



Canadian Association of Perinatal and Women's Health Nurses Newsletter

AUGUST 2016

SPECIAL POINTS OF INTEREST:

- **2016 CAPWHN National Conference**
Calgary October 21-23
- **CNA's Electronic Perinatal Certification**
- **What's hot on the discussion forum**
- **Become a star – what CAPWHN membership means to you**

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Update from the CAPWHN Board of Directors

Budget Approval

The Board approved CAPWHN's 2016-2017 budget. Thanks to Fabienne and Rita for their hard work in putting this together. The budget will be presented at the AGM for member information.

Increasing the Visibility of CAPWHN in Perinatal and Women's Health Care

Increasingly CAPWHN is being asked for input on guidelines and policy issues associated with the care of women, families and newborns. CAPWHN has representatives on several national multidisciplinary committees to review and provide input to care guidelines. For example, recently we have been asked for CAPWHN representatives for the SOGC Gyne Committee as well as representation on CFPC and CMPA committees. Watch your email and newsletter for your opportunity to contribute to work in these and other areas. We seek out CAPWHN members who are interested and knowledgeable in specific areas of care. CAPWHN is stronger because of your efforts and your expertise.

Technical Challenges with Webinars

CAPWHN apologizes for the inability of members to access recorded webinars. We have experienced technical challenges with our webinar service provider. We are working to resolve this issue and will repost the recorded webinars as soon as possible.

OTAS Education Session

The Obstetrical Triage Acuity Scale (OTAS) workshop held in May 2016 in Toronto sold out quickly! The feedback from participants included: great speakers, terrific discussion of case situations and implementation strategies, fantastic networking opportunities and wonderful food – what could be better! This will be repeated as a pre-conference workshop on October 20th prior to the conference in Calgary. Be sure to sign up early and stay for the [October 21-23 CAPWHN National Conference!](#) We look forward to seeing you there.

Recent Activities on Behalf of CAPWHN by Board Members

Marilyn Evans – Director at Large: Attended the Canadian Nurses Association Conference in New Brunswick on behalf of CAPWHN; chaired the Membership Committee; became a grandmother for the first time this summer!

Pam O'Sullivan – Regional Director for Alberta, British Columbia, and Yukon: Working with conference co chairs to ensure a great time in Calgary this October – cutting edge educational sessions and workshops and lots of Western fun; member of the Breastfeeding Committee for Canada and assists the CAPWHN board in ensuring a Baby-Friendly perspective in advertising and sponsorship; Board representative to the CAPWHN Advocacy and Health Policy Committee.

Monica Friesen – Regional Director for Ontario: Hosted May 19th webinar.

Jennifer Marandola – Regional Director for Quebec: Created a pamphlet outlining CAPWHN membership benefits; attended the Université de Montréal Colloque Alice Girard representing CAPWHN; successfully completed her Masters in Nursing this spring.

Lisa Bland – Regional Director for the Atlantic Provinces and Nunavut: Working with conference co -chairs to plan for 2017 Halifax Conference; successfully achieved her IBCLC certification this spring

Lisa Keenan Lindsay – Past President: Chairs the Nominations Committee – see the recent email from Lisa; hosted the June 21st webinar.

Sharon Dore – President: Attended SOGC ACSC and attended the President's Dinner as a representative of CAPWHN; hosted the Toronto OTAS educational event.

Erratum

CAPWHN was remiss in thanking its 2015 National Conference Planning Committee volunteers for their tremendous efforts. We apologize for the oversight. Our conference planning committees work tirelessly for months (in fact years) putting together this event, and we could not do it without you.

