



Operational Guideline for Collaborative Practice between Public Health Nurses and Midwives – Perinatal Services

EVIDENCE INFORMED PRACTICE TOOLS

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PURPOSE AND INTENT

This guideline is intended for use by Public Health Nurses (PHN) and Registered Midwives (RM) and it is founded on the principles of collaboration. Collaboration has been shown to improve health outcomes across all sectors of care, increase job satisfaction, and cut health care costs. It is built on six competencies: inter-professional communication, client centered care, role clarification, team functioning, collaborative leadership and inter-professional conflict resolution. These competencies provide a framework that strengthens relationships between care providers while enhancing the quality of care and satisfaction of all involved.

1. Introduction

Everyone wants to live a healthy and satisfying life. Complex social and medical factors can interfere with this. The more complex the needs, the less probable it is that one health care provider can meet them and the more important it is to facilitate a collaborative approach. There are various agencies and professionals that can make up the perinatal team for a client. Principles used here can be extended to collaboration with any other health care provider or agency.

2. Background

Midwives and Public Health Nurses have been collaborating to provide the best care for pregnant individuals and their families since midwifery was regulated in Manitoba. Since that time, collaboration has evolved and there is a growing emphasis on it within the WRHA and a need to enhance team effectiveness. Collaboration is a process that can be learned and evaluated with a standardized evidence informed framework. This guideline is meant to give practical step by step guidelines to assist with day to day collaboration as well as to provide knowledge of the behind the scenes competencies which when mastered will provide success in any collaborative relationship.

There is overlap in services offered by PHN's and RM's. Collaboration is meant to be a cost effective tool that allows each participant to work to their full capacity. It is not meant to be a duplication of services. Ideally every pregnant person should have access to both PHN's and RM's, but that is not possible at this time due to a lack of resources. As there are large gaps in the Winnipeg Regional Health Authority between those experiencing the best and the poorest health outcomes, a good way to know where to spend resources is to look through a health equity lens. This approach is in keeping with both PHN's and RM's mandates and will ensure that those with the most unmet needs get the support they need to improve their health outcomes. Inter-professional collaboration will result in increased prenatal referrals to midwifery and public health for disadvantaged populations and improved health outcomes.

3. Guiding Principles

The CIHC National Inter-professional Competency Framework describes the competencies required for effective inter-professional collaboration². The following six competency domains highlight the knowledge, skills, attitudes and values that together shape the judgments that are essential for inter-professional collaborative practice.

The competency framework can be used to guide successful collaboration between Public Health Nurses and Midwives. If an issue is arising or collaboration is not going well, chances are one of these competencies is lacking.

A. Inter-professional Communication:

PHNs and RMs communicate with each other in a collaborative, responsive and responsible manner.

- Information is openly, willingly and respectfully shared according to PHIA to enable a holistic and client-centred family assessment of strengths and needs.
- Frequency of communication may be less important than the appropriateness, timeliness and mode of communication. Communication can take place in person, over the phone, or via pagers or faxes and preferences should be discussed and planned at the onset of the RM/PHN relationship. Clients have access to RM 24/7. Pagers should not be used for non-urgent calls.

B. Client Centered Care:

RMs and PHNs integrate and value the engagement of the client in planning for and delivering services.

- Support the participation of clients as integral partners in care.
- Share information with clients in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making
- Ensure that appropriate education and support is provided to clients and others involved with care or service
- Listen respectfully to the expressed needs of all parties in shaping and delivering care or services.
- Provide comprehensive advocacy and support to ensure clients remain engaged in their provision of care.

C. Role Clarification:

RMs and PHNs understand each other's' roles and use this knowledge appropriately to establish and meet client goals while decreasing duplication of services.

- PHN's are able to share the role of RM's to their clients, and RM's will be able to share the role of PHNs to their clients.
- As scope and roles change within perspective professions it is important to have program wide meetings to keep informed and updated.
- As midwives' scope precludes prescribing many medications and performing operative deliveries it may not be appropriate to refer a client who is in need of a caesarean or has complex medical needs.
- Each team member takes responsibility and accountability for their role and the tasks they provide.

D. Team Functioning:

RMs and PHNs work as a team to provide client centered care. The RMs and PHNs relationship, respects ethical values and every member's participation in the collaborative decision making process. The collaborative nature of the PHN/RM working relationship provides enhanced professional satisfaction.

- Dedicated time for team development activities is facilitated. This could be accommodated by shared education days.
- Shared space to work/socialize together is provided. At facilities where PHN's and RM's share the building they can participate in team meetings to review client case care.
- Care is organized according to the goals of the client.
- Clear role statements for all team members assist to minimize duplication of service.

E. Collaborative Leadership:

RMs and PHNs understand and apply leadership principles that support collaborative practice.

- Each individual is accountable for one's own actions, responsibilities and role as well as facilitating the care needed by the client. The RM and PHN work collaboratively to determine who will provide case management while at the same time value the role of each team player.
- Clear team goals are linked to better team performance
- Organizational support of teams and sufficient training result in improved satisfaction and effectiveness. Opportunities for shared learning/workshops facilitate collaborative practice.

F. Inter-professional Conflict Resolution:

RMs and PHNs actively engage self and others, including the client in positively and constructively addressing disagreements as they arise. Team members address conflict in a constructive manner.

- Establish a safe environment to express diverse opinions and understand strategies to deal with conflict.
- Identify potential conflicts across professional roles, providing an opportunity for continuous quality improvement.

