



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

Oct 2026

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^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓íl̓wətaʔ/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 feeding concerns or jaundice



Case 1: Farah

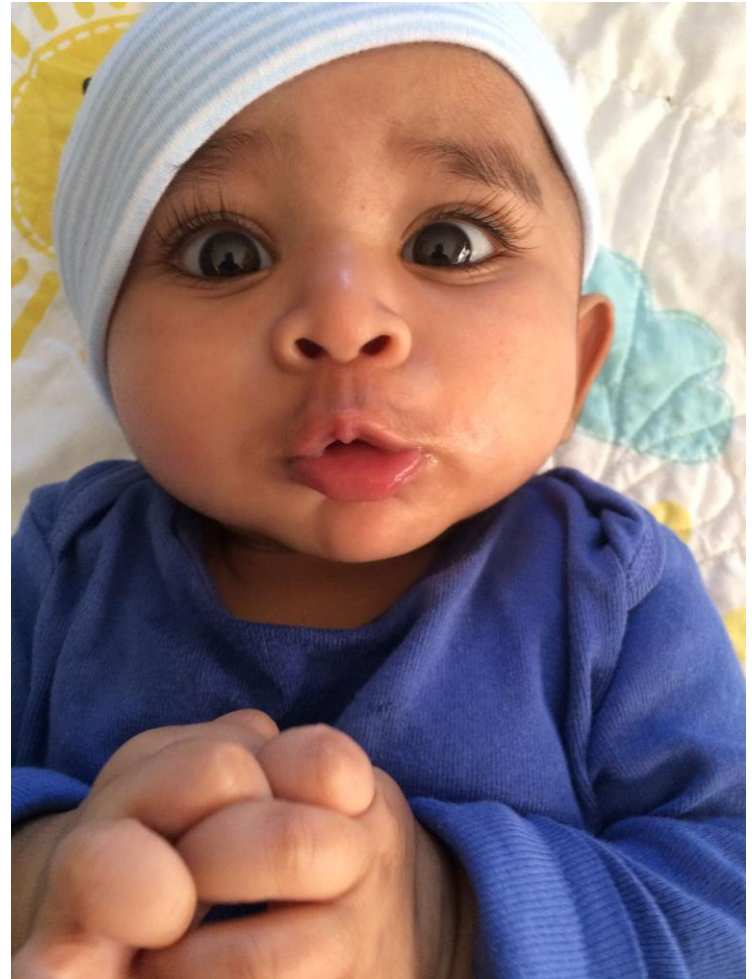
The **public health nurse** saw Farah and Liam the first day after discharge, at day 4 of life/postpartum. They reported that Farah's milk was just starting to come in. They helped Farah to reposition for a deep latch with breastfeeding. Weight on day 4 was 3335g.

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

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 – 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:

Weight gain: x g/day

Feeds: BF/formula xx ml 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 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:
 Birth...	 Choose time... ▾
Sampling date:	Sampling time:
 Sampling...	 Choose time... ▾

—option two—

Age (hours) at sampling: 

 or  28

Total Bilirubin: 

 or  122

mg/dL (US)
✓ μmol/L (SI)

Gestational age:

 38 weeks ▾

Other Neurotoxicity Risk Factors:

 ETCOC 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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BiliTool

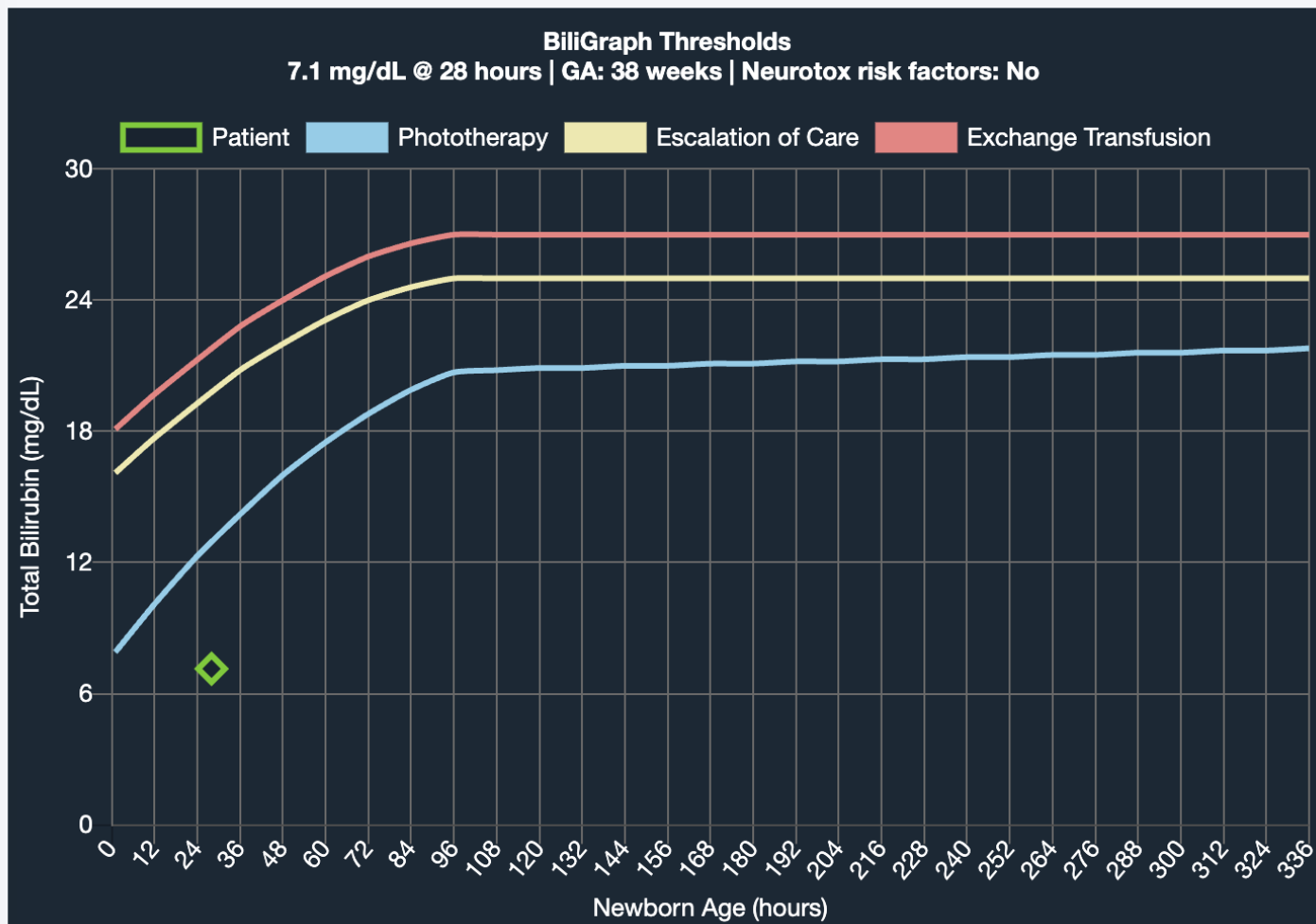
Patient Summary		
🕒 Age at sampling:		28 hours
🔑 Total Bilirubin:		122 µmol/L
📈 Bilirubin trend:		Not available (Learn more >>)
🔄 ETCOc:		Not provided
📅 Gestational Age (GA):		38 weeks
🧠 Neurotoxicity Risk Factors:		No

