



HEALTHY MOTHERS



HEALTHY BABIES

PSBC'S 2ND BIENNIAL CONFERENCE

**Advances in Clinical Practice &
Research Across the Continuum**

MARCH 11-12, 2016 VANCOUVER, B.C.

presented by



Perinatal Services BC
An agency of the Provincial Health Services Authority

 a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Interprofessional
Continuing
Education 

GENERAL INFORMATION

DESCRIPTION

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

LEARNING OBJECTIVES

As a result of attending this conference, participants will be able to:

1. Review clinical best practices and new research acquired from researchers, experts, and fellow participants, which will inform the care of pregnant and postpartum women and newborns;
2. Reflect on five new developments across the continuum of care from conception to postpartum that will impact clinical practice;
3. Discuss current surveillance and system improvements in perinatal services that are relevant to improving maternal/fetal and newborn outcomes; and
4. Integrate knowledge learned by engaging in dialogue with other health care professionals from a range of disciplines.

WHO SHOULD ATTEND

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

- Administrators/Managers/Planners
- Dietitians
- Doulas
- Educators
- Lactation Consultants
- Midwives
- Nurses
- Nurse Practitioners
- Occupational Therapists
- Physical Therapists
- Physicians (primary care and specialists)
- Public (parents, parents to be and family members)
- Researchers
- Respiratory Therapists
- Social Workers
- Students

PROFESSIONAL CREDITS

This event is an Accredited Group Learning Activity eligible for up to 11.5 Section 1 credits as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This program has been reviewed and approved by UBC Division of Continuing Professional Development. Each physician should claim only those credits he/she actually spent in the activity.

Accredited by UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Participants will receive a certificate stating 11.5 hours of educational instruction they have attended. For updates regarding credits and other conference updates, visit our website:
www.interprofessional.ubc.ca/HealthyMothersHealthyBabies2016

EXHIBITING

Organizations interested in exhibiting at this conference are invited to contact the conference organizers for more information.

Exhibit space is limited. Please contact by phone: +1-604-822-7524 or by e-mail: sandeep.ipce@ubc.ca.

LOCATION

Marriott Vancouver Pinnacle Downtown
1128 W Hastings Street, Vancouver, BC

We are pleased to offer a group rate of \$153 for single or double occupancy, plus applicable taxes. To reserve a room, please book online or call +1-604-684-1128. Let the hotel personnel know that you are booking under the Healthy Mothers and Healthy Babies 2016 Conference room block to receive the reduced rate.

PLANNING COMMITTEE

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FRIDAY MARCH 11

7:00 AM - 8:30 AM
REGISTRATION & BREAKFAST

8:30 AM - 9:00 AM
TRADITIONAL WELCOME & OPENING REMARKS

9:00 AM - 10:00 AM

Plenary

Focus on the 90%

Darci Lang, motivational speaker, national best-selling author and a blogger, Regina, SK

Darci uses one simple tool - a magnifying glass - to help you focus on the 90% that works in your job, co-workers, mothers/babies and family.

This powerful presentation is an incredible opportunity for you to examine where you are focusing your magnifying glass. There will always be 10% that don't work and the power we give to those 10% affects every aspect of our lives. Using this one simple tool, Darci demonstrates how anyone can change their focus and make interactions with others more positive and productive.

Learning Objectives:

- Control your response to change (both positive and negative) to keep the focus on what is important
- How your attitude (good or bad) ripples out and affects those around you so you can communicate more effectively with other health care professionals
- Focus on the 90% that works and stop dwelling on the 10% that doesn't so you can continue to improve systems throughout maternal/fetal and newborn care

10:00 AM - 10:30 AM
BREAK

10:30 AM - 12:00 PM

A1

A1i | 30 MINUTE STANDARD LECTURE

The Impact of Maternal Weight and Gestational Weight Gain on Birth Weight

Núria Chapinal, PhD, Epidemiologist, Perinatal Services BC, Vancouver, BC

More than half of women in Canada gain excessive weight during pregnancy whereas approximately one fifth of women do not gain enough weight. Both excess and inadequate gestational weight gain significantly increase maternal and infant risks.

Based on data collected during the Canadian Maternity Experiences Survey from 2005-2006, excess gestational weight gain has more impact than pre-pregnancy weight on adverse outcomes such as large for gestational age infants. On the other hand, inadequate gestational age weight contribution exceeds that of prenatal smoking for preterm birth and small for gestational age infants. Hence, gestational weight gain is an important clinical and public health issue. Since survey data have some limitations (including volunteer bias and inaccuracies associated with self-reporting), further research using administrative data is needed.

Learning Objectives:

- Describe the extent of excess and inadequate pre-pregnancy maternal weight and gestational weight gain in BC
- Determine the impact of excess and inadequate pre-pregnancy maternal weight and gestational weight gain on birth weight

A1ii | 30 MINUTE STANDARD LECTURE

The 5 A's of Healthy Pregnancy Weight Gain: A New Tool and Training for BC Primary Care Providers

Adam King, MPH, MBA(c), Director – Provincial Health Promotion, Disease Prevention and Primary Care, Perinatal Services BC, Vancouver, BC

Christina Kay, MD, MSc, CCFP, FRCPC, Primary Maternity Care Lead, Perinatal Services BC, Vancouver, BC

More than two-thirds of women of childbearing age are overweight or obese, and these numbers have increased dramatically in the last few decades in Canada. Furthermore, average weight gain in pregnancy has increased over the last four decades from 10 to 15 kg and a significant number of women are exceeding pregnancy weight gain recommendations. Excessive weight gain in pregnancy has been identified as a modifiable risk factor for a range of important maternal, obstetric and child outcomes, including gestational diabetes, hypertension, caesarean delivery, fetal overgrowth, and downstream child obesity. The 5 A's of Healthy Pregnancy Weight Gain is a new theory-driven, evidence-based minimal intervention designed to facilitate weight gain counselling and management by prenatal care providers. Developed by the Canadian Obesity Network with input from experts across the country, including BC, this new practice support resource includes a practitioners guide, checklist and patient resource. Perinatal Services BC, with input from care providers across the province (including GPs, Registered Midwives, Nurse Practitioners, Obstetricians, and Dietitians), has led the development of a provincial training plan on the 5 A's of Healthy Pregnancy Weight Gain. An accredited online training module has been developed with UBC Faculty of Medicine's Continuing Professional Development, as well as a series of in-person regional trainings across the province.

Learning Objectives:

- Highlight the importance of healthy pregnancy weight gain on a range of maternal, obstetric and child outcomes
- Describe Health Canada/Institute of Medicine's guidelines on gestational weight gain
- Understand how the 5A's framework to help facilitate gestational weight gain counselling and management in a primary care practice
- Identify how you can participate in training opportunities on the 5A's for Healthy Pregnancy Weight Gain

A1iii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

College of Midwives - Quality Assurance Program

Doris Chan, CPA, CGA, Deputy Registrar and Director of Finance, College of Midwives of BC, Vancouver, BC

The College of Midwives of BC is implementing a Quality Assurance Program in anticipation of the enactment of section 26.1 of the Health Professions Act. This presentation will look at how the program was developed, its purpose, the roll-out, a sample review, and seek feedback from the health professionals in attendance.

Learning Objectives:

- Learn about the Quality Assurance Program that is being delivered by the CMBC in terms of its purpose, timing, and execution
- Midwives will learn how to prepare for a review and what to expect from a review. The College welcomes feedback on ensuring the process is relevant

A2

A2i | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

TEEM Second Stage Labour Management: A Collaborative Strategy for Change

Erna Snelgrove-Clarke, RN, PhD, Associate Professor, Casual Nurse, School of Nursing, Dalhousie University, Halifax, NS

Cynthia Mann, RN, MHA MN, Clinical Nurse Specialist and Operations Manager, Family Newborn Care Unit, Women's and Newborn Health Program, IWK Health Centre, Halifax, NS

The things that we suggest for a woman to do when she is fully dilated influence the outcome of her birth experience. In order to better understand the provision of this care, we need to identify not only what healthcare providers do, but also why they provide the care they do. In this research, we suggest that when we further explore rationale for provider care, we can find ways to fix, or maybe even improve their care. A change in the approach to how women push when they are fully dilated, or second stage management, has the potential to increase vaginal deliveries, decrease cesarean births, as well as decrease the length of hospital stay for mothers.

Learning Objectives:

- List three context characteristics that influence the implementation of evidence in clinical practice
- Discuss barriers and enablers that influence the implementation of a second stage management CPG

A2ii | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Healthy Mothers and Healthy Babies: Bridging the Gap in Perinatal Care for Women with Spinal Cord Injury

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

Karen Hodge, BSW, Consumer, Social Worker, Sunny Hill Health Centre, Vancouver, BC

A multidisciplinary group of nurses, physicians, researchers and a consumer have worked together to address knowledge and clinical

care gaps for women with spinal cord injury and pregnancy. Using a case example, attendees will learn about newly developed resources and ongoing research in this area.

