



CAPWHN - ACIIPSF



10th Annual Conference

April 27 & 28, 2023
Winnipeg, Manitoba

The Meeting Place:

Embracing evidence-Informed practice, family-centred care and cultural humility



Credit: Zyron Paul Felix

THANK YOU TO OUR SPONSORS / MERCI À NOS COMMANDITAIRES

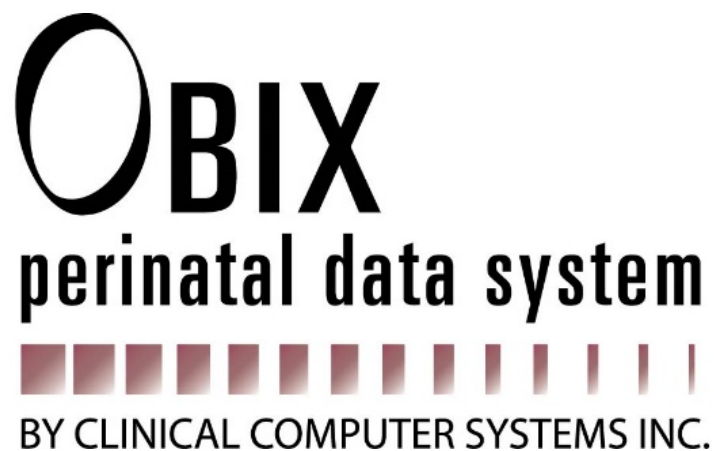
The Canadian Association of Perinatal and Women's Health Nurses gratefully acknowledges the following sponsors for generously providing unrestricted educational grants in support of the 10th CAPWHN National Conference.

L'Association canadienne des infirmières et infirmiers en périnatalité et en santé des femmes (CAPWHN) remercie très chaleureusement les commanditaires suivants, qui nous ont offert des subventions éducationnelles sans restriction pour la 10^{ème} Conférence nationale de CAPWHN.

PLATINUM/PLATINE



GOLD/OR



THANK YOU TO OUR SPONSORS / MERCI À NOS COMMANDITAIRES

BRONZE/BRONZE



Aveeno[®]
baby

PHILIPS

PARTNERS/PARTENAIRES



SOGC



**TOURISM
WINNIPEG**





Mayor's Message

As the Mayor of Winnipeg, I am pleased to welcome everyone to the Canadian Association of Perinatal and Women's Health Nurses National Conference.

Thank you for choosing Winnipeg as the location of this year's conference.

Getting together with other health care professionals to network and learn from one another helps build community and promotes quality care for women and families. Sending well wishes to all the attendees for a productive and educational conference.

On behalf of the City of Winnipeg and my Council colleagues, thank you for all you do for women's health.

Sincerely,

Mayor Scott Gillingham
The City of Winnipeg



WELCOME MESSAGE FROM THE CONFERENCE CO-CHAIRS

On behalf of the 2023 CAPWHN National conference Planning Committee, we would like to welcome you to CAPWHN's Annual Clinical, Education, Research Conference in Winnipeg Manitoba. Winnipeg is located in Treaty One Territory, the home and traditional lands of the Anishinaabe (Ojibwe), Ininew (Cree), and Dakota peoples, and in the National Homeland of the Red River Métis. "The Forks" located in Winnipeg where the Assiniboine and Red River meet has been known as a meeting place and has influenced the theme of this year's conference.

We extend a warm prairie welcome to CAPWHN members, soon-to-be members, and colleagues from across the country. The CAPWHN conference is the leading opportunity for perinatal, women's health and neonatal nurses to engage in discovery and debate, renew acquaintances, meet new colleagues and kindle excitement for our profession. While in Winnipeg, we hope that you have time to relax, and enjoys some of the unique pleasures we have to offer, including the Forks, the Human Rights Museum, The Leaf and the Winnipeg Art gallery.

As a conference participant you will be able to *embrace evidence informed practice, family-centered care, and cultural humility* by participating in a variety of specialty and concurrent sessions on clinical care related to maternal newborn and women's health. We are honoured to have keynote speaker Elder Mae Louise Campbell to share an indigenous perspective on women's health and women's medicine, and Dr. Heather Watson to share strategies on how to engage patients and create partnerships with a marginalized patient population. Participants will take part in a two-hour workshop focused on Trauma Informed Care with Vycki Attallah from Klinik Community Health in Winnipeg. Finally, we will close out the conference with our key note speaker, Karen Burgess, who will address navigating through moral distress and how to foster a long career. These keynote, specialty and concurrent sessions will give you many practical and creative ideas to take home and integrate these into your practice and share with your colleagues.

Please consider joining our morning Yoga session on April 28th. The session will be for all levels and is a great way to stretch, relieve tension and prepare yourself for the informative day ahead of you. The two-dollar admission fee will go to support our charity Clan's Mothers Healing Village.

The 2023 CAPWHN National Conference will provide you with a meeting place to network and visit with our conference sponsors and exhibitors who will provide the latest information on products and resources. This conference would not be possible without their generous support.

As we navigate through our new normal moving from the COVID-19 pandemic we are excited to have you here in Winnipeg and hope that your conference experience leaves you feeling refreshed and renewed professionally.

Wishing you an amazing conference experience,



Christine Finnbogason & Lorraine Cassan (Co-Chairs)

PRESIDENT'S WELCOME



Greetings! On behalf of the CAPWHN Board, welcome to the 2023 CAPWHN Annual Clinical, Education, Research Conference!

I am very pleased to welcome you back this year for our in-person conference! We have longed to be back together for so long and are very much looking forward to the opportunity to see and learn with all of you!

The CAPWHN conference provides the vehicle for us to learn together so that we are current for hands-on practice, education of learners and families, and conducting research that will continue to support the care of families, nurses and the health care team. The conference planning committee has worked extremely hard to create a diverse program incorporating cutting edge research, educational strategies and resources, as well as opportunities to share with colleagues across the country.

I personally welcome you to join the CAPWHN family in networking, collaboration, and putting research into practice! We hope that you enjoy the educational content, tremendous networking opportunities, and have some fun along the way. Please take a moment to connect with your Regional Director, other members of the board, and the expert exhibitors, and be sure to participate in our networking activities. See you in Winnipeg!!!

With gratitude,

M Cellamare

Meghan Cellamare RN, MScN, PhD
CAPWHN President



CAPWHN 10th NATIONAL CONFERENCE PLANNING COMMITTEE

COMMITTEE CHAIRS

Lorraine Cassan (Co-Chair)
Christine Finnbogason (Co-Chair)

PROJECT PLANNING TEAM

Lynne Coyne (ICE)
Melissa Werstein (ICE)
Meghan Cellamare
Carolina Moore (Executive Director)
Catherine Sheffer
Janet Walker

PROGRAM WORKING GROUP

Christina Bidzinski (Co-Chair)
Amber Wiens (Co-Chair)
Karmen Bridges
Heather Elands
Tawnya Hughes

ABSTRACT WORKING GROUP

Danielle Lobert (Chair)
Christina Cantin
Maxime Bernard
Jodi Bigalky
Karmen Bridges
Laurel Flaming Demler
Lisa Keenan-Lindsay
Nancy Lester
Lisa Merrill
Courtney Nelson-Ward
Catherine Sheffer

HOSPITALITY

Kristen McGregor (Chair)
Stephanie Mazzon

COMMUNICATION

Kimberley Jackson (Co-Chair)
Courtney Nelson-Ward (Co-Chair)

CAPWHN BOARD OF DIRECTORS

Meghan Cellamare (President)
Catherine Sheffer (Past President)
Janet Walker (Treasurer)
Kate McCulloch (Regional director, BC/AB/YT)
Christine Finnbogason (Regional director, SK/MB/NWT)
Kimani Daniel (Regional director, QC)
Courtney-Nelson Ward (Regional director, Atlantic provinces/NWT)
Keri-Ann Berga (Regional director, ON)
Megan Fockler (Regional director, ON)
Rachel Ollivier (Director at Large)
Kimberley Jackson (Director at Large)



CONFERENCE THEME AND OBJECTIVES

Conference Theme

“THE MEETING PLACE: EMBRACING EVIDENCE-INFORMED PRACTICE, FAMILY-CENTRED CARE AND CULTURAL HUMILITY.”

The objectives of the 10th CAPWHN Annual Clinical, Education, Research Conference are:

1. Discuss innovative and evidence-informed practices to promote and optimize family-centred care across the continuum of women’s health.
2. Create a “meeting place” to share learning and promote networking with other healthcare professionals.
3. Explore strategies to optimize knowledge of and promote cultural humility in perinatal and women’s health.

Your continuing education hours at the CAPWHN Annual Clinical, Education, Research Conference qualify for CNA certification renewal towards perinatal or another relevant specialty. Please keep a copy of your certificate of attendance for this purpose.



GENERAL INFORMATION

The following information is provided to help make your experience at the conference more enjoyable.

REGISTRATION DESK

This is your one-stop shop for registration, membership information, as well as silent auction payments and 50/50 tickets. The registration desk is located in the Foyer outside Delta B & C and will be staffed during the following hours:

- Thursday April 27, 2023, 0730 - 1700
- Friday April 28, 2023, 0745 - 1700

NAME BADGES

Name badges must be worn at all times while at the conference. They clearly identify you as a conference delegate and are very helpful when networking with other delegates.

MEALS

Breakfasts, breaks and lunches throughout the two-day conference are included in the full conference registration fees. If you registered at the daily rate, meals are only included for the day for which you registered.

INTERNET ACCESS

CAPWHN is pleased to provide complimentary Wi-Fi to conference participants in the meeting rooms.
Wireless Network: Will be provided on day of conference.

POSTERS

A fabulous array of research and clinical posters are being presented at the conference. Make time to visit the posters in the Foyer outside Delta B & C to learn new information and findings from projects and initiatives from colleagues across the country. Poster presenters will be at their posters to answer any questions you may have.

EXHIBITORS

All conference delegates are encouraged to visit the exhibitors in the Delta A room. Our exhibitors' support contributes greatly to the success of the CAPWHN Annual Clinical, Education, Research Conference. Exhibits are open during all meals and breaks until 1900 on April 27th and 1530 on April 28th, 2023.

PASSPORT

Your exhibitor passport is in your delegate kit. You must visit all the exhibitors and ask them to stamp your card. Don't forget to ask them for the answer to the trivia question on their passport page! Deposit your completed passport at the registration desk by Friday at 1530 for a chance to win a 12-month CAPWHN membership. The draw will be held at the closing remark ceremony. Winner must be present at the time of the draw to claim their prize.



RECEPTION AND NETWORKING WITH EXHIBITORS & POSTERS

Network with your colleagues and exhibitors during Thursday evening's reception. Get your passport stamped and learn about the latest products and advances in perinatal and women's health! One complimentary drink ticket will be available at registration. Delicious appetizers will be served and a cash bar is available.

CONFERENCE CHARITY

We are pleased to support **Clan Mother's Healing Village** and will be raising funds through the following activities: 50/50, silent auction and of course we also accept donations. Please give generously!

DOOR PRIZES

Draws for prizes occur throughout the conference. Winners must be present at the time of the draw to claim their prize.

MESSAGES

For your convenience, a message board is in the Foyer outside Delta B & C. Please use it to connect with new and old friends and don't forget to check it regularly!

SCENT FREE ENVIRONMENT

CAPWHN is committed to providing a scent free environment. Please refrain from wearing any scented products during the conference.

BABY AND BREASTFEEDING FRIENDLY

The CAPWHN conference is a baby and breastfeeding friendly environment.

LET'S GET SOCIAL!

Share what you are learning in real time! CAPWHN is on Twitter [@CAPWHN](#), Facebook [@CAPWHN](#) and Instagram [@CAPWHN](#) – share your aha moments using [#CAPWHN2023](#).

Join WhatsApp Community to stay connected during our conference.



CONFERENCE CHARITY



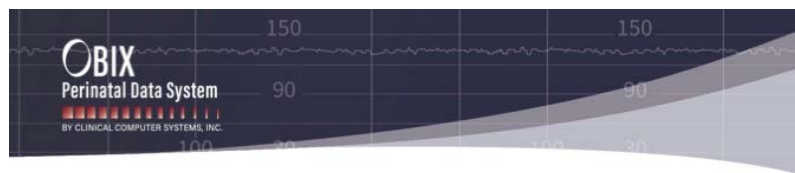
Clan Mother's Healing Village

We are pleased to support **Clan Mother's Healing Village** and will be raising funds through the following activities: 50/50, silent auction and of course we also accept donations. Please give generously!

Clan Mothers Healing Village and Knowledge Centre has been developed using an Indigenous model of healing and education that is focused on restoring our communities using the matrilineal values that guided our original self-governance systems. With over twenty years' experience working in our communities, helping sexually abused women and youth, our Elders realized that the problem was growing, and more importantly, something more had to be done. What has been created has been guided by an Elders Council, Lived Experience Leaders, and a concerned community.

Clan Mothers Healing Village and Knowledge Centre provides mid to long-term support to women, girls, two-spirit and transgender persons who have been victims of multi-generational trauma, sexual violence, sexual exploitation, and human trafficking; to help them begin their healing journey.

The concept is unique in this country because no other organization is addressing this issue by using a matrilineal focus, community living, and a commitment to combine Indigenous holistic healing methodologies with social innovation. www.clanmothers.ca

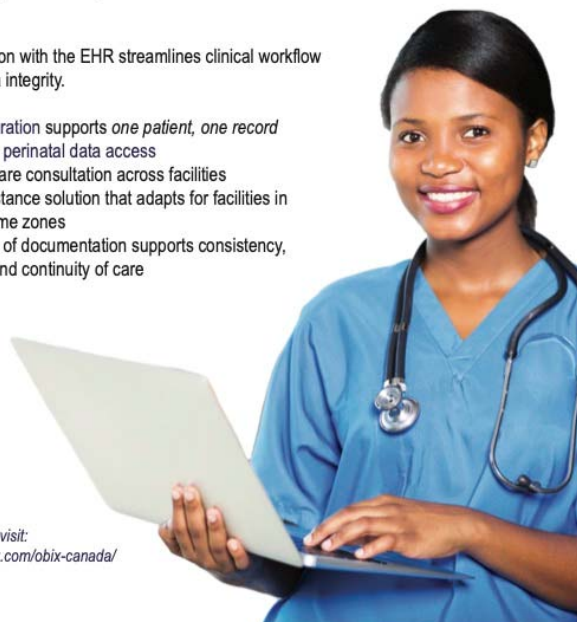


Simplifying Electronic Fetal Monitoring

The OBIX Perinatal Data System is a leading perinatal software solution to help improve delivery outcomes for both mother and newborn.

Seamless integration with the EHR streamlines clinical workflow and maintains data integrity.

