

BORN

A CODE RED PROJECT

'She's so small,' was all Ella's dad could say, over and over again

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But it was a short-lived moment.

Within seconds of Ella's birth, Mike said, she was taken to the neonatal ICU.

"When you're going into labour, you picture this moment where you get to hold your child for the first time — and it never happened," said Michelle.

"The nursing staff, everyone is saying, 'Congratulations, congratulations,' and I'm thinking, 'For what?'" Michelle recalled. "It didn't really reg-

ister that I had had a baby because I didn't get to see her or hold her or touch her, to know that everything was OK."

And then the tears flowed.

"When everyone left the room with the baby and it was just you and I in the room by ourselves," Michelle said, with a nod to her husband. "He looked at me and he started to cry and he said 'She's so small.'

"That's all he kept saying. And I didn't even get to see her.

"I don't know what she looked like, I

don't know how small is small."

No mother expects the first time she sees her newborn will be through an incubator with a jumble of tubes jutting out of such a tiny body.

"The first few days, you just pray she makes it to the next day," said Michelle. "You don't know how bad it is. Is she going to live tomorrow?"

"You don't want to call her by her name, you don't want to have an attachment to her the first few days because you don't know if she's going to be there

the next," she added. "You think that in the back of your mind without saying it out loud."

The next emotional marker was the day Michelle was discharged, because Ella stayed behind.

"I cried the whole way home in the car," Michelle said. "He's telling me 'I think you need to see some help,' and I'm like, 'I'm allowed to be sad.' He's like, 'You know, I'm really concerned, you're awfully sad.'

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PRENATAL CARE VITAL TO BABIES

More than 40 per cent of expectant mothers in the city of Windsor between 2006 and 2010 did not receive any prenatal care during the first three months of their pregnancy, the worst performance among Ontario's 25 largest municipalities.

That's nearly three times worse than the provincial average, based on comprehensive data obtained by The Spectator from the Better Outcomes Registry & Network (BORN) Ontario birth registry.

Early access to prenatal care is considered a vital part of ensuring the delivery of healthy babies.

Windsor's rate of low-birth-weight babies was also higher than the provincial average, as was the city's rate of teen mothers, which was 50 per cent higher than the Ontario rate.

Of the 25 Ontario communities with the lowest rates of prenatal care during the first trimester, eight are in Essex County in southwestern Ontario, including the city of Windsor, seven are in the Kenora district of northwestern Ontario, and seven in Algoma district, including the city of Sault Ste. Marie.

Just 57 per cent of expectant mothers in Windsor received prenatal care in the first trimester. In downtown Windsor, which suffers from high poverty levels, the rate was even lower — just barely above 50 per cent.

The Ontario average from 2006 to 2010 was about 85 per cent of expectant mothers receiving some prenatal care during the first three months.

Debbie Silvester, manager of family health for the Windsor-Essex County Health Unit, said her health unit disputes the rates reported for municipalities in Essex County.

She did acknowledge Essex County has had problems in the past with a shortage of physicians.

"That is not as much the case now as it was back a few years ago," said Silvester. "I know that we're better than we were.

"With the family health centres that

have been put in place, we've seen less people having to depend on our walk-in clinics."

Ontario's three worst rates of prenatal care during the first trimester were Wabaseemoong, Grassy Narrows and Whitefish Bay native reserves, all near Kenora.

Added together, fewer than half of the women at the three reserves received prenatal care in their first trimester, according to the BORN data.

One in four women who gave birth at the three reserves between 2006 and 2010 was also a teenager.

Wayne Hyacinthe is the health director at Grassy Narrows First Nation, a 90-minute drive north of Kenora.

Between 2006 and 2010, just 46 per cent of pregnant women at Grassy Narrows received first trimester prenatal care, and Hyacinthe is mystified by the low rate.

"Technically, they all should be getting it," said Hyacinthe. "We go out and seek them out when we hear that they are (pregnant).

"We don't just sit around waiting for them to walk in the door."

On a more positive note, the rate of pregnant women at Grassy Narrows receiving prenatal care at any point before giving birth rose to more than 96 per cent, which is not far off the provincial average.

In Hamilton, the overall rate of mothers receiving some type of prenatal care in the first trimester was 93.7 per cent, which is well above the provincial average of nearly 85 per cent.

But there are noticeable differences across the amalgamated city.

Much like the story of teen mothers and low-birth-weight rates, there is a connection between lower rates of prenatal care during the first trimester and parts of Hamilton with high rates of poverty.

