



BC PREGNANCY

OUTREACH PROGRAM HANDBOOK



BC Association of Pregnancy Outreach Programs

BCAPOP
Leadership • Support • Advocacy

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BC Pregnancy Outreach Program Handbook

The development of this handbook required extensive consultation and collaboration with pregnancy outreach program team members, stakeholders and professionals. The content was created by Heather Cameron, RN, Executive Director of BC Association of Pregnancy Outreach Programs and her work was directed by a provincial volunteer advisory committee. Funding for this publication was provided by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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BC Pregnancy Outreach Program Handbook Advisory Committee

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*For the purposes of this handbook, the term woman/women refers to people who were assigned female at birth, recognizing that a participant's gender identity may differ from their anatomical, physiological or genetic assignment.

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Pregnancy Outreach Programs

Overview

Pregnancy outreach programs in British Columbia are community-based programs that provide support to improve the health and well-being of pregnant women, new mothers and babies facing challenging life circumstances.

The overall goals of pregnancy outreach programs in BC are to:

- Improve maternal-infant health
- Increase healthy birthweight rates
- Promote and support breastfeeding
- Promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers

In BC, pregnancy outreach programs are sometimes referred to as POPs and other times referred to as Canadian Prenatal Nutrition Programs, or CPNPs. This distinction depends largely on the funding model of a particular program. For the purposes of this handbook, they are most often referred to as pregnancy outreach programs, unless we are referring specifically to ideas/concepts attached to CPNP programming.

Guiding Principles

While each pregnancy outreach program is unique, a set of **six guiding principles** have been set out by the Canadian Prenatal Nutrition Program (CPNP) that can help to unify the approach to program delivery:

1. **Mothers and babies first** — the health and well-being of the mother and baby are most important in planning, developing and carrying out the program.
2. **Equity and accessibility** — the program must meet the social, cultural and language needs of the pregnant women in the community and must be available in all parts of the country.
3. **Community-based** — decision making and action in planning, designing, operating and evaluating the program must be done as a community.
4. **Strengthening and supporting families** — all parts of society share the responsibility for children by supporting parents and families.
5. **Partnerships** — partnerships and cooperative activities at the community level are the key to developing an effective program.
6. **Flexibility** — the program must be flexible to respond to the different needs in each community and to the changing needs and conditions of women in these communities.

Pregnancy outreach program supports include nutrition counselling, prenatal vitamins, food and food coupons, counselling in prenatal health and lifestyle, breastfeeding education and support, food preparation training, education and support on infant care and child development, and referrals to other agencies and services.

(Source: <https://www.canada.ca/en/publichealth/services/health-promotion/childhood-adolescence/programs-initiatives/canada-prenatal-nutrition-program-cpnp/about-cpnp.html>)



Program Tip: *"All of our pregnancy outreach program work begins with developing as empathetic, trusting and guiding relationships with the women who chose to come to our program."* – Bellies to Babies Pregnancy & Family Resource Program, Cranbrook

History

Pregnancy outreach programs in BC have a long and complex history as to how they became established, how they received their start-up funding, who they are funded by today and the reasons behind the different funding streams.

Below is a timeline of the highlights of the history of BC pregnancy outreach programs:

- 1879- The Montreal Diet Dispensary (MDD) was initiated. Volunteers distributed food to low-income and medically ill people who were referred by doctors.
- 1922- MDD hired a dietitian as the Executive Director, who initiated nutrition counselling as part of the program.
- 1960's- MDD made working with pregnant women to prevent low birthweights their priority.
- 1976- First BC pregnancy outreach program (POP) established (Vancouver's Healthiest Babies Possible). It was modelled after MDD and provided nutritional counselling, food, prenatal vitamins, and one-to-one counselling that focused on nutrition.
- 1980's- Other POPs in BC initiated, but struggled to find sustainable funding.
- 1988- Funding from the Province of BC's Ministry of Health and the provincial Strengthening the Family Initiative led to the support of five more BC POPs (Nanaimo, Port Alberni, Prince George, Cranbrook and Surrey). Funding was then also secured for POPs in Williams Lake, Duncan and Terrace through the BC Ministry of Labour and Consumer Services. All pilot POPs used the Nanaimo POP as their model and emphasized nutrition, alcohol & drug counselling and social support. They were overseen by a Provincial Advisory Committee and managed jointly by BC's Ministry of Health Nutrition and Public Health Nursing sectors. Each POP had a sponsoring organization such as a Friendship Centre, Child Development Centre or Women's Resource Society.
- 1990- First qualitative evaluation of BC POPs completed with very positive results.
- 1991- The federal government conducted a national survey of all prenatal programs and Marie-Paule Duquette of MDD was lobbying for Canada-wide prenatal nutrition program funding. BC Ministry of Health provided funding for 6 additional POPs (Vancouver's Healthiest Babies Possible received ongoing

funding and start-up funding was given to programs in Smithers, Quesnel, Kamloops, Esquimalt and Campbell River). "Guidelines for Coordinators of Pregnancy Outreach Programs" manual, originally created by the Provincial Advisory Committee, was revised to the "Pregnancy Outreach Projects, Program Guidelines" manual.

- **1992/93-** The BC Ministry of Health provided more funding to enhance current POPs and establish eight more (Burnaby, Delta, Fernie, Mission, Nelson, Prince Rupert, Salmon Arm, and Ucluelet). There was a total of 20 POPs in BC at this point.
- **1993-** Second qualitative study of BC POPs completed. Recommendations included increased funding, enhancing food supplements, offering support postpartum and developing resources for participants with low literacy. As a result, funding was increased to all BC POPs to act as core funding and eliminate the need for fundraising at the local level. This was the last time BC POPs received an increase in funding provincially. The "Pregnancy Outreach Projects, Program Guidelines" manual was again revised.
- **1994-** The Canadian Prenatal Nutrition Program (CPNP) was established, a funding stream through Health Canada (CPNP is now currently funded by the Public Health Agency of Canada).
- **1995-** First amounts of CPNP funding was disbursed. Agreements that had already been signed between the federal and provincial governments to distribute Community Action Program for Children (CAPC) funding were altered to include CPNP funding. BC CPNPs were managed by a Joint Management Committee (JMC) with representatives from the federal and provincial governments. CPNP funding went to enhance seventeen of the twenty pre-existing provincially funded programs, enhance Vancouver's Healthiest Babies Possible and Sheway, and launch 12 fully funded CPNP programs.
- **1996-** BCAPOP established and incorporated as a non-profit society.
- **1997-** 1st Annual BCAPOP Conference
- **1997/98-** The "Pregnancy Outreach Projects, Program Guidelines" manual was revised to the "Pregnancy Outreach Program Handbook". This was the last revision of this document.
- **2000-** Province of BC regionalized health funding. Many staff and funding decisions were shifted to BC's five Health Authorities. This resulted in programs signing funding contracts with the Health Authority they were situated in, instead of receiving funding directly from a provincial ministry. Overall funding levels mostly remained the same.
- **2002-** CPNP funds increased and some funds were earmarked to communities to complete a community assessment and apply for CPNP funds. Eight communities (Ladysmith, Vanderhoof, Port McNeil, Burns Lakes, Sechelt, Fort Nelson, Trail, Castlegar) established "development" CPNP programs with the understanding that funds would be augmented through other organization partnerships.
- **Early 2000's-** The JMC devolved its authority into the CPNP Advisory Committee. The new committee consisted of provincial representatives, PHAC representatives, a CPNP representative from each Health Authority and program participants.
- **2019-** There are 44 CPNP programs in BC (20 of these receive CPNP and Regional Health Authorities' POP funding, 8 are CPNP development programs that rely on other organization funds, and 16 are fully funded CPNP programs). BCAPOP represents over fifty members.

Participants

Pregnancy outreach programs aim to provide services and support to pregnant and postpartum women who face challenges in their life and barriers to accessing services, regardless of age, religion and ethnic background. Each program is unique and autonomous as to which stage of pregnancy it welcomes new participants and at what month postpartum participants and their infants graduate from the program. Most programs serve participants and their newborns until six or twelve months of age, depending on their funding contracts. The specific needs of the population your pregnancy outreach program serves should guide the menu of services, opportunities and resources offered.

Pregnancy outreach programs aim to serve pregnant women, new mothers and their infants facing challenges that put their health at risk. These include:

- Low socioeconomic status – low income, inadequate housing, insecure employment, food insecurity and low education
- Substance use
- Social isolation – lone parent and/or lack of supportive relationships and recent arrival to Canada
- Geographical isolation or with limited access to services
- Being a teenage mother
- Facing situations of violence or neglect

Pregnancy outreach programs also increase the availability of culturally sensitive prenatal support for Indigenous women and recent immigrants.

"Participants can benefit from easily accessible, culturally appropriate community-based support to reduce the risks. Innovative, flexible, non-traditional service delivery models can make a difference." - Pregnancy Outreach Practice Guidelines, CPNP & Provincial POP Advisory, 2003

Program Staff Members and Scope of Practice

Each individual pregnancy outreach program is unique in the number of complimentary staff members it requires to meet the needs and quantity of its participants. The number of staff members is also dictated by the amount of funding available.

Pregnancy outreach programs are overseen by a Program Coordinator, either a Registered Nurse or Registered Dietitian, or an individual with significant relevant work experience and/or education. The Program Coordinator is responsible for program planning, evaluation, reporting, and spending funds within budgets. They often also play a role in direct participant engagement. Smaller programs may only have a Program Coordinator and no other support staff.

Program support staff come from a variety of educational backgrounds and experience, which can include healthcare professionals, community service workers, mental health workers and/or peer support workers. Program support staff carryout the day-to-day operations of the program, welcoming of new participants, hosting group and drop-in sessions, one-to-one support, outreach, and relationship closure/participant graduation processes.

All staff, regardless of their role, work within their scope of practice as set out by their own professional regulatory body and/or their job description. Programs and their staff are meant to compliment the medical advice provided by the participant's primary healthcare provider (PHCP), not replace it. Your participant's PHCP is the physician, obstetrician, nurse practitioner or midwife that is most responsible for their medical care during pregnancy and the early postpartum period. Participants can easily get confused by differing opinions and mixed messages, therefore, appropriate referral back to their PHCP for medical advice that is beyond a staff member's scope of practice is critical for the success of your participants. Pregnancy outreach programs are an important part of the continuum of care for participants when program staff provide complimentary, appropriate and effective support.

It is also necessary to be aware of your scope of practice within your program. For example, Registered Dieticians have a specific skill set that allows them to interpret food recalls and then give individual nutritional

recommendations in response to that interpretation. Professionals, such as Registered Nurses and Registered Dietitians, are not only accountable to their supervisor or host agency, but also are accountable to their professional regulatory body. It is the responsibility of professionals to be sure they are working within their scope of practice. Each staff member should have clear boundaries within their role and refer to the appropriate professional when the participant's needs are outside of their scope of practice.



For more information:

British Columbia College of Nursing Professionals <https://www.bccnp.ca/Pages/Default.aspx>

College of Dietitians of British Columbia <http://collegeofdietitiansofbc.org/home/>

Province of British Columbia Professional Regulation <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation>

Staff Orientation, Training and Continuing Education

It is important to offer all new staff in pregnancy outreach programs an orientation and training program that provides them with the competencies necessary to carry out their role effectively. This guide can serve as a starting place for new staff to become familiar with pregnancy outreach program goals, participant approaches and programming basics. Opportunities to orientate and train new staff can include job shadowing, reading evidence-based literature, discussions and then carrying out their duties under close supervision by a mentor until they are confident and capable of performing their role independently. The goal of an orientation and training program for a new staff member is not to ensure that they know everything, but instead to ensure that they are familiar with the basic skills of their role, when to ask for help, and how to access additional information through evidence-based resources when required.

Regardless of educational background, all staff should be provided with an annual performance review and learning plan to continue education and gain new skills. There are many opportunities for workshops, conferences, online training and other certificates that can be integrated into staff learning plans.

Continuing education opportunities:

5A's of Healthy Weight Gain in Pregnancy Online Course <https://ubccpd.ca/courses>

BC Patient Safety and Quality Council: Trauma Informed Practice <https://bcpsqc.ca/improve-culture/cultural-safety-and-humility/>

BCAA Child Passenger Safety Education II Course <https://www.bcaa.com/community/child-car-seat-safety/child-passenger-safety-educator-course>

BCAPOP Annual Conference <https://www.bcapop.ca/>

Become a Doula in BC <http://www.bcdoulas.org/about-doulas/become-a-doula>

Certified Infant Massage Instructor Program <https://www.iaim-aimbcanaada.org/pages/certified-infant-massage-instructor-program>

Early Year Professional Development List <https://earlyyearsbc.ca/>

Family Resource Program Certificate <http://www.frpbc.ca/resources/for-practitioners/frp-certificate/>

Family-Centered Maternity and Newborn Care: National Guidelines <https://www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html>

First Nations Health Authority Cultural Humility Resources <http://www.fnha.ca/wellness/cultural-humility#learn>

Food Safe Certificate <http://www.foodsafe.ca/>

Introduction to Brief Motivational Interviewing
<http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/Weight/MotivationalInterviewing.pdf>

Naloxone Online Training <https://www.stopoverdose.gov.bc.ca/theweekly/naloxone-training-online>

Perinatal Services BC Breastfeeding Education Recommendations <http://www.perinatalservicesbc.ca/health-professionals/education-development/breastfeeding>

Period of Purple Crying and Shaken Baby Syndrome Training <https://training.dontshake.org/courses>

PHAC Resources for CPNP Programs <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-init/funding-financement/npf-fpn/family-famille-eng.php>

Quit Now Online Training <https://www.quitnow.ca/healthcare-providers/continuing-education>

Physical Space Considerations

Programs carry out their services in many different types of locations. Program spaces usually offer a space for staff-participant interactions, an area for participants and their infants to interact with staff members and an area to share a meal. It is crucial that these spaces are breastfeeding friendly by offering comfortable locations for participants to breastfeed.

