



NOVEMBER 8-10, 2019 | VANCOUVER, BC

BREACHING THE STATUS QUO:

Advancing Quality Improvement,
Best Practice and Advocacy
in Perinatal and Women's Health

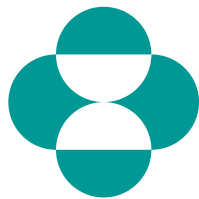


THANK YOU TO OUR SPONSORS / MERCI À NOS COMMANDITAIRES

The Canadian Association of Perinatal and Women's Health Nurses gratefully acknowledges the following sponsors for generously providing unrestricted educational grants in support of the 9th CAPWHN National Conference. / L'Association canadienne des infirmières et infirmiers en périnatalité et en santé des femmes (CAPWHN) remercie très chaleureusement les commanditaires suivants, qui nous ont offert des subventions éducationnelles sans restriction pour la 9^e Conférence nationale de CAPWHN.

PLATINUM / PLATINE

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THANK YOU TO OUR SPONSORS / MERCI À NOS COMMANDITAIRES

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WELCOME MESSAGE FROM THE CONFERENCE CO-CHAIRS

On behalf of the 2019 CAPWHN National Conference Planning Committee, we welcome you to the 9th Annual CAPWHN National Conference. The theme of this year's CAPWHN Conference is "Breaching the Status Quo: *Advancing Quality Improvement, Best Practice and Advocacy in Perinatal and Women's Health.*"

Janet Walker and Melanie Basso, conference co-chairs, are delighted to welcome all our members and conference attendees to the Sheraton Wall Centre in beautiful Vancouver, British Columbia to celebrate the work being done across Canada to improve outcomes for women, newborns and their families. We appreciate that you decided that this was a conference that you wanted to attend.

The conference provides the attendees with a platform to exchange ideas, discover new initiatives, reacquaint with colleagues, meet new friends, and broaden knowledge. Of course, there is always a bit of fun involved as well!

No matter what your perinatal or women's health practice area, there is something in the program that will excite you and make you want to take back what you have learned and share it with your colleagues. Outside of the presentations, there are many opportunities to network with colleagues from across the country who you know and also to meet new colleagues who can expand your practice knowledge.

We are pleased to have Dori Howard, Dr. Jayson Potts, Dr. Lori Brotto and our own Dr. Erna Snelgrove-Clarke as plenary speakers. They offer a wide variety of topics to set the stage for the breakout sessions you choose to attend. These oral presentations by local and national clinicians and researchers were selected by the Abstract Review Committee. There are many clinical and research poster presentations that were also selected and there are opportunities to meet and talk to each of the presenters.

Exhibitors and Sponsors are key to the success of any conference and this one is no exception. We thank each one for supporting this important conference. Please visit the booths in the exhibit hall during meals and breaks and chat with the people who have traveled to present their products, new equipment and clinical process supports for you to learn about. Their contribution to CAPWHN is truly appreciated.

The 9th Annual CAPWHN National Conference provides a wonderful forum for you to refresh your knowledge base and explore the innovations in perinatal and women's health nursing.

On behalf of the members of the CAPWHN Conference Planning Committee, we wish you a fantastic conference experience.



Melanie Basso, RN MSN PNC(C)



Janet Walker, RN MSN

PRESIDENT'S WELCOME

On behalf of the CAPWHN Board, welcome to the 9th CAPWHN Annual Clinical, Education, Research Conference!

I am pleased to know of so many new members who are joining us this year in the exciting environment of Vancouver. The conference planning committee has created a program incorporating cutting edge research, educational strategies and resources as well as opportunities to share with colleagues across the country.

Perinatal and Women's Health care is a dynamic and ever changing field with new guidelines, clinical updates, medication and process changes such that all of us must stay current as new information emerges. The CAPWHN conference provides the vehicle for us to learn together so that we are current for hands on practice, education of learners and families, and conducting research that will continue to support the care of families, nurses and the health care team.

I invite you to attend the CAPWHN Annual General Meeting to hear about the exciting changes for CAPWHN. We will share the results of our members' survey and directions for the future, launch a new web page, outline the work of CAPWHN in clinical guideline development, research, collaboration with other professional groups and celebrate the many accomplishments of CAPWHN members.

Please take a moment to chat with your Regional Director and other members of the board, participate in the fundraising activities and enjoy the fun and entertainment of the annual dinner.

Looking forward to seeing all of you in Vancouver.



Sharon Dore

Sharon Dore, RN PhD
CAPWHN President

CAPWHN 9TH NATIONAL CONFERENCE PLANNING COMMITTEE

CONFERENCE PLANNING COMMITTEE

Melanie Basso (co-chair)
Janet Walker (co-chair)
Sharon Dore
Jana Encinger
Julia Imanoff
Irene Ingel
Lily Lee
Pam O'Sullivan
Karen Pike
Vanessa Salmons

PROGRAM WORKING GROUP

Melanie Basso (co-chair)
Janet Walker (co-chair)
Irene Ingel
Lily Lee
Jill Mahy

ABSTRACT WORKING GROUP

Lily Lee (chair)
Kathryn Banks
Isabelle Baribeau
Marion Clauson
Christine Finnbogason
Wendy Hall
Nancy Hewer
Shahin Kassan
Jill Mahy
Margaret Quance
Sonia Semenic
Lani Wittmann

HOSPITALITY WORKING GROUP

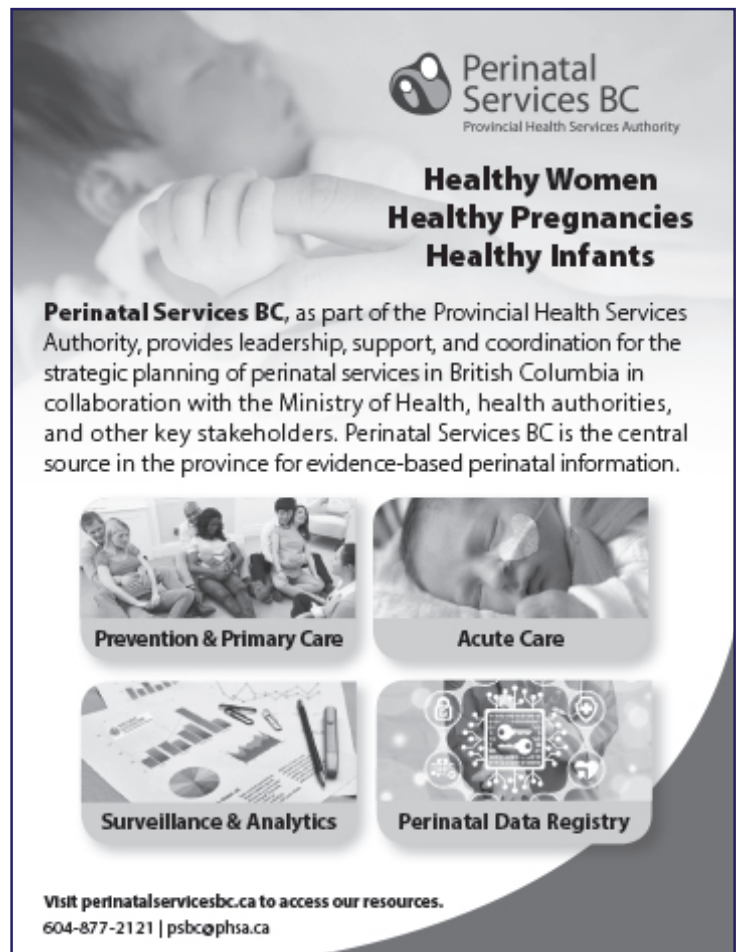
Pam O'Sullivan (chair)
Isabelle Baribeau
Kelly Helland
Erlinda Jalandon
Parminder Kaila
Mariana Veiga
Sabrina Yeh

CAPWHN SUPPORT

Sharon Dore, President
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Barbara Whynot, Industry and Planning Support

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CONFERENCE OBJECTIVES

CONFERENCE OBJECTIVES FOR “BREACHING THE STATUS QUO: ADVANCING QUALITY IMPROVEMENT, BEST PRACTICE AND ADVOCACY IN PERINATAL AND WOMEN’S HEALTH”

The objectives of the 9th CAPWHN Annual Clinical, Education, Research Conference are:

1. Learn about clinical best practices and new research acquired from researchers, experts, and fellow participants that will improve outcomes and enhance shared decision making for women and newborns.
2. Reflect on new developments across the continuum of care for women and newborns that will impact your clinical practice.
3. Discuss innovative and evidence informed strategies to promote excellence and improve outcomes in perinatal and women’s health care.
4. Integrate knowledge learned by engaging in dialogue and networking with other health care professionals.

Your continuing education hours at the CAPWHN Annual Clinical, Education, Research Conference qualify for CNA certification renewal towards perinatal or another relevant specialty. Please keep a copy of your certificate of attendance for this purpose.

CAPWHN has received approval for 3.75 L and 9.75 R Continuing Education Recognition Points (CERPs) from the International Board of Lactation Consultant Examiners (IBLCE); IBLCE approval number C1991284. A certificate of attendance will be provided to conference delegates.

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GENERAL INFORMATION

The following information is provided to help make your experience at the conference more enjoyable.

REGISTRATION DESK

This is your one-stop shop for registration, membership information, as well as silent auction payments. The registration desk is located in the Grand Ballroom Foyer in the North Tower of the Sheraton Vancouver Wall Centre and will be staffed during the following hours:

- Friday November 8th 0700-1700
- Saturday November 9th 0800-1730
- Sunday November 10th 0730-1300

NAME BADGES

Name badges must be worn at all times while at the conference. They clearly identify you as a conference delegate and are very helpful when networking with other delegates. The sessions for which you registered are included with your name badge and delegate kit.

MEALS

Breakfasts, breaks and lunches throughout the three day conference are included in the full conference registration fees. If you registered at the daily rate, meals are only included for the day for which you registered. Meals will be located in the Exhibit Hall.

INTERNET ACCESS

CAPWHN is pleased to provide complimentary Wi-Fi to conference participants in the meeting rooms.

Wireless Network: SHERATON-MEETING

Access Code: capwhn19

ANNUAL GENERAL MEETING

Please join us at CAPWHN Connect which is being held on Friday, November 8th at 1610. All attendees are invited to join us for a beverage and learn about the amazing work CAPWHN has accomplished over the past year. The AGM is a great opportunity to network with new colleagues, discover exciting leadership opportunities and explore what CAPWHN can do for you and your practice.

POSTERS

A fabulous array of research and clinical posters are being presented at the conference. Make time to visit the posters in the Grand Ballroom Foyer to learn new information and findings from projects and initiatives from colleagues across the country. Poster presenters will be at their posters to answer any questions you may have on Saturday November 9th from 1535 to 1635.

CONFERENCE PRESENTATIONS

If a presenter has authorized CAPWHN to share their presentation it will be uploaded to a file sharing site. All delegates will be sent a link by email.

EXHIBITORS

All conference delegates are encouraged to visit the exhibitors in the Exhibit Hall. Our exhibitors' support contributes greatly to the success of the CAPWHN Annual Clinical, Education, Research Conference. Exhibits are open during all meals and breaks until Saturday November 9th at 1330.

GENERAL INFORMATION

GREEN INITIATIVES

In an effort to reduce CAPWHN's environmental impact, CAPWHN will not be providing delegate bags or printed programs. Participants are urged to bring their own bag/briefcase to Vancouver. The Final Program will be available online prior to the start of the conference. One Internet station will also be available for conference attendees.

PASSPORT

Your exhibitor passport is in your delegate kit. You must visit all of the exhibitors and ask them to stamp your card. Deposit your completed passport at the registration desk by Saturday afternoon for a chance to win a 12 month CAPWHN membership.

OPENING RECEPTION WITH EXHIBITORS

Come and meet with the exhibitors during Friday evening's opening reception. Get your passport stamped and learn about the latest products and advances in perinatal and women's health! If you registered for the reception, your badge will have a special identifier and one drink ticket is included. Delicious appetizers will be served and a cash bar is available.

SATURDAY EVENING DINNER

Celebrating the **Vibrant Colours of the West Coast!** Come casually dressed in a vibrant colour or simply come as you are. Dinner will be followed by a performance and lessons by Bhangra dancers (audience participation encouraged!) and then dance the night away courtesy of Skyline Productions. Guests are welcome with the purchase of a ticket.

CONFERENCE CHARITY

We are pleased to support Aunt Leah's Place (<https://auntleahs.org/>) and will be raising funds through the following activities: the Toonie Walk or Run (drop a Toonie in the donation box before heading out on a picturesque 5 km run or a 1 km or 2.5 km walk); sleep in for a Toonie; and a Silent Auction (check out the great items near the registration desk!). Of course we also accept general donations. Please give generously!

DOOR PRIZES

Draws for prizes occur throughout the conference. Winners must be present at the time of the draw to claim their prize.

MESSAGES

For your convenience, a message board is located in the Grand Ballroom Foyer. Please use it to connect with new and old friends and don't forget to check it regularly!

SCENT FREE ENVIRONMENT

CAPWHN is committed to providing a scent free environment. Please refrain from wearing any scented products during the conference.

LET'S GET SOCIAL!

Share what you are learning in real time! CAPWHN is on Twitter, Facebook and Instagram – share your aha moments using #CAPWHN2019. Don't forget to tag @CAPWHN!

BABY AND BREASTFEEDING FRIENDLY

The CAPWHN conference is a baby and breastfeeding friendly environment.

CONFERENCE CHARITY

Aunt Leah's Place helps prevent children in foster care from becoming homeless and mothers-in-need from losing custody of their children.

For 30 years, Aunt Leah's Place has been helping kids in foster care and young mothers achieve a better future. We do this by providing guidance, supported housing, job training and coaching on essential life skills. We believe every individual deserves to feel safe, cared for, and have a sense of belonging.

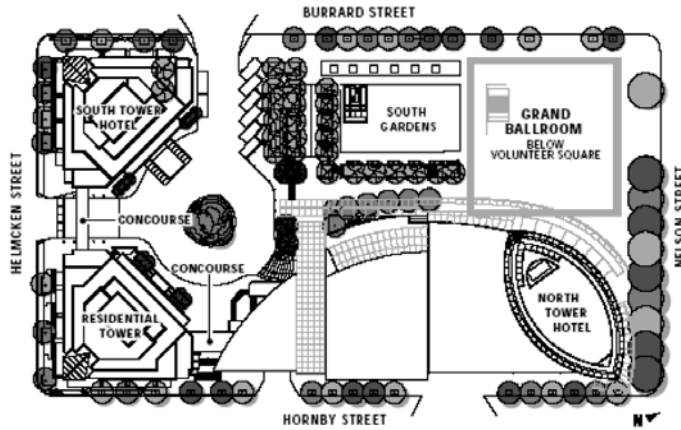
Unfortunately, this is not a reality for many teens in the foster care system who are aging out of the foster care system and mothers in need. When they "age out" of government care at 19, they find themselves completely alone. Aunt Leah's often provides the only thread of care and continuity for youth whose lives are marked by abuse, neglect, abandonment and multiple foster home placements. Over the years, we have seen how support at this critical time can help these young people realize their potential while becoming resilient, independent adults.

