

Overview

- How we came to be
- Available resources
- Still to come



How We Got Here

 You know what we should do?' →A3

'Your Pregnancy Month by

Month'

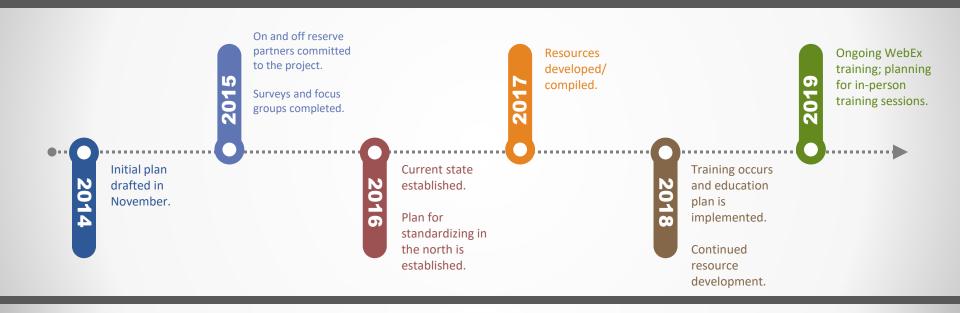
Task Groups





TIMELINE

5 year project



Collaborative Process



Task Groups

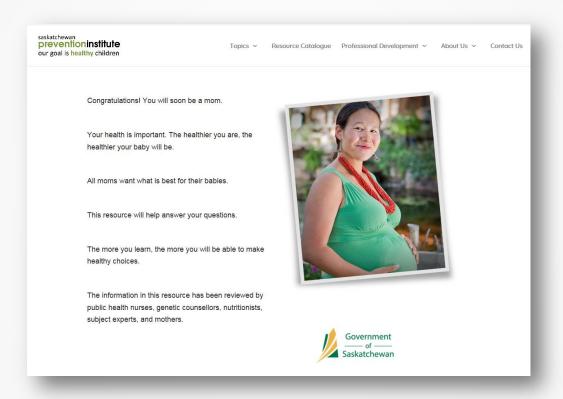
1. Prenatal package

2. Presentations for professionals

3. Prenatal group activities

4. Facilitation

Saskatchewan Prevention Institute



Your Pregnancy Month by Month

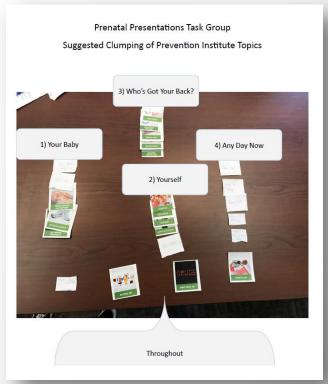
 https://skprevention.ca/yourpregnancy-month-by-month/

Task Group

Presentations for professionals

Presentations for professionals





Mental Health, Drugs, Alcohol, Tobacco

Presentations for professionals

- 1. My Baby Inside Me
- 2. My Pregnant Body
- 3. Who Has My Back?
 - Medical Care and Support
- 4. My Labour and Delivery
- 5. Life With My Baby







Nutrition: Baby's Growth

What mom eats is passed to baby



Take a prenatal vitamin every day that contains folic acid, iron, calcium and vitamin D

