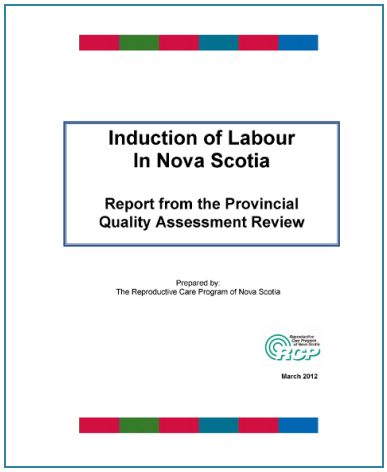
Reproductive Care Program of Nova Scotia

NOVA SCOTIA

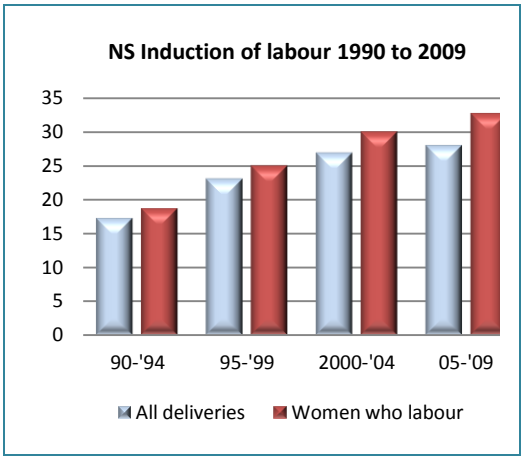
NEWSLETTER

SPRING/SUMMER 2012

RCP RELEASES PROVINCIAL INDUCTION REPORT (MARCH 2012)



The much anticipated report from the Provincial Quality Assessment Review on the Induction of Labour in Nova Scotia is now available on the RCP website. The 64-page document provides a comprehensive look at the issues related to induction, as well as detailed statistics of the nine hospitals in Nova Scotia that provide maternity-child services. Hard copies are available by request while supplies last.



The rate of induction in Nova Scotia is on the rise. The many reasons contributing to this increase are explained in detail within the report. Some of the medical indications for induction of labour include: Pre-labour rupture of membranes (PROM); Post-term pregnancy; Hypertensive disorders of pregnancy; and increasingly others such as obesity and advanced maternal age. Non-medically indicated or "elective" induction rates have also risen and contribute to the dramatic increase of the overall rate.

Risks of induction include prolonged labour, postpartum hemorrhage, cesarean delivery and neonatal morbidity. Induction should only be considered when vaginal birth is expected and the benefits to the mother and/or fetus of intervening before spontaneous labour outweigh the risk of the intervention. The recommendations within the report are intended to emphasize the importance of inducing women appropriately in order to avoid unnecessary interventions, utilize resources effectively and promote safe care. These focus on:

- Pregnancy dating
- Booking and scheduling inductions
- Post-term pregnancy
- Audit and quality improvement
- Cervical ripening
- Priorities for induction
- Safe use of oxytocin
- Fetal health surveillance during cervical ripening and induction of labour

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DOMPERIDONE SAFETY CONCERNS

In response to the recent Health Canada-endorsed advisory warning against the use of Domperidone, a group of perinatal health experts from across Canada have released a "Consensus Statement on the Use of Domperidone to Support Lactation". The statement provides a detailed critique of the Health Canada advisory and includes rationale as to why it should be viewed with caution with respect to the lactating population. The authors conclude that, in the absence of contraindications, "the health benefits that breastfeeding confers to both the mother and her baby outweigh the theoretical risk associated with domperidone's use." Links to both documents are on the RCP website.

PROVINCE RELEASES *THRIVE*!, PLAN FOR HEALTHIER NS

(June 7, 2012) Over $2 million in new funding has been dedicated in a government-wide effort to address obesity in Nova Scotia. The 34-point action plan includes:

- Providing new grants to community-based organizations that support breastfeeding.
- Supporting baby-friendly designation at hospital and community health facilities.
- Designing new after-school programs for junior high students in rural/remote areas.

In Nova Scotia, 1 in 3 youth are overweight or obese. The rate of women with pre-pregnancy BMI >35 is rising, from 6% in 1988 to over 22% in 2010! Obesity in mothers is associated with risk of obesity in their offspring as children and into adulthood.

IWK GOES PURPLE!

