

Perinatal Forms Guideline 8 A Guide For Completion of the British Columbia Community Liaison Record – Postpartum & Newborn

April 2011

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While every attempt has been made to ensure that the information contained herein is clinically accurate and current, Perinatal Services BC acknowledges that many issues remain controversial, and therefore may be subject to practice interpretation.

Introduction

The revised BC Community Liaison Record – Postpartum and Newborn is intended to be used for all postpartum women and newborns and flows from the Postpartum and Newborn Clinical Paths. It has been developed to facilitate and promote continuity of care between the hospital and public health nurses providing postpartum and newborn follow-up care and support in the community setting. The Community Liaison Record is also meant to assist with further assessment and documentation of pertinent information of postpartum women and newborns in a structured, logical and standardized manner. It is a form to facilitate consistent and complete documentation, communication, and continuity of care between health care providers. The revised form has been divided into two parts with part one providing information specific to the woman and part two providing information specific to the newborn; in compliance with the principles of the BC Freedom of Information and Protection of Privacy Principles Act.

Generally, the form is completed in the hospital and provides a summary of care during the woman's labour, birth and hospital postpartum experience, and the newborn's first days of life. When the woman has had a home birth, the midwife is asked to complete the Community Liaison Record and follows the local procedure for ensuring the public health nurses receive the completed form.

Individualized facilities will decide the best person/way to complete the Community Liaison Record. For example:

- A public health liaison nurse
- A discharging nurse
- Computerized data

Currently, the information/form is FAXED to the appropriate public health office for the public health nurse.

Guiding Principles

The BC Community Liaison Record is designed for use in conjunction with the Postpartum & Newborn Nursing Care Pathways, the Postpartum & Newborn Clinical Paths and the Community Postpartum and Newborn Assessments. Several key principles guided the design and development:

- Be applicable for transferring essential clinical information from the acute setting to public health units providing postpartum and newborn care in the community
- Incorporate relevant information from the prenatal, birth and post birth period in the hospital setting
- Facilitate the continuum of care from hospital to home to support maternal and newborn well-being

General Guidelines

Specific guidelines are relevant to all section of the Community Liaison Record

- To obtain pertinent information that may affect care in the community
- Confirm assessment data with the woman/parent/caregiver
- Review Antenatal Record, Triage and Assessment Record, Partogram, Labour & Birth Summary, Postpartum and Newborn Clinical Paths and other significant health records
- Currently, in most instances the information is hand written – addressograph stamps do not FAX well
- Variances and the intervention(s) will be captured in the appropriate sections allowing the information to be tracked
- A blank space indicates that the action or assessment was not performed
- The White copy is forwarded to Public Health and the Yellow copy is kept with the Mother/Infant's chart

Postpartum

The following tables provide information on the items on the Community Liaison Record along with a description of the items to assist documentation.

POSTPARTUM 1.0 Demographics and Background Information

Item	Description
Surname	Document the woman's legal surname Refer to the Antenatal Record Part 1, Section 1 (PSBC 1582 or the Postpartum Clinical Path, Section 1 (PSBC 1592)
Given name(s)	Document the woman's given names Refer to the Antenatal Record Part 1, Section 1 (PSBC 1582) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Hospital/Place of Birth	Document the name of the hospital or the place where the birth took place (e.g. home)
Personal Health Number (PHN)	Document the woman's Personal Health Number (PHN) Refer to the Antenatal Record Part 1, Section 1 (PSBC 1582) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Birth date	Document the woman's birth date using yy/mm/dd Refer to the Antenatal Record Part 1, Section 1 (PSBC 1582)
Interpretation Req'd	Indicate if interpretation is required. Specify the language. Specify a second language only when the family <u>requires</u> an interpreter or service in a language other than English Refer to the Postpartum Clinical Path, Section 4 (PSBC 1592)
Permanent Address Telephone Cell phone	Document the woman's permanent address including postal code, telephone and cell phone number (if applicable) Refer to the Antenatal Record Part 1, Section 1 (PSBC 1582) the Postpartum Clinical Path, Section 1 (PSBC 1592)
Temporary Address Phone Cell phone Comments	If the woman is not being discharged to her permanent residence document the temporary address including postal code, telephone and cell phone number Comment on who's home mother is going to and length of stay, if known
Next of Kin	Document the name and relationship of the next of kin Refer to the woman's chart
Family Physician &/or Midwife	Document the name of the physician &/or midwife who will be providing follow-up postpartum care Refer to the Antenatal Record Part 1, Section 1 (PSBC 1582) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Admitting Physician &/or Midwife	Document the name of the hospital admitting physician &/or midwife Refer to the woman's chart
Hospital Consultant / Referral	If there was a consult or referral made during the hospital stay, document the name of the consultant/referral person Refer to the woman's chart