Nutrition: Baby's Growth

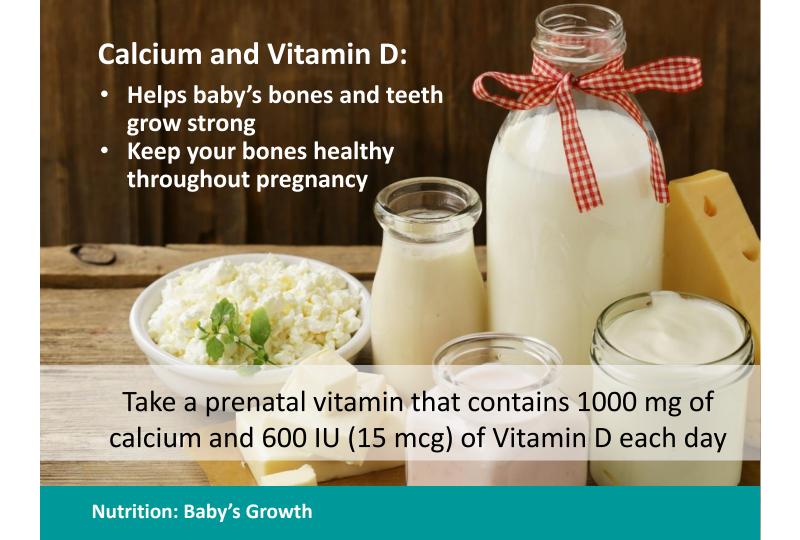
Folate:

- Helps baby's spine, brain, and skull develop properly.
- Most important in the first month of pregnancy.

- Best way to get folate is to:
 - eat a balanced and varied diet rich in vegetables, fruits, and whole grains

Take a prenatal vitamin that contains folic acid each day.





Help baby's brain develop

Omega 3 Fatty Acids:

Best way to get omega-3s is to:

- > Eat 2 servings of cooked fish each week
 - > Some SK fish should be eaten less often during pregnancy



Nutrition: Baby's Growth

Vitamin A

- Prenatal nutrition
 - Avoid too much vitamin A





Nutrition: Food Safety



Foods to Avoid:

- Small animals killed by lead shots
- Fish high in contaminants like mercury:
 - > Fresh and frozen tuna, canned white tuna (Albacore)



Side Note re. Traditional Foods Study:





Funding for this study is provided by Health Canada.

The information and opinions expressed in this presentation are those of the authors/researchers and do not necessarily reflect the official views of the Department of Indigenous Services Canada



SK Tested Locations:

2015 Partner First Nations





Traditional Foods are Commonly Eaten:

SK - Traditional Food Harvesting and Gardening

- 62% of households participated in traditional food harvest and gathering practices
- 94% of adults reported eating traditional food
- ❖ 78% of adults said that they would like more traditional food in their diet

Top Traditional Foods Eaten:

Traditional food Categories	% reporting use	Most commonly eaten
FISH	51%	Walleye, northern pike, lake whitefish, trout
GAME	83%	Moose, deer, elk, rabbit
WILD BIRDS	46%	Ducks
BERRIES	78%	Blueberries, saskatoons, raspberries, cherries, strawberries
WILD GREENS/ROOTS	43%	Rat root, mint, Labrador tea

Commonly Eaten Foods:

Traditional Food	% reporting use (n=1042)	Average Days eaten per year
Moose	71%	20
Blueberry	54%	8
Deer	50%	8

^{*}Calculated based on the percentage of participants eating the TF and the number of days the TF is eaten



Food Safety of Traditional Foods:

Chemical contaminant exposure from traditional food-Metals

Traditional foods sampled had **low** levels that should not pose a health risk based on current consumption patterns

- □ *Higher* levels of
 - cadmium were found in liver and kidney samples. These are similar to background levels across Canada
 - mercury were found in pike and walleye



Food Safety of Traditional Foods:

Chemical contaminant exposure from traditional food-Lead

Higher levels of lead were found in grouse, goose, duck, muskrat, moose and rabbit likely due to lead containing ammunition

As lead exposure is harmful, particularly among children, non-lead ammunition is suggested





Medications

Talk to a healthcare provider before taking any medications, supplements or herbal products while pregnant:

- Doctor
- Pharmacist
- MedSask 1-800-665-DRUG (3784)
- HealthLine: 811
- Motherisk at 1-877-439-2744





