

BOARD OF HEALTH *Quarterly Report*

ACTIVITIES OF THE LEEDS, GRENVILLE & LANARK DISTRICT HEALTH UNIT

June - August 2005

Preterm Labour – Learn to Recognize and Respond

Submitted by Lois Dewey, RN, BScN, IBCLC, Public Health Nurse

Preterm birth accounts for almost 8% of all births in Leeds, Grenville and Lanark. The *Canadian Perinatal Health Report (2003)* cites preterm birth as the single most important cause of perinatal mortality and morbidity in industrialized countries.

Best Start's *Preterm Birth – Making a Difference (2002)* highlights: ' Encouraging the early recognition and response to preterm labour in order to provide time to administer antenatal steroids and ensure safe transfer to the appropriate level of care center, ' as an effective strategy to decrease mortality and morbidity.

The *Perinatal and Child Health Survey (2004)* collected data in four Southeastern Ontario health unit areas, on the extent to which pregnant women were familiar with the signs and symptoms of preterm labour. Nearly a quarter of the respondent pregnant women did not know any signs and symptoms of preterm labour. Of the group who knew at least one sign or symptom (76.5%), the majority knew fewer than four signs or symptoms. The most commonly reported signs and symptoms were menstrual-like cramps and vaginal bleeding.

In March/April of this year, the Leeds, Grenville and Lanark District Health Unit embarked on a campaign to raise awareness of the signs and symptoms of preterm labour, utilizing a two-pronged approach.

- We provided all physicians and midwives in the tri-county area with 10 copies of the booklet, 'Preterm Labour – Signs and Symptoms' by Best Start. Our intention was to facilitate discussion with all pregnant women between the 18th and 22nd week gestation as is recommended in the Best Start Clinical Practice Guidelines. These guidelines are addressed in the publication 'Preterm Birth – Making a Difference', which has been written in collaboration with the Society of Obstetricians and Gynaecologists of Canada. Maternity wards and emergency departments were also in receipt of copies of this booklet.
- The Health Unit also distributed information directly to the public to raise awareness of this issue. Posters, designed and produced at the Health Unit, were distributed to physician's offices, emergency departments, maternity wards, as well as many other community sites. A media release as well as newspaper submissions and radio spots were distributed in March. Preterm Labour – Signs and Symptoms booklets will be distributed on an ongoing basis at prenatal class.



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Road Safety Challenge 2005

Submitted by Rebecca Kavanagh, RN, BScN, Public Health Nurse

The Road Safety Challenge is a program supported by the Ministry of Transportation. After a two-year reprieve, the program was brought back to address a number of priority road safety issues across the Province. The Leeds, Grenville and Lanark District Health Unit was successful in obtaining a \$3000.00 grant from the Ministry. This enabled the Health Unit, along with its many partners, to deliver a campaign that focused on three main themes.

The first theme was "rail safety". In February of 2005, our community was shocked and saddened by a train tragedy that occurred to a young Brockville girl. To help learn from this event, the Health Unit partnered with several community agencies such as, the OPP,

the Canadian Pacific Rail Police, the Canadian National Rail Police, and the Safe Communities of Brockville and District to deliver rail safety education to students and the community as a whole. During the campaign, 12 schools and over 4800 students received rail safety information through the Operation Lifesaver Curriculum. The team also participated in several community rail crossing safety blitzes that reached over 575 drivers in Perth, Lansdowne, Brockville, and Kemptville. To extend our reach even further, a communication campaign was developed and implemented through local media.

During the Road Safety Challenge, the Injury Prevention Committee also focused on a "car seat safety" theme.



It was identified that the Brockville community was in need of a volunteer pool of trained personnel to do car seat checks. An open community training session was held at the Brockville Fire Department on May 3, 2005. The campaign was successful in recruiting 14 individuals to participate in the training. A week later, a Community Car Seat Clinic was held where 25 car seats were properly installed, and as a result Brockville now has a number of much needed qualified individuals to assist in future clinics.

The final theme of the campaign was "school bus safety". Training and information was provided to school bus operators and drivers about proper stopping procedures at rail crossings. In addition, a rail-crossing blitz was also scheduled to observe the procedures first hand in the Kemptville area. It was during this period of time that the team identified the need to remind the public of the importance of stopping when approaching a school bus picking up and dropping off their students. A subsequent media campaign was also developed to address this.

Road safety affects us all. In many cases, it may only take a few simple reminders of what can go wrong to increase our awareness regarding these important road safety issues. The large majority of car collisions are predictable and preventable. So, remember *buckle up, look first, wear the gear, get trained, and stay sober* as a driver, a passenger and as a pedestrian.

Recognize & respond to preterm labour

Signs and Symptoms:

- bad cramps or stomach pains that don't go away
- bleeding, trickle or gush of fluid from your vagina
- lower back pain/pressure, or a change in lower backache
- a feeling that the baby is pushing down
- contractions, or change in the strength or number of them
- an increase in the amount of vaginal discharge

Some women may feel that **'something is not right'**.

If you have any of these signs
GO TO THE HOSPITAL RIGHT AWAY!

