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Summary Report

Reproductive Health in Halton

The Reproductive Health in Halton report provides a snapshot of the health and wellbeing of mothers and infants in Halton Region. The purpose of the report is to provide data on trends, emerging issues and priority populations to inform public health programs, services and policies that help all women have safe and healthy pregnancies and births.

A number of different reproductive health data sources were used for this report, including: Vital Statistics, Hospital Discharges and the Better Outcomes Registry and Network (BORN). For more information on data sources and methodology, please refer to the full length <u>Reproductive Health in Halton</u> report.

Fertility & pregnancy

M Halton

Pregnancy and fertility rates can provide insight into Halton's changing demographics. **Fertility rates** measure the number of infants born per woman of reproductive age (15-49) in the population, while **pregnancy rates** measure the number of pregnancies per woman of reproductive age in the population, which includes births and therapeutic abortions. It is also important to examine pregnancy and fertility rates, as certain age groups such as older mothers and teens have a higher risk of health issues for both a mother and her baby.



Pregnancy & fertility rates are decreasing

Since approximately 2008, pregnancy and fertility rates have decreased in both Halton and Ontario.



Pregnancy & fertility rates are high in Milton

In Milton, pregnancy and fertility rates were twice as high as Burlington, Oakville and Halton Hills.*



Teen pregnancy rates are decreasing

Teen pregnancy rates in Halton are also on the decline. In 2014, Halton's teen pregnancy rate was less than half the provincial rate.



Halton mothers are giving birth at older ages

Halton had higher fertility and pregnancy rates for females aged 35-49 compared to Ontario.* Approximately

in You Tube

5,600

babies are born in Halton each year

Healthy pregnancies

This section highlights some of the key findings on the characteristics and behaviours of pregnant women in Halton from 2013-2015.





32%

of women who gave birth in Halton had a body mass index that was overweight or obese prior to their pregnancy (≥25 kg/m²) and **46%** gained more weight than recommended by Health Canada during their pregnancy.

In 2015, nearly

1 in 3

women who gave birth in Halton were over the age of 35.



3.5%

of Halton mothers reported smoking at the time of their newborn's birth.

Compared to Ontario,

Halton mothers were less likely to smoke, misuse drugs or experience a mental health concern during pregnancy. Halton mothers were also more likely to attend prenatal classes, take folic acid supplements or have a healthy pre-pregnancy body mass index.



Healthy infants

This section highlights some of the key findings on the birth and health outcomes of infants in Halton.

Fewer babies are being born in Halton. Infant mortality and stillbirth rates remain low



- Halton experienced an increase in the number of infants born between 2003 and 2009, after which point the number of infants born began to decrease.
- Stillbirth rates from 2004 to 2014 were relatively steady in Ontario and somewhat variable in Halton due to small numbers. Stillbirth rates in Halton have consistently been lower than Ontario.
- Between 2001 and 2010, infant mortality rates in Halton were consistently lower than Ontario. Most infant deaths in Halton (84%) occurred during the neonatal period (27 days or younger).

On average, Halton mothers are more likely than Ontario mothers to have multiple births



- For 2011-2015 combined, the multiple birth rate in Halton was higher than Ontario.
- Older mothers in Halton and Ontario were more likely to have multiples.
- During this time period, 37.5% of multiple pregnancies involved assisted reproductive technology (ART), while only 4.2% of all pregnancies involved ART.
- Multiple deliveries occurring in hospital involved ART.

Most Halton infants have a healthy birth weight



While the majority (93%) of Halton infants born between 2013 and 2015 had a healthy birth weight (2500-4499g), on average each year over 300 babies were born with a low birth weight (<2500g) and over 90 babies were born with a high birth weight (≥4500g).

Halton infants have fewer congenital anomalies and infections compared to Ontario



- On average, from 2013-2015, there were about 50 infants born per year in Halton with one or more confirmed congenital anomalies or congenital infections.
- For 2013-2015 combined, the rate of congenital anomalies and infections was lower in Halton compared to Ontario.

Data notes

Definitions

Therapeutic abortion refers to the deliberate termination of a pregnancy, performed at hospitals, clinics and private physician's offices.

Body mass index (BMI) is a simple, surrogate measure of body fatness. BMI measures a person's excess body weight using a weight-to-height ratio (BMI = weight (kg) / height² (m)).

Folic acid is a naturally occurring B vitamin important for the healthy growth of an unborn baby. <u>Health Canada</u> recommends that women who could become pregnant take 0.4mg of folic acid every day and maintain a healthy diet.

Mental health concern included anxiety, depression, history of postpartum depression, addiction, bipolar, schizophrenia, or other mental health concerns.

Drug exposures referred to in this report include cocaine, gas/glue, hallucinogens, marijuana, methadone, narcotics, opioids and other drugs.

Stillbirths occur when a baby is born without any signs of life, after 20 weeks of pregnancy. Stillbirth rates refer to the total number of stillbirths per 1,000 total births over a given period of time.

Infant mortality rate refers to the total number of deaths for live born infants (364 days old or younger) per 1,000 live births over a given period of time.

Multiple birth rate refers to the number of deliveries involving multiple births, per 100 deliveries during a given period of time. Multiple births can include twins, triplets, quadruplets or higher order multiples.

Statistical significance

In this summary report, all trends over time and all comparisons between Halton and Ontario or other groups that are described are statistically significant. For more information on statistical significance, see the <u>halton.ca</u>.

Data sources

Reference	Indicators
Ontario Mortality Database and Live Birth Database [2000-2011], Ontario Ministry of Health and Long-Term Care: IntelliHEALTH Ontario, extracted October 24, 2016.	Infant mortality rate
Inpatient Discharges [2003-2015], Ontario Ministry of Health and Long-Term Care: IntelliHEALTH Ontario, extracted October 24, 2016.	Fertility rate, pregnancy rate, maternal age, live birth rate, stillbirth rate, multiple birth rate, large for gestational age rate, small for gestational age rate
BORN Information System [2013-2015], extracted October 26, 2016 and January 5, 2017.	Folic acid supplementation, pre-pregnancy BMI, maternal mental health, smoking, alcohol and drug exposure, prenatal class attendance, congenital anomaly and infection rates.
Hospital and Medical Services Data [2003-2014], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, extracted October 24, 2016.	Pregnancy rate (therapeutic abortions)
Population Estimates [2003-2015], Ontario Ministry of Health and Long-Term Care: IntelliHEALTH Ontario, extracted August 26, 2016.	Fertility, pregnancy, and live birth rates (denominator)

For more information on data sources and methodology, please refer to the full length Reproductive Health in Halton report. For more reports on health in Halton, visit <u>halton.ca</u>.

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