4. Components

4.1 Prenatal Referrals

4.1.1 Prenatal Referrals from PHN to RM:

PHN role:

The PHN reviews all prenatal referrals and makes initial contact with the client via the telephone or home visit. The PHN assesses client readiness, preference, needs, existing resources and goals to determine the type, frequency and duration of services.

If the client is experiencing barriers to accessing services from a primary health care provider or is socially complex, a referral to midwifery services can be offered. See Appendix One for an example of how to introduce midwifery care to the client.

If the client accepts the prenatal referral to RM care, the PHN will support the client to complete the intake form ensuring that the referral source, contact and any information related to special needs are provided. The completed form is to be faxed to the Midwifery central intake line at 204-594-0907. The PHN will have access to a paper version of the midwifery intake form and can fill this out with the client as necessary (for example, the client does not have access to a phone or would benefit from assistance completing the intake process. See Appendix Three.

If it is deemed necessary to expedite the referral process, for example if the client has had no prenatal care and is close to her delivery date, in addition to faxing the referral form, the PHN can contact the midwifery practice closest to the client and speak directly with the midwife at the office to see if there is a spot available. PHNs are to call the office numbers (Appendix 6) as opposed to pager numbers, as on call RM's may be in the middle of a delivery or sleeping after a long night of working.

The RM will return the call during weekday office hours as soon as possible. If accepting care, the RM will complete the task assigned to the intake form, contact the client for an initial interview in which the client and the RM will decide if the client is appropriate for RM care. If the client is accepted in to midwifery care, the RM will inform the PHN and discuss a care plan. If the referral is not accepted, the PHN will receive a call from the Birth Centre Assistant (BCA) within three weeks. The PHN will then need to facilitate access to an alternate care provider.

There can be a three week or more turn around period from referral to acceptance into midwifery care. PHNs will use clinical judgement to determine whether or not the client also needs a referral to an alternate HCP before knowing if the client will be accepted into midwifery care.

Referrals to RM's can be made at any point in the pregnancy. PHN referrals to midwifery should only be made for disadvantaged clients and the client should be made aware that the referral does not guarantee an acceptance into midwifery care as RM's have a limited capacity.

The RM's Role:

All RM's will receive the referral via a task from the BCA or a telephone call from the PHN if the PHN would like to expedite the process. The RM's caseload will be reviewed to determine availability.

Every effort will be made to accommodate the client. The client will be contacted within two weeks to arrange an initial prenatal visit if accepted into care. RM's are experts in low risk obstetrics and the decision to accept a client into RM care can only be made after an initial interview between the client and the RM to determine she is appropriate for RM care. If the caseload is full for the RM, the client will receive a letter declining care within three weeks. The BCA will also inform the PHN. The PHN will continue to work with the client to ensure access to a primary provider.

If the client is accepted into RM care the RM will contact the PHN via the contact number on the intake form. Together, the PHN, RM and client will make a plan for collaborative care. The plan will be client centred and will include preferred communication methods and plans for separate or combined care visits.

The RM will arrange ongoing prenatal care and check in frequently with the client to get updates on how things are going and encourage contact with the PHN. Ongoing communication between the client, the PHN and the RM may be minimal unless concerns or complexities arise.

4.1.2 Prenatal Referrals from RM to PHN:

RM's role:

The RM explores the needs and preferences of clients during initial contact. PHN services are offered to disadvantaged clients only. The RM will use the risk factors as outlined on the Families First Screening Form (Appendix Eight) to determine which families to refer to PHN services. Families with 3 or more risk factors should be offered a referral to Public Health. The RM notes the risk factors/health inequities identified on the prenatal referral to the PHN. See Appendix Two for example of potential invite to PHN services.

The Prenatal Referral Form (Appendix Four) is to be completed with any details shared about how the PHN will best serve the client's needs. The referral form will have the RM's contact information and will be faxed to Public Health central intake. Referrals can be made at any point in the pregnancy and can be declined by the client at any time.

PHN's Role:

The PHN receives and reviews the prenatal referral. The PHN contacts the RM to discuss the referral, client needs and collaborative care. The PHN makes initial contact with the client via the telephone or home visit within two weeks of receipt of the prenatal referral as per the Provincial Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood

http://www.wrha.mb.ca/extranet/publichealth/files/MBPHNStandards_PrePostEarlyYears.pdf

The PHN assesses client readiness, preference, needs, existing resources and goals to determine the type, frequency and duration of services. The PHN will then contact the RM to update on care plans and collaborate as necessary based on the needs of the client. Ongoing communication between the client, the PHN and the RM may be minimal unless concerns or complexities arise.

4.2 Postpartum Referrals:

PHN's Role:

The PHN receives Postpartum Referral Forms (PPRFs) from midwives via Central Intake within 48 hours of birth regardless of place of birth. Any special needs the client may have will be noted by the midwife (or nurse in the case of hospital births) on the postpartum referral form.

The PHN receives the postpartum referral form as advisement of birth. The PHN will contact the family within 7 days of maternal discharge or home birth and provides care as per their scope of practice. The PHN will complete the FFS and Parent Survey process as applicable, identifies client strengths and risks and determines the need and timing of public health nursing follow-up. Continuity of care will be maintained whenever possible so that the PHN providing prenatal services also provides services during the postpartum period. The PHN will follow the client as per her scope of care. PHNs providing weekends services should forward the PPRF to the appropriate CA office for follow-up.

