



HALDIMAND-NORFOLK HealthSTATS

■ MATERNAL AND CHILD HEALTH SUMMARY REPORT: Haldimand County & Norfolk County, 2011 ■



This summary report provides a high level picture of the status of pregnant women, mothers, newborns and their families in Haldimand County and Norfolk County. It provides a look at selected maternal and child health indicators in the form of highlights, summaries and summary tables.

■ Highlights

■ IN HALDIMAND COUNTY AND NORFOLK COUNTY COMBINED...

- Teen live birth rates have declined since the mid 1990's, however they are higher than provincial rates.
- Infant mortality rates are higher than the provincial rates.
- The percentage of families experiencing financial difficulties that have newborns has been increasing (5.9% in 2005 to 9.3% in 2009).
- The percentage of mothers with low educational status who have newborns has been increasing (5.2% in 2005 to 8.2% in 2009).
- Teen moms had the largest percentage of high risk newborns compared to other age groups.
- The main factors associated with high risk babies were: families experiencing financial difficulties, mother smoking during pregnancy and a labour that required mid forceps.



Acknowledgements

Author

Jackie Esbaugh, BA, MA
Program Evaluator and Data Analyst
Haldimand-Norfolk Health Unit
519-426-6170 Ext. 3305
Jackie.esbaugh@hnhu.org

Thank you to the following individuals
for their contributions to this report:

Reviewers

Jill Steen, BSc, MHSc, RD
Manager, Public Health
Haldimand-Norfolk Health Unit

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

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

Contributors

Deanna Morris, MA, PhD (Candidate)
Epidemiologist,
Haldimand-Norfolk Health Unit

Melanie Laundry, RN, BScN
Program Coordinator, Family Health Team
Haldimand-Norfolk Health Unit

RoseAnne Maracle-Ringuette RN, BScN
Program Coordinator, Healthy Babies,
Healthy Children
Haldimand-Norfolk Health Unit

Doreen Oates
Secretary, Healthy Babies, Healthy Children
Haldimand-Norfolk Health Unit

Lynda Burville RN, BScN
Public Health Nurse, Family Health Team
Haldimand-Norfolk Health Unit

Designed By

Communication Services Team
Haldimand-Norfolk Health Unit



HealthUnit
Haldimand-Norfolk
www.hnhu.org • info@hnhu.org

■ Result Summary

General Reproductive Outcomes Summary Table for Haldimand County and Norfolk County combined

<p>Live Birth Rate From 1996 to 2008...</p> <ul style="list-style-type: none"> • The average live birth rate was slightly lower than the provincial average (40.7 vs. 43.3/1000 females). • Live birth rates remained relatively stable, except for a slight decline in 1999 to 2000. 	<p>Teen Live Birth Rate From 2005 to 2008...</p> <ul style="list-style-type: none"> • The average teen live birth rate was higher than the provincial average (14.9 vs. 12.1/1000 teens). • Teen live birth rates remained fairly stable, except for a slight decline from 2005 to 2007. <p>From 1996 to 2008.....</p> <ul style="list-style-type: none"> • Overall, teen live birth rates have declined since the mid-1990's.
<p>Pregnancy Rate From 1996 to 2008...</p> <ul style="list-style-type: none"> • The average pregnancy rate was noticeably lower than the provincial average (47.9 vs. 55.7/1000 females). • From 1996 until 2000, pregnancy rates experienced an overall decline (with the exception of 1998). In 2001, rates increased and remained stable averaging 48.5 per 1000 females (2001-2008). 	<p>Teen Pregnancy Rate From 2005 to 2008...</p> <ul style="list-style-type: none"> • The average teen pregnancy rate was lower than the provincial average (23.1 vs. 25.2/1000 teens). • Teen pregnancy rates remained relatively stable. <p>From 1996 to 2008...</p> <ul style="list-style-type: none"> • Overall, teen pregnancy rates have drastically declined since the 1990's.
<p>Therapeutic Abortion Rate From 1996 to 2008...</p> <ul style="list-style-type: none"> • The average rate of therapeutic abortions is dramatically lower than the provincial average (6.9 vs.12.1/1000 females). • Therapeutic abortion rates fluctuated from 7.8/1000 in 1996 to 6.1/1000 females in 2008. 	<p>Teen Therapeutic Abortion Rate From 1996-2008...</p> <ul style="list-style-type: none"> • The average teen therapeutic abortion rate was lower than the provincial rate (10.8 vs. 17.2/1000 teens). • Teen therapeutic abortion rates declined during this time period (16.9 in 1996 compared to 8.6 in 2008).