Thank you very much to co-chairs Diane Bourget and Marjolaine Héon for your leadership and guiding the committee and its many tasks. We would also like to thank all members of the subcommittees, whose commitment made the event possible:

Program Committee

Irene Sarasua (Chair)
Kimani Daniel
Amélie Guay
Jennifer Somera
Anne-Marie Lanctot
Woodeline Dorlean
Jennifer Marandola

Scientific Committee

Linda Bell (Co-chair)
Francine de Montigny (Co-chair)
Christine Gervais
Marilyn Aita
Sonia Semenic
Marie-Josée Bourassa

Marketing Committee

Sabrina Haas (Co-chair)
Angèle Robillard (Co-chair)
Ginette Aucoin
Francine Brissette

We would like to also note that Diane Bourget, who was also the Regional Director for Quebec, completed her term on the CAPWHN Board of Directors. We thank Diane for her commitment and dedication during her term as Regional Director.

WEBINARS - UPDATE

The next CAPWHN webinar is scheduled in September 2016. Details will be available soon!

CAPWHN REPRESENTED AT SOGC ACSC!



Photo by: Brian Dennehy Photography

Call for Nominations – CAPWHN Board of Directors

Are you interested in becoming involved in the CAPWHN Board of Directors? CAPWHN is presently extending a call for nominations for positions starting October 23, 2016. CAPWHN is seeking to fill open positions on the Board of Directors to help lead the Association, which is committed to excellence in reproductive, sexual, and women's health care and advancing the providers of that care.

Board positions include Regional Directors for CAPWHN's five geographical regions and Directors at Large, who are responsible for specific portfolios (such as communications and membership) and can be from any geographic region.

BENEFITS of serving as a volunteer director of the board

- Play a significant role in advancing the profession working in collaboration with various groups.
- Have the opportunity to enhance the value/benefits to members.
- Access up-to-date information about the challenges facing the profession.
- Exchange ideas and perspectives with other volunteers.
- Funded travel to attend the annual conference.

CORE COMPETENCIES

- Exemplify positive leadership attributes, ability to work collaboratively and engage in appropriate debate and discussion when needed, and a visionary and strategic drive.
- Possess understanding of governance principles: strategic thinking and strategic alliances, oversight know-how, policies, finance, legislation, and evaluation.
- Have had prior involvement with the CAPWHN including service on committees, participation as presenters at National Conference, etc.

OBLIGATIONS

- Make a firm commitment to participate in monthly board meetings.
- Fulfill the responsibilities outlined in the job description for the director's appointed position.
- Support and participate in sub-committees by reporting progress and advancement and to attend the National Conference and the regional activities closest to their residence.

Details of the positions and associated responsibilities and benefits are available on request. Note that the membership will elect directors. You may identify an interest and skills for a role however specific board positions will be appointed by the elected Board of Directors following the Annual General Meeting in October, as required by the Canada Not-for-profit Corporations Act.

Please nominate yourself or a colleague (with permission) by August 31, 2016 to:

Lisa Keenan-Lindsay, Chair, Nominations Committee at: admin@capwhn.ca

NEW GOVERNMENT REGULATIONS FOR CRIBS, CRADLES, AND BASSINETS

The Government of Canada outlined new regulations that will come into effect on December 29, 2016. This specifically addresses the sale, importation, manufacture and advertising for drop side cribs. These are items often found in garage sales and other secondary sale areas. Details can be found at [Government of Canada introduces new Cribs, Cradles and Bassinets Regulations](#).

REACHING THE
HIGHEST PEAKS

ATTEINDRE LES
PLUS HAUTS SOMMETS

OCTOBER 21 TO 23 2016 • DU 21 AU 23 OCTOBRE 2016
CALGARY, ALBERTA



Canadian Association of Perinatal and
Women's Health Nurses

Association canadienne des infirmières et infirmiers
en périnatalité et en santé des femmes

6th CAPWHN National Conference

2016 CAPWHN National Conference
October 21-23 2016
Westin Calgary, Alberta

The 2016 CAPWHN Conference Planning Committee has been hard at work planning the 6th CAPWHN National Conference in Calgary from October 21-23 with pre-conference workshops being held on October 20th. The conference provides participants a platform to exchange ideas, discover novel opportunities, reacquaint with colleagues, meet new friends, and broaden their knowledge related to perinatal and women's health nursing.

