

Healthy Babies, Healthy Families: Postpartum and Postnatal Guidelines

Second Edition
January 2020



**The online version of this document
should be considered as the current
version.**

**Any versions appearing in paper form
should be checked against the electronic
file version prior to use.**

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Introduction

“Childbirth is a milestone, an exciting time when the family grows and a new generation begins. It is also a period of significant child development — a time of great vulnerability but also of great opportunity to benefit from healthy nurturing.”¹

Pregnancy, birth and the transition to parenting are profound but natural family events. From preconception throughout the prenatal, intrapartum and postpartum periods, information and advice is available from countless sources. Childbearing persons and their partners and families use this information to inform choices and decisions regarding self-care and the care of their infants. These decisions are shaped by the support they receive and the care options made available to them, in the context of what they determine to be ‘right’ or ‘best’ for themselves and their families.

This second edition of *Healthy Babies, Healthy Families: Postpartum and Postnatal Guidelines* has been developed for health care providers, health care organizations and the health authorities they work within. It includes resources and references for those working directly and indirectly with childbearing families and their infants.

“The major purposes of postpartum and postnatal care are to maintain and promote health ... and to foster an environment that offers help and support to the extended family and community for a wide range of related health and social needs. These needs can involve physical and mental health as well as social and cultural issues that can affect health and well-being. Also, new parents need support for parenting and its responsibilities.”²

Assumptions and Guiding Principles

The postpartum and postnatal guidelines were developed through a series of literature reviews and extensive consultations and collaboration with health care professionals, leaders and senior administrators. The document includes a series of **Assumptions** for the use of the guidelines and five **Guiding Principles**. The **Guidelines** are organized within four interrelated focus areas for action in postpartum/postnatal services.

Assumptions

The guidelines are presented based on the following assumptions:

- The recommended guidelines are targeted to generally healthy childbearing persons and their infants.
- Guidelines should not override the exercise of professional judgment by the health care provider.
- The guidelines support continuous quality improvement and as such these guidelines must regularly be revisited, reviewed, revised and updated to integrate new evidence and practice recommendations.
- Postpartum/postnatal contact/support/assessment services must be available seven days a week, from a variety of sources, and use a number of strategies such as home visits, discharge clinics, hospitals, telephone contact and parent helplines. The approach and type of support should be based on the assessed need, as identified by the parent and the health care provider, and the services available in their area.
- Identifying and addressing health inequities is critical to improving health outcomes for all parents, babies and families. This is reflected throughout the guidelines.³

Guiding Principles

Five guiding principles direct and support policies, guidelines and practices. Key factors supporting each principle are outlined below.

Principle 1: Collaboration

Working together effectively facilitates continuous and comprehensive care/support for childbearing families, utilizing the individual and shared knowledge and skills of many individuals and teams.

- Childbearing families are supported by services that are developed and implemented collaboratively, with team members providing services within their scope of practice, minimizing duplication and identifying and addressing gaps to provide a seamless continuum of care.
- Effective and respectful communication strategies exist between health care professionals, health care organizations and families.

Principle 2: Competent Work Force

Ongoing professional development for all health care providers supports safe, ethical and evidence-informed practice, which contributes to better health outcomes for childbearing families, infants and their communities.

- Professional development is accessible and relevant to all health care providers.
- Health care providers recognize their professional obligation to ensure competence in practice and to self-identify professional development needs.
- Professional development includes a cultural competence approach, which addresses cultural differences, cultural humility, sensitivity, sharing knowledge of cultures and building communication skills.⁴
- Health care providers caring for childbearing families engage in sensitive and ethical conversations related to informed choices for care, using gender-inclusive language and trauma-informed approaches and promoting cultural safety.⁴⁻⁷

Principle 3: Family-Centred

The Canadian National Family-Centred Maternity and Newborn Care Guidelines define family-centred care as: “(a) complex, multidimensional dynamic process of providing safe, skilled and individualized care. It responds to the physical, emotional, psycho-social and spiritual needs of the woman, the newborn and the family.”⁸ Cultural competency and trauma-informed approaches, which complement family-centred care, are integrated by health care providers and supported through health care organizational practices.

