

Substantial differences in obstetric care for First Nations women in Canada: BC study

November 2 2015

There are substantial differences in obstetric care provided to First Nations women compared with women in the general population, and these differences may contribute to higher infant mortality in First Nations populations, according to research published in *CMAJ* (*Canadian Medical Association Journal*).

"Although signs suggest that [obstetric interventions](#) are being used too readily in developed countries, the lower rates we saw among First Nations mothers are of concern when coupled with the known increased risk of adverse perinatal and infant outcomes," writes Corinne Riddell, PhD candidate, Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Montréal, Québec, with coauthors.

The study compared the quality and type of [obstetric care](#) provided for first-time single births among First Nations and non-First Nations mothers in British Columbia, Canada. It included 215 993 single births over 12 years, of which 9152 were to members of First Nations. First Nations mothers were more likely to live in rural areas and live farther from a hospital than non-First Nations mothers. They were also 7 times more likely to have a baby during their teens, had a higher likelihood of preterm birth and were less likely to give birth after 41 weeks.

Obstetric care varied as well. First Nations mothers were less likely to undergo labour induction or to receive an epidural. They were also somewhat less likely to have an instrumental delivery or cesarean

delivery.

"First Nations mothers were less likely to have early ultrasonography, less likely to have at least 4 antenatal visits and less likely to undergo induction for indications of post-dates gestation and prelabour rupture of membranes. Because these indicators reflect current standards of care, estimated differences are not at risk for confounding by maternal risk factors, rurality or level of service at the local hospital," write the authors.

The researchers noted their inability to determine whether these differences in care were linked to the type of [health care provider](#) or to the location of delivery (home or hospital). Only the person who delivers the baby is noted on the delivery record, and this person may not be the one who cared for the woman during pregnancy. Also, the authors were unable to incorporate women's preferences for their birth. For example, many women successfully use nonpharmacologic methods to cope during labour so a lower epidural rate could reflect a woman's choice to not have one.

"Such differences warrant further investigation, given consistently found increases in perinatal mortality that may be a downstream consequence of differences in care," the authors conclude.

More information: *CMAJ*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.150223

Provided by Canadian Medical Association Journal

Citation: Substantial differences in obstetric care for First Nations women in Canada: BC study (2015, November 2) retrieved 24 May 2024 from

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