Drugs and Alcohol

Avoid all street drugs, alcohol and commercial tobacco while pregnant







Medications

Which body size did you most look like when you got pregnant?		Recommended total weight gain during your pregnancy	Weight gain for 1st Trimester	Weight gain per week for 2nd and 3rd Trimester
	*BMI before pregnancy was less than 18.5	28 to 40 lb (12.5 to 18 kg)	Weight gain is usually slow during the first three months of your pregnancy (a total of about 2-5 pounds).	1 lb/week (0.5 kg/week)
	*BMI before pregnancy was 18.5 - 24.9	25 to 35 lb (11.5 to 16 kg)		1 lb/week (0.5 kg/week)
	*BMI before pregnancy was 25.0 - 29.9	15 to 25 lb (7 to 11.5 kg)		0.6 lb/week (0.3 kg/week)
	*BMI before pregnancy was 30 or above	11 to 20 lb (5 to 9 kg)		0.5 lb/week (0.2 kg/week)

See https://skprevention.ca/resource-catalogue/pregnancy/healthy-weight-gain-during-pregnancy/ for a full booklet on this topic

Healthy Weight Gain

You are here: Home / Resource Catalogue / Pregnancy / Healthy Weight Gain During Pregnancy



Healthy Weight Gain During Pregnancy

Topics

Resource Catalogue

Booklet, 2017

Healthy weight gain is important during pregnancy for the health of the woman and her growing baby. The **Healthy Weight Gain During Pregnancy** booklet includes information on the benefits of gaining the recommended amount of weight during pregnancy, how to determine the amount of weight a woman should gain during pregnancy, and steps she can take to help her gain a healthy amount of weight. This booklet was developed using current research, and in consultation with Saskatchewan dieticians, nurses, and other healthcare providers, as well as First Nations women. The goal was to produce a resource that is evidence-based and reflects the needs and experiences of First Nations women in Saskatchewan.



Growth of My Baby – 3rd Trimester

Month #7

You may be able to feel your baby hiccup

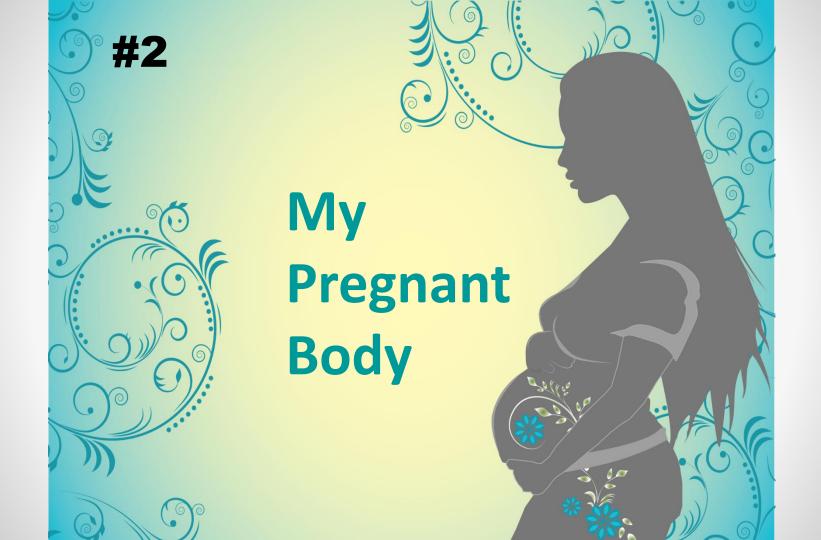
Month #8

Baby recognized your voice

Month #9

Your baby's head is moving towards your pelvis in preparation for birth





My Pregnant Body

- Not all women will experience all symptoms
 - Help inform but not scare
 - May be unique situations
 - E.g., drug use, family violence

Body Changes



Body Changes in Pregnancy: Things to Pay Special Attention To

1st Trimester

- No period
- Sensitive breasts
- Morning sickness
- Tired
- Swelling
- Mood changes
- Vaginal discharge
- Feel faint



