

A stylized, light blue illustration of a plant with several leaves and a cluster of small, round buds or flowers, positioned on the left side of the slide.

HEALTHY & HOME: A PROGRAM FOR NEW MOTHERS

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Objectives

1. Describe an early discharge maternity program.
2. Assess the evaluation methods and findings.
3. Discuss recommendations for forming similar programs.

Saskatoon



Population ~ 316,000



Royal University Hospital
(Tertiary Care with Level III NICU)

5,700 births → 4,000 referrals



West Winds Primary Health Centre

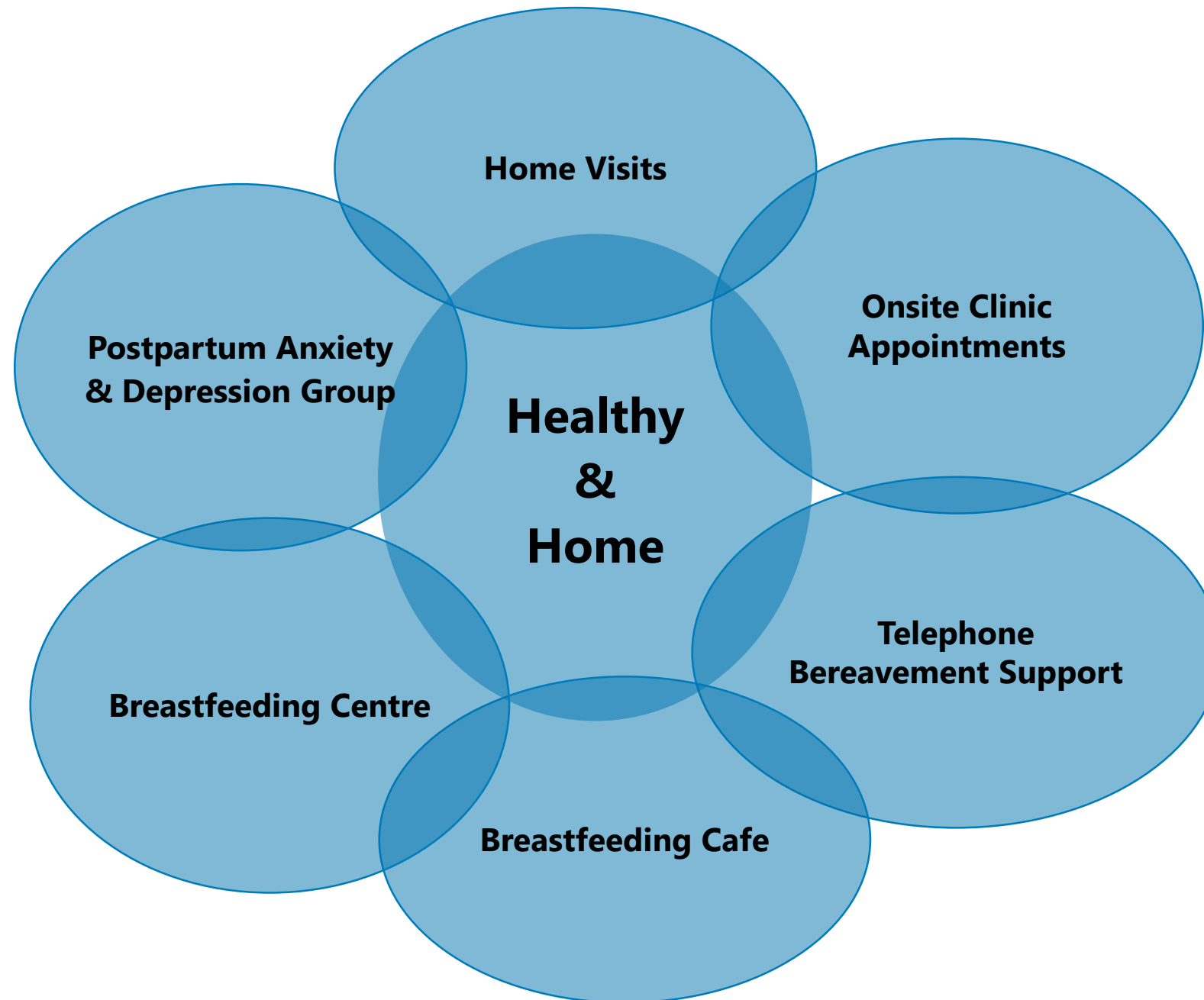


Childbirth is not only a time of significant physiological adaptation for mother and newborn, but it is also a time of considerable psychological and psychosocial adjustment which extends to families and communities.

While many women and their newborns transition through this time without concern, others develop significant health issues.

—Chalmers et al., 2008; Haran et al., 2014; Philips et al., 2013

Healthy & Home







Home Visits

- Early detection of potential health problems.
- Improve best practices ensuring delayed bathing, encouraging skin-to-skin contact, the initiation and maintenance of breastfeeding, and early detection of jaundice.
- Allow timely assessment of maternal mental health, family circumstances, and environmental concerns, which may impact the newborn's health and welfare.
Yonemoto et al., 2017
- Home Visiting criteria with mothers discharged prior to 24 hours receive next day service.

Maternal Complications...

