

**AAP Committee on Fetus and Newborn (COFN)
Report to CPS Fetus and Newborn Committee**

The AAP Committee on Fetus and Newborn (COFN) met in April, 2013 in Scottsdale, AZ and jointly with ACOG-COOP in November, 2013.

The following statements have been published this year:

1. Management of Neonates Born to Women with Active Herpes Lesions; joint statement Committee on Infectious Disease (David Kimberlin) and COFN (Jill Baley): *Pediatrics*, February, 2013.
2. Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus; joint statement with Committee on Substance Abuse (Marylou Behnke): *Pediatrics*, March 2013.
3. Planned Home Birth: Care of the Infant; Kristi Watterberg, lead author: *Pediatrics*, May 2013
Note: Commentary by Dr. Chervenak et al; reply by Dr. Watterberg, *Pediatrics*, November 2013

The following statements are awaiting publication:

1. Surfactant replacement Therapy for Respiratory Distress in Preterm and Term Infants, Wally Carlo and Rich Polin, lead authors.
2. Respiratory Support in Preterm Infants at Birth, Wally Carlo and Rich Polin, lead authors.
3. Inhaled Nitric Oxide in the Premature Infant; Praveen Kumar, lead author

The following statements are being revised/updated:

1. Neonatal Pain Management; COFN (Erin Keels) and COD (Navil Sethna): in preparation.
2. Antenatal Counseling Regarding Resuscitation at an Extremely Low Gestational Age; Jim Cummings and Tonse Raju, lead authors; draft in process
3. Apgar Score; Board requested revision due to length of time since last statement; Kristi Watterberg, lead author; intent being drafted.
4. Hospital stay for healthy term infants; Bill Benitz, lead author, intent being drafted.
5. Safe transportation of preterm and low birth weight infants at hospital discharge; joint with Committee on Injury, violence and poison prevention (COIVPP) and COFN (Jill Baley); previous statement reaffirmed, November 2013, revisions for future statement in process.

The following new statements are in progress.

1. Therapeutic Hypothermia for Neonatal Encephalopathy, Lu-Ann Papile, lead author; approved by the Board but with comments to be addressed.
2. Immersion in Water for Labor and Delivery, ACOG COOP and COFN (Tonse Raju); approved, awaiting publication
3. Birth Injury, ACOG COOP (George Macones), COFN (Praveen Kumar): withdrawn
4. Kangaroo Care for the Term and Preterm Infant; Jill Baley, lead author: in committee.
5. Newborn Screening for Biliary Atresia; joint statement Section on Surgery and COFN (Kasper Wang): first draft completed, revising
6. Apnea of Prematurity (Eric Eichenwald): intent approved
7. Non-Invasive ventilation in the NICU; Jim Cummings, Rich Polin lead authors; intent approved
8. Patent ductus arteriosus, Bill Benitz lead author; intent approved
9. Donor human milk; joint with AAP Committee on Nutrition; COFN (Brenda Poindexter); intent submitted
10. Disaster preparedness in the NICU, Wanda Barfield lead author; intent being drafted.

Respectfully submitted,
Kristi Watterberg, MD
Chair, AAP COFN



**Canadian Association of Neonatal Nurses
Association canadienne des infirmières et infirmiers en néonatalogie**

Knowledge □ Professional Practice □ Ethics

**CANN / ACIIN 2013 - 2014
BOARD OF DIRECTORS**

December 2013

Fetus and Newborn Committee Liaison Report,

PRESIDENT
Debbie Aylward, RN, MScN
Perinatal Consultant
Champlain Maternal Newborn
Regional Program
Ottawa, Ontario

The Canadian Association of Neonatal Nurses (CANN) continues to represent neonatal nurses across Canada. The Association and its Board of Directors have worked diligently to offer neonatal nurses across Canada opportunities for professional growth and networking.

