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February 2, 2016

Katch Koch, Clerk
Standing Committee on Finance and Economic Affairs
Room 1405, Whitney Block
Queen's Park, Toronto, ON M7A 1A2

Re: Pre-Budget Consultation 2016

Dear Standing Committee of Finance and Economic Affairs:

As Chair of the Ontario Public Health Association's (OPHA) Reproductive Health Workgroup, I am writing to support the passing of Bill 141 "*Pregnancy and Infant Loss Awareness, Research and Care Act*" and ask your Committee to consider the financial and other supports needed for its effective implementation.

The Ontario Public Health Association (OPHA) has established a strong record of success as the voice of public health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. We are unique in that our membership represents many disciplines from across multiple sectors. As such we have a number of volunteer subject matter expert workgroups that help drive issues for OPHA, including an active Reproductive Health Workgroup.

Our Reproductive Health Workgroup is comprised of over 40 health professionals with a specific interest in promoting reproductive health within Ontario. Our members represent a wide variety of disciplines and organizations, with many from Public Health Units across the province. As a workgroup, we advocate for accessible and equitable reproductive health services and supports across the province to better meet the physical, emotional and psychosocial needs of all individuals in their reproductive years. We focus on a broad range of reproductive health issues, from preconception to postpartum. As a result, pregnancy and infant loss is an important issue for our group.

Pregnancy loss is estimated to occur in 1 out of 6 pregnancies where the woman is aware of her pregnancy. It is also common for women to experience a pregnancy loss before being aware of the pregnancy. Most losses occur due to the fetus not developing properly; however maternal health conditions (e.g. uncontrolled diabetes), maternal and paternal age, substance use, infections and pre-pregnancy weight may also play a role.

In support of Bill 141, please consider including a focus on the preconception period and investing in interventions before pregnancy as you develop advice on Ontario's 2016 Budget. For example, there is growing evidence that identifying and treating health concerns, including chronic diseases and risky health behaviours, in men and women before conception can help to optimize healthy pregnancy and birth outcomes. Investing in strategies that prevent pregnancy and infant loss are critical. Preconception health interventions, such as those mentioned above, offer the potential to support such primary prevention activities.

Currently, specific funding for preconception health (PCH) in Ontario is lacking which hampers implementation in both clinical and community/public health settings. In consideration of Bill 141, we recommend that PCH receive adequate financial and human resources to ensure effective and consistent implementation across Ontario. Funding is needed to increase public awareness, build capacity among health care providers, and champion supportive PCH frameworks and environments. Too often PCH is missed as a starting point when conceptualizing reproductive health programming.

Thank you for considering preconception health as a preventative strategy to improve maternal and child outcomes as you look at priorities for Ontario's 2016 Budget. For more information on preconception health in Ontario, please view the OPHA position paper [*SHIFT: Enhancing the Health of Ontarians: A Call to Action for Preconception Health Promotion & Care*](#)

Yours sincerely,

Catrina Mill
Chair, OPHA's Reproductive Health Workgroup