

# Perinatal Services BC

## Provincial Perinatal Guidelines

### Population and Public Health Prenatal Care Pathway

March 2014

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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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## Introduction

### About the Prenatal Care Pathway

The Prenatal Care Pathway has been developed to be a health promotion practice support tool for public health nurses working with pregnant women and their families. It has been informed by evidence, practice, and framed in the public health principles of population health, health promotion and health equity. Within this framework, the Pathway identifies key aspects of prenatal support that can be provided to promote the health of pregnant women and their families.

As indicated by Health Canada in the document *Family-Centred Maternity and Newborn Care: National Guidelines*,<sup>1</sup> the overall goal of providing care in the prenatal period is to improve and maintain the health and well-being of mothers, babies, and families.

The components described in the Pathway align with, and complement other maternal-child health related public health nursing and primary health care services. The Pathway was developed with public health nurses as the primary audience; however, it may also be used to support the practice of other maternity care providers.

The assessment criteria within the Pathway are based on the provincial public health priority areas for the prenatal period<sup>2</sup>, and have been organized into the following nine sections:

- Health Care/Physical Well-being
- Nutrition
- Psychosocial Health
- Healthy Lifestyles
- Healthy Relationships
- Resources
- Injury Prevention
- Preparation for Birth
- Preparation for Parenthood

While the assessment items are presented as distinct topics, there is considerable overlap in assessment and intervention strategies; therefore, they are not intended to be viewed as separate from one another. To assist with this, cross referencing is used throughout the document. Assessments will be performed based on individual nursing judgement in consultation with the woman.

### Who Developed the Prenatal Care Pathway

Perinatal Services BC and the Ministry of Health's Healthy Development and Women's Health Branch collaborated with the Regional Health Authorities to develop this Pathway. It reflects a consensus opinion, informed by evidence, of a team of health care professionals including public health nurses, allied health professionals, health planners and administrators from the Health Authorities and from both rural and urban practice areas. The Pathway builds on guidelines and tools developed by the Vancouver Coastal Health and Fraser Health Authorities. Clinical consultation was provided by primary health care providers to support working across the perinatal service delivery continuum.

### Approaches to Care

#### *Women-Centred Care*

Women-centred care is an approach that requires health care providers to place women at the centre of care. This pathway assumes that informed decision making is used when care is offered. Core principles of woman-centred care include respect, information sharing and collaboration between the woman and provider. As stated by the College of Registered Nurses of British Columbia, "nurses provide information that a reasonable person would require in order to make an informed decision about the proposed care, treatment or research". Nurses also consider the impact of barriers arising from inequity – including gender – on the ability

## Introduction, cont'd

of their clients to make informed choices and assist them to build the skills needed to become effective self-advocates. As well, nurses are expected to advocate for clients to help them to acquire desired information from others involved in their care.<sup>3</sup>

The United Nations (UN)<sup>4</sup> and the World Health Organization (WHO)<sup>5</sup> have identified gender as a primary determinant of health. Health Canada recognizes the potential bias women experience when their health and/or need for health care is determined “not only by their reproductive functions but also by their biological characteristics that differ from those of men (sex) and by socially determined roles and relationships”. To address this, Canada’s National Women’s Health Strategy is based on the principle that the health system should accord women and men equal “treatment” in every sense of the word.<sup>6</sup>

The BC Provincial Women’s Health Strategy,<sup>7</sup> uses the framework of Women-Centred Care which respects women’s diversity, supports the way women attend to their health needs within their social, cultural and spiritual context, addresses the barriers to access services, and places the woman at the centre of care. This strategy requires that services be planned and provided to meet women’s needs, respecting their preferences and decisions, even if they differ from the caregiver’s recommendations.

### **Family Centred Care**

Within the context of social and community networks, pregnancy and childbirth are normal, healthy life events that affect the members of these networks. Within the context of family networks, the woman’s partner, other children and significant others have a vested interest in her and her baby’s health and well-being. Family-centred care recognizes the significance of family support and participation and assures the partner, family and significant others identified by the pregnant women are treated with kindness, respect and dignity. As well, where indicated and within the boundaries of client confidentiality, nurses involved in perinatal care may also assess family health needs and strengths, identify problems influencing the health care of the pregnant woman (or family as a whole), and take action to address these issues.<sup>8</sup>

### **Trauma and Violence Informed Care**

Trauma and violence informed care involves an awareness of the commonness of violence against women and trauma experiences; how the impact of violence and trauma can be central to a woman’s development; the wide range of adaptations women make to cope and survive after trauma; and the relationship of trauma with substance use, physical health, and mental health concerns<sup>9</sup>. Utilizing a trauma and violence informed approach does not necessarily require disclosure of violence or trauma. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well emphasizing a woman’s choice and control in decisions affecting her treatment. A key aspect of trauma and violence informed care is to create an environment where women do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their care needs at a pace that feels safe to them<sup>10</sup>.

### **Culturally Competent Care**

Culturally competent care involves creating a care environment that is free of racism and stereotypes, where Aboriginal women and families are treated with empathy, dignity, and respect<sup>11</sup>. Cultural safety occurs when Aboriginal people feel they can trust their health care providers as a result of these culturally competent efforts.

In addition to working respectfully and effectively with Aboriginal women and families, culturally competent care needs to be applied when providing services to immigrant and refugee women and families.

### **Role of Public Health Nurses in the Prenatal Period**

As members of the prenatal care team, the role of public health nurses is directed toward promoting the health of pregnant women. To this end, public health nurses work in partnership with pregnant women to assess and identify unmet health needs and offer services to promote a healthy pregnancy and support improved health outcomes for children and families. These services can range from the provision of information and anticipatory guidance through to the delivery of targeted education and interventions designed to build capacity, up to

## Introduction, cont'd

and including care coordination and/or referral to primary health care providers or relevant services, programs or community support. In the assessment process, public health nurses employ an equity lens to focus interventions toward vulnerable women (women who may be at risk for poor outcomes associated with physical, psychological or social inequities).

The role of public health nurses in the prenatal period is guided by the service standards articulated in the BC Provincial Public Health Perinatal, Child and Family Health Services documents<sup>12</sup>, which include:

1. *Universal Services*: All pregnant women are offered standardized screening, health promotion and education (supported by resources such as Healthy Families BC website and Baby's Best Chance Handbook), and intervention, including referral as needed.
2. *Enhanced Services*: Women identified as vulnerable through screening/referral will be offered nursing assessment, health promotion and education and more intensive follow-up including referral as needed. The intent of these services is to reduce inequities and promote health through a purposeful provision of enhanced services to those who may be vulnerable.

### Collaboration with Other Service Providers

Public health nurses have a shared responsibility along with other health care providers including physicians, nurse practitioners and midwives, partner agencies and ministries to provide care and support families with identified vulnerabilities by providing targeted interventions and services.

Public health nurses may collaborate with primary care, mental health, acute, and social service providers when supporting vulnerable pregnant women and families. Formalized processes and protocols for communication and collaboration are established through the Ministry of Health and Regional Health Authorities. Documentation of collaborative practice on the client record is completed as per documentation standards.

### Resources Supporting Prenatal Care

To support nursing practice links for many specific resources are included throughout the document. Key resources for parents are:

- **Healthy Families BC Website: Pregnancy and Parenting** section to support the planning for pregnancy, labour, birth, as well as postpartum baby and toddler care. [www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca)
- **Baby's Best Chance Handbook** (fourth revision sixth edition) [www.health.gov.bc.ca/library/publications/year/2012/bbc.pdf](http://www.health.gov.bc.ca/library/publications/year/2012/bbc.pdf)
- **Perinatal Services BC** [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)
- **HealthLinkBC** [www.healthlinkbc.ca](http://www.healthlinkbc.ca)
- **HealthLinkBC 8-1-1** Telephone support accessed by dialing 8-1-1 (Services available include health services representatives, nurses, pharmacists, dietitians, translation services and hearing impaired services)

# The Public Health Nursing Prenatal Care Pathway

## 1. Health Care / Physical Well-being

### A. Access to Primary Health Care Provider (PHCP)

**Rationale:** Access to early and ongoing prenatal care by a primary health care provider is important for the health of the mother and her child.

<b>Assess: Woman's knowledge of need for prenatal care and access to a primary health care provider for prenatal health care services</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"><li>• Woman has chosen and made contact with a PHCP (family physician, midwife, obstetrician, or nurse practitioner) in keeping with her needs and preferences and has a visit scheduled with her PHCP for care during pregnancy and for routine and/or risk-related prenatal testing (as outlined in PSBC Maternity Care Pathway or Prenatal Passport).</li></ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"><li>• Advise woman about:<ul style="list-style-type: none"><li>▪ Her right to choose the type of registered PHCP she wishes to have for prenatal care and delivery of her baby. <b>Note:</b> Choice of PHCP depends on preference but may also be dictated by medical circumstances/risk and availability</li><li>▪ Importance of choosing a PHCP as early as possible, initiating prenatal care in the first trimester, and the need for regular prenatal appointments</li><li>▪ Genetic screening and its availability to all women. Encourage woman to discuss this option with her PHCP. Screening should be initiated prior to 13+6 weeks (prior to 11 weeks is ideal)</li><li>▪ Warning signs that indicate she needs to seek prompt medical care <a href="http://www.healthyfamiliesbc.ca/home/articles/when-call-your-healthcare-provider">www.healthyfamiliesbc.ca/home/articles/when-call-your-healthcare-provider</a></li></ul></li></ul>
<b>Variance</b>	<ul style="list-style-type: none"><li>• Woman is unaware of:<ul style="list-style-type: none"><li>▪ Need to select a registered PHCP or does not have a PHCP</li><li>▪ Her right to make informed choices about who she wishes to be her PHCP or is unable to do so</li><li>▪ Need for routine prenatal testing or of options for genetic screening that are available and/or how they may apply to her situation</li></ul></li><li>• Woman is unable to access a PHCP.</li><li>• Woman is unable to understand the warning signs that would require her to seek prompt medical care.</li><li>• Woman experiences barriers (such as lack of transportation, literacy, language/cultural barriers, conflicting family or work obligations etc.) that prohibit her from following through with recommended care by PHCP.</li></ul>

## 1. Health Care / Physical Well-being, cont'd

<p><b>Intervention</b></p> <p><b>SR: Screening &amp; Referral</b></p> <p><b>HE: Health Education</b></p> <p><b>CB: Capacity Building</b></p> <p><b>CC: Care Coordination</b></p>	<p><b>SR:</b> Screen woman for her access to PHCP care; assess woman's need for additional supports to facilitate access to PHCP.</p> <p><b>HE:</b> Offer woman information about how to locate and choose a health care provider  <b>Note:</b> The BC Medical Association maintains a list of physicians accepting new patients <a href="http://www.cpsbc.ca/physician_search">www.cpsbc.ca/physician_search</a> and the Midwives Association of BC maintains a list of midwives <a href="http://www.bcmidwives.com/find-a-midwife">www.bcmidwives.com/find-a-midwife</a>. Also, several communities have community birth programs that offer comprehensive group prenatal care. A physician referral is necessary for a woman prior to her first appointment with an obstetrician. Advise woman that some physicians do not offer maternity care and that she may need to discuss with her care provider transfer of care to another PHCP. Advise woman that Family Nurse Practitioners can provide independent maternity care for part of the pregnancy or in partnership with a physician, obstetrician or midwife. A woman can self-refer to access a Registered Midwife. Provide woman who wishes to seek the services and support of other professionals during her pregnancy (e.g. Doulas, Nutritionists, Childbirth Educators etc.) with information about how to access them.</p> <p>Offer woman information about warning signs and when to contact a PHCP <a href="http://www.healthyfamiliesbc.ca/home/articles/when-call-your-healthcare-provider">www.healthyfamiliesbc.ca/home/articles/when-call-your-healthcare-provider</a>.</p> <p><b>CB:</b> Assist a vulnerable woman and those needing help (due to low literacy levels or language barriers etc.) to find appropriate PHCP and to develop strategies to address barriers to attendance or following through with care.</p> <p><b>CC:</b> Communicate/collaborate with PHCPs to facilitate a woman's access to care and for the purposes of coordinating care in medically and/or socially complex situations.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">When to Call Your Healthcare Provider</a>, Healthy Families BC</li> <li>• <a href="#">Choosing Your Healthcare Provider</a>, Healthy Families</li> <li>• <a href="#">Choosing Health Care Providers</a>, Baby's Best Chance Handbook pg. 11</li> <li>• <a href="#">Pregnancy Passport</a> (available to women through their PHCP), Perinatal Services BC</li> <li>• HealthLinkBC 8-1-1</li> <li>• <i>Finding a Family Physician</i>, College of Physicians and Surgeons of BC <a href="http://www.cpsbc.ca">www.cpsbc.ca</a></li> <li>• <i>Finding a Midwife</i>, College of Midwives <a href="http://www.cmbc.bc.ca">www.cmbc.bc.ca</a></li> <li>• <a href="#">Finding a Doula</a>, Doula Services Association</li> <li>• <a href="#">Single Mother's Resource Guide</a></li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li> <li>• <a href="#">BC Prenatal Genetic Screening Program</a></li> <li>• <a href="#">BC Prenatal Genetic Screening Guideline</a>, Perinatal Services BC</li> </ul>

## 1. Health Care / Physical Well-being, *cont'd*

### B. Chronic Diseases and Disabilities

**Rationale:** Women with chronic health conditions or disabilities can have a healthy pregnancy but may need additional monitoring and/or treatment during the perinatal period.

**Assess: Whether a woman has a chronic health condition or disability and if so – her knowledge and understanding about how it may affect her pregnancy, how it should be managed, and her ability to access appropriate care**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"><li>• Woman has an understanding of and the ability to manage the impact of her pregnancy on her pre-existing chronic health condition/disability and/or the impact of the pre-existing chronic condition on her pregnancy.</li></ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"><li>• Advise woman to discuss the type of care that may be required to manage the impact of pregnancy on her chronic health condition or disabilities and/or the impact that her chronic health condition/disability may have on her pregnancy (including delivery and postpartum) with her PHCP.</li></ul>
<b>Variance</b>	<ul style="list-style-type: none"><li>• Woman does not have an understanding and/or ability to manage the impact of her pregnancy on her chronic health condition or disability and/or of the impact the chronic health condition or disability could have on her pregnancy.</li></ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for the existence of chronic diseases or disabilities that could affect or be affected by her pregnancy (e.g. diabetes, heart disease, MS, skeletal or mobility challenges, sensory deficits such as blindness etc.). Discuss woman's current capacity to perform activities of daily living (ADLs) and existing support services that may already be in place.
<b>HE: Health Education</b>	<b>HE:</b> Advise woman to discuss issues with PHCP in order to develop a plan to manage the impact of her pregnancy and/or delivery on her condition as well as how her condition impacts her pregnancy. Refer woman to resources that address the issue of pregnancy in the presence of chronic illness or disability.
<b>CB: Capacity Building</b>	<b>CB:</b> Support and assist vulnerable woman and those needing help (no access to a PHCP, requires specialty supports not in place, low literacy levels, language or mechanical barriers etc.) to connect to a PHCP and/or community agencies or resources that can help her to minimize impact of her chronic illness/disability on her pregnancy and vice versa.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate and collaborate with PHCP and community resources to support care for the pregnant woman with chronic illnesses or disabilities.



## 1. Health Care / Physical Well-being, cont'd

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <b>Medical Care During Pregnancy</b>, Baby's Best Chance Handbook pg. 31 or on Healthy Families BC website <a href="http://www.healthyfamiliesbc.ca/home/articles/topic/healthcare-providers">www.healthyfamiliesbc.ca/home/articles/topic/healthcare-providers</a></li><li>• Information on chronic diseases in pregnancy (at HealthLinkBC <a href="http://www.healthlinkbc.ca">www.healthlinkbc.ca</a>)<ul style="list-style-type: none"><li>▪ <b>Pregnancy and Chronic High Blood Pressure</b></li><li>▪ <b>Asthma During Pregnancy</b></li><li>▪ <b>Heart Valve Disease and Pregnancy</b></li><li>▪ <b>Inflammatory Bowel Disease During Pregnancy</b></li><li>▪ <b>Lupus and Pregnancy</b></li><li>▪ <b>Lyme Disease During Pregnancy and Nursing</b></li><li>▪ <b>Multiple Sclerosis and Pregnancy</b></li><li>▪ <b>Pregnancy and Epilepsy</b></li><li>▪ <b>Diabetes: Preparing for Pregnancy</b></li></ul></li><li>• HealthLinkBC <b>8-1-1</b></li><li>• <i>Pregnancy Passport</i> (available to women through their PHCP) and on Perinatal Services BC <a href="http://www.perinatalservicesbc.ca">www.perinatalservicesbc.ca</a></li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <b>Maternity Care Pathway</b>, Perinatal Services BC</li><li>• <b>Society of Obstetricians and Gynecologists (SOGC)</b></li><li>• <b>Mother Risk</b></li><li>• <b>Canadian Diabetes Association</b></li></ul>

## 1. Health Care / Physical Well-being, cont'd

### C. Oral Health

**Rationale:** Increasing evidence suggests that periodontitis may be a risk factor for preterm birth and other adverse pregnancy outcomes, including exacerbation of chronic health conditions (e.g. diabetes)<sup>13</sup>. Oral diseases are the most common chronic disease and are a major public health issue because of their high prevalence and incidence, and greatest burden on disadvantaged and socially marginalized populations. Poor oral health impacts social function, affects sleeping and eating, and interferes with the functions of daily living. A child's oral health is significantly impacted by maternal oral health and the knowledge and oral health practices of caregivers and families. Pregnancy offers an opportunity to educate women about oral health.

