

Healthy Moms and Infants

Selected Indicators

Kitimat Local Health Area
(LHA 080)

July 2014



northern health
the northern way of caring

Table of Contents

What Determines Health	.....	3
Overview - Local Health Area 080	.....	4
Healthy Moms		
Data Tables and Indicator Descriptions	.....	5
Graphs	.....	6
Healthy Infants		
Data Tables and Indicator Descriptions	.....	8
Graphs	.....	9
Delivery Trends by Community		
Local Health Area	.....	12
Delivery Location for Kitimat LHA Moms		
Delivery locations in British Columbia	.....	12
Mothers from remote coastal communities	.....	12
Map of Local Health Area	.....	13
Map of Regional District	.....	14
Acknowledgements	.....	15
References	.....	16

What Determines Health?

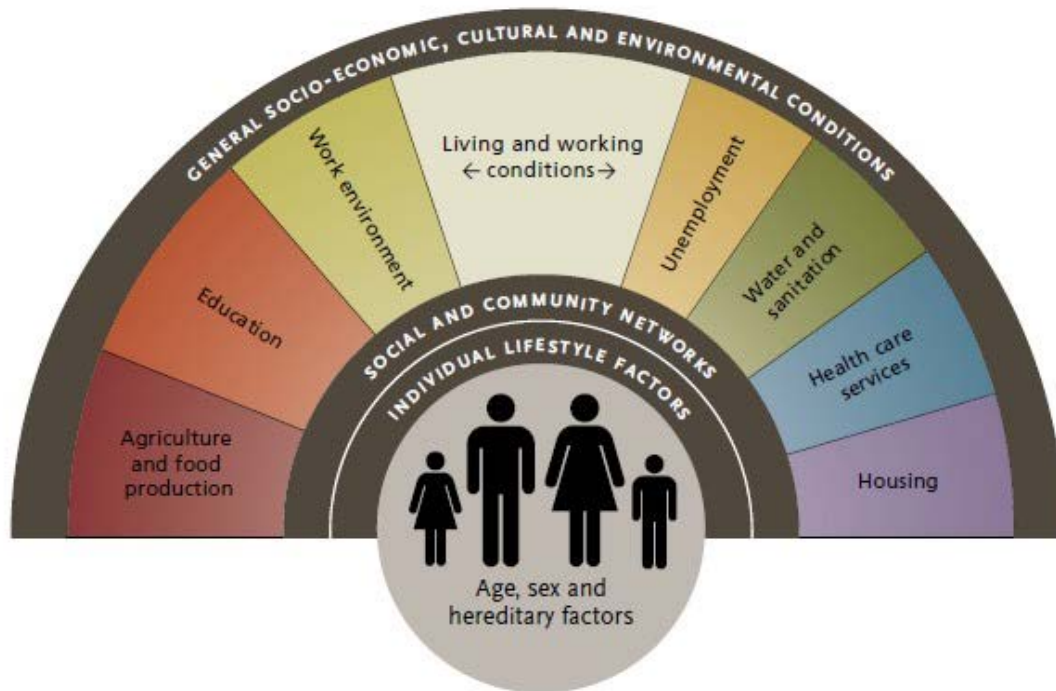


Figure: Health Council of Canada; Stepping it up to a Healthier Canada: 2010.

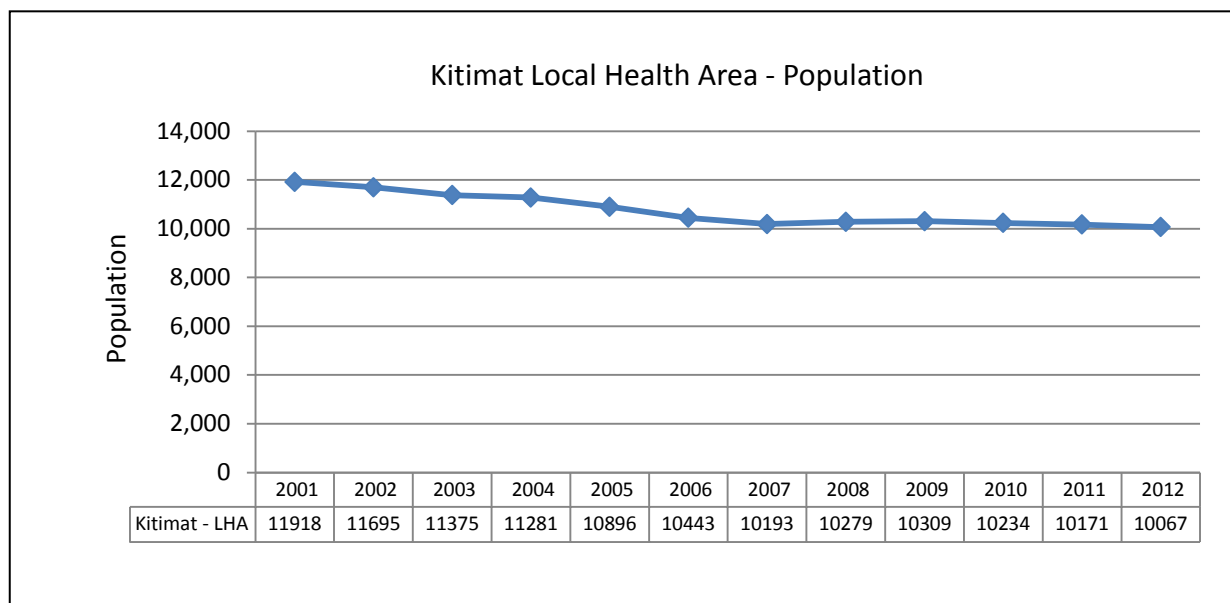
A good strong start in life; early and enriching experiences; educational opportunities; a sufficient and equitable distribution of employment, income, housing and food; water and sanitation; our interactions with the environment; our choices towards certain lifestyles and risks; our age and sex; genetics; as well as timely access to appropriate high quality health services are just some of the many factors that are known to influence our health.

