



# PRA-BC Orientation: **I've had the baby: Now What? A guide to early postpartum & newborn care**

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With thanks to Dr. Karen Buhler and Dr.  
Moira de Valence**

Sept 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 xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/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](http://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 feeding concerns or jaundice



# Case 1: Farah

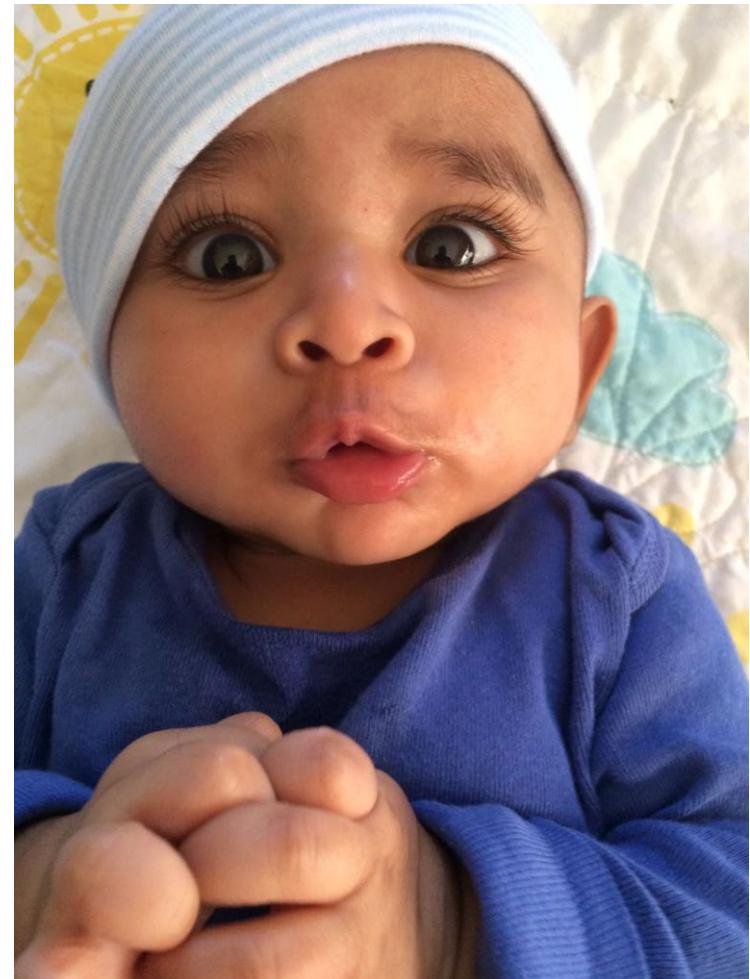
The **public health nurse** saw Farah and Liam the first day after discharge, at day 4 of life/postpartum. They reported that Farah's milk was just starting to come in. They helped Farah to reposition for a deep latch with breastfeeding. Weight on day 4 was 3335g.

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

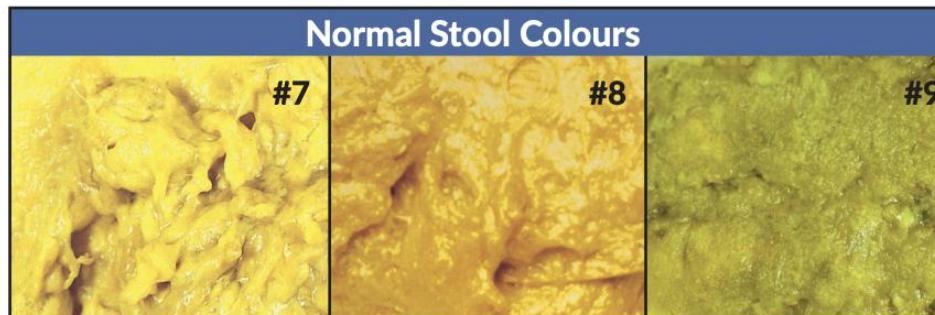
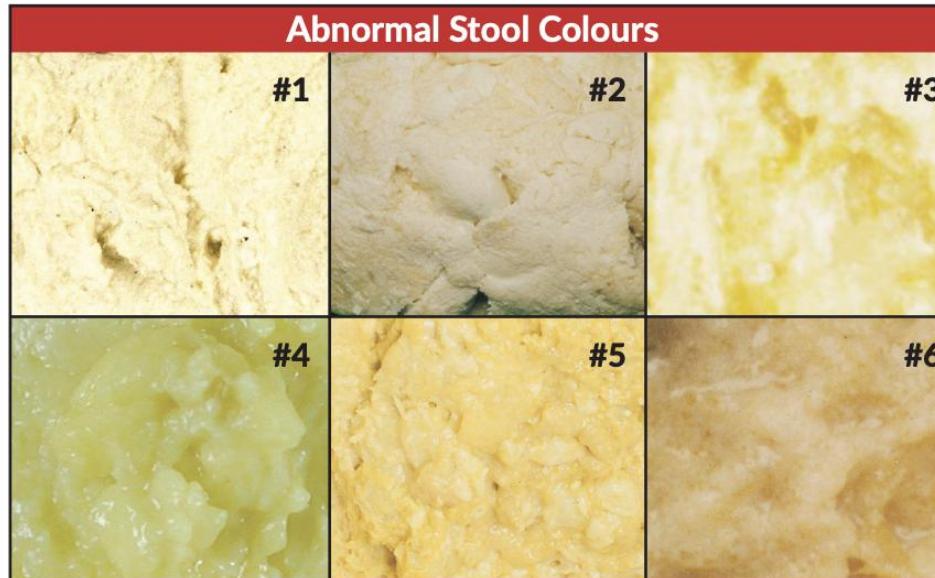
1. Baby
2. Breasts
3. Belly
4. Bottom
5. Bowels
6. Bladder
7. Bleeding
8. Baby blues & postpartum depression
9. Birth control



# Baby

Doctor's Question	Farah's response	Learning point
<b>How is the latch? How long are the feeds? Is Liam content after feeding?</b>	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.
<b>How many wet diapers (urine) does Liam have in a day?</b>	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.
<b>How many dirty diapers (stool) does Liam have in a day?</b>	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
<b>What colour is the stool?</b>	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: <a href="http://www.perinatalservicesbc.ca/our-services/screening-programs/biliary-atresia-home-screening-program">http://www.perinatalservicesbc.ca/our-services/screening-programs/biliary-atresia-home-screening-program</a>

## BC INFANT STOOL COLOUR CARD © SCREENING PROGRAM FOR BILIARY ATRESIA



**CHECK YOUR BABY'S STOOL COLOUR EVERY DAY  
FOR THE FIRST MONTH AFTER BIRTH TO SCREEN  
FOR BILIARY ATRESIA**

# Template – 1<sup>st</sup> 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

# 1<sup>st</sup> 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
- ▶  $215 \text{ g weight loss} / \text{Birth weight 3550 g} = 6.0\%$  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 12-120 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

—option one—

**Birth date:**  **Birth time:**

**Sampling date:**  **Sampling time:**

—option two—

**Age (hours) at sampling:**

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**Total Bilirubin:**

**Gestational age:**

**Other Neurotoxicity Risk Factors:**

in ppm

Isoimmune (or other) hemolytic disease or G6PD deficiency  
 Sepsis or clinical suspicion of sepsis  
 Albumin < 3.0 g/dL (30 g/L)  
 Significant clinical instability in the previous 24 hours

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© 2004-2025 – [BiliTool](#), Inc. | Tried. True.

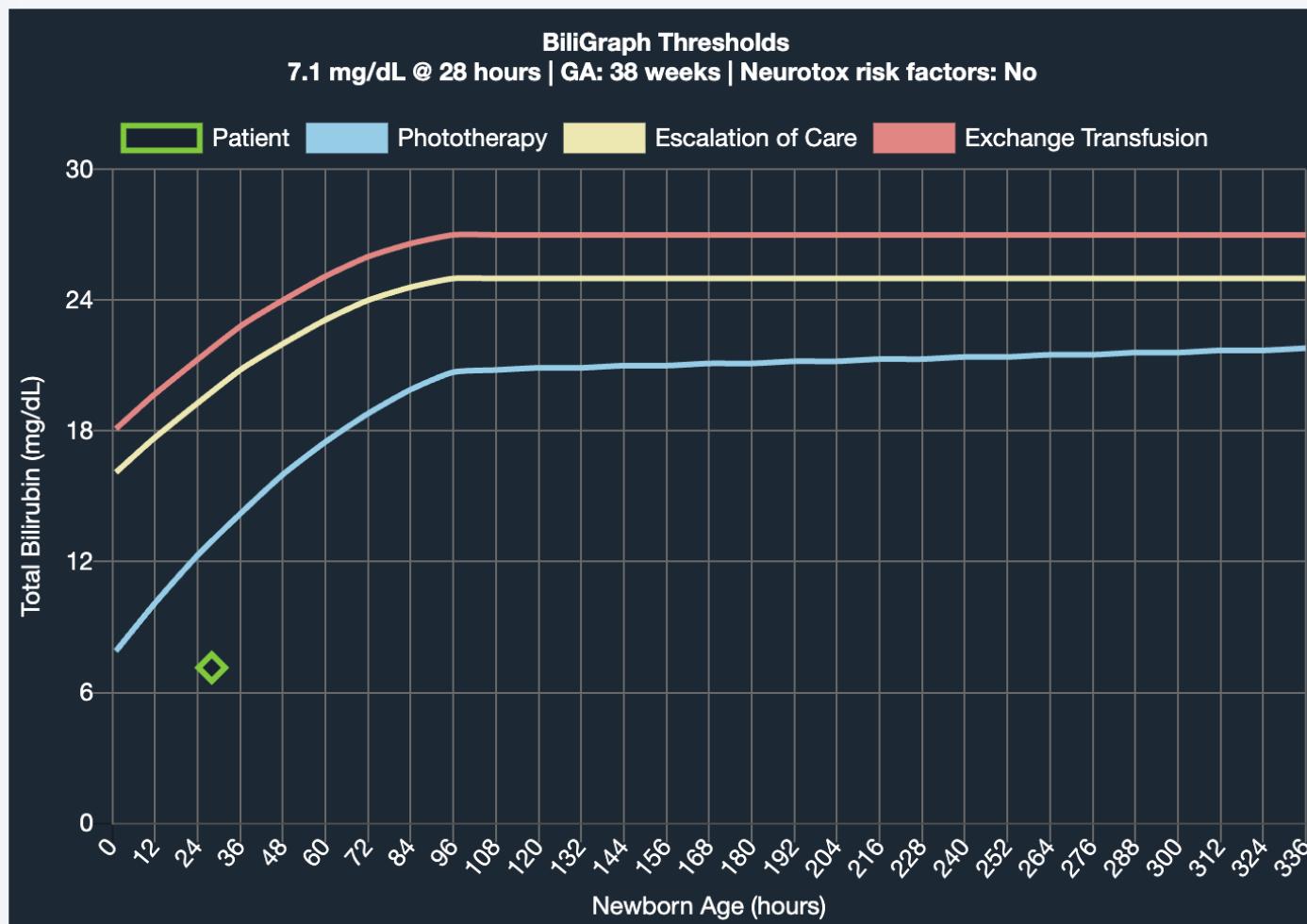
# BiliTool

Patient Summary		
Age at sampling:	28 hours	
Total Bilirubin:	122 µmol/L	
Bilirubin trend:	Not available ( <a href="#">Learn more »</a> )	
ETCO <sub>c</sub> :	Not provided	
Gestational Age (GA):	38 weeks	
Neurotoxicity Risk Factors:	No	
Recommendations		<a href="#">Copy to Clipboard</a>
	Recommendation	Threshold
If using TcB, confirm with TSB?	<b>No</b>	171 µmol/L
Phototherapy?	<b>No</b>	220.6 µmol/L
Escalation of Care? ( <a href="#">More »</a> )	<b>No</b>	340.4 µmol/L
Exchange Transfusion?	<b>No</b>	374.6 µmol/L