If the midwife believes that a family could benefit from PHN support earlier in the postpartum period, for example a disadvantaged client who declined a prenatal referral to public health, she will contact the Public Health office where the client lives to connect with the assigned PHN directly. She will also note the reason for priority contact on the PPRF. Upon receiving the PPRF for a disadvantaged client, the PHN will contact the RM (if not already contacted) via the contact number on the referral and collaborate to make appropriate plans for the client. Collaboration can take many forms whereby each provider may see the client individually or together based on the needs of the client and the interest of not duplicating care.

Ongoing communication between the client, the PHN and the RM may be minimal unless concerns or complexities arise.

RM role:

The RM will offer all clients a postpartum referral to public health regardless of place of birth (Appendix five – Postpartum Referral Form). The PPRF is faxed to public health central intake within 48 hours of birth if the birth takes place outside of the hospital. Any special needs of the client will be written under “Additional Discharge Notes” as well as the preferred contact information for the RM. The Postpartum Referral form is to be used by midwives to refer families to Public Health throughout the six weeks postpartum. If the client is not referred to public health immediately postpartum, the midwife is to indicate on the PPRF the reason for the delayed referral.

If the midwife believes that a family could benefit from PHN support prior to 7 days after home birth or discharge from hospital, for example a disadvantaged client who declined a prenatal referral to public health, she will contact the Public Health office where the client lives to connect with the assigned PHN directly (Appendix Seven - Public Health Community Office contact information). The reason for early contact should also be noted on the PPRF. The plan for collaborative care will be determined by the PHN and Midwife based on the needs of the client and the interest of not duplicating care.

The midwife provides primary care to the mother/newborn until they are discharged from midwifery care at approximately six weeks postpartum. The RM is available to the family by pager 24 hrs/day. RMs visit the client at least three times in the first week after delivery. As in the prenatal period, postpartum care plans will be made on a case by case basis and ongoing communication between the client, the PHN and the RM may be minimal unless concerns or complexities arise. At six weeks postpartum, RMs discharge clients. As there will be increased collaboration, the current standard discharge letter from the midwife to the PHN will be discontinued. Midwives will work with the PHN to appropriately transition care at discharge for disadvantaged clients.

4.3 Ongoing Collaboration:

Effective inter-professional collaboration will result in better access to perinatal services for disadvantaged populations, better utilization of limited resources and improved outcomes for clients. It will also result in improved working relationships and enhanced professional satisfaction.

Prenatal referrals for disadvantaged clients will increase for both public health and midwifery programs.

A referral to a PHN does not replace the care of the RM, and the RM's care does not replace the care of the PHN. The approach to inter-professional collaboration will be different based on the needs of the client.

As a client's needs become more increasingly complex, so too does the need for inter-professional collaboration and regular **inter-professional communication**.

Each HCP will practice **client centered care** and in that process learn the needs and goals of the client. This information will be openly and willingly shared across providers according to the client's wishes and PHIA. There is overlap in **roles** between PHNs and RMs. Each HCP needs to know their own and each other's scope of practice and clarify their roles. Increased knowledge of roles and communication can decrease unnecessary duplication of services. For example, because the midwife provides comprehensive care during the first week postpartum, PHN services are not generally needed nor provided until 7 days after discharge from hospital or home birth.

Collaborative leadership needs to take place to ensure that client's needs are being met. A joint care plan is made with each provider taking responsibility for their roles and their standards of practice. Regular check-ins between providers and the client are recommended to verify progress and evaluate the plan of care. Where feasible, team members can meet in person ie the PHN can attend the prenatal visit at the clinic or in the home. Alternatively communication may take place via the telephone or in writing. Because PHNs and Midwives do not share a collaborative health record, all plans and communication are documented accordingly.

When communication is collaborative, responsive and respectful, the client is kept at the center of care, and plans are clearly communicated with ongoing updates and evaluations made, relationships of trust will be established, good **team functioning** will take place and the chances of **inter-professional conflict** arising will be decreased. When conflict does arise, a focus on respectful communication and a balancing of competing values and priorities are used to help resolve the conflict.

5. Bibliography

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Appendix One: Introducing Midwifery Services to Public Health Nurse Clients

Midwifery services are available to all pregnant people. Midwives provide primary care for pregnancy, birth and for 6 weeks after birth for you and your baby. Midwives offer woman centered, trauma informed and culturally safe care that is based on informed choice and continuity of care. They are experts in low risk birth and view pregnancy as a healthy state and childbirth as a normal process.

They work with you and your family to identify your own unique physical, social and emotional needs. A midwife can provide care for your birth in hospital, at home or at the birth center, and can provide care whether or not you plan to parent . They consult and collaborate with other health care professionals if you or your baby need specialized care or additional services. Public Health Nurses and Midwives work as a team, with midwives available to you for the first six weeks after birth while Public Health Nurses may continue their work with families beyond this time frame.

If you'd like a referral I can help you with a request for midwifery services OR (if not disadvantaged) I can give you the number for the intake line (204- 947-2422 ex 307). If there is availability in the midwife's caseload she will contact you for an initial prenatal visit within two weeks and you will meet and decide together if midwifery care is appropriate for you. If there is no availability you will receive a letter in the mail declining services within 3 weeks.

Appendix Two: Introducing Public Health Services to Midwifery Clients

Prenatal Referrals: PHN referrals are offered to all pregnant people who are disadvantaged by social and economic circumstances and/or underserved by mainstream health services.

