

**BABY BASICS PROJECT: IN-HOSPITAL EDUCATION CLASS FOR NEW  
PARENTS**

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# **BABY BASICS PROJECT: IN-HOSPITAL EDUCATION CLASS FOR NEW PARENTS**

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## **DEDICATION**

To my husband Carson, for all your support and encouragement throughout this journey.

To my children, Kori and Rae, who remind me to be the best I can be and who pushed me to the finish line so I would take them to Disneyland. I would not have been able to do this without you.

## **ABSTRACT**

The Baby Basics Project is an in-hospital education class for new parents. The curriculum was developed to guide and assist health care professionals in educating new parents. This project has been designed with Roy's Adaptation Model of Nursing to help new parents achieve successful adaption to parenthood. The postpartum period is a challenging transitional time. Short hospital stays and a large amount of education information leaves insufficient time to address new parent's learning needs effectively. After delivery, new parents need more consistent in-hospital professional support to provide them with information and assist with their adaption to parenthood which the Baby Basics Project addresses.



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## **LIST OF ABBREVIATIONS**

AHN	Assistant Head Nurse
AHS	Alberta Health Services
ARECCI	A Project Ethics Community Consensus Initiative
CASN	The Canadian Association of Schools of Nursing
CRH	Chinook Regional Hospital
MN	Master of Nursing
MPSE	Maternal Parental Self-Efficacy
NICU	Neonatal Intensive Care Unit
PPA	Postpartum Anxiety
PPD	Postpartum Depression
PHN	Public Health Nurse
RN	Registered Nurse

## **SECTION ONE: INTRODUCTION**

The postpartum period is a challenging transitional time and begins approximately one hour after the delivery of the baby and the placenta and lasts for six to eight weeks (Fahey & Shenassa, 2013). During this time, postpartum patients will be recovering from childbirth. Complications may hinder or delay recovery. Not only do postpartum patients need to take care of themselves and their own needs, but they are now presented with the demands and needs of the new baby.

After delivery, new parents need more consistent in-hospital professional support to provide them with information and assist with their adaption to parenthood. Many hospitals encourage early discharges for new parents after the delivery of their baby. Hospital stays range from 24 to 48 hours for vaginal births and 2 to 4 days for caesarean section deliveries (Suplee et al., 2014). According to The Public Health Agency of Canada (2009), 33.6% of vaginal births and 53% of caesarean births reported short stays. Because of this short time frame, much of the nurses' focus has become maternal and infant physical care (Suplee et al., 2014), which results in a deficit of emotional needs being met.

A large amount of information is required during the post-partum hospital stay and may be overwhelming and short hospital stays leave insufficient time to address the new parent's learning needs effectively (Buchko & Gutshall, 2012). Almalik (2017) suggests that it is crucial to first assess the needs of new parents to prioritize and provide appropriate care based on those needs. Almalik (2017) states some of the needs and concerns of new parents include physical or emotional, infant caregiving, and environmental. Healthcare professional should increase social support to address some of the emotional needs of new parents prior to discharge. Shorey et al. (2014) grouped social support into 2 different types of support: functional and informal. Functional support is comprised of informational support, such as knowledge; instrumental

support, such as practical support; emotional support, such as love, care, and empathy; and appraisal support, such as constructive feedback. Informal support is comprised of support from healthcare professionals and informal support from family and peers. Health care professionals interacting with new parents by demonstrating how to care for self and their newborn during hospitalization may reinforce understanding of written information (Buchko & Gutshall, 2012) while also addressing the functional and informal support needs.

### **Project Rationale**

New parents need more consistent in-hospital professional support to provide them with information to increase their knowledge, skills, and assist with their adaption to parenthood. This can be accomplished by providing in-patient daily postnatal/baby care classes to reinforce patient education during the hospital stay. The Baby Basics project will provide consistent in-hospital education for new parents after the birth of their babies. The Baby Basic project included the development of a curriculum for postnatal/baby care classes to address all functional and informal supports for new parents while utilizing multiple teaching styles. By offering in-hospital postnatal/baby care education classes, new parents can attend and focus on their emotional and physical health along with other new parents, which is important for the wellbeing of both the new parents and the infant. These education classes can be provided by a designated discharge nurse where the majority of teaching will be conducted including discharge teaching. This will allow primary nurses more time to focus on physical care, assessments, and feeding plans. The focus of this master project was to accomplish creating a postnatal/baby care curriculum, presenting the curriculum to stakeholders, and receiving feedback in order to improve for future implementation.



## **SECTION TWO: LITERATURE REVIEW**

### **Search Terms**

A systematic review of the literature was conducted. Databases searched include PubMed, CINAHL with full text, and Cochrane systematic review databases. I focused on various combinations of the key terms: postpartum, postnatal, maternal, learn\*, need\*, self-efficacy, satisfaction, education, teach\* and/or method\*. The inclusion criteria were comprised of articles focused on the postpartum period, articles that were written in English, articles to which I had full-text access, and articles published between 2009 and 2020. I excluded articles that only focused on breastfeeding, postpartum depression, or postpartum psychosis due to the prevalent research available on these topics. I categorized articles into 2 groups: new parent's needs/self-efficacy and innovation/implementation of education for new parents. I chose to focus my literature review on understanding what the needs of new parents are in relation to maternal parental self-efficacy (MPSE), and what needs are not being met. I then moved onto implementing/innovating education for new parents, including literature on health literacy and adult learning/teaching.

### **Scope and Nature of Problem**

The postpartum period is a challenging transitional time for new parents and begins approximately one hour after the delivery of the baby and the placenta and lasts for six to eight weeks (Fahey & Shenassa, 2013). During this time, new parents will be recovering from childbirth and will be experiencing involution of the uterus (Fahey & Shenassa, 2013). Complications related to delivery may hinder or delay recovery. While caring for themselves, new parents are also presented with the demands and needs of the new baby. Almalik (2017) suggests that it is crucial to first assess the needs of the new parents in order to prioritize and

provide appropriate care based on their needs. Therefore, a better understanding of the needs of new parents is required. Almalik (2017) highlighted some of the needs and concerns of new parents being physical or emotional, infant caregiving, and environmental.

The length of hospital stays for new parents and infants has decreased since the 1970s (Weiss, 2021). Currently, many hospitals encourage early discharges for new parents claiming that it is safe, decreases the risk of infection, promotes family bonding, and reduces hospitalization costs (Farhat & Rajab, 2011). Hospital stays range from 24 to 48 hours for vaginal births and 2 to 4 days for caesarean section deliveries (Suplee et al., 2014). According to The Public Health Agency of Canada (2009), 33.6% of vaginal births and 53% of caesarean births reported short stays. Because of this short time frame, much of the nurses' focus has become maternal and infant physical care (Suplee et al., 2014), which results in a deficit of emotional support and teaching for the new parents (Ruchala, 2000).

A large amount of information is required prior to discharge and may be overwhelming. Short hospital stays leave insufficient time to address the new parent's learning needs effectively as new parents experience fatigue, sleep deprivation, and sensory overload, making learning new information challenging (Ruchala, 2000). The amount of content required for postpartum teaching is extensive, provided in a limited time, and can be overwhelming for new parents. The physical and emotional results of childbirth on new parents may affect the absorption and retention of postpartum teaching. For example, early discharges can result in delayed breastfeeding and improper discharge planning (Farhat & Rajab, 2011). Ruchala (2000) suggests that in-hospital teaching should be reinforced and targeted to new parent's priorities before they are discharged home.

Insufficient knowledge or preparation for discharge after delivery could lead to increased maternal complications, such as postpartum depression and self-care deficits. New parents may focus on baby care and neglect self-care (Almalik, 2017; Fahey & Shenassa, 2013). Having a good postpartum/newborn education program may enhance maternal/newborn wellbeing and maternal parental self-efficacy (MPSE).

Maternal parental self-efficacy (MPSE) is a critical component in fulfilling new parent's needs. MPSE can be defined as how the new parent perceives their abilities to competently care for their new child by organizing and executing tasks (Zheng et al., 2018), and their belief in performing the parental role effectively, such as their confidence in their parenting skills and their day to day ability to care for their new baby (Ngai et al., 2010). It can directly affect the evolving parent-child relationship and sensitivity to infant caregiving behaviors. Many factors can influence MPSE, such as maternal factors, newborn factors, and environmental factors (Fulton et al., 2012). Insecurities in parenting abilities can lead to depressive symptoms and lower levels of parental satisfaction. Fulton et al. (2012) stated that mothers who reported low MPSE and depressive symptoms had high rates of child hospitalizations. Addressing and helping increase MPSE early, by providing support, will help new parents feel comfortable and competent as they adapt to their new role as a parent.

### **Current Strategies**

In Alberta, depending on delivery route (vaginal or caesarian) and complications, new parents' stay in the hospital for 1-3 days post-delivery. Formal support is given during hospitalization by healthcare professionals to new parents. Prior to discharge, healthcare professionals complete an individual mandatory review of the discharge care plan with each new parent. This consists of providing verbal instructions and written health education material. After

discharge, new parents are provided with follow-up home visits by the public health nurse (PHN). Alberta Health Services (AHS) utilizes a family-centered care approach (Alberta Health Services, 2021). Family-centered caring includes a partnership approach to health care, between the healthcare professionals and family members (Franck & O'Brien, 2019). It encourages families to play an important role in meeting the care needs of individuals. In most Alberta hospitals, infants' room-in with their parents and a support person is welcome to stay overnight. The Baby Basics project will include a family-centered care approach by including new parents, a support person, and the new infant for the in-hospital group classes.

In Lethbridge, optional prenatal and postnatal/baby care classes are available in the community for a fee. Usually, these postnatal/baby care classes start between 3-6 months post-discharge. This limits participants who are unable to afford or access community classes and presents a large gap of time from formal professional support after delivery until they start postnatal/baby classes at 3-6 months post-discharge. After delivery, new parents need more consistent in-hospital professional support to provide them with information and assist with their MPSE and adaption to parenthood. Improvements are needed for new parents to help ensure they are ready for discharge and the transition from hospital to home.

### **Self-Efficacy and Adaption to Parenthood**

One of the main theories surrounding research on new parents needs after delivery was Bandura's self-efficacy theory and perceived self-efficacy theory (Fulton et al., 2012; Leahy-Warren & McCarthy, 2011; Moran et al., 2016; Ngai et al., 2010; Salonen et al., 2009; Shorey et al., 2014, 2015). Leahy-Warren and McCarthy (2011) describe this theory as a belief in one's abilities to organize and execute actions to perform certain tasks. Parents must have confidence in their parenting ability and skills in order to enact parenting behavior successfully. Leahy-

Warren and McCarthy (2011) discuss five major influences to self-efficacy related to Bandura's theory: previous experience, vicarious experience, verbal persuasion, physiological state, and affective state. Previous experience with child care can build confidence and MPSE. Vicarious experience is observing another and empathizing. Seeing someone like you succeed in the parental role and comparing yourself to their experiences can help improve MPSE. New parents that are verbally persuaded of their capabilities can build confidence and improve MPSE. Physical and mental well-being can directly affect MPSE. Social support, like health care professionals or family, can provide verbal feedback, demonstration, and assist with physical and mental well-being. Social support is an important factor in improving MPSE (Leahy-Warren & McCarthy, 2011).

### **Factors Affecting Maternal Parental Self-Efficacy**

The literature revealed a common theme that Maternal Parental Self-Efficacy (MPSE) can be affected by social support, maternal factors, and infant factors (Almalik, 2017; Ngai et al., 2010; Shorey et al., 2014, 2015; Zheng et al., 2018).

#### **Social support**

One of the many themes suggested in the literature was the importance of social support on MPSE. Many authors reported that MPSE is positively related to social supports (Ngai et al., 2010; Shorey et al., 2014, 2015; Zheng et al., 2018). Shorey et al. (2014) grouped social support into 2 different types of support: functional and informal. Functional support is comprised of informational, instrumental, emotional, and appraisal support. Information support includes knowledge. Instrumental support includes practical support. Emotional support includes love, care, and empathy. Appraisal support includes constructive feedback. Informal support is comprised of support from healthcare professionals and informal support from family and peers.

Most participants reported having informal support from their spouses and family as their main source of support. Health care professionals interacting with new parents by demonstrating how to care for themselves and their newborn during hospitalization may reinforce understanding of written information.

Currently, short hospital stays leave insufficient time to address the new parent's learning needs effectively, resulting in the inability of health care providers to provide the supports that are needed. Short in-hospital education classes will provide formal support from health care providers and informal support from spouses, family, and other new parents. Functional support can be addressed with in-hospital education classes by providing informational support with lectures, PowerPoints, and handouts. For example, health care providers can inform new parents about car seat safety and provide a handout. Instrumental support, such as practical support can be provided with explanations and demonstrations. For example, health care providers can then explain the proper steps to placing a baby in a car seat, demonstrate for new parents to see, and then have new parents participate by placing their baby in their car seat. Emotional support, such as love, care, and empathy can be shown during classes that address new parent's needs. Appraisal support can be provided with encouragement and constructive feedback. For example, the health care provider can give constructive feedback by telling new parents what they did well or how they can improve while showing respect and care.

### **Maternal factors**

#### ***Depression symptoms.***

Postpartum depression (PPD) is one of the most common complications of childbirth affecting many women after delivery (Stewart & Vigod, 2016). It is important to acknowledge and address PPD as it greatly affects the postpartum woman's health as well as the health and

development of her newborn. The literature suggests that physiological state influences MPSE, such as stress, anxiety, and postpartum depression (PPD) has been found to negatively affect new parents' MPSE (Ngai et al., 2010; Zheng et al., 2018). An exception was discussed by Shorey et al. (2015), who found that postpartum depression was not a predictor of MPSE in the study they completed. It can be argued that the researchers collected the data while the participants were in the hospital without further follow-up. While it is common for baby blues to affect new parents from approximately 2-14 days after delivery; postpartum depression usually does not present until 2 weeks to a year after delivery (Shorey et al., 2015). Therefore, the participants in the hospital may not be presenting signs of depression but may present signs in a few weeks. A longitudinal study should be used to display more accurate findings. Providing information in the hospital on maternal mental health issues, symptoms, and self-care techniques will help new parents be aware of depressive symptoms, self-care techniques, and when to seek professional help.

### ***Parity.***

Authors reported multiparas (having borne more than one child) had greater MPSE than primiparas (first-time parents) (Salonen et al., 2009; Salonen et al., 2014; Shorey et al., 2014). Salonen et al. (2014) studied new parents perceived social support from nursing professionals in multipara and primipara participants. Salonen et al. (2014) reported that primiparas received significantly less concrete support, such as informational and instructional support, but multiparas reported a higher amount of not needing any concrete aid. In the same study, Salonen et al. (2014) reported multipara parents received higher scores for independent decision making, while primipara parents reported higher scores for infant care instruction and encouragement with infant care. Primipara and multipara parents have different experiences and therefore have

different needs. Shorey et al. (2014) discuss parity being a predictor of MPSE. Multipara parents have demonstrated previous skills and experiences which can positively affect their MPSE. These findings correlate with Bandura's theory. Health care practitioners should individualize care for the primipara or multipara parents. For example, creating a self-care tool for a maternal mental health class will help new parents reflect and assess their own self-care needs and requirements. Providing multiple in-hospital classes with different topics will allow new parents to assess their own needs and sign up for classes that will assist them in meeting their needs. These classes will provide informal support where new parents will have the opportunity to learn from each other's experiences. Multipara parents can provide encouragement and support to primipara parents during in-hospital classes while increasing their confidence and MPSE.

### **Infant factors**

#### ***Infant health and temperament.***

After reviewing the literature, I found multiple studies that supported that a healthy infant or perceived healthy infant can lead to higher parental MPSE (Salonen et al., 2014; Zheng et al., 2018). A healthy infant can increase the new parent's confidence in their abilities to care for their infant. Whereas fussy, irritable newborns with difficult temperaments can lead to lower MPSE (Zheng, Morrell, & Watts, 2018). The Baby Basics project would address in-hospital educational classes for new parents in the postpartum unit. Parents of infants that are unwell, admitted to the NICU, or irritable and fussy are welcome and encouraged to attend classes. Baby Basics classes will provide information on crying and comforting techniques, bonding with the baby, and when to seek professional help. Addressing these topics with new parents in a group will provide support and reassurance in their abilities as new parents.

#### ***Infant care.***



Almalik (2017) studied new parent's perceived learning needs and discovered that newborn care and breastfeeding was a perceived need as well as an unmet learning need. MPSE was reported low on newborn tasks like breastfeeding, dressing, bathing, and soothing the baby (Shorey et al., 2014, 2015). Hjalmlhult and Lomborg (2012) utilized a grounded theory to study new parent's experiences. They determined that new parents could resolve concerns by prioritizing newborn care by building competence as a new parent. Fulton et al. (2012) suggest that as new parents' perception of their infant changes, it can contribute to self-efficacy levels. As new parents perceive their newborns as less difficult over time, they reported their self-efficacy increased. In multiple studies, the authors suggest that the new parent's perception of their abilities with newborn care during pregnancy influences their parenting competence and self-efficacy (Ngai et al., 2010; Salonen et al., 2009). Providing information on caring for their newborn like getting to know your baby, comforting and swaddling techniques will help new parents bond with their new baby. Learning that crying is normal and how to comfort their baby can prevent shaken baby syndrome and improve MPSE levels.