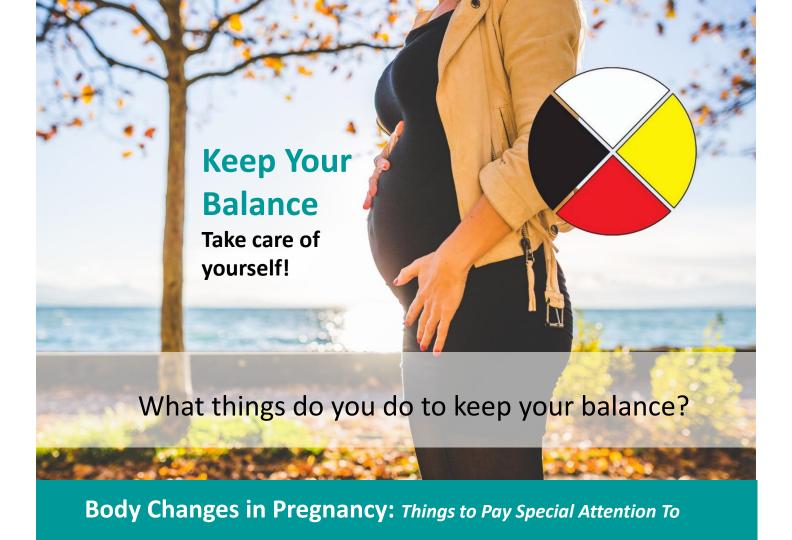


Avoid alcohol, drugs and commercial tobacco, brush and floss daily, get lots of rest, and eat nutritious foods.

2nd Trimester

- Baby moves
- Constipation
- Back pain & pelvic pressure
- Skin discoloration





3rd Trimester

- Tired
- · Leg muscle cramps
- · Hard to sleep
- · Need to pee again!
- Pressure on organs
- Lie on your side to allow blood return
- Heartburn



Include dads and partners



Support People







Brush and floss every day even if you have sore gums



- You may not want to have sex. You may want to have sex more often than before. Talk to your partner.
- Sex may hurt. Talk to your healthcare provider about this.
- Orgasms can bring on contractions.
 - This is normal and does not hurt the baby

It is usually safe to have sex during pregnancy.



Self-Care

Part of having a healthy pregnancy means taking care of you







Seeing Your Healthcare Provider



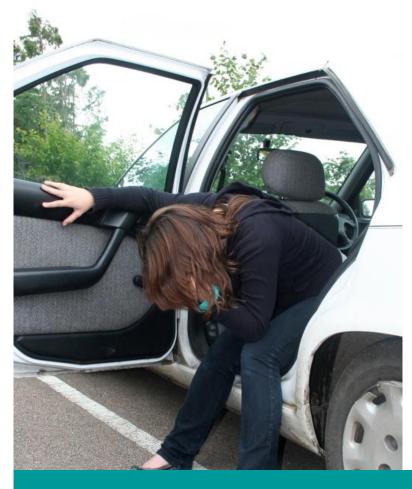
At your first visit, you may be asked about:

- Your health
- Your lifestyle

- Your due date
- Your support

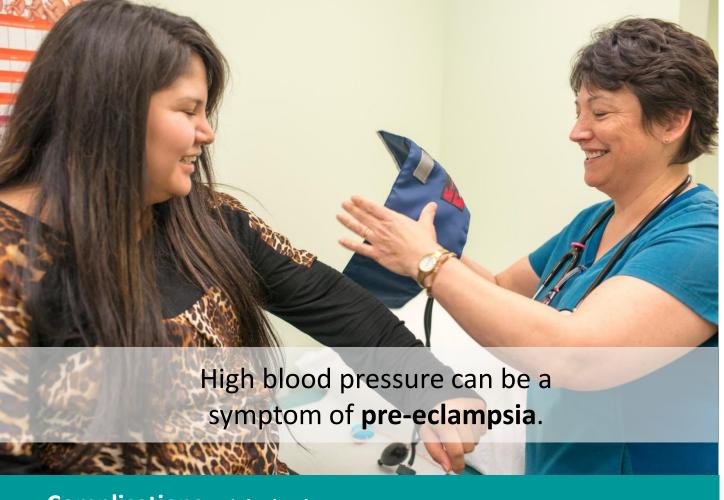
people

Seeing Your Healthcare Provider



- See your healthcare provider if you have severe vomiting or heavy bleeding.
- It is normal to feel sick and vomit during pregnancy.
- If you haven't been able to eat or drink in the last 12 hours, contact your health care providers.
- There is medication that can help control severe vomiting during pregnancy.

Complications – are not the norm



Complications: High Blood Pressure







It is natural to be scared about the changes in your life. Talk to other pregnant women or new moms and other people you trust.

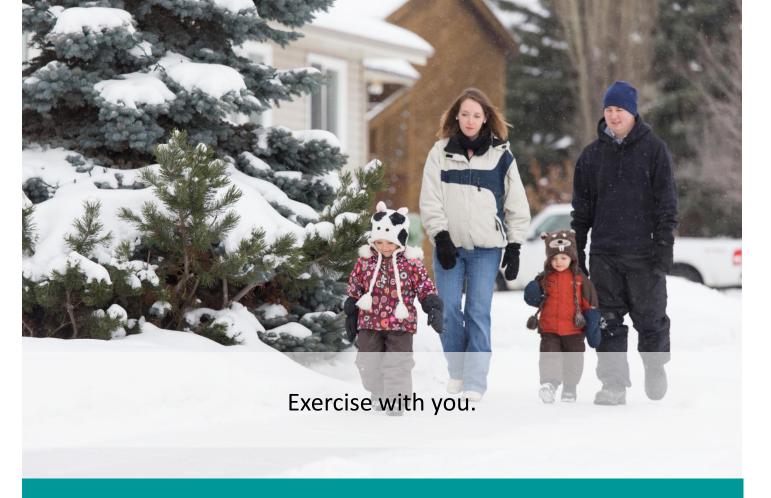
Mental Health and Support – help them figure out their supports



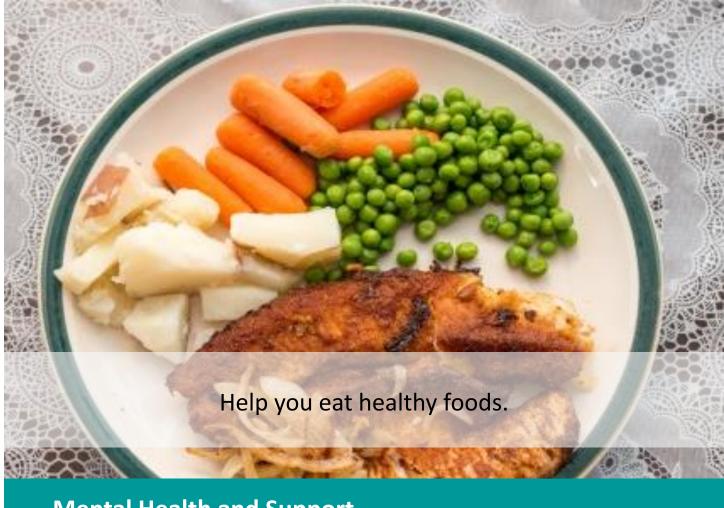
Your healthcare provider can help you, or you may be referred to someone who can meet with you and support you.













Attend doctor or other medical appointments with you.

Maternal mental health concerns can be serious. They affect the health of the mother, baby, and others around them. Maternal mental health concerns will not go away by themselves. Get help as soon as possible.