#### Assess: Woman's knowledge related to recommended oral health care during pregnancy and her ability to access dental health care

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman has knowledge of the importance of oral health during pregnancy, the capacity, skills and tools to support oral health, and has contact with, or plans to contact a dental care professional.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman that:             <ul style="list-style-type: none"> <li>▪ Oral health care is important for the prevention of tooth decay, periodontal disease and to prevent transmission of oral bacteria that may cause tooth decay for her child. She should brush with a fluoride toothpaste at least twice daily and floss daily.</li> <li>▪ Dental care (including x-rays and local anaesthetic if needed) is safe for all pregnant women.</li> <li>▪ Women experiencing vomiting in pregnancy (“morning sickness”) should avoid brushing for an hour after vomiting to protect tooth enamel but can rinse their mouths with water or fluoride mouth wash<sup>14</sup>.</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman lacks knowledge of the importance of oral health and its potential impact on pregnancy.</li> <li>• Woman lacks the capacity, skills or tools to perform personal oral care.</li> <li>• Woman has barriers (e.g. financial, low literacy, language or transportation etc.) prohibiting her access to dental care.</li> </ul>
<b>Intervention</b>	<p><b>SR: Screening &amp; Referral</b>      <b>SR:</b> Screen woman for concerns related to oral health and access to oral health care; refer to local dental health professionals as indicated. <b>Note:</b> It is particularly important to assess a woman with chronic health conditions such as diabetes or heart disease for oral health<sup>15</sup>.</p> <p><b>HE: Health Education</b>      <b>HE:</b> Offer woman information about the importance of oral health in pregnancy and about how and where she can access dental health services.</p> <p><b>CB: Capacity Building</b>      <b>CB:</b> Support and assist a vulnerable woman and those needing help due to barriers or lack of skills to address oral health concerns, including referral to dental health providers and supporting her to access care. Support woman to build knowledge and capacity to manage life-long oral health promoting habits for herself and her family.</p> <p><b>CC: Care Coordination</b>      <b>CC:</b> Communicate and collaborate with the local resources to facilitate access to dental care for women with barriers.</p>

## 1. Health Care / Physical Well-being, *cont'd*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <a href="#">Oral Health in the Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li><li>• <a href="#">Pregnancy and Dental Health</a>, HealthLinkBC</li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <a href="#">Model Core Program Paper</a>, Dental Public Health</li><li>• <a href="#">Evidence Review</a>, Dental Public Health</li><li>• <a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li><li>• <a href="#">Canadian Dental Health Association</a></li><li>• <a href="#">Guideline on perinatal oral health care</a>, American Academy of Pediatric Dentistry Professional Association</li><li>• <a href="#">Oral Health During Pregnancy and Early Childhood Evidence Based Guidelines for Health Professionals</a>, Canadian Dental Association 2010</li></ul>

## 1. Health Care / Physical Well-being, *cont'd*

### D. Communicable Diseases and Immunization

**Rationale:** Certain communicable diseases can have serious consequences for pregnant women and their fetuses. Some communicable diseases are vaccine-preventable (including influenza). It is important that women are aware of how to access recommended vaccinations as per the BC Centre for Disease Control (BCCDC) guidelines and seek necessary medical care if infected.

**Assess: Woman's knowledge of communicable diseases that can have negative consequences in pregnancy, her ability and willingness to engage in evidence based prevention strategies like vaccines and supports needed to effectively seek care and treatment if exposed or infected**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is up to date with immunizations (as per PSBC Maternity Care Pathway and BCCDC guidelines), has been offered the influenza vaccine if pregnant during the influenza period, is aware of her rubella/varicella immunity status (and how to prevent exposure if her immunity is low), and about steps to prevent exposure to communicable diseases.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman to:             <ul style="list-style-type: none"> <li>▪ Have immunization history reviewed by a health care provider and seek appropriate vaccinations if necessary</li> <li>▪ Be screened for communicable diseases by her PHCP early in her prenatal care or ask to be screened if not already completed</li> <li>▪ Report exposure to any communicable disease to her PHCP</li> <li>▪ Avoid exposure to communicable diseases particularly anyone who may have been exposed to rubella</li> <li>▪ Report a household contact with Hepatitis B to her PHCP</li> <li>▪ Avoid contact with cat litter and gardening where there is a possibility of contact with cat feces</li> <li>▪ Discuss with members of her household about communicable diseases, immunizations and precautions</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is unaware of her status regarding exposure or immunity to communicable diseases and/or is unable to take steps to avoid exposure, institute prevention or harm reduction strategies or access treatment or prophylaxis including immunization.</li> <li>• Woman has not been offered the influenza vaccine if pregnant during the influenza period.</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>	<p><b>SR:</b> Screen woman for awareness about the risks of communicable diseases and the potential impact they can have on pregnancy; encourage woman to discuss her communicable disease risks with her PHCP and to support her to receive vaccinations where indicated and willing. Refer woman with HIV to the <a href="#">Oak Tree Clinic</a>.</p>

## 1. Health Care / Physical Well-being, cont'd

<p><b>HE: Health Education</b></p>	<p><b>HE:</b> Offer woman information about communicable diseases that can have serious consequences for a pregnant women and her fetus, prevention and harm reduction strategies (including availability of prophylaxis/immunization for client and contacts) and when to seek treatment. Encourage her to discuss any concerns with their PHCP.</p> <p>Advise woman that the influenza (or flu) vaccine is safe for pregnant women and is recommended for those who will be pregnant during flu season. Being immunized will also help protect your baby through his or her first few months of life. Offer woman print and/or web-based resources as needed.</p> <ul style="list-style-type: none"> <li>• Advise woman with: <ul style="list-style-type: none"> <li>▪ Hepatitis C that there is low incidence of transmission from mother to baby.<sup>16</sup> Offer woman print and/or web-based resources as needed</li> <li>▪ Genital herpes that she can generally have a safe vaginal birth (an exception is when prodromal symptoms, active lesion/first outbreak co-occur with labour).<sup>17</sup> Offer woman print and/or web-based resources as needed</li> <li>▪ HIV that she can have a healthy pregnancy and have an excellent chance of having an HIV negative baby if she receives specialized prenatal care and antiretroviral treatment early in pregnancy and during labour and delivery).<sup>18</sup> Offer woman print and/or web-based resources as needed. Refer HIV positive women to the Oak Tree Clinic BCWH Program for specialized obstetrical care or for collaborative care</li> <li>▪ Hepatitis B that her baby will receive 2 shots at birth (hepatitis B immune globulin and hepatitis B vaccine). After birth, the baby will receive 3 more doses of hepatitis B vaccine at 2, 4 and 6 months of age</li> </ul> </li> </ul>
<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Support and assist vulnerable woman and those needing help (frequent exposure to communicable diseases, not connected to PHCP, low literacy levels, language or access barriers etc.) to be engaged early with prenatal care and other available services that can help her to prevent, reduce her exposure to, or treat communicable diseases.</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Collaborate with the woman's PHCP and other local health care providers to help and support her to avoid infection with a communicable disease and to prevent/treat her own and others infections.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Immunization before and during pregnancy</a>, SOGC Brochure</li> <li>• <a href="#">Healthy Families BC</a></li> <li>• <a href="#">Genital Herpes</a>, HealthLinkBC</li> <li>• <a href="#">Living Well with Hepatitis C Virus Infection</a>, HealthLinkBC</li> <li>• <a href="#">Protecting Your Baby against Hepatitis B at Birth</a>, HealthLinkBC</li> <li>• <a href="#">Toxoplasmosis in Pregnancy</a>, HealthLinkBC</li> <li>• <a href="#">Immunizations in Pregnancy</a>, HealthLinkBC</li> <li>• HealthLink <b>8-1-1</b></li> <li>• <a href="#">Immunize BC</a></li> <li>• <a href="#">Oak Tree Clinic</a> (for women with HIV)</li> <li>• <a href="#">HIV Treatment in Pregnancy</a>, Motherisk</li> </ul>

## 1. Health Care / Physical Well-being, cont'd

### Resources for Practitioners

- *Immunization Policy and Guidelines*, BC Centre for Disease Control [www.bccdc.ca](http://www.bccdc.ca)
- *Maternity Care Pathway–HIV in the Perinatal Period*, Perinatal Services BC
- *Infection Control Guidelines*, Public Health Agency of Canada
- SOGC resources:
  - *Immunization in Pregnancy (2009)*
  - *Cytomegalovirus Infection in Pregnancy (2010)*
  - *Management of Varicella Infection (Chickenpox) in Pregnancy (2012)*
  - *Guidelines for the Management of Herpes Simplex Virus in Pregnancy (2008)*
  - *Parvovirus B19 Infection in Pregnancy (2002)*
  - *The Reproductive Care of Women Living With Hepatitis C Infection (2000)*
  - *Society of Obstetricians and Gynecologists (SOGC)*
- *Infectious Diseases in Pregnancy*, Motherisk
- *Immunize BC*
- *British Columbia Guidelines for the Care of HIV Positive Pregnant Women and Interventions to Reduce Perinatal Transmission*

## 1. Health Care / Physical Well-being, *cont'd*

### E. Medication Use: Prescription, Over-the-Counter, Herbal

**Rationale:** Medications, including prescription, over-the-counter and herbal products, can affect the health of women and fetuses. Pregnant women should be aware of the need to consult with their PHCPs about risks related to medication use. Medications can also be passed to the infant during breastfeeding.

<b>Assess: Woman's use of medications, including prescription, over-the-counter and herbal remedies</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of impact of medications and herbal remedies on pregnancy and breastfeeding and has:               <ul style="list-style-type: none"> <li>▪ Reviewed and discussed the use of all medicines (prescription, non-prescription, over-the-counter (OTC) and herbal products) she is using or plans to use with her PHCP (including risks/benefits)</li> <li>▪ Stopped using medications when appropriate, or when this is not an option has consulted with her PHCP and adopted a medication regimen that will reduce risk for herself and her fetus</li> </ul> </li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman that:               <ul style="list-style-type: none"> <li>▪ Taking 0.4 mg folic acid on a daily basis can help prevent Neural Tube Defects<sup>19</sup></li> <li>▪ She should continue taking prescription medications at current doses until she has reviewed them (including risks and benefits of continued use) with her PHCP</li> <li>▪ OTC medications used to manage symptoms of the common cold are generally safe for short term use but these and other OTC medications should not be used indiscriminately or for extended periods of time; if she has any questions about the safety of OTC medications she should discuss them with her PHCP or pharmacist</li> <li>▪ She should use acetaminophen (Tylenol®) for pain relief if needed; that the use of Ibuprofen (Advil®) or acetylsalicylic acid (Aspirin) is not recommended</li> <li>▪ She should use caution when using herbal products in tablet, capsule or extract form as they are not regulated and have limited information available regarding safety; however, common herbs (basil, oregano etc.) used to flavor foods or for teas (orange or rose hip etc.) are considered safe in moderate amounts</li> </ul> </li> <li>• Advise woman taking methadone that she should continue at her current dose while seeking advice from her PHCP.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman lacks knowledge and awareness about the impact of medication use on pregnancy, including risks and benefits of continued use of any prescription or non-prescription medications of herbal products she is currently taking.</li> <li>• Woman has not reviewed/discussed the use of medications (prescribed or other) with PHCP or explored alternatives</li> </ul>
<b>Intervention</b>	<p><b>SR: Screening &amp; Referral</b>      <b>SR:</b> Screen woman for medication use. Advise woman who is using medications (prescribed or otherwise, including OTC and herbal medications) that she should discuss/review the continued use of any medications with her PHCP if she has not already done so. Also refer woman to her pharmacist for information about common OTC medications and implications of their use in pregnancy and while breastfeeding.</p> <p><b>HE: Health Education</b>      <b>HE:</b> Offer woman print and web-based information regarding medication use during pregnancy, including the use of OTC and herbal preparations.</p>

## 1. Health Care / Physical Well-being, *cont'd*

<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Support and assist a woman at risk because of medication use (due to lack of knowledge, cultural practices, or linguistic or other barriers) to identify all medications she currently uses (prescription, OTC and herbal remedies – including those that are part of cultural health practices) and to formulate questions for her PHCP regarding their use and to help her to understand risks and learn how to make healthy choices related to medication use during pregnancy.</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate/collaborate with PHCP and pharmacy resources to assist a woman who may be at risk to appropriately manage her medication use during pregnancy. Where appropriate (e.g. for a woman with mental health or addiction issues), consult and collaborate with local mental health or addictions services to ensure woman receives consistent information and support from all members of her health care team.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Medications During Pregnancy</a>, Healthy Families BC</li> <li>• <a href="#">Taking medications</a>, Baby’s Best Chance Handbook pg. 13</li> <li>• <a href="#">Drugs in Pregnancy, Herbal Products in Pregnancy</a>, Motherisk or toll free: 1-877-327-4636</li> <li>• HealthLinkBC <b>8-1-1</b></li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Treating the common cold during pregnancy</a>, Erebara, Bozzo, Einarson, Koren. (2008) in Canadian Family Physician, 54(5), 687-689<sup>20</sup></li> <li>• <a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li> <li>• <a href="#">Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</a> BC Reproductive Mental Health Program and Perinatal Services BC</li> <li>• <a href="#">Antidepressant Use During Pregnancy: Considerations for the Newborn Exposed to SSRIs/SNRIs</a>, Perinatal Services BC</li> </ul> <p>Also Useful:</p> <ul style="list-style-type: none"> <li>• <a href="#">Dr Thomas Hale</a></li> <li>• Local mental health and addictions services</li> </ul>



## 2. Nutrition in Pregnancy

### A. Adequate Maternal Nutrition (including the use of supplements)

**Rationale:** Poor prenatal nutrition is associated with pregnancy complications and poor infant and maternal outcomes.

#### Assess: Woman's knowledge about nutritional needs, healthy eating and the use of supplements in pregnancy and her ability to sustain adequate nutritional intake and use of supplements during her pregnancy

<p><b>Meets Norm/ Normal Variation</b></p>	<ul style="list-style-type: none"> <li>• Woman is able to meet and sustain the recommended daily nutritional requirements throughout her pregnancy. <b>Note:</b> She may have some questions about types of foods and use of supplements.</li> <li>• <b>Specialized dietary needs:</b> Woman with specialized dietary needs or practices is able to meet the recommended daily nutritional requirements throughout her pregnancy within her current dietary regimen.</li> </ul>
<p><b>Client Education/ Anticipatory Guidance</b></p>	<ul style="list-style-type: none"> <li>• Offer woman print and/or web-based resources about:             <ul style="list-style-type: none"> <li>▪ Healthy eating and use of supplements (e.g. taking 0.4 mg folic acid on a daily basis can help to prevent Neural Tube Defects) during pregnancy<sup>21</sup></li> <li>▪ How to access help and advice for specialized dietary needs to assist her to address her unique nutritional needs during pregnancy (e.g. HealthLinkBC 8-1-1 (Dietitian services))</li> <li>▪ How to manage “morning sickness” and when to seek help from her PHCP</li> </ul> </li> <li>• Advise woman that:             <ul style="list-style-type: none"> <li>▪ She needs to eat a balanced diet (as defined in Canada’s Food Guide) and ensure the necessary nutrients to support a healthy pregnancy</li> <li>▪ Food aversions are a common phenomenon not considered serious, unless they interfere with an ability to maintain a healthy balanced diet</li> <li>▪ Required calories are determined by individual needs, including pre-pregnancy weight, and needs of the developing fetus (i.e. do not necessarily need to increase caloric intake because they are “eating for two”); if she has concerns she can discuss this with her PHCP</li> </ul> </li> </ul>
<p><b>Variance</b></p>	<ul style="list-style-type: none"> <li>• Woman is unaware of nutritional requirements of pregnancy (including use of supplements) and/or there is concern that she may not be able to sustain an adequate nutritional intake to support a healthy pregnancy (e.g. consistently unusual or inadequate dietary practices, unique or unusual dietary requirements or barriers to access of foods and supplements).</li> </ul>
<p><b>Intervention</b>  <b>SR: Screening &amp; Referral</b></p>	<p><b>SR:</b> Screen woman to determine her understanding of what constitutes an appropriate diet and recommended nutritional supplements during pregnancy and about her capacity to sustain an adequate dietary intake throughout pregnancy; advise woman with knowledge gaps or questions to discuss this issue with her PHCP or a dietitian.</p> <p>Screen woman with specialized dietary needs or practices with regard to her knowledge about and capacity to maintain adequate nutritional intake throughout pregnancy.</p>

