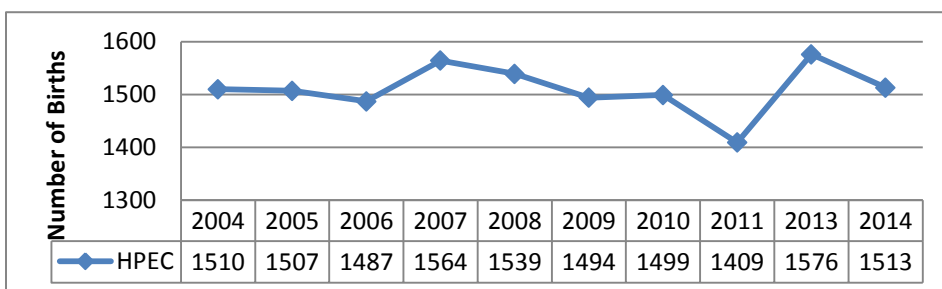


Introduction

This report summarizes some key indicators for Reproductive Health in Hastings and Prince Edward counties (HPEC), as well as participation in prenatal education. Surveillance data is used to monitor trends over time, identify emerging trends and improve programs and services.

Births

Live births in Hastings and Prince Edward Counties*



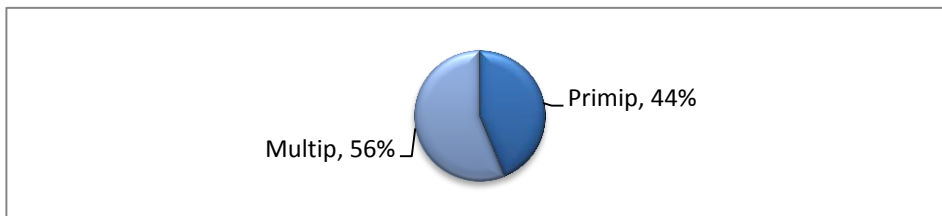
Key Message

The number of live births decreased from 2013 to 2014. The number of live births has remained stable since 2004.

Action

Continue to support families to achieve optimal preconception health, have a healthy pregnancy, have the healthiest newborn possible and be prepared for parenting.

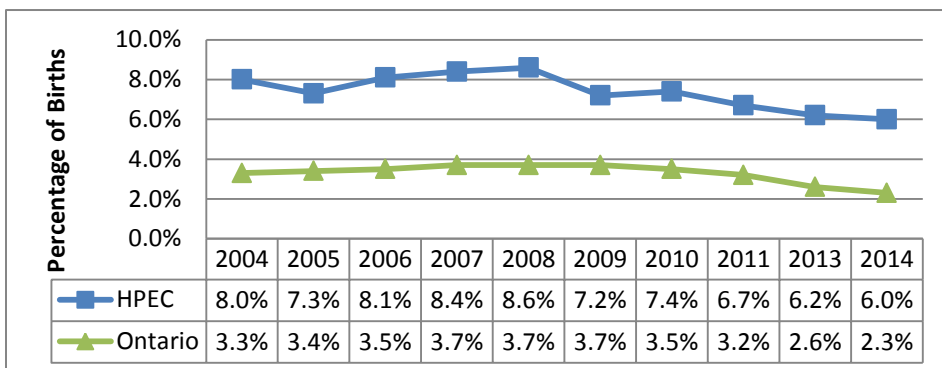
Proportion of Births to First Time Mothers *



First time mothers accounted for 44% (n=653) of the women giving birth in HPEC in 2014.

Partner with health care providers to encourage first-time parents to register for prenatal education early in their pregnancy.

