Inclusion of Reproductive Health in the Ontario Public Health Standards

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May 17, 2023

Overview

Reproductive health is an important public health issue, with critical implications for gender equity and rights, and the health of the next generation. Reproductive health was prioritized in the 2014 Ontario Public Health Standards.[1] This version of the Standards supported creation of equitable and accessible reproductive health programs and services across Ontario, including preconception health promotion and prenatal education. However, the current Ontario Public Health Standards, updated in 2018[2] and 2021,[3] do not explicitly articulate the essential components of reproductive health programs. This has created the conditions for program and service erosion, and for inconsistent and inequitable access across jurisdictions. This document outlines the key concerns and related impacts related to reproductive health in the Ontario Public Health Standards and provides recommendations to strengthen reproductive health promotion in Ontario to ensure equitable access to public health programs and services.

Background: Reproductive Health in the Ontario Public Health Standards

The Ontario Public Health Standards outline the "minimum expectations" for public health programs and services across Ontario. They define key public health activities in the Province and serve an important role related to accountability, transparency, and consistency in program delivery. The current iteration of the Standards outlines activities in the areas of chronic disease prevention and well-being, food safety, healthy environments, healthy growth and development, immunization, infectious and communicable disease prevention and control, safe water, school health, and substance use/injury prevention.[3]

While reproductive health was historically an integral part of the Ontario Public Health Standards,[1] language specific to reproductive health was significantly reduced in the 2018 version.[2] Currently, in the 2021 version, discussion of reproductive health is limited to the Healthy Growth and Development standard (pages 37-39).[3] The stated goal of this standard is to "achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health". Although the standard briefly acknowledges the roles of preconception and pregnancy-related health in its goals, the public health interventions and programs required to achieve this standard are not comprehensively articulated. Examples of gaps in the standards and their impacts are as follows:

- On Page 37, the Standards state that "the board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to healthy growth and development".[3] However, there is no articulation of the reproductive health indicators that should be collected. This leads to crucial data inconsistencies and gaps, which in turn lead to lack of funding to support vital reproductive health services. Without emphasis and clear direction to include reproductive health indicators, some public health units have yet to restore reproductive health programming and analysis of surveillance data, which severely limits the trajectory of healthy growth and development that starts with preconception health.
- Also on Page 37, one of the program outcomes identifies that "youth have knowledge of contraception, healthy sexuality, healthy fertility, and healthy pregnancies". This description discounts the role of preconception health (i.e., the health of all individuals of reproductive age regardless of their pregnancy

intentions) in contributing to healthy pregnancies and the impacts that can have lifelong health benefits for the individual.[4]

- On Page 38, program topics related to breastfeeding, healthy pregnancies, mental health promotion, preconception health, pregnancy counseling, and preparation for parenting are to be considered "based on an assessment of local needs".[3] The lack of requirement of a specific set of core reproductive health services leaves programming on these topics up to the discretion of local public health units. As a result, reproductive health services are often not prioritized. In the context of limited resources, these services are vulnerable to reductions and elimination.
- Similarly, while "healthy pregnancies" are briefly mentioned for consideration on Page 38, preparation for labour and birth, through prenatal education, is not identified. Rates of caesarean section and other labour interventions have increased, without subsequent improvements to parental and newborn outcomes.[5,6] High rates of these interventions also leads to resource burden in hospitals.[7] These issues show the importance of public health programs to support informed decision-making as a means of challenging the overuse of interventions.[8,9] Inclusion of these aspects of reproductive health in public health services requires articulation in the Standards.

