



PRA-BC Orientation:

I've had the baby: Now What?
A guide to early postpartum & newborn care

Dr. Preveena Dharmaraj
With thanks to Dr. Karen Buhler and Dr.
Moirra de Valence

April 2025

Disclosure of Commercial Support

I have no commercial interests to disclose.

Situating ourselves, territorial acknowledgement

Living and working with gratitude on the traditional unceded homelands of the x^wməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), and Səl'ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations



Agenda



1. Approach to early postpartum and newborn care
2. Supporting breastfeeding / chestfeeding
3. Review workflow efficiencies, structural supports, billing tips
4. Summary and Wrap Up

Photos by Morag Hastings: www.appleblossomfamilies.com
And others generously donated by personal friends

Is ours not a strange culture that focuses so much attention on childbirth--virtually all of it based on anxiety and fear--and so little on the crucial time after birth, when patterns are established that will affect the individual and the family for decades?

Suzanne Arms



Case Studies:

1. Farah

Newborn weight and jaundice

2. Angel

Breastfeeding support



Case 1: Farah

Farah is a patient in your family practice who saw an obstetrician for her pregnancy. Farah had a spontaneous onset of labour at 41 weeks' gestation. It was a long labour with an epidural for pain management. She delivered a vigorous male infant, "Liam", by emergency caesarean section for an abnormal fetal heart rate. Farah had no obstetrical complications, and will be seen by the obstetrician at 6 weeks postpartum. She will follow up in your family practice in the meantime.

- ▶ Apgars of 8 at one minute and 9 at 5 minutes
- ▶ Birth weight was 3550g, and discharge weight at day 3 of life was 3390g
- ▶ He was assessed by the pediatrician at birth with no major concerns
- ▶ He passed urine and meconium within the first 24 hours

After discharge from the hospital, when should you see Farah and Liam for the first visit in your office? How often afterwards should you reassess?

Postpartum and Newborn Care

- ▶ **Health Assessments should routinely occur:**
 - ▶ Within 2-4 days of leaving the hospital
 - ▶ One week later (at 1 week)
 - ▶ One month after birth (at 4 weeks)
 - ▶ Two months after birth (at 8 weeks)
- ▶ More as needed to assess wt. gain or breast feeding concerns or jaundice



Case 1: Farah

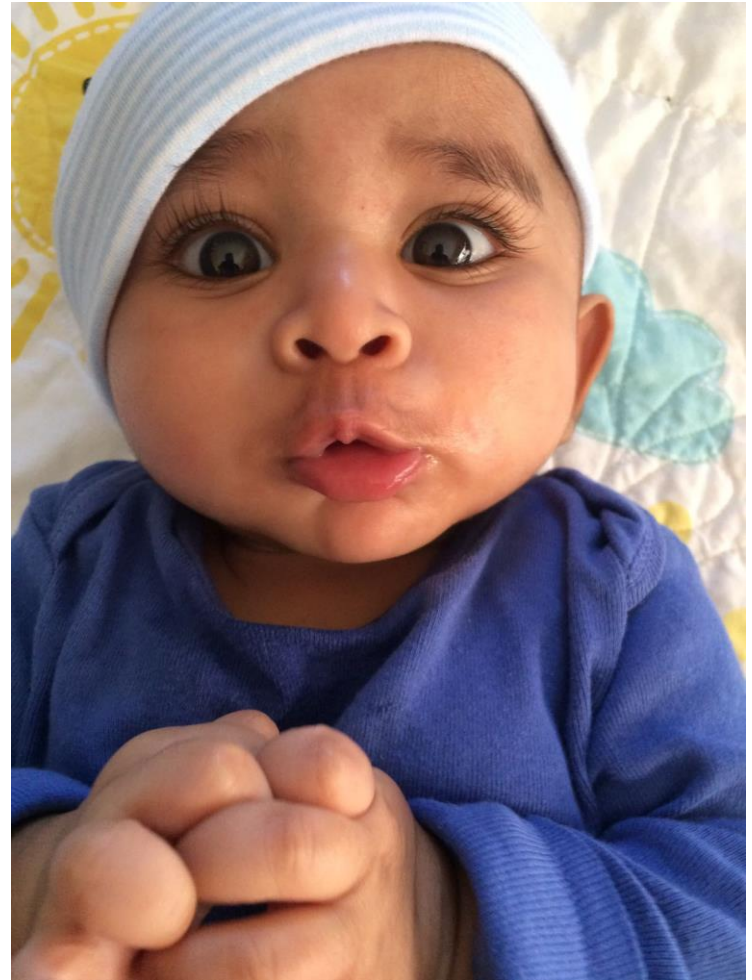
The public health nurse saw Farah and Liam the first day after discharge, at day 4 of life/postpartum. They reported that Farah's milk was just starting to come in. They helped Farah to reposition for a deep latch with breastfeeding. Weight on day 4 was 3335g.

You see Farah and Liam in your office 2 days later, on day of life/postpartum 6

You have booked 2 consecutive appointments to allow sufficient time for this visit (one for baby and one for mom). What 9 major topics must be addressed at this visit?

The first postpartum visit - 9 B's

1. Baby
2. Breasts
3. Belly
4. Bottom
5. Bowels
6. Bladder
7. Bleeding
8. Baby blues & postpartum depression
9. Birth control



Baby

Doctor's Question	Farah's response	Learning point
How is the latch? How long are the feeds? Is Liam content after feeding?	Farah says much better after help from the public health nurse. Public health nurse told her it looks like a deep latch, and after the adjustment it does not hurt during the feed.	Poor or shallow latch is one of the main causes of inadequate milk production and transfer, and can cause nipple trauma for the breast or chestfeeding parent! Stay tuned for the breastfeeding module to learn more about assessing feeding! Farah notes that Liam is quite sleepy and hard to feed.
How many wet diapers (urine) does Liam have in a day?	5-6	Expect to see the same number of wet diapers per day as the number of days of life until day 5, when the number plateaus at 5-6. Any less than this should prompt assessment for dehydration, feeding, and jaundice.
How many dirty diapers (stool) does Liam have in a day?	1	Exclusively breastfed babies can have variable stooling patterns, with some stooling frequently and others less so. The most important fact is to establish that there was no delayed passage of meconium
What colour is the stool?	Yellow, mustard seed	Transition from meconium to a yellow mustard seed appearance indicates that the baby is beginning to take in milk/formula. Generally this happens day 3-4. Delayed clearance of meconium can indicate delayed or failed lactogenesis, ineffective milk transfer, or rarely, medical complications such as intestinal obstruction associated with cystic fibrosis. This is also a good opportunity to review the stool colour card which is given to all parents in hospital and can be accessed online if they lose it: http://www.perinatalservicesbc.ca/our-services/screening-programs/biliary-atresia-home-screening-program

Template – 1st visit, well baby

Delivery: SVD at term, no complications, no resus

No complications in pregnancy

Bili:

Newborn Screening: pending

Parental concerns:

Birth Weight:

Discharge Weight:

Feeds: BF/formula xxml q2-3h

Good latch, no concerns

Output: normal - 4-5 BMs mustardy, 3-4 wet diapers

1st visit, well baby - exam

Physical examination:

- ▶ Growth (weight**, length, HC)
- ▶ Jaundice assessment**
- ▶ Complete Physical Exam including:
 - ▶ Red reflex
 - ▶ Anterior fontanelle
 - ▶ Palate
 - ▶ Clavicles
 - ▶ Resp exam and heart sounds
 - ▶ Abdo exam and umbilicus
 - ▶ Femoral pulses
 - ▶ Hips
 - ▶ GU, anus patent, sacrum

Case 1: Farah and Liam

Liam's birth weight was 3550g

His discharge weight on Day 3 was 3390g and his weight on Day 4 was 3335g.

You calculate his weight loss on day 4:

- ▶ Birth Weight 3550 g - Day 4 weight 3335 g = 215 g weight loss
- ▶ 215 g weight loss / Birth weight 3550 g = 6.0% weight loss from birth weight

Newborn weight

Key points:

- Weight loss is normal in the newborn period
- Expect up to 10% loss – this alone is not an indication for formula top ups
- Babies should be gaining by day 4-5 and regain to birth weight by DOL10
- 97.5% regain their birth weight by 21 days.
- Expect gain of 25-35g/day, minimum 20g/day

NORMAL NEWBORN STOMACH VOLUMES			
Day 1	1-1.4 tsp	5-7 mL	Size of a cherry
Day 2	0.75-1 oz	22-27 mL	Size of a walnut
1 Week	1.5 -2 oz	45-60 mL	Size of an apricot
1 Month	2.5-5 oz	80-150 mL	Size of an egg

Newborn weight

Weight loss >7%

- ▶ Watch closely, may indicate breastfeeding problems
- ▶ Assess breastfeeding and milk transfer
- ▶ Correct problems, consider referral to lactation consultant
- ▶ Consider supplementation with expressed milk or formula AFTER full assessment of feeding, if corrective measures are unsuccessful
- ▶ Review feeding and hunger cues with the family

Excessive weight loss: >10%

- ▶ Monitor closely (twice weekly minimum)
- ▶ Consider supplementing early with expressed breast milk, donor milk, or formula Always latch on the breast first, prior to offering the EBM or formula by bottle
- ▶ Consider referral to breastfeeding clinic, lactation consultant, maternity care provider, or pediatrician

Case 1: Farah and Liam

You recall that Farah noted Liam was quite sleepy and hard to feed. You are not sure on physical exam whether he appears jaundiced or not.

Q: Which infants should be screened for jaundice?

A: The Canadian Pediatric Society recommends that ALL infants be screened for jaundice with a serum bilirubin test at 24 hours of life, with follow up as needed.

Jaundice

- ▶ IN 1ST week all newborns have increased bilirubin levels and ~60% have visible jaundice
- ▶ Peak bilirubin concentration occurs at day 3-5 (i.e. after discharge from hospital)
- ▶ Presence of jaundice or severity of jaundice is NOT accurately determined visually

What you need to do:

- ▶ Decide if you need to order a repeat bilirubin test
- ▶ If any visible jaundice and bilirubin not done yet – order a bilirubin
- ▶ Follow up on recommendation regarding when/if to do next one
- ▶ If in doubt, order another bilirubin level
- ▶ Ask parents about infant's stool colour (If abnormal, contact Biliary Atresia Home Screening Program)

Case 1: Farah and Liam

- ▶ You review Liam's hospital discharge and note that the newborn screen and bilirubin was done at 28 hours of age and was 122.
- ▶ The most common tool used in BC is "bilitool" and this will offer a "common language" when speaking with other practitioners
- ▶ Remembering to change the units to SI units

The screenshot shows the BiliTool website in a web browser. The browser's address bar shows "bilitool.org". The website has a dark header with the "BiliTool™" logo and a tagline "Perfect Phototherapy companions Skylife™ Phototherapy & BiliTool™" next to an image of a baby in a phototherapy unit. Below the header is a navigation bar with links: Home, About, BiliTool EMR, Contact Us, Disclaimer, and Skylife by Neolight.

The main content area is divided into two columns. The left column contains the input form, and the right column contains a "Use" section.

option one

Date and time of birth to closest hour:
2020 | October | 15 | 12 am - midnight

Date and time of blood sampling to closest hour:
2020 | October | 16 | 12 am - midnight

Total Bilirubin*: mg/dl (US) Submit

option two

Age (hours): (12-146 hours)

Total Bilirubin*: ☒ mg/dl (US) ☐ $\mu\text{mol/L}$ (SI) Submit

*Note: The default unit of measure for total bilirubin is mg/dl. Please select $\mu\text{mol/L}$ if your bilirubin values are captured in the global standard SI metric units. Bilirubin conversion from US to SI units is 17.1.

Results are based on the [Hour-Specific Nomogram for Risk Stratification](#) published in "[Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation](#)" (2004) by the AAP journal.

Use

BiliTool is designed to help clinicians assess the risks toward the development of hyperbilirubinemia or "jaundice" in newborns over 35 weeks gestational age.

Required values include the age of the child in hours (between 12-146 hours) and the total bilirubin in either US (mg/dl) or SI ($\mu\text{mol/L}$) units.

[Two entry options](#) are available.



Hour-Specific Nomogram for Risk Stratification

Infant age	28 hours
Total bilirubin	122 µmol/L
Risk zone	High Intermediate Risk

Risk zone is one of several [risk factors](#) for developing severe hyperbilirubinemia.