Learning Objectives:

- Understand the process used to identify gaps in perinatal services for women with spinal cord injury
- Display the tools/resources developed to address these gaps
- Describe the research being conducted to understand the experience of lactation for women with spinal cord injury
- Be able to apply new knowledge to future clinical experiences with women with spinal cord injury

A2iii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Birth after Caesarean: How Do Women Make Decisions about Mode of Delivery?

Sarah Munro, PhD Candidate, University of British Columbia, Vancouver, BC

This research explored women's attitudes toward and experiences with decision-making for birth after caesarean in BC. In-depth, semi-structured interviews were conducted with women eligible for VBAC in five BC communities. Findings reveal women choose mode of delivery after caesarean during their inter-pregnancy interval, based on personal experience.

Learning Objectives:

- Understand women's attitudes toward and experiences of decision-making for birth after caesarean in British Columbia
- Learn about the role of debriefing and patient decision aids to support informed shared decision-making

A3

A3i | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Low Risk Birth Quality Based Procedure in Ontario

James Meloche, Executive Director, Provincial Council for Maternal and Child Health, Toronto, ON

Preeti Nigam, Senior Project Manager, Provincial Council for Maternal and Child Health, Toronto, ON



The Provincial Council for Maternal and Child Health (PCMCH) is currently undertaking two interconnected initiatives related to low risk maternal newborn care; the Low Risk Birth Quality Based Procedures project and the Low Risk Maternal Newborn Strategy. Together, these initiatives will help to promote safe vaginal birth in low-risk women and increase equitable access to low risk maternal newborn care no matter where a woman resides in the province.

Learning Objectives:

- Showcase efforts in Ontario to develop an interconnected strategy for low risk maternal newborn care and
- Share lessons learned that could be applied in other jurisdictions

A3ii | 30 MINUTE PANEL SESSION | NEW RESEARCH

Re-building Maternity Services: Dangerous Ideas from the Hinterland

Jude Kornelsen, PhD, Associate Professor/Co-Director, Department of Family Practice, Centre for Rural Health Research, University of British Columbia, Vancouver, BC

Stefan Grzybowski, MD, CCFP, MCISc, FCFP, Professor/Co-Director, Department of Family Practice, Centre for Rural Health Research, University of British Columbia, Vancouver, BC

In this presentation, the speakers will turn usual maternal health planning on its head and consider the resilience of rural health teams and the consequent innovation in care that has been developed from within a framework of an integrated networked model.

Learning Objectives:

- Understand evidence-based indications for appropriate levels of service in rural communities
- Understand synthesized evidence on the safety of rural services without immediate access to cesarean section
- Understand models of care for First Nations communities
- Understand evidence on the safety of cesarean section services attended by general physicians with enhanced surgical skills

A3iii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Building a Maternity Care Network in Urban Family Practice

Kaitlin Pelletier, BA, MA, Project Manager, Faculty of Medicine Continuing Professional Development, University of British Columbia, Vancouver, BC

Renee Fernandez, MD, CCFP, Primary Maternity Care Network Committee Member, Vancouver Division of Family Practice, Vancouver, BC

Jennifer Tongol, BSc, CET, Regional Physician Practice Support Coordinator, Practice Support Program Vancouver Coastal Health Authority, Vancouver, BC

Urban family physicians' role providing maternity care has reduced, but all provide care to pregnant women, whether or not they attend births. CPD providers, physician organizations, and practice support programs in Vancouver collaborated to facilitate knowledge exchange, mentorship, quality improvement, and cultivation of a maternity care network through CPD workshops.

Learning Objectives:

- Understand the innovative collaborative model used by CPD providers, physician organizations, and practice support programs to improve the quality of maternity care provided by FPs in Vancouver

- Describe the model's successes, challenges, and lessons learned in improving family physician participants' quality of care for maternity patients
- Become familiar with the role of CPD providers, physician organizations, and practice support programs in supporting family physicians to integrate practice change

A4

A4i | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

The BC Healthy Connections Project: A Scientific Evaluation of Nurse-Family Partnership in British Columbia

Donna Jepsen, BSN, MSc, Provincial Coordinator of Nurse-Family Partnership, Population and Public Health Division, Ministry of Health, Vancouver, BC

Nicole Catherine, Scientific Director, BCHCP, Children's Health Policy Centre, Simon Fraser University, Vancouver, BC

Pamela Parkinson, BSc, MSc, MPH, Maternal, Child and Family Policy Analyst, Population and Public Health Division, Ministry of Health, Vancouver, BC

This session will focus on the innovative work of the BCHCP to scientifically evaluate the effectiveness of the Nurse-Family Partnership program in BC through a randomized-controlled trial and a process evaluation.

Learning Objectives:

- Review the rigorous scientific methodology of the BCHCP, including the randomized-controlled trial and process evaluation methods
- Discuss how the process evaluation is contributing to identifying quality improvements that are necessary in the BC context prior to any full scale implementation of NFP in Canada

A4ii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Healthy Babies Healthy Children Screen Validation

Sara Cave, BSc, MPH, Research Analyst, Ministry of Children & Youth Services, Toronto, ON

A presentation of the Healthy Babies Healthy Children (HBHC) Screen Validation, an evaluation conducted by the Ontario Ministry of Children and Youth Services. The purpose of the evaluation was to assess the HBHC Screen's ability to correctly identify families with risks to healthy child development, who would benefit from HBHC services.

Learning Objectives:

- Demonstrate how the HBHC Screen effectively and efficiently identifies various bio-physical and psychosocial risks to healthy child development and supports targeted home visiting services to vulnerable families
- Apply the American Academy of Pediatrics classification of an effective developmental screen to assess the HBHC Screen's ability to identify risk, and inform provincial implementation
- Explore how effective collaboration between hospitals and public health units in the screening process, can lead to partnership development and more accurate identification of risk in families

A4iii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Trends in domperidone use postpartum and its association with ventricular arrhythmia

Kate Smolina, PhD, Banting Postdoctoral Fellow, Centre for Health Services and Policy Research, School of Population and Public Health, University of British Columbia, Vancouver, BC

Domperidone is a dopamine antagonist commonly used off-label to stimulate milk production in mothers who have low milk supply. In this population-based study of all women with a live birth between 2002 and 2011 in BC, we examined the nature of increasing postpartum domperidone use. We also examined the relationship between domperidone use and adverse health outcomes in the mothers.

Learning Objectives:

- Describe trends in domperidone use by BC women during postpartum
- Discuss the association between domperidone and ventricular arrhythmia

12:00 PM - 1:00 PM
LUNCH

1:00 PM - 1:30 PM
POSTER SESSION - PRESENTERS AVAILABLE

1:30 PM - 3:00 PM

B1

B1i | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Two Practice Concerns in BC: Safe Infant Sleep Recommendations and Policies Supporting Breastfeeding Exclusion and Duration. Improving Health while Reducing Costs

Rhoda Taylor, BA, MPH, IBCLC, Lactation Consultant, BCLCA, Duncan, BC
Tina Revai, BScN, IBCLC, LLLL, Lactation Consultant, BCLCA, Port Alberni, BC

BCLCA, in consultation with its members, has identified as priority practice concerns two issues with major policy and practice implications. One is current recommendations for safe infant sleep and the second is the lack of consistent, effective support for breastfeeding duration despite the clear long term cost and health impacts. Two position papers developed by the authors will be presented for discussion.

Learning Objectives:

- Recognize the possible consequences of a variety of sleep arrangements
- Understand the implications and importance of consumer participation in the development of an infant sleep decision making tool
- Evaluate the importance of including substantive breastfeeding goals in the Ministry of Health Service Plan and the BC Framework

for Public Health

- Consider breastfeeding exclusivity and duration rates with both an economic and public health lens

B1ii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Physicians' Breastfeeding Toolkit: A New Collaborative Resource Developed in Newfoundland and Labrador

Amanda Pendergast, MD, CCFP, FCFP, BSc(Hons), Assistant Professor, Family Medicine, Memorial University of Newfoundland, St. John's, NL

The Physicians' Breastfeeding Toolkit is a new resource developed by family physicians, pediatricians, lactation consultants and perinatal educators. The resource was developed following a needs assessment of family physicians in Newfoundland and Labrador to ascertain their knowledge gaps in breastfeeding.

Learning Objectives:

- Introduce the Physicians' Breastfeeding Toolkit
- Utilize the toolkit to diagnose and treat common breastfeeding problems
- Understand early evaluation of the toolkit

B1iii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Inadequate Prenatal Care Use and Breastfeeding Practices in Canada: A National Survey of Mothers

Christy Costanian, MSc, PhD Student, School of Kinesiology and Health Science, York University, Toronto, ON

Using data from the Maternity Experiences Survey that investigated the peri- and post-natal experiences of Canadian mothers, this study aimed to examine the influence of adequacy of PNC initiation and services use on breastfeeding practices. Results highlighted the importance of health care practitioners being advocates of successful breastfeeding during PNC.

