Reproductive & Infant Health

Population Health Status Indicators

Technical Notes

Last updated: May 4, 2026

Toronto Public Health

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Introduction

This document contains technical notes regarding the measures presented in Toronto Public Health's (TPH) Reproductive and Infant Health Population Health Status Indicator (PHSI) dashboard. It contains information on data sources, indicator definitions, and analysis details.

For questions, assistance, or more information, please contact TPH's Epidemiology and Data Analytics Unit at edau@toronto.ca.

General Notes

The indicators on this dashboard come from the following data sources: the Better Outcome Registry and Network (BORN) Information Systems (BIS), the Discharge Abstract Database (DAD), and the Ontario Health Insurance Plan (OHIP) Approved Claims file.

Note: This dashboard contains one cross-referenced indicator from the Child and Youth Health dashboard - Enhanced 18-month Well-Baby Visit. Details on this indicator can be found in the technical notes of the Child and Youth Health dashboard.

General Analysis Notes

- Data are tested for statistical significance to determine if there are meaningful differences in the results between population groups (e.g., Toronto compared to the rest of Ontario, or males compared to females).
    - There are various methods that can be used to test for significant differences. For the purposes of this analysis, significant differences were estimated using overlapping confidence intervals (CIs). Although this method is conservative and most appropriate when comparing mutually exclusive groups, it was chosen as an objective means of drawing conclusions on population-based data.
    - Since CIs have the same theoretical underpinnings as p-values, CIs can be used to approximate significance testing at the 5% level. The CI and point estimate of two groups can be compared to determine whether there is a significant difference between the groups, depending on if there is overlap. Three situations can arise:

        1. The 95% CI of one rate contains the point estimate of the other rate. This implies a p-value >0.05 and thus, no significant difference between the two rates.
        2. The 95% CIs do not overlap. This implies a p-value <0.05 and thus, there is a significant difference between the two rates.
        3. The 95% CIs overlap but the 95% CI of one rate does not include the point estimate of the other. This is an ambiguous situation, and it is not

possible to ascertain the p-value without carrying out a formal statistical test of significance. In the absence of testing (due to the impracticality of it in our work), the rates are considered to have no significant difference. This approach is a conservative means to compare two rates without a formal statistical test.

- Various comparator groups are used depending on the stratification.
    - For regional comparisons, the comparator group is Toronto.
    - For sub-Toronto geography comparisons, the comparator group is Toronto overall.
    - For socio-demographic characteristic comparisons, the comparator group is the group with the most favourable outcome for a given indicator. For example, the group with the highest percentage of optimal fruit and vegetable consumption would be the comparator group. The exception to this is income group analysis; for these analyses, the comparator group is the highest income group (e.g., quintile 5).
- Key findings are summarized in highlights. The aim was to use an approach of non-stigmatization, statistical significance, and relevance when selecting and summarizing the highlights. They should not be considered exhaustive.
- The term “women” is used throughout this tool to be consistent with the underlying data sources. People with various gender identities can get pregnant and have children and are included in these data.

Trends Over Time

- Wherever possible, a ten-year time trend analysis is displayed. For some indicators in this dashboard, data collection began or changed within this period. Where a ten-year time trend was not possible, a time trend for the maximum number of years available is displayed.

Regional Comparison

- Wherever possible, Toronto is compared to the rest of Ontario (Ontario with Toronto removed), rather than the Ontario total because Toronto comprises a large proportion of the Ontario population. Toronto is also compared to the rest of the Greater Toronto Area (GTA) for the same reason. The rest of GTA includes Halton, York, Durham, and Peel regions.
- Data for Toronto are compared to the following regions where possible:
    - GTA, excluding Toronto;
    - Ontario, excluding Toronto;
    - Highest and lowest Ontario Public Health Unit (PHU).
- Data are presented for the PHUs with the highest and lowest rates, where they are reportable.

    - Where Toronto is the highest or lowest PHU, only Toronto is presented to avoid duplication on the dashboard, i.e., if Toronto is the highest PHU, there is no “highest PHU” value presented, and if Toronto is the lowest PHU, there is no “lowest PHU” value presented.

