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PURPOSE: To ensure that public health practitioners are providing consistent educational material that meets client’s needs in accordance with the principles of adult learning and adheres to Winnipeg Regional Health Authority (WRHA) policies.

In order to promote consistency in practice and ensure clients receive evidence-based information that aligns with WRHA policies and guidelines, a set of evidence-based criteria has been developed. Practitioners will use the criteria to make decisions regarding their choice of resource. Only resources that are in accordance with these criteria will be utilized in Public Health practice. The decision about what resource will be distributed will be based on the principles of adult learning, e.g. the written resource will match the reading level and topic of interest the individual/family shares with the nurse during the assessment phase of the interaction. The practitioner will preview the written material and be familiar with its’ content before distributing it in the community.


SCOPE: The Guideline for the Selection and Use of Educational Materials will assist Public Health Nurses, both in general and more specialized practices, e.g. Travel Health, HSHR, Public Health Dietitians, and Mental Health Counselors, to screen the resources they use with clients in their community areas.

Note: This guideline will have less relevancy for Family First Home Visitors whose work is defined by the curriculum and supervised by the Lead Role and Case Manager.

BACKGROUND: The selection of educational resources for Public Health practitioners to use in their work with clients has been a long-standing issue creating uncertainty and risk. Some of the issues of risk related to print resources are,

- a) they are not evidenced-based,
- b) they become obsolete,
- c) supplies dwindle and are photocopied to conserve numbers,
- d) agencies discontinue print.

While the internet provides an array of information, we must ensure it is evidence-based, from a credible source, and does not contradict WRHA policies and philosophies (such as harm reduction, choice of abortion, etc.). From a systems perspective, we have no certainty that resources are consistent from one community to another and no way to track the information that is being distributed by practitioners. The quality of the resource is often poor, may jeopardize health and reflects badly on the organization.

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In addition, the practice of distributing resource packages is problematic from a number of perspectives. Based on research, the provision of pamphlets and written information has been shown to be an ineffective intervention for changing health behaviors.

According to the principles of adult education, the practitioner should offer print resources only when invited to do so and/or to reinforce a point of controversy, e.g. back to sleep. A pamphlet or written resource should not be given to an adult learner in a non-interactive way.

Finally, in view of the multitude of resources available to the practitioner, the responsibility should not rest with one or two persons in the organization. Instead, it is within the roles and responsibilities of all practitioners to engage in the process

PROCEDURE:

1.0 Educational materials will be provided according to the learning needs of the client (see Appendix 1 – Principles for Facilitating Postpartum Learning)

1.1 Handouts will be used interactively with clients, e.g. each will be addressed and /or reviewed with the client to ensure understanding of the content.

1.2 Practitioners will include information unique to his/her community, e.g. location of Food Banks, dates and locations of breastfeeding clinics, Healthy Baby sites, etc. typed on WRHA letterhead and dated


1.3 Invite adult learners to tell you what they know about a topic before assuming they lack knowledge

1.3.1 Where possible, refer to the resources the client has been given, e.g. Caring for Yourself and Caring for Your Newborn

1.4 Have most common resources available for ease of reference

1.5 Offer to research and/or provide a reference that you do not have available

1.6 When a new resource is discovered, the practitioner reviews it by using the Guidelines for Selection and Use of Educational Materials. She/he/they may send the new resource and the completed review to the CNS for your Community Area for consideration.

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If the information is from a credible source it is not required to send to the CNS for review, but that is still an option.

1.7 When reviewing current resources, send completed review form to your Community Area CNS who will arrange for the results to be posted on the Intranet.

2.0 Information regarding infant feeding will be screened through the lens of the Baby-Friendly Initiative guidelines, Appendix 2, and the International Code of Marketing (WHO) Appendix 3.

3.0 Following a review of the educational material in question, the PH Practitioners will use his/her/their professional judgment regarding its use. For example, while the resource may not be available in French language, it may be appropriate for English speaking clients. Where possible, a resource written in the families' first language is the best choice.

3.1 If the weight of the evidence leans more to the "disagree" column and/or the unknown column, it is likely that the nurse will discard or choose not to use the reference with families.

3.2 The Hemingway Editor Readability Score should be ~ Grade 6-8 (See Appendix 4). Note: The PHN may estimate the reading level of material

3.3 White space could be defined as a measurement of the "density" of the content. Too many instructions are often overwhelming for readers and important messages may be missed



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The following criteria is evidence-based and gathered from the work of practitioners at Health Sciences Centre, Baby Friendly Initiative, and the WRHA

Evaluation Criteria	Agree	Disagree	Not Applicable	Comments
Content is consistent with current practice				
The material has been developed by a credible source				
Material is well organized, concise and clear				
Has adequate white space				
Uses type size 12 or >				
Diagrams are accurate, clear and relevant to content				
The information is consistent with WRHA policies and guidelines				
The material is free of gender and cultural stereotypes				
Material avoids product endorsement				
Content is at an appropriate reading level (Ideally 6 th -8 th grade level)				
Material available in English and French (required by WRHA)				
Content and illustrations up to date (authored in the last 5 or 6 years)				
Material is original (as opposed to a photocopy)				
The source and copyright of the material has been acknowledged				