## Postdischarge Follow Up

For the baby **99.2  $\mu\text{mol/L}$  (5.8 mg/dL)** below the phototherapy threshold (**delta-TSB**) at 28 hours of age (during birth hospitalization with no prior phototherapy):

**If discharging < 72 hours, then follow-up within 2 days. Recheck TSB or TcB according to clinical judgment. If discharging  $\geq 72$  hours, then use clinical judgment.**



# Jaundice

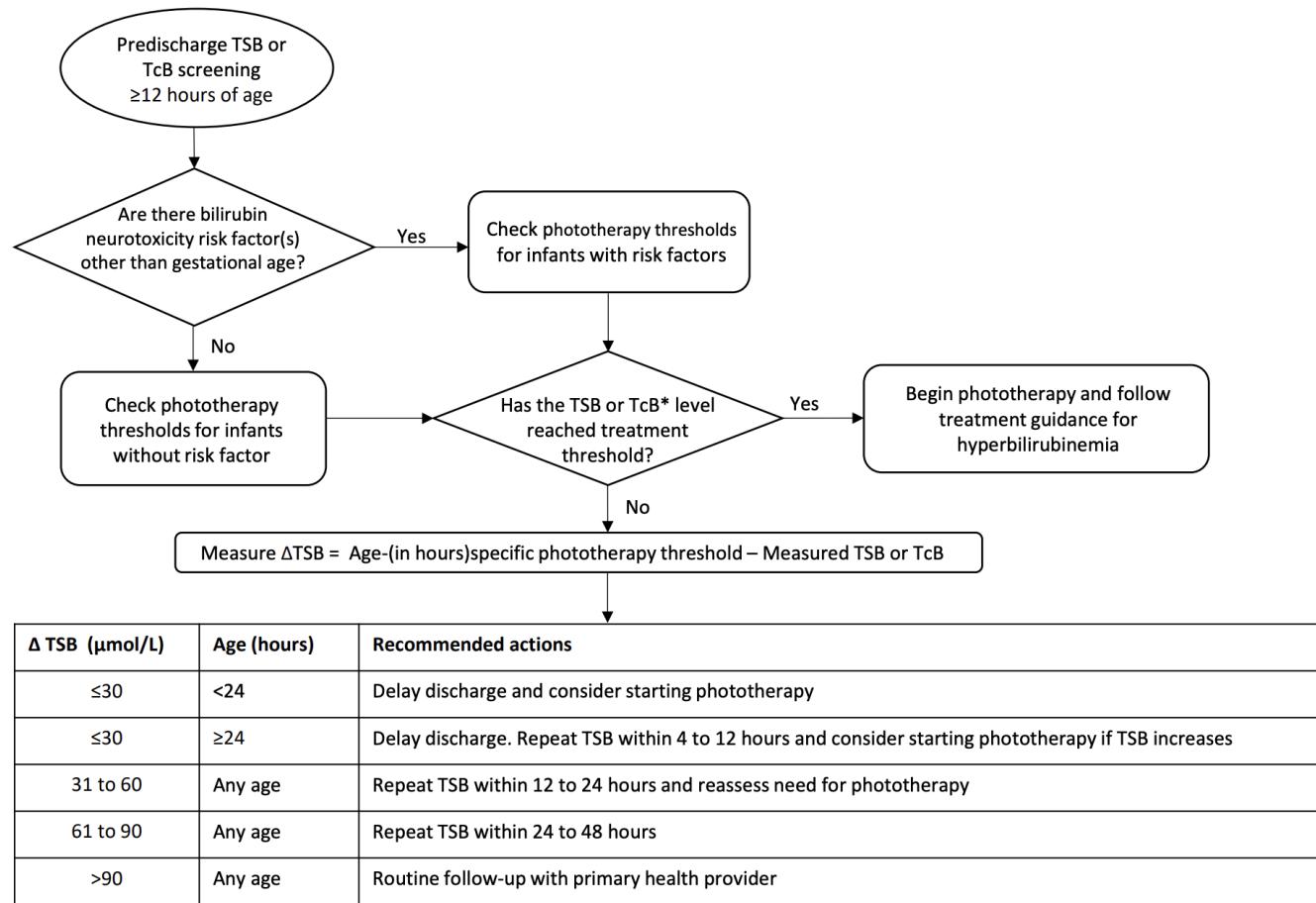
## Key points:

- When in doubt – call paed/newborn on call group in hospital for advice
- Know if your local hospital is using the updated 2022 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

# CPS 2025 Position Statement for Term NBs



Source: Guidelines for detection and management of hyperbilirubinemia in term and late preterm newborns. © Canadian Paediatric Society, 2025. Also available at [www.cps.ca](http://www.cps.ca).

# Template – 1<sup>st</sup> 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)?**

# 9<sup>th</sup> 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?**

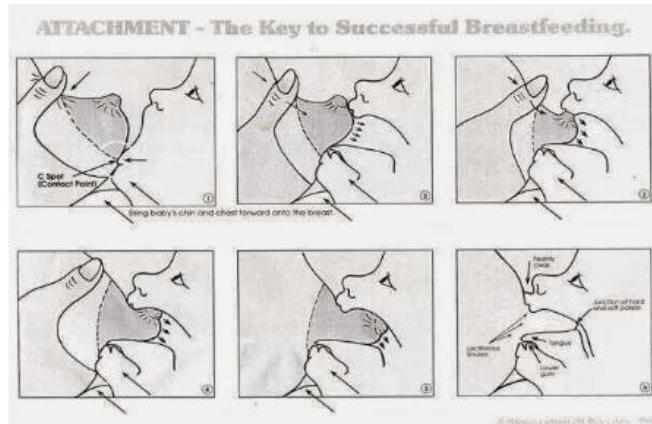
# Breastfeeding

- 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".

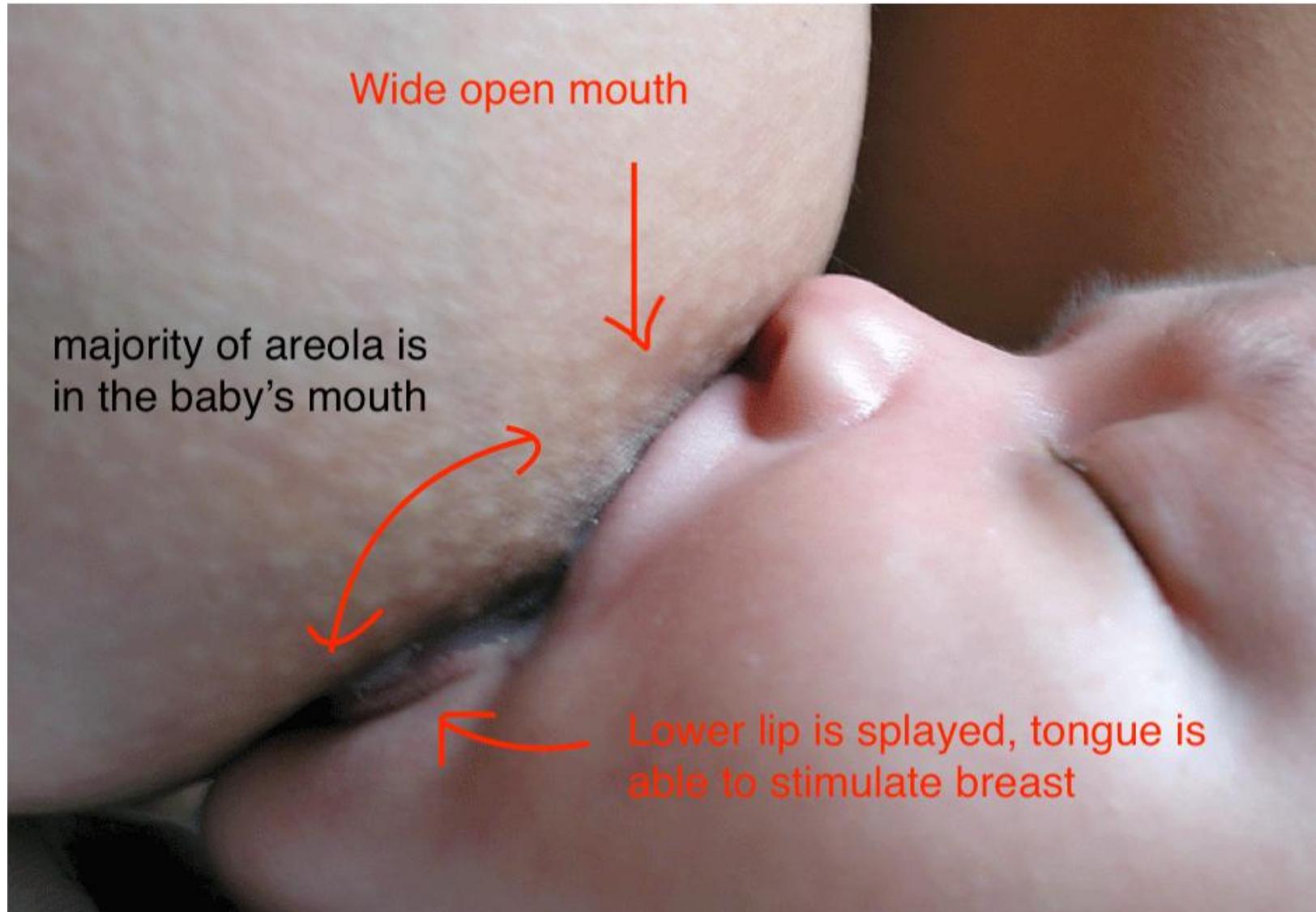
SIGNS OF A GOOD LATCH
Asymmetrical (more of areola below nipple is in baby's mouth than above)
Most of areola is inside baby's mouth
Lips are flanged outward
Nipple is in "comfort zone" at where soft palate starts
Tongue mobilizes forward and upward enough to make a seal



