



UNIVERSITY OF MANITOBA | **Faculty of Medicine**
Community Health Sciences

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EVIDENCE SUGGESTS SUPPORT PROGRAM FOR VULNERABLE NEWBORNS WORKS

The Healthy Baby Program started in 2001, led by Healthy Child Manitoba to help low-income mothers and their newborns. It's designed to improve the health of Manitoba's most vulnerable babies before they're born and during infancy. New research from the Faculty of Medicine at the University of Manitoba shows evidence that the program appears to work.

Marni Brownell is the lead researcher of the study whose area of interest revolves around child health. "When we started this evaluation, we weren't sure whether we'd find any impact of the Healthy Baby Program – some of the outcomes we were looking at are very difficult to change for vulnerable populations," she says. "We were surprised with the results."

Researchers at the Manitoba Centre for Health Policy looked at both parts of the Healthy Baby Program. The first is an income supplement with a maximum of \$81.41 per month starting in the second trimester of a woman's pregnancy. The second part consists of community support programs, offering information on things like nutrition, which are available during pregnancy until the babies' first birthday.

Babies born prematurely or with low birth weight have higher risks of sickness and death. The study found that the prenatal income supplement was associated with a reduction in low birth weight babies and a reduction in premature births.

The most dramatic results were found in the area of breastfeeding, where women who participated in both parts of the Healthy Baby Program were more likely to breastfeed their newborns. Previous research shows breastfeeding has an impact on the short- and long-term health of infants.

Roughly one third of women giving birth during the time period of the study received the prenatal benefit. The program helped almost three quarters of women on income assistance meaning the prenatal income supplement reached a reasonable portion of the population it was designed for. The community support part of the program was not as good at reaching those women thought to be most vulnerable, with only about 22 per cent of women receiving income assistance participating.

“The program isn’t necessarily reaching everyone it should,” says Brownell. “Since both parts of the Healthy Baby Program appear to be associated with better prenatal and birth outcomes, efforts should be made to ensure all eligible, low income women use the program to help improve the health of their newborn children.”

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 is oriented towards answering questions of interest to policy makers in Manitoba based on a formal association with Manitoba Health and input from other government departments.



Dr. Brownell is available for interviews.

The summary and full report will be available for download on Thursday, November 15 from <http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html>

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