Hemorrhage

Hypertension

Back pain

Urinary tract complications

Thromboembolic disease

Perineal & caesarean wound infection

Pain (breast, nipple, abdominal, vaginal)

Anxiety & or depression



Bashour, 2008;
Chalmers et al., 2008;
Chaput et al., 2016;
Declerq et al., 2008;
WHO, 2016.

Newborn Complications

Respiratory distress

Sepsis

Temperature instability

Hyperbilirubinemia

Feeding difficulties

Abnormal weight loss



* Risked increase for the late-preterm and preterm newborn



Breastfeeding Difficulties

Mothers continually say:

"I needed more help with breastfeeding."

"I really wanted breastfeeding to work."

"My nipples were too sore to continue."

"I didn't have enough."

"My milk wasn't good enough."

"I felt like I had failed as a mother already."

"We received so much conflicting advice."





**Postpartum care to all dyads
discharged from the Maternal
Care Unit**

**Regardless of length of hospital
stay, gestation or acuity**

**Until a comfortable feeding
plan established**

365 days a year

Moms and Babies requiring 24 hr. follow-up:

- Discharges < 24 hours of age
 - Bloodwork, PKU, and Jaundice follow-up
- Gestation <37 weeks
- Low birth weight (<2500 gm)
- Order for repeat bilirubin
- Weight loss >10%
- Abnormal vital signs
- GBS + with risk factors
- Neonatal Abstinence Scoring
- Primps discharged Day 1
- Blood pressure > 140/90
- Teen mom and/or limited prenatal care or social support
- Breast reduction or other known lactation challenge (supplementing, no latch etc.)
- Other physical or social risk factors (anxiety, depression)
- Other per physician order

Transcutaneous Bilirubin Screening

Point of Care Testing



Figure 5: Total Screens (per 1000 Live Births)

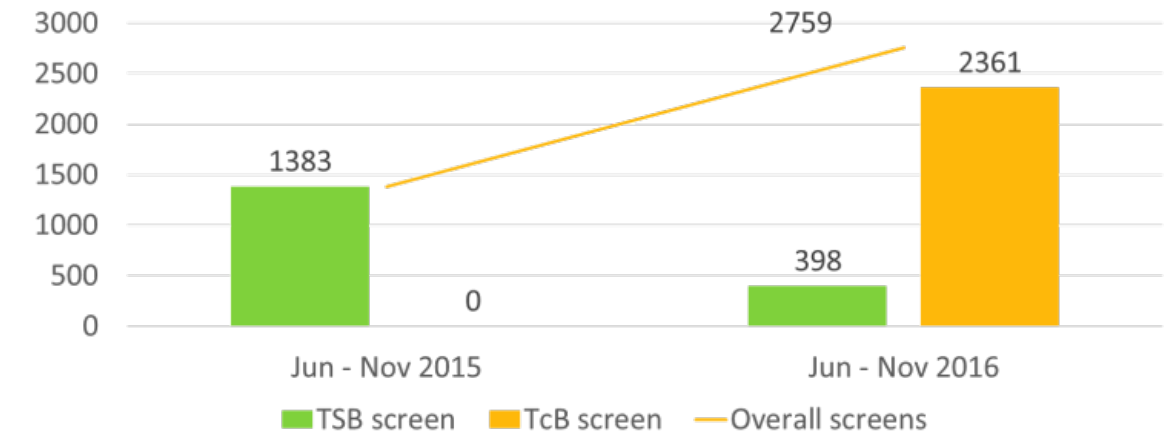
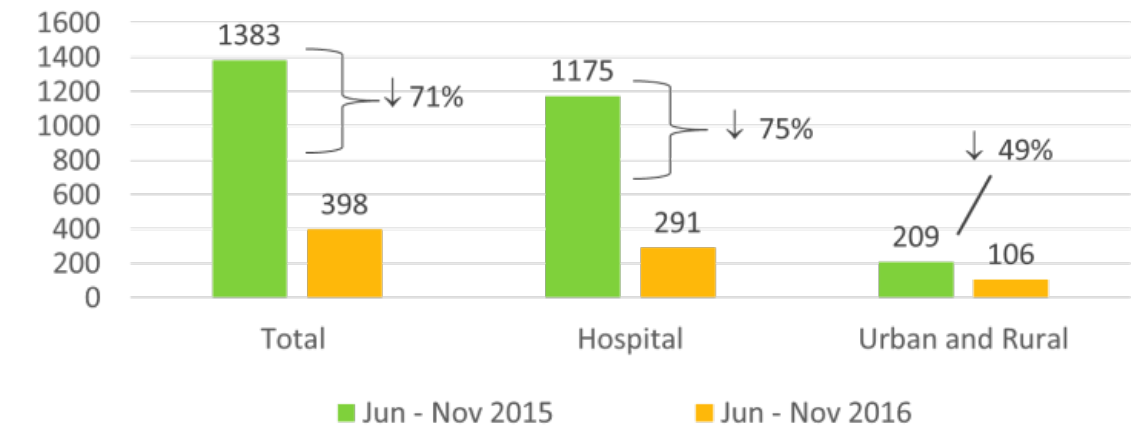


Figure 6: TSB Screens by Location (per 1000 Live Births)