### **Gaps in Literature**

Leahy-Warren and McCarthy (2011) discussed in their literature review, that MPSE is important for new parents' satisfaction with the role of parenthood. Gaps noted in the literature include the limited sample of participants and the settings, which makes generalizability difficult. Participants were chosen by convenience samples and consisted mainly of higher educated, employed individuals with higher income. Most of the participants had a spouse or support person. New parents were excluded if they had complications like postpartum hemorrhage or any neonatal complications, like admission to the NICU. A few authors focused on the lack of cultural diversity with the previous research and completed their studies in China and Singapore

and included cultural context (Ngai et al., 2010; Shorey et al., 2014, 2015; Zheng et al., 2018). Fulton et al. (2012) focused their study on groups that are ethnically diverse and low-income in Northern California. Assumptions can be made that the different hospitals the studies were completed at, could have different focuses for care, discharge teaching methods, or limited formal healthcare professional support for new parents.

Another limitation of the literature was the use of self-reported questionnaires as this type of data collection can lead to response biases. One study by Wagner et al. (2011) reported patient satisfaction with two different postpartum teaching methods. The authors found participants were satisfied with both the traditional method of discharge instruction and the demonstration/return demonstration method of discharge instruction (Wagner et al., 2011). These results could be biased with the participants' generalization of their overall satisfaction with their birthing experience, rather than specifically with the discharge teaching method. Self-reporting may be affected by the participants choosing not to participate in the questionnaire. For example, new parents that were not satisfied may have chosen not to participate.

### **Implementation for Clinical Practice**

Having a greater understanding of new parent's needs will help with implementing education programs that address those needs and concerns (Almalik, 2017). This will help healthcare professionals to prepare, support, and inform new parents about their concerns. A focus on providing social support to new parents in the hospital is needed. Health care professionals should provide verbal affirmation (such as appraisal and feedback support), affection (such as emotional support), and concrete support (such as informational and instrumental support) while interacting with and educating new parents. Almalik (2017) brings forward suggestions for a variety of teaching methods; personal instructions, pamphlets,

booklets, posters, video-based instructions, and matching preferences of patients' individualized learning needs. Incorporating a designated discharge nurse to provide a consistent thorough education in the hospital will help meet the needs of new parents while allowing nurses to focus on maternal and newborn physical care. The designated discharge nurse can provide individualized care plans for each patient to meet their needs (Longworth et al., 2013). Another option would be to provide an in-patient daily baby care class to reinforce patient education during the hospital stay (Meringer et al., 2015). The planned intervention for this project is to provide consistent hospital-based education, postnatal/baby care classes to educate new families and assist with their adaption to their new role of parenthood, compared to no current hospital-based postnatal/baby care classes; current verbal discharge teaching; and community Baby Steps/postnatal classes usually start 3 to 6 months postpartum, with the outcome to improve postnatal support and education for new parents.

Interacting with new parents by demonstrating how to care for themselves and their newborns during hospitalization can reinforce understanding of written information (Buchko & Gutshall, 2012). I plan to provide in-patient daily baby care/postnatal classes to reinforce patient education during the new parent's hospital stay. The Baby Basics project will provide consistent in-hospital baby care/postnatal education classes for new parents after the birth of their babies to address all functional and informal support for new parents prior to being discharged from the hospital. Creating separate classes, based on topic, avoids one long class where the attention of the tired new parents could drift. This aligns with literature where it is recommended to keep education sessions short and focused where education points are repeated (Ruchala, 2000). Having three short classes also lets the new parents determine what their needs and interests are by signing up for classes of their choice.

## **Conclusion**

Maternal Parental Self-Efficacy (MPSE) can be affected by social support, maternal factors, and infant factors. MPSE is positively related to social supports, and negatively related to depression symptoms. Wholistic nursing care is required for new parents. Nurses must support new parents to increase their ability to care for themselves and their newborn.

### **SECTION THREE: PROJECT DESCRIPTION**

For this Master of Nursing Project, a curriculum including lesson plans, PowerPoints, handouts, and activities were created for the Baby Basics project, in-hospital postnatal/baby care classes for new parents.

#### **Project Goals**

For this project there are two goals:

1. Improve provisions of postnatal support and education for new parents prior to discharge from the hospital.
2. Increase new parents' knowledge, skills, and adaption to their role of parenthood prior to discharge from the hospital.

#### **Purpose of Deliverable**

The Baby Basics project will provide consistent in-hospital education for new parents after the birth of their baby with in-hospital baby care/postnatal education classes. To accomplish this, I have created 3 classes that are ready to be implemented on the postpartum unit in the Chinook Reginal Hospital (CRH). All classes focus on providing support to new parents with class topics that parents can sign up for based on their needs. The classes include:

1. Maternal Basics: which address maternal factors including physical needs and focuses on maternal care.

2. Maternal Mental Health: which address maternal factors including emotional needs and lifestyle adjustments and focuses on maternal mental health, such as postpartum depression and anxiety.
3. Newborn Basics: which addresses infant factors and focuses on newborn care.

The Baby Basic's curriculum and classes were developed with Health Education Strategies, Adult learning principles, and Roy's Adaptation Model of Nursing. The deliverable is a curriculum that includes lesson plans, PowerPoints, handouts, and activities for the Baby Basics project that is implementation ready. The Baby Basics project was designed to be easily accessible, free of charge to participants, and will be provided on the postpartum unit. Spouses and babies are welcome. There will be potential for online zoom classes, available from patient's phones. The Baby Basics project provides multiple types of support for new parents while utilizing multiple teaching styles. Classes will be conducted by a designated nurse and will include multiple new parents in each class. The majority of mandatory teaching will be conducted in classes including discharge teaching, rather than individual discharge teaching by the primary nurse for each patient, allowing primary nurses more time to focus on physical care, assessments, and breastfeeding or feeding plans.

### **Stakeholder Engagement:**

The Baby Basic's curriculum, lesson plans, resources, teaching methods, and activities will be presented to stakeholders for content review and constructive feedback. The following stakeholder groups were engaged:

1. Topic experts to review the content of curriculum and lesson plan; Janet Lapins and Chelsey Wyght.
2. Manager to review content and delivery of the Baby Basics project; Vicki Tougas manager of maternal/child unit at Chinook Reginal Hospital.
3. Voluntary participants from the target population. I will include personal maternal contacts to review the literacy level, utility, and flow of the information.

### **Logic Model**

A program Logic Model was created to show a diagrammatic representation of the Baby Basics project (See Appendix A: Logic Model). The development of the logic model helped clarify objectives and articulate the activities of the program. The focus of this master project was to accomplish the short-term objectives only, by creating a postnatal/baby care curriculum, presenting the curriculum to stakeholders, and receiving feedback in order to improve for future implementation.

### **Ethical Considerations**

For this project, A Project Ethics Community Consensus Initiative (ARECCI) assessment of risk for the participants was completed (Alberta Innovates, 2021). The Baby Basics project score was 2 and was determined to be minimal risk to participants. This indicated that the intention of the project is for quality improvement and that there is no ethical risk to the key stakeholders who participated as reviewers of the Baby Basic's curriculum and associated material. I utilized personal contacts as voluntary participants from the target population (new parents), to maintain the ethical scope of my project. Ethics approval would be required to recruit

anonymous participants such as new parents for this project because they are a vulnerable population at that age and stage of life.

## **Theoretical Framework**

### **Roy's Adaptation Model of Nursing**

Roy's Adaptation Model of Nursing aligns with the project goals and was used to guide the development, implementation, and formative evaluation phases of this project. Roy's Adaptation Model of Nursing suggests that to adapt, there must be a positive reaction to change (Gonzalo, 2019). According to Gonzalo (2019), Roy views the patient with a holistic perspective. This model incorporates the nursing metaparadigm which can affect adaption: person, health, environment, and nursing (Petiprin, 2016). This model can be used in various settings and populations and works well with new parents who face many changes as they adapt to parenthood. It incorporates environmental stimuli, like focal and contextual stimuli, and biopsychosocial responses (Shin, 2006). Shin (2006) describes focal stimulus as factors that confront a person and contextual stimulus as something that contributes to adaptation. New parents need to gain confidence in their ability as new parents. They learn what they and their baby need and respond to those needs. While working with new parents, the goal of the project is to promote adaptive strategies in all four adaptive modes to promote health by improving provisions of postnatal support and education for new parents and increasing new parents' knowledge, skills and adaption to their role of parenthood.

New parents are the adaptive system and their learning needs are the focal stimuli. Contextual stimuli are things affecting their ability to adapt. Petiprin (2016) encourages the



adaptive system to use conscious awareness and self-reflection. This will be demonstrated by having new parents reflect and discuss their learning needs in class. Roy's Adaptation Model can be integrated into practice using a six-step nursing process (Petiprin, 2016). I will focus on the first four steps for this project.

- Step 1: Assessing the patient's behavior. According to the reviewed literature, there is a gap in consistent postpartum education in hospital, therefore, increasing the risk of inconsistent new parent behaviours and care for the newborn (Almalik, 2017; Fahey & Shenassa, 2013; Ruchala, 2000; Suplee et al., 2014).
- Step 2: Assessing the patient's stimuli. The literature review revealed that focal stimuli learning needs include infant caregiving (Almalik, 2017; Shorey et al., 2014). Some identified contextual stimuli that affect adaption, are physical or emotional support for new parents (Almalik, 2017; Shorey et al., 2014).
- Step 3: Diagnosis of the patient. The Baby Basics project provides lesson plans with content that include discussion and demonstration of tasks of identified focal stimuli such as, baby care, diaper changes, feeding, and comforting. The Baby Basics lesson plans include discussion and reflection on contextual stimuli that may affect adaption, such as, physical and emotional support, and maternal mental health. The facilitator of the Baby Basics classes will create a comfortable environment for participants to freely and safely express their feelings and experiences.
- Step 4: Set goals for patients' health. Project goals are to improve provisions of postnatal support and education for new parents while in hospital and increase new parents' knowledge, skills, and adaption to their role in parenthood. The Baby Basics project was

designed to create personal goals with each participant and assist with an individualized care plan.

- Step 5: Intervention to meet goals. This step is beyond the scope of the project.
- Step 6: Evaluation to determine if goals were met. Again, this step is beyond the scope of this project.

### **Bandura's Self-Efficacy Theory and Perceived Self-Efficacy Theory**

After researching postpartum women's learning needs, I noted a lot of articles surrounded Bandura's self-efficacy theory and perceived self-efficacy theory (Fulton et al., 2012; Leahy-Warren & McCarthy, 2011; Moran et al., 2016; Ngai et al., 2010; Salonen et al., 2009; Shorey et al., 2014, 2015). Leahy-Warren and McCarthy (2011) describe this theory as a belief in one's abilities to organize and execute actions to perform certain tasks. New parents must have confidence in their parenting ability and skills to enact parenting behavior successfully. Leahy-Warren and McCarthy (2011) discuss how stimuli can affect self-efficacy. Support systems that are encouraging and can verbally persuade new parents of their capabilities, can build confidence and improve maternal parental self-efficacy. Physical and mental well-being can directly affect maternal parental self-efficacy. Support from family, peers, or professionals, can provide verbal feedback, demonstration, and assist with physical and mental well-being and is an important factor in improving maternal parental self-efficacy.

New parents experience many changes and are required to adapt to their new roles. Roy's Adaptation Model of Nursing, naturally works well with new parents, to help encourage adaption. New parents value building confidence and reassurance in their abilities to parent helping create a positive adaption to their role of parenthood. Roy's Adaptation Model of

Nursing works well with Bandura's Self-Efficacy Theory. Addressing stimuli that may affect adaption, like maternal mental health, sleep, and support systems, may lead to building confidence in their abilities as a parent by helping them gain self-efficacy and adapt to their new role.

### **Adult Learning Principles**

Cloonan et al. (2013), evaluated common health literacy strategies to prevent readmission to the hospital. Some of these strategies can be implemented when educating the vulnerable population of new parents as they specify techniques to help with low health literacy. The strategy of 'teach back' is a technique that has the practitioner educate the patient and then has the patient verbalize information to demonstrate comprehension (Cloonan et al., 2013). This is a simple technique that is part of therapeutic communication and allows the practitioner to assess the patients' level of comprehension. It can also be used to identify patient misunderstandings and allow for correction. Another strategy is to speak slowly and use simple, jargon-free terms, as highly technical communication with patients impedes their ability to understand.

The next strategy discussed is to utilize understandable written material (Cloonan et al., 2013). It is important for new parents to have written information that they can refer back to for clarity and to answer questions as they arrive. Since new parents are physically and emotionally fatigued, retention of taught material can be an issue. Having simple easy to read written information is important. Additionally, the authors suggest beginning discharge planning early and involving the family in teaching sessions (Almalik, 2017). It is recommended to keep education sessions short and focused where education points are repeated (Almalik, 2017).

Hoffmann and Worrall (2004) state that materials should be composed at two to four grade levels below the average educational level of the target audience however, it should be lower when the reading level of the target audience cannot be predetermined. It is noted that patients reading the material with a higher reading level are often not offended by the lower reading level (Hoffmann & Worrall, 2004). The Baby Basics project aimed to reach a target reading level of grade six, and define medical terminology with simple language.

## **Project Development**

According to McKenzie et al. (2013), the guidelines for developing a health promotion intervention include determining what needs to change. After delivery, new parents need more consistent in-hospital professional support to provide them with information and education to assist with their adaption to parenthood (Almalik, 2017). McKenzie et al. (2013) then suggest determining what level of prevention is needed to help new parents adapt to their new role. The Baby Basics project focuses on primary care and prevention with health education strategies.

McKenzie et al. (2013) suggest the need to determine an appropriate fit for the priority population. The priority population is new families and their newborns while in hospital after delivery. A literature review was conducted to determine the relevance of the information. Roy's Adaptation Model of Nursing incorporates the nursing metaparadigm: person, health, environment, and nursing; which can affect ones adaption (Petiprin, 2016). When utilizing this model for developing the Baby Basics project, all components of the nursing metaparadigm are addressed in the curriculum and lesson plans and include:

- Person- physical changes after giving birth and emotional changes, such as baby blues and postpartum mental health.

- Health- signs of infections and self-care, such as self-cleaning, mental-health care, and baby care.
- Environment- environmental stimuli affecting adaption like lack of sleep and feeding challenges. Include feeding information and techniques, and mental-health supportive techniques.
- Nursing- include information on professional support in the community, such as Baby steps classes, and when to seek professional help.

McKenzie et al. (2013), suggests educational activities ideas for health promotion lesson plans, such as audiovisual materials and equipment (pictures, instructional videos, PowerPoint slides), printed educational materials (instructor-made handouts and pamphlets), and teaching strategies and techniques for the classroom (brainstorming, cooperative learning, demonstrations and experiments, discovery or guided discovery).

### **Lesson plans**

Three lesson plans were created to provide the class instructor a general outline of the class goals, as well as a plan to accomplish them. Learning principles were used as a foundation for creating each lesson plan. Each of the Baby Basic's lesson plans includes an introduction, a body, and a conclusion. The introduction provides an overview of what will be covered in each class. Each lesson plan introduction includes a welcome and introduction to the class in order to create a comfortable and open environment. Name tags will be handed out and the facilitator is prompted to introduce themselves with their background information and experience. Class goals will be discussed, as well as class structure and rules. Icebreaker questions will be asked to introduce parents, encourage open communication with peers, and facilitate a comfortable

relationship. The facilitator will have parents open the AHS Healthy Parents Healthy Children website on their phone or electronic device and have parents save the website to their favorites to facilitate easy access to resources after discharge. For parents without access to technology, the facilitator can provide a paper copy with the link or have copies of the book available.

The body presents the health content with information, verification, and an activity. Readability, language, and jargon were considered when creating the lesson plan's content. A common language was used from the AHS Healthy Parents Healthy Children website, which is an AHS-approved resource and aimed to reach a target reading level of grade six for all lesson material. I added definitions of medical terms with simple language. Different interactive demonstrations, discussions, or activities are included to assist with learning.

The conclusion provides a review of what was presented in each class. Each lesson plan will conclude with opening the floor to participants for questions, comments, or concerns they would like to share. A summary of main points will be completed to review content, and sharing additional resources and classes can be presented, such as additional Baby Basics classes, community classes like the Baby Steps Program, and AHS-approved websites.

### **Maternal basics class**

The first class, Maternal Basics, focused on maternal care (See Appendix B: Maternal Basics Lesson Plan). The Maternal Basics class stresses the importance of wellness of the new parents. Learning goals for this class include:

1. Discuss changes that influence maternal health and wellness after the birth of a baby; such as physical changes, self-care, and signs of infection.

2. Receive information and tools to help new parents feel more confident and supported in their role as new parents.

The Maternal Basics class includes information on physical changes, vaginal flow and discharge, perineal care, breast and nipple care, bowel movements, and passing urine, hemorrhoids, and caesarean sections. To accompany the lesson plan, a Maternal Basics PowerPoint was created to present visual information and images to the class (See Appendix C: Maternal Basics PowerPoint). An activity puzzle was created as a handout to encourage new parents to listen and demonstrate knowledge developed (See Appendix D: Maternal Basics Puzzle). The activity can be used to stimulate class discussion at the end of the class and as part of the class summary and review.