- A family-centred approach respects the central role of the family and upholds the importance of family members as active and informed caregivers and decision makers concerning their health care.⁹⁻¹⁰
- Relationships between childbearing persons and their families and health care providers are based on information sharing, mutual respect and trust.
- Health care providers demonstrate cultural competence by being sensitive and responsive to cultural and spiritual beliefs, practices, lifestyle, linguistic differences, structural and historical inequities and life experiences.^{4, 11-16}
- Health care providers promote cultural safety for childbearing families by respectfully engaging with individuals, families and communities to ensure access to equitable care and trust in care. *Cultural safety is an outcome; the only person who can determine if services are culturally safe is the person receiving them.*^{4, 17-18}
- Health care providers demonstrate an understanding of trauma-informed approaches and integrate key principles into their practice, including safety and trustworthiness; opportunities for choice and collaboration; recognition of cultural, historical and gender issues, and use of strengths-based approaches that foster empowerment.⁶
- Health care organizations commit to developing individual and organizational knowledge about trauma and its impact on all aspects of health. Services must be perceived as safe and nurturing and support effective relationships, self-efficacy and hope.¹⁹
- The attitudes and language of health care providers have an impact on the family’s experience of care.⁸
- A family-centred approach respects reproductive rights.⁸
- Individual and family strengths, including the family’s support network, are explored and recognized as primary resources for meeting each family’s needs and goals.

- The health care environments support childbearing persons, infants, partners and their chosen family supports in being together for healthy postpartum/postnatal development, privacy, fulfilling personal needs, and gaining feelings of competence as parents and caregivers.^{9, 20-21}

Principle 4: Baby-Friendly Initiative (BFI)

The Baby-Friendly Initiative (BFI) is a global campaign of WHO and UNICEF to protect, support and promote breastfeeding. BFI helps to improve breastfeeding outcomes for mothers and babies by improving their quality of care. The term ‘baby-friendly’ was selected because it is inclusive of all babies, regardless of how they are fed.

Given the health, social and economic advantages that breastfeeding confers on mothers, children and society in general; breastfeeding is a critical population health initiative.²²⁻²³ The BFI has been shown to positively impact breastfeeding outcomes. There is a dose-response relationship between exposure to BFI-based interventions and the likelihood of improved breastfeeding outcomes.²⁴

- Facilities demonstrate progress towards implementation of the *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services* through an ongoing self-assessment and external assessment by the Breastfeeding Committee for Canada.²⁴⁻²⁶
- Health care providers are familiar with the BFI 10 Steps and the WHO Code.
- Health care providers inform childbearing families of the key success factors for breastfeeding, including the importance of skin-to-skin contact, exclusivity of breastfeeding, sustained breastfeeding and the impact of non-medically indicated supplementation.^{23, 25}
- Childbearing families who make an informed decision to feed their babies breast milk substitutes (infant formula) are supported and guided to choose an option that is acceptable, feasible, affordable, sustainable and safe.²⁷
- Breastfeeding support is effective and predictable. It is provided by skilled health care providers and/or trained volunteers who offer ongoing access including scheduled visits with families, or services that allow families to drop in when support is needed.²⁸

Principle 5: Strengths-Based

All parents and families deserve to be recognized for the things they are doing well. This acknowledgement and positive reinforcement can help build their confidence and skills to help their child and family thrive.

- Parents and families are recognized and supported as advocates and leaders in the health and well-being of their infants and their families.
- Parents and families are supported and provided with knowledge and skills related to parenting, growth and development.
- Health care providers understand the impact of physical, social, emotional and spiritual environments on the capacity building and self-efficacy of families, and adopt a strengths-based approach.
- Families and health care providers collaborate to promote healthy infant and child development.²⁹⁻³¹

Guideline Areas

Guidelines are developed to describe the level of quality or attainment required to align with evidence and best practices. The guidelines provided here describe a preferred approach and recommendations to guide action and decision making.

