

OPHS Modernization – Reproductive Health Standard

Feedback & suggested revisions by OPHA RHWG

(Final Submitted 13 September 2016)

OPHS Overall	General comments by OPHA RHWG		Comments
	<ul style="list-style-type: none"> ● OPHS integration - acknowledge the linkage between local, provincial and federal initiatives. Could this be articulated at a system level implementation of OPHS? (e.g., programs that are implemented locally but federally funded, such as CPNP). Could this be captured as a guiding principle or the foundational standard? Clearly reflect importance of working at the provincial and federal levels. ● Provide a definition of ‘community partners’ and who this includes within the standard. Does this include work beyond local partners? ● Current OPHS framework creates silos. Encourage recognition of need for bridging and connections between programs to enhance internal collaborations. For example, highlight collaboration opportunities across program standards and embed connections (i.e. reproductive health (RH) into food safety, prevention of injury and substance misuse, etc.). Suggest including a visual depiction of the various linkages between programs. ● Integrate Perinatal Mood Disorders (PMD) into program standards - consider extending reach to cut across RH and CH standard. Could be an area of advocacy to ensure that PMD has broader impact beyond just postpartum or perinatal inclusive of RH/Preconception Health (PCH). Ensure consistent language and include definition. Suggest include recognition of importance of mental health before pregnancy and potential impact of the labour and birth experience. ● Need standard definitions for “universal”, “targeted” and “priority” populations as well as definitions of content areas ● Integrate a health equity/social determinants of health lens ● Expand focus beyond the individual to include community and population levels ● Utilize a life course perspective where reproductive health is embedded throughout program standards. To embed PCH messaging throughout will better enable influencing non-planners. 		<ul style="list-style-type: none"> ● Expansion beyond focus on the individual is recommended within the OPHA SHIFT document ● Percentage of unintended pregnancies is high. To have an impact in this area all programs should incorporate a PCH lens.

General Comments on RH Standard	Suggested Feedback by OPHA RHWG	Suggested Revision by OPHA RHWG	Comments/ Rationale
	<ul style="list-style-type: none"> ● Suggestion to have clearer definition of terminology (e.g., preconception health, reproductive health) ● Need better integration of some concepts throughout the document (e.g., preconception health). It’s included in the goal statement but then not carried throughout the document. ● Consistently integrate PCH – currently this is not the case ● Suggestion to add in “informed decisions in labour and birth” as this is a missing piece around the continuum of FH program standard. Recognize that PHUs do play a role in prenatal education currently. See section on rationale and references section for background supporting evidence for this addition. Potential consequence of not adding labour and birth in the standards is that if this content is removed from program curriculums then it would lead to an even bigger gap. In addition, from a patient’s first perspective content on labour and birth is consistently identified by individuals as a content area that they want information on. Look at including data on population reach of public health program for prenatal education - help to make the case that this content/service should be provided by Public Health as a complement to other prenatal educators (e.g., Midwives and other health care providers) versus another provider/health care sector. <ul style="list-style-type: none"> ➢ Health promotion - pregnancy is a key window of people accessing information and this can be an opportunity to then raise awareness about content in other areas and/or entry into health care services. This may include becoming aware of public health services. ➢ In some communities, PHUs are the only providers of prenatal education 		<ul style="list-style-type: none"> ● PCH programming is currently fragmented and inconsistent.
Existing RH Standard - Goal statement	Suggested Feedback by OPHA RHWG	Suggested Revision by OPHA RHWG (done in red)	Comments/ Rationale

<p>To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.</p>	<p>Insert: “make informed decisions in labour and birth”</p>	<p>To enable individuals and families to achieve optimal preconception health (including interconception), make informed decisions in labour and birth, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.</p>	<p>Suggest identifying interconception as well i.e. ...optimal preconception health (including interconception), experience... as preconception is often thought of as the period of time before a first pregnancy rather than also considering the time between pregnancies. Both periods present as key opportunities to impact maternal and child health outcomes.</p>
<p>Insert: “ ...optimal preconception health (including interconception)”</p>			
<p>Existing RH Standard - Societal Outcomes</p>	<p>Suggested Feedback by OPHA RHWG</p>	<p>Suggested Revision by OPHA RHWG (done in red)</p>	<p>Comments/ Rationale</p>
<p>An increased proportion of community partners provide safe and supportive environments to promote healthy pregnancies, healthy birth outcomes, and preparation for parenthood.</p>	<p>Insert – preconception health</p>	<p>An increased proportion of community partners provide safe and supportive environments to promote preconception health, healthy pregnancies, healthy birth outcomes, and preparation for</p>	<p>To maintain significance and importance of preconception health, consistent integration within the standards is needed.</p>