Additional Information (the text below is hyperlinked)

- [World Health Organization: Social Determinants of Health](#)
- [Public Health Agency of Canada: Best Practices Portal](#)
- [Canadian Institute for Health Information: Factors Affecting Health](#)
- [Canadian Institute for Health Information: Health System Performance](#)
- [Health Council of Canada: Stepping it Up to a Healthier Canada.](#)
- [National Collaborating Centre for Aboriginal Health: Social Determinants of Health](#)
- [Northern Health: Community Health Information Portal](#)

The Kitimat Local Health Area (LHA) is located in northwest British Columbia. This LHA is served by School District 82, covers just over 25,049 square kilometers and is home to approximately 10,067 permanent residents.¹

This is the traditional territories of the Tsimshian and Haisla peoples. The coastal community Kitkatla of the Gitxaala Nation is located on Dolphin Island. Hartley Bay, located at the entrance to Douglas Channel is a community of the Gitga'at Nation. Located at the head of Douglas Channel near the District Municipality of Kitimat is the Haisla community of Kitimaat Village.^{2, 3}



As shown above, the permanent resident population of the Kitimat LHA has been declining slowly over the past decade. Recently however, there has been an influx of new residents and a large number of temporary workers. The impact of this in-migration upon the need for services and upon the number of births to local residents is being actively monitored.^{4, 5, 6, 7}

Additional Community Information

District of Kitimat website: <http://www.kitimat.ca>

Kitimat Chamber of Commerce: <http://kitimatchamber.ca/>

Haisla Nation: <http://haisla.ca/>

Gitga'at: <http://gitgaat.net/>

Gitxaala Nation: <http://gitxaala.com/>

Kitimat Stikine Regional District: <http://www.rdks.bc.ca/>

Invest Northwest BC: Kitimat Investment Profile
<http://investnorthwestbc.ca/site-selector-community-profiles/kitimat-2/invest-in-kitimat>

Healthy Moms ⁸

During the 2008/09 - 2012/13 period (5 years) 486 mothers from the Kitimat LHA delivered 492 infants. Here is a health summary for these mothers.

Healthy Mom Indicators	Kitimat LHA		BC Overall	
	Number	%	Number	%
Total Number of Mothers	486	100	217,975	100
Caesarean Section Deliveries	174	35.80	67,170	30.82
Births to women ages \leq 19 yrs (teen moms)	52	10.70	6,422	2.95
Births to women ages > 35 (elderly gravida)	50	10.29	49,809	22.85
Mothers who smoked during pregnancy	54	11.11	18,692	8.58

Caesarean Section Delivery – is a surgical procedure used to deliver a baby through incisions in the abdomen and the uterus. A care provider may recommend a caesarean birth to protect you or your baby if: your cervix does not open completely; labor is not progressing; the baby is too big to fit through your pelvis; the baby is in distress or in a difficult position; you have serious medical condition; or you have an active infection that makes vaginal birth unsafe for the baby. ⁹

A C-section delivery is a delivery option that some women and their physicians choose in advance of the delivery. As an elective procedure it can increase the risk to both mother and infant as it is an invasive surgical operation. There continues to be an active debate in the medical community regarding the appropriateness of many C-section deliveries given that in a large number of cases, a safer natural option exists: vaginal delivery.

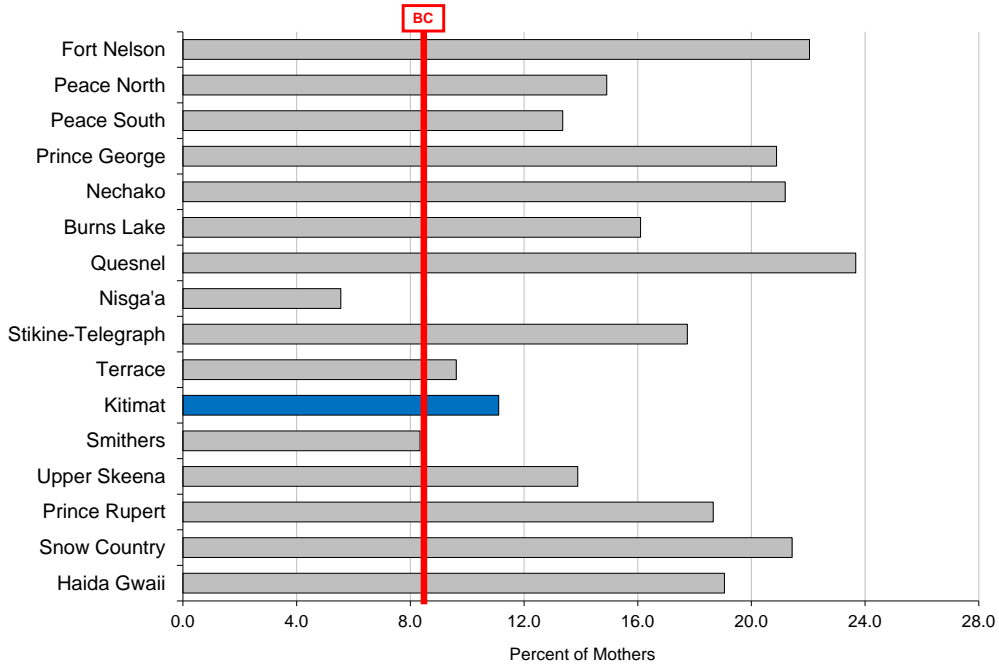
Births to Teen Moms This indicator can provide indirect information about the effectiveness of sexual health education, access to contraceptives and other services for this age group, as it is assumed that most pregnancies among teens are unintended. ¹⁰ Northern BC mothers have some of the highest teen pregnancy and teen birth rates in BC. ^{11, 12}

