



Healthy Child Manitoba
Putting children and families first

Healthy Baby Community Program Guide



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INTRODUCTION


In 2001, Healthy Child Manitoba Office (HCMO) launched a two-part program of financial benefits and community supports for pregnant individuals and new parents. The Manitoba Prenatal Benefit (MPB) assists individuals in meeting their nutritional needs in pregnancy and Healthy Baby Community Support Programs offer social support and informal learning opportunities to families before and after baby is born.

For the purpose of this document, Healthy Baby Community Support Programs will be referred to as Healthy Baby programs.

The Healthy Baby Community Program Guide has been compiled with input from the service providers who deliver Healthy Baby programs to ensure consistent application of the standards and guidelines for all programs throughout Manitoba. Over the last number of years, elements of the programs have evolved in response to increased knowledge about maternal/child health best practices and evidenced-based research, testing to see what works in a community, programs sharing experiences, changes in participant and community characteristics, and growth in size and number of programs. As a result, the Healthy Baby Community Program Guide is a living document that will change with time to ensure it meets the needs of participants, service providers, communities and government.

This document addresses the goals, objectives and standards of service for Healthy Baby programs with an emphasis on both administrative and service delivery priorities. While recognizing the organic and flexible nature of Healthy Baby programs, the need exists to ensure that certain core program elements are administered and maintained. This does not limit programs from being innovative and creative or having fun in the way programs are delivered.

Research and knowledge about pregnancy, birth outcomes and determinants of health have influenced policy and program development. Research suggests that to effectively address complex issues, programs should focus on creating supportive environments, providing evidence based and best practice information and appropriate resources, equipping participants to make informed choices. Community programs must work alongside health professionals and community partners to offer holistic, community-based assistance to achieve the outcomes all children and families deserve. Effective programming strategies incorporate knowledge exchange, empowerment, capacity building, advocacy, participatory research and population health and health equity



approaches that place emphasis on relationships with participants. With the proper tools, every community has the potential to provide critical assistance to support healthy pregnancies and enhanced infant development and parenting outcomes for Manitoba families.

These standards and guidelines will form the basis of your tool-kit to support you in achieving the goals set for your community. Your cooperation in following the standards and guidelines set out in this document will help ensure we are providing the best programs and services possible for all families.

ABOUT HEALTHY CHILD MANITOBA

INTRODUCTION

We know that children who grow up in safe, nurturing environments have better success throughout their lives. Parents have the most important impact on their child's healthy development. There is strong evidence that healthy brain development relies on positive stimulation and nurturing, proper nutrition and good health in the earliest years of life. We recognize that addressing early childhood care and learning works best when parents, communities and governments work together in partnership.

In Manitoba, this understanding has led to a child-centred policy framework built on two foundations: economic justice through financial supports; and social justice through community-based family supports.


Background

In March 2000, the Manitoba Government established Healthy Child Manitoba and the Premier created the Healthy Child Committee of Cabinet. The Healthy Child Committee of Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. The existence of the Healthy Child Committee of Cabinet signals healthy child and adolescent development as a top-level policy priority of government.

The Ministers on the Healthy Child Committee of Cabinet represent six areas of government: Manitoba Education and Training (Chair); Manitoba Families; Manitoba Health, Seniors and Active Living; Manitoba Indigenous and Municipal Relations; Manitoba Justice; and Manitoba Sport, Culture and Heritage / Status of Women.

The Deputy Ministers of the six government partners comprise the Healthy Child Deputy Ministers' Committee. As directed by the Healthy Child Committee of Cabinet, the Healthy Child Deputy Ministers' Committee shares responsibility for implementing Manitoba's child-centred public policy within and across departments.

Healthy Child Manitoba is a prevention and early intervention strategy; Healthy Child Manitoba Office is the administrative body responsible for carrying out that strategy. Healthy Child Manitoba Office serves as staff and secretariat to the Healthy Child Committee of Cabinet and Healthy Child Deputy Ministers' Committee. Healthy Child Manitoba Office's primary responsibilities include research, program and policy development, evaluation, and community development. Healthy Child Manitoba also facilitates and liaises with the Provincial Healthy Child Advisory Committee, comprised of



cross-sectoral community and government representatives, that provides advice to the Chair of the Healthy Child Committee of Cabinet regarding the Healthy Child Manitoba strategy.

Healthy Child Manitoba Office falls within Manitoba Education and Training. The Minister and Deputy Minister have both departmental (Education and Training) and cross-departmental (Healthy Child Manitoba Office) responsibilities. By statute (The Healthy Child Manitoba Act), the Minister responsible for Healthy Child Manitoba is Chair of the Healthy Child Committee of Cabinet.

The Healthy Child Manitoba Act was proclaimed in legislation on December 6, 2007. The legislation was implemented to:

- Continue the Healthy Child Committee of Cabinet, ensuring the ongoing leadership of all ministers whose portfolios or departments directly affect the lives of children;
- Formalize the roles and responsibilities of the Healthy Child Committee of Cabinet, the Healthy Child Deputy Ministers' Committee and the Healthy Child Manitoba Office;
- Recognize and formalize the role of Parent Child Coalitions that promote positive parenting, literacy and learning, nutrition and physical health, and community capacity;
- Establish a Provincial Healthy Child Advisory Committee; and
- Ensure the government reports to the public every five years on the health and well-being of Manitoba's children.

Child-Centred Public Policy

Child-centred public policy places the best interests of children and youth first. Through a combination of financial and community-based family supports, Healthy Child Manitoba works to help families and communities raise healthy children and youth. Our continuum of supports extends through adolescence, with a priority focus on the most critical stages of early childhood development, conception through infancy and the preschool years. Research has shown that the growth and development of the brain during this period is rapid, extensive and has profound effects for children's intellectual, physical and social-emotional health. Brain development also depends upon the nurture and nutrition that children receive. The impact of the early years lasts for life.

Vision

The best possible outcomes for Manitoba's children.



Mission

Healthy Child Manitoba works across departments and sectors to facilitate community development for the well-being of Manitoba's children, families and communities.

Goals

Healthy Child Manitoba is a prevention and early intervention strategy aimed at achieving the best possible outcomes for Manitoba's children. To their fullest potential, Manitoba's children will be:

- Physically and emotionally healthy;
- Safe and secure;
- Successful at learning; and
- Socially engaged and responsible.

What Works

New research indicates that we can best achieve our goals through:

- Multi-year, early intervention for families: prenatal to 6 years, including home visiting and nutrition programs;
- High quality child care and preschool experiences; and
- A holistic, accessible, integrated system, involving partnerships with parents, children and youth, and communities.

HEALTHY CHILD MANITOBA CORE PROGRAMS

Based on research and best practice evidence, Manitoba has invested in the following programs and strategies through Healthy Child Manitoba:

Healthy Baby: Manitoba Prenatal Benefit

- The MPB is intended to help women meet their extra nutritional needs during pregnancy and to act as a mechanism to connect women to health and community resources in their area.
- Benefits can begin in the month a woman is 14 weeks pregnant and continue to the month of her estimated date of delivery.
- A woman qualifies for benefits if her net family income is less than \$32,000.00. Benefits are provided on a sliding scale based on net family income. The maximum number of benefits is 7 and the maximum benefit amount is \$81.41.
- Through a consent provided on the benefit application form, Healthy Child Manitoba Office connects women to Healthy Baby community programs and/or public or community health providers in their areas, providing women with access to prenatal care and support earlier in their pregnancies.

Healthy Baby: Community Support Programs

- Delivered through community-based partners, programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies.
- Offers family support and informal learning opportunities via group sessions and outreach.
- Provides practical information and resources on maternal/child health issues, prenatal/postnatal and infant nutrition, breastfeeding, healthy lifestyle choices, parenting ideas, infant development and strategies to support the healthy physical, cognitive and emotional development of children.
- Encourages early and regular prenatal care, brings nutrition to life through cooking activities and snacks, builds parents' confidence and awareness of health and parenting choices, and fosters awareness of babies' nurturing needs.
- For more information about Healthy Baby: Manitoba Prenatal Benefit and Community Support Programs, visit:
<https://www.gov.mb.ca/healthychild/healthybaby/>

Families First

- Community-based, intensive home visitation program offering information and support to families prenatally and with children from birth to Kindergarten.
- Delivered across Manitoba through the public health program of Regional Health Authorities, Families First links and integrates with related services in communities.
- A universal screen following every live birth in Manitoba identifies families who may benefit from additional support. The subsequent Parent Survey process guides public health staff in determining the level of support most complementary to each family's situation, including home visiting.
- Long term support is provided by paraprofessional home visitors who establish trusting, nurturing relationships with families, promote problem-solving skills and assist in strengthening the families' support system.
- For more information about the Families First program, visit:
<http://www.gov.mb.ca/healthychild/familiesfirst/index.html>

Triple P: Positive Parenting Program

- A world renowned evidenced-based parenting and family support strategy, Triple P is based on building strong, nurturing relationships, good communication and positive attention to help children develop. Triple P aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.
- Designed as a training initiative to broaden the skills of the current service delivery system, training is offered to practitioners in all sectors including health, social services, education, early learning and child care, etc.
- For more information about the Triple P: Positive Parenting Program, visit:
<http://www.manitobatriplep.ca/>

Parent Child Coalitions

- Parent child coalitions bring together community strengths and resources within a geographic boundary or community, through partnerships with a variety of child, family and community programs and sectors. This approach promotes and supports community-based programs and activities for children and families, with a priority focus on the early years.
- For more information about Parent Child Coalitions, see the *Parent Child Coalitions* section of this manual, or visit:
<http://www.gov.mb.ca/healthychild/parentchild/index.html>

Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support Services

- A Provincial FASD Strategy was announced in 2007. Healthy Child Manitoba provides the leadership for the overall Strategy.
- Healthy Child Manitoba provides grants to a number of agencies to support programs and initiatives related to the strategy goals of prevention, intervention and support.
- A cornerstone of the strategy is the Insight Mentoring Program. The Insight Mentoring Program is a 3-year preventative initiative delivered by community agencies and / or RHAs where mentors work intensively with women who have used alcohol and/or drugs heavily during pregnancy and have had little or no success in other community programs and services.
- For more information about FASD Prevention and Support Services, visit: <http://www.gov.mb.ca/healthychild/fasd/index.html>

Middle Childhood Adolescent Development

Healthy Child Manitoba provides grants to a number of agencies to support programs and initiatives for children and youth aged 6 – 18 years, and their families. Providing school-aged children and youth with access to quality programs helps support their healthy development during these critical years.

- The Middle Childhood portfolio focuses on children aged 6 – 12 years. For more information about middle childhood programming, visit: <http://www.gov.mb.ca/healthychild/mcad/middle.html>
- The Adolescent Development portfolio focuses on youth aged 13 – 18 years. For more information about adolescent programming, visit: <http://www.gov.mb.ca/healthychild/mcad/youth.html>

HEALTHY CHILD MANITOBA POLICY DEVELOPMENT, RESEARCH AND EVALUATION

Healthy Child Manitoba's Provincial Research and Evaluation Strategy focuses on measuring progress in child-centred public policy and assisting the Government of Manitoba in developing the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families, and communities. Key components of the strategy include new community data initiatives (i.e. Early Development Instrument), provincial program evaluations, population-based research, specialized evaluations, and community capacity-building and knowledge exchange.

Early Development Instrument

- The Early Development Instrument (EDI) is a questionnaire completed, every two years, by teachers for all Kindergarten children in all 37 public school divisions and in over 20 First Nations schools. The EDI provides a population-based, community-level measure of how well communities are preparing children in Manitoba for school.
- The EDI measures school readiness in five areas of early childhood development: Physical Health and Well-Being; Social Competence; Emotional Maturity; Language and Thinking Skills; and Communication Skills and General Knowledge.
- For more information about the EDI, visit:
<http://www.gov.mb.ca/healthychild/edi/index.html>

Child and Youth Mental Health Strategy (CYMH)

- The mental wellbeing of children and youth is a long-standing provincial priority. In May 2015, the province announced the interdepartmental, multi-year Child and Youth Mental Health Strategy (CYMH) to strengthen policies, services and supports to improve the mental health and wellbeing of children and youth. Co-led by HCMO and Health, Seniors and Active Living, the strategy supports training, implementation and evaluation of universal prevention and promotion initiatives, selective interventions for at risk children and youth, and intensive clinical supports for the most vulnerable. The strategy is investing in the expansion of existing approaches that have been demonstrated to improve outcomes, as well as piloting and evaluating new approaches to identify causal evidence of improved lives and return on investment.

For information about other Healthy Child Manitoba programs, supports and strategies, visit: <http://www.gov.mb.ca/healthychild/programs/index.html>

THE HEALTHY BABY PROGRAM MODEL

PROGRAM GOALS AND OBJECTIVES

Healthy Baby is a two part program that includes **Healthy Baby Community Support Programs** and the **Manitoba Prenatal Benefit**. Together, they support families during pregnancy and the first year through financial assistance and early intervention programs.

Goal: Manitoba babies that are physically and emotionally healthy, safe and secure, and ready to learn.

Programs focus on enhancing parents' capacity to make choices during pregnancy and the first year of life to ensure healthy outcomes for their babies:

- Promote and support healthy pregnancies, healthy birth weights and healthy infant development.
- Reach and support pregnant individuals and new parents who may be isolated and/or disadvantaged due to low income, mental health issues or other reasons.
- Encourage healthy eating and promote early breastfeeding initiation and increased duration.
- Support strong parent-infant and family relationships.
- Increase social connections and reduce isolation.
- Build parents' knowledge and awareness in the areas of nutrition, health, infant development, nurturing and problem-solving.

Goal: A regional, province-wide community approach to support families towards healthy outcomes for their babies.

- Establish collaborative, team and community-based ways of working in the health regions.
- Promote effective partnerships between community-based groups and Regional Health Authorities (RHAs) to co-ordinate supports to pregnant individuals and new parents who may be considered disadvantaged for various reasons.

HEALTHY BABY PROGRAM EVALUATION

The Healthy Baby program has been evaluated from 2004 to present. Over this period, a large amount of data has been collected, analyzed and reported to community stakeholders and partners.


Process and outcome evaluation reports have included information on the socioeconomic characteristics of participants, participant risk factors, participant program satisfaction, and statistical information that tells us who attends Healthy Baby programs, in what numbers, where they attend, how often they attend, and their reasons for attending. In 2010, the Manitoba Centre for Health Policy (MCHP) completed an evaluation of the Healthy Baby program showing the program's positive outcomes. The key findings showed that the Manitoba Prenatal Benefit is associated with decreased low birth weight, decreased preterm births and increased breastfeeding and that the Healthy Baby Community Support Programs are associated with increased prenatal care and increased breastfeeding. These results were reconfirmed in 2013. http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy_Baby_summary.pdf

In May 2016, the results of the MPB evaluation were published in the Pediatric Journal of Medicine. These results generated considerable media attention regarding the positive outcomes of the MPB: \$81 a month (less than \$3 a day) provides a lift out of poverty that helps women give birth to fewer premature and low-weight babies: <http://www.ctvnews.ca/health/how-three-dollars-a-day-might-lead-to-healthier-babies-1.2899517>.

From a program perspective, evaluation results show high satisfaction levels with Healthy Baby programs and participant feedback suggests that community programs have helped participants to: "feel more confident" about taking care of their baby, learn more about nutrition for themselves and their babies and provide social support through meeting other mothers. Results also show high satisfaction levels with the program particularly in the areas of program topics, staff and location.

Given the positive evaluation results to date and the need to shift limited resources to other evaluation priorities, formal evaluation where we collect a large set of key indicators has moved to routine data collection and monitoring where we collect a smaller set of key indicators for ongoing program coordination. Program monitoring is as important as program evaluation as it helps us assess what difference the program is making and contributes to the evidence base about program effectiveness.

Monitoring allows results, processes and experiences to be documented and used as a basis to support learning and steer decision-making and can be used later for



evaluation purposes. Monitoring allows us to check our progress against our plans to see if we are on track to meet our goals; learn from our experiences to improve our program practices and activities; ensure the most effective/efficient use of program resources; and inform our decision-making about program design, operations and service delivery, now and into the future.

Healthy Baby Data Collection attempts to answer three primary questions:

1. Does Healthy Baby meet its program goals and objectives?
2. Does Healthy Baby make a difference?
3. How efficient is Healthy Baby in making a difference?

In other words, the data collection will provide answers regarding program effectiveness or impact in achieving program goals and objectives; the effective program components that are associated with positive outcomes; and the cost-effectiveness of the program.

What are some advantages of the Healthy Baby Data Collection?

Healthy Baby programs operate throughout Manitoba, serving large numbers of pregnant individuals and parents. Since the inception of data collection, a large sample size has provided a high level of statistical power. This means that the data collection is capable of detecting smaller, but still important program effects. Healthy Baby data is securely sent to the Manitoba Centre for Health Policy (MCHP) through Manitoba Health. MCHP receives an anonymized PHIN which protects participants' privacy while ensuring data can be used for meaningful program analysis. Healthy Baby data collection takes a resilience-based approach. In addition to identifying risk factors and vulnerability, we are also identifying protective factors and resilience. Understanding the strengths of families, in addition to their challenges and limitations, is crucial in evaluating the effects of social interventions.

HEALTHY BABY MANITOBA PRENATAL BENEFIT (MPB)

The Manitoba Prenatal Benefit, modeled after the National Child Benefit is a financial benefit intended to help individuals with low and moderate incomes to meet their extra nutritional needs during pregnancy and act as a mechanism to connect pregnant individuals to health and community resources in their area.

Why a Prenatal Benefit?

- Early prenatal care - A visit to a medical practitioner/health care provider is required to confirm pregnancy and obtain a note with the baby's due date. Individuals who provide consent on the application form are referred to prenatal programs and services providing women with access to prenatal care and support earlier in their pregnancies.
- Focus on health and nutrition – Monthly cheques up to a maximum of \$81.41 help individuals with lower income with their extra nutritional needs during pregnancy.
- Link to community supports – Individuals are connected to Healthy Baby programs, public health offices and nursing stations and health centres in First Nations communities and encouraged to participate.

Who Receives the Manitoba Prenatal Benefit?

- All pregnant individuals living in Manitoba with a net family income less than \$32,000 are eligible to apply and receive the MPB. This includes individuals who live in First Nations communities.
- Applicants must complete an application form and submit an original note from their health care provider (doctor, midwife, nurse practitioner) stating the baby's due date and provide proof of net family income.
- Prenatal Benefits can begin in the month a woman is 14 weeks pregnant or when a completed application form is received in the Healthy Child Manitoba Office and continue until the month of the baby's due date. Benefits are not paid retroactively.
- Pregnancy and health information inserts are included with monthly benefit cheques.

The Manitoba Prenatal Benefit is very successful with an annual uptake of benefits of about 90%. This means that financial support during pregnancy is reaching the individuals it is intended to reach, earlier in pregnancy, including the most vulnerable,

Manitoba Prenatal Benefit Statistics and Highlights

Most recent statistics (2016/17 fiscal year) indicate:

- 3,379 individuals received the benefit

Of those individuals:


- 50% lived in rural Manitoba
- 32% lived in First Nations communities
- 54% were receiving income assistance
- 11% were newcomers to Canada
- 92% of applicants received the maximum monthly benefit of \$81.41
- 38% had incomes under \$21,744.00 (eligible for full benefit of \$81.41)
- Average age of MPB recipient is 26

- **Teens without Social Insurance Numbers (SIN):** Teens (18 and under) can apply and be conditionally approved for the MPB by applying for a SIN and providing a copy of the SIN application with their MPB application form.
- **Wards of CFS** are eligible for the MPB.
- **Current Year Assessment:** Benefit re-assessment can occur if there is more than a 10% drop in income from the initial assessment. Applicants will need to complete a Change in Family Income form.
- **Newcomers to Canada:** Immigrants and refugees can be eligible for the MBP using current year income information. Applicants will need to complete a Newcomer to Canada form.
- **Referral Consent:** MPB applicants can consent (voluntarily) to release their name and contact information so that the MPB office can refer them to health and community resources in their community.

In 2016/17, 4,405 referrals were made:

- 2043 individuals were referred to Healthy Baby or Canada Prenatal Nutrition Programs
- 1406 individuals were referred to Public Health
- 956 individuals were referred to Health Centres or Nursing Stations in First Nations communities

Healthy Baby program teams should encourage individuals to apply for the MPB early in their pregnancy to maximize the number of benefits they can receive. Healthy Baby teams can help individuals fill out the application or refer them to HCMO,



3-332 Bannatyne Avenue in Winnipeg for assistance. In rural and northern locations, have applicants call the Healthy Baby office at 1-888-848-0140.

Healthy Baby programs can contact the HCMO at 204-945-1301 or toll free 1-888-848-0140 to order MPB applications or to answer any questions about the benefit.

HEALTHY BABY COMMUNITY SUPPORT PROGRAMS

Healthy Baby Community Support programs (CSPs) are designed to assist pregnant individuals and new parents in connecting with other parents, families, health professionals and support staff to ensure healthy outcomes for their babies. Healthy Baby programs offer informal learning opportunities via group sessions.


Healthy Baby programs are delivered through community-based partners (agencies and Regional Health Authorities) in every health region of Manitoba and in over 100 neighbourhoods/communities. Programs provide pregnant individuals and new parents with practical information and resources on maternal/child health issues, prenatal, postnatal, and infant nutrition, breastfeeding, healthy lifestyle choices, parenting ideas, infant development and strategies to support the healthy physical, cognitive and emotional development of children.

Programs and outreach encourage early and regular prenatal care, bring nutrition to life through activities and low cost healthy snacks, build parents' confidence and awareness of family health and parenting choices, and foster understanding of babies' nurturing needs.

Focus Population

Healthy Baby programs are intended to reach and support pregnant individuals and families with babies up to the age of one. (It is anticipated that programs will refer families to other community resources once the child reaches age one.) The focus is on those whose needs may be overlooked or under-served by mainstream health and social services. This includes pregnant individuals and new parents and babies who live on low incomes or who may be isolated, vulnerable or at-risk for a variety of reasons. Programs may attract those individuals who would simply benefit from connecting with other pregnant individuals and new parents.

Healthy Baby programs are open to anyone living in the communities where the programs are situated. However, in order to reach the focus population, certain characteristics may be anticipated. In urban areas, Healthy Baby programs will be located in those neighbourhoods/or communities where there is a higher concentration of low-income families. In non-urban environments, programs may be more universal in nature and located in communities that afford the greatest opportunity for community building and access.



Healthy Baby programs are intended to stimulate a collaborative approach in communities and to ensure that individuals and their babies have a point of connection in their region or city area. Healthy Baby programs complement other programs that might be offered in a community such as prenatal classes, well baby clinics, literacy programs like Mother Goose and Rock 'N Read, and parenting programs like Nobody's Perfect, etc.

Program Features

- Voluntary, continuous entry and participant driven.
- Programs operate year round on a weekly, bi-monthly, or monthly schedule.
- Multiple referral points (health care provider, health clinics, social service agencies, self referral, etc.)
- Healthy Baby works with other early childhood development (ECD) initiatives like the Canada Prenatal Nutrition Program (CPNP), Families First and Parent Child Coalitions etc., to support families.
- In many rural and northern communities, regional health authorities, family resource centres, school divisions, social service agencies and government branches have partnered to ensure that Healthy Baby programming is available in their area.

Recent statistics indicate:

- Approximately 3,900 new participants join programs each year.
- Approximately 4,500 families receive service in a year.
- Slightly more of the participants join the program after baby is born rather than during pregnancy.
- Participant age ranges from 12-40+ with the average age being 24.
- Social support is one of the main reasons for attending.

Site Characteristics

Winnipeg:

- Approximately 31 sites in Winnipeg (see Appendix 1)
- Offered by 16 community organizations
- Programs offered primarily on a weekly basis with a few offered biweekly.
- Sites designed specifically for teens, newcomer/immigrant families, evening classes

Teams consist of: (One person may have dual roles.)

- Director/Manager
- Program Coordinator/Facilitator
- Public Health Nurse
- Registered Dietitian/Community Nutritionist (RD/CN)
- Outreach Worker
- Childminders

Note: In Winnipeg, HCMO funds the WRHA to provide the professional health support of PHNs and RDs at all sites.

Rural and Northern:

- 80+ communities have programming (see Appendix 1)
- Offered by 9 community organizations
- Programs offered primarily on a monthly basis
- Service delivery teams vary depending on available community resources

Teams may include: (One person may have many roles)

- Director/Manager
- Program Coordinator/Facilitator
- Outreach Worker
- Public Health Nurse
- Registered Dietitian (may be on a consultant basis)
- Childminders (where utilized)
- Staff from other RHA programs related to families, e.g. Families First home visitor, midwives, etc.

HCMO'S HEALTHY BABY TEAM

The HCMO team includes the Manitoba Prenatal Benefit staff, Healthy Baby Program and Policy Consultants and data collection support.

Prenatal Benefit Team

Responsible for processing of the Manitoba Prenatal Benefit applications, dispersing financial benefits to eligible applicants, providing health and nutrition information to applicants via cheque inserts, coordinating the Milk Coupon program, advertising, and promotion of programs throughout the province. Prenatal Benefit Staff also make referrals to Public Health and to the Healthy Baby Program/Canada Prenatal Nutrition Program to connect individuals early in their pregnancy to services.


Healthy Baby Program Consultant(s)

The Healthy Baby Program Consultant's role is to ensure that Healthy Child Manitoba's mandate of improving outcomes for Manitoba's children and families is achieved. This involves program and policy development, research, direction and support to funded agencies related to program administration and service delivery, involvement on early childhood development (ECD) committees, resource development based on evidence-based practice, and creation of professional development opportunities for service providers based on identified needs.

Consultants ensure that existing and new Healthy Baby programs are developed and implemented within governmental policies, Healthy Baby program standards and guidelines, and budgeted resources.

The consultants work in collaboration with funded organizations to ensure effective and consistent service delivery of the Healthy Baby program. The consultants liaise with organization administrators and Healthy Baby team members to provide support, address concerns, respond to questions and offer guidance regarding financial and program planning. Ongoing communication between the program consultant and community organizations/partners is essential for policy and program development, program monitoring, and agency accountability.

In addition to program monitoring and support, consultants partner with funded agencies and other community stakeholders to develop evidence based/best practice resources for Healthy Baby service providers; thus ensuring key messages are consistent across the province. From 2010 to 2016, service providers have received over 45 Healthy Baby resource kits. Popularity of the resource kits has led to numerous requests from health and social agencies to access the information and



where appropriate, Healthy Baby has shared the inventory with other agencies/service providers. A number of the agencies that were involved in developing the kits, have used them as teaching tools within their own agencies and with other community partners

Data Collection Support

Healthy Baby has access to data collection support (data centre staff and contractors when available) who use data collection tools to gather data, provide statistical information and contribute to quality assurance for the Healthy Baby program. The data collected by service providers supports program accountability and has been instrumental in the evaluation of the program (MCHP 2010/2103) which has shown positive outcomes.

PARTNERSHIPS

Ad Hoc Committees/Contractors

Healthy Baby works with other agencies and ad hoc committees to work on special time-limited projects. In some instances, HCMO will contract out services for resource development projects/presentations, i.e. “Healthy Relationships” or professional development/provincial conferences e.g., Trauma Informed Care.

Service Delivery Partnerships

In addition to the community organizations that deliver Healthy Baby programming, other community partners support program delivery:
Winnipeg Regional Health Authority (WRHA)

The WRHA partners with HCMO to provide professional health support through the participation of Public Health Nurses and Registered Dietitians/Community Nutritionists at Healthy Baby programs in Winnipeg. This important partnership assists Public Health to provide continuity of care to pregnant individuals and their families in their own community while supporting HCMO to meet Healthy Baby program goals and objectives.

Public Health Agency of Canada (PHAC)

Public Health Agency of Canada (PHAC) supports six community organizations to deliver Canada Prenatal Nutrition Programs (CPNP) across the province. Included in this complement, HCMO and PHAC have partnered to jointly fund two of the community organizations to deliver an integrated CPNP/Healthy Baby program*.

- Steinbach Family Resource Centre
- Blue Water Mobile Prenatal Team (Pine Falls)
- Babies Best Start Project (Thompson)
- In a Good Way Community Kitchen and Prenatal Nutrition Program (Brandon)
- Healthy Start for Mom & Me* (Winnipeg)
- Best Beginnings: Baby & Me* (Flin Flon, Cranberry Portage, The Pas)

While the joint programs have similar goals and objectives, CPNP tends to be project/site specific whereas Healthy Baby funded organizations provide regional programming in rural and northern communities. For CPNP funded programs, nutrition is at the forefront of programming. CPNP programs offer groups and also reach individuals via 1:1 contacts and home visits.

Partners in Integrated Inner-City Prenatal Care

To reduce inequities in access to and use of prenatal care in Winnipeg, Healthy Child Manitoba Office, WRHA, University of Manitoba partnered to support the Partners in Inner-city Integrated Prenatal Care project (PIIPC), a 3-year research project (2012-15) consisting of four initiatives. Community Based Prenatal Care utilizes a multidisciplinary, collaborative approach to integrate prenatal care (midwifery) into six existing Healthy Baby groups in inner city Winnipeg. The other initiatives include Street Outreach, a Social Media Campaign, and Facilitated Access to Care.

Initial evaluation results suggest it is reaching women at risk of inadequate prenatal care, improving pregnancy outcomes (reduced preterm births and low birth weight infants) and more integrated care: linked to other services (e.g., social work, CFS).

The project, in its original model, ended at the end of March 2015. Currently the PIIPC Steering Committee is focused on developing a sustainable model.

Health/Social Service Agencies

HCMO has established numerous working relationships to help support both the Manitoba Prenatal Benefit and Healthy Baby Community programs, including:

- Band Offices
- Nursing Stations
- Community Action Plan for Children (CAPC - PHAC)
- First Nations and Inuit Health Branch (FNIB - Health Canada)
- Manitoba Health
- Families - Employment and Income Assistance
- Revenue Canada
- Child and Family Services agencies
- Immigrant/Newcomer agencies e.g., IRCOM, Welcome Place

PROGRAM ADMINISTRATION – FUNDING AND PROGRAM REPORTING

Organizations that receive grants to deliver Healthy Baby Programs in Manitoba must adhere to the requirements for program delivery and reporting as outlined in the Service Purchase Agreement (SPA) and attached Schedule. The schedule details the goals of the program, the service activities and responsibility of the agency, the reporting requirements and the grant payment schedule.

PROGRAM OBLIGATIONS

Funded organizations that deliver a Healthy Baby program will work with the HCMO program consultant(s) for orientation, support and direction to ensure that all program and financial reporting and operational requirements are understood and met. It is assumed that agencies that apply for or receive funding to deliver the program have the capacity to: deliver the program within the funding allotment, hire appropriately skilled staff, plan sessions using Healthy Baby teaching kits/resources and other evidence based/best practice information, and liaise with other community partners to strengthen programming.


Note: Healthy Baby programs vary in their program delivery based on available government, organizational and community resources, location and staffing complements. Healthy Baby has established guidelines regarding budget allocations (food, personnel, rent/utilities, childminding etc.) and staffing requirements (roles and responsibilities, skill sets, etc.) to ensure consistency and equity across programs, yet recognizes that differences exist between programs. As a result, Healthy Baby consultants will review and approve budget on an individual basis with funded agencies. It is essential that funded organizations contact Healthy Baby program consultants to discuss their annual budget plan, program needs and work priorities. Budgets that project a deficit will not be approved.

New organizations will be given an orientation to the program by Healthy Baby consultants and provided with key resources and materials needed to deliver the program. In some cases, programs will be encouraged to seek the support and mentorship of other funded organizations that are experienced in delivering Healthy Baby programs.

Existing organizations that experience staff changes, either in management or team members, must contact the Healthy Baby consultants to advise of the changes to determine options for orientation and transitions. For new staff hires or staff that have no previous experience or familiarity with Healthy Baby programs, the program orientation should include site visits, peer shadowing, and other opportunities for mentorship. HCMO may recommend that the start of programming be delayed until this occurs.

Management Structure

It is required that each organization establishes a program management structure which is essential to the administration and operations of a quality Healthy Baby program. Whatever the structure, organizations which receive Healthy Baby funding are required to provide regular direction and supervision to their staff



and/or community partners who deliver and provide support to the Healthy Baby program. This also includes services that are provided in-kind.

PROGRAM ACTIVITIES

The goals and objectives of Healthy Baby are realized through the following program activities (as outlined in the SPA, Schedule):

1. Deliver the Healthy Baby program in accordance with the Healthy Baby Community Program Guide (April 2017) and the Healthy Baby Community Program Data Collection Guide (June 2016);
2. Work collaboratively with/within health regions, and with other relevant partners, to provide coordinated, quality community services for pregnant individuals and families with new babies;

Winnipeg:

- Promote and maintain an effective partnership with the Winnipeg Regional Health Authority (WRHA) in coordinating and delivering support to pregnant individuals and new parents using a team approach;
- Ensure that Healthy Baby sessions include ongoing professional health support (Public Health Nurse and Registered Dietitian/Community Nutritionist) as agreed upon by HCMO and the WRHA.

Rural and Northern:

- Access Registered Dietitian/Community Nutritionist services for relevant program planning and delivery, i.e. nutrition related topics and supports. Organizations can allocate funds for this function within the Healthy Baby budget, or access Dial-A-Dietitian expertise for this function.
 - Access Public Health (Public Health Nurses, Midwives, Nurse Practitioners) services for relevant program planning and delivery, i.e., breastfeeding, vaccination, participant referrals, supports and resources.
3. Ensure that the following guiding principles are incorporated into all aspects of program development and delivery.
 - Population Health Including Determinants of Health
 - Striving for Health Equity
 - Strength-Based and Client-Centred
 - Culturally Sensitive and Inclusive
 - Trauma Informed
 - Harm Reduction Focus
 - Adult Education/Learning
 - Community-Based Focus
 - Flexible and Accessible
 - Collaborative and Coordinated
 - Focused Toward Community Development

4. Ensure that the following key components are embedded in group sessions:
 - importance of prenatal care
 - nutritional learning (individual consumption, infant feeding, nutrition nuggets)
 - importance of breastfeeding (promotion, protection, education, breastfeeding nuggets)
 - infant attachment/brain development
 - healthy relationships (parent/infant and adult/adult)
 - maternal/caregiver mental health
 - lifestyle options (smoking, alcohol, drug use, gambling)
 - social support
 - importance of physical activity

5. Provide community programs/programming that includes:
 - active participation of competent, trained personnel
 - informal educational activities (via group sessions) related to health and nutrition
 - information about pregnancy, parenting, infant development
 - parent/caregiver-infant activities
 - low-cost healthy snacks
 - cooking activities/food demonstrations
 - opportunity to connect with peers and community
 - debrief
 - one-to-one contacts
 - advocacy and referral
 - distribution of milk coupons
 - distribution of bus tickets/tokens (where applicable)
 - home visits as requested/required

6. Promote the Manitoba Prenatal Benefit (MPB) to pregnant individuals in Manitoba;

7. Administer the milk coupon program in accordance with the Milk Protocol Agreement (Appendix 15);


8. Participate fully in Healthy Baby Data Collection including the timely submission of all relevant forms;

9. Participate in:
 - program planning for effective regional service
 - provincial meetings, regional trainings and other networking opportunities
 - consultation meetings upon request, on an as requested basis

10. Implement procedures to ensure that any person who is offered employment or volunteer service which involves providing direct service to children shall obtain a Criminal Records Check (CRC) and a

Child Abuse Registry Check (CARC). The agency is responsible to pay for the costs of the CRC and CARC;

11. Provide services in accordance with the laws of Manitoba and to comply with the reporting requirements within the relevant legislation, in particular The Child and Family Services Act Part III Child Protection;
12. Ensure appropriate safety procedures related to facility use, transportation, staff and participants' health;
13. Adhere to organizational policies around documentation, storage of information and file management. Financial records will be retained, archived, and destroyed according to Canada Revenue Agency guidelines (seven years);
14. Maintain participant files and store in a locked cabinet to ensure confidentiality for a minimum of two years after the participant leaves the program;
15. Consultation and approval from HCMO prior to significant changes in program delivery; including personnel changes, site changes, budget adjustments;
16. Ensure that Healthy Baby programming is regular and consistent and provides continuity of care for program participants; every attempt is made to offer services during every month of the year (including summer);
17. Inform HCMO regarding schedule of planned session topics/activities, including planned breaks in service;
18. Staff programs with competent personnel well-suited to the work, who possess a combination of expertise, skills, and community group experience;
19. Ensure staff maintain current knowledge about prenatal/postnatal issues and early child development through ongoing review of literature and research and participate in professional development opportunities;
20. Engage sufficient number of prenatal and postnatal participants to attend programming. In consultation with the Healthy Baby program consultant(s), organizations can move sites as community needs change and/or to reach the most participants; sites may change and rotate within the region/area;
21. Encourage community collaboration and teamwork between related non-profit organizations, Regional Health Authorities and HCMO staff;
22. Ensure Healthy Baby team members, particularly coordinators/facilitators, have knowledge of the budget for food, equipment and program resources to effectively support program operations. This is



particularly important where a coordinator/facilitator is responsible for operations at multiple sites and locations;

23. Maintain community credibility and track record for good service;

24. Maintain non-profit status.

PROGRAM AND FINANCIAL REPORTING

The administrative goals and objectives of Healthy Baby programs/programming are realized through the following program and financial reporting activities:

- Organizations are required to record program activities and submit required reports to the Healthy Child Manitoba Office as outlined in the Reporting Requirements Schedule.
- Organizations are required to follow generally accepted accounting practices.

The organization agrees to submit the following:

- Organizational identifying information (except RHAs);
- Annual planned budget (including Healthy Baby Budget Notes);
- Annual planned staffing report
- Semi annual cashflow and expenditure report;
- Semi annual progress report on program activities/results;
- Final staffing report;
- Year end cashflow and expenditure report accompanied by variance explanations;
- Final program progress report on program activities/results;
- Annual audited financial statements (upon request);
- Annual report (upon request);
- Demographic information, participation data or other program accountability information as requested by HCMO;
- Milk Protocol Agreement.