📋 Recommendations		Copy to Clipboard
	Recommendation	Threshold
🔄 If using TcB, confirm with TSB?	No	171 µmol/L
⚙️ Phototherapy?	No	220.6 µmol/L
📊 Escalation of Care? (More >>)	No	340.4 µmol/L
↔️ Exchange Transfusion?	No	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

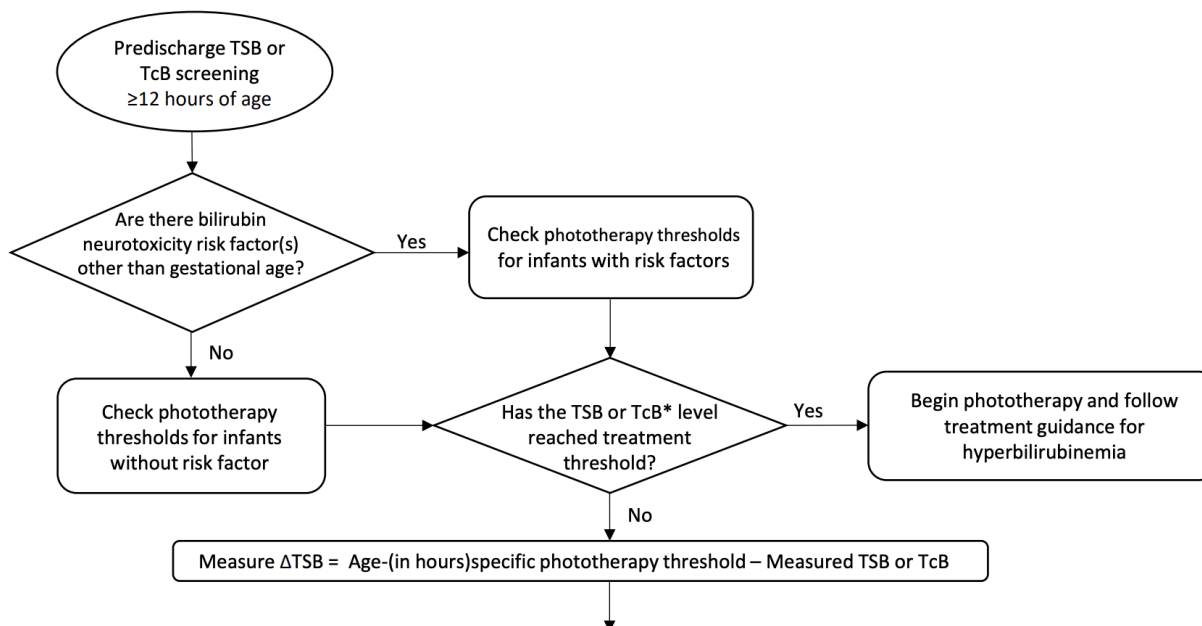
Key points:

- When in doubt – call peds/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



Δ TSB (μmol/L)	Age (hours)	Recommended actions
≤30	<24	Delay discharge and consider starting phototherapy
≤30	≥24	Delay discharge. Repeat TSB within 4 to 12 hours and consider starting phototherapy if TSB increases
31 to 60	Any age	Repeat TSB within 12 to 24 hours and reassess need for phototherapy
61 to 90	Any age	Repeat TSB within 24 to 48 hours
>90	Any age	Routine follow-up with primary health provider

CPS 2025 Position Statement for Term NBs

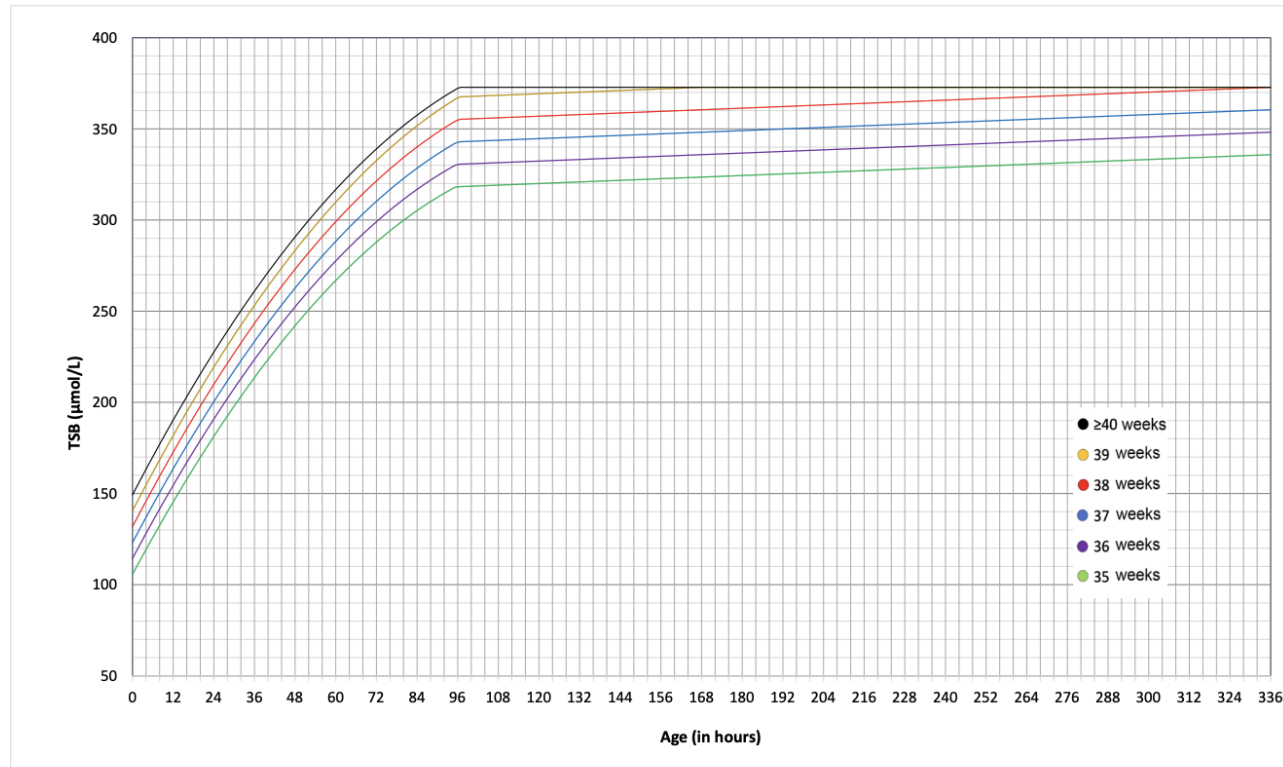
Table 1b. Risk factors that increase the neurotoxic effects of bilirubin (neurotoxicity risk factors)

- Lower gestational age at birth (<38 weeks)
- Hypoalbuminemia (serum albumin <30 g/L)
- A suspected or diagnosed hemolytic condition*
- Suspected or culture-proven sepsis
- Significant hemodynamic or respiratory instability (or both) in the preceding 24 hours

*Hemolysis may be suspected based on a rapid rate of increase in TSB $\geq 5 \mu\text{mol/L/h}$ (within 24 hours post-birth) or $\geq 3.5 \mu\text{mol/L/h}$ (beyond 24 hours post-birth).

