

CAPWHN Newsletter



June/July 2013

Canadian Association of Perinatal and Women's Health Nurses

President's Message

Dear CAPWHN Members,

Hope that all of you are enjoying the first few days of summer! Spring was a bit up and down in parts of Canada--warm at times and then rainy and cool. In contrast, the CAPWHN Board have been working on many different initiatives particularly preparing for the conference this fall and for our annual meeting with information about our transition to a not for profit organization.

I hope that many of you have started planning to attend our 3rd National Conference this year in Niagara Falls. We had a record number of abstracts submitted and we are excited about our keynote speakers as well: Dr. Jean Chamberlain, Dr. Judith Shamian, Dr. Rani Srivastaran and Ms. Deb Gauldin. I am also looking forward to talking with many of you and hearing how CAPWHN can serve you better.

I wanted to let you know about several initiatives that CAPWHN has been and will continue to be involved in this spring. We were invited to participate in a group hosted by the Ministry of Health and Long Term Care in Ontario looking at the Caesarean section rates for low risk women. Many recommendations will be included in a report to be published soon and ongoing work will include CAPWHN members as well. We were also part of a research group looking at modifying growth charts for different ethnic groups in Canada. This is particularly important for our population so more to come on this.

CAPWHN was invited to participate in feedback on work that has been done on tobacco use and smoking cessation by British Columbia Centre of Excellence for Women's Health (BCCEWH) in partnership with the Canadian Women's Health Network and the Canadian Centre on Substance Abuse, particularly for women in the child-bearing years. We are delighted to provide the website for their work which is now available to the public (under Women and Tobacco): <http://www.coalescing-vc.org/virtualLearning/section4/default.htm>.

CAPWHN's committees have been active over the last several months. The Advocacy and Health Policy Committee in particular has embarked on a number of initiatives. Further details are provided in this newsletter.

Finally, the Canadian Maternity Family-Centred and Newborn Care Guidelines are being reviewed and rewritten and CAPWHN members are involved in this process as well. Each chapter is being redone with a new literature search and by expert author groups across Canada.

Sincerely,

Nancy Watts, RN, PNC(C), MN
CAPWHN President

CAPWHN 2013 Board of Directors

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If you have any news that you would like to share for future newsletters, please contact:

Rita Assabgui
Executive Director, CAPWHN
E-mail: admin@capwhn.ca

Tel: 1-800-561-2416 x 266 or

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CAPWHN 3rd National Conference—Program Highlights

Lisa Keenan-Lindsay
Program Committee Chair

Join us in Niagara Falls for the 3rd Annual CAPWHN National conference *Evolving through the Mists of Change*, from November 21

- 23, 2013. The conference promises to be exciting with plenty of opportunities for networking and knowledge sharing among health professionals with a passion for **perinatal and women's health**. Our four keynote speakers have been finalized and we are very excited with the preliminary program.

To open the conference, Judith Shamian, the newly elected International Council of Nurses President and former CNA president will be speaking. Judith is a wonderful speaker and passionate about nursing and will be the perfect speaker to get the conference off to a great start.

Dr. Jean Chamberlain Froese is a physician and associate professor in obstetrics and gynecology at McMaster University, who founded Save the Mothers Program (STM). STM is a non-profit organization that trains professionals from developing countries to improve mothers' health through their specific vocation and sphere of influence. Jean has volunteered in some **of the world's poorest countries to make childbirth a safer experience**. Dr. Chamberlain presently spends 8 months of the year in Uganda and will be speaking about influencing the care of mothers in developing countries. She has written a book, *"Where Have All the Mothers Gone,"* and also co-editor of the 2006 book *"Women's Health in the Majority World: Issues and Initiatives."* She was a special guest speaker for the Youth Summit of the G8 meeting in Muskoka, Canada in June 2010 and has been consulted by the Canadian Prime Minister's Office as an expert in maternal health. Save the Mothers will be one of the conferences designated charities this year.