PHN's work in the community and offer family centered services that are respectful of people's lives and circumstances. PHNs can support you to improve your health in all aspects. They focus on what you see as your strengths in your health practices and in your relationships, to assist in improving your health during pregnancy, preparing for the birth; and if you plan to, help you get ready for breastfeeding and parenting. They are familiar with resources in your neighborhood, including housing, financing and other community programs like Healthy Baby and Families First and can work with you to connect to those resources.

If you accept the referral you can expect a phone call from the PHN within the next two weeks. The PHN will work together with you and I to make a health plan according to your preferences and needs.

Postpartum Referrals: Postpartum referrals are offered to all families with newborns.

PHN's work in the community and offer family centered services that are respectful of people's lives and circumstances. As part of the follow-up plan of care for you and your baby, we offer all families a referral to Public Health. The referral form has information about your pregnancy, labor and delivery, and you and your baby, your discharge plans and current family situation. The public health nurse will provide you with information about caring for yourself and your baby and will answer any questions you have about parenting, infant care and feeding. They are familiar with resources in your neighborhood, including housing, financing and other community programs. They will work with you to connect to resources that are of interest to you. Public Health Nurses and Midwives work as a team, with midwives available to you for the first six weeks after birth while Public Health Nurses may continue their work with families beyond this time frame.

If you accept the referral, you can expect a phone call from the PHN within 7 days of discharge from hospital/home birth.

WRHA Midwifery Referral / Intake Form

Date: _____

Name on health card: _____ Name you regularly go by: _____

1. Do you have any language needs or preferences? Yes No French Other: _____
2. What is the best phone number to reach you at? Can we leave a message at that phone #? Yes No
 Home: _____ Work: _____ Cell: _____
3. Can you receive calls from a blocked number at this number? Yes No Not Answered
4. When was the first day of your last menstrual period? _____
5. Estimated due date: _____
6. How many pregnancies have you had including this one? _____ Unsure
7. How many births? _____ Unsure
8. Have you had a C-Section? Yes No Not Answered If yes, how many? _____ Unsure
9. Have you ever received Midwifery care in Manitoba? Yes No If yes, with who or where: _____
10. Have you received prenatal care for this pregnancy? Yes No Not Answered
11. Have you ever been diagnosed with high blood pressure? Yes No Not Answered
12. Have you ever been diagnosed with diabetes? Yes No Not Answered
13. Would you describe yourself as belonging to one of these groups: Aboriginal, low-income, newcomer, teen, single or socially isolated? Yes No Not Answered
14. Where would you prefer to give birth? Home Birth Centre Hospital Undecided
15. Which Midwifery clinics would you be able to go to for your appointments? (Select all that apply)
 WHC/Birth Centre Mount Carmel Clinic Access Winnipeg West
 Access River East Access Downtown All
16. Referral Type: Service Provider Self-Referral
Service Provider Name: _____
Phone Number: _____ Position/Title: _____

Comments:

Instructions for Use:

Community EMR Users: Please complete form and task Midwifery Services - Clinical Assistant.

Non-Community EMR Users: Fax completed form to 204-594-0907.

Alternatively, give to client to refer self through fax or by calling the Midwifery Services Centralized intake like at 204-947-2422 ext. 307.

Please note referral does not mean acceptance into the program and clients or referring provider will hear from the program within 3 weeks of submission.

Appendix Four: Prenatal Referral to Public Health



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

PRENATAL REFERRAL TO PUBLIC HEALTH

DATE: _____	<input type="checkbox"/> Referral discussed with client	CLIENT CHART #:
CLIENT Name: _____		
Address: _____		Home Telephone: _____
		Work Telephone: _____
MHSC#/MFRN: _____		PHIN: _____
Birth Date: _____ <small>(DDMMYY)</small>	Language Spoken: _____	Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: _____	Gravida: _____	Para: _____ Expected Date of Delivery: _____ <small>(DDMMYY)</small>
REFERRING PROFESSIONAL: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Social Worker		
Referral Site: _____		Fax #: _____
Name: _____		Telephone: _____
FAMILY PHYSICIAN/OBSTETRICIAN: Name: _____		
Address: _____		Telephone: _____
<p>PRENATAL REFERRALS: Public Health Nurses (PHNs) are offering Prenatal services to all women and their families because evidence has shown that there are benefits to receiving support while they are pregnant. PHNs can provide information about:</p> <ul style="list-style-type: none"> • Prenatal education • Parent groups • Nutrition information • Financial assistance • Food banks • Other resources <p>The benefits of having contact with PHNs prenatally include supporting healthy lifestyle changes. When pregnant, parents think about their use of tobacco and alcohol and are often ready to quit or reduce the amount they use in order to grow a healthier baby. A referral also includes preparing parents early for breast-feeding by reviewing the reasons for breast-feeding and how to have success.</p> <p>The PHNs will arrange to meet with the woman and her family in person or by phone. PHNs are available to women throughout their pregnancy and into the postpartum period.</p>	<p>OTHER REFERRALS RELATED TO THIS PREGNANCY (e.g., dietitian, genetics):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PUBLIC HEALTH RESPONSE TO REFERRAL:</p> <p>Contact with client: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Families First Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Service Plan: <input type="checkbox"/> PHN continued follow-up</p> <p style="padding-left: 40px;"><input type="checkbox"/> Families First Home Visitor services provided</p> <p style="padding-left: 40px;"><input type="checkbox"/> Referral to: _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>PHN Name: _____ Phone #: _____</p>	

