

# Healthy Mothers and Healthy Babies

**Innovation and Equity:  
The Foundation of Quality  
Perinatal Care in 2020**

**Conference Brochure**

**February 20 - 22, 2020**



THE HYATT REGENCY | VANCOUVER, BC



**#HMHBBC**

AND

[www.interprofessional.ubc.ca/initiatives/HMHB2020](http://www.interprofessional.ubc.ca/initiatives/HMHB2020)



**Perinatal  
Services BC**

Provincial Health Services Authority



THE UNIVERSITY OF BRITISH COLUMBIA

**Interprofessional  
Continuing  
Education**



## GENERAL CONFERENCE INFORMATION

### CONFERENCE AT A GLANCE

This conference is hosted by Perinatal Services BC, a part of the Provincial Health Services Authority. It is an exciting meeting of the minds; 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 innovative clinical best practices across the continuum, from preconception to postpartum and newborn care. The patient voice and experience and equitable care will be themes in this conference of hot topics – an event to engage healthcare professionals from a wide range of disciplines and equip them with the latest evidence and tools to promote the health of mothers and babies. The format will include plenaries, breakout sessions, poster sessions, and networking opportunities.

### LEARNING OBJECTIVES

- ▶ Reflect on five new advances across the continuum of care from pre-conception to postpartum that will impact equitable clinical practice for women and/or newborns
- ▶ Analyze current surveillance strategies and describe system improvements in perinatal services that are relevant to improving maternal/fetal and newborn equitable outcomes
- ▶ Identify 3 ways in which partnering with patients and their families drives meaningful change in maternal and newborn clinical practice and enhances the overall patient experience
- ▶ Integrate knowledge learned by engaging in dialogue with other health care professionals from a range of disciplines

### WHO SHOULD ATTEND

- ▶ Administrators/Managers/Planners
- ▶ Allied Health Professionals (Occupational Therapists, Physical, Therapists, Educators, Informatics Professionals, Respiratory Therapists, etc)
- ▶ Dietitians
- ▶ Doulas
- ▶ Faculty of Nursing, Medicine, or Health Sciences
- ▶ Lactation Consultants
- ▶ Midwives
- ▶ Nurses and Nurse Practitioners (Primary Care, Public Health, and Acute Care)
- ▶ Physicians (Primary Care and Specialists)
- ▶ Policy Makers
- ▶ Researchers
- ▶ Students/Learners

### REGISTRATION & TUITION FEES

The tuition fee includes a certificate of attendance, two breakfasts, two lunches, and coffee/tea breaks. Please see the registration form for further details. The Early Bird discounted registration rate expires on January 17, 2020. Regular registration rates apply from January 17 to February 9, 2020 and late registration will apply after February 9, 2020. Registration prior to February 9 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](http://www.interprofessional.ubc.ca)

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

**CHARGE-BY-PHONE |** (please have MasterCard or Visa ready)

Toll free within North America: 1-855-827-3112; Other callers: 604-827-3112

**MAIL |** Send the registration form with cheque to:

#### IN 9576 REGISTRATION

Interprofessional Continuing Education, The University of British Columbia  
Room 105- 2194 Health Sciences Mall  
Vancouver, BC, V6T 1Z3  
Canada

**Make cheque payable to: The University of British Columbia**

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.

#### 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 & CANCELLATION POLICY

A \$50 cancellation fee will be charged until the end of the Early Bird registration period (January 17, 2020). After that, there will be a \$100 charge for cancellation up to two weeks prior to the conference (all fees incl. taxes). No refunds will be made for cancellation after February 7, 2020. If you are unable to attend the conference, you are welcome to send a colleague in your place. For transfer terms and conditions, please refer to: <https://interprofessional.ubc.ca/initiatives/hmh2020/registration/> by registering for the conference, you are agreeing to the terms and conditions listed on this page.

# GENERAL INFORMATION

## LOCATION

**Hyatt Regency Vancouver** | 655 Burrard Street, Vancouver, BC.

Book your accommodation today to avoid disappointment. A special room rate of \$209.00 + applicable taxes has been set aside for conference participants. Specify that you are booking under the 'Healthy Mothers and Healthy Babies Conference' and call toll-free: 1-800-233-1234. To book online, please visit: <https://interprofessional.ubc.ca/initiatives/hmh2020/location-accommodation/>

## TRAVEL INFORMATION

The Hyatt Regency Vancouver is conveniently located next to the Burrard Skytrain Station and is located approximately 16km/10miles from the Vancouver International Airport (YVR). By Skytrain, the Canada Line connects Vancouver International Airport to downtown Vancouver in under 40 minutes. A transfer will be required at Waterfront Station to travel one stop south to Burrard station. For more information: [www.translink.ca](http://www.translink.ca)

**From Airport to Downtown:** Fee is \$9.25 CAD\*

**From Downtown to Airport:** Fee is \$4.25 CAD\*, Saturday and Sunday is \$3.00 CAD\*

\*Fees for the Canada Line are per way.

If you would like more information on travelling in the area or things to do and see in Vancouver, please contact: Tourism BC: [www.hellobc.ca](http://www.hellobc.ca) Tourism Vancouver: [www.tourismvancouver.com](http://www.tourismvancouver.com)

## PROFESSIONAL CREDITS

Main conference is eligible for 12 hours of education credits. For updates regarding credits, and for other conference updates: <https://interprofessional.ubc.ca/initiatives/hmh2020/>

## ACKNOWLEDGEMENTS

We would like to acknowledge with great appreciation the financial contributions through unrestricted educational grants from:



## PLANNING COMMITTEE

**Taslin Janmohamed-Velani** | Chair, RN, MN, CNeON(C), Coordinator, Knowledge Translation, Perinatal Services BC

**Lucy Barney**, Statlimx Nation, RN, BSN, MSN, Provincial Lead, Indigenous Health, Perinatal Services BC

**Sarah Coutts**, RN, MPH, IBCLC, Kangaroo Care Program Coordinator, Perinatal Services BC

**Katia Despot**, Senior Education Manager, Interprofessional Continuing Education, University of British Columbia

**Jana Encinger**, RN, MSN, Provincial Director, Acute Care, Perinatal Services BC

**Sayrin Lalji**, MD, FRCSC, Medical Advisor, Maternity, Perinatal Services BC; Perinatologist, BC Women's Hospital & Health Centre

**Julie MacFarlane**, MSc, CCGC, Provincial Lead, Screening Programs, Prenatal Genetic Screening, Newborn Screening, Biliary Atresia, Perinatal Services BC

**Charissa Patricelli**, MD, CCFP(AM), FCFP, dipABAM, Family Medicine Lead, Perinatal Services BC; Medical Director Fir Square, BC Women's Hospital & Health Centre

**Ann Pederson**, PhD, Director, Population Health Promotion, BC Women's Hospital & Health Centre; Interim Executive Director, Perinatal Services BC

**Christina Tonella**, MAEd, RD, Provincial Director, Prevention and Primary Care, Perinatal Services BC

## ABSTRACT REVIEW COMMITTEE

**Julie MacFarlane** | Chair, MSc, CCGC, Provincial Lead, Screening Programs, Prenatal Genetic Screening, Newborn Screening, Biliary Atresia, Perinatal Services BC

**Lucy Barney**, Statlimx Nation, RN, BSN, MSN, Provincial Lead, Indigenous Health, Perinatal Services BC

**Taslin Janmohamed-Velani**, RN, MN, CNeON(C), Coordinator, Knowledge Translation, Perinatal Services BC

**KS Joseph**, MD, PhD, Professor, Department of Obstetrics & Gynaecology, School of Population and Public Health, University of British Columbia and the Children's and Women's Hospital of British Columbia

**Sayrin Lalji**, MD, FRCSC, Medical Advisor, Maternity, Perinatal Services BC; Perinatologist, BC Women's Hospital & Health Centre

**Jila Mirlashari**, Postdoc fellow, WHRI, Department of OBGYN, UBC; Associate Professor, School of Nursing and Midwifery, Tehran University of Medical Sciences (TUMS)

**Charissa Patricelli**, MD, CCFP(AM), FCFP, dipABAM, Family Medicine Lead, Perinatal Services BC; Medical Director Fir Square, BC Women's Hospital & Health Centre

**David Puddicombe**, MSc, Epidemiologist, Perinatal Services BC

**Jane Wines**, RM, MSc, Lecturer and Lead Faculty, Internationally Educated Midwives Bridging Program, University of British Columbia, Vancouver, BC

## PROGRAM-AT-A-GLANCE

### PRE- CONFERENCE THURSDAY FEBRUARY 20

8:00 AM - 9:00 AM	Registration
9:00 AM - 12:00 PM	<b>Morning Session:</b> Eat, Sleep and Console Workshop
12:00 PM - 1:00 PM	Lunch
1:00 PM - 5:00 PM	<b>Afternoon Session PM1:</b> Strengthening Kangaroo Care in BC Workshop
	<b>Afternoon Session PM2:</b> Perinatal Substance Use Case Based Prescriber Workshop
5:00 PM	Adjourn

### MAIN CONFERENCE FRIDAY FEBRUARY 21

7:30 AM - 8:30 AM	Registration and Breakfast
8:30 AM - 9:00 AM	Traditional Welcome by Debra Sparrow and Opening Remarks by Taslin Velani
9:00 AM - 10:00 AM	<b>Keynote: Laura van Dernoot Lipsky</b>
10:00 AM - 10:30 AM	Break - Exhibits Open, Poster Viewing

10:30 AM - 12:00 PM CONCURRENT SESSION A				
A1: Self Care	A2: Breastfeeding	A3: E-Health - Patient Support	A4: Healthcare Provider Resources	A5: Lab/Vaccine

12:00 PM - 1:00 PM	Lunch - Exhibits Open, Poster Viewing
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1:00 PM - 2:30 PM CONCURRENT SESSION B				
B1: EPDS/Perinatal Mental Health	B2: Breastfeeding Panel	B3: E-Health System	B4: Acute Care - Neonatal	B5: Cultural Safety

2:30 PM - 2:45 PM	Break - Exhibits Open, Poster Viewing
2:45 PM - 3:45 PM	<b>Plenary: Nathalie Charpak and Ylva Thernström Blomqvist</b>
3:45 PM - 4:45 PM	<b>Environmental Panel: Warren Bell, Linda Dix Cooper, Debra Sparrow</b>
4:45 PM - 5:15 PM	<b>Poster Session</b>
5:15 PM - 6:30 PM	Networking Reception (Held at the Conference Hotel)

### MAIN CONFERENCE SATURDAY FEBRUARY 22

7:30 AM - 8:15 AM	Registration and Breakfast
8:15 AM - 8:30 AM	Opening Remarks by Ann Pederson and Maureen O'Donnell
8:30 AM - 9:30 AM	<b>Plenary: Michael Klein</b>
9:30 AM - 10:30 AM	<b>Plenary: Erna Snelgrove</b>
10:30 AM - 11:00 AM	Break - Exhibits Open, Poster Viewing

11:00 AM - 12:30 PM CONCURRENT SESSION C				
C1: Rural Maternity	C2: Public Health	C3: Surveillance	C4: Adverse Childhood Experiences	C5: Acute Care - Perinatal

12:30 PM - 1:30 PM	Lunch - Exhibits Open, Poster Viewing
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1:30 PM - 3:00 PM CONCURRENT SESSION D				
D1: Rural Maternity	D2: Acute Care - Neonatal	D3: Acute Care	D4: Equity	D5: Substance Use and the Patient Voice

3:00 PM - 3:30 PM	Break - Exhibits Open, Poster Viewing
3:30 PM - 4:30 PM	<b>Plenary: Evelyn George</b>
4:30 PM - 5:00 PM	<b>Closing Remarks, Door Prizes and Evaluation</b>



## FEATURED SPEAKERS



**Laura van Dernoot Lipsky,** Founder and Director, The Trauma Stewardship Institute, Seattle, WA, USA



**Nathalie Charpak,** MD, Scientific Coordinator, KMC Centers of Excellence; Founding Member, Senior Researcher and Director, Kangaroo Foundation; Attending Pediatrician, Kangaroo Mother Care Program, San Ignacio University Hospital, Bogotá, Columbia



**Ylva Thernström Blomqvist,** PhD, RN, Neonatal Intensive Care Unit, Uppsala University Children's Hospital; Adjunct Lecturer, Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden



**Michael C. Klein,** MD, CCFP, FCFP, FAAP (Neonatal/Perinatal), FCPS, Emeritus Professor, Department of Family Practice, Faculty of Medicine, University of British Columbia; Senior Scientist Emeritus, BC Children's Hospital Research Institute, Vancouver, BC



**Erna Snelgrove-Clarke,** PhD, RN, Vice Dean and Director, School of Nursing, Faculty of Health Sciences, Queen's University, Kingston, ON



**Evelyn George,** RM (non-practicing), Indigenous Lead, Midwives Association of BC; Former Co-Chair, National Aboriginal Council of Midwives, Penticton, BC



**Warren Bell,** BA, MDCM, CCFP, FCFP(LM), Founding President, WA:TER (Wetland Alliance: The Ecological Response); Rural Preceptor, University of British Columbia, Salmon Arm, BC



**Debra Sparrow,** Musqueam First Nation, BC



**Linda Dix-Cooper,** Environmental Health Scientist, Health Protection, Vancouver Coastal Health Authority, Vancouver, BC



**Melissa Lem,** PhD, Family Physician; Clinical Instructor, Faculty of Medicine, University of British Columbia, Vancouver, BC

## Eat, Sleep and Console: The Non-Pharmacological Management of Neonatal Abstinence Syndrome

Jola Berkman, RN, BScN, BSc(med)Hons, Coordinator, Neonatal Care, Perinatal Services BC

## Substance Exposed Working Group

Nationally, the incidence and severity of infants diagnosed with NAS (neonatal abstinence syndrome) has been increasing over time. This can be attributed to a number of complex and interrelated factors including evolving changes in drug supply (e.g. fentanyl use), polysubstance use and barriers to accessing services and substance use treatment for pregnant and parenting women using substances. Scoring tools to evaluate NAS symptoms and criteria for pharmacological management may increase the length of stay in the hospital. This workshop will focus on the evidence informed Eat, Sleep and Console (ESC) Care Approach and the care of the substance exposed newborn. The ESC Care Approach is being adopted as part of the core provincial education delivered through the three year Provincial Perinatal Substance Use Project led by BC Women's Hospital, PHSA.

