

Agenda: Pre-conference community session

Thursday, October 12, 2023

Session	Early Postpartum and Newborn Best Practices in Community Settings
Date	Thursday, October 12, 2023 @ 13:00-16:00 PST (followed by networking 16:00-19:00 PST)
Location	Prince George Conference and Civic Centre
Facilitators	First Nations Health Authority: Lauren Evanson, Laura Moore, Barb Webster; Toni Winterhoff History in the Making Graphic Facilitation: Theresa Healy Northern Health: Lara Frederick, Randi Parsons, Kim Spencer
Time	Discussion Item
13:00-13:15	1. Opening, traditional welcome, introductions including graphic recording – audience invited to participate in Menti poll
13:15-14:00	2. Plenary session <ul style="list-style-type: none"> • Relational practice • Preparations for breakout session
14:00-14:10	3. Stretch and transition break
14:10-15:10	4. Breakout session* <ul style="list-style-type: none"> • Explore seamless transitions in care • Mind map common challenges • Share promising practices <p>*see Breakout Session: Participant Worksheet for instructions</p>
15:10-15:20	5. Stretch and transition break
15:20-15:50	4. Whole group dialogue <ul style="list-style-type: none"> • Review of breakout group posters • Key takeaways from participants • Graphic facilitation report back
15:50-16:00	5. Recap, next steps, door prizes, and evaluation – refer back to Menti poll
16:00	6. Closing
16:00-19:00	Join us for evening networking with appetizers and cash bar



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Breakout session: Participant information

Small group facilitation

- **Group 1:** Facilitated by Barb, Laura, and Lara
- **Group 2:** Facilitated by Randi and Lauren
- **Group 3:** Facilitated by Toni and Kim

Graphic facilitation

- Theresa will be capturing our discussions through the whole group and small groups throughout the day.

Instructions

- **Size:** There are three large groups with about 30 people in each. We have further split these large groups into three smaller groups of about 10 per table. Participants will stay in the same small group for the entire session.
- **Topics:** Every group will discuss all of the following three topics with an accompanying case study and guiding questions:
 - Explore seamless transitions in care
 - Mind map common challenges
 - Share promising practices
- **Process:** For each topic, there are six discussion themes. Each small group will discuss two of them for 20 minutes (pre-assigned). Groups will then move onto the next of the three topics and focus on two pre-assigned discussion themes. After 20 minutes, move onto the final topic following the same format.
- **Full group dialogue:** After the breakout session, all participants will reconnect with the whole group to debrief. Each large group (30 people) will:
 - Identify 1-3 key takeaways / learnings for each topic that will be shared with the whole group.
 - We will only have 30 minutes to debrief and share so updates need to be 5-7 mins for each large group.
 - Participants are invited to share additional thoughts (e.g., “ah ha” moments, riveting, thought-provoking points that came out of discussions). Remember to identify which topic it was under when you share with the whole group.
 - Theresa will share an overview with the whole group of her graphic recording after all three groups present.



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Breakout session topics, case studies, and guiding questions

Topic 1: Explore seamless transitions in care (20 minutes)

Case study #1: Sally vaginally birthed their first baby. They have a history of anxiety prior to pregnancy. They live in a small rural community, birthed at the nearest birthing centre, which is over an hour away. They have returned home at 36 hours postpartum with their baby. Sally has a partner who travels out of town for industry work and is away Monday to Friday during regular business hours. Dyad is learning to exclusively breastfeed and baby has not received any non-human milk substitutes (infant formula).

Guiding questions / sub-topics

Group 1:

- Talk about the importance of timely follow-up
- Explore newborn and postpartum stability assessments (psychological and physiological)

Group 2:

- Learn how primary care interprofessional teams engages with Indigenous health centres
- Understand roles (e.g., who does what and when; what are the overlaps and distinct differences in roles?)

