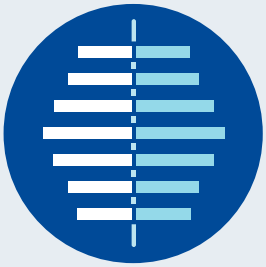

Reproductive Health Status Report of Huron and Perth Counties 2024

Executive Summary

Huron Perth Public Health

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Executive Summary

The Reproductive Health Status Report of Huron and Perth Counties provides a snapshot of maternal and infant health and well-being in Huron and Perth counties.

Early life experiences are linked to mental and physical health outcomes across the life course. Because of the critical foundation laid by these early life experiences, it's vital that Public Health and community partners focus on interventions, services and supports that promote and strengthen protective factors for the infant, toddler and their families beginning during preconception, pregnancy, and after birth.[1, 2, 3]

This report is intended to provide data to inform the development of healthy public policies, and programs and services along this continuum.

Note: *For the purposes of this report, the term woman/women/mother refers to people who were assigned female at birth, recognizing that a person's gender identity may differ from their anatomical, physiological or genetic assignment. This aligns with the indicators and data sources used in this report.*

Population Demographics

The number of females of reproductive age (15 to 49 years) in Huron Perth has increased and is projected to continue increasing through 2030; however, the increase in numbers is proportionate to an increase in the entire population. This means that while there may be more females needing reproductive health programs in Huron Perth in the future, the demand for other programs will also be increasing. In particular, growth in the 65 years and older demographic is projected to continue to outpace growth in the proportion of females 15 to 49 years in Huron Perth.

Social and Structural Determinants of Health

The social and structural determinants of health, which include the social, political, economic, and environmental conditions where Huron Perth residents live, learn, work, and play, can have an important role in reproductive health and health outcomes. It is important to keep the social and structural determinants of health in mind when interpreting data throughout this report and when planning reproductive health programs and services.

Fertility & Pregnancy

Fertility rates (the ratio of live births to females 15 to 49 years in a population during a given time period) in Huron Perth are higher than Ontario. Huron Perth fertility rates have been increasing over time, while Ontario fertility rates have been declining. Although higher than Ontario, fertility rates are still too low in some Huron Perth municipalities to maintain their populations without immigration.

Total pregnancy rates (the number of pregnancies, including live birth, stillbirths and therapeutic abortions, occurring among women 15 to 49 years in an area) in Huron Perth were significantly higher than Ontario in all years, with the exception of 2013 when there was no difference between Huron Perth

and Ontario, and it increased from 2013 to 2021. Huron Perth females also tend to be pregnant at a younger age (20 to 34 years) compared to Ontario. Pregnancy rates for 15-19 years were similar between Huron Perth and Ontario.

The therapeutic abortion rate in Huron Perth was lower than Ontario from 2013 to 2021. The trend over time shows the therapeutic abortion rates in both Huron Perth and Ontario decreased.

Healthy Pregnancies

From 2013 to 2021, pregnant women in Huron Perth were more likely to attend prenatal classes and consume folic acid supplements during pregnancy, compared to Ontario. Only half of those who consumed a folic acid supplement during pregnancy also took it preconceptionally. Pregnant women in Huron Perth were also more likely to report experiencing one or more mental health concerns during pregnancy (especially depression and/or anxiety), and to self-report smoking, alcohol exposure, and substance exposure (including cannabis) during pregnancy. However, smoking during pregnancy has been decreasing in Huron Perth and Ontario. Half of the pregnant women in Huron Perth gained more weight than recommended during pregnancy.

Birth

Compared to Ontario, pregnant women in Huron Perth were more likely to have a registered midwife or family physician attend their childbirth as opposed to other healthcare providers; they were also more likely to have a home birth.

Spontaneous vaginal labour is the most common type of birth for pregnant women giving birth in Huron Perth and Ontario. The proportion of spontaneous vaginal labour births is declining while vaginal induced labour, planned caesarean section and unplanned caesarean section births are increasing.