## 2. Nutrition in Pregnancy, cont'd.

<p><b>HE: Health Education</b></p>	<p><b>HE:</b></p> <ul style="list-style-type: none"> <li>• Advise woman with specialized dietary needs resulting from cultural practices or dietary choices (such as vegetarianism) that she may require additional supplements (iron, calcium, B12 etc) and to discuss this with her PHCP.</li> <li>• Advise woman with a chronic illness (including gestational diabetes) or who have specialized diets that could compromise nutritional status (e.g. celiac disease, significant food allergies, eating disorders) to discuss her nutritional needs with her PHCP and/or seek individualized dietary advice, counselling, and support from a registered dietitian.</li> <li>• Advise woman with nausea and vomiting about remedies to help relieve “morning sickness” and provide her with information about same (e.g. SOGC: Nausea and Vomiting During Pregnancy<sup>22</sup>); and to see her PHCP right away if she experiences persistent vomiting and begins to become dehydrated or lose weight.</li> <li>• Use of Supplements:             <ul style="list-style-type: none"> <li>▪ Advise woman to discuss use of supplements with her PHCP. <b>Note:</b> Recommended supplements to be discussed include: Iron, Folic Acid, Calcium, Magnesium and Vitamins C and D</li> </ul> </li> </ul>
<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Assist and support a vulnerable woman to overcome barriers to healthy eating (due to cultural practices, dietary choices, eating disorders or chronic illness) by discussing needs, responding to questions, and referring her (assisting access if needed) to resources to help achieve and sustain a healthy diet during and after pregnancy.</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate/collaborate with PHCP and/or community resources to build and maintain support for a vulnerable woman to help her to maintain a healthy diet.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Eating for Pregnancy</a>, Baby’s Best Chance Handbook pg. 36</li> <li>• <a href="#">Healthy Eating</a>, Healthy Families BC</li> <li>• <a href="#">Pregnancy and Nutrition</a>, HealthLinkBC</li> <li>• <a href="#">The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Canada Food Guide</a></li> <li>• HealthLinkBC <b>8-1-1</b> (Dietitian)</li> <li>• <a href="#">How to Survive Morning Sickness Successfully</a>, Motherisk</li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Prenatal Nutrition Guidelines for Health Professionals</a>, Health Canada</li> <li>• <a href="#">Dietitians of Canada</a></li> <li>• <a href="#">Nausea and Vomiting During Pregnancy</a>, Society of Obstetricians and Gynecologists (SOGC)</li> <li>• <a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li> </ul>

## 2. Nutrition in Pregnancy, cont'd.

### B. Healthy Weight Gain

**Rationale:** Appropriate and sustained weight gain is the best indicator that the woman is meeting nutritional requirements to support a healthy pregnancy. Too little or too great weight gain during pregnancy increases risks of morbidity and mortality for the mother and infant.

#### Assess: Woman's knowledge about need to ensure a healthy weight gain (based on her personalized requirements) throughout her pregnancy

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of what constitutes a healthy weight gain for her during her pregnancy and is gaining weight in keeping with her personal requirements.</li> </ul>
<b>Client Education/Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman to review information about healthy weight gain in pregnancy, including information she can use to assist her to maintain adequate nutritional intake and activity levels available in resources such as Canada's Food Guide and Babies Best Chance.</li> <li>• Advise woman that her PHCP should record her pre-pregnancy height and weight to determine her specific healthy weight gain goal.</li> <li>• Advise woman that her recommended amount of weight gain can be discussed with her PHCP based on her individual needs. <b>Note:</b> If this has not happened, advise the woman to ask about this.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman: <ul style="list-style-type: none"> <li>▪ Has little or no knowledge of what constitutes a healthy weight gain during pregnancy, generally or in her specific situation</li> <li>▪ Is not gaining adequate weight or is gaining weight too quickly (based on what her PHCP has recommended is appropriate)</li> <li>▪ Reports sudden or unusual weight gain or loss</li> </ul> </li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for her access to pregnancy monitoring by PHCP, her understanding of what constitutes an appropriate weight gain for her during pregnancy, and about her plans to ensure an adequate weight gain in the context of her needs; refer a vulnerable woman (as per variances) to her PHCP for monitoring.
<b>HE: Health Education</b>	<b>HE:</b> Provide or assist woman to access print and/or web-based resources about healthy weight gain during pregnancy and about where to find additional information if she has specialized diets or other questions.
<b>CB: Capacity Building</b>	<b>CB:</b> Assist and support a vulnerable woman to formulate questions for her PHCP regarding barriers to ensuring healthy weight gain (due to cultural practices, dietary choices, eating disorders or chronic illness). Refer woman who feels she is experiencing too little or too much weight gain to her PHCP.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP and community resources to support vulnerable woman who feels she is gaining too little or too much weight to eat nutritiously and gain weight as is appropriate in their circumstances.

## 2. Nutrition in Pregnancy, *cont'd.*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <a href="#">Pregnancy Weight Gain Calculator</a>, Health Canada</li><li>• The Exercise &amp; Pregnancy Helpline: toll free 1-866-937-7678</li><li>• <a href="#">Weight Gain in Pregnancy</a>, Baby's Best Chance Handbook pg. 43</li><li>• <a href="#">Weight Gain During Pregnancy</a>, Healthy Families BC</li><li>• <a href="#">Nutrition in Pregnancy</a>, Canada's Food Guide</li><li>• HealthLinkBC <b>8-1-1</b></li><li>• <a href="#">Eating Disorder and Disordered Eating Services in BC</a>, Kelty Mental Health Resource Centre</li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <a href="#">Perinatal Services BC</a><ul style="list-style-type: none"><li>■ Gestational Weight Gain Charts</li><li>■ Readiness Ruler - Healthy Weights During Pregnancy</li><li>■ Introduction to Brief Motivational Interviewing – Healthy Weights During Pregnancy</li><li>■ Evidence Review – Maternal Overweight, Obesity and Excess Gestational Weight Gain</li></ul></li><li>• <a href="#">Nutrition in Pregnancy</a>, Canada's Food Guide</li><li>• <a href="#">Eating Disorder and Disordered Eating Services in BC</a>, Kelty Mental Health Resource Centre</li><li>• Local dietitian or nutritionist services available in Public Health Unit or Community</li></ul>

## 2. Nutrition in Pregnancy, *cont'd.*

### C. Food Security

**Rationale:** The ability to access safe, culturally acceptable and nutritious foods is essential to ensure adequate nutritional intake for a healthy pregnancy.

<b>Assess: Woman's knowledge of, and means and ability to obtain safe, culturally acceptable, nutritionally adequate food to support her in maintaining a nutritionally balanced diet during her pregnancy</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>Woman (and her family) has access to sufficient, safe, culturally appropriate and nutritious food. <b>Note:</b> A woman's access to certain types of foods, including culturally appropriate foods, may be limited but if it doesn't impede her ability to access and sustain an adequate diet, it is not a variance.</li> </ul>
<b>Client Education/Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>Advise woman about services (such as local food banks, community kitchens etc.) that are available to help her access sufficient, safe, nutritious food to support pregnancy should she need these resources.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>Woman is unable to access sufficient, safe, nutritious food for herself and her family. <b>Note:</b> Attention to family food security is important since pregnant women with other children often feed them before eating themselves.</li> </ul>
<b>Intervention</b>	<p><b>SR: Screening &amp; Referral</b>      <b>SR:</b> Screen woman for her ability (physical, intellectual and financial) to access sufficient, safe, culturally appropriate and nutritious food. Refer woman as needed to local agencies that help families in need (e.g. Canadian Prenatal Nutrition Program [CPNP] Healthiest Babies Possible; Pregnancy Outreach Programs, neighbourhood houses etc.)</p> <p><b>HE: Health Education</b>      <b>HE:</b> Advise vulnerable woman about programs and services (and how to access them) for use to address food security issues, including:</p> <ul style="list-style-type: none"> <li>Canadian Prenatal Nutrition Programs (CPNP) or prenatal outreach programs offer food coupons, assessment, education, counselling and support from a multidisciplinary team</li> <li>Location of local food banks that provide free food to people in need</li> <li>Local agencies that help families in need, including local free meal programs</li> </ul> <p><b>CB: Capacity Building</b>      <b>CB:</b> Support vulnerable woman (due to cultural practices, dietary choices, intellectual, linguistic or financial barriers) by assisting her to access resources in the community or to apply for programs as required.</p> <p><b>CC: Care Coordination</b>      <b>CC:</b> Communicate/collaborate with PHCP and relevant community agencies to address woman's food security issues.</p>
<b>SR: Screening &amp; Referral</b>	
<b>HE: Health Education</b>	
<b>CB: Capacity Building</b>	
<b>CC: Care Coordination</b>	
<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li><a href="#">Food Banks of Canada</a></li> <li><a href="#">Canadian Prenatal Nutrition Program (Healthiest Babies Possible)</a></li> <li><a href="#">BC Association of Pregnancy Outreach Programs</a></li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li><a href="#">Healthy Eating and Food Security</a></li> <li>Information in Public Health Unit about food banks in local areas</li> </ul>

## 2. Nutrition in Pregnancy, *cont'd.*

### D. Food Safety

**Rationale:** Many commonly available foods and food products may contain bacteria, viruses or other substances that can have a detrimental effect on the pregnant woman or her developing fetus.

#### Assess: Woman's knowledge of food safety, including safe handling and storage of food and of the need to avoid eating certain foods that can pose a risk to her and/or her developing fetus

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of and uses safe food handling and storage practices and is aware of the need to avoid some foods and food products that may be risky to her and/or her fetus.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman about:             <ul style="list-style-type: none"> <li>▪ Safe food handling practices</li> <li>▪ Foods to avoid</li> <li>▪ The risk of contaminants in certain foods: chemicals such as mercury in some types of fish and bacteria, viruses, parasites, and toxins that may have contaminated specific types of processed foods and to limit her intake of these foods (as per BCCDC Food Safety During Pregnancy Manual)</li> </ul> </li> <li>• Advise woman to limit caffeine intake and avoid the use of artificial sweeteners such as cyclamate. (Saccharin and some other sweeteners have been deemed to be safe<sup>23</sup> though consumption should be limited as foods with sweeteners may replace other nutrient dense foods<sup>24</sup>.)</li> <li>• Advise woman that flavouring foods with herbs is safe in amounts commonly used in foods and in herbal tea (limited to 2 – 3 cups per day).</li> </ul> <p><b>Note:</b> Woman should be advised to check with her PHCP regarding the use of herbal products in tablet, capsule or extract forms, and vitamin and mineral supplements, fish liver oils, herbal preparations and medications.</p>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman lacks knowledge of, or is unable to take steps to avoid risks associated with unsafe handling of food or the harmful bacteria or chemicals contained in some foods that could have a negative effect on her or her developing fetus.</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>  <b>HE: Health Education</b>  <b>CB: Capacity Building</b>	<p><b>SR:</b> Screen woman for knowledge of food safety, capacity to store and prepare food for safe consumption, and knowledge about the risks of ingesting some types of foods and food products.</p> <p><b>HE:</b> Offer woman print materials and information on how to access web-based materials regarding food safety and foods/food products to avoid while pregnant.</p> <p><b>CB:</b> Support a vulnerable woman (due to lack of knowledge, skills or facilities to prepare food for safe consumption, cultural, linguistic, intellectual or financial barriers) by assisting her to understand which foods/food additives to avoid during pregnancy, exploring safer food options and/or referring her to community-based resources that can assist her to access safe food products and develop safe food handling and preparation skills.</p>

## 2. Nutrition in Pregnancy, *cont'd.*

<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP and community resources to address barriers the woman may face related to her ability to secure, prepare and eat safe, appropriate foods and avoid inappropriate or dangerous foods and food additives.
<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li>• <a href="#">Healthy Eating</a>, Healthy Families BC</li> <li>• <a href="#">Food Safety During Pregnancy</a>, Baby’s Best Chance Handbook pg. 42</li> <li>• <a href="#">The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Food Safety for Pregnant Women</a>, Health Canada</li> <li>• <a href="#">Eat Safely, Eat Well: Food Safety During Pregnancy</a>, BC Centre for Disease Control</li> <li>• <a href="#">Food Poisoning During Pregnancy</a>, HealthLinkBC</li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li>• <a href="#">Food Safety</a>, Public Health Agency of Canada</li> <li>• <a href="#">Food Directorate – Health Products and Food Branch</a>, Health Canada</li> <li>• <a href="#">Eat Safely, Eat Well: Food Safety During Pregnancy</a>, BC Centre for Disease Control</li> </ul>
<b>Refer to</b>	<b>Medication Use: Prescription, Over-the-Counter, Herbal</b>

## 2. Nutrition in Pregnancy, cont'd.

### E. Infant Feeding Plans

**Rationale:** Women need to have clear and consistent information during their pregnancy with regard to feeding options for their babies. There is some evidence indicating that women who are provided with information about the benefits of breastfeeding for themselves and their infants are more likely to be successful in initiating and maintaining breastfeeding<sup>25</sup>.

#### Assess: Woman's knowledge about infant feeding options, including her awareness of the importance of breastfeeding to infant and maternal health and the option of using breast-milk substitutes, and whether she has a feeding plan for her infant

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of the options for infant feeding and of the value of breastfeeding for herself and her infant and has made a decision about how she wants to feed her infant that is supported by her family and support community. <b>Note:</b> Depending on the stage of their pregnancy, some women may not have decided on, or may have questions about options for infant feeding.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Provide woman (and her partner or support persons) with information about:             <ul style="list-style-type: none"> <li>▪ Infant feeding options, highlighting the benefits of breastfeeding for both the infant and the mother/family</li> <li>▪ How to prepare for chosen method of infant feeding (e.g. how to access community breastfeeding supports; information about supplies and safe preparation of commercial breast milk substitutes, if choosing this method of infant feeding)</li> </ul> </li> <li>• Recommend discussion of feeding plans with woman's partner and or/support system and PHCP.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman/family lacks adequate information/knowledge/capacity/support to make informed feeding decisions or plan for infant or her choice of feeding method is not supported by her partner/support network.</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>  <b>HE: Health Education</b>  <b>CB: Capacity Building</b>  <b>CC: Care Coordination</b>	<p><b>SR:</b> Screen woman to determine whether she have made plans for infant feeding and if she needs information that will assist her to make informed feeding decisions, including if family or support persons are supportive of feeding plans. Direct or refer woman with questions about breastfeeding support services to resources, including those in her community.</p> <p><b>HE:</b> Provide print and web-based information/education materials to support woman in making feeding decisions and carrying out her plans, including the benefits of breastfeeding and where to find additional information and support resources. Provide the woman who cannot, or chooses not to, breastfeed with the information about breast milk substitutes and necessary equipment to help her prepare appropriate, affordable and safe plans for feeding her infant.</p> <p><b>CB:</b> Assist woman who is not able or have not made a decision about infant feeding (due to cultural, linguistic, intellectual or financial barriers) to access, process and understand information about infant feeding requirements, support her in making decisions about how she wishes to feed her infant and make plans to carrying out her choice.</p> <p><b>CC:</b> Communicate/collaborate with PHCP, community agencies/resources to ensure that realistic infant feeding plans are in place and the woman has access to resources to support her choice so she can safely and adequately feed her infant.</p>



## 2. Nutrition in Pregnancy, cont'd.

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <a href="#">Developing a Breastfeeding Plan</a>, Healthy Families BC</li><li>• <a href="#">Breast-feeding: Planning Ahead</a>, HealthLinkBC</li><li>• <a href="#">Feeding your infant</a>, HealthLinkBC</li><li>• <a href="#">Feeding</a>, Healthy Families BC</li><li>• <a href="#">Breastfeeding Your Baby</a>, Baby's Best Chance Handbook pg. 98</li><li>• <a href="#">Food Safety in Pregnancy</a>, BC Centre for Disease Control</li><li>• <a href="#">Breastfeeding Matters</a>, Best Start</li><li>• <a href="#">La Leche League</a></li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <a href="#">Breastfeeding the Healthy Term Infant Guideline</a>, Perinatal Services BC</li><li>• <a href="#">Breastfeeding: Making a Difference: Course for Health Care Professionals</a>, La Leche League International</li><li>• <a href="#">World Health Organization (WHO) recommendation (on breastfeeding)</a></li><li>• <a href="#">Breastfeeding Committee for Canada</a></li><li>• Information about local breastfeeding education and support resources available in Public Health Units</li></ul>

### 3. Psychosocial Health

#### A. Emotional Health and Adjustment to Pregnancy

**Rationale:** The emotional tasks of pregnancy culminate in the development of a maternal identity which requires the woman to renegotiate her sense of self and her many roles. Some women may need additional community or medical supports and resources to cope with these life changes and may require information and /or support to access these resources.