Program forms/files to be maintained by the sponsoring organization include:

- Basic participant information;
- Data collection forms;
- Debrief/Session Planning sheets;
- Milk coupon stubs & tracking sheet (as outlined in the Milk Protocol Agreement);
- Bus token tracking sheet;
- Prenatal Nutrition Questionnaire;
- Other workload measures that the sponsoring organization requires as part of program validation (e.g. types of contacts, special projects, advertising efforts).

DATA COLLECTION

Agencies are required to participate fully in the Healthy Baby Data Collection program by collecting, maintaining and submitting a number of forms/reports. **Data collection is only to be completed by participants who are pregnant or have a child under the age of one.** Evaluation forms for individual and jointly funded programs may differ. Refer to the Healthy Baby Community Program Data Collection Guide for instruction.

The Organization agrees to the timely submission of the following relevant forms:

- “We’re Glad You Are Here” Prenatal Participant Information Sheet for each participant (one per family);
- “We’re Glad You Are Here” Postnatal Participant Information Sheet for each participant (one per family);
- Prenatal Attendance form for each prenatal participant;
- Postnatal Attendance And Infant Feeding Chart for each postnatal participant;
- Session Tracking Sheet within two weeks of each session.

CONFIDENTIALITY

Organizations that receive Healthy Baby funding are required to maintain confidentiality and establish policies that respect the privacy of the program participants. All staff, volunteers, students and helpers are required to sign a confidentiality agreement as either part of their organizational/professional requirements or as a Healthy Baby team member (see Appendix 2). This allows the Healthy Baby team to work effectively and share information that supports the individual or family.

The sponsoring organization is responsible to ensure that participant records, data collection paperwork and other program activity reports are kept in an appropriate and secure location in order to maintain confidentiality. All team members need to be aware of relevant privacy issues and policies including collection, access and destruction of personal information.

All personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act. For detailed information visit:

FIPPA - <http://www.gov.mb.ca/chc/fippa/>

PHIA - <http://www.gov.mb.ca/health/phia/>

Any documents containing identifiers such as full name, address, phone numbers, children’s names, etc., need to be part of your secure files. (i.e., Consent forms, “We’re Glad You Are Here” forms, milk coupon stubs, referral forms).

Individuals/families should be advised that a personal file is maintained and the reason for having the information. Each individual/family should be advised they have access to all information in their file.

Access to Healthy Baby participant files varies from site to site and is based on team need, team protocol and office space/location. Health professionals may be required to document participant health concerns and follow-up as part of their organization's policies; this information is kept in secured files at the RHA office and is separate from the Healthy Baby file housed at the agency.

Information that is to be shared between team members should be limited to what is needed to provide appropriate care and support to a participant. If a participant/team member interaction results in the sharing of personal information, the team member should ask permission to share the information with other team members as a mechanism to provide additional support/resources or ask permission to have another team member address the concern individually.

Healthy Baby team members need to be aware of and follow their employing agencies Standards of Practice and Code of Ethics related to reporting participants who present as a danger to themselves or others or where protection of a child is in question.

It is everyone's legal responsibility to report concerns/suspicious of child abuse or neglect. The team will ensure that the supervisors/team managers are advised and that an appropriate referral or response as outlined in The Child and Family Services Act is followed.

<http://web2.gov.mb.ca/laws/statutes/ccsm/c080e.php>

OWNERSHIP OF MATERIALS

Any equipment, materials and supplies purchased by the funded organization with Healthy Baby program funds remain the property of Manitoba and will be returned on request without cost to Manitoba upon termination. As an alternative, the organization may, with written approval from Healthy Baby program consultant(s), transfer the property to other programs funded by the Healthy Baby program or other non-profit Manitoba programs.

MANITOBA PRENATAL BENEFIT CONSENT - CONFIDENTIALITY OF INFORMATION AND PROTECTION OF INFORMATION

Manitoba shall provide the Agency with the names, phone numbers and addresses of participants in the MPB program so that the agency can contact the participants to offer them an opportunity to obtain health and family resources support during their pregnancies. The agency agrees that it will use the personal information of MPB program participants for this purpose only and not for any other purpose and, subject to required disclosure pursuant to The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act, and where the agency does not fall under those statutes, the agency shall not disclose the personal information provided by Manitoba to the agency to any person other than the participant.



PROGRAM FUNDING

Manitoba agrees to provide funding to the named agency for the provision of services as outlined in the schedule and as confirmed annually by a Ministerial commitment letter, subject to legislative approval for each fiscal year. The Ministerial commitment letter will form part of the agreement.

SCHEDULE OF PAYMENTS

It is the intent of Manitoba to adhere, as closely as possible, to the following schedule of payments on an annual basis:

- a quarterly advance as early in the new fiscal year as practical (usually in the month of April); and
- quarterly payments in July, October and January.

Presenting and Promoting Healthy Baby

Use of the Healthy Baby Name

Healthy Baby is a Manitoba government initiative, with funding and program co-ordination provided by the Healthy Child Manitoba Office (HCMO). The Healthy Baby name is to be used for this initiative only, to help minimize confusion to the public.

Healthy Baby service providers must develop a distinct name independent of the Healthy Baby name for their program (ex: Building Healthy Families).

Marketing and Promotional Products Funded by Healthy Baby

All public communications, marketing products and promotional material must be developed in consultation with the HCMO and must acknowledge HCMO funding. When developing materials for individual community programs, it is important to convey consistent messaging across the province about the Healthy Baby program.

Materials are to:


- reference “A Healthy Baby Program” as a descriptor
- include an acknowledgement “Supported by Healthy Child Manitoba, an initiative of the Manitoba government.” (NOTE: use of any official logo(s) will be directed by the HCMO)

IMPORTANT: Documents, backgrounds, logos and pictures that are the property of HCMO, such as site lists, brochures, etc., cannot be copied, altered or used on other websites or social media (Facebook, Twitter, etc.), or distributed to the public.

Simple Steps

A Healthy Baby program

Topic: Introducing Solids
Time: 1-3 pm
Location: ABC Community Centre
Child minding, snacks, bus tickets, milk program available!



Supported by Healthy Child Manitoba, an initiative of the Manitoba government.

PRINCIPLES TO GUIDE YOUR WORK

Depending on the resources of the region and host organization, programs are offered in various settings and may include multiple community partners. Healthy Baby programs are delivered via group sessions. Organizations are committed to:

- Being creative and caring in reaching families to connect with the group.
- Engaging families to be active participants of the group process.
- Using community development practices.

ASSUMPTIONS TO GUIDE YOUR WORK

Delivery of a successful Healthy Baby program is dependent on the following assumptions:


- Guidelines are based on the principles of health promotion.
- Guidelines are based on evidence or current best practice.
- Individual and population health is affected by the determinants of health.
- Empowerment and participation are fundamental principles of health promotion.
- Pregnant individuals and new babies and their families have a right to equitable community support and share of resources.
- Pre/postnatal programs have to be flexible to meet the needs of all participants.
- Facilitating a change in attitudes and negative behaviours is hard work but is possible with support from others.
- Most people learn by doing, participating and sharing what they know; learning is an ongoing process.
- Reflection is important to practice.
- Stories and data collection results can enhance practice.

PRINCIPLES TO GUIDE YOUR WORK

The following principles and practices are the foundation for designing and delivering family centred services within Healthy Baby. Healthy Baby service providers will understand and incorporate the principles into the work they do with pregnant individuals and parents.

Principles that guide Healthy Baby programs:

1. Population Health Including Determinants of Health
2. Health Equity
3. Strength-Based and Client-Centred

- 
4. Adult Education/Learning
 5. Community-Based Focus
 6. Flexible and Accessible
 7. Collaborative and Coordinated
 8. Culturally Sensitive and Inclusive
 9. Trauma Informed
 10. Harm Reduction Focus
 11. Focused Toward Community Development

1. Population Health Including Determinants of Health

In the past, pregnancy outreach programs were based on a lifestyle approach to health. Participants were provided with services and information which they could use to improve their lifestyle, health and the health of their families. Current research has changed our ideas about health.

We know that personal health practices or lifestyle are only one aspect of health. Research shows that inequity in income, social support, education and employment (among other key determinants of health) affect health as much or more than a person's individual health related choices.

Population health is an approach to health that aims to improve the health of the entire population and reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (the determinants of health).

The **determinants of health** are the broad range of personal, social, economic, and environmental factors that determine the health status of individuals and populations.

The following chart identifies the key determinants of health and their underlying premises:

KEY DETERMINANTS	UNDERLYING PREMISES
Income and Social Status	Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.
Social Support Networks	Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.
Education and Literacy	Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.

Employment/ Working Conditions	Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.
Social Environments	The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.
Physical Environments	Physical factors in the natural environment (e.g., air, water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, and community and road design are also important influences.
Personal Health Practices and Coping Skills	Personal Health Practices and Coping Skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health. These influences impact lifestyle choice through at least five areas: personal life skills, stress, culture, social relationships and belonging, and a sense of control. Interventions that support the creation of supportive environments will enhance the capacity of individuals to make healthy lifestyle choices in a world where many choices are possible.
Healthy Child Development	New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a child's development is greatly affected by his or her housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.
Biology and Genetic Endowment	The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.
Health Services	Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.

Gender	Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles. Individuals, for example, are more vulnerable to gender-based sexual or physical violence, low income, lone parenthood, gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.
Culture	Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Source: <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>

2. Health Equity

Health equity is concerned with creating equal opportunities for good health for all and reducing avoidable and unjust differences in health among population groups. In an effort to adequately support Healthy Baby program participants from a health equity lens, service providers must understand what health equity is and how it may be considered when delivering programming.

Significant and persistent inequalities in health exist across population groups and communities in Canada. Such inequalities are noted by differences in:

- life span
- self-reported health
- rates of disease

Some of these variations are based in genetics or lifestyle factors, but most differences in health are related to socioeconomic inequality. The lower you are on the socioeconomic scale, the poorer your health.

In Canada, there is a growing gap between the richest and poorest Canadians. The more unevenly wealth is distributed, the more the health of the entire population suffers. Groups facing disproportionate social and health inequities include:

- Indigenous communities
- People of colour (newcomers/long term Canadian residents and citizens)
- Rural communities
- Women

Intersecting factors include such things as disability, immigration status or sexual orientation. Through the lens of health equity, health promoters recognize how the key determinants of health affect different groups, and how policies and programs can reduce inequities. Because most inequities are socially created, rather than the result of individual choices we make, remedies need to address social factors and mean inclusion for all.

To achieve health equity, health promotion must combine broad population level approaches with more targeted interventions that not only address equality and accessibility but also remove systemic barriers.

Health equity is more than equality of access to services. It also means equality of opportunity for:

- education
- employment

- housing
- food security

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

<http://en.healthnexus.ca/topics-tools/health-equity-topics/health-equity>
https://pbs.twimg.com/media/CiUx_GIXEAQYIFg.jpg

3. Strength-Based and Client Centred

Healthy Baby programs focus on the strengths within individuals, thus building confidence, resources and capacity.

Healthy Baby team members:

- Recognize parents as the expert of their experiences.
- Build on people's strengths and what they already know.
- Identify natural leaders and use of peer role models.
- Encourage active participation, ask questions, and stimulate discussions rather than instructions.
- Use strength based language.
- Are non-judgemental.
- Are flexible and responsive to needs of the group, depending on number of participants, or when combining prenatal and postnatal participants.
- Ensure materials and activities consider plain language.
- Draw on the wisdom of participants to tackle issues and become part of the solutions. Poll the group, asking what others have done.
- Encourage active participation at sessions: set-up, preparing and cooking food, washing dishes or childminding (after completing the appropriate checks).
- Use Adult Education Principles.

4. Adult Education/Learning Principles

Researchers say that people will remember:

- 20% of what they hear
- 30% of what they see
- 50% of what they see and hear
- 70% of what they see, hear and say
- 90% of what they see, hear, say, and do

Healthy Baby facilitators/presenters can achieve a successful balance between what people see, hear, say and do to maximize learning during the session. This can be accomplished by using visual aids (power point presentation and handouts that people can "see"), information in presentations (facts and ideas that people can "hear"), opportunities for discussion and sharing ideas (that people can "say"), and opportunities to demonstrate new skills (in small group discussions that people can "do").

The ten principles of adult learning are:

- i. Adults need to be self-directed learners.
- ii. Learning is a lifelong process.
- iii. For learning to take place, the learner must be actively involved in the experience.
- iv. Adults learn by doing.
- v. Situations, problems, exercises and examples must be relevant, realistic, and immediately applicable.
- vi. Adults relate current learning to what they already know. Facilitators benefit from knowing the background of their participants.
- vii. There are several learning domains. A variety of learning activities stimulates learning and appeals to the range of learning styles.
- viii. Learning flourishes in an environment that is:
 - Informal
 - Non-judgemental
 - Collaborative
 - Based upon mutual trust
 - Open and authentic
 - Humane
 - Supportive
 - Culturally Sensitive
- ix. Team members are facilitators of learning and a catalyst for change.
- x. Learners benefit from an opportunity to identify their own learning needs.

Principles and Applications of Adult Learning

Principles of Adult Learning	Application in Training
Adults expect to learn information that is relevant to them.	<ul style="list-style-type: none"> • Focus on real problems. It is important to create objectives.
Adults expect to learn information that has immediate application to their lives. They need to “see the reason” for learning something.	<ul style="list-style-type: none"> • Stress how the learning can be applied, or how the information will be useful to people in their life.
Adults are goal-oriented in their learning.	<ul style="list-style-type: none"> • Obtain information on the participants’ goals, and show participants how the session will meet those goals.
Adults want their learning to be problem-oriented.	<ul style="list-style-type: none"> • Take time to achieve consensus on the problem that will be addressed. • Design problem-solving activities and provide opportunities for practicing “solutions.” • Anticipate problems in applying new ideas, and offer strategies to overcome problems. • Facilitators can give overviews and summaries.

<p>Adults have enormous experience and a wealth of information from work and private lives that should be drawn into discussion. They often start out knowing more than they think they do.</p>	<ul style="list-style-type: none"> • Relate the materials to the past experiences of the learner. • Focus on the strengths that learners bring, not only their gaps in knowledge. • Listen to and respect the opinions of learners. • Encourage learners to be resources to each other and to you. • Connect the learning to the existing knowledge and experience base in the room. • Value experience in learning.
<p>Adults have established values, beliefs, and opinions.</p>	<ul style="list-style-type: none"> • Demonstrate respect for differing beliefs, religions, value systems, and lifestyles. • Acknowledge that people are entitled to their values and opinions, but everyone may not share these ideas. • Allow debate and challenge of ideas.
<p>Adults have pride.</p>	<ul style="list-style-type: none"> • Support the learners as individuals. • Create an environment where people will not feel put down or ridiculed. Allow people to admit confusion, ignorance, fears, biases, and different opinions. • Acknowledge and thank learners for their responses and questions. Treat all questions and comments with respect.

Canadian Literacy and Learning Network. [Principles of Adult Learning](http://www.lbspractitionertraining.com/pd-courses/practitioners/working-with-adult-learners/99-22-principles-of-adult-learning). Jossey-Bass, 2013.
<http://www.lbspractitionertraining.com/pd-courses/practitioners/working-with-adult-learners/99-22-principles-of-adult-learning>

5. Community-Based Focus

- Communities are partners with government in the design, governance and delivery of supports for children and families.
- Partner with existing community networks, build on community capacity.
- Ensure program is well promoted within the community.
- Seek out existing community programs and services and share with participants.
- Coordinate with other community groups maintaining the integrity of programming.
- Use community locations and establish ongoing networking within that community context.
- Healthy communities are built on sensitivity to local capacities and the needs of children and families.
- Ensure sites are at accessible locations, on major bus routes, and are seen as safe by families.
- Do not replicate programming (similar program a couple blocks over).
- Use the resources available in the community, whenever possible and as appropriate.

6. Accessible and Flexible

- Resources and support need to be flexible, individualized and responsive to the changing needs of families.
- Reach the highest number of families, recognizing that systemic barriers such as distance (transportation) and availability of programming cannot always be accommodated.
- Deliver programs in locations based on travel patterns, community needs and number of eligible participants.
- Identify barriers to group participation and address barriers when possible.
- Programs are provided on a weekly, biweekly/bimonthly or monthly schedule throughout the year in order to provide continuity of services and resources to program participants.
- Programs provide continuous entry for participants (no waiting lists).
- Participants choose when to enter, attend and exit program (up until the child is one year old).
- Co-locate groups. Participants may feel more comfortable attending if they are already familiar with the site, e.g. church, day care, or school.
- One to one contacts are available to participants.

7. Collaborative and Coordinated

- Coordinate and provide the linkage between individuals and their families to other families, professionals, government initiatives, community-based programs and resource supports.
- Where possible, collaborate with federal, provincial and municipal programs and initiatives such as Public Health Agency of Canada (CPNP/CAPC), Health Canada (FNIH) and Healthy Child Manitoba Office (Families First, Parent-Child Coalitions, Triple P, FASD) to enhance programs and reduce duplication.
- Ensure program is well promoted in the community and at well-baby clinics, doctors' offices, immunization clinics, prenatal classes, etc.
- Engage other professionals as appropriate – health care providers, community health workers, community mental health workers, Child and Family Services workers, etc.
- Collaborate with other agencies such as schools, local community groups, grocery stores, churches, friendship centres and hospitals.
- Refer participants to other services to access information and support on specific health and psychosocial needs.
- Respect that all team members have an active role in program planning, delivery and data collection.

8. Culturally Sensitive and Inclusive

Being culturally sensitive means:

- Service providers are aware and accepting of cultural differences and can appreciate and work with individuals from cultures other than their own. Self awareness and an adaptation of skills are needed to provide appropriate support.
- Cultural sensitivity for Healthy Baby is being sensitive to the ways in which participants' values and perceptions about life and their health may differ from the Healthy Baby team members' own view.
- Education and support occurs within the social and cultural context of the individual's family and community.
- Programs are open to and respectful of all pregnant individuals, new parents or caregivers and their families regardless of gender, age, sexual orientation, ethnicity, language, physical ability, etc.
- Discover similarities between moms that help to break down barriers, such as language, differing life experiences, socioeconomic status, etc.
- Provide accurate information, with the evidence/best practice to explain concepts.
- Use culturally sensitive and interactive educational activities.
- Identify the resources that can support the needs of different ethnic groups such as elders, newcomer/immigrant services, interpreters, advocates, etc.

Being inclusive means:

- Encouraging participation and accepting everyone's right to contribute.
- Having a willingness to share the power and considering each person as having the ability to be both a teacher and a learner.
- Taking the time to learn about another person's gifts and dreams rather than seeing people only as having needs and deficits.
- Helping to connect people rather than "do for."
- Do what is reasonable to eliminate concerns that would affect the individual's active involvement in a group.

9. Trauma Informed

“Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love”.
(Tara Brach, 2011)

Trauma is the cause of many of the most pressing problems of our communities including but not limited to: poverty, crime, violence, domestic abuse, sexual exploitation, low academic achievement, mental health problems and addiction. Although trauma may be central to many people’s difficulties, in health care and social service settings, their trauma is often not identified or acknowledged. Frequently those affected by trauma do not receive the care or understanding they need, and are at risk of being re-traumatized by the very systems they are seeking help from, which in turn may increase their involvement within the system. Every organization plays a role in supporting trauma recovery. (<http://klinik.mb.ca/education-training/training-opportunities/trauma-informed/>)

Components of Trauma

Regardless of its source, trauma contains three common elements:

- It was unexpected.
- The person was unprepared.
- There was nothing the person could do to stop it from happening.

Simply put, traumatic events are beyond a person’s control. It is not the event that determines whether something is traumatic to someone, but the individual’s experience of the event and meaning they make of it. The effects of trauma can be experienced across the lifespan. [Click here](#) for a list of the Fight / Freeze / Flight responses to trauma.

Trauma can result in:

- changes to the brain
- compromised immune systems
- increased physical and mental stress
- decreased trust
- attachment difficulties and conflictual relationships
- hyper arousal and hyper-vigilance
- rigid or chaotic behavior

The core principles of trauma awareness:

- safety
- trustworthiness

- choice and collaboration
- building of strengths and skills

In an effort to adequately support program participants, from a trauma informed perspective, service providers must understand what trauma and trauma informed practice is. For more information, refer to the resource, Trauma-informed, the Trauma Toolkit (2013):

http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

<http://trauma-informed.ca/>

<https://www.samhsa.gov/nctic/trauma-interventions>

10. Harm Reduction

Increasing awareness and understanding of the philosophy of harm reduction is essential in providing comprehensive supports to Healthy Babyprogram participants. It is important to acknowledge that harm reduction is not a new concept. Harm reduction principles have been applied for many decades in many areas outside the field of addiction. Day to day strategies such as using a seatbelt while driving a car, wearing sunglasses while outside, or using hand rails when walking down stairs are all examples of an intervention to help reduce harm.

An advantage of harm reduction strategies is the economic benefits they yield for society at large: “It is estimated that for every dollar spent on harm reduction programs, the government saves seven dollars. Crime, disease and death have dropped dramatically in all cities that have implemented real harm reduction programs” (Vancouver Area Drug Users Network, 2006).

Harm reduction involves taking action through policy and programming to reduce the harmful effects of behaviour. It involves a range of non-judgemental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources and supports for individuals, their families and communities to make informed decisions to be safer and healthier. <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Ot/er/BCHRSSPolicyandGuidelinesDecember2014.pdf>

Harm reduction recognizes that people assess risk in a variety of ways and that people see the risks associated with various behaviours differently. It acknowledges the contexts and social environments within which people live that may contribute to harm. The goal is to support and engage people without imposing moral judgement. This leads to improved opportunities for adopting healthier practices and providing increased opportunity to access a wide range of needed supports and services.

Harm reduction means people can empower themselves by taking small steps toward adopting healthier practices that can lead to having greater control of their lives in general. The role of a harm reduction worker or 'harm reductionist' is to support clients by promoting and respecting their autonomy.

The principles of harm reduction:

- Accepts risk-taking as normal human behaviour.
- Recognizes the rights and abilities of individuals in making their own choices.
- Recognizes that people have more success in changing behaviours when they make choices that reduce the possibility of harm, rather than abstinence: totally eliminating harm or risk as the first step towards change.
- Identifies a range of risks related to smoking, alcohol consumption and drug use, sexually transmitted infections and diseases, etc., rather than the behaviour itself.
- Encourages people to start "where they're at" in order to protect themselves, their children, their partners and their communities.
- Recognizes the intrinsic value and dignity of all human beings.
- Does not judge individuals on the basis of their individual behaviours.
- Accepts that isolating people and communities based on moral judgments is harmful.
- Enhances social and health programs, disease prevention and education by reducing oppressive and punitive measures.
- Recognizes diversity within the community or communities, accepting that there is no one homogenous group.
- Recognizes the right for comprehensive, non-judgemental medical and social services and the fulfillment of the basic needs of all individuals and communities.
- All information, including written materials and verbal teaching, is offered in a value free manner that enables clients to assess their options and make free and fully informed decisions related to their own health and well being. (Harm Reduction Training manual - A Manual for Frontline Staff Involved with Harm Reduction Strategies and Services, January 2011)

Service providers must recognize that some of the choices that participants will make are high risk and do not match with one's professional or personal philosophies. It is essential to recognize that you will not be able to support every program participant in their life choices and to know when to refer to another team member or agency so that the individual may access appropriate information and support.

In an effort to adequately support program participants in facilitating any behaviour change, service providers must understand the Stages of Change model and/or Health Behaviour Change model (see Appendices 9 and 10).

Personal life issues faced by individuals may need the support of more specialized services. Healthy Baby program service providers are not responsible for ongoing counselling/care of participants. Consultation, advocacy and referrals should be made when necessary.

11. Focused Toward Community Development

The United Nations defines community development as a process where community members come together to take collective action and generate solutions to common problems. The scope of community development can vary from small initiatives within a small group (coupon exchange), to large initiatives that involve a whole community (community gardens). Community development includes natural resources (land, air, water), human resources (healthy families and lifestyles, education and training, human rights), financial resources (fundraising and grant seeking, banks, government loans) and infrastructure (buildings, hydro, transportation, and political systems).

Community development is important because it can influence the determinants of health. One of the primary challenges of community development is to balance the need for long term solutions with the day to day realities that warrant immediate decisions and short term action. For example, programs that only target participant lifestyle choices cannot affect the underlying causes (e.g. poverty, health inequities, etc.) of poor pregnancy outcomes. Healthy Baby team members need to be aware of the many influences that contribute to a participant's well-being. Linking participants to community activities and resources encourages participant involvement and awareness of their community. Families involved in their communities can build community capacity and help to make positive changes that will make a difference.

Community development is most likely to happen when:

- A challenge or opportunity presents itself and the community responds.
- Community members are aware of their power to act together to improve the circumstances of their community.
- There is a desire to build on diversity and to find common ground.
- Change is taking place and community development is seen as the appropriate approach to manage the change.
- Community readiness is apparent and forms the foundation to find long term approaches.
- A community catalyst exists - an individual or group is interested in creating interest and support for change (may or may not be in response to a crisis).



For more detailed information on Community Development see the Community Development Facilitators Guide written by Flo Frank and Anne Smith for Human Resource Development Canada at: <http://publications.gc.ca/site/eng/245322/publication.html>



KEY FACTORS TO GUIDE YOUR WORK

There are a number of key factors that influence and support positive outcomes for pregnant individuals and new parents. Through their work with families, programs can support outcomes such as healthy pregnancies, healthy birth weights and healthy infant development. The following section provides a brief overview of the concepts and the importance of embedding these into Healthy Baby programming and service delivery.

1. Nutrition and Healthy Eating
2. Social Support
3. Mental Health
4. Infant Development
5. Prenatal Care
6. Physical Activity

1. NUTRITION AND HEALTHY EATING

Healthy Baby programs promote, educate and incorporate nutrition information, learning and supports for program participants in the areas of individual/participant consumption, infant feeding, breastfeeding, and feeding dynamics within the family. Healthy Baby teams will ensure that participants receive this information at group via session topics, 1:1 contacts, or resources (handouts). For detailed information on the role of nutrition and food at Healthy Baby programs see Nutrition and Food in the section, Components of Healthy Baby Program.

Individual (Participant)

A balanced diet is a basic part of good health at all times in one's life. Prior to conception and during pregnancy, folic acid is recommended and has shown to reduce neural tube defects such as spina bifida by 50-70%. During pregnancy, additional vitamins and nutrients are required and the foods eaten are the main source of nutrients for the developing baby. The nutrition of the pregnant individual protects not only their own health but also supports positive birth outcomes such as healthy birth weights, reduced preterm births, and reduced neural tube defects.

During the postnatal period, food consumed by the birth parent will impact recovery from child birth. A healthy diet will provide the energy and nutrients needed to recover and to get through the busy days ahead. If breastfeeding, proper nutrition can also enhance baby's growth and development. Healthy Baby programs can provide pregnant individuals and parents with current nutrition information about their nutritional requirements during pregnancy and after baby is born. Healthy Baby programs should encourage participants to follow the Canada Food Guide which is available in pamphlet form or on the internet: "Eating Well with Canada's Food Guide". The food guide includes specific recommendations for various groups including pregnant and lactating individuals and modified versions of Canada's Food Guide are available to meet the needs of Indigenous First Nations, Inuit and Métis cultures.

For more information about eating well during pregnancy see the following website:

Advice for Individuals of Childbearing Age: www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/individuels-femmes-eng.php

Eating Well with Canada's Food Guide www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

It is expected that Healthy Baby programs will invest energy and time to ask individuals about their food consumption as a proactive measure in promoting positive health outcomes for the individuals and their babies. Through the use of the Healthy Baby

Prenatal Nutrition Questionnaire (Appendix 12), Healthy Baby team members, Registered Dietitians/Community Nutritionists (where available) will gather information from the prenatal participant and then be able to provide the appropriate support and referral to a health professional/clinician if required.

The Prenatal Nutrition Questionnaire provides information from the prenatal participant regarding their eating habits i.e., if they eat from the recommended food groups; nutrients, multi-vitamin/prenatal vitamins and food intake; food preparation; and whether the participant can afford to meet their basic nutritional needs. The questionnaire enables the RD/CN and participant to discuss possible dietary concerns, underlying health conditions, or potential health conditions and allows the Healthy Baby team members to support participants with education, information, or a referral to the appropriate health care professional, Diabetes Education Resource, etc. (see Prenatal Nutrition Questionnaire and Guidelines in Appendix 12). Dial-A-Dietitian can be called by either service providers or participants to access free nutrition information at 1-877-830-2892 or 204-788-8248 in Winnipeg.

Breastfeeding

Breastfeeding is the optimal way of providing babies with the nutrients they need for healthy growth and development. Almost all individuals can breastfeed provided they have accurate information and the support of their family, the health care system and society at large. The World Health Organization (WHO) and the Public Health Agency of Canada (PHAC) recommend exclusive breastfeeding for the first 6 months of life, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

Breastfeeding initiation rates in Canada are 90.3% and in Manitoba are approximately 91.1%; however duration rates drop drastically after individuals leave the hospital. By 6 months of age, Canadian rates for exclusive breastfeeding have dropped to 21.9% which is well below the desired rate. This is why creating a culture to support breastfeeding is an important aspect of the Healthy Baby program. The ultimate goal is to move to a breastfeeding cultural norm, thereby ensuring the best possible outcomes for babies.

There are many opportunities for Healthy Baby programs to embed breastfeeding messages into the group process. As part of supporting “Baby Friendly” at Healthy Baby sites, it is expected that teams will promote breastfeeding and provide ongoing breastfeeding information and support to participants. Learning can occur via breastfeeding topics or information “nuggets” during Healthy Baby sessions and through 1:1 support from team members. Displaying posters/signs, having breastfeeding pillows,

providing a comfy place to breastfeed a baby, etc., can all help in creating an environment conducive to breastfeeding.

The following section details program objectives for breastfeeding and how to incorporate these into programming.

Objectives:

- To encourage/support breastfeeding initiation as appropriate
- To create an environment based on culture that supports breastfeeding
- To promote/support breastfeeding duration as appropriate
- To increase awareness of the benefits and challenges of infant feeding practices based on current research
- To increase individuals' knowledge of informed choice regarding feeding practices
- To provide appropriate referrals to health professionals/agencies/programs as needed to support feeding practices

Support for Breastfeeding

Evidence and best practice propose that to build a parent's confidence and ability that will encourage initiation and duration of breastfeeding, it is necessary to establish breastfeeding as the cultural norm for infant feeding. To support this in community, it is expected that:

- Healthy Baby teams will strive to promote breastfeeding while using a respectful, client-centred approach that seeks to give accurate information in a supported atmosphere while respecting the choices that participants make for their own lives.
- Healthy Baby team members are knowledgeable about the "breastfeeding basics" (health benefits, supports, resources) and will promote and support breastfeeding as the optimal infant feeding choice at Healthy Baby sites.
- Participants will be welcomed and encouraged to breastfeed at the site.
- Notices will be posted advising participants that they are welcome to breastfeed and that they may also ask for a private area. An example of the wording could be: "You are welcome to breastfeed. If you would prefer privacy, please ask a team member."
- Support and ensure appropriate feeding information is provided to participants who do not breastfeed. Because there are so many different types and ways to prepare formula/breast milk substitutes, presenting formula/breast milk substitute information in a group setting is not recommended. Offer individual instruction on

storage, preparation and feeding to parents who are considering using or are already using infant formula/breast milk substitutes.

- When questions about formula/breast milk substitutes arise in the group setting, team members are encouraged to answer questions accurately; acknowledging and validating the challenges the participant may be experiencing. In-depth consultation regarding individual choices should occur one-to-one with the appropriate team member providing support and information.
- Harm reduction information may include risks to the breastfeeding individual and baby related to alcohol consumption, drug use or HIV status. It is expected that programs will be sensitive to the needs and choices of its individual participants; ensuring that if formula/breast milk substitutes are chosen, guidance will be provided concerning their use.

Note: Very few individuals are unable to breastfeed if they have received the support needed to address early clinical problems or support from their partner, family, friends and the community. Unfortunately, not all individuals get that support, and some stop breastfeeding because of problems related to difficulties experienced in the first weeks after birth. For some individuals breastfeeding may be difficult for reasons such as previous sexual abuse or trauma which makes it challenging for them to feel positive about the breastfeeding experience. Some individuals find it difficult to continue breastfeeding while attending work or school. Others may make an informed decision not to breastfeed.

A small number of health conditions of the infant or the parent may justify recommending that breastfeeding is not possible temporarily or permanently. Whenever stopping breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of specific conditions.

Supporting Informed Decision-making about Infant Feeding

The team will support each individual in making an informed decision about infant feeding. Information essential to make an informed decision includes:

- Benefits of breastfeeding for baby, breastfeeding individual, family and community.
- Health consequences of not breastfeeding for baby and breastfeeding individual.
- Strategies to address attitudes and beliefs about infant feeding (which can impact initiation and duration.)
- Avoiding and overcoming the challenges of breastfeeding.
- Difficulty of reversing the decision once breastfeeding is stopped.

- Once a decision has been made, an individual needs to know that they will be respected and supported regardless of their decision.
- How breast milk is made and sustained.
- Cost of formula/breast milk substitutes.
- Types of contraception compatible with breastfeeding.
- The right of individuals to be accommodated in the workplace during pregnancy and breastfeeding.
- Information on the use of breast-milk substitutes (i.e., formula) will be given impartially in a manner that does not promote specific products and maintains an environment of informed decision making. Written material on breast-milk substitutes are to be current, appropriate and separate from breastfeeding information.
- Healthy Baby sites will be aware of avoiding promotional material that advertises or promotes formula and aims to respect the International Code of Marketing of Breastmilk Substitutes. If formula is kept on hand for emergencies, it will be placed out of sight of participants to eliminate brand promotion. In addition, the Healthy Baby team will not talk about the availability of formula for emergency situations at the group. This will only occur as a result of a 1:1 interaction.

Baby Friendly Initiative

The Baby Friendly Initiative (BFI) is a global effort of the World Health Organization (WHO) and UNICEF to implement practices that protect, promote, and support breastfeeding. The initiative has measurable and proven impact, increasing the likelihood of babies being exclusively breastfed for the first six months (www.who.int/nutrition/topics/bfhi/en/). It incorporates the principles of population health, is evidence based and provides the guidelines for expected outcomes. The Breastfeeding Committee for Canada (BCC) has developed the BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services which describes the international standards within the Canadian context (www.breastfeedingcanada.ca).

Healthy Baby is taking steps to work towards incorporating “Baby Friendly” in the community and will be working with the Breastfeeding Committee for Canada towards this goal. This process will occur through consultation with funded organizations and will include the provision of education and resources for Healthy Baby team members to support and implement this endeavour as it unfolds.

For information about the **Baby Friendly Initiative** see the Manitoba Health, Seniors and Active Living website: <http://www.gov.mb.ca/health/bfm/bfm.html>

The Breastfeeding Committee for Canada (BCC) has developed the BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services
http://breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf

WHO has developed an excellent resource on “Infant and Young Child Feeding which is based on the BFI.
http://apps.who.int/iris/bitstream/10665/44117/1/9789241597494_eng.pdf

Combined course on Growth Assessment and IYCF Counselling: Trainers Guide.
http://apps.who.int/iris/bitstream/10665/77944/4/9789241504812_Participants_manual_eng.pdf?ua=1&ua=1

Infant Feeding

“Optimal infant and young child feeding practices rank among the most effective interventions to improve child health. To improve the situation, parents and families need support to initiate and sustain appropriate infant and young child feeding practices.” (WHO, 2009) Although pediatric nutrition is influenced by demographic factors such as the birth parent’s age at the time of birth, marital status, social class and their partner’s social class, other factors such as maternal knowledge, attitudes and behaviours also play a pivotal role in influencing an individual’s health from conception throughout childhood and later during adult life.

The Canadian Pediatric Society, Dietitians of Canada, Health Canada and Breastfeeding Committee for Canada recommend that there be accurate and consistent messages about infant nutrition for parents and caregivers across Canada to ensure the best outcomes for babies. This Infant Feeding Joint Working Group has established feeding recommendations based on scientific evidence and accepted practice:

Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months
<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months.
<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php>

Healthy Baby programs play an important role in providing accurate information on appropriate feeding practices i.e., delaying solids until baby is 6 months old and appropriate use of beverages, etc. Healthy Baby programs are in a position to embed key nutrition messages such as the long term advantages of a healthy diet, starting appropriate infant feeding practices early in life, the strong link between feeding

practices and baby/child dental health, benefits of breastfeeding, and the awareness of hunger and satiation cues, etc.

Healthy Baby team members can play a critical role in providing support to families by encouraging and providing informed decision making about feeding practices among participants and their families. The program team can provide practical support during group sessions regarding making baby food, breastfeeding, reading labels, cost effective food choices, etc. Learning can occur at group sessions via interactive nutrition related demonstrations and activities/games (for example, the “How Sweet It Is” resource) and on a one-to-one basis with team members. Appropriate advice and help to solve feeding difficulties as well as knowing when and where to refer a participant who experiences more complex feeding problems are essential skills and an expectation for Healthy Baby team members working with families.

The Feeding Relationship

In keeping with important infant feeding practices, it is recognized that the way a parent/caregiver and infant/child interact when feeding is an essential component to developing lifelong healthy eating habits and attitudes regarding food.

Most food selection recommendations made today are reasonably consistent and based on clear logic about child development, nutrition and behaviour. The feeding relationship has now become a routine consideration in child nutrition. Early childhood professionals have set aside rigid feeding guidelines and recognize that the principles of the feeding relationship are consistent with philosophies of optimum parenting and child development that state that children are entitled to a full share of respect and as much responsibility as they are capable of exercising. Ellyn Satter is an internationally recognized expert on healthy eating and feeding. She emphasizes competency rather than deficiency; providing rather than depriving; and trust rather than control.

“The secret to feeding a healthy family is to love good food, trust yourself, and share that love and trust with your child. When the joy goes out of eating, nutrition suffers.” Ellyn Satter

Healthy Baby Programs should be aware of Ellyn Satter’s model and incorporate the feeding relationship as an important component of their service delivery. The following is a brief summary of the Feeding Relationship as it relates to infants and toddlers.