1. REFERRING SITE: Fax referral with Fax Cover Sheet to Central Intake at 940-2635
2. PUBLIC HEALTH: Fax completed referral with Fax Cover Sheet to referring site

Appendix Five: Postpartum Referral to Public Health



Gray - filled in by Central Intake, not hospital Fax completed form to Central Intake at 204-940-2635

POSTPARTUM REFERRAL FORM													
Birth Site: _____	Discharge Unit: _____												
Admission Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	Phone No.: _____-_____-_____-_____						
D	D	M	M	Y	Y								
Readmission (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No	Region: _____ Office: _____ Location No. _____												
DEMOGRAPHIC INFORMATION													
Surname: _____	Given Name: _____												
PHIN: _____	Health Card No.: _____												
Home/Mailing Address: _____ <small>Street and #, Apartment #, City, Town, Municipality, Range, First Nation</small>	Postal Code: _____ Phone No.: _____-_____-_____-_____												
Physical Address: _____ <small>If different from mailing address (if available)</small>	Postal Code: _____ Phone No.: _____-_____-_____-_____												
Temporary Address: _____ <small>If available</small>	Temporary Postal Code: _____ Temporary Phone No.: _____-_____-_____-_____												
Region and Office (if different)	<input type="checkbox"/> Message can be left at this number												
Alternate Contact Name: _____ <small>(and relationship if known)</small>	Alternate Phone No.: _____-_____-_____-_____												
	<input type="checkbox"/> Message can be left at this number												
MOTHER	INFANT Name: _____												
Prenatal Care <input type="checkbox"/> Less than 5 prenatal visits	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Multiple												
Smokes <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table> Time: _____ 24 HOUR	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes Other Substances: _____	Status of Infant: <input type="checkbox"/> Live <input type="checkbox"/> Stillborn <input type="checkbox"/> Neonatal death												
Comments or Maternal Medical History: _____	Gestational Age: _____ wks												
Intra partum	Weight at Birth: _____ g Weight at Discharge: _____ g												
<input type="checkbox"/> Spontaneous Vaginal <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="checkbox"/> Cesarean	Infant Feeding												
<input type="checkbox"/> Risk for Sepsis See criteria on back <input type="checkbox"/> Intra partum antibiotics <input type="checkbox"/> No <input type="checkbox"/> Yes	Breastfeeding: <input type="checkbox"/> Exclusive L ___ A ___ T ___ C ___ H ___ R ___												
Postpartum	<input type="checkbox"/> Non-Exclusive												
Gravity: _____ Parity: _____ <input type="checkbox"/> Not known Living Children: _____	<input type="checkbox"/> No Breastfeeding												
<input type="checkbox"/> Rh Positive <input type="checkbox"/> Rh Negative	Feeding Method _____ Feeding Plan Provided to Mother <input type="checkbox"/> No <input type="checkbox"/> Yes												
Treatment Required <input type="checkbox"/> No <input type="checkbox"/> Yes if yes: RhIG administered <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	Seen by LC in Hospital <input type="checkbox"/> No <input type="checkbox"/> Yes Feeding Plan Attached <input type="checkbox"/> No <input type="checkbox"/> Yes						
D	D	M	M	Y	Y								
Rubella Susceptible <input type="checkbox"/> No <input type="checkbox"/> Yes	Newborn Screening: Completed after 24 hours <input type="checkbox"/> No <input type="checkbox"/> Yes												
Immunization	Discharge Bilirubin Level Age in hours _____												
MMR given <input type="checkbox"/> No <input type="checkbox"/> Yes Date Administered: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	<input type="checkbox"/> Serum Bilirubin Level _____						
D	D	M	M	Y	Y								
Tdap given <input type="checkbox"/> No <input type="checkbox"/> Yes Date Administered: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	<input type="checkbox"/> Transcutaneous Bilirubin (TCB) _____						
D	D	M	M	Y	Y								
Other vaccines (name) <input type="checkbox"/> No <input type="checkbox"/> Yes	Phototherapy: <input type="checkbox"/> No <input type="checkbox"/> Yes Risk Level _____												
If Yes, name _____ Date Administered: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	Follow-Up Plan _____						
D	D	M	M	Y	Y								
Hepatitis B Status <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Known	Immunization												
HIV Status <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Known	BCG <input type="checkbox"/> No <input type="checkbox"/> Yes Date Administered: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
Social Worker Contact in Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes	HBIG <input type="checkbox"/> No <input type="checkbox"/> Yes Date Administered: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
Name: _____	HBV <input type="checkbox"/> No <input type="checkbox"/> Yes Date Administered: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
Phone No.: _____-_____-_____-_____	Newborn Hearing Screening <input type="checkbox"/> No <input type="checkbox"/> Yes Outcome _____												
CFS Contact in Community: <input type="checkbox"/> No <input type="checkbox"/> Yes													
Name (if known): _____													
Phone No.: _____-_____-_____-_____													
DISCHARGE INFORMATION	Infant Discharged Home with Mother <input type="checkbox"/> No Location: _____												
Referral to PHN discussed <input type="checkbox"/> Yes <input type="checkbox"/> Declined	<input type="checkbox"/> Apprehension <input type="checkbox"/> Relinquishing												
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	<input type="checkbox"/> Infant Transferred to: _____												
<input type="checkbox"/> Interpreter Required	Mother's Midwife/Primary Care Provider after discharge: _____												
	Infant's Midwife/Physician/Clinic after discharge: _____												
ADDITIONAL DISCHARGE NOTES	Maternal Discharge Medication												
_____	_____												
_____	_____												
<input type="checkbox"/> Priority Contact Reason: _____ BP at Discharge _____	Home Community Notified <input type="checkbox"/> No <input type="checkbox"/> Yes												
Discharge Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	Nurse Signature: _____						
D	D	M	M	Y	Y								
Discharge Time: _____ 24 HOUR	Print Name: _____												
PHN CONTACT SECTION													
PHN Contact <input type="checkbox"/> No <input type="checkbox"/> Yes Initial Phone Contact: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table> Time: _____ 24 HOUR	D	D	M	M	Y	Y	Initial Home Visit: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table> Time: _____ 24 HOUR	D	D	M	M	Y	Y
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								
Breastfeeding Status at First Visit: <input type="checkbox"/> Exclusive <input type="checkbox"/> Non-Exclusive <input type="checkbox"/> No Breastfeeding	Planned Follow-up: <input type="checkbox"/> No <input type="checkbox"/> Yes Referral <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Agency or Organization _____												
<input type="checkbox"/> Short Term <input type="checkbox"/> Long Term	PHN Signature: _____												
	Print Name: _____												

