

Public Health Nursing Prenatal Practice: *Evidence Informed Care Pathway*

2019

Provincial Standards For Prenatal,
Postpartum And Early Childhood:
Province of Manitoba

Table of Contents

REFERRAL RESPONSE BY THE PUBLIC HEALTH NURSE	1
THE PRENATAL CARE MAP	2
SECTION 1: Demographics and Contact Information	2
SECTION 2: Prenatal History and Assessment	3
Gravida/Para/Estimated Due Date	3
Concerns with previous pregnancy/Family history/Previous births	3
Diabetes	3
Fetal Movement	3
Discomforts of Pregnancy	3
SECTION 3: Health Care/Physical Well Being	4
Access to Prenatal Care	4
Oral Health	5
Communicable Diseases and Immunization	6
Chronic Diseases, Disability and Family History	8
Medications: Prescription, Over the Counter, Herbal	9
SECTION 4: Nutrition in Pregnancy	11
Adequate Prenatal Nutrition (including supplement use)	11
Healthy Weight Gain	12
Food Security	14
Food Safety	15
SECTION 5: Psychosocial Health	16
Emotional Health and Adjustment to Pregnancy	16
Perinatal Depression and Anxiety	17
Other Mental Health Concerns	19
Early Pregnancy Loss and Grief	20
Cultural and Spiritual Care, Beliefs and Practices	21

SECTION 6: Lifestyle	23
Physical Activity and Rest.....	23
Commercial Tobacco Use	24
Alcohol Use.....	26
Substance Use.....	27
SECTION 7: Relationships.....	29
Support Systems	29
Personal Relationships.....	30
Sexuality	33
SECTION 8: Resources	34
Housing	34
Finances.....	35
Community Resources.....	36
SECTION 9: Injury Prevention	37
Safety in Pregnancy	37
Infant Safety / Discipline	39
SECTION 10: Preparation for Birth	40
Prenatal Knowledge	40
Labour and Delivery Plan	41
SECTION 11: Preparation for Parenthood	42
Newborn Behaviour and Care	42
Infant Nutrition: Informed Decision-Making.....	43
REFERENCES	45
ACKNOWLEDGEMENTS	47
NOTES	48

Referral Response by the Public Health Nurse

Referrals for prenatal services may reach PHNs in a variety of ways. It is expected that the PHN will adhere to the Manitoba Provincial Public Health Nursing Standards. In particular, Standard 3: Public Health Nursing assessment, screening, and case management on page four, provides the following guidance stating the PHN will:

- review all prenatal referrals
- request previously discharged prenatal or postpartum client file(s) to facilitate understanding of client history and enhance service delivery
- complete a PHN assessment (by telephone and/or in person) within two weeks of receipt of the referral or before the estimated due date if late in pregnancy
- determine the need, timing, and most appropriate type of follow-up based on assessment, with priority “in person” follow-up for disadvantaged clients.

Traveling for Birth

- Attempt to contact women travelling to the Winnipeg Regional Health Authority (WRHA) for birth within two working days.

Attempts to contact are documented as progress notes. If no contact is made with initial attempts, the PHN may:

- Call back within two days.
- Complete a door step visit within one week after the second phone call. If client is not home, leave or send a letter.
- Confirm contact information with referral source and/or Employment and Income Assistance (EIA) (if on EIA). If telephone number or locating information differs than that previously received, restart process as above.
- Ask the referral source to encourage the client to contact the PHN directly.
- Continue with attempts to contact client once per week until delivery. At a minimum, contact may include weekly phone calls or monthly door step visits.

The Prenatal Care Map

SECTION 1: Demographics and Contact Information

Item	Description
Client Surname	- The surname of the client
Given Name	- The given (first) name of the client
DOB (Date of Birth)	- Client's date of birth (MONTH/DD/YYYY)
PHIN, Nunavut Number	- Client's nine digit Manitoba personal health identification number (PHIN) or Nunavut Health Care Plan number
MFRN (Manitoba Family Registration Number)	- Client's six digit family registration number
Delivery Location	- Indicate the hospital or alternate site planned for the birth

Contact Date and Time

Indicate date(s), and time of contact as Month, DD, YYYY for example Jul 31, 2018, @ 11:15 am.

Contact Type

Indicate if contact type is direct or indirect.

Initials	Name	Description
DC	Direct contact	In person meeting that may occur at any variety of locations
IC	Indirect contact	Communication with the client that may be via phone, social media, etc.

SECTION 2: Prenatal History and Assessment

The Public Health Nurse assesses the client’s current pregnancy and Families First Screen indicators as follows:

Item	Description
Gravida (G)	<ul style="list-style-type: none"> - Document total number of pregnancies (including present pregnancy), regardless of gestational age, type, time or method of outcome. - Twins or multiples are counted as one pregnancy. - A blighted ovum and hydatiform mole are classified as gravida.
Para (P)	<ul style="list-style-type: none"> - Document total number of children the client has given birth to. Does not include current pregnancy.
Estimated Due Date (EDD)	<ul style="list-style-type: none"> - Provides estimated due date. - EDD Calculator: www.perinataleservicesbc.ca/health-professionals/professional-resources/edd-calculator
Concerns with pregnancy / Family history / Previous Births	<p>Normal - No voiced concerns.</p> <p>Document as a variance:</p> <ul style="list-style-type: none"> - Any concerns with pregnancy – may include bleeding, premature rupture of membrane, hypertension. - Document details of previous pregnancies and birth outcomes where pertinent. This may include, but is not limited to, multiples, date, place of birth/abortion, hours in labour, gestational age, type of birth (spontaneous vaginal, forceps, vacuum, Cesarean Section), perinatal complications, sex of the baby, birth weight, breastfeeding and present health status, infections, fever.
Diabetes	<ul style="list-style-type: none"> - Indicate if client has been diagnosed with diabetes, before pregnancy or early in pregnancy (Type II) or in third trimester (Gestational Diabetes).
Fetal Movement	<ul style="list-style-type: none"> - Normal: Client is aware of the importance of fetal movement and has the capacity, skills and tools to seek assistance if required.
Discomforts of Pregnancy	<ul style="list-style-type: none"> - Normal: Client has knowledge of discomforts associated with pregnancy and has the capacity, skills and tools to manage. Aware of when to access primary care provider. - Discomforts of pregnancy may include but are not limited to: fatigue, hemorrhoids, varicose veins, heartburn and indigestion, pica, bleeding gums, swelling/fluid retention, yeast infections, congestion or bloody nose; constipation, back ache, dizziness, headaches, nausea, vomiting.

SECTION 3: Health Care/Physical Well Being

Access to Prenatal Care

Indicate if first prenatal visit is before or after 28 weeks

Rationale: Access to early and ongoing prenatal care by a primary care provider is important to the health and well being of the parent and child.

Assess knowledge of need for prenatal care and access to primary care provider for prenatal health care services.

Normal Client has chosen and made contact with a primary care provider (midwife, physician, obstetrician or nurse practitioner) and has a visit scheduled for routine prenatal care and/or risk related testing.

**Education/
Anticipatory
Guidance** Learn from client and family about their past experiences with prenatal care. Review the importance of early and consistent prenatal care delivered by a primary care provider.

Advise about the right to choose the type of primary care provider client wishes to have for prenatal care and for the delivery of the baby (**Note:** choice of primary care provider may be dictated by medical circumstances/risk and/or availability of care provider).

Variance Client is unaware of the need to see a primary care provider or does not have a primary care provider.

Client is unable to access a primary care provider.

Client experiences barriers (e.g. lack of transportation, language/cultural barriers, conflicting responsibilities for family/work, literacy challenges) that prohibit access to a primary care provider.

Intervention

SR: Screening and Referral Screen for access to primary care; assess need for additional supports to facilitate access to primary care provider.

HE: Health Education Offer information about how to locate and choose a health care provider.

Note: The Family Doctor Finder helps to connect Manitobans to a family doctor or nurse practitioner and the College of Midwives of Manitoba maintains a list of midwives. Advise client that not all family physicians offer prenatal care, so they may need to discuss transfer to another care provider. To obtain an obstetrician, a referral from an authorized practitioner may be required. A nurse practitioner may provide prenatal care for part of the pregnancy or in partnership with a physician, obstetrician or midwife. Women can self-refer to a midwife.

Work in collaboration with the client and their support system to access services from other care providers such as doulas, dentists, nutritionists, counselors and childbirth educators.

CB: Capacity Building Assist the client to identify barriers and successes in accessing prenatal care. Work with client and family to build skills in problem solving and navigating the system to find appropriate primary care provider(s) and to address barriers to attend or follow through with care.

CC: Care Coordination Communicate/collaborate with primary care providers to facilitate access to care and to coordinate care in socially or medically complex situations. Advocate and collaborate with other community agencies and programs (e.g. Employment and Income Assistance, Social Workers) to decrease or remove barriers to accessing care. This may include determining eligibility and facilitating the application process for the Manitoba Prenatal Benefit (available in hard copy or electronically at www.manitoba.ca/healthychild/healthybaby) or other financial support.

Assess knowledge of need for prenatal care and access to primary care provider for prenatal health care services.

Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - HealthLinks: 204-788-8200 or toll free 1-888-315-9257 - Healthy Child Manitoba: Pregnant or new parent: www.manitoba.ca/healthychild/healthybaby/ - Manitoba Association for Childbirth and Family Education: www.manitobachildbirth.com - Finding a Midwife, College of Midwives of Manitoba: www.midwives.mb.ca - Family Doctor Finder, Manitoba Health, Seniors and Active Living: www.gov.mb.ca/health/familydoctorfinder/ - Health Canada – Guide to a healthy pregnancy: www.canada.ca/en/public-health/services/pregnancy/guide-healthy-pregnancy.html - CFSC: Taking care of you and your baby: www.cfpc.ca/Pregnancy/ - Healthy Choices in Pregnancy Fact Sheet, National Collaborating Centre for Aboriginal Health: www.ccsa-nccah.ca/docs/health/FS-HealthyChoicesPregnancy-EN.pdf
Resources for Practitioners	<ul style="list-style-type: none"> - Strong Women, Strong Nations: Aboriginal Maternal Health in British Columbia: www.nccah-ccnsa.ca/495/Strong_Women,_Strong_Nations__Aboriginal_Maternal_Health_in_British_Columbia.nccah?id=129 - PHAC – Healthy Pregnancy, Health Professionals: www.phac-aspc.gc.ca/hp-gs/prof-eng.php

Oral Health

Rationale: Periodontitis may be a risk factor for adverse outcomes in pregnancy including preterm birth, low birth weight and exacerbation of chronic health conditions such as diabetes. Oral diseases are the most common chronic disease and are a major public health issue because of their high prevalence and incidence and greater burden on disadvantaged populations. Poor oral health impacts social function, affects sleeping and eating, and interferes with the functions of daily living. A child’s oral health is significantly impacted by maternal oral health, in particular, the knowledge and oral health practices of caregivers and families. Pregnancy offers an opportunity to educate families about oral health.

Assess knowledge related to recommended oral health care during pregnancy and ability to access dental health care.

Normal	Client has knowledge of the importance of oral health during pregnancy, the capacity, skills and tools to support oral health, and has contact with, or plans to contact a dental care professional.
Client Education/ Anticipatory Guidance	<p>Advise:</p> <ul style="list-style-type: none"> - Oral health care is important in the prevention of tooth decay, periodontal disease and to prevent the transmission of oral bacteria that may cause tooth decay in children. Individuals should brush with a fluoride toothpaste at least twice daily and floss daily. - Vomiting may cause tooth decay when enamel is damaged by stomach acid. If the client is experiencing vomiting in pregnancy, avoid brushing for an hour after vomiting to protect tooth enamel, but rinse mouth with water or fluoride mouth wash. - Dental care (including x-rays and local anesthetic if needed) is safe during pregnancy.
Variance	<p>Client lacks knowledge of the importance of oral health and its potential impact on pregnancy.</p> <p>Client lacks the capacity, skills or tools to perform personal oral care.</p> <p>Client has barriers (financial, low literacy, language, transportation, etc.) prohibiting access to dental care.</p>

Assess knowledge related to recommended oral health care during pregnancy and ability to access dental health care.

Intervention

SR: Screening and Referral	Screen for concerns related to oral health and access to oral health care; refer to local dental health professional as indicated.
HE: Health Education	Offer information about the importance of oral health in pregnancy and how to access dental health services.
CB: Capacity Building	Support and assist disadvantaged clients due to barriers or lack of skills to address their own oral health concerns, including referrals to dental health care providers and supporting access to care. Support client to build knowledge and capacity to manage life-long oral health promotion habits for self and family.
CC: Care Coordination	Communicate and collaborate with the local resources to facilitate access to dental care for clients with barriers.

Resources and Tools for Clients and Families

- Government of Canada - Oral Health and Pregnancy: www.canada.ca/en/public-health/services/pregnancy/oral-health-pregnancy.html
- Healthy Child Manitoba - Dental Health and Pregnancy: www.gov.mb.ca/healthychild/healthybaby/useful_info.html
- National Collaborating Centre for Aboriginal Health - Oral Health and Hygiene: www.nccah-ccnsa.ca/495/Oral_Health_and_Hygiene.nccah?id=96

Resources for Practitioners

- Canadian Dental Health Association
- Oral health activities and resources: www.cda-adc.ca/en/oral_health/resources/
- JOGNN , 45, 565-573 (2016): Oral health in Pregnancy: [www.jognn.org/article/S0884-2175\(16\)30159-9/pdf](http://www.jognn.org/article/S0884-2175(16)30159-9/pdf)

Communicable Diseases and Immunization

Rationale: Some communicable diseases may have serious consequences for pregnant clients and their fetuses. It is important for individuals to be aware that some communicable diseases are vaccine preventable, how to access recommended vaccination, and seek necessary medical care if infected.

Assess knowledge of communicable diseases that may have negative consequences on pregnancy, the ability and willingness to engage in evidence-based prevention strategies (e.g. vaccination), and supports needed to seek care and treatment if exposed or infected.

Normal Client is current with immunizations pursuant to Province of Manitoba, Communicable Disease Control and aware about how to prevent exposure to communicable diseases.

Client Education/ Anticipatory Guidance

Advise client to:

- Have immunization history reviewed by a health care provider and seek appropriate vaccinations if necessary.
- Be screened for communicable diseases by primary care provider early in the prenatal period, or ask to be screened if not already completed.
- Report exposure to any communicable diseases to the primary care provider.
- Avoid exposure to communicable diseases.
- Report a household contact with Hepatitis B to the primary care provider.
- Avoid contact with cat litter and gardening where there is a possibility of contact with cat feces.
- Discuss communicable diseases, immunizations and precautions with household members.

Variance Client is not aware of exposure or immunity to communicable disease(s) and/or is unable to take steps to avoid exposure, institute prevention or harm reduction strategies, or access treatment/prophylaxis including immunization.

Assess knowledge of communicable diseases that may have negative consequences on pregnancy, the ability and willingness to engage in evidence-based prevention strategies (e.g. vaccination), and supports needed to seek care and treatment if exposed or infected.

Intervention

SR: Screening and Referral Screen for awareness of the risks of communicable diseases and the potential impact on pregnancy; encourage client to discuss communicable disease risks with the primary care provider and provide support to receive vaccinations where indicated and willing. Refer clients with HIV to Nine Circles Community Health Centre.

HE: Health Education Offer information about communicable diseases (eg. *Syphilis*, *Chlamydia*) that may have serious consequences for a pregnant client and fetus, prevention and harm reduction strategies and when to seek treatment. Encourage to discuss concerns with the primary care provider.

Advise client that the influenza (flu) vaccine is safe during pregnancy and is recommended during flu season. Being immunized will also protect the baby through his/her first few months of life. Offer resources as needed.

