



## *From the MAFP Presidents Pen -*

# Small Lives Matter

By William Sturrock MD, MAFP President  
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An important fact about our babies was lost in recent news, given all the distractions caused by the presidential wrestling matches. According to a recent report from the Center for Disease Control (CDC), infant mortality rates in the United States (U.S.) have decreased by 2.3%, down to 582 deaths per 100,000 live births. Although this is the lowest US infant mortality rate ever recorded, compared to other countries, we still have a long way to go, baby!

In 2014, more than 23,000 U.S. infants died. That is 3 times more than those that died in Finland. An article in the Journal of the American Medical Association (JAMA) last month showed that, compared to all other industrialized countries, the U.S. infant mortality rate falls into the 26<sup>th</sup> place!

Why are we near the bottom for this health measure? The authors of the JAMA point out that it is not because we spend less: we spend double what the average industrialized country does for healthcare. It does it come from a lack of high technology: we actually lead the world in both the number of neonatal intensive care beds and the number of specialists to care for our neonates. It is not because of “Obamacare”, since our dismal performance in this arena long predates this new healthcare legislation. Instead, the authors believe the ‘uncomfortable’ truth lies in the very structure of our health care system that does not provide the type of seamless, coordinated care for our pregnant patients and infants that is enjoyed by those in healthcare systems of other countries.

The main factor that contributes to the high U.S. infant mortality rate is the number of premature births, which occurs more in the poor, immigrant, and inner city communities. It is less dangerous and less expensive to prevent premature births than it is to treat premature babies after birth. Access to healthcare is important to prevent bad outcomes.

In countries like Finland, doctor’s offices and clinics are better distributed and in closer proximity to the high risk populations. Also, there is a higher degree of coordination of care between primary care providers and the high-risk pregnancy specialists. As an example on how these factors work to influence pregnancy outcomes, let’s examine how the treatment of urinary tract infections (UTI), a known cause of preterm labor, which differs in the U.S., compared to most European countries. Unlike in the US, every primary care office in Finland welcomes pregnant patients. Someone with early signs of infection would not need to drive herself or get a ride to some distant hospital to get seen, because clinics are nearby. Also, all clinics and hospitals use the same electronic medical record, so that if there was a question about the best treatment for that woman with the UTI symptoms, the providers in the neighborhood clinic can get an immediate ‘consult’ with the obstetrician at the nearest high-risk center. Finally the medication necessary to prevent the preterm labor would be either free (paid by taxes) or very affordable, and usually dispensed right at the clinic site to insure quick compliance with the needed treatment.



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Obviously, we need a more 'patient-friendly' process in the US. There are many obstacles to having a system which include:

- 1) high liability costs which prevent local clinics from seeing pregnant women
- 2) mal-distribution of medical resources
- 3) poor incentives for providers to help these patients (e.g., insurance will not pay for the services of a high-risk obstetrician, unless the patient physically goes to that providers site)
- 4) an electronic medical record that is still inefficient and often unable to communicate with others
- 5) a complicated and confusing pharmaceutical and insurance system

The intention of this piece is to build awareness of the types of changes in our healthcare system that could improve the quality of perinatal care. As we progress in an election cycle, it may be important to recognize that we do not have the "best medical system in the world", particularly for our more vulnerable communities and small patients. With this information, we are more prepared to have an honest and thoughtful conversation about how we can improve all lives- big and small.

*"A nation's greatness is measured by how it treats its weakest members." ~ Mahatma Gandhi*

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