

New BC facility targets babies of substance-abusing women

Physicians hope British Columbia babies born to women with substance-abuse problems will receive a better start to life because of a new unit at the BC Women's Hospital.

Women can be admitted to the unit, which can accommodate 4 infants and their mothers, at any stage of their pregnancy if they have obstetrical problems or significant social issues. Housing is the major social problem for the women, many of whom come from Vancouver's Downtown East Side. Dr. Ron Abrahams, medical director of the Perinatal Addictions Program, expects 50 to 100 babies to pass through the unit annually.

The program represents a major break from a policy of routinely placing babies in foster care immediately after birth. A 1993 study showed that 100% of women with

substance-abuse problems had to give up their babies after birth, says Abrahams, and that total has since dropped to about 30%. Abrahams attributes this to improved prenatal care, better integration of social services and changing attitudes toward these mothers.

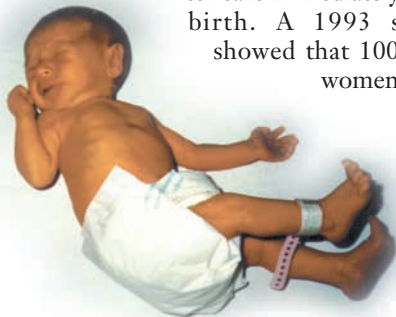
In the new unit, they will come closer to caring for their newborns in ways other women take for granted. By rooming with their babies in a low-stimulus, close-contact environment, doctors think the chance the newborns will need methadone or related withdrawal treatment to reduce irritability will be greatly reduced. In the past, these babies underwent withdrawal treatment for up to 6 weeks. In a recent pilot project, says Abrahams, 5 babies were given morphine for only 3 to 6 days.

Keeping the babies and mothers together is also expected to reduce the need for foster care. Abrahams says these mothers "have always wanted to do well, but have never been given the opportunity. Now there's an incentive for them."

Before the leaving the hospital, they receive an infant-care course taught by specially trained nurses. The program will also involve alcohol and drug coun-

sellors, social workers and nutritionists. Funding was arranged by reorganizing existing resources.

The babies born at the unit will be tracked, although Abrahams admits this will be a "huge challenge," partly because many mothers move away from Vancouver to find affordable housing. — *Heather Kent, Vancouver*



Atlantic Canada's liver transplant program may be relaunched

The number of Atlantic Canadians who died while awaiting a liver transplant rose in 2002, but it's not known if the decision to suspend the transplant program at the Queen Elizabeth II Health Sciences Centre in Halifax played a role.

"It's hard to say whether someone died because a transplant surgeon wasn't readily available," says Dr. Philip Belitsky, director of transplantation services at Capital Health, the province's largest health authority. "We'd like to believe that wasn't the case, but it may have been a contributing factor in a small number of cases."

In 2001, the year the program was suspended indefinitely, 4 patients in Atlantic Canada died while awaiting a liver transplant. Last year, there were 10 deaths. However, Belitsky says this is only "a 1-year experience — we have to be careful not to draw conclusions from this."

Capital Health is currently recruiting 2 surgeons, the minimum needed to resurrect the QE II's liver transplant program, which will serve all of Atlantic Canada. The senior surgery position has proved difficult to fill. "We are looking on more than 1 continent," notes Belitsky.

Meanwhile, patients from Atlantic Canada who require a liver transplant will continue to travel to London, Ont.

The liver and pancreas transplant program at the QE II was cancelled after 2 of its 3 surgeons resigned. — *Donalee Moulton, Halifax*

Bringing evidence-based knowledge to the bedside

The amount of medical information and evidence available to physicians is growing exponentially, but it's of little use if they can't gain access to it. Finding ways to provide that access is the goal of a Mar. 27–28 workshop in Vancouver (see Commentary, page 710), whose intended outcome is a report on "technology enabled knowledge translation." And while that sounds complicated, a member of the workshop's advisory committee says the concept isn't.

"You need current information available at your fingertips because you can't have it all in your head," says Dr. Mamoru Watanabe, a former dean of medicine at the University of Calgary. He says new technology is starting to make this possible, and the workshop's goal is to determine what technology Canadian physicians will need to achieve this.

Dr. Kendall Ho, the workshop organizer, says the technologies to be discussed will change the way physicians practise. "We no longer line up at a bank to do our banking — we use the Web or bank machines instead," he said, and a similar transformation is occurring in the way physicians access information.

"As our next generation of health professional trainees emerge, they will demand technologies that will help them get the information they need when and where they need it — just-in-time information on demand. And the question is not when we will see this technology materializing, but how this will unfold." — *Barbara Sibbald, CMAJ*