



# Canadian Association of Perinatal and Women's Health Nurses

MAY 2014

## SPECIAL POINTS OF INTEREST:

- 2014 Annual Conference Regina, SK
- Webinars
- Small Grants recipient
- Advocacy & Health Policy Committee Update

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## President's Message

Dear CAPWHN Members,

It is hard to believe that I am almost half way through my term as President of CAPWHN. I would like to thank the rest of the board of the directors who have provided me with invaluable support over the first part of the year. Through their hard work and dedication, I am constantly reminded of the wonderful group of leaders we have among us. In my professional life, I teach nursing students and often wonder who among them will become the leaders of tomorrow. We need to encourage the potential leaders among us. I challenge you to find these potential leaders in your workplace and encourage and develop their skills. There is room within CAPWHN for these leaders, encourage them to present their ideas at our National Conference or to consider taking on a committee role. We will soon be looking for nominations for next year's board and committee membership and we look forward to the input and passion of these potential leaders.

In this issue of our newsletter you will find some resources that you will be able to use in your own practice. Many of these resources are on-line and easy to access. I encourage you to check out the many resources. I would like to continue to offer new resources to members to use in their everyday practice. If you have some new research or innovation that you would like to share with your colleagues, please consider writing something for our next newsletter.

Sincerely,

Lisa Keenan-Lindsay, RN, MN, PNC(C)  
CAPWHN President

## Did you know?

♦ CAPWHN holds regular webinars and archives them on the members only website? We encourage you to share your ideas about possible webinars. If you would like to present a webinar, let us know!

♦ CAPWHN posts job advertisements on the website? In fact, there are jobs posted right now! Check them out [HERE!](#)

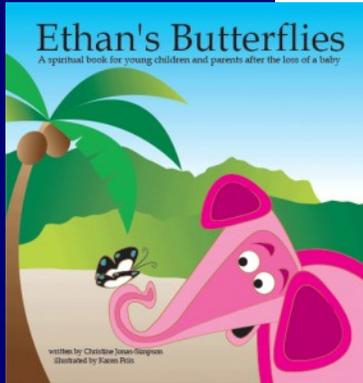
Executive Lead, Perinatal Program  
Nurse Manager Opportunity

♦ CAPWHN is on Facebook and Twitter! Like our page and Follow us for the latest news and updates!



## York nursing Professor Christine Jonas-Simpson's book *Ethan's Butterflies: A Spiritual Book for Young and Parents after the Loss of a Baby*, is now available as an eBook.

Written by Sandra McLean for York University's Yfile and first published on March 25, 2014



Jonas-Simpson was looking for help in answering her young sons' difficult questions about their baby brother Ethan's passing. Not being able to find anything on the bookstore shelves, Jonas-Simpson wrote her own book. It takes parents and young children through the journey of deep sorrow and loss of a baby brother or sister, from the moment of expectation to deep despair following the baby's death, to the joy of reconnecting with them in another way.

"When a baby dies one of the first concerns a parent has is the impact this loss has on their young living children. It is difficult to know what to say or how to talk about the death of a long-awaited sibling," says Jonas-Simpson of the School of Nursing, Faculty of Health. "Ethan's Butterflies provides a way for parents and professionals to connect with young children who experience the loss of a sibling".

To purchase Ethan's Butterflies, visit the [Loss Grief and](#)

Written from a young child's perspective, the story is told by Emma, a pink elephant, who describes her deep sadness, anger and fears. She also poses many questions that children often raise.

"Emma shows how she and her family learn to live with the loss her baby brother Ethan and how they continue to connect with him in many ways, one of which is a butterfly and another is love," says Jonas-Simpson.

This story is about living and feeling the deep loss of a baby as well as transforming this precious loss through connecting and creating new relationships. To view a video announcing the eBook, [YouTube](#).

Proceeds from the sale of *Ethan's Butterflies* will go to bereavement charities, education and research.

To learn more about how the book came to be, visit York Space for an article – "[Metamorphosis: A Story of Loss, Transformation and Abiding Love](#)" – written by Jonas-Simpson. Christine is also currently directing and producing her fourth research documentary film, funded by SSHRC, which explores bereaved children's experiences when a baby sibling dies.

## A Tale of Two Births: The Baby-Friendly Rap

If you need to lighten the mood in your classroom and yet get across the importance of skin-to-skin contact this little video does just that. Co-sponsored by the Breastfeeding Coalition of Oregon and the Massachusetts Breastfeeding Coalition this video demonstrates the importance of a baby friendly hospital.