Areas dedicated to direct staff-participant support will encourage face-to-face interaction and promote communication. Having comfortable chairs facing one another in a cozy corner with side tables is much more inviting than an office desk with a chair on either side. Try to offer a nutritional snack or beverage to all your participants. For the comfort of your participants who may have experienced trauma in their life, it's good to be aware that they may be more comfortable with the back of their chair against a wall, always having the ability to view the entire room and having a clear path to the exit door. Always ask your participant if she wishes to have the program space door open or closed during your one-to-one visit. The more comfortable your space is, the more comfortable your participants will feel to share with you their personal information and spend time in your programming.

Physical spaces should also offer areas for participants and their infants to get down on the floor to interact, play games and sing songs while interacting with program staff. Sharing a nutritious meal is a key part of programming, therefore an area where meals can be enjoyed as a group will be a focal point of your program space. The closer a space resembles a healthy home environment the more you can role model healthy interactions and behaviors' that participants can duplicate at home.

Some programs try to make their space electronic free by asking all participants to put their cellphones on vibrate or silent during programming; a sign at the entrance can remind participants of this suggestion.

Be sure that you are following your local health authority standards of cleaning and sanitization of participant areas. Baby toys, eating surfaces, and food preparation areas require special attention. Your host agency should provide you with policies and procedures regarding cleaning and sanitization processes.

For more information:

BC Health Operating Permit <https://www2.gov.bc.ca/gov/content/employment-business/business/managing-a-business/starting-a-business/starting-a-restaurant-in-bc/permits-licences/health-operating-permit>

Northern Health Disinfection Options in Childcare Settings booklet

https://www.northernhealth.ca/sites/northern_health/files/services/community-care-licensing/documents/disinfection-options-in-child-care-facilities.pdf

Funding Streams

Due to the complex history of how pregnancy outreach programs (POPs) and the Canadian Prenatal Nutrition Programs (CPNPs) came to exist within our province, variance exists in how programs are funded in BC. CPNP funding is administered by the Public Health Agency of Canada (PHAC). CPNPs and POPs come under three umbrellas of funding; they are either fully funded CPNPs, development CPNPs that receive partial

CPNP funding and rely on their host agency for the remainder of funding, or CPNP-enhancement funded programs that also rely on regional provincial health authority POPs funding. In addition, some pregnancy outreach programs in BC rely solely on the health authority in which they are situated for their core funding. BCAPOP does not provide program funding to member programs. A specific program's funding stream will guide the expectations of programming, staffing and reporting requirements.

For more information:

List of Canadian Prenatal Nutrition Programs in BC <http://cpnp-pcnp.phac-aspc.gc.ca/>

List of BC Association of Pregnancy Outreach Programs Member Programs <https://www.bcapop.ca/POP-Programs>

Logic Model, Workplan and Program Evaluation

A logic model is a visual representation of a pregnancy outreach program's resources, activities and expected outcomes. This tool can help present complex relationships and multiple sources of information in an easy-to-understand way. Logic models are used in the planning, implementation, and evaluation processes for your program.

Workplans are a list of individual staff goals created to guide the work that you do within your program. Workplans are based on logic models and evaluations of your program. They aim to meet the gaps in services and improve service delivery. Workplans for staff also include continuing education goals.

Depending on the funding stream that your program receives there will be different evaluation tools and reporting required. Many programs conduct an exit survey for participants to complete upon graduation of the program. This feedback is used to evaluate if your program is meeting its desired outcomes.

BC Association of Pregnancy Outreach Programs

BCAPOP was incorporated as a non-profit society in 1996 and is a member driven non-profit society, representing over 50 pregnancy outreach programs throughout BC. BCAPOP provides advocacy, education, training and resources to its members. As available, the Public Health Agency of Canada provides funding to the BC Association of Pregnancy Outreach Programs (BCAPOP) to distribute free prenatal vitamins (historically provided by Vitamin Angels) and nutritional support payments on an annual basis. Education and training opportunities are provided through monthly general member meetings via teleconference and the BCAPOP annual conference.

For more information:

BC Association of Pregnancy Outreach Programs www.bcapop.ca

Core Pregnancy Outreach Program Funding

Provincial Health Authorities

British Columbia has five regional health authorities including Fraser Health, Interior Health, Northern Health, Vancouver Coastal Health, and Island Health, as well as two province-wide health authorities, the Provincial Health Services Authority and First Nations Health Authority. The regional health authorities govern, plan and deliver health care services within their geographic areas and often fund the pregnancy outreach programs in their regions that either have health authority core funding or have CPNP-enhanced funding.

For more information:

BC Health Authorities Map <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities>

First Nations Health Authority <http://www.fnha.ca/>

Public Health Agency of Canada (PHAC)

The Public Health Agency of Canada (PHAC) is a federal agency within the health portfolio. In partnership with others, PHAC's activities focus on preventing disease and injuries, promoting good physical and mental health and providing information to support informed decision making. PHAC values scientific excellence and provides national leadership in response to public health threats.

The Canada Prenatal Nutrition Program (CPNP) was launched in 1995 by the Government of Canada. The Public Health Agency of Canada currently funds 276 CPNP projects serving over 51,000 pregnant women and parents/caregivers in over 2,000 communities across Canada each year.

Role of Program Officer

Program Officers support CPNP projects to offer programs and services that reflect the program's guiding principles and adhere to the terms and conditions of the Contribution Agreement. This includes:

- Ensuring accountability in the use of funds to the fullest extent possible
- Monitoring the project's adherence to the program mandate and guiding principles
- Assisting project sponsors and staff to meet the goals and objectives of CPNP by providing support, information (e.g. best practices), and direction where appropriate
- Facilitating information exchange between communities, the Public Health Agency of Canada, the Province, and other stakeholders, as appropriate

For more information: PHAC <https://www.canada.ca/en/public-health.html>

First Nations Health Authority (FNHA)

In 2013, BC's FNHA was established and assumed the roles and responsibilities of Health Canada's First Nations Inuit Health Branch-Pacific Region. It is the first health authority of its kind in Canada. FNHA does not replace the roles and services of health authorities or the Ministry of Health, but instead complements them by collaborating, coordinating and integrating programs to achieve better health outcomes for BC's First Nations and Aboriginal people.

FNHA now administers a Prenatal Nutrition Program (PNP) for BC First Nations, previously administered through the CPNP to First Nations and Inuit on reserve programs.

PNP participants include:

- Pregnant First Nations women
- Mothers of infants
- Infants up to 12 months of age who live on reserve (some programs offer services up to 24 months of age)
- First Nations women of childbearing age on reserve

For more information:

FNHA: Prenatal Nutrition Program <http://www.fnha.ca/what-we-do/maternal-child-and-family-health/prenatal-nutrition-program>

FNHA Website <http://www.fnha.ca/>

Participant Support Approaches

Principles of Health Promotion

As a pregnancy outreach program staff member, it will be helpful to have basic knowledge of what health promotion principles in Canada are and how to incorporate them into your practice. The first International Conference on Health Promotion took place November 21, 1986, and the result was The Ottawa Charter for Health Promotion. Health promotion is a concept that aims to increase an individual's control over and the power to improve their own health.

Health promotion actions include:

1. Building healthy public policy
2. Creating supportive environments
3. Strengthening community actions
4. Developing personal skills
5. Reorienting health services

(Source: Canadian Public Health Association, 1996, *Action Statement on Health Promotion in Canada*)

Examples of health promotion action your program can implement:

- Having a Registered Dietitian speak about the importance of nutrition in pregnancy
- Creating policies surrounding healthy meals being provided based on the Canada Food Guide
- Creating community partnerships to offer participants affordable recreational opportunities
- Having posters in your program location promoting breastfeeding
- Offering a walking-club as part of your program's menu of services

For more information:

Action Statement on Health Promotion in Canada <https://www.cpha.ca/action-statement-health-promotion-canada>

Ottawa Charter for Health Promotion <https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion/charter.pdf>

Principles of Population Health and Social Determinants of Health

Population health is based on the knowledge that not only individual choices affect health, but that also social determinants of health play a key role in the overall health of an individual or population. As pregnancy outreach program staff, we must take into consideration both individual choices and the social determinants of health in order to fully support our participants. A list of the social determinants of health impacting the participants we work with is listed below.

Social Determinants of Health:

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments
6. Social support and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetic endowment
10. Gender
11. Culture

(Source: Government of Canada, 2018, *Social Determinants of Health and Health Inequalities*)

Examples of integrating the social determinants of health into your practice:

- Being aware about how food insecurity might impact how you promote healthy nutrition through Canada's Food Guide
- Having the knowledge that a participant's low literacy level will affect the amount of information they can access at home when they have questions about their baby
- Understanding the importance of social support networks in addition to professional support for participants

For more information:

Government of Canada Population Health <https://www.canada.ca/en/public-health/services/health-promotion/population-health.html>

Government of Canada Social Determinants of Health and Health Inequalities <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Indigenous Focus

Pregnancy outreach programs offer services to Indigenous populations living on-reserve, off-reserve, in rural and in urban settings. Staff should familiarize themselves with the resources available in their specific community and with strategies to provide culturally safe services.

When we refer to Indigenous peoples, we are using a term that encompasses all First Nations (status and non-status), Métis and Inuit peoples. Each Nation, community, family and individual is unique, and we must respect this diversity in order to provide safe and effective services for Indigenous peoples. There is no single approach for working with all Indigenous peoples.



Program tip: Being mindful of how we use this terminology is a simple way to contribute to the success of your program and to create a welcoming environment. These terms are not interchangeable. Be specific when needed and if your program seeks to be inclusive of many Indigenous peoples it is best practice to make this explicit in your program literature/posters by using the terms First Nations (status and non-status), Métis and Inuit, rather than only Indigenous.

There may be Indigenous specific programs and services available to the participants that you will work with. Inform yourself and build relationships with these service providers and partners. For example, there may be services available through local Band offices, Friendship Centers, Chartered Métis Communities, the health authority and other Indigenous service providers. Indigenous participants may have the opportunity to be supported by an Aboriginal/Indigenous Patient Navigator within your local hospital or by a Family Preservation Worker through a delegated agency. Familiarizing yourself with these providers and the specific population that they serve will assist you in connecting participants with the community resources available to them.

Openness to a diverse range of Indigenous cultural norms and practices will benefit your staff-participant relationships and help to create cultural safety. For example, this could mean being open to a more expansive definition of family. You may find that some participants are comfortable bringing extended family members to your program's drop-in sessions. It is important to recognize that Indigenous participants will have varying degrees of connection to and knowledge of their own culture and community. Take time to learn about each participant's unique experience and background.



Program Tip: "Too many programs exclude family members from participating (mothers, sisters, aunts, etc.). Respect cultural practices while informing clients of research-based best practices." -
Knee-waas Pregnancy Outreach Program, Port Alberni

Staff should take advantage of training and opportunities to learn about Indigenous cultures, but they cannot be expected to become experts in all or even one Indigenous culture. What we can do is exercise cultural humility, by being open to learning and by becoming comfortable with what we don't know. We can recognize that colonialism has disrupted the health and well-being of Indigenous Nations, families and individuals. We can engage in self-reflection to address our own biases and assumptions.

By practicing cultural humility and becoming trauma informed, we can work towards building culturally safe programs and spaces for Indigenous participants.

For more information:

BC Association of Aboriginal Friendship Centers <http://www.bcaafc.com/>

BC Government List of Indigenous Organizations & Services
<https://www2.gov.bc.ca/gov/content/governments/indigenous-people/aboriginal-organizations-services>

Delegated Aboriginal Agencies in BC <https://www2.gov.bc.ca/gov/content/family-social-supports/data-monitoring-quality-assurance/reporting-monitoring/accountability/delegated-aboriginal-agencies>

Healthlink BC Aboriginal/First Nations Health <https://www.healthlinkbc.ca/health-topics/common-health-concerns/first-nations>

Jordan's Principle <http://www.fnha.ca/what-we-do/maternal-child-and-family-health/jordans-principle>

Métis Chartered Communities <https://www.mnbc.ca/chartered-communities>

Cultural Safety & Humility

It is recognized that programs and services based on mainstream Euro-Canadian culture may not always meet the needs of all populations, specifically Indigenous peoples. Pregnancy outreach programs strive to provide the best quality service to all participants. We can improve the way our programs are experienced by developing a practice of cultural safety and cultural humility.

