Prenatal Environmental Health Education in Canada

Filling the Gaps: Environmental Health Knowledge-Mobilization Resources & Strategies for Prenatal Care

March 4, 2026

Webinar 3 in the PEHE-CCC ***Setting the Stage for Action*** webinar series

canadian partnership for children's health & environment
partenariat canadien pour la sante des enfants et l'environnement

PEHE COLLABORATION

CANE ACIIE Canadian Association of Nurses for the Environment
Association canadienne des infirmières et infirmiers pour l'environnement

Prenatal Environmental Health Education - Collaborating for Clinical and Community Action (PEHE-CCC)

*A joint initiative of the **Canadian Partnership for Children's Health and Environment (CPCHE)** and the **Prenatal Environmental Health Education (PEHE) Collaboration***

PEHE-CCC is funded by the federal Chemicals Management Plan via a contribution to the **Canadian Association of Nurses for the Environment (CANE**) as lead partner.

Financial contribution: Contribution financière :

Health Canada Santé Canada

Prenatal Environmental Health Education in Canada

Environmental Scan of Prenatal Health Education Resources

March 4, 2026

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The views expressed herein do not necessarily represent the views of Health Canada

Objectives & Methods

Anglena Sarwar, MScPH

PEHE-CCC Webinar: Filling the Gaps: Environmental Health Knowledge-Mobilization Resources & Strategies for Prenatal Care

Research Objectives

- Identify health education resources that prenatal healthcare providers can use to incorporate environmental health education into prenatal care and encourage the development of novel resources where suitable resources are not yet available.
- Identify authoritative preconception and prenatal environmental health educational resources;
- Review and assess resources based on themes covered, and accessibility, understandability and actionability; and,
- Document any identified educational resource gaps.
- The focus of the environmental scan was on materials produced in Canada by relevant governmental (municipal, provincial, and federal) and non-governmental organizations.

Qualitative Assessment

Researchers employed a dual-layered evaluation strategy to assess the identified prenatal health resources.

Quantitative Tool: PEMAT-P

- Resources were first evaluated using a modified version of the Patient Education Materials Assessment Tool for Printable Materials (PEMAT).
- **Understandability:** Assessed whether consumers of diverse backgrounds and health literacy levels could process and explain key messages.
- **Actionability:** Evaluated if users could identify specific actions to take based on the information provided.

Qualitative Review: Practitioner Insights

- To address the lack of pragmatic, applied insight in standard tools, a practitioner review was conducted to ensure clinical relevance.
- **Assessment Criteria:** Practitioners reviewed materials based on **effectiveness**, **accuracy of information**, and **clinical suitability**.
- The review included perspectives from across the maternal health spectrum:
  - Obstetrician-gynaecologists and Family physicians.
  - Midwives and Nurse practitioners.
  - Registered Nurses and Licensed Practical Nurses.
  - Public health professionals.
- **Methodology:** 2–3 reviewers per professional practice evaluated a selection of 20–25 resources using a brief rating form.

Results

Dr. Rukhsana Ahmed (University at Albany, SUNY/University of Ottawa)

PEMAT Quality Appraisal

- Main topics for health education resources: lead, mercury, smoke, pesticides, and VOCs
- Suggests potential educational gaps regarding current concerns and emerging issues related to prenatal environmental health
- Majority of resources provide a mix of toxic specific information and practical information to encourage behavioral change

PEMAT: Summary of Understandability and Actionability

Domain	Overall Pattern	High-Scoring Characteristics	Common Gaps
Understandability	Generally moderate to high across materials	Plain language; short sections; logical flow; clear headers; defined terms; supportive visuals	Dense text; outdated links; limited visuals; inconsistent labeling; higher literacy level in some materials
Actionability	More variable and often lower than understandability	Clear steps; checklists; concrete examples; tangible tools	Vague recommendations; missing “how-to” guidance; limited pregnancy-specific steps
Format Trends	Webpages most common format	Easy navigation; collapsible sections; embedded links	Some webpages lacked visuals; broken links; static formats only (no dynamic content reviewed)
Audience Fit	Many materials mention pregnancy but are not pregnancy-specific	Pregnancy-focused materials scored higher on actionability	General-audience materials require readers to infer relevance to pregnancy

