

**CAPWHN Annual Clinical, Education, Research Conference  
Full Program**

DAY 1 – Thursday October 12 / Le jeudi 12 octobre	
0800-0900	Registration / Breakfast / Exhibits
0900-0945	Opening Ceremonies / Cérémonies d'ouverture
0945-1045	<p><b>Opening Keynote / Conférence principale d'ouverture – Neonatal Care Partnering with Parents to Improve Newborn Pain Care – Evidence and Implementation</b></p> <p>Involvement of parents in newborn pain management is of increased interest in both research and clinical settings. From an evolutionary view, the mother is the optimal source of physical and psychological support for the infant, both as a fetus and after birth. Hospital care and medical interventions are sources of separation and stress, leading to a diminished capacity for the infant to endure painful procedures. After decades of healthcare providers not recognizing newborn infants' capacity to feel pain and the associated adverse outcomes, most surgical and end-of-life pain is now prevented and treated with pharmacological methods. However, the drugs used are often not effective for the most commonly performed painful procedures, and their repeated and frequent use may have potential short and long-term adverse effects. Recent research has thus focused on finding non-pharmacological interventions or sweet tasting solutions as a substitute to drugs, or as a means to decrease the drug-doses needed for optimal analgesia associated with procedural pain. Several of these interventions involve parents, e.g. skin-to-skin care, breastfeeding, or facilitated tucking. Despite this knowledge, clinicians often struggle with incorporating these strategies into everyday practice. Moreover, most parents and many providers remain unaware of the powerful benefits of integrating parents as active participants in newborn pain management.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the immediate and long lasting consequences of untreated procedural pain experienced in early life.</li> <li>• Discuss the current most effective ways to diminish procedural pain in newborns.</li> <li>• Identify at least three strategies to engage parents more fully in newborn pain management.</li> </ul> <p><b>Presenter:</b> Marsha Campbell-Yeo, RN, NNP-BC, PhD, Halifax NS</p> <div style="display: flex; align-items: flex-start;">  <div style="font-size: small;"> <p><i>Dr. Marsha Campbell-Yeo, a certified neonatal nurse practitioner, is an Associate Professor at the School of Nursing, Dalhousie University and a Clinician Scientist at the IWK Health Centre (cross appointment in the Department of Pediatrics, Psychology and Neuroscience) and a Canadian Institutes of Health Research (CIHR) funded New Investigator. Her research lab, primarily funded by the CIHR and Canadian Foundation for Innovation (CFI), aptly named “Mechanisms, Outcomes, and Mobilization of Maternally-Led Interventions for Newborn Care” (MOM-LINC), examines the effectiveness of maternal-led interventions to improve outcomes of at-risk infants related to stress, pain and neurodevelopment as well as improving uptake of pain relieving interventions by both parents and health care providers through innovative strategies and e-Health technology.</i></p> </div> </div>
1045-1115	Refreshment Break / Exhibits
1115-1215	<b>Concurrent Sessions A (two 30 minute presentations in each session)</b>
	<p><b>A01 – BREASTFEEDING AND BREASTMILK</b></p> <p><b>A01-1 Infant Feeding Practices Among Black Women Living with HIV</b>  <b>Author:</b> Josephine Etowa, PhD, MN, BScN, RM, RN, FWACN  <b>Purpose:</b> This paper presents the preliminary findings of a current CIHR funded study examining the</p>

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	<p>socio-cultural determinants of infant feeding practices among Black women living with HIV.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the socio-cultural contexts of infant feeding practices among Black women living with HIV.</li> <li>• Identify facilitators for effective infant feeding choices.</li> <li>• Discuss the challenges faced by HIV positive Black women regarding infant feeding.</li> </ul> <p><b>Presenter:</b> Josephine Etowa, University of Ottawa School of Nursing, Ottawa ON</p> <p><b>A01-2 Sharing Promising Breastfeeding Interventions Through Stories</b> <i>Author: Hiltrud Dawson, RN, BTech, IBCLC</i></p> <p><b>Purpose:</b> This presentation will demonstrate how promising breastfeeding intervention strategies used to reach populations with lower rates of breastfeeding were collected in a collaborative manner, shared in a narrative format and disseminated to encourage knowledge translation and best practices.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• List innovative and promising breastfeeding interventions used to reach populations with lower rates of breastfeeding.</li> <li>• Understand how the use of narration promotes knowledge transfer and application to practice.</li> <li>• Discuss examples of promising breastfeeding intervention strategies and their applicability and transfer to participants' own settings.</li> </ul> <p><b>Presenter:</b> Hiltrud Dawson, Health Nexus, Toronto ON</p>
	<p><b>A02 – COMMUNITY INNOVATIONS / PROFESSIONAL PRACTICE</b></p> <p><b>A02-1 Outpatient Pharmacologic Weaning for Neonatal Abstinence Syndrome</b> <i>Authors: Jodie Murphy-Oikonen, HBSW, MSW, PhD; Karen McQueen, RN, PhD</i></p> <p><b>Purpose:</b> The purpose of this presentation is to critically review the existing literature regarding the efficacy and safety of outpatient pharmacologic weaning for infants with NAS.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Discuss the efficacy and safety of an outpatient pharmacologic treatment approach for infants with Neonatal Abstinence Syndrome.</li> <li>• Describe neonatal outcomes associated with outpatient pharmacologic treatment of Neonatal Abstinence Syndrome.</li> <li>• Advocate for the development of safety protocols/guidelines for infants with Neonatal Abstinence Syndrome who receive home weaning.</li> </ul> <p><b>Presenters:</b> Jodie Murphy-Oikonen, School of Social Work, and Karen McQueen, School of Nursing, Lakehead University, Thunder Bay ON</p> <p><b>A02-2 Adaptation and Evaluation of the Nurse-Family Partnership Program Within Canadian Public Health Units: Translating for a New Context</b> <i>Authors: Lenora Marcellus, PhD, MN, BSN, RN; Karen MacKinnon, PhD, MN, BSN, RN; Susan Jack, PhD, RN; Andrea Gonzales, PhD; Nicole Catherine, PhD; Debbie Sheehan, MN, RN; Charlotte Waddell, PhD; Natasha VanBorek, BA, MScPPH</i></p> <p><b>Purpose:</b> To provide an overview of the process of adapting and evaluating the Nurse-Family Partnership (NFP) program in Canada.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify key elements of the NFP public health nurse home visitation program.</li> <li>• Describe adaptations that have been made to the NFP to fit the intervention to the Canadian social, cultural, and geographical context.</li> <li>• Discuss progress to date in the three research studies related to provincial implementation</li> </ul>

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	<p>of the NFP in British Columbia - a randomized control trial, a biological outcomes adjunct study, and a process evaluation.</p> <p><b>Presenters:</b> Lenora Marcellus and Karen MacKinnon, University of Victoria School of Nursing, Victoria BC</p>
	<p><b>A03 – KNOWLEDGE TRANSLATION</b></p> <p><b>A03-1 Impact of the Helping Babies Survive Program on Neonatal Mortality and Stillbirth Rates: Findings from a Joanna Briggs Institute Systematic Review</b>  <b>Authors:</b> <i>Justine Dol, MSc; Marsha Campbell-Yeo, PhD, NNP-BC RN; Gail Tomblin Murphy, PhD, RN; Megan Aston, PhD, RN; Douglas McMillan, MD, FRCPC; Brianna Richardson, BScN, RN</i>  <b>Purpose:</b> To evaluate the impact of the Helping Babies Survive Program on neonatal mortality rates and stillbirth rates.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the impact on newborn mortality rates after Helping Babies Breathe training in healthcare providers.</li> <li>• Understand the impact on stillbirth rates after Helping Babies Breathe training in healthcare providers.</li> <li>• Understand how the Joanna Briggs Institute Systematic Review was used to conduct this review.</li> </ul> <p><b>Presenter:</b> Justine Dol, PhD Health Program, Dalhousie University, Halifax NS</p> <p><b>A03-2 Look Before You Leap: Coast to Coast Responses to the Recommended Changes for Newborn Eye Prophylaxis</b>  <b>Authors:</b> <i>Janet Walker, RN, MSN, PNC(C); Leanne Lauzon, RN, MSc, PNC(C)</i>  <b>Purpose:</b> This session will consider the complexity of the impacts of the 2015 Canadian Paediatric Society (CPS) Position Statement “Preventing Ophthalmia Neonatorum”, and describe how these have been addressed in Nova Scotia and British Columbia.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Review ophthalmia neonatorum and examine the impact of proposing practice change.</li> <li>• Examine the different provincial approaches to the CPS position statement key recommendations.</li> <li>• Explore where we go from here.</li> </ul> <p><b>Presenters:</b> Janet Walker, Perinatal Services BC, Vancouver BC; and Leanne Lauzon, Reproductive Care Program of Nova Scotia, Halifax NS</p>
	<p><b>A04 – LABOUR AND BIRTH</b></p> <p><b>A04-1 Enhanced Recovery After Caesarean Section: The Journey Begins</b>  <b>Authors:</b> <i>Christine Finnbogason, RN, BSc, BN, MN, PNC(C); Heather Elands, RN, BN, PNC(C); Elizabeth Reddoch, RN, BN</i>  <b>Purpose:</b> Enhanced recovery after surgery (ERAS) protocols have been implemented in a number of different surgical specialties. These protocols have been shown to reduce patient morbidity and decrease hospital length of stay. The use of ERAS protocols has begun in the UK over the last few years. The purpose of this presentation will be to share our collaborative multidisciplinary process of implementing the innovative and evidence-based practice of ERAS in our regional obstetrical program.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the multidisciplinary journey of implementing ERAS protocols for elective caesarean births within our regional program.</li> <li>• Review the philosophy of ERAS and potential implications for obstetrical patients.</li> <li>• Share resources that were developed to support enhanced recovery after caesarean births.</li> </ul>

