

keti' winijanit aq mijua' ji' j in unama'ki

moms and babies

Health Information Bulletin #1



Inside this edition:

- *Way to go moms! Breastfeeding is way up!!*
- *Is your unborn baby a smoker? What you need to know ...*
- *Healthy moms make healthy babies. How are we doing?*

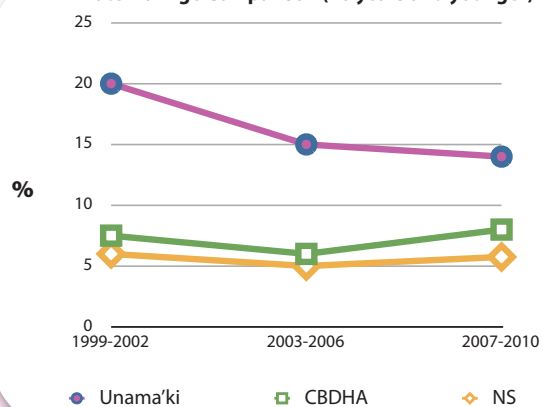
Having healthy moms and babies is one of the highest priorities for our communities. This means making sure that women have the right information and supports when they are planning to have kids, throughout their pregnancy ... and once their baby is born.

Even though teen pregnancies have been going down (from about 20% in 1999 to a little less than 15% in 2010), Unama'ki moms are still a lot younger than other mothers in Cape Breton and the rest of Nova Scotia.

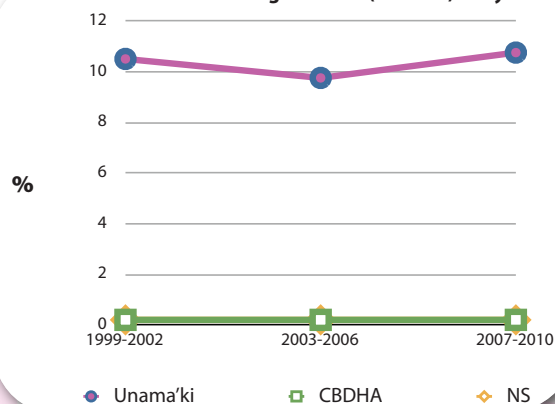
Over the past decade, more women from our communities were having babies into their thirties – a rise from 1 in 20 pregnancies to 1 in 10 last year.

And our communities are growing fast! In fact, 10% of our moms had their fifth (or more) baby in 2010.

Maternal Age Comparison (20 years and younger)



Mothers having their 5th (or more) baby



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The Unama'ki Client Registry was used to generate the statistics in this Health Bulletin. It is the first in a series of short profiles that highlight some key findings. This information can help us better understand and address the health needs of our people.

Healthy moms make healthy babies.

What the data tells us is that women of child bearing age need to get more exercise, eat healthier foods, get screened for diabetes and monitor their blood sugars carefully when they're pregnant. They also need to quit smoking.



Rates of pre-existing **diabetes** are very high. The chart on the bottom left shows that our rates of diabetes among pregnant women are 3 times as high as in Cape Breton and the rest of Nova Scotia. These numbers might not actually be all bad news. The sharp rise doesn't mean that there is a growing number of diabetics. It just means that more of us are getting diagnosed. And with diagnosis comes treatment, because diabetes can be managed.

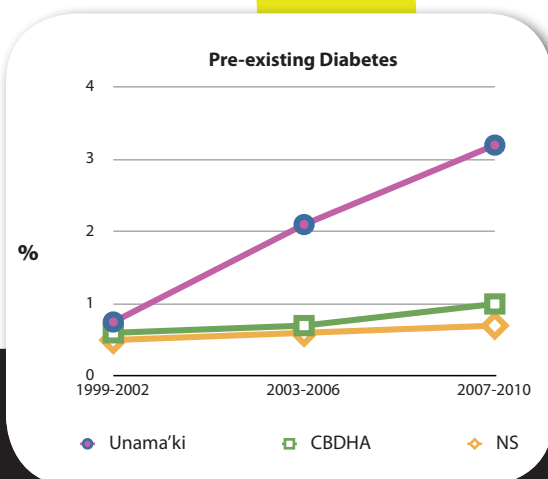
Knowing you are diabetic is very important if you become pregnant. Everyone should **eat a healthy diet** and **get prenatal care** but it's particularly important for women with diabetes.

It is also important to be tested for **gestational diabetes**, which is a type of diabetes that can develop when you are pregnant. Aboriginal women are more likely to have gestational diabetes than non-Aboriginal women. In our communities, we know the rate is about one in ten.

Diabetes of any type can cause complications during pregnancy and at delivery for both mother and child. One common concern is **babies with high birth weights**, which can result in traumatic deliveries. In 1999, about 7% of newborns had a high birth weight and that number had come down to less than 6% in 2010. Regular screening and good prenatal care are very important.

Another risk factor in pregnancy is when the mother is overweight. Almost one out of three women in Unama'ki have a **pre-pregnancy weight** of more than 175 lbs. This trend appears to be on the rise.

All these issues can contribute to high risk pregnancies and the numbers are telling us so. In fact, more than 20% of our newborns spend time in **neonatal intensive care**, which is more than twice the provincial average.