This class includes some of McKenzie et al. (2013) suggested educational activities for health promotion lesson plans, such as the use of audiovisual material in the form of pictures, PowerPoint slides, and an optional video. The class includes visual displays of peri-bottle, pads, and different surgical dressings. The Maternal Basics Puzzle handout will be used as printed education material and teaching strategies and techniques to demonstrate learning, understanding, and group discussion.

### **Maternal mental health class**

The second class, Maternal Mental Health, focuses on maternal mental health (See Appendix E: Maternal Mental Health Lesson Plan). Learning goals for this class include:

1. Discuss changes that influence maternal health and wellness.

2. Discuss the difference between baby blues, postpartum depression, and postpartum anxiety
3. Discuss symptoms of baby blues, postpartum depression and postpartum anxiety.
4. Discuss the importance of self-care.
5. Discuss self-care techniques.

The Maternal Mental Health class includes information on causes and symptoms of baby blues, postpartum depression, and postpartum anxiety. As well as information on stigma, treatment, and self-care. To accompany the lesson plan, a Maternal Mental Health PowerPoint was created to present visual information and images to the class (See Appendix F: Maternal Mental Health PowerPoint). A maternal mental health self-care plan was created as a handout (See Appendix G: Maternal Mental Health Self-Care Plan Handout). It was designed to help participants identify their needs early on, create a plan to take care of themselves, and have resources easily available and identified. The facilitator of the Maternal Mental Health class can assist participants to identify their needs early, in order to know how to ask for help. The facilitator can lead a group discussion and help brainstorm individual coping techniques and self-care ideas to maintain positive maternal mental health. Participants can then write down ideas on the handout to refer to later. This will help new parents identify their feelings, know when to seek help, and have contact information readily available.

A spotlight colour coding style was used to develop the handout for participants to easily assess their feelings and navigate actions. The handout allows them to document individualized resources, such as support people with their names and phone numbers, their contact information for their family doctor, as well as local mental health crisis phone numbers. Alberta Health



Services Family Support Plan Handout will be used as an additional handout for the Maternal Mental Health class as an individualized resource plan (See Appendix H: AHS Family Support Plan Handout). Participants can choose which style works better for them. These handouts work well with Roy's Adaptation Model of Nursing, as the patient is required to self-reflect. Another handout created was an information sheet with detailed symptoms for postpartum depression and postpartum anxiety (See Appendix I: PPD and PPA Symptoms Handout).

This class also utilizes some of McKenzie et al. (2013) suggested educational activities for health promotion with the use of audiovisual material in the form of pictures, PowerPoint slides, and a meme. Printed education material is used with class activities and informational handouts. Teaching strategies and techniques used are brainstorming, cooperative learning, and guided discovery.

### **Newborn basics class**

The third class, Newborn Basics, focuses on newborn care (See Appendix J: Newborn Basics Lesson Plan). The Newborn Basics class learning objectives include:

1. Learn and practice newborn care techniques.
2. Discuss techniques to get to know your baby.
3. Discuss safe sleeping, feeding, umbilical cord care, crying, soothing, swaddling, diaper changing, and car seat safety.

The Newborn Basics class includes information on getting to know your baby, safe sleep, feeding, latching, formula, things to watch for in a newborn, crying and soothing, swaddling, bathing, diaper changes, and car seat safety. To accompany the lesson plan, a Newborn Basics

PowerPoint was created to present visual information and images to the class (See Appendix K: Newborn Basics PowerPoint). To follow the information on getting to know your baby, an activity and handout will be presented to participants on service and return ideas and examples (See Appendix L: AHS Serve and Return Handout). This activity will assist participants to bond with their baby and learn what their baby's cues mean. Soon they will begin to see their baby's personality emerge and feel more confident and comfortable in their role as a parent. Additional opportunities for demonstration activities will be provided on diaper changing, swaddling, and car seat safety. A car seat checklist handout will be provided to participants to assure proper car seat safety techniques are utilized and can be referred to after the class (See Appendix M: AHS Rear-facing Car seat Yes Test Handout).

This class also utilizes some of McKenzie et al. (2013) suggested educational activities for health promotion with the use of audiovisual material in the form of pictures and PowerPoint slides. Printed education material is used with class activities and informational handouts such as the AHS handouts Birth to two months: Serve-and-return activities and Rear-facing Car Seat Yes Test. Teaching strategies and techniques used are demonstrations with diaper changes, swaddling, and car seat safety, and guided discovery.

## **Evaluation**

The Baby Basics project was designed for potential implementation in the near future. A three-step evaluation process was completed with stakeholders. An informative email was sent to stakeholders with instructions on evaluating the Baby Basics curriculum, filling out the feedback tool, and when to return the feedback tool (See Appendix N: Stakeholder Feedback Instruction Information Letter). A formative evaluation feedback tool was created using a mixed method

approach. It included 8 quantitative questions, that stakeholders could rank strongly agree, agree, disagree, or strongly disagree, and 5 qualitative questions that included short answer responses (See Appendix O: Evaluation Feedback Tool). I chose not to use a 5-point Likert scale with a neutral option in the middle since I wanted definitive answers from the stakeholders in order to analyze and utilize the data to make informed decisions regarding improvements needed. In total six stakeholders received 3 feedback evaluations, one for each Baby Basics class.

To determine success, the lesson plans needed to be created on time, based on evidence, assessed by topic experts, and 100% of stakeholders will report ‘satisfied’ with the Baby Basic’s lesson plans, PowerPoints, and handouts for all three classes.

## **Summary of Findings**

### **Quantitative data**

All 18 feedback evaluation tools were organized and analyzed in a separate table for each class (See Appendix P: Evaluation Feedback Analysis Chart). To code the data a score of 1 was given to the answer strongly agree, 2 was given to the answer agree, 3 was given to the answer disagree, and 4 was given to the answer strongly disagree. I determined the average score for each quantitative question and highlighted any number that scored higher than 2.0 for easy visualization of which area needed to be revised. The average for all questions for all classes scored less than 2.0, meaning on average stakeholders ‘strongly agreed’ or ‘agreed’ with all questions. The only question that received a score of 3 (disagree) was question 1 “The lesson goals are clearly stated”. There was concerned with the wording of some of the class goals. Initially, introduction and class goals were combined in the lesson plan, and stated, “hope class will be enjoyable and informative for everyone” and “opportunity to make new friends”. To

improve I separated the introductions from goals for each class so lesson goals are clearly stated. One of the lesson goals stated, “become more confident and feel supported in your role as a new parent”. The stakeholder pointed out that we can give information to help gain confidence and to help feel supported, but both feelings are generated within and by the individual. We cannot give them confidence or a feeling of support and therefore is not a goal that can be guaranteed to be fulfilled. To improve I adjusted the wording of goals to ensure they are manageable, measurable, and appropriate. The other stakeholder who scored 3 (disagree) for lesson goals on the Newborn Basics class feedback tool identified a transcription error from the lesson plan to the PowerPoint. This was easily corrected.

The project was a success as all stakeholders who completed the formative evaluation tools indicated they were satisfied with the 3 classes and the included lesson designs, such as the lesson plan, PowerPoint, and handouts. This validates that the overall intent of the lessons, curriculum, and the overarching MN project were met. According to the feedback tools stakeholders ‘agreed’ or ‘strongly agreed’ that the class’s organization, flow, content, literacy level, and length were appropriate.

### **Qualitative data**

To analyze the data from the qualitative questions, I transcribed verbatim the comments from the returned evaluation tools. I then synthesized common themes and identified main points. One theme noted from all classes is that all information included in the lesson plan is valuable. One comment suggested that only the participants can determine what is most valuable to them and stated “Only the mom will know that”. It was also suggested that the simple definitions of medical terminology throughout all lessons was valued. This contributed to the validation of literature level, language, readability and jargon are appropriate.

One stakeholder found the title Baby Basics confusing since two classes focused on Maternal care or mental health. The rationale for the title Baby Basics was that the Baby Basics project was created as a pre-program for the community Baby Steps program and followed a similar format. Just as the Baby Steps program has classes that focus on maternal care, the Baby Basics project also has classes that are dedicated to understanding proper maternal care. I understood the confusion and relabelled classes from Baby Basics: Maternal care, to Maternal Basics class one of the Baby Basics Program.

Furthermore, stakeholders gave suggestions for a few additions or enhanced content, such as more focus and detail on feeding babies, bathing babies, stigma associated with mental health, and hemorrhoids after childbirth. I was able to revise lesson plans based on stakeholder input, while still maintaining time, flow and utilizing best practices.

Initially, I included a section on bathing after vaginal deliveries in the Maternal Basics class. This information was referenced from the AHS Healthy Parents Healthy Children website, which is Alberta Health Services' current first choice resource and reference for postpartum and newborn information. All topic experts and management stakeholders questioned this information and suggested that it is common practice to educate postpartum patients *not* to bathe in the postpartum period to avoid infection. I discussed this with Dr. Chelsey Topping the Chief of Obstetrics at CRH and determined this is not something doctors in the Southern Alberta Health zone would recommend. Based on valued stakeholder feedback and additional resources, I removed the section discussing bathing after a vaginal delivery from the lesson plan.

When asked if the draft classes were ready to be pilot tested with new parents on a postpartum unit, stakeholders discussed that the content was ready with minor revisions. The stakeholders who said no, focused on the logistics of implementation, like Covid restrictions,

training staff, and having a location and time for the classes. This MN project is still considered a success as the focus was on curriculum and content, and not implementation into clinical practice at this time.

### **Development Strengths**

Strengths to the Baby Basics project development were having strong partnerships with multiple stakeholders. This allowed for the inclusion of different views, opinions and experiences to review, reflect, and provide critical feedback which led to collaborative improvements from multiple perspectives. As project lead, I have eleven years of experience working directly with new parents as a Registered Nurse and four years of experience working as a nursing clinical instructor. My own experience and expertise with maternal/child nursing and teaching is a strength to this project. I was able to successfully work as a topic expert and project lead.

Management and topic expert stakeholders showed buy-in and investment to the project. They provided additional thorough feedback in multiple forms. Not only did they fill out the feedback evaluation tool, but they also utilized emails, informal discussions, and printout lesson plans and PowerPoints to make notes and suggestions.

Another major strength of the MN project was creating separate classes, based on topic, avoids one long class where the attention of the tired new parents could drift. This aligns with literature where it is recommended to keep education sessions short and focused where education points are repeated (Ruchala, 2000). Having three short classes also lets the new parents determine what their needs and interests are by signing up for classes of their choice.

### **Project Limitations**

The amount of information available for new parents to learn is vast. Current discharge care plans, Baby Steps postnatal/baby care class curriculum, and the AHS Healthy Parents Healthy Children website was used as resources and a guide for information. As the project lead and my own experiences, I chose what information to add and omit. This may have been affected by my personal biases of what I consider important and less important for new parents.

One consideration when implementing Roy's Adaptation Model of nursing to this project is not all new parents will have the same stimulus affecting their ability to adapt. Stakeholders from the target population all had postsecondary education, had little or no complications from delivery, had healthy newborns, had supportive spouses and peer support systems, and all read and write English. We can make assumptions that the needs and stimuli will be different for new parents and therefore individualized assessments and care plans would be required. A pilot test would have created a more thorough evaluation of the Baby Basics project but was not able to be completed for this project due to ethical considerations, time, and Covid restrictions.

Other limitations for the Baby Basics project are those patients with limited English or learning disabilities may not be able to attend, participate or understand the content. Current covid restrictions limit class size and the ability to further implement the project at this time.

## **Conclusion**

The Baby Basics Project was developed with Health Education Strategies, Adult Learning Principles, and Roy's Adaptation Model of Nursing. A curriculum was designed that includes lesson plans, PowerPoints, handouts, and activities for the Baby Basics project and is ready to be implemented for future use. The Baby Basics project was a success, as all involved stakeholders indicated that they were satisfied with the 3 classes and the included lesson designs,

such as the lesson plan, PowerPoint, and handouts. As well as the class's organization, flow, content, literacy level, and length were appropriate.



## **SECTION FOUR: REFLECTION**

### **Implication for Nursing Practice**

The Baby Basic's curriculum was created for future implementation. When implemented, new parents admitted to the postpartum unit of the hospital, will be able to sign up for any/or all three classes, based on their needs. When they attend the maternal care class, the instructor can sign off their postpartum discharge care plan, and when they attend the newborn care class, the instructor can sign off their newborn discharge care plan. This will allow the postpartum primary nurses more time to focus on physical care, assessments, and feeding plans.

When I started my Masters' education journey, my initial plan was to create video discharge teaching to correlate and enhance the current mandatory discharge teaching with discharge care plans for new parents. As I learned the process of project development, I learned that you must follow the research and let it guide your project. As I completed a thorough review of the literature, I learned the importance of utilizing different types of support to encourage learning, adapting, and building confidence in one's abilities, such as informal support from professionals, peers, and family; and functional support in the form of information, demonstration and practice, care and empathy, and, affirmation and constructive feedback. With a digital platform, it would be less likely to address all types of support and the focus would be on informational support. The research guided me to in-person interactive classes with peers.

Currently, due to limited funding, current staff shortages, increasing workloads, and the challenges with Covid, it may be difficult to initiate and sustain the Baby Basic project. Last year Covid changed the way of teaching and nursing with a shift from in-person classes to online and digital classes. Over a year later we are still no closer to being ready for approval for in-person

classes again. This presents future options for the Baby Basic project to shift to online classes or pre-recorded videos. The primary nurses can follow up after new parents watch the video classes, by asking if they have any questions or concerns.

## **Major Lessons Learned**

The knowledge I have gained as I have worked through this MN program at the University of Lethbridge and the creation of the Baby Basics project has changed how I view nursing and my nursing practice. This project outlined the need for more consistent in-hospital professional support to provide new parents with information in order to increase their knowledge and skills to assist with their adaption to parenthood. It solidified that project development, curriculum design, and evaluation tool design are time-consuming, both in writing and in planning. The project and lesson plans require an intentional design to meet learning outcomes. I learned the importance of starting with a solid project development plan and schedule. With limited time and many ideas from myself and my stakeholders, I needed to focus my ideas and time to avoid scope creep. There are vast amounts of valuable information in which more and more could be added to the project. Having a clear plan encouraged me to stay on track and help know when to stop and let go of the deliverable. I realized that I can not make everyone happy. Different stakeholders valued different things. Topic experts and management stakeholders gave feedback regarding limiting icebreaker questions which allowed new parents an opportunity to discuss their birth stories, whereas target population stakeholders found the icebreaker questions valuable to share and learn from other's experiences. Although organization and planning are essential, I learned the importance of being able to go with the flow, take suggestions, and not taking negative comments personally.

The Canadian Association of Schools of Nursing (CASN) guides MN programs to “provide a comprehensive and substantive understanding of nursing knowledge, and a critical awareness of complex problems and/or new insights” (Canadian Association of School of Nursing, 2015, p. 10). I learned that multiple perspectives are a strength to the project. I was able to utilize different resources and collaborate with others in order to bring change and improve new parents’ knowledge, skills, and adaption to parenthood. Therefore demonstrating interprofessional collaboration and preparation in an advanced professional role as a Masters educated nurse (Canadian Association of School of Nursing, 2015).

I was surprised at how much I learned about myself and my nursing style as I completed the MN program. I was able to enhance my leadership and communication skills and strengthen my nursing ability. It is important to not only be a good leader who inspires change but to be a good follower. Canadian Association of School of Nursing (2015) states that MN students have an “in-depth knowledge of recipients, experiential knowledge, and self-knowledge in a professional nursing role” (p. 10). This MN program has given me the opportunity to self reflect on my skills, strengths, biases, weakness, and taught me how to acknowledge and them a grow in a professional nursing role. I am grateful for the opportunity to complete my MN with the University of Lethbridge and to continue learning and growing as a nurse.

## **Conclusion**

In summary, there is substantial evidence that suggests that early discharges and short hospital stays leave insufficient time to address the new parent’s learning needs effectively and results in a deficit of emotional needs being met. Health care professionals can address all types of functional and informal support by interacting with new parents and demonstrating how to care for self and their newborn. This may reinforce new parents’ understanding of written

information. The Baby Basics project: In-hospital education class for new parents designed a curriculum for three classes, lesson plans, PowerPoints, and activities that are ready to be implemented for future use on a postpartum unit in the hospital. The Baby Basics project strives to improve the provision of postnatal support and education for new parents; and increase new parents' knowledge, skills, and adaption to their role of parenthood. These classes will be beneficial in educating and providing support to new parents.

