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# **National birthing strategy: A role for Ottawa**

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'We're in a crisis,' André Lalonde, the executive vice-president of the Society of Obstetricians and Gynaecologists of Canada (SOGC), said yesterday. "Unless we take action in the short term, then we are not going to be able to provide adequate services."

Yet when it comes to care for high-risk pregnant women, it appears that adequate services are not being provided even now. Thankfully, there are signs that the federal government has finally taken notice.

An increasing number of Canadian women who give birth weeks or months prematurely are discovering that no hospital beds can be found. They are taken to hospitals in the United States, where fragile infants are placed in neonatal intensive care units. A record number of women - at least 109 with high-risk pregnancies from British Columbia and Ontario - have been sent to American hospitals over the past year.

Canada, once able to boast of its low infant mortality rate - sixth place in 1990 - saw its rank plummet to 25th place in 2005, according to Organization for Economic Co-operation and Development figures published this year. Our country's infant mortality rate of 5.4 deaths per 1,000 live births is now tied with Estonia's, and is more than double Sweden's rate of 2.4.

Although the need to transfer women with high-risk pregnancies has been blamed on bed closings more than a decade ago, along with staff shortages, a lack of proper planning may be an equal culprit.

Accordingly, the SOGC has called for federal leadership on the issue. Its 28-page proposal calls for federal leadership in seven areas, including a mechanism to accurately gather data, implement national practice guidelines and focus on maternity patient safety.

Late last week, Health Minister Tony Clement's office indicated that he has directed officials to evaluate the SOGC proposal and to provide him with an assessment of its feasibility. They should not shy away from embracing a stronger role for Ottawa alongside the provinces in maternity care, similar to the one it is playing in cancer through initiatives such as the Canadian Partnership Against Cancer.

Pegged at \$43.5-million over five years, the cost of a national birthing plan would be a relative pittance for the good it would do. Canada can ill afford to further regress in ensuring safety for mothers and their children.

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