Item	Description
G T P A L (Living at discharge)	Document the G T P A L (Living at discharge) For the G T P A refer to the Antenatal Record Part 1, Section 1 (PSBC 1582) or Postpartum Clinical Path, Section 1 (PSBC 1592). For the L (Living) refer to the woman's chart
Infant birth date and time	Document the date of this birth using yy/mm/dd and time of birth Refer to the Labour and Birth Summary Record Section 5 (PSBC 1588) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Ages of other children	When the woman has other children, indicate their ages Refer to the Antenatal Record Part 1, Section 3 (PSBC 1582)
Sex of Infant	Indicate the sex of the infant: Male, Female or Undifferentiated (where sex is not discernable) Refer to the Newborn Record Part 1, Section 8 (PSBC 1583)
Type of birth	Indicate the type of birth as: <ul style="list-style-type: none"> • SVD (Spontaneous Vaginal Delivery) • VBAC (vaginal birth after caesarean) • Asst (Assisted) Vaginal: Vacuum • Forceps: outlet, low, mid, rotation • C/S (Caesarean Section): elective or emergent (caesarean performed as a result of suspected acute fetal or maternal compromise and vaginal delivery was not imminent) <ul style="list-style-type: none"> ■ Indicate reason for caesarean Refer to the Labour and Birth Summary Record Section 4 (PSBC 1588) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Perineum	Indicate the condition of the perineum <ul style="list-style-type: none"> • Intact • Laceration __° (indicate the degree of laceration (1st, 2nd, 3rd, 4th) • Episiotomy • Repaired – indicate if the tear or episiotomy was repaired Refer to the Labour and Birth Summary Record Section 4 (PSBC 1588) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Blood Group Rh	Document the woman's blood group and Rh factor Refer to the Antenatal Record Part 2, Section 13 (PSBC 1582)
EBL (Estimated Blood Loss)	Indicate the estimated blood loss from the in the intrapartum episode of care: <500 mL, 500 – 1000 mL, >1000 mL Refer to the Labour and Birth Summary Record Section 4 (PSBC 1588) or Postpartum Clinical Path, Section 1 (PSBC 1592)
Allergies	Indicate if the woman has any allergies <ul style="list-style-type: none"> • NKA (No known allergies) • If yes, specify the allergy and reaction Refer to the Antenatal Record Part , Section 2 (PSBC 1582) or Postpartum Clinical Path, Section 1 (PSBC 1592)

POSTPARTUM 2.0 Birth Summary, cont.

