Acknowledgements

Author

Deanna White, MA, PhD (Candidate) Epidemiologist Haldimand-Norfolk Health Unit 519- 426-6170 Ext. 3215 deanna.white@hnhu.org

I would like to thank the following participants for their contributions to the Preconception and Prenatal Health Needs Assessment in a Rural Community, Haldimand and Norfolk: Summary Report.

Reviewers

Malcolm Lock, MD • Medical Officer of Health Haldimand-Norfolk Health Unit

Karen Boughner, RN, BScN • Manager, Public Health Haldimand-Norfolk Health Unit

Patti Moore, RN, BScN, MPA • General Manager, Health & Social Services Department, Norfolk County

Contributors

Melanie Laundry, RN, BscN • Program Coordinator, Family Health, Haldimand-Norfolk Health Unit

RoseAnne Maracle, RN, BscN • Program Coordinator, Healthy Babies Healthy Children Haldimand-Norfolk Health Unit

Jackie Esbaugh, MA • Program Evaluator and Data Analyst, Haldimand-Norfolk Health Unit

Judith A. Hayman, BSc, BScN, RN, IBCLC • Family Health Team, Haldimand-Norfolk Health Unit

Joan Baker, RN, BScN • Family Health Team, Haldimand-Norfolk Health Unit

Alayna Valters RN, BScN, ICCE • Family Health Team, Haldimand-Norfolk Health Unit

Angela Swick, RN, BScN • Family Health Team, Haldimand-Norfolk Health Unit

Lynne Larway, RN, BscN • Healthy Babies Healthy Children, Haldimand-Norfolk Health Unit

Designed By

Communication Services Team • Haldimand-Norfolk Health Unit

Abstract

The purpose of the study was to determine reproductive health needs among females before and during pregnancy in Haldimand and Norfolk, Using a mail-out survey, a consecutive sampling method was employed to obtain information about access and utilization of reproductive health services, supports and information; satisfaction of reproductive health services and supports; barriers to obtain reproductive health services and supports; and unmet reproductive health needs among females before and during pregnancy in Haldimand and Norfolk. Overall, 109 surveys were completed. Population health weights were used to better represent the population of interest. The findings suggest that females had access to and utilized reproductive health services, supports and information before and during their pregnancy. However, half of females travelled outside of Haldimand and Norfolk to obtain those services, namely Hamilton and Brantford. Generally, females were satisfied with the reproductive health services and supports they had received. The study also demonstrated that there was a lack of awareness of all the reproductive health services and programs in Haldimand and Norfolk and not all females received preconception and prenatal health information. Some females identified unmet reproductive health needs. This information can be used by reproductive health program planners.





SECTION ONE: INTRODUCTION, PURPOSE AND METHODOLOGY

1.0 Introduction

In accordance with the Ontario Public Health Standards and inquiry from program planners, this report provides reproductive health information before and during pregnancy. This information will be useful for reproductive health program planners in Haldimand and Norfolk.

1.2 Purpose

The Haldimand-Norfolk Health Unit conducted a reproductive health needs assessment among females in Haldimand and Norfolk. The purpose of the survey was five-fold:

- 1. To obtain information about access to reproductive health services, supports and information among females before and during pregnancy.
- To obtain information about utilization of reproductive health services and supports among females before and during pregnancy.
- To identify the level of satisfaction with reproductive health services and supports among females before and during pregnancy.
- To identify barriers to obtain reproductive health services and supports among females before and during pregnancy.
- To determine unmet reproductive health needs among females before and during pregnancy.

1.3 Methodology

1.3.1 Survey Instrumentation

A decision was made by Deanna Morris, Principal Investigator and program planners to administer a mail-out survey to postnatal females who gave birth in 2007 (see Appendix A). A cover letter accompanied the survey. In order to elicit meaningful empirical evidence, several tools were reviewed, including The Canadian Community Health Survey, Reproductive Needs Assessment for Bruce and Grey Counties (1999), 2002 Albania Reproductive Health Survey Female Questionnaire, Preconception and Prenatal Health Community Needs Assessment Survey for Sudbury and District Health Unit and Rapid Risk Factor Surveillance System (RRFSS). In developing the survey, some questions were adopted from those surveys, but none of the surveys were adopted in their entirety. Most questions were formulated based on inquiry from program planners. The questions can produce purposeful and novel data that could be used for reproductive health program planning.

A pre-test was conducted to determine the validity of the instrument. Face validity and predictive validity, were assessed by a test group to determine whether the survey made sense intuitively, and could predict the outcome of interest. Moms who attended the Well Baby and Breastfeeding Drop-In were asked to complete the survey; and to make a subjective judgement of whether it measured what it was intended to evaluate; whether the wording of the questions were clear; whether the literacy level was suitable; and to determine the time it took to complete the survey. Internal consistency was also assessed by the test group to ensure the concordance between two variables that measured the same characteristic. The Well Baby and Breastfeeding Drop-In is a free, drop-in clinic that provides a supportive environment for postnatal females. Through this pre-test consultation, several revisions were made to the survey. The survey was approved by the Haldimand-Norfolk Health Unit's Ethic Board in August 2006.

1.3.2 Sample

A consecutive sample was used. The survey sample included females who gave birth in 2007 and gave written consent to participate in research activities. Overall, 219 moms agreed to participate and were contacted. This was an unfavourable participation rate since there were 930

live births in 2007. Of the 219 surveys distributed, 109 were returned, yielding a 50% response rate. Population weights were employed to increase cell count size and to reflect the number of live births in 2007. The population weight was 8.53. It is important to note that this adjustment does not exclude females who had multiple births, although the number of females who have multiple births was relatively small. As a token of appreciation and to increase the response rate, a dollar was given to each mom.

1.3.3 Analysis

Frequencies were used due to the descriptive nature of the study. This report serves as information only to program planners and did not warrant sophisticated analysis. For qualitative responses, a thematic approach as well as direct verbatim quotes were used. Population weights were not used for the qualitative data.

1.3.4 Lessons Learned

Although this study was intended to determine reproductive health needs among females before and during pregnancy in Haldimand and Norfolk, it became fundamentally apparent that the sample population did not accurately represent the population of interest. Females of lower socio-economic and lone parent families were under sampled. Moreover, teenage moms did not participate in the study. This major source of non-response bias, negatively affected the validity and reliability of the study results.

