

Healthy Mothers and Healthy Babies:

New Research and Best Practice Conference

February 21 - 22, 2014

Coast Coal Harbour
1180 W Hastings St
Vancouver, BC



 **Perinatal Services BC**
An agency of the Provincial Health Services Authority

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Services Authority**
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**Interprofessional
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General Information

Description

This inaugural conference hosted by Perinatal Services BC, an agency of the Provincial Health Services Authority, will be an opportunity for health care professionals who are interested in the care of pregnant women and their newborns to be updated on new research and best practices across the continuum of perinatal and newborn care. This conference will engage health care professionals from a wide range of disciplines as well as members of the public in knowledge transfer and interprofessional collaboration in order to provide the best care possible and ensure healthy mothers and babies. The format will include plenaries, breakout sessions, and poster sessions.

Learning Objectives

- 1) To identify best practices and new research in maternal, fetal and neonatal care from researchers, experts and each other
- 2) To reflect on five new developments across the continuum of care from conception to postpartum
- 3) To discuss surveillance and system improvement in perinatal services

Who Should Attend

This conference will be of interest to all those who are interested in care for pregnant women and their newborns. The interdisciplinary target audience includes but is not limited to:

- Administrators/Managers/Planners
- Allied health professionals (occupational therapists, physical therapists, educators, informatics professionals, etc)
- Dietitians
- Doulas
- Lactation Consultants
- Midwives
- Nurses and Nurse Practitioners
- Physicians (primary care and specialists)
- Public (parents, parents to be and family members)

Professional Credits

This event is an Accredited Group Learning Activity eligible for up to 10.5 Section 1 credits as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.



This program has been reviewed and approved by UBC Division of Continuing Professional Development. Each physician should claim only those credits he/she actually spent in the activity.

This program meets the accreditation criteria of the Canadian Counselling and Psychotherapy Association (CCPA) and has been approved for 10.5 CEC hours.

Participants attending will be given a certificate stating 10.5 hours of educational instruction.

Exhibiting

Organizations interested in exhibiting at this conference are invited to contact the conference organizers for more information. Exhibit space is limited. Please contact by phone: +1 604-822-7708 or by e-mail: melissa.ipce@ubc.ca.

Location

The Coast Coal Harbour - 1180 W. Hastings Street, Vancouver, BC. A special rate of CDN \$119.00 + taxes for a standard guest room (single/double) is available for conference delegates. Please specify that you are booking under the Healthy Mothers and Healthy Babies Conference room block to receive these reduced rates. Please note that these rates will be held based on availability until January 21, 2014, so book early to avoid disappointment by calling toll free within North America: +1.800.663.1144 or local: +1.604.697.0202.

Planning Committee

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Friday February 21 | 2014

7:00 AM – 8:30 AM Registration Open, Breakfast Provided

8:30 AM – 9:00 AM Welcome & Opening Remarks

9:00 AM – 10:30 AM Plenary

The Intergenerational Cycle of Obesity - Why we Should be Concerned

Kristi Adamo, Research Scientist, CHEO Research Institute; Associate Professor, Faculty of Medicine, Pediatrics, University of Ottawa, Ottawa, ON

The 9 months in the womb is the most dramatic period of growth and development that shapes our long term health. High pre-pregnancy weight and excessive weight gain during pregnancy are directly related to increased rates of serious maternal and fetal complications. Average gestational weight gain has increased dramatically over the last four decades and despite clinical recommendations calling for 'ideal' weight gain most Canadian women exceed evidence-based guidelines putting themselves and their baby at risk. Fortunately, gestational weight gain is modifiable factor and this presentation will touch on health behaviour strategies to address this issue.

Learning Objectives

- To define the intergenerational cycle of obesity
- To understand how much gestational weight gain is too much
- To become aware of the risks of excessive gestational weight gain
- To learn whether these risks are the same for all BMI categories
- To learn about strategies to minimize health risks to mom, baby and future generations

10:30 AM – 11:00 AM Break Coffee, Tea provided

11:00 AM – 12:30 PM Concurrent Sessions A

A1

A1 i | Standard Lecture | Innovative Practices

Public Health Prenatal Programs in Two Health Authorities in BC

Vanessa Salmons, RN BSN, Regional Early Childhood Development Lead, Northern Health, Quesnel, BC

Joanne Wooldridge, RN MSN, Regional Leader, Early Childhood Development, Vancouver Coastal Health, Vancouver, BC

Regional leads from Northern Health and Vancouver Coastal Health will describe their respective public health prenatal programs highlighting their approach to prenatal screening, assessment and intervention according to universal and enhanced service approaches. Both programs are evidenced-informed, but have differences which will be compared and contrasted.

Learning Objectives

- To understand the provincial public health service goals for pregnant women, both universal and enhanced, including why women may benefit from public health support during pregnancy
- To be able to describe how women in Northern Health or VCH can access public health prenatal services, and what services are available
- To have increased knowledge of the role of public health nurses supporting pregnant women

A1 ii | Panel Session | Innovative Practices

A First for First Nations Mothers: Perinatal Services from the First Nations Health Authority

Gerry Kasten, MSc, FDC, Registered Dietitian, First Nations Health Authority, Vancouver, BC

Suzanne Johnson, Registered Dietitian, First Nations Health Authority, Vancouver, BC

Rebecca Sovdi, CDE, MPH, Registered Dietitian, First Nations Health Authority, Vancouver, BC

First Nations women and families experience a number of unique challenges to perinatal health, such as higher birth weights, diabetes in pregnancy and access to culturally competent care. Nutrition staff at BC's First Nations Health Authority use innovative care practices and resources to optimize service for woman, families, and communities, and staff of the health authority.

Learning Objectives

- To specify tools for appropriate growth monitoring of First Nations Infants
- To specify criteria for referral to screening for diabetes in pregnancy and gestational diabetes
- To Itemize issues pertaining to perinatal health arising from colonization and the legacy of residential schools

A1iii | Standard Lecture | Innovative Practices

Prototyping a Seamless Perinatal Transition Team Model in Fraser Health: Lessons Learned

Elizabeth Snow, PhD, CE, Evaluation Specialist, Public Health, Fraser Health Authority, Surrey, BC

Michelle Urbina-Beggs, RN, MN, Clinical Nurse Educator, Fraser Health Authority, Newport Public Health Unit, Port Moody, BC

Tamara Van Tent, RN, BScN, MHS, Clinical Program Director, Perinatal, Fraser Health Authority, Abbotsford Regional Hospital, Abbotsford, BC

To ensure a woman's perinatal journey is seamless, we need to pay particular attention to transitions between the various care providers in community and acute settings. In this presentation, we reflect on lessons learned from prototyping a Seamless Perinatal Transition Team model in two of Fraser Health's maternity hospitals.