Birth Outcomes

There was a steady increase in the number of live births between 2013 and 2021 in Huron Perth. In 2013, there were 1,533 live births and in 2021, there were 1,687.

Women giving birth were likely to be younger in Huron Perth than Ontario. In addition, they were more likely to have had at least two prior births compared to women in Ontario, who were more likely to have had one or no prior births. Huron and Perth had a lower proportion of women aged 35 and over who gave birth compared to Ontario, although the number of women in this age group giving birth is increasing.

Most pregnancies in Huron Perth were singleton pregnancies, consistent with Ontario. Multiple birth rates were similar to Ontario.

Stillbirth rates in Huron and Perth are similar to Ontario. Huron Perth has a lower rate of small for gestational age babies and a higher rate of large for gestational age babies than Ontario. More than 90 per cent of births in Huron Perth are term births (between 37 and 41 weeks gestation). Compared to Ontario, Huron Perth has a significantly lower percentage of preterm births (before 37 weeks gestation) and similar percentages of term and post term births (after 42 weeks gestation).

Infant Health Outcomes

Infant mortality rates are similar in Huron and Perth compared to Ontario. In Huron and Perth, there has been a significant decrease in the number of pregnant women indicating their intention to exclusively breastfeed their infant(s). However, from 2018 to 2021, pregnant women in Huron Perth were more likely to report they intended to breastfeed exclusively compared to Ontario.

Considerations and Conclusion

This report provides a snapshot of maternal and infant health and well-being in Huron and Perth Counties.

While many indicators of healthy pregnancies and births suggest that overall, Huron and Perth mothers and infants are doing well compared to Ontario, there are some areas that indicate ongoing challenges or needs, and/or opportunities to improve what currently exists. This report includes some considerations for these areas, but it is not an exhaustive list; rather the considerations mentioned are meant to inform the conversation around the questions, "so what?" or "what could this mean for Huron and Perth?"

Demographics

Considerations for Huron and Perth municipalities include:

Consider the systems in place to attract people of reproductive age (likely due to immigration) into the area to both replace the jobs of some of the baby boomers once they retire and to support seniors as they age. Over the next few decades, Huron Perth's aging population will require more support (e.g., community paramedicine, medical, homecare, recreation and social programs) which means more people are required to manage this support. The systems can include things such as: safe and affordable housing options, transportation, childcare, reproductive healthcare, access to family doctors, and supports for newcomers.

Social and Structural Determinants of Health

Considerations for Huron Perth municipalities, healthcare providers, community services and supports and decision-makers include:

- Keep the social and structural determinants of health in mind when planning reproductive health programs and services. "The most effective interventions occur at the population health level, by responding to such issues as food insecurity, affordable housing and a living wage. This requires the creation of stronger social safety nets for families and healthy public policy and environments supportive of healthy lifestyles."[2]
- Improve collection of sociodemographic data in Huron and Perth Counties.
- Incorporate indicators in data collection to inform inequities experienced by individuals, groups and populations in Huron and Perth Counties.
- Collect experiential data from individuals, groups and populations focused on informing strategies to improve health inequities.
- Ensure an environment that is culturally safe, reflective of equity, diversity and inclusivity, and trauma informed, in the provision of reproductive, maternal and newborn care.

Fertility and Pregnancy

Considerations for healthcare providers and community services and supports include:

- Continue to provide preconception, prenatal, birth and early childhood supports and services.
- Ensure individuals in their reproductive years have the information they need to make an informed decision about choosing to delay childbearing, including possible challenges (e.g., declining fertility), increased risks (e.g., miscarriage) and personal factors (e.g., chronic medical conditions).[4]
- Provide care that is trauma informed.

Folic Acid Supplementation

Considerations for healthcare providers include:

- Assess if women of childbearing age are taking a multivitamin with folic acid. Identifying why women of childbearing age are not taking a folic acid supplement could help improve supplementation rates.
- Continue to recommend all women of childbearing age take 0.4 mg of folic acid daily.