PEMAT: Literacy, Language, and Cultural Accessibility

Domain	Strengths	Gaps Identified
Literacy Level	Many materials used plain language and clear formatting	Several were text-dense or written at a higher reading level
Visual Support	Some used effective visuals, icons, or checklists	Many webpages lacked visuals; some PDFs visually cluttered
Language Availability	A few materials available in French (Canada-based)	Very few multilingual versions; limited access for non-English speakers
Cultural Relevance	Some community-specific materials (e.g., First Nations guide)	Most lacked cultural tailoring or examples relevant to diverse populations

Practitioner Qualitative Assessment

Key Findings from Practitioner Review

- **Accuracy and Overall Quality:**
  - Generally accurate, with room to improve clarity and usefulness.
- **What Practitioners Liked Most:**
  - Practical relevance
  - Important content/topic area
- **How Practitioners Would Use the Resources:**
  - Providing a link on their organization's or professional website
  - Showing the resource to patients on a shared screen
  - Printing the material when needed
  - Sending links through clinicians for e-consults

Implications

Cutting Across Clinical and Community Domains

- Opportunities exist to improve consistency, clarity, and updating of materials.
- Healthcare providers need reliable, concise, and actionable resources to support environmental health conversations in prenatal care.
- Strategic development and adaptation of materials can help ensure that information is evidence-informed, culturally relevant, and accessible to diverse communities.

CPCHE's Top Tips for Creating Healthy Home Environments for Kids

Prenatal Environmental Health Education – Collaborating for Clinical and Community Action (PEHE-CCC)

Webinar 3, March 4, 2026

Erica Phipps, MPH, PhD
Executive Director, Canadian Partnership for Children's Health & Environment (CPCHE)
Co-lead, Prenatal Environmental Health Education (PEHE) Collaboration

About CPCHE ("kip-chee")

- National collaboration of organizations working together since 2001 towards healthy environments for all children in Canada
- Partners/Affiliates share diverse expertise in public and clinical health, environmental protection, child care, disability advocacy, law and policy, and health equity

canadian partnership for children's health & environment
partenariat canadien pour la sante des enfants et l'environnement

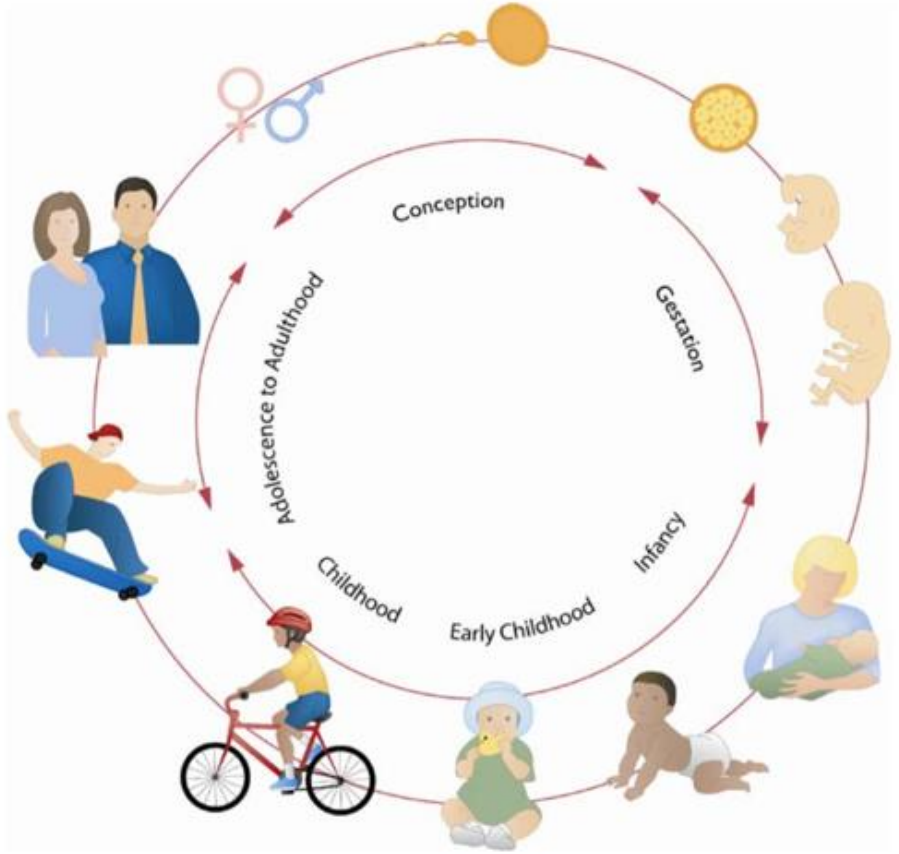
www.healthyenvironmentforkids.ca

CPCHE Partner Organizations:

CPCHE Affiliate Organizations:

Focus on prevention and precaution

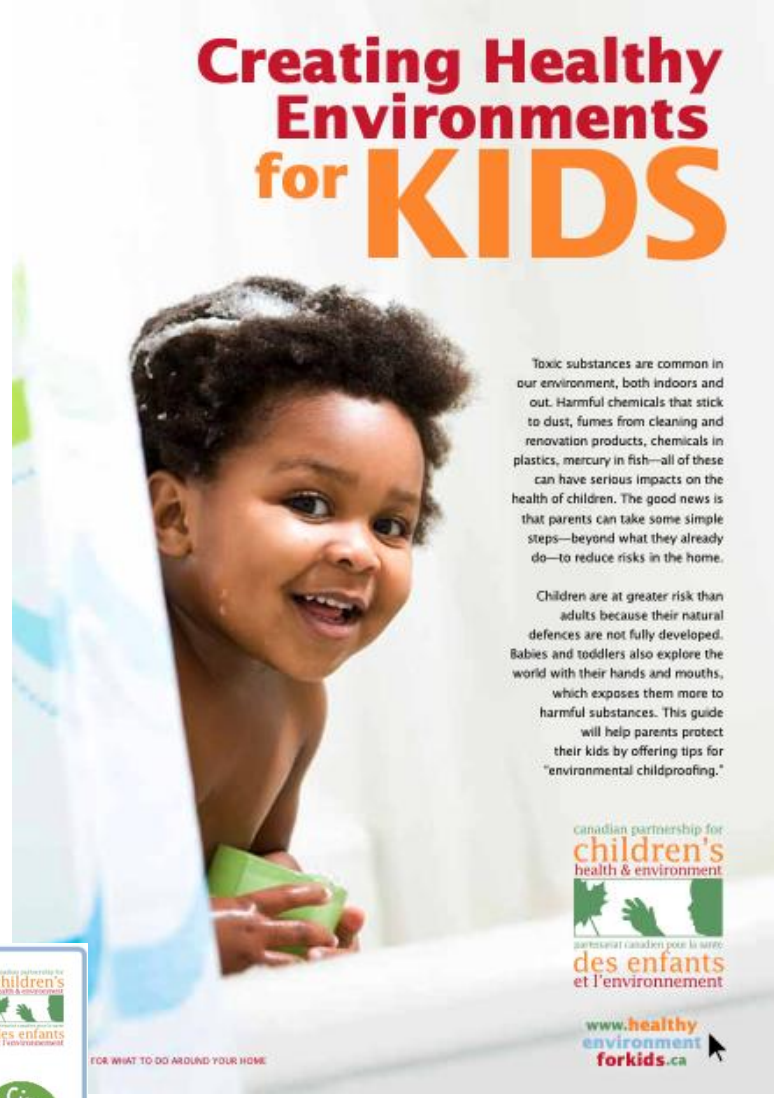
- Ongoing exposure to complex mixtures over multiple windows of vulnerability from preconception through fetal and child development
- Early exposures -> lifelong implications
- Precaution in the face of uncertainty
- Prevention is key



Source: CPCHE (2005). *Child Health and the Environment – A Primer*

CPCHE's Top 5 Tips Initiative

- **Parents:** Desire for simple, non-ambiguous advice
- **Service providers**: Increasing interest, questions from clients; not always equipped with training/knowledge on children's environmental health issues
- **Our goal** was to create a simple, informative plug-in for service providers to use in regular programming with prospective/new parents



