

Healthier mothers, healthier babies: five ideas

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We have a choice in Ontario.

We can wait for health and social problems to build up over a lifetime, sometimes right from birth, and then spend a lot of money at the back end trying to fix broken people — with varying degrees of success.

Or we can spend some money upfront to prevent people from becoming broken in the first place, and then reap far bigger savings later.

Here are five ideas experts say could help improve the health of mothers and babies in Ontario — and save taxpayers a lot of money in the long run:

1. Expand Hamilton’s nurse-family partnership pilot program to the entire province.

The nurse-family partnership matches a high-risk, low-income first-time mother with a nurse who conducts intensive home visits prior to birth and up until the child reaches two years of age. The goal is to get mother and child on the right path for the long term.

“It’s really one of the gold-standard programs anywhere in the world in terms of effectiveness, of really demonstrated effectiveness, of clear goals and clear expectations,” said Debbie Sheehan, director of family health for Hamilton’s public health department.

Better yet, expand the program so it’s open to more than just first-time mothers.

2. Aggressively strive to cut the smoking rate among pregnant women.

Smoking is a known risk factor for low-birth-weight babies. It’s estimated up to 30 per cent of low-birth-weight babies could be the result of mothers who smoke during pregnancy.

It’s also long been known that smoking rates increase as incomes decrease.

At Hamilton's Maternity Centre, which helps hundreds of at-risk and low-income pregnant women each year, about one in four expectant mothers smoke. In Thunder Bay, about 30 per cent of pregnant women smoke. For pregnant aboriginal women, the rate is even higher — nearly half are smokers.

Choking off the supply of cheap cigarettes on native reserves would be a good first step, for the health both of natives and non-natives.

3. Improve access to early prenatal care, particularly in at-risk neighbourhoods, through the use of incentives.

Early access to prenatal care is an important factor in healthy birth outcomes.

The Spectator's BORN project shows about one in six pregnant women across Ontario is not receiving prenatal care during the first trimester. The data also shows that lower rates of early prenatal care are associated with neighbourhoods that have lower incomes.

The incentives could be direct, in the form of financial compensation, or indirect, in the form of merchandise and food vouchers.

The costs are meagre compared to the lifetime cost of poor pregnancy outcomes to the health care and education systems.

4. Move aggressively to cut the rate of births to teen mothers through a targeted, co-ordinated approach that combines the efforts of public health, school boards and social agencies.

The Spectator's analysis shows a clear connection between low income and poor educational achievements and higher rates of teen mothers across the province. Children of teen mothers have a higher risk of being high-school dropouts, being unemployed and being teen parents themselves, so stopping the cycle is vital.

The differences in the rates of teen pregnancies and teen births between wealthy communities and poor ones are staggering. It's easy to see where resources need to be directed.

Particular attention needs to be focused on Ontario's native communities.

5. Set quantifiable, publicly available targets for birth outcomes and maternal health markers in Ontario, make someone somewhere accountable for them and impose consequences when the targets aren't met.

“Hard targets are useful if anyone knows that there are hard targets and pays attention to them,” said Lea Caragata, a professor of social work at Wilfrid Laurier University.

Ontario’s 14 Local Health Integration Networks all have a long list of performance targets they’re expected to meet — from wait times for cancer surgery and hip replacements to the percentage of elderly patients waiting for placement in a long-term care facility.

Surely, targets can be set for something as important and costly as the rate of low-birth-weight babies or the rate of teen mothers in Ontario.