The postpartum and postnatal guidelines are organized into four key areas for action:

- Reducing Health Inequities
- Promoting and Supporting Healthy Infant Development
- Promoting and Supporting Parent Postpartum Physical and Emotional Well-Being
- Supporting Healthy Transitions and Follow-Up

Objectives are outlined for each guideline area, with specific guideline activities following.

Reducing Health Inequities

“A health care system — even the best health care system in the world — will be only one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfillment, or empty with despair.”¹

Health inequities are health differences between population groups that are related to the structural and social determinants of health. Key structural and social determinants of health in Canada include: colonialism, racism, gender, disability, housing, early life, income and income distribution, education, employment and working conditions, social exclusion, food insecurity, social safety nets, health services, unemployment and job security.¹⁻² Each of these determinants of health has been shown to have strong effects on the health of Canadians, including maternal and child health.

Objectives:

- To increase understanding of how parental and infant health is affected by the structural and social determinants of health and of resulting health inequities
- To improve communication, collaboration and coordination across the health system and with external partners, to address the structural and social determinants of health and reduce health inequities
- To understand and address the barriers and gaps that prevent access to programs and services

Guidelines:

- Health care providers will document information that reflects medical and social determinants of health using standardized tools (e.g., Healthy Beginnings Screening Tool, Rourke Baby Record).
- Health care organizations will plan and set priorities related to services and programs for childbearing families and infants based on the needs identified through the analysis of population health (ideally community-level) data, with a focus on health inequities.
- Health care providers will assess and consider the structural and social determinants of health when working with postpartum families; in particular, trauma, racism, colonialism, gender, sexual orientation, social safety nets, health services, adequate housing, food security, income, education and employment.³⁻⁹
- Health care providers will collaborate with other service providers to collectively identify and intervene to reduce health inequities including consideration of the unique needs and capacities of childbearing families and infants.
- Supports are in place in health care organizations to achieve healthy public policy objectives so that social, economic and physical environments enhance the health of childbearing families (e.g., breastfeeding, Baby-Friendly Initiative¹⁰⁻¹⁵, healthy eating, physical activity, injury prevention, avoidance/reduction of substance use).
- Harm reduction strategies and approaches are used to minimize the health and social harms associated with addictions and substance use.
- Health care organizations and health care providers support province-wide, outcomes-based research that uses a diversity and inclusion lens and health equity lens to improve delivery of quality health service to childbearing families.¹⁶

Promoting and Supporting Healthy Infant Development

“When a caregiver consistently responds to an infant’s needs, a trusting relationship and lifelong attachment develops. This sets the stage for the growing child to enter healthy relationships with other people throughout life and to appropriately experience and express a full range of emotions”¹

The early years are pivotal in an infant/child’s ability to learn and create, to love, to trust and to develop a strong sense of themselves. Parent/infant bonding and attachment, beginning in pregnancy and developing rapidly from the moment of birth, has a critical impact on all aspects of infant development. Healthy infant development requires nurturing and is influenced by the family’s physical, social and emotional environments.²

Objectives:

- To ensure that infants are provided with appropriate and comprehensive care and support, enabling a safe transition from birth to continued responsive care by parents and family
- To provide parents and families with opportunities to meet their learning needs concerning healthy development and safety for their infants
- To provide parents and families with support and feedback in learning to be sensitive and responsive to infant cues, to promote secure attachment and social and emotional development of their infant
- To ensure that parents and families are engaged in discussions that support informed decision making, and include the benefits of exclusive breastfeeding and “the health outcomes for baby and mother related to a decision not to breastfeed”³

Guidelines:

- Health care providers will complete a comprehensive infant physical assessment, including red reflex to screen for abnormalities of the eye and Barlow/Ortolani test to screen for hip dysplasia; making appropriate and timely referrals and documenting results for the health care provider responsible for ongoing primary care:⁴
 - Within 24 hours of birth, in accordance with RCP Newborn admission/discharge records⁵
 - Within one week of birth, in accordance with the Rourke Baby Record; and at scheduled well-baby visits at intervals in accordance with the Rourke Baby Record.⁶⁻⁷ For infants born in hospital, especially those discharged before 24 hours of age, scheduling an assessment 24–72 hours after discharge will facilitate assessment of on-going healthy transition, including successful feeding.⁸
- As part of a comprehensive assessment, health care providers will complete recommended screening tests, ensuring parents' awareness and support and documenting any situations where parents opt out of screening. Screening will be completed without separating infants and parents whenever possible:⁹
 - At 24–36 hours of age, screen for critical congenital heart disease (pulse oximetry screen).¹⁰⁻¹¹
 - At 24–48 hours and no later than seven days of age, complete newborn screen (blood spot) for metabolic and genetic conditions included in the Maritime Newborn Screening Program panel.¹²
 - At 24–72 hours of age, and usually prior to discharge for those born in hospital, complete total serum bilirubin (TSB) screen.¹³⁻¹⁵
 - Before discharge, if possible (for those born in hospital), hearing screening is done by the Nova Scotia Hearing and Speech Centres (NSHSC). Note: If not done in hospital, NSHSC will organize hearing screening in the community, ideally within one month.
- As part of comprehensive care health care providers will complete recommended prophylaxis, ensuring parent(s)' awareness and support and documenting any situations where parents opt out of prophylaxis. Prophylaxis will be completed without separating infants and parents whenever possible:
 - Within six hours of birth, administer vitamin K.¹⁶
 - Within one hour of birth, administer antibiotic ophthalmic ointment, if appropriate.¹⁷⁻¹⁸

- Health care providers in all settings are vigilant for signs of poor feeding and other signs of illness (e.g., lethargy, temperature instability, jaundice, poor weight gain) and escalate concerns as appropriate.
- Health care organizations have a policy and protocols in place to ensure timely escalation of identified infant health issues.
- Health care providers will support parents to use strategies for analgesia during painful procedures such as heel lancing. Breastfeeding with skin-to-skin is the optimal strategy. For non-breastfed infants, skin-to-skin with non-nutritive sucking or sweet tasting solution is effective for term infants.¹⁹⁻²²
- Health care providers will monitor infant growth using the WHO growth charts adapted for Canada.²³
- Health care providers will support the growth and development needs of late preterm infants through particular attention to thermal environments, feeding abilities, weight monitoring using a growth chart appropriate for preterm infants and readiness for discharge.²⁴⁻²⁷
- Health care providers will follow evidence-informed practices regarding promoting skin-to-skin contact for infants and parents.²⁸⁻³³
- Health care providers will provide parents who have not made a final decision about infant feeding with information regarding infant feeding to support informed decision making.
- Health care providers will provide parents who choose to breastfeed with sensitive support for early, frequent and responsive feedings, assistance with position and latch, hand expression, exclusive breastfeeding unless supplements are medically indicated, and the use of effective techniques for comfort and milk transfer. Individualized feeding plans will build upon standardized breastfeeding/feeding assessments.³⁴⁻³⁹
- Health care providers will acknowledge and support the key role of partners or other family members as part of the breastfeeding team and offer early individualized information, encouragement and support.⁴⁰⁻⁴¹
- Health care providers will provide parents and caregivers who made an informed decision to use infant formula with support for responsive and safe feeding techniques, feeding plans, appropriate volumes for age, safe formula preparation and storage.⁴²
- Health care providers will collaborate with families to make specific plans for ongoing assessment of indicators of infant well-being, including how to access an appropriate primary care provider.⁴³⁻⁴⁵