- Tight EHR integration supports *one patient, one record*
- Enterprise-wide perinatal data access
 - Permits care consultation across facilities
 - Single instance solution that adapts for facilities in various time zones
- Standardisation of documentation supports consistency, patient safety, and continuity of care



For more information visit:
[www.https://www.obix.com/obix-canada/](https://www.obix.com/obix-canada/)

2023 CAPWHN National Conference Agenda


CONFERENCE DAY 1 – THURSDAY, APRIL 27, 2023

Time	Session	Location
7:30-8:30	Registration	Foyer Delta
7:30 - 8:30	Breakfast/Exhibits	Delta A
8:30 - 9:00	Opening Ceremonies and Remarks	Delta B-C
9:00 - 10:00	Opening Keynote: Returning to Spirit Speaker: Elder Mae Louise Campbell Objective: To discuss women's health and women's medicine from an indigenous perspective.	Delta B-C
10:10 - 11:10	Concurrent Sessions A	
	A01 THEME: Strengthening Newborn Family Bonding	Charleswood A
	A01-1 Couplet Care: Bringing Postpartum and Neonatal Care Together	
	A01-2 Approaching Newborn Assessment and Infant Mental Health Through a Lens of Cultural Humility	
	A02 THEME: Care Across Cultures	Charleswood B
	A02-1 No Research Without Them: The Intentional Inclusion of Women of Immigrant Background as Patient Partners	
	A02-2 Understanding Postnatal Experiences of South Asian Immigrant Women: A Meta-Analysis	
	A03 THEME: Emerging Concepts in Labour & Delivery	Assiniboia A
	A03-1 Making Waves: Implementing Waterbirth at IWK Health Centre	
	A03-2 Preterm Outborn Education Collaborative – PROTECT Study	
	A04 THEME: Supporting Pregnancy Loss Through Virtual Resources	Assiniboia B
	A04-1 - Using social media to Increase Awareness about Pregnancy and Infant Loss	
	A04-2 Improving Bereavement Care Through Education and Resources for Professionals: Innovations, Challenges, and the Power of the Family Experience	
11:10 – 11:30	Health Break	
11:35 - 12:35	Concurrent Sessions B	
	B01 THEME: Supporting Families Through Perinatal Loss	Charleswood A
	B01-1 - Perinatal Hospice Program at Roger Neilson House - Honoring Precious Lives	
	B01-2 - Parenting Through Loss: Helping Parents Support Their Children	
	B02 THEME: Obstetrics	Charleswood B
	B02-1 Gestational diabetes mellitus testing practices in British Columbia and perinatal outcomes	
	B02-2 Practical Obstetric Multi-Professional Training: the UK invasion	
	B03 THEME: Supporting Interdisciplinary Postpartum Care	Assiniboia A
	B03-1 Perinatal Mental Illness in Canada: What do Health Care Providers Need?	
	B03-2 Postpartum Hemorrhage Management- Interdisciplinary Participation Required	

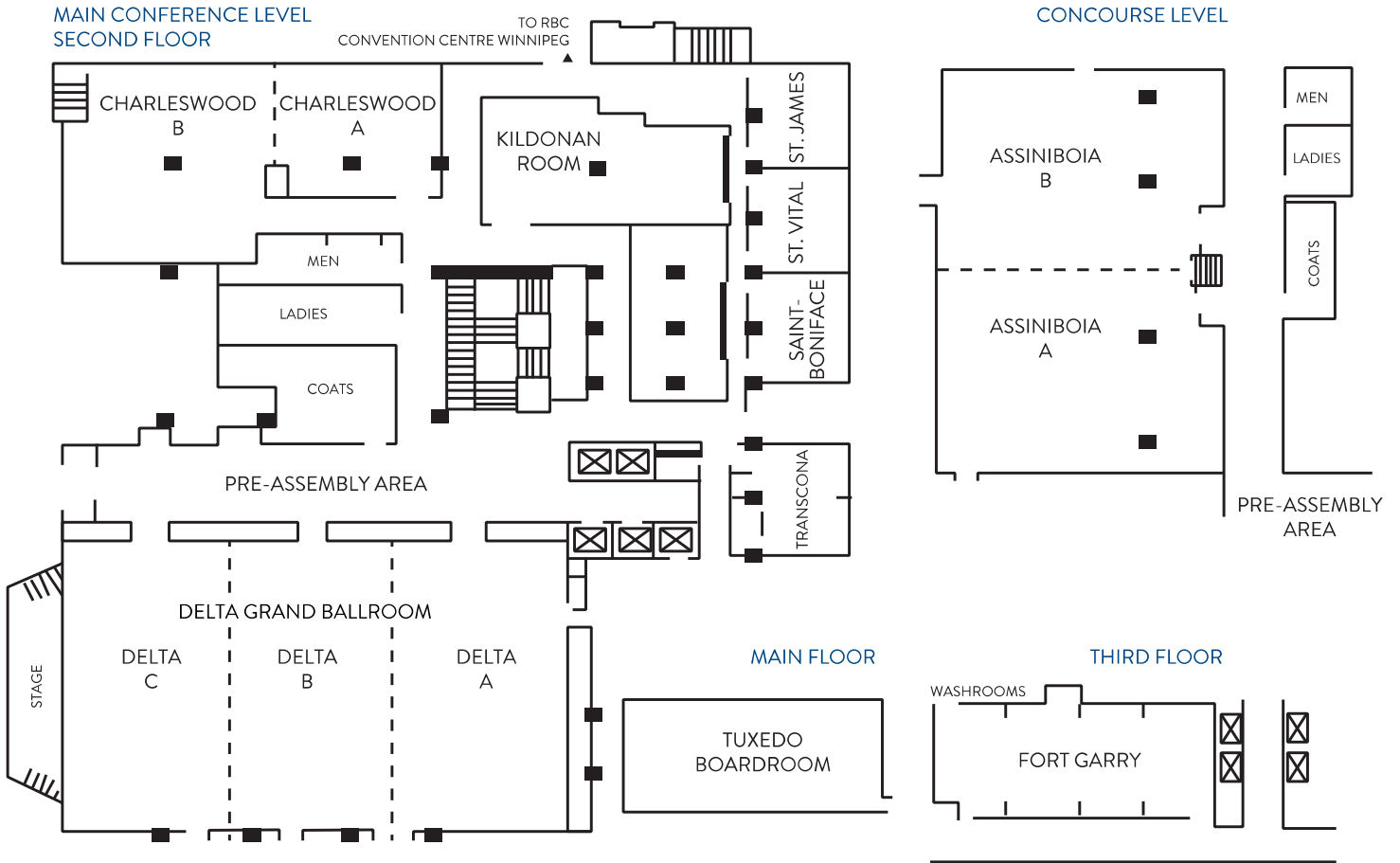
DAY ONE	THURSDAY APRIL 27, 2023	
Time	Session	Location
12:35 - 13:20	Lunch / Exhibits	Delta A
13:20 - 14:20	<p>Afternoon Keynote: You're Right I'm Sorry: The Role of Humility in the Therapeutic Alliance</p> <p>Speaker: Dr. Heather Watson</p> <p>Objective: To cultivate actionable strategies to engage with patients who are escalated, anxious or actively refusing care to minimize unintentional retraumatization and create care-partnerships with a marginalized patient population.</p>	Delta B-C
14:20 - 14:50	Poster Presentations/Health Break	Foyer Delta
15:00 - 16:00	Concurrent Sessions C	
	C01 THEME: Supporting Vulnerable Populations Through Infant Loss	Charleswood A
	C01-1 Experiences of 2SLGBTQIA+ Reproductive Loss: A scoping review protocol	
	C01-2 Indigenous Outreach: Pregnancy and Infant Loss Support for Indigenous Families and Education for Health Professionals	
	C02 THEME: Labour & Delivery	Charleswood B
	C02-1 Nurses' Perceptions of their Influence on Modes of Birth: An Interpretive Description Study	
	C02-2 Fresh Eyes Approach to Fetal Health	
	C03 THEME: Prenatal and Breastfeeding Support	Assiniboia A
	C03-1 Breastfeeding in the Drive-through Province: Younger m(other)s, feeding their infants, and transition to the maternal role in Southwest New Brunswick.	
	C03-2 Translating Evidence to Create Antenatal Practice Tools that Enhance the Provision of Prenatal Care	
	C04 THEME: Supporting Fathers	Assiniboia B
	C04-1 Fathers' First Lived Experience of their Female Partners' Postpartum Depression	
	C04-2 The Journey to Fatherhood Following an Experience of Infertility	
16:10 - 16:50	Networking – Specialty Groups	Assiniboia A
17:00 - 19:00	Reception and Networking with Exhibitors & Posters	Delta A

CONFERENCE DAY 2 – FRIDAY, APRIL 28, 2023		
Time	Session	Location
7:00 - 7:45	Wellness event - Yoga Session A \$2.00 (toonie) donation is requested to participate: all proceeds raised will go to Clan Mother's Healing Village	TBD
7:45 - 8:45	Registration	Foyer Delta
7:45 - 8:45	Breakfast/Exhibits	Delta A
8:35 - 8:45	Opening Remarks	Delta B-C
8:45- 10:45	Morning Keynote workshop with nutritional break: Women's Health Clinic: Trauma Informed Care Speaker: Vycki Attallah Objective: To explore trauma from both a neurological and contemplative lens providing a general overview of the signs and impact of trauma. To identify the core principles of TIC and to explore ways to incorporate these into personal and professional interactions.	Delta B-C
10:45 - 11:05	Health Break	Delta A
11:05 - 12:05	Concurrent Sessions D	
	D01 THEME Supporting Breastfeeding for High-Risk Newborns	Charleswood A
	D01-1 Effects of Alberta Family Integrated Care (FICare)™ on Short- and Longer-term Preterm Infant Development	
	D01-2 Supporting the use of breastfeeding and skin-to-skin contact for pain management in the Neonatal Intensive Care Unit	
	D02 THEME: Culturally Safe Care in Obstetrics	Charleswood B
	D02-1 Remembering Joy: Supporting Culturally-Safe Indigenous Birth in High-Risk Obstetrics	
	D02-2 Etuaptmunk – Honouring Our Journey of Writing a Nursing Practice Resource with a Two-Eyed Seeing Lens	
	D03 THEME: Gynecology	Assiniboia A
	D03-1 Providing safe care in the comfort of their home for patients following a gynecological surgery	
	D03-2 Do patients with endometriosis receive respectful care? Experiences of care among patients with endometriosis in British Columbia	
	D04 THEME: Prenatal Education	Assiniboia B
	D04-1 Prenatal Education Through Social Distancing	
	D04-2 Expanding Patient Reach through Social Media and Virtual Mediums	
12:10 – 12:55	Lunch / Exhibits	Delta A



DAY TWO	FRIDAY APRIL 28, 2023	
Time	Session	Location
13:00 - 14:00	Specialty Sessions	
	SS01 Fetal Health Surveillance in Canada: Where we've come from and where we are headed Sponsored by Obix Perinatal Data System 	Charleswood A
	SS02 Women's Health Escape Room: An alternate method of learning	Charleswood B
	SS03 Milk Mentors MB: Weaving another layer of infant feeding support for MB families	Assiniboia A
	SS04 The creation of a perinatal mental health nurse practitioner role and its integration into the health care team	Assiniboia B
14:10 - 15:10	Concurrent Sessions E	
	E01 THEME: Supporting Families of High-Risk Newborns	Charleswood A
	E01-1 An Accelerated Journey to Home: Mothers' Experiences with Alberta Family Integrated Care (FICare) [™] Compared to Standard Care	
	E01-2 Effects of Alberta Family Integrated Care (FICare) [™] on Breastfeeding at Age 2 Months	
	E02 THEME: Early Pregnancy Loss: Experience in the EDs	Charleswood B
	E02-1 Early Pregnancy Loss (EPL) Process Improvements: The Ottawa Hospital Emergency Departments	
	E02-2 Not an Emergency: Discovering the Narratives of Emergency Department Nurses Who Care for Women Experiencing an Early Miscarriage	
	E03 THEME: Trauma	Assiniboia A
	E03-1 Health-Related Maternal Decision making in the Context of IPV: A Scoping Review	
	E03-2 Trauma-informed care and cultural humility in perinatal nursing	
15:10 – 15:30	Health Break	
15:30 - 16:30	Closing Keynote: Navigating Moral Distress, Honouring Humility, and Fostering Career Longevity Speaker: Karen Burgess RPN, BScPN, BA	Delta B-C
16:30 - 16:45	Closing Remarks	Delta B-C

CONFERENCE FLOOR PLAN



PLATINUM SPONSOR



**PAMPERS® IS A PROUD
PLATINUM SPONSOR OF THE
CAPWHN NATIONAL CONFERENCE**

Visit our Website for Health Care Professionals at

PGScienceBehind.com/Pampers

At Pampers, we understand our responsibility is to work together with the leaders who define our healthcare landscape. We aim to help healthcare professionals create positive change in their patients' lives by providing the right developmental support for babies on their journey from womb to world. Pampers Professional, proudly supporting and recognizing the leadership of perinatal and women's health nurses across Canada.

Find helpful clinical and family
resources at our booth #13!

**Pampers**
professional

Opening Keynote: Returning to Spirit



Speaker: Elder Mae Louise Campbell

Objective: To discuss women's health and women's medicine from an indigenous perspective.

Metis Elder Mae Louise Campbell has dedicated her life to helping women find their way to a life of health, happiness and sobriety. Sharing important matriarchal teachings with Indigenous women, as well as their non-Indigenous counterparts, has brought healing, hope and balance to survivors of trauma, domestic violence and/or sexual abuse and exploitation. Elder Mae Louise's own life experiences, her Indigenous ancestry and her work with hundreds of women and families have fed her passion to return women, especially indigenous women, to their rightful place as respected decision makers and anchors of their communities and their families. Campbell is known for her spiritual work as a lodge keeper and as the wisdom-keeper of woman's medicine and Moon Teachings.

Afternoon Keynote: You're Right I'm Sorry: The Role of Humility in the Therapeutic Alliance



Speaker: Dr. Heather Watson

Objective: To cultivate actionable strategies to engage with patients who are escalated, anxious or actively refusing care to minimize unintentional retraumatization and create care-partnerships with a marginalized patient population.

BIO: Dr. Heather Watson is a psychosocial obstetrician gynecologist, specializing in pregnancy and menopause as they are affected by mental illness, addiction, trauma and the comorbidities of poverty. She serves marginalized patients with an interprofessional team with midwifery and psychiatry in a novel practice which includes home visits and wrap-around care. She is inspired every day to improve access to and dignities in care for the resilient and multidimensional women she serves.

Morning Keynote workshop with nutritional break: Women's Health Clinic: Trauma Informed Care



Speaker: Vycki Attallah

Objective: To explore trauma from both a neurological and contemplative lens providing a general overview of the signs and impact of trauma. To identify the core principles of TIC and to explore ways to incorporate these into personal and professional interactions.

Closing Keynote: Navigating Moral Distress, Honouring Humility, and Fostering Career Longevity



Speaker: Karen Burgess RPN, BScPN, BA

BIO: Karen Burgess is a registered psychiatric nurse who works as the Clinical Nurse Specialist in the Mental Health Program and is the Clinical Lead for the Critical Incident Stress Management (CISM) team at Health Sciences Centre in Winnipeg. She graduated from Brandon University with a Bachelor of Science in Psychiatric Nursing in 2002. The greatest portion of her career was working as a Nurse Therapist, but other roles have included acute psychiatric nursing, child and adolescent program, consultation liaison mental health nursing, and clinical nurse educator.