Ellyn Satter's Division of Responsibility in Feeding

The main premise behind the feeding relationship is that the parents provide **structure**, **support** and **opportunities** and children choose **how much** and **whether** to eat from what the parents provide.

The Division of Responsibility for Feeding Infants:

- The parent is responsible for **what foods are offered**.
- The child is responsible for **how much** and whether they eat.

The parent helps the infant to be calm and organized and feeds smoothly, paying attention to information coming from the baby about timing, tempo, frequency and amounts.

The Division of Responsibility for Feeding Toddlers through Adolescents:

- The parent is responsible for **what, when and where they eat**.
- The child is responsible for **how much** and **whether they eat**.

Parents' Feeding Jobs:

- Choose and prepare the food.
- Provide regular meals and snacks.
- Make eating times pleasant.
- Show children what they have to learn about food and mealtime behavior.
- Not let children graze for food or beverages between meal and snack times.
- Let children grow up to get bodies that are right for them.

Fundamental to a parent's job is trusting their children to decide how much and whether to eat. If parents do their jobs with feeding, children will do their jobs with eating:

- Children will eat.
- They will eat the amount they need.
- They will learn to eat the food their parents eat.
- They will grow predictably.
- They will learn to behave well at the table.

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For information on Ellyn Satter's materials and programs, see www.EllynSatter.com

2. SOCIAL SUPPORT

It is a well-known fact that socially supportive relationships are a cornerstone of healthy family functioning. Parents benefit from relationships that offer valuable resources and information, model positive parenting, and provide stability and an emotional outlet.

In some parts of the world, new parents are surrounded and assisted by other individuals who help and share their knowledge; however, in our mobile society, traditional support systems, including extended family, are less available. Many new parents may find themselves alone, or relying on a partner who is also a new parent.

Social support is the physical and emotional comfort given to us by our family, friends, co-workers and community. It is knowing that we are part of a community of people who love and care for us, and value and think well of us. Health and well-being often is less about the actual support given and rather a consequence of participation in a meaningful social context, such as involvement in a community support group. Receiving support gives meaning to individuals' lives by virtue of motivating them to give in return, to feel obligated, and to be attached to their ties.

Healthy Baby programs offer support to families in many ways by providing information, resources and referrals; however social support develops from within the group of participants. Often through regular attendance, individuals connect with each other and build relationships that form the basis of a social support network. Support groups and support networks can play an important role in reducing the negative impact of stress in one's life while fostering lasting relationships. Through the group process, participants can experience the following benefits of social support groups/networks:

- **Sense of belonging.** Spending time with people helps ward off loneliness/isolation. Whether it is other new parents, dog lovers, or colleagues, just knowing you are not alone can go a long way toward coping with stress.
- **Increased sense of self-worth.** Having people refer to you as a friend reinforces the idea that you're a good person to be around.
- **Feeling of security.** By reaching out and sharing yourself with others, you have the added security of knowing that if you start to show signs of depression or exhibit unhealthy lifestyle habits, your friends can help alert you to the problem.

Source: www.mayoclinic.com/health/social-support/SR00033

3. MENTAL HEALTH

Mental health is the sense of well-being that comes from knowing that you can cope with whatever life sends our way. Mental health is about a quality of life and finding balance between all aspects of our lives; social, physical, spiritual and emotional.

The World Health Organization defines mental health as “a state of well being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.”

The Public Health Agency of Canada defines mental health as being “the capacity of each of us to feel, think and act in ways that enhance our ability to enjoy life, and deal with the challenges we face. It is a positive sense of emotional and spiritual well being that respects the importance of culture, equity, social justice, interconnections and personal dignity. Good mental health can actually prevent mental illness.

Many people have mental health concerns from time to time. But a mental health concern becomes a mental health condition when ongoing signs and symptoms cause frequent stress and affect your ability to function.

Mental health conditions range from disorders that affect your mood, thinking and behaviour. Examples include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours.

A mental health issue can make you sad and can cause problems in your daily life, such as at school, work, home or in relationships. Mental health problems pose a huge human, social and economic burden to individuals, their infants, their families, and society, and constitute a major public health challenge. Studies of depression and anxiety show their incidence to be approximately 5% in non-pregnant individuals, approximately 8-10% during pregnancy and highest (13%) in the year following delivery. Suicide is one of the most common causes of maternal death in the year following delivery in developed countries.

Virtually any individual can develop mental disorders during pregnancy and in the first year after delivery, but poverty, frequent moving, extreme stress, exposure to violence (domestic, sexual and gender-based), belonging to the Lesbian, Gay, Bisexual, Transgender (LGBT2SQ) community, emergency and conflict situations, natural disasters, and low social support generally increase risks for specific disorders.

During pregnancy an individual experiencing a mental disorder is less likely to eat and/or sleep well, may fail to gain adequate weight, and is less likely to get prenatal

care. They are more likely to use harmful substances such as alcohol, cigarettes and drugs and may attempt to self harm or attempt/commit suicide.

Stress hormones are raised during maternal mental illness and may also have physical effects on the mother predisposing her to maternal high blood pressure, pre-eclampsia, early and difficult delivery. Maternal stress and disorders are associated with preterm delivery, low birth weight and adverse impacts on the developing baby's temperament and neurological fetal development and are more likely to develop chronic health problems as adults, such as heart disease, high blood pressure and diabetes.

After giving birth, if a mother is depressed she may fail to adequately eat, bathe or care for herself and the risk of suicide must be considered. Young infants can be affected by the environment (largely influenced by the birth parent) and the quality of care, and are likely to be affected by a birth parent with mental disorders, especially if the birth parent has low mood, social withdrawal, irritability, impaired thinking and feelings of hopelessness.

Prolonged or severe mental illness hampers parent-infant attachment, breastfeeding and infant care. Depressed and anxious birth parents are less likely to look at their infant's face and emotionally connect with them, and they are also less likely to understand cues of hunger, happiness or distress and therefore are less responsive to the baby. In the older child, neglect, abuse, slower social, emotional and cognitive development, including higher rates of school and behaviour problems, are all risks. Maternal mental illness may also impact marital relationships, especially in the case of prolonged or serious mental disorder. These may include disruption of the marriage and/or spousal abuse by either partner.

The hopeful message is that 70-80% of individuals with maternal mental health disorders can be successfully treated and recover! This is good news for the woman, her infant and her family! The identification and management of most of these mental disorders can be done by front line service providers at the primary health care level.

At Healthy Baby groups, it is expected that the Healthy Baby team will support individuals and parents to feel an increased sense of well-being and reduced isolation. Information and supports are provided so that participants have an understanding of the emotional adjustments during pregnancy and after baby is born; and understanding the signs of depression, anxiety and other mental health disorders. Healthy Baby service providers need to be aware of the importance of maternal mental health and recognize when a participant needs additional support, consultation and/or referral to the appropriate health professionals and social service agencies.

Sources: Maternal Mental Health & Child Development

http://www.who.int/mental_health/prevention/suicide/mmh%26chd_chapter_1.pdf

http://www.medscape.com/viewarticle/573947_5
<http://www.webmd.com/baby/features/fetal-stress#2>

4. INFANT DEVELOPMENT

A child changes more in the first year than at any other life stage. Infants experience huge increases in physical growth, motor skill development, brain development and plasticity, cognitive development and language development.

“Stable, responsive, nurturing relationships and rich learning experiences in the earliest years provide lifelong benefits for learning, behavior and both physical and mental health”.*

Brain development is an integral component of infant development and research suggests that early experiences affect the quality of brain architecture by establishing either a sturdy or a fragile foundation for the learning, health and behaviours that follow.* Brains are built over time and this begins before birth and continues into adulthood. Infants’ brains are changing at high speeds and these positive developmental changes are enhanced through the infants’ interaction with their environment, which often comes from interaction with the parent(s). It is essential that the infant be exposed to appropriate levels of stimulation and is especially critical for healthy development in those infants that are born at high risk due to biological or environmental issues, or those infants with diagnosed disabilities.

The interactive influences of genes and experience shape the developing brain. Scientists now know a major ingredient in this developmental process is what has been called a “serve and return” relationship between children and their parents and other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions and gestures, and adults respond with similar kinds of vocalizing and gesturing back at them.* If a parent or caregiver does not provide a response or provides one that is inconsistent or inappropriate, the infant’s brain does not develop as expected which can lead to disparities in learning and behaviour. An infant’s brain has “plasticity” which means that it’s easier and more effective to influence a baby’s developing brain than to rewire parts of its circuitry during adolescence and the adult years.

Physical Development and Infant Milestones

Depending upon nutritional, genetic and environmental factors, an infant should successfully meet several developmental milestones. Many of these are motor and cognitive skills involving controlling muscle groups (sitting up/crawling/walking without assistance), recognizing familiar faces and sounds, grasping objects and manipulating

objects, following basic directions, speaking words and sentences, and beginning to walk, etc.

Infant milestones provide a general framework for developmental expectations and parents need to be reassured that babies develop differently and may advance in some areas more quickly than others.

Healthy Baby programs provide prenatal individuals and new parents with information and resources that encourage and support the building of nurturing parent/infant relationships, provide a realistic understanding of infant milestones and build safe environments for infants and children. Informing parents about developmental stages and expectations and then providing age appropriate activities that promote and support infant development helps parents to develop confidence in their ability to raise a healthy and confident child. This information also allows the parent the ability and opportunity to identify any concerns they may have regarding their child's development.

It is expected that team members will embed interactive parent-infant activities into programs. These parent-infant activities should be developmentally appropriate and include explanations on why a specific activity is helpful for development, i.e., brain development / relationship building/language development. Information and activities should support all aspects of infant development e.g., reading, physical activity, singing/rhymes etc.

Check-ups with primary health care providers should be encouraged for infants where concerns regarding the possibility of slow or delayed development are identified.

Source: * National Scientific Council on the Developing Child. Young children develop in an environment of relationships. Cambridge, MA: National Scientific Council on the Developing Child; 2004. Working Paper No. 1. Available at:

<http://developingchild.harvard.edu/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>

Caring for Kids: Information for parents from Canada's pediatricians. Your child's development: What to expect

http://www.caringforkids.cps.ca/handouts/your_childs_development

Your baby's brain: How parents can support healthy development

http://www.caringforkids.cps.ca/handouts/your_babys_brain

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5. PRENATAL CARE

“The prenatal period is a preparatory time for the pregnant individual to prepare both physically and psychologically. It is a time of immense anxiety, excitement, and learning. The best way to ensure the health of both the expectant parent and infant is through early and attentive prenatal care.”

Prenatal care is the care a pregnant individual receives. This care can be provided by a doctor, midwife, or other health professional. The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either the birth parent or baby. All pregnant individuals benefit from prenatal care. Individuals who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy. Through recommendations on adequate nutrition, exercise, vitamin intake, etc. the reduction of maternal death, birth defects, low/high birth weights, and other preventable infant problems can be reduced or avoided.

Prenatal care should start early and can even start in the preconception period if possible. Preconception care would involve knowing how health conditions and risk factors can affect the individual and the unborn baby if a pregnancy were to occur.

At Healthy Baby groups, pregnant individuals should be encouraged to get early and regular prenatal care. While Healthy Baby groups do not replace the primary prenatal caregiver, Health Baby service providers are in a position to provide individuals with information, resources and appropriate referrals that contribute to positive pregnancy outcomes. Information that should occur prenatally either as part of a prenatal presentation topic or within a one to one discussion:

- Prenatal Nutrition
- Importance of Folic Acid
- Alcohol and Pregnancy
- Smoking and Pregnancy
- Oral Health
- Emotional Health
- Physical Activity and Pregnancy

The College of Physicians of Canada <http://www.cfpc.ca/Pregnancy/>
http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Patients/PatInfoBro_Pregnancy_EN.pdf

Public Health Agency of Canada: The Sensible Guide to a Healthy Pregnancy. www.phac-aspc.gc.ca/hp-gs/index-eng.php

6. PHYSICAL ACTIVITY

Physical Activity is a key determinant of health and well-being and is an important component of the population health and disease prevention strategy of the Public Health Agency of Canada (2007).

The most recent data on physical activity in Canada states that almost half of Canadians are physically inactive and another 24% are not active enough to attain optimal health benefits (source: Statistics Canada's Canadian Community Health Survey).

Health Canada recommends 60 minutes of physical activity every day to stay healthy or improve health. Progression to moderate activities will allow people to cut down to 30 minutes, 4 days a week. Activities in periods of at least 10 minutes can be added to accumulate a total for the day. Three activity groups are recommended and they are: endurance, flexibility, and strength.

Regular physical activity both during the prenatal and postnatal period is important as has numerous benefits such as:

better health ▪ improved fitness ▪ better posture and balance ▪ better self-esteem, weight control ▪ stronger muscles and bones ▪ feeling more energetic ▪ relaxation and reduced stress ▪ help build your stamina for labour and delivery ▪ speed up your recovery after labour and delivery ▪ reduced risk of diseases such as adult-onset diabetes, heart disease, high blood pressure, osteoporosis, depression, colon cancer, stroke

Healthy Baby teams will support and encourage parents to work towards a healthier lifestyle including physical activity. Physical activity can be discussed as a session topic and the recommended guidelines for exercise during pregnancy and postpartum should be reviewed as an essential component of these sessions. Exercises that strengthen, increase flexibility, and increase cardiovascular fitness can be discussed and numerous resources are available for participants that can provide information, recommendations and ideas about how to increase physical activity and incorporate it as part of a healthy lifestyle.

Healthy Baby participants should be encouraged to discuss with their health care provider if there are any limitations on their ability to be active and to start easy and progress gradually for any new exercise program.

Note: Due to the limited time with participants at Healthy Baby programs, no formal exercise programs are to be delivered during Healthy Baby sessions.



For more information on the existing physical activity guidelines see:

Canada's Physical Activity Guide to Healthy Active Living. Free copies can be ordered from Health Canada at 1-888-334-9769 or visit the website www.publichealth.gc.ca/paguide

Public Health Agency of Canada's Healthy Pregnancy Web site: http://www.phac-aspc.gc.ca/hp-gs/guide/04_pa-ap-eng.php

Canadian Physical Activity Guidelines, Canadian Sedentary Behaviour Guidelines Your Plan to Get Active Every day. http://www.csep.ca/cmfiles/guidelines/csep_guidelines_handbook.pdf

HEALTHY BABY PROGRAM TEAM APPROACH

Healthy Baby programs involve a number of different agencies and partners, all of which have an equal opportunity to enrich and enhance the lives of expectant moms/dads and new parents/caregivers.

A successful Healthy Baby program is dependent on all team members having an overall commitment to share information with each other including best practice issues, current research, etc. Team members can share health, nutrition, parenting resources etc., with their team members so that, at any given time, program participants can receive accurate information regarding a wide variety of related topics. Through program planning meetings and regular debriefing sessions, the team can maintain open communication that strengthens both team functioning and programming.

The Healthy Baby Team:

- Recognizes that each team member brings a valuable perspective to the work with families.
- Focuses on the participants' needs.
- Ensures a positive group experience.

Each team member comes from a different discipline and must work within those organizational responsibilities and philosophies, and has unique experiences and their own ideas on how the program should operate and how to respond to individual participant needs. Through a collaborative process, each Healthy Baby team can establish what works at their site and who can perform which function(s) to ensure a smooth running group. A team member is not bound by their professional identity or discipline and their involvement should focus on meeting the needs of the participants in the group. In some situations, one team member performs many team functions; at other sites team functions are shared and roles and responsibilities are fluid. The Healthy Baby team may look very different in an urban setting than in rural and northern communities.

There are some integral components required in order to achieve a solid team:

- A. Team Building and Problem Solving
- B. Communication
- C. Shared Roles and Responsibilities
- D. Program Planning/Meetings
- E. Debrief
- F. Staff Development

A. TEAM BUILDING AND PROBLEM SOLVING

“Coming together is a beginning; keeping together is progress; working together is success.” Henry Ford

A critical element of team work success is that the team efforts are directed towards the same clear goals. This relies on good communication within the team and harmony in member relationships. This requires a good understanding of the purpose the team is trying to achieve and a commitment and consensus on how to attain the vision.

Team building success is when your team can accomplish something bigger and work more effectively than you could individually. The team should recognize the diversity of skills and personalities and use team members’ strengths and compensate for each other’s weaknesses. While people on the team may have identified roles, there must be flexibility for the team to “pitch in” and help each other out to perform effectively.

Some team building techniques and tips you can use to support your team are:

- Talk as a team and be clear about what the team goals are and ensure that these goals are understood and accepted by each team member.
- Make sure that each team member knows what they are responsible for at the group and avoid overlapping authority.
- Build trust with your team by spending time together as a team during your debrief to share in an atmosphere of honesty and openness.
- For issues that rely on team consensus and commitment, involve the whole team in the decision making process. Team meetings that involve all team members in the decision, solution or idea will create more agreement and commitment to the outcome. In rural/northern areas team building may occur in more informal ways i.e., teleconference, referral and follow-up with Public Health and community partners.

Problem Solving and Conflict Resolution

Conflict is a natural change agent and common in the development, delivery and evolution of any program. Team members and community partners come with different program philosophies, obligations and standards. Conflict resolution and the problem solving that results from it can strengthen team functioning and cohesion. Conflict managed the wrong way can quickly spiral out of control, resulting in situations where cooperation breaks down and the team’s vision is compromised or lost.

Challenges regarding program planning, team functioning and individual roles/responsibilities are best resolved within the team, at the site level. This is the first point of reference should a conflict arise.

The Healthy Baby Community Program Guide provides direction for the operation of the group and places emphasis on the importance of regular program planning meetings and having a clear understanding of roles and responsibilities. If teams are unable to resolve an issue at the Healthy Baby site team level, then Supervisors/Coordinators or Team Managers/Director of the organization should be consulted for support and direction (again using the Healthy Baby Community Program Guide for direction).

At any time, an organization may contact the Healthy Baby program consultant(s) for clarification of policy/program parameters of service. Healthy Baby program consultants should be involved in instances where concerns/issues could impact programming/funding, or the organization is unable to resolve the issue with other service providers.

The following framework can be used to resolve conflicts:

Identify the Problem. Have a discussion to understand both sides of the problem. The goal at this initial stage is to say what you want and to listen to what the other person wants. Define the things that you both agree on, as well as the ideas that have caused the disagreement. It is important to listen actively to what the other is saying. Use “I” statements and avoid blame.

Come Up With Several Possible Solutions. This is the brainstorming phase. Drawing upon the shared program goals and on the points that you can agree on, generate a list of as many ideas as you can for solving the problem, regardless of how feasible they might be. Aim toward quantity of ideas rather than quality during this phase, and let creativity be your guide.

Evaluate These Alternative Solutions. Now go through the list of alternative solutions to the problem, one by one. Consider the pros and cons of the remaining solutions until the list is narrowed down to one or two of the best ways of handling the problem. It is important for each person to be honest in this phase. The solutions might not be ideal for either person and may involve compromise.

Decide on the Best Solution. Select the solution that seems mutually acceptable, even if it is not perfect for either party. As long as it seems fair and there is a mutual commitment to work with the decision, the conflict has a chance for resolution.

Implement the Solution. It is important to agree on the details of what each party must do, who is responsible for implementing various parts of the agreement, and what to do in case the agreement starts to break down.

Continue to Evaluate the Solution. Conflict resolutions should be seen as works in progress. Make it a point to ask the other person from time to time how things are going. Something unexpected might have come up or some aspect of the problem may have been overlooked. Your decisions should be seen as open to revision, as long as the revisions are agreed upon mutually.

Conflict Resolution Tips

Make sure that good relationships are the first priority: Make sure that you treat the other team members calmly and that you try to build mutual respect. Do your best to be courteous to one another and remain constructive under pressure;

Keep people and problems separate: Recognize that in many cases the other person is not just “being difficult” – real and valid differences can lie behind conflictive positions. Separating the problem from the person helps to deal with the real issues without damaging the working relationships;

Pay attention to the interests that are being presented: Listening carefully will help you understand why the person is adopting his or her position;

Listen first; talk second: To solve a problem effectively you have to understand where the person is coming from before defending your own position;

Set out the “facts”: Agree and establish the objective, observable elements that will have an impact on the decision; and

Explore the options together: Be open to the idea that a third position may exist, and that you can get to this idea jointly.

Source: MindTools Essential skills for an excellent career

www.mindtools.com/pages/article/newLDR_81.htm

Interpersonal Conflict and Effective Communication, DRB Alternatives, Inc.

www.drbalternatives.com/articles/cc2.html

B. Communication

Communication is essential to having a positive experience whether at work, home or play. Communication is highly personal and we know that individuals will communicate and connect differently with each person. We know that communication and behaviour has a huge impact on team functioning and team dynamics. Sometimes when individuals feel that their contributions, suggestions and feedback are met with indifference, resistance or lack of response it can push people farther apart. Individuals will reduce communication or stop communicating with each other and avoidance becomes the norm.

Communication Principles

As a way to enhance the communication and team functioning; each team member acknowledges that they have an active role in creating success for this team. It is expected that:

- Healthy Baby team members/managers are all on the same page to have healthy team dynamics and positive relations; a place where one wants to come to work.
- Team members conduct themselves in a manner that is respectful, professional, and friendly at all times – no differential treatment to any member.
Important: Disrespectful behaviour from any individual is not acceptable. Issues that occur will be brought to managers (after following the problem solving process) and will result in an inquiry/investigation and may require subsequent disciplinary action. The objective is that all members understand that they are responsible for conducting themselves in a respectful manner regardless of any situation.
- All staff will take responsibility to ensure that the space is physically and psychologically safe for team members, participants and guests.
- There is recognition that each team member brings knowledge and skills to the team and all are equally valued.
- Most of the operations and programming require all members to participate and rotate responsibilities.
- Any team member can lead a topic by selecting from the over 45 Healthy Baby resource kits. Topics are not restricted to a health professional, professional or paraprofessional. Some topics may lend themselves to a particular discipline or a team member may have a topic they have some additional experience with; however that does not limit topics to one individual over others.
- The Healthy Baby Session Planning sheet and Debrief form will help provide clarity, build trust and cohesiveness within the team. Input from other team

members will be encouraged and welcomed. Talk as a team and be clear about what the team goals are and ensure that these goals are understood and accepted by each team member (see Appendices 13 and 14).

- Make sure that each team member knows what they are responsible for at the group and avoid overlapping authority.
- Build trust with your team by spending time together as a team during your debrief to share in an atmosphere of honesty and openness.
- For issues that rely on team consensus and commitment, involve the whole team in the decision making process. Team meetings that involve all team members in the decision, solution or idea will create more agreement and commitment to the outcome. In rural/northern areas team building may occur in more informal ways i.e. teleconference, referral and follow-up with Public Health and community partners.

Note: The host organization is primarily responsible for making decisions related to the administration and coordination of the program, i.e. advertizing, making sure sessions include all of the components, planning meetings are set up, space is available, etc., however it is expected that all team members have input into operations such as planning sessions, including topic selection, leading sessions etc. Healthy Baby team members have a valued role to play in the decision making process.

Interpersonal Communication

Emails: When emailing about program business such as programming queries, issues/ changes in programming and topics, staffing changes/coverage, etc., it is best to direct your email to the intended team member and copy all other team members on it. This way everyone on the team is kept informed. Being copied on an email does not mean that a response is required. If a team member has an option that may help the team resolve the issue, then providing a response is appropriate.

On Site Communication: Organizational, professional and personal values and beliefs can influence how individuals interact with each other and sometimes cause some tension. Most often, it is not what is said but how it is said that causes issues between individuals. Conducting ourselves in a professional and respectful ways towards our colleagues and partners is essential, especially in front of the participants and during the debrief. Interrupting, debating, ignoring, correcting, and nonverbal cues (sighs, rolling eyes, smirks, etc.) are not acceptable. Team members should be able to distinguish when the accuracy of information is important and when it isn't. For example, a team member may tell the participants that exclusive breastfeeding is most important in the first 4 weeks to provide immunological benefits for infant, but factually it is 6 weeks; a team member may add this fact during the group as we want participants to be

given accurate information especially if there are possible health impacts. However, if a team member mentions that there were 12,000 immigrants to Canada in 2016 and the correct number is 13,000, or the words or tune of a lullaby or rhyme are wrong, the correction is not significant enough to raise at the session. It is always important to communicate with your team members at an appropriate time and in a way that does not offend or embarrass another person.

Individual Concerns: The first step when conflict arises is to discuss the issue/ concern directly with the person in a respectful manner. If these differences can't be resolved at this level, the situation should be brought to the attention of the manager (see below – problem solving process). Managers will be involved in working towards resolution with the parties and deciding on a course of action. The Healthy Baby consultants are available for support /advice, if necessary.

Problem Solving Process: Transparency is the key to successful problem solving. Having a process that all Healthy Baby service providers and managers will follow will ensure consistency and fair practices for all parties involved.

- **Team member to team member** - address the issue directly with person (in person or via email), if satisfied move on and if it is not resolved or an agreement is not reached, then advise the other person that an email will be sent to the manager(s) for direction and support.
- **Team member to manager** – manager ensures team member has spoken to the other team member, asks for concern in writing and advises that the concern will be followed up with other staff within the same agency or other manager if from an outside agency.
- **Manager to manager** – email concerns brought to their attention and strategize and problem solve. Provide direction to staff. Consult with Healthy Baby consultants for direction and support.
- **Healthy Baby consultants** will be advised of ongoing and unresolved concerns that come to a manager's attention.
- In general staff will communicate within their teams or at a collegial level and managers will communicate with other managers (unless otherwise agreed upon).

C. Shared Roles and Responsibilities

All members of the teams have a shared responsibility for the following:

- Promotion of the Healthy Baby program
- Recruitment and engagement of new participants
- Ensuring that the Healthy Baby group sessions occur as scheduled (1x per week in urban centres and bi-monthly or monthly in rural/northern communities)
- Sessions should not be cancelled due to training, vacation or illness unless part of a planned break in service, inclement weather, emergencies or lack of facilitator (rural areas only).
- In Winnipeg where a team of facilitator, RD/CN and PHN exists, it is expected that even one team member can lead/coordinate a session (downscaled version of session if needed) in the absence of the other team members. Regular communication and debriefs can alleviate some of the strain in having to do this on short notice. In Winnipeg, the funded agency is expected to assume certain responsibilities that are necessary to run the program should the facilitator be unable to attend the group. This could mean providing the key for the facility, getting or reimbursing food for the group, etc. Teams should develop a backup plan for when any staff are away and know how the group will function to deliver the program.
- In rural and northern areas where there may be one individual coordinating/facilitating group sessions, the organization should develop a back-up plan for coverage, vacation, illness, etc. Within the RHAs, other RHA staff or community partners may be designated for this function.
- Researching, developing and delivering accurate and relevant session content that engages participants, takes into account adult education principles including different learning styles, harm reduction principles and cultural differences (detailed in section, Principles to Guide Your Work).
- Healthy Baby, in partnership with various organizations/agencies, have developed more than 45 evidence based/best practice Healthy Baby resource kits that are the recommended teaching tools for use at programs. The Healthy Baby resource kits are “grab and go” kits that can be used by any Healthy Baby service provider and greatly reduce the amount of preparation time service providers would normally need to prepare for a session topic (see Appendix 23, Healthy Baby Resource Inventory).
- Information used at programs must come from a reliable and recognized source, with the source cited. It is preferred that sources/materials used are based on current evidence and best practice guidelines, and Canadian where possible.

Sources should not be more than seven years old. (see Appendix 7, Tips for Using the Internet)

- Organizations are encouraged to inform Healthy Baby consultants of new evidence based information or changes to best practice that would influence programming or information/resources. This would enable the sharing of new best practice/evidence to Healthy Baby programs across the province and ensure consistency of session content and key messaging. In addition, this would inform Healthy Baby consultants about changes required to be incorporated in the Healthy Baby Community Program Guide.
- The team member that arranges a speaker presentation must ensure that the speaker is aware of their audience, aware of adult learning principles, advised of appropriate dress, etc. The team member must also consult on/review materials/videos used or distributed to ensure audience appropriateness. Speakers should be limited, particularly at groups that operate on a monthly and bimonthly basis and topics known to have greatest health outcomes on pregnancy and for parents and babies during the first year of life should be the focus. (Note: Healthy Baby resource kits should be used as a primary resource over outside speaker presentations.)
- All team members are expected to be involved in site set up and clean up. Team members are to arrive before the session to participate in set up and to help clean up at the end of the session. Starting and ending on time will aid in this process and ensure that there is sufficient time for the required program debrief.
- All team members are encouraged to participate in food preparation and snack selection. Teams can take turns with this responsibility and/or involve participants in food preparation. Selection of the snacks will occur at team planning meetings and the dietitian/nutritionist (if available) will be the primary lead in making suggestions for healthy snacks (which where possible tie into a main topic) however this does not mean that other team members cannot contribute and suggest recipes or a recipe participants have asked about (detailed in section, Components of a Healthy Baby Program Session).
- While the host agency is responsible for submission of HCMO program and data collection forms, it is expected that the team shares in this responsibility. For example, having the RD/CN distribute the milk coupons provides an opportunity to discuss prenatal/postnatal nutrition and infant feeding with participants.
- Providing referrals to appropriate social service agencies and connecting families to community resources.

Important: The Healthy Baby program coordinator/facilitator is responsible for the coordination of sessions with the direct involvement of other team members.

Completing tasks in an efficient and timely manner is crucial for effective programming. Other team members will take the lead on facilitating session topics and/or activities that pertain specifically to their expertise. This does not assume that there is not the ability to exchange evidenced based and current information on a specific topic in the absence of a team member or negate the opportunity to share the information and learning with program participants. The development/use of consistent resources and lesson plans will enable any member of the team to provide quality information to the program participants.

D. Program Planning/Meetings

Planning meetings provide the opportunity for community organizations, RHA staff and other partners to have input on scheduling sessions (time and day), site locations/relocations (including site suitability) and engaging community partners (family resource centres, social service agencies, etc.). Including team members in this process enables the team as a group to prioritize workloads, maximize attendance, ensure site safety/standards, increase community involvement, enhance program buy in and meet participant needs. For example, Monday mornings may not be the best day for programming as it is generally a very busy day for public health. Also, selecting a location that does not have a kitchen would not be acceptable as it greatly restricts snack options and reduces the opportunities for participants to be involved in cooking demonstrations/activities.

It is essential that all Healthy Baby team members participate in program planning meetings. Formal team meetings provide the opportunity to enhance team building and ensure that all team members are included in decision making that impacts programming. Selection of session topics, recruiting speakers, meal/snack planning, developing timelines and the division of these tasks can be established. It is also expected that team members will bring forward and incorporate participant feedback and suggestions into program planning when relevant and possible.

It is recognized and expected that supervision and ongoing dialogue will occur between Healthy Baby team members and their respective managers throughout the year particularly when concerns that may impact programming arise.

Meeting frequency:

- At a minimum of 1x per year, it is expected that managers/team leaders, program consultants and Healthy Baby program team members meet to discuss program plans, identify participant needs, program successes & challenges, plans for the coming year and emerging community health and wellness issues. In Winnipeg,

Healthy Baby program consultants will participate in face to face meetings. In rural and northern communities this may occur face to face or via teleconference.

- At a minimum, Healthy Baby teams meet 3 times per year for program planning. Ideally, the selection of topics should be done every 3-4 months to support program planning and development (determine what's working, what needs improvement/problem-solving), determine and distribute tasks and team responsibilities. Frequent planning allows the team to respond to participant needs and adjust for any Healthy Baby program team changes. A Healthy Baby Session Planning Sheet (see Appendix 14) is an excellent tool that details information about the session topic requirements and the various roles and responsibilities for each team member.

Important: In situations where there is staff turnover, particularly at the manager/coordinator/facilitator level or when there has been a change in sponsorship or organizational structure, the funded organization is required to inform HCMO of the changes and discuss next steps with the Healthy Baby consultant(s). A planning meeting with the Healthy Baby consultant(s), the Healthy Baby team and involved partners should occur and a transition plan and program orientation developed which includes a review of team roles and responsibilities.

E. Debrief

The Debrief is an integral component of the Healthy Baby program and must occur after every group session.

Teams can address issues specific to:

- program planning and coordination
- continuity of support for program participants
- case management
- brainstorming, communication, conflict resolution
- sharing resources
- identifying professional development opportunities and team building
- data collection

For example, RHAs can share new resources, best practice information and upcoming conferences with the Healthy Baby site team. Reciprocally, organizations can share new resources/services or information about community and agency resources.

Two available tools, the **Debrief Form** and the **Session Planning Sheet** (see Appendices 13 and 14) will aid Healthy Baby teams in debriefing, program planning and

coordination, team building and problem solving. The tools can be used to discuss whether the session met the goals of the team and provide the opportunity for team communication and role clarification, thus reducing conflict within the team and dealing with situations on a one-by-one basis before they escalate. In scenarios where there is only the facilitator, the debrief form is useful to detail the work being done and bring concerns forward to the supervisor in a timely manner.

Debrief Form: The Debrief Form can be used by teams to discuss and problem solve:

- the highlights/challenges of the session
- future topic considerations and lesson plan development
- team functioning
- site specific issues, such as site safety, food handling, allergies, childminding, location, etc.
- if there are team concerns or conflicts, the issues are to be brought up and detailed on the debrief form in the various sections. For example, if “not starting on time” is identified as an issue; this should be decided based on Healthy Baby program guidelines, availability of team members, commitment to times, what works for participants rather than what works for one individual’s schedule or a personal preference. The solution should be based on the facts and what is practical*.
- coverage and backup plans for vacation and/or illness so that other team members or replacement staff have access to site (keys), food and kitchen supplies, petty cash for groceries and childminders, lesson plans and resource kits.
 - changes to sessions: Changes should be limited once planning has occurred. If a team member needs to make changes then they are responsible to figure out how to switch roles/duties and provide that support in return at a later date.
 - coverage/vacation: As a courtesy to other team members and acknowledging that vacation time often has to be put in well in advance, a minimum of 3 weeks notice should be given for vacation and team members should notify well in advance if they are attending conferences, etc. Certainly illness, unforeseen work commitments and last minute events can come up that will require the team or a lone facilitator/coordinator to reorganize sessions from time to time.
 - cancelling a session: Sessions should not be cancelled in the absence of team members, including the host agency. Sessions can be scaled back if changes are last minute; however it is important that continuity of care for participants is the focus.
- review and completion of data collection paperwork.

Debrief form may also assist in recording follow up plans, attendance and statistical information. Session tracking sheets (found in the Healthy Baby Data Collection Guide) can also be used to help guide discussion.

* Individuals may find it hard to discuss a difference of opinion or concern they have and may just avoid confrontation; however if you do not bring it up with the team or on an individual basis, you should not be going back to “talk or complain” to other staff or a manager about it. Sometimes it can be a miscommunication or misunderstanding and can be easily resolved if approached in a way that asks for questions and feedback.


Session Planning Sheet: The Session Planning sheet outlines the roles and responsibilities for each team member. Team members can participate in completing the form as a planning tool for the next/future sessions and also reviewing the form after each session to ensure that the components and team member responsibilities were completed. This also can be used by a lone facilitator/coordinator to plan and organize Healthy Baby group sessions. Some teams, already using a session planning tool, find it helpful for all team members to sign the forms to indicate they have reviewed it and are in agreement.

Important: Where there is more than one person, team members can rotate taking the lead on filling out the form for a session. Taking the lead on working with the team to complete the session planning tool does not mean that you are also taking the lead on the session; it means that you are working to enlist team members to fill in the form and take on roles and responsibilities for that session. Team members should rotate the roles to add variety to programming and share equally in the multiple responsibilities.

In some rural communities, Healthy Baby team debriefing may occur in more informal ways (follow-up phone calls, coordinator supervision and discussion with contracted agencies/facilitators, etc.).

F. STAFF DEVELOPMENT

In order to deliver relevant information/materials to Healthy Baby program participants, staff development is necessary. The on-going knowledge and skill development of Healthy Baby team members should be encouraged and supported by funded organizations and reflected in the operating budget. Professional development from self-learning to structured trainings should support the goals and objectives of Healthy Baby, reflect priority topics, be best practice and/or evidence based and support facilitation and group work.



HCMO provides professional development opportunities, such as the Healthy Baby Provincial Meetings, with the expectation that Healthy Baby team members from each funded organization will attend. When funded agencies are considering professional development for staff, priority should be given to local trainings or workshops that are free or low cost. Out of province or higher costing professional development requires consultation and approval from Healthy Baby program consultants.

ROLES AND RESPONSIBILITIES

While we recognize that organizations delivering Healthy Baby programs/programming use a variety of position titles to describe their employees and their functions, this document has attempted to categorize functions in a way that is most reflective of overall team composition in the province. It is essential that all new and current team members, as outlined below have read and are familiar with the Healthy Baby Community Program guide.

There is also recognition that the composition of teams varies by site with some organizations having access to all team members listed below and some operating with only one individual.

In Winnipeg, the team consists of: (one person may have dual roles)

- Director/Manager
- Program Coordinator/Facilitator
- Outreach Worker (not all teams have this position)
- Public Health Nurse
- Registered Dietitian/Community Nutritionist
- Childminders

In Rural/Northern areas the team may include: (one person may have many roles)

- Director/Manager
- Program Coordinator/Facilitator
- Outreach Worker
- Public Health Nurse
- Registered Dietitian/Community Nutritionist.
- Staff from other RHA programs related to families, e.g. Families First Home Visitor, Midwives, etc.
- Community partners such as Family Resource Centres, School Divisions, Child and Family Services, etc.
- Childminders (where utilized)

Director/Manager

The Director/Manager is responsible for overseeing the overall reporting and accountability of a particular Healthy Baby program. This includes responsibility for delegating work roles and responsibilities (in accordance with the Healthy Baby Community Program Guide) and supervision of employed staff, contractors and volunteers. Staff supervision is provided by the employing authority.

Directors/Managers will have a strong working relationship with their respective finance departments/officers to ensure that all required financial reports are submitted in a timely manner.