#### Assess: The woman’s emotional response and adjustment to her pregnancy and her integration of her role of becoming a mother

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman (and her partner/significant other) is coping with emotional changes and the impact of her pregnancy on her lifestyle, including family-life, work and leisure.</li> <li>• Woman is aware of and willing to seek support and/or medical assessment to help her cope if needed.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman that:             <ul style="list-style-type: none"> <li>▪ Pregnancy is a time of emotional change and transition for both women and their partners/families</li> <li>▪ If she feels that things are not going well, services are available to assist her (and their partners if needed) in adjusting to pregnancy and parenthood</li> </ul> </li> </ul> <p><b>Note:</b> Even women who are adjusting well may be concerned about their partner’s adjustment to the pregnancy.</p>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is not demonstrating expected emotional adaptation to changes or attachment to her developing fetus and/or has risk factors for disrupted adjustment to her new role or is unable to identify problems in her emotional response to her pregnancy that require support or medical assessment which may include:             <ul style="list-style-type: none"> <li>▪ history of depression (previous history of PND, personal or family history of mental health challenges or disorders such as depression, anxiety, bipolar or psychotic disorders)</li> <li>▪ stressful life situations (relationships conflict, lack of support, bereavement, history of intimate partner violence, financial stress or a major physical move)</li> <li>▪ difficulty with adjusting to parental role (unplanned pregnancy, unexpected change in lifestyle)</li> <li>▪ isolation</li> </ul> </li> <li>• Woman lacks access to support of family, community or care provider.</li> </ul>

### 3. Psychosocial Health, *cont'd.*

<p><b>Intervention</b></p> <p><b>SR: Screening &amp; Referral</b></p> <p><b>HE: Health Education</b></p> <p><b>CB: Capacity Building</b></p> <p><b>CC: Care Coordination</b></p>	<p><b>SR:</b> Screen woman to determine how she feels about her pregnancy, what coping skills she is using, and her access to family/friends or other resources for support. Administer the Edinburgh Perinatal Depression Scale [EPDS] screen between 28 and 32 weeks gestation or as practically feasible. Earlier screening promotes earlier identification of depression and increases the likelihood of improving outcomes for mothers and babies; however, screening very early in pregnancy can be challenging and may lead to missing depression that develops later in pregnancy. <a href="#">Translated versions are available.</a></p> <p>Refer to <a href="#">Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</a> for more information regarding EPDS screening including interpretation and recommended actions.</p> <p><b>Note:</b> The EPDS is valid for depression screening for biological fathers.<sup>26</sup> The valid and reliable timeframe for offering the EPDS to new fathers is similar to new mothers.</p> <p><b>Note:</b> Women with a history of trauma, abuse, or who are otherwise at risk for poor attachment may benefit from a referral to mental health services; women with these or other mental health issues such as depression, anxiety should be referred to their PHCP for follow-up.</p> <p><b>HE:</b> Offer woman print and web-based information about normal emotional adjustments in pregnancy and what to do if she needs extra support, including how to access pregnancy outreach programs, mental health services and other community based support programs; facilitate access to and/or assist the woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials and how to access supports.</p> <p><b>CB:</b> Support the vulnerable woman (particularly with a history of trauma or trauma related issues, mental health issues or other barriers to emotional adjustment to pregnancy) by assisting her to identify concerns and access help as needed.</p> <p><b>CC:</b> Communicate/collaborate with PHCP and community resources to assist the woman in accessing support and making a healthy emotional adjustment to pregnancy.</p> <p><b>Note:</b> In consultation with the PHCP consider introducing a woman at risk for postpartum depression to services that can offer support for postpartum as well.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Coping with Depression During Pregnancy and Following the Birth</a>, BC Reproductive Mental Health Program</li> <li>• <a href="#">Coping with Anxiety Following the Birth</a>, BC Reproductive Mental Health Program</li> <li>• <a href="#">The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Emotional Changes During Pregnancy, Healthy Connections</a>, HealthLinkBC</li> <li>• <a href="#">New Parents</a>, Healthy Families BC</li> <li>• <a href="#">Life with Your Baby</a>, Baby's Best Chance Handbook pg. 85</li> <li>• <a href="#">Celebrating the Circle of Life: A guide to emotional health in pregnancy and early motherhood for Aboriginal women and their families</a></li> <li>• <a href="#">New Dad Manual</a></li> <li>• <a href="#">Will your relationship change?</a></li> </ul>

### 3. Psychosocial Health, cont'd.

<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <b>Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</b> BC Reproductive Mental Health Program and Perinatal Services BC</li><li>• <b>Translated Versions of the EPDS Questionnaire</b> (<i>Chinese Simplified, Chinese Traditional, Farsi, French Japanese, Korean, Portugese, Punjabi, Russian, Somali, Spanish, Tagalog, Vietnamese</i>), Perinatal Services BC</li><li>• <b>Coping with Depression During Pregnancy and Following the Birth</b>, BC Reproductive Mental Health Program</li><li>• <b>Coping with Anxiety Following the Birth</b>, BC Reproductive Mental Health Program</li><li>• <b>Antidepressant Use During Pregnancy: Considerations for the Newborn Exposed to SSRIs/SNRIs</b>, Perinatal Services BC</li><li>• <b>Celebrating the Circle of Life: A guide to emotional health in pregnancy and early motherhood for Aboriginal women and their families</b></li></ul>
<b>Refer to</b>	<b>Perinatal Depression and Anxiety</b>

### 3. Psychosocial Health, *cont'd.*

#### B. Perinatal Depression and Anxiety

**Rationale:** Depression is one of the most common complications of pregnancy and postpartum and has been shown to have significant impact on the health of mothers, children and families. Research indicates that up to 16% of women experience depressive symptoms throughout the perinatal period<sup>27</sup>. Early identification and intervention is intended to reduce the severity and duration of the course of perinatal depression.

**Assess: Woman for any predisposing or risk factors to perinatal depression (PND) such as previous history of depression/anxiety, family history of depression/anxiety, previous use of antidepressants, significant medical or obstetrical challenges, stressful life situations [relationships conflict, lack of support, history of violence, financial stress or a major physical move], difficulty with adjusting to parental role [unplanned pregnancy, unexpected change in lifestyle] or isolation and current signs of depression.**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"><li>• The woman is appropriately anticipating her pregnancy and the birth of her child and preparing adequately.</li><li>• The woman is coping with:<ul style="list-style-type: none"><li>■ mild episodes of mood swings/sadness/irritability that are brief and infrequent</li><li>■ mild periods of anxiety in response to her situation/new role that are brief and infrequent</li></ul></li><li>• The woman has support (a partner, family, friends etc.) present and available to help her when needed.</li></ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"><li>• Advise woman that perinatal depression (PND) is common and treatable and that untreated PND has negative effects for the woman, her infant and family. Discuss the common signs and symptoms of perinatal depression. The woman should be assessed for symptoms of depression/anxiety between 28 – 32 weeks of pregnancy and/or whenever she feels there may be a problem. The woman and her healthcare providers can decide together whether further assessment is needed.</li></ul>
<b>Variance</b>	<ul style="list-style-type: none"><li>• Woman exhibits signs or symptoms of depression and anxiety (refer to <i>Coping with Depression During Pregnancy and the Following Birth</i> link below).</li></ul>

### 3. Psychosocial Health, *cont'd.*

<p><b>Intervention</b></p> <p><b>SR: Screening &amp; Referral</b></p> <p><b>HE: Health Education</b></p> <p><b>CB: Capacity Building</b></p> <p><b>CC: Care Coordination</b></p>	<p><b>SR:</b> Screen woman for any predisposing or risk factors (see <i>Coping with Depression During Pregnancy and the Following Birth</i>). Administer the Edinburgh Perinatal Depression Scale [EPDS] screen between 28 and 32 weeks gestation or as practically feasible. Earlier screening promotes earlier identification of depression and increases the likelihood of improving outcomes for mothers and babies; however, screening very early in pregnancy can be challenging and may lead to missing depression that develops later in pregnancy. <a href="#">Translated versions</a> for Chinese, Punjabi, Vietnamese, Korean and Farsi are available.</p> <p>Refer to <a href="#">Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</a> for more information regarding EPDS screening including interpretation and recommended actions.</p> <p><b>Note:</b> The EPDS is valid for depression screening for biological fathers.<sup>28</sup> The valid and reliable timeframe for offering the EPDS to new fathers is similar to new mothers.</p> <p><b>Note:</b> Screening should only occur where there are resource pathways to provide required treatment and support services for women who go on to be diagnosed with mental illness. A women experiencing signs or symptoms of PND may be referred to her PHCP, the BC Reproductive Mental Health program, Community Resources (search BC211 for community-based PND services or HealthLinkBC Directory), spiritual healers, Pacific Post Partum Support Society.</p> <p><b>HE:</b> Offer the woman information about the signs and symptoms of PND, its impact on the mother, infant and family, and about the importance of seeking help; offer woman information about resources to help her address PND such as the BC Reproductive Mental Health program and resources and counselling programs. Encourage the woman to develop and access her support systems. Facilitate access to and/or assist woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials.</p> <p><b>CB:</b> Work with the woman (and, with permission, her family/support network) to identify strategies that can reduce risk for PND or help her to deal with PND symptoms (see <i>Coping with Depression During Pregnancy and Following the Birth</i>); seek opportunities to help the woman to make emotional connections with her fetus (using ultrasound pictures, discussing physical and emotional connections between mother and baby during pregnancy, such as the baby’s ability to hear mother’s voice, “feel” mother’s emotions<sup>29</sup>); encourage the woman to stay closely connected to her PHCP and to report how she is feeling to them.</p> <p><b>CC:</b> Communicate with primary care provider, mental health counsellors and/or other community agencies to coordinate responses based on the woman’s mental health status to the woman’s mental health status throughout the perinatal period.</p>
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### 3. Psychosocial Health, *cont'd.*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li>• <a href="#">Coping with Depression During Pregnancy and Following the Birth</a>, BC Reproductive Mental Health Program</li> <li>• <a href="#">Coping with Anxiety Following the Birth</a>, BC Reproductive Mental Health Program</li> <li>• <a href="#">Celebrating the Circle of Life: A guide to emotional health in pregnancy and early motherhood for Aboriginal women and their families</a></li> <li>• <a href="#">BC211</a> for community-based PND services</li> <li>• <a href="#">HealthLinkBC Directory</a></li> <li>• <a href="#">BC Mental Health and Substance Use Services</a></li> <li>• <a href="#">Emotional Health–The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Postpartum Depression</a>, Here to Help or 310-6789 (no area code required )</li> <li>• <a href="#">Emotional Health</a>, Healthy Families BC</li> <li>• <a href="#">Depression</a>, Healthy Families BC</li> <li>• <a href="#">Postpartum Depression</a>, Baby’s Best Chance Handbook pg. 85</li> <li>• <a href="#">Pacific Post-Partum Support Society</a></li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li>• <a href="#">Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</a> BC Reproductive Mental Health Program and Perinatal Services BC,</li> <li>• <a href="#">Coping with Depression During Pregnancy and Following the Birth</a>, BC Reproductive Mental Health Program</li> <li>• <a href="#">Coping with Anxiety Following the Birth</a>, BC Reproductive Mental Health Program</li> <li>• <a href="#">Depression in Pregnancy</a>, Public Health Agency of Canada</li> <li>• <a href="#">Addressing Perinatal Depression: A framework for BC’s Health Authorities</a>, BC Ministry of Health and Perinatal Services of BC (PSBC)</li> <li>• <a href="#">Translated Versions of EPDS Questionnaire</a></li> <li>• <a href="#">Perinatal Mental Health: A Guide to the EPDS</a>, 2013</li> <li>• <a href="#">Celebrating the Circle of Life: A guide to emotional health in pregnancy and early motherhood for Aboriginal women and their families</a></li> </ul>
<b>Refer to</b>	<b>Violence Against Women in Relationships; Alcohol Use in Pregnancy; Substance Use</b>

### 3. Psychosocial Health, *cont'd.*

#### C. Other Mental Health Concerns

**Rationale:** Women with mental illness (bipolar disorder, schizophrenia, anxiety disorder etc.) or who have cognitive challenges need to be closely monitored by their primary healthcare providers and specialists to ensure the pregnancy continues in a safe manner for the mother and baby.

**Assess: Woman for existing mental illness/mental conditions such as bipolar disorder, schizophrenia, anxiety disorder or cognitive challenges; and her use of medications intended to treat existing mental health concerns.**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman with a pre-existing mental illness or with cognitive challenges is effectively supported (medically and socially) and plans in place for any de-compensation/escalation of symptoms or problems in coping should they occur.</li> </ul>
<b>Client Education/Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman with diagnosed mental health or cognitive issues that it is important that her care is regularly evaluated by her PHCP, mental health team, community or reproductive mental health psychiatrist and that plans for care, including whether or not to continue medications and how to self-monitor for relapse or exacerbation of symptoms are in place.</li> </ul> <p><b>Note:</b> These plans need to be developed based on individual needs.</p>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• A woman who has a history of major depression, psychosis or psychotic illness in previous pregnancies and/or have chosen to discontinue her medications during pregnancy are at risk for relapse<sup>30</sup>. A woman with history of bipolar disorder or psychotic illness is at higher risk for postpartum psychosis<sup>31</sup>, and a woman with history of major depression is at greater risk postpartum depression<sup>32</sup>.</li> <li>• A women who is exhibiting signs of mental illness (will vary depending on illness). (See <a href="#">Coping with Depression During Pregnancy and Following the Birth</a> page 2. See also “Perinatal Depression and Anxiety” section on page 29 for other signs and symptoms.)</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>  <b>HE: Health Education</b>	<p><b>SR:</b> Assess woman to determine her mental health history or cognitive challenges, current status, and supports available to help her cope; refer woman with any concerns or who appear to be exhibiting symptoms of relapsing or undiagnosed mental illness or cognitive challenges to her PHCP and/or appropriate resources for follow-up. Facilitate/encourage the woman to access the psychiatric support/monitoring that is needed.</p> <p><b>HE:</b> Offer woman print and web-based information about the normal emotional changes and adjustments to pregnancy and how these normal changes of pregnancy can impact on chronic mental illness; facilitate access to and/or assist the woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials.</p>



### 3. Psychosocial Health, cont'd.

<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Identify strategies with the woman (and, with permission, her partner /support networks) to identify coping strategies that can help reduce risk of relapse into illness, including: encouraging her to identify her challenges and needs, clarify their expectations of partner/support network and explore ways to secure help when needed. Discuss normal pregnancy adjustments and challenges (sleep, energy, body image, emotional state, nausea, appetite) and how to manage these issues if/when they arise.</p> <p><b>Note:</b> Continuing medication decisions are based on the relative risks and benefits of initiating, continuing or changing medication versus the risks of discontinuing.</p> <p>Work with the woman with cognitive challenges (and, with permission, her family/support networks if available) to identify and build coping strategies and plans to manage and respond to issues as they arise.</p> <p><b>Note:</b> If no support network, including a capable partner/significant other/family member, is available collaborate with her PHCP and appropriate community agencies and resources to explore options and assist her to create one.</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Collaborate closely with mental health staff, primary care provider and involved specialists to support the woman with mental health issues and her families through pregnancy and prepare for labour and birth and afterward.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <b>Planned Lifetime Advocacy Network (PLAN)</b></li> <li>• Government of BC - Community Living BC <a href="http://www.communitylivingbc.ca">www.communitylivingbc.ca</a></li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <b>Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</b> BC Reproductive Mental Health Program and Perinatal Services BC,</li> <li>• <i>Guidelines for the management of patients with bipolar disorder</i>, Canadian Network for Mood and Anxiety Treatments (CANMAT) <a href="http://www.canmat.org">www.canmat.org</a></li> </ul>

### 3. Psychosocial Health, *cont'd.*

#### D. Early Pregnancy Loss and Grief

**Rationale:** The death of a fetus is a profound loss for a family and it is important to acknowledge their appropriate need to grieve. While the provision of psychological support or counseling after an early pregnancy loss may not prevent pathological grieving or long term psychosocial morbidity for some women and families, an empathetic, caring health care provider helps to facilitate the mother and her family's acceptance of the reality of death. **Note:** Early pregnancy loss refers to the death of a fetus prior to 20 weeks gestation.

