

Employers can influence attitudes about pregnancy that inhibit good health behavior
By (Cigna HealthCare Medical Director, 1992)

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Just as more women have been starting a family or adding to their families in recent years, more women have been delivering low birthweight babies (less than 2,500 grams at birth) – the leading cause of infant mortality in America. These facts have caught the attention of American business as working parents face new personal and emotional distractions in the home with infants born impaired or in poor health.

The hospital bill delivered to these parents also has an emotional toll. The costs of all poor birth outcomes, including low birthweight, can increase employers' and their employees' costs by an estimated \$5.6 billion each year. The employer still pays the lion's share of that expense for employees or their dependents.

But, the real tragedy of poor infant health is that many poor birth outcomes are preventable. Many low birthweight and premature births can be avoided with effective prenatal care treatment. Infants born to women who participate in prenatal care can have an average birthweight that is almost 10 percent higher than infants whose mothers do not receive prenatal care.

For some women, the most effective prenatal care in the world won't help a new mother avoid a low birthright baby. Maternal and fetal genetic factors – such as diabetes or cystic fibrosis – contribute to 40 percent to the problem of low birthweight. But, among the remaining 60 percent of women who deliver a low-birthweight baby are those whose behavior contributes to the problem.

Close to a million women smoke during pregnancy despite warnings about the effects of smoking on normal birthweight. About 20,000 women per year will gain less than 22 pounds during pregnancy, then deliver a low birthweight baby. Nearly 14,000 infants per year may be

born small for their gestational age due to prenatal alcohol consumption by their mothers. Add another 10,000 per year affected by their mother's use of cocaine.

Many people assume that if only more women had access to prenatal care so they could hear the facts about risks during pregnancy, the problems associated with those risks could be reduced. Unfortunately, many women, even those with prenatal care visits covered by insurance, will still avoid scheduling visits or follow the good health advice of their doctors.

Last year, Cigna and Georgia State University uncovered a surprising one out of 22 expectant mothers with traditional insurance delivered babies with severe health problems. These were women who didn't have to look too far to see books, brochures, posters or hear network TV public service announcements warning about the effect of maternal behavior on newborns.

Something is getting in the way of the message.

Cigna and the Center for Health Communication at the Harvard School of Public Health last year cited a number of barriers affecting a woman's ability to understand the implications of her behavior while pregnant. Beyond the biological barriers of chemical dependency, as an example, women face such psychosocial barriers as low self-esteem or systemic barriers – an inability to understand or speak English, as examples.

Perhaps the most troublesome inhibitors of good health behavior are those over which women may exert some control – a woman's attitudes and beliefs about pregnancy coupled with poor knowledge about the impact of her behavior. The result can be misinformation or myths about the consequences of behavior; a lack of skills to change behavior; or negative feelings about pregnancy and childbirth.

Cigna reasoned that if expectant mothers could better understand their own feelings and attitudes inhibiting good health behavior while pregnant, they might be more receptive to participating in early and continuous prenatal care. A new Cigna Self-Awareness Questionnaire was the result.

It is being used by women with access to care so they may better appraise their own lifestyles and learn which behavior changes would increase the likelihood of a healthier pregnancy.

By first understanding attitudes and beliefs about pregnancy, employees could better develop similar tools and programs that communicate with women – that inspire the necessary behavioral change important to women’s health and the health of their babies. American business must focus greater attention to the problems of maternal and infant health – to bring down the barriers to effective prenatal care treatment, to identify steps leading to lasting change. The human and financial costs are too high.

[Insert short sentence identifying bylined writer credentials, expertise.]