



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

November 14 & 15, 2024

Le Westin Montréal, Québec

**The Future is Now: Sustaining Excellence in Perinatal,  
Neonatal, and Women's Health Nursing**

In partnership with the Canadian Association of Neonatal Nurses (CANN)



CAPWHN.CA

# THANK YOU TO OUR SPONSORS MERCI À NOS COMMANDITAIRES

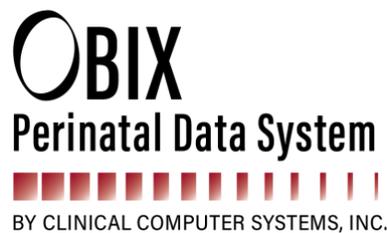
The Canadian Association of Perinatal and Women's Health Nurses gratefully acknowledges the following sponsors for generously providing unrestricted educational grants in support of the 11<sup>th</sup> CAPWHN National Conference.

L'Association canadienne des infirmières et infirmiers en périnatalité et en santé des femmes (ACIIPSF) remercie très chaleureusement les commanditaires suivants, qui nous ont offert des subventions éducationnelles sans restriction pour la 11<sup>ème</sup> Conférence nationale de l'ACIIPSF.

## DIAMOND | DIAMANT

The Sanofi logo consists of the word "sanofi" in a lowercase, bold, sans-serif font. The letter "s" has a purple dot above it, and the letter "i" has a purple dot above it.

## GOLD | OR

The logo for OBIX Perinatal Data System features the word "OBIX" in a large, bold, sans-serif font. Below it, the words "Perinatal Data System" are written in a smaller, bold, sans-serif font. Underneath the text is a horizontal bar composed of several red squares of varying heights, resembling a barcode or a data visualization. At the bottom, the text "BY CLINICAL COMPUTER SYSTEMS, INC." is written in a small, sans-serif font.

## SILVER | ARGENT

The Kenvue logo features a large, bold, black letter "K" followed by the word "kenvue" in a lowercase, bold, sans-serif font.

## BRONZE | BRONZE

The baby360 logo features a stylized blue and green icon resembling a baby's head or a camera lens, followed by the text "baby360" in a lowercase, sans-serif font.The Nipro Canada logo features a stylized blue and white icon resembling a medical device or a person, followed by the text "NIPRO CANADA" in a bold, sans-serif font. Below the text is the tagline "Live Longer. Live Better." in a smaller, sans-serif font.The Philips logo features the word "PHILIPS" in a bold, blue, sans-serif font.The Prolacta Bioscience logo features a stylized blue and white icon resembling a person's head or a camera lens, followed by the text "Prolacta™ BIOSCIENCE" in a bold, sans-serif font. Below the text is the tagline "Advancing the Science of Human Milk™" in a smaller, sans-serif font.

# THANK YOU TO OUR EXHIBITORS

## MERCI À NOS EXPOSANTS



## WELCOME FROM THE CONFERENCE CO-CHAIRS

Bienvenue / Welcome,



Kimani Daniel

We are delighted to welcome you to CAPWHN's 11<sup>th</sup> Annual National Conference in Tiohtià:ke / Montréal, Québec. We acknowledge that our conference takes place on the unceded territory of the Kanien'kehà:ka who are the traditional custodians of the lands and waters on which we meet.

Our conference theme this year, *"The Future is Now: Sustaining Excellence in Perinatal, Neonatal, and Women's Health Nursing,"* reflects our commitment to advancing and innovating in our field. We're excited to unite CAPWHN and the Canadian Association of Neonatal Nurses (CANN) for a collaborative exchange of knowledge and professional growth. Welcome to Le Westin Montréal, where we'll celebrate the latest advancements in perinatal, neonatal, and women's health across Canada.



Amélie Guay

The CAPWHN conference provides an unparalleled opportunity for perinatal, women's health, and neonatal nurses to reconnect with familiar colleagues and forge new connections and partnerships from coast to coast. Together, we renew our shared passion for nursing and reaffirm our dedication to excellence across all areas of practice.

We are honoured to feature distinguished plenary speakers, including Isabelle Milette, Dre Lyne Desautels, Dr. Josephine Etowa, and Dre Chantal Verdon. These experts will inspire and guide us into the breakout sessions throughout the day. These oral presentations by local and national clinicians and researchers were selected by the Abstract Review Committee. Additionally, we invite you to explore a diverse selection of clinical and research posters and engage directly with presenters.

We extend our sincere thanks to our sponsors and exhibitors for their generous support, making this conference a premier educational event. Be sure to visit their booths during meals and breaks to learn about the latest innovations in technology, procedures, and resources that support our work.

On Friday, November 15, join us for a morning yoga session designed for all experience levels—a perfect way to stretch, release tension, and prepare for the day ahead. A \$10 donation is suggested, with all proceeds supporting Chez Doris, a local charity dedicated to women in need. Additionally, our Silent Auction outside the plenary room offers a chance to take home a unique item while contributing to this meaningful cause.

On behalf of the 2024 CAPWHN National Conference Planning Committee, we wish you a fulfilling and inspiring conference experience that enriches you both personally and professionally.

A handwritten signature in black ink that reads "K Daniel".

Kimani Daniel, N, M.Sc(A), PNC(c), IBCLC  
Co-Chair, CAPWHN Conference

A handwritten signature in purple ink that reads "Amélie Guay".

Amélie Guay, inf., M.Sc., ICP(C)  
Co-Chair, CAPWHN Conference

## WELCOME FROM THE PRESIDENT

Dear CAPWHN Members, Colleagues, and Friends,



Welcome to the 2024 Canadian Association of Perinatal and Women’s Health Nurses (CAPWHN) Annual Clinical, Education, and Research Conference in Montréal! It is my pleasure, on behalf of the CAPWHN board and planning committee, to extend my warmest greetings as we gather once again to advance our shared mission of excellence in perinatal and women’s health care.

This year’s conference theme centers on embracing innovation, collaboration, and resilience in our ever-evolving field. Together, we face new challenges and opportunities that drive us to expand our knowledge, refine our skills, and inspire one another. Through an array of keynote presentations, breakout sessions, and networking events, we have crafted a program that promises to enrich your clinical practice and enhance patient outcomes in the communities we serve.

This year, we’re thrilled to collaborate with the Canadian Association of Neonatal Nurses (CANN) for the 2024 conference. This partnership exemplifies the importance of working today across all specialities to address multifaceted needs of maternal and newborn care. By uniting our expertise, we strengthen our impact, share insights, and broaden the scope of resources available to our members. Partnerships like these are invaluable in fostering healthcare environment where comprehensive, high-quality care is the standard. We hope this collaboration enriches your conference experience and inspired future connections within and beyond our organizations.

I also encourage you all to attend our Annual General Meeting (AGM) during the conference. This gathering is a unique opportunity to engage with CAPWHN’s leadership, learn about our strategic initiatives, and participate in shaping the future of our association. Your voices are vital as we discuss how best to support our members and drive meaningful change in maternal, neonatal, and women’s health across Canada.

To our members, your commitment to improving maternal, neonatal, and women’s health has been pivotal in CAPWHN’s growth and impact across Canada. Your dedication, passion, and expertise have made a profound difference in the lives of countless families. As we come together over these two days, I encourage you to connect, share insights, and draw strength from one another.

Thank you to our sponsors, exhibitors, and industry partners for their invaluable support. Together, we are fostering an environment where innovation thrives, and the highest standards of care are realized.

Let’s make this conference an opportunity not only for learning but for forging connections that will sustain and inspire us all year round. I look forward to celebrating our achievements, exploring future directions, and building a stronger, more connected community with you all.

A handwritten signature in black ink that reads "M Cellamare". The signature is fluid and cursive.

Meghan Cellamare, RN, MScN, PhD  
CAPWHN President

# CAPWHN 11<sup>th</sup> ANNUAL NATIONAL CONFERENCE PLANNING COMMITTEE

## **CONFERENCE PLANNING COMMITTEE**

Kimani Daniel (co-chair)

Amélie Guay (co-chair)

Shelja Arya

Claudia Cinquino

Luisa Ciofani

Laura Crump

Nadine Fava

Sophia Kapellas

Catherine Ricci

Sonia Semenic

## **PROGRAM WORKING GROUP**

Claudia Cinquino (chair)

Luisa Ciofani

Laura Crump

Nadine Fava

## **ABSTRACT REVIEW WORKING GROUP**

Sonia Semenic (chair)

Shelja Arya

Keri-Ann Berga

Maxine Bernard

Jodie Bigalky

Meghan Cellamare

Nadine Fava

Laurel Flaming-Demler

Megan Fockler

Kate McCulloch

Courtney Nelson-Ward

Catherine Ricci

## **HOSPITALITY WORKING GROUP**

Sophia Kapellas (chair)

Catherine Ricci

## **CAPWHN / CANN SUPPORT**

Meghan Cellamare, CAPWHN President

Carolina Moore, CAPWHN Executive Director

Sharon Dore, Industry Support

Christine Finnbogason, Abstract Management

Amy Wright, CANN President

# CONFERENCE THEME, OBJECTIVES AND CONTINUING EDUCATION HOURS

## CONFERENCE THEME

The Future is Now: Sustaining Excellence in Perinatal, Neonatal, and Women’s Health Nursing

## CONFERENCE OBJECTIVES

1. Discuss innovative and evidence-informed practices to promote and optimize care across the continuum of perinatal, neonatal, and women’s health.
2. Foster collaborative spaces for networking with other healthcare professionals.
3. Explore strategies to optimize knowledge and promote equity and access in perinatal, neonatal, and women’s health.

## CONTINUING EDUCATION HOURS

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.

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## 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. The registration desk is located in the foyer outside the Montréal Ballroom (11<sup>th</sup> Floor) and will be staffed during the following hours:

- Wednesday, November 13 1700 - 1900
- Thursday, November 14 0715 - 1700
- Friday, November 15 0730 - 1600

### 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 information will be provided on day of conference.

**BROWSER:** Westin\_CONFERENCE

**CODE:** Westin2024

### TRANSLATION

Translation at all plenary sessions is available via Wordly. You will be able to view translated text on your phone. If you would like to hear audio translation, please follow the instructions below, and remember to use your headphones. **The link can also be found here: [WORDLY](#)**

### Plenary Room - CAPWHN Conference

How to Use Live Translation

Step 1	Step 2	Step 3
		
Scan QR Code or Go To: <a href="https://attend.wordly.ai/join/PAHW-4133">https://attend.wordly.ai/join/PAHW-4133</a>	Choose Language Click Attend	Read Captions on Device Use Headset for Audio

### DISCLAIMER

Information is confirmed as of November 8, 2024, and is subject to change.

## GENERAL INFORMATION

### POSTERS

A fabulous array of research and clinical posters are being presented at the conference. Make time to visit the posters in the Montréal Ballroom foyer 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 – refer to the program at a glance for scheduled times.

### EXHIBITORS

All conference delegates are encouraged to visit the exhibitors in the Montréal AB Ballroom Foyer (11<sup>th</sup> Floor). Our exhibitors' support contributes greatly to the success of the CAPWHN Annual Clinical, Education, Research Conference. Exhibits are open on November 14, during the morning break, lunch and reception, and on November 15, during the morning break and lunch.

### PASSPORT

Your exhibitor passport can be accessed here ([click here](#)). Be sure to visit all exhibitors and ask them for the password (word and a number).

Submit your completed passport online before 1530 on Thursday and on Friday for a chance to win a prize! The draw will be held at 1600 on both days. Winners must be present at the time of the draw to claim their prize.

### RECEPTION AND NETWORKING WITH EXHIBITORS AND POSTER PRESENTERS

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

### CONFERENCE CHARITY

We are pleased to support [Chez Doris](#), which offers safe spaces and a broad range of services to support and empower all women in precarious situations so that they can reach their full potential. We will be raising funds through the following activities: silent auction, wellness yoga session, and of course, we also accept donations. Please give generously!

### 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.

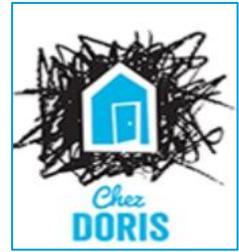
### LET'S GET SOCIAL!

Share what you are learning in real time! CAPWHN is on Twitter [@CAPWHN](#), Facebook [@CAPWHN](#) and Instagram [@CAPWHN](#) – share your aha moments using [#CAPWHN2024](#).

## CONFERENCE CHARITY

### CHEZ DORIS

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**Chez Doris** was founded in 1977 as a day shelter for women in difficulty, which offered breakfast and lunch. They now serve more than 1,500 vulnerable women in precarious situations annually, who are met with a spirit of inclusion and respect. They continue to expand their services, providing food, clothing, financial management support, medical services, a day and night shelter, housing solutions, and personal comfort as well as practical assistance.

For more information about Chez Doris [CLICK HERE](#)

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**OBIX**  
Système de données périnatales  
PAR CLINICAL COMPUTER SYSTEMS, INC.

150  
90  
150  
90

### *Simplifier la Surveillance électronique fœtale (SEF)*

Le système de données périnatales OBIX est une **solution logicielle périnatale de premier plan** qui contribue à améliorer le déroulement de l'accouchement à la fois pour la mère et le nouveau-né. L'intégration uniforme avec le DSE optimise le flux de travail clinique et préserve l'intégrité des données.

### *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.

Pour plus de renseignements, consultez- For more information visit:  
[www.https://www.obix.com/obix-canada/](https://www.obix.com/obix-canada/)

# 2024 CAPWHN NATIONAL CONFERENCE AGENDA

Program as of November 8, 2024 (subject to change)

<sup>1</sup> Session will be presented in French. Translation at all plenary sessions is available via Wordly.

Sessions hosted by the Canadian Association of Neonatal Nurses are indicated as CANN Neonatal Sessions.

WEDNESDAY, NOVEMBER 13		
1700 – 1900	REGISTRATION AND INFORMATION	MONTRÉAL FOYER
CONFERENCE DAY 1 – THURSDAY, NOVEMBER 14		
TIME	SESSION	LOCATION
07:15 – 17:00	REGISTRATION AND INFORMATION	MONTRÉAL FOYER
07:15 – 08:15	BREAKFAST	MONTRÉAL CD
08:15 – 09:00	<b>OPENING CEREMONIES AND WELCOME REMARKS</b>	MONTRÉAL CD
09:00 – 10:00	<b>OPENING KEYNOTE:</b> Trauma-Informed Developmental Care: Why Is It So Important for Infants? <b>Speaker:</b> Isabelle Milette	MONTRÉAL CD
10:00 – 10:20	HEALTH BREAK, EXHIBITS, SILENT AUCTION AND POSTER PRESENTATIONS	MONTRÉAL AB & FOYER
10:20 – 11:20	<sup>1</sup> <b>CONFÉRENCIÈRE PRINCIPALE :</b> L'hormonothérapie personnalisée : l'art de prescrire <b>Conférencière :</b> Dre Lyne Desautels	MONTRÉAL CD
10:20 – 11:20	<b>CANN NEONATAL SESSION:</b> Can We Repair the Neonatal Brain? Insights from Sildenafil Therapy and Neuroimaging <b>Speaker:</b> Dr. Pia Wintermark	GRANDE PLACE
<b>11:25 – 12:40</b>	<b>CONCURRENT SESSIONS – A</b>	
<b>THEME</b>	<b>BREASTFEEDING</b>	Room: <b>Viger</b>
A01-1	Supporting Breastfeeding for Infants in the Neonatal Intensive Care	Sandy Ho
A01-2	Grandparents' Knowledge, Attitude and Experiences Supporting Breastfeeding – An Intergenerational Approach to Breastfeeding Support	Dr. Jennifer Abbass Dick
A01-3	The Impact of a Breastfeeding Self-Efficacy (BSE)-Based Support Intervention on Breastfeeding Outcomes among Individuals with Hypertensive Disorders of Pregnancy	Dr. Sonia Semenic
<b>THEME</b>	<b>MENSTRUATION</b>	Room: <b>Beaver Hall</b>
A02-1	De-gendering Menstruation: Women's Health Nurses Have a Role in Promoting Inclusive and Safe Menstrual Experiences for Transgender and Non-binary People	Dr. Jodie Bigalky

<b>THEME</b>	<b>MENSTRUATION</b>	Room: <b>Beaver Hall</b>
A02-2	Exploring Approaches to Menstrual Hygiene Management Using Sustainable Menstrual Supplies and Health Education	Dr. Jodie Bigalky
A02-3	Menstrual Hygiene in Canada: Mobilizing Safe and Hygienic Menstrual Autonomy	Dr. Jodie Bigalky
<b>THEME</b>	<b>COMPREHENSIVE PERINATAL NURSING IN RURAL COMMUNITIES</b>	Room: <b>Palais</b>
A03-1	Rural Perinatal Nursing in Canada: A Hermeneutic Literature Review	Dr. Lela Zimmer Amanda De Smit
A03-2	Orchestrating Care for a Good Life Event: A Hermeneutic Study of the Overlooked Practices of Rural Perinatal Nurses	Dr. Lela Zimmer Amanda De Smit Kristi Dietz
A03-3	RN Perinatal Mental Health Navigator – A Successful Pilot Utilizing the RN for Decentralized Rural Perinatal Mental Health Care	Crystal Trull
<b>THEME</b>	<b>PERINATAL EDUCATION</b>	Room: <b>Ramezey</b>
A04-1	Community-Based Education in Rural Kenya to Sustain Improvement in Maternal and Newborn Health	Lisa Keenan-Lindsay Melanie Basso Marilyn Morson Dr. Kathryn Banks
A04-2	Beyond The BUBBLE: An Innovative Evidence-Informed Approach to Teaching Postpartum Assessment	Dr. Mary Lou Batty Jessica Webster Kelly Day
A04-3	Enhancing Perinatal Nursing Education: Faculty Experiences in Developing an Innovative Bachelor of Science in Nursing (BScN) Course	Keri-Ann Berga Tanis Brown
<b>THEME</b>	<b>CANN NEONATAL SESSIONS</b>	Room: <b>Grande Place</b>
	Fetal Growth Restriction “More than What Meets the Eye”	Dr. Mary Woodward
	What Is Known about Infant Organ Donation after Death by Circulatory Criteria? Results from a Scoping Review	Julia St Louis
12:40 – 13:40	LUNCH, SILENT AUCTION AND EXHIBITS	MONTRÉAL AB & FOYER
<b>13:40 – 14:55</b>	<b>CONCURRENT SESSIONS – B</b>	
<b>THEME</b>	<b>IMPROVEMENTS IN OBSTETRICAL CARE I</b>	Room: <b>Ramezey</b>
B01-1	Quality Improvement in Obstetrical Triage: Successes and Opportunities to Enhancing Patient Safety	Kayathiri Subramaniam Carleene Banez
B01-2	Penicillin Desensitization: A Method of Preventing Transmission of Syphilis during Pregnancy	Kira Friesen
B01-3	Staunching the Bleed: A Case Study of Successful Implementation of a Postpartum Hemorrhage Protocol	Karen Pike Melanie Basso