The supports provided for mothers-in-need are designed to keep families together and disrupt the cycle of the child welfare system. We do this by providing supports connected to socio economic issues that are cited as reasons for removing a child from their family. These supports include; housing outreach & advocacy support, food security, access to health supports, access and support to education training and employment along with parenting and life skill support for our families. Last year, Aunt Leah's Supportive Housing Program for families worked with 35 moms and babies. 94% of these families maintained custody of their children and 92% secured safe housing upon exiting the program. This success rate speaks to the resiliency of the families we work with and how a small level of support and care can be so meaningful and important.

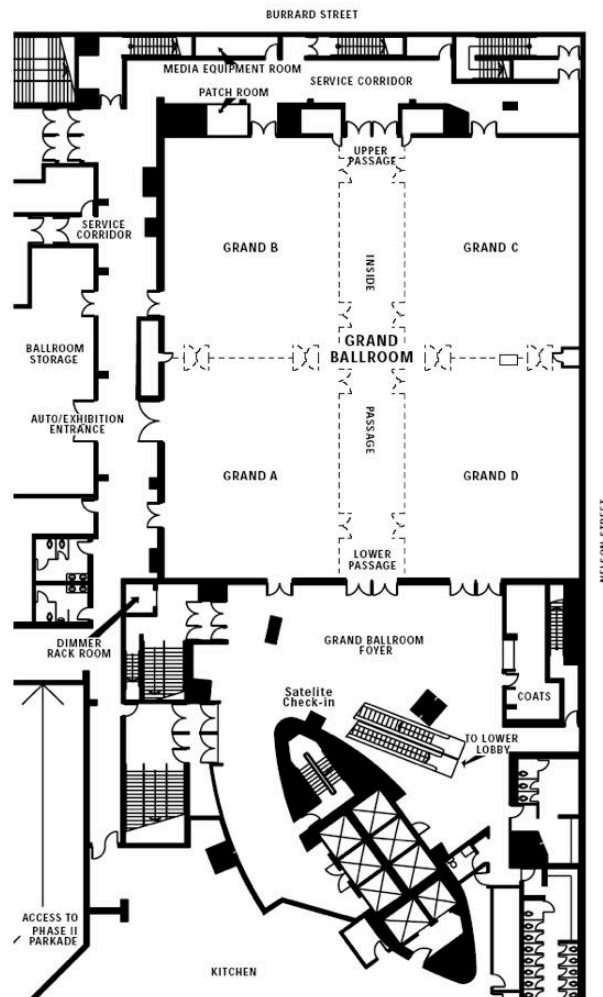
For a third time, in 2018 Aunt Leah's Place was selected as a [Top 10 Impact Charity by Charity Intelligence \(CI\)](#). CI found that investing in Aunt Leah's is likely to produce over \$650 in value from a \$100 gift and is one of the most effective Canadian charities in combating issues such as hunger, homelessness, health and improving education.



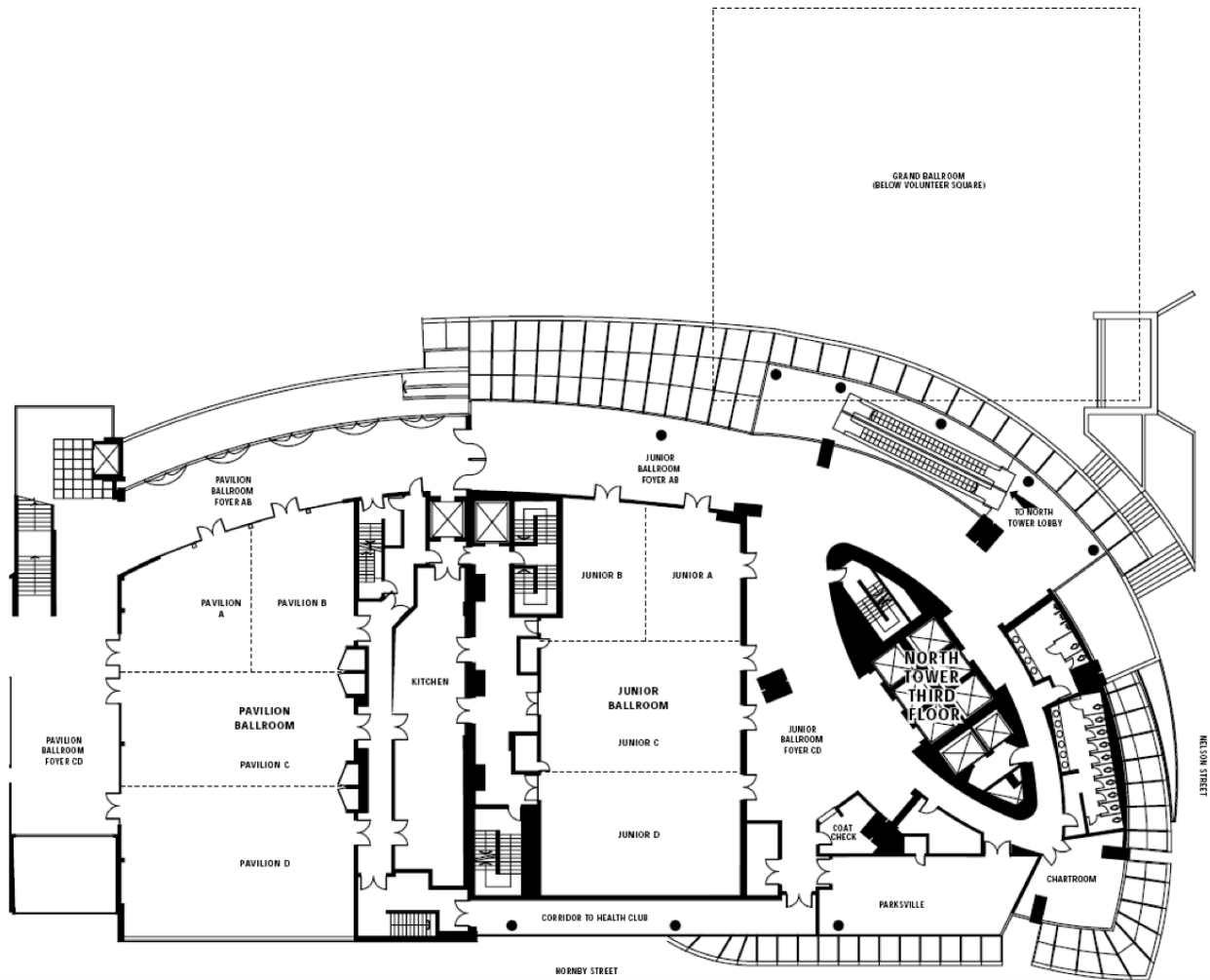
*Sheraton Vancouver Wall Centre Hotel
Function room locations*



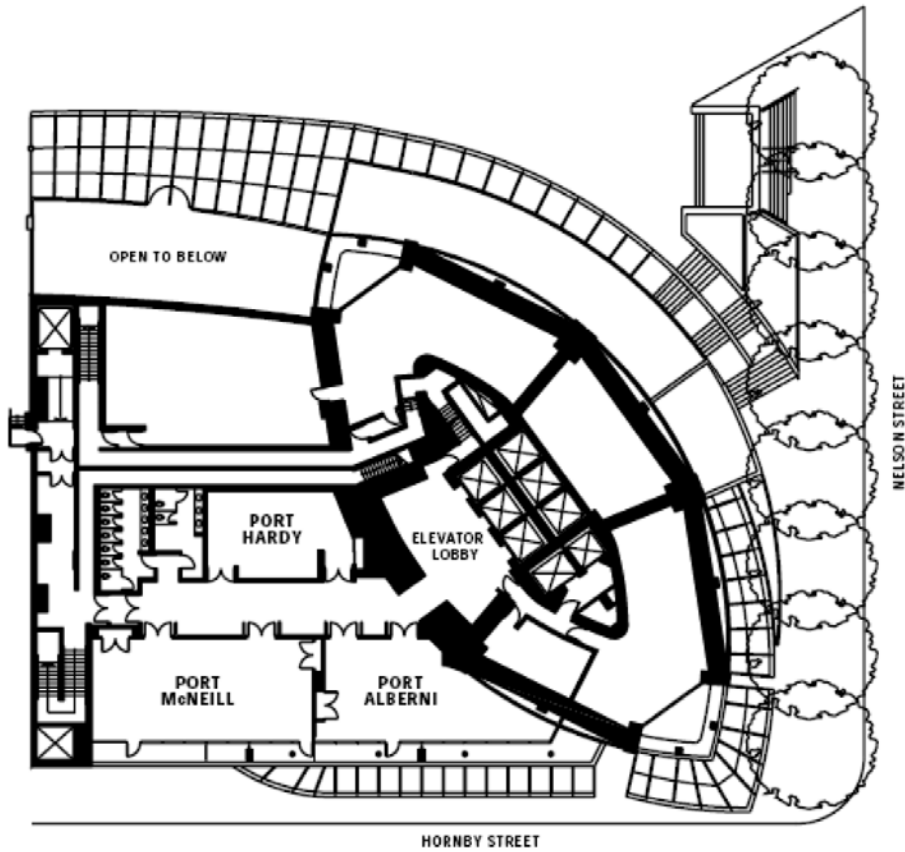
GRAND BALLROOM LEVEL – North Tower



LEVEL THREE – South & North Towers (continued)



LEVEL FOUR – North Tower




PROGRAM AT A GLANCE

CONFERENCE DAY 1 – Friday November 8

| | | |
|-----------|---|---|
| 0700-0800 | Registration / Breakfast / Exhibits | Grand Ballroom Foyer /Grand Ballroom CD |
| 0800-0830 | Opening Ceremonies and Remarks | Grand Ballroom AB |
| 0830-0930 | Opening Keynote – Self-Compassion as a Way of Being Rising Strong. Wake Up! Listen. Learn. | Grand Ballroom AB |
| 0940-1040 | Concurrent Sessions A | |
| | A01 – Labour and Birth | Junior Ballroom C |
| | A02 – Innovation | Junior Ballroom A |
| | A03 – Facilitating Leadership | Junior Ballroom D |
| | A04 – Gestational Diabetes | Parksville |
| | A05 – Family Support | Junior Ballroom B |
| 1040-1110 | Nutrition Break / Exhibits | Grand Ballroom C |
| 1115-1215 | Concurrent Sessions B | |
| | B01 – Capturing the Voices of Bereaved Parents: The Creation of Videos to Educate Healthcare Professionals on Skilled and Compassionate Bereavement Care | Parksville |
| | B02 – Perinatal Substance Use and Harm Reduction: Navigating the Challenges of Illicit Drug Use in the Acute Care Setting | Junior Ballroom C |
| | B03 – Facilitating Culturally Safe Indigenous Birth in Urban Labour and Delivery Environments | Junior Ballroom D |
| | B04 – Implementing and Evaluating Modified Early Obstetrical Warning Score (MEOWS) | Junior Ballroom A |
| | B05 – “Trauma Doesn’t Apply to My Practice” - Understanding the Impacts of Trauma in Women’s Health - Part 1 and 2 | Junior Ballroom A |
| | B06 – The Influence of the Childbirth Process on Breastfeeding Initiation, Duration and Exclusivity in PEI | Port McNeill |
| 1215-1330 | Lunch / Exhibits | Grand Ballroom CD |
| 1330-1430 | Keynote – Exercise, Imaging and Escalation of Care – Simple Practice Changing Knowledge | Grand Ballroom AB |
| 1430-1450 | Nutrition Break / Exhibits | Grand Ballroom CD |
| 1500-1600 | Concurrent Sessions C | |
| | C01 – Perinatal Palliative Care | Junior Ballroom A |
| | C02 – High Risk Pregnancy | Junior Ballroom C |
| | C03 – Nursing Education | Junior Ballroom D |
| | C04 – NICU Best practice | Junior Ballroom B |
| | C05 – French Presentations / Présentations françaises | Parksville |
| 1610-1730 | CAPWHN CONNECT (ALL invited – Wine/beverage offered) Annual General Meeting | Grand Ballroom AB |
| 1730-1930 | Reception with Exhibitors | Grand Ballroom CD |

PROGRAM AT A GLANCE

CONFERENCE DAY 2 – Saturday November 9

| | | |
|-----------|--|---|
| 0700-0800 | Toonie Trot or Walk | North Tower Lobby |
| 0800-0930 | Registration / Breakfast / Exhibits | Grand Ballroom Foyer /Grand Ballroom CD |
| 0830-0930 | Knowledge Theatre (Session Sponsored by Anusol/Church & Dwight) Hemorrhoids: A Primer for Perinatal and Women's Health Nurses  | Grand Ballroom AB |
| 0930-0940 | Day 2 Opening Remarks | Grand Ballroom AB |
| 0940-1040 | Keynote – The Power of Paying Attention: Mindfulness in Perinatal Health Care | Grand Ballroom AB |
| 1040-1110 | Nutrition Break / Exhibits | Grand Ballroom CD |
| 1115-1215 | Concurrent Sessions D | |
| | D01 – Challenging Practice Issues | Junior Ballroom C |
| | D02 – High Risk Pregnancy | Junior Ballroom A |
| | D03 – Cesarean Birth | Junior Ballroom B |
| | D04 – Facilitating Leadership | Junior Ballroom D |
| | D05 – Breastfeeding Systems Support | Parksville |
| 1215-1330 | Lunch / Exhibits | Grand Ballroom CD |
| 1330-1530 | Specialty Sessions | |
| | SS01 – To Post or Not To Post? : Legal Risk Management in Social Media and Mobile Devices | Junior Ballroom C |
| | SS02 – Knowledge Translation: Strategies for Putting Evidence into Practice | Junior Ballroom D |
| | SS03 – Fetal Health Surveillance Instructor Skills Workshop: Engaging Learners Through Interactive and Fun Teaching Strategies | Parksville |
| | NOTE: SS04 WILL BE HELD 1400-1530 SS04 – Courage to be Compassionate. Cultivating Compassion Awareness | Junior Ballroom A |
| | SS05 – Co-creating Sustainable Rural Maternity Care: The Difference that Makes a Difference | Junior Ballroom B |
| 1535-1635 | Poster Presentations (with nutrition break) | Grand Ballroom Foyer |
| 1645-1745 | Concurrent Sessions E | |
| | E01 – Cesarean Birth | Junior Ballroom A |
| | E02 – Breastfeeding Support | Junior Ballroom B |
| | E03 – Supportive Care | Junior Ballroom C |
| | E04 – Challenging Practice Environments | Junior Ballroom D |
| | E05 – Transition Home | Parksville |
| 1830-2100 | Social Event - Vibrant Colours of the West Coast! Dinner and Entertainment | Grand Ballroom AB |

