



Halifax Professional Centre
5991 Spring Garden Road
Suite 700, Halifax, NS
B3H 1Y6

Tel: (902) 470-6798
Fax: (902) 470-6791
Email: rcp@iwk.nshealth.ca
Web: rcp.nshealth.ca

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August 2014 Newsletter

Promoting Safe Infant Sleep in Nova Scotia

Sudden Infant Death Syndrome (SIDS) is still the leading cause of death for Canadian infants between 28 days and one year of age.

Over the past several decades, hospital, public health and community-based groups in Nova Scotia and across Canada have been working together to create messages for families regarding safe infant sleep. The primary aim is to reduce sleep related harm such as SIDS. SIDS is defined as the “sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”¹ Since the “Back to Sleep” campaign in the late 1990’s, there have been dramatic reductions in SIDS over the last decade in Canada and around the world (Fig 1). However, SIDS, according to Statistics Canada, is still the leading cause of death in developed countries and for Canadian infants between 28 days and one year of age.² There have been several cases of infant sleep-related harm (including SIDS) in Nova Scotia over the past several years. Between 2000-2008, there were 310 infant deaths in Nova Scotia, 28 (9%) of those were from SIDS.³ Other provinces have had similar concerns about sleep-related harm. In response to these concerns, there have been several key provincial and national documents produced regarding safe infant sleep.^{4,5,6}

National Guidelines

In 2004, the Canadian Pediatric Society released a position statement on safe sleep, with a key recommendation that the safest way for a baby to sleep in the first six months of life is supine in a Canadian Standards Association (CSA)-approved separate sleep surface within the same room and within arm’s length of the parents’ bed. This statement was reaffirmed by the CPS in 2011 and 2014. Two additional documents regarding safe infant sleep have been released over the last several years. The Public Health Agency of Canada released a joint statement with the Canadian Pediatric Society, the Canadian Institute of Child Health and the Canadian Foundation for the Study of Infant Deaths outlining recommendations for safe infant sleep.⁴

Similarly, an inter-professional group of experts in British Columbia released a comprehensive guideline in February 2011 entitled, ‘Safe Sleep Environment Guideline for Infants 0 to 12 Months of Age’.⁵ Both the PHAC and BC documents have similar recommendations. However, the BC guideline includes a comprehensive review of the literature and valuable information to inform

context-specific discussions about safe infant sleep such as cultural considerations, harm reduction messages and factors related to determinants of health.



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

Although the incidence of SIDS has declined dramatically since the Back-to-Sleep campaign, 9% of infant deaths in NS between 2000-2008 were from SIDS.

The Canadian Pediatric Society (CPS), the Public Health Agency of Canada (PHAC) and British Columbia Perinatal Health Services have all released guidelines related to safe infant sleep.

Information for parents about safe infant sleep is included in the postnatal resources, Loving Care, that are distributed to all families with newborns in Nova Scotia. <http://www.gov.ns.ca/hpp/lovingcare>.

To address recent concerns regarding safe infant sleep, the Department of Health and Wellness and the Reproductive Care Program of Nova Scotia organized a one-day discussion forum with infant and family health experts in Nova Scotia to discuss recent recommendations. The purpose of the Nova Scotia discussion forum was to review and discuss the British Columbia recommendations/guidelines on safe infant sleep, and to seek feedback about adapting the recommendations for the Nova Scotia context.

A key conclusion of the forum was that it is important to provide evidence-based information that is practical and realistic for families to support safe infant sleep and to help in the prevention of SIDS. It is recognized that for a variety of reasons, often related to social determinants of health (e.g.: socioeconomic status, education), some groups in the population are at higher risk for SIDS. Demographic risk factors for SIDS include: male, preterm or low birth weight infants, infants whose families have a lower socio-economic status, infants whose mother is less than 20 years of age and Aboriginal infants.⁷

Recommended Reading

- Public Health Agency of Canada (2011). Joint Statement on Safe Sleep. Preventing Sudden Infant Deaths in Canada. Available from: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/jsss-ecss2011-eng.pdf
- Leduc, D., A. Côté, and S. Woods. "Recommendations for safe sleeping environments for infants and children." *Paediatr Child Health* 9 (2004): 659-663. Reaffirmed in 2011 and 2014. Available from: <http://www.cps.ca/documents/position/safe-sleep-environments-infants-children>
- Perinatal Services British Columbia (2011). *Perinatal Services BC Health Promotion Guideline 1. Safe Sleep Environment Guideline. For Infants 0 to 12 Months of Age*. Available from: <http://www.perinataleservicesbc.ca/NR/rdonlyres/D799441C-3E00-49EE-BDF7-2A3196B971F0/0/HPGuidelinesSafeSleep1.pdf>

See last page for references



Strategies to Improve Knowledge & Understanding:

Ensure families receive adequate, consistent information. This includes ensuring clear information regarding the recommendations for safe infant sleep in Nova Scotia is widely disseminated to care providers so that families are hearing the same messages about safe infant sleep. It is important for these messages to be included in policy, practice and planning.