<b>THEME</b>	<b>FETAL HEALTH SURVEILLANCE</b>	Room: <b>Viger</b>
B02-1	Unrecognized Maternal Heart Rate Artifact during Electronic Fetal Monitoring (EFM) in Labour – A Major Cause of Birth Asphyxia	Dr. Mariah Colussi Laura Payant
B02-2	Fetal Health Surveillance Instructor Skills: Enhancing Critical Thinking for FHS Interpretation	Amanda Kelloway
B02-3	Building Capacity for Fetal Health Surveillance (FHS) Education: A FHS Case Study Repository	Leanne MacKeen Maxine Bernard Sarah Maguire Heather Ezurike
<b>THEME</b>	<b>POSTPARTUM CARE</b>	Room: <b>Palais</b>
B03-1	Seamless Service for Birthing Individuals, without a Primary Care Provider, Who Are at Risk of Postpartum Depression	Louise Gilbert Anne Roussel Sharlène Clarke
B03-2	The Postpartum Care Experiences among Parents and Healthcare Providers in Canada	Andrea Atkinson
B03-3	Enhanced Recovery after Caesarean Delivery: How Are We Doing? Can We Do Better?	Christine Finnbogason
<b>THEME</b>	<b>GYNECOLOGICAL CARE</b>	Room: <b>Beaver Hall</b>
B04-1	Understanding the Social and Structural Factors Impacting People of African Descent with Uterine Fibroids in Nova Scotia	Dr. Keisha Jefferies
B04-2	Uterine Fibroids and Black People of African Descent: A Scoping Review	Dr. Keisha Jefferies
B04-3	Adult Comfort Promise: Assessing, Preventing, and Treating Gynecology Procedural Pain	Jennifer Spencer
<b>THEME</b>	<b>CANN NEONATAL SESSIONS</b>	Room: <b>Grande Place</b>
	Family Integrated Care in Uganda: Perspectives of Healthcare Workers	Fahima Khan
	To Explore the Experience of Parents of Micro Premature Babies Participating in the Infant Massage Programs in the Neonatal Intensive Care Units (NICU) at Sunnybrook Health Sciences Centre	Blaire Jones Amanda Squires
	Implementing a Music Therapy Program for Infants and Caregivers in the Neonatal Intensive Care Unit	Teresa Ianni
<b>15:00 – 16:15</b>	<b>CONCURRENT SESSIONS – C</b>	
<b>THEME</b>	<b>PERINATAL CARE IN VULNERABLE SITUATIONS</b>	Room: <b>Beaver Hall</b>
C01-1	Feeding the Future: Supporting Breastfeeding in the Context of Food Insecurity	Sonya Boersma
C01-2	Disability and Pregnancy: Accessible Pregnancy Care Planning Toolkit – A Comprehensive Guide to Bridging the Clinical Care Gaps for Pregnant Individuals with Physical Disabilities	Elizabeth Jung
C01-3	Perinatal Care Experiences of Pregnant Individuals Incarcerated in Ontario	Xaand Bancroft

<b>THEME</b>	<b>IMPROVEMENTS IN OBSTETRICAL CARE II</b>	Room: <b>Ramezay</b>
C02-1	Systemic Lupus Erythematosus (SLE) and Pregnancy – A Need for Comprehensive Care	Luisa Ciofani
C02-2	Gender Diversity Inclusiveness – Perinatal Clinical Equity Oriented Walkthroughs	Anna Parainfi Shannon Leonard
C02-3	More Milk Sooner – The Research Perspective – "The Effects of Prenatal Hand Expression on the Rate of Exclusive Breastfeeding to Two Months"	Naida Hawkins Dr. Almerau Prollius
<b>THEME</b>	<b>TRAUMA INFORMED CARE</b>	Room: <b>Viger</b>
C03-1	Concept Analysis of Breastfeeding Support in the NICU	Laura Crump
C03-2	The Rising Prevalence of Birth Trauma in Our Country: Communication Changes Everything	Tina Bitangcol
C03-3	Obstetric Violence during Hospital-Based Childbirth: Perspectives of Childbearing Women and Perinatal Healthcare Providers	Andrea Willett
<b>THEME</b>	<b>PERINATAL LOSS I</b>	Room: <b>Palais</b>
C04-1	"Answers Will Give Me Peace" – Using explainer Videos to Improve Patient Health Literacy About Reproductive Loss	Shabnam Ziabakhsh
C04-2	Clinician Perspectives on Learning to Support Patients Experiencing Stillbirth	Dr. Ann Pederson Jamie Ascher
C04-3	Cultivating Compassion: Early Pregnancy Loss Provider Toolkit	Jennifer Burkhart Laura Crich Megan Fockler Michelle La Fontaine
<b>THEME</b>	<b>CANN NEONATAL SESSIONS</b>	Room: <b>Grande Place</b>
15:00 – 15:45	Caring for the Caregiver – Skin Health for Clinicians	Dr. Simon Nigen Dr. Amy Wright
16:00 – 17:30	Trauma-Informed Developmental Care: Clinical Strategies and Practical Skills	Isabelle Milette
16:15 – 16:30	BREAK	MONTRÉAL FOYER
16:30 – 17:30	CAPWHN Annual General Meeting	MONTRÉAL CD
17:30 – 19:00	WELCOME RECEPTION, SILENT AUCTION AND EXHIBITS	MONTRÉAL AB & FOYER
<b>CONFERENCE DAY 2 – FRIDAY, NOVEMBER 15</b>		
07:00 – 07:45	WELLNESS EVENT – YOGA <i>A \$10.00 donation is requested to participate; all proceeds raised will go to Chez Doris</i>	STE HÉLÈNE
07:30 – 16:00	REGISTRATION AND INFORMATION	MONTRÉAL FOYER
07:45 – 08:45	<b>BREAKFAST SESSION:</b> RSV Protection for All Infants: What Do the New Options and Programs Mean for Your Practice <b>Speaker:</b> Tracey Pickford <i>Sponsored by:</i> <b>sanofi</b>	MONTRÉAL CD

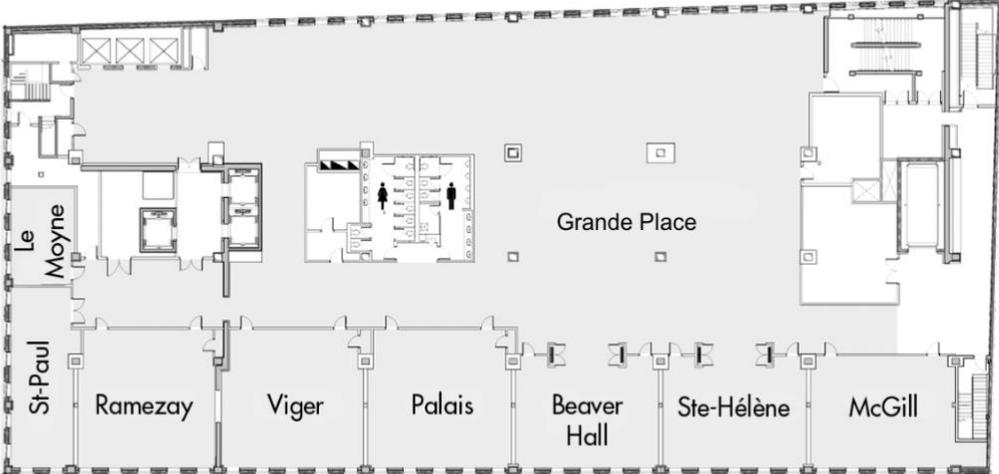
08:45 – 09:05	<b>OPENING REMARKS</b>	MONTRÉAL CD
09:05 – 10:05	<b>KEYNOTE SESSION:</b> Moving Upstream to Advance Perinatal and Women’s Health Equity for Black Canadians <b>Speaker:</b> Dr. Josephine Etowa	MONTRÉAL CD
10:05 – 10:25	HEALTH BREAK, SILENT AUCTION AND EXHIBITS	MONTRÉAL AB & FOYER
10:25 – 11:25	<sup>1</sup> <b>CONFÉRENCIÈRE PRINCIPALE :</b> Quand le décès d’un bébé revisite le prendre soin <b>Conférencière :</b> Dre Chantal Verdon	MONTRÉAL CD
<b>11:30 – 12:45</b>	<b>CONCURRENT SESSIONS – D</b>	
<b>THEME</b>	<b>COMPLEX CARE IN PREGNANCY – SOINS COMPLEXES DURANT LA GROSSESSE</b>	<b>Room: Ramezay</b>
D01-1	<sup>1</sup> Améliorer les soins de grossesse pour les personnes en situation de handicap	Dr. Claude-Émilie Jacob Emmanuelle Champagne
D01-2	<sup>1</sup> L’expérience des soins en périnatalité dans le contexte de la procréation médicalement assistée : vers une approche sensible et inclusive	Caroline René
D01-3	<sup>1</sup> Au-delà du choix : explorer le processus décisionnel des adolescentes enceintes	Sandra Bonilla Assumpta Ndengeyingoma
<b>THEME</b>	<b>PERINATAL LOSS II</b>	<b>Room: Viger</b>
D02-1	When All Hope Feels Lost: Redefining Hope in Perinatal Palliative Care	Lesley Sabourin
D02-2	Experiences of Bereaved Parents Who Have Faced Perinatal Loss	Lesley Sabourin
<b>THEME</b>	<b>DRUG EXPOSURE IN NEONATES</b>	<b>Room: Palais</b>
D03-1	Building Capacity in Perinatal Care Providers through the Design and Implementation of an Evidence-Based Practice Toolkit to Care for Pregnant Persons Diagnosed with Opioid Use Disorder and Their Newborns	Maddie Gallant Leanne MacKeen
D03-2	Examining Infant Feeding Practices amidst the Unregulated Toxic Drug Supply	Jennifer Rasmussen Sarah Kaufman Karen Pike
D03-3	Neonates with In-utero SSRI Exposure (Neo-WISE): A Retrospective Cohort Study Exploring the Impact of Newborn Feeding Method on Health Outcomes and Health Service Utilization in the First Month of Life	Christina Cantin
<b>THEME</b>	<b>CREATING VIRTUAL COMMUNITIES</b>	<b>Room: Beaver Hall</b>
D04-1	The Virtual Village: Developing a Toolkit to Guide Online Postpartum Support Sessions for Parents	Dr. Megan Aston Dr. Sheri Lynn Price
D04-2	Making the NICU a Brighter Place	Stephanie Treherne
D04-3	Implementing a Breastfeeding eHealth Resource in Clinical Settings to Increase Health Literacy	Dr. Jennifer Abbass Dick

12:45 – 13:45	LUNCH, EXHIBITS AND POSTER PRESENTATIONS	MONTRÉAL AB & FOYER
<b>13:45 – 15:00</b>	<b>CONCURRENT SESSIONS – E</b>	
<b>THEME</b>	<b>NICU / INFANT CARE</b>	Room: <b>Ramezay</b>
E01-1	Nurse Practitioner Collaboration in the NICU: A Successful Journey	Phoukim Savanh Lea Carle-Hebert Isabelle Collin
E01-2	Embracing Dyads Together: A Practice Change Project to Minimize NICU Admission and Family Separation for Infants with Hypoglycemia	Chloe Shindruk Sarah Smith
E01-3	Capacity Building in Neonatal Nursing Research in Low- and Middle-Income Countries: A Malawi Case Study	Miranda Amundsen
<b>THEME</b>	<b>LEADERSHIP IN PERINATAL NURSING</b>	Room: <b>Viger</b>
E02-1	Addressing the HHR Crisis by Boosting Morale in the Perinatal Nursing Space through Psychological Safety	Irene Ingel Sandra Manzano
E02-2	Unraveling Personal Protective Equipment: The Social Organization of Nurses' Labour and Birth Work during the COVID-19 Pandemic	Michelle Delany
E02-3	Transition to Practice Post-Pandemic: Closing the Gap to Optimize Nurse Retention	Kimesha Campbell Blackwood Meghan Cellamare Michelle O'Connor
<b>THEME</b>	<b>BUILDING RESEARCH CAPACITY</b>	Room: <b>Beaver Hall</b>
E03-1	Facilitating Mentoring Relationships between Early Career and Senior Perinatal and Neonatal Nurse Researchers Across Canada	Dr. Lenora Marcellus Dr. Megan Aston Miranda Amundsen Maddie Gallant
E03-2	Development of the Canadian Breastfeeding Research Network/Réseau Canadien de Recherche sur l'Allaitement	Dr. Jennifer Abbass Dick Dr. Sonia Semenic
E03-3	Creating an Innovative and Accessible Platform for Enhanced Perinatal Care: The Hub	Dr. Kristen Kornis Jenna Johnston
<b>THEME</b>	<b>ADDRESSING PERINATAL MENTAL HEALTH</b>	Room: <b>Palais</b>
E04-1	Building Capacity in Perinatal Mental Health: Initial Impressions from Canada's First Perinatal Psychiatry Access Program	Christina Cantin
E04-2	Implementing a Standardized Perinatal Care Pathway in a High-Risk Prenatal Ambulatory Clinic to Improve Nursing Confidence and Enhance Management of Perinatal Mental Health	Daniella DeBartolo Stephanie Duong Alisha Ramlogan
E04-3	Registered Nurse Lactation Consultants' Experiences Supporting Maternal Mental Health	Kelly DeCoste

<b>15:05 – 16:20</b>	<b>CONCURRENT SESSIONS – F</b>	
<b>THEME</b>	<b>IMPROVEMENTS IN OBSTETRICAL CARE III</b>	Room: <b>Ramezay</b>
F01-1	<sup>1</sup> Redonner du pouvoir aux femmes : exploration de l'expérience de déclenchement mécanique du travail avec auto-traction	Isabelle Landry
F01-2	Improving Birth Outcomes through Nurse Engagement	Jennifer Jollymore Dawn Murphy
F01-3	Political Agency: A Concept Analysis and Discussion of Applicability in Perinatal Nursing	Gina Costanzo
<b>THEME</b>	<b>EAT, SLEEP, CONSOLE</b>	Room: <b>Viger</b>
F02-1	Implementation and Evaluation of the Eat, Sleep, Console Model of Care: A Scoping Review	Maddie Gallant
F02-2	Implementing Neonatal Morphine on Perinatal Units for Eat, Sleep, Console Care	Sarah Kaufman Jennifer Rasmussen
F02-3	Hush Little Baby: Eat Sleep Console in Maternity at the University Hospital of Northern British Columbia	Madison Friesen Jennifer Boon
<b>THEME</b>	<b>CULTURAL SAFETY</b>	Room: <b>Palais</b>
F03-1	Community and Service Provider Perceptions of Inuit Perinatal Wellness and Culturally Safe Birth in Nunavik Using Fuzzy Cognitive Mapping	Dr. Hilah Silver Elisapi Padlayat
F03-2	Culturally Sensitive Postpartum Care for Immigrant First-Time Mothers	Leah Sookhoo
F03-3	Perinatal Nursing Change: Empowering Perinatal Nurses to Provide Culturally Sensitive Interventions to Immigrant Women	Manal Fseides
<b>THEME</b>	<b>MARGINALIZED POPULATIONS</b>	Room: <b>Beaver Hall</b>
F04-1	Exploring the Life Project of Adolescent Parents Living under Youth Protection in Medellin, Colombia	Dr. Sonia Semenic
F04-2	"He Does Not Have a Penis": Woman-to-Woman Transmission of Sexually Acquired Infections	Mary Lohre
F04-3	A PATH to Safety: Results from a Symposium on Homelessness during Pregnancy	Dr. Barbara Chyzy
<b>16:25 – 16:45</b>	<b>CLOSING REMARKS</b>	GRANDE PLACE

# CONFERENCE FLOOR PLAN

## 8th Floor



## 11th Floor





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## CAPWHN KEYNOTE SPEAKERS – THURSDAY

<sup>1</sup> Session will be presented in French. Translation via Wordly will be available at all plenary sessions.

### Trauma-Informed Developmental Care: Why Is It So Important for Infants?



**Speaker:** Isabelle Millette

**Learning Objectives:**

1. Define toxic stress and trauma.
2. Understand their impact on the physiology & emotional development of infants.
3. Understanding the importance of trauma-informed developmental care on improving outcomes.

Isabelle Millette is a neonatal nurse practitioner, Developmental Care Specialist (NANN certified), and NIDCAP Professional at Maisonneuve-Rosemont Hospital's NICU, a centre affiliated with the Université de Montréal. She is the first healthcare professional in Canada to obtain her certification of Advanced Competency in Developmental Care certified by NANN, the first Canadian to become a trauma-informed care certified professional, and the first to become a NIDCAP certified professional in Quebec. Her work in developmental trauma-informed care has brought her around the world, and she has been teaching, training, and consulting many NICUs in developmental care implementation over the last 25 years through her Cie: Developmental Care Partnership, in collaboration with her partner Chantel Morin. Additionally, she is currently building the first NIDCAP training centre in Quebec at Maisonneuve-Rosemont Hospital. She is the author of multiple articles and books in developmental care, including a joint position statement by CANN, CAPWHN, NANN, and COINN: the Guidelines for the Institutional Implementation of Developmental Neuroprotective Care in the NICU. To further influence policies and guidelines in the Canadian landscape, she serves on the Board of Directors of the Canadian Association of Neonatal Nurses (CANN) and acts as a liaison to the Fetus and Newborn Committee at the Canadian Paediatric Society (CPS).

### <sup>1</sup> L'hormonothérapie personnalisée : l'art de prescrire



**Conférencière :** Dre Lyne Desautels

**Objectifs d'apprentissage :**

1. Connaître les différentes causes des déséquilibres hormonaux (ménopause, stress et âge) ainsi que leurs conséquences (symptômes et maladies avec le temps).
2. Connaître les principales hormones qui interagissent entre elles et savoir comment interpréter les symptômes par le biais du questionnaire clinique.
3. Comprendre comment interpréter les résultats et ajuster l'hormonothérapie pour permettre la santé et la prévention à long terme (partage de mon expérience clinique).

Dre Lyne Desautels est médecin de famille depuis plus de 26 ans. Elle a fondé le CMIE – Centre de médecine intégrative et évolutive en 2012, qui compte maintenant 8 cliniques médicales privées à Brossard, Saint-Bruno-de-Montarville, Saint-Jean-sur-Richelieu, Magog, Granby, Laval, Québec et Val-David. Son approche de médecine fonctionnelle, son bagage en microbiologie et ses études en recherche sur le cancer (génétique moléculaire) lui ont permis de développer une pratique basée sur les principes de Living Lab, c'est-à-dire de recherche clinique fondée sur l'observation documentée et appliquée en clinique. Dre Desautels prône les approches de santé globale et de médecine intégrative, travaillant ainsi en collaboration avec différents professionnels de la santé.

Sa pratique médicale se veut inclusive, préventive et personnalisée. Le volet éducationnel est très important pour Dre Desautels. En plus de ses multiples articles, conférences, formations et collaborations, elle est coautrice du livre *Mieux vivre la ménopause*, avec Isabelle Huot, et cocréatrice de la plateforme éducative *Ma santé Mes hormones*, avec Véronique Bourbeau. Sa mission : redonner aux femmes et aux hommes le pouvoir sur leur santé.

## CAPWHN KEYNOTE SPEAKERS – FRIDAY

### Moving Upstream to Advance Perinatal and Women’s Health Equity for Black Canadians



**Speaker:** Dr. Josephine Etowa

**Learning Objectives:**

1. Discuss the structural determinants of perinatal and women's health equities in African, Caribbean and Black (ACB) communities.
2. Identify innovative strategies to optimize perinatal and women's health in Black Canadian communities.
3. Foster authentic collaboration on equity-driven perinatal and women’s healthcare.

Dr. Josephine Etowa is a Full Professor and Canada Research Chair Tier 1 (CRC T1) in Advancing Black Women’s Health in Canada. She is past holder of the OHTN Chair in Black Women’s HIV Prevention and Care (2020-24), and the Loyer-DaSilva Research Chair in Public Health Nursing (2012-19) at the University of Ottawa's Faculty of Health Sciences, School of Nursing. She is founder and current president of the Canadians of African Descent Health Organization (CADHO), and past president of the Health Association of African Canadians. Dr. Etowa’s research focuses on inequities in health and healthcare including nationally and internationally funded studies on women’s health, maternal child health, COVID-19, health equity, HIV/AIDS, nurses’ work life, and community health nursing, and the health of African, Caribbean, and Black (ACB) Canadians. Her community-engaged scholarship is informed by transformative approaches including the tenets of critical social theories, intersectionality and community-based participatory research (CBPR) approach. Her research projects have been funded by international, national, provincial and local agencies and to explicate the complexities of the social realities often embedded in nursing research, she uses mixed research methods including integration of both quantitative and qualitative approaches.