Learning Objectives:

- Gain an understanding of the role of inadequate prenatal care initiation and service use on breastfeeding practices such as intention, initiation, 6 month exclusivity and termination among Canadian women



- Determine other socio-demographic, maternal and health-related factors associated with good breastfeeding practices
- Recommend that health care practitioners be more involved in promoting better breastfeeding practices

B2

B2i | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Gestational Diabetes in South Asian and Chinese Women in BC & Alberta

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

Lily Lee, RN, MSN, MPH, Director, Provincial Registry, Surveillance, Performance, and Analytics, Perinatal Services BC, Vancouver, BC

British Columbia has the highest prevalence of gestational diabetes mellitus in Canada. Increased ethnic diversity of the obstetric population in BC has been suggested as a possible explanation for these high rates. Using data from 2004/05 to 2009/10, we investigated whether selected ethnic groups account for the high GDM prevalence in BC as compared to Alberta.

Learning Objectives:

- Describe similarities and differences in the prevalence of gestational diabetes for women of Chinese, South Asian, and Other ethnicities in Alberta and British Columbia
- Identify differences in obstetric and neonatal characteristics of GDM-affected deliveries by maternal ethnicity
- Discuss reasons for geographic variation GDM prevalence within British Columbia

B2ii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Gestational Diabetes in First Nations Communities; Best Practices

Sherri Leon Torres, RN, BScN, CDE, Diabetes Nursing Practice Consultant, First Nations Health Authority, Vancouver, BC

Barbara Webster, RN, MSC, Clinical Nurse Specialist, Maternal Child Health, Vancouver, BC

First Nations women in British Columbia experience higher rates of gestational diabetes. Our aim is to provide evidence based information for health care professionals working with First Nations women. Recent research has shown there is a link between First Nations women with high maternal blood sugars and stillbirths. Current screening guidelines may not be tailored to First Nation women's needs. There needs to be an increased cultural awareness to support a holistic approach including mental wellness through pre/post screening counselling and supports.

Learning Objectives:

- Identify health outcomes associated with unmanaged gestational diabetes
- Identify current screening recommendations globally and how the current Canadian guidelines could be improved for First Nation women
- Describe how pre and post counselling for gestational diabetes screening is essential for holistic and culturally informed health care

B2iii | 30 MINUTE STANDARD LECTURE

CPT1a: Health and Wellness for First Nation Babies Who May Have this Genetic Variant

Lucy Barney, Statlimx Nation, RN, BSN, MSN, Provincial Lead, Aboriginal Health, Perinatal Services BC, Vancouver, BC

Nataliya Skuridina, MD, Medical Health Office, FNHA, Vancouver, BC

Barbara Webster, RN, MSC, Clinical Nurse Specialist, Maternal Child Health, Vancouver, BC

CPT1a is a common genetic variant common in some BC First Nations people and it may increase the risk of hypoglycemia in infants and young children.

Learning Objectives:

- Describe CPT1a: background and screening
- Identify the risk factors and susceptible populations
- Discuss management to ensure healthy outcomes for First Nation's infants and young children
- Increase awareness amongst health care professionals
- Identify available resources for community members, families and health care professionals

B3

B3i | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Safety of Labour and Delivery Following Obstetrical Service Closures in small Community Hospitals in British Columbia, Canada

Jennifer A Hutcheon, PhD, Assistant Professor UBC Department of Obstetrics & Gynaecology and Epidemiologist, Perinatal Services BC, Vancouver, BC

In recent decades, many smaller hospitals in British Columbia have stopped providing planned obstetrical services. We examined the impact of these service closures on the labour & delivery health outcomes of mothers living in affected communities before and after the closure using data from the BC Perinatal Database Registry, 1998-2014. We examined the impact of the closure on a previously published composite measure of labour & delivery safety, the Adverse Outcome Index, which includes adverse events such as birth injury, unanticipated operative procedures, and 3rd or 4th degree tears. We also examined the effect of the closure on transfers to higher levels of care, mode of delivery, and use of obstetrical interventions. Deliveries to women in similar-sized communities unaffected by obstetrical service closures during the same time period were included to control for underlying time trends.

Learning Objectives:

- Understand the extent to which obstetrical service closure in small BC communities altered the labour and delivery health outcomes of mothers and newborns in affected communities

B3ii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

The Art of the Possible: Interdisciplinary, Collaborative Primary Maternity Care in BC

Christina Kay, MD, MSc., CCFP, FRCPC, Primary Maternity Care Lead – Family Practice, Perinatal Services BC, Vancouver, BC

Leanne Yeates, RM, BA, BHSc, MHM(c), Primary Maternity Care Lead – Midwifery, Perinatal Services BC, Vancouver, BC

Innovative interprofessional primary maternity care collaborations are forming in a small number of communities across British Columbia. They increase women's access to primary maternity care, and enable the retention of providers and sustainability of maternity services, particularly in rural and remote areas. Learn more about *The Art of the Possible*.

Learning Objectives:

- Describe two models of interdisciplinary, collaborative primary maternity care in BC
- Explain its benefits for women, providers and communities
- Explore hot topics in interdisciplinary collaboration and learn key success factors

B3iii | 30 MINUTE PANEL SESSION
BEST PRACTICE/QUALITY IMPROVEMENT

Apple Tree Maternity: A Qualitative Exploration of Rural Collaborative Interprofessional Maternity Care

Tanya Momtazian, RM, MPH, Registered Midwife, Co-director, Apple Tree Maternity, Nelson, BC

Emma Butt, LLB, 4th year UBC Midwifery Student, Apple Tree Maternity, Vancouver, BC

Jeanette Boyd, MD, Family Physician, Co-director, Apple Tree Maternity, Nelson, BC

Apple Tree Maternity in Nelson, BC is the first rural collaborative maternity care practice of Family Physicians and Registered Midwives. Semi-structured interviews explored the process of establishing a new model of care and the experience of working and providing care within this model.

Learning Objectives:

- Discuss the four themes that emerged in the qualitative research



- Examine the possible replicability of new innovative models of rural maternity care
- Highlight the next steps in research of collaborative rural maternity care

B4

B4i | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Seamless Perinatal Transition Team - The Move to Implementation

Michelle Urbina-Beggs, RN, BScN, MN, CCHN(c), Clinical Nurse Specialist, Fraser Health Authority, Maple Ridge, BC

Ruby Gidda, RN, BSN, MEd, CCHN(c), Manager, Fraser Health Authority, Chilliwack, BC

To ensure a woman's perinatal journey is seamless, we need to pay particular attention to transitions between the various care providers in community and acute settings. In this presentation, we reflect on lessons learned from regional implementation of Seamless Perinatal at 8 maternity hospitals.

Learning Objectives:

- Appreciate the complexities of working across disciplines and working across acute and community services in perinatal care
- Articulate the roles of each of the players in perinatal health services in order to collaborate more effectively
- Articulate how seamless perinatal transition teams impact client service

B4ii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Beyond Birth Classes: A New Model for Perinatal Education

Nicole Brouwer, BSc, BEd, Med, Perinatal Educator, Alberta Health Services, Calgary, AB

Debby Corscadden, RN, Perinatal Educator, Alberta Health Services, Calgary, AB

Birth and Babies is a unique 10-week education model starting at week 34 in pregnancy that provides early parenting and peer social support plus traditional labour and birth education. Learn how the program works, how the program improves outcomes and how you can implement a similar program.

Learning Objectives:

- Name 3 benefits to new parents of the Birth and Babies format of perinatal education
- Name 2 improved birth or parenting outcomes seen among Birth and Babies participants
- Identify potential barriers to the implementation of the Birth and Babies format of perinatal education in their own practice setting, and identify strategies for overcoming those barriers

B4iii | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Postpartum Care in the Community: Universal and Enhanced Services

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

Rachel Douthwaite, RN(C), BScN, IBCLC, Clinical Educator, Public Health Nursing, Vancouver Coastal Health, North Vancouver, BC

VCH aims to provide effective, integrated and accessible public health nursing services, including universal health promotion and prevention to childbearing women and their families. Following an evaluation of postpartum care, VCH has revised practice guidelines that support engagement of families with risk factors who may benefit from enhanced public health services.

Learning Objectives:

- Understand the provincial public health service goals for families in the postpartum period, both universal and enhanced, particularly the role of public health nursing in the continuum of support
- Understand VCH's approach to postpartum care in the community and identification of families who may benefit from additional public health services
- Know how to refer a client in the perinatal period to public health for support

3:00 PM - 3:30 PM

BREAK: EXHIBITS OPEN & POSTER VIEWING

3:30 PM - 4:30 PM

Plenary

What Makes Good Healthcare: A Mother's Perspective

Tamara Taggart is a working mother and committed community leader. Parenting her three children, ages 5, 7, and 8 has become a grounding focus of her life, while also working in the high profile job as a broadcast news anchor at CTV. In addition, Tamara a third generation Vancouverite, contributes her energy to an array of organizations and initiatives throughout the Lower mainland, including the BC Centre for Ability, BC Women's Hospital Foundation's Newborn ICU Campaign, Developmental Disabilities Association, the Kettle Society and Pacific Parklands Foundation, Vancouver, BC

Tamara Taggart is a mother of three children, one who happens to have Down syndrome. In the past eight years, she has experienced both positive and negative interactions with medical professionals regarding her son, Beckett. Tamara's perspective will shine light on why words matter when speaking to pregnant and postpartum women.