Consider families' life and home circumstances as well as their beliefs and values. It is important to have one-on-one conversations with families about their life contexts, cultural beliefs and differences and social determinants of health. During these discussions, families and care providers can create a plan to support families in creating optimal sleeping environments for their infants. For families that choose to co-bed with their infants harm reduction messages are important. Harm reduction messages are outlined in the Loving Care series.⁸ It is also important to determine the professional, community-based and personal support and guidance that is available to families.

Care providers modeling best practice. Building on the key messages noted above, care providers should model and teach the appropriate use of swaddling and covering the infant's head (unnecessary use can lead to overheating), remind parents that for the first six months of life the safest way for babies to sleep is supine on a CSA-approved separate sleep surface within arm's length of the parents' bed and NOT promote the use of swings, strollers or car seats for infant sleep. Since the hospital and home environments are very different, it may be necessary to create specific information on appropriate safe infant sleep messages in hospital versus in the home. Some messages may differ between hospital and home for a variety of reasons: women may be medicated and/or extremely fatigued in the early postpartum period, both mothers and babies are transitioning to new routines and roles in the early postpartum period and hospital beds are not safe for co-bedding. Some have suggested that having a well rested support person stay with mothers and infants during the hospital postpartum stay would be helpful.

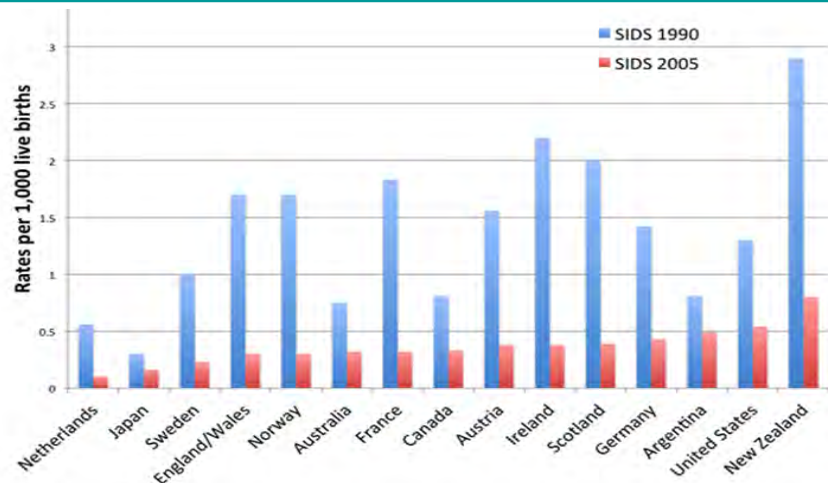
Promoting Safe Infant Sleep

The current evidence outlines a number of protective factors for SIDS such as placing babies on their back to sleep,^{2,9} care givers sleeping in close proximity to their babies,^{10,11} reducing exposure to smoking¹⁰ and increasing breastfeeding, in particular exclusive breastfeeding as it plays a key role in protecting babies against SIDS.^{12,13} The key is to translate current evidence regarding safe sleep into clear and consistent messages that work for families. However, there still remains considerable debate among care providers about how to model best practices and initiate conversations with families regarding infant sleep. It is important to provide population health messages that also consider a variety of infant care and family settings.

References are available on the RCP Website– Safe Infant Sleep Article

Data-Byte

Figure 1: International Sudden Infant Death Rates¹⁰



A Birthing Relationship Study

Are you a perinatal care provider in rural Nova Scotia who has cared for a member of the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ) community in the context of birthing care? We are seeking nurses, family physicians and registered midwives to share their stories of working with queer (LGBTQ) birthing women across rural Nova Scotia. The results from the study will help shape evidence-informed practices, educational curricula, and continuing education for perinatal providers related to LGBTQ birthing care.

Drs. Lisa Goldberg and Megan Aston, School of Nursing, Dalhousie University, are leading this multi-site provincial study, with partnership funding through the Canadian Institutes of Health Research (Institute of Gender and Health), the Nova Scotia Health Research Foundation, the School of Nursing, (Nursing Research and Development Fund), and the Faculty of Health Professions, Dalhousie University.

