

PERINATAL HEALTH INDICATORS

QUICK STATS, 2024 EDITION

INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST DATA	DATA SOURCE (YEAR)
HEALTH BEHAVIOURS AND PRACTICES			
Folic Acid Supplementation - Reproductive Age	Proportion of women of reproductive age who reported taking folic acid	21.5%	CCHS (2022) ^(a)
Folic Acid Supplementation - Periconceptional	Proportion of women who reported taking folic acid during the periconceptional period	53.7%	CCHS (2022) ^(a)
Maternal Smoking During Pregnancy	Proportion of women who reported smoking during pregnancy	4.2%	CCHS (2022) ^(a)
Maternal Exposure to Second-hand Smoke during Pregnancy	Proportion of women who reported exposure to second-hand smoke during pregnancy	5.7%	CCHS (2022) ^(a)
Maternal Alcohol Consumption during Pregnancy	Proportion of women who reported alcohol consumption during pregnancy	2.2%	CCHS (2022) ^(a)
Breastfeeding	Proportion of women who reported exclusive breastfeeding of their child for at least the first 6 months of life	38.2%	CCHS (2022) ^(a)
Co-Sleeping with infants under one year	Proportion of women who reported daily co-sleeping with their child	31.9%	CCHS (2022) ^(a)
	Proportion of women who reported occasional co-sleeping with their child	28.2%	CCHS (2022) ^(a)
	Proportion of women who reported never co-sleeping with their child	39.9%	CCHS (2022) ^(a)
Number of births	Number of live births	267476	CIHI-DAD (2022)
	Number of stillbirths	2492	CIHI-DAD (2022)
Birth rates/proportions	Birth rate ^(b)	30.6 births per 1,000 women	CIHI-DAD (2022)
HEALTH SERVICES			
Cesarean Delivery	Proportion of deliveries by cesarean section	33.9%	CIHI-DAD (2022)
MATERNAL HEALTH OUTCOMES			
Severe Maternal Morbidity	Rate of severe maternal morbidity ^(c)	17.5 per 1,000 hospital deliveries ^(d)	CIHI-DAD (2022)
Maternal Weight Gain during Pregnancy	Proportion of women who reported gestational weight gain above recommended Health Canada guidelines	37.0%	CCHS (2022) ^(a)
	Proportion of women who reported gestational weight gain at recommended Health Canada guidelines	36.0%	CCHS (2022) ^(a)
	Proportion of women who reported gestational weight gain below recommended Health Canada guidelines	27.0%	CCHS (2022) ^(a)
Diabetes during Pregnancy	Rate of pregnant women with diagnosed diabetes (pre-existing or gestational diabetes)	119.6 per 1,000 hospital deliveries ^(d)	CIHI-DAD (2022)
Hypertension during Pregnancy	Rate of pregnant women with diagnosed hypertension (pre-existing or gestational hypertension)	88.1 per 1,000 hospital deliveries ^(d)	CIHI-DAD (2022)
INFANT HEALTH OUTCOMES			
Preterm Births	Proportion of preterm births ^(e)	8.6%	CIHI-DAD (2022)
Small-for-Gestational-Age	Proportion of Small-for-Gestational-Age ^(f)	9.7%	CIHI-DAD (2022)

Large-for-Gestational-Age	Proportion of Large-for-Gestational-Age ^(f)	9.6%	CIHI-DAD (2022)
Fetal Mortality	Fetal mortality rate ^(g)	8.9 per 1,000 total births	Statistics Canada (2022)
Infant Mortality	Crude infant mortality rate ^(h)	4.7 per 1,000 live births	Statistics Canada (2022)
	Crude neonatal mortality rate ^(h)	3.5 per 1,000 live births	Statistics Canada (2022)
	Crude postneonatal mortality rate ^(h)	1.2 per 1,000 live births	Statistics Canada (2022)
Multiple Births	Proportion of multiple births	3.2%	CIHI-DAD (2022)

Abbreviations: CCHS, Canadian Community Health Survey; CIHI-DAD, Canadian Institute of Health Information - Discharge Abstract Database; HELLP, Hemolysis-Elevated Liver enzymes-Low Platelet count; ICE, International Collaborative Effort; ICU, Intensive Care Unit; LGA, Large-for-Gestational-Age; PHI, Perinatal Health Indicators; RBC, Red Blood Cells; SGA, Small-for-Gestational-Age.

Note: Unless otherwise stated, the data includes women from age 10-65 (CIHI) or age 15-55 (CCHS) who gave birth during a specified time period.

Footnotes:

^(a) Data from CCHS is self-reported.

^(b) Birth rate: The denominator for the birth rate is the population estimates for the corresponding age category and jurisdiction(s) for the specific calendar year.

^(c) Severe Maternal Morbidities: The 14 categorized types include: Severe preeclampsia or HELLP syndrome; Postpartum hemorrhage with RBC transfusion or procedures to the uterus or hysterectomy; Maternal ICU admission; Hysterectomy; Complications of obstetric surgery and procedures; Repair of bladder, urethra or intestine; Puerperal sepsis; Assisted Ventilation through endotracheal tube; Cardiac Conditions Curettage with RBC transfusion; Acute Renal Failure; Eclampsia; Obstetric Shock; Placenta previa with hemorrhage with RBC transfusion.

^(d) Hospital deliveries include live births and stillbirths.

^(e) Preterm Birth Rate: This indicator is defined as the number of live births with a gestational age at birth of less than 37 completed weeks (<259 days), expressed as a proportion of all live births. Limitation of data on preterm birth is error in reporting of gestational age, particularly when it is based on menstrual dates. These errors have diminished in recent decades as ultrasound confirmation of gestational age is widely used across Canada; however, dating ultrasounds performed in the first trimester are more accurate than in the second trimester.

^(f) SGA and LGA: The small-for-gestational-age (SGA) and large-for-gestational-age (LGA) birth rates are defined as the number of live births for which birth weight is below the 10th percentile, or above the 90th percentile, respectively, for sex-specific birth weight for gestational age, expressed as a proportion of all singleton live births.

^(g) Fetal Mortality Rate: This indicator is defined as the number of stillbirths, per 1000 total births (live births and stillbirths). Only fetal deaths where the product of conception has a birth weight of 500 grams or more or the duration of pregnancy is 20 weeks or longer are registered in Canada.

^(h) Crude infant mortality rates are calculated from all births weighing at least 500g, and includes neonatal and postneonatal deaths. Infant Mortality Rate: This indicator is defined as the number of deaths of live born infants in the first year after birth per 1,000 live births. Infant deaths can be subdivided into neonatal deaths (0–27 days) and postneonatal deaths (28–364 days).

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