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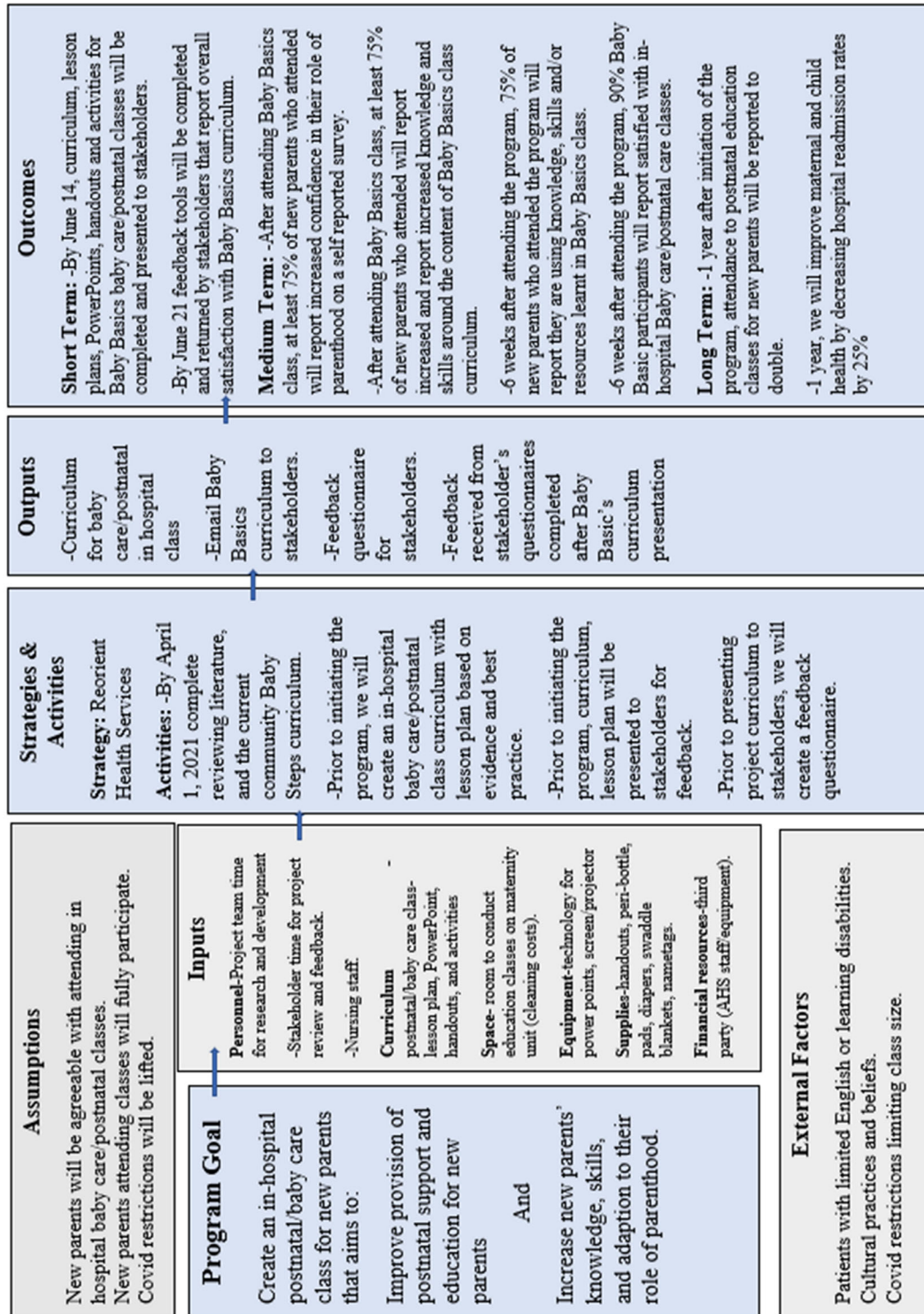
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## APPENDIX A: LOGIC MODEL

### LOGIC MODEL: BABY BASICS





## APPENDIX B: MATERNAL BASICS LESSON PLAN

# Maternal Basics

SUBJECT	FACILITATOR	PRIORITY POPULATION	LESSON DURATION
Class 1 of the Baby Basics Program:	Manda Zabolotney RN, BN	New Parents	20-35 mins

### Maternal Basics

#### OVERVIEW

Baby Basics Program consisted of educational classes to reinforce patient education during the hospital stay. Baby Basics will provide consistent in-hospital education for new parents after the birth of their baby to encourage maternal/child health and wellbeing and adaption to parenthood. Baby Basics will provide multiple types of support for new parents while utilizing multiple teaching methods.

The Maternal Basics class will provide the opportunity to stress importance of wellness of the new parents. Learning goals for this class include:

- discuss changes that influence maternal health and wellness after the birth of baby; such as physical changes, self-care and signs of infection.
- Receive information and tools to help you feel more confident and supported in your role as a new parent.

RESOURCES, REFERENCES & TEACHING NOTES	CONTENT	TEACHING METHOD & RATIONALE
<b>WELCOME AND INTRODUCTION TO CLASS</b>  (Timeframe: 5-10 mins)	<ul style="list-style-type: none"><li>-Welcome and hand out name tags for parents and baby's names.</li><li>-Take attendance.</li><li>-Introduce self- experience and background</li><li>-Hope class will be enjoyable and informative for everyone.</li><li>-Opportunity to make new friends.</li></ul>	<p>Objectives</p> <ul style="list-style-type: none"><li>-create comfortable, open environment</li></ul>





RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

	<p>pharmacist, or try relaxation breathing.</p>	
<p><b>VAGINAL FLOW AND DISCHARGE</b> (10-15MINS)</p>	<p>-You'll have a bloody discharge or flow from your vagina after your baby is born. This can last up to 6 weeks. It is caused by your uterus shedding its lining.</p> <p>-The first 1–3 days will be heavy and dark red.</p> <p>-During days 4–10, your flow will be lighter each day and be brownish or pink.</p> <p>-After 10 days and until about 2–6 weeks, your flow will be yellowish white.</p> <p>-It's normal for your flow to be heavier during and after breastfeeding, activity, or laying down for a while. This is because mild contractions in your uterus are helping get rid of its lining. If your flow gets a lot heavier after activity, it may be a sign that you're doing too much. Rest if your flow gets heavier. Your flow should slow once you stop doing the activity.</p> <p><b>-Talk to you your doctor immediately or go to ER</b> if you have a heavy flow and begin soaking a pad every 1-2 hours with blood or pass clots larger than 2 cm.</p> <p>- <b>Signs of infections</b> if your flow is foul smelling, you have sharp and stabbing pain in your abdomen, you have a fever of 38 °C (100.4 °F) or</p>	<p>Verification</p> <p>-PowerPoint: Maternal Basics</p> <p>-Image of flow color chart and image of pads with amount of flow.</p>

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>PERINEAL CARE</b></p>	<p>higher, talk to your health care provider.</p> <ul style="list-style-type: none"> <li>- Your perineum is the area around your vagina down to your rectum (The private area between your legs).</li> <li>-It may be very sore for the first few days after a vaginal birth.</li> <li>-Take the spray bottle the hospital will give you and clean your perineum with warm tap water every time you go to the bathroom until your flow stops. Spray front to back. Make sure the nozzle of the spray bottle does not touch your perineum and keep it clean.</li> <li>-Wash your hands and change your pad each time you go to the bathroom, or at least every 4 hours.</li> </ul> <p>To help prevent infection, do not use tampons or menstrual cups for the first 6 weeks after having your baby. That also means no intercourse until your doctor instructs its safe.</p> <ul style="list-style-type: none"> <li>-Here are some things you can do to keep you more comfortable:</li> <li>-For swelling or bruising, wet a pad in the middle, and put in the freezer. Wrap the frozen pad in a thin cloth and place it on your bottom for 20 minutes at a time during the first 24 hours. Do not re-use frozen menstrual pads.</li> <li>-Lie on your side or back rather than sitting.</li> </ul>	<ul style="list-style-type: none"> <li>-Bring in peri-bottle and pad for visualization</li> </ul>
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>BREAST AND NIPPLE CARE</b></p>	<p>-Drink plenty of fluids and eat foods high in fiber to prevent constipation and avoid pushing.</p> <p>-If you have an incision from an episiotomy, the stitches will dissolve on their own and will likely heal in 2–4 weeks.</p> <p>-Shower regularly to keep clean unless your health care provider tells you otherwise.</p> <p>- Within a couple of days after birth, your breasts will become larger and heavier and may feel tender and full of milk.</p> <p>- Your breasts may become engorged, painful and overfill with milk if you are breastfeeding or if you are formula feeding.</p> <p>-Some comfort measures to try:</p> <p>Wear a supportive bra for comfort until your breasts produce less milk, usually in 5–10 days. Do not wear a bra that's too tight or that binds your breasts.</p> <p>Before breastfeeding, place warm packs on your breasts or let your breasts leak milk while showering.</p> <p>After breastfeeding, place ice packs wrapped in a cloth on your breasts for 20 minutes at a time.</p> <p>Express or pump a very small amount of milk for comfort as needed if you are engorged, very uncomfortable, or</p>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>BOWEL MOVEMENT AND PASSING URINE</b></p>	<p>having trouble latching baby on your firm breast. If you express too much milk, your body will make more milk.</p> <p>-For tender nipples you can express drops of colostrum, rub into nipples and let air dry, or use a nipple cream like lanolin.</p> <p><b>-Signs of infections (mastitis)</b> your breasts may become hard, red and painful and you have a fever of 38 °C (100.4 °F) or higher, talk to your health care provider.</p> <p>-For Breastfeeding support in the community:</p> <p>-Public health nurses and lactation consultants: at the community health center call 403-388-666</p> <p>-La Leche league: 403-331-1003</p> <p>-Lethbridge Breastfeeding Clinic: 403-942-6611</p> <p>-You can expect to have a bowel movement within 3 days of delivering baby.</p> <p>-Drink plenty of fluids and eat foods high in fiber (fruits, vegetables, bran, prunes).</p> <p>-Do gentle activity, such as going for a short walk, every day, if you can.</p> <p>-Take a stool softener or mild laxative if recommended by your health care provider.</p> <p>-If you have stitches or small tears in your perineum, it may sting as you pass urine.</p>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

HEMORRHOID	<ul style="list-style-type: none"> <li>- Pour warm water from a clean squeeze bottle over your perineum as you pass urine.</li> <li>-Try to pass urine at least every 4 hours.</li> <li>-Do pelvic floor exercises as soon as you're able to tolerate it.</li> <li>-There is a video from the pelvic floor clinic about after having your baby on the Healthy Parents Healthy Children website under resources: videos. It is about 23mins.</li> <li>-<b>Signs of infections</b> if you have pain or difficulty passing urine and you have a fever of 38 °C (100.4 °F) or higher, talk to your health care provider.</li> <li>-<b>Hemorrhoids</b> are enlarged blood vessels that can occur both inside and outside the rectum</li> <li>-they are caused by increased pressure from your baby on your abdomen, hormone changes, labor and birth, and usually shrink and hurt less over time.</li> <li>You can:             <ul style="list-style-type: none"> <li>-put ice packs wrapped in cloth on your anal area (bum) for 20 minutes</li> <li>-try not to sit or stand too long, and rest when possible</li> <li>-avoid constipation by drinking plenty of fluids and eating high fiber diet</li> </ul> </li> </ul>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

TALK TO YOUR DOCTOR	<p><b>-Signs of infections</b> if your incision is very warm to touch, swollen, reddened or more painful, and you have a fever of 38 °C (100.4 °F) or higher, talk to your health care provider.</p> <p>-Also talk to your health care provider if your incision begins to open up or if yellow/green discharge or blood is coming from your incision</p> <p><b>-Other things you should follow up with your doctor:</b></p> <p>-if you have a headache that doesn't get better after taking medication or you have visual disturbances like seeing spots. (High blood pressure)</p> <p>-if you notice your leg become swollen, red or tender. (DVT)</p> <p><b>-Call 911 if you:</b></p> <p>-have unusual shortness of breath</p> <p>-have pain in your chest</p> <p>-thoughts of hurting yourself or your baby. There are many resources for maternal mental health and postpartum depression available.</p>	-Referral to doctor
ACTIVITY REVIEW	-Review answers to puzzle.	Activity-group discussion.
CONCLUSION	<p>-Take time to care for yourself. Keep yourself clean to help avoid infection.</p> <p>-Watch for signs of infection like, fever, chills, unwell feeling.</p>	Summary

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

	<p>-Utilize Healthy Parents, Healthy Children for more information on taking care of yourself after having a baby and Alberta Health Services resources.</p> <p>-Follow up with your health care provider if you have concerns.</p> <p>-Does anyone have any questions?</p> <p>-If you would like to learn more about taking care of baby, consider signing up for our Baby Basics: Newborn Care class.</p> <p>-Also, if you would like more information on postpartum depression, consider signing up for our Baby Basics: Maternal Mental Health class.</p> <p>-Consider the Baby Steps program through the Lethbridge Public Health clinic for more information on taking care of yourself and your growing baby</p>	<p>-Referrals to additional Baby Basics classes and community classes.</p>
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REQUIREMENTS

NOTES

-PowerPoint- Maternal Basics	-Use of <b>audiovisual material</b>
-Screen/Computer for PowerPoint	(pictures, PowerPoint slides, video)
-Pens/Clipboards for participants	-Use of <b>printed educational material</b>
-Chairs for participants and support person	-Use of <b>teaching strategies &amp; technique</b>
-Handout: Maternal Basics Puzzle	(learning activity puzzle to demonstrated
-Peri-bottle, pads, Dressings	learning and understanding)
-Name tags	

## APPENDIX C: MATERNAL BASICS POWERPOINT

### Maternal Basics

Class 1 of the Baby Basics Program

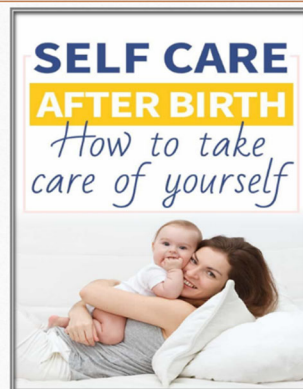
#### Class Goals

- Give you information and tools to help you feel more confident and supported in your role as a new parent.
- To discuss changes that influence maternal health and wellness after the birth of baby; such as physical changes after the birth of baby, signs of infection, and caring for yourself.

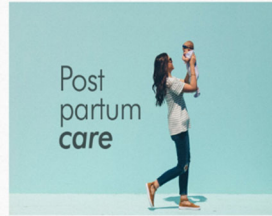
<https://www.healthyparentshealthychildren.ca/>

#### Maternal Care

- You need to give yourself time to recover from pregnancy and birth.
- Your body needs to heal for at **least 6 weeks** after the birth of baby.
- You should follow up with your doctor at that time.



## Physical Changes & Afterpains

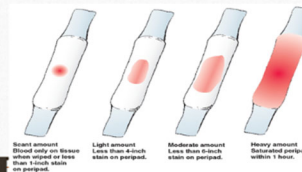


- Afterpains = uterus continuing to contract.
- Afterpains help control your vaginal bleeding
- May feel more painful when breastfeeding
- -To help try:
  - warm water bottle
  - pain medicine
  - relaxation breathing

## Vaginal Flow and Discharge

- Vaginal bleeding/discharge can last up to 6 weeks.
- Days 1–3 = heavy and dark red.
- Days 4–10 = lighter brownish or pink.
- Days 10–6 weeks = yellowish white.
- Flow can be heavier with breastfeeding or activity. **Talk to your doctor immediately** if soaking a pad every 1–2 hours.
- **Signs of infections:** foul smelling flow, stabbing pain, or fever of 38 °C (100.4 °F)

	COLOR	IT LASTS...
RUBRA	Dark red	3 – 4 days
SEROSA	Pinkish brown	4 – 10 days
ALBA	Whitish yellow	10 – 28 days



## Perineal Care



- Your **perineum** is the area around your vagina and down to your rectum
- Clean your perineum by spraying water front to back from the peri-bottle the hospital gave you.
- Wash your hands and change your pad every time you use the bathroom.
- If your perineum is uncomfortable/sore try:
  - Wet a pad in the middle and freeze, wrap the frozen pad in a thin cloth and place it on your bottom.
  - Lie on your side or back rather than sitting.
  - Drink plenty of fluids and eat foods high in fiber.



## Breast & Nipple Care

- Your milk will come in within a couple of days after birth
- Engorged = painful and overfill with milk.
- Comfort measures to try:
  - Wear a supportive bra
  - Before breastfeeding = warm packs on your breasts.
  - After breastfeeding = place ice packs wrapped in a cloth on your breasts.
  - Express or pump a very small amount of milk for comfort.
  - For sore nipples = drops of colostrum or lanolin.
- Signs of infections (**mastitis**) = breast will be hard, red and painful and you have a fever of 38 °C (100.4 °F).



## Caesarean Section Care



- Keep your incision clean
  - Shower using mild soap and pat dry. -Wait until your incision has healed before you have a bath.
- Up to 6 weeks for your incision to fully heal.
- **NO** heavy lifting (less than 10 lbs or 4.5 kg).
- **Signs of infections:**
  - incision is warm to touch, swollen, reddened or more painful
  - you have a fever of 38 °C
  - incision begins to open up or if yellow/green discharge or blood is coming from your incision.

## Talk To Your Doctor

- -headache that doesn't get better after taking analgesic pain medicine
- leg become swollen, red or tender-
- **Call 911** if you:
  - have unusual shortness of breath
  - have pain in your chest
  - thoughts of hurting yourself or your baby.



???QUESTIONS???

