



News Release Embargoed until Tuesday, September 8, 2020, 12:01 a.m. ET

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CMAJ headlines:

- Care provided to mothers and babies seen by the same family physician not associated with better outcomes
- The influence of sex and gender on COVID-19 cases

Care provided to mothers and babies seen by the same family physician not associated with better outcomes

Mothers and their babies receiving care from the same primary care physician do not have better health outcomes than those being seen by different physicians — a finding that surprised the authors of a new study in *CMAJ (Canadian Medical Association Journal)*. [VIEW ARTICLE](#)

“Because a family physician who cares for both a mother and her infant may conceivably facilitate integrated and coordinated primary care delivery, we expected that there would be better health outcomes and fewer unplanned health encounters,” says Dr. Natasha Saunders, Staff Physician in the Division of Paediatric Medicine and Associate Scientist at The Hospital for Sick Children (SickKids), adjunct scientist at ICES and assistant professor at the University of Toronto. “Instead, we found that there was either no difference, or that measures of health were sometimes better in mothers whose babies were cared for by a pediatrician.”

The study looked at all first-time mothers who gave birth in an Ontario hospital between 2005 and 2014. There were 481 721 mother–infant pairs in the study, of whom 239 033 (50%) received care from the same family physician, 114 006 (23.7%) received care from different family physicians, and 128 682 (26.7%) with primary infant care by a pediatrician. Mothers with babies in the pediatrician group were older, tended to be immigrants, and were more likely to live in a higher-income neighbourhood.

After controlling for comorbidities and sociodemographic differences, the researchers observed that some maternal outcomes in the first two years after birth were better in the pediatric group and that mothers in that group used the health system less frequently.

The authors suggest that having separate physicians for mom and child may avoid prioritizing the baby’s needs over those of the mother during a shared doctor visit, or that pediatricians assessing the child’s health issues that also include the needs of the mother may explain these unexpected findings.

“Primary care of mothers and infants by the same or different physicians: a population-based cohort study” is published September 8, 2020.

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

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191038>

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The influence of sex and gender on COVID-19 cases

Gender inequality may be a factor in the different rates of deaths from coronavirus disease 2019 (COVID-19) in men and women, according to an analysis published in *CMAJ (Canadian Medical Association Journal)* that explores the influence of sex and gender. [VIEW ARTICLE](#)

Sex is a biological attribute and gender a complex social construct including identity, roles and behaviours.

Early research indicates higher death rates in men with COVID-19, although the reasons are unknown. Gender-related factors, such as social and family roles, jobs, health and sanitary practices, and other social norms, may influence risk of exposure to the disease.

“Different disease prevalence between men and women may be related to cultural roles and gender norms that influence risk for contracting the disease, such as a higher likelihood of employment in essential services like health care and service industries for women compared with men, or greater likelihood of caregiving,” writes Dr. Louise Pilote, Research Institute of McGill University Health Centre and McGill University, Montréal, Quebec, with coauthors.

Using a live tracker that pulls data from published government reports, the authors looked at sex-linked data from 33 countries available in April, 2020. They found that countries with higher gender inequality — that is, countries that favour men over women — had higher rates of COVID-19 cases in men. However, it is unclear whether these findings are due to differences in risk factors between men and women or to differences in who is seeking or receiving severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) tests.

The authors found no differences in death rates between males and females, although that finding could be due to variations in criteria around the globe for reporting deaths from COVID-19.

The authors call for more research into the effect of gender as well as race and ethnicity to better understand disease progression and outcomes from COVID-19.

“Our understanding of gender influences on disease outcomes for COVID-19 is limited by the quality and availability of data. It is important that every country report sex-disaggregated data on COVID-19 cases and deaths, and record gender identity in addition to sex. Additionally, it will be more informative to report not only cases, but also the sex or gender identity or both of those seeking and receiving SARS-CoV-2 tests, in order to uncover whether differences observed are associated with inequalities in access to care or represent actual sex- or gender-based differences in infection rates.”

“The influence of sex and gender domains on COVID-19 cases and mortality”
is published September 8, 2020.

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

Analysis: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.200971>

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