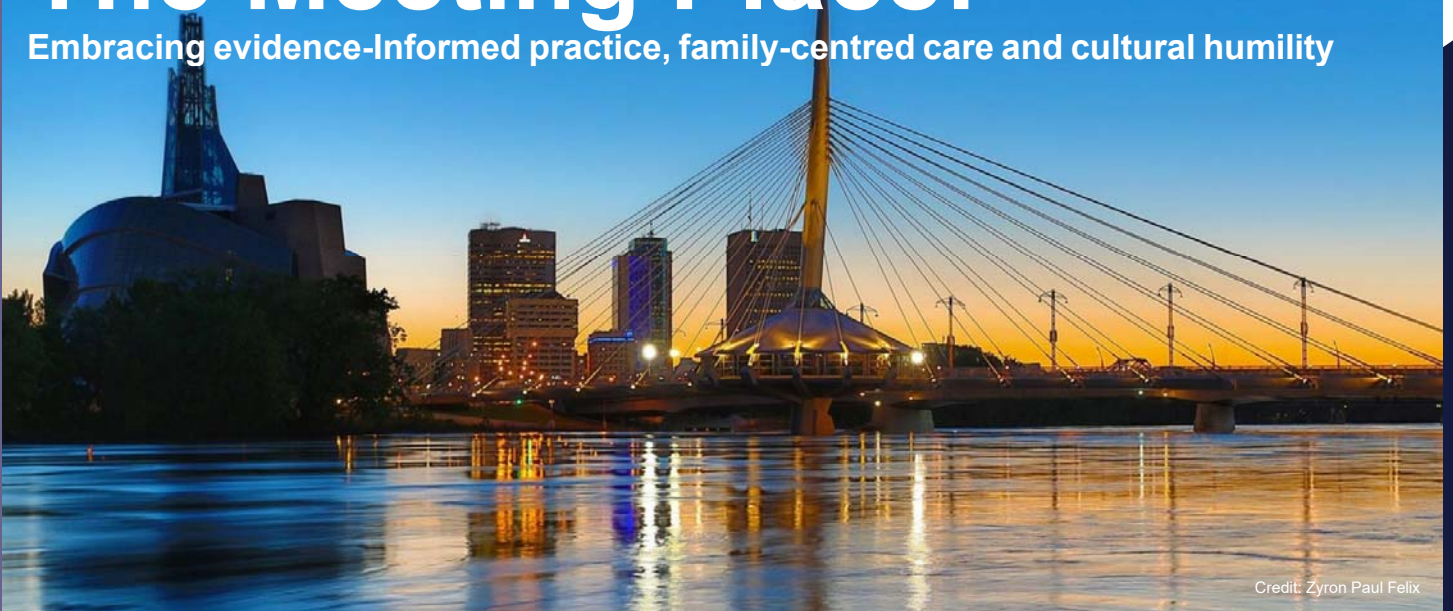
Karen is completing her graduate studies at Brandon University where she is pursuing a Master of Psychiatric Nursing. Her clinical and research interests lie in Critical Incident Stress and the variety of resources and interventions available to reduce the impact of critical incidents on health care providers. As the Clinical Lead of the CISM program at HSC, she is responsible for training CISM team members, overseeing the interventions and practices of the team, coordinating responses at HSC, providing guidance and mentorship to other teams, and providing education and presentations to a variety of clinical groups, units, and programs.



ABSTRACT BOOKLET

The Meeting Place:

Embracing evidence-informed practice, family-centred care and cultural humility



Credit: Zyron Paul Felix

Oral Presentations

Concurrent Sessions A
A01 THEME: Strengthening Newborn Family Bonding
A01-1 Couplet Care: Bringing Postpartum and Neonatal Care Together
A01-2 Approaching Newborn Assessment and Infant Mental Health Through a Lens of Cultural Humility
A02 THEME: Care Across Cultures
A02-1 No Research Without Them: The Intentional Inclusion of Women of Immigrant Background as Patient Partners
A02-2 Understanding Postnatal Experiences of South Asian Immigrant Women: A Meta-Synthesis.
A03 THEME: Emerging Concepts in Labour & Delivery
A03-1 Making Waves: Implementing Waterbirth at IWK Health Centre
A03-3 PReterm OuTborn Education CollaboraTive – PROTECT Study
Concurrent Sessions B
B01 THEME: Supporting Families Through Perinatal Loss
B01-1 - Perinatal Hospice Program at Roger Neilson House - Honoring Precious Lives
B01-2 - Parenting Through Loss: Helping Parents Support Their Children
B02 THEME: Obstetrics
B02-1 Gestational diabetes mellitus testing practices in British Columbia and perinatal outcomes
B02-2 Practical Obstetric Multi-Professional Training: the UK invasion
B03 THEME: Supporting Interdisciplinary Postpartum Care
B03-1 Perinatal Mental Illness in Canada: What do Health Care Providers Need?
B03-2 Postpartum Hemorrhage Management- Interdisciplinary Participation Required
Concurrent Sessions C
C01 THEME: Supporting Vulnerable Populations Through Infant Loss
C01-1 Experiences of 2SLGBTQIA+ Reproductive Loss: A scoping review protocol
C01-2 Indigenous Outreach: Pregnancy and Infant Loss Support for Indigenous Families and Education for Health Professionals
C02 THEME: Labour & Delivery
C02-1 Nurses' Perceptions of their Influence on Modes of Birth: An Interpretive Description Study
C02-2 Fresh Eyes Approach to Fetal Health
C03 THEME: Prenatal and Breastfeeding Support
C03-1 Breastfeeding in the Drive-through Province: Younger m(other)s, feeding their infants, and transition to the maternal role in Southwest New Brunswick.
C03-2 Translating Evidence to Create Antenatal Practice Tools that Enhance the Provision of Prenatal Care
C04 THEME: Supporting Fathers
C04-1 Fathers' First Lived Experience of their Female Partners' Postpartum Depression
C04-2 The Journey to Fatherhood Following an Experience of Infertility

Oral Presentations

Concurrent Sessions D

D01 THEME Supporting Breastfeeding for High-Risk Newborns

D01-1 Effects of Alberta Family Integrated Care (FICare)[™] on Short- and Longer-term Preterm Infant Development

D01-2 Supporting the use of breastfeeding and skin-to-skin contact for pain management in the Neonatal Intensive Care Unit

D02 THEME: Culturally Safe Care in Obstetrics

D02-1 Remembering Joyce: Supporting Culturally-Safe Indigenous Birth in High-Risk Obstetrics

D02-2 Etuaptmunk – Honouring Our Journey of Writing a Nursing Practice Resource with a Two-Eyed Seeing Lens

D03 THEME: Gynecology

D03-1 Providing safe care in the comfort of their home for patients following a gynecological surgery

D03-2 Do patients with endometriosis receive respectful care? Experiences of care among patients with endometriosis in British Columbia

D04 THEME: Prenatal Education

D04-1 Prenatal Education Through Social Distancing

D04-2 Expanding Patient Reach through Social Media and Virtual Mediums

Concurrent Sessions E

E01 THEME: Supporting Families of High-Risk Newborns

E01-1 An Accelerated Journey to Home: Mothers' Experiences with Alberta Family Integrated Care (FICare)[™] Compared to Standard Care

E01-2 Effects of Alberta Family Integrated Care (FICare)[™] on Breastfeeding at Age 2 Months

E02 THEME: Early Pregnancy Loss: Experience in the EDs

E02-1 Early Pregnancy Loss (EPL) Process Improvements: The Ottawa Hospital Emergency Departments

E02-2 Not an Emergency: Discovering the Narratives of Emergency Department Nurses Who Care for Women Experiencing an Early Miscarriage

E03 THEME: Trauma

E03-1 Health-Related Maternal Decision making in the Context of IPV: A Scoping Review

E03-2 Trauma-informed care and cultural humility in perinatal nursing

Poster Presentations

Presentation Category		Abstract Title
PO01	Research Study (completed)	First-time Mothers' Experiences of Breastfeeding Support During the COVID-19 Pandemic
PO02	Research Study (completed)	A Qualitative Study of the Lived Experiences of Pregnant Persons During the Early Phases of the COVID-19 Pandemic
PO03	Quality Improvement (Innovation and change)	Quality Improvement for Birth Unit Room Environment
PO04	Quality Improvement (Innovation and change)	Better Bump Co. Nursing Health Corporation - Maternal Self-efficacy and Mental Well-being Interventions at the Forefront of Prenatal/Postnatal Programming for Pregnant Women
PO05	Knowledge Translation (Best Practices)	Pregnancy and Infant Loss Commemoration for the Whole Family
PO06	Quality Improvement (Innovation and change)	Scoping Review of Education About Resumption of Driving Post-Abdominal Surgery in Women

Oral Paper Presentations





THEME:

**Strengthening Newborn
Family Bonding**

Couplet Care: Bringing Postpartum and Neonatal Care Together

Presenters: Gail MacRae Sly BScN RN CNS NICU and Allyson Falconer MN RN PNC CNS FNCU

Women's and Newborn Health Program, IWK Health Halifax, NS

Presentation Category: Quality Improvement (Innovative programs and processes)

Abstract

Purpose

Couplet care is a quality improvement initiative designed to keep birth parents and their infant together regardless of a Neonatal Intensive Care Unit (NICU) admission. Historically, infants requiring a NICU admission suffer an inevitable separation from their parents due to the geography of our centre. Couplet care allows for infants and postpartum patients to receive care in the same room thereby mitigating the ill effects of separation.

Methods

To promote attachment and optimal outcomes of postpartum and NICU patients, a multidisciplinary working group was created to develop a formalized process to provide collaborative care to both patient populations in the same space. Eligibility criteria for couplet care were identified after conducting a literature review and receiving input from the working group. Before commencement of couplet care, families identified to fit the criteria were provided with a survey to capture their experience of care. Similarly, staff was provided a survey to capture perceptions of couplet care prior to the launch. These same surveys will be used to measure the effects of couplet care on the patient, family, and staff experience after 10 couplets have been admitted to the NICU.

Learning Objectives

1. The health risks associated with parent-infant separation.
2. A step-by-step process for implementing couplet care.
3. The mitigating effects of couplet care on the health and wellbeing of both patient populations

Approaching Newborn Assessment and Infant Mental Health Through a Lens of Cultural Humility

Presenters: Mary Lou Batty, RN PhD, Kelly Day RN MN CCCI and Jessica Webster RN MN PNC(C)

Presentation Category: Quality Improvement (Innovative programs and processes)

Abstract

The emerging area of infant mental health has led to a new focus in the role of perinatal nurses and educators. Guided by the Truth and Reconciliation Commission (TRC) Calls to Action (#10, 22, 24), we recognize our duty to provide education around cultural competency for healthcare providers including Indigenous concepts of health and wellness.

Purpose

We have created a series of educational resources to help students apply principles of client and family-centered care and develop culturally sensitive care plans. This presentation focuses on promoting infant mental health and attachment. After learning about these concepts, students watch a video in which a Wolastoqew Elder shares stories of traditional ways in which infants are welcomed into family and community.

This is followed by a series of reflective questions designed to help students understand the universal human need to develop a sense of belonging.

Students feedback has been positive regarding other resources in the series. We plan evaluation through partnership with another faculty of nursing. In the interim, we encourage educators to engage with communities on the lands in which they are situated.

Learning Objectives

Participants in this session will be able to identify evidence-informed approaches/resources they could use to help students:

1. Approach newborn assessment and infant health through a lens of cultural humility.
2. Apply principles of client- and family-centered care and develop culturally sensitive care plans.
3. Build understanding of the traditional practices.



THEME:
Care Across Culture

No Research Without Them: The Intentional Inclusion of Women of Immigrant Background as Patient Partners.

Presenters: Isabelle Dena, BA, MSW, RSW

Presentation Category: Research (In-Progress)

Abstract

Purpose

Patient-oriented research (POR) shows promise in Canada as an innovative way of conducting research that involves patients, health care providers, researchers, and other stakeholders as part of the research team and co-building of the research process.

Aim: Sharing field experiences and lessons learned using the POR approach in a study focused on maternity care experiences of recent immigrant and refugee women in Saskatchewan.

Relevance: Research suggests patient engagement in research enhances patient outcomes. Valuing patient-partners from diverse backgrounds, particularly immigrants' input in the research process, prioritizes immigrant-specific health outcomes and care experience.

Methods

This qualitative study (research in progress) included two patient partners women from immigrant backgrounds with lived experiences accessing and utilizing maternity care in Saskatchewan. They served as advisors throughout the research cycle and provided a cultural lens when conducting research with racialized communities. Other stakeholders from immigrant-serving community agencies, and health care field were also involved. The patient partners and stakeholders were critical in identifying and clarifying the research priorities and outcomes, recruitment and data collection methods, and knowledge translation work. I will be sharing the lessons learned from engaging, recruiting, and involving patient partners throughout the research cycles and including the use of the POR Engagement Tool (PORLET).

Main Findings

It is hoped that using POR in my research will enhance translating research findings directly to practice improving the maternity care experiences that benefit recent immigrant women in Saskatchewan.

Learning Objectives

- **Learning Objective I:** Attendees will learn to describe patient-oriented research and name two guiding principles:
 - By defining POR and providing historical background
 - By introducing POR guiding principles
- **Learning Objective II:** Attendees will learn a broader understanding of how to engage people of immigrant backgrounds in patient-oriented research:
 - By showcasing an example of a case study exploring maternity care experiences of immigrant women:
 - By sharing the process of engaging, recruiting, and involving patient partners from immigrant backgrounds throughout the research cycles
 - By describing the process of creating patient-partners roles and engaging multiple stakeholders
- **Learning Objective III:** Attendees will gain practical knowledge on how to determine the level of Patient-Partner engagement using the POR Engagement Tool (PORLET):
 - By showcasing the application of PORLET by using an example of a case study exploring maternity care experiences of immigrant women
 - By sharing lessons learned (success and challenges) of POR

Understanding Postnatal Experiences of South Asian Immigrant Women: A Meta-Synthesis.

Presenters: Nikita Gupta, Dr. Danielle Macdonald, Amanda Ross-White and Dr. Erna Snelgrove-Clarke

Presentation Category: Research Study (in progress)

Abstract

Purpose

The qualitative systematic review (SR) is being conducted to explore the postnatal experiences of South Asian Immigrant Women (SAIW) within select English-speaking nations: Australia, Canada, the United Kingdom, and the United States of America.

Currently in progress, this SR is part of my Master of Nursing Science (MNSc) thesis work and aims to uncover postnatal experiences of SAIW.

Improved understandings of the postnatal experiences of SAIW in four English-speaking countries will be used to inform best practices for nurses. Understanding SAIW's postnatal experiences will further help promote importance of cultural humility in perinatal and postnatal nursing.