However, this sampling bias is not unique to Haldimand and Norfolk. Survey method research clearly shows that certain subgroups are systematically less likely to participate in voluntary surveys (Groves, 2006). This is attributed to many factors including the length and complexity of the survey, the potential respondents' attitude toward the survey sponsor, and the characteristics of the respondent (adults

SECTION ONE: Introduction, Purpose and Methodology

living alone, socio-economic status, racial minority status, presence of children in the household etc.) (Groves, 2006). The major source of non-sampling error in surveys is the effect of non-response (Groves, 2006). Non-response includes either the complete refusal to participate in the survey or the refusal to respond to a set of particular questions (Groves, 2006). To control for non-response bias, devices for increasing response propensities include advance letters, incentives, call back rules and observable interviewer attitudes (Groves, 2006).

For this current survey, these response propensities are rather perplexing since consent to contact the participants was first obtained and a dollar was given to each participant for completing the survey. In retrospect, it would have been more advantageous to offer a more substantial incentive to increase response rates. Perhaps a mixed methodological approach may have altered the response rate. Hence, qualitative methodologies in the form of focus groups and interviews in conjunction with survey methodology and various sampling techniques may

have been more powerful in obtaining a representative sample. In light of this, another attempt to obtain a representative sample is indeed warranted. However, it is important to note, that although this study had apparent limitations, the information in the report does provide information that can assist program planners.

Another limitation was that the survey was not developed using all standardized questions. Rather, some questions were developed based on inquiry from program planners. Although the survey will provide baseline data, it is important to note that the data was not timely, since it was collected in 2007. Time constraints and other unforeseeable factors delayed the production of this report.

Lastly, another limitation was that it was highly likely that not all moms who gave birth were asked to participate in the study. Due to the sensitive nature of the study, some Family Home Visitors and Public Health Nurses reported after the data was collected that they did not feel comfortable asking some moms because it may have been a stressful experience

for the mother. In retrospect, more rigorous follow-up measures with the Public Health Nurses and Family Home Visitors would have been more advantageous.



SECTION TWO: SAMPLE

- 109 moms completed the survey.
- The average age was 33.8 years and ranged from 24 to 47 years.
- A high proportion of respondents lived in Simcoe, Caledonia, and Delhi.
- All respondents spoke English.
- The majority of respondents were married.
- The highest proportion of respondents earned a total family income (before taxes) of \$100,000 or more and completed college or university.
- The majority of respondents were Canadian.



4 Preconception and Prenatal Health Needs Assessment in a Rural Community, Haldimand and Norfolk: Summary Report

SECTION THREE: RESULTS



PRECONCEPTION RESULTS

3.1 Preconception Planning

First Birth

• Slightly less than 50% of respondents reported that it was their first birth.

Planned Pregnancy

• Over 2/3 of females reported that they planned their pregnancy.

Used Contraception

• Over 50% of females who did not plan their pregnancy, did not use contraception (birth control, condoms, and Depro Provera).

Visit Health Care Provider

• Over 2/3 of females visited a health care provider to help plan for a healthy pregnancy and baby (physician, midwife or nurse practitioner).

Type of Health Care Provider Visited

- All females who obtained services from a health care provider visited a physician.
- Less than 10% visited a nurse practitioner.
- No one visited a midwife.

Barriers to Preconception Health Care Services

- The main reason females did not visit a health care professional was that they did not see the need to get information about planning their pregnancy. Over 2/3 of females who reported that they did not see the need to get information had already given birth.
- A small proportion of females reported other barriers not listed as well as childcare problems and difficulty contacting a health care provider to obtain services.

SECTION THREE: Preconception Results

SATISFACTION WITH PRE-PREGNANCY HEALTH CARE PROVIDER SERVICES

- Over 95% of females who visited a physician were satisfied with the services they had received.
- 100% of females who visited a nurse practitioner were satisfied with the services they had received.

OTHER HEALTH CARE SERVICE PROVIDERS

- Less than 1/3 of females reported that they visited an alternative/complementary service provider.
- The majority of females who reported that they visited an alternative/complimentary service provider visited a massage therapist followed by other alternative/ complementary service providers not listed.
- Less than 1/3 of females visited a Chiropractor, Homeopath, Naturopath or a Reflexologist.

"I was completely satisfied."

"Always felt rushed during visits."

"My family Dr. was fine, but I asked for a referral to a pediatrician and I only saw her the first time (at about 5 months) before the birth. Her practising midwife saw me for subsequent appointments."

"Time constraints of Dr at time."

"Physician always seems too busy to address my concerns."

PRECONCEPTION HEALTH INFORMATION

 Over 2/3 of females received preconception health information.

Access to Preconception Health Information

 Of the proportion of females who received prenatal health information, over 2/3 did not have difficulty obtaining prenatal health information.

Types of Preconception Health Information

- Females mainly received information on nutrition followed by physical activity and the negative effects of drinking alcohol.
- Females were least likely to receive information on other topics not listed on the survey and the negative effects of street/illegal drugs.



"My family doctor gave me all the necessary information to plan for a healthy pregnancy. He did the same for all 3 pregnancies."

"Info on what if baby was not going to be healthy what to do? Where are the supports."

"Have previous health problems can affect my pregnancy."

"I was very well informed."

"Prescription Drugs. More info on what can be taken when pregnant...everything says consult doctor... I did not take anything but is this really true."

"Finding information on twins was hard. And what is out there is very negative."

"Information on miscarriage how to recognize it and how you can help to prevent them such as stress levels, eating well etc-Also what to do if you think you are having a miscarriage and what happens etc."



Types of Preconception Health Information Would Have Liked to Receive

- Females who did not receive information on the various topics would have liked to receive information on nutrition, prescription drugs and physical activity.
- Other preconception health information females would like to receive information on were:
 - Miscarriages
 - Ultrasounds
 - Maternal serum screening support
- Health care providers and how to contact them
- Women's cycle

PRE-PREGNANCY SUPPORT, INFORMATION AND/OR SERVICES

Support, Information, and Services

- Females were generally satisfied with the support, information and services they received to help them plan for a healthy pregnancy and baby.
- Some females reported that they would like to receive more information on healthy lifestyle behaviours as well as services that promote healthy living. (i.e. physical activity, nutrition, smoking cessation, prenatal fitness, yoga, massage, and services to help with smoking cessation before or during pregnancy).
- Some females reported that they would like to have somewhere else they could go to talk to a professional other than their physician and have better access to information about midwifery services.

