Healthy Start Initiative: Provincial Perinatal, Child and Family Public Health Services

April 2013
Introduction - Advancing the Health and Well-being of Women, Children and their Families

This document outlines the provincial perinatal, child and family public health services that should be routinely offered during the prenatal period up to two years of age of the child. The public health services align with the intended outcomes in the maternal child health related core public health programs. The process of defining public health services supports the implementation of the Healthy Start Initiative, part of the innovation and change agenda for the Healthy Families BC strategy.

Delivery of high-quality services that are accessible to women, children and families is a responsibility shared by all care providers. This includes public health nursing and allied care providers, physicians, midwives, other health, social and community care providers in the provision of comprehensive, integrated, and interdisciplinary perinatal and child and family health services across the continuum of care.

Defining Public Health Services Offered by Regional Health Authorities

The definition of the public health services to be offered by regional health authorities was informed by:

- Perinatal Services Provided by Public Health in BC's Health Authorities: Current State & Proposed Future Minimum Service Elements, (Compiled by regional health authority public health perinatal leads in 2011);
- The core model program papers for maternal and child health; and
- Working group experts including representation from each of the regional health authorities, Perinatal Services BC (PSBC) and the Ministry of Health.

The intent of this document is to define the public health services specifically enough to create consistency in service delivery by regional health authorities across all five health regions, yet support the flexibility required to implement at the regional and/or community level taking into consideration the variation of geography, population size, ethnicity and resources in each region.

Public Health Service Delivery

Public health provides a key role in the service delivery continuum of interdisciplinary perinatal and child health services. Universal services for women and their families include screening and assessment, health promotion and education and intervention based on public health priorities identified for each of the prenatal, postpartum and family health (8 weeks to 2 years) phases. Enhanced services are provided where vulnerabilities and interventions are identified based on the level of need, risk and strengths or protective factors. The intent of these services is to reduce inequities and promote health through a purposeful provision of enhanced services to those who may be vulnerable.

The determinants of health are taken into consideration when screening clients. These determinants aid in identifying families who are vulnerable and may be in need of enhanced services or those that may experience barriers to access and/or utilization of universal services. The determinants of health include the following factors:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture
The range of perinatal public health preventive and early intervention services are communicated to families during routine contact and through broad, population based communication mechanisms, such as regional websites. Receipt of public health services is voluntary, centered on client needs and strengths and include full client involvement in the planning of care. Services can be delivered by telephone or in person, at a variety of places including the home, a public health office, through a drop in clinic, during a Child Health Clinic (CHC), at a community agency or other setting.

It is the regional health authorities’ intention to strive to implement these services focusing on the public health priority areas. At this time, the health authorities acknowledge that public health may not be currently providing all of the public health services outlined in this document.

**Public Health Client Flow**

The following “Public Health Client Flow” diagram identifies the flow of a client through public health services during the three critical time periods from prenatal to families with children from 8 weeks to two years of age. This flow diagram does not illustrate the entire scope of public health perinatal, child and family services, but rather is intended to demonstrate the continuum of care provided to a client and her family.
1. Prenatal
Public health and other care providers, including physicians and midwives, have a shared responsibility to offer prenatal services to pregnant women. This shared responsibility extends to collaboration with other health providers, partner agencies and ministries to support families with identified vulnerabilities and provide targeted interventions and services.

Prenatal Public Health Priority Areas
The priority areas listed below are based on best practice evidence and describe the broad subject areas in which to screen and assess, provide health promotion, education, and intervention.

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Health Care/Physical Well-being</th>
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<tbody>
<tr>
<td>• Food security</td>
<td>• Access to primary care provider</td>
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<tr>
<td>• Food safety</td>
<td>• Chronic disease</td>
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<tr>
<td>• Breastfeeding</td>
<td>• Oral health</td>
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<tr>
<td>• Maternal nutrition (includes nutrients such as folic acid, iron, multivitamins, essential fatty acids)</td>
<td>• Communicable diseases and immunization</td>
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<tr>
<td>• Healthy weight gain</td>
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Healthy Relationships
- Support system
- Sexuality
- Violence against women in relationships

Healthy Lifestyles
- Exercise/activity
- Tobacco use
- Alcohol
- Problematic substance use

Nutrition
- Food security
- Food safety
- Breastfeeding
- Maternal nutrition (includes nutrients such as folic acid, iron, multivitamins, essential fatty acids)
- Healthy weight gain

Healthy Relationships
- Support system
- Sexuality
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Healthy Lifestyles
- Exercise/activity
- Tobacco use
- Alcohol
- Problematic substance use

Prenatal Public Health Services

1.1. Universal Service Statement
All pregnant women are offered standardized screening, health promotion and education (supported by resources such Baby’s Best Chance), and intervention, including referral as needed.