Methods

For this SR, I will use the Joanna Briggs Institute (JBI) methodology. The population of interest are SAIW; phenomena of interest are the postnatal experiences and the context is of the four English-speaking countries. Three databases will be searched and studies will be considered if they: follow qualitative methodology, are published after 2000, and report findings of SAIW in Canada, Australia, UK, and US. Following a reviewed protocol developed priorly, studies will be screened and critically appraised. Data will be extracted, including study characteristics, and findings. Categories will be created based on similar findings, and then further synthesized using meta-aggregation to generate synthesized findings.

Learning Objectives

1. Demonstrate an understanding of factors that may influence postnatal experiences of SAIW
2. Distinguish and compare experiences of postnatal care between SAIW and non-migrant population
3. Identify one method of how they may apply principles of cultural humility in their nursing practice



THEME:

Emerging Concepts in
Labour & Delivery

Making Waves: Implementing Waterbirth at IWK Health Centre

Presenters: Jennifer Jennifer Jollymore RN,IBCLC, PNC(C) and Shannon Kaupp, RM

Presentation Category: Quality Improvement (Innovative programs and processes)

Abstract

Traditional Indigenous teachings hold water as being in sacred connection to pregnancy and birth, as water is “life giving” (Hill, 2021). There is an abundance of evidence that deep water immersion has many benefits for the birthing person including, higher rates of birth satisfaction and intact perineum, decreased rates of episiotomy, need for pain medication, and post partum hemorrhage (Burns et al., 2022). At present only a handful of hospitals across the country offer waterbirth. Despite the desire to support patient’s requests there has been a resistance amongst non-midwifery care providers to offer hospital-waterbirth.

Until recently Midwifery clients in our region only had the option of waterbirth at home. In early 2021, a midwifery client who was not a candidate for homebirth, requested a hospital waterbirth. The successful, planned, hospital-waterbirth, received positive media coverage (Chiu, 2021), which led to an increase in waterbirth requests. The nurse-midwifery led implementation team engaged a multidisciplinary group to develop a hospital-waterbirth clinical practice guideline (CPG). We continue to offer hospital-waterbirth for midwifery clients allowing for monitoring and evaluation which has informed the broader roll out and implementation for all patients. Early engagement from interprofessional team members increased buy-in and allowed time to socialize the idea to their respective team members. One need identified has been to dispel waterbirth misconceptions. Ongoing monitoring and evaluation have directly contributed to changes and clarifications in the development of the CPG. Next steps, CPG finalization and education rollout to all members of the interdisciplinary team, including simulation based learning and ongoing evaluation.

Learning Objectives

At the end of this session, participants will be able to:

1. Recognize importance of water birth
 - a. Physiologically
 - b. Psychologically
 - c. culturally
2. Identify barriers to hospital water birth
3. Apply evidence-based approaches to implementing water birth

Preterm Outborn Education Collaborative -PROTECT Study

Presenters: Lauren Rivard RN, BScN, MSc; Ana Werlang, MD, MSc(HQ), MFM specialist and Stephanie Redpath, MD, MBChB, FRCPC (UK)

Presentation Category: Quality Improvement (Innovative programs and processes)

Abstract

Purpose

This presentation provides an overview of an ongoing quality improvement initiative that seeks to identify barriers to high-risk maternal transport and to enhance neuroprotective and lung maturation practices for the preterm neonate when birth in a non-tertiary centre is unavoidable.

Background: In Canada, 28% of infants less than 29 weeks gestational age are outborn and require transportation to tertiary care facilities.

Motivation for innovation: The rate of severe brain injury in outborn babies born at less than 33 weeks across Canada is 14.7% compared to 8.3% when inborn. In-utero transportation to tertiary care centres is the most effective intervention; however, transportation of high-risk mothers is complex.

Development: With baseline data complete, our Level 1 and 2 partners were invited to volunteer their participation. Volunteers were asked to undertake individual case reviews followed by facilitated focus groups to process-map components of care and identify both strengths and weaknesses in the care of patients at high-risk of PTB and transport. Emerging themes were shared with the relevant stakeholders with identified opportunities for improvement. User friendly care bundles were subsequently developed incorporating perinatal best practice measures for use in identified emergencies within all non-tertiary centres.

Implementation: Care bundles will be disseminated regionally throughout the fall of 2022. Knowledge translation strategies and support for implementation will be available through tertiary care centres and perinatal consultants.

Evaluation (including implications for nursing): Evaluation of the uptake of care bundles will be conducted at 9 and 18 months, post dissemination. Evaluation of improvement in high-risk maternal transport processes and neuroprotective practices will occur over 5 years. The impact of this work includes the provision of evidence-based care to optimize patient outcomes and improve safety, while enhancing teamwork, collaboration and communication.

Learning Objectives

1. Develop an understanding of the importance of timely high-risk maternal in-utero transport and neuroprotective and lung maturation practices to optimize outcomes.
2. Summary of the QI processes that led to the development of this initiative.
3. Outline the development and implementation of care bundles for use in non-tertiary maternities focusing on the emergency management of high-risk obstetric patients and at-risk newborns when PTB is unavoidable.

THEME:

Supporting Pregnancy Loss Through
Virtual Resources

Using Social Media to Increase Awareness about Pregnancy and Infant Loss

Presenters: Michelle LaFontaine, Program Manager, Pregnancy and Infant Loss Network
Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

Background: Research in Ontario showed that families experiencing pregnancy loss in the first trimester experienced the least amount of kindness and respect, felt the least supported and experienced the most stigma at the time of their loss when compared to other loss groups. In response to these findings, PAIL Network sought out ways to improve the care provided to families experiencing early pregnancy loss and looked to increase activities that would bring awareness to the unique grief and care needs of families.

Description: The presentation will outline the work done to create a campaign to be shared through social media outlets and other online media that included a video called an “Unbirth Announcement”, designed images to be shared online with statistics about pregnancy and infant loss, and a tool to eliminate baby related ads from their social media feeds. It will also describe the results of the campaign and the increase in requests for peer support.

Methods

PAIL Network partnered with an advertising agency to develop three tools for the #UnsilenceTheConversation campaign. A video to share on social media called “The Unbirth Announcement”, an online service called “The Baby Ad Opt Out” to help parents interrupt the algorithm that presented them with pregnancy and baby related ads on their social media feeds, and tiles to add to their social media that said things like “25% of pregnancies end in loss. Mine was one of them.” This campaign was featured in over 20 television, radio, print, and internet media outlets across Ontario.

Main Findings

There was a 30% increase in requests for support when compared to the same dates from the year previous. There was an increase of 20% of users coming to the PAIL Network website, where families can access resources and self-refer for peer support. 78,470,957 impressions of the campaign online across 200 hits. This campaign won Gold at the Canadian Atomic Awards, representing the best achievements across Canada’s marketing and media.

Learning Objectives

Participants will learn about an awareness campaign that included ways for families to share their story and get connected with peer support.

1. Attendees will further develop their knowledge about the importance of sharing information in a way that is easily digestible and easily shared on Twitter, Facebook, and Instagram
2. Through information sharing and discussion, participants will be able to begin thinking of ways they may include social media in their own work to improve access to care and increase awareness.

Improving Bereavement Care Through Education and Resources for Professionals: Innovations, Challenges, and the Power of the Family Experience

Presenters: Megan Fockler Registered Nurse and Michelle LaFontaine, Program Manager, Pregnancy and Infant Loss Network

Presentation Category: Quality improvement (Innovation and change)

Abstract

Purpose

When a family experiences a pregnancy or infant loss, evidence-informed, comprehensive, timely, and accessible information is increasingly required for nurses to provide skilled and compassionate care. Educational resources that take into account the lived experience of families and that centre the family experience were lacking, and we undertook this work during the COVID19 pandemic with the vision that new digital resources would help to fill the gap and ultimately improve family- centered bereavement care. The knowledge we developed through this process may help others to identify areas of focus for their own local bereavement education needs.

Background and Motivation for Innovation

The need to move in-person education to an online format and engage professionals digitally during the COVID19 pandemic allowed for a renewed approach to the creation and provision of education and resources for professionals who support families experiencing pregnancy loss, stillbirth, and infant death.

Methods

Using feedback from a cross-sectional online survey and our evaluations of our educational resources, we developed new educational resources for professionals and families. In all aspects, we included the voices of families with lived experience of loss and integrated patient as-educator principles into our formal educational programs.

Results and Implications: New instructional videos on making hand and foot moulds, printable handouts for bereavement folders, booklets for bereaved families, and patient impact videos were created. An online workshop for professionals and second shorter workshop for health professions students were also piloted. Ongoing feedback indicates that these resources are supportive for families and useful for professionals when they are caring for a family experiencing a loss. Especially transforming is the opportunity for professionals to hear directly from people with lived experience of loss.

Learning Objectives

1. Describe the process of creating digital educational resources for professionals and families that centre the lived-experience of families.
2. Explore some barriers, challenges, and opportunities that exist in the creation of resources and education that prioritize patient-as-educator principles.
3. Identify potential areas of focus for local bereavement educational needs.



THEME:

Supporting Families Through
Perinatal Loss

Perinatal Hospice Program at Roger Neilson House - Honoring Precious Lives

Presenter: Lesley Sabourin

Presentation Category: Quality Improvement (Innovative programs and processes)

Abstract

Purpose

The growing field of perinatal hospice care, also referred to as perinatal palliative care, is an active approach to care that honors the unique needs of families who choose to continue pregnancy following the diagnosis of an antenatal life-limiting condition. It embraces physical, emotional, social and spiritual needs of the family while focusing on the baby's comfort and quality of life.

Significant advancements in fetal diagnostics has enhanced opportunity to positively support families during pregnancy, birth and bereavement. Learning of a life-limiting condition with uncertainty surrounding life expectancy is described as devastating by parents. As parents navigate their new reality, specialized support received from health care providers can significantly shape how their baby's life is remembered by families for years to come.

Some of the recognized benefits associated with comprehensive multidisciplinary care delivery include continuity of care and services, a holistic and family-centered approach of the infant and family, validation of the life of the baby and promotion of parental bonding through memory making and legacy building. This presentation will describe the Perinatal Hospice Program available at Roger Neilson House, including the Bereavement and After-Care Program. The specialized interdisciplinary team of physicians, nurses and social work assists families with the following: difficult medical decision making, the development of specialized birth plans and advanced care planning. We have observed the high-quality care delivery throughout the family's involvement in the perinatal hospice program can improve patient experience and positively influence grief outcomes, as reported by families.

Learning Objectives

1. Describe the importance of a multi-disciplinary approach to care, and the impacts each team member had in their family's journey.
2. Identify ways to support families in the presence a life-limiting prenatal diagnosis
3. Describe the importance of accompanying families in memory and legacy development.

Parenting Through Loss: Helping Parents Support Their Children

Presenter: Amy Muhr and Lorelee McInroy

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

To provide health care providers with the appropriate knowledge and resources to effectively and compassionately support bereaved parents and their children through pregnancy and infant loss.

Grieving a pregnancy or infant loss while parenting living children can be very challenging for the whole family. The end of a pregnancy or death of a baby is a very sad and difficult time for adults that can be made even more complex when they are responsible for supporting children in their own grief.

Through case studies, the voices and the stories of bereaved families from diverse backgrounds, this knowledge translation workshop will explore how parents can help kids have difficult conversations and navigate their grief in an age-appropriate way. Opportunities for the session participants to network and share their experiences will be provided throughout the session.

Additionally, as health care providers, our commitment to family-centered care is evident through our ability to help parents understand children's grief and giving parents the language to answer questions their kids might have. As providers, empowering families by sharing examples and ideas of commemorative family activities and rituals will help foster a healthy grief relationship between children and their families.

Learning Objectives

1. Following the session, participants will be able to recognize that every child will react to grief and loss in their own way based on their age and development, what they understand, and their life experiences.
2. Following the session, participants will have the knowledge to give parents the language to answer questions their kids might have about the loss of a pregnancy or death of a baby.
3. Through the intimate stories of loss from Pregnancy and Infant Loss (PAIL) Network bereaved parents, participants will gain knowledge on ways Health Care Providers may incorporate commemoration in their compassionate bereavement care.



THEME:
Obstetrics

Gestational diabetes mellitus testing practices in British Columbia and perinatal outcomes

Presenters: Sabrina Luke MPH, PhD, Mary Kathryn Bohn, Amelie Boutin, Ellen Giesbrecht, Hillary Vallance, Wee-Shian Chan and Vilte Barakauskas

Presentation Category: Research Study (completed)

Abstract

Purpose

Various testing approaches for gestational diabetes mellitus (GDM) are used globally. British Columbia currently uses both one-step and two-step oral glucose tolerance testing (OGTT) protocols with unknown impacts on GDM rates and perinatal outcomes.

Methods

A retrospective cohort study was conducted from January 1 st, 2010 to December 31 st, 2014 using laboratory data, Medical Services Plan billing information and British Columbia's Perinatal Data Registry. Logistic regression was used to determine associations between one and two step protocols grouped by glucose intolerance severity and cesarean delivery, preterm birth, large-for- gestational age infants (LGA), induction, neonatal hypoglycemia and shoulder dystocia.

Main Findings

The one-step test tripled the GDM rate compared to the two-step test (16.8% vs 5.6%). A dose dependent trend was observed between increasing glucose intolerance and preterm birth and cesarean delivery; however, this was only statistically significant above two-step thresholds. Risks of neonatal hypoglycemia and induction increased with one-step positive results. The risks of LGA and shoulder dystocia were greater when fasting, 1 hour and two-hour 75 g OGTT results were one standard deviation below one-step thresholds compared to GDM positive results.

Conclusions: Nearly one fifth of pregnant women are diagnosed with GDM using the one-step test but rates of adverse outcomes are not improved. The one-step test appears to miss identifying mothers at higher risk of LGA and shoulder dystocia. Potential benefits of more stringent and streamlined testing practices need to be weighed against the impact that increased GDM diagnosis has on outcomes, maternal pregnancy experience and health care utilization.

Learning Objectives

1. To review the history of gestational diabetes mellitus testing provincially and nationally, including how tests were developed.
2. To compare how one-step and two-step testing approaches impact the rate of gestational diabetes mellitus diagnosis in British Columbia and the ability to make regional and national comparisons.
3. To understand the association between different thresholds of glucose intolerance and perinatal outcomes.

Practical Obstetric Multi-Professional Training: the UK invasion

Presenters: Leigh Andrews RN and Leslie Po MD

Presentation Category: Knowledge Translation (Best Practices)

Abstract

PROMPT is unique, and only used in three tertiary care hospitals in Canada. We have aligned our evidenced-informed local standards of practice and Canadian guidelines with PROMPT materials to enhance our high performing team.

Purpose

The purpose of this quality initiative program is to enhance the effectiveness of interprofessional team training and to elevate quality care in obstetrical emergencies. By building and enhancing interprofessional teams' confidence and skills in managing rare emergencies you enhance quality care and thus safe patient care is optimized.

Obstetrics is a high-risk clinical area of practice and is associated with severe, though rare, patient safety incidents i.e., eclampsia, postpartum hemorrhage and sepsis. Contributing factors fall into several buckets: provider clinical decision-making, situational awareness, team communication and system issues.