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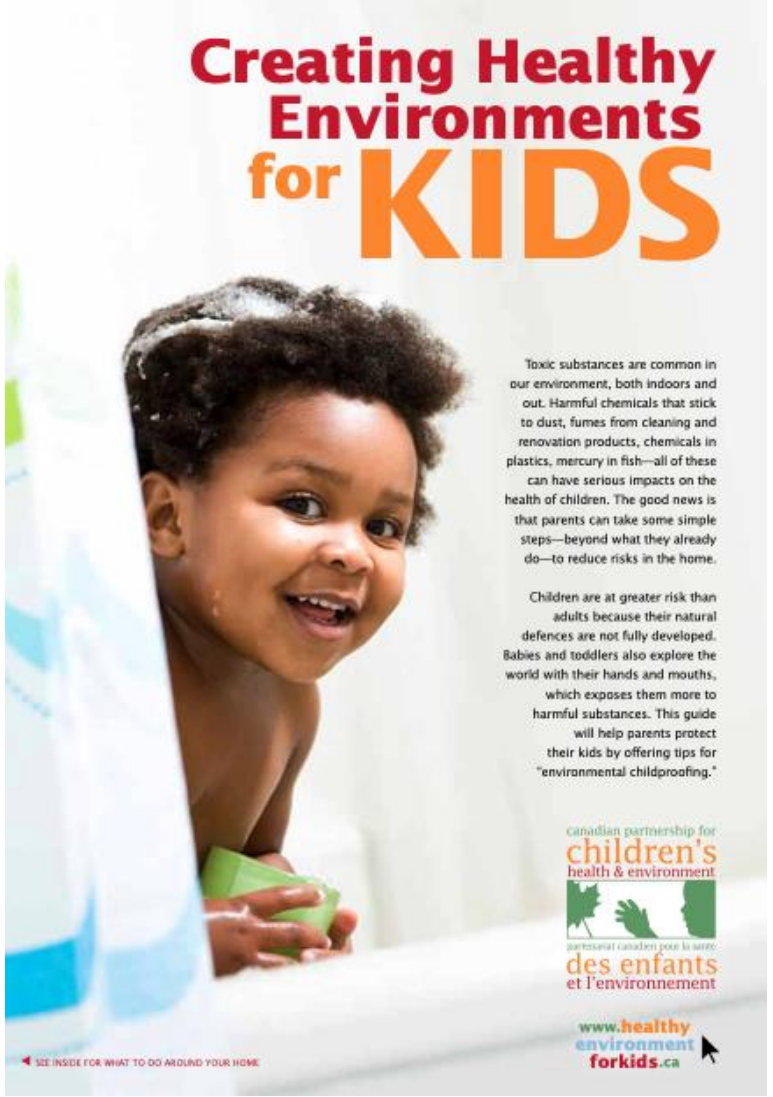
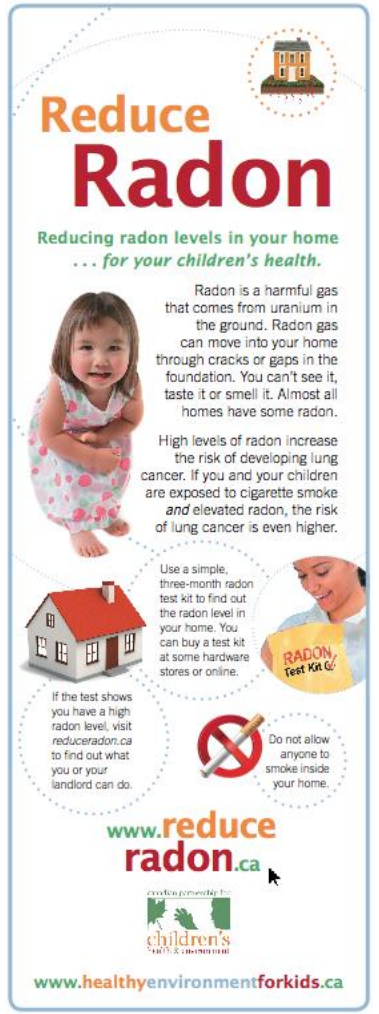
Creation of the Top Tips

- Co-created with public health and other frontline service providers
- Intended to:
  - support preconception/prenatal education
  - increase public awareness/literacy on toxics and health
- Piloted in Ontario
- Emphasis on practical and accessible measures rather than specific chemicals of concern