CPS 2025 Position Statement for Term NBs

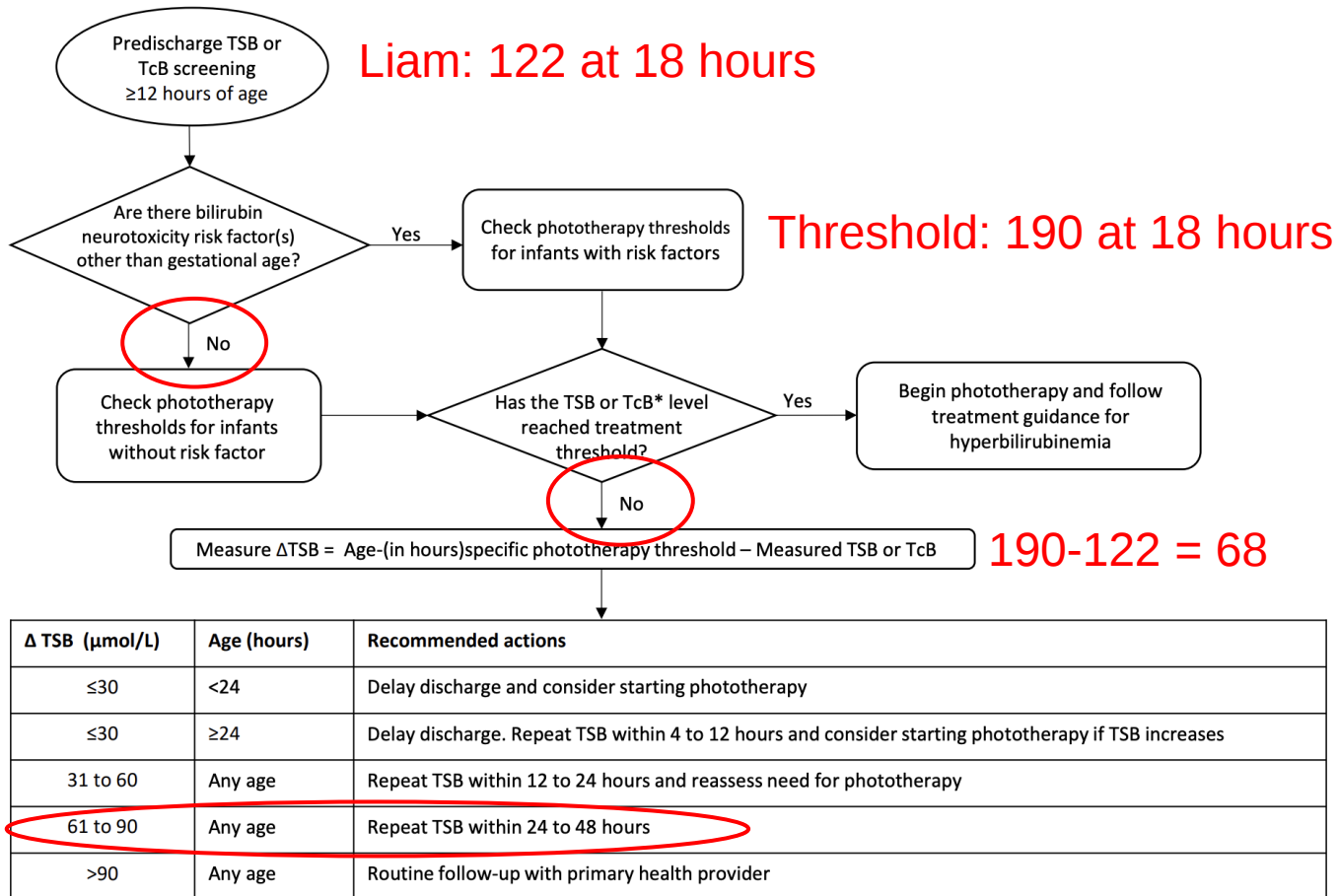
Figure 2. Phototherapy thresholds for infants with no neurotoxicity risk factor(s) (data provided by the AAP and used with permission)



Source: Guidelines for detection and management of hyperbilirubinemia in term and late preterm newborns, Canadian Paediatric Society, 2025.

For all permission requests, email permissions@aap.org with details.

Back to Liam



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 progestin
- ▶ 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