The goal of cultural safety is to ensure that respect and safety is experienced by all people interacting with the healthcare and community service agency systems. Participants are supported to draw strength from their identity, culture and community.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Source: *Cultural Humility*, First Nations Health Authority website <http://www.fnha.ca/wellness/cultural-humility>

Having safe practices means that you:

- recognize and learn about the role of history and culture in shaping health and health care experiences;
- foster caring relationships with the people you serve based on mutual respect and trust;
- increase your understanding of what wellness means for the people you serve;
- engage in self-reflection to learn about your biases and assumptions;
- reflect on the inherent power dynamics in the health care system; and
- honour people's experiences of the health care system.

Source: Northern Health https://www.indigenoushealthnh.ca/sites/default/files/2017-03/booklet-cultural-safety-web_0.pdf

For More information:

BC Patient Safety and Quality Council: Trauma Informed Practice <https://bcpsqc.ca/improve-culture/cultural-safety-and-humility/>

First Nations Health Authority cultural humility resources <http://www.fnha.ca/wellness/cultural-humility>

FNHA Cultural Safety and Humility Webinars <http://www.fnha.ca/wellness/cultural-humility/webinars>

Indigenous Cultural Safety Collaborative Learning Series <http://www.icscollaborative.com/home>

Northern Health Indigenous Health Cultural Safety Poster Series
<https://www.indigenoushealthnh.ca/sites/default/files/2017-06/Posters-Cultural-Safety.pdf>

Towards cultural safety for Métis <https://www.ccnsa-nccah.ca/docs/emerging/FS-CulturalSafetyMetis-MetisCentre-EN.pdf>

Trauma Informed Practice

Pregnancy outreach program staff will find it beneficial when working with participants to be familiar with and employ trauma informed practice (TIP) strategies. TIP strategies were created with the knowledge that working with participants who have experienced trauma in their lives can benefit from an approach that supports safety and empowerment. It is important to remember TIP strategies when working with any program participant because they will not always disclose a history of trauma, nor do they need to. When we incorporate TIP strategies into our everyday practice, then we will support all participants in the same manner. This, in turn, means that we will be able to best support any participant with a history of trauma, even when we are unaware of that history.

Trauma informed practice (TIP) strategies include:

1. Trauma awareness
2. Emphasis on safety and trustworthiness
3. Opportunity for choice, collaboration and connection
4. Strengths-based skill building

(Source: BC Provincial Mental Health and Substance Use Planning Council, 2013, p.13)

Examples of utilizing TIP in your practice:

- Being aware of how common trauma experiences are in the population we are serving
- Following through on commitments to your participant in order to create trust
- Offering a menu of options to a participant who is seeking assistance with an issue they want to address to give them control and power over their choices
- Recognizing and verbalizing that your participant meets her baby's needs in a timely manner, instead of primarily focusing on her lack of time management skills in other areas of her life

For more information:

MCFD Trauma Informed Practice Guide <https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed-practice-guide.pdf>

Trauma Informed Practice Guide http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Harm Reduction

Harm reduction strategies should be implemented when participants engage in behaviors that can result in harm to themselves and/or others. Harm reduction approaches support participants to stay as safe as possible, while engaging in risky behaviour's. Harm reduction is a phrase commonly used in reference to problematic substance use, but it can also apply to any behavior that could cause harm including eating disorders, cigarette smoking and sexual practices. When you are working with a participant to apply harm

reduction strategies, it is understood that the behavior may not stop, regardless of the possible consequences.

Examples of harm reduction strategies:

- Reducing the number of cigarettes over time, that a participant smokes in a day
- Offering free condoms to participants to reduce the risk of sexually transmitted infection (STI) transmission
- Making a breastfeeding safety plan with a mother to put in place if she relapses on problematic substances
- Supporting a participant to abstain from alcohol, while continuing to use other problematic substances, to reduce the risk of FASD in her infant

For more information:

Harm Reduction and Pregnancy Booklet http://bccewh.bc.ca/wp-content/uploads/2015/02/HReduction-and-Preg-Booklet.2015_web.pdf

Harm Reduction and Pregnancy: Community-based Approaches to Prenatal Substance Use in Western Canada <http://bccewh.bc.ca/2015/02/harm-reduction-and-pregnancy-community-based-approached-to-prenatal-substance-use-in-western-canada/>

Harm Reduction: Girls, Women, Alcohol and Pregnancy <https://fasdprevention.wordpress.com/category/harm-reduction/>

Healthlink BC: Understanding Harm Reduction <https://www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction>

First Nations Health Authority harm reduction resources & videos <http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/harm-reduction>

Thinking about using cannabis while parenting? <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/parents.html>

Thinking about using cannabis before or during pregnancy? <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/before-during-pregnancy.html>

Programming

New Participant Referrals

The population that your program serves is derived from your program service delivery or catchment area as set out by your program's policies. New participant referrals often come from other community service agencies and professionals including physicians, midwives, outreach nurses and maternity clinics; referrals will also include, most importantly, self-referrals. The referral process itself should be simple and straightforward to prevent missed opportunities to connect with new participants. Connecting with your local health and community service agencies to provide referral forms, discuss the referral process, and how your program can benefit participants will increase awareness of your program and increase the number of participants that you are able to reach. Program posters and pamphlets can also be produced and displayed in other service agencies that are commonly accessed by newly pregnant women.

Welcoming New Participants

Pregnancy outreach programs are unique and autonomous regarding how they welcome new participants. Some programs choose to do a formal intake process that includes a one-to-one appointment, while others choose to do a lower barrier process that may only require a simple "Welcome Card" to be completed, with the option of doing a formal intake at a later date.

Programs that choose to complete formal intakes tend to book a one-hour time slot to complete the intake package. The goal of a formal intake appointment is not only to collect information, but also to allow time to build rapport that fosters your staff-participant relationship. The formal intake process will result in a support plan that best suits the needs of your participant.

During a formal intake appointment, there can be numerous forms to be completed and many questions to be asked and answered. It is important for you to be able to gauge the participant's ability, willingness and capacity to sit through the entire duration of the appointment in order to answer your questions. You will need to assess which paperwork is crucial to be completed during the first appointment, such as confidentiality forms, and which forms can wait for subsequent appointments. It is not effective to push through the entire intake package if the participant is showing signs of emotional discomfort. Although there may be documentation required to satisfy requirements set out by stakeholders and funders, this should never come at the expense of the staff-participant relationship.

When creating or reassessing your program's intake forms be sure that the only questions asked are those that impact the support that your program will provide. If your intake forms ask questions that your program does not have the ability to respond to, then the question should be eliminated. For example, asking about a history of sexual abuse in the initial intake is only pertinent if you have sexual assault counselling resources to refer to. Answering sensitive intake questions can create an unnecessary emotional and re-traumatizing experience for the participant, especially when there isn't appropriate follow-up in place and offered. In this example, even if you don't have adequate sexual assault counselling services available for your participants,

you may still find that a history of sexual abuse would be useful knowledge when you are supporting your participant in other areas. It would then be more appropriate to ask this question at a later stage in your staff-participant relationship after rapport has been built.

An easy exercise to assess the efficacy of your current intake package is to sit with your entire team of staff members and go through your intake forms question by question. Answer each of the questions by writing in the support service or referral that will be responsive to each question. Every program should have a standard list of resources that all staff are familiar with. These resources will be used to respond to participant needs identified at any point during the staff-participant relationship. It is important that these resources are always evidence-based.

Another intake option that programs choose is to use a simple "Welcome Card". The welcome card allows for low-barrier entry as it only requires basic information to enter the program and start accessing services. This type of intake process is based on the idea that building rapport should precede asking personal information. Making rapport building a priority will encourage a strong staff-participant relationship that will foster honesty and trust.

Flexibility and "outside of the box" thinking goes hand in hand with supporting pregnant women who face challenges and barriers. New participants may show up to your program, without any forewarning, asking for support. It is suggested that your program makes meeting these requests a priority, as this may be your only opportunity to connect with the new participant and set the stage for ongoing support. This is especially important in circumstances where potential participants are in current crisis, have not accessed prenatal care, have no fixed address, or do not have a contact number. Other participants may benefit from an initial meeting in the community to discuss what your program has to offer and to provide a time and space for your new participant to start building a relationship with you before they feel comfortable attending your program location and services.





Program Tip: "Sometimes moms just want to talk, so put aside the topic you had planned and go with the flow." - Healthy Babies Program, Ridge Meadows and Tri-Cities

Community Referrals

It is important for pregnancy outreach programs to connect and collaborate with other community service providers on a regular basis. Because program funding is limited, it is paramount that programs realize that other community services are one of their greatest resources. Since pregnancy outreach programs offer only temporary support, it is beneficial for the participants to be connected and/or aware of other services in the community for continuing care. There is no reason to re-invent the wheel and offer duplication of services that already exist in your community.

Community service referrals should occur often and effectively. When making referrals, it is not effective to simply hand a pamphlet to your participant that is already facing multiple challenges and barriers. It is important that you are aware of the community services available, their intake process, what the service does and does not offer, and if there are waitlists for the service. This helps to avoid referring participants to programs that are not accessible or suitable for that individual.

For example, let's pretend that a participant reports that she is being affected by mental health issues that are interfering with her daily living activities. You could respond to her identified need by providing her with the local mental health agency pamphlet and suggest that she follow-up on her own. After your interaction, you document that you have referred this client to a mental health service. Your participant goes home and calls the phone number in the pamphlet only to find out that in order to access a counsellor she must first participate in an orientation meeting and then attend group sessions for 6 weeks. Due to the participant's lack of transportation and childcare for her older children, she cannot make it to the initial orientation and continues to struggle with her mental health issues. This example highlights the importance of being aware of the lengthy intake process and steps required to participate in this service. Supportive strategies may have included discussing the intake process with the participant and either brainstorming solutions to address her barriers to accessing this service or referring her to a different service that would have been more easily accessed in her circumstances.

Being informed of potential barriers to access as well as ways to facilitate participation in community resources as a program staff member makes us more effective and efficient in our work with participants.

An activity that is effective to help program staff become more aware of the community resources available, and their access requirements, is to host an annual "meet and greet tea" at your organization. This event is an opportunity for representatives from a variety of community agencies to attend and to share a summary of their services and programs provided, intake procedures, and waitlist times. Up-to-date pamphlets, posters and resources can be shared. This is also a time for you and your team members to network with other agency staff so that you can connect with them in the future to get feedback, ask questions or to collaborate. Meet and greet teas are also an opportunity for other agencies to become more aware of your pregnancy outreach program, which increases the probability of receiving new participant referrals from them.

Other ways to become familiar with community services:

- Review other community service agency websites and pamphlets
- Phone other community service agencies and ask questions
- Invite other community service agency staff to visit your program
- Ask your participants what agencies they access and what their experiences have been

Community Collaboration

In order to provide wrap-around services, it will be important to develop skills surrounding collaborating with other service agencies in your community. Collaboration will create a continuum of care that will support best outcomes for your participants. Often, participants who are facing challenges in their lives will benefit from a variety of service agency programs concurrently. Some pregnancy outreach programs have found that the best way to collaborate is to offer services under one roof, like a "one-stop-shop". Examples of this include having access to services from your program, a counsellor, a physician, an infant development worker, a social worker and a street outreach nurse all at the same location. This type of service model reduces barriers to accessing services and, therefore, increases the amount and types of support that participants have low-barrier access to.

 **Program Tip:** *"We purposefully chose to locate in a 'hub model' facility with other health and social service agencies and programs. This affords under-resourced families easy access to a broad range of supports in one location. We are constantly creating new partnerships so more services can be included, and access broadened for families. Families tell us this is a significant support to them." -Bellies to Babies Pregnancy & Family Resource Program, Cranbrook*

Programs that are unable to offer the "one-stop-shop" service delivery model will want to collaborate with other service professionals that support the same participant population. There are many ways to offer other community services within your location. An example is to have your local public health nurse offer immunization appointments once a month for your participants at your program location.

Other ways of collaborating with community service agencies include advocating for your participants and supporting them to navigate the systems in place. Services that your participants may benefit from advocacy and/or support to navigate can include the Ministry of Social Development and Poverty Reduction, Ministry of Children and Families (MCFD), and health authority services.

Opportunities for collaboration can include supporting clients to:

- Apply for Social Assistance, a damage deposit or hardship assistance
- Address MCFD concerns through collaboration meetings

- Create a complex care with a team of professionals to plan support during labour and delivery
- Supporting breastfeeding during child welfare matters

As part of your workplan, you can also collaborate by sitting on relevant committees and participating in community events. This can not only increase the staff awareness of services and trends within the community, but also raises the profile of your programs.