CPCHE's Top 5 Tips + Radon



Suite of Top Tips resources

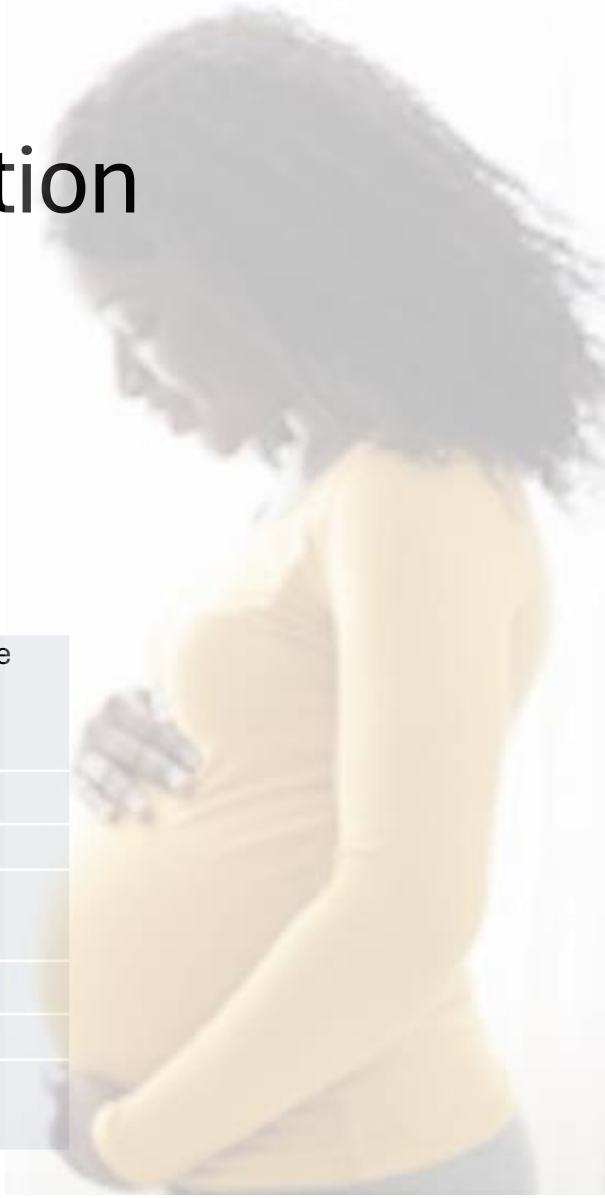
Video in English, French and Anishinaabemowin

Plain-language tip cards in 7 languages

Brochure in English and French

The current opportunity

PEHE Collaboration research findings: Prenatal period is an opportunity for prevention



Strong agreement across the two surveys* that:

- Day-to-day exposures can interfere with child development
- Pregnant persons can reduce risk by reducing exposures

	Women % (#)	Prenatal care providers % (#)
Day-to-day exposures can interfere with child development		
Agree to strongly agree	**91.9** (1704)	**95.4** (438)
Strongly disagree to neutral	8.1 (151)	4.6 (21)
Pregnant persons can reduce risk by reducing exposures		
Agree to strongly agree	**90.6** (1661)	**93.9** (429)
Strongly disagree to neutral	9.4 (178)	6.1 (28)

PEHE Collaboration national survey of women of reproductive age (2021); national survey of prenatal care providers (2022).
Learn more: Webinar 1 and research brief: https://healthyenvironmentforkids.ca/prenatal-environmental-health/

Women and providers see value in action but face barriers

- While most women (91%) agreed that risks can be reduced during pregnancy by taking protective actions, only about half (56%) reported doing so
  - Cited barriers included costs (52%) and **limited awareness of safer options (40%)**
- Most providers (94%) similarly agreed that risks can be reduced during pregnancy, yet
  - **38% reported not providing informational resources** to patients who asked about environmental health issues
  - **96% cited (a) lack of appropriate informational resources and (b) inadequate knowledge/training** as significant or moderate barriers to talking about environmental health issues with patients/clients

Revitalizing the Top Tips

Current efforts underway to:

- Support providers in using the Tips:
  - Create a backgrounder including updated evidence for each tip
- Move beyond individual to collective action
  - Co-create equity-focused strategies and resources
  - Align environmental health protection with social justice (e.g., right to a healthy environment; environmental justice)
  - Highlight pathways for policy engagement, access to decision-making, and ways for community members to make their voices heard

⟶ **Fill identified gaps and support knowledge sharing and action within prenatal education and beyond**

Thank you | Merci | Miigwetch

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- Government of Ontario (2010-11 funding for CPCHE Top Tips initiative)
- … and the many people and organizations who have been and continue to be part of this collective effort

Université de Saint-Boniface

CANE ACIIE

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PeriPHAT

Jacqueline/Jack Avanthay Strus, RN, PHD

Université de Saint-Boniface, CANE-ACIIE

PEHE-CCC Webinar: Filling the Gaps: Environmental Health Knowledge-Mobilization Resources & Strategies for Prenatal Care

Problem area

Role of Healthcare Providers

- Crucial in supporting perinatal families amid planetary health crises.

Current Tools:

- Few practical tools exist for frontline HCPs to assess these impacts with an equity focus.
- In Canada, most perinatal tools lack considerations for climate change, pollution, and toxins (Jones et al., 2024).

Need for Expansion

- Expanding healthcare to include ecological determinants of health is essential Practical tools for HCPs at the point of care remain critically needed.

