GIVING BIRTH IN MANITOBA

Many health measurements on par nationally, but disparities are a cause for concern

A new report from the University of Manitoba’s Faculty of Medicine says maternal and newborn health in the province is comparable with national averages in some areas, but there are a number of areas that could improve.

The study, Perinatal Services and Outcomes in Manitoba, was conducted by researchers at the Manitoba Centre for Health Policy and used anonymized health records and other data on all births spanning from 2001 to 2009. It found the number of children born steadily increased from 13,690 in 2001 to 15,183 in 2009.

The health of mothers and babies was followed using over 45 measurements compared by geographic region (i.e, where the mother lived), socioeconomic and demographic factors, medical conditions, and health behaviours. In lower income areas there were higher rates of births to teenage mothers, smoking during pregnancy, and hospitalizations for both mothers and newborns during and after pregnancy. The study also found lower rates of breastfeeding and lower rates of healthcare service use during and after pregnancy for those in lower income areas. In addition, 27 per cent of pregnant women who received income assistance had fewer than the recommended number of prenatal visits and/or a late start to prenatal care, compared to 10 per cent of those not on income assistance.

“One of the most notable messages in this study is that as mothers’ social and economic circumstances declined, the health of newborns declined as well,” says lead researcher of the study, Dr. Maureen Heaman. “We found that women who live in poverty are more likely to have less healthy pregnancies and deliveries. Their babies are more likely to have serious health problems such as premature births and to die within the first year of life.”

Manitoba also had a high rate of teenage births – between 2007 and 2009 about nine per cent of children born were to teen mothers. The Canadian average was under five per cent.

This was also the first study of its kind to look at midwifery care in Manitoba. The number of births by a midwife grew throughout the study period from 2.5 per cent in 2001 to 4.7 per cent in 2009 when the number of registered midwives in Manitoba peaked at 40.
“Despite its growth, the study indicates midwifery care is not reaching enough women in target groups such as poor, teenage, socially isolated, and other at-risk mothers,” says Heaman.

Some other aspects of birth do stand out when compared to national averages.

“Cesarean births rose slightly over the study period but there is an element of good news for Manitoba,” says Heaman. Compared to the Canadian rate of about 28 per cent, Manitoba had a much lower rate of cesarean birth at approximately 20 per cent in 2008/09. This lower rate is more in keeping with international guidelines. Additionally, rates of vaginal births for women in Manitoba who had a previous cesarean birth (known as vaginal birth after cesarean or VBAC) remained relatively high.

Generally, women in Manitoba don’t wait as long to have children compared to women throughout Canada. Although there is a national trend toward delayed childbearing, less than three per cent of women in Manitoba had their first child at age 35 or older.

MCHP is a research unit in the Department of Community Health Sciences in the Faculty of Medicine at the University of Manitoba. Research scientists and their collaborators at MCHP study health services, population and public health, and the social determinants of health using data from the entire population of Manitoba. Most of the research answers questions of interest to policy makers based on a formal association with Manitoba Health and input from other government departments.

Media note: Dr. Maureen Heaman is available for interviews.

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The summary and full report will be available for download on November 1 from http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html