The theme of this year's conference is "Reaching the Highest Peaks". It broadly covers all areas of perinatal and women's health care and research from "blue sky" clinical applications to highlights from new national guidelines. Conference attendees have the opportunity to facilitate meaningful interactions and collaborations. and network with colleagues from across the country.

Two of the keynote speakers are Dr. Dorothy Shaw "Progress and Challenges in Global Maternal Newborn Health" as well as Dr. Manon Ranger "Inspired by Curiosity: A Nurse Researcher's Journey from Bedside to the Laboratory" are just examples of what the conference has to offer. In addition to several fantastic specialty sessions, the conference program also includes presentations by local and national clinicians and researchers.

The conference, held at the Westin Calgary, is situated in the heart of one of Canada's most exciting cities, close to the city's extraordinary outdoor activities and first-class dining and arts.

Check out the [CAPWHN website](#) for more information.

We look forward to seeing you in Calgary!

IMMUNIZE CANADA

Immunize Canada is a coalition of national non-governmental, professional, health, consumer, government and private sector organizations with a specific interest in promoting the understanding and use of vaccines recommended by the National Advisory Committee on Immunization. The goal of Immunize Canada is to contribute to the control/elimination/eradication of vaccine-preventable diseases in Canada by increasing awareness of the benefits and risks of immunization for all ages via education, promotion, advocacy and media relations.

CAPWHN is now a member of Immunize Canada and we are looking for a CAPWHN member to be our representative on this organization. This will involve two teleconferences and one face to face meeting per year (however, attendance is not mandatory and minutes are distributed). Note that there is no funding available for travel to the meeting. You will be responsible for keeping the CAPWHN Board up to date on any information affecting Perinatal and Women's Health.

If you have an interest in contributing to the control/elimination/eradication of vaccine-preventable diseases in Canada by increasing awareness of immunization for all ages, consider applying for this position. Send your expression of interest to Sharon Dore: president@capwhn.ca.

Immunize Canada Resources—for Clinicians



Pain Management during Vaccine Injections A Clinician's Guide: Children ≤ 3 years

Vaccine injections can be painful and stressful for children and parents, but you can really make a difference. Read the 5 P's of vaccination pain management below and combine these strategies to improve pain relief. For more information and to see a video, visit <http://immunize.ca/en/health-care-providers/painmgt.aspx>

These are scientifically proven ways of reducing pain in children during vaccination. Talk with parents and plan ahead to make the next vaccination less painful.

PROCESS STRATEGIES

EDUCATION

• Parents should be provided with educational materials such as pamphlets, videos or verbal instruction prior to and on the day of vaccination. When providing resources to parents, be sure to consider health literacy and cultural sensitivity. Free materials can be obtained at immunize.ca/en/parents/pain.aspx

PREPARATION

You may also ask parents to prepare ahead of time:

- 1) Apply topical anaesthetics at home or at the clinic to numb the skin – these can be purchased at a pharmacy without a prescription.
- 2) Make sucrose solution at home or at the clinic by mixing 1 teaspoon of sugar with 2 teaspoons of water.
- 3) Bring the child's immunization record and download the free ImmunizeCA app at immunize.ca/app to track and plan their child's next vaccination.

Ahead of time

PHYSICAL STRATEGIES

BREASTFEED

- Encourage mothers to breastfeed their child starting right before vaccination, and continue during and after vaccination.
- If 1 vaccination is planned, have the parent position the child to expose 1 leg; expose both legs for 2 or more vaccinations.
- If the child cannot be breastfed, parents may bottle feed their child or give their child a pacifier before, during and after vaccination.

HOLD

- Have parents hold the child on their lap or hug them during vaccination. This helps the child stay still and feel secure. Advise parents not to hold their child too tightly – this can increase pain and distress. Parents may rock, cuddle, and sing or talk after injections.

