

“Hey, buddy, you’ve got to take some breaths.”

—Debbie Chase, to her premature son, Cole



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Luke Chase, above, and his twin brother, Cole, were born about 12 weeks early. Doctors don't know why more children are being born prematurely.

# Preemie puzzle

Medical experts baffled by rise in early births

By **CONNIE MIDEY**  
Gannett News Service

**E**yes squinched shut, Luke Chase yawns and stretches a little short of his full 15 inches. A plush pony nestles against his back in an incubator at St. Joseph's Hospital and Medical Center in Phoenix. Younger-by-minutes brother Cole snoozes on his stomach in another incubator a few feet away, with parents Debbie and Rick Chase watching his back rise almost imperceptibly with each breath.

“Hey, buddy,” Debbie says and strokes Cole's back. “You've got to take some breaths.”

When the twins were born March 6, about 12 weeks before their due date, they became part of a troubling upward trend in premature births.

Medical experts know what makes women more likely to have healthy, full-term pregnancies, but they aren't sure why an increasing percentage of pregnancies result in premature births, sometimes in spite of the best efforts of mothers-to-be and their doctors.

Nationwide, 12.5 percent of babies born in 2004, or about a half million, were premature, up from 9.4 percent in 1981, according to a National Center for Health Statistics report released in October 2006.

Preterm birth is defined as occurring before the mother has completed 37 weeks of pregnancy, and in almost half of the cases, doctors don't know why they happen. Thirty-seven to 42 weeks is full-term.

Jennifer Gray, newly married to Dan Arends, had her twins, Ian and Julia, two-and-a-half months early. They spent two months in the hospital with health issues.

“I will never sweat the small stuff with my kids,” she says. “Watching them fight for their lives really puts things in perspective. We were lucky.”

## AT A GLANCE

Call your health care provider right away if you notice any of these warning signs of preterm labor:

- Fistlike tightening of the abdomen every 10 minutes or less.
- Change in vaginal discharge (leaking fluid or bleeding).
- Pelvic pressure, as if your baby is pushing down.
- Low, dull backache.
- Menstrual-like cramps.
- Abdominal cramps with or without diarrhea.

SOURCES: MARCH OF DIMES (WWW.MARCHOFDIMES.COM) AND PHYSICIAN JORDAN PERLOW OF BANNER GOOD SAMARITAN MEDICAL CENTER IN PHOENIX.

### ‘So many variables’

Premature births remain a mystery mostly because “a cascade of factors appears to be at work,” says physician Robert Gutierrez, medical director of St. Joseph's neonatal intensive care unit. “There are so many variables,” he says. “One little thing may lead to another. And every socioeconomic class is affected, not just those without good access to health care.”

Gutierrez and other health care experts say infections — of the mother's genital and urinary tracts, fetal membranes or possibly gums — play a role.

Researchers also know that the women most at risk have had a previous premature birth, have certain uterine or cervical abnormalities or are carrying two or more babies.

In fact, moms like Debbie Chase were found in one March of Dimes analysis to be six times more likely to have preterm deliveries than women pregnant with one child. The nonprofit organization works to improve premature-birth rates and other issues affecting babies' health.

Debbie was flown to St. Joseph's from Prescott Valley, Ariz., where the fam-



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Dan Arends and Jennifer Gray with their children: William, 9; and twins Julia and Ian, who were born prematurely.

ily lives, and scheduled for a Caesarean section after being diagnosed with life-threatening HELLP syndrome. The rare condition's name is a reference to its symptoms: hemolysis (breakdown of red blood cells), elevated liver enzymes and low platelet count. Debbie's pregnancy caused it, and giving birth was its only cure.

Luke was delivered first, at 3 pounds, 3 ounces. Next came Cole — kicking and screaming, lungs obviously healthy, Rick says — at 2 pounds, 13 ounces.

The boys will stay at the hospital until they reach milestones, such as breathing on their own, sucking and swallowing efficiently and gaining weight steadily. “They're so light, and they seem so fragile,” Rick says. “But the doctors and nurses tell us they're pretty tough.”

### Scary prospects

Debbie, a nurse, and Rick, a firefighter, know too well how things might have

turned out.

Prematurity is the leading cause of newborn death; one-fourth of babies who die within a month of birth are premature. Premature babies who survive face possible short-term and lifelong consequences, from breathing problems to cerebral palsy.

“Survival' is a word you use with caution,” Gutierrez says. “All that means is the baby leaves the hospital breathing and eating. It doesn't tell you about any complications they have that may affect their quality of life.”

The odds of not just surviving but thriving have improved in recent years, though, thanks to the use of antibiotics, surfactants that help the babies' lungs develop and high-tech ventilators, he says. Better understanding of preemies' nutritional needs and advances in delaying women's labor also have had an impact.

“When I was a resident

## PREGNANCY TIPS

A healthy, full-term pregnancy can't be guaranteed, but these measures will help.

■ **CARE:** Get pre-pregnancy physical and dental exams.

■ **CONSISTENCY:** Keep all doctor's appointments when you're pregnant.

■ **NUTRITION:** Eat nutrient-rich foods and take a daily multivitamin with folic acid.

■ **CAUTION:** Avoid infections, which may trigger early labor.

■ **ABSTAIN:** Avoid harmful substances like alcohol.

■ **REST:** Minimize stress.

■ **ACTIVITY:** Exercise moderately unless there are medical reasons you shouldn't.

— March of Dimes

... in Los Angeles in the late '80s,” Gutierrez says, “a baby who was born at 28 weeks and survived was like a miracle. Now those babies can do really well.”

Report: Hearing tests often skipped for babies

Language development can suffer without complete screenings

By **RITA RUBIN**  
Gannett News Service

A third of newborns who fail their hearing screening test don't get a follow-up evaluation, leaving them susceptible to delays in language development that they might never overcome, says a report out today.

The proportion of newborns screened for hearing loss has climbed steadily in recent years, hitting 95 percent by mid-2006, says author Karl White, director of the National Center for Hearing Assessment and Management at Utah State University.

About 3.8 million newborns are screened for hearing loss each year, according to the Centers for Disease Control and Prevention. The screening takes about nine minutes and should be done before 1 month of age, preferably before the baby leaves the hospital, according to the CDC.

About 2 percent, or 76,000 babies, don't pass and are referred for a diagnostic assessment of their hearing. Additional testing is needed to determine whether they are among the one to three babies per 1,000 who actually have hearing loss, the CDC says.

Until recently, only about half of babies who failed the screening were reported as having the additional testing, but that proportion rose to two-thirds in the past year, White found. “One year doesn't make a trend,” cautions White, whose study was funded by the Maternal and Child Health Bureau of the Department of Health and Human Services. “We think we're getting better, but there's still a huge problem here.”

One problem is a shortage of audiologists who do diagnostic tests on babies, White says. Reimbursement rates are the same whether the patient is an adult or an infant, he says, even though adults are easier to test.

Among other contributing factors, White says, are “parent expectations and parent lack of understanding.” As far as most parents are concerned, he says, hearing is a dichotomy: “You either have it or you don't.” But babies who startle at loud noises, such as pots slamming, might not be able to hear lower-decibel sounds, White says.

Newborn hearing screening programs have lowered the average age of diagnosis to 3 to 4 months, he says. But if babies who fail screening don't receive follow-up testing, White says, they won't be diagnosed until they're around 2 or 3 years old. By then, language and social skills are lagging, he says, and they might never catch up: “There are deaf people who are identified at 6 years of age who turn out to be incredibly successful, but, on average, that doesn't happen.”