Gestational Weight Gain

Considerations for healthcare providers include:

- Provide weight-inclusive and weight neutral care by highlighting the importance of improving healthy behaviours to establish a stable preconception and interconception weight instead of recommending weight loss, or to ensure a healthy weight gain in pregnant women instead of weight control.[4,5]
- Provide individualized counselling and support that is client centred and considers the various factors that may be influencing weight gain during pregnancy such as access to foods, opportunities for physical activity, family and partner support, cultural norms and beliefs, and socioeconomic status.[6,7]
- Ensure women are aware of the increased risks to maternal and newborn health associated with a low (<18.5kg/m^2) or high (30-34.9 kg/m^2) pre-pregnancy BMI, as well as the recommendations regarding weight gain during pregnancy.[2, 6] Although there are increased risks, reassure pregnant women with a BMI over 25 kg/m2 that they are likely to have healthy pregnancy outcomes, even if they require additional interventions during pregnancy, labour, and birth.[7]

Maternal Mental Health

Considerations for Huron Perth municipalities, healthcare providers, and community services and supports include:

- Address protective factors for maternal (caregiver) mental health at community/society and structural levels, as well as at the individual/family levels. For example: interventions and programs that focus on positive social connection and support, enhance access to mental health services, decrease stigma and discrimination for those seeking help, and strengthen parenting skills, capacity and resilience.[7,10,11]
- Strengthen comprehensive approach to perinatal mental healthcare to include: mental health screening, trauma-informed and culturally safe care, awareness of social and structural health inequities and their potential impacts on individuals, such as parents experiencing high stress due to

challenging life situations (e.g., precarious finances or housing or safety conditions, lack of a social network) and referring the family to the appropriate services.[7, 12] More can be found in Tackling Health Inequities: Ontario's Social Determinants of Health Framework from the Huron Perth & Area Ontario Health Team.

- Initiate conversations with individuals and families prenatally about any concerns they may have regarding social isolation and loneliness, their need and interests for social connectedness, and make appropriate referrals or link families to community services and supports in Huron and Perth Counties.[4]

Delivering Healthcare Provider

Considerations for municipalities and decision-makers include:

- Continue to recruit healthcare providers particularly those providers that support and care for women in reproductive years and that require prenatal care, such as Obstetricians and midwives.

Prenatal Classes

Considerations for healthcare providers include:

- Continue to promote prenatal education from reliable, evidence-informed sources that are low or no cost to ensure accessibility.

Substance Use

Considerations for healthcare providers and substance and mental health community services and supports include:

- Continue to focus on supporting pregnant women, and their support persons, with harm reduction messaging, as well as education on the harmful effects substance use has on the unborn child and the pregnant woman. This also identifies the need to support those in reproductive years with education about the negative impacts of substance use so to limit substance use during pregnancy. A broader focus on effective health promotion strategies (e.g., policy support, upstream protective factors and advocacy at a local, provincial and federal level) in program planning as a multi-pronged approach needed to support the reduction of substance use harms in this population.[13]
- Address the impacts of using multiple substances preconceptionally, prenatally and postpartum.
- During prenatal appointments, encourage positive health behaviours and work with individuals to reduce potentially harmful substance use.[4]
- Mental health and substance use often go hand in hand. A humanistic and compassionate person-centred approach is needed during pregnancy "where the health and medical aspects of the use or addiction are considered, as well as the psychosocial factors."[4, 14]

Intention to Breastfeed

Considerations for healthcare providers and community services and supports include:

- Incorporate infant feeding decision making in prenatal conversations with families.
- Ensure healthcare and service providers who support families during the prenatal and postpartum periods have the education and skills to share information about the importance of breastfeeding and to help families make an informed decision about infant feeding. Offer opportunities for families to access free or low-cost credible information about breastfeeding, for example online prenatal classes or classes specifically for breastfeeding.
- Use inclusive language, for example, breastfeeding/chestfeeding.

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