

Birth tourism in the United States delivers complex medical cases in neonatal units

October 23 2015

Expectant mothers traveling to the United States with the expressed purpose of giving birth before returning home are presenting more complex medical, social and financial challenges at a large metropolitan children's hospital.

Research to be presented at the American Academy of Pediatrics (AAP) National Conference & Exhibition in Washington, DC, examines reported "[birth](#) tourism" in the United States and how it affects neonatal intensive care unit hospitalization. Researchers documented a higher medical complexity, longer [hospital](#) stays and increased re-hospitalization among babies born to traveling families.

Lead author Michel Mikhael, MD, FAAP, an attending neonatologist at the Children's Hospital of Orange County (CHOC) and assistant professor of clinical [pediatrics](#) at the University of California at Irvine, reviewed the medical records of all admissions to CHOC's neonatal intensive care unit between February 2012 and January 2015. He identified 50 admissions for 46 infants born to mothers documented in the records as having traveled to the United States with plans to deliver and return to their home countries after giving birth.

Compared to a [control group](#) of 100 randomly selected newborns, Dr. Mikhael found no difference in birth weight, gestational age, gender or 5-minute APGAR score (a clinical tool used to evaluate neonates in delivery rooms). However, he did find significant variations in other factors, such as maternal age; mothers in the birth tourism group were an

average of 4 years older than those in the control group, for example.

Other differences:

- The median length of hospital stays was doubled among the tourism group babies, with half of them requiring one or more surgical procedures (compared with 20 percent in the control group).
- 9 percent of the birth tourism babies died in the hospital, compared with 1 percent of the control group, which was not statistically significant
- The birth tourism group babies were more likely to be re-hospitalized within 30 days of discharge.

Dr. Mikhael also examined the social and financial issues related to birth tourism. Although all the babies in the birth tourism group were uninsured upon delivery, one-third were enrolled in a public health care program after families changed their residencies to the United States in response to the complex health care needs of their children. Four of the babies (10 percent) were placed up for adoptions that were not planned before delivery. These four babies had ongoing medical needs that will require health services which might not be readily available at their biological families' home countries.

"As birth tourism increases in our region, so do subsequent NICU admissions and significant social and financial burdens arising from the unanticipated medical needs of the [babies](#)," Dr. Mikhael said. Further epidemiological studies are needed to broadly understand these issues and develop tools to define financial, social and psychological impact , he said.

More information: The "Birth Tourism and Neonatal ICU Care: A Children's Hospital Experience" abstract will be presented at 11:00 a.m.

on Friday, Oct. 23 at the Renaissance Hotel - Ballroom West [verify -differs from website], in Washington, DC. To view the abstract, [aap.confex.com/aap/2015/webpro ... nary/Paper29097.html](http://aap.confex.com/aap/2015/webpro...nary/Paper29097.html)

Provided by American Academy of Pediatrics

Citation: Birth tourism in the United States delivers complex medical cases in neonatal units (2015, October 23) retrieved 24 April 2024 from <https://medicalxpress.com/news/2015-10-birth-tourism-states-complex-medical.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.