I am a Bella Bella baby.

Nestled in the Great Bear Rainforest on British Columbia’s northern coast, Bella Bella is home to the Heitsulk Nation. With a population of just over 1000 people and accessible only by plane or boat, Bella Bella is rural by any author’s definition. Yet on a foggy morning in 1982, miles from a regional or tertiary care centre, I was born by cesarean section. My sister would follow 2 years later, another birth by cesarean section. We, along with thousands of other babies who came before and after us, are Bella Bella babies.

Bella Bella babies are an endangered species. Cesarean sections stopped being offered in Bella Bella in the year 2000. The cessation of vaginal deliveries followed closely, ending in the year 2002. Parturient women now deliver in Vancouver. This means they must leave their community weeks before the delivery date and live in an unfamiliar city until the birth of their child. What should be a celebration in the community becomes an anxiety-filled event. Parturient women worry about the financial implications of a birth in Vancouver and delivering far away from their home and family.1,2,3

First Nations people say that a community raises a child, and in keeping with this, a community welcomes the birth of a baby. My mother tells stories of how all the women in the community came to see her after my sister and I were born, bearing knitted gifts and congratulations. When women deliver in Vancouver, the cultural aspect of birth in Bella Bella is lost, along with the identity of being a Bella Bella baby.

Who I am today was shaped by my place of birth. When my sister and I were born, the Heitsulk people welcomed us into their community. We were adopted into the Eagle and Whale family. I am not of First Nations ethnicity, but I feel as though I belong in Bella Bella.

A summer of research at the Rural Maternity Care offices in Vancouver taught me that Bella Bella is not unique in its struggle to provide local maternity services. In rural British Columbia, 17 maternity care services have closed since 2000.4 This trend is mirrored in the other Canadian provinces.5,6

Why are maternity services closing? Health authorities are attempting to minimize costs by centralizing maternity services. However, when the health authority must fund the travel of a rural woman to the referral centre for birth, and with increasing evidence of poorer neonatal outcomes from locations with reduced maternity care services,7–9 is the centralization of services truly cost-effective? To my knowledge there is no research evidence addressing this question.

Another factor in the disappearance of rural maternity care services is provider choice. Rural maternity care services depend on family physicians to provide maternity care, yet fewer family physicians are choosing to include maternity services in their practice. A recent study by the Canadian Institute for Health Information supports this statement, showing that only 19% of family physicians billed for obstetrical services in 1999, compared with 31% in 1989.10 In a recent article, Stretch and colleagues summarized the literature...
regarding the factors contributing to the decline as “a lack of support from a variety of levels. These include anesthetic, surgical, and nursing backup, time off, skills training, practice structure, and financial compensation.”

In Bella Bella, obstetrical services were provided by family physicians. Operative deliveries were done by family physicians with advanced skills training in surgery and anesthesia. When the physicians who provided operative deliveries left, the remaining physicians felt it was no longer safe to offer vaginal deliveries without operative backup. This decision is mirrored in other rural BC communities. Physicians worry that they would not be able to justify their decision to offer vaginal deliveries in the case of a bad outcome.

So that leaves Bella Bella and hundreds of other rural communities across Canada without local maternity services. It is a loss for the mothers who must leave their families for the birth of a new child. It is a loss for the community who cannot readily welcome a new member. It is a loss for the babies who will be born in a place to which they have no ties.

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References

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