Conférence sur la santé maternelle et infantile
dans la Communauté / Strengthening maternal-child health
in our community: A Research Think Tank

LIST of POSTERS and ABSTRACTS

November 30th 2015

Canadian Multijurisdictional Evaluation of Prenatal Health Promotion Content from Public Health Websites

Authors: Rebecca Chedid 1,3, Rowan 2,3, Karen Phillips 3
1 MSc ISHS candidate,
2 BHSc candidate,
3 Interdisciplinary School of Health Sciences, Faculty of Health Sciences, University of Ottawa

Introduction:
Determinants of a healthy pregnancy include balanced diets, folic acid supplementation and minimization of smoking, alcohol or sexually transmitted infections. As risk mitigation is within the mandate of public health, these agencies also have responsibilities of providing healthy pregnancy information. Their established online presence additionally allows them opportunity to reach many Canadians. Prenatal health promotion is beneficial for immediate maternal and child health outcomes and potentially children’s long-term health.

Objective:
The objective of this study is to evaluate prenatal health content, recommendations and guidelines promoted by Canadian municipal, provincial/territorial and federal government public health websites.

Methods:
Multijurisdictional public health websites representing different regions in Canada were selected: 4 municipal, 6 provincial/territorial and 3 federal. Pregnancy-related content was assessed based on four thematic categories: accessibility, inclusivity, comprehensiveness and harmonization with recognized reproductive health authorities.

Results:
Federal websites provided the most comprehensive prenatal health promotion, with content including gestational weight gain recommendations, environmental health risks and targeted information for minority groups. Most websites assessed provided access to prenatal information on nutrition, breastfeeding, smoking and alcohol. Some provincial/territorial websites contained Aboriginal prenatal health content, with BC providing the most accessible,
inclusive and comprehensive information. Municipal websites were less comprehensive but most promoted regional prenatal classes.

**Conclusion:**
Online prenatal health content differs between regions. Public health agencies represent channels for prenatal health promotion, providing opportunity to address the needs of local populations. Recognising the diversity of Canadian women, we recommend all prenatal health promotion be accessible, inclusive, comprehensive and harmonized with recognized reproductive health authorities.

----------------------

**Exploring health and social service barriers experienced by children with intellectual disabilities: A Foucauldian discourse analysis.**

Authors: Anna Don, Patrick O’Byrne.
Faculty of Health Sciences, University of Ottawa

**Introduction:** Children with intellectual disabilities (ID) are burdened by a higher prevalence of dental disease, obesity, challenging behaviours, and mental health disorders compared to children without ID. Children with ID concurrently face health and social service navigational barriers that are associated with unresolved health needs and hospital admissions, and parent burnout and employment interruptions. The current understanding of ID within social policy and by parents of children with ID is a knowledge gap. This gap will direct this study because societal constructs of a group inform policy development related to service distribution.

**Objective:** This study will explore how ID is constructed and the subsequent effects on service navigation trajectories and navigation experiences by parents of children with ID. The study findings will provide nuanced understanding of antecedents to service navigational barriers.

**Methods:** Through a qualitative, Foucauldian discourse analysis, publications will be collected from the Ontario Ministries of Education, Health and Long Term Care, Children and Youth Services, and Community and Social Services. Parents of children with ID, aged 6-14, residing in Stormont, Dundas, and Glengarry will be interviewed. This population was selected for its highest child poverty and vulnerable developmental school entry scores in Eastern Ontario. The datasets will be analysed through Power’s analytical framework. Data collection and analysis will occur in iterative process until theoretical saturation occurs. This presentation will demonstrate discourse analysis application and explore the use of results in social practices.

----------------------

**Breastfeeding Support for Young Mothers From an Maternity Shelter: A Qualitative Study**

Authors: Rosann Edwards, Wendy Peterson, Joy Noel-Weiss, Kathryn Fortier School of Nursing, Faculty of Health Sciences, University of Ottawa
**Introduction:** A qualitative study conducted to explore the breastfeeding experiences of young at-risk breastfeeding mothers who either were or had resided in a local maternity shelter.

**Objectives:** To inform nursing practice, increase awareness of issues unique to this population, and develop clinical interventions when providing breastfeeding supports and services for this population.

**Methods:** This qualitative study was conducted using interpretive description methodology. Data were collected using individual semi-structured interviews of nine mothers aged 17 to 24, who had initiated any breastfeeding, and were residing or had resided at a maternity shelter. The study was analyzed using inductive content analysis and interpretive description methodology.