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	<p><b>Presenters:</b> Christine Finnbogason and Heather Elands, Women’s Hospital Health Sciences Centre, Winnipeg MB</p> <p><b>A04-2 Including a Safety Checklist in a Revised Induction Process</b>  <b>Authors:</b> Nancy Watts, RN, MN, PNC(C); Kim Moran, RN, MScN, PNC(C); Wendy Whittle, MD, PhD; Joanne MacKenzie, RN, MScN</p> <p><b>Purpose:</b> The revision of any process involves reviewing the current process and then considering possibilities. The process of induction from booking to cervical ripening to use of oxytocin was revised to reflect current best practices taking into account staff feedback and concerns regarding barriers and challenges. The purpose of this presentation is to describe our process, share what we have learned about readiness for change and innovative solutions including a safety checklist to be used as a communication and documentation tool.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe best practices for cervical ripening and use of oxytocin.</li> <li>• Explain root cause analysis in relation to use of oxytocin.</li> <li>• Understand the safety aspects of a checklist to encourage documentation and communication.</li> </ul> <p><b>Presenter:</b> Nancy Watts, Sinai Health System, Toronto ON</p>
	<p><b>A05 – GLOBAL HEALTH</b></p> <p><b>A05-1 Experiences of Pregnancy Complications: Voices from Central Haiti</b>  <b>Author:</b> Marion Alex, RN, MN</p> <p><b>Purpose:</b> The study purpose was to explore and gain insight into the lived experience of skilled birth attendants (saj fanm), traditional birth attendants (matwon) and postpartum mothers in Haiti, with a focus on their experience with complicated pregnancy and birth.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Increase participants’ appreciation for global maternal/newborn health realities, including rates of maternal and neonatal mortality and their underlying causes.</li> <li>• Identify connections between the health of women and newborns in Haiti and the nation's history and political economy.</li> <li>• Develop insight into the realities -- challenges and opportunities -- of 'safe motherhood' through the stories of Haitian front-line maternity workers and mothers.</li> </ul> <p><b>Presenter:</b> Marion Alex, St. Francis Xavier University, Antigonish NS</p> <p><b>A05-2 The Experiences of Nurse-Midwives and Obstetricians Delivering Postpartum Care with Limited Resources in Tanzania</b>  <b>Authors:</b> Danielle Macdonald, RN, BA, BScN, MN, PhD(c); Megan Aston, PhD, RN; Keisha Jefferies, BScN, RN; Sheri Price, PhD, RN; Columba Mbekenga, PhD, RN; Thecla Kohi, PhD, RN; Gail Tomblin Murphy, PhD, RN; Shawna O’Hearn, MA, MSc; Lilian Mselle, PhD, RN; Maureen White, MN, RN</p> <p><b>Purpose:</b> To present the findings of a feminist poststructuralist study, which explored the experiences of nurse-midwives and obstetricians in the provision of postpartum care in Tanzania.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify resources which influenced the delivery of postpartum care in Tanzania.</li> <li>• Develop an understanding of how social and institutional discourses may have influenced the ways that nurse-midwives and obstetricians provided postpartum care in Tanzania.</li> <li>• Recognize the need for equitable access to adequate resources in order to provide postpartum care for women and their families throughout the world.</li> </ul> <p><b>Presenters:</b> Danielle Macdonald, University of Ottawa School of Nursing, Ottawa ON; Megan Aston, and Keisha Jefferies, Dalhousie University School of Nursing, Halifax NS</p>
1215-1345	Lunch / Exhibits

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1300-1330	<p><b>Knowledge Theatre</b>  <b>Supporting the Implementation of Electronic Perinatal Documentation</b>  <b>Presenter:</b> TBC</p>
1330-1400	<p><b>Plenary Keynote / Conférence principale – Women’s Health</b>  <b>Avalon Sexual Assault Centre and the Impact of Sexualized Violence</b>  This presentation will provide an overview of the programs and services offered by Avalon Sexual Assault Centre and address sexual assault statistics and issues relevant in the Halifax Region and in Nova Scotia. The presentation will also include a discussion of the impacts of sexualized violence on physical and mental health, the cost of sexualized violence to the health care system and provide a trauma informed feminist analysis of sexualized violence as a women's health issue.</p> <div style="text-align: right;">  </div> <p><b>Presenter:</b> Jackie Stevens, M.A. Sociology, Executive Director, Avalon Sexual Assault Centre</p> <p><i>Jackie Stevens has worked Avalon Sexual Assault Centre for the past 20 years. She is currently the Executive Director but served as the Coordinator of Community/Legal Education and Professional Training for 16 years. During that time, Jackie assisted with the development and implementation of the Avalon Sexual Assault Nurse Examiner (SANE) Program and has provided professional training for first responders and health care providers including pregnancy and childbirth practitioners.</i></p>
1415-1515	<p><b>Concurrent Sessions B (two 30 minute presentations in each session)</b></p> <p><b>B01 – RESEARCH AND WOMEN’S VOICES</b></p> <p><b>B01-1 Enhancing Perinatal Bereavement Care in Ontario: Results of a Provincial Needs Assessment</b>  <b>Author:</b> Michelle La Fontaine, B.A.A., CLStDipl.  <b>Purpose:</b> Each year in Ontario approximately 37,000 families experience pregnancy and infant loss. Within the healthcare system, many of these families do not receive timely, compassionate, and informed care. This presentation will highlight a provincial needs assessment undertaken between January and March 2017. Over the course of three months, in-person focus groups were held in 14 rural, urban, and First Nations communities with bereaved families and care providers. An online survey for bereaved families also ran concurrently. This session will describe the findings from the focus groups and online survey, and will engage and stimulate participants’ thinking about possible innovative ways to address existing gaps in care in their own settings to advance the care of families who experience perinatal bereavement. The session will also highlight advocacy work undertaken by nurses and a peer support organization during the passing of provincial legislation aimed at protecting the needs of families experiencing perinatal loss, the first of its kind in North America.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Gain greater knowledge about the unique care needs of this population.</li> <li>• Describe the process of implementing a provincial needs assessment and the results of same.</li> <li>• Share adaptable innovative strategies for implementing family-centred supports for this population.</li> </ul> <p><b>Presenter:</b> Michelle La Fontaine, Sunnybrook Health Sciences Centre, Toronto ON</p> <p><b>B01-2 Adding the "First Voice": The Inclusion of Community Members on Maternal Child Health Research Teams</b>  <b>Authors:</b> Claire Gallant, Mother, MMus, HonBMus; Erna Snelgrove-Clarke, RN, PhD; Cynthia Mann, RN, MHA, MN, IBCLC  <b>Purpose:</b> The purpose of the presentation is to discuss the innovative approach of adding community members to interdisciplinary research teams in maternal child health, including the</p>

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	<p>benefits and challenges of this initiative.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the potential roles community members can play on research teams.</li> <li>• Become familiar with tools that can be implemented when including and supporting community members/non health care providers in both clinical and research initiatives.</li> <li>• Understand how clinical outcomes, most specifically breastfeeding outcomes, can be improved through the inclusion of mothers and community members in the research process.</li> </ul> <p><b>Presenters:</b> Claire Gallant and Cynthia Mann, IWK Health Centre, Halifax NS</p>
	<p><b>B02 – PROMOTING HEALTH IN UNIQUE POPULATIONS</b></p> <p><b>B02-1 Understanding Perinatal Food Choices of African-Canadian Immigrant Women: A Photovoice Study</b>  <b>Authors:</b> Josephine Etowa, PhD, MN, BScN, RM, RN, FWACN; Salma Debs-Ivall, PhD, RN  <b>Purpose:</b> This paper presents findings of a study that examined how health practices of immigrant women affect their food choices and practices during the perinatal period.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe ethno-cultural food choices and practices of Canadian immigrant women of African and Caribbean descent during the perinatal period.</li> <li>• Explain how health beliefs and practices of immigrant women affect their food choices and practices during the perinatal period.</li> <li>• Discuss the implications of study findings for perinatal care.</li> </ul> <p><b>Presenter:</b> Josephine Etowa, University of Ottawa Faculty of Health Sciences, Ottawa ON</p> <p><b>B02-2 Maternal Mental Health in Syrian Refugee Women Recently Moved to Canada: A Preliminary Study</b>  <b>Authors:</b> Angela Bowen, RN, PhD; Asma Ahmed, MD, MPH(student); Cindy Feng, PhD  <b>Purpose:</b> To describe results of a mixed methods preliminary study of maternal depression in Syrian refugee women.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe prevalence of maternal depression in immigrant and refugee women in Canada.</li> <li>• Describe a mixed methods approach to understanding depression in refugee or immigrant groups.</li> <li>• Describe the results of a study of maternal depression in Syrian refugee women recently moved to Canada and an Arabic language resource for women and their care providers.</li> </ul> <p><b>Presenter:</b> Angela Bowen, University of Saskatchewan College of Nursing, Saskatoon SK</p>
	<p><b>B03 – BREASTFEEDING AND BREASTMILK</b></p> <p><b>B03-1 Investigating the Effectiveness of a Breastfeeding Education Session Delivered in the Secondary School Reproductive Curriculum on the Breastfeeding Knowledge, Attitude and Intentions of Grade 9 and 10 Female Students</b>  <b>Authors:</b> Celina Reyes, BHSc, MHSc (student); Jennifer Abbass-Dick, RN, BNSc, MN, PhD  <b>Purpose:</b> The purpose of this study was to determine the effectiveness of a breastfeeding education session delivered with the reproduction curriculum in grade 9 and 10 health class on breastfeeding intention, knowledge and attitude. Students' feedback on the session was also obtained.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Discuss why breastfeeding education should be added to the secondary school reproductive health curriculum.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Describe the breastfeeding workshop designed to meet the needs of grade 9 and 10 female secondary school students.</li> <li>• Present the findings regarding the impact the breastfeeding education session had on grade 9 and 10 female students' breastfeeding knowledge, attitude and intentions.</li> </ul> <p><b>Presenter:</b> Jennifer Abbass-Dick, University of Ontario Institute of Technology Health Sciences Faculty, Oshawa ON</p> <p><b>B03-2 The Influence of the Childbirth Process on Breastfeeding Duration and Exclusivity in PEI</b>  <b>Authors:</b> Janet Bryanton, RN, PhD, PNC(C); Rosemary Drake, BN, RN, IBCLC; Donna Walsh, BN, RN, PNC(C), IBCLC; Patrice Drake, BSc, RN, PhD(c); Kathy Larter, RN; William Montelpare, PhD  <b>Purpose:</b> This pilot study examined the influence of modifiable factors related to the childbirth process on breastfeeding duration and exclusivity up to 6 months postpartum.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify the key features of Baby Friendly and Mother Friendly initiatives.</li> <li>• Identify the effect of factors related to the childbirth process on the duration of breastfeeding at 2 weeks and 2 and 6 months post-birth.</li> <li>• Identify the effect of factors related to the childbirth process on breastfeeding exclusivity at 2 weeks and 2 and 6 months post-birth.</li> </ul> <p><b>Presenter:</b> Janet Bryanton, University of PEI School of Nursing, Charlottetown PE</p>
	<p><b>CONCURRENT SESSION B04 – LABOUR AND BIRTH</b></p> <p><b>B04-1 An Interdisciplinary Approach to Address Induction of Labour: The Implementation of 3 New Practices</b>  <b>Authors:</b> Christine Finnbogason, RN, BSc, BN, MN, PNC(C); Heather Elands, RN, BN, PNC(C); Elizabeth Reddoch, RN, BN  <b>Purpose:</b> The purpose of this presentation is to discuss the implementation of 3 new practices in the Winnipeg Regional Health Authority to improve patient safety and patient flow in relation to our induction of labour process. We will examine the collaborative interdisciplinary team approach utilized to create the guidelines for these practices and introduce them into clinical practice.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Discuss the collaborative interdisciplinary team approach used to address concerns related to the induction of labour process in the Winnipeg Regional Health Authority. Benefits of utilizing a collaborative interdisciplinary approach will be highlighted.</li> <li>• Outline the current state options for induction of labour before the project began and gaps that were identified.</li> <li>• Introduce three new practices implemented in the Winnipeg Regional Health Authority: Outpatient Cervidil, Vaginal Misoprostol and Oral Titrated Misoprostol.</li> </ul> <p><b>Presenters:</b> Christine Finnbogason and Heather Elands, Women’s Hospital Health Sciences Centre, Winnipeg MB</p> <p><b>B04-2 Factors Considered by Maternity Care Providers When Counselling Pregnant Women with a Previous Caesarean Section on Delivery Method</b>  <b>Authors:</b> Wendy Sword, RN, PhD; Christine Kurtz Landy, RN, PhD; Jackie Cramp, MSc; Jamie Dawdy, RN, MSc; Sarah McDonald, BA, MD, FRCSC, MSc; Anne Biringier, MD, CCFP, FCFP; Birth Methods Study Team  <b>Purpose:</b> The purpose of this study was to explore factors maternity care providers consider when counselling pregnant women with a previous caesarean section, who are eligible for a trial of labour, on delivery method.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify key factors maternity care providers consider when counselling women on delivery method.</li> </ul>