Examples of committees and community events to collaborate:

- Sitting on a community grant selection committee
- Participating in a local walk or run fundraiser as a team that raises funds to benefit the community
- Sitting on an early childhood development or perinatal committee
- Participating in advisory committees at a regional or provincial level
- Running for election for a position on the BCAPOP Board of Directors or volunteering for BCAPOP committees

 **Program Tip:** Engage your community to address challenges that are outside the scope of your program. For example, we have a perinatal committee where all perinatal stakeholders are welcome to attend, and we discuss issues affecting this population and look at what solutions we can offer as a community. Everything from mental health to placentophagy has come up! - Healthy Mother, Healthy Babies Pregnancy Outreach Program, Quesnel

Confidentiality

Agency confidentiality policies and procedures are paramount when working with participants. Participants need to feel safe within your program and trust us that their information is not being shared without consent. There are situations required by law that require us to share information without consent, such as child protection concerns, but when you are collaborating with other service providers to better support a participant you must still have your participant's consent to do so. Become familiar with your host agency's confidentiality policies and procedures in place and be sure that all participants understand the limitations of confidentiality at the beginning of your staff-participant relationship, including signing the required forms provided by your host agency.

For more information:

BC Handbook for Action on Child Abuse and Neglect https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/public-safety/protecting-children/childabusepreventionhandbook_serviceprovider.pdf

Menu of Services Offered

Once a new participant becomes part of your program they can begin to benefit from the menu of services and opportunities that your program offers. Program support and services can be offered through drop-in, group, or one-to-one sessions. One-to-one sessions either take place in your program location, your participant's home or on an outreach basis to a location convenient for the participant. You will want to assess the need of the individual participant you are working with and decide which type of support sessions will be effective and appropriate for them. Group sessions are most economical for program budgets, followed by one-to-one appointments at the program location and then participant home and outreach visits, due to the associated costs of staff-to-participant ratio, mileage and travel time. Offering drop-in and group sessions can, in turn, open other hours in the program week that can be designated to participants that require one-to-one or outreach sessions.

One-to-one home and outreach visits in the prenatal period should be offered to participants who would benefit from receiving support outside of your location. This may include, but is not limited to, participants that are new to the country, have had a lack of prenatal care, or are struggling with the effects of mental illness. Offering these types of support sessions are vital to engaging and supporting pregnant women that would not otherwise access your program. Reaching pregnant women who may not attend group programming, but who could benefit from support, is important because the life stage of pregnancy is a time-limited window for opportunity to offer support, services, and resources that can have a high level of positive impact on maternal health and birth outcomes. Your program can also create a partnership with your local street outreach nurse or other organizations in your community to help access participants that are hard to reach.

Drop-in Sessions

Drop-in sessions do not have any requirement for registration prior to arrival and tend to have on-going and consistent times of operation. The benefits of drop-in sessions include sharing general information to numerous participants at once, fostering peer support networks and providing opportunities for participants to further develop social skills.

Drop-in sessions can be structured in an endless number of ways. For example, some programs have a "Lunch and Learn" session where a lunch is served, childminding is provided and a community professional comes in to speak on a specific topic. This provides an opportunity to role model healthy nutrition, gives moms a well-deserved break from their older children, helps to disseminate information on a specific topic and allows participants to make connections with other community professionals. Participants will be more likely to access the services of another agency if they have a familiar face to welcome them. Other programs do not offer child-minding during drop-in to encourage attachment and interaction between mothers and their infants.

Programs can also have their own staff host drop-in sessions that either have a topic or are unstructured. Unstructured drop-in sessions are simply a time to enjoy interaction with other participants and staff. This offers an opportunity for peer support and great rapport building with program staff. It is up to your program to find the model that best serves your participants.

Drop-in session topic suggestions:

- Any pregnancy, labour & delivery, or healthy infant development topics
- Any topic that multiple participants are facing or wanting more information about
- Community resources overview
- Public health nurse guest speaker- immunizations, birth control options, sun safety, ages and stages
- Lawyer guest speaker- wills, legal aid
- Registered Dietitian guest speaker- introducing solids, eating on a budget
- IBCLC guest speaker- breastfeeding initiation, patterns, challenges, resources
- Infant Development Worker guest speaker- safe sleep, infant development milestones, parent-infant attachment
- Librarian- overview of library and literacy resources, value of reading to infants
- Musician- importance of music in early literacy
- Art activity- baby book cover with page inserts, Christmas tree dough decorations, baby moccasin making, beading, crib board creation
- Speech or Hearing Consultant- overview of screening and services available



Program Tip: "People attend group for different reasons, one mom shared recently that the \$10 is the reason she gets out of the house, but the company and support is the reason she stays at group." - Healthy Babies Program, Ridge Meadows and Tri-Cities

Group Sessions

Group sessions may or may not require participant pre-registration, take place in a more organized fashion and cover a specific topic for a specific population. They may be ongoing, or they may have a start and an end date. Some groups require the host to have specific training, certification or knowledge in a specific area.



Group session suggestions:

- Community Kitchens -healthy/budget friendly recipes, canning, preserving, baby food
- Mother Goose
- Infant Massage
- Problematic substance use groups- 16 Steps of Empowerment, Circle of Safety, Mothers for Recovery

When hosting a group session for participants it is helpful to start groups with an "ice-breaker" that creates comfort, trust and familiarity between participants. This can be as simple as going around the room and having each participant introduce themselves and share something special about their baby, or it can require more participation such as a "meet and greet bingo", which requires participants to fill out a bingo sheet with answers to questions that they ask the other participants about themselves.

Having the group discuss and record a set of group etiquette guidelines will set the stage for a respectful and productive group. Often etiquette guideline suggestions from groups include confidentiality, not interrupting each other, being non-judgmental, and making the group a safe space where sharing can occur. Having the group make this list in the first session will make expectations clear and it can be used as a tool to remind the

participants to refocus when guidelines are not being followed. If the group guidelines come from the group instead of being created by the host a sense of ownership is created, and group participants will be more likely to follow the guidelines.

Outreach

Outreach occurs any time that you conduct communication or interaction in a place other than your program location, that is comfortable for your participant, in order to provide support and services.

Examples of pregnancy outreach:

- Meeting with women at other drop-in programs that they are already comfortable in and connected to
- Meeting with women in outreach clinics after they have a positive pregnancy test
- Accompanying a participant to a new program or service that they are nervous about attending
- Going to a hospital, detox unit or residential treatment center to complete a new intake
- Hosting a social media account for the pregnancy outreach program (eg: Facebook group)
- Meeting with a woman for coffee at a local café to explain what your program has to offer
- Going to offer support in a woman's home after a child apprehension has taken place and she has requested your presence

 **Program Tip:** "We keep a selection of (nearly) new donated items to bring when making a home visit, on a first meeting, or after baby is born. We have found the outreach worker has an easier time making connections and finding 'excuses' to see the participant. This act not only lets the mom know we are thinking of her but also serves as an opportunity to celebrate the baby." - Burnaby Family Life Pre/Post Natal Services

Safety Guidelines for Home Visits

Programs offer home visits for a variety of reasons including participant mental health challenges, inability to travel long distances to your program location, and for participant convenience during the early postpartum period.

Your own safety is your priority when conducting home visits and a safety policy should be in place and utilized by all staff in your program. Please refer to your agency policies and procedures for guidelines surrounding home visits. If you do not have established agency guidelines, then some suggested home visiting safety guidelines are below. Safety starts well before your arrival to your participant's home and requires awareness, preparation and communication with your staff team.

Prior to visit:

- Be aware of the home address
- Ask the participant who will be home at the time of the visit
- Ask if there are any animals in the home
- Be aware of any history of intimate partner or other violence in the home
- Make sure a co-worker or supervisor is aware of your home visit's address, time and expected duration
- Notify someone when you leave for your visit and when to expect to hear from you that your visit is complete
- Take your work or personal cell phone with you

When you go to your visit:

- Be aware of your surroundings
- Leave your shoes on for all visits in case you need to exit immediately
- Do not take valuables into your home visit (purse, wallet, etc.)
- Have your cell phone handy in your pocket
- Wear your employee ID tag (lanyards must be breakable)

Reasons to end a visit and leave immediately:

- If you feel uneasy or uncomfortable for any reason
- If your participant or other household guests are aggressive (verbally or physically)
- If the participant asks you to leave for any reason

For more information:

Providence Health: Guide to Home Visits and Off-site Activities

<https://www.providence.on.ca/application/files/6914/2941/5271/08-10-15-Be-Safe-final1.pdf>

Prenatal Support

Program staff should be orientated to and follow a list of standard prenatal topics to cover and be aware of the trimester in which to cover them. Evidence-based resources include up-to-date research-based best practices that ensure consistent messaging is provided to participants. Consistent messages are important to set your participants up for success and reduce the frustration that comes from receiving conflicting sources of information.

Baby's Best Chance and Toddler's First Steps are first-line resources that are important to be familiar with and refer your participants to. These resources are available online and limited hard copies are available in public health units. Baby's Best Chance is an excellent starting place to find information that covers pregnancy, the postpartum period and infant care up to 6 months of age. Toddler's First Steps provides parenting information from 6 months to 3 years. If you need information to share with your participants beyond the content of these booklets, additional evidence-based resources should be sourced out.

The basic topics that all pregnancy outreach programs cover with participants during pregnancy include prenatal care & education, perinatal substance use, perinatal mental health, maternal nutrition, maternal physical activity, healthy weight gain, healthy fetal development, labour & delivery, and early breastfeeding promotion.

For more information:

Babies Best Chance: Parent's Handbook of Pregnancy and Baby Care <https://www.healthlinkbc.ca/babys-best-chance>

Toddler's First Steps: A Best Chance Guide to Parenting Your 6-36 Month Old Child
<https://www.healthlinkbc.ca/toddlers-first-steps>

Healthy Families BC <https://www.healthyfamiliesbc.ca/home/articles/topic/pregnancy-birth>

Health Link BC 8-1-1- participants can speak with a Registered Nurse, Registered Dietitian, Health Service Navigator, qualified exercise professional, Pharmacists and/or access translation services
<https://www.healthlinkbc.ca/services-and-resources/about-8-1-1>

Our Sacred Journey: Aboriginal Pregnancy Passport
<http://www.perinatalservicesbc.ca/Documents/Resources/Aboriginal/AboriginalPregnancyPassport.pdf>

Pregnancy Passport
<http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/PregnancyPassport/Pregnancy%20Passport%20Handout.pdf>

Principles of Family-Centered Maternal and Newborn Care <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/maternity-newborn-care/principles-maternity-newborn-care-fact-sheet-eng.pdf>

Smart Mom: Free Text Message Service for Participants <https://www.smartmomcanada.ca/>

Pregnancy Options

Program participants may access your program unsure of their ability or desire to be pregnant and/or parent. Offering support in a non-biased manner is an important step towards best outcomes. Participants should make their own decisions with your support, regardless of her choice. If you are aware that you feel very strongly about what choice the participant should make, it is your professional responsibility is to step away from the relationship and offer another staff member who can support her without trying to influence her decision.

For more information:

HealthLink BC Abortion <https://www.healthlinkbc.ca/health-topics/tw1040>

Healthlink BC Adoption <https://www2.gov.bc.ca/gov/content/life-events/birth-adoption/adoptions/placing-your-child-for-adoption>

Options for Sexual Health <https://www.optionsforsexualhealth.org/facts/abortion/>

Prenatal Care

Prenatal care should be discussed with all participants in the early stages of the staff-participant relationship. Even if you know that your participant is already connected with a primary health care provider (PHCP), it will be helpful to check-in and remind her throughout the prenatal period of the importance of attending these appointments. A simple way of checking-in with your participant is to simply ask what her doctor, midwife or nurse practitioner shared with her at their last appointment and when she is due to go again.

If a new participant is not connected with PHCP, it is important to have a system in place to make such referrals. Familiarize yourself with the variety of professionals in your community that care for pregnant women; this may include family physicians who attend deliveries, nurse practitioners, a maternity clinic with a group of physicians, obstetricians and/or midwives. Every pregnant woman has a right to choose the type of provider that she wishes to receive care from, so it is best practice to provide all the options available in your community and let her choose.

At some point you may find yourself working with a participant who is not attending her PHCP prenatal care appointments. There could be many reasons for not accessing their PHCP (for example, a lack of transportation or related to shame and guilt over problematic substance use during pregnancy). Whatever her reason, it is vital to recognize that your relationship with your participant may be her only connection to support. In this situation, your role is to continue to encourage her to access her PHCP and to provide the most comprehensive support, services and resources you can within your program. The goal is to use the rapport you have built with your participant to encourage her to access prenatal care and provide supports to reduce barriers to accessing services such as public transport vouchers or providing transportation.

All programs should encourage participants to register on-line with their local health authority pregnancy registry as early as possible in pregnancy. This registration will connect pregnant women with a public health

nurse to answer questions, connect with resources and receive support as early as possible. For example, if the participant meets the eligibility criteria for a program such as the Nurse-Family Partnership (NFP) and it is available in your region, then a referral will be made through this process as well. Each Health Authority in BC has a uniquely named pregnancy registry: Fraser Health (Best Beginnings); Interior Health (Healthy From the Start); Island Health (Right From the Start); Northern Health (Healthy Start); Vancouver Coastal Health (Prenatal Program).

