

**Renfrew County and District
Community Health Status Report
Issue #14, June 2007**

Reproductive Health Indicators 1991 - 2006



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Introduction

The Ontario Ministry of Health and Long-Term Care mandates Ontario public health units to deliver a Reproductive Health Program. Its goal is to support healthy pregnancies.

The Renfrew County and District Health Unit carries out this mandate by:

- providing educational activities, resources and information for people who are pregnant or planning a pregnancy,
- providing reproductive health resources for health professionals,
- working with coalitions and groups to coordinate services for pregnant women and people in their reproductive years, and
- providing expertise in public health issues that are related to reproductive health to workplaces and community groups.

This report presents reproductive health indicators for babies born in Renfrew County and District. It illustrates trends over a 16-year period from 1991 to 2006, and updates previous reproductive health statistics for 1991,¹ 1995² and 1999 to 2001.³

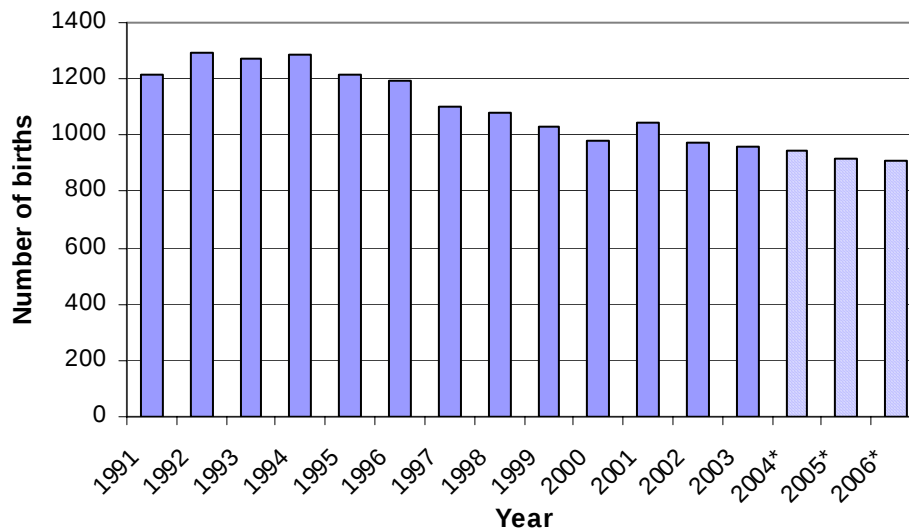
The data in this report comes from two sources: the Provincial Health Planning Database (PHPDB) and the Niday Perinatal Database. The Niday Database contains more recent records (2004 – 2006), and information about maternal smoking and breastfeeding that is not available from the PHPDB. See Appendix A for descriptions and data limitations for both sources.

Renfrew County and District (RC&D) is comprised of the County of Renfrew, the City of Pembroke, the Township of South Algonquin, and most of Algonquin Provincial Park in Ontario, Canada. This area covers about 15,000 square kilometers. The population was estimated at below 100,000 in 1991 and 1992, and between 100,000 and 101,000 from 1993 to 2005.

The Renfrew County and District Health Unit is mandated under the Ontario Health Protection and Promotion Act to review and report on health status in the community on a regular basis. Health status information is used to assist with planning local health promotion and disease prevention programs and services.

This report is the 14th in a series of health status reports published by the Renfrew County and District Health Unit. Most of these reports are available on our web site: <http://www.rcdhu.com/community-health-status/index.htm>.

Figure 1: Number of live births/year in Renfrew County and District (RC&D), 1991 - 2006



* Note that 2004 - 2006 data is from a different source and may not be directly comparable.

Sources:

1991 – 2003 Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted February 1, 2007

2004 – 2006 Niday Perinatal Database, 2004/5 data extracted January 2, 2007; 2006 data extracted March 15, 2007.

- The number of live births to mothers living in Renfrew County and District (RC&D) has declined in recent years. Between 1991 and 1995 there were over 1200 births/year. In contrast, there were under 1,000 births/year for five of the six years from 2000 to 2006.

The number of births to mothers living in Ontario also declined steadily between 1991 (151,159 births) and 2003 (130,603 births) except for increases in 2001 and 2003.⁴