Jones et al. BMC Pregnancy and Childbirth (2024) 24:680
https://doi.org/10.1186/s12884-024-06761-z

RESEARCH Open

What tools are available to assess climate and environmental health impacts on perina families with an equity lens? A rapid review of the Canadian context

Alysha T. Jones[1*], Émilie Tremblay[2], Anne-Lise Costeux[3], Jacqueline Avanthay Strus[3] and Adrienne Ba

Abstract

Objectives This rapid review is designed to identify existing tools in the Canadian literature that assess the im of climate change on the health of perinatal families, particularly those who are equity-denied. Addressing the of equity-denied perinatal populations in the face of climate change is crucial to promoting equitable and inc perinatal care in Canada.

Methods Rapid review methodology was selected to provide evidence in a timely and cost-effective manne PubMed/MEDLINE and gray literature (Google and Google Scholar) were searched for English and French pap published from 2013 onward. The original research question, focused on climate change and health, yielded v relevant results. Therefore, the search was broadened to include environmental health. Garrity et al.'s (J Clin Ep 130:13–22, 2021) nine-stage process was used to identify 11 relevant papers, extract the relevant data, and co the narrative synthesis.

Synthesis.

This review revealed a significant lack of tools for comprehensively assessing climate-health impacts on perina families and equity-denied perinatal families. While Canadian perinatal health screenings focus on equity via i tors of several social determinants of health (e.g., income, social support), they largely omit climate considerat Environmental health factors are more commonly included but remain minimal.

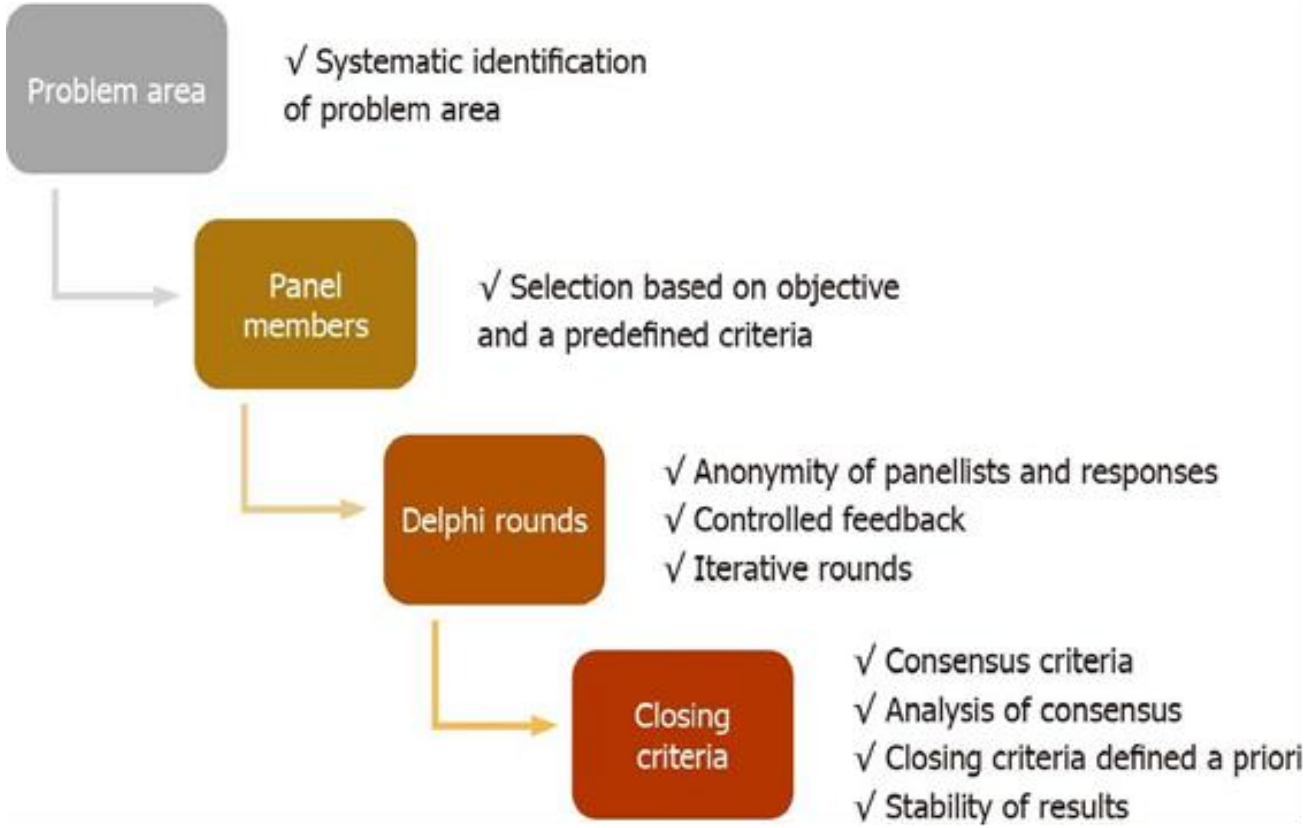
Conclusion Climate-health screening tools are lacking yet needed in routine perinatal healthcare. Given the ness of climate change, urgent engagement of health systems and healthcare workers is essential to help miti and adapt to climate-health challenges, particularly for perinatal families experiencing health inequities.