Learning Objectives:

- Changing the conversation to being a positive one
- Having a positive approach to special needs
- Why transparency is important
- The significance of empathy when caring for pregnant women and new mothers

4:45 PM - 7:00 PM

NETWORKING RECEPTION

VISTAS 360 VANCOUVER AT THE PINNACLE HOTEL VANCOUVER HARBOURFRONT
1133 WEST HASTINGS STREET, VANCOUVER, BC

SATURDAY, MARCH 12

7:00 AM - 8:30 AM

BREAKFAST

8:30 AM - 10:00 AM

Plenary Panel

Normalizing Birth from Policy, Practice and Lived Experience

Michelle Butler, Director of Midwifery Program, Department of Family Practice, Faculty of Medicine, University of British Columbia, Vancouver, BC

Sarah Fawzy, Mother, Promoter of Healthy Pregnancies and Deliveries

Sheryl Alger, MD, OB/GYN, Kootenay Lake Hospital, Nelson, BC

Susan Lin, RN, MSN, Perinatal Nurse, Birth Center, Richmond Hospital, Richmond, BC

Sara Sandwith, MD, Comox Valley Division of Family Practice, Courtenay, BC

Health Authorities, Ministry of Health and Perinatal Leaders have committed to work together to determine how best to normalize birth and increase vaginal birth rates. As health care providers (HCPs), what can we do so that pregnant women can achieve a successful vaginal birth? Working within interprofessional, multidisciplinary teams allow the skills of each provider to support the woman for the best possible outcome all the while respecting that she is the key member of this team. Four individuals with varying backgrounds and perspectives will present on how research and policy can impact birthing practices then how it is put into action for the provider and the mother.

10:00 AM - 10:30 AM

BREAK: EXHIBITS OPEN & POSTER SESSION

10:30 AM - 12:00 PM

C1

C1i | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Supporting Both Breast Feeding and the Baby at Risk for Hypoglycemia

Debra O'Flaherty, Coordinator, Neonatal Outreach, Perinatal Services BC, Vancouver, BC

This session will look at which newborns and when they should be screened for hypoglycemia while maintaining a breast feeding friendly/ supportive practice.

Learning Objectives:

- Summarize the existing guidelines for the management of newborns at-risk for hypoglycemia
- Discuss interventions for these babies that promote breastfeeding
- Provide an opportunity for feedback into future clinical practices

C1ii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Got milk? Expansion of the BC Women's Provincial Milk Bank

Frances Jones, RN, MSN, IBCLC, Coordinator, BC Women's Provincial Milk Bank and BC Women's Lactation Service, BC Women's Hospital and Health Centre, Vancouver, BC

BC Women's Provincial Milk Bank opened in 1974. It is the oldest milk bank in Canada. In the last ten years, the bank has increased in size and in 2013 with the provision of BC Government funding, the bank became a provincial resource. Significant expansion and provincial action is taking place. This session covers the operations of the bank in 2016 and the role of each BC health authority.

Learning Objectives:

- Briefly describe the history of donor milk in Canada
- List four steps that ensure a safe product
- Outline availability of donor milk in BC
- Name two actions each participating health authority is required to undertake

C1iii | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Congenital Cytomegalovirus Infection: A New Era of Diagnosis and Treatment in BC

Soren Gantt, MD, PhD, MPH, Associate Professor, Department of Pediatrics, Division of Infectious Diseases, University of British Columbia Child & Family Research Institute, Vancouver, BC

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

Most children with cCMV-related deafness in BC do not receive timely diagnosis or treatment. A province-wide program will test all newborns for cCMV upon failing the hearing screening process. This will dramatically increase the number of infants diagnosed with hearing loss from cCMV, with the possibility of providing beneficial treatment.

Learning Objectives:

- Become familiar with the indications and appropriate methods for cCMV testing.
- Understand the need for timely referral and workup of infected newborns

C2

C2i | 30 MINUTE PANEL SESSION | CLINICAL UPDATE

A Historical and Medical Critique of Circumcision / Intact Babies: Avoiding Clinical Errors

Christopher Guest, MD, FRCPC, Chief of Radiology, Royal Victoria Regional Health Centre, Barrie, ON

Kira Antinuk, RN, BScN, Registered Nurse Medical Adjudicator, Government of Canada, Victoria, BC

This joint session will explore the historical origins of infant circumcision, its medicalization, and its relationship to contemporary medical ethics. The session will provide evidence-based clinical guidelines to participants with the aim of promoting safe care of intact babies and accurate patient teaching to new parents.

Learning Objectives:

- Learn how ritual male infant circumcision became medicalized as well as how it relates to contemporary medical ethics
- Update on how to care for intact babies, including safe catheterization technique and how to avoid PFFR during physical exams
- Live discussion following this joint session will provide opportunities to explore challenging cases and practice questions

C2ii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Creating Healthy Babies: Baby Brain Development, Nutrition, and Traditional Knowledge

René Lerat, Registered Nursing Student/Licensed Prac. Nurse, College of Nursing, University of Saskatchewan, Regina, SK

Rhonda Kayseas, BEd, MEd, Assistant Director, Treaty 4 Education Alliance, Fort Qu'Appelle, SK

Promoting healthy babies, mothers, and families with First Nation traditional knowledge and western knowledge on brain and child development. Preventing lifelong challenges and promoting First Nation cultural connections.

Learning Objectives:

- Share our approach to developing the event, and lessons learned in our presentation
- Provide feedback in an interactive way in and effort to improve our idea and make it applicable to local needs. Engage in a presenter and audience learning discussion
- Share knowledge and build capacity so that attendees could deliver similar workshops in their communities across Canada

C2iii | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

New Priorities and Advances in Well-Baby/Well-Child Care for Children 1 week to 5 years of age from the 2014 Rourke Baby Record

Leslie Rourke, MD, FCFP, MCISc, Clinical Professor of Family Medicine and Pediatrics, Faculty of Medicine, Health Sciences Centre, Memorial University of Newfoundland, St. John's, NL

This case-based session highlights updated evidence from the 2014 Rourke Baby Record regarding preventive paediatric care for infants/children from 1 week to 5 years of age. This includes growth monitoring, introduction of solid foods and allergenic foods, safety information, healthy sleep habits, healthy activity, oral health, and developmental milestone surveillance.

Learning Objectives:

- Describe new preventive care information for infants/young children including growth monitoring, timely introduction of solid foods and allergenic foods, healthy sleep habits, oral health, etc.
- Demonstrate the most efficient use of the 2014 Rourke Baby Record and its related parent and healthcare provider resources (www.rourkebabyrecord.ca)
- Gain knowledge of related initiatives in early childhood

C3

C3i | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

The Physiological Effects of Immediate to Early Skin-to-Skin Contact on Mother and Newborn Transition: A Systematic Review

Tracy Cooper, RN, MSN (in progress), Registered Nurse, University of British Columbia Okanagan/ Interior Health, Kamloops, BC

The transition from intra-uterine life to extra-uterine life is a traumatic and fragile time for the newborn and the mother. The nursing intervention of facilitating skin-to-skin contact within 1-2 hours of birth, improves physiological and biological outcomes for both mothers and newborns and aids in the transition process.

Learning Objectives:

- Describe the critical physiological and biological impact that skin-to-skin contact at birth has on mother/newborn transition
- Compare the outcomes of skin-to-skin contact on mothers and newborns vs. outcomes for dyads not receiving the intervention
- Examine and critique routine clinical practices that either interfere with or facilitate skin-to-skin contact at birth

C3ii | 30 MINUTE STANDARD LECTURE | BEST PRACTICE/QUALITY

MotherBaby Care... Supporting Mothers and Babies to Stay Together... One Couplet at a Time!

Julie de Salaberry, RN, MSN(c), Programs Leader, BC Women's Hospital and Health Centre, Vancouver, BC

Suzanne Hetzel Campbell, PhD, RN, IBCLC, Director and Associate Professor, School of Nursing, University of British Columbia, Vancouver, BC

MotherBaby Care is a neuro-developmentally supportive, patient and family centered model of care where one nurse provides care for the mother and newborn to prevent separation. Improved health outcomes are linked to models of care where separation is minimized and mothers and families actively partner in their baby's care.

