

*Spotlight on the  
Canada Prenatal Nutrition Program  
(CPNP) in British Columbia*

A **KEEPING IN TOUCH BC** SPECIAL EDITION NEWSLETTER



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## IN THE BEGINNING

# The History of CPNP Programs

**I**n 1995, the Government of Canada launched the Canada Prenatal Nutrition Program (CPNP) to improve the health and well being of pregnant women, new mothers and babies facing challenging life circumstances. Poverty, teen pregnancy, substance use, family violence and social and geographic isolation are all challenges that place expectant or new mothers and their children at risk.

From increasing the rates of healthy birth weights through nutrition counselling, prenatal vitamins and food coupons, to promoting breastfeeding and education on infant care and child development, the program also aims to strengthen its support of vulnerable women through the creation of community partnerships and referrals to outside agencies. CPNP also focuses on increasing the availability of culturally sensitive prenatal support for Aboriginal women and recent immigrants.

The Public Health Agency of Canada currently funds 276 CPNP projects serving over 51,000 pregnant women and parents/caregivers in over 2,000 communities across Canada each year. In addition, a separate stream of the program administered through [Health Canada](#) serves Inuit and First Nations women living on-reserve. Currently, there are 45 CPNP-funded programs in BC.<sup>1</sup>

<sup>1</sup> Health Canada Website [https://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa\\_intro-eng.php](https://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php)

While each CPNP project is unique, a set of six guiding principles help to unify the approach to program delivery:

- 01 Mothers and babies first.** The health and well being of the mother and baby are most important in planning, developing and carrying out the program
- 02 Equity and accessibility.** The program must meet the social, cultural and language needs of the pregnant women in the community and must be available in all parts of the country.
- 03 Community-based.** Decision making and action in planning, designing, operating and evaluating the program must be done as a community.
- 04 Strengthening and supporting families.** All parts of society share the responsibility for children by supporting parents and families.
- 05 Partnerships.** Partnerships and cooperative activities at the community level are the key to developing an effective program.
- 06 Flexibility.** The program must be flexible to respond to the different needs in each community and to the changing needs and conditions of women in these communities.

The structure of individual CPNP-funded programs is tailored to meet community need, but the central components are that, in collaboration with community partners, it is a free weekly prenatal program that provides group-based and individual support, as well as education from Public Health Nurses and Registered Dietitians.

## IN THE BEGINNING

### Topics can include:

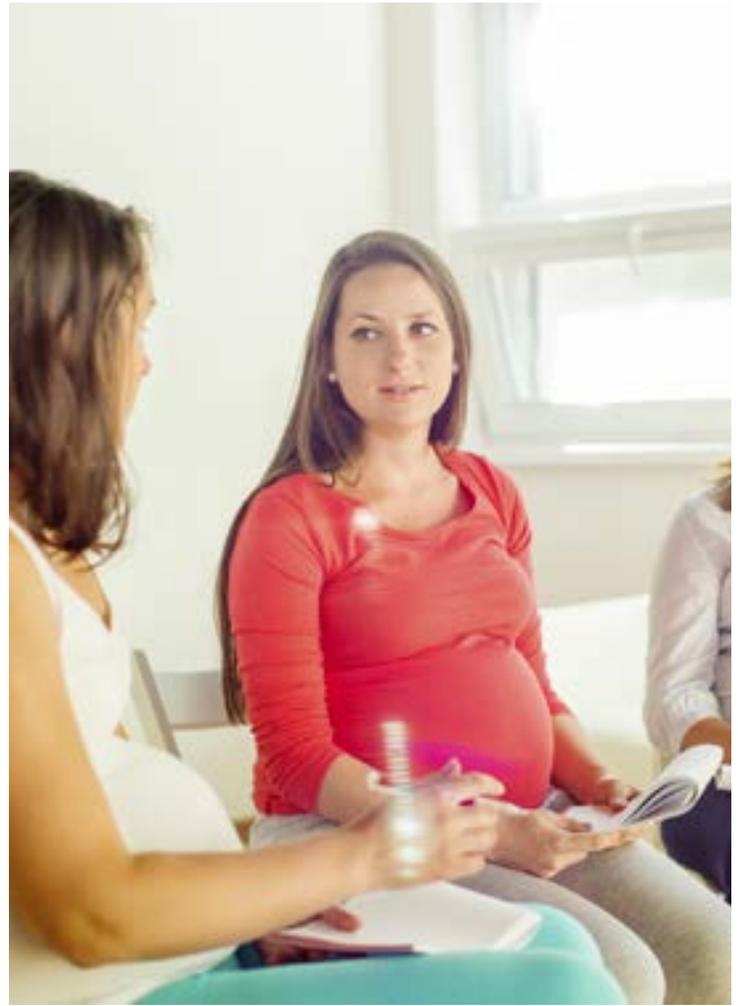
- » Having a healthy pregnancy
- » Healthy eating during pregnancy
- » Basic labour and birth
- » Breastfeeding
- » Becoming a parent

### The program may also provide:

- » Interpreters
- » Healthy snacks
- » Food certificates
- » Prenatal vitamins
- » Child care
- » Public transport tokens

### Using a community development approach, the CPNP aims to:

- » Improve maternal and infant health
- » Reduce the incidence of unhealthy birth weights
- » Promote and support breastfeeding
- » Build partnerships
- » Strengthen community supports for pregnant women



“Being single and having no family in Canada, I found the project enabled me to meet others and feel less isolated. I learned how to eat properly and take care of myself during pregnancy.”

-A CPNP PARTICIPANT

While regional variations in project size, sponsorship and geographic distribution exist, a common set of guiding principles, program objectives, and essential program elements create a cohesive national foundation across the country. The program’s strength is built on this foundation and on the collaborative partnerships developed at all levels of government enabling communities to determine needs, set goals, establish appropriate responses and monitor and improve results.