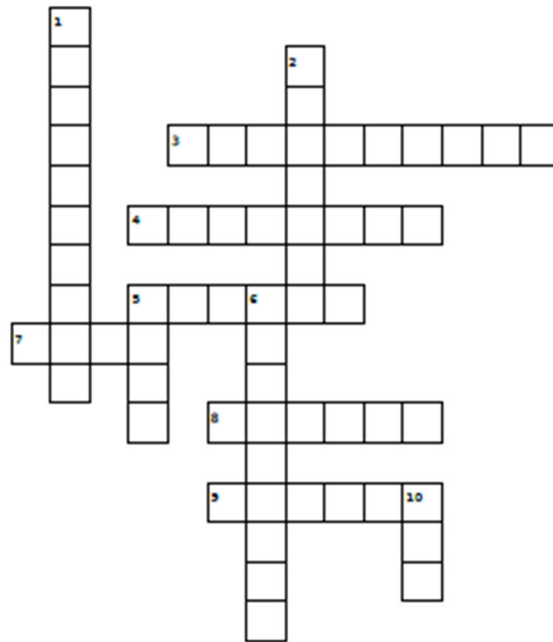
## References

- Healthy Parents Healthy Children. (2020). Newborns birth to two months. Retrieved from: <https://www.healthyparentshealthychildren.ca/im-a-parent/newborn-birth-2-months>

Visit Healthy Parents Healthy Children website for more information on taking care of yourself after having a baby at:  
<https://www.healthyparentshealthychildren.ca/>

## APPENDIX D: MATERNAL BASICS PUZZLE HANDOUT

### Baby Basics: Maternal Care Puzzle



Rectangular S

#### Down:

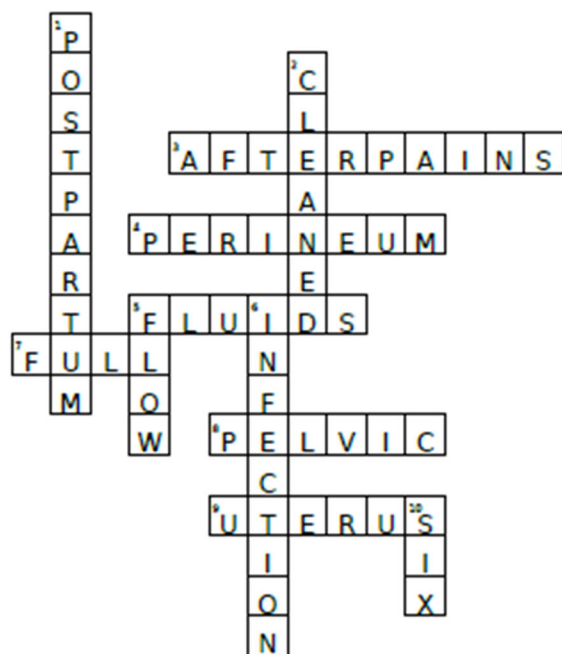
1. The time from the birth of baby to 6 weeks later.
2. You can shower or have a bath but make sure your bath is \_\_\_\_\_ first to prevent infection.
5. You will have vaginal \_\_\_\_\_ for up to 6 weeks as your uterus sheds its lining.
6. Don't use tampons/menstrual cups or have intercourse for 6 weeks to prevent \_\_\_\_\_.
10. After delivery you need to let your body heal and recovery for at least \_\_\_\_\_ weeks.

#### Across:

3. The pain from contractions after delivery that can be stronger when breastfeeding.
4. The area around your vagina to your rectum (The private area between your legs).
5. Drink plenty of \_\_\_\_\_ to avoid constipation.
7. Within a couple of days after birth, your breasts will become larger and heavier and may feel tender and \_\_\_\_\_.
8. Watch a video from the \_\_\_\_\_ floor clinic about after you have baby.
9. Your \_\_\_\_\_ will continue to contract as it returns to its normal size.



# Baby Basics: Maternal Care Puzzle



● Rectangular S

## Down:

1. The time from the birth of baby to 6 weeks later.
2. You can shower or have a bath but make sure your bath is \_\_\_\_\_ first to prevent infection.
5. You will have vaginal \_\_\_\_\_ for up to 6 weeks as your uterus sheds its lining.
6. Don't use tampons/menstrual cups or have intercourse for 6 weeks to prevent \_\_\_\_\_.
10. After delivery you need to let your body heal and recovery for at least \_\_\_\_\_ weeks.

## Across:

3. The pain from contractions after delivery that can be stronger when breastfeeding.
4. The area around your vagina to your rectum (The private area between your legs).
5. Drink plenty of \_\_\_\_\_ to avoid constipation.
7. Within a couple of days after birth, your breasts will become larger and heavier and may feel tender and \_\_\_\_\_.
8. Watch a video from the \_\_\_\_\_ floor clinic about after you have baby.
9. Your \_\_\_\_\_ will continue to contract as it returns to its normal size.

## APPENDIX E: MATERNAL MENTAL HEALTH LESSON PLAN

# Maternal Mental Health

SUBJECT	FACILITATOR	PRIORITY POPULATION	LESSON DURATION
Class 2 of the Baby Basics Program:	Manda Zabolotney RN, BN	New Parents	20-35 mins

### Maternal Mental Health

#### OVERVIEW

Baby Basics is an educational class to reinforce patient education during the hospital stay. Baby Basics will provide consistent in-hospital education for new parents after the birth of their baby to encourage maternal/child health and wellbeing and adaption to parenthood. Baby Basics will provide multiple types of support for new parents while utilizing multiple teaching methods.

The Maternal Mental Health class will provide the opportunity to stress importance of wellness of the new parents. Learning goals for the class include:

- discuss changes that influence maternal health and wellness;
- discuss the difference between baby blues, postpartum depression and postpartum anxiety;
- discuss symptoms of baby blues, postpartum depression and postpartum anxiety;
- discuss the importance of selfcare;
- discuss selfcare techniques.

RESOURCES, REFERENCES & TEACHING NOTES	CONTENT	TEACHING METHOD & RATIONALE
<b>WELCOME and INTRODUCTION TO CLASS</b>  (Timeframe: 5-10 mins)	-Welcome and hand out name tags for parents and baby's names.  -Take attendance.	Objectives  -create comfortable, open environment

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>GOALS</b></p>	<ul style="list-style-type: none"> <li>-Introduce self- experience and background.</li> <li>-Hope class will be enjoyable and informative for everyone.</li> <li>-Opportunity to make new friends.</li> <li>- help you understand the emotional changes that you may feel after giving birth.</li> <li>- discuss changes that influence maternal health and wellness;</li> <li>-discuss the difference between baby blues, postpartum depression and postpartum anxiety;</li> <li>-discuss symptoms of baby blues, postpartum depression and postpartum anxiety;</li> <li>-discuss the importance of selfcare;</li> <li>-discuss selfcare techniques</li> </ul>	
<p><b>CLASS STRUCTURE AND RULES</b></p>	<ul style="list-style-type: none"> <li>-Have parents open Healthy Parents Healthy Children website: <a href="#">Homepage - Healthy Parents Healthy Children</a> on phone to save page to favorites to use as a resource for more information.</li> <li>-Discuss classes are flexible and informal.</li> <li>-Feel free to change and nurse baby as necessary, and get up and move around as you need.</li> <li>-Feel free to ask questions.</li> </ul>	<ul style="list-style-type: none"> <li>-assist parents to open Healthy Parents Healthy Children website: <a href="#">Homepage - Healthy Parents Healthy Children</a> to show parents.</li> <li>-for parents without technology, show website address on PowerPoint and provide paper with the link or have copies of book available for parents with no technology access.</li> </ul>

RESOURCES, REFERENCES & TEACHING NOTES	CONTENT	TEACHING METHOD & RATIONALE
<b>INTRODUCTION OF PARENTS AND BABIES</b>	<p>-Everyone has the right to be listened to.</p> <p>-Everyone has the right to confidentiality.</p> <p>-Everyone has the right to their own beliefs/opinions.</p> <p>- Introductions</p> <p>-Choose one of the following for ice breaker:</p> <ul style="list-style-type: none"> <li>• What was your pregnancy like?</li> <li>• What was your labor and delivery like?</li> </ul>	-Ice Breaker (max 5 mins)
<b>OVERVIEW OF MATERNAL MENTAL HEALTH</b>  (TIMEFRAME: 5-10MINS)  <b>BABY BLUES</b>  (STEWART & VIGOD, 2016; TORRES, 2020)  (HEALTHY PARENTS HEALTHY CHILDREN, 2020)  Causes	<p>-First few weeks after baby is born is filled with many emotions like excitement mixed with worry and tiredness.</p> <p>-You may have mixed feels about no longer being pregnant, about your body, or about feeling exhausted and overwhelmed.</p> <p>-Baby blues is different than PPD and is a common mood disorder that can affect about 70% women after baby is born.</p> <p>-It usually begins 3-5 days after baby is born and is linked to hormone changes from pregnancy. During pregnancy levels of progesterone and estrogen increase up to 50% and within 24-36hours of childbirth, these hormone levels drop to below pre-pregnancy levels.</p>	<p>Information</p> <p>-PowerPoint: Maternal Mental Health</p> <p>-meme</p>

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

Symptoms	<p>-Exhaustion is a problem for all new parents and contribute to baby blues</p> <p>-You may feel:</p> <ul style="list-style-type: none"> <li>• feel a little sad, restless, anxious or overly sensitive</li> <li>• cry for no reason</li> <li>• be impatient and irritable</li> <li>• have trouble concentrating</li> <li>• feel overly tired or have trouble sleeping</li> <li>• find your mood changes often, such as going from feeling happy to feeling sad</li> </ul> <p>- These symptoms may last a week or two and generally resolve on their own without treatment.</p> <p>-If these feelings do not go away or if they get worse, it may be a sign of postpartum depression or anxiety.</p>	
<p>POSTPARTUM DEPRESSION</p> <p>-Stigma</p>	<p>-Although about 70% of women will experience baby blues, postpartum depression affects up to 15% of new mothers.</p> <p>-preventive measures (like self-care and reflection), early identification and treatment can decrease the length and severity of suffering.</p> <p>-BUT Early detection of PPD can be difficult due to new mother's feelings of guilt and her shame of having depressive symptoms and her</p>	<p>Information</p> <p>-PowerPoint: Maternal Mental Health</p> <p>Verification</p>

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

	<p>expectation that she should be happy during this postpartum time with her new baby.</p> <p>-The added feelings of guilt can contribute to depressive feelings.</p> <p>-It is important for you and your family to learn and identify depressive symptoms and to help reduce shame and stigma associated with PPD.</p> <p>-It is important to acknowledge and address PPD, because it affects the mother's health and that of her newborn's health and development, as well as bonding.</p> <p>-It is also important for people close to you to know the signs and symptoms of postpartum depression. Often you do not recognize the seriousness of your symptoms yourself.</p> <p>-Share this information with your support team.</p> <p>-PPD can happen to anyone with or without history of depression.</p> <p>-Postpartum depression can happen anytime up to one year after your baby is born—even if it didn't happen with your other births. If you've had depression or anxiety before or during your pregnancy, this can increase the chances of having postpartum depression. Your partner may be the first one to notice the symptoms.</p> <p>-If your partner or yourself notice symptoms, it is important to see a</p>	
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	<p>physician soon. Symptoms may not go away on their own.</p> <p>Behaviors</p> <ul style="list-style-type: none"> <li>• not coping with things that you used to be able to handle</li> <li>• starting things and not finishing them</li> <li>• avoiding places, people, family and friends</li> <li>• not doing things you used to enjoy</li> <li>• having trouble concentrating or making decisions</li> <li>• using alcohol or drugs to feel better</li> </ul> <p>Thoughts</p> <ul style="list-style-type: none"> <li>• <i>"I'm a failure."</i></li> <li>• <i>"It's my fault."</i></li> <li>• <i>"Nothing good ever happens to me."</i></li> <li>• <i>"I'm worthless."</i></li> <li>• <i>"Life's not worth living."</i></li> <li>• <i>"People would be better off without me."</i></li> <li>• <i>"I wish I were dead."</i></li> </ul> <p>Feelings</p> <ul style="list-style-type: none"> <li>• overwhelmed or hopeless</li> <li>• useless or not good enough</li> <li>• irritable, restless or agitated</li> <li>• frustrated or miserable</li> <li>• unhappy or sad</li> <li>• empty or numb</li> <li>• frequent mood changes</li> </ul> <p>Physical Symptoms</p>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p>POSTPARTUM ANXIETY</p>	<ul style="list-style-type: none"> <li>tired all the time, sluggish or lethargic</li> <li>trouble sleeping—either too much or too little</li> <li>sick, run down or no energy</li> <li>headaches or muscle pains</li> <li>upset stomach</li> <li>changes in appetite—eating more or less</li> </ul> <p>acknowledge your feelings and talk to someone you trust and who will listen to you. This will help you identify depressive symptoms.</p> <p>Behaviours</p> <ul style="list-style-type: none"> <li>avoiding people, places or responsibilities</li> <li>starting things and not finishing them</li> <li>pacing, fidgeting, or being restless</li> <li>re-checking things often such as if the house is locked</li> <li>using alcohol or drugs to feel better</li> </ul> <p>Thoughts</p> <ul style="list-style-type: none"> <li>feeling scattered or having trouble concentrating</li> <li>thinking about the worst</li> <li>easily distracted</li> <li>having problems remembering things</li> </ul> <p>Feelings</p> <ul style="list-style-type: none"> <li>tense, stressed or uptight</li> <li>panicky, unsettled or irritable</li> </ul>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

TREATMENT	<ul style="list-style-type: none"> <li>• things do not seem real or they feel strange</li> <li>• feeling that something bad is going to happen</li> </ul> <p>Physical Symptoms</p> <ul style="list-style-type: none"> <li>• having trouble sleeping</li> <li>• tight or painful chest, feeling like your heart is pounding</li> <li>• dizziness, sweating or shaking</li> <li>• nausea or upset stomach</li> <li>• body aches or tense muscles</li> </ul> <p>-Treatment for postpartum depression can include medication like antidepressants and/or psychosocial treatments include peer support, individual or group counseling.</p>	
SELF CARE  (TIMEFRAME: 10-15 MINS)	<p>- Taking care of yourself mentally and physically is one of the most important things you can do for yourself. This will help you have the energy you need to take care of your baby.</p> <p>-It is important to acknowledge that a problem exist and talk to someone you can trust and will listen without judgment and offer support.</p> <p>-Help is available</p> <p>-See your physician and seek professional help if you develop signs of depression or anxiety.</p> <p>-join a support group or arrange for private counselling.</p>	Verification

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

	<p>-Can you list some ways to take care of you self?</p> <p>-Helpful hints to prevent PPD:</p> <ul style="list-style-type: none"> <li>• Take care of yourself</li> <li>• Be kind to yourself</li> <li>• Don't compare yourself to others</li> <li>• Enjoy a nutritious diet and drink plenty of water</li> <li>• Rest when baby naps</li> <li>• Give yourself credit for what you do</li> <li>• Ask and accept help from others. Try to be specific.</li> <li>• One step at a time</li> <li>• Be active. Even going for short walks can help boost your energy and mood</li> <li>• Talk about how you're feeling</li> <li>• Write down your thoughts or feelings in a journal.</li> <li>• Take time for yourself, even if it's just for short periods of time to help you feel refreshed.</li> <li>• Practice simple relaxation techniques such as deep breathing and distraction.</li> <li>• Say no to any household tasks that are not urgent.</li> <li>• Spend time with your partner.</li> <li>• Stay connected with your family and friends.</li> <li>• Give yourself permission to limit visitors if you're tired.</li> <li>• Go to parenting classes and support groups.</li> </ul>	<p>-Activity- interactive list self-care ideas</p>
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

	<ul style="list-style-type: none"> <li>- Having a support plan may help when you are feeling overwhelmed.</li> <li>-Here are two handouts you can use to have support information easily available, self-care ideas, and contact information for support or emergencies.</li> <li>-Identify what you need</li> <li>-Most people that come to visit you are willing to help, but you don't always know what to ask for. It is important for you to identify your needs so you can ask for help. (eg. You may need someone to hold baby for you to take a shower, or bring apples for a healthy snack)</li> <li>-Write down some of your needs</li> <li>-Brainstorm some ideas of ways to care for yourself or things to ask for help with.</li> <li>-On the back page of the Maternal Mental Health Self-care Plan</li> </ul>	<p>Activity</p> <ul style="list-style-type: none"> <li>-Maternal Mental Health Self-Care Plan Handout and AHS Family Support Plan Handout.</li> <li>-Brainstorming self-care strategies that would be effective for yourself</li> </ul>
CONCLUSION	<ul style="list-style-type: none"> <li>-Remember you are not alone.</li> <li>-Acknowledge your feelings.</li> <li>-Ask for help</li> <li>-Take time for self-care.</li> <li>-Utilize Healthy Parents, Healthy Children for more information on maternal mental health.</li> </ul>	<p>Summary</p>

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

	<p>-Follow up with your doctor or community nurses if you have questions or concerns.</p> <p>-Does anyone have any questions?</p> <p>-If you would like to learn more about taking care of baby, consider signing up for the Newborn Basics class.</p> <p>-Also, if you would like more information on taking care of yourself after having baby, consider signing up for the Maternal Basics Class</p> <p>-Consider the Baby Steps program through the Lethbridge Public Health clinic for more information on taking care of yourself and your growing baby.</p>	<p>-Referrals to additional Baby Basics classes and community classes.</p>
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REQUIREMENTS

NOTES

-PowerPoint-Maternal Mental Health	-Use of <b>audiovisual material</b>
-copies of Healthy Parents Healthy Children	(pictures, PowerPoint slides, meme)
-Screen/Computer for PowerPoint	-Use of <b>printed educational material</b>
-Handout: Maternal Mental Health	(instructor made handout, AHS handout)
Self-Care Plan & AHS Family Support Plan	-Use of <b>teaching strategies &amp; technique</b>
-Pens/Clipboards for participants	(brainstorming, cooperative learning &
-Chairs for participants and support person	guided discovery)
-Name tags	

## APPENDIX F: MATERNAL MENTAL HEALTH POWERPOINT

# Maternal Mental Health

Class 2 of the Baby Basics Program

## Class Goals

- Help you understand the emotional changes that you may feel after giving birth;
- Discuss changes that influence maternal health and wellness;
- Discuss the difference between baby blues, postpartum depression and postpartum anxiety;
- Discuss symptoms of baby blues, postpartum depression and postpartum anxiety;
- Discuss the importance of selfcare;
- Discuss selfcare techniques.

