

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 April 2015 / 20 avril 2015**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2015-OPH-HPDP-0001

SUBJECT: HEALTHY START: PART 2 - INFANT HEALTH

OBJET: BON DÉPART : PARTIE 2 – SANTÉ DES NOURRISSONS

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit approve Ottawa Public Health's five-point plan for infant and family health programming as outlined in this report.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa approuve le plan en cinq points de Santé publique Ottawa concernant les programmes de santé des nourrissons et des familles énoncé dans le présent rapport.

EXECUTIVE SUMMARY

Healthy families are more likely to raise healthy infants who grow up to be healthy children, adolescents, and adults. As a cornerstone of its programs and services, Ottawa Public Health (OPH) provides a continuum of services to families in order to help children attain and sustain optimal health and development. This means, the right care for families at the right time.

Within this continuum is a particular focus on the transition to parenting, and the importance of the first year of life. Two key focus areas for current OPH programming include the Healthy Babies, Healthy Children (HBHC) program, which provides universal screening to identify families needing support and targeted assessment and interventions through home visiting by Public Health Nurses (PHNs), a social worker and family visitors. As well, all new parents can consult with PHNs by phone or at Baby Express Drop-Ins at locations across Ottawa. The second focus area is the Baby-Friendly Initiative whereby OPH champions the promotion, and protection of breastfeeding as an evidence-based approach that supports healthy child growth and development.

Recently, OPH reviewed its Family Health services with a view to ensure universal access to services, along with an appropriate level of resources for families with additional needs. As a result, OPH developed the following five-point plan to maximize support for families:

1. increasing awareness of the importance of infant mental health and attachment;
2. supporting baby-friendly environments;
3. expanding supports at Baby Express Drop-Ins;
4. tailoring home visiting - support for families with identified risk, and;
5. enhancing social connectedness with new families

OPH is committed to delivering high quality programs and services for all families with infants to ensure everyone receives the most appropriate services they need when they need it. Mechanisms are in place to monitor impact on residents related to five-point

plan for family health programming. Moreover, OPH will focus on the promotion of its services to new parents to ensure their awareness of available OPH services and to profile the various ways to stay connected.

RESUMÉ

Les familles ayant un mode de vie sain sont plus susceptibles d'élever des nourrissons en santé, qui deviendront ensuite des enfants, puis des adolescents et des adultes en santé. Santé publique Ottawa (SPO) offre aux familles un continuum de services afin d'aider les enfants à atteindre le meilleur état de santé possible et à réaliser leur plein potentiel de développement. Ce continuum, qui forme la pierre angulaire des programmes et services, signifie aider les familles au bon moment grâce à des services répondant à leurs besoins.

Dans ce continuum, une attention toute particulière est accordée à la transition au rôle de parent et à la première année de vie de l'enfant. L'une des deux principales priorités de SPO à cet égard est le programme « Bébés en santé, enfants en santé » (programme BSES), qui offre un dépistage universel des familles ayant besoin d'aide ainsi que des évaluations et des interventions ciblées grâce aux visites à domicile d'infirmières en santé publique (ISP), d'un travailleur social et de responsables des visites à domicile. Dans le cadre de ce programme, les nouveaux parents peuvent également consulter une ISP par téléphone ou aux Carrefours Bébé express des quatre coins de la ville. La seconde priorité est l'Initiative des amis des bébés, par laquelle SPO préconise la promotion et la protection de l'allaitement, une approche éprouvée pour favoriser une croissance et un développement sains chez les enfants.

Récemment, SPO a révisé ses services de santé destinés aux familles afin de garantir un accès universel aux services et d'offrir aux familles ayant des besoins accrus des ressources qui y correspondent. À la suite de cette révision, SPO a élaboré un plan en cinq points visant à optimiser l'aide offerte aux familles :

1. Faire davantage de sensibilisation quant à l'importance de la santé mentale et du lien d'attachement du nourrisson.
2. Favoriser les milieux « amis des bébés ».
3. Offrir davantage de services dans les Carrefours Bébé express.
4. Adapter les visites à domicile pour les familles à risque et leur offrir des services sur mesure.
5. Renforcer les liens sociaux des nouvelles familles.