**Results:** The institutional and social environments young mothers experienced were critical to their breastfeeding experience. Nurses had a critical role in the establishment of early breastfeeding by providing a combination of practical hands-on and emotional support. Ongoing, accessible, and non-judgemental peer, family, and community resources were important to breastfeeding duration. These young mothers took ownership of their choice to breastfeed and found empowerment in this choice and practice.

**Conclusion:** To succeed and meet their breastfeeding goals, young at-risk mothers need an ongoing combination of emotional and practical supports from multiple trusted sources, including professional and peer. Nurses need to focus dually on the practical aspects of breastfeeding while establishing strong therapeutic relationships with this population to successfully provide breastfeeding support. A combination of accessible and trusted long term professional and peer supports is a key element to designing future breastfeeding support and promotion programs for this population.

---------------------

**Be Sweet to Babies – Using YouTube as a means to disseminate effective pain management strategies for infants**

**Authors:** Denise Harrison, 1,2,3 & The Be Sweet to Babies Team1,2,3

1 School of Nursing, University of Ottawa;

2 Children’s Hospital of Eastern Ontario (CHEO);

3 CHEO Research Institute.

**Introduction:** In partnership with parents of babies, the Be Sweet to Babies team produced a YouTube video in multiple languages, showing parents how to reduce needle pain in newborns, with the aim of disseminating effective pain treatment knowledge for babies to a far and wide audience globally. The parent-targeted video shows breastfeeding, skin-skin care and sucrose during bloodwork. A link to a REDCap (Research Electronic Data Capture) online survey was embedded in the video. The survey included 10 closed-ended questions about previous use of the pain reduction strategies and intention to use the strategies after viewing the video.

**Objective:** To evaluate the reach and impact of the videos 12 months following posting onto YouTube.
Methods: Using YouTube analytics, we studied the number of views; country where videos were viewed; length of viewing time, and number of likes, dislikes and comments. Using REDCap, we analyzed the number of online surveys completed and the survey results.

Results: The English video had the most views, almost 11,000 views around the world, however the average view time was only 43% of the video, and the survey was completed by less than 2% of viewers.

Conclusion: YouTube is an effective way to widely disseminate knowledge however it is ineffective as a means of collecting survey data. We do not yet know the effectiveness of YouTube videos in improving practices.

Nursing Management of Postpartum Care in Rural Kenyan Communities

Authors: Janet Kemei, & Josephine Etowa

School of Nursing, Faculty of Health Sciences, University of Ottawa

Background: Progress in reducing maternal mortality in Kenya is slow estimated to be 400 maternal deaths per 100,000 live births. Maternal mortality as a consequence of acute postpartum morbidity is high in Kenya. Postpartum care is the least emphasized component of the childbearing cycle with attendance in Kenya at 51%. Nurses are the main healthcare providers in rural Kenya, thus have the largest role to play in postpartum care and the reduction of maternal, neonatal and child (MNC) mortality.

Purpose: This poster will present the research proposal of a study that seeks to explore and understand facilitators and barriers that impact nurses’ and midwives’ abilities to provide effective postpartum care in Kenya. This understanding will provide nurses, midwives and policy makers with valuable information that may contribute to existing evidenced based postpartum nursing care and subsequent reduction in MNC mortality.

Discussion: The paper will highlight the current knowledge of postpartum care by nurses and midwives in low-resource countries and establish the significance of the study. It will present the selected research approach of Focused Ethnography using nonparticipant observation, in-depth individual interviews, and focus groups as well as the proposed methods of ensuring rigor in the research process.

Conclusion: The paper will conclude with key messages from the literature review including the vital need for more context-specific studies; showing the importance of the role of nursing management in preventing maternal mortality and the need to use available evidence to inform the implementation of policies guiding the management of low- resourced countries.

Midwives’ and nurses’ experiences of collaboration: A qualitative systematic review

Authors: Danielle Macdonald 1, Erna Snelgrove-Clarke 2,3, Marsha Campbell-Yeo 1,2,4,5, Megan Aston 1, Melissa Helwig 6

1 School of Nursing, Faculty of Health Professions, Dalhousie University
Introduction
Collaboration has been associated with improved health outcomes in maternity care. However, no comprehensive systematic review has been conducted about the experiences of collaboration between midwives and nurses who provide birthing care.

Objective
The purpose of this systematic review was to identify, appraise, and synthesize qualitative evidence about the experiences of midwives and nurses collaborating to provide birthing care.