Dr. Rani Srivastava presentation *Women's Health through the Lens of Cultural Diversity* will illuminate how our **understanding of key issues of women's health may evolve when viewed through the lens of cultural diversity**. Dr. Rani Srivastava currently holds the position of Chief of Nursing & Professional Practice at the Centre for Addiction & Mental Health (CAMH), Assistant Professor at the Lawrence Bloomberg Faculty



of Nursing, University of Toronto and Adjunct Professor, York University, Toronto. She is the author/ editor of a textbook entitled: *The Healthcare Professional's Guide to Clinical Cultural Competence* and has written on the influence of religion and ethics on health care. She has served as chair for a national panel which developed best practice guideline for Embracing Diversity: Developing Cultural Competence and worked with the regulatory body to develop practice guideline for nurses in Providing Culturally Sensitive Care.

Sit back, relax, and join professional humorist and international entertainer Deb Gauldin, RN for a closing session sure to leave you laughing all the way home. An obstetric nurse for the first 20 years of her career, Deb has spent the past decade replenishing audiences of overextended and underappreciated nurses from Fargo to New Zealand! Deb shares songs, stories and humor celebrating you and the important way your work impacts the lives of the women and families you serve. Assimilate your 3rd National CAPWHN conference experience as we span the journey from "stretchmarks" to "laughlines" - as well as from left to right brain hemispheres!

On Friday afternoon there will be 7 specialty sessions to choose from. These will be either a 3 hour or 2 X 90-min sessions. Topics include:

- Critical Care Obstetrics
- Perinatal Certification / Accreditation
- The infant at risk for Neonatal Abstinence Syndrome (NAS): Supporting the mother-baby relationship
- Mother-Baby Dyad Care / Breastfeeding
- Evidence-Based Research for the Clinical Nurse: Centre for Evidence-based Nursing
- You've Been Served (how to prepare for court): / Everyday Ethical Issues**
- Transformer nos pratiques à l'égard des pères : L'Initiative amis des pères au sein des familles**

Social events include an opening reception on Thursday evening that includes visiting with exhibitors and meeting old friends as well as new ones. Friday evening festivities will include a tailgate party with a band for dancing into the night. It is sure to be an exciting and stimulating conference and you will leave reenergized and rejuvenated in your nursing practice.

Committee Activities—Advocacy and Health Policy

Human Donor Milk Banking

Liz White-MacDonald
Chair, Advocacy and Health Policy Committee (AHPC)

Breast milk is promoted as the best source of exclusive nutrition for newborns up to six months of age, continuing along with appropriate complementary foods for up to 2 years of age and beyond (American Academy of Pediatrics [AAP], 2005; Kim, Unger, & Canadian Paediatric Society Nutrition & Gastroenterology Committee, 2010; World Health Organization [WHO], 2011). In addition, during those **intervals when mother's own milk is unavailable or insufficient**, human donor milk (HDM) is considered an appropriate alternative, particularly for sick and vulnerable newborns (AAP, 2005; Kim et al., 2010). In this population of newborns it has been demonstrated that feeding of human milk reduces the incidence of severe infection, necrotizing enterocolitis, and colonization by pathogenic organisms (Kim et al., 2010), thereby reducing human suffering and overall health care costs.

Human milk banking was common throughout the world until the mid-1980s when the AIDS crisis developed resulting in **concern for transmission of HIV in donor mothers' milk**. Subsequently, many milk banks closed, including those in **Canada except for BC Women's Milk Bank**. Today, milk banks are being re-established due to the advent of specialized techniques to collect, pasteurize and store HDM along with the recognition of the superiority of human milk as a **supplement for vulnerable infants' growth and development**. In Canada there currently are three established milk banks located in Vancouver, Toronto, and Calgary, as well as a collection site in Edmonton. In addition the Quebec government has proposed the development of a province-wide HDM service through Héma-Quebec, which oversees the province's blood supply (Seguin, 2013).

