News Release Embargoed until Monday, August 13, 2018, 12:01 a.m. ET

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CMAJ headlines:

- **Women with intellectual and developmental disabilities have almost double the rate of repeat pregnancy within 1 year**
- **Align funding with innovations in health care to improve patient outcomes**

Women with intellectual and developmental disabilities have almost double the rate of repeat pregnancy within 1 year

Women with intellectual and developmental disabilities have nearly double the rate of having another baby within a year of delivering compared to women without such disabilities, according to a new study published in *CMAJ (Canadian Medical Association Journal)*.

Rapid repeat pregnancy within one year of a previous live birth is associated with smaller babies, preterm birth, neonatal death and other adverse effects. It also indicates a lack of access to reproductive health care, such as pregnancy planning and contraception.

About one in 100 adults have an intellectual or developmental disability, such as autism-spectrum disorder, Down syndrome, fetal alcohol syndrome and other nonspecific conditions that cause intellectual and developmental limitations.

Researchers analyzed data on 2855 women with intellectual and developmental disabilities compared with 923 367 women without such disabilities who had a live birth between 2002 and 2013. They found that 7.6% of women with these disabilities had another baby within a year, compared to 3.9% of women without these disabilities.

“Women with intellectual and developmental disabilities are more likely than those without such disabilities to be young and disadvantaged in each marker of social, health, and health care disparities. They experience high rates of poverty and chronic physical and mental illness, and have poor access to primary care,” says Hilary Brown, an adjunct scientist at Institute for Clinical Evaluative Sciences (ICES) and lead author of the study.

Rapid repeat pregnancies in women with intellectual and developmental disabilities ended in induced abortion (49%), live birth (33%) and pregnancy loss (18%) compared with induced abortion (59%), pregnancy loss (22%) and live birth (19%) in women without these disabilities.

"This study shows that current efforts to promote reproductive health might not be reaching women with intellectual and developmental disabilities and that there is a lot more we can do to educate and support these women in relation to pregnancy planning and contraception," adds Brown.

The study was conducted by researchers from **University of Toronto**; **Women's College Research Institute**; **ICES**; **St. Michael's Hospital** and **Centre for Addiction and Mental Health**, Toronto, Ontario.

It was funded by the Province of Ontario through its research grants program.

"Rapid repeat pregnancy among women with intellectual and developmental disabilities: a population-based cohort study" is published August 13, 2018.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: http://www.cmaj.ca/lookup/doi/10.1503/cmaj.170932

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Align funding with innovations in health care to improve patient outcomes

To encourage innovation in health care, governments need to move away from current siloed funding to funding that encourages collaboration among providers in managing patients who need care in a variety of settings, argue the authors of an analysis in *CMAJ (Canadian Medical Association Journal)*.

Funding in silos is a barrier to innovation, especially to improving transitions of care for patients who need multiple types of care in different settings. In Canada's health system, no player is well-positioned both to make the investment in an innovative model of care and to easily claim back the financial benefits.

"Although we often focus on who pays for health care (i.e., private versus public), how we fund health care providers also deserves attention," says Dr. Noah Ivers, a family physician at Women's College Hospital and assistant professor at the University of Toronto, Toronto, Ontario. "To better integrate care, we may need funding to be integrated, and then providers must learn to work together to make the most of that funding."

A key challenge for modern health care systems is to implement evidence-based health care. This is especially difficult when patients transition from one sector to another, such as after hospital discharge, or when multiple health care professionals are working with the same patient in an uncoordinated fashion.

There are many promising pilot projects to improve integration of care, but these typically are not implemented. One reason may be that current approaches to funding health care providers — both individuals and organizations — involve many independent, siloed budgets. The result is that even if a proven strategy can be implemented in one part of the system (e.g., primary care), to improve patient outcomes and produce savings in another part of the system (e.g., fewer hospitalizations) it may be impossible to find the funds to invest in that strategy.

Health systems around the world are experimenting with novel funding strategies to address this problem.

"A true learning health system would commit to experimenting with, and evaluating, changes in how we fund health care providers to constantly strive for better patient outcomes," he says.

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MEDIA NOTE: Please use the following public links after the embargo lift:

Analysis: http://www.cmaj.ca/lookup/doi/10.1503/cmaj.171312

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