For more information call the HealthAction line at 1-800-660-5853 or 345-5685 or visit www.healthunit.org

Ontario
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Advertising paid for by Early Years Reproductive Grant from the Ministry of Health and Long Term Care

Preterm Labour

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We anticipate, as a result of this campaign, to see an increase in awareness of the significance of preterm birth as a perinatal issue, an increase in the number of caregivers discussing this issue with pregnant women, and an increase in awareness of signs and symptoms among pregnant women in Leeds, Grenville and Lanark. This will result in a greater proportion of women in preterm labour receiving appropriate care in the event of a preterm labour, and ultimately, in improved health outcomes for babies.

Promoting the Revised Low Risk Drinking Guidelines

Submitted by Julie Ingleby, Public Health Nurse

The Leeds, Grenville and Lanark District Health Unit is excited to be able to promote the revised Low-Risk Drinking Guidelines. The Centre for Addiction and Mental Health updated the low-risk drinking guideline pamphlet in 2004. The previous guidelines raised concern among other Health Units and professional governing organizations. Of particular concern was the issue around alcohol in pregnancy, where advocacy was effective in creating change. The new information now states "the guidelines do not apply if you... are pregnant, trying to get pregnant or breastfeeding" which recognizes best practice research. Additionally, it states "Don't drink if you are pregnant or are planning to become pregnant". These statements satisfy the previous concerns that the groups had.

The Centre for Addiction and Mental Health's excellent resource pamphlet entitled "Low-Risk Drinking Guidelines, maximize life, minimize risk" clearly lays out the facts and recommendations. The numbers 0, 2, 9, and 14 are very important in promoting responsible drinking:

- 0:** Having zero drinks places a person at the lowest risk of an alcohol-related problem
- 2:** Having no more than 2 standard drinks on any one day to remain at low risk for an alcohol related problem
- 9:** Women should have no more than 9 standard drinks in a week
- 14:** Men should have no more than 14 standard drinks in a week

Promotion of the definition of a standard drink is also clear in the pamphlet:

One Standard Drink = 13.6 g of alcohol

- 5 oz/142 mL of wine (12% alcohol)
- 1.5 oz/43 mL of spirits (40% alcohol)
- 12 oz/341 mL of regular strength beer (5% alcohol)

Higher alcohol beers and coolers contain more alcohol than one standard drink.

The resources also discuss who the guidelines apply to and includes tips to following them. Those who choose to drink and who are of legal age should still take precautions to avoid any injuries and other problems that might arise when consuming alcohol.

These Low-Risk Drinking Guidelines messages and resources are delivered via many of our Health Unit events, activities and campaigns including the Party Survival program for grade 11 high school students, Drug Awareness Week activities and education around host liability.

For more information on the Low-Risk Drinking Guidelines, contact Julie Ingleby at 283-2740 or visit the website: http://www.camh.net/about_addiction_mental_health/low_risk_drinking_guidelines.html



Food Insecurity a Major Concern Among Residents of Leeds, Grenville, and Lanark

Submitted by Dianne Oickle, MSc, RD, Public Health Nutritionist

The term “**food security**” is defined by Dietitians of Canada as “when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life.” The term “**food insecurity**” means the opposite - an individual (or household) is considered to be food “insecure” if they experience one of three circumstances:

1. worried about not having enough to eat
2. not eating the quality or variety of food desired
3. not having enough to eat

Food security, or access to healthy food, is a basic determinant of health. Food security can be viewed at multiple levels: individual, household, community, and beyond. Hunger and food insecurity are directly associated with poverty. Further, low socio-economic status, related to income, education, and occupation, is the major determinant of poor health. Individuals living in food insecure households are at increased nutritional risk and have poorer health. The risk of food insecurity increases with declining income. Households most at risk for food insecurity include single-parent families, those receiving social assistance, and those who rent their dwellings.

Recent data from Statistics Canada (2000/01) shows that almost 15% of Canadians, or an estimated 3.7 million people, are living in what is considered to be a “food insecure” household.

The data also shows that, in Canada:

- more than 40% of people in low or lower-middle-income households report some degree of food insecurity (a household was considered low income if there were 3-4 people in a household with a total income of less than \$20,000)
- 25% of middle-income households reported at least one aspect of food insecurity
- 11% of people in upper-middle income households reported at least one aspect of food insecurity
- 1/3 of female single parent families reported food insecurity (1/6 of male single parent families)

In Leeds, Grenville, and Lanark counties, there are:

- 22.2% of families with children at home are single parent families (12.7% of all families)
- 11.8% of children live in a low-income family
- 10% of private households live below the low-income cut-off point
- unemployment rate of 8.2% (age 15 and over) (compared to 7.15 % in Ontario)
- over 10% of households worried about having enough to eat due to lack of money
- 3.3% worried that there would not be enough to eat due to lack of money
- 1.3% did not have enough to eat because of a lack of money
- 3.6% did not eat the quality or variety of foods that they wanted to eat because of a lack of money

(Canadian Community Health Status Survey 2000/01)

In March 2005, Dietitians of Canada (DC) released a position statement on “Individual and Household Food Insecurity in Canada.” Recognizing food security as a social determinant of health, DC recommends an approach that addresses the root cause of individual and household food insecurity – poverty. Considering the risk factors that exist in Leeds, Grenville, and Lanark, the Registered Dietitians at the Health Unit will be working on various projects to address food security in the coming months.