Typically milk banks provide their limited supply of HDM to sick and preterm infants in an NICU setting. Given the recognition of the benefits of HDM the demand extends beyond the target population but supply is exceeded by the demand. As a result HDM is unavailable to the general population of babies who require its use as a supplement. **Arnold (2006) argues that supporting the "promotion, protection and support of donor milk banking as an integral part of child health and survival" (p. 1) worldwide, elevates its availability to an issue of human rights. Consequently, governments must play an important role in "formulating, implementing, monitoring, and evaluating a comprehensive national policy related to infant and young child**

feeding" (Arnold, 2006, p. 6). This role includes ensuring the availability of human donor milk banks to provide an alternative option for newborn supplementation when mother's own milk is unavailable.

Fundamental to advocating for additional human donor milk banks is the protection, promotion and support of breastfeeding as the norm for exclusive early infant feeding **to six months of age. It is in those situations when mother's own milk is unavailable, unsafe or insufficient that it becomes imperative that we have ample supply of human donor milk for use by this population of infants.** The altruistic support of lactating women to provide excess breast milk to milk banks, as well as the strong desire for receipt of HDM by parents unable to provide this rich resource to their own infants has been acknowledged (Jones, 2003; Kim et al., 2010). It is suggested that promoting donor milk banks might also elevate the importance of breastfeeding for all infants, thereby serving to promote breastfeeding in Canadian society at large (Kim et al., 2010).

We have a responsibility to advocate for breastfeeding and human donor milk banks in order to ensure the rights guaranteed under the Canada Health Act to Canadian citizens. Establishing milk banks across Canada to ensure availability of this vital resource is paramount.

References:

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- Seguin, R. (2013, March 27). Quebec proposes milk bank to combat health problems in premature babies. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com>
- World Health Organization. (2011). *Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries*. Retrieved from www.who.int

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Committee Activities—Nominations

Melanie Basso
Chair, Nominations Committee

Call for Leadership opportunities

Consider becoming involved as a member of the CAPWHN Board of Directors or a Committee member and help the team develop your nursing association. Please consider nominating yourself or a colleague for one of these exciting positions.

The CAPWHN Board of Directors is preparing a call for nominations for leadership positions starting January 1st, 2014.

Contact Melanie Basso, Chair Nominations Committee at: mbasso@cw.bc.ca.

CAPWHN Board of Directors

President Elect: 1 year term - January 1, 2014 to December 31, 2014 with commitment to be President in 2015 and Past President in 2016

Directors: January 1, 2014 to December 31, 2015; 2 year term, renewable once

- ◆ Regional Director: Quebec
- ◆ Regional Director: Manitoba/Saskatchewan/NWT
- ◆ Director at Large
- ◆ Treasurer

Member Benefits—New Benefit Added!

CAPWHN is pleased to announce a new member benefit now available to all CAPWHN members. If you travel to Ottawa for business or pleasure, you may want to take note of this offer from the Lord Elgin Hotel.

CAPWHN members receive 10% off the best available rate of **the day (as listed on the Lord Elgin's)**. The Lord Elgin hotel is ideally located in the heart of downtown Ottawa, directly across from Confederation Park and the National Arts Centre. The Rideau Canal, Ottawa Convention Centre, Parliament Hill are only steps away. Hundreds of dining choices can be found nearby in the Byward Market.

A number of value added amenities are included in CAPWHN preferred rates.

CAPWHN Committees

We have the following openings on two of our committees:

Advocacy and Health Policy

- ◆ Representative from the Atlantic/Nunavut Region
- ◆ Representative from the Quebec Region

Membership Committee

- ◆ Representative from the BC/Alberta Yukon Region
- ◆ Representative from the Quebec Region

Detailed descriptions of the available positions can be obtained from Rita Assabgui at admin@capwhn.ca.