TcB screening is part of a unique program that uses a locally validated predictive TcB nomogram

Community Supports

Public Health

Breastfeeding Café

Mothers Centre Peer Support

La Leche League





The broader significance of breastfeeding support such as improved long-term health outcomes are widely established in the literature

—Bartick and Reinhold, 2010; Duijts et al., 2010; McNiel, Labbok, and Abrahams, 2010; Renfrew et al., 2012



The Breastfeeding Centre

Established to protect ,
promote and support
breastfeeding

By appointment | With an IBCLC |

5 days a week

Breastfeeding Cafe

Facilitated by an IBCLC

**Mothers Supporting
Mothers**

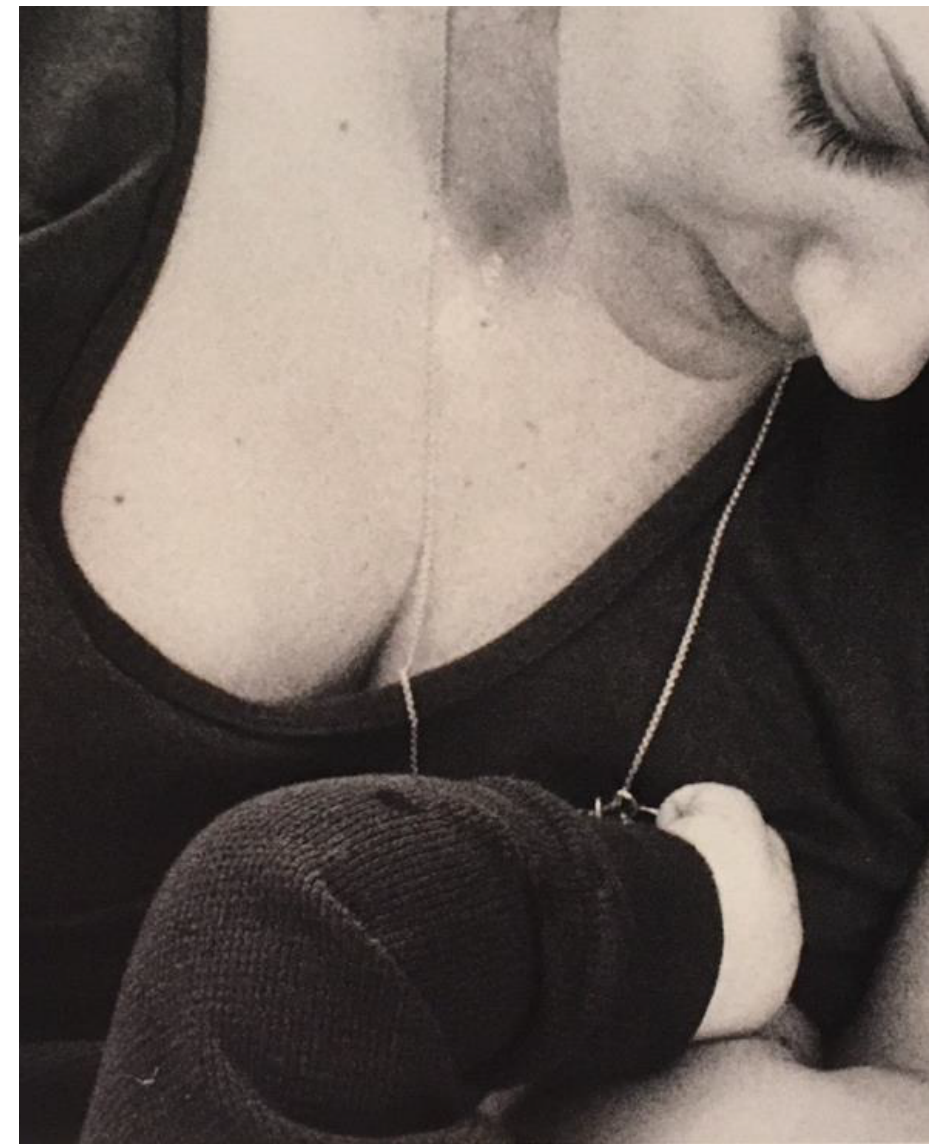
**Weekly. All are welcome.
Guest Speakers & Open Discussion**



Postpartum Anxiety & Depression Support

Collaboration with Mental
Health & Addictions
Services and Community
Clinic

**A safe environment for mothers to share
experiences and feelings**



Estimates ~12-20 % of all women.... Occurs from the second week up to the first year....Symptoms are often severe enough to impair coping ability (ability to look after self or child).