Sub-Toronto Geography

- Data are reported by sub-Toronto geography where possible. Analyzing data by geography allows us to assess and identify patterns in health status at more granular levels. This understanding supports planning and provision of public health services for residents living in different areas of the city.
- Data are analyzed by the City of Toronto’s 158 neighbourhoods wherever possible.
    - The City of Toronto is divided into neighbourhoods to support social service planning, data collection and analysis. Prior to 2022, there were 140 Toronto Neighbourhoods and due to population growth, some of these neighbourhoods were split, resulting in 158 official neighbourhoods.
    - For more information about the 158 Toronto Neighbourhoods, refer to About Toronto Neighbourhoods.
- Where neighbourhood analysis is not possible (e.g., where a high proportion of neighbourhoods need to be suppressed due to small counts), the data are analyzed by Toronto’s ten Community Clusters which are made up of groups of Toronto Neighbourhoods.
    - The Community Clusters were developed during the COVID-19 pandemic to identify and respond to emerging needs and issues, and they continue to be used to support community service planning, coordination and collaboration.
    - More information about the community clusters, refer to Community Coordination Plan – City of Toronto.
- Neighbourhood and cluster analyses are based on combined years of data in order to obtain a sample size large enough to analyze at smaller geographic levels. By combining years of data, changes over time in and between geographic areas may be hidden.

Socio-demographic Characteristics

- Data are reported by socio-demographic characteristics, where possible. Analyzing data by socio-demographic groups helps to identify and monitor differences in health status between groups, including health inequities. This understanding supports planning and provision of public health services for specific populations.
- The indicators contained in this dashboard come from administrative data sources rather than survey data. These sources have limited socio-demographic

variables. As such, key socio-demographic stratification is not possible/ available for these indicators (e.g., ethno-racial identity, immigration status, etc.).
- Income analysis included in this dashboard are based on area-level assignment of income rather than direct measure of individuals' income. Therefore, these analyses are subject to ecological bias. See the *income quintile* information in the glossary section for specifics on this methodology.

Glossary

- **Income Quintiles** are five groups, each containing approximately 20% of the population. They were created by ranking Toronto's census tracts based on the percent of residents living below the Statistics Canada after-tax Low Income Measure (LIM), using income tax filer data. Quintile 1 includes the census tracts with the highest percent of people living below the LIM and is therefore the lowest income quintile. Quintile 5 includes the census tracts with the lowest percent of people living below the LIM, making it the highest income quintile. LIM is an income level set at 50% of the median income in Canada in a given year, adjusted for household size.
- **Gestational Age** is calculated as the interval between the date of delivery of the fetus or newborn and the first day of a woman's last normal menstrual period. Full-term pregnancies average about 40 weeks (37 completed weeks to 42 completed weeks).
- **Live Birth** is the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as a heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether the umbilical cord has been cut or the placenta is attached. A live birth is not necessarily a viable birth.
- **Multiple Birth** refers to the birth (live or stillbirth) of more than one child during a single delivery.
- **Parity** refers to the number of times a woman has given birth to date.
    - **Primiparous** refers to a woman who has given birth for the first time.
    - **Multiparous** refers to a woman who has previously given birth to at least one child.
- **Singleton Birth** refers to the birth (live or stillbirth) of one child during a single delivery.

Data Source Notes

Two data sources were used for birth data: the Better Outcome Registry and Network (BORN) Information Systems (BIS) and the Discharge Abstract Database (DAD). Depending on the indicator, some data were only available through one source, or it was deemed appropriate to use one data source over the other. For a more detailed

discussion of the strengths and limitations of each source, please see the Association of Public Health Epidemiologists (APHEO) - 10 Reproductive Health Core Indicators Documentation Report.