Overall, the program is designed to reach pregnant women who are least likely to seek timely prenatal support from the traditional health system. Over the life of the program, many thousands of pregnant women and their infants have participated in the CPNP across Canada. Due to its programming flexibility, CPNP is able to respond to regional priorities and needs, including priority populations.

The health of mothers and children in Canada is among the best in the world, but certain health disparities persist. A report on maternal and child health in Canada produced on the occasion of World Health Day 2005 indicated that:

*“During pregnancy, women with low socioeconomic status are more likely to face stressful life events and chronic stressors and experience low gestational weight gain. They are also less likely to initiate early prenatal care. [As well,] rates of adverse pregnancy outcomes, including pre-term birth and especially intrauterine growth restriction, generally rise with increasing socio-economic disadvantage.”<sup>2</sup>*

The CPNP continues to enhance rather than duplicate prenatal support. CPNP projects often act as an entry point where potentially isolated women are linked to the health system and to additional supports in the broader community.

In 2005, 28 representatives of CAPC/CPNP projects from across the country participated in a dialogue facilitated by the Centre for Health Promotion of the University of Toronto and funded by the CAPC/CPNP National Projects Fund, noting:

*“When CPNP [and CAPC] were originally started, [community] projects were seldom consulted concerning new provincial or other initiatives. Now projects are frequently invited to sit at the table and often sit on other organizations’ advisory boards. This helps ensure fewer gaps and less duplication in services. It also promotes better delivery of services throughout the community and heightens awareness by other*

*agencies, groups, politicians, corporations, and other stakeholders and partners.”*

Beyond providing direct nourishment to women and their infants, CPNP focuses on maternal and infant nutrition within a complex web of interactive factors that influence a mother’s ability to care for herself during pregnancy:

- » Offering food responds to immediate needs and increases understanding of nutrition, healthy living and social concerns like hunger and food security;
- » Eating together breaks isolation, bridges culture, promotes friendships and establishes equity; and
- » Preparing food introduces new foods, builds skills and positive health practices, and allows women to share their cultural experience.

The Canada Prenatal Nutrition Program now has a twenty-year history of providing comprehensive services to improve pregnancy outcomes for mothers and their babies. The program goes well beyond a focus on personal health practices in order to respond to broader issues such as poverty, food security, racial inequality, Aboriginal health and the socio-economic factors that influence lifestyle choices and health outcomes. Many CPNP projects have been recognized for their leading edge programming and their contribution to broader policy development. Through commitment, leadership and service integration, CPNP-funded programs contribute to building community capacity across the country and providing a strong foundation on which to promote healthy living and support chronic and communicable disease prevention.<sup>3</sup>

<sup>2</sup> McCourt C., Paquette D, Pelletier L. and Reyes F., *Make Every Mother and Child Count: Report on Maternal and Child Health in Canada*, Public Health Agency of Canada, April 2005.

<sup>3</sup> *The Canada Prenatal Nutrition Program: A Decade of Promoting the Health of Mothers, Babies and Communities* [http://publications.gc.ca/collections/collection\\_2012/aspc-phac/HP10-11-2007-eng.pdf](http://publications.gc.ca/collections/collection_2012/aspc-phac/HP10-11-2007-eng.pdf)



CPNP PRINCIPLE 01 | **MOTHERS & BABIES FIRST**

## Encouraging and Supporting Breastfeeding in Quesnel

**F**or the past 20 years, the Canada Prenatal Nutrition Program (CPNP) has been dedicated to the promotion and support of breastfeeding among vulnerable populations across Canada. As a cornerstone of the program, thousands of hours of breastfeeding expertise have been both gained and shared at CPNP locations.

### **Breastfeeding Champions**

In order to develop a cohort of breastfeeding champions in their community, the Quesnel Baby Friendly Advisory Group (Co-Chaired by Bev Barr, Coordinator of the Healthy Mothers, Healthy Babies Pregnancy Outreach Program), in partnership with Northern Health, offered a three-day training in November 2015 for health professionals and community members, including 5 breastfeeding mothers, using the World Health Organization (WHO) breastfeeding course (required training for all maternity nurses).

“Bringing out the Best: Breastfeeding, the World Health Organization and Quesnel”, an article by Theresa Healy, Healthy Community Development, Northern Health in the Spring 2016 issue of Northern Health’s Healthier You magazine, focuses on the benefits of a coordinated community approach to encouraging and supporting breastfeeding and describes the work of the Quesnel Baby Friendly Advisory Group to organize the joint training: “The benefits of breastfeeding exclusively for the first

six months of life are well researched, with numerous health benefits for mothers and baby. The goal is to increase the number of babies who are exclusively breastfed for the first six months (as recommended by Health Canada). Exclusive means that they receive nothing but breast milk until they are six months old (i.e. no solid foods, no water or breast milk substitutes) unless it is medically necessary.”

To learn more about the planning aspects that made this project so successful, and the benefits to the community, you are encouraged to read the full article in the Spring 2016 issue of [Northern Health's Healthier You magazine](#).<sup>1</sup>

### **Protecting, Promoting & Supporting Breastfeeding: A Practical Workbook for Community-Based Programs**

Working in partnership, the CPNP and the Breastfeeding Committee for Canada (BCC) created a workbook to assist communities to identify strategies and specific actions to protect, promote and support breastfeeding in a population health context.

Similarly to the PHAC CAPC/CPNP/AHS programs, the BCC was established in 1991 as a Health Canada Initiative following the UN World Summit for Children. The mandate of the BCC is to oversee and facilitate the implementation, assessment and designation of the WHO/UNICEF Baby-Friendly Initiative in Canada, working towards establishing breastfeeding as the cultural norm. The BCC and CPNP share a vision that “Canadian communities will foster environments where breastfeeding is the easiest choice for all women and their children.”



