

# SHIFT

**Enhancing the Health of Ontarians:  
A Call to Action for Preconception  
Health Promotion & Care**

**EXECUTIVE SUMMARY**



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# //ONTARIO Public Health Association//

The Ontario Public Health Association (OPHA) is a member-based, not-for-profit association that has established a strong record of success as the voice of Public Health in Ontario. The Association 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. OPHA has nine active workgroups that focus on particular public health issues. The Reproductive Health Workgroup is one whose membership is interested in promoting reproductive health within Ontario, including promotion and support of preconception health. The workgroup's vision includes having systems and policies in place to achieve optimal reproductive health for all, with a mission to advocate for policies and supportive environments that improve reproductive health outcomes.

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# //List of Acronyms//

alPha – Association of Local Public Health Agencies  
APHEO – Association of Public Health Epidemiologists In Ontario  
BMI – Body Mass Index  
BORN – Better Outcomes Registry and Network  
BSRC – Best Start Resource Centre  
CDC – Centers for Disease Control and Prevention  
CIHI – Canadian Institute for Health Information  
CPNP – Canada Prenatal Nutrition Program  
EMR – Electronic Medical Record  
FASD – Fetal Alcohol Spectrum Disorder  
HBHC – Healthy Babies Healthy Children  
HCP – Health Care Provider  
IOM – Institute of Medicine and the National Research Council  
IUGR – Intrauterine Growth Restriction  
LGBTQ - Lesbian, Gay, Bisexual, Transgender, and Queer  
NTD – Neural Tube Defect  
OAR – Ontario Antenatal Record  
OPHA – Ontario Public Health Association  
OPHS – Ontario Public Health Standards  
PCC – Preventive Care Checklist Form ©  
PCH – Preconception Health  
PHAC – Public Health Agency of Canada  
PHO – Public Health Ontario  
RHO – Rainbow Health Ontario  
RLP – Reproductive Life Plan  
SOGC – Society of Obstetricians and Gynaecologists of Canada

# 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 actions that individuals can take to reduce risks, promote healthy lifestyles, and increase readiness for pregnancy, whether or not they plan to have children one day. A comprehensive approach includes actions on an individual, community and population level to promote preconception health.

# EXECUTIVE SUMMARY



Despite universal access to high quality prenatal care and advances in medicine, adverse perinatal outcomes persist in Ontario. Although strong public health programs that use a life-course perspective exist, “they do not guarantee that women enter pregnancy in good health” [1]. There is growing evidence that preconception health (PCH) can improve maternal and child health outcomes, both in the short- and long-term [1,2]. In light of this, the Ontario Public Health Association (OPHA) Reproductive Health Workgroup has developed this position paper to advocate for coordinated and comprehensive action in the area of PCH in Ontario. Our aim is to shift public and political awareness and understanding of reproductive health to include PCH. This document will review the evidence that supports the need to shift attention to PCH, while examining promising current strategies, exploring existing gaps and challenges in the area, and lastly, outlining a set of concrete action steps to move a PCH agenda in Ontario forward.

PCH 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 actions that individuals can take to reduce risks, promote healthy lifestyles, and increase readiness for pregnancy, whether or not they plan to have children one day. Experts agree that in order to improve birth outcomes, which have reached a plateau in recent years, it is imperative to intervene before pregnancy [3]. Many of the maternal and paternal risk factors for poor birth outcomes, such as lifestyle behaviours, are modifiable in the preconception period [4,5,6]. In fact, research has shown that PCH has positive impacts on many reproductive health outcomes and is cost effective for specific interventions, such as folic acid supplementation and diabetes care [7,8]. While it is not an exhaustive list, PCH can:

- prevent preterm births;
- improve birth weight;
- prevent congenital anomalies, including neural tube defects;
- reduce infant mortality;
- reduce maternal mortality [1].

Although some progress has been made in the area of PCH in recent years, a comprehensive approach and a standardized framework with specific guidelines are absent both provincially and federally. In Ontario, although PCH promotion is mandated under the Ontario Public Health Standards [9], there is no standardized program for public health units to follow, leaving each health unit responsible for prioritizing resources and developing and delivering programming based on their own local need. In clinical care settings, standards are fragmented and guidance and supports to integrate PCH care into practice are often lacking leading to inconsistent and incomplete care across jurisdictions and institutions [10]. Given that nearly 50% of pregnancies are unplanned [11], every health care provider (HCP) contact with individuals of reproductive age provides a key opportunity to

explore and discuss PCH topics such as healthy eating, physical activity, immunization status, reproductive life planning, substance use, chronic medical conditions, and exposure to environmental toxins [12]. Addressing these issues at the first prenatal appointment, as is often the case, is too late.

While the importance of PCH is clear, the most effective strategy for delivering services is currently unknown. Current evidence supports strategies such as public awareness campaigns, reproductive life plans, PCH care integration, and HCP outreach; however, more research is needed to determine effectiveness. Given the limited research on PCH strategies, examining effective approaches from other reproductive and public health programming is warranted. Furthermore, it is important to explore innovative ways to develop and deliver programming that moves beyond traditional individual level interventions, such as behavior change, to programming that focuses on broader community and system level interventions, such as socio-environmental changes, realignment of services and healthy public policies.

There are several major gaps and challenges which hamper effective implementation of a PCH agenda in Ontario, including lack of consistent and ongoing data monitoring, limited research and evaluation, lack of public and political awareness, limited diversity of target audiences (e.g., men, adolescents, LGBTQ, HCPs), and limited resources. Addressing the gaps and challenges will be essential for shifting the focus to encompass PCH in Ontario.

In ensuring optimal health for Ontarians, it is also essential to broaden the window of reproductive health practices to include PCH. To ensure a comprehensive approach to mobilizing this shift the following key actions must be activated:

- **Interdisciplinary collaboration** is needed to mobilize and support PCH in Ontario. Convening an intersectoral, interdisciplinary provincial PCH committee to lead the coordination of efforts and innovation across Ontario is recommended.
- **Integration** of PCH at multiple levels and in diverse settings is needed. This includes integrating interventions and key messages into public health and primary health care with all individuals of reproductive age (including men, and regardless of gender identity, gender expression or sexual orientation), developing standardized training and education for practicing HCPs as well as students in health related programs, and utilizing a variety of health promotion strategies to support individuals and communities to achieve optimal PCH.
- **Innovation** is needed to deliver PCH programming that moves beyond traditional modes of delivery and harnesses the power and reach of social media. Investment needs to be made in e-strategies and other innovative methods to work with partners and engage the public.
- **Inquiry** is needed through targeted, timely, and systematic data gathering, monitoring, research and evaluation. There are significant gaps in data and a lack of research in the area of PCH, especially from a Canadian perspective and in acknowledgement of Canadian realities. Facilitating the development of a comprehensive core indicator system and establishing a provincial repository where information on PCH programming and best practices can be stored and examined will aid service providers and practitioners in implementing effective programming on local and provincial levels.

In addressing these key action areas, it will be critical to apply a health equity lens and address the social determinants of health to complement the individual level focus of current PCH programming and ensure universality and accessibility of PCH.