PROGRAM AT A GLANCE

CONFERENCE DAY 3 – Sunday November 10

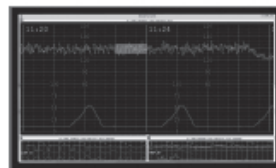
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| 0730-0830 | Breakfast and Networking | Grand Ballroom AB |
| 0830-0845 | Day 3 - Opening Remarks | Grand Ballroom AB |
| 0845-0945 | Plenary – Fetal Health Surveillance Update | Grand Ballroom AB |
| 0945-1000 | Nutrition Break | Grand Ballroom AB |
| 1000-1130 | Concurrent Sessions F (45 minute sessions) | |
| | F01 – Nurse-Led Practice | Junior Ballroom A |
| | F02 – Vulnerable Populations | Junior Ballroom C |
| | F03 – Building Postpartum/Newborn Skills | Junior Ballroom B |
| | F04 – Interprofessional Teams | Junior Ballroom D |
| | F05 – Substance Exposed Newborn | Parksville |
| 1140-1240 | Closing Keynote – Implementing Best Practice to Enhance Provider and Patient Outcomes Healthful Outcomes: A Journey of Person Centred Practice | Grand Ballroom AB |
| 1240-1300 | Closing Remarks / Lunch to go | Grand Ballroom AB |



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OBIX E-Tools can assist critical thinking nurses get the
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INVITED SPEAKERS



Dori Howard, BScN, MA

True learning and true connection arises from compassion, empathy and a willingness to dig deeply beneath the surface to discover what is really there. Dori has a passion for learning that has illuminated the path of her life. Dori views learning as a way of being; as a deep and broad understanding of human relationships that shape all aspects of our lives, our work, our families, our communities. This ‘conscious curiosity’ enables us to imagine, define, manifest and sustain ‘success’ in our professional and personal lives. Dori believes we must be willing to embrace the ‘sometimes unsettling but ultimately rewarding journey towards transformation. In 30+ years of clinical and leadership experience in healthcare, Dori has cultivated a deep sense of compassion, clear empathic communication and developed numerous programs to foster a healthier work environment. Dori holds a BScN from U of Alberta, an MA in Leadership and Graduate Certificate in Executive Coaching both from Royal Roads University. Dori’s passion for learning, leadership, coaching and health have brought her full circle to form her own company, Enso. As a space holder for transformation, she hosts her signature “A Shade More...” retreats at her custom designed oceanfront oasis on Salt Spring Island.



Jayson Potts, MEng, PEng, MD, FRCPC

I am an assistant clinical professor at the University of British Columbia and have about 7 years of experience working in high volume delivery centres in Vancouver, Hamilton (Ontario), Auckland (NZ) and London (UK). I am on the executive of the North American Society of Obstetric Medicine, am a member of Perinatal Services BC, and lead an annual best-evidence review team in Obstetric Medicine. Recently, I have enjoyed working in some smaller centres where the fishing is better, the resources are different, and good teamwork saves lives – just as in Vancouver.

INVITED SPEAKERS



Lori A. Brotto, PhD

Lori A. Brotto, PhD, R Psych is the Executive Director of the Women's Health Research Institute at BC Women's Hospital and Health Centre. Dr. Brotto is a Professor in the Department of Obstetrics and Gynaecology, and a Canada Research Chair in Women's Sexual Health. Her program of research focuses broadly on women's health, with a specific focus on developing and testing mindfulness-based interventions for women's sexual concerns. Her book, *Better Sex Through Mindfulness*, was published by Greystone Publishing in 2018 and is a knowledge translation of her research. She is recognized as one of UBC Faculty of Medicine's most covered researchers in the media.



Erna Snelgrove-Clarke, RN, PhD

Dr. Snelgrove-Clarke is a registered nurse with 33 years of perinatal clinical experience. Erna graduated from Memorial University with a BN, Dalhousie University with her MN, and McGill University with her PhD. Her program of research focuses on the identification of successful strategies for implementing evidence in maternal newborn and women's health settings with a goal to change health care provider behavior and to improve patient outcomes. Erna is exploring the transfer of knowledge through mixed methodologies, concentrating on the relationships of consumers, health care professionals, organizations, and decision-makers. She currently works with large interdisciplinary healthcare and consumer teams to implement evidence supporting practice change in areas such as second stage of labour management, exclusive breastfeeding, obesity, urogynecology, and post-operative recovery. Additional areas of research and practice interest include practice development and person centred care. Erna currently works at Queen's University as the Vice Dean, Health Sciences and Director, School of Nursing. Erna passionately maintains a clinical practice in labour and delivery. In addition, her recent Canadian Institute of Health Research (CIHR) salary award will enable her to spend a significant portion of time supporting health care providers to embed research into clinical practice.

INVITED SPEAKERS



Alanna Lawson BA (Hons), LL.B, LL.L

Alanna has experience in a variety of areas within health law including professional liability, regulatory matters, privacy and professional discipline. Prior to joining the CNPS, Alanna was an associate at a large national law firm where she practiced almost exclusively in the area of health law with a focus on civil medical defence and litigation as well as regulatory matters. In her spare time, Alanna successfully avoids the bears living in her neighbourhood and is a member of the Board of Directors of the Ottawa Humane Society.



Janet Rush, RN, PhD

Dr. Janet Rush is an experienced nurse, educator, researcher and consultant. Her clinical focus is maternal and parent/child care. She is committed to assisting groups in situational analyses, clear directional planning, creative research design, setting achievable outcomes, and monitoring frameworks. She holds adjunct appointments at McMaster, Trent and Queen's Schools of Nursing.

INVITED SPEAKERS



Amanda Kelloway, RN, BScN, IBCLC, LCCE

Amanda Kelloway is a perinatal nurse who has worked in acute care at the bedside and as a Clinical Nurse Educator in tertiary care centres in Canada and the United States. She is a Childbirth Educator, Lactation Consultant and is currently Faculty with the Perinatal Specialty Nursing Program at the British Columbia Institute of Technology. Additionally, she is a Regional Instructor Trainer for Perinatal Services BC for the Fetal Health Surveillance program. She is currently working on her Master's degree in Nursing Education and is passionate about facilitating meaningful learning experiences to forward best practice in perinatal healthcare.



Kim Williams, BScN, MScN

Kim Williams, BScN, MScN has had a career in nursing and health care spanning almost 30 years. She has worked as a perinatal nurse, educator, manager, health planner and administrator. Her 7 years as the Provincial Executive Director of Perinatal Services BC allowed her to expand her view of system planning and support as it pertains especially to improving the health of rural communities and teams. As the Networks Director for the Rural Coordination Centre of BC, Kim leads the Rural Surgical and Obstetrical Networks (RSON) Initiative as well as supporting other Perinatal and Primary Care Network projects. She remains committed to supporting interdisciplinary and collaborative team based care.

| CONFERENCE DAY 1 – Friday November 8 | |
|--------------------------------------|---|
| 0700-0800 | Registration / Breakfast / Exhibits |
| 0800-0830 | Opening Ceremonies and remarks |
| 0830-0930 | <p>Opening Keynote – Self-Compassion as a Way of Being Rising Strong. Wake up! Listen. Learn.</p> <p>Transitions are never easy. Whether planned or unplanned, adapting to a new way of living and being is an inward journey of hard work. As caregivers, we live and work in a world where extending compassion to others comes naturally and easily. However our self-compassion practice often takes a back seat leading to a range of problems including burn-out, ‘empathy fatigue’, illness, loneliness and emotional numbing. So what is the key to practicing self-compassion while navigating through a series of unplanned transitions? There is no magic bullet. It is a long, inward journey of deep discovery, curiosity, honesty, healing and vulnerability. It requires shedding the dense layers that seemingly protect us, face the fears and welcome every emotion that arrives at the doorstep. It requires waking up, listening and learning to elevate consciousness and master the mind. This presentation will share the journey of the path inward to a Truer You!</p> <p>Learning objectives: By the end of the session, participants will:</p> <ol style="list-style-type: none"> 1. Identify key elements of self-compassion. 2. Recognize similar patterns in their own journey of self-compassion. 3. Practice ways to settle the mind and elevate consciousness in service of healing. <p>Presenter: Dori Howard, Founder, Facilitator, Executive Coach and Retreat Specialist, Enso Coaching and Consulting Corporation, Salt Spring Island, BC</p> |
| 0940-1040 | Concurrent Sessions A |
| | A01 – Labour and Birth |
| | <p>A01-a What To Do When Your Patient’s Labour Stops Progressing? A Practical Guide on Labour Dystocia</p> <p>Purpose: The purpose of this integrative review is to provide a clinical guide for nurses and health care professionals regarding interventions during labour dystocia.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. To describe the new guidelines on diagnosis of labour dystocia. 2. To select different non-pharmacological strategies in the case of labour dystocia. <p>Presenter: Emilie Rioux, RN, Jewish General Hospital, Montreal, QC</p> |
| | <p>A01-b Improving Outcomes Through the Lens of Normal Physiologic Labour and Birth</p> <p>Purpose: This presentation will highlight the importance of approaching perinatal nursing care through a lens of the normal physiology, by exploring the current evidence surrounding the key hormones of labour and birth. Additionally, specific nursing care, through a lens of hormonal physiology, will be explored that will lead to more healthy, safe and satisfying births for mothers and infants.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Define perinatal nursing care that is rooted in the hormonal physiology of labour and birth. 2. Describe the roles of oxytocin, catecholamines, and beta endorphins throughout labour and birth. 3. Describe at least 3 strategies that can be implemented into perinatal nursing practice that will promote, protect and support normal physiologic labour and birth. <p>Presenter: Amanda Kelloway, RN, BScN, IBCLC, LCCE, Faculty, British Columbia Institute of Technology, Burnaby, BC</p> |

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| A02 – Innovation | |
| | <p>A02-a Improving Access to Women’s Healthcare: Planning, Developing and Implementing a New Women’s Health Clinic in a Hospital Setting</p> <p>Purpose: To discuss the planning, development and implementation of a nurse led Women’s Health Clinic that focuses on the management of early pregnancy care, urgent gynecological assessment and stable obstetrical care such as NST’s and foley/gel inductions. The clinic was developed to improve access to care, reduce wait times, ensure appropriate follow up and decrease activity in the obstetrical triage area.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Discuss methods to engage patients and families into the planning process for new hospital initiatives. 2. Describe challenges encountered during the planning and implementation of the clinic. 3. Recognize the importance of engaging the interdisciplinary team in improving patient experience and access to care. <p>Presenters: Lyndsay Martin-Kowalyk, RN, BA, BScN, MSc, Clinical Manager, Hamilton Health Sciences, Hamilton, ON Caroline Dunnett, RN, BScN, Clinical Leader, Hamilton Health Sciences, Dundas, ON</p> |
| | <p>A02-b Thinking Outside the Box: Reaching Out to Industrial Engineering Students in an Effort to Optimize Client Flow in a Perinatal Hospital Setting</p> <p>Purpose: The purpose of this presentation is to appraise the recommendations that emerged from an industrial engineering student project to optimize client flow in the perinatal service areas of a hospital.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Describe the long-standing challenges faced by the interdisciplinary leadership team of the Women’s Health division of a tertiary care hospital with regards to finding adequate solutions to address client flow issues and decreased patient satisfaction. 2. Examine the feasibility of implementing the recommendations that emerged from a project by industrial engineering students who sought to implement a surge plan in a health care setting. 3. Discuss the benefits and limitations of engaging in innovative partnerships to improve patient outcomes and the patient experience. <p>Presenters: Ginette Aucoin, RN, MScA, IBCLC, PNC(C), Advanced Practice Nurse (Perinatal Services), McGill University Health Centre, Montreal, QC Marie-Josée Bourassa, RN, BScN, Nurse Manager, McGill University Health Centre, Montreal, QC</p> |
| A03 – Facilitating Leadership | |
| | <p>A03-a Taking the Lead: Developing Leadership in Perinatal Education</p> <p>Purpose: To share an innovative teaching strategy to foster leadership skills in nursing education through the role of the “team lead” during perinatal rotations.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. To illustrate the role of “team lead” in perinatal rotations. 2. To compare the observed outcomes to key attributes of effective leadership. 3. To draw on a scaffolding model to integrate leadership opportunities across nursing education and early career development. <p>Presenter: Julia Imanoff, MN, RN, PNC(C), Nursing Instructor, University of Calgary, Calgary, AB</p> |

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| A04 – Gestational Diabetes | |
| | <p>A04-a Perception of Pregnancy Risk Among Women with Gestational Diabetes and Their Partners: Quantitative Findings</p> <p>Purpose: This session will present new research in the nascent area of gendered pregnancy risk perception. Although the impact of paternal involvement in pregnancy outcomes has been studied, there are few studies which examine risk perception in pregnancy and the implications of gendered risk perception on pregnancy outcomes.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Following this presentation, participants will be able to describe the impact of gender on pregnancy risk perception. 2. Participants will be able to identify key gender-specific predictors of increased pregnancy risk perception. 3. At the conclusion of this presentation, participants will be able to compare predictors of pregnancy risk between women and men and apply this knowledge to the development of tailored interventions. <p>Presenter: Suzanne Lydia Lennon, BA, BN, PhD, Assistant Professor, University of Manitoba, College of Nursing, Winnipeg, MB</p> |
| | <p>A04-b Perception of Pregnancy Risk Among Women with Gestational Diabetes and Their Partners: Qualitative Findings</p> <p>Purpose: The purpose of the qualitative component of this study was to examine the perceptions of pregnant women and their male partners regarding the degree of risk posed by gestational diabetes. The study also asked participants to discuss their perceptions of supportive behaviors during pregnancy.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Following this presentation, participants will be able to describe the factors which influence risk perception in pregnancy. 2. Participants will be able to identify how women with GD conceptualize partner support in health behaviour change. 3. At the conclusion of this presentation, participants will be able to compare the manner in which women with GD conceptualize risk perception and support in comparison to the perspectives of their male partners. <p>Presenter: Suzanne Lydia Lennon, BA, BN, PhD, Assistant Professor, University of Manitoba, College of Nursing, Winnipeg, MB</p> |
| A05 – Family Support | |
| | <p>A05-a Family Integrated Care (FICare) in Level II NICUs: A Critical Analysis of Parent Journals</p> <p>Purpose: This session will show health care providers the work parent's do to care for their infants in NICUs where family integrated care (Alberta FICare™) was trialed as a new model of care. Participants will learn how parents' experiences are often shaped by taken for granted institutional processes and the kinds of practices that support parents to gain confidence with care of their infants.</p> <p>Learning Objectives: Participants will:</p> <ol style="list-style-type: none"> 1. Recognize the tensions and problems parents experience when they have a baby in the NICU. 2. Identify the instrumental supports that help parents to integrate into the care of their infants while in the NICU. 3. Apply the principles of family integrated care to practice, to help parents' gain confidence in the care of their infant. <p>Presenter: Cathy Ringham, RN PhD CNeon(C), Postdoctoral Fellow, University of Calgary, Calgary, AB</p> |