Methods
The methods of the Joanna Briggs Institute were used. Qualitative evidence published between 1981-2014 was searched. Inclusion criteria, search strategy, screening, critical appraisal, data extraction and analysis were outlined in a protocol. Databases searched were; Anthrosource, CENTRAL (The Cochrane Library), CINAHL, EMBASE, PsycINFO, PubMed, Social Services Abstracts, Sociological Abstracts and grey literature sources.

Results
A total of 993 records were identified. After duplicates were removed, 875 titles and abstracts, and 104 full text records were screened. Six studies were critically appraised and 5 studies were included in the review. Thirty-eight findings were identified and aggregated into 5 categories resulting in two synthesized findings; 1) Negative experiences of collaboration between nurses and midwives may be influenced by feelings of distrust, lack of clear roles, or unprofessional or inconsiderate behaviour and 2) If midwives and nurses have positive experiences collaborating, then there is hope that the challenges of collaboration can be overcome.

Conclusion
Midwives and nurses had a variety of collaborative experiences. Given the limited number of studies included in the review, more qualitative research is required to gain a deeper understanding of this phenomenon across a variety of practice contexts.

The Impact of Dietary Methyl Donor Intake during Pregnancy on Offspring Birth Weight

Authors: Meghan McGee1, Bénédicte Fontaine-Bisson2, Lise Dubois3
1 Interdisciplinary School of Health Sciences, Faculty of Health Sciences,
2 School of Nutrition, Faculty of Health Sciences,
3 School of Epidemiology, Public Health and Preventive Medicine, Faculty of Medicine

Introduction: The maternal diet is the main source of nutrients supplied to the foetus and principal source of methyl groups (CH3), which are essential for DNA methylation. Maternal consumption of dietary methyl donors (DMDs) such as methionine, folate and choline, as well as co-factors including zinc, vitamins B3, B6, and B12 can lead to permanent alterations in the DNA and gene expression of the developing foetus, potentially affecting birth weight.
Objectives:
To identify the patterns of dietary methyl donor intake and to determine the association between these patterns and offspring birth weight.

Methods:
Secondary analysis of data was performed for a subsample of participants (n=1241) in the 3D study. DMD intake was measured from food using three-day food records and from supplements using a medication log. Birth weight was retrieved from medical records. Covariate-adjusted general linear models were used to determine the association between DMDs and birth weight.

Results:
DMDs were significantly correlated with each other. Almost all women took a supplement during pregnancy. Preliminary results yielded positive, significant associations between dietary folate equivalent and zinc with birth weight.

Conclusion:
Further research is needed to elucidate the epigenetic mechanism governing these associations.

Predictors of emergency caesarean births among low-risk migrant women from low- and middle-income countries giving birth in Montreal

Authors: Lisa Merry¹,²*, Sonia Semenic²,³, Theresa W. Gyorkos⁴,⁵, William Fraser⁶,⁷, Anita J. Gagnon²,⁸

1. School of Nursing, University of Ottawa, Ottawa, ON
2. Ingram School of Nursing, McGill University, Montreal, QC
3. Women’s Health Mission, McGill University Health Centre (MUHC), Montreal, QC
4. Department of Epidemiology, Biostatistics & Occupational Health, McGill University, Montreal, QC
5. Division of Clinical Epidemiology, University Health Centre (MUHC), Montreal, QC
6. Centre hospitalier universitaire de Sherbrooke (CHUS) Research Centre, Sherbrooke, QC
7. Department of Obstetrics and Gynecology, University of Sherbrooke, Sherbrooke, QC
8. The Research Institute of the McGill University Health Centre (RI-MUHC), Montreal, QC

Introduction: High caesarean rates in Canada are of concern due to associated risks. Recommendations to reduce caesarean rates include targeting emergency caesareans (ECs) among low-risk women (i.e., vertex, singleton, term pregnancies). Pregnant migrant women (i.e., women born abroad) from low- and middle-income countries (LMICs) may face conditions that exacerbate childbearing and delivery health risks.

Objective: To identify medical, migration, social and health service predictors of ECs among low-risk migrant women from LMICs.

Methods: The design was case-control. The sampling frame included migrant women from LMICs living in Canada < 8 years, who delivered at one of three Montreal hospitals between March 2014 and January 2015. Data were collected from medical records and by interview-administration of the Migrant-Friendly Maternity Care Questionnaire. We performed a multi-
variable logistic regression for low-risk women who delivered vaginally (1615 controls) and by EC for discretionary indications (e.g., failure to progress, fetal distress; 233 cases).