Births to Women over the age of 35 years – Women over 35 are considered to be of advanced childbearing age. These moms have an increased risk of having a baby with a disease or condition that is inherited as well as a greater chance of having complications during the pregnancy. Examples of such complications are diabetes, high blood pressure, an increased risk of caesarean birth and an increased risk of miscarriage. ¹³

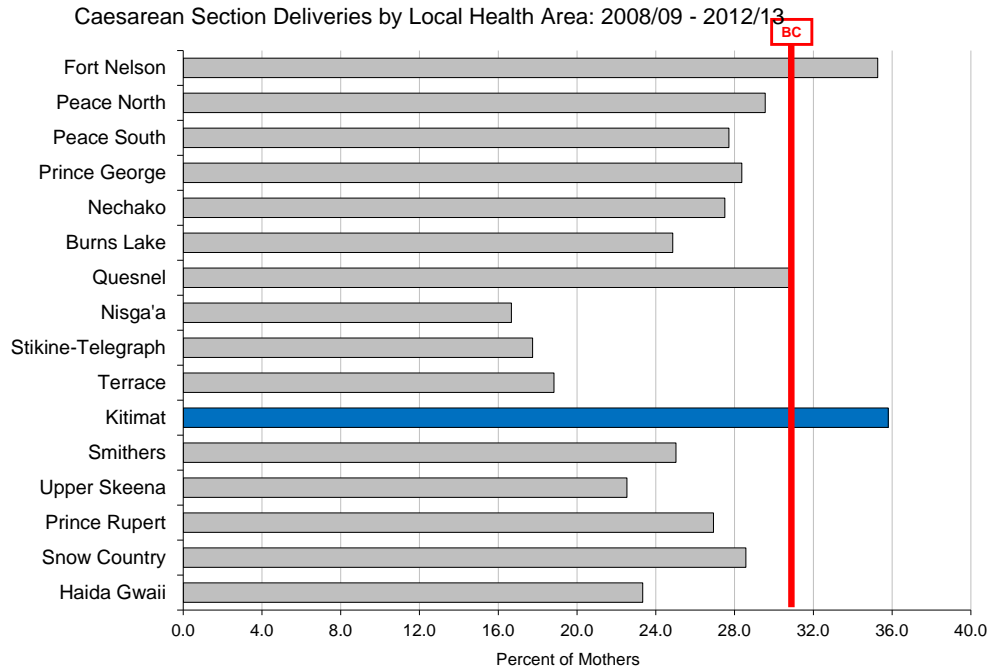
Mothers Who Smoke - Cigarette smoke contains over 4,000 chemicals: many of which are very toxic and capable of crossing the placenta and entering a developing baby's blood-stream. ¹⁴ Exposure to the chemicals in tobacco smoke during pregnancy is associated with adverse outcomes including increased risk of preterm birth, stillbirth, low birth-weight, and placental abruption. ¹⁵ Mothers from Northern BC have the highest "smoking during pregnancy" rates in BC. ¹⁶ In addition, the proportion of mothers identified as smokers and, for whom drugs are a recognized risk factor, is highest amongst northern BC mothers. ¹⁷

Healthy Moms

Mothers who Smoked during Pregnancy by Local Health Area: 2008/09 - 2012/13



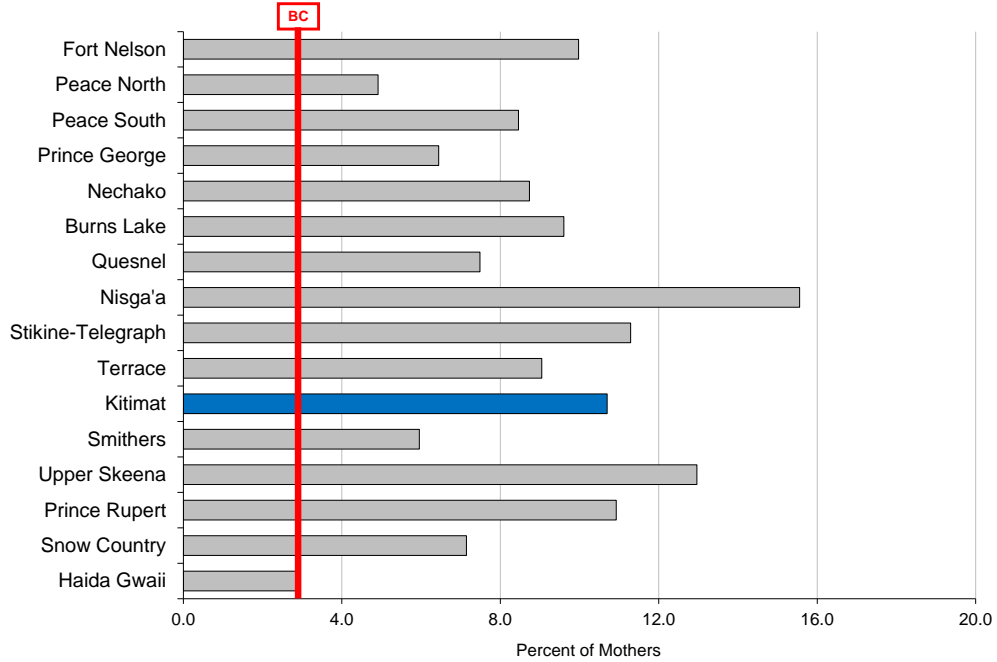
Caesarean Section Deliveries by Local Health Area: 2008/09 - 2012/13