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Find a Midwife in BC <https://www.bcmidwives.com/find-a-midwife.html>

Health Authority Pregnancy Registries <https://www.healthyfamiliesbc.ca/home/articles/register-your-pregnancy-prenatal-care>

Healthlink BC: Choosing a Healthcare Professional <https://www.healthlinkbc.ca/health-topics/tn7415>

Nurse-Family Partnership Program <https://www.healthyfamiliesbc.ca/nurse-family-partnership>

Prenatal Education

Prenatal education can be discussed throughout pregnancy, but participants should be referred to formal prenatal education by their third trimester, if they are interested in it. You will find yourself providing a substantial amount of informal prenatal education through your conversations, as participants ask questions and as you cover basic prenatal topics. Participant PHCPs will also cover a variety of prenatal education topics during prenatal care appointments.

Formal prenatal education is either a series of classes or a condensed class that focuses on stages of labour, comfort measures, pain management, role of the labour support person, postpartum, breastfeeding, and community resources. Some prenatal classes also cover baby care basics. Be sure you are familiar with the prenatal education options in your community. Publicly funded prenatal classes are low-cost or free and are usually held at public health units, hospitals or community service agencies, while private prenatal classes are either group or one-to-one classes and tend to have a higher fee. Some pregnancy outreach programs offer free prenatal classes to their participants as part of their menu of services; these are presented by a prenatal educator or other professional who has the knowledge base to provide up-to-date, evidence-based prenatal education.

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Healthy Families BC: Prenatal Classes in the Third Trimester <https://www.healthyfamiliesbc.ca/home/articles/prenatal-classes-third-trimester>

Perinatal Substance Use

Perinatal substance use refers to the maternal use of substances during the perinatal period. These substances can include, but are not limited to tobacco, alcohol, cannabis, cocaine, crystal meth, heroin, and fentanyl.

Women use substances for a variety of reasons, often related to a history of trauma. Pregnancy outreach programs have the unique opportunity to support women who are pregnant or parenting who struggle with substance use. Supporting participants to implement harm reduction strategies who use substances may be part of your role. Any reduction in use of substances during pregnancy should be encouraged, recognized and celebrated as a positive behavior change. Birth outcomes can not only be impacted by substance use itself, but also by other social determinants of health that may be affected such as a lack of stable housing, experiencing violence and food insecurity. Even if the participant you are working with never reduces her use of substances during pregnancy, you can still influence improving the other factors that can affect the birth outcome.

Basic knowledge of perinatal substance use includes:

- Basic knowledge of the impacts of specific substances on pregnancy and parenting
- Awareness of the substances that require medically supervised detoxification during pregnancy
- Awareness of the use of methadone and suboxone in pregnancy for opiate dependency
- Harm reduction strategies
- Basic knowledge of caring for a newborn who has been exposed to substances prenatally

For more information:

BC Smoking Cessation Program <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/drug-coverage/bc-smoking-cessation-program>

Cannabis and Parenting <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/parents.html>

Facility Overdose Response Box <https://towardtheheart.com/forb>

Girls, Women, Alcohol and Pregnancy <https://fasdprevention.wordpress.com/tag/nancy-poole/>

Healthy Families BC: Using Drugs During Pregnancy <https://www.healthyfamiliesbc.ca/home/articles/using-drugs-during-pregnancy>

Is cannabis safe during preconception, pregnancy and breastfeeding?
<https://cpha.ca/sites/default/files/uploads/resources/cannabis/evidence-brief-pregnancy-e.pdf>

Lactmed, Drugs and Lactation Database, US National Library of Medicine. LactMed also has a free iPhone or Android app <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen>

Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting
https://www.beststart.org/resources/alc_reduction/RisksOfCannabis_A30-E.pdf

Thinking about using cannabis before or during pregnancy? <https://www.canada.ca/content/dam/hc-sc/documents/services/drugs-medication/cannabis/health-effects/cannabis-before-pregnancy-eng.pdf>

WHO Guidelines for the Management of Substance Use in Pregnancy
https://www.who.int/substance_abuse/activities/pregnancy_substance_use/en/

Perinatal Mental Health

Pregnancy and the year following childbirth can be particularly vulnerable times for mental illness. Perinatal mood and anxiety disorders can range in severity and can include depression, anxiety, intrusive thoughts, and postpartum psychosis. Due to the variety of educational and professional backgrounds of program staff it is important to be self-aware of your scope of practice, including your limitations. You will find it helpful to be aware of services and agencies that you can refer your participants to for screening, diagnosis and treatment. If you have built rapport with your participant and see them regularly, you are in an ideal position to notice changes in behavior that may signal that additional professional support is required.

Signs and symptoms that may require further support:

- Feeling very sad, hopeless, or empty
- Feeling very anxious
- No longer experiencing pleasure in things that used to be enjoyed
- Loss or increase of appetite resulting in unintentional weight gain or loss
- Not taking an interest in her pregnancy or baby
- Having trouble sleeping
- Loss of concentration

If you are supporting a participant and you believe they are at risk of harming themselves, their children or others, you must access immediate help either by calling 9-1-1 or your local emergency mental health response team.

For more information:

Anxiety Canada for Mothers and Mothers-to-Be <https://www.anxietycanada.com/parents>

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

BC Reproductive Mental Health Program <https://reproductivementalhealth.ca/>

Here to Help- Postpartum Depression www.heretohelp.bc.ca/factsheet/postpartum-depression

Mothers Mental Health Toolkit: A Resource for the Community <http://www.iwk.nshealth.ca/mmh>

Pacific Post Partum Society <http://postpartum.org/>

Intimate Partner Violence

All participants should be given the opportunity to disclose intimate partner violence at some time in your relationship, preferably as early as possible in pregnancy. A woman experiencing intimate partner violence may feel afraid or embarrassed to confide in you what they are experiencing. Some participants may have a family history of domestic violence and feel that it is even "normal". Building rapport early on in your relationship with your participant and asking simple questions such as "do you feel safe at home" or "do you ever feel unsafe", provides opportunities for your participant to self-disclose. Familiarize yourself with the resources locally and provincially for pregnant women experiencing intimate partner violence including help hotlines, emergency shelters to flee violence, and legal aid resources. You will support women in different stages of change regarding leaving an intimate partner who is violent. Some women may only be realizing that violence is not normal, some women may contemplate leaving but are not ready to act, while some may have left and have legal parameters in place to keep them safe. If you are aware that a participant has left a violent partner and know of a current restraining order, it is important to have safety precautions in place while the participant is in your programming. Keeping yourself, other staff and participants safe must be a priority. If women are in the contemplation stage of leaving a relationship then continue to support them, build on their strengths, create a safety plan with them that they can implement when and if they choose to leave the relationship, and refer to an experienced counsellor.

For more information:

BC Housing- Women Fleeing Violence <https://www.bchousing.org/housing-assistance/women-fleeing-violence>

BC Victim Services and Violence Against Women Directory <https://www.bchousing.org/housing-assistance/women-fleeing-violence>

BC Women's Hospital: Information for Participants <http://www.bcwomens.ca/health-info/violence/violence-against-women>

Legal Services Society BC <https://lss.bc.ca/>

Immigrant/Refugee

It is important to be familiar with the resources in your community available to this population and be ready to help support them through specific circumstances they may face. Birth practices may be very different where your participant is from and they will benefit from discussions on similarities, differences and how to navigate the healthcare system. Having translated evidence-based resources available will help you to support your participant. Taking the time to ask questions and listen to their concerns will be imperative to providing the best support possible.



Program Tip: "Always be welcoming, you may be the first person this pregnant or new mom has met since arriving in this country"- Healthy Babies Program, Ridge Meadows and Tri-Cities



For more information:

Best Start: Information in Many Languages

<https://en.beststart.org/for-parents/are-you-looking-resources-languages-other-english-and-french>

Federal Health Care: Refugees <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care.html>

Healthlink BC: Translated Resources

<https://www.healthlinkbc.ca/services-and-resources/translated-resources>

Healthlink BC: Translation Services <https://www.healthlinkbc.ca/services-and-resources/translated-resources>

Pregnancy Information from The Society of Gynecologists and Obstetricians of Canada <https://www.pregnancyinfo.ca/before-you-conceive/special-considerations/pregnancy-planning-newcomers-canada/>

Maternal Nutrition

Improving maternal nutrition and food security during pregnancy is one of the main goals of all pregnancy outreach programs in BC. Programs have autonomy in the actions they take to reach this goal, but this often includes nutrition education, access to a Registered Dietitian, offering financial nutrition support, offering meals or snacks during programs, providing activities that promote healthy nutrition and offering free prenatal vitamins.

Programs should have either a Registered Dietitian as part of their staff team or at least access to one for consultation when participants have specific dietary requirements. Nutrition education must be evidenced-based and focused on Canada's Food Guide, including the *Prenatal Nutrition Guidelines for Health Professionals* and the *Dietary Guidelines for Health Professionals and Policy Makers*. You will want to be familiar with these resources and recommendations and always refer to these national resources when offering nutrition information, answering questions and planning program meals and activities. Healthcare professionals in your community will be sharing the same consistent messages from these resources, preventing participants from becoming confused or receiving misinformation during the prenatal phase.

Some programs have access to a Registered Dietitian who can meet with participants and provide nutrition counselling specific to their unique situation and needs. Programs without a Registered Dietitian will offer general information based on Canada's Food Guide recommendations. If your program does not have access to a Registered Dietitian, participants should be referred to *HealthLink BC Dietitian Services at 8-1-1* when their needs go beyond the scope for program staff. Participants who access 8-1-1 will have access to a Registered Dietitian via this telephone service to answer questions and offer support.

Some programs choose to perform food recalls as part of their menu of services. Food recalls are completed on a one-to-one basis and include having the participant recall what they have eaten in a recent time period. The staff member then compares those choices to the Canada Food Guide prenatal nutrition recommendations and shares the results with the participant. This process provides an opportunity for the participant to become more aware of how they can improve their nutritional status. This activity should always be combined with discussion about barriers to accessing proper nutrition. In addition, it may be an opportune time to discuss how/if alcohol fits into an individual's daily intake pattern. The food recall process will work best when a trusting relationship has been established.

If participants are relying on meal programs and food bank hampers, they may not have control over a large proportion of the food they are consuming. This is a great opportunity to offer nutritional financial support in order to increase areas of consumption that are lacking or missing. For example, if through the food recall you and your participant find she is lacking vegetables and fruits, a discussion on the benefits of this food group for her and her growing baby can be initiated. You can follow this up by offering nutritional support to meet this need. Nutritional financial support varies program to program in amounts, frequency and type. Examples include grocery store gift cards, coupons for specific items at a specific store, or a bag of healthy foods.

Many pregnancy outreach programs provide a nutritional snack or meal during drop-in or other programming. This is an opportunity to role model food safe and healthy eating based on Canada's Food Guide. If you find that many of your participants are lacking in certain foods (e.g. fruits and vegetables) then you can be sure to offer this in the meals that you provide. Some programs also print out the recipes used and give them to participants to make at home. It is important to note that all programs must meet health authority requirements in order to provide meals to participants. This may include a requirement that all staff preparing food have their *Foodsafe* certificate. Please refer to your agency policies and procedures for further information.

Activities that support healthy maternal nutrition:

- Community kitchens
- Cooking demonstrations
- Cooking skill classes
- Canning and food preservation classes
- Grocery store tours
- Presentations by Registered Dietitians on healthy eating; the importance of key nutrients in pregnancy including folate, calcium and iron; eating on a budget; the importance of prenatal vitamins; eating with nausea in pregnancy; eating with gestational diabetes; Canada's Food Guide recommendations; food safety in pregnancy



Access to free prenatal vitamins is a common theme among programs. The importance of prenatal vitamins and folic acid should be reinforced with participants as early in the program as possible. As available, the Public Health Agency of Canada provides funding to the BC Association of Pregnancy Outreach Programs (BCAPOP) to distribute free prenatal vitamins (historically provided by Vitamin Angels) and nutritional support payments on an annual basis.