[View Here](#)

## Universal Newborn Hearing Screening

Are you aware of universal newborn hearing screening (UNHS) happening in your facility and in your province? In 2011 the Canadian Paediatric Society reviewed the evidence for UNHS and developed a position statement. This review supported UNHS. In the past decade UNHS has been widely adopted throughout North America, Europe, and in many other developed regions. Early diagnosis and intervention enable improved outcomes for hearing-impaired children. UNHS programs will screen by one month of age and confirm diagnosis by three months. This allows intervention by six months. However, it has been discovered that many Canadian infants are still not being offered UNHS. In April 2014, there was an article published in the Globe and Mail by Andre Picard that provided an overview of where Canada and each province is today with

UNHS. (See link below). The information was compiled by the Speech Language & Auditory Canada (SAC) and the Canadian Academy of Audiology. They issued a report card for each province based on having a program with standardized procedures to detect hearing loss and a series of measures to ensure timely intervention. The results indicate that five out of thirteen provinces received a passing grade. Review the article to see how your province did. There may be valid reasons why some provinces are struggling with implementing UNHS.

The CPS (2011) states that, "implementation requires a comprehensive and organized approach that includes screening, diagnosis, intervention, and follow up." (Patel and Feldman, pg.5). Health care resources, including trained providers, equipment and budget can be

challenges. There are many priorities that compete with these resources. Cost analysis does indicate that long term this program can save dollars to tax payers. Universal screening can prevent disability and help children to reach their full potential.

As members of CAPWHN we could network with the successful provinces to support one another to be successful in implementing UNHS. It is important for us to advocate for the newborns and children of Canada.

References:  
Patel,H.& Feldman,M.(2011). Universal newborn hearing screening: Canadian Paediatric Society Community Paediatrics Committee Paediatric Child Health; 16(5):301-5

Picard, A.(2014).The Globe and Mail.  
<http://www.theglobeandmail.com/life/health-and-fitness/health/newborn-screening-a-resounding-failure-in-canada/article18067921/>

## Working with Families to Promote Safe Sleep

The Registered Nurses Association of Ontario (RNAO) has just published a new Best Practice Guideline entitled: Working with Families to Promote Safe Sleep for Infants 0-12 months of Age.

Working with families to promote safe sleep for infants 0-12 months of age is an interprofessional endeavour. Effective care depends on a coordinated approach that fosters ongoing communication between health-care professionals, parents, families and other caregivers of infants. However, in the delivery of care, the beliefs and unique needs of each client, as well as their personal and environmental resources, must always be considered. The intent of this document is to assist nurses and the interprofessional team to focus on evidence-based strategies. Individual competencies may vary among nurses and across categories of nursing professionals. These competencies are based on knowledge, skills, attitudes and judgment enhanced over time by experience and education. It is expected that individual nurses will perform only those aspects of care for which they have appropriate education and experience. All nurses should seek consultation in instances where the client's care needs surpass the individual nurse's ability to act independently.

This publication is an excellent document for use when working with new families. Safe and effective sleep strategies are discussed with appropriate evidence.

Registered Nurses' Association of Ontario (2014). *Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age*. Toronto, ON: Registered Nurses' Association of Ontario.

<http://rnao.ca/bpg/guidelines/safe-sleep-practices-infants>

## Past Webinars:

The following webinars have been held this year and are available for viewing on the Member's only section of the CAPWHN website.

**We are Women Too: Enhancing Nurses Health**  
by Diane Middaugh on Feb 26, 2014

The presentation focused on many issues facing women including: preventative health screening, menopause, bladder concerns, heart health as well as other topics.

**Women Abuse in the Perinatal Period** by Debbie Aylward on April 3, 2014

This presentation focused on the prevalence and health consequences of women abuse as well as identifying tools and resources for health care providers.

**How can Pharmacists Support Women who are Breastfeeding** by Sylvia Yazbeck, *Clinical Pharmacist* and Stephanie Sernyk, *Clinical Pharmacist*

This presentation discussed the challenges when breastfeeding doesn't go as planned and worked to increase knowledge when mothers require medication and are breastfeeding as well as when mothers want to increase their milk supply

### Upcoming Webinar

May 27: 1300 EDT **Preconception Counselling and Obesity** by Zach Ferraro, Clinical Research Associate in Maternal Fetal Medicine at the Ottawa Hospital

In order to register for the above webinars, email [admin@capwhn.ca](mailto:admin@capwhn.ca) and the log-in information will be forwarded to you. Members who attend the webinar and fill out an evaluation form will receive a certificate for one continuing education hour.