SPO est déterminée à offrir des programmes et des services de grande qualité à toutes les familles ayant un nourrisson afin de s'assurer que tous puissent bénéficier de services adéquats au moment où ils en ont besoin. Des mécanismes sont en place pour surveiller les répercussions qu'aura sur les résidents le plan en cinq points en ce qui concerne les services de santé aux familles. De plus, SPO se concentrera sur la promotion de ses services auprès des nouveaux parents afin de s'assurer que ces derniers en connaissent l'existence et de cerner les différentes façons de rester en contact avec eux.

BACKGROUND

This report is the second in a series on early childhood development and focuses on the health of infants from birth to one year of age. The first report *Healthy Start: Part 1* focused on [Reproductive Health](#).

The birth of a child is one of the most profound life events for parents and families. The transition to parenthood is demanding and sometimes overwhelming, which can affect a parent's ability to interact positively with and respond to his/her infant. This ability for positive interaction also depends on the parent or caregiver's own health and wellbeing and ability to cope. If the conditions in which a child lives do not promote healthy development, delays in development can quickly set in, highlighting the need for early identification and prevention of risk.

For the past 100 years, public health programming in maternal and infant health has contributed to significant improvements in infant mortality and morbidity. In Ottawa, there are approximately 10,000 births a year, and the majority of infants are healthy at birth. Babies that are too small or too big may have a higher risk of complications. In Ottawa, the low birth weight rate has remained steady at 6% since 2008, and small for gestational age babies is at 8% - rates that are lower than the provincial average (9%).¹ Of concern, however, is the rate of large for gestational babies in Ottawa, which at 12% is higher than the provincial average.² These infants are at greater risk for birth complications and later development of obesity and diabetes.^{3,4}

Also notable, the teen pregnancy rate in Ottawa has decreased since 2003, with less than 200 births among teenage mothers on average each year.

Babies may also face barriers to healthy growth and development due to familial factors such as parental mental illness, poverty or inadequate housing, which are factors that can affect developmental outcomes and school readiness. By the time children in Ottawa reach school, approximately 25% are entering school as "vulnerable" with

physical, emotional, cognitive or speech/language issues.⁵ Lastly, approximately 16% of women in Ottawa report mental health concerns prenatally, including anxiety, depression, and history of postpartum depression (PPD).

Current Programming

To support families during the transition to parenthood, OPH provides a continuum of services to all families in Ottawa in order to help children attain and sustain optimal health and development.⁶ This includes work with hospitals, the Ottawa Birth and Wellness Centre and midwifery groups to screen all postpartum families; provide health education resources, telephone support, [Baby Express Drop-ins](#) at various locations across the city, peer support through the [Ottawa Breastfeeding Buddies](#) program, the new [Parenting in Ottawa Facebook pages](#) (English and French), and the [Parenting in Ottawa Portal website](#) (English and French). A list of OPH's infant and family programming and services is outlined in Supporting Document 1 and an overview of two key focus areas for current OPH programming is included below.

Healthy Babies, Healthy Children

OPH provides targeted services to families with identified risk through the [Healthy Babies Healthy Children \(HBHC\)](#) program. This 100% non-indexed Ministry of Children and Youth Services funded [program](#) consists of universal screening to identify families needing support and targeted assessment and interventions through home visiting by PHNs, a social worker and family visitors.

