

# Alaskan Woman Prenatal Care Seems to Depend on Race

The prenatal care that an Alaskan woman gets appears to depend on her race, age, and how her medical bills get paid, a recent survey shows. The study also indicates that her baby's birthweight is apparently directly related to the mother's age and the number of prenatal checkups she receives.

Mothers reporting the most prebirth checkups were white, age 20-34, whose doctor's bills were paid by insurance. Faring worst were Natives (Eskimos, Indians, and Aleuts), women under 20, and mothers whose medical care is financed by welfare or government hospitals.

Over-all, 85 per cent of the women interviewed said they had received at least five prenatal visits. Nearly three out of five said their first visit came before the third month of pregnancy. These figures compare favorably with New York City data.

The survey, conducted at 26 Alaskan hospitals during the first six months of 1973, was sponsored by The National Foundation-March of Dimes, the Alaska Department of Health and Social Services, the Alaska State Medical Association, and the Alaska State Hospital Association.

Interviewed shortly after giving birth were 1,959 mothers,

comprising 63 per cent of all women giving birth in the state during the period of the survey.

Most whites — 62 per cent (869) — either paid for themselves or paid by insurance; less than one per cent (2) of the Natives received care in government hospitals, compared to 27 per cent (382) of the whites. Four per cent (57) of the whites were on welfare, while less than one per cent (2) of the Natives were.

The survey also reinforced earlier findings that women outside the optimum age range of 25-34 generally deliver smaller babies. Babies weighing 5½ pounds or less were born to nine per cent of the teen-age women; five per cent of women 20-34; and about seven per cent of 35-39.

Conversely, babies weighing

more than 6 pounds, 10 ounces were born to 71 per cent of teen-age mothers; 79 per cent of women 20-34; and 76 per cent of women 35-39.

The study also found a relationship between the number of prenatal checkups and birthweight. Six per cent of mothers who received five or more checkups delivered babies weighing 5½ pounds or less; the corresponding ratios were 11 per cent for mothers reporting three or more checkups; and 23 per cent for those receiving no checkups.

More than three-fifths of the mothers who used nongovernmental, non-profit, non-church hospitals had as many as five prenatal visits starting before the third month of pregnancy; only 41 per cent of the Indian Service patients received similar care.

Four per cent of the babies born occurred at these non-profit hospitals, but eight per cent of those born in Indian Service units weighed 5½ pounds or less.

Over-all, the Alaskan data compare favorably with national figures. In the U.S. about 73 per cent of newborns weigh more than 6 pounds, 10 ounces; in the Alaska survey nearly 80 per cent of the birth topped that weight.

The median birthweight recorded in the Alaska study was 7½ pounds, compared to 7¼ pounds for the U.S. And in Alaska, 6.8 per cent of newborns weighed 5½ pounds or less; in the U.S., eight per cent.

The survey offered no reasons for the associations found. Many of the statistics may not be directly related by cause, according to Paul Ma, statistician for

The National Foundation-March of Dimes.

For instance, the fact that underweight babies are born less commonly to mothers with more prenatal checkups does not prove that the checkups in themselves insure adequate birthweight.

Women who receive better prenatal care generally are of higher socioeconomic standing; thus birthweight may well be related to mothers' education, nutrition, and other non-medical factors, he explained.

The study recommends that methods be developed to encourage "increased amounts of prenatal care for the high-risk mothers showing insufficient levels of prenatal care in this survey; mothers on public assistance and mothers under age 16."

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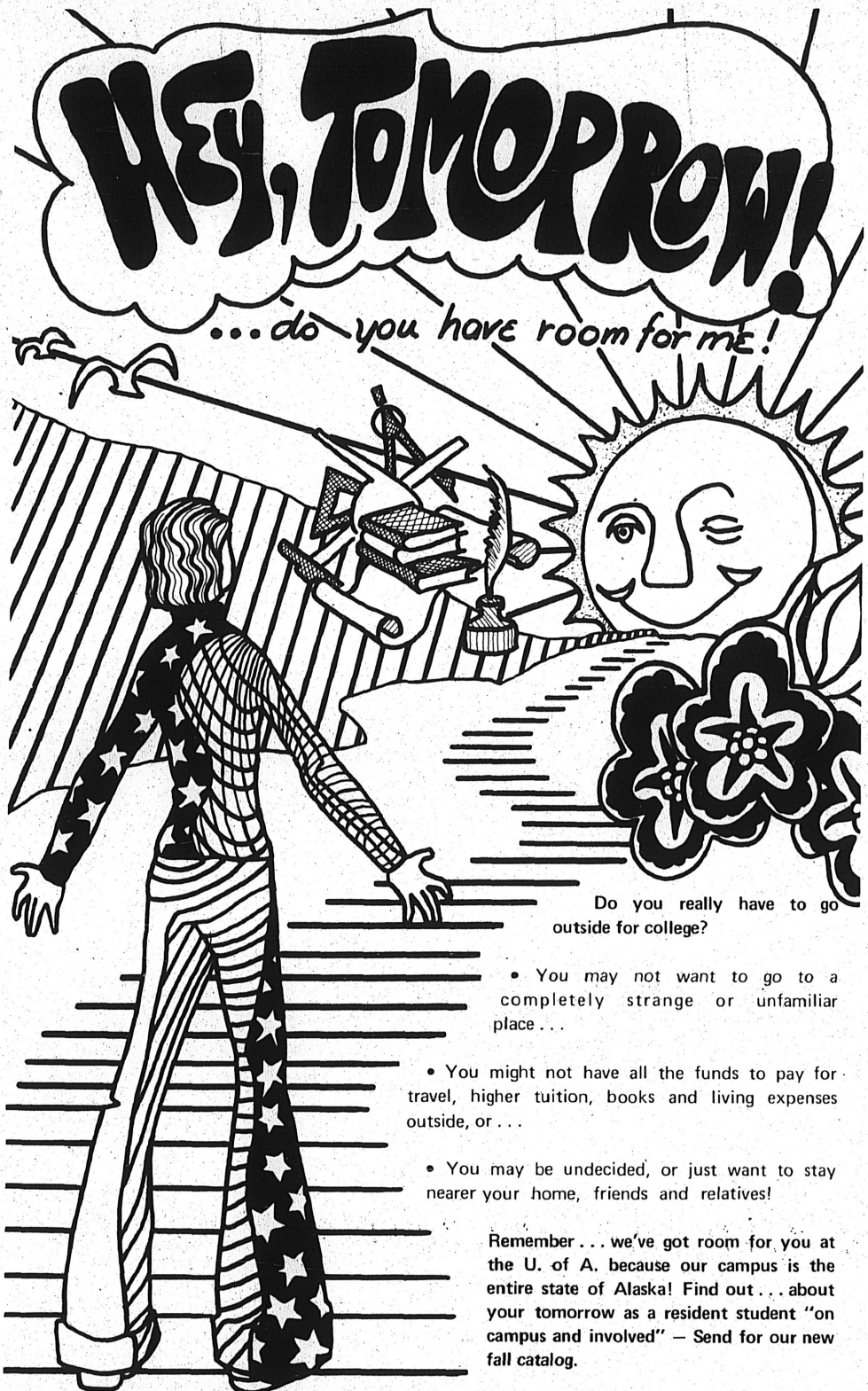
1. State Senator and former Governor Keith H. Miller who is seeking another term as Governor.

2. State Senator Willie Hensley who is running for the U.S. House of Representatives.

3. State Senator and President of the State Senate Terry Miller who is running for the United States Senate.

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