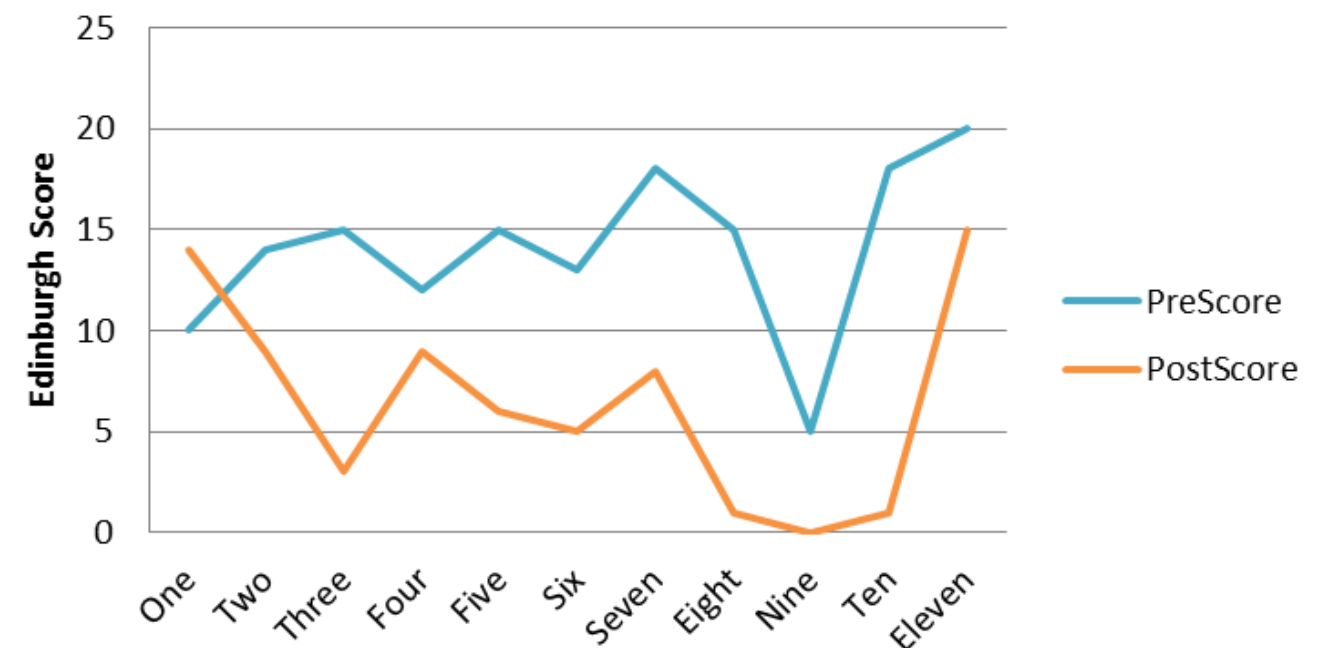
Bowen et al. (2012); Santoro & Peabody (2010)

PPD Program Attendance

"This group really was so helpful to me. I'm glad I was brave enough to seek the help that I really needed. It has been life changing for me. I am now able to see things differently then I used too. I still am working on my anxiety but just looking back on how I was when I first started the group to now, I feel like I've come a long way as a person."

- ~ 70 women register per year
- 46 program sessions
- Average 10 moms/session
- Ice breaker, Educational component and "Check-In"
- Women complete weekly "Scale of Mood"
- Taxi fare provide for those without transport
- Childcare in another room
- Edinburgh Postnatal Depression Score on entry and discharge

Changes in Edinburgh Score by Case





Bereavement Support

Women who have suffered prenatal loss are at risk for anxiety and depression, which may persist into a subsequent pregnancy and birth of a healthy newborn. Early intervention may be able to offset the risk of anxiety and depression for these women (Blackmore et al., 2011).

Telephone contact after birth,
2 weeks, 6 weeks

**Physical & emotional
assessments and referral**

BFI Coalition

Population & Public Health
U of S College of Pharmacy & Nutrition
CHEP Good Food Inc.
Midwifery

Saskatchewan Prevention Institute
Academic Family Medicine
Healthy Mother Healthy Baby
Prenatal Class Educator

U of S College of Nursing
The Breastfeeding Centre
Saskatchewan Prevention Institute
Food For Thought
Kids First

** Saskatoon Breastfeeding Matters
Saskatoon Open Door Society

Royal University Hospital Pediatrics, NICU, & Maternal
Newborn Care

Saskatchewan Lactation Consultant's Association
La Leche League

Breastfeeding Committee for Saskatchewan

Meets quarterly for 1.5
hours that is comprised of
an education component
and round table
discussions.