Responsibilities of the Director/ Manager include (but are not limited to):

- Ensuring timely and accurate reporting (financial and program, including data collection) to HCMO as indicated in the Service Purchase Agreement (SPA) Schedule A.
- Submitting agency reporting documents such as planned program budgets and budget notes, staffing reports and other required paperwork.
- Establishing roles and responsibilities and service delivery expectations for program team members/staff as outlined in this document and within the context of the Healthy Baby team.
- Ensuring that all program team members/staff and volunteers involved in programming have passed criminal record and child abuse registry checks and that at least one team member (usually the coordinator/facilitator) at the site has a current Food Handling Certificate.
- Maintaining ongoing communication with Healthy Child Manitoba Office, primarily through the Healthy Baby Program consultant(s), to advise of changes/challenges that affect capacity to deliver or support Healthy Baby programming.
- Providing regular supervision to program team members/staff.
- Ensuring the Healthy Baby team (primarily coordinator/facilitator) is included in the process of determining program needs and budget allocations.
Directors/Managers will ensure transparency by providing Schedule A requirements and budget allocations (such as food/rent/childminding, program materials, transportation allowances) so that the Healthy Baby team is aware of the resources available to them to deliver effective and efficient programming.
- Ensuring that professional development opportunities for program team members/staff are offered and supported; such as Healthy Baby trainings/workshops and other skill building activities.

- Providing an orientation to new program team members/staff, including the Healthy Baby Program Guide, the Healthy Baby Data Collection Guide and other relevant organizational information/policies.
- Ensuring that new program team members/staff have the opportunity to shadow other Healthy Baby programs and visit Healthy Baby group sessions to familiarize with program components (this can be facilitated by HCMO).
- Conducting site visits at a minimum of 2 times per year in urban centres and once a year in rural or northern programs. (Where there are multiple sites in a community or region, it is not expected that each site would be visited.)
- Maintaining effective working relationships with partner agencies.
- WRHA Area Team Managers must also supervise WRHA health professionals who are part of the Healthy Baby team, provide orientation to the Healthy Baby program, outline service delivery expectations and ensure staff prioritize workloads to attend group sessions.
- In Winnipeg, while HCMO program consultants work directly with Area Team Managers regarding program operations, there is a more direct working relationship with the WRHA Maternal/Child Health Team Leader and the Nutrition Clinical Specialist in the areas of funding, program and policy development, training, budgets and service delivery.
- Where there is a formalized funding partnership (i.e., WRHA health professional support and community organization or RHA contracted services with a community organization), both Directors/Managers and Area Team Managers are expected to participate in team planning meetings at least 1x per year and to maintain communication with each other, particularly when it impacts programming, such as: team building, roles and responsibilities, organizing workload priorities, conflict resolution, safety issues, site relocation, training and resource needs, staffing shortages, vacation coverage, identified community priorities.

Program Coordinator/Facilitator

The Healthy Baby Program Coordinator/Facilitator coordinates and organizes the general operations, planning and development of programs at specific Healthy Baby site(s).

The Healthy Baby Program Coordinator/Facilitator may have the dual role of overseeing both administrative and facilitative functions of one or more sites in a neighbourhood or region.

In Winnipeg, Program Coordinators/Facilitators are often involved in leading many of the activities/functions. Other team members, including health professionals (PHNs and RDs/CNs) will also lead activities relevant to their expertise and the needs of the group.


In rural and northern areas, often related to volume of sites and size of region, Program Coordinators/Facilitators work with community partners (family resource centres/early learning centres) to deliver Healthy Baby programming in specific communities.

Responsibilities of the Program Coordinator/Facilitator include (but are not limited to):

- Program facilitation/co-facilitation.
- Coordinating sessions with the involvement of other team members; responsible for establishing tasks and deadlines.
- Organizing sessions to ensure core components are embedded in programming and mandatory session topics are covered.
- Researching topics and developing materials for facilitation (may be in conjunction with other team members/community partners/speakers).
- Ensuring scheduled group sessions occur and that a back-up plan is in place for coverage as sessions are expected to operate in the absence of other team members.
- Ensuring team debrief occurs after each session.
- Coordinating additional consultations such as program planning meetings as required.
- Organizing the completion, maintenance and submission of required data and programming documentation to HCMO.
- Providing supervision, direction and support for data collection support staff, where applicable.
- Performing file management duties in a confidential and professional manner.
- Providing a program orientation (in conjunction with Healthy Baby consultants) to new team members about how the group operates at a Healthy Baby site. (This does not replace a staff orientation provided by the individual's employer.)

- Develop strategies/plans to engage prenatal and postnatal participants to attend programming (advertising, program promotion, networking with community agencies, etc.).
- Supporting the team in assessing and planning for appropriate participant follow-up.
- Linking to public health services, where PHNS/RDs/CNs are not directly involved in program delivery.
- Providing services to connect women/families with the group, 1:1 contacts via phone or mail, home visits.
- Providing 1:1 individual support to participants during the session.
- Offering support, advocating on participants behalf and linking with other community agencies/resources as necessary.
- Participating in site set up and clean up, including food preparation.
- Organizing the purchasing and shopping for groceries for group sessions*.
- Ensuring site appropriateness including accessibility, adequacy of kitchen facilities, safe practices regarding provision of food, childminding space, etc.
- Maintaining a current Food Handling Certificate (is responsibility of funded organization).
- Coordinating & organizing childminders, volunteers and student helpers.
- Ensuring that each participant and accompanying children are asked about allergies and the information is provided to all team members (including childminders).
- Ensuring distribution and participation in distribution of milk coupons to eligible participants.
- Ensuring distribution and participation in distribution of bus tickets/tokens to participants (where applicable and available).
- Explaining the program to new participants and assisting individuals to apply for the MB Prenatal Benefit.
- Attending Healthy Baby Provincial Meetings.
- Attending other meetings as required by HCMO.
- Participating in required training supported through the HCMO.
- Promoting the program through distribution of brochures, mail outs, etc.

Where rural and northern programs partner with other organizations to deliver group sessions, the Healthy Baby Coordinator/Facilitator will work with the agency to ensure that the required components of Healthy Baby programs are maintained. This includes providing direction and support regarding program topics, collection of evaluation paperwork, program development, team building and professional development, etc.



Purchasing and shopping for groceries for the session snack, food demonstrations or cooking sessions is the responsibility of the sponsoring organization (a Healthy Baby coordinator/facilitator or dietitian). Exceptions can be made in emergency situations or due to unforeseen circumstances or where the individual Healthy Baby team has made other mutually agreeable arrangements for this function.

Note: Where a program coordinator/facilitator operates a Healthy Baby session in isolation of other team members, it is assumed that the individual may need to take on additional responsibilities that other team members (health professionals) may have been responsible to carry out. The facilitator will stay within their level of expertise and ensure that participants are referred to appropriate services when indicated. In rural areas, it will be essential for the Healthy Baby Coordinator/Facilitator to develop a working partnership with the public health system to enable women and families to be referred early to programs and supports as identified.

Outreach Worker

The Outreach Worker is an integral part of the team, offering support to the coordinator/facilitator and other team members and actively engaging with program participants at the site. Organizations determine their team composition and in consideration of available resources, not all program teams have this function included for the purposes of program delivery.

Responsibilities of the Outreach Worker include (but are not limited to):

- Assisting with program facilitation.
- Researching topics and developing materials for facilitation (may be in conjunction with other team members/community partners/speakers).
- Participating in team debriefs after each session and additional program planning meetings as necessary.
- Assisting the team in assessing and planning for appropriate participant follow-up.
- Providing outreach services necessary to connect women/families with the group such 1:1 contacts via phone/mail or home visits if requested.
- Actively engaging both prenatal and postnatal participants to attend.
- Offering support, advocating on participants' behalf and linking with other community agencies/resources as necessary.
- Linking to public health services, where PHNs/RDs/CNs are not directly involved in program delivery.
- Explaining the program to new participants and assisting individuals to apply for the MPB.
- Assisting the team with site set up and clean up, including food preparation.
- Assisting in the purchasing and shopping for groceries for group sessions.
- Assisting in the distribution of milk coupons to participants.
- Assisting in the distribution of bus tickets to participants (where applicable and available).
- Assisting in the completion, maintenance and submission of required data collection and programming documentation to the HCMO.
- Performing file management duties in a confidential and professional manner.
- Attending annual Healthy Baby Provincial Meetings.
- Attending other meetings as required by HCMO.
- Participating in required training supported through the HCMO.

Public Health Nurse

The Public Health Nurse (PHN) supports sessions by providing relevant health information via presentation or 1:1 interactions with program participants. The Public Health Nurse works closely with the team, providing information and resources on prenatal and postnatal health and wellness, breastfeeding, preparation for labour and delivery, infant care and development, brain development, etc. Community programs provide another point of connection for pregnant women and new parents to receive public health services and continuity of care.

In Winnipeg, PHNs are part of the Healthy Baby team; however in rural and northern areas, organizations determine their team composition in consideration of available resources. Therefore, PHNs may not be available or are available on an ad hoc basis or for specific public health presentations only.

Responsibilities of the Public Health Nurses include (but are not limited to):

- Program facilitation/co-facilitation.
- Researching topics and developing materials for session topics.
- Sharing evidence based research and best practice regarding maternal and infant health with team members.
- Providing scheduled group sessions for participants in the absence of host organization staff.
- Participating in team debriefs after each session.
- Attending program planning meetings.
- Assisting the team in assessing and planning for appropriate participant follow-up.
- Offering support, advocating on participants' behalf and linking with other community agencies/resources as necessary.
- Conducting occasional home visits as relevant, referrals to the participant's primary public health nurse and sharing information with team members (as per PHIA agreement) who may be doing home visits regarding prenatal and postnatal health concerns.
- Explaining the program to new participants and assisting individuals to apply for the MPB.
- Participating in the completion and maintenance of data collection and program documentation as required by HCMO (on-site).
- Participating in site set up and clean up, including food preparation.
- Participating in the distribution of milk coupons to participants.
- Attending Healthy Baby Provincial Meetings.
- Attending other meetings as required by HCMO.
- Participating in required training supported through HCMO.

Registered Dietitian/Community Nutritionist

The Registered Dietitian/Community Nutritionist works as part of the Healthy Baby team, providing program participants with opportunities for nutritional learning. This includes providing information about healthy eating and dietary needs, infant nutrition and prenatal/postnatal nutrition, wellness and active living. Dietitians/Community Nutritionists (where available) will organize and lead interactive cooking sessions with participants devoted to food preparation/cooking skills, nutrition education, healthy eating habits, food safety and sanitation.

In Winnipeg, RDs/CNs are part of the Healthy Baby team; however in rural and northern areas, organizations determine their team composition in consideration of available resources. RDs/CNs may not be available or are available on an ad hoc basis or for specific nutrition/health presentations. Contacting Dial-A-Dietitian is a viable option in the absence of nutrition expertise (1-877-830-2892 or 204-788-8248 in Winnipeg).

At Healthy Baby sites, the program team/staff are to be focused on participants during the session. RDs/CNs or other team members should not be spending time cooking meals at the site during the group session. Food preparation is intended to occur on site with participant and team involvement. Recognizing there are limitations with cooking facilities in some sites and challenges regarding participant involvement, it is still an expectation that participants should be involved in hands on cooking/food preparation/clean up. Challenges can be alleviated by selecting less labour intensive recipes and dedicating a set number of sessions to hands on cooking demonstrations/food preparation activities (see section, Components of a Healthy Baby Session).

Responsibilities of the Registered Dietitian/Community Nutritionist include (but are not limited to):

- Program facilitation/co-facilitation.
- Researching topics and developing materials for nutrition/health related sessions and nutrition nuggets.
- Leading interactive nutrition activities which involve cooking with participants, food demonstrations, trying out new recipes, activities or games.
- Providing nutrition education related to best practice and evidence based research to other team members.
- Actively involved in:
 - Snack/menu planning
 - Ensuring healthy food choices for snack/menu items
 - Involvement in food preparation
 - Food handling and safety

- Completing the Prenatal Nutrition Questionnaire with all pregnant women
- Assisting the team in identifying nutrition/health issues and other issues requiring follow-up.
- Referring participants to appropriate community resources for specific dietetic issues, e.g. diabetes, eating disorders, etc.
- Facilitating scheduled group sessions in the occasional absence of host organization staff and other team members.
- Participating in team debriefs after each session.
- Offering support, advocating on participants' behalf and linking with other community agencies/resources as necessary.
- Explaining the program to new participants and assisting individuals to apply for the MB Prenatal Benefit.
- Participating in the completion of data collection and programming documentation as required by HCMO (on-site).
- Participating in site set up and clean up, including food preparation.
- Participating in the distribution of milk coupons to participants (excellent opportunity for 1:1 time).
- Attending and participating in program planning meetings.
- Attending Healthy Baby Provincial Meetings.
- Attending other meetings as required by HCMO.


Childminders

Childminders are responsible for the care of children, over the age of one, who accompany an adult caregiver at a Healthy Baby session. Childminding is not to be confused with regulated child care and parents are required to be on-site and available to attend to their child's needs such as diapering, toileting, tantrums, etc. As child care guidelines do not apply, common sense regarding staff-child ratios, site safety, etc., is to be used. Contact the Healthy Baby Program consultant(s) if assistance/clarification is required in this area. Organizations should develop a childminding consent form (see Appendix 4) which parents can read and sign so that the parameters for childminding are understood. In addition, this form should indicate that the organization is not liable for any injuries that occur during the provision of childminding.

Childminders must be 18 year olds and have completed Criminal Record and Child Abuse Registry Checks prior to performing in this function. Individuals under the age of 18 can assist with childminding functions (same checks required) but are never to be left alone with children (see Appendix 2, Childminding Form).

Responsibilities of childminders include:

- Supervising children at all times.
- Doing activities with the children, structured and unstructured play. It is not an expectation or requirement that childminders organize or provide formal activities for the children.
- Alerting the coordinator/facilitator about any safety issues (unrestricted entry and exit, broken or dangerous equipment or toys, etc.).
- Advising the coordinator/facilitator of any problems with a child or parent so they can deal with it accordingly.
- Alerting parents to toddlers/children that need diapering/toileting or are overly upset and need to be brought back to their parent/caregiver.
- Being aware of allergies of children in childminding, via program facilitator/team members.
- Serving snacks to the children with consent from the parent. Children are offered the snack respecting they may decline.
- Setting up and cleaning up of childminding area.
- Cleaning toys on a regular basis and inspecting them for hazards (see Appendix 19, for toy cleaning instructions).
- Performing other duties that assist the group session (i.e., food preparation, site set and clean up, etc.)
- Ensuring that toys from home and outside food are not brought into the child minding area.



Important: Children must be accompanied by an adult or caregiver when moving between the childminding area and the group area. In the event that there are too many children to watch safely, the childminder(s) will consult with the coordinator/facilitator to problem solve.

Note: Parents are responsible to administer any medication their child(ren) may require while at the Healthy Baby site.

Volunteers

Organizations may use the support of volunteers to help with program operations. Some organizations have successfully engaged university students such as dietetic interns, student nurses, human ecology and social work students, etc., to complement the work. This has included resource development, pilot projects and assisting in supporting site operations. Healthy Baby Coordinators/Facilitators are responsible for the supervision of volunteers.

Volunteers are required to have:

- Criminal Record Check and Child Abuse Registry Check completed prior to being left alone with children/interacting with children *
- clear roles and responsibilities on site defined by the Coordinator/Facilitator.
- an understanding of site policies and procedures.

*For volunteers or students less than 18 years of age (see Appendix 6, student helper guidelines).

HEALTHY BABY PROGRAM DELIVERY

This section will provide information regarding Healthy Baby program delivery and guide Healthy Baby teams to incorporate the necessary components of a group session.

How often are Healthy Baby sessions offered?

Organizations deliver the Healthy Baby program on a variety of schedules. In urban centres, programming is primarily delivered on a weekly basis and sometimes on a bi-monthly basis. In most rural and northern communities, programming is delivered on a monthly basis and sometimes on a bi-monthly basis. Funded organizations are expected to offer sessions on the following schedule:

- Weekly - 48 to 50 sessions per year
- Bi-monthly - 24 sessions per year
- Monthly - 12 sessions per year

Organizations that deliver programs on a weekly or bi-monthly basis may have a break in service for up to four weeks (often for two weeks in summer and two other weeks during the year, i.e., Winter/Spring Break) to accommodate staff vacation and team planning. Organizations operating on a different schedule or wanting to have a longer break in service must contact the Healthy Baby consultant(s).

Important: Organizations that operate on a monthly basis are expected to maintain programming in each month throughout the year in order to assure continuity of care for participants and access to program resources (milk coupons). Session dates and times can change to accommodate staff vacation/team planning.

Participation: Who is eligible to attend a Healthy Baby community program?

Healthy Baby programs actively encourage the participation of:

- pregnant individuals and their partners
- new parents/caregivers with babies under one year of age (includes grandparent, guardian, etc.)

No formal referrals are required and individuals can drop into a program at any time during their pregnancy and/or during baby's first year. Families can receive information about Healthy Baby programs through many sources including advertising, doctors' offices, public health, health and social service agencies, community partners, MPB program and Healthy Baby community program staff.

Group Structure: What does a Healthy Baby group look like?

Healthy Baby groups look different across communities and neighbourhoods. Groups can vary in size from 4 - 6 to well over 30 participants, and participants may range in age from 12 – 40+. At most sites, the groups are a mix of prenatal and postnatal individuals, families and babies; however some organizations separate prenatal and postnatal participants. There are a few groups designed specifically for teens and for newcomers/immigrants. One evening session is offered in Winnipeg.

In smaller communities and tight-knit neighbourhoods where families often know each other, it is important for the Health Baby coordinator/facilitator to be aware of community dynamics and perceptions that may interfere with attendance and/or participation at the group.

How long should a Healthy Baby Session be?

To offer all of the components of a session with participants, three hours for program delivery is required. At times, set up, take down or the debrief may require additional time.

Important: Program sessions can occur any day of the week or any time, and mostly occur during the day; however it is essential that start and end times are followed. It is essential for both Healthy Baby team members, who may have other job responsibilities, and for participants who arrange their schedule around program times. If your group operates on Tuesdays from 1-3 pm, then the expectation is that the program components start at that time. Participants should arrive about 10 minutes prior to start time to get settled. Delayed start times because of participants arriving late is not fair to those that arrive on time. Starting on time is necessary and demonstrates reliability. Participants will come to realize that they will miss valuable information if they arrive late. Programs can use incentives such as a door prize for arriving on time.

Ending on time is also essential to ensure clean up and debrief occurs. Participants should be given a 5 minute warning that the session is ending and asked to start packing up. Team members, if involved in a 1:1 conversation should indicate to the participant that they need to stop the conversation and decide if the conversation needs to be continued at another time or provide appropriate referral if necessary.

DELIVERING A HEALTHY BABY GROUP SESSION

Over the years, Healthy Baby has received questions from funded organizations regarding the logistics on how a group actually runs. Where do the chairs go? Should we have mats? Can we use tables? How long is the topic supposed to be? Who does what? What order should we be doing things?

While Healthy Baby recognizes the uniqueness of every community, and the limited resources available to programs, the following framework is recommended as a guide to run group sites.

Set Up (15-30 minutes prior to group start time)

All Healthy Baby team members must arrive at their group location a minimum of 15 minutes prior to the start time in order to help with set up. It is important for the Healthy Baby team to be ready to start the session at the scheduled time. Team members should be available to greet families and not distracted by site set up when families arrive.

Note: Where there is a lone coordinator/facilitator, set up/food preparation may require more time.

A popular room set up with groups is to have the chairs or cushions in a circle with gym mats or a blanket in the middle of the circle with toys. This invites parents to get down on the floor with their babies and is a great set up for facilitating topics and discussion. Food is located outside of the circle on a table. Resources can be displayed on the same table as the snack or on another table if available. Groups are free to try different set up arrangements in their groups to see what works best for their group and space (keeping in mind individual safety and facility limitations).

- **Food preparation (15 minutes within set up):** All team members are encouraged to participate in food preparation and can take turns or can involve participants in food preparation. Where programs use volunteers such as dietitian interns/students etc., a team member will be assigned supervision of this person.
- **Snack preparation** is considered part of group set up. Where there is more than one Healthy Baby team member at the site, all team members are expected to assist in snack preparation and the team members can set up a rotation to share in this responsibility or one individual may volunteer for this function with agreement from the team. Snack should be ready when participants arrive so that the team is available for questions and welcoming. If cooking or heating up of food is required, team members should delegate someone on the team to check the food and bring it out when ready. Healthy Baby team members (facilitator, PHN, RD/CN should not be in the kitchen prepping or cooking once participants arrive.) Other individuals

such as nutrition interns/volunteers, outreach worker can be in the kitchen assisting with a recipe if this does not delay moving through the other session components.

- **Snack selection:** Snacks selected will include three or four Canada Food Guide options and can be prepared in about 15 minutes (i.e. yogurt, fruit, cheese, crackers, veggies, dips etc.) Limit the number of snacks that require cooking or heating up and ensure that if this is required that the recipe is ready to be cooked prior to participant arrival.
- **Food demonstration/cooking sessions** often involve participants. In these cases, the food will most likely come out later in the session. If there is a dietitian/nutritionist, as part of the Healthy Baby team, they will lead the cooking activity/demonstration and can ask for participant assistance to check on food and help to bring out the food when it is ready. During these sessions, more time will be spent doing demonstrations in the room or hands on cooking with the participants in the kitchen. Ideally, this should occur every three or four months. Other Healthy Baby team members can also lead this activity in the absence of a dietitian/nutritionist and other team members can help with holding babies and supporting the lead during this activity.

Participant Arrival (10-15 minutes maximum)

All team members are available during this time when participants arrive for welcoming, questions and paperwork. This should not take more than about 10 minutes if participants are clear on starting times and advised when they can arrive. If participants arrive late, one team member can welcome them in quietly, but it should not be the person who is busy talking to the group.

Announcements and Introductions/Icebreaker (15-20 minutes)

All team members are expected to participate in this aspect of programming. The host agency (most often the facilitator) can share information about how the group is run, introduce the topic and activities for the session, discuss start/end times, ground rules, reason for paperwork etc. Each member can introduce themselves and add in announcements related to their area, i.e. news of a baby clinic or a parenting program, school immunizations, community events, etc.

This is a good time to point out to participants the established ground rules for the group session which can be posted on the wall for everyone to see (see Appendix 3, for a sample of Ground Rules).

Introductions and Icebreakers usually occur together. The coordinator/facilitator (or other team member via rotation) will ask participants to introduce themselves and participate in an icebreaker question/statement. Pregnant women can share how far along they are in their pregnancy and parents can indicate the name and age of their

baby. Icebreakers can be a fun way to bring the group together to be able to relate to each other. Examples would be: “Today’s topic is Infant Nutrition. Why don’t we go around and introduce ourselves and our children and let us know what your favourite food was as a child? Who wants to start?” or “How did it feel when your baby kicked for the first time?”

Icebreakers should consider that participants have different backgrounds, cultures, families and economic situations. Avoid icebreakers that may highlight those differences. Examples would be: “What are your plans for the Christmas holidays?” or “Is anyone going on a summer vacation?” These kinds of questions can illicit negative reactions from participants who may not celebrate that specific holiday or who associate it with stress due to money, relationships, etc., For others, it may illicit very positive memories of trips, presents, family gatherings, etc. This does not bring participants together but rather demonstrates inequities and may prevent them from connecting with each other. Ice breakers selected should always incorporate a “health equity lens” (see Principles that Guide your Work section)

If you don’t have a check-in question, you could ask participants to introduce themselves and their kids and how their week has been. What’s new with baby? What’s new with the pregnancy? Did anyone have any thoughts about the topic discussed the previous week? Did it influence them in any way? Did they do anything different after hearing the information? (This can be a nice way to follow up on any questions that were not answered in the prior session.)

It is also important to recognize that not all participants are comfortable sharing. Facilitators should always let the participants know they have the option of not participating in the check-in/icebreaker.

- **Nutritional Learning/Nuggets: (approx 5 minutes)** In addition to providing snack, it is required that each session include a nutritional component that provides nutritional learning. This can occur during or after the announcements or when snack time occurs. For example, providing information about the snack such as identifying a specific nutrient or nutrients, substitutions, low cost options, vegan options, safe use during pregnancy and timelines and use for baby and toddler etc. Sometimes nutrition nuggets will be unrelated to the snack information and may include information such as: how much fish can a pregnant individual eat or how much iron does baby need. Demonstrating how to prepare the snack or talking about an ingredient can provide a great learning opportunity for participants. Introducing the snack and nutrition nugget is usually done by the nutritionist/registered dietitian (if one is available) or by another team member.

- **Breastfeeding Nuggets: (2-3 minutes)** It is expected that each session will include a breastfeeding nugget; a key message or a bit of information related to promoting and supporting breastfeeding. Breastfeeding nuggets can be used regularly and subtly to provide breastfeeding information without making participants who make other infant feeding choices uncomfortable, i.e., if you are talking about dental health as the topic that day, you can talk about the reasons for wiping the mouth of a breastfed baby. Or, during the announcement portion of the session, advise the group that there will be a breastfeeding nugget or tip each time. Breastfeeding nuggets can also be woven into a main topic if appropriate. In most cases the PHN would provide this information however if she is not at a session it can be provided by another team member. Providing a breastfeeding resource or support program in the community would not constitute a breastfeeding nugget.

Note: If your main topic is nutrition related or about breastfeeding, then you would not need to do the nuggets/learning at this time.

Site Safety/Ground Rules: Healthy Baby participation can vary from week to week and new participants can potentially join the group at any time. At the start of the Healthy Baby session, teams are encouraged to review with participants housekeeping and site safety information such as location of emergency exits, fire extinguishers, washrooms, childminding area, ground rules, etc. Ground rules should be posted to ensure that all participants who are new or arrive late can read the expectations the group has developed. Ground rules should be reviewed with the group every six months and adapted accordingly if necessary (see Appendix 3 for a Sample of Ground Rules).

Parent/Baby Time (5-10 minutes)

This is a time where participants are encouraged to spend one-on-one time with their baby or with their expected baby to encourage and strengthen nurturing, attachment-type activities and healthy infant development.

Each session will include an interactive parent-baby activity such as singing lullabies, nursery rhymes, Bookmates-type activity, etc. Participants should be encouraged to hold their infants during this time. A mat in the centre of the group with room for parents and infants to be together is a perfect set up for parents to engage and interact with their babies.

Team members are all expected to participate and help facilitate this activity with the participants. It is always very important to explain to parents why they are doing a particular activity and its relevance to brain development, literacy, language, attachment, etc. It is also very important to include pregnant moms in this activity and explain to them how singing or talking can benefit their growing baby. Let them know

they can rub their belly or rock back and forth during activities. Get down on the mat. Introduce one baby to another baby. Be creative!

This activity can happen before or after the topic, at the discretion of the site team and can be repeated during the session if the noise level gets high and parents are distracted. It can really calm the babies down. For programs that have an outreach/peer worker or Families First worker, this activity is often led by this person.

Main Session Topic (up to 45 minutes including questions/discussion)

Session topic delivery is the main educational component of the session and will require about 30-45 minutes with time for questions. Information should be based on mandatory topics and be delivered in an interactive and fun way. Use of kits, games and activities are encouraged in order to maintain participant interest. Lecture style should be limited. With mixed groups, combining more than one topic; for example, breastfeeding and introducing solids or labour and delivery and postpartum adjustments will aid in engaging all participants.

- **Facilitation:** When there are multiple team members, Healthy Baby team members will rotate topics (based on topics selected at planning meetings) and lead this aspect of the session. The lead will be responsible for researching the topic, collecting information and organizing the format, such as a game, etc., getting supplies needed. If another team member is aware of information and activities to support the topic, it is expected that this will be shared and made available to the group.
 - Volunteers/Interns/Helpers: At sites where volunteers/interns/or helpers are present, one team member will assume supervision of that individual. It is up to the team member supervising this person to let other team members know the roles and responsibilities of this person.
- **Selection of Topics:** The Healthy Baby team member that is leading the session can select from mandatory topics or from topics that the team have identified as particularly relevant to their families/community. See section on Mandatory Topics Areas for ideas, planning, frequency and implementing session topics.
- **Healthy Baby Resource Kits:** There are over 45 Healthy Baby resource kits on a variety of prenatal and postnatal topics related to health, nutrition and lifestyle topics that service providers can use to deliver Healthy Baby programs. Using these kits ensures that messages to participants are consistent and evidenced based/best practice. The kits also reduce the preparation time for Healthy Baby team members and enable any team member to deliver a topic (see Appendix 23, Healthy Baby Resource Kit Inventory).

Important: Healthy Baby resource kits can be delivered by any team member as can many topics, therefore, health related topics are not restricted to health professionals. If participants have a question and the team member is uncertain of the answer, they should ask other team members for input, advise the participant that they will look up the information, and/or refer to the appropriate professional.

Interaction Time/Provision of Snack (approximately 20 minutes)

Once the topic is done and you have ended the discussion, it is valuable to have unstructured time for participants to:

- socialize and talk with their peers
- eat a healthy snack (and if needed, provide nutrition nugget at this time)
- connect with health professionals/facilitator/outreach worker complete data collection paper work and/or fill out surveys
- browse the resource table
- receive bus tickets and milk coupons, if eligible.

Note: Most groups provide the snack during this time; however the snack can be provided when it is most convenient for the team and group.

Wrap Up (5 minutes)

Inform participants about 5 minutes ahead that the group will be wrapping up. This allows participants a chance to finish discussions and start getting ready to leave. Older children who were in childminding may be returning to the room at this time or will require their parent to get them. This is a good time for the facilitator to let participants know about the topic for the next week and thank participants for coming.

Some facilitators and team members may find it difficult to move families along at the designated end time. If this is a concern for the team, try:

- asking participants to help clean up, stack chairs, wipe tables, put away baby toys
- having childminders bring the preschoolers into the room
- having team members start taking down group set up

Group sessions should always end on time so that team members and participants are clear on expectations and that all components of the group can be completed.

Clean Up (15 minutes)

All team members are expected to participate in clean up and to stop 1:1 interactions with participants. Participants can be asked to help in clean up. Where there is more than one team member, team members will rotate tasks. For example, room clean up includes toys, chairs, mats etc., and kitchen clean up includes dishes, food storage packing up etc. Once families have left the site; tables, dishes, toys and any other items that require cleaning should be washed according to instructions (see Appendices 18 and 19, Kitchen Sanitation/Food Handling & Toy Cleaning) so they are ready for the next session.

Debrief (approximately 20 minutes)


Session debrief occurs after every group session and with all team members who were in attendance (childminders/volunteers are not required). Ensure that all program participants have left the group before debrief begins. Debrief is used to evaluate the session to see if all components were incorporated, timelines were kept, team members fulfilled roles and shared resources and new best practice, participant satisfaction and follow up. Also, the debrief component is used to review the next session's plan to ensure everything is in place.

Two available tools, the Debrief Form and the Session Planning Sheet (see Appendices 13 & 14) support team building and will aid Healthy Baby teams in debriefing, program planning and coordination.

Debrief Form: Completing this form is required at the end of every Healthy baby group session. The form addresses: program session review, continuity of support for program participants, case management, brainstorming, communication, sharing resources, identifying professional development opportunities and data collection. In some rural/northern communities, Healthy Baby debriefing may occur in more informal ways .

- The Debrief form can assist with planning for coverage and backup plans for vacation and/or illness
- The Debrief form may also assist in recording follow up plans, attendance and statistical information. Session tracking sheets (found in the Healthy Baby Data Collection Guide) can also be used to help guide discussion.

Session Planning Sheet: The Session Planning sheet outlines the roles and responsibilities for each team member. Team members can participate in completing the form as a planning tool for the next/future sessions and also reviewing the form after each session to ensure that the components and team member responsibilities were fulfilled. This also can be used by a lone facilitator/coordinator to plan and



organize Healthy Baby group sessions. Some teams, already using a session planning tool, find it helpful for all team members to sign the forms to indicate they have reviewed the form and are in agreement.

Important: Where there is more than one person, team members can rotate taking the lead on filling out the form for a session. Taking the lead on working with the team to complete the session planning tool does not mean that you are also taking the lead on the session; it means that you are working to enlist team members to fill in the form and take on roles and responsibilities for that session. Team members should rotate the roles to add variety to programming and share equally in the multiple responsibilities.

Data Collection: Some paperwork, like attendance, can occur at the beginning of the session while participants are arriving; however most will occur near the end of the session when there is unstructured time for participants to socialize/eat and have 1:1 interaction time with team members. Other agency paperwork/charting will only occur if time allows after clean up and debrief.

Sample of Healthy Baby Group Session

AM/PM

9:00/1:00 - Staff Arrive – Set-up/Food Prep and Participant Arrival/Sign in

9:30/1:30- Start of Session (on time), Intros, Announcements, Nuggets, Baby Time

10:00/2:00 – Main Topic and Discussion

10:45/2:45 Interaction time, Snack, 1:1, Data Collection Paperwork

11:15/3:15 End of Group, Clean-up

11:30/3:30 Debrief

12:00/4:00 Healthy Baby Session Completed

Outreach Activities

Outreach activities include promotion of the program in the community and also one to one contacts with potential or current program participants.

Program Promotion involves advertizing the program by putting up posters, distributing brochures, dropping off information about programming at health and social service agencies, pharmacies, laundromats, community centres, etc. It may also involve contacting other agencies that support pregnant individuals and parents to let them know about Healthy Baby programs in their neighbourhood/community.

One to one contacts occur primarily via phone/text or mail and may occasionally occur as a home visit (if resources permit). Home visits are not routinely offered; however there are a few agencies that have outreach worker positions, where home visits may be offered as a way to reach out to pregnant individuals and new parents to encourage their participation at a Healthy Baby group, provide support and refer to appropriate services if required.

Sometimes the need for a one to one contact with a program participant occurs as a result of an identified medical or social need or in response to dealing with a sensitive issue that has become apparent during the group process. The group debrief provides that opportunity to assess if an individual or family may need follow-up care through a 1:1 contact (via phone, mail or home visit).

Note: One to one contacts are not intended as a crisis intervention or a counselling session.

Prior to conducting home visits, Healthy Baby team members should be aware of their agency's Workplace Safety and Health Policies/Guidelines (working alone policy) and the High Risk Situations Guidelines for Healthy Baby Programs (see Appendix 11). Plans should be developed and in place prior to any 1:1 in person contacts or home visits being done.

COMPONENTS OF A HEALTHY BABY SESSION

Programs are structured to provide interactive educational sessions that include:

- Session Topic(s)
- Nutrition and Food, Activities and Demonstrations
- Parent-Infant Activities
- Interaction Time
 - 1:1 opportunities with team members
 - Unstructured time for pregnant individuals and parents to connect
- Practical Supports
 - Healthy low cost snacks
 - Milk coupons
 - Childminding for children over one year of age (where available)
 - Bus tickets (where applicable)

This section outlines the expectations for the various components of Healthy Baby program delivery. Due to the amount of detail of some of the components, each session component will be separated by tabs for ease of use.

SESSION TOPIC(S)

Considerations/Planning

Session topics should meet the goals and objectives of Healthy Baby programs. Topics focus on the social, emotional and health needs of pregnant individuals and parents/caregivers with children under the age of one. Toddler/preschool topics should be kept to a minimum.

Healthy Baby recognizes that the team and participants play an important role in the development of session content. Healthy Baby program teams/staff are responsible for ensuring that session content falls within the Healthy Baby program guidelines.

If there is more than one person on a site team, there are a number of ways to deliver this component of the program. The most common options used by programs and recommended by HCMO are:

- Rotating the lead for facilitating session topics throughout the year between team members. For example, if the topic is healthy relationships, one team member will take the lead and be responsible to prepare and present the entire topic. Other members may contribute as part of the ongoing dialogue and would participate in other components of the session.
- Sharing a topic where all team members contribute to facilitating the session. For example, if the topic is breastfeeding, the public health nurse may talk about the health benefits and “how to” of breastfeeding; the dietitian may speak to nutritional needs of newborns and the nutrients mothers require during breastfeeding; and the facilitator may speak about the feelings around breastfeeding and available resources. In this scenario, each team member has the responsibility to be prepared for their portion of the session (team members can present on a variety of topics and are not set by a team member’s expertise). This arrangement requires ongoing planning between team members for each session.
- Occasionally, the team will select an outside agency/community partner to deliver the session topic.*

When there is only one person facilitating a Healthy Baby group (often in rural and northern communities):

- Responsibility for the session topic, preparation and delivery lies with the individual. The coordinator/ facilitator can enlist the support of community partners such as public health nurses, Families First home visitors, social service agencies, etc., to do presentations or be involved in components of the session. This is of particular

importance when topic selection falls outside of the coordinator/facilitator's area of expertise.

- The coordinator/facilitator will, on occasion, select an outside agency/community partner to deliver the session topic.*

When arranging for presentations, ensure that the speaker is aware of the time frame and should not exceed the allotted time (usually 45 minutes). The team member who has arranged the speaker is responsible to introduce the speaker, assist in encouraging questions, clarifying information regarding the presentation for participants and ensuring that materials that are used or distributed are appropriate for the audience. Speakers can be used occasionally for Healthy Baby sessions but should be limited especially at groups which operate monthly or bimonthly basis. Topics that have the greatest health outcomes on pregnancy and for parents and babies during the first year of life should be the focus of the Healthy Baby Community Support programs and teaching kits have been provided for most topics (see Mandatory Topic Areas).

Selection of Mandatory Topics

In order to meet the goals and objectives of Healthy Baby programs, mandatory topic areas have been selected based on best practice and/or evidence based research in the area of maternal and infant health. Delivering these mandatory topic areas will ensure that Healthy Baby programs include information, resources and supports known to have the greatest impact on healthy pregnancy, healthy birth weights, healthy infant development and support strong parent-infant and family relationships.

As part of program planning and operations, organizations that deliver Healthy Baby programming are required to deliver, at a minimum, the mandatory topics identified within each fiscal year (April 1-March 31).

