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HRS and The Health and Welfare of Florida's Children

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Abstract

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KEYWORDS: welfare, children, health

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I. Introduction

Recent information concerning children and families arising from 1980 census data and several national reports reveals certain situations and trends which will have far-reaching consequences for Florida and the nation. Section II of this article presents some highlights from those reports and certain information which focuses on the status of children. Included are economic, social, emotional and health factors, areas of particular concern to Florida's legislators. Section III is devoted to brief sketches of some of the public programs in Florida administered by the Department of Health and Rehabilitative Services (HRS) which are intended to improve the lives of children and families, particularly those serving the low-income sector of our society.

II. The Status of the Nation's Children

A. The Changing Composition of Families

The composition and size of the nation's families is changing. During the 1970s, there was a decline in the percentage of families that included children, as well as in the number of children in the nation's population. Although one might conclude that fewer children in each family and in society as a whole make it possible to devote greater care to those children we have, there is a danger that families with children will become increasingly isolated and that the nation may devote less—not more—of its attention and resources to children.¹ The types of families in which children grow up today have also changed. The

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1. 1 SELECT PANEL FOR THE PROMOTION OF CHILD HEALTH, U.S. DEPT. OF HEALTH AND HUM. SERVICES, BETTER HEALTH FOR OUR CHILDREN: A NAT'L STRATEGY 54 (1981) [hereinafter cited as BETTER HEALTH FOR OUR CHILDREN].

percentage of children living with just one parent rose by 1978 to nineteen percent.² It is estimated that by 1990 twenty-five percent of all children will be living with just one parent.³ These percentages are much higher for black families. In 1978, forty-five percent of black children were living in single parent families.⁴ Another trend with major implications for society is the proportion of mothers who work outside the home. In 1979, 54.5 percent of all mothers of children under eighteen and 45.5 percent of all mothers of children under six were in the labor force.⁵

B. The Economic Status of Children

As noted earlier, in 1978 approximately one-fifth of the nation's children were living in single-parent families.⁶ Those children are at a serious economic disadvantage compared to children living in two-parent homes. This is particularly true when the single parent is female. The median income of families headed by women in 1981 was \$8,653.⁷ This compares with a median income of \$25,636 in husband-wife families in that same year.⁸ When all the nation's children under eighteen are considered, whatever the composition of their family, 19.5 percent were living below the poverty level in 1981.⁹ The plight of black children and those of Hispanic origin was particularly severe; 44.9 percent of black children and 35.4 percent Hispanics lived below the poverty level in that same year.¹⁰

C. Infants at Risk

The infant mortality rate in the United States has fallen dramatically since the 1950s when it stood at 29.2 per 1,000 live births.¹¹ It

2. *Id.*

3. *Id.* at 54 and 56.

4. *Id.*

5. *Id.* at 56.

6. *Id.* at 54 & 56.

7. SELECT COMM. ON CHILDREN YOUTH AND FAMILIES, 98th CONG., 1ST SESS., U.S. CHILDREN AND THEIR FAMILIES: CURRENT CONDITIONS AND RECENT TRENDS 15 (Comm. Print 1983) [hereinafter cited as U.S. CHILDREN].

8. *Id.*

9. *Id.* at 17.

10. *Id.* at 17.

11. *Id.* at 31.

was recorded as 12.5 in 1980.¹² Most infant deaths occur in the first month after birth. Those infants who are of low birth weight (2,500 grams or less) are at particular risk. They are twenty times as likely as heavier infants to die in the first year.¹³ The chances that an infant will be of low birth weight and at greater risk for developmental problems or death are increased when early, regular prenatal care has not been provided.¹⁴ The American College of Obstetrics and Gynecology has suggested that nine prenatal visits are the minimal level of obstetrical care.¹⁵ In 1977, twenty-four percent of white women and forty-seven percent of black women did not have this minimal level of care.¹⁶ Teen-aged mothers accounted for 17.2 percent of all infants born in 1977.¹⁷ These infants had a low infant birth weight incidence of about 1.5 times the national average.¹⁸ In addition, statistics reveal that thirty-four percent of expectant mothers under age fifteen who gave birth in 1980 received no care during the first three months of their pregnancy, a particularly critical period of fetal development.¹⁹

D. Children's Health

Overall, the health of the present generation of America's children is good in comparison to the past. Relatively few children suffer from chronic health problems or from serious limitation of activity. Yet, we must continue to focus attention on those who suffer from physical or mental handicaps, however small their numbers, lest we forfeit the recent gains made through medical, educational and rehabilitative programs which offer promise of the realization of these children's potential and a better quality of life. Additionally, there are major problems when we focus on children in low-income families. They are in poorer

12. *Id.* at 31.