 **Program Tip:** *Do what you can to increase funding for participant food vouchers. We received additional funding to increase our food vouchers from \$10 to \$20 per week and noticed a jump in client participation. By offering support that made a meaningful impact in their daily lives, participants attended more regularly and were less stressed; opening up opportunities to build stronger relationships and address their challenges."* - Healthy Mothers, Healthy Babies Pregnancy Outreach Program, Quesnel

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

BC Farmer's Market Coupon Program: Program Application <http://www.bcfarmersmarket.org/coupon-program/about-program>

BC Food Security Gateway <https://bcfoodsecuritygateway.ca/>

BCAPOP Nutrition Program & Prenatal Vitamins <https://www.bcapop.ca/Nutrition-Program>

BCCDC Food Safety and Pregnancy <http://www.bccdc.ca/health-info/food-your-health/food-safety/food-safety-and-pregnancy>

BCCDC Food Security <http://www.bccdc.ca/our-services/programs/food-security>

Canada's Dietary Guidelines for Health Professionals and Policy Makers <https://food-guide.canada.ca/en/guidelines/>
Canada's Food Guide <https://food-guide.canada.ca/en/>

Eating Well with Canada's Food Guide: First Nations, Inuit and Metis <https://www.canada.ca/en/health-canada/services/food-nutrition/reports-publications/eating-well-canada-food-guide-first-nations-inuit-metis.html>

FNHA Guide to Successful Canning <http://www.fnha.ca/wellnessContent/Wellness/FNHA-Canning-Foods-Your-Guide-To-Successful-Canning.pdf>

Food Banks BC: Find a Food Bank <https://www.foodbanksbc.com/find-a-food-bank/>

HealthLinkBC: Healthy Eating Guidelines for Pregnancy <https://www.healthlinkbc.ca/healthy-eating/pregnancy>

Healthy Families BC: Healthy Eating <https://www.healthyfamiliesbc.ca/home/articles/topic/healthy-eating-4>

How to Start a Community Kitchen <https://foodbank.bc.ca/start-a-kitchen/>

Prenatal Nutrition Guidelines for Health Professionals <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/prenatal-nutrition.html>

Maternal Physical Activity

Pregnancy outreach programs can have a positive impact on participants by encouraging maternal physical activity. Ways to encourage maternal physical activity is to embed physical activity into your programming including a walk to the local park, offering a group swim, partnering with your local recreational center for low-cost facility passes, a walking club (with or without a stroller), and offering presentations on physical

activity. Presentations can include, but are not limited to, the importance of physical activity in pregnancy, physical activity in pregnancy guideline, and how to incorporate physical activity into daily life.



For more information:

Baby's Best Chance

<http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Healthlink BC: Exercise During Pregnancy

<https://www.healthlinkbc.ca/health-topics/hw194995>

Healthy Families BC: Healthy Physical Activity in Pregnancy

<https://www.healthyfamiliesbc.ca/home/articles/healthy-physical-activity-pregnancy>

Healthy Weight Gain

Pregnancy outreach programs promote healthy weight gain during pregnancy through a variety of ways that include offering nutritional education, nutritional financial support, promoting physical activity during pregnancy and educating participants on healthy weight gain. You will want to continue to share consistent messages with community healthcare providers by referring women to the guidelines offered in Baby's Best Chance and by being familiar with the Canadian Guidelines for Healthy Weight Gain in Pregnancy (see links below). It is important to note that all primary healthcare providers in BC monitor weight gain and address it accordingly, so it is not necessary or beneficial to weigh participants and track their weight gain. It would be important to ask participants what they know about healthy weight gain in pregnancy and what

their primary healthcare provider has said about their weight gain. You need to be aware that certain medical conditions affect weight gain and to allow their primary healthcare provider to address this. Your role is to share general information on what healthy weight gain looks like and to promote healthy behaviours that support it.

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Government of Canada: Healthy Weight Gain in Pregnancy <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/prenatal-nutrition/healthy-weight-gain-pregnancy.html>

Healthy Families BC: Pregnancy Weight Gain <https://www.healthyfamiliesbc.ca/home/articles/weight-gain-during-pregnancy-trimester>

Healthy Weight Gain and Canada's Food Guide <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/prenatal-nutrition/eating-well-being-active-towards-healthy-weight-gain-pregnancy-2010.html>

Healthy Fetal Development

Healthy fetal development is a critical topic to cover during pregnancy in your programs. Baby's Best Chance is an excellent resource for evidence-based information. Some programs use other tools to promote healthy fetal development such as models of fetus' at different gestational ages, large pamphlets with actual size drawings of fetus' and videos. These tools not only educate participants on healthy fetal development, but also initiate the process of mother-infant attachment by making the baby "real". Promoting healthy nutrition, exercise in pregnancy, prenatal vitamin use, reduction and abstinence from substances, and a healthy living environment are all parts of promoting healthy fetal development. Some programs find it helpful to offer week-by-week handouts on the development stage of the fetus that correlates with participants' gestation week. This acts as a teaching tool and a conversation starter when trying to build rapport.

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Healthy Families BC: Fetal Development by Trimester <https://www.healthyfamiliesbc.ca/home/articles/topic/1st-trimester-0-14-weeks>

Labour and Delivery

Labour and delivery are topics that should be talked about throughout pregnancy with more information in the third trimester so that participants can retain the information shared. It is important to discuss the topics covered in Baby's Best Chance including preparing for labour, preparing for birth, stages of labour, and giving birth. Discussing a participants' hopes and preferences during labour will help you to understand her expectations. Sharing about both vaginal and cesarean birth is best to prepare participants for circumstances that require an emergency or repeat c-section. Talk with families about the value of immediate and uninterrupted skin-to-skin contact following delivery (vaginal or cesarean birth without general anaesthesia) or

as soon as the mother is responsive and alert (after cesarean birth with general anaesthesia), and how to safely position their babies for skin-to-skin.

Using tools such as a model of a pelvis with a baby doll, paper models of cervical dilation, a knit uterus with a baby doll and placenta, videos of labour and birth and picture posters can aid in your information sharing. The goal of discussing labour and delivery is to ease fears, dispute myths, and support participants to feel like they know what to expect.

Some participants will find it helpful to develop a birth plan including who will support them during their labour and delivery. Having a list of doulas available in your area will be helpful for participants wishing to access this service. Aboriginal participants can also access a grant to help cover the cost of a doula in BC.

Some programs have a partnership with their local labour and delivery unit and can take participants for a tour of the unit so they know what to expect, while other units offer an online video tour that can be shared in your programming.

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

BFI 10 Steps *The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*
<http://breastfeedingcanada.ca/documents/Indicators.pdf>

Doulas for Aboriginal Families Grants Program <https://www.bcaafc.com/index.php/initiatives/doula-support-program>

Find a Doula in BC <http://www.bcdoulas.org/>

Healthy Families BC: Labour & Birth <https://www.healthyfamiliesbc.ca/home/articles/topic/labour-birth>

Healthy Families BC Skin to skin <https://www.healthyfamiliesbc.ca/home/articles/importance-skin-skin-contact>

Perinatal Loss

At some point, you may support a participant who experiences perinatal loss. This can include a miscarriage, stillborn or newborn loss. It is important to have a plan in place on how you will best support a participant should they experience perinatal loss, where you will provide this support and what resources you will offer her. Program staff can choose to take additional training to better prepare themselves for this situation. It is important to remember that simply being with a participant and listening or just being present in silence can sometimes be the best support.

For more information:

A Guide to Emotional Health in Pregnancy and Early Motherhood for Aboriginal Women and Their Families
<http://wwwbcmhsus.ca/Documents/celebrating-the-circle-of-life-coming-back-to-balance-and-harmony.pdf>

BC Women's Hospital Stillborn & Newborn Loss <http://www.bcwomens.ca/our-services/labour-birth-post-birth-care/stillbirth-newborn-loss>

HealthLink BC: Stillbirth <https://www.healthlinkbc.ca/health-topics/uf9702>

Breastfeeding Support

Breastfeeding is important for the health and well-being of children, mothers, families, and communities. It is a human right protected by the BC Human Rights Code.

You should begin to protect, promote and support breastfeeding early in your relationship with participants. Begin the conversation by asking about what the participant knows, feels and thinks about breastfeeding. Education can be offered informally and formally through discussions, breastfeeding promotion posters, and presentations by professionals knowledgeable about breastfeeding. The goals of early breastfeeding promotion include increasing the number of participants who initiate breastfeeding early in the postpartum period, who exclusively breastfeed for the first six months, and then who breastfeed to two years and beyond.

Supporting informed decision making includes discussing:

- The importance of breastfeeding for baby, mother, family, and community
- Health consequences for baby and mother of not breastfeeding
- Risks and costs of human milk substitutes
- Difficulty of reversing the decision once breastfeeding is stopped

Some important aspects of breastfeeding promotion/education include:

- The benefits of colostrum and breastmilk
- The importance of skin-to-skin contact immediately following birth
- Infant cues and demand feeding
- Signs of a good latch
- How to tell baby is getting enough milk

Program staff can support breastfeeding postpartum in a variety of ways. Many participants will benefit from your encouragement, interest and celebration of their breastfeeding journey. Showing excitement and interest in their breastfeeding successes and challenges can contribute to your participants' success.

Women who are experiencing breastfeeding challenges will require extra support. If the challenge is beyond your scope then you can refer the participant to a breastfeeding clinic, public health nurse or IBCLC (International Board Certified Lactation Consultant) to address the concern. Be sure you are familiar with your local resources and how your participants can access them.

Activities that programs can offer to support ongoing breastfeeding include:

- Participating in a local breastfeeding celebration
- Promoting World Breastfeeding Week

- Offering breastfeeding promotion craft activities (sewing breast pads, breastfeeding bead necklace for mom showing actual size of infant stomach on days 1, 3 & 10, decorative pin for mom to remember which side she last fed on)
- Offering presentations by an IBCLC on breastfeeding topics
- Always providing breastfeeding friendly spaces during all programming
- Hosting a breastfeeding café or peer-to-peer breastfeeding support group

BFI Strategies to Protect, Promote and Support Breastfeeding

Pregnancy outreach programs play a key role in protecting, promoting and supporting breastfeeding as outlined by the Breastfeeding Committee for Canada. Programs can do this by implementing the strategies below:

1. Create breastfeeding-friendly sites
2. Keep staff up-to-date
3. Empower mothers to make informed decisions
4. Support all mothers, breastfeeding, mixed feeding and formula feeding.
5. Identify barriers and explore solutions
6. Sustain support beyond initiation
7. Include families, partners and friends
8. Encourage peer breastfeeding support
9. Engage the community as a partner

(Source: Public Health Agency of Canada, 2014, *Strategies for Protecting, Promoting and Supporting Breastfeeding* section, para. 1)

BFI 10 Steps

Programs are encouraged to follow the Baby-Friendly Initiative 10 Steps, including the International Code of Marketing of Breast-milk Substitutes (*later referred to as the Code*).

Pregnancy outreach programs should follow the guidelines below:

- Formula company promotional materials, including free samples and coupons, should not be distributed or displayed to participants during pregnancy and beyond. This includes artificial nipples (pacifiers), bottles and baby food if it is intended to be used prior to the recommended time for introduction.

- Programs may purchase formula and provide this at low-cost or free to participants who require it for medical reasons. This formula, however, should not be displayed in open areas for participants to view and programs should not endorse one type of formula specifically. Bottles and artificial nipples should also not be openly displayed.
- Donations of equipment and products from manufacturers and distributors of products covered by the Code should not be accepted.
- Representatives from companies that fall within the scope of the Code should not be advising mothers and should not be allowed to give the facility teaching materials, posters, and other incentives to give to mothers or staff, students and volunteers.
- Staff and healthcare providers' education should not be sponsored or provided by a company that falls within the scope of the Code. If there is a new product then a company rep should teach one person at the facility and the facility person should instruct colleagues at the facility.

Families may feed human milk substitutes for medical or personal reasons, exclusively or as a supplement. Referral to the woman's PHCP or public health nurse may be appropriate. Sensitivity to the woman's feelings, wishes and concerns is important and her specific infant feeding circumstances need to be supported. Staff can provide evidenced-based, free from commercial influence information and support to families and caregivers to help them to:

- Make a shared decision about infant feeding
- Choose what is acceptable, feasible, affordable, sustainable and safe in their circumstances
- Provide individual instruction on how to correctly prepare, store, and feed formula
- Feed according to principles of responsive, cue-based feeding

Baby-Friendly Initiative 10 Steps (revised 2018):

- 1a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.