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| | <p>A05-b Moving Low Risk Postpartum Care from Hospital to Home</p> <p>Purpose: To present an innovative postnatal care model.</p> <p>Learning Objectives: At the conclusion of this presentation, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe the evidence regarding postnatal care and early discharge. 2. Recognize the innovative nature of the Montfort Postnatal Care at Home Program. 3. Recall the preliminary outcomes of the Montfort Postnatal Care at Home Program. <p>Presenters: Carolyn Crowley RN, MN, Clinical Manager, Family Birthing Centre, Hôpital Montfort, Ottawa, ON Laurence Tsorba, RM, Montfort Postnatal Care, Hôpital Montfort, Ottawa, ON</p> |
| 1040-1110 | Nutrition Break / Exhibits |
| 1115-1215 | Concurrent Sessions B |
| | <p>B01 – Capturing the Voices of Bereaved Parents: The Creation of Videos to Educate Healthcare Professionals on Skilled and Compassionate Bereavement Care</p> <p>Purpose: In response to an identified gap in Canadian-based videos highlighting the lived experience of families surrounding a pregnancy or infant loss, an innovative process to capture the voices of bereaved Canadian families was initiated by an organization that provides support and education surrounding pregnancy and infant loss. This presentation will highlight the process undertaken, including ‘patient-as-educator’ principles, and show the new video content. Implications for promoting excellence in best practices in bereavement care will also be discussed. After viewing the videos, this presentation will allow participants to explore how incorporating the parent voice into all aspects of perinatal bereavement education supports best practices and a more meaningful experience for participants who are seeking to improve their own bereavement care for families.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Understand the unique care needs of families experiencing pregnancy and infant loss by listening to their lived experience. 2. Describe the process of incorporating the family voice when developing educational curriculum on pregnancy and infant loss. 3. Identify adaptable and innovative strategies to incorporate ‘patient-as-educator’ principles into your own bereavement practice. <p>Presenters: Megan Fockler, RN, MPH, Advanced Practice Nurse, Sunnybrook Health Sciences Centre; Pregnancy and Infant Loss (PAIL) Network, Toronto, ON Michelle La Fontaine, BAA, CLS, tDIPL, Program Manager, Pregnancy and Infant Loss (PAIL) Network, Sunnybrook Health Sciences Centre, Toronto, ON</p> |
| | <p>B02 – Perinatal Substance Use and Harm Reduction: Navigating the Challenges of Illicit Drug Use in the Acute Care Setting</p> <p>Purpose: To explore the professional practice, legal and ethical dilemmas, and logistical challenges nurses must navigate when caring for women in the perinatal period who are actively using illicit substances in hospital.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe their nursing professional practice responsibilities related to harm reduction in the context of illicit drug use in hospital during the perinatal period. 2. Identify legal and ethical considerations when caring for a woman who is actively using in hospital. 3. Discuss logistical challenges and care planning solutions for active illicit drug use in hospital. <p>Presenter: Lani Wittmann, RN, MN, IBCLC, PNC(C), Senior Practice Leader, BC Women’s Hospital & Health Centre, Vancouver, BC</p> |

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| | <p>B03 – Facilitating Culturally Safe Indigenous Birth in Urban Labour and Delivery Environments</p> <p>Purpose: More Indigenous women are experiencing pregnancy, birth, and post-partum care in urban centres, with or without the support of traditional midwives. This multi-part clinical case invites participants to explore how urban perinatal nurses can mobilize theory and practice related to Indigenous ally-ship to facilitate culturally safe birth experiences while navigating institutional policy and inter-disciplinary relationships.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Develop and discuss action-based strategies for nurses to support a culturally safe urban Indigenous birth experience through engagement with a clinical case scenario. 2. Challenge understandings of nursing advocacy in the context of Indigenous birth by exploring the theory and application of cultural safety, cultural humility, and Indigenous ally-ship in urban perinatal nursing practice. 3. Identify practical examples of effective ally-ship, strategies, and resources for urban perinatal nurses to support Indigenous birth. <p>Presenter: Yi Lin (Clarice) Shen, RN, Sunnybrook Health Sciences Centre, Toronto, ON</p> |
| | <p>B04 – Implementing and Evaluating Modified Early Obstetrical Warning Score (MEOWS)</p> <p>Purpose: We hope to share what we learn about material development, change management strategies, and evaluation related to MEOWS implementation so that other centers planning to implement a similar early warning system can benefit from our experience.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Following this session, participants will be able to: 2. Summarize the process we used to implement and evaluate MEOWS. 3. Apply our learnings about MEOWS implementation and evaluation to the adoption of a similar system at their respective clinical sites. 4. Identify resources that can assist with the implementation of MEOWS at their respective clinical sites. <p>Presenters: Karen Pike, RN, BSN, PNC(C) Senior Practice Leader, BC Women’s Hospital & Health Centre, Vancouver, BC Anne Margaret Leigh, RN, MN, PNC(C), Program Manager, BC Women’s Hospital & Health Centre, Vancouver, BC</p> |
| | <p>B05 – “Trauma Doesn’t Apply to My Practice” - Understanding the Impacts of Trauma in Women’s Health - Part 1 and 2</p> <p>Purpose: The purpose of this presentation is to inform the audience about the importance of providing Trauma Violence Informed Care in Women’s Health as re-traumatizing is harmful with detrimental repercussions.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Self reflect on how you did or did not provide Trauma Violence Informed Care in the past. 2. Apply Trauma Violence Informed Care to case scenarios. 3. Discuss potential barriers to providing Trauma Violence Informed Care in Women’s Health. <p>Presenters: Anna Parainfi, BSN, British Columbia Institute of Technology, Burnaby, BC Nicole Pasquino, RN, Faculty Lead, Sexual Health, British Columbia Institute of Technology, Burnaby, BC</p> |


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| | <p>B06 – The Influence of the Childbirth Process on Breastfeeding Initiation, Duration and Exclusivity in PEI</p> <p>Purpose: We explored the influence of factors related to the childbirth process on effective breastfeeding initiation at 36 hours post-birth and duration and exclusivity of breastfeeding at hospital discharge, 2 weeks, and 2 and 6 months post-birth.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe the key features of Baby Friendly and Mother Friendly initiatives. 2. Describe the effect of factors related to the childbirth process on the effective initiation of breastfeeding at 36 hours post-birth. 3. Describe the effect of factors related to the childbirth process on breastfeeding duration and exclusivity at discharge, 2 weeks, and 2 and 6 months post-birth. 4. Discuss the nursing implications related to the study findings. <p>Presenters: Janet Bryanton, RN, PhD, PNC(C), Associate Professor, University of Prince Edward Island, Charlottetown, PEI Patrice Drake, RN, PhD (c), Assistant Professor, University of Prince Edward Island, Charlottetown, PEI</p> |
| 1215-1330 | Lunch / Exhibits |
| 1330-1430 | <p>Keynote – Exercise, Imaging and Escalation of Care – Simple Practice Changing Knowledge</p> <p>Exercise, Imaging and Escalation of Care are three of my favourite topics because they continue to represent areas where all caregivers can contribute to improved care, outcomes and peace of mind in obstetrics.</p> <p>Canada is quickly taking a lead in the thoughtful approach to exercise through all stages of pregnancy. Yet exercise, with its myriad of benefits, is not yet a consistent part of pregnancy planning or management. There is new evidence, new guidelines and new tools are being developed to help us improve physical activity in pregnancy.</p> <p>Concerns about imaging safety within obstetrics and has created unnecessary fear among our patients. Together, with some well established facts, we can uncross messages and give our patients peace of mind. Finally, smooth escalation of care is the trophy for all obstetric caregivers. Whether through simulation, Obstetric Warning Systems, empowering caregivers to share their clinical insight, or through beautiful communication... escalation of care is always worthy of discussion and thought.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. List 5 evidence-based benefits that exercise has on obstetric outcomes. 2. Make clear statements that will bring unwell patients peace of mind regarding emergent imaging in pregnancy 3. Access key resources for planning the escalation of care of labouring patients. <p>Presenter: Jayson Potts, MEng, PEng, MD, FRCPC, Clinical Assistant Professor, University of British Columbia, Vancouver, BC</p> |
| 1430-1450 | Nutrition Break / Exhibits |

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| 1500-1600 | Concurrent Sessions C | |
| | C01 – Perinatal Palliative Care | |
| | | <p>C01-a Expert Nursing Care: Perinatal Palliative Care During Labor, Delivery, and the Recovery Period</p> <p>Purpose: The behaviors nurses engage in to provide perinatal palliative care (PPC) during the labor, delivery, and recovery (LDR) period are not well documented. The purpose of this study was to describe: the critical behaviors required for expert nursing care of families receiving PPC during LDR; the factors promoting or hindering their ability to do so; and the consequences of achieving or not achieving these behaviours.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe how nurses develop expertise in caring for patients and families experiencing perinatal loss in the labor, delivery, and recovery setting. 2. Describe actions and considerations nurses engage in when caring for patients and families experiencing perinatal loss during each of the stages of labor. 3. Identify important outcomes of having achieved expert nursing practice when caring for patients and families experiencing perinatal loss during the labour, delivery, and recovery period. <p>Presenter: Chloe Shindruk, RN BN, MN Student, CNS, University of Manitoba / St. Boniface General Hospital, Winnipeg, MB</p> |
| | | <p>C01-b Perinatal Palliative Care: Collaborative Care Planning for Families Anticipating Perinatal Loss</p> <p>Purpose: The purpose of this presentation is to describe the inter-professional, interagency, collaborative care pathway for a woman and her family who continue a pregnancy with a lethal fetal anomaly/ life-threatening condition, developed by a Children’s Hospice and a tertiary care maternity centre.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify the key elements for perinatal palliative care. 2. Recognize the importance of exploring families’ understanding, wishes and hopes for their infant and family. 3. Engage with a family’s lived experience of the perinatal palliative care planning process through storytelling. <p>Presenters: Melanie Basso, RN, BSN, MSN, PNC(C), Senior Practice Leader-Perinatal, BC Women’s Hospital & Health Centre, Vancouver, BC Kristina Boyer, RN, MScA, Clinical Nurse Specialist, Canuck Place Hospice, Vancouver, BC</p> |

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| C02 – High Risk Pregnancy | |
| | <p>C02-a Idiopathic Thrombocytopenia: Patient Experience Can Change Practice</p> <p>Purpose: To present information on ITP and its effects on pregnancy and birth, current treatment and care planning.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. To provide current, evidence based information on Idiopathic thrombocytopenia and its effects on pregnancy and birth. 2. To provide a patient-centred care approach to planning for pregnancy and birth care for a patient with ITP. 3. To understand the effects of a patient’s medical condition in determining development and review of safe care practices. <p>Presenter: Nancy Watts, RN, MN, Clinical Nurse Specialist, W & I Program, Mount Sinai Hospital, Toronto, ON</p> |
| | <p>C02-b Traumatic Brain Injury During Pregnancy; Management and Nursing Considerations Throughout the Antepartum, Intrapartum and Postpartum Periods</p> <p>Purpose: To share a case study to illustrate nursing and medical care required to care for a pregnant patient with a traumatic brain injury. This presentation will focus on the patients evolving neurological function, ethical and obstetrical considerations and nursing care.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Demonstrate the dynamism of antepartum, intrapartum, and postpartum care in response to an evolving neurologic state. 2. Recognize the importance of multidisciplinary collaboration when caring for a medically complex obstetrical patient. 3. Identify strategies to assist and care for women who have experienced a traumatic brain injury during pregnancy. <p>Presenter: Christine Finnbogason, RN, BSc, BN, MN, PNC(C), Clinical Nurse Specialist, Women’s Hospital, Health Sciences Centre, Winnipeg, MB</p> |
| C03 – Nursing Education | |
| | <p>C03-a Promoting Excellence by Developing Novice Perinatal Nurses’ Clinical Decision Making</p> <p>Purpose: Safe, ethical decision making can improve quality of care and patient outcomes. The purpose of this presentation is to present innovative teaching and learning strategies aimed at developing novice perinatal nurses’ decision making.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Discuss the importance of clinical decision making as a priority competency in the perinatal clinical context. 2. Introduce the Situated Clinical Decision Making Framework (SCDMF) as a tool to support the development of clinical decision making for novice perinatal nurses. 3. Describe how the framework is applied in a variety of teaching/learning situations to support the development of novice clinical decision-making. <p>Presenters: Nancy Hewer, RN, MSN, PNC(C), Faculty, BCIT, Burnaby, BC Farah Jetha, RN, MSN, BCIT, Burnaby, BC</p> |