The IWK Health Centre, thanks to the generous support of the IWK Auxiliary, launched their "Period of PURPLE Crying" Campaign on May 25, 2012. This is an evidence-based infant abuse prevention program that educates parents and caregivers about normal infant crying and the dangers of shaking a baby. The PURPLE program includes a 10-page booklet and a DVD, intended to be delivered by trained staff to all parents of new infants. The DVD introduces and discusses the topic of crying and soothing techniques.

The Letters in PURPLE Stand for:

P	U	R	P	L	E
PEAK OF CRYING Your baby may cry more each week. The most at 2 months, then less at 3-5 months.	**UNEXPECTED** Crying can come and go and you don't know why.	**RESISTS SOOTHING** Your baby may not stop crying no matter what you try.	**PAIN-LIKE FACE** A crying baby may look like they are in pain, even when they are not.	**LONG LASTING** Crying can last as much as 5 hours a day or more.	**EVENING** Your baby may cry more in the late afternoon and evening.

For more information about the PURPLE program, go to www.dontshake.org

SOGC NEW GUIDELINE ON CHICKENPOX IN PREGNANCY

- Recommends vaccination before conception or after childbirth, **not** during pregnancy.
- Recommends providers be aware of testing and therapy available in local community because both are time sensitive. http://www.sogc.org (March 2012)

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SURVEILLANCE OF CONGENITAL ANOMALIES IN NOVA SCOTIA

Exciting new work is underway at RCP! We are co-ordinating the development of a Surveillance System for Congenital Anomalies in Nova Scotia. With funding provided by the Public Health Agency of Canada through the Enhanced Congenital Anomalies Surveillance Initiative and in conjunction with the Canadian Congenital Anomalies Surveillance Network, RCP is bringing together data that will be used to improve congenital anomaly (CA) reporting capability, data comparability, cluster detection, and case ascertainment in Nova Scotia. RCP will be inviting departments such as the Division of Maternal and Fetal Medicine, Genetics, Cardiology, Vital Statistics, and labs to contribute information to this new surveillance system. With database development well underway this project is sure to make headlines, so please stay tuned.

Rh PROGRAM SUPPORTS PATIENT EDUCATION

The Rh Program recently added a document to their website: "***How to administer Rh_o(D) immune globulin"*** *(December 2011).* This document was created in response to inquiries about the appropriate handling and administration of Rh_o(D) immune globulin (eg: WinRho ®), which is a blood product.

Work is also underway to develop a French version of "***The Rh Factor and Pregnancy"*** pamphlet. In preparing the French version, a review of the existing English pamphlet was done and revision is currently in progress. If you require information in French, please contact the Rh Program (Tel: 902-470-6458 or http://rcp.nshealth.ca/rh), or go to http://www.WinRho.ca, for links to the Canadian Product Monograph and Education Kits for health care providers as well as Consumer Information available *en français*.

MATERNAL-NEWBORN ORIENTATION LEARNING MODULES ONLINE

The Maternal-Newborn Orientation Learning Modules developed by RCP are online and are available at http://rcp.nshealth.ca/education/learning-modules. These self-directed modules provide educational materials and support to meet the diverse needs and training requirements for nurses providing care for childbearing women and families.

- ***Prenatal Care Assessment and Screening***
- ***The Process of Labour and Birth***
- ***Supportive Care in Labour (Parts 1 and 2)***
- ***Fetal Health Surveillance (FHS part 1)***
- ***Postpartum Nursing Care***
- ***Assessment of the Newborn***

These modules provide information that focus on a typical ("normal") pregnancy and birth experience. The last installments of the initial orientation series "Introduction to Breastfeeding" and "Fetal Health Surveillance (part 2)" are in development, release date to be announced. Preliminary feedback on these e-learning tools has been very positive. Requests for other modules focused on more specific concepts (i.e.: Diabetes in Pregnancy; Rural Health; Pregnancy Loss; Neonatal Abstinence Syndrome, etc.) have been received. New modules will be uploaded to the website when available. Please contact RCP with any comments or suggestions for learning topics.

CORD BLOOD COLLECTION

Through discussion with the provincial lab, we have learned that a small number of cord blood samples have recently been submitted that contain maternal blood cells, either wholly or in part. Please ensure when collecting cord blood that you maintain the integrity of the contents by using appropriate measures.