Awards

Do you work with a fabulous perinatal or women's health nurse colleague? Consider a nomination for one of the two 2013 CAPWHN Awards: Rising Star or Excellence in Leadership. CAPWHN values excellence in clinical practice, research, administration and leadership. We would like to recognize members who have excelled in at least one of these areas. Detailed information can be found on the members only section of the CAPWHN website at: http://www.capwhn.ca/en/capwhn/Members_Only_p2684.html under the Documents tab.

- ◆ Complimentary high speed internet
- ◆ Complimentary morning newspaper (Globe & Mail)
- ◆ Complimentary Local Phone Calls
- ◆ Complimentary in-room coffee / tea
- ◆ Complimentary use of our Fitness Club and Pool
- ◆ Complimentary access to business centre

Reservations may be made direct with the hotel either by calling direct at 613-235-3333 or by toll – free at 1-800-267-4298 or by e-mail at reservations@lordelgin.ca. Please be sure to ask for the CAPWHN Rate. Reservations may also be made online at <http://www.lordelginhotel.ca> with the promo code (or booking code) CAPWHN. Note that there may be blackout dates including July 1st, and that rates and room type are based on availability

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Board Activities—Canada Not-for-Profit Corporations Act

Nancy Watts
CAPWHN President

If you've never heard of the Canada Not-for-Profit Corporations Act (NFP Act) you are not alone! This legislation affects 19,000 non-profit and charitable organizations across Canada. The CAPWHN Board of Directors is working diligently to address this time-consuming and complex issue. Read on to learn more about the NFP Act and its impact on CAPWHN.

What is the NFP Act?

- ◆ Legislation to promote transparency and accountability in the non-profit sector. The NFP Act was proclaimed in force on October 17, 2011 and all non-profit organizations are required to comply by October 17, 2014.

What does the NFP Act involve?

- ◆ Changes in governing policies around membership, Board composition and electoral processes, and financial oversight to remain accountable to their membership.

What does the CAPWHN Board plan to do?

- ◆ A two phased approach is being planned. The NFP Act gives CAPWHN an opportunity for bylaw review to ensure compliance with the NFP Act and to address areas for improvement. Now in its third year, the CAPWHN Board is able to critically look at the bylaws and ensure that the organization is best structured to serve CAPWHN members.

What does the two phased approach involve?

- ◆ CAPWHN must complete certain things at the Annual Business Meeting in 2013 to meet the Industry Canada deadline. This is a great opportunity for CAPWHN to improve membership restrictions, eg. timing and classes of members to increase the benefits for everyone.

Phase 1 includes:

- ◆ Bylaw amendments that need to be addressed now and, subject to membership and Industry Canada approval, can be implemented in 2013. The amendments will also pave the way for some of the structural adjustments required for compliance with the NFP Act.
- ◆ Application for a certificate of continuance from Industry Canada following the Business Meeting in November. The Board will be developing and putting forward the Articles of Continuance for membership approval at the November 23, 2013 Annual Business Meeting. The Articles of Continuance will be submitted to Industry Canada in 2013 and if they are deemed satisfactory CAPWHN will receive a certificate of continuance and will have one year to submit its revised **bylaws**. As long as CAPWHN's application for continuance is submitted prior to the Industry Canada deadline, CAPWHN will be in compliance with the legislation.

Phase 2 includes:

- ◆ Bylaw review which happens between the receipt of the certificate of continuance and the October 2014 Annual Business Meeting. This revision ensures compliance with the NFP Act. Legal counsel will be solicited as required, and members will be kept informed throughout the process. The new and improved bylaws will then be submitted for membership approval in October 2014.

What does this mean for me?

We're glad you asked! CAPWHN is your organization. The Board of Directors represents you, the members. We encourage you to take the time to read Board updates on this issue and to attend the Annual Business Meeting to vote on the proposals presented by the Board of Directors.