PRE-PREGNANCY FOLIC ACID

Benefits of Taking Folic Acid

• The majority of females were aware of the benefits of taking folic acid and took a vitamin supplement containing folic acid.



"I would have liked to know what each ultrasound was for."

"Signs of what is "normal" and what is not so I'd know if something is wrong like miscarriage etc."

"Information about the maternal serum screening support when test is positive."

"Care provider options; and how to contact them."

"Have been helpful to have info about the misconceptions about a women's cycle (i.e. I usually ovulate on day 22 not day 14, etc.)."

PREGNANCY RESULTS

3.2 SUPPORTS AND SERVICES DURING PREGNANCY

UTILIZATION OF PRENATAL HEALTH CARE SERVICES

Visit Health Care Provider

- All females visited a health care professional during their pregnancy.
- The majority of females visited their family physician.
- Over 60% of females visited an OB/ GYN.
- The lowest proportion of females visited a midwife.

Pre-Term Birth

• Less than 1/3 of females had a preterm birth.

Utilization of Prenatal Health Care Services

• Over 90% of females visited a health

care provider as recommended during their pregnancy (the recommendation is once a month at 0-28 weeks; twice a month at 29-36 weeks; and once a week at 36 or more weeks).

Barriers to Prenatal Health Care Services

- The main barrier for obtaining prenatal health care was difficulty getting an appointment followed by other reasons not listed on the survey.
- Less than 1/3 of females reported other barriers including, getting time off work to access services, not seeing the need to get information, unable to leave the house because of health problems, and childcare problems.

"No problems, healthy pregnancy 29-36 weeks once per month appointment."

"Wasn't aware I needed to see health care provider once per month in early pregnancy."

"Again problems with my doctor. I am currently looking for a more suitable match when I was pregnant, I didn't like some of the answers my doctor was providing to my questions. Therefore I would avoid going to his office even though he told me to come back in a month's time. After a few months I found a more understanding care provider."

"OB/GYN told me I didn't need to see him that often as I was healthy."

"Physician only made appointment every 6 weeks."



"My physician doesn't answer questions properly i.e. common answer is "that depends on you" There was no sense going to appointments and asking questions to my G.P. just to hear that."

"Often was only allowed to ask 2 questions or I had to book another appointment.'

"Every doctor feels to rushed, like your a number and not a patient. Especially on your 1st pregnancy it's a very special time and the doctor should acknowledge that more."

"Was seen at the hospital. After waiting 2 hours I was in and out in less than 10 minutes with no new info or results. Waste of an entire afternoon (OB/ GYN)."

"Both my doctor and my OB were very informative."

"OB/GYN obtained at end of pregnancy during Emergency pregnancy situation: improper diagnosis and slow response to situation causing serious side effects."

"My family doc was far away and basically I didn't provide much care b/c I was at the high risk clinic at McMaster OB/GYN lost VERY important test results & difficulty getting appointments."

"Physician-only confirmed pregnancy, then I was referred to OB. I didn't see a Physician again until after birth. I didn't feel that I was treated right. Just because he did this everyday, I haven't. It was new to me."

"I expected to see my OB/GYN at every visit."

"Found midwife not open to my needs."

Initiated Prenatal Care

• Over 50% of females first obtained prenatal health care at 1 month or more during their pregnancy.

Health Care Provider Located Outside of Haldimand and Norfolk

- Over 50% of females obtained services from their health care provider outside of Haldimand and Norfolk.
- A higher proportion of females obtained prenatal health care services in Hamilton and Brantford.

SATISFACTION WITH PRENATAL HEALTH CARE SERVICES

Satisfaction with Prenatal Health Care Provider's Services

- All females who had received prenatal care from a nurse practitioner were satisfied with the services they had received.
- Over 90% of females were satisfied with the prenatal services they received from their healthcare provider (nurse practitioner, physician, OB/ GYN and walk-in-clinic physician).
- Overall 70% of females were satisfied with the services they had received from their midwife.
- Females reported that they were unsatisfied with prenatal services they received because they felt that they did not get their questions answered, not enough time was spent with a health care professional, they received poor quality patient care and their expectations were not met.

PRENATAL HEALTH CARE PROGRAMS

Awareness of Prenatal Health Programs and Services

- Females were most aware of prenatal classes.
- Over 80% of females were aware of prenatal classes and the Healthy Babies Healthy Children program.
- Females were least aware of the Norfolk Community Help Centre. Pregnancy Care Centre and the Teen Resource program.



■ SECTION THREE: Pregnancy Results

Utilization of Prenatal Health Programs and Services

- Over 60% of females utilized other programs and services not listed on the survey.
- More than 2/3 of females who were aware of prenatal classes attended the classes.
- Over 30% participated in the Healthy Babies Healthy Children Program.
- Less than 1/3 of females attended the Healthy Moms Eating Well for Two Program, Teen Resource Program, utilized Ontario Works, or mental health services.
- No respondents accessed prenatal services from the Children's Aid Society (CAS), Community Food Banks, Ontario Disability (ODSB), Pregnancy Care Centre in Dunnville, or the Norfolk Community Help Centre.

Other Programs and Services

- Females were generally satisfied with the services they received during their most recent pregnancy. A small proportion of females reported that they would have liked to have more breastfeeding support services and a clinic for pregnant females.
- Other prenatal support and services prenatal females suggested were:
 - Lamaze classes in Simcoe
 - A Family Home Visitor
 - Low-Cost or no cost midwifery services
 - Public library in Caledonia
 - Nutrition consultations
 - Receive information

- Midwife and breastfeeding assistance
- Financial and budgeting assistance
- Preterm supports
- Prenatal yoga
- OB/GYN services in Haldimand and Norfolk earlier (< 25 weeks)

"Having the breastfeeding help closer to home (Delhi) so I didn't have to travel in the winter with a newborn.'

"More one-on-one breastfeeding support in the home."

"In addition to having a "Well Baby Clinic" at the OECY. I would have benefitted from a "Well Mommy"

clinic while pregnant. A place I can go to ask questions regarding my pregnancy as well as going to my physician.'

