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*SOGC Annual Clinical Meeting, Ottawa, June 21-26, 2007*

## **Study: Diminishing Health Resources in Rural Areas Leading to More C-sections, Preterm Births**

**With the closure of an increasing number of rural maternity services, women in outlying and remote communities are facing more obstacles and poorer obstetrical outcomes than their urban counterparts, according to a new study presented today in Ottawa.**

The study, which looked at maternity care in rural British Columbia, provides the first Canadian data to suggest that women and children are more likely to have perinatal morbidity if they live in rural and remote communities and deliver in a referral hospital. The research will be presented as part of the 63<sup>rd</sup> Annual Clinical Meeting of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

“Our findings point to a higher incidence of inductions, and preterm and cesarean section deliveries among these women,” says Dr. Shiraz Moola, an obstetrician with Kootenay Lake Hospital and one of the study’s principal investigators. “We also found that women in rural and remote communities whose obstetric care is outside their local health area are more apt to have babies with lower birthweights.”

The study has found that the reduction and removal of healthcare services – especially obstetric care – has had a negative impact on women in Canada’s rural communities.

“We have a number of concerns with this issue,” says outgoing SOGC President Dr. Donald Davis. “To begin with, women forced to seek maternity care outside their local health area may face increased financial, emotional and psychological stress as a result – especially if they must travel long distances, are by themselves or are leaving young children back at home.”

It can also be a question of safety. Women who choose to delay travel until labour starts – for whatever reason – are placing themselves and their babies at greater risk if they deliver en route and encounter complications without the

proper medical assistance. Faced with this possibility, more healthcare providers and their rural patients are now considering elective labour induction.

The situation underlines the real and growing need for safer and more accessible rural care and an increase in maternal service providers in these areas, but current statistics are not encouraging. With 30 percent of Canadians living in rural and remote communities and only three percent of Canada's obstetricians practicing in those communities, the need for additional rural maternity care services is pronounced. Adding to this dilemma is the fact that many smaller hospitals are facing nursing shortages – further reducing the level of care available – and recruiting and retaining general practitioners who provide maternity care is becoming more difficult as older practitioners offering this service retire.

“There needs to be more awareness within Canada about the lack of services and increased hardship faced by women giving birth in rural areas,” says Dr. Moola.

### **For More Information:**

For more information, or to schedule interviews on this or other topics related to women's health, members of the media are invited to contact:

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### **About the SOGC**

*The Society of Obstetricians and Gynaecologists of Canada (SOGC) is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information, visit [www.sogc.org](http://www.sogc.org).*