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| | <p>C03-b “We Want More Support!”: The New Roles of The Clinical Resource Nurse & Perinatal Clinical Educator at BCWH Maternal Newborn</p> <p>Purpose: This session will describe the change process initiated by BCWH Maternal Newborn Program for the purpose of supporting front line staff. The purpose of this session is to share with the audience the specific changes, the challenges and highlights in order to learn from each other and to hopefully inspire change in other locations!</p> <p>Learning Objectives: Following this session, the participants will be able to:</p> <ol style="list-style-type: none"> 1. Compare & contrast similarities and differences between their own agency and BCWH Maternal Newborn Staff’s support needs. 2. List one small change or adjustment they can make to enhance the bedside help and education delivery for the nurses. 3. Complete a small mental plan for initiating that change when back home. <p>Presenters: Melanie Kozak, RN, BScN, Program Manager, BC Women’s Hospital, Vancouver, BC MarieRose McDonnell, RN, BScN, Program Coordinator, BC Women’s Hospital, Vancouver, BC</p> |
| C04 – NICU Best practice | |
| | <p>C04-a Differences in Indirect Cost Between Families Receiving Family Integrated Care (FICare) and Standard Care in Level II NICUs</p> <p>Purpose: The purpose of this study was to examine out-of-pocket cost differences between families receiving Family Integrated Care (FICare) and standard care in Level II NICUs.</p> <p>Learning Objectives: Following this presentation, learners will:</p> <ol style="list-style-type: none"> 1. Understand the components of the Alberta Family Integrated Care model of care. 2. Understand the type and amount of out-of-pocket costs incurred by parents of moderate and late preterm infants admitted to a level II NICU. 3. Apply knowledge of the economic costs to care of parents of moderate and late preterm infants in NICU to support practice and policy changes in NICU. <p>Presenters: Jacqueline Wilson, RN, BN, MN Student, Faculty of Nursing, University of Calgary, Calgary, AB Karen Benzies, BScN, MN, PhD, RN, Professor and Associate Dean, Research, Faculty of Nursing, University of Calgary, Calgary, AB</p> |
| | <p>C04-b Improving the Rate and Timing of Collection and Administration of Oral Immune Therapy for Newborns Admitted to the Neonatal Intensive Care Unit</p> <p>Purpose: The purpose of this presentation is to highlight the importance of OIT and that timely administration depends on timely collection. We want to highlight the coming together of individuals from four units across a program to develop a plan to improve the quality of care delivered to our smallest patients. In order to be successful we needed to involve staff from all disciplines and from all areas, but also the families so that they might advocate and be active participants in the timely collection and administration of OIT.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Understand the benefits of OIT for the neonatal population. 2. Understand the Continuous Quality Improvement (CQI) process and the benefit of engaging staff from all areas within a program and at all levels to be involved in improving quality of care. 3. Discuss the involvement of families in the process of collecting OIT and how we empowered them to be engaged in the process beginning in the antenatal period through to NICU admission. <p>Presenter: Caroline Dunnett, RN, BScN, Clinical Leader, Hamilton Health Sciences, Dundas, ON Lyndsay Martin-Kowalyk, RN, BScN, BA, MSc, Clinical Leader, Hamilton Health Sciences, Dundas, ON</p> |

| C05 – French Presentations / Présentations françaises | |
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| | <p>C05-a ADOpter une relation amoureuse saine! But : Le stage réalisé dans le cadre d'études à la maîtrise a pour but de développer et de mettre à l'essai une intervention d'éducation pour la santé pour les adolescentes enceintes à risque de violence conjugale. Ce projet clinique proposé sera réalisé selon la théorie de l'empowerment individuel de Ninacs (2003) dans une optique de prévention et sera intégré dans le suivi prénatal des adolescentes, directement à la clinique de grossesse. Celui-ci sera animé par une infirmière et réalisé sous forme de séances de groupe. Plusieurs sujets seront abordés en lien avec les relations amoureuses à l'adolescence. Lors de ces séances, les adolescentes seront appelées à verbaliser sur leur relation intime, à identifier les éléments potentiellement nuisibles et à envisager les solutions possibles. L'intervention mettra en accent leurs forces afin de les inciter à utiliser leur plein potentiel et ainsi favoriser leur empowerment et le développement de leurs compétences en matière de communication avec leur partenaire. L'objectif est de favoriser des changements positifs en leur donnant des outils afin de générer des relations amoureuses saines, c'est-à-dire épanouies et dépourvues de violence.</p> <p>Objectifs d'apprentissage :</p> <ol style="list-style-type: none"> 1. Suite à cette présentation, les participants seront en mesure d'identifier les facteurs de risque de la violence conjugale chez les adolescentes enceintes. 2. Suite à cette présentation, les participants seront en mesure de reconnaître et d'expliquer l'importance d'offrir aux adolescentes enceintes des outils afin de favoriser des relations amoureuses saines. 3. Suite à cette présentation, les participants seront en mesure d'identifier des sujets qui sont importants à aborder avec les adolescentes enceintes lors d'une intervention d'éducation pour la santé. <p>Présentatrice : Anouk Landry, Inf., B. Sc., étudiante à la maîtrise, Université de Montréal, QC</p> |
| | <p>C05-b Acceptabilité et faisabilité d'une intervention infirmière par télésoins en soutien au développement de l'auto efficacité maternelle en allaitement et à la poursuite de l'allaitement exclusif chez des mères primipares de nouveau-nés à terme</p> <p>But : Le but de l'étude pilote sera d'évaluer de façon mixte l'acceptabilité et la faisabilité d'une intervention infirmière par télésoins favorisant le développement de l'auto-efficacité maternelle en soutien à l'allaitement maternel exclusif chez des mères primipares de nouveau-nés à terme.</p> <p>Objectifs d'apprentissage :</p> <ol style="list-style-type: none"> 1. À la suite de cette communication orale, les participants seront en mesure d'identifier les principales difficultés rencontrées par les mères primipares de nouveau-nés à terme au regard de l'allaitement maternel lors du premier mois suivant la naissance. 2. À la suite de cette communication orale, les participants seront en mesure d'identifier le cadre de référence en lien avec l'auto-efficacité et les ressources nécessaires afin de développer une intervention infirmière par télésoins en soutien à l'allaitement maternel dans une perspective d'avancement et d'approfondissement de la pratique. 3. À la suite de cette communication orale, les participants seront en mesure de reconnaître les avantages et les enjeux d'une intervention infirmière de télésoins par vidéoconférence afin de soutenir l'allaitement exclusif chez les mères primipares de nouveau-nés à terme. <p>Présentatrice : Annie Boisvert, B. Sc. Inf., Université de Montréal, Outremont, QC</p> |
| 1610-1730 | CAPWHN CONNECT (ALL invited – Wine/beverage offered) Annual General Meeting |
| 1730-1930 | Reception with Exhibitors |

| CONFERENCE DAY 2 – Saturday November 9 | |
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| 0700-0800 | Toonie Trot or Walk |
| 0800-0930 | Registration / Breakfast / Exhibits |
| 0830-0930 | <p>Knowledge Theatre (Session Sponsored by Anusol/Church & Dwight)</p> <p>Hemorrhoids: A Primer for Perinatal and Women’s Health Nurses </p> <p>Learning Objectives: Participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe the anatomy of internal and external hemorrhoids. 2. Identify the populations at risk. 3. Outline the therapies available for treatment. <p>Speaker: Jessica Bawden, NP-PHC, MScN, IBCLC, Primary Health Care Nurse Practitioner, Toronto, ON</p> |
| 0930-0940 | Day 2 Opening Remarks |
| 0940-1040 | <p>Keynote – The Power of Paying Attention: Mindfulness in perinatal health care</p> <p>Purpose: This presentation will focus on sharing the science of mindfulness with a particular focus on populations within women’s health. The speaker’s program of research on mindfulness for sexual concerns will be used to illustrate the practice of mindfulness. The presentation will also review mindful birthing—the science and practice. Finally, the role of mindfulness in building provider resilience and combatting clinician burnout will be discussed. Resources for attendees interested in cultivating their own mindfulness practice will be discussed.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. To understand how mindfulness is defined in the contemporary context. 2. To learn the current state of the science for applications of mindfulness to women’s health. 3. To become exposed to mindfulness instructions. <p>Presenter: Lori A. Brotto, PhD, Executive Director, Women’s Health Research Institute; Professor, Department of Obstetrics & Gynaecology, University of British Columbia; and Canada Research Chair, Women’s Sexual Health, Vancouver, BC</p> |
| 1040-1110 | Nutrition Break / Exhibits |
| 1115–1215 | Concurrent Sessions D |
| | D01 – Challenging Practice Issues |
| | <p>D01-a Empowering Women to Cope with Breastfeeding Pain: A Feasibility Randomized Controlled Trial of an Educational Anticipatory Guidance Intervention</p> <p>Purpose: The experience of breastfeeding-related pain is common for women after they deliver their infants. While not often expected, breastfeeding-related pain can have a negative impact on breastfeeding outcomes, such as duration and exclusivity. The purpose of this pilot study is to examine the feasibility and potential effectiveness of a nurse-led educational intervention for pregnant women aimed at improving breastfeeding outcomes.</p> <p>Learning Objectives: After attending this participation, participants will:</p> <ol style="list-style-type: none"> 1. Have a better understanding of the extant literature related to the phenomenon of breastfeeding-related pain. 2. Understand current nursing practices around the prevention and management of breastfeeding-related pain. 3. Understand the potential effectiveness of a novel, one-to-one, educational antenatal intervention for women intending to breastfeed. <p>Presenter: Kimberley Jackson, RN, PhD, Assistant Professor, Western University, London, ON</p> |

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| | <p>D01-b Birthing and Being Birthed: Exploring How the Experience of Birth Trauma Impacts Childbearing People in Their First Postpartum Year</p> <p>Purpose: To provide the preliminary findings of a feminist phenomenological study which explores the experiences of childbearing people living with birth trauma in their first postpartum year.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify the etiology of birth trauma. 2. Understand the effect birth trauma has in the postpartum period. 3. Learn what childbearing people want to help them recover from birth trauma. <p>Presenter: Sandra Murphy, BScN, RN, Graduate Student, Dalhousie University, Halifax, NS</p> |
| D02 – High Risk Pregnancy | |
| | <p>D02-a Peripartum Pre-transfusion Testing and Transfusion Risk: A Quality Improvement Project</p> <p>Purpose: To disseminate findings of a risk assessment tool evaluation, identifying women at highest risk of postpartum transfusion to provide evidence-based recommendations for peripartum pre-transfusion testing.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Recognize how peripartum transfusion risk can be used to identify women at highest risk of peripartum hemorrhage. 2. Identify women at risk of requiring blood transfusion using a risk assessment tool at or before her delivery admission. 3. Define pre-transfusion testing (i.e. group & screen, crossmatch) and articulate its role in postpartum hemorrhage prevention. 4. Analyze local barriers and facilitators to accessing blood in obstetric emergencies by recognizing the chronology of Transfusion Medicine Lab processes from request for blood to receiving blood on the unit. 5. Evaluate peripartum transfusion risk factors relevant to patient populations served by another hospital or health authority by employing the methods used and lessons learned. 6. Describe how third trimester hemoglobin can impact postpartum transfusion risk and the role of nurses in acute and community care in preventing postpartum transfusion for anemia. 7. Explain how the role of the perinatal nurse as an advocate for individualized safe care of women at all levels of transfusion risk and when risks arise during the course of her care so that: <ul style="list-style-type: none"> - unnecessary interventions (i.e. routine admission lab investigations on all patients) can be safely avoided; - pre-transfusion testing is requested where risks are present. <p>Presenters: Sarah Kaufman, MSN, BSN, RN, Clinical Nurse Specialist, Fraser Health, Delta, BC Darlene Mueller, MA ART, Medical Laboratory Technologist, Fraser Health, Canadian Society of Transfusion Medicine, Surrey, BC</p> |

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| | <p>D02-b Wait Another Chorio Case?: The Influence Nursing Can Have on Medical Diagnosis and Treatment</p> <p>Purpose: Emphasize the influence the nursing profession can have on the diagnosis and management of women in labour presenting with clinical chorioamnionitis criteria.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify nursing screening recommendations allowing differentiation between intrapartum maternal fever and clinical chorioamnionitis. 2. Value the importance of screening labouring mothers and the influence the results this screening can have on medical practice. 3. Recognize how the use of simple clinical tools such as algorithms can influence culture change, professional practice and ultimately improve patient outcomes. <p>Presenter: Jennifer Marandola, RN, MN, IBCLC, PNC(C), Advanced-Practice Nurse Consultant, CIUSSS West-Island of Montreal, Sainte-Catherine, QC</p> |
| D03 – Cesarean Birth | |
| | <p>D03-a Maternal Request for Primary Cesarean Delivery: Ethical Considerations</p> <p>Purpose: The prevalence of maternal request for primary cesarean delivery without medical indication (MRCD) approaches 31% in Canadian cities. HCPs face ethical challenges balancing patients' right to choose versus the risks of possible intra- and post-operative complications for mothers/ infants, and allocation of health care resources. We were interested in the ethical tensions that surround MRCD. To what extent does informed choice and the right to treatment challenge HCPs ethics and beneficence? While MRCD is mother focused what perspective do the HCPs provide-clinical, personal or systemic?</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. The participant will be able to discuss some ethics involved in maternal request for primary cesarean section. 2. The participant will challenge their own beliefs and practice regarding maternal request for primary cesarean section. 3. Following this session the participant will be able to better understand women's need to request cesarean delivery and how health care providers react. <p>Presenter: Cynthia Mannion, RN, BA, Msc(A), PhD, Associate Professor, University of Calgary, Calgary, AB</p> |
| | <p>D03-b When Fear Surrounding Childbirth Leads Women to Seek a Planned Cesarean</p> <p>Purpose: The purpose of this study was to explore women's experiences of fear surrounding childbirth in relation to their decision to request a planned caesarean birth.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Briefly discuss relevant literature related to fear and childbirth. 2. Discuss women's fears surrounding childbirth in relation to their decision to request a planned cesarean birth. 3. Identify implications for practice and research, related to study findings. <p>Presenters: Janet Bryanton, RN, PhD, PNC(C), Associate Professor, University of Prince Edward Island, Charlottetown, PEI</p> |

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| D04 – Facilitating Leadership | |
| | <p>D04-a British Columbia Institute of Technology Specialty Nursing Clinical Teacher Pathway</p> <p>Purpose: To present the Specialty Nursing Clinical Teacher Pathway developed by faculty at the British Columbia Institute of Technology (BCIT).</p> <p>Learning Objectives: Following the session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Understand how the pathway supports clinical teachers to foster learners’ development in clinical practice to further bridge the gap between theory and practice. 2. Identify the multi-leveled teacher pathway as a consistent means for perinatal clinical teachers to develop evidence-based clinical teaching knowledge and skills. 3. Describe evidence informed teaching strategies clinical teachers learn at each level of the pathway to promote excellence in clinical teaching. <p>Presenter: Farah Jetha, BSN, MSN, Faculty, BCIT, Burnaby, BC</p> |
| | <p>D04-b An Integrative Review of the Role, Challenges, and Facilitators of Hospital-Based Clinical Nurse Educators in Labour and Delivery Units</p> <p>Purpose: To share findings from an integrative review of the role, challenges and facilitators of hospital-based Clinical Nurse Educators, in order to help guide the betterment of this pivotal role in nursing.</p> <p>Learning Objectives: Following this presentation, audience members will be able to:</p> <ol style="list-style-type: none"> 1. Describe the effect role ambiguity has had on hospital-based Clinical Nurse Educators in the enactment of their role. 2. Identify the challenges faced by Clinical Nurse Educators as a result of this role ambiguity. 3. Identify facilitators able to address some of these challenges as well as suggestions for future research. <p>Presenter: Michaela Popa, RN, BSN, MSN, Registered Nurse, Labour and Delivery, BC Woman’s Hospital, Vancouver, BC</p> |
| D05 – Breastfeeding Systems Support | |
| | <p>D05-a The Baby-Friendly Initiative Quality Improvement Collaborative Project</p> <p>Purpose: To provide an overview of how the Breastfeeding Committee for Canada (BCC) is implementing a National Baby-Friendly Initiative Quality Improvement Collaborative to scale up the implementation of the Baby-Friendly Initiative (BFI) and thereby improve maternal infant health.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Build understanding of the National Baby-Friendly Initiative Quality Improvement Collaborative Project. 2. Learn evidence-based strategies and approaches that are successfully supporting BFI implementation in Canada. 3. Identify ways to translate and apply the national learning into your care setting and into nursing practice. <p>Presenter: Michelle LeDrew, RN, BN, MN, CHE, National BCC Baby-Friendly Project Director, Breastfeeding Committee for Canada, Middle Sackville, NS</p> |
| 1215-1330 | Lunch / Exhibits |