- Health care organizations and health care providers will ensure that help with breastfeeding concerns will be available in the early postpartum period and, for those born in hospital, within 24 hours of discharge. Parents should be made aware of available community resources for breastfeeding support and how to access at least one contact for breastfeeding support that is available outside of office hours.⁴⁶⁻⁴⁷
- Health care organizations and health care providers will collaborate to develop and maintain a list of key contacts and resources within the network or zone, with particular attention to supports for breastfeeding. Regular review of the list is recommended, annually at minimum, to ensure the information is kept current.
- Health care organizations' and health care providers' practices will support parent/infant attachment and family relationship development including but not limited to
 - Providing information and coaching/modeling regarding
 - Identifying infant states and cues and developing sensitive responses
 - Practicing responsive infant feeding and effective infant soothing strategies
 - Understanding patterns of infant crying and coping strategies
 - Promoting attachment, growth and early language development⁴⁸⁻⁵³
 - Providing information on the relationship between early experiences in infancy and brain development⁵⁴⁻⁵⁷
- Health care organizations' and health care providers' practices will support parent learning regarding health promotion/illness prevention and infant safety by reviewing individual and family learning needs and providing information, and systematically documenting the learning activities.⁵⁸ Key discussion points include but are not limited to
 - Evidence-informed infant feeding decisions^{55, 59-63}
 - Safe use and risk of feeding bottles, teats and pacifiers⁴²
 - Safe infant sleep
 - Car seat safety
 - Strategies for safely coping with infant crying^{50, 64-74}
 - Responses to infant illness, injury prevention and immunization based on NS guidelines^{4, 75-77}

- Health care organizations have protocols and practices that support the documentation of comprehensive care, including recommended screening, and communication with the responsible primary care provider.⁴ For some families, communication may be with several providers who work collaboratively.

Key Online Forms for Infant/Family Assessment

Newborn Admission and Discharge—Primary Care Provider (RCP)

<http://rcp.nshealth.ca/chartforms/newborn-admission-discharge>

Newborn Growth Charts (RCP)

<http://rcp.nshealth.ca/chartforms/newborn-growth-charts>

Newborn Assessment—Nursing (RCP)

<http://rcp.nshealth.ca/sites/default/files/chartforms/chartform09.pdf>

Daily Breastfeeding Record (RCP)

http://rcp.nshealth.ca/sites/default/files/chartforms/chartform06_201702.pdf

Breastfeeding Assessment and Discharge (RCP)

<http://rcp.nshealth.ca/chartforms/breastfeeding-assessment-discharge>

NS Rourke Baby Record. Includes infant assessment, growth chart and immunization record.

<http://rcp.nshealth.ca/chartforms/nova-scotia-rourke-baby-record>

WHO Growth Charts for Canada

http://www.rourkebabyrecord.ca/growth_charts

Promoting and Supporting Parent Postpartum Physical and Emotional Well-Being

“Good beginnings make a positive difference in the world, so it is worth our while to provide the best possible care for mothers and babies throughout this extraordinarily influential part of life.”¹

Healthy physical, emotional and relationship adjustment to pregnancy and birth has a positive influence on parenting confidence, satisfaction and ultimately on healthy infant development. Healthy parent/infant attachment, psychosocial adjustment, and seamless transition to home/self-care and community are enhanced by physiological stability at discharge from hospital. Postpartum physical, emotional and spiritual well-being is impacted by the family’s physical, social and emotional environments.

Objectives:

- To provide appropriate and comprehensive assessment, care and support to promote healthy physical and emotional adaptation in the postpartum period
- To promote healthy adaptation to parenthood through provision of informational and instrumental support for parent-infant attachment, provision of infant care, and healthy adjustments in family and community relationships

Guidelines:

- Health care providers will complete an initial comprehensive postpartum assessment during the first 24 hours following birth and collaborate with the family to develop a plan for ongoing care and promoting postpartum well-being,²⁻⁶ including making referrals as appropriate, regarding
 - Physiological health
 - Pain management
 - Emotional health
 - Life circumstances
 - Learning needs

- Health care providers will complete a comprehensive psychosocial assessment using a trauma-informed approach, beginning in the prenatal period and continuing into the postpartum period, making appropriate and timely referrals. The assessment includes but is not limited to
 - Psychosocial, emotional and mental health factors
 - Family factors (e.g., social support, relationships, stressful life events, intergenerational trauma, healthy eating, food security, physical activity)
 - Alcohol, tobacco and substance use⁷⁻¹¹
 - Intimate partner/family violence¹²⁻¹³
 - Female genital mutilation/cutting
 - Preventative health practices (e.g., cervical screening, breast screening, immunizations)¹⁴
- Health care providers will follow the “Guideline for Perinatal Antibody Screening and Rho(D) immune globulin (WinRho®SDF) Administration.”¹⁵
- Health care providers in all settings are vigilant for signs of illness (e.g., significant blood loss, signs of infection, hypertension, significant emotional or mental health concerns) and escalate concerns as appropriate.
- Health care organizations will have a policy and protocols in place to identify health issues that require escalation.
- Health care providers will complete a comprehensive postpartum assessment at 6–8 weeks postpartum and collaborate with the family to establish transfers for ongoing care by other primary care providers as needed.^{3, 5, 16-17}
- At the 6–8 week postpartum assessment health care providers will assess for the resolution of any pregnancy-related complications, review chronic health conditions and the need for any medication adjustments, and order any follow-up laboratory testing, including but not limited to
 - Oral Glucose Tolerance Test for women who had gestational diabetes¹⁸
 - Cardiovascular risk assessment screening for women who had preeclampsia¹⁹