# 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):  
    Latch 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



# 1. 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.

# 1. Use reference cards and checklists

## Rourke Baby Record

[www.rourkebabycare.ca](http://www.rourkebabycare.ca)

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

©2011 Drs. J. Rourke, D. Leduc and J. Rourke Revised July 2011 www.rourkebabycare.ca		RBR		Canadian Paediatric Society SOCIÉTÉ CANADIENNE DE PÉDIATRIE		THE COLLEGE OF FAMILY PHYSICIANS OF CANADA LE COLLEGE DES MÉDECINS DE FAMILLE DU CANADA							
Pregnancy/Birth remains/age/par:		Risk factors/Family history:		Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance				GUIDE I: 0-1 mo					
				NAME: _____ Birth Day (mm/yr): _____ M   F									
				Gestational Age: _____ Birth Length: _____ cm Birth Wt: _____ g Head Circ: _____ cm Discharge Wt: _____ g									
DATE OF VISIT	within 1 week			2 weeks (optional)			1 month						
	Height	Weight	HC (e.g 25 cm)	Height	Weight (regens 8W) 1-3 wks)	Head Circ.	Height	Weight	Head Circ.				
PARENT/CAREGIVER CONCERNs													
NUTRITION <sup>1</sup>													
<input type="checkbox"/> Breastfeeding (exclusive) <sup>2</sup> Vitamin D 400 IU/day <sup>3</sup> <input type="checkbox"/> Formula Feeding (non breastfed) <sup>4</sup> (150 mL/5 oz/kg/day) <sup>5</sup> <input type="checkbox"/> Stool pattern and urine output										<input type="checkbox"/> Breastfeeding (exclusive) <sup>2</sup> Vitamin D 400 IU/day <sup>3</sup> <input type="checkbox"/> Formula Feeding (non breastfed) <sup>4</sup> (150 mL/5 oz/kg/day) <sup>5</sup> <input type="checkbox"/> Stool pattern and urine output		<input type="checkbox"/> Breastfeeding (exclusive) <sup>2</sup> Vitamin D 400 IU/day <sup>3</sup> <input type="checkbox"/> Formula Feeding (non breastfed) <sup>4</sup> (450-750 mL/15-25 oz/day) <sup>5</sup> <input type="checkbox"/> Stool pattern and urine output	
EDUCATION AND ADVICE													
<input checked="" type="checkbox"/> discussed and no concerns <input checked="" type="checkbox"/> X concerns										<input type="checkbox"/> Sleep position/room sharing/avoid bed sharing <sup>6</sup> <input type="checkbox"/> Crib safety <sup>7</sup> <input type="checkbox"/> Choking/safe toys <sup>8</sup> <input type="checkbox"/> <b>Pearns safety/removal<sup>9</sup></b>			
<input type="checkbox"/> Behaviour and family issues Sleep/crying <sup>10</sup> <input type="checkbox"/> Parenting/bonding Other issues Alcohol and smoke <sup>11</sup> <input type="checkbox"/> Counter on/potter use <sup>12</sup> <input type="checkbox"/> Fever advice/thermometers <sup>13</sup>										<input type="checkbox"/> Soothing/responsiveness <input type="checkbox"/> Parental fatigue/postpartum depression <sup>14</sup> <input type="checkbox"/> High risk infant/assess home visit need <sup>15</sup> <input type="checkbox"/> Family conflicts/stress <input type="checkbox"/> <b>Stilings</b> <input type="checkbox"/> No OTC cough/cold medicine <sup>16</sup> <input type="checkbox"/> Temperature control and overdressing <input type="checkbox"/> Injuries or complications/alternative medicine <sup>17</sup> <input type="checkbox"/> Sun exposure/sunscreen/insect repellent <sup>18</sup>			
DEVELOPMENT <sup>19</sup> (inquiry and observation of milestones)										<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns			
Milestones are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB: Correct for age if < 27 weeks gestation <input checked="" type="checkbox"/> if estimated <input checked="" type="checkbox"/> X if estimated										<input type="checkbox"/> Reuse gaze <input type="checkbox"/> Starts to crawl <input type="checkbox"/> Climbs well on counter <input type="checkbox"/> Sucks 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 history and physical examination is recommended at each visit.										<input type="checkbox"/> Skin (jaundice, dry) <input type="checkbox"/> Fontanelles <sup>20</sup> <input type="checkbox"/> Eyes (red reflex) <sup>21</sup> <input type="checkbox"/> Ear (TMJ) Hearing (imply screening) <sup>22</sup> <input type="checkbox"/> Heart <sup>23</sup> <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Capillary refill <sup>24</sup> <input type="checkbox"/> Muscle tone <sup>25</sup> <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/foreskin care			
PROBLEMS AND PLANS										<input type="checkbox"/> Skin (jaundice) <input type="checkbox"/> Fontanelles <sup>20</sup> <input type="checkbox"/> Eyes (red reflex) <sup>21</sup> <input type="checkbox"/> Ear (TMJ) Hearing (imply screening) <sup>22</sup> <input type="checkbox"/> Heart <sup>23</sup> <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Capillary refill <sup>24</sup> <input type="checkbox"/> Muscle tone <sup>25</sup> <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/foreskin care			
INVESTIGATIONS/IMMUNIZATION													
Discuss immunization pain reduction strategies <sup>26</sup>										<input type="checkbox"/> Record Vaccines on Guide V			
HBsAg <sup>27</sup> <input type="checkbox"/> HBsAg <sup>28</sup> Hemophagocytosis Screen if at risk <sup>29</sup> <input type="checkbox"/> Newborn hearing screening (UNHS) <sup>30</sup> <input type="checkbox"/> If HBsAg-positive parent/child Hep B Vaccine #1 <sup>31</sup> <input type="checkbox"/> Record Vaccines on Guide V										<input type="checkbox"/> If HBsAg-positive parent/child Hep B Vaccine #2 <sup>32</sup> <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 (solid circle), Fair (half circle), Considerable (open circle).  
 See Rourke Baby Record Resources 1: General      See Rourke Baby Record Resources 2: Healthy Child Development      See Rourke Baby Record Resources 3: 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.rourkebabycare.ca](http://www.rourkebabycare.ca)

# 1. Use reference cards and checklists

## EPDS for postpartum depression

- ▶ <http://www.perinatalservice.sbc.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  As much as I always could  
1  Not quite so much now  
2  Definitely not so much now  
3  Not at all

2. I have looked forward with enjoyment to things  
0  As much as I ever did  
1  Rather less than I used to  
2  Definitely less than I used to  
3  Hardly at all

3. I have blamed myself unnecessarily when things went wrong  
3  Yes, most of the time  
2  Yes, some of the time  
1  Not very often  
0  No, never

4. I have been anxious or worried for no good reason  
0  No, not at all  
1  Hardly ever  
2  Yes, sometimes  
3  Yes, very often

5. I have felt scared or panicky for no very good reason  
3  Yes, quite a lot  
2  Yes, sometimes  
1  No, not much  
0  No, not at all

6. Things have been getting on top of me  
3  Yes, most of the time I haven't been able to cope  
2  Yes, sometimes I haven't been coping as well as usual  
1  No, most of the time I have coped quite well  
0  No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping  
3  Yes, most of the time  
2  Yes, sometimes  
1  Not very often  
0  No, not at all

8. I have felt sad or miserable  
3  Yes, most of the time  
2  Yes, quite often  
1  Not very often  
0  No, not at all

9. I have been so unhappy that I have been crying  
3  Yes, most of the time  
2  Yes, quite often  
1  Only occasionally  
0  No, never

10. The thought of harming myself has occurred to me  
3  Yes, quite often  
2  Sometimes  
1  Hardly ever  
0  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](http://perinatalservicesbc.ca).*

The Royal College of Psychiatrists 1987. From Cox, JL, Holden, JM, 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
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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**  
7<sup>th</sup> edition

### 3. Give the parent resources

## CPS Caring for Kids Website

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



The screenshot shows the homepage of the CPS Caring for Kids website. At the top, there is a navigation bar with icons for back, forward, search, and other site functions. Below the bar, the website's logo, "caring for kids .cps.ca", is displayed, followed by the tagline "Information for parents from Canada's paediatricians". To the right of the logo is a photograph of five diverse children (three girls and two boys) lying down and resting their heads on their hands. The main content area is divided into sections: "News to Use" (with articles on vaccination, COVID-19, and stressful events), "Ages & Stages" (with links for preparing for a baby, new baby, growing child, and tweens), and "Resources" (with links for healthy sleep, games, cannabis, and more). The overall design is clean and family-oriented.