#### Assess: Woman's general health and her grieving reactions, and her social supports, and whether she would appreciate or benefit from PHN follow-up and support

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman (and family) have necessary support from their family and/or social networks and are moving through the stages of grief in keeping with their cultural norms and practices.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman (and her partner/family members where indicated) that:             <ul style="list-style-type: none"> <li>▪ Every family's experience of grief and mourning is unique; each parent and siblings (if any) will experience their grief differently, and may be at different stages at different times</li> <li>▪ She (and her partner) may experience physical, emotional, social and cognitive grief responses such as exhaustion, change of appetite, aches and pains, nervousness, crying, isolating self, difficulty concentrating, preoccupation with the loss, guilt and feeling responsible for the loss, fear of future loss</li> </ul> </li> <li>• Provide support and anticipatory guidance based on the three phases of grief and mourning<sup>33</sup>:             <ol style="list-style-type: none"> <li>1. Avoidance or protest – lasting a few hours to several days; may include avoidance of facts, anger, hostility, possibly directed toward the health care worker</li> <li>2. Confrontation and disorganization – period of most intense, frantic, painful reactions, intrusive preoccupation with thoughts of the loved one; constitute the necessary grief work</li> <li>3. Accommodation or reorganization – lasting 1-2 years, symptoms of acute grief decline, and gradual social and emotional reinvestment in the world</li> </ol> <p><b>Note:</b> Recovery from pregnancy loss may take 2-5<sup>34</sup> years and may have implications for how the woman and her partner cope with the stresses and connect with the developing fetus in subsequent pregnancies; women with recurrent pregnancy loss may grieve more intensely<sup>35</sup>.</p> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman has experienced a pregnancy loss but does not appear to be grieving or is exhibiting symptoms of postpartum depression and anxiety (risk is increased after a perinatal loss).</li> </ul>

### 3. Psychosocial Health, cont'd.

<p><b>Intervention</b></p> <p><b>SR: Screening &amp; Referral</b></p> <p><b>HE: Health Education</b></p> <p><b>CB: Capacity Building</b></p> <p><b>CC: Care Coordination</b></p>	<p><b>SR:</b> Screen woman to determine her coping and grief response; offer condolences, and explore what type of follow up she thinks would be helpful for her and her family. <b>Note:</b> If the woman experienced a late stage stillbirth or infant death, also assess the post-partum mother physiologically as per the PSBC Postpartum Nursing Care Pathway.</p> <p>If pregnancy loss occurred in 1st or 2nd trimester, carry out a general assessment of woman's health and refer to PHCP if concerns are noted.</p> <p>Screen partner and siblings (if any and where possible) to determine their emotional status, grief reaction, support systems, family function; refer to PHCP for follow-up, as well as to other ongoing supports and resources as necessary.</p> <p><b>HE:</b> Listen and acknowledge the effect of the loss for her and her family (her partner and any siblings); provide anticipatory guidance as needed with regard to the grief process; offer information and links to resources that may be helpful; facilitate access to and/or assist women with barriers to access needed information.</p> <p><b>CB:</b> Offer respectful and culturally sensitive emotional support to the woman and her family/significant others, recognizing their preferences, current emotional state and coping mechanisms in the context of supporting them to move through their loss; explore what types of supports they would be comfortable accessing (e.g. support groups, individual counseling, social worker, cultural ceremonies and spiritual resources) and assist them to access these resources if needed; offer a follow up call at 6 weeks if appropriate (EPDS may also be offered at 6 weeks and 6 months if there is a concern about perinatal depression).</p> <p><b>CC:</b> Communicate with PHCP and other care providers to ensure that the woman and family have consistent and sensitive family-centred and culturally appropriate support to assist them with coming to terms with their loss.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Still Life Canada Support Society</a></li> <li>• <a href="#">Depression</a>, Healthy Families</li> <li>• <a href="#">Losing a Baby</a>, Baby's Best Chance Handbook pg. 81</li> <li>• <a href="#">Grief and Grieving, Stillbirth, Miscarriage</a>, HealthLinkBC</li> <li>• <a href="#">Miscarriage Association</a></li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Best Practice Guidelines for Mental Health Disorders in the Perinatal Period</a> BC Reproductive Mental Health Program and Perinatal Services BC</li> <li>• <a href="#">Guidelines for health care professionals supporting families experiencing a perinatal loss</a>, Canadian Pediatric Society</li> <li>• <a href="#">Follow-up for improving psychological well-being for women after a miscarriage</a>: Cochrane Summaries</li> </ul> <p><b>Note:</b> Health care providers working with bereaved families may also grieve, and without support or self-care, such emotional stress can affect ability to provide care. Stress reduction activities may include exercise, relaxation, debriefing, education, personal counseling, etc.</p>
<p><b>Refer to</b></p>	<p><a href="#">Perinatal Depression and Anxiety</a></p>

## 4. Healthy Lifestyles

### A. Exercise and Rest

**Rationale:** Regular physical activity, including aerobic exercise and strength training, is safe during pregnancy when combined with adequate rest and sleep. All women without contraindications (as identified by PHCP) should participate in or continue with pre-pregnancy aerobic and strength-conditioning exercises as part of a healthy lifestyle.

#### Assess: Woman's ability to manage activities of daily living, get adequate sleep and rest, and to safely engage in exercise during pregnancy

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"><li>• Woman is able to manage daily care needs for self and family.</li><li>• Woman aware of need to maintain a healthy lifestyle during her pregnancy and is getting adequate amounts of exercise, rest and sleep (may have questions about how much rest and sleep is needed or about the types and amount of exercise she can participate in on a consistent basis).</li></ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"><li>• Advise woman about what constitutes appropriate amounts of rest and sleep for pregnant women, and about how to address common discomforts of pregnancy that may interfere with rest and sleep (e.g. use of pillows to support back or belly, massage, maintaining a cool quiet sleep environment).<ul style="list-style-type: none"><li>▪ Advise woman about the importance of physical activities and exercise in pregnancy, including information about contraindications and cautions; recommend that woman who has not exercised regularly prior to becoming pregnant discuss plans with her PHCP prior to commencing an exercise program</li><li>▪ Encourage physically active leisure time to increase cumulative physical activity and build healthy lifestyle habits. Advise woman of the need for adequate rest and sleep to maintain wellness during pregnancy and refer her to information and resources about how to address issues that can interfere with rest and sleep</li></ul></li></ul>
<b>Variance</b>	<ul style="list-style-type: none"><li>• Woman is experiencing difficulty with meeting daily care needs for self or family due to barriers that may include physical and/or pregnancy limitations or social support challenges getting adequate rest and sleep, or in getting sufficient exercise to maintain her overall health status.</li></ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>	<p><b>SR:</b> Screen for a woman's knowledge of, and practices related to rest, sleep and exercise; refer those that have persistent difficulty getting adequate rest and sleep or have health issues that may compromise their ability to get sufficient exercise to maintain their overall health to their PHCP for follow-up.</p> <p>Refer woman to the Physical Activity Line (as needed to facilitate health screening to help pregnant women determine a safe level of exercise, and suitable types of exercise): <a href="http://www.physicalactivityline.com/index.php?option=com_content&amp;view=article&amp;id=48&amp;Itemid=109">www.physicalactivityline.com/index.php?option=com_content&amp;view=article&amp;id=48&amp;Itemid=109</a></p>

#### 4. Healthy Lifestyles, *cont'd.*

<p><b>HE: Health Education</b></p>	<p><b>HE:</b></p> <ul style="list-style-type: none"> <li>• Advise woman about the need for adequate rest and sleep to maintain wellness during pregnancy. Offer information about how to manage common discomforts associated with advancing pregnancy that can interfere with rest and sleep (e.g. use of pillows to support back or belly, massage, quiet environment).</li> <li>• Advise woman that:             <ul style="list-style-type: none"> <li>▪ Exercise is an important component in maintaining wellness, including during pregnancy</li> <li>▪ All pregnant women without contraindications should be encouraged to exercise as a part of a healthy lifestyle during pregnancy. Women should speak with their PHCP before beginning a new exercise plan when pregnant</li> <li>▪ If she has not been involved in a regular exercise/activity routine it is generally safe to begin a moderate physical exercise/activity regimen while pregnant but she should discuss her plans with her PHCP first. SOGC recommends waiting until the 2nd trimester to start an exercise program if the woman was not active before pregnancy. Begin with 15 minutes of continuous exercise three times a week and gradually increase to 30 minute sessions four times a week. Brisk walking, swimming and low strength training are suggested for a pregnant woman beginning a new exercise regime</li> <li>▪ She should avoid overexertion and stop exercising immediately and see her PHCP if she experiences excessive shortness of breath, severe chest or painful uterine contractions, or increased frequency of uterine contractions, vaginal bleeding or fluid leakage, or dizziness or faintness (see SOGC Guidelines)</li> </ul> </li> </ul>
<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Support woman with challenges or barriers keeping her from getting adequate rest, sleep, or exercise and explore strategies that could help to address these issues (e.g. identifying ways that could help her make time to rest and/or get adequate sleep; refer/support her to access to local resources such as local community centres or programs for healthy activity etc.).</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate and collaborate with the woman's PHCP and community agencies and resources that could be accessed to support the woman to achieve a healthy balance of rest and activity.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Physical Activity Line</a></li> <li>• <a href="#">The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Pregnancy: Health and Nutrition: Stay Active</a>, HealthLinkBC</li> <li>• <a href="#">Physical Health</a>, Healthy Families BC</li> <li>• <a href="#">Physical Activity</a>, Baby's Best Chance Handbook pg. 44</li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Joint SOGC/CSEP Clinical Practice Guideline – Exercise in the Pregnancy and Postpartum Period</a>, Society of Obstetricians and Gynecologists (SOGC)</li> </ul>
<p><b>Refer to</b></p>	<p><a href="#">Perinatal Depression and Anxiety</a> (Depression and/or anxiety may be a barrier to healthy lifestyle habits)</p>

## 4. Healthy Lifestyles, *cont'd.*

### B. Tobacco Use

**Rationale:** Maternal smoking during pregnancy poses a serious risk for both the woman and the fetus. Quitting smoking during pregnancy has a positive impact on the health of women and their developing fetuses, and reduces risk for health problems in infants born to mothers who smoke<sup>36</sup>. Exposure to second-hand smoke while pregnant also increases risks for women and their fetuses.

#### Assess: Woman's smoking behaviour and her knowledge about the negative impact of smoking and/or exposure to second hand smoke on her health and that of her developing fetus

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is a non-smoker and lives in a smoke-free environment.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Offer woman information about the risks of smoking and of exposure to second-hand smoke.</li> <li>• Advise woman about:             <ul style="list-style-type: none"> <li>▪ the importance of quitting smoking and living in a smoke-free environment for her health and that of her unborn child</li> <li>▪ the availability of free support to stop or reduce smoking (e.g. <a href="http://www.quitnow.ca">www.quitnow.ca</a> or call <b>8-1-1</b>)</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is currently smoking and/or is regularly exposed to second-hand smoke and is facing barriers to quitting or creating a smoke-free environment (or both).</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>	<p><b>SR:</b> Screen woman to determine her current smoking practices, smoking history and exposure to second-hand smoke. Provide woman who is currently smoking, or is continuously exposed to second-hand smoke with information about smoking cessation programs in her community and refer her to resources such as the Provincial Smokers Hotline - BC 1-877-455-2233 or Quitnow-1-877-455-2233 for assistance.</p> <p><b>Note:</b> Even a brief, 3 minute discussion can help a smoker quit – the 5 As can help you plan the conversation:</p> <p><i>Ask:</i> if she uses tobacco</p> <p><i>Advise:</i> that quitting smoking is one of the most effective health changes she can make</p> <p><i>Assess:</i> readiness for a quit attempt</p> <p><i>Assist:</i> suggest QuitNow Services or the BC Smoking Cessation Program (for medication support)</p> <p><i>Arrange:</i> follow-up at a later date to see how she is doing</p> <p>Advise all women who smoke to consult with PHCP to discuss all options available. For a woman who smokes over 10 cigarettes per day and who has not quit smoking by 12 weeks gestation, her PHCP may recommend medication options available to help her stop smoking.</p>

#### 4. Healthy Lifestyles, *cont'd.*

<p><b>HE: Health Education</b></p>	<p><b>HE:</b> Offer woman who is currently smoking or is at risk of smoking (e.g. who has recently quit) information (in her choice of format (e.g. web-based, print) about the risks of smoking while pregnant and information about how to access smoking cessation programs and resources; facilitate access to and/or understand these materials for the woman with barriers (due to cultural, linguistic or intellectual factors) that limit her ability to access or understand them.</p> <p>Provide woman who is exposed to second-hand smoke – particularly if living in a second-hand smoke environment - with information about the risks of second-hand smoke for her and her developing fetuses and direct her to resources about how to create a smoke-free environment.</p>
<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Encourage and support the woman who is currently smoking (or living with second-hand smoke) to explore strategies that she believes will assist her to stop smoking (or create a smoke free environment) and provide her with specific information and assistance (where needed) to help her to access appropriate resources to achieve her goals. Remind the woman who is hoping or trying to quit but having difficulty that any reduction is beneficial.</p> <p><b>Note:</b> If her PHCP recommends nicotine replacement therapy, she can call <b>8-1-1</b> to register for the BC Smoking Cessation Program for a free, twelve week supply of nicotine patch or gum.</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate and collaborate with the women’s PHCPs, other providers, community organizations and groups that can help to support the women’s efforts to stop smoking or to create a smoke free environment for themselves and her developing fetus.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• Quitnow <a href="http://www.quitnow.ca">www.quitnow.ca</a> or 1-877-455-2233</li> <li>• <a href="#">Make Your Home and Car Smoke-Free: A Guide to Protecting Your Family From Second-hand Smoke</a>, Health Canada</li> <li>• <a href="#">Smoking When You’re Planning a Pregnancy</a>, Healthy Families BC</li> <li>• <a href="#">Smoking</a>, Baby’s Best Chance Handbook pg. 13</li> <li>• <a href="#">Smoking and Second-Hand Smoke During Pregnancy</a>, Healthy Families BC</li> <li>• <a href="#">Clear the Air: Protect Yourself and your Family from Second-hand Smoke</a>, Canadian Cancer Society</li> <li>• <a href="#">Babies Need Breathing Space</a>, Interior Health Authority</li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Tobacco Use in the Perinatal Period [2006]</a>, Perinatal Services BC</li> <li>• <a href="#">Expecting to Quit: A Best-Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women</a>, BC Centre of Excellence for Women’s Health</li> <li>• Pregnancy related issues in the management of addiction <a href="http://www.addictionpregnancy.ca">www.addictionpregnancy.ca</a></li> <li>• <a href="#">Tips to assist people to quit smoking</a></li> <li>• <a href="#">Helping Women Quit, A Guide for Non-Cessation Workers</a></li> <li>• <a href="#">Clinical tobacco intervention training</a>, BC Cancer Agency</li> <li>• <a href="#">Nursing Best Practice Smoking Cessation Initiative (training)</a>, RN Association of Ontario</li> </ul>

## 4. Healthy Lifestyles, *cont'd.*

### C. Alcohol Use in Pregnancy

**Rationale:** Alcohol is a recognized teratogen and consuming alcohol during pregnancy can be harmful to the woman, her pregnancy and the developing fetus. All medical experts recommend abstaining from alcohol during pregnancy. All women, not only those who may appear to be at risk need to be aware of the dangers of alcohol use in pregnancy. Brief counselling interventions with women who have problematic alcohol use are effective in reducing alcohol intake in pregnancy.