Better Outcome Registry and Network (BORN) Information Systems (BIS)

- BORN is Ontario's pregnancy, birth and childhood registry and network. Data is sourced from birthing hospitals, midwifery practice groups, Expanded Midwifery Care Models, birthing centres, fertility clinics, prenatal and newborn screening laboratories, follow-up clinics, clinical programs, and primary care organizations.
- Geography is assigned based on the infant's residence at the time of birth, not the location of birth. The majority of the time, but not always, the infant's residence is the same as the mother's residence.
- Births to Ontario mothers that occur out-of-province are not included in the data.
- Data are from the BORN public health unit Analytics Cube, which is based on submitted data only, and includes both acknowledged and unacknowledged data. As such, the numbers are subject to change as organizations continue to submit, acknowledge, and fix errors in their data. The exception to this is certain elements which were extracted from the Standard Reports or received via custom data request to obtain Ontario comparator data for the Regional Analysis and Overall sections. See the Indicator Notes within the Indicator Information section for details on these.
- Analyses exclude birth records with missing information. Similarly, the neighbourhood and income analyses excluded birth records that did not have available dissemination area information and/ or could not be linked to a Toronto census tract or neighbourhood.
- Caution should be taken when interpreting data where the percentage of "missing data" for a particular element was ≥10%. For these values, the data are presented with a caution statement. Data are suppressed where missing data is ≥30% for a particular element.
- To reduce the risk of re-identifying individuals, cells of five or less were suppressed.

Discharge Abstract Database (DAD)

- The Discharge Abstract Database (DAD) captures administrative, clinical, and demographic information on hospital discharges (including deaths, sign-outs, and transfers).
- Hospitalization data excludes births which occur outside of hospital which represent 2.2 to 3.5% of all births to Toronto women each year.
- Births to Ontario mothers that occur out-of-province are not included in the data.

- Analyses exclude birth records with missing information. Similarly, the neighbourhood and income analyses excluded birth records that could not be linked to a Toronto census tract or neighbourhood.
- To reduce the risk of re-identifying individuals, cells of five or less were suppressed.

Indicator Information

Alcohol, cannabis and substance exposures in pregnancy

- **Alcohol exposure during pregnancy**
- **Cannabis exposure during pregnancy**
- **Drug and substance exposure during pregnancy (excluding cannabis)**

Description:

- Percentage of women with any **alcohol** exposure during pregnancy
- Percentage of women with any **cannabis** exposure during pregnancy
- Percentage of women with any **drug and substance** (excluding cannabis and alcohol) exposure during pregnancy

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on January 12 and 29, 2026. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: maternal health snapshot: alcohol exposure during pregnancy; cannabis exposure during pregnancy; drug and substance exposure during pregnancy >> overall per cent >> 2023 [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Sept 29; cited 2025 Oct 31]. Used in**:** Regional Comparison, Overall Findings.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Alcohol, drug and substance exposure data elements from BORN are self-reported and thus subject to under-reporting and social desirability bias.
- As a result of cannabis legalization, BORN changed the way it collected cannabis data in April 2019. Prior to this, it was included in the drug and substance data element while afterwards it was collected as its own data field. As such, time

trend data is presented for 2020 onward for both the cannabis exposure and drug and substance exposure indicators.

- Drug and substance exposure refers to the use of street drugs and inappropriate use of prescription and non-prescription drugs. Pick list values in the BORN information system include *None, Amphetamines, Cocaine, Gas/Glue, Hallucinogens, Opioids, Other,* and *Unknown.*

Birth weight for gestational age

- **Large for gestational age**
- **Small for gestational age**

Description:

- Number of **large for gestational age (LGA)** singleton live births per 100 singleton live births. LGA refers to babies with birth weights above the 90th percentile of birth weight for babies of the same sex and gestational age.
- Number of **small for gestational age (SGA)** singleton live births per 100 singleton live births. SGA refers to babies with birth weights below the 10th percentile of birth weight for babies of the same sex and gestational age.

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on December 11, 2025. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: reproductive health snapshot: large for gestational age; small for gestational age >> overall per cent >> 2023 [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Apr 22; cited 2025 Oct 31]. Used in: Regional Comparison, Overall Findings
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Two different data sources were used to compile these indicator pages. The two data sources had slightly different inclusion criteria for data analysis. PHO Snapshot data included only hospital births while BORN data included both hospital and home births. These differences resulted in slightly different estimates of the LGA and SGA rates for the same time period.
- The percentile cut-offs for calculating LGA and SGA are based on the population-based Canadian reference tables developed by Kramer et al. in 2001. The

reference tables apply only to singleton births of gestational ages 22 to 43 completed weeks. This limits the analysis to singleton babies born between 22 and 43 weeks of gestation.
- Canadian reference birth weight for gestational age percentile cut-offs may misclassify healthy infants of certain ethnicities as SGA. Newborns of parents originating from non-European/Western nations tend to be smaller at birth. However, ethnic-specific birth weight for gestational age cut-offs are currently not available for Ontario in a format that can be used for population health. As a result, public units with large immigrant population (such as Toronto) may observe higher SGA rates and lower LGA rates in comparison to other public health units.