The objective of the ESC Approach is empower the mother/or caregiver as a first line treatment by using non-pharmacological care interventions to manage NAS. Sites where this approach has been implemented reported a significant reduction in the use of pharmacological management and the length of hospital stays for newborns experiencing withdrawal. Mothers also report increased confidence and self-efficacy in caring for their newborn.

## Learning Objectives:

- ▶ Understand the rationale for the use of Eat, Sleep and Console Care Tool in the functional assessment of the substance exposed newborn
- ▶ Effectively apply and interpret Eat, Sleep and Console Care documentation tool during assessments in simulated cases
- ▶ Provide an overview of the non-pharmacological care interventions to manage withdrawal symptoms with examples
- ▶ Provide an overview of pharmacological management of withdrawal symptoms
- ▶ Provide recommendations on the implementation of the Eat, Sleep and Console Care Approach in acute care settings linked to the Provincial Perinatal Substance Use Project

12:00 PM - 1:00 PM - LUNCH

## PM1: Kangaroo Care in BC: Sending Signals to Support Kangaroo Care as a Standard of Care for All Preterm Infants in the NICU and Beyond

**Nathalie Charpak**, MD, Scientific Coordinator, KMC Centers of Excellence; Founding Member, Senior Researcher and Director, Kangaroo Foundation; Attending Pediatrician, Kangaroo Mother Care Program, San Ignacio University Hospital, Bogotá, Columbia

**Ylva Thernström Blomqvist**, PhD, RN, Neonatal Intensive Care Unit, Uppsala University Children's Hospital; Adjunct Lecturer, Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden

**Horacio Osioviich**, MD, FRCP, Division Head, Neonatology Staff Neonatologist, BC Women's Hospital; Clinical Professor, Department of Pediatrics, University of British Columbia, Vancouver, BC

**Lori Brotto**, PhD, Executive Director, Women's Health Research Institute; Registered Psychologist, Professor, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

**Julie De Salaberry**, RN, Director, Neonatal Programs, BC Women's Hospital, Vancouver, BC

**Ann Pederson**, PhD, Interim Executive Director, Perinatal Services BC; Director, Population Health Promotion, BC Women's Hospital, Vancouver, BC

**Sarah Coutts**, RN, IBCLC, Kangaroo Care Project Coordinator, Perinatal Services BC, Vancouver, BC

This workshop will address opportunities and difficulties of caring for preterm infants 24/7, both in the NICU and at home. Presenters will share their clinical experiences from different settings. This workshop will engage in a World Café dialogue with all participants to address common barriers across BC and create an action plan for next steps and sustainability of Kangaroo Care in BC.

## Learning Objectives:

- ▶ Describe the research evidence for Kangaroo Care for preterm and low birth weight infants
- ▶ Explore solutions to common barriers to Kangaroo Care in BC NICUs
- ▶ Demonstrate ways to support evidence-based practice change for NICUs and staff members in implementing Kangaroo Care as a standard of care

## PM2: Perinatal Substance Use Case Based Prescriber Workshop

**Ron Abrahams**, MD, FCFP, M.S.C., Clinical Professor, Department of Family Practice University of British Columbia; Founding Medical Director, Fir Square, BC Women's Hospital; Consultant Physician, Sheway, Vancouver, BC

**Kate Bodkin**, BA, MD, CCFP, Clinical Instructor University of British Columbia, Department of Family Practice; Medical Clinical Lead, Fir Square, BC Women's Hospital, Vancouver, BC

**Janine Hardial**, MD, CCFP, FCFP, Medical Coordinator, Sheway, Vancouver Coastal Health; Group 2 Lead, Family Practice Maternity Service; Consultant Physician, Perinatal Addictions Service, BC Women's Hospital, Vancouver, BC

**Jim Ketch**, BSc(H), MD, CCFP(EM)(AM), Assistant Professor, Faculty of Behavioural Medicine, University of British Columbia, Vancouver, BC; Lead Physician, Out Reach Urban Health; Addiction Medicine Consultant, Kelowna General Hospital, Kelowna, BC

**Charissa Patricelli**, MD, CCFP(AM), FCFP, dipABAM, Clinical Associate professor, University of British Columbia, Family Medicine Lead, Perinatal Services BC; Medical Director, Fir Square, BC Women's Hospital, Vancouver, BC

The focus of this workshop will be Honouring the Mother Baby Dyad in Pregnancy, Intra and Postpartum with management of the perinatal substance using mother. This will be a case-based advanced level workshop for prescribers such as physicians, nurse practitioners, midwives, pharmacists to build connection and capacity in facing the opioid epidemic. Small group workshop facilitators will come from diverse geographical regions to help address challenges in different communities. Participants are welcome to submit challenging cases for the workshop small case based discussions.

## Learning Objectives:

- ▶ Build relationship across the province in scope and depth of management of women with complex intersectional needs.
- ▶ Increase participant knowledge of medical management of perinatal substance use in a trauma informed, culturally safe practice which is informed by those with lived experience
- ▶ Expand our capacity and resiliency as caregivers with families in the course of the opioid epidemic

# MAIN CONFERENCE

## FRIDAY, FEBRUARY 21

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

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

9:00 AM - 10:00 AM

### KEYNOTE

#### Transforming Trauma – How to Do This Work and Sustain?

**Laura van Dernoot Lipsky**

Founder and Director, The Trauma Stewardship Institute, Seattle, WA, USA

Laura van Dernoot Lipsky will offer a compelling mix of personal insight, cutting-edge research, personal stories, and countless New Yorker cartoons to help us understand the cumulative toll of being exposed to suffering over time and gain the skills needed to reconcile it.

##### Learning Objectives:

- ▶ Raise awareness and respond to the cumulative toll on those who are exposed to the suffering, hardship, crises, or trauma of humans, other living beings or the planet itself
- ▶ Develop a deeper understanding of trauma exposure and the tools for reconciling such exposure, so folks can do their work sustainably
- ▶ Teach how to create a sustainable individual and collective culture

10:00 AM - 10:30 AM  
BREAK



Please note that each concurrent session is 90 minutes long with 1 – 6 presentations of various length in each session. The final program will list the length of each presentation.

10:30 AM - 12:00 PM

### A1: Self Care

#### Transforming Trauma – How to Do This Work and Sustain? Continuing The Conversation

**Laura van Dernoot Lipsky**, Founder and Director, The Trauma Stewardship Institute, Seattle, WA, USA

This workshop following the keynote will build on what was discussed during the morning session.

### A2: Breastfeeding

A2i | Newborn Health

#### Decision-Making Needs, Challenges, and Opportunities Among Health Care Professionals Supporting Infant Feeding Choices: A Qualitative Investigation Involving Expert Interviews

**Sarah Munro**, PhD, Assistant Professor, Department of Obstetrics & Gynaecology, Faculty of Medicine, University of British Columbia; Scientist, Centre for Health Evaluation & Outcome Sciences (CHÉOS), Vancouver, BC

**Lea Geiger**, RN, IBCLC, Provincial Coordinator, Baby-Friendly Initiative, Perinatal Services BC, Vancouver, BC

Breastfeeding may not be the optimal choice for a given family at a given time. Shared decision-making (SDM) can improve patient-centred care for infant feeding choices. We will present results from a provincial, qualitative study showing there is room for improvement to improve informed choices and support the Baby-Friendly Initiative.

##### Learning Objectives:

- ▶ Report results of the study to assess the feasibility of implementing shared decision-making for infant feeding choices
- ▶ Recognize the need to improve person-centred infant feeding care through shared decision-making
- ▶ Discuss how shared decision-making can be used to guide infant feeding choices

A2ii | Best Practice / Quality Improvement

#### Advocating for Equitable Access to Human Milk

**Stephanie Gillespie**, RN, BSN, IBCLC, Lactation Service & Provincial Milk Bank, BC Women's Hospital, Vancouver, BC

Direct breastfeeding is the unequalled way of feeding young children. If the mother is unable or unwilling to provide her own milk, what should be offered? If pasteurized donor human milk (PDHM) is offered, who gets it and for how long? BC Women's provincial Milk Bank strives to support a provincial approach. This short presentation addresses these issues.

##### Learning Objectives:

- ▶ Cite three benefits of using PDHM appropriately
- ▶ Decide when to suggest the use of pasteurized donor human milk
- ▶ Name two reasons PDHM is safer than milk sharing
- ▶ Reflect on how they can support families and the milk bank

## The Perceived Pressure to Breastfeed and Its Implications

**Amisha Patel**, RN, BScN, MN Student, School of Nursing, Thompson Rivers University, Kamloops, BC

**Kathryn Banks**, PhD, MSN, RN, Assistant Professor, School of Nursing, Thompson Rivers University, Kamloops, BC

This presentation will explore findings on women's reported experiences of breastfeeding, specifically their emotional experiences. Interventions aimed at supporting women's breastfeeding experiences will be analyzed, and recommendations for healthcare providers to best support women will be outlined.

### Learning Objectives:

- ▶ Identify the research and recognize the phenomenon of a perceived pressure to breastfeed for new mothers and their infants
- ▶ Analyze the potential implications for health due to a perceived pressure to breastfeed for the perinatal client
- ▶ Appraise current standards supportive of infant-feeding practices and protocols used by healthcare professionals for women and their newborns
- ▶ Identify strategies that promote family-centered care and patient voice

## Breast is Best? Informed Choice and Decision Making for New Parents

**Lana Sullivan**, MA, Project Manager, Population Health Promotion, BC Women's Hospital & Health Centre, Vancouver, BC

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

Women make decisions about infant feeding based on numerous factors despite breastfeeding being long been documented as ideal. This presentation will describe the process involved with developing breastfeeding resources supported and vetted by both clinicians and breastfeeding mothers. This process stands as a case example of how meaningful change in clinical practice enhanced the experience of breastfeeding mothers feeling supported in their efforts to breastfeed.

### Learning Objectives:

- ▶ Recognize the importance of using informed choice language in the development of breastfeeding resources
- ▶ Recognize the importance of the provider-patient partnership in developing breastfeeding resources vetted and supported by both stakeholders

## A3: E-Health - Patient Support

## SmartMom: Teaching Hard-To-Reach Populations by Texting

**Patricia Janssen**, PhD, Professor and Co-lead, Maternal Child Health, School of Population and Public Health, University of British Columbia, Vancouver, BC

This session will describe the knowledge gaps addressed by SmartMom and how the program works. It will review the evidence for texting as a motivation for changing behavior. The characteristics of participants and evaluation findings will be presented.

### Learning Objectives:

- ▶ Describe the components of SmartMom
- ▶ Demonstrate understanding of what SmartMom offers beyond traditional phone "apps"
- ▶ Review findings of formative, process and health outcomes

## Employing E-Health to Achieve Postpartum Mental Wellness: A Qualitative Needs-Assessment of Women in BC

**Madison Lackie**, MSc, Graduate Student, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

This study used focus groups to assess the unmet needs of women experiencing postpartum depression (PPD) in British Columbia, and how a web-enabled intervention could be used to meet those needs. Findings described the need for validation and empowerment, as well as specific content and design features.