- Health care providers will assist the parents and family in coping with postpartum transitions by responding to health concerns and fostering confidence. Consistent information, collaboration and providing positive feedback promote growth for new families. Key discussion points include but are not limited to the following (prenatal introduction of the starred topics is often helpful)
 - Desire for review or debrief of birth events^{3, 20}
 - Confidence in, and goals for, infant feeding^{*21, 22}
 - Breast care
 - Care after cesarean birth²³⁻²⁷
 - Perineal and pelvic floor care²⁸
 - Recognition and seeking care for physical illness, e.g., infection, excessive bleeding, deep vein thrombosis²⁵⁻²⁷
 - Recognition of and seeking care for postpartum anxiety and/or depression^{*16-17}
 - Post-birth sexual health and contraception²⁹⁻³⁶
 - Preparing for adjustments in relationships with partners, older children and other family members^{*37}
 - The impact of practices such as female genital mutilation/cutting.^{*}
 - Over-the-counter medications and use of medications while breastfeeding³⁸⁻⁴⁰
 - Nutrition⁴¹⁻⁴²
 - Physical activity⁴³⁻⁴⁴
 - Healthy weight⁴⁵⁻⁴⁷
 - Importance of managing fatigue^{*48-49}
- All new families will be offered postpartum screening, in particular to identify family mental health concerns. For example, assessing for the risk of, or presence of, postpartum depression using a standardized screening tool such as the Edinburgh Postnatal Depression Scale.¹⁶⁻¹⁷ Recommended screening times are at 2 to 6–8 weeks after birth, repeated at four months after birth; with referrals made as appropriate.⁵⁰⁻⁵²

- Universal postpartum screening is conducted using the Healthy Beginnings screening tool to identify families with risk factors known to negatively impact healthy child development. Families with risk factors that are identified are offered a home assessment with subsequent follow-up based on family needs and goals.
- Health care providers will inform parents of the recommended adult immunizations, based on the Nova Scotia immunization schedule for adults.⁵³⁻⁵⁴
- Health care organizations will have protocols and practices that support the documentation of comprehensive care, including recommended screening, and communication with the responsible primary care provider.²

Supporting Healthy Transitions and Follow-Up

“The first few postpartum weeks are one of the most neglected areas of family-centred care. Preparation for parenthood is rare, either in schools or during pregnancy, even though this is the one career that most people will undertake during their lives. ... Few first-time parents truly conceive of the enormous physical and emotional demands made by a new baby on the family.”¹

Pregnancy, birth and the discharge of the parent and infant from hospital to home may be viewed as periods of potential vulnerability when health care providers can have a profound impact on parental and infant well-being. Anticipatory guidance during antepartum and postpartum care, follow-up and successful transition to the community are key to promoting healthy new beginnings for the family. The ability of parents and infants to adapt positively will depend on multiple factors including the social determinants of health and care needs of the families and their infants, access to personal and community-based supports and the quality and availability of health services.