**Assess: Woman's knowledge of risks of alcohol use in pregnancy – i.e. there is no safe time and no safe amount of alcohol that can be consumed without creating potential harm to the growing fetus – and her use of alcohol and plans to abstain from its use while pregnant**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of the potential damaging effect that alcohol use can have on her fetus and does not use alcohol during her pregnancy.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Ask woman about what she knows about the effects of alcohol in pregnancy and offer her information about the risks of drinking alcohol while she is pregnant and about its effect on her fetus; i.e. “it is safest not to drink in pregnancy as there is no known safe time, no safe kind or safe amount of alcohol that can be consumed in pregnancy”.</li> <li>• Create a safe context where the woman can discuss her alcohol use and her plans for reducing or stopping use while pregnant. With the woman's permission, direct her to print and web-based resources and materials for information about the effects of alcohol use on a pregnant woman and her developing fetus. Encourage the woman with specific questions to discuss with her PHCP.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is unaware of the potential effect of alcohol on the growing fetus, had not felt safe to ask for help to reduce or abstain from alcohol while pregnant, and/or is currently drinking alcohol.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Given the barriers for women to disclose alcohol use in pregnancy, a relational approach, such as motivational interviewing, is recommended to first build safety in the relationship before any decision to use a validated screening tool (such as the TWEAK). If a woman shares that she is using alcohol while pregnant, explore with her whether she is interested in support and what that might look like for her. With her permission, provide referral to PHCP and to community resources.
<b>HE: Health Education</b>	<b>HE:</b> If the woman (and her partner where indicated) is not aware of risks of alcohol use in pregnancy, offer to provide this information, (print, verbal and web-based) (e.g. Baby's Best Chance Handbook or Motherisk); facilitate access to and/or assist woman with barriers (due to cultural, linguistic or intellectual factors) to understand these materials.
<b>CB: Capacity Building</b>	<b>CB:</b> Support woman who is drinking or who is at risk to do so to develop and carry out plans to reduce/eliminate risk of alcohol use during her pregnancy. Explore readiness for change and be willing to assist with goal setting.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP, substance use treatment and withdrawal management providers and relevant community resources to develop strategies that can support both the individual woman who is drinking during her pregnancy and those in a position to support her.



#### 4. Healthy Lifestyles, *cont'd.*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li>• <a href="#">The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Alcohol or Drug Use During Pregnancy, Alcohol Effects on a Fetus</a>, HealthLinkBC</li> <li>• <a href="#">Drinking Alcohol When You Are Pregnant</a>, Healthy Families BC</li> <li>• <a href="#">Drinking Alcohol</a>, Baby's Best Chance Handbook pg. 14</li> <li>• <a href="#">Girls, Women and Alcohol: Making Informed Choices</a></li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li>• <a href="#">TWEAK Score Questionnaire on Alcohol Use During Pregnancy</a>, Perinatal Services BC</li> <li>• <a href="#">Alcohol, Nicotine, Substance Use</a>, Motherrisk</li> <li>• <a href="#">Alcohol Use and Pregnancy Consensus Clinical Guideline</a>, Society of Obstetricians and Gynecologists (SOGC)</li> <li>• <a href="#">Pregnancy related issues in the management of addiction, PRIMA</a></li> <li>• <a href="#">Healthy Choices in Pregnancy</a> website DVD “Supporting Change: Preventing Fetal Alcohol Spectrum Disorder”</li> <li>• <a href="#">10 Fundamental components of FASD prevention from a women’s health determinants perspective</a>, CanFASD</li> <li>• <a href="#">What Communities are Doing to Help</a>, CanFASD,</li> <li>• <a href="#">Taking a relational approach</a>, CanFASD,</li> <li>• <a href="#">Low Risk Alcohol Drinking Guidelines</a>, Canadian Centre on Substance Abuse</li> <li>• <a href="#">Light Drinking During Pregnancy</a>, CanFASD</li> <li>• Local community resources addressing alcohol and substance use reduction</li> </ul>
<b>Refer to</b>	<a href="#">Violence Against Women in Relationships; Perinatal Depression and Anxiety</a>

## 4. Healthy Lifestyles, *cont'd.*

### D. Substance Use

**Rationale:** Most illicit substances, i.e. “street drugs”, are known to be harmful to both the pregnant woman and her developing fetus. All medical experts strongly recommend that women abstain from all illicit drug use during pregnancy.

#### Assess: Woman’s knowledge and awareness of dangers posed by substance use in pregnancy her plans to abstain from illicit substance use while pregnant and breastfeeding

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of the damaging effect substance use can have on her health, her pregnancy and on her growing fetus and abstains from use of all illicit substances.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Ask woman what she already knows about the effects of using illicit substances and if she does not have the information, advise woman about the potential negative health effects of using illicit drugs (including prescription drugs not prescribed for the woman) on her health, her pregnancy and the health of her growing fetus. <b>Note:</b> Illicit drugs include but are not limited to the following: Marijuana, Heroin, Methadone [when not prescribed], Cocaine, Amphetamines, Hallucinogens [MDMA, LSD], and Aerosols and Inhalants [Gasoline, Solvents].</li> <li>• Advise woman who is using illicit substances that abstaining from use (under the supervision of her PHCP) will greatly benefit her health and the health of her fetus; advise woman who is not ready to stop using illicit substances that reduction in use (and risky behaviour often associate with use) may also help to reduce the risks to herself and her fetus.</li> <li>• Create a safe context where the woman can discuss her substance use and her plans for reducing or stopping use while pregnant. With the woman’s permission, direct her to print and web-based resources and materials for information about the effects of substance use on pregnant women and their developing fetus. Encourage women with specific questions to discuss with their PHCP.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is unaware of the potential effect of substance use on the growing fetus, had not felt safe to ask for help to reduce or abstain use of substances while pregnant, and/or is currently using substances.</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>	<p><b>SR:</b> Identify substance use behaviour with woman. <b>Note:</b> Signs that may indicate that a woman is at risk for or is using street drugs/substances include: missed or inadequate prenatal care, recurrent somatic complaints [chronic pain, nausea, sleep disturbance], mental health issues/known psychiatric diagnosis, history of abuse or trauma, tenuous or non-existent social supports, failure to gain adequate weight, and intra-uterine growth delay/retardation.</p> <p>Refer a woman who reports using or who may be at risk to use to PHCP and (after consultation with the PHCP) local substance use services/programs (if available).</p>

#### 4. Healthy Lifestyles, *cont'd.*

<p><b>HE: Health Education</b></p>	<p><b>HE:</b> Offer woman print, verbal and web-based information of the risks of substance use during pregnancy after determining need and asking permission; facilitate access to and/or assist the woman with barriers (due to cultural, linguistic or intellectual factors) to understand these materials.</p> <p>Advise the woman who may have a substance use problem that she may require specialized medical care to manage withdrawal and or the effects of substance use on her health and pregnancy, and that her infant, once he/she is born, may also need specialized support. (See <a href="#">PSBC Substance Use Guideline 1: Principles of Perinatal Care for Substance Using Women and their Newborns</a> for further information.)</p>
<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Support and assist the woman who is using or at risk of using to develop and carry out plans to reduce/eliminate drug use and unsafe practices related to use during her pregnancy (See Streetworks <a href="#">“Oh Shit - I’m Pregnant”</a> booklet.)</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate/collaborate with PHCP, specialized substance use treatment and withdrawal management services, and MCFD to support the woman through her pregnancy. Recognize that women may be fearful of MCFD involvement, and may need to discuss the benefits of early MCFD involvement with other women who have found this helpful. <b>Note:</b> Early and close collaboration between providers and the woman is a key component in successful outcomes for the mother and infant. Refer to the Protocol Agreement.</p> <p>Support women to self refer to the Ministry of Children and Family Development for voluntary prenatal support services. It is not the responsibility of the health provider to contact the local authorities unless someone’s life is in danger, a minor is involved or unless it is the wish of the woman. If children in the home are at risk, assist the mother to contact Ministry of Children and Family Development (MCFD). If she is afraid or unwilling to contact MCFD, it is the responsibility of the PHN to do so, and to inform their Supervisor of any referrals made to MCFD. Always inform the woman of these calls so that she can have a safety plan in place for herself and her children.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Using Street Drugs</a>, Baby’s Best Chance Handbook pg. 15</li> <li>• <a href="#">Using Drugs During Pregnancy</a>, Health Families BC</li> <li>• <a href="#">The Healthy Pregnancy Guide</a>, Public Health Agency of Canada</li> <li>• <a href="#">Alcohol or Drug Use During Pregnancy</a>, HealthLinkBC</li> <li>• <a href="#">Substance Use and Pregnancy</a>, Here to Help</li> <li>• <a href="#">“Oh Shit – I’m Pregnant”</a>, Streetworks</li> <li>• Alcohol and Drug Information and Referral Line, tollfree at 1-800-663-1441</li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Alcohol, Nicotine, Substance Use</a>, Motherisk</li> <li>• <a href="#">Substance Use Guidelines</a>, Perinatal Services BC</li> <li>• <a href="#">Substance Use in Pregnancy</a>, Society of Obstetricians and Gynecologists (SOGC)</li> <li>• <a href="#">Pregnancy related issues in the management of addiction</a></li> <li>• <a href="#">Family Law in BC</a></li> <li>• <a href="#">Roles and Responsibilities of the Director (Child, Family and Community Service Act) and the Ministry Of Health: For Collaborative Practice Relating to Pregnant Women At-Risk and Infants At-Risk in Vulnerable Families</a></li> </ul>
<p><b>Refer To</b></p>	<p><a href="#">Violence Against Women in Relationships; Perinatal Depression and Anxiety</a></p>

## 5. Healthy Relationships

### A. Support Systems

**Rationale:** Women with social support systems are more able to deal with the stresses of pregnancy and early motherhood.

<b>Assess: Woman's support system, including connection with partner (if any), family/ friends and community networks (social capital)</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman has social supports (partner, family and friends) and community connections (social capital) and is aware of how they can support her during her pregnancy and postpartum.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman that:               <ul style="list-style-type: none"> <li>▪ Support from her partner, families, friends and community networks are an important source of information and of emotional and physical help in coping with the changes and stresses inherent in pregnancy and early parenting</li> <li>▪ She is in the best position to decide who she wants to help her and what kind of support she needs</li> <li>▪ She may want to plan to have additional help available (from partner, close friends or relatives, or professional labour supporters (e.g. doulas) to provide her with specific kinds of support during the labour and birthing process and the early days after birth</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is socially isolated and/or lacks adequate social supports and community connectedness.</li> </ul>
<b>Intervention</b>	<p><b>SR: Screening &amp; Referral</b>      <b>SR:</b> Screen woman for social supports that will help her buffer the stresses of pregnancy and early motherhood (including depressive symptoms or other outcomes of isolation) by asking:</p> <ul style="list-style-type: none"> <li>▪ Do you feel supported in this pregnancy by your partner, family members and friends? Do you have anyone to talk to about your worries or concerns?</li> <li>▪ Do you have anyone who can help you with things like transportation, care of your other children (if any) or other needs?</li> <li>▪ Do you have a partner or significant other person in your life who will be involved in helping you to care for your baby?</li> </ul> <p>Refer woman who has concerns or few supports to community resources (including Pregnancy Outreach Programs and multicultural programs).</p> <p><b>HE: Health Education</b>      <b>HE:</b> Offer woman print or web-based information on available programs/groups/ resources in the community; facilitate access to and/or assist woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials and how they apply to her situation.</p> <p><b>CB: Capacity Building</b>      <b>CB:</b> Encourage and support a vulnerable woman to explore options for building social supports and to reach out to connect with and create a social network that will meet her needs.</p> <p><b>CC: Care Coordination</b>      <b>CC:</b> Communicate/collaborate with community agencies to assist a vulnerable woman to seek needed social support and build a support system.</p>

## 5. Healthy Relationships, *cont'd.*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <a href="#">Your Support Team</a>, Baby's Best Chance Handbook pg. 10</li><li>• <a href="#">How Support Teams Can Help During Pregnancy</a>, Healthy Families BC</li><li>• <a href="#">BC Association of Family Resource Programs</a></li><li>• <a href="#">BC Pregnancy Outreach Programs</a></li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• Local support resources, including community-based programs, cultural and faith communities and social service programs.</li></ul>

## 5. Healthy Relationships, *cont'd.*

### B. Violence Against Women in Relationships

**Rationale:** In Canada, over 1 in 10 female spousal victims are pregnant at the time of the abuse<sup>37</sup>. Violence against women in relationships (also known as “domestic violence”, “spousal violence” or “intimate partner violence”) is a social and public health problem with devastating consequences for women, pregnant women and their children, as they are both at risk for increased morbidity when exposed to violence. Violence against women can happen to anyone, regardless of age, ethnicity, sexual orientation, and socioeconomic status. Young women, Aboriginal women, and women who have a disability are known to be at a higher risk of intimate partner violence.

**Assess: A woman’s awareness of what constitutes violence within a relationship and her exposure to physical, sexual, emotional, spiritual and financial violence by a person with whom she has, or has had, an intimate relationship.**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman feels safe and supported physically, emotionally and financially by partner and in other personal relationships.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise a woman who may be at risk that:             <ul style="list-style-type: none"> <li>▪ Violence against women in relationships is a repeating pattern of abusive behaviour based on power and control – a cycle that will continue to repeat and may likely escalate over time</li> <li>▪ Violence/abuse can be physical, emotional, verbal, sexual, spiritual, or financial, and includes the actual or threat of all forms of harm to the woman</li> <li>▪ Violence/abuse may include coercion, progressive social isolation, intimidation, stalking, deprivation, or other behaviors/actions designed to take away women’s autonomy, rights and control</li> <li>▪ Women are at higher risk during pregnancy for serious physical and emotional injury. Infants are at risk for low birth weight, prematurity, death and possibly a lower threshold of resistance to stress</li> </ul> </li> <li>• Clearly convey the message that violence is never deserved and a woman has the right to live free of violence.</li> </ul> <p><b>Note:</b> All women are at risk of violence regardless of age, ethnicity, sexual orientation, socioeconomic status, health status and presence or absence of current partner.</p>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman is being abused/is at risk for abuse by current or past partner or other significant person.</li> <li>• Woman feels/is unsafe or unsupported physically, emotionally and/or financially in her relationship with her partner or family.</li> </ul>

## 5. Healthy Relationships, cont'd.

<p><b>Intervention</b></p> <p><b>SR: Screening &amp; Referral</b></p>	<p><b>SR:</b> Screening or routine enquiry is not recommended<sup>38</sup>, but it is important to ask women clinically-relevant questions when signs of abuse are present (bruises, burns, injuries, etc). Working in a trauma and violence informed way does not necessarily require disclosure of abuse. Engagement with the woman may focus on recognizing signs of trauma and supporting the woman to manage them. Explore with the woman concerns about safety in her relationship (current or past) in a non-judgmental manner that emphasizes her choices and control over recovery<sup>39</sup>. See the resources section for further information about trauma and violence-informed care.</p> <p>A woman's physical, mental and sexual/reproductive health is affected by abuse. A woman experiencing violence may present with other health issues such as depression, substance use, and other medical conditions such as head injuries, GI problems, bladder infections, frequent headaches, forced pregnancies, forced abortions, etc.</p> <p>Offer the woman an opportunity to meet with you alone to talk about her pregnancy if clinically relevant signs of abuse are present. Don't assume that the woman is pregnant by choice or that she is excited about her pregnancy.</p>
<p><b>HE: Health Education</b></p>	<p><b>HE:</b> Discuss resources for assistance with woman; consider providing print and web-based information on violence against women and how to access help (crisis lines, transition houses). Strive to tailor resources to the unique needs of the woman and to limit the amount of referral and resource information given as receiving a lot of information may be overwhelming. <b>Note:</b> Discretion must be used when giving a woman information. For example, do not mail information as that could escalate the violence if the abuser becomes aware of it. If you give her print material ask her where she can keep this material where it will be out of sight of the abuser.</p> <p><b>Note:</b> Do not use a family member as an interpreter/translator.</p>
<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Discuss adverse effects of violence on the woman's health and the health of her children. Inform woman of her legal rights and responsibilities; i.e. violence against women is a crime and an abuser may be charged under the assault sections of the Criminal Code for physical, sexual violence and threats of using a weapon.</p> <p>Encourage and support a women who is experiencing violence to explore ways to protect herself and her child(ren) by:</p> <ul style="list-style-type: none"> <li>■ Recognizing and building on strengths (women use many strategies to keep themselves and their children safe)</li> <li>■ Developing a trusting and respectful relationship, including respecting the woman's ability to make choices within legal limits</li> <li>■ Empowering the woman through collaborative decision making: respecting choices; sharing knowledge and information</li> <li>■ Respecting a woman's confidentiality, including her choice to not disclose and obtaining explicit and informed consent for all referrals</li> <li>■ Recognizing that a woman often has few choices if she is living with an abusive partner. It is appropriate to view a woman's actions as making the best/safest choices given the extreme limitations imposed by an abusive partner</li> <li>■ Asking a woman what plans she has in place. Assess for her safety: current high risk first and what she has done in the past if the abuse escalates. Ask if she needs assistance in developing a safety plan and tell her about resources that can help put a plan in place (e.g. Stopping the Violence Program, Victim Support Services)</li> <li>■ Exploring and providing information about community as well as family support systems that may be of assistance to her</li> </ul>