- For more information about mental health services in Saskatchewan, please contact Government of Saskatchewan, Community Care Branch, (306) 787-7239 or info@health.gov.sk.ca
- HealthLine: 811
- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310
- MotherRisk Helpline: 1-877-439-2744
- Smoker's Helpline: 1-877-513-5333
- Breathe Easy App
- TOBACCO FOI SENT CUSTS

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Local Contact:



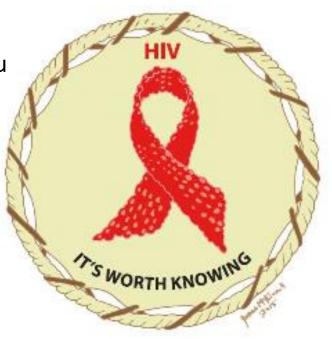




HIV in Pregnancy

 If you are HIV positive, you can have a healthy baby

- Take care of yourself
- Eat healthy foods
- Take your medication





The Simple Story Of Birth

Is there anything different about this story compared to other childbirth stories you've heard?

What parts of the story do you like?

Is there any part of the story you don't like?

Is There a part of the story that stands out for you?

Do you think it's a believable Story?

Questions or thoughts





Terms, Body Parts and Functions





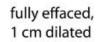
Inform without scaring

What's Happening In Your Body During Labour?

Cervical Effacement and Dilation









fully effaced, fully dilated to 10cm





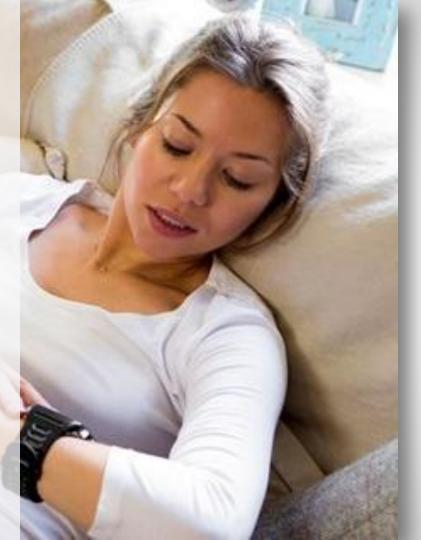
Can I Have Contractions And Not Be In Labour?

Braxton Hicks Contractions	True Labour Contractions
Do not get stronger	Get stronger
Do not become regular	Become regular and get closer together
Go away with walking	Get stronger with walking
Feel strongest in front	May start in the back and move to the front
No bloody show	Bloody show is usually present

When Should I Go To The Hospital?

Go to the hospital if:

- Your contractions happen every 4 minutes for an hour or more
 - If you are a long way from where you plan to deliver, see your healthcare provider to check on your progress
- You start bleeding
- You are uncomfortable and do not think you can cope at home
- Your water breaks. It may feel like a trickle or gush. If you aren't sure, it's best to go to the hospital to get checked.