**Results:** Predictors of EC included: meconium staining (OR=2.48, 95% CI 1.71-3.60), high BMI and/or excessive pregnancy weight gain (OR=1.49, 95% CI 1.03-2.15), living in Canada < 2 years (OR=2.02, 95% CI 1.03-3.99) and admission for delivery during early labour (OR=6.69, 95% CI 3.60-12.44). Among women living in Canada < 2 years, predictors were: meconium staining (OR=2.64, 95% CI 1.53-4.56), having a humanitarian migration classification (OR=4.24, 95% CI 1.16-15.46) and admission for delivery during early labour (OR=7.68, 95% CI 3.12-18.88).

**Conclusion:** Strategies to prevent ECs among low-risk migrant women from LMICs need to be comprehensive and address medical and non-medical factors.

**Effet de la consommation de boissons sucrées sur le statut pondéral d'enfants en situation minoritaire vivant à Ottawa: Résultats préliminaires**

**Authors:** Jean-Baptiste H. Noberthe¹, Blanchet Rosanne², Nana P. Constance², Isabelle Giroux²*

¹Baccalauréat spécialisé en sciences de la nutrition, Université d’Ottawa, Ottawa, Ontario.
²Faculté des sciences de la santé, Université d’Ottawa, Ottawa, Ontario.

**Introduction:** L'obésité est un problème de santé public majeur positivement associé à la consommation de boissons sucrées (BS).

**Objectif :** Cette étude vise à évaluer la consommation de BS, le statut pondéral d’enfants en situation minoritaire à Ottawa et leur association.

**Méthodes:** Cent cinquante enfants de six à douze ans ayant une mère originaire du Canada, d’Afrique subsaharienne ou des Caraïbes et parlant français ou anglais ont été recrutés à Ottawa. La consommation de BS (boissons gazeuses régulières, jus et boissons à saveur de fruits, thé sucré et chocolat chaud à base d’eau) a été estimée avec un rappel de 24 heures. Une portion correspond à 125ml. Le score-z de l’IMC a été calculé, et des analyses bivariées ont été effectuées avec SPSS pour comparer les groupes. Une corrélation de Spearman a permis d'évaluer la relation entre la consommation de BS et le statut pondéral des enfants.

**Résultats:** Plus d’enfants de descendance caribéenne (86,5%) et africaine (81,9%) semblent avoir consommé des BS comparativement aux enfants canadiens (68,4% ; p>0,05). Parmi les consommateurs de BS, les enfants ayant une mère immigrante semblent en avoir bu davantage que les enfants de descendence canadienne (7, versus 4,6 portions, respectivement ; p>0,05). La consommation de BS n’était pas associée au statut pondéral (p>0,05).

**Conclusions:** Ces enfants ayant une mère immigrante semblent avoir consommé plus de BS le jour précédant l’entrevue. Ceci appuie la nécessité de développer des interventions adaptées aux communautés en situation minoritaire afin d’aider à prévenir les maladies chroniques.
Analyse des besoins en santé maternelle et néonatale dans les pays en développement : cas du Niger

Authors: Idé Seydou¹, Sanni Yaya ²

¹ doctorant en santé des populations, Faculté des sciences de la santé, UOttawa
² Prof. à l’Ecole de développement international, Faculté des sciences sociales, UOttawa

Introduction
L’objectif de ce travail est de décrire les problèmes qui subsistent et entrent la santé maternelle et néonatale au Niger, et de passer en revue les approches pouvant améliorer la situation en se basant sur des exemples d’autres pays en développement qui ont, avec succès, réduit les taux de mortalité maternelle néonatale et infantile.

Méthodologie
Pour atteindre l’objectif de ce travail, nous avons effectué des recherches dans Medline, Google Scholar et d’autres bases de données disponibles en vue de recueillir la littérature scientifique pertinente sur la mortalité maternelle et infantile dans les pays en développement. La consultation d’ouvrages de référence et de la littérature grise sur la santé maternelle et infantile au Niger, a complété les recherches.

Résultats préliminaires
Au Niger, comme d’autres pays en développement, les principaux facteurs en cause des problèmes de santé maternelle et infantile peuvent être regroupés en quatre grandes catégories :

- Difficultés associées à l’accès aux services de santé et aux soins ;
- Difficultés liées à l’insuffisance et à la répartition inégale du personnel qualifié ;
- Difficultés liées à la prise en charge des urgences obstétricales et au système de référence ;
- Difficultés liées à l’utilisation des services de santé et à la promotion de de meilleures pratiques de santé au sein des communautés.

Ces résultats permettent de comprendre la situation et d’améliorer la santé maternelle et infantile, à travers des recommandations d’un certain nombre de stratégies efficaces et réalisables au Niger.