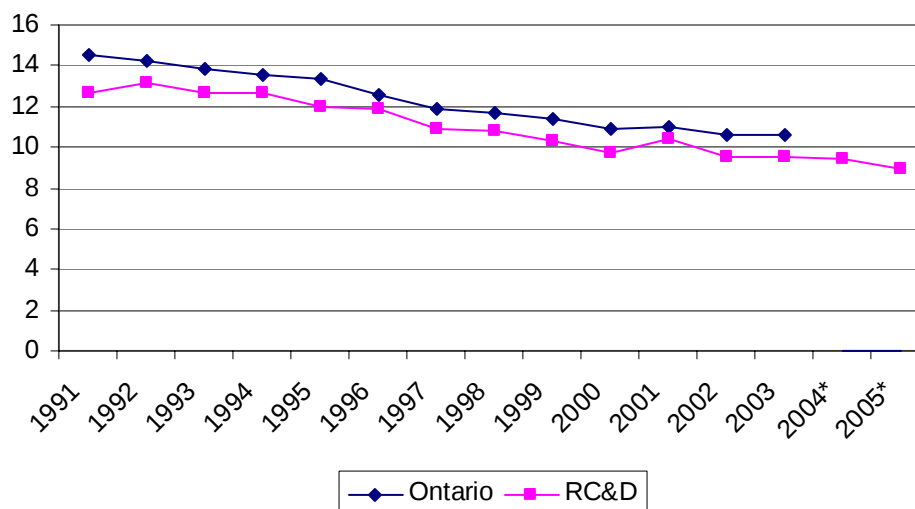
Stillbirths and Neonatal Deaths

The Niday Perinatal Database uses the definition of stillbirth as a fetus born dead at 20 weeks or more gestation. From 2001 to 2006, there were between three and eight stillbirths each year for residents of Renfrew County and District (RC&D).

The Niday Database defines neonatal deaths as deaths that occur before seven days of age. From 2001 to 2006, there were between one and three neonatal deaths each year for residents of RC&D.

The perinatal mortality rate is the combined number of stillbirths and neonatal deaths (as defined above) per 1,000 births (live and still). Since rates should not be based on counts of less than five, the perinatal mortality rate could only be calculated for four of the six years from 2001 to 2006. For these years, perinatal mortality rates in RC&D ranged from 4.2 to 10 deaths per 1,000 births.

Figure 2: Crude Birth Rates
 (# live births/1,000 population)
 Ontario and RC&D, 1991 - 2005



* Note that 2004 and 2005 data is from a different source and may not be directly comparable.

Sources:

1991 – 2003 births and 1991 – 2005 population estimates: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted January 4, 2007 (Ontario) and February 1, 2007 (RC&D)

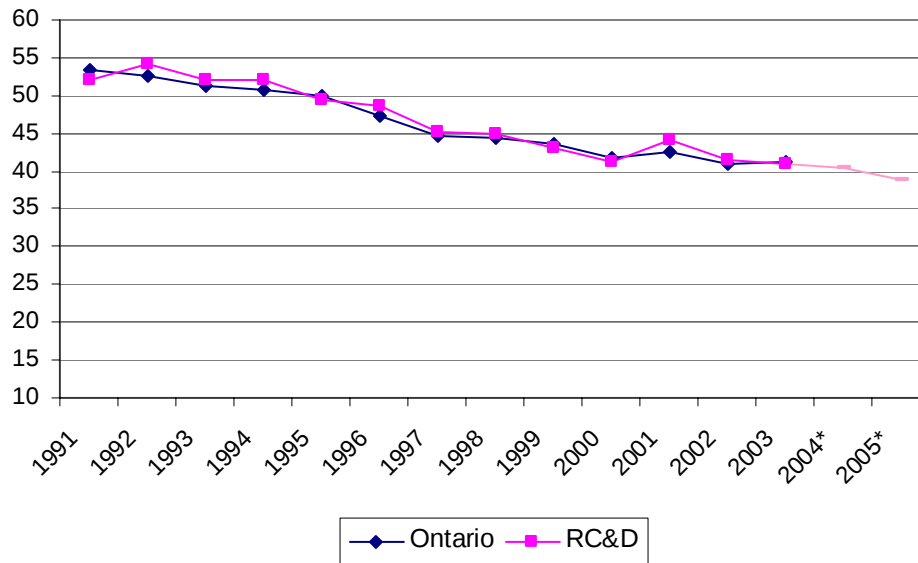
2004 – 2005 births: Niday Perinatal Database, extracted January 2, 2007

The crude birth rate is the number of live births per 1,000 people in the population for a given year.

- Crude birth rates in RC&D dropped 29% between 1991 and 2005 (from 12.6 to 9 births/1,000 people).
- Crude birth rates in Ontario dropped 27% between 1991 and 2003 (from 14.5 to 10.7 births/1,000 people).

The same pattern has been observed across Canada. Canada's 2002 and 2004 crude birth rates of 10.5/1,000 were the lowest since vital statistics began to be produced nationally in 1921.^{5,6,7}

Figure 3: General Fertility Rates
 (# live births/1,000 women age 15 - 49)
 Ontario and RC&D, 1991 - 2005



* Note that 2004 and 2005 data is from a different source and may not be directly comparable.

Sources:

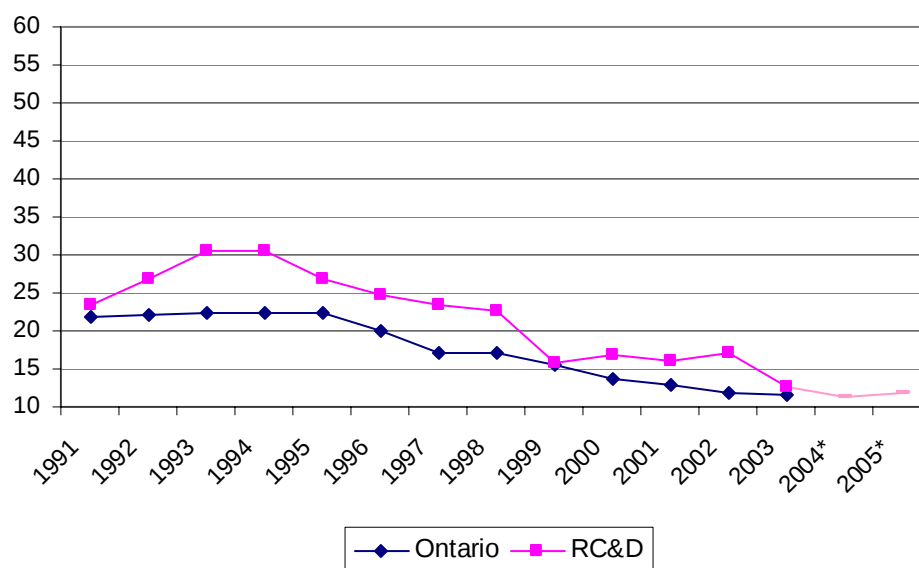
1991 – 2003 births and 1991 – 2005 population estimates: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted January 4, 2007 (Ontario) and February 1, 2007 (RC&D)

2004 – 2005 births: Niday Perinatal Database, extracted January 2, 2007

- General fertility rates in both RC&D and Ontario have decreased since 1991, and are close to 40 births/1,000 women between the ages of 15 and 49.

Another trend in fertility rates is that women are waiting longer to have children. Age-specific fertility rates in Ontario have *decreased* for the age groups: “15 – 17”, “18-19”, “20 – 24” and “25 – 29” in the ten years between 1991 and 2000. In contrast, fertility rates have *increased* for the age groups: “35 – 39” and “40 and over” during the same period. The highest fertility rates are in the “25 – 29” and “30 – 34” age groups.⁸

Figure 4: Teen Fertility Rates
 (# live births /1,000 females age 15 - 19)
 Ontario and RC&D, 1991 - 2005



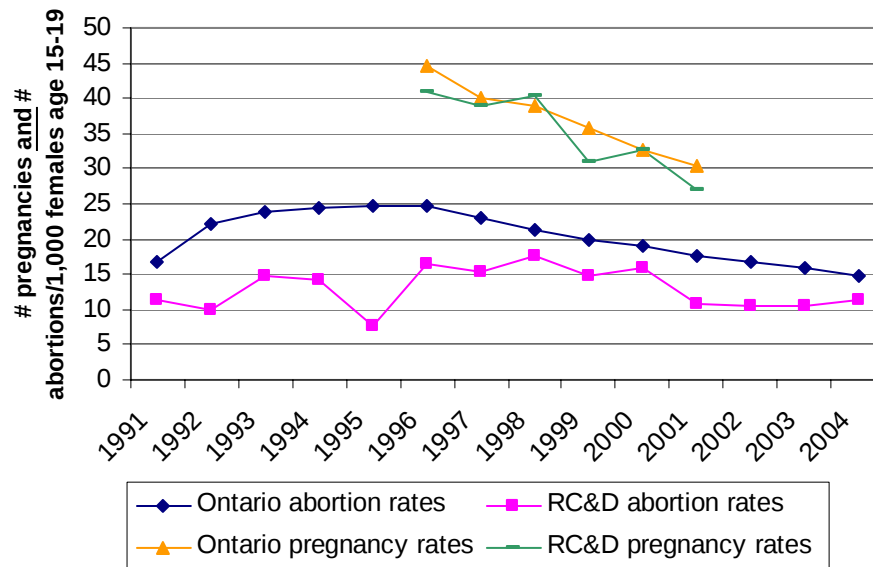
* Note that 2004 - 2005 data is from a different source and may not be directly comparable.

Sources:

1991 – 2003 births and 1991 – 2005 population estimates: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted February 5, 2007
 2004 – 2005 births: Niday Perinatal Database, extracted January 2, 2007

- Teen fertility rates in RC&D have been higher than in Ontario as a whole for most years shown in Figure 4 above. Both local and provincial teen fertility rates have decreased over the reporting period.

**Figure 5: Teen Abortion Rates
and Teen Pregnancy Rates,
Ontario and RC&D, 1001 - 2004**



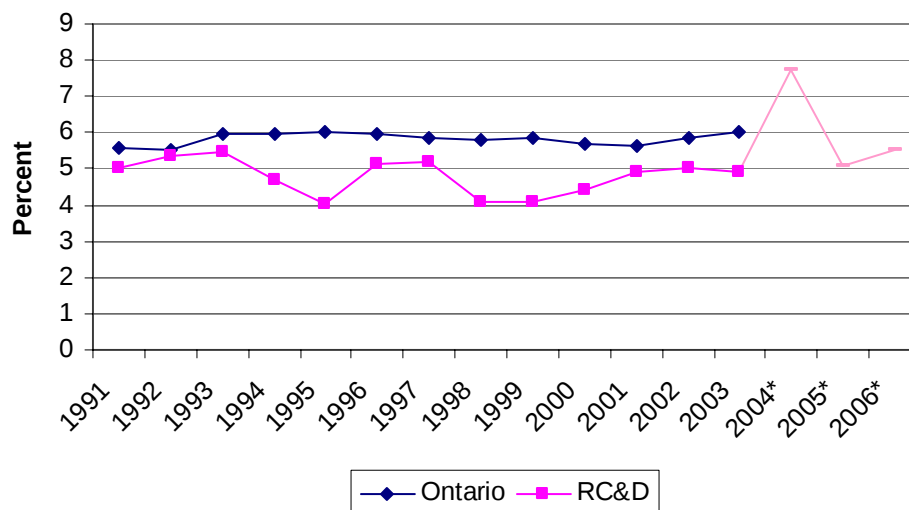
Source: Health Planning System, Chronic Disease Prevention and Health Promotion Branch, Ontario Ministry of Health Promotion.

