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MAY 2014 NEWSLETTER

Thank-You for Making the Open House a Huge Success



With over 250 people in attendance, including the Minister of Health and several IWK VPs, the RCP and the Rh Program of Nova Scotia celebrated their 40th and 50th anniversaries respectively on April 11th. The IWK Choir performed at the event and best wishes were brought by Steve Ashton on behalf of the IWK – our host organization. The catering department at the IWK did a wonderful job of providing a delicious breakfast for everyone.

Guests were able to enjoy the displays that summarized and celebrated the work by both programs. For a look at a Timeline that highlights the significant events of both the RCP of NS and Rh Program of NS: http://rcp.nshealth.ca/sites/default/files/rcp_rh_timeline.pdf

Displays included:

- **Clinical Support, Collaboration & Education** described information on Morbidity and Mortality Process, Quality Assessment Reviews, and various resource documents, educational sessions and clinical team members were also available.
- **Documentation Display** described data quality, data collection and uses of RCP and Rh data.
- **Surveillance of Congenital Anomalies in Nova Scotia** included information on the SCA-NS project, RCP Data Access Committee and NSAPD Reporting & Research Support.
- **Reproductive Care Program of Nova Scotia** provided a program summary and information on current and previous staff, a copy of latest RCP Newsletter, give-aways and prizes.
- **Rh Program of Nova Scotia** compared statistics from the first 5 years of the program with the most recent 5 years. It also included historical newspaper articles and publications from the 1960s, a 30th Anniversary Booklet and various handouts.
- **Maternal Newborn Indicators for Nova Scotia** display outlined the new proposed perinatal health indicators. This display asked guests to complete a “Tell Us What You Think” survey about the proposed indicators.

“Tell Us What You Think” is a short 6-question survey will help inform how perinatal newborn indicators are developed for all of Nova Scotia. This important survey is included with this newsletter. Please fax or mail the hard copy back to RCP.

Baby-Friendly Banter

Having been in the provincial BFI Coordinator role now for a few months, I have had the privilege of connecting with health professionals around the province. Regardless of where your work connects with women and infants, the Baby-Friendly Initiative (BFI) is being talked about and implemented. Still, there are many misconceptions surrounding BFI. For instance, sometimes BFI is thought to be all about breastfeeding, and that it pressures all women to breastfeed.



I admit it. I used to think BFI was all about breastfeeding – after all, it is built around **The 10 Steps to Successful Breastfeeding**. Now I understand that BFI is actually about all women, regardless of feeding choice, receiving care guided by best practices. BFI is the minimum standard women can expect, and it supports all women and infants. Here are a few examples.

Step 1 is about policies. Infant feeding policies must incorporate practices that support breastfeeding and non-breastfeeding mothers. It is about supporting women to make informed choices about how they will feed their infants, and respecting those informed choices.

Step 4 is about skin to skin contact. This supports infants' transition from intrauterine life to extrauterine life. Regardless of feeding choice, skin to skin supports temperature, cardiovascular, and respiratory regulation and stabilizes blood glucose levels. It colonizes baby with maternal bacteria and decreases cortisol levels in both mother and infant.

Step 7 is about mother-baby togetherness. When mother and baby remain together, they bond and learn to communicate and understand each other more quickly than when they are separated. When infants remain with their mothers, they cry less.

Step 10 is about transitioning between hospital and community. Mothers deserve consistency in the messages they receive from those supporting and caring for them. This step focuses on the continuity of care. Acute care, primary care, public health, and community partners all have a part to play in ensuring a seamless, supportive transition for women and infants.

Of course, BFI is also about supporting women in their breastfeeding goals. In the **Perinatal Health Indicators for Canada 2013 Report**, we learned that 87.3% of women initiate breastfeeding, yet only 25.9% of women achieve the recommended 6 months of exclusive breastfeeding. BFI supports women so they can reach their breastfeeding goals.

I am always eager to hear your questions, suggestions, or perspectives about breastfeeding and the Baby-Friendly Initiative. I am here to support you!