1.2 Enhanced Service Statement
Women identified as vulnerable through screening/referral will be offered nursing assessment, health promotion and education and more intensive follow-up including referral as need and vulnerability are indicated.

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1. Midwives provide maternity care during pregnancy, birth and up to 6 weeks postpartum. Public Health nursing services would be provided to women under midwifery care based on service protocols established between the Health Authority/HSDA and midwives.

2. Reproductive Model Core program paper, Baby’s Best Chance
2. Postpartum: Birth to 8 Weeks

Public health and other care providers, including physicians and midwives, have a shared responsibility to offer services to postpartum women. This shared responsibility extends to collaboration with other health providers, partner agencies and ministries to support families with identified vulnerabilities and provide targeted interventions and services.

Postpartum Public Health Priority Areas

The priority areas listed below are based on best practice evidence and describe the broad subject areas in which to screen and assess, provide health promotion, education, and intervention.

<table>
<thead>
<tr>
<th>Nutrition</th>
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<tbody>
<tr>
<td>• Food security</td>
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<tr>
<td>• Food safety</td>
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<tr>
<td>• Breastfeeding/infant feeding</td>
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<tr>
<td>• Maternal nutrition</td>
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<tr>
<th>Healthy Relationships</th>
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<tr>
<td>• Family/community supports</td>
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<tr>
<td>• Family adjustment</td>
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<tr>
<td>• Sexuality</td>
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<tr>
<td>• Violence against women in relationships</td>
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<tr>
<th>Healthy Lifestyles</th>
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<tbody>
<tr>
<td>• Exercise/activity</td>
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<tr>
<td>• Parental tobacco, alcohol and problematic substance use</td>
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<tr>
<th>Mental Health</th>
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<tbody>
<tr>
<td>• Perinatal depression and anxiety</td>
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<tr>
<td>• Other mental health concerns</td>
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<tr>
<th>Parenting</th>
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<tr>
<td>• Attachment</td>
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<td>• Parenting skills</td>
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<table>
<thead>
<tr>
<th>Health Care/ Physical Well-being</th>
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<tbody>
<tr>
<td>• Newborn health (see PSBC Nursing Care Pathway)</td>
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<tr>
<td>• Maternal health</td>
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<tr>
<td>• Access to primary care provider</td>
</tr>
<tr>
<td>• Oral health</td>
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<tr>
<td>• Growth and development</td>
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<tr>
<td>• Newborn hearing</td>
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<tr>
<td>• Family planning</td>
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<tr>
<td>• Communicable diseases and immunization</td>
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<tr>
<th>Injury Prevention</th>
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<tr>
<td>• Infant safety such as safe sleep, shaken baby syndrome prevention (PURPLE crying)</td>
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Postpartum Public Health Services

2.1 Universal Service Statement

All families will be contacted within 24 to 48 hours post discharge from acute care, and offered an initial maternal and newborn assessment and intervention based on the Perinatal Services BC (PSBC) Postpartum and Newborn Nursing Care Pathways. By eight weeks postpartum, families will be offered a complete assessment, health promotion and education, as well as intervention, including referral as needed.

2.2 Universal Service Statement

All families will be offered support within 24 to 48 hours of discharge from acute care to establish and maintain breastfeeding with continued support provided as needed.

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3. Midwives provide maternity care during pregnancy, birth and up to 6 weeks postpartum. Public Health nursing services would be provided to women under midwifery care based on service protocols established between the Health Authority/HSDA and midwives.

4. Reproductive Model Care program paper, Baby’s Best Chance, Perinatal Services BC Maternal and Newborn Care Pathways.
2.3 Universal Service Statement
All women will be offered an Edinburgh Postnatal Depression Scale (EPDS) screening by eight weeks postpartum, education and intervention, including referral as needed.

2.4 Universal Service Statement
All families will be offered Newborn Hearing Screening and infants requiring follow up will receive intervention according to BC Early Hearing Program standards and protocols.

2.5 Enhanced Service Statement
Families identified as vulnerable through nursing assessment will be offered health promotion and education and more intensive follow-up including referral as needed.
3. Family Health: From 8 Weeks Postpartum Up to Two Years of Age of the Child

Services are offered to families through client enquiry or self referral, routine contact (e.g., immunizations at Child Health Clinics (CHCs)), referrals to public health, or for families previously identified as vulnerable with complex needs/variances during this time frame.

Public Health and other care providers, including physicians, mental health providers and community service providers, have a shared responsibility to offer services to women, children and families. This shared responsibility extends to collaboration with other health care providers, partner agencies and ministries to support families with identified vulnerabilities and provide targeted interventions and services.

Family Health Public Health Priority Areas

The priority areas listed below are based on best practice evidence and describe the broad subject areas in which to screen and assess, provide health promotion, education, and intervention.

