Maternal mortality: an important priority

We were pleased to read Donna Stewart's analysis of maternal mortality in Canada[1] and we fully agree that prevention of maternal mortality and morbidity requires a broad view. Dr. Stewart's concern about the limited knowledge of maternal deaths in Canada is echoed in our 2004 document on maternal mortality and severe morbidity in Canada.[2] The reported maternal mortality ratio of 6.1/100 000 live births consists of direct and indirect obstetric deaths, and excludes maternal deaths that occur beyond 42 days after the termination of the pregnancy and those that occur from "accidental or incidental causes."[3] We gathered some information on deaths in these categories, but generally in Canada this information is not well captured. This leads to under-ascertainment of maternal deaths due to unintentional injury, violence and mental illness.

Through the Canadian Perinatal Surveillance System (CPSS), the Public Health Agency of Canada and the Society of Obstetricians and Gynaecologists of Canada are continuing to work with provincial and territorial governments to improve the surveillance and review of maternal deaths. The number of provincial, territorial or regional maternal death review committees is increasing. The CPSS and partners are working on measures to improve ascertainment of maternal deaths through the vital statistics system. In addition, the implementation of ICD (*International Classification of Diseases*)-10, with its code of "late maternal death" for those direct and indirect obstetric deaths that occur between 42 days and one year after the end of the pregnancy, should improve ascertainment of these deaths.

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Diabetes and the proactive laboratory

Graham Woodward and associates[1] recently reported on poor adherence to the Canadian Diabetes Association (CDA) guidelines in the general population of eastern Ontario. A similar situation in British Columbia in 2001[2] led the Medical Services Commission and the British Columbia Medical Association to ask their joint Guidelines and Protocols Advisory Committee to suggest ways to enhance the management of diabetes. This effort led to the creation of the Kelowna Diabetes Program (KDP), through which a community medical laboratory assists people with diabetes (and their physicians) to achieve many of the goals recommended by the CDA.

The program involves an appointment and reminder system for laboratory testing that is based on the CDA guidelines and standing orders received from primary care physicians. In addition to regular laboratory reports, physicians receive periodic reports summarizing their patients' participation. Patients receive their own test results, along with explanatory comments and target goals for glycosylated hemoglobin (HbA1c), blood pressure, low-density lipoprotein cholesterol and risk ratio; they are also reminded of the importance of regular eye examinations. In addition to tests for variables typically associated with follow-up for diabetes (HbA1c, lipids, creatinine, urine microalbumin), patients undergo automated blood pressure measurements at each visit and have a yearly check of their glucometers for accuracy.

The project was conceived to assist busy physicians and their patients in

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