### Learning Objectives:

- ▶ Describe barriers to accessing reproductive mental health care
- ▶ Identify three key needs of women suffering from postpartum depression
- ▶ Evaluate the acceptability of a web-enabled platform for psychosocial skills and education in PPD

## Remote Patient Monitoring in the BC Women's Diabetes in Pregnancy Service, a Virtual Health Demonstration Project

**Ying Jiang**, Project Manager, Provincial Health Services Authority, Vancouver, BC

**Jay Rai**, Perinatal Diabetes Educator, BC Women's Hospital & Health Centre, Vancouver, BC

**Anita Wetzer**, Registered Dietitian, BC Women's Hospital & Health Centre, Vancouver, BC

BC Women's Diabetes in Pregnancy Service partners with the PHSA office of Virtual Health to enable remote patient monitoring for pregnant women with diabetes. The project aims to enable clinicians to deliver more timely care, empower patients to be partner in care, and to lower the risk of diabetes-related complications.

### Learning Objectives:

- ▶ Reflect on the early learnings on piloting remote patient monitoring in gestational diabetes
- ▶ Analyze the integration of Virtual Health in clinical care delivery as a strategy for quality improvement in specialized perinatal services
- ▶ Explore the path forward to empower women and providers to be partners in care by introducing innovative virtual health technology



## A3iv | New Research

## Modern Day Tools for the Peripartum Mother: The Representation of Postpartum Mental Health in Conventional and Social Media

**Anne TM Konkle**, PhD, Associate Professor, Faculty of Health Sciences, University of Ottawa, Ottawa, ON

We are all influenced by the media. Our group has set out to investigate the media depiction of peripartum mental health. Our work showcases the potential usefulness of various social media platforms in providing support to women or their loved ones, who are seeking information or support for these issues.

### Learning Objectives:

- ▶ Describe the prominent themes presented in the media regarding postpartum depression
- ▶ Appraise the appropriateness and usefulness of social media websites as resources for women post-parturition

## A4: Healthcare Provider Resources

## A4i | Best Practice/ Quality Improvement

## From Process to Product: Partnering With Patients and Providers to Develop Health Information Resources at BC Women's Hospital

**Lana Sullivan**, MA, Project Manager, Population Health Promotion, BC Women's Hospital & Health Centre, Vancouver, BC

**AJ Murray**, BA, BFA, KTPC, Knowledge Translation Coordinator, Population Health Promotion, BC Women's Hospital + Health Centre, Vancouver, BC

Patient engagement is increasingly recognized as a crucial ingredient in providing high-quality healthcare services. This presentation will review the process and products used by provider and patient partners to develop health information resources for bcwomens.ca. We will argue that because engagement influences both process and product, commitment to each is necessary to empower and elicit buy-in of stakeholders.

### Learning Objectives:

- ▶ Identify three reasons why patient engagement enhances healthcare
- ▶ Describe the educational resource development process used at BCW
- ▶ Report how patient engagement shapes health information development processes and products

## A4ii | Equitable Care

## Developing Resources to Advance Collaborative Action on FASD Prevention in Indigenous Communities

**Lindsay Wolfson**, MPH, Research Coordinator, Centre of Excellence for Women's Health, Vancouver, BC

**Denise Lacerte**, BA, Senior Specialist, Healthy Children and Youth Wellness Programs Support, Vancouver, BC

This presentation highlights collaboratively developed resources on Indigenous Approaches to Fetal Alcohol Spectrum Disorder (FASD) Prevention. These resources, for program planners and service providers, demonstrate the diversity of community-led, community-driven approaches and how communities have incorporated Indigenous knowledge systems and holistic wellness approaches in addressing alcohol use in pregnancy.

### Learning Objectives:

- ▶ Summarize the current models, needs, and priorities for community-wide FASD prevention and support programs in Indigenous communities
- ▶ Propose ideas for how to facilitate FASD program development and implementation led by, with, and for Indigenous peoples

## A4iii | Best Practice/ Quality Improvement

## The Period of PURPLE Crying (PURPLE): A Province-Wide Shaken Baby Syndrome Prevention Initiative

**Claire Humphreys**, MSc, BA, Manager, Prevent Shaken Baby Syndrome BC, BC Injury Research & Prevention Unit, BC Children's Hospital, Vancouver, BC

**Karen Sadler**, MCP, BID, Manager, Prevent Shaken Baby Syndrome BC, BC Injury Research & Prevention Unit, BC Children's Hospital & Research Institute, Vancouver, BC

PURPLE program educates families on infant crying to prevent the shaken baby syndrome. Crying is the most common stimulus for shaking, which is a leading cause of serious head injury in children under two. This session covers the research behind the program, and how it is implemented and evaluated in BC.

### Learning Objectives:

- ▶ Identify signs and symptoms of the shaken baby syndrome and be able to discuss with parents/caregivers the dangers of shaking as a caregiving behavior and how to keep babies safe
- ▶ Recognize normal infant crying as the main trigger of SBS and describe normal infant crying patterns, based on 50 years of crying research, to parents/caregivers
- ▶ Identify when parents/caregivers are struggling with frustration around inconsolable crying and be able to provide additional supports and intervention
- ▶ Integrate practical coping and soothing strategies into your practice with parents/caregivers

## Give Me Sleep! Addressing Parents' Sleep as a Component of Postpartum Mood Disturbances

**Christine Ou**, RN, MSN, Doctoral Candidate, PSI Scholar, School of Nursing, University of British Columbia, Vancouver, BC

**Sheila Duffy**, Director, Pacific Post Partum Support Society, Vancouver, BC

Getting adequate sleep is often a struggle for parents with infants and not getting enough sleep often aggravates existing postpartum mood problems. In this session, we propose a program to help parents address problems with sleep through attention to their sleep hygiene, self-care, supportive partner communication, and promoting infant sleep.

### Learning Objectives:

- ▶ Describe the association between postpartum mood disturbances and poor sleep quality
- ▶ Describe the components of a program about parental sleep that will help to support parents

## Improving Services for Pregnant and Parenting Women Who Use Opioids: Reducing Stigma and Encouraging Cross-System Collaboration

**Rose Schmidt**, MPH, Researcher, Centre of Excellence for Women's Health, Vancouver, BC; PhD student, Dalla Lana School of Public Health, University of Toronto, ON

**Nancy Poole**, BA, DipCS, MA, PhD, Director, Centre of Excellence for Women's Health, Vancouver, BC

This session is based on a Toolkit that identifies strategies for reducing stigma and improving the health, safety and social needs of women and their children. It encourages adopting approaches that are culturally safe, trauma-informed and harm reduction oriented that place the mother-child unit at the centre of service responses.

### Learning Objectives:

- ▶ Increase awareness of promising substance use and child welfare policies and programs that engage pregnant women and new mothers who use substances
- ▶ Showcase tools developed to support reducing stigma, improving service delivery and increasing cross-system coordination
- ▶ Invite assessment of the applicability and usefulness of these tools in a particular work context

## A5: Lab/Vaccine

## The PRISM Project. Improving Lab Test Interpretation for BC Mothers

**Vilte Barakauskas**, PhD, DABCC, FCACB, Clinical Biochemist, Department of Pathology, BC Children's And Women's Hospital, Vancouver, BC

**Ann Tran**, MD, PGY-2 Hematopathology, Faculty of Medicine, University of British Columbia; Rpt PGY-2 Hematopathology, Lab Medicine and Pathology, B.C. Women's Hospital & Health Centre, Vancouver, BC

This presentation will provide a brief overview of the current state of laboratory reference intervals during pregnancy and will discuss the study design, recruitment outcomes and preliminary results of a recent local initiative (PRISM - Pregnancy Reference Intervals for Safe Medicine) that is developing a process for recruitment of healthy pregnant women representative of the BC population, in order to establish RIs for key laboratory tests during pregnancy and in neonates.

### Learning Objectives:

- ▶ Summarize the limitations of current knowledge of reference intervals during pregnancy
- ▶ Introduce the PRISM project, a local initiative recruiting healthy mothers to contribute to pregnancy and neonatal reference interval studies
- ▶ Evaluate the recruitment outcomes, cohort characteristics and reference interval data from the PRISM and P2RISM studies, for applicability to BC mothers
- ▶ Discuss successes, challenges and possible improvements to the PRISM project

## Newborn Screening: Time Is of the Essence

**Hilary Vallance**, MD, FRCPC, Director, BC Newborn Screening Program, Children's and Women's Health Centre, Vancouver, BC

The BC Newborn screening program tests for 24 treatable disorders to achieve early detection and improve health outcomes. Some of these disorders can present with life-threatening signs as early as the 1st week of life. Quality initiatives and timely blood spot card collection will be discussed with case illustrations.

### Learning Objectives:

- ▶ Describe newborn screening in BC and its impact on newborn health
- ▶ Recognize the importance of high quality and timely collection of newborn blood samples
- ▶ Prepare to take away strategies to use in your work environment to enhance the newborn screening journey



## Vaccinating Pregnant Women: Knowledge, Beliefs, Attitudes and Practices of Women's Healthcare Providers

**Courtney Green**, PhD, MSc, Manager, Medical Research and Guidelines, Society of Obstetricians and Gynaecologists of Canada, Ottawa, ON

Vaccination during pregnancy offers a safe option that improves outcomes for mothers and babies. By understanding the factors that influence the practices of women's healthcare providers, improvements to antenatal care can be recommended. These changes can have a long-term impact on maternal and fetal morbidity and mortality related to vaccine-preventable illnesses.

### Learning Objectives:

- ▶ List the barriers and challenges associated with vaccination in pregnancy
- ▶ Review the changes to immunization practices that can reduce the number of cases of maternal and fetal morbidity and mortality
- ▶ Describe the benefits associated with vaccination in pregnancy for mothers and their babies

## Are Primary Healthcare Providers in BC Able to Recommend and Provide Pertussis Vaccine in Every Pregnancy?

**Hana Mijovic**, MD, Paediatric Infectious Disease Physician and Researcher, Vaccine Evaluation Center, BC Children's Hospital, Vancouver, BC

Pertussis vaccine has been recommended for every pregnancy since 2018. Our study findings suggest that BC's perinatal providers' ability to recommend and provide pertussis vaccine is shaped by healthcare system factors that are often beyond their control, including training opportunities, availability of lay information resources, and patient access to vaccination.

### Learning Objectives:

- ▶ Appreciate the rationale for Tdap vaccine in every pregnancy
- ▶ Indicate why primary healthcare providers in BC are currently able/not able to consistently recommend and provide pertussis vaccine in every pregnancy
- ▶ Discuss your perspectives and experience from the field

12:00 PM - 1:00 PM

LUNCH

### LUNCH SESSION

## Mamahood: A New Frontier, a Keynote Presentation

**Nicollie Natrass**, Keynote Presenter and Counselor, Mamahood: A New Frontier, Lantzville, BC

Nicollie Natrass is a Jessie Award-nominated playwright (PGC), actress (CAEA), counselor (CAC II) and mother – who courageously shares her journey of becoming a new mother at the age of 40 in this keynote. From initial idyllic dreams of motherhood to her real struggle, her years of sleep deprivation, and her own eye-opening Post-Partum experience with PTSD & Anxiety. Both profoundly impactful and funny, there is an optional Q & A after Keynote.

1:00 PM - 2:30 PM

## B1: EPDS/Perinatal Mental Health

B1i | Best Practice/ Quality Improvement

### Perinatal Anxiety Disorder Screening: Literature Update and Future Directions

**Nichole Fairbrother**, PhD, RPsych, Associate Clinical Professor, Department of Psychiatry, University of British Columbia, Victoria, BC

Despite the fact that 20% of perinatal women suffer from anxiety or related disorders, routine screening during reproduction is rare. A key impediment to screening is a lack of an accurate screening instrument. The current status of perinatal anxiety and related disorder screening and screening tool development will be discussed.

### Learning Objectives:

- ▶ Appreciate the importance of perinatal anxiety disorders
- ▶ Comprehend the importance of early screening
- ▶ Learn the qualities of an accurate and effective screening tool
- ▶ Become informed regarding the current status of perinatal anxiety screening tool development

B1ii | Best Practice/ Quality Improvement

### Using the EPDS3A as a Screening Tool for Perinatal Anxiety

**Tatiana Popovitskaia**, MPH, MPA, Project Manager, Perinatal Services BC, Vancouver, BC

**Meagan Coman**, RN, Regional Coordinator, Early Childhood Development, Vancouver Coastal Health Authority, Vancouver, BC

Vancouver Coastal Health public health working group collaborated with Perinatal Services BC to enhance the EPDS anxiety subscale and developed an education plan for its implementation. This session will present the results of the evaluation results of the EPDS 3A subscale as a screening tool for perinatal anxiety.

### Learning Objectives:

- ▶ Define the ways to address anxiety in the perinatal period using EPDS 3A subscale
- ▶ Demonstrate the evaluation results of the EPDS 3A subscale as a practical screening tool for perinatal anxiety
- ▶ Describe the experiences of public health nurses with the EPDS 3A

## “The Biggest Decision I’ve Ever Made”: a Grounded Theory of Decision Making Regarding Antidepressant Use in Pregnancy

**Catriona Hippman**, PhD student, Clinical Assistant Professor, Faculty of Nursing, Medicine, or Health Sciences, University of British Columbia, Vancouver, BC

This session presents the results of Catriona Hippman’s doctoral research investigating the process by which women decide whether or not to take antidepressants during pregnancy. The presentation includes the theoretical model of decision-making developed through the research, quotes from women’s lived experiences, and recommendations for clinical practice.