Learning Objectives

- To appreciate the complexities of working across disciplines and working across acute and community services in perinatal care
- To articulate the roles of each of the players in perinatal health services in order to collaborate more effectively
- To create seamless transitions for mothers throughout their perinatal journey

A2

A2i | Panel Session | Innovative Practices Trauma-Informed Principles and Care

Nancy Poole, Director, BC Centre of Excellence for Women's Health, Vancouver, BC

Lenora Marcellus, Assistant Professor, School of Nursing, University of Victoria, Victoria, BC

Amanda Seymour, Coordinator, HerWay Home, Island Health, Victoria, BC

This presentation will introduce principles of trauma-informed care and discuss their application to the care of pregnant women and their newborn. Examples will draw upon work being conducted by HerWay Home, a program in Victoria, B.C. that supports pregnant and newly parenting women with addictions and other complex life circumstances, and their children.

Learning Objectives

- Increase understanding about the effects of violence and trauma on women during the perinatal and neonatal period and how this can influence the care of pregnant women and their newborn
- Illustrate concrete strategies and application of principles of trauma-informed care for health care professionals who provide care in the perinatal and neonatal period
- Facilitate discussion regarding approaches, innovations, and challenges for individuals and organizations shifting towards becoming more 'trauma-informed'

A2ii | Standard Lecture | Innovative Practices

Early Identification of Risk and Protective Prenatal and Postnatal Factors Influencing Mother-Infant Attachment

Deborah Bell, Ph.D, Psychologist, Sand Story Psychology, Vancouver, BC

Sonya Vellet, PhD, Infant/Early Childhood Mental Health Practitioner, Sand Story Psychology, Vancouver, BC

This presentation will focus on using a decision-making tree for professionals to identify key social-contextual risk and protective factors influencing mother-infant attachment. In addition, this presentation will outline attachment-based interventions to foster healthy infant and child development and mother-infant attachment relationships. Participants should have a working knowledge of attachment theory.

Learning Objectives

- To identify key risk and protective factors influencing the mother-infant attachment relationship.
- To become familiar with a model to assist in decision-making regarding the needs of high risk families.
- To gain awareness of parent-infant interventions designed to support healthy attachments

A2iii | Standard Lecture | New Research, Innovative Practices Development and Pilot Evaluation of a Therapist-Assisted Internet Cognitive-Behavioural program for Maternal Depression

Nicole Pugh, M.A, Clinical Psychology Resident, Department of Psychology, Vancouver Coastal Health, Vancouver, BC

Maternal Depression Online is the first Canadian online therapy program, tailored for women afflicted with postpartum depression (PPD). The presentation will include: 1) content, format and outcomes of the online therapy program for PPD; 2) therapeutic strategies used to facilitate internet therapeutic alliance; 3) strategies for garnering community interest in the program; and 4) barriers and facilitators of offering online therapy to treat PPD.

Learning Objectives

- To improve participant understanding of content, format and outcomes of the TAICBT program for PPD
- To improve participant understanding of therapeutic strategies used to facilitate internet therapeutic alliance
- To improve participant understanding of strategies for garnering community interest in the program
- To improve participant understanding of barriers and facilitators of offering TAICBT to treat PPD



A3

A3i | Standard Lecture | New Research Severe Maternal Morbidity Associated with Early-and Late-onset Preeclampsia

Sarka Lisonkova, MD, PhD, Research Associate, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

Preeclampsia is one of the leading causes of maternal morbidity in the industrialized countries. It has been increasingly recognized as two different conditions depending on the onset of symptoms, early- and late-onset disease (onset at <34 vs ≥34 weeks gestation). Early-onset preeclampsia has far worse implications not only for the baby, but also for the mother.

Learning Objectives

- To be able to recognize that preeclampsia constitutes two different conditions and that preeclampsia, especially the early-onset disease, is associated with high severe maternal morbidity and mortality
- To be able to recognize that women with signs of preeclampsia should be transferred and delivered at tertiary care centres with an intensive care unit availability

A3ii | Standard Lecture | New Research, Quality Improvement Women's Experiences with Gestational Diabetes: Implications for Diabetes Prevention Programs

Marilyn Evans, RN MN PhD, Associate Professor, Arthur Labatt School of Nursing, Western University, London, ON

This presentation provides insight into the experiences of women with previous gestational diabetes regarding their health status, diabetes risk perception and lifestyle modification during pregnancy and the postpartum period. The results will inform the development of diabetes prevention programs for this group of high-risk women.

Learning Objectives

- To describe facilitators and barriers that impact lifestyle modifications by postpartum women with previous gestational diabetes
- To gain an understanding of the ongoing postpartum needs of women with gestational diabetes
- To discuss implications for best practices, health policy and future research concerning diabetes prevention in at risk women

A3iii | Panel Session | Innovative Practices Fetal Death and Stillbirth: Rationalizing Definitions and Procedures for Optimizing Clinical Care and Public Health

K.S. Joseph, MD, PhD, Professor, Department of Obstetrics & Gynaecology, School of Population and Public Health, University of British Columbia, Vancouver, BC

Brooke Kinniburgh, MPH, Epidemiologist, Perinatal Services BC, Provincial Health Services Authority, Vancouver, BC

Jennifer A Hutcheon, PhD, Perinatal Services BC and the Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

Azar Mehrabadi, MSc, School of Population and Public Health, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

Leanne Dahlgren, MD, Department of Obstetrics & Gynaecology, School of Population and Public Health, University of British Columbia, Vancouver, BC

Melanie Basso, RN, MSN, PNC(C), Senior Practice Leader- Perinatal, BC Women's Hospital and Health Centre, Vancouver, BC

Cheryl Davies, RN, MEd, Women's Health Centre, BC Women's Hospital and Health Centre, Vancouver, BC

Lily Lee, MSN, MPH, RN, Provincial Lead, Surveillance, Perinatal Services BC, Vancouver, BC

Current stillbirth registration and other legal requirements were formulated decades ago and represent impediments to optimal clinical care and public health surveillance. We propose a Panel Discussion that will describe the current situation and make recommendations for change.

Learning Objectives

- To list the shortcomings of contemporary definitions of stillbirth
- To state how current stillbirth registration and other legal requirements may create problems in clinical care and public health surveillance
- To identify potential alternatives to current stillbirth registration and related requirements

12:30 PM – 1:30 PM Lunch Provided, Exhibits Open and Poster Viewing

1:30 PM – 2:00 PM Poster Session

2:00 PM – 3:30 PM Concurrent Sessions B

B1

B1i | Standard Lecture | New Research Alcohol Use During Pregnancy: A Research Update

Nancy Poole, Director, BC Centre of Excellence for Women's Health, Vancouver, BC

Tasnim Nathoo, Social Worker, British Columbia Centre of Excellence for Women's Health, Vancouver, BC

This presentation will provide an overview of recent research on screening, brief interventions, and support by health care providers related to alcohol consumption during pregnancy, including controversies related to the acceptability of 'light drinking' during pregnancy, the role of partners in supporting women's decisions, and women's perspectives on screening.