Population health recognizes the social, physical, economic and individual factors that influence a woman's decision to breastfeed, and her ultimate success with breastfeeding.<sup>2</sup>

**Strategies the workbook recommends include:**

1. Creating breastfeeding friendly sites
2. Keeping staff up-to-date
3. Empowering mothers to make informed decisions
4. Respecting the needs of mothers who choose not to breastfeed
5. Identifying barriers and explore solutions
6. Sustaining support beyond initiation
7. Including families, partners and friends
8. Encouraging peer breastfeeding support
9. Engaging the community as a partner

<sup>1</sup> Northern Health's Healthier You Magazine (Spring 2016) [http://issuu.com/glacierspecialtypublishing/docs/healthier\\_you\\_-\\_northern\\_health\\_-\\_s/26](http://issuu.com/glacierspecialtypublishing/docs/healthier_you_-_northern_health_-_s/26)

<sup>2</sup> *Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-Based Programs* (2014) <http://breastfeedingcanada.ca/documents/Breastfeeding%20Workbook%202014.pdf>

## **Ongoing Support Through Research**

Research continues to indicate the value of breastfeeding in terms of infant and maternal health. A history of breastfeeding has been associated with reduced risk of many infants and mothers from developed countries.

The [Health Canada infant nutrition webpage](#) states, “Breastmilk supplies the correct quantity, quality, and absorption of nutrients (Butte, Lopez-Alarcon, & Garza, 2002). Infants digest it easily and efficiently (WHO, 2009). To support optimal growth, the balance of nutrients in breastmilk changes during feedings and over time as the infant matures (Kent et al., 2006; Riordan & Wambach, 2010). Beyond nutrients, breastmilk’s unique and complex composition includes bioactive factors, such as anti-infective immunoglobulins and white blood cells (Riordan & Wambach, 2010). It also contains factors that stimulate the maturation of the small intestine and aid with the digestion and the absorption of nutrients (Hamosh, 1996; Sheard, 1988).”<sup>3</sup>

Health Canada points out, “Breastfeeding initiation rates in Canada have increased considerably in recent decades, from less than 25% in 1965 (Millar & Maclean, 2005) to 88.4% in 2011 (Statistics Canada, 2012). Yet, of the mothers who initiate breastfeeding, some stop after less than one week and close to 25% stop before their infant is one month old (Health Canada, 2012). The percentage of Canadian mothers exclusively breastfeeding their infants to six months remains low, at 27.8% (Statistics Canada, 2012)” and notes that:

*“Mothers most at risk of not meeting recommendations for breastfeeding and thereby needing further support are typically not married, less educated and of lower socio-economic status (Health Canada 2012).”*

In Canada, the PHAC report on [Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights](#) states that, “Canada is in the midst of a childhood obesity epidemic”, particularly among young people of Aboriginal origin (off-reserve). Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults.” As well as health concerns, the framework notes that there will be long-term costs to our health care services and to the Canadian economy “as a result of an anticipated greater level of absenteeism and weight-related illnesses among Canada’s aging and more obese workforce.” The framework recommends that “exclusive breastfeeding for at least the first six months of life can help to prevent overfeeding and reduce the risk of early childhood obesity.”<sup>4</sup>

The Health Canada site concludes that “exclusive breastfeeding during the first six months is accepted as the nutrition standard for infants according to the Dietary Reference Intakes, and is promoted by the World Health Organization (WHO) as a global public health recommendation (IOM, 2006; WHO, 2003). Exclusive breastfeeding from birth is recommended except in very few medical situations, and is important for the healthy growth and development of infants and toddlers (WHO, 2003).”

<sup>4</sup> Public Health Agency of Canada, *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>

<sup>3</sup> <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>



CPNP PRINCIPLE 02 | COMMUNITY-BASED

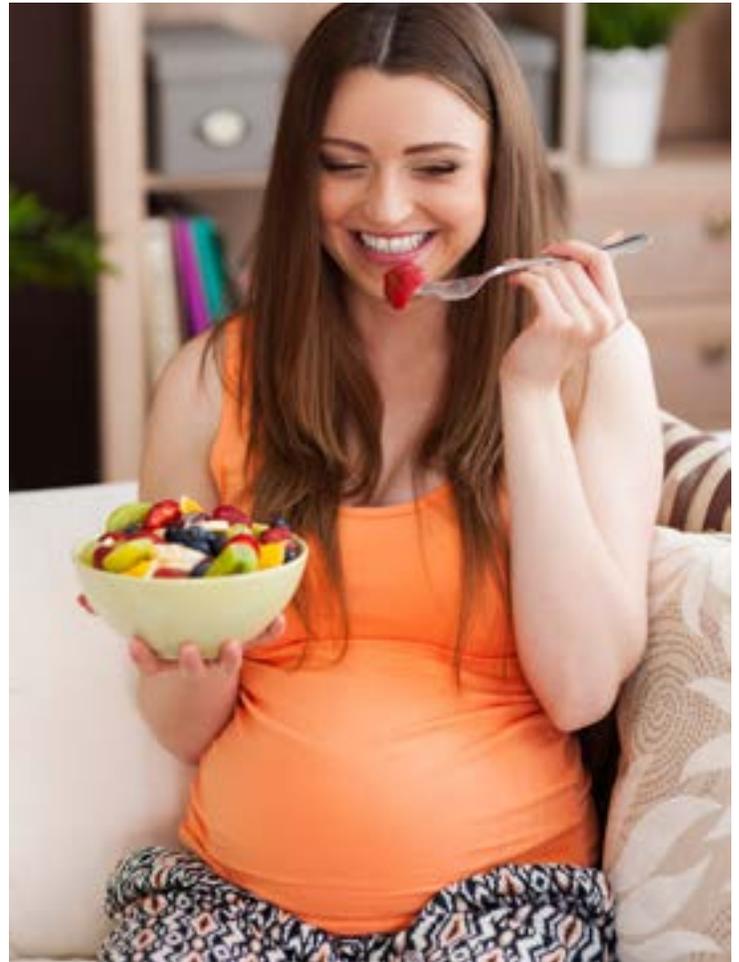
## Farmers' Market Success on the Sea to Sky