Teen abortion rates are defined as the number of abortions/1,000 females age 15 to 19 in the population. Teen pregnancy rates are defined as the number of pregnancies (the sum of live births, stillbirths and reported abortions)/1,000 females age 15 to 19.

- Figure 5 above shows that teen pregnancy rates in RC&D (1996 to 2001) were close to the provincial average, but abortion rates were lower. This would account for higher teen fertility rates in RC&D, shown in Figure 4.

Note: Abortion data does not provide a complete picture of abortion in Ontario. The data was obtained from hospital records tallying surgical abortion procedures conducted in Ontario, and OHIP claims submitted for surgical abortion procedures conducted in freestanding clinics that have signed an agreement with the Independent Health Facilities Branch. The data does not include spontaneous abortions, surgical abortion procedures conducted in private clinics, medical abortion procedures, and procedures to uninsured clinic clients. The data for a given health unit are based on residents living in the health units' region who have obtained a surgical abortion, not the number of abortion procedures conducted in that region.

**Figure 6: Low Birth Weight Rates
(% of live births under 2500 grams)
Ontario and RC&D, 1991 - 2006**



* Note that 2004 - 2006 data is from a different source and may not be directly comparable.

Sources:

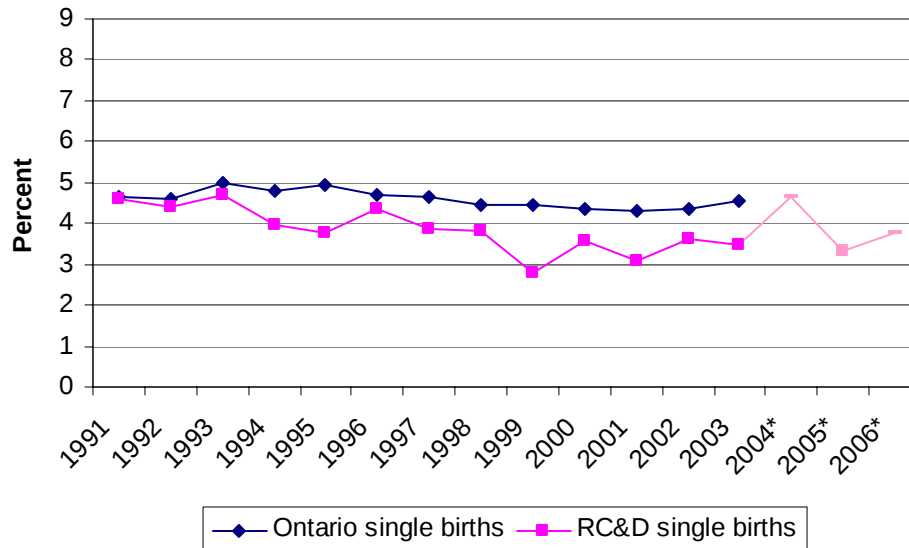
1991 – 2003: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted February 5, 2007

2004 – 2006: Niday Perinatal Database, 2004/05 data extracted January 2, 2006; 2006 data extracted March 15, 2007

Low birth weight babies (less than 2500 grams) have a higher risk of health problems, disability and death. Risk factors for low birth weight include preterm birth, multiple births, poor maternal nutrition, maternal smoking, maternal alcohol use, drug use and maternal age (under age 20 and over age 35).⁹ One of Ontario's reproductive health objectives is to reduce the low birth weight rate to 4% by 2010.¹⁰

- Low birth weight rates in RC&D have generally been below Ontario rates, and ranged from 4 to 7.7% over the time period shown. With under 1,000 births/year, this variability is expected.
- Low birth weight rates in Ontario were close to 6% between 1991 and 2003.

Figure 7: Low Birth Weight Rates for Single Births
 (% of single live births under 2500 grams)
 Ontario and RC&D, 1991 - 2006



* Note that 2004 - 2006 data is from a different source and may not be directly comparable.

Sources:

1991 – 2003: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted February 5, 2007

2004 – 2006: Niday Perinatal Database, 2004/05 data extracted January 2, 2006; 2006 data extracted March 15, 2007

- The average low birth weight rate for single births in RC&D for the 16-year period shown in Figure 6 above was 3.9%.
- The average single low birth weight rate in Ontario for the 13 years for which data is available was 4.6%.

