Excessive crying may not be in parents' imaginations

The worries of some parents that their babies cry excessively may be borne out in a study published in the Jan. 23 Archives of Disease in Childhood. Researchers made audio tapes of 16 infants referred by their mothers for excessive crying. A control group of 16 also were taped. There were no significant differences in gender, birth order or feeding methods. Mothers were asked to keep a diary of when their babies cried.

The study had two provisos. In some cases, notable discrepancies may exist between diaries and tapes. Also, definitions acknowledging intensity and other qualitative features may show that referred infants differ in their type (crying from pain, from anger or for attention), as well as amount, of crying.

Overnight (midnight to 6 a.m.) crying levels for both groups were identical, within statistical margins of error. But during mornings (6 a.m. to noon), afternoons (noon to 6 p.m.) and evenings (6 p.m. to midnight) referred infants showed a crying differential at least 25 percent greater (by both maternal diary and audio) than the control group.

A recent study comparing two groups of infants indicates that some parents may be correct in believing that their children cry excessively.

Teens' prenatal care wanes during second pregnancies

Teens experiencing their second pregnancies are more likely to postpone initial clinic visits and visit clinics less frequently than during first pregnancies, the March 17 Journal of the American Medical Association reports. Although the second children have marginally higher birth weights than the first, mothers who had preterm deliveries or growth retardation during their first pregnancies are three times as likely to have repeat problems as those who experienced normal pregnancies and deliveries.

A survey of 757 low-income Alabama families from 1983 to 1990 (80 percent black, 20 percent white) showed that pregnant teen-age women's average initial clinic visits were 2.8 weeks later (20.1 weeks as opposed to 17.3) in second pregnancies. Whereas only 13 percent of the adolescents made five or fewer clinic visits during their first pregnancies, that number more than doubled (to 30 percent) during second pregnancies.

During the first pregnancy, one-third (34 percent) made the initial visit during the first trimester. That number dropped to one-fourth (25 percent) for the second pregnancy. The mean time between clinic visits was greater for second-time mothers than first-time mothers.

While mean birth weight showed a 3 percent increase in second pregnancies, that may be due to increased pre-pregnancy weight in the second-pregnancy mothers, according to the reports.

The rate of fetal growth retardation decreased from first to second pregnancies, although the preterm delivery rate increased, suggesting that different factors contribute to the two negative outcomes, the researchers conclude. The rate of recurrence of preterm delivery (particularly with blacks) is at least double the rate for adolescents than for older women. Thus an obvious need exists for targeting adolescent women with premature first pregnancies for early prenatal services, the researchers conclude.

Smoking reduction, as well as quitting, helps

Physicians agree that smokers should give up smoking during pregnancy, but smoking reduction also has a positive impact on birth weight and gestational age, according to a study appearing in the March 24 Journal of the American Medical Association.

A total of 803 pregnant smokers and 474 non-smokers from the Birmingham, Ala., area were given saliva cotinine tests at baseline, mid-pregnancy and at the end of pregnancy. The women were divided into "never smokers," "quitters" and three groups of continuing smokers: "reducers," "no-changers" and "unknown." Among women who quit, birth weights averaged 268 grams higher than among continuing smokers. Reducers saw a 77 gram increase.

Data also showed that gestational age increased a week between quitters and no changers. These ranged from 39.2 weeks for quitters to 38.8 for reducers and 38.5 for no-changers.

Baseline maternal cotinine levels had a particularly strong influence on birth weight of black infants. Thus early smoking reduction or cessation intervention may be especially important for black women.

Children get small share of U.S. health dollars

Although children younger than 18 years comprise 28 percent of the U.S. population, they accounted for less than 14 percent of the nation's health care expenditures in 1987, according to a study from the Agency for Health Care Policy and Research and the Packard Foundation's Center for the Future of Children. The study appeared in the winter 1992 issue of The Future of Children.

Children, according to the study, received less than $50 billion of the $360 billion spent for health care that year. Per capita expenditures for children were only 59 percent as large as those for adults and only one-sixth of the per capital expenditures for persons over 65 years of age.

Health care expenditures for children declined by 11 percent between 1977 and 1987, because of a slight decline in the number of children and a fairly substantial increase in the adult population. While per capita expenditures for children averaged $737, they varied greatly. The most costly 5 percent of children averaged $8,641, while the least costly 95 percent averaged only $316. A disproportionate share (24 percent) went to children younger than 1 year of age, partly due to prenatal costs for pregnancy and newborn care.

CDC Immunization standards publication

"Standards for Pediatric Immunization Practices," a publication designed to increase immunization among preschoolers, is now available to health professionals from the U.S. Centers for Disease Control and Prevention (CDC).

The standards, developed by the National Vaccine Advisory Council, cover the areas of vaccine access, delivery, documentation, and education. The publication also includes a chart to help providers determine how factors such as allergies or illness should affect decisions about the timing of immunizations.

Single copies may be obtained by writing to: Information Services Office, National Center for Prevention Services, CDC, Mail Stop E0G, Atlanta, GA 30333; (404) 639-1838.