PHARMACOLOGICAL STRATEGIES

TOPICAL ANAESTHETICS

- Available products: lidocaine (Maxilene™), tetracaine (Ametop™), lidocaine-prilocaine (EMLA™).
- Apply to injection site between 30 and 60 minutes before vaccination, according to manufacturer instructions.
- Two doses may be needed (one for each arm or leg) if 2 or more vaccinations are being given.
- May cause temporary reddening or whitening of skin – this is normal. If a rash appears, it could be an allergic reaction – be aware of this.
- Instruct parents to avoid acetaminophen or ibuprofen before vaccination – these have not been proven to reduce injection pain. After vaccination, acetaminophen or ibuprofen may be used to relieve fever or discomfort.

Before and during vaccination



Pain Management during Vaccine Injections A Clinician's Guide: Children ≤ 3 years

Before and during vaccination

SUCROSE SOLUTION

- If the child is not breastfeeding during vaccination, a sucrose solution (also known as sugar water) may be given (0-2 years). Sucrose solution is safe for children, even newborns.
- Give the child some sucrose solution 1 to 2 minutes before vaccination, using a dropper (or syringe) and placing the sucrose solution into the side of the child's mouth between the cheeks and gums.
- If the child uses a soother, the soother can be dipped into the sucrose solution and given to the child during vaccination. Combining sucrose solution with a soother and holding the child can simulate aspects of breastfeeding.
- If the child is receiving the oral rotavirus vaccine, give it before injectable vaccines and instead of sucrose solution.

PSYCHOLOGICAL STRATEGIES

COMMUNICATION

- Use neutral words when communicating the vaccine procedure (e.g., "Here I go") instead of warning words (e.g., "Here comes the sting"). Warning words can cause distress, even in infants that may not understand the words because of non-verbal signs (e.g., facial expression and tone) that can be associated with them.
- Use true suggestions when talking with parents about pain-relieving interventions. Be honest and accurate about the interventions and do not overstate their effectiveness.
- Direct parents to stay calm and use a normal speaking voice. This will help the child stay calm. If they are nervous, prompt parents to take slow, deep breaths before and during vaccination, while holding the child. They should breathe so their stomach expands, not their chest.
- Direct parents to avoid using reassuring statements like "It'll be over soon" and "You're OK". Reassurance can increase distress and pain.

DISTRACT

- Some distractions that can be used: videos (e.g. mobile devices), toys and music. Start distracting the child before vaccination but distract only when the child is calm enough to do so; otherwise, distress may be increased.

Before & during vaccination

PROCEDURAL STRATEGIES

NO ASPIRATION

- Perform all intramuscular injections without prior aspiration. Aspiration is unnecessary because the sites used for vaccination are devoid of large blood vessels.

MULTIPLE INJECTIONS

- If multiple injections are given sequentially, then inject the most painful last.
- If more than one immunizer is available, two separate injections can be given simultaneously in alternate limbs in infants (< 1 year). Position to gain access to site of injection for infants (thigh) without interfering with other pain management interventions.



Immunize Canada Resources—for Parents

Reduce the Pain of Vaccination in Children Under 3 Years

A Guide for Parents

Why is vaccination pain a concern?

- Most vaccines are given with a needle. This can be painful and frightening for children.
- Pain can cause a child to develop a fear of doctors, nurses and needles.
- No parent wants to see a child in pain. Some parents delay or stop vaccinations because of pain. This can leave a child without protection from serious diseases.

Plan ahead to reduce pain

- Read this guide to learn about 3 ways you can reduce your child's pain during vaccinations. These methods are proven to be safe and effective. You can combine the different methods for better results.
- Plan what you will do for your child's next vaccination.
- Some strategies require preparation ahead of your child's visit:
 - 1) Sugar water can be prepared at home or at the clinic by mixing 1 teaspoon of sugar with 2 teaspoons of water.
 - 2) Topical anaesthetics can be applied at home or at the clinic to numb the skin – these can be purchased at a pharmacy without a prescription.
 - 3) Toys for distracting your child can be packed and brought to your child's visit.
- Tell your child's health care provider so they can support your goals.
- To see a video, visit Immunize Canada at <http://immunize.ca/en/parents/pain.aspx> OR download the ImmunizeCA app at <http://immunize.ca/app>
- After your baby's vaccination, judge how much pain your child had. Observe your child's:
 - body movements (calm or thrashing?)
 - face (neutral or locked in a grimace?)
 - sounds (silent or high-pitched cry?)
- Use what you see to plan what you will do the next time to reduce your child's pain.

