

Maternal Child Nurses' Interest Group

Fall Newsletter 2012

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GREETINGS FROM THE MCNIG CHAIR

Kimberly Ross RN, BScN, PNC(C)

On behalf of the Maternal Child Nurses' Interest Group, I would like to extend greetings to all MCNIG members and thank you for continuing to support your interest group. After a successful MCNIG breakfast meeting at the RNAO AGM at the end of April, your MCNIG executive has been very busy behind the scenes as we redevelop our MCNIG website in an effort to provide members with a valuable online resource for all things related to the interest group, as well as the latest information from the maternal child nursing world. This project has been a major focus for us and we are very excited about launching our new site and hearing your feedback.

This is an exciting time for maternal child nursing in Ontario. There has been an increased focus at the provincial level in several key areas including the development of working groups through the Provincial Council for Maternal and Child Health, where nursing expertise has led and contributed significantly to the development of recommendations and practice guidelines across the spectrum of maternal, infant and child health. The former Ontario Breastfeeding Committee has recently undergone a name change to Baby-Friendly Initiative Ontario, which reflects the mandate of this group as the provincial authority for BFI. We know that maternal child nurses play a pivotal role in the implementation of the Baby-Friendly Initiative in their communities and practice settings, and the significant impact that BFI has on maternal and child health. The MCNIG executive has also been very active in providing expertise on several initiatives working with RNAO, including the Safe Sleep Practices for Infants BPG advisory committee and the Resolution Group for Fetal Alcohol Spectrum Disorder. These are just a few examples of the excellent work happening across the province, led by maternal child nurses.

There is much to look forward to as we gear up for a new membership year at RNAO. We look forward to welcoming new and returning members to MCNIG as we work to increase engagement of our members in meaningful ways while continuing to provide a voice for perinatal nursing in Ontario. We wish each of you a healthy and safe fall season, and as always we want to hear

from you, our members. We welcome your input feedback about how to make your interest group the best it can be. Please don't hesitate to contact us at info@mcnig.ca

COMING SOON: GET READY FOR OUR NEW WEBSITE!!!

You may have noticed our current website has not been functional for the last month or so...We are very excited to share our hard work and release the NEW MCNIG website soon! The site has been totally revamped with a new members only section, new events section and a students' corner. Check it out at in the next few weeks at: mcnig.ca

CHECK US OUT AND LIKE US ON FACEBOOK

We have a new fan page on Facebook. Check it out and like us by clicking here:<http://www.facebook.com/pages/Maternal-Child-Nurses-Interest-Group/100569630010612>

NEW E-LEARNING FROM RNAO

This educational tool is a great introduction to the Baby Friendly Initiative (BFI) and its implementation. Based on the RNAO Breastfeeding BPG as well as resources from WHO/UNICEF 20 hour Breastfeeding course, and The Breastfeeding Committee for Canada's (BCC) Integrated 10 Steps Practice Outcome indicators for Hospitals and Community Health Services, the e-learn is an excellent source of beginner breastfeeding instruction as well as a great refresher for those working with breastfeeding families in the hospital or community setting. It consists of 11 learning modules and upon completion offers a certificate that is a great asset to your educational portfolio.

Happy Learning!

<http://elearning.rnao.ca/>

NEW SAFE SLEEP PRACTICES FOR INFANTS BPG FROM RNAO BECOME A STAKEHOLDER REVIEWER

RNAO has been diligently working on its newest Best Practice Guideline "Safe Sleep Practices For Infants". This guideline was put in motion by a resolution brought forward by MCNIG members at the RNAO AGM. MCNIG is an invested stakeholder and will be reviewing the guideline this winter when it is released for Stakeholder review and providing feedback to RNAO. As a MCNIG member, you can also become a stakeholder to review the guideline before its official release and provide valuable feedback. For more information on how to become a stakeholder [click here](#)

EXCITING POLICY CHANGES AT THE PROVINCIAL AND NATIONAL LEVELS IMPROVE SUPPORT FOR BREASTFEEDING

Nancy E. Watters RN, BScN, MScN

Highlights from the NEW revised Health Canada Infant Feeding Guidelines (2012):

Guideline now includes new co-author The Breastfeeding Committee for Canada, as well as Health Canada, the Public Health Agency of Canada, Canadian Pediatric Society and Dietitians of Canada.

Breastfeeding is recognized as "the normal and unequalled method of feeding infants". Reaffirming the recommendation of exclusive breastfeeding for the first 6 months and continued breastfeeding with complementary foods, for two years and beyond.

The Baby-Friendly Initiative (BFI) includes all of the BCC's Integrated *10 Steps for Hospital and Community Services* and the *WHO Code* are endorsed and recommended.

Pasteurized human donor milk is recommended as the best option when exclusive breastfeeding or mother's own expressed breast milk is not an option.

Guidelines for informed decision making related to the use of breast milk substitutes are consistent with the BFI as well the WHO code for Marketing of Breast Milk Substitutes.

First complimentary foods should be iron rich meat and meat alternatives as well as iron fortified infant cereal.