### Learning Objectives:

- ▶ Summarize research findings regarding how women decide whether or not to take antidepressants during pregnancy
- ▶ Identify ways to incorporate research findings into clinical practice

## Anxiety and Depression: Voices that Support Expectant and New Parents

**Estelle Paget**, BA(Hon), MA LPL (France), Founder and Executive Director, KIDCARECANADA Society, Victoria, BC

**Andrew Macnab**, MD, FRCPC, Educator, Professor, Department of Pediatrics, KIDCARECANADA Society / University of British Columbia, Victoria, BC

**Joanna Cheek**, MD, FRCPC, Clinical Assistant Professor, Faculty of Medicine, University of British Columbia, Vancouver, BC

**Eva Bild**, Mothering Touch, DONA International, Lamaze International, Breastfeeding Matters – South Vancouver Island, BC

Perinatal anxiety and depression are highly treatable, especially when caught early. KidCareCanada’s captivating, inclusive, high quality and science-based videos focus on recognizing and treating these. “Survivors” share heartfelt testimonies. These freely-available tools can be used by families, friends and professionals. In this session, participants view and discuss a sampling.

### Learning Objectives:

- ▶ View excerpts of KidCareCanada videos and TV Talk show on anxiety, perinatal and postpartum depression
- ▶ Discuss the relevance of these resources as tools for their personal and professional contexts

## B2: Breastfeeding Panel

## Breastfeeding Panel: Transformative Change Through the Baby-Friendly Initiative: Insights & Innovation

**Krista Baerg**, MD, FRCPC, BSN, Associate Professor, Department of Pediatrics Services, University of Saskatchewan, Saskatoon, SK

**Evening Star Casimir**, Associate Health Manager, Penticton Indian Band Health Department, Penticton, BC

**Lea Geiger**, RN, IBCLC, Provincial Coordinator, Baby-Friendly Initiative, Perinatal Services BC, Vancouver, BC

**Frances Jones**, RN, MSN, IBCLC, Program Coordinator, BC Women’s Lactation Service and Provincial Milk Bank, BC Women’s Hospital, Vancouver, BC

**Meggie Ross**, Lactation Consultant Lead, Penticton BFI Pilot Project, Interior Health, Penticton, BC

**Vanessa Salmons**, RN, BSN, Executive Lead, Perinatal Program, Northern Health, Quesnel, BC

**Julie Smith-Fehr**, MN, Maternal Services Manager, Maternal Services, Saskatchewan Health Authority, Saskatoon, SK

The Baby-Friendly Initiative (BFI) was established by the World Health Organization and UNICEF 25 years ago and is recognized as a quality improvement initiative for maternity and community services to promote, protect and support breastfeeding. The Ten Steps to Successful Breastfeeding provide a framework for health facilities around the world to provide optimal care to all families and their infants and to improve breastfeeding rates.

### Learning Objectives:

- ▶ Gain more insight into common system barriers encountered in the implementation of the Baby-Friendly Initiative (BFI) and achieving BFI designation and re-designation
- ▶ Identify innovative approaches that contribute to transformative change and lead to the implementation of the BFI Ten Steps
- ▶ Recognize the National Baby-Friendly Quality Improvement Collaborative Project and its impact on building a community partnership approach to BFI Designation





## B3: E-Health System

B3i | Best Practice/ Quality Improvement

### The New Perinatal Data Registry and How It Can Improve Patient Care

**Kenny Der**, MBA, CHIM, CPHIMS-CA, Provincial Director, Informatics and Privacy, Perinatal Services BC, Provincial Health Services Authority, Vancouver, BC

The Perinatal Data Registry is more than just a data repository. This presentation will introduce the new system and its capabilities, including future developments that will directly improve maternal, fetal and neonatal care throughout the province.

#### Learning Objectives:

- ▶ Describe the Perinatal Data Registry System and the data found within
- ▶ Learn about the new initiatives to enhance the Perinatal Data Registry system
- ▶ Demonstrate understanding of the possible applications of the Perinatal data for direct and indirect patient care

B3ii | Best Practice/ Quality Improvement

### Clinical Systems and Transformations (CST) and the Flow of Information

**Ellen Giesbrecht**, MD, FRCSC Senior Medical Director, Maternal Newborn Program, BCWH; Chair, Maternity Working Group, CST, Vancouver, BC

**Melanie Nomm**, RN, BSN, MAL, Clinical Informatics Lead Obstetrics and NICU, CST, Vancouver, BC

Although CST Cerner is not the first electronic health record to be implemented, significant work has been done to ensure alignment with Perinatal Services BC forms and clinical pathways. This will facilitate consistency in practice standards and data quality as well as improve the flow of information through the continuum of care.

#### Learning Objectives:

- ▶ List the lessons learned from the implementation of an electronic health record in the perinatal programs, and how standard forms and clinical pathways helped to inform the build
- ▶ Explain the importance of the information as it is entered at each point of care, and how this data is utilized to evaluate outcomes and inform best practice
- ▶ Discuss the benefits of implementing standard forms and an integrated electronic health record for patient safety and quality improvement

B3iii | Best Practice/ Quality Improvement

### Virtual Health in PHSA

**Michele Fryer**, Director Office of Virtual Health, Provincial Health Services Authority, Vancouver, BC

**Emily Hamilton**, Lead, Change Management, Evaluation and Results Reporting, Office of Virtual Health, PHSA, Vancouver, BC

Leaders from the PHSA Office of Virtual Health will present the results of their partnerships with BC Women's and other PHSA programs to lead the new journey to bring health care into the digital age, and address the burgeoning opportunities to improve the health care delivery system, and better meet patient needs and expectations

#### Learning Objectives:

- ▶ Raise awareness of the definition and scope of Virtual Health in PHSA, and specifically at BC Women's
- ▶ Raise awareness of the process used by PHSA to increase the likelihood of patient-focused, scalable and sustainable virtual health clinical models
- ▶ Engage with BC Women's and PHSA regarding Virtual Health
- ▶ Discuss the current state vision for Virtual Health at PHSA

## B4: Acute Care – Neonatal

B4i | Best Practice/ Quality Improvement

### A Golden Opportunity: The Redesign of the First Hour of Life for Infants Admitted to Neonatal Intensive Care

**Danica Hamilton**, RN, MN, PNC(C), CNCCP(C), CNeoN(C), Senior Practice Leader, Neonatal Program, BC Women's Hospital & Health Centre, Vancouver, BC

**Deepak Manhas**, MD, FAAP, FRCP(c), Director, UBC Neonatal-Perinatal Medicine Fellowship Training Program, Neonatologist, BC Women's Hospital & Health Centre, Vancouver, BC

A Quality Improvement initiative that changed where care is provided for infants and their families admitted to the NICU to keep families together for the first hour of life. This provided the opportunity to meet time-sensitive clinical care targets demonstrated to improve patient outcomes.

#### Learning Objectives:

- ▶ Describe why the Golden Hour is a critical time for the newly born and how the associated morbidities and mortalities are decreased through care interventions
- ▶ Evaluate the feasibility of a similar intervention, or components of, for their own sites to meet best practices and support family togetherness with recognition of the knowledge gained from our experience
- ▶ Describe the importance of simulation-based discovery and education for a project where the environment in which clinical care is provided changes

B4ii | New Research

### The Signature of Early-life Stress on the Vulnerable Developing Brain

**Manon Ranger**, PhD, RN, Assistant Professor, Faculty of Nursing, University of British Columbia; Investigator, BC Children's Research Institute, Vancouver, BC

Babies that are born prematurely are exposed to an array of stressful stimuli in the NICU during a period of rapid brain maturation. This presentation showcases the most recent evidence, from preclinical and clinical studies, linking early-life stress exposure with short- and long-term effects on brain development in preterm infants.

#### Learning Objectives:

- ▶ Summarize recent findings on how early adverse stressors, such as pain and treatments, may impact the developing brain of very preterm infants
- ▶ Reflect on the current evidence presented and how they can change practice to exemplify this evidence, as well as what is still needed to address the knowledge gaps in this field

## Implementation of Newborns Individualized Developmental Care in Neonatal Intensive Care Units - The Perspective of Health Care Providers

**Jila Mirlashari**, Postdoctoral Fellow, Department of Obstetrics and Gynaecology, Women's Health Research Institute, University of British Columbia; Associate Professor, Tehran University of Medical Sciences, School of Nursing and Midwifery; Vancouver, BC

Implementing individualized developmental care is a comprehensive care model for premature infants which leads to rebuilding the family core, care-giver excellence, and neonatal brain development. Studying nurses' and physicians' experiences who are directly involved in its implementation will provide essential knowledge about the challenges they faced along the way.

### Learning Objectives:

- ▶ Explore the Nurse's perspective on Implementation of individualized developmental care in NICU
- ▶ Explore the physicians' perspective on Implementation of individualized developmental care in NICU
- ▶ Determine the barriers of individualized developmental care implementation in NICU

## Empowering Mothers and Benefiting Infants: Implementing Oral Immune Therapy (OIT) for Infants in the NICU

**Kirsten Veldman**, RN, BSN, IBCLC, Lactation Service & Provincial Milk Bank, BC Women's Hospital, Vancouver, BC

This short presentation focuses on the journey from antepartum to the NICU in supporting OIT. Connecting with parents during this often vulnerable time with careful messaging and ensuring staff have the knowledge and resources can be challenging. OIT is the first very important step to breastfeeding and making every drop count.

### Learning Objectives:

- ▶ Cite two articles that provide evidence supporting early initiation of milk supply with hand expression within first hour of life
- ▶ Discuss what Oral Immune Therapy (OIT) is, and its importance to premature babies and their mothers
- ▶ Apply methods to engage perinatal and NICU nurses in the process of introducing and implementing OIT for NICU patients
- ▶ Apply an auditing process and discuss possible solutions that address some of the challenges identified
- ▶ Express at least three benefits experienced by families who had infants receiving OIT in the NICU



# B5: Cultural Safety

## Strengthening Culturally Safe and Humble Perinatal Care in BC: A Focus on Work Environments and Individual Reflection and Practice

**Kayla Serrato**, BA, BEd, MPH, Senior Policy Analyst – Policy, Planning & Quality, First Nations Health Authority, Vancouver, BC

This session is a learning opportunity for everyone about what cultural safety and humility are and how the health system and providers can work to addressing long-standing inequities with a focus on promising practices and existing resources. The provision of culturally safe perinatal care is an integral part of quality improvement that benefits all people and is an essential part of reconciliation with Indigenous families.

### Learning Objectives:

- ▶ Increase knowledge about what cultural safety and humility is, why it is important to better understand the unique contexts of Indigenous clients and how the health system and providers can work to addressing long-standing inequities
- ▶ Raise awareness of excellent work in BC that demonstrates culturally safe and humble perinatal environments and care
- ▶ Raise awareness and linkages to existing resources to support ongoing learning in relation to cultural safety and humility

## Before the First Breath: Overview of the First Nations Health Authority's (FNHA) Vaping, Cannabis and Tobacco Initiatives

**Tiffany Chu**, BSc, BTech, CPHI(C), Program Lead, Respecting Tobacco Program, First Nations Health Authority, West Vancouver, BC

**Larissa Coser**, MPH, Program Lead, Respecting Tobacco Program, First Nations Health Authority, West Vancouver, BC

FNHA's vaping, non-medical cannabis and tobacco initiatives provides a unique approach to lung health during pregnancy in recognition of the importance of culture and tradition. We will provide an overview of initiatives, and resources needed to support your clients' health and wellness journey and to protect their children and families.

### Learning Objectives:

- ▶ Describe First Nations Perspectives on Health & Wellness
- ▶ Integrate a holistic approach to lung health during client's pregnancy in recognition of the importance of culture and tradition
- ▶ Utilize FNHA's vaping, cannabis and tobacco initiatives as needed to support clients on their health and wellness journey and to protect their children and families

## Principles for Caring for Indigenous Women and Families During the Perinatal Period

**Lucy Barney**, RN, MScN, Titqet Nation, Indigenous Lead, Perinatal Services BC; Cultural Advisory, Patient Experience, First Nation Health Authority, Vancouver, BC

The need, process, and principles of providing culturally safe and trauma-informed care when caring for Indigenous women and families during their perinatal period will be shared. The culturally safe and trauma-informed statement will also be shared created from reports, personal experiences/stories and research articles on cultural safety and trauma-informed practice.