		parenthood.	
An increased proportion of individuals in their reproductive years are physically, emotionally, and socially prepared for conception.	No change	No change	
An increased proportion of pregnant women and their families adopt practices to support a healthy pregnancy.	Change to be more inclusive	An increased proportion of pregnant individuals and their supports adopt practices to support a healthy pregnancy.	Enhances inclusivity.
		Insert new societal objective: An increased proportion of pregnant individuals and their supports understand the <u>lifelong health impact of physiological birth</u> and are prepared to make informed decisions in labour and birth.	
An increased proportion of expectant parents are physically, emotionally, and socially prepared to become parents.	No change	No change	
An increased proportion of full-term newborns are born within a healthy birth weight range.	No change	No change	

<p>Individuals in their reproductive years, including pregnant women and their families, live, work, play, and learn in safe and supportive environments.</p>	<p>Revision suggested to be more inclusive</p>	<p>Individuals in their reproductive years, including pregnant individuals and their supports, live, work, play, and learn in safe and supportive environments.</p>	
<p>Existing RH Standard - BOH Outcomes</p>	<p>Suggested Feedback by OPHA RHWG</p>	<p>Suggested Revision by OPHA RHWG (done in red)</p>	<p>Comments/ Rationale</p>
	<ul style="list-style-type: none"> ● Feedback - Ensure language is inclusive - where possible, individuals instead of parents 		
<p>The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for the promotion of reproductive health.</p>	<p>No change</p>	<p>No change</p>	
<p>The public is aware of the importance of creating safe and supportive environments that promote healthy pregnancies, healthy birth outcomes, and preparation for parenthood.</p>	<p>Insert: preconception health</p>	<p>The public is aware of the importance of creating safe and supportive environments that promote preconception health, healthy pregnancies, healthy birth outcomes, and preparation for parenthood.</p>	

<p>Community partners are aware of the importance of creating safe and supportive environments that promote healthy pregnancies, healthy birth outcomes, and preparation for parenthood.</p>	<p>Insert: preconception health</p>	<p>Community partners are aware of the importance of creating safe and supportive environments that promote preconception health, healthy pregnancies, healthy birth outcomes, and preparation for parenthood.</p>	
<p>Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the promotion of reproductive health.</p>	<p>No change</p>	<p>No change</p>	
<p>Individuals in their reproductive years, including pregnant women and their families, have the information, skills, and supports necessary to adopt health-promoting practices.</p>	<p>Revision suggested to be more inclusive</p>	<p>Individuals in their reproductive years, including pregnant individuals and their supports, have the information, skills, and supports necessary to adopt health-promoting practices.</p>	
<p>No content currently</p>	<p>Insert: content on informed decision making Revise: change to individuals in their reproductive years to be more specific regarding target population</p>	<p>Suggested addition: Individuals in their reproductive years are aware of the importance of physiological birth on lifelong wellness and</p>	

		are prepared to make informed decisions in labour and birth.	
Expectant parents are aware of the benefits of breastfeeding, the mechanics of breastfeeding, and where to obtain assistance with breastfeeding.	<p>Revise: change “expectant parents” to individuals to be more inclusive and broaden scope to include reproductive years.</p> <p>Change ‘benefits’ of breastfeeding to ‘importance’ of breastfeeding’.</p>	<p>Suggested revision: Individuals in their reproductive years are aware of the importance of breastfeeding, the mechanics of breastfeeding, and where to obtain assistance with breastfeeding.</p>	
Priority populations are linked to reproductive health information, programs, and services.	<p>Comment: as noted in the overall comment section above clarification of what a priority population is would be helpful.</p>	<p>No change</p>	
Pregnant women and their families at risk of poor birth outcomes are supported and referred to services in the prenatal period	<p>Revise – change prenatal period to preconception</p> <p>Revise to be more inclusive</p>	<p>Suggested revision: Individuals planning a pregnancy and their supports at risk of poor pregnancy/birth outcomes are supported and referred to services in the prenatal period preconception/interconception period and prenatal period when pregnant.</p>	<p>Comment: Prenatal referral is often too late for intervention/change. This should be moved up to PCH period.</p>

