

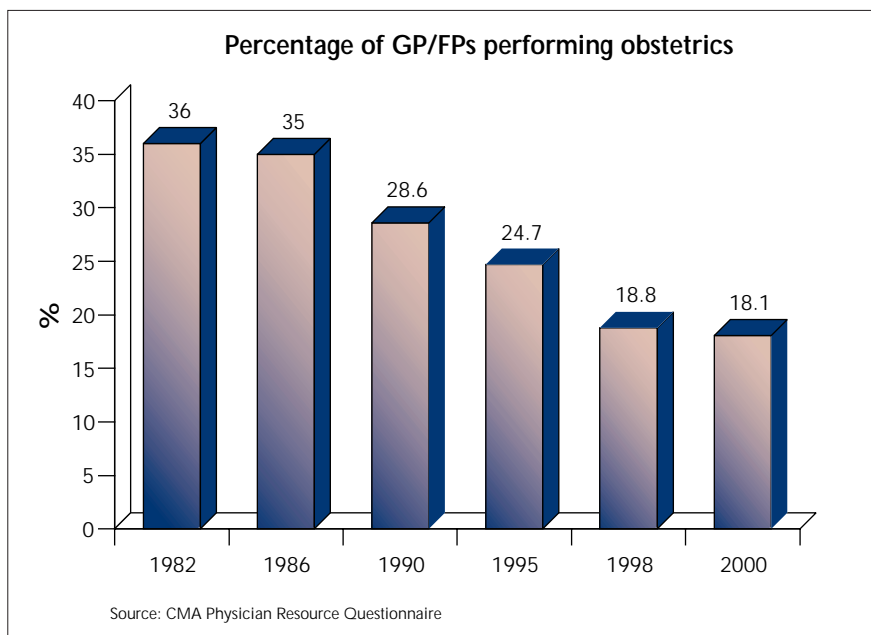
PULSE

A crisis aborning in maternity and newborn care?

Participants attending a conference on maternity care in London, Ont., last November said Canada is heading for a crisis because a shortage looms in the number of professionals available to provide maternal and newborn care.

British Columbia family physician Michael Klein noted that the percentage of births handled by FPs has been declining since 1975. Canadian Institute for Health Information (CIHI) data show that the percentage of vaginal delivery billings by family physicians fell from 55% of total births in 1985 to 45% in 1995. Prince Edward Island recorded the largest drop, from 57% to 24%, while Nova Scotia and BC showed little change.

There are also marked variations across the country in the proportion of GP/FPs providing obstetrical care. In 1994/95, 22.5% of Canadian FPs were providing intranatal obstetrics, compared with only 8.9% of FPs in Quebec. However, that province recorded the largest number of deliveries per family physician — 46.9 deliveries per year — compared with 23.9 for Canada as a whole. Physician survey data collected by the CMA also show a decrease in the percentage of family physicians doing obstetrics, a drop from 36% in 1982 to 18% in 2000.



Dr. Janusz Kaczorowski, a conference participant, said FPs stop doing obstetrics for reasons ranging from lifestyle issues to fear of litigation and concerns about insufficient training and shifts in consumer preferences.

In a BC study, 45% of all family physicians currently performing obstetrics expect to leave the field within the next 5 years. Obstetricians/gynecolo-

gists at the conference did not feel they would be able to pick up the shortfall.

Klein concluded that those who fail to recognize the importance of establishing call groups will be less likely to continue providing maternity care in the future. He suggested that a solution must be found between “martyrdom and quitting.” — *Lynda Buske, buskel@cma.ca*

Feds announce plan to reduce domestic use of pesticides

As more and more Canadian municipalities consider banning the use of lawn pesticides, Ottawa has announced a plan to reduce domestic use and speed up the re-evaluation of certain chemicals.

The Action Plan for Urban Use Pesticides (www.hc-sc.gc.ca/pmra-arla/english/pdf/hl-ActionPlan-e.pdf) provides consumer information on pest prevention and the use of reduced-risk products. Because of public concern, the plan gives re-evaluation priority to the 7 most commonly used active ingredients in lawn-care products.

The 7 products include the insecticides diazinon, carbaryl and malathion, and the herbicides 2,4-D and mecoprop.

This re-evaluation, due for completion this year, will include exposure guidelines for children.

Marc Richard, spokesperson for Health Canada’s Pest Management Regulatory Agency (PMRA), says Canada will rely on US reports on basic toxicology in conducting its re-evaluations, which will save taxpayers about 80% of the cost of an evaluation. A risk assessment that considers uniquely Canadian conditions will be performed by Health Canada.

For the past 5 years Canadian and American scientists have collaborated on researching low-risk products by sharing expertise and dividing up the work. Considering that each chemical can be

accompanied by about 20 000 pages of data, says Richard, it’s “extremely efficient” to work together.

The action plan also addresses the problem of manufacturers who fail to comply with requests to withdraw products voluntarily or restrict their uses. In June 2000, US manufacturers agreed to phase out production of chlorpyrifos, but Dow AgroSciences, Canada’s largest manufacturer of the chemical, refused to do the same here. Under the action plan, PMRA will ask Canadian-based companies to comply with US re-evaluation activities that result in these requests for voluntary action. — *Barbara Sibbald, CMAJ*