13. J. Richmond & B. Filner, *Infant and Child Health: Needs and Strategies*, HEALTHY PEOPLE: THE SURGEON GEN'S REP. ON HEALTH PROMOTION AND DISEASE PREVENTION, PUB. NO. 79-55071 A, BACKGROUND PAPERS 308 (1979).

14. PUBLIC HEALTH SERVICE, U.S. DEP'T OF HEALTH, EDUCATION AND WELFARE, PUB. NO. 79-55071, HEALTHY PEOPLE, THE SURGEON GEN'S REP. ON HEALTH PROMOTION AND DISEASE PREVENTION 86 [hereinafter cited as HEALTHY PEOPLE].

15. J. Richmond & B. Filner, *supra* note 13, at 309.

16. *Id.*

17. *Id.*

18. *Id.*

19. U.S. CHILDREN, *supra* note 7, at 28.

health and are more likely to have health-related limitations.²⁰ Poverty is the single biggest predictor of poor health in this country.²¹

An area of major concern when considering the health of children is accidents. Accidents are the leading cause of death and disability among children and adolescents. Motor vehicle accidents account for one-fifth of all accidents among children each year.²² Although other accidental deaths and injuries result from drownings, burns, falls, and various forms of substance abuse,²³ the fact remains that death rates among children and youth under age eighteen would be reduced by twenty percent if no child died in an automobile accident.²⁴

E. The Health and Behavior of Adolescents

The period of adolescence is regarded in our society as a separate life stage. The magnitude of change and growth that are typical of this period are second in intensity only to those of infancy.²⁵ The physiological, emotional and social changes that occur during adolescence make this a period of special vulnerability. Adolescence is a life stage when experimentation is necessary, and to be encouraged. It is also a time when young people sample adulthood by trying out behaviors which are risky. Driving conduct and sexual behaviors are formed, either wisely or poorly, during this phase of development.²⁶ It is apparent from the data on accidents which was previously presented that the major causes of death and disability among teenagers are related to behavior and the social environment. They usually involve temporary misjudgment, anger, or depression, combined with access to automobiles and guns. Inappropriate use of alcohol and drugs often interacts with these factors to appreciably increase the risk. Violence and accidents account for about seventy percent of the deaths of adolescents between the ages of twelve and seventeen.²⁷

Many of the behaviors that are a threat to the health and life of

20. 3 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 41.

21. 1 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 56 & 58.

22. *Id.* at 29.

23. *Id.*

24. 3 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 42.

25. S. Brown, *Health Needs of Adolescents*, HEALTHY PEOPLE: THE SURGEON GEN'S REP. ON HEALTH PROMOTION AND DISEASE PREVENTION, PUB. NO. 79-55071 A, 335-6 (1979).

26. 1 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 117.

27. S. Brown, *supra* note 25, at 341.

adolescents are deeply embedded in our society's adult culture. Prominent examples are the use of alcohol, tobacco and mood-altering drugs, especially marijuana. These behaviors are perceived by teenagers as desirable symbols of independence, maturity and sophistication.²⁸ Additionally, society's expectations for adolescents are not clear. In some ways the adolescent is treated as a child, in others as an adult. Consequently, adolescents are often confused about their social duties and responsibilities, just as they are unclear about their rights and privileges.²⁹

F. Child Care

With nearly one-half of mothers of children under six currently in the work force, the need for child care has increased. Additionally, a trend toward child care outside the home is apparent, particularly if the mother is employed full time. While in 1958, 56.6 percent of care for children under age six was provided in the child's own home, that figure dropped to 28.6 percent by 1977.³⁰ In that year, 47.4 percent of these children received care in another home and 14.6 percent in a group child care center.³¹ In the past, there has been concern about the possible negative consequences of day care on the child's psychological development. However, existing research indicates that children of working mothers develop as well on the average as those whose mothers remain at home and show no difference in the rate of psychological disorders.³²

Longitudinal studies can provide an accurate measure of the advantages or disadvantages of preschool child care programs on later school performance. Such an analysis of fourteen preschool programs has documented the benefits which can be afforded by appropriate day care programs. Academic performance, measured by a decrease in the likelihood of a child being retained in grade or being placed in special education classes, was improved for children in preschool programs as compared to those not participating in these programs.³³ A number of professional organizations have recognized the significance of preschool

28. 1 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 341.