Program Frequency and Mandatory Topics

- Weekly groups are required to deliver 40 sessions based on the mandatory topics area.
- Bi-monthly groups are required to deliver 20 sessions based on the mandatory topics area.
- Monthly groups are required to deliver all 12 sessions based on the mandatory topics area.
- Organizations that operate sessions on a different schedule should contact the Healthy Baby consultant(s) to determine the number of mandatory topics required.

Healthy Baby team members can cover more than one mandatory topic area per session and may combine prenatal and postnatal topics, however these must be substantive in nature. For example, if your session topic is infant nutrition you could

include information about breastfeeding and introduction to solids which would appeal to both prenatal and postnatal participants. For organizations that run monthly sessions and have limited opportunities to connect with women and their families, this may be an effective way to engage participation and have the greatest impact.

Mandatory topic areas have been identified recognizing that during pregnancy and the first year after birth, research shows that certain health behaviours and practices can change maternal and infant health outcomes.


It is expected that Healthy Baby team members will be aware of evidence based and/or best practice information regarding the mandatory topic areas and incorporate this into session content.

MANDATORY TOPIC AREAS

1. Addictions/Substance Use/Smoking
2. Attachment
3. Breastfeeding
4. Family Health
5. Family Nutrition
6. Infant Development (0-12 months)
7. Infant Nutrition
8. Mental Health
9. Newborn Care
10. Parenting Support
11. Pregnancy
12. Relationships
13. Reproductive Health
14. Safety
15. Stress Management
16. Other

The following section details what should be considered when preparing a session for each of the topic areas. While there is a need to identify one specific session topic, it is recognized that there will be overlap in the content of topic areas as it applies to the support of prenatal and postnatal women and their families. For example, material on folic acid could be covered under the topics areas of prenatal nutrition, family nutrition, reproductive health or pregnancy.

It is recognized that not everything in the “basics to cover” can be taught during one session but rather that Healthy Baby groups will cover different aspects of these mandatory topic areas throughout the year.



For many of the topic areas, there are Healthy Baby resource kits that HCMO developed in partnership with a variety of community agencies. These “grab and go” teaching kits are evidence based and best practice and can be used as a complete session topic or as a mini-topic or “nugget” in a session. When delivering a session topic for which a Healthy Baby teaching kit exists, the kit should be used as the primary resource.

When preparing for session topics where kits are not available or where you are researching information on a certain topic, there are a variety of organizations that have publicly accessible (via internet/community agencies) kits/materials that can be used as sources of information. It is expected that all information/resources are collected from reputable sources (see Appendix 7, Tips for Internet Use). The following section lists a number of reliable and current websites/resources for the various topic areas which can be used to help support the development of session materials and content (these are not exhaustive lists). It is expected that Healthy Baby program teams will continue to research and develop topic materials and content (games, interactive activities, etc.) for sessions.

1. Addictions/Substance Use/Smoking

Focus: prenatal and postnatal.

Basics to cover: Use and effect of various drugs/smoking during pregnancy and the postnatal period on the baby, i.e. low infant birth weight, growth and development issues, health issues, Fetal Alcohol Spectrum Disorder (FASD), etc. Use and effect of various drugs/smoking during pregnancy and postnatal on the birth parent i.e., emotional - coping skills, ability to meet infant needs, relationships, physical - self care, breastfeeding recommendations depending on the type of drug and effect on milk supply, nutrition, etc. Other addictions that can occur such as gambling that interfere with daily living. Supports and resources available for addictions such as substance use/abuse, smoking cessation and gambling, etc.

How to support the session: Harm reduction and trauma informed principles need to be incorporated when providing information and support in this area to participants. Team members should be aware of the Stages of Change model (Smart Guide) which is applicable to any change or consideration of a change for an individual as well as the Health Behaviour Change Model (see Appendices 9 and 10 for an overview of both models).

Healthy Baby Resource Kits

- Smoking Jeopardy
http://www.manitoba.ca/healthychild/healthybaby/kits/smoking_jeopardy.pdf
- Smoke Free Journey
http://www.manitoba.ca/healthychild/healthybaby/kits/smoke_free_journey.pdf
- Women and Alcohol
English http://www.manitoba.ca/healthychild/healthybaby/kits/women_alcohol.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/women_alcohol_fr.pdf

Resource Links

- Motherisk: Treating the Mother-Protecting the Unborn
<http://www.motherisk.org/women/index.jsp>
- Girls, Women and Alcohol: Making Informed Choices
http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf
- AFM publications on available support and resources as well as alcohol and other drugs specific information <http://afm.mb.ca/resources/publications/>
- SMART Guide https://www.gov.mb.ca/healthychild/fasd/fasd_smartguide.pdf
- Smoking www.lung.ca/protect-protegez/tobacco-tabagisme_e.php

- Canadian Youth Perceptions on Cannabis
<http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf>

Notes:

2. Attachment

Focus: prenatal and postnatal.

Basics to cover: Explanation of attachment and importance of maternal-fetal attachment during the prenatal period and for parent/caregiver-infant attachment after the baby is born. Discuss activities that participants can do that will build attachment within the dyad of parent/caregiver and infant. Illustrate importance of dads and their role related to attachment. Parent/caregivers emotional coping skills, ability to meet infant needs and read cues to promote secure attachment. Normalize emotions and feelings regarding newborns and differentiate from attachment. Use parent-infant activity time to demonstrate and build on attachment activities.

How to support the session: Teams should be familiar with Attachment theory and be able to promote discussion and activities that support attachment within the dyad. Teams should also be aware that there are psychological/social/emotional, health and economic issues which can affect a parent's ability to attach to their infant. For example, postpartum depression, due to its frequency of occurrence, should be included in discussions related to attachment.

Healthy Baby Resource Kits

- Attachment:
 - English <http://www.manitoba.ca/healthychild/healthybaby/kits/attachment.pdf>
 - French http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_fr.pdf
 - Videos for attachment kit:
 - i. Calming Baby Narrative:
http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_calming_baby_narrative.mov
 - ii. Scaring Alex:
http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_scaring_alex.mp4
 - iii. Simpsons Snippet:
http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_simpsons.wmv
 - iv. Still Face Video: <https://www.youtube.com/watch?v=apzXGEbZht0>
 - v. Tantrum over Cellphone:
http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_tantrum_cellphone.wmv

Resource Links

- My Child and I Attachment for Life
www.beststart.org/resources/healthy_child_dev/pdf/parent_attachment_eng.pdf

- Activities dads can do with their children age 0 to 6
www.beststart.org/resources/hlthy_chld_dev/BSRC_Daddy_and_Me_EN.pdf
- Aulneau Renewal Centre: 1-(204)987-7090 is an agency that parents/service providers can use to get information and support regarding attachment.
- Parent Child Attachment Encyclopedia on Early Childhood Development
<http://www.child-encyclopedia.com/attachment/resources>
- Healthy Baby, Healthy Brain Love Builds Brains
<http://www.healthybabyhealthybrain.ca/love-builds-brains.htm>
<http://www.kbyutv.org/kidsandfamily/readytolearn/file.axd?file=2011%2F3%2F2+Rhy-mers+are+Readers.pdf>

Notes:

3. Breastfeeding

Focus: prenatal and postnatal.

Important: Breastfeeding should be an ongoing focus at Healthy Baby programs and it is an expectation that it will be promoted and incorporated in every session. The World Health Organization (WHO) Baby Friendly Initiative which promotes and supports breastfeeding provides the “BFI Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services” and the Breastfeeding Committee of Canada has modified this global criteria to recognize this within the Canadian Context. As Healthy Baby works toward Baby Friendly community status, it is expected that funded agencies will support breastfeeding by incorporating these guidelines into their programs through group sessions and 1:1 contacts.

Basics to cover: Rather than using breastfeeding as a standalone session topic, it is recommended that education, information and supports are offered at each session as part of an ongoing dialogue. Repeating breastfeeding messaging, including “nuggets” of breastfeeding facts and information has proven to have the greatest impact on initiation and duration rates versus a onetime topic.

Breastfeeding information should cover the benefits and challenges of breastfeeding for both birth parent and infant, health benefits for birth parent and infant, risks associated with breast milk substitutes, strategies to address attitudes and beliefs about infant feeding, how to breastfeed including latch, breast engorgement, how milk is made and milk supply, frequency of feeds, storage of breast milk, social/personal comfort, etc. Discussion and provision of community supports and resources should be available for participants i.e., health professionals, lactation consultants, community groups, pamphlets, etc.

How to support the session: Healthy Baby program team members should be aware of the WHO Baby Friendly Initiative and the Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services. These steps will be implemented at Healthy Baby programs as program consultants work with community agencies to determine how to best incorporate the various components. Harm reduction and trauma informed principles need to be incorporated when providing information and support in this area to participants.

Healthy Baby Resource Kits

- Mammals Feeding Their Babies
http://www.gov.mb.ca/healthychild/healthybaby/kits/mammals_feeding_their_babies.pdf
- Got Breastmilk?

- http://www.gov.mb.ca/healthychild/healthybaby/kits/got_breastmilk.pdf
- Do We Need to Measure Everything?
http://www.gov.mb.ca/healthychild/healthybaby/kits/do_we_need_to_measure_every_thing.pdf
- The Scoop on Poop!
http://www.gov.mb.ca/healthychild/healthybaby/kits/scoop_on_poop.pdf
- Breastfeeding - Celebrity Tic Tac Toe
English http://www.gov.mb.ca/healthychild/healthybaby/kits/breastfeeding_-_celebrity_tic_tac_toe.pdf
French
http://www.gov.mb.ca/healthychild/healthybaby/kits/breastfeeding_celebrity_tic_tac_toe_fr.pdf

Resource Links

- Breastfeeding Your Baby
<https://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/milkbr.pdf>
- Baby's Best Chance
<http://www.health.gov.bc.ca/library/publications/year/2015/babys-best-chance-2015.pdf>
- Making Connections: Birth to Two Years
https://www.gov.mb.ca/healthychild/healthybaby/Healthy_Baby_makingconnections.pdf
- Dr. Jack Newman's Breastfeeding Site <http://ibconline.ca/>
- Breastfeeding and Infant Nutrition http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/index-eng.php
- BCC BFI Practice Outcomes Indicators for Hospitals and Community Health Services http://breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf
- WHO has developed an excellent resource on "Infant and Young Child Feeding" which is based on the BFI.
whqlibdoc.who.int/publications/2009/9789241597494_eng.pdf

Notes:

4. Family Health

Focus: prenatal and postnatal.

Basics to cover: Broad topic area that should reflect current health issues and especially those relevant to the community/neighbourhood where your group is located i.e., nutrition and healthy eating, healthy sleep habits, lifestyle issues, physical activity, mental health and stress, environment, reproductive health, family violence, diabetes, obesity, osteoporosis, body image, regular health care checkups and vaccinations, etc.

How to support the session: Healthy Baby teams should be aware of the community resources available to participants related to the session topic being offered as well as best practice information and recommendations regarding topic choice. To complement the session topic discussion, Healthy Baby teams should inform and/or refer participants to accessible neighbourhood community resources/services. For example, when discussing reproductive health, participants could also be linked to the health clinic in their area and made aware of services such as “Pap Day”. Another example would be for the topic area of physical activity, in addition to the discussion, participants could be made aware of the location of gyms in the community or other community centre programs/activities, some of which may be free or discounted to low income families.

Healthy Baby Resource Kits

- Breast Health Kit; including Myth Game
English http://www.manitoba.ca/healthychild/healthybaby/kits/breast_health.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/breast_health_fr.pdf
- Is it Safe? During Pregnancy & For Mom and Baby
http://www.gov.mb.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf
- Give Your Child a Safe Start
http://www.gov.mb.ca/healthychild/healthybaby/kits/give_your_child_a_safe_start.pdf
- Relationships – Adding Baby to the Mix
English http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix.pdf
French http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix_fr.pdf
- Unwanted Advice
English http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice_fr.pdf

- Vaccination <http://www.manitoba.ca/healthychild/healthybaby/kits/vaccination.pdf>
- Health at Every Size
http://www.manitoba.ca/healthychild/healthybaby/kits/health_at_every_size.pdf
- Sleep
English <http://www.manitoba.ca/healthychild/healthybaby/kits/sleep.pdf>
French http://www.manitoba.ca/healthychild/healthybaby/kits/sleep_fr.pdf
- I'm Ok
English http://www.manitoba.ca/healthychild/healthybaby/kits/im_ok.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/im_ok_fr.pdf

Resource Links

- Wellbeing Guide
<http://www.wellbeingguide.ca/>
- Family Doctor Finder <http://www.gov.mb.ca/health/familydoctorfinder/>
- AboutKidsHealth <http://www.aboutkidshealth.ca/En/Pages/default.aspx>
- Healthy Living : Health Canada, various health topics www.hc-sc.gc.ca/hl-vs/index-eng.php
- Family Violence topics www.phac-aspc.gc.ca/nctv-cnivf/publications-eng.php
- Environmental Health www.healthyenvironmentforkids.ca
- Canada's Physical Activity Guides to Healthy Active Living www.phac-aspc.gc.ca/hp-ps/hl-mvs/pag-gap/index-eng.php
- Food Safety Tips – Interactive Guide <http://healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/safety-salubrite/tips-conseils/safety-interactive-salubrite-eng.php>

Notes:

5. Family Nutrition

Focus: prenatal and postnatal

Basics to cover: Broad topic area that should reflect current nutrition information and best practice as it relates to pregnancy, the postpartum period and throughout the life span. It is important to consider the identified needs of the community/neighbourhood i.e., obesity, diabetes, heart health, food accessibility, etc.

Some ideas would include:

- Canada Food Guide
- Fibre recommendations
- Vitamins and minerals necessary for good health e.g. calcium/bone health, iron, folic acid
- Heart health/healthy fats
- Diabetes
- Reading labels
- The feeding relationship between parent/child
- Meal plans
- Balanced diet
- Budgeting for groceries
- Food safety
- Dieting/ eating disorders
- Allergies

How to support the session: There are numerous guidelines and protocols for many of these topics which can be accessed from the Manitoba Health or Health Canada websites. Information handouts can be downloaded as teaching tools or for distribution to participants.


Healthy Baby Resource Kits

- Cooking Jeopardy
http://www.gov.mb.ca/healthychild/healthybaby/kits/cooking_jeopardy.pdf
- Iron in Pregnancy/Iron for Baby
http://www.manitoba.ca/healthychild/healthybaby/kits/iron_inpregnancy_and_forbaby.pdf

- 10 Things Not to Say When Eating
English
http://www.manitoba.ca/healthychild/healthybaby/kits/ten_things_not_to_say_when_eating.pdf
French:
http://www.gov.mb.ca/healthychild/healthybaby/kits/ten_things_not_to_say_when_eating_fr.pdf
- Division of Responsibility Game
English
http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding.pdf
French
http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding_fr.pdf
- Health at Every Size
http://www.manitoba.ca/healthychild/healthybaby/kits/health_at_every_size.pdf
- Nutrition Binder
http://www.manitoba.ca/healthychild/healthybaby/kits/nutrition_binder.pdf
- Food Allergies in Children
English http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy.pdf
French: http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy_fr.pdf

Resource Links

- Eating Well with Canada's Food Guide www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php
- Advice for Women of Childbearing Age www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/women-femmes-eng.php
- The Sensible Guide to Healthy Pregnancy www.phac-aspc.gc.ca/hp-gs/pdf/hpguide-eng.pdf
- Baby's Best Chance
<http://www.health.gov.bc.ca/library/publications/year/2015/babys-best-chance-2015.pdf>
- Prenatal Nutrition Guidelines for Health Professionals http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/pubs/guide-prenatal-eng.pdf
- Introduction of Solids – WRHA/HCMO video
- Get Healthy <http://www.heartandstroke.ca/get-healthy?gclid=CPP7q-K8-dICFV62wAodAdYI9g>
- Dietitians of Canada website: www.dietitians.ca
- Book: Child of Mine, Feeding with Love and Good Sense – Ellyn Satter
www.ellynsatter.com



Dial – A- Dietitian; Free Nutrition Info Line
In Winnipeg call: 1- 204 – 788 - 8248
Outside of Winnipeg call: 1-800-667-3438

Note: When offering nutrition focused groups, more than one aspect of nutrition can be covered and should include both prenatal and postnatal information, especially as these relate to your own Healthy Baby participant group mix.

Notes:

6. Infant Development (0-12 months)

Focus: prenatal and postnatal.

Basics to cover: Normal infant growth and development milestones, both in the prenatal and postnatal period. This would include physical development, brain development, attachment, infant cues and how infant temperament and parent-infant interactions impact development. Include activities and inform participants about activities that support infant growth and development, i.e., play, massage, language, toys, etc.

How to support the session: Team members should be aware of normal growth and development for infants and developmental milestones and be able to refer participants to appropriate services should concerns arise. For example, PHNs can provide Ages & Stages Questionnaires to participants; where PHNs are not on site, team members can refer to PHNs or health care providers in their community for assessment.

Note: The Parent-Infant Activities component which is part of every session provides parents the opportunity to practice building skills and comfort interacting with their infant. Sharing with parents how different activities support the infant's physical as well as emotional development reinforces the importance of taking the time to interact with their infant. It also provides an opportunity for infant development to be a part of every session.

Healthy Baby Resource Kits

- Brain Development
http://www.manitoba.ca/healthychild/healthybaby/kits/brain_development.pdf
- Sleep
English <http://www.manitoba.ca/healthychild/healthybaby/kits/sleep.pdf>
French: http://www.manitoba.ca/healthychild/healthybaby/kits/sleep_fr.pdf
- Speech and Language
http://www.manitoba.ca/healthychild/healthybaby/kits/speech_and_language.pdf
- Tummy Time and More (Plagiocephaly) Preventing and treating flat heads in babies
English http://www.manitoba.ca/healthychild/healthybaby/kits/tummy_time.pdf
French: http://www.manitoba.ca/healthychild/healthybaby/kits/tummy_time_fr.pdf
- Developmental Stages in Infant Feeding
http://www.manitoba.ca/healthychild/healthybaby/kits/infant_feeding.pdf
- Skin to Skin, The Best Place for You and Your Baby
http://www.manitoba.ca/healthychild/healthybaby/kits/skin_to_skin.pdf
- Why is This Baby Crying
English http://www.manitoba.ca/healthychild/healthybaby/kits/babies_and_crying.pdf

French

http://www.gov.mb.ca/healthychild/healthybaby/kits/babies_and_crying_fr.pdf

Video

http://www.manitoba.ca/healthychild/healthybaby/kits/crying_elephant_video.wmv

- Give Your Child a Safe Start

http://www.gov.mb.ca/healthychild/healthybaby/kits/give_your_child_a_safe_start.pdf

Resource Links

- The Milestones: Growth and Development from Birth to Three Years

<https://www.healthlinkbc.ca/healthlinkbc-files/child-development-birth-3-years>

- Baby's Best Chance

<http://www.health.gov.bc.ca/library/publications/year/2015/babys-best-chance-2015.pdf>

- Caring for Kids: Information for Parents from Canada's Paediatricians

http://www.caringforkids.cps.ca/handouts/your_childs_development

- Healthy Parents Healthy Children

<http://www.healthyparentshealthychildren.ca/overview-of-being-a-parent/supporting-healthy-child-development/developmental-stages-tasks-and-milestones/>

- Healthy Baby, Healthy Brain Love Builds Brains

<http://www.healthybabyhealthybrain.ca/love-builds-brains.htm>

- Rhymers are Readers: The Importance of Nursery Rhymes

<http://www.kbyutv.org/kidsandfamily/readytolearn/file.axd?file=2011%2F3%2F2+Rhymers+are+Readers.pdf>

Notes:

7. Infant Nutrition

Focus: prenatal and postnatal.

Basics to cover: Breastfeeding, introduction of solids, the feeding relationship, how to make baby food, vitamin supplements necessary for infants, food requirements for infants, etc.

How to support the session: There are numerous guidelines and protocols for many of these topics which can be accessed from the Manitoba Health or Health Canada websites. Information handouts can be downloaded as teaching tools or for distribution to participants.

Referrals should be made to health care professionals/dietitians when feeding questions arise beyond the facilitator's area of expertise. Healthy Baby program team members should be familiar with the feeding relationship principles as outlined in Ellyn Satter's book "Child of Mine: Feeding with Love and Good Sense" which was provided to Healthy Baby teams (see section, Key Factors to Guide Your Work).

Note: Team members should be aware that information regarding the preparation of formula/breast milk substitutes is to be done on a one-to-one basis.

Healthy Baby Resource Kits

- Iron in Pregnancy/Iron for Baby
http://www.manitoba.ca/healthychild/healthybaby/kits/iron_inpregnancy_and_forbaby.pdf
- Mammals Feeding Their Babies
http://www.gov.mb.ca/healthychild/healthybaby/kits/mammals_feeding_their_babies.pdf
- Got Breastmilk?
http://www.gov.mb.ca/healthychild/healthybaby/kits/got_breastmilk.pdf
- Do We Need to Measure Everything?
http://www.gov.mb.ca/healthychild/healthybaby/kits/do_we_need_to_measure_everything.pdf
- Developmental Stages in Infant Feeding
http://www.manitoba.ca/healthychild/healthybaby/kits/infant_feeding.pdf
- Division of Responsibility Game
English
http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding.pdf
French

http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding_fr.pdf

- Food Allergies in Children
English http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy_fr.pdf

Resource Links

- Breastfeeding Your Baby
http://www.gov.mb.ca/healthychild/healthybaby/hb_breastfeedingyourbaby.pdf
- Breastfeeding and Infant Nutrition http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/index-eng.php
- Feeding Your Breastfed Baby Solid Foods 6 Months to 1 Year pamphlet:
English <http://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/breastfed.pdf>
French <http://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/feeding.fr.pdf>
- Feeding Your Baby 6 Months to 1 Year
English <http://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/feeding.pdf>
French <http://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/feeding.fr.pdf>
- Infant Formula with Iron
<http://www.gov.mb.ca/healthyliving/hlp/docs/nutrition/milkfo.pdf>
- This Child of Mine: Feeding with Love and Good Sense by Ellyn Satter
www.ellynsatter.com
- Introduction of Solids – WRHA/HCMO video
- Nutrition for Healthy Term Infants website: <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php>

Notes:

8. Mental Health

Focus: prenatal and postnatal.

Basics to cover: Normal spectrum of mental health. Emotional changes in pregnancy. Postpartum adjustment, baby blues, stress, depression, postpartum psychosis. Signs and symptoms of stress and depression. Self care. Developing coping skills for improved mental health and when to seek help. Family supports. Community supports.

How to support the session: Healthy Baby team members should be aware that postpartum depression is the number one illness women experience related to birth and it can be assumed that some participants in your group will be affected. Team members should be aware of the signs and symptoms of depression and other maternal mental health conditions, be able to develop basic safety plans with participants if needed and refer to available community resources for participants who require mental health support. Provision of maternal self-care information and handouts for participants that discuss available community supports are essential.

Healthy Baby Resource Kits

- I'm OK
English http://www.manitoba.ca/healthychild/healthybaby/kits/im_ok.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/im_ok_fr.pdf
- Healthy Relationships
English
http://www.manitoba.ca/healthychild/healthybaby/kits/healthy_relationships.pdf
French
http://www.manitoba.ca/healthychild/healthybaby/kits/healthy_relationships_fr.pdf
- Unwanted Advice
English http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice.pdf
French
http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice_fr.pdf
- The Critical Voice
English http://www.manitoba.ca/healthychild/healthybaby/kits/critical_voice.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/critical_voice_fr.pdf
- Mommy Myths
English http://www.manitoba.ca/healthychild/healthybaby/kits/mommy_myth.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/mommy_myth_fr.pdf
- Sleep
English <http://www.manitoba.ca/healthychild/healthybaby/kits/sleep.pdf>
French: http://www.manitoba.ca/healthychild/healthybaby/kits/sleep_fr.pdf

- N.U.R.S.E. kit
English <http://www.manitoba.ca/healthychild/healthybaby/kits/NURSE.pdf>
French http://www.manitoba.ca/healthychild/healthybaby/kits/NURSE_fr.pdf
- Relationships - Adding Baby to the Mix
English http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix.pdf
French http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix_fr.pdf

Resource Links

- Wellbeing Guide
<http://www.wellbeingguide.ca/>
- eMentalHealth.ca: Winnipeg Regional Health Authority
<http://www.ementalhealth.ca/Winnipeg-Regional-Health-Authority/Postpartum-Depression/index.php?m=article&ID=8901>
- Government of Manitoba: Mental Health and Spiritual Health Care
- Crisis and Non-Crisis Regional Contacts
<http://www.gov.mb.ca/healthyliving/mh/crisis.html>
- Canadian Mental Health Association www.cmha.ca/bins/index.asp?lang=1
- Manitoba and Winnipeg <http://mbwpg.cmha.ca/resources/mental-health-resource-guide-for-winnipeg/>
- World Health Organization Maternal Mental Health
http://www.who.int/mental_health/maternal-child/maternal_mental_health/en/

Notes:

9. Newborn Care

Focus: postnatal

Basics to cover: newborn appearance and behaviour, infant feeding, sleeping (sudden infant death syndrome), crying (shaken baby syndrome) and bathing. Learning how to be and cope as a parent. Infant care during illness, recommended medical check-ups and immunization, oral/dental care, adjustment to parenting role, partner, and siblings, infant safety (i.e. car and home safety), importance of parent-infant interaction, stimulation, brain development and attachment, etc.)

How to support the session: Team members should be aware of evidence based and best practice guidelines as they relate to newborn care and incorporating them into session content. Normalize parent's concerns/questions/worries regarding the abundance of information they receive in caring for their newborn. Refer to PHNs on site or to regional health care providers when participants have concerns about caring for their baby that fall outside the expertise of the facilitator.

Healthy Baby Resource Kits

- Brain Development
http://www.manitoba.ca/healthychild/healthybaby/kits/brain_development.pdf
- Tummy Time and More (Plagiocephaly) Preventing and treating flat heads in babies
English http://www.manitoba.ca/healthychild/healthybaby/kits/tummy_time.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/tummy_time_fr.pdf
- Developmental Stages in Infant Feeding
http://www.manitoba.ca/healthychild/healthybaby/kits/infant_feeding.pdf
- Skin to Skin, The Best Place for You and Your Baby
http://www.manitoba.ca/healthychild/healthybaby/kits/skin_to_skin.pdf
- Why is This Baby Crying
English http://www.manitoba.ca/healthychild/healthybaby/kits/babies_and_crying.pdf
French http://www.gov.mb.ca/healthychild/healthybaby/kits/babies_and_crying_fr.pdf
Video
http://www.manitoba.ca/healthychild/healthybaby/kits/crying_elephant_video.wmv
- Give Your Child a Safe Start
http://www.gov.mb.ca/healthychild/healthybaby/kits/give_your_child_a_safe_start.pdf
- Your Child's Breathing
English
http://www.manitoba.ca/healthychild/healthybaby/kits/your_childs_breathing.pdf
French:
http://www.gov.mb.ca/healthychild/healthybaby/kits/your_childs_breathing_fr.pdf

- Food Allergies in Children
English http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy_fr.pdf
- Your Child's Skin
http://www.manitoba.ca/healthychild/healthybaby/kits/your_childs_skin.pdf

Resource Links

- Making Connections - Birth to Two
https://www.gov.mb.ca/healthychild/healthybaby/Healthy_Baby_makingconnections.pdf
- Baby's Best Chance
<http://www.health.gov.bc.ca/library/publications/year/2015/babys-best-chance-2015.pdf>
- Sudden Infant Death Syndrome (SIDS) http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/index-eng.php
<http://kidshealth.org/en/parents/sids.html?WT.ac=p-ra>
- Abusive Head Trauma (Shaken Baby Syndrome)
<http://kidshealth.org/en/parents/shaken.html>
- Healthy Families BC <https://www.healthyfamiliesbc.ca/home/articles/topic/babies-0-12-months>
- Canadian Paediatric Society
<http://www.caringforkids.cps.ca/handouts/pregnancybabies-index>
- The Hospital for Sick Children–Toronto
<http://www.aboutkidshealth.ca/En/HealthAZ/DevelopmentalStages/Pages/default.aspx>

Notes:

10. Parenting Support

Focus: prenatal and postnatal.

Basics to cover: Parenting is a broad topic that comes up frequently at Healthy Baby groups. Participants are looking for information, practical tips, supports and resources to help them prepare for parenthood and to raise healthy, happy children. Effective parenting styles, how to communicate, guide, and relate to your infant/child, understanding infant development and childhood milestones, how to interact and comfort your baby, how to discipline, how to manage conflict, establishing routines and consistency, normal childhood behaviours, etc. During pregnancy and after baby is born, parents also need information and supports that will assist them in adjusting to their new roles, changing relationships and how to balance the challenges of parenting while still finding time for themselves.

How to support the session: Team members should be aware of evidence based and best practice guidelines as they relate to parenting topics if available. Team members should also be mindful of the fact that parents hear conflicting information regarding parenting and are often looking for reassurance, direction and support. Normalize parents' concerns/questions/worries.

Healthy Baby Resource Kits

- Give Your Child a Safe Start
http://www.gov.mb.ca/healthychild/healthybaby/kits/give_your_child_a_safe_start.pdf
- Do We Need to Measure Everything?
http://www.gov.mb.ca/healthychild/healthybaby/kits/do_we_need_to_measure_everything.pdf
- Developmental Stages in Infant Feeding
http://www.manitoba.ca/healthychild/healthybaby/kits/infant_feeding.pdf
- Division of Responsibility Game
English
http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding.pdf
French
http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding_fr.pdf

Resource Links

- Parents Matter (downloadable parenting resources)
<http://www.parentsmatter.ca/index.cfm?fuseaction=page.viewPage&pageID=600>

- Early Childhood Development pamphlets (downloads) i.e. Temper Tantrums/Bed-wetting/Discipline etc. www.gov.mb.ca/health/documents/childhealth.html
- Welcome here - new immigrant parenting information sheets in different languages www.welcomehere.ca
- Parenting Birth to 18 Months (French available on site) <http://www.niagararegion.ca/health/parenting/pdf/birth-18months.pdf>
- Parenting 18 Months to 3 Years <http://www.niagararegion.ca/health/parenting/pdf/18months-3years.pdf>

Parenting videos

- Parenting with LOVE: S.T.O.P. before interacting with your children https://www.youtube.com/watch?v=3NLLo_Ncd58&t=1s
- Parenting with LOVE: Self-Compassion <https://www.youtube.com/watch?v=LXVmlPyUWik&t=7s>
- Parenting with LOVE: Safety <https://www.youtube.com/watch?v=7n1BsXyxcHw>
- Parenting with LOVE: Routines <https://www.youtube.com/watch?v=CGhI9nrfkgo>
- Parenting with LOVE: Play! https://www.youtube.com/watch?v=zGtdMOnf3_o
- Parenting with LOVE: Brain Development <https://www.youtube.com/watch?v=qINZ3S0YMvU>
- Parenting with LOVE: Self-Regulation <https://www.youtube.com/watch?v=xBfsqQ9nMmA>
- Parenting with LOVE: The Weed <https://www.youtube.com/watch?v=5-aWzXUNKFA>
- Parenting with LOVE: Role Modeling <https://www.youtube.com/watch?v=4qv2FrmfiU8>
- Parenting with LOVE: Attachment <https://www.youtube.com/watch?v=kuKQqnl4yS4>
- Parenting with LOVE: Temperament <https://www.youtube.com/watch?v=5oxQbticjUI>
- Parenting with LOVE: Remember to LOVE <https://www.youtube.com/watch?v=hFSvZHjXA3g>

Notes:

11. Pregnancy

Focus: prenatal

Basics to cover: Prenatal nutrition, emotional health, physical changes, body image, stages of pregnancy, fetal development, labour and delivery, folic acid, gestational diabetes, alcohol/drug/smoking use during pregnancy, physical activity, oral health, recommended check-ups for prenatal and postnatal follow-up, when to seek medical care, breastfeeding, family relationships, community resources for pregnancy, etc.

How to support the session: Team members should be aware of evidence based and best practice guidelines as they relate to health and nutrition during pregnancy and incorporate these guidelines into session content. Referrals should be made to health care professionals/dietitians as necessary for questions or concerns that arise. Team members should find out and be aware of the community resources that support prenatal individuals i.e. access to health care providers, prenatal classes, Manitoba Prenatal Benefit, Public Health, community clinics, etc.

Healthy Baby Resource Kits

- Iron in Pregnancy/Iron for Baby http://www.manitoba.ca/healthychild/healthybaby/kits/iron_inpregnancy_and_forbaby.pdf
- Is It Safe? http://www.gov.mb.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf

Resource Links

- Making Connections You and Your Growing Baby https://www.gov.mb.ca/healthychild/healthybaby/Healthy_Baby_makingconnectionsA.pdf
- Advice for Women of Childbearing Age www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/women-femmes-eng.php
- The Sensible Guide to Healthy Pregnancy www.phac-aspc.gc.ca/hp-gs/pdf/hpguide-eng.pdf
- Baby's Best Chance <http://www.health.gov.bc.ca/library/publications/year/2015/babys-best-chance-2015.pdf>
- Healthy Pregnancy (related links) www.phac-aspc.gc.ca/hp-gs/prof-eng.php
- Your Guide to Labour and Birth http://www.beststart.org/resources/rep_health/Your%20Guide%20to%20Labour%20and%20Birth.pdf
- The Society of Obstetricians and Gynaecologists of Canada (SOGC); Your Journey Starts Here <http://pregnancy.sogc.org/>

Notes:

12. Relationships

Focus: prenatal and postnatal

Basics to cover: Broad topic area that should reflect current evidence based and best practice research as it relates to relationships during pregnancy, the postpartum period and throughout the life span. Some ideas would include:

- healthy versus unhealthy relationships
- abuse and violence in relationships
- youth and adult sexuality during pregnancy and postpartum
- parenting support and ideas
- coping skills
- role adjustment
- myths and truths of motherhood
- discipline
- sibling rivalry
- family and community supports

How to support the session: Team members are to be aware of the impact of unhealthy relationships and promote and provide information and support regarding healthy relationships, coping skills, safety planning and referral to appropriate community resources for counselling/crisis services. This includes relationship issues between partners/adults/teens, parent/infant and within families. Team members should be familiar with the High Risk Guidelines that are to be used by Healthy Baby programs to provide organizations and team members that deliver Healthy Baby programs with a framework for identifying and responding to situations that pose immediate or potential threat or harm to the well-being of the children and families involved in the program (see Appendix 11).

Healthy Baby Resource Kits

- Healthy Relationships
English
http://www.manitoba.ca/healthychild/healthybaby/kits/healthy_relationships.pdf
French
http://www.manitoba.ca/healthychild/healthybaby/kits/healthy_relationships_fr.pdf
- Unwanted Advice
English http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice.pdf
French
http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice_fr.pdf

- The Critical Voice
English http://www.manitoba.ca/healthychild/healthybaby/kits/critical_voice.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/critical_voice_fr.pdf
- Relationships - Adding Baby to the Mix
English http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix.pdf
French http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix_fr.pdf
- Networking – Breaking Isolation
English http://www.gov.mb.ca/healthychild/healthybaby/kits/networking_-_breaking_isolation.pdf
French http://www.gov.mb.ca/healthychild/healthybaby/kits/networking_-_breaking_isolation_fr.pdf

Resource Links

- Public Health Agency of Canada: abuse www.phac-aspc.gc.ca/ncfv-cnivf/help-aide-eng.php
- Family Violence Prevention Program www.gov.mb.ca/fs/fvpp/index.html
- Services for Children and Families www.gov.mb.ca/fs/childfam/index.html
- Parenting www.phac-aspc.gc.ca/dca-dea/family_famille/welcometo-eng.php

Notes:

13. Reproductive Health

Focus: prenatal and postnatal

Basics to cover: Sexual health, regular check-ups and follow up with health care providers i.e., regular pap tests, sexually transmitted infections check, birth control, family planning, pregnancy options, relationships, etc.

How to support the session: Team members should be aware of evidence based and best practice guidelines as they relate to reproductive health choices and incorporate these guidelines into session content. Referrals should be made to appropriate health care professionals if concerns are raised and team members should be aware of community resources for reproductive health.

Healthy Baby Resource Kits

- Pregnancy and Birth Control
http://www.gov.mb.ca/healthychild/healthybaby/kits/pregnancy_and_birth_control.pdf
- STIs and Safer Sex:
http://www.gov.mb.ca/healthychild/healthybaby/kits/stis_and_safersex.pdf
- Sexual Health Supplies
http://www.gov.mb.ca/healthychild/healthybaby/kits/sexual_health_supplies.pdf
- SERC Consent Game
http://www.gov.mb.ca/healthychild/healthybaby/kits/serc_consent_game.pdf
- Condom Line Up Game
http://www.gov.mb.ca/healthychild/healthybaby/kits/condom_lineup.pdf
- True or Not True
http://www.gov.mb.ca/healthychild/healthybaby/kits/true_or_not_true.pdf
- Birth Control Matching Game http://www.gov.mb.ca/healthychild/healthybaby/kits/birth_control_matching_game.pdf
- PAP Test http://www.gov.mb.ca/healthychild/healthybaby/kits/pap_test.pdf
- Pelvic Health http://www.manitoba.ca/healthychild/healthybaby/kits/pelvic_health.pdf
- Breast Health Kit including Myth Game
English http://www.manitoba.ca/healthychild/healthybaby/kits/breast_health.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/breast_health_fr.pdf

Resource Links

- Sexuality Education Resource Centre Manitoba <https://www.serc.mb.ca/>
- SexualityandU.ca: Your link to sexual wellbeing sexualityandu.ca/teachers/tools-9-1.aspx
- CATIE – Sexual Health and Safer Sex <http://catie.ca/en/prevention/sexual-health>

Notes:

14. Safety

Focus: prenatal and postnatal

Basics to cover: Safety is a broad topic area that can incorporate a variety of settings to which families will be exposed. Examples are: sun, home, environment, toy, water, winter, food, fire, etc.

How to support the session: There are numerous recommendations and guidelines for safety and many of these topics can be accessed from the Manitoba Health or Health Canada websites. Safety topics while often done as a standalone topic area can also be done as nuggets of information at sessions. As an example, when preparing snacks, talk about food safety related to the foods you are using that day, i.e., you should not use a cutting board for your vegetables if you have just cut your uncooked meat on this board, hand washing is an essential part of food safety, etc.