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	<p><b>B05 – PRENATAL AND POSTPARTUM CARE INNOVATIONS</b></p> <p><b>B05-1 Preparing to Become a Parent... Before Baby's Arrival – An Innovative Strategy</b>  <b>Authors:</b> Lauren Rivard, RN, MSc; Christina Cantin, RN, MScN, PNC(C); Marie-Josée Trépanier, RN, BScN, MEd, PNC(C)  <b>Purpose:</b> To describe the process of co-designing a postnatal planning tool for new parents to assist with the transition home from hospital after birth. This innovative project, which is currently in progress, has engaged new and expectant parents as well as perinatal care providers in developing a tool to assist parents to plan and be prepared for their transition to parenthood. The tool will be piloted with partner organizations in the Fall of 2017 to determine if the completion of the tool increases new parents perceptions of readiness for discharge home following birth.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the importance of collaborating with new and expectant parents in developing tools for their use.</li> <li>• Describe the process of developing a 'Postnatal Planning' tool to enhance transition to parenthood.</li> <li>• Understand the importance of collaboration between hospital and community perinatal care providers and new and expectant parents to optimize transition to home following birth.</li> </ul> <p><b>Presenter:</b> TBC, Champlain Maternal Newborn Regional Program, Ottawa ON</p> <p><b>B05-2 Acknowledging Diverse Needs: Home in the Hospital (Hospitality) Program for High Risk Antenatal Women/Families</b>  <b>Authors:</b> Nancy Watts, RN, MN, PNC(C); Joanne Mackenzie, RN, MScN; Nely Amaral, RN, BScN; Lindsay Pollard, RN, MScN; Valerie Glasgow, RN, BN; Rose Owen, RN, BScN  <b>Purpose:</b> The purpose of this presentation is to provide information on an innovative, evidence-based practice from conception to implementation and evaluation: creation of hospitality rooms for antenatal patients.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the benefits of having antenatal women close to hospital but not admitted.</li> <li>• Understand the steps in implementation including creation of a waiver, development of a process of check-in and out and appropriate safety measures.</li> <li>• Provide evaluation data on a new process and future steps.</li> </ul> <p><b>Presenter:</b> Nancy Watts, Mount Sinai Hospital, Toronto ON</p>
1515-1545	Refreshment Break / Exhibits
1545-1715	<b>Concurrent Sessions C (two 45 minute presentations in each session)</b>
	<p><b>C01 – HEALTH SERVICES</b></p> <p><b>C01-1 Engaging Frontline Staff to Optimize Quality Improvement and Performance</b>  <b>Authors:</b> Michelle O'Connor, RN, BScN, MN, PNC(C); Claudia Browne-Bynoe, RN, BScN; Beverly St. Martin, RN, BScN, MHSc; Barb Scott, RN, MN; Tharshini Kamalachandra, BASc  <b>Purpose:</b> The purpose of this presentation is to showcase one organization's strategy to optimize the integration of innovation into quality improvement and performance in the perinatal setting.</p>

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	<p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the importance of displaying unit-specific data in a meaningful way.</li> <li>• Utilize Pareto charts to understand unit-specific barriers to process measures.</li> <li>• Apply tools to engage staff to improve performance and outcome measures.</li> </ul> <p><b>Presenters:</b> Michelle O'Connor, Claudia Browne-Bynoe, and Beverly St. Martin, Scarborough and Rogue Hospital, Scarborough ON</p> <p><b>C01-2 Saskatoon Health Region's Journey to Single Room Maternity Care</b>  <b>Authors:</b> <i>Leanne Smith, RN, BSN, MHA, CHE; Jade Odermatt, RN, BScN</i>  <b>Purpose:</b> The purpose of this presentation is to share with the audience how the Saskatoon Health Region has used lean tools to engage care providers in developing the model of care for the new maternal and children's hospital scheduled to open in 2019 in Saskatoon. The Maternal Care Unit in the hospital will consist of 49 single room maternity care rooms which is a large departure from the current model with separate Labour and Birth and Post-Partum Units.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand how lean methodologies can be used to develop a model of care.</li> <li>• Understand how staff and physician engagement can assist in changing a culture.</li> <li>• Describe how single room maternity care will be operationalized in a large tertiary hospital.</li> </ul> <p><b>Presenters:</b> Leanne Smith and Jade Odermatt, Saskatoon Health Region, Saskatoon SK</p>
	<p><b>C02 – NEONATAL PRACTICE AND BREASTFEEDING</b></p> <p><b>C02-1 Optimizing Direct Breastfeeding at Discharge for Preterm Infants in the Neonatal Intensive Care Unit (NICU): A Comparison of the Effect of Duration of Protected Time</b>  <b>Authors:</b> <i>Janine McClure, RN, IBCLC; Marsha Campbell-Yeo, PhD, NNP-BC, RN; Joyce Ledwidge, Pdt; Souvik Mitra, MD, RCPC Affiliate (Neonatal-Perinatal Medicine), MSc(student); Brenda Hewitt, MN, NP (Family/All Ages), CNCCP(c), IBCLC; Darlene Inglis, RN, BScN, MN, IBCLC</i>  <b>Purpose:</b> To determine if protected breastfeeding time (without introduction of other oral feeding methods) for mothers and their stable preterm infants increases direct breastfeeding at discharge.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• State the importance of direct breastfeeding for infants and mothers.</li> <li>• Explain the concept of protected breastfeeding time for infants in the NICU.</li> <li>• Identify the key factor that impacts the initiation of oral feeding for infants in the NICU.</li> </ul> <p><b>Presenter:</b> Janine McClure, IWK Health Centre, Halifax NS</p> <p><b>C02-2 Building a Virtual Community of Practice to Enhance the Uptake of Evidence-Based Nursing Care Practices in Quebec NICUs: The CVP-Neon@t</b>  <b>Authors:</b> <i>Sonia Semenic, RN, PhD; Marilyn Aita, RN, PhD; Nancy Feeley, RN, PhD; Laura Haiek, MD, MPH; Marjolaine Héon, RN, PhD; Kathleen Lechasseur, RN, PhD; Geneviève Roch, RN, PhD; Lise Talbot, RN, PhD</i>  <b>Purpose:</b> The purpose of this presentation is to describe the development and implementation of a virtual community of practice (CoP) for NICU nurse leaders in Quebec (CVP-Neon@t). The CoP supports the implementation of four key evidence-based neonatal nursing care practices: promotion of exclusive breastfeeding, skin-to-skin care, developmental care, and family involvement in care.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Discuss the concept of "community of practice" as a knowledge translation strategy.</li> <li>• List the steps involved in developing and implementing a nursing community of practice (CoP).</li> <li>• Discuss the impact of implementing a province-wide CoP on neonatal nursing care</li> </ul>