The WHO growth Charts for Canada should be used for growth monitoring

To see the full guideline [click here](#)

Nancy Watters served on the MCNIG executive as policy and Political Action Officer and then Chair Person from 2002-2007

Nominate yourself or a Colleague for future MCNIG executive positions at the RNAO Annual General Meeting in April during MCNIG's breakfast meeting.



These are exciting and rewarding times for the many health professionals who have been working for years to improve health outcomes for infants, children, mothers and families through better breastfeeding outcomes.

I have had the privilege of working on several provincial and federal committees which have made significant policy changes in Ontario and Canada to improve the promotion, protection and support for breastfeeding. These changes have created significant momentum and consistent messaging for the implementation of the evidenced based policies and practices of the WHO/UNICEF and Breastfeeding Committee for Canada's *Baby Friendly Initiative (BFI)*.

These changes include:

- The revised **Ontario Public Health Standards (2008)** which set a public health objective of increased rates of exclusive and sustained breastfeeding for all children to attain and sustain optimal health and developmental potential (Ministry of Health and Long Term Care, 2008).

- The Provincial Council for Maternal and Child Health's **Breastfeeding Services and Supports Work Group (2010)** which firmly recommended the implementation of the Baby-Friendly Initiative for all hospital and community health services in Ontario. ([click here](#) for reference)

- **The WHO Growth Chart Training Program (2011)** is an evidence-based, 5-module, on-line learning package designed for primary care and public health practitioners developed through a collaboration led by Dietitians of Canada and other professional groups including the Community Health Nurses of Canada. The WHO Growth Standards are based on the growth of healthy breastfed infants and clearly establish breastfeeding as the normative model for healthy growth and development. The content of the new training program is consistent with the BFI and includes breastfeeding-based case studies.

- Health Canada has just released (September 2012) the revised national infant feeding guidelines **Nutrition for Healthy Term Infants Recommendations from Birth to Six Months**, replacing the last guideline (1998). Significantly, the Breastfeeding Committee for Canada (BCC) has been added to the author group for this revised document which now fully endorses and recommends the Baby-Friendly Initiative. Work will continue on the next stage of the document which will cover 6 months to 2 years.

Policy Translated Into Action: Status of the Baby Friendly Initiative (BFI) In Ontario

As many MCNIG members will be aware, in the fall of 2011 the Ministry of Health and Long-Term Care established the requirement for each of Ontario's Public Health Units to pursue Baby-Friendly status as part of their 2011-2013 accountability agreements. The Ministry will be measuring each health unit's progress in working towards, achieving and/or maintaining Baby-Friendly designation.

The Baby-Friendly Initiative is also referenced in the Accreditation Canada's Qmentum Program - Obstetrics Services Standards for hospitals, as of September 4, 2012. In section three of this document, the Baby-Friendly Initiative is identified as a resource/guideline that provides: "structured education promoting a collaborative

MCNIG is looking for Regional Representatives!

We are looking for passionate and enthusiastic perinatal nurses to share important information and events with others and to represent their area as part of the MCNIG executive. If interested please contact communications at:

info@mcnig.ca



Share your ideas, stories and events with MCNIG

Do you have an event you'd like to share? Are you working on something exciting and new in perinatal nursing? Share your success stories and events with us by contacting MCNIG either through our website, Facebook page or emailing communications at:

info@mcnig.ca

interdisciplinary team approach to safety and quality improvement." To clarify, Baby-Friendly designation is not specified as a requirement for accreditation, however, it is encouraged by Accreditation Canada.

RNAO's recent launch of the new Breastfeeding e-learning is an important boost in efforts to nurses and health-care professionals to develop the knowledge and skills required to implement internationally recognized best practices in breastfeeding and is being used by many agencies as part of their BFI Staff Training requirements.

MCNIG should be proud of the work we have done as individual professionals, and as a group, in providing better support for families to optimize their health through breastfeeding. Some members may recall that it was a resolution from this RNAO Interest Group with collaborative support from CHNIG and PedNIG which took a resolution related to the implementation of the Baby Friendly Initiative to the 2006 RNAO AGM which was unanimously approved. This seems like a long time ago now – but it was certainly an important step along the way as RNAO has used its considerable political and practice influence in a variety of realms to work towards this common goal.

It is exciting to be part of these recent high level policy changes which are already translating into practice improvements at the agency level. The Baby-Friendly Initiative is increasingly being recognized as the evidence based approach to improving breastfeeding outcomes – initiation, exclusivity and duration. The Ontario Breastfeeding Committee (Recently renamed *Baby Friendly Initiative Ontario*) is actively supporting these efforts in our province and MCNIG will continue to be an integral part of this progress.

Additional information and references for use of WHO growth charts is available by clicking [here](#) for Canadian Pediatric Society and [here](#) for Dietitians of Canada.

GESTATIONAL WEIGHT GAIN REPORT

Submitted by: Lori Webel-Edgar RN

EXECUTIVE SUMMARY

In their 2009 report, *Weight Gain During Pregnancy: Re-examining the Guidelines*, the Institute of Medicine (IOM) identified associations between excess gestational weight gain (GWG) and adverse birth and maternal outcomes.^{1;2} The report includes guidelines for appropriate gestational weight gain ranges and rates, based on pre-pregnancy Body Mass Index (BMI). These guidelines were adopted by Health Canada³.