Dr. Etowa is the founder and director of the Collaborative Critical Research for Equity and Transformation in Health (CO-CREATH) Lab, and senior Investigator with the Centre for Research on Health and Nursing. Grounded in extensive clinical practice in perinatal health, her research has resulted in seminal contributions to understanding the determinants of inequities in health and healthcare and illuminating racism. Her ‘antiracist healthcare practice’ and co-edited ‘Community Health Nursing: A Canadian Perspective’ books are well cited. Her work has been recognized through prestigious national and international awards including becoming Fellow of the Canadian Academy of Health Sciences, American Academy of Nursing, Canadian Academy of Nursing, and the West Africa College of Nurses. She also received three Carnegie African Diaspora Fellowship Awards to pursue international collaborative research activities. This year, she received the Canadian Public Health Association (CPHA)’s Draper Health Promotion award, and in 2021, she was the recipient of the Canadian Science Policy Centre’s Trailblazer Policy Innovation award in recognition of her leadership and vision in effecting meaningful change to Canadian health policy and in bringing racism to the forefront of dialogues. Her many leadership appointments include the co-chair of the Community Health Nurses national standards working group and founding member of the Pan-Canadian Association of Nurses of African Descent (P-CANAD). In 2021, she was appointed to the Royal Society of Canada Taskforce on the Impact of COVID-19 on Canada’s Nursing Workforce.

## CAPWHN KEYNOTE SPEAKERS – FRIDAY

### <sup>1</sup> Quand le décès d'un bébé revisite le prendre soin



**Conférencière :** Dre Chantal Verdon

**Objectifs d'apprentissage :**

1. Comprendre la place occupée par le bébé décédé dans les représentations familiales et leurs histoires de vie.
2. Réfléchir à des pratiques de soins innovantes et potentialiser le prendre soin.

Dre Chantal Verdon est professeure titulaire à l'Université du Québec en Outaouais au département des sciences infirmières. Infirmière depuis plus de 30 ans, elle a débuté sa pratique clinique autour du décès périnatal en construisant des groupes de soutien et des formations diversifiées pour tous les types de professionnels de la santé. Elle développe des interventions qui se veulent innovantes et des pratiques professionnelles spécifiques à l'accompagnement des personnes endeuillées.

## CANN NEONATAL SESSION INVITED SPEAKERS – THURSDAY

### Can We Repair the Neonatal Brain? Insights from Sildenafil Therapy and Neuroimaging



**Speaker:** Dr. Pia Wintermark

**Learning Objectives:**

1. Review treatments for HIE, highlighting the differences between neuroprotection and neurorestoration.
2. Understand the optimal timing and use of neuroimaging for diagnosing brain injury and tracking its progression in neonates with HIE.
3. Learn about the initial results of using sildenafil in babies with HIE and its potential impact on brain recovery.

Dr. Pia Wintermark is a neonatologist and clinician-scientist at the Montreal Children's Hospital, McGill University. She founded the NeoBrainLab in 2010 and leads a comprehensive research program focused on high-resolution neonatal brain imaging, basic neonatal neuroscience, and clinical trials in neonatal neurocritical care. @PiaWintermark

### Fetal Growth Restriction “More than What Meets the Eye”



**Speaker:** Dr. Mary Woodward

**Learning Objectives:**

1. Review the unique pathophysiology and management considerations of the growth-restricted neonate.
2. Discuss considerations for short- and long-term follow-up of this patient population.

## CANN INVITED SPEAKERS – THURSDAY

**Speaker:** Dr. Mary Woodward

Dr. Mary Woodward completed her Pediatric and Neonatal Perinatal medicine training at McMaster University, and is currently a Staff Neonatologist and Assistant Professor in the Department of Pediatrics, University of Toronto. Her clinical interests are in the acute care transport of critically ill infants and the development of functional outcomes for neonates. She also holds a master's degree in health science education, and is interested in studying the intersection of educational theory with scholarship and assessment within the current competency-based postgraduate program. She is currently chair of the interprofessional learning environment committee in the NICU, and, through this role, has worked to create a shared understanding of the goals and impact of a healthy learning environment for learners and allied health care providers as well as on patient outcomes.

### Caring for the Caregiver – Skin Health for Clinicians

**Speakers:** Dr. Simon Nigen, Dr. Amy Wright



Dr. Simon Nigen received his Doctorate in Medicine from the Université de Montréal, after completing a Bachelor of Pharmacy in 1993. He then pursued his residency in dermatology at the Université Laval in Quebec City and his postdoctoral training (fellowship) at the University of Toronto in toxiderma - clinical pharmacology.

Dr. Nigen is a clinical assistant professor in the Faculty of Medicine of the Université de Montréal and at McGill University. In addition to his role as chief of the dermatology department at the Hôpital de Verdun, he works at the Montreal General Hospital and runs the contact eczema clinic at that institution. Since 2003, Dr. Nigen has been working as a researcher-investigator and now directs the Sima Research Clinical Dermatology Research Clinic. He has been involved in over 160 research protocols through the years and has more than 50 publications to his credit.

His main areas of interest are psoriasis, atopic eczema, urticaria, skin allergy, skin oncology, acne, contact eczema, and photodynamic therapy. He has led numerous clinical studies in various areas of dermatology, including psoriasis, urticaria, atopic dermatitis, alopecia areata, acne vulgaris, skin aging, scar treatment, seborrheic dermatitis, onychomycosis, and photosensitivity.



Dr. Amy Wright's program of research seeks to understand the experiences of parents with young infants and toddlers, with a focus on Indigenous parenting and cultural safety. She has experience in community-based approaches to research, collaborating with Indigenous communities to meet their research goals. Her research is funded by the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council. Dr. Wright also works clinically as a Neonatal Nurse Practitioner in the Neonatal Intensive Care Unit at McMaster Children's Hospital. She is the President of the Canadian Association of Neonatal Nurses (CANN), which provides education and networking opportunities for neonatal nurses in Canada.

## CANN INVITED SPEAKERS – THURSDAY

### Trauma-Informed Developmental Care: Clinical Strategies and Practical Skills



**Speaker:** Isabelle Milette

**Learning Objectives:**

1. Understand why behavioural cues are important.
2. Interpret behavioural cues in infants.
3. Understand the importance of reacting to those cues.
4. Know and apply co-regulation strategies to help decrease stress in infants.

Isabelle Milette is a neonatal nurse practitioner, a developmental care specialist, a trauma informed care professional, and a NIDCAP professional at the Neonatal Intensive Care Unit at the Maisonneuve-Rosemont hospital, a centre affiliated with the Université de Montréal. She is the founder, president, consultant, and trainer for the Cie Developmental care and teaches across the country and overseas. She is a leader in trauma-informed care and a compassionate activist. Her clinical and research interests are developmental care, kangaroo care, noise and light reduction in NICUs, and neonatal intensive care design. She serves on the Board of Directors of the Canadian Association of Neonatal Nurses (CANN) and as a liaison to the Fetus and Newborn Committee at the Canadian Paediatric Society (CPS).

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learning, and networking. ***Merci!***

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## ABSTRACT BOOKLET – ORAL PRESENTATIONS

<b>CONCURRENT SESSIONS – A</b>	
<b>A01 THEME: BREASTFEEDING</b>	
A01-1	Supporting Breastfeeding for Infants in the Neonatal Intensive Care
A01-2	Grandparents’ Knowledge, Attitude and Experiences Supporting Breastfeeding – An Intergenerational Approach to Breastfeeding Support
A01-3	The Impact of a Breastfeeding Self-Efficacy (BSE)-Based Support Intervention on Breastfeeding Outcomes among Individuals with Hypertensive Disorders of Pregnancy
<b>A02 THEME: MENSTRUATION</b>	
A02-1	De-gendering Menstruation: Women’s Health Nurses Have a Role in Promoting Inclusive and Safe Menstrual Experiences for Transgender and Non-binary People
A02-2	Exploring Approaches to Menstrual Hygiene Management Using Sustainable Menstrual Supplies and Health Education
A02-3	Menstrual Hygiene in Canada: Mobilizing Safe and Hygienic Menstrual Autonomy
<b>A03 THEME: COMPREHENSIVE PERINATAL NURSING IN RURAL COMMUNITIES</b>	
A03-1	Rural Perinatal Nursing in Canada: A Hermeneutic Literature Review
A03-2	Orchestrating Care for a Good Life Event: A Hermeneutic Study of the Overlooked Practices of Rural Perinatal Nurses
A03-3	RN Perinatal Mental Health Navigator – A Successful Pilot Utilizing the RN for Decentralized Rural Perinatal Mental Health Care
<b>A04 THEME: PERINATAL EDUCATION</b>	
A04-1	Community-Based Education in Rural Kenya to Sustain Improvement in Maternal and Newborn Health
A04-2	Beyond The BUBBLE: An Innovative Evidence-Informed Approach to Teaching Postpartum Assessment
A04-3	Enhancing Perinatal Nursing Education: Faculty Experiences in Developing an Innovative Bachelor of Science in Nursing (BScN) Course
<b>THEME: CANN NEONATAL SESSION</b>	
What Is Known about Infant Organ Donation after Death by Circulatory Criteria? Results from a Scoping Review	
<b>CONCURRENT SESSIONS – B</b>	
<b>B01 THEME: IMPROVEMENTS IN OBSTETRICAL CARE I</b>	
B01-1	Quality Improvement in Obstetrical Triage: Successes and Opportunities to Enhancing Patient Safety
B01-2	Penicillin Desensitization: A Method of Preventing Transmission of Syphilis during Pregnancy
B01-3	Staunching the Bleed: A Case Study of Successful Implementation of a Postpartum Hemorrhage Protocol

<b>B02 THEME: FETAL HEALTH SURVEILLANCE</b>	
B02-1	Unrecognized Maternal Heart Rate Artifact during Electronic Fetal Monitoring (EFM) in Labour – A Major Cause of Birth Asphyxia
B02-2	Fetal Health Surveillance Instructor Skills: Enhancing Critical Thinking for FHS Interpretation
B02-3	Building Capacity for Fetal Health Surveillance (FHS) Education: A FHS Case Study Repository
<b>B03 THEME: POSTPARTUM CARE</b>	
B03-1	Seamless Service for Birthing Individuals, without a Primary Care Provider, Who Are at Risk of Postpartum Depression
B03-2	The Postpartum Care Experiences among Parents and Healthcare Providers in Canada: A Qualitative Evidence Synthesis
B03-3	Enhanced Recovery after Caesarean Delivery: How Are We Doing? Can We Do Better?
<b>B04 THEME: GYNECOLOGICAL CARE</b>	
B04-1	Understanding the Social and Structural Factors Impacting People of African Descent with Uterine Fibroids in Nova Scotia
B04-2	Uterine Fibroids and Black People of African Descent: A Scoping Review
B04-3	Adult Comfort Promise: Assessing, Preventing, and Treating Gynecology Procedural Pain
<b>THEME: CANN NEONATAL SESSIONS</b>	
	Family Integrated Care in Uganda: Perspectives of Healthcare Workers
	To Explore the Experience of Parents of Micro Premature Babies Participating in the Infant Massage Programs in the Neonatal Intensive Care Units (NICU) at Sunnybrook Health Sciences Centre
	Implementing a Music Therapy Program for Infants and Caregivers in the Neonatal Intensive Care Unit
<b>CONCURRENT SESSIONS – C</b>	
<b>C01 THEME: PERINATAL CARE IN VULNERABLE SITUATIONS</b>	
C01-1	Feeding the Future: Supporting Breastfeeding in the Context of Food Insecurity
C01-2	Disability and Pregnancy: Accessible Pregnancy Care Planning Toolkit – A Comprehensive Guide to Bridging the Clinical Care Gaps for Pregnant Individuals with Physical Disabilities
C01-3	Perinatal Care Experiences of Pregnant Individuals Incarcerated in Ontario
<b>C02 THEME: IMPROVEMENTS IN OBSTETRICAL CARE II</b>	
C02-1	Systemic Lupus Erythematosus (SLE) and Pregnancy – A Need for Comprehensive Care
C02-2	Gender Diversity Inclusiveness – Perinatal Clinical Equity Oriented Walkthroughs
C02-3	More Milk Sooner – The Research Perspective – "The Effects of Prenatal Hand Expression on the Rate of Exclusive Breastfeeding to Two Months"

<b>CO3 THEME: TRAUMA INFORMED CARE</b>	
CO3-1	Concept Analysis of Breastfeeding Support in the NICU
CO3-2	The Rising Prevalence of Birth Trauma in Our Country: Communication Changes Everything
CO3-3	Obstetric Violence during Hospital-Based Childbirth: Perspectives of Childbearing Women and Perinatal Healthcare Providers
<b>C04 THEME: PERINATAL LOSS I</b>	
CO4-1	“Answers Will Give Me Peace” – Using Explainer Videos to Improve Patient Health Literacy About Reproductive Loss
CO4-2	Clinician Perspectives on Learning to Support Patients Experiencing Stillbirth
CO4-3	Cultivating Compassion: Early Pregnancy Loss Provider Toolkit
<b>CONCURRENT SESSIONS – D</b>	
<b>D01 THEME: COMPLEX CARE IN PREGNANCY – SOINS COMPLEXES DURANT LA GROSSESSE</b>	
D01-1	Améliorer les soins de grossesse pour les personnes en situation de handicap
D01-2	L’expérience des soins en périnatalité dans le contexte de la procréation médicalement assistée : vers une approche sensible et inclusive
D01-3	Au-delà du choix : explorer le processus décisionnel des adolescentes enceintes
<b>D02 THEME: PERINATAL LOSS II</b>	
D02-1	When All Hope Feels Lost: Redefining Hope in Perinatal Palliative Care
D02-2	Experiences of Bereaved Parents Who Have Faced Perinatal Loss
D02-3	An Intervention to Improve Care for Childbearing Persons Experiencing Miscarriage in the ED
<b>D03 THEME: DRUG EXPOSURE IN NEONATES</b>	
D03-1	Building Capacity in Perinatal Care Providers through the Design and Implementation of an Evidence-Based Practice Toolkit to Care for Pregnant Persons Diagnosed with Opioid Use Disorder and Their Newborns
D03-2	Examining Infant Feeding Practices amidst the Unregulated Toxic Drug Supply
D03-3	Neonates with In-utero SSRI Exposure (Neo-WISE): A Retrospective Cohort Study Exploring the Impact of Newborn Feeding Method on Health Outcomes and Health Service Utilization in the First Month of Life
<b>D04 THEME: CREATING VIRTUAL COMMUNITIES</b>	
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D04-2	Making the NICU a Brighter Place
D04-3	Implementing a Breastfeeding eHealth Resource in Clinical Settings to Increase Health Literacy

<b>CONCURRENT SESSIONS – E</b>	
<b>E01 THEME: NICU / INFANT CARE</b>	
E01-1	Nurse Practitioner Collaboration in the NICU: A Successful Journey
E01-2	Embracing Dyads Together: A Practice Change Project to Minimize NICU Admission and Family Separation for Infants with Hypoglycemia
E01-3	Capacity Building in Neonatal Nursing Research in Low- and Middle-Income Countries: A Malawi Case Study
<b>E02 THEME: LEADERSHIP IN PERINATAL NURSING</b>	
E02-1	Addressing the HHR Crisis by Boosting Morale in the Perinatal Nursing Space through Psychological Safety
E02-2	Unraveling Personal Protective Equipment: The Social Organization of Nurses' Labour and Birth Work during the COVID-19 Pandemic
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<b>E03 THEME: BUILDING RESEARCH CAPACITY</b>	
E03-1	Facilitating Mentoring Relationships between Early Career and Senior Perinatal and Neonatal Nurse Researchers Across Canada
E03-2	Development of the Canadian Breastfeeding Research Network/Réseau Canadien de Recherche sur l'Allaitement
E03-3	Creating an Innovative and Accessible Platform for Enhanced Perinatal Care: The Hub
<b>E04 THEME: ADDRESSING PERINATAL MENTAL HEALTH</b>	
E04-1	Building Capacity in Perinatal Mental Health: Initial Impressions from Canada's First Perinatal Psychiatry Access Program
E04-2	Implementing a Standardized Perinatal Care Pathway in a High-Risk Prenatal Ambulatory Clinic to Improve Nursing Confidence and Enhance Management of Perinatal Mental Health
E04-3	Registered Nurse Lactation Consultants' Experiences Supporting Maternal Mental Health
<b>CONCURRENT SESSIONS – F</b>	
<b>F01 THEME: IMPROVEMENTS IN OBSTETRICAL CARE III</b>	
F01-1	Redonner du pouvoir aux femmes : exploration de l'expérience de déclenchement mécanique du travail avec auto-traction
F01-2	Improving Birth Outcomes through Nurse Engagement
F01-3	Political Agency: A Concept Analysis and Discussion of Applicability in Perinatal Nursing
<b>F02 THEME: EAT, SLEEP, CONSOLE</b>	
F02-1	Implementation and Evaluation of the Eat, Sleep, Console Model of Care: A Scoping Review
F02-2	Implementing Neonatal Morphine on Perinatal Units for Eat, Sleep, Console Care
F02-3	Hush Little Baby: Eat Sleep Console in Maternity at the University Hospital of Northern British Columbia

<b>F03 THEME: CULTURAL SAFETY</b>	
F03-1	Community and Service Provider Perceptions of Inuit Perinatal Wellness and Culturally Safe Birth in Nunavik Using Fuzzy Cognitive Mapping
F03-2	Culturally Sensitive Postpartum Care for Immigrant First-Time Mothers
F03-3	Perinatal Nursing Change: Empowering Perinatal Nurses to Provide Culturally Sensitive Interventions to Immigrant Women
<b>F04 THEME: MARGINALIZED POPULATIONS</b>	
F04-1	Exploring the Life Project of Adolescent Parents Living under Youth Protection in Medellin, Colombia
F04-2	“He Does Not Have a Penis”: Woman-to-Woman Transmission of Sexually Acquired Infections
F04-3	A PATH to Safety: Results from a Symposium on Homelessness during Pregnancy

## POSTER PRESENTATIONS

<b>PRESENTATION CATEGORY: CAPWHN</b>	
1	Great Power: Nurses Influence on Perinatal Outcomes
2	Enhancing FH Education: A “How to Guide” for Building Case Studies
3	Optimizing Outcomes for Intrapartum Patients at Risk of Unplanned Caesarean Section
4	Becoming a Mother Living with a Higher BMI: A Grounded Theory Study
5	Supporting Indigenous Men through the Journey of Fatherhood
6	Prenatal Education Resources in Winnipeg: An Environmental Scan and Key Stakeholder Feedback
7	Implementation of Step 2 and 3 of the Baby Friendly Initiative at a Tertiary-Care Hospital Using Knowledge Translation
8	Increasing Access to Online Breastfeeding Resources for Families in the Prenatal and Postpartum Period
9	BFI Hospital Patient Survey: A Collaborative Approach between the Saskatchewan Health Authority (SHA) - Regina General Hospital (RGH) and the Saskatchewan collaborative Bachelor of Science in Nursing (SCBScN) Program
<b>PRESENTATION CATEGORY: CANN NEONATAL</b>	
10	Advancing Novice Nurse Competency and Building Team Culture through Mentorship: An NICU Initiative
11	Clinical and Implementation Effectiveness of a Multifaceted Web-Based Innovation for Improving Pain Practices in Canadian NICUs
12	Extending Neonatal Critical Care Education through a Hub and Spoke Model
13	Family Forward: Evaluating the Presence and Participation of Families in Interdisciplinary Rounds in a Level III NICU
14	Hold Me Close
15	Hospital Acquired Infections in the NICU: Stopping the Spread
16	Oral Feeding Management Practices across Canadian Neonatal Intensive Care Units

# ORAL PAPER PRESENTATIONS

# **THEME:** **Breastfeeding**

## Supporting Breastfeeding for Infants in the Neonatal Intensive Care

### Presenter

Sandy Ho, BScN, RN, IBCLC

### Abstract

#### Purpose

Having a premature infant in the neonatal intensive care unit can be stressful for parents. Being able to achieve exclusive breastfeeding at discharge is another challenge. Supporting breastfeeding is essential for promoting the health and well-being of the premature and sick infants as well as supporting the maternal health and bonding. There are many ways to support breastfeeding in a hospital such as having a written hospital policy, trained staff, presence of certified lactation consultants, a feeding protocol in place and the use of an online application to support mothers.

#### Learning Objectives

1. Identify ways to support mothers to establish and protect their milk supply.
2. Identify practices that will help transition premature infants to oral feeding.
3. Identify the benefits of having an online nursing platform to support mother of infant in the neonatal intensive care unit.