Existing RH Standard – Health Promotion and Policy Development	Suggested Feedback by OPHA RHWG	Suggested Revision by OPHA RHWG (done in red)	Comments/ Rationale
<p>Requirement</p> <p>1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current) in the areas of:</p> <ul style="list-style-type: none"> ● Preconception; ● Healthy pregnancies; ● Reproductive health outcomes; and ● Preparation for parenting. 	<p>Insert: Interconception Insert: labour and birth Insert: breastfeeding</p>	<p>Revision: The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current) in the areas of:</p> <ul style="list-style-type: none"> ● Preconception/ interconception health; ● Healthy pregnancies; ● Labour and birth; ● Breastfeeding; ● Reproductive health outcomes; and ● Preparation for parenting. 	

Existing RH Standard – Health Promotion and Policy Development	Suggested Feedback by OPHA RHWG	Suggested Revision by OPHA RHWG (done in red)	Comments/ Rationale
<p>Requirements</p> <p>2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:</p> <ul style="list-style-type: none"> ● Preconception health ● Healthy pregnancies; <p>and</p> <ul style="list-style-type: none"> ● Preparation for parenting. <p style="padding-left: 40px;">These efforts shall include:</p> <p>a. Conducting a situational assessment in accordance with the Population Health Assessment and</p>	<p>Feedback:</p> <ul style="list-style-type: none"> ● Suggest that clarify what is intended by “community partners” (e.g., local, regional, provincial, national) to recognize the breadth of partnership that occurs with local and provincial initiatives already and the positive impact this can have locally ● Integration across program standards and sectors around overlapping RH issues, such as PCH <p>Insert: interconception Insert: labour and birth Insert: healthy postpartum</p>	<p>Revision:</p> <p>2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:</p> <ul style="list-style-type: none"> ● Preconception/interconception health ; ● Healthy pregnancies; ● Labour and birth; ● Healthy Postpartum; and ● Preparation for parenting. 	<p>“Healthy postpartum.” Rationale: Hospital readmissions in the postpartum period could be reduced. This is an area that warrants tracking as well as good follow-up in terms of breastfeeding support .</p>

<p>Surveillance Protocol, 2008 (or as current); and</p> <p>b. Reviewing, adapting, and/or providing behaviour change support resources and programs.¹⁶</p> <p>¹⁶This could include, but is not limited to, curriculum support resources (in preschools, schools, etc.), workplace support resources, and education and skill-building opportunities</p>			
<p>3. The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by:</p> <p>a. Adapting and/or supplementing national and provincial health communications strategies; and/or</p> <p>b. Developing and</p>	<p>INSERT: interconception</p> <p>INSERT: importance of physiologic labour and birth</p>	<p>Revision: The board of health shall increase public awareness of preconception/interconception health, healthy pregnancies, importance of physiological labour and birth, and preparation for parenting by:</p>	

<p>implementing regional/local communications strategies.</p>			
<p>4. The board of health shall provide, in collaboration with community partners, prenatal programs, services, and supports, which include:</p> <ol style="list-style-type: none"> a. Consultation, assessment, and referral; and b. Group sessions. 	<p>Insert: preconception health</p>	<p>The board of health shall provide, in collaboration with community partners, preconception health and prenatal programs, services, and supports, which include</p>	
<p>5. The board of health shall provide advice and information to link people to community programs and services on the following topics:</p> <ul style="list-style-type: none"> • Preconception health; • Healthy pregnancies; and • Preparation for parenting. 	<p>Insert: Interconception</p> <p>Insert: labour and birth</p> <p>Insert: postpartum care</p>	<p>Revision: The board of health shall provide advice and information to link people to community programs and services on the following topics:</p> <ul style="list-style-type: none"> • Preconception/Interconception health ; • Healthy pregnancies; • Labour and birth; • Postpartum care; and • Preparation for parenting 	