Learning Objectives

- To briefly review existing best practices documents such as The Society of Obstetricians and Gynaecologists of Canada (SOGC)'s Alcohol Use in Pregnancy Consensus Clinical Guideline Canada's Low Risk Drinking Guidelines
- To provide an update on recent research evidence regarding alcohol use during pregnancy, including controversies related to light drinking
- To facilitate discussion regarding emerging research on brief interventions in the preconception and prenatal period regarding alcohol use during pregnancy
- To present resources for health care professionals interested in enhancing their practice related to alcohol use in pregnancy

B1ii | Standard Lecture | Innovative Practices Best Practice Guidelines for the Treatment of Major Depression in the Perinatal Period

Deirdre Ryan, M.B. FRCPC, Medical Director, Reproductive Mental Health Program, BC Mental Health and Addiction Services, an agency of PHSA, Vancouver, BC

As many as one in five women in BC will experience Major Depression during their pregnancy or in the postpartum period. Major Depression affects all aspects of a woman's life, as well as that of her baby. This presentation will discuss risk factors for developing perinatal depression, the importance of screening and the different treatment options, including self care, psychotherapy and pharmacological treatments. Early diagnosis and treatment optimizes maternal and infant health.

Learning Objectives

- To recognize the symptoms of Perinatal Depression
- To be familiar with different treatment options, including Self Care Strategies, C.B.T. and pharmacological treatments
- To be aware of new Best Practice Guidelines for Mental Health Disorders in the Perinatal Period

B1iii | Standard Lecture | Innovative Practices Use of Ultrasound in Clinical Dating of Pregnancy

Kenneth Lim, MD, FRCSC, Chair, SOGC committee on Diagnostic Imaging, Clinical Associate Professor, University of British Columbia, Medical Director, Diagnostic and Ambulatory Program, BC Women's Hospital, Vancouver, BC

The determination of the gestational age of a pregnancy is a vexing clinical problem. As new information arises, it is apparent we need to revisit the way clinicians determine the gestational age of a pregnancy. The new SOGC guidelines on gestational age determination proposes that pregnancy dating, for clinical purposes, be based on ultrasound information as much as possible.

Learning Objective:

- Review the new SOGC guideline on gestational age determination by ultrasound

B2

B2i | Panel Session | New Research The BC Healthy Connections Project: A Scientific Evaluation of Nurse-Family Partnership in British Columbia

Donna Jepsen, RN CCHN(C), BSN, IBCLC, MSc, Provincial Coordinator, Nurse-Family Partnership Program, Population and Public Health, Ministry of Health, Vancouver, BC

Nicole Catherine, MSc, PhD, Scientific Director, BC Healthy Connections Project, Adjunct Professor and University Research Associate, Children's Health Policy Centre, Faculty Health Science, Simon Fraser University, Vancouver, BC

Joanne Wooldridge, RN MSN, Regional Leader, Early Childhood Development, Vancouver Coastal Health, Vancouver, BC

This session will focus on BCHCP and the scientific evaluation of the effectiveness of the NFP program using vigorous scientific methodology and collaborative governance. New to BC, NFP is an evidence-based, innovative and intensive public health nursing home-visitation intervention started in pregnancy and continued until the child reaches age 2.

Learning Objectives

- To review the rigorous scientific methodology of the BCHCP, including the randomized controlled trial and process evaluation (qualitative measures) methods
- To review the innovative aspects of the BCHCP, in particular sharing how formal policy, academic, provider, and community collaboration was built into the province-wide governance structure of the BCHCP
- To review how the Process Evaluation will contribute directly to identifying any recommended program adaptations (quality improvements) that are necessary



B2ii | Panel Session | Innovative Practices Innovation in Addressing the Needs of Women with Perinatal Depression in Public Health: Volunteer Training Program and Support Group in Chinese

Esther Sigurdson, RN, BSN, Clinical Educator, Public Health, Vancouver Coastal Health, Vancouver, BC

Pat Agon Chen, LCE, IBLC, RN, BSN, Public Health Nursing, Vancouver Coastal Health, Vancouver, BC

Radhika Bhagat, RN, MN, Manager, Public Health, Vancouver Coastal Health, Vancouver, BC

Public Health Nurses employed strategies to support women in their postpartum period experiencing social and cultural isolation. The CUDDLE program trained and matched volunteers to women who were identified by PHNs as needing support. The Cantonese Postpartum Mental Health Support Group was in response to women needing support in Chinese.

Learning Objectives

- To create an opportunity for participants to learn about 2 innovative practices implemented in an urban public health setting to address the needs of women identified with social and cultural isolation
- To gain a deeper understanding of the strengths, challenges and barriers involved with these 2 innovative practices during the question answer period.
- To provide an opportunity for Participants with an interest in duplicating one or both of these innovative practice in their community or area of practice to gather tools and materials used through further contact with the authors

B2iii | Standard Lecture | Quality Improvement, Innovative Practices

Towards Flourishing – A Mental Health Promotion Strategy during the Perinatal Period

Kim Toews, RPN, ADPN, BsPN, Project Manager, Towards Flourishing Project, Winnipeg, MB

Towards Flourishing (TF) is a mental health promotion strategy that is aimed at improving outcomes for maternal mental health. A subsequent benefit of improving developmental outcomes for children will result. TF is embedded within an existing home visiting program for at-risk families called Families First.

Learning Objective:

- To learn about a Mental Health Promotion Strategy called Towards Flourishing that is embedded within the Manitoba perinatal home visiting program, Families First
- To learn about early impacts of this Towards Flourishing Strategy upon maternal mental health
- To learn about the benefits of collaboration between public health and mental health service providers

B3

B3i | Standard Lecture | Innovative Practices Linking Perinatal Data in British Columbia

Leanne Dahlgren, MD, Assistant Professor, Department of Obstetrics & Gynaecology, University of British Columbia, Vancouver, BC

Sana Shahram, PhD Candidate, UBC Okanagan. Research Coordinator, Department of Obstetrics and Gynaecology, University of British Columbia, Oyama, BC

An overview of lessons learned in accessing perinatal data in BC to compare fetal and infant mortality and morbidity between First Nations and other residents. Innovative methods for making data linkages as well as working around confidentiality issues will also be covered. Data quality issues will also be addressed with tips for improvement.

Learning Objectives

- To have an understanding of the process involved in obtaining perinatal data
- To be able to identify key steps necessary to successfully apply for perinatal data access
- To be able to think creatively about ways to obtain information from data within confidentiality and data restrictions
- To cover issues around complete data and the importance of collecting all relevant data when providers

B3ii | Standard Lecture | New Research Validity of Pre-Pregnancy Body Mass Index (Bmi) Information Derived From a Population-Based Perinatal Database

Gillian Frosst, MPH, Epidemiologist, Perinatal Services BC, Vancouver, BC
The British Columbia Perinatal Data Registry (BCPDR) contains obstetrical and neonatal medical chart data for all births in British Columbia. This session will discuss and present preliminary results of a provincial chart re-abstraction study with a focus on the validity of pre-pregnancy body mass index (BMI) data produced by the BCPDR.

