



Canadian Association of
Nurses for the Environment
Association canadienne des
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l'environnement

A National Strategy to Strengthen Clinical and Community Capacity for Preconception/Prenatal Environmental Health Protection in Canada

PROVISIONAL VERSION, May 2026

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

*PEHE-CCC is a joint initiative of the **Canadian Partnership for Children's Health and Environment (CPCHE)** and the **Prenatal Environmental Health Education (PEHE) Collaboration**, funded by the federal Chemicals Management Plan via a contribution to the **Canadian Association of Nurses for the Environment (CANE)** as lead partner organization.*

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Introduction and rationale

The prenatal period of human development is highly susceptible to harm from environmental exposures to toxic chemicals, pollution, and the effects of climate change. Yet, research confirms that action to build awareness and support protective measures are not routinely happening in the context of prenatal care in Canada.^{1,2} This represents an unmet opportunity to improve population health and build civic literacy and engagement on the overlapping crises of proliferating toxic chemicals and plastics, and human-induced climate change.

The issue is largely one of capacity. Prenatal care providers, including physicians, nurses, midwives, and public health professionals, report being insufficiently trained and equipped to engage with their prenatal patients on environmental health concerns, despite growing evidence of the potential harms associated with early life exposures.³ Similarly, prospective parents may lack the baseline knowledge to initiate conversations with their providers or feel hesitant to ask questions due to uncertainty that the provider would have the time or knowledge to respond to their concerns.

Encouragingly, there is evidence of public and practitioner interest in environmental hazards as a determinant of reproductive and child health. An overwhelming majority of respondents to the PEHE Collaboration's surveys of women of reproductive age and prenatal care providers agreed that everyday environmental exposures to toxic chemicals and other hazards can be harmful to child health and development, and that taking protective action can help reduce such risks.^{4,5}

¹ Crighton EJ, Phipps E, Smith GN, Ahmed R, Cook JL, Masuda JR, Osornio-Vargas AR, Sanborn M, Brennan LJ, Phillips KP, et al. Environmental Health Attitudes, Practices, and Educational Preferences: A National Survey of Reproductive-Aged Women in Canada. *International Journal of Environmental Research and Public Health*. 2024; 21(11):1397. <https://doi.org/10.3390/ijerph21111397>

² PEHE Collaboration (2025). Prenatal Environmental Health Education in Canada: Research Brief. https://healthyenvironmentforkids.ca/wp-content/uploads/2025/11/PEHE-Research-Brief_EN.pdf

³ PEHE Collaboration (2025). Prenatal Environmental Health Education in Canada: Research Brief. https://healthyenvironmentforkids.ca/wp-content/uploads/2025/11/PEHE-Research-Brief_EN.pdf

⁴ Ibid.

⁵ PEHE-CCC webinar: Prenatal Environmental Health Education in Canada: Findings of the PEHE Collaboration Research on Current Gaps and Opportunities. November 2025. https://www.youtube.com/watch?v=vskQPyB_U0

About this document

This provisional strategy is a synthesis of ideas, feedback, and recommendations gleaned from collaborative conversations and knowledge sharing among relevant sectors and stakeholders convened through the [Prenatal Environmental Health Education – Collaborating for Clinical and Community Action](#) (PEHE-CCC) project.⁶ Over a period of five months, the PEHE-CCC team created spaces for dialogue and strategic co-creation among clinical and public health professionals, frontline health and social services providers, leadership of health professional associations, non-governmental organizations, researchers, advocates, and community members. These included:

- **Gathering Insights** sessions held in equity-denied and culturally diverse local communities, and virtual sessions convened with relevant professional sectors
- **A Setting the Stage Webinar Series**, and
- Virtual **Strategy Conversations** with diverse stakeholders to review a draft strategy framework and potential actions and recommendations.

These intersectoral conversations, summarized in the **What We Heard** report,⁷ were deeply insightful and reflected a shared desire and commitment to improve awareness and action on environmental hazards and health, including – but not limited to – opportunities within prenatal care.

Concurrent with these engagements, the PEHE-CCC team convened a multi-sectoral **Equity Team** that brought together scientific and policy expertise and the grounded expertise of community members and frontline staff. The Equity Team convened weekly to inform the development of equity-informed educational materials and strategies for building community-level knowledge, capacity, and access to decision-making on environmental health issues. This work was situated within the context of the right to a healthy environment, recently affirmed in updates to the *Canadian Environmental Protection Act (CEPA)*, that includes principles of environmental justice, intergenerational equity, and civic participation in decision-making.