<p>6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.</p>	<p>No change</p>	<p>No change</p>	
<p>Existing RH Standard – Disease Prevention</p>	<p>Suggested Feedback by OPHA RHWG</p>	<p>Suggested Revision by OPHA RHWG (done in red)</p>	<p>Comments/ Rationale</p>
<p>Requirement 1. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2008 (or as current) (Ministry of Children and Youth Services).¹⁷ ¹⁷While the Healthy Babies Healthy Children program does contain Health Promotion and Policy development</p>	<p>Feedback:</p> <ul style="list-style-type: none"> • PCH and interconception should be enhanced or articulated here given the potential for disease prevention 		

<p>components, it has been included in the Disease Prevention section due to its focus on screening, assessment, referrals, and support services.</p>			
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References/ Rationale for Revision Recommendations

Labour & Birth

The use of medical interventions in birth is at a record high and research indicates that rates are much higher than is medically necessary; therefore, many women and babies are subjected to unnecessary risks associated with these interventions.

““Physiologic childbearing” refers to childbearing conforming to healthy biologic processes. Consistent and coherent evidence finds that physiologic childbearing facilitates beneficial (salutogenic) outcomes in women and babies by promoting fetal readiness for birth and safety during labor, enhancing labor effectiveness, providing physiologic help with labor stress and pain, promoting maternal and newborn transitions and maternal adaptations, and optimizing breastfeeding and maternal-infant attachment, among many processes. “(Buckley, S. 2015, p. x).

Informed decision-making has emerged as an important factor in reducing unnecessary interventions, improving birth outcomes, and increasing positive birth experiences. The health benefits of uninterrupted labour and birth and risks when deviating away from it must be included in all informed decision-making discussions between HCP and client. This will ensure that they are making the best decision for themselves and their baby.

Public Health plays key advocacy and prevention roles through education (ie. prenatal education and online resources) and support of pregnant individuals and their supports as they prepare to make important decisions for themselves and their babies for labour and birth. Enhancing information in curricula about making informed decisions and the importance of the hormonal physiology of birth (Buckley, S. 2015, [Hormonal Physiological Birth](#)) as well as enhancing skill-building around comfort measures to cope with labour pain will support informed decision-making about the use of interventions in labour and birth, leading to optimal breastfeeding and attachment with decreasing risk of chronic disease related to the disruption of the optimal microbiome during vaginal birth. The aforementioned, as well as the unintended consequences of potential

removal of Childbirth Education from public health prenatal education classes as PH programming is streamlined to meet the new Standards, make a strong case for including labour and birth as the missing piece in Reproductive Health to support long term health and wellness.

[PCMCH low risk birth strategy](#) - Prenatal Education is one of the components of the strategy. Educating women and their families about the importance of normal physiological birth is a key prevention role Public Health already provides. It needs to be clearly articulated in the standards to ensure it is consistently included in all Public Health Unit prenatal education curricula.

[Patients First \(Strengthen Patient-Centred Care\)](#) - Mandates better collaboration between public health and hospital organizations. Supports prevention through collaboration between Public Health and hospitals to ensure consistent messaging and best practice around the importance of physiological birth and making informed decisions during labour and birth to optimize breastfeeding and attachment that have lifelong health impacts.

[Toolkit to Support Vaginal Birth and Reduce Primary Cesareans](#) - a newly released toolkit that recognizes and addresses the value of vaginal birth, knowledge deficit regarding the benefits of vaginal birth, a maternity culture that underappreciates women's informed choices and preferences, and the need for improved quality of and access to childbirth education. Public health plays an important prevention role in each of these solutions to decreasing the primary caesarean section rate, leading to better breastfeeding and attachment outcomes and increasing lifelong wellness.

[The Delivery of Prenatal Education in Ontario: A Summary of Research Findings](#) - The perceived benefits of prenatal education in the Ontario are quite diverse. Women most commonly perceived that prenatal education helped them with *labour and birth*, caring for their new baby and increasing their confidence in their capacity to have and care for a baby (Best Start, 2016). Prenatal education has been found to be positively associated with:

- Pregnancy and childbirth related knowledge
- Confidence
- Less perceived pain during labour
- The likelihood of a vaginal birth
- The likelihood of arriving at the hospital in active labour
- The decision not to use epidural anesthesia

[Nurturing the Next Generation Parent Experience Study: A Picture of Parenting in Peel](#) - found that most new parents begin the life transition of parenting with high expectation, little experience and low efficacy, and over time will successfully “learn their way”. Parents articulated that the transition to parenting would have been easier if they received the right support at the right time in the right way. Peel launched a universal prenatal education hybrid model (online and face to face class) in 2015. Class content is determined by the needs of the participants with exception to breastfeeding and smoke-free homes. Identified themes consistently are *labour and birth*, breastfeeding, baby care, and transition to parenthood.