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	<p>practices and outcomes. <b>Presenter:</b> Sonia Semenic, Ingram School of Nursing, McGill University, Montreal QC</p>
	<p><b>C03 – INNOVATIVE EDUCATIONAL APPROACHES</b></p> <p><b>C03-1 The Blanket Exercise: An Innovative Educational Tool for Teaching Culturally Safe Nursing Practice</b> <i>Author: Elizabeth White-MacDonald, RN, BScN, MN</i> <b>Purpose:</b> To describe an experience implementing the Blanket Exercise; an educational innovation where students were provided an opportunity to participate in a culturally specific participatory action learning opportunity relevant to the history of Indigenous colonization and to apply the knowledge gained to culturally appropriate registered nursing practice. <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the student experience of an Indigenous colonization-related participatory action activity in an undergraduate nursing course.</li> <li>• Discuss the outcomes associated with the student experience to promote culturally safe registered nursing practice.</li> <li>• Discuss how this new-found knowledge can be utilized to promote collaboration with Indigenous Peoples within registered nursing practice with the aim of improving the health and wellbeing of women, children and families.</li> </ul> <p><b>Presenter:</b> Elizabeth White-MacDonald, MacEwan University, Edmonton AB</p> <p><b>C03-2 “What’s It Really Like?!”: An Innovative Strategy for Building Capacity and Sharing Tacit Knowledge with BScN Students Interested in Perinatal Nursing and Reproductive Health</b> <i>Authors: Anne Simmonds, RN, PhD; Manjit Dhanoa-Yasi, RN, MN; Melissa Kaups, HBA</i> <b>Purpose:</b> This presentation aims to stimulate reflection and discussion about strategies to promote much needed capacity building, networking and knowledge sharing in the preparation of future perinatal and reproductive health nurses. <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the factors influencing education and training of pre-licensure BScN students in the areas of perinatal nursing and reproductive health.</li> <li>• Describe the process of developing and implementing a collaborative student-faculty initiative to address current gaps in educational opportunities.</li> <li>• Identify specific strategies for increasing capacity for training and educating future perinatal nurses within their educational and practice-based settings.</li> </ul> <p><b>Presenters:</b> Anne Simmonds, Manjit Dhanoa-Yasi, and Melissa Kaups, University of Toronto, Toronto ON</p>
	<p><b>C04 – COLLABORATIVE PRACTICE</b></p> <p><b>C04-1 Collaboration Between Midwives and Nurses in Nova Scotia: A Feminist Poststructuralist Case Study</b> <i>Authors: Danielle Macdonald, BA, BScN, MN, PhD(c), RN; Josephine Etowa, PhD, RN, RM, FWACN</i> <b>Purpose:</b> To present the preliminary findings of a qualitative, feminist poststructuralist case study, which explored collaboration between midwives and nurses in Nova Scotia. <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify preliminary findings about collaboration between midwives and nurses in Nova Scotia.</li> <li>• Develop an understanding of the discourses that may be influencing collaboration between midwives and nurses in Nova Scotia.</li> <li>• Recognize the importance of future research about collaborative relationships that have the potential to strengthen maternal-newborn health care in Canada.</li> </ul>

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	<p><b>Presenter:</b> Danielle Macdonald, University of Ottawa School of Nursing, Ottawa ON</p> <p><b>C04-2 “It Takes a Village”: Case Presentations of Nurses and Midwives Working in Multidisciplinary, Collaborative Teams to Provide Equitable Care to Women Accessing Maternity Services in Peri-Urban Rwanda</b></p> <p><b>Authors:</b> Erica Corbett, Senior Midwifery Student, MSc Epidemiology; Ruth Tuyisenge, RM; Isaac Muwambya, Community Health Care Worker</p> <p><b>Purpose:</b> The purpose of this presentation is to share experiences and best practices of a multidisciplinary team working in a peri-urban area just outside Kigali, Rwanda with the aim to show how these collaborative partnerships improve care and outcomes for women antenatally and postpartum.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand how to communicate effectively and across cultural differences between different members of a healthcare team.</li> <li>• Carefully create relationships for multidisciplinary work in the participant’s own practice.</li> <li>• Apply lessons learned as part of the presentation to provide the highest level of evidence-based collaborative care.</li> </ul> <p><b>Presenter:</b> Erica Corbett, National College of Midwifery (USA), Halifax NS</p>
	<p><b>C05 – BEREAVEMENT AND PERINATAL LOSS</b></p> <p><b>C05-1 Integration of a Perinatal Loss Registered Nurse (RN) to Improve Compassionate and Sensitive Care for Women and Families Experiencing a Pregnancy Loss</b></p> <p><b>Authors:</b> Danita Lang, RN, BScN, PNC(C); Leah Thorp, BScN, MN, RN, PNC(C)</p> <p><b>Purpose:</b> The purpose of this presentation is to share the conceptualization and implementation of an innovative RN position which ensures best practice guidelines for perinatal loss. This presentation will provide details of the integration of an innovative position including the challenges and benefits of providing sensitive care during a specific time.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the evidence informed practices and care necessary during any perinatal loss but specifically between 15 - 22 weeks.</li> <li>• Apply knowledge to current practices regarding the registered nurse's specific contribution in providing perinatal loss care during a vulnerable period.</li> <li>• Describe the innovative registered nurse position within an organization that contributes to improved care of women and families experiencing a perinatal loss between 15 - 22 weeks' gestation.</li> <li>• Compile information to develop and implement other innovative positions/programs specific to perinatal loss with the challenges and benefits experienced while establishing the perinatal loss registered nurse position in the Regina Qu'Appelle Health Region.</li> </ul> <p><b>Presenters:</b> Danita Lang and Leah Thorp, Regina Qu'Appelle Health Region, Regina SK</p> <p><b>C05-2 Recommendations for the Provision of Compassionate Care for Early Pregnancy Loss in Emergency Departments (2017)</b></p> <p><b>Authors:</b> France Morin, RN, BScN, MScN; Doreen Day, MHSc, CHE; Olha Lutsiv, MScPH; Laura Zahreddine, RN, BScN, MN(student)</p> <p><b>Purpose:</b> To inform CAPWHN members of the recommendations for the provision of compassionate care for early pregnancy loss in Emergency Departments.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the methodology used to develop new evidence-based recommendations.</li> <li>• Provide overview/summary of the new evidence-based recommendations.</li> <li>• Apply the recommendations in their practice when caring for families experiencing an early pregnancy loss in the Emergency Department.</li> </ul>

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	<b>Presenter:</b> France Morin, Champlain Maternal Newborn Regional Program, Ottawa ON
1715-1800	<b>Poster Presentations (Block 1 of 2)</b>
1800-2000	Opening Reception with Exhibitors / Réception d'ouverture avec les exposants Join your CAPWHN colleagues for networking with the conference exhibitors, hors d'oeuvres and an opportunity to enjoy the beautiful sounds of the Celtic harp, played by Ellen Gibling, an accomplished performer in orchestral, chamber, Irish, and pop music.

DAY 2 – Friday October 13 / Le vendredi 13 octobre	
0700-0900	Registration / Breakfast / Exhibits
0730-0845	<b>Annual General Meeting (CAPWHN Members) / Assemblée générale annuelle (membres de CAPWHN)</b>
0900-1000	<p><b>Plenary Keynote / Conférence principale – Perinatal Sexual Health Risk and protective factors for the perinatal sexual health of women and couples</b></p> <p>The transition to parenthood – from pregnancy through the first year postpartum – presents many unique joys and challenges to new parents, including changes to their sexual relationship. This presentation will highlight the prevalence and significance of sexual concerns – such as genito-pelvic pain, sexual dysfunction, and sexual distress – faced by women and couples in both pregnancy and postpartum. The presentation will outline research examining several risk and protective factors for genito-pelvic pain, sexual function and satisfaction, and relationship well-being during this period. Importantly, considering perinatal sexual health from a couples' perspective (i.e. including the partner) will be emphasized. Potential clinical applications of this research will also be discussed.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>● Identify common sexual concerns of both new mothers and their partners, relevant to the perinatal period.</li> <li>● Recognize psychological predictors of pain, sexual, and relationship well-being in pregnancy and postpartum.</li> <li>● Consider ways to assess and offer brief intervention to new parents who are struggling with their sexual relationship in pregnancy or postpartum.</li> </ul> <p><b>Presenter:</b> Natalie Rosen, PhD, R Psych, Assistant Professor, Departments of Psychology and Neuroscience, Obstetrics &amp; Gynaecology, Dalhousie University, Halifax NS</p> <div style="display: flex; align-items: flex-start;">  <div style="flex-grow: 1;"> <p><i>Dr. Natalie Rosen is an Associate Professor of Clinical Psychology in the Departments of Psychology and Neuroscience and Obstetrics and Gynaecology at Dalhousie University, Halifax, Nova Scotia. She completed her doctoral work at McGill University in 2009 followed by a post-doctoral fellowship at the Université de Montréal in 2012. Dr. Rosen's research interests focus on understanding how individuals, and especially couples, cope with sexual health problems, particularly in the transition to parenthood. Her goal is to identify predictors of sexual and relationship well-being of new parents over time, and then to translate her findings into interventions aimed at enhancing couples' well-being. She is an Associate Editor of the journal "Archives of Sexual Behavior" and has published over 50 peer-reviewed articles and book chapters on sexual health and relationships. Dr. Rosen's research is currently funded by the Canadian Institutes of Health Research, the Nova Scotia Health Research Foundation, the Social Sciences and Humanities Research Council, the IWK Health Centre, and the Canadian Foundation for Innovation.</i></p> </div> </div>
1000-1030	Refreshment Break / Exhibits