Moreover, concepts fundamental to reproductive health are missing from other areas of the document. The lack of identification of reproductive health in the broader text of the Standards means that reproductive health is not woven into routine public health activities. For example:

- Figure 1 on Page 3 asks "What is Public Health?" The figure depicts "prenatal, infants, children, youth, adults and older adults" as important life stages of interest to public health. However, "preconception" as an important stage in the life course is omitted. This ignores the increasing evidence that preconception health is an important determinant of reproductive outcomes such as fertility, and pregnancy and infant outcomes,[4] and is a missed opportunity for preconception interventions to optimize health outcomes upstream, and reduce health inequities across the life course.[10]

Impact on Reproductive Health in Ontario

The lack of guidance on public health programming related to reproductive health is a critical omission in the Standards. Reproductive health is a key aspect of population health, determining the health and well-being of birthing people and the next generation. Despite universal access to health care, adverse reproductive health outcomes persist in Ontario. For example:

- 10-30% of reproductive-aged people have a chronic disease like diabetes or hypertension.[11]
- 36% of individuals use folic acid prior to pregnancy, and 34% prior to and during pregnancy.[12]
- Nearly 30% of pregnancies are unplanned.[13]
- 16% of individuals experience anxiety in pregnancy, and 10% experience depression.[14]
- 3% of individuals use alcohol or drugs in pregnancy,[15] and 6% smoke.[16]
- 17% of low-risk births are by caesarean section,[17] and only 35% of eligible pregnant individuals attempt vaginal birth after caesarean section.[18]
- 8% of births are preterm,[19] and 10% are small for gestational age.[20]
- 8 per 1,000 births were stillborn, and 4 per 1,000 newborns die in the first month of life.[5]

These outcomes are related to areas of information provided by universal preconception health and prenatal education programs delivered to individuals and their partners by public health. However, these programs

were largely discontinued following the removal of reproductive health language from the most recent Standards. Some other impacts since the introduction of these Standards are listed below.

- There is significant variation in the reproductive health services and programs offered throughout the Province. For example, a pregnant individual or breastfeeding parent receiving support in one region may not be able to access a similar support if they move to another region. Consistency in service delivery across Ontario is critical for equitable public health programming.
- Typical public health work in this area is now limited to online, asynchronous prenatal education programs, which lack engagement with participants and are inadequate for supporting birthing people and their partners. This is important because preconception and prenatal education programs support individuals to be healthy and prepared for pregnancy and parenthood, and make informed choices.
- Major sources of reproductive health information, such as Best Start Resource Centre, have lost their funding which is a critical loss for public health practitioners who rely on these resources to provide consistent, evidenced-based information across Ontario. Access to funding for a mix of targeted and universal perinatal services and supports is an important determinant of parental and infant health.

Recommendations to Strengthen Reproductive Health Promotion

The COVID-19 pandemic has exacerbated existing inequities in reproductive health, with an observed increase in the numbers of unintended pregnancies;[21] rising rates of anxiety, depression, and substance use in pregnancy;[22] restricted access to in-person prenatal education and breastfeeding supports;[23] limited access, at various times, to supports during labour and birth;[24] and misinformation regarding COVID-19 vaccination in pregnancy.[25] As such, **now is an opportune time for a renewed focus on development and delivery of public health programs related to reproductive health**. For such programs to be delivered equitably across Ontario, there is a need for a clear directive in the Ontario Public Health Standards to guide resources and efforts, including funding and staff allocation. **We recommend that**:

- The Healthy Growth and Development Standards include a core set of reproductive health indicators to be routinely collected and analyzed;
- The language related to programs for infant feeding, healthy pregnancy, mental health, preconception health, prenatal education, and parenting preparation be changed from "based on assessment of local needs" to "required"; and
- Other important aspects of reproductive health, such as preconception health and preparation for labour and birth, be given greater attention throughout the Standards.

Many of these details were included in the 2014 version of the Ontario Public Health Standards. The Ontario Public Health Standards state that "What unifies public health action is its focus on prevention, upstream interventions and societal factors that influence health". Reproductive health promotion is recognized globally as an upstream prevention strategy to reduce the burden of chronic disease. Without robust description and support of reproductive health strategies in the current version of the Ontario Public Health Standards, current reproductive health strategies are at risk of being lost, or have been lost already.

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