Learning Objectives:

- Identify the positive effects of MotherBaby Care on maternal and infant health outcomes and infant development
- Identify change management strategies that support the practice change and evolving unit culture
- Outline neuro-developmentally supportive methods that enhance maternal infant attachment
- Apply concepts of MotherBaby Care such as Kangaroo Mother Care to scenarios they have identified in the practice area to overcome barriers and challenges
- List the benefits of partnering with parents in the care of their fragile, premature infant
- Apply guiding principles of Neo-BFHI to the developing practice of MotherBaby Care



C3iii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Safety Culture Experiences of NICU Parents: A New Angle of Safety Intelligence

Valoria Hait, RN, BScN, MScHQ, Quality and Safety Leader, British Columbia Women's Hospital and Health Centre, Vancouver, BC

NICU parents are the constant throughout their infant's care pathway exposed to error prone systems. Clinicians assess safety culture creating a snapshot of safety. A new angle of safety intelligence to proactively design safer neonatal care must be dedicated to engage those at the front line of care including parents.

Learning Objectives:

- Identify the safety domains and categories that NICU parents experience to understand what is of importance to parents to feel safe
- Reflect upon the aspects of safety culture and explore means to obtain assessments from clinicians and parents to make improvements to neonatal care

C4

C4i | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Old Need, New Technology: Providing Perinatal Support via Text-Message and Online-Only Group

Jody Perkins, MA/MLS, Project Manager, Pacific Post Partum Support Society, Burnaby, BC

Designed to reach underserved communities and funded by VCH, Pacific Post Partum Support Society piloted individual perinatal support via text message and group support in an online format. Preliminary evaluation indicates that the pilots have reached parents living in isolated and underserved communities and has had a positive impact.

Learning Objectives:

- Understand how supporting moms and breaking isolation are vital to women recovering from PPD/A
- Gain understanding on how alternative methods of support are important to reach moms who may have barriers to accessing traditional supports

C4ii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

A Randomized Controlled Trial to Evaluate the Effect of Telephone-Based Interpersonal Psychotherapy Provided by Nurses for the Treatment of Postpartum Depression

Cindy-Lee Dennis, PhD, Professor, Faculty of Nursing, University of Toronto, Toronto, ON

Access to effective treatment for postpartum depression is often very limited, especially for women in rural and remote areas. Telephone-based interpersonal psychotherapy by trained nurses is an effective treatment for postpartum depression with high maternal satisfaction and compliance.

- Understand the principles of a well-designed randomized controlled trial
- Describe how nurses can be trained to deliver IPT
- Describe an interpersonal psychotherapy intervention for the treatment of postpartum depression

C4iii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Safe Sleep, Day and Night: Metro Vancouver Mothers' Experiences Regarding Infant Sleep Safety

Annie Lau, RN, MScN, Clinical Practice Lead, Public Health, Prenatal to Age Five Population, Vancouver Coastal Health, Vancouver, BC

Wendy Hall, RN, PhD, Professor, Associate Director Graduate Program, School of Nursing, University of British Columbia, Vancouver, BC

This qualitative descriptive study on Metro Vancouver mothers' experience, nominated for the outstanding thesis research award, describes their journey in the core theme, The Infant Sleep Safety Cycle. Implications for clinical practice, education and further research will be presented to support mothers to follow safe sleep principles, day and night.

Learning Objectives:

- Demonstrate increase in knowledge and understanding of mothers' contextual circumstances and challenges regarding infant sleep safety by describing their experiences through the infant sleep safety cycle
- Describe the factors that influence mothers' experience with infant sleep safety
- Identify and explore collaborative strategies to incorporate in their clinical practice, education and research to support mothers to follow safe sleep

12:00 PM - 1:00 PM

LUNCH: EXHIBITS OPEN & POSTER VIEWING

1:00 - 2:30 PM

D1

D1i | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Screening for Postpartum Anxiety: Is the EPDS Enough?

Nichole Fairbrother, BA, MA, PhD, Assistant Professor, University of British Columbia, Victoria, BC

The purpose of this research was to determine if additional screening, beyond that used for postpartum depression, is needed in order to identify most cases of postpartum anxiety. Our findings indicate that current screening for postpartum depression does not adequately screen for postpartum anxiety. Additional, anxiety-specific screening in the postpartum is needed.

Learning Objectives:

- How common are postpartum depression and anxiety?
- How is postpartum depression currently screened for?
- Does postpartum depression screening also detect most cases of postpartum anxiety?
- How should postpartum anxiety be screened for?

D1ii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Trajectories of Perinatal Depressive and Anxiety Symptoms in a Community Cohort

Hamideh Bayrampour, PhD, Assistant Professor, Midwifery Program, Family Practice, University of British Columbia, Vancouver, BC

The patterns and intensity of postpartum depression differed between community and high-risk samples. Heterogeneity of anxiety and depressive symptoms highlights the importance of multiple mental health assessments during the perinatal period. Research is needed to examine the relationship between these trajectories and long-term child outcomes. This information can inform identifying women with greater needs for early interventions to benefit them and their children.

Learning Objectives:

- Describe the patterns and characteristics of anxiety and depressive symptoms in the perinatal period
- Understand the relationship between these trajectories and various maternal characteristics
- Recognize the importance of maternal mental health assessment across the transition to parenthood

D1iii | 30 MINUTE STANDARD LECTURE | NEW RESEARCH

Immigrant Women's Experience of Postpartum Depression in Canada: A Narrative Synthesis Systematic Review

Gina Higginbottom, PhD, MA, Postgrad Diploma (Ed Studies), BAHons, RN, Professor of Ethnicity and Community Health, Mary Seacole, Faculty of Medicine & Health Sciences, School of Health Sciences, Queen's Medical Centre, Nottingham, UK

Joyce O'Mahony, RN, PhD, Assistant Professor, Faculty of Nursing, Thompson Rivers University, Kamloops, BC

A narrative synthesis systematic review on immigrant women's experience of postpartum depression in Canada revealed precursors to differences in health care access and utilization by immigrant women with depressive symptomatology and these differences are factors recognized to be critical determinants of effectiveness of services and patient/client outcomes.

Learning Objectives:

- Increase understanding of how immigrant women make decisions about postpartum care
- Recognize what barriers and facilitators may influence their help seeking behavior for postpartum depression
- Plan appropriate strategies that will contribute to the development and evaluation of effective and culturally appropriate healthcare programs and policies that address postpartum depression care among immigrant women

D2

D2i | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Changing Provincial Regulations - the Newborn Eye Prophylaxis Story

Janet Walker, RN, MSN, Director, Provincial Knowledge Transformation and Acute Care, Vancouver, BC

Newborn eye prophylaxis has been a required practice in BC for many years. The 2015 release of the CPS position statement "Prevention of Ophthalmia Neonatorum" recommended provinces rescind regulations that made eye prophylaxis mandatory. At the request of the Provincial Health Officer, PSBC in collaboration with the BC Centre for Disease Control convened a working group to address this issue. This session will describe the steps taken to change law and practice in BC.

Learning Objectives:

- Review the practice of mandatory eye prophylaxis in BC
- Examine the steps taken to lead the change process
- Explore the impact of rescinding mandatory eye prophylaxis

D2ii | 30 MINUTE STANDARD LECTURE | CLINICAL UPDATE

Prevention of Congenital Syphilis in the Context of Rising Syphilis Diagnoses in BC

Jason Wong, BMSc, MD, CCFP, MPH, FRCPC, Physician, Epidermiologist, BC Centre for Disease Control, Vancouver, BC

Troy Grennan, Physician Lead HIV/STI, BC Centre for Disease Control, Vancouver, BC

Similar to many jurisdictions in developed countries around the world, rates of syphilis diagnosis in BC have been increasing since 2010. From January to October 2015, there were 626 cases of infectious syphilis reported in BC, which already exceeds the annual counts of syphilis in recent history. While over 80% of these 626 cases are among gay, bisexual, and other men who have sex with men, there is concern that there may be spillover into the maternal population. The last case of congenital syphilis in BC was in 2013. However, in USA, the rate of congenital syphilis has increased 38% from 2012 to 2014.

Learning Objectives:

- Review the epidemiology of syphilis in BC
- Raise awareness of congenital syphilis
- Discuss strategies to prevent congenital syphilis

D2iii | 30 MINUTE STANDARD LECTURE

Perinatal Hepatitis B Screening and Infection in British Columbia

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

Jason Wong, BMSc, MD, CCFP, MPH, FRCPC, Physician, Epidermiologist, BC Centre for Disease Control, Vancouver, BC

Provincial practice guidelines in British Columbia recommend pregnant women be tested for Hepatitis B Surface Antigen at their first antenatal visit, with repeat testing for women with continued high-risk behavior. We evaluated testing uptake and prevalence of perinatal Hepatitis B infection using three administrative data sources.