### Learning Objectives:

- ▶ Identify why there is a need for cultural safety and trauma-informed care for Indigenous women and families
- ▶ Demonstrate how to provide culturally safe and trauma-informed care by learning the principles necessary when caring for Indigenous women and families
- ▶ Acquire knowledge on how Indigenous women and families are resilient and how they can use resiliency as a mechanism of self-empowering the women in their care

**2:30 PM - 2:45 PM**

**BREAK: EXHIBITS OPEN & POSTER VIEWING**

**2:45 PM - 3:45 PM**

## Plenary

### Kangaroo Mother Care: The Cornerstone of Nurturing Care for Premature and Low Birth Infants - Experiences from Two Different Environments

**Nathalie Charpak**, MD, Scientific Coordinator, KMC Centers of Excellence; Founding Member, Senior Researcher and Director, Kangaroo Foundation; Attending Pediatrician, Kangaroo Mother Care Program, San Ignacio University Hospital, Bogotá, Columbia

**Ylva Thernström Blomqvist**, PhD, RN, Neonatal Intensive Care Unit, Uppsala University Children's Hospital; Adjunct Lecturer, Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden

This session will present two different perspectives on Kangaroo Mother Care. We will explore the scaling up of Kangaroo Mother Care: what works, what doesn't, and what's next?

### Learning Objectives:

- ▶ Recognize the importance of continuous skin-to-skin contact for preterm infants
- ▶ Discuss the difficulties and needs for Kangaroo Mother Care implementation
- ▶ Demonstrate how to tailor implementation strategies to each unique setting and context

**FRIDAY, FEBRUARY 21**

**3:45 PM - 4:45 PM**

## Environmental Plenary Panel

### Why Climate Change is a Perinatal Issue

**Moderated by: Melissa Lem**, PhD, Family Physician; Clinical Instructor, Faculty of Medicine, University of British Columbia, Vancouver, BC

**Warren Bell**, BA, MDCM, CCFP, FCFP(LM), Past Founding President, CAPE (Canadian Association of Physicians for the Environment), Founding President, WA:TER (Wetland Alliance: The Ecological Response) Rural Preceptor, University of British Columbia, Salmon Arm, BC

**Debra Sparrow**, Musqueam First Nation, BC

**Linda Dix Cooper**, Environmental Health Scientist, Health Protection, Vancouver Coastal Health Authority, Vancouver, BC

Panelists will speak about the impacts of climate change on pre-conception, pregnancy, and the postpartum period, as well as its impact on newborns. Its effect on adverse reproductive outcomes, pregnancy complications, and newborn health will be explored, as well as ways in which healthcare providers can support the families they care for.

### Learning Objectives:

- ▶ Understand the immediate and long-term health effects of climate change on maternal and pregnancy outcomes and newborn health
- ▶ Identify ways healthcare providers can prepare, prevent, or respond to specific climate change effects
- ▶ Reflect on key practice points for healthcare providers to counsel families on preventing or mitigating climate-related health issues

**4:45 PM - 5:15 PM**

**POSTER SESSION**

**5:15 PM - 6:30 PM**

**NETWORKING RECEPTION**

# SATURDAY, FEBRUARY 22

7:30 AM - 8:15 AM  
REGISTRATION & BREAKFAST

8:15 AM - 8:30 AM  
OPENING REMARKS AND DOOR PRIZES

**8:30 AM - 9:30 AM**

## Plenary

### Midwives Made Me Do It - How Midwives Both Messed Up and Greatly Improved My Life

**Michael C. Klein**, MD, CCFP, FCFP, FAAP (Neonatal/Perinatal), FCPS, Emeritus Professor, Department of Family Practice, Faculty of Medicine, University of British Columbia; Senior Scientist Emeritus, BC Children's Hospital Research Institute, Vancouver, BC

Connection with midwives greatly influenced my practice and research trajectory—from the development of only RCT of episiotomy, showing that used routinely it caused the trauma it was supposed to prevent—leading to attitudinal research, describing different ways obstetricians, family physicians, maternity nurses, midwives and doulas see the birth—and implications for women.

#### Learning Objectives:

- ▶ Participants will be able to see how randomized controlled trials have been over-rated as a way to study complex human behaviour, and how the birth literature has been taken over by studies that have a political objective
- ▶ Participants will develop a healthy skepticism about how funding and publication can be heavily influenced by professional agendas
- ▶ Participants will see how quality promotion through confidential feedback can change practice to the benefit of mothers and newborns—a simple method will be presented that attendees can take home to their settings

**9:30 AM - 10:30 AM**

## Plenary

### Knowledge Translation: Sustainability in Maternal Newborn Care

**Erna Snelgrove-Clarke**, PhD, RN, Vice Dean and Director, School of Nursing, Faculty of Health Sciences, Queen's University, Kingston, ON

Knowledge Translation, the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, has had varying impacts on maternal newborn care. Despite efforts to use the best evidence in practice, adherence to evidence-informed practice fluctuates. We will explore a person centred approach to improving health outcomes for women and their infants.

#### Learning Objectives:

- ▶ Update participants on approaches to knowledge translation (KT)
- ▶ Differentiate strategies for provider behaviour change in maternal newborn care
- ▶ Reflect on current Canadian maternal newborn practices
- ▶ Consider future maternal newborn KT initiatives

**10:30 AM - 11:00 AM**

**BREAK: EXHIBITS OPEN & POSTER SESSION**

**11:00 AM - 12:30 PM**

## C1: Rural Maternity

C1i | Equitable Care

### Maternity Care Service Delivery in BC: Geographic Distribution and Variation of Hospital Location, Number of Deliveries, and Healthcare Provider Type

**David Puddicombe**, MSc, Epidemiologist, Surveillance and Research, Perinatal Services BC, Vancouver, BC

We describe the distribution and variation of maternity care services in BC, by Health Authority (HA), hospital size, and healthcare provider type. Participants will learn how where women live is related to maternity care service delivery in BC.

#### Learning Objectives:

- ▶ Describe differences in maternity care service delivery between and within Health Authorities in BC
- ▶ Consider the impact of geography on the distribution of maternity services across Health Authorities in BC

C1ii | Equitable Care

### Stabilizing Rural Maternity Care in BC: Evidence-Based Strategic Priorities

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

Challenges to the sustainability of rural maternity care in BC, and other jurisdictions in Canada and internationally, have been well-documented, as have the health and psycho-social consequences to families who need to travel for care. Evidence on creating sustainable solutions within the framework of justice, equity across the health care system and reducing health disparities, however, has not been as forthcoming. This presentation will review evidence-based system supports articulated by health care providers and administrators to realize the objective of meeting the needs of rural families. Implications for health service planning will be discussed.

#### Learning Objectives:

- ▶ Identify key system interventions to support rural maternity care
- ▶ Apply evidence to system-level recommendations to stabilize care
- ▶ Evaluate the efficacy of approaches to sustainable care



C1iii | Equitable Care

## Reflections on Co-Creating Sustainable Rural Maternity Care

**Lee Yeates**, RM, MHM, CHE, Midwife, Rural Coordination Centre of BC, Vancouver, BC

Across Canada, the closure of small rural maternity programs continues to restrict people's ability to birth close to home. In rural and referral communities, systemic obstacles, interprofessional tensions, and health human resource challenges can undermine stability across the region. Join us for this interactive session and contribute to a national dialogue about sustaining rural maternity care.

### Learning Objectives:

- ▶ Explore inter- and intra-professional relationships, and their role in sustainable rural maternity care
- ▶ Identify patterns of vulnerability and success that exist in rural maternity care collaboration
- ▶ Gain insights from workshop panel on practical approaches and successful strategies for trust-building engagement and co-creating local solutions
- ▶ Articulate next wise actions in co-creating sustainable rural maternity care nationally, locally, and regionally

## C2: Public Health

C2i | New Research

## Public Engagement Sets the Foundation for Developing a Perinatal Mental Health Framework

**Anne Drover**, MD, MEd, IBCLC, FRCPC, Division Chief, Newborn Care, Janeway Children's and Rehabilitation Centre; Associate Professor, Division of Newborn Medicine, Dept of Pediatrics, Faculty of Medicine, Memorial University of Newfoundland, St. John's, NL

Our research on perinatal mental health care in NL provided a baseline knowledge of fragmented supports and services, which enabled identification for potential enhancement. We will especially report on the participatory and public engagement aspects of the research and dissemination process, and also on the methodological and epistemological underpinnings supporting this engagement approach.

### Learning Objectives:

- ▶ Summarize steps to raise awareness about the importance of perinatal mental health
- ▶ Propose strategies to develop connections, networking, and collaborations to enhance support and services for perinatal mental health.
- ▶ Discuss the principles underlying the participatory and public engagement processes to increase the effectiveness and accessibility of integrated mental health and social supports and services.

C2ii | Best Practice/ Quality Improvement

## Baby Beginnings: Developing, Implementing and Evaluating a High-Risk Prenatal Home Care Program

**Julie Smith-Fehr**, MN, Maternal Services Manager, Maternal Services, Saskatchewan Health Authority, Saskatoon, SK

This hospital replacement program, established in December 2017, brings tertiary level nursing care to vulnerable and medically complex pregnant women at home. Visiting nurses address the mother's knowledge deficits and provide comprehensive nursing assessment and follow-up. A pre and post participation survey assesses patient learning. Program outcomes will be presented.

### Learning Objectives:

- ▶ Describe the design of a high-risk prenatal home care program
- ▶ Assess the evaluation methods and findings from a patient survey
- ▶ Discuss recommendations for other locations to replicate or enhance existing programs

C2iii | New Research

## Coping with Adversities in Early Pregnancy: Findings from the BC Healthy Connections Project

**Charlotte Waddell**, MSc, MD, CCFP, FRCPC, University Professor and Director, Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University, Vancouver, BC

**Ange Cullen**, MPH, Senior Research Coordinator, BC Healthy Connections Project, Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University, Vancouver, BC

**Kathleen Hjertaas**, BES, Senior Research Coordinator, BC Healthy Connections Project, Simon Fraser University, Vancouver, BC

Family adversity increases the risk of mental health and developmental problems for children. We are therefore evaluating Nurse-Family Partnership, a home-based intervention that addresses these risks and shows promise in improving children's wellbeing. We will present data that highlights unacceptable levels of adversity in maternal participants upon study entry.

### Learning Objectives:

- ▶ Examine how pragmatic randomized controlled trial methods are suitable for evaluating public health interventions and can help ensure that the public receives effective programs and services
- ▶ Describe BC maternal-child populations at risk who are not being well-served currently, and identify needed reforms to public health and healthcare programs and services to better meet the needs
- ▶ Recognize the importance of intervening as early as possible in the life span to address socioeconomic inequities and other preventable adversities

C2iv | New Research

## The Effects of In Utero and Neonatal Wildfire Smoke Exposure on Birth Outcomes and Health in Early Life -- A Proposed Study

**Jiayun Angela Yao**, Environmental Health Services, BC Centre for Disease Control, Vancouver, BC

Intense wildfires have increased in recent decades with the changing climate. Smoke from wildfires is a major contributor to extreme air pollution events in Canada, but its impacts on birth outcomes and health

in early life remain unclear. This proposed study aims to investigate how exposures to smoke in the unprecedented 2017 wildfire seasons in BC affected birth outcomes and risk of diseases in the first years of life.

- ▶ Have an overview of the evidence currently available on the relationship between in-utero and early-life exposure to wildfire smoke and birth outcomes and health in early life
- ▶ Summarize the motivation and objectives of the proposed study
- ▶ Demonstrate the study design, data sources and expected outcomes of the proposed study

## C3: Surveillance

C3i | Best Practice/ Quality Improvement

### Syphilis in Pregnancy and Congenital Syphilis – What Does the Landscape Look like Post-Implementation?

**Ellen Giesbrecht**, MD, FRCSC, Consultant Obstetrician, Perinatal Services BC, Vancouver, BC

**Troy Grennan**, MD, MSc, FRCPC, DTM&H, Physician Lead, HIV/STI Program – Clinical Prevention Services, BC Centre for Disease Control, Vancouver, BC

**Jason Wong**, BMSc, MD, CCFP, MPH, FRCPC, Physician Epidemiologist, Clinical Prevention Services, BC Centre for Disease Control, Vancouver, BC

**Karen Mooder**, MPH, PhD, Operations Director, BC Centre for Disease Control Public Health Laboratory, Vancouver, BC

In response to the syphilis outbreak that was declared in the summer of 2019, interim provincial guidelines to screen for syphilis in the perinatal period were implemented in early Fall. Nearly 6 months after implementation, we have preliminary provincial data. This session will explore how we have done in the province of BC, with respect to uptake and trends of perinatal and congenital syphilis, following the release of the guideline.