Item	Description
Intrapartum analgesia / anesthetic	<p>Indicate if the woman received intrapartum analgesia or anaesthesia.</p> <ul style="list-style-type: none"> • Yes or no • If yes, specify <p>Refer to the Labour Partogram, Section 10, (PSBC 1583) or Labour and Birth Summary Record, Section 4 (PSBC 1588)</p>
Antibiotics	<p>Indicate if the woman received antibiotics in labour or postpartum</p> <ul style="list-style-type: none"> • Yes or no • If yes, specify <p>Refer to the Labour Partogram, Section 5, (PSBC 1583) or Medication Reconciliation Form</p>
Breasts	<p>Indicate if the woman has</p> <ul style="list-style-type: none"> • Previous breastfeeding experience – provide comments about success/challenges • Variances or feeding concerns at hospital discharge <ul style="list-style-type: none"> ■ If yes, specify the variance or concern and indicate the plan <p>Refer to the Postpartum Clinical Path, Section 3 & 4 (PSBC 1592)</p>
Other information	<p>Indicate if there are any other maternal information/ concerns/ medications/variances, such as birth complications.</p> <ul style="list-style-type: none"> • If yes, specify including plans and/or referrals

POSTPARTUM 3.0 Maternal Health & Well-Being

Item	Description
Emotional health & well-being	<p>Indicate if the woman</p> <ul style="list-style-type: none"> • Has a history of depression • Experienced depression in this pregnancy • Is on any medications for her emotional health • Is experiencing/experienced IPV, personal safety concerns (Intimate Partner Violence) <p>Comments: document any pertinent information pertaining to the woman's emotional health and well being</p> <p>Refer to the Antenatal Record Part 1, Section 7 & 8 (PSBC 1582), Postpartum Clinical Path, Section 3 & 4 (PSBC 1592)</p>
Lifestyle	<p>Indicate the woman's</p> <ul style="list-style-type: none"> • Tobacco use as: Non smoker, Quit before pregnancy, Quit during pregnancy or Current smoker • Alcohol use: Non drinker, Quit before pregnancy, Other – indicate usage during pregnancy (such as quit during preg, current use, binge drinking, etc.) • Substance use <ul style="list-style-type: none"> ■ No or yes, specify type • Other – document any other concerns <p>Refer to the Antenatal Record Part 1, Section 8 (PSBC 1582), Postpartum Clinical Path, Section 3 & 4 (PSBC 1592)</p>

POSTPARTUM 3.0 Maternal Health & Well-Being, *cont.*

Item	Description
Tests & Procedures, Communicable Diseases & Exposure	<p>Indicate</p> <ul style="list-style-type: none"> • The woman's Rubella status as <ul style="list-style-type: none"> ■ Immune or non-immune <ul style="list-style-type: none"> • Indicate if MMR (Measles, Mumps and Rubella) Vaccine was given, document the date • If Rh immune globulin (Rhlg) was given, document the date • Hep B status as: negative or positive • If the woman has been exposed to any communicable diseases <ul style="list-style-type: none"> ■ If yes, specify the disease <p>Refer to the Antenatal Record Part 1, Section 13 (PSBC 1582), or Postpartum Clinical Path, Section 4 (PSBC 1592)</p>

POSTPARTUM 4.0 Additional Information

Item	Description
Seen by hospital resources	<p>Indicate if the woman was seen by: Lactation Consultant, Social Worker, Other (specify). Indicate if follow-up is needed and specify the type of follow-up.</p> <p>Refer to the Postpartum Clinical Path, Section 3, 4 & 5 (PSBC 1592)</p>
Support at home	<p>Specify the support person(s) the woman has in her home environment after the birth</p> <p>Refer to the Postpartum Clinical Path, Section 3 & 4 (PSBC 1592)</p>
Other information	<p>Document any additional information that will assist in the provision of continuity of care in the community setting</p>
Community resources, follow-up & how to access	<p>Indicate if the woman is aware of community resources, follow-up and how to access the information</p> <ul style="list-style-type: none"> • PHN (Public Health Nurse) • PHCP (Primary Health Care Provider) • On reserve – indicate if the family lives on reserve and provide the name of the reserve. Location of the reserve is needed for service provision especially when the woman has given birth outside her local health area • Other - specify if other resources/ agencies are assisting the family <p>Refer to the Postpartum Clinical Path, Section 4, (PSBC 1592)</p>
Given PURPLE crying materials	<p>Indicate if the woman has received the <i>Period of PURPLE Crying</i> information and resources (DVD and booklet in her language of choice)</p> <ul style="list-style-type: none"> • Yes or no <p>Refer to the Newborn Clinical Path, Section 6 (PSBC 1593)</p>
<i>Baby's Best Chance</i> Parents' Handbook	<p>Indicate if the woman has a copy of <i>Baby's Best Chance</i> Parents' Handbook.</p> <ul style="list-style-type: none"> • Yes or no <p>Refer to the Postpartum Clinical Path, Section 4 (PSBC 1592)</p>
Prenatal education accessed	<p>Indicate if the woman accessed prenatal education (class/class series)</p> <ul style="list-style-type: none"> • Yes or no <p>Information from woman</p>