8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

(Source: Breastfeeding Committee for Canada, *The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*)

For more information:

10 Great Reasons to Breastfeed Your Baby <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition/10-great-reasons-breastfeed-your-baby.html>

10 Valuable Tips for Breastfeeding <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition/valuable-tips-successful-breastfeeding.html>

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Baby-Friendly Initiative- 10 Steps

<http://breastfeedingcanada.ca/documents/BCC%20BFI%20Outcome%20Indicators%20Summary%20-%20English.docx.pdf>

BC Baby-friendly Network <http://bcbabyfriendly.ca/>

BC Breastfeeding Welcome Tips http://www.perinatalservicesbc.ca/Documents/Resources/Breastfeeding/Breastfeeding%20Welcome%20Tip%20Sheet_PRINT.pdf

BC Human Rights Code <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/human-rights/human-rights-protection/sex-discrimination-harassment.pdf>

Breastfeeding Committee for Canada <http://www.breastfeedingcanada.ca/BFI.aspx>

Breastfeeding Tip Sheet http://www.perinatalservicesbc.ca/Documents/Resources/Breastfeeding/Breastfeeding%20Welcome%20Tip%20Sheet_PRINT.pdf

Family-Centered Maternity and Newborn Care: National Guidelines Chapter 6-Breastfeeding <https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-6.html>

FNHA Guide to Your Baby's First Foods <http://www.fnha.ca/wellnessContent/Wellness/FNHA-A-Guide-to-Your-Babys-First-Foods.pdf>

Formula preparation and storage <https://www.healthyfamiliesbc.ca/home/articles/how-choose-prepare-and-store-infant-formula>

Healthy Families BC: Feeding <https://www.healthyfamiliesbc.ca/home/articles/topic/feeding>

La Leche League Canada <https://www.lllc.ca/>

Perinatal Services BC: Guidelines, Posters and Resources <http://www.perinitalservicesbc.ca/health-professionals/professional-resources/breastfeeding>

Perinatal Services BC: Infant Formula Resource <http://www.perinitalservicesbc.ca/health-professionals/professional-resources/infant-formula-resource>

Perinatal Services BC: Breastfeeding the Healthy Term Infant Guideline <http://www.perinitalservicesbc.ca/Documents/GuidelinesStandards/HealthPromotion/BreastfeedingHealthyTermInfantGuideline.pdf>

Perinatal Services BC: Informal Milk Sharing Guideline http://www.perinitalservicesbc.ca/Documents/Guidelines-Standards/HealthPromotion/InformalMilkSharing_PracticeResource.pdf

Perinatal Services BC: Parent Resource on Informal Milk Sharing
http://www.perinitalservicesbc.ca/Documents/Guidelines-Standards/HealthPromotion/InformalMilkSharing_FamilyInfo.pdf

PHAC Breastfeeding and Infant Nutrition <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition.html>

Protecting, Promoting and Supporting Breastfeeding: Workbook for Community-based Programs
<http://breastfeedingcanada.ca/documents/Breastfeeding%20Workbook%202014.pdf>

Breastfeeding Initiative 10 Steps The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services <http://breastfeedingcanada.ca/documents/Indicators.pdf>

WHO International Code of Marketing of Breastmilk Substitutes
https://www.who.int/nutrition/publications/code_english.pdf

WHO International Code of Marketing of Breastmilk Substitutes Frequently Asked Questions (FAQs)
<https://www.who.int/nutrition/publications/infantfeeding/breastmilk-substitutes-FAQ2017/en/>

Postpartum Support

After a participant gives birth, pregnancy outreach programs continue to support the mother/newborn dyad up until their graduation date. Again, programs meet with participants and their newborn at intervals that meet the participant's level of need. Some dyads may need less interaction and support postpartum if they have a healthy social support system, the mother has experience parenting previous children, and/or they are well connected with other support agencies. You may find yourself working with a mother that has given birth previously but has never parented her newborn(s) before due to adoption by choice, child apprehension or loss. A participant with this history will require as much support, if not more, than a mother who is caring for her first newborn.

It is ideal to have the first postpartum session in the participant's home to avoid losing the relationship that has been built with your participant. It can be common for participants to miss program location appointments because of how hard it can be in the early postpartum days to organize getting out of the house with a newborn. Supporting your participant in her own home also offers the benefit of having a better understanding of her environment and how it may be impacting her capacity to parent successfully. After the initial postpartum visit, ideally, participants will continue to attend your programming through drop-in, group and one-to-one sessions in your program location.

To avoid duplication of services, it is important to know the role of your participant's PHCP and public health nurse. Your participant will have a follow-up appointment with their PHCP usually at one week and six weeks. If your participant's PHCP is a midwife, she may have a home visit within 24 hours of birth and follow-up appointments.

Your participant's public health nurse may call and/or visit her in her home in the early postpartum period. A public health nurse's role is to promote physical and emotional well-being of both mother and baby. The PHN will assess the health of mother and baby, provide breastfeeding support and education, and refer to appropriate services. Depending on the needs of their client they may have many or few interactions with their public health nurse.

New parents are bombarded with information from various professionals including her PHCP, labour and delivery nurses, postpartum unit nurses, public health nurses and pregnancy outreach program staff. It is helpful to be aware of the roles and topics covered by your participant's other supports, so that you can reiterate important key messages, without duplicating service. Asking a simple question like "What topics have been covered so far by other professionals?" or "What do you have questions about?", is a great way to assess the gaps in information required.

The strength in the rapport you have built with your participant during pregnancy will make your participant feel more comfortable reaching out for help during the postpartum period. Postpartum difficulties could include low mood, breastfeeding challenges, sleep deprivation and/or feelings of isolation.

Programs usually cover general postpartum topics including maternal health, postpartum mental health, newborn care, healthy infant development, breastfeeding and infant feeding best-practices, and sexual health & contraception. Again, Baby's Best Chance is our first-line resource to share with participants.

Maternal Health

Maternal health continues to be a topic to cover with participants postpartum as their bodies have gone through amazing changes during pregnancy and self-care is paramount for recovery, energy to parent and health. Most women will have a follow-up appointment one week postpartum and again at six weeks for themselves and their infant. Please see the section in this guide on perinatal mental health for concerns regarding postpartum depression, anxiety or other mental health concerns.

Topics to cover on maternal health will include:

- Self-care
- Sleep
- Postpartum mental health
- Nutrition, hydration and physical activity
- Body after birth
- Sexual health
- When to see a doctor or health care provider
- Family planning
- Substance use



For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Healthy Families BC: Self Care for New Moms <https://www.healthyfamiliesbc.ca/home/articles/topic/self-care-new-moms>

Sexual Health and Contraception

Prior to delivery, it can be useful to discuss the participant's plans for contraception postpartum. This allows for planning, clarifies methods compatible with breastfeeding, and leaves the option open for permanent forms of contraception to be explored. Participants can be referred to the local health unit or sexual health clinic to access contraception information postpartum. Be familiar with your local resources including low-cost birth control clinics. It is also useful to be aware of what contraception options may be covered for the participant in order to help support participants who are on social assistance in making decisions.

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Healthy families BC: Sex, Birth Control & Relationships <https://www.healthyfamiliesbc.ca/home/articles/topic/sex-birth-control-relationships>

Options for Sexual Health Clinics <https://www.optionsforsexualhealth.org/providers>

Newborn Care

Newborn care basics are often covered in prenatal education, on the maternity ward postpartum, at home by a midwife if your participant had a home delivery, and by public health nurses. You also play an important role in sharing the same consistent messages as other care providers and reinforce key messages. Some programs choose to integrate newborn care concepts into one-to-one appointments, group sessions and at home visits postpartum. Other programs choose to offer a free "Baby Basics" class to share basic newborn care concepts to multiple participants at once. This class should take place before birth to prepare participants to care for their newborn. This type of class can be very exciting for participants as they imagine what it will be like caring for their own infant and is also an opportunity to start building a peer support network with other participants.

Newborn care concepts can include:

- Breastfeeding & infant feeding
- Cord care
- Jaundice
- Bathing
- Safe spaces (free of second-hand smoke)
- Safe sleep
- Tummy time
- Car seat safety
- Mouth care/dental care
- Voiding, bowel movements and diapering
- Shaken Baby Syndrome
- Baby safety in the home
- Immunizations
- When to call or see a doctor



For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

BC Children's Hospital Child Safety Webpage <http://www.bccchildrens.ca/health-info/healthy-living/child-safety#Resources>

FNHA Honouring Our Babies Safe Sleep Cards: Facilitators Guide and Toolkit

<http://www.fnh.ca/wellnessContent/Wellness/FNHAHonouringOurBabiesSafeSleepCardsFacilitatorsGuide.pdf>

Healthy Families BC: Babies 0-12 months <https://www.healthyfamiliesbc.ca/home/articles/topic/babies-0-12-months>

ICBC: Choosing a Car Seat, Expiry, Recalls <https://www.icbc.com/road-safety/safer-drivers/Pages/Child-car-seats.aspx>

Immunization BC Record Cards and Mobile App <https://immunizebc.ca/immunization-record-cards>

PHAC Safe Sleep- <https://www.canada.ca/en/publichealth/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

Prevent Shaken Baby Syndrome BC <https://dontshake.ca/>

Safer Sleep for My Baby <http://www.health.gov.bc.ca/library/publications/year/2017/safer-sleep-for-my-baby.pdf>

Healthy Infant Development

All staff should be familiar with the information about healthy infant development shared in Baby's Best Chance and participants should be referred to this resource when necessary. Supporting healthy infant development includes covering infant physical, social/emotional and language development. It is important to share what the normal ranges for infant development milestones are and to point out that all infants are unique and to not compare their baby to another baby. Some programs offer a month-by-month handout outlining the range of normal development that corresponds to the infant's age in weeks. This offers an opportunity to share information and create conversation.

Healthy infant development topics include:

- Normal infant wake/sleep cycles
- Physical development
- Social/emotional language development
- Infant play
- Language development
- Parent-infant attachment

Listening to participant concerns about their infant's development is important and should be followed up with. If the concerns are beyond your scope of practice, then participants should be referred to their infant's PHCP, pediatrician, public health nurse or your local infant development agency.

Programs can promote healthy infant development by offering spaces for parents to be on the floor with their infants, encourage play and tummy-time, provide baby play toys like baby-safe mirrors and appropriate toys, books for reading to infants, and provide infant massage and/or Mother Goose classes. Role modeling and encouraging healthy parent-infant interactions and healthy newborn development is an ongoing goal for pregnancy outreach programs.

For more information:

Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2017/BabysBestChance-Sept2017.pdf>

Healthy Families BC: Babies 0-12 months <https://www.healthyfamiliesbc.ca/home/articles/topic/babies-0-12-months>

Infant Mental Health Promotion <http://www.imhpromotion.ca/>

Kids Care Canada <https://kidcarecanada.org/>

Relationship Closure/Program Graduation

Programs vary as to when their participants graduate. We use the term “graduate”, instead of “discharge”, because we want to celebrate the voluntary nature of our programs. Participants choose to welcome us, as program staff into their lives, homes and alongside them on their journey in pregnancy and parenting.

Some programs opt to have graduation celebrations for participants that are moving on. It is important to have official closure of the relationship so that participants do not feel abandoned. Whatever the closure of your relationship with your participant looks like, be sure your participant has the necessary tools to continue to succeed. It is helpful to have a conversation with your participant about how they feel about leaving the program, how they feel about their support networks, what community services they will continue to access and if there are any gaps in service that require further community service agency referrals. Getting participant feedback upon graduation is also critical for your program and staff evaluations.

For more information:

BC Association of Family Resource Programs <http://www.frpbc.ca/dir/>

BC Council for Families <https://www.bccf.ca/>

Strong Start BC <https://www2.gov.bc.ca/gov/content/education-training/early-learning/support/programs/strongstart-bc>



Glossary of Acronyms and Terms

APN- Aboriginal Patient Navigator

BCAPOP- BC Association of Pregnancy Outreach Programs

CPNP- Canadian Prenatal Nutrition Program

EDD- estimated date of delivery

FASD- Fetal Alcohol Spectrum Disorder

First trimester- 0-14 weeks gestation

IBCLC- International Board Certified Lactation Consultant

MD- Doctor of Medicine

NFP- Nurse-family Partnership

OB- Obstetrician

PHAC- Public Health Agency of Canada

PHCP- Primary Healthcare Provider

PHN- Public Health Nurse

PHN- Personal Health Number (BC Med)

PNP- Prenatal Nutrition Program

Post-term- babies born after 42 weeks gestation

Pre-term- babies born between 20-37 weeks gestation

PSUP- Problematic Substance Use in Pregnancy

RD- Registered Dietician

RM- Registered Midwife

RN- Registered Nurse

Second trimester- 15-27 weeks gestation

Third trimester- 28-40 weeks gestation

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Appendix

- A. Pregnancy Outreach Program Workplan Example (Public Health Agency of Canada)
- B. Job Role Description- Support/Outreach Worker (Building Healthier Babies, Terrace)
- C. Job Role Description- Peer/Support Worker (North Okanagan Friendship Centre CPNP, Vernon)
- D. Welcome Card Example (Bellies to Babies Pregnancy Outreach Program, Fernie)
- E. Intake Form Example (Burnaby Family Life, Burnaby)
- F. Pregnancy Week-by-Week Handout Example (Baby's Head Start, Kamloops)
- G. Postpartum Week-by-Week Handout Example (Baby's Head Start, Kamloops)

BC Association of Pregnancy Outreach Programs



A**CPNP WORKPLAN****CPNP Project #:****CPNP Project Name:**

Hint: Please feel free to use your existing logic model information to fill out the following CPNP Workplan. Please make sure your up to date activities are linked horizontally to your outcomes.

The goal of CPNP is to develop or enhance services that address the needs of at-risk pregnant women, their children and families with a view to promote healthy pregnancies and improve infant outcomes. The program supports comprehensive, community-based services and is specifically designed to build upon existing prenatal health programs, or to establish them where they do not exist.

Activities <i>What the program does to achieve its outcomes</i>	Outputs <i>The specific measurable products of program operation (e.g. # of classes, # referrals, etc). Also, the number and characteristics of participants along with their length of program involvement ***Please do Not use percentages***</i>	Outcomes <i>Relates to benefits for participants during or after participating in the program</i>

Signature: _____**Date:** _____



Terrace Child Development Centre



Park Centre Outreach Worker Job Description

Job Overview:

To provide information and support to parents involved in the Building Healthier Babies (perinatal) and Building Blocks (parenting support) programs.