#### Learning Objectives:

- ▶ Review the uptake of the screening guidelines in BC
- ▶ Explore the lessons learned regarding implementation
- ▶ Review the epidemiology since the implementation

C3ii | New Research

### Travel Time to Maternity Services: Prenatal Care Utilization, Maternal and Pregnancy Risk Factors, and Adverse Pregnancy Outcomes

**Sabrina Luke**, PhD, Epidemiologist, Perinatal Services BC, Vancouver, BC

**Laura Schummers**, ScD, Postdoctoral Fellow, Department of Family Practice, University of British Columbia; Health System Impact Fellow, BC Ministry of Health, Perinatal Services BC, PHSA, Vancouver, BC

Providing equitable access to maternity services in British Columbia's geographically distributed population presents a challenge to BC's health system. In this session, we describe how travel time to delivery varies across the province and explore the intersection between travel time, prenatal care utilization and maternal characteristics in understanding adverse outcomes.

- ▶ Summarize existing evidence on distance to delivery facility and pregnancy outcomes, methodological challenges, and knowledge gaps
- ▶ Describe the intersection between travel time to maternity services and prenatal care utilization in understanding outcomes
- ▶ Describe associations between risk factors (adolescent or advanced maternal age, smoking, chronic or pregnancy-induced disease) and adverse birth outcomes within strata of travel time to delivery facility

C3iii | New Research

### Interpregnancy Interval After a Perinatal Loss and Subsequent Adverse Outcomes

**Laura Schummers**, ScD, Postdoctoral Fellow, Department of Family Practice, University of British Columbia; Health System Impact Fellow, BC Ministry of Health, Perinatal Services BC, PHSA, Vancouver, BC

Little evidence is available to support pregnancy spacing decisions following perinatal loss. In this study, we estimated associations between short interpregnancy interval following the perinatal loss and adverse outcomes in the subsequent pregnancy. Short interpregnancy interval was not associated with increased risk for several adverse pregnancy outcomes but was associated with increased risk for spontaneous preterm delivery.

#### Learning Objectives:

- ▶ Describe the relationship between short interpregnancy intervals after a perinatal loss and adverse outcomes in the subsequent pregnancy
- ▶ Summarize these findings in the context of the literature on short interpregnancy interval and adverse pregnancy outcomes
- ▶ Identify knowledge gaps pertaining to mechanisms underlying risks associated with short interpregnancy interval

C3iv | New Research

### Time Trends, Regional Variation and Risk Factors for Gastroschisis in Canada, 2006 to 2017

**Shiliang Liu**, MB, PhD, Senior Research Scientist, Centre for Surveillance and Applied Research, Public Health Agency of Canada

Gastroschisis is a serious birth defect, which has increased in frequency in Canada and other countries over the past few decades. A strong association with young maternal age and certain lifestyle-related factors has been demonstrated, although the etiology of gastroschisis remains unknown. This session will include a discussion of recent time trends in Canada, geographic variation and risk factors for gastroschisis.

#### Learning Objectives:

- ▶ Describe the association between prenatal exposures and gastroschisis
- ▶ Identify maternal characteristics and other risk factors for gastroschisis
- ▶ Discuss preventive measures for reducing population rates of gastroschisis

## Alcohol Use During Pregnancy or Breastfeeding Among Women in the General Population of Ontario, Canada: Results from the 2018 CAMH Monitor Survey

**Danijela Dozet**, MPH, Research Analyst, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health; Institute of Medical Science, Faculty of Medicine, Medical Sciences Building, 1 King's College Circle, University of Toronto, Toronto, ON

This presentation will discuss the prevalence of alcohol use during pregnancy and breastfeeding among parous female respondents of the 2018 CAMH Monitor survey. Maternal risk factors for alcohol use during pregnancy or breastfeeding will be examined. Findings will be discussed in light of the adverse effects of prenatal alcohol exposure, including FASD, and implications for FASD prevention.

### Learning Objectives:

- ▶ Recognize the prevalence of alcohol use during pregnancy and breastfeeding in the general population of ON
- ▶ Acquire a basic understanding of the maternal risk factors associated with alcohol use during pregnancy and breastfeeding in the general population of ON
- ▶ Develop an increased capacity to identify pregnancies at higher risk of prenatal alcohol exposure

## C4: Adverse Childhood Experiences

### Screening for Adverse Childhood Experience (ACEs) During the Perinatal Period: What's the Evidence?

**Charlotte Waddell**, MD, University Professor and Director of the Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University, Hamilton, ON

This presentation will provide an overview of adverse childhood experiences (ACEs) including their association with child and adult health outcomes. The presentation will also examine the research evidence on: 1) ACEs screening; and 2) effective interventions for preventing ACEs from arising, and for responding if they have occurred.

### Learning Objectives:

- ▶ Identify ACEs and associated health effects
- ▶ Review the evidence for universal ACEs screening during the perinatal period
- ▶ Integrate knowledge about ACEs into the assessment of women and infants in the perinatal period

### Evaluating the Acceptability and Feasibility of ACEs in Maternity Care

**Tatiana Popovitskaia**, MPH, MPA, Project Manager, Perinatal Services BC, Vancouver, BC

**Tahmeena Ali**, MD, CCFP, FCFP, Family Physician, Member ACEs Community of Practice, Doctors of BC, Surrey, BC

ACEs can negatively impact maternal and fetal health, as well as cause long-term adverse health outcomes for children during the prenatal and postpartum periods. This session will present of Perinatal Services BC evaluation of the acceptability and feasibility of the ACEs questionnaire for maternity health care providers and their patients in select maternity care practices across BC.

### Learning Objectives:

- ▶ Define Adverse Childhood Experiences and resilience including the ACE study, brain architecture, and epigenetics
- ▶ Describe the relationship between ACEs, maternal and newborn health
- ▶ Describe the feasibility of the ACEs questionnaire used in maternity care procedures and tools used for the ACEs evaluation in health care settings

### Walking The Perinatal Journey Together With First Nation Families of BC

**Barbara Webster**, RN, BScN, MSc, Clinical Nurse Specialist Maternal Child, Nursing, FNHA, Vancouver, BC

**Lucy Barney**, RN, BSN, MSN, Cultural Advisor Nursing, Indigenous Lead, First Nations Health Authority / Perinatal Services BC, Vancouver, BC

This interactive workshop will discuss the purpose of ACE screening and the need for ACE screening to be done safely, incorporating the principles of trauma-informed and culturally safe care. Case studies will be used to emphasize the importance of these principles and how to weave them into practice.

### Learning Objectives:

- ▶ Explore Indigenous people's history of colonization and how it impacts on their perinatal health
- ▶ Recognize the importance and need to provide relational, culturally safe, trauma-informed care with First Nations families
- ▶ Recognize the impact of ACE screening – both the benefits and the potential risks if not done from a culturally safe, trauma-informed perspective
- ▶ Identify strategies that can be used in the clinical setting to enhance working from a culturally safe and trauma-informed perspective

## C5: Acute Care – Perinatal

### Intrapartum Fetal Health Surveillance in 2020

**Janet Walker**, RN, MSN, Regional Director, Maternal Child Program, Vancouver Coastal Health Authority, Vancouver, BC

**Melanie Basso**, RN, MSN, PNC(C), Senior Practice Leader, Nurse, BC Women's Hospital, Vancouver, BC

The update of the SOGC Fetal Health Surveillance guideline has been much anticipated. This session will inform participants of important aspects of the recommendations and how they will be implemented in BC. Not only will you hear about what has changed, you will also learn what has stayed the same.

### Learning Objectives:

- ▶ Describe changes in the 2020 SOGC Intrapartum FHS Guideline
- ▶ Examine how changes will impact practice
- ▶ Discuss FHS education in BC and Canada
- ▶ Reflect on how to implement the changes

## Trends in Episiotomy Use among Vaginal Deliveries in Canada and the Association with Obstetric Anal Sphincter Injury

**Giulia Muraca**, PhD, MPH, Clinical Epidemiology Unit, Department of Medicine, Solna, Karolinska Institutet; Department of Obstetrics & Gynaecology, University of British Columbia, Vancouver, BC

This research included over 2.5 million births in Canada, from 2004-2017, to examine the trends in episiotomy use over time among vaginal deliveries with and without the assistance of instruments (e.g. forceps/vacuum). The associations between episiotomy and obstetric anal sphincter injury are quantified in subgroups of women, defined by parity (nulliparous/parous), obstetric history (previous cesarean/previous vaginal), and type of delivery (unassisted/forceps-assisted/vacuum-assisted).

### Learning Objectives:

- ▶ Describe the temporal and regional trends in episiotomy use in Canada over the last 15 years
- ▶ Distinguish between the relationship of episiotomy and obstetric anal sphincter injury among spontaneous vaginal deliveries and operative vaginal deliveries
- ▶ Consider the importance of parity and obstetric history in guidelines on episiotomy use

## Pre and Post Partum Pelvic Health

**Tamarah Nerreter**, MScPT, GCOMPT-FCAMPT, CAFCI, Physical Therapist, BoDynamics Physiotherapy; SunGod Physiotherapy, Delta, BC

Examining advocacy, awareness, education and treatment for pre and postpartum demographics. Incontinence, prolapse and pelvic pain are commonly brushed off as normal. Despite high-level evidence for pelvic floor muscle training women are not being referred. Future studies should investigate the overall health and wellness of this population to support program development.

### Learning Objectives:

- ▶ Recognize pelvic floor dysfunction suffered in the pre/postpartum
- ▶ Recognize the research supporting intervention for pelvic floor dysfunction
- ▶ Highlight the importance of pelvic health screening
- ▶ Promote education and awareness of pelvic health for the pre/postpartum demographic

12:30 PM - 1:30 PM

LUNCH

LUNCH SESSION

## Self Care and Self Compassion Meditation in Postpartum Care of Mothers

**Suman Kollipara**, President, Peace Tree Innovations Society, Coquitlam, BC

Learn the importance of Postpartum Self Care for Mothers in this practical Experiential workshop using Self Compassion, Self Love and Self Healing strategies as well as Wisdom & Science of Mindfulness, Meditation and Breathing for quick rejuvenation/recharging and overcome stress and mental illness that can derail motherhood.

1:30 PM - 3:00 PM

## D1: Rural Maternity

D1i | Best Practice/ Quality Improvement

### Maternity Services in Small Communities: An Innovative Clinical Nursing Education Model

**L. Michelle Delany**, RN, BSN, Education Coordinator, Maternal Newborn Child & Youth Network, Interior Health Authority, Kamloops, BC

**Robert Finch**, RRT BHSc, Director of the Maternal, Newborn, Child & Youth Network, Interior Health Authority, Kamloops, BC

Small communities rely on specialized nursing perinatal knowledge, ongoing opportunities for skill and competency maintenance to ensure high-quality standards of perinatal care. This session will explore how an accelerated perinatal education model was implemented in a small community after a critical perinatal nursing shortage and the potential utility of this model in other small communities to support perinatal nursing knowledge, skills, and competencies.

### Learning Objectives:

- ▶ Identify the challenges that small communities face maintaining specialized perinatal nurses in acute care facilities
- ▶ Discuss the potential utility of an accelerated education program to support the development of perinatal nursing knowledge, skill, and competencies in small acute care maternity units
- ▶ Identify how a Registered Midwife mentorship model can support contextualized knowledge and skill development for newly trained perinatal nurses in small communities
- ▶ Identify potential barriers to the implementation of an accelerated perinatal education program

D1ii | Equitable Care

### An Alternative Approach to Maternity Care for Rural Indigenous Children and Families

**Marijke de Zwager**, RM, Registered Midwife, Kwakwaka'wakw Maternal, Child and Family Health Program, First Nations Health Authority, Port Hardy, BC

**Arlene Clair**, LPN, Family Wellness Care Nurse, Kwakwaka'wakw Maternal Child and Family Health Program, First Nations Health Authority, Port Hardy, BC

**Hanna Scrivens**, MSW, RSW, Registered Social Worker, Kwakwaka'wakw Maternal Child And Family Health Project, First Nations Health Authority, Nanaimo, BC

**Jessica Dempsey**, BSW, RSW Kwakwaka'wakw Maternal Child and Family Health Program, First Nations Health Authority, Campbell River, BC

**Stevie Niebergal**, BSW, RSW Kwakwaka'wakw Maternal Child and Family Health Program, First Nations Health Authority, Port Hardy, BC

Many women in rural communities need to leave home to give birth. The Kwakwaka'wakw Program has used outreach programming to address social determinants of health and work with local service providers to offer culturally safe care to local families. The addition of midwifery care has supported care closer to home and the community is working towards having more local births. Collaborative care models have resulted in reductions of babies brought into care at birth and overall child welfare involvement.