POSTPARTUM 5.0 Hospital Discharge

Item	Description
Discharged	Indicate if the woman was discharge to her own home. If she was NOT discharged to her home, specify where discharged to (refer to temporary address section). <ul style="list-style-type: none">• Document date and time of discharge Refer to the Postpartum Clinical Path, Section 5, (PSBC 1592)
Mother D/C with baby	Indicate if the mother was discharged home with her baby. <ul style="list-style-type: none">• If no, provide comment as to why infant not discharged with mother Refer to the Postpartum Clinical Path, Section 5, (PSBC 1592)
Seen by liaison nurse (if applicable)	Indicate if the woman was seen by a liaison nurse including the date seen
Health Unit	Indicate the resident health unit of the mother and indicate with a check mark that liaison was faxed
Signature	The person completing the form provides a legible signature and designation (e.g. RN)

NEWBORN 1.0 Demographics and Background Information

Item	Description
Surname	Using the legal maternal surname, document the infant's surname. Refer to the Newborn Record Part 1 (PSBC 1583) or Newborn Clinical Path Section 1 (PSBC 1593)
Given Name(s)	If known, document the infant's name(s)
Personal Health Number (PHN)	Document the infant's PHN (Personal Health Number) Refer to the Newborn Record Part 1 (PSBC 1583) or Newborn Clinical Path Section 1 (PSBC 1593)
Hospital/Place of birth	Document the name of the hospital or the place where the birth took place (e.g. home)
Permanent Address	If different than the mother's, document the primary address including postal code where the infant will be living, telephone and cell phone number Refer to the infant's chart
Temporary address	If the infant is being discharged to a temporary address and it is different than the mother's, document the temporary address including postal code and phone and cell phone number
Parent/Guardian Relationship	Document the name(s) of the infant's parent/guardian and the relationship
Family physician &/or Midwife	If different than the mother's, document the name of the physician &/ or midwife who will be providing follow-up newborn care Refer to the Newborn Record Part 1 (PSBC 1583) or Newborn Clinical Path Section 1 (PSBC 1593)
Admitting physician &/ or Midwife	If different than the mother's, document the name of the hospital admitting physician/ midwife Refer to the Newborn Record Part 1 (PSBC 1583) or Newborn Clinical Path Section 1 (PSBC 1593)
Hospital consultant / Referral	If there was consult or referral made during the hospital stay, document the name of the consultant/referral person Refer to the Newborn's chart

NEWBORN 2.0 Birth Summary

Item	Description
Birthdate and time	Document the date of this birth using yy/mm/dd and time of birth Refer to the Newborn Record Part 1, Section 4 (PSBC 1583) or Newborn Clinical Care Path, Section 1 (PSBC 1593)
Sex	Indicate the sex of the infant: Male, Female or Undifferentiated (where sex is not discernable). Refer to the Newborn Record Part 1, Section 8 (PSBC 1583)
Type of birth	Indicate the type of birth as: SVD (Spontaneous Vaginal Delivery), Forceps and type, Vacuum or C/S (Caesarean Section) Refer to the Newborn Record Part 1, Section 4 (PSBC 1583) or Newborn Clinical Path, Section 1 (PSBC 1593)

NEWBORN 2.0 Birth Summary, cont.

