



Low birth weight affects more black children

WASHINGTON (AP) — Black babies die from problems related to low birth weight four times as often as white babies, the government says.

"We know that black mothers are much more likely to have a low birth-weight baby than white mothers and that's primarily what's driving this," said Dr. Marian MacDorman, author of the report released Thursday by the Centers for Disease Control and Prevention.

If the proportion of underweight births among black mothers could be reduced to the level of white mothers, it would cut the overall black infant death rate by 16 percent, she said.

In 1997, the latest data available, about 13 percent of black babies and 6.5 percent of white babies weighed under 5.5 pounds at birth, the CDC reported.

The figures show that overall infant mortality continued to decline, but black infants still died at more than twice the rate of white babies.

Black mothers fell into high-risk categories more often than their white counterparts. They were twice as likely to be teenagers and nearly three times as likely to be unmarried, MacDorman said. Black mothers also got slightly less prenatal care.

Dr. Henry Spring, acting deputy commissioner of the New Jersey Department of Health, said the death rate disparity between black and white infants has existed for as long as such records have been kept—nearly 100 years.

"There is no clear answer"

for why this happens, he said, but the problem goes beyond "the common myths of teen pregnancy, drugs, and poverty."

"When you compare women of equal position, the only difference being black or white," the higher death rate for black infants still exists, he said.

Yvonne Wesley, director of the Black Infant Mortality Reduction and Resource Center, said black mothers are more likely to deliver prematurely. Black women suffer more often from an infection called bacterial vaginosis that contributes to premature births, she said, adding that there is also a more controversial suspect: high stress in the lives of black women.

Some researchers have pointed to factors such as living in high-crime areas and discrimination at work or school. Stress raises levels of hormones called corticosteroids that may trigger premature labor, Wesley said.

The CDC report found that for every 1,000 births, nearly 14 black babies died before age 1, compared with six deaths for white or Hispanic infants. For the nation overall, the infant death rate was just over seven deaths per 1,000.

American Indian babies also had a higher mortality rate, with almost nine of every 1,000 dying. Of all the groups surveyed, American Indians had the most deaths from Sudden Infant Death Syndrome, a rate two and a half times that of whites.

Asian infants were most likely to survive, with only five deaths for every 1,000 births.

Women with disabilities face healthcare barriers

Special to Sentinel-Voice

HOUSTON— Women with physical disabilities often encounter a number of barriers when trying to access healthcare, says a researcher at Baylor College of Medicine in Houston.

"Women with physical disabilities face architectural, attitude, and knowledge barriers," said Dr. Margaret Nosek, director of the Center for Research on Women with Disabilities (CROWD) at Baylor.

A lack of accessible equipment in many physician's offices makes it difficult for women with disabilities to go for a regular pelvic exam or mammogram.

"Women with physical disabilities face architectural, attitude, and knowledge barriers."

— Dr. Margaret Nosek

"Most women with physical disabilities have a hard time getting up on regular exam tables, and mammograms are very difficult for those who cannot stand up," said Nosek, a Baylor professor of physical medicine and rehabilitation. "Purchasing elevating exam tables and other equipment would open up a physician's practice to a lot more women and make access to healthcare much easier."

Public misconceptions about women with physical disabilities are a big problem.

Research at Baylor has shown that many people do not think women with physical disabilities have sexual or reproductive health needs.

"Unfortunately, this attitude has filtered down to many physicians," Nosek said. "Some do not think pelvic exams are necessary because they do not think women with disabilities are sexually active. This is a dangerous assumption, and it's false."

Nosek believes the biggest barrier is the lack of information about how a

disability affects ordinary health needs.

"No one knows the course of heart disease of a person in a wheelchair, or how pregnancy affects a woman with spinal cord injuries, or a muscle disorder," Nosek said. "There has been little research into these and many other areas. Therefore, physicians are rarely taught how to treat any of these things."

This often leads to illnesses such as heart disease, and osteoporosis being passed off as part of the disability.

"Physicians should treat women with disabilities as women first, and look at the disability second," Nosek said.



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