

Reproductive Health Report: Middlesex County and the City of London

EXECUTIVE SUMMARY

Two provincial reproductive and sexual health objectives, as outlined in the 1997 Mandatory Health Programs and Services Guidelines, are to reduce the low birthweight rate to 4% by the year 2010 and to reduce the teenaged pregnancy rate to 40 per 1,000 among women aged 15 to 19 by 2005. One of the goals of this report was to see if Middlesex-London had achieved these two provincial objectives. In addition, it was hoped that this report would help those working in Middlesex County and Southwestern Ontario gain a better understanding of factors associated with low birthweight and local, current reproductive health outcomes. The 1995 Ontario Live Birth Database, Stillbirth Database, and Mortality Database were used to generate the numbers for this report.

Low birth weight (LBW) has been used as an indicator of the health status of a nation and is one of the best predictors of a newborn's likelihood of survival. An infant who weighs less than 2,500 grams at birth is classified as a LBW baby. In 1995, Middlesex-London's LBW rate was higher than the goal set by the Ontario Ministry of Health (6.4% vs. 4.0%). Even when multiple births were excluded, the LBW rate in Middlesex-London was 4.9%. However, the goal set by the Ministry may, in fact, be unattainable. The proportion of LBW babies has increased in Canada since 1985. One of the reasons for this increase is that more women 35 years of age and older are having babies than in the past and women who are 35 years of age and older are more likely to have a LBW baby. Despite these demographic changes in the profile of new mothers, more resources could be put into prevention. Communities could encourage policies and programs that address modifiable risk factors such as smoking, alcohol and drug use, and poor nutritional status. The Middlesex-London Health Unit offers a number of programs that directly address these modifiable risk factors.

Pregnancy in adolescence is a health concern because of the extent of deleterious health, social, and economic consequences of pregnancies to adolescents. Adolescents are at greater risk of having LBW babies and pre-term babies. Studies also show that teenaged mothers face potential loss of educational and career opportunities after becoming mothers, and, as a result, are more likely to experience a lower socio-economic status than adolescent females who postponed childbearing.

In 1995, the teenaged pregnancy rate for all of Middlesex-London was 47.8 per 1,000 females aged 15 to 19. The teenaged pregnancy rate is the sum of the number of live births, stillbirths and abortions among women aged 15 to 19 for that year per 1,000 women aged 15 to 19. Further, teenaged pregnancy rates have changed little since 1993. In 1993, the pregnancy rate for adolescent females living in Middlesex-London was 49.3 per 1,000. This slight decrease in Middlesex-London's teenaged pregnancy rate between 1993 and 1995 was not statistically significant. Efforts to reduce the teen pregnancy rate to that recommended by the Ontario Ministry of Health can include: comprehensive sex education programs, easy access to contraception, and open discussion of sexuality.

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