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NEONATAL RESUSCITATION PROGRAM 6TH EDITION LAUNCH

RCP hosted one of CPS' national launches for the release of NRP Version 6, which took place at the IWK Health Centre January 9-10, 2012. NRP instructors from all four Atlantic Provinces attended this update, as did one from Qatar. RCP provided support to more than 45 Instructors from across Nova Scotia so they could participate in the launch. The credit for the success of this launch must be shared equally with everyone who helped with the planning as well as those who attended, and most particularly with their managers and co-workers who supported them. This launch could not have been so successfully rolled out without everyone's commitment to supporting NRP and our instructors. Nova Scotia's NRP Instructors are a keen and enthusiastic bunch and there was a great sense of teamwork and a lot of positive energy. Thank you all so much! Our babies are in good hands.

NRP Instructors who have not yet attended an update and who wish to remain current should contact Leeanne Lauzon at RCP (Leeanne.Lauzon@iwk.nshealth.ca).

Major changes in Version 6 have been outlined by Dr. Khalid Aziz, Chair of the Canadian NRP Steering Committee, available online (http://www.cps.ca/nrp/ImportantInfo.htm). Highlights include the following and have been updated to reflect current information:

For Canadians, the most significant changes in NRP in this cycle relate to the delivery of courses, with a move to simulation and debriefing, and promotion of teamwork. There will also be clinical changes reflected in a new NRP algorithm, focusing on effective mask ventilation, saturation monitoring, and blended gases, many of which were introduced to Canada in 2006.

1. Canadian NRP timelines. There is a one year transition period (Oct 1, 2011 to Sept 30, 2012) during which both the old and new NRP materials will be accepted for registration of NRP Providers and Instructors. The Canadian NRP Textbook, Instructor Manual and Website are now available in French and English; these can be ordered from the CPS. The online exam for use in Canada is now available and there will be no paper copy of the exam available as part of the 6th edition changes. By the end of 2012, all the changes should be in place.

2. What is new in NRP education? NRP 2011 continues to advance the principles of adult learning, using new tools, such as simulation, debriefing, video recording and teamwork training in the classroom. Face to face and small group teaching will be optimized by making pre-reading and pre-testing a prerequisite to both Provider and Instructor courses. With the exception of discussing the changes, slides and didactic lectures are no longer necessary. Courses will be layered by skills (such as mask ventilation), integrated skills (using select performance checklists and an integrated skills assessment similar to the Megacode) and teamwork (using simulation and debriefing). Initial and renewal courses will be similar and based on the needs of learners.

3. What is new in NRP delivery? The focus of NRP continues to emphasize the need for effective ventilation in babies requiring resuscitation. This includes the introduction of an effective mask ventilation strategy, use of saturation monitoring and blended gases to optimize oxygen delivery, and training in the use of a laryngeal mask airway. Other changes are outlined in the NRP Textbook.

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UPCOMING EVENTS

ALSO

ADVANCED LIFE SUPPORT IN OBSTETRICS

IWK HEALTH CENTRE NOV 17-18, 2012

Contact RCP for Registration and Course Information.

Register soon as space is limited.

FORMS REVISION

The Reproductive Care Program of Nova Scotia supports perinatal care throughout the province; part of this support includes developing, producing and distributing a number of chart forms. Every effort is made to regularly review and revise the forms to ensure they are evidence-based and in keeping with best practice. In the past year, RCP forms have been revised to varying degrees. All forms underwent a standard revision that included changes to typeface with easier to read fonts, as well as extra space along the bottom for scanning bar codes used at some facilities. Some forms have also had a few minor additions or changes to enhance data clarity and collection. The **Prenatal Record, Physician Newborn Exam** (08), and **Atlantic Newborn Growth Chart** (12) forms are in the process of more extensive revision. Minor changes to the former two have been done in the interim:

- Physician Newborn Exam: added Breastfeeding options and more space for follow-up
- Prenatal Record: updated Gestational weight gain, BMI chart and "First Prenatal Visit", and added new topics for "Education/Discussion"

We continue to seek feedback as to how to improve these forms. The new versions are expected to be released next year. If you have not done so already, we invite you to submit your comments and suggestions. For the Prenatal Record please send feedback to Annette Elliott Rose (Annette.ElliottRose@iwk.nshealth.ca); for all other forms contact rcp@iwk.nshealth.ca.

PERINATAL AUDIT AT WORK: THE NOVA SCOTIA CESAREAN SECTION AUDIT PROCESS WORKING GROUP

From 2006-2008, RCP collaborated with four District Health Authorities to review best practice related to the use of cesarean section (CS) in Nova Scotia. The report[1] provides a number of recommendations, one of which was conducting regular clinical audits ideally using Robson's 10-group classification method as a framework. Robson's classification groups women by clinical characteristics (e.g. parity, type of labour) rather than by indications for CS. Cesarean section rates for each group are calculated as well as the contribution of each group to the overall CS rate. This information can be used to focus attention on areas of practice that may require further exploration or may be amenable to change. Robson's approach is clinically sensible and is easily reproduced, so it has been used in a number of jurisdictions internationally and across Canada.