REV APRIL 2014 MHPP114E

WHITE COPY - Public Health Chart YELLOW COPY - Hospital Chart

HSC Printshop

Appendix Six: Midwifery Practice Group Office Numbers

Access Downtown:	204-940-3843
Access River East:	204-938-5054
Access Winnipeg West:	204-940-8724
Mount Carmel Clinic:	204-9589-9412
Birth Centre:	204-594-0900
Midwifery Central Intake:	(phone) 204- 947-2422 ex 307
Midwifery Central Intake:	(fax) 204-594-0907

Appendix Seven: Public Health Community Area Contact Information

PUBLIC HEALTH TEAM MANAGERS & ADMIN SECRETARIES

Community Area	Team Manager	Public Health Admin Secretary
Assiniboine South	Kim Witges 204-390-2186	Barb Huisman 204-940-2397
Downtown East	Randall Klaprat 204-806-6086	Trudy Kullman 204-940-8711
Downtown West	Randall Klaprat 204-806-6086	Marisa Joseph-Munroe 204-940-6673
Fort Garry	Lynne Jamault-Crocker 204-791-7325	Terri Favel 204-940-2313
Inkster	Nancy Heinrichs 204-226-7705	Shashi Sharma 204-938-5908
Point Douglas	Craig Ross 204-781-1076	Maureen Richard 204-940-2542
River East	Richard Sapacz 204-612-9221	Doris Woyke 204-938-5204
River Heights	Lynne Jamault-Crocker 204-791-7325	Sheryl Harron 204-938-5144
Seven Oaks	Emmanuel Ozokwelu 204-803-6257	Janet Brenner 204-938-5607
St. Boniface	Joel Lafond 204-771-2655	Emanuelle Arbez 204-940-2032
St. James	Kim Witges 204-390-2186	Barb Huisman 204-940-2397
St. Vital	Brandy Pantel 204-299-9686	Genevieve Lambert 204-940-1692
Transcona	Donna Jacobs 204-794-5601	Shaylyn Kubin 204-938-5460