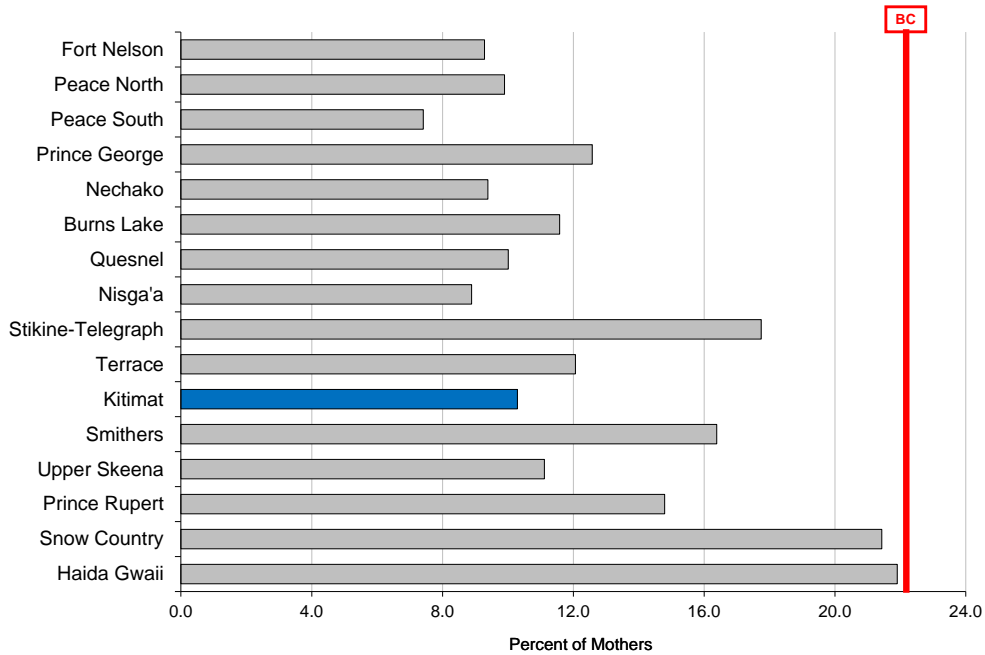
Due to a small number of occurrences, the data for Stikine-Telegraph and Snow Country LHAs should be interpreted with caution. These figures are based upon mother's usual Local Health Area (LHA) of residence, not the facility location where delivery occurred.

Healthy Moms

Teen Moms (births to mothers \leq 19 yrs) by Local Health Area: 2008/09 - 2012/13



Older Moms (births to mothers \geq 35 yrs) by Local Health Area: 2008/09 - 2012/13



Due to a small number of occurrences, the data for Stikine-Telegraph and Snow Country LHAs should be interpreted with caution. These figures are based upon mother's usual Local Health Area (LHA) of residence, not the facility location where delivery occurred.

Healthy Infants ¹⁸

During the 2008/09 - 2012/13 period (5 years) 486 mothers from the Kitimat LHA delivered 492 infants. Here is a health summary for these infants.

Healthy Infant Indicators	Haida Gwaii LHA		BC Overall	
	Number	%	Number	%
Total Number of Newborns	492	100	221,526	100
Total Number of Live Births	490	99.59	220,532	99.55
Preterm Births (births before 37 weeks)	39	7.93	21,732	9.81
Low Birth-weight (< 2500 grams)	25	5.08	12,774	5.77
Small for Gestational Age (SGA)	30	6.10	15,089	6.81
High Birth-weight (> 4000 grams)	112	22.76	26,396	11.92
Large for Gestational Age (LGA)	109	22.15	27,897	12.59

Preterm Births are those births where the infant is delivered before 37 weeks gestation. ¹⁹ A preterm delivery is more likely if a woman has: already had a preterm baby; is carrying more than one baby; smokes or is exposed to smoke in pregnancy; does not eat a healthy diet; is using alcohol and/or drugs; works long hours causing fatigue; is physically or emotionally abused; living with a chronic illness, such as diabetes, high blood pressure, heart disease, or kidney disease; and, has a current bladder or kidney infection. ²⁰

Preterm infants are a concern as these infants may have immature organ systems and other complications at the time of birth. The likelihood of these complications increases as the infants become increasingly premature. ²¹