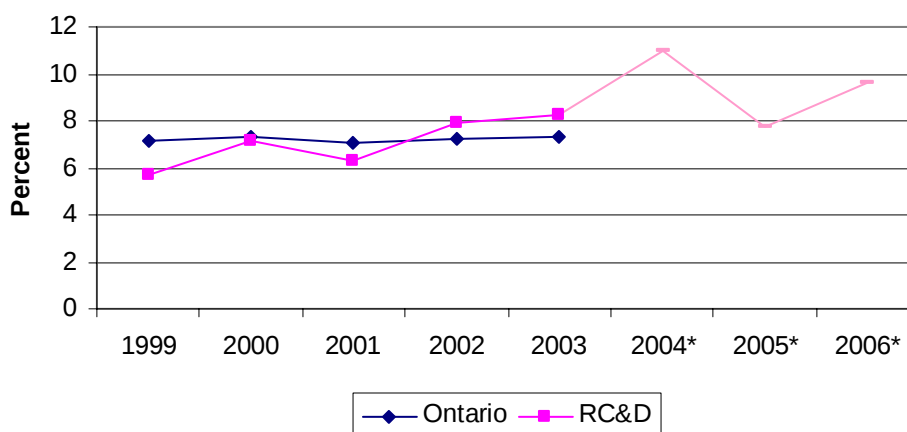
Multiple Low Birth Weight Rates

The multiple low birth weight rate is the percent of multiple live births under 2500 grams.

Low birth weight rates for multiple babies in Ontario have been stable, at 50% or slightly higher from 1991 to 2003. The average low birth weight rate over this period was 53%.

Smaller populations tend to show greater variability from year to year, and this has been so for multiple low birth weight rates in RC&D. Over the 16-year period from 1991 to 2006, the average low birth weight rate for multiples was under 50%.

Preterm Birth Rates
 (% of live births delivered before 37 weeks gestation)
Ontario and RC&D, 1999 - 2006



* Note that 2004 - 2006 data is from a different source and may not be directly comparable.

Sources:

1999 – 2003: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted February 27, 2007

2004 – 2006: Niday Perinatal Database, 2004/05 data extracted January 2, 2006; 2006 data extracted March 15, 2007

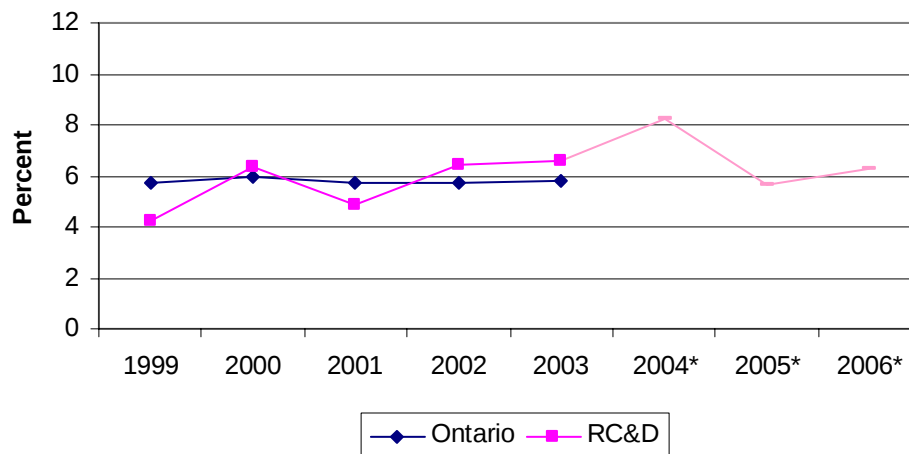
Preterm birth (before 37 weeks gestation) is the most important cause of perinatal mortality and morbidity in industrialized countries. Known risk factors for preterm birth include: black race, single marital status, younger or older maternal age, previous preterm delivery, smoking, low pre-pregnancy weight, low or high weight gain, and multiple pregnancy.¹¹

Preterm birth rates have been increasing in many industrialized countries, including Canada¹² and Ontario.¹³ Potential explanations for this trend include increases in obstetric intervention, changes in the frequency and gestational age of multiple births, greater likelihood of extremely early-gestation births (20 to 27 weeks) being registered as live births, and increases in the use of ultrasound-based estimates of gestational age. A limitation in this data is the potential for error in determining gestational age, particularly when menstrual dates are used without ultrasound confirmation of gestational age.¹¹

- Preterm birth rates were stable in Ontario between 1999 and 2003, at slightly over 7%.
- Between 1999 and 2003, preterm birth rates in RC&D were very close to those for Ontario as a whole. Rates for RC&D were slightly higher in 2004 (11%) and 2006 (9.6%). With less than 1,000 births/year, variability such as this is expected.

Preterm birth rates for 1991 – 1998 are not reported because of data quality issues.¹⁴

Figure 9: Preterm Birth Rates for Single Births
 (% of single live births delivered before 37 weeks
 gestation) Ontario and RC&D, 1999 - 2006



* Note that 2004 - 2006 data is from a different source and may not be directly comparable.

Sources:

1999 – 2003: Provincial Health Planning Database, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care, extracted February 27, 2007

2004 – 2006: Niday Perinatal Database, 2004/05 data extracted January 2, 2006; 2006 data extracted March 15, 2007

- The average single preterm birth rate in RC&D for the eight-year period shown in Figure 9 above was just over 6%.
- The average single preterm birth rate in Ontario over the five years for which data is shown was 5.8%.