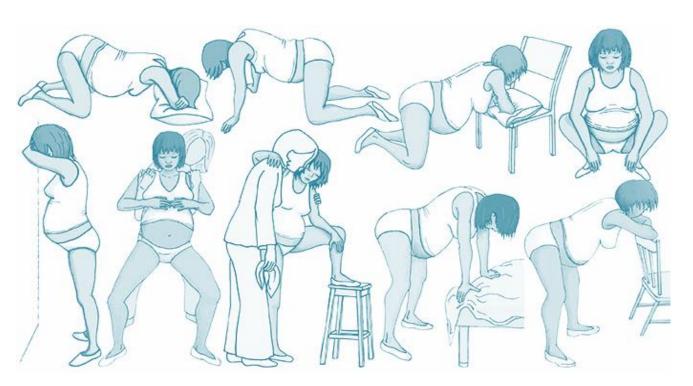


My Birth Plan	
Due date:	7 11 00 00
Where do I plan to delivery my baby?	
Talk to your healthcare provider early on about the options available to you. They can discuss the pros and cons of planning of having your baby in a health centre close to you or a larger hospital.	
If I plan to go to the city to deliver my baby, when should I go?	
Date to go = Due date - 2 weeks	
Where will I stay?	
How will I get there?	
Who will I call when I go into labour?	1 st person:
	Phone number:
	2 nd person:
Take the time early on in your pregnancy to	Phone number:
figure out who are going to be your support people through your pregnancy and at your delivery. Make sure they know what you want from them (a ride? some food? a hug?).	3 rd person:
	Phone number:
How will I pay for the trip?	97
How will I get back home?	
I have a diaper bag for my baby ready to go.	(3.10 il
I have an overnight bag for me ready to go.	
I have an approved car seat ready to bring my	(0)

baby home in.



Position



Coping Stratgies







https://www.youtube.com/watch?v=z 3WA9iHz5ww



Focus

Examples:

- Breath
- Mental Imagery
- Focal Point
- Vocalization
- Progressive Relaxation
- Music
- Counting

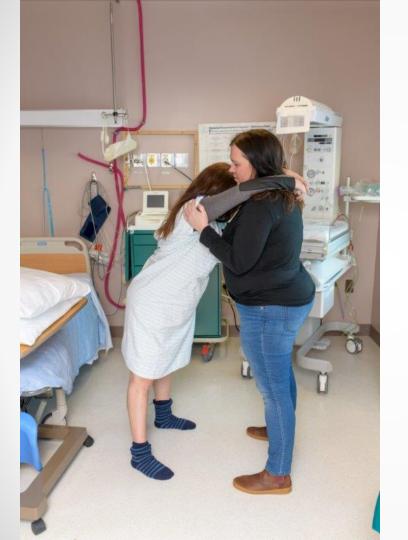
Support People





Use Spot Techniques

- Pressure massage
- Ice Packs/Heat Packs
- Empty Bladder
- Massage
- Cool Cloths
- Water
- Scent
- Shower
- Tub
- Try minty gum or brushing teeth



Your Support Person(s)

Your support persons
can help keep you
physically, mentally,
emotionally and
spiritually well
throughout your labour

My Birth Preferences

A birth plan is a document that lets your caregivers know your preferences for your labour and delivery. It simply states what you would like to have happen and what you would like to avoid. It isn't so much a "plan" but a tool to communicate your wishes to your caregivers. Check the following questions that are important to you. You can use it to write your Birth Preferences. Make sure it is simple and easy to read. Remember to pack a few copies to bring along to the hospital.

Before Birth

- Would you like to give birth with or without an epidural? If you are planning to give birth without an epidural, you can ask the medical staff not offer you one unless you ask.
- Are you okay with medical students being present during your labour and delivery?
- □ Would you like to wear your own dothes during labour?
- Do you prefer a dimly lit room with the blinds drawn?
- If possible, would you like to avoid Pitocin? (Pitocin is given through an IV. It is used to make contractions more powerful)
- □ Would you like your water to break on its own?
- Would you like to use a birth ball, birth bar or birth chair during labour?
- Would you like to be able to move around as much as possible during your labour?
- Would you like medical staff to help you find effective positions for labour and delivery?
- Would you like the medical staff to offer suggestions to your partner so he/she can better help you during labour and delivery?
- □ Would you like to eat during labour if you're hungry?
- Would you like to avoid tearing or an episiotomy? You can tell your care provider you do
 not want an episiotomy. You can also ask your care provider to utilize warm compresses
 or counter pressure during crowning.
- Is English your first language? If not, would you like to request a translator be present during your birth?