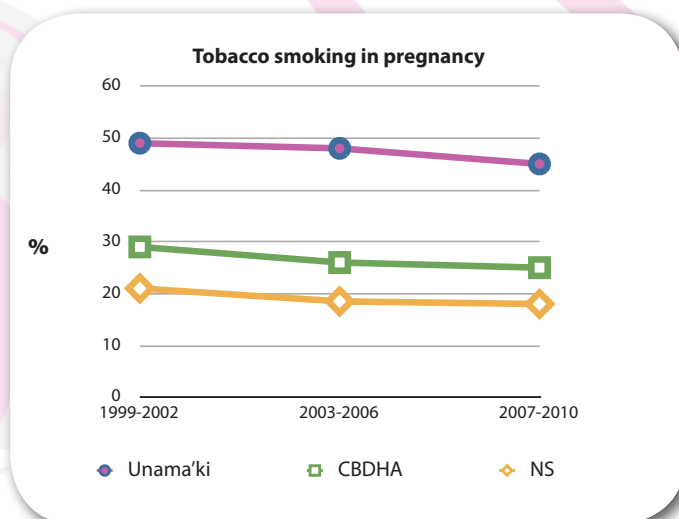
Is your unborn baby a smoker?

If a woman smokes when she is pregnant, her baby is smoking too. Cigarettes contain more than 4,000 chemicals like cyanide, lead and more than 60 cancer-causing poisons. When you smoke during pregnancy, that toxic brew gets into your bloodstream, which is your baby's only source of oxygen and nutrients.

The number of pregnant women in our communities who smoke is going down, but it's still a big problem. The story the chart below tells is that the number of women who smoke *cigarettes during pregnancy* in Unama'ki is more than twice as high as the rest of Nova Scotia.

We need to stop young people in general – and especially young women – from starting to smoke in the first place. In the meantime, we also need to help women quit smoking before they get pregnant and make sure they don't smoke once they are. And ... everyone needs to understand the dangers of second hand smoke, particularly for children.

Babies who live in homes where people smoke are twice as likely to die of Sudden Infant Death Syndrome (SIDS) than babies who live in smoke-free environments. If their mother smoked during pregnancy, the risk of SIDS is three times more likely.

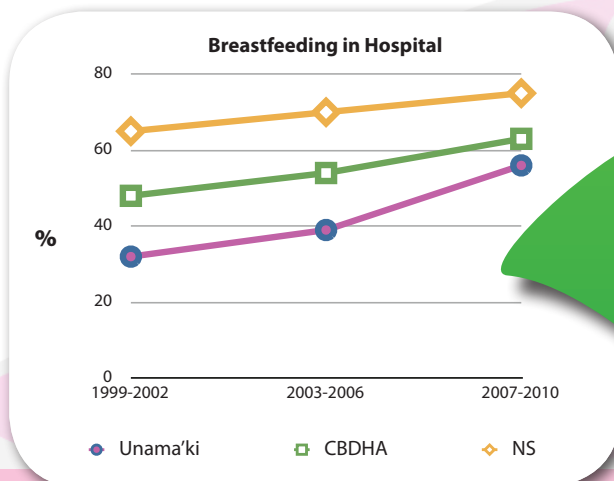


Want to quit smoking?

**Smokers'
Free Helpline
1-877-513-5333**

Way to Go, Moms!

A lot more moms are choosing to breastfeed. This is great news! Over the last ten years the number has nearly doubled and the rate of breastfeeding has almost caught up to the rest of Cape Breton!



Good information about the health of our communities can help us answer some difficult questions: How does our health compare with the rest of the province? How can we close the gap between our health and other Nova Scotians? How should we use our health care resources? What services will we need in the future?

Together with government and academic partners, we have created the Unama'ki Client Registry (UCR). It is a community-owned, locally-designed information system that allows us to link data from a variety of provincial sources. This is the first registry of its kind in Canada.

We have the highest standards of privacy protection. The registry has undergone a rigorous privacy impact assessment and there are extensive security safeguards in place to protect the information contained in it. The Unama'ki Client Registry does not contain names or addresses.

The Unama'ki Client Registry has put the strength of information into local hands. Before this, there was a lot we didn't know about the health of our people. We could not say with certainty how many suffered from heart disease or cancer, or how many women were regularly screened for cervical cancer. Now, we know these things and much more. Our health information gives us the power to negotiate with government and other partners for the services we need to improve the health of our people.

Breastfeeding Benefits

- **Breastfeeding boosts the immunity of newborns.**
- **Mother's milk is the best possible nutrition for her baby.**
- **For mom, it reduces the risk of breast and ovarian cancers.**
- **People who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes.**
- **And it's free!**

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We would like to thank Health Canada's First Nations and Inuit Health Branch, Public Health Agency of Canada, and Nova Scotia Department of Health and Wellness for financial and in-kind support of the Tui'kn Partnership's efforts to improve access to timely and reliable population health information for our communities.

The information in this bulletin was generated by linking the Unama'ki Client Registry with the Nova Scotia Reproductive Care Program's Atlee Perinatal Database. The Atlee Database includes information on all live births in Nova Scotia hospitals, all babies born at 20 weeks gestation or more, and all infants weighing 500 grams or more at birth.



Tui'kn Partnership
Because health belongs to all of us.