Preconception Health

Preconception health ...

- Refers to the health of all individuals during their reproductive years regardless of gender identity, gender expression or sexual orientation.
- It is an approach that promotes healthy fertility and focuses on reducing risks, promoting healthy lifestyles and increasing the readiness for pregnancy, whether or not becoming a parent someday is desired.
- A comprehensive approach to preconception health includes actions on an individual, community and population level

There is growing evidence that a focus on preconception health can positively impact maternal and child health outcomes (Shift, 2014). When considering maternal and child outcomes data, the trajectory is concerning as in some instances it has levelled off without significant signs of improvement. The preterm birth rate in Ontario for example has remained fairly consistent from 2006 to 2014 (PHO snapshots, last updated March 3, 2016, retrieved July 15, 2016). This is of concern as we experience the second highest rate of preterm births in Canada (CIHI, 2012).

A recent WHO report noted that Canada's maternal mortality rate rose from 6 - 11 per 100,000 births during 1990-2013 (Kassenbaum, NJ, et al, 2014). Although more analysis is needed to determine the reason for this increase, experts suggest that trends towards delayed parenthood and increased incidence of obesity and diabetes may be contributing factors. These are all areas where applying a preconception health approach may have a positive impact.

Current emerging population trends also highlight a need for intervention prior to conception. In 2012, 39.1% of women of reproductive age in Ontario were obese or overweight (Stats Can, 2014). A growing trend towards obesity and overweight is also observed with males (PHO snapshots, last updated February 1, 2016, retrieved July 15, 2016). Delaying parenthood is another area for consideration when considering improving pregnancy and birth outcomes. In Ontario, the average age of women giving birth has steadily increased over the last 20 years with a similar trend seen among males (Stats Can, 2013; MOHLTC, 2013).

Alternatively, an area that has recently received more prominent attention in general is mental health. Poor mental health before pregnancy has been associated with increased pregnancy complications and poor birth outcomes such as low birth weight (Witt WP, Wisk LE, Cheng ER, Hampton JM, Hagen EW, 2012). Again applying a preconception health lens may prove to be beneficial.

Although preconception health is currently identified within the Ontario Public Health Standards, its inclusion is inconsistent. As with reproductive health, preconception health embedded across all relevant program standards is recommended to ensure broader integration into

programming and services. Additionally, although some progress has been made provincially to enhance preconception health work, establishing an intersectoral, interdisciplinary provincial coordinating committee to lead preconception health efforts and create an integrated strategic framework would be beneficial. Recommendations detailed within SHIFT – Enhancing the Health of Ontarians: A Call to Action for Preconception Health Promotion & Care expand on this through the identification of gaps and a call to action to operationalize preconception health.

Recommendations include:

1. Adopting an interdisciplinary collaborative approach,
2. Integration of a preconception health lens in the work we do,
3. Ability to be responsive to emerging trends through innovation, and
4. A call for more research, evaluation, data monitoring and indicator development

Reflecting these principles within the OPHS is recommended.

[Patients First: Action Plan for Health Care](#) – Advocates for the need to “support people and patients by providing the education, information and transparency they need to make the right decisions about their health”. The focus is on living a healthier life and creating a culture of health and wellness.

[Make No Little Plans – Ontario’s Public Health Sector Strategic Plan](#) – Identifies the importance of public health to engage in diverse partnerships and to work at local and provincial levels in order “to influence and shape legislation, policies and programs that affect health”. Adopting a life course approach is embedded within the planning and delivery of services and optimizing healthy human development is identified as a strategic goal.

[No Time to Wait – The Healthy Kids Strategy](#) – Recognizes that laying a foundation for lifetime good health begins “before babies are conceived”.

[SHIFT – Enhancing the Health of Ontarians: A Call to Action for Preconception Health Promotion & Care](#) – Makes the case for adopting a preconception health lens by providing current health related evidence, promising strategies, gaps and challenges and how to *shift* into action.