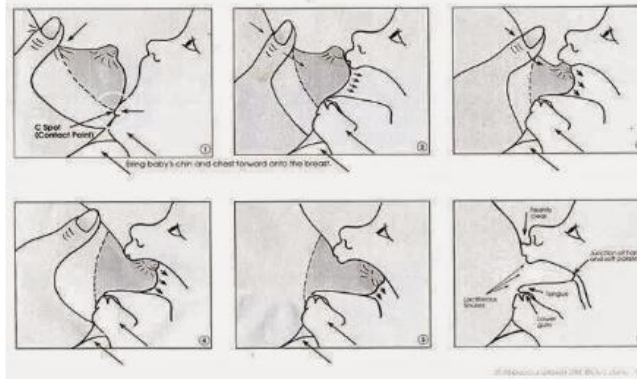
CAUSES OF LOW SUPPLY

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

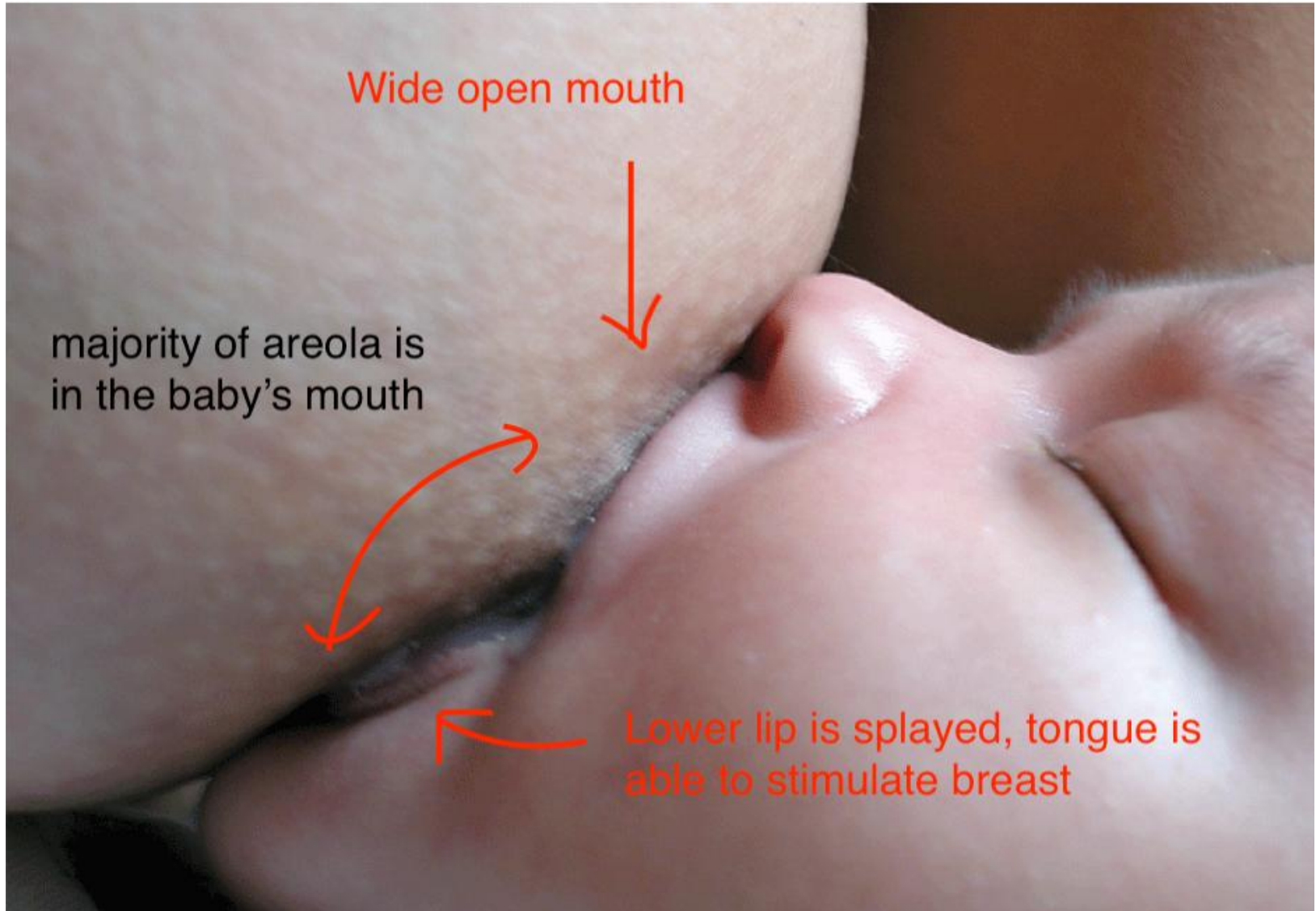
ATTACHMENT - The Key to Successful Breastfeeding.



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



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.

www.rourkebabyrecord.ca

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 Revised July 2011
www.kouriebabyrecord.ca

Collège des Médecins et Chirugiens de l'Ontario

Canadian Paediatric Society
 Société canadienne de pédiatrie

THE COLLEGE OF
 FAMILY PHYSICIANS OF
 ONTARIO

LE COLLÈGE DES
 MÉDECINS ET CHIRUGIENS
 DE L'ONTARIO

Pregnancy/Birth remarks/apgar:

Matr factors/Family history:

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

NAME: _____ Birth Date (mm/yy): _____ 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 (avg 25 cm)	Height	Weight (regains Bwt 1-2 wks)	Head Circ.	Height	Weight	Head Circ.
PARENT/CAREGIVER CONCERNS									
NUTRITION¹ (inquiry and observation of milestones) *Bkgs 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 normal X if not established	○ Breastfeeding (exclusive)¹ Vitamin D 400 IU/day² ○ Formula Feeding (non-Preterm)¹ (150 mL/c (kg/day)³) ○ Stool pattern and urine output			○ Breastfeeding (exclusive)¹ Vitamin D 400 IU/day² ○ Formula Feeding (non-Preterm)¹ (150 mL/c (kg/day)³) ○ Stool pattern and urine output			○ Breastfeeding (exclusive)¹ Vitamin D 400 IU/day² ○ Formula Feeding (non-Preterm)¹ (150-250 mL/c (15-25 cc) (day)³) ○ Stool pattern and urine output		
EDUCATION AND ADVICE ✓ discussed and no concerns X if concerns	<u>Infant Protection</u> ○ Car seat (infants)⁴ ○ Carbon monoxide/Smoke detectors⁵ ○ Parenting/bonding <u>Other Issues</u> ○ Second hand smoke⁶ ○ Cointact on pacifier use⁷ ○ Fever advice/thermoregulators⁸								
DEVELOPMENT⁹ (inquiry and observation of milestones) NB-Correct for age if < 37 weeks gestation ✓ if established X if not established	○ Sleep position/room sharing/avoid bed sharing¹ ○ Hot water < 49°C¹ ○ Sootability/irresponsiveness ○ Parental fatigue/postpartum depression² ○ No OTC cough/meds¹ ○ Temperature control and overdressing								
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	○ Skin (jaundice, dry) ○ Fontanelles¹ ○ Eyes (red reflex)¹ ○ Ears (TMJ) Hearing Inquiry/screening¹ ○ Heart/Lungs ○ Umbilicus ○ Femoral pulses ○ Hips¹ ○ Muscle tone¹ ○ Male urinary stream/forensic care								
PROBLEMS AND PLANS	○ Skin (jaundice, dry) ○ Fontanelles¹ ○ Eyes (red reflex)¹ ○ Ears (TMJ) Hearing Inquiry/screening¹ ○ Heart/Lungs ○ Umbilicus ○ Femoral pulses ○ Hips¹ ○ Muscle tone¹ ○ Testicles ○ Male urinary stream/forensic care								
INVESTIGATIONS/IMMUNIZATION Discuss immunization pain reduction strategies ²	○ PKU, Thyroid ○ Hemoglobinopathy screen (if at risk)³ ○ Universal newborn hearing screening (UNHS)³ ○ If HbA1c-positive parent/caring Hb B vaccine at 2¹								
DISPOSURE	○ Record Vaccines on Guide V ○ Record Vaccines on Guide V ○ If HbA1c-positive parent/caring Hb B vaccine at 2¹ ○ Record Vaccines on Guide V								

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).

1. Use reference cards and checklists

EPDS for postpartum depression

- ▶ <http://www.perinatalservicebc.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	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
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	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
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	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
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	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
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	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.