In late 2010 Dr. Robson visited Nova Scotia and spoke at a provincial workshop. Building on the enthusiasm generated during Dr. Robson's visit, RCP identified interested physicians and hospital staff to join a working group that will develop an audit process for Nova Scotia. Representatives from three DHAs and the IWK are participating. The Cesarean Section Audit Process Working Group has been meeting by teleconference since late fall 2011. We have reviewed maternal characteristics such as categories of age and BMI, and the presence of medical complications, in each of the 10 groups to better understand possible influences on the CS rate. Each DHA and the IWK has, or will soon, identify the group that will comprise the first area for focus in their facility. The Working Group has developed audit tools and discussed the benefits and limitations of retrospective audit and prospective data collection for on-going audit. The group has also reviewed existing principles for clinical audit such as the importance of teamwork and clearly articulated and agreed upon goals to facilitate change in clinical practice. Participants have identified members for their own audit committees and some have begun conducting audits to test the process. Future activities include identifying effective methods for organizing findings from an audit and moving from data to action. The tools developed and the lessons learned from testing the process at several sites will be shared provincially for all DHAs to use in their quality review programs.

1 http://rcp.nshealth.ca/sites/default/files/resources-reports/CSectionReportOct2008.pdf

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SUMMER SAFETY TIPS FOR NEWBORNS AND INFANTS…

- **Avoid sun exposure** – Babies under six months shouldn't be exposed to direct sunlight. Sunscreen is not generally recommended, but if necessary use one with SPF ≥30 made from titanium oxide or zinc oxide, as these compounds do not penetrate the skin. It is best to keep baby in a cool, shaded area, dressed in light, loose-fitting clothes.

- **Avoid over-heating** – Infants are very sensitive to increases in environmental temperature, as they have not yet developed thermoregulatory mechanisms to accommodate exposure to extreme heat. Keep babies in a shaded area away from direct sunlight. Be aware of air circulation and that temperatures in closed spaces, such as a vehicle, soar within a very short period of time. **Never** leave an infant alone in a vehicle for any length of time, even with the windows open!

- **Keep hydrated** – In warmer temperatures, babies require more hydration than usual. Breast milk provides enough hydration to satisfy this increase need; supplementation with water or other liquids is **not** recommended in infants less than six months of age. In extreme circumstances, dehydration may occur. **If any of the following signs or symptoms are present, the baby should receive urgent medical assessment**:
  - **Dry diapers**
  - **No tears**
  - **Sunken fontanelle**
  - **Lethargy**
  - **Reduced activity, disinterest in feeding**
  - **Dry mucous membranes**
  - **Tachycardia with decreased pulses, mottling**
  - **Increased core-peripheral temperature differential**

- **Insects and insecticides** – Insects are everywhere in the warmer months. Although insect bites/stings are not normally dangerous, some infants may develop allergic reactions or acquire insect-borne illnesses. Consider draping insect netting over baby's stroller or carrier. Avoid prolonged exposure in insect-prone areas, such as flower gardens (bees, wasps), standing water (mosquitoes), and brushy areas (ticks). DEET is **not** safe for infants under six months, but is safe in small doses for older children.

- **Water safety** – Newborns should never be left unattended in or near water. Newborns exhibit two reflexes, which can give the false impression that they are able to swim on their own. These reflexes are present from birth and are normally gone by six months.
  - Diving reflex – when an infant is submerged under water they will hold their breath, and their heart rate will slow down.
  - Swimming reflex – newborns placed prone (in water or air) will move their arms and legs in a "swimming" motion. This should **not** be mistaken for actual swimming ability.

- **Bicycle safety** – Exercise is an important part of daily activities. Traditional bicycle carriers and trailers are suitable for infants who can sit up on their own, and wear a helmet. New generation models built for younger infants are emerging on the market. Parents looking to bicycle with their newborns need to ensure their equipment is CSA approved, secure, and supports the infant's head and neck. Quiet cycling routes are also recommended.

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SUMMER SAFETY TIPS FOR PREGNANT AND LACTATING WOMEN...