Recommended Follow-up

Hyperbili Risk Level	Interval
Lower Risk (≥ 38 weeks and well)	Follow-up within 48 hours and consider TcB/TSB at follow-up
Medium Risk (≥ 38 weeks + hyperbili risk factors OR 35 to 37 6/7 weeks and well)	Evaluate for phototherapy and check TcB/TSB within 24 hours
Higher Risk (35 to 37 6/7 weeks and hyperbili risk factors)	Evaluate for phototherapy and check TcB/TSB in 4-24 hours

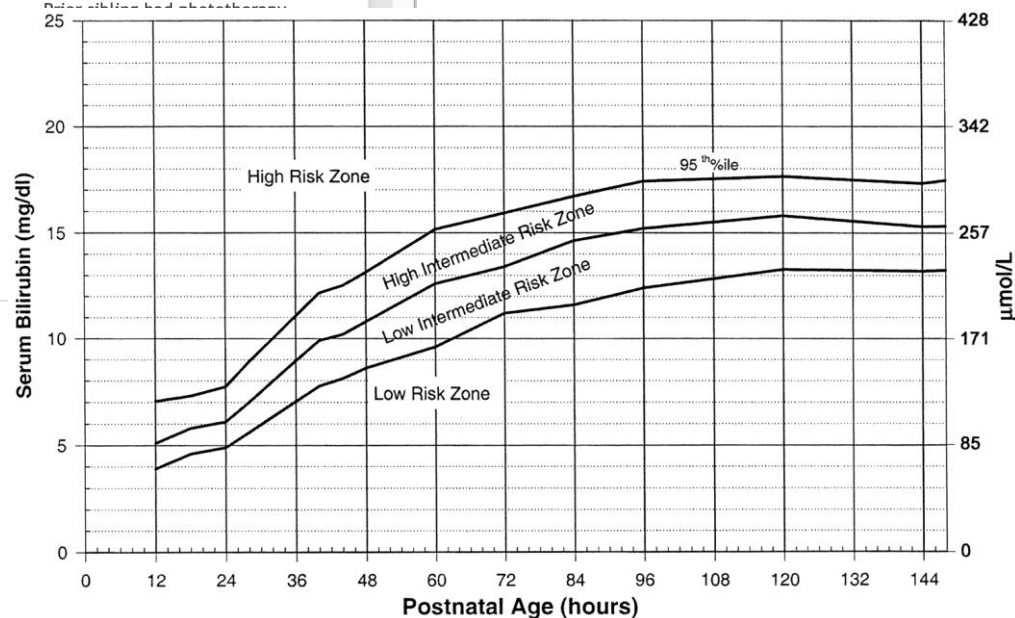
AAP Phototherapy Guidelines (2004)

Links

[Hour-specific nomogram](#)
[Phototherapy nomogram](#)
[Exchange nomogram](#)

Hyperbilirubinemia Risk Factors

- TSB/TcB in high-risk zone
- Jaundice in first 24 hours
- ABO incompatibility with positive direct Coombs, known hemolytic disease, or elevated ETCO
- Gestational age 35-36 weeks
- Neonates had phototherapy



► Pt I - Risk stratification

and well)

Higher Risk

(35 to 37 6/7 weeks and hyperbili risk factors)

Evaluate for phototherapy and check TcB/TSB in 4-24 hours

AAP Phototherapy Guidelines (2004)

Neurotoxicity Risk Level	Start phototherapy?	Approximate threshold at 28 hours of age
Lower Risk (≥ 38 weeks and well)	No	210.33 μmol/L
Medium Risk (≥ 38 weeks + neurotoxicity risk factors OR 35 to 37 6/7 weeks and well)	No	179.55 μmol/L
Higher Risk (35 to 37 6/7 weeks and neurotoxicity risk factors)	No	145.35 μmol/L

It is an option to provide conventional phototherapy in the hospital or at home at TSB levels 2-3 mg/dL (35-50 μmol/L) below those shown. Home phototherapy should not be used in infants with risk factors.

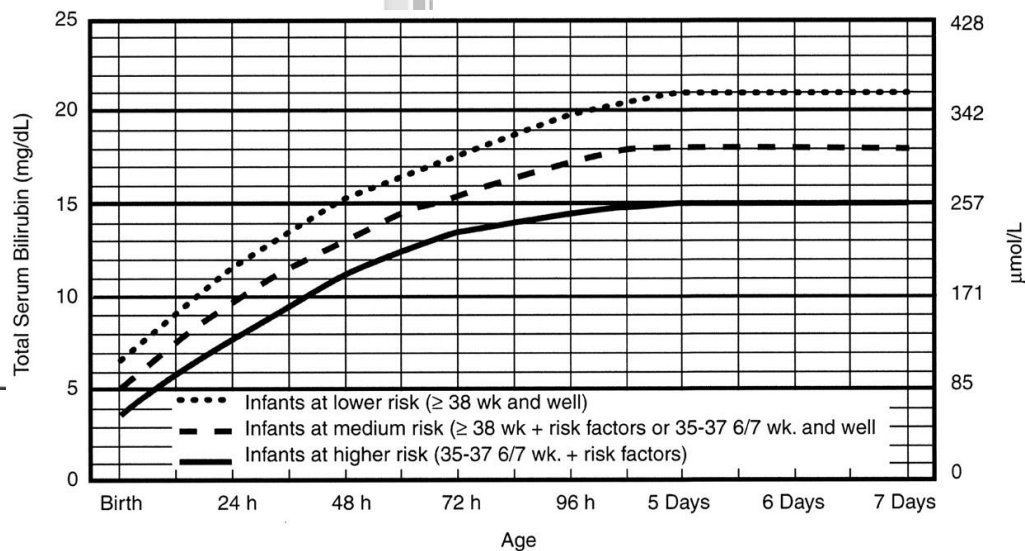
If phototherapy threshold is exceeded, please also review [AAP Guidelines for Exchange Transfusion](#).

poor feeding or weight loss
- East Asian Race

Neurotoxicity Risk Factors

- Isoimmune Hemolytic Disease
- G6PD deficiency
- Asphyxia
- Significant lethargy
- Temperature instability
- Sepsis
- Acidosis
- Albumin < 3.0 g/dL

► Pt 2 – Phototherapy treatment threshold



- Use total bilirubin. Do not subtract direct reacting or conjugated bilirubin.
- Risk factors = isoimmune hemolytic disease, G6PD deficiency, asphyxia, significant lethargy, temperature instability, sepsis, acidosis, or albumin < 3.0g/dL (if measured)
- For well infants 35-37 6/7 wk can adjust TSB levels for intervention around the medium risk line. It is an option to intervene at lower TSB levels for infants closer to 35 wks and at higher TSB levels for those closer to 37 6/7 wk.
- It is an option to provide conventional phototherapy in hospital or at home at TSB levels 2-3 mg/dL (35-50mmol/L) below those shown but home phototherapy should not be used in any infant with risk factors.

Hour-Specific Nomogram for Risk Stratification

Infant age	28 hours
Total bilirubin	122 $\mu\text{mol/L}$
Risk zone	High Intermediate Risk

Risk zone is one of several ~~risk factors~~ for developing severe hyperbilirubinemia.

Recommended Follow-up

Hyperbili Risk Level	Interval
Lower Risk (≥ 38 weeks and well)	Follow-up within 48 hours and consider TcB/TSB at follow-up
Medium Risk (≥ 38 weeks + hyperbili risk factors OR 35 to 37 6/7 weeks and well)	Evaluate for phototherapy and check TcB/TSB within 24 hours
Higher Risk (35 to 37 6/7 weeks and hyperbili risk factors)	Evaluate for phototherapy and check TcB/TSB in 4-24 hours

AAP Phototherapy Guidelines (2004)

Neurotoxicity Risk Level	Start phototherapy?	Approximate threshold at 28 hours of age
Lower Risk (≥ 38 weeks and well)	No	210.33 $\mu\text{mol/L}$
Medium Risk (≥ 38 weeks + neurotoxicity risk factors OR 35 to 37 6/7 weeks and well)	No	179.55 $\mu\text{mol/L}$

Links

[Hour-specific nomogram](#)
[Phototherapy nomogram](#)
[Exchange nomogram](#)

Hyperbilirubinemia Risk Factors

- TSB/TcB in high-risk zone
- Jaundice in first 24 hours
- ABO incompatibility with positive direct Coombs, known hemolytic disease, or elevated ETCO
- Gestational age 35-36 weeks
- Prior sibling had phototherapy
- Cephalohematoma or bruising
- Exclusive breastfeeding, esp. with poor feeding or weight loss
- East Asian Race

Neurotoxicity Risk Factors

- Isoimmune Hemolytic Disease
- G6PD deficiency
- Asphyxia
- Significant lethargy
- Temperature instability
- Sepsis
- Acidosis
- Albumin < 3.0 g/dL

Jaundice

Key points:

- When in doubt – call peds/newborn on call group in hospital for advice
- Know if your local hospital is using the updated 2022 guidelines or the 2004 AAP guidelines
- There are several tools online for calculation (BiliTool, PediTools, BiliCalc)

Clinical Pearls / Red flags:

- Severe hyperbilirubinemia: total serum bili >340 at any time in first 28d of life
- Critical hyperbilirubinemia: total serum bili >425 at any time in first 28d of life
- All babies with visible jaundice within 24 hours need immediate workup. Jaundice within 24 hours is always pathologic: rule out sepsis, infections (rubella, toxoplasmosis), hemolytic disease of the newborn, etc.
- Conjugated hyperbilirubinemia should prompt further evaluation

Jaundice

BiliCalc App

Carrier 9:35 AM

Clear Bilirubin Calc Calculate

Age (hours) Birth - Lab Time

Infant's Age at Time of Lab: 24

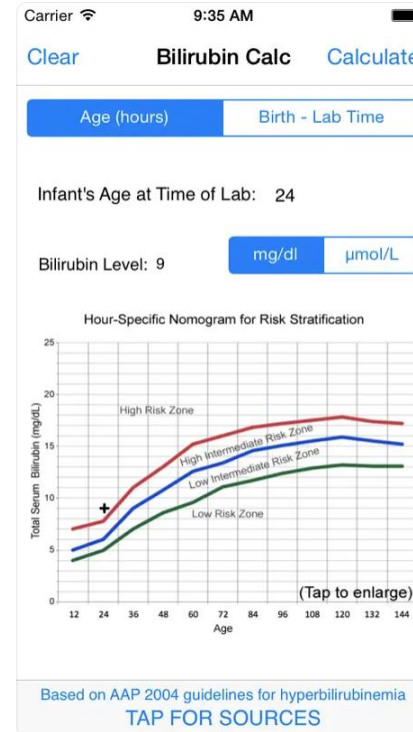
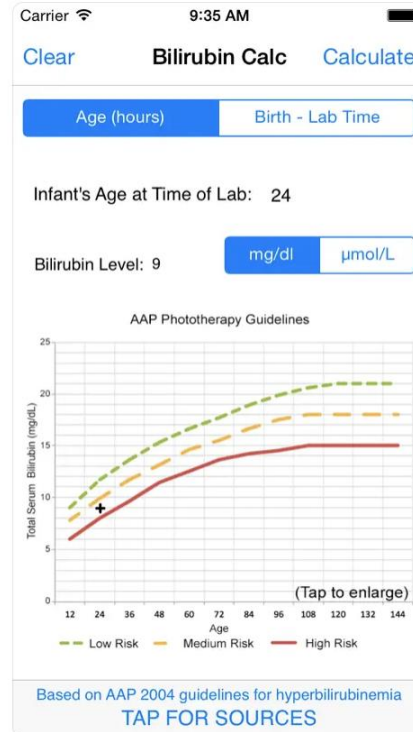
Bilirubin Level: 9 mg/dl $\mu\text{mol/L}$

AAP Phototherapy Guidelines

LOW Neurotox Risk	MEDIUM Neurotox Risk	HIGH Neurotox Risk
38 weeks or more and well	38 weeks or more with neurotox risk factors OR 35 to 37 6/7 weeks and well	35 - 37 and 6/7 weeks with neurotox risk factors
Light Level: 11.6 START PHOTOTHERAPY?	Light Level: 9.8 START PHOTOTHERAPY?	Light Level: 7.8 START PHOTOTHERAPY?
NO	NO	YES

Tap to view Neurotox Risk Factors

Based on AAP 2004 guidelines for hyperbilirubinemia
TAP FOR SOURCES



Carrier 9:35 AM

Clear Bilirubin Calc Calculate

Age (hours) Birth - Lab Time

Infant's Age at Time of Lab: 24

Bilirubin Level: 9 mg/dl $\mu\text{mol/L}$

HIGH RISK!

A follow-up bilirubin is recommended in 6-12 hours.

Based on AAP 2004 guidelines for hyperbilirubinemia
TAP FOR SOURCES

Template – 1st visit, birthing parent

? months PP

Delivery: SVD at ?, ?complications

Breasts: ?BF'ing, nipples ok

Urination/Stooling:

Perineum:

Lochia:

Menses:

Contraception:

Mood:

Supports:

Rest of the Bs

The rest of our 9 B's concern the birthing person:

2. **Bowels**

Prevent or treat constipation

Recommend high fiber diet, increased water intake

Consider adding PEG (osmotic laxative)

Expect resolution of stool or flatus incontinence by three months

If symptoms persist beyond 6 months, arrange endoanal U/S and refer to colorectal surgeon.

3. **Bladder**

Recommend pelvic floor exercises

Refer to a pelvic floor physiotherapist as needed to control urinary symptoms

Refer to a urogynecologist if urinary symptoms are significant beyond 3 months.