**Learning Objectives:**

- ▶ Acquire skills and strategies for providing effective outreach in rural communities
- ▶ Gain an increased understanding of the importance of providing culturally safe and humble care and some of the intersections with cultural genocide and the impacts of colonization for indigenous families
- ▶ Develop a better understanding of the risks of not having access to local birth, in particular, the risk of increased MCFD involvement when women leave the community to give birth
- ▶ Recognize the benefits of having midwifery care in rural communities

D1iii | Best Practice/ Quality Improvement

## Factors of Success, Barriers, and the Role of Frontline Workers in Indigenous Maternal Child Community Health Programs: A Scoping Review

**Charlene Thompson**, RN, BSN, MPH, PhD candidate, School of Public Health, University of Saskatchewan, Saskatoon, SK

Understanding how Indigenous health programs can be implemented successfully is a key component in the reduction of health inequity. This presentation will discuss the applied scoping review methodology and highlight the identified factors contributing to Indigenous maternal-child community health program success, barriers, and the role of frontline workers.

**Learning Objectives:**

- ▶ Identify three factors that contribute to the success of Indigenous maternal child community health programs
- ▶ Identify three factors that are barriers to the success of Indigenous maternal child community health programs
- ▶ Reflect on the role of frontline workers in the Indigenous maternal child health program process to examine similarities and differences when compared to the role of frontline workers in the participant's own practice context

## D2: Acute Care – Neonatal

D2i | Best Practice/ Quality Improvement

### Strengthening Kangaroo Care in BC

**Sarah Coutts**, RN, MPH, IBCLC, Kangaroo Care Program Coordinator, Perinatal Services BC, Vancouver, BC

We will present findings from our Kangaroo Care (KC) implementation research project. We will discuss the current state of the practice of Kangaroo Care in BC, barriers and enablers to uptake of the practice in BC NICUs including the role of space and the NICU environment, health care provider beliefs about KC, clinical practice variation and parental presence in the NICU. We will discuss our experience of strengthening an evidence-based practice and how local context affects implementation.

**Learning Objectives:**

- ▶ Recognize the variation in beliefs and practices about Kangaroo Care among NICU healthcare providers
- ▶ Understand how the NICU social and physical environment influences health care provider practice and parental presence
- ▶ Describe how BC's NICU healthcare providers and institutional leaders can be champions for ensuring KC becomes a standard of care for all preterm infants in the province

D2ii | Best Practice/ Quality Improvement

### The ABCs of ESC

**Jola Berkman**, RN, BScN, BSc(med)Hons, Coordinator, Neonatal Care, Perinatal Services BC

Current scoring tools to evaluate symptoms of substance withdrawal in the neonatal population may increase the need for pharmacological management and the length of stay in hospital. The Eat, Sleep, Console Care Tool is an evidence informed functional assessment and management tool that has shown to reduce the need for medication and length of hospital stay.

**Learning Objectives:**

- ▶ Review the assessment components of the Eat, Sleep, Console Care Tool
- ▶ Recognize the value of Non-pharmacological Care Interventions
- ▶ Reflect on Care Huddles as integral part of Eat, Sleep, Console Care Tool

D2iii | Best Practice/ Quality Improvement

### The Eating, Sleeping, Consoling (ESC) Approach for Women and Their Infants Exposed to Opioids: Determining Knowledge Translation Gaps and Priorities

**Sarah Kaufman**, MSN, RN, Clinical Nurse Specialist, Perinatal, Fraser Health Authority, Surrey, BC

**Sarah Rourke**, MSN, RN, Clinical Nurse Specialist, NICU, Fraser Health Authority, Surrey, BC

We describe the planning process for implementation of Eat, Sleep, Console at three centres with different maternity models and operational resources. We offer steps to creating a regional vision and engage local teams to find patient-centered solutions to achieve goals of safe dyad care while exploring knowledge translation needs.

**Learning Objectives:**

- ▶ Identify how nurses can engage teams in dialogue to plan for ESC implementation through a structured planning approach
- ▶ Analyze planning interventions in the context of her/his local hospital/community to identify facilitators and barriers to ESC implementation
- ▶ Recognize the value of collaborating with patient partners throughout the planning process at the regional and site level
- ▶ Recognize ways to individualize a local implementation plan from a regional vision with theoretical underpinnings of trauma-informed care

D2iv | Best Practice/ Quality Improvement

### NowICU - Connecting Sick Mothers in L&D with Their Sick Babies in NICU

**Mehaboob Shaik**, MD, FRCPI, Facility Chief, Child Health Misericordia Hospital Facility Section Head NICU Misericordia Hospital Associate clinical Professor, Pediatrics & Neonatologist, University of Alberta, Edmonton, AB.

**Rhea Shank**, RN, Unit Manager, Misericordia NICU, Edmonton, AB

Using customized encrypted iPads on secure network, parents can see (NowICU), hear and interact with their baby in NICU, this reduces separation anxiety and distress experienced by both mother and baby. Parents can be part of the care team connected through iPads and participate in the care of their baby during rounds. iPads can also connect with remote sites with telehealth conferencing facilities.

## Learning Objectives:

- ▶ Demonstrate that listening to Parents' feedback and acting to fulfill it would improve their experience in NICU.
- ▶ Illustrate that simple and cheap technology can make a big difference.
- ▶ Persuasion and resilience are cornerstone to a successful implementation of the project

## D3: Acute Care

### D3i | New Research

## Underlying Causes of Maternal Death in Canada, 2013 to 2017

**Amélie Boutin**, PhD, Postdoctoral Fellow, Perinatal Epidemiology, BC Children's and Women's Hospitals and Health Centre, Vancouver, BC

Maternal mortality surveillance in Canada currently does not include information on the underlying causes of maternal deaths. We will present a new method to identify the underlying causes of death based on hospitalization data, along with the results of a 5-year review of maternal deaths.

### Learning Objectives:

- ▶ Describe the distribution of underlying causes of maternal deaths in Canada
- ▶ Describe the characteristics (timing, location, contributing factors) of maternal deaths in Canada

### D3ii | New Research

## Risk Factors and Adverse Birth Outcomes Associated with HELLP Syndrome in Canada

**Sarka Lisonkova**, MD, PhD, Assistant Professor, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

The incidence of HELLP syndrome was 2.5 per 1000 singleton deliveries in Canada in 2012/13-2015/16. HELLP syndrome is associated with specific pre-pregnancy and pregnancy risk factors and substantially higher rates of maternal death, severe maternal morbidity, perinatal mortality and severe neonatal morbidity.

### Learning Objectives:

- ▶ Describe the incidence of HELLP syndrome in Canada
- ▶ Summarize contemporary risk factors and adverse birth outcomes associated with HELLP syndrome

### D3iii | Best Practice/ Quality Improvement

## Barriers to Engagement Are a Threat to Safe Quality Care

**Jim Ruiter**, MD, Medical Director, Salus Global, Mississauga, ON

Healthcare has unwittingly evolved to disengage its own staff: disengagement is growing. The generational shift in positional power is occurring: the old solutions to plug the holes in the system will fail. The harm rate is stalled at 10%. This session will open a crack into the why and solutions.

### Learning Objectives:

- ▶ Understand the causes of disengagement in Healthcare
- ▶ Apply principles to bring about change in their units

## D4: Equity

### D4i | Best Practice/ Quality Improvement

## Acute Care Service Design for Perinatal Women Using Substances

**Pamela Joshi**, Msc, BSc, Project Manager, BC Women's Hospital And Health Centre, Vancouver, BC

**Jill Pascoe**, MSW, BSW, Program Manager, Families in Recovery Combined Care Service (FIR), BC Women's Hospital And Health Centre, Vancouver, BC

The FIR Program at BC Women's Hospital and Health Centre are one of the first inpatient programs in Canada to provide acute hospital-based care for women wishing to stabilize or withdraw from substance use during pregnancy along with specialized care for their infants. To better address and support the emerging and evolving needs of pregnant and newly parenting women using substances, with the support of the Provincial Perinatal Substance Use Project, the FIR team engaged in a process to renew its model of care. Learnings from this process have been used to inform operational planning recommendations for acute care services for perinatal substance-using women across the province.

### Learning Objectives:

- ▶ Describe the overarching design of a model of care that is principle-based, evidence-based and includes emerging best practice and defined standards
- ▶ Identify key areas for enhancement within the FIR renewed model of the care process, including interdisciplinary staffing models, programming, workforce planning, education and training
- ▶ Provide insight into the renewed model of care framework that provides the structure for the change planning, implementation and subsequent evaluation of care for pregnant and newly parenting women using substances

### D4ii | Best Practice / Quality Improvement

## Assisting Women with Obesity to Have Their Best Perinatal Outcomes-Integrating New Evidence

**Cecilia Jevitt**, RM, CNM, PhD, FACNM, Midwifery Director, Faculty of Medicine, University of British Columbia, Vancouver, BC

This session uses definitions of obesity as adipose tissue disease resulting from broken food systems as a base for clinicians to tailor prenatal weight gain goals to women's individual obesity risk factors. Participative case scenarios demonstrate epigenetic prenatal nutrition and breastfeeding techniques for obesity reduction in mothers and newborns.

### Learning Objectives:

- ▶ Apply the Edmonton Obesity Staging System (EOSS) during pregnancy to identify which women with obesity are at low risk for obesity-related morbidity
- ▶ Analyze women's socioeconomic circumstances and use those to assist women in planning strategies to optimize prenatal weight gain and reduce the risk for future obesity
- ▶ Integrate findings from midwifery research into intrapartum and postpartum care to decrease unnecessary interventions
- ▶ Review and plan policy support to reduce population disparities in racism, education, and employment; reduce pollution from obesogenic chemicals and improve food quality and distribution

## Reporting from Out East: The Perinatal Health Care Experiences of Women with Physical, Sensory, and Intellectual/Developmental Disabilities in Ontario

**Lesley Tarasoff**, PhD, Postdoctoral Research Fellow, Interdisciplinary Centre for Health & Society, University of Toronto Scarborough, Toronto, ON

In this session, findings from a qualitative study of the pregnancy, delivery, and postpartum care experiences of women with physical, sensory, and intellectual/developmental disabilities in Ontario will be presented, highlighting similarities and differences based on disability type.

Recommendations to improve perinatal care for women with disabilities will be made.

### Learning Objectives:

- ▶ Recognize the perinatal health care experiences of women with disabilities in ON
- ▶ Identify similarities and differences in perinatal care experiences and needs based on disability type
- ▶ Identify ways to improve the perinatal health and health care experiences of women with disabilities

## D5: Substance Use and the Patient Voice

## Multi-Service Programs for Pregnant and Parenting Women with Substance Use Concerns: Women's Perspectives on Why They Seek Help and Their Significant Changes

**Deborah Rutman**, PhD, Principal, Co-founder, Nota Bene Consulting Group, Victoria, BC

**Carol Hubberstey**, MA, Principal, Co-founder, Nota Bene Consulting Group, Victoria, BC

**Marilyn Van Bibber**, RN, Co-principal, Nota Bene Consulting Group, Victoria, BC

The Co-Creating Evidence project is a three-year evaluation of 8 different multiservice programs working with vulnerable women at high risk of having an infant with prenatal substance exposure and/or affected by FASD. This session discusses: women's reasons for seeking help; and, how their lives changed as a result.

### Learning Objectives:

- ▶ Gain insight as to why vulnerable/marginalized pregnant women who are using substances and experiencing other social determinants of health challenges seek help from multiservice programs and how women perceive the significant changes in their lives as a result
- ▶ Increase knowledge about ways in which these programs' guiding philosophies are realized and how they are experienced by clients
- ▶ Reflect on ways that multi-service programs can meet these women's multifaceted needs including achieving healthy birth outcomes

## Women Together II. Conquer Stigma. Perinatal Substance Use

**Denise Bradshaw**, MSW, BSW, BA, Director, Provincial Health Initiatives, BC Women's Hospital and Health Centre; Project Director, Provincial Perinatal Substance Use Project, Vancouver, BC

**Caren Morris-Jones**, CSW, ASW, Youth Worker, Urban Native Youth Association, Vancouver, BC

**Hawkfeather Peterson**, Board Member, Canadian Association for People who Use Drugs/BC/Yukon Association of Drug War Survivors, Vancouver, BC

**Kinnon Ross**, RN, BSN, BA, Clinical Nurse Leader, 10C Urban Health, St. Paul's Hospital, Vancouver, BC

This session will explore the journeys of women with lived and living experience, Indigenous health and wellness perspectives, social justice and equity lenses applied to this area. This panel will share how enacting the intersecting and foundational principles of Indigenous cultural safety, women-centered, trauma-informed practice and harm reduction can support and empower women who are pregnant and parenting and using substances and address stigma across supports, services and sectors of the health care system.

### Learning Objectives:

- ▶ Identify the barriers to equitable health care access and discuss the intersection of stigma and substance use, particularly in pregnant and newly parenting women using substances
- ▶ Share the stories of stigma in the health care system and actions that can be taken to address stigma across supports, services and sectors
- ▶ Exemplify the importance of embedding an Indigenous lens to trauma and addiction and demonstrate how to actively work to acknowledge the historical and current impacts of colonization

## A Learning Journey: The Provincial Perinatal Substance Use Project in BC

**Stacey Boon**, AT Dip, MET, MCC, CCC, Senior Provincial Education Leader, Provincial Perinatal Substance Use Project, BC Women's Hospital and Health Centre, Vancouver, BC

**Jeane Riley**, MSW, BSW, Indigenous Healing & Wellness Lead, BC Women's Hospital And Health Centre, Vancouver, BC

The Provincial Perinatal Substance Use Project is in the process of developing training and education in specific areas to enhance knowledge, skills and practices when caring for pregnant and newly parenting women using substances with a specific focus on Indigenous Cultural Safety, Trauma and Violence Informed Practice, Harm Reduction and Women-Centered Care. This session will explore our shared learnings as a project in knowledge exchange and training and Indigenous Cultural Safety.