In the former City of Hamilton below the Mountain, the rate of first-trimester prenatal care was 91 per cent, compared to 95 per cent on the Moun-



TERI PECOSKIE, THE HAMILTON SPECTATOR

Infant graves in the cemetery at Big Trout Lake. The rate of early pre-natal care on the remote reserve was 81 per cent, slightly below the provincial average of 85 per cent.

RISK FACTORS

Risk factors that can lead to delivery of low-birth-weight babies:

- poverty
- being a single parent
- being a teenage parent
- little or no prenatal care
- living with a violent partner
- generally stressful life
- workplace conditions
- types and amount of work
- smoking
- alcohol and other drug use
- poor nutrition before and during pregnancy
- limited stress-relief strategies

— NATURAL RESOURCES CANADA'S ATLAS OF CANADA

tain. The rate in Stoney Creek was just over 95 per cent, and the rate in Ancaster was nearly 97 per cent.

Looking just at the lower inner city between Kenilworth Avenue and Queen Street, the rate dipped to 89 per cent.

Dr. David Price said prenatal care — even a little bit of it — can help improve birth outcomes. Price is chair of McMaster's department of family medicine, as well as the founding director of the Maternity Centre on James Street South. "At a micro level — the patient

level — it can have a huge impact."

One common reason that helps explain why women get missed during the first trimester, Price said, is because some may not realize — or want to acknowledge — they're pregnant until the fourth month or later.

"And it's not just common amongst uneducated people," Price noted. "We've had medical students who've shown up at 28 or 30 weeks not realizing that they were pregnant."

"But certainly up to 18 or 20 weeks when the baby first moves, some women don't have regular periods anyway so the fact that they haven't had a period doesn't really mean a lot to them," he added. "That's a common story."

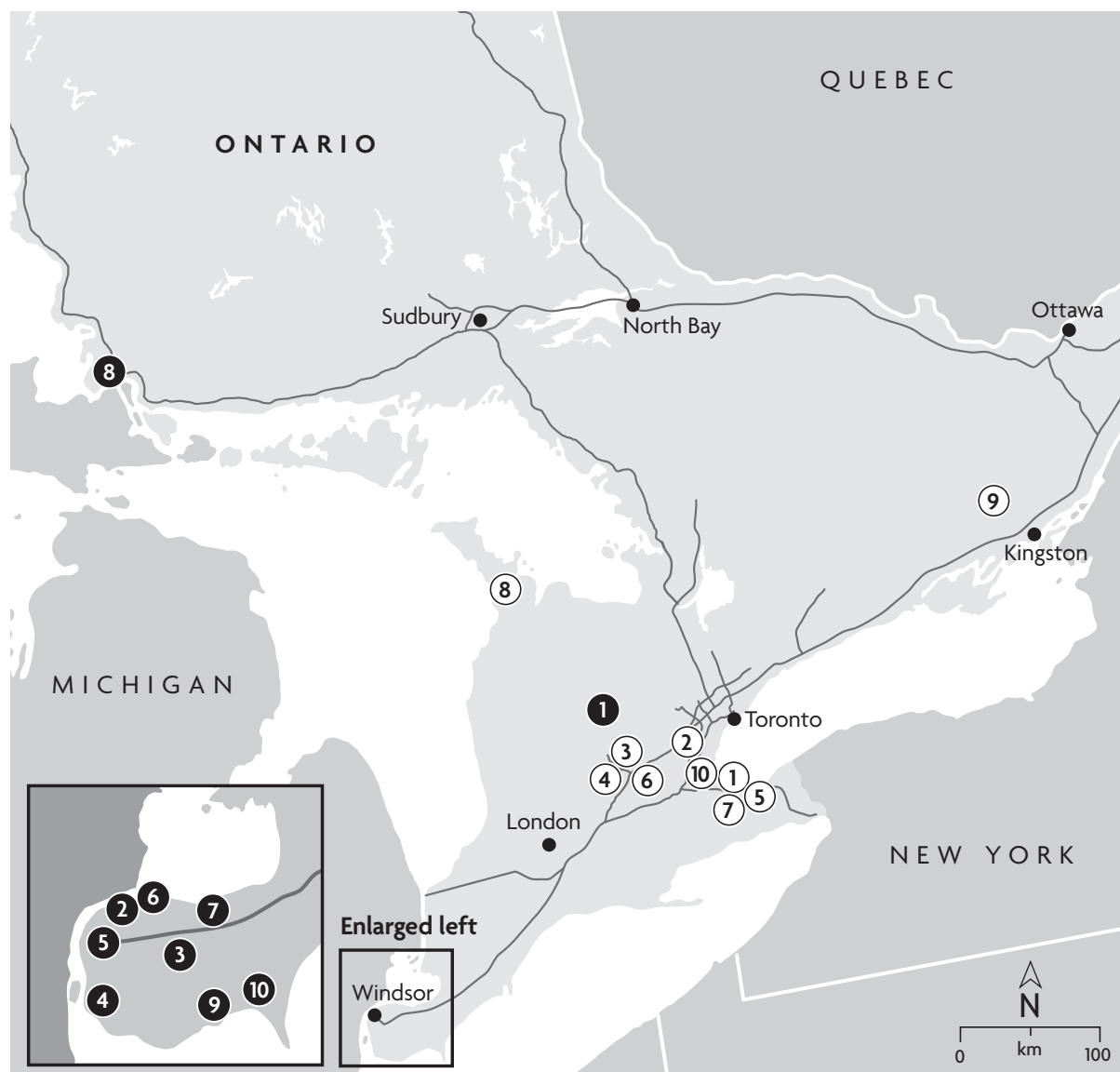
Despite high rates of poverty in the lower inner city, Hamilton's prenatal care rates are better than what might be expected, he noted, due to the city's strong, well-integrated social service network.