Rest of the Bs

4. Belly

Afterpains” and C-section incisional pain most often responds to Acetaminophen +/- Ibuprofen but some women require narcotic medication (Hydromorphone 1-2 mg q6h prn is safe for breastfeeding)

Codeine is contraindicated for breastfeeding as it can be life-threatening for some babies due to a ultra-rapid metabolizer genotype (up to 30% in parts of Asia and Africa)

Fundus should be firm and non-tender

Refer back to maternity care provider if an incision:

- ▶ opens,
- ▶ has significant discharge or bleeding,
- ▶ or becomes red or painful.

Rest of the Bs

5. **Bottom**

Expect perineal pain to resolve by 6 weeks

Treat haemorrhoids as per usual care

Refer back to maternity care provider if perineal wound has:

- ▶ Gaping edges
- ▶ Odorous discharge
- ▶ Unusual pain or swelling

6. **Bleeding**

Normal lochia is brown and light after two weeks and finished by 6-8 weeks

Needs urgent assessment if:

- ▶ Fever is present
- ▶ Abdominal pain and cramping are persistent
- ▶ Lochia is heavy, persistent beyond 6 weeks, frequently bright red or has a foul odour

Rest of the Bs

7. **Baby blues / postpartum depression**

Mild mood changes (baby blues) are common and may last 1-6 weeks.

Be aware of Postpartum Depression, which is common, frequently undiagnosed and under treated with serious morbidity for the whole family.

Enquire about mood, social adjustment, and family adjustment **AT EVERY VISIT**

Two best quick questions to screen for depression:

- ▶ Over the past two weeks, have you ever felt down, depressed or hopeless?
- ▶ Over the past two weeks, have you felt little interest or pleasure in doing things?

Add formal screening using Edinburgh Depression Scale (EPDS) if person at risk or has signs or symptoms.

Refer as appropriate

Rest of the Bs

8. Birth Control

Discuss by six weeks

Provide information about contraceptive options

Recommended interpregnancy interval is minimum 18 months to reduce complications

Ovulation occurs before first menses returns, so lactational amenorrhea is not recommended as is higher risk for unintended pregnancy

If contraception is desired, preferred options are barrier methods, IUD, progestin-only pill, or Depo Provera

Avoid or delay the use of combined oral contraceptives as they may decrease milk supply and increased risk VTE 1st 30 days

Progesterone generally considered not to affect milk supply, but if concerns, consider non-hormonal options

Case 2: Angel

Angel is a first time mother who you are seeing at 8 days postpartum. She had an uncomplicated vaginal delivery, and her daughter Kira was placed skin to skin and latched within the first hour of life. Kira was on the 10th percentile for weight at birth, but both Angel and her partner Danny are smaller people. Kira has started to gain approximately 15 g per day. She has 2 stools which are yellow and seedy, and 6 wet diapers per day. Angel is exclusively breastfeeding. She is tearful in your office – she is exhausted, the latch is painful, and it feels like she is always feeding.

What do you want to discuss with regards to #9 on your postpartum list (breasts)?

9th B - Breasts

Three main areas to discuss for this B:

1. BABY (weight gain)
2. MILK
3. TRANSFER (latch, pain)

Assess and treat problems or refer

Provide information on collection and storage of breast milk.

Case 2: Angel and Kira

Angel tells you that she is feeding approximately 8 times in 24 hours. She has one longer stretch of 4 hours, but also seems to feed every 1-2 hours in the middle of the night. Kira spends about 60 minutes with each feed, 30 minutes at each side. Kira is irritable with latching, and after about 5 minutes she falls asleep at the breast but will start nibbling again if Angel and Danny try to remove her.

What do you think of the frequency and duration of Angel and Kira's feeds?

Breastfeeding

- Most common challenge in the early days is establishing feeds
- Know your local resources for support (public health RNs, hospital lactation consultants, private lactation consultants)
- Establishing supply is time sensitive so ensure to connect patients with resources early

Breastfeeding

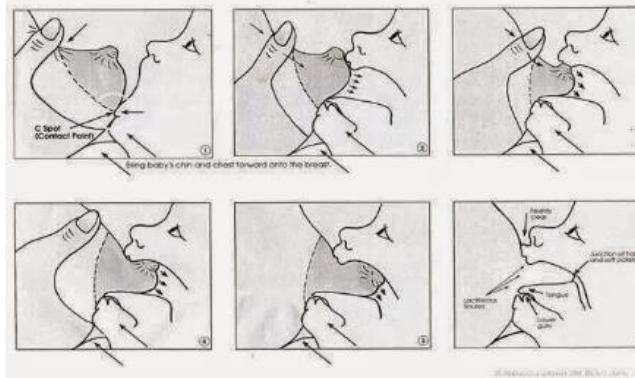
CAUSES OF LOW SUPPLY

Mom Factors	Baby Factors	Other
Primip, C-section, IVF, PPH, PCOS, Hypothyroid, GDM/T2DM/PCOS, Obesity, AMA, Infertility treatment, Breast surgery, Insufficient glandular tissue, Nipple trauma, retained placenta, early contraceptives, exhaustion.	Late preterm, Tongue dysfunction, Recessed chin, High palate, Hypotonia, Shallow latch, Asymmetric cheek bulk, Facial/head malposition in utero, tight neck muscles, torticollis.	Less than 8 nursing sessions/24 hours, limited skin to skin, supplementation, sleep training, stockpiling a milk stash or "feeding the freezer".

SIGNS OF A GOOD LATCH

Asymmetrical (more of areola below nipple is in baby's mouth than above)
 Most of areola is inside baby's mouth
 Lips are flanged outward
 Nipple is in "comfort zone" at where soft palate starts
 Tongue mobilizes forward and upward enough to make a seal

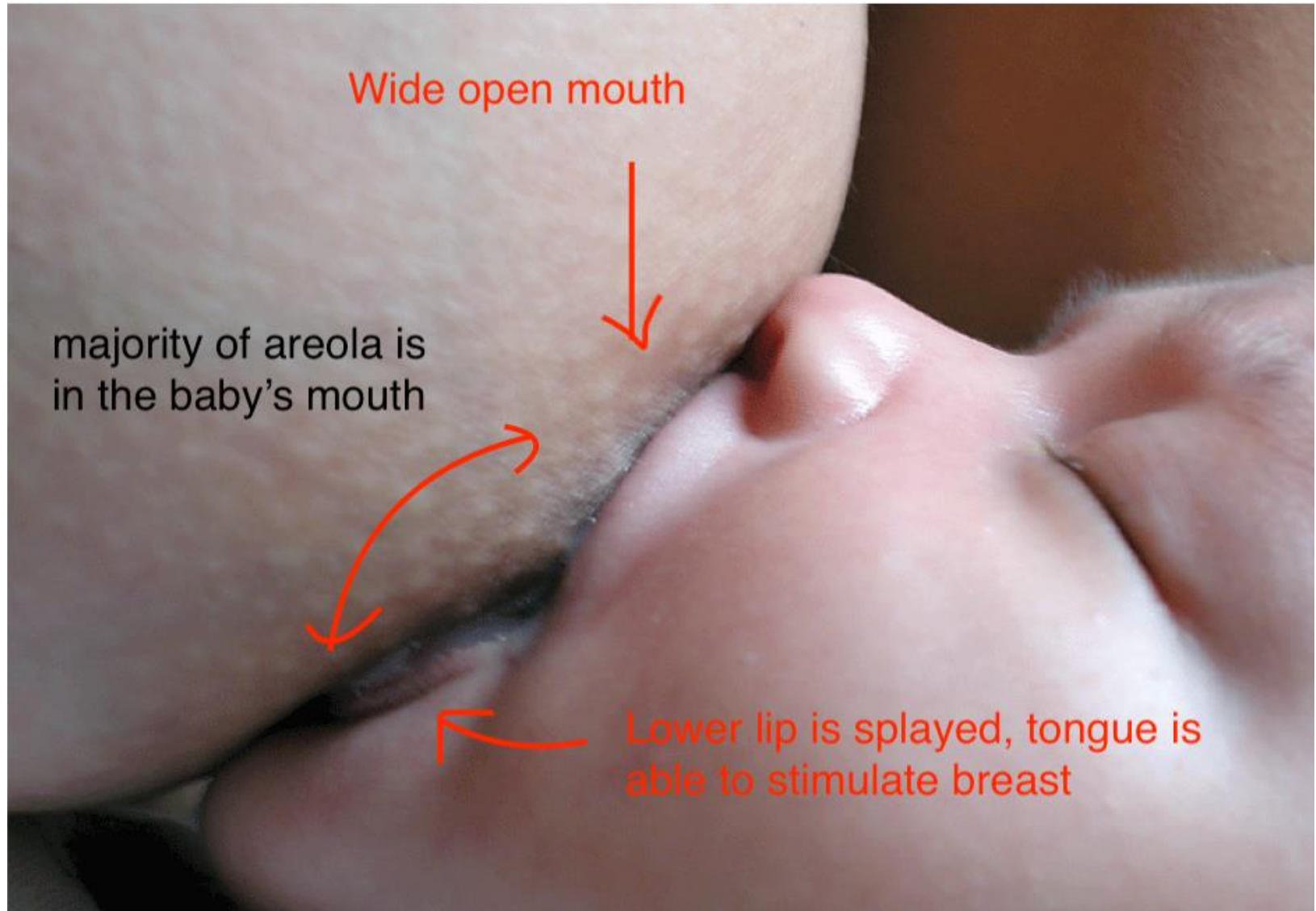
ATTACHMENT - The Key to Successful Breastfeeding.



Breastfeeding – shallow latch



Breastfeeding – deep latch



Breastfeeding – take home pearls

- ▶ As a physician you have a significant impact on a mother's infant feeding choices
- ▶ Babies need to feed frequently in the first few weeks.
- ▶ A deep latch and correct positioning will almost always help
- ▶ Remove the milk! Use baby/hands/pump as able
- ▶ Be a good breastfeeding resource for your patients:
 - ▶ Take the UBC CPD Online 1 hour course (free):
Latching On: How Family Physicians Can Support Breast Feeding Patients.
 - ▶ <https://elearning.ubccpd.ca/enrol/index.php?id=148>

How do we get all this done?

1. Use reference cards and checklists
2. Automate processes
3. Give the parent resources
4. Use community resources and referrals
5. EMR optimization



I. Use reference cards and checklists

Divisions of Family Practice Checklist

Post Partum and Newborn Care Summary Checklist for Family Physicians

These recommendations are based on a review of the best evidence and consensus opinion of the Vancouver Division of Family Practice Maternity Care Network Committee.

Health assessments of mother and baby should occur:

- Within 2-4 days of leaving the hospital
- One week later
- One month after birth
- Two months after birth

The 9 B's

1) BABY

Physical Examination and History:

- Gold standard for assessment and documentation is the **Rourke Baby Record** for relevant history, developmental milestones, focused physical exam, growth charts, and education topics for parents. <http://ow.ly/qPBWz>



- Expect return to birth weight by 10-14 days of age.
- Monitor closely (twice weekly minimum) if weight loss is greater than 10% of birth weight.
 - Consider referral to lactation consultant, breastfeeding clinic, maternity care provider, or paediatrician.

I. Use reference cards and checklists

Rourke Baby Record

www.rourkebabyrecord.ca

- Fillable in EMR
- Automatically populate growth charts
- Detailed description of anticipatory guidance and resources on website

©2011 Drs. L. Rourke, D. Leduc and J. Rourke
Revised July 2011
www.rourkebabyrecord.ca

Canadian Paediatric Society

LE COLLEGE DES MEDICINS DE FAMILLE DU CANADA

LE COLLEGE DES MEDICINS DE FAMILLE DU CANADA

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance GUIDE 1: 0-1 mo

Pregnancy/Birth remarks/notes: _____ Risk Factors/Family History: _____

NAME: _____ Birth Day (dd/m/yr): _____ M | F |
Gestational Age: _____ cm Birth Length: _____ cm Birth Wt: _____ g Head Circ: _____ cm Discharge Wt: _____ g