1. What you can do

BREASTFEED YOUR BABY

- If you are breastfeeding, start to breastfeed your baby before the needle. Make sure you have a good latch. Then continue breastfeeding during and after the needle.
- Breastfeeding combines holding, sweet taste, and sucking and is one of the best ways to reduce pain in babies.
- Breastfeeding during needles is safe for babies, even newborns. *There is no evidence that babies will choke or associate their mothers with pain.*
- Undress your baby to free the leg(s) or arm(s) where the needle will be given before you start breastfeeding.
- If your child cannot be breastfed, you may bottle feed your child or give a soother before, during and after vaccination.



HOLD YOUR CHILD

- Hold your child on your lap or hug your child during the needle. This will help your child stay still and feel secure.
- Sit on a chair to minimize the risk of accidental falls.
- Make sure to undress your child to free the leg(s) or arm(s) where the needle will be given.
- Don't hold your child too tightly. This can increase pain and distress.
- You may rock your child back and forth after the needle.



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Reduce the Pain of Vaccination in Children Under 3 Years

A Guide for Parents

2. What you can give

SUGAR WATER

- You can use sugar water to reduce your child's pain.
- Sugar water is safe for children, even newborns.
- Make sugar water at home or at the clinic by mixing 1 teaspoon of white sugar with 2 teaspoons of distilled or boiled water. For babies over 6 months, you may use tap water if the tap water is safe for drinking.
- Give your child some sugar water 1 to 2 minutes before vaccination, using a dropper (or syringe). Place it into the side of your child's mouth between the cheeks and gums.
- If your child uses a soother, the soother can be dipped into the sugar water and given to your child during the needle. Combining sugar water with a soother and holding your child can simulate aspects of breastfeeding.
- If your child is getting a vaccine called rotavirus, then you do not need to give sugar water because the rotavirus vaccine has sugar in it.



TOPICAL ANAESTHETIC CREAM, GEL OR PATCH

- In Canada, you can buy topical anaesthetics without a prescription. Available products include: EMLA™ (lidocaine-prilocaine), Ametop™ (tetracaine), or Maxilene™ (lidocaine).
- They dull pain where the needle enters your child's skin.
- They are safe for babies, even newborns.
- Apply them at home or at the clinic before the needle.
- For babies under 1 year of age, apply to the upper outer part of the leg; for children aged over 1 year, apply to the upper arm. Confirm the location with your child's health care provider. If your child is getting more than one needle, apply to both legs or both arms.
- You have to wait for topical anaesthetics to take effect. Apply to injection site between 30 and 60 minutes before the needle, according to manufacturer instructions.
- Remove the medicine after the waiting time. Your child's skin may appear whiter or redder than normal. This is OK and will go away.
- Allergic skin reactions are rare. If there is a rash, talk to your child's health care provider about it. It could be an allergic skin reaction. If your child experiences an allergic skin reaction, use another product the next time.



3. How you can act

YOUR STATE OF MIND

- Try to stay calm, use your normal speaking voice, and be positive before, during, and after the needle. This will help your child stay calm. Children see and feel what their parents are doing, and often do the same.
- Avoid using reassuring statements like "It'll be over soon" and "You're OK". Reassurance can increase distress and pain.
- If you are nervous, you can take a few slow, deep breaths to calm yourself. Breathe so your belly expands, not your chest. You can do this while holding your baby.



DISTRACT YOUR CHILD

- Taking your child's focus away from the pain can reduce your child's pain.
- While holding your baby close, distract with videos (for example, mobile devices), toys and music.
- Start distracting your child before the needle but distract only when your child is calm enough to do so; otherwise, distress may be increased.
- The way you distract your child once may not work the next time. Be prepared to change what you are doing to keep your child distracted.



Adapted from CMAJ 2010;182:E943-55 and CMAJ 2015;187:975-82 with permission of the publisher, the Canadian Medical Association.