Item	Description
Gestational age	Document the infant's gestational age Refer to the Newborn Clinical Path, Section 1 (PSBC 1593)
Birthweight, Discharge wt (if > 24hr)	Document the infant's birthweight in grams Refer to the Newborn Record Part 1, Section 6 (PSBC 1583) or Newborn Clinical Path, Section 1 (PSBC 1593) If the infant is greater than (>) 24 hours old at discharge document the discharge weight in grams, if taken Refer to the Newborn Record Part 1, Section 15 (PSBC 1583) and the Newborn Clinical Path, Section 7 (PSBC 1593)
Apgar Score	Document the 1 minute, 5 minute and 10 minute (if applicable) infant APGAR score Refer to the Newborn Record Part 1, Section 2 (PSBC 1583) or Newborn Clinical Path, Section 1 (PSBC 1593)
ABO group Rh	If applicable (i.e. when mother Rh negative) document the infant's blood group and Rh factor Refer to the Newborn Record Part 1, Section 1 (PSBC 1583)
Head Circumference/ Length	Document the infant's <ul style="list-style-type: none"> • Head circumference (HC) • Length (L) Refer to the Newborn Record Part 1, Section 6 & Part 2 Section 15 (for HC) (PSBC 1583)
Other information	Include other pertinent information about the infant, such as delivery complications, congenital anomaly, NICU, etc.)

NEWBORN 3.0 Newborn Health & Well-Being

Item	Description
Screening, Tests & Procedures, Communicable Disease & Exposure	
In utero exposure	Indicate if the fetus (infant in utero) was exposed to: tobacco, alcohol, substances <ul style="list-style-type: none"> • If yes, specify exposure information Refer to the Newborn Record Part 1, Section 1 (PSBC 1583)
Group B Strep exposure	Indicate if the infant was exposed Group B Strep in utero <ul style="list-style-type: none"> • If yes, indicate prophylaxis given • If prophylaxis was NOT given provide reason/plan Refer to the Newborn Record Part 1, Section 1 (PSBC 1583) or Newborn Clinical Path, Section 1 (PSBC 1593)
Hep B prophylaxis indicated	Indicate if Hepatitis B prophylaxis was indicated <ul style="list-style-type: none"> • If yes, indicate if the following were given including the date given <ul style="list-style-type: none"> ■ HBIG (Hepatitis B Immune Globulin) ■ Hepatitis vaccine Refer to the Newborn Record Part 2, Section 11 (PSBC 1583) or Newborn Clinical Path, Section 1 (PSBC 1593)

NEWBORN 3.0 Newborn Health & Well-Being, cont.

Item	Description
Screening, Tests & Procedures, Communicable Disease & Exposure	
Serum bilirubin level	<p>Indicate if a bilirubin level was performed:</p> <ul style="list-style-type: none"> • Indicate if not applicable (NA) • If Yes document: The initial level in $\mu\text{mol/L}$ and the infant's age in hours of life • Include the discharge level (D/C) and the infant's age in hours of life • Any treatment and follow-up plans <p>Refer to the Newborn Record Part 2, Section 10 (PSBC 1583) or Newborn Clinical Path, Section 6 (PSBC 1593)</p>
Blood spot card	<p>Indicate if the blood spot card has been completed (newborn screening)</p> <ul style="list-style-type: none"> • If No, indicate if the procedure has been deferred or refused <p>Refer to the Newborn Record Part 2, Section 10 (PSBC 1583) or Newborn Clinical Path, Section 6 (PSBC 1593)</p>
Hearing Screen	<p>Indicate if the hearing screen was completed by the hearing screening program staff</p> <ul style="list-style-type: none"> • Yes or no <p>Indicate if follow-up is needed</p> <ul style="list-style-type: none"> • Yes or no <p>Note: Follow-up at the community level is done by staff of the BC Early Hearing Program</p> <p>Refer to the Newborn Record Part 2, Section 9 (PSBC 1583) or Newborn Clinical Path, Section 6 (PSBC 1593)</p>
Newborn exposure to second hand smoke	<p>Indicate if the newborn has the risk of being exposed to second hand smoke, in utero or currently</p> <ul style="list-style-type: none"> • Yes or no <p>Refer to the Newborn Clinical Path, Section 6 (PSBC 1593)</p>
Infection/risk for infection	<p>Document if the infant has an infection or is at risk for an infection</p> <ul style="list-style-type: none"> • If yes, specify (such as Varicella or Flu) <p>Refer to the Newborn Record Part 2, Section 16 (PSBC 1583) or the Newborn Clinical Path, Section 6 (PSBC 1593)</p>