"Walk-in clinic specifically for pregnant women."

"Lamaze classes occurred in Brantford. Housing them in the Simcoe area would have been

much easier travelling 1.5 hours each way when 8 months pregnant was not enjoyable."

"Family Home Visitor. Wished I had it with child one and early with child

"Midwife services available but cost was too high."

PRENATAL INFORMATION

Prenatal Health Information Received

- The majority of females received information on breastfeeding basics.
- Over 2/3 of females received information on breastfeeding basics, labour and delivery process, postpartum depression, baby care, fetal growth and development, and infant safety.
- · Females were less likely to receive information on other topics not listed on the survey, domestic violence, colic and stress and pregnancy.
- A higher proportion of females who did not receive information on stress and pregnancy, post partum depression, and preterm labour indicated that they would of liked to receive this information, compared to other topics.

Prenatal Health Information Would Have Liked to Receive

- Other prenatal health information females would like to receive information on were:
 - Bringing your baby
 - Norfolk Hospital services
 - Nutritional information
 - Formula feeding
 - · Healthy lifestyles
 - Breastfeeding
 - Baby blues
 - Varicose veins
 - Having twins
 - Child with a disability

- Post Partum Depression
- Information and support for infants and children with special needs, chronic conditions and disabilities.
- Previous health problems affect pregnancy
- · Females who did not receive information on the topics listed on the survey were least interested in receiving information on domestic violence, lifestyle influences on pregnancy, and breastfeeding basics.

"Effects of rel'p once baby arrives (stress, time management), need to plan/prepare meals for in the freezer, when growth spurts occur and what they look like, effect in sex life, potential risks for C-sections."

"Information on the Norfolk Hospital (s) and services provided in them."

"Misscarriage signs and prevention."

"Nutritional."

"Info on formula feeding infants."

"Had all the information I needed, if unsure about something asked doctor at next visit."

"Would have liked more information on lifestyle and breastfeeding and conflicting information given. Also more information about breastfeeding support in community before it became an issue."

"More on mild blues. The week following the birth was quite overwhelming."

Haldimand-Norfolk Prenatal Bag

The prenatal bag program provides prenatal information and resources for families. The bags are distributed through the physician's office and prenatal classes. The prenatal bag program has been in place for over 12 years and has been evaluated. It is a very effective strategy to ensure that women and families get the information they need as early as possible in their pregnancy. It is a successful partnership between the health unit and the physicians' offices.

- More than 2/3 of females received a prenatal bag from their
- Over 95% of females found the information in the bags useful.



Other Prenatal Support, Information, and Services

"Midwife, breastfeeding assistance."

"Your feelings and how to deal with now 3 children. As one (last) was a "pill" baby, I felt so bad for the other 2 when he was born. At first, so it may have been nice to find or people tell ways to not go through those emotions. I know it's all about the post partum but something would have helped. Not sure if that makes sense. I think people think the more you have the easier, but I was feeling like I was leaving someone out."

"Financial budgeting help."

"Info on Varicose Veins."

"Preterm supports, child born with disability info."

"I would have liked to be able to do prenatal yoga but it was not available. Would be nice to have a class available or a 2 month program for pre-natal program."

"Receiving the information earlier than 25 plus weeks would be good. As in Haldimand-Norfolk info bag, would of liked to see what services are available earlier."

"Being able to deliver in Hamilton using the midwives in this area."

SECTION THREE: Pregnancy Results

3.3 PRENATAL CLASSES

Attend Prenatal Classes

• Over 1/3 of females attended prenatal classes during their most recent pregnancy.

Reasons for Not Attending Prenatal Classes

- The majority of females who did not attend prenatal classes reported that they took them during a previous pregnancy.
- · Other reasons females did not attend prenatal classes were other reasons not listed on the survey and they did not feel it was important to attend classes.

"They told me that there was not enough people to join 2007."

"Was told there was not enough people."

"But not in Haldimand/Norfolk as I was not aware that it was offered."

"1st time classes (out of area) had belittled us & we felt that we had been talked down to all the time."

"Medical reason."

"High risk pregnancy."

"The classes are for persons who have no clue about reproduction."

"Cancelled due to my early delivery."



HALDIMAND-NORFOLK HEALTH UNIT PRENATAL CLASSES

Haldimand-Norfolk Health Unit Prenatal Classes

Over 80% of females who attended prenatal classes attended them at the health unit.

Reasons for Not Attending Prenatal Classes at the Haldimand-Norfolk Health Unit

• The main reason that females did not attend the prenatal classes at the health unit were other reasons not included on the survey followed by the inconvenient time of classes.

Satisfaction with Haldimand-Norfolk Health Unit Prenatal Classes

• All females who attended prenatal classes at the health unit were satisfied.

"Lamaze Class."

"Took the Mohawk College Prenatal Class because the nurse teaching this course was the nurse at my OB/GYN office and has experience having child and going through labour."

"They were in Hamilton through St. Joes Hospital."

"Classes offered at the hospital."

"Was told it wasn't very good due to being very superficial. Not too helpful for preparing for labour. More in depth Lamaze class was recommended instead.'





"Organized into early and late tour of hospital, discussion of future parenting topics (discipline, etc), friendly staff."

"The Instructor was very friendly and presented the information well."

"Instructor was a bit dry-doing it too long didn't seem excited about info."

"A variety of subjects covered."

"We liked the whole program. The booklet was very helpful before and after my daughter arrived.'

SECTION THREE: Pregnancy Results

Most Liked about the Haldimand-Norfolk Health Unit Prenatal Classes

 What females most liked about the classes was that there was lots of information provided, the instructors, the comfortable, welcoming and friendly atmosphere, the information about breathing techniques, it prepared them for birth, the information about breastfeeding, the networking opportunities, the small class size, and their husband's/ partner's involvement.

Recommendations for Haldimand-Norfolk Health Unit Prenatal Classes

 Some females reported that they were satisfied with the classes the way they were, while other females suggested that their needs to be more discussion about comfort measures and to not show so many videos.

"How about add a car seat clinic."

"More info on local services, fitness opportunities."

"Get better chairs! (Maybe padded)."