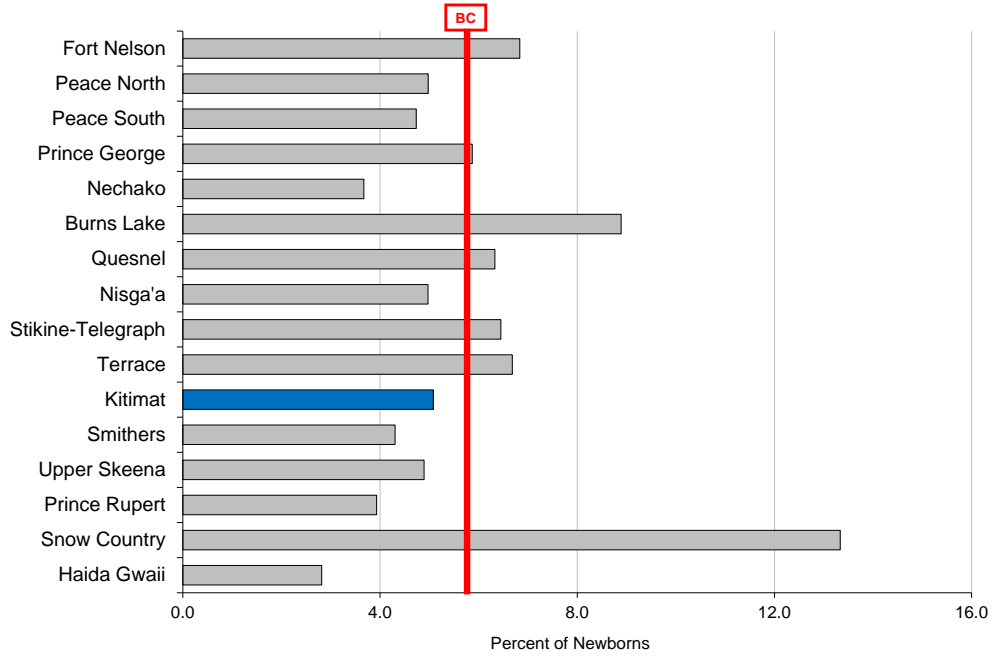
Low birth weight is now the principal risk factor associated with infant mortality, particularly between the ages of 28 to 365 days. Maternal factors that are associated with low birth weight include smoking, poor diet during pregnancy, low weight prior to pregnancy, poverty and pregnancy in very young or very old mothers. ²²

High Birth-weight deliveries tend to have higher rates of complications due to diabetes, Cephalo-Pelvic Disproportion (CPD) and / or obstructed labor. Shoulder dystocia and asphyxia in the infant are complications that are closely associated with high birth weight babies. ²³ In the province of British Columbia, shoulder dystocia in the infant and CPD are some of the most common indications for Cesarean-section deliveries. ²⁴

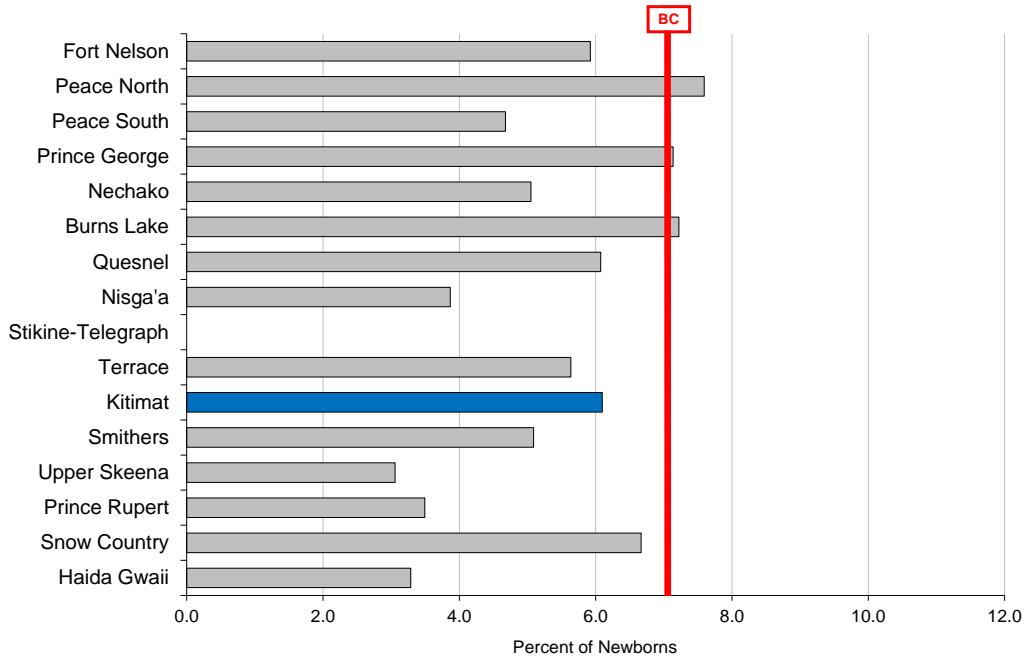
Large or Small for Gestational Age - A normal pregnancy can range from 38 to 42 weeks. During this time, the baby grows and develops inside the mother's womb. Knowing an infant's growth and development relative to the gestational age assists care providers in making various delivery related decisions, such as whether to consider a C-section or if there may be a need for additional supports following delivery such as increased feedings and monitoring. ^{25 26 27}