Proportion of Births to Mothers aged <20*

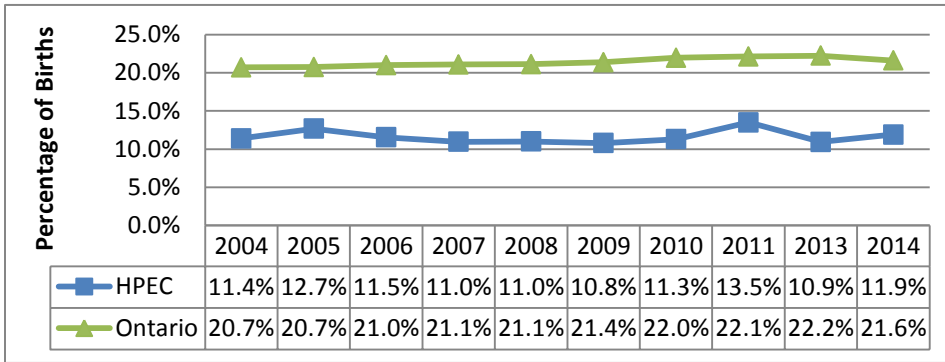


The proportion of births to mothers who are younger than 20 years of age in HPEC has been decreasing since 2010, though proportions in HPEC remain higher than those in Ontario.

Continue to connect teens and young mothers with programs and services, and help to reduce barriers to access.

Continue to educate and support youth around sexual health issues, including prevention of pregnancy and sexually transmitted infections (STIs).

Proportion of Births to Mothers aged ≥35*



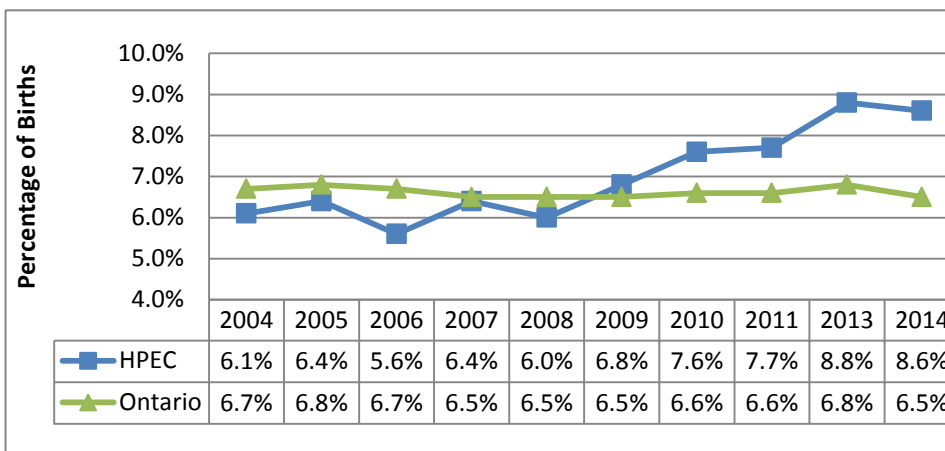
Key Message

Births to mothers age 35 and older in HPEC remain stable, and well below provincial proportions.

Action

Promote public health programs and services to all prenatal families to help them prepare for parenthood.

Rates of low birth weight (<2500 grams)*



Rates of low birth weight remain above provincial rates.

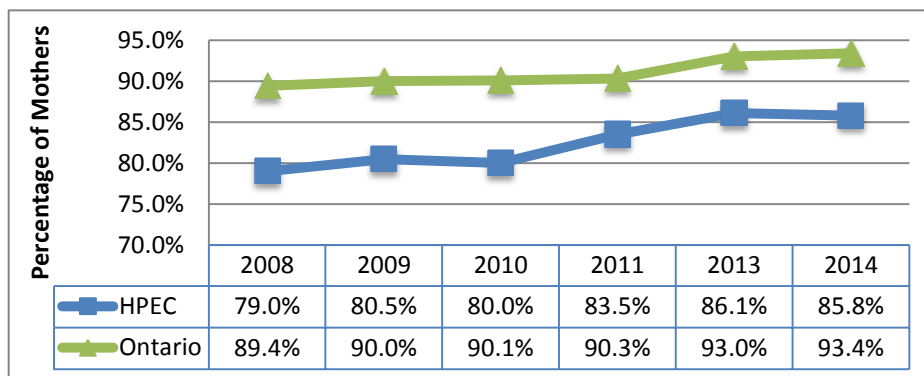
Rates of low birth weight increased between 2008 and 2013, and remained stable between 2013 and 2014.