The purpose of this strategy document is to provide a framework within which to capture the ideas and strategies co-created to date, and as a shared space for the further development of strategies and actions. It is intended as an armature upon which we can build the collective vision and coordinated actions toward the shared goal of strengthened capacity for

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⁷ CPCHE, PEHE Collaboration & CANE (March 2026). **What We Heard: Prenatal Environmental Health Education – Collaborating for Clinical and Community Action (PEHE-CCC) Project**. https://healthyenvironmentforkids.ca/wp-content/uploads/2026/05/PEHE-CCC_What-We-Heard-summary-report_May-2026_FINAL.pdf

preconception/prenatal environmental health education, advocacy, and action in Canada – at clinical, community, and policy levels.

Overall strategic direction

The PEHE-CCC consultations and the PEHE Collaboration's baseline research point to a two-pronged strategy for improving prenatal environmental health awareness and protective action in Canada. This integrated strategy must:

1. Build the capacity of prenatal care providers (and others involved in reproductive and family health) to provide point-of-service education and support within preconception/prenatal/postnatal health care.
2. Increase community-wide awareness, action, and participation in decision-making on environmental health concerns by building the capacity of frontline health and social services to integrate these issues into community-serving programs, leveraging established relationships of familiarity and trust.

In this integrated model, improved point-of-care education and support are nested within the broader context of enhanced civic awareness and engagement on environmental health and environmental justice concerns, with mutual and reinforcing benefits. Prenatal environmental health education can be a powerful means of building awareness among prospective parents and their families about environmental chemicals and other environmental health risks, which helps to build a foundation for civic engagement in advocacy and decision-making. Similarly, enhanced community-level awareness of environmental health concerns can help catalyze and support meaningful conversations between community members and their prenatal care providers.

Stakeholders clearly identified a need to nest improved point-of-care education and support within a broader context of enhanced civic awareness and engagement on environmental health and environmental justice concerns.

Within this two-pronged integrated framework, the strategy is intended to guide collective action and systems-level change towards two inter-related aims:

- Environmental health concerns are a routine and integral part of preconception and prenatal care
- Environmental health awareness, capacity for action, and access to decision-making are supported and expanded in communities across Canada through the work of frontline health and social services, and synergized with the pursuit of health equity, social justice, and the right to a healthy environment.

Core strategic elements

Four key pillars of action to operationalize this two-pronged framework emerged from the collaborative discussions, with overlap and synergy among them. These include:

- Clinical guidance and tools
- Educational resources and strategies
- Training and capacity building
- Advocacy

These action areas serve to catalyze and support the capacity of...

- **Health professionals**, including doctors, nurses, midwives, public health professionals, and various paraprofessionals (e.g., family health home visitors) to routinely address environmental health concerns within prenatal/perinatal care and engage in prevention of environmental harms at a systems level
- **Frontline health and social services** to embed environmental health literacy and action (toxic chemical risks, environmental justice, the right to a healthy environment, access to decision-making) in their work with communities.

Each of the action areas is described below, with context and recommendations intended to guide coordinated next steps.

1. Clinical guidance and tools

There is a significant gap in the availability of and access to clinical guidance and tools. For example, providers would benefit from clear and authoritative guidance on priority environmental exposures (e.g., priority toxic chemicals, extreme heat, wildfire smoke) that should be addressed during preconception/prenatal care. Similarly, providers want to be supported with relevant tools, such as environmental health history protocols and the inclusion of environmental health items in antenatal records and other standardized work flows. While some tools exist, such as environmental health questionnaires that also provide anticipatory guidance, they are currently not integrated into health history protocols or antenatal records.