← → ⌂ caringforkids.cps.ca

☆    

# caring for kids .cps.ca

Information for parents from Canada's paediatricians

## 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.

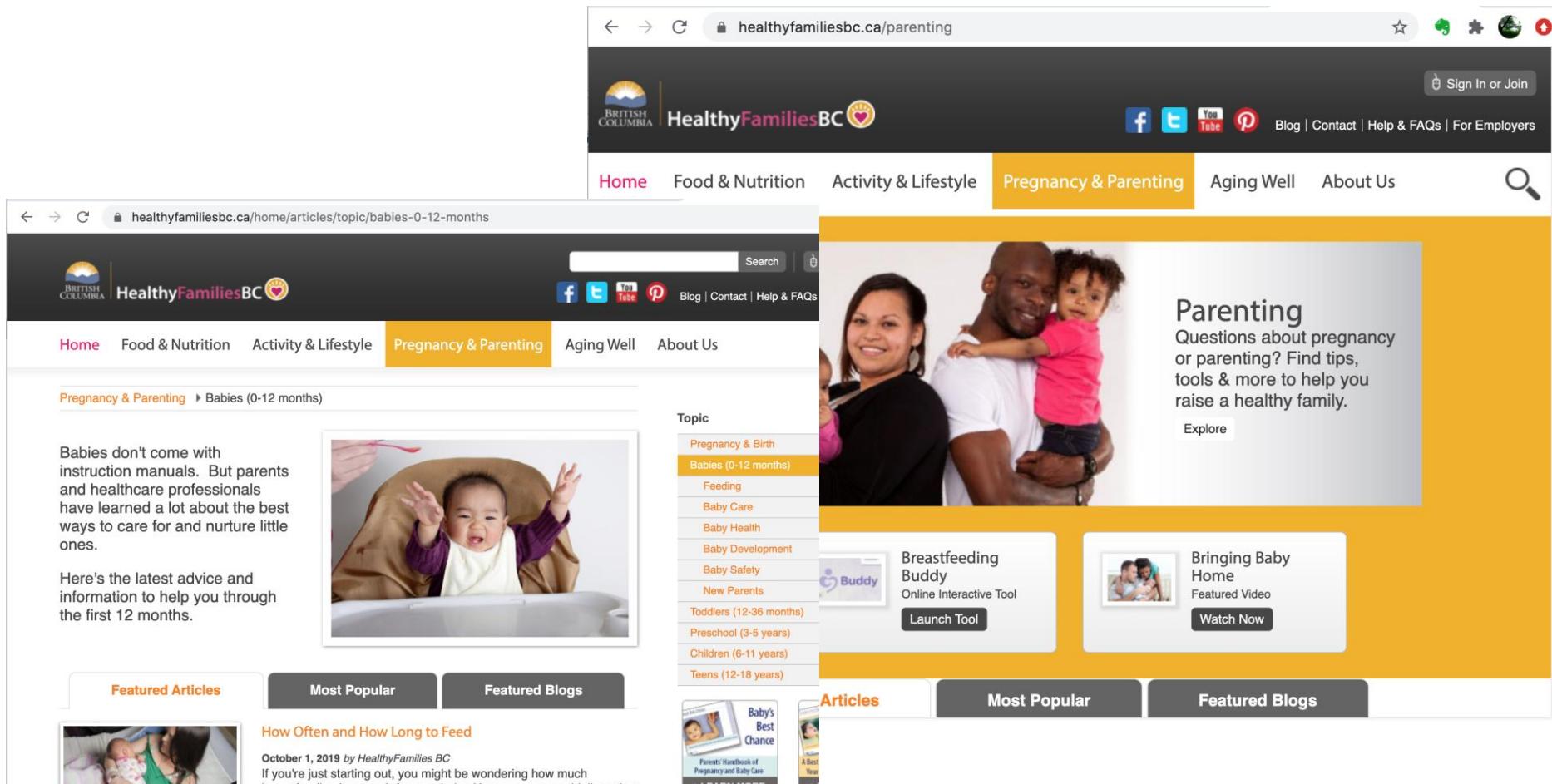
## Ages & Stages

- **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 screenshot shows the Healthy Families BC website with a focus on the parenting section. The top navigation bar includes links for Home, Food & Nutrition, Activity & Lifestyle, **Pregnancy & Parenting** (which is the active tab), Aging Well, and About Us. The top right features social media icons for Facebook, Twitter, YouTube, and Pinterest, along with links for Sign In or Join, Blog, Contact, Help & FAQs, and For Employers. A search bar is also present.

The main content area has a yellow header with the text "Parenting" and a subtext: "Questions about pregnancy or parenting? Find tips, tools & more to help you raise a healthy family." Below this is a large photo of a smiling man holding a baby. To the left, there's a sidebar with a list of topics under "Topic" including Pregnancy & Birth, **Babies (0-12 months)** (which is the active topic), 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). Below the sidebar are three call-to-action boxes: "Breastfeeding Buddy Online Interactive Tool" with a "Launch Tool" button, "Bringing Baby Home Featured Video" with a "Watch Now" button, and a "Baby's Best Chance" article thumbnail.

The left sidebar contains text about babies not coming with instruction manuals and advice for the first 12 months. It also lists "Featured Articles", "Most Popular", and "Featured Blogs".

### 3. Give the parent resources

#### Perinatal Services BC

<http://www.perinitalservicesbc.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](#)



#### 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

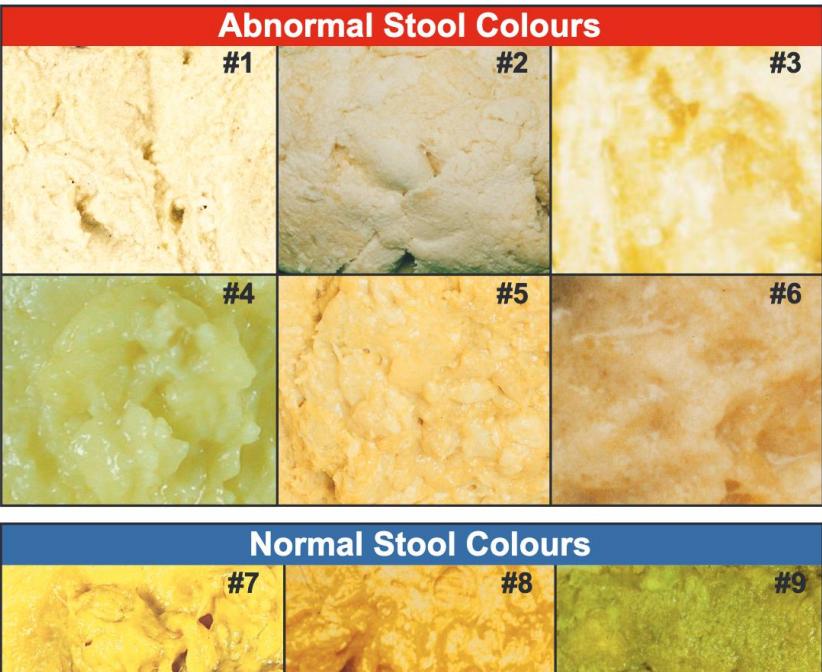


### 3. Give the parent resources

#### Biliary atresia stool colour card



#### BC INFANT STOOL COLOUR CARD® SCREENING PROGRAM FOR BILIARY ATRESIA

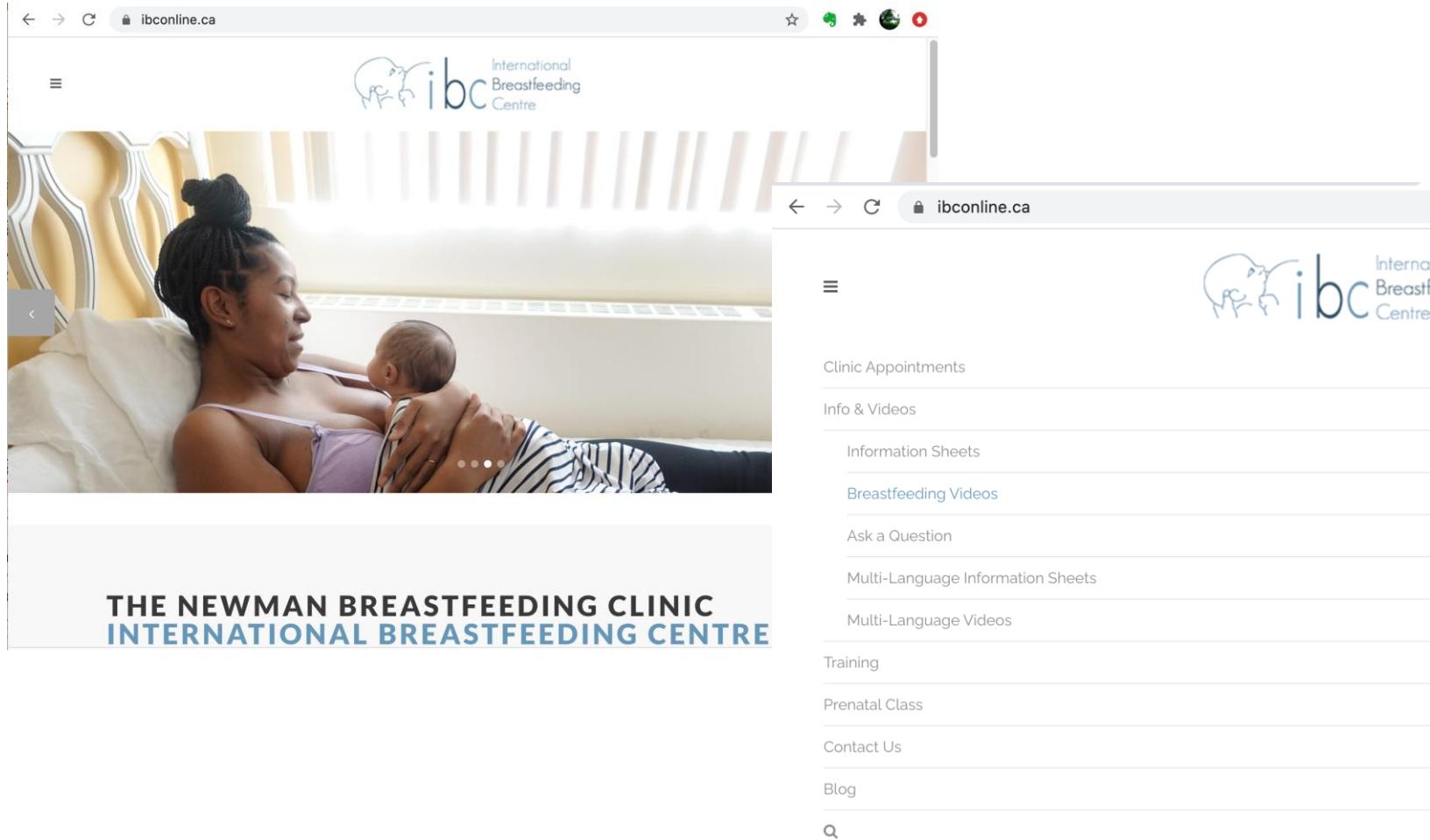


[http://www.perinitalservicesbc.ca/Documents/Screening/BiliaryAtresia/StoolColourCard\\_English.pdf](http://www.perinitalservicesbc.ca/Documents/Screening/BiliaryAtresia/StoolColourCard_English.pdf)