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Child Health</th>
<th>Child Development</th>
<th>Injury Prevention</th>
<th>Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Food security</td>
<td>• Oral health</td>
<td>• Social</td>
<td>• Infant safety such as safe sleep, shaken baby syndrome prevention (PURPLE crying)</td>
<td>• Access to primary care provider</td>
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<tr>
<td>• Food safety</td>
<td>• Hearing</td>
<td>• Physical</td>
<td></td>
<td>• Family planning</td>
</tr>
<tr>
<td>• Maternal nutrition</td>
<td>• Vision</td>
<td>• Emotional/mental health</td>
<td></td>
<td>• Communicable diseases and immunization</td>
</tr>
<tr>
<td>• Breastfeeding</td>
<td>• Growth</td>
<td>• Cognitive</td>
<td></td>
<td></td>
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<tr>
<td>• Infant and toddler feeding</td>
<td>• Sleep</td>
<td>• Language</td>
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<tr>
<td>• Feeding relationship</td>
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<td>• Healthy weights</td>
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</tbody>
</table>

Healthy Relationships

• Family/community supports
• Sexuality
• Violence against women in relationships
• Planning for return to work/childcare

Healthy Lifestyles

• Exercise/activity
• Parental tobacco, alcohol and problematic substance use
• Oral health

Parenting

• Nurturing, competent care
• Positive discipline

Mental Health

• Perinatal depression and anxiety
• Other parental mental health concerns

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5 Healthy Infant and Child Model Core program paper, Baby’s Best Chance, Toddler’s First Steps
Family Health Public Health Services

3.1 Universal Service Statement
At routine contact, families have access to ongoing screening/assessment, health promotion and education, and intervention including referral as needed.

3.2 Universal Service Statement
All families are supported to exclusively breastfeed for the first six months with introduction of nutritious and safe complementary foods with continued breastfeeding for up to two years and beyond.

3.3 Universal Service Statement
All families have access to support and education related to child health, development and well-being supported by resources such as Baby’s Best Chance and Toddler’s First Steps.

3.4 Enhanced Service Statement
Families identified as vulnerable through assessment by public health (such as speech/language, dental, audiology, nutrition, nursing) will be offered health promotion and education and more intensive follow-up including referral as needed.
Appendix A – Glossary of Public Health Terms

Assessment: A more complex process than screening that identifies needs, preferences and abilities of the client. Through telephone or in person assessment public health nurses (PHNs) identify variances that require follow-up intervention and referral.

• **Initial Maternal/Newborn Nursing Assessment:** Assessment as per the Maternal and Newborn Care Pathways to determine a client’s knowledge regarding signs of maternal and newborn stability and ability to recognize changes and when to take appropriate action(s). Priority assessment areas include:
  - Maternal physiological well-being (such as breasts, lochia, incisions (as needed), relevant history or current variances; psychosocial well-being (such as mental health, bonding, support systems); and, any variances/concerns identified by the client or hospital.
  - Newborn physiological well-being (such as feeding and hydration); relevant history or current variances; behaviours; safety (such as safe sleep); health follow-up; and, any variances/concerns identified by the client or hospital.
  - (PSBC *Maternal and Newborn Care Pathways (2011); Family-Centred Maternity and Newborn Care National Guidelines*. Canada 2000.)

• **Complete Maternal/Newborn Nursing Assessment by 8 weeks:** completion of the remaining components of the maternal (such as emotional health/coping strategies/perinatal depression, reproductive health, safe environment, social supports,) and newborn assessment (such as growth and development, behaviours/crying) based on the PSBC Maternal and Newborn Nursing Care Pathways and other defined guidelines such as those from BC Communicable Disease Control (BCCDC). This also includes:
  - Continued support for breastfeeding
  - Evaluation of interventions for previously identified variances
  - Interventions for variances identified or referral to another health professional
  - Provision of key public health education/messages (such as immunization, shaken baby, SIDS)
  - Access to health care and health related resources

**Capacity Building:** The process of actively involving individuals, groups, organizations and communities in all phases of planned change to increase their skills, knowledge and willingness to take action on their own future.

(Canadian Community Health Nursing Standards of Practice)

**Care Coordination:** Coordination of comprehensive care with individuals, families, and groups that require extensive services. Used to optimize clients’ self care capacities, promote efficient use of resources, decrease fragmentation of care across settings, provide quality care in least restrictive environment, and promote cost containment.

*Public Health Interventions: Examples From Public Health Nursing* (Keller, Strohschein, Lia-Hoagberg, & Schaffer, 1998)

**Case Finding/Outreach:** Reach out to at risk individuals/families to provide information about services and make services more accessible to vulnerable populations.

(CDC, National Association of County and City Health Officials (NACCHO), 1994).

**Collaboration:** A relationship between individuals formed to act on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by an individual acting alone.