There are many handouts that are available and which can be downloaded for use as teaching tools or for distribution to participants.

Healthy Baby Resource Kits

- Give Your Child a Safe Start http://www.gov.mb.ca/healthychild/healthybaby/kits/give_your_child_a_safe_start.pdf
- Is it Safe? During Pregnancy & For Mom and Baby http://www.gov.mb.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf

Resource Links

- Health Canada www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php
- Safe Kids Canada www.safekidscanada.ca/safekidscanada/default.asp
- Environmental Health www.healthyenvironmentforkids.ca
- Food Safety Tips – Interactive Guide <http://healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/safety-salubrite/tips-conseils/safety-interactive-salubrite-eng.php>

Notes:

15. Stress Management

Focus: prenatal and postnatal

Basics to cover: Stress continuum, good versus bad stress, mental health and wellness, signs and symptoms of stress, coping techniques, work/family/life balance, impact of physical activity, sleep and nutrition on stress management and impact on relationships (adult to adult and parent/infant/child). Importance of self-care for stress management.

How to support the session: Team members should be aware that stress is part of the lives of a significant number of participants attending group. Team members are expected to help participants link with resources and refer where warranted, to the appropriate health professionals.

Healthy Baby Resource Kits

- Mommy Myths
English http://www.manitoba.ca/healthychild/healthybaby/kits/mommy_myth.pdf
French http://www.manitoba.ca/healthychild/healthybaby/kits/mommy_myth_fr.pdf
- Sleep
English <http://www.manitoba.ca/healthychild/healthybaby/kits/sleep.pdf>
French http://www.manitoba.ca/healthychild/healthybaby/kits/sleep_fr.pdf
- N.U.R.S.E. kit
English <http://www.manitoba.ca/healthychild/healthybaby/kits/NURSE.pdf>
French http://www.manitoba.ca/healthychild/healthybaby/kits/NURSE_fr.pdf
- Networking – Breaking Isolation
English http://www.gov.mb.ca/healthychild/healthybaby/kits/networking_-_breaking_isolation.pdf
French http://www.gov.mb.ca/healthychild/healthybaby/kits/networking_-_breaking_isolation_fr.pdf

Resource Links

- Coping with Change Group - Women's Health Clinic
<http://womenshealthclinic.org/what-we-do/maternalhealth/mothering-support/>
- Health Canada: Mental Health – Coping With Stress www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/stress-eng.php
- Centre for Studies on Human Stress <http://www.humanstress.ca/stress.html>

Notes:

16. Other Topic Areas

Healthy Baby programs have the option to deliver a certain number of “other topics” recognizing that they may serve to address community or neighbourhood specific issues or concerns. These topics should augment the mandatory session topics and be relevant to the goals and objectives of Healthy Baby. For example, a session on seasonal flu would not normally be a mandatory stand alone session, however if due to an outbreak it may be a topic that would become a necessary topic at Healthy Baby sites in order to manage questions and concerns of pregnant individuals and new parents with infants/small children. If you require clarification regarding a topic area that you are considering which is not listed as a mandatory topic area, please call the Healthy Baby program consultant(s).

At times, participants have requested presentations on alternative health (herbal, naturopathy and homeopathy, acupuncture, etc.) options. These are not considered priority topics, particularly in sessions that run bi-monthly or monthly and information should only be provided by professionals who practice in the relevant discipline.

Notes:

NUTRITION AND FOOD

Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition and an adequate, well balanced diet combined with regular physical activity, is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

The nutrition component of Healthy Baby programs is multifaceted. Learning can occur via nutrition topics during sessions, prenatal nutrition questionnaires, provision of food, food demonstrations, and designated cooking sessions with participant involvement and consumption of food. It is an expectation that the Healthy Baby team will facilitate learning opportunities about nutrition at each session. There are many opportunities where food acts as a tool for learning/education.

To better understand this relationship, the following section will detail: program objectives/outcomes, the role of food, food standards and the activities associated with nutrition and food at Healthy Baby sites.

Objectives:

Prenatal

- To increase awareness of the importance of good nutrition during pregnancy.
- To help individuals make healthier choices related to nutrition.
- To help parents-to-be understand the relationship between their health and the baby's health.

Postnatal

- To increase awareness of the importance of good nutrition during the postpartum period.
- To encourage healthy food intake.
- To help parents/caregivers understand the relationship between their health and the baby's health.
- To help parents/caregivers make healthier food choices for their babies.

Outcomes:

- Increase/change in knowledge/attitude about healthy eating.
- Positive change in eating behaviours including food choices and food preparation skills.

Food is intended to:

- meet some of the nutritional needs of participants
- act as a tool for Healthy Baby team members to provide participant education regarding nutrition
- role model healthy eating and food choices
- provide participants the opportunity to learn new cooking/food preparation skills through food demonstrations and dedicated cooking sessions
- enable participants to experience new tastes/foods via quick and economical recipes prepared at the Healthy Baby group
- act as an incentive to attend programs (Milk Coupon Program)
- provide participants with a shared social activity

The provision of food alone does not meet the nutrition component of the program. The intention is that providing a healthy low-cost snack or a light meal and nutrition education go hand in hand at each session. Examples of discussion areas could include: identifying food groups, vitamins and minerals, food substitutions, preparing infant foods, food preparation/storage tips, food safety/label reading, how to use equipment and appliances, budgeting, etc. This can occur as ongoing dialogue or as “information nuggets” related to the snack/light meal choice. Evidence based nutrition information that accompanies the provision of food can be provided by any/all team members. Where community nutritionists or registered dietitians are available, they are the ideal source to guide this discussion. Food also plays a role in supporting some of the social interaction between participants at the sites.

Important: Rural and northern programs that do not have RDs/CNs/home economists involved in direct programming or as a consultant, are expected to access Dial-A-Dietitian expertise for the nutritional education portion of programming (see SPA requirements).

Food served to participants at group sessions is expected to meet the following criteria:

- follows current Health Canada guidelines concerning pregnancy and general nutrition
- is either a healthy snack or healthy low cost light meal
- includes 3 of the 4 food groups
- uses recipes that require minimal preparation time or can easily be put together at the site (Healthy Baby Favourite Family Foods Cookbook can provide some ideas)
- offers milk and water as the beverage options
- must be prepared on site (Food Handling Guidelines - liability)

- allows participants to learn about and try new foods, be affordable, nutrient dense and easy to replicate at home (recipes will be provided to participants)
- be culturally appropriate (provide food options when possible, i.e. offer meat separate from main dish)
- considers what is locally available

Important: Healthy Baby team members should alert participants to food/recipe ingredients so that participants are able to make safe choices about consumption.

Note: Some of the joint funded CPNP/Healthy Baby programs provide a more substantial meal and/or food supplements, based on their program goals, objectives and funding criteria.

Food Restrictions at Healthy Baby sites

In an effort to model healthy eating and food choices at Healthy Baby sites, participants are to be advised:

- no coffee, tea, soft drinks, fruits beverages or drink crystals will be offered during sessions or allowed to be brought in and consumed during the session
- no “junk” food is to be brought to the group setting
- no bringing/sharing food/drinks with other participants or infants/children

While it is recognized that sharing food, i.e. potlucks, baking, party leftovers has occurred in the past at some sites, this does not meet food handling standards, presents liability issues and is no longer an option at Healthy Baby groups. This rule can be incorporated as part of the ground rules (often posted on the wall at sites for all Healthy Baby participants to read).

Food Demonstrations/Cooking Sessions at Healthy Baby Groups

As part of meeting the nutrition component of the Healthy Baby program, involve participants in hands on cooking/food preparation. In order to meet this requirement, include food demonstrations and/ or dedicated cooking sessions as part of their program plan. While it is recognized that kitchen facilities vary across Healthy Baby sites this does not prevent teams from being creative. There are a variety of ways to include participants in nutritional learning and hands on activities for snacks and/or meal preparation, setup/cleanup.

Program Frequency and Food Preparation/Cooking Sessions

Organizations must include food demonstrations and/or dedicated cooking sessions focusing on food preparation and hands on cooking at a minimum of:

- weekly programs – at least once every eight calendar weeks for a total of at least 6 times/year
- bi-monthly programs – approximately every fourteen calendar weeks for a total of at least 3 times/year
- monthly programs – twice/year
- organizations that operate sessions on a different schedule should contact the Healthy Baby consultant(s) to determine frequency

Important: Organizations that do not have access to kitchen facilities or have facility restrictions need to contact the HCMO to discuss alternate arrangements.

Parameters for Food Demonstration/Cooking Sessions

The dietitian/community nutritionist is expected to lead/facilitate the sessions dedicated to community kitchen type cooking activities and food preparation demonstrations. This includes but is not limited to recipe selection, provision of nutritional information/resources including food substitution, product labelling, budgeting, food safety/handling, use of equipment, etc.

Other considerations include:

- Food demonstrations/ cooking sessions must have a nutritional focus/education piece to complement the recipe selection.
- Inform the group participants in advance regarding the hands on activity and the expectations for their involvement.
- Participants should be encouraged to assist in the preparation and clean up of snacks and meals where possible.
- It is recommended that a concerted effort be made to access adequate kitchen facilities within the community (particularly when the regular site has no facilities).
- Extra childminders/community volunteers may be required for cooking/food preparation sessions in order to maximize participant involvement.
- At sites where there is a lone facilitator or very limited/ or no kitchen facilities, food demonstrations that include both nutritional education and food preparation of a recipe may take the place of dedicated cooking sessions.

Food Handling/Food Safety

Food handling guidelines must always be followed at the Healthy Baby sites (see Appendix 18, Kitchen Sanitation /Food Handling). Funded organizations are responsible to ensure that at least one staff involved in on-site program delivery has taken the Food Handling course (most likely the Healthy Baby facilitator). Most RDs/CNs will also have the food handling course; however this does not eliminate the need for the host

organization to have staff certified. For organizations with multiple sites, it is expected that each site has the appropriate Healthy Baby team members/staff trained in this area.

Foods that are not stored properly, or not prepared using clean hands and utensils can cause serious illness if consumed. Children, seniors, pregnant women, and immune compromised individuals are more at risk for food borne illness (food poisoning), and can suffer extremely serious symptoms, including hospitalization or even death. To prevent anyone from getting sick from food prepared and served at a Healthy Baby session, it is essential that Healthy Baby team members and group participants are aware of the basic rules for proper food preparation. These rules should be discussed with the group before food preparation or cooking sessions begin. Individuals who do not follow these rules should be excluded from participating in the cooking portion. The information passed along to participants will promote food safety, not only at the cooking/food preparation sessions, but in the home as well.

Healthy Baby Team members ensure safe food handling and cooking practices at the site and with participants:

- Always wash hands prior to handling food (see Appendix 18, Hand Hygiene). Wash hands with soap and warm water for 30 seconds, then dry using paper towel. This will greatly reduce the chances of spreading communicable diseases and food borne illness.
- Always wash hands after using the toilet, changing diapers, smoking, eating, sneezing or coughing, blowing nose, touching raw meat, or touching dirty dishes and equipment. Individuals with poor personal hygiene practices are likely to contaminate food and equipment and pass along germs that could make everybody sick.
- Do not lick fingers, or any of the cooking utensils. Use a separate bowl and spoon to taste food and do not put the spoon back in the pot.
- Keep kitchen areas restricted to those Healthy Baby team members, staff and participants doing the cooking/food preparation. For everyone's health and safety, unauthorized persons should not be permitted, and children should be supervised, ideally, in an area outside of the kitchen.
- Avoid habits like touching face, hair or glasses, wiping hands on clothing, biting nails, etc.
- Do not handle food when sick. Participants who are sick should not participate in cooking/food preparation sessions.

Kitchen preparation:

- Wipe the counters, cutting boards and utensils before and after preparing food using a kitchen sanitizer (follow the directions on the container) or with a bleach and water solution using approximately one capful of unscented bleach in four litres (one gallon) of water or one teaspoon in 750ml of water. A new sanitizer solution should be mixed before each use.
- Check the ingredients that will be used in the day's recipes to make sure they are not spoiled and that packages are in good condition. Torn packages and cans that are dented, swollen, rusted or leaking sometimes mean that the food inside is contaminated, so avoid using these items. Not sure? A food rule of thumb is: "When in doubt, throw it out!"
- Thaw frozen foods using one of the following methods: in the refrigerator; under cold running water; or in the microwave (be sure to cook immediately after). Never thaw foods at room temperature.
- Keep foods in the fridge until you are ready to start (fridge temperature should be 0-5 °C/32-41°F).

Cooking/Food preparation:

- Keep raw foods separate from cooked foods. Don't store raw meats above other foods since drippings will cause contamination of food products.
- Use separate cutting boards and utensils for raw meats and for vegetables, whenever possible. If using the same cutting board for a variety of foods, be sure to wipe the board with your bleach and water solution in between the different food items.
- Cook meat dishes thoroughly to a minimum of 74° C (165°F). Never cook meat or dishes containing meat in two steps. Always ensure adequate cooking the first time. A metal-stem probe thermometer is an inexpensive and useful tool to ensure high enough temperatures have been reached to prevent food borne illnesses such as Salmonella.
- Separate cooked foods into smaller containers and place in the fridge or freezer immediately. Containers previously used for chemicals or detergents should not be used, garbage bags should not be used, and used aluminum foil pans are not recommended because they are difficult to clean.

Clean up:

- Wipe the counters and cutting boards with a bleach and water solution using approximately one capful of bleach in four litres (one gallon) of water.
- Scrape and rinse all dirty pots, pans and utensils then clean and sanitize using one of the following methods:
 - Automatic dishwasher, equipped with a sanitizing cycle; or
 - Three compartment sink method as follows (if you only have one or two sinks use large plastic dish tubs).
- Allow dishes to air dry in a drying rack before they are put away. Drip racks installed above the sinks can be very useful for both air drying and storage of clean equipment.
- Cloth towels are not recommended for drying because they get soiled quickly then pass germs back to the clean dishes. However; where time will not allow for air drying, clean cloth towels can be used to dry dishes/equipment. Cloths must be washed for every session and only used for dishes/equipment (not for hand drying).

PARENT-INFANT ACTIVITIES

Research indicates that the early formative years, birth to three years, are a crucial time for infant brain development as a child's brain triples in weight and establishes about 1,000 trillion nerve connections. There are many ways to enhance the learning power of young babies and stimulate the brain and there is expanding evidence pointing to the crucial importance of parents in facilitating their baby's development.

“Children don't need more things. The best toy a child can have is a parent who gets down on the floor and plays with them” (Bruce Perry)

Healthy Baby programs are designed to encourage and strengthen nurturing and attachment building activities along with other aspects of healthy infant development. Group sessions afford the opportunity for facilitators/team members to provide information, resources and support about infant development and show parents how to interact 1:1 with their baby to support their baby's physical and social development, language and attachment. Parents can learn about the benefits of parent-infant play and be encouraged to introduce it into bathing, dressing, and a variety of everyday caregiving activities.

Each Healthy Baby session must include an interactive parent-infant activity such as singing songs, lullabies, nursery rhymes, movement activities, etc. Activities should be inclusive of both prenatal and postnatal participants.


Songs and rhymes for young children have been passed down for generations. They are fun, children love them, and they provide a warm, nurturing experience between parent and child. What we may not be aware of as we recite simple nursery rhymes or sing songs with children is their enormous educational value.

“Experts in literacy and child development have discovered that if children know eight nursery rhymes by heart by the time they're four years old, they're usually among the best readers by the time they're eight.” [Fox, M. (2001). *Reading Magic*. San Diego, CA: Harcourt.] ©

Benefits of Rhymes

Language Development

When children hear nursery rhymes, they hear the sounds vowels and consonants make. They learn how to put these sounds together to make words. They also practice pitch, volume, and voice inflection, as well as the rhythm of language. For example, listen to how you sound when you ask questions. Do you sound different when you tell a story? In nursery rhymes, children hear new words that they would not hear in everyday



language (like fetch and pail in “Jack and Jill went up the hill to fetch a pail of water”). Nursery rhymes are short and easy to repeat, so they become some of a child’s first sentences.

Cognitive Development

Since nursery rhymes are patterns, they help children learn easy recall and memorization. Nursery rhymes usually tell a story with a beginning, middle, and end. This teaches children that events happen in sequence, and they begin to learn how to understand stories and follow along. Nursery rhymes use patterns and sequence, so children begin to learn simple math skills as they recite them. Many rhymes also use numbers, counting, and other math words that children need to learn, such as size and weight.

Physical Development

Children develop their mouth and tongue muscles by using the different sounds in the rhyme.

Rhymes that involve movement help with coordination.

Social/Emotional Development

Sharing nursery rhymes provides a safe and secure bond between parents and children.

Positive physical touch between a parent and a child plays a large part in developing attachment between the child and parents. It is the beginning of communication between parent and child. As the infant feels secure, he/she learns to trust the parent and develops an emotional tie to the parent. The baby’s response to those feelings of security deepens the parent’s feelings of love and protectiveness and is important for social development.

Funny nursery rhymes allow children to develop a sense of humour. Nursery rhyme characters experience many different emotions and this can help children identify their own emotions and understand the real emotions of others. When children act out nursery rhyme stories they hear, they learn to imagine, be creative, and express themselves.

At Healthy Baby sessions, we recognize that the comfort level of participants and team members to sing and act out rhymes can vary. It is important for the team to embrace and set the tone for this component. Humour is a great way to engage participants in this activity and encourage their involvement. Teams are encouraged to both sing rhymes and do the actions that are suggested. Participants will follow the lead of the

team and even when a participant does not join in having seen how their baby responds to the group doing the rhyme lets them see the impact. Parents who do not do a rhyme at group may be doing them at home. This component can be led by any team member and participants should be encouraged to share their favourite song, rhyme, lullaby or activity.

Team member(s) should share and explain to the group the many benefits of parent-infant interactions and that to be effective a rhyme should be repeated at least 3-5 times as it is through repetition, that the baby learns what to expect and is able to anticipate the words he/she will hear.

Note:

- Facilitators/Healthy Baby team members are expected to lead parent-infant activities; this is not intended as free play.
- It is expected that babies will remain with their parent(s) during parent-infant activities and during the Healthy Baby session.
- Parents are encouraged to hold and cuddle their infants during the session and parent-infant activities.
- Childminding is provided for children over the age of one.

Some families have toddlers and preschoolers in childminding, so this might be one of the few times parents have alone to connect with their infant(s).

Rhymers Are Readers: The Importance of Nursery Rhymes

<http://www.kbyutv.org/kidsandfamily/readytolearn/file.axd?file=2011%2F3%2F2+Rhymes+are+Readers.pdf>

INTERACTION TIME – OPPORTUNITIES WITH HEALTHY BABY TEAM MEMBERS

Winnipeg and Other Urban Centres

In Winnipeg, Healthy Baby teams consist of Dietitians, Public Health Nurses and Facilitators/Outreach Workers. Participants have the opportunity to access any or all of the individual team members to have one to one time to discuss concerns or questions they may have for themselves, their infant, partner or other children and family members.

This interaction can be as simple as clarifying topic information or other health information, or as complex as discussing and problem solving multi-faceted issues with an individual. Sometimes a 1:1 interaction will result in a follow up contact or referrals to other appropriate health professionals, community resources or service providers.


Team members may use 1:1 time to approach individuals regarding follow-up from a prior session concern and to further develop relationships. If team members have concerns regarding a participant family/infant, this would allow team members the time to talk with the participant and provide appropriate support or referrals, if necessary.

Rural/Northern

For the rural/northern sites that operate within a team concept similar to Winnipeg/urban centres, the above parameters for 1:1 interactions should be followed. In rural/northern areas where groups are run by one facilitator/health professional or with in-kind support from community partners, opportunities for 1:1 interaction may be more challenging due to the complexities of operating on your own to fulfill all program components. In these situations, questions or concerns may result in the participant being referred to appropriate resources or service providers. Facilitators should be aware of community resources and network with appropriate community service providers to determine how follow-up referrals and contact should be managed for continuity of participant care.

Unstructured Time for Parents to Connect

Socialization with peers is a component of the program that allows and encourages participants to share their experiences and develop relationships with other individuals, families and community members. Sharing stories and experiences helps in establishing common bonds/friendships that often develop among participants. Sharing experiences of pregnancy and parenting can also help to normalize the frustrations that participants individually may be experiencing. Unstructured time can support parents to access supports within the group. Parents/caregivers may support each other to go



to other groups/activities that are available in the community, increasing their connections to the community in which they reside.

Sharing a snack or light meal together is another means for socialization and a way for participants to develop a sense of belonging within the group and to explore a variety of topics, share pregnancy and parenting tips, exchange recipes, birthing stories, coping and other areas of interest that arise.

PRACTICAL SUPPORTS

Healthy Low-cost Snacks

Food served to participants at group sessions is expected to meet the following criteria:

- follows current Health Canada guidelines concerning pregnancy and general nutrition
- is either a healthy snack or healthy low cost light meal
- includes 3 of the 4 food groups
- uses recipes that require minimal preparation time or can easily be put together at the site (Healthy Baby Favourite Family Foods Cookbook can provide some ideas)
- offers milk and water as the beverage options
- must be prepared on site (Food Handling Guidelines - liability)
- allows participants to learn about and try new foods, be affordable, nutrient dense and easy to replicate at home (recipes will be provided to participants)
- be culturally appropriate (provide food options when possible, i.e. offer meat separate from main dish)
- considers what is locally available

Note: See Nutrition and Food Section above for more information.

Milk Coupons

The Milk Coupon program is offered as an incentive to attend a Healthy Baby Community Support program and also as a nutritional investment in pregnant individuals and babies and those individuals who have given birth to a baby. The milk coupon program is based on full program participation and meeting the current need as determined by the Healthy Baby team member and the eligible individual (not expected to meet all nutritional requirements or be offered on a past or future need).

Some individuals who could benefit from receiving milk coupons will not be eligible because they are unable to attend Healthy Baby group sessions due to distance and other reasons. In those cases, it is hoped that Healthy Baby team members, public health professionals and other community partners, who may be involved with the family will do their best to see that the family is supported to access other community resources.

Funded organizations are required to follow the Milk Protocol Agreement (see Appendix 15). The following briefly highlights the essence of the agreement.

Milk coupons are intended for Healthy Baby program participants who are:

- pregnant
- have given birth and have a baby under 6 months of age

Milk coupons are only to be distributed to women who attend a Healthy Baby group session. Any member of the Healthy Baby team can distribute milk coupons to eligible participants. It is suggested that programs provide a private 1:1 opportunity for participants to accept or decline milk coupons.

Milk coupons are not to be given out through Families First, prenatal classes, Well Baby or immunization clinics, hospital visits or as part of regular public health services. Milk coupons are not to be mailed out or left for pick-up, given to other family members, or to eligible participants who miss sessions or do not attend the full session.

Quantity

Up to four litres of milk per week is the maximum allotment. In rural and northern regions where Healthy Baby sessions are offered on a monthly basis, up to 16 litres may be given at one time; for bi-weekly sessions, up to eight litres may be given at one time to a maximum of 16 litres per month. Community organizations are encouraged to hold Healthy Baby sessions in selected communities no less than once a month so that participants can access milk coupons throughout their pregnancy and in the six months after baby's birth. If programming is interrupted or there are long breaks in services, milk coupons will not be available to participants.

Milk coupon redemption

Coupons may be redeemed at participating stores. Milk coupons can be redeemed for skim milk, 1% milk, 2% milk, homogenized milk and Lactaid. For participants requesting soy milk (which is not listed on the coupon) agencies are asked to contact the MPB Supervisor for approval. Please note that milk coupons cannot be redeemed for organic or chocolate milk.

If you have questions regarding a special situation, please call the MPB Supervisor at (204) 945-1322, or toll free at 1-888-848-0140 for clarification.

Childminding

Childminding is intended to provide on-site care for children over the age of one, whose parents/caregivers are attending a Healthy Baby group session. Childminding is available in most urban centres however is not always available in rural and northern sites due to space and resource issues.

Childminding is not formal child care because parents are on site and available to their children. In formal child care settings, parents are not on site, and the site must be licensed and follow provincial child care regulations. While minimum child/staff ratios do not apply, funded Healthy Baby organizations should ensure that there is adequate staffing. Most sites will have one childminder and another back-up person in cases where the numbers are high. One way some groups manage the numbers is to call participants in advance to verify how many children over age one the parent intends to bring. If space is limited or there are participants that bring multiple children, especially due to school breaks, home schooling etc., the facilitator should discuss options with the parent for alternate care of older children or limit the number of children the parent can bring. Safety is the first priority.

Childminders are not expected to perform the work of an Early Childhood Educator; however they are expected to interact positively and supervise the children in their care. All childminders are required to have a Criminal Record Check and Child Abuse Registry Check completed. For more detailed information about the roles and responsibilities of the childminder, see the section; Healthy Baby Team Approach.

Bus Tickets/Tokens

Bus tokens, where applicable, are intended for participants who require bus transportation to get to and from a Healthy Baby session. Bus tickets/tokens are intended for pregnant individuals and parents/caregivers attending with their infant. Bus tickets/tokens can be given to an accompanying support person if the organizational budget can support this. Bus tickets/tokens are not to be given out to participants for any other purpose than to attend the Healthy Baby group. Programs are responsible to manage this aspect of the program, monitor usage and limit the number of tokens issued based on participant proximity to the site, and the number of ticket/token requests per family.

Bus services are limited throughout the province with only some cities having bus service (Winnipeg, Brandon, Selkirk, Thompson, Flin Flon). Various ticket/token programs exist. Funded organizations should work with their local transit services for the purpose of providing bus tickets to program participants, where available (see Appendix 16, Winnipeg Transit Token program).

SITE ADMINISTRATION

Funded organizations (RHAs and Community organizations) are responsible for meeting the requirements of the Manitoba Workplace Safety and Health Act. Manitoba's workplace safety and health legislation is based on the philosophy that responsibility for workplace safety and health is shared in the workplace.

The general object of the **Workplace Safety and Health Act (WSH)** is to protect workers, self-employed persons and others from risks to their safety, health and welfare arising out of, or in connection with, activities in their workplaces. The Workplace Safety and Health Act requires employers to do all that is reasonable and practicable to protect the safety, health and welfare of workers. This includes providing safe equipment, a safe working environment, adequate supervision, information and training. Managers, supervisors and workers have a responsibility to help the employer carry out these responsibilities.

Because employers have the greatest degree of control over the workplace, they also have the greatest degree of legal responsibility for safety and health. However, supervisors and workers have a duty to cooperate in controlling workplace hazards and to take the necessary precautions to protect themselves and others from hazards. Supervisors are responsible for the safety and health of their workers in all areas where they work. Workers are responsible for protecting their safety and health and helping supervisors ensure the safety of their work areas, tools, equipment and machinery.
https://www.gov.mb.ca/jec/invest/busfacts/workforce/s_h_act.html

Details of the Workplace Safety and Health Act and its associated Regulations can be found at the following link: web2.gov.mb.ca/laws/statutes/ccsm/w210e.php

SITE POLICIES AND PROCEDURES

It is the responsibility of each funded organization (including Healthy Baby team/staff) to ensure that their organization or the host site meets health and safety requirements when delivery a Healthy Baby program in a neighbourhood/community. Regardless of the type of site used for a Healthy Baby group session, e.g., church, community centre, gym, library, etc., organizations (RHAs and community agencies) must ensure that all group sessions occur in a safe and healthy environment and follow safety guidelines.

Important: In addition to following WSH legislation, funded organizations are required to provide staff, including, Healthy Baby team members, with relevant WSH policies and procedures such as working alone policies, assessing risk and identifying hazards,

procedures for reducing injury (lifting heavy objects) reporting incidents, etc. For more information on safety in the workplace see:

- <https://www.gov.mb.ca/labour/safety>
- <https://www.safemanitoba.com/Pages/default.aspx>

This section outlines the policies and procedures that HCMO expects from organizations and staff delivering Healthy Baby programs in community. It is the primary responsibility of the funded organization to ensure adherence to policies and procedures even if there are health professionals/community partners supporting the program. For example, facilitators must have food handling certificates even if other team members/community partners have the same certification.

Important: Any new organization or existing organization, which is establishing new or alternative site locations, must ensure that the site provides adequate facilities, particularly with regard to kitchen and childminding space. The Healthy Baby consultant(s) must be contacted for discussion and approval prior to a site change.

SITE REQUIREMENTS

<p>Insurance</p>	<ul style="list-style-type: none"> • Healthy Baby programs are delivered in a space which has current insurance, including liability coverage. (All host sites such as schools, churches, community centres, etc., should have insurance to cover the public and visitors while on site or attending programs. It is the responsibility of the funded organization to ensure coverage exists for staff and group participants at the site.
<p>Emergency Plan and Phone Numbers</p>	<ul style="list-style-type: none"> • Healthy Baby programs are aware of the evacuation plan at the site. Emergency phone numbers and procedures are posted in a prominent place or kept in an emergency information binder, accessible at all times. Include the address of the program site, and directions, if appropriate. • Include the following telephone numbers: <ul style="list-style-type: none"> • fire department (including non-emergency numbers) • police department (including non-emergency numbers) • nearest hospital (including address) • nearest ambulance service • nearest poison control centre • taxi <p>Important: The building evacuation plan (where emergency exits are) is communicated to all staff, volunteers, and</p>

	parents/caregivers of children at every session.
Fire Inspection	<ul style="list-style-type: none"> • Healthy Baby programs are delivered in a space which has a current Fire Inspection report (in compliance with the Manitoba Fire Code)
Health Inspection	<ul style="list-style-type: none"> • Healthy Baby programs are delivered in a space which has a health inspection report (compliance with standards for sanitation, natural and artificial lighting, heating, plumbing, ventilation, water supply, sewage disposal and food handling). Standards may vary depending on the length and type of program.
First Aid/CPR Training	<ul style="list-style-type: none"> • WSH legislation does not require that facilitators delivering community programming to the public require first aid training/CPR. As a result, Healthy Baby team members are not required to have this training. • Funded organizations may have their own organizational policies related to First Aid/CPR training or as a requirement for certain professions (health professionals)
First Aid Kits	<ul style="list-style-type: none"> • Organizations must ensure that there is access to a First Aid kit at every Healthy Baby site location. Check with the host location to see if Healthy Baby team members can access their First Aid Kit in an emergency. If not, then funded agencies will need to provide the Healthy Baby facilitator with a first aid kit to take to the site. • For First Aid Kit contents (see Appendix 20).
Poisonous Substances - Storage	<ul style="list-style-type: none"> • Healthy Baby program team members/staff label all poisonous and flammable substances, and store them in a secure and locked cupboard/cabinet vices). Flammable substances should be kept away from sources of ignition, including bare light bulbs and electrical outlets.

<https://www.gov.mb.ca/labour/safety>

<https://www.safemanitoba.com/Pages/default.aspx>

Parent Child Coalitions Program and Funding Guide February 2017

OPERATIONAL AND PROGRAM DELIVERY REQUIREMENTS


<p>Criminal Record Checks, Child Abuse Registry</p>	<ul style="list-style-type: none"> • All Healthy Baby program staff, childminders, volunteers and students MUST complete both checks (per Service Purchase Agreement). • Funded agencies are responsible for overseeing and supervising volunteers and ensuring that required checks are completed before volunteers begin with the program. • All individuals working/volunteering in the program should be aware of policies related to child welfare or police reporting. • Students/minors are required to have parental consent to complete the child abuse and criminal record checks. (Minors cannot be left unsupervised or alone with children during the program.)
<p>Confidentiality Policy</p>	<ul style="list-style-type: none"> • All Healthy Baby program team members/staff, volunteers, students and helpers are required to sign a confidentiality agreement. • Confidentiality poster/sheet should be posted at all sites (see Appendix 2).
<p>Smoking Policy</p>	<ul style="list-style-type: none"> • Programs run in a smoke-free site. • Healthy Baby program team members/staff should never smoke in the presence of program participants. • There are no breaks during Healthy Baby sessions and none should be provided for the purpose of smoking.
<p>Food Handling Certification</p>	<ul style="list-style-type: none"> • Each funded organization must ensure that the facilitator/coordinator has a current food-handling certificate. This person will provide direction and information regarding food safety standards and practices to the other members of the team. • Registered Dietitian/Community Nutritionists will lead/ assist in this area when on site and available.

Medication Distribution Policy	<ul style="list-style-type: none"> • Due to liability and product endorsement issues, the Healthy Child Manitoba Office directs organizations not to distribute any medicine to participants during a Healthy Baby group session (with the exception of joint CPNP/Healthy Baby programs). • Health professionals will continue to distribute medicine/vitamins as their practice dictates but this distribution is to be kept separate from Healthy Baby programming. • Healthy Baby program participants who identify they cannot afford these products and supplements should be asked to contact their local community health centre/public health office to access medicine and vitamins (if available) • (see Appendix 21, Distribution of Medicine Guidelines).
Weigh Scales	<ul style="list-style-type: none"> • Weigh scales are available to weigh babies at Healthy Baby sites (see Appendix 17, for Weigh Scales Guidelines). • Weigh scales are not to be made available to weigh pregnant or postpartum women.
Allergy Policy	<ul style="list-style-type: none"> • Adult participants are expected to take responsibility for their and their children's' allergies. • Healthy Baby staff/teams will make participants aware of recipe ingredients so that parents can make an informed decision whether to eat the snack/light meal. • Staff, including childminders, are to ask all parents about any allergies their child may have, prior to admittance to childminding and to fill out an allergy record if necessary (see Appendix 22, Allergy Record Sheet).
Weather Policy	<ul style="list-style-type: none"> • When temperature and windchill reach -45C, organizations will cancel Healthy Baby groups. • While keeping in mind that Manitoba experiences extreme winter weather, organizations can use their discretion to cancel a Healthy Baby session due to inclement weather based on location, road conditions, etc.
Hot Beverage Policy	<ul style="list-style-type: none"> • Hot beverages are not served at Healthy Baby sites to prevent babies/children from receiving serious burns. • Staff and program participants are not allowed to drink hot beverages at group as babies are involved in activities.
Visitor Policy	<ul style="list-style-type: none"> • Organizations should follow appropriate guidelines for visitors that will consider the needs of Healthy Baby program team members/staff and participants (see Appendix 5, Visitor Guidelines).

<p>Home Visits</p>	<ul style="list-style-type: none"> • Home visits are not a required component of the Healthy Baby program. • Organizations, where home visiting or 1:1 contacts occur outside the group, must follow WSH legislation and develop policies for home visits/1:1 contacts (working alone policies, communication policies etc.). Some suggestions are that staff: <ul style="list-style-type: none"> • Whenever possible, carry a cell phone. • Record where they are going, time, etc. and ensure other Healthy Baby program team members/staff are aware. • Do not go into a home if “it feels wrong.” • Go with a partner (as necessary). • Receive safety training prior to beginning home visits. • Avoid confrontational topics during home visits. • Be aware of High Risk Guidelines (see Appendix 11).
<p>Bus Tickets/ Tokens</p>	<ul style="list-style-type: none"> • Bus tickets/tokens are only to be given to Healthy Baby participants to get to and from the group and if they live a reasonable distance from the site
<p>Transporting Participants</p>	<ul style="list-style-type: none"> • Healthy Baby team members are not to transport participants to and from sessions due to liability issues. • Healthy Baby programs do not pay for taxis to transport program participants to and from group or any other reason.

APPENDICES

Appendix 1	Site Lists <ul style="list-style-type: none">• Winnipeg• Rural and Northern
Appendix 2	Confidentiality Section <ul style="list-style-type: none">• Staff Pledge• Confidentiality Contract for Childminder, Volunteer & Student Helper• Site Posting – Confidentiality Policy
Appendix 3	Ground Rules
Appendix 4	Childminding Consent Form
Appendix 5	Visitor/Guest Policy
Appendix 6	Student Helper Guidelines
Appendix 7	Tips for Internet Use
Appendix 8	Trauma-informed, the Trauma Toolkit
Appendix 9	Stages of Change Model Overview
Appendix 10	Health Behaviour Change Model Overview
Appendix 11	High Risk Situations – Guidelines for Healthy Baby Programs <ul style="list-style-type: none">• Guidelines for Specific High Risk Situations
Appendix 12	Prenatal Nutrition Questionnaire <ul style="list-style-type: none">• Prenatal Nutrition Questionnaire Guidelines
Appendix 13	Debrief Template
Appendix 14	Healthy Baby Session Planning Instructions <ul style="list-style-type: none">• Healthy Baby Session Planning Sheet
Appendix 15	Healthy Baby Milk Handling Protocol Agreement
Appendix 16	Winnipeg Transit Token Order and Payment



Appendix 17	Use of Weigh Scales
Appendix 18	Food Handling Guidelines <ul style="list-style-type: none">• Hand Hygiene
Appendix 19	Cleaning Toys
Appendix 20	Site Safety Checklist <ul style="list-style-type: none">• First Aid Kit
Appendix 21	Distribution of Medication
Appendix 22	Allergy Record Sheet
Appendix 23	Healthy Baby Resource Kit Inventory with PDF links



Healthy Child Manitoba
Putting children and families first



HEALTHY BABY

Winnipeg Community Support Programs

• Support before and after your baby is born •
Parenting Tips • Nutrition Activities • Bonding with your Baby • Milk Coupons • Bus Tickets

Downtown & Wolseley:

**Valour Community Centre
Baby Circle**
204-775-3869
Valour Community Centre
715 Telfer St. N

Orioles Community Centre
444 Burnell Street

Healthy Start for Mom & Me
204-949-5350
Freight House Comm. Centre
Door 1-200 Isabel St.

Magnus Eliason Rec. Centre
2nd floor - 430 Langside St.

Wolseley Family Place
Lower Level-691 Wolseley Ave.

Knox United Church
400 Edmonton St.
(Newcomers to Canada)

Building Healthy Families
204-772-1923 ext.212
Crossways in Common
102-222 Furby St.

St. Vital:

Family Foundations
204 946-9153
Barbara Mitchell Family Res.
Centre;
51 Morrow Ave.

