnic or racial group are more vulnerable to LBW preterm birth. It is further asserted that although differential of ethnic and racial context do not fully comprehend poor outcomes of infant births; however high rates of LBE preterm births are clearly evident among African Americans even after controlled and monitored socioeconomic factors.

There are a number of support system and service related to preterm LBW infant births such as NWA (National WIC Association) and March of Dimes Prematurity Campaign (MoDPC). MoDPC is a multimillion dollar education, research and awareness campaign that focuses on helping families to have healthier babies while providing them funds, and also educate them about reducing risks, offering family support; expanding their health coverage, facilitating with health care providers; advocating increased access to insurance to progress infant and maternity care and health outcomes; and make them learn chances of reducing LBW preterm deliveries

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