Evidence has shown that early recognition and intervention can save lives. Practical Obstetric Multi- Professional Training (PROMPT) a UK quality improvement initiative, combines evidence-based tools with interprofessional team simulation to establish and implement best practice standards. It fosters a culture of safety with open and respectful communication, which encourages effective teamwork.

This quality initiative is at the leading edge of innovation using in situ simulation changing the culture of emergency management from memorization to algorithms. Educational interventions for knowledge translation of standards of care is by means of online learning modules accessible by all members of the obstetrical program. Team communication and practical application of clinical care management aids (algorithms, emergency boxes) are incorporated with interprofessional team simulation. Surveys before the simulation initiative, post simulation and at 3, 6, and 12 months will be done by survey monkey to evaluate effectiveness in confidence and skills. The goal is to continue monthly simulations which all team members are expected to attend 1 session per year.

Learning Objectives

1. Describe team training and the PROMPT initiative.
2. Identify strategies which promote engagement of a high performing interprofessional teams in an ongoing quality initiative.
3. Create simulation emergencies to practice within an interprofessional team at their facility.



THEME:

Supporting Interdisciplinary
Postpartum Care

Perinatal Mental Illness in Canada: What do Health Care Providers Need?

Presenters: Christina Cantin, Courtney Green, Kyla Kaminsky, Martin St-André, Diane Francoeur, Milena Forte, Jaime Charlebois, Elissa Cohen and Jocelynn Cook

Presentation Category: Research Study (completed)

Abstract

Purpose

The purpose of this study was to explore the current practices and needs of health care providers (HCPs) related to perinatal mental illness (PMI).

Methods

A bilingual online survey was administered to Canadian HCPs caring for pregnant and postpartum individuals. Multiple choice questions and open text responses provided information on: needs related to PMI; frequency of encountering individuals with PMI; current screening, treatment, and referral practices; and barriers. The questions were developed by a multidisciplinary team. Descriptive statistics were used to report findings by profession, and open text comments were analyzed using content analysis.

Main Findings

In total, 290 valid responses were collected. Respondents reported frequently seeing pregnant patients with anxiety (84%), mood disorders (62%) and psychological aspects of the transition to parenthood (60%). They occasionally reported seeing patients with the following disorders: eating (74%), personality (74%), substance use (66%), schizophrenia (59%), sleep-wake (57%). Most respondents wanted more information about all disorders and the transition to parenthood.

Resources were the most frequently requested content for all disorders (i.e., algorithms, patient pamphlets, decisions aids, referral pathways). Respondents reported feeling somewhat (57%) or very confident (30%) screening for PMI; 74% used their own questions and 74% used the EPDS. Social workers were identified as a support for clinical teams (60%); however, 23% identified no organizational supports. Barriers included a lack of awareness of supports and resources.

Conclusions: These results will inform the development of targeted education and resource initiatives. The goal is to provide Canadian HCPs, including nurses, timely access to perinatal mental health services and supports when needed.

Learning Objectives

Following this session participants will be able to:

1. Identify their current practices and learning needs related to caring for individuals with perinatal mental illness.
2. Summarize the main findings from the national needs assessment of perinatal care providers.
3. Describe priority areas for targeted education and resource initiatives for Canadian perinatal and women's health nurses.

Postpartum Hemorrhage Management- Interdisciplinary Participation Required

Presenters: Melanie Basso, Senior Practice Leader-Perinatal and Karen Pike, Clinical Readiness Nurse Educator

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

A large maternity institution in western Canada has undertaken a substantial overhaul of clinical processes supporting the management of postpartum hemorrhage (PPH). Evidence informed materials were reviewed to update existing outdated protocols. The key to success of this initiative was the extensive involvement of interdisciplinary team members from nursing, obstetrics, family practice, midwifery, anesthesia, as well as members from the laboratory and transfusion medicine.

This presentation embraces the conference theme by defining clear roles and responsibilities for team members to assess and evaluate the risks of birthing persons with the goal of preventing postpartum hemorrhage. A risk assessment tool was developed following an extensive review of national and international protocols to identify all relevant risk factors. The review of individual patient's risk using the PPH Risk assessment tool that adapts to stage of labour. As risk for PPH changes, clinical interventions are triggered in response.

The overall implementation of this best practice initiative included many working groups. Members of each working groups were tasked to review key evidence to create processes for management of acute hemorrhage, including updated Mass transfusion Protocol. Another group was responsible for standardized PPH Carts, including essential medications, streamlining for all carts at all locations in the hospital. Post hemorrhage resources for patients were developed including recommendations for trauma counseling and planning for recommendations for further pregnancy. An audit tool was also developed. Key scenarios were optimized using clinical simulation with all team members.

Summary of all resources and key strategies will be discussed.

Learning Objectives

1. Describe key evidence informed practices with respect to management of postpartum hemorrhage.
2. Understand the importance of interdisciplinary clinical simulation when implementing large system practice change.
3. Appraise evidence informed clinical documents, including patient focused materials, for use in your own institution.

THEME:

Supporting Vulnerable
Populations Through Infant
Loss

Experiences of 2SLGBTQIA+ Reproductive Loss: A scoping review protocol

Presenters: Dr. Patrice Drake, Kim Mears, Isabelle Spinney, Dr. Christina Murray

Presentation Category: Research (In-Progress)

Abstract

This project is in the beginning stages and is grounded in equity, diversity, inclusion, and the philosophy of patient and family-centered care. This project can potentially increase nursing and healthcare provider knowledge and understanding of reproductive loss for 2SLGBTQIA+ families.

Purpose

Reproductive loss is a reality for many childbearing families. It is a complex and challenging experience for individuals, families, and healthcare providers to navigate. There is much research describing women's experiences, but the available research focuses on traditional heteronormative and cisnormative couples and does not substantively represent the experience of reproductive loss for 2SLGBTQIA+ families. This focus also does not reflect the diversity of families, nor does it align with the increasing acceptance of gender diversity and sexual orientation in today's world. Reproductive loss experienced by 2SLGBTQIA+ families may be even more profound considering the challenges and complexities of adding children to their lives. Our understanding of reproductive loss and the health care requirements should reflect the diverse needs of all people and families.

Methods

To discover what is known about the experience of 2SLGBTQIA+ families and reproductive loss, a scoping review protocol was developed to explore the available literature. The protocol was developed using the Johanna Briggs Institute (JBI) methodology for scoping reviews. This scoping review protocol will help map what is known about the experience of 2SLGBTQIA+ families and reproductive loss and identify gaps in the available knowledge to inform future research.

Main Findings

The resulting scoping review will provide the basis for future research projects to ensure that literature that informs the care of women and childbearing families reflects the diversity of families that engage with nurses and other healthcare providers for care.

Learning Objectives

1. Following the session, participants will have a beginning understanding of how a scoping review can be used to inform a program of research and address clinical questions and challenges.
2. Following the session, participants will have a beginning understanding of how to conduct a scoping review protocol using the JBI methodology for conducting scoping reviews.
3. Following the session, participants will reflect on the experience of reproductive loss and consider how to approach care in their practice with a focus on family diversity.

Indigenous Outreach: Pregnancy and Infant Loss Support for Indigenous Families and Education for Health Professionals

Presenters: Michelle LaFontaine, Program Manager, Pregnancy and Infant Loss Network

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

Health professionals working with Indigenous families and in First Nations, Inuit, and Metis (FNIM) communities across Ontario need the tools to provide compassionate care and guidance to families during the loss of an infant or pregnancy. Indigenous families who experienced a pregnancy loss at any stage or infant death can suffer additional trauma when available supports are not inclusive and reflective of their life experiences and needs.

This presentation will outline the support Pregnancy and Infant Loss (PAIL) Network currently offers, the complexities of inter-generational trauma and the ongoing genocide of Indigenous people and how that it informs the supports needed in Indigenous communities both urban and rural.

Methods

We undertook a focused consultation with Indigenous health professionals, FNIM community members and Friendship Centres to better understand their experiences with pregnancy and infant loss, explore unmet educational needs of professionals, and what can be done to improve the care and support received.

The consultations were designed around sharing, listening, and learning.

1. We discussed what PAIL Network does and the types of support we provide.
2. We asked them about the support they provide and if it includes support for pregnancy loss, infant death or elective abortion.
3. We listened to what they had to say in terms of the support we have to offer and
4. What they think could work best in their community.



THEME:
Labour & Delivery

Nurses' Perceptions of their Influence on Modes of Birth: An Interpretive Description Study

Presenters: Loreli Palandri, RN, BScN, MSN

Presentation Category: Research Study (completed)

Abstract

Purpose

The purpose of this conference session is to showcase the findings of this research, examining Registered Nurses' perceptions of their personal influence on their patient's mode of birth, either vaginal or c-section. This study was for a thesis for Master of Science in Nursing degree, which is now complete.

The purpose of this research was to assess nurses' perceptions of their influence on mode of birth. Though c-sections are a medical necessity in approximately 10% of births (WHO, 2015), it has become the mode of birth for more than a quarter of Canadian births (CIHI, 2021). The reasons for operative births are varied and result from many intersecting contextual and interpersonal factors. One factor is the care providers, particularly nurses, who play a key role in birthing units throughout Canada (Evans et al, 2015).

Methods

Interpretive Description (Thorne, 2016) was utilized to interview nine nurses of varying expertise level. They were asked their thoughts on birthing practices and how they perceive they influence mode of birth.

Main Findings

Three intersecting contexts were identified as influencing the participants care and outcomes: societal, practice, and interpersonal. The data showed that these contexts were not mutually exclusive. The current societal discourse that surrounds women's empowerment, which pushes for freedom of choice, was highlighted in this study.

The participants felt it a top priority to navigate this social discourse and ensure birthing people felt fulfilled and happy with their birth, regardless of the mode. Conclusion: The findings highlight nurses' perceptions of needing to navigate what they know to be evidence-based practice with societal pressures, which proved hard at times. These nurses noted that they attempt to keep labour and birth care within the domain of choice and control for their patients, to ensure they are healthy, safe, and content with their birth outcomes.

Learning Objectives

1. Participants will be encouraged to reflect up and their own perceptions on birthing practices, as it relates to vaginal and operative births. They will also learn about the perceptions voiced by the participants of this study.
2. Participants of this session will glean insight through research into how the rising societal discourse on choice affects nurses at the birthing bedside.
3. Following this session, attendees will discover whether expertise level plays a role in nurses' perception of their influence on their patients' labour and birth experience and outcomes.

Fresh Eyes Approach to Fetal Health

Presenters: Maxine Bernard *RNC BScN MHS* and Jennifer Jollymore RN,IBCLC, PNC(C)

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

Fetal health surveillance (FHS) interpretation can be challenging, and inter-observer variation is significant. Evidence indicates education improves FHS interpretation and outcomes (Bow, 2017). Legal challenges in obstetrical care are often focused around discrepancies of FHS interpretation, management and communication. Patient safety is improved when all members of the perinatal team use common language with respect to FHS.

First, our goal was to initiate and endorse an interdisciplinary approach to FHS interpretation and education in the Birth Unit. We recognized the need for a collaborative approach that focused on consistent communication, collaboration and documentation of FHS among providers. The FHS Refresher Workshop (Canadian FHS Committee) was used as a foundation for education sessions that began in 2020. An initial session was provided to the leaders of each discipline to ensure the content and approach matched the intended outcome, followed by 12 interdisciplinary refresher sessions. Objectives focused on education required to interpret, manage and document FHS, as well as, supporting interdisciplinary collaboration and communication. Sessions were held only if there was representation from each discipline.

Secondly, we developed a process for a “Fresh Eyes Approach to FHS” focusing on intrapartum FHS and communication between health care providers. In the spring of 2022, we repeated the interdisciplinary FHS refresher education sessions with 18 multidisciplinary sessions being held.

The focus of these sessions also included a “Fresh Eyes Approach to FHS”, as well as, highlighting the 2020 SOGC Guideline changes.

Next steps include implementation of interdisciplinary FHS rounds focused on strengthening collaboration and communication.

Learning Objectives

Following the presentation the learner will be able to:

1. Describe the “Fresh Eyes Approach to FHS Interpretation” developed and implemented at IWK Health
2. Identify challenges with changing the culture of how and when FHS interpretation is discussed
3. Discuss solutions to address identified challenges with implementation of a Fresh Eyes Approach to FHS interpretation



THEME:

Prenatal and Breastfeeding Support

Breastfeeding in the Drive-through Province: Younger m(other)s, feeding their infants, and transition to the maternal role in Southwest New Brunswick.

Presenters: Rosann Edwards RN, IBCLC, MScN, PhD

Presentation Category: Research (In-Progress)

Abstract

Purpose

To understand the infant feeding/breastfeeding experiences, expectations, supports, and factors influencing decision-making around breastfeeding/infant feeding and maternal role transition of birthing persons & 24 years of age in Southwestern New Brunswick.

Methods

In-progress exploratory constructivist grounded theory study. This study is part of a 5-year program of research exploring the sexual, reproductive, and societal health and access to healthcare services of women and non-gendered persons in the province of New Brunswick.

This is the first study in a series planned to better understand the needs of m(other)s who face challenges of disadvantage, stigma, and system involvement who are underrepresented in the research on breastfeeding.

Implications for Nursing Practice: A better understanding of the lived experience of early breastfeeding and supports is essential to the creation of appropriate, accessible, and equitable breastfeeding supports for m(other)s who are at-risk for early breastfeeding cessation. This knowledge is crucial for individual Nurses to provide patient-centered breastfeeding supports for

Learning Objectives

1. Following this session participants will be able to identify the cultural factors influencing breastfeeding/infant practices mothers and birthing parents ≤ 24 years of age who participated in our study.
2. Following this session participants will be able to discuss factors affecting the decision-making process of mothers and birthing parents & 24 years of age who participated in our study surrounding infant feeding practices.
3. Following this session participants will have a better understanding of how risk factors including low socio-economic status, maternal age, and geography affect the access to breastfeeding supports.

Translating evidence to create antenatal practice tools that enhance the provision of prenatal care.

Presenters: Leanne MacKeen RN MN and Barbie Leggett

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

Perinatal care providers will learn about a comprehensive process used in the revision and implementation of evidence based antenatal practice tools that support the provision of quality prenatal care.

Research demonstrates that care provided antenatally impacts outcomes for both pregnant persons and their newborns. Perinatal care providers require evidence informed practice tools and resources to support and guide the provision of quality antenatal care. The prenatal record (PNR) is a key practice tool that serves multiple purposes and should be informed by best practice standards and current evidence. A comprehensive process was performed in the revision and implementation of a provincial PNR and practice tool.

The initiative involved the translation and application of current evidence to antenatal practices within one Canadian province. These antenatal practice resources provide an exemplar that is reflective of current evidence, supports family centered care, is inclusive, respects cultural humility, and embraces a trauma informed approach to antenatal care.

Learning Objectives

1. Describe the purpose of utilizing standardized and evidence based antenatal practice tools (e.g., the prenatal record - PNR).
2. Recognize the importance of knowledge translation in the development of antenatal practice tools.
3. List the steps involved in the extensive revision and implementation of a provincial prenatal record.
4. Describe how a revised prenatal record and an antenatal practice tool enhance prenatal care.