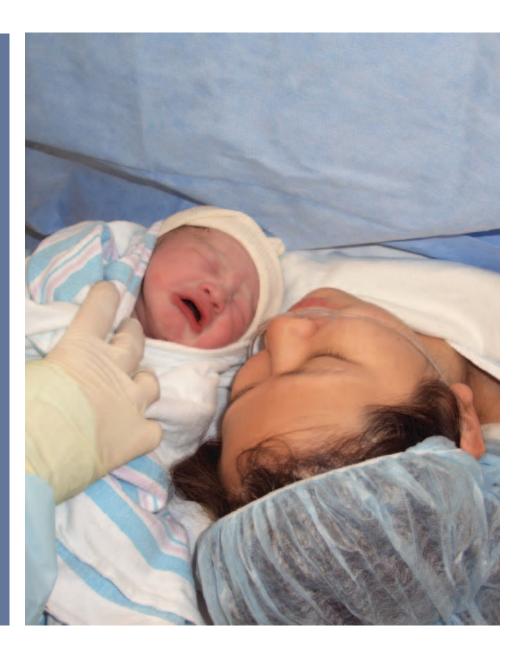
"Our instructor divulged a lot of personal information about herself that was un-needed and inappropriate."

"Again, a more informative class on postpartum depression. Women need to realize that this happens and understand the signs and get help."

"More breastfeeding info & contact info for breastfeeding help."

"Would be good if instructor had personal experience."

"There was very minimal talk about c-sections and bottle feeding. In a perfect world everyone would have a natural birth and breastfeed, however many of us don't have the choice. I had a lot to learn and the stress of knowing what and how to do it."



3.4 INFORMATION

- The preferred method of communication to receive prenatal health information was books and magazines, followed by pamphlets and the internet
- The least preferred communication method was the radio

"Pamphlets are a great idea as they are quick and easy. It would be a great idea to personalize the info sent to each mom to be (i.e. a smoker to receive info about smoking and drugs during pregnancy)."

"Bookmarks."

"Fridge magnets."

"Doctors that see these women should be the main sources or provide sources especially for lower income or young uneducated momssome probably cannot afford internet or newspaper or magazines.'

"In person."

"Prenatal fair."

"I would have liked (+) information about credible websites- lots of great pregnancy planning/tools to show development on-line."

"Being new to area I was not sure if there was prenatal classes or where I could deliver this information and information on pregnancy on HN Health Unit website would have been useful."

"As a newcomer I was unaware of how and where I could have my baby and what "typical" plan for pregnancy used in Norfolk. Info on the web site would have been more helpful."

"Thanks for sending this survey out. I'm glad you care enough about these matters to make sure the needs are being met."



SECTION FOUR: OUTCOME MEASURES

OUTCOME MEASURES	PRECONCEPTION	PRENATAL
Access and utilization of reproductive health services, supports and information	 Generally, females had access to reproductive health services and information. Most females who planned their pregnancy visited a health care professional, namely their family physician. Females were less likely to visit an alternative/complementary service provider. Of the females who visited a alternative/complementary service provider, most visited a massage therapist. Females mainly received information on nutrition, physical activity and the negative effects of alcohol. 	 All females had access to and visited a health care professional during their pregnancy, mainly their physician. Over 90% of females visited a health care provider as recommended during their pregnancy (the recommendation is once a month at 0-28 weeks; twice a month at 29-36 weeks; and once a week at 36 or more weeks). 50% of females had to obtain services outside of Haldimand and Norfolk, mainly Hamilton and Brantford. Approximately 1/3 of females attended prenatal classes (important to note that the majority of females took them during a previous pregnancy). Over 80% of females who attended prenatal classes attended them at the H-N Health Unit. Less than 50% participated in the Healthy Babies Healthy Children program (note: this is a postnatal program). Females were not aware of all the prenatal health programs and services in Haldimand and Norfolk. They were least aware of the following: Norfolk Community Help Centre; Pregnancy Care Centre; and Teen Resource Program They were most aware of the following: Prenatal classes; and The Healthy Babies Healthy Children program Females mainly received information on breastfeeding basics, labour and delivery, post partum depression, baby care, fetal growth and development, and infant safety.
		 Most females received the HN Health Unit prenatal bag and found the H-N Health Unit prenatal bag useful. The most preferred method to receive prenatal health information was books and magazines, followed by pamphlets and the internet.
Satisfaction with reproductive health services and support	Females were generally satisfied with the services, supports, and information they had received.	 Most females were satisfied with the prenatal services they had received. Of the females who reported that they were unsatisfied with the serviced they had received indicated: They did not get their questions answered *(4) Not enough time was spent with a health care professional *(4) They had received poor quality patient care *(3) Their expectations were not met *(2) All females who attended Haldimand-Norfolk Prenatal Classes were satisfied with the classes.

OUTCOME MEASURES	PRECONCEPTION	PRENATAL
Barriers to obtain reproductive health services and supports	The main reason females did not visit a health care professional reported that they did not see the need to get information about planning their pregnancy. Over 2/3 of females who reported that they did not see the need to visit a health care professional had already given birth.	 Since over 90% of females visited a health care provider as recommended during their pregnancy, there were few barriers reported for accessing prenatal care. Of the small proportion of females who did not see a health provider as recommended during their pregnancy, a higher proportion reported that they had difficulty getting an appointment, compared to other barriers.
Unmet reproductive health needs	 Not all females received preconception health information that they would have liked to. Some females who did not receive information about nutrition, physical activity, and prescription drugs would have liked to receive this information. **Other preconception health information females would like to receive information on were: Miscarriages Ultrasounds Maternal serum screening support Health care providers and how to contact them Women's cycle Some females indicated that they would like to: Receive more support, information, and services on healthy living *(5). Go somewhere else they can go to talk to a health professional other than their physician *(4) Have more information on midwifery services *(2) 	 Not all females received prenatal health information that they would have liked to A higher proportion of females who did not receive information on stress and pregnancy, post partum depression, and preterm labour indicated that they would of liked to receive this information, compared to other topics listed on the survey (see survey). **Other prenatal health information females would like to receive information on were: Bringing your baby home Norfolk Hospital services Nutritional information Formula feeding Healthy lifestyles Breastfeeding Baby blues Varicose veins Having twins Post Partum Depression Information and support for infants and children with special needs, chronic conditions and disabilities. Previous health problems affect pregnancy A small proportion of females reported that they would like to have the following: More breastfeeding support services *(2) A clinic for pregnant women *(2) **Other prenatal support and services prenatal females suggested were: Lamaze classes in Simcoe A Family Home Visitor Low-Cost or no cost midwifery services Public library in Caledonia Nutrition consultations Midwife and breastfeeding assistance Financial and budgeting assistance Financial and budgeting assistance Prenatal Yoga OB/GYN Services in Haldimand and Norfolk Receive information earlier (< 25 weeks)