Advise clients with:

- Hepatitis C – there is a low incidence of transmission from mother to baby¹. Offer resources as needed.
- Genital herpes – can generally have a safe vaginal birth (except when prodromal symptoms present, active lesion/first outbreak co-occur with labour)². Offer resources as needed.
- HIV – can have a healthy pregnancy and have an excellent chance of having an HIV negative baby if receives specialized prenatal care and anti-retroviral treatment early in pregnancy and during labour and delivery³. Offer resources as needed. Refer HIV positive clients to Nine Circles Community Health Centre for specialized care or collaborative care.
- Hepatitis B – baby will receive two shots at birth (*hepatitis B immune globulin and hepatitis B vaccine*). The infant will require additional doses of vaccine as per Manitoba Health protocol.
- HPV (human papillomavirus) - can generally have a safe vaginal birth; vaccination is not recommended in pregnancy⁴.

CB: Capacity Building Support and assist disadvantaged clients and those who need help to engage early with prenatal care and other services that may help prevent or reduce exposure, or treat communicable diseases.

CC: Care Coordination Collaborate with the primary care provider and other health care providers to support client to avoid infection with a communicable disease and to prevent/treat infections.

Resources and Tools for Clients and Families

- Health Links – Info Santé: misericordia.mb.ca/health-links-info-sante-phcc/
In Winnipeg: 204-788-8200, toll free/Sans Frais: 1-888-315-9257
- Motherisk: www.motherisk.org
Motherisk Helpline: 1-877-439-2744 (toll free)
- SOGC Sex & U: www.sexandu.ca

Resources for Practitioners

- Action Canada for Sexual Health & Rights: www.actioncanadashr.org
- Immunization before and during pregnancy, SOGC Brochure: sogc.org/publications-resources/public-information-pamphlets.html?id=11
- Genital Herpes, Province of Manitoba, Public Health: www.gov.mb.ca/health/publichealth/cdc/protocol/index.html
- Hepatitis C, Province of Manitoba, Public Health: www.gov.mb.ca/health/publichealth/cdc/protocol/index.html
- Hepatitis B, Province of Manitoba, Public Health: www.gov.mb.ca/health/publichealth/cdc/protocol/index.html
- Toxoplasmosis in Pregnancy: Prevention, Screening and Treatment. SOGC Clinical Practice Guideline: sogc.org/wp-content/uploads/2013/02/gui285CPG1301E-Toxoplasmosis.pdf
- HIV Treatment in Pregnancy, Motherisk
- HPV, Province of Manitoba, Public Health: www.manitoba.ca/health/publichealth/diseases/hpv.html
- Manitoba's HPV Immunization Program: Questions & Answers for Health Care Providers: www.manitoba.ca/health/publichealth/diseases/hpv.html
- Sexually Transmitted and Blood-borne Infections: www.manitoba.ca/health/publichealth/cdc/sti/index.html

Chronic Diseases, Disability, and Family History

Rationale: Clients with chronic health conditions or disabilities can have a healthy pregnancy but may need additional support and treatment.

Assess whether the client has a chronic health condition or disability and if so, assess knowledge and understanding about how condition may affect the pregnancy, how it should be managed, and ability to access care. Assess family history of disability not detectable at birth that could affect development (Deafness, mental disability, etc).

Normal Client understands and has the ability to manage the impact of the pregnancy on the pre-existing condition, and/or the impact pre-existing condition has on the pregnancy.

Client Education/ Anticipatory Guidance Advise client to discuss the type of care that may be required to manage the impact of the pregnancy on the pre-existing condition and/or the impact of the condition on the pregnancy (including delivery and postpartum) with the primary care provider.

Variance Client does not understand or have the ability to manage the impact the pregnancy has on condition, and/or the impact on the pregnancy.

Intervention

SR: Screening and Referral Screen for the existence of chronic conditions or disabilities that could impact or be impacted by the pregnancy (e.g. diabetes, heart disease, multiple sclerosis, skeletal or mobility challenges, sensory deficits, etc.). Discuss client's capacity to perform activities of daily living and existing support services.

HE: Health Education Advise client to discuss any concerns with primary care provider, to mutually develop a plan to manage the impact of the pregnancy and/or delivery on the condition as well as the impact of the condition on the pregnancy. Refer client to resources that address the issue of chronic conditions or disabilities and pregnancy.

CB: Capacity Building Support and assist clients who are disadvantaged or needing help (no access to primary care provider, supports not in place, low literacy levels, language or mechanical barriers, etc.) to connect to a primary care provider or community based organization or to resources that can help to minimize the impact of the chronic condition/disability on the pregnancy and vice versa.

CC: Care Coordination Communicate and collaborate with primary care provider and community resources to support care for the pregnant clients with chronic conditions or disabilities.

Resources and Tools for Clients and Families

- Prenatal Care, Manitoba Parent Zone: www.manitobaparentzone.ca/becoming-a-parent/before-pregnancy/prenatal-care.html
- Health Child Manitoba: Information for moms-to-be- and Parents: www.manitoba.ca/healthychild/healthybaby/useful_info.html
- First Nations and Inuit – Healthy Pregnancy: www.canada.ca/en/health-canada/services/first-nations-inuit-health/family-health/healthy-pregnancy-babies.html
- Living with Gestational Diabetes – Diabetes Canada: www.diabetes.ca/diabetes-and-you/living-with-gestational-diabetes
- Guide to a healthy pregnancy: www.canada.ca/en/public-health/services/pregnancy/guide-healthy-pregnancy.html

Resources for Practitioners

- Motherisk: www.motherisk.org/prof/index.jsp
- Healthy Child Manitoba – Information for Service Providers: www.manitoba.ca/healthychild/healthybaby/resources.html
- Healthy Pregnancy – Health Professionals: www.phac-aspc.gc.ca/hp-gs/prof-eng.php
- Diabetes and Pregnancy: Canadian Diabetes Association Clinical Practice Guidelines Practice Guidelines Expert Committee: guidelines.diabetes.ca/executivesummary/ch36

Medications: Prescription, Over the Counter, Herbal

Rationale: Any medications, including prescription, over-the-counter and herbal products, can affect the health of women and fetuses. Pregnant clients should be aware of the need to consult with their primary care providers about the risks related to medication use. Medications can also be passed to the infant during breastfeeding.

Assess use of medications, including prescription, over-the-counter and herbal medications.

Normal	<p>Client is aware of the impact of medications and herbal remedies on pregnancy and breastfeeding and has:</p> <ul style="list-style-type: none"> - Reviewed and discussed the use of all medicines (prescription, non-prescription, over-the-counter (OTC) and herbal products) with the primary care provider, including risks and benefits. - Stopped using medications when indicated, or when this is not an option, has consulted with the primary care provider and adopted a medication regimen that will reduce the risk to self and fetus.
Client Education/ Anticipatory Guidance	<p>Advise that:</p> <ul style="list-style-type: none"> - It is important to maintain a healthy folate-rich diet; folic acid/multivitamin supplementation is needed to protect against neural tube defects: sogc.org/wp-content/uploads/2015/06/gui324CPG1505E.pdf.⁵ - Continue taking prescription medication at current doses until the risks and benefits have been reviewed with the primary care provider. - If the client has any questions about the safety of OTC medications, they should be discussed with a primary health care provider or pharmacist. - Acetaminophen (e.g. Tylenol) may be used for pain relief if needed. Using ibuprofen (Advil) or acetylsalicylic acid (Aspirin) is not recommended. - Use caution when using traditional medicines and/or herbal products in tablet, capsule or extract form as they are not regulated and have limited information available regarding safety; however, common herbs used to flavour foods or for teas (orange or rose hip, etc.) are considered safe in moderate amounts. - If taking methadone, continue at the current dose while seeking advice from primary care provider. - HCM - Is it safe?: www.gov.mb.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf
Variance	<p>Client lacks knowledge and awareness about the impact of medication use in pregnancy, including risks and benefits of continued use of any prescription or non-prescription medications or herbal products.</p> <p>Client has not reviewed or discussed the use of medications with primary care provider or explored alternatives.</p>
Intervention	
SR: Screening and Referral	<p>Screen for medication use. Advise use of medications (prescribed or otherwise, including OTC and herbal medications) should be discussed/reviewed with the primary care provider. Also refer to pharmacists for information about common OTC medications and implications of their use in pregnancy and while breastfeeding.</p>
HE: Health Education	<p>Offer print and web-based information regarding medication use during pregnancy, including the use of OTC and herbal preparations.</p>
CB: Capacity Building	<p>Support a client at risk because of medication use (due to lack of knowledge, cultural practice, or linguistic or other barriers) to identify all medications currently being used (prescription, OTC and herbal remedies – including those that are part of cultural health practices). Assist in the formulation of questions and to formulate questions for the primary care provider help the client to understand risks and learn how to make healthy choices related to medication use during pregnancy.</p>

Assess use of medications, including prescription, over-the-counter and herbal medications.

CC: Care Coordination Communicate/collaborate with primary care provider and pharmacy resources to assist a client who may be at risk to appropriately manage medication use during pregnancy. Where appropriate (e.g. for mental health or addiction issues), consult and collaborate with local mental health or addictions services to ensure there is consistent information and support from all members of the health care team.

Resources and Tools for Clients and Families

- Drugs in Pregnancy, Herbal Products, Motherisk or toll free 1-877-327-4636
- HealthLinks: 204-788-8200 or toll free 1-888-315-9257
- Healthy Pregnancy: Government of Canada:
www.canada.ca/en/public-health/topics/healthy-pregnancy.html
- Using Medications Safely: Government of Canada:
www.canada.ca/en/health-canada/services/drugs-medical-devices/using-medications-safely.html
- Healthy Choices in Pregnancy Fact Sheet, National Collaborating Centre for Aboriginal Health:
www.nccah-ccnsa.ca/495/Healthy_Choices_in_Pregnancy_Fact_Sheet.nccah?id=73

Resources for Practitioners

- Treating the common cold during pregnancy, Canadian Family Physicians:
www.cfp.ca/content/54/5/687
- Best Practice Guidelines for Mental Health Disorders in the Perinatal Period, BC Reproductive Mental Health Program and Perinatal Services BC:
www.perinatalservicesbc.ca/Documents/Guidelines-Standards/Maternal/MentalHealthDisordersGuideline.pdf
- Antidepressant Use During Pregnancy: Considerations for the Newborn Exposed to SSRIs/SNRIs, Perinatal Services BC (2013):
www.perinatalservicesbc.ca/Documents/Guidelines-Standards/Newborn/AntidepressantUseExposedNewbornGuideline.pdf
- Folic acid/Multivitamin Supplementation SOCG:
sogc.org/wp-content/uploads/2015/06/gui324CPG1505E.pdf
- Substance Use During Pregnancy – Canadian Centre on Substance Use and Addiction:
www.ccdus.ca/Eng/topics/Treatment-and-Supports/Substance-Use-during-Pregnancy/Pages/default.aspx
- SOCG: Medication and Drugs during pregnancy:
www.pregnancyinfo.ca/your-pregnancy/healthy-pregnancy/medications-and-drugs-during-pregnancy/

Also Useful:

- Local mental health and addictions services

SECTION 4: Nutrition in Pregnancy

Adequate Prenatal Nutrition (including supplement use)

Rationale: Inadequate prenatal nutrition is associated with pregnancy complications and negative infant and parental outcomes.

Assess the client's knowledge about nutritional needs, healthy eating and ability to sustain adequate nutritional intake and the use of supplements during pregnancy.

Normal Client is able to meet and sustain the recommended daily nutritional requirements throughout pregnancy. Client may have questions about types of foods and supplements.

Client with specialized dietary needs or practices is able to meet the recommended daily nutrient requirements based on current nutritional regimen.

Client Education/ Anticipatory Guidance Offer resources (print or web-based) about:

- Client should be advised to maintain a healthy folate-rich diet; folic acid/multivitamin supplementation is recommended to achieve the red blood cell folate levels associated with maximal protection against neural tube defect⁶: sogc.org/wp-content/uploads/2015/06/gui324CPG1505E.pdf
- How to access advice and assistance for specialized dietary needs to address nutritional needs during pregnancy (e.g. Dial-a-Dietician 1-877-830-2892 or 204-788-8248 in Winnipeg).
- How to manage nausea and when to seek help from a primary care provider.
- Advise that:
 - Eating a balanced diet (as defined in Canada's Food Guide) ensures the nutrients necessary to support a healthy pregnancy.
 - Aversions to some food is a common phenomenon and are not considered serious unless it interferes with the ability to maintain a healthy, balanced diet.
 - Caloric requirements are determined by individual needs, including pre-pregnancy weight, and the needs of the developing fetus (i.e. there is no need to increase intake to "eat for two"); discuss concerns with primary care provider.

Variance The client is not aware of the nutritional requirements during pregnancy (including the use of supplements), and/or may be unable to sustain adequate nutritional intake to support a healthy pregnancy (e.g. unusual or inadequate dietary practices, unique/unusual dietary requirements or barriers to access of foods and supplements).

Intervention

SR: Screening and Referral Screen client's understanding of what constitutes an appropriate diet and recommended nutritional supplements during pregnancy and capacity to sustain an adequate dietary intake throughout pregnancy; advise client with knowledge gaps or questions to discuss with primary care provider or a dietitian.

Screen client with specialized dietary needs or practices with regards to knowledge and capacity to maintain adequate nutritional intake throughout pregnancy.

HE: Health Education Advise client with specialized dietary needs resulting from cultural practices or choices (e.g. vegetarianism) that they may require additional supplement such as iron, calcium, B12 and to discuss this with primary care provider.

Advise client with chronic illnesses (including gestational diabetes) or specialized diets that could compromise nutritional status (e.g. celiac disease, food allergies, eating disorders) to discuss nutritional requirements with primary care provider, and/or seek individualized dietary advice, counselling and support from a registered dietitian.

Advise client with nausea and vomiting about remedies to relieve nausea/vomiting, and provide information (e.g. SOGC: Nausea and Vomiting During Pregnancy)⁷. Encourage to see primary care provider immediately if client has persistent vomiting, becomes dehydrated or loses weight: www.pregnancyinfo.ca/your-pregnancy/healthy-pregnancy/nausea-and-vomiting/

Advise client to discuss supplement use with primary care provider.

Assess the client's knowledge about nutritional needs, healthy eating and ability to sustain adequate nutritional intake and the use of supplements during pregnancy.

CB: Capacity Building Assist and support disadvantaged clients to overcome barriers to eating healthy (due to cultural practices, dietary choices, eating disorders or chronic illness) by discussing needs, responding to questions, and referring to resources to help achieve and sustain a healthy diet during and after pregnancy.

CC: Care Coordination Communicate and collaborate with primary care provider and/or community resources to build and maintain support for disadvantaged clients to help maintain a healthy diet.

Resources and Tools for Clients and Families

- Public Health Agency of Canada: Guide to a healthy pregnancy: www.canada.ca/en/public-health/services/pregnancy/guide-healthy-pregnancy.html
- How to Survive Morning Sickness Successfully, Motherisk: www.beststart.org/resources/rep_health/2013_pdfs/BSRC_morning_sickness_online.pdf
- Health Canada: Prenatal Nutrition: www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/prenatal-nutrition.html
- Dial a Dietitian: 204-788-8248 or toll free 1-877-830-2892
- Healthy Eating for Mom and Baby, Healthy Child Manitoba: www.gov.mb.ca/healthychild/healthybaby/useful_info.html
- Calcium and Healthy Babies Go Together, Healthy Child Manitoba: www.gov.mb.ca/healthychild/healthybaby/useful_info.html
- Eating Fish During Pregnancy, Healthy Child Manitoba: www.gov.mb.ca/healthychild/healthybaby/useful_info.html
- Eating Well with Canada's Food Guide - First Nations, Inuit and Métis: www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/eating-well-with-canada-food-guide-first-nations-inuit-metis.html
- Get your Benefits – Food & Housing: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/foodhousing.html

Resources for Practitioners

- Prenatal Nutrition Guidelines for Health Professionals, Health Canada: www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/prenatal-nutrition.html
- Dietitians of Canada: www.dietitians.ca
- Folic Acid and Multivitamin Supplementation: sogc.org/wp-content/uploads/2015/06/gui324CPG1505E.pdf

Refer to - Adequate Finances

Healthy Weight Gain

Rationale: Weight gain that is appropriate and sustained is the best indicator that the client is meeting the nutritional requirements to support a healthy pregnancy. Too little or too much weight gain during pregnancy increases the risk of morbidity and mortality for the client and infant.

