



Maternal and Child Health and King-Drew Medical Center

Los Angeles County's Health Director, Dr. Thomas Garthwaite, recommends eliminating the following services at King Drew Medical Center (KDMC): inpatient Pediatrics, including the Neonatal and Pediatric Intensive Care units (NICU and PICU) and the inpatient and outpatient Obstetrical Services (Board letter at www.ladhs.org, right hand side, "Board Correspondence"). The Los Angeles County Board of Supervisors recently voted to hold a Beilenson hearing on Oct. 18 to start the closure process – contact MCHA for more info and stay tuned.

The majority of patients using King Drew Medical Center (KDMC) reside in the "South" Service Planning Area (SPA), or SPA 6. Although the demographics around KDMC have changed over time, so that now Latinos are the majority population, African Americans still make up nearly 35% of the population. KDMC is historically important, founded after the Watts riots in 1965. Given that SPA 6 constituents are younger, poorer and less likely to have health insurance than Los Angeles as a whole, and because of the health disparities among African Americans and Latinos in Los Angeles, MCH Access thinks it vitally important to move cautiously and carefully. We must get an abundance of input from community, health experts and other stakeholders when contemplating such drastic actions.

- Los Angeles County Department of Health Services (LAC/DHS) conducted a survey of risk factors for poor birth outcomes in the Antelope Valley, to address high infant mortality in the African American community (LA Mommys and Babies Project, or LAMB) and is now conducting the survey countywide. Close to 10,000 women who delivered a baby in 2005 will be surveyed. Shouldn't the results of this groundbreaking study be known prior to further cuts in obstetric and neonatal services? See <http://www.ladhs.org/media/tph/TPHApril2005.pdf> for further information.
- SPA 6 has the highest rate of uninsured residents in the county. Thirty-six percent of adults are uninsured and 18% of children, despite coverage programs for ALL children in poverty in Los Angeles. A waiting list is now in place for 6-18 year olds applying for the popular "Healthy Kids" program, which serves children ineligible for Medi-Cal or Healthy Families.
- African American women have the highest rate of very low birthweight babies (VLBW) or babies born at less than 1500 grams. Of the VLBW babies in the county in 2002, 39% were African American. African Americans have the lowest rate of entry into early prenatal care of any racial or ethnic group. Yet even while being downsized and cut, KDMC had the highest percentage of African American live births of any birthing hospital in the county - 41% (except for one Kaiser).
- King Drew Births are the highest risk. Of babies born at county hospitals in 2004, King-Drew Medical Center had the highest percentage of both Low Birth Weight (22.5%) and Very Low Birth Weight (7.1%) births, according to information from LAC/DHS.
- SPA 6 has the highest rate of teen births and the highest rate of repeat teen births. These are automatically high risk pregnancies. While the teen may be eligible for Medi-Cal, teens do not readily access the often-difficult Medi-Cal process. This is even more important if the teen opts for

confidential services, which must be renewed monthly. KDMC was awarded five-year funding from First 5 LA to work with teen mothers and their high risk infants. Eliminating OB, Pediatric and Neonatal services undercuts the progress of this type of vital service and research program.

- Pregnant women need KDMC. For many pregnant women, both citizens and non-citizens, Medi-Cal is “pregnancy-related only” and thus a woman may be untreated or reliant on county facilities for her cardiac care, cancer, hypertension or other diseases. It makes sense to see these pregnant women in the same facility that is treating their serious chronic illness. Patients who require invasive monitoring during labor, delivery, and/or postpartum would be better off at County facilities, including KDMC, than private facilities that won’t see them for their non-pregnancy care, especially those with Restricted Medi-Cal that will end after the delivery. These include patients with certain types of cardiac disease, patients who require an intensive care bed because of a medical/surgical problem - for example, stroke or cancer patients requiring multiple medical/surgical consultants during prenatal care and/or at delivery or postpartum.
- Even women who have or are eligible for Medi-Cal need KDMC - private practices and facilities often don’t want to see them or don’t have the expertise to see them. Private practice physicians transfer prenatal patients into County facilities if they have medical problems (i.e., seizure disorder, hemoglobinopathy, diabetes, cardiac disease) or complicated obstetrical problems: HELLP syndrome (a combination of bleeding, liver and blood pressure problems); very early Premature Rupture of Membranes; Preterm Labor and fetal demise.
- Pregnant women need to be close to their source of care. SPA 6 residents are least likely to have private transportation in the county (23% have no access to a vehicle) and have to travel long distances on freeways that average very low speeds or on buses that require transfers.
- Pregnant women need reproductive health services. Some of the hospitals closest to KDMC, or that have stated they could see KDMC patients, are religious hospitals that may not provide tubal ligations at the time of delivery or other reproductive services.
- KDMC sees a sicker group of babies: When KDMC's Neonatal Intensive Care Unit (NICU) was thriving (2002-3), their admission rate was significantly higher than standard for other populations. The 2002 audit by the LAC NICU Task Force concluded that compared to the other three NICUs in the County, the KDMC NICU had almost twice the number of critically ill infants. KDMC had three to seven times the numbers of Low Birth Weight, Very Low Birth Weight and Extremely Low Birth Weight (less than 1000 grams) infants. KDMC's NICU was fully remodeled in 1994 and could accommodate at its peak, 42 ill infants. Harbor UCLA, to which NICU babies are being transferred after LAC/DHS downgraded KDMC’s NICU in 2004, has an old facility that held 18 patients.
- 134 babies needing intensive care would have to be transferred each year from King Drew if they no longer provided NICU services, according to DHS estimates in 2003. Babies born at county hospitals are twice as likely to be very low or low birth weight compared to private hospitals.
- The number of births is down overall in the county, the large drop in births in Los Angeles County facilities coincided with the implementation of Medi-Cal managed care in the county. Births were diverted from LAC/DHS hospitals according to contracts developed by DHS Administration and over which KDMC had no control. DHS Administration needs to take the steps to make births at KDMC as inviting as they are in private hospitals and even other county hospitals. LAC/USC is aggressively working to improve their maternity conditions — why not at KDMC as well?