Public Health Ontario recently assessed the HBHC program at a provincial and local level and found that OPH is performing well in its work with hospitals, midwives and community partners to identify families with risk in the early postpartum period. Ninety percent (90%) of postpartum women are screened in hospital which is higher than the provincial average of 81%. Of those screened, 57% were identified with risk factors. The top risk factors include labour and delivery concerns (25%), expressed concerns from the hospital nursing staff (24%), previous loss (24%) as well as depression, anxiety and mental illness (15%). Families identified with risk factors are provided in-depth assessments and targeted services by OPH through the HBHC program on a voluntary basis. In 2013, 85% of those identified with risk factors and successfully contacted by HBHC received an in-depth assessment from an HBHC nurse. The in-depth assessment identified the following as the top three areas of concern among at-risk clients: limited prenatal education (33%), ability to cope with stress (24%), and availability of social supports (17%).⁷

Baby-Friendly Initiative

As previously reported to the Board of Health through the [Baby-Friendly Initiative: Protecting, Promoting and Supporting Breastfeeding](#) report (September 2012) and the [Update on Baby-Friendly Initiative Designation](#) (January 2013), OPH champions the promotion, and protection of breastfeeding as an evidence-based approach that supports healthy child growth and development. OPH has achieved [Baby-Friendly Initiative \(BFI\)](#) designation for its support of breastfeeding, which ensures opportunities for families to make informed decisions about how to feed their baby. While surveillance data from OPH's Infant Feeding Surveillance System (IFSS) shows that Ottawa is doing well for some breastfeeding indicators, there are still areas for improvement. For example, between 2012 and mid-2014, 96% of mothers in Ottawa tried to breastfeed or provide breast milk to their baby; 69% of mothers breastfed their babies for six months or more.⁸ Still, there are significant declines in exclusive breastfeeding over the first two weeks after birth and again between five and six months of age, whereas, the World Health Organization (WHO) recommends exclusively breastfeeding for six months or more.⁹ OPH is currently assessing patterns of infant feeding for 12-month-olds in Ottawa to inform work on promoting extended duration for breastfeeding, as per the WHO recommendations.

DISCUSSION

To ensure universal access to services, along with an appropriate level of resources for families with additional needs, OPH has undertaken a review of OPH's Family Health services in effort to deliver programs more effectively and, where possible, more efficiently. Based on input from staff and a review of the compliance requirements identified in the Ontario Public Health Standards and related protocols, OPH has developed a five-point plan to maximize support for families.

OPH'S FIVE-POINT PLAN FOR INFANT AND FAMILY HEALTH PROGRAMMING

OPH will provide services to all families, and targeted services for families with identified challenges to child development. This means, the right care for families at the right time. To ensure a continuum of infant and family health programming, OPH will work to improve services by:

1. increasing awareness of the importance of infant mental health and attachment;
2. supporting baby-friendly environments;
3. expanding supports at Baby Express Drop-Ins;
4. tailoring home visiting - support for families with identified risk, and;
5. enhancing social connectedness with new families

Increasing awareness of the importance of infant mental health and attachment

OPH is part of the [Ottawa Child and Youth Initiative – Growing Up Great](#) which aims to build community capacity to promote early child mental health and young children's ability to appropriately respond to their environment. This will be achieved through the creation a community of practice for local service providers and by engaging community leaders to spread the message through the community. In addition, OPH and several local service partners, such as Crossroads Childrens' Centre, Youth Services Bureau, Children's Aid Society of Ottawa, Youville Centre, St. Mary's Home, and the Children's Hospital of Eastern Ontario (CHEO), are engaged in a collaborative, community based process to enhance local service capacity to address infant mental health. As a first step, an environmental scan and situational assessment of local infant mental health services are underway to help identify opportunities for action related to practices, services, and policies.

Supporting Baby-Friendly Environments

The government of Ontario has directed hospitals and community health organizations to work towards BFI designation.¹⁰ OPH will augment its support to hospital and community partners by sharing its expertise in breastfeeding support, the knowledge of how to engage in the BFI process, and by sharing the resources, tools and training OPH developed to achieve BFI designation. Currently, OPH and the [Champlain Maternal Newborn Regional Program \(CMNRP\)](#) are working with over 10 postpartum service providers to better understand maternal experiences with current breastfeeding support services. The survey results will inform service improvement plans, such as ideal times to provide breastfeeding support services, to ensure a seamless breastfeeding experience between hospital and community health services.