Assess the client's knowledge about the need to ensure a healthy weight gain (based on personal requirements) throughout the pregnancy

Normal Client is aware of what constitutes a healthy weight gain for the pregnancy and is gaining weight in keeping with personal requirements.

Client Education/ Anticipatory Guidance Advise client to review information about healthy weight gain in pregnancy, including information to maintain adequate nutritional intake and activity levels available in resources such as Canada's Food Guide and Babies Best Chance.

Advise client that primary care provider should record pre-pregnancy height and weight to determine a specific goal for healthy weight gain.

Advise client that the amount of weight gain recommended may be discussed with primary care provider based on needs. **Note:** If this has not happened, encourage client to ask to discuss this.

Assess the client's knowledge about the need to ensure a healthy weight gain (based on personal requirements) throughout the pregnancy

Variance The client has little or no knowledge of what is considered a healthy weight gain during pregnancy.

Is not gaining enough weight or is gaining weight too quickly (based on what primary care provider has recommended as appropriate).

Reports sudden, unusual or unexplained weight gain or loss.

Intervention

SR: Screening and Referral Screen for access to weight monitoring by primary care provider, for clients' understanding of what is an appropriate weight gain during pregnancy, and plans to ensure weight gain is appropriate (according to needs); refer disadvantaged client (as per variances) to primary care provider for monitoring.

HE: Health Education Provide or assist client to access resources (print and/or web-based) about healthy weight gain during pregnancy and where to find information for dietary requirements or other questions.

CB: Capacity Building Assist and support a disadvantaged client to formulate questions for the primary care provider regarding barriers to healthy weight gain (due to cultural practices, dietary choices, eating disorders or chronic illness).

Refer client who is concerned about too little or too much weight gain to primary care provider.

CC: Care Coordination Communicate/collaborate with primary care provider and community resources to support disadvantaged client who is concerned about gaining too little or too much weight to eat nutritiously and gain weight as appropriate in their circumstances.

Resources and Tools for Clients and Families

- Pregnancy Weight Gain Calculator, Health Canada: www.canada.ca/en/public-health/services/pregnancy/healthy-eating-pregnancy.html
- Public Health Agency of Canada: The Sensible Guide to a Healthy Pregnancy: www.canada.ca/en/public-health/services/health-promotion/healthy-pregnancy/healthy-pregnancy-guide.html
- Weight Gain During Pregnancy, Healthy Child Manitoba: www.gov.mb.ca/healthchild/healthybaby/useful_info.html
- Provincial Eating Disorders Prevention and Recovery Program, Women's Health Clinic
- Dial-a-Dietitian: 204-788-8248, Toll free 1-877-830-2892
- Eating Well with Canada's Food Guide – First Nations, Inuit and Métis: www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/eating-well-with-canada-food-guide-first-nations-inuit-metis.html
- Dietitians of Canada – Pregnancy: www.dietitians.ca/Your-Health/Nutrition-A-Z/Pregnancy.aspx

Resources for Practitioners

- Gestational Weight Gain Charts
- Readiness Ruler – Healthy Weights During Pregnancy: www.perinatalervicesbc.ca/Documents/Resources/HealthPromotion/Weight/ReadinessRuler.pdf
- Introduction to Brief Motivational Interviewing – Healthy Weights During Pregnancy: www.perinatalervicesbc.ca/Documents/Resources/HealthPromotion/Weight/MotivationalInterviewing.pdf
- Provincial Eating Disorders Prevention and Recovery Program, Women's Health Clinic
- Local dietitian or nutritionist services available through Public Health

Food Security

Rationale: The ability to access safe, culturally acceptable and nutritious foods is essential to ensure adequate nutritional intake for a healthy pregnancy.

Assess the client's knowledge, means, and ability to obtain safe, culturally acceptable, nutritionally adequate food to support a nutritionally balanced diet during the pregnancy

Normal Client (and family) have access to sufficient, safe, culturally appropriate and nutritious food.
Note: Access to certain types of foods, including culturally appropriate foods, may be limited, but if it does not impede the ability to access and sustain an adequate diet, it is not a variance.

Client Education/Anticipatory Guidance Advise client about local services (including food banks, community kitchens, etc.) that may be available to access safe, nutritious food if needed.

Variance Client is not able to access safe, sufficient, nutritious food for self and family. **Note:** attention to family food security is important because pregnant clients who have other children often feed the children before eating themselves.

Intervention

SR: Screening and Referral Screen for ability (physical, intellectual and financial) to access sufficient, safe, culturally appropriate and nutritious food. Refer client as needed to local organizations that help families in need.

HE: Health Education Advise disadvantaged clients about programs and services (and how to access them) to address food security issues, including:

- Assist client to access financial resources - may include prenatal benefit, milk supplements (Healthy Baby/Canadian Prenatal Nutrition Program (CPNP)), tax benefits, EIA, etc
- Prenatal outreach programs that offer food coupons, assessment, education, counselling and support from a multidisciplinary team.
- Location of food banks that provide food to people in need.
- Local organizations that help families in need, including local meal programs.

CB: Capacity Building Support disadvantaged client (due to cultural practices, dietary choices, intellectual, linguistic or financial barriers) to accessing resources in the community or to apply for programs as required.

CC: Care Coordination Communicate/collaborate with primary care provider and community resources to address food security issues.

Resources and Tools for Clients and Families

- Prenatal Benefit: www.gov.mb.ca/healthychild/healthybaby/babyappln.pdf
- Get Your Benefits Booklet: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/
- EIA: www.gov.mb.ca/fs/eia/index.html
- Manitoba Child Benefit: www.gov.mb.ca/fs/eia/mcb.html
- Dial-a-Dietitian: 204-788-8248, Toll free 1-877-830-2892

Resources for Practitioners

- Local food banks: www.foodbankscanada.ca/?gclid=CjwKCAiA0ajgBRA4EiwA9gFORz2cl3uKxi9te8WGjsOeaUbcwYyjeKVKIKPvM5M4PPdWwHtW_FCg7RoCSOMQAvD_BwE
- Food Security – Manitoba Government: www.gov.mb.ca/healthyliving/hlp/nutrition/security.html
- Food Matters Manitoba: www.foodmattersmanitoba.ca
- Dietitians of Canada: www.dietitians.ca

Food Safety

Rationale: Many foods and food products may contain bacteria, viruses or other substances that can have a detrimental effect on the pregnant client and/or developing fetus.

Assess knowledge about food safety, including safe handling and food storage, and the need to avoid eating certain foods that may pose a risk to self and/or developing fetus

Normal Client is aware of and uses safe food handling and storage practices and is aware of foods and food products that may cause harm to self and/or fetus.

Client Education/ Anticipatory Guidance Advise about:

- Safe food handling
- Foods to avoid
- The risk of contaminants in some foods: chemicals such as mercury in certain types of fish and bacteria, viruses, parasites and toxins that may have contaminated specific types of processed foods and to limit intake of these foods (as per the Healthy Eating Guidelines for Food Safety During Pregnancy)
- Limit caffeine and artificial sweeteners:
www.motherisk.org/prof/updatesDetail.jsp?content_id=1093
- Flavouring foods with herbs is safe in amounts commonly used in foods and in herbal tea (limited to 2-3 cups per day).

Note: Client should be advised to check with primary care provider about the use of herbal products in tablet, capsule or extract forms, and vitamin and mineral supplements, fish liver oils, herbal preparations and medications.

Variance Client lacks knowledge or is unable to avoid risks associated with unsafe handling of food or the harmful bacteria or chemicals contained in some foods that may have a negative impact on self or developing fetus.

Intervention

SR: Screening and Referral Screen for knowledge of food safety, capacity to store and prepare food for safe consumption, and knowledge about the risks of ingesting some types of foods and food products.

HE: Health Education Offer material and information on how to access web-based materials regarding food safety and foods/food products to avoid while pregnant.

CB: Capacity Building Support a disadvantaged client to understand which foods and food additives to avoid during pregnancy, explore safer food options and/or referring to community based resources to access safe food products and develop safe food handling and preparation skills.

CC: Care Coordination Communicate/collaborate with primary care provider and community resources to address barriers that the client may be facing related to ability to secure, prepare and eat safe, appropriate foods and avoid inappropriate or dangerous foods and food additives.

Resources and Tools for Clients and Families

- Food Safety for Pregnant Women, Health Canada:
www.canada.ca/en/health-canada/services/food-safety-vulnerable-populations/food-safety-pregnant-women.html
- Food Safety for Pregnant Women: Manitoba Health:
www.gov.mb.ca/health/publichealth/environmentalhealth/protection/food.html
- Dial-a-Dietitian: 204-788-8248, Toll free 1-877-830-2892
- Food Safety for First Nations People of Canada: A manual for Healthy Practices:
www.gov.mb.ca/inr/pdf/pubs/nhfi_food_safety_for_first_nations_people_of_canada.pdf

Resources for Practitioners

- Food Safety, Public Health Agency of Canada:
www.canada.ca/en/public-health/services/food-safety.html
- Food Safety – Manitoba Health:
www.gov.mb.ca/health/publichealth/environmentalhealth/protection/food.html

Refer to - Medication Use: Prescription, Over-the-Counter, Tradition/Herbal Remedies

SECTION 5: Psychosocial Health

Emotional Health and Adjustment to Pregnancy

Rationale: The emotional adjustment to pregnancy and developing a parental identity requires the client to renegotiate sense of self and roles. Some clients may need additional supports (community or medical) and resources to cope with these changes, and may require information and/or support to access these resources.

Assess the client's emotional response and adjustment to the pregnancy and becoming a parent

Normal Client (and partner or significant other) is coping with the emotional changes and the impact of pregnancy on lifestyle, including family life, work and leisure.

Client is aware of and willing to seek support and/or resources to cope if needed.

Client Education/Anticipatory Guidance Advise that:

- Pregnancy is a time of emotional change and transition for individuals and their partners and families.
- Services are available to assist in adjusting to pregnancy and parenthood.

Note: Even those who are adjusting well may be concerned about their partner's adjustment to the pregnancy.

Variance Client is not demonstrating expected emotional adaptation to changes or attachment to developing fetus and/or has risk factors for disruptive adjustment which may include:

- History of depression (previous history of postpartum depression, personal or family history of mental health challenges or disorders such as depression, anxiety, bipolar or psychotic disorders)
- Stressful life situations (relationship conflict, lack of support, bereavement, history of intimate partner violence, financial stress or a major physical move)
- Difficulty adjusting to parental role (unplanned pregnancy, unexpected change in lifestyle)
- Isolation
- Lack of access to family, community or care provider.

Intervention

SR: Screening and Referral Screen to determine feelings about the pregnancy, skills for coping, and access to resources and supports such as family and friends.

Note: Clients with a history of trauma, abuse, or who are otherwise at risk for poor attachment may benefit from a referral to mental health services. Clients with these or other mental health issues such as depression or anxiety should receive planned follow-up by their primary care provider.

HE: Health Education Offer information about normal emotional adjustment in pregnancy and where to receive additional supports (including mental health services or other community based support programs). Facilitate access to and/or assist those who may be experiencing barriers. Provide contact information for Crisis Response Services.

CB: Capacity Building Support self-assessment and self-identification of emotional adjustment and perinatal mental health concerns. Support use of strategies (i.e. Towards Flourishing) to encourage self-management. Support clients who are disadvantaged (as a result of experiencing trauma or trauma related issues, mental health issues or other barriers to adjusting emotionally to pregnancy) in identifying concerns and accessing help as needed.

CC: Care Coordination Communicate/collaborate with primary care provider and community resources to assist the client in accessing support to achieve a healthy emotional adjustment to pregnancy.

Note: In consultation with the primary care provider, consider introducing a client at risk for postpartum depression to services that offer support in the postpartum period.

Note: Referral to Community Mental Health may be warranted.

Assess the client's emotional response and adjustment to the pregnancy and becoming a parent

Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - Connecting Dads across Canada: www.dadcentral.ca - Celebrating the Circle of Life: Coming Back to Balance and Harmony. A Guide to Emotional Health in Pregnancy and Early Motherhood for Aboriginal Women and Their Families - Perinatal Services BC: www.perinatalservicesbc.ca/Documents/Resources/Aboriginal/CircleOfLife/CircleOfLife.pdf - Managing Depression: A self-help Skills Resource for Women Living with Depression During Pregnancy, After Delivery and Beyond - Best Start Participant workbook: www.beststart.org/resources/ppmd/DepressionWorkbookFinal_15APR30.pdf - Mental Health Mobile Crisis Services, 204-940-1781, TTY (Deaf Access), 204-779-8902 - Clinic 24 hour telephone crisis line. 204-786-8686, toll free 1-888-322-3019, Suicide Line 1-877-435-7170 - First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310. Counselling available: English, French; upon request in Cree, Ojibway and Inuktitut - The Culture of Well-being – Guide to Mental Health Resources for First Nations, Metis, & Inuit people in Winnipeg: www.wrha.mb.ca/aboriginalhealth/services/files/MentalHealthGuide.pdf
Resources for Practitioners	<ul style="list-style-type: none"> - Towards Flourishing: Mental Health Promotion for Families, Healthy Child Manitoba: www.gov.mb.ca/healthychild/towardsflourishing/ - WRHA Perinatal Mental Health Quick Reference Guide for Health Care and Social Service Providers: www.wrha.mb.ca/healthinfo/prohealth/files/PerinatalMHGuide%20(2).pdf
Refer to	<ul style="list-style-type: none"> - Perinatal Depression and Anxiety - Rady Faculty of Health Sciences – Mental Health: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/mental_health.html

Perinatal Depression and Anxiety

Rationale: Depression is a common complication of pregnancy and postpartum, and has significant impact on the health of parents, children and families. Research indicates that up to 16% of individuals experience depressive symptoms throughout the perinatal period.⁸ Early identification and intervention may reduce the severity and duration of perinatal depression.

Assess for predisposing or risk factors to perinatal depression such as a previous history of depression/anxiety, family history of depression/anxiety, previous use of antidepressants, medical or obstetrical challenges, stressful life situations (relationship conflict, lack of supports, history of violence, financial stress or a major physical move), difficulty adjusting to parenting role (unplanned pregnancy, unexpected changes in lifestyle) or isolation and current signs of depression

Normal The client is adjusting appropriately to the pregnancy and is anticipating the birth of the child.

The client is coping with:

- Mood swings/sadness/irritability that are mild, brief and infrequent
- Mild, brief and infrequent periods of anxiety in response to the pregnancy and new role
- The client has support (partner, family, friends) present and available to help when needed.

Client Education/ Anticipatory Guidance Advise that perinatal depression is common and treatable and that if left untreated, has the potential to have negative effects.

Discuss the common signs and symptoms of perinatal depression. The client should be assessed for symptoms of depression between 28-32 weeks and whenever there may be a problem. The client and health care provider(s), together, can decide whether further assessment is needed.

Variance Client exhibits signs or symptoms of depression and anxiety. Refer to links below.

Assess for predisposing or risk factors to perinatal depression such as a previous history of depression/anxiety, family history of depression/anxiety, previous use of antidepressants, medical or obstetrical challenges, stressful life situations (relationship conflict, lack of supports, history of violence, financial stress or a major physical move), difficulty adjusting to parenting role (unplanned pregnancy, unexpected changes in lifestyle) or isolation and current signs of depression

Intervention

SR: Screening and Referral Screen for predisposing or risk factors. Earlier screening promotes earlier identification of depression and increases the likelihood of improving outcomes for parents and babies, however screening very early in pregnancy can be challenging and may lead to missing depression that develops later in pregnancy.

HE: Health Education Offer information about the signs and symptoms of perinatal depression, its impact and the importance of seeking help. Offer information about resources to address perinatal depression and counselling programs. Encourage the client to develop and access support systems. Facilitate access to and/or assist clients with barriers to understand these materials.