# **Grandparents' Knowledge, Attitude and Experiences Supporting Breastfeeding – An Intergenerational Approach to Breastfeeding Support**

## **Presenter**

Jennifer Abbass Dick, RN, IBCLC, PhD

## **Abstract**

### **Purpose**

The purpose of this presentation is to share findings from a study conducted with Canadian grandparents and great-grandparents to determine their knowledge, attitudes and experiences with breastfeeding support. Grandparents' support can impact breastfeeding outcomes. Many grandparents may not have had experiences with breastfeeding, leading to intergenerational negative impacts. The findings from this study will identify knowledge gaps and be used to inform the design of inclusive multigenerational education materials.

### **Learning Objectives**

1. Participants will become aware of grandparents' breastfeeding knowledge and attitude.
2. Participants will be gain increased knowledge of grandparents' experiences with breastfeeding.
3. Participants will become aware of grandparents' preferences for breastfeeding educational resources.

## **The Impact of a Breastfeeding Self-Efficacy (BSE)-Based Support Intervention on Breastfeeding Outcomes among Individuals with Hypertensive Disorders of Pregnancy**

### **Presenter**

Sonia Semenic, RN, PhD

### **Abstract**

#### **Purpose**

Individuals with hypertensive disorders of pregnancy (HDP) remain at elevated risk for cardiovascular disease in later life, and lactation confers significant cardio-metabolic benefits. This presentation will report on findings from a multi-site, randomized controlled trial (N=169) of a self-efficacy based breastfeeding support intervention designed to improve breastfeeding rates and blood pressure outcomes among those with HDP.

#### **Learning Objectives**

1. Discuss the potential for breastfeeding to mitigate the longer-term cardiovascular risk associated with the hypertensive disorders of pregnancy.
2. Describe the multi-modal components of a BSE-enhancing intervention for individuals with HDP.
3. Discuss potential factors influencing the impact of a BSE-based breastfeeding support intervention for individuals with HDP.

# **THEME:** **Menstruation**

## **De-gendering Menstruation: Women’s Health Nurses Have a Role in Promoting Inclusive and Safe Menstrual Experiences for Transgender and Non-binary People**

### **Presenter**

Jodie Bigalky, RN, PhD

### **Abstract**

#### **Purpose**

Menstruation is a biological process experienced by up to 800 million people on any given day. Historically, menstruation has been studied from the female perspective because menstruators are largely girls and women. However, it should be considered that not all who menstruate are women. Recognition is needed for the existence of menstrual experiences among transgender and non-binary people. This presentation will explore the menstrual experiences of transgender and non-binary people and discuss how women’s health nurses can advocate for research, practice, education, and policy initiatives to support the degendering of menstruation.

#### **Learning Objectives**

1. Explore background information on transgender and non-binary people and menstruation.
2. Identify the menstrual experiences of transgender and non-binary people.
3. Discuss opportunities for research, practice, education, and policy to support the degendering of menstruation.

## Exploring Approaches to Menstrual Hygiene Management Using Sustainable Menstrual Supplies and Health Education

### Presenter

Jodie Bigalky, RN, PhD

### Abstract

#### Purpose

The stigma of menstruation has had an impact on women's access to sanitary products, adequate bathroom facilities, and health education. Emerging recommendations indicate that a comprehensive approach to menstrual hygiene management (MHM) is required. The implementation of sustainable menstrual supplies, such as the menstrual cup, is a potential strategy for contributing to MHM. The purpose of this presentation will be to report on a model for sustainable menstrual supplies and health education for women in Malawi and to draw conclusions on how a similar model may be applied to the Canadian context.

#### Learning Objectives

1. Describe the literature related to menstrual hygiene management and sustainable menstrual supplies.
2. Report findings on a model for sustainable menstrual supplies and health education for women in Malawi.
3. Identify how a model for sustainable menstrual supplies could be applied to the Canadian context.

## **Menstrual Hygiene in Canada: Mobilizing Safe and Hygienic Menstrual Autonomy**

### **Presenter**

Jodie Bigalky, RN, PhD

### **Abstract**

#### **Purpose**

This presentation will report on a project that explored the perceptions of women in three Canadian cities who experience or have experienced either short-term or chronic sub-optimal menstrual hygiene. The current state of menstrual hygiene in Canada will be explored and opportunities to transform spaces and places to accommodate people who menstruate will be discussed.

#### **Learning Objectives**

1. Describe the current literature related to menstrual hygiene globally, with specific attention to Canada.
2. Identify the current challenges regarding menstrual hygiene autonomy and deserts.
3. Discuss opportunities for supporting menstrual hygiene autonomy and improving menstrual hygiene deserts.

**THEME:**

**Comprehensive Perinatal  
Nursing in Rural Communities**

## Rural Perinatal Nursing in Canada: A Hermeneutic Literature Review

### Presenters

Lela Zimmer, RN, PhD; Amanda De Smit, RN, MN

### Abstract

#### Purpose

Little research explores rural nurses' involvement in rural perinatal care, and although policies and guidelines exist dictating nurses' responsibilities, evidence of nurses' voices in these documents is minimal. A hermeneutic literature review was undertaken for a deepened understanding of rural perinatal nursing practice. A total of 25 research articles and 7 grey literature documents form the basis of the findings for this review. Rural nurses' perinatal practice was largely invisible in the literature. Only a few studies focused on nurses, demonstrating their autonomy and agency to benefit patients, other providers, and system functioning, despite many contextual constraints. Rural nurses' experiences and insights are rarely represented in perinatal policy and guidelines. However, their voices are essential to ensure that perinatal services for rural childbearing families are sustained, and nurses retained in rural practice.

#### Learning Objectives

1. To answer the question, "how are nurses understood to be involved in the delivery of rural perinatal care?"
2. Knowledge translation presenting evidence from the research and grey literature regarding the nurses' contributions to rural/remote perinatal care in Canada.

## **Orchestrating Care for a Good Life Event: A Hermeneutic Study of the Overlooked Practices of Rural Perinatal Nurses**

### **Presenters**

Lela Zimmer, PhD, RN; Amanda De Smit, MN, RN; Kristi Dietz, BScN, RN

### **Abstract**

#### **Purpose**

Sustaining rural perinatal services is increasingly difficult due to challenges in recruiting and retaining providers, including registered nurses. Nurses play central roles in Canadian rural perinatal care that are often taken for granted or overlooked. This hermeneutic study was conducted to uncover what it means to be a nurse providing perinatal care in a rural hospital. We identified five facets of nurses' practice: providing individualized prenatal care, orchestrating care in the birthing centre, working with the team, maintaining unit flow, and being generalists within a specialty. Through finely tuned and orchestrated individualized care, nurses facilitate birthing as a good life event, even in times of difficulty. Revealing nurses' everyday practices and supportive mechanisms potentially highlights nurses' value, garners greater respect for their practice and can contribute to rural nurse retention and the sustainability of safe rural perinatal services.

#### **Learning Objectives**

1. To communicate what it means to be a nurse providing perinatal care in a rural hospital.
2. To highlight practices of rural perinatal nurses essential to delivery of woman-centred maternity care and the sustainability of rural perinatal services.

## **RN Perinatal Mental Health Navigator – A Successful Pilot Utilizing the RN for Decentralized Rural Perinatal Mental Health Care**

### **Presenter**

Crystal Trull, RN, PNCC

### **Abstract**

#### **Purpose**

This presentation will outline the achievements of the Perinatal Mental Health Quality Initiative on the South Shore of Nova Scotia. Since March 2022, we have achieved education and advocacy for Perinatal Mental Health Disorders (PMHDs) through collaboration with community partners including psychiatry to bring equitable and timely treatment to the perinatal population, created a Care Pathway for the Management of Perinatal Mental Health and Addictions for healthcare providers, and developed an RN Perinatal Mental Health Navigator role to provide direct patient support.

#### **Learning Objectives**

1. How education and advocacy remove barriers to accessing care for perinatal mental health.
2. How the Care Pathway for Perinatal Mental Health is helping healthcare providers feel confident assessing, treating, and following up with their patients.
3. How an RN Perinatal Mental Health Patient Navigator in the rural setting can reduce mood and anxiety symptoms in patients and their families and close gaps in mental health care through comprehensive care plans.

# **THEME:** **Perinatal Education**

## Community-Based Education in Rural Kenya to Sustain Improvement in Maternal and Newborn Health

### Presenters

Lisa Keenan-Lindsay, RN, MN; Melanie Basso, RN, MSN, PNC(C); Marilyn Morson;  
Kathryn Banks, PhD, MSN, RN

### Abstract

#### Purpose

Canadian Nurses for Africa is an organization that travels to Kenya to provide hands-on care during medical clinics. The organization was looking to develop more sustainable health care projects in Kenya and in response to the Kenyan government's recognition of increased rates of maternal and newborn morbidity and mortality, it was decided to develop a workshop for Community Health Promoters (CHPs). The goal of the workshop was to optimize care that pregnant patients and newborns received by enhancing the CHPs' knowledge about normal and abnormal conditions and when referrals would be appropriate in order to enhance access to care for rural Kenyan women and newborns and was provided by Canadian nurses with expertise in perinatal nursing. The presentation will focus on how the content was developed and teaching strategies that worked well in this context. Presenters will also focus on the learning that occurred during the process.

#### Learning Objectives

1. Develop an understanding of the process of workshop content development.
2. Describe the effectiveness of teaching strategies used to improve CHPs knowledge.
3. Explore the lived experience of a Canadian educator working in remote Kenya.

## Beyond The BUBBLE: An Innovative Evidence-Informed Approach to Teaching Postpartum Assessment

### Presenters

Mary Lou Batty, RN, PhD; Jessica Webster, RN, MN, PNC(C); Kelly Day, RN, MN, CCI

### Abstract

#### Purpose

**Implementation:** This presentation outlines our approach to teaching postpartum assessment. We developed a new acronym to facilitate student learning through a comprehensive study guide where they articulate both expected findings and health promotion information for each aspect of the assessment. We filmed a professional video demonstrating the assessment and modeling health promotion education. Then students complete the virtual simulation we created where they navigate recognizing signs of a postpartum hemorrhage. Consistent with Universal Design for Learning (UDL) practices, students have unlimited opportunities to engage with these activities. Then, we facilitate a day of in-person mid-range fidelity simulations, beginning with minor complications followed by increasingly complex clinical presentations.

**Implications:** Our approach helps students to develop critical thinking abilities as they learn to recognize clinically relevant cues, develop hypotheses, communicate their findings, and reflect on their feelings and perceptions within a safe environment, building competence and confidence. Student feedback has been overwhelmingly positive.

#### Learning Objectives

1. Identify evidence-informed approaches to teaching postpartum assessment.
2. List at least two benefits of mid-range fidelity simulation.
3. Evaluate the potential for use of similar resources in their own workplace.

## Enhancing Perinatal Nursing Education: Faculty Experiences in Developing an Innovative Bachelor of Science in Nursing (BScN) Course

### Presenters

Keri-Ann Berga, RN, BScN, MScN, IBCLC, PNC(C), CNeon(C); Tanis Brown, RN, BNSc, MN, CCHC(C)

### Abstract

#### Purpose

This presentation aims to share academic leadership and nursing faculty experiences in advocating for, developing, and implementing an innovative and comprehensive full semester perinatal nursing course in a recently revised standalone tri-campus BScN Program. Through collaborative efforts, the course and lab curriculum were born to address an existing gap in perinatal and women's health in education and to facilitate preparation to practice. Utilizing a critical feminist pedagogical approach, Canadian Association of Schools of Nursing (CASN)'s entry-to-practice competencies for nursing care of the childbearing family for baccalaureate programs in nursing, and College of Nurses of Ontario (CNO) practice standards, a core faculty team developed the first iteration of the course which was then implemented in Fall 2023. Through quality assurance practices, including faculty reflection and learner feedback, strengths and challenges related to curriculum development, lecture content, simulation labs and clinical placements were identified and will be shared. Research implications and lessons learned will be discussed. By the end of the session, attendees will have a deeper understanding of the processes involved in advocating for, developing, and implementing a comprehensive perinatal nursing course. In addition, insights into overcoming potential obstacles and strategies to maximize strengths in education delivery will be shared.

#### Learning Objectives

1. Gain insight into stakeholder engagement and collaborative strategies that led to the inclusion of a perinatal nursing course into a new standalone BScN program.
2. Understand priority considerations for course and learning plan development, simulation lab design, and clinical placements.
3. Discuss the strengths, opportunities and lessons learned with the new curriculum, lab and clinical placement implementation, including future research and practice implications.

**THEME:**  
**CANN Neonatal Session**

# What Is Known about Infant Organ Donation after Death by Circulatory Criteria? Results from a Scoping Review

## Presenter

Julia St Louis, RN, MN, CNeo(C)

## Abstract

**Keywords:** infant, tissue and organ procurement, donation after death by circulatory criteria, withdrawal of life-sustaining therapies

**Objective:** Infants may be an underutilized source of donor organs. Infants are more commonly eligible for donation after death by circulatory criteria (DDCC) than after death by neurological criteria. Infant organ donors are extremely rare globally and especially in Canada. We described the published literature describing infant donation practices. The objectives of this scoping review were (1) to identify and summarize existing research and policy information about infant organ donation after circulatory determination of death with infants defined as less than one year of age, and (2) to identify knowledge gaps to guide future research. The research question was: what is known about infant organ donation after DCC?

**Methods:** This scoping review followed well-defined methodology. We conducted a search of MEDLINE, EMBASE, CINAHL, Scopus, and the Web of Science and a grey literature search for international policy documents. Two reviewers screened titles, abstracts, and full-texts. One reviewer critically appraised research articles. All articles were retained regardless of quality. All articles related to infant organ DDCC were retained. Data were extracted, collated, and charted by one reviewer to synthesize all relevant information about infant organ donation after circulatory determination of death. We conducted a meta-analysis of data related to transplant outcomes.

**Results:** The search yielded 8176 unique publications, 33 were included in this review. A grey literature search yielded six policy documents. Findings covered four categories: donor audits, transplant outcomes, ethical findings and policy documents, and time to death studies. Outcomes from infant DCC transplants were generally good but studies suggested under-recognition of potential donors.

**Conclusion:** Infants are often unrecognized as potential donors after circulatory determination of death, despite good transplant outcomes from infant donors. This leaves parents without the opportunity to include donation in end-of-life care and decreases the pool of available organs for transplantation.

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**THEME:**  
**Improvements in  
Obstetrical Care I**

## Quality Improvement in Obstetrical Triage: Successes and Opportunities to Enhancing Patient Safety

### Presenters

Kayathiri Subramaniam, RN, BScN, MEd; Carleene Banez, B.Eng.

### Abstract

#### Purpose

In continuing efforts to improve patient safety outcomes, multi-disciplinary reviews revealed several opportunities to enhance safety in obstetrical triage. Oak Valley Health clinicians and Subject Matter Experts (SMEs), and Healthcare Insurance Reciprocal of Canada (HIROC) Human Factors Engineers worked collaboratively to incorporate evidence-informed practices into the existing documentation tool, create dedicated space for triage patients, and optimize patient assignments within Labour and Delivery. Multiple inputs were used to formulate an approach for enhancing safety: a) environmental scan and peer benchmarking to understand obstetrical triage workflows in community hospitals, b) literature review on implementation of the Obstetrical Triage Acuity Scale (OTAS) by subject matter experts (SMEs), c) shadowing sessions with nurses to create “spaghetti diagrams” of movement throughout the unit by Human Factors Engineers, and d) nurses’ workload assessment using the NASA Task Load Index. A number of improvements were implemented, including incorporating OTAS scores, redesigning the triage area, and a dedicated triage role for staff. This presentation will illuminate preliminary findings, initial improvements in patient safety processes and staff work environment, and lessons learned. This presentation will highlight some of the innovative approaches to evidence-based practice implementation in obstetrical triage, and knowledge translation using multidisciplinary teams including Oak Valley Health clinicians and SMEs, and HIROC Human Factors Engineers. Evaluation of these changes are currently underway.

#### Learning Objectives

1. To understand the current opportunities in obstetrical triage workflow and work environment.
2. To export multiple inputs used to develop an approach towards enhancing safety.
3. To highlight benefits of using multidisciplinary teams in knowledge translation and patient safety.

## **Penicillin Desensitization: A Method of Preventing Transmission of Syphilis during Pregnancy**

### **Presenter**

Kira Friesen, BA, RN, BN, MScN

### **Abstract**

#### **Purpose**

Syphilis is the cause of 11% of stillbirths in Manitoba. To address this concerning stat, Health Sciences Centre Women's Hospital began to offer penicillin desensitization for pregnant people with a positive syphilis screen and a penicillin allergy in early 2022. Despite physician and pharmacist awareness of the process, nursing was not well prepared and the initial desensitization was completed incorrectly. A multi-discipline, multi-program team was tasked with creating deliverables and workflow to support standardization with the intention to improve quality of care. As nursing provides the majority of the care during a penicillin desensitization, front line nurses and nursing leadership led the creation of the following deliverables: a clinical practice guideline, a standard operations procedural manual, a standardized order set and corresponding medication administration record, and patient education. This presentation will provide an overview of the quality improvement initiative undertaken to plan for safe delivery of penicillin desensitization.

#### **Learning Objectives**

1. To gain an understanding of the safety of penicillin desensitization in pregnancy.
2. To understand lessons learned from the initial desensitization at Health Sciences Centre Women's Hospital.
3. To be able to identify important aspects to consider when planning for penicillin desensitization.

## Staunching the Bleed: A Case Study of Successful Implementation of a Postpartum Hemorrhage Protocol

### Presenters

Karen Pike, RN, MN, PNC(C); Melanie Basso, RN, MSN, PNC(C)

### Abstract

#### Purpose

Postpartum hemorrhage is a leading preventable cause of maternal morbidity and mortality worldwide. In 2022, the Society of Obstetricians and Gynecologists of Canada (SOGC) and the California Maternal Quality Care Collaborative published best practice guidelines on the management of postpartum hemorrhage, with an emphasis on prevention and individualized care. A multidisciplinary team from BC Women's Hospital collaborated to translate these guidelines into a hospital-based protocol and applied evidence-based tools and creative strategies to successfully implement the protocol into practice. In a follow-up to last year's presentation on the content of the 2022 SOGC guidelines, we will reinforce evidence-based clinical practices framed by the 6 Rs, describe our approach to knowledge translation and implementation, and share our evaluation findings in process metrics, outcome measures, and lessons learned. In this presentation, we will describe nursing-led initiatives that promote multidisciplinary collaboration and evidence-based care for people along the perinatal spectrum.

#### Learning Objectives

1. List the SOGC's 6 Rs of postpartum hemorrhage management.
2. Identify evidence-based tools used to support development, knowledge translation, and implementation of a large, multidisciplinary clinical protocol (e.g., RACI chart and PDSA cycles).
3. Describe how the featured implementation strategies may be applied in their own practice context.

**THEME:**

# Fetal Health Surveillance

## **Unrecognized Maternal Heart Rate Artifact during Electronic Fetal Monitoring (EFM) in Labour – A Major Cause of Birth Asphyxia**

### **Presenters**

Mariah Colussi, MD; Laura Payant, RN, MScN

### **Abstract**

#### **Purpose:**

Maternal heart rate artifact (MHRA) is a well recognized phenomenon that occurs during electronic fetal monitoring (EFM). The subtle nature of this phenomenon can leave it to go unrecognized, causing confusion and delayed decision making, impacting fetal outcomes. The delay to decision making can lead to possible hypoxic ischemic encephalopathy, fetal acidosis and even neonatal death. This project focuses on retrospective EFM analysis of cases of birth asphyxia from the CMPA archives, in which MHRA may have contributed to decisions around time of delivery. In addition, strategies to identify, correct and prevent MHRA will be discussed.

#### **Learning Objectives**

1. Recognize the link between maternal heart rate artifact and fetal hypoxia.
2. Begin to recognize patterns for maternal heart rate artifact in electronic fetal monitoring.
3. Understand the importance of SpO2 maternal pulse monitoring in the second stage of labour.