Further, OPH will explore some of the specific challenges that are impacting a family's ability to breastfeed as per the WHO recommendations. For example, continued analysis of OPH's IFSS data will provide a greater understanding of the reasons for the declines in exclusive breastfeeding rates. This information will in turn be integrated in to OPH programming which may take the form as work to educate primary care providers about WHO recommendations, and policies to encourage support for breastfeeding in public.

Expanding supports at Baby Express Drop-Ins

OPH is expanding the scope of services offered at its Baby-Express Drop-In sites using a phased-in approach. This includes daily Drop-Ins that are available at locations across the city including libraries, and community health and resource centres, among others, to provide timely support for those experiencing challenges and seeking assistance. In collaboration with community partners, OPH will increase the age range of children served to ensure access to a suite of services from pregnancy to transition to school, including preconception health, infant health, breastfeeding, positive parenting and developmental screening at Drop-In locations across the city. The result will be a more client-centered approach where families can engage prenatally and continue to engage as their child grows.

Tailoring home visiting - Support for families with identified risk

HBHC will continue to focus its efforts to provide direct home visiting services to families with identified risk. HBHC will deliver enhanced orientation sessions for new hospital nurses through the CMNRP network to ensure that families with identified risk are screened accurately. Enhanced liaison work with hospitals, midwifery groups and primary care providers serving prenatal clients will also assist in identifying clients during pregnancy so that intervention can be offered as soon as possible. Through the HBHC home visiting program, OPH will fully implement all components of the provincial HBHC best practice guidelines related to: the promotion of maternal mental health during pregnancy; the promotion of attachment via infant cues recognition, and; parent-infant interaction assessments through the use of feeding and teaching scales as well as Partners in Parenting Education (PIPE) activities.

The effectiveness of HBHC interventions will be measured locally by a new continuous quality improvement process, which will support decision-making to strengthen the program.

Enhancing social connectedness with new families

An important part of the transition to being a parent is having social supports and feeling connection to the community. OPH programs work to help families connect with each other and their local community resources. For example, at Baby Express Drop-ins parents meet other parents from their neighbourhood. The Ottawa Breastfeeding Buddies (OBB) Program offers peer support to aid in successful breastfeeding and evaluation results show that families linked with a “buddy” breastfeed longer than average. HBHC staff also provides information about community resources, and assist

families who may face barriers such as language, culture or finances to navigate health and social service systems. In addition to these connections, OPH is embracing new ways to connect people through interactive digital mediums.

In March 2015, OPH launched the Parenting in Ottawa Portal website (English and French) to supplement the Parenting in Ottawa Facebook pages (English and French), which launched November 2014. These innovative and engaging tools enable parents to access information with the click of a mouse. A PHN moderates the pages, encouraging interaction with, and between parents through engaging posts including trivia questions, or encouraging parents to share their strategies to address specific parenting issues. At the time of publishing this report, the Facebook pages have received nearly 75,000 clicks on content ranging from eating healthy on a budget, to smoking cessation, to information on dental screenings for children. Moreover, parents have actively participated on the pages with over 3,600 comments and 8,000 'likes' on OPH posts and comments. Through these new forums, parents have access to information, direct contact to a PHN, the ability to share tips between parents themselves, and tools to help easily find local parenting experts and community resources. The experience to date shows that the tips shared among parents is highly interactive and mutually supportive. A recent posting on dental care resulted in over 20 practical suggestions from other parents.

OPH launched the Parenting in Ottawa Portal website in response to the growing demand by parents for interactive information online.

Given that today's parents are increasingly turning to a variety of digital technologies for information, OPH is keen to communicate with parents using these platforms. In addition to providing parenting and health related information, online forums are also a valuable source for peer, social and emotional support.¹¹ A review of the literature shows that two thirds of parents report using social media regularly¹², and results from a 2013 OPH social media survey found that 81% of area parents reported searching for child health information online.¹³ In response to the growing demand by parents for interactive information online, OPH launched the Parenting in Ottawa Portal website. OPH will continue to monitor the current success and uptake of the Parenting in Ottawa Portal and Facebook page, and leverage efforts to maximize parent and community partner engagement through these tools.