## 5. Healthy Relationships, *cont'd.*

<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate/collaborate with PHCP and community agencies to assist the woman to maintain safety and make informed, healthy choices about how to deal with her situation.</p> <p>Support women to self refer to the Ministry of Children and Family Development for voluntary prenatal support services. It is not the responsibility of the health provider to contact the local authorities unless someone's life is in danger, a minor is involved or unless it is the wish of the woman. If children in the home are at risk, assist the mother to contact Ministry of Children and Family Development (MCFD). If she is afraid or unwilling to contact MCFD, it is the responsibility of the PHN to do so, and to inform their Supervisor of any referrals made to MCFD. Always inform the woman of these calls so that she can have a safety plan in place for herself and her children.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">VictimLINK</a> provincial referral and resource line 1-800-563-0808</li> <li>• Domestic Violence Helpline 1-800-563-0808</li> <li>• <a href="#">Coping with Domestic Abuse When You Are Pregnant</a>, Healthy Families BC</li> <li>• <a href="#">Preparing for Emergencies, What to Take With You</a>, Domestic Violence BC</li> <li>• <a href="#">Domestic Violence</a>, HealthLinkBC</li> <li>• <a href="#">Help Starts Here</a></li> <li>• <a href="#">BC Housing</a></li> <li>• HealthLinkBC <b>8-1-1</b></li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Intimate Partner Violence Consensus Statement – Clinical Practice Guideline (2005)</a>, Society of Obstetricians and Gynecologists (SOGC)</li> <li>• <a href="#">Ministry of Children and Family Development</a></li> <li>• <a href="#">Intimate Partner Violence during the Perinatal Period</a>, Perinatal Services BC (PSBC)</li> <li>• <a href="#">Best Practice Approaches: Child Protection and Violence Against Women</a>, Ministry of Children and Families</li> <li>• <a href="#">Violence Against Women in Relationships: Victim Service Worker Handbook</a>, Ministry of Justice</li> <li>• <a href="#">A Framework for Addressing Violence Against Women in Relationships (2012)</a>, Ministry of Health</li> <li>• <a href="#">Family Law in BC</a></li> <li>• <a href="#">The SHE Framework Safety and Health Enhancement for women experiencing abuse (2007)</a></li> <li>• <a href="#">Roles and Responsibilities of the Director (Child, Family and Community Service Act) and the Ministry Of Health: For Collaborative Practice Relating to Pregnant Women At-Risk and Infants At-Risk in Vulnerable Families</a></li> </ul>
<p><b>Refer To</b></p>	<p>Alcohol Use in Pregnancy; Tobacco Use; Substance Use; Perinatal Depression and Anxiety</p>



## 5. Healthy Relationships, *cont'd.*

### C. Sexuality in Pregnancy

**Rationale:** Sexual health integrates the emotional, physical, cognitive and social aspects of sexuality and is a vital and integral part of overall health and well-being throughout life. Safer sex (including sexual intercourse) during pregnancy is not associated with adverse outcomes with the exception of women with placenta previa, bleeding or premature labour. Safer sex practices are recommended for women vulnerable to sexually transmitted infections.

<b>Assess: Woman's knowledge and understanding of healthy sexuality and safe sexual practices during pregnancy</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman understands the importance of healthy sexuality and safer sex during her pregnancy and is aware of risk factors that can impact sexual activity during pregnancy.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman:           <ul style="list-style-type: none"> <li>▪ That safer sexual activity (including but not limited to intercourse) during pregnancy is not associated with adverse outcomes with the exception of a woman with placenta previa, preterm labour or other causes of bleeding</li> <li>▪ To practice safer sex (using condoms, water based lubricants, etc.) whenever possible, especially if she is at risk for sexually transmitted infections. A vulnerable woman includes someone who drinks alcohol beyond low-risk drinking guidelines or uses other drugs for non-medical purposes, has sexual contact with individuals known to be infected with an STI, has unprotected sex, works in the sex trade or participates in survival sex<sup>40</sup>, has multiple sex-partners, or has a history of previous sexually transmitted infections (STIs)</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman does not have a healthy sexual relationship and/or is at risk for or engaging in unsafe sexual practices.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman to determine her ability to enjoy safer sex and healthy sexuality during pregnancy, risk factors that can impact sexual activity and how to practice safer sex to reduce or eliminate risks of STIs; refer woman with knowledge gaps or questions about sexuality to her PHCP or sexual health services (if available).
<b>HE: Health Education</b>	<b>HE:</b> Provide print or web-based materials regarding healthy sexuality during pregnancy. Facilitate access to and/or assist woman who is experiencing barriers (due to socioeconomic status, cultural, linguistic or intellectual capacity factors) to understand these materials.
<b>CB: Capacity Building</b>	<b>CB:</b> Support vulnerable woman who is at risk for, or who is participating in, unsafe sexual practices to reduce or eliminate risk of adverse outcomes by discussing the risks of sexually transmitted infection prevention and exploring how she can adopt safer sex practices. Support woman with barriers impeding her participation in healthy sexual practices to explore options (e.g. alternatives to intercourse for a woman with contraindications to same) and to seek out resources to help her address her concerns.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP, sexual health services and other appropriate community resources to support the woman to address issues with sexuality and unsafe sexual practices.

## 5. Healthy Relationships, *cont'd.*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <a href="#">Sexuality</a>, Baby's Best Chance Handbook pg. 49</li><li>• <a href="#">Healthy Sex During Pregnancy</a>, Healthy Families BC</li><li>• <a href="#">Sexual Health and Promotion</a>, Health Canada</li><li>• <a href="#">Sex During Pregnancy</a>, HealthLinkBC</li><li>• <a href="#">Sexuality and U</a></li><li>• <a href="#">Medline – Safe Sex</a></li><li>• <a href="#">Smart Sex Resource</a></li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li><li>• <a href="#">Options for Sexual Health</a></li><li>• <a href="#">Female Sexual Health Consensus Clinical Guidelines</a>, Society of Obstetricians and Gynecologists (SOGC)</li></ul>

## 6. Resources

### A. Housing

**Rationale:** Adequate, safe and secure housing is an important prerequisite to women’s physical, psychological and social well-being.

Assess: Adequacy of woman’s housing to meet psychological, physical and social needs	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is living in housing that meets her physical, psychological and social needs.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise women who may be at risk for inadequate, unsafe or insecure housing about options to address same (e.g. BC Housing provides social housing to those who qualify).</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman does not have or is in imminent risk of not having adequate and/or secure housing.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for adequacy of housing based on the needs of her and her family. Refer women to information about housing options and resources as needed.
<b>HE: Health Education</b>	<b>HE:</b> Offer woman print and web-based information on housing options and information about how she can access (or get help to access) same.
<b>CB: Capacity Building</b>	<b>CB:</b> Support or assist a woman needing help (due to low literacy levels, language barriers etc.) to connect to resources that will help her in accessing secure housing or to resources or agencies she can use to secure same.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with community agencies that provide housing services to assist the woman in need to find adequate housing for herself, her infant and family (including with social services, financial assistance workers where available).
<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li>• <a href="#">BC Rental Assistance (information)</a>, BC Housing</li> <li>• <a href="#">Income Assistance</a>, Ministry of Social Development</li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li>• <a href="#">BC Rental Assistance (information)</a>, BC Housing</li> <li>• <a href="#">Transition Housing</a></li> <li>• <a href="#">Salvation Army Social Service Programs</a></li> <li>• Information about local resources (i.e. information and materials available in Public Health Unit or through local agencies)</li> </ul>

## 6. Resources, cont'd.

### B. Adequate Finances

**Rationale:** Access to adequate finances is an essential component in meeting basic physical, psychological and social needs.

<b>Assess: Woman's access to adequate financial resources to meet her and her families psychological, physical and social needs</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>Woman has access to adequate (sufficient and sustainable) financial resources allowing her and her family to meet her physical, psychological and social needs (housing, food, clothing, transportation etc.).</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>Advise vulnerable woman who is at risk for inadequate or insecure financial resources about options to address need, including: Employment Insurance, Income Assistance, MSP supplement, Pharmacare, Natal Allowance Supplement etc. <b>Note:</b> These resources all require application.</li> <li>Advise vulnerable woman about community agencies that provide free or low cost equipment and clothing to women in need.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>Woman lacks access to adequate financial resources to support her and her infant (and other children if any).</li> </ul>
<b>Intervention</b>	<p><b>SR: Screening &amp; Referral</b>      <b>SR:</b> Screen woman for adequacy of financial resources to meet needs of self and child; refer her to appropriate resources if needed.</p> <p><b>HE: Health Education</b>      <b>HE:</b> Offer woman print and web-based information on financial resource/resource applications.</p> <p><b>CB: Capacity Building</b>      <b>CB:</b> Support/assist vulnerable woman (due to low literacy levels or language barriers etc.) to access/apply for resources, including Income Assistance, Natal Allowance Supplements and other resources available in local communities (where relevant).</p> <p><b>CC: Care Coordination</b>      <b>CC:</b> Communicate/collaborate with community agencies, social workers, and financial assistance workers and others available in the local community to assist woman in accessing necessary financial resources.</p>
<b>SR: Screening &amp; Referral</b>	
<b>HE: Health Education</b>	
<b>CB: Capacity Building</b>	
<b>CC: Care Coordination</b>	
<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li><i>Income Assistance</i>, Ministry of Social Development <a href="http://www.hsd.gov.bc.ca/bcea.htm">www.hsd.gov.bc.ca/bcea.htm</a></li> <li><i>Child Care Resources</i>, Ministry of Children and Families <a href="http://www.mcf.gov.bc.ca/childcare/index.htm">www.mcf.gov.bc.ca/childcare/index.htm</a></li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li><i>Natal Allowance Supplement Information</i>, Ministry of Social Development <a href="http://www.gov.bc.ca/meia/online_resource/health_supplements_and_programs/natal">www.gov.bc.ca/meia/online_resource/health_supplements_and_programs/natal</a> Also in <a href="http://www.healthlinkbc.ca">www.healthlinkbc.ca</a></li> <li>Information about local resources (i.e. information and materials available in Public Health Unit or through local agencies)</li> </ul>

## 6. Resources, *cont'd.*

### C. Community Resources

**Rationale:** A variety of community-based agencies and resources are available in most communities and can assist women to meet their needs during pregnancy and early parenthood.

<b>Assess: Woman's knowledge of and access to community agencies and resources that may be of benefit to her</b>	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>Woman is able to seek out information and access community agencies or resources that may be of benefit to her.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>Advise woman about available community agencies and resources that can assist her to meet her needs during pregnancy. <b>Note:</b> Each community will have different resources available.</li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>Woman does not know how or is unable to access to community agencies or resources that may be of benefit to her.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for knowledge of, and ability to access, community agencies and resources that may be of benefit to her or her family. Where appropriate, refer woman to resources available in the local community to meet her needs.
<b>HE: Health Education</b>	<b>HE:</b> Offer woman print and web-based resources on community agencies/services/ programs and information about how to access them.
<b>CB: Capacity Building</b>	<b>CB:</b> Support or assist vulnerable woman and those women needing help (due to low literacy levels or language barriers etc.) to connect to community agencies or resources that may be of benefit to them.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with community agencies to facilitate woman's access to resources/provision of services that support women and families.
<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li><a href="#">Public Health Services</a>, Healthy Families BC</li> <li><a href="#">BC Pregnancy Outreach Programs</a></li> <li><a href="#">BC Association of Aboriginal Friendship Centres</a></li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li>Resource information available in Public Health Unit (e.g. "Red Book Online" <a href="http://www.bc211.ca">www.bc211.ca</a> or 211 line)</li> <li><a href="#">Ministry of Children and Families</a></li> <li><a href="#">HealthLinkBC</a></li> </ul>

## 7. Injury Prevention

### A. Safety in Pregnancy

**Rationale:** Physical changes that occur during pregnancy can make women (and by extension their developing fetuses) more vulnerable to injury.

#### Assess: Woman's knowledge of common hazards that may put her or her fetus at risk and her ability to avoid them

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"><li>• Woman is aware of common pregnancy related hazards and how to take measures to avoid them.</li></ul>
<b>Client Education/ Anticipatory Guidance</b>	<p><b>Infectious and Environmental Hazards</b></p> <ul style="list-style-type: none"><li>• Advise woman to avoid:<ul style="list-style-type: none"><li>■ Risks of infection from exposure to bacteria, viruses, or parasites, such as toxoplasmosis by refraining from cleaning cat litter boxes and listeriosis by using appropriate food safety precautions</li><li>■ Exposure to noxious chemicals such as cleaning products, lawn chemicals, paints, insecticides, and pesticides and lead containing products</li></ul></li></ul> <p><b>Note:</b></p> <ul style="list-style-type: none"><li>• Hair Dye and Perms: Occasional exposure to chemicals used in hair dye and perms are unlikely to be harmful to the developing fetus<sup>41</sup>; pregnant hairdressers who regularly handle them should wear gloves</li><li>• Insect repellent: DEET-based insect repellents are considered to be safe for use by pregnant women<sup>42</sup></li><li>■ Nitrates in well-water: If a woman is using well water, advise her to have her well water tested for both nitrates and coliform bacteria</li><li>■ X-rays: A single diagnostic X-ray, such as a dental X-ray, does not harm the fetus<sup>43</sup>. Generally, it is recommended to avoid unnecessary X-rays. If an X-ray is necessary, advise woman to tell the technician that she is pregnant. Many X-rays can be delayed until after pregnancy. If X-rays are needed, they can be done with a lead apron that shields a woman's abdomen</li></ul> <p><b>Physical Hazards</b></p> <ul style="list-style-type: none"><li>• Advise woman that:<ul style="list-style-type: none"><li>■ Air travel is considered to be safe until 36 weeks of gestation<sup>44</sup>. Flights over 6 hours are associated with increased risk of deep vein thrombosis (DVT) so the woman should take care to exercise during flights</li><li>■ She should always wear a lap belt over pelvic bones below baby and snug across shoulder in the car</li><li>■ If her work involves heavy lifting, stooping and bending and exposure to chemicals, etc., to discuss how to manage work expectations with her employer and PHCP</li><li>■ She should take care in late pregnancy when walking on uneven ground, using stairs, or getting in and out of bathtubs and refraining from standing on chairs or ladders</li><li>■ She should use caution when using saunas, hot tubs, hot baths, as pregnant women are at a higher risk of overheating. Raising core body temperature (hyperthermia) can have harmful effects on a fetus<sup>45</sup>. Advise woman to avoid uncomfortably high temperatures, and limit her exposure. Suggest sauna use of no more than 15 minutes and hot tub use of no more than 10 minutes<sup>46</sup>. A woman can sit with her arms and upper torso above the water to help keep her body temperature down in a hot tub or hot bath</li></ul></li></ul>

## 7. Injury Prevention, *cont'd.*

<b>Variance</b>	<ul style="list-style-type: none"> <li>Woman is unaware of hazards that may pose a risk for her or her fetus or is unable to avoid exposure to or to reduce safety risks.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for exposure to common hazards during pregnancy; refer woman with safety risks to appropriate resources to help her address concerns (including her PHCPs, WorkSafe BC, workplace HR or union resources etc.).
<b>HE: Health Education</b>	<b>HE:</b> Offer woman print and web-based material regarding hazards to avoid during pregnancy; facilitate access to and/or assist woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials and how to use them to reduce her risks.
<b>CB: Capacity Building</b>	<b>CB:</b> Support vulnerable woman to identify hazards she may face; explore and support the development of strategies that will assist her to avoid or reduce risks.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP, community agencies, employers etc. to aid a woman at risk for exposure to avoid/reduce risks.
<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"> <li><a href="#">Pregnancy: Chemicals, Cosmetics, and Radiation</a>, HealthLinkBC</li> <li><a href="#">Safety During Pregnancy</a>, Healthy Families BC</li> <li><a href="#">Nitrates in Well Water</a>, HealthLinkBC</li> <li><a href="#">Eat Safely, Eat Well: Food Safety During Pregnancy</a>, BC Centre for Disease Control</li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li><a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li> <li><a href="#">Occupational/Environmental Exposures</a>, Motherisk <a href="http://www.motherisk.org">www.motherisk.org</a></li> <li><a href="#">Working During Pregnancy</a>, Society of Gynecologists and Obstetricians (SGOC)</li> <li>Materials available in Public Health Unit and from local WorkSafe BC offices, union locals etc.</li> </ul>

## 8. Preparation for Birth

### A. Prenatal Knowledge

**Rationale:** Women who learn about pregnancy and childbirth are more likely to have a better experience of labour and delivery. Knowledge will also allow greater participation in the choices that are required to be made during pregnancy and motherhood.