## **Fetal Health Surveillance Instructor Skills: Enhancing Critical Thinking for FHS Interpretation**

### **Presenter**

Amanda Kelloway, RN, MN, LCCE, IBCLC

### **Abstract**

#### **Purpose**

This presentation will be for new or experienced fetal health surveillance (FHS) instructors to develop their interactive teaching skills and facilitate critical thinking for FHS interpretation.

#### **Learning Objectives**

1. Describe critical thinking and how it is developed.
2. Experience, through the eyes of a learner, the benefits of learning complex fetal health surveillance context in an interactive style.
3. Describe at least two teaching strategies that could be used for facilitating critical thinking for FHS interpretation.

## **Building Capacity for Fetal Health Surveillance (FHS) Education: A FHS Case Study Repository**

### **Presenters**

Leanne MacKeen, RN, MN; Maxine Bernard, RNC, BScN, MHS; Sarah Maguire, RN, BScN, IBCLC, PNC(C); Heather Ezurike, RN, MN, PNC(C)

### **Abstract**

#### **Purpose**

The ability to share electronic fetal monitor tracings across facilities has traditionally been prohibited due to perceived risks with violating the Personal Health Information Act. A provincial perinatal program along with two health authorities worked in collaboration to obtain appropriate approvals to create a provincial repository of Fetal Health Surveillance (FHS) case studies. The presentation will provide an overview of the challenges and successes identified through the process and required structures created to standardize FHS case study development, review process, and to ensure secure storage. Achievements and learnings to date will be shared, along with next steps for building capacity among FHS instructors with improved access to FHS case studies. The goal of this quality improvement initiative is focused on supporting FHS instructors with tools that enhance FHS education delivery to perinatal care providers.

#### **Learning Objectives**

1. Recognize the value of having access to a provincial collection of case studies to enhance FHS education.
2. Describe the process utilized to build and maintain a FHS case study repository.
3. Outline the barriers and facilitators encountered when creating a provincial FHS case study repository.

**THEME:**  
**Postpartum Care**

## **Seamless Service for Birthing Individuals, without a Primary Care Provider, Who Are at Risk of Postpartum Depression**

### **Presenters**

Louise Gilbert, RN, MScN, IBCLC, PNC(C); Anne Roussel; RN, BScN; Sharlène Clarke

### **Abstract**

#### **Purpose**

Clinical pathway forged to enhance care for birthing individuals without access to primary care and who are showing postpartum depression symptoms. This project relies on multi-agencies collaboration and evidence-informed practice to maximize client access to care ensuring the best possible outcomes for postpartum women and their families.

#### **Learning Objectives**

1. Leverage new partnership opportunities.
2. Identify the importance of team work to complete specific, common objectives.
3. Determine gaps in care pathways and possible solutions.

# The Postpartum Care Experience among Parents and Healthcare Providers in Canada: A Qualitative Evidence Synthesis

## Presenter

Andrea Atkinson, RN, MScN

## Abstract

### Purpose

Canada lacks consistent and comprehensive guidelines for postpartum follow-up care practices, with timing and frequency of visits varying based on care provider type, geographic location and model of care. The purpose of this qualitative review was to synthesize the best available qualitative evidence surrounding the experiences of postpartum care practices from the perspective of parents and healthcare providers in Canada. The reviewers sought to highlight enabling care practices as well as to identify barriers and challenges in the provision and receipt of postpartum care. An intersectional lens was applied throughout the research process where the primary reviewer reflected on who was being studied as well as how issues of power and inequality have influenced the postpartum care experience for families over the past three decades.

### Learning Objectives

1. Understand the importance of timely access to postpartum support and care, including the value of home visits from nurses and midwives.
2. Examine the postpartum care experience from an intersectional lens, including the impact of social determinants of health and how they may influence the postpartum care experience.
3. Consider how nurses and other care practitioners can deliver holistic and individualized postpartum care to meet the unique needs of families across Canada.

## **Enhanced Recovery after Caesarean Delivery: How Are We Doing? Can We Do Better?**

### **Presenter**

Christine Finnbogason, RN, BSc, MN, PN(C)

### **Abstract**

#### **Purpose**

Enhanced Recovery After Surgery (ERAS) has been implemented worldwide in a number of surgical specialties, including obstetrics. In 2020/21 Women's Hospital and St. Boniface Hospital implemented ERAS for our caesarean deliveries (CD). Recently, ERAS principals have been reviewed to determine how we are doing and to identify areas of improvement. In this presentation, we will discuss ERAS pathways for CD, discuss barriers that may be faced and identify ways nurses can support ERAS care.

#### **Learning Objectives**

1. Review the ERAS guidelines and clinical pathways for caesarean delivery.
2. Describe changes made after initial evaluation of ERAS orders and shared tools developed to support.
3. Share lessons learned through a collaborative multidisciplinary journey.

**THEME:**  
**Gynecological Care**

## **Understanding the Social and Structural Factors Impacting People of African Descent with Uterine Fibroids in Nova Scotia**

### **Presenter**

Keisha Jefferies, PhD

### **Abstract**

#### **Purpose**

Uterine fibroids are non-cancerous growths in the uterus. Correlation studies suggest that Black women are three times more likely to experience uterine fibroids that are larger, more numerous, have an earlier onset, and induce more severe symptoms compared to the general population. Literature related to people of African descent with uterine fibroids, including trans and gender diverse people in Canada, is limited. The lack of disaggregated health data hinders culturally appropriate health services. This presentation describes preliminary findings from a qualitative study examining the social and structural factors that impact people of African descent with uterine fibroids in Nova Scotia. This study uses interviews, demographic forms, and focus groups to understand and describe this issue. The findings include participant demographics and the classification of experience into conceptual themes. This study involves collaboration with community partners to develop and facilitate the integration of culturally appropriate health policy and service recommendations.

#### **Learning Objectives**

1. Learning approaches and strategies used in community-oriented nursing research in Nova Scotia.
2. Understanding the experiences of people of African descent with uterine fibroids in Nova Scotia.
3. Discovering ways to develop and build research capacity in Black health and nursing research.

## **Uterine Fibroids and Black People of African Descent: A Scoping Review**

### **Presenter**

Keisha Jefferies, PhD

### **Abstract**

#### **Purpose**

Current evidence suggests that Black women are three times more likely to experience uterine fibroids compared to the general population. Literature also suggests that Black women experience larger uterine fibroids with an earlier onset and more severe or debilitating symptoms. Reported symptoms include pelvic pain, bladder issues, and heavy menstrual bleeding. This presentation describes the preliminary findings of a scoping review that charts the extent and type of available literature regarding Black people of African descent with uterine fibroids globally. An overview of the scoping review process, including information about the comprehensive and systemic search strategy, the independent source screening, as well as the classification of the literature into appropriate categories, will be shared. The findings from this scoping review will be used to identify existing evidence gaps and to inform future research in this area.

#### **Learning Objectives**

1. Understanding a systematic and comprehensive approach to literature searches and reviews.
2. Discovering current trends as well as gaps within available literature regarding Black People of African Descent with uterine fibroids globally.
3. Understanding the importance of critical perspectives, equity, and inclusion in nursing research.

## **Adult Comfort Promise: Assessing, Preventing, and Treating Gynecology Procedural Pain**

### **Presenter**

Jennifer Spencer, NP

### **Abstract**

#### **Purpose**

The Adult Comfort Promise is a quality improvement initiative and future research project developed to assess, prevent, and treat pain during gynecological procedures. It is modelled after the pediatric Comfort Promise. The Adult Comfort Promise aims to work collaboratively and provide patient-focused care. This involves the use of pain assessment tools, minimizing anxiety through knowledge sharing, and offering a variety of non-pharmacological and pharmacological options for the patient to choose from. We acknowledge that there can be apprehension, discomfort and pain for people with ovaries needing gynecological procedures. We want to support and care for our patients so that, as providers, we can complete the screening and diagnostic tests and procedures that are necessary to diagnose and manage gynecological concerns. Some examples of these include: pap tests for cervical cancer screening, endometrial biopsies for uterine cancer, vulvar biopsies, urodynamic studies, and IUD insertions for contraception and/or abnormal uterine bleeding.

#### **Learning Objectives**

1. Participants will identify the complexities contributing to women and gender-diverse people experiencing procedural pain of outpatient gynecological procedures.
2. Discuss the Adult Comfort Promise's (ACP) purpose and identify the value of the nursing role in implementation.
3. Identify barriers to treating and preventing gynecological procedural pain in the outpatient setting.

**THEME:**  
**CANN Neonatal Sessions**

## Family Integrated Care in Uganda: Perspectives of Healthcare Workers

### Presenter

Fahima Khan, BSc

### Abstract

**Keywords:** family engagement, NICU, Uganda, low income country

#### Objectives:

1. Summarize the importance of parental engagement in resource-limited NICUs.
2. Explain the time constraints that healthcare workers face when collaborating with parents in resource-limited NICUs.
3. List the care-taking skills that healthcare workers perceive as valuable and easy for mothers to perform in resource-limited NICUs.

**Methods:** The study occurred in the Special Care Unit (SCU) at Jinja Regional Referral Hospital in Jinja, Uganda. The SCU is a postnatal ward that cares for sick and premature infants, has a nurse/midwife-to-patient ratio of approximately 1:10 and admits 1200-1800 infants annually. The current project is a follow-up study to a pre-post trial showing the feasibility of adapting Family Integrated Care in Uganda<sup>1,2,3</sup>. As part of the larger study on video-enhanced maternal education, healthcare workers in the SCU were invited to complete a survey on their perspectives regarding their time availability to educate mothers and the skills they perceived as important for mothers to learn. A research personnel conducted the semi-structured surveys orally in English and recorded the answers on REDCap, a web-based application that supports data entry and management. Descriptive statistics and narrative synthesis were used to analyze the data. Ethical approval was obtained from Makerere University, the Uganda National Council for Science and Technology, and the McGill University Health Centre. Participants gave informed consent prior to completion of the survey.

**Results:** In July 2024, twelve healthcare providers were surveyed, including one pediatrician, two interns, eight nurses/midwives and the head nurse. The sample represented all eligible physicians during the study period and all eligible nurse/midwives who work in the SCU. Seven respondents (58.3%) reported that they have less than ten minutes per admission to spend educating mothers on how to participate in their infant's hospital care, while two respondents (16.7%) indicated that they had no time to allocate to maternal education. When provided a list of potential skills, all respondents (n=12, 100%) reported that monitoring and identification of "danger signs"<sup>4</sup> was the most important skill for mothers to learn. The majority of respondents (n=9, 75%) answered that training mothers how to weigh their infant daily on the SCU's electronic scale would be the easiest skill to teach. During the semi-structured survey, respondents generally remarked that video-enhanced maternal education may be an effective strategy to train mothers with one respondent suggesting that a video teaching key maternal skills should play continuously on a screen mounted on the wall in the SCU. Another respondent advocated for identifying a "champion" mother to teach and support other mothers to participate in their infant's hospital care.

**Conclusions:** This study demonstrated that healthcare workers in a resource-limited NICU in Uganda have minimal time to engage mothers as collaborators in their infants' hospital care. Furthermore, due to healthcare worker shortages coupled with continuous maternal presence at bedside, all healthcare workers agreed that it was crucial for mothers to know how to monitor and identify signs of clinical deterioration ("danger signs"). Therefore, alternative approaches to maternal education, including our ongoing study of video-enhanced education, could be an effective strategy for partnering with mothers in a resource-limited NICU, while also respecting the time constraints of healthcare workers.

**Disclosures:** This study was funded by a clinical innovation grant from the Department of Pediatrics at the Montreal Children's Hospital.

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## To Explore the Experience of Parents of Micro Premature Babies Participating in the Infant Massage Programs in the Neonatal Intensive Care Units (NICU) at Sunnybrook Health Sciences Centre

### Presenters

Blaire Jones, MSW, RSW , MHSc;

Amanda Squires, RN, MScN, NCC BC, CCRN Neonatal, Neonatal Nurse Practitioner (NNP), Neonatal Touch and Massage Nurse Certified (NTMNC), Accredited Infant Massage Instructor (AIMI)

### Abstract

**Keywords:** neonatal massage, decreased parental anxiety, improved bonding between baby and parents, decreased stress, improved comfort for baby, less gassiness, increased GI motility, improved outcomes

**Abstract:** Parents of micro premature babies in the Neonatal Intensive Care Unit (NICU) are in a stressful situation during their baby's neonatal hospitalization. This stressful period of time may have a negative effect on parental attachment and bonding. Neonatal massage has many benefits for both the baby and the parents. Evidence in the literature supports teaching massage to parents in the NICU since it may decrease anxiety, depression, promote attachment, increase parent satisfaction, and improve the parent/infant dyad. However, previous studies include parents of babies greater than 27 weeks gestation. Sunnybrook has a unique opportunity to evaluate the effect of training parents of babies less than 25 completed weeks gestation. An evidenced based, gestational age-appropriate massage program was developed to teach parents to massage their babies after 34 weeks gestation. This study aims to explore the experiential impact of parents in learning massage to better understand their perspective and in order to improve and adapt the program for broader implementation.

**Objectives:** After completing this activity, the learner will increase their knowledge of the benefits of teaching massage to parents of micropremature babies in the NICU and will be able to list 3 benefits for the baby and 3 benefits for the parents.

**Ethical Review:** Qualitative Study: The project was approved in May 2022 by Neonatal Research Committee in Sunnybrook approved the project both from a scientific content and feasibility perspective. A SEED grant was received to fund the project. The study began after Research Ethics Board (REB) approval in September 2022 and recruitment began in January 2023.

**Funding Award:** 2022 PBRI Seed Grant (Sunnybrook Health Sciences Centre)

### Methods:

#### Design

- A qualitative approach was utilized to gain an understanding of parental experience of participating in massage training in the NICU.
- Interviews were conducted with parents to elicit their views on the massage therapy program and inform recommendations for improvement.

### Setting

- Level 3 Neonatal Intensive Care Unit (NICU) at Sunnybrook Health Sciences Centre (SHSC)

### Study Population

- Parents of a micro premature baby less than or equal to 25 weeks gestation who participated in the massage therapy program in the Sunnybrook NICU; parents who have completed the massage training and are English-speaking

### Results/Preliminary Results:

Participants of the massage program reported positive experiences with:

- program content, resources, relationship with trainers.

Participants of the massage program reported satisfaction with:

- massage outcomes with physiological and psychological benefits for the baby, parent, and the baby-parent relationship.

### Conclusion:

- A common psychological outcome from the massage was the baby's enjoyment of the massage.
- Parents have reported their babies were observed smiling, giggling or laughing in response to the massage.
- Observing the physiological and psychology benefits of the massage have positively influenced most parents, who report feeling less stressed or anxious and more empowered and confident in their skills compared to before starting the massage.
- The additional time spent with their babies in the NICU facilitated a bonding opportunity between parent and baby, and nearly all parents report an improved understanding of their baby's cues and relationship with their baby.
- Kangaroo care, gentle touch and hand hugging have been shown to be effective methods to provide positive neurological benefits to those neonates < 32 weeks. After 32 weeks it has been shown that kangaroo care alone may not be enough to provide the stimulation and positive touch. Neonatal massage is an inexpensive intervention which has been shown in the literature to have many benefits and minimal risks when done with strict guidelines and education of staff and parents. Research suggests that neonatal massage programs may be implemented in the NICU.

**Disclosures:** Nothing to disclose.

## Implementing a Music Therapy Program for Infants and Caregivers in the Neonatal Intensive Care Unit

### Presenter

Teresa Ianni, MMT, RP, MTA

### Abstract

**Keywords:** music therapy, bonding, emotional support, cognitive stimulation, sensory stimulation, self-regulation, end of life, quality dying

**Purpose:** Music therapy in the NICU is a non-pharmacological, non-invasive and empirically supported treatment for patients and families. Music therapy can support critical development in areas such as sucking, weight gain, self-regulations, sleeping and recovery from painful procedures. The introduction of music therapy sessions aimed to: 1) improve caregiver self-reported stress by 20%, and 2) increase meaningful auditory stimulation of neonates by 20% from November 2022 to April 2023.

**Methods & Measures:** Parental self-reported stress was measured using a standardized questionnaire pre and post music therapy session (Perceived Stress Scale; Cohen et Al. 1983), and qualitative data was gathered in dialogue with caregiver. Neonatal physiological responses during music therapy sessions were captured via heart rate (HR), respiration rate (RR) and oxygen (O2) saturation from the infant chart in 5 minute intervals (10 minutes pre-session, during a session and 10 minutes post session), and trends were analyzed based on music therapy intervention used. Additionally, qualitative data was gathered through staff perception of the intervention.

**Findings:** Music therapy support was offered a total of 80 times between November 2022 and April 2023. Preliminary findings and examples show promising outcomes for implementing a music therapy program on the NICU. Reported caregiver perception of stress decreased an average of 2 points within a music therapy session. Caregivers reported 'feeling more relaxed', 'ready to take on the days challenges'. Infants also showed positive physiological responses during music therapy sessions.

**Conclusion:** Further studies may determine long-term effects music therapy may have on infants, for example decreased length of hospital stay and/or how music therapy may affect cognitive and growth outcomes for infants in the follow-up clinic. Additionally, evidence indicated that many NICU caregivers were previously HRO patients and consistent care, across their journey could enhance the patient experience. Since this initial QI project and implementation of a pilot project, the use of heartbeat songs, a music therapy specific intervention to support loss and grief, has increased. It has been offered to families who are struggling with bonding and increased anxiety related to their NICU journey, as well as a legacy opportunity for families.

**Disclosures:** Nothing to disclose.

**THEME:**

# Perinatal Care in Vulnerable Situations

## Feeding the Future: Supporting Breastfeeding in the Context of Food Insecurity

### Presenter

Sonya Boersma, BN, MScN, RN, IBCLC

### Abstract

#### Purpose

Mothers in food insecure households can least afford breastmilk alternatives, yet are less likely to breastfeed. Pre-pandemic food insecurity affected one in five Canadian households and has since escalated. This talk examines the critical intersection of food insecurity and infant feeding. It includes aspects of the importance of breastfeeding such as personal, societal, health care, and environmental, and further includes supporting infant feeding in emergencies. We will explore the economic impacts of the status quo and how we can save money for families and our systems. With the rising crisis of food insecurity, the future needs to start now, with measures we take at the bedside and more broadly. The presentation weaves a clear picture of the relevance of this growing issue and interventions for nurses in many roles. Strategies for nurses to support evidence-based infant feeding in general, and specifically for those with low incomes, will be discussed.

#### Learning Objectives

1. To understand food insecurity, breastfeeding norms, and their relationship.
2. To explain the importance of breastfeeding and the impact of infant formula in a wide variety of circumstances.
3. To equip nurses with actionable strategies to address barriers to breastfeeding equity in lower income populations.

## **Disability and Pregnancy: Accessible Pregnancy Care Planning Toolkit – A Comprehensive Guide to Bridging the Clinical Care Gaps for Pregnant Individuals with Physical Disabilities**

### **Presenter**

Elizabeth Jung, RN, MScN, CDE, PNC(C)

### **Abstract**

#### **Purpose**

The Accessible Care Pregnancy Clinic [ACPC] is a specialized antenatal clinic providing pre-pregnancy, antenatal and birthing services to people living with physical disabilities. The ACPC and the Provincial Council for Maternal and Child Health [PCMCH] have collaborated to create the Accessible Pregnancy Care Planning Toolkit. It is our hope that this toolkit can be utilized by the primary care providers working with pregnant people living with physical disabilities. Our aim is to enhance the quality of obstetrical and delivery care, reduce barriers, and promote inclusivity for pregnant people living with physical disabilities. The proposed presentation aligns with the CAPWHN conference objectives of discussing innovative and evidence-informed practice to promote and optimize care across the continuum of perinatal and women's health, as well as exploring strategies to optimize knowledge and promote equity and access in perinatal and women's health.

#### **Learning Objectives**

1. Identify the systemic barriers and the care needs of physically disabled pregnant people.
2. Review the key aspects of development and implementation of the Accessible Pregnancy Care Planning Toolkit.
3. To utilize the toolkit to one's own practice and improve care for physically disabled pregnant individuals.