## Welcome to Parenting

The Phoenix Centre for Children and Families operates the Welcome to Parenting [www.welcometoparenting.com](http://www.welcometoparenting.com) program an online prenatal and parenting education program for parents. The program offers the following:

- a series of online prenatal and parenting classes for expectant and new parents with a baby from birth to 12 months
- a library of topics relevant to expectant and new parents,
- access to an online parent educator
- Parenting Q & As, where parents can post questions to the parent educator or to an expert (i.e. physician, lactation consultant, etc)
- Parent Zone where parents can connect with other parents online

This program is now available for agencies who wish to offer it to their expectant parents through an agency license. For more information contact [kfoster@phoenixctr.com](mailto:kfoster@phoenixctr.com)

<https://www.youtube.com/watch?v=sNBqcAyT3X0>

# CAPWHN's 4th Annual Conference

Delta Regina, Regina Saskatchewan  
October 23 to 25, 2014



Jodie Bigalky & Robin Evans  
Co-chairs 2014 Annual Conference

The 4<sup>th</sup> annual CAPWHN national conference is quickly approaching. As the co-chairs of this year's conference we look forward to welcoming you to Regina, Saskatchewan from October 23-25, 2014. The Delta Regina hotel, positioned in the heart of Regina's downtown, has been chosen as the location for this event. Hotel booking information will be available soon.

The theme of this year's conference, *Expanding Horizons, Grounding Practice* will offer the opportunity for knowledge expansion as well as networking with other professionals interested in perinatal and women's health. The goals of the conference are to:

- Provide a networking forum to facilitate the dissemination of current evidence to guide practice, research, and education to influence policy.
- Discuss different strategies to promote health and influence the lives of diverse and vulnerable populations.
- Explore methods of implementing quality nursing practice to improve patient safety and outcomes in diverse practice settings.
- Create an opportunity to share and expand knowledge related to perinatal, neonatal, and women's health issues across the lifespan.
- Refresh and energize those who provide care for women and families.

A sneak peek into the conference's keynote speakers includes Dr. Anne Katz, whose extensive knowledge in women's health and cancer is sure to equate to a very informative session. Dr. Angela Bowen, a local Saskatchewan expert, will also provide a keynote address. Her extensive research in the area of maternal mental health, including her experiences in Australia, will provide an interesting topic for the conference. Several specialty sessions are also currently being planned and will appeal to professionals with varied interests related to perinatal and women's health.

Although the focus of the 2014 conference will encourage participants to expand knowledge related to perinatal and women's health, there will also be lots of opportunity for fun! The hospitality committee has been working hard to bring you an elegant social event. *Prairie Elegance Under the Northern Lights*, including dinner with a dance to follow, will provide a time for conference participants to relax and enjoy the company of old and new friends. You will want to plan to attend this event!

We hope that many of you will be able to join us in Regina for CAPWHN's 4<sup>th</sup> National Conference. Stay tuned for further details and we look forward to welcoming you to the Queen City in October!

## Breastfeeding Instructional Videos:

Peel Region has developed several short videos in 7 languages that can be used to help new parents with breastfeeding. Topics covered include: skin-to-skin, positions, latch, milk supply and other important breastfeeding topics.

<http://www.peelregion.ca/health/family-health/breastfeeding/resources/video/index.htm>

## Nutrition for Healthy Term Infants

Health Canada along with the Canadian Paediatric Society, Dietitians of Canada and Breastfeeding Committee for Canada have developed new guidelines for *Nutrition for Healthy Term Infants – Recommendations from six to 24 months*. Breastfeeding is an important source of nutrition for up to 2 years or beyond as long as mother and infant want to continue. Complementary foods should be offered after six months. The new guidelines discuss which food should be offered to children early in their life and now state that foods which had previously been offered after 1 year of age, be offered earlier as there is no evidence that waiting to offer the food decreases the risk of food allergies. It is also recommended that iron-rich meat, meat alternatives and iron-fortified cereal be the first complementary foods offered to infants. Families are encouraged to offer nutritious foods from family meals and to ensure that lumpy textures are offered no later than nine months. For all of the recommendations see <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/index-eng.php>

The guidelines have a section for health care providers entitled In Practice – Talking to families about infant nutrition: <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php#a2>

## Non-Medical Use of Fetal Ultrasound

The Society of Obstetricians and Gynecologists of Canada (SOGC) and the Canadian Association of Radiologists (CAR) have published a Policy Statement on *Non-Medical Use of Fetal Ultrasound* (J Obstet Gynaecol Can [2014], 36[2], 184–185). With more pregnant couples considering the use of fetal ultrasound for “entertainment purposes” either to obtain pictures or for fetal sex determination the SOGC and CAR felt a new policy was necessary.