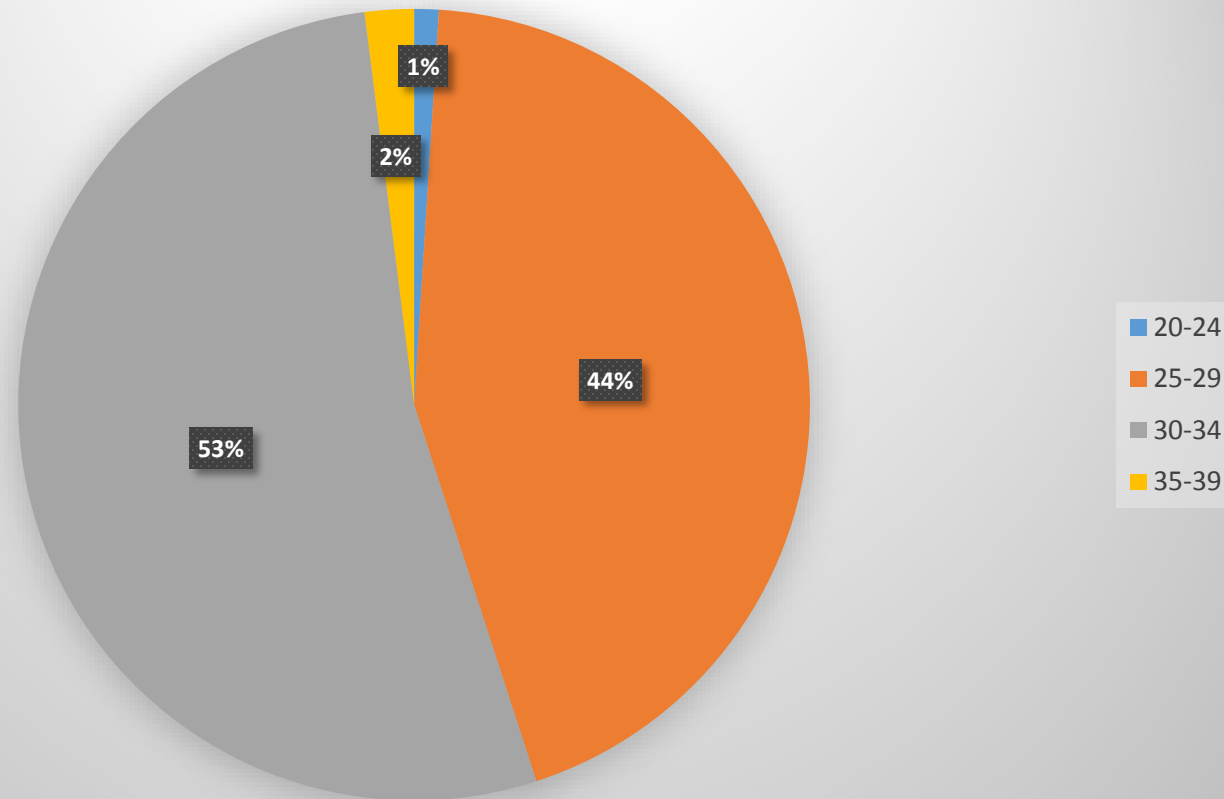
Program Evaluations & Findings

634 families were invited to participate in an online survey in 2016. Response rate of 68% (n=429).

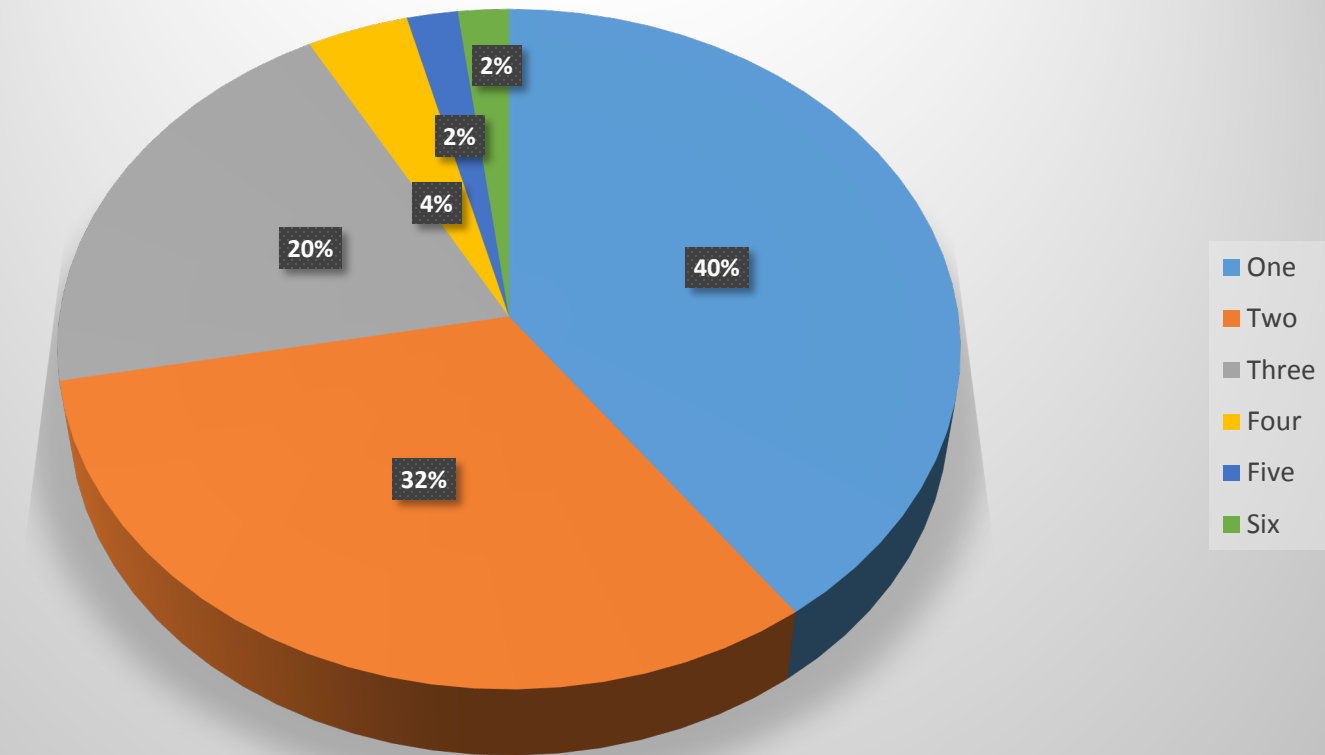
Overall mothers are very satisfied. Over 96% of mothers agreeing or strongly agreeing that the nurses:

- answered their questions and addressed their concerns
- visited an adequate number of times;
- supported their feeding plan; and
- left them feeling comfortable in their ability to care for their newborn.