CB: Capacity Building Work with the client (and family/support network if permission is given) to identify strategies that can reduce the risk for perinatal depression or deal with perinatal depression symptoms; seek opportunities to help client make emotional connections with the fetus (using ultrasound pictures, discussing physical and emotional connections with baby during pregnancy, baby's ability to hear voices, "feel" emotions)⁹; encourage the client to stay closely connected to the primary care provider and report feelings to them.

CC: Care Coordination Communicate with primary care provider, mental health counsellors and/or other community agencies to coordinate responses based on the clients' mental health status throughout the perinatal period.

Resources and Tools for Clients and Families

- Managing Depression: A self-help Skills Resource for Women Living with Depression During Pregnancy, After Delivery and Beyond:
www.sfu.ca/carmha/publications/managing-depression-pregnancy-childbirth.html
- Coping with Depression During Pregnancy and Following the Birth, BC Reproductive Mental Health Program:
www.heretohelp.bc.ca/sites/default/files/coping-with-depression-during-pregnancy-and-following-birth-a-cognitive-behaviour-therapy-based-self-management-guide-for-women.pdf
- Postpartum Depression Association of Manitoba:
www.ppdmanitoba.ca
- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310.
Counselling available: English, French; upon request in Cree, Ojibway and Inuktitut.
- Celebrating the Circle of Life: A guide to emotional health in pregnancy and early motherhood for Aboriginal women and their families:
www.perinatalervicesbc.ca/Documents/Resources/Aboriginal/CircleOfLife/CircleOfLife.pdf
- Depression in Pregnancy, Public Health Agency of Canada:
www.canada.ca/en/public-health/services/publications/healthy-living/pregnancy-women-mental-health-canada.html

Resources for Practitioners

- Towards Flourishing: Mental Health Promotion for Families, Healthy Child Manitoba:
www.gov.mb.ca/healthchild/towardsflourishing/index.html
- WRHA Perinatal Mental Health Quick Reference Guide for Health Care and Social Service Providers:
www.wrha.mb.ca/extranet/publichealth/services-healthy-parenting-perinatal.php
- Postpartum Depression: A Guide for Front-Line Health and Social Service Providers:
www.camh.ca/-/media/files/ppd_clinical_overview-pdf.pdf
- CPS Position Statement (2018): Selective serotonin reuptake inhibitors in pregnancy and infant outcomes:
www.cps.ca/en/documents/position/SSRI-infant-outcomes
- RNAO Best Practice Guideline - Assessment and interventions for Perinatal Depression (2018):
rnao.ca/bpg/guidelines/assessment-and-interventions-perinatal-depression

Other Mental Health Concerns

Rationale: Clients with existing mental illness or who have cognitive challenges need to be closely monitored by a primary care provider and specialist(s) to ensure the pregnancy continues safely for the parent and baby.

Assess for existing mental illness/mental health concerns such as bipolar disorder, schizophrenia, anxiety disorders or cognitive challenges and the use of medications

Normal Client with a pre-existing mental illness or with cognitive challenges is supported (medically and socially) and has plans in place for de-compensation/escalation of symptoms or problems in coping should they occur.

Client Education/Anticipatory Guidance Advise client with diagnosed mental health or cognitive issues that it is important to be evaluated regularly by their primary care provider, mental health team, community or reproductive mental health psychiatrist and that plans for care (including whether or not to continue medications and how to self-monitor for relapse or exacerbation of symptoms) are in place. **Note:** Plans need to be developed based on individual need.

Variance A client with a history of major depression, psychosis or psychotic illness in previous pregnancies and/or has chosen to discontinue medications during pregnancy are at risk for relapse¹⁰

A client with history of bipolar disorder or psychotic illness is at higher risk for postpartum psychosis¹¹, and a client with a history of major depression is at greater risk for postpartum depression⁸

A client exhibiting signs of mental illness (signs will vary depending on illness). See coping with Depression During Pregnancy and Following the Birth page 2. See also “perinatal depression and anxiety” section for other signs and symptoms.

Intervention

SR: Screening and Referral Assess to determine clients’ mental health history or cognitive challenges, current status and supports available. Refer client with any concerns or who appear to be exhibiting symptoms of relapsing or undiagnosed mental illness or cognitive challenges to primary care provider and/or appropriate resources for follow up. Facilitate/encourage the client to access the psychiatric support/monitoring needed.

HE: Health Education Offer information about normal emotional changes and adjustments to pregnancy and how these normal changes may impact chronic mental illness. Facilitate access to and/or assist the client with barriers (due to cultural, linguistic, or intellectual capacity factors) to understand these materials.

CB: Capacity Building With the client (and partner/support network if permitted) identify coping strategies that may reduce the risk of relapse into illness, including: identifying challenges and needs; clarifying expectations of partner/support network and exploring ways to access help when needed. Discuss normal adjustments and challenges (sleep, energy level, body image, emotions, nausea, appetite) to pregnancy and how to cope with these issues should they arise.

Note: Continuing with medication is based on the risks and benefits of initiating, continuing or changing medication versus the risk of discontinuing. Work with the client (and family/support networks) to identify and develop coping strategies and plans to manage and respond to issues as they arise.

Note: If the client does not have a support network, collaborate with primary care provider and community agencies and resources to explore options and assist client to create a support network.

CC: Care Coordination Collaborate with mental health staff, primary care provider and others to support the client with mental health issues through the pregnancy, and to prepare for the labour, birth, and postpartum periods.

Assess for existing mental illness/mental health concerns such as bipolar disorder, schizophrenia, anxiety disorders or cognitive challenges and the use of medications

Resources and Tools for Clients and Families

- Refer to previous section
- BC Reproductive Mental Health: reproductivementalhealth.ca
- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310.
- Counselling available: English, French; upon request in Cree, Ojibway and Inuktitut.

Resources for Practitioners

- Guidelines for the management of patients with bipolar disorder, Canadian Network for Mood and Anxiety Treatments (CANMAT): www.canmat.org
- Rady Faculty of Health Sciences – Mental Health: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/mental_health.html

Early Pregnancy Loss and Grief

Rationale: The death of a fetus is a profound loss for the client and family, and it is important to acknowledge their appropriate need to grieve. While providing psychological support/counselling after an early pregnancy loss may not prevent pathological grieving or long term psychosocial morbidity, an empathetic, caring health care provider can help to facilitate acceptance of the death.

Note: Early pregnancy loss refers to the death of a fetus prior to 20 weeks gestation.

Assess general health, grieving reactions, social supports, and whether the client would welcome or benefit from PHN follow-up and support

Normal The client and family have support (as defined by the client) from family and/or social networks, and are moving through the stages of grief in keeping with their cultural norms and practices.

Client Education/Anticipatory Guidance

Advise that:

- Every family experience of grief and mourning is unique; each parent and sibling(s) will experience their grief differently and may be at different stages at different times.
- They may experience physical, emotional, social and cognitive grief responses (e.g. exhaustion, change of appetite, aches/pains, nervousness, crying, isolating self, difficulty concentrating, preoccupation with the loss, guilt, feeling responsible for the loss and/or fear of future loss).
- Provide support and anticipatory guidance based on recognition of the distinctions associated with perinatal loss compared to other types of bereavement. Health care providers should communicate with compassion, encourage shared decision-making, create memories, acknowledge the grief and effect of the loss for the family unit.

Note: Recovery from pregnancy loss may take 2-5 years¹³ and may have implications for how the client and partner cope with stressors and connect with the developing fetus in subsequent pregnancies; clients with recurrent pregnancy loss may grieve more intensely¹⁴.

Variance Client has experienced a pregnancy loss but does not appear to be grieving or appears to be exhibiting symptoms of postpartum depression and anxiety (risk is increased after a perinatal loss)

Intervention

SR: Screening and Referral Screen to determine coping and grief response; offer condolences and explore the type of support/resources the client thinks would be helpful.

Note: If the client experienced a late stage stillbirth or infant death, also assess the postpartum client psychologically as per the PHN Postpartum Nursing Care Pathway.

If pregnancy loss occurs in 1st or 2nd trimester, complete a general assessment of the clients' health and refer to primary care provider with concerns. Screening may include partner and siblings to determine their emotional status, grief reaction, support systems, family function. Refer to primary care provider for follow-up, and to other supports/resources as necessary.

Assess general health, grieving reactions, social supports, and whether the client would welcome or benefit from PHN follow-up and support

HE: Health Education	Listen and acknowledge the loss for the client and family; provide anticipatory guidance regarding the grief process; offer information and links to resources that may be helpful; facilitate access to and/or assist clients with barriers to access information.
CB: Capacity Building	Offer respectful, culturally responsive emotional support to the client and family/significant others, recognizing their preferences, current emotional state and coping mechanisms in the context of supporting them to move through their loss. Explore what types of supports they are comfortable with (e.g. support groups, individual counseling, social work, cultural ceremonies, spiritual resources) and assist in accessing if needed may offer a follow up call at 6 weeks if appropriate.
CC: Care Coordination	Communicate with primary care and other providers to ensure the client and family have family-centred and culturally appropriate support to assist with coping and coming to terms with their loss.

Resources and Tools for Clients and Families

- Pregnancy and Infant Loss Network: pailnetwork.sunnybrook.ca
- BC Women's Hospital: Stillbirth & Newborn Loss: www.bcwomens.ca/our-services/labour-birth-post-birth-care/stillbirth-newborn-loss
- SOCG: Miscarriage and Stillbirth: pregnancy.sogc.org/other-considerations/miscarriage-and-stillbirth/

Resources for Practitioners

- Henderson, L., Davies, D., Canadian Pediatric Society, Fetus and Newborn Committee, (2018) Position statement and practice point - Supporting and communicating with families experiencing perinatal loss. Retrieved from: www.cps.ca/en/documents/position/perinatal-loss
- Bereavement: Public Health Nursing Services with Families Who Have Experienced Maternal Death, Perinatal Death, Pregnancy Loss, Stillbirth or Neonatal Death, WRHA: www.wrha.mb.ca/extranet/publichealth/files/BereavementPolicy2014.pdf
- Follow-up for improving psychological well-being for women after a miscarriage: Cochrane Summaries: www.cochrane.org/CD008679/PREG_follow-up-for-improving-psychological-well-being-for-women-after-a-miscarriage

Note: Health care providers working with bereaved families may also grieve, and without support or self-care, such emotional stress can affect ability to provide care. Stress reduction activities may include exercise, relaxation, debriefing, education, personal counseling, etc.

Cultural and Spiritual Care, Beliefs and Practices

Cultural safety is defined by the client. For Indigenous people, it occurs when they feel they can trust their health care providers because of culturally competent efforts. In addition to working respectfully and effectively with Indigenous clients and families, culturally competent care needs to be applied when providing services to immigrant and refugee clients and their families.

Through communication that promotes continuity of care, the physical, emotional, social, culture and spiritual needs of the pregnant client and family can be met. The prenatal period is an opportunity to connect families with community support. Population and Public Health Programs in Manitoba offer a variety of Public Health Nursing services to prenatal clients in accordance with client need and PHN assessment.

The Public Health Nurse will work with and support pregnant clients and their families to:

- Maintain or improve health during pregnancy;
- Prepare for birth; and
- Where appropriate to client and family circumstances, prepare for parenting and breast feeding.

Assess the clients' cultural and spiritual practices and beliefs. Ask about any beliefs or practices that are important to the client/family

Normal The client has capacity to feel, think and act in ways that enhance the ability to enjoy life and deal with challenges. The client displays a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity¹⁵.

Client Education/Anticipatory Guidance Advise that:
 - Cultural/spiritual beliefs can be important sources of emotional and physical help in coping with the changes and stresses inherent in pregnancy and early parenting.
 - The client is in the best position to decide what cultural and spiritual practices are helpful.

Variance The client/family are wanting to further develop spiritual/cultural beliefs and meaning.

Intervention

SR: Screening and Referral Screen to explore the type of support/resources the client thinks would be helpful.

HE: Health Education Listen and acknowledge the importance of cultural and spiritual care; provide anticipatory guidance as needed; offer information and links to resources. Facilitate access to and/or assist clients with barriers to access information or supports.

CB: Capacity Building Offer respectful, culturally responsive support to the client and family/significant others, recognizing their preferences, current emotional state and coping mechanisms in the context of supporting them to move through the pregnancy. Explore what types of supports they are comfortable with (e.g. support groups, individual counseling, social work, cultural ceremonies, spiritual resources) and assist in accessing if needed.

CC: Care Coordination Communicate with primary care and others to ensure the client and family have family-centred and culturally appropriate support.

Resources and Tools for Clients and Families

- Manitoba Health, Spiritual Health: www.gov.mb.ca/health/mh/spiritualhealth/index.html
- National Collaborating Centre for Aboriginal Health: www.nccah-ccnsa.ca/en/
- Pregnancy Outreach Programs
- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310. Counselling available: English, French; upon request in Cree, Ojibway and Inuktit.
- Manitoba First Nations and Metis Parenting Booklets: www.manitoba.ca/healthychild/publications/firstnationsmetis-parentresources/index.html

Resources for Practitioners

- Manitoba Health (n.d.) Core competencies for spiritual healthcare practitioners: www.gov.mb.ca/health/mh/spiritualhealth/core.html
- Canadian Nurses Association, (2010). Spirituality, health, and nursing practice (position statement): www.cna-aiic.ca/~media/cna/page-content/pdf-en/ps111_spirituality_2010_e.pdf?la=en

SECTION 6: Lifestyle

Physical Activity and Rest

Rationale: Regular physical activity, including aerobic exercise and strength training is safe during pregnancy when combined with adequate rest and sleep. All clients without contraindications (as identified by primary care provider) should participate in or continue with pre-pregnancy aerobic and strength-conditioning exercises as part of a healthy lifestyle.

Assess the clients' ability to manage activities of daily living, get adequate sleep and rest, and safely engage in exercise when pregnant

Normal	<p>Able to manage daily care needs for self and family.</p> <p>Client is aware of the need to maintain a healthy lifestyle during pregnancy, and is getting adequate amounts of exercise, rest and sleep (may have questions about how much rest and sleep is needed or about the types and amount of exercise to engage in).</p>
Client Education/ Anticipatory Guidance	<p>Advise what constitutes appropriate amounts of rest and sleep, and how to address common discomforts of pregnancy that may interfere (e.g. use of pillows to support back or belly, massage, maintaining a cool quiet sleep environment).</p> <p>Advise about the importance of physical activity and exercise in pregnancy, including information about contraindications and cautions. Recommend that the client who has not exercised regularly prior to becoming pregnant discuss plans for activity with the primary care provider prior to commencing exercise program.</p> <p>Encourage physical activity, leisure time and healthy lifestyle habits. Advise of the need for adequate rest and sleep during pregnancy and refer to information and resources about issues that can interfere with rest and sleep.</p>
Variance	<p>Client is experiencing difficulty with meeting daily care needs for self or family due to barriers. Barriers may include physical and/or pregnancy limitations, social support, challenges getting adequate rest and sleep, or sufficient exercise to maintain overall health status.</p>

Intervention

SR: Screening and Referral	<p>Screen for knowledge of, and practices related to rest, sleep and exercise. Refer those who have difficulty getting adequate rest and sleep or who have health issues to their primary care provider for follow up.</p> <p>Note: Perinatal depression and anxiety may be a barrier to physical activity.</p>
HE: Health Education	<p>Advise about the need for adequate rest and sleep to maintain wellness during pregnancy. Offer information about how to manage common discomforts that can interfere with rest and sleep (e.g. use of pillows to support back or belly, massage, quiet environment).</p> <p>Advise that:</p> <ul style="list-style-type: none"> - Exercise is important in maintaining wellness, including during pregnancy. - All pregnant clients without contraindications should be encouraged to exercise as part of a healthy lifestyle. - Clients should speak with their primary care provider before beginning a new exercise plan when pregnant. - SOGC recommends waiting until the 2nd trimester to start an exercise program if the client was not active before pregnancy¹⁶. - Begin with 15 minutes of continuous exercise three times a week and gradually increase to 30 minute sessions four times a week. Brisk walking, swimming and low strength training are suggested for a pregnant client beginning a new exercise regime. - Avoid over exertion, stop exercising immediately and see primary care provider if experience excessive shortness of breath, severe chest pain, or painful uterine contractions, increased frequency of uterine contractions, vaginal bleeding or fluid leakage, dizziness or faintness (see SOGC Guidelines).