Appendix Eight: Families First Screening Form

 24716	<h2 style="margin: 0;">Families First</h2> <h2 style="margin: 0;">SCREENING Form</h2> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014</div>	NUMERICAL INFORMATION ONLY Please do not write any names or addresses on this form. See detailed instructions on reverse.
O Unable to complete screen		
MOTHER: Age: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> When was pregnancy confirmed (weeks)? <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Screened prenatally? <input type="radio"/> Yes <input type="radio"/> No PHIN: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> MHSC: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Residence Postal Code: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> RHA <input style="width: 40px;" type="text"/> CA <input style="width: 40px;" type="text"/> Education: <input type="radio"/> Post secondary <input type="radio"/> Grade 12 <input type="radio"/> Less than Grade 12	BABY: Day <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Birth Date: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> PHIN: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Intersex Family background of baby: <input type="radio"/> First Nations/Status Indian <input type="radio"/> Newcomer <input type="radio"/> Métis <input type="radio"/> Francophone <input type="radio"/> Inuit	
FATHER: Age: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> PHIN: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Education: <input type="radio"/> Post secondary <input type="radio"/> Grade 12 <input type="radio"/> Less than Grade 12		
A. CHILDREN WITH KNOWN DISABILITY <i>(Fill in 'yes' if risk factor is present, 'no' if it is not. If unknown, leave blank.)</i> 1. Congenital anomaly or acquired disability. Include: Major (probability of permanent disability) e.g., Down's syndrome, cerebral palsy, FASD. Moderate (correction may be possible) e.g., cleft palate, loss of limb. <input type="radio"/> Yes <input type="radio"/> No		
B. DEVELOPMENTAL RISK FACTORS 2. Low birth weight (less than 2500 grams at birth). <input type="radio"/> Yes <input type="radio"/> No 3. High birth weight (greater than 4000 grams at birth). <input type="radio"/> Yes <input type="radio"/> No 4. Prematurity - an infant born at less than 37 weeks gestation. <input type="radio"/> Yes <input type="radio"/> No Complications of pregnancy 5. Infections that can be transmitted in utero and may damage the fetus (e.g., rubella, HIV) <input type="radio"/> Yes <input type="radio"/> No 6. Alcohol use by mother during pregnancy. If "yes", complete section D. <input type="radio"/> Yes <input type="radio"/> No 7. Drug use by mother during pregnancy. <input type="radio"/> Yes <input type="radio"/> No Complications of labour and delivery 8. Difficult vaginal birth (forceps or vacuum) or emergency caesarean <input type="radio"/> Yes <input type="radio"/> No 9. Infant trauma or illness (e.g., convulsions, respiratory distress syndrome) <input type="radio"/> Yes <input type="radio"/> No 10. Family history of a disability not detectable at birth that could affect development (e.g., deafness, mentally disabled/challenged) <input type="radio"/> Yes <input type="radio"/> No 11. Multiple births (e.g., twins, triplets) <input type="radio"/> Yes <input type="radio"/> No 12. Maternal smoking during pregnancy (If Yes, # of cigarettes/day: <input type="radio"/> 1-5 <input type="radio"/> 6-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 20+) <input type="radio"/> Yes <input type="radio"/> No 13. Diabetes diagnosed before pregnancy OR early in pregnancy (type 2) <input type="radio"/> Yes <input type="radio"/> No 14. Diabetes diagnosed in 3rd trimester of pregnancy (Gestational Diabetes). <input type="radio"/> Yes <input type="radio"/> No		
C. FAMILY RISK FACTORS 15. Mother's age at birth of first child is less than 18 years. <input type="radio"/> Yes <input type="radio"/> No 16. Mother's highest level of education completed is less than grade 12. <input type="radio"/> Yes <input type="radio"/> No 17. On social assistance/income support or financial difficulties <input type="radio"/> Yes <input type="radio"/> No 18. Single parent family. <input type="radio"/> Yes <input type="radio"/> No 19. First prenatal visit occurred at/after 28 weeks gestation <input type="radio"/> Yes <input type="radio"/> No Mental illness or disability in mother and/or father: 20. Depression (including postpartum) <input type="radio"/> Yes <input type="radio"/> No 21. <input type="radio"/> Yes <input type="radio"/> No 22. Anxiety Disorder <input type="radio"/> Yes <input type="radio"/> No 23. <input type="radio"/> Yes <input type="radio"/> No 24. Schizophrenia or bipolar affective disorder <input type="radio"/> Yes <input type="radio"/> No 25. <input type="radio"/> Yes <input type="radio"/> No 26. Mentally disabled/challenged parent <input type="radio"/> Yes <input type="radio"/> No 27. <input type="radio"/> Yes <input type="radio"/> No 28. Antisocial type behaviours <input type="radio"/> Yes <input type="radio"/> No 29. <input type="radio"/> Yes <input type="radio"/> No 30. Current substance abuse by mother or father. <input type="radio"/> Yes <input type="radio"/> No 31. <input type="radio"/> Yes <input type="radio"/> No 32. Prolonged postpartum maternal separation (5 days or more with little or no contact). <input type="radio"/> Yes <input type="radio"/> No 33. Assessed lack of bonding (e.g., minimal eye contact, touching) <input type="radio"/> Yes <input type="radio"/> No 34. Social isolation (lack of social support and/or isolation related to culture, language or geography). <input type="radio"/> Yes <input type="radio"/> No 35. Relationship distress. <input type="radio"/> Yes <input type="radio"/> No 36. Current or history of violence between parenting partners. <input type="radio"/> Yes <input type="radio"/> No 37. Harsh and/or inappropriate discipline practices (including other children). <input type="radio"/> Yes <input type="radio"/> No 38. Existing file with Child and Family Services. <input type="radio"/> Yes <input type="radio"/> No 39. Mother's own history of child abuse/neglect <input type="radio"/> Yes <input type="radio"/> No 40. Father/parenting partner's own history of child abuse/neglect. <input type="radio"/> Yes <input type="radio"/> No		
D. ALCOHOL USE DURING PREGNANCY <i>(complete if answered "yes" to item B6)</i> <i>(See reverse for detailed instructions)</i> In this section, check the option that is most descriptive of alcohol use before mother knew she was pregnant: Frequency How often did mother consume alcohol? <input type="radio"/> Less than once a month <input type="radio"/> 1-4 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> > 3 days/week Usual Amount How much alcohol would she consume in one sitting? <input type="radio"/> 1 or less <input type="radio"/> 2 to 3 drinks <input type="radio"/> 4 or more drinks Binge Did she ever drink more than four drinks in one sitting? <input type="radio"/> Yes <input type="radio"/> No How often did binge drinking occur? <input type="radio"/> Less than once a month <input type="radio"/> 1-4 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> > 3 days/week Once she discovered her pregnancy, did how much or how often she consumed alcohol change? <i>Select one response.</i> <input type="radio"/> No <input type="radio"/> Yes, reduced use <input type="radio"/> Yes, increased use <input type="radio"/> Yes, stopped altogether		
Screen Completed By: <input style="width: 150px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name : _____ (please print) Health Unit # _____ Day _____ Month _____ Year _____ TOTAL SCORE _____ Phone: _____		

Families First Screening Form



Instructions for Completion: (see *Families First* Support Manual for more details)

- Please **score all items yes or no**. If information is unavailable, please leave item blank.
- Please **print neatly in boxes** and fill in circles completely using **INK** – PLEASE DO NOT USE PENCIL!
- Ideally screening is initiated prenatally – if so, fill in the “Yes” circle under “Screened prenatally?”
- **Screening must be finalized postnatally**, to ensure completeness, before faxing (see below)

Sample Introduction: I’m here today to follow-up with you and your family since the birth of baby. I will be checking to see how your baby is doing since leaving hospital (e.g. weigh, measure, feeding), how mom’s recovering and how the family is adjusting since the birth of baby. We’ll also spend some time talking about your family, the supports you have, any challenges you face and community resources that may be of interest to you. We gather the same kind of information from all families with newborns and use the information to support families in accessing resources that they may find helpful. The information we collect is recorded in a confidential health file. If you find there are some things you don’t feel comfortable talking to me about, just let me know and we will move to another topic. If you have any questions or concerns throughout our visit today please let me know.”