DATE OF VISIT	within 1 week	2 weeks (optional)	1 month
GROWTH ¹ use WHO growth charts. Correct percentiles until 24-36 months if < 37 weeks gestation	Weight kg	Weight (range) 50% 1-3 wks	Weight kg
PARENT/CAREGIVER CONCERNS			
NUTRITION ¹	<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula Feeding (non-breast) ¹ <input type="checkbox"/> (150 mL/kg/day) ¹ <input type="checkbox"/> Stool pattern and urine output	<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula Feeding (non-breast) ¹ <input type="checkbox"/> (150 mL/kg/day) ¹ <input type="checkbox"/> Stool pattern and urine output	<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula Feeding (non-breast) ¹ <input type="checkbox"/> (150-200 mL/(15-20 cc)/day) ¹ <input type="checkbox"/> Stool pattern and urine output
EDUCATION AND ADVICE	Infant Protection <input type="checkbox"/> Car seat (infant) <input type="checkbox"/> Carbon monoxide/smoke detectors ¹ Behavior and Family Issues <input type="checkbox"/> Sleeping/crying ² <input type="checkbox"/> Parenting/bonding Other Issues <input type="checkbox"/> Second hand smoke ¹ <input type="checkbox"/> Crib as pacifier use ¹ <input type="checkbox"/> Fever advice/thermometers ¹	<input type="checkbox"/> Sleep position/room sharing/avoid bed sharing ¹ <input type="checkbox"/> Hot water <49°C ¹ <input type="checkbox"/> Sootability/responsiveness <input type="checkbox"/> Parental fatigue/postpartum depression ² <input type="checkbox"/> No OTC cough/cold meds ¹ <input type="checkbox"/> Temperature control and over-dressing	<input type="checkbox"/> Crib safety ¹ <input type="checkbox"/> Choking/safe toys ¹ <input type="checkbox"/> High risk infants/stress home visit need ² <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Inquiries on complementary/alternative medicine ¹ <input type="checkbox"/> Sun exposure/sunscreen/insect repellent ¹
DEVELOPMENT ² (inquiry and observation of milestones) Toys are set <u>after</u> the time of normal milestone acquisition. <u>Absence of any item suggests consideration for further assessment of development.</u> NB-Correct for age if < 37 weeks gestation ✓ if attained X if not attained	<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns	<input type="checkbox"/> Sinks well on nipple <input type="checkbox"/> No parent/caregiver concerns	<input type="checkbox"/> Sinks well on nipple <input type="checkbox"/> No parent/caregiver concerns
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit. ✓ if normal X if abnormal	<input type="checkbox"/> Skin (jaundice, dry) <input type="checkbox"/> Fontanelles ¹ <input type="checkbox"/> Eyes (red reflex) ¹ <input type="checkbox"/> Ears (TMJ) hearing inquiry/screening ¹ <input type="checkbox"/> Heart/Lungs <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips ¹ <input type="checkbox"/> Muscle tone ¹ <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/foreskin care	<input type="checkbox"/> Skin (jaundice, dry) <input type="checkbox"/> Fontanelles ¹ <input type="checkbox"/> Eyes (red reflex) ¹ <input type="checkbox"/> Ears (TMJ) hearing inquiry/screening ¹ <input type="checkbox"/> Heart/Lungs <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips ¹ <input type="checkbox"/> Muscle tone ¹ <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/foreskin care	<input type="checkbox"/> Skin (jaundice) <input type="checkbox"/> Fontanelles ¹ <input type="checkbox"/> Eyes (red reflex) ¹ <input type="checkbox"/> Ears (TMJ) hearing inquiry/screening ¹ <input type="checkbox"/> Heart <input type="checkbox"/> Hips ¹ <input type="checkbox"/> Muscle tone ¹
PROBLEMS AND PLANS			
INVESTIGATIONS/IMMUNIZATION Discuss immunization pain reduction strategies ³	<input type="checkbox"/> PHL, Thyroid <input type="checkbox"/> Hemoglobinopathy screen (if at risk) ¹ <input type="checkbox"/> Universal newborn hearing screening (UNHS) ¹ <input type="checkbox"/> If risk/gestational prematurity Hep B vaccine #1 ² <input type="checkbox"/> Record Vaccines on Guide V	<input type="checkbox"/> Record Vaccines on Guide V	<input type="checkbox"/> If risk/gestational prematurity Hep B vaccine #2 ³ <input type="checkbox"/> Record Vaccines on Guide V
Signature			

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: Good (bold type); Fair (italic type); Consensus (plain type).
¹See Rourke Baby Record Resources 1: General ²See Rourke Baby Record Resources 2: Healthy Child Development ³See Rourke Baby Record Resources 2: Immunization/Infectious Diseases
 Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.
 Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians. For fair use authorization, see www.rourkebabyrecord.ca

I. Use reference cards and checklists

EPDS for postpartum depression

- ▶ <http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/EPDS/EPDSQuestionnaireApril2013.pdf>
- ▶ 11 languages available on PSBC website

**Perinatal Services BC**
An agency of the Provincial Health Services Authority

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)
For use between **28–32 weeks** in all pregnancies and **6–8 weeks** postpartum

Name: _____ Date: _____ Gestation in Weeks: _____

As you are having a baby, we would like to know how you are feeling. Please mark “X” in the box next to the answer which comes closest to how you have felt in the **past 7 days**—not just how you feel today.

In the past 7 days:

1. I have been able to laugh and see the funny side of things 0 <input type="checkbox"/> As much as I always could 1 <input type="checkbox"/> Not quite so much now 2 <input type="checkbox"/> Definitely not so much now 3 <input type="checkbox"/> Not at all	6. Things have been getting on top of me 3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope 2 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual 1 <input type="checkbox"/> No, most of the time I have coped quite well 0 <input type="checkbox"/> No, I have been coping as well as ever
2. I have looked forward with enjoyment to things 0 <input type="checkbox"/> As much as I ever did 1 <input type="checkbox"/> Rather less than I used to 2 <input type="checkbox"/> Definitely less than I used to 3 <input type="checkbox"/> Hardly at all	7. I have been so unhappy that I have had difficulty sleeping 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, sometimes 1 <input type="checkbox"/> Not very often 0 <input type="checkbox"/> No, not at all
3. I have blamed myself unnecessarily when things went wrong 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, some of the time 1 <input type="checkbox"/> Not very often 0 <input type="checkbox"/> No, never	8. I have felt sad or miserable 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, quite often 1 <input type="checkbox"/> Not very often 0 <input type="checkbox"/> No, not at all
4. I have been anxious or worried for no good reason 0 <input type="checkbox"/> No, not at all 1 <input type="checkbox"/> Hardly ever 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> Yes, very often	9. I have been so unhappy that I have been crying 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, quite often 1 <input type="checkbox"/> Only occasionally 0 <input type="checkbox"/> No, never
5. I have felt scared or panicky for no very good reason 3 <input type="checkbox"/> Yes, quite a lot 2 <input type="checkbox"/> Yes, sometimes 1 <input type="checkbox"/> No, not much 0 <input type="checkbox"/> No, not at all	10. The thought of harming myself has occurred to me 3 <input type="checkbox"/> Yes, quite often 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Hardly ever 0 <input type="checkbox"/> Never

Total Score

Talk about your answers to the above questions with your health care provider.
Translations for care-provider use available on PSBC website: perinatalservicesbc.ca.

The Royal College of Psychiatrists 1987 From Cox, J.L., Holden, J.M., Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782–786. Reprinted with permission.

How do we get all this done?

1. Use reference cards and checklists
2. **Automate processes**
3. Give the parent resources
4. Use community resources and referrals
5. EMR optimization



2. Automate Processes

Office Considerations

- Have staff teach parents how to weigh baby and measure height at beginning of each visit
 - Staff can enter in Rourke
- Have babies go to the room undressed from the scale for exam (blanket for warmth!)
- Booking guidance, always separate visit for parent and baby to ensure adequate time
 - Consider longer visits for immunizations, or having vaccines at public health



2. Automate Processes

Office Considerations

- Resource packages: consider pre-printed set of resources given at 1 week, 1 month, 2 month visit, etc
- Anticipatory guidance: give vaccine info at 1 month for parent to review prior to 2 month visit



How do we get all this done?

1. Use reference cards and checklists
2. Automate processes
3. Give the parent resources
4. Use community resources and referrals
5. EMR optimization



3. Give the parent resources

Baby's Best Chance - pdf

<https://www.healthlinkbc.ca/pregnancy-parenting/babys-best-chance>



Parents' Handbook of
Pregnancy and Baby Care

 **Perinatal
Services BC**
Provincial Health Services Authority

 **BRITISH
COLUMBIA**
7th edition

3. Give the parent resources

CPS Caring for Kids Website

<https://www.caringforkids.cps.ca/>



The screenshot shows a web browser window with the address bar displaying [caringforkids.cps.ca](https://www.caringforkids.cps.ca/). The website header features the "caring for kids .cps.ca" logo and the tagline "Information for parents from Canada's paediatricians". To the right of the logo is a photograph of five diverse children resting their heads on their hands. Below the header, there are two main content sections: "News to Use" and "Ages & Stages".

News to Use

- Vaccination and your child**
Vaccination is the best way to protect your child against many dangerous diseases. Your child should receive **all the recommended vaccines**. The timing for each shot may be slightly different depending on where you live.
- COVID-19 and your child**
A disease outbreak such as COVID-19 can be hard for children and teens to cope with and understand. How your child or teen responds will depend on their age, temperament, developmental level. Please **consult our resource** for guidance.
- Helping children and teens cope with stressful public events**
Stressful public events can be hard for children and teens to cope with and understand. You play an important role in reassuring your child or teen and **helping them cope** with their feelings and reactions.

Ages & Stages

- **Preparing for Baby**
[Preparing for baby: The essentials shopping list](#)
- **Your New Baby**
[Healthy sleep for your baby and child](#)
- **Your Growing Child**
[Games, toys and play in the second year of life](#)
- **Teens and Tweens**
[Cannabis: What parents need to know](#)

3. Give the parent resources

Healthy Families BC

<https://www.healthyfamiliesbc.ca/parenting>

The image shows a screenshot of the Healthy Families BC website. The top navigation bar includes the Healthy Families BC logo, social media links (Facebook, Twitter, YouTube, Pinterest), and links for Sign In or Join, Blog, Contact, Help & FAQs, and For Employers. The main navigation menu has links for Home, Food & Nutrition, Activity & Lifestyle, Pregnancy & Parenting (highlighted), Aging Well, and About Us. The page content is divided into several sections:

- Parenting Section:** A large banner featuring a family photo and the text: "Parenting Questions about pregnancy or parenting? Find tips, tools & more to help you raise a healthy family. Explore". Below this are two featured tools: "Breastfeeding Buddy" (Online Interactive Tool) and "Bringing Baby Home" (Featured Video).
- Topic List:** A vertical list of topics on the right side of the page, including Pregnancy & Birth, Babies (0-12 months) (highlighted), Feeding, Baby Care, Baby Health, Baby Development, Baby Safety, New Parents, Toddlers (12-36 months), Preschool (3-5 years), Children (6-11 years), and Teens (12-18 years).
- Featured Articles:** A section at the bottom left with the title "How Often and How Long to Feed" and a sub-header "October 1, 2019 by HealthyFamilies BC".
- Most Popular and Featured Blogs:** Two buttons at the bottom right for navigating to popular content and blogs.

3. Give the parent resources

Perinatal Services BC

<http://www.perinatalservicesbc.ca/health-info/newborn-care>

Provincial Health Services Authority ▼

Alert: Health professional content is moving to the Perinatal and Newborn Health Hub.
For the latest resources and guidance, visit the Hub

phsa.ca



Perinatal Services BC

Follow us



Search...



Our Services

Health Info

Research

About

Contact

Health Professionals

Careers

Menu



Health Info / [Postpartum & Newborn Care](#)

SHARE



Postpartum and Newborn Care



3. Give the parent resources

Safer Sleep

<https://www.healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/baby-safety/safer-sleep-my-baby>

Safer Sleep for My Baby

Helping Parents and Caregivers Create a Safe Sleep Plan

As parents, you make many decisions every day to help keep your child healthy and safe. When it comes to sleep, your baby's sleep environment is always important – day or night. Some sleep practices are safer than others. This pamphlet shares information about how to help make your baby's sleep environment as safe as possible – so every sleep is a safer sleep.

You and your health care provider can also discuss your infant's sleep plan. For more information, see the resources at the end of this document.

Make Every Sleep a Safer Sleep

Place baby on their back to sleep

Put your baby to sleep on their back for every sleep, whether it's naptime or nighttime.

Use a firm mattress free of hazards

Use a firm mattress made for babies with no bumper pads, pillows, heavy blankets, comforters quilts or toys. This will help keep their sleep space safe.

Use a crib or bassinet

The safest place for your baby to sleep is in their own Health Canada approved crib, cradle or bassinet when at home or traveling. Plan ahead when traveling, and make sure there are no soft surfaces, bumper pads, pillows or toys in the sleep space.