### 3. Give the parent resources

## International Breastfeeding Centre (Dr Newman)

<https://ibconline.ca/>



The screenshot displays the homepage of the International Breastfeeding Centre (ibconline.ca). The top navigation bar includes a back and forward button, a refresh button, a lock icon, and the URL 'ibconline.ca'. The top right corner features a toolbar with icons for star, green, puzzle, globe, and red. The main content area features a large image of a woman in a purple top breastfeeding a baby. Below this image, the text 'THE NEWMAN BREASTFEEDING CLINIC INTERNATIONAL BREASTFEEDING CENTRE' is displayed in a bold, blue, sans-serif font. To the right, a sidebar lists various resources: 'Clinic Appointments', 'Info & Videos', 'Information Sheets', 'Breastfeeding Videos', 'Ask a Question', 'Multi-Language Information Sheets', 'Multi-Language Videos', 'Training', 'Prenatal Class', 'Contact Us', and 'Blog'. A magnifying glass icon is located at the bottom right of the sidebar.

ibconline.ca

International Breastfeeding Centre

THE NEWMAN BREASTFEEDING CLINIC  
INTERNATIONAL BREASTFEEDING CENTRE

Clinic Appointments

Info & Videos

Information Sheets

Breastfeeding Videos

Ask a Question

Multi-Language Information Sheets

Multi-Language Videos

Training

Prenatal Class

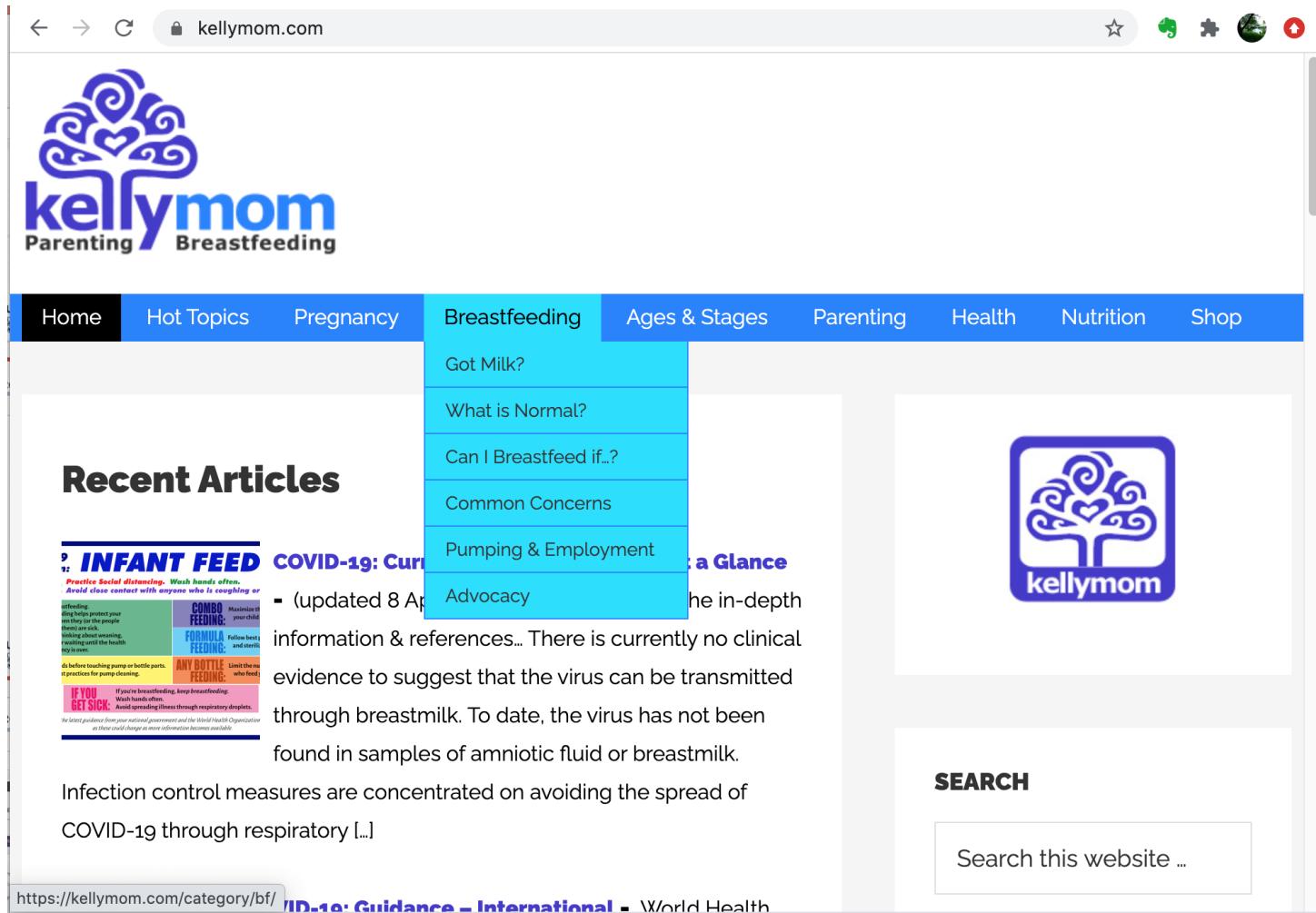
Contact Us

Blog

# 3. Give the parent resources

## Kellymom

<https://kellymom.com/>



The screenshot shows the Kellymom website homepage. The header features the Kellymom logo with a stylized tree icon and the text "kellymom Parenting Breastfeeding". A navigation bar with categories like Home, Hot Topics, Pregnancy, Breastfeeding (which is highlighted in blue), Ages & Stages, Parenting, Health, Nutrition, and Shop. On the left, a sidebar titled "Recent Articles" includes sections for "INFANT FEED" (with sub-links for Social distancing, Handwashing, and Feeding), "COVID-19: Current Guidance", and "Advocacy". A dropdown menu for "Breastfeeding" is open, listing "Got Milk?", "What is Normal?", "Can I Breastfeed if...?", "Common Concerns", "Pumping & Employment", and "Advocacy". The main content area has a large image of the Kellymom logo and text about COVID-19 and breastmilk. At the bottom, there's a search bar and a link to the COVID-19 guidance page.

Recent Articles

**INFANT FEED**

**COVID-19: Current Guidance**

Advocacy

Got Milk?

What is Normal?

Can I Breastfeed if...?

Common Concerns

Pumping & Employment

Advocacy

SEARCH

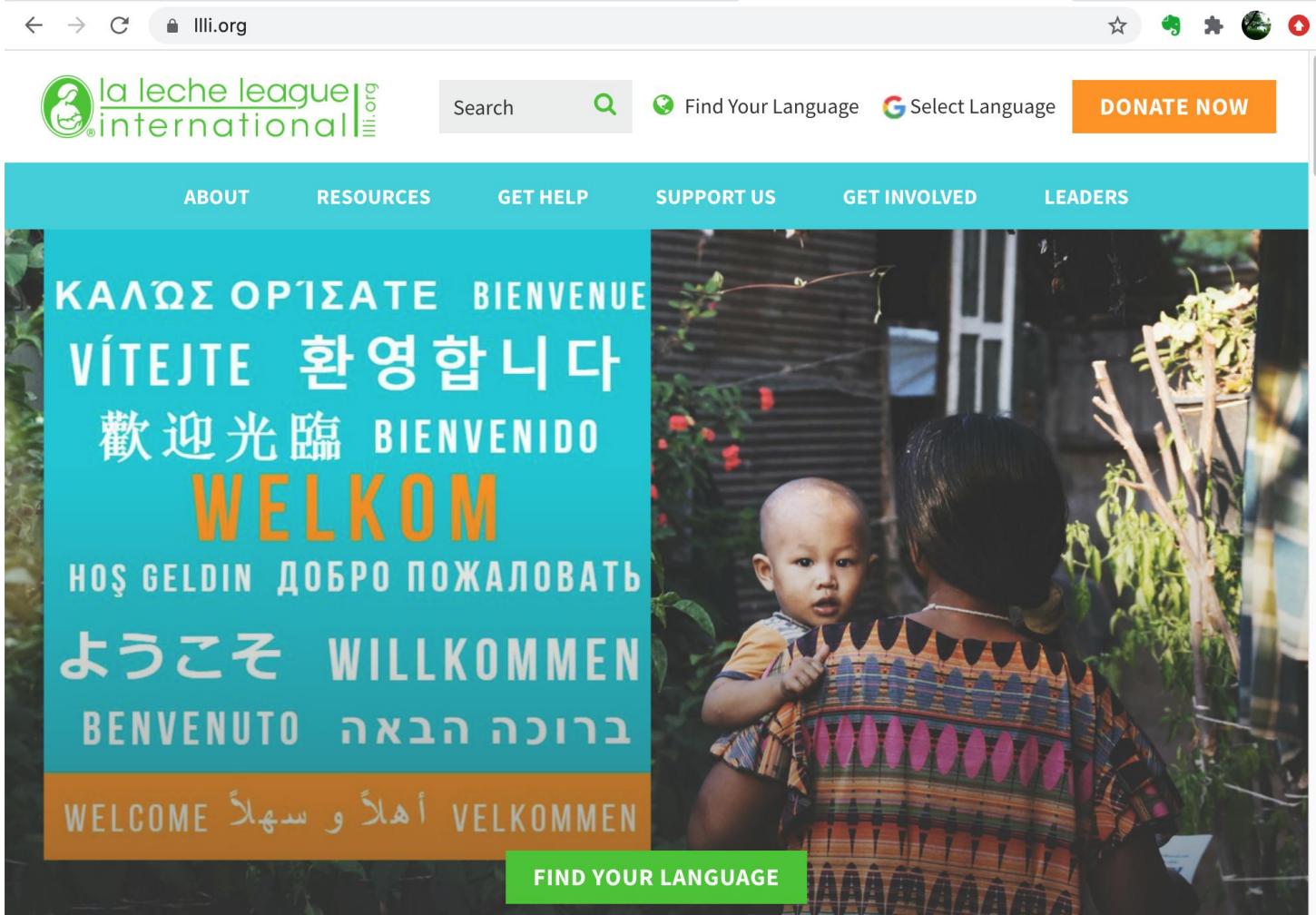
Search this website ...