THEME:
Supporting Fathers

Fathers' First Lived Experience of their Female Partners' Postpartum Depression

Presenters: Juliana Barry

Presentation Category: Research (completed)

Abstract

Purpose

The purpose of this presentation is to share new knowledge obtained from a qualitative research study of fathers living with a female partner diagnosed with postpartum depression (PPD). This is important as there is scant attention in the literature regarding this topic, limiting health care providers from fully offering holistic family-centred care.

Methods

The aim of the research study was to describe fathers' first lived experience of living with a female partner with PPD utilizing Giorgi's descriptive, phenomenological, psychological method.

Six participants were recruited using purposive and snowball sampling until saturation was reached. Giorgi's method of analysis was used to form a description of the meaning of the experiences as lived by the fathers.

Main Findings

Six essential constituents were identified: (a) turbulent emotional journey; (b) loss of her; (c) life crisis which is overwhelming and burdensome; (d) a forced transformation of self, marriage, and family toward a new normal; (e) uncertainty and a guarded future; and (f) insufficient support and barriers to care. This new knowledge will enhance nurses' and other health care providers' awareness of the fathers' experience of their female partners' PPD and will enable nurses to be better able to meet the health needs of a new family.

Learning Objectives

1. Be able to describe the phenomenon as expressed by the participants.
2. Self-reflect on their own care practices.
3. State one way to improve care to families experiencing PPD.

The Journey to Fatherhood Following an Experience of Infertility

Presenters: Stephanie Morrison RN MN, Clinical Nursing Instructor

Presentation Category: Research Study (completed)

Abstract

Purpose

Fathers who endure infertility are an important part of the family unit and require support. Despite this awareness, there is a limited understanding of fathers' lived experience during the perinatal period following infertility. The purpose of this descriptive, phenomenological study was to explore fathers' lived experience throughout the perinatal period following an experience of infertility. Colaizzi's (1978) method guided this study.

Methods

After obtaining ethics approval, a purposive sample of 8 fathers who met the eligibility criteria were recruited. Informed, written consent was obtained from all participants. One-on-one interviews were held in person, by telephone, and via virtual platforms. The audio-taped interviews were transcribed verbatim and analyzed using Colaizzi's method.

Main Findings

Seven themes uncovered the lived experience of fathers. They included a) The Journey: A Long Winding Road, b) Roles and Responsibilities: The Supporter, c) Support: The Often-Forgotten Parent, d) Challenges/Hurdles: Bumps on the Road, e) So Many Feelings: The Rollercoaster, f) Coping: Living on the Road, and g) Reflection: An Unforgotten Journey. Fathers shared their experiences of a long journey and how bumps along the road marked their journeys. Their journeys were essential parts of their lives that they continued to remember years later. They shed light regarding how important it is to involve them in the perinatal process to facilitate positive experiences and overall family health. They also demonstrated an ongoing need for research that involves fathers and the development of programming to help them through the perinatal period following an experience of infertility.

Learning Objectives

1. Briefly discuss the literature related to fathers' experiences of the perinatal period following an experience of infertility.
2. Describe fathers' journeys to fatherhood following an experience of infertility.
3. Identify practice, theory, and education implications that will facilitate a family-centred experience for families receiving perinatal care following an experience of infertility.

THEME:

Supporting Breastfeeding for
High-Risk Newborns

Effects of Alberta Family Integrated Care (FICare)[™] on Short- and Longer-term Preterm Infant Development

Presenters: Amanda M. Moe RN, BScN, MN Student, Dr. Karen M. Benzies, PhD, RN, Jana Kurilova, Arfan R. Afzal

Presentation Category: Research Study (completed)

Abstract

Alberta Family Integrated Care (FICare)[™] is a novel, clinical-trial validated model of care that enhances family centered care in the neonatal intensive care unit (NICU). eLearning for healthcare providers delivers the strategies and tools to integrate parents in the care of their infant from admission to support independent parenthood by discharge. Health care provider roles broaden with a focus on educating and supporting parents as members of the healthcare team as they gain knowledge, skills, and confidence in care of their infant.

Purpose

Preterm infants are at increased risk for developmental delays. Alberta Family Integrated Care (FICare)[™] is a novel care delivery model with tools and strategies for healthcare providers to integrate parents into their infant's care in the neonatal intensive care unit (NICU). The objectives of two follow-up studies to a cluster randomized controlled trial were to identify the effects of Alberta FICare[™] on communication, problem solving, and personal-social development of moderate and late preterm infants at 2 months and 6 to 24 months corrected age (CA).

Methods

Study 1 data were collected at age 2 months CA, and study 2 data between 6- and 24-months CA. In Study 1, Ages and Stages Questionnaires (ASQ) and maternal psychosocial distress measures were completed by 330 mothers (Alberta FICare[™], n = 223; standard care, n = 164). Study 2 utilized an additional measure, the Parent-Child Interaction Teaching Scale, with 50 mothers (Alberta FICare[™], n = 30; standard care, n = 31).

Main Findings

For Study 1, there was no effect of Alberta FICare[™] on the ASQ domains of communication, problem solving, or personal-social at age 2 months. For Study 2, the risk of communication delay was significantly lower for infants in Alberta FICare[™] compared with standard care.

Conclusions: Results from Study 2 suggest a possible protective effect of Alberta FICare[™] for the risk of communication delays between 6 and 24 months CA. Future research is warranted to investigate the potential mechanism of Alberta FICare[™] on longer-term development.

Learning Objectives

1. State the components of the Alberta FICare[™] model of care.
2. Discuss the developmental risks of NICU admissions for moderate and late preterm infants.
3. Explain the known effects of Alberta FICare[™] on infant and maternal outcomes.

Supporting the use of breastfeeding and skin-to-skin contact for pain management in the Neonatal Intensive

Presenters: Emilee Rose Coish

Presentation Category: Research Study (completed)

Abstract

Purpose

The purpose of this presentation is to provide a summary of a completed qualitative study focused on understanding parents' perceptions of the barriers and enablers to parent-led infant pain care in neonatal critical environments in Nova Scotia. In this 'meeting place', we will explore what makes a NICU environment family centered. There will also be a discussion around how these environments can be restructured to better involve families to become active participants in their infant's care.

Background: Untreated pain experienced by infants in the Neonatal Intensive Care Unit leads to negative health outcomes such as altered pain responses 1 and impaired brain development 2. Breastfeeding and skin-to-skin contact are effective in managing pain responses in infants during minor acute procedures 3,4,5,6. Parents have a desire for greater involvement in their infants' care and pain management 7,8, however these practices are not routinely used for pain management in the NICU 9. **Research question:** What are parents' perceptions of the barriers and facilitators to the use of breastfeeding and skin-to-skin contact as a form of infant pain management in the NICU?

Methods

One-on-one semi-structured virtual interviews were conducted with five parent participants who received care in a NICU in Northeastern Nova Scotia. Interviews were analyzed using inductive- deductive content analysis guided by the Theoretical Domains Framework.

Main Findings

Findings: Parents expressed that they received inadequate access to education on parent-led pain care and that staff had inconsistent education around supporting skin-to-skin contact and breastfeeding during painful procedures. Contextual factors such as the restrictive NICU environment limited parental presence on the unit, and staff often functioned as gatekeepers to parent participation.

Implications: Healthcare staff and families require better support when initiating parent-led pain care, and changes are needed to restrictive NICU environments and routines. Research is recommended into whether the implementation of family-centered practices such as the Family- Integrated Care model 10 could be effective in increasing the use of parent-led infant pain care in the NICU.

Learning Objectives

1. Describe 2-3 barriers to parental involvement in the NICU.
2. Describe the utilization of a behavioral change framework to enhance implementation research.
3. Describe 2-3 environmental and/or systemic approaches that can make a NICU more family centered.



THEME:

Culturally Safe Care in Obstetrics

Remembering Joyce: Supporting Culturally-Safe Indigenous Birth in High-Risk Obstetrics

Presenters: Dr. Karen M. Benzies, PhD, RN and Rachael Dien, Pilar Zanoni, Jana Kurilova

Presentation Category: Research (completed)

Abstract

Purpose

Indigenous women with high-risk pregnancies are often evacuated to tertiary care centers for delivery, with little regard to non-medical needs.

Methods

Scholars have investigated childbirth evacuations since the 1970's. A scoping review of over 10,000 Indigenous childbirth evacuations in Canada confirms the numerous physical, emotional, social and cultural harms associated with the practice. The death of Joyce Echaquan led to the creation of a local hospital workgroup aiming to implement Joyce's Principle within a high-risk obstetrical unit where 10% of the patient population is Indigenous.

A consultation process undertaken through a longitudinal participatory study set the foundation for stakeholder engagement in improving service delivery of culturally-safe birth. An Indigenous-led advisory committee designed and approved the consultations with evacuated Indigenous families and tertiary care medical providers. The recommendations generated from consultations were then validated through interviews with key stakeholders from another Indigenous community. Subsequently, nursing leadership led initiatives to implement the recommendations, in collaboration with Indigenous partners.

Main Findings

Recommendations emanating from the communities are transferable to other care settings within the hospital and within other centers where those communities receive care. Moreover, the process of consulting Indigenous families through the creation, implementation and evaluation phases can serve as a model for other projects.

Learning Objectives

1. Name harmful consequences of childbirth evacuation on Indigenous families
2. Describe the process of involving Indigenous communities to participate in policy development.
3. Recognize the accrued potential for sustainable changes when educational and healthcare institutions collaborate to support local initiatives.

Etuaptmumk - Honouring Our Journey of Writing a Nursing Practice Resource with a Two-Eyed Seeing Lens

Presenters Barbara Webster, RN, BScN, MSc. and Lauren Evanson, RNC, BSN

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Providing care to families from preconception through pregnancy, birth and postpartum needs to be culturally safe, humble and trauma informed. As health care providers, it can be easy to get absorbed in the Western way of thinking that is dominated by the scientific method and the medical model. However, to practice from both an Indigenous and Western perspective requires cultural safety and humility which includes relevant, respectful, reciprocal and responsible dialogue. It also requires the incorporation of the six key practice principles of culturally safety and humility, self-determination, trust through relationship, respect, anti-Indigenous racism, and strength and resilience-based practice. Our goal was to develop a resource for community health nurses using a Two-Eyed Seeing approach - Etuaptmumk. In our presentation, we will describe this process. Learning objectives for the participants include being able to: describe Etuaptmumk; identify three reasons why it is important to work from a culturally safe and humble and trauma informed lens; and describe four methods used to create the resource.

Methods

Collaboratively designed project with partners to create a comprehensive resource for nurses working at First Nations health centres and nursing stations in BC. The specific focus of the project was the creation of a resource for nurses who work with family's during their perinatal experience and their child / children's first 6 years. We used a participatory approach to develop the resource, for example, we received guidance from what the nurses felt they needed. We worked with Elders, Indigenous nurses, community workers and community members to learn what they felt was important. We also reached out to specialists in various fields to validate the content.

Main Findings

The Handbook went "live" online mid-February 2023. Therefore, at this time, we have limited feedback and no formal evaluations. We are in the process of providing webinars to inform nurses of the new resource. The regional Practice Consultants who assist new nurses during their orientation period have just started using the handbook. We will have some preliminary evaluations to present at the conference in April.

Learning Objectives

The participants will be able to:

1. Describe Etuaptmumk;
2. Identify three reasons why it is important to work from a culturally safe and humble and trauma informed lens;
3. Describe four methods used to create the resource.



THEME:
Gynecology

Providing safe care in the comfort of their home for patients following a gynecological surgery

Presenters: Nazila Sattari, RN, BScN, MEd and France Morin, RN, BScN, MScN

Presentation Category: Quality improvement (Innovation and change)

Abstract

This presentation is relevant to the conference theme as it describes an innovative program that leverages technology and evidence-based practice to continue and sustain the quality in care of women who received a gynecological surgery. This new post-surgical gynecologic remote care program was designed to meet the personalized needs of patients during the first 14 days following their surgery. This program aims to empower patients to be active participants in their care. The post-surgical gynecologic remote care program is a collaborative partnership with Hôpital Montfort, Ottawa Community Paramedics and the Ottawa East Ontario Health Team.

Purpose

To present an innovative post-surgical care model leveraging remote monitoring and 24/7 care for women during the first 14 days following a gynecological surgery.

Due to current human resource and capacity challenges experienced by hospitals, this post-surgical gynecologic remote care program was developed to improve patient transitions, patient flow and create in-patient bed capacity.

An innovative post-surgical remote care model, endorsed and funded by the Ottawa East Ontario Health Team (OHT) and Ontario Health (OH) was developed and implemented to safely transition post-operative care from hospital to home. This program is a collaboration between Hôpital Montfort and the Ottawa Community Paramedicine team. The clinical pathway has been designed based on clinical best practice guidelines and includes clinical alerting, patient education materials and clinical protocol management to guide Community Paramedics in the care of any post-operative complications that may arise. A training program was developed for the Ottawa Community Paramedics to safely care for post-operative surgical patients in the community, offering 24/7 real-time remote monitoring care and support for gynecological patients during their first 14-days after surgery. The program has leveraged the Aetonix RCM solution and is fully bilingual to meet the needs of the francophone and other minority populations. As part of our evaluation, patient and caregiver feedback has been valuable in continuously making enhancements to our program.

This program enabled and strengthened a collaborative care model between Montfort's Surgeons, Surgical Day Care Nurses and the Ottawa Paramedics.

Learning Objectives

1. To recognize the innovative nature of the post-surgical gynecological care program.
2. To describe the development and implementation of the post-surgical gynecological care program at Hôpital Montfort, in partnership with community paramedic paramedicine program.
3. To share preliminary patient and provider outcomes of the post-surgical gynecological care program.

Do patients with endometriosis receive respectful care? Experiences of care among patients with endometriosis in British Columbia

Presenters: Emily McKay

Presentation Category: Research (In-Progress)

Abstract

Purpose

The purpose of this study was to understand how people living with endometriosis and accessing care in British Columbia report experiencing care through their journey to receiving a diagnosis of endometriosis. The relationship between the experience of care and the patient's race or type of care provider was also explored. People with endometriosis often experience disrespect and disregard when navigating the healthcare system¹. Despite the prevalence of chronic pelvic pain, people with endometriosis often face a delayed diagnosis of 5 -7.9 years. People with endometriosis frequently report that healthcare providers do not take their concerns seriously. The experience of disrespectful care is often intensified for racialized populations since endometriosis was historically thought to be a disorder that only affected white people.

Methods

A cross-sectional approach was taken. Participants completed a standardized survey designed to measure experience of care⁴⁻⁵. Participants are actively being recruited through convenience and snowball sampling at the British Columbia Women's Hospital Chronic Pelvic Pain and Endometriosis Clinic. Since the clinic lacks racial diversity, the study will also be advertised at other organizations with greater racial diversity.

Results (project in progress)

120 survey responses have been collected within a two-week period, indicating the positive patient response and need for this research. Research exploring the experience of endometriosis is essential to demonstrate the disrespect and challenges people face in navigating the healthcare system. This will provide insight into how nurses can better care for patients and advocate for changes within the healthcare system to improve care outcomes.