3. Give the parent resources

Biliary atresia stool colour card

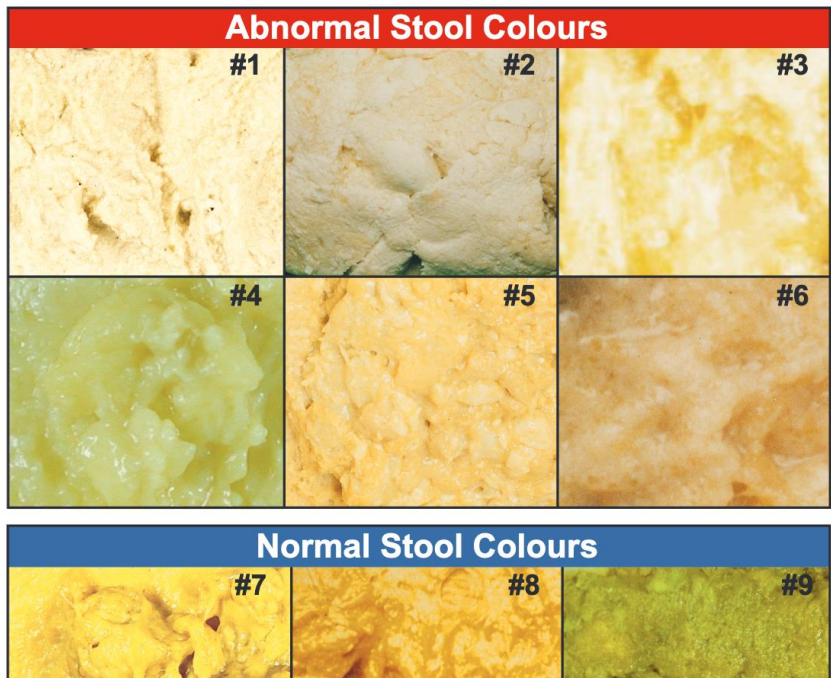
http://www.perinatalservicesbc.ca/Documents/Screening/BiliaryAtresia/StoolColourCard_English.pdf



Perinatal
Services BC

Provincial Health Services Authority

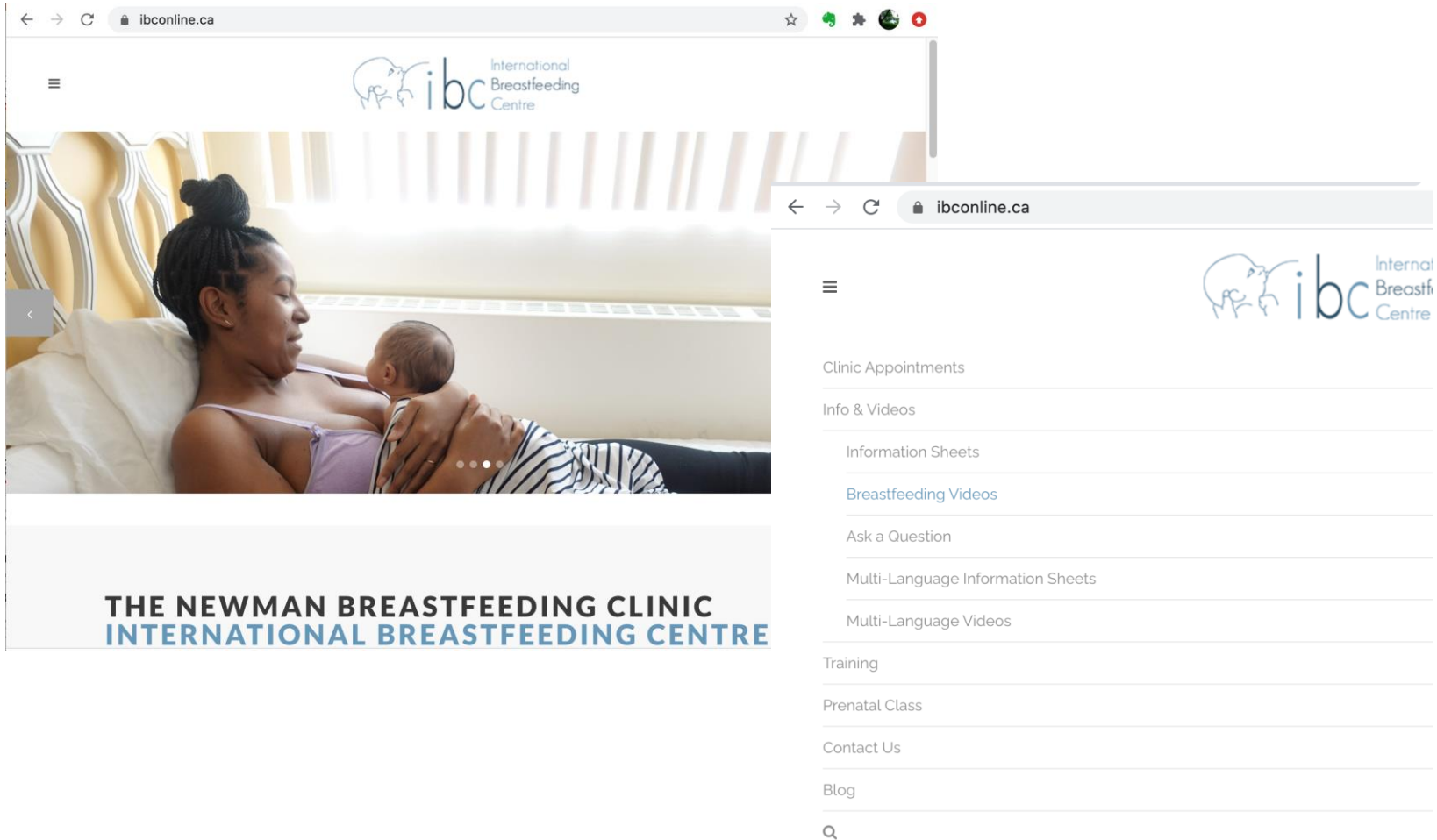
BC INFANT STOOL COLOUR CARD® SCREENING PROGRAM FOR BILIARY ATRESIA



3. Give the parent resources

International Breastfeeding Centre (Dr Newman)

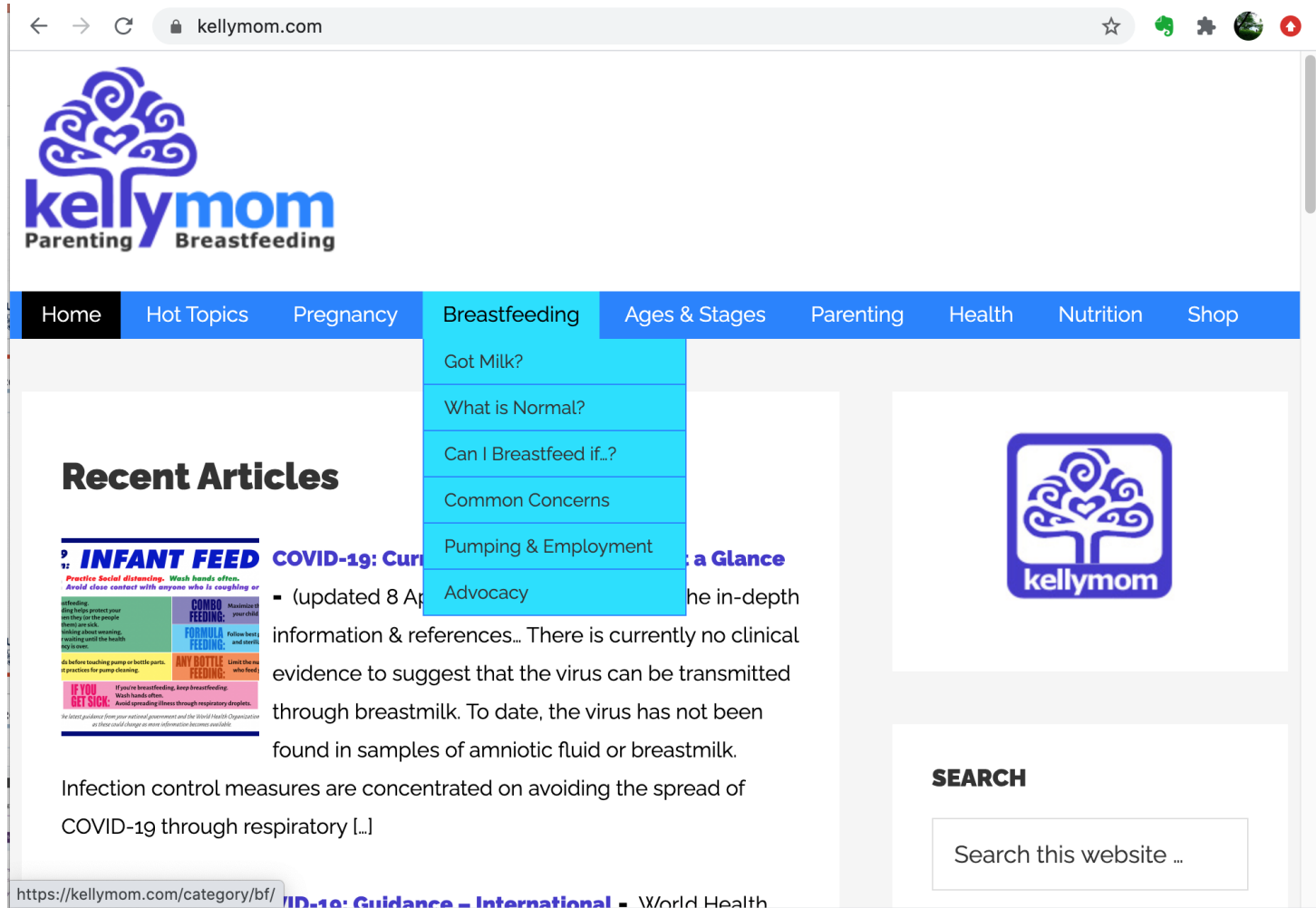
<https://ibconline.ca/>



3. Give the parent resources

Kellymom

<https://kellymom.com/>



The screenshot shows the Kellymom website interface. At the top is the Kellymom logo with the text "Parenting Breastfeeding". Below it is a navigation bar with links: Home, Hot Topics, Pregnancy, Breastfeeding, Ages & Stages, Parenting, Health, Nutrition, and Shop. The "Breastfeeding" link is highlighted, and a dropdown menu is visible with the following options: Got Milk?, What is Normal?, Can I Breastfeed if...?, Common Concerns, Pumping & Employment, and Advocacy. On the left side, under the heading "Recent Articles", there is a featured article titled "INFANT FEED COVID-19: Current Guidance - International" with a sub-headline "Practice Social distancing. Wash hands often. Avoid close contact with anyone who is coughing or sneezing." Below this, there are smaller images for "COMBO FEEDING", "FORMULA FEEDING", and "ANY BOTTLE FEEDING". On the right side, there is a search bar with the text "SEARCH" and "Search this website ...".

Home Hot Topics Pregnancy **Breastfeeding** Ages & Stages Parenting Health Nutrition Shop

Got Milk?
What is Normal?
Can I Breastfeed if...?
Common Concerns
Pumping & Employment
Advocacy

Recent Articles

INFANT FEED COVID-19: Current Guidance - International
Practice Social distancing. Wash hands often. Avoid close contact with anyone who is coughing or sneezing.
- (updated 8 April 2020) - World Health Organization

Information & references... There is currently no clinical evidence to suggest that the virus can be transmitted through breastmilk. To date, the virus has not been found in samples of amniotic fluid or breastmilk. Infection control measures are concentrated on avoiding the spread of COVID-19 through respiratory [...]

SEARCH
Search this website ...