Next Steps

OPH will monitor implementation of its five-point plan to deliver high quality programs and services for all postpartum families to ensure everyone receives the right care at the right time. Some examples include monitoring the number of clients initially screened as without risk being referred to HBHC, attendance, reach and impact of Baby Express Drop-ins, breastfeeding rates, as well as the utilization and impact of the Parenting Portal.

OPH will focus on the promotion of its services to new parents, including prenatally, to ensure their awareness of available OPH services and to profile the various ways to stay connected for parenting supports. The promotion will outline how parents can access information and services to foster confidence in their new role. If they need additional support, the promotion will reinforce how they can reach OPH to obtain the support they need.

As this report describes, OPH strives to support a seamless transition supported by accessible and tailored programming so that parents achieve their optimal capacity to nurture their child's growth and development in forming healthy parent-infant attachment, making informed decisions about infant feeding, and connecting with others for support. Healthy infants become healthy preschoolers, which will be the focus of Part 3 of the Healthy Start Report series. Together with parents, caregivers and community partners, OPH will continue to work to ensure all children in Ottawa receive a healthy start.

RURAL IMPLICATIONS

There are no rural implications.

.LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendation in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk implications associated with this report.

FINANCIAL IMPLICATIONS

ONLY FINANCE STAFF MAY COMPLETE THIS SECTION. Report writers should provide the general finance information, details and rationale related to the topic in the Discussion section of the report. Finance will outline the financial impact to the City

resulting from the report recommendations in the Financial Implications section. If there are no financial implications, Finance will provide a comment to that effect. All reports will be sent via the online RADAR tool to your Finance Account Manager to secure the necessary comment from the Finance Department. Reports cannot go forward without addressing this section and should be forwarded to Finance five (5) working days prior to the report deadline.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

.SUPPORTING DOCUMENTATION

Document 1: Ottawa Public Health (OPH) infant and family health programming and services

DISPOSITION

Staff will implement the five-point plan for infant and family health programming upon approval of the report recommendation.

¹ State of Ottawa's Health Report (2014). Available from:
http://documents.ottawa.ca/sites/documents.ottawa.ca/files/documents/stateOfHealth2014_en.pdf

² State of Ottawa's Health Report (2014). Available from:
http://documents.ottawa.ca/sites/documents.ottawa.ca/files/documents/stateOfHealth2014_en.pdf

³ Parket M, Rifas-Shiman SL, Oken E, Belfort MB, Jaddoe VW, Gillman MW. (2012). Second trimester estimated fetal weight and fetal weight gain predict childhood obesity. *J Pediatr* Nov; 161(5):864-870.e1.

⁴ Boney C, Verma A, Tucker R, Vohr B. Metabolic syndrome in childhood: association with birth weight, maternal obesity and gestational diabetes. *Pediatrics*. 2005;115 (3):e290-6.

⁵ Jubenville, K., Lafrenière, A., Millar, C., de Quimper, C., and Woods, K. 2013. Developmental Health at School Entry in Ottawa – Results from the 2010-12 implementation of the Early Development Instrument and Kindergarten Parent Survey in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON. 74pp + 95pp (Appendices)

⁶ Ontario Public Health Standards (2008). Child Health Standard. Available from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/childhealth.aspx

⁷ Public Health Ontario. Healthy Babies, *Healthy Children Process Implementation Evaluation: The First Six Months of Implementation in Ottawa Public Health*. December 2014.

⁸ Ottawa Public Health. Infant Feeding Surveillance System. July 2012 – June 2014.

⁹ Ottawa Public Health. Infant Feeding Surveillance System. July 2012 – June 2014.

¹⁰ <http://news.ontario.ca/mohltc/en/2013/09/moms-and-babies-to-benefit-from-new-breastfeeding-supports.html>

¹¹ Moorhead, S. A. et al. A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication. *J Med Internet Res*. 2013 Apr; 15(4): e85. Available from:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636326/>

¹² OPH Report - Parent Outreach Strategy: Findings and Recommendations, January 2014

¹³ OPH School Health Program Parent Outreach Survey, January 2013