<https://www.healthyparentshealthychildren.ca/>

## Maternal Mental Health

- First few weeks after baby is born are filled with many emotions like excitement mixed with worry and tiredness.
- You may have mixed feels about no longer being pregnant, your body, or feeling exhausted and overwhelmed.



## Baby Blues

- feel a little sad, restless, anxious or overly sensitive
- cry for no reason
- be impatient and irritable
- have trouble concentrating
- feel overly tired or have trouble sleeping
- find your mood changes often, such as going from feeling happy to feeling sad



## WHAT IS POSTPARTUM DEPRESSION

### POSTPARTUM DEPRESSION

Postpartum depression (PPD) is a mood disorder that affects some women after childbirth. Mothers with PPD can experience feelings of extreme sadness and anxiety, which can make it difficult to complete daily activities and could have significant consequences for both the mother and family.

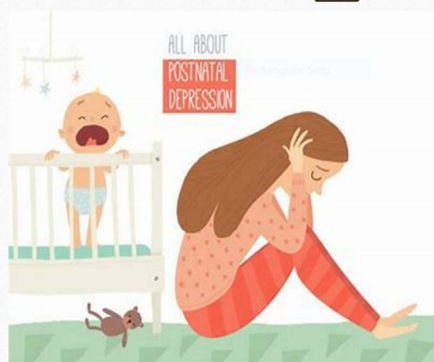
### SYMPTOMS



### THE BABY BLUES

The "Baby Blues" is a lot more common than PPD, and the symptoms of this condition usually happen in the first few days following childbirth, and are a lot less serious than PPD and normally don't need treatment.

### SYMPTOMS



Share information about postpartum depression and anxiety with your family and support like signs and symptoms and ways to help support you.



## Postpartum Depression (PPD)

<b>Behaviours</b>	<ul style="list-style-type: none"> <li>not coping with things that you used to be able to handle</li> <li>starting things and not finishing them</li> <li>avoiding places, people, family and friends</li> <li>not doing things you used to enjoy</li> <li>having trouble concentrating or making decisions</li> <li>using alcohol or drugs to feel better</li> </ul>	<b>Feelings</b>	<ul style="list-style-type: none"> <li>overwhelmed or hopeless</li> <li>useless or not good enough</li> <li>irritable, restless or agitated</li> <li>frustrated or miserable</li> <li>unhappy or sad</li> <li>empty or numb</li> <li>frequent mood changes</li> </ul>
<b>Thoughts</b>	<ul style="list-style-type: none"> <li>"I'm a failure."</li> <li>"It's my fault."</li> <li>"Nothing good ever happens to me."</li> <li>"I'm worthless."</li> <li>"Life's not worth living."</li> <li>"People would be better off without me."</li> <li>"I wish I were dead."</li> </ul>	<b>Physical Symptom</b>	<ul style="list-style-type: none"> <li>tired all the time, sluggish or lethargic</li> <li>trouble sleeping—either too much or too little</li> <li>sick, run down or no energy</li> <li>headaches or muscle pains</li> <li>upset stomach</li> <li>changes in appetite—eating more or less</li> </ul>

## Postpartum Anxiety (PPA)

<b>Behaviour</b>	<ul style="list-style-type: none"> <li>avoiding people, places or responsibilities</li> <li>starting things and not finishing them</li> <li>pacing, fidgeting, or being restless</li> <li>re-checking things often such as if the house is locked</li> <li>using alcohol or drugs to feel better</li> </ul>	<b>Feelings</b>	<ul style="list-style-type: none"> <li>tense, stressed or uptight</li> <li>panicky, unsettled or irritable</li> <li>things do not seem real or they feel strange</li> <li>feeling that something bad is going to happen</li> </ul>
<b>Thoughts</b>	<ul style="list-style-type: none"> <li>feeling scattered or having trouble concentrating</li> <li>thinking about the worst</li> <li>easily distracted</li> <li>having problems remembering things</li> </ul>	<b>Physical Symptom</b>	<ul style="list-style-type: none"> <li>having trouble sleeping</li> <li>tight or painful chest, feeling like your heart is pounding</li> <li>dizziness, sweating or shaking</li> <li>nausea or upset stomach</li> <li>body aches or tense muscles</li> </ul>

## Taking Care of Yourself



- Take care of yourself to give you the energy you need to take care of your baby.
- Acknowledge** that a problem exist and talk to someone you can trust and will listen without judgment and offer support.
- Help is available.** For postpartum depression and anxiety **it is important** to get medical professional help.

## Taking Care of Yourself

- Be kind to yourself
- Don't compare yourself to others
- Eat healthy and drink lots of water
- Nap
- Ask and accept help from others
- Be active
- Talk about feelings and journal feelings
- Take time for yourself
- Relaxation techniques
- Spend time with your partner, family and friends; try a parenting class and support group
- Limit visitors if you're tired.



Visit Healthy Parents Healthy Children website for more information on Maternal Mental Health and taking care of yourself at:

<https://www.healthyparentshelthychildren.ca/>

## Community Resources

- **Get help:**
  - Talk to your doctor or community nurses
  - Call Alberta Health Link: 811
  - Contact the postpartum mental health outreach program: (403) 381-5260
  - Mental Health Crisis Line:(403)381-1116
  - Mental Health Helpline: 1-877-303-2642



Rectangular Strip

# ???QUESTIONS???

## References

- Beck, C. T. (2001). Predictors of postpartum depression: An update. *Nursing Research* 50(5), 275-285. <https://doi.org/10.1097/00006199-200109000-00004>
- Healthy Parents Healthy Children. (2020). Postpartum mental health. <https://www.healthyparentshealthychildren.ca/im-pregnant/postpartum/mental-health-2/>
- Pearlstein, T., Howard, M., Salisbury, A., & Zlotnick, C. (2009). Postpartum depression. *American Journal of Obstetrics and Gynecology*, 200(4), 357-364. <https://doi.org/10.1016/j.ajog.2008.11.033>
- Stewart, D. E., & Vigod, S. (2016). Postpartum depression. *The New England Journal of Medicine*, 375(22), 2177-2186. <https://doi.org/10.1056/nejmcp1607649>
- Torres, F. (2020). What is postpartum depression? <https://www.psychiatry.org/patients-families/postpartum-depression/what-is-postpartum-depression>

## APPENDIX G: MATERNAL MENTAL HEALTH SELF-CARE PLAN HANDOUT

### Maternal Mental Health Self-Care Plan

Remember to care for yourself. Don't compare yourself to others. Ask and accept help from others.

<b>Primary Support Person</b> (name & phone number):	
<b>Secondary Support Person</b> (name & phone number):	
<b>Babysitter</b> (name & phone number):	

### Identify What You Need

Most people that come to visit you are willing to help you, but you don't always know what to ask for. It is important for you to identify your needs so you can ask for help. You may need someone to hold baby for you to take a shower, or prepare apples and a glass of water for a healthy snack. Write down some of your needs:

Basic Needs	Suggestions	My Needs
<b>Sleep:</b>	Have a support person watch baby and take a 30min nap.	
<b>Relaxation:</b>	Have alone time/deep breath/take a shower or bath.	
<b>Accomplishment:</b>	Set a small goal like making the bed or making a meal.	
<b>Pleasure:</b>	Do something you enjoy like listen to music or read a book. Write a gratitude journal.	
<b>Exercise/Eat:</b>	Eat one healthy meal or snack. Move for 10 minutes or stretch.	
<b>Social Interaction:</b>	Call a friend to talk or make plans for a coffee date.	

### Remember to be kind to yourself

Your Feelings	Take Action	Your Plan
If you are feeling overwhelmed, stressed, or not yourself, but are still able to care for yourself and your baby:	Have a support person or friend care for baby so you have time for your self, like taking a bath or reading a book.  Get together with other moms to discuss your feelings.  Continue to watch for signs of depression and anxiety.	Identify what you need.  List some self-care activities:
If you are having difficulty completing tasks; If you are having feelings of intense anxiety; If you are having feeling of guilt at failing at motherhood; If you have little interest in doing things you use to enjoy; If you feel you are unable to cope with life:	<b>Get help:</b> Talk to your doctor.  Talk to your friends and family who will support you.  Call Alberta Health Link: <b>811</b>  Contact the postpartum mental health outreach program: <b>(403) 381-5260</b>	Doctor (name & number):  Friends to contact:
If you feel hopeless or despair; If you feel you may hurt yourself or your baby; If you have feelings that everything will be better if you went away:	Call <b>911</b> immediately for help  Call Mental Health Crisis Line: <b>(403)381-1116</b>  Contact the Mental Health Helpline: <b>1-877-303-2642</b>	Remember you are not alone.

For information on postpartum mental health and self-care visit Healthy Parents, Healthy Children  
[www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca)

For information on Postpartum Depression visit [www.ahs.ca/ppd](http://www.ahs.ca/ppd)

Lethbridge Counselling Services:  
Andrea Egg M. Ed, R. Psych  
(403) 942-0452  
[www.counsellinglethbridge.ca](http://www.counsellinglethbridge.ca)

# Family Support Plan

## Family Support Plan

Having a support plan may help when you are feeling overwhelmed. Remember, if you are struggling, you are not alone. There are things you can do and people you can count on.

A public health nurse can help you get started with the contacts for your health care team. If you choose, you can share copies of your support plan with them.

### Health and Emergency Contacts

Family Doctor:

Name:

Phone Number:

Emergency contact:

Name:

Phone Number:

Other Health Care Providers:

(e.g. psychiatrist, therapist, crisis response team)

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

### People to Call

List of people you can call when you need help or support  
(e.g., someone to listen, help with meals, errands, transportation, childcare)

Name:

Phone or Text Number:

Name:

Phone or Text Number:

Name:

Phone or Text Number:

### Signs of Distress

List the feelings that are your warning signs of distress

(e.g., some feelings may be irritability, guilt, hopelessness, numbness or confusion)


List the thoughts that are your warning signs of distress

(e.g., sometimes distressing thoughts can be "It's my fault" or "I'm worthless")


### Actions to Take

When feeling stressed or feeling low you can:

(e.g., practice calm breathing; listen to music; take a break; talk to someone; go for a walk; make a gratitude list; review reasons for living).


For more information on Postpartum Depression and help go to [www.ahs.ca/ppd](http://www.ahs.ca/ppd)

**If you are in distress and unable to keep yourself safe, call 911 and they will send someone to take you to the hospital**

### Urgent 24 hour Helplines

Mental Health Helpline ..... 1.877.303.2642  
Suicide Prevention Line ..... 1.800.784.2433

Family Violence Helpline ..... 310.1818  
Medication & Herbal Advice Line... 1.800.332.1414  
Health Link ..... 811

## APPENDIX I: PPD AND PPA SYMPTOMS HANDOUT

### Postpartum Depression and Postpartum Anxiety Symptoms

#### Postpartum Depression

Behaviours	<ul style="list-style-type: none"><li>• not coping with things that you used to be able to handle</li><li>• starting things and not finishing them</li><li>• avoiding places, people, family and friends</li><li>• not doing things you used to enjoy</li><li>• having trouble concentrating or making decisions</li><li>• using alcohol or drugs to feel better</li></ul>
Thoughts	<ul style="list-style-type: none"><li>• <i>"I'm a failure."</i></li><li>• <i>"It's my fault."</i></li><li>• <i>"Nothing good ever happens to me."</i></li><li>• <i>"I'm worthless."</i></li><li>• <i>"Life's not worth living."</i></li><li>• <i>"People would be better off without me."</i></li><li>• <i>"I wish I were dead."</i></li></ul>
Feelings	<ul style="list-style-type: none"><li>• overwhelmed or hopeless</li><li>• useless or not good enough</li><li>• irritable, restless or agitated</li><li>• frustrated or miserable</li><li>• unhappy or sad</li><li>• empty or numb</li><li>• frequent mood changes</li></ul>
Physical Symptoms	<ul style="list-style-type: none"><li>• tired all the time, sluggish or lethargic</li><li>• trouble sleeping—either too much or too little</li><li>• sick, run down or no energy</li><li>• headaches or muscle pains</li><li>• upset stomach</li><li>• changes in appetite—eating more or less</li></ul>

### Postpartum Anxiety (PPA)

Behaviours	<ul style="list-style-type: none"><li>• avoiding people, places or responsibilities</li><li>• starting things and not finishing them</li><li>• pacing, fidgeting, or being restless</li><li>• re-checking things often such as if the house is locked</li><li>• using alcohol or drugs to feel better</li></ul>
Thoughts	<ul style="list-style-type: none"><li>• feeling scattered or having trouble concentrating</li><li>• thinking about the worst</li><li>• easily distracted</li><li>• having problems remembering things</li></ul>
Feelings	<ul style="list-style-type: none"><li>• tense, stressed or uptight</li><li>• panicky, unsettled or irritable</li><li>• things do not seem real or they feel strange</li><li>• feeling that something bad is going to happen</li></ul>
Physical Symptom	<ul style="list-style-type: none"><li>• having trouble sleeping</li><li>• tight or painful chest, feeling like your heart is pounding</li><li>• dizziness, sweating or shaking</li><li>• nausea or upset stomach</li><li>• body aches or tense muscles</li></ul>

Healthy Parents Healthy Children (2020). Postpartum mental health. Retrieved from:

<https://www.healthyparentshealthychildren.ca/im-pregnant/postpartum/mental-health-2>

For information on postpartum mental health and self-care visit Healthy Parents, Healthy Children [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca)

For information on Postpartum Depression visit [www.ahs.ca/ppd](http://www.ahs.ca/ppd)

## APPENDIX J: NEWBORN BASICS LESSON PLAN

# Newborn Basics

SUBJECT	FACILITATOR	PRIORITY POPULATION	LESSON DURATION
Class 3 of the Baby Basics Program: <b>Newborn Basics</b>	Manda Zabolotney RN, BN	New Parents	35-45 mins

### OVERVIEW

Baby Basics is an educational class to reinforce patient education during the hospital stay. Baby Basics will provide consistent in-hospital education for new parents after the birth of their baby to encourage health and wellbeing of the newborn and adaption to parenthood for the new parents. Baby Basics will provide multiple types of support for new parents while utilizing multiple teaching methods.

The Newborn Basics class learning goals include:

- Learn and practice newborn care techniques.
- Discuss techniques to get to know your baby.
- Discuss safe sleeping, feeding, umbilical cord care, crying and soothing, swaddling, diaper changing, and car seat safety.