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| 1330-1530 | Specialty Sessions |
| | <p>SS01 – To Post or Not To Post? : Legal risk management in social media and mobile devices</p> <p>Purpose: This presentation will address the professional and legal obligations on a nurse when using social media and/or mobile devices in their professional and personal lives. The possible consequences of misuse of these platforms will be explored. An overview of CNPS protection will also be provided.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify and manage professional/legal issues surrounding social media in their professional practice. 2. Recognize the benefits and risks of using mobile devices in their practice. 3. Appreciate the consequences of inappropriate use of social media or mobile devices in a professional practice setting. <p>Presenter: Alanna Lawson BA (Hons), LL.B, LL.L, Lawyer, Canadian Nurses Protective Society, Ottawa, ON</p> |
| | <p>SS02 – Knowledge Translation: Strategies for Putting Evidence into Practice</p> <p>Purpose: At last year’s CAPWHN Conference, members identified ‘knowledge translation’ (KT) as a priority issue. This KT session will explore the issue of a timeless predicament – change for an evidence informed practice. Participants will engage in active discussions on specific practices relevant to them in their settings. Models for KT will be used to recognize the steps needed when nurses aim to challenge and change the status quo. Participant experience and research findings will be used to identify barriers and facilitators to evidence uptake where evidence informed practice can become the new normal.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. To expose and discuss practices in participants’ experience that may not be informed by evidence; 2. To explore the concept and steps in knowledge translation based on theory and on practices identified by participants; 3. To engage in active discussion exploring how intra- and inter-professional partners can work together to embrace evidence informed practice. <p>Presenters: Janet Rush, RN, PhD, Consultant, Hamilton, ON Erna Snelgrove-Clarke, RN, PhD, Vice-Dean (Health Sciences), Director of the School of Nursing, Queen’s University, Kingston, ON</p> |
| | <p>SS03 – Fetal Health Surveillance Instructor Skills Workshop: Engaging Learners Through Interactive and Fun Teaching Strategies</p> <p>Purpose: This presentation is intended to increase the confidence of existing fetal health surveillance instructors and improve knowledge translation skills when teaching this complex content.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Describe the benefits of interactive learning techniques for understanding complex concepts. 2. Experience, through the eyes of a learner, the benefits of learning complex fetal health surveillance content in an interactive style. 3. Describe at least two teaching strategies that could be used in delivering a fetal health surveillance workshop. <p>Presenter: Amanda Kelloway, RN, BScN, IBCLC, LCCE, Faculty, British Columbia Institute and Technology, Burnaby, BC</p> |

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| | <p>NOTE: SS04 WILL BE HELD 1400-1530</p> <p>SS04 – Courage to be Compassionate. Cultivating Compassion Awareness</p> <p>Purpose: As caregivers, we excel at extending compassion towards others. What about relieving our own suffering? We tend to put our own needs and desires last. Or we may feel guilty about caring for ourselves and may even think of it as selfish. We live in a world that favours being ‘happy’ so we hold back our emotions, avoid conflict and be ‘professional’. Our unchecked emotions and unmet needs can to a whole range of disorders, stress, burnout and illness. Cultivating self- compassion requires a level of awareness, courage and consciousness to be vulnerable and truthful with our own internal experience. Elevating consciousness is no easy task. Each emotion is a gift and has a message that we must listen, pay attention and move through it with peace and ease. This awareness is the foundation of self-compassion and begins with the breath. Consciously paying attention to the breath is a powerful doorway to our inner journey. This session will focus on cultivating self-compassion through practices that bring awareness to our breath, bringing us peace and ease.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Describe the elements of self-compassion. 2. Relate compassion awareness to emotional agility. 3. Practice settling the mind through conscious practices. <p>Presenter: Dori Howard, Founder, Facilitator, Executive Coach and Retreat Specialist, Enso Coaching and Consulting Corporation, Salt Spring Island, BC</p> |
| | <p>SS05 – Co-creating Sustainable Rural Maternity Care: The Difference that Makes a Difference</p> <p>Purpose: Across Canada, the unabated attrition of rural maternity services continues to restrict people’s ability to birth close to home. In rural and referral communities, systemic challenges, professional tensions, and health human resource issues can undermine the stability and sustainability of maternity services. How can providers and health care partners co-create a collaborative and sustainable environment for rural maternity care – one that puts client and community needs at the centre – while improving relationships and building capacities for everyone affected? The intention of this workshop is to initiate a high-level conversation between providers – RMs, FPs, OBs, and RNs - that could encourage a true community of practice enabling of sustainable rural maternity care. The format will include stories from communities across Canada. These community stories will be followed by an interactive dialogue designed to elicit the relevant themes in sustainable rural maternity care.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Explore inter- and intra-professional relationships, and their role in sustainable rural maternity care by identifying patterns of vulnerability and success that exist in rural maternity care collaboration. 2. Gain insights from workshop panel on practical approaches and successful strategies for trust-building engagement and co-creating local solutions. 3. Articulate next wise actions in co-creating sustainable rural maternity care nationally, locally, and regionally. <p>Presenter: Kim Williams BScN, MscN, Networks Director, Rural Coordination Centre of BC, Vancouver, BC</p> |
| 1535-1635 | Poster Presentations (with nutrition break) |

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| 1645-1745 | Concurrent Sessions E | |
| | E01 – Cesarean Birth | |
| | | <p>E01-a Not Too Hot, Not Too Cold, Just Right; Achieving Term Newborn Thermoregulation in the Post Anesthetic Care Unit (PACU) with the Use of Hypothermia Blankets</p> <p>Purpose: The purpose of this presentation is to describe how a quality improvement project incorporated an intervention, the hypothermia blanket, from another health service to achieve term newborn thermoregulation. The blanket was used during transfer of the mother and newborn from the operating room until discharge from the PACU. The process for using hypothermia blankets, along with current recommended practice will be reviewed. Benefits and limitations of the blankets will be discussed.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Review different types of heat loss and how they impact the newborn in the PACU. 2. Rate current strategies for maintaining thermoregulation in the newborn. 3. Describe the process for using the hypothermia blanket in the PACU. <p>Presenter: Sue Hermann, MN, RN, IBCLC, PNC(C), CTPD, Advanced Practice Nurse, Sunnybrook Health Sciences Centre, Toronto, ON</p> |
| | E02 – Breastfeeding Support | |
| | | <p>E02-a The Perceived Pressure to Breastfeed and Its Implications</p> <p>Purpose: The purpose of this presentation is to raise awareness of the phenomenon of the perceived pressure to breastfeed experienced by women as new mothers.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Following this presentation, learners will identify new research and recognize the phenomenon of a perceived pressure to breastfeed for new mothers and infants. 2. Following this presentation, learners will analyze the potential implications for health due to a perceived pressure to breastfeed for the perinatal client. 3. Following this presentation, learners will appraise current standards supportive of infant-feeding practices and protocols used by healthcare professionals for women and their newborns to support shared decision-making. <p>Presenter: Amisha Patel, RN, BScN, MN Student, Thompson Rivers University, Kamloops, BC Kathryn Banks, PhD, MSN, RN, Assistant Professor, Thompson Rivers University, School of Nursing, Kamloops, BC</p> |
| | | <p>E02-b Development of A Quality Improvement Program to Enhance Breastfeeding Support in a Neonatal Intensive Care Unit in Medellin, Colombia</p> <p>Purpose: This presentation will describe the development of a quality improvement program to enhance breastfeeding support in a level 3 Neonatal Intensive Care Unit in Medellin, Colombia, conducted through McGill's Masters in Global Health Nursing program.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Describe evidence-based practices related to breastfeeding support for ill and preterm infants. 2. Describe the process of initiating a quality improvement program to enhance breastfeeding support and outcomes in a the NICU setting. 3. Discuss the application of the CIHR's Knowledge-to-Action framework to international healthcare settings. <p>Presenter: Sonia Semenic, RN, PhD, Associate Professor, Ingram School of Nursing, McGill University, Montreal, QC</p> |

| E03 – Supportive Care | |
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| | <p>E03-a Pregnancy Subsequent to Stillbirth: Medical and Psychosocial Aspects of Care</p> <p>Purpose: Stillbirth has a pervasive impact on families and communities, including during subsequent pregnancies. Future reproductive choices, and management decisions made in subsequent pregnancies, are altered after a stillbirth occurs. Care in the subsequent pregnancy varies among providers, and evidence to guide such care is sparse. In December 2018, the Society of Obstetricians and Gynaecologists of Canada published a Clinical Practice Guideline, based on current literature and the consensus of clinicians and families with lived experience of stillbirth. This presentation will provide a synopsis of these evidence-based recommendations and consensus opinions of experts in the care of women undergoing a subsequent pregnancy. Screening, monitoring, birth considerations, and psychosocial care will be discussed, and recommendations will be highlighted.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify the unique care needs of families experiencing a pregnancy subsequent to stillbirth. 2. Highlight current recommendations for the provision of skilled and compassionate care to families. 3. Discuss strategies for implementing care recommendations into routine nursing practice. <p>Presenter: Megan Fockler, RN, MPH, Advanced Practice Nurse, Sunnybrook Health Sciences Centre; Pregnancy and Infant Loss (PAIL) Network, Toronto, ON</p> |
| | <p>E03-b Pregnancy and Infant Loss: A Survey of Families' Experiences in Ontario, Canada</p> <p>Purpose: In response to an identified gap in knowledge about how families in Ontario experience existing pregnancy and infant loss health services and care, an online survey was conducted. People who had experienced a pregnancy or infant loss (pregnant person and their partner) were invited to share their experiences and to provide their thoughts on needed service improvements. This presentation will highlight the findings from the survey, as well as implications for promoting excellence in best practices in bereavement care.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Understand the unique healthcare care needs of families experiencing pregnancy and infant loss by listening to their lived experience. 2. Identify family-indicated barriers and facilitators to compassionate and skilled bereavement care. 3. Discuss innovative strategies to incorporate the findings of this survey into your own bereavement practice. <p>Presenters: Megan Fockler, RN, MPH, Advanced Practice Nurse, Sunnybrook Health Sciences Centre; Pregnancy and Infant Loss (PAIL) Network, Toronto, ON Jo Watson, PhD, RN (EC), Operations Director, DAN Women and Babies Program, Sunnybrook Health Sciences Centre, Toronto, ON</p> |

| E04 – Challenging Practice Environments | |
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| | <p>E04-a The Nature of Place and Disadvantage in Home-Visiting: A Critical Exploration of the Impact of Geography on the Nurse-Family Partnership Program</p> <p>Purpose: The purpose of this presentation is to share results from a qualitative study that explored how PHNs deliver the NFP program across different geographical contexts.</p> <p>Learning Objectives: As a result of attending this presentation, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify the influence of geography on nurse home-visitation programs. 2. Compare and contrast nurses' experiences of NFP program delivery along the rural-urban continuum. 3. Understand how geography can intersect with other marginalities to create disadvantage for NFP clients. <p>Presenters: Karen Campbell, RN, MN, PhD student, McMaster University, Uxbridge, ON Karen MacKinnon, RN, PhD, Associate Professor, School of Nursing at the University of Victoria, Victoria, BC</p> |
| | <p>E04-b Coming Together: Discovering the Narrative of Registered Nurses Who Care for Women Experiencing an Early Miscarriage</p> <p>Purpose: Emergency room nurses engage in a variety of patient encounters in a fast-paced and challenging environment. Early miscarriage (<14 weeks gestation) in the emergency room is one such encounter that often presents challenges for nurses. Emergency room nurses, as well as women, report difficulties in their interactions around early miscarriage. The emergency room is frequently the first point of care for women experiencing an early miscarriage, and in the absence of resources, education, and guidelines to support nurses providing quality care may be challenging. The purpose of this research project was to hear and understand the stories of emergency room nurses' who have cared for women experiencing an early miscarriage. The needs of emergency room nurses related to providing care for women will be discussed and potential strategies to support nurses will be discussed.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. At the end of this presentation participants will have awareness of current and relevant literature describing the experience of nurses caring for women experiencing early miscarriage. 2. At the end of this presentation participants will be able to identify the challenges emergency room nurse face in caring for women experiencing early miscarriage. 3. At the end of this presentation participants will be able to identify needs of emergency nurses that related to providing care to women experiencing early miscarriage. <p>Presenter: Patrice Drake, RN, MN, PhD (c), Assistant Professor, UPEI Faculty of Nursing, Charlottetown, PEI</p> |

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| E05 – Transition Home | |
| | <p>E05-a Evaluation of a Home Phototherapy Program Purpose: The purpose of the presentation is to describe the evaluation of a tertiary maternity care hospital's home phototherapy program over the past 10 years. Learning Objectives: 1. Apply established concepts in detection, management and prevention to a hospital based home phototherapy program. 2. Identify key requirements and considerations for establishing a home phototherapy program. 3. Describe and discuss the evaluation of an established home phototherapy program. Presenters: Melanie Basso, RN, BSN, MSN, PNC(C), Senior Practice Leader-Perinatal, BC Women's Hospital & Health Centre, Vancouver, BC Cheryl Philips, RN BScN, Clinical Application Specialist, BOMImed, Winnipeg, MB</p> |
| | <p>E05-b Examining Maternal and Infant Sleep Quality and Maternal Emotions Purpose: The purpose of this study is to 1. establish the proportions of mothers who experience anger and concurrent anger and depressive symptoms, and 2. examine the relationships between maternal and infant sleep quality, maternal thoughts about infant sleep, social support, depressive symptoms and anger in the second half of the postnatal year. Learning Objectives: Following this session, participants will be able to: 1. Identify anger as a common but under-recognized postnatal mood disturbance. 2. Describe associations between poor sleep quality, anger, and depression. 3. Identify potential improvements in maternal mental health through attention to maternal sleep. Presenter: Christine Ou, Doctoral Student, University of British Columbia, Vancouver, BC</p> |
| 1830-2100 | <p>Social Event - Vibrant Colours of the West Coast! Dinner and Entertainment Wear vibrant colours of the West Coast and join us after a tasty dinner for a fun filled evening including a performance by the Shan-E-Punjab Arts Club! Afterwards, plan to be on the dance floor to dance to your favourite tunes courtesy of Skylines Productions Inc.!</p> |
| CONFERENCE DAY 3 – Sunday November 10 | |
| 0730-0830 | Breakfast and Networking |
| 0830-0845 | Day 3 - Opening Remarks |
| 0845-0945 | <p>Plenary – Fetal Health Surveillance Update Learning Objectives: At the end of this session participants will be able to: 1. Describe the guideline development and approval process. 2. Discuss the 2019 Intrapartum FHS guideline changes. 3. Describe the importance of interprofessional education. 4. Discuss the educational resources and opportunities. Presenters: Sharon Dore, RN, PhD, Faculty, McMaster University, Burlington, ON Janet Walker, RN, MSN, Regional Director, Maternal Child Program, Vancouver Coastal Health Authority, Vancouver, BC</p> |
| 0945-1000 | Nutrition Break |