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/>



← → ↻  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 image shows a screenshot of the Healthy Families BC website. The top navigation bar includes the Healthy Families BC logo, social media icons (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: a large banner for Parenting with a family photo and text about finding tips and tools; a section for Babies (0-12 months) with a photo of a baby and text about the first 12 months; a sidebar with a list of topics including Pregnancy & Birth, Babies (0-12 months), 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); and a bottom section with Featured Articles, Most Popular, and Featured Blogs. The Featured Articles section includes an article titled 'How Often and How Long to Feed' dated October 1, 2019, by HealthyFamilies BC.

healthyfamiliesbc.ca/parenting

Sign In or Join

Home Food & Nutrition Activity & Lifestyle **Pregnancy & Parenting** Aging Well About Us

Parenting

Questions about pregnancy or parenting? Find tips, tools & more to help you raise a healthy family.

Explore

Babies (0-12 months)

Babies don't come with instruction manuals. But parents and healthcare professionals have learned a lot about the best ways to care for and nurture little ones.

Here's the latest advice and information to help you through the first 12 months.

Topic

- Pregnancy & Birth
- Babies (0-12 months)**
- Feeding
- Baby Care
- Baby Health
- Baby Development
- Baby Safety
- New Parents
- Toddlers (12-36 months)
- Preschool (3-5 years)
- Children (6-11 years)
- Teens (12-18 years)

Breastfeeding Buddy

Online Interactive Tool

Launch Tool

Bringing Baby Home

Featured Video

Watch Now

Featured Articles

Most Popular

Featured Blogs

How Often and How Long to Feed

October 1, 2019 by HealthyFamilies BC

If you're just starting out, you might be wondering how much breastfeeding is enough for your baby. Here are some guidelines that

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



Follow us



Search...



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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



3. Give the parent resources

Biliary atresia stool colour card

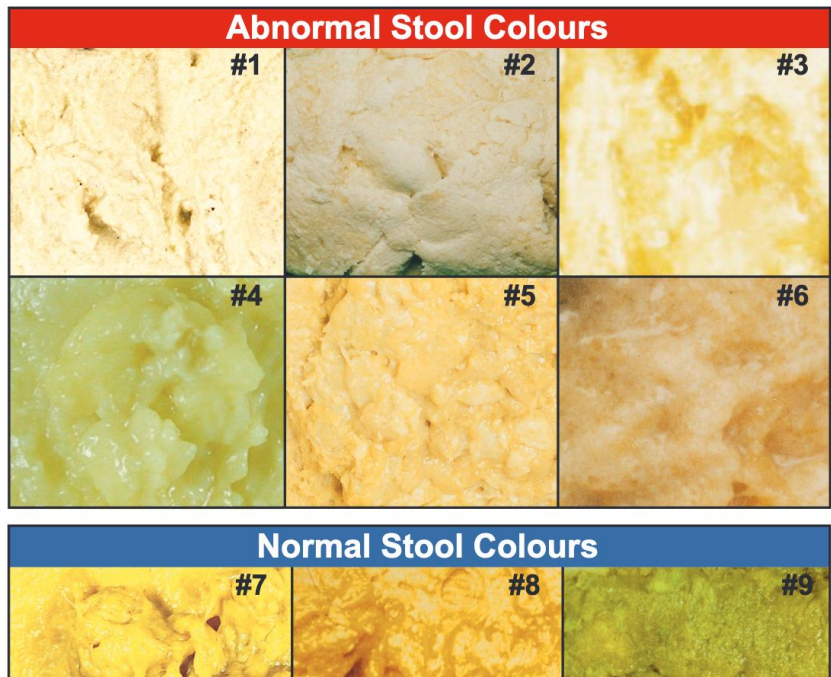
http://www.perinatalservicesbc.ca/Documents/Screening/BiliaryAtresia/StoolColourCard_English.pdf



Perinatal
Services BC

Provincial Health Services Authority

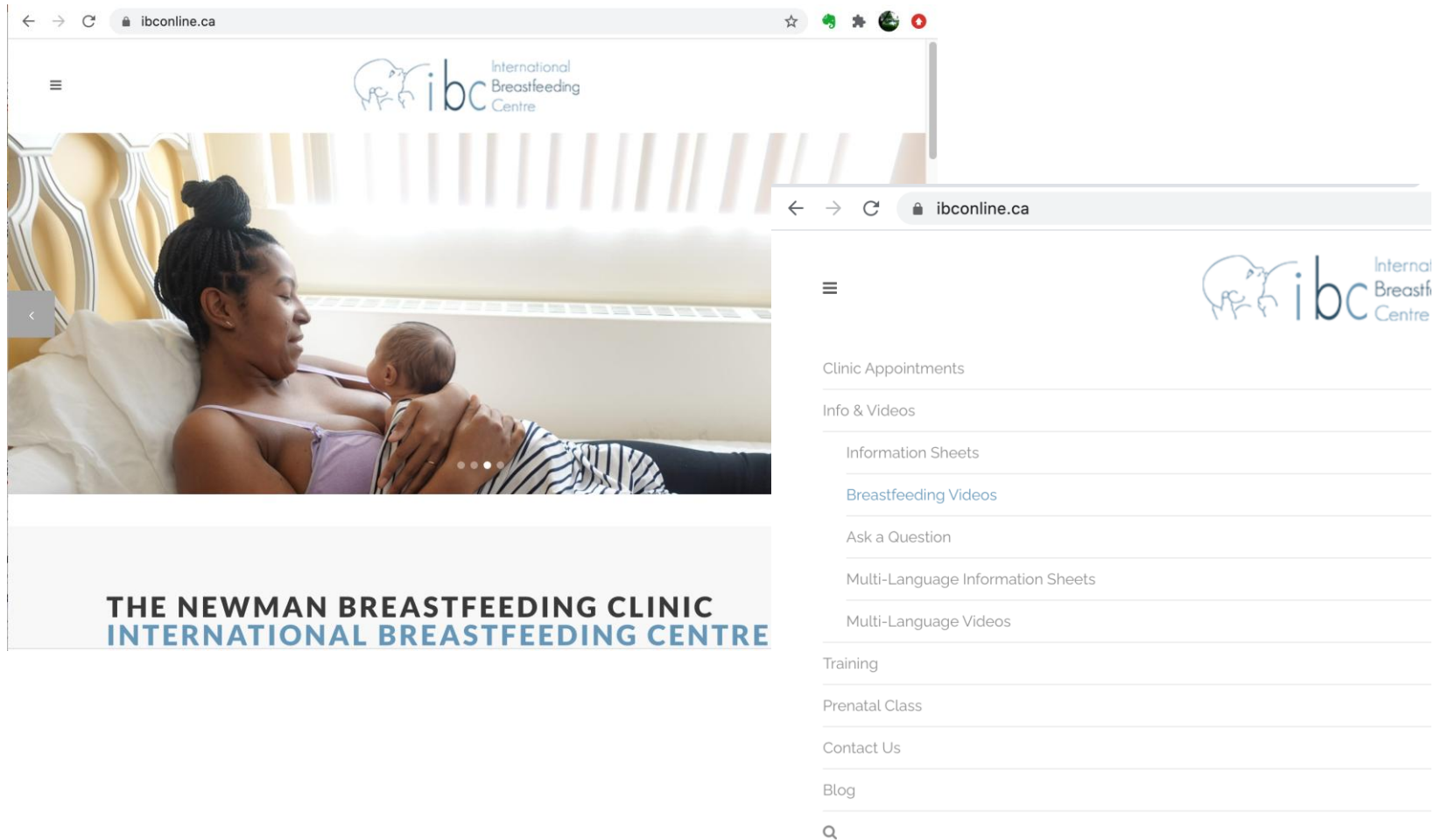
BC INFANT STOOL COLOUR CARD® SCREENING PROGRAM FOR BILIARY ATRESIA



3. Give the parent resources

International Breastfeeding Centre (Dr Newman)