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1030-1200	<p><b>Concurrent Sessions D (two 45 minute presentations in each session)</b></p>
	<p><b>D01 – WOMEN’S HEALTH</b></p> <p><b>D01-1 A Gateway for Enhanced Patient Recovery: The Implementation of Enhanced Recovery After Surgery (ERAS) Protocols Within a Gynecological Surgery Program</b>  <i>Authors: Jennifer Cumpsty, RN, BN; Christine Finnbogason, RN, BN, MN; Elizabeth Reddoch, RN, BN</i>  <b>Purpose:</b> The purpose of this presentation is describe the principles of Enhanced Recovery After Surgery (ERAS) and how it applies to the gynecological surgery patient and to share our journey of implementing ERAS through our Women's Health program.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Review the 2016 evidence based guidelines for postoperative care in gynecologic/oncology surgery developed with the ERAS society recommendations.</li> <li>• Describe tools developed to assist with ERAS implementation and evaluation.</li> <li>• Share lessons learned through this collaborative multidisciplinary journey.</li> </ul> <p><b>Presenter:</b> Jennifer Cumpsty, Women’s Hospital Health Sciences Centre, Winnipeg MB</p> <p><b>D01-2 Promoting Equity and Access to Sexual Health: Dalhousie University Mobile STI Clinic</b>  <i>Author: Allison MacFadden, BScN Student; Krista Shanks, BScN Student; Martha Paynter, BScN Student; Pauline Surkan, BScN Student; Christina Elgee, RN, Student Health Outreach Nurse; Jennifer Searle, RN, Clinical Instructor</i>  <b>Purpose:</b> Describe a weekly mobile STI screening clinic and complimentary education and advocacy that promotes equity and access to sexual health at Dalhousie University.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify that mobile STI screening clinics using a self-collection method can improve the sexual health of women ages 15-29 by improving access to screening, normalizing STI screening, offering safe sex education, expediting diagnosis and treatment, and reducing transmission rates.</li> <li>• Recognize that the lack of structural inclusivity can be a barrier to accessing services in the community and see that nurses can advocate for change.</li> <li>• Assess personal exposure to inclusive education and question how this impacts the provision of equitable care.</li> </ul> <p><b>Presenters:</b> Allison MacFadden and Krista Shanks, Dalhousie University School of Nursing, Halifax NS</p>
	<p><b>D02 – PARENTAL SUPPORT NETWORKS AND BREASTFEEDING</b></p> <p><b>D02-1 SESSION TBA</b></p> <p><b>D02-2 Meeting the Postpartum Needs of Mothers Through Social Networks: Envisioning Future Possibilities for Practice</b>  <i>Authors: Joelle Monaghan, MN, RN; Megan Aston, PhD, RN; Sheri Price, PhD, RN; Josephine Etowa, PhD, RN; Andrea Hunter, PhD; Gail Tomblin Murphy, PhD, RN; Meaghan Sim, PhD, RD; Siannach Lukeman, MScN, RN</i>  <b>Purpose:</b> To present the findings of our CIHR bridge funded study, MUMs: Mapping and Understanding Mothers' Social Networks and provide direction for nurses and other health care providers to maximize maternal-newborn outcomes in Nova Scotia through accessible, effective and coordinated postpartum care.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Discuss how first time mothers in Nova Scotia experience, access and navigate information and support through social networks.</li> <li>• Identify where first time mothers go for postpartum information and support in Nova Scotia.</li> </ul>

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	<ul style="list-style-type: none"> <li>Discuss how postpartum supports and services should be socially and institutionally constructed to meet the diverse needs of first time mothers in Nova Scotia.</li> </ul> <p><b>Presenters:</b> Joelle Monaghan, Megan Aston, and Sheri Price, Dalhousie University School of Nursing, Halifax NS</p>
	<p><b>D03 – LABOUR AND BIRTH</b></p> <p><b>D03-1 Barriers and Facilitators to Birth Without Epidural in a Tertiary Obstetric Referral Centre: Perspectives of Health Care Professionals and Patients</b>  <b>Authors:</b> Alyssa Knox, BA, MSc(A) Student; Geneviève Rouleau, MIPH, MSc(A) Student; Sonia Semenic, RN, PhD; Malisa Khongkham, RN, MScN; Luisa Ciofani, RN, MSc(A), IBCLC, PNC(C)  <b>Purpose:</b> This study aimed to identify barriers and facilitators to birth without epidural in a tertiary obstetric referral centre.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>Describe key factors that may influence epidural use in high-risk obstetrical care settings.</li> <li>Critically analyse differences in patients' and health care professionals' understandings of the birthing experience.</li> <li>Discuss recommendations for supporting birth without epidural in high-risk obstetrical units.</li> </ul> <p><b>Presenters:</b> Alyssa Knox and Geneviève Rouleau, McGill University Ingram School of Nursing, Montreal QC</p> <p><b>D03-2 Giving Birth with a Peanut Ball!</b>  <b>Authors:</b> Stephanie Assouline, RN, BsN Student; Irene Sarasua, RN, MSc(A), PNC(C), IBCLC; Nadine Fava, RN, BFA, MScA; Caroline Ball, RN, BScN, IBCLC  <b>Purpose:</b> The purpose of this presentation is threefold: 1) to present the evidence for the use of peanut balls with labouring women; 2) to describe the introduction of peanut balls in a tertiary care high-risk obstetrical referral centre; and 3) to discuss patient and healthcare provider satisfaction with the use of peanut balls for labour/labour support.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>Gain knowledge of the state of the evidence on the use of peanut balls in labour, with particular relevance to their use among non-ambulatory labouring patients.</li> <li>Learn steps taken to implement peanut balls in a labour &amp; delivery unit, including teaching workshops for both patients and nursing staff.</li> <li>Learn about patient and health care provider experiences and satisfaction with using peanut balls during labour.</li> </ul> <p><b>Presenters:</b> Stephanie Assouline and Irene Sarasua, Jewish General Hospital, Montreal QC</p>
	<p><b>D04 – HEALTH SERVICES</b></p> <p><b>D04-1 Predictive Staffing Process: Aligning Human Resources with Patient Needs in a Post Partum Unit</b>  <b>Authors:</b> Janet Sawatzky, RN; Karen Isbach, RN, BN  <b>Purpose:</b> To create a reliable, transparent, 24/7 shift to shift staffing process that identifies the staffing requirements for the oncoming shift to meet the patient needs and identifies any excess or additional staff to be utilized or deployed elsewhere in the program to minimize potential overtime situations.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>Identify the underlying principles for developing a predictive staffing process.</li> <li>Describe the importance of the Plan, Do, Study, Adjust Cycle.</li> <li>Understand metrics to validate the reliability of the process.</li> </ul>

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	<p><b>Presenters:</b> Karen Isbach and Janet Sawatzky, St. Boniface General Hospital, Winnipeg MB</p> <p><b>D04-2 Healthcare Providers' Perceptions of Single Room Versus Traditional Maternity Models: A Concurrent Mixed Methods Study</b></p> <p><b>Authors:</b> Marc Hall, MSc, CCRP; Lorelli Nowell, RN, MN, PhD(c); Nina Castrogiovanni, BSc, BA; Luz Palacios-Derflinger, PhD; Jill Norris, MSc, ACC; Deborah White, RN, PhD</p> <p><b>Purpose:</b> (1) To compare healthcare provider satisfaction and collaboration between single-room maternity care and traditional maternity care; (2) To explore how each model of care shaped health care providers' practice.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify the physical and philosophical differences in single-room maternity and traditional maternity care models.</li> <li>• Compare health care provider perspectives on both single-room and traditional maternity care models.</li> <li>• Discuss differences in health care provider satisfaction and team collaboration in single-room maternity and traditional maternity care models.</li> </ul> <p><b>Presenter:</b> Marc Hall, University of Calgary Faculty of Nursing, Calgary AB</p>
	<p><b>D05 – HEALTH PROMOTION IN UNIQE POPULATIONS</b></p> <p><b>D05-1 Strengthening Global Maternal-Child Health Research: A Case Study of a Canadian-Nigerian Partnership</b></p> <p><b>Authors:</b> Josephine Etowa, PhD, RN, RM, FWACN; Danielle Macdonald, RN, MN, PhD(c); Bagnini Kohoun, PhD</p> <p><b>Purpose:</b> To present the preliminary findings of a qualitative case study, which explored a nine-year partnership between maternal-child health researchers in Canada and Nigeria.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the partnership between the Canadian and Nigerian maternal-child health researchers.</li> <li>• Identify strategies used by those involved to maintain the research partnership.</li> <li>• Identify facilitators for the successful collaboration and challenges experienced by maternal-child health researchers in both countries.</li> </ul> <p><b>Presenters:</b> Josephine Etowa, Danielle Macdonald and Bagnini Kohoun, University of Ottawa School of Nursing, Ottawa ON</p> <p><b>D05-2 Satisfaction with Delivery of Maternity Care for Canadian Born and Non-Canadian Born Mothers: A Comparative Secondary Analysis</b></p> <p><b>Authors:</b> Nina Castrogiovanni, BSc, BA; Deborah White, PhD, RN; Lorelli Nowell, MN, RN; Marc Hall, MSc, CCRP</p> <p><b>Purpose:</b> To provide an overview of the results and implications from a study which explored and compared the level of satisfaction with maternity care among Canadian born and non-Canadian born mothers.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify three ways in which demographic data differs between the two study populations.</li> <li>• Recognize two ways in which maternity specific characteristics differ between the two study populations.</li> <li>• Discuss if a significant difference in level of satisfaction exists between Canadian-born and non-Canadian born mothers.</li> </ul> <p><b>Presenter:</b> Nina Castrogiovanni, University of Calgary School of Nursing, Calgary AB</p>
1200-1300	Lunch / Exhibits