"Part of it is having multiple sources you can access. It's because of our social agencies, it's the public health programs, it's places like (the Salvation Army's) Grace Haven and their word of mouth, it's because of the outreach that the public health nurses do.

"I think we recognize that we have challenges, and the city and the community have put in resources to deal with that."

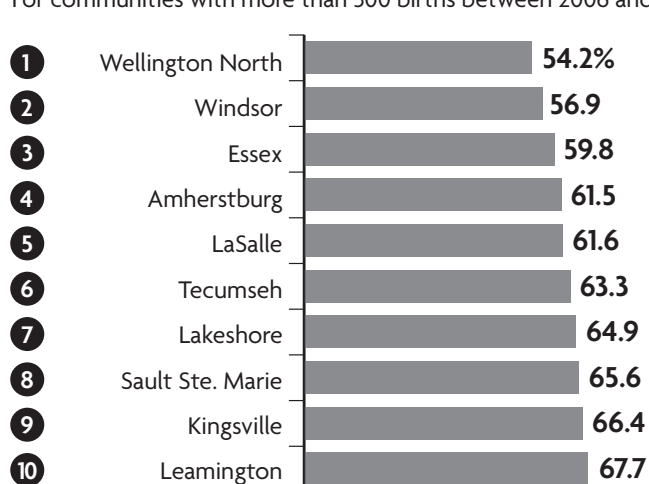
SCATTERED SERVICE: TRACKING FIRST-TRIMESTER PRENATAL CARE

Access to first-trimester prenatal care is instrumental to improving an infant's long-term health prospects. Like high rates of teen mothers, low rates of prenatal care in the first three months of pregnancy are often intimately linked with lower income, lower educational attainment and higher rates of poverty.



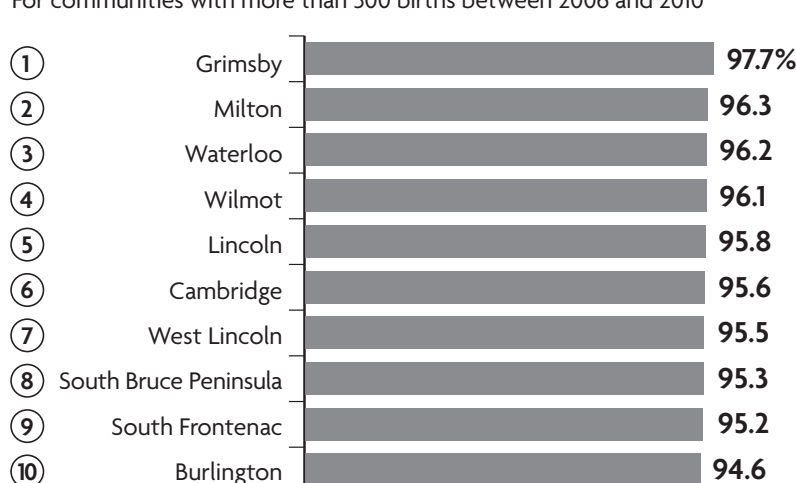
Lowest rates of first-trimester prenatal care

For communities with more than 300 births between 2006 and 2010



Highest rates of first-trimester prenatal care

For communities with more than 300 births between 2006 and 2010



SOURCE: BORN ONTARIO

Steve Buist, Teri Pecoskie, Dean Tweed // THE HAMILTON SPECTATOR