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Health Promotion Ontario

Ontario Association of Public
Health Dentistry

*Charitable Registration
Number 11924 8771 RR0001*

October 24, 2013

Re: Feedback for Public Consultation on *Caesarean Section Rate Review: An Evidence-Based Analysis*

Dear Sir/Madam:

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. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange and transfer. We are unique in that our membership represents many disciplines from across multiple sectors. As such, we have an interest in many public health issues including reproductive health. We have a number of subject matter expert workgroups that help drive issues for OPHA, including a Reproductive Health (RH) Workgroup.

This RH workgroup's membership is comprised of over thirty health professionals with a specific interest in promoting reproductive health within Ontario, including promoting, supporting and protecting normal birth. Our members, although representative of a wide variety of disciplines, primarily come from the Public Health sector across the province. Our vision is to see 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.

We are writing to provide feedback on your recently released draft report on caesarean section rates in Ontario, entitled "Caesarean section rate review: An evidence-based analysis (draft)". We are very pleased to have an opportunity to provide input as part of the public consultation on this report. We applaud Health Quality Ontario (HQO) on the draft report; it is comprehensive and well-researched and highlights clear areas for action in Ontario. However, we encourage the Ontario Health Technology Advisory Committee (OHTAC) to consider strengthening the recommendations through the addition of the following two recommendations:

1. *HQO in collaboration with key partners develop and standardize a provincial intermittent fetal auscultation policy for low risk women in labour.*

Based on the research included in the report, we believe that, in addition to the development of a provincial induction policy, developing an intermittent fetal auscultation policy for low risk women in labour will significantly reduce the caesarean birth rate in Ontario. In fact, Degani and Sikich, the report authors, concluded that such a policy would lead to a decrease of 17% (Degani & Sikich, p. 23). Furthermore, the report cites the National Institute for Health and Clinical Excellence (NICE) systematic review on factors affecting the likelihood of caesarean delivery during intrapartum care which also stated that “electronic fetal monitoring was reported to increase the likelihood of having a caesarean section delivery.” (Degani & Sikich, p. 34). For these reasons, we strongly recommend the inclusion of the recommendation outlined above.

2. *HQO recommend that the Provincial Council for Maternal & Child Health (PCMCH), Maternal-Newborn Advisory Committee (M-NAC) develop a comprehensive best practice for birth strategy including the development of an evidence-informed best practice guideline for birth and an implementation strategy for low risk hospital births across Ontario. (This best practice strategy could include a standardized provincial elective induction and intermittent fetal auscultation policy for low risk women.)*

The second recommendation comes from advocacy work that OPHA has been involved in over the last year. We have been advocating that M-NAC develop and implement a best practice for birth across Ontario. PCMCH M-NAC has already successfully developed and implemented their Mother Baby Dyad Care Clinical Practice Guideline across the province. However, a provincial comprehensive evidence-informed strategy for birth practice across Ontario hospitals is needed to ensure accountability that clients in Ontario receive the best care with the lowest risk for mothers and babies. This strategy will not only improve outcomes but will ultimately decrease health care costs through reducing provincial Caesarean Section rates across the province.

In closing, we would like to take this opportunity to thank HQO for including two of our workgroup members, Virginia Collins and Lisa Keenan-Lindsay, on the Expert Advisory Panel for this report. Their involvement is just one example of how OPHA members are working to support advancements in reproductive health in Ontario. We wish you the best of luck in completing the report and thank you for considering our feedback.

Sincerely,



Sue Makin
President, Ontario Public Health Association