Recommended action	Who should lead/ contribute*	Intended outcome
▪ Identify/develop an authoritative environmental health history protocol(s) appropriate for use in preconception/prenatal care, building on existing protocols	▪ Health professional association(s) ○ Coordinated effort among relevant professional sectors for efficiency and consistency ▪ Children's Environmental Health Clinic (ChEHC) / WHO Collaborating Centre ▪ Those disproportionately affected by environmental health	▪ Health professionals have access to an authoritative environmental health history protocol (along with resources to provide anticipatory guidance – see item 2)

	risks, to guide the integration from the beginning to ensure culturally safe integration	▪ An increasing proportion of providers take environmental histories as part of their routine preconception/prenatal practice
▪ Incorporate a core set of environmental factors into antenatal records across Canada	▪ Health professional association(s) and others with requisite expertise to co-create a proposed list ▪ Those disproportionately affected by environmental health risks, to guide the integration from the beginning to ensure culturally safe integration ▪ Multi-sectoral advocacy to encourage uptake and adoption. ▪ Provincial/territorial governments to consider integration of proposed factors into antenatal records	▪ Robust and consistent set of environmental factors in antenatal records across Canada

*These are intended as thought-starters and do not imply any responsibility or commitment of the sectors or organizations that are listed. These suggestions are offered with a recognition of the limited capacity and funding for environmental health education, capacity building and advocacy in Canada.

2. Educational resources and strategies for clinical and community settings

The PEHE Collaboration research findings and the PEHE-CCC stakeholder consultations point to a clear need for development of, and improved access to, plain-language educational materials for patients, families, and communities, tailored to diverse cultural, linguistic, regional, and geographic contexts.

While some resources exist (e.g., CPCHE [Top Tips](#) and CANE's [PeriPHAT](#) among others), providers may not be aware of them and may be uncertain of their quality. There was strong interest in a potential role for health professional associations to vet, and provide direct access to, educational resources (e.g., on their websites and via member portals). There was also support for backgrounders and evidence summaries to support providers in using public-facing educational materials with their clientele. At the community level, frontline providers and local organizations need practical tools and strategies to engage with community members on chemicals and other environmental health issues, in order to build environmental health literacy and support action and advocacy.

Recommended action	Who should lead/ contribute*	Intended outcome
Proactively provide prenatal care providers and local agencies and organizations with evidence-informed educational materials on common/priority environmental hazards and protective measures	- Health professional association(s) vet existing materials and share vetted materials with their memberships and the public - Recommend a coordinated effort among relevant professional sectors for efficiency and consistency - Potential for coordinating role for CPCHE and PEHE Collaboration, building on environmental scan of educational materials and PEHE-CCC project learnings and connections	- Clinical and public health professionals and local frontline service providers have access to vetted educational materials that they can use with confidence - An increasing proportion of providers share educational materials with their patients/clients
Create evidence summaries/backgrounders to support providers in using educational materials	- CPCHE and others to provide background materials for their public-facing educational resources (e.g., CPCHE Top Tips backgrounders) - Professional associations to provide their members and the public with access to vetted background materials	Providers have access to briefing materials to support their use of educational materials with their patients/clients
Co-create engagement materials/strategies to build community-level awareness and action	- Invite and integrate the grounded expertise of frontline service providers and community members in co-creating materials/strategies to build community engagement and capacity - Continue and expand the work of the PEHE-CCC Equity Team to guide the development of resources for use in community settings/programs - Draw on the Reimagining Research study and other community-based research initiatives to inform this work	Frontline service agencies have access to awareness raising/outreach tools to integrate environmental health into existing programming

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3. Training and capacity building

There is a need to strengthen environmental health content within professional education, continuing education, and competency frameworks. Without adequate training, many providers will continue to lack the knowledge and confidence to proactively engage with patients/clients on environmental health issues. Capacity limitations – from the limited staff and capacity available within professional associations, to the resources available to support frontline services in integrating environmental health/environmental justice concerns into their community-level programming – are recognized as a considerable barrier to moving this work forward. Working collaboratively across disciplines and sectors was embraced as a promising means to optimize limited capacity and ensure consistent messaging.

Recommended action	Who should lead/ contribute*	Intended outcome
▪ Increase the environmental health content in clinical training/education ▪ Increase environmental health content in secondary and post-secondary education	▪ Relevant professional associations ▪ Teaching/research institutions ▪ Accreditation bodies	▪ Increased knowledge and capacity of medical trainees/ future providers ▪ Increased baseline knowledge among future professionals across disciplines
▪ Increase environmental health content in journals and conferences for clinical and public health professionals	▪ Journal of Obstetrics and Gynecology of Canada (JOGC) special issue on prenatal environmental health⁸ ▪ Planetary Health Conference, CANE	▪ Increased availability and access to peer-reviewed content to inform practice and policy
▪ Integrate environmental health into the training and competencies of relevant professionals outside the health sector	▪ Engage with relevant social services sectors to explore interest and capacity to integrate environmental health and rights-based frameworks (e.g., right to a healthy environment, environmental justice) into routine programs and advocacy with/for equity-denied communities	▪ Increased community-level literacy and engagement on environmental health issues ▪ Increased rights-based framing

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⁸ The JOGC Editor, Dr. Graeme Smith, is considering a special issue of the JOGC, an announcement he made during Webinar 1 and in the context of the strategy discussions.