Healthy Infants

Low Birthweight Infants (≤ 2500 grams) by Local Health Area: 2008/09 - 2012/13



Small for Gestational Age at Birth by Local Health Area: 2008/09 - 2012/13



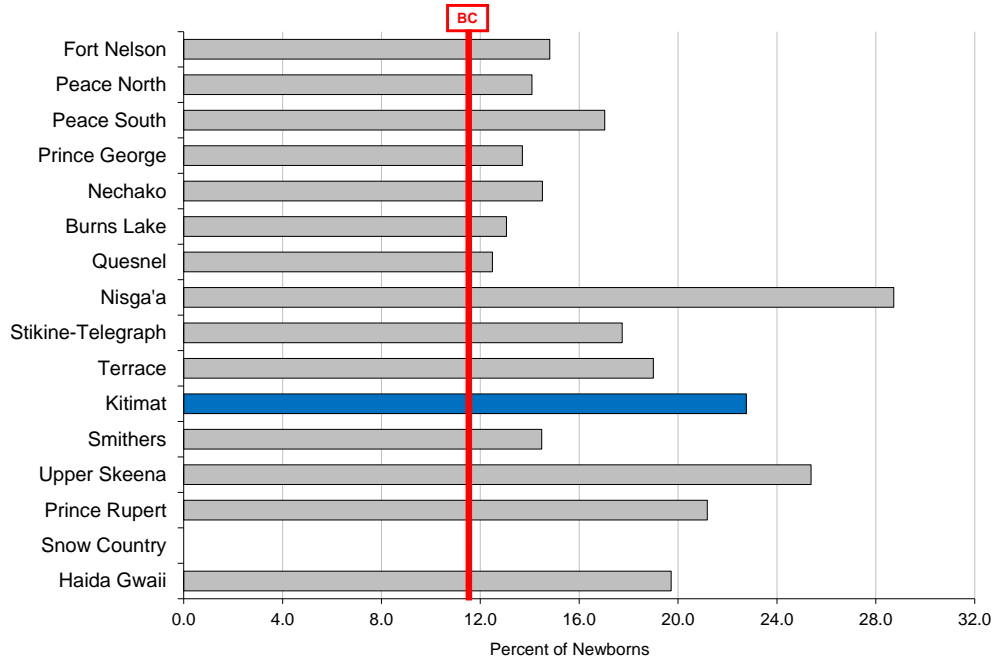
Due to a small number of occurrences, the data for Stikine-Telegraph and Snow Country LHAs should be interpreted with caution.

These figures are based upon mother's usual Local Health Area (LHA) of residence, not the facility location where delivery occurred.

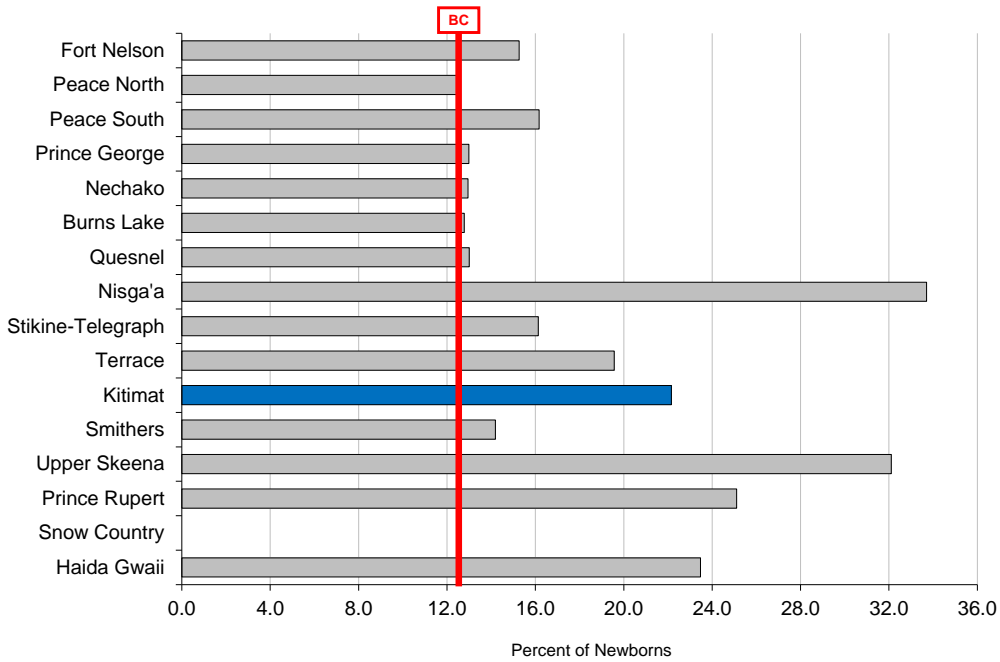
Small or Large for Gestational Age calculation is based on gender, birth number (singleton, multiple) and birth weight / gestational age charts for BC.