[CAPWHN Annual Business Meeting](#)

Plan to attend the CAPWHN Annual Business Meeting on November 23rd when we discuss a number of CAPWHN issues.

In addition to amending CAPWHN's bylaws and approving CAPWHN's Application for Continuance under the Canada Not-for-Profit Act, we will be honouring the 2013 CAPWHN

Award recipients. Breakfast is provided. We look forward to seeing you there!

Research Studies—Stillbirth Rates in BC

Melanie Basso

A recent review of the frequency of stillbirth in British Columbia has raised some interesting findings. Stillbirth (i.e., birth following fetal death in utero) represents an unfortunate and tragic pregnancy outcome. Stillbirth frequency is considered an indicator of maternal-fetal health. Although population rates of stillbirth can reflect quality of obstetric care, several other factors also influence the magnitude of stillbirth rates. In most provinces and territories of Canada, including British Columbia, stillbirths are defined as fetal deaths with a gestational age at delivery of 20 weeks or more or a birth weight of 500 g or greater. Temporal and regional variations in definitions of stillbirth can lead to biased contrasts of stillbirth rates. Routine surveillance reports from Perinatal Services BC show that stillbirth rates in British Columbia have increased over the past decade from 8.0 per 1,000 total births in 2000 to 9.3 per 1,000 total births in 2008 and to 10.3 per 1,000 total births in 2009. A new understanding of the reasons for this

increase is determined. Recent improvements in prenatal diagnosis and resulting pregnancy termination for serious congenital anomalies are now understood to be primarily responsible for the observed temporal trend in stillbirth rates, and, therefore, do not reflect a deterioration in maternal-fetal health or obstetric care. Prenatal diagnosis and pregnancy termination for serious congenital anomalies has reduced rates of late stillbirth and infant death due to congenital malformations. Increases in prenatal diagnosis and pregnancy termination have changed the profile of stillbirths. Surveillance for preventable stillbirth remains an important public health concern but requires that a distinction be made between stillbirths that occur spontaneously and those that follow prenatal diagnosis and pregnancy termination for serious congenital anomalies. Stillbirth surveillance programs should monitor spontaneous stillbirth rates separately from rates of fetal death that follow prenatal diagnosis and pregnancy termination for severe congenital anomalies



[CAPWHN Website - What's New?](#)

The website is updated and new content is added on an ongoing basis. The Discussion Forums remain very active stimulating discussion among colleagues from coast to coast. We published some Frequently Asked Questions (FAQs) in the last newsletter. It is also available on the website. You may want to check them out!

Recordings of past webinars are not currently available due to a change in service providers. We are working on a solution to provide the recordings directly from the website. More information to come!

CAPWHN 3rd National Conference details are constantly evolving. Updates are posted on the website as soon as they become available. The

abstract authors have all been notified regarding the results of the review process and the preliminary program is in development. It will be posted on the website and distributed to members as soon as it is ready. Stay tuned!

Nous continuerons d'améliorer notre site Web et de partager les mises à jour avec les membres.



[Did You Know that...](#)

- ◆ CAPWHN is involved in the revision of the Family-Centred Maternity and Newborn Care National Guidelines.

- ◆ CAPWHN posts [job advertisements](#) on the website? In fact, there are jobs posted right now, including one posted May 29th. Check them out!

CAPWHN is on [Facebook](#) and [Twitter](#)! Like our Facebook page and Follow us on Twitter for the latest news and updates!

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Member Profile

Sharon Dore

Chair, 2013 National Conference Planning Committee

Becoming a nurse was one of the best things that could have happened to me! It has offered me such diversity in career options, travel, great colleagues and a long lasting sense of making a difference. I graduated from McMaster University in Hamilton, Ontario with a class of 27 others nurses. We remain good friends and are faithful to 5 year reunions. We are all still the same crazy group we always were – faculty at the time really wondered about us, however we have an amazing percentage of Masters and PhD nurses in our little group.