PRESIDENT ELECT
Linda Boisvert, inf., M.Sc.inf., I.B.C.L.C.
McGill University Health Centre,
Royal Victoria Hospital
Montréal, Québec

Some key initiatives and opportunities include:

TREASURER
Karen Lasby, RN, MN
Clinical Nurse Specialist
Neonatal Transition Team,
Postpartum Services
Alberta Health Services
Calgary, Alberta

1. Submission of Phase 1 documents to the Canadian Nurses Association (CNA) as part of a 3-part process for specialty certification.
2. Monthly audio seminars.
3. Continued liaisons with the Canadian Association of Perinatal and Women's Health Nurses (CAPWHN), CNA, Academy of Neonatal Nursing, Council of International Neonatal Nurses (COINN) in order to optimize benefits to members.
4. Successful applicant to host COINN2016 – the 9th international neonatal nursing conference – to be held in Vancouver, BC in August 2016.
5. Collaboration with International Pediatric Association's 2016 congress in Vancouver.
6. Participation in the revisions of Health Canada's *Family Centred Maternity and Newborn Care* guidelines.
7. Active participation on the CPS NRP Steering Committee.
8. Invitations to lend support to national research initiatives.

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The above activities align with both CANN's Strategic Plan and vision and seek to attract, engage and retain members, as well as ensure that the Association remains fiscally viable; enhances professional development and continues to be the voice of neonatal nurses in Canada.

In nursing,

Debbie Aylward RN, BScN, MScN

President

Canadian Association of Neonatal Nurses

Canadian Pediatric Society - Fetus and Newborn Committee
Canadian Perinatal Programs Coalition - Liaison Report
January 2014

Canadian Perinatal Programs Coalition (CPPC) - Background

- Membership - regional and provincial perinatal programs from across the country (BC, AB, 2 in ON, NS, PEI, NL plus the Child Health Network in the GTA and the 2 education programs in SK)
- All of the programs have strong links with practicing clinicians, educators, and health information staff and we all have connections to our provincial Departments/Ministries of Health in some way
- Our programs are not decision-making bodies, although we have some influence with senior level staff in the government and in health care facilities.
- We live and breathe *Knowledge Transfer* and are able to accomplish a great deal through formal and informal networks
- The CPPC meets annually in conjunction with another scientific meeting. The next meeting is scheduled for June, either in conjunction with the SOGC meeting in Niagara Falls or the CPS meeting in Montreal. Final decision to be made by February 1st.

Highlights from CPPC Meeting – June 17 – 18, 2013 (Edmonton)

1. The Canadian Congenital Anomalies Surveillance Network (CCASN)
The CCASN has been in place for 10 years under the auspices of the Public Health Agency of Canada (PHAC). PHAC successfully lobbied for funds to support provincial and territorial efforts to strengthen local surveillance initiatives and contribute to the national system. NL, ON (through BORN), one region of SK and NWT have submitted data to PHAC. NS is in the final stages of negotiation and other jurisdictions are at various stages of reestablishing data sharing agreements with PHAC or developing provincial/territorial congenital anomaly databases that, once established, could be used to submit the required data fields to PHAC.
2. Canadian Perinatal Surveillance System
In 2012 CPPC members received official notification that the Canadian Perinatal Surveillance System (CPSS) was being discontinued. Surveillance continues to be an important role for PHAC but reorganization of the CPSS was necessary to reflect changes in policy directions in PHAC. Although the CPPC no longer has a representative on the CPSS Steering Committee, informal linkages with CPSS will continue.
3. Fetal Health Surveillance Education
The CPPC and the SOGC have a history of working together on Fetal Health Surveillance education. SOGC was pursuing options to develop a web-based program but leadership changes within SOGC made it difficult to pursue the issue at this time. A CPPC FHS Education Working Group developed and distributed a survey about current FHS education and future needs to 358 health care providers across the country. Survey results indicated that an on-line option would be

highly valued. The BC Perinatal Health Program is collaborating with the Centre of Excellence in Innovation & Education (CESIE) at UBC to create an interactive on-line program based on the CPPC-SOGC Fundamentals in Fetal Health Surveillance Self-Learning manual.

4. Perinatal Audit using Robson's 10-Group Classification

Several provinces are using Robson's 10-group method of classifying cesarean sections to present regional and/or hospital rates and to guide exploration of practice changes. Building on the successful collaboration between BC, ON and NS that resulted in a publication (http://www.jogc.com/abstracts/full/201303_Obstetrics_1.pdf), AB and NL joined the group to work on drilling down further to better understand maternal characteristics as one contributor to cesarean section rates.