Responsible to:

Reports to Executive Director

Key Duties and Responsibilities:

- Plan for and facilitate one-on-one visits (site/home/outreach) for parents, based on program goals and objectives.
- Organize group sessions, including planning, preparing, facilitating, cooking and cleanup.
- Maintain charting and record keeping.
- Participate in case conferencing/staff meetings.
- Distribute supplements/food vouchers.
- Refer participants to appropriate community resources as necessary.
- Provide/arrange transportation for program participants when appropriate.
- Advocate on behalf of the participants as necessary and appropriate.
- Keep up to date with current program resources and information.
- Performs other related duties as may be required.
- Participate in program evaluations.
- Maintain confidentiality.

Qualifications:

Education and Experience:

- Training in counseling/social and/or health sciences.
- Good working knowledge of maternal health, perinatal care, child development/health, parenting, and lifestyle issues that influence the health and well being of parents, children and the family.
- Experience in group facilitation.
- Experience working with target populations.
- Sensitivity and understanding of local cultures.
- Ability to work with a variety of ethnic groups.

Additional Information:

- Valid drivers license and available vehicle.
- No relevant criminal record.

Canada Prenatal Nutrition Program Outreach Worker

Job Description

Title Outreach worker

Department(s) Pregnancy Outreach Program / North Okanagan Friendship Centre Society

Reports to CPNP Coordinator

Job summary

Under the direct supervision of the Nutritionist Coordinator the Outreach Worker's duties will be to:

- follow up on nutritional counselling with clients as per program guidelines
- provide information and/or referral for identified health and lifestyle risks within the program policies and procedures
- consult and confer with Coordinator, other community health professionals and community agencies.
- make home visits for one to one counselling
- complete (nutritional) charting and record keeping
- distribute food supplements
- prepare food and assist in clean-up at drop-in session, meals and snacks
- where appropriate, participate in community case conferencing
- all other duties as may be required by the Nutritionist Coordinator within the program, for example; working with the food bank, attend FNFC staff meetings
- assist in evaluation of programs and services offered through CPNP
- communicate with other agencies regarding general or specific issues as required respecting confidentiality guidelines
- participate in weekly CPNP staff client review meetings
- review and follow CPNP and NOFCS policies and procedures manual as outlined in manuals
- prepare group area for drop-in group
- clean up group, play and kitchen area after drop-in

Reporting

- submit reports to coordinator as required

Summary of essential job functions

- educate clients to have a healthy lifestyle
- support clients to access services as needed
- assist in program activities
 1. participating in the development and implementation of group activities that encourage and facilitate social interactions between program participants
 2. participating in the development and implementation of activities in the program participants individual support plans
 3. participating in the development and implementation of group activities that encourage and facilitate program participants development by incorporating individual program clients goals
 4. collecting and collating data about the developmental status of program participants in the respective area of involvement as directed
 5. being responsible for maintenance and organization of material in the office, group room, kitchen, storage areas, fridge and freezer.

Minimum requirements

Qualifications

- will have grade 12 equivalency
- will have life experiences that will assist in daily contact with client group
- will model a wholistic health perspective
- para-professional training and experience in counselling and/or teaching would be an asset
- will have good communications skills
- will have good conflict resolution skills
- will have breast feeding management knowledge and experience
- will have a good knowledge of pregnancy and childbirth
- a practical knowledge of food shopping and preparation
- will have a knowledge of the dynamics of the off reserve First Nations and Metis community, especially in the North Okanagan.

Abilities required

Need to be able to pick up children, carry babies, carry groceries and heavy duty cooking pots

Disclaimer

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.

BELLIES TO BABIES WELCOME CARD

Please provide us with the confidential information:

Date: _____

Mothers Name: _____

Mothers Date of Birth: _____

Fathers Name: _____

Phone: (h) _____ (c) _____

Is it okay to leave messages: Yes No

Is it okay to text you: Yes No

Email (if you wish to receive weekly drop-in notices): _____

Physical Address: _____

Physician/Midwife: _____

If you are pregnant

When is baby due: _____

If you are not pregnant

When was your baby born: _____

Weeks gestation: _____

Baby's name: _____

Is this your first pregnancy: Yes No

Birth Weight: _____ Boy Girl

What encouraged you to come to Bellies to Babies? (*please check all that apply*)

- To learn about caring for your baby
- To obtain access to a healthcare professional (nurse, dietitian)
- To meet other women/moms
- Was referred by health care professional (ie. nurse, doctor)
- Other _____
- To learn about breastfeeding
- To learn about healthy pregnancies
- To get food, food vouchers
- To learn about healthy eating

A weekly voucher providing: milk, fruit, eggs or bread is available to all interested participants who would not otherwise be able to purchase nutritious foods or whose access to food may be challenged due to financial constraints. Vouchers are available throughout pregnancy and up to 6 months post-partum.

Are you interested in our weekly Food Voucher Program? Yes No

In addition to drop-in, Bellies to Babies offers health and nutrition information/support through a Registered Nurse and/or Registered Dietitian throughout pregnancy and up to 12 months post-partum. Please let us know at any time if you are interested in an individual visit.

What questions do you have for us? _____

SEE OTHER SIDE

BELLIES TO BABIES CONSENT FOR SERVICES

Bellies to Babies Healthy Pregnancy Outreach Program uses a multi-disciplinary model of support, which includes community partners, to provide comprehensive services and ensure ease of access to appropriate services.

I, _____, NAME _____,

- authorize Bellies to Babies to collect, use, and release information with the following people and/or agencies for the purposes of providing appropriate assessment and services to myself and/or my newborn child:
 - My Physician/Midwife
 - Interior Health (Public Health Nurse, IDP, PT, OT, MH, Diabetes Education)
 - Fernie Women's Resource Centre (Sponsoring Agency)
- understand the services being offered to me and I choose to participate in Bellies to Babies program.
- understand that this is a voluntary program and I can choose to withdraw at any time.
- understand that Bellies to Babies will disclose information where the law requires: ie: court order; when there is suspicion of child abuse; and other instances where you may pose a threat of serious injury to yourself or others.)
- understand that data, without my name or anything to identify me or my family, will be used for research, statistics, and program reports.

Participant Signature

Date

BELLIES TO BABIES GROUP EXPECTATIONS

Bellies to Babies has weekly group drop-ins. We ask you respect the following:

- Sensitive subjects may arise during drop-in. Please practice self-care. If needed, take time for yourself or speak to a group facilitator after drop-in.
- Facilitators treat all information shared by participants as confidential. Be mindful that when sharing in a group space confidentiality cannot be guaranteed.
- Given that, information shared by participants at drop-ins should stay in the room. Respect others.
- Honour every mothers' unique and individual experience of pregnancy and motherhood. Individuals bring different knowledge and experiences to the group.

SEE OTHER SIDE



Pregnancy Outreach Program

Burnaby / New Westminster

Ph: (604) 659-2225 Fax: (604) 524-4153



Admit Date _____

Exit Date _____

Exit Survey

LOCATION: Edmonds

New Westminster

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email address: _____

Birth Date: (ex. Feb. 14, 1983) _____

First Language: _____

What is your total net monthly household income? _____

Are you on Income Assistance? Yes No

How many people does this income support? _____

What is your relationship status? single married

separated/widowed common law

Will you be single parenting? Yes No

Do you have any other children? Yes No

Names & dates of birth: _____

Referral Source: _____

Emergency Contact: _____

Contact's Phone: _____

Were you born in Canada? Yes No

Country of Origin: _____

Arrival date in Canada: _____

Are you Indigenous? Yes No

Immigration Status: _____

CareCard #: _____

Do you have extended health benefits? Yes No

How many weeks pregnant are you? _____ weeks

Baby's Due Date: _____

Your height: _____ cm/ ft. in. (circle which units)

Pre-pregnancy weight: _____ kg/lb (circle which units)

How will you get to the program? Walk Drive Bus

Do you have any food allergies? Yes _____ No

Medical Conditions: _____

The following questions are around risks that could affect your health and your baby. Please complete the following screening questions by checking the boxes.

Note: you do not have to answer any questions you do not want to answer.

Is this your first pregnancy? Yes No If no, what was the date your last pregnancy ended? Date (month/year): _____

How did your pregnancy end? Birth Miscarriage Stillborn Other Number of children you have: _____

Yes No 1. Do you have a doctor/midwife or access to prenatal care?

Yes No 2. Does your housing meet your family's needs?

Yes No 3. Do you feel safe where you live?

Yes No 4. Are there times that you cannot afford to buy enough food?

Yes No N/A 5. Is your partner unemployed?

6. Does anyone in your home use:

alcohol tobacco/marijuana drugs

Yes No 7. Have you ever been abused?

physically sexually emotionally other _____

Yes No 8. In the last year, has anyone tried to hit or hurt you?

9. How do you rate your current stress level? a) low b) medium c) high

10. If you could change the timing of your pregnancy, would you want it:

a) earlier later c) not at all d) no change

Yes No 11. Have you considered adoption for this pregnancy?

Yes No 12. Do you now, or have you ever had, problems with depression or anxiety?

Yes No 13. Do you have a history of receiving mental health counselling?

Yes No 14. Do you have people you can talk to for advice?

Additional Information:

I understand that my information will be stored on a computer and non-identifying information may be used for best practice research. I have been given a copy and understand the Client Rights and Responsibilities of Burnaby Family Life. Information about myself and my children will be kept private and confidential at all times unless required by law or staff are concerned I will hurt myself or someone else.

I understand that pictures are taken during group activities and are sometimes used to promote Burnaby Family Life. By signing below, I consent to the use of the pictures taken of myself/my children for these purposes. I understand that it is my responsibility to inform the photographer if I do not want myself/my children's pictures to be used it is also my responsibility to remove myself/my children from these pictures.

Do we have your permission to leave a telephone message for you?

Yes No

Do we have your permission to share information about you with your public health nurse?

Yes No

Signature _____

Date _____

Your Baby ~ Week 25

What's New With Baby This Week!

Baby weighs about 1 lb. 5 oz.

Baby's bones continue to harden

Baby's hands are fully developed and can touch, grasp and curl into a fist!

Baby's hearing continues to develop and may now be able to hear your voice!

Baby has periods of sleep and awake. Many women report feeling baby's movements more when they are resting

Building a Healthy Baby

Try to eat a variety of foods from each food group each day

Each day you and your baby need:

2-3 servings

Meats & Alternatives

3-4 servings

Milk Products

5-10 servings

Vegetables & Fruit

5-12 servings

Grain Products

25 Weeks



Baby is the size of *Cauliflower*

Your Pregnancy ~ Week 25

Mom you may be experiencing

- Feeling really well and fairly energetic
- Noticing your belly getting bigger, others noticing you are pregnant. Your uterus is now the size of a soccer ball
- Indigestion and/or heartburn, try eating smaller more frequent meals, avoid spicy/fatty foods
- Feeling baby kicking and rolling in your uterus
- Some difficulty getting comfortable at night, try sleeping with a pillow between your legs

Important Things To Do For You and Your Baby's Health

- Avoid alcohol and drugs
- Avoid smoking and second hand smoke
- Attend your prenatal appointments and complete all ordered lab work
- Try to eat for all four food groups each day
- Take your prenatal vitamin or discuss folic acid and/or iron supplements with your Dr.
- Don't take any supplements or over the counter meds. without talking to your Dr. first

Your Baby ~ Week 12

3 Months

What's Happening With Baby This Week!

Baby should be sleeping between 14 and 15 hours a day. It is important that baby gets enough sleep; it's important for their growth and development.

Facial expressions increase

Vocalization increases

Holds head at 90 degrees angle when on stomach

Likes to gum objects. Choose only baby safe teething aids.

Begins to recognize and to differentiate between family members

Distinguishes speech from other sounds

Building A Healthy Baby

Remember that anything you put in your body goes to your baby as well

No sunscreen or bug repellent!!

Make sure you keep a hat on baby . Keep baby out of the sun.

Try infant massage – ask BHS when the next sessions starts

Make sure Baby's shots are up to date and check when your Dr. wants to see baby next.

Your Baby ~ Week 12

3 Months

Important Information

It is ok to touch baby's soft spot just be gentle when you do it.

If a soft spot sinks in or bulges or becomes hard call your Dr.

It won't be long before baby is moving around. Start thinking how you are going to be child proofing the home.

Many indoor plants are poisonous if you are unsure make sure you check.

Make sure baby is always buckled up properly when in the car seat – Call us to book an appt to make sure your car seat is installed properly and baby is buckled in correctly.

Important Things To Do

For You and Your Baby's Health

Sing to Baby – This little piggy, Itsy bitsy spider, twinkle, twinkle little star....

Make goofy faces and silly sounds. Baby will love it.

Make sure baby is getting tummy time – it is very important for their development of their head as well as other muscle development

Go outside – fresh air is good for you and him both will sleep better

Baby is probably really enjoying his/her bath now - they may enjoy a few toys in there.