Assess: Woman's knowledge about pregnancy and access to prenatal education to support her learning	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman has knowledge of and access to resources that will support her prenatal learning on the topics of fetal growth and development, preparation for labour, birth, breastfeeding and early parenthood.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Offer woman print and web-based information regarding pregnancy, fetal growth and development, labour and birth process, comfort measures, hospital procedures/ interventions, breastfeeding, and early parenthood.</li> <li>• Advise woman that:               <ul style="list-style-type: none"> <li>▪ The birth process is an important event in her life. Pregnancy and birth are normal physiological events that a woman is capable of managing</li> <li>▪ A woman's satisfaction with childbirth is determined by her personal expectations, support from partner/family and caregivers, and her involvement in decision making</li> <li>▪ Goals for preparing for pregnancy and birth include: gaining confidence in her ability to successfully carry a pregnancy and give birth, knowledge of the labour process and comfort measures to manage pain/discomfort of labour, and gaining the support/involvement of family, friends, and health care providers</li> <li>▪ Options for learning include group or individual education programs, reading books, web-based resources, observing birth (by attending births of friends, relatives or by educational video) and talking to other women. <b>Note:</b> Group classes have the advantage of providing a venue for pregnant women/couples to connect and talk with each other as well as providing more formal education</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman lacks knowledge about the process of childbirth and/or has no access to group or individualized prenatal learning/childbirth education.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for knowledge of pregnancy and childbirth and their access to prenatal learning opportunities. Refer woman to appropriate community services to facilitate knowledge building as needed.
<b>HE: Health Education</b>	<b>HE:</b> Offer woman print and web-based information regarding pregnancy, fetal growth and development, labour and birth process, comfort measures, hospital procedures/ interventions, breastfeeding, and early parenthood. Facilitate access to and/or assist a woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials. Emphasize birth as a natural process and women's capacity to have a normal birth free from interventions.
<b>CB: Capacity Building</b>	<b>CB:</b> Support woman to access education/learning that will help her prepare for labour, birth, breastfeeding and early parenthood. There are 6 care practices that a woman needs to learn about: (1) labour begins on its own, (2) freedom of movement, (3) no routine interventions, (4) continuous labor support, (5) upright postures for pushing and (6) no separation of mother and baby.



## 8. Preparation for Birth, *cont'd.*

<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP/community resources to help woman access appropriate childbirth education/prenatal learning.
<b>Resources and Tools for Mother and Family</b>	<ul style="list-style-type: none"> <li>• <a href="#">Childbirth Classes</a>, HealthLinkBC</li> <li>• <i>Pregnancy Passport</i> (available to women through their PHCP) and on Perinatal Services BC <a href="http://www.perinataleservicesbc.ca">www.perinataleservicesbc.ca</a></li> <li>• <a href="#">Preparing for Labour</a>, Baby's Best Chance Handbook pg, 58</li> <li>• <a href="#">Planning a Pregnancy</a>, Healthy Families BC</li> <li>• <a href="#">1st Trimester</a>, Healthy Families BC</li> <li>• <a href="#">2nd Trimester</a>, Healthy Families BC</li> <li>• <a href="#">3rd Trimester</a>, Healthy Families BC</li> <li>• <a href="#">Labour and Birth</a>, Healthy Families BC</li> <li>• <a href="#">Pregnancy Outreach Programs</a></li> <li>• <a href="#">BC Women's Hospital VBAC Power to Push Campaign</a></li> </ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"> <li>• Resources about local prenatal classes and other resources available in Public Health Unit</li> </ul>

## 8. Preparation for Birth, *cont'd.*

### B. Labour and Delivery Plan

**Rationale:** Women need to have a realistic plan regarding action they will take when they go into labour and are ready to deliver the baby.

Assess: Woman's knowledge about the birthing process and preparations for labour/delivery	
<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is knowledgeable about the signs of labour and has a plan to manage the details of the labour process, including obtaining support from PHCP (and others such as partner, family/friends/doulas etc.), transportation to hospital (if needed) and care of other children and/or pets as required.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman that:           <ul style="list-style-type: none"> <li>▪ Planning for labour and delivery includes gathering information about the birth process, learning about options for birthing, gathering support from her partner, family, PHCP, and others if desired (e.g. doula, friends), planning for transportation to the hospital and care of other children and pets if needed</li> <li>▪ She and her partner have the right to make informed decisions about the care they wish to receive (including the implications of receiving no care). She can develop a birth plan to communicate to her health care provider and support team what she prefers to do or have happen during labour, birth and the days following. This can also include the development of an infant feeding/breastfeeding plan</li> </ul> </li> <li>• In order to be make informed decisions woman/partners can and should ask for the following information regarding all interventions:           <ul style="list-style-type: none"> <li>▪ What is the intervention and what does it involve?</li> <li>▪ Why is it being recommended (what is the benefit)?</li> <li>▪ What are the risks/side effects of the intervention?</li> <li>▪ What are the alternatives?</li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman has limited or no knowledge of the signs of labour and/or no plan for or ability to create a plan to manage the details of the labouring process, including obtaining support, transportation, or care of other children or pets.</li> </ul>
<b>Intervention</b>	
<b>SR: Screening &amp; Referral</b>	<b>SR:</b> Screen woman for her knowledge of childbirth and plans for labour and birth; where needed, refer woman to appropriate services for prenatal teaching/childbirth education; advise woman with few or no supports and who needs assistance in planning about pregnancy support services available in her community.
<b>HE: Health Education</b>	<b>HE:</b> Provide print and web-based information regarding planning for childbirth, including information regarding the signs of labour, process of labour; facilitate access to and/or assist woman with barriers (due to cultural, linguistic or intellectual capacity factors) to understand these materials and how to use them in planning.
<b>CB: Capacity Building</b>	<b>CB:</b> Support vulnerable woman to build her knowledge about childbirth and formulate plans for her labour and birth with her PHCP, including planning for transportation and care of other children; facilitate links to Pregnancy Outreach Programs (POPs) or similar community-based services where appropriate.
<b>CC: Care Coordination</b>	<b>CC:</b> Communicate/collaborate with PHCP, community and internal resources (Healthiest Babies Possible/POPs) to provide prenatal learning/childbirth education where needed.

## 8. Preparation for Birth, *cont'd.*

<b>Resources and Tools for Women and Families</b>	<ul style="list-style-type: none"><li>• <a href="#">Giving Birth</a>, Baby's Best Chance Handbook pg. 65</li><li>• <i>Pregnancy Passport</i> (available to women through their PHCP) and on Perinatal Services BC <a href="http://www.perinataleservicesbc.ca">www.perinataleservicesbc.ca</a></li><li>• <a href="#">Preparing for Labour</a>, Healthy Families BC</li><li>• <a href="#">Labour and Birth</a>, Healthy Families BC</li><li>• <a href="#">Labour and Delivery</a>, HealthLinkBC</li><li>• <a href="#">BC Women's Hospital VBAC Power to Push Campaign</a></li><li>• <a href="#">Midwives Association</a></li><li>• <a href="#">Doula Services Association</a></li></ul>
<b>Resources for Practitioners</b>	<ul style="list-style-type: none"><li>• <a href="#">Maternity Care Pathway</a>, Perinatal Services BC</li><li>• Resources available in local Public Health Unit related to cultural practices and childbirth education programs</li></ul>

## 9. Preparation for Parenthood

### A. Bringing Baby Home

**Rationale:** Newborn infants are vulnerable and dependent on care givers to protect them from harm. It is important that the mother (and family) are aware of infant safety and care needs and have prepared a safe home environment for them.

**Assess: Woman's knowledge about what equipment, supplies and resources are required to safely transport and care for her newborn and her ability to attain these items.**

<b>Norm/Normal Variation</b>	<ul style="list-style-type: none"> <li>• Woman is aware of what will be required to care for her newborn, has arranged for the equipment and supplies that will be needed to create a safe home and sleeping environment. Woman has plans for accessing support to help her (including helping with other children) if needed as she begins caring for her baby.</li> </ul>
<b>Client Education/ Anticipatory Guidance</b>	<ul style="list-style-type: none"> <li>• Advise woman about the need for:             <ul style="list-style-type: none"> <li>▪ Resources and supports:                 <ul style="list-style-type: none"> <li>• Check arrangements for maternity leave and Employment Insurance if indicated</li> <li>• Organize time off for partner or to have some support from family and friends for the first week (or more) to provide help with household chores, food preparation and/or care of other children</li> </ul> </li> <li>▪ Equipment:                 <ul style="list-style-type: none"> <li>• A car seat that meets the Canadian Motor Vehicle Safety Standards is required to take a baby home unless going home by taxi. <b>Note:</b> Woman and partner/family should buy and learn how to use a car seat correctly before her baby is born and bring it to the hospital; if using a second-hand one, they should have it checked to make sure it meets safety standards. <a href="http://www.healthycanadians.gc.ca/kids-enfants/road-rue/choosing_seat-choisir_siege-eng.php">www.healthycanadians.gc.ca/kids-enfants/road-rue/choosing_seat-choisir_siege-eng.php</a></li> <li>• A safe sleeping place: Cribs should have a firm mattress and meet all safety standards; similarly, other types of baby care equipment such as strollers, prams, swings and bouncy seats to be used with the baby should also be checked to ensure they meet safety standards <a href="http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_212bk-eng.php">www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_212bk-eng.php</a></li> <li>• It is helpful to have enough supplies, such as diapers, blankets and seasonally appropriate sleepers etc. on hand to use for baby care prior to birth</li> </ul> </li> </ul> </li> </ul>
<b>Variance</b>	<ul style="list-style-type: none"> <li>• Woman lacks knowledge about what will be required to care for her baby safely and/ or has no access or means to secure necessary equipment and supplies to safely care for her baby.</li> </ul>
<b>Intervention</b>  <b>SR: Screening &amp; Referral</b>  <b>HE: Health Education</b>	<p><b>SR:</b> Screen woman for preparations for bringing baby home: supplies, a safe, firm, sleeping space, family or friends available to help with older children and meal prep etc.</p> <p><b>HE:</b> Offer woman printed and web-based information about how to prepare her home for her baby, including information about equipment and supplies, a safe sleeping environment and accessing support (including helping with other children) as well as strategies for making time for rest; keeping the home smokefree etc.; facilitate access to and/or assist woman with barriers (due to cultural, linguistic or intellectual capacity factors) to access and understand resource materials that can help her with planning.</p>

## 9. Preparation for Parenthood, *cont'd.*

<p><b>CB: Capacity Building</b></p>	<p><b>CB:</b> Advise woman and partner/family to:</p> <ul style="list-style-type: none"> <li>■ Become familiar with guidelines for safe sleep practices for infants</li> <li>■ Plan how she will manage visitors (i.e. not too many and not for too long, and no one who is ill)</li> <li>■ Prepare other children for the new baby by involving them in preparations.</li> </ul> <p><b>Note:</b> Women should also avoid making changes in a child's routines such as toilet training, moving from a crib to a bed, starting nursery school or make them several months before or well after the baby arrives</p> <ul style="list-style-type: none"> <li>■ Consider not getting a new pet before bringing baby home and that she needs to be prepared to address existing pet's response to new infant in the home</li> </ul> <p>Help a vulnerable woman to identify what she will need and support her to obtain supplies and supports she will need to care for her baby.</p>
<p><b>CC: Care Coordination</b></p>	<p><b>CC:</b> Communicate and collaborate with the woman's PHCP and/or community agencies to ensure she has the necessary supplies and equipment to safely bring the baby home and provide care.</p>
<p><b>Resources and Tools for Women and Families</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Coming Home</a>, Baby's Best Chance Handbook pg. 82</li> <li>• <a href="#">Preparing for Your Newborn</a>, Healthy Families BC</li> <li>• <a href="#">Preparing your child for a new sibling</a>, Kids Health</li> <li>• <a href="#">After Childbirth: Coping and Adjusting; Crib Safety</a>, HealthLinkBC</li> <li>• <a href="#">Every Sleep Counts and Safe Sleep</a></li> <li>• <a href="#">Child Safety Good Practice Guide</a>, Safe Kids Canada/Parachute Canada</li> <li>• <a href="#">Pet Safety</a>, HealthLinkBC</li> <li>• <a href="#">Maternity leave benefits</a></li> </ul>
<p><b>Resources for Practitioners</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Aboriginal Safe Sleep Toolkit</a>, First Nations Health Authority</li> <li>• <a href="#">Newborn Nursing Care Pathway</a>, Perinatal Services BC</li> <li>• <a href="#">Safe Sleep Environment Guideline for Infants 0 to 12 Months of Age</a>, Perinatal Services BC</li> <li>• <a href="#">ICBC</a></li> <li>• <a href="#">BCAA</a></li> </ul>
<p><b>Refer To</b></p>	<p><a href="#">Food Security</a>; <a href="#">Infant Feeding Plans</a>; <a href="#">Emotional Health and Adjustment to Pregnancy</a></p>

## Glossary of Terms

<b>Adequate</b>	Sufficient for a specific requirement; sufficient or satisfactory; lawfully and reasonably sufficient
<b>Appropriate</b>	Meeting the requirements of a purpose or situation
<b>Assess</b>	To determine, estimate or judge the value of; or to evaluate the importance of something
<b>Assessment</b>	A process that follows on initial screening that is intended to further explore and evaluate the identified health concern(s) based on the available evidence and the needs, preferences and abilities to the client to manage the concern. Follow-up intervention and referral is based on identified needs and variances.
<b>Capacity Building</b>	The process of actively involving individuals, groups, organizations and communities in all phases of planned change to increase their skills, knowledge and willingness to take action on their own future. (Source: Canadian Community Health Nursing Standards of Practice).
<b>Care Coordination</b>	Care coordination is used to provide comprehensive care to individuals, families, and groups that require extensive services. Used to optimize clients' self-care capacities, promote efficient use of resources, decrease fragmentation of care across settings, provide quality care in least restrictive environment, and promote cost containment (Source: Vancouver Community, Infant Child & Youth (ICY) 0-5 Public Health Nursing Service Delivery Model adopted from Public Health Intervention Model, Minnesota Department of Health 1998).
<b>Client</b>	A client can be an individual, family, group, population or entire community who requires nursing expertise; in some clinical settings, the client may be referred to as a patient or a resident.
<b>Collaboration</b>	A joint communication and decision-making process with the expressed goal of working together toward identified outcomes while respecting the unique qualities and abilities of each member of the group or team.
<b>Family</b>	Family is defined as the basic social unit in a society, traditionally consisting of two parents rearing their children; also can be any of various social units differing from but regarded as equivalent to the traditional family: e.g. a single-parent family or a same sex couple; family membership is not restricted to persons who are related biologically or by legal union (marriage) and can include persons identified by the client to be "family".
<b>Financial security</b>	Having an adequate income to meet basic needs such as housing, food, and clothing and to take advantage of opportunities that contribute to a rewarding life; Factors such as family size, the number of earners in the family or other social or health factors may affect financial security. (Source: Human Resources and Social Development Canada <a href="http://www.hrsdc.gc.ca">www.hrsdc.gc.ca</a> )
<b>Health Education</b>	Facilitated learning that leads to positive health behaviour change at an individual, family and community level; Involves the provision of information, resources, and training to individuals, groups and organizations whose services affect public health related community issues
<b>Intervention</b>	To interfere with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)
<b>Partner</b>	A person with whom one shares an intimate relationship; one member of a couple source (Source: Merriam Webster <a href="http://www.m-w.com">www.m-w.com</a> )

## Glossary of Terms, *cont'd.*

<b>Safer Sex</b>	Sexual activity and especially sexual intercourse in which various measures (as the use of latex condoms or the practice of monogamy) are taken to avoid sexually transmitted infections
<b>Screening</b>	Screening is the initial step in a process done in order to determine whether a client(s) has a health concern that should be subject to further assessment. Screening can be applied to everyone in a population, including those who appear to have no concerns (e.g. screening all pregnant women to find those who may be vulnerable), or applied only to those within the population deemed to be at risk due to a predetermined factor(s) known to be associated with the concern of interest (e.g. Preferentially screening pregnant teens for vulnerability) (Source: Vancouver Community, Infant Child & Youth (ICY) 0-5 Public Health Nursing Service Delivery Model adopted from Public Health Intervention Model, Minnesota Department of Health 1998).
<b>Variance</b>	A difference between expected norms and what is actually occurring.
<b>Vulnerable Woman</b>	Women are identified as vulnerable due to multiple factors including depressive symptoms or other mental health concerns; financial difficulties; young age; low education status; tobacco, alcohol or other substance use; living in a violent relationship; or socioenvironmental concerns. Selected populations are also considered vulnerable if they are attending Pregnancy Outreach Programs or substance use treatment programs; are refugees; or very recent immigrants who are experiencing significant social isolation. (Source: Fraser Health Authority, <i>Best Beginnings Manual</i> , 2012).

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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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