The Healthy Pregnancy Outreach Program (HPOP) is designed to help women maintain good health and have healthy babies. The program provides a weekly discussion group, a cooking club, and one-on-one support for women in Squamish and Pemberton who are pregnant or whose child is six months old or less. To support nutrition education and food security support to the program participants, the cooking club provides classes on nutrition education and cooking and preserving skills. The BC Farmers' Market Nutrition Coupon Program allows the HPOP to assist participants in accessing fresh, locally grown produce, dairy and meat. Previously only provincially funded, the program provides coupons to 50 families a year due to a successful partnership formed in 2010 with Squamish Savings (a local division of VanCity Credit Union).

Many families in the HPOP would not normally be able to access the Farmers' Market because of the price ranges for locally grown produce. Coupons may only be used to purchase fresh fruit, vegetables, dairy, eggs, meat, fish, nuts and herbs, and cannot be used to purchase any processed foods. Each participant receives \$15 worth of coupons a week between June and October. This encourages participants to attend the weekly cooking class to collect their coupons. It also makes the clients accountable to use them: the priority is HPOP participants and there are a limited number of coupons available.

In order to take part in the program, participants attend two skill-building cooking sessions per year facilitated by HPOP staff. These sessions focus on recipes including the fresh options from the Farmers' Market. These skill-building sessions are now incorporated into an ongoing weekly cooking class, which involves learning new recipes—from Mexican and Asian cuisine to typical traditional North American recipes. Thanks to the additional funding provided by VanCity, it has been possible to expand the BC Farmers' Market Nutrition Coupon Program over the past four years to include seniors and families with young children in the Squamish area who are experiencing food security issues. In the last two years, they have been able to also include support for members of the rural community of Pemberton. In 2015, the program served 20 seniors, 55 community members and pregnant mothers in Squamish, and 20 participants in Pemberton/Mount Currie, for a total of 95 participants. The VanCity funding (a year-by-year grant) has been crucial to manage this flexibility and these numbers, which would not be sustainable without this supplement to the basic provincial allocation.

In managing the program, they do not apply formal testing to applicants, but use an informal interview process to explain whom the program is geared towards, so as to allow applicants to self-select. Many participants have given feedback about how the program has helped their family manage a short-term difficulty, such as a break in employment. Seniors have reported that being able to purchase more fresh fruits and vegetables has helped them manage health ailments such as heart conditions and diabetes, while other participants have expressed how much it means to their families to be able to access fresh, local produce, organic



meat and eggs, and to learn new recipes. Families have also collaborated to share their coupons in order to buy caseloads of produce for canning and preserving, and to get a better per-item price.

The cooking class is focusing on the preservation piece: how to blanch and safely freeze vegetables; how to make stock for soups and stews; and on canning and preserving. They have had enjoyment working together to try unfamiliar vegetables, such as kohlrabi and purple potatoes, and quark (a low-fat, high-protein, soft fresh cheese). In the class, they work together to make an entrée to eat together, and take home enough to feed a family of two for up to three days.

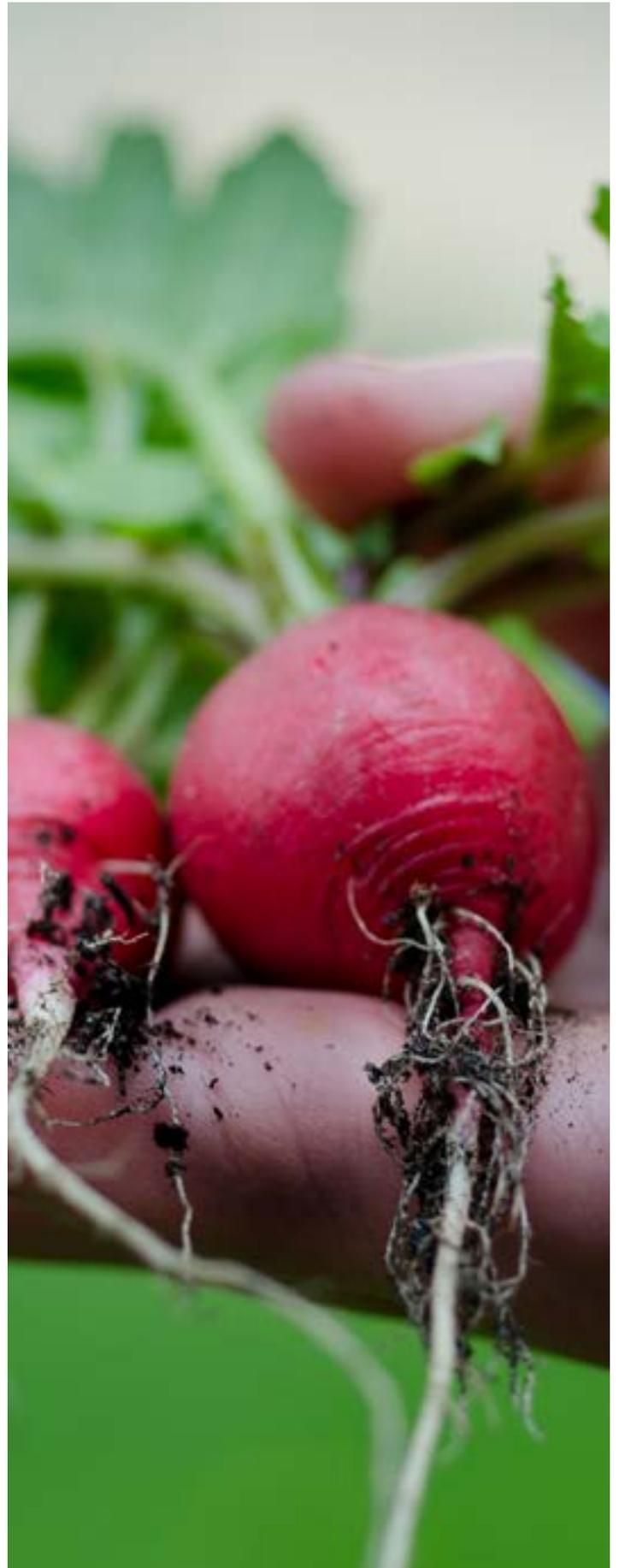
The program consistently maintains a high retention and coupon use rate; 95% of coupons issued are returned to the Farmers' Market. Staff work continuously to learn about what products sell best at the market, and to determine what topics will be the biggest draw for participants in the cooking class.