Preterm birth rates for 1991 – 1998 are not reported because of data quality issues.¹⁴

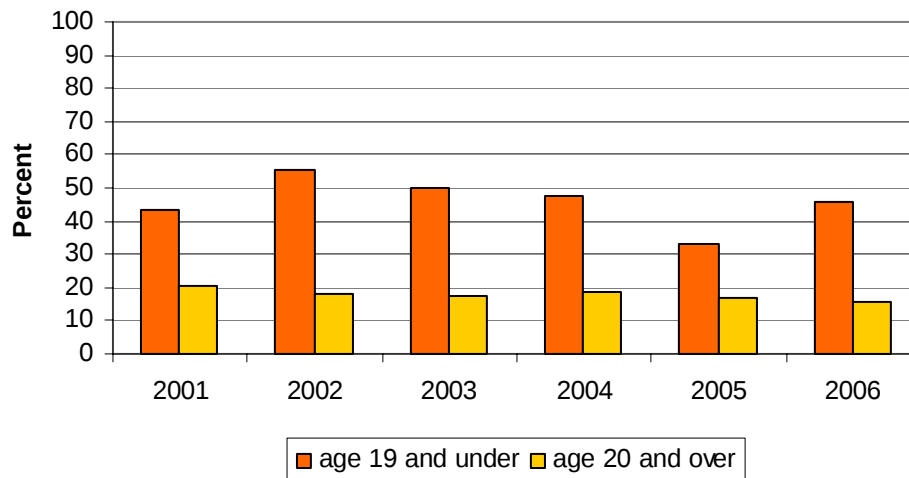
Multiple Preterm Birth Rates

The multiple preterm birth rate is the percent of multiple live births delivered before 37 weeks gestation.

Preterm birth rates for multiple babies in Ontario have been stable, at slightly over 50% from 1999 to 2003.

Smaller populations tend to show greater variability from year to year, and this has been so for multiple preterm birth rates in RC&D. Between 1999 and 2006, multiple preterm birth rates in RC&D fluctuated from a low of 39% in 2000 to a high of 88% in 2006. The average rate over the 8-year period was 59%.

Figure 10: Proportion of teen and adult moms who smoked after the 20th week of pregnancy, RC&D, 2001 - 2006



Source: Niday Perinatal Database, 2002 and 2003 data extracted December 14, 2006; 2001, 2004 and 2005 data extracted January 2, 2007, 2006 data extracted March 15, 2007.

Maternal cigarette smoking is associated with an increased risk of infant mortality and morbidity, due in part to increases in intrauterine growth restriction (IUGR) and preterm birth. Women who stop smoking during their pregnancy are at significantly reduced risk of IUGR and preterm birth compared with women who smoke throughout pregnancy.¹⁵

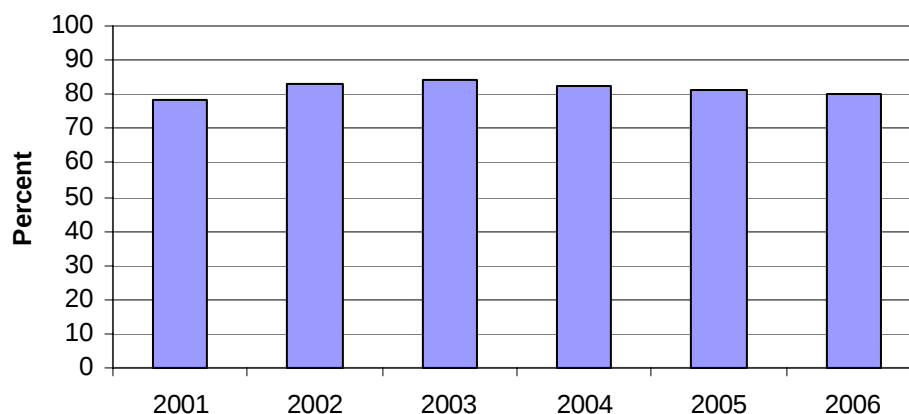
The data about smoking during pregnancy has some limitations: 1) It does not capture information about how much women smoked; 2) The knowledge that smoking can harm the baby may affect how mothers answer questions about smoking during pregnancy (smoking may be under-reported); 3) Smoking status was unknown for a significant portion of records in the Niday Perinatal Database.

- In RC&D, between 1/3 and 1/2 of teen moms reported smoking after the 20th week of their pregnancy, while about 1/5 of older moms did so during the years shown in Figure 10. Note that although the *proportion* of teen moms who smoked was high, they represented only 5% of all moms.

The proportion of new mothers in RC&D (all ages combined) who reported smoking after the 20th week of their pregnancy has decreased slightly from about 20% (1999 through 2004) to 17% (in 2006).