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| 1000-1130 | Concurrent Sessions F (45 minute sessions) | |
| | F01 – Nurse-Led Practice | |
| | | <p>F01-a Pilot Program for an Advanced Scope of Practice Nurse in Triage</p> <p>Purpose: The purpose of this pilot program was to enhance quality care of patients by implementing an innovative role of an advanced scope of practice nurse in triage to decrease patient wait times, reduce stress levels, and thereby increasing patient, nurse and physician satisfaction.</p> <p>Learning Objectives: By the end of this presentation, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify if there is a need for an advanced scope of practice nurse in triage within your program. 2. Reflect on satisfaction levels of patients and staff in order to determine if this initiative would be beneficial to your program. 3. Discuss how this initiative may be implemented within your facility. <p>Presenter: Leigh Andrews, RN, MN, PNC(C), CTDP, APN, Sunnybrook Health Sciences Centre, Toronto, ON</p> |
| | | <p>F01-b Developing a Nurse-Led Simulation Training Program on a Postpartum Unit: It Can Be Done!</p> <p>Purpose: The purpose of this presentation is to describe the steps taken to develop a sustainable, nurse-led program of conducting simulations on a postpartum unit. A central theme of this presentation involves the benefits of empowering nurses and tapping into their wealth of knowledge.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Identify strategies to promote a sustainable nurse-led simulation program for perinatal health and healing. 2. Explain the benefits of empowering staff nurses in developing simulation-based training. 3. Describe how simulations can be caring, relational learning activities. <p>Presenter: Tracey Ruckenstein-Share, RN, IBCLC, NRP, Instructor, Nurse, St. Mary's Hospital, Montreal, QC</p> |
| | F02 – Vulnerable Populations | |
| | | <p>F02-a Nursing Practices to Address Perinatal Substance Use in Acute Care Settings</p> <p>Purpose: The purpose is to highlight opportunities in nursing practice to support and empower pregnant and newly parenting women using substances in their journey of care.</p> <p>Learning Objectives: Following this session, participants will have an enhanced understanding of:</p> <ol style="list-style-type: none"> 1. Applying values and guiding principles in practice when working with pregnant and newly parenting women using substances. 2. Consider adaptation of specific maternity practices (safe sleep, skin to skin contact, breastfeeding for pregnant and newly parenting women using substances. 3. Enhance mother baby togetherness for women using substances in clinical settings. <p>Presenters: Pamela Joshi, RN, MN, PhD(c), Project Manager, Provincial Perinatal Substance Use Project, BC Women's Hospital & Health Centre, Vancouver, BC Denise Bradshaw, MSW, Director, BC Women's Hospital & Health Centre, Vancouver, BC Raj Johal, RN, ADPN, BC Women's Hospital & Health Centre, Vancouver, BC</p> |

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| | <p>F02-b Apprehension of a Newborn at Birth: What Birth Mothers Want Purpose: The purpose of this study was to explore birth mothers' experiences with nurses and other health care providers when newborn apprehension occurs around the time of birth.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. How do birth mothers describe the experience of having their newborn apprehended at birth? 2. To what extent does the disenfranchised grief framework account for the experiences described by birth mothers? 3. How can nurses better support birth mothers who have experienced newborn apprehension in their healthcare status? <p>Presenter: Natasha Parmar, RN, BScN, MScN (c), Student, University of Ottawa, Mississauga, ON</p> |
| F03 – Building Postpartum/Newborn Skills | |
| | <p>F03-a The Use of Simulation to Improve Clinical Management of Breastfeeding for Undergraduate Nursing Students Purpose: Initiatives to protect, promote and support breastfeeding require all health care professionals to have education in its management. Ideally, this occurs during pre-licensure programs and includes a combination of didactic, flexible learning and hands-on practice. As a teaching methodology, clinical simulation has great potential for experiential learning providing early exposure to realistic situations and simulated patients. To determine the most effective approach to teaching lactation management, this study compared traditional teaching to experiential learning using advanced or simplified simulation models. The results of this study will provide information about student's transfer of knowledge comparing various teaching and learning methods.</p> <p>Learning Objectives: Following this session, participants will be able to identify:</p> <ol style="list-style-type: none"> 1. Best-practice standards for using simulation to teach lactation. 2. Key implications associated with the use of enhanced simulated learning techniques for health practitioners toward improving breastfeeding outcomes. 3. Ideas for application of experiential learning for pre-licensure health professional students and practitioners in the area of lactation education and support. <p>Presenters: Suzanne Hetzel Campbell, PhD, RN, IBCLC, CCSNE, Associate Professor, The University of British Columbia, Vancouver, BC Cheryl Segaric, PhD, MEd, BScN, RN, The University of British Columbia, Vancouver, BC Thayanthini Thamaratnam, RN, The University of British Columbia, Vancouver, BC</p> |
| | <p>F03-b Postpartum Nurses Experiences with the Emergency Resuscitation of Newborns Purpose: This qualitative descriptive study was developed to identify and understand the experiences of postpartum RNs & LPNs in following the new Newborn Emergency Response Process.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. The research aims to bring awareness to frontline staff, educators, and management, regarding the importance of including frontline staff in the change process. 2. The research aims to bring awareness to frontline staff, educators, and management, regarding the importance of creating a quality improvement council for frontline staff to have a platform for their voices to be heard. 3. The research aims to bring awareness to frontline staff, educators, and management, regarding the importance of increasing nurses self-efficacy in performing resuscitation skills through education, simulation, and debriefing session. <p>Presenter: Jasmeet Dhadda, RN, BN, Student, University of Calgary, Rocky View County, AB</p> |

| | |
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| F04 – Interprofessional Teams | |
| | <p>F04-a Implementing High Acuity Obstetrical Team Rounds: Strengthening Teams and Improving Care</p> <p>Purpose: To share our process for and learnings from developing, implementing, and evaluating a process that supports interdisciplinary collaboration for care of high acuity obstetrical patients.</p> <p>Learning Objectives: Following attending this presentation, audience members will be able to:</p> <ol style="list-style-type: none"> 1. Summarize the process we used to implement and evaluate Team Rounds. 2. Relate our learnings about Team Rounds implementation, and evaluation to process development at their respective clinical sites. 3. Identify resources that can assist with the implementation of Team Rounds at their respective clinical sites. <p>Presenter: Karen Pike, RN, BSN, PNC(C), Senior Practice Leader, BC Women’s Hospital & Health Centre, Vancouver, BC</p> |
| | <p>F04-b Transitions of Care in a Women’s and Newborn Health Program: A Nursing Strategy Project to Improve Patient Care</p> <p>Purpose: I-SHARED: Standardizing communication and changing the process of handover in a Women’s and Newborn Health Centre. Promoting professional accountability, collaboration, and patient involvement to narrow the gap for information loss at critical junctures in maternal and newborn care.</p> <p>Learning Objectives: Following this session, participants will:</p> <ol style="list-style-type: none"> 1. Be able to identify the most common barriers to, and causes of communication breakdown at patient handover and transfer. 2. Recognize the key concepts and facilitators of effective handover. 3. Recognize the benefits of using a standardization tool and process change to formalize handover, promote professional accountability, and improve patient safety. <p>Presenter: Sheila Mills, BScN, RN, IWK Health Centre, Halifax, NS</p> |
| F05 – Substance Exposed Newborn | |
| | <p>F05-a Care of the Newborn Receiving Morphine for Opioid Withdrawal: Is NICU Care and Continuous Monitoring Really Necessary?</p> <p>Purpose: To present findings of a 10 year retrospective chart review that seeks to answer the question if it is safe to care for newborns who are initiated on morphine therapy for opioid withdrawal outside of the NICU and without cardio-respiratory monitoring.</p> <p>Learning Objectives: Following this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. State the incidence of respiratory depression in infants who are receiving morphine for NOWS. 2. Identify the impact of NICU admission and continuous cardio-respiratory monitoring on the mother infant dyad. 3. Reflect on the implications of this proposed practice change to the care of mothers with babies who are experiencing opioid withdrawal in their own communities. <p>Presenter: Lani Wittmann, RN, MN, IBCLC, PNC(C), Senior Practice Leader, BC Women’s Hospital & Health Centre, Vancouver, BC Jola Berkman, RN, BScN, BSc(med)Hons, Neonatal Care Coordinator, Perinatal Services BC, Vancouver, BC</p> |

| | |
|-----------|---|
| | <p>F05-b Moving Neonatal Abstinence Care to a Mother Baby Unit: Using Baby Steps to Move Practice Forward</p> <p>Purpose: The purpose of this presentation is to describe implementation of a new care model for infants receiving NAS care; shifting the care from a NICU environment to being care for with their parents on a Mother Baby Unit.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. By the end of this presentation participants will be able to describe the steps taken to move NAS care from the NICU to the Mother Baby Unit. 2. By the end of this presentation participants will be able to state the challenges for families in providing this intense care to their infants and the tools developed to support them. 3. By the end of this presentation participants will be able to describe the outcomes for infants, families and the health system using this new model of care. <p>Presenter: Rebecca McLeod, RN, IBCLC, IWK Health Centre, Halifax, NS</p> |
| 1140-1240 | <p>Closing Keynote – Implementing Best Practice to Enhance Provider and Patient Outcomes</p> <p>Healthful Outcomes: A Journey of Person Centred Practice</p> <p>In this session, we will explore what it means to value all persons in the context of care. Inclusion means that all those involved in practice not only have a role to play, but that their experiences and reflections of those experiences impact the care provided. We will share what it means to implement evidence while working in a context / culture that influences change.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify the process of a person centred practice. 2. Distinguish between family centred, women centred, and a person centred practice. 3. Describe how ones values impact the process of care the use of evidence in healthcare environments. <p>Presenter: Erna Snelgrove-Clarke, RN, PhD, Vice-Dean (Health Sciences), Director of the School of Nursing, Queen's University, Kingston, ON</p> |
| 1240-1300 | <p>Closing Remarks / Lunch to go</p> |

POSTER PRESENTATIONS

P01

Nurse Role in Mifepristone (Medication Abortion) Care in Canada

Purpose:

To advance understanding of the role of nurses in mifepristone (medical abortion) care in Canada.

Learning Objectives:

1. Participants will learn about the recent changes to scope of practice for nurse practitioners that allow prescribing of medical abortion.
2. Participants will learn about resources available to nurses to support their involvement in abortion care.
3. Participants will provide feedback to the presenter and the research team about how to optimize nurse participant in abortion care in Canada.

Presenter:

Martha Paynter, RN, PhD (c), Registered Nurse and Doctoral Candidate, School of Nursing, Dalhousie University, Halifax, NS

P02

“Everything’s a BIG deal”: Mentorship of Newly Graduated Nurses on a Postpartum Care Unit

Purpose:

Explore the experiences of new graduates in postpartum care areas and identify strategies to best support nurses in their transition into maternity care provision.

Learning Objectives:

Following this session the participants will be able to:

1. Identify strategies for the development of lasting mentor/mentee relationships within postpartum care areas.
2. Facilitate the creation of a culture of mentorship within postpartum nursing teams to continue to support nursing practice and increase employee engagement and satisfaction.
3. Identify mentorship as a strategy to increase perinatal knowledge and skill development for

nurses across the spectrum of practice on mother baby units.

Presenter:

Erin Fiander, RN, BScN, MN, PNC(C), Clinical Leader Development, IWK Health Centre, Halifax, NS

P03

Information is the best form of preparation: Applying the CASP Model to enhance childbirth preparation

Purpose:

To share a model for community collaboration to meet the needs of new and expecting families

Learning Objectives:

1. To illustrate the CASP Model from assessment through to the implementation and evaluation of a community-based intervention.
2. To present alongside our community partner to share how this process fostered a true partnership from both perspectives.
3. To propose how community initiatives, especially with student involvement, can help to meet the needs of new and expecting families.

Presenters:

Heather Ann Braun, BA, Student, University of Calgary, Calgary, AB
Carrie Bruno, BN, RN, IBCLC, CEO and Founder, Mama Coach, Calgary, AB
Julia Imanoff, MN, RN, PNC(C), Doctoral Student, University of Calgary, Calgary, AB

P04

Teaching Situational Awareness – A Board Game

Purpose:

To demonstrate an innovative educational tool to improve quality clinical care and patient safety.

Learning Objectives:

1. To demonstrate the use of an innovative education tool to enhance situational awareness in the clinical setting.

POSTER PRESENTATIONS

2. To discuss a strategy to increase patient safety, team functioning and quality care through use of a simulation board game with nurses and/or the multidisciplinary team.

Presenter:

Sharon Dore, RN, PhD, Faculty, McMaster University, Burlington, ON

P05

The Obstetrical Nurse Sonographer...Invaluable resource or dying breed?

Purpose:

To explore the role of the Nurse Sonographer in high risk Obstetrical antenatal care in a tertiary care centre.

Learning Objectives:

1. To understand the role of a nurse sonographer in high risk obstetric care.
2. To explore the differences in the roles of the Nurse Sonographer and the Diagnostic medical Sonographer in FATC.
3. Have a deeper understanding of the value of nurse sonographers in the care of high risk pregnancies.

Presenter:

Shauna Isenor, BScN, RN, CRGS-Ob, Nurse-sonographer, Clinical Leader of Operations, IWK Health Centre, Halifax, NS

P06

Quality Conversations

Purpose:

The purpose of piloting these Quality Conversation Boards is to provide the team members time to discuss unit performance, identify where the greatest opportunities are for improvement and to allow all team members time to speak up and become involved in quality improvement initiatives in a structured, safe environment.

Learning Objectives:

By the end of this presentation participants will be able to:

1. Provide a framework to help develop an open forum to safely and effectively discuss quality improvement initiatives.
2. Engage staff in leading improvement and patient safety initiatives.
3. Apply this new knowledge in the practice setting to advance patient outcomes and experiences of staff within the institutional setting.