There is high and growing demand for the program. Still, class attendance can be challenging, and so staff offers incentive for participants to attend class regularly (such as baking), and assistance with logistical challenges, like scheduling (they offer both daytime or evening classes), and providing bus tickets once they are familiar with their transportation route.

The classes mix together seniors, community members and pregnant mothers. Some fathers and grandfathers also participate in the class, and tasks can be shared to enable all to participate to help build relationships and a sense of community.

“*The lunch was so helpful as a new mom. I would say above all, the woman-to-woman support that is bred from these activities was the most valuable aspect of HPOP. Food brings people together, and often having a new baby can be a very isolating time. I would have had a very different experience as a first-time mom had I not attended these activities.*”

—HPOP PARTICIPANT





CPNP PRINCIPLE 03 | EQUITY & ACCESSIBILITY

## Pre and Postnatal Support with the Family Ties Healthy Babies Group

**F**amily Ties Healthy Babies group is a free service for pregnant women and mothers with babies up to 3 years of age, offering weekly drop-in groups in Ucluelet, Tofino and surrounding communities. The groups offer a safe, welcoming place for expectant moms to meet and connect with other parents and community services, learn about neonatal and parenting topics, and to receive healthy snacks, free prenatal vitamins, multivitamins and Vitamin D for the infants. In addition, weekly nutrition coupons are provided to families whose children are 6 months and under.

Tofino is a transient community, where many people come from Europe or eastern Canada to settle temporarily and work in service jobs that support the tourist-based economy. Historically, these workers have moved back to be closer to family supports once they start a family, but more recently they appear to be staying in Tofino, especially as tourism in the area becomes less seasonal.

Here, the Family Ties Healthy Babies group feels like a family to those who have moved to the area, and amazing friendships have been formed. These isolated rural communities are by definition high-risk, so the group contains great diversity and fosters the ability for mothers from different communities to make connections with one another. This is particularly valuable as the developing yearlong impact of tourism on the community can increase isolation for community members.

The relationships formed at Family Ties also help the mothers build confidence to attend the Strong Start program with their children, creating a more welcoming environment at school for both mother and child. Because the towns are small (Tofino, for example, has a population of 1876 according to the last census data, and there is only one elementary school in Tofino and one in Ucluelet), this kind of integrated support is key to fostering a healthy community.

The networks created and information obtained from the Family Ties group is fundamental for new mothers learning to navigate a rural community. For example, because Tofino's local hospital closed its maternity unit, expectant mothers have to travel out of the community up to a month ahead of their due date—more if there are delays in giving birth or complications for the newborn—to places like Nanaimo, Courtenay, Victoria, Port Alberni or Vancouver. This is a costly process for families, as rent still has to be paid in Tofino (where there's a high cost of living) as well as temporary accommodation close to the hospital, from vacation rentals to bed & breakfasts. As well, the pregnant woman is away from all her local support systems, and is likely to be away from her partner and her other children, who will require childcare. A particular challenge that can arise is that of accessing a public health nurse for breastfeeding support if a new mother is discharged from hospital on a Friday or during holiday times. These issues can be a source of great stress for families.



The Family Ties Healthy Babies groups are unusual in that they combine pre-and-postnatal in a single group, allowing pregnant women the opportunity to learn from those who have been through the experience of travelling out of community to give birth. The experienced moms are able to offer recommendations of hospitals, midwives, and obstetricians; information about places to rent and local supports; and suggestions of what to bring and what to expect. Here, a great deal of peer nurturing and sharing takes place.



CPNP PRINCIPLE 04 | PARTNERSHIPS

## Working Together to Support Moms and Babies in Vernon

Vernon's First Nations Friendship Centre Society (FNFC) has been in existence for 38 years since its inception in 1977 as the United Native Nations Friendship Society. The CPNP program based at FNFC reaches out to the local community, with about 30% Aboriginal clients and 12% recent immigrant clients (a growing demographic representing wide cultural diversity) within the current client group. A recent addition to the CPNP program, which has been very well received, is regular attendance at sessions by an Elder, who offers cultural input and the benefits of her life experience and wisdom to the program.