Initially I worked in underserved southwestern Ontario as a Public Health Nurse and developed new roles as a prenatal teacher and in outpatient assessment. Moving back to direct hospital care in Toronto in labour and delivery and mother-baby care confirmed my passion for **Women's Health**. I moved to a university teaching position in Obstetrics in Hamilton. Loved teaching but found I missed the hands on care so starting working at both the teaching and direct care in high risk obstetrics. I was asked to be the educator at McMaster hospital site – how perfect -I could teach and still be involved in direct care – particularly when life was busy in L&D. I subsequently moved on to work as the Clinical Nurse Specialist with direct care involvement with inpatient and outpatient high-risk Obstetrical and Gyne care.

Always eager for a challenge, my NICU counterpart and I started on our long road of graduate study. We did a Masters in Education at Brock University in St. Catharines, Ontario and then literally took the long road by commuting to Wayne State in Detroit for our Masters and PhD in nursing and Psychology while working full time – we wrote many procedures for the hospital **during that 4 hour commute! I know every Tim Horton's** on the way.

At McMaster I met many wonderful colleagues that further shaped my career. Murray Enkin constantly challenged conventional thinking by critically evaluating the literature or lack of literature. This approach created a family-centred evidence-based approach to thinking and care well before it was the norm. Innovation was a

big part of how we worked –being instrumental to beginning the pilot for midwifery in Canada was something I am very proud of. I also worked with Mohawk College in Hamilton to create a Post RN perinatal program that moved from basics to high risk Obstetrical and Neonatal nursing care – it has now been running for over 25 years. As a researcher, I strongly believe in making staff nurses part of the process. One of the most exciting was the newborn cord care study; we demonstrated that alcohol was inappropriate for cord care – the staff nurses and I presented the results at AWHONN – changing practice around the world.

Professional responsibilities are an important way to give back. I have served on several committees for the Canadian Nurses Association, College of Nurses of Ontario, the Ontario Ministry of Health and the Society of Obstetricians and Gynaecologists of Canada (ALARM, Obstetrical content review), and I have taken on leadership roles in many organizations such as AWHONN (executive including Canadian chair, co chair national conference); Canadian Association of Advance Practice Nurses (executive including President). I have participated in hospital, educational, and clinical reviews at centres across Canada and internationally. I have learned so much by participating and travelling extensively for consultations and teaching across Canada, the United States and Middle East. I always learn from where ever I go and continue to be amazed at the commitment and care of health professionals.

I am currently having lots of fun teaching, working with residents and nurses, doing research, working with graduate students in the School of Nursing and being part of a variety of committees. MOST IMPORTANTLY, I am chair of the CAPWHN conference planning committee for 2013. I am looking forward to seeing everyone in Niagara Falls this November –great speakers and lots of fun! I will be the one at the Tailgate party sporting my Hamilton Tiger Cat colours. Oskee Wee Wee.

Member News and Updates

Francine de Montigny

A new must-have in perinatal care: *La naissance de la famille: Accompagner les parents et les enfants en période périnatale*, (The birth of the family: accompanying with the parents and children in the perinatal period)

A first in Quebec; a most complete work in the field of perinatal health was ushered last December at the *Université du Québec en Outaouais*. *Francine de Montigny*, nursing professor, *Annie Devault*, social work professor and *Christine Gervais* nurse and faculty lecturer in the nursing program orchestrated the work.

La naissance de la famille rests on companionship with the parents and their children in the perinatal period. Bringing together some forty authors and collaborators, this work reveals the state of the art in the evolution of research in Quebec and around the world. An indispensable volume for all nurses who work in the perinatal field as it cleverly brings together theory, innovative research and clinical examples.

For more information:

<http://www.cheneliere.ca/7510-livre-la-naissance-de-la-famille.html>

La naissance de la famille



Accompagner les parents et les enfants en période périnatale

Sous la direction de Francine de Montigny, Annie Devault et Christine Gervais



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