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Charitable Registration  
Number 11924 8771 RR0001

November 10<sup>th</sup>, 2006

Ms. Jane Pepino  
Chair  
Ontario Women's Health Council  
101 Bloor Street West, 5<sup>th</sup> Floor  
Toronto, ON M5S 2Z7

Dear Ms. Pepino:

The Ontario Public Health Association (OPHA) represents the interests of more than 3,000 community and Public Health practitioners across Ontario. The mission of OPHA is to provide leadership on issues affecting the public's health, and to strengthen the impact of people who are active in public and community health throughout Ontario. Our Association has two very active workgroups that focus on women and children, the Child and Youth Health and the Breastfeeding Workgroups. We welcome the opportunity to provide feedback on the Ontario Maternity Care Expert Panel's report *Maternity Care in 2006: Emerging Crisis, Emerging Solutions*.

Our association is pleased to see that your report focuses on a vision of women- and family-centered care across the continuum from prenatal to postpartum and newborn care. Also we are particularly pleased that your report recognizes that some women and families experience compromised access to maternity care due to systemic marginalization (p. 37).

However, this report completely misses the important role that the Public Health system in Ontario plays in the promotion of health for women in their childbearing years. Our Association would like to point out that the Mandatory Health Program and Services Guidelines (December 1997) require Public Health Units to provide services in family health including sexual health, reproductive health and child health. In addition, Public Health delivers the Healthy Babies and Healthy Children Program, which began in 1999. A key component of these services is the community-based work which ensures that women of all socio-economic groups have access to prenatal and post-natal care. Among the strategies used by Public Health is the promotion and support of breastfeeding through direct and referral services and through initiatives like the Baby-Friendly Hospitals and Baby-Friendly Community Health Services. Public Health programs also focus on the prevention of low birth weight and Fetal Alcohol Spectrum Disorder.

While we agree that high quality care provided during the initial 24-72 hours of hospitalization is vital, we also know that the majority of maternal and infant care is provided in the community, much of it by the 36 Public Health Units throughout the province.

We would like to direct your attention to some current challenges facing Public Health programs, especially as they affect maternal and child health. Efforts are required to ensure that the current review of Mandatory Health Programs and Services Guidelines embed effective standards in Reproductive Health in that legislation. As well, funding for family health programs in Public Health is inadequate to meet current need. In addition, the federal Early Childhood Development program which addressed issues such as post-partum depression and parenting skills will come to an end in December 2006. Evidence clearly shows the importance of these services for health outcomes. Sufficient funding for governmental and other programs that show cost-effective and positive health outcomes is essential.

Our Association welcomes the opportunity to work with you to support and enhance the maternity care system for the people of Ontario.

Sincerely,

Dr. Garry Aslanyan  
President