SECTION FIVE: RECOMMENDATIONS

- The survey results under represented many vulnerable populations including single moms, teen moms, females of lowereconomic status and lower levels of education. This may compromise public health's ability to provide effective and efficient reproductive health programming to these groups. Therefore, consideration of a subsequent evaluation, using a mixed methodological approach, targeting these vulnerable populations is vital. This will heighten our understanding and help address their unique reproductive health needs in Haldimand and Norfolk.
- The survey results demonstrated that a high proportion of females who did not plan their pregnancy did not use contraception (birth control pills, condoms, IUD and Depro Provera). Therefore, the Sexual Health Team and the Family Health Team will work collaboratively to evaluate the existing contraception program.
- 3. Investigate and implement effective communication channels to disseminate information about Haldimand and Norfolk reproductive services and programs before, during, and after pregnancy to the community. This will include information on alternative and complimentary service providers in Haldimand and Norfolk.
- Develop and market a user-friendly reproductive health web page on the Haldimand-Norfolk website. Information on the website will include information on programs, services and supports in Haldimand and Norfolk and surrounding areas. As well other topics would include but not be limited to healthy lifestyle behaviours, miscarriages, breastfeeding, stress and pregnancy, postpartum depression, preterm labour, prescription drugs, contraception, and pregnancy planning. Reproductive health books and credible websites will be included on the website. Moreover, a teen specific webpage would be beneficial to address the reproductive health concerns and needs of teens.
- Disseminate results to physicians, midwives, and nurse practitioners for the purpose of reproductive health programming.
- In 2007, when the survey was done, Haldimand-Norfolk Health Unit did not have prenatal fairs. It is the recommendation to continue to have prenatal fairs in Haldimand and Norfolk.
- Continue the Haldimand-Norfolk Prenatal Bag Program. The prenatal bag program provides prenatal information and resources for families. The bags are distributed through physicians office and prenatal classes. The prenatal bag program has been in place for over 12 years and has been evaluated. It is a very effective strategy to ensure that women and families get the information they need as early as possible in their pregnancy.
- For prenatal classes, provide information on several other topics not included in the current curriculum, including but not limited to car seats, local program and services, post partum depression, breastfeeding, bottle feeding, c-sections, comfort measures and healthy lifestyle behaviours. Students in the class will be encouraged at the beginning of class to inform the instructor if there are any topics they would like to discuss.

References

Groves, R. (2006). Non-Response and nonresponse bias in household surveys. Oxford Journals Social Sciences Public Opinion Quarterly, 70 (5), 646-675.

APPENDIX A:



2008

HALDIMAND-NORFOLK HEALTH UNIT

Preconception and Prenatal Health Needs Assessment

The Haldimand-Norfolk Health Unit is asking about the needs of women age 15 to 49 before, and during your pregnancy

Your input will help us understand the needs in our community.

Participation is completely voluntary.

Please do not put your name on the survey. No individual information will be reported.

You can **REFUSE** to answer any question, if you do not want to answer the question.

It will take approximately 15 minutes to complete the survey.

Thank-you for your participation.

If you have any questions, please contact Deanna Morris at 519-426-6170 Ext. 3215.

SECTION 1: PRE-PREGNANCY PLANNING (Preconception)

The following are questions about the services that you may have used to help plan for a healthy pregnancy and baby.

1.1 Background Information

1. Was this your FIRST BIRTH ? (please check one)
☐ Yes ☐ No ☐ Don't Know ☐ Refuse

Simcoe:

P.O. Box 247, 12 Gilbertson Drive Simcoe, ON N3Y 4L1 519.426.6170 or 905.318.6623 Caledonia: 282 Argyle Street South Caledonia, ON N3W 1K7 905.318.5367



2. Before becoming pregnant the most recent time, did you PLAN YOUR PREGNANCY?
 Yes No → Were you using CONTRACEPTION? (i.e birth control, condoms, IUD, Depro Provera) (Go to question 13)
☐ Yes ☐ No ☐ Don't Know ☐ Refuse
☐ Don't know (Go to question 13) ☐ Refuse (Go to question 13)
1.2 Pre-Pregnancy Health Care Providers' Services
3. Before becoming pregnant the most recent time, did you visit a HEALTH CARE PROVIDER to help you plan for a healthy pregnancy and baby? (A Health Care Provider is a physician, midwife and/or nurse practitioner) (please check one)
☐ Yes → What TYPE of HEALTH CARE PROVIDER(S) (please check all that apply)
☐ Physician ☐ Midwife ☐ Nurse Practitioner ☐ Don't Know ☐ Refuse
No → Why did you NOT SEE a HEALTH CARE PROVIDER (physician, midwife, and/or nurse practitioner)? (please check all that apply) (Check all that apply then <u>Go to question 6</u>)
☐ I did not see the need to get information about planning for my pregnancy ☐ Difficulty contacting Health Care Provider (physician, midwife, and/or nurse practitioner) ☐ Difficulty getting an appointment ☐ Did not have a Health Care Provider (physician, midwife, and/or nurse practitioner) ☐ Waited too long to see Health Care Provider (physician, midwife and/or nurse practitioner) ☐ No OHIP card (Health card) ☐ Forgot appointment time ☐ Transportation problems ☐ Language problems ☐ Childcare problems ☐ Employment (getting time off work) ☐ School ☐ Did not know where to go (i.e. information problems) ☐ Unable to leave the house because of health problems ☐ Other (please specify) ☐ Don't Know ☐ Refuse
☐ Don't Know ☐ Refuse