## **Perinatal Care Experiences of Pregnant Individuals Incarcerated in Ontario**

### **Presenter**

Xaand Bancroft, PhD(c)

### **Abstract**

#### **Purpose**

As a part of her Ph.D. research, Xaand Bancroft conducted semi-structured interviews with individuals who experienced pregnancy while incarcerated in facilities located in the province of Ontario. The findings of this research highlight the significant challenges faced by those who required reproductive and perinatal care while incarcerated. In this presentation, Xaand will discuss some of her findings which include: (a) the experience of stigmatization of individuals who were incarcerated while pregnant, (b) barriers to access to perinatal care for individuals who are/were pregnant and incarcerated, (c) loss of autonomy as it pertains to reproductive and perinatal care, and (d) strategies to improve the prenatal and postnatal care experience of individuals who are incarcerated. The purpose of the presentation is to share insights about the care experiences of the overlooked population of individuals who are incarcerated while pregnant.

#### **Learning Objectives**

1. To describe the experiences of individuals who were incarcerated while pregnant.
2. To identify gaps in access to perinatal care for individuals who are/were pregnant and incarcerated.
3. To recognize the impacts of stigma on the care experiences of people who are/were incarcerated while pregnant.

**THEME:**  
**Improvements in  
Obstetrical Care II**

## **Systemic Lupus Erythematosus (SLE) and Pregnancy – A Need for Comprehensive Care**

### **Presenter**

Luisa Ciofani

### **Abstract**

#### **Purpose**

Give an overview of lupus and how it affects pregnancy. Discuss preconception counselling and the recommendations for care during pregnancy for women who have lupus. Review the Legacy Trial (ongoing) as a potential model of interdisciplinary care.

#### **Learning Objectives**

1. Become familiar with lupus – “the disease with 100 faces”.
2. Discuss recommendations for the clinical management of women who are pregnant and have lupus.

## Gender Diversity Inclusiveness – Perinatal Clinical Equity Oriented Walkthroughs

### Presenters

Anna Paraniñfi, RN, BSN; Shannon Leonard, RN, BSN

### Abstract

#### Purpose

Equity walkthroughs serve as both a pedagogical and practical tool, possessing the potential to inspire and instill equity-oriented healthcare practices within clinical education and future clinical practice. As healthcare disparities persist, it is crucial nursing programs equip students with the skills and mindset necessary to deliver care that is inclusive, equitable, and fosters cultural humility. Equity walkthroughs offer a dynamic approach to experiential learning that highlight the intersectionality of healthcare access, social determinants of health, and systemic inequities.

#### Learning Objectives

1. Understand the concept of equity walkthroughs, the importance of integrating equity-oriented principles into clinical teaching practices, and their significance in promoting equity-oriented healthcare delivery while building on trauma informed practice and culturally safe care.
2. Identify the practical steps involved in designing and implementing equity walkthroughs within nursing clinical education settings, including strategies for identifying and addressing healthcare disparities and fostering inclusive learning environments conducive to equitable healthcare delivery.
3. Develop skills to analyze the outcomes and challenges associated with participating in equity walkthroughs and develop action plans for integrating equity-oriented principles into both clinical education and future clinical practice.

## **More Milk Sooner – The Research Perspective – "The Effects of Prenatal Hand Expression on the Rate of Exclusive Breastfeeding to Two Months"**

### **Presenters**

Naida Hawkins, RN, IBCLC; Almerau Prollius, MBChB, MMED(O&G|SA), FCOG(SA), FRCSC

### **Abstract**

#### **Purpose**

Join Naida Hawkins and Dr. Almerau Prollius to learn how More Milk Sooner is spreading the work about antenatal hand expression around the country and around the world. They will also be presenting the findings of their recent research project that compared feeding outcomes of families who were able to practice prenatal hand expression for 10 days compared to families who did not do hand expression.

#### **Learning Objectives**

1. Participants will be able to define antenatal hand expression.
2. Participants will be able to identify families who would benefit from antenatal hand expression.
3. Participants will be able to identify opportunities across the care continuum for implementation of this work.

**THEME:**

**Trauma Informed Care**

## Concept Analysis of Breastfeeding Support in the NICU

### Presenter

Laura Crump, RN, MSc

### Abstract

#### Purpose

A diet comprised exclusively of breastmilk is critical for the healthy development of preterm infants. However, many preterm infants do not receive breastmilk exclusively during their stay in neonatal intensive care units (NICUs) and even fewer are discharged receiving only breastmilk. Breastfeeding support from skilled healthcare providers is commonly presented as a solution, however, there is a lack of clarity regarding what this concept entails. Therefore, guided by Rodger's evolutionary method, this presentation will describe what breastfeeding support in the NICU is and how this concept has evolved over time.

#### Learning Objectives

1. Describe the concept of breastfeeding support in the NICU.
2. Understand importance of tailored breastfeeding support for NICU families.
3. Detail how conceptualizations of breastfeeding support in the NICU have evolved over time.

# The Rising Prevalence of Birth Trauma in Our Country: Communication Changes Everything

## Presenter

Tina Bitangcol, BSN, RN, PNC(C), CBS

## Abstract

### Purpose

This presentation will outline the current culture and everyday practices during labour and childbirth and how it contributes to birth trauma in Canada. It will provide the opportunity to reflect on current practices that are commonly seen within the birthing community which might influence our patient's experiences. By attending this session, registered nurses, licensed practical nurses, doulas, midwives, family physicians and obstetricians will enhance their understanding of their current approach to patients in the birthing space and will take away simple and effective ways that they can improve patient's perception and satisfaction with their childbirth experience.

### Learning Objectives

1. Reflect on their practice and identify situations where they may have unknowingly contributed to the birth trauma of a patient.
2. Identify areas or situations in their practice setting where birth trauma is likely to occur.
3. Feel empowered to modify their day to day practice in the obstetrical setting by integrating small adjustments in communication to benefit the patient and reduce birth trauma.

## **Obstetric Violence during Hospital-Based Childbirth: Perspectives of Childbearing Women and Perinatal Healthcare Providers**

### **Presenter**

Andrea Willett, RN, MScN, PhD(c)

### **Abstract**

#### **Purpose**

In recent years, global health organizations, advocacy groups, and media outlets have highlighted the pervasive and normalized nature of disrespectful and abusive treatment experienced by women in the context of reproductive healthcare, otherwise termed obstetric violence. In Canada, the drivers, nature, and impacts of obstetric violence are under-explored. This session will present the preliminary findings of a qualitative study exploring obstetric violence during hospital-based childbirth in a large Canadian city. Using a critical feminist lens, the study highlights women's experiences of obstetric violence, provides insight on the perspectives of perinatal healthcare providers on the issue, and explores factors that influence the occurrence of obstetric violence.

#### **Learning Objectives**

1. Discuss the nature and prevalence of obstetric violence in hospital-based childbirth.
2. Engage with women's experiences of obstetric violence and discuss the perspectives of perinatal healthcare providers on the issue.
3. Discuss implications of the study findings for practice and research.

# **THEME:** **Perinatal Loss I**

## **“Answers Will Give Me Peace” – Using Explainer Videos to Improve Patient Health Literacy About Reproductive Loss**

### **Presenter**

Shabnam Ziabakhsh

### **Abstract**

#### **Purpose**

BC Women’s Hospital Early Pregnancy Assessment and Recurrent Pregnancy Loss clinics serve patients experiencing early pregnancy complications and recurrent pregnancy loss (RPL). Clinicians noticed that initial appointments were often taken up with answering basic questions about miscarriage and RPL and proposed the creation of explainer videos to bridge information gaps and to optimize patients’ time with clinicians. Between 2020 and 2022, we developed two explainer videos in collaboration with clinicians and people with lived experience. The videos aimed to improve patient preparedness and to provide clinicians with teaching tools. In 2023-24, we conducted an evaluation of use, impact, and acceptability of both videos. Results suggest the videos improve patient health literacy about miscarriage, provide reassurance, and help reduce stigma around miscarriage and RPL. Integrating these videos into clinical practice could enhance patient-centred care and clinical outcomes.

#### **Learning Objectives**

1. Understand the role of explainer videos as health literacy tools.
2. Identify the collaborative methods used in video development.
3. Understand the collaborative and outcomes of the video evaluation.

## Clinician Perspectives on Learning to Support Patients Experiencing Stillbirth

### Presenters

Ann Pederson, PhD; Jamie Ascher

### Abstract

#### Purpose

This study aimed to explore perinatal clinicians' perspectives on supporting patients experiencing stillbirth. We conducted semi-structured interviews with 10 clinicians from across Canada in 2021 using the audio function of a video conferencing platform. Clinicians were recruited through professional listservs and snowball sampling. We asked them to describe their experiences with stillbirth and how they support patients and families. Interviews were transcribed verbatim and analyzed using a modified grounded theory approach with thematic analysis. We generated four themes characterising how clinicians navigated stillbirth: (1) The context of care shapes the clinical encounter, (2) Disciplinary training provides only limited preparation for supporting patients whose babies are born still, (3) Individual clinicians learn from direct patient experience and continuing professional development, and (4) Clinicians need training to provide trauma-informed, culturally safe stillbirth care. Clinicians are emotionally challenged by stillbirth and do not initially feel confident and comfortable supporting patients experiencing stillbirth. Clinicians want more disciplinary training and more opportunities for professional development.

#### Learning Objectives

1. Understand the current Canadian definition of stillbirth and the incidence of stillbirth nationally and in British Columbia.
2. Understand clinicians' perspectives on how to support patients and families whose babies are born still.
3. Discuss opportunities to facilitate clinicians to feel capable and confident to support patients and families whose babies are born still.

## Cultivating Compassion: Early Pregnancy Loss Provider Toolkit

### Presenters

Jennifer Burkhart, RN, MN; Laura Crich, RN, MSc; Megan Fockler, RN, MPH;  
Michelle La Fontaine B.A.A, MHA(CC)

### Abstract

#### Purpose

In Ontario, over 100 patients access the health care system every day for early pregnancy loss (EPL) related concerns. Despite this frequency, the majority of EPL patients are dissatisfied with the care they receive, and staff often report a lack of confidence and skill in caring for this population. At an Ontario ED, a grassroots working group developed and implemented new processes and resources to improve the quality of EPL care. This group then partnered with a provincial organization and sought patient, family, and health care provider feedback to create an online toolkit, with the goal of making these resources easily accessible and adaptable for other organizations and other areas of practice. This open-access online toolkit includes a comprehensive evidence-based care guide for health care providers, compassionate and informative resources for EPL patients and their families, implementation strategies, staff education tools, and more. Our presentation will thoroughly review the toolkit contents, and will provide attendees with strategies and support in adapting the toolkit to their area of practice. Real-time support can be provided if attendees bring their own laptop. Our toolkit provides staff with knowledge, resources, and confidence to provide evidence-based, compassionate, and family-centred EPL care. Attendees will leave the presentation with inspiration and practical strategies to improve EPL care and to be an agent of change in their organizations.

#### Learning Objectives

1. Participants will learn about an evidence-based, innovative toolkit to guide staff in caring for EPL patients and their families.
2. Participants will discover strategies to support EPL patients, including evidence-based care guidelines, resources, referrals, and discharge teaching.
3. Participants will discuss ways to adapt the online toolkit to their unique area of practice.

**THEME:**

**Complex Care in Pregnancy**

**Soins complexes durant  
la grossesse**

## **Améliorer les soins de grossesse pour les personnes en situation de handicap**

### **Présentatrices**

Claude-Émilie Jacob, MD, FRCSC;

Emmanuelle Champagne, patiente partenaire au Centre hospitalier de l'Université de Montréal

### **Abrégé**

#### **But**

Cette présentation aborde les défis auxquels sont confrontés les personnes en situation de handicap pour accéder aux soins de grossesse et au soutien parental. Le but est notamment de mettre en lumière le développement d'une clinique de grossesse spécialisée destinée à cette population, en mettant l'accent sur la réduction de la stigmatisation, l'amélioration de l'accessibilité et l'offre de soins de qualité.

#### **Objectifs d'apprentissage**

1. Comprendre les besoins uniques et les obstacles auxquels sont confrontées les personnes en situation de handicap.
2. Explorer l'approche interdisciplinaire des soins de grossesse, y compris les services sociaux, la physiothérapie, l'ergothérapie et les organisations communautaires.
3. Discuter du processus d'établissement d'une collaboration interdisciplinaire et d'un partenariat avec les patients pour améliorer les soins de grossesse pour les personnes en situation de handicap.

## **L'expérience des soins en périnatalité dans le contexte de la procréation médicalement assistée : vers une approche sensible et inclusive**

### **Présentatrice**

Caroline René, inf., PhD(c)

### **Abrégé**

#### **But**

Cette présentation aborde l'expérience unique des couples touchés par l'infertilité, lorsqu'ils attendent un enfant conçu par procréation médicalement assistée (PMA), et examine comment les professionnels de la santé, en particulier les infirmières et infirmiers en périnatalité, peuvent mieux les soutenir tout au long du continuum de soins prénatals. En alignement avec le thème de la conférence "L'avenir, c'est maintenant : maintenir l'excellence en soins infirmiers périnatals et en santé des femmes", cette présentation met l'accent sur les besoins spécifiques des parents lorsqu'ils ont vécu les défis de l'infertilité et de la PMA et explore comment les soignants peuvent créer des espaces inclusifs pour les soutenir pleinement tout au long de cette expérience de grossesse particulière.

#### **Objectifs d'apprentissage**

1. Reconnaître les défis particuliers rencontrés par les parents ayant eu une expérience antérieure d'infertilité et de procréation médicalement assistée au cours de leur suivi de grossesse.
2. Identifier les approches de soins gagnantes permettant d'améliorer l'expérience des parents.
3. Adopter des pratiques de soins inclusives et empathiques auprès des parents ayant eu recours à la PMA, lors des visites de grossesse.

## **Au-delà du choix : explorer le processus décisionnel des adolescentes enceintes**

### **Présentatrices**

Sandra Bonilla, inf., PhD(c); Assumpta Ndengeyingoma

### **Abrégé**

#### **But**

L'adolescence, période de transitions significatives, est souvent marquée par des grossesses inattendues, engendrant stress et ambivalence. Toutefois, peu d'études ont exploré comment les adolescentes gèrent ce processus décisionnel complexe. Afin d'explorer, à travers les récits des adolescentes enceintes, le processus décisionnel relatif à la poursuite de leur grossesse, une étude qualitative phénoménologique, avec des entretiens semi-dirigés, a été menée auprès de quatorze adolescentes enceintes au Québec, Canada. L'analyse des données a révélé leurs expériences et perceptions. Deux thèmes principaux ont émergé : le sens donné à la grossesse et l'anticipation des réactions de l'entourage. Des dynamiques psychosociales et environnementales influencent les décisions des adolescentes. Un accompagnement adapté et sensible est crucial pour réduire l'incertitude et le stress, facilitant ainsi une expérience de grossesse plus positive pour l'adolescente.

#### **Objectifs d'apprentissage**

1. Décrire les principaux facteurs du développement psychosocial qui influencent les décisions des adolescentes enceintes de poursuivre ou non leur grossesse.
2. Comprendre l'impact du soutien social et familial sur le processus décisionnel des adolescentes enceintes.
3. Intégrer les résultats de l'étude pour renforcer le soutien émotionnel et social nécessaire à une prise de décision éclairée chez les adolescentes enceintes.

# **THEME:**

## **Perinatal Loss II**

## When All Hope Feels Lost: Redefining Hope in Perinatal Palliative Care

### Presenter

Lesley Sabourin, RN, CHPCN(C)

### Abstract

#### Purpose

Hope is broadly defined as a sense of desire for something positive, with the expectation of attainment (Merriam-Webster, 2019). It represents an integral component of an individual's well-being and quality of life. The therapeutic value of hope has been well established within the literature, noting many positive benefits and outcomes including the reduction of fear and anxiety, the improvement of coping and adjustment, and the promotion of resilience and quality of life, and can promote resiliency. The experience of hope has been shown to support parents' decision-making in the face of unthinkable loss. Providers in perinatal palliative care strive to invite and foster hopefulness in families, as this promotes healthier bereavement. Supporting families in redefining their previous hopes, expectations, and worries, can assist them to identify and create positive memories during this difficult time. In this workshop, the concept of redefining hopes in perinatal palliative care will be explored through a case study. An emphasis will be placed on how supporting families' hopes throughout pregnancy and the life of their infant with a life-limiting condition can help families improve memory-making and legacy-building while restoring a sense of control and encouraging healing. Aiding parents in reframing feelings of loss can enhance their experiences throughout this difficult journey.

#### Learning Objectives

1. Describe the concept of redefining hope in perinatal pediatric palliative care.
2. Identify ways to redefine hope throughout the trajectory of illness.
3. Illustrate how redefining hope can have a positive impact on patient and family experience.

## Experiences of Bereaved Parents Who Have Faced Perinatal Loss

### Presenter

Lesley Sabourin, RN, CHPCN(C)

### Abstract

#### Purpose

**Findings:** 23 families were interviewed. Participants included those who continued their pregnancy after a diagnosis of a life-limiting condition (6), those who had an unexplained stillbirth (6), those who terminated their pregnancy (7), and those who met with our team after the birth of their baby, born with a life-limiting diagnosis (4). Analysis is in progress but preliminary results show themes of the complexities of grief and their grief experiences over time, the importance of connections made during bereavement support as well as the invaluable support received throughout (antenatal, if applicable, into bereavement).

**Conclusion:** The experiences of parents who experience perinatal loss of all types (including unexpected loss or termination of pregnancy due to life-limiting conditions) are unique and require an individualized approach. For those in which the diagnosis is made and time allows, there seems to be benefit from having support throughout the trajectory of illness. Themes and results from these interviews will be used to improve practices at our centre (in Ottawa, Ontario) and we hope may be applicable to other centres as well.

#### Learning Objective

- To explore experiences of parents who experienced perinatal loss (loss of a pregnancy due to a life-limiting condition after 20 weeks gestation regardless of whether pregnancy was continued or terminated) with aim to improve and tailor support and bereavement services for this population.

**THEME:**

**Drug Exposure in Neonates**

## **Building Capacity in Perinatal Care Providers through the Design and Implementation of an Evidence-Based Practice Toolkit to Care for Pregnant Persons Diagnosed with Opioid Use Disorder and Their Newborns**

### **Presenters**

Maddie Gallant, RN, PhD(c); Leanne MacKeen, RN, MN

### **Abstract**

#### **Purpose**

By taking a systematic approach to implement an evidence-based toolkit, designed using a diverse interprofessional team and equity lens, we will improve sustainability of the toolkit in practice. Ultimately, this implementation has potential to optimize perinatal health outcomes for pregnant persons diagnosed with opioid use disorder. Our presentation will highlight and describe the collaborative and systematic process used to design and implement an evidence-based toolkit supporting the care for an equity deserving perinatal population.

#### **Learning Objectives**

1. Describe the process used to identify the need and to design a comprehensive toolkit.
2. Summarize the process used to implement the comprehensive toolkit into practice at a rural healthcare facility.
3. Discuss the importance of systematic and theory-informed activities in implementing evidence based innovations (guidelines, toolkits, knowledge) into practice.

## Examining Infant Feeding Practices amidst the Unregulated Toxic Drug Supply

### Presenters

Jennifer Rasmussen, RN, MN; Sarah Kaufman, RN, MN; Karen Pike, RN

### Abstract

#### Purpose

Perinatal nurses are well positioned to support pregnant/lactating parents in their infant feeding decisions using evidence-informed information, a trauma-informed approach, and shared-decision making principles. There is a lack of recommendations in relation to human milk feeding and unregulated substance use. This often creates confusion with respect to the timing of initiating infant feeding when unregulated substance use has occurred recently and when an episode of unregulated substance use occurs once infant feeding has been established. The unknown quantities of contaminants in the local unregulated drug supply make it challenging to predict drug metabolism and ensure that human milk is free from these substances. Collaboration between two health authorities has helped generate local knowledge and some preliminary guidance on how to safely shift historical practices, with the goal of improving health equity and parent/infant health in the context of perinatal substance use.