RESOURCES, REFERENCES & TEACHING NOTES	CONTENT	TEACHING METHOD & RATIONALE
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<b>WELCOME AND INTRODUCTION TO CLASS</b>  (Timeframe: 5-10 mins)	<ul style="list-style-type: none"><li>-Welcome and hand out name tags for parents and baby's names.</li><li>-Take attendance.</li><li>-Introduce self- experience and background</li><li>-Hope class will be enjoyable and informative for everyone.</li><li>-Opportunity to make new friends.</li></ul>	<b>Objectives</b> <ul style="list-style-type: none"><li>-create comfortable, open environment</li></ul>
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>INTRODUCTION OF PARENTS AND BABIES</b></p>	<p>- Introductions</p> <p>-Choose one of the following for ice breaker:</p> <ul style="list-style-type: none"> <li>• What was your pregnancy like?</li> <li>• What was your labor and delivery like?</li> </ul> <p>-what are YOUR main questions or concerns when it comes to newborn care?</p>	<p>-Ice Breaker (Max 5 mins)</p>
<p><b>GETTING TO KNOW YOUR BABY</b></p> <p>(Timeframe: 10 mins)</p>	<p>- The first 6 weeks after your baby's birth is called the postpartum period.</p> <p>-You'll soon learn what your baby's cues mean, and begin to see their personality emerge. Over time, you'll start to feel more confident and comfortable in your role as a parent.</p> <p>-Handout "Birth to two months: Serve-and-return activities". Let's try some serve and return activities.</p> <ul style="list-style-type: none"> <li>• When your baby looks at your face, you return by looking at their face and smiling.</li> <li>• When your baby pays attention to your voice and makes content noises like coos, gurgles, sighs, and squeals, you return by talking or singing gently or copying the sounds your baby is making.</li> <li>• When your baby seems comforted by your touch, you return with rubs, pats, and gently touching their tummy, back, arms and legs.</li> </ul>	<p>Information</p> <p>-PowerPoint: Newborn Care</p> <p>Activity: Handout</p> <p>Birth to two months: Serve-and-return activities. (Max 5 min for activity)</p>

RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>SAFE SLEEPING</b></p>	<p>-Skin-to-skin cuddling will help you to bond with your baby and it also provides other great benefits, like increase hormones that make breastmilk and help milk flow, promoting early and frequent feeding, and help you feel relaxed and lower stress levels. Skin-to-skin can also be provided by the support person/father and will experience similar benefits like increased bonding while giving mom a break.</p> <p>- It's important to stay awake when cuddling your baby. Try chewing sugar-free gum, wiping your face and neck with a wet cloth or keeping the room lights, TV or music on. If you're feeling tired or drowsy, put your baby in their own crib, cradle or bassinet.</p> <p>-Babies spend a lot of time sleeping and need a safe sleep environment. Some sleep environments can put babies at risk for sleep-related death such as SIDS (sudden infant death syndrome).</p> <p>-You can reduce the risk of SIDS by:</p> <ul style="list-style-type: none"> <li>• Put your baby on their back to sleep, every sleep.</li> <li>• Use a crib, cradle or bassinet that meets Canadian safety standards.</li> <li>• Keep the crib, cradle or bassinet free of clutter, like stuffed toys, bumper pads or pillows.</li> <li>• Keep your baby warm, not hot.</li> </ul>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>FEEDING</b></p>	<ul style="list-style-type: none"> <li>• Keep spaces smoke-free before and after your baby's birth.</li> <li>• Share a room with your baby for the first 6 months, but do not share a bed.</li> <li>• Do not let baby sleep on soft surfaces like couches, chairs, or in the car seat.</li> <li>• Breastfeed your baby.</li> </ul> <p>-Learning to breastfeed takes time and practice. You may find breastfeeding easy or you may find that sometimes it's not as easy as it looks, especially in the first few weeks. Take it one day at a time. It can sometimes take 4–6 weeks for you to feel comfortable and confident with breastfeeding.</p> <p>- Getting encouragement and support from your partner, family, friends, and your health care providers can help you feel more confident and make breastfeeding easier. You can also get support by talking with other women who are breastfeeding or by joining a breastfeeding support group.</p> <p>-Watch for signs and cues that baby is hungry and feed on demand, usually every 2 to 4 hours. Babies should feed at least 5 times in the first 24 hours after they're born. After that, they'll feed at least 8 times every 24 hours.</p> <p>-Early cues include</p> <ul style="list-style-type: none"> <li>• Stirring</li> <li>• Mouth open</li> <li>• Turning head</li> </ul>	
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RESOURCES,  
REFERENCES &  
TEACHING NOTES

CONTENT

TEACHING METHOD & RATIONALE

<p><b>Latching</b></p>	<ul style="list-style-type: none"> <li>• Seeking/rooting</li> </ul> <p>-Mid cues include:</p> <ul style="list-style-type: none"> <li>• Stretching</li> <li>• Increased movement</li> <li>• Hand to mouth</li> </ul> <p>-Late cues include:</p> <ul style="list-style-type: none"> <li>• Crying</li> <li>• Agitated movement</li> <li>• Color change to red.</li> </ul> <p>A correct latch is important to help:</p> <ul style="list-style-type: none"> <li>• your baby drink milk from your breast</li> <li>• you make breastmilk</li> <li>• you feel more comfortable during the feed</li> </ul> <p>Steps for a good latch include:</p> <ul style="list-style-type: none"> <li>• Step 1: Once you and your baby have found a comfortable position, hold your baby's head at the base of the skull, below and behind the ears-the palm of your hand will be between your baby's shoulder blades. Try not to touch your baby's cheeks. Keep your baby's hands free-their hands help them find their way to your breast.</li> <li>• Step 2: With your baby positioned at the level of your breast, tuck their body tightly to you so their lower lip touches the outer part of your areola. Your nipple should come in just under their upper lip. This helps your baby smell your</li> </ul>	
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RESOURCES,  
REFERENCES &  
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CONTENT

TEACHING METHOD & RATIONALE

<p>FORMULA</p>	<p>breastmilk and get ready to feed.</p> <ul style="list-style-type: none"> <li>• Step 3: Slightly tilt your baby's head back so that their chin touches your breast. Your baby's lower jaw is now under your breast which helps them take as much of your breast into their mouth as possible. This is a deep latch. Your baby's mouth opens wide, like a yawn, and their tongue cups and stretches out over their lower gums.</li> <li>• Step 4: Use your hand to gently press on the back of your baby's neck and shoulders and pull them closer to your breast. Move your baby onto your breast with their chin touching first.</li> <li>• Step 5: Your baby's cheeks will look full and round when feeding. At first their suck and swallow will be fast, and then it will slow down.</li> </ul> <p>When using formula always:</p> <ul style="list-style-type: none"> <li>• check the expiry date on the can before you use it.</li> <li>• Check the formula can label carefully to make sure it's the type of formula concentration you want to use (e.g., ready-to-feed or liquid concentrate).</li> <li>• Before mixing, follow the preparation and handling instructions on the can.</li> <li>• Add the correct amount of water to liquid concentrate or</li> </ul>	
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<p>Things to watch for in your Newborn</p>	<p>powdered infant formula so that your baby gets the right nutrition.</p> <p>-All water used to prepare infant formula for babies under 4 months old needs to be boiled to make it safe. Water does not have to be boiled for babies over 4 months old.</p> <p>For more information on breastfeeding or formula feeding, visit healthy parents' healthy children website or talk to community nurses.</p> <p>-make sure to burp baby during and after feeds.</p> <p>-All newborn babies should be given a liquid vitamin D supplement of 400 IU every day. Follow the directions on the bottle.</p> <p>-Signs that baby is NOT getting enough milk or dehydrated include:</p> <ul style="list-style-type: none"> <li>• Fewer wet/dirty diapers</li> <li>• Dry mouth</li> <li>• Sleepier than usual</li> <li>• Skin not as elastic</li> <li>• Sunken soft spot in the head</li> <li>• Increasing yellowing skin/jaundice</li> </ul> <p>-Dehydration and high jaundice levels can be serious, see your doctor right away or call Health Link at 811.</p> <p>-While most newborn babies are healthy, babies can get sick, and when they do, it can happen quite quickly. You'll need to watch your baby for signs that tell you they're sick.</p>	
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<p>UMBILICAL CORD CARE</p>	<p>-The cord and cord clamp usually fall off on their own after 1–3 weeks after birth. The cord will harden and turn greenish-black as it dries.</p> <p><b>How to care for your baby's umbilical cord:</b></p> <p>Keep the area around their cord dry.</p> <p>Wash your hands before touching their cord.</p> <p>Keep their diaper folded below their cord so that the cord remains dry.</p> <p>Clean around the cord using a cotton-tipped applicator dipped in tap water, then dry it well with dry cotton tipped applicators.</p> <p>Cleaning the cord with alcohol is not recommended.</p> <p><b>Signs of infection:</b> notify your doctor immediately if the skin around the base of the cord is red, warm, has a foul smell, or has yellow/green discharge.</p>	
<p><b>CRYING AND SOOTHING</b>  (Timeframe: 10 mins)</p>	<p>-All babies cry and is a way your baby communicates with you. It may mean they're hungry, need a diaper change, want to be held, are tired, or do not feel well.</p> <p>-Baby's crying may increase at about 2 weeks and peak when they're about 2 months old and then gradually decrease. Some babies cry more, some less.</p> <p>-There will be times when you won't know what your baby is trying to tell you. Try to make your baby more</p>	<p>Verification</p>

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	<p>comfortable during this time. Do your best to stay calm and ask for help when you need it.</p> <p>-To soothe your baby:</p> <ul style="list-style-type: none"> <li>• Make sure baby is not too hot or cold.</li> <li>• change their wet or dirty diapers</li> <li>• try different holding positions</li> <li>• cuddle skin-to-skin</li> <li>• feed them slowly and burping them often</li> <li>• gently rock or walk with them</li> <li>• talk, sing or play soft, relaxing music to them</li> </ul> <p>-Sometimes babies can't stop crying no matter what you do to try to soothe them. Being unable to soothe your baby doesn't mean you're a bad parent. It also doesn't mean your baby is angry with you. It can take time to understand the reasons that your baby is crying. If your baby can't be soothed, call Health Link at 811 or your health care provider.</p> <p>-It's more important to stay calm than to stop the crying. If you're feeling stressed, frustrated or angry:</p> <ul style="list-style-type: none"> <li>• put your baby in a safe place like their crib</li> <li>• leave the room and gently close the door, go where you can not hear crying.</li> <li>• set a timer for 10 mins</li> <li>• take time to calm yourself</li> <li>• try again to sooth baby</li> <li>• if you are stressed call someone who can help</li> </ul>	
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<p><b>SWADDLING</b></p>	<p>Letting your baby cry for a few minutes won't hurt them. Holding your baby when you're frustrated or angry could lead to shaking. Never shake your baby for any reason. Shaking may cause a baby to be blind, unable to walk, and to have learning problems. In some cases, shaking can even cause death.</p> <p>Talk to your health care provider and make a plan for how you'll cope if your baby's crying gets to be too much. It's okay to ask for help.</p> <p>- To swaddle a baby means to wrap them snugly in a light blanket. Swaddling is often used to calm and soothe a baby, but babies don't need to be swaddled for sleep. No matter which way you choose to swaddle, doing it properly can help reduce risks.</p> <p>- There is a video on swaddling on the Healthy Parents Healthy Children website under resources: videos. It is about 8 mins.</p>	
<p><b>BATHING</b></p>	<p>-Babies do not need a full bath every day. Frequent full baths can dry out your baby's skin, so it's better to limit them to a few times a week.</p> <p>-After your baby is 1 week old, a full bath in a sink or a baby bathtub 1–2 times a week is often enough.</p> <p>-Keep your baby safe during a bath by having your hands on your baby at all times in or around water. Never leave</p>	

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<p><b>DIAPER CHANGING</b></p> <p>(Timeframe: 10-15 mins)</p>	<p>your baby alone around water, not even for a second.</p> <p>-Start by washing your baby's face and work your way down from the cleanest to the dirtiest parts of their body.</p> <p>-Do not use shampoo with perfumes.</p> <p>-Have a separate area for diapering away from food areas. Clean your diaper change area often.</p> <ul style="list-style-type: none"> <li>• Wash your hands and place baby on a safe flat surface.</li> <li>• Take off the dirty or wet diaper</li> <li>• Clean baby's bottom with a soft warm, wet cloth from front to back while holding onto baby's feet with their free hand with every diaper change. For males don't pull back the foreskin.</li> <li>• Dry their diaper area with a dry cloth or leave the diaper off until the area dries to prevent diaper rash.</li> <li>• Put on an unscented barrier ointment or cream and then a clean diaper.</li> <li>• Put disposable diapers in a covered diaper pail or garbage can right away, and empty it often. Keep dirty diapers out of reach of children and animals.</li> <li>• Clean and sanitize the diaper change area.</li> <li>• Wash your hands again.</li> </ul>	
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	<p>-If the diaper area skin looks red or like a rash, use a barrier cream like a zinc-based cream.</p> <p>-If the redness or rash doesn't get better or gets worse, see your doctor.</p> <p>The bigger baby gets the more they will be eating and pooping and peeing.</p> <p>Babies should have at least:</p> <ul style="list-style-type: none"> <li>• Day 1-1 or more wet diaper and at least 1 dirty diaper that will be sticky and dark.</li> <li>• Day 2-2 or more wet diapers and at least 1-3 dirty diapers that will be starting to change to dark green.</li> <li>• Day 3-3 or more wet diapers and at least 1-3 dirty diapers changing from green to yellow.</li> <li>• Day 4-4 or more wet diapers and at least 4 dirty diapers changing to loose, yellow seeding stool.</li> <li>• Day 5-6 or more heavy wet diapers and at least 4 dirty diapers that are loose, seedy and easily passed stool.</li> </ul> <p>-Dirty diapers may be liquid or soft and will change from black to yellow.</p> <p>-If your baby does not have a dirty diaper for more than 24 hours, call your healthcare provider.</p> <p>-It is normal for babies to lose weight after birth for the first 3 days. Babies should not lose more than 10% of their birth weight.</p>	
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<p><b>CARSEAT SAFETY</b></p>	<ul style="list-style-type: none"> <li>-Once feeding is established and milk is in (usually by day 4) babies should start gaining weight.</li> <li>-Babies should regain their birth weight by 14 days of life</li> <li>-Facilitator demonstrate diaper change on baby doll</li> <li>-If participants would like to demonstrate diaper change with their baby now.</li> <li>-Proper car seat use is required by law in Alberta. Your baby is safest in a rear-facing car seat. To install your baby's car seat, follow the car seat instructions and your vehicle's owner's manual.</li> <li>- A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash.</li> <li>-Use the Rear-facing Car Seat YES Test to help you properly install the car seat in your vehicle and buckle up your baby correctly every time.</li> <li>-Stop every 1 to 1 ½ hours when driving. Take your baby out of the car seat and let them rest flat for 30 min.</li> <li>-Use car seats only for traveling in the vehicle. Never leave your baby alone in a car seat or in a vehicle.</li> <li>-If your baby was born preterm or had a low birth weight, visit <a href="http://MyHealth.Alberta.ca">MyHealth.Alberta.ca</a> – Preterm or Low Birth Weight Babies and Rear-facing Car Seats to learn more about properly installing the car seat.</li> </ul>	<p>Activity: Demonstration diaper change (Max 5 min for activity)</p> <p>Information</p> <p>-Handout Rear-facing Car Seat YES test</p>
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	<ul style="list-style-type: none"> <li>- Used seats may be missing parts, damaged, recalled, or expired, and may not meet current safety standards.</li> <li>-Any seat involved in a crash should be replaced. There may be no signs of damage, but small cracks or weakened areas can make the car seat unsafe.</li> <li>-If participants brought their car seat and would like to demonstrate placing babe into car seat following handout: Rear-facing Car Seat YES test</li> </ul>	<p>Activity: Demonstration car seat use. (Max 5 min for activity)</p>
CONCLUSION	<ul style="list-style-type: none"> <li>-Make sure baby is eating and having wet/dirty diapers.</li> <li>-Watch for signs of dehydration or infection.</li> <li>-try different ways to comfort and sooth baby.</li> <li>-Remember you are not alone.</li> <li>-Ask for help and never shake baby.</li> <li>-Utilize Healthy Parents, Healthy Children for more information on taking care of baby.</li> <li>-Follow up with your doctor is you have questions or concerns.</li> <li>-Does anyone have any questions?</li> <li>-If you would like more information on taking care of yourself after having baby, consider signing up for our Maternal Basics Class</li> </ul>	<p>Summary</p> <p>-Referrals to additional Baby Basics classes and community classes.</p>

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	<p>-Also, if you would like more information on postpartum depression, consider signing up for our Maternal Mental Health class.</p> <p>-Consider the Baby Steps program through the Lethbridge Public Health clinic for more information on taking care of yourself and your growing baby</p>	
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REQUIREMENTS

NOTES

- PowerPoint- Baby Basics: Newborn Care
  - Screen/Computer for PowerPoint
  - Pens/Clipboards for participants
  - Chairs for participants and support person
  - Handout: Birth to two months: Serve-and-return activities.
  - Handout: Rear-facing Car Seat YES test
  - Baby Doll, wipes, diapers, Vaseline, receiving blanket
  - Participants to bring car seat/bassinette with Diapers/Vaseline and receiving blankets.
  - Name tags
- Use of **audiovisual material** (pictures, PowerPoint slides)
  - Use of **printed educational material** (AHS handouts)
  - Use of **teaching strategies & technique** (Demonstrations and guided discovery)

## APPENDIX K: NEWBORN BASICS POWERPOINT

### Newborn Basics

Class 3 of the Baby Basics Program

#### Class Goals

- This class on newborn care will provide the opportunity for new parents to learn and practice newborn care techniques
- Give you information and tools to help you feel more confident and supported in your role as a new parent.
- Discuss techniques to get to know your baby.
- Discuss safe sleeping, feeding, umbilical cord care, crying and soothing, swaddling, diaper changing, and car seat safety

<https://www.healthyparentshealthychildren.ca/>

#### Getting To Know Your Baby

- The Postpartum Period= the first 6 weeks after baby is born.
- **Activity:** Lets try some serve-and-return activities with our babies.
- Skin-to-skin cuddling



## Safe Sleeping



Safe sleeping can reduce the risk of SIDS

- Put baby on their back
- Use a crib, cradle or bassinet with no added stuffed toys, bumper pads or pillows and free of clutter.
- Keep your baby warm, not hot.
- NO smoking around baby
- Share a room with baby, not a bed.

## Baby Feeding Cues (signs)



## Feeding

Watch for signs and cues that baby is hungry and feed on demand, usually every 2 to 4 hours or at least 8 times in 24 hours

- Early Cues
- Mid Cues
- Late Cues

## Latching: Step 1

- Step 1: Once you and your baby have found a comfortable position, hold your baby's head at the base of the skull, below and behind the ears-the palm of your hand will be between your baby's shoulder blades. Try not to touch your baby's cheeks. Keep your baby's hands free-their hands help them find their way to your breast.





## Latching: Step 2

- Step 2: With your baby positioned at the level of your breast, tuck their body tightly to you so their lower lip touches the outer part of your areola. Your nipple should come in just under their upper lip. This helps your baby smell your breastmilk and get ready to feed.