Baby and Me
204-255-4840
The United Church in Meadowood
1111 Dakota Street
(across from Collège Jean -Sauvé)

Young Expectations
204-255-4840
Youville Centre
6-845 Dakota St.

North End & McPhillips:

Baby Feathers
204-982-4425 or 204-982-4563
NorWest Co-op Comm. Food
Centre, 103-61 Tyndall Ave

Healthy Start for Mom & Me
204-949-5350
Hope Centre
240 Powers St.
(Midwives*)

Trinity Place Church
265 Flora Ave.

Maples Community Centre
434 Adsum Drive

Turtle Island Community Centre
510 King Street **(Midwives*)**

Families Connecting
Ph: 204-947-2422 ext.113
Gwen Sectar Creative Living
Centre; 1588 Main Street

River & Osborne:

Families Connecting
204-947-2422 ext.113
Lord Roberts Comm. Centre
725 Kylemore Ave.

Mayfair Recreation Centre
40 Mayfair Place

Charleswood & St. James:

Great Expectations
204-885-5415
Westgrove School
50 Westgrove Way

Sturgeon Heights Comm. Centre
210 Rita Street

Heritage-Victoria Comm. Centre
950 Sturgeon Road

Transcona East & North Kildonan:

**Parents Connecting
Growing Baby**
204-982-1720
Braeside Church
1011 Munroe Ave.

Families Connecting
204-947-2422 ext.113
Transcona Memorial United
Church
209 Yale Avenue W

Access River East
975 Henderson Hwy.
(evening classes)

Young Parents Connecting
204-223-9450
Kildonan East Collegiate
845 Concordia Ave.

Fort Garry & St. Boniface:

Healthy Start for Mom & Me
204-949-5350
Trinity United Church
933 Summerside Ave.

Bébés, parents, et gazouillements
204-981-5904
(Services in French)
Ecole Précieux-Sang
Centre de la petite enfance
209 Kenny St.

St. Norbert Community Centre
3450 Pembina Highway

Little Moccasins
204-586-8474
Windsor Park United Church
1062 Autumnwood Drive

If you live in a First Nations community and want to learn more about your local Canada Prenatal Nutrition Program, contact your health centre or nursing station and ask for the CPNP worker.

Manitoba 

Accurate as of May 2017



Healthy Child Manitoba
Putting children and families first



HEALTHY BABY

Rural and Northern Community Support Programs

• Support before and after your baby is born •
Parenting Tips • Nutrition Activities • Bonding with your Baby • Milk Coupons • Bus Tickets

Prairie Mountain:

**Prairie Mountain Health
Healthy Baby**

South
1-204-578-2545

Central
1-204-578-2545
(afternoon prenatal
for teens available)

North
1-204-629-3001

**Baby's r Us
Dauphin**
1-204-638-5707

Southern:

**Healthy Baby, Southern
Health-Santé Sud**

East
1-204-346-6696

West
1-204-822-2632
1-204-822-2631

**Bébés, parents et
gazouillements**
204-981-5904
(services in French)

Interlake-Eastern:

Step'N Out with Mom (West)
1-204-785-7708
1-866-211-1703

Our Time (East)
1-204-753-5249

**Whole Baby Love
Selkirk**
1-204-785-8218

Northern:

**Healthy Baby
and Healthy Mom
Outside Thompson**
1-204-788-1580

**Best Beginnings,
Baby & Me**

The Pas
1-204-623-1023

Flin Flon
1-201-687-6183

Cranberry Portage
1-204-472-3559

Churchill:

**Hudson Bay
Healthy Babies**
1-204-675-8327

If you live in a First Nations community and want to learn more about your local Canada Prenatal Nutrition Program, contact your health centre or nursing station and ask for the CPNP worker.



Accurate as of May 2017

CONFIDENTIALITY SECTION

- 1. Staff pledge
- 2. Confidentiality contract
- 3. Confidentiality posting

***sample forms to be adapted by agencies as needed.**

STAFF PLEDGE OF CONFIDENTIALITY

I understand that as a staff person/contract worker/volunteer/student at **(Name of Organization)**, I must maintain strict confidentiality of information involving participants, their care, and the use of health information/records.

I agree not to disclose or discuss such information with other staff or third parties except as provided in the **(Name of Organization)** policies about Confidentiality.

I understand that a failure to abide by this requirement could cause individual participant's embarrassment and could have consequences for the participant's relationship with her or his family, friends and associates, employer etc.

I also acknowledge that if I should make an unauthorized disclosure of health information I will be prevented from further access to health information and may have my position in the Healthy Baby program terminated.

_____ Date: _____

Name

_____ Witness: _____

Signature

CONFIDENTIALITY CONTRACT
CHILDMINDER/VOLUNTEER/STUDENT HELPER/

NAME: _____

As a Childminder/Volunteer/Student Helper (circle relevant position) I understand that any information/data that is observed by me or shared with me, relevant to any child, family member or staff member is strictly confidential.

Any photo copying of reports or repeating any information in verbal or written form or any discussion (formal or informal) with anyone outside the session is strictly prohibited.

Any Childminder/Volunteer/Student Helper violating this agreement will be required to provide a written statement of behaviour and may be subject to immediate termination from the remainder of the sessions with no renewal of contract beyond that time.

Note: discussions between the Facilitator and Childminder/Volunteer/Student Helper about experiences which occur during the session is not considered a breach of this confidentiality if conducted for the purpose of clarifying roles or seeking advice in order to provide improved care.

SIGNATURE _____

(Child Minder/Volunteer/Student Helper)

DATE _____

COORDINATOR'S/FACILITATOR'S SIGNATURE

DATE _____

Source: Assiniboine North
Parent Child Coalition
December 2004

CONFIDENTIALITY POSTING

AT OUR HEALTH AND SOCIAL SERVICES CENTRE WE RESPECT THE PRIVACY OF YOUR HEALTH AND PERSONAL INFORMATION

We collect, record, store, use or disclose any facts about you and your health based on two of the primary privacy laws in Manitoba. They are *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*.

In order to determine your eligibility for a program, service or benefit or to help provide you with health care or payments for health care, we will need to collect information from you in accordance with these laws. The personal information could include such things as your name, address, home telephone, educational, employment history, source of income or financial circumstances, and family status. The personal health information could include such things as your name, address and personal health identification number (PHIN), your health and health care history, the care you have been given, and payment information for your health care.

We will use your information based on these Acts, sharing it only with those who need to know, and sharing only with consent or when authorized by law.

We may use your information to:

- Determine whether or not you are eligible for a program, service or benefit.
- Provide and check on your health care or assess your treatment.
- Do research and planning.
- Teach and train students.

These are your rights under the law:

- You may request to see or receive copies of your information.
- You may ask to correct information within your record.
- You may make a complaint to the Manitoba Ombudsman's Office about access to your record, or about how your information is collected, stored, used or disclosed to others.

If you would like to know more about your rights under these Acts, ask to speak to a member of the Healthy Baby team.

GROUND RULES

*sample form can be adapted for agency needs

As participation at each session varies, posting ground rules on the wall can help clarify expectations at the session.

Confidentiality

Information that is shared within the group that is of a personal nature stays in the group. This allows parents to feel safe to talk about issues that are important to them.

Respect Individual Differences and Personal Experience

People have different opinions and experiences. You may not agree with another person's method of parenting or values and it is your right to express your feelings and thoughts in a non-judgmental and non-threatening way.

Everyone has a Chance to Share

This includes all group participants and guests.

Share with Everyone

Try to keep side conversations to a minimum. Usually things you have to say may be of interest to the rest of the group. It is hard for a speaker to continue if she feels she is competing with a side conversation.

Safety at the Site

Let everyone know about the location of exits, fire extinguishers, washrooms, notifying staff about allergies etc. Post rules such as no outside food, no hot beverages, etc.

Child/ren

If a child is ill with fever, diarrhea, vomiting or has been exposed to a communicable disease, please do not attend group.

Supervision

Each parent is responsible to supervise their child/ren. If you need to leave the room, ask another parent or team member for help.

Source: Women's Health Clinic

CHILDMINDING CONSENT FORM

*sample form can be adapted to suit agency needs

Agency Name:

Program name:

Child(ren) name(s):

Parents are to remain on site at the HB group while having a child(ren) in childminding.

The parent accepts full responsibility for leaving her child with the babysitters.

The child will be released only to the parent.

Parents will advise the childminders or site facilitator of any allergies.

Parents are responsible for diaper changing and toileting. They will be called during group time to attend to this.

If the child is distressed or his/her behaviour is too disruptive, the parent will be asked to look after the child.

Parents are responsible for preschool children who are not in babysitting.

No hitting or swearing will be accepted in child minding.

Toys from home and outside food are not to be brought into child minding. If your child has special requirements, please talk to the program coordinator/facilitator.

“Name of Agency” is not liable for any injuries resulting from child minding provided.

Date:

Signature of Parent/Guardian

GUESTS / VISITORS / STUDENT-OBSERVERS AT HEALTHY BABY SESSIONS

*sample form can be adapted to agency needs

Healthy Baby programs are to welcome and encourage visitors, guests, and support people; however, the participant is the first priority. HCMO has developed guidelines for organizations to use that both respects the privacy and safety of participating families and supports the involvement of funders, other service providers and the community.

Please consider and implement the following guidelines:

- Arrangements for visitors to attend a session should be discussed and arranged prior to the group session.
- Guests should be made aware that if they attend they are required to participate in some facets of the group i.e. introductions, set up and clean up. They may participate and join in the circle time and feel free to share but if this is uncomfortable for the person then a short introduction why they are attending the group is sufficient.
- All visitors must be made aware of the confidentiality policy. This means whatever personal information is shared by program participants in a group session is not to be discussed outside the group. We expect all visitors, team members and participants to comply.
- Please DO NOT sit separately from the group. The idea of someone “observing” may make participants feel uncomfortable and unwilling to share.
- Please do not engage team members or participants in side conversations and questions during group.
- If a participant comes to you with a question or concern, please refer her to one of the team members.
- (Named Agency) conducts groups in a non-judgmental, respectful and strength-based manner. The participants are the experts in their own lives.
- The debrief session after group is confidential. If you have any questions or concerns, approach one of our team members for their contact number.
- Dress appropriately

Sources: Healthy Start for Mom & Me & Women’s Health Clinic

STUDENT HELPER GUIDELINES

Defined as a high school student 15 – 17 years of age. Assists with care provided to children over the age of 1 year while the parents or guardians are on the premises and immediately accessible to attend the needs of their children at all times.

Desirable Personal Characteristics: responsible, friendly, helpful, respectful, motivated

Additional Considerations: babysitting experience; appropriate dress and proper hygiene

Guidelines:

- Students will assist the adult Childminder or Volunteer.
- They cannot be the only caregivers in the room.
- These students are required to have current (within the year) child abuse registry and criminal record checks completed. Paying for the completed checks is determined by the organization.
- **School Course Requirement** (ex: Family Studies Course): Helpers are not financially compensated for the time they participate in the program.
- **Voluntary Community Work Credits:** Helpers are not financially compensated for the time they participate in the program.
- **Student Employed on Personal Time:** Helpers may be financially compensated (as determined by the employing agency) or volunteer their services.

IN ALL CASES:

- Student Helpers will not be left alone with children
- Student Helpers will not diaper or toilet children.
- Student Helpers will complete a Confidentiality Acknowledgement Form (Appendix 2)

POSITIVE CAREGIVING:

- Comfort: calmly comfort children who may be upset or frustrated. If children want to be with their parents, do not take it personally. After all, they don't know you.
- Play: provide opportunities for play; get down to their level and play with the children. Children are learning while they play. Cuddle, read and play with children. Let them lead the play...you follow.
- Teach: Encourage and answer questions. Use "teachable moments" to teach children about keeping themselves safe and healthy. Calmly redirect children's behaviour in a positive way. Avoid using the word "No". Tell the child what they should do rather than what they shouldn't.

I, (please print) _____ have read, fully understand and will adhere to the information outlined in this Student Helper form.

(Date)

(Student Helper Signature)

(Date)

(Facilitator)

Source: Assiniboine North Parent Child Coalition December 2004

TIPS FOR EVALUATING HEALTH INFORMATION ON THE INTERNET

When looking for health information online, there are some important questions you should ask when reviewing the information you find. Answering these questions can help you evaluate the information for accuracy and bias.

1. Who runs this site?

A reliable health-related website should make it easy for you to learn who is responsible for the site and its information. The name of the governing or funding body should appear on every major page of the site, along with the link back to its homepage.

You can also learn about who runs a Web site by looking at the letters at the end of its Web address. For example, Web addresses that end in “.gov” mean it’s a government-sponsored site; “.edu” indicates an educational institution, “.org” a noncommercial organization, and “.com” a commercial organization.

You can trust sites with “.gov” addresses. You can also trust sites with “.edu” addresses if they’re produced by the educational institution. Personal pages of individuals at an educational institution may not be trustworthy, even though they have “.edu” addresses. The presence of “.org” in an address doesn’t guarantee that a site is reputable; there have been instances where phony “.org” sites were set up to mislead consumers. Also, some legitimate “.org” sites belong to organizations that promote a specific agenda; their content may be biased.

2. Who pays for the site?

It costs money to run a website. The funding source for the site should be clearly stated or readily apparent. For example, a clinic or centre should show if they are a not-for-profit community-based health clinic/centre.

You need to know how the site pays for its existence; does it sell advertising? Is it sponsored by a drug company? The source of funding can affect what content appears on the site, how the information is presented, and what the owners of the site want to accomplish on the site.

3. What is the purpose of this site?

Related to above. Check out the “about this site” link, which appears on many sites. The purpose of the site should be clearly stated and should help you evaluate the reliability of the information. The mission statement of the sponsoring body can offer some clues about its purpose.

4. Where does the information come from?

Many health and medical sites post information collected from other web sites and sources. If the person or organization in charge of the site did not create the information, the original sources should be clearly stated. Many sites have links to the original source, this can help you verify the trustworthiness of the information.

5. What is the basis of the information?

In addition to identifying who wrote the material you are reading, the site should describe the evidence that the material is based on. Medical facts and figures should have references just like those in a medical journal. There should be a clear distinction between opinions or advice and information that is evidence-based (based on research results).

6. How is the information selected?

Is there an editorial board? Is the information peer-reviewed – meaning reviewed by people with medical credentials – before it is posted? Reputable sites will make this information readily available.

7. How current is the information?

Some types of outdated medical information can be misleading or even dangerous. Responsible health Web sites review and update much of their content on a regular basis, especially informational content such as fact sheets and lists of frequently asked questions (FAQs). Other types of site content, however, such as news reports or summaries of scientific meetings, may never be updated; their purpose is to describe an event, rather than to provide the most up-to-date information on a topic.

To find out whether information on a Web page is old or new, look for a date on the page (it's often near the bottom).

8. How does the site choose links to other sites?

Web sites usually have policies about how they establish links to other sites. Some medical sites take a conservative approach and don't link to other sites; others link to any site that requests or pays for a link, others only link to sites that have met certain criteria. Most sites often have a disclaimer that states they are not responsible for the information on the sites they link to.

9. What information about you does the site collect and why?

Web sites often track the paths visitors take through their sites to determine what pages are being used. Some health sites ask you to subscribe or become a member. Sometimes this is so they can collect a user fee or select information that is relevant to your concerns. In all cases, you are being asked to disclose personal information about yourself.

A credible health site that asks for this kind of information will tell you exactly what they will and will not do with it. Many commercial sites sell aggregate data about their users to other companies – information about what percentage of their users are women with breast cancer, how many are health professionals, etc. In some cases, they collect and reuse the information that is personally identifiable – your postal code, gender and birth date. Pay attention to the fine print. Be sure to read and understand that any privacy policy or similar message on any site and don't sign up for anything you don't fully understand.

10. How does site manage interactions with visitors?

There should always be a way for you to interact with the site owners with your problems, feedback and questions. If the site hosts chat rooms or online discussion groups, it should be clear about the terms of using this service. Is it moderated? By whom? Why? It's a good idea to spend some time reading the discussion before joining in, so that you feel comfortable before becoming a participant. Creditable on-line discussion groups will have no-harassment policy and offer contact information so you are able to report any violations.

11. Health Information in Social Media

About one-third of adults use social networking sites, such as Facebook or Twitter, as a source of health information. We recommend that Healthy Baby team members are very cautious about the use of Social Media and always verify any information you read, or that participants may ask about, on official websites.

If you see or hear about a social media health article here are a couple of things to consider when talking about information sources:

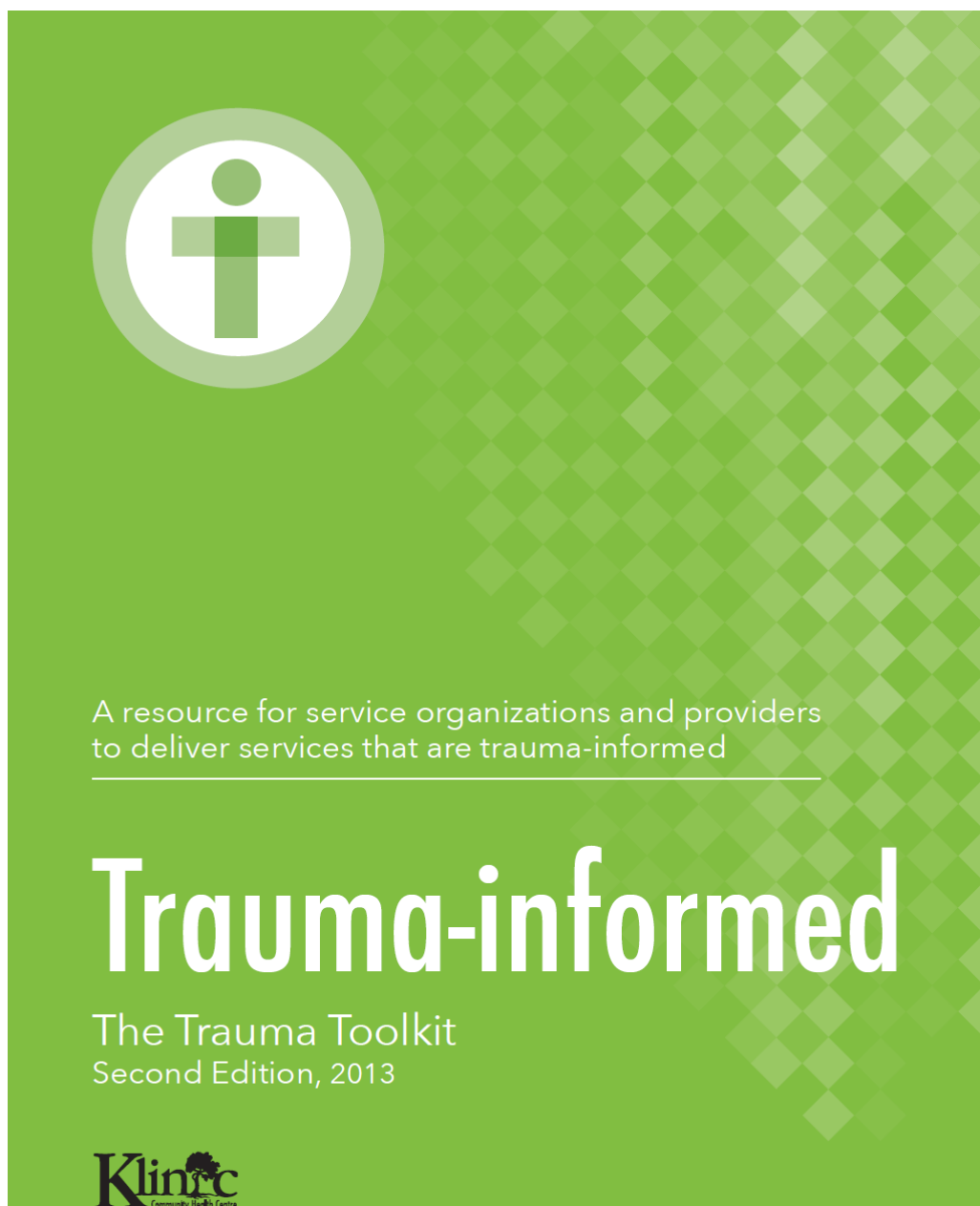
- **Evaluate the sponsor's Web site.**

Health information presented on social networking sites is often very brief, and details about the sponsoring organization may be very limited. Fortunately, organizations with social media accounts usually have Web sites as well, where they discuss the same health topics at greater length and provide additional details about themselves and their policies. You can usually find a link to the Web site in the organization's profile on the social networking site. On Twitter, it's usually in the header above the tweets; on Facebook, it's usually in the About section. Once you find the link, you can visit the Web site and evaluate it just as you would any other Web site, using the ideas in this guide. You can also verify information on other official health websites to determine the validity of an article using the above suggestions.

- **Are You Reading Real Online News or Just Advertising?**

There are many online fake news sites promoting products i.e. acai berry weight-loss product, as well as many other products. On a typical fake "news" site, a story describes an investigation in which a reporter has used a product for several weeks, with "dramatic" results. The site looks real, but it is actually an advertisement. Everything is fake: there was no reporter, no news organization, and no investigation. The only real things are the links to a sales site that appears in the story and elsewhere on the Web page.

http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf



STAGES OF CHANGE MODEL OVERVIEW

***Precontemplation:**

The client is essentially unaware that a problem exists and as a result has no intention of changing their behaviour in the foreseeable future. People (such as service providers) close to them may be aware of the existence of a problem. The client believes that the real cause of a self-defeating behaviour stems from factors outside themselves – work and family pressures, societal injustices, “destiny” etc. Although in precontemplation we do not see a need to change ourselves, we can often feel demoralized by the situation. Recognizing that feeling demoralized is one of the natural feelings that accompany the change process is a beginning. If a precontemplative individual is in treatment, it is normally only as a result of coercion by someone in their environment. Chances are the treatment, if it works, will work only for a brief time.

***Contemplation:**

The client is becoming aware that a problem exists; they may be considering behaviour change but have not made a commitment, such as setting a goal. These individuals are willing to learn about and talk about the issue. They have information and desire, just not ready to move. Often they are weighing the pros and cons of the behaviour, and may be either over-estimating the pros or under-estimating the cons. When they begin to focus on the solution rather than the problems it is a clear mark that they are moving from contemplation to preparation.

***Preparation:**

The client has the intention to change. They may make detailed plans for action. This does not mean that they are not ambivalent or uncertain about implementing steps for change. They may already be experimenting with small behaviour changes, like substituting low fat for high-fat food choices. Experimenting with a change before you are ready to fully commit to altering your lifestyle is a critical stage in the change process. Cutting this stage short may lower their ultimate chances for success.

***Action:**

In this stage, the client makes the most overt behaviour changes. They make the commitment of time and energy to modify their behaviour and their surroundings. Just as it is important to recognize that change does not begin with the action stage, it is important that we understand that changes never ends with action. Part of working a plan for change must include a plan for maintaining the change.

***Termination:**

When the change process is complete and the change has become a way of life.

*Adapted from Changing for Good: Prochaska, Norcross, DiClemento

For more information regarding the Stages of Change Model:

“ The Smart Guide”, Motivational Approaches within the Stages of Change for Pregnant Women who use Alcohol: A Training Manual for Service Providers.

Third Printing January 2009.

https://www.gov.mb.ca/healthychild/fasd/fasd_smartguide.pdf

Co-produced by Action on Women’s Addictions – Research and Education.and Breaking The Cycle. www.breakingthecycle.ca

HEALTH BEHAVIOR CHANGE MODEL OVERVIEW

The 5-A Model

In a Technical Report released in 2001, the Canadian Task Force on Preventive Health Care (CTFPHC) advocated a conceptual framework for HCPs to use when counselling individuals about health behaviour change. (The term counselling includes a wide array of activities: assessing knowledge and motivation, providing information, modifying behaviours, reinforcing desired behaviours, and monitoring long-term progress.) **This conceptual framework is known as the “5 A Model”.**

The CTFPHC recommends using this framework when speaking to individuals about six risky health habits—dietary patterns, problem drinking, risky sexual patterns, unintentional injury, physical inactivity patterns, and tobacco use.

The 5 A's outlined by the CTFPHC are:

- **Ask / Assess**
- **Advise**
- **Agree**
- **Assist**
- **Arrange**

The Model was originally developed by the US National Cancer Institute to guide physician intervention in smoking cessation. It began as the 4 A Model, (ask, advise, assist, arrange), and has since been adopted for use with other behaviour change interventions, including alcohol, physical activity, diabetes management, nutrition, and substance use. It has also been expanded to 5 A's from the original four to make it congruent with the TTM. The framework has been identified as an evidence-based model of practice (Whitlock et al., 2002; Goldstein et al., 2004; Fiore et al., 2000). Each of the A's helps the HCP to organize the tasks of health behaviour change counselling, as outlined in the following tables.

Notes about Tables:

The table on the next page describes each of the 5-A's. The table on page 41 compares the 'Spirit' of Rollnick's BCC with the 5-A's. Finally, the table on page 42 merges the 5-A Model and the BCC model, and identifies practical strategies and techniques for HCPs to use with individuals making behaviour change.

The 5-A's What They Represent

Ask	<p>The HCP first collects, selects and analyzes information about the behaviour.</p> <ul style="list-style-type: none"> • Simple question • Brief screening instrument • In-depth assessment of risks, consequences and functions of behaviour
Advise	<p>In the context of this framework, the term 'Advise' has a very specific meaning that has two parts.</p> <ul style="list-style-type: none"> • To identify what the topic of conversation will be (which behaviour change) • To clearly convey a recommendation to the individual to consider making a change in the behaviour (Prior to the recommendation, the HCP should provide personalized feedback and education about the behaviour). <p>In a case where there are several health-related behaviours that the HCP would like the individual to consider, it is good practice to do some type of agenda-setting activity with the individual before advising. This lets the individual select, from a menu, the health behaviour that they are most willing to discuss.</p>
Agree	<p>Within this framework, this term represents the task of the HCP determining what stage of change (from the TTM) the individual is in regarding changing the behaviour. It is vital that the behaviour change is clearly identified before trying to determine the stage or readiness for change. The word agree reminds the HCP that making the identification of stage happens in the process of discussion about the behaviour, in partnership with the individual.</p> <p>Asking scaling questions (e.g. "on a scale of 1 to 10...") about importance, confidence and readiness helps to determine stage of change.</p>
Assist	<p>'Assistance' for behaviour change is matched to the individual's stage of readiness for change and thus varies from one individual to the next. Assistance is any on-going counselling, advice / recommendations, behavioural contracts, etc. that is offered by the HCP to the individual either in that particular consultation session, or during subsequent sessions.</p> <p>Assistance is designed to help the individual move from their current stage of change to the next stage of change.</p> <p>Providing assistance takes the most time in behaviour change counselling.</p> <p>How to provide stage-appropriate assistance is covered in detail in Appendix A.</p>
Arrange	<p>'Arrange' stands for those activities that happen outside of the consultation process between the HCP and the individual. Activities that fall within 'Arranging' include referral to another resource, as well as monitoring the individual's change process. Monitoring includes monitoring progress of self-change efforts, as well as progress made while working with other resources the individual has been referred to. This latter type of monitoring is case management.</p>

Comparing the 'Spirit' of Behaviour Change Counselling with the Tasks of the 5-A Model

5-A Model	Behaviour Change Counselling Model
	Establish Rapport <ul style="list-style-type: none"> • Develops rapport and engages with the individual on a personal level
Ask <ol style="list-style-type: none"> 1. Ask about risk behaviours 2. Ask about related risk factors 3. Ask about individual's health concerns related to behaviour 	Set Agenda <ul style="list-style-type: none"> • Invites the person to talk about behaviour change • Demonstrates sensitivity to talking about other issues of importance to the individual
Advise <ol style="list-style-type: none"> 1. Give direct advice to change the behaviour 2. Tailor advice to individuals person health concerns or history 3. Recommend changing within 30 days 	Exchange Information <ul style="list-style-type: none"> • When providing information, it is sensitive to the person's concerns and understanding
Agree <ol style="list-style-type: none"> 1. Ask, non-judgmentally, if the person wants to change 2. Ask on a scale of 1-10 <ul style="list-style-type: none"> • How important changing the behaviour is to the person • How able to change this person feels 3. Ask about things the individual likes most about the behaviour or about things the person would miss the most about changing it 4. Ask what the person is willing to do to change 	Assess Importance/Confidence/Readiness <ul style="list-style-type: none"> • Encourages individual to talk about current behaviour or the status quo • Encourages the person to talk about change • Asks questions to elicit how the person thinks and feels about the topic • Uses empathic listening statements when the person talks about the topic • Uses summaries to bring together what the person has said about the topic
Assist <p>Help to plan the change attempt by:</p> <ol style="list-style-type: none"> 1. Providing self-help behaviour change material 2. Being positive and supportive 3. Reviewing past change attempts and problem solving 4. Reviewing what change will be like and building skills 5. Recommending the individual ask for support from others 6. Reviewing all options for change 	Reduce Resistance Explore Importance & Build Confidence <ul style="list-style-type: none"> • Acknowledges challenges about behaviour change that the person faces • Conveys respect for individual choices about the behaviour change • Exchanges information and ideas with the individual about how that person could change their current behaviour (if applicable)
Arrange <p>Recommending follow-up contact within 4 weeks of behaviour change attempt</p>	Continue to provide appropriate assistance <ul style="list-style-type: none"> • Schedules follow-up appointments as necessary and continues providing any required support

(University of Rochester Medical Center Competency Project)

(University of Wales College of Medicine BECCI)

Integrating BCC with the 5-A Model

Task	Possible Strategies	Examples of Techniques
Establish Rapport	View person as unique individual	<ul style="list-style-type: none"> • Introduce yourself, shake hands, call by first name (with permission), review last visit in positive terms
	Make individual feel comfortable	<ul style="list-style-type: none"> • Physical environment—temperature, seating, lighting, wall displays
	Demonstrate respect	<ul style="list-style-type: none"> • Ask permission to discuss subjects, especially sensitive ones and respect “No”
Ask (Set Agenda)	Ask about specific behaviours	<ul style="list-style-type: none"> • Few simple questions or a formal screening instrument
	Identify menu of options for behaviour changes that impact condition & agree on one to discuss	<ul style="list-style-type: none"> • Use visual aids • Summarize from previous discussions
Advise (Exchange Information)	Verbal	<ul style="list-style-type: none"> • Conversation, using communication skills to clarify meaning • FRAMES • Elicit-Provide-Elicit (EPE)
	Written	<ul style="list-style-type: none"> • Handouts, reviewed together
	Visual	<ul style="list-style-type: none"> • Charts, diagrams, etc.
Agree (Assess Importance, Confidence, Readiness)	Ask questions	<ul style="list-style-type: none"> • Direct and closed • Open-ended • Scaling
	Empathic listening	<ul style="list-style-type: none"> • Reflections • Paraphrases • Summaries
Reduce Resistance	Stay person-centred	<ul style="list-style-type: none"> • Ask individual what they think or what they want to do
	Roll with resistance	<ul style="list-style-type: none"> • Agree with individual's perception • Acknowledge & affirm person's experiences • Ask individual what they think would be best
	Avoid arguing for change	<ul style="list-style-type: none"> • Do not try to persuade • Avoid giving too much information • Reflect feelings
Assist (Explore Importance & Build Confidence)	Match intervention to need	<ul style="list-style-type: none"> • Use scaling questions
	Develop and resolve ambivalence	<ul style="list-style-type: none"> • Decisional balance • Explore concerns—“Tell me more...” • “Miracle” Question
	Support self-efficacy	<ul style="list-style-type: none"> • Identify past successes with or for the individual • Brainstorm possible solutions
Arrange (Continue to provide appropriate assistance)	Refer for specialized service	<ul style="list-style-type: none"> • Monitor progress & provide support
	Continue to provide counselling	<ul style="list-style-type: none"> • Match intervention to need • Develop and resolve ambivalence • Support self-efficacy

(Summarized from: Rollnick, Mason & Butler, 1999)

HIGH RISK SITUATIONS

GUIDELINES FOR HEALTHY BABY PROGRAMS

PURPOSE

To provide organizations that deliver Healthy Baby programs with a framework for identifying and responding to situations that pose immediate or potential threat or harm to the well-being of the children and families involved in the program.

To provide organizations with guidelines to support the development of effective working relationships with community partners involved in supporting families experiencing high risk situations.

GUIDING PRINCIPLES/STRENGTH-BASED ASSUMPTIONS

- Services are offered voluntarily and use positive, persistent outreach efforts to build family trust.
- All parents want to be good parents. When parents' capacities are supported, they are more likely to act on their strengths.
- Individuals and families themselves know best what they want and need.
- Everyone has the potential to learn and change.
- Everyone is responsible for his/her actions and choices.
- All people and their environments possess strengths that can be used to improve the quality of their lives.
- Everyone is capable of discovering the internal resources they need to grow and change.
- People are most apt to grow when they are actively involved in choosing their own direction for their parenting and family life.
- Motivation is fostered by consistent emphasis on a family's strengths and values.

(Great Kids Inc., November 2004)

Regional Health Authorities will need to work with community partners and adapt the following guidelines to ensure that the information and the processes identified are relevant to their region. Annual review of the information will ensure that resource/contact information remains current.

DEVELOPING REGIONAL GUIDELINES FOR HEALTHY BABY STAFF RESPONSE TO HIGH RISK SITUATIONS

To best support families, Healthy Baby programs, Regional Health Authorities and local mental health, family violence and child and family service agencies, need to work together to respond to high risk situations. The information contained in the following "high risk" guidelines should be included when developing regional policies to support Healthy Baby teams in accessing support and resources for families in these situations.

Who to call will need to be determined based on available community resources and supports. Teams need to be provided with appropriate information and resources to provide support to families in need.

GENERAL GUIDELINES FOR HIGH RISK SITUATIONS

Definition of “high risk”

Situations and/or circumstances that pose immediate or potential threat or harm to staff and/or to the well-being of children and families involved with Healthy Baby Community sites.

Group sessions - Discussions & Disclosures:

Healthy Baby Team members will consider if there is an immediate life-threatening danger to children and/or adults.

In the case of immediate, life threatening danger staff should call 911 or local law enforcement for Police/RCMP assistance and follow direction from 911. Team members will make follow-up phone calls to appropriate supervisors ASAP (within the same working day). Staff will follow critical incident guidelines set out by their organization.

If the situation is not immediately life threatening but the Healthy Baby team has identified a high risk, they will proceed with the following appropriate phone calls/response:

During or after the group session, separate from other group members, assess all safety issues with the participant.

- If the participant is consenting, staff will provide information and phone numbers of “24 hour Crisis Services” and **support the participant to call the appropriate crisis service from the site.**
- If the participant requests, a team member could call the crisis service on their behalf. The participant or team member will write down all plans and/or recommendations from the crisis service.
- If the participant does not agree to call the crisis service, the team will discuss the situation in debrief and designate the appropriate team member to follow up with the situation. A “no participant name” consultation with the appropriate crisis service following the session may be necessary for guidance. Specific case sharing is only possible with the participant’s consent (usually formal/written) or as required by the CFS Act or the Mental Health Act (see the following specific high-risk information). Regions may wish to mandate no participant name consultation with the appropriate crisis service in all high-risk situations.

If it is unsafe or the participant cannot meet during or after the group, team members will debrief and make a plan that will decide who will follow up with participant and what approach will take place.

Healthy Baby team members will notify their supervisor/manager about the high risk situation and resulting follow-up ASAP (within the same working day).

Home Visiting (not a required program activity):

1. Healthy Baby program team members will consider the immediate, life-threatening danger to self, children and adults.
2. **In the case of immediate, life threatening danger** – Healthy Baby staff should leave the home if necessary; call 911 or local law enforcement for Police/RCMP assistance and follow

direction from 911. Staff will make follow-up phone calls to their supervisors or designate ASAP (within the same working day).

3. **If the situation is not immediately life threatening** but Healthy Baby staff have identified a high risk, they will proceed with the following appropriate phone calls/response:
 - **Program Facilitator/ Outreach** will call their supervisor or designate during the visit or within the same working day for support and guidance. Facilitator/Outreach may be required to assess risk and call the appropriate crisis service for consultation and /or referral/reporting. Guidelines for such situations should be set out by organizations to support their staff.
 - **PHNs** will respond according to their RHA's crisis intervention policies, which may include assessing the risk and developing a plan to call the appropriate crisis service for consultation and or referral/reporting.
 - **Dietitians/Community Nutritionists** will contact their supervisor or designate within the same working day for support and guidance. Guidelines for such situations should be set out by organization to support their staff.
 - If it is safe to do so, staff will support the participant in considering the family's resources/supports.
 - If the participant is consenting, staff will provide information and phone numbers of "24 hour Crisis Services" and support the participant to call the appropriate crisis service during the home visit.
 - If the participant requests, staff could call the crisis service on their behalf. The participant or staff will write down all plans/recommendations from the crisis service. (If safe to do so, leave copy of plans/recommendations in a private, safe place).
 - If the participant does not agree to call the crisis service, staff will consider a "no participant name" consultation with the appropriate crisis service following the visit. Specific case sharing is only possible with the participant's consent (usually formal/written) or as required by the CFS Act or the Mental Health Act (see the following specific high-risk information). Regions may wish to mandate no participant name consultation with the appropriate crisis service in all high-risk situations.
 - If it is unsafe for staff to address the noted concerns about risk of harm, the staff could make arrangements with the participant to connect to crisis services in the immediate future (when it is safe to do so). The staff and client could go to a nearby phone or health unit and call the crisis service.
 - **Healthy Baby team** members may consult the appropriate crisis service, their supervisor or designate for support and/or guidance at any time.
4. **Healthy Baby team members** will notify their supervisor/manager about the high risk situation and resulting follow-up ASAP (within the same working day).