Presenters:

Martha Hohenadel, RN, Team Leader Maternal Newborn Unit, Sunnybrook Health Science Centre, Oakville, ON
Carrie Winslade, RN, Sunnybrook Health Science Centre, Oakville, ON

P07 POSTER CANCELLED

P08

Utilizing Trauma-informed Skills in the Perinatal Period

Purpose:

To demonstrate the need for trauma informed perinatal care and how to utilize this approach in day to day practice.

Learning Objectives:

1. To discuss how traumatic experiences leave an imprint on the brain and body.
2. To discuss how a trauma informed lens is applicable to perinatal nursing practice.
3. To examine practical strategies for utilizing a trauma informed approach with all women.

Presenter:

Sarah Parkinson, RN, MScN, PNC(C), Clinical Nurse Specialist, London Health Sciences Centre, London, ON

P09

Voices of Postpartum Women: Exploring Canadian Women's Experiences of Inpatient Postpartum Care

Purpose:

To explore and understand postpartum inpatient experiences in a Canadian context.

Learning Objectives:

At the conclusion of this presentation participants will be able to identify and describe the inpatient postpartum experience of women at a large tertiary maternity centre.

Presenter:

Gail Brito, RN, BSN, Program Coordinator, BC Women's Hospital & Health Centre, Vancouver, BC

P10

Overlooking a Common Practice: Women's Challenges with Breastmilk Expression

Purpose:

The purpose of this research was to explore the experiences, information needs, and recommendations of mothers who express breastmilk.

Learning Objectives:

Following this presentation, participants will be able to:

1. Understand breastmilk expression as an increasingly common practice among women.
2. Identify common breastmilk expression challenges experienced by women.
3. Assess areas of personal practice where education and support could be better implemented for women who express breastmilk.

Presenter:

Jodie Bigalky, RN, PhD, Clinical Associate, University of Saskatchewan, Regina, SK

P11

Substance Use in the Perinatal Period: The Knowledge Gaps

Purpose:

The purpose of this presentation is to share how we assessed baseline knowledge, perceived competence, and educational needs of nursing on the topic of perinatal substance use. We will share the identified knowledge gaps and the tools we have designed to address them.

Learning Objectives:

Following this session, participants will be able to:

1. Identify common nursing knowledge gaps inherent to the care of patients with perinatal substance use.
2. Discuss educational tools and strategies to bridge knowledge gaps.
3. Discuss how to disseminate knowledge in their own organizations.

Presenters:

Sara Olivier, RN, BScN, MN, Advanced Practice Nurse, The Ottawa Hospital, Ottawa, ON
Julie Sauvé, RN, BScN, MScN, Nurse Educator, The Ottawa Hospital, Ottawa, ON

P12

Risk Factors Associated with Operative Vaginal Birth in Ontario: A population-based, retrospective study

Purpose:

The purpose of the study is to expose pre-disposing factors for Operative Vaginal Birth.

Learning Objectives:

Following this session, participants will:

1. Be able to define Operative Vaginal Birth and its relation to Birth Trauma.
2. Identify the risks for Operative Vaginal Birth for women in Ontario.
3. Critique/analyze their personal approach to caring for women during childbirth and apply what they have learned to their professional practice.

Presenter:

Tiana Briglio, Masters of Nursing student, Laurentian University, Sudbury, ON

P13

The Eating, Sleeping, Consoling (ESC) approach for women and their infants exposed to opioids: determining knowledge translation gaps and priorities

Purpose:

To demonstrate the planning process for implementing a significant practice change initiative in a large health authority currently operating within a traditional model of care.

Learning Objectives:

1. Identify how nurses can engage teams in dialogue to plan for ESC implementation through a structured planning approach.
2. Analyze planning interventions in the context of her/his local hospital/community to identify facilitators and barriers to ESC implementation.
3. Recognize the value of collaborating with patient partners throughout the planning process at the regional and site level.
4. Recognize the value of collaborating with an academic partner throughout the planning process at the regional and site level.
5. Recognize ways to Individualize a local implementation plan from a regional vision with theoretical underpinnings of trauma-informed care.

Presenters:

Sarah Kaufman, RN, MSN, Clinical Nurse Specialist, Fraser Health, Delta, BC
Sarah Rourke, RN, MSN, Clinical Nurse Specialist, Fraser Health, Delta, BC

P14

Review of Infants Exposed to Opioids in Utero in a Large Health Authority

Purpose:

To characterize baseline opioid use in pregnancy and newborn outcomes in Fraser Health to inform planning and implementation of the Eat, Sleep, Console model.

Learning Objectives:

1. Describe the women with opioid use disorder who received perinatal care in a large health authority (distribution across sites with varying levels of care, length of stay pharmacological treatment, etc.).
2. Recognize factors required to replicate the study to establish a baseline assessment for this population in her/his own hospital or health authority.
3. Identify barriers to data interpretation that can be applied in replication of this study in other communities to improve data capture to enhance analysis in this population.

Presenters:

Sarah Kaufman, RN, MSN, Clinical Nurse Specialist, Fraser Health, Delta, BC
Sarah Rourke, RN, MSN, Clinical Nurse Specialist, Fraser Health, Delta, BC

P15

Experience using the Peanut Birthing Ball in Childbirth: A Quality Improvement Project

Purpose:

To examine nurse and patient perceptions on the effect of introducing the Peanut Birthing Ball (PB) to the birthing experience.

Learning Objectives:

- Following this session, participants will be able to:
1. Summarise briefly the research completed so far on use of the Peanut Ball in labour and childbirth.
 2. Compare the perceptions of patients and RNs regarding the use of the Peanut Ball.
 3. Evaluate the possible effect of the Peanut Ball on the mode of delivery.

Presenters:

Lisa Norman, RN, RM (UK), Clinical Nurse Educator, Fraser Health Authority, Delta, BC
Teri-Lyn Porter, RN, BSN, Clinical Nurse Educator, Ridge Meadows Hospital, Maple Ridge, BC
Sarah Kaufman, RN, MSN, Clinical Nurse Specialist, Fraser Health, Delta, BC

P16

Human Milk and Human Milk Donation-A Provincial Perspective

Purpose:

Highlight the importance of the availability of human milk for infants in need, and the requirement to understand the attitudes, subjective norms and barriers surrounding donation, and their impact on likelihood of donating. Share methodology used to gather important information about human milk donation and mothers' intent to donate based on the theory of planned behaviour, and expand on the use of social media and technology to use to gather this important information - broader methodological ideas for future studies on intention.

Learning Objectives:

1. Examine factors that influence women's intention to donate.
2. Outline the self-reported attitudes and subjective norms towards human milk and human milk donation.
3. Identify the set of demographic characteristics, attitudes, subjective norms and barriers that best predict the intention to donate in one province in Canada.

Presenters:

Damaris Grunert, RN, MSN, CNE, Fraser Health, Abbotsford, BC
Suzanne H. Campbell, PhD, RN, IBCLC, CCSNE, Associate Professor, The University of British Columbia, Vancouver, BC

P17

Breastfeeding women's experiences on smartphone use: an interpretive description study

Purpose:

Mothers are increasingly using technology as a resource and a tool for social communication while breastfeeding, yet there is limited research focused on breastfeeding mothers' smart phone usage. The voice of mothers related to how they make meaning

of their smart phone use while breastfeeding is missing in the literature. The purpose of this study was to examine mother's perceptions about using smart phones during their breastfeeding experiences.

Learning Objectives:

1. Summarize literature about current smartphone usage and patterns by breastfeeding mothers.
2. Discuss themes from research about mothers' experiences with breastfeeding and smartphone use.
3. Highlight next steps to research smartphone use during the breastfeeding experience and describe healthcare providers potential support for families.

Presenters:

Thayanthini Tharmaratnam, RN, BScN, Graduate Student
Suzanne Campbell, PhD, RN, IBCLC, CCSNE, Associate Professor, The University of British Columbia, Vancouver, BC
Wendy Hall, PhD, RN, Professor Emeritus, School of Nursing, The University of British Columbia, Vancouver, BC



P18

Examining Postpartum Mothers' Mental Well-being using the Subscales of the Edinburgh Postnatal Depression Scale

Purpose:

Following this poster session, participants will discuss their current practices for assessing the mental well-being of postpartum mothers including the use of the Edinburgh Postnatal Depression Scale.

Learning Objectives:

1. Recognize the importance of assessing and promoting mental well-being of mothers during the postpartum period as they work through the process of becoming a mother.
2. Reflect on current standards for screening postpartum mothers for alterations in their mental well-being.

3. Discuss the potential utility of the subscales of the Edinburgh Postnatal Depression Scale in assessing postpartum mothers' mental well-being and developing an appropriate plan of care.

Presenter:

Heather Jacklin, RN, Graduate Student, University of New Brunswick, Oxford, NS



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Northwest Territories Health and Social Services Authority



The Northwest Territories Health and Social Services Authority (NTHSSA) offers challenging and exciting careers in health and social services delivery and administration in Canada's North. The Territorial Authority has service locations in communities across the territory and a staff of more than 1,600 serving over 43,000 residents of the NWT and 5,900 residents of the Kitikmeot Region of Nunavut. Challenging work, welcoming communities, and expanded opportunities are some of the benefits offered to employees of the NTHSSA. For more information contact us at PracticeNWT@gov.nt.ca.

EXHIBITOR PROFILES

OBIX, by Clinical Computer Systems, Inc. BRONZE SPONSOR



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The OBIX® Perinatal Data System is a comprehensive, computerized system for central, bedside, and remote electronic fetal monitoring. It includes archiving, point-of-care charting, single-click management reports, and Internet-based physician access. The OBIX system offers enterprise-wide perinatal data access by interfacing with other hospital systems, enterprise-wide charting solutions, and document repositories. www.obix.com

The OBIX system can be implemented either on hospital premises or via the OBIX Hosted Solution. The hosted system provides electronic fetal monitoring, charting and archiving with state-of-the-art, cloud-based technology. The hosted solution is perfectly suited for rural/community hospitals overcome challenges associated with cost, accessibility, system maintenance, scalability and security.

OES Wellness

OES Wellness Group Inc. believes in distributing quality Health and Wellness products across Canada while providing exceptional customer experience.

Wellness is more than being free from illness: it is a process of change and growth towards better mental and physical health & lifestyle.

IQ Massager Canada has a selection of personal, portable and medically approved TENS/EMS units for pain/stress relief, core and muscle strengthening. Our company OES Wellness is the Official Canadian Distributor of IQ MASSAGER Canada and has been medically licensed by Health Canada as a Class II Medical Device. For more information visit <https://www.iqmassager.ca/>.



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Pampers is a proud supporter of the CAPWHN's Annual Clinical, Education and Research Conference. Pampers partners with leading health care professionals and scientists to develop breakthrough products that help improve the quality of babies' lives here in Canada and around the world.

Perinatal Services BC BRONZE SPONSOR



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Perinatal Services BC, as part of the Provincial Health Services Authority, provides leadership, support, and coordination for the strategic planning of perinatal services in British Columbia in collaboration with the Ministry of Health, health authorities, and other key stakeholders. Perinatal Services BC is the central source in the province for evidence-based perinatal information.

Vision

Healthy women having healthy pregnancies and infants.

Mission

Through partnerships and collaboration and by building a high quality system of care across the continuum, we will optimize pregnancy and birth outcomes as a foundation for a healthy population.

EXHIBITOR PROFILES

Philips BRONZE SPONSOR



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At Philips, we look beyond technology to the experiences of consumers, patients, providers and caregivers across the health continuum – from healthy living and prevention to diagnosis, treatment and home care. We unlock insights leading to innovative solutions that address the Quadruple Aim: improved patient experience, better health outcomes, improved staff experience, and lower cost of care. With leading research, design and innovation capabilities, we partner with our customers to transform the delivery of healthcare.

Pro-Lab Diagnostics Inc.



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Pro-Lab Diagnostics Inc. is a Canadian company that manufactures microbiology products and has a women's health line manufacturing products used in the detection of PROM. Many Canadian hospitals already Amniotest. We have a new Health Canada approved product, PROMcomplete. Come by for a sample.

Provincial Medical



Provincial Medical is a specialty Medical device company with a focus on Women's Health. Please visit our booth to learn about the Fetal Pillow – a device which makes a C-section in the second stage of labour safer and easier.

Salus Global



Salus Global is a specialty consulting and implementation firm that partners with healthcare teams to achieve extraordinary results through increased interprofessional collaboration. Through programs like the flagship amproOB/ moreOB Program and the newly invigorated moreEX/ amproEX Programs, Salus Global has had the privilege of working with over 300 hospitals and 16,000 participants over the past ten plus years. The results include reductions in adverse events, reductions in costs, and improved teamwork and communication across disciplines.

For more information about moreOB/amproOB or moreOB/ amproEX for your hospital or unit, please contact info@salusglobal.com.

Web: SalusGlobal.com
LinkedIn: Salus Global
Twitter @salusglobal

Spacelabs Healthcare Canada Inc.



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Spacelabs Healthcare Canada and Huntleigh Diagnostics are pleased to feature a complete fetal monitoring portfolio at CAPWHN 2019.

Products you will learn more about are the Team 3 Fetal Monitor, new SR2 an SR3 digital hand held dopplers and Sonicaid Central (SC)

Sonicaid Central (SC) will gather fetal monitoring information from fetal monitors from all vendors and will provide your facility with a cost effective solution to electronic archiving of your ante and intrapartum fetal strips. SC can provide both central surveillance as well as in room visibility of all fetal monitoring activity and can incorporate antenatal testing and hand held screening into the electronic record of the birth process.

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The Team 3 and Sonicaid Central can both incorporate the patented Dawes Redman analysis software that provides fast, robust and objective antenatal CTG trace information to compliment users clinical judgement.

The Team 3 Fetal Monitor and SR dopplers are Health Canada pending in late 2019.

Please stop by our booth to learn more about these products.

Umano Medical



Umano Medical offers best-in-class low **umano**medical height hospital beds designed without compromise. All our products are backed with confidence with a superior warranty and after-sale service.

For more information, visit umanomedical.com.

Vancouver Coastal Health



E-mail: vchjobs@vch.ca

Website: careers.vch.ca

Vancouver Coastal Health delivers services to more than 1 million BC residents living in Vancouver, Vancouver's North Shore, Richmond, the Sea-to-Sky Corridor, Sunshine Coast, Bella Bella, Bella Coola, the Central Coast and surrounding areas.

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Merck is proud to empower women in Canada and all over the world through its innovative women's health portfolio – bringing modern science to today's women. Our commitment to women's health encompasses diverse areas of research and products from contraceptives, to the prevention of HPV-related cancers and diseases, to the treatment of women's cancers and helping women fulfill their dream of motherhood.

Throughout the world, we have partnered with organizations and supported projects to increase women's access to health services, reduce maternal mortality, prevent mother-to-child transmission of HIV/AIDS and promote women's empowerment and access to economic opportunities.

**Merck Canada Inc. –
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*At Merck we invent For
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