Betty Ann Robinson

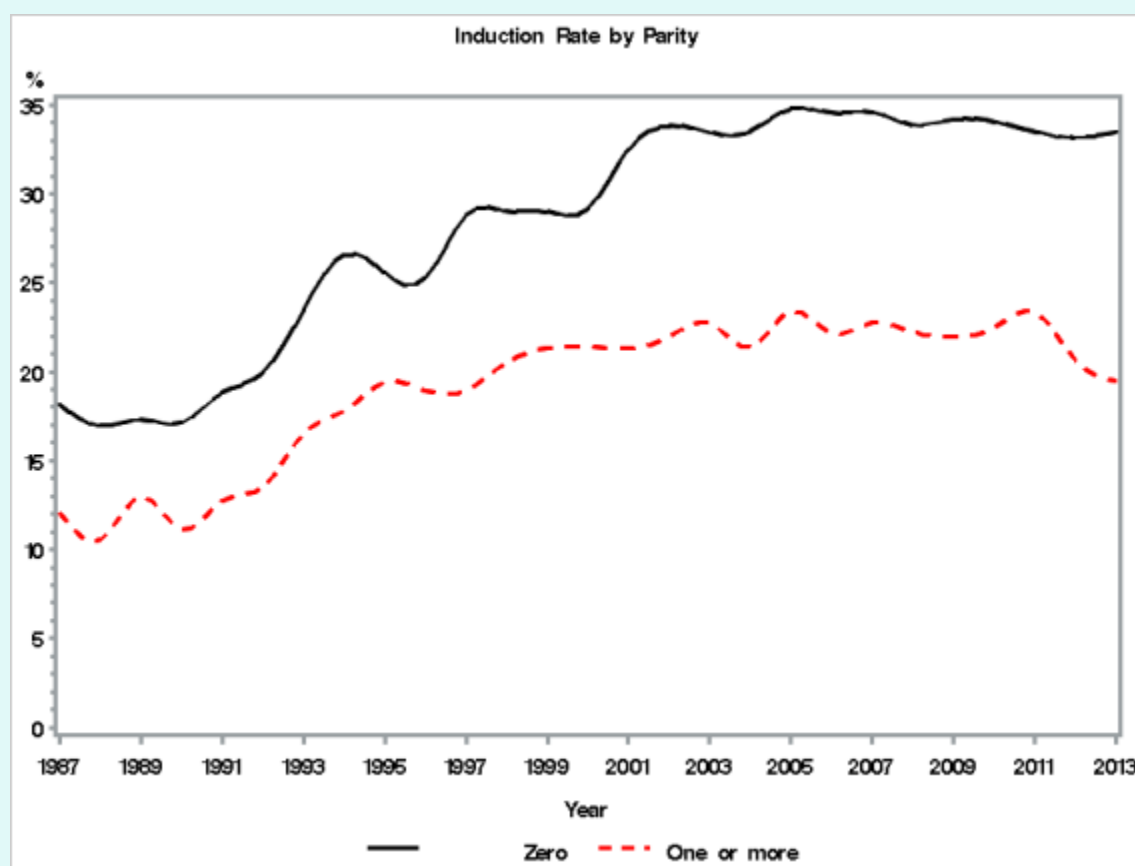
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Data-Byte

Over the last 25 years, the proportion of deliveries for which labour is induced have increased noticeably, and then plateaued, with nulliparous women about 1.7 times more likely than parous women to experience this intervention in Nova Scotia hospitals.

The 2013, the *Induction of Labour* clinical practice guideline developed by the Society of Obstetricians and Gynaecologists of Canada (SOGC) stated: "Induction is indicated when the risk of continuing the pregnancy, for the mother or the fetus, exceeds the risk associated with induced labour and delivery. The indication must be convincing, compelling, consented to, and documented." *J Obstet Gynaecol Can* 2013;35(9)p. 53.

In Nova Scotia, and across the country, the most common indication for induction is post-dates pregnancy. For more information please refer to the following RCP report: **Induction of Labour In Nova Scotia: Report from the Provincial Quality Assessment Review** (March 2012).



Continuing Education

National Birth Defects Prevention Network 2014 Virtual Annual Meeting

The National Birth Defects Prevention Network (NBDPN) is holding its 17th Annual Meeting using a virtual format. **The next session is on May 21st.** Get the details here:

<http://rcp.nshealth.ca/events/nbdpn-virtual-conference-2014>.

La Leche League Canada presents 2014 Health Professional Seminars

"Addressing Breastfeeding Barriers to Improve Lactation Outcomes"

May 23 in Moncton, and June 4 in Dartmouth at the Brightwood Golf Club. Online registration is now live: <http://www.lllc.ca/health-professional-seminars>.

Coder Tips

A coder noted that a Mom was using an e-cig and had asked how she would enter that in # of cigarettes smoked. We need to distinguish between e-cigarettes and tobacco smoking so, thanks to this question, **we have added the use of e-cigs or 'vaping' to the Nova Scotia Atlee Perinatal Database for April 1, 2014 discharges**. We have learned a lot about vaping as the result of this change, so please keep your questions coming.

A shout-out and lots of kudos to the Health Information Professionals!

News about Documentation

Hot off the Press! Data Entry Coding Manuals for April 1, 2014 discharges will be sent out soon! Data entry screen testing has been completed, but if you have any suggestions or come across any quirks please let us know.

Our Mission

Working with Nova Scotia hospital and community-based health professionals to promote excellence in reproductive, perinatal and newborn health.

- Leadership and support
- Guidelines and standards
- Education
- Data collection and analysis

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