Learning Objectives

1. At the end of this session, participants will be able to describe the experience of care for patients with endometriosis, and
2. identify factors that impact the experience of care.
3. Participants will also be able to describe interventions to improve the experience of care for all patients.



THEME:
Prenatal Education

Prenatal Education Through Social Distancing

Presenters: Loreli Palandri, RN, BScN, MSN

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

To explain and illustrate how a gap in perinatal education and healthcare services was found and filled during the Covid-19 Pandemic, thus demonstrating quality improvement.

Methods

When the Covid-19 pandemic hit, it rocked everyone's world. The uncertainty of how the virus was spread and what was or was not safe brought about a sense of chaos in the world. Pregnant people and new parents were impacted greatly, as their usual in-person resources like healthcare visits, peer groups, and prenatal classes were changed or cancelled all together.

At this same time, we, two RNs with an expertise and passion for perinatal health, were developing a company that would bring evidence-based perinatal education and services to our community. Given that we were in the early stages of planning and hadn't found a space to host in-person classes, we pivoted and developed our first offering, a prenatal class, to be delivered entirely online.

Main Findings

We were immediately met with enthusiastic feedback from our local community, but also from rural populations throughout our province. We hadn't entirely considered that this group of people was largely underserved, even pre-pandemic, when prenatal classes were generally hosted in larger, urban centers. We have since expanded our services to meet the needs of our community and continue to offer services virtually. We also offer many free resources online that have all been well received.

Along the way, we learned, often by trial and error, about business and private practice, and about the immense importance of access to primary health care. Without the pandemic, we most likely would not have had these lessons, nor the great success that we have seen in our business.

Learning Objectives

1. To explain how increasing patient autonomy can enable them to be the drivers of their care as they access the healthcare system.
2. To illustrate how innovative care models can increase patient education and access.
3. To explain how one can build and develop innovative learning opportunities for patients, even if you feel rooted in traditional learning pedagogies.

Expanding Patient Reach through Social Media and Virtual Mediums

Presenter: Sheila Mills, RN, BScN, MSc.

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

Between 70-90 percent of birthing persons seek pregnancy advice from the internet – whether reliably sourced, or not, and most commonly in the early stages of first trimester (Sayakhot & Carolyn-Ohah, 2016). The internet boasts a vast amount of subjective, biased, and unreliable pregnancy data, yet can be a highly reliable and accessible source of information when reputable, evidence-based sources are made available. Basic prenatal education often takes second place to clinical care in busy prenatal clinics.

Using social media and virtual delivery of educational information, institutional social media account is joining the plethora of pregnancy advice providers online – yet differentiating itself from others, in that it is nurse-moderated, and non-commercial. It is simply a way for nursing to have outreach to their patient population, and some control over the messaging. Virtual and social media initiatives include a breastfeeding zoom class-launched during the COVID pandemic, and an Instagram account. There are many new skills to learn, including content creation and social media skills, but the rewards have been many – and having this medium to communicate with patients has been particularly helpful during the covid pandemic, when reliable pregnancy related covid content needed dissemination.

The following presentation will discuss the planning and proposal phase of the projects, along with sharing some of the logistics behind operating the class and social media account.

Learning Objectives

1. Identify reasons why patients seek prenatal health information from the internet and the more common questions that they have.
2. Identify the benefits and risks of using social media and virtual care delivery for prenatal education and outreach.
3. Identify the key strategies for planning a virtual class, including the logistical considerations for patient population.



THEME:

Supporting Families of
High-Risk Newborns

An Accelerated Journey to Home: Mothers' Experiences with Alberta Family Integrated Care (FICare)[™]

Presenter: Dr. Karen M. Benzies, PhD, RN, Rachael Dien, Pilar Zanoni, Jana Kurilova

Presentation Category: Research Study (completed)

Abstract

Alberta Family Integrated Care (FICare)[™] is a novel model of care for the neonatal intensive care unit (NICU) that has demonstrated positive outcomes for parents, infants, and the health system. eLearning for healthcare providers delivers the strategies and tools to integrate parents in the care of their infant from admission to support independent parenthood by discharge. With Alberta FICare[™], mothers reported an enhancement to family centered care related to building reciprocal trust with healthcare providers that accelerated Journeying to Home.

Purpose

Neonatal intensive care units (NICUs) are highly technological critical care environment that can be overwhelming for parents during an already stressful time. Alberta Family Integrated Care (AB-FICare[™]) is an approach to care that provides strategies to integrate parents into their infant's care team. Our research questions were: How do mothers describe their experiences of parenting a moderate or late preterm infant in a level II NICU? Are mothers' descriptions of their experiences different depending on the context for care (AB-FICare[™] and standard care)?

Methods

In this sub-study of the AB-FICare[™] trial, Semi-structured interviews with mothers from AB FICare[™] (n = 14) and standard care (n = 12) NICUs were analyzed using interpretive description informed by grounded theory methods.

Main Findings

We identified a major theme of Journeying to Home with six categories: Recovering from Birth, adapting to the NICU, Caring for Baby, Coping with Daily Disruption, Seeing Progress, and supporting Parenting.

Conclusions: Mothers in the AB-FICare[™] group identified an enhancement to standard care related to building reciprocal trust with healthcare providers that accelerated Journeying to

Home. This study provides qualitative evidence that mothers experience AB-FICare[™] differently from standard care. Relational communication, a component of AB-FICare[™] training, may be critical to teach health care providers how to build trusting relationships with parents of critically ill infants in NICUs. To facilitate integration of parents into the NICU care team and accelerate the journey to home, NICU Managers may wish to consider embedding AB-FICare[™] training in staff orientation with updates on an annual basis.

Learning Objectives

1. State the components of the Alberta FICare[™] model of care.
2. Describe the evidence for Alberta FICare[™]
3. Compare mothers' experiences with Alberta FICare[™] to standard care (family centered care)

Effects of Alberta Family Integrated Care (FICare)[™] on Breastfeeding at Age 2 Months

Presenter: Amanda M. Moe RN, BScN, MN Student, Dr. Karen M. Benzies, PhD, RN, Jana Kurilova, Arfan R. Afzal, Pilar Zanoni

Presentation Category: Research Study (in progress)

Abstract

Much of the current literature regarding breastfeeding premature infants focuses on increasing rates of human milk feeding during the hospital stay. Fewer studies evaluate human milk feeding rates following discharge from the NICU, with limited exploration into supporting the transition and acknowledging the challenges these mothers and infants face at home. Given traditional NICU care models affect breastfeeding rates, it is important to evaluate how family centred care delivery models, such as Alberta Family Integrated Care (FICare)[™], impact exclusive breastfeeding.

Purpose

The primary purpose of this study was to compare breastfeeding rates at age 2 months in moderate and late preterm infants who received Alberta Family Integrated Care (FICare)[™] versus standard care. The secondary purpose was to examine the risk and protective factors associated with breastfeeding at age 2 months. Alberta FICare[™] is a novel care model focused on empowering parents to build their knowledge, skill, and confidence in caring for their preterm infant.

Methods

We conducted a longitudinal follow-up to the Alberta FICare[™] cluster randomized controlled trial. Alberta FICare data (maternal depressive symptoms, anxiety, stress, and breastfeeding self-efficacy) were linked to breastfeeding type (only human milk, any human milk, or no human milk) at the infant's 2-month public health immunization. For this research in progress, we will use independent samples t-test to compare breastfeeding rates in Alberta FICare and standard care groups, and regression modelling to examine the risk and protective factors associated with proportions of breastfeeding at age 2 months.

Main Findings

We linked data for 455 infants (204 in Alberta FICare[™]; 251 in standard care) and their mothers. We hypothesize that there will be statistically significant group differences in breastfeeding rates at age 2 months favouring the Alberta FICare group. In addition, we hypothesize that different infant and maternal characteristics may predict each feeding type.

Conclusions: The results of this research in progress may inform how NICU nurses can improve the quality of care for preterm infants and their mothers to increase rates of exclusive breastfeeding.

Learning Objectives

1. Describe the challenges of feeding preterm infants and risks of early breastfeeding cessation.
2. Describe the components of Alberta Family Integrated Care (FICare)[™]
3. Describe the effects of Alberta FICare on breastfeeding at age 2 months.
4. Consider how to apply evidence from Alberta FICare[™] projects to your practice setting.

THEME:

Early Pregnancy Loss:
Experience in the EDs

Early Pregnancy Loss (EPL) Process Improvements: The Ottawa Hospital Emergency Departments

Presenter: Laura Crich and Jennifer Burkhart

Presentation Category: Quality Improvement (Innovative programs and processes)

Abstract

Purpose

This project focuses on the creation of a family-centered approach to early pregnancy loss (EPL) care in an Ontario emergency department. Our goal is to educate and inspire other Canadian nurses regarding EPL resources and process improvements and support them to implement improved EPL care in their departments.

Background and Motivation: In Ontario, approximately 106 patients visit emergency departments (EDs) every day for early pregnancy loss (EPL) and associated complications. Despite this frequency, the majority of EPL patients in Ontario leave EDs feeling dissatisfied with the care they received, and staff often report feeling a lack of confidence and skill in caring for this population.

Development: At an Ontario ED, a nurse experienced a difficult EPL case, which inspired discussions among colleagues about ways to improve care for EPL patients. Grassroots working group was formed with nurses, social workers, physicians, and clerks. Over two years, they developed and implemented new processes and resources for EPL patients in the ED.

Implementation: This ED had an existing resource binder for the purpose of managing products of conception (POC) that were delivered in the ED. Our group overhauled the binder to make it more comprehensive and usable for any patient experiencing bleeding in early pregnancy or EPL. The binder includes five sections: a nursing care checklist, EPL clinic referral handout, two patient information packages (bleeding in early pregnancy and confirmed pregnancy loss), and guidelines for disposition of POC. We also aligned several processes in the ED to support these best practice improvements, such as storage of EPL-related supplies, and dissemination of resources.

Implications: This process improvement project led to the creation of a family-centered approach for patients who present to the ED experiencing EPL. Additionally, it has given nurses

the resources and confidence to provide evidence-based and compassionate care to EPL patients.

Learning Objectives

1. Learn how a departmental frustration can evolve into a grassroots process improvement change.
2. Learn about evidence based EPL nursing processes, including development and dissemination.
3. Discover strategies to support and educate EPL patients, especially with discharge teaching and sharing resources.

Not an Emergency: Discovering the Narratives of Emergency Department Nurses Who Care for Women Experiencing an Early Miscarriage

Presenter: Patrice Drake, Dr. Brenda Cameron and Dr. Diane Kunyk

Presentation Category: Research Study (completed)

Abstract

This presentation reflects the results of a doctoral research study that explored the experience of emergency department (ED) nurses caring for women and childbearing persons and miscarriage in the ED. This work adds to a burgeoning body of literature about the experience of ED nurses and miscarriage in the ED. This knowledge is essential to providing comprehensive care the patient and family centred care to women and childbearing persons and their families.

Purpose

Early miscarriage presents a conundrum for all involved with the experience. Finding potential solutions to these challenges requires an examination of those who provide care. 24-hour access to the emergency department (ED) combined with the unpredictability of early miscarriage makes it a frequent point of care for women and childbearing persons. However, the research describing ED nurses' experiences of caring for women with an early miscarriage has not substantively.

Methods

The stories of eight ED nurses who have cared for women experiencing an early miscarriage were examined and analyzed using narrative inquiry. The ED nurses' stories revealed four narrative resources common to all the stories: the reality of the ED, the medicalization of miscarriage, the lack of a plan, and nothing I can do. The stories also revealed two underlying narrative plot types that tied the narrative resources together: You are not an emergency and seeing the fetus.

Main Findings

The ED nurses' stories focused on psychomotor skills and medical interventions, and what they could not do and inadvertently trivialized their vital role in facilitating care for women and childbearing persons. However, woven throughout these stories was how much the ED nurses

did for women and childbearing persons. The ED nurses' work and how they value their work are fundamental to answering these questions and extending our understanding of how to support ED nurses to navigate the experience of caring for women and childbearing persons having a miscarriage in the ED.

Learning Objectives

1. Following this session, participants will be able identify the challenges facing emergency department (ED) nurses who care for women and childbearing persons who experience a miscarriage in the ED?
2. Following this session, participants will identify how the "work" of ED nurses is under appreciated in the care of women and childbearing persons experiencing an early miscarriage.
3. Following this session, participants will consider ways perinatal nurses can support ED nurses and other healthcare providers in providing care to women and childbearing persons experiencing an early miscarriage.



THEME:
Trauma

Health-related Maternal Decision making in the Context of IPV: A Scoping Review.

Presenters: Kimberley T. Jackson, Julia Yates and Cheryl Marshal

Presentation Category: Knowledge Translation (Best Practices)

Abstract

Purpose

Globally, it is estimated that 245 million women and girls aged 15 and over have experienced intimate partner violence (IPV) in the past 12 months. Moreover, research has highlighted the disproportionately high prevalence of IPV victimization among pregnant women.

Intimate partner violence can have serious health implications for women and their infants, yet little is known about maternal health-related decision making by mothers exposed to IPV in the perinatal period. To this end, the purpose of this scoping review was to examine what is known from existing literature regarding health-related maternal decision-making in the context of IPV.

Using Arksey and O'Malley's framework, seven articles were included in this review. Thematic analysis revealed three main themes regarding health-related maternal decision-making, including suboptimal breastfeeding practices, under-utilization of maternal and child health services, and poor adherence to medical recommendations/regimens that impacts health related outcomes for both mother and child. This paper synthesizes existing research on maternal health-related decisions in pregnancy and postpartum in the context of IPV and adds to the current body of literature on women's and children's health. Additionally, with the abundance of poor health related outcomes concerning IPV, it is important that health care professionals, especially in perinatal care areas understand how mothers impacted by IPV make health-related decisions so that effective strategies including health teaching and delivery can adapt to meet this important population's overall health care needs.

Learning Objectives

2. Understand the health implications of mothers who experience intimate partner violence during pregnancy and postpartum.
3. Identify how mothers' health-related decisions may be impacted by the experience of intimate partner violence.
4. Apply the findings of this review to the delivery of health services to mothers experiencing intimate partner violence.

Trauma-informed care and cultural humility in perinatal nursing

Presenter: Julia Imanoff BSc, BScN, MN, RN, PNC(C)

Presentation Category: Research (In-Progress)

Abstract

Purpose

In this proposed research study, I aimed to explore psychological birth trauma from the women's perspective using a qualitative interpretive approach based on Hans-Georg Gadamer's philosophical hermeneutics.

Methods

Ten women who have self-identified as having experienced a traumatic birth participated in this study by writing their birth narrative and participating in followed by an interview. A rigorous analysis is currently underway.

Main Findings

The preliminary findings include the how role of language in how women interpret their experience of birth trauma. Some women in this study were drawn to care providers who took a trauma-informed approach in demonstrating the principles of empowerment, choice, collaboration, trustworthiness, and safety in contrast to experiences where those principles were not present.

Conclusion: Given the traumatizing nature of birth experiences, nurses have the opportunity to influence how by expanding their understanding of the complex and highly subjective nature of women's birth experiences.