3. Give the parent resources

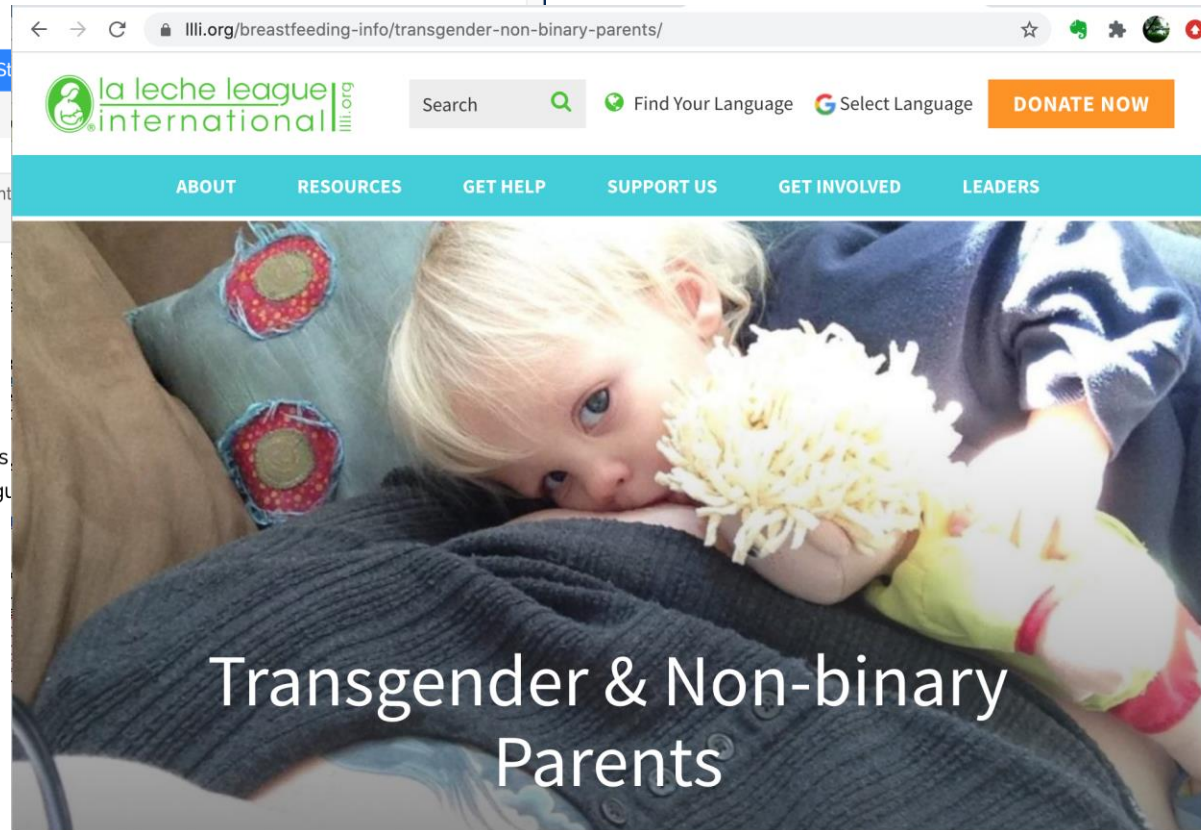
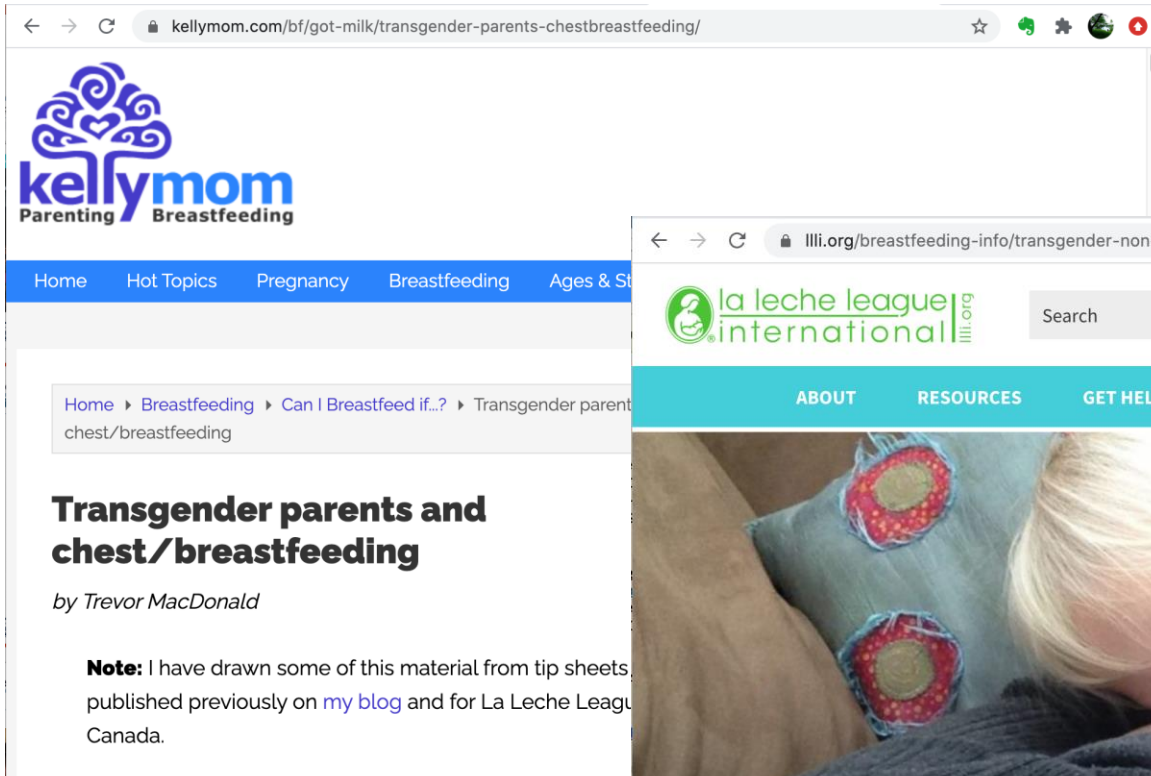
La Leche League

<https://www.llli.org/>



3. Give the parent resources

Chest- and Breastfeeding for non-binary parents



3. Give the parent resources

Plagiocephaly

Preventing and treating your baby's flat head

A family guide to Plagiocephaly



4800 Oak Street, Vancouver, BC V6H 3N1

You can prevent your baby's head from shaping flat

Until about 1 year of age a baby's head shape is flexible and can become flat and uneven if a baby likes to look in one direction or is always on his or her back.

You can prevent this. The main way is to change your baby's sleep and play position often during the day and night. Here are some specific ways how to do this:

- ▶ Sleep your baby on his or her back, but make sure your baby's head is in a different position each time he or she sleeps such as the right side, straight forward, left side. TIP: you can turn a young baby's head once they are sound asleep.
- ▶ Switch the end you put your baby down in the crib each night.
- ▶ Play with your baby on his or her tummy and sides 3 to 5 times a day. Some tummy time tips are given later.
- ▶ Change toy and mobile positions every few days so that your baby does not always look in one direction.

Keep using the ideas listed above, as well as:

- ▶ Move the crib so that your baby turns his or her head away from the "flat" side when looking toward the door.
- ▶ Place toys and mobiles on the "round" side so your baby turns away from the flat side.
- ▶ Carry and hold your baby on the round side to avoid pressure on the flat area.
- ▶ If you bottle feed your baby, feed from the round side. Breast fed babies already change sides when they feed. When introducing solid foods, spoon feed your baby from the round side rather than "face on".
- ▶ Carry your baby. Use a front or side carrier with a padded waist strap. Play with your baby in different positions. Every baby, no matter how old she or he is, needs tummy time 3 to 5 times a day. Some tummy time tips are given later.
- ▶ Here are some play ideas for babies of different ages.
- **For babies under 3 to 4 months:** Your baby will be learning to hold his or her head up, but is not

3. Give the parent resources

Vaccine schedules – immunizebc.ca



BC Routine Immunization Schedule **INFANTS & CHILDREN**

Vaccine (Click on the vaccine name to view the vaccine HealthLinkBC file)	Child's Age					Starting at 4 years (kindergarten entry)
	2 Months	4 Months	6 Months	12 Months	18 Months	
<u>DTaP-HB-IPV-Hib</u> (diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b)	✓	✓	✓			
<u>Pneumococcal Conjugate[†]</u>	✓	✓		✓		
<u>Rotavirus</u>	✓	✓				
<u>Meningococcal C Conjugate</u>	✓			✓		
<u>MMR</u> (measles, mumps, rubella)				✓		
<u>Varicella[†]</u> (chickenpox)				✓		
<u>DTaP-IPV-Hib</u>					✓	

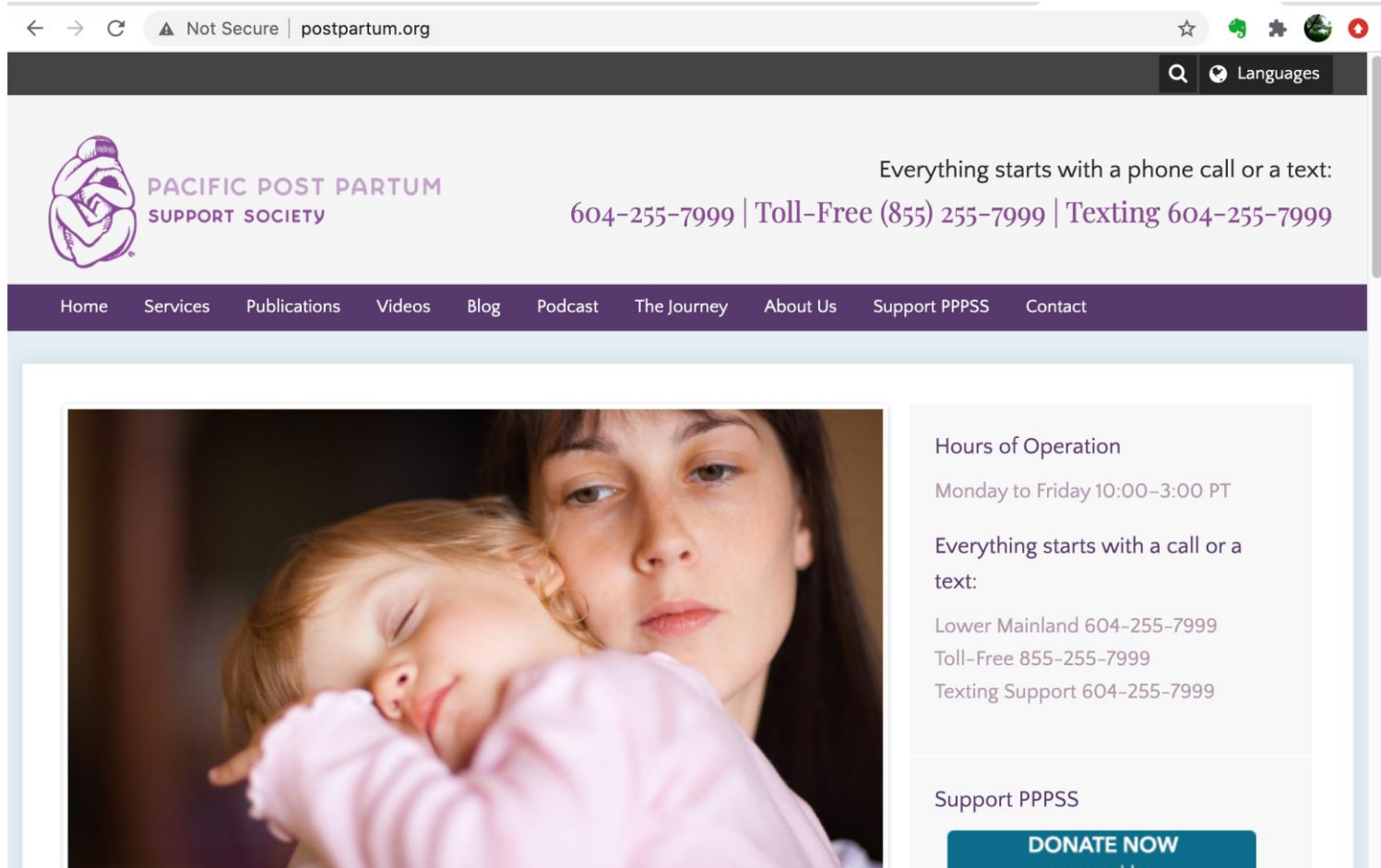
How do we get all this done?

1. Use reference cards and checklists
2. Automate processes
3. Give the parent resources
4. Use community resources and referrals
5. EMR optimization



4. Use community resources and referrals


Pacific Postpartum Support Society



The screenshot shows the homepage of the Pacific Postpartum Support Society website. The browser address bar indicates the URL is postpartum.org. The website features a purple header with the organization's logo on the left, which depicts a woman holding a baby. To the right of the logo, the text reads "PACIFIC POST PARTUM SUPPORT SOCIETY". Further right, contact information is provided: "Everything starts with a phone call or a text: 604-255-7999 | Toll-Free (855) 255-7999 | Texting 604-255-7999". Below the header is a dark purple navigation bar with links to Home, Services, Publications, Videos, Blog, Podcast, The Journey, About Us, Support PPPSS, and Contact. The main content area is divided into two columns. The left column contains a large photograph of a woman with dark hair holding a young child with blonde hair, who is wearing a pink shirt and has their eyes closed. The right column contains text about the organization's hours of operation and contact information. The hours are listed as Monday to Friday 10:00–3:00 PT. Below this, it states "Everything starts with a call or a text:" followed by the contact numbers: Lower Mainland 604-255-7999, Toll-Free 855-255-7999, and Texting Support 604-255-7999. At the bottom of the right column, there is a section titled "Support PPPSS" with a prominent blue button labeled "DONATE NOW".


← → ↻ ⚠ Not Secure | postpartum.org ☆ 🌐 🗑️ 🌍 🚫

🔍 🌐 Languages

 **PACIFIC POST PARTUM
SUPPORT SOCIETY**

Everything starts with a phone call or a text:
604-255-7999 | Toll-Free (855) 255-7999 | Texting 604-255-7999

Home Services Publications Videos Blog Podcast The Journey About Us Support PPPSS Contact



Hours of Operation
Monday to Friday 10:00–3:00 PT

Everything starts with a call or a text:
Lower Mainland 604-255-7999
Toll-Free 855-255-7999
Texting Support 604-255-7999

Support PPPSS
[DONATE NOW](#)

4. Use community resources and referrals

Pacific Postpartum Support Society

← → ↻ Not Secure | postpartum.org/services/dads/ ☆ 🌱 ⚙️ 🌐 🔴

604-255-7999 | Toll-Free (855) 255-7999 | Texting 604-255-7999

For Dads

For Dads


Signs of Postpartum Depression and Anxiety in Men

Tips to help dads deal with PPD/A

Where dads can go for help

Resources for Dads

For Dads



Postpartum depression and anxiety (PPD/A) isn't just for moms. About 10% of all new dads will experience PPD/A, and for those who have a partner coping with it as well, that number is as high as 25–50%. The depression can begin while the partner is still pregnant, but usually happens 3–6 months after birth.

If you find yourself struggling after the birth of your baby, we are here to help.

4. Use community resources and referrals

BC Women's Reproductive Mental Health

[←](#)
[→](#)
[↻](#)
[reproductivementalhealth.ca](#)

[Home](#)
[About Us](#)
[Resources](#)
[Events](#)
[Sitemap](#)
[Compliments & Complaints](#)
[Contact](#)

IN CRISIS?
310-6789

[EVENTS](#)
[DEPRESSION](#)
[ANXIETY](#)
[PSYCHOSIS](#)
[BIPOLAR DISORDER](#)

PACIFIC POST PARTUM SUPPORT SOCIETY

Reproductive Mental Health

Reproductive Mental Health Program (...)