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Appendix 1

Principles for Facilitating Postpartum Learning (Family-Centered Maternity and Newborn Care: National Guidelines, 2017)

Family-centred maternity and newborn care (FCMNC) is a complex, multidimensional, dynamic process of providing safe, skilled and individualized care. It responds to the physical, emotional, psychosocial and spiritual needs of the woman, the newborn and the family. FCMNC considers pregnancy and birth to be normal, healthy life events and recognizes the significance of family support, participation and informed choice. The Public Health Agency of Canada along with maternal and newborn health experts developed the following evidence based guiding principles for FCMNC in Canada:

1. A family-centred approach to maternal and newborn care is optimal
2. Pregnancy and birth are normal, healthy processes
3. Early parent-infant attachment is critical for newborn and child development and the growth of healthy families
4. Family-centred maternal and newborn care applies to all care environments
5. Family-centred maternal and newborn care is informed by research evidence
6. Family-centred maternal and newborn care requires a holistic approach
7. Family-centred maternal and newborn care involves collaboration among care providers
8. Culturally-appropriate care is important in a multicultural society
9. Indigenous peoples have distinctive needs during pregnancy and birth
10. Care as close to home as possible is ideal
11. Individualized maternal and newborn care is recommended
12. Women and their families require knowledge about their care
13. Women and their families play an integral role in decision making
14. The attitudes and language of health care providers have an impact on a family's experience of maternal and newborn care
15. Family-centred maternal and newborn care respects reproductive rights
16. Family-centred maternal and newborn care functions within a system that requires ongoing evaluation
17. Family-centred maternal and newborn care best practices from global settings may offer valuable options for Canadian consideration

For references consult **Chapter 1: Family-Centered Maternity and Newborn Care in Canada: Underlying Philosophy and Principles** in: Public Health Agency of Canada. Family-Centered Maternity and Newborn Care: National Guidelines. Ottawa (ON): PHAC; 2017.

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Appendix 2

Breastfeeding Education Materials for Families from Breastfeeding Committee of Canada (reviewed 7 March 2023)


The Baby-Friendly Initiative encourages facilities and services to provide information to parents regarding infant feeding while recognizing that they have varying abilities to produce materials suitable for family education. It is not necessary that all materials across Canada are the same, however the following guidelines will assist staff in the selection and/or production of suitable materials.

Materials must:

- Include accurate information to parents with particular attention to information on:
 - o Position and latch
 - o Hand expression of breast milk
 - o Infant feeding cues
 - o Expected normal feeding behaviors
 - o Community professional follow-up
 - o Mother-to-mother support groups
- Comply with the provisions of The Code (see below)
- Encourage breastfeeding for 2 years and beyond, with exclusive breastfeeding during the first 6 months from birth.

Suggestions: Materials

- Do not present breastfeeding as difficult, rule laden or medicalized.
- Describe user-friendly dietary information that reflects the cultural diversity of the community.
- Employ a style of writing that is empowering to mothers.

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Appendix 3


Summary of the International Code of Marketing of Breast milk Substitutes: World Health Organization, Geneva, 1981

What is the Code?

The WHO International Code of Marketing of Breastmilk Substitutes, approved by the member states participating at the World Health Assembly (except the US), was approved in 1981 to protect breastfeeding by ensuring the ethical marketing of breastmilk substitutes by industry.

The Code includes these ten important provisions:

- ▶ No advertising of products under the scope of the Code to the public.
- ▶ No free samples to mothers.
- ▶ No promotion of products in health care facilities, including the distribution of free or low cost supplies.
- ▶ No company representatives to advise mothers.
- ▶ No gifts or personal samples to health workers.
- ▶ No words or pictures idealizing artificial feeding, including pictures of infants on the labels of products.
- ▶ Information to health workers should be scientific and factual.
- ▶ All information on use of breastmilk substitutes, including the labels, should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding.
- ▶ Unsuitable products such as sweetened condensed milk should not be promoted for babies.
- ▶ Products should be of a high quality and take into account the climatic and storage conditions of the country where they are used.

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Appendix 4

Hemingway Editor

The Hemingway Editor is a tool used to assist in editing writing. It covers six areas:

Readability: analyzes your text to assess its grade level and readability score

Word Count

Number of Adverbs: shows whether the number used is acceptable or not for the length of your writing

Use of Passive Voice: shows how often you use the passive voice and calculates how often it should be used based on the length of your writing

Complex Language: shows a number of simpler alternatives

Hard to Read Sentences: number identified and suggestions made for improvement

You may choose to paste your writing into the Hemingway editor environment or write directly within it. It provides formatting options, colored highlights to identify sections and a summary of the edited areas.

VALIDATION, REFERENCES, OR RESOURCES:

Breastfeedingcanada.ca/en/baby-friendly-initiative/#bfi-in-canada

Hemingway Editor. [Hemingway Editor \(hemingwayapp.com\)](https://hemingwayapp.com)

<https://www.who.int/publications/i/item/9241541601>

<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/maternity-newborn-care/principles-maternity-newborn-care-fact-sheet-eng.pdf>