

Two perinatal nurses in Halifax to study program

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Staff Reporter

Two perinatal nurses are in Halifax from Newfoundland and Ontario studying a reproductive care program at the Grace Maternity Hospital that is fast becoming the standard upon which all other such programs in the country are based.

Ann Lever, a perinatal nurse educator from St. John's and Nancy Haun, a perinatal outreach nurse from London are studying the 10 year old program which is credited with much of the responsibility for bringing the infant death rate in this province from 24 per 1,000 births (among the highest in the world) to 8.94 per 1,000 births (now among the lowest in the world and currently the lowest in Canada).

The 10-day session represents the first interaction between perinatal outreach nurses from various parts of the country and according to program co-ordinator Joyce Kaye, its proven dependability has placed Nova Scotia at the top of the list for further such exchange.

Started by neonatologist Ken Scott and obstetrician Dennis Cudmore in 1970, the program is designed to regionalize perinatal health care so, according to Mrs. Kaye, "women could be properly identified and referred in order to reduce statistics and improve standards of hospitals."

Funded through the provincial department of health, the Medical Society of Nova Scotia and the Registered Nurses' Association of Nova Scotia, the program has three visiting perinatal nurses, whose job it is to travel around to the province's 36 hospitals and survey standards, educational needs and to promote and teach better maternity care methods.

"The Grace," explained Mrs. Kaye, "is unique in that it has a number of resources here — teaching, research and new equipment. And Nova Scotia is lucky, too, that it has a central university (Dalhousie) that trains most of the province's medical personnel who are, in turn, distributed throughout the area."

Also employed in the program are a secretary and a data analyst. Obstetrician Leo Peddle and neonatologist Ed Rees are co-directors of the program.

The Ontario program, at three years, is yet in its infancy. It employs only one doctor and one nurse, Nancy Haun.

"For some reason or another," she said in an interview yesterday, "it hasn't really caught on in Ontario like it has here. Nova Scotia has a couple of doctors that are really interested and they have the department of health and nursing consultants backing them, along with a much larger body that plans the program for the province.

"I'm here to find out what Nova Scotia is doing and hopefully to take a few ideas home," she said. Mrs. Haun will be travelling around the province next week, visiting hospitals with one of the perinatal nurses.

Newfoundland hasn't yet started a program, but has appointed Ann Lever as a perinatal nurse educator. She is faced not only with the problems of getting the program off the ground, but with doing so in a region where transportation and dollars pose a major problem.

"We're really just beginning to get effective medical care off the ground in Newfoundland," she said, "It takes awhile to get things like obstetricians and neonatologists co-ordinated. Eventually it will all come together, but it'll just have to take a little longer."

Other provinces are looking into the program, but at best have only set up committees to deal with it. A few community centred programs do exist in various regions of Saskatchewan and British Columbia. In the United States, outreach nurses are relatively common, but as Joyce Kaye pointed out, the problems they face are of greater proportions.

"The problem in the States," she said, "is that they don't have the data collection capabilities and so on. So many of the nurses are just educators — they go out and do some continuing education and you don't get the quality. In fact, the States have some of the highest statistics as far as death rates go — prenatal and postpartum.

"Part of that is quality of the system — mothers don't go to doctors soon enough because they have to pay and so on"

Here in Nova Scotia, Mrs. Kaye says that "with proper screening" expectant mothers need no longer worry about the quality of care received in outlying areas.

"Ten years ago, your chances of having a baby that was either dead or damaged was three times greater than it is now," she pointed out, "We've come a long way in a short time."