29. M. ROSENBERG, SOCIETY AND THE ADOLESCENT SELF-IMAGE 4 (1965).

30. U.S. CHILDREN, *supra* note 7, at 14.

31. *Id.*

32. 1 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 58-9.

33. J. Richmond & B. Filner, *supra* note 13, at 321.

and day care settings for providing early opportunities for health and parent education and identifying health problems in children. These organizations include the American Academy of Pediatrics, the American Dental Association and the American Nurses Association.³⁴

G. Mental Health

Opportunities for promoting positive mental health among our country's population present themselves in infancy and continue throughout the child's various periods of growth. During the early years a child is not only vulnerable to infection and injury, but also to behavioral and emotional problems arising from social and interpersonal situations. If special risks such as poor nutrition, child abuse or neglect, or insufficient fostering of intellectual and psychological development are not identified and dealt with early, the child may be profoundly affected.³⁵ Neglect and abuse of children is a particularly critical problem in society today. Without preventive measures to strengthen parents' coping skills and improve family functioning, abuse and neglect can lead to family disintegration as well as delinquency by the child and distorted values concerning the role of parents.

Many of the psychosocial problems of children are identified when they begin school.³⁶ Problems include withdrawal, learning disabilities, truancy, aggression and delinquency. Boys are found to have higher rates of behavior problems than girls.³⁷ Behavior that leads to low achievement, falling behind grade level, or dropping out of school is of major concern. More than one-fourth of boys and one-sixth of girls still in school during their mid-teens have dropped below grade level.³⁸ The rates are much higher among minority students, forty percent for boys and thirty percent for girls.³⁹

From the perspective of the most serious forms of mental illness, adolescents constitute the fastest growing admissions category in psychiatric hospitals.⁴⁰ Suicide and homicide rates among both children and adolescents are increasing.⁴¹ In addition, growing numbers of

34. 1 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 110.

35. HEALTHY PEOPLE, *supra* note 14, at 36.

36. 1 BETTER HEALTH FOR OUR CHILDREN, *supra* note 1, at 47.

37. *Id.*

38. *Id.*

39. *Id.* at 47-8.

40. *Id.* at 300.

41. *Id.*

young people display problems with drug and alcohol abuse. In seeking remedies for these problems it is apparent that they are inextricably bound up with the most basic problems of living and can not be "treated" apart from the family, neighborhood, school and community which make up the normal socializing influences of society.⁴²

III. Programs For Children and Families

Florida is fortunate to have a state human services agency that combines health, social and rehabilitative services under one umbrella structure. Virtually all of the public programs which focus on the health and welfare of Florida's children and families are operated by the Department of Health and Rehabilitative Services (HRS). This agency was created by the Florida Legislature through the Reorganization Act of 1975.⁴³ HRS program offices include: Alcohol, Drug Abuse and Mental Health; Children's Medical Services; Children, Youth and Families; Developmental Services; Economic Services; Health; Medicaid; and Vocational Rehabilitation.⁴⁴ This section contains brief descriptions of some of these HRS programs which deal primarily with infants, children and families.

A. Aid To Families With Dependent Children

Aid to Families With Dependent Children (AFDC) provides financial assistance to families who lack the support of one or both parents. Among other qualifications for AFDC, children must be under eighteen, unmarried, Florida residents and live in the home of a parent or close relative. Those sixteen and older must register for the Work Incentive Program (WIN) if they are not in school. Assets of the family must be less than \$1,000.⁴⁵ Family net income cannot exceed the AFDC payment amount which, in October, 1983 was \$231 for a family of three.⁴⁶ There were 285,806 AFDC recipients in Florida in October, 1983.⁴⁷ Of these recipients, 197,207 were children, representing sixty-

42. *Id.* at 300-1.