The CPNP staff offers a variety of services to help women have a healthy pregnancy and a smooth transition into parenthood in the first six months after giving birth, including weekly group sessions, individual counseling, prenatal vitamins and food supplements. By giving women opportunities to access resources, build a network in the community, and receive unbiased information, they are supported to make changes that will increase self-esteem and create a healthy lifestyle for themselves and their families. Through collaboration with other services in the community, CPNP provides optimum access to services for program participants.

The CPNP group partners with Public Health to provide prenatal classes, immunization, and one-to-one services. They also partner with Community Kitchen Vernon, where a facilitator who works with dietician Caroline Huisken runs the program, offering supports to supplement families who find it difficult to afford the food supplies for the program, or participate in the Farmers' Market Coupon Program.

The program in Vernon runs four days a week, with a weekly drop-in and one-to-one appointments for the remainder of the week. Program demand has grown significantly over the years—so much so that, in the last ten years, the Vernon staff has not been able to offer teaching sessions or one-on-one in the outlying areas, so participants must come into Vernon to access the program. The public health nurses distribute the vouchers and vitamins to the expectant moms in Lumby, Armstrong and the rural areas in order to make it easier for participants to access these resources regularly.

Over the past 8 to 9 years, the program has developed an effective relationship with the East Indian community in the Vernon area—the largest local visible minority group. In the past, most women in this local cultural group had relied on family support and there was a perceived stigma to receiving help from community-based programs. The CPNP group hired an outreach worker, who was respected in the cultural community, and who was recognized within the cultural community as a safe and trustworthy person, to engage with expectant mothers and to offer language and transportation supports. As a result, families from this cultural group are now much more willing to try out the program and to attend on a regular basis.



Many of the women accessing the program are new to Canada and have come from abroad to marry. In their home culture, it is normally the maternal family that offers pregnancy support and education, and so a feeling of isolation as they learn how to function in a new country and community is common. The outreach worker has been able to create a connection point that enables women to access pregnancy and neonatal supports, and also opens up willingness to access other community services.

Another feature that has developed within this CPNP group is the Mothers for Recovery group (a sister-group to the original program in Kamloops). Facilitators for the group are moms that have recovered from drug addiction. Many pregnant moms that have a history of drug use feel shame around this issue and are hesitant to ask for services. Even seeing a counsellor can stimulate triggers that put clients at risk of turning to familiar sources of solace, so peer support to take the mom to a session, or meet after for coffee, can help her get through those challenging moments when she is most at risk. Further, while professional help is normally only available during business hours, the peer support is available to call on a 24/7 basis.

The outreach worker who coordinates the Mothers for Recovery group does a presentation in the regular CPNP program to explain how the group functions, thus allowing participants a safe, relational access point. When the Mothers for Recovery group meets, it is organized in such a way that it is not obvious to non-participants what the primary purpose is. Often moms that have a history of drug use are socially isolated, because they don't connect to "straight" moms. Having a safe group helps meet their personal need for support, and allows them to focus on looking after themselves and their baby.

In order to create and maintain the Mothers for Recovery group, the CPNP programs has had to pull together funding from different sources. They are working to establish more secure funding for the group, which has proven its value for the community and for the women it supports.



CPNP PRINCIPLE 05 | **STRENGTHENING & SUPPORTING FAMILIES**

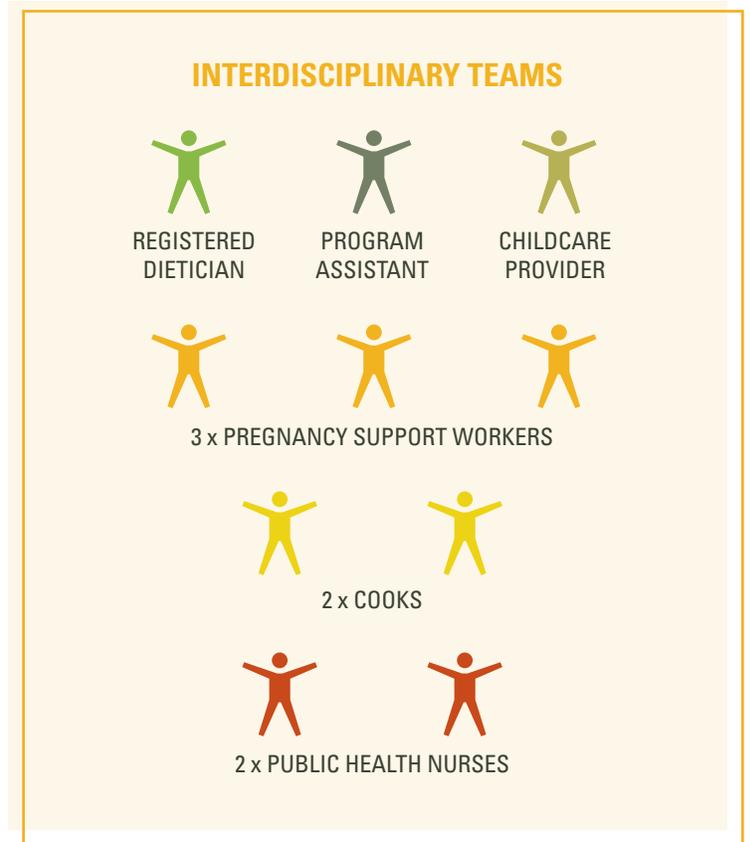
## Strong Teams and Diverse Families in the Fraser Valley

Last summer, Jen Mantyka took her background in social work and began managing the Healthiest Babies Possible Pregnancy Outreach Program, building a team which now includes a registered dietician (Mana Bayanzedah); three pregnancy support workers (Sadia Mazhar, Cindy Molina and Chelsea William), who have experience working with teen mothers and immigrant families, as well as ECE experience; a program assistant (Jackie King), who brings a background in psychology and ECE programming; two cooks (Zainab Amra and Jan Wilmot); and a childcare provider (Humera Afzal). As a new team, the program staff welcomes opportunities to build relationships and connections with others in the field and are looking for a local clinical counsellor to partner with. Healthiest Babies Possible also has two public health nurses attached to the program that offer support to the groups and consultation for the program workers when they are dealing with challenging cases. The program is currently serving 295 clients and offers three weekly drop-ins based in Guildford, Delta and Newton/Surrey. The program also offers one-to-one services, which have vulnerability criteria.

