

Canadians sent to U.S. for neonatal care

LISA PRIEST

The Globe and Mail

July 24, 2007

Women with high-risk pregnancies in three provinces have been sent at taxpayers' expense to give birth in the United States, where fragile infants spend weeks to months in hospital neonatal intensive-care units.

Expectant mothers from British Columbia, Alberta and Ontario have been sent to four U.S. states, a development some attribute to an increase in the number of premature births, a nursing shortage and a stretched health-care system.

This year, 26 mothers from B.C. have been sent to three hospitals in Washington State; nine patients remain there

today, according to Sarah Plank, spokeswoman for the B.C. Health Ministry.

In Ontario, 10 women with high-risk pregnancies were transferred to U.S. hospitals from April to the end of June, according to Kris Bailey, executive director of CritiCall, an emergency-referral service for physicians in that province. That is one patient more than the entire number Ontario transferred to the United States in fiscal 2006-07. In Alberta, four pregnant women were transferred to Montana this year.

Mothers sent across the border are typically those who have gone into labour before 32 weeks gestation, at which point the premature babies require the highest level of neonatal intensive care. With no beds available in their home province or nearby, expectant mothers are often sent by air ambulance to hospitals in Washington, Montana, Michigan and New York.

One mother, Michelle James of Port Coquitlam, B.C., had the nightmare experience of going into labour in late April four months early – 24 weeks into her pregnancy. With no neonatal intensive-care unit beds available in B.C. or Seattle, she was sent to Spokane, Wash.

“We couldn't stop my labour, and they needed to send me here because they had no beds available,” Ms. James said in a telephone interview Monday from the Deaconess Medical Center, where her daughter is in the neonatal intensive-care unit.

“We had a lot of [B.C.] doctors telling us that the pregnancy is not viable and we may have to make a decision [on whether] to resuscitate.”

But when Ms. James, a 31-year-old medical office assistant, arrived in Spokane on April 28, doctors managed to stave off her labour for three more weeks. Ms. James gave birth to Kelsey, who was two pounds (less than one kilogram) at the time of her May 17 birth. She now weighs 5 pounds, 2 ounces (2.3 kg).

Although she credits Deaconess medical staff with saving her daughter's life, she noted the emotional and financial cost of the failure of Canada's health-care system to treat her at home.

She and her seven-year-old son Joshua have been living apart from her 19-month-old daughter Emma and husband David, who remained in Port Coquitlam, east of Vancouver.

Ms. James estimates she is thousands of dollars out-of-pocket, having had to pay \$800 (U.S.) a month in rent in Spokane for a furnished basement apartment and other living expenses.

“It's been a roller coaster ride,” Ms. James said.

Medical and nursing staff at Deaconess try to make their Canadian patients feel at home, even attaching a miniature Canadian flag to crib cards.

“Every single family has been absolutely delightful,” said Patrice Sweeny, assistant manager of the neonatal intensive care unit at Deaconess. “We sing *O Canada* for them. I cannot say enough wonderful things about the families.”

In a telephone interview Monday, Guylaine Lefebvre, president of the Society of Obstetricians and Gynaecologists of Canada, said she is hearing more stories of expectant mothers in high-risk pregnancies being sent to the United States.

“I don't think Canadian women realize that when they're pregnant, they may have to go to the United States to deliver – not because we don't have the expertise, the best knowledge and ability to care, but just because we're full,” she said.

Sending a patient to the United States, Dr. Lefebvre said, has to be “way more expensive” than fixing the health-care system.

From April 1 to June 30, B.C. paid more than \$1 million to transfer nine expectant mothers to the United States. That included payment for nine deliveries, plus in-patient care for 10 babies.

The babies stayed in hospital for an average of 22 days, Ms. Plank of the B.C. Health Ministry said.

Once these babies become stable, they are transferred to a B.C. hospital. According to Richard Kurland, an immigration policy expert and lawyer, children born in the United States have a right to U.S. citizenship.

Janet Matte's son will enjoy this extra citizenship perk, not that it was something she was seeking. Ms. Matte was 31 weeks pregnant on May 3 when she went into labour in Kingsville, Ont.

She went to a hospital in nearby Leamington, then to Windsor, before finally being whisked by ambulance across the border to Henry Ford Health System in Detroit.

"The ambulance took me across to Henry Ford hospital, they got me a room, and right there and then, I had my son," Ms. Matte, 23, said. "It was shocking."

Now Ms. Matte is awaiting the day her son Leland returns home. "It's been hard and rough on me," she said in a telephone interview from Kingsville. "I have trouble sleeping because my son is in the States and I'm here."