GUIDELINES FOR SPECIFIC HIGH RISK SITUATIONS

I. High Risk Mental Health

When a family's situation indicates a High Risk Mental Health concern:

- i. Staff will support the participant to call the local Community Mental Health Worker (CMHW) and state their information/situation or concerns. If unable to speak directly and immediately to Mental Health worker consult with the Regional Mental Health Crisis Service (MHCS) at _____ or the Clinic Suicide Prevention and Support line @ 1-877-435-7170 and Crisis Number @ 1-888-322-3019.
 - CMHW or MHCS will assess the situation and recommend next steps e.g. person to come to hospital, RCMP involvement or MHCS intervention with client. Staff/Participant will write down any plans/recommendations from the crisis service and leave a copy with the participant in a safe/private place.
- ii. If the participant does not wish to call the local Community Mental Health Worker (CMHW), staff will proceed after leaving the home (ASAP, within the same working day), with a no participant name consultation call to the CMHW/MHCS-stating the information/situation, concerns and follow their recommendations and the Mental Health Act requirement to report names.
 - Healthy Baby team member will document all recommendations and resulting intervention and provide the name and phone # of the local Public Health Nurse to CMHW or MHCS.
 - Healthy Baby team member will consider the safety of the child(ren) and may consult with other team members, their supervisor or designate and participant regarding contact with Child and Family Services.

II. High Risk Partner Abuse

When a family's situation indicates a High Risk for Partner Abuse:

- **Provincial Family Violence Prevention Program recommendations** are that, unless staff are trained in assessment of partner abuse, clinical intervention and protection planning, **the staff role is:**
 - i. **to provide the participant with the Domestic Violence Crisis phone #** and attempt to facilitate that call. This number automatically goes to the nearest shelter and can be transferred to a different shelter. The Crisis Line staff will provide phone crisis counselling, protection planning and an indirect line to RCMP. (Participant can make this call anonymously if they wish.)
 - ii. **staff should not provide any pamphlets, handouts or any written information about partner abuse or protection planning** as this can be a catalyst for a violent episode. Staff may leave general contact information that includes a variety of resources with the participant.

iii. **any discussion of past abuse should occur one-on-one, not as a couple.**

- If the participant did not call the Provincial Domestic Violence Crisis Line, staff will consider proceeding (after the group) with a consultation call to the Crisis Line (24 hours) @ 1-877-977-0007. If the staff decides on a consultation, this should occur ASAP within the same working day. This **is a consultation only (no names shared without client consent)**. Staff will document any recommendations.
- If a man is being abused or is abusing (at risk of abusing) his partner, he can call the Men's Resource Centre during business hours @ 1-855-672-6727 or the Klinik Crisis Line after hours service at 1-888-322-3019.
- Healthy Baby team members will consider the safety of child(ren) and may wish to consult other team members, their direct supervisor or designate and the participant about contact with Child & Family Services.

III. High Risk Child Abuse/Neglect

When a family's situation indicates a High Risk for Child Abuse/Neglect:

- i. If the participant did not call* the local Child and Family Services Worker, staff will proceed (after the group/leaving the home) ASAP, in the same working day, with a consultation call to the local Child & Family Services Worker - stating the information/situation, concerns and following the Child and Family Services Act requiring the report of name
- ii. If unable to speak directly and immediately, call the 24 hour emergency & intake number for Child and Family Services in your region.

***Assuming that a Healthy Baby team member has informed the participant of the obligation to report child abuse/neglect if the participant does not.**

Staff are encouraged to call the following supports for assistance with debriefing or coping with any of the situations encountered in the workplace:

- **The Regional MHCS or Klinik 1-888-322-3019**
- **Organizations can call their Employee Assistance Program if available**

PRENATAL NUTRITION QUESTIONNAIRE

TODAY'S DATE: _____ DUE DATE: _____

Client's Name: _____

Client's DOB: _____ Age: _____

GENERAL HEALTH

When was your first visit for prenatal care? _____

When is your next appointment with a health care provider?

Do you or your health care provider have any concerns about your pregnancy?

Weight gain Weight loss What you eat High blood sugar

High blood pressure Low iron in blood None

Other: _____

Do you use (circle all that apply)? :

Prenatal vitamins Iron pills Antacids Other vitamins/minerals Herbs
Laxatives

Over-the-counter-medications (e.g. Tylenol, Aspirin, etc) None

Other medications: _____

Home remedies (list): _____

Are you bothered by any of the following (circle all that apply):

Nausea Vomiting Heartburn Constipation Diarrhea

Has anyone in your family had diabetes? Yes _____ No _____ This includes your mother, father brother or sister.

If you have been pregnant before, did you experience any of the following:

Gestational Diabetes Baby weighing more than 9 lb High blood pressure Large or small weight gain

Other _____

How do you feel about your body changes?

NUTRITION

How would you describe your appetite during pregnancy? not hungry hungry
 hearty

Do you eat breakfast daily? Yes _____ No _____

How many times a day do you eat? Meals _____ Snacks _____

Number of drinks/day: milk _____ pop _____ alcohol _____

coffee/tea _____ slurpee _____ juice _____ water _____

Regarding liquids have you: cut down cut out use the same increased

How many times a week do you eat fast food or food from a restaurant?

Never 1-2 times 3-4 times 5 or more times

Do you try to limit the amount or kind of food you eat to control your weight? No Yes

Are you following a special diet now? No Yes If yes, type:

Are there any foods you avoid for health or religious reasons? No Yes

If yes, what foods?

Do you ever worry that food in your home will run out before end of month? Yes No

How do you feel about your eating habits? Great Good OK Not so good

Do you ever crave things other than food?

Which of these do you drink/eat most days?

Water	Milk	Lasagna	Peanut Butter	Bread	Chocolate
Coffee	Kool-aid/punch	Cheeseburgers	Deli/cold cuts	Cereal	Candy
Tea	Beer	Pizza	Chicken/turkey	Tortillas	Chips
Regular soda	Wine	Cottage cheese	Fish	Rice	French fries
Diet soda	Alcoholic drinks	Pudding/custard	Hotdogs	Noodles	Doughnut
Gatorade	Fruits	Tofu	Rolls	Ice cream	Cheese
Slurpees	Macaroni and cheese	Vegetables	Beans/lentils	Crackers	Fried chicken
Energy drinks		Pork	Eggs	Cake	Bacon
Fruit juice	Yogurt	Beef	Nuts/seeds	Cookies	Egg rolls

Are you physically active? Yes No

If yes, what type of activity do you do on most days?

Walk Run Bike Housework Dance Sports Swim Exercise class/gym
Garden None

Other (list): _____

Have you thought about whether you wish to breastfeed your baby? Yes No

What do you know about breastfeeding?

How do you feel about breastfeeding?

Do you have any questions about breastfeeding?

Are you currently employed or going to school? Yes No Planning to Start

What word(s) describe how you feel about being pregnant?

Happy OK Tired Depressed Sad Stressed Angry Other:

Signed _____ Date _____

PRENATAL NUTRITION QUESTIONNAIRE GUIDELINES

1. The Prenatal Nutrition Questionnaire will be completed by the Registered Dietitians /Community Nutritionists (RDs/CNs) at the Winnipeg Health Baby Sites on all prenatal participants between their 1-3 visit(s). Ideally, if you are able to complete the questionnaire sooner it will benefit the mother as if the participant does not return to the group she will have received the support and if there are any concerns that arise they have the chance to be addressed sooner versus later. However it is understood that there is a fair amount of paperwork to be completed by participants and that completion of the form requires 1:1 time with the client and this requires a chance to develop a rapport with the participant.
2. The Prenatal Questionnaire is voluntary for participants and is not a part of required paperwork for attendance at programs. It is an expectation that all pregnant women will be offered the opportunity to have a nutritional assessment and the opportunity for 1:1 time to answer questions and concerns that may arise in response.
3. Once completed the Questionnaire will be kept in the participants file which is the responsibility of the agency. This information is personal and confidential and will be locked up as per PHIA/FIPPA.
4. The RD/CN will fill out the questionnaire with the prenatal participant and will address issues or concerns as they arise during the discussion providing nutrition information, resources and referral as applicable.
5. If concerns arise while filling out the Questionnaire that are beyond the scope of the RD/CN, the participant will be referred to the appropriate professional with the responsibility for this follow-up on the participant.
6. The RD/CN will document all information on the Prenatal Nutrition Questionnaire. This includes any plans that you have developed with the client, recommended follow-up, resources provided, and referrals to other health professionals or services. There is no contact information on the Prenatal Nutrition Questionnaire as this information is on the "We're Glad You Are Here!" form that would have already been completed by the participant.
7. If participant follow-up is required this can be discussed as part of the team debrief and decisions can be made to determine if the participants file needs to be on-site as part of the follow-up. If this is required the host agency will be responsible to bring the file back to the site as part of their travelling paperwork.

Note: Healthy Start for Mom and Me, a joint funded CPNP/HB program will continue using their existing Prenatal Nutrition Screen during this pilot period.

HEALTHY BABY DEBRIEF

Date: _____ Site: _____

Team Members Present: _____

Volunteers/Other: _____

What went well at the session? Were all components of the group covered?

Challenges experienced today **and** solutions or ideas/decisions from the group about how this can be managed to improve future group sessions and team functioning:

One-on-One conversations with participants that may be relevant to the team and follow up from the team:

Best Practice updates: _____
New Resources: _____
Upcoming trainings or conference: _____

Data Collection completed for session:

- Session Tracking Sheets
- Prenatal Attendance Chart
- Infant Feeding and Attendance Chart
- Were Glad You Are Here Prenatal
- Were Glad You Are Here Postnatal

Follow up for next group (verify session plan & refer to planning sheet, team attendance)

Planned absences/vacation/medical:

Back-up plan for unplanned absences:

Team Members signatures:

HEALTHY BABY SESSION PLANNING SHEET INSTRUCTIONS

The Session Planning sheet can be used to guide program planning and provide team members with a detailed picture of each HB session.

The Session Planning sheet includes all the components of a HB session and provides the opportunity for team members to allocate roles and responsibilities to team members.

Note:

- In Winnipeg, where teams include a Facilitator, PHN, Dietitian, outreach workers it is expected that team members will rotate and participate in a variety of session components.
- In rural and northern programs, based on the size of the team, individuals may need to fulfill multiple roles.

Completing the main topic first may aid in assigning other roles and responsibilities.

HEALTHY BABY SESSION PLANNING SHEET

Site set up	Lead “Who”	Site cleanup	Lead “Who”
Kitchen:		Kitchen:	
Room:		Room:	
Introduction	Lead	Parent/Infant Interaction	Lead
Sign -in		Nursery Rhymes:	
Greetings/Introductions to HB group:		Explain reason for interactions (pre & postnatal):	
Agenda:			
Icebreaker: topic			
Completed:		Completed:	
Nutritional Learning/Nugget	Lead	Breastfeeding Nuggets	Lead
Food demo, tips on snack preparation, shopping and nutritional value or separate nutrition mini-topic.		Nugget Topic: Can be done as part of the main topic or involve nutrition, time, supports etc.	
Topic and food :			
Activities/Resources:		Activities/Resources:	
Completed:		Completed:	
Main Topic	Lead	Other	Lead
Topic(s):		Paperwork:	
		Volunteer (s)	
Supplies Needed:			
Completed:		Completed:	

Notes: _____

Signatures:

HEALTHY BABY MILK-HANDLING PROTOCOL AGREEMENT 2016-19

The Healthy Baby Milk program was introduced to offer milk coupons at Healthy Baby programs to attract pregnant individuals and individuals who have given birth who might not otherwise consider involvement.

PURPOSE OF MILK PROGRAM:

- Incentive to attend programs
- Nutritional investment in pregnancy/postpartum period
- Modeling healthy eating options

ENCOURAGING MILK CONSUMPTION:

- Promote milk consumption for pregnant participants and individuals who have given birth.
- Remind participants (each time) that the milk is for them and their unborn baby during pregnancy or to assist them with postnatal nutrition & lactation.
- Explain that the milk is NEVER to be given to babies under the age of nine months.

THE COUPONS:

- The milk coupons exist in two forms: Safeway (4 litre only) milk coupons redeemable at all Safeway stores and Generic (2 litre) milk coupons redeemable at participating stores across Manitoba.
- Milk coupons can be redeemed for skim milk, 1% milk, 2% milk, homogenized milk and Lactaid. For participants requesting soy milk (which is not listed on the coupon) agencies are asked to contact the MPB supervisor for approval. Please note that milk coupons cannot be redeemed for organic or chocolate milk.

QUANTITY:

- **Four litres** per week is the maximum
- Where programs are offered biweekly, please provide a maximum of **4 coupons (8 litres)**
- monthly, please provide a maximum of **8 coupons (16 litres)**

DISTRIBUTION:

- Milk coupons are to be distributed **ONLY** to participants who are pregnant or have given birth with a baby up to six months of age and attend Healthy Baby groups.
- Milk coupons can **ONLY** be given out at groups to participants who attend a Healthy Baby session.
- It is expected that milk will be offered to **all** participants who are pregnant or have given birth (up to six months postnatal) attending programs, with the understanding that it is for those who need it.

IMPORTANT: Milk coupons are distributed based on the immediate needs of participants, therefore a Healthy Baby team member is expected to provide a private/one-on-one opportunity

for participants to accept or decline milk and ask participants how much they need for the next week, 2 weeks or month. Participants should not be issued the maximum amount in an assembly line format, without discussion OR any coupons if they advise they have not used prior coupons or have been storing up a supply, not using, giving to friends etc.

- Participants who drop by to collect a coupon and cannot stay for the session should be advised they are not able to receive milk coupons.
- Coupons are not given out for missed sessions or cancelled sessions or to other family members/caregivers.
- Milk coupons cannot be given out at any other venue/other type of contact such as a home visit, well baby clinic, prenatal class, other family resource centre program, etc.
- Milk coupons are ONLY to be given out in extenuating circumstances if you have contacted Healthy Baby consultants for approval. e.g., regular participant is unable to attend due to medical reasons (on bed rest) and a team member is conducting home visit.
- Planned Breaks in Service: Agencies are to operate on a “business as usual” basis regarding the provision of milk coupons. i.e. if you have not given out coupons during breaks, then continue that practice. If you have given out coupons during breaks, continue to do so under the following conditions:
 - Milk is intended to meet some of the nutritional needs of the pregnant or postpartum individual at that given time; therefore, milk coupons are ONLY to be given in advance for a planned break in service and not after the fact as the need by then has passed.
 - As HCMO requires that Healthy Baby programming operate 12 months per year, agencies are expected to plan breaks in service to ensure that programs run at least 1x per month so that eligible participants can access support and milk coupons. Any agency planning an extended break in service (mostly in summer months) must consult the Healthy Baby program consultants about their plan.
- Please inform the Healthy Baby Prenatal Benefit office of challenges you experience.

STORAGE AND HANDLING:

The Healthy Baby milk program is centralized; Healthy Child Manitoba Office will distribute the milk coupons and pay invoices. This fact makes it essential that a clearly defined understanding exists between government and the community program that will handle the milk program. Accountability for coupon storage, handling and distribution according to the protocols indicated below is an expectation of participation in this program.

- Coupons **must** be kept in locked storage.
- It is recommended that one person (and an alternate) have responsibility for signing out coupons to team members/community facilitators.
- All coupons distributed to participants must be recorded on the HB Session Tracking Sheet, at each session which is faxed in within 2 weeks of the date.
- Coupon stubs should be kept securely stored on site for 2 years as HCMO may request them for auditing purposes. After this time, you may destroy the coupon stubs in a secure manner which ensures that the privacy of the participants (name, address, program code) is maintained.

RE-ORDERING:

- Inform the Healthy Baby Prenatal Benefit office (945-1301 or 1-888-848-0140) when coupon supply is running low.

THANK YOU!

AGREEMENT

My organization _____ has read and fully understands this Milk-handling Protocol Agreement, agrees to attentive distribution of milk on behalf of the Government of Manitoba, commits to act in accordance with the contents of this agreement, and to ensure that any involved staff (including community partners, volunteers, RHA health professionals) are fully aware of the protocols. I understand that mishandling of the milk program could jeopardize the reputation and involvement of our organization.

Name and title (PRINT) _____

Authorized signatory for organization please

Signature _____ Date: _____

PLEASE RETURN THE SIGNED ORIGINAL OF THIS AGREEMENT to Healthy Baby, Healthy Child Manitoba Office, and keep copies for staff orientation and your files.

WINNIPEG PROGRAMS: Please ensure that all Winnipeg Regional Health Authority (WRHA) professional health staff are aware of the terms of this agreement.

THE CITY OF WINNIPEG
 WINNIPEG TRANSIT BUSINESS SERVICE CENTRE • 65 GARRY STREET • R3C 4K4

TOKEN ORDER AND PAYMENT

Name and Address of Organization:

E-mail Address: _____

Date _____

Phone Number: _____

DESCRIPTION	NO. OF ROLLS REQUESTED	VALUE	
ADULT TOKENS (20 Tokens/Roll)			
YOUTH TOKENS (20 Tokens/Roll)			
TOTAL			

TO BE COMPLETED BY WINNIPEG TRANSIT

RECEIVED AS PAYMENT				
BILLS		\$		
	X	5		
	X	10		
	X	20		
	X	50		
	X	100		
COIN				
VOUCHERS				
CHEQUES				
INTERAC/CREDIT CARD				
TOTAL DEPOSIT				
NET BALANCE				

DISPATCHED BY:

204-986-5050

RECEIVED BY:



Email to transitrevenue@winnipeg.ca or Fax to: 204-986-6967

USE OF WEIGH SCALES AT HEALTHY BABY SITES

Parents are often concerned about their infant's weight gain/loss and are looking for reassurance that their baby is feeding and growing at the appropriate rate.

Weighing of infants at Healthy Baby sites should occur at the request of the parent, or as the PHN/facilitator feels is necessary for concerns around child growth and development. Weighing of infants/babies should not become part of a weekly routine as weight gain is only one of many indicators used to measure appropriate growth and development for the breastfeeding or bottle fed baby. To ensure that a baby is thriving in the first few months of life, Healthy Baby team members/staff can discuss with parents baby's feeding patterns and behaviour, report anything unusual to the parent and encourage parents for follow-up with a primary health care provider if needed. If a baby is not gaining weight according to normal growth patterns, the baby and the mother should be checked and referred to the primary health care provider.

In Winnipeg where Public Health Nurses are present at each site, the expectation is that the PHN will be responsible for supporting parents who are requesting to use the weigh scale. This allows parents with concerns to ask questions, receive accurate information and be reassured regarding their infant's normal growth and development. Where appropriate, the PHN assists in making the appropriate referral for the family.

In rural and northern sites where a PHN may not be present, it is expected that the facilitator will support families in their use of weigh scales. If the parent is concerned regarding the infant's development related to weight gain/loss, the facilitator should answer questions and encourage the parent to connect with the primary caregiver or PHN to have these concerns addressed.

Normal infant weigh gain patterns:

Newborns:

- A weight loss of 5-7% post delivery day 2-3, is normal.
- A weight loss of 10% is acceptable to some professionals, but is a sign that the baby needs close monitoring and mother needs help with breastfeeding. If seen at a Healthy Baby site with this weight loss, these infants should be referred for follow-up.
- Baby should regain birth weight by 2 weeks of age.

Months 1- 4: 4 – 8 ounces per week (figured from lowest weight after birth)

Months 4 - 6: 3 – 5 ounces per week *birth weight is doubled by 5-6 months

Months 6 - 12: 1 ½ – 3 ounces per week

Important: Prenatal/Postpartum women who are concerned about their own weight gain/loss should be referred to their primary health care provider or PHN. Women are not to be weighed at Healthy Baby sites.

FOOD HANDLING GUIDELINES

Proper food handling and sanitation procedures should be followed by all food handlers and kitchen staff and group participants to minimize the risks of foodborne illness. The following are key points to follow when using these facilities which are requirements of The Public Health Act when operated as public facilities:

1. **WASH YOUR HANDS** – Washing hands is one of the most effective ways of limiting the spread of contamination. Designated hand wash stations must be stocked with hand soap and paper towel. Cloth towels or aprons are not to be used for drying hands. Remember to wash your hands any time they may have become contaminated:
 - Upon entering the kitchen
 - Before & after handling food
 - After using the toilet
 - Before handling clean, sanitized dishes
 - Before changing tasks
2. **SUITABLE HAIR COVERINGS OR RESTRAINT** (hair tied back in ponytail, hat/scarf.) are required to avoid touching hair with one's hands during food preparation/cooking.
3. **CLEAN OUTER GARMENTS** – stating the use of an apron is required is a great practice.
4. **KEEP SURFACES CLEAN AND SANITIZED** – wiping cloths used for wiping counters and workspaces must be stored in a sanitizer solution. **Mix 4-8 ml bleach in 4 litres of water (1-2 tsp per gallon)** to make an effective sanitizer solution (50-100ppm chlorine) and store wiping cloths here so they are always ready for use.
5. **WASH, RINSE, SANITIZE & AIR DRY ALL WARES** – ensure proper manual dishwashing procedures are used.
 - **Wash** in the first compartment with hot soapy water.
 - **Rinse** in the second compartment in hot clean water.
 - **Sanitize** in the third compartment by immersion in a sanitizer solution (50-100ppm chlorine or 200ppm Quat solution)
 - **Air Dry** on drain tray. Do not use cloth towels to dry wares.
6. **KEEP FOODS OUT OF THE “DANGER ZONE”** – potentially hazardous foods (meat, fish, eggs, dairy, cooked foods, etc.) must be maintained either hot, above 60°C/140°F or cold, below 5°C/40°F.
7. **MONITOR FOOD TEMPERATURES USING A PROBE THERMOMETER** – Use your probe thermometer to check internal food temperatures. Never guess.
 - Cook foods thoroughly to 74°C/165°F
 - Reheat foods to 74°C/165°F quickly
 - Hold hot foods above 60°C/140°F
 - Cool hot foods from hot down to 21°C/70°F within 2 hours and then
 - further down to 5°C/40°F within 4 hours. Improper cooling is one of the leading causes of foodborne illness.
8. **ALL FOODS MUST COME FROM APPROVED SOURCES** – purchase all meat, dairy, eggs and canning from government inspected facilities. Foods served to the public must be prepared in approved facilities. Do not prepare foods at home.

HAND HYGIENE

Performing hand hygiene is the single most effective way to reduce the spread of infection.

Use hand hygiene:

- before handling food.
- before and after eating.
- before and after cleaning a wound.
- before and after smoking.
- after handling raw food.
- after using the toilet or wiping nose.
- after contact with blood or body fluids/wastes.
- after handling soiled items or equipment (ex: after cleaning rooms or handling soiled linen).
- after removing gloves.

Hand washing

- Only liquid soap should be used. Liquid soap containers should not be “topped up”; instead, rinse them with hot water when empty then refill. Bar soap is not permitted as it breeds bacteria.
- Disposable (paper) towels should be used in public washrooms. Individual cloth towels are not permitted when food is prepared for the public.

Hand washing method

- Wet hands thoroughly with comfortably warm running water.
- Apply soap, then rub your hands vigorously for 10 to 15 seconds to create a lather.
- Wash all surfaces, including the backs of your hands and between fingers.
- Rinse your hands well under running water.
- Dry your hands well with a towel.
- Turn off the taps with a towel.

Consider posting hand washing reminder signs near all sinks.

Alcohol-based hand rubs

Alcohol-based products provide an acceptable alternative to soap and water, except for when food is being prepared (hand washing with soap and water is preferred due to the excess of “food” that may be stuck on the hands). Alcohol-based hand rubs must contain a minimum of 60 per cent alcohol. This method may be used when soap and water are not readily available and hands are not visibly soiled.

Method for alcohol-based hand rubs

- Apply a small amount (2 to 3 ml – a drop the size of a dime) of product to the palm of one hand.
- Rub hands together, covering all hand surfaces, including fingernails, web spaces, thumbs and palms.
- The product usually dries within 15 to 20 seconds. Ensure hands are completely dry before performing another task.

Note: Alcohol products are flammable.

<http://www.gov.mb.ca/health/publichealth/cdc/fs/infcontshelter.pdf>

CLEANING TOYS

During a Healthy Baby session, play materials and equipment are typically used by many different children. Babies and young children commonly place objects in their mouths. Therefore, special attention must be taken to reduce the spread of germs on toys and equipment that children use.

Clean

Scrubbing with soap and water effectively removes germs from surfaces. This method is recommended for surfaces where chemical disinfectants are not appropriate, such as some furniture.

Sanitize

When possible, toys and surfaces should also be sanitized. Dishwashers are a convenient and effective way to sanitize some toys. Approved chemicals such as Quaternary Ammonia, hydrogen peroxide, and bleach are used to sanitize surfaces and objects. You can find a wide variety of products with varying ingredients. Be sure to follow the manufacturer's directions exactly as printed on the label and ensure they are recommended for cleaning toys.

Do not mix bleach with other liquids or cleaners because the mixture can produce a toxic gas. Bleach should be mixed only with water. Keep all chemicals out of reach of children.

<https://www.healthlinkbc.ca/health-topics/ue5134>

Bleach solution mixture: Use unscented chlorine bleach (one tablespoon/15 ml) mixed in four litres (3.5 quarts) of water. Mix fresh solution daily.

Infant and toddler toys

- Toys that children may chew, suck on, or place in their mouths, as well as toys that are frequently handled, should be sanitized with one of the above sanitizers (Sanitizer wipes, i.e. Lysol are not effective because the contact time for effectiveness is 10 minutes and not practical).
- Large toys, activity counters and toy shelves should be cleaned weekly.
- Soft cuddly toys should be washable. These should be washed weekly or as necessary.

Toys for older children

- Mouth toys (ex: musical instruments) should not be available for common use due to the challenges of properly cleaning these items.
- Toys for older children should be cleaned on a weekly basis.

Soothers and pacifiers

- If dropped, rinse under hot water before returning to the child.
- Clean and sanitize if the soother was inadvertently used by another child or dropped in something obviously dirty (ex: a diaper or the toilet).

<http://www.gov.mb.ca/health/publichealth/cdc/fs/infcontshelter.pdf>

SITE SAFETY CHECKLIST

*sample form can be adapted for agency needs

DATE: _____

SITE: _____ **Team present:** _____

topic	features present	yes or no	work or follow-up needed
FIRE	<ul style="list-style-type: none"> ▪ exits known/reviewed by team members 		
	<ul style="list-style-type: none"> ▪ extinguisher available in kitchen 		
	<ul style="list-style-type: none"> ▪ location of phone and alarms known by Healthy Start staff at minimum 		
	<ul style="list-style-type: none"> ▪ identified person to run to babysitting if necessary 		
	<ul style="list-style-type: none"> ▪ have discussed how to proceed if there is a fire or other need to evacuate 		
INCIDENTS	<ul style="list-style-type: none"> ▪ aware of general guidelines (how to calm down upset person, when to call police, etc.) 		
	<ul style="list-style-type: none"> ▪ aware of location of phone/cell if needed 		
	<ul style="list-style-type: none"> ▪ aware of need to document serious incidents (incident reports) 		
	<ul style="list-style-type: none"> ▪ aware of host staff whereabouts 		
SAFETY OF ENVIRONMENT	<ul style="list-style-type: none"> ▪ no unstable stacking of furniture or equipment in rooms used by children 		
	<ul style="list-style-type: none"> ▪ aware of doors that could be used by children, with precautions to prevent use 		
	<ul style="list-style-type: none"> ▪ no chemicals or hot beverages in areas where there are children 		
	<ul style="list-style-type: none"> ▪ toys cleaned regularly in childminding 		
	<ul style="list-style-type: none"> ▪ baby toys for drop-in cleaned each time 		
PARENT RESPONSIBILITY	<ul style="list-style-type: none"> ▪ sign concerning children in their care posted each time 		
	<ul style="list-style-type: none"> ▪ all children are signed in and out of babysitting 		
OTHER comments			

Source: Healthy Start for Mom & Me

FIRST AID KIT

GUIDELINE

Parent child programs, including Healthy Baby programs have access to or provide and maintain a first aid kit in a location inaccessible to children.

Supplies for first aid kits should include the following items or suitable alternatives:

- Alcohol Prep Pads
- Bandage Scissors, Stainless Steel
- Compress (Pressure) Bandage, Regular, Sterile
- Gauze Pads, Sterile
- Instant Cold Pack, Small – Each
- Nickel Plated Splinter Forceps
- Non-Adherent Absorbent Pads, Sterile
- Plastic Bandages, Sterile
- Bandage Rolls, Non-Sterile, Individually Wrapped
- Elastic Dressing Strips, Heavy Weight Fabric
- Pocket Guide to Essential First Aid & Emergency Care
- Rubber Elastic Bandage
- Safety Pins, Assorted Sizes,
- Surgitube Tubular Gauze Bandages with Applicator
- Triangle Bandage, Compressed
- Vinyl Medical Examination Gloves, Size Large,
- Waterproof Clear Tape
- CPR Device, with One-Way Valve

Supplies are checked regularly, replenished and changed when necessary.

Manitoba's Workplace Safety and Health Division: Regulation First Aid Kits

DISTRIBUTION OF MEDICATION

Due to liability and product endorsement issues, the Healthy Baby Community Support program agencies and teams are **NOT ALLOWED TO DISTRIBUTE** any medicine to participants during a Healthy Baby group session or home visit. This would include samples such as Tylenol, Baby Advil, and Vitamin D, etc.

Health professionals will continue to distribute medicine/vitamins as their practice dictates but this distribution is to be kept separate from Healthy Baby programming.

Healthy Baby program participants who identify they cannot afford these products and supplements should be asked to contact their local community health centre/public health office to access free samples of medicine and vitamins (if available).

Please note: Canada Prenatal Nutrition Programs (CPNP) follow federal programming guidelines for the provision of prenatal vitamins and Vitamin D to breastfeeding women. Only Registered Dietitians are able to distribute these items after completing an individualised nutritional assessment.

Please ensure that all program staff involved in the delivery of Healthy Baby programs are aware and comply with this policy.

HEALTHY BABY RESOURCES KITS

Year Received	Description of Resource	Developed By	URL
2017	Feeding Your Baby Kit	WRHA Dietitians	http://www.gov.mb.ca/healthychild/healthybaby/kits/foodreadiness
2017	SERC Sexuality Kit	SERC	<p>Sections:</p> <p>Pregnancy and Birth Control: http://www.gov.mb.ca/healthychild/healthybaby/kits/pregnancy_and_birth_control.pdf</p> <p>STIs and Safer Sex: http://www.gov.mb.ca/healthychild/healthybaby/kits/stis_and_safersex.pdf</p> <p>Sexual Health Supplies: http://www.gov.mb.ca/healthychild/healthybaby/kits/sexual_health_supplies.pdf</p> <p>SERC Consent Game: http://www.gov.mb.ca/healthychild/healthybaby/kits/serc_consent_game.pdf</p> <p>Condom Line Up Game: http://www.gov.mb.ca/healthychild/healthybaby/kits/condom_lineup.pdf</p> <p>True or Not True: http://www.gov.mb.ca/healthychild/healthybaby/kits/true_or_not_true.pdf</p> <p>Birth Control Matching Game: http://www.gov.mb.ca/healthychild/healthybaby/kits/birth_control_matching_game.pdf</p>
2016	Breastfeeding - Celebrity Tic Tac Toe	Youville Centre	<p>http://www.gov.mb.ca/healthychild/healthybaby/kits/breastfeeding_-_celebrity_tic_tac_toe.pdf</p> <p>French: http://www.gov.mb.ca/healthychild/healthybaby/kits/breastfeeding_celebrity_tic_tac_toe_fr.pdf</p>
2016	Mammals Feeding Their Babies	Youville Centre	http://www.gov.mb.ca/healthychild/healthybaby/kits/mammals_feeding_their_babies.pdf

Year Received	Description of Resource	Developed By	URL
2016	Got Breastmilk?	Youville Centre	http://www.gov.mb.ca/healthychild/healthybaby/kits/got_breastmilk.pdf
2016	Do We Need to Measure Everything?	Youville Centre	http://www.gov.mb.ca/healthychild/healthybaby/kits/do_we_need_to_measure_everything.pdf
2016	The Scoop on Poop!	Youville Centre	http://www.gov.mb.ca/healthychild/healthybaby/kits/scoop_on_poop.pdf French: http://www.gov.mb.ca/healthychild/healthybaby/kits/scoop_on_poop_fr.pdf
2016	Is it Safe? During Pregnancy & For Mom and Baby	HSMM	http://www.gov.mb.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf
2016	Cooking Jeopardy	HSMM	http://www.gov.mb.ca/healthychild/healthybaby/kits/cooking_jeopardy.pdf
2016	Give Your Child a Safe Start	WRHA	http://www.gov.mb.ca/healthychild/healthybaby/kits/give_your_child_a_safe_start.pdf
2016	Networking - Breaking Isolation	WHC	http://www.gov.mb.ca/healthychild/healthybaby/kits/networking_-_breaking_isolation.pdf French: http://www.gov.mb.ca/healthychild/healthybaby/kits/networking_-_breaking_isolation_fr.pdf
2016	Relationships - Adding Baby to the Mix	WHC	http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix.pdf French: http://www.gov.mb.ca/healthychild/healthybaby/kits/relationships_-_adding_baby_to_the_mix_fr.pdf
2016	PAP Test <i>(revised from 2013/15)</i>	Cancer Care	http://www.gov.mb.ca/healthychild/healthybaby/kits/pap_test.pdf
2015	Healthy Relationships	Canadian Red Cross	http://www.manitoba.ca/healthychild/healthybaby/kits/healthy_relationships.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/healthy_relationships_fr.pdf

Year Received	Description of Resource	Developed By	URL
2015	Unwanted Advice	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/unwanted_advice_fr.pdf
2015	The Critical Voice	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/critical_voice.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/critical_voice_fr.pdf
2015	Smoking Jeopardy	HSSM	http://www.manitoba.ca/healthychild/healthybaby/kits/smoking_jeopardy.pdf
2015	Smoke Free Journey	HSMM	http://www.manitoba.ca/healthychild/healthybaby/kits/smoke_free_journey.pdf
2015	Vaccination	HCMO	http://www.manitoba.ca/healthychild/healthybaby/kits/vaccination.pdf
2015	Pelvic Health	Kelli Berzuk – Nova Physio	http://www.manitoba.ca/healthychild/healthybaby/kits/pelvic_health.pdf
2015	Iron in Pregnancy/Iron For Baby	HSMM	http://www.manitoba.ca/healthychild/healthybaby/kits/iron_inpregnancy_and_forbaby.pdf
2015	Developmental Stages in Infant Feeding	Cheryl Ogaranko	http://www.manitoba.ca/healthychild/healthybaby/kits/infant_feeding.pdf
2015	Attachment	Aulneau	http://www.manitoba.ca/healthychild/healthybaby/kits/attachment.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_fr.pdf Videos: Calming Baby Narrative: http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_calming_baby_narrative.mov Scaring Alex: http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_scaring_alex.mp4 Simpsons Snippet: http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_simpsons.wmv Still Face Video: https://www.youtube.com/watch?v=apzXGEbZht0 Tantrum over Cellphone: http://www.manitoba.ca/healthychild/healthybaby/kits/attachment_tantrum_cellphone.wmv

Year Received	Description of Resource	Developed By	URL
2015	Why Is This Baby Crying?	WRHA/HCMO	http://www.manitoba.ca/healthychild/healthybaby/kits/babies_and_crying.pdf French: http://www.gov.mb.ca/healthychild/healthybaby/kits/babies_and_crying_fr.pdf Video: http://www.manitoba.ca/healthychild/healthybaby/kits/crying_elephant_video.wmv
2014	10 Things Not to Say When Eating	Cheryl Ogaranko	http://www.manitoba.ca/healthychild/healthybaby/kits/ten_things_not_to_say_when_eating.pdf French: http://www.gov.mb.ca/healthychild/healthybaby/kits/ten_things_not_to_say_when_eating_fr.pdf
2014	Division of Responsibility game	Cheryl Ogaranko	http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/division_responsibility_feeding_fr.pdf
2014	Breast Health Kit including Myth game	WRHA Breast Health Centre	http://www.manitoba.ca/healthychild/healthybaby/kits/breast_health.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/breast_health_fr.pdf
2014	Nutrition Binder	WRHA	http://www.manitoba.ca/healthychild/healthybaby/kits/nutrition_binder.pdf
2014	Women and Alcohol	Healthy Child Manitoba- Tamara Hes	http://www.manitoba.ca/healthychild/healthybaby/kits/women_alcohol.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/women_alcohol_fr.pdf
2014	Health at Every Size	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/health_at_every_size.pdf
2014	Your Child's Breathing	Children's Allergy & Asthma Education Centre	http://www.manitoba.ca/healthychild/healthybaby/kits/your_childs_breathing.pdf French: http://www.gov.mb.ca/healthychild/healthybaby/kits/your_childs_breathing_fr.pdf
2014	Food Allergies in Children	Children's Allergy & Asthma Education Centre	http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/food_allergy_fr.pdf

Year Received	Description of Resource	Developed By	URL
2014	Your Child's Skin	Children's Allergy & Asthma Education Centre	http://www.manitoba.ca/healthychild/healthybaby/kits/your_childs_skin.pdf
2014	Mommy Myths	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/mommy_myth.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/mommy_myth_fr.pdf
2014	Sleep	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/sleep.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/sleep_fr.pdf
2013	Speech and Language	WRHA	http://www.manitoba.ca/healthychild/healthybaby/kits/speech_and_language.pdf
2013	I'm OK	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/im_ok.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/im_ok_fr.pdf
2013	N.U.R.S.E. Kit	WHC	http://www.manitoba.ca/healthychild/healthybaby/kits/NURSE.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/NURSE_fr.pdf
2012	Tummy Time and More (Plagiocephaly) Preventing and treating flat heads in babies	HSC	http://www.manitoba.ca/healthychild/healthybaby/kits/tummy_time.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/tummy_time_fr.pdf
2012	Skin to Skin, The Best Place For You And Your Baby	Susan Waters Larocque- ST B	http://www.manitoba.ca/healthychild/healthybaby/kits/skin_to_skin.pdf French: http://www.manitoba.ca/healthychild/healthybaby/kits/skin_to_skin_fr.pdf
2012	Brain Development (Jean Clinton)	Southern Health (Marlow & Anita)	http://www.manitoba.ca/healthychild/healthybaby/kits/brain_development.pdf
2011	Dental Kits	Healthy Smiles, Healthy Child (partnership HSMM/WRHA)	