#### Learning Objectives

1. Describe current practice and knowledge gaps about unregulated substance use and infant feeding.
2. Explain how trauma-informed, evidence-informed, and shared-decision making principles apply to conversations and decision making about infant feeding.
3. Identify opportunities to improve infant feeding practices for people who use/have used unregulated substances in their own practice contexts.

## **Neonates with In-utero SSRI Exposure (Neo-WISE): A Retrospective Cohort Study Exploring the Impact of Newborn Feeding Method on Health Outcomes and Health Service Utilization in the First Month of Life**

### **Presenter**

Christina Cantin, RN, MScN, PNC(C), PhD in Nursing student

### **Abstract**

#### **Purpose**

In this presentation, I will discuss the current evidence as it relates to Neonates With In-utero SSRI Exposure (NeoWISE) as well as identify gaps in knowledge. I will describe one aspect of my dissertation research, a retrospective cohort study, intended to develop evidence regarding infant feeding methods among the NeoWISE and the associated impacts in the first month of life. Pregnant and parenting individuals and their health care providers may be able to use this information when making decisions about infant feeding and when planning postnatal newborn care.

#### **Learning Objectives**

1. Identify potential neonatal withdrawal signs following in-utero exposure to selective serotonin reuptake inhibitor (SSRI) medication.
2. Describe the association between infant feeding method and adverse outcomes during hospitalization after birth as well as health service utilization within the first 30 days of life among Neonates With In-utero SSRI Exposure (NeoWISE).
3. Formulate postnatal follow-up plans to help ensure that NeoWISE receive timely feeding support and health care interventions when needed.

**THEME:**

**Creating Virtual Communities**

## The Virtual Village: Developing a Toolkit to Guide Online Postpartum Support Sessions for Parents

### Presenters

Megan Aston, RN, PhD; Sheri Lynn Price, RN, PhD

### Abstract

**Background:** Postpartum videoconferencing is one way to provide support for new parents and has been shown to increase parental confidence, reduce loneliness and isolation, and help normalize postpartum experiences. However, few research studies have examined the best way to deliver online postpartum support.

**Purpose:** The purpose of our study was to examine how parents experienced videoconferencing postpartum support sessions and develop a toolkit.

**Methodology:** Feminist poststructural and sociomaterial methodologies were used to guide the research process and analysis. Seven one-hour videoconferencing sessions were conducted with 4-8 parents in each group (n=37). Nineteen parents from these groups participated in semistructured interviews.

**Results:** Three themes of Zoom Etiquette, Making Connections, and Virtual Safety were used to develop a toolkit.

**Conclusion:** Videoconferencing can be an effective space to support postpartum parents. Nurses and health care professionals should be aware of how social discourses about parenting and technology can facilitate and hinder videoconferencing sessions.

### Learning Objectives

1. Participants will understand how online spaces are technically and socially constructed.
2. Participants will understand how to create safe trauma informed spaces.
3. Participants will be able to use the toolkit to guide their own online postpartum support sessions with parents.

## **Making the NICU a Brighter Place**

### **Presenter**

Stephanie Treherne, RN, MSc(A)

### **Abstract**

#### **Purpose**

Considering the Jewish General Hospital's NICU is the only pediatric unit in an adult-care centre, it is up to nurses to create a happier place for families as they adapt to the reality of parenting in the NICU. I make my impact through crafts: 1) Seasonal décor acknowledges the passage of time. Parents often explain days blend together at their infant's bedside and they lose track of time. 2) Keepsake footprints create a fun memory of the NICU and are a more "expected" activity after a birth, normalizing part of the experience. They also bring some silliness to the NICU. 3) Valentine's, Mother's and Father's Day cards acknowledge the parent role. 4) My personal project: NICU supercapes. These handcrafted superman capes are personalized with the infant's initial. They make parents smile, feel hope and remind them of their infant's strength rather than vulnerability.

#### **Learning Objective**

1. Discuss simple ways to improve parent experience in NICU through various artistic expressions.

## **Implementing a Breastfeeding eHealth Resource in Clinical Settings to Increase Health Literacy**

### **Presenter**

Jennifer Abbass Dick, RN, IBLS, PhD

### **Abstract**

#### **Purpose**

This presentation will cover a quality improvement project designed to standardize breastfeeding education throughout health care organizations across a health region with the implementation of an evidence-based breastfeeding co-parenting eHealth resource. This work is needed as many families have limited breastfeeding knowledge resulting in low health literacy and report receiving inconsistent information from various health care providers over the perinatal period. The best way to adapt the web-based resources to the local context prior to implementation is not known. Health care providers were surveyed and interviewed to determine the ways they provide breastfeeding education, their needs in relation to educational resources, and how to best adapt our eHealth resource for use in clinical interactions. The key topics covered in breastfeeding education and resources currently being used in clinical settings as well as health care providers' needs and preferences for the design of resources will be discussed.

#### **Learning Objectives**

1. Participants will be able to define breastfeeding health literacy.
2. Participants will gain increased awareness of what is commonly being included in breastfeeding education in clinical settings.
3. Participants will become aware of health care providers' preferences regarding adapting the eHealth resource for use in clinical settings.

**THEME:**  
**NICU / Infant Care**

## **Nurse Practitioner Collaboration in the NICU: A Successful Journey**

### **Presenters**

Phoukim Savanh; Lea Carle-Hebert; Isabelle Collin

### **Abstract**

#### **Purpose**

The care provided in the neonatal intensive care unit are specialized and most often complex. They require that each and every health care professional partaking within the neonatal healthcare team to adopt a collaborative and meticulous approach. In the past years, there has been a decrease in the number of hours covered by residents in the NICU making the need for NNP more important. Furthermore, nurse practitioner models have been shown to be cost-effective. NNPs are valuable members of the neonatal healthcare team. Their role focused on direct patient management, assessment, diagnosis, monitoring and procedural activities, but moreover, on research, education, and quality improvement. The objective of this presentation is to describe the journey to the implementation of a NNP practice in a level 3 unit and the importance of a collaborative practice of care across the trajectory of care for the infant and the family.

#### **Learning Objectives**

1. Describe the journey to the implementation of a neonatal nurse practitioner practice in a level 3 NICU.
2. Understand the benefits of a nurse practitioner collaboration practice in the NICU.
3. Identify the current challenges and possible role development opportunities.

## Embracing Dyads Together: A Practice Change Project to Minimize NICU Admission and Family Separation for Infants with Hypoglycemia

### Presenters

Chloe Shindruk, RN,MN; Sarah Smith

### Abstract

**Background:** Neonatal hypoglycemia is one of the most common conditions healthcare providers encounter in the milieu of newborn care globally, our centre included. It is well documented that infant-parent togetherness and skin-to-skin contact have many physiologic benefits including a reduction in the incidence and severity of neonatal hypoglycemia. Yet historically at our site, infants requiring IV treatment for hypoglycemia were transferred to the NICU due to nursing practice and workflow on our postnatal unit (PNU). The physical limitations of the open-pod NICU environment hindered parent accommodation 24/7 and resulted in separation of the family. Motivated by a desire to reduce NICU admissions and family separation for infants with hypoglycemia, a practice change initiative was undertaken to make dyad care possible for these families.

**Implementation Process:** A collaborative effort between our PNU and NICU staff led to the development of a new standard process and accompanying guiding document for healthcare providers thereby enabling parents and infants to remain together during care. Interdisciplinary representatives collaborated to reach consensus on clear parameters for practice, develop practice tools, and expand nursing skills. 172 nurses and 40 physician staff received education to facilitate this change.

**Results/Implications:** PNU nurses are working to a broader scope of practice, NICU staff had opportunities to hone their mentorship skills, and collaborative efforts across our program had healthcare staff breaking barriers and crossing silos of care. Most importantly, in the first 6 months of this practice change, 50 dyads were cared for which circumvented 47 NICU admissions.

### Learning Objectives

1. Identify positive impacts of infant-parent togetherness and skin-to-skin care in relation to hypoglycemia and management of hypoglycemia.
2. Describe principles of collaborative practice, change management, and knowledge translation.
3. Recognize benefits of working across silos of postnatal care and neonatal critical care.

## Capacity Building in Neonatal Nursing Research in Low- and Middle-Income Countries: A Malawi Case Study

### Presenter

Miranda Amundsen, RN, BSc, BScN, MSN, PhD(c)

### Abstract

#### Purpose

This presentation will discuss neonatal nursing-led research in low- and middle-income countries, including the critical examination of the concept of capacity building. It will detail a qualitative case study informed by participatory action and 'postcolonial' feminism conducted in partnership with a neonatal nursing team in Malawi. The purpose of the study was to explore the barriers and facilitators to nursing-led research and to define capacity building from a local perspective. Based on the results of the study and utilizing the knowledge as action framework, an equity informed research tool kit was designed and implemented in Lilongwe, Malawi, Africa.

#### Learning Objectives

1. To describe the landscape of neonatal nursing-led research in low- and middle-income countries, utilizing a critical perspective.
2. To discuss the state of neonatal nursing-led research in Lilongwe, Malawi, as an exemplar.
3. To share an equity informed research tool kit that was designed and implemented in Lilongwe, based on the results of the study.

**THEME:**

**Leadership in Perinatal Nursing**

## **Addressing the HHR Crisis by Boosting Morale in the Perinatal Nursing Space through Psychological Safety**

### **Presenters**

Irene Ingel, RN, BSN, MSc; Sandra Manzano, RN, BSN, MHA Candidate

### **Abstract**

#### **Purpose**

The purpose of our initiative was to address the Health Human Resources (HHR) Crisis within our Maternal Newborn Program (MN) by understanding Psychological Safety (PS) and what interventions can be used to boost morale for our perinatal nurses and subsequently increase retention and patient safety. This presentation will take participants on a journey of MN prior to focusing on PS to current state and how low barrier methods were used to create a PS space.

#### **Learning Objectives**

1. Participants will learn about the methods used to examine and present psychological safety concepts to staff.
2. Gain low barrier ideas that could be replicated within various hospital/healthcare settings to boost staff morale and tailor PS interventions for specific issues pertaining to perinatal nurses.
3. Learn how we measured PS interventions to understand if our methods were successful or if they required modification.

## **Unraveling Personal Protective Equipment: The Social Organization of Nurses' Labour and Birth Work during the COVID-19 Pandemic**

### **Presenter**

Michelle Delany, RN, BSN, MN

### **Abstract**

#### **Purpose**

The COVID-19 pandemic transformed the landscape of labour, birth, and postpartum care, challenging nurses to navigate personal protective equipment (PPE) in a new way. Through the lens of institutional ethnography, this presentation explicates how nurses' critical, expert knowledge of labour and birth clinical practice intersected with broader institutional governance related to time, efficiency, safety and risk.

Despite their clinical expertise, nurses often grappled with a system that prioritized safety and risk protocols over their specialized knowledge of labour and birth work. By bringing attention to the empirical wisdom of perinatal nurses and the importance of nursing voices within a broader institutional context, nurses can be agents of social transformation. This research presentation delves into how the health system operates and where it places value during a pandemic, providing insight for nurses to support excellence in clinical practices, institutional relationships, and sustainable approaches to PPE.

#### **Learning Objectives**

1. To review challenges and contradictions in nurses' everyday work during the COVID-19 pandemic related to PPE and the care of birthing people and families.
2. To explore and understand how nurses' labour and birth work was shaped and hooked into institutional discourses organizing their local experience of care.
3. To review how perinatal nurses can be agents of social transformation and change in the healthcare system, especially during future pandemics or emerging crises.

## Transition to Practice Post-Pandemic: Closing the Gap to Optimize Nurse Retention

### Presenters

Kimesha Campbell Blackwood; Meghan Cellamare; Michelle O'Connor

### Abstract

#### Purpose

Transitioning from the role of nursing student to professional nurse is widely recognized as a period of stress, role adjustment and reality shock, and approximately 18% of nurses leave their first job within the first year of starting (Casey, Oja, & Makic, 2020). The pandemic further exacerbated this problem as many new nurses lost valuable unit clinical orientation hours imposed by the pandemic (Casey, Oja, & Makic, 2020). Improving nursing retention post-pandemic is a multi-layered and complex problem that requires innovative and evidence-informed practices to optimize care across the perinatal continuum. Our hospital's experience with developing and implementing a new orientation program for obstetrical nurses will be highlighted to demonstrate the positive impact of additional hands-on and classroom training. The objectives of this presentation include outlining the gaps that we identified in our orientation process, redesigning the content and format of orientation education, and evaluating nurse satisfaction and retention rates after implementation. This improvement opportunity is still being evaluated for its effectiveness with nursing satisfaction and retention rates three months post-orientation. The principles of quality improvement and responsive transformational nursing leadership will be utilized throughout this presentation and are applicable to other institutional settings.

#### Learning Objectives

1. Outline
2. Redesigning
3. Evaluating

**THEME:**

**Building Research Capacity**

## Facilitating Mentoring Relationships between Early Career and Senior Perinatal and Neonatal Nurse Researchers Across Canada

### Presenters

Lenora Marcellus, RN, PhD; Megan Aston, RN, PhD; Miranda Amundsen, RN, MN, PhD(c);  
Maddie Gallant, RN, PhD(c)

### Abstract

#### Purpose

We will describe the findings of a web-based environmental scan identifying current Canadian perinatal and neonatal nurse researchers, the focus of their research, and how these foci compare to priorities identified in national reports, professional organizations, and funding bodies. We will also facilitate discussion on how to mentor and network the upcoming generation of nurse researchers.

#### Learning Objectives

1. Describe the breadth of research conducted by Canadian university perinatal and neonatal nurse researchers.
2. Identify future priority areas for nursing research.
3. Understand the possibilities and challenges of mentoring across Canada.

## Development of the Canadian Breastfeeding Research Network/Réseau Canadien de Recherche sur l'Allaitement

### Presenters

Jennifer Abbass Dick, RN, IBLS, PhD; Sonia Semenic, RN, PhD

### Abstract

#### Purpose

This presentation will provide an overview of the creation of the Canadian Breastfeeding Research Network/Réseau Canadien de Recherche sur l'Allaitement (CBRN-RCRA). Thirty-seven breastfeeding and human lactation researchers from across Canada, representing diverse specialties and stages of research career, attended a two-day virtual event in June 2023. The meeting included research presentations, discussions to define a structure and funding mechanisms for the network, and brainstorming sessions to determine how to enhance breastfeeding and human milk research capacity and mobilization of research findings to key stakeholders. Fourteen categories of breastfeeding research focus were identified as well as gaps and key priorities for breastfeeding research in Canada. The network continues to grow with a website for members and quarterly online events. Future work aims to expand membership, secure sustainable funding, and involve policy makers and clinicians in the identification and implementation of evidence-based strategies to protect, promote and support breastfeeding across Canada.

#### Learning Objectives

1. Participants will know about the formation of the CBRN-RCRA.
2. Participants will become familiar with the mission and activities of the CBRN-RCRA.
3. Participants will be aware of how to get involved in the CBRN-RCRA.

## **Creating an Innovative and Accessible Platform for Enhanced Perinatal Care: The Hub**

### **Presenters**

Kristen Kornis, RN, BSN, BMed, MAL; Jenna Johnston, RN, BSN, MA, IBCLC

### **Abstract**

#### **Purpose**

The Hub presents an iterative quality improvement initiative addressing perinatal care challenges through innovative technology, collaborative design, and user-focused implementation. This presentation details an interdisciplinary, interprofessional journey in the development, implementation, and evaluation of The Perinatal and Newborn Health Hub, emphasizing its role in improving perinatal outcomes and standardizing care practices. Attendees will gain insights into how accessible, evidence-informed resources can positively impact and optimize care across the continuum of perinatal and newborn health.

#### **Learning Objectives**

1. Discuss the impact of easy access, concise, evidence-informed guidance in clinical care settings.
2. Learn about the process of developing content through collaboration with interdisciplinary subject matter experts across care settings in the province.
3. Understand the significance of leveraging technology to optimize access to online, centralized care guidance through iterative development.

**THEME:**

**Addressing Perinatal  
Mental Health**

## **Building Capacity in Perinatal Mental Health: Initial Impressions from Canada's First Perinatal Psychiatry Access Program**

### **Presenter**

Christina Cantin, RN, MScN, PNC(C), PhD in Nursing student

### **Abstract**

#### **Purpose**

Perinatal mental illnesses (PMIs) are the most common complication of childbearing; however, obstetric care providers (OCPs) are not uniformly trained/equipped to offer mental healthcare. We describe the features of the "Ask Masi" program, which is the first Canadian adaptation of the Massachusetts' Child Psychiatry Access Program for Moms (MCPAP for Moms). This provider-facing program comprises of education outreach and on-demand phone advice; the aim is to support rapid treatment of mild-moderate PMIs by OCPs. We will share preliminary evaluation results as well as lessons learned from the initial implementation.

#### **Learning Objectives**

1. Articulate the importance of addressing perinatal mental illness.
2. Describe the features of a new perinatal psychiatry access program that facilitates access to services and supports as a strategy to overcome current system barriers.
3. Critically reflect on potential opportunities in their own communities to improve access for perinatal individuals experiencing perinatal mental illness.

## **Implementing a Standardized Perinatal Care Pathway in a High-Risk Prenatal Ambulatory Clinic to Improve Nursing Confidence and Enhance Management of Perinatal Mental Health**

### **Presenters**

Daniella DeBartolo, RN; Stephanie Duong, RN; Alisha Ramlogan, RN

### **Abstract**

#### **Purpose**

Mental illness remains one of the most common complications within the pregnant and postpartum populations. If left undetected or untreated, it can lead to negative health outcomes including emotional distress, decreased parent-infant bonding, psychosis, self harm or infant harm. Current barriers exist which impact nursing staff's ability to proficiently and confidently manage ambulatory patients' perinatal mental health. These include "invisible" symptoms, lack of training, uncertainty of available resources and absence of a clear, decision-making pathway. In order to reduce negative health outcomes and strengthen nursing confidence, our quality improvement initiative aims to implement a standardized care pathway for the detection, assessment and management of perinatal mental health. Using a quality improvement framework with the PDSA cycle and co-design, our project will evaluate nurses' current knowledge and competency as well as identify any individual or organizational practice gaps. After an educational training session, we anticipate that the integration of this pathway will facilitate a standardized approach for early screening, prevention and appropriate interventions and treatment.

#### **Learning Objectives**

1. Recognize early identification of mental health symptoms during pregnancy through routine antenatal screening using the GAD-2 and PHQ-2.
2. Improve appropriate delivery of mental health care interventions based on severity of symptoms, including supports offered both internally and externally.
3. Enhance nursing confidence and proficiency in determining appropriate mental health care interventions for the patient population.

## Registered Nurse Lactation Consultants' Experiences Supporting Maternal Mental Health

### Presenter

Kelly DeCoste, MN, RN

### Abstract

#### Purpose

Rates of perinatal mental health disorders (PMHDs) in Nova Scotia are the highest in Canada, with rates of exclusive breastfeeding falling below the national average. Non-exclusive breastfeeding is a risk factor for the development of PMHDs, while Lactation Consultant support is associated with decreased rates of PMHDs and increased rates of exclusive breastfeeding. Lactation Consultants play a crucial role in supporting breastfeeding and, in turn, maternal mental health. The purpose of this presentation is to describe the experiences of Registered Nurse Lactation Consultants (RN LCs) in Nova Scotia related to supporting maternal mental health, while acknowledging the importance of including RN LCs as partners within integrated perinatal mental healthcare. The presentation will highlight the need for more equitable access to lactation consultant services and breastfeeding support across Nova Scotia and discuss potential solutions on how to address barriers to accessing these services from the perspective of RN LCs.

#### Learning Objectives

1. Discuss variations in the availability of breastfeeding support provided by Registered Nurse Lactation Consultants (RN LC) across Nova Scotia.
2. Describe the experiences of RN LCs related to supporting maternal mental health in Nova Scotia.
3. Identify barriers and facilitators to support maternal mental health in Nova Scotia from the perspective of RN LCs.