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What's Hot on the Discussion Forum

There has been much activity on the online forums by CAPWHN members. These forums cover topics of interest regarding pregnancy, labour and delivery, postpartum care, newborn care, women's health, health policy and much more. These forums are a great way for members to network with others, pose questions, get questions answered, and share ideas.

Here are some highlights of what our members from across the country have been discussing recently (past couple of months).

- Use of **betamethasone for women at high risk for late preterm birth**. This topic was presented at the SOGC conference last month and there seems to be a variation in protocol across the country. Here are some resources members shared on the topic.
Asztalos, E., Murphy, K., Willan, A. Matthews, S., Ohlsson, A., Saigal, S., Armson, A., Sanchez, J. (2013). Multiple courses of antenatal corticosteroids for preterm birth study. *JAMA Pediatrics*, 167 (12), 1102-1110.
Crowther, C. & Harding, J. (2016). Antenatal glucocorticoids for late preterm birth? *The New England Journal of Medicine*, 374(14), 1376-
- Another discussion has focused on **staff to patients ratios** for areas, such as OB triage, L&D, postpartum, and antepartum across the country. Interesting to note the similarities and differences.
- What are the policies on the **nurse's role in collecting umbilical cord blood sample** at birth was brought forward by one member creating much discussion. Appears that in many facilities this is a function of the physician rather than the nurse.
- Others are discussing use of **nitrous oxide** as labour analgesia and identify need for policy development. Here is a reference one member suggested:
Steen-Stewart, L., & Collins, L. (2012). Nitrous oxide as labor analgesia. *Nursing for Women's Health*, 16 (5), 398-409. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1751-486X.2012.01763.x/epdf>
- Another recent discussion relates to **neonatal hypoglycemia and the use of dextrose 40% gel**.

PERINATAL CERTIFICATION

CAPWHN encourages our members to demonstrate their expertise in perinatal care by successfully completing the Canadian Nurses Association Perinatal Certification exam. This year, CNA has moved to an electronic exam that is written at one of the many exam centres. There are opportunities for study groups to help prepare for the exam. Funding may be available through the Canadian Nurses Foundation or through government funding (e.g. in Ontario this is administered through RNAO). CNA also provides an incentive to employers who financially support 10 or more employees. Nurses who are currently certified must also recertify every 5 years, either through participation in continuing education or rewriting the exam. More information about certification is available at <https://www.nurseone.ca/en/certification>.

Regional Director BC/Alberta/Yukon—Update

Our region has approximately 70-80 CAPWHN members. This membership is generally from Alberta and BC. We would love to see some membership from the Yukon Territory. Please encourage your colleagues to join us as it would be wonderful to share the knowledge and networking opportunities. This region has two perinatal programs: in BC, Perinatal Services BC, and in Alberta, Alberta Perinatal Health Program. There are various Women's health programs/links in the region as well. Although these are incredible resources it is also beneficial to be part of CAPWHN. Membership in CAPWHN provides a look across Canada and provides a connection with many of our colleagues in all the different healthcare settings for perinatal and women's health.

On October 21-23, 2016 the BC/Alberta/Yukon Region has the pleasure of hosting the CAPWHN National Conference, "Reaching the Highest Peaks", in Calgary Alberta. Conference planning is well underway. This promises to be an exciting and informative conference. The keynote speakers are set to enlighten and motivate! The program has the diversity of women's health, neonatal, breastfeeding and perinatal. Something for everyone. Save these dates and we hope you will join us in Calgary!

Webinars are one of the benefits of your membership. Our region is planning a webinar in November 2016. Our presenter will be Lily Lee (BC) who will be presenting on the soon to be released SOGC Guidelines (September 2016) on Management of Labor. The date in November will be announced as plans are finalized.

We look forward to educational opportunities as suggested by the members for more webinars. Please consider submission of articles to the CAPWHN newsletter as there is always an interest in the clinical and research practices in this region and across Canada.