43. 1980-81 FLA. DEPT. HRS ANN. REP. 1.

44. *Id.*

45. FLA. HRS, A.F.D.C. INFORMATION SHEET (Oct. 1981).

46. Office of Economic Serv., HRS, Data Analysis and Forecasting (Oct. 1983) (Computer Printout).

47. *Id.* (Sept. 1983).

nine percent of the total.⁴⁸ The average grant per person was \$74.⁴⁹ More than seventy-seven percent of Florida's AFDC caseload is composed of families made up of three persons or less.⁵⁰ Families of five or more persons represent less than ten percent of the total caseload.⁵¹

B. Child Day Care

HRS receives federal funds through a Social Services block grant to contract for child day care services for certain low-income families.⁵² The state and local communities are also required to participate in the cost of services.⁵³ Those eligible for services include: 1) recipients of AFDC and Supplementary Security Income (SSI); 2) families whose income is at or below a specific maximum for family size; 3) children at risk of abuse or neglect; and 4) children of migrant workers.⁵⁴ In order to qualify for the program, day care services must be necessary: 1) to enable the adult(s) responsible for the child to accept or continue employment or participate in training leading to employment; 2) because the responsible adult is incapacitated; or 3) because the child has been abused, neglected or exploited by one or both parents and services will help to remedy the situation.⁵⁵

As of October 1, 1983, the estimated number of day care units contracted by HRS for infants was 4,100 and those for preschool children was 11,538, making a total of 15,638 units.⁵⁶ The number of eligible children on waiting lists was 13,495.⁵⁷ This included school-age children but no separate statistics for infants and preschool children were available.⁵⁸ Fifteen of Florida's sixty-seven counties have no federal-state funded child day care program.⁵⁹ The requirement of local

48. *Id.*

49. *Id.* (Oct. 1983).

50. *Id.* (Sept. 1983).

51. *Id.*

52. FLA. HRS, CHILD DAY CARE PURCHASE OF SERVICE MANUAL 1-2 (Oct. 1983).

53. *Id.*

54. *Id.*

55. *Id.* at 1-3.

56. OFFICE OF CHILDREN, YOUTH AND FAMILIES, FLA. HRS, CHILD DAY CARE PURCHASE OF SERVICE ELIGIBILITY-TASK FORCE INFORMATION (Oct. 1983).

57. *Id.*

58. *Id.*

59. Personal Communication, Office of Children, Youth and Families, Support Services Section (Oct. 26, 1983).

participation in the cost of the services may account for the lack of public day care programs in these counties.

C. Medicaid

Florida's Medicaid Program provides reimbursement for medical services to categorically eligible persons, including recipients of AFDC and SSI.⁶⁰ In September, 1983, 490,631 persons were on the Florida Medicaid rolls.⁶¹ Of that number, 214,365 were children under age eighteen.⁶² However, of all Medicaid expenditures, the proportion represented by medical services for children is small. In 1982, children represented forty-eight percent of all Medicaid recipients in the nation, yet their proportion of total Medicaid expenditures was only thirteen percent.⁶³ In Florida, hospital inpatient services, nursing home services and services to clients in intermediate care facilities for the mentally retarded accounted for more than sixty percent of Medicaid expenditures during 1982-83.⁶⁴

D. Food Programs

Three major food programs affecting children and youth are funded wholly, or in part, by the United States Department of Agriculture. They are the Special Supplemental Food Program for Women, Infants, and Children (WIC), the School Lunch Program and the Food Stamp Program.

The Food Stamp Program began in Florida in 1969, with all sixty-seven counties participating by May, 1972. "It is intended to provide an adequate diet to members of low-income households by extending their food purchasing power through regular retail channels. Food stamps cannot be used to purchase such items as alcoholic beverages, tobacco products, household supplies, paper products, medicines, ready-to-eat foods, or pet supplies.⁶⁵ The food stamp program income limit for most households is 130 percent of the Poverty Index, or a maximum

60. FLA. HRS ANN. REP., *supra* note 43, at 24.

61. Personal Communication, Fla. HRS, Office of Deputy Assistant Secretary for Medicaid, Fiscal Planning and Program Section (Oct. 26, 1983).