Keywords Perinatal health, Equity, Climate change, Screening tool, Canada

Delphi Study

2 Delphi Rounds

1 Option focus group



What is the PeriPHAT

Point-of-care Assessment tool

- **Health equity social justice**
- Healthcare provider **resources** to use with the tool.
- **Educational interventions** tailored for perinatal families about air and water quality topics and actions to protect their health, emphasizing health equity.

To Access PeriPHAT

Here is a link to the PeriPHAT toolkit documentation.

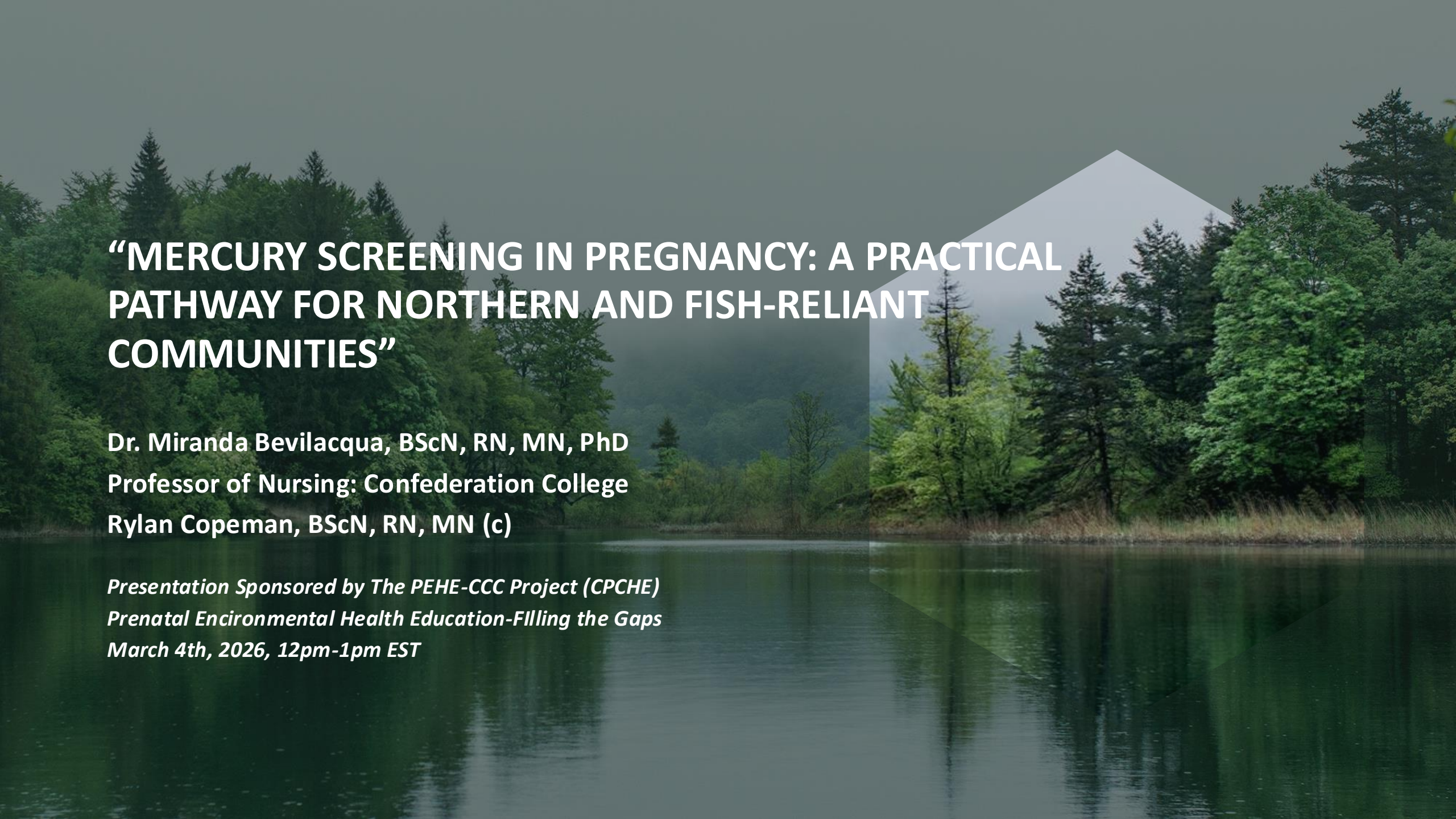
You will find all the PeriPHAT questionnaires and resources here to help you navigate an abundance of information for you and your family

