

While the rate of infant mortality was cut nearly in half within each income group (quintile), between 1971 and 1986, the rate among the lowest income group in 1986 was still almost double the rate for the highest income group.<sup>92</sup> Research similarly finds that the risk of death from infectious diseases, accidents and low birthweight, as well as of developmental disabilities, is higher among low-income children than among Canadian children in general.

Low birthweight is said to be the single most important cause of infant mortality. Studies find that mothers in the lowest income quintile have the highest incidence of low birthweight babies. The Ontario Medical Association reports that a number of factors associated with risk to health, including smoking, age and nutritional status, are also associated with the social class of mothers.<sup>93</sup>

The survival of low birthweight premature babies has been dramatically improved in recent years and, while this is a success story on the one hand, it creates stresses on the health care system on the other. Dr. Robin Walker, Chief of Neonatology at Queen's University and Vice-President of the Canadian Council on Children and Youth, told the House of Commons Standing Committee on National Health and Welfare in May 1988, during the early stages of the present study, that these babies are usually born 16 or 17 weeks early. They have to stay in intensive care through that time and often weeks or months longer than this, because of problems with lungs and other body systems. Dr. Walker said the cost of caring for each of these surviving babies is about \$100,00 and so, he said, we are talking about a "very large amount of money" for nursing care alone.<sup>94</sup> In addition, experts predict that as many as 20% of premature low birthweight babies suffer varying degrees of long-term illness and disability, the human and economic costs of which are difficult to measure.<sup>95</sup>

Low birthweight not only has a high probability of lowering of an individual's quality of life but is also very costly to the health care system. On the optimistic side, it seems apparent that this is an area where investments in health promotion and prevention could be very productive, both for the individuals, in terms of better health and higher quality of life, and for Canadian society, of which they could be productive members.

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<sup>92</sup> Wilkins, Adams and Brancker, *op. cit.*, 1989.

<sup>93</sup> Ontario Medical Association, Submission to the Ontario Social Assistance Review Committee, 9 January 1987.

<sup>94</sup> *Minutes of Proceedings and Evidence*, House of Commons Standing Committee on National Health and Welfare, 2<sup>nd</sup> Session, 33<sup>rd</sup> Parliament, Issue No. 45, p. 5.

<sup>95</sup> Chance, Dr. Graham, *The John T. Law Lecture*, Fourth National Conference on Regionalized Perinatal Care and Prevention of Handicap, Ottawa, 11 November, 1988.