Continue to connect mothers who may need extra support, with programs such as familySTRONG, the Canada Prenatal Nutrition Program, and the Healthy Babies Healthy Children program.

Continue distributing healthy pregnancy resources to health care providers to be provided to prenatal clients early in their pregnancy.

Intention to Breastfeed

Intention to Breastfeed*



Key Message

Most mothers in HPEC intend to breastfeed their infants.

Action

Continue to educate prenatal mothers and families** about the importance and process of breastfeeding.

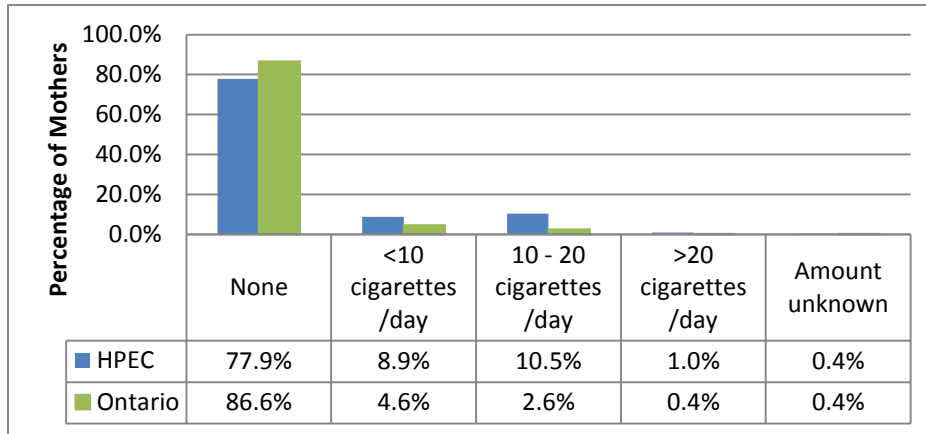
Continue to support Baby-Friendly Initiative activities to develop a seamless transition from hospital to community breastfeeding services.

*As of October 28, 2015 missing data was excluded from the denominator totals used to calculate rates of intention to breastfeed. Amounts of missing data range from 1.1% to 4.3% for HPEC and 4.4% to 9.5% for Ontario between the years 2008 and 2014.

** Through in-person and online prenatal education.

Smoking at Birth

Maternal Smoking at Time of Birth, 2014*



*While slightly more mothers in HPEC are smoking between 10 and 20 cigarettes per day (2013: 9.5%), slightly fewer are smoking less than 10 (2013: 9.8%) and more than 20 cigarettes per day (2013: 1.8%). More amounts of missing data in both Ontario and HPEC may account for the changes (2013: 0.6% HPEC, 2.0% Ontario; 2014: 1.3% HPEC, 5.5% Ontario).

Key Message

Rates of smoking at time of birth are relatively unchanged from 2013 to 2014.

More mothers in HPEC smoke at the time of their infant's birth compared with Ontario.