The policy states that fetal ultrasound should only be used when medically necessary and should only be performed by qualified health professionals and that exposure to ultrasound be limited to that which is medically necessary. The technology should also not be used to determine fetal sex determination without a medical indication. The SOGC and CAR strongly oppose the non-medical use of fetal ultrasound and encourage governments to join with their organizations to find appropriate means to deal with this public health issue. For further information on this document please see:

<http://sogc.org/wp-content/uploads/2014/02/gui304PS1402Erev.pdf>

# Advocacy and Health Policy Committee Update

Your Advocacy & Health Policy Committee (AHPC) has been active throughout the year. The issues we have focused on include expanding breastmilk banks across the country; advocating along with Canadian Doctors for Refugee Care and the Canadian Association of Refugee Lawyers, as well as a number of other organizations for the federal government to rescind and or amend its changes to refugee care; and obesity preconception and in pregnancy.

## Breastmilk Banks

In April 2014 Héma-Québec began operating Québec's only Public Mothers' Milk Bank. The focus of the milk bank is to provide pasteurized human milk to sick infants born preterm at 32 weeks' gestation or earlier and whose mother cannot breastfeed. This is a wonderful addition to a valuable resource. For further information related please refer to their website at

<http://www.hema-quebec.qc.ca/lait-maternel/donneuses-lait/banque-publique-lait-maternel.en.html>.

## Refugee Care

Canadian Doctors for Refugee Care (CDRC) has partnered with the Canadian Association of Refugee lawyers (CARL) to advocate against the federal government changes to the Interim Federal Health (IFH) program which came into effect on June 30, 2012. "The previous IFH program provided access to medical care, diagnostic services and laboratory testing very similar to what is provided by provincial health plans. It also provided access to medications, emergency dental care and vision care similar to what is available to people on provincial social assistance plans" (CDRC, 2012). Since the changes there has been well documented evidence to support that people are suffering as a result through denial of care, inclusive of pregnant women and sick children. On Tuesday, March 25' 2014 CARL intervened before the Supreme Court of Canada on behalf of this issue. Please go to their website for additional information at <http://www.carl-acadr.ca/articles/61>.

CDRC has organized a second National Day of Action on June 17th. Take this opportunity to show the Federal Government that Canadians will advocate for the most vulnerable among us. For additional information on this issue please go to their website at <http://www.doctorsforrefugeecare.ca/day-of-action-june-17-2013.html>.

## Preconception and Perinatal Obesity

We have organized a webinar scheduled for May 27, 2014 at 1300h EST on this topic which will be presented by Dr. Zach Ferraro, a well-known researcher on this topic. We are planning additional education strategies for health professionals so that they can address the issue locally and in their practices.

Feel free to let us know what is happening in your practice areas in relation to these issues or others you feel need to be addressed.

Thank you,  
Liz White-MacDonald RN, MN, Chair AHPC

## CAPWHN Small Grants

Sonia Semenic, RN, PhD, and the CAPWHN Research Committee

Congratulations to CAPWHN member Marilyn Aita, RN, PhD, recipient of the 2014 CAPWHN Small Grants Program, sponsored by Johnson & Johnson Inc. Marilyn is an Assistant Professor in the Faculty of Nursing at the University of Montreal, where she is building a clinical research program related to developmental care interventions for preterm infants. Marilyn and her research team will receive \$3,500 to help support their study entitled: "Effect of reducing NICU light and noise during kangaroo mother care (KMC) on preterm infants and mothers' outcomes: A pilot study". This pilot randomized controlled trial aims to evaluate the feasibility and acceptability of reducing NICU light and noise during KMC, and estimate its effect on infants' physiological stability and quiet sleep, as well as on mothers' anxiety and salivary cortisol level. As the benefits of KMC for preterm infants and their mothers are now well-recognized, further refining of this intervention by combining the NICU light and noise reduction has the potential to make an important nursing-led contribution to the body of knowledge related to developmental care interventions.

We received 6 excellent applications for the 2014 CAPWHN Small Grants program, from both graduate students and novice researchers, and we were impressed by the strength and variety of nursing research projects being conducted by CAPWHN members. Thank you to all of the applicants for your commitment to advancing perinatal and women's health research in Canada, and to the CAPWHN Research Committee members who reviewed the grant proposals. We also graciously acknowledge Johnson & Johnson's continued support for CAPWHN's research activities.