Assess the clients' ability to manage activities of daily living, get adequate sleep and rest, and safely engage in exercise when pregnant

CB: Capacity Building Support client with challenges or barriers to getting adequate rest, sleep or exercise, and explore strategies that may help to address these issues (e.g. identify ways to make time to rest and/or get adequate sleep; access local resources such as community centres or programs for health activity, etc.)

CC: Care Coordination Communicate and collaborate with the primary care provider and community agencies and resources to assist client to achieve a healthy balance of rest and activity.

Resources and Tools for Clients and Families

- The Healthy Pregnancy Guide, Health Canada: www.canada.ca/en/public-health/services/pregnancy/guide-healthy-pregnancy.html
- Seven Great Reasons to Walk During Pregnancy, Healthy Child Manitoba: www.gov.mb.ca/healthychild/healthybaby/useful_info.html
- Healthy Choices in Pregnancy Fact Sheet, National Collaborating Centre for Aboriginal Health: www.ccsa-nccah.ca/docs/health/FS-HealthyChoicesPregnancy-EN.pdf

Resources for Practitioners

- JOGC: 2019 Canadian Guideline for Physical Activity throughout Pregnancy: [www.jogc.com/article/S1701-2163\(18\)30700-X/abstract](http://www.jogc.com/article/S1701-2163(18)30700-X/abstract)

Commercial Tobacco Use

Rationale: Commercial tobacco use during pregnancy poses a serious risk for both the client and fetus. Quitting or reducing the use of tobacco during pregnancy has a positive impact on the health of clients and their developing fetus, and reduces the risk for health problems¹⁷. Exposure to second hand smoke while pregnant also poses risk to the client and fetus.

Assess behaviour and use of tobacco and knowledge about the negative impact of tobacco use and/or exposure to second hand smoke on client's health and the developing fetus

Normal Client is a non-tobacco user (commercial) and lives in a smoke-free environment.

Client Education/Anticipatory Guidance Recognize and respect cultural differences around tobacco use. Distinguish between the use of traditional (ceremonial or sacred) tobacco and non-traditional (commercial) tobacco. Assessment and questions should be conducted with care and respect for cultural beliefs and values around tobacco. Offer assistance for cessation or reduction that uses culturally appropriate methods where appropriate and available.

Offer information about the risks of tobacco/smoking and of exposure to second-hand smoke.

Advise about:

- The importance of quitting or reducing smoking and living in a smoke free-environment.
- The availability of free supports to stop or reduce smoking.

Variance - Client is currently using tobacco and/or is regularly exposed to second-hand smoke and is facing barriers to quitting or creating a smoke-free environment (or both).

Intervention

SR: Screening and Referral Screen to determine current tobacco use, practices, history and exposure to second-hand smoke. Provide client with information about cessation programs and refer to resources such as Smokers Hotline.

Note: Even a brief, 3 minute conversation can help a smoker quit; use the 5 A's to guide the discussion:

- **Ask:** If uses tobacco
- **Advise:** That quitting smoking is one of the most effective health changes to make
- **Assess:** Readiness for an attempt to quit
- **Assist:** Suggest Smoker's Helpline for medication support
- **Arrange:** Follow-up at a later date to assess progress and/or offer additional support

Advise clients who smoke to consult with their primary care provider regarding options. For a client who smokes over 10 cigarettes per day and who has not quit smoking by 12 weeks gestation, the primary care provider may recommend medication to help stop smoking.

Assess behaviour and use of tobacco and knowledge about the negative impact of tobacco use and/or exposure to second hand smoke on client's health and the developing fetus

HE: Health Education Offer client information (in their preferred choice and format) about the risks of smoking while pregnant and information about cessation programs and resources. Facilitate access to and/or understanding of these materials for the client with barriers limiting ability to access or understand them.

Provide client exposed to second-hand smoke (particularly if living in an environment where exposed to second hand-smoke) with information about the risks of second-hand smoke for self and developing fetus and direct to resources about how to create a smoke-free environment.

CB: Capacity Building Encourage and support the client who is currently using tobacco (or living with second-hand smoke) to explore strategies to stop (or create a smoke-free environment) and provide information and assistance (where needed) to achieve those goals. Remind the client that any reduction is beneficial.

Note: If primary care provider recommends nicotine replacement therapy client can call the Smoker's Help Line at 1-877-513-5333 to explore eligibility for free nicotine patches.

CC: Care Coordination Communicate and collaborate with the primary care provider, other providers, community organizations and groups that can support the clients' efforts to stop smoking or create a smoke free environment for themselves and developing fetus.

Resources and Tools for Clients and Families

- Make Your Home and Car Smoke-Free: A Guide to Protecting Your Family From Second-hand Smoke, Health Canada: www.canada.ca/en/health-canada/services/publications/healthy-living/make-your-home-car-smoke-free.html
- Smoking, BBC
- Exposure to Second-Hand Smoke During Pregnancy, Health Canada: www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/tobacco-product-labelling/second-hand-smoke.html
- Canadian Cancer Society (2018): How does second-hand smoke affect babies and children?: www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/make-healthy-choices/live-smoke-free/how-does-second-hand-smoke-affect-babies-and-children/?region=on
- Manitoba Tobacco Reduction Alliance Inc. (Mantra): www.mantrainc.ca
- Nunavet: Tobacco has no place here: nuquits.gov.nu.ca
- Canadian Nurses Association: cna-aiic.ca/en/on-the-issues/better-health/cannabis
- Canadian Nurses Association. (2018). *Harm reduction for non-medical cannabis use*. Retrieved from Ottawa, ON: cna-aiic.ca/~media/cna/page-content/pdf-en/harm-reduction-for-non-medical-cannabis-use.pdf?la=en
- Pregnets: Moms and moms to be: www.pregnets.org
- Healthy Choices in Pregnancy Fact Sheet, National Collaborating Centre for Aboriginal Health: www.nccah-ccnsa.ca/495/Healthy_Choices_in_Pregnancy_Fact_Sheet.nccah?id=73
- Tobacco Fact Sheet, National Collaborating Centre for Aboriginal Health: www.ccsa-nccah.ca/docs/health/FS-Tobacco-EN.pdf

Resources for Practitioners

- RNAO (2017) Integrating Tobacco Interventions into Daily Practice: rnao.ca/bpg/guidelines/integrating-tobacco-interventions-daily-practice
- Pregnets: For Healthcare Providers: www.pregnets.org
- Pregnancy-Related Issues in the Management of Addictions: www.addictionpregnancy.ca/aboutus.html
- Smoking, vaping, cannabis, and breastfeeding – laleche league: www.laleche.org.uk/smoking-vaping-cannabis-breastfeeding/
- RNAO – Information about Second & Third Hand Smoke: tobaccofreernaoc.ca/en/Second-Hand-Smoke
- Health effects of exposure to second- and third-hand marijuana smoke: a systematic review: cmajopen.ca/content/5/4/E814.full

Alcohol Use

Rationale: Alcohol is a teratogen and consuming alcohol while pregnant can be harmful to the client, pregnancy and the developing fetus. All medical experts recommend abstaining from alcohol during pregnancy. All clients, not only those who may appear to be at risk, need to be aware of the dangers of alcohol use in pregnancy. Brief counseling interventions with clients who have problematic alcohol use are effective in reducing alcohol intake in pregnancy.

Assess' use and knowledge of the negative impact of alcohol to client's health and developing fetus

Normal Client is aware of the potential damaging effects that alcohol can have on fetus and does not use alcohol during pregnancy.

Client Education/ Anticipatory Guidance Ask what the client knows about the effects of alcohol in pregnancy. Offer information about the risks of drinking alcohol while pregnant and effect on the fetus (i.e. there is no known safe time, and no kind or safe amount of alcohol that can be consumed in pregnancy).

Create a safe environment where the client can discuss alcohol use and plans for reducing or stopping while pregnant. With permission, direct client to resources and materials about the effects of alcohol in pregnancy. Encourage the client to discuss with primary care provider.

Variance Client is unaware of the potential effect of alcohol on the fetus, has not felt safe to ask for assistance to reduce or abstain from using alcohol while pregnant, and/or is currently using alcohol.

Intervention

SR: Screening and Referral Given the barriers to disclose alcohol use in pregnancy, a relational approach, such as motivational interviewing is recommended to first build safety in the relationship. If a client shares using alcohol while pregnant, explore whether they are interested in support and what that might look like. With permission, refer to a primary care provider and to community resources/supports.

HE: Health Education If the client (and partner) is not aware of the risks of alcohol use in pregnancy, offer to provide this information (e.g. Baby's Best Chance or Motherisk). Facilitate access to and assist clients with barriers to understand this material.

CB: Capacity Building Support the client who is using alcohol or at risk to develop and carry out plans to reduce/eliminate alcohol use during pregnancy. Explore readiness for change and assist with goal setting.

CC: Care Coordination Communicate/collaborate with primary care provider, substance use treatment and withdrawal management providers, and community resources to develop strategies for the pregnant client and support systems.

Assess' use and knowledge of the negative impact of alcohol to client's health and developing fetus

Resources and Tools for Clients and Families

- The Healthy Pregnancy Guide, Health Canada - Alcohol: www.canada.ca/en/public-health/services/pregnancy/guide-healthy-pregnancy.html
- Alcohol and Pregnancy, Healthy Child Manitoba: www.manitobaparentzone.ca/becoming-a-parent/early-stages-pregnancy/substance-use-abuse.html
- Drinking Alcohol, BBC
- Girls, Women and Alcohol: Making Informed Choices, Healthy Child Manitoba: www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf
- Healthy Child Manitoba: Programs, Supports and Strategies: www.manitoba.ca/healthychild/programs/index.html
- InSight Mentoring Program - Healthy Child Manitoba: www.manitoba.ca/healthychild/fasd/insight.html
- Manitoba Addictions Helpline, 1-855-662-6605
- Motherisk Helpline: 1-877-439-2744 (toll free), 416-813-6780 (Toronto and GTA), Alcohol and Substance 1-877-327-4636: www.motherisk.org/women/contactUs.jsp
- Healthy Choices in Pregnancy Fact Sheet, National Collaborating Centre for Aboriginal Health: www.nccah-ccnsa.ca/495/Healthy_Choices_in_Pregnancy_Fact_Sheet.nccah?id=73
- Alcohol, Nicotine, Substance Use, Motherisk: www.motherisk.org/women/alcohol.jsp

Resources for Practitioners

- Pregnancy Related Issues in the Management of Addiction, PRIMA: www.addictionpregnancy.ca/aboutus.html
- 10 Fundamental components of FASD Prevention from a Woman's health determinants perspective, CanFASD: canfasd.ca
- What Communities are Doing to Help, CanFASD: canfasd.ca
- Low Risk Alcohol Drinking Guidelines, Canadian Centre on Substance Abuse: www.ccdus.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx
- Light Drinking During Pregnancy, CanFASD: canfasd.ca
- Local community resources addressing alcohol and substance use reduction
- Addictions Foundation of Manitoba (AFM): afm.mb.ca

Substance Use

Rationale: Most illicit and some legal substances are harmful to both the pregnant client and developing fetus. All medical experts strongly recommend that clients abstain from all drug use during pregnancy.

Assess the clients' knowledge and awareness of the dangers posed by substance use in pregnancy and plans to abstain from substance use while pregnant and breastfeeding

Normal

Client has knowledge and awareness of dangers posed by substance use in pregnancy and plans to abstain from substance use while pregnant and when breastfeeding.

Client Education/Anticipatory Guidance

Ask client what they know about the effects of using substances. If does not have knowledge, advise about the potential negative health effects of using drugs (including prescription drugs) on health, the pregnancy and the fetus.

Note: Illicit drugs include but are not limited to the following: heroin, methadone (when not prescribed), cocaine, amphetamines, hallucinogens (MDMA, LSD), aerosols and inhalants (solvents, gasoline).

Advise client who is using substances that abstaining from use (under the supervision of a primary care provider) will greatly benefit personal health and the health of the fetus. Advise client who is not ready to stop using substances that reduction in use (and risky behaviour often associated with use) may also reduce the risks to self and fetus.

Create a safe environment where the client can discuss substance use and plans for reducing or stopping use while pregnant. With permission, direct client to resources and materials about the effects of substance use in pregnancy. Encourage clients with specific questions to discuss with their primary care provider.

Assess the clients' knowledge and awareness of the dangers posed by substance use in pregnancy and plans to abstain from substance use while pregnant and breastfeeding

Variance Client is not aware of the potential effects of substance use on the growing fetus, has not felt safe to ask for help to reduce or abstain from substance use while pregnant, and/or is currently using substances.

Intervention

SR: Screening and Referral Identify substance use behaviour.

Note: Signs that may indicate risk for or use of street drugs/substances include: missed or inadequate prenatal care, recurrent somatic complaints (chronic pain, nausea, sleep disturbance), mental health issues/known psychiatric diagnosis, history of abuse or trauma, tenuous or non-existent social supports, failure to gain adequate weight and intra-uterine growth delay/retardation.

Refer a client who reports using or who may be at risk to use to a primary care provider (after consultation with the primary care provider) and/or local substance use services/programs (if available).

HE: Health Education Offer client information (print, verbal and web-based) of the risks of substance use during pregnancy after determining need and asking permission; facilitate access to and/or assist the client with barriers to understand these materials.

Advise the client who may have substance use problems that specialized medical care may be needed to manage withdrawal and/or the effects of substances on health and pregnancy, and that the infant, once born, may also need specialized support.

CB: Capacity Building Support and assist the client who is using or at risk of using, to develop and carry out plans to reduce/eliminate drug use and unsafe practices related to drug use during pregnancy (see Streetworks, "Oh Shit – I'm Pregnant" booklet).
www.streetworks.ca/pdfs/pregnancy-book-inside.pdf

CC: Care Coordination Communicate/collaborate with primary care provider, specialized substance use treatment and withdrawal management services and Child and Family Services (CFS) to support the client through the pregnancy.

Recognize that clients may be fearful of CFS involvement and may need to discuss the benefits of early CFS involvement with others who have found this helpful. **Note:** Early and close collaboration between providers and the client is a key component in successful outcomes for the family.

Support the client to self-refer to CFS for voluntary prenatal services. It is not the responsibility of the health provider to contact the local authorities unless someone's life is in danger, a minor is involved or unless it is the client's wish. If the children in the home are at risk, assist the client to contact Child and Family Services (CFS). If afraid or unwilling to contact CFS, it is the responsibility of the PHN to do so.

Refer to Reporting of Child Protection & Child Abuse: www.pacca.mb.ca

Resources and Tools for Clients and Families

- Using Street Drugs, BBC
- "Oh Shit – I'm Pregnant", Streetworks: www.streetworks.ca/pdfs/pregnancy-book-inside.pdf
- Substance Use & Abuse – Manitoba Parent Zone: www.manitobaparentzone.ca/becoming-a-parent/early-stages-pregnancy/substance-use-abuse.html
- With Child Without Alcohol: www.mbill.ca/WithChildWithoutAlcohol
- Manitoba Addictions Helpline: 1-855-662-6605
- Healthy Choices in Pregnancy Fact Sheet, National Collaborating Centre for Aboriginal Health: www.nccah-cnsa.ca/495/Healthy_Choices_in_Pregnancy_Fact_Sheet.nccah?id=73

Assess the clients' knowledge and awareness of the dangers posed by substance use in pregnancy and plans to abstain from substance use while pregnant and breastfeeding

- Resources for Practitioners**
- Alcohol, Nicotine, Substance Use, Motherisk: www.motherisk.org/women/alcohol.jsp
 - Substance Use during Pregnancy (2017). The Canadian Centre on substance use and addiction. Retrieved from: www.ccdus.ca/Eng/topics/Treatment-and-Supports/Substance-Use-during-Pregnancy/Pages/default.aspx
 - Treatment and Care for Pregnant Women who use Alcohol and/or Other Drugs: www.gov.mb.ca/healthychild/fasd/treatmentcare_pregnantwomen_more.pdf
 - InSight: Manitoba Government: www.gov.mb.ca/healthychild/fasd/insightclient_en.pdf
 - Manitoba FASD Strategy: www.gov.mb.ca/healthychild/fasd/mbstrategy.html
 - AFM: afm.mb.ca
 - Pregnancy Related Issues in the Management of Addiction, PRIMA: www.addictionpregnancy.ca/aboutus.html
 - The Canadian Nurses Protective Society. (2017). Cannabis for medical purposes: Legal implications for nurses. Canadian Nurse: Legal Matters, January/February. Retrieved from: canadian-nurse.com/en/articles/issues/2017/january-february-2017/cannabis-for-medical-purposes-legal-implications-for-nurses

SECTION 7: Relationships

Support Systems

Rationale: Clients who have social support systems are more able to deal with the stresses of pregnancy and parenting.