NEWBORN 4.0 Infant Feeding (At Discharge)

Item	Description
Infant Feeding	<p>Indicate the infant's feeding status at discharge. Indicate if the infant has received</p> <ul style="list-style-type: none"> • Exclusive breast milk • Partial breast milk (breastmilk and one or more supplements of breast milk substitute such as formula) • Breast milk substitute only - Specify kind • Indicate if the infant has a unique feeding plan in place at discharge and provide details on the plan <p>Refer to the Refer to the Newborn Record Part 2, Section 12, (PSBC 1583) or the Newborn Clinical Path, Section 4 (PSBC 1593)</p>

NEWBORN 5.0 Additional Information

Item	Description
Seen by other resources	<p>Indicate if the infant was seen by the: hospital social worker, social worker from the MCFD (Ministry of Child and Family Development), or other resource and specify the resource</p> <ul style="list-style-type: none"> • Indicate if follow-up is needed, including information about the follow-up <p>Refer to the Newborn Record Part 2, Section 12, (PSBC 1583) or Newborn Clinical Path, Section 6 (PSBC 1593)</p>
Community resources, follow-up & how to access	<p>Indicate if the infant's parents/guardian are aware of community resources, follow-up for the infant and how to access</p> <ul style="list-style-type: none"> • PHN (Public Health Nurse) • PHCP (Primary Health Care Provider) • On reserve – indicate if the infant lives on reserve (if different from mother at discharge) and provide the name of the reserve. Location of the reserve may also be needed if the infant was born outside the local health area • Other – specify if other resources/ agencies are assisting the infant's family
Comments	<p>Include any other information that will assist in the provision of continuity of care in the community</p>

NEWBORN 6.0 Hospital Discharge

Item	Description
Place discharged	<p>Indicate if the infant was discharged home with the mother</p> <ul style="list-style-type: none"> • If NOT, specify whose care the infant was discharged to • Document the date and time of discharge <p>Refer to the Newborn Record Part 2, Section 17, (PSBC 1583) or Newborn Clinical Path, Section 7 (PSBC 1593)</p>
Seen by liaison nurse	<p>Indicate if the infant was seen by a liaison nurse including the date seen</p>
Health Unit	<p>Indicate the resident health unit of the infant and indicate with a check mark that liaison was faxed</p>
Signature	<p>The person completing the form provides a legible signature and designation (e.g. RN)</p>

Obtaining copies of the BC Community Liaison Record

- Individual practitioners may obtain copies of the forms from the local hospital.
- Facilities will order forms through RR Donnelley. Refer to PSBC website link <http://www.perinatalservicesbc.ca/Forms.htm> for the order form.
- Contact the Perinatal Services BC (PSBC) at 604.877.2121 regarding any feedback or questions about the perinatal forms.

Revision Committee

Members of the Community Liaison Revision Committee

Perinatal Services BC (PSBC) would like to acknowledge the working committee who revised the BC Community Liaison Record. Committee members included:

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While every attempt has been made to ensure that the information contained herein is clinically accurate and current, Perinatal Services BC acknowledges that many issues remain controversial, and therefore may be subject to practice interpretation.

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