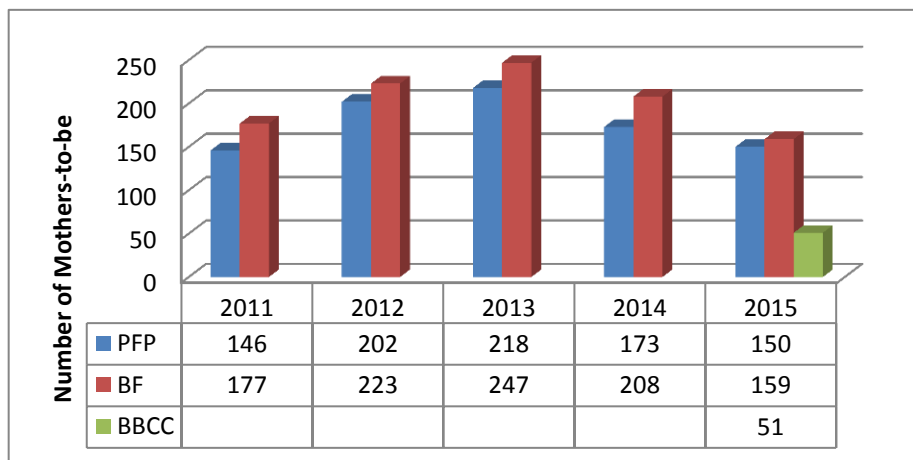
Action

Continue to inform and refer prenatal mothers and their families to the *We Can Quit* prenatal/postnatal program.

Continue providing messages about the importance of being a smoke free family during prenatal education.

Prenatal Education Participation Rates

Prenatal Session Attendance**



PFP – Preparation for Parenting
 BF – Breastfeeding
 BBCC – Birth Basics – Confidence and Comfort

Key Message

Attendance at prenatal education sessions decreased in 2015.

Changes in attendance may reflect changes to program delivery that occurred in 2015.

The "Birth Basics – Confidence and Comfort" sessions were launched in September 2015.

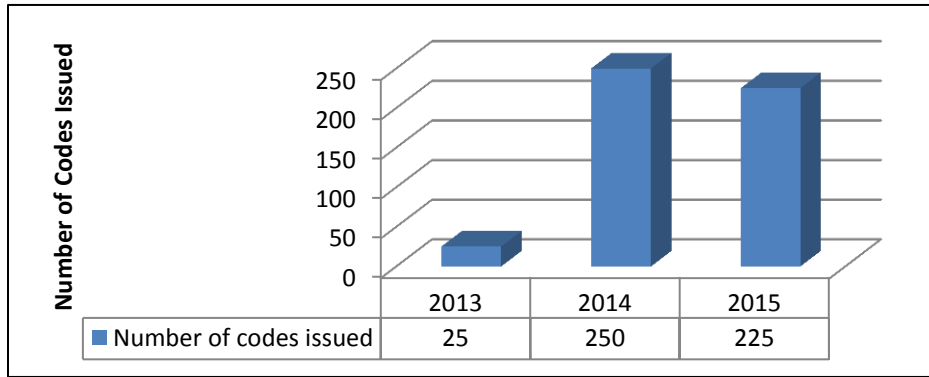
Action

Continue providing in-person prenatal education sessions in 2016.

Distribute promotional materials to community partners.

Follow up with clients in 2016 to determine why some clients registered for sessions but did not attend them.

The Gift of Motherhood Codes Issued**



Gift of Motherhood e-learning program was launched in December 2013.

Key Message

More clients registered for the e-learning prenatal education program than in-person sessions.

E-learning prenatal education provides similar changes in knowledge when compared with in-person prenatal education.

Action

Continue providing the Gift of Motherhood program in 2016.

Complete follow up in 2016 to ensure clients are activating their codes.

Data Sources: *BORN Ontario Data **HPECHU Database

Data for the year of 2012 was not available due to a change to the data collection process at BORN Ontario.

Data for 2013 and 2014 indicators: proportion of births to mothers aged ≥ 35 , rate of low birth weight, and intention to breastfeed contains both live and still births, while data from 2004 – 2011 reflects live births only. However, due to the small number of still births, the data is comparable.

2004 – 2011 data obtained through data request. Data received September 12, 2013.

2013 data, report version v1.3; 1-May-2014. Data pulled on February 11, 2015.

2014 data, report version v 1.3.2; 22-July-2015. Data pulled on October 28, 2015.

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