- Heat Extremes Questionnaire
- Air Quality Questionnaire
- Vector Borne Questionnaire
- Climate Change and Disaster Preparedness Questionnaire
- Food and Water Security Questionnaire
- Mental Health Questionnaire
- Toxins and Pollution Questionnaire

Discussion

Equity considerations → Health literacy → Large research team that were identified experts in the field could not participate in Delphi Rounds

Need for a more robust guide for HCPs → Lack of tools more generally during the transition to parenthood (Jones et al., 2024) → Lack of awareness of these issues in the perinatal context (Avanthay Strus et al., forthcoming).



“MERCURY SCREENING IN PREGNANCY: A PRACTICAL PATHWAY FOR NORTHERN AND FISH-RELIANT COMMUNITIES”

Dr. Miranda Bevilacqua, BScN, RN, MN, PhD
Professor of Nursing: Confederation College
Rylan Copeman, BScN, RN, MN (c)

Presentation Sponsored by The PEHE-CCC Project (CPCHE)
Prenatal Encironmental Health Education-FIlling the Gaps
March 4th, 2026, 12pm-1pm EST

The Clinical Tension: Fish Is Both Beneficial and Risk-Associated

Screening for Mercury

Screening Pathway

Does the patient consume fish or live in an area where mercury exposure is common?

NO!

Ask about consumption next visit.

YES!

Are they consuming a safe amount of fish?

YES!

Guide to eating fish for reference, treat unknown as a no.

NO!

Obtain a baseline mercury level

If the patient is vulnerable (pregnant, breastfeeding, young child/infant, autoimmune, CKD, etc). They should consider refraining from fish consumption until Hg results are obtained.

Is the mercury level under 20 µg/mL (or under 8 µg/mL for vulnerable populations)?

YES!

NO!

Advise patient to refrain from fish for 1 month and obtain new Hg Level

If within normal range, re-introduce safe consumption.

If still elevated, explore other potential sources of exposure.

Authors: Dr. Miranda Bevilacqua and Rylan Copeman, 2023

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https://doi.org/10.1016/j.nurpra.2024.105180

Questions?

Additional Resources

- **The Health Effects of Mercury in Fish:** https://healthyenvironmentforkids.ca/wp-content/uploads/2026/03/health-effects-mercury-fish.pdf
- **Managing mercury exposure in northern Canadian communities (CMAJ):** https://healthyenvironmentforkids.ca/wp-content/uploads/2026/03/Hg-Rural-Communities-2016-Equation.pdf
- **Human Health Risk Assessment of Mercury in Fish and Health Benefits of Fish Consumption:** https://healthyenvironmentforkids.ca/wp-content/uploads/2026/03/merc_fish_poisson-eng.pdf
- **Information on Mercury Exposure:** https://healthyenvironmentforkids.ca/wp-content/uploads/2026/03/Mercury-Exposure-Information-Resource.pdf
- **Mercury in Canadians:** https://healthyenvironmentforkids.ca/wp-content/uploads/2026/03/mercury-eng.pdf
- **Screening for Mercury Pathway:** https://healthyenvironmentforkids.ca/wp-content/uploads/2026/03/Screening-for-Hg-Pathway-Bevilacqua.pdf

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Looking ahead

Stay connected, get involved:

- Visit the PEHE-CCC project page and sign up for project news: https://healthyenvironmentforkids.ca/prenatal-environmental-health/

- Get in touch with questions, ideas, interest to collaborate:
  - Erica Phipps, erica@healthyenvironmentforkids.ca
  - Tim Ellis, tim@healthyenvironmentforkids.ca

Thank you | Merci | Miigwetch

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