

including the data from the Province of Ontario in its many peer-reviewed publications.²⁰ The data regarding preterm birth rates for Ontario and Toronto are not included in this report due to concerns about accuracy in the reporting of gestational age in the Ontario vital statistics database.

According to UNICEF every child has the right to civil registration at birth – thus being entitled to the civil rights (including recognition as a person) in the jurisdiction of birth.²⁵

Results of a study by the Central East Health Information Partnership²⁶ show that the percentage of unregistered births (birth events not included in the official Ontario vital statistics data) in Ontario increased from less than 1% in the early 1990s to over 3% in 1998. The percentage of unregistered births is higher among mothers below 20 years of age, low birth weight births and preterm births. The rates of preterm/small for gestational age/low birth weight/intrauterine growth restricted births are likely to be underestimated in the Province of Ontario and Toronto. The introduction of birth registration fees by some municipalities (including Toronto) in 1996/1997 appears to have negatively affected the registration process. Municipalities with birth registration fees were found to have a greater prevalence of unregistered births. In the event of an early neonatal death there is no incentive for parents to register the birth of their child. This could account for a serious element of bias in the reporting of Ontario vital statistics.

E. Objectives of the review:

Evidence based practice is the “conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients”.²⁷ Based on this principle the objectives of this systematic review were to critically appraise the available evidence from systematic reviews, meta-analyses, and narrative reviews, regarding

- (a) The contributors/factors/determinants related to preterm/SGA/LBW/IUGR births and
- (b) The effectiveness or efficacy of strategies/approaches/interventions to prevent preterm/SGA/LBW/IUGR births.

The interventions that were examined in this review included currently recommended interventions undertaken in clinical practice as well as newly proposed interventions.

This review will help to guide Toronto Public Health initiatives to address the issue of preterm/LBW/SGA/IUGR births.

F. Method of review:

a. Search strategy:

A comprehensive literature search was carried out. The search strategy commenced with a search of personal files and review articles currently available within “Toronto Public Health”.