4. Advocacy: patient-oriented and systems-level

Advocacy is vitally important to the protection of present and future generations from the health risks posed by toxic chemicals, plastics, pollution, and the impacts of a changing climate. Health professionals are among the most trusted voices in Canada and have the potential to significantly contribute their expertise to relevant environmental policy, including the Chemicals Management Plan, with a focus on prevention and healthy equity. In addition to systems-level advocacy, providers can leverage their authoritative status to engage in patient-oriented advocacy on behalf of individuals and their families facing environmental health risks in their homes, workplaces, or communities. Noting the overlap with training and capacity building, the ability of providers to advocate for systems-level and individual protections is closely tied to the degree to which they are equipped with knowledge and training on environment-health connections and opportunities for prevention, and the capacity of their professional associations to lead and support such efforts.

Recommended action	Who should lead/ contribute*	Intended outcome
Coordinated, systems-level advocacy across clinical and public health professional associations on chemicals, plastics, and climate policy.	- Relevant professional associations - Non-governmental organizations	- Greater support for precaution and prevention in environmental and chemicals management policy - More protective laws and regulations
Increase collaboration across sectors, at institutional and community levels, towards more holistic approaches to prevention, protection, and advocacy	- Public health associations, leveraging their core mandate to convene across sectors to advance population health - Relevant health and social services sectors and professional associations - Non-governmental organizations	Improved provider networks at a community level (health, legal aid, housing supports, mental health, etc.) to facilitate effective referrals and wrap-around supports

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Cross-cutting priorities and values

A number of cross-cutting themes, principles, and aspirations emerged from the discussions to date. These are outlined here to inform future strategy development and implementation.

Leadership and cross-sector coordination

- Strengthen leadership across clinical, public health, and community sectors to drive coordinated action
- Support collaboration across sectors to align messaging, reduce duplication, and maximize impact

Equity, environmental justice, and rights-based approaches

- Center environmental justice and the Right to a Healthy Environment within strategy development and implementation
- Address structural and social determinants of environmental exposures
- Support inclusive and equitable participation in decision-making

Knowledge systems and evidence integration

- Integrate multiple forms of knowledge, including Western scientific evidence, grounded expertise, and Indigenous ways of knowing
- Ensure that knowledge is accessible, credible, and relevant to both providers and communities

Consistency and adaptability

- Promote consistent national direction while allowing flexibility to reflect local, regional, and community contexts
- Support scalable approaches that can be adapted across settings

Looking ahead

CPCHE and the PEHE Collaboration – as two intersectoral collaborations with overlapping missions and a shared dedication to promoting children’s health and well-being by reducing environmental threats to reproductive, fetal, and child development – are committed to moving this strategy forward. While our collective work can help focus attention, catalyze action, and sustain momentum, it is the work of governmental agencies and decision-makers, professional associations, funding bodies, community-based organizations, frontline health and social services agencies, and the courage, commitment and creativity of individual practitioners and community members that will bring about the changes that are needed.

We invite you to reach out, offer further ideas, share examples of promising practices, and contribute your experience and expertise to this shared endeavor. It is our hope that this strategy framework can be a place to evolve our collective thinking, set targets, and track progress. It is also a place to identify those who are well-positioned to lead or contribute to the work, whether it is developing model guidelines, creating and vetting educational resources, or directing resources to support the integration of environmental health as a matter of social justice into the work of community-based agencies and service providers.

We encourage you to reflect on your own capacities and potential role in moving this forward. If you see an opportunity to lead or contribute, or if you have recommended actions that are not yet included in the strategic framework, please get in touch.

None of the elements in this strategy framework can be achieved without leadership and none can be achieved alone.

Now is the time for leadership and collaborative action.

Contact:

For more information or to get involved, please contact:

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PEHE-CCC Project Page:

<https://healthyenvironmentforkids.ca/prenatal-environmental-health/>