Birth Outcomes Summary Table for Haldimand County and Norfolk County Combined

<p>Preterm Birth Rate From 2005 to 2008</p> <ul style="list-style-type: none"> • The average rate of preterm births was lower than the provincial average rate (6.9 vs. 7.8/100 live births). • Preterm birth rates fluctuated (range: 5.7 to 8.8). 	<p>Perinatal Mortality From 1996 to 2005....</p> <ul style="list-style-type: none"> • The average perinatal mortality rate was similar to the province (10.2 vs. 10.0/1000 births). • Perinatal mortality rates fluctuated greatly (range =4.7 to 13.1).
<p>Low Birth Weight Rate From 1999 to 2008....</p> <ul style="list-style-type: none"> • The average low birth weight rate was slightly lower compared to the province (5.5 vs. 6.1/100 live births). • Low birth weight rates remained relatively stable. 	<p>Infant Mortality From 1996 to 2005....</p> <ul style="list-style-type: none"> • Infant mortality rates fluctuated greatly (range = 1.9 to 10.8).
<p>Multiple Birth Rate From 2005 to 2008....</p> <ul style="list-style-type: none"> • The average rate of multiple births was lower compared to the province (2.3 vs. 3.2/100 live births). • Multiple birth rates experienced a gradual increase (1.8/100 in 2005 to 3.1/100 in 2008). 	



Comparisons of Haldimand and Norfolk County Combined Indicators with Ontario and Overall Trends

Select Indicators	Lower than Ontario	Higher than Ontario	Overall Trends	Available Data
General Reproductive Outcomes				
• Crude Birth Rate	X		• relatively stable	2002-2008
• Live Birth Rate	X		• relatively stable	1996-2008
• Teen Live Birth Rate		X	• decreasing	1996-2001; 2005-2008
• Pregnancy Rate	X		• fluctuating	1996-2008
• Teen Pregnancy Rate	X		• decreasing	1996-2001; 2005-2008
• Therapeutic Abortion Rate	X		• fluctuating	1996-2008
• Teen Therapeutic Abortion Rate	X		• decreasing	1996-2008
Birth Outcomes				
• Preterm Birth Rate	X		• fluctuating	1996-2001; 2005-2008
• Low Birth Weight Rate	X		• relatively stable	1999-2008
• Multiple Birth Rate	X		• relatively stable	1996-2000; 2005-2008
• Perinatal Mortality		X	• fluctuating	1996-2005
• Infant Mortality		X	• fluctuating	1996-2005



■ MOTHERS IN HALDIMAND COUNTY AND NORFOLK COUNTY

- In 2009, nearly all mothers had English as a first language.
- The average age for mothers at birth was 28 years (range = 15 to 45) with the most commonly occurring ages being 26 and 29.
- From 2005 to 2009, the percentages of women smoking during pregnancy (average = 12.0%), abusing drugs or alcohol (average=1.3%), and receiving no prenatal care prior to six months (average = 1.5%) have remained fairly consistent.
- The percentages of mothers of newborns with low educational status (5.2% in 2005 to 8.2% in 2009) and families with newborns experiencing financial difficulties (5.9% in 2005 to 9.3% in 2009) have been increasing.

■ HIGH RISK NEWBORNS

- In Haldimand County and Norfolk County, 22% (n=206) of newborns in 2009 were assessed as high risk. This percentage has remained relatively consistent since 2005.
- In 2009, the main risk factors associated with these newborns were: family experiencing financial difficulty, mother smoking during pregnancy and a labour that required mid forceps.
- Teen mothers had the largest percentage of high risk newborns compared to mothers in other age groups.



■ Recommendations

This report has provided an overview of select reproductive health indicators for Haldimand County and Norfolk County. The analysis in this report has guided the creation of the following recommendations.

1. Given that the use of drugs and alcohol among pregnant woman remains consistent, there is a need for more support and education for pregnant women around substance abuse. The health unit is running a campaign this year to highlight the effects of alcohol use in pregnancy.
2. The literature supports the notion that low socio-economic status is associated with higher rates of smoking (Health Canada, 2011). Since the rate of pregnant women smoking in Haldimand County and Norfolk County remains consistent, resources and strategies should focus on reducing social inequalities. Currently, the health unit offers prenatal education courses, individual counselling, self-help materials, and referrals to Smokers Helpline for pregnant women but they do not offer cessation services that include Nicotine Replacement Therapy (NRT). Currently, several nurses at the health unit are receiving training in the TEACH program, an evidence based smoking cessation intervention. The literature indicates that the risk of cigarette smoking during pregnancy is greater than the risk of exposure to pure nicotine (Dempsey & Benowitz, 2001). It is recommended that the health unit offer cessation programs including NRT to be made available to pregnant woman with a high or moderate level of addiction and who are unable to quit with other behavioural therapies. However, as with all drugs used by pregnant women, NRT use during pregnancy should be discussed with and closely monitored by a physician (Osadchy, Kazmin, & Koren, 2009).
3. High risk newborns in Haldimand County and Norfolk County were most likely to be from a family experiencing financial difficulty. Furthermore, the proportion of families with newborns experiencing financial difficulties has been increasing. Program planners need to address this reality and modify programs to ensure the needs of individuals experiencing financial difficulties are met.
4. In Haldimand County and Norfolk County, another significant risk factor for poor child development is low maternal education levels. This is of significance considering the fact that the proportion of mothers with low education levels is increasing locally. Again, program planners need to address any unique needs of this vulnerable group to ensure they receive the best care possible.
5. It is recommended that the health unit continue to provide programming that supports healthy growth and development and healthy lifestyle choices of teens and teen parents.
6. Continue the current sexual health programming with the Healthy Babies Healthy Children public health nurses in the high risk home visiting program.

■ References

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