**THEME:**

**Improvements in  
Obstetrical Care III**

## **Redonner du pouvoir aux femmes : Exploration de l'expérience de déclenchement mécanique du travail avec auto-traction**

### **Présentatrice**

Isabelle Landry, inf., PhD (c)

### **Abrégé**

#### **But**

Cette étude explore l'expérience des femmes ayant eu un déclenchement mécanique du travail à l'aide d'un cathéter à ballonnet qui intégrait l'ajout d'un dispositif d'autotraction, une approche novatrice. En permettant aux femmes de réaliser soi-même les tractions, cette méthode leur redonne du pouvoir et du contrôle sur leur expérience de déclenchement, s'inscrivant ainsi parfaitement dans l'objectif de maintenir l'excellence dans les soins infirmiers périnataux et de santé des femmes. Cette recherche contribue au développement de la pratique infirmière en proposant une approche innovante pour le déclenchement du travail, en donnant la priorité aux soins centrés sur la patiente et en soutenant les multiples besoins et préférences des femmes pendant l'accouchement.

#### **Objectifs d'apprentissage**

1. Identifier une méthode innovante de déclenchement mécanique du travail à l'aide d'un cathéter à ballonnet, à savoir le dispositif d'autotraction.
2. Décrire l'expérience des femmes qui ont eu recours à l'autotraction pour un déclenchement mécanique du travail avec un cathéter à ballonnet.
3. Expliquer les avantages de l'autotraction pour les femmes lors d'un déclenchement du travail avec un cathéter à ballonnet.

## Improving Birth Outcomes through Nurse Engagement

### Presenters

Jennifer Jollymore, BSc psyc, BScN, RN, IBCLC, PNC(c); Dawn Murphy, BScN, RN

### Abstract

#### Purpose

Upright positioning in labour and birth, along with frequent position changes, is a means to improve birth outcomes. This kind of intentional positioning promotes shorter labours, less pain for the birthing person, and less caesarean births. On a hospital birthing unit, there was a reliance on lateral and supine positions, with patients sometimes being in one position for prolonged periods of time. We developed an engagement strategy aimed at nurses to encourage them in supporting their patients with frequent and upright position changes. Targeted messaging for patients, chart audits, along with an interactive display and tracking board were used to promote the initiative and measure uptake of frequent and upright position changes.

#### Learning Objectives

1. Review the current evidence regarding positioning in labour and birth.
2. Understand barriers contributing to lack of upright and frequent position changes.
3. Explore tools and strategies to develop an evidence-based staff engagement initiative promoting best practices.

## **Political Agency: A Concept Analysis and Discussion of Applicability in Perinatal Nursing**

### **Presenter**

Gina Costanzo BScN, eMBA, student in the PhD program

### **Abstract**

#### **Purpose**

Nurses compose the largest professional body in healthcare worldwide, being represented in 59% of its workforce (WHO, 2020). Nursing is in a unique position to be heard on clinical practice, organizational structures, legislation, public health policy and social justice in health care. Currently, there is insufficient evidence to demonstrate that nurses take the space in positions of leadership and influence proportionally to their volume in the health care system (Hewison, 2008). Nurses must rely on their political agency to seek out opportunities to influence healthcare policy (López-Deflory et al., 2021).

#### **Learning Objectives:**

1. Present the concept of political agency as it pertains to nursing.
2. Reflect on the concept and its applicability in perinatal nursing.

**THEME:**

**Eat, Sleep, Console**

# Implementation and Evaluation of the Eat, Sleep, Console Model of Care: A Scoping Review

## Presenter

Maddie Gallant, RN PhD(c)

## Abstract

### Purpose

Our presentation synthesizes evidence about the implementation of the Eat, Sleep, Console (ESC) model of care. This synthesis has the potential to improve perinatal outcomes for pregnant persons diagnosed with opioid use disorder and their infants. This model of care is heavily dependent on nursing interventions; therefore, to successfully translate this innovation (and knowledge) into clinical practice, we must explore the implementation process, including strategies used and potential barriers and facilitators present in implementation.

We will highlight the process used in our nurse-led knowledge synthesis project to explore the implementation and evaluation of the ESC Model of Care in practice. We will highlight key strategies used in successful implementation, along with an exploration of potential barriers and facilitators present in the implementation process. Moreover, we will discuss the emerging core components of the ESC model reported in the literature and propose a conceptual definition to support fidelity of future implementations.

### Learning Objectives

1. Identify key barriers and facilitators to the successful implementation of the ESC model in clinical practice.
2. Identify key strategies reported in the literature to mitigate potential barriers.
3. Identify core components of Eat, Sleep, Console Model of Care.

## Implementing Neonatal Morphine on Perinatal Units for Eat, Sleep, Console Care

### Presenters

Sarah Kaufman, RN, MSN; Jennifer Rasmussen

### Abstract

#### Purpose

With the adoption of Eat, Sleep, Console (ESC) as the standard of care for babies impacted by perinatal substance use, non-pharmacological measures are now first-line care for managing Neonatal Opioid Withdrawal Syndrome (NOWS) and this shift has dramatically reduced neonatal morphine provision. One strategy some perinatal units are using to maintain dyad togetherness when infants are not able to eat, sleep and be consoled is to administer morphine using only as needed, or “PRN”. Historically infants who do require morphine for NOWS were transferred to Neonatal Intensive Care Units so this second-line management approach has decreased dyad separation. This presentation will share learnings and outcomes from our implementation process, including facilitators and barriers, local operations, educational considerations and outcomes.

#### Learning Objectives

1. Identify how clinical contexts and local unit operations shaped team decisions to provide neonatal morphine on perinatal units as part of the ESC model.
2. List what knowledge, skills and processes perinatal nurses and sites may require to support the administration of neonatal morphine on perinatal units.
3. Describe how implementation of neonatal morphine administration on perinatal units has impacted dyad togetherness and decreased unnecessary transfer to higher level of care.

## **Hush Little Baby: Eat Sleep Console in Maternity at the University Hospital of Northern British Columbia**

### **Presenters**

Madison Friesen, RN, BScN, PNC; Jennifer Boon

### **Abstract**

#### **Purpose**

The purpose of the presentation is to highlight how the Eat Sleep Console approach for neonatal abstinence syndrome can be implemented in a perinatal unit to better facilitate mom and baby togetherness for families affected by substance use disorder.

#### **Learning Objectives**

1. Identify how the Eat Sleep Console method differs from the Finnegan Scoring system for Neonatal Withdrawal.
2. Identify how the process can be implemented in a Perinatal Unit.
3. Identify why adopting the Eat Sleep Console method has benefits for families and health care systems.

**THEME:**  
**Cultural Safety**

# Community and Service Provider Perceptions of Inuit Perinatal Wellness and Culturally Safe Birth in Nunavik Using Fuzzy Cognitive Mapping

## Presenters

Hilah Silver, RN, PhD; Elisapi Padlayat

## Abstract

### Purpose

Inuit living in Nunavik, northern Quebec, Canada experience inequities in access to local birthing services along with striking disparities in birth outcomes. Midwifery retains many low-risk births in the communities. With population growth outpacing midwifery capacity, we need local solutions to support perinatal wellness and continued community birthing. Participatory fuzzy cognitive mapping collated Inuit and perinatal service providers' views on perinatal wellness and culturally safe local birthing. 72 participants created 54 maps. Inuit-led midwifery services grounded in cultural traditions and supported by well-resourced medical facilities were the most influential factors. Inuit contributed detailed and complex knowledge of protective factors for maternal and family perinatal wellness. Fuzzy cognitive mapping was useful in informing community visioning of culturally safe and equitable birthing services in Nunavik. Our process of engaging Indigenous and service provider stakeholders in equitable health service redesign using participatory methods holds wider application and relevance.

### Learning Objectives

1. Name protective factors for Inuit perinatal wellness and culturally safe birth in Nunavik.
2. Describe the parameters for continued community-based birthing in Nunavik.
3. Recognize the benefits of engaging community stakeholders and service providers in visioning equitable local health service redesign.

## Culturally Sensitive Postpartum Care for Immigrant First-Time Mothers

### Presenter

Leah Sookhoo, RN, MNSc student

### Abstract

#### Purpose

Our presentation addresses the critical gap in healthcare for South Asian immigrant first-time mothers in Ottawa, Ontario. We delve into the societal influences shaping their postpartum experiences through feminist poststructuralism, using data from semi-structured interviews. Highlighting initial findings and their implications, we emphasize the urgent need for culturally sensitive, gender-inclusive postpartum care practices. Our study aims to inform healthcare providers and policymakers, fostering person-centred care that transcends cultural and gender boundaries. By integrating these insights into nursing education and practice, we aim to enhance maternal well-being and advocate for inclusive healthcare policies across Canada.

#### Learning Objectives

1. Recognize the unique care needs of South Asian immigrant first-time mothers during the postpartum period.
2. Identify the challenges and barriers faced by South Asian immigrant first-time mothers in accessing postpartum care services in a Canadian context.
3. Discuss the implications for nursing practice and the development of culturally sensitive and gender-inclusive postpartum care approaches for immigrant populations.

## Perinatal Nursing Change: Empowering Perinatal Nurses to Provide Culturally Sensitive Interventions to Immigrant Women

### Presenter

Manal Fseides, BScN, MEd, IEN, PhD(c)

### Abstract

**Background:** Immigrant women at their perinatal period are vulnerable to IPV because of the hormonal change, language barriers, immigration status and other social determinants of health. Nurses who provide perinatal care for these women need to have great knowledge of the systemic causes of inequities and oppression including structural barriers in order to provide a culturally sensitive intervention.

**Aim:** To support the implementation of culturally appropriate nursing education to empower graduating nurses in incorporating advocacy, intersectionality awareness, anti-racism lens, trauma-informed care, and cultural safety into their care for women during their perinatal period.

**Methods:** A qualitative case study was used in this research project. Twenty semi-structured qualitative interviews were conducted. Also, one focus group discussion with ten community members was conducted to validate the interview results. Thematic analysis was utilized to identify several themes.

**Results:** It included recommendations and implications to fill any gaps in the health professional education, especially nursing, such as adopt a clear anti-racist lens, integrate the diversity and inclusion lens in the nursing curriculum, establish trauma informed courses for all undergraduate and graduate students, implement intersectionality as a core competency, adapt community academic partnership, and employ interdisciplinary resources.

**Conclusions:** There is no magical solution for health inequities; they are deep rooted in racism and different oppression. However, by applying diversity and inclusion lens and intersectionality framework into the nursing curriculum, the nurses will be the agent of change for better perinatal nursing interventions.

### Learning Objectives

1. Be able to identify vulnerabilities and systemic barriers.
2. Be able to implement culturally sensitive and trauma-informed care.
3. Be able to apply diversity and inclusion in nursing education.

**THEME:**

**Marginalized Populations**

## Exploring the Life Project of Adolescent Parents Living under Youth Protection in Medellin, Colombia

### Presenter

Sonia Semenic, RN, PhD

### Abstract

#### Purpose

Adolescent pregnancy puts youth at significant psychosocial risk globally, especially those living in conditions of violence or neglect. The CDP in Medellin, Colombia, is a unique youth protection group home for pregnant and postpartum adolescents that aims to guide them to a safer future, including helping them establish a “life project”. The concept of “life project” is widely integrated into health promotion programs for at-risk youth in Latin America, yet little is known about the life project of adolescent parents. This qualitative descriptive study examined the life project and perceived barriers, facilitators and support needs related to pursuing a life project among 10 young mothers living at the CDP. This presentation will review the study’s findings and discuss how the concept of “life project” can be applied to promote the health of teen parents or other at-risk populations.

#### Learning Objectives

1. Describe the concept of “life project” in health promotion.
2. Describe the life project of adolescent parents living under youth protection in Colombia and their perceived facilitators and needs for support to pursue their life project.
3. Discuss populations for which teaching about the life project would be beneficial.

## **“He Does Not Have a Penis”: Woman-to-Woman Transmission of Sexually Acquired Infections**

### **Presenter**

Mary Lohre

### **Abstract**

#### **Purpose**

Traditionally, woman-to-woman risk of STBBIs have been viewed as very low. This perception has likely resulted in decreased STI testing and diagnosis in this group of women. However, more frequent reports are providing greater understanding of prevalence and magnitude of this issue in the lesbian community and greater understanding of STBBIs risk for this population. Understanding the risk of transmission ensures that this group of women receives comprehensive testing and appropriate post-exposure prophylaxis and follow up.

#### **Learning Objectives**

1. Learn which STBBIs are more common in women who have sex with other women.
2. Gain understanding of woman-to-woman STBBI transmission modes.
3. Gain increased understanding about recommended testing and post-exposure prophylaxis for this population.

## **A PATH to Safety: Results from a Symposium on Homelessness during Pregnancy**

### **Presenter**

Barbara Chyzy, RN, PhD

### **Abstract**

#### **Purpose**

Every year, an estimated 300 children are born into homelessness in Toronto, Canada. Pregnant women and gender diverse (WGD) people facing homelessness and precarious housing have decreased access to prenatal support, which places both infants and their mothers/birthing parent at risk. This presentation will describe the results of a SSHRC-funded, one-day, in-person symposium held in Toronto, Canada, in June 2023 that aimed to address the siloed approach to housing provision for homeless pregnant and postpartum populations. Over 60 people attended the symposium including people with lived experience of homelessness during pregnancy, interdisciplinary service providers (nurses, midwives, social service providers), policy makers and researchers. Adopting a gender-based analysis approach is critical for policymaking because it acknowledges intersecting identities and that certain groups of WGD people are disproportionately affected by homelessness including Indigenous people, recent immigrants and those experiencing intimate partner violence, poverty and substance use.

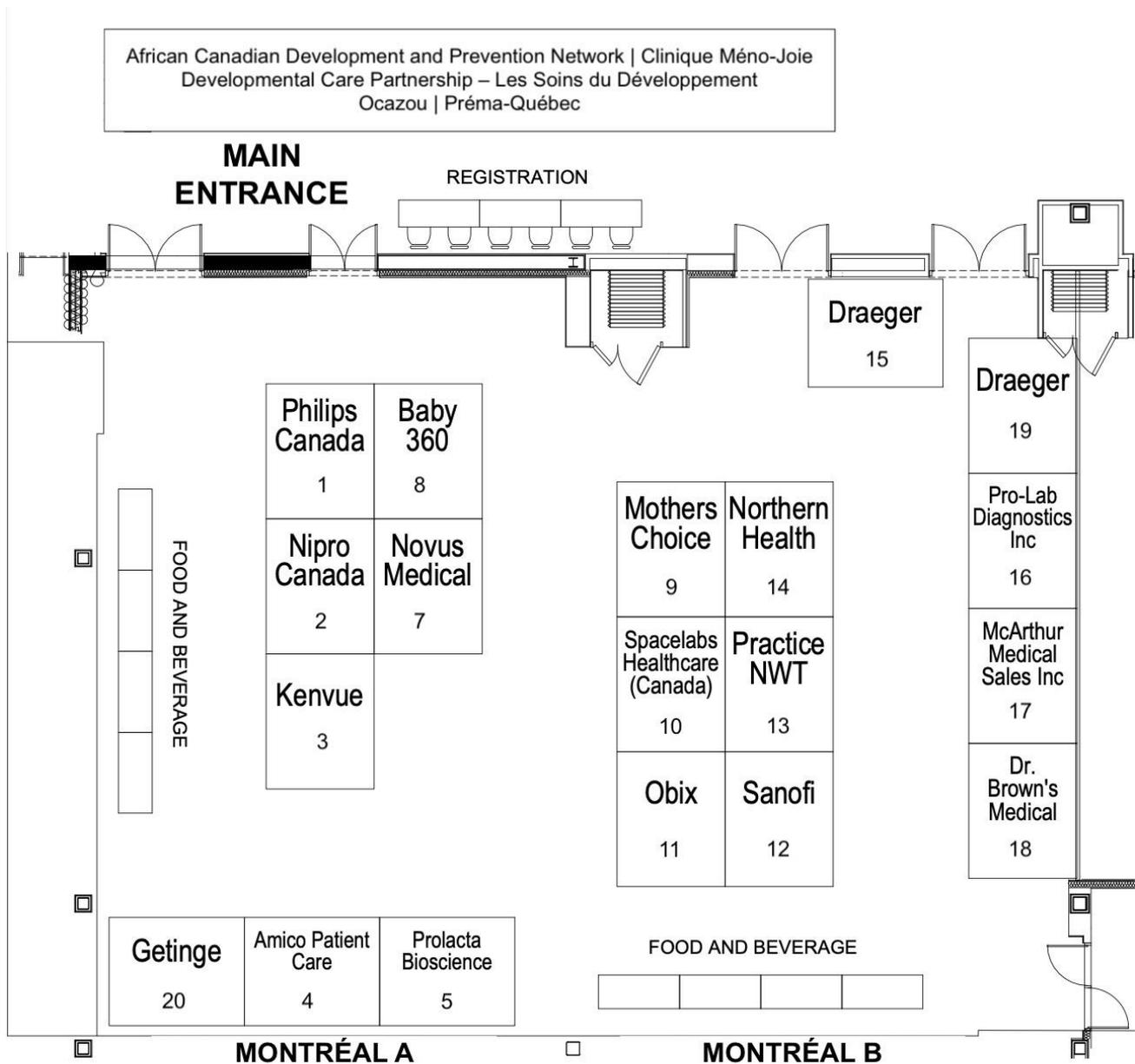
#### **Learning Objectives**

1. Describe how siloed policies contribute to homelessness for perinatal populations.
2. Understand the importance of utilizing a trauma informed approach to care.
3. Examine ways to increase flexibility in service provision for this population.

## EXHIBITOR LIST

<b>Company</b>	<b>Booth</b>
African Canadian Development and Prevention Network	Montréal Foyer
Amico Patient Care	4
Baby 360	8
Clinique Méno-Joie	Montréal Foyer
Developmental Care Partnership – Les Soins du Développement	Montréal Foyer
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OBIX By Clinical Computer Systems, Inc.	11
Ocazou	Montréal Foyer
Philips Canada	1
PracticeNWT	13
Préma-Québec	Montréal Foyer
Pro-Lab Diagnostics Inc.	16
Prolacta Bioscience	5
Salus Global Corporation	No booth
Sanofi	12
Spacelabs Healthcare (Canada) Inc.	10

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## EXHIBITOR PROFILES



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 Website: [acdpn.org](http://acdpn.org)

### African Canadian Development and Prevention Network

The African Canadian Development and Prevention Network (ACDPN) was founded in 2005 to provide leadership on topics of access to health and social services for members of the English-speaking Black community (ESBC) in Montréal. ACDPN fosters solidarity and inter-organizational collaboration across sectors that influence the health and wellness of the Black community. We believe that a strong, effective, and coordinated Black community-based response can better protect Black children, support families, and strengthen communities. We aim to promote best practice prevention and social development strategies as we advocate for access to social, educational, and economic programs that are adapted culturally and linguistically to meet the needs of the members of our community.



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Our mission is to transform the Canadian neonatal intensive care units into a compassionate, relation and trauma-informed based environment for the wellbeing of premature infants, their families and the health care professionals that care for them on a daily basis.

Consultation, training, coaching and support for the implementation of neuroprotective developmental trauma-informed care, both in hospitals and individually, are our main assets in achieving this objective.



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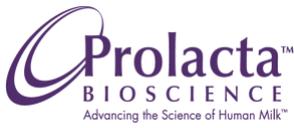
Préma-Québec supports parents experiencing their children's prematurity by fostering dialogue between medical care teams and families in order to facilitate the child's treatment. Préma-Québec aims to bring together all players in Quebec's medical community to advance the cause of premature children. Informs parents and the broader public of the importance of taking prematurity into account in Quebec's health services. Provides parents with realistic, current, and accessible information about the various aspects of neonatology, from the hospital stay to nursing, diseases, and follow-up, as well as directing parents to competent institutions. Offers case-by-case financial aid to families anywhere in the province who face considerable expenses if they wish to remain at the baby's bedside during hospitalization. Raises general public awareness of prematurity and the real needs of families during their child's hospitalization and encourages the population to invest in the cause of premies and their families.



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Clinical Integration Manager

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