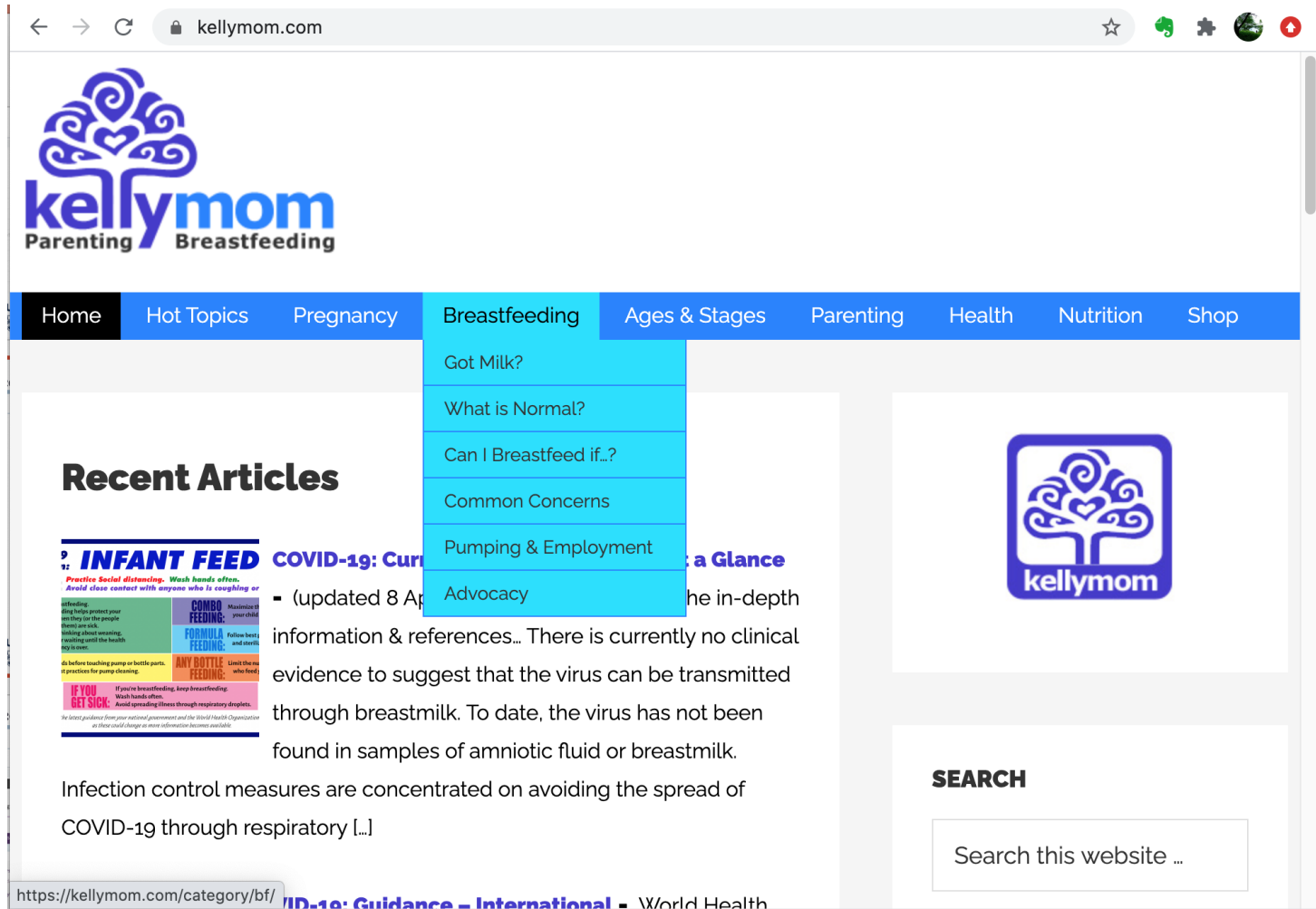
<https://ibconline.ca/>



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 open showing 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

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.

COMBO FEEDING: Maximize the benefits of breastfeeding. Follow best practices for pumping and bottle-feeding.

FORMULA FEEDING: Follow best practices for formula feeding.

ANY BOTTLE FEEDING: Limit the use of bottles. Avoid sharing bottles.

IF YOU GET SICK: If you're breastfeeding, keep breastfeeding. Wash hands often. Avoid spreading illness through respiratory droplets.

SEARCH

Search this website ...