Learning Objectives

1. To explore the experiences of women who have had traumatic births.
2. To describe the various ways in which language used by health care providers can shape women's birthing experiences.
3. To promote strategies for trauma-informed care in the care of birthing families.

Specialty Sessions



SS01 Fetal Health Surveillance in Canada: Where we've come from and where we are headed

Purpose: To provide a historical overview of FHS use and education in Canada; an in-depth review of the work over the last 10 years leading up to the brand launch and to review the strategic goals and work plan for the coming 2 years. To engage with current FHS Instructors and Participants to envision the future of FHS/SBF Canada.

Learning Objectives:

- Develop an understanding of the long history of interprofessional collaboration in development and delivery of FHS Education in Canada
- Outline the development and revision processes for the Fundamentals of FHS Online manual and Exam, Instructor Portal and workshop materials
- Describe FHS/SBF Canada's mission and vision
- Brainstorm with FHS participants and instructors on how FHS/SBF Canada can continue to evolve to meet the needs of Canadian FHS providers over the next 10 years.

This specialty session will focus on the history of the FHS Canada Education programing and the innovation and evolution of the program in the last 40 years with a focus on the last 10 years. We will discuss the strategic vision, mission and values and describe how the program is being set up for growth through branding, marketing and interprofessional collaboration. We will engage with conference delegates to determine how FHS/SBF Canada can move forward to meet the needs of health care providers in relation to FHS education and research.

SS02 Women's Health Escape Room: An alternate method of learning

Purpose: Well developed educational activities are essential to both improve retention among experienced nurses and to support new nurses transitioning into practice. Using principals of adult learning clinical educators have the opportunity to create new and interactive activities geared towards specialty nursing areas. This session will use an escape room activity to demonstrate how activities and simulation can be combined to improve critical thinking, communication, teamwork and general clinical knowledge. Participants will have the opportunity to participate in some of the escape room scenarios as well as learn how sessions can be set up using both high and low fidelity simulation.

Learning Objectives:

- By the end of this session participants will be able to identify how simulation can be used to create a educational and interactive escape room.
- By the end of this specialty session participants will be able to identify how simulation can be used in a variety of methods to improve communication skills, critical thinking and basic clinical knowledge.

Presenter:

Lorraine Cassan RN BN is the Regional Lead for Acute Care and Chief Nursing Officer for Southern Health-Santé Sud SDO.

Assisting presenters:

Christine Finnbogason, RN, BSc, MN, PNC(C) Clinical Nurse Specialist HSC /Shared Health;
Amber Wiens, MN RN IBCLC Manager of Patient Care | Antepartum, Gynaecology, Gyne-oncology HSC /Shared Health;
Christine Bidzinski, RN BN PNC Nurse Educator/ Women's Health Program/ HSC/Shared Health;
Tawyna Hughes, RN BN, Continuing Education Instructor Antepartum & Gynecology | Woman & Child Program SBGH

SS03: Milk Mentors MB: Weaving another layer of infant feeding support for MB families.

Purpose: This presentation will demonstrate how a community health agency hopes to reduce the impact of potential infant feeding support disruptions and barriers to access. Presenters will demonstrate how this could be done using an equity-diversity-inclusion approach.

Learning Objectives:

- Review the impact of the pandemic on MB families making infant feeding decisions.
- Review the positive impacts on families and their infants that other community-based peer mentorship programs have experienced.
- Identify challenges and explore potential solutions when starting a community-based infant feeding peer support model.

Presenters:

Robyn Brown, Certified ECE II; Certified facilitator in Nobody's Perfect Parenting, Roots of Empathy, and Circle of Security; Milk Mentors MB Peer Connector and Healthy Baby Outreach Worker @Youville Community Health Centre

Carol Dyck, BN, IBCLC, Lactation Consultant (Volunteer) @Youville Community Health Centre

Roxanne Myslicki, RN, BScN, CHN @ Youville Community Health Centre

SS04: The creation of a perinatal mental health nurse practitioner role and its integration into the health care team

Learning Objectives:

- To establish how the role of perinatal mental health nurse practitioner was created and integrated to the health care team at Women's Hospital, Health Sciences Centre, Winnipeg, MB.
- To establish how a nurse practitioner was the ideal choice for this role based on unique capabilities and holistic focus.
- To discuss how this role was created by the NP in order to fill ongoing gaps within the health care system in the realm of perinatal mental health.
- To discuss how the NP delved into the current literature on perinatal mental health in order to develop an appropriate assessment, diagnostic, and treatment process for patients referred to our service.
- To discuss challenges encountered during the role creation as well as ongoing challenges encountered in this NP role.
- To outline our referral process and intricacies of our role and how we serve the community and province of Manitoba.
- To outline other perinatal mental health services in Manitoba and how they integrate with our role/team.

Presenters:

Alexa Barrett MN (RN) NP

Chandra Hawkins MN (RN) NP

EXHIBITOR PROFILES



Amico Corporation

Mr. Daniel Cammick
Regional Sales Manager - Canada
Amico Patient Care Equipment
122A East Beaver Creek Road
Richmond Hill, ON
L4B 4V1
Canada
Cell: 647-298-4642

dcammick@amico.com
awygodny@amico.com
Website: www.amico.com

Amico Corporation designs, manufactures and markets a broad range of products for virtually every department in the health care facility. Our mission is to design and deliver state-of-the-art products that facilitate the caregiver's role in providing the best outcomes for patients.



AVEENO® BABY (BRONZE LEVEL SPONSOR)

Ms. Joanne Jorge
Senior Strategic Healthcare Partnerships Manager
Johnson & Johnson Inc.
jjorge@kenvue.com
Cell: 778-318-7067

Websites: <https://www.aveeno.ca/baby>
<https://www.aveeno.ca/hcp>

Nurture your baby's delicate skin and hair with products that are gentle enough to use every day. Ease dryness and soothe your baby's delicate skin with a full collection of products from the #1 pediatrician recommended baby skin care brand.

Learn more about how AVEENO® BABY is promoting visibility and solutions that help parents of colour identify and soothe their baby's eczema symptoms, visit the AVEENO® Baby Eczema Equality Hub <https://www.aveeno.ca/skin-hair-solutions/baby-eczema/skin-of-colour>



Dräger Inc.

Ms. Joanne Allen
2425 SKymark Ave Unit 1
Mississauga
L4W 4Y6
Canada
416-436-1351
joanne.allen@draeger.com

Website: www.draeger.com

Dräger Inc. helps create a safe and nurturing environment for babies, family, and staff. We provide neonatal support, thermoregulation therapies, jaundice management, intra and inter-hospital transport solutions and ergonomic workplace design and planning. Our goal is to provide the most effective solutions that allow caregivers to work efficiently, parents to nurture, and infants to thrive.



Fraser Health Authority

Jennifer Christiaens
Suite 400-13450 102nd Avenue
Surrey, BC
V3T 0H1
Canada
236-332-1423
jennifer.christiaens@fraserhealth.ca

Website: <https://careers.fraserhealth.ca/>

Fraser Health is one of Canada's largest and fastest growing health authorities. Over 26,000 employees, 2,500 physicians and 6,500 volunteers provide a wide range of integrated health care services to over 1.8 million people living in Metro Vancouver and the Fraser Valley and oversee operations of 12 hospitals, BC's first dedicated outpatient care and surgery centre and services in public health, home health, mental health and residential care facilities.

We are proud of the innovation, commitment, professionalism and tenacity of our physicians, employees and volunteers. More than any building or technology, it's our people who make Fraser Health distinct.



Gaumard Scientific

Eve Bowder
14700 SW 136th St
Miami, FL
33196
United States
305-971-3790
eveb@gaumard.com

Website: www.gaumard.com

Company description: At Gaumard, our mission is to empower healthcare providers with innovative training solutions to accelerate progress toward safer patient care and improved patient outcomes for everyone. We focus on developing state-of-the-art patient simulators, task trainers, learning modules, and mixed reality solutions designed to facilitate safe and effective training opportunities for healthcare students and professionals across nearly all clinical specialties. With over 70 years of healthcare simulation experience, Gaumard continues to deliver on its commitment to providing our clients with innovative solutions, world-class service, and exceptional value



Getinge

Priscilla Buscaino
90 Matheson Blvd West, Suite 300
Mississauga, ON
L5R 3R3
Canada
973-597-8145
priscilla.buscaino@getinge.com

With a firm belief that every person and community should have access to the best possible care, Getinge provides hospitals and life science institutions with products and solutions aiming to improve clinical results and optimize workflows. The offering includes products and solutions for intensive care, cardiovascular procedures, operating rooms, sterile reprocessing and life science. Getinge employs over 10,000 people worldwide and the products are sold in more than 135 countries.



Interior Health Authority

Ms. Heather Simmonds
Recruiter
505 Doyle Avenue
Kelowna, BC
V1Y 0C5
Canada
250-469-7070
heather.simmonds@interiorhealth.ca

Website: www.Jobs.Interiorhealth.ca

We Are IH. People committed to caring. Caring is at the heart of who we are. Inspiring hope and trust as we provide the highest standard of health care for the people who live here. For over 20 years, we've been working and partnering for the health and wellbeing of everyone in the B.C. Interior – over 834,000 people. So we can all enjoy a healthier tomorrow. Our People. Our Communities. Our Health.



Laborie

Ms. Jamie Sassi
Clinical Solutions Specialist
2513 Littlefield Cres
Oakville
L6M 5L9
Canada
289-772-7145
jsassi@laborie.com

Website: www.laborie.com

Laborie's Obstetrics, Gynecology and Neonatal business includes products that support the continuum of care during antenatal, intrapartum, postpartum, neonatal and gynecological surgical procedures.



Medela Canada Inc.

Ms. Andrea Greto
Product Marketing Specialist
4160 Sladeview Crescent, Unit #8
Mississauga, ON
L5L 0A1
Canada
905-608-7272
andrea.greto@medela.com

Website: www.medela.ca

Across the different stages of life, Medela products go beyond form and function. They heal, nurture health, and build bonds.

Over the last 60 years, our company has been devoted to the science of making the most delicate form of care simple, intuitive, and effective.

Medela has been caring for moms and babies, patients, and healthcare professionals for so long, we've turned it into a science.



Mothers Choice Products

Ms. Sandra Hass
#2133-11871 Horseshoe Way
Richmond, BC
V7A 5H5
Canada
604-275-9221
ayamaoka@motherschoiceproducts.com

Website: www.motherschoiceproducts.com

For more than 30 years Mothers Choice Products has been a proud Canadian distributor of premium health care products designed for the new family. Our primary focus is on the immediate post-partum and beyond, providing products to support mothers and babies in the NICU as well as full term infants. Products in our portfolio are: Ameda breastfeeding products, Mamivac nipple shields, PumpEase hands free pumping support, Ameda Penguin nutritional warmer, Sterifeed collection containers and Joeyband to provide safe skin to skin contact in the immediate post-partum period. Every day we strive to be the most credible and knowledgeable distributor of pre and post-natal products in Canada; delivering excellent and consistent service.



Northern Health

Lauren Marutt
Recruiter
700-299 Victoria St.
Prince George, BC
V2L 3G4
Canada
672-983-7094
lauren.marutt@northernhealth.ca

Website: www.careers.northernhealth.ca

Northern Health covers an area of nearly 600,000 square kilometers in British Columbia and offers health services in over two dozen communities and 55 First Nation's communities. We deliver hospital and community-based health care for a population of 300,000.

Employing more than 10,000 staff throughout the region, Northern Health provides exceptional health services for Northerners, through the efforts of dedicated staff and physicians.

For more information on career opportunities, visit careers.northernhealth.ca



OBIX By Clinical Computer Systems, Inc. (GOLD LEVEL SPONSOR)

Mr. Eric Lavoie
Canadian Territory Manager
2895 Greensport Parkway, Suite 500
Hoffman Estates, IL
60169
United States
613-519-8398
eric.lavoie@obix.com

Website: www.obix.com

Since 1996, OBIX has been a trusted perinatal system solution provider for clinicians worldwide to monitor pregnant women and their babies. The OBIX Perinatal Data system was created for health systems large and small and has earned name recognition among healthcare professionals because of its ease-of-use, intuitiveness, and the way it supports their clinical decisions regarding patient care. The OBIX BeCA® is a reliable and cost-effective fetal/maternal monitor and the OBIX Freedom is a waterproof, wireless transducer system that offers mobility when monitoring moms and babies, further enhancing the patient experience.



Pampers Professional Canada (PLATINUM LEVEL SPONSOR)

Ms. Katy Klosowski
Health Care Professional Communications Director
Cell: 4162586791
klosowski.k@pg.com

Website: www.pgsciencebehind.com

At Pampers, we understand our responsibility is to work together with the leaders who define our healthcare landscape. We aim to help healthcare professionals create positive change in their patients' lives by providing the right developmental support for babies on their journey from womb to world. Pampers Professional, proudly supporting and recognizing the leadership of perinatal and women's health nurses across Canada.



Philips Electronics Ltd. (BRONZE LEVEL SPONSOR)

Monica Ramsuran
Events Marketing Manager
1875 Buckhorn Gate, 5th Floor
Mississauga, ON
L4W 5P1
Canada
905-301-3870
monica.ramsuran@philips.com

Website: <https://www.philips.ca>

Philips is a leading health technology company focused on improving people's health and enabling better outcomes across the health continuum – from healthy living and prevention, to diagnosis, treatment and home care.



Northwest Territories Health & Social Services Authority (PracticeNWT)

Mr. Steve Meszes
Marketing and Promotion Specialist
PO Box 1320
Yellowknife, NT
X1A 2L9
Canada
867-767-9105
steve_meszes@gov.nt.ca

Website: www.practicenwt.ca

PracticeNWT is here to promote the amazing career opportunities for Registered Nurses in the Northwest Territories. Live, Work, Expand your Opportunities.



Pro-Lab Diagnostics Inc.

Ms. Karen Moffatt
Sales & Marketing Manager
20 Mural Street, Unit 4
Richmond Hill
L4B 1K3
Canada
905-762-3580
karen.moffatt@pro-lab.com

Website: www.ProLab-WomensHealth.com

Pro-Lab Diagnostics is a Canadian Manufacturer of Microbiology and a Women's Health line of products used to aid in detection of ruptured membranes.



Salus Global

Ms. Heidi Ludwick
416-704-7284
heidi.ludwick@salusglobal.com

Website: www.sgsolutions.salusglobal.com

SG.solutions is a division of Salus Global, a boutique Canadian healthcare consulting firm. We focus on helping create positive behavioural change in core areas that impact risk, safety and the quality of patient care. moreOB, the original SG.solution has been introduced in over 300 hospitals, to over 16,000 healthcare professionals coast-to-coast.



Spacelabs Healthcare (Canada) Inc.

Ms. Krista Silvaggio
Clinical Integration Manager
125 Topflight Drive
Mississauga
L5S 1Y1
Canada
514-983-3883
krista.silvaggio@spacelabs.com

Website: www.spacelabs.com

Spacelabs Healthcare (Canada) Inc. will be displaying the newest products in fetal monitoring and doppler technology.