Comments:							
1.3 Satisfact	ion with Pro	e-Pregnand	y Health Car	e Providers'	<u>Services</u>		
	your HEALTI	H CARE PRO		W SATISFIED ysician, midwife an			
	Very Satisfied	Mostly Satisfied	Indifferent or Mildly Dissatisfied	Quite Dissatisfied	Don't Know	Refuse	Not Applicable
Physician							
Midwife							
Nurse Practitioner							
mildly dissatisf	ied, quite dis	<i>satisfied)</i> witl	h the services y	HY WERE YOU you received fro help plan for a	m your HE	ALTH CAR	E
	ming pregna	nt the most re	ecent time, wha	at type of OTHE regnancy and b			
☐ Massage T☐ Reflexolog	or h or Naturopa herapist ist ase <i>specify</i>) _						

1.5 Pre-Pregnancy Information

pregnancy planning?	most recent time, and you RECEIVE INFORMATION about pre-
☐ Yes → Overall, would wanted? (plea	you say that you had DIFFICULTY obtaining the information you se check one)
☐ Don't Know ☐ Agree ☐ Neutra ☐ Disagre	ee ly Disagree Know
	most recent time, which of the following TYPE(S) OF INFORMATION for a healthy pregnancy and baby (please check all that apply).
□ Negative effects of stress	Icohol
Refuse	
	most recent time, which of the following type(s) of information would nd DID NOT RECEIVE to help plan for a healthy pregnancy and baby
Negative effects of stress Communicable disease/infect Emotional health Prescription drugs	Icohol

Refuse
Comments
1.6 Pre-Pregnancy Support, Information and/or Services
10. Before becoming pregnant the most recent time, what other type of SUPPORT , INFORMATION or SERVICE would have helped you to help plan for a healthy pregnancy and baby?
1.7 Pre-Pregnancy Folic Acid
11. Before becoming pregnant the most recent time, were you aware of the BENEFITS of taking a FOLIC ACID supplement? (please check one)
☐ Yes
□ No □ Don't Know
Refuse
12. Before becoming pregnant the most recent time, did you take a vitamin supplement containing FOLIC ACID ? (please check one)
☐ Yes
□ No
☐ Don't Know ☐ Refuse
SECTION 2: SUPPORTS AND SERVICES DURING PREGNANCY
SESTION 2. SOLI SINTO AND SERVISES BORRING I RESIDANS!
This section will ask you questions regarding supports and services you may have used during your most <u>RECENT PREGNANCY</u> .
2.1 Prenatal Health Care Providers' Services
13. During your most recent pregnancy, what type of HEALTH CARE PROVIDER(S) did you see? (please check all that apply)
☐ No one
Family Physician Nurse Practitioner
Midwife
☐ Obstetrician/Gynaecologist (OB/GYN) ☐ Walk-in Clinic Physician
Don't Know

Refuse							
14. Did you have a PRETERM BIRTH (birth prior to 37 weeks of pregnancy)?							
Yes No, the baby was full term Non-Applicable Don't Know Refuse							
	commended freq ARE PROVIDER Incy?						
	Yes No or not always Don't Know Refuse Applicab						
0-28 weeks	At least once a month						
29-36 weeks	At least twice a month						
36+ weeks							
recommend PROVIDER pregnancy? I did no Difficult Difficult Waited Did not No OHI Forgot Transpe Langua Childca Employ School Did not Unable Other (e following real e practitioner ll that apply) o get informate lth Care Provintment lealth Care Fare Provider (ard) o get informate lealth Care Fare Provider (ard) o get informate lealth Care Fare Provider (ard)	asons did you ha r, midwife, and or ion vider (physician, Provider (physicia (physician, nurse ation problems)	ve for NOT SEE COB/GYN) as red nurse practitione an, nurse practition to practitioner, mid	commended during the commended	CARE ng your r OB/GYN) d or OB/GYN)	

	r most recent pregn ARE from your Hea				
Less than # mo Non-Applic Don't Know Refuse	onths cable				
18. During you (please check	r most recent pregn all that apply)	ancy, WHERE was	your HEALTH C A	ARE PROVIDER(S	i) located?
	Inside Haldimand and/or Norfolk	Outside Haldimand and/or Norfolk	Don't Know	Refuse	Non- Applicable
Physician					
Nurse Practitioner					
Midwife					
OB/GYN					
Walk-in- Clinic Physician					
	r most recent pregn and/or NORFOLK,			SERVICES from	OUTSIDE

2.2 Satisfaction with Prenatal Health Care Providers' Services

20. During your most recent pregnancy, **OVERALL HOW SATISFIED** were you with the services that you received from your **HEALTH CARE PROVIDER(S)** to help you plan for a healthy pregnancy and baby? (please check one)

	Very Satisfied	Mostly Satisfied	Indifferent or Mildly Dissatisfied	Quite Dissatisfied	Don't Know	Refuse	Not Applicable
Physician							
Midwife							
Nurse Practitioner							
OB/GYN							
Walk-in- Clinic Physician							
21. During your most recent pregnancy, WHY WERE YOU NOT SATISFIED (indifferent or mildly dissatisfied, or quite dissatisfied) with the prenatal care you received from your Health Care Provider (physician, midwife, nurse practitioner OB/GYN, and/or walk-in clinic physician) 2.3 Prenatal Health Care Programs 22. During your most recent pregnancy, what SERVICES were you AWARE of? (check all that apply) None Healthy Babies Healthy Children (Health Unit program that provides supports and services to families with children before birth up to 6 years of age) Community Action Program for Children (CAPC) - Healthy Moms Eating Well for Two Community Food Banks Community Food Banks Community Action Program for Children (CAPC) - Teen Resource Program Haldimand-Norfolk Women's Services (Women's shelter) Norfolk Community Help Centre (Houghton) Ontario Works Ontario Disability (ODSB) Mental Health Services Children's Aid Society (CAS) Pregnancy Care Centre (Dunnville) Prenatal Classes Other (please specify) Don't Know							

23. During your most recent pregnancy, what SERVICES did you use? (check all that apply)
Healthy Babies Healthy Children (Health Unit program that provides supports and services to families with children before Birth up to 6 years of age) Community Action Program for Children (CAPC) - Healthy Moms Eating Well for Two Community Food Banks Community Action Program for Children (CAPC) - Teen Resource Program Haldimand-Norfolk Women's Services (Women's shelter) Norfolk Community Help Centre (Houghton) Ontario Works Ontario Disability (ODSB) Mental Health Services Children's Aid Society (CAS) Pregnancy Care Centre (Dunnville) Prenatal Classes Other (please specify)
☐ Don't Know ☐ Refuse
24. Are there any OTHER SERVICES in Haldimand and Norfolk that could have helped you during your most recent pregnancy that was not available?
2.4 Propatal Information
2.4 Prenatal Information25. During your most recent pregnancy, which of the following TYPE(S) OF INFORMATION DID YOU RECEIVE? (please check all that apply).
25. During your most recent pregnancy, which of the following TYPE(S) OF INFORMATION DID YOU