3. Give the parent resources

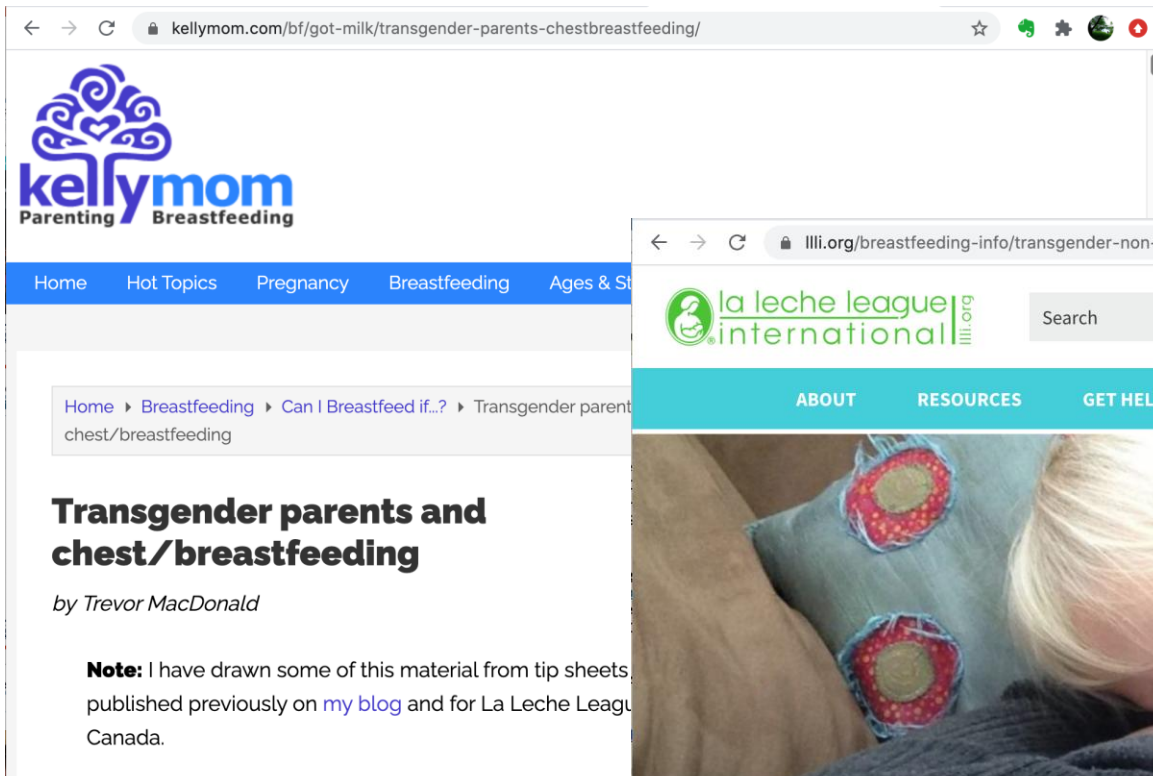
La Leche League

<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)				✓		
DTaP-IPV-Hib					✓	

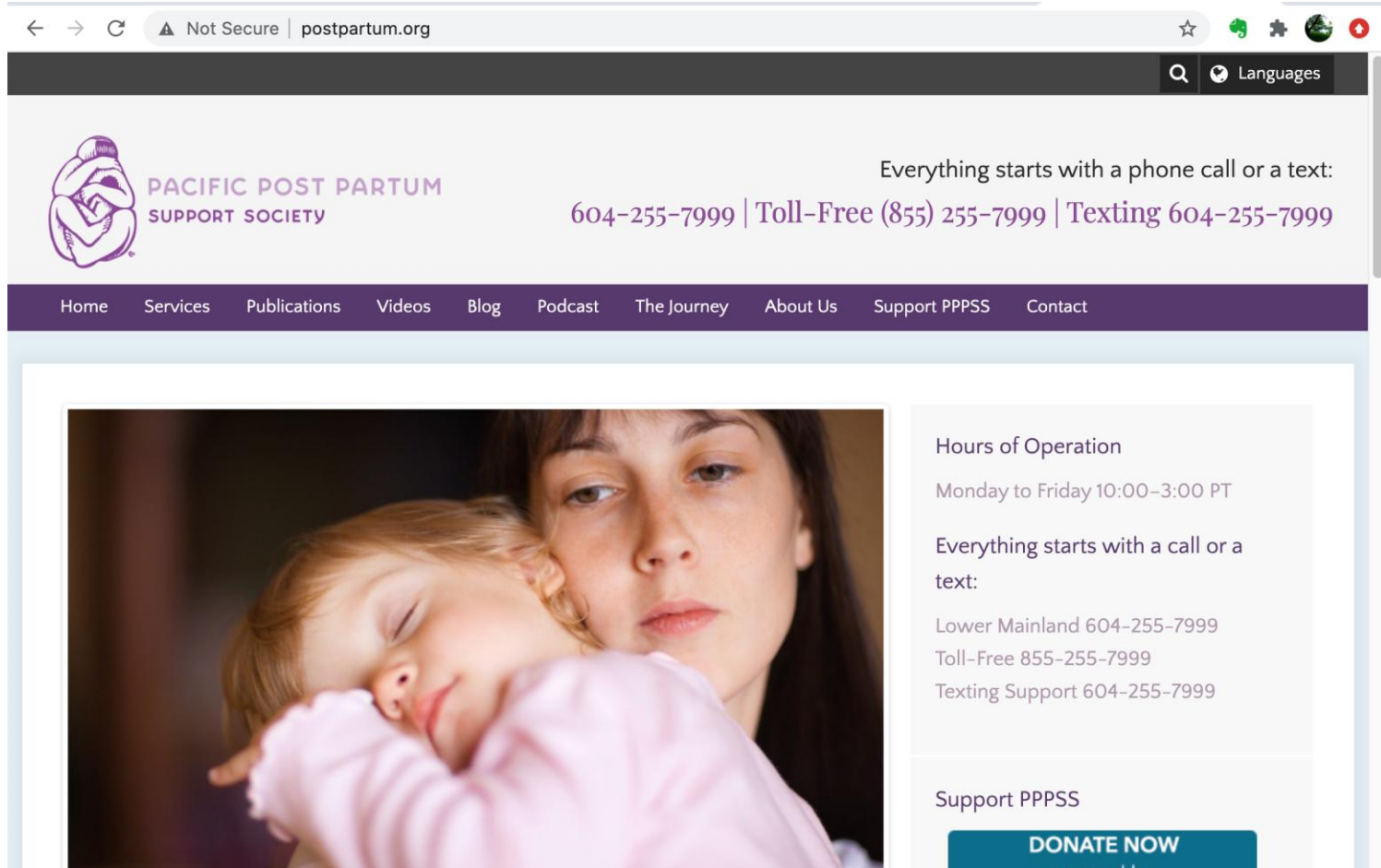
How do we get all this done?

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 logo on the left, a navigation menu, and a main content area with a large image of a woman holding a baby. To the right of the image is a sidebar with contact information and a 'DONATE NOW' button.

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

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

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 tearful. 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.

Perinatal Depression (PPD)

Each letter stands for one area of self-care:

- n**utritious foods throughout the day.
- a**ctive to reduce stress and feel physical activity can help.
- g**ood is very important for both your mental health. It is worth the effort to work night's sleep.
- g**o - Take some time to care for yourself. It is just for a few minutes.
- g**o - Get some support from others. Don't be afraid to ask for help and information!
- g**o - Get enough to cope and recover from the need for psychotherapy, medication.

Therapy & Counseling: This form of treatment includes with a health-care professional. At the receives support and suggestions for action and workbooks.

Therapy (CBT): This type of effective in the treatment of depression. She be aware of her negative thoughts. She them and replace them with more positive thoughts. CBT has regular appointments with a health-care professional in a group or individual setting.

