**Reproductive Health Work Group**

**2013-14 Work plan Report**

*OPHA Work Groups, you are asked to complete the following work plan report and submit to the OPHA Executive Director at* *scheng@opha.on.ca* *no later than* ***June 1, 2013.***

***1) Work Group’s overall goals for 2013-14:***

1. Create comprehensive goals and objectives which in turn will assist in developing a vision for Reproductive Health on the provincial stage.
2. Enhance partnerships both provincially and within OPHA itself.
3. Support knowledge exchange/transfer.
4. Advocate for optimal reproductive health among Ontarians.

***2) For each goal identified above, please discuss how it align with one or more of OPHA’s public health issue priorities: chronic disease prevention – with focus on childhood obesity, healthy ageing, health equity/social determinants of health, access, quality, and accountability. Please list the specific deliverable/activities and timelines the work group is committed to achieving. If possible, align each deliverable/activity with one of the goals identified above. Please note that each activity must fall under one of these categories: Advocacy, Knowledge Exchange/Transfer, Resource/Tools Development.***

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| **Work Group Goal**  | **Applicable OPHA Priority(s)** | **Discuss how the Work Group goal aligns with the OPHA priority(s):** | **Key Deliverable(s) and/or Activities** | **Activity Type****(advocacy, knowledge exchange/transfer, resource/tools development)** | **2013-14 Deadline (Apr.1.2013- Mar.31, 2014)** |
| 1. Comprehensive goals/objectives
 | Reproductive health goals/objectives will address each of OPHA’s priorities except for healthy ageing. | With a clear vision of the work group’s vision, mission, goals and objectives in place, it will assist with providing clear direction on how to best position ourselves provincially. It will also act as a communication tool when promoting the importance of reproductive health to key stakeholders and decision makers. | Well defined goals and objectivesMaintain linkage with Best Start | Advocacy tool | Fall 2013 |
| 1. Enhance partnerships
 | Chronic Disease prevention | Obesity in the preconception and perinatal period project – partnership with Best Start as lead. RHWG members sit on the advisory committee. Recent research suggests a connection between the in utero environment and increased risk of developing obesity in the fetus later in life. Attempts to prevent obesity before pregnancy and, at the very least, addressing excessive weight gain during pregnancy are of importance. | Literature review document developed by Best Start Resource Centre with input from the advisory committee. | AdvocacyResource Devel. | April/May 2013 |
|  | Chronic Disease prevention | Partnership with PCMCH MNAC to develop best practice for supporting normal birth has implications for reducing childhood obesity with recent literature linking a twofold increase in childhood obesity rates with Caesarean Section. As well, reducing unnecessary medical intervention in labour and birth supports PCMCH Mother Baby Dyad Care Best Practices that support breastfeeding initiation and duration rates, again reducing the risk of childhood obesity.  |  | Advocacy  | April 2013 – March 2014 |
|  | Access, quality and accountability | Maintain communication with Ministry of Health and Long Term Care, Ministry of Child and Youth Services and others that are appropriate.  |  | Advocacy | April 2013 – March 2014 |
|  | Access, quality and accountability | Partnership with PCMCH increases communication with the Ministry of Health and accountability for best practice implementation related to healthy birth practices across the province. |  | Advocacy | April 2013 – March 2014 |
|  | Access, quality and accountability | During the 2012/2013 year our membership diversity decreased. Aim to enhance diversity of WG members i.e. midwives, dietitians, physicians, epidemiologists, health planners … | Increase in membership and diversity of membership | Advocacy | April 2013 – March 2014 |
|  | Chronic Disease Prevention; Access, quality and accountability | Partner with OPHA Breastfeeding Network to explore prenatal colostrum storage. | Dialogue/exploration with Breastfeeding Network  | Advocacy  | March 2013 – March 2014 |
|  | Chronic Disease Prevention | Explore partnering with OPHA Environmental Working Group as well as Canadian Partnership for Children’s Health and Environment (CPCHE) to build on initiatives encompassing environmental impacts on reproductive health.Emerging evidence suggests early environmental exposures may contribute to obesity and chronic diseases such as cardiovascular disease, Type 2 diabetes, cancer, etc. “Considerable evidence points to the *in utero* and perinatal environment as playing a major role in later life disease risk with epigenetic processes, or gene-environment interactions …” from *Early Exposures to Hazardous Chemicals/Pollution and Associations with Chronic Disease: A Scoping Review (2011)* <http://www.healthyenvironmentforkids.ca/sites/healthyenvironmentforkids.ca/files/EarlyExpandCDScopingReview-lowres.pdf> |  | Advocacy | April 2013 – March 2014 |
| 1. Support knowledge exchange/