Learning Objectives

- To describe one of PSBC's quality assurance processes related to the BCPDR
- To provide information on the reliability of BC perinatal data that are widely utilized for surveillance and research purposes
- To facilitate discussion on innovative strategies to improve quality of BMI data in administrative databases

B3iii | Standard Lecture | Quality Improvement Characteristics of Women in Robson Group 1, British Columbia 2008/2009 to 2012/2013

Brooke Kinniburgh, MPH, Epidemiologist, Perinatal Services BC, Vancouver, BC

Lily Lee, MSN, MPH, RN, Provincial Lead, Surveillance, Perinatal Services BC, Vancouver, BC

The Robson Ten Classification is increasingly used in Canada to assess which groups of women contribute disproportionately to the cesarean delivery rate. This presentation will discuss the characteristics of women in Group 1; the group with the second highest contribution to the cesarean delivery rate in British Columbia.

Learning Objectives

- Participants will be able to describe the general characteristics of women in Robson Group 1
- Participants will appreciate how the Robson Ten Group Classification can be used to inform hospital-level assessment of the cesarean delivery rate

3:30 PM – 4:00 PM Break Coffee, Tea Provided, Exhibits Open Poster Viewing

4:00 PM – 5:00 PM Plenary

eHealth Enabled Mother and Baby Centred Care: Trends and Opportunities

Kendall Ho, Professor, Department of Emergency Medicine, Director, eHealth Strategy Office, Faculty of Medicine, University of British Columbia, Executive Director, inter-Cultural Online health Network (iCON), British Columbia, eHealth Expert Working Group, Royal College of Physicians and Surgeons of Canada CanMEDS 2015, eHealth Education Committee member, Association of Faculties of Medicine of Canada, Collaborator, World Health Organization Global eHealth Observatory, Vancouver, BC

There is a rapidly rising interest of the general public to use modern information and communication technologies such as mobile phones, tablets coupled with social media or the Internet to help them get healthy, manage their illnesses, and support their lifestyles for wellness. Commercial industries and mobile developers are also fueling this enthusiasm by introducing a host of technologies and apps. A large suite of such approaches exist for supporting maternal and children's health and wellness. Health professionals need to understand how the general public and patients are using these technologies, and provide support and encouragement to these activated individuals who care about their own health to ensure appropriate and healthy utilization of these technologies. This presentation provides an introduction of the current crop of electronic resources being used in health in general and specific to maternal/child care, discuss emerging trends, and make recommendations for health professionals and patients to work together. The "Health-e-Apps" effort of the UBC Faculty of Medicine eHealth Strategy Office to support and strengthen the partnership between health professionals and patients to safely and effectively explore this mobile health domain will be introduced.

Learning Objectives

- To discuss ways modern information and communication technologies (ICT), such as mobile phones, social media, and Apps, are augmenting and enabling improved care
- To identify ways these approaches can benefit maternal and baby centred care, with illustrative examples
- To discuss how health professionals and patients/mothers can work together for optimal health through collaboration and co-creation using ICTs

5:30 PM – 7:30 PM Networking Reception

Saturday February 22 | 2014

7:30 AM – 8:30 AM Registration Open, Breakfast Provided

8:30 AM – 9:30 AM Plenary

Induction of Labour

Dean Leduc, Family Physician, Associate Professor, University of Ottawa, Director, Low Risk maternity / Newborn Clinic, Montfort Hospital, Ottawa, ON

A presentation of the most current literature for labour induction.

Learning Objectives

- To become familiar with the changes of the SOGC Induction of Labour Guidelines

9:30 AM – 10:00 AM Break Coffee, Tea Provided, Exhibits Open Poster Viewing

10:00 AM – 11:30 PM Concurrent Sessions C

C1

C1i | Standard Lecture | New Research Stress-Related Pathways to Preterm Birth: '10/90' Gap

Shahirose Premji, BSc, BScN, MScN, PhD, Post-doctoral Fellowship, Associate Professor, Faculty of Nursing, Adjunct Professor, Faculty of Medicine, Department of Community Health Sciences, University of Calgary, Public Health Nurse, Alberta Health Services, Calgary, AB
Aliyah Mawji, RN, PhD, Assistant Professor, School of Nursing and Midwifery, Mount Royal University, Calgary, AB

Annually, fifteen million babies are born prematurely worldwide, and evidence points to perinatal distress (i.e., stress, anxiety, or depression) as causative factor. Both preterm birth and perinatal distress are world-wide problems that are especially burdensome in low- and middle-income countries. Discover a new conceptual approach to examine causal pathways between perinatal distress and preterm birth.

Learning Objectives

- To develop an understanding of the multidimensional nature of perinatal distress within the context of social, cultural and environmental phenomena of women in Pakistan, Kenya and Tanzania
- To explore causal pathways between perinatal distress and maternal and infant health outcomes
- To learn about objective, biochemical measures of perinatal distress as tools to assist in identifying high-risk mothers and infants

C1ii | Standard Lecture | New Research Improving Community-Based Care for Late Pre-term Infants

Aliyah Mawji, RN, PhD, Assistant Professor, School of Nursing and Midwifery, Mount Royal University, Calgary, AB
Genevieve Currie, RN, MN, School of Nursing and Midwifery, Mount Royal University, Calgary, AB

Late preterm infants and their families experience more medical and psycho-social problems. This paper analyzes the collective recommendations of public health nurses, responsible for their postpartum care after hospital discharge. The recommendations represent a first step in designing problem-oriented interventions, specifically designed for these infants and their families.

Learning Objectives

- To describe the PHNs' experiences in caring for LPIs
- To describe the bio-psycho and social challenges of providing nursing care to LPIs and their families

C1iii | Standard Lecture | Innovative Practices A Relationship for Life: Understanding and Supporting the Attachment Connection

Vanessa Lapointe, PhD, Registered Psychologist, The Wishing Star - Lapointe Developmental Clinic, Surrey, BC

The parent-child relationship is essential to life. For many parents, the pre-and perinatal periods are a time of intense emotion that can sometimes lead to challenges in the early forging of this essential

relationship. Participants will learn about (1) current research; (2) related theory; and (3) associated best practices.

Learning Objectives

- To learn about current research in the area of attachment, brain development, and general outcomes
- To learn about related theory as applied to the pre- and perinatal period
- To learn about associated best practices for support that focuses on concrete application of research and theory

C2

C2i | Standard Lecture | Innovative Practices Comparing CenteringPregnancy® to Standard Prenatal Care plus Prenatal Education

Suzanne Tough, PhD, MSc, Professor, Child Development Centre, University of Calgary, Calgary, AB
Ingunn Benediktsson, BHSc, Master's Student, Medical Sciences, University of Calgary, Calgary, AB

This presentation will describe the design of the CenteringPregnancy program, its implementation in Calgary, Alberta, and the characteristics of women entering CenteringPregnancy compared to traditional prenatal education in this area. Ultimately, the conclusions will highlight the relative changes in psychosocial health among CenteringPregnancy participants after completion of the program.