Please visit our website to learn more about the study, or contact:

Shannon Pringle, Project Coordinator

902-494-2642

springle@dal.ca

<http://lgbtqbirthing.weebly.com/>



Breast Feeding Banter

This month we are showcasing an initiative from the South Shore that is positively influencing the experience of women who are breastfeeding and breastfeeding rates. I encourage you to consider being part of a collaborative breastfeeding network in your community. Working together, we can make a difference!

The South Shore Collaborative Breastfeeding Network (otherwise known as The Network) began in March 2013 based on input from over 100 community partners and primary care providers and with the support of funding from a Thrive! grant. The Network offers mothers 'one door' access to appropriate support for breastfeeding challenges. It was created with two primary goals:

- ◆ To provide mothers with the right support from the right person at the right time.
- ◆ To incorporate the role of International Board Certified Lactation Consultants (IBCLC) into current South Shore Health staff positions.

If you have any questions about this initiative, please feel free to contact Susie Wood directly at swood@ssdha.nshealth.ca or (902) 634-4014.

Prior to creation of The Network, parents and primary care providers were often confused about where to get help for breastfeeding challenges. Now all they have to do is call one number. Within 24 hours the mother is contacted by an IBCLC who is a health care professional with advanced knowledge and skill in providing breastfeeding support. Either an appointment is scheduled with the IBCLC or the mother is referred to a more appropriate Network partner to meet the mother's need. Evening, weekend and holiday coverage is provided by the OBS floor. The mothers are seen in a variety of locations in the community based on their needs.

The Network partners include anyone who plays a role in supporting women who are breastfeeding their children including; South Shore Health staff and physicians (IBCLCs, OBS clinic/floor nurses, outpatient dietitians, nurse practitioners, midwives, Public Health staff), family resource center staff and volunteers (parent and peer support groups), La Leche League, osteopaths, pharmacy staff, and providers of the community pump loan program.

The Network received the 2014 Outstanding Quality Initiative Award at the May 27th South Shore Health Celebrating Excellence Awards Ceremony

Since its inception, The Network has received 185 referrals, including 27 prenatal referrals. We estimate that about 45% of women who have given birth in 2013 and are breastfeeding have contacted The Network for support with feeding challenges.

To evaluate the effectiveness of The Network, we conducted an online survey (summer 2013) and focus group (December 2013) with mothers and community partners who have used The Network. The overwhelming response has been positive; "The Network Works!"

Primary care providers and mothers attribute the success to an easy referral process, timely access to a community IBCLC, as well as enhanced communication and collaboration in the form of phone calls, feeding plans and summaries back to primary care providers. Primary care providers feel that their own capacity to support breastfeeding has been enhanced and mothers report feeling empowered by the process. Dr. Kerry Jo Parker, a local family physician notes that "Patients have a lot of confidence and positive impressions about their capacity to breastfeed after working with (the IBCLC)."

Through feedback and program evaluation and with the support of Thrive! funding, The Network is expanding prenatal and 'in house' (prior to discharge) consultations as well as implementing a prenatal pilot project to reduce barriers in accessing resources (e.g. transportation). The strength of the initiative is directly related to the commitment and leadership among the partners working together.



Sickle cell disease Association of Canada AND The Canadian Haemoglobinopathy Association



2nd CANADIAN CONFERENCE ON SICKLE CELL DISEASE
Toronto – 19th-20th September 2014



Please note the following **CHANGES** in the administration of outpatient injections of Rh Immune Globulin (WinRho®SDF) at the IWK Health Centre:

Effective June 1, 2014, outpatient injections will **NO LONGER** be administered in the Perinatal Centre of the IWK Health Centre. Patients will also be required to **BOOK APPOINTMENTS** for these injections.

See below for directions which will also appear on the back of the **YELLOW "Order for Rho(D) immune globulin (WinRho®SDF)"** that you receive from the Rh Program of Nova Scotia. **If you have any OLDER versions of this order form in your office, please destroy them to avoid confusion.**

Dartmouth General Hospital:

Blood collection: Outpatient Lab hours 7:00 am to 3:00 pm Monday to Friday (except holidays). You must have a requisition. No appointments are necessary for routine tests; please call the lab for direction regarding special testing.

- Blood must be drawn for an antibody screen within 14 days (or the same day) **BEFORE** you get the injection.

Routine 28 week Injections: Register in the outpatient department to receive your injection.