Crude birth rate

Description:

- Number of live births per 1,000 population

Data Sources:

- **Numerator:** Inpatient Discharges 2015 to 2024, Ontario Ministry of Health, IntelliHEALTH ONTARIO, Date Extracted: February 19, 2026. Used in: All sections.
- **Denominator:** Population for Toronto and Larger Areas: Population Projections 2024, Ontario Ministry of Health, IntelliHEALTH ONTARIO. Date extracted: February 19, 2026. Used in: Overall Findings, Trend over Time, Regional Comparison.
- **Denominator:** Population for Toronto: Population Estimates 2015 to 2023, Ontario Ministry of Health, IntelliHEALTH ONTARIO. Date extracted: February 19, 2023. Used in: Trend over Time.
- **Denominator:** Population for sub-Toronto Geographies: 2021 Canada Census, Statistics Canada. Used in: Sub-Toronto Geography, Socio-demographic Characteristics.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes

- Crude birth rate is influenced by the age structure of the population (e.g., it will be higher in populations with more women of childbearing age). Total number of births as well as age structure of the population and population migration patterns may be helpful when interpreting crude birth rates.

First trimester visit with a healthcare provider

Description:

- Percentage of pregnant women who had a first trimester visit with a health care provider

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on February 6, 2026. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Distribution of first trimester visit, by public health unit and province (Standard Report), BORN Information System (BIS), BORN Ontario. Information accessed on February 17, 2026. Used in: Overall Findings, Regional Comparison.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- The 2023 rates used in the overall findings and regional comparison sections of the dashboard is from the Standard Reports available in BORN, whereas data in the other sections is from the BORN public health unit Analytics Cube. Data in the Standard Reports represent all data that has been entered, submitted and acknowledged into the BIS as of the date of extraction, whereas data in the BORN public health unit Analytics Cube is based on submitted data only (which may include both acknowledged and unacknowledged data). As such, the Toronto rate found in the overall findings and regional comparison sections may differ from the Toronto rate found in other sections of the dashboard.

Folic acid use prior to and during pregnancy

Description:

- Percentage of women taking folic acid supplementation prior to and during pregnancy

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on January 26, 2026. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: maternal health snapshot: Folic

acid use prior to and during pregnancy >> overall per cent >> 2023 [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Sept 29; cited 2025 Oct 31]. Used in: Regional Comparison, Overall Findings.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- This indicator is specific to pregnancies where folic acid was taken both prior to and during pregnancy. Those who took folic acid only prior to pregnancy or only during pregnancy are not included in numerator for this indicator. For data specific to the preconception period (i.e., folic acid use prior to pregnancy), see Public Health Ontario's Maternal Health Snapshot.
- Folic acid use data from BORN are self-reported and thus subject to recall and social desirability bias.

General fertility rate

Description:

- Number of live births per 1,000 females aged 15 to 49 years

Data Sources:

- **Numerator:** Inpatient Discharges 2015 to 2024, Ontario Ministry of Health, IntelliHEALTH ONTARIO, Date Extracted: February 19, 2026. Used in: All sections.
- **Denominator:** Population for Toronto and Larger Areas: Population Projections 2024, Ontario Ministry of Health, IntelliHEALTH ONTARIO. Date extracted: February 19, 2026. Used in: Overall Findings, Trend over Time, Regional Comparison.
- **Denominator:** Population for Toronto: Population Estimates 2015 to 2023, Ontario Ministry of Health, IntelliHEALTH ONTARIO. Date extracted: February 19, 2023. Used in: Trend over Time.
- **Denominator:** Population for sub-Toronto Geographies: 2021 Canada Census, Statistics Canada. Used in: Sub-Toronto Geography, Socio-demographic Characteristics.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Since this indicator requires the number of births by age of mother, and maternal age is not available in the newborn record, the number of deliveries rather than the number of newborns is used.
- In previous versions of this dashboard, teen fertility was a separate indicator. Teen fertility is no longer included as its own indicator. However, data by 5-year age groups is included in the time trend of the general fertility indicator allowing users to view the teen fertility rate by year for Toronto overall.
- Births to women under 15 and over 49 years of age are not included in the analyses.