<https://kellymom.com/category/bf/> [COVID-19: Guidance – International](#) - [World Health](#)

### 3. Give the parent resources

## La Leche League

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



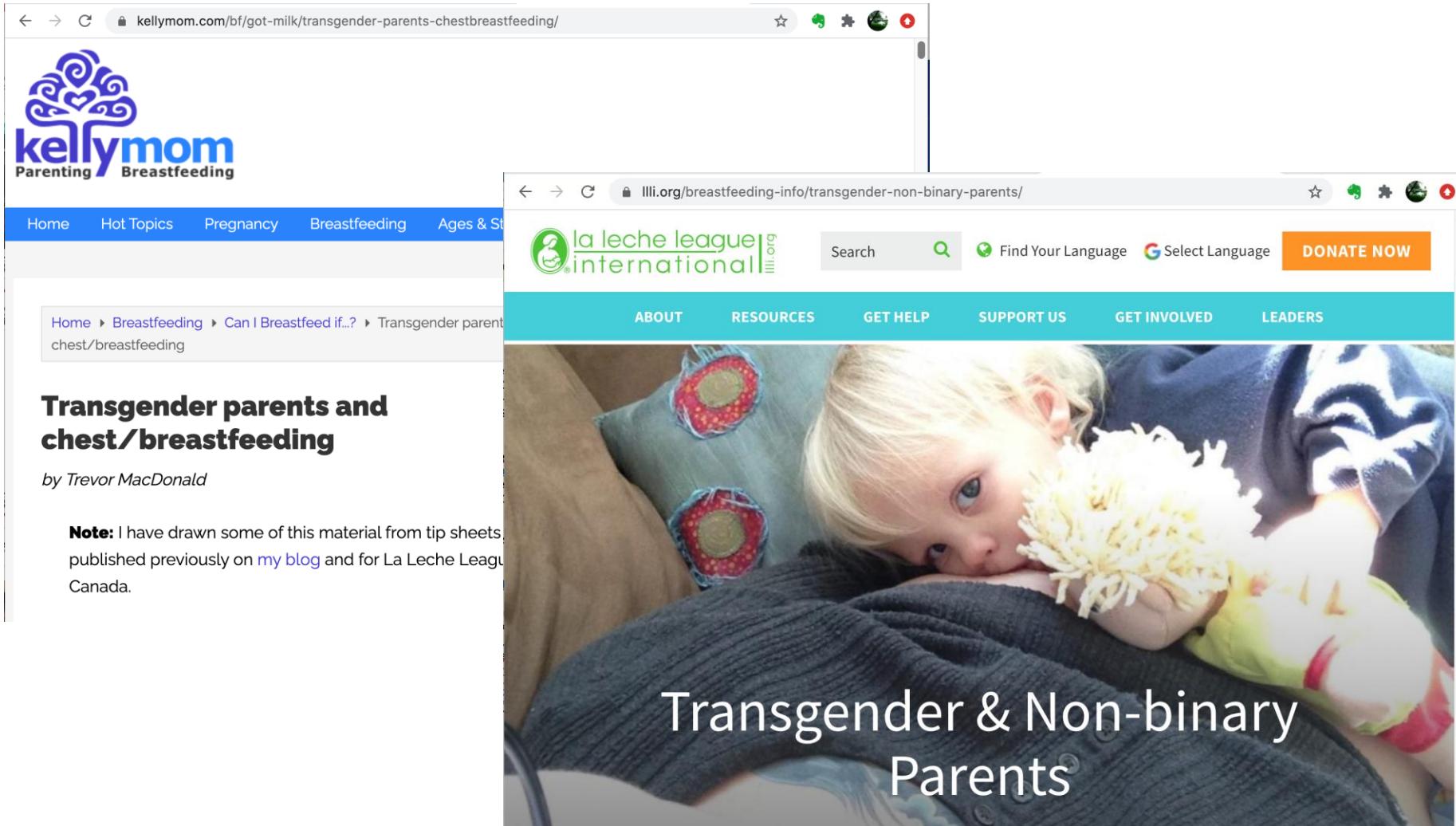
The screenshot shows the homepage of the La Leche League International website. The header features the organization's logo, a search bar, and links for "Find Your Language" and "Select Language". A prominent orange "DONATE NOW" button is visible. The main navigation menu includes links for "ABOUT", "RESOURCES", "GET HELP", "SUPPORT US", "GET INVOLVED", and "LEADERS". The central content area is a large image of a woman holding a baby in a garden. To the left of the image, there is a large, multi-lingual "WELCOME" banner. The banner text includes:

- ΚΑΛΩΣ ΟΡΙΣΑΤΕ BIENVENUE
- VÍTEJTE 환영합니다
- 歡迎光臨 BIENVENIDO
- WELKOM
- HOŞ GELDİN ДОБРО ПОЖАЛОВАТЬ
- ようこそ WILLKOMMEN
- BENVENUTO ברוכת הבאה
- WELCOME أهلاً و سهلاً VELKOMMEN

At the bottom of the banner is a green "FIND YOUR LANGUAGE" button.

### 3. Give the parent resources

## Chest- and Breastfeeding for non-binary parents



The image displays two side-by-side screenshots of websites. The left screenshot is from the 'kellymom' website, featuring a blue stylized tree logo and the text 'kellymom Parenting Breastfeeding'. The navigation bar includes 'Home', 'Hot Topics', 'Pregnancy', 'Breastfeeding', and 'Ages & Stages'. The URL in the address bar is 'kellymom.com/bf/got-milk/transgender-parents-chestbreastfeeding/'. The page content discusses 'Transgender parents and chest/breastfeeding' by Trevor MacDonald, with a note about drawing from published tip sheets. The right screenshot is from 'La Leche League International', with a green logo and the text 'la leche league international'. The navigation bar includes 'ABOUT', 'RESOURCES', 'GET HELP', 'SUPPORT US', 'GET INVOLVED', and 'LEADERS'. The URL in the address bar is 'lli.org/breastfeeding-info/transgender-non-binary-parents/'. The page features a large image of a baby being breastfed and the text 'Transgender & Non-binary Parents'.

[kellymom.com/bf/got-milk/transgender-parents-chestbreastfeeding/](http://kellymom.com/bf/got-milk/transgender-parents-chestbreastfeeding/)

**kellymom**  
Parenting Breastfeeding

Home Hot Topics Pregnancy Breastfeeding Ages & Stages

Home ▶ Breastfeeding ▶ Can I Breastfeed if...? ▶ Transgender parent chest/breastfeeding

### Transgender parents and chest/breastfeeding

by Trevor MacDonald

**Note:** I have drawn some of this material from tip sheets published previously on [my blog](#) and for La Leche League Canada.

[lli.org/breastfeeding-info/transgender-non-binary-parents/](http://lli.org/breastfeeding-info/transgender-non-binary-parents/)

**la leche league international**

Search Find Your Language Select Language DONATE NOW

ABOUT RESOURCES GET HELP SUPPORT US GET INVOLVED LEADERS



## Transgender & Non-binary Parents

### 3. Give the parent resources

## Plagiocephaly

# Preventing and treating your baby's flat head

## A family guide to Plagiocephaly

### 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.



An agency of the Provincial  
Health Services Authority

4800 Oak Street, Vancouver, BC V6H 3N1

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)	2 Months	4 Months	6 Months	12 Months	18 Months	Starting at 4 years (kindergarten entry)
<b>DTaP-HB-IPV-Hib</b> (diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b)	✓	✓	✓			
<b>Pneumococcal Conjugate<sup>‡</sup></b>	✓	✓		✓		
<b>Rotavirus</b>	✓	✓				
<b>Meningococcal C Conjugate</b>	✓			✓		
<b>MMR</b> (measles, mumps, rubella)				✓		
<b>Varicella<sup>¶</sup></b> (chickenpox)				✓		
<b>DTaP-IPV-Hib</b>					✓	

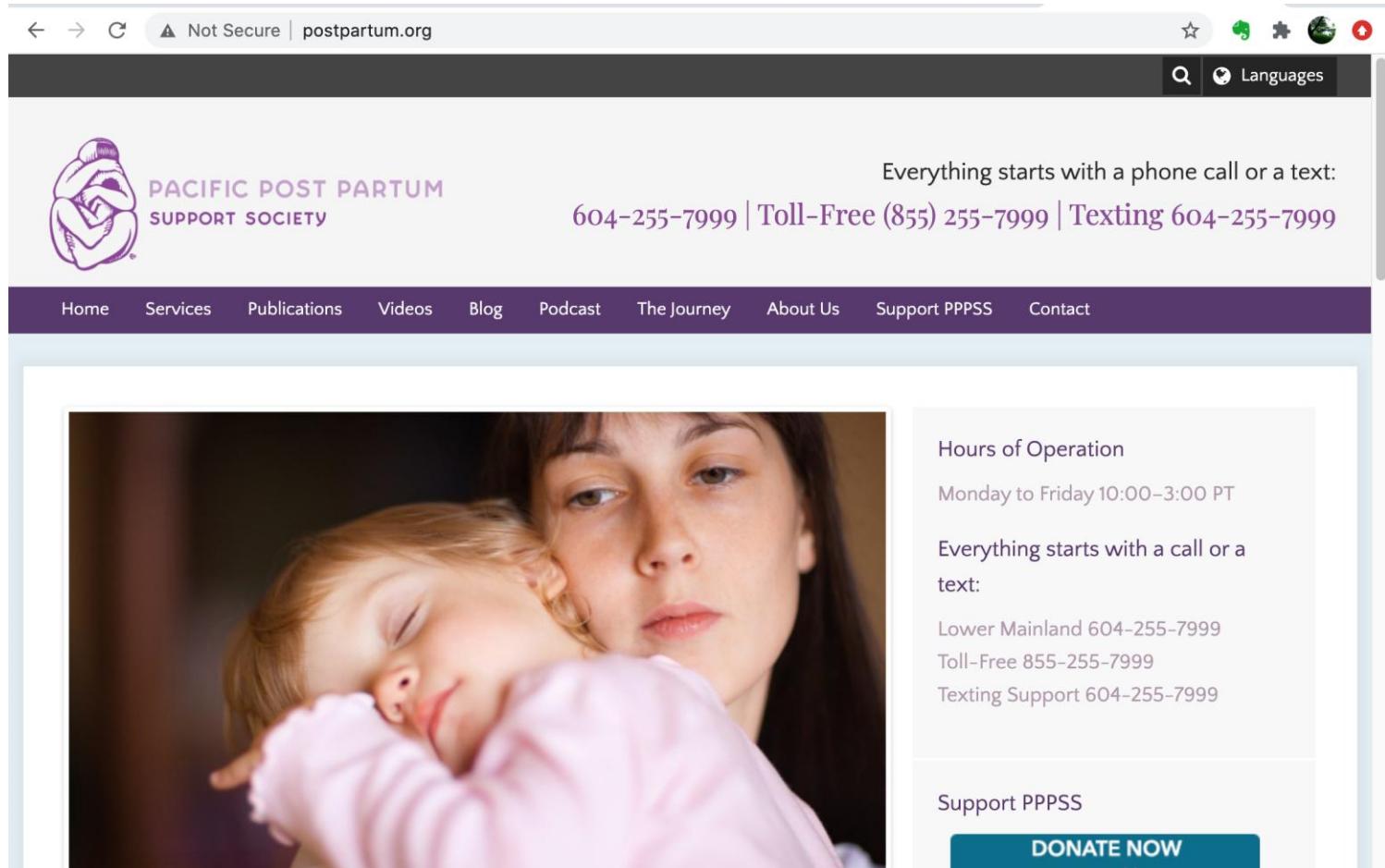
# How do we get all this done?