Healthy Infants

High Birthweight Infants (> 4000 grams) by Local Health Area: 2008/09 - 2012/13



Large for Gestational Age at Birth by Local Health Area: 2008/09 - 2012/13



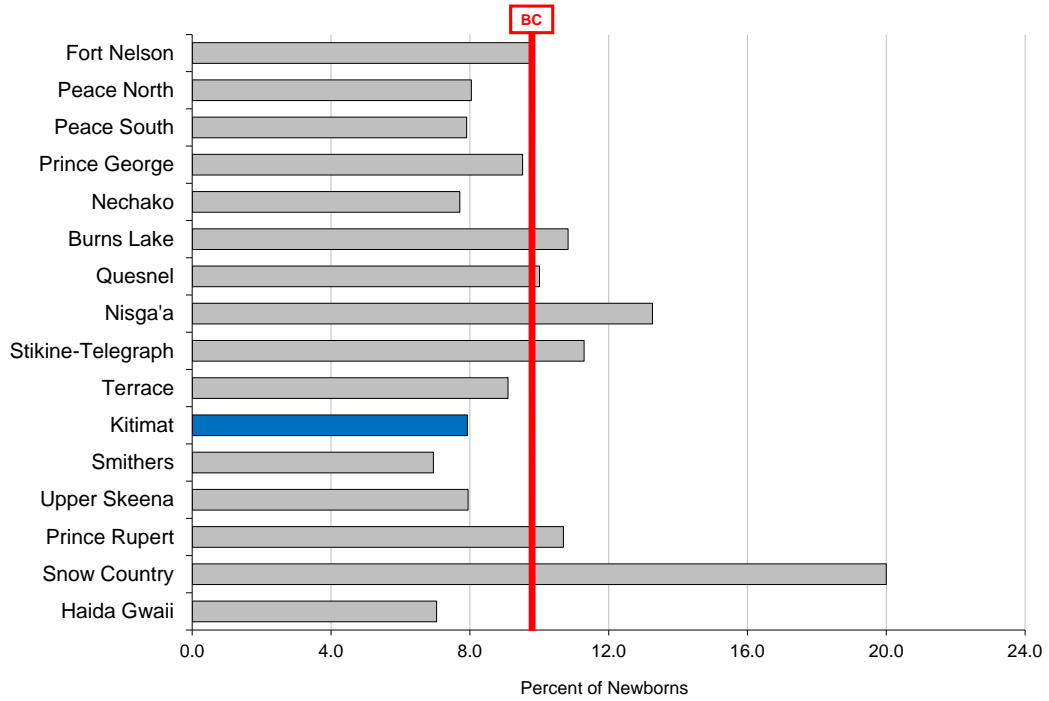
Due to a small number of occurrences, the data for Stikine-Telegraph and Snow Country LHAs should be interpreted with caution.

These figures are based upon mother's usual Local Health Area (LHA) of residence, not the facility location where delivery occurred.

Small or Large for Gestational Age calculation is based on gender, birth number (singleton, multiple) and birth weight / gestational age charts for BC.

Healthy Infants

Preterm Infants (< 37 weeks gestation) by Local Health Area: 2008/09 - 2012/13

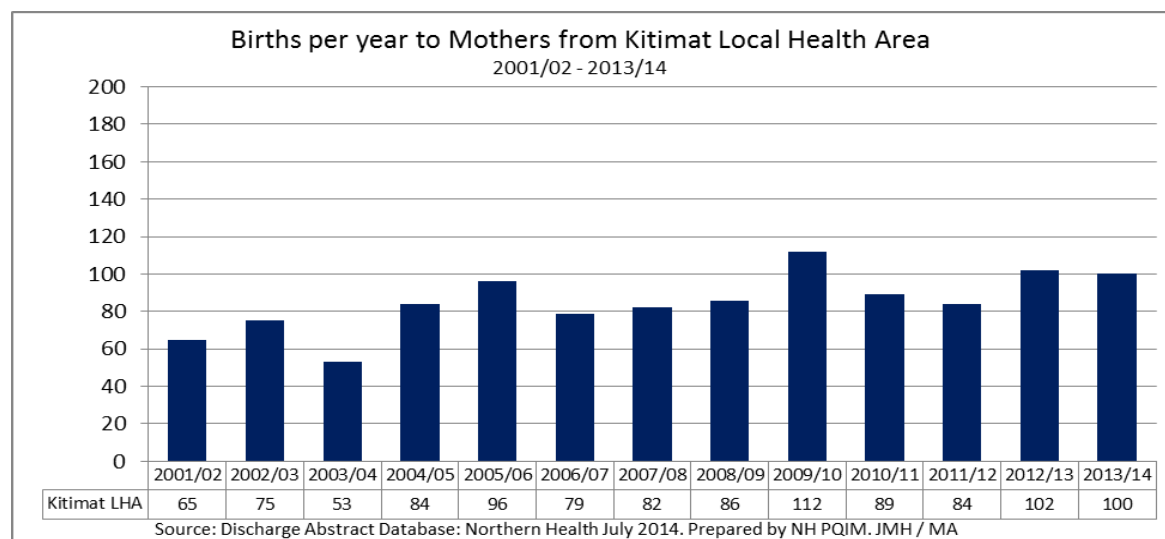


Due to a small number of occurrences, the data for Stikine-Telegraph and Snow Country LHAs should be interpreted with caution.

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Small or Large for Gestational Age calculation is based on gender, birth number (singleton, multiple) and birth weight / gestational age charts for BC.