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1300-1500	<b>Specialty Sessions</b>
	<p><b>SS01 – BLADDER HEALTH</b>  <b>Conservative and Surgical Approaches to the Management of Urinary Incontinence and Pelvic Organ Prolapse</b></p> <p>This specialty session on women’s health will focus on pelvic floor dysfunction including urinary incontinence and pelvic organ prolapse. Both are common conditions and have a significant impact on women’s quality of life. During this session we will review the types of urinary incontinence and compartments involved in pelvic organ prolapse and the conservative and surgical treatments options available. Our focus on conservative therapies will include pelvic floor physiotherapy and intra-vaginal devices for both pelvic floor conditions.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the different types of urinary incontinence and pelvic organ prolapse and the available conservative and surgical treatment options.</li> <li>• Become familiar with the role of pelvic floor physiotherapy for conditions of the pelvic floor.</li> <li>• Participate in a hands-on demonstration of intra-vaginal devices used in the conservative treatment of urinary incontinence and pelvic organ prolapse.</li> </ul> <p><b>Presenters:</b> Dr. Marianne Pierce, BSc, MD, FRCS(C), Dalhousie University and IWK Health Centre, Halifax NS; and Stella Roy, PT, CAFCI, Bedford Health Centre, Bedford NS</p> <p><i>Dr. Marianne Pierce is currently an Assistant Professor in the Department of Obstetrics and Gynecology at Dalhousie University. She received her medical degree in 2003 from Dalhousie University and her Fellowship in Obstetrics and Gynecology from Queen’s University in 2008. Since completing a clinical fellowship in Urogynecology and Pelvic Reconstructive Surgery at Dalhousie in 2010, she has been a member in the division of Urogynecology and Pelvic Floor Surgery at the IWK Health Centre in Halifax. She is actively involved with the SOGC through various committees including the Urogynecology Committee. Her clinical interests involve women’s gynecologic health and in particular pelvic floor dysfunction secondary to childbirth.</i></p> <div style="display: flex; align-items: center;">  <p><i>Stella Roy</i></p> </div>
	<p><b>SS02 – LATE PRETERM</b>  <b>Late Preterm Infants: From Conception to Community</b></p> <p>This specialty session will appraise best practice recommendations for late preterm infants, compared with current practices across Canada. Participants will consequently have the opportunity to hone their skills and will be equipped with tools to become agents of change in their home work setting. An additional value will be placed on the need to improve the trajectory of care.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Present an overview of current practice guidelines regarding care of healthy late preterm infants in hospital and transitioning to community care.</li> <li>• Begin discussion regarding consolidation of care regarding these infants across Canada.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Increase skill and competency of healthcare professionals regarding this population.</li> </ul> <p><b>Presenters:</b> Ginette Aucoin, RN, IBCLC, MScA, Conseillère cadre/Advanced Nursing Practice Consultant, Clientele 0- 18 years, Child-Family &amp; School, Maison Bleue, Department of Nursing, Centre intégré universitaire de santé et services sociaux (CIUSSS), Centre-Ouest Montreal, QC; and Jennifer Marandola RN, MN, IBCLC, PNC(C), Advanced Nursing Practice Consultant, Maternal-Child Program/Public Health, Centre intégré universitaire de santé et services sociaux (CIUSSS) West Island, Montreal QC</p> <div style="display: flex; align-items: flex-start;">  <div style="font-size: small;"> <p><i>Ginette has been an Advanced Nursing Practice Consultant for the child/family/youth/school public health nursing programs of the Integrated Health and Social Services University Network of West-Central Montreal since May 2016. Prior to this, she worked as clinical nurse on a maternal child unit for the past 9 years. She has a passion for learning. She has been described by her colleagues as full of energy and dedicated to the quality of nursing care of young families.</i></p> </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;">  <div style="font-size: small;"> <p><i>Jennifer has been a nurse for twelve years in various perinatal areas and has acted as a private lactation consultant for the last 4 years. She graduated with a Master's Degree from the University of Victoria and has recently begun work as an Advanced Nursing Practice Consultant for the West Island of Montreal. She has been CAPWHN Regional Director of Quebec for the last two years. Her passion and interest in the late preterm population has led her to be chosen by CANN as one of the authors involved in developing a book of Canadian guidelines for late preterm infants set to be released sometime in 2018.</i></p> </div> </div>
	<p><b>SS03 – TRANS HEALTH AND GENDER INCLUSIVITY</b>  <b>Trans Health and Gender Inclusivity: Navigating the Health Care System, and Accessing Gender Affirming Health Services</b></p> <p>This session will provide information on the complexities of gender identity, language, and gender transition processes. We will explore challenges and barriers that members of the trans and gender diverse community face in accessing health care, impacts on health system use and health of the community, and how you and your teams can work to reduce these barriers to provide the best care possible.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand gender identity, gender diversity, and gender transition, and recognize challenges and barriers facing the trans and gender diverse community in accessing health services.</li> <li>• Understand and implement strategies for creating safer, more inclusive spaces and experiences in the health system for members of the trans and gender diverse community.</li> </ul> <p><b>Presenter:</b> prideHealth Coordinator, prideHealth (an initiative of Nova Scotia Health Authority in partnership with IWK Health Centre), Halifax NS</p> <div style="text-align: right; font-size: x-small;">     </div>
	<p><b>SS04 – INDIGENOUS HEALTH</b>  <b>Actions of the Truth and Reconciliation Commission of Canada</b></p> <p>In this session the CAPWHN Advocacy and Health Policy Committee (AHPC) will provide an overview of the Truth and Reconciliation Commission of Canada (TRC): Calls to Action (2015) related to</p>

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perinatal and women's health.

In 2015, the AHPC chose Aboriginal Women's Health as an initiative to highlight in our national committee. One of the committee's key actions was to develop a position statement on cultural safety and humility. The committee collaborated with the Canadian Indigenous Nursing Association (CINA) to develop the position statement, which was finalized and released in June 2017.

This session shares CAPWHN's Position Statement on Cultural Safety/Humility, which can assist nurses in discussing strategies to improve knowledge, skills, and behaviours related to health. The position statement assists in building health care professionals' awareness and understanding of cultural safety and humility to construct relationships with Indigenous people and each other to improve care experiences while recognizing the historical treatment of Indigenous People of Canada by mainstream society including nurses. The position statement outlines the Canadian treatment of Indigenous people and seeks to address the role nurses can play in implementing the TRC recommendations ([www.trc.ca](http://www.trc.ca)) by committing to practice in a culturally safe and humble way. Through this, we can support the road to healing through the journey of Truth and Reconciliation for the Indigenous People of Canada, while acknowledging the past, present and future to build capacity for the health and wellbeing of Indigenous and non-Indigenous individuals, families, and communities.

### Learning Objectives:

- Recognize how Indigenous people are self-reliant, vibrant, healthy people following the historical and present effects of colonization such as Indian Residential Schools, Indian Hospitals, and the 60s scoop.
- Explore the impact of the TRC: Calls to Action (2015) recommendations that pertain to perinatal and women's health.
- Share the CAPWHN Position Statement on Cultural Safety/Humility in response to the TRC: Calls to Action (2015).
- Develop and commit to individual and organizational strategies for reconciliation and building relationships to improve health and wellness.

### Presenters:

Leah Thorp, Regina Qu'Appelle Health Region Treaty 4 Territory, BScN, MN, RN, PNC(C), Coordinator Perinatal Outreach Education Program, Regina Qu'Appelle Health Region in the Saskatchewan Health Authority, Regina SK, and

Lucy Barney, Titqet Nation, RN, BSN, MSN, Provincial Lead, Aboriginal Health, Perinatal Services BC and Perinatal Specialist, First Nations Health Authority, Vancouver BC



*Leah is a registered nurse and coordinator of the Perinatal Outreach Education Program which collaborates with the Saskatchewan Perinatal Education Program to coordinate and deliver evidence-based educational programs for health care professionals. Leah is currently the RN representative on the Society of Obstetricians and Gynaecologists of Canada (SOGC) Indigenous Women's Health Committee and co-chair of the CAPWHN Advocacy and Health Policy Committee. Leah has enjoyed assisting women and families in birth for the last 17 years. In her coordinator role, the capacity to assist many health care providers, women, babies, and families has expanded and provided a valuable perspective of perinatal care. Her passion for Indigenous health stems from the inequities she witnesses throughout Saskatchewan. It is her goal to build relationships and collaborate to improve outcomes and health within the child bearing years.*

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*Lucy is at the forefront of developing innovative and successful programming for Aboriginal people. She works on strategies to assist existing programs and to develop new programs for maternal/child health that will enable Aboriginal people to access culturally appropriate services. Lucy's own life experience as a First Nation woman, mother, and traditional dancer brings enormous commitment, dedication, and creativity to her work. Her voice as a leader is crucial. She is a model of strong, innovative leadership in the Aboriginal community. She was awarded an ACCOLAIDS Award for Innovative Programming and a Langara College Outstanding Alumni Award for Community Service. Lucy completed her Master of Science in Nursing at the University of British Columbia.*

*She was program manager of Chee Mamuk, an Aboriginal HIV/AIDS education program at the BC Centre for Disease Control, for nine years and is also working with the First Nations Health Authority Maternal and Child Health Wellness Department.*

*Lucy Barney, Leah Thorp, and Sarah Reaburn, along with the CAPWHN Advocacy and Health Policy Committee and the CAPWHN Board of Directors contributed to the development of the CAPWHN Position Statement on Cultural Safety/Humility.*

### **SS05 – MEDICAL ASSISTANCE IN DYING End of Life Law and Ethics in Canada**

End of life care can raise legal and ethical questions and challenges for nurses caring for patients across the lifespan right from neonates to the elderly. In this presentation, the presenter will explain the legal status of the full spectrum of end of life care – withholding/withdrawal of potentially life-sustaining treatment, palliative interventions, and medical assistance in dying (MAiD). She will then engage with legal and ethical issues associated with elements of end of life care that are unclear and/or controversial. For example, can health care providers withhold or withdraw potentially life-sustaining treatment from patients against the wishes of the patient or their substitute decision-maker (e.g., parents of newborns)? Can health care providers provide deep and continuous sedation and withhold artificial hydration and nutrition from patients whose death is not imminent? Should mature minors be able to access medical assistance in dying? Should patients be able to access MAiD through requests made in advance of loss of capacity?

#### **Learning Objectives:**

- Understand the current legal status of the full spectrum of end of life care in Canada (withholding/withdrawal of potentially life-sustaining treatment, palliative interventions, and medical assistance in dying).
- Participate in legal, ethical, and clinical discussions re: palliative sedation and unilateral withholding/withdrawal of potentially life-sustaining treatment.
- Participate in legal, ethical, and clinical discussions re: access to medical assistance in dying for mature minors and individuals whose sole underlying condition is a mental illness who do not meet the legislative eligibility criteria and through requests made in advance of loss of capacity.