Respectfully submitted by Pam O'Sullivan

BC TO LEAD NATIONAL SURVEILLANCE NETWORK TO MONITOR ZIKA VIRUS

Health officials in British Columbia are leading the development of a national surveillance network to monitor and collect data on Canadians infected with Zika virus.

Dr. Deborah Money, vice president of research at B.C. Women's Hospital, said the goal of the initiative is to better understand the long-term health consequences of Zika virus, especially for pregnant women, as the infection has been linked to birth defects.

For more information see <http://www.metronews.ca/news/vancouver/2016/04/28/bc-to-lead-surveillance-network-to-monitor-zika-virus.html> (English only).

SOGC NUTRITION GUIDELINES

The Society of Obstetricians and Gynaecologists of Canada's "Canadian Consensus on Female Nutrition: Adolescence, Reproduction, Menopause, and Beyond" span the needs of women across the lifespan. It is excellent resource for all ages. Thanks to CAPWHN member Angela Bowen for contributing, on behalf of CAPWHN, to its development.

Where's the Mother? Stories from a Transgender Dad

Trevor MacDonald

Trevor is a transgender father raising children with his male partner in a small town in central Canada. Even after years of hormones and chest contouring surgery and publicly coming out as a man, he chose to become pregnant with his children and nurse (even tandem nurse!) them with the help of exhaustively procured donor milk and his own milk.

Trevor's book carefully recounts the ways in which pregnancy, birth, and chestfeeding can produce cognitive dissonance for a trans man in a world where the narrative focuses so much on femininity and a woman's strength and parts, when even your most well-meaning friends and colleagues can revert to female pronouns when in the presence of a pregnant body, and when some of the best prenatal yoga and meditative preparation focuses on a female identity. As birth workers, we clearly have the ability to change the narrative here and make sure we are not assuming that anyone looking for birth support is a woman or even a woman that identifies with our cultural definition of femininity.

"Where's the Mother?" challenges health care providers to examine their own preconceived ideas about what it means to be pregnant, birthing and lactating and will assist them to provide supportive care to clients of different genders (or clients who do not identify with gender at all). The book should be required reading for all health care providers.

Trevor's webinar presentation for CAPWHN entitled "Providing LGBT2S-Inclusive Care During the Perinatal Period" will soon be available for members on the CAPWHN website.

Taken from Doula Trainings International: <https://www.doulatraininginternational.com/birth-workers-can-learn-wheres-mother-stories-transgender-dad-interview-trevor-macdonald/>

Trevor is available at <http://www.milkjunkies.net/>.

SHARE WHAT CAPWHN MEMBERSHIP MEANS TO YOU

The Board of Directors often hears our members tell us so many positive things about why they are members of CAPWHN. The Membership Committee is asking you to put your thoughts in an email or a video (e.g. iPhone) regarding why you feel being a member of CAPWHN is beneficial. Perhaps the reason you love being a member is: access to the discussion forums where you are able to obtain national input on care practices; the cutting edge webinar information; the networking at educational events; or the opportunity to join national multidisciplinary groups to plan care – whatever excites you – we would like to hear from you. We will publish your thoughts in our newsletter or on our Facebook page. By sending us your feedback you are providing us with provides permission to share with others. Thank you for supporting CAPWHN in this way so we can share the benefits of membership with others.

Submission Instructions

The CAPWHN Newsletter is issued quarterly. The next issue will be distributed in the Fall of 2016.
To submit an article for consideration, please email your submission to admin@capwhn.ca.

Advertising Rates

CAPWHN provides the opportunity for organizations to advertise career opportunities.

Newsletter advertising rates (plus applicable taxes):

1/4 page \$200

1/2 page \$350

Full page \$500

Website advertising rate (plus applicable taxes):

\$100/month



Canadian Association of Perinatal and Women's Health Nurses

CAPWHN represents women's health, obstetric and newborn nurses from across Canada. CAPWHN aims to promote excellence in nursing practice, leadership, education and research in the areas of perinatal and women's health care.

Become a Member today!

Contact us!

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or 613-730-4192 ext. 266

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