Births per year and Delivery Locations



Delivery locations for Kitimat Local Health Area mothers (five year summary).²⁸

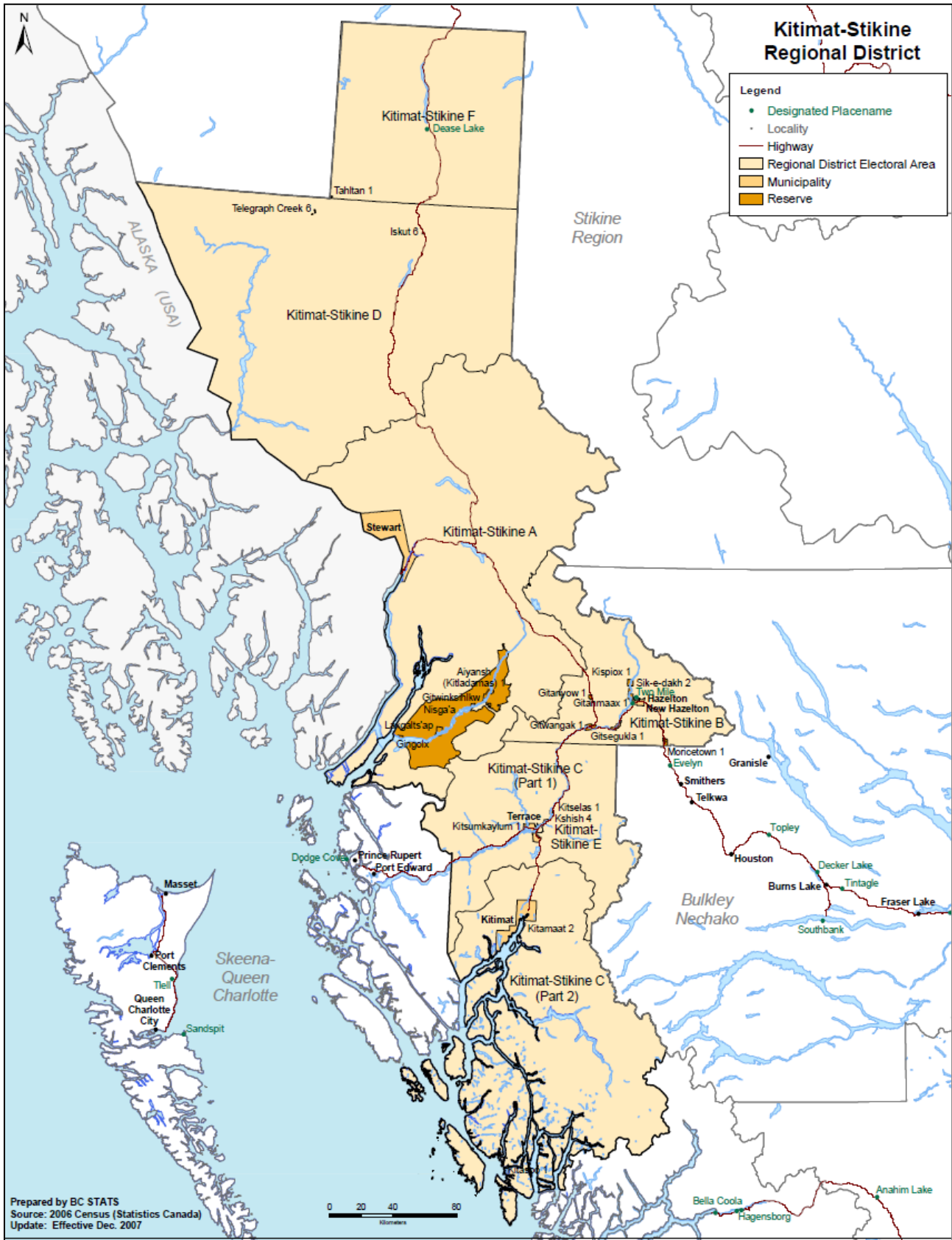
Mom's from the Kitimat LHA Home Community	Delivery Location: 2008/09 – 2012/13					Total Deliveries
	Kitimat General	Mills Memorial	Prince Rupert	UHNBC	Other BC Location	
Gitxaala Nation (Kitkatla)	0	1	35	1	1	38
Kitimat(DM) & Kitamaat (VL)	284	122	3	2	11	435
Gitga'at Nation(Hartley Bay).	0	0	13	0	1	14
Total Deliveries in LHA	297	123	51	3	13	487

Mothers from remote coastal First Nation communities

The communities of Gitxaahla / Kitkatla and Gitga'at / Hartley Bay are within the Kitimat Local Health Area (LHA). These communities are shown on the maps that follow.

The Prince Rupert Regional Hospital is the destination for the many mothers who reside in these isolated west coast communities. Of the many births in the Prince Rupert Hospital between 2008/09 and 2012/13; there were 35 births to mothers from the [Gitxaala Nation](#) (Kitkatla); and, 12 births to mothers from the [Gitga'at Nation](#) (Hartley Bay).





Acknowledgements

Over the years we have worked closely with the team from Perinatal Services BC. We are especially grateful to Ms. Cathe Johnson who has been an unflinching champion of our efforts to better utilize and understand the data.

We are also very grateful to Donna Boyd and her colleagues in the Alberta Perinatal Health Program who support us with data so that we might better understand the health needs and outcomes of northerners who choose to receive maternity services in Alberta.

BC Stats, Ministry of Technology, Innovation and Citizens' Services is the central statistics agency for the province of British Columbia. The works of BC Stats including the most recent population estimates and projections, community facts and maps are embedded in this document in an effort to help us to better paint the landscape in which we operate.



We would not be able to produce this annual update without the generous and continuing expertise provided by these provincial agencies.

Thank you.

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