**Presenter:** Jocelyn Downie, SJD, FRSC, FCAHS, Fellow, Pierre Elliott Trudeau Foundation; University Research Professor, Faculties of Law and Medicine, Dalhousie University, Halifax NS



*Jocelyn is a Fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences. She is also a Fellow of the Pierre Elliott Trudeau Foundation. She began her academic career in Philosophy (BA and MA at Queen's University and an MLitt at the University of Cambridge) and then switched to Law (LLB at the University of Toronto and LLM and SJD at the University of Michigan at Ann Arbor). After law*

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	<p><i>school, she clerked for Chief Justice Lamer at the Supreme Court of Canada. After graduate school, she was the Director of the Health Law Institute at Dalhousie for ten years. She is now a University Research Professor in the Faculties of Law and Medicine at Dalhousie University and a Faculty Associate of the Dalhousie Health Law Institute. Her work on end of life law and ethics goes back many years and includes: articles, presentations, and policy development on issues across the entire range of end of life law and policy; Special Advisor to the Canadian Senate Committee on Euthanasia and Assisted Suicide; author of <i>Dying Justice: A Case for the Decriminalizing Euthanasia and Assisted Suicide in Canada</i> (winner of the AbbyAnn D. Lynch Medal in Bioethics from the Royal Society of Canada); member of the Royal Society of Canada Expert Panel on End-of-Life Decision-Making; member of the pro bono legal team in the case of <i>Carter v. Canada</i> (Attorney General); and member of the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying and the Canadian Council of Academies Expert Panel on Medical Assistance in Dying.</i></p>
	<p><b>SS06 – The Last Few Cases: An Update on Canadian Perinatal Law</b></p> <p>This presentation will focus on recent Canadian obstetric cases.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Become familiar with the terms used in law.</li> <li>• Learn the common legal analyses and common legal defences.</li> <li>• Identify how your practice builds the evidence that will become your defence if needed.</li> </ul> <p><b>Presenter:</b> Elaine Borg, RN, BScN, LLB, Legal Counsel, Canadian Nurses Protective Society, Ottawa ON</p>
1500-1545	<p><b>Poster Presentations (Block 2 of 2)</b></p>
1545-1745	<p><b>Kairos Blanket Exercise (registration is limited)</b></p> <p>In this activity participants share the historic and contemporary relationship between Indigenous and non-Indigenous peoples in Canada covering over 500 years of history. Participants take on the roles of Indigenous peoples in Canada. Standing on blankets that represent the land, they walk through pre-contact, treaty-making, colonization and resistance. They are directed by facilitators representing a narrator (or narrators) and the European colonizers. Following the activity, participants engage in a sharing circle to discuss their experiences.</p> <p><b>Learning Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Learn about the policies and actions that have affected the health and wellbeing of Indigenous Peoples through colonization.</li> <li>• Explore the diversity of perspectives when examining experiences of Indigenous health and wellness through the interactive experience of the Kairos Blanket Exercise.</li> <li>• Reflect on the relationship between colonization, intersectionality and experiences of oppression among Indigenous populations, and the impact on the healthcare relationship.</li> </ul> <p><b>Facilitators:</b> Elizabeth White-MacDonald, MacEwan University, Edmonton AB; and Vanessa Nevin, Indian Residential School Resolution Health Support Program Coordinator, FNIHB Atlantic, Halifax NS</p> <p><i>Elizabeth is an Assistant Professor at MacEwan University in Edmonton where she has been teaching in the baccalaureate program since 2010. Liz has practiced as a staff nurse, a Nurse Practitioner/Community Health Nurse in remote Aboriginal communities, and as a Clinical Nurse Specialist/Clinical Nurse Educator in Maternal/Child Health. She has been involved in MacEwan University's Indigenous strategies and initiatives and is a member and past Chair of CAPWHN's Advocacy &amp;</i></p>

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	<p><i>Health Policy Committee. Liz has participated in two Blanket exercises to date, one for an entire 4<sup>th</sup> year class of nursing students as an approach to responding to the need for reconciliation and the TRC Calls to Action.</i></p> <p><i>Vanessa Nevin is the Indian Residential School Resolution Health Support Program Coordinator for First Nations Inuit Health Branch, Atlantic Region (Health Canada). Vanessa is Mi'kmaq and grew up in Sipekne'katik First Nation in Nova Scotia. In addition to her extensive experience working with Indian Residential School issues she worked closely with the Truth &amp; Reconciliation Commission on the Atlantic National event and hearings in 2011. Vanessa has a BA with a major in history from University of Victoria and is very close to completing her Masters in Conflict Analysis and Management from Royal Roads University.</i></p>
1545-1745	<p><b>Networking Sessions (registration is limited)</b></p> <ol style="list-style-type: none"> <li>1. Hospital Staff Nurses</li> <li>2. Community and Public Health</li> <li>3. Clinical Educators and Advanced Practice Nurses</li> <li>4. Managers and Directors</li> <li>5. University and College Professors</li> <li>6. Researchers</li> </ol>
1745-1815	<b>Free Time</b>
1815-2200	<p>CAPWHN East Coast Party</p> <p>Please join us for our traditional Atlantic Canadian CEILIDH (pronounced “kay-lee) that you will soon not forget! We have planned a fun kitchen party where you will enjoy a traditional lobster dinner. There will also be a local highland dance group performing the highland fling and attendees will get an opportunity to get up and learn a step or two. When the feast is over, the good times continue with, Asia and NuGruv, a dynamic and high energy band that will have you up on the dance floor! Not a lobster lover? Don't worry, alternatives are available for those with allergies or dietary concerns.</p> <p>Family or friends in town? Buy them a ticket and join in on the fun!</p>

<b>DAY 3 – Saturday October 14 / Le samedi 14 octobre</b>	
0700-0745	Toonie Trot / Yoga – fundraising activity for Avalon Sexual Assault Centre
0745-0820	Breakfast / Networking
0820-0830	Opening Remarks / Allocution d'ouverture
0830-1000	<p><b>Panel Keynote Discussion / Conférence principale – Women's Health in the Prison System Supporting the Reproductive Health of Criminalized Women and Trans Individuals in Nova Scotia</b></p> <p>This panel will describe their work within health care institutions and community organizations to support the health of criminalized women and trans individuals in pregnancy and postpartum and with regards to reproductive health care. Women are the fastest growing population in prison in Canada, and Indigenous women and Women of Colour are vastly over-represented in carceral facilities. While advocating for decarceration, they support women within correctional institutions to access health services. The panel will provide time for questions from the audience.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Develop participant understanding of the conditions of imprisonment for women and trans individuals in Nova Scotia with regards to health services.</li> <li>• Improve understanding of the causes of criminalization for women and trans individuals in Nova Scotia.</li> </ul>

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- Stimulate capacity for action among participants to advocate for criminalized clients experiencing addiction in the context of reproductive health services.

**Presenters:** Martha Paynter, BScN and PhD Student, Dalhousie School of Nursing, Halifax NS  
Glenda Carson, PhD, RN, PNC(C), IBCLC, Perinatal Clinical Nurse Specialist, IWK Health Centre, and Adjunct Professor, Dalhousie School of Nursing, Halifax NS  
El Jones, (add credentials and headshots)



*Martha Paynter is committed to the advancement of perinatal and reproductive health for women and families in Atlantic Canada. Paynter holds an MSc in Health Research Methodology (McMaster), a Master's in Development Economics (Dalhousie) and a Graduate Diploma in Health Services and Policy Research. From 2007-2015, Paynter worked in health services management for the Departments of Health in NB and NS. Paynter serves on the Board of Directors of the Atlantic Milk Bank Coalition. She is the President and founder of Women's Wellness Within: An Organization Serving Criminalized Women, advocating and supporting pregnant and parenting women in corrections and in the community.*



*Glenda Carson is currently a perinatal clinical nurse specialist in the Women's and Newborn Health Program at the IWK Health Centre in Halifax NS. Her clinical population includes women and families who are experiencing complex high-risk pregnancies, including addiction and substance use. Glenda graduated with her diploma as a registered nurse from the Kelsey School of Applied Arts and Sciences in Saskatoon, Saskatchewan and received her Baccalaureate and Masters degrees in nursing from Dalhousie University, Halifax, NS. She graduated with her PhD in nursing from the University of Alberta, Edmonton, Alberta. As part of her advanced nursing practice role she provides perinatal nursing consultation and education to provincial regional hospitals, First Nations communities, the Nova Scotia Department of Health and Wellness and the Reproductive Care Program of Nova Scotia. She is a member of the FASD Intergovernmental Exchange Group, Nova Scotia Department of Health and Wellness. Her research areas of interest include the relational ethics and aspects of patient education and care.*

1000-1015	Refreshment Break
1015-1145	<b>Concurrent Sessions E (two 45 minute presentations in each session)</b>
	<p><b>E01 – POSTPARTUM CARE</b></p> <p><b>E01-1 Capturing the Current State of Postnatal Hospital Discharge: A Regional Initiative</b>  <b>Authors:</b> Lauren Rivard, RN, MSc; Christina Cantin, RN, MScN, PNC(C); Marie-Josée Trépanier, RN, BScN, MEd, PNC(C)</p> <p><b>Purpose:</b> The length of postnatal hospital stay (LOS) continues to decrease across Ontario. This has created a challenge for health care providers to ensure that postnatal families have the necessary knowledge to safely care for themselves and their babies, and to ensure that there are no gaps in service in the early postnatal period. This presentation will describe the activities of a regional Postnatal Hospital Discharge Experiences Workgroup in exploring this key area of transition.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the process for capturing the current state including obtaining local, regional and provincial LOS data, gathering a list of practices and processes related to hospital discharge, and surveys of new parents and health care providers regarding their experiences of hospital discharge.</li> <li>• Share the key findings and recommendations from this work as well as discuss limitations.</li> <li>• Discuss next steps in enhancing the transition from hospital to home in the region.</li> </ul>