## Latch: Step 3

- Step 3: Slightly tilt your baby's head back so that their chin touches your breast. Your baby's lower jaw is now under your breast which helps them take as much of your breast into their mouth as possible. This is a deep latch. Your baby's mouth opens wide, like a yawn, and their tongue cups and stretches out over their lower gums.



## Latching: Step 4

- Step 4: Use your hand to gently press on the back of your baby's neck and shoulders and pull them closer to your breast. Move your baby onto your breast with their chin touching first.



## Latching: Step 5

- Step 5: Your baby's cheeks will look full and round when feeding. At first their suck and swallow will be fast, and then it will slow down.



## Formula

- Check the expiry date
- Check type of formula concentration you want to use (e.g., ready-to-feed or liquid concentrate).
- Follow the preparation and handling instructions on the can.
- Add the correct amount of water
- All water used to prepare infant formula for babies under 4 months old needs to be boiled to make it safe.



## Dehydration

Signs that baby is NOT getting enough milk or dehydrated include:

- Fewer wet/dirty diapers
- Dry mouth
- Sleepier than usual
- Skin not as elastic
- Sunken soft spot in the head
- Increasing yellowing skin/jaundice



## Umbilical Cord Care



UMBILICAL CORD STUMP

- The cord and cord clamp usually fall off on their own after **1–3 weeks** How to care for your baby's umbilical cord:
- Keep the area around their cord dry.
- Wash your hands before touching cord.
- Keep their diaper folded below cord.
- Alcohol is **NOT** recommended.
- **Signs of infection:** skin is red, warm, foul smell, or yellow/green discharge.

## Crying and Soothing



### To soothe your baby:

- Make sure baby is not too hot or cold and change dirty diapers
- Trying different holding positions, cuddle skin-to-skin
- Feeding them slowly and burping them often
- Gently rock/walk baby. Talk, sing or play soft, relaxing music.

**Being unable to soothe your baby doesn't mean you're a bad parent. If you're feeling stressed, frustrated or angry:**

- put your baby in a safe place, leave the room, and calm yourself

**NEVER SHAKE YOUR BABY**

## Diaper Changing

- Wash your hands and place baby on a safe flat surface.
- Take off the dirty diaper and clean baby's bottom (front to back)
- Put on a barrier cream (**do not use baby powder**) and then a clean diaper.
- Through out diaper right away, clean the diaper change area, and wash your hands.
- **Activity:** Lets try some diaper changes.





## Car Seat Safety



- Your baby is safest in a rear-facing car seat.
- Stop every 1 to 1 ½ hours when driving and never leave your baby alone in a car seat or in a vehicle.
- Any seat involved in a crash should be replaced.
- Use the Rear-facing Car Seat YES Test
  - Read instruction booklet, owner manual and labels
  - Car seat is approved in Canada and in back of vehicle
  - The slots the harness straps go through are at or just below my child's shoulders.
  - The chest clip is at the level of my child's armpits.
  - The shoulder harness lies flat and is snug—can't pinch a fold in the harness strap

???QUESTIONS???

## References

Healthy Parents Healthy Children. (2020). Postpartum. Retrieved from:  
<https://www.healthyparentshealthychildren.ca/im-pregnant/postpartum>

Visit Healthy Parents Healthy Children website for more information on taking care of baby at: <https://www.healthyparentshealthychildren.ca/>

## APPENDIX L: AHS SERVE AND RETURN HANDOUT



### Birth to two months: serve-and-return activities

Even though babies are born with billions of brain cells, only some of them are connected at birth. Every time your baby hears your voice, smells your scent, sees your face, feels your touch and is cared for, brain cell connections are formed.

Brain cell connections become stronger when you and your baby engage in serve-and-return interactions. Here are some examples of how this might look with your baby.

#### Activities

##### Getting to know each other

###### Your baby serves when they:

- Look at your face

###### You return their serve when you:

- Look at their face and smile while you're feeding and caring for them



Your baby is getting to know your face and is starting to recognize you. While your baby is awake, hold your baby close (20-30 cm) to you and make eye contact. Slowly move your face from one side to the other and watch what your baby does.

##### Speaking gently

###### Your baby serves when they:

- Pay attention to your voice
- Make contented noises like coos, gurgles, sighs, and squeals

###### You return their serve when you:

- Talk or sing gently
- Copy the sounds your baby is making



Caring touch and gentle speaking connects you to your baby. Gently grasp each of your baby's fingers one at a time on one hand and say or sing the following rhyme:

I love my baby. (*Grasp pinky*)

Yes, I do. (*Grasp ring finger*)

I love 'say your baby's name.' (*Grasp middle finger*)

'Say your baby's name.' (*Grasp pointer finger*)

I love you. (*Grasp and kiss thumb*)

##### Baby massage

###### Your baby serves when they:

- Seem comforted by your touch

###### You return their serve when you:

- Rub, pat, gently touch their tummy, back, arms and legs



Your baby gets comfort from physical contact with you. Massage your baby's hands, feet, legs, and arms. Use a soft tone to tell your baby what you're doing. Stop to see what they do. They'll let you know to stop or to do it again.

## APPENDIX M: AHS REAR-FACING CAR SEAT YES TEST HANDOUT



### Rear-facing

# Take the Car Seat YES Test

A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash. Using a car seat properly is required by law in Alberta. Use the YES test to help you properly install the car seat in your vehicle and buckle up your child correctly every time. **Push, pull and adjust the seat until you can check each item that applies to your child's car seat.**

#### Who should be in a rear-facing car seat?

- A child is safest in a rear-facing car seat until they are at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Rear-facing car seats that have higher weight and height limits are preferred and will keep your child in the safer, rear-facing position beyond age 2.



#### Getting ready

- ☐ I've read the instruction booklet that came with the car seat.
- ☐ I've read my vehicle owner's manual on how to install a car seat.
- ☐ I've checked the labels on the seat to find the maximum rear-facing weight and height limits. My child's weight and height are under the limits.
- ☐ My child's car seat is in the back seat.
- ☐ I never place the car seat in front of an airbag.
- ☐ My child's car seat is approved to be used in Canada and has a CMVSS label.

#### Securing the car seat

There are 2 ways to secure the car seat.

##### Either

- ☐ I'm using the Universal Anchorage System (UAS) to secure the car seat.
  - ☐ I've checked my vehicle owner's manual for the correct UAS anchor locations.
  - ☐ The UAS belt goes through the **rear-facing belt path** on the car seat or base and is attached to the UAS anchors.



##### Or

- ☐ I'm using the seat belt to secure the car seat.
  - ☐ I've checked my vehicle owner's manual for how to lock the seat belt for use with a car seat.
  - ☐ The seat belt goes through the **rear-facing belt path** on the car seat or base and is buckled up.
  - ☐ If the seat belt doesn't lock, I've used a belt lock or locking clip.



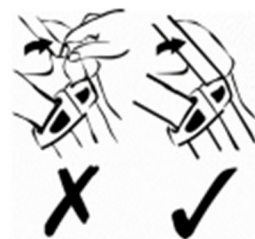
#### For either UAS or seat belt installation:

- ☐ I've pushed down on the car seat or base and pulled the UAS belt or seat belt tight.
- ☐ The car seat moves less than 2.5 cm (1 inch) in any direction.



### Buckling your child in the car seat

- ☐ The slots the harness straps go through are at or just below my child's shoulders.
- ☐ The chest clip is at the level of my child's armpits.
- ☐ The shoulder harness lies flat with no twists.
- ☐ The harness is snug—I can't pinch a fold in the harness strap.



### Being safe

- ☐ My child rides in the car seat every trip.
- ☐ If the car seat has a carry handle, I put it in the travel position.
- ☐ I've sent in the registration card and checked for recalls on my child's car seat. Recall information is available from Transport Canada at 1-800-333-0510 or at [www.tc.gc.ca/roadsafety](http://www.tc.gc.ca/roadsafety) (search for child safety).
- ☐ If needed, I'll get a larger car seat, with higher rear-facing weight and height limits, so I can keep my child rear-facing as long as possible.
- ☐ When my child outgrows the rear-facing seat, I'll move them to a forward-facing car seat.



**Q:** My child's knees are bent, is it still safe to use a rear-facing car seat?

**A:** Yes, injuries to the legs are very rare when children ride in rear-facing seats.



**If you answered “YES” to all of the statements, you’re ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle’s owners manual for the exact installation instructions.**

### For more information:

- go to [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca) (search for car seats)
- go to [www.myhealth.alberta.ca](http://www.myhealth.alberta.ca) (search for car seats)
- call Health Link at 811

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

## APPENDIX N: STAKEHOLDER FEEDBACK INSTRUCTION INFORMATION LETTER

Dear Valued Stakeholder,

Thank you for participating in this Master of Nursing Project, the Baby Basics Project: In-Hospital Education Class for New Parents. Your feedback will help improve the Baby Basic curriculum, class lesson plans, and experience for future new parents.

This is a **voluntary feedback form**. Results of this feedback will be confidential and will be aggregated and shared by July 6.

There is a separate feedback form for each of the 3 Baby Basics classes: Maternal Care, Maternal Mental Health, and Newborn Care. Using the scale (1 = strongly agree and 4 = strongly disagree) and answering the short answer questions, please share your thoughts on this curriculum. I will send 3 emails. Each email will contain contents for one of the Baby Basics classes. This email contains content for the **Baby Basics class # \_\_\_\_\_**. Included as attachments are:

- \_\_\_\_\_ Lesson Plan
- \_\_\_\_\_ PowerPoint
- Handouts – \_\_\_\_\_
- \_\_\_\_\_
- Feedback Tool

Please Review each document and fill out the feedback tool. You can either edit the tool by highlighting your answer, filling in the short answer questions, and emailing back to me at [manda.baker@uleth.ca](mailto:manda.baker@uleth.ca), or by printing the document, filling out, scan or take a photo of the document, and emailing to me at [manda.baker@uleth.ca](mailto:manda.baker@uleth.ca).

Please return the completed 3 feedback tools by Monday June, 14. If you are unable to return by that date, just let me know. Thank you again for your input and assistance.

Thank you  
Manda Zabolotney



## APPENDIX O: EVALUATION FEEDBACK TOOL

### Evaluation of Baby Basics Class & Lesson Plan

Statements				
1. The lesson goals are clearly stated.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
2. The organization of the class is logical and easy to follow	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
3. The length of the lesson is adequate for the amount of information.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
4. The literacy level is appropriate for new parents.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
5. There is an adequate amount of opportunity for participants to practice skills and demonstrate understanding	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
6. The participants will receive essential information for new parents.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
7. The class will provide new parents with knowledge, opportunities to develop skills and confidence in their new role as parents.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
8. I am overall satisfied with the class and lesson design (including the lesson plan, PowerPoint, and handouts).	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree

<p><b>9. What information is most valuable and informative?</b></p>	
<p><b>10. What information is missing?</b></p>	
<p><b>11. What information can be enhanced or improved?</b></p>	
<p><b>12. Is this draft class ready to be pilot tested with new parents in the CRH postpartum unit? Why/Why not?</b></p>	
<p><b>13. Addition Comments</b></p>	

## APPENDIX P: EVALUATION FEEDBACK ANALYSIS CHART

### Maternal Basics Evaluation Feedback

Question	Topic Expert	Topic Expert	Management	Target Population	Target Population	Target Population	Average
1	1	1	3	1	1	1	1.33
2	2	1	2	1	1	1	1.33
3	2	1	2	1	1	1	1.33
4	1	1	2	1	1	-	1.20
5	2	1	2	1	1	1	1.33
6	1	1	2	1	1	1	1.17
7	1	1	2	1	1	1	1.17
8	1	1	2	1	1	1	1.17
9	All information valuable and informative	When to call doc vs when to call 911	Only moms will know that	Reviewing information is very valuable and informative and provides a baseline knowledge, so then it's a review when they get D/C teaching	I really like how you still incorporated medical/proper terminology but defined it in a way that is easy to read and understand. New moms are going to hear these terms often (discharge teaching, doctors checkups etc) so it is so helpful to define what they actually mean.	Love that you ask how the pregnancy/delivery are, its nice for people to share.	<b>-target pop value sharing experiences.</b>  <b>-all information valuable</b>  <b>-medical term defined.</b>
10	Breast care for formula moms	Make sure peribottle nozzle does not touch your body/perineum to avoid infection and clean it.  Your doctor will help you determine when you are healed.	Advice for hemorrhoids  How to keep incision dry if in a fold of skin  No aerobic exercise for c/s, walking is good exercise.	mental health, where to seek help  resources for breastfeeding assistance once at home and if having difficulty with breastfeeding.	I don't think anything is really missing- what could be added but not totally necessary is the postpartum checkups for mom and baby. (baby at one week, mom at 6 weeks, and the additional baby checks). Easy to forget those and reminders are always helpful	none	<b>-breast care for formula moms.</b>  <b>-feeding resources.</b>  <b>- hemorrhoids</b>  <b>-follow up with doctors</b>  <b>-incision dry</b>  <b>-not aerobics.</b>

11	<p>If they begin soaking a pad every hour – should they be told to come to ER or call their doctor immediately</p> <p>? no baths, hot tubs or pools for 6 weeks to prevent risk of infection???</p> <p>Ask if anyone has a C/S - if no one attending the class has one, modify presentation</p>	<p>Clarify involution vs afterpains</p> <p>Clarify Change your pad every time you go to the bathroom <b>and</b> at least every 4 hours</p> <p>Remove bathing</p> <p>No soap directly on c/s incision, just run over.</p> <p>Examples of no heavy lifting like laundry</p>	<p>Remove information on bathing</p> <p>Breast care on when to express milk for comfort.</p>	<p>mental health section. Some parents may wonder: why would I have thoughts of hurting myself of my baby”?</p>	None	<p>There is a ton of online resources, maybe encourage people stay with Canadian, provincial sites for consistency.</p>	<p><b>-remove bathing</b></p> <p><b>-when to express milk</b></p> <p><b>-eg of heavy lifting</b></p> <p><b>-mental health resource</b></p> <p>- encourage AHS resources</p> <p>-</p>
12	<p>Yes – in terms of content</p> <p>Not logistics Is there a room? Training for nurses? Time for classes (avoid Dr rounding)?</p>	<p>Yes, when information that is missing is added</p>	<p>No- due to covid</p> <p>-In regard to putting your plans into action, COVID is going to make that impossible. The restrictions in regard to group teaching are not going to be lifted soon</p>	<p>maybe add in some more resources,</p>	<p>Yes- it is easy to follow and understand. Very informative.</p>	<p>I think this is very needed. Parents are overwhelmed with info and new tasks with baby. Seeing other new parents in a class would be great.</p>	<p><b>Content- Yes, just enhanced few revisions.</b></p> <p>- <b>logistically no-due to covid, restriction, training, locations</b></p>
13	<p>Could you combine this class with mental health so that on one day there would only be 2 classes?</p>	<p>Awesome job, very thorough and good time frame</p>	<p>part of your introduction should include information about yourself – your experience, your background, the reason(s) you are holding the classes</p>	none	Great job	none	<p><b>- great job</b></p> <p><b>-add instructor info to intro</b></p> <p><b>-Adapt name of Baby Basics</b></p> <p><b>-include question slide</b></p>

			<p>Baby Basics does not seem like an appropriate title for all three, because two lessons are about maternal care. Would “Mom-Baby Basics” be a more appropriate title? Could the individual lessons be titled: Mom Basics – Care of your Body after Birth;</p> <p>-at the end of each power point presentation, there could be a slide that says “Any Questions?” as a reminder for the participants that they can ask questions</p> <p>-two goals listed on the power point as “Class Goals” – “hope class will be enjoyable and informative for everyone” can be used as an introduction and a guideline for you, as the teacher, and “opportunity to make new friends” is not a goal that you can fulfill – “opportunity to meet other new mothers”</p>				<p><b>Adjust goals are manageable and measurable.</b></p> <p><b>Limit icebreaker questions.</b></p>
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			<p>could be a goal – but is it that one of your goals of the classes?</p> <p>-in regard to the goal “become more confident and feel supported in your role as a new parent” stated on each of the power points: we can give the mother information to help her gain confidence and to help her feel supported – but both feelings are generated within and by the individual – we cannot give them confidence or a feeling of support</p> <p>Have copies of healthy parents healthy children books for parents with no technology.</p> <p>Ice breakers too long for all questions. Depending on moms could take 30mins</p>				
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### Maternal Mental Health Evaluation Feedback

Question	Topic Expert	Topic Expert	Management	Target Population	Target Population	Target Population	Average
1	1	1	3	1	1	1	1.33
2	1	1	2	1	1	1	1.17
3	2	1	2	1	1	1	1.33
4	1	1	2	1	1	1	1.17
5	2	1	N/A	1	1	2	1.40
6	1	1	2	1	1	1	1.17
7	2	1	2	1	1	1	1.33
8	2	1	2	1	1	1	1.33
9	All valuable especially in COVID times. studies show more mothers are struggling  Really like the Maternal Mental Health self-care plan handout	Ppd information vs baby blues  Explaining they need to be specific and ask for help	Only moms will know that	The handouts which clearly outline the symptoms of postpartum depression and anxiety are very informative and if printed, can serve as a reminder to new parents to frequently self assess how they are feeling.  The family support plan is an excellent resource, especially to keep handy such as on the fridge to have easy access to.	All of it! Typically, this topic is not discussed enough or in enough detail. You did a great job describing each, normalizing it