Therapy (IPT): This type of psychotherapy woman interacts with the people in her life. IPT will have regular appointments with a health-care 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	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-

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

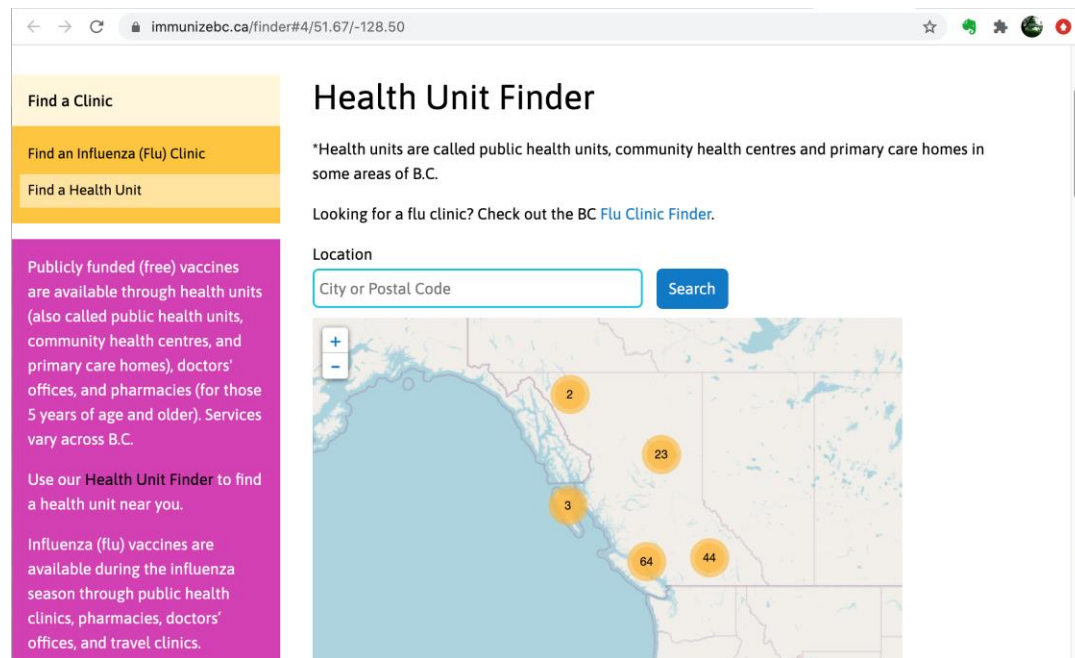
Updated August 2011

BC Mental Health & Addiction Services

4. Use community resources and referrals

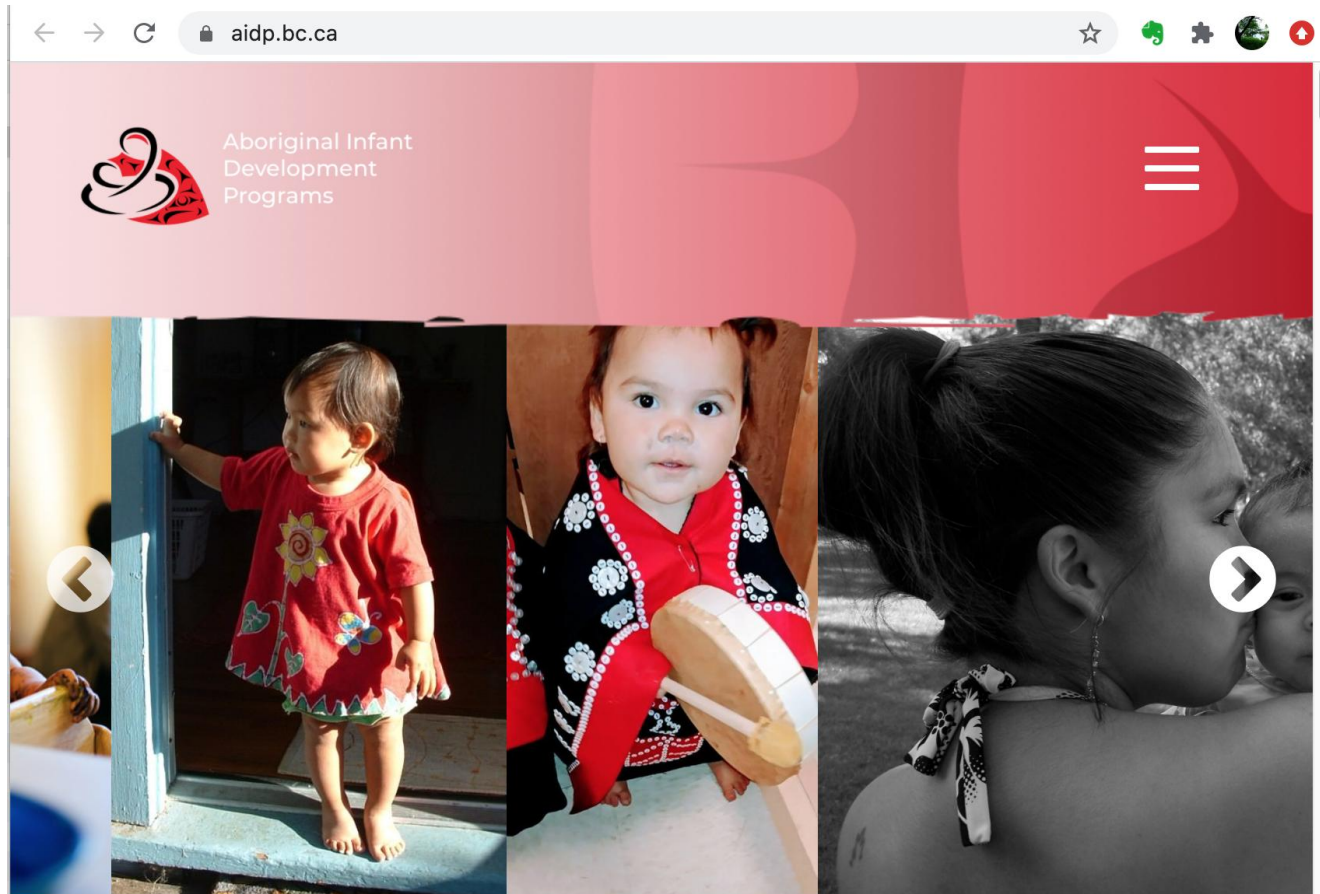
Public Health Unit

- 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



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 red pins indicating physiotherapy locations. A sidebar on the left contains a 'Select any filter' button and a 'Find a Physio' button. The map shows several red pins in the Vancouver area, with labels for 'Vancouver', 'Seattle', 'Victoria', 'Edmonton', and 'Calgary'.

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

Group1 Name	Description	\$Fee
Referral Doctor	Referral Type	
	Select Type	
code search		
	Select Type	
code search		
Recent Referral Doctors Used	Referral Doctor on Master Record	
none	none	

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

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

Visits	Description	\$Fee
☐ 12100	VISIT IN OFFICE (AGE 0-1)	34.79

Diagnostic Code

Short Claim Note

☐ Ignore Warnings

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

Continue

Cancel

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> [☆](#) [🌐](#) [⚙️](#) [🌍](#) [🔒](#)

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General Practice Services Committee

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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)



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?



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)		



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

ICD-9

33A