Learning Objectives

- To understand the design of the CenteringPregnancy program and its implementation in Calgary, Alberta
- To understand the characteristics of women entering CenteringPregnancy compared to traditional prenatal education in this area
- To understand the relative changes in psychosocial health among CenteringPregnancy participants after completion of the program

C2ii | Standard Lecture | New Research Effect of Folic Acid Food Fortification on the Birth Prevalence of Congenital Heart Defects

Shiliang Liu, Ph.D, Maternal and Infant Health Section, Surveillance and Analysis Division, Centre for Chronic Disease Prevention, Public Health Agency of Canada, Ottawa, ON

Food fortification with folic acid, mandated in Canada since November 1998, has already reduced significantly the incidence of neural tube defects. This largest population-based study comprehensively assesses the effect of the primary prevention on the birth prevalence of congenital heart defects after controlling for concurrent influence of several maternal factors, conditions, and termination of pregnancy from 1990 to 2011.

Learning Objectives

- To assess and quantify the effect of folic acid food fortification on severe CHDs in Canada
- To examine the influence of maternal characteristics/factors on the temporal trends
- To promote multivitamin supplementation and fortification of grain products with folic acid

C2iii | Standard Lecture | New Research Meeting Psychosocial Needs in Perinatal Care: Models for Multidisciplinary Collaboration

Hillary McBride, B.A., M.A. Student, Counselling Psychology Program, Trinity Western University, Langley, BC

Janelle Kwee, Psy.D., R.Psych., Registered Psychologist, Trinity Western University, Langley, BC

Lori Wolfe, RN, MSN, IBCLC, South Community Birth Program, Vancouver, BC

The link between psychosocial and medical outcomes for new and expecting mothers is strong, yet women's psychosocial needs are not systematically addressed in routine perinatal care. We describe examples of innovative multidisciplinary practice models which aim to improve perinatal outcomes or mothers and to support providers in delivering optimal care.

Learning Objectives

- To understand and discuss the research supporting the reciprocal links between medical and psychosocial outcomes in women's perinatal experiences, and the apparent gap in routine care
- To identify and describe several ways in which integrated behavioural health consultation models can improve the quality of care and medical outcomes for patients and care delivery experiences for providers
- To become familiar with several practical models of integrated behavioural health care, which are specific to meeting psychosocial needs of new and expecting mothers, including current practice innovations taking place at the South Community Birth Program in Vancouver

C3

C3i | Standard Lecture | New Research Temporal Trends in the Birth Prevalence of Congenital Anomalies in British Columbia, Canada, 2000 to 2011

K.S. Joseph, MD, PhD, Professor, Department of Obstetrics & Gynaecology, School of Population and Public Health, University of British Columbia, Vancouver, BC

Amy Metcalfe, PhD, Post-doctoral fellow, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

Brooke Kinniburgh, MPH, Epidemiologist, Perinatal Services BC, Vancouver, BC

Yasser Sabr, MD, MHSc, College of Medicine, King Saud University, Riyadh, Saudi Arabia, Department of Obstetrics & Gynaecology, School of Population and Public Health, University of British Columbia, Vancouver, BC

Sylvie Langlois, MD, Perinatal Services BC and the Department of Medical Genetics, University of British Columbia, Vancouver, BC

Alain Gagnon, MD, Department of Obstetrics & Gynaecology, School of Population and Public Health, University of British Columbia, Vancouver, BC

Congenital anomaly surveillance in British Columbia showed that the overall birth prevalence of congenital anomalies decreased between 2000 and 2011, while births following pregnancy termination for congenital anomalies increased. The birth prevalence of microcephaly increased and this requires further investigation to clarify its cause and significance.

Learning Objectives

- To describe temporal changes in the birth prevalence of congenital anomalies in British Columbia
- To determine if any specific congenital anomaly subtypes show increasing trends that may require a focused investigation to rule out errors in diagnosis or coding
- To determine if the live birth prevalence of specific congenital anomaly subtypes shows the expected decreasing temporal pattern (especially in relation to increases in prenatal diagnosis and pregnancy termination and folic acid fortification of food)

C3ii | Standard Lecture | Quality Improvement Baby's Best Chance: What is the Best Evidence on Inter-pregnancy Intervals and Effective Birth Spacing Techniques?

Dorothy Shaw, MBChB, FRCSC, Vice President and Clinical Professor, BC Women's Hospital and Health Centre, Vancouver, BC

Wendy Norman, MD, MHSc, Family Physician, Assistant Professor, Women's Health Research Institute, BC Women's Hospital, Vancouver, BC

Current evidence will be presented for a wide range of topics including: Ideal inter-pregnancy intervals (IPI); effects of IPI on pre-term birth, developmental and societal outcomes; and the real life effectiveness of contraceptive methods available. Bring your questions and ideas as a lively discussion is likely to ensue!

Learning Objectives

- To describe the benefits of ideal inter-pregnancy intervals in developed and developing world settings
- To understand approaches to contraception counselling that include considerations of the woman, her context, culture and goals
- To list effectiveness and typical adherence of modern and traditional contraception methods

C3iii | Standard Lecture | New Research Bereaved Parents Break the Silence of Stillbirth

Lynn Farrales, MSc, MD, CCFP, Family Physician and Clinician Scholar, University of British Columbia, Still Life Canada: Stillbirth and Neonatal Death Education, Research and Support Society, Vancouver, BC

Jennifer Douglas, PhD, Still Life Canada: Stillbirth and Neonatal Death Education Research and Support Society, Vancouver, BC

Stillbirth and the associated grief of families affected by stillbirth remain invisible despite the 2.6 million stillbirths worldwide. Specialized bereavement support is needed, especially in Canada where research is limited. This community-based project based on the principles of participatory research aims to address gaps in care, education, research and policy.

Learning Objective

- To develop a preliminary understanding for gaps in care for bereaved parents and learn of the importance of conducting community-based collaborative research

D1

D1i | Standard Lecture | New Research

Women's Experiences of Perinatal Wellbeing: Helping and Hindering Factors

Janelle Kwee, Psy.D., R.Psych., Registered Psychologist, Trinity Western University, Langley, BC

Hillary L McBride, B.A., M.A. Student, Counselling Psychology Program, Trinity Western University, Langley, BC

What factors do women, at 4-12 weeks postpartum, report to have most saliently contributed to their perinatal well-being? Consistent with an ecological systems conceptualization, participants in this study describe multiple personal, relational, and systemic factors. Informed by subjective experiences of mothers, implications for best practices in maternal care are discussed.

Learning Objectives

- To become familiar with current research base addressing psychosocial factors and outcomes, including risk and protective factors, during the perinatal period
- To gain an understanding of the primary categories of helping, hindering, and wish list factors that emerged in the research data, and how they fit within an ecological systems conceptualization
- To be able to describe and discuss several possible implications for best practices in maternal care based on the subjective insights of mothers, as highlighted in the research results

D1ii | Standard Lecture | Innovative Practices

Growing into Parenthood: Online Prenatal Classes for Young Parents

Karon Foster, BScN, MEd. R.N, Nurse, Phoenix Centre for Children and Families, Pembroke, ON

Youth prenatal classes, teen clinic prenatal care, youth supper clubs, Centres for young parents are some of the resources available for pregnant teens and young parents. Teens spend a large amount of time online, prenatal for young parents delivered online would provide another option.