- MONDAY, WEDNESDAY & FRIDAY ONLY: 1:30 to 3:30 pm. Walk in only (no appointment).
- You **MUST** bring a **SIGNED ORDER** and **SIGNED CONSENT FORM** with you.
- If you have any bleeding in pregnancy, your doctor or midwife may send you to the IWK Health Centre or your local emergency department [see box below for more information].

IWK Health Centre:

To receive your injection:

- Go to **ADMITTING** on level 2, Women's Site, to register for your visit.
- You **MUST** bring a **SIGNED ORDER** and **SIGNED CONSENT FORM** with you.
- Blood **MUST** be drawn for an antibody screen ***within 14 days (or same day) BEFORE you get the injection.***

Blood collection, Level 1, Children's Site, IWK Health Centre:

- Open Monday to Friday, 7:30 am to 5:00 pm
- No appointments are necessary for routine tests. *If you are coming for glucose (tritol) testing (1 hour) you must arrive before 3:30 pm.*

Obstetrical Day Unit, IWK Women's site, Level 7:

- 28 week injections are done daily including weekends ***by appointment only***
- To book your appointment call **902-470-6640**
- Blood **MUST** have been drawn in lab Monday to Friday (see blood collection hours above).

ANY bleeding in pregnancy: call your health care provider. You may be sent for urgent WinRho to:

- Local emergency department
- Early Pregnancy Complications Clinic/Urgent Gynecology Care Clinic, 6th Floor IWK Health Centre, Monday to Friday 0800 to 1500 hours by appointment **ONLY: before 20 weeks of pregnancy only. Your health care provider must FAX a consult note, signed consent, and order for WinRho to 902-470-7056. You will be called with an appointment.**

After hours, weekends and holidays:

- Local emergency department
- IWK Early Labour Assessment Unit: **if 20 weeks or more of pregnancy.**



Rh PROGRAM of NOVA SCOTIA

5850 /5980 University Avenue, PO Box 9700
Halifax, Nova Scotia, Canada, B3K 6R8
Tel (902) 470-6458 Fax (902) 470-7468
Website: <http://rcp.nshealth.ca/rh>

ORDER for Rho(D) immune globulin (WinRho® SDF).

Written order and signed consent are REQUIRED for all injections.

Patient's name: _____ HC# _____ DOB: _____ ABO/Rh type: _____

Known reactions to blood products? No: _____ Yes: _____ If yes, describe: _____

Indication (please check *v* all appropriate boxes):

- Routine 28 weeks: WinRho® SDF 300 micrograms
- Bleeding in pregnancy
- Miscarriage
- Other indication (explain): _____

Dosage (please check *v* appropriate box):

BEFORE 12 weeks gestation: WinRho® SDF 120 micrograms (if not available give 300 micrograms)

AFTER 12 weeks gestation: WinRho® SDF 300 micrograms

Note:

1. Prenatal group & antibody screen must be obtained within 14 days (or same day) before administration of WinRho
2. Kleihauer test indicated for any bleeding after 12 weeks gestation

Signature/Status of Treating Health Professional: _____

[Physician, Nurse Practitioner or Midwife]

Print Name: _____ **Date:** _____ (DD/MM/YY)

Save the Date and Make a Reservation!

Weight Times in Perinatal Health

Menu of Speakers:

- ③ Dr. Anthony Armson, Dr. Frank Atherton, Dr. Sara Kirk
Rebecca Attenborough, Dr. Krista Jangaard
- ③ Lynn Langille, Dr. Helena Piccinini-Vallis, Meaghan Sim
- ③ Dr. Robert Strang, Dr. Michael Vallis, Dr. Christy Woolcott

Course Selections:

- ③ Maternal weight and perinatal outcomes
- ③ The Obesogenic environment
- ③ Cultural perspectives on healthy eating & pregnancy
- ③ Increasing awareness of health disparities
- ③ Clinical guidelines for working with overweight and obese pregnant women
- ③ Emerging issues with gestational weight gain
- ③ Breastfeeding and obesity **& more.**

Thurs., Oct 2nd (1815-2100h) & Fri., Oct 3rd 2014 (0730—1615h)

Atlantica Hotel, Halifax

Registration

Name: _____ Email: _____

Address: _____

City: _____ Postal Code _____ Phone #: _____

Role: _____ Organization: _____

Registration Fees (please check)

Thursday Evening Only \$25.00 (Reception included) _____
(October 2nd)

Thursday Evening/Friday Day \$50.00 (Reception/Lunch/Breaks included) _____
(October 2nd & 3rd)

Friday Day Only \$45.00 (Lunch/Breaks included) _____
(October 3rd)