Watch later

Perinatal Depression Treatment Options

BC Reproductive Mental Health Program

Women can experience depression during pregnancy or after the birth of a baby. A woman struggling with depression feels down, sad or empty. She loses interest in doing things that she usually enjoys. She often sleeps and eats more or less than usual and cries for no apparent reason. She may withdraw from friends and family. She has negative and upsetting thoughts. Depression is a medical condition. It is important for a woman to seek help if she is concerned about her mood.

There are several types of treatment for women with depression, including self care, support groups, counseling and medication. Different women will take different paths to feeling better. The decision about treatment is a very personal one. Talk to your health care provider to learn more about the treatment options that are available. Remember the goal is to reduce symptoms and increase your wellbeing so you can do the things that are important to you.

Baby Blues & Postpartum Depression

BC Reproductive Mental Health Program

The first few weeks after the birth of a baby can be exciting. But this time can also be very stressful for a woman. Her body is going through changes in hormones, daily routines and sleeping patterns. It's not surprising that many women feel sad, overwhelmed and fearful. Sometimes it is hard to know if the changes to your mood are due to normal "baby blues" or a more serious postpartum depression.

You can learn more by reading this fact sheet - but it is always a good idea to talk to your healthcare provider if you're concerned about your mood.

There is help available for postpartum depression. With treatment, most women improve a lot and are able to do much better in all areas of their lives.

Depression in Pregnancy

We usually hear about postpartum (after birth) depression, but depression can actually begin in pregnancy.

- 8-12% of pregnant women experience depression
- 10-16% of women experience depression in the first year after birth (postpartum)

If you are pregnant and worried about your mood, talk to your doctor. Treating depression in pregnancy can reduce the risk of depression after the baby is born.

Baby Blues

About 80% of mothers feel the "baby blues" or postpartum blues 3-5 days after giving birth. They may:

- feel happy one minute and sad the next - rapid mood swings
- feel helpless, worried, irritable or anxious
- cry for what seems like no reason
- have problems sleeping

These are normal feelings and responses when women have the postpartum blues. Usually these symptoms get better or go away within a week or two and do not require treatment. But, if your mood does not improve after 2 weeks of giving birth, you may be experiencing postpartum depression.

Postpartum Depression (PPD)

Depression affects a woman's mood, behaviour, thoughts and physical well-being. Some women might start feeling depressed within the first few days after the baby is born. Others might not feel depressed until weeks or months later. A woman who is experiencing PPD may:

- Feel depressed or extremely sad, most of the day and nearly every day
- Feel irritable or angry
- Feel guilty or worthless
- Feel hopeless and overwhelmed

Perinatal Depression (PND)

Each letter stands for one area of self-care:

- n**utritious foods throughout the day.
- a**ctive to reduce stress and feel the physical activity can help!
- s**leep is very important for both your and the baby's health. It is worth the effort to work on getting a good night's sleep.
- t**ime to care for yourself. It is just for a few minutes, but it's important to have some time to yourself.
- s**upport from others. Don't be afraid to ask for help and information!
- t**ime to cope and recover from the birth. You may need psychotherapy, medication.

Therapy & Counseling:

Therapy often benefits from counseling and medication may also be necessary. This form of treatment includes a health-care professional. At the time of the appointment, the therapist will provide support and suggestions for coping with the situation.

Cognitive Behavioral Therapy (CBT):

This type of therapy is effective in the treatment of depression. It helps women to be aware of her negative thoughts. She then replaces them with more positive thoughts. Women involved in CBT have regular appointments with a healthcare professional in a group or individual setting.

Interpersonal Therapy (IPT):

This type of psychotherapy focuses on the woman's relationships with the people in her life. In IPT, women will have regular appointments with a healthcare professional in a group or individual setting.

REPRODUCTIVE PHASES

Pre-Pregnancy	Pregnancy	Postpartum	Pregnancy Loss	Infertility	PMS
If you have an existing mental health	Any woman may experience a mental health issue	The first year after a baby's birth can be challenging	Pregnancy loss is a unique and often traumatic experience	Finding it difficult to become pregnant is an emotional journey	Many women are troubled by premenstrual syndrome (PMS)

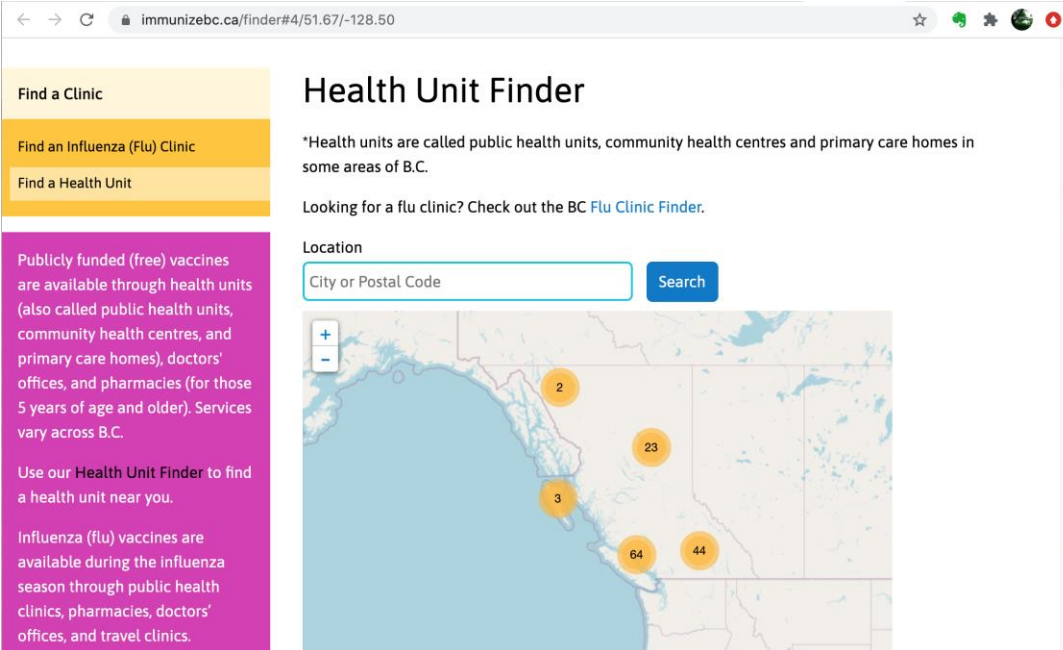
Updated August 2011

BC Mental Health & Addictions Services

4. Use community resources and referrals

Public Health Unit

- In many communities, public health nurses will do postpartum home visits
- Will be able to connect you with services:
 - Infant development / early intervention therapy
 - SLP
 - PT
 - OT
- And more! Contact your local unit to find what services are available



The screenshot shows a web browser window with the URL `immunizebc.ca/finder#4/51.67/-128.50`. The page is titled "Health Unit Finder". On the left, there is a sidebar with three yellow buttons: "Find a Clinic", "Find an Influenza (Flu) Clinic", and "Find a Health Unit". Below these buttons, a pink box contains text about publicly funded vaccines and the Health Unit Finder. The main content area on the right explains that health units are called public health units, community health centres, and primary care homes in some areas of B.C. It also includes a link to the BC Flu Clinic Finder and a search section with a "Location" label, a text input field for "City or Postal Code", and a blue "Search" button. Below the search section is a map of British Columbia with five yellow circular markers numbered 2, 23, 3, 64, and 44, indicating the locations of health units.

immunizebc.ca/finder#4/51.67/-128.50

Find a Clinic

Find an Influenza (Flu) Clinic

Find a Health Unit

Publicly funded (free) vaccines are available through health units (also called public health units, community health centres, and primary care homes), doctors' offices, and pharmacies (for those 5 years of age and older). Services vary across B.C.

Use our Health Unit Finder to find a health unit near you.

Influenza (flu) vaccines are available during the influenza season through public health clinics, pharmacies, doctors' offices, and travel clinics.

Health Unit Finder

*Health units are called public health units, community health centres and primary care homes in some areas of B.C.

Looking for a flu clinic? Check out the [BC Flu Clinic Finder](#).

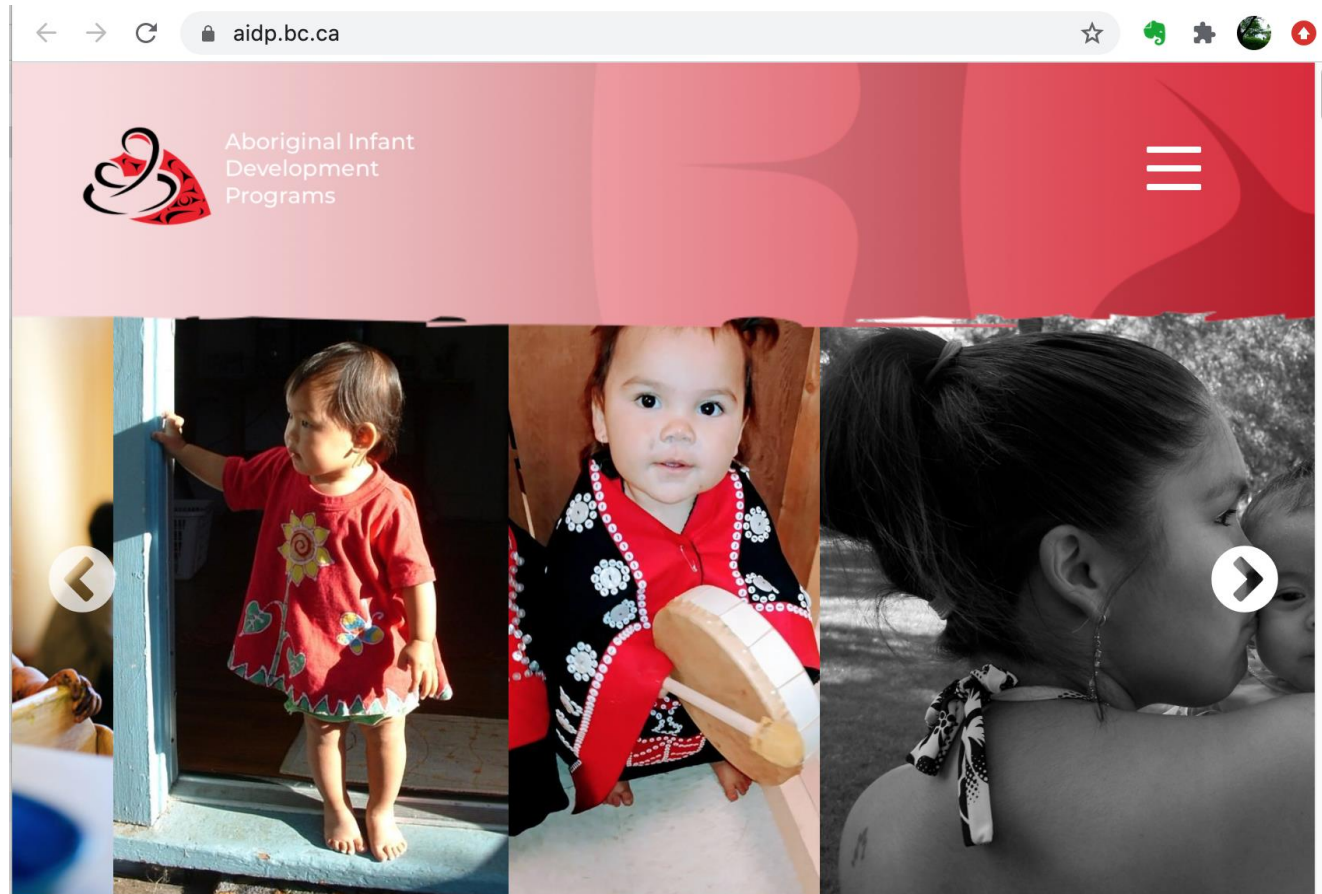
Location

City or Postal Code

Map showing locations of health units in British Columbia, marked with numbered yellow circles (2, 23, 3, 64, 44).

4. Use community resources and referrals

Aboriginal Infant development program



4. Use community resources and referrals

Pelvic physiotherapy

The screenshot displays the 'find-a-physio' page on the BC Physiotherapy Association website. The page features a navigation bar with links for 'FOR PHYSIOS', 'FOR PUBLIC', 'NEWS AND PUBLICATIONS', 'POSTINGS', 'EVENTS', 'ABOUT US', and 'COVID-19'. A 'Find a Physio/Clinic' button is prominently displayed in a green box. Below the navigation bar, there is a search bar with a 'Keywords' input field and a 'Find a Physio' button. A dropdown menu for 'Areas of practice' is open, showing options like 'Orthopaedics (muscles/joints)', 'Paediatrics (children)', 'Pelvic floor' (highlighted), 'Pool therapy', 'Research', 'Seniors' health (gerontology)', 'Sports therapy', and 'Stroke'. To the right, there is a map of British Columbia with several red location pins. Below the map, there is a section for 'Select any filter and click on Apply to see results', which includes a 'Location' input field (with an example 'eg: 123 Main St. Var') and a 'Proximity (km)' input field (with a value of '20').