Recurring issues for pregnant women attending the program are low income/food security and lack of personal supports, particularly for those who are new to the country and unfamiliar with what resources are available locally. The Healthiest Babies Possible program is well established in the community, so the program receives self-referrals in addition to referrals from outside agencies. The program staff works hard to create a totally safe, nurturing space where participants can feel that no judgements are being made, a space where they are accepted and welcomed.

Healthiest Babies Possible is serving a fast-growing community. The demand for one-on-one services and the number of complex cases is increasing rapidly, with many of the one-on-one clients needing to meet every week, rather than once every two weeks. Staff is encouraging one-on-one clients to attend the drop-in groups to supplement the support they are receiving, and are increasing the frequency of presentation of key topics in the group sessions. They have also incorporated a lunch club and a yoga group, both of which are well received.

Maya Bayanzedah, the program dietician, points out that the majority of clients struggle with food security. In the program, clients receive information about local food security supports, including Quest, the Food Bank, and local grocery stores; they receive grocery gift certificates for two large local grocery outlets that are conveniently located and affordable; the weekly lunch club, which operates at both the Guildford and the Delta sites, enables participants to learn about healthy food choices and helps familiarize the women who are recent immigrants with locally available healthy and affordable food options; the King George location offers



a monthly community kitchen, where participants learn cooking skills and share in cooking easy, low-cost recipes, and the \$3 fee includes a healthy food bag (\$10 value), as well as participation in the shared meal and the opportunity to take home the extra that has been cooked that day. Transportation is also an issue for many participants, so bus tickets are made available for attending the groups. One arising issue for the Healthiest Babies Possible program is how to most effectively offer support to the Syrian refugees who are being settled in their community, and for whom they are beginning to receive referrals.

For the current team, cultural and linguistic diversity is a strength. They already have an Arabic speaker on staff, and they have reached out to find Arabic-speaking volunteers from within the local community to assist with interpretation services. Options Community Services supports the refugee families arriving in their community and Healthiest Babies Possible is partnering with First Steps: ECD Settlement Program to support and assist newcomer families so they can gradually transition into mainstream services and resources. The First Steps program has been developed to help families learn about parenting in a Canadian context, meet other parents who share and understand the experience of raising children in a new country, and get the support they and their children need to succeed in the community and in school.

The program includes a range of services including: parent-child drop-in; parenting support; social interaction, bonding and play; nutrition and health information; mental health counseling; and fathers' groups.

The Healthiest Babies Possible team have been attending workshops and seminars to ensure that they can provide an environment of safety for their refugee clients, and have been setting up a peer support system within the team to deal with the potential for vicarious trauma when assisting clients who have experienced severe trauma in their refugee journey.<sup>1</sup>

<sup>1</sup> *Keeping in Touch BC* (14 December 2015) <http://www.keepingintouchbc.com/2015/12/14/when-compassion-hurts-burnout-vicarious-trauma-and-secondary-trauma-in-prenatal-and-early-childhood-service-providers/>





CPNP PRINCIPLE 06 | FLEXIBILITY

## Welcoming New Families with the Baby's Best Chance Program

Originally established in 1974 as North Peace Community Resources Society, Community Bridge offers a network of free counseling and support services to individuals, families, children and youth, in the Peace River-Liard area. Their Baby's Best Chance Pregnancy Outreach Program, a member of the BC Association of Pregnancy Outreach Programs (BCAPOP), is part of the network of CPNP-funded pregnancy outreach programs providing services for pregnant women and teens with lifestyle challenges, or at risk of having low birth weight babies, throughout BC. Baby's Best Chance services are offered in Fort St. John, Dawson Creek and Chetwynd.

The Fort St. John program, structured as a weekly program incorporating lunch, drop-ins and classes, is tailored to meet the needs of the group, offering:

