

# CPNP (Canada Prenatal Nutrition Program) Information & Aims

*Approximately 330 CPNP projects across Canada (funded by Public Health Agency of Canada) delivered programs in 2,000 communities. In Ontario, 47 projects delivered programs in over 350 communities.*

*50,000 women were served in a typical month in Canada.*

*from the CAPC National Program Profile (NPP) National Highlights Report 2005-2006, IBM, and Nicole Kenton, Evaluation Consultant, Healthy Child Development Section, Public Health Agency of Canada*

**Employing a population health approach, CPNP aims to:**

- Improve maternal and infant health
- Reduce the incidence of unhealthy birth weights
- Promote and support breastfeeding
- Build partnerships
- Strengthen community supports for pregnant women

*Canada Prenatal Nutrition Program Profile of Participants, 2004 – 2005 PRA Inc, 2007*



**Who are the women served by CPNP?**

Risk Factor	Canadian Community Health Survey 2005	National CPNP Participants 2004-2005	Difference (%)
% of women less than 19 years old	4%	17%	13%
% who are single, widowed, divorced or separated	20%	34%	14%
% with high school diploma or less	9%	69%	60%
% with an annual household income of less than \$15,000	8%	51%	43%
% born outside Canada	12%	34%	22%
% living in Canada less than 10 years	7%	28%	21%
% reporting smoking during pregnancy	17%	31%	14%
% responding “sometimes” or “often” to food insecurity questions	12 & 10%	50 & 47%	38 & 37%

*The first 3 columns taken from CPNP: Profile of Participants–Fiscal Year 2004-2005, November, 2007*



Ontario Coalition of CAPC & CPNP Projects, 2009  
 “Real Help, Right Here, Right Now” [www.realhelp.ca](http://www.realhelp.ca)  
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## *CPNP aims to:*

- **Improve maternal and infant health**
- **Reduce the incidence of unhealthy birth weights**
- **Promote and support breastfeeding**

## **Canada Prenatal Nutrition Program (CPNP)**

### **CPNP, Waterloo**

About a year ago, Joani, pregnant with her 5th child, joined the Growing Healthy Two-gether (GHT) program. Her 4 children were in the care of child protection services. She was single; previous relationships had been very violent. She didn't trust "the system" and didn't want to have anything to do with child protection services. She didn't have enough food to eat and needed better housing. However her goal was to keep this baby, so she came to the GHT program looking for support.

Joani attended the group faithfully. She stopped smoking. She was referred to counselling. With help she found appropriate housing, and started eating better. Recognizing that beneath her insecurity Joani had many strengths, GHT encouraged her to call a case conference and offered space. Joani brought 5 organizations to the table, including child protection, and made a plan. She established and kept a better relationship with child protection services.

Joani had a healthy baby girl and was able to take her home, but before that happened Joani developed a serious blood infection. The baby was taken into care for one week, and for that week in spite of how sick she was, Joani pumped breastmilk for her daughter. In a week she and the baby went home.

Today the baby is a happy, healthy 7 month old. Two of Joani's other children were released from care, and are doing well with mom. The older two have frequent and consistent access. Joani is involved in Busy Babies, and the local OEYC, and is taking her time before seeking work. She wants to meet her family's needs. Joani credits the care and support she received at Growing Healthy Two-gether for her incredible turnaround.



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*The average cost of the initial hospitalization at birth for a low birth weight baby is \$10,607 compared to \$952 for an infant born at a normal weight. The weighted average hospitalization cost at birth for CPNP newborns was \$89 less than that for all Canadian births. For the 17,689 CPNP participants in this study, this would represent a cost savings of \$1.6 million in hospital costs at birth. Compared to an infant with a normal birth weight, a low birth weight baby in CPNP averaged \$645 more in costs for respiratory conditions, infections and heart problems in the first two weeks of life.*

*Please note: the overall hospital cost savings are at the program level.*



CPNP participants receiving breastfeeding support were 59% more likely to breastfeed than those who did not and had higher rates than a matched population of Canadian mothers. Breastfed infants incurred lower costs in the two weeks of life related to reduced respiratory conditions and heart problems; an average of \$53 per breastfed child for these two conditions.

*An Assessment of the Economic Impact of the  
Canada Prenatal Nutrition Program (CPNP)  
Dale McMurphy Consulting,*