- <https://bcphysio.org/find-a-physio>
- “Areas of practice” -> Pelvic floor

How do we get all this done?

1. Use reference cards and checklists
2. Automate processes
3. Give the parent resources
4. Use community resources and referrals
5. **EMR optimization**



5. EMR Optimization

Office Considerations

- Templates in EMR
- Growth charts in EMR
- Referral forms in EMR with pre-filled demographics
- Billing worksheets / automation for well baby visits, vaccines



5. EMR Optimization

Templates

2 Month well baby visit and vaccinations

Parental concerns: ??

Sleep:

Feeds: BF/formula

Development: meeting all developmental milestones as per Rourke

Safety: sleep safety discussed

Growth: growing well along curve

O/E: Alert, active, NAD

Ant fontanelle soft

+red reflex bilat

+S1/S2, no EHS, no murmurs

GAEB, no crackles, no wheeze

neg Ortolani/Barlow

Good tone

Skin clear

N GU exam – testes down x 2

Vaccinations: 2 month vaccines given, well tolerated

A/P: Well 2 month old baby growing well on curve and meeting all developmental milestones

1. Vaccines: discussed s/e of vaccines, remain in clinic for 15 min

2. F/U at 4 months or sooner PRN

5. EMR Optimization

Billing worksheets – postpartum / well baby visits

oscarBC Billing

Patient FPMS/MISC, 2020 **Age** 0 **Invoice List** **Patient Status** AC **Roster Status** FPMS/Misc **Assigned Physician**

Billing Form **Billing Physician** **Billing Type** **Clarification Code** **Service Location**
GP general practice de Valence, Moira Bill MSP VANCOUVER A|Practitioner's Office - In Community

Service Date 2020-10-18 **Service to date** **After Hours** No **Time Call** **Start (HHMM 24hr):** **End (HHMM 24hr):** **Dependent** No **Sub Code** O - Normal **Payment Method** ELECTRONIC **Facility**

Incentive	Description	\$Fee	Procedure	Description	\$Fee	Visit	Description	\$Fee
<input type="checkbox"/> 14050	GP ANNUAL CHRONIC CARE INCENTIVE- (DIABETES MELLITU	125.00	<input type="checkbox"/> 13600	BIOPSY - MUCOSA/SKIN (OPERATION ONLY)	51.92	<input type="checkbox"/> 00103	HOME VISIT(SERVICE RENDERED BETWEEN 0800-2300HRS)	115.73
<input type="checkbox"/> 14051	GP ANNUAL CHRONIC CARE INCENTIVE- HEART FAILURE	125.00	<input type="checkbox"/> 13620	EXCISION TUMOR OF SKIN/SCAR UP TO 5CM	66.35	<input type="checkbox"/> 12100	VISIT IN OFFICE (AGE 0-1)	34.79
<input type="checkbox"/> 14052	GP ANNUAL CHRONIC CARE INCENTIVE- HYPERTENSION	50.00	<input type="checkbox"/> 00190	ELECTROSURG./CRYOTHERAPY FOR REMOVAL OF WARTS ETC.	31.62	<input type="checkbox"/> 12101	COMPLETE EXAMINATION IN OFFICE (AGE 0-1)	76.83
<input type="checkbox"/> 14053	GP ANNUAL CHRONIC CARE INCENTIVE - COPD	125.00	<input type="checkbox"/> 14540	INSERTION INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)	43.15	<input type="checkbox"/> 12120	INDIVIDUAL COUNSELLING IN OFFICE (AGE 0 - 1)	62.05
<input type="checkbox"/> 14033	ANNUAL COMPLEX CARE MANAGEMENT FEE	315.00	<input type="checkbox"/> 14560	ROUTINE PELVIC EXAM INCLUDING PAP	31.62			
<input type="checkbox"/> 14066	PERSONAL HEALTH RISK ASSESSMENT	50.00	<input type="checkbox"/> 13005	ADVICE ABOUT A PATIENT IN COMMUNITY CARE	18.22			
<input type="checkbox"/> 14075	GP ATTACHMENT COMPLEX CARE MANAGEMENT FEE	315.00	<input type="checkbox"/> 14077	GP ATTACHMENT PATIENT CONFERENCE FEE	40.00			
<input type="checkbox"/> 14063	GENERAL PRACTICE PALLIATIVE CARE PLANNING FEE	100.00	<input type="checkbox"/> 14078	GP EMAIL/TEXT/TELEPHONE MEDICAL ADVICE RELAY FEE	7.00			
<input type="checkbox"/> 14044	GP MENTAL HEALTH MANAGEMENT FEE AGE 2-49	56.41	<input checked="" type="checkbox"/> 14094	POST-NATAL OFFICE VISIT	31.62			
<input type="checkbox"/> 14043	GP MENTAL HEALTH PLANNING FEE	100.00	<input type="checkbox"/> 14090	PRENATAL VISIT- COMPLETE EXAMINATION	84.43			
			<input type="checkbox"/> 14091	PRENATAL VISIT - SUBSEQUENT EXAMINATION	31.62			
			<input type="checkbox"/> 14076	GP ATTACHMENT TELEPHONE MANAGEMENT FEE	20.00			

Referral Doctor **Referral Type**
 Select Type
code search
 Select Type
code search

Recent Referral Doctors Used **Referral Doctor on Master Record**
none none

Other service/procedure/premium codes **Unit**
14094 .5
.5
.5
code search

Diagnostic Code
V24
dx code search

Short Claim Note ☐ Ignore Warnings

No Correspondence
Billing Notes (Notes are for internal use and will not be sent to MSP)

Continue **Cancel**

5. EMR Optimization

Billing worksheets - vaccination

oscarBC Billing

Patient FPMS/MISC, 2020 **Age** 0 **Invoice List** **Patient Status** AC **Roster Status** FPMS/Misc **Assigned Physician**

Billing Form **Billing Physician** **Billing Type** **Clarification Code** **Service Location**
Immunizations de Valence, Moira Bill MSP VANCOUVER A|Practitioner's Office - In Community

Service Date **Service to date** **After Hours** **Time Call** **Start (HHMM 24hr):** **End (HHMM 24hr):** **Dependent** **Sub Code** **Payment Method**
2020-10-18 No No No O - Normal ELECTRONIC **Facility**

Group1 Name	Description	\$Fee
Referral Doctor Referral Type <input type="text"/> <input type="text"/> <input type="button" value="code search"/> <input type="button" value="code search"/> Recent Referral Doctors Used Referral Doctor on Master Record none none		

Immunizations	Description	\$Fee
<input type="checkbox"/> 00034	INJECTION SUBCUTANEOUS	11.37
<input type="checkbox"/> 00010	INJECTION, INTRAMUSCULAR	11.37
<input type="checkbox"/> 10015	IMMUNIZATION - PATIENT < 19 YRS - INFLUENZA (FLU)	5.43
<input type="checkbox"/> 10030	IMMUNIZATION-PATIENT < 19 YRS-MMR/V	5.43
<input type="checkbox"/> 10011	IMMUNIZATION-PATIENT < 19 YRS-DTAP-IPV-HIB	5.43
<input type="checkbox"/> 10026	IMMUNIZ - PATIENT < 19 YRS-VARICELLA(CHICKENPOX)	5.43
<input type="checkbox"/> 10027	IMMUNIZATION-PATIENT < 19YRS-DTAP-HB-IPV-HIB	5.43
<input checked="" type="checkbox"/> 10029	IMMUNIZATION-PATIENT <19 YRS - ROTAVIRUS	5.43
<input checked="" type="checkbox"/> 10023	IMMUNIZATION-PATIENT <19 YRS-PCV13 PNEUMOCOCCAL	5.43
<input checked="" type="checkbox"/> 10020	IMMUNIZATION-PATIENT <19 YRS-MEN-C MENINGOCOCCAL C	5.43

Other service/procedure/premium codes	Unit
10020	.5
10023	.5
10029	.5

Visits	Description	\$Fee
<input type="checkbox"/> 12100	VISIT IN OFFICE (AGE 0-1)	34.79

Diagnostic Code
 05a
 05a
 05a

Short Claim Note ☐ **Ignore Warnings**

Billing Notes (Notes are for internal use and will not be sent to MSP)

Continue

Cancel

Billing Tips

COMPLETE AND APPROPRIATE CHARTING IS ESSENTIAL

1. **I4094** Postnatal Office visit, may be billed up to 6 weeks postpartum.
2. **I2100** Visit in office, 0-1 years old.
Use for routine well baby visits, ICD-9 = 05a Growth and Development
3. **I2101** Complete examination in office, 0-1 years old.
For condition requiring complete physical examination and detailed history. Routine or periodic physical examination (check-up) is not a benefit under MSP.
 - Neonatal Jaundice (ICD-9 = 774)
 - Nippissing Development Screen at 18 months (ICD-9 = V79.3 Special screening for developmental delay in childhood)

Billing Tips

COMPLETE AND APPROPRIATE CHARTING IS ESSENTIAL

Immunizations for Patients 18 Years of Age or Younger

10010	Tdap-IPV or DTaP-IPV (Diphtheria, Tetanus, Pertussis, Polio)	10021	Meningococcal Quadrivalent Conjugate (Groups A, C, Y, W-135)
10011	DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio, Hib)	10022	MMR (Measles, Mumps, Rubella)
10012	Td (Tetanus, Diphtheria)	10023	Pneumococcal Conjugate (PCV13)
10013	Td/IPV (Tetanus, Diphtheria, Polio)	10024	Pneumococcal Polysaccharide (PPV23)
10014	Tdap (Tetanus, Diphtheria, Pertussis)	10025	Rabies
10015	Influenza (Flu)	10026	Varicella (Chickenpox)
10016	Hepatitis A	10027	DTap-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hep B, Polio, Hib)
10017	Hepatitis B	10028	HPV (Human Papillomavirus)
10018	Haemophilus influenza type b (Hib)	10029	Rotavirus
10019	Polio (IPV)	10030	MMR/V (Measles, Mumps, Rubella and Varicella)
10020	Meningococcal C Conjugate (MEN-C)		



ICD-9

Vaccine billable in addition to visit for patients 18 Years of age or younger.

This fee may only be claimed up to 4 times per patient per day.

This fee is billable only for the following specific patient populations: patients 18 or younger

33A

Conclusion

- ▶ When parents give birth, they take one step on their journey in parenthood. They take further steps in the days, weeks, and months after birth.
- ▶ Our responsibility to new families includes comprehensive postpartum and newborn care that encompasses their physical, mental, and emotional needs.




Additional Training in Maternity Care

MC4BC (Maternity Care for BC)


[←](#) [→](#) [↻](#) <https://gpscbc.ca/what-we-do/clinical-supports/maternity-care-bc> [☆](#) [🌱](#) [⚙️](#) [🌐](#) [🔒](#)

[CONTACT US](#)



General Practice Services Committee

[HOME](#) [WHO WE ARE](#) [WHAT WE DO](#) [OUR IMPACT](#) [NEWS](#)



Clinical Supports Maternity Care for BC

WHAT WE DO

Clinical Supports

- In-Patient Care
- Long-term Care
- **Maternity Care for BC**

Collective Voice
Incentives
Practice Supports
System Change

Recognizing the importance providing obstetrical care in practices, Maternity Care for BC (MC4BC) supports family doctors to strengthen their obstetrical knowledge and skills through hands-on experience, peer mentorship, and financial compensation.

GPs who currently provide (or intend to provide) maternity services, including antepartum, labour and delivery, postpartum, and/or breast-feeding care, are eligible to participate in MC4BC.

QUICK LINKS

- > [CLFP Payment](#)
- > [PMHs and PCNs](#)
- > [Doctors Technology Office](#)
- > [Practice Support Program](#)

Getting Patients

We work on behalf of doctors to strengthen full-service family practice and patient care in BC.

Additional Training in Maternity Care

REAP (Rural Education Action Plan): ROAM (Rural Obstetrical and Maternity Sustainability Program)

→ ↻ 🔒 rccbc.ca/rccbc-initiatives/rural-obstetrical-and-maternity-sustainability-program-roam-sp/ ☆ 🗨️ ⚙️

☆ 🗨️ ⚙️ (



Rural Coordination
Centre of BC

RCCbc Education + CME/CPD Practitioner s

The Rural Education Action Plan (REAP) supports the training needs of physicians in rural practice, provides undergraduate medical students and postgraduate residents with rural practice experience, and increases rural physician participation in the medical school selection process.

REAP was established as a result of the *Rural Practice Subsidiary Agreement (RSA)*, and is managed by the *Joint Standing Committee on Rural Issues (JSC)*. REAP oversees and/or contributes to the following rural education programs:

Learners Residents Practitioners



Rural Obstetrical and Maternity Sustainability Program (ROAM-SP)

RCCbc Initiatives

- › Rural Health Services Support initiatives/Networks
- › Knowledge-based initiatives

Through ROAM, eligible rural maternity teams have the opportunity to access support and funding to strengthen peer, facility, and regional networks and relationships, and to create and implement a plan that enhances their ability to provide sustainable, high quality maternity care for women and families in rural BC.

What is ROAM?

Questions/Comments?