Assess the clients' support system, including connection with partner (if any), family, friends and community networks

Normal Client has social supports (partner, family and friends) and community connections, and is aware of how they can provide support during the pregnancy and postpartum.

Client Education/Anticipatory Guidance Advise that:

- Support from partner, family, friends and community are important sources of information and emotional and physical help in coping with the changes and stresses inherent in pregnancy and parenting.
- The client is in the best position to decide who and what kind of support is helpful.
- The client may want to have additional support available (from partner, close friends or relatives, or professional labour supporters) to provide specific kinds of support during the labour and birthing process and the early days after birth.

Variance - Client is socially isolated and/or lacks adequate social supports and community connectedness.

Intervention

SR: Screening and Referral Screen client for social supports that will buffer the stresses of pregnancy and early parenting (including depressive symptoms or outcomes of isolation) by asking:

- Do you feel supported in this pregnancy by your partner, family members and friends? Do you have anyone to talk to about your worries or concerns?
- Do you have anyone who can help you with things like transportation, care of your other children (if any) or other needs?
- Do you have a partner or significant other person in your life who will help you care for your baby? Ask about existing file with Child & Family Services?

Refer a client who has concerns or few supports to community resources, including pregnancy outreach programs and multicultural programs.

HE: Health Education Offer information on available programs/groups/resources in the community; facilitate access to and/or assist clients with barriers to understand materials and how they apply.

Assess the clients' support system, including connection with partner (if any), family, friends and community networks

CB: Capacity Building Encourage and support disadvantaged clients to explore options for building social supports and to reach out to connect with and create a social network that will meet their needs.

CC: Care Coordination Communicate/collaborate with community agencies to assist disadvantaged clients to seek needed social support and build support systems.

Resources and Tools for Clients and Families

- Your Support Team, BBC
- Healthy Baby Program
- Help for Parents in the Community – ManitobaParentZone: www.manitobaparentzone.ca/in-your-community/index.html
- Prenatal Care – ManitobaParentZone: www.manitobaparentzone.ca/mobile/becoming-a-parent/before-pregnancy/prenatal-care.html

Resources for Practitioners

- Local support resources, including community-based programs, cultural and faith communities and social service programs
- Manitoba Government – Families: www.manitoba.ca/fs/index.html
- Healthy Baby Community Program Guide: www.manitoba.ca/healthychild/healthybaby/hb_programguide.pdf

Personal Relationships

Rationale: In Canada, over 1 in 10 female spousal victims are pregnant at the time of the abuse¹⁸. Violence in relationships (known as “domestic violence”, “spousal violence” or “intimate partner violence”) is a social and public health problem with devastating consequences for individuals, pregnant clients and their children, as they are both at risk for increased morbidity when exposed to violence. Domestic violence can happen to anyone, regardless of age, ethnicity, sexual orientation, and socioeconomic status. Young women; Indigenous women; lesbian, gay, bisexual, and transgender; and women who have a disability are at a higher risk of intimate partner violence.

Assess the clients' relationships and safety

Normal Client feels safe and supported physically, emotionally and financially by partner and in other personal relationships.

Client Education/Anticipatory Guidance

Advise a client who may be at risk that:

- Violence in relationships is a repeating pattern of abusive behaviour based on power and control – a cycle that will continue to repeat and may escalate over time.
- Violence/abuse can be physical, emotional, verbal, sexual, spiritual or financial, and includes the actual or threat of all forms of harm to the person.
- Violence/abuse may include coercion, progressive social isolation, intimidation, stalking, deprivation or other behaviours/actions designed to take away individual autonomy, rights and control.
- Risk of serious physical and emotional injury is higher during pregnancy.
- Infants are at risk for low birth weight, prematurity, death and possibly a lower threshold of resistance to stress.
- Clearly convey the message that violence is never deserved and a person has the right to live free of violence. **Note:** All clients are at risk of violence regardless of age, ethnicity, sexual orientation, socioeconomic status, health status and presence or absence of current partner.

Variance Client is being abused or is at risk for abuse by current or past partner or other significant person.

Client feels or is unsafe or unsupported physically, emotionally and/or financially by partner or family.

Assess the clients' relationships and safety

Intervention

SR: Screening and Referral

Many health facilities in Canada are introducing routine screening into their approaches. Rnao best practice guideline (2012) - woman-abuse-screening-identification-and-initial-response:
- rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response
- healthydebate.ca/2016/02/topic/domestic-violence-healthworkers-screening-hospitals

Working in a trauma and violence informed way does not necessarily require disclosure of abuse. Regardless, it is important to ask clinically relevant questions when signs of abuse are present (bruises, burns, injuries, etc.).¹⁹ Engagement with the client may focus on recognizing signs of trauma and supporting the individual to manage them. Explore concerns about safety in the relationship (current or past) in a non-judgmental manner that emphasizes personal choices and control.²⁰

A clients' physical, mental and sexual/reproductive health is affected by abuse. An individual experiencing violence may present with other health issues such as depression, substance use, and medical conditions such as head injuries, GI problems, bladder infections, frequent headaches, forced pregnancies, forced abortions, etc.

Offer an opportunity to meet with you alone to talk about the pregnancy if clinically relevant signs of abuse are present. Don't assume that the client is pregnant by choice or excited about the pregnancy.

HE: Health Education

Discuss resources; consider providing print and web-based information on violence and how to access help (crisis lines, transition housing). Strive to tailor resources to the unique needs of the client and limit referral and resource information, as receiving a lot of information may be overwhelming.

Note: Discretion must be used when giving information. For example, do not mail information as this could escalate the violence if the abuser becomes aware of it. If you give print material, ask where it will be out of sight of the abuser.

Note: Do not use a family member as an interpreter/translator.

CB: Capacity Building

Discuss adverse effects of violence on health and the health of children. Inform client of legal rights and responsibilities (violence is a crime and an abuser may be charged under the assault sections of the Criminal Code for physical, sexual violence and threats of using a weapon).

Encourage and support a client who is experiencing violence to explore ways to protect self and child(ren) by:

- Recognizing and building on strengths (clients use many strategies to keep themselves and their children safe).
- Developing a trusting and respectful relationship, including respecting the clients' ability to make choices within legal limits.
- Empowering the client through collaborative decision making: respecting choices; sharing knowledge and information.
- Respecting confidentiality including client choice not to disclose and obtaining explicit and informed consent for all referrals.
- Recognizing that a client often has few choices if living with an abusive partner.
- It is appropriate to view a clients' actions as making the best/safest choices given the extreme limitations imposed by an abusive partner.
- Asking what plans are in place. Assess for safety: current high risk first and what client has done in the past if the abuse escalates. Ask if client needs assistance in developing a safety plan, tell client about resources that can help put a plan in place (e.g. [Stopping the Violence Program](#), [Victim Services](#)).
- Exploring and providing information about community as well as family support systems that may be of assistance.

Assess the clients' relationships and safety

CC: Care Coordination Communicate/collaborate with primary care provider and community agencies to assist the client to maintain safety and make informed, healthy choices about how to deal with the situation.

Support client to self refer to Child and Family Services for voluntary prenatal support services. It is not the responsibility of the health provider to contact the local authorities unless someone's life is in danger, a minor is involved or unless it is their wish. If the children in the home are at risk, assist the client to contact Child and Family Services. If afraid or unwilling to contact CFS, it is the responsibility of the PHN to do so. Always inform the client of these calls so that they can have a safety plan in place for self and children.

Resources and Tools for Clients and Families

- Parenting on Your Own: A Handbook for One Parent Families: www.gov.mb.ca/msw/publications/parenting.html
- Dealing with Domestic or Family Violence? Help is available: www.manitoba.ca/fs/fvpp/pubs/domviolence-brochure-en.pdf
- Family Violence Resources Manitoba – Aboriginal Transition Houses and Family Violence Crisis Lines: www.thehealingjourney.ca/inside.asp?285
- LGBTTTQ*: www.manitoba.ca/stoptheviolence/lgbttq.html
- Intimate Partner Violence and Abuse – It can be stopped: www.rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm
- Manitoba Government – Stop the violence: www.manitoba.ca/stoptheviolence/
- Domestic Violence Support Services: www.manitoba.ca/justice/victims/dvss.html

Resources for Practitioners

- WHO (2017), Violence against women. Fact Sheet. www.who.int.umi.idm.oclc.org/mediacentre/factsheets/fs239/en/
- Clinic – Evolve Family Violence Counselling
- Manitoba Association of Women's Shelters: www.maws.mb.ca/where_can_i_go.htm
- Domestic Violence Help, Programs, and Statistics: www.domesticshelters.org/mb/manitoba-domestic-violence-help-statistics#.Wm-HZgzWos
- Manitoba Government – What is Family Violence?: www.gov.mb.ca/fs/fvpp/index.html
- Reporting of child protection & child abuse – Handbook and protocols for Manitoba service providers
- Abuse in Pregnancy – Best Start Resource Centre. (2015). *Abuse in pregnancy: Information and strategies for the prenatal educator*. Toronto, Ontario, Canada: author
- Healthy Child Manitoba - Pregnancy, Alcohol and Trauma-informed Practice: www.gov.mb.ca/healthychild/fasd/pregnancy_alcohol_trama_more.pdf

Sexuality

Rationale: Sexual health integrates the emotional, physical, cognitive and social aspects of sexuality and is a vital and integral part of overall health and well-being throughout life. Safer sex (including sexual intercourse) during pregnancy is not associated with adverse outcomes with the exception of placenta previa, bleeding or premature labour. Safer sex practices are recommended for clients' vulnerable to sexually transmitted infections.

Assess the clients' knowledge and understanding of healthy sexuality and safe sexual practices during pregnancy	
Normal	Client understands the importance of healthy sexuality and safer sex during pregnancy and is aware of risk factors that may affect sexual activity during pregnancy.
Client Education/ Anticipatory Guidance	<p>Advise:</p> <ul style="list-style-type: none"> - That safer sexual activity (including but not limited to intercourse) during pregnancy is not associated with adverse outcomes with the exception of placenta previa, preterm labour or other causes of bleeding. - To practice safer sex (using condoms, water based lubricants, etc.) whenever possible, especially if at risk for sexually transmitted infections. A vulnerable client includes someone who drinks alcohol or uses other drugs for non-medical purposes, has sexual contact with individuals known to be infected with an STI, has unprotected sex, works in the sex trade or participates in survival sex²¹, has multiple sex partners, or has a history of previous sexually transmitted infections (STIs).
Variance	Client does not have a healthy sexual relationship and/or is at risk for engaging in unsafe sexual practices.
Intervention	
SR: Screening and Referral	Screen to determine ability to enjoy safer sex and healthy sexuality during pregnancy, risk factors that can impact sexual activity and how to practice safer sex to reduce or eliminate risks of STIs; refer those with knowledge gaps or questions about sexuality to primary care provider or sexual health services (if available).
HE: Health Education	Provide materials regarding healthy sexuality during pregnancy. Facilitate access to and/or assist client who is experiencing barriers (due to socioeconomic status, cultural, linguistic or intellectual capacity) to understand these materials.
CB: Capacity Building	Support client who is at risk for, or who is participating in, unsafe sexual practices to reduce or eliminate risk of adverse outcomes by discussing the risks of sexually transmitted infection prevention and exploring how to adopt safer sex practices. Support clients with barriers that impede participating in healthy sexual practices to explore options (e.g. alternatives to intercourse) and to seek out resources to help address concerns.
CC: Care Coordination	Communicate/collaborate with primary care provider, sexual health services and other appropriate community resources to support the client to address issues with sexuality and unsafe sexual practices.
Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - Sexuality, BBC - Sexual Health, Manitoba Parent Zone: www.manitobaparentzone.ca/becoming-a-parent/before-pregnancy/sexual-health.html - Sexual Health and Promotion, Health Canada: www.canada.ca/en/health-canada/services/healthy-living/sexual-health-promotion.html - Sex During Pregnancy, Sexuality and U SOCG: www.sexandu.ca - Smart Sex Resource BCCDC: smartsexresource.com - SERC: www.serc.mb.ca
Resources for Practitioners	- Uptodate: Prenatal care: Patient education, health promotion, and safety of commonly used drugs

SECTION 8: Resources

Housing

Rationale: Access to adequate, safe and secure housing is an important factor in physical, psychological and social well-being.

Assess the adequacy of housing to meet the psychological, physical and social needs of the client and the family.

Normal Client is living in housing that meets physical, psychological and social needs.

Client Education/Anticipatory Guidance Advise clients who may be at risk for inadequate, unsafe or insecure housing about options to address same (e.g. Manitoba Housing provides social housing to those who qualify).

Variance Client does not have or is in imminent risk of not having adequate and/or secure housing.

Intervention

SR: Screening and Referral Screen for adequacy of housing based on the needs of the client and family. Refer to information about housing options and resources as needed.

HE: Health Education Offer information on housing options and how to access (or get help to access) housing.

CB: Capacity Building Support a client needing help to connect to resources that will assist in accessing secure housing.

CC: Care Coordination Communicate/collaborate with community agencies (including social services, financial assistance workers where available) that provide housing services to assist the client in need to find adequate housing.

Resources and Tools for Clients and Families

- Manitoba Housing: www.manitoba.ca/housing/
- Employment and Income Assistance: www.gov.mb.ca/fs/eia/
- Rent Assist: www.manitoba.ca/fs/eia/estimator.html
- Rady Faculty of Health Sciences: Benefits for Children & Family: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/families.html

Resources for Practitioners

- Manitoba Housing: www.gov.mb.ca/housing/
- Information about local resources (*i.e. information and material available in Public Health office or through local agencies*)
- Government of Canada: National Housing Strategy: A Place to Call Home: www.placetocallhome.ca

Finances

Rationale: Access to adequate finances are essential in meeting basic physical, psychological and social needs.

Assess access to financial resources to meet the psychological, physical and social needs of the client and the family.

Normal Client has access to adequate (sufficient and sustainable) financial resources to meet physical, psychological and social needs (housing, food, clothing, transportation, etc.)

Client Education/ Anticipatory Guidance Advise disadvantaged client who is at risk for inadequate or insecure financial resources about options to address needs, including: Employment Insurance, Income Assistance, Manitoba Prenatal Benefit, Pharmacare, etc.

Note: These resources all require an application process.

Advise disadvantaged clients about community agencies that provide free or low-cost equipment and clothing to those in need.

Variance Client lacks access to adequate financial resources to support self, infant and family.

Intervention

SR: Screening and Referral Screen for adequacy of financial resources to meet needs of self and child(ren); refer to resources if appropriate/needed.

HE: Health Education Offer information on financial resources and/or resource applications.

CB: Capacity Building Support/assist disadvantaged clients to access/apply for resources, including Income Assistance, Manitoba Prenatal Benefit and other resources in local communities (where relevant).

CC: Care Coordination Communicate/collaborate with community agencies, social workers and financial assistance workers and others in the community to access financial resources.