Gestational diabetes

Description:

- Percentage of pregnant women with gestational diabetes, a type of diabetes that develops during pregnancy

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on January 20, 2026. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Distribution of gestational diabetes, by insulin-dependence, public health unit and province (Standard Report), BORN Information System (BIS), BORN Ontario. Information accessed on January 20, 2026. Used in: Overall Findings, Regional Comparison.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Data on gestational diabetes in BORN is based on a confirmed diagnosis. Data is primarily extracted from various information sources such as the Ontario Perinatal Records, hospital records, etc. Women may also self-report a confirmed diagnosis of gestational diabetes to the provider.
- The 2023 rate for gestational diabetes in Toronto used in the overall findings and regional comparison sections of the dashboard is from the Standard Reports available in BORN, whereas data in the other sections is from the BORN public health unit Analytics Cube. Data in the Standard Reports represent all data that has been entered, submitted and acknowledged into the BIS as of the date of extraction, whereas data in the BORN public health unit Analytics Cube is based on submitted data only (which may include both acknowledged and

unacknowledged data). As such, the Toronto rate found in the overall findings and regional comparison sections may differ from the Toronto rate found in other sections of the dashboard.

Infant feeding

- **Intention to breastfeed**
- **Intention to exclusively breastfeed**
- **Breastfeeding initiation - infants fed any breast milk**
- **Breastfeeding initiation - infants fed breast milk only**

Description:

- Percentage of pregnant women who reported intention to breastfeed exclusively or in combination with breast milk substitute
- Percentage of pregnant women who reported intention to **exclusively** breastfeed
- Percentage of infants who were receiving **any** breast milk (breast milk only or breast milk and breast milk substitute) at hospital or midwifery practice group
- Percentage of infants who were receiving **only** breast milk at hospital or midwifery practice group

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on December 15, 2025. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: maternal health snapshot: Intention to breastfeed; Intention to exclusively breastfeed; Infants fed breast milk only; Infants fed a combination of breast milk and substitute >> overall per cent >> 2023 [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Sept 29; cited 2025 Oct 31]. Used in**:** Regional Comparison, Overall Findings.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Breastfeeding initiation is also referred to as *infant feeding at entry to public health service*.
- Prior to April 2014, the 'intention to breastfeed' data in BORN did not distinguish between intention to exclusively breastfeed and intention to breastfeed in

combination with breast milk substitute. Therefore, the time trend for the Intention to exclusively breastfeed is presented for 2015 onward.

Low birth weight

Description:

- Number of low birth weight (LBW) births per 100 live births. LBW is defined as birth weight less than 2,500 grams (5.5 pounds).

Data Sources:

- **Numerator and Denominator:** Inpatient Discharges 2015 to 2024, Ontario Ministry of Health, IntelliHEALTH ONTARIO, Date Extracted: October 30, 2025. Used in: All sections.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Low birth weight rates were for all babies and not limited to just singletons.

Mental health concern during pregnancy

- **Anxiety during pregnancy**
- **Depression during pregnancy**
- **Mental health concern during pregnancy**

Description:

- Percentage of women who experienced **anxiety** during pregnancy
- Percentage of women who experienced **depression** during pregnancy
- Percentage of women who experienced **any mental health concern(s)** during pregnancy. This includes anxiety, depression, history of postpartum depression, addiction, bipolar, schizophrenia, or other.

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on October 29, 2025. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: maternal health snapshot: anxiety during pregnancy; depression during pregnancy; maternal mental health concern during pregnancy >> overall per cent >> 2023 [Internet]. Toronto, ON: King's

Printer for Ontario; c2025 [modified 2025 Sept 29; cited 2025 Oct 31]. Used in: Regional Comparison, Overall Findings.

- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Maternal mental health variables from BORN capture any maternal mental health concerns during pregnancy, including those pre-existing, diagnosed during pregnancy or active during pregnancy, both diagnosed or self-reported. Maternal mental health variables from BORN are self-reported and, thus, subject to under-reporting and social desirability bias.
- Occurrences of different types of mental health concerns during pregnancy are not mutually exclusive. Therefore, the total number of mental health concerns may be greater than the total number of women with one or more (any) mental health concern(s).

Prenatal Education

- **Prenatal class attendance**
- **Prenatal class attendance among women giving birth for the first time**

Description:

- Percentage of pregnant women who attended prenatal education
- Percentage of pregnant women giving birth for the first time who attended prenatal education

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed on February 5, 2026. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.
- **Numerator and Denominator:** Distribution of prenatal education, by public health unit and province (Standard Report), BORN Information System (BIS), BORN Ontario. Information accessed on February 17, 2026. Used in: Overall Findings, Regional Comparison of *Prenatal class attendance* indicator.
- **Numerator and Denominator:** Better Outcomes Registry and Network (BORN) Ontario. Years Provided: (2023). Resource Type: Tabulated data. Data Extracted on February 25, 2026. Used in: Overall Findings, Regional Comparison of *Prenatal class attendance among women giving birth for the first time* indicator.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for

couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- The 2023 rates used in the overall findings and regional comparison sections of the *prenatal class indicator* is from the Standard Reports available in BORN, whereas data in the other sections is from the BORN public health unit Analytics Cube. Data in the Standard Reports represent all data that has been entered, submitted and acknowledged into the BIS as of the date of extraction, whereas data in the BORN public health unit Analytics Cube is based on submitted data only (which may include both acknowledged and unacknowledged data). As such, the Toronto rate found in the overall findings and regional comparison sections may differ from the Toronto rate found in other sections of the dashboard.
- In April 2019, BORN added specification for method of prenatal education delivery (online, in-person, or combination) to the data selection field for this data element. This change in data collection may have impacted responses. As such, the trend should be interpreted with caution.

Preterm birth

Description:

- Number of preterm live births per 100 live births. Preterm birth is defined as birth before 37 completed weeks of pregnancy.

Data Sources:

- **Numerator and Denominator:** Inpatient Discharges 2015 to 2024, Ontario Ministry of Health, IntelliHEALTH ONTARIO, Date Extracted: December 9, 2025. Used in: All sections.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Smoking during pregnancy

Description:

- Percentage of women who reported smoking cigarettes at admission for birth

Data Sources:

- **Numerator and Denominator:** Public Health Unit Analytic Reporting Tool (Cube), BORN Information System (BIS), BORN Ontario. Information accessed

on January 29, 2026. Used in: Trend over Time, Sub-Toronto Geography, Socio-demographic Characteristics.

- **Numerator and Denominator:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: maternal health snapshot: Smoking during pregnancy >> overall per cent >> 2023 [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Sept 29; cited 2025 Oct 31]. Used in**:** Regional Comparison, Overall Findings.
- **Income Quintiles:** Statistics Canada. Table I-13: After-tax low-income status of tax filers and dependents (census family low-income measure, CFLIM-AT) for couple and lone parent families by family composition, 2023. Used in: Socio-demographic Characteristics (Income Group).

Indicator Notes:

- Smoking data elements from BORN are self-reported and thus subject to under-reporting and social desirability bias.
- Smoking data in BORN is specific to cigarette smoking and does not include data on vaping during pregnancy. Data on vaping during pregnancy is not currently available.

Citation for Technical Notes

Toronto Public Health. (2026). Population Health Status Indicator Dashboard: Technical Notes for Reproductive and Infant Health Dashboard. Available from: https://www.toronto.ca/wp-content/uploads/2024/05/9042-PublicHealthPHSITechNotesReproductiveInfant.pdf.

Citation for PHSI Reproductive and Infant Health Dashboard

Toronto Public Health. (2026). Population Health Status Indicator Dashboard: Reproductive and Infant Health Dashboard. Available from: https://www.ontariohealthprofiles.ca/torontohealthstatus/reproductive-and-infant-health.php.