Objectives:

- To support the healthy integration of a new infant/infants into the family
- To support a seamless continuum of care from community to hospital and back to community
- To facilitate linkages to community services and supports for families, and especially families experiencing challenges
- To improve communication and coordination among health care providers and families

Guidelines:

- An individualized, family-centered and local approach to postpartum and newborn care precludes the establishment of strict guidelines for the timing and nature of follow-up contacts with health care providers. However, the work of international, national and local stakeholders promotes the following priorities and timelines for assessing and supporting postpartum and newborn transitions while considering the postpartum parent and newborn as a unit:²⁻⁵

- Development of a postpartum and postnatal plan that identifies how and when to contact and access services and supports for follow-up or concerns post-discharge, including how to access designated primary care providers. The plan will be based on collaboration and problem solving with the family.⁶
- Sharing the postpartum and postnatal plan with identified health care providers within 24–48 hours after discharge/transition to new health care providers.
- Postpartum and newborn care contacts are recommended to assess parental and newborn well-being: within a week **after birth**, in the baby’s second week of life if warranted, one month, and 6–8 weeks following birth (see Rourke Baby Record for a comprehensive list of well-baby visits).^{2,7} For infants born in hospital, especially those discharged before 24 hours of age, scheduling the first infant assessment 24–72 hours after discharge will facilitate assessment of on-going healthy transition, including successful feeding.⁸
- Health care organizations will make postpartum/postnatal support services available and accessible seven days a week to families through a coordinated network of appropriate services and health care providers, including the capacity to assess the parent and/or infant face-to-face as required and the ability to provide interpretation services as needed.⁹⁻¹⁰
- Health care providers will ensure that information is provided to families on how to access emergency services, community supports, peer support and resources (e.g., 911, 811, 211; for breastfeeding help, La Leche League phone numbers for various locations can be found at <https://www.lllc.ca/get-help>).
- Health care organizations and health care providers will ensure that effective communication processes are in place for key transitions/milestones to ensure continuity of care and support for the postpartum parent and infant. This is of particular importance for families with complex needs.
 - Communication must include a discharge assessment and summary that contains birth and discharge weight and infant feeding plan.¹¹⁻¹²
 - Additional communication may include areas of strength and concern related to
 - Infant feeding
 - Healthy infant development
 - Parent postpartum physical and mental well-being
 - Challenging life circumstances

- A copy of this information is provided to the parent(s), utilizing interpretation services as needed.
- Health care organizations and health care providers will collaborate with families to ensure that follow-up plans promote continuity in management of care, and consistent supportive information, utilizing interpretation services as required.^{4, 13-14}

Links to Learning Resources to Share with Families with Infants

Infant Feeding

Support for New Parents (NSHA)
<http://www.nshealth.ca/i-have-baby>

Infant and Parent Care

Loving Care E-Books (NSHA)
<http://www.nshealth.ca/i-have-baby>

Family Teaching Videos (links to YouTube videos created by IWK staff)
<http://www.iwk.nshealth.ca/women-and-newborns-health>

Maternal and Child Services in the Nova Scotia Health Authority (links to a variety of services)
<http://www.nshealth.ca/maternal-child-health>

Rourke Baby Record: Resources for Parents
<http://www.rourkebabyrecord.ca/parents>

Child Safety Link
<http://childsafetylink.ca/>

Safe Sleep for Your Baby (PHAC)
<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/safe-sleep-your-baby-brochure.html>

Postpartum sexual concerns — a series of short evidence-based films about sexual and relationship satisfaction of new parents. Page also has postpartum sexuality links for parents.
<http://postbabyhankypanky.com/>

Nova Scotia 211
<http://ns.211.ca/>

Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families: From Preconception to Preschool (Best Start Resource Centre)
https://www.beststart.org/resources/howto/pdf/LGBTQ_Resource_fnl_online.pdf

Immunization

Routine Immunization Schedules for Children, Youth & Adults

<https://novascotia.ca/dhw/CDPC/documents/Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf>

Resources for families in other languages

Public Health Agency of Canada – Maternal Child Health

<http://rcp.nshealth.ca/sites/default/files/resources-reports/Arabic%20Maternal%20and%20Child%20Health%20%20Publications%20List%20April%202017.pdf>

Canadian Paediatric Society – Care for Kids New to Canada

<https://www.kidsnewtocanada.ca/care/parent-info>

Appendix A: References

Introduction

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Guiding Principles

Principle 2: Competent Work Force

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Principle 3: Family-Centred

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