Resources and Tools for Clients and Families

- Employment and Income Assistance, Province of Manitoba: www.gov.mb.ca/fs/eia/
- Early Learning and Child Care, Province of Manitoba: www.gov.mb.ca/fs/childcare/
- Manitoba Prenatal Benefit, Healthy Child Manitoba: www.gov.mb.ca/healthychild/healthybaby/mpb.html
- Get your benefits – general resources: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/resources_general.html
- First Nations Resources: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/resouces_provider.html
- Newcomers to Canada: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/newcomers.html
- Rady Faculty of Health Sciences – Employment & Income Assistance: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/EIA.html

Resources for Practitioners

- Information about local resources (information and materials available in Public Health offices or through local agencies)
- EIA: www.manitoba.ca/fs/eia/pubs/eia_general.pdf
- Get your benefits – Resources for Health Providers: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/resouces_provider.html

Community Resources

Rationale: Community-based agencies and resources are available in most communities and can assist clients to meet their needs during pregnancy and early parenthood.

Assess the clients' knowledge and capacity to access community resources	
Normal	Client is able to seek out information and access community agencies or resources that may be of benefit to self and family.
Client Education/Anticipatory Guidance	Advise about available community agencies and resources that may assist in meeting needs during pregnancy. Note: Each community will have different resources available.
Variance	Client does not know of or is unable to access community agencies or resources that may be of benefit.
Intervention	
SR: Screening and Referral	Screen for knowledge of, and ability to access community agencies and resources that may be of benefit and where appropriate, refer client to resources in the community to meet needs.
HE: Health Education	Offer resources on community agencies/services/programs and inform client how to access them.
CB: Capacity Building	Support or assist disadvantaged clients and those needing assistance to connect to community agencies and/or resources that may be of benefit to them.
CC: Care Coordination	Communicate/collaborate with community agencies to facilitate access to resources/provision of services that support clients and their families.
Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - Public Health Services - Healthy Child Manitoba: www.gov.mb.ca/healthychild/ecd/ - Healthy Baby Community Support Programs: www.gov.mb.ca/healthychild/healthybaby/csp.html - Rady Faculty of Health Sciences – Employment & Income Assistance: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/EIA.html
Resources for Practitioners	<ul style="list-style-type: none"> - Resource information available in Public Health office - Rady Faculty of Health Sciences – Addiction Services: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/addictions.html - Rady Faculty of Health Sciences – Useful websites & phone numbers: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/useful.html

SECTION 9: Injury Prevention

Safety in Pregnancy

Rationale: Physical changes that occur during pregnancy may make individuals (and by extension their developing fetuses) more vulnerable to injury.

Assess knowledge of common hazards that may put client or fetus at risk and ability to avoid them.

Normal Client is aware of common pregnancy related hazards and how to take measures to avoid them.

Client Education/ Anticipatory Guidance

Infectious and Environmental Hazards

Advise to avoid:

- Risks of infection from exposure to bacteria, viruses, or parasites such as toxoplasmosis (*refrain from cleaning cat litter boxes*) and listeriosis (*use food safety precautions*).
- Exposure to noxious chemicals such as cleaning products, lawn chemicals, paints, insecticides and pesticides and lead containing products.

Note:

- *Hair Dye and Perms:* Occasional exposure to chemicals used in hair dye and perms are unlikely to be harmful to the developing fetus. Pregnant hairdressers who regularly handle them should wear gloves.
- *Insect repellent:* DEET-based insect repellents are considered to be safe for use by pregnant women.
- If using well water, advise to reduce risks of well water contamination and test for bacteria/nitrates: www.manitoba.ca/waterstewardship/odw/public-info/fact_sheets/
- *X-rays:* If an X-ray is necessary, advise client to tell the technician that she is pregnant. Many X-rays can be delayed until after pregnancy. If X-rays are needed, they can be done with a lead apron that shields the abdomen.
- Healthy Child Manitoba (2016): Is it safe? During pregnancy and for mom and baby: www.manitoba.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf

Physical Hazards

Advise that:

- Air travel is considered to be safe until 36 weeks gestation.
- Refer to Health Canada Travelling while pregnant: travel.gc.ca/travelling/health-safety/travelling-pregnant
- Pregnant women have a higher risk of developing deep vein thrombosis (DVT). The risk of DVT can be reduced by getting up and walking around occasionally, exercising and stretching your legs while seated and selecting an aisle seat when possible
- Lap belt should be worn over pelvic bones below baby and snug across shoulder in the car.
- If work involves heavy lifting, stooping, bending and/or exposure to chemicals, etc. to discuss how to manage work expectations with employer and primary care provider.
- To take care in late pregnancy when walking on uneven ground, using stairs or getting in and out of bath tubs, and refrain from standing on chairs or ladders.

Variance Client is unaware of hazards that may pose a risk to self or fetus, or is unable to avoid exposure or to reduce safety risks.

Intervention

SR: Screening and Referral Screen for exposure to common hazards during pregnancy, refer client with safety risks to appropriate resources to address concerns (including primary care provider, workplace HR or union resources, etc.)

HE: Health Education Offer material regarding hazards to avoid during pregnancy; facilitate access to and/or assist client with barriers to understand these materials and how to use them to reduce risks.

CB: Capacity Building Support disadvantaged clients to identify hazards; explore and support the development of strategies to avoid or reduce risks.

Assess knowledge of common hazards that may put client or fetus at risk and ability to avoid them.

CC: Care Coordination Communicate/collaborate with primary care provider, community agencies, employers, etc. to aid a client at risk for exposure to avoid/reduce risk.

Resources and Tools for Clients and Families

- Manitoba Parent Zone:
www.manitobaparentzone.ca/becoming-a-parent/early-stages-pregnancy/
- Healthy eating and Pregnancy:
www.canada.ca/en/public-health/services/pregnancy/healthy-eating-pregnancy.html
- Safety – ManitobaParentZone:
www.manitobaparentzone.ca/mobile/becoming-a-parent/early-stages-pregnancy/safety.html

Resources for Practitioners

- Occupational/Environmental Exposures, Motherisk www.motherisk.org
- Working During Pregnancy, Society of Gynecologists and Obstetricians:
pregnancy.sogc.org/wp-content/uploads/2014/05/PDF_workingduringpregnancy_ENG.pdf
- Materials available in Public Health offices and from local WorkSafe Manitoba offices, union locals, etc.
- Manitoba Health: Private Well Fact Sheets:
www.manitoba.ca/waterstewardship/odw/public-info/fact_sheets/
- Safety during Pregnancy: Key messages for Ontario:
www.ontarioprenataleducation.ca/safety/
- Preventing mosquito and tick bites: A Canadian update. Retrieved from:
www.cps.ca/en/documents/position/preventing-mosquito-and-tick-bites
- Insect Repellents (Government of Canada):
www.canada.ca/en/health-canada/services/about-pesticides/insect-repellents.html
- Prevention of Tick-borne Diseases (Manitoba Health):
www.manitoba.ca/health/publichealth/cdc/tickborne/prevention.html
- Prenatal Nutrition Manual for healthcare professionals:
www.manitoba.ca/healthychild/healthybaby/kits/nutrition_binder.pdf

Infant Safety / Discipline

Rationale: Infant mortality rates in Manitoba continue to be higher than the national average, with 51 per cent of those deaths resulting from preventable injury²⁷.

Assess the client's knowledge of factors that pose risk to the health and well-being of the newborn.

Normal	Client is aware of the factors that may cause injury and harm to the infant.
Client Education/Anticipatory Guidance	Provide information about Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death Syndrome (SUDS). Provide information about the prevention of Shaken Baby Syndrome.
Variance	Client has no knowledge of any factors that may cause injury or harm to the infant. Has history of harsh or inappropriate discipline practices with other children.

Intervention

SR: Screening and Referral	Screen for knowledge and awareness of potential risks that may cause harm or injury to newborn. Ask about discipline practices with older children.
HE: Health Education	Provide prevention education to raise awareness of modifiable risk factors (e.g. swaddling). Provide information regarding the need to defer visitor contact with the baby if/when visitors are harbouring viral or bacterial infections.
CB: Capacity Building	Support disadvantaged clients to identify potential hazards; explore and support the development of strategies to avoid or reduce risks.
CC: Care Coordination	Communicate/collaborate with primary care provider, community agencies, employers, etc. to aid a client and infant to avoid/reduce risk.

Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - Healthy Child Manitoba - Safe Sleep for Baby: www.manitobaparentzone.ca/parent-or-caregiver/newborns/safety/ - Safe sleep for babies: www.caringforkids.cps.ca/handouts/safe_sleep_for_babies - Basic home safety: A checklist: www.caringforkids.cps.ca/handouts/basic_home_safety_a_checklist - Healthy Child Manitoba: Newborns - Safety: www.manitobaparentzone.ca/parent-or-caregiver/newborns/safety/
---	--

Resources for Practitioners	<ul style="list-style-type: none"> - Public Health Agency of Canada, Safe Sleep for Your Baby: www.wrha.mb.ca/community/publichealth/services-injury-prevention.php - Keeping Kids Safe – Canadian Pediatric Society: www.caringforkids.cps.ca/handouts/kidssafe-index
------------------------------------	--

SECTION 10: Preparation for Birth

Prenatal Knowledge

Rationale: Clients who are knowledgeable about pregnancy and childbirth are more likely to have a better experience of labour and delivery. Knowledge will also encourage greater participation in the choices required during pregnancy, childbirth and parenthood.

Assess the clients' knowledge about pregnancy and access to prenatal education to support learning.

Normal	Client has knowledge of, and access to resources that support prenatal learning on the topics of fetal growth and development, preparation for labour, birth, breastfeeding and early parenthood.
Client Education/Anticipatory Guidance	<p>Offer information regarding pregnancy, fetal growth and development, labour and birth process, comfort measures, hospital procedures/interventions, breastfeeding and early parenthood.</p> <p>Advise that:</p> <ul style="list-style-type: none"> - The birth process is an important event in life. Pregnancy and birth are normal physiologic events that an individual is capable of managing. - Satisfaction with childbirth is determined by personal expectations, support from partner/family and caregivers, and involvement in decision making. - Goals for preparing for pregnancy and birth include: gaining confidence in ability to successfully carry a pregnancy and give birth, knowledge of labour process and comfort measures to manage pain/discomfort of labour, and gaining the support/involvement of family, friends and health care providers. - Options for learning include group or individual education programs, reading books, web-based prenatal "classes", web-based resources, observing birth (by attending births of friends, relatives or by educational videos) and talking to others.
Variance	Client lacks knowledge about pregnancy, the process of childbirth and/or has no access to group or individualized prenatal learnings/childbirth education.

Intervention

SR: Screening and Referral	Screen for knowledge of pregnancy and childbirth and access to prenatal learning opportunities. Refer to appropriate community services to facilitate knowledge building as needed.
HE: Health Education	Offer information regarding pregnancy, fetal growth and development, labour and birth process, comfort measures, hospital procedures/interventions, breastfeeding and early parenthood. Facilitate access to and/or assist a client with barriers to understand these materials. Emphasize birth as a natural process, and capacity to have a normal birth free from interventions.
CB: Capacity Building	Support access to education/learning that will help prepare for labour, birth, breastfeeding and early parenthood. Normal childbirth begins between 37 to 42 weeks of pregnancy. The baby is born head-first, through the vagina, with healthcare providers supporting the family. The baby is placed skin-to-skin after delivery and breast feeds within the first hour. (SOCG: www.pregnancyinfo.ca/birth/delivery/normal-childbirth)
CC: Care Coordination	Communicate/collaborate with primary care provider/community resources to help clients access appropriate childbirth education/prenatal learning.

Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - Preparing for Labour, BBC - Giving birth: www.manitobaparentzone.ca/becoming-a-parent/just-before-birth/giving-birth.html - Newborn and after birth care St. Boniface Hospital: www.sbgf.mb.ca/prog-wc-newborn.html - SOCG: www.pregnancyinfo.ca/birth/delivery/normal-childbirth - Women's hospital: www.hsc.mb.ca/patients/WomensHosp.html - Brandon Regional Health Centre Prenatal Mother Baby Unit Virtual Tour: www.youtube.com/watch?v=INuBtzVxZiA&feature=youtu.be
---	--

Resources for Practitioners	- Resources about local prenatal classes and other resources available in Public Health offices.
------------------------------------	--

Labour and Delivery Plan

Rationale: Clients need to have a realistic plan regarding action they will take when they go into labour and are ready to deliver the baby.

Assess knowledge about the birthing process and client plans/preparations for labour and delivery.

Normal	Client is knowledgeable about the signs of labour and has a plan to manage the details of the labour process, including obtaining support from primary care provider (and others such as partner, family/friends, doulas, etc.), transportation to hospital (if needed) and care of other children and/or pets as required.
Client Education/ Anticipatory Guidance	<p>Offer information regarding pregnancy, fetal growth and development, labour and birth process, comfort measures, hospital procedures/interventions, breastfeeding and early parenthood.</p> <p>Advise that:</p> <ul style="list-style-type: none"> - Planning for labour and delivery includes gathering information about the birth process, learning about options for birthing, gathering support from partner, family, primary care provider, and others if desired (e.g. doula, friends), planning for transportation to the hospital and care of other children and pets if needed. - The client and partner have the right to make informed decisions about the care they wish to receive (including the implications of receiving no care). The client can develop a birth plan to communicate to the health care provider and support team regarding what she prefers to do or have happen during labour, birth and in the days following. This may also include the development of a breastfeeding or infant feeding plan. <p>In order to make informed decisions, the client/partner can and should ask for the following information regarding all interventions:</p> <ul style="list-style-type: none"> - What is the intervention and what does it involve? - Why is it being recommended (what is the benefit)? - What are the risks or side effects of the intervention? - What are the alternatives?
Variance	Client has no or limited knowledge of the signs of labour and/or has no plan or ability to create a plan to manage the details of the labouring process, including obtaining support transportation or care of other children or pets.

Intervention

SR: Screening and Referral	Screen for knowledge of childbirth and plans for labour and birth; where indicated, refer client to appropriate services for prenatal teaching/childbirth education; for clients with few or no supports, advise about pregnancy support services available in the community.
HE: Health Education	Provide information regarding planning for childbirth, including information regarding the signs of labour, process of labour; facilitate access to and/or assist clients with barriers to understand these materials and how to use them in planning.
CB: Capacity Building	Support disadvantaged clients to build knowledge about childbirth and formulate plans for labour and birth with the primary care provider, including planning for transportation and care of other children; facilitate links to community-based services where appropriate.
CC: Care Coordination	Communicate/collaborate with primary care provider, community and internal resources to provide prenatal learning/childbirth education where needed.

Resources and Tools for Clients and Families

- Giving Birth, BBC
- SOCG - Labour and Childbirth: pregnancy.sogc.org/labour-and-childbirth/
- Family-Centred Maternity and Newborn Care: National Guidelines (2018): www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html

Resources for Practitioners

- Family-Centred Maternity and Newborn Care: National Guidelines (2018) Chapter 4 - Care during labour and birth: www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html
- Resources available in local Public Health office related to cultural practices and childbirth education programs

SECTION 11: Preparation for Parenthood

Newborn Behaviour and Care

Rationale: Newborn infants are vulnerable and dependent on care givers to protect them from harm. It is important that the parent (and family) are aware of infant safety and care needs and have prepared a safe home environment for them.

Assess the clients' knowledge about equipment, supplies and/or resources needed to safely transport and care for the newborn, and ability to obtain these items.

Normal Client is aware of what is required to care for newborn, has arranged for the equipment and supplies to create a safe home and sleeping environment. Client has plans for accessing support to help (including help with other children) if needed.

Client Education/ Anticipatory Guidance Advise about the need for:

- **Resources and supports:** Check arrangements for maternity leave and Employment Insurance if indicated
Organize time off for partner or have other support from family/friends for the first week (or more) to help with household chores, food preparation and/or care for older children
- **Equipment:** A car seat that meets the Canadian Motor Vehicle Safety Standards is required to take a baby home. **Note:** Client and partner/family should buy and learn how to use a car seat correctly before baby is born and bring it to the hospital; if using a second-hand car seat, they should have it checked to make sure that it meets safety standards:
Child car seat inspections:
www.mpi.mb.ca/en/Rd-Safety/Car-Seats/Pages/Inspections.aspx
www.healthycanadians.gc.ca/kids-enfants/road-rue/choosing_seat-choisir_siege-eng.php
- **A safe sleeping place:** Cribs should have a firm mattress and meet all safety standards; similarly, other types of baby care equipment such as strollers, prams, swings and bouncy seats to be used with the baby should also be checked to ensure they meet safety standards
www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_212bk-eng.php
- It is helpful to have enough supplies such as diapers, blankets and seasonally appropriate sleepers etc. on hand to use for baby care prior to birth

Variance Client lacks knowledge about what is required to care for baby safely and/or has no access or means to secure necessary equipment and supplies.