Learning Objectives

- To describe the rationale for an online program for young parents
- To describe the program- content, interactive learning elements, parent online community
- To discuss the challenges and lessons learned in implementing this program

D1iii | Standard Lecture | Quality Improvement, New Research
What is Baby Thinking and Feeling?: Infant Social Emotional Development during the First Few Months of Life

Keren Epstein-Gilboa, PhD, MEd, BSN, RN, FACCE, LCCE, IBCLC, RLC, Psychotherapist, Nurse, Childbirth Educator, Lactation Consultant, Part-time Faculty, Department of Early Childhood Studies, Ryerson University, Sessional Lecturer, Department of Psychology, University of Toronto at Mississauga, Toronto, ON

This presentation will refer to models discussing infant emotional and social development, and the contribution of normal birth, skin to skin interaction and breastfeeding to the process. Obstructive processes such as difficult birth, maternal infant separation and procedures associated with prematurity will be reviewed from an infant's emotional perspective.

Learning Objectives

- To be able to describe basic components of psychological theory explaining infant social and emotional development
- To be able to explain the importance of normal birth, breastfeeding and mother infant proximity to infant development
- To state that participants will recognize how perceived normal intervention with infants may disrupt healthy social and emotional development
- To be able to describe the impact of early trauma on infant and children's social and emotional development
- To think about ways to enhance clinical work with infants and their families in order to support healthy development

D2

D2i | Standard Lecture | Quality Improvement, Innovative Practices

Milk Sharing: The Sharing, Selling and Buying of Human Milk

Frances Jones, RN MSN IBCLC, Coordinator Lactation Services & Milk Bank, Women's Hospital and Health Centre of British Columbia, Vancouver, BC

The sharing of human milk has occurred since the beginning of the human race. A new approach arrived with the offering of human milk over the internet whether for a fee or at no charge. Eats on Feets, one of the first groups on Facebook was founded by a Canadian in response to the lack of a milk bank in her province. A number of additional groups have sprung up catching media attention with either a "how weird" or "how wonderful" type of story. Often the stories have been human interest "feel good" stories overlooking some of the major ethical issues in relation to milk sharing. This presentation focuses on these ethical issues including the effects on North American milk banks, the reasons that milk sharing is growing, and the negative impact on breastfeeding.

Learning Objectives

- To describe the variety of milk sharing possibilities
- To describe ethical issues surrounding the issue of milk sharing

D2ii | Standard Lecture | Innovative Practices Strategies to Increase Duration of Breastfeeding

Tina Revai, BScN, Board Certified Lactation Consultant, BC Lactation Consultant Association, Port Alberni, BC

Since 2010, in Port Alberni, BC, Tina Revai has led a community wide health promotion campaign to increase visibility and acceptance of breastfeeding past 1 year. She will discuss the strategies used, successes and pitfalls encountered and points for future consideration as we all work towards the important public health goal of increasing breastfeeding duration.

Learning Objectives

- To be able to articulate the importance of breastfeeding duration
- To be able outline specific and practical suggestions to support duration in their community
- To be able to discuss ways to define and measure breastfeeding success

D2iii | Standard Lecture | Innovative Practices Home Based Screening For Biliary Atresia Using Infant Stool Colour Cards: Improving the Health of British Columbian Newborns

Rick Schreiber, Clinical Professor of Pediatrics, University of British Columbia, Director Pediatric Liver Disease and Liver Transplant Program Division of Pediatric Gastroenterology Hepatology and Nutrition, BC Children's Hospital

Biliary atresia is the most important pediatric liver disease. While a rare condition (1:19,000 live births), it is the leading cause of newborn liver disease, the most common reason for cirrhosis in children and the most frequent indication for liver transplantation in the pediatric population accounting for 60% of all pediatric liver transplants. For biliary atresia, early diagnosis and surgical intervention (hepatic porto-enterostomy or Kasai procedure) within the first two months of life offers the best chance for long-term patient survival with their own liver. Unfortunately, in Canada, 20% of cases have late diagnosis and delayed intervention after three months of age with poor outcome. Recently a novel stool colour card has been developed as a screening tool for biliary atresia with proven feasibility and cost effectiveness. British Columbia, under the auspices of Perinatal Services BC, is the first in North America to implement a home-based infant stool colour card screening program for biliary atresia. This presentation will review the rationale and modus operandi for the screening program.

Learning Objectives

- To learn about what Biliary Atresia is
- To understand the importance of early screening
- To learn about the new Home Based Screening Program for Biliary Atresia in BC



D3

D3i | Standard Lecture | New Research Fetal Scalp Lactate: A Comparison of Two Meters for Point of Care Testing for Fetal Acidemia

Melanie Basso, RN, MSN, PNC(C), Senior Practice Leader- Perinatal, BC Women's Hospital and Health Centre, Vancouver, BC

Ivy Fernando, RN, BSN, PNC(C), Perinatal Clinical Educator, BC Women's Hospital, Vancouver, BC

Catherine Halstead, MD, FRCPC, Medical Biochemist, Division of Clinical Biochemistry, Children's and Women's Hospital Laboratory, Vancouver, BC

Elvira Kozak, MLT, Point of Care Technologist, Children's and Women's Hospital Laboratory, Vancouver, BC

Ellen Giesbrecht, MD, FRCSC, Department Head of Obstetrics and Acting Senior Medical Director, BC Women's Hospital, Vancouver, BC

BC Women's Hospital implemented fetal scalp lactate testing for fetal acidemia in July 2011. Fetal scalp blood is tested using the Lactate Pro meter (Arkray) to determine intrapartum fetal metabolic acidosis. In September 2012, Arkray stopped manufacturing the Lactate Pro device. A new device, the Statstrip Lactate (Nova Biomedical) was recently approved by Health Canada. The extensive research to date on fetal scalp lactate testing has involved the Lactate Pro. Clinical cut-offs for the Statstrip Lactate have yet to be determined: our research aims to achieve this goal.

Learning Objectives

- To be able to understand the evidence that supports scalp lactate testing for fetal acidemia
- To be able to describe the data collection to date based on the comparison of the two meters
- To be able to define the related newborn and maternal outcomes for births that utilized fetal scalp lactate testing during labour

D3ii | Standard Lecture | New Research Determining the Optimal Length of Stay for Childbirth Based on Incidence Patterns of Neonatal Hospital Readmission

Amy Metcalfe, PhD, Post-doctoral fellow, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

There is a trade-off between a shorter length of stay (LOS) following childbirth and increased neonatal and maternal readmission rates. This study examined temporal trends in LOS and neonatal readmission and quantified the proportion of the rise in neonatal readmission rates explained by decreased LOS after delivery.

Learning Objectives

- To explore temporal patterns in length of stay for childbirth and neonatal readmission rates in Canada
- To describe how the Kitagawa decomposition method can be used to understand the relationship between decreasing length of stay for delivery and increasing readmission rates
- To determine the optimal length of stay for delivery by examining the incidence of readmission

D3iii | Standard Lecture | New Research

Incidence and Risk Factors of Postpartum Hemorrhage: An Investigation of the Temporal Increase in Postpartum Hemorrhage in British Columbia and Across Canada

Azar Mehrabadi, MSc, PhD Candidate, School of Population and Public Health & Department of Obstetrics & Gynaecology, Vancouver, BC

Increases in postpartum hemorrhage have been reported in several countries. This study attempted to describe and explain the rise in postpartum hemorrhage in Canada, and the cause of the increase based on a detailed examination of deliveries in British Columbia, including maternal and obstetric factors not previously studied.