Smoking during pregnancy has been decreasing in Ontario: 21.3% in 1994/5, 17% in 1996/97 and 15.8 % in 1998/9).¹⁶

Figure 11: Proportion of new moms intending to breastfeed at hospital admission, RC&D, 2001 - 2006

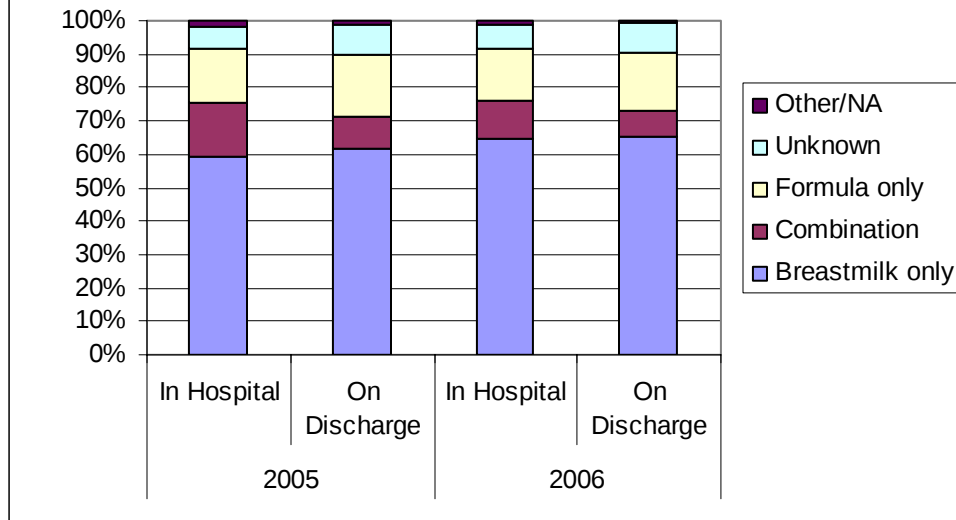


Source: Niday Perinatal Database, 2002 and 2003 data extracted December 14, 2006; 2001, 2004 and 2005 data extracted January 2, 2007, 2006 data extracted March 15, 2007.

Breastfeeding is the superior method of feeding infants. It provides many benefits for both mothers and children. A public health goal for Ontario is to increase the percentage of infants breast-fed for six months to 50 percent by the year 2010.¹⁷

- Over 80% of new moms in RC&D stated that they intended to breastfeed at the time of admission to the hospital for the birth of their baby. This figure has risen slightly from 78% in 1999/01.¹⁸

Figure 12: Infant feeding method in hospital and on discharge, RC&D, 2005 - 2006



Source: Niday Perinatal Database, 2005 data extracted January 2, 2007; 2006 data extracted March 15, 2007.

In 2005, the Niday Perinatal Database system began to capture information about infant feeding practices while in the hospital after the birth of their baby, and at the last feeding before discharge.

- While 80% of moms had stated an intention to breastfeed on hospital admission, only 60% in 2005 and 65% in 2006 were exclusively breastfeeding when they left the hospital.
- Well over 10% of moms supplemented breastfeeding with infant formula during their hospital stay.

Many factors influence infant feeding practices. Supplementary feedings can cause a variety of problems with breastfeeding and has a negative influence on breastfeeding duration.¹⁹ The reasons for supplementary feeding in hospital and a study of breastfeeding duration would be of interest.

Summary

Reproductive health statistics in RC&D for the years 1991 to 2006 indicate that:

- The **number of births/year** has been declining since 1994, and as of 2006 is well under 1000 births/year.
- **Crude birth rates** have been declining. Since 2002, they have been under 10 births/1,000 people in the population. A similar decline has occurred in Ontario and Canada.
- **General fertility rates** have been declining. RC&D rates have been very similar to Ontario's and since 2002 have been close to 40 births/1,000 women age 15 – 49.
- **Teen fertility rates** have declined substantially since 1994 (from 30 to 12 births/1,000 females age 15 – 19). They were higher than in Ontario as a whole for most years between 1991 and 2003.
- **Teen pregnancy rates** in RC&D (1996 to 2001) were close to the provincial average, but **teen abortion rates** were lower. This would account for teen fertility rates in RC&D being higher than in Ontario as a whole.
- **Low birth weight rates** have generally been below Ontario rates. The average low birth weight rate for **single** births for the 16-year period was 3.9%, slightly lower than in Ontario as a whole (4.6%). Low birth weight rates for **multiples** varied considerably, and averaged out to under 50% over the 16-year period. Ontario's low birth weight rate for multiples has been 50% or slightly higher.
- **Preterm birth rates** have been close to those for Ontario as a whole (1999 to 2003). The average preterm birth rate for **single** births for the eight years between 1999 and 2006 was just over 6%. **Multiple** preterm birth rates in RC&D varied considerably but averaged out to 59% for the period 1999 to 2006.
- Between one third and one-half of teen moms **smoked** after the 20th week of their pregnancy, while less than one fifth of older moms did so.
- Over 80% of new moms indicated that they planned to **breastfeed** their babies. However, only 60 to 65% practiced exclusive breastfeeding while in the hospital and at the last feeding before discharge (2005 and 2006).

References

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11. Health Canada, *Canadian Perinatal Health Report, 2003* (Ottawa: Minister of Public Works and Government Services Canada), 2003, p. 73.
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13. Health Information Partnership Eastern Ontario Region, *A Population-based Analysis of Perinatal Data for Eastern Ontario, 1999* (February 2001), p. 16.
14. Toronto Public Health, Health Information, "Live Births in Ontario: Data Quality Issues." *Health Status News* (June 2002), Issue 1-2.
15. Health Canada, *Canadian Perinatal Health Report, 2003* (Ottawa: Minister of Public Works and Government Services Canada), 2003, p. 3.
16. Ibid., p. 158.