Total payable: _____

Please mail cheque payable to:

Reproductive Care Program of Nova Scotia , Suite 700, 5991 Spring Garden Road, Halifax, NS, B3H 1Y6

Payment by Credit Card please provide the following information

Name on Credit Card _____

Address (if different then above) _____

City: _____ POSTAL CODE: _____

TYPE OF CARD: ___ VISA ___ MASTERCARD

CARD NUMBER: _____ Expiry Date (MM/YY): _____

Credit card information may be mailed to address above or emailed to Marilyn Muise at:

Marilyn.muise@iwk.nshealth.ca or fax to 902-470-6791

For additional information please call our office number at 902-470-6798 or email

Marilyn.muise@iwk.nshealth.ca

Hotel Information

A bedroom block has been booked at the Atlantica Hotel on the Atlantica Gold Floor (these rooms are newly renovated, located on higher floors and feature additional amenities and in room fridges). **Rate is \$135.00 per room/night for single or double occupancy. Parking is available free of charge. Atlantica Executive Floor is available at cost of \$160.00 per night and includes full hot breakfast, free Canada wide long distance plus upgraded amenities). Wi-Fi Internet is complimentary and available in all guestrooms. Room block is under the name of Reproductive Care Program of NS call 1-800-916-4339 OR 902-423-1161 to book. This rate is guaranteed until September 12, 2014.**

Safe Sleep References.

1. Beckwith, J. Bruce. "Defining the sudden infant death syndrome." *Archives of pediatrics & adolescent medicine* 157, no. 3 (2003): 286-290.
2. Rusen, I. D., Shiliang Liu, Reg Sauve, K. S. Joseph, Michael S. Kramer, Robert C. James, James F. Blanchard et al. "Sudden infant death syndrome in Canada: Trends in rates and risk factors, 1985-1998." *Chronic Dis Can* 25, no. 1 (2004): 1-6.
3. Reproductive Care Program of Nova Scotia. "Nova Scotia Atlee Perinatal Database." Halifax: Author. 2011.
4. Public Health Agency of Canada (2011). Joint Statement on Safe Sleep. Preventing Sudden Infant Deaths in Canada. Available from: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/jssc-ecss2011-eng.pdf
5. Perinatal Services British Columbia (2011). *Perinatal Services BC Health Promotion Guideline 1. Safe Sleep Environment Guideline. For Infants 0 to 12 Months of Age*. Available from: <http://www.perinatalservicesbc.ca/NR/rdonlyres/D799441C-3E00-49EE-BDF7-2A3196B971F0/0/HPGuidelinesSafeSleep1.pdf>
6. Leduc, D., A. Côté, and S. Woods. "Recommendations for safe sleeping environments for infants and children." *Paediatr Child Health* 9 (2004): 659-663. Reaffirmed in 2011 and 2014. Available from: <http://www.cps.ca/documents/position/safe-sleep-environments-infants-children>
7. Hoffman, Howard J., Karla Damus, Laura Hillman, and Ehud Krongrad. "Risk factors for SIDS." *Annals of the New York Academy of Sciences* 533, no. 1 (1988): 13-30.
8. Government of Nova Scotia. (2012). Birth to 6 Months. Available from http://novascotia.ca/dhw/lovingcare/docs/09045_LCBirthto6MonthsBook_En.pdf
9. Högberg, Ulf, and Erik Bergström. "Suffocated prone: the iatrogenic tragedy of SIDS." *American journal of public health* 90, no. 4 (2000): 527.
10. Hauck, Fern R., Caroline Signore, Sara B. Fein, and Tonse NK Raju. "Infant sleeping arrangements and practices during the first year of life." *Pediatrics* 122, no. Supplement 2 (2008): S113-S120.
11. Blair, Peter S., Peter J. Fleming, Iain J. Smith, Martin Ward Platt, Jeanine Young, Pam Nadin, P. J. Berry, Jean Golding, and Ed Mitchell. "Babies sleeping with parents: case-control study of factors influencing the risk of the sudden infant death syndromeCommentary: Cot death—the story so far." *BMJ* 319, no. 7223 (1999): 1457-1462.
12. Ip, Stanley, Mei Chung, Gowri Raman, Thomas A. Trikalinos, and Joseph Lau. "A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries." *Breastfeeding medicine* 4, no. S1 (2009): S-17.
13. McVea, Kristine LSP, Paul D. Turner, and Dawnette K. Peppler. "The role of breastfeeding in sudden infant death syndrome." *Journal of Human Lactation* 16, no. 1 (2000): 13-20.