Learning Objectives:

- Describe the rationale for HBV perinatal screening and when Hepatitis B testing is performed in pregnancy
- Describe regional and demographic variations in perinatal HBV screening and infection
- Discuss opportunities to improve HBV screening and documentation of infection within BC

D3

D3i | 30 MINUTE PANEL SESSION

BEST PRACTICE/ QUALITY IMPROVEMENT

"How Long Should I Wait?" A Panel Discussion Reviewing Current Evidence and Best Practice to Support Optimal Inter-Pregnancy Intervals for Older Mothers

Wendy Norman, MD, MHSc, Associate Professor, Chair, Family Planning Public Health Research, Department of Family Practice, University of British Columbia, Vancouver, BC

Mani Asgharpour, MD (Tehran University), Research Assistant, Contraception Access Research Team, Women's Health Research Institute, Vancouver, BC

Laura Schummers, MSc, PhD(c), PhD Candidate, Harvard School of Public Health, Vancouver, BC

Dorothy Shaw, MD, FRCP(C), Vice President, Medical Affairs, BC Women's Hospital and Health Centre, Vancouver, BC

Panelists will present a rigorous review of the literature on inter-pregnancy interval among women over 30, as well as the latest findings from British Columbia of maternal and perinatal outcomes in this context. Best clinical practices to support optimal inter-pregnancy interval for our patients will be reviewed.

Learning Objectives:

- Review current recommendations and new research on optimal inter-pregnancy intervals, particularly for mothers over age 30 at the time of birth
- Reflect on clinical best practices to assist mothers over age thirty to space their pregnancies appropriately
- Participants will be able to integrate the new knowledge presented on inter-pregnancy interval best practices by engaging in dialogue with panel experts and health care professionals from a range of disciplines

D3ii | 30 MINUTE PANEL SESSION

Interpregnancy Intervals and Infant Outcomes: Does Matching Two Intervals in the same Mother Change the Associated Risks?

Gillian Hanley, PhD, UBC Department of Obstetrics & Gynaecology, and Perinatal Services BC, Vancouver, BC

There is evidence suggesting that the time interval between pregnancies can be an important and potentially modifiable risk factor for adverse birth outcomes. Short intervals between a live birth and a subsequent conception (less than 12 months), as well as very long intervals (more than 23 months) have been associated with increased risk for preterm birth, low birth weight, small-for-gestational age birth, admission to the NICU, and even congenital anomaly. The alternative hypothesis is that the intervals are not causal and that the outcomes are instead related to maternal factors that are correlated with interpregnancy interval and the birth outcomes in question, including such things as socioeconomic status, demographics, and lifestyle. To further examine the alternative hypothesis we studied interpregnancy intervals among the same mother who gave birth 3 or more times in BC between 2000 and 2014 in an attempt to determine whether variation in birth outcomes might be explained by risk factors that vary greatly between women but tend to persist among the same woman between pregnancies.

Learning Objectives:

- Summarize the relevant evidence on interpregnancy intervals
- Identify confounders between interpregnancy interval and infant outcomes that may vary greatly between women but persist among women across pregnancies
- Understand the relative risks associated with short and long interpregnancy intervals when comparing across different women, and how these relative risks change when comparing within the same woman across pregnancies

D3iii | 30 MINUTE STANDARD LECTURE BEST PRACTICE/QUALITY IMPROVEMENT

The Experience of Women in Remote Carrier Communities with Bedside Ultrasound at Prenatal Visits: Preliminary Findings from a Community Engagement Project

John Pawlovich, CFPC, Clinical Associate Professor, Department of Family Medicine, University of British Columbia, Vancouver, BC

Erin Knight, CFPC, Addiction Medical Fellow, Vancouver, BC

Bria Sharkey, CFPC, R3 Enhanced Skills, Vancouver, BC

Ramona Williams, Lake Babine Nation, BC

Calissa Sampson, Lake Babine Nation, BC

Dr. John Pawlovich provides full time primary care for a number of remote Carrier communities in north central BC through monthly in-community visits that are supported by telehealth. Many of these communities have never had physician coverage, or have had it sporadically, and patients have previously needed to travel, sometimes up to four hours driving on logging roads, to reach care. Although technology plays a large role in supporting the telehealth visits, Dr. Pawlovich also uses technology to supplement in-community visits. One example is the use of a bedside ultrasound machine used to show pregnant women their babies during prenatal visits. Anecdotally, we had noted a very positive response to this experience, but in an age of evidence-based medicine, felt this deserved more thorough investigation.

Community engagement and community-led investigations are crucial to research in First Nations communities. The results that we will present are preliminary findings that were obtained through community meetings and individual interviews to explore the communities' priorities with regard to research and health interventions. Our results include preliminary themes related to the experience of ultrasound, as well as input with regard to study design. This presentation will include first-hand accounts from community members.

Learning Objectives:

- Discuss a newly accessible technology that has the potential to enhance prenatal care in remote settings
- Review basic indigenous methodological research principles, and the importance of community input for research endeavors
- Present preliminary findings that may guide the implementation of an in-depth qualitative research project, and begin to guide the use of bedside ultrasound as a clinical tool

D4

D4i | 30 MINUTE STANDARD LECTURE BEST PRACTICE/QUALITY IMPROVEMENT

Babies Born Behind Bars

Alison J Granger-Brown, PhD, Researcher, Institute of Social Innovation and The Collaborating Centre for Prison Health and Education (CCPHE), Langley, BC

Ruth Martin, MD, School of Population and Public Health, University of British Columbia, Collaborating Centre for Prison Health and Education, Vancouver, BC

Presenting the history of babies born to incarcerated mothers since the 1960's in BC, and a successful Human Rights Charter Challenge

in 2013 affirming the rights of an infant to be with his or her mother. We will outline the development of Guiding Principles to assist professionals in supporting these vulnerable mother/child pairs.

Learning Objectives:

- Increase knowledge of the unique and vulnerable population of mothers in prison
- Familiarize attendees with the Guiding Principles for Mother Child Units
- Share the success of such units internationally and in Canada

D4ii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

A Paradigm Shift: Island Health is Changing the Way Public Health Nursing Provides Care to Women and Families During Pregnancy and Parenting by Adopting the Nuu-chah-nulth Nursing Program's Mother's Story Approach to Care

Erin O'Sullivan, RN, BScN, MPH, Perinatal Program Development and Evaluation Lead, Child, Youth and Family, Island Health, Victoria, BC

Liz McKay, RN, BSN, MN, Island Health Mother's Story Implementation Education, Island Health Child Public Health, Port Alberni, BC

Jan Tatlock, RN, BSN, MScCH, Director, Public Health, Island Health Child Public Health, Nanaimo, BC

Island Health Public Health nursing is shifting practice to meet provincial direction of emphasizing top of scope practice, guided by best practices that, with confidence and competence, intentionally place priority populations at the centre of care. This practice shift will occur through the adoption of the Nuu-chah-nulth's Mother's Story approach to care during pregnancy and parenting.

Learning Objectives:

- Become aware of an innovative care delivery model - the Mother's Story - for supporting pregnant, birthing, and parenting women from a critical social theory lens
- Learn about the challenges/benefits of supporting a change in Public Health nursing practice, specifically the shift from "doing for" to "doing with" women and their experiences of public health support
- Be aware of the supports necessary for nurses to successfully practice the Mother's Story

D4iii | 30 MINUTE STANDARD LECTURE
BEST PRACTICE/QUALITY IMPROVEMENT

Harm Reduction and Pregnancy: Best and Promising Practices for Supporting Pregnant Women and New Mothers Who Use Substances

Lenora Marcellus, RN, PhD, Associate Professor, School of Nursing, University of Victoria, Victoria, BC

The College of Midwives of BC is implementing a Quality Assurance Program in anticipation of the enactment of section 26.1 of the Health Professions Act. This presentation will look at how the program was developed, its purpose, the roll-out, a sample review, and seek feedback from the health professionals in attendance.

Learning Objectives:

- Provide an introduction to harm reduction approaches during pregnancy.
- Review the evidence base for a range of harm reduction-based interventions.
- Use examples from integrated maternity care or one-stop shop programs across Canada to illustrate harm reduction in action.

2:30 PM - 3:00 PM

BREAK: EXHIBITS OPEN & POSTER VIEWING

3:00 PM - 4:30 PM

Plenary

The Biology of Loss: Recognizing the Consequences of Impaired Attachments and Fostering Resilience

Dr. Gabor Maté, Adjunct Faculty, School of Criminology, Simon Fraser University, Vancouver, BC

The session will illuminate the sources of developmental challenges, childhood and adult mental disorders, and physical health issues as originating in the pre-natal, perinatal, and early childhood periods. Based on Gabor Maté's bestselling books and on current neuroscientific and developmental research, the talk and Q and A will focus on how we can prevent maldevelopment through attuned parenting, and also on how we can restore and foster resilience in children already facing developmental challenges.

Participants will:

- Understand the physiological manifestations of stress
- Recognize the external triggers for stress and their manifestations in human physiology, illness and behavior
- Distinguish external sources of stress from internally generated ones
- Identify how early childhood experience provides the template for memory and interpretation throughout the lifetime
- Learn techniques of helping clients (and the participants themselves) distinguish experience from interpretation

4:30 PM - 5:00 PM

CLOSING REMARKS & EVALUATION

THE LEGEND OF "SLHXI7ISH" OR SIWASH ROCK



The story is of a man committed to his marriage who trained for the coming of his future child by taking morning swims in the water near Ambleside Park, West Vancouver. When he was swimming back, the Transformers in their canoe blocked his passage. They told him he had to move and that he could not pass, but his determination told him he would do what he must for his wife and future child. The Transformers were amazed at his commitment and defiance of them as the messengers of the Great Spirit decided upon his fate. They transformed him into the rock outcropping for all future generations to remember his sacrifice

for cleanliness and fatherhood. His wife was also transformed into a nearby rock.