In order to develop a comprehensive health promotion plan related to healthy weight gain in pregnancy, the Simcoe Muskoka District Health Unit (SMDHU) implemented the Food and Exercise in Pregnancy Survey. Eligible participants were at least 18 years of age, 14 or more weeks gestation, could read English and were receiving antenatal care from a health care provider (HCP) who practiced within the SMDHU catchment area. A total of 457 surveys were analyzed.

Body Mass Index (BMI) and Gestational Weight Gain

MCNIG IS LOOKING FOR REGIONAL REPRESENTATIVES!

MCNIG is looking for Enthusiastic members to participate as regional representatives. This role would encompass sharing activities and relevant issues in your region with the executive as well as disseminating news, events and activities within your region. Any person interested please contact Communications at info@mcnig.ca



Please share your events and stories with us!

Is something exciting happening in your area or workplace related to perinatal health? We are always looking to share your ideas and stories in our newsletters, on our website or on our Facebook page.

Approximately 54% of our sample entered pregnancy at a BMI which fell within the normal weight category; 42% entered pregnancy at a BMI which fell within either the overweight category or the obese category. Only 5% of the pregnant women surveyed had a pre-pregnancy BMI defined as underweight.

Fifty-eight per cent (58%) of the sample were exceeding their recommended GWG rate at the time of the survey; 23% had already exceeded the upper limit of their recommended GWG range³.

Nutrition Behaviour

Thirty-six percent reported consuming fewer than the recommended 7-9 servings of Vegetables and Fruit⁵; 34% reported consuming more than 9 servings. Although women consumed an average of eight servings of Vegetables & Fruit, two of these servings were from fruit juice. Forty percent of pregnant women consumed the recommended 2-3 servings of products from the Milk and Alternatives food group⁵. Forty-seven percent of pregnant women over-consumed Milk & Alternatives. The average number of Milk & Alternatives servings consumed was 3.5, with 43% of these servings being any type of cheese. Cheese and fruit juice may contribute to excess calorie intake.

Pregnant women were more likely to exceed their recommended GWG rate if they reported consuming fast food more frequently than “rarely or never”.

Physical Activity

Thirty-two per cent of women surveyed reported engaging in moderate exercise for at least 15-30 minutes 3-4 times per week, as recommended in the Joint Society of Obstetricians and Gynecologists of Canada (SOGC)/Canadian Society for Exercise Physiology (CSEP) Clinical Practice Guideline: Exercise in Pregnancy and the Postpartum Period⁶. Twenty-eight per cent reported rarely or never engaging in moderate exercise. Over half of our sample (57%) reported they engaged in less moderate physical activity since pregnancy began.

Barriers to Healthy Eating and Exercise

Just over half (52%) of women reported they were told by their health care provider to exercise. A similar proportion was told to follow Canada’s Food Guide⁵ (55%) during their pregnancy. A smaller proportion of women were given specific advice.

Prenatal Health Information

The top three preferred sources of prenatal health information were: one-to-one discussion with Health Care Providers (HCPs) (77%), websites and books written by health experts (41%) and in-person prenatal classes (40%).

Conclusions

Since a large proportion of pregnant women in Simcoe Muskoka are exceeding their recommended GWG rate, it is clear many women need guidance and support to achieve healthy weight gain during pregnancy. Eating according to Canada’s Food Guide⁵, including the recommended number/size of servings for pregnant women and following the recommendations for physical activity outlined in the joint SOGC/CSEP Guideline⁶ will contribute to their success. Discussing strategies to decrease fast food



consumption may support the achievement of recommended weight gain rates and ranges.

Working collaboratively to support pregnant women to achieve healthy weight gain during pregnancy is a critical component of a comprehensive health promotion plan. In order to optimize maternal and child health outcomes related to gestational weight gain, health care providers must have the tools and resources required to address healthy lifestyle recommendations for pregnant women, calculate pre-pregnancy BMI, communicate individual GWG range and rate, plot GWG throughout pregnancy and make appropriate referrals to registered dietitians and other community supports.

For more information please [click here](#)

MEET YOUR NEW EXECUTIVE FOR 2012

Chair: Kimberly Ross RN, BScN, PNC(C)

Chair Elect: Leigh Baetz-Craft RN, BScN, MN, IBCLC, PNC(C)

Communications: Maggie Hilton RPN, RN, BScN

Policy and Political Action: Lori Webel-Edgar RN & Jennifer Briscoe RPN, RN, BScN

Membership: Laura Doull RN, BScN, MSc(c), PNC(C)

Finance: Marnie Buchanan HBSN, RN

Student Executive member: Ali Fyck BScN student, Conestoga McMaster Program

See full Bios on our website mcnig.ca

Contact Us:

**Registered Nurses Association of
Ontario Maternal Child Nurses
Interest Group**

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www.mcnig.ca

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