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



A screenshot of a web browser displaying the Pacific Postpartum Support Society (PPPSS) website. The address bar shows 'Not Secure | postpartum.org'. The page features a dark header with the organization's logo, a purple heart containing a white heart, and the text 'PACIFIC POST PARTUM SUPPORT SOCIETY'. Below the header is a navigation menu with links to Home, Services, Publications, Videos, Blog, Podcast, The Journey, About Us, Support PPPSS, and Contact. The main content area contains a large photograph of a woman holding a sleeping baby. To the right of the photo, there is text about hours of operation (Monday to Friday 10:00–3:00 PT) and support numbers (Lower Mainland 604-255-7999, Toll-Free 855-255-7999, Texting Support 604-255-7999). A 'DONATE NOW' button is visible at the bottom right.

Not Secure | postpartum.org

PACIFIC POST PARTUM SUPPORT SOCIETY

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

Everything starts with a phone call or a text:

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

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/](http://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

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

BC WOMEN'S HOSPITAL + HEALTH CENTRE Provincial Health Services Authority

Reproductive Mental Health

REPRODUCTIVE PHASES

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

Reproductive Mental Health Program (Video)

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, and 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.

Perinatal Depression (PND)

Each letter stands for one area of self-care:

- Eat nutritious foods throughout the day.
- Get regular exercise to reduce stress and feel good.
- Make physical activity can help!
- Get a good night's sleep.
- Take some time to care for yourself if it is just for a few minutes.
- Reach out to support from others. Don't be afraid to ask for help and information.
- If you are not able to cope and recover from your depression, you may need psychotherapy.

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 challenging for a woman. Her body is going through changes in hormones, daily routines and sleeping. It's not surprising that many women feel sad, overwhelmed and tired. 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 also happen 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 or midwife. Treating depression in pregnancy can reduce the risk of depression after the baby is born.

Baby Blues

About 80% of mothers feel "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

There are normal feelings and responses when women have the postpartum blues. If 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, it may be something more serious than 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 feel depressed a few 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

If I am depressed, why do I feel so anxious?

Many women who experience PPD will also experience anxiety. Some symptoms of anxiety are a racing heart, feeling on edge, too much or unrealistic worry, and upsetting thoughts or images. Women who are experiencing depression will experience symptoms of anxiety without being depressed.

It's important to tell your healthcare provider all of the symptoms you are experiencing. That way you can both discuss all of the support and treatments that are available to you.