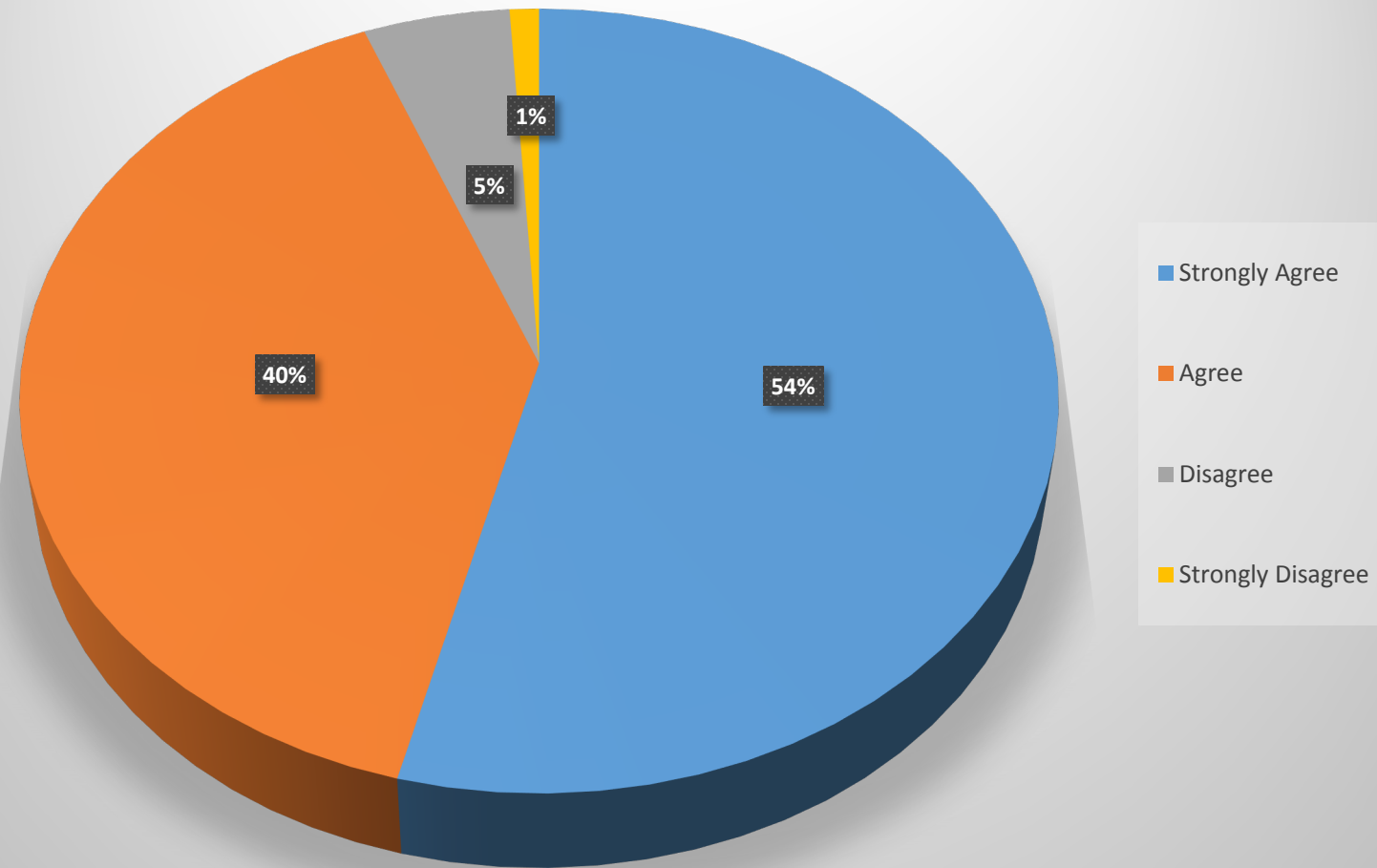
Age



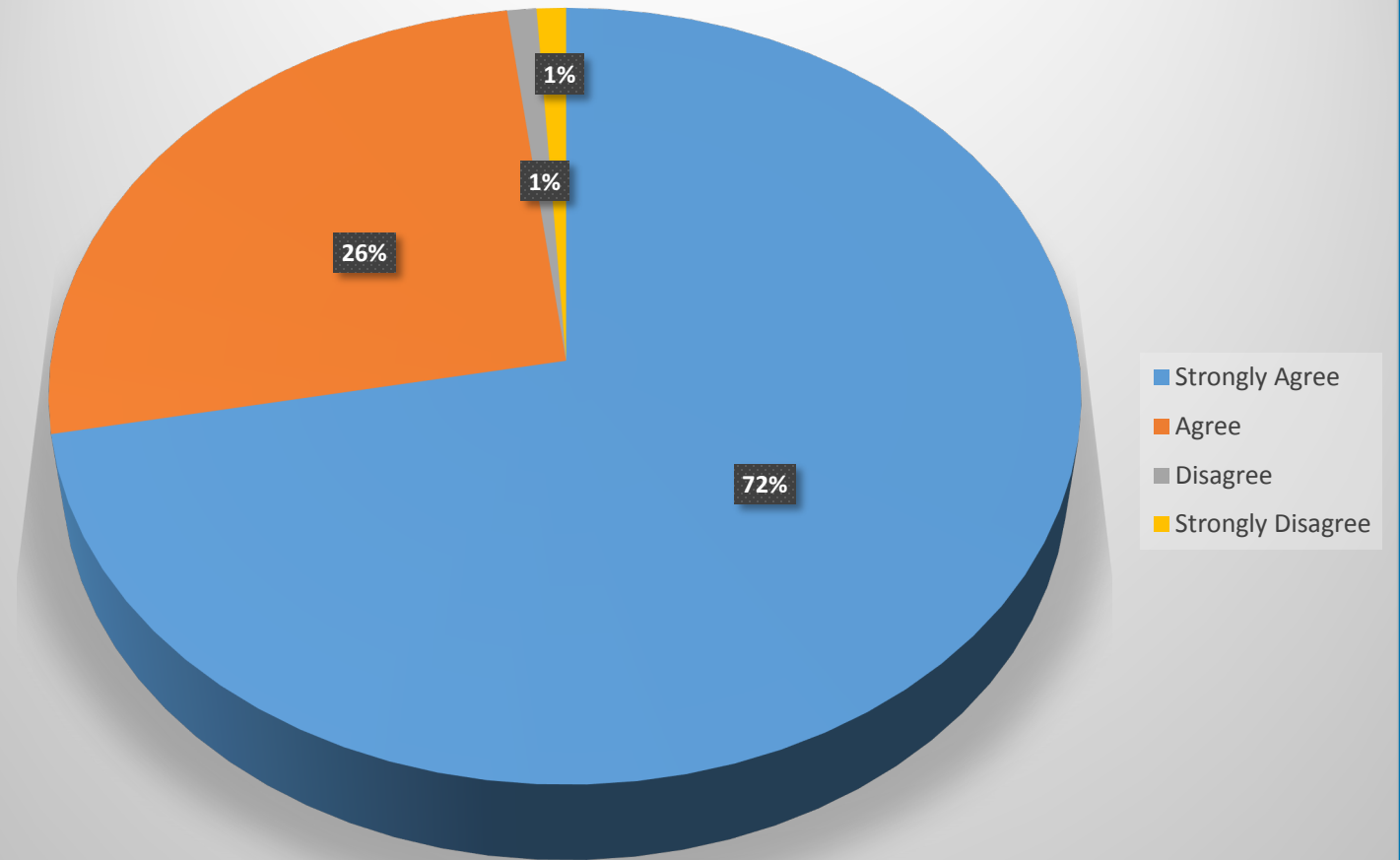
Number of Home Visits Families Received



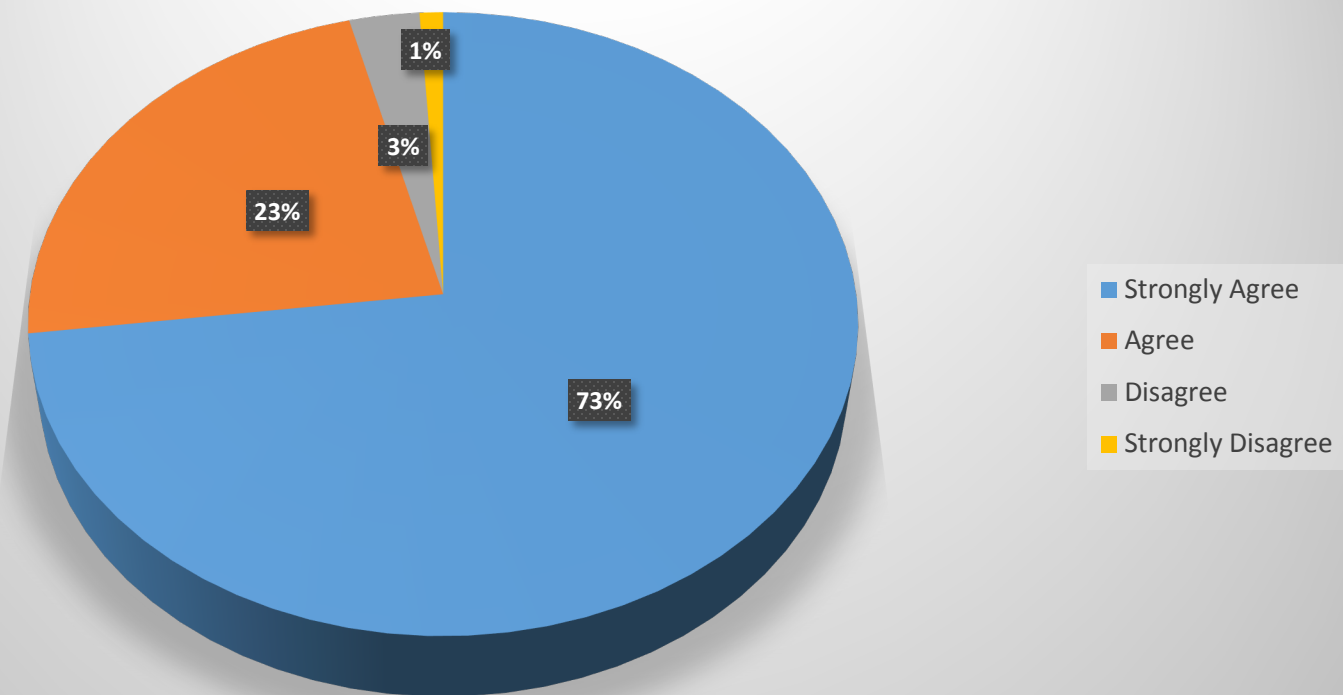
Perception of Enough Home Visits



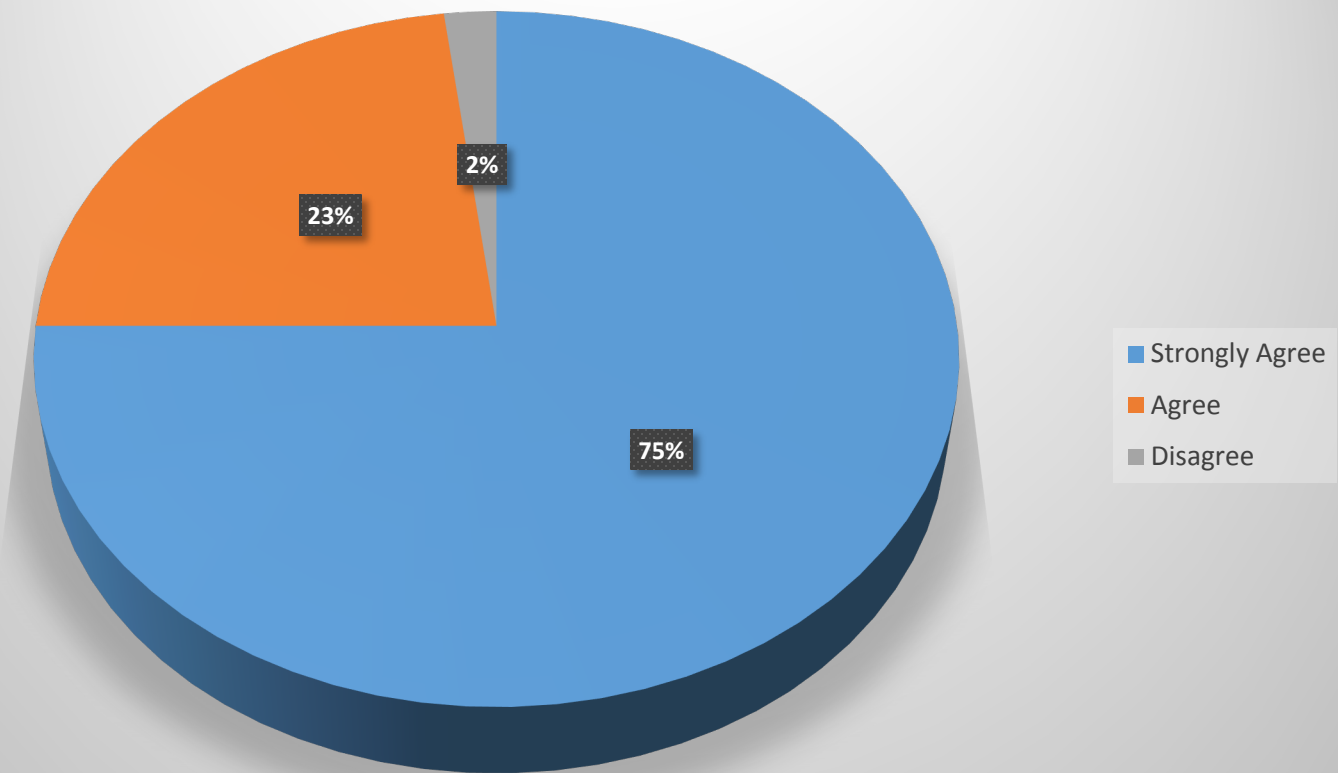
Concerns and Questions Answered



Support for feeding plan of babies



Would recommend Healthy & Home to other mothers



Recommendations For Practice



- Collaborate with hospital and community stakeholders;
- Ensure appropriate and timely follow-up;
- Ensure nurses have a strong clinical background in maternal and newborn care;
- Make IBCLC designation a requirement for nurses;
- Provide ongoing staff education: maternal & newborn assessments, standards of care, infant nutrition, lactation/breastfeeding, postpartum anxiety and depression, and bereavement;

Recommendations For Practice

- Implement the Baby Friendly Initiative™ in both hospital and primary health care centres; and
- Create a Baby-Friendly Coalition, to bring together hospital and community stakeholders: public health nutritionists, speech language pathologists, mental health workers, community agencies, and grassroots women's support groups.



Thank you

For more information, contact:

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