

**Perinatal health and school trajectories**Bryan L. Williams, PhD<sup>1</sup>, Arianne B. Weldon, MPH<sup>2</sup>, Brenda Fitzgerald, MD<sup>3</sup>, and Fran Gary<sup>4</sup>

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A child's academic trajectory begins not in school but rather within the womb. Healthy pregnancy, birth, and development are fundamental drivers of a child's academic success. For example, we have found that Georgia students who were born prematurely are more likely to fail standardized tests than their full term classmates. However, for a rapidly increasing number of students, substandard academic performance follows upon a history of chronic illness, family violence, or homelessness. Students who were once tiny critically ill neonates clinging to life often start their education far behind their healthier peers. Many never catch up, but end up struggling throughout their academic years.

Far too many children in our state are born unhealthy and economically disadvantaged, conditions that promote inadequate brain development before and a few years after birth, thereby flattening the slope of a child's academic trajectory. Such children go on to become part of an educational subclass for whom educational achievement is elusive at best. They lack basic literacy early in their development; in particular, they lack the capacity to read to learn. Yet, despite all the obstacles in their way, we hold impoverished, disadvantaged, and powerless children accountable for their own performance. Once such children reach school age we aggressively test them, and they often underperform. Education becomes remedial -- at best -- at that point in their development. We lack system-level efforts to ensure young brains are properly stimulated, nourished with language, and kept healthy during the most critical periods of their development.

Educators and public health officials should share a common goal, a healthy and productive populace. Academic achievement, or the lack thereof, is both a public health and educational imperative. Clearing the path for a steep trajectory among children starting at the lowest point requires a common agenda between the two entities. Educational success (e.g., literacy) is a function of five principal elements: language, nutrition, access, school learning climate, and teacher preparation. Optimizing these conditions for children requires a communal relationship between traditionally independent actors---educators and public health officials. Innovative programs like Talk with Me Baby, Brain Trust for Babies, and the Get Georgia Reading Campaign are burgeoning cross-sector initiatives that offer common ground for a productive coalition between these important public sectors.

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