POSTERS

Qualitative Interviews with Parents of Babies and Young Children with Cleft Lip and Palate

Eleonore Breuning, MD, MBBCh, FRCS(Plast), Plastic Surgeon, BC Children's Hospital, Vancouver, BC

Managing Depression: Resources to Support Women Living With Depression during Pregnancy, After Delivery and Beyond

Jo-Anne Robertson, BA, MPH, Health Promotion Consultant, Best Start Resource Centre, Toronto, ON

Prenatal Education Key Messages for Ontario: Provincial Applications

Jo-Anne Robertson, BA, MPH, Health Promotion Consultant, Best Start Resource Centre, Toronto, ON

Health Care Providers' Perceptions of the Barriers and Facilitators to Supporting Women to Achieve Guideline Concordant Gestational Weight Gain

Jill Morris, BSc, RD, MSc Candidate, Department of Agricultural, Food and Nutritional Science, University of Alberta, Edmonton, AB

Restrictive Palivizumab for Infants Born at 29 to 31+6/7 Weeks Gestation

Brandi Newby, BScPharm, ACPR, Clinical Pharmacy Specialist NICU, Surrey Memorial Hospital / Fraser Health

S Todd Sorokan, MD, Neonatologist, Fraser Health; University of British Columbia, Surrey, BC

Review of Neonatal Intensive Care Admissions Following Cesarean Section

Brandi Newby, BScPharm, ACPR, Clinical Pharmacy Specialist NICU, Surrey Memorial Hospital / Fraser Health, Surrey, BC

Hilary Rowe, BScPharm, ACPR, Pharm D, Clinical Pharmacy Specialist Maternal Fetal Medicine, Surrey Memorial Hospital / Fraser Health, Surrey, BC

Jason Burrows, MD, FRCSC, Maternal Fetal Medicine Specialist, Jim Pattison Outpatient Care and Surgery Centre, Surrey, BC

Rebecca Sherlock, MD, MHSc, FRCPC, Neonatologist / Clinical Assistant Professor, Surrey Memorial Hospital / UBC, Surrey, BC

7 Generations: Examining Gestational Diabetes and High Glucose during Pregnancy within Indigenous Communities

Ashley Lamothe, BHSc, Gestational Diabetes Prevention Coordinator, Southern Ontario Aboriginal Diabetes Initiative, Thorold, ON

Kim Lamothe, BEd, HB.A, Traditional Knowledge Coordinator, Southern Ontario Aboriginal Diabetes Initiative, Thorold, ON

Family-centered Maternity and Newborn Care National Guidelines: Knowledge Sharing

Kristin Bennett, MPH, Policy Analyst, Public Health Agency of Canada, Ottawa, ON

Canada's Landscape of Online Prenatal Education

Megan Black, MPH Practicum Student, Interior Health Authority, University of New England, Kelowna, BC

Intensive Support of Women who have FASD and are Pregnant: Our Experience

Jennifer Collon, Outreach Support Worker, FASSY, Whitehorse, Yukon

Wenda Bradley, BSc Nursing, Registered Nurse, Executive Director, FASSY, Whitehorse, Yukon

How Close to Home? Deriving Catchment Areas and Estimating Travel Time to Obstetric Facilities in British Columbia

Li Rita Zhang, MPH, Epidemiologist, Population and Public Health, Provincial Health Services Authority, Vancouver, BC

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

Clinicians' perspectives and experiences regarding obstetrical care of women with vulvodynia

Kelly Smith, PhD, Research Associate, Department of Obstetrics & Gynecology, University of British Columbia, Vancouver, BC

A National Survey of the Nursing Care of Infants with Prenatal Substance Exposure in Canadian NICUs

Tara Loutit, RN, BScN, MN, British Columbia Institute of Technology, Burnaby, BC

Leonora Marcellus, RN, BScN, MN, PhD, University of Victoria, Victoria, BC

The Partners in Pregnancy Clinic: Innovative Health Care within Ontario's Family Health Team Model

Tracy Condon, MSW, RSW, Social Worker, The Partners In Pregnancy Clinic, Peterborough, ON

Laura Koekkoek, BSW, RSW, Social Worker, The Partners In Pregnancy Clinic, Peterborough, ON

Nursing Practices and Protocols: How Nurses Conflate 'Race' and Culture in Breastfeeding Promotion Contexts

Alysha McFadden, MSc, BSN, RN, CCHN(c), Public Health Nurse, Vancouver Coastal Health, Vancouver, BC

Diagnosing Onset of Labor: A Systematic Review of Definitions in the Research Literature

Patricia Janssen, PhD, Professor, University of British Columbia, Vancouver, BC

Does Midwifery-Led Care Improve Birth Outcomes for Vulnerable Women When Compared to Physician-Led Care? A Systematic Review

Patricia Janssen, Professor, School of Population and Public Health, University of British Columbia

Evaluation of the SOGC Guidelines for Fetal Surveillance in Labour: A Pilot Study

Karine Vallee-Pouliot, BSc, MScPH, RM, Midwife, Maison de Naissance Côte-des-Neiges, Montreal, QC

Keeping the Baby in Mind: Integrating Mentalizing With the NBO System

Joanne Crandall, PhD, Psychologist, MCFD, Prince George, BC

Conference at a Glance

Friday, March 11

7:00 AM - 8:30 AM	Registration and Breakfast
8:30 AM - 9:00 AM	Traditional Welcome and Opening Remarks
9:00 AM - 10:00 AM	Plenary by Darci Lang
10:00 AM - 10:30 AM	Break
10:30 AM - 12:00 PM	Concurrent Sessions A

A1i The Impact of Maternal Weight and Gestational Weight Gain on Birth Weight	A2i TEEM Second Stage Labour Management: A Collaborative Strategy for Change	A3i Low Risk Birth Quality Based Procedure in Ontario	A4i The BC Healthy Connections Project: A Scientific Evaluation of Nurse-Family Partnership in British Columbia
A1ii The 5 A's of Healthy Pregnancy Weight Gain: A New Tool and Training for BC's Primary Care Providers	A2ii Healthy Mothers Healthy Babies: Bridging the Gap in Perinatal Care for Women with Spinal Cord Injury	A3ii Re-building Maternity Services: Dangerous Ideas from the Hinterland	A4ii Healthy Babies Healthy Children Screen Validation
A1iii College of Midwives - Quality Assurance Program	A2iii Birth After Cesarean: How Do Women Make Decisions about Mode of Delivery?	A3iii Building a Maternity Care Network in Urban Family Practice	A4iii Trends in Domperidone use Postpartum and its Association with Ventricular Arrhythmia

12:00 PM - 1:00 PM	Lunch
1:00 PM - 1:30 PM	Poster Session
1:30 PM - 3:00 PM	Concurrent Sessions B

B1i Two Practice Concerns in BC: Safe Infant Sleep Recommendations and Policies Supporting Breastfeeding Exclusion and Duration. Improving Health While Reducing Costs	B2i Gestational Diabetes in South Asian and Chinese Women in BC & Alberta	B3i Safety of Labour and Delivery Following Obstetrical Service Closures in Community Hospitals in British Columbia Canada	B4i Seamless Perinatal Transition Team - The Move to Implementation
B1ii Physicians' Breastfeeding Toolkit: A New Collaborative Resource Developed in Newfoundland and Labrador	B2ii Best Practices for First Nations Women with Gestational Diabetes	B3ii The Art of the Possible: Interdisciplinary, Collaborative Primary Maternity Care in BC	B4ii Beyond Birth Classes: A New Model for Perinatal Education
B1iii Inadequate Prenatal Care Use and Breastfeeding Practices in Canada: A National Survey of Mothers	B2iii CPT1 Variant in First Nations Populations Resulting in Infant Hypoglycemia	B3iii Apple Tree Maternity: A Qualitative Exploration of Rural Collaborative Interprofessional Maternity Care	B4iii Postpartum Care in the Community: Universal and Enhanced Services

3:00 PM - 3:30 PM	Break - Exhibits Open, Poster Viewing
3:30 PM - 4:30 PM	Plenary Session by Tamara Taggart
4:45 PM - 7:00 PM	Networking Reception

GENERAL INFORMATION

Conference at a Glance

Saturday, March 12

7:00 AM - 8:30 AM

Breakfast

8:30 AM - 10:00 AM

Normalizing Birth from Policy, Practice and Lived Experience Panel

10:00 AM - 10:30 AM

Break - Exhibits Open, Poster Session

10:30 AM - 12:00 PM

Concurrent Sessions C

C1i

Supporting Both Breast Feeding and the Baby at Risk for Hypoglycemia

C2i

A Historical and Medical Critique of Circumcision/ Intact Babies: Avoiding Clinical Errors

C3i

The Physiological Effects of Immediate to Early Skin-to-Skin Contact on Mother and Newborn Transition: A Systematic Review

C4i

Old Need, New Technology: Providing Perinatal Support via Text-Message and Online-Only Group

C1ii

Got Milk? Expansion of the BC Women's Provincial Milk Bank

C2ii

Creating Healthy Babies: Baby Brain Development, Nutrition, and Traditional Knowledge

C3ii

MotherBaby Care... Supporting Mothers and babies to Stay Together... one Couplet at a Time!