62. *Id.*

63. U.S. CHILDREN, *supra* note 7, at 53.

64. FLA. HRS ANN. REP., *supra* note 43, at 25.

65. ECONOMIC SERVICES PROGRAM, FOOD STAMP OFFICE, FLA. HRS, FOOD STAMP PROGRAM 2 (July 1983).

gross income of \$1,073 per month for a household of four.⁶⁶ Eligible households are provided food stamps based on the number of persons in the household and adjusted net income⁶⁷. Thirty-eight percent of the food stamp caseload is composed of one-person households, one-half of whom are over fifty years of age.⁶⁸ Twenty-one percent of the caseload is made up of two-person households.⁶⁹ Since the basis of food stamp eligibility is income, the food stamp program differs from other food and welfare programs where dependency or health status are additional criteria. Approximately sixty percent of households receiving food stamps do not receive public assistance or social security income assistance.⁷⁰

The National School Lunch Program was initiated in 1946 to offer nutritious food for school children while providing an outlet for the country's agricultural surplus.⁷¹ In 1983, 2,122 sites in Florida participated in the school lunch program⁷² One thousand of these also offered a school breakfast.⁷³ For the month of April, 1983, the average daily number of lunches served throughout Florida was 911,358.⁷⁴ Forty-four percent of the students paid for the school lunch; forty-eight percent met the income criteria to receive a free lunch; seven percent received a reduced price lunch.⁷⁵ The National School Lunch Program designates the food groups and portion sizes for students and subsidizes the cost of school lunches to the state.⁷⁶ Of all the federal funds coming to the Florida Department of Education, the school lunch program is the largest single entity.⁷⁷ The Child Nutrition Act of 1966 also is the basis for the other food programs, including the Supplemental Milk

66. *Id.* at 7.

67. *Id.*

68. *Id.* at xiv.

69. *Id.*

70. *Id.*

71. FLA. DEPT. OF EDUC., DEV. OF SCHOOL FOOD SINCE 1970, 4 (March 1983) [hereinafter cited as SCHOOL FOOD].

72. FLA. DEPT. OF EDUC., FOOD AND NUTRITION MANAGEMENT, *Cumulative School Lunch and Breakfast* in ANN. REP. OF SCHOOL NUTRITION PROGRAMS ii (1983) [hereinafter cited as *Cumulative School Lunch*].

73. FLA. DEPT. OF EDUC., USDA FOOD AND NUTRITION SERVICES REP. OF SCHOOL PROGRAMS 1 (1983).

74. *Id.*

75. *Id.*

76. Nat'l School Lunch Program, 70 C.F.R. § 210.10 (1982).

77. FLA. DEPT. OF EDUCATION, LEGIS. BUDGET REQUEST 1983-85 30 (1983).

Program, Summer Feeding Program, and Summer Camp Program.⁷⁸ The school lunch program requires a state to match funds and to earn reimbursement based on complex formula.⁷⁹ In 1983, Florida was reimbursed over \$126 million for school lunch and school breakfast sponsorship.⁸⁰

The Special Supplemental Food Program for Women, Infants and Children (WIC) was authorized by Congress through the Child Nutrition Act of 1966, as amended in 1972.⁸¹ It is totally federally funded. Florida's WIC Program began in 1974.⁸² Thirty-seven local projects, primarily based in county health departments, provide WIC checks to eligible pregnant women or nursing mothers and children under age five.⁸³ These checks are redeemable at specific vendors for the purchase of certain foods of high nutritional value, including juice, eggs, dairy products, infant formula and iron fortified cereals.⁸⁴ Participants also are offered nutrition education, a mandatory provision of WIC regulations.⁸⁵ Eligibility is based on both income and medical-nutritional risk. Local WIC programs are permitted to set income limits between 100-185 percent of the poverty index.⁸⁶ Medical or nutritional risk is based on a health screening. The most common reason low-income children are eligible for WIC is because of the risk of iron deficiency anemia. During 1983 approximately 70,000 WIC checks were issued per month.⁸⁷ In Florida the total number served by this program in 1981 was 152,000 women, infants, and children.⁸⁸

78. Nat'l School Lunch Program, 70 C.F.R. § 210.10 (1982).

79. *Id.*

80. *See Cumulative School Lunch, supra* note 72.