5. Indicator Development

Three provinces are actively involved in developing and monitoring perinatal health indicators. BORN ON has a provincial dashboard. Perinatal Services BC has identified indicators that will be posted on the public area of the Program website. NS is working through an indicator selection process with clinicians and health care leaders in the province.

Presentations:

- Perinatal Health Indicators - Successes and lessons learned – Perinatal Services BC, BORN ON, Reproductive Care Program of NS
- Electronic Antenatal Record project – Dr. Sandy Dunn, BORN ON & Lily Lee, Perinatal Services BC
- Aboriginal Issues in Perinatal Health - Panel Presentation Dr. Peter Lindsay, Northern AB Health Program; Dr. Richard Oster, Department of Medicine University of AB; & Jamie R, community member and health advocate
- The Study of Maternal Mortality in Alberta - Dr. Michael Bow & Grace Guyon, AB Perinatal Health Program
- Publication of Data: papers using Robson's 10-group method – Lily Lee Perinatal Services BC and other perinatal program representatives
- Rural Issues in Perinatal Care - Rosalie Case, AB Health Services
- NS Quality Assessment Reviews – Newborn Transition from Hospital to Home – Leanne Lauzon & Becky Attenborough Reproductive Care Program of NS
- Safe Infant Sleep resources developed by Alberta Health Services- Lara Anderson AB Health Services

Discussion Items:

1. Each program presented highlights from their province/region.
2. Programs to support using the CPS/PHAC Safe Infant Sleep guidelines (BC has toolkit for Aboriginal communities, AB has provincial resources for caregivers and families)
3. Reports of interest from PHAC - 'The Canadian Hospitals Maternity Policies and Practices Survey', 'Fact Sheets on Maternal Mortality and Severe Morbidity for Canada'.
4. Pilot for a Canadian cord blood bank.

CANADIAN PERINATAL SURVEILLANCE SYSTEM (CPSS) – PUBLIC HEALTH AGENCY OF CANADA (PHAC)

UPDATE FOR THE FETAL AND NEWBORN COMMITTEE – CANADIAN PEDIATRIC SOCIETY

DECEMBER 2013

Highlights regarding recent and ongoing work include:

- Public release of the surveillance report *Congenital Anomalies in Canada 2013*, on December 20 2013.
- Public release of the surveillance report *Perinatal Health Indicators Update-2013* expected in January 2014.
- First face-to-face meeting of the newly established CPSS advisory committee held on October 16-17, 2013.
- Joint PEGASUS-PHAC meeting on knowledge translation regarding the utilisation of non-invasive genomic testing to detect Down syndrome held on November 12, 2013.
- Meeting of provincial/territorial coordinators for enhanced congenital anomalies surveillance held on November 13-14, 2013.
- Development of surveillance fact sheets on sudden death infant syndrome (SIDS), mental health in pregnancy, folic acid supplementation, and diabetes and hypertension in pregnancy based on national data (in progress).
- Epidemiological analyses based on national surveillance data:
 - temporal trends of SIDS (published)
 - association of maternal chronic conditions and congenital heart defects (published)
 - gestational-age specific severe maternal morbidity associated with labor induction (published)
 - breastfeeding and smoking in pregnancy: temporal trends (accepted for publication)
 - folic acid knowledge and use in Canada (accepted for publication)
 - contribution of body mass index and gestational weight gain to caesarean birth and infant outcomes in Canada (in progress-advanced)
 - effects of unintentional injury during pregnancy on preterm gestation and neonatal outcome (in progress)
 - congenital heart defects and folic acid fortification in Canada (in progress)
 - international (e.g., Nordic countries, U.S., Canada) comparisons of infant mortality (in progress-advanced)
 - smoking cessation in pregnancy and postpartum relapse (in progress-advanced)

The CPSS is a national surveillance program that monitors and reports on maternal, fetal and infant health in Canada and conducts targeted epidemiological analyses. The CPSS is managed by the Maternal and Infant Health Section, Centre for Chronic Disease Prevention at PHAC. For further information, please contact Andrés at juan.andres.leon@phac-aspc.gc.ca.