Intervention

SR: Screening and Referral Screen for preparations for bringing baby home: supplies; a safe, firm sleeping space; family or friends available to help with older children and meal preparation; etc.

HE: Health Education Offer information about how to prepare home for baby, including information about equipment and supplies, a safe sleeping environment and accessing support (including help with older children) as well as strategies for making time to rest; keeping the home smoke-free, etc.; facilitate access to and/or assist clients with barriers to access and understand resource materials that may help with planning.

CB: Capacity Building Advise client and partner/family to:

- Become familiar with safe sleep practices for infants.
- Plan how to manage visitors (i.e. not too many and not for too long, and no one who is ill).
- Prepare other children for the new baby by involving them in preparations.
- **Note:** Make changes in a child's routines such as toilet training, moving from a crib to a bed, or starting nursery school, several months before or after baby arrives.
- Consider not getting a new pet before bringing baby home, and/or be prepared to address existing pet's response to new infant in the home.
- Help a vulnerable client to identify needs and support to obtain supplies to care for the baby.

CC: Care Coordination Communicate and collaborate with the primary care provider and/or community agencies to ensure that client has the supplies and equipment necessary to safely bring the baby home and provide care.

Assess the clients' knowledge about equipment, supplies and/or resources needed to safely transport and care for the newborn, and ability to obtain these items.

Resources and Tools for Clients and Families	<ul style="list-style-type: none"> - Swaddling Safely, WRHA: www.wrha.mb.ca/community/publichealth/files/Swaddle.pdf - Government of Manitoba Maternity Leave: www.gov.mb.ca/labour/standards/doc,maternity-leave,factsheet.html - ManitobaParentZone: Parenting Resources: www.manitobaparentzone.ca/mobile/becoming-a-parent/birth/parenting-resources.html - First 6 weeks of Life – ManitobaParentZone: www.manitobaparentzone.ca/becoming-a-parent/early-stages-pregnancy/about-your-growing-baby.html - Aboriginal Safe Sleep Toolkit, First Nations Health Authority: www.fnha.ca/wellness/wellness-for-first-nations/environmental-health-and-safety/injury-prevention/safe-infant-sleep-toolkit-safe-sleep-cards-and-guide - Caring for Kids: www.caringforkids.cps.ca - Public Health Agency of Canada - Safe Sleep: www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html
Resources for Practitioners	<ul style="list-style-type: none"> - WRHA PPH: Preventing injuries in young children: wrha.mb.ca/community/publichealth/PreInjYngCh.php
Refer to	<ul style="list-style-type: none"> - Food Security - Infant Feeding Plans - Emotional Health and Adjustment to Pregnancy

Infant Nutrition

Informed Decision-Making

Rationale: Clients need clear and consistent information throughout pregnancy with regard to feeding options for their baby. Evidence indicates that those who receive information about the benefits of breastfeeding are more likely to initiate and sustain breastfeeding²².

Assess knowledge of importance of breastfeeding to infant and parental health, human-milk.

Normal	<p>Client is knowledgeable about the importance of breastfeeding</p> <p>Client has made an informed decision about how to feed infant, and that decision is supported by family and community</p> <p>Note: Some clients may not have made an informed decision about infant feeding and may have questions about the options available to them.</p>
Client Education/Anticipatory Guidance	<p>Assess knowledge of:</p> <ul style="list-style-type: none"> - Basic information about breastfeeding in order to make an informed decision on infant feeding - The importance of breastfeeding for both the infant and the parent/family - The importance of exclusive breastfeeding for the first 6 months and sustained for up to two years or longer with appropriate complementary feeding. - The basics of breastfeeding (position, latch, normal feeding behaviors, attachment) - Hand expression in order to increase comfort with this skill - Importance of skin to skin contact for all infants - Responsive cue based feeding - Where to access care and support for establishing and sustaining breastfeeding in the community. - The accommodation of breastfeeding women in the community, school and in the workplace. - Risks of feeding human milk substitutes unless medically indicated.
Variance	<p>Parent/family who lacks knowledge or is uncertain about breastfeeding or who has made an informed decision not to breastfeed.</p>

Assess knowledge of importance of breastfeeding to infant and parental health, human-milk.

Intervention

SR: Screening and Referral	Screen to determine infant feeding plan and if client needs information to make an informed decision about feeding, including whether family/support persons are supportive of feeding plans. Direct or refer client with questions about breastfeeding support or resources as appropriate.
HE: Health Education	<p>Health education on infant feeding needs to be provided in a sensitive, supportive and nonjudgmental manner with consideration given to the social and cultural context of the family.</p> <p>For families who require knowledge on breastfeeding discuss the following: the importance of exclusive breastfeeding during the first six months and sustained breastfeeding for two years or longer with introduction of complementary foods; the importance of breastfeeding for infant and parent; risks and costs associated with human milk substitutes; importance of immediate and uninterrupted skin to skin for at least one hour, until completion of the first breastfeed, unless there is a medical indication; basics of breastfeeding (position, latch, hand expression, responsive cue based feeds, expected normal frequency of breastfeeding and output) and review of community based support available.</p> <p>A parent who is uncertain about breastfeeding is supported in their decision making through discussion of the following: their ideas and concerns about infant feeding; importance of breastfeeding for baby, family and community; importance of providing early milk if there is a risk for preterm labour, even if there is a decision not to breastfeed; health risks for baby and parent of not breastfeeding; risks and costs of human milk substitutes and considering whether human milk substitutes are acceptable, feasible, affordable, sustainable and safe (AFASS); difficulty of reversing the decision once breastfeeding is stopped.</p> <p>For families who have made an informed decision not to breastfeed, provide opportunity to discuss concerns and offer information that is current and separate from breastfeeding. Review the risks and costs associated with human milk substitutes and health consequences of not breastfeeding. Assist the parent in choosing what is acceptable, feasible, affordable, sustainable and safe (AFASS) in their circumstances. Review the safe and hygienic preparation, feeding and storage of human milk substitutes and the importance of responsive cue based feeds.</p>
CB: Capacity Building	Assist client who is not able to or who has not made a decision about infant feeding due to cultural/linguistic/intellectual/financial barriers to access, process, and understand information about infant feeding requirements. Support client in making decisions about feeding infant and make plans to carry out this choice.
CC: Care Coordination	Communicate/collaborate with primary care provider, community agencies/resources to ensure that realistic infant feeding plans are in place and the client has access to information/resources to support the choice.

Resources and Tools for Clients and Families

- Breastfeeding Your Baby, Manitoba Health: www.gov.mb.ca/healthychild/healthybaby/hb_breastfeedingyourbaby.pdf
- Baby Friendly Manitoba: Information for Parents: www.gov.mb.ca/health/bfm/birth.html
- Breastfeeding for the Health and Future of Our Nation, Best Start In English, Cree, Ojibway: www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=B05-A
- Healthy Child Manitoba - Information for Moms-to-be and Parents: www.gov.mb.ca/healthychild/healthybaby/useful_info.html

Resources for Practitioners

World Health Organization (WHO) recommendation (on breastfeeding): www.who.int/nutrition/topics/exclusive_breastfeeding/en/

Breastfeeding Committee for Canada: breastfeedingcanada.ca/BFI.aspx

Information about local breastfeeding education and support resources available in community area Public Health offices

Informed Decision Making: Having Meaningful Conversations Regarding Infant Feeding, BFI Strategy Ontario: breastfeedingresourcesontario.ca/resource/informed-decision-making-having-meaningful-conversations-regarding-infant-feeding

Family-Centred Maternity and Newborn Care: National Guidelines (2018) Chapter 6 - Breastfeeding: www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html

References

1. Cottrell, E.B., Chou, R., Wasson, N., Rahman, B., Guise, J.M. (2013). Reducing risk for mother-to-infant transmission of hepatitis C virus: a systematic review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 158, 109-113.
2. Kimberlin, D.W., Baley, J. (2013). Guidance on management of asymptomatic neonates born to women with active genital herpes lesions. *Pediatrics*, 121, 635-646.
3. Robinson, J.L. (2008/2017). Testing for HIV infection in pregnancy. Canadian Paediatric Society, Infectious Diseases and Immunization Committee, *Paediatric Child Health*, 13, 221-224.
4. Goss MA, Lievano F, Seminack MM, Dana A. No adverse signals observed after exposure to human papillomavirus type 6/11/16/18 vaccine during pregnancy: 6-year pregnancy registry data. *Obstetrics & Gynecology*. 2014 May 1;123:93S.
5. The Society of Obstetricians and Gynecologists of Canada (n.d.). Prenatal Screening, Diagnosis, and Pregnancy Management of Fetal Neural Tube Defects. Retrieved from https://sogc.org/wp-content/uploads/2014/10/JOGC-Oct2014-CPG-314_Eng_Online-Complete.pdf
6. Wilson RD, Audibert F, Brock JA, Carroll J, Cartier L, Gagnon A, Johnson JA, Langlois S, Murphy-Kaulbeck L, Okun N, Pastuck M. Pre-conception folic acid and multivitamin supplementation for the primary and secondary prevention of neural tube defects and other folic acid-sensitive congenital anomalies. *Journal of Obstetrics and Gynaecology Canada*. 2015 Jun 1;37(6):534-49.
7. The Society of Obstetricians and Gynecologists of Canada (n.d.). Nausea and Vomiting During Pregnancy. Retrieved from www.sogc.org/publications/nausea-and-vomiting-during-pregnancy/
8. BC Reproductive Mental Health Program and Perinatal Services BC (2014). Best Practice Guidelines for Mental Health Disorders in the Perinatal Period. Retrieved from <http://tiny.cc/MHGuidelines>.
9. Ross, E. (2012). Maternal-fetal attachment and engagement with antenatal advice. *British Journal of Midwifery*, 20(8), 566-575.
10. Ross, E. (2012). The management of bipolar disorder in the perinatal period and risk factors for postpartum relapse. *European Psychiatry*, 27(8), 563-569.
11. Sit, D., Rothschild, A.J., Wisner, K.L. (2006). A review of postpartum psychosis. *Journal of Women's Health*, 15(4), 352-368.
12. Henderson, L., Davies, D., Canadian Pediatric Society, Fetus and Newborn Committee, (2018) Position statement and practice point - Supporting and communicating with families experiencing perinatal loss. Retrieved from: <https://www.cps.ca/en/documents/position/perinatal-loss>
13. Van Aerde, J. (2017). Guidelines for health care professionals supporting families experiencing a perinatal loss. *Canadian Paediatric Society, Fetus and Newborn Committee, Paediatric Child Health*, Retrieved from: <https://www.cps.ca/en/documents/position/supporting-families-experiencing-perinatal-loss>

14. Lok, I.H., Neugebauer, R. (2007). Psychological morbidity following miscarriage. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 21(2), 229-247.
15. Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing & Canadian Nurses Association. Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Metis Health Human Resources. (2009). Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/first_nations_framework_e.pdf
16. The Society of Obstetricians and Gynecologists of Canada. (n.d.). Healthy Eating, Exercise and Weight Gain - Before and During Pregnancy Retrieved from <https://sogc.org/publications-resources/public-information-pamphlets.html?id=9>
17. Bickerstaff, M., Beckmann, M., Gibbons, K. & Flenady, V. (2012). Recent cessation of smoking and its effect on pregnancy outcomes. *Australian & New Zealand Journal of Obstetrics & Gynaecology*, 52(1), 54-58.
18. Statistics Canada (2013). Measuring Violence Against Women: Statistical Trends. Retrieved from www.statcan.gc.ca/pub/85-001-x/2013001/article/11766-eng.pdf.
19. O'Doherty, K. Hegarty, J. Ramsay, L.L. Davidson, G. Feder, A. Taft (2015) Screening women for intimate partner violence in healthcare settings *Cochrane Database of Systematic Reviews*, 2015 (7), Article CD007007 <https://doi-org.uml.idm.oclc.org/10.1002/14651858.CD007007.pub3>
20. Healthy women, Children and Youth Secretariat. Ministry of Health (March 2012). A Framework for Addressing Violence Against Women in Relationships. Retrieved from www.health.gov.bc.ca/women-and-children/pdf/addressing-violence-women-in-relationship.pdf
21. Walls, N.E. & Bell, S. (2011). Correlates of engaging in survival sex among homeless youth and young adults. *Journal of Sex Research*, 48(5), 423-436 and Watson, J. (2011). Understanding survival sex: young women, homelessness and intimate relationships. *Journal of Youth Studies*, 14(6), 639-665.
22. Pannu, P.K., Giglia, R.C., Binns, C.W., Scott, J.A., Oddy, W.H. (2011). The effectiveness of health promotion materials and activities on breastfeeding outcomes. *Acta Paediatrica*, 100(4), 534-537.

Acknowledgements

The development of prenatal documents has been a collaborative effort across the province. While there has been ongoing feedback and engagement from PHNs and nursing leaders across regional health authorities, the completion of this work would not be possible without the certain key people.

Initial Author: The work in developing this tool was commenced by Fran Coulter (retired), Carolyn Hill-Carroll (retired) and Marla Johal. Lea Mutch, RN MN and the Prenatal Connections Team at the WRHA continued this work in 2011, and adapted the tool based upon the Prenatal Nursing Care Pathway (BC Perinatal Services).

PHN Pilot Group: This tool was first piloted by PHNs in the WRHA in 2017. Pilot groups across the province continued to test the tool in their clinical practice. Through a dedicated effort to highlight the main components of PHN practice, the documentation form was streamlined and reduced in length. Numerous revisions were made, based on PHN feedback across the province, so that the care pathway incorporates key references to support PHN practice in Manitoba. Although many individuals were involved, the following PHNs were instrumental in the development and advancement of this work through regional participation in committee work or/and as pilot PHNs.

Regional Health Authority	Name
Northern Health Authority	Amy Mink
Northern Health Authority	Angela Bakos
Winnipeg Regional Health Authority	Alison Campbell
InterLake Eastern Health Region	April Gage
Prairie Mountain Health	Bonnie Watson
Southern Health-Santé Sud	Brenda Klassen
Prairie Mountain Health	Brenna Harms
Northern Health Authority	Bridget(Erin) Murphy
Winnipeg Regional Health Authority	Charan Kalar
InterLake Eastern Health Region	Crystal Nazarewich
Winnipeg Regional Health Authority	Dana Connolly
Winnipeg Regional Health Authority	Diane Mee
InterLake Eastern Health Region	Heather Cheasley
Southern Health-Santé Sud	Jacqueline Brandt
Winnipeg Regional Health Authority	Jamie Bartel
Southern Health-Santé Sud	Jodi Unger
Prairie Mountain Health	Kirsten Duguay

Regional Health Authority	Name
Northern Health Authority	Kerri Lajambe
Prairie Mountain Health	Laurie Guilbert
Winnipeg Regional Health Authority	Leanne O'Keefe
Winnipeg Regional Health Authority	Lenore Finsson
Northern Health Authority	Loida Agpalza
Winnipeg Regional Health Authority	Marla Johal
Winnipeg Regional Health Authority	Marjolin Caton
InterLake Eastern Health Region	Marlene Whitby
Prairie Mountain Health	Michelle Johnson
Winnipeg Regional Health Authority	Michely Berger
Southern Health-Santé Sud	Monique Gauthier
Northern Health Authority	Pam Noseworthy
Northern Health Authority	Rita Watier
Northern Health Authority	Ruth Unrau
Winnipeg Regional Health Authority	Shelly Coupland
Winnipeg Regional Health Authority	Shireen Eastman
Southern Health-Santé Sud	Tracy Ediger

Notes