(modified from the World Health Organization (WHO))
**Determinants of Health:** The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.  
(WHO accessed from [http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf](http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf))

**Early Intervention:** Activities which identify early signs of an undesired event or situation and intervene to reduce them

**Enhanced Services:** Services provided to sub populations experiencing vulnerabilities, most often due to inequalities.

(Canadian Public Health Association (CPHA))

As per this document individual/families identified through standardized screening are offered enhanced services, i.e., further assessment, health promotion, education and more intensive follow-up as need and vulnerability is indicated.

**Food Security:** Community food security has been defined as “a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes self-reliance and social justice"


**Health Education:** Provision of information, resources, and training to individuals, groups and organizations whose services affect public health related community issues. This facilitates learning that leads to positive health behaviour change at an individual, family and community level.

**Health Equity:** Equity in the context of health means that people’s needs guide the distribution of opportunities for well-being.

*(Equity in Health and Health Care. WHO, 1996)*

**Health Inequalities:** Differences in health status or in the distribution of health determinants between different population groups. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. It may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. However, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health status.

( WHO accessed from [http://www.who.int/hia/about/glos/en/index1.html](http://www.who.int/hia/about/glos/en/index1.html))

**Health Promotion:** Activities to maintain or enhance the capabilities of children, youth and families to optimize their overall health and well-being. Health promotion and education is delivered through a variety of ways such as distribution of postpartum health education materials such as Baby’s Best Chance, Toddler’s First Steps, the Best Chance website and other materials.

**Intervention:** Involvement that creates changes in health status, knowledge, or skills in individuals, singly or in families, classes, or groups. It is based on assessed need that includes referral for assessment or services beyond public health.

**Late Preterm Infant/Near Term Infant:** Those infants born between 34+0 – 36+6 (34 weeks, 0 days to 36 weeks and 6 days) completed weeks gestation.

(Association of Women’s Health Obstetrical and Neonatal Nursing, (AWHONN); PSBC Preterm Birth in BC. *In Focus Report*. March 2008)

**Norm:** A standard pattern of maternal and newborn health and adjustment that is regarded as typical.

**Normal Birth:** Normal birth is spontaneous in onset, is low-risk at the start of labour and remains so throughout labour and birth. The infant is born spontaneously in vertex position between 37 and 42+0 (42 weeks, 0 days) completed weeks of pregnancy. Normal birth may also include evidence-based intervention in appropriate circumstances to facilitate labour progress and normal vaginal delivery.

(SOGC, Joint policy Statement on Normal Birth, 2008)
Perinatal Services BC (PSBC) Postpartum and Newborn Nursing Care Pathways: Describe expected norms, variances, interventions and client education/anticipatory guidance.

Postpartum Nursing Care Pathway accessed at [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)

Newborn Nursing Care Pathway accessed at [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)

**Prevention:** Activities which protect children, youth and families from the likelihood of an undesired event or situation.

**Problematic substance use:** Substance use can occur across a spectrum from beneficial use through non-problematic to problematic and dependent use. Problematic substance use includes episodic use having negative health consequences and chronic use that can lead to substance use disorders (e.g., dependence) or other serious illnesses.

(BC Centre for Addictions Research of BC (CARBC), 2006)

**Public Health Service Statements:** Statements that define the public health services for the – prenatal, postpartum (up to 8 weeks) and family health (8 weeks to 2 years) phases that should be routinely offered by regional health authorities across BC.

**Public Health Service Provider:** Includes public health nurses, nutritionists, dental hygienists, audiologists, speech and language pathologists and other allied health providers in regional health authorities.

**Referral and Follow-up:** Assists individuals, families, groups, organizations, and communities to utilize necessary resources to prevent or resolve problems or concerns.

Referral includes:

- Informing families about the possible problems identified through screening and options for available services,
- Planning/facilitating further assessment or evaluation,
- Linking to services, and
- Sharing information about community resources to prevent problems.

Follow-up, when indicated, ensures that an assessment, evaluation, and/or services are provided to a child following screening.

(Minnesota Early Childhood Comprehensive System (MECCS) screening definitions, 2006).

**Screening:** A quick and simple procedure that can be applied to specific groups of people (e.g. postpartum women). Screening can identify those who appear to be doing fine (negative screening) and those who may be at risk (positive screening) in reference to a domain of concern (i.e., maternal depression or child development).

**Universal Services:** Services provided to the entire population. These programs and/or services are awarded solely on the basis of age, residence or citizenship, without reference to the recipient’s income or assets.

(Canadian Public Health Association (CPHA))

**Variance:** A difference between expected norms and what is actually occurring.

**Vulnerable Women and Infants:** Vulnerable populations are those with a greater than average risk of developing health problems by virtue of their marginalized socio-cultural status, limited access to economic resources or personal characteristics such as age and gender.
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