

Bringing Research to LIFE

In brief

New Appointment

Mark G. Torchia, associate professor and director of development within the Department of Surgery, has been appointed to the Canadian Council on Animal Care.

The appointment, which runs until March 2013, was approved by the Association of Universities and Colleges' Board of Directors.

"I am pleased to be able to take on this task on behalf of the university community in Canada," said Torchia.

Upcoming events

Café Scientifique

**Mind the Gap:
Does gender make a
difference for health policy
and practice?**

Wednesday, June 2, 2010

7:00 p.m. to 9:00 p.m.

McNally Robinson, Grant Park
1120 Grant Ave.

Free Admission

Speakers:

Randy Fransoo, Assistant Professor, Community Health Sciences, Faculty of Medicine, and Research Scientist, Manitoba Centre for Health Policy

Margaret Haworth-Brockman, Executive Director, Prairie Women's Health Centre of Excellence

Maureen Heaman, Professor, Faculty of Nursing, and CIHR Chair in Gender and Health

Moderator:

Joy Johnson, Scientific Director, Institute of Gender and Health, Canadian Institutes of Health Research

For more information:
research_communications@
umanitoba.ca

CIHR Institute of Gender and Health Presentation

Wednesday, June 2, 2010

2:00 p.m. to 3:30 p.m.

Room 210, Helen Glass Centre

Researchers and students
please RSVP by May 31 to:
amanda_shawcross@umanitoba.ca

Caring About Prenatal Care

Latest research shows some women go entire pregnancy without a prenatal care visit

BY KATIE CHALMERS-BROOKS

Nearly five per cent of inner-city women who took part in a comprehensive three-year study went their entire pregnancy without seeing a doctor or receiving prenatal care of any kind.

Nursing professor Maureen Heaman, the study's lead investigator, said the finding – which showed 30 of 608 post-partum women never stepped foot in a health care providers' office before giving birth – was surprising given we live in a country where health care is no cost to the patient.

"Supposedly we have universal access to health care and yet 30 women didn't get any prenatal care. I think that's really high," Heaman says.

The study was funded by the Canadian Institutes of Health Research (CIHR) and wrapped up in January. It is the first to intensely explore prenatal care use among women in Winnipeg's inner-city.

"There has been lots of studies on factors associated with prenatal care done in the United States but very few in Canada and this is the first time such a study has been done in Winnipeg," Heaman says.

Her earlier research covered the greater province and showed higher rates of inadequate prenatal care – up to 21.5 per cent – among women in inner-city Winnipeg and in northern Manitoba. Not getting the proper care before the baby is born increases the risk of preterm birth, low birth weight, and neonatal death.

"We need to try and learn more about why these women aren't getting prenatal care, to try to make changes," says Heaman, who holds a CIHR Chair in Gender and Health (which is funded by the CIHR Institute of Gender and Health).

This new study determined the women who received inadequate care were more likely to have high stress and low family support. They were also more likely to be low income, single,



The research team at the knowledge translation workshop (from left to right): Lawrence Elliott, Heather Morris, Michael Helewa, Catherine Cook, Maureen Heaman, Wendy Sword, Mike Moffatt, Pat Gregory, and Lynda Tjaden.



Photo by Katie Chalmers-Brooks

Faculty of Nursing professor Maureen Heaman wants to better understand why some inner-city women don't receive adequate prenatal care.

smokers, illicit drug users, and unhappy about being pregnant.

Study participants with inadequate prenatal care said they had transportation problems, didn't know where to go to seek care and more than half believed prenatal care was unnecessary. They also identified problems in their personal lives as barriers.

Researchers did in-depth interviews with several of the women. "Many of them have a lot of crisis in their lives," Heaman says. "There were very moving stories."

The team followed up with focus groups to find out how to improve

things. And earlier this month they held a "knowledge translation" workshop to share their findings with the people who work with these women on a regular basis. Doctors, nurses, midwives, social workers, policymakers, and administrators were among the dozens of people who attended 'Prenatal Care for Inner-City Women in Winnipeg: Barriers, Facilitators and Future Directions.'

It was important to Heaman that the study results find their way to the individuals who can put them to use. Not only did the workshop participants gain insight but they put their heads together to come up with realistic solutions – some as straightforward as giving women bus tickets to get to their prenatal care appointments or as complex as opening up more clinics equipped with a multidisciplinary team (such as a doctor or midwife, dietician and addictions counselor) to provide a one-stop shop.

"We need to get out there and share the results with the people who can make use of them," Heaman says. "A lot of researchers don't do that to the extent that they should."