 transfer |  | Quarterly teleconferences allow the membership to remain up to date on current initiatives and new and emerging issues in the reproductive health field. Provides an opportunity for input into ongoing and emerging areas.Receive ongoing updates from:* Best Start Resource Centre
* eLearning prenatal Enhancement Project
* Locally Driven Collaborative Project – on-line prenatal education
* M+B 2B app
* Reproductive Life Plan
 | Members are well informed on current projects/trends related to reproductive health.Input into initiatives underway to support the development of a ‘product’ that reflects the WG’s vision.  | Knowledge Exchange/TransferAdvocacy  | Ongoing  |
|  |  | Development of Reproductive Health WG webpage to communicate and share activities of WG with the public and professionals | User friendly webpage | Knowledge Exchange/Transfer |  |
| 1. Advocate for optimal reproductive health
 | Chronic Disease Prevention;Health equity/Social Determinants of Health;Access, quality and accountability  | Preconception Health **General Chronic Disease linkages*** Overweight/obesity before pregnancy has been associated with gestational diabetes, maternal hypertension, infertility, increased Cesarean rates, preterm birth and birth defects. (gestational diabetes linked to Type 2 diabetes development later in life for both mother and offspring)
* Domestic Violence impact on women’s health – increased risk of tobacco use, drug use, depression, stress, unintended pregnancy which in turn can have an impact on reproductive outcomes – SGA, preterm labour, PPMD, lower breastfeeding initiation/duration
* Tobacco Use linked to SGA, prematurity, childhood asthma
* Low folate levels linked to increased incidence of neural tube defects, other birth defects, anemia

**Childhood Obesity linkages:**If mother experienced depressive symptoms, gestational diabetes, tobacco use, low income before/during pregnancy linked to greater risk of obesity.Infant feeding choice (decision made preconceptionally)Education and environmental supports/tools for HCP’s is crucial to address needs of public during the preconception/interconception period. Seamless integration into routine wellness care. | Completion of Preconception Health Position PaperEngage key stakeholders and decision makers in shaping draft preconception position paper via webinar, e-survey, teleconferences …Broad dissemination of completed paperMaintain link with Best Start.Communicate with Ministry of Health and Long Term Care (OPHS), Ministry of Education, Ministry of Children and Youth Services. | Advocacy ToolKnowledge Exchange/Transfer Advocacy | Currently underway – Fall – winter 2013/2014 draft to be completedWinter 2014 host webinar  |
|  | Chronic Disease Prevention; Access, quality and accountability  | Supporting Normal Birth | Awaiting response from PCMCH MNAC re: adopting task group’s recommendation to develop best practices “Supporting, promoting and protecting normal birth in Ontario”. If adopted, SNB task group members hope to act as an advisory to their work.Advocate for a province-wide social marketing communication strategy to Increase awareness among women, men, and society at large that childbirth is a normal, healthy and empowering life event. Advocate for development of client decision aids for pregnancy, labour and birth to empower expectant women and their partners to take an active role in making informed decisions about their prenatal care and birth.  | AdvocacyAdvocacyAdvocacy/Resource Development | June 2013January – March 2014September 2013 – March 2014 |
|  | Chronic Disease Prevention; Quality and Accountability | Health Quality Ontario – Expert Panel on provincial Caesarean rates* Having a voice on this panel will aid in advocating for an in depth exploration in to the realities of caesarean rates provincially as well as determining the ‘why’ and how to facilitate improvements as feasible.
 | A current assessment of caesarean rates in Ontario and achievable steps in assuring quality health care and accountability  | Advocacy  | April 2013 – March 31, 2014 |
|  | Chronic Disease Prevention;Health equity/Social Determinants of Health;Access, quality and accountability (dependant on documents released) | Review and provide comment to pivotal documents. Ensure reproductive health messages/strategies are reflected when appropriate. |  | AdvocacyKE/KT | ongoing |