REGIONAL MUNICIPALITY OF OTTAWA-CARLETON REPORT
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON RAPPORT

Our File/N/Réf. RC
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DATE 3 April 1997

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **RESPONSE TO CSC INQUIRY NO. 31 POSTPARTUM SERVICES**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee receive this report for information.

BACKGROUND

At its meeting of March 21, 1997, the Committee Chair, M. Meilleur, requested an update on postpartum services offered by the Ottawa-Carleton Health Department.

PROGRAM SUMMARY

Newborns are the most vulnerable members of our community. Public Health Departments have traditionally offered services to assist parents in caring for their infants. Changes in Ministry of Health Mandatory Health Programs and Services Guidelines (April 1989) have meant that Health Departments have had to modify their approach to providing services to new parents. This program summary will describe services which are currently available to parents of newborns in our Region.

Each year there are 12,500 births in regional hospitals. Of these, 10,000 births are to families who live in the Ottawa-Carleton Region. In 1996, because of the decreased length of postpartum hospital stay, the Health Department worked collaboratively with its hospital partners to set up a new system to more effectively identify families of newborns after discharge.

With the new approach, information on every postpartum mother is faxed to the Health Department when she is discharged from hospital. This is done in accordance with MFIPPA guidelines, since in hospital all mothers are asked to sign a consent form to share personal information with RMOC Health Department staff. More than 95% of the mothers agree to sign the consent to release information to the Health Department.

Once the information is received from the hospitals a Public Health Nurse (PHN) from the Infant Health program contacts all mothers of newborns by telephone, 24 to 48 hours after they are discharged from hospital. This timely telephone call allows PHNs to intervene in the following areas: mother's and baby's health and nutritional status; smoking environment; availability of support; and plans for medical follow-up. Information is provided about care of the newborn; normal postpartum physical and mental adjustments; environmental tobacco smoke, injury prevention; and other Health Department programs such as the Parent Baby Information Line, Well Baby and Breastfeeding Support Drop-Ins. Families also receive information on CHEO's health information line and other community resources.

Based on the Public Health Nurses' assessment during this telephone call the women may:

- receive a follow-up telephone call for further assessment;
- an information package in the mail;
- and/or a follow up by home visits if special needs are identified.

About 20% of new mothers are referred for a home visit, 33% receive a follow-up telephone call, the rest receive a mail-out package of information on infant care and resources available in their neighbourhood. Women who receive a home visit have been identified as experiencing difficulty in caring for themselves or their infant. The home visit provides an opportunity for the Public Health Nurse to offer intensive, individual support and education in the mother's own home.

All women are made aware of the Parent Baby Information Line. This is an information, counselling referral service on topics related to maternal and child health which is available from Monday to Friday during the day. A recent analysis of the number of calls received in February 1997, in comparison to February 1996 indicate a 50% increase, from 433 calls to 638.

Well Baby Drop-Ins are offered to parents of young infants on a regular basis throughout Ottawa-Carleton. The emphasis at the drop-ins is on one to one counselling with a PHN. Parents have the opportunity to speak to a PHN on an individual basis and to have their baby weighed.

Breastfeeding Support Drop-Ins are available on a daily basis throughout Ottawa-Carleton. At these drop-ins, families receive assistance and support in breastfeeding. The Health Department provides four Breastfeeding Drop-Ins weekly, and community partners such as the Grace Hospital, the Riverside Hospital and volunteers provide four drop-ins weekly.

Women who are having significant breastfeeding or medical problems such as wound management or postpartum depression are referred to the Home Care program. Families are also referred through the Home Care program because they have been identified as experiencing significant difficulty in caring for their infant. A public health nurse, paid for by Home Care, will visit the new mother to address her issues in relation to infant care as well as the identified problem. The number of women referred to the Health Department through Home Care has increased by more than 40% this year. Although the Home Care referrals are a small proportion of families visited by public health nurses, they represent a significant work load as some families receive daily visits.

Within the current mandate of Public Health in Ontario, it is not possible to have PHNs visit high risk families for an extended period of time (Mandatory Health Programs and Services Guidelines, 1989). Previous studies have indicated however, that long term visiting by a PHN can have a positive effect on the health and well-being of high risk families (refs). Therefore, in 1997, the CAS has chosen to hire a PHN to provide long term visits to high risk families to augment the care currently offered by CAS staff. Funding is available to hire one full-time equivalency PHN for a year to develop and provide an early intervention for high-risk families on the CAS caseload. This is a pilot project that is being evaluated.

CONCLUSION

With the reduction in the length of postpartum hospital stay, there has been a notable increase in the demand on all postpartum services provided by the RMOC Health Department. With its limited resources, the Department has designed a follow-up program for postpartum families in our community which is timely, effective and responsive to the needs of new families. Long term follow-up of high risk families does not occur routinely, but may occur in certain situations. Despite our efforts, the demand for all services (telephone lines, Well Baby and Breastfeeding Drop-Ins and home visits) since January has exceeded the current budgeted resources available. We are responding by temporarily increasing staffing in this area by two FTEs. This will be reassessed at the end of six months.

Approved by
R. A Cushman