

Group Urges Disaster Planning for Pregnant Women, Babies

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In the days after Hurricane Katrina struck Louisiana, about 125 critically ill newborn babies and 154 pregnant women were evacuated to Woman's Hospital in Baton Rouge. Some of the fragile newborns arrived without their mothers, and some of the women were already in labor. It was at least 10 days before some of the infants and mothers were reunited.

Katrina focused unprecedented attention on pregnant women and newborns as an acutely vulnerable population during emergencies. A year later, those concerns are driving a push to add provisions for both groups to national preparedness guidelines for disasters, epidemics or terrorist attacks.

No accurate data are available on the number of babies born during the Katrina crisis, but officials at both hospitals in Baton Rouge described vivid scenes of distraught pregnant women arriving with no records, of desperate mothers searching for their babies and of women who delivered on their way to the facility.

Heidi Wigley, 26, was three months pregnant when the storm struck. She lost her home, including her medications, in St. Bernard Parish, and her doctor was evacuated to Florida.

"I was evacuated to another town and could not contact my doctor, who had all the information about my pregnancy," Wigley said in a telephone interview from Mandeville, La., where she now lives. "I was worried I may miscarry. The relief teams did not have any gynecologist and no prenatal vitamins. I told them I wanted more food and more money because I was pregnant, and they said no."

Two months later, Wigley developed high blood pressure, a common complication of pregnancy, and delivered prematurely in February. At 5 1/2 months, her son is now healthy.

"Pregnant women face greater risks -- like premature births, low-birth-weight babies and infant deaths -- during the stressful conditions of a disaster. This can make delivering a child difficult and potentially life-threatening," said Theresa Shaver, executive director of the District-based White Ribbon Alliance for Safe Motherhood.

"International relief agencies have detailed guidelines for helping pregnant women, infants and new mothers in disasters around the world," she said. "But in the United States, it is not yet integral to our preparedness plans."

The alliance has set up a working group to develop domestic guidelines in association with groups of pediatricians, gynecologists, obstetricians, nurses and midwives. Representatives from the Centers for Disease Control and Prevention and the National Association of County and City Health Officials are also taking part.

Shaver noted that in the past few years, health-care providers and officials have worked on disaster preparedness plans focusing on other vulnerable groups, including children, the elderly, heart patients, those on dialysis and disabled people. These efforts were accelerated in response to the Sept. 11, 2001, terrorist attacks and the anthrax attacks later that year, and concerns about bioterrorism and pandemic flu.

But several public health advocates said it was not until Katrina exposed the lack of provisions for pregnant women and new mothers and their babies that those groups were included on the preparedness agenda.

"Pregnant women and newborns are just entering the radar, and that is a post-Katrina development," said Georges C. Benjamin, executive director of the American Public Health Association.

National organizations cite the public health departments of South Carolina and Fort Worth, Tex., for being among the first to incorporate maternal and child-care needs into their preparedness plans.

The White Ribbon Alliance working group hopes to release by the end of August proposals to address the needs of newborn babies in disasters and present those recommendations at emergency planning meetings across the country. It is also exploring the option of introducing federal legislation.

The proposed guidelines, called the Women and Infants Service Package (WISP), advocate training first responders in the special needs of pregnant and new mothers and babies, preparing birth-complication readiness packages, keeping mothers and infants together during evacuations, and setting up dedicated toll-free numbers that pregnant women can call for assistance. The guidelines also recommend that emergency teams include certified midwives and have supplies of baby formula, bottles, diapers, vaccines, and folate and iron supplements.

The alliance believes that disaster situations call for a shift in the thinking of American women, who generally expect to give birth in a hospital or clinical setting. In the early phase of a disaster, officials said, births will often take place outside a health facility and without the assistance of trained health personnel.

"We will be in situations where there are no health-care facilities. In fact, if there is a pandemic flu, a hospital is not where you take a pregnant woman or an infant to," said Robbie Prepas, a certified midwife who heads disaster preparedness at the American College of Nurse-Midwives. During Katrina, Prepas helped many pregnant women with deliveries in airports and ambulances.

"We will have to retrain care providers to be comfortable with assisting deliveries outside hospitals," she said.