C4ii

A Randomized Controlled Trial to Evaluate the Effect of Telephone-based Interpersonal Psychotherapy Provided by Nurses for the Treatment of Postpartum Depression

C1iii

Congenital Cytomegalovirus Infection: A New Era of Diagnosis and Treatment in BC

C2iii

New Priorities and Advances in Well-Baby/ Well-Child Care for Children 1 week to 5 years of age from the 2014 Rourke Baby Record

C3iii

Safety Culture Experiences of NICU Parents: A New Angle of Safety Intelligence

C4iii

Safe Sleep, Day and Night: Metro Vancouver Mothers' Experiences Regarding Infant Sleep Safety

12:00 PM - 1:00 PM

Lunch - Exhibits Open, Poster Viewing

1:00 PM - 2:30 PM

Concurrent Sessions D

D1i

Screening for Postpartum Anxiety: Is the EPDS Enough?

D2i

Changing Provincial Regulations - the Newborn Eye Prophylaxis Story

D3i

"How Long Should I Wait?" A Panel Discussion Reviewing Current Evidence and Best Practice to Support Optimal Inter-pregnancy Intervals for Older Mothers

D4i

Babies Born Behind Bars

D1ii

Trajectories of Perinatal Depressive and Anxiety Symptoms in a Community Cohort

D2ii

Prevention of Congenital Syphilis in the Context of Rising Syphilis Diagnoses in BC

D3ii

Interpregnancy Intervals and Infant Outcomes: Does Matching Two Intervals in the same Mother Change the Associated Risks?

D4ii

A Paradigm Shift: Island Health is Changing the Way Public Health Nursing Provides Care to Women and Families During Pregnancy and Parenting by Adopting the Nuu-chah-nulth Nursing Program's Mother's Story Approach to Care

D1iii

Immigrant Women's Experience of Postpartum Depression in Canada: A Narrative Synthesis Systematic Review

D2iii

Perinatal Hepatitis B Screening and Infection in British Columbia

D3iii

The Experience of Women in Remote Carrier Communities with Bedside Ultrasound at Prenatal Visits: Preliminary Findings from a Community Engagement Project

D4iii

Harm Reduction and Pregnancy: Best and Promising Practices for Supporting Pregnant Women and New Mothers Who Use Substances

2:30 PM - 3:00 PM

Break - Exhibits Open, Poster Viewing

3:00 PM - 4:30 PM

Plenary Session by Dr. Gabor Maté

4:30 PM - 5:00 PM

Closing Remarks and Evaluation

Registration & Tuition Fees

Pre-registration prior to February 12, 2016 is strongly recommended to ensure you receive all conference materials.

Online (*The most secure method*): Secure, fast, online registration is available for Visa and MasterCard holders at the conference organizer's website:

www.interprofessional.ubc.ca/HealthyMothersHealthyBabies2016

Phone: Register and pay over the phone.

Local/International: +1-604-827-3112

Toll-free within Canada/USA: 1-855-827-3112

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

Mail: Send the registration form with cheque to:

IN 9576 REGISTRATION

Interprofessional Continuing Education

The University of British Columbia

Rm.105 – 2194, Health Sciences Mall

Vancouver, BC, Canada V6T 1Z3

METHODS OF PAYMENT

Payment by Credit Card

1. Complete the full registration online at interprofessional.ubc.ca with your Visa or MasterCard
2. Fax the registration form to +1 604-822-4835 and indicate that you would like to pay with Visa or MasterCard. We will send you the secure online link to enter your credit card information
PLEASE DO NOT FAX CREDIT CARD INFORMATION
3. Register and pay over the phone:
Local/International: +1 604-827-3112 or
toll free within Canada/USA: 1-855-827-3112 (VISA or MasterCard)

Participants paying by credit card outside of North America: Please inform your credit card company of the transaction as some banks put a block on credit card payments made outside your country.

Payment by Cheque

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

IN 9576 REGISTRATION

Interprofessional Continuing Education

The University of British Columbia

Rm.105 – 2194, Health Sciences Mall

Vancouver, BC, Canada V6T 1Z3

Alternative Payment Methods

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

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

REFUND/TRANSFER & CANCELLATION POLICY

Refunds will be made (less a \$50 processing fee) if written notice of withdrawal is received by February 12, 2016. No refunds will be granted for withdrawal after that date. There is a \$25 replacement charge in case of a registration transfer. Please contact us prior to February 12, 2016 if you cannot attend and would like another person to come in your place. Interprofessional Continuing Education reserves the right to cancel or move this program if registration is insufficient. In the event of cancellation, a refund will be issued.

TRAVEL INFORMATION

The Marriott Vancouver Pinnacle Downtown (1128 Hastings Street) is conveniently located in downtown Vancouver, within a 10 minute walk or a \$5 Taxi from the Waterfront Skytrain Station. By Skytrain, the Canada Line connects Vancouver International Airport to downtown Vancouver in under 30 minutes (www.translink.ca).

From Airport to Downtown:

Monday - Friday fee is \$9.00 CAD*

Weekdays after 6:30 pm, Saturday and Sunday is \$7.75 CAD*

From Downtown to Airport:

Monday - Friday fee is \$4.00 CAD*

Weekdays after 6:30 pm, Saturday and Sunday is \$2.75 CAD*

* Fees for the Canada Line are per way

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

Tourism BC 1-800-HELLO-BC (435-5622) | www.hellobc.ca

Tourism Vancouver +1-604-683-2000 | www.tourismvancouver.com



REGISTRATION FORM

PLEASE WRITE IN BLOCK LETTERS:

One registration form per person. Please photocopy if more are needed.

Ms. Mrs. Miss Mr. Dr.

Last Name

First Name Initials

Organization Name

Mailing Address

City Prov/State Postal Code

Telephone Number Fax Number

E-mail Address

Please inform us of any dietary requirements

AFFILIATION

- | | |
|---|---|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Physician (primary care and specialists) |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Public (parents, parents to be and family members) |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Doula | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Lactation Consultant | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Student |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nurse Practitioner | |
| <input type="checkbox"/> Occupational Therapist | |
| <input type="checkbox"/> Physical Therapist | |

CONFERENCE SESSION CHOICES

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

	1st Choice	2nd Choice
example	A1	A5
Friday, March 11, 2016		
Session A:	_____	_____
Session B:	_____	_____
Saturday, March 12, 2016		
Session C:	_____	_____
Session D:	_____	_____

MAIN CONFERENCE TUITION FEES

Pre-registration prior to February 12, 2016 is strongly recommended to ensure you receive all conference materials. All rates are quoted in CAD and the tuition fee includes GST. Please use one registration form per person. The conference registration fee includes: Certificate of Attendance, Two Breakfasts, Two Lunches, Coffee/Tea Breaks.

Conference Full Program

- Early Bird Rate (BEFORE/ON February 5, 2016) \$350 (\$333+5%GST)
Regular Rate (AFTER February 5, 2016) \$450 (\$429+5%GST)

Individual Day Rates

- Friday, March 11, 2016 ONLY \$250 (\$238+5%GST)
Saturday, March 12, 2016 ONLY \$250 (\$238+5%GST)

Student Rate

- Full Program \$300 (\$286+5%GST)

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

Networking Reception

The networking reception on Friday, March 11 (4:45 – 7:00 pm) is not included in registration fee. Please register early as space is limited. Admission includes one drink ticket and appetizers. You may bring a guest for \$20.

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

Total Payment = \$ _____

METHOD OF PAYMENT

Please Indicate Below How You Would Like to Pay:

- Credit Card:** Please e-mail me a secure on-line link to enter credit card number
- Cheque:** Payment is enclosed with mailed registration form
- PO/LOA/ChReq:** Purchase order/letter of authorization/cheque requisition form is enclosed with faxed/mailed registration form

For more detailed information on registration payment methods, please refer to "Registration & Tuition Fees" on page 19.

**PLEASE VISIT OUR WEBSITE FOR UPDATES
AND TO REGISTER ONLINE:
WWW.INTERPROFESSIONAL.UBC.CA**

Please be aware that video recordings and photos will be taken at the conference. If you do not want to be included in videos and photos, inform the staff at the registration desk upon checking in. Otherwise, we will assume that you consent to the use of video recordings and photographic images that you may be in.