17. Ontario Minister of Health, *Mandatory Health Programs and Services Guidelines December 1997* (Queen's Printer for Ontario, 1998), p. 43.
18. Renfrew County and District Health Unit, *Our Health in Renfrew County and District Issue #8, Perinatal Statistics 1999 – 2001 (no date)*, p. 5.
19. Canadian Institute of Child Health, *National Breastfeeding Guidelines for Health Care Providers* (Ottawa: 1996), p.76.
20. Central East Health Information Partnership, *Under-reporting of live births in Ontario: 1991 – 1997* (February 2001).

Appendix A – Data Sources and Limitations

Niday Perinatal Database

The Niday Perinatal Database was initiated in January 1997 by the Perinatal Partnership Program of Eastern and Southeastern Ontario (PPESO). The purpose of the database is to assist with decision-making about perinatal care, and to enhance the ability of health care providers to work together on improving perinatal health in the community. The project is managed by the Ontario Perinatal Surveillance System (OPSS) Steering Committee. It is funded by the Ontario Ministry of Health and Long-Term Care and the database's hospital and health unit partners. Most hospitals in Ontario contribute to the database, including all hospitals in Eastern and Southeastern Ontario. The database is named after Patricia Niday, who was the first executive director of PPESO.

As a health unit partner, the Renfrew County and District Health Unit can access records of births to mothers who live in Renfrew County and District.

Some births to women living in Renfrew County and District are not included in the Niday Database. It does not capture:

- Births that occur in a hospital that is not part of the database. (E.g. Peterborough Regional Health Centre began entering birth data in 2001, stopped for two years and began again in 2003. A few women living in the western part of the county give birth in Peterborough.)
- Births that occur outside of Ontario (e.g. Pontiac Hospital Centre in Shawville, Quebec).
- Births for which the postal code information for the mother is incorrect or missing. The proportion of births in the database for which the residence is not known is as follows: 6.4% in 2002; 4.1% in 2003; 3% in 2004; 3.7% in 2005 and 3.4% in 2006.
- Home births attended by a midwife.

Residence of the mother is based on her postal code, but some postal codes cross municipal boundaries. The Niday Database uses the Postal Code Conversion File produced by the geography division of Statistics Canada to determine the health unit of each mother. Different versions of the Postal Code Conversion File have allocated different numbers of births to Renfrew County and District. The number of births has varied by as much as four percentage points. Data for 2004 – 2006 was extracted between December 2006 and March 2007 and is based on the same Conversion File.

Provincial Health Planning Database, Live Births

The information for the live births database is obtained from the Office of the Registrar General (ORG), which is part of the Ministry of Government Services of Ontario. The ORG is responsible for registering all live births, stillbirths and deaths for Ontario.

Some births to women living in Ontario are not included in the PHPDB. It does not capture:

- Births that occurred outside of Ontario.
- Births that are not registered. Unregistered births have increased from less than 1% in the early 1990's to over 3% in 1998 after this function was downloaded to municipalities and some municipalities began to charge for the service. Unregistered births were found to be more frequently associated with teenage mothers and babies of lower birth weights.²⁰

Appendix B - Data Table to Accompany Figures

Year	Total # live births	# still births	# single live births	# multiple live births	# live births to teens (age 15 – 19)	# teen abortions	# low birth weight babies (under 2500 grams)	# preterm babies (before 37 weeks gestation)	# teen moms who smoked after 20 weeks gestation	# adult moms who smoked after 20 weeks gestation	# moms planning to breastfeed at hospital admission	# moms exclusively breastfeeding at hospital discharge
1991	1217	-	1197	20	76	37	67	-	n/a	n/a	n/a	n/a
1992	1294	-	1270	24	87	32	69	-	n/a	n/a	n/a	n/a
1993	1274	-	1254	20	99	48	70	-	n/a	n/a	n/a	n/a
1994	1284	-	1266	18	101	47	60	-	n/a	n/a	n/a	n/a
1995	1212	-	1195	17	88	25	49	-	n/a	n/a	n/a	n/a
1996	1191	-	1167	24	81	54	61	-	n/a	n/a	n/a	n/a
1997	1098	-	1067	31	77	50	57	-	n/a	n/a	n/a	n/a
1998	1082	-	1054	28	74	57	44	-	n/a	n/a	n/a	n/a
1999	1031	-	1007	24	52	48	42	59	33	n/a	n/a	n/a
2000	980	-	957	23	56	53	43	70	17	n/a	n/a	n/a
2001	1044	7	1007	37	53	36	51	66	21	194	795	n/a
2002	975	3	945	30	58	36	49	77	23	160	764	n/a
2003	958	2	925	33	43	36	47	79	23	158	771	n/a
2004	946	3	907	39	38	38	73	104	18	167	766	n/a
2005	906	6	871	35	57	n/a	46	70	19	142	745	562
2006	907	8	878	29	52	n/a	50	87	24	130	733	598

- indicates data was not accessed

n/a indicates data is not available

Sources:

	Provincial Health Planning Database,
	Niday Perinatal Database
	Health Planning System, Chronic Disease Prevention and Health Promotion Branch, Ontario Ministry of Health Promotion