Group 3:

- Discuss the challenges with paperwork and how different communities find out about dyads (as there is such a variance for when families return home)
- Consider differences health units and health centres across the Northwest, Northeast, Northern Interior (e.g., hours of operation, location, proximity to birthing facilities)

Reminder

- Add your group # and the topic on the poster board for each of the three topics
- Identify 1-3 key takeaways to bring back to whole for each discussion topic, shared by facilitator for 5-7 minutes
- Record using poster paper and markers provided – assign a recorder (consider rotating recorders every 20 minutes)



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Topic 2: Mind map common challenges (20 minutes)

Case study #2: Sally vaginally birthed their first baby. Throughout the pregnancy, there was methadone use. Sally and her partner live in a rural community that does not have maternity services routinely. Their baby was born prematurely at the nearest birthing centre and transferred to the NICU. Fortunately, Sally is able to stay in the NICU room until hospital discharge. Sally's partner works out of town, and has had very little time off to spend with Sally and the baby. Dyad's goal is to breastfeed, but due to prematurity and withdrawal symptoms, it has been a struggle. Their baby has received non-human milk substitutes, and Sally has been pumping to help build milk supply. After discharge, the dyad will need enhanced follow-up care in community setting.

Guiding questions / sub-topics

Group 1:

- Explore prematurity, jaundice, and feeding challenges
- Discuss limited lactation services and how communities can help establish local supports (e.g., drop-in breastfeeding support group)

Group 2:

- Unpack biases around caring for families with complex needs
- Shift culture to solve problems and work together more cohesively

Group 3:

- Consider documentation challenges (e.g., paper-based, panorama, local instance MOIS, community MOIS, other)
- Ponder the impact of staffing crisis with postpartum follow-up

Reminder

- Add which group # in you're in and the topic on the top of the poster board for each of the three topics
- Identify 1-3 key takeaways to bring back to whole for each discussion topic, shared by facilitator for 5-7 minutes
- Record using poster paper and markers provided – assign a recorder (consider rotating recorders every 20 minutes)



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Topic 3: Share promising practices (20 minutes)

Case study #3: Reflecting on the above case studies, consider a small rural community team blended with novice and senior health care providers. There is varying degrees of comfort when it comes to providing care to complex dyads. The community also has limited community-based supports and programs available for families. The nearby birthing facility is over an hour away. The health unit / health centre hours are Monday to Friday 8:30-16:30 – closed stats and weekends. They do not provide weekend coverage for postpartum and newborn services.

Guiding questions / sub-topics

Group 1:

- Share examples of colleagues in rural communities coming together to solve problems and learn from one another
- Talk about peer support, working through challenges together, and supporting one another

Group 2:

- Share how teams are creative when staff are stretched so thin (e.g., how to not duplicate services and still provide a good experience for families)
- Describe close connections your team may have with local organizations and agencies different than your own team

Group 3:

- Highlight clinical practice support roles (e.g., Public Health Resource Nurse, Regional Practice Consultant, Senior Clinical Advisor) to assist with level-setting staff competencies (e.g., knowledge, skills, judgment, and professional values)
- Celebrate teams who continue to prioritize and protect home visiting. What value is there to providing home visits? (e.g., laying eyes on families in-person; building human-centered rapport with families).

Reminder

- Add which group # in you're in and the topic on the top of the poster board for each of the three topics
- Identify 1-3 key takeaways (e.g., "ah ha" moments, to bring back to whole, shared by facilitator for 5-7 minutes)
- Record using poster paper and markers provided – assign a recorder (consider rotating recorders every 20 minutes)



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Breakout session: Facilitator information

Topic 1: Explore seamless transitions in care

Ideas and questions to guide discussions:

- What is timely follow-up?
 - How do you find out someone has returned home from hospital
 - Tease out what is included in an newborn and postpartum assessment
 - What to do when it is determined the baby/birther is not stable
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Topic 2: Mind map common challenges

Ideas and questions to guide discussions:

- Even if the solution seems far-fetched – write it down
 - Comfort level working with families with complex situations
 - Whom can you go to for support and guidance?
 - How can you turn a negative situation into a positive one (look for their strengths, what have they succeeded in the past?)
 - What do you know about the complex situation? Do you have all the info? Are you familiar with the situation or do you need to research learn more
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Topic 3: Share promising practices

Ideas and questions to guide discussions:

- Whom have you reached out to in the past? Success? Helpful or not?
- Are you familiar with each other's resources?
- What about teaching a family member and then they can support
- Any community resources? Online resources?
- Whom do you go to if you have a concern or question?
- Value of home visits and concerns / barriers to conduct home visits



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