81. Special Supplemental Food Program for Women, Infants and Children, 7 C.F.R. § 246 (1983).

82. FLA. HRS, HEALTH PROGRAM OFFICE, FLA. STATE PLAN OF PROGRAM OPERATIONS AND ADMINISTRATION FOR FY 1983 Intro. (1983) [hereinafter cited as PLAN OF PROGRAM OPERATIONS AND ADMINISTRATION].

83. FLA. HRS, *Special Supplemental Food Program For Women, Infants and Children in HRS MANUAL 3-1* (1983) [hereinafter cited as *Special Supplemental Food Program*].

84. *Id.* at 4-31-2.

85. *Id.* at 3-2.

86. *Id.* at 3-3.

87. *Special Supplemental Food Program, supra* note 83, at 3-3.

88. ASSOC. OF STATE AND TERRITORIAL HEALTH OFFICIALS REPORTING SYSTEM, PUBLIC HEALTH AGENCIES 1981, 102 (Apr. 1983).

E. Programs for Mothers and Infants

Florida has recognized that maternity care is an effective prevention strategy benefitting the health of infants. The state's Improved Pregnancy Outcome Program (IPO) offers maternity care for low income women. Emphasis is on screening to identify those at risk and initiate proper therapy or referral. Florida's Regional Perinatal Intensive Care Centers Program (RPICC) offers specialized health care to women with high-risk pregnancies, and to sick or premature newborns. To be eligible for this program patients must meet medical as well as financial eligibility requirements.⁸⁹

1. *Improved Pregnancy Outcome Program*

Florida was one of fourteen states awarded federal grant funds in 1977 to improve pregnancy outcomes.⁹⁰ In 1982, federal support was terminated and general state revenues were appropriated for an expanded Improved Pregnancy Outcome Program (IPO). The purpose of the program is to reduce infant and maternal mortality and morbidity by providing medical services where access to maternity care is limited by either the women's ability to pay or the number of physicians available for such care.⁹¹ Eligibility is based on income, and limited to certain geographical areas.⁹²

2. *Regional Perinatal Intensive Care Centers Program*

The need for a regionalized medical care program that could impact on Florida's infant mortality was recognized by the legislature in 1974. In that year, general revenue funds were appropriated to establish five regional centers specializing in the care of low birth weight and sick infants.⁹³ In 1977 the program was expanded to include the

89. FLA. HRS, CHILDREN'S MEDICAL SERVICES FY 1981-82 ANN. REP. REGIONAL PERINATAL INTENSIVE CARE CENTERS INTRO. (1982) [hereinafter cited as PERINATAL REP.].

90. DEPT. OF HEALTH AND REHABILITATIVE SERVICES, HEALTH PROGRAM OFFICE, FY 1982-83 ANN. SUMMARY: FLA. IMPROVED PREGNANCY OUTCOME PROGRAM I (1983).

91. *Id.*

92. *Id.*

93. Ausbon, *Children's Medical Services: Total Health Care*, 70 J. FLA. MED. A. 708 (1983).

provision of obstetrical services and the addition of three new centers.⁹⁴ The program currently includes ten Regional Perinatal Intensive Care Centers and five affiliated step-down centers for infants who no longer require intensive care.⁹⁵ Periodic evaluation of the development of infants who received care in the RPICCs is an important component of the program. Other components include transportation of newborns to the centers, a twenty-four hour toll-free communication and referral line (CARE) and an on-line computerized data system.⁹⁶ In 1981-82, the RPICC Program served 4,414 newborns and 2,112 women.⁹⁷

IV. Conclusion

Infants and children are powerless to exert influence on the political decisions of the state and nation in which they live. Rather, they must depend on the advocacy and initiatives of communities, groups and individuals. An approach to the needs of children which draws upon the interest, knowledge and strengths inherent in the professional and business sectors of Florida can be a vital force in fostering a better quality of life for each of our children. All of Florida's citizens would benefit from such an approach. Although children may represent less than one-third of our population, they surely are one hundred percent of our future.

94. See ANN. REP., *supra* note 89, at Intro.

95. See AUSBON, *supra* note 93.

96. See PERINATAL REP., *supra* note 89, at 2.

97. *Id.* at 4.