Hold Your Baby Skin-toSkin

Hold your baby as soon as you are able



Feeding Baby

Try breastfeeding within the first hour after baby is born



For more information

Visit Your Pregnancy
Month by Month at
https://skprevention.ca/
your-pregnancy-monthby-month/

saskatchewan
preventioninstitute
our goal is healthy children

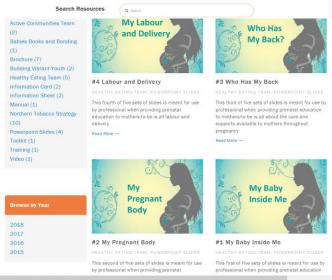


Where to Access

NHCP website





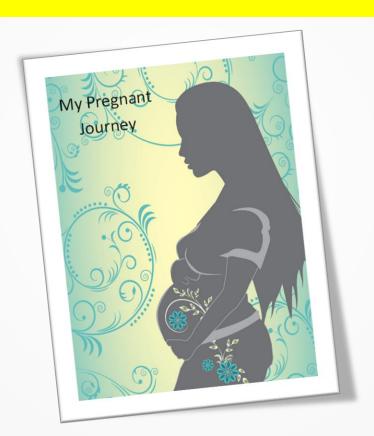


Task Group

Prenatal package

Prenatal package

Binder



Task Group

Prenatal group activities

Prenatal group activities



Grab Bags

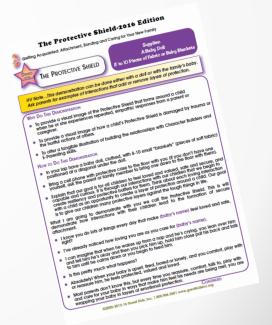


Prenatal group activities

Birth Plan



Protective Shield



Task Group

Facilitation

Facilitation

2 days of training for rollout:

- ½ day content-specific
- 1+ day Motivational Interviewing
- ½ day will focus on group presentations

Rollout #1: Pilot



14 Participants, 8 Organizations

Rollout #1: Pilot





Motivational Interviewing

Rollout #1: Pilot



Rollout #2: Pelican Narrows



13 Participants, 4 Organizations

Rollout #2: Pelican Narrows





Rollout #2: Pelican Narrows



Motivational Interviewing

Rollout #3: Buffalo Narrows



18 participants, 9 communities

Rollout #4: La Ronge



15 participants, 3 communities

Rollout #5: Stony Rapids



7 participants, 3 communities

Rollout #6: Prince Albert



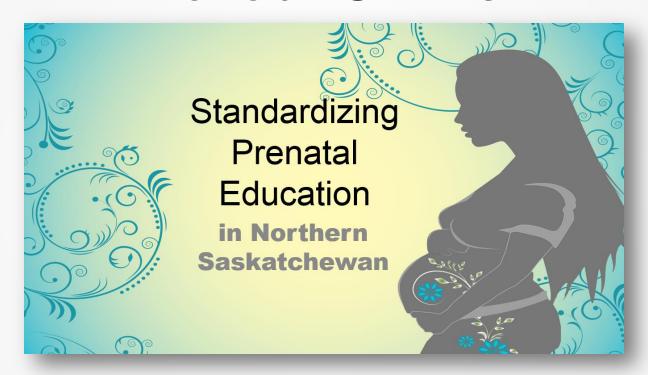
17 participants, 9 communities

Rollout #7: Meadow Lake



17 participants, 10 communities

Rollout Online



2019 Training – 4 Left





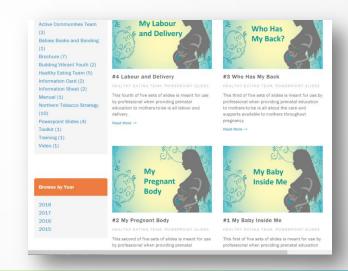
What Now?

- Use the 4 presentations
 - Classes
 - Printed for home visits
 - Etc
- Create grab bags
- Watch for workbook
- Watch for 5th (postpartum) presentation

Access

- Access the 4 presentations at www.nhcp.ca/resources





Next Steps

- Use the 4 presentations as you see fit
- Create grab bags
- Finish 5th (postnatal) PPt
- Finish workbook
- Update 'My Birth Plan'
- · Plan rollout of workbook
- Advertise 'My Saskatchewan Pregnancy' app in the north