TO RECEIVE and DID NOT RECEIVE (please check all that apply).
None Preterm Labour Labour and Delivery Process Comfort Measures Breathing and Relaxation Techniques Breastfeeding Basics Baby Care Infant Safety Postpartum Depression Domestic Violence Colic Fetal Growth and Development Stress and Pregnancy Lifestyle Influences on Pregnancy (i.e. alcohol, drugs, smoking, second hand smoke). Other (please specify) Don't Know
Refuse
Comments
27. During your most recent pregnancy, did you receive a HALDIMAND-NORFOLK HEALTH UNIT PRENATAL INFORMATION PACKAGE/BAG (pamphlets, free samples, fact sheets)? (<i>please check one</i>)
Yes → Did you find the information USEFUL? (please check one) No Yes Don't Know No Refuse Don't Know Refuse Refuse
2.5 Prenatal Support, Information, and Services
28. During your most recent pregnancy, what other SUPPORT , INFORMATION , or SERVICE would have helped you?

SECTION 3: PRENATAL CLASSES

This section will ask you questions about prenatal classes during your most <u>RECENT</u> **PREGNANCY?**

00	Di.a a	and an entire and an entire did not better d DDFNATAL OLACOFOO (alcohological)			
29.	During your m	nost recent pregnancy, did you attend PRENATAL CLASSES ? (please check one)			
	$\begin{array}{c} \text{Yes} \\ \text{No} \rightarrow \end{array}$	Why did you decide NOT TO ATTEND prenatal classes? (Please check all that apply then Go to question 34)			
	Don't Know Refuse	□ I took them during a previous pregnancy □ Did not feel it was important to attend prenatal classes □ Was not aware of prenatal classes □ Did not know where to go/call/uninformed □ Location was inconvenient □ They were not offered at a time convenient for me or my partner (i.e. shift work) □ Could not reach a person to speak with □ Could not afford the classes □ Did not have transportation to the classes □ Did not have anyone to attend classes with me □ Child Care/Babysitting problems □ Did not call about classes early enough in the pregnancy □ Language problem □ Unable to leave the house because of health problems □ Other (please specify) □ Don't Know □ Refuse			
	ALTH UNIT? Yes No→ During	nost recent pregnancy, did you attend prenatal classes at the HALDIMAND-NORFOLK your most recent pregnancy, why did you NOT ATTEND prenatal classes at the			
		MAND-NORFOLK HEALTH UNIT? answer the question then Go to question 34)			
		 □ Was not aware of prenatal classes at the Haldimand-Norfolk Health Unit □ Did not know where to go/call/uninformed □ Location was inconvenient □ They were not offered at a time convenient for me or my partner (i.e. shift work) □ Could not reach a person to speak with □ Could not afford the classes □ Did not have transportation to the classes □ Child Care/Babysitting problems □ Did not call about Haldimand-Norfolk Health Unit classes early enough in the pregnancy □ Other (please specify) 			
	Don't Know Refuse				

3.2 Haldimand-Norfolk Health Unit Prenatal Classes

Please complete this section if <u>you attended Prenatal Classes</u> at the Haldimand-Norfolk Health Unit during your MOST RECENT pregnancy. If you did not attend prenatal classes at the Health Unit, please go to section 4.

During your most recent pregnancy, HOW SATISFIED were you with the prenatal classes that you direceived at the HALDIMAND-NORFOLK HEALTH UNIT ? (please check one)
Very satisfied Mostly satisfied Indifferent or mildly dissatisfied Quite dissatisfied Don't Know Refused Explain
What did you MOST LIKE about the prenatal classes at HALDIMAND-NORFOLK HEALTH UNIT?
Is there something that we can do DIFFERENTLY to improve prenatal classes at HALDIMAND- PREPARENTLY IN ITERATION OF THE PROPERTY OF THE
ECTION 4: INFORMATION
How would you have liked to receive INFORMATION about pregnancy? (please check all that apply). None Books/Magazines Newspaper Internet Haldimand-Norfolk Health Unit Website TV Radio Pamphlets Other (please specify) Don't Know

Comments							
SECTION 5: DEMOGRAPHIC INFORMATION							
35. What is your YEAR of BIRTH?							
36. Where do you LIVE? (please check one)							
Caledonia Simcoe Cayuga Waterford Dunnville Port Dover Hagersville Port Rowan Jarvis/Townsend Delhi Courtland Langton Other (please specify) Don't Know Refuse							
37. What LANGUAGE(S) do you currently speak? (please check all that apply)							
☐ English ☐ French ☐ Low German ☐ Other (please specify) ☐ Don't Know ☐ Refused							
38. What is your current MARITAL STATUS? (please check one)							
Single Married Common-Law Divorced Separated Widowed Don't Know Refused							

39. What is your TOTAL FAMILY INCOME over the past 12 months (before taxes and deductions)? (please check one)						
Less than \$10,000 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000-\$79,999 \$80,000-\$89,999 \$90,000-\$99,999 \$100,000 or more Don't Know Refused						
40. What is your MAIN SOURCE of INCOME ? (please check one)						
Employment (yours and/or your partner's) Social Assistance (including Ontario Works) Financial assistance from parents/family Disability pension Employment insurance (E.I.) Other (please specify) Don't Know Refused						
41. How many PEOPLE in total are supported by your FAMILY INCOME ? people						
42. What is the HIGHEST LEVEL of EDUCATION that you have completed? (please check one)						
Less than grade 9 Some high school Completed high school Technical training or trade school Some college or university Completed college or university Post graduate Don't Know Refused						

43. What is your ETHNIC or CULTURAL IDENTITY ? (check all that apply)							
English French North American Indian Low German Metis Inuit German Finnish Scottish Irish Italian Canadian Other (specify) Don't Know Refused							

Thank-you for completing the survey