## Unheard: A Photovoice Project about Living with Perinatal Mental Health Problems

Research tells us that as many as 10% - 20% of women experience perinatal mental health problems (e.g., prenatal anxiety or depression and postpartum depression), making these among the most common complications of pregnancy and the postpartum period. Despite their high incidence, these problems are often unrecognized and untreated. A recent Canadian study found that nurses and other health professionals tend to normalize symptoms, to dismiss them as self-limiting, or give them little attention. When women feel that their symptoms were minimized or not taken seriously, they were reluctant to pursue treatment.

When asked what they want from health professionals, women most commonly respond that they want an empathetic listener. Specifically, they want permission to talk about their feelings (especially ambivalent and difficult feelings) with a nonjudgmental, accepting person who takes their concerns seriously and reassures them that other women have similar experiences.

This video was created to help health care providers understand what it is like to live with a perinatal mental health problem. It grew out of a research project in which women created photographs about their experience of living with a perinatal mental health problem and then met to discuss and analyze selected photographs and to describe their common experience. Their photographs and stories are honest and compelling. Available at:

<http://vimeo.com/60458330>

# Supporting Decision Making Around Fasting During Ramadan

By: Diane Bourget, M.Sc. N, Maternal Child Health, Jewish General Hospital, Montréal Qc & Jennifer Somera, M.Sc. (A), Maternal –Child Health, St. Mary's Hospital Centre, Montreal, Qc

This year Ramadan will begin on June 28<sup>th</sup> 2014 lasting about four weeks. Since Ramadan is determined using the lunar calendar, it will begin earlier each year making it appear every season. For the next 8-9 years, Ramadan will fall either in summer or late spring when the daylight period is longer.

You may want to speak to your team to find out if there is a consensus on a care approach toward fasting during Ramadan. Even if there is a concerted decision to discourage fasting during Ramadan for pregnant women, keep in mind that despite risks to themselves many Muslims will choose to fast, some of them pregnant women. In the study by Robinson (2005), it is reported that many women described that they had not actively decided to fast but rather simply thought this was the normal thing to do. The first step should be to inquire about the plans the family has made for Ramadan; have they already decided to fast, if so what have they planned? If not what will they do instead? Who will be part of this decision in the family? Have they spoken to their religious leader? Have they informed their physician or midwife, or nurse, or dietician?

There are serious concerns that will influence health care professionals' attitude toward fasting during Ramadan. The way in which these concerns are discussed with the pregnant patient and her family will have an impact on the decision making in the family's health choices. It is reported that certain women really want to be convinced scientifically if they are counselled not to fast. It was observed that when the professional did not do so, the patient simply ignored the advice (Robinson, 2005). Others felt that when their provider seemed knowledgeable about fasting and Ramadan, they were more likely to listen to the advice (Robinson, 2005).

It is suggested that counselling of the pregnant woman who might wish to fast should begin with an evaluation 2 months before the start of Ramadan when possible (Kridli, 2011, Beshyah et al., 2007, Hassanein, 2010, Al-Arouj et al., 2010). As a health care provider, you need to keep in mind that as a rule, the expectant mother will rise very early to prepare the predawn meal and stay up later to prepare the fast breaking meals in the evening. Many women will purposely take rest or sleep periods during the day to compensate for the fatigue that comes during the fast. The new schedule will bring several changes not only in nutritional habits but also in energy conservation strategies.

It is well established that if patients feel pressured to go against their beliefs they may decide to secretly fast (Hassanein, 2010, Whitelaw, 2005, Akbani et al., 2005, Barrow, 2004, Joosoph et al., 2004) or simply miss prenatal appointments (Whitelaw, 2005, Pinar, 2002). It is important for health care professionals to be more familiar with Ramadan to develop a practical approach and offer support for decision making to those who wish to maintain this tradition. Patients would benefit from advanced planning from health care professionals to help make Ramadan a safe and healthy period in the year.

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## Unexpected: National Film Board of Canada

This short film by Katerina Cizek from the **Filmmaker-in-Residence** project is a provocative and transformative dialogue between homeless mothers and healthcare professionals who deliver babies.

This film encourages the viewer to understand the biases/stereotypes they have and how they impact the care we give. It is a powerful movie that can be used for all healthcare providers.

<http://filmmakerinresidence.nfb.ca/>

## Did you know?

All nurses who are members of the Canadian Nurses Association have free access to NurseOne. All you need to do is register and you will be able to get to the library of databanks. If you are not a member of CNA, you can sign up for NurseOne for a \$60 charge.

Any nurse in Ontario that is not a member of RNAO and any Quebec nurse would be charged \$60 plus sales to register on NurseONE.  
For more information go to <http://www.nurseone.ca/>



### Canadian Association of Perinatal and Women's Health Nurses

is a new organization representing 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!**

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