### Learning Objectives:

- ▶ Learn about the Provincial Perinatal Substance Use Project and the goals to support the perinatal substance use continuum of care
- ▶ Hear about the project's progress on the provincial knowledge exchange, education and training plan
- ▶ Recognize the need for Indigenous Cultural Safety within health care and community systems and settings

3:00 PM- 3:30 PM

BREAK: EXHIBITS OPEN & POSTER VIEWING

3:30 PM - 4:30 PM

## Plenary

### Indigenous Midwifery: Looking Back and Moving Forward. Stories, Lessons and Imperatives

**Evelyn George, RM** (non-practicing), Indigenous Lead, Midwives Association of BC; Former Co-Chair, National Aboriginal Council of Midwives, Penticton, BC

This session places Indigenous midwifery within the context of colonization, post-TRC & Inquiry era, UN Declaration on the Rights of Indigenous Peoples, and everyday practice. Using stories, the importance of Indigenous midwifery past, present and future is highlighted, connecting the circle of birthing within community and exploring imperatives for moving forward

#### Learning Objectives:

- ▶ Recognize the importance and significance of Indigenous midwifery for the health and wellbeing of Indigenous people, families, and communities
- ▶ Reflect on reconciliation and the opportunity they have for reconciliation through the provision of healthcare

4:30 PM- 5:00 PM

CLOSING REMARKS, DOOR PRIZES & EVALUATION

## Post-conference Education

### FHS Instructor Workshop

•**Date:** February 23 & 24, 2020

•**Time:** February 23 (8:15 am to 4:30 pm); February 24 (8:15 am to 3:00 pm)

•**Registration deadline:** January 17, 2020

•**Location:** BC Women's Hospital, 4500 Oak Street, Room 1U27A & 1U27B, Vancouver, BC

•**Fee:** \$380.95 + 5% GST per person (\$400.00 total)

**For more information and to register, please visit:**

<http://www.perinatalservicesbc.ca/health-professionals/education-development/fetal-health-surveillance>





# POSTERS

## **P01: Recruitment Methods for Pregnancy Reference Intervals for Safe Medicine (PRISM)**

Vilte Barakauskas, PhD, DABCC, FCACB, Clinical Biochemist, Department of Pathology, BC Children's And Women's Hospital, Vancouver, BC

## **P02: Planning for Pediatric and Perinatal Reference Intervals (P2RISM)**

Ann Tran, MD, PGY-2 Hematopathology, Faculty of Medicine, University of British Columbia; Rpt PGY-2 Hematopathology, Lab Medicine and Pathology, B.C. Women's Hospital & Health Centre, Vancouver, BC

## **P03: An Integrative Review on Women's Perspectives about Cannabis Use during Pregnancy and the Postpartum Period**

Hamideh Bayrampour, MSc, PhD, Researcher, Family Practice, Midwifery Program, UBC Faculty of Medicine, Vancouver, BC

## **P04: Acute Care Service Design for Perinatal Women Using Substances**

Pamela Joshi, Msc, BSc, Project Manager, BC Women's Hospital And Health Centre, Vancouver, BC

Jill Pascoe, MSW, Program Manager, Families in Recovery Combined Care Service (FIR), BC Women's Hospital And Health Centre, Vancouver, BC

## **P05: A Scoping Review of Educational Resources and Curriculum on Lactation for Health Professional Undergraduate Students**

Suzanne Campbell, PhD, RN, IBCLC, CCSNE, Assistant Professor, School Of Nursing, University of British Columbia, Vancouver, BC

Thayanthini Tharmaratnam, BScN, RN, School of Nursing, University of British Columbia, Vancouver, BC

## **P06: The Experience of Infant Feeding in BC: The Role of Service Provider Interactions**

Tina Revai, MN, RN, IBCLC, President, BC Lactation Consultants Association, Port Alberni, BC

Suzanne Hetzel Campbell, PhD, RN, IBCLC, CCSNE, Assistant Professor, School Of Nursing, University of British Columbia, Vancouver, BC

## **P07: Alcohol Use During Pregnancy or Breastfeeding Among Women in the General Population of Ontario, Canada: Results from the 2018 CAMH Monitor Survey**

Danijela Dozet, MPH, Research Analyst, Institute for Mental Health Policy Research, Centre For Addiction And Mental Health, Toronto, ON

## **P08: Dietary Phenylalanine and Tyrosine Requirements during Late Gestation in Healthy Pregnant Women**

Madeleine Ennis, BSc, PhD Student, Faculty of Medicine, University of British Columbia, Vancouver, BC

## **P09: Socioeconomic Inequalities in the Use of Caesarean Section Delivery in Ghana: A Cross-Sectional Study Using Nationally Representative Data**

Emmanuel Dankwah, MPH, BSc, PhD Student School of Public Health, University of Saskatchewan, Saskatoon, SK

## **P10: Health Information Access in Canadian Immigrant Postpartum Women: A Grounded Theory Mini-Study**

Monica Gola, RN, MN, CPMHN(c), PhD Student, School of Nursing, Duquesne University, Pittsburgh, PA, USA

## **P11: Knowledge and Attitudes of Healthcare Providers in Canada about Alcohol use in Pregnancy: Has Anything Changed in 15 Years?**

Courtney Green, PhD, MSc, Manager, Medical Research and Guidelines, Society Of Obstetricians And Gynaecologists Of Canada, Ottawa, ON

## **P12: Development of an Online Learning Course for Health Care Professionals Working with Parents with Physical Disabilities**

Karen Hodge, MSW, RCSW, Registered Clinical Social Worker, Sunny Hill Health Centre, Vancouver, BC

Melanie Basso, RN, MSN, PNC®, Senior Perinatal Practice Leader, BC Women's Hospital and Health Centre, Vancouver, BC

Amanda Lee, MSc, Research Coordinator, Experimental Medicine, University of British Columbia, Vancouver, BC

## **P13: Perinatal Outcomes Based on Patients' Values of Complexities (Pop Vox): A Mixed Methods Study**

Lauren Kan, MD, Family Medicine resident, Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC

## **P14: The Eating, Sleeping, Consoling (ESC) Approach for Women and Their Infants Exposed to Opioids: Determining Knowledge Translation Gaps and Priorities**

Sarah Kaufman, RN, MSN, Clinical Nurse Specialist, Perinatal, Fraser Health Authority, Surrey, BC

Sarah Rourke, MSN, RN, Clinical Nurse Specialist, NICU, Fraser Health Authority, Surrey, BC

## **P15: Modern Day Tools for the Peripartum Mother: The Representation of Postpartum Mental Health in Conventional and Social Media**

Anne T M Konkle, PhD, Associate Professor, Faculty of Health Sciences, University Of Ottawa, Ottawa, ON

## **P16: Should Conversations about Infant Vaccines Begin in Pregnancy? Findings from a Qualitative Study among Canadian Primary Healthcare Providers**

Jordan Lively, BSc, Research Assistant, Vaccine Evaluation Center, BC Children's Hospital Research Institute, Vancouver, BC

## **P17: Gestational Diabetes: Regional and Demographic Differences in a Contemporary Birth Cohort in Washington State**

Elizabeth Nethery, MSc, MSM, School of Population and Public Health, University of British Columbia, Vancouver, BC

**P18: An Update on the Family-Centred Maternity and Newborn Care National Guidelines Revisions**

Carley Nicholson, MPH, RD, Policy Analyst, Maternal and Child Health Policy and Programs, Division of Children and Youth, Public Health Agency of Canada, Ottawa, ON

**P19: Supporting Mental Health of Syrian Refugee Mothers: A Collaboration among Community Stakeholders, Syrian Community Members and Researchers**

Joyce O'Mahony, RN PhD, Associate Professor, School of Nursing, Thompson Rivers University, Kamloops, BC

Shahin Kassam, PhD(c), Research Assistant, School of Nursing, University of Victoria, Victoria, BC

**P20: Frequency of Prenatal Hepatitis C Screening and Subsequent Diagnoses in BC, 2018**

Margo Pearce, PhD, Post-Doctoral Fellow, School of Population and Public Health, University of British Columbia, Vancouver, BC

**P21: Addressing Anxiety & Depression during Pregnancy: Primary Antenatal Care Provider Perspectives**

Julia Santana Parrilla, MSc(c), Master of Science Candidate, School of Population & Public Health, University of British Columbia, Vancouver, BC

**P22: Mindfulness-Based Cognitive Therapy (MBCT) for Postpartum Anxiety and Depression**

Barbara Shulman, Psychiatrist, Reproductive Mental Health Program; Clinical Assistant Professor, University of British Columbia, Vancouver, BC

**P23: From Process to Product: Partnering With Patients and Providers to Develop Health Information Resources at BC Women's Hospital**

Lana Sullivan, MA, Project Manager, Population Health Promotion, BC Women's Hospital & Health Centre, Vancouver, BC

AJ Murray, BA, BFA, KTPC, Knowledge Translation Coordinator, Population Health Promotion, BC Women's Hospital + Health Centre, Vancouver, BC

**P24: Mindfulness-Based Intervention for Partners of Women Diagnosed with Postpartum Depression and Anxiety**

Deirdre Ryan, Psychiatrist, Medical Director, Reproductive Mental Health Program, BC Children's Hospital, Vancouver, BC

**P25: Child Health Clinics: Supporting Family-Focused Care Through Standardized Parent Resources**

Rhonda Tomaszewski, RN BScN, Population Health Program Specialist, Population Health Services, Interior Health, Kelowna, BC

Joanne Smrek, RN BScN, Population Health Program Specialist, Population Health Services, Interior Health, Penticton, BC

**P26: Multi-Service Programs for Pregnant and Parenting Women with Substance Use Concerns: Women's Perspectives on Why They Seek Help and Their Significant Changes**

Deborah Rutman, PhD, Principal, Co-founder, Nota Bene Consulting Group, Victoria, BC

Carol Hubberstey, MA, Principal, Co-founder, Nota Bene Consulting Group, Victoria, BC

Marilyn Van Bibber, RN, Co-principal, Nota Bene Consulting Group, Victoria, BC

**P27: Strengthening Kangaroo Care for Preterm Infants in British Columbia**

Sarah Coutts, RN, MPH, IBCLC, Kangaroo Care Program Coordinator, Perinatal Services BC, Vancouver, BC

**P28: Perinatal Illness: Externalizing Anxiety and Depression Symptoms**

Jamie E. Banker, PhD, LMFT, Associate Professor, AAMFT Approved Supervisor, California Lutheran University, Thousand Oaks, CA

**CANCELLED**



# HEALTHY MOTHERS AND HEALTHY BABIES

IN9576

*Innovation and Equity: The Foundation to Quality Perinatal Care in 2020*

## REGISTRATION FORM

### PLEASE WRITE IN BLOCK LETTERS:

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

☐ Ms. ☐ Mrs. ☐ Miss. ☐ Mr. ☐ Mx. ☐ Dr. ☐ Prof.

Last Name First Name Initials

Organization Name Department

Mailing Address

City Prov/State Postal Code

Daytime Telephone Number

Email (you will receive your confirmation of registration and receipt via email)

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	<u>A1</u>	<u>A4</u>

#### Friday, February 21, 2020

Session A: \_\_\_\_\_

Session B: \_\_\_\_\_

#### Saturday, February 22, 2020

Session C: \_\_\_\_\_

Session D: \_\_\_\_\_

### CONFERENCE TUITION FEES

Registration prior to January 17, 2020 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 main conference registration fee includes: a certificate of attendance, two breakfasts, two lunches, and coffee/tea breaks.

#### Pre-Conference Rate

Full Day ☐ \$200

Half Day ☐ \$125

If you are attending afternoon pre-conference session, please choose

☐ PM1

☐ PM2

#### Main Conference Rate

Early Bird Rate (before/on Jan 17, 2020) ☐ \$375

Regular Rate (Jan 17, 2020 – Feb 9, 2020) ☐ \$475

Late Rate (after Feb 9, 2020) ☐ \$525

#### Main Conference Individual Day Rates

Friday, February 21, 2020 ONLY ☐ \$275

Saturday, February 22, 2020 ONLY ☐ \$275

#### Student Rate\*

Full Program ☐ \$325

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

#### Networking Reception

The networking reception on Friday, February 21 (5:15 – 6:30 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

Reception Guest ☐ \$20

**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 2.