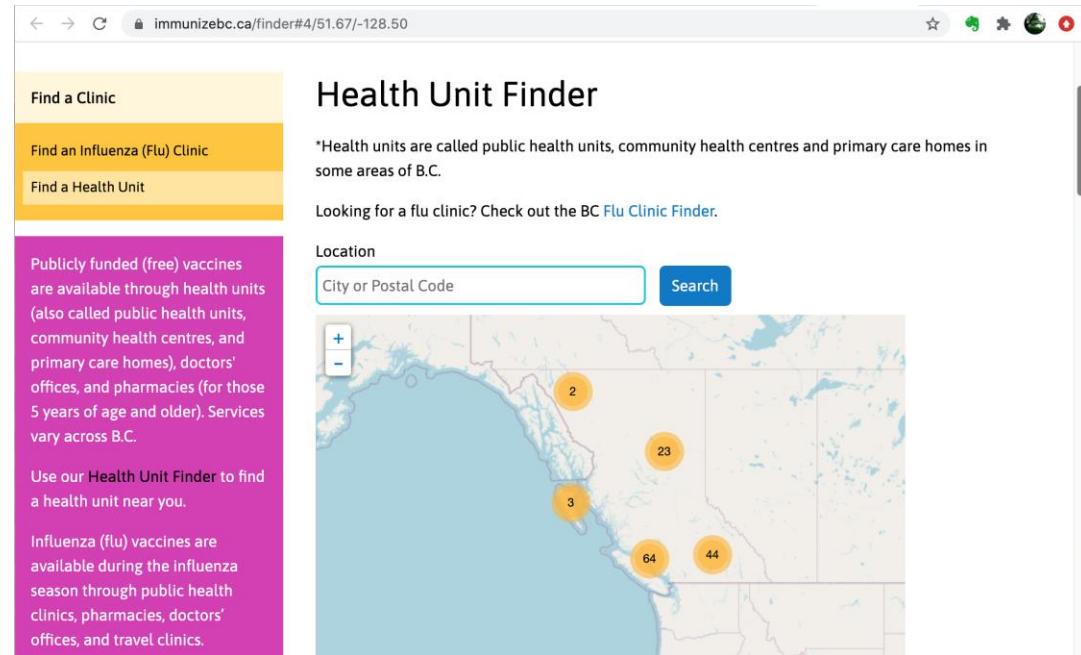
BC Mental Health & Addiction Services

Updated August 2011

# 4. Use community resources and referrals

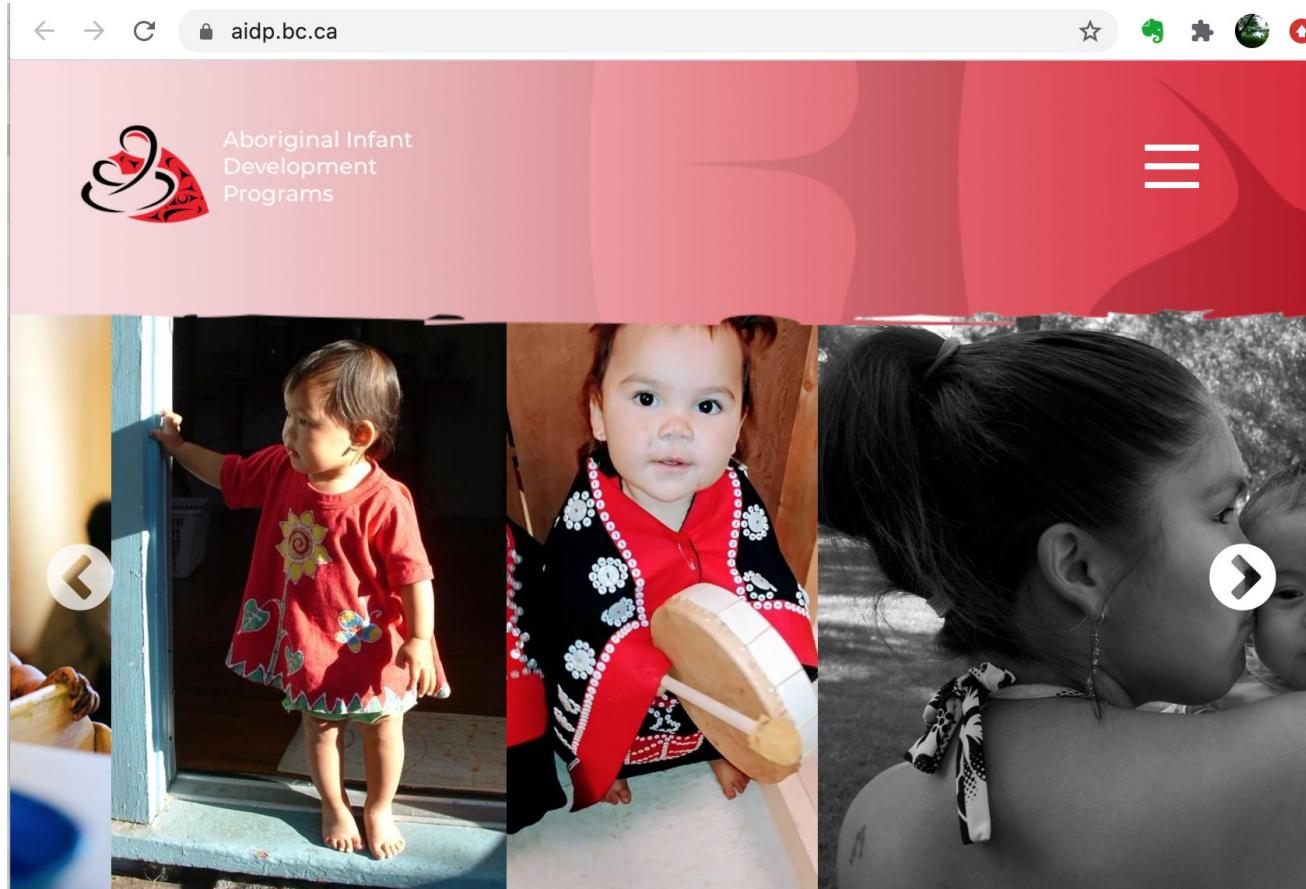
## Public Health Unit

- 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



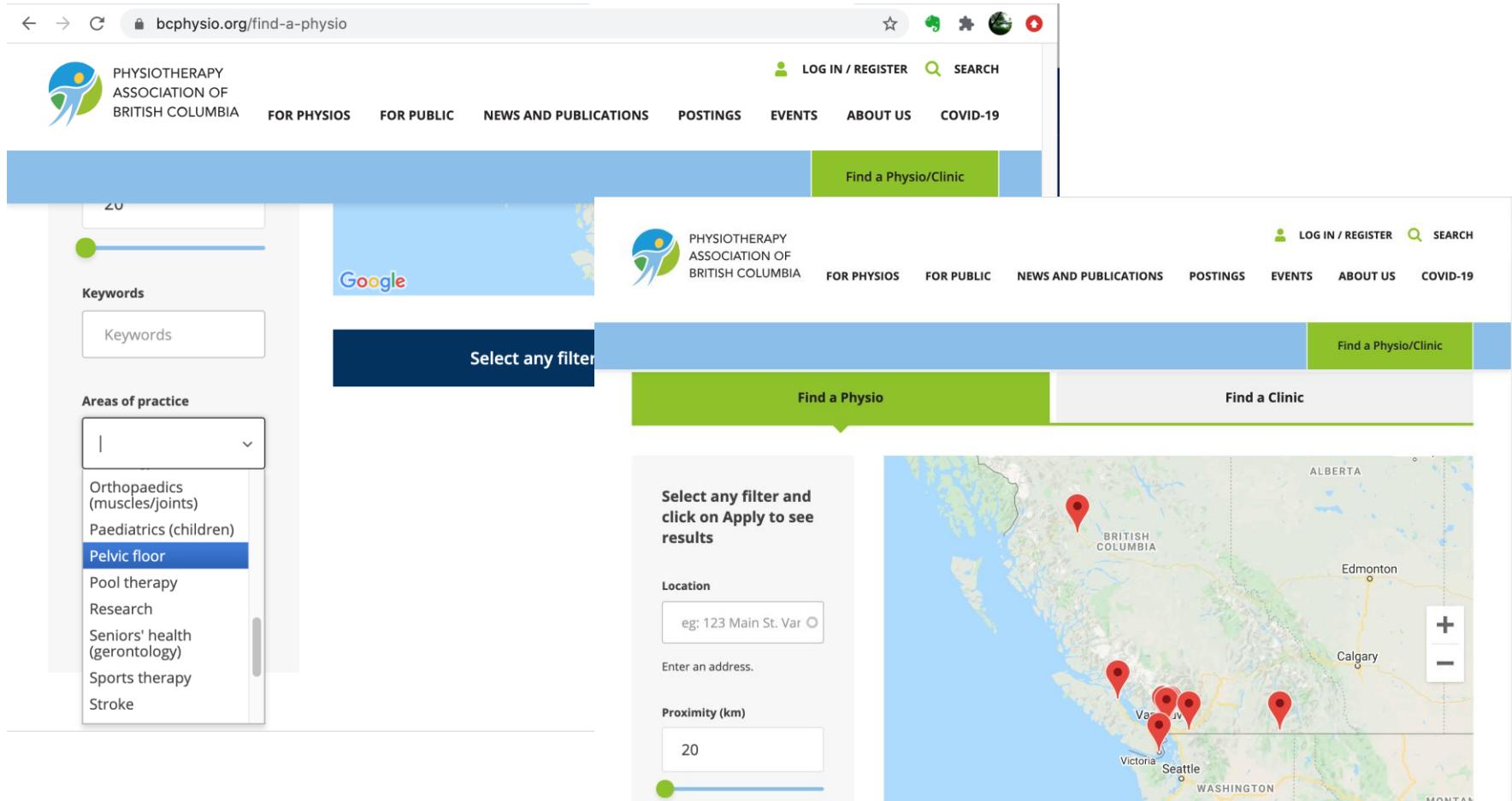
## 4. Use community resources and referrals

### Aboriginal Infant development program



# 4. Use community resources and referrals

## Pelvic physiotherapy



The screenshot shows the homepage of the Physiotherapy Association of British Columbia (BC Physio) website. The top navigation bar includes links for 'LOG IN / REGISTER', 'SEARCH', 'FOR PHYSIOS', 'FOR PUBLIC', 'NEWS AND PUBLICATIONS', 'POSTINGS', 'EVENTS', 'ABOUT US', and 'COVID-19'. A search bar at the top right contains the text 'bcphysio.org/find-a-physio'. Below the navigation, a large blue banner features a 'Find a Physio/Clinic' button. The main content area has a 'Select any filter' button. On the left, a sidebar for 'Areas of practice' lists options like Orthopaedics, Paediatrics, Pelvic floor, Pool therapy, Research, Seniors' health, Sports therapy, and Stroke. The 'Pelvic floor' option is highlighted with a blue background. On the right, a map of Western Canada shows several red location markers in British Columbia, with labels for Victoria, Vancouver, and Seattle. A callout box on the map says 'Find a Physio' and 'Find a Clinic'.

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

# How do we get all this done?

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# 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	Service to date	After Hours	Time Call	Start (HHMM 24hr):	End (HHMM 24hr):	Dependent	Sub Code	Payment Method																																																																																																																																																					
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# 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	Facility
2020-10-18		No				No	O - Normal	ELECTRONIC	
<b>Group1 Name</b>	<b>Description</b>	<b>\$Fee</b>	<b>Immunizations</b>	<b>Description</b>	<b>\$Fee</b>	<b>Visits</b>	<b>Description</b>	<b>\$Fee</b>	
<b>Referral Doctor</b> <input type="text"/> <input type="button" value="code search"/> <input type="text"/> <input type="button" value="code search"/>			<b>Referral Type</b> <input type="button" value="Select Type"/> <input type="text"/> <input type="button" value="Select Type"/> <input type="text"/> <input type="button" value="code search"/>			<b>12100</b> VISIT IN OFFICE (AGE 0-1) 34.79			
<b>Recent Referral Doctors Used</b> none			<b>Referral Doctor on Master Record</b> none			<b>Diagnostic Code</b> 05a 05a 05a <input type="button" value="dx code search"/>			
						<b>Short Claim Note</b> <input type="checkbox"/> Ignore Warnings <input type="text"/> No Correspondence			
						<b>Billing Notes</b> (Notes are for internal use and will not be sent to MSP)			
						<input type="text"/>			
<b>Other service/procedure/premium codes</b> 10020 .5 10023 .5 10029 .5 <input type="button" value="code search"/>						Unit			
								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)	<b>10021</b> <b>Meningococcal Quadrivalent Conjugate (Groups A, C, Y, W-135)</b>
10011	DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio, Hib)	<b>10022</b> <b>MMR (Measles, Mumps, Rubella)</b>
10012	Td (Tetanus, Diphtheria)	<b>10023</b> <b>Pneumococcal Conjugate (PCV13)</b>
10013	Td/IPV (Tetanus, Diphtheria, Polio)	<b>10024</b> <b>Pneumococcal Polysaccharide (PPV23)</b>
10014	TdAP (Tetanus, Diphtheria, Pertussis)	<b>10025</b> <b>Rabies</b>
10015	Influenza (Flu)	<b>10026</b> <b>Varicella (Chickenpox)</b>
10016	Hepatitis A	<b>10027</b> <b>DTaP-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hep B, Polio, Hib)</b>
10017	Hepatitis B	<b>10028</b> <b>HPV (Human Papillomavirus)</b>
10018	Haemophilus influenza type b (Hib)	<b>10029</b> <b>Rotavirus</b>
10019	Polio (IPV)	<b>10030</b> <b>MMR/V (Measles, Mumps, Rubella and Varicella)</b>
10020	Meningococcal C Conjugate (MEN-C)	



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

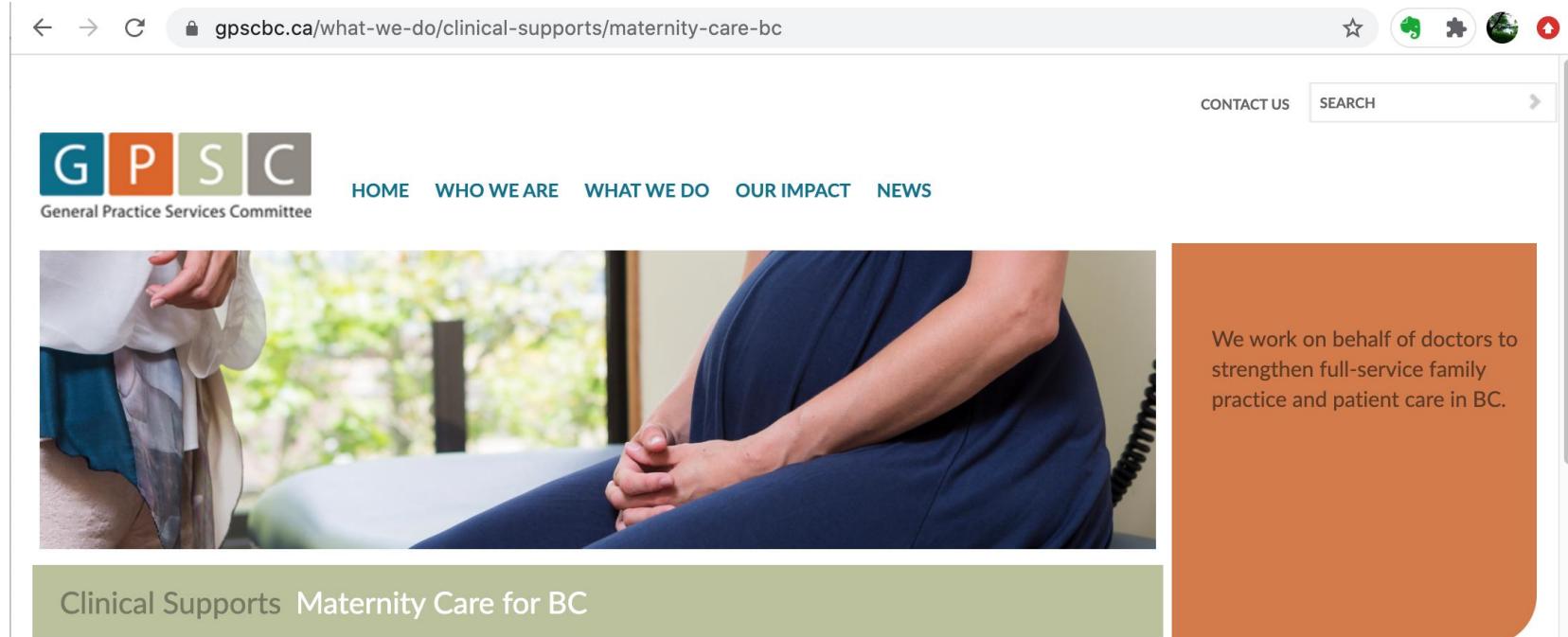
# Conclusion

- ▶ 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)



The screenshot shows a web browser displaying the GPsCBC website. The URL in the address bar is [gpscbc.ca/what-we-do/clinical-supports/maternity-care-bc](https://gpscbc.ca/what-we-do/clinical-supports/maternity-care-bc). The page features the GPsCBC logo (a blue 'G', an orange 'P', a green 'S', and a grey 'C' in a grid) and the text 'General Practice Services Committee'. A navigation menu at the top includes links for HOME, WHO WE ARE, WHAT WE DO, OUR IMPACT, and NEWS. On the right, there are links for CONTACT US and a SEARCH bar. The main content area features a large image of a pregnant woman in a blue dress, with a hand visible on her belly. Below the image is a green banner with the text 'Clinical Supports Maternity Care for BC'. To the right of the image is an orange box containing the text: 'We work on behalf of doctors to strengthen full-service family practice and patient care in BC.'

### WHAT WE DO

#### Clinical Supports

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

#### Collective Voice

#### Incentives

#### Practice Supports

#### System Changes

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

# 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/](https://rccbc.ca/rccbc-initiatives/rural-obstetrical-and-maternity-sustainability-program-roam-sp/)



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?