Learning Objectives

- To summarize the problem of increasing rates of postpartum hemorrhage in British Columbia, Canada and other high-income countries
- To identify risk factors for postpartum hemorrhage
- To list weaknesses in current research and areas for further investigation



2:00 PM – 2:30 PM Break Coffee, Tea Provided, Exhibits Open and Poster Viewing

2:30 PM – 3:30 PM Plenary

Audit of Labour and Delivery

Michael Robson, Consultant Obstetrician and Gynaecologist, The National Maternity Hospital, Dublin, Ireland

Caesarean Section Rates and Quality in Childbirth.

Learning Objectives

- To understand the importance of Labour Ward Audit
- To highlight the importance of standardization and classification of labour and delivery events and outcomes
- To understand caesarean section rates

3:30 PM – 4:00 PM Closing remarks and Evaluation



Poster Listings

- P1** New Research
BC Population and Public Health Prenatal Care Pathway
Adam R. King, MPH, BA, Provincial Lead - Health Promotion and Prevention, Perinatal Services BC
Carolyn Solomon, RN, BScN, Manager - Maternal and Women's Health, BC Ministry of Health
- P2** Innovative Practices
Bringing Alive the Mother's Story in Nursing Practice
Liz McKay, BSN, NTC Community Health Nurse Leader, Athabasca University Graduate Student, Nuu-chah-nulth Community and Human Services, Port Alberni, BC
- P3** New Research
Effect of Unintentional Injury During Pregnancy on Preterm Gestation and Neonatal Outcome
Shiliang Liu, PhD, Maternal and Infant Health Section, Surveillance Division, Centre for Chronic Disease Prevention, Public Health Agency of Canada, Ottawa, ON
- P4** New Research
Toward Equity in Access to Midwifery Care for Priority Populations in Saskatchewan
Daphne McRae, PhD Candidate, University of Saskatchewan, Chilliwack, BC
Lori Hanson, BA, MSc, PhD, Associate Professor, Dept. of Community Health and Epidemiology, University of Saskatchewan, Saskatoon, SK
- P5** Innovative Practices
Family-Centred Maternity and Newborn Care National Guidelines - Canada
Jennette Toews, Manager, Maternal & Child Health Policy & Programs, Public Health Agency of Canada, Ottawa, ON
- P6** Quality Improvement
Fear of Childbirth: A Concept Analysis and Clinical Implications
Elena Ali, RN, BN, MN Student, Registered Nurse, Graduate Faculty of Nursing, University of Calgary, Calgary, AB
- P7** New Research
Gestational Age Dating Using Ultrasound Alone Instead of a Standard Gestational Age Dating Algorithm: Impact on Rates of Post-date Pregnancy and Preterm Birth
Jennifer Hutcheon, Assistant Professor, Obstetrics & Gynaecology, The University of British Columbia, Vancouver, BC
- P8** Innovative Practices
Interactive Learning: The On-line Manual for Fetal Health Surveillance in Canada
Janet E Walker, RN, MSN, Perinatal Services BC, Vancouver, BC
- P9** New Research
Bridging the Gap: Engaging Expectant Women in Informed Decision-Making Interactively Online
MS Asheya, B. Ed., MPH (cand.), Founder, Mothers of Change for Maternity Care, Optimal Birth BC Member, Vancouver, BC
Michael Klein, MD, CCFP,FAAP (Neonatal-Perinatal), FCFP,ABFP,FCPS, Sr. Scientist Emeritus, Center for Developmental Neurosciences & Child Health, Child and Family Research Institute, Emeritus Professor Family Practice & Pediatrics, University of British Columbia and Child and Family Research Institute, Vancouver, BC
- P10** Quality Improvement
Optimal Birth BC: A Quality Improvement Program to Optimize Rates of Cesarean Section in BC
Patricia Janssen, Ph.D, Epidemiologist, School of Population and Public Health, University of British Columbia, Vancouver, BC
- P11** Quality Improvement
Our Journey to Becoming Baby-Friendly: The First Steps
Danielle Munnion, BScN pending, Student Nurse, Langara College School of Nursing, Vancouver, BC
Cody Vong, BScN pending, Student Nurse, Langara College School of Nursing, Vancouver, BC
- P12** New Research
Outcomes of Primary Maternity Care in Fort Smith, Northwest Territories
Caitlin Frame, M.Sc. Candidate, Student, School of Population and Public Health, University of British Columbia, Vancouver BC
- P13** New Research
Predicting the Onset of Spontaneous Labour in Post-Date Pregnancies: A Population-based Retrospective Cohort Study
Jennifer Hutcheon, Assistant Professor, Obstetrics & Gynaecology, The University of British Columbia, Vancouver, BC

Conference at a Glance

Friday, February 21, 2014

7:00AM – 8:30 AM	Registration and Breakfast
8:30AM – 9:00 AM	Traditional Welcome and Opening Remarks
9:00 AM – 10:30 AM	Plenary by Dr. Kristi Adamo
10:30AM– 11:00 AM	Break
11:00AM– 12:30 PM	Concurrent Sessions A

A1i Public Health Prenatal Programs in Two Health Authorities in BC	A2i Trauma-Informed Principles and Care	A3i Severe Maternal Morbidity Associated with Early- and Late-Onset Preeclampsia
A1ii A First for First Nations Mothers: Perinatal Services from the First Nations Health Authority	A2ii Early Identification of Risk and Protective Prenatal and Postnatal Factors Influencing Mother-Infant Attachment	A3ii Women's Experiences with Gestational Diabetes: Implications for Diabetes Prevention Programs
A1iii Prototyping a Seamless Perinatal Transition Team Model in Fraser Health: Lessons Learned	A2iii Development and Pilot Evaluation of a Therapist-Assisted Internet Cognitive-Behavioural program for Maternal Depression	A3iii Fetal Death and Stillbirth: Rationalizing Definitions and Procedures for Optimizing Clinical Care and Public Health

12:30PM– 1:30 PM	Lunch, Exhibits Open
1:30PM– 2:00 PM	Poster Session
2:00PM– 3:30 PM	Concurrent Sessions B

B1i Alcohol Use During Pregnancy: A Research Update	B2i The BC Healthy Connections Project: A Scientific Evaluation of Nurse-Family Partnership in BC	B3i Linking Perinatal Data in British Columbia
B1ii Best Practice Guidelines for the Treatment of Major Depression in the Perinatal Period	B2ii Innovation in Addressing the Needs of Women with Perinatal Depression in Public Health: Volunteer Training Program and Support Group in Chinese	B3ii Validity of Pre-Pregnancy Body Mass Index (Bmi) Information Derived From a Population-Based Perinatal Database
B1iii Use of Ultrasound in Clinical Dating of Pregnancy	B2iii Towards Flourishing – A Mental Health Promotion Strategy during the Perinatal Period	B3iii Characteristics of Women in Robson Group 1, British Columbia 2008/2009 to 2012/2013