- **Travel plans** – If you are planning a trip to a foreign location, be sure to check with Public Health about any health concerns or recommended vaccinations related to a particular region. Not all vaccines are considered safe in pregnancy.

  If you're planning to travel by air, keep in mind that most airlines have restrictions on flying near to the last month of pregnancy, and for newborns as well. Ask about restrictions when booking the flight. It is advisable for pregnant women to talk with their Primary Care Provider about possible risks. Be sure to consider the due date for the return trip as well. In a healthy pregnancy, obtain a "permission-to-travel" letter, just in case the airline requests it. During the trip, drink plenty of fluids and rest when possible. It is also recommended to walk around and void at least every two hours.

- **Insects and insecticides** – Pregnant women are at increased risk of being bitten by mosquitoes, as they release more carbon dioxide than average. Health Canada claims that there is no evidence that the use of DEET by pregnant or breast-feeding women poses a health hazard to unborn babies or children who are nursing. However, women may wish to consider non-chemical methods as the available evidence is not strong.

- **Hydration and nutrition** – Water is the best fluid to maintain hydration during the hot summer months. The recommended daily intake of water is 1.0-1.5mL for each calorie consumed (Food and Nutrition Board, 2004). Pregnant and lactating women are advised to consume 300 kcal more than their usual recommended daily intake.

- **Food safety** – Health Canada provides guidance on food safety in pregnancy: raw and undercooked meat and fish should be avoided; to control food-borne bacteria growth and illness, food should be kept out of the "danger zone" (4–60ºC or 40-140ºF); avoid foods that have been sitting out in the heat too long. A recent study published in *Nutrition* (Jedrychowski et al, 2011) suggests that pregnant women should also be cautious about foods prepared on the BBQ grill. Cooking foods at high temperatures generates large amounts of polycyclic aromatic hydrocarbons (PAH). Evidence suggests that prenatal exposure to PAH can negatively impact fetal growth.

- **Exercise** – Exercise is encouraged during pregnancy and the postpartum period. Exercise helps to maintain a healthy body weight, stabilize blood sugar, increase energy, improve sleep, and decrease stress. Stick to low-impact exercise – it is easier on your joints and also reduces the risk of over-heating, which can be harmful to both mother and fetus.

- **Sunscreens and lotions** – Due to increased hormonal levels, pregnant women have increased sensitivity to the sun's UV rays. Avoid prolonged sun exposure and apply a sunscreen with SPF ≥30. Sunscreens are considered safe in pregnancy. Avoid lotions containing retinoids, which are harmful to the developing fetus.

www.first6weeks.ca

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Cora Cole joined RCP in March 2012 as Project Manager for the Surveillance of Congenital Anomalies in Nova Scotia (SCA-NS) project. Welcome, Cora!

Annette Elliott Rose (far-right), RCP Perinatal Nurse Consultant, was this year's PhD student recipient of the IWK's Ruby Blois Scholarship. Also featured in this photo are Shelly Lowther (left), MN student award recipient, and Ruby Blois (center). Among other qualifications, this award is given to RNs whose work demonstrates excellence and leadership in nursing practice and the care of women, children, youth and their families. Congratulations, Annette & Shelly!

Dr. Dora Stinson, Acting Neonatal Co-Director with RCP, received two awards this spring: the 2012 Canadian Medical Association Honourary Membership Award, and the IWK Foundation's John Lindsay Sr. Humanitarian Award. Dr. Stinson is "known for her outstanding skills in physical examination and diagnosis that were honed in an era prior to extensive imaging equipment. She is regarded among her colleagues as a selfless physician who is always available for her patients and their families regardless of whether she's on call." (DoctorsNS). Congratulations, Dora!

Martha Nutbrown, retired Perinatal Nurse Consultant, received the 2012 College of Registered Nurses of Nova Scotia (CRNNS) Excellence in Education award. This award is to given to a Registered Nurse who has demonstrated excellence in the application of the *Standards for Nursing Practice* and *Code of Ethics,* and who has made outstanding contributions to the nursing profession. Please see the CRNNS website for more details on Martha's achievements. Martha's contributions to the RCP team were numerous, and will have a lasting impact on perinatal care in Nova Scotia. Congratulations, Martha!

Anne Simmonds, Perinatal Nurse Consultant, has accepted a position with the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. Anne's contributions to RCP will be remembered for many years to come. Her recent work on the Maternal-Child Orientation Online Learning Modules has been very well received and will benefit health care professionals working with the perinatal population. Congratulations on your new position, Anne!

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