Family Background of Baby: (Collected for purposes of planning culturally safe services and directing to resources.)

First Nation, Metis, Inuit: How does family best describe their background?

Newcomer: Individuals who have migrated to Canada within the last 5 years and are in the midst of their settlement process, which is crucial for their eventual process of integration.

Francophone: Determined by exploring language preference (eg. materials in English or French?)

- B5** Infections that can be transmitted in utero and may damage the fetus
Include: rubella, HIV, toxoplasmosis, cytomegalovirus **Exclude:** Hepatitis B, if child received prophylaxis; herpes, unless acquired
- B6** Ask every mother about her alcohol use throughout her pregnancy. If the mother identifies any alcohol use during pregnancy, complete section D.
- B7** Drugs
Include: illegal drug use during pregnancy
Exclude: non-teratogenic prescription drugs, small amounts of over-the-counter drugs
Note: Score cigarette smoking during pregnancy in B12.
- B8** Vaginal or Caesarian birth following long, difficult and exhausting labor. May include emergency situations or perineal trauma.
- B9** Infant trauma or illness (e.g., convulsions, respiratory distress syndrome) – applies to infants in the first 28 days of life or until discharge where an infant has been continuously hospitalized beyond the neonatal period.
- C16** **Education status of mother** - If currently working at completing grade 12 or equivalency, score ‘yes’.
- C17** **On social assistance/income support or financial difficulties** - Financial difficulties are defined as having insufficient monies available to meet basic needs after meeting financial commitments.
- C18** **Single parent** – Answer ‘yes’ if parent identifies self as sole primary care giver for child (include unmarried, separated, widowed, divorced, common-law relationship of less than one year)

For items C20 – C29 refer to the biological father of the baby (whether or not he is involved in parenting).

- C20- C25** Knowledge of professional diagnosis. May be determined by noting medication use.
- C26, C27** Does disability make learning of new information difficult?
- C28, C29** Antisocial Behavior – score “yes” if 2 or more of these behaviors: unlawful behavior, repeated lying, poor work history, repeated assaults, reckless with safety, not honoring financial obligations, cannot sustain monogamous relationship for a year, history of failure to care for a child
- C34** **Social isolation** - Is the support enough for the mother/couple? If mother says she has no support, score item.
- C35** **Relationship distress** – distress or conflict between parenting partners e.g. separations, frequent arguments
Note: Screening questions related to partner violence should not be asked when both partners present
- C36, C40**
 Parenting partner refers to the person who the mother identifies as the secondary caregiver or parent for her children. Not necessarily the father of the baby.
- C38** Score item ‘yes’ if either parent has been involved with CFS for child protection services related to a suspected or substantiated abuse/neglect of other children.

Risk Score: Total the number of points from items 1 to 38, and enter in TOTAL SCORE box. If 3 or more risk factors have been identified, the screen is positive. Proceed to complete the Parent Survey process.

Sample Conclusion: “Our prenatal and post-partum programs are delivered in partnership with Healthy Child Manitoba. The region provides service to families like yours and Healthy Child Manitoba makes sure that our services are meeting your needs - they monitor and evaluate them! In order to do this, we provide Healthy Child Manitoba with statistical information about your family and all other families. This includes general information like your age, education, alcohol use during pregnancy (tailor examples to information gathered from the individual family). We do not provide Healthy Child Manitoba with your name, address or telephone number.”

Faxing the Screening Form: After finalizing this form postnatally, please **FAX** (reverse side only) to Healthy Child Manitoba Office (HCMO) at **(204) 948-3768** (Thanks!)

D Alcohol Use During Pregnancy (complete if answered “yes” to item B6)
 Discussing alcohol use and fetal development with all women normalizes discussion of this issue, introduces a harm reduction approach to prevention, allays fears and provides supports to ensure best outcomes for children. The information collected will help determine the scope of the problem, help target program and services, and evaluate the effectiveness of prevention supports
NOTES: In this section, we are interested in knowing women’s pattern of drinking prior to discovering their pregnancy
 Ensure you enter when the mother discovered she was pregnant at the top of the screening form.
 1 drink = 1 beer or 1 wine cooler or 4 ounces of wine or 1 ounce of liquor
Sample questions to elicit the alcohol information:
 I would like to ask you about your use of alcohol during two different time periods: before your pregnancy was confirmed and after.
 Can you tell me about your use of alcohol before discovering your pregnancy?
 ■ In general, how often would you say you drank – daily, weekly, or monthly?
 ■ In general, how much would you say you normally drank each time – 1 drink or less, 2-3 drinks, 4 drinks or more?
 ■ Similarly, how often would you say you consumed four or more drinks on one occasion – daily, weekly, or monthly?
 Did your pattern stay the same throughout the pregnancy?