3:30PM– 4:00 PM	Break, Exhibits Open, Poster Viewing
4:00PM– 5:00 PM	Plenary by Dr. Kendall Ho
5:30PM– 7:30 PM	Networking Reception

Conference at a Glance

Saturday, February 22, 2014

7:00AM – 8:30 AM	Registration and Breakfast
8:30AM – 9:30 AM	Plenary by Dr. Dean Leduc
9:30AM– 10:00 AM	Break
10:00AM– 11:30 PM	Concurrent Sessions C

C1i Stress-Related Pathways to Pre-term Birth: '10/90' Gap	C2i Comparing CenteringPregnancy® to Standard Prenatal Care plus Prenatal Education	C3i Temporal Trends in the Birth Prevalence of Congenital Anomalies in British Columbia, Canada, 2000 to 2011
C1ii Improving Community-Based Care for Late Pre-term Infants	C2ii Effect of Folic Acid Food Fortification on the Birth Prevalence of Congenital Heart Defects	C3ii Baby's Best Chance: What is the Best Evidence on Inter-pregnancy Intervals and Effective Birth Spacing Techniques?
C1iii A Relationship for Life: Understanding and Supporting the Attachment Connection	C2iii Meeting Psychosocial Needs in Perinatal Care: Models for Multi-disciplinary Collaboration	C3iii Bereaved Parents Break the Silence of Stillbirth

11:30AM– 12:30 PM	Lunch, Exhibits Open
12:30PM– 2:00 PM	Concurrent Sessions D

D1i Women's Experiences of Perinatal Wellbeing: Helping and Hindering Factors	D2i Milk Sharing: The Sharing, Selling and Buying of Human Milk	D3i Fetal Scalp Lactate: A Comparison of Two Meters for Point of Care Testing for Fetal Acidemia
D1ii Growing into Parenthood: On-line Prenatal Classes for Young Parents	D2ii Strategies to Increase Duration of Breastfeeding	D3ii Determining the Optimal Length of Stay for Childbirth Based on Incidence Patterns of Neonatal Hospital Readmission
D1iii What is Baby Thinking and Feeling?: Infant Social Emotional Development During the First Few months of life	D2iii Home Based Screening For Biliary Atresia Using Infant Stool Colour Cards: Improving the Health of British Columbian Newborns	D3iii Incidence and Risk Factors of Postpartum Hemorrhage: An Investigation of the Temporal Increase in Postpartum Hemorrhage

2:00PM– 2:30 PM	Break, Exhibits Open, Poster Viewing
2:30PM– 3:30 PM	Plenary by Michael Robson
3:30PM– 4:00 PM	Closing Remarks and Evaluation

Registration and Tuition Fees

Pre-registration prior to February 3, 2014 is strongly recommended to ensure you receive all conference materials.

Online / *The most secure method*. Secure, fast, online registration is available for Visa and MasterCard holders at the conference organizer's website: [interprofessional.ubc.ca/Perinatal 2014](http://interprofessional.ubc.ca/Perinatal2014)

Phone / Register and pay over the phone: Local/International: +1604-827-3112 or toll-free within Canada/USA: 1-855-827-3112

Fax / Fax the registration form to +1 604-822-4835 and indicate that you would like to pay with VISA or MasterCard. We will send you the secure on-line link to enter your credit card information.

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Refund / Transfer and Cancellation Policy

Refunds will be made (less a \$50 processing fee) if written notice of withdrawal is received by February 3, 2014. No refunds will be granted for withdrawal after that date. There is a \$25 replacement charge in case of a registration transfer. Please contact us prior to February 3, 2014 if you cannot attend and would like another person to come in your place. Interprofessional Continuing Education reserves the right to cancel or move this program if registration is insufficient. In the event of cancellation, a refund will be issued.

Travel Information

The Coast Coal Harbour Hotel is conveniently located in downtown Vancouver, within a 10 minute walk or a \$5 Taxi from the Waterfront Skytrain Station. By Skytrain, the Canada Line connects Vancouver International Airport to downtown Vancouver in under 30 minutes.

(www.translink.ca)

Fees for the Canada Line are per way

- From Airport to Downtown: Monday - Friday fee is \$9.00 CAD
- Weekdays after 6:30 pm, Saturday and Sunday is \$7.75 CAD
- From Downtown to Airport: Monday - Friday fee is \$4.00 CAD
- Weekdays after 6:30 pm, Saturday and Sunday is \$2.75 CAD

Vancouver provides visitors with many opportunities to experience the West Coast lifestyle. If you would like more information on travelling in the area or things to do and see in Vancouver, please contact:

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Methods Of Payment

Payment by Credit Card

1. Complete the full registration online at interprofessional.ubc.ca with your Visa or MasterCard
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PLEASE DO NOT FAX CREDIT CARD INFORMATION
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Participants paying by credit card outside of North America: Please inform your credit card company of the transaction as some banks put a block on credit card payments made outside your country.

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Please make your cheque payable to the University of British Columbia and send it along with complete registration form to:

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Alternative Payment Methods

Mail or fax complete registration form along with one of the following:

1. Signed purchase order (PO)
2. Letter of Authorization (LOA) from the manager on the organization's letterhead stating that they will be paying the registration fees. The letter should include the amount of registration fees, name and contact information of the manager
3. Signed cheque requisition form (ChReq)



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Please inform us of any dietary requirements:

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|---|---|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Physician (primary care and specialists) |
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| <input type="checkbox"/> Dietician | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Doula | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Lactation Consultant | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Student |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nurse Practitioner | _____ |
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Conference Session Choices

Please refer to the program for the session descriptions.
Please specify which concurrent sessions you plan to attend. Some sessions may fill up quickly; in this case you will be registered in your second choice.

Example:	1 st Choice A1 _____	2 nd Choice A3 _____
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Friday, February 21, 2014:

Session A: _____

Session B: _____

Saturday, February 22, 2014:

Session C: _____

Session D: _____

Main Conference Tuition Fees

Pre-registration prior to February 3, 2014 is strongly recommended to ensure you receive all conference materials. All rates are quoted in CAD and the tuition fee includes GST. Please use one registration form per person. The conference registration fee includes: Certificate of Attendance, Two Breakfasts, Two Lunches, Coffee/Tea Breaks.

CONFERENCE Full Program

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- Friday, February 21, 2014 ONLY \$250 (\$238+5%GST)
Saturday, February 22, 2014 ONLY \$250 (\$238+5%GST)

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Student rate is available for FULL TIME students ONLY. A copy of valid student photo ID or enrollment letter must be sent with student registrations. Please fax a copy if you register online.

Networking Reception

The networking reception on Friday, February 21st (5:30 – 7:30 pm) is not included in registration fee. Please register early as space is limited. Admission includes one drink ticket. You may bring guest for \$20

- Networking Reception \$10 (9.52+5%)
Guest \$20 (19.05+5%)

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