

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

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## **PRENATAL HEALTH PLANNING INITIATIVE: PROCESS, RECOMMENDATIONS AND IMPLICATIONS**

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 065-18 re “Prenatal Health Planning Initiative: Process, Recommendations and Implications” for information.*

### **Key Points**

- Healthy Start engaged in an evidence-informed planning process related to prenatal health in an effort to strengthen evidence-informed resource allocation in the area of prenatal health, cohesion in prenatal health programs, and compliance with the 2018 Healthy Growth and Development Standard.
- Prioritized prenatal health outcomes and priority populations were identified.
- The planning process provided helpful direction and resulted in program recommendations which will optimize public health programming related to prenatal health.

### **Background**

Teams across Healthy Start provide a number of universal and targeted interventions related to prenatal health. A comprehensive program planning process related to prenatal health was undertaken by the division, in an effort to strengthen evidence-informed resource allocation in the area of prenatal health, cohesion in prenatal health programs and services, and compliance with directives. The applicable standards and guidelines are the 2018 Healthy Growth and Development Standard, and the Healthy Growth and Development, Health Equity, and Mental Health Promotion Guidelines.

### **Planning Process**

The project team consisted of the Healthy Start Leadership team, seven Public Health Nurses from across the division, two Program Evaluators, and one Epidemiologist. They team used the MLHU Planning and Evaluation Framework to guide the planning process. Evidence was gathered from a variety of sources, including public health mandate, population health status, current allocation of resources in prenatal health, research and grey literature (on universal group prenatal education, and prenatal mental health promotion), prenatal education community resources, and other health units. Prioritized prenatal outcomes of interest, based primarily on population health status in London and Middlesex County, included mental wellbeing, smoking, substance use, alcohol use, and maternal weight gain. Based on population health status and literature, populations identified as priority for our catchment area included the following: low income; youth (24 years of age and under); Indigenous; and newcomers. A facilitator supported the project team in gathering information and in developing program recommendations related to prenatal health.

### **Program Recommendations**

The following program recommendations resulted from this planning process:

- Continue providing prenatal information and support universally through online e-learning, up-to-date and credible website content, and Health Connection.
- Continue to offer universal group prenatal education on preparing for parenthood.
- Shift group prenatal education to focus on enhancing existing programs for priority populations (Smart Start for Babies, Prenatal Immigrant Program, targeted home visiting, support for Wholistic Prenatal Program at SOAHAC). Incorporate prenatal topic information from literature review into existing interventions.
- Explore needs and opportunities for staff capacity-building in the areas of prenatal health, community resources, prenatal mental health screening, and prenatal mental wellness promotion.
- Promote use of prenatal mental health self-assessment tool and provide self-help mental wellness resources on MLHU website.
- Promote universal prenatal mental health screening and confirm screening tools for MLHU use.
- Enhance consistency of prenatal health and wellness messaging, and coordination of MLHU efforts.

## Conclusion

This evidence-informed planning process has provided helpful direction to support optimal public health programming related to prenatal health. Through this process, prenatal health outcomes have been prioritized, priority populations identified, and evidence from various sources used to develop prenatal health program recommendations. Implications will be considered through the 2019 budget process, including further consultations.

This report was prepared by the Healthy Start Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health / CEO