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	<p><b>Presenter:</b> TBC, Champlain Maternal Newborn Regional Program, Ottawa ON</p> <p><b>E01-2 Ahead of the Birth: Planning Post Partum Discharge Prenatally</b>  <b>Authors:</b> <i>Colleen Boyd, RN, MN, IBCLC; Lisa MacDonald, RN, IBCLC, PNC(C)</i>  <b>Purpose:</b> To highlight Open Arms Family Clinic prenatal /post partum services.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify the current model of care with Open Arms Family Clinic (O AFC) prenatal approach.</li> <li>• Identify current tools utilized in O AFC to prioritize care.</li> <li>• Discuss the value of an upstream approach used in O AFC model.</li> </ul> <p><b>Presenters:</b> Colleen Boyd and Lisa MacDonald, Saint Martha’s Regional Hospital, Antigonish NS</p>
	<p><b>E02 – PROFESSIONAL PRACTICE AND EDUCATION</b></p> <p><b>E02-1 Use of a Maternal Newborn Audit and Feedback System in Ontario: A Case Study Comparison</b>  <b>Authors:</b> <i>Sandra Dunn, RN, PhD; Jessica Reszel, RN, MScN; Ann Sprague, RN, PhD; Wendy Peterson, RN, PhD; Holly Ockenden, MSc; Ashley Desrosier, RN, BScN; Jodie Wilding, RN, BScN; The MND Research Team</i>  <b>Purpose:</b> As part of a study examining the effectiveness of an electronic audit and feedback system (Maternal Newborn Dashboard (MND)) to improve maternal-newborn care practices and outcomes, the purpose of this study was to conduct a case study comparison of a diverse group of hospitals in Ontario. Our goal was to improve understanding of factors that explain variability in performance post-MND implementation.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe individual and organizational facilitators to using an electronic audit and feedback system to improve maternal newborn care.</li> <li>• Describe individual and organizational barriers to using an electronic audit and feedback system to improve maternal newborn care.</li> <li>• Identify strategies for addressing barriers to using an electronic audit and feedback system to improve maternal newborn care.</li> </ul> <p><b>Presenter:</b> Sandra Dunn, Better Outcomes Registry &amp; Network (BORN Ontario), Ottawa ON</p> <p><b>E02-2 Developing a Labour and Birth Orientation Program</b>  <b>Author:</b> <i>Katelyn Smallwood, BScN, RN</i>  <b>Purpose:</b> The purpose of this presentation is to share the outcomes of an innovative program aimed at re-development of labour and birth orientation at the Queen Elizabeth Hospital in Charlottetown, PE.  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify at least two methods used in the planning and developing of the orientation program.</li> <li>• Identify at least two ways in which labour and birth knowledge acquisition will be acquired by orientees throughout the orientation process.</li> <li>• Identify at least one method of evaluation that will be used to determine whether or not an orientee is competent for independent practice following labour and birth orientation.</li> </ul> <p><b>Presenter:</b> Katelyn Smallwood, University of PEI School of Nursing, Charlottetown PE</p>
	<p><b>E03 – PRACTICE DEVELOPMENT</b></p> <p><b>E03-1 Changing Practice and Promoting Skin-to-Skin Contact After Birth</b>  <b>Authors:</b> <i>Jennifer Jollymore, BScN, BSc, RN; Melissa Mackie, BN, RN, IBCLC</i>  <b>Purpose:</b> To inspire nurses working with new families to protect uninterrupted skin-to-skin contact between mothers and babies after birth.</p>

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	<p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the importance of protecting uninterrupted skin-to-skin contact between mothers and babies after birth.</li> <li>• Identify areas of their own practice that they can adapt to be more 'baby friendly'.</li> <li>• Describe strategies that they can use in their workplace to promote practice change.</li> </ul> <p><b>Presenters:</b> Jennifer Jollymore and Melissa Mackie, IWK Health Centre, Halifax NS</p> <p><b>E03-2 “Walking the Line:” Public Health Nurses’ Preliminary Responses to (Observed or Suspected) Child Maltreatment in the Nurse-Family Partnership Program</b>  <b>Authors:</b> Lenora Marcellus, PhD, MN, BSN, RN; Karen MacKinnon, PhD, MN, BSN, RN; Susan Jack, PHD, RN; Andrea Gonzales, PhD; Lil Tonmyr, PhD; Colleen Varcoe, PhD, RN; Natasha Van Borek, BA, MScPPH</p> <p><b>Purpose:</b> To describe how public health nurses recognize and respond to suspected child maltreatment among home visited clients and describe the impact of child welfare reports on families and nurses.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the purpose and program elements of the Nurse-Family Partnership intervention.</li> <li>• Identify key themes reported by nurses in their experiences of identifying and reporting child maltreatment when working with young families.</li> <li>• Explore how nurses can negotiate the tension between developing trusting relationships and following legislated reporting mandates.</li> </ul> <p><b>Presenters:</b> Lenora Marcellus and Karen MacKinnon, University of Victoria School of Nursing, Victoria BC</p>
	<p><b>E04 – PROMOTING HEALTH IN UNIQUE POPULATIONS</b></p> <p><b>E04-1 Challenging the Gender Binary: Gender Inclusivity in Perinatal Nursing Care</b>  <b>Authors:</b> Eileen McMahon, RN(EC), BScN, MN, NP-Adult, PNC(C); Nancy Watts, RN, MN, PNC(C); Melanie Basso, RN, MSN, PNC(C); Aurelie Lecocq, PhD; Leanne Johnson, RN, MN, PNC(C); Judy Flieler, RN, MScN, PNC(C); Landyn Blais, RN, PNC(C); Julie German, RN(EC), BScN, MSc, PNC(C), CCHN, NP-PHC</p> <p><b>Purpose:</b> To describe the importance of providing inclusive perinatal care, to review the process used to develop gender inclusive perinatal competencies, and to reveal the updated Canadian Nurses Association (CNA) perinatal competencies.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify the reasons why gender inclusivity is important in perinatal nursing care.</li> <li>• Describe the role of the perinatal nurse in providing gender inclusive care to childbearing persons.</li> <li>• Apply what is learned in this session to effect change in the participant’s own practice environment.</li> </ul> <p><b>Presenters:</b> Eileen McMahon and Nancy Watts, Mount Sinai Hospital, Toronto ON; and Melanie Basso, BC Women’s Hospital and Health Centre, Vancouver BC</p> <p><b>E04-2 Childbirth Fear and Planned Cesarean Birth</b>  <b>Authors:</b> Janet Bryanton, RN, PhD, PNC(C); Cheryl Tatano Beck, RN, PhD, CNM; Stephanie Morrison, BScN, RN</p> <p><b>Purpose:</b> The purpose of this study is to explore women's experiences of fear in relation to their decision to have a planned cesarean birth. The research question guiding this study is: What is the essence of the experience of fear in women's decisions to have a planned cesarean birth?</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Discuss relevant literature related to fear and childbirth.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Discuss women’s fear of childbirth in relation to their decision to request a planned cesarean birth.</li> <li>• Identify implications for practice, related to study findings.</li> </ul> <p><b>Presenters:</b> Janet Bryanton and Stephanie Morrison, University of PEI School of Nursing, Charlottetown PE</p>
	<p><b>E05 –LABOUR AND BIRTH</b></p> <p><b>E05-1 Empowering the Birth of a Family: A Photovoice Project to Assess Family-Centred Maternity Care</b>  <b>Authors:</b> <i>Darcie Sparks, RN, BSN, PhD Student</i>  <b>Purpose:</b> The purpose of the project was to trial a participatory action research photovoice strategy to explore the presence of Family-Centred Maternity Care (FCMC) philosophy in the current delivery of maternity care in Saskatoon, Saskatchewan, prior to a future change in the model of care to Single Room Maternity Care.  <b>Learning Objectives:</b> Participants will</p> <ul style="list-style-type: none"> <li>• Be able to build a concrete understanding of family centered maternity care philosophy and principles at the end of the presentation.</li> <li>• Understand the participatory action research strategy of photovoice.</li> <li>• Show an understanding of how photo voice was utilized to give a family a voice in order to impact and bring about changes to the provision of maternal/infant care.</li> </ul> <p><b>Presenters:</b> Darcie Sparks, University of Saskatchewan College of Nursing, Saskatoon SK</p> <p><b>E05-2 The Influence of Environments on Fear of Childbirth During Women's Intrapartum Hospital Stays</b>  <b>Authors:</b> <i>Jenny Auxier, RN, BSN; Wendy Hall, RN, PhD</i>  <b>Purpose:</b> About 25% Canadian women report fear of childbirth (FOC). FOC has been associated with women's preference for cesarean births. Researchers have estimated that 20% of women in developed countries report FOC. Most Canadian women give birth in hospitals. Evidence suggests that hospital birth environments affect women’s perceptions of FOC; similar effects could be anticipated in British Columbia which has one of the highest Canadian cesarean section rates. Studying hospital birth environments to identify whether or how structures, stimuli, and people influence FOC is important to our comprehension of women’s FOC. Therefore, this study aimed to explore women’s perceptions of the effects of hospital birth environments on their FOC. The research question was: What are women’s perceptions of the influence of environments on FOC during their intrapartum hospital stays?  <b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Specify connections between fear of childbirth and negative maternal birth outcomes.</li> <li>• Identify factors influencing women's fear of childbirth during labours and births in hospital environments.</li> <li>• Articulate strategies to reduce women's fear of childbirth.</li> </ul> <p><b>Presenter:</b> Jennifer Auxier, University of British Columbia, Vancouver BC</p>
1145-1245	<p><b>Closing Keynote / Conférence principale de clôture – Aboriginal Women’s Health Tools of Allyship: Moving Beyond Witness</b></p> <p>This keynote address will shine a spotlight on nursing care and health equity for Indigenous people. It will inspire new relationships and pathways ahead and will invite you through the threshold of understanding, respect, and reconciliation. As we explore lived experiences through the lens of equity and diversity, let us also add new tools of advocacy and allyship to our nursing care toolbox.</p>

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Full Program**

	<p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Identify nursing opportunities to achieve health equity for Indigenous people.</li> <li>• Demonstrate cultural safety through a shared understanding within healthcare relationships with indigenous patients, families and communities.</li> <li>• Assemble a clinical toolbox for allyship, in partnership with Indigenous patients, families, and communities.</li> </ul> <p><b>Presenter:</b> Cheyenne Joseph, RN, BScK, BScN, MPH, CCHN(c)</p> <div style="display: flex; align-items: flex-start;">  <p style="font-style: italic;">Cheyenne Joseph is a member of Bear River First Nation in Nova Scotia. Cheyenne has been a registered nurse for 14 years, working with Atlantic Canada's Indigenous communities on a variety of levels, from frontline public health to government and not-for-profit, and now academia. She is currently a Senior Instructor at the University of New Brunswick, teaching community health nursing in the classroom and in the field. Cheyenne is also the owner and operator of Mi'kmaq Mama, a website (and associated social media) where she shares her culture, recipes, and insights with viewers.</p> </div>
1245-1300	<p>Closing Remarks / Allocution de clôture Lunch to go</p>