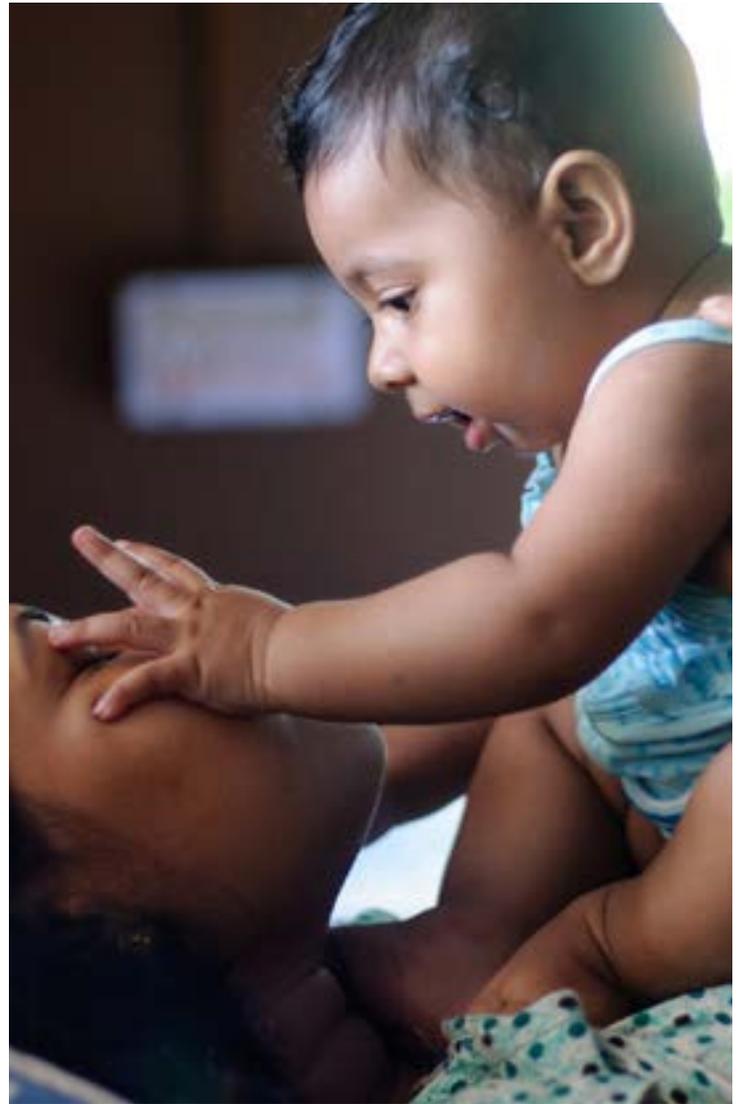
- » Peer support and a relaxed place to ask questions
- » Nutritional and health counselling
- » Free milk, juice, vitamins and infant supplies
- » Counselling and referrals
- » Social activities and crafts
- » Guest speakers
- » After-delivery follow-up and support for six months
- » Referrals to other services

The program is designed to help mothers learn about pregnancy, make healthy food choices, cut back on smoking, stop using alcohol and drugs, prepare for the birth of the baby, prepare for breastfeeding, learn about child development, and adjust to parenthood.

Fort St. John, a city of 21,000 residents in the city proper, but 69,000 including the outlying service region, is central to regional oil and gas industries, and boasts an average population age which is 8.8 years younger than the rest of the province. The heavy manual trades required by the resource-based industries have brought an influx of young contract workers to the area, earning high incomes when working, but vulnerable to the often sudden rises and falls in demand within these industries.

Over the past thirty years, contracting has become a norm for resource-based industries,<sup>1</sup> and the nature of much of the contract work is strenuous, with long hours and field shifts away from families, leading to isolation for both the worker and for their partner at home, combined with high wages. The harsh winter climate also contributes to isolation for families, and so there are increasing rates of mental health and addiction concerns for families in the North.

Families have been moving to the Fort St. John area from all over Canada as well as from abroad, especially Morocco, India and Brazil. Many families find themselves in the age range of starting new families upon moving to the area, and Baby's Best Chance programs help families adjust to new surroundings and build friendships in order to cope with the



isolation that new parents are likely to feel when they don't have existing local family and friendship supports.

The Baby's Best Chance program is available to parents throughout pregnancy until their newborn reaches 6 months of age, at which time there are other local programs available, such as the Rotary Play Centre and the Strong Start programs for families to transition to. Staff at the Baby's Best Chance program connect families with these other local programs, providing referrals and program information, and bringing in speakers from the other programs to build relationships and connections.

<sup>1</sup> Working Paper on *Working conditions of contract workers in the oil and gas industries*, Ian Graham, International Labour Office Geneva, 2010 [http://www.ilo.org/wcmsp5/groups/public/---ed\\_dialogue/---sector/documents/publication/wcms\\_161194.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_161194.pdf)

The biggest adjustment issues for families new to the area tend to be around lifestyle and climate:

- » Because of the harsh weather conditions, the area becomes very quiet in the winter and it can be challenging to find community activities for young families. As well as a comfortable, safe place for mothers and young children to meet in the community, the program provides education on winter safety for babies (e.g. protecting from frostbite; not “over-wrapping” babies in car seats, etc.).
- » Because partners work long shifts, and are often gone for three weeks at a time in the oilfields, women are left alone with their children for long stretches of time, which can exacerbate post-partum depression issues and anxiety. Baby’s Best Chance uses group work and discussion-based formats to help build informal networks amongst participants. The informal structure of the program allows relationships to happen organically, especially as everyone is experiencing similar struggles, so there are natural points of connection.

Periodic falls in demand in the oil and gas industries lead to many layoffs, and a shift in the needs of the Baby’s Best Chance program. Families suddenly go from having a high income, based on which they have made significant financial commitments (houses, trucks, consumer purchases), to having contractual payment obligations that they are struggling to meet. As well as the financial pressures on families in this situation, mental health and spousal violence issues increase. Combined with rapid population growth in the community, these conditions place great strain on the available resources of service providers.

The families in the program tend to be young (most parents in the Baby’s Best Chance program are in the 19-24 age range) and there is a high teenage pregnancy rate in the area. The program has had to develop parenting education targeted for young parents. Baby’s Best Chance follows a harm-reduction approach to substance abuse during pregnancy. The program is able to offer clients referrals to community partners regarding mental health and addictions concerns.

The demand for programming has almost doubled in the last few months and, in order to meet demand, Baby’s Best Chance has had to split up their groups. They currently have 18 mothers in the prenatal group that meets in the morning and 11 mothers in the postnatal group that meets in the afternoon. To build social relationships between the two groups, they have a shared lunch between the two programs, which is also a demonstration of good nutrition following the Canada Food Guide, providing a salad, protein main course, and fruit, vegetable and yogurt snacks. At the request of participants, a recipe book has also been provided.

The adaptability of the program provides a valuable resource to the community, reconfiguring the structure of its program quickly to meet changes, need or demand, while still retaining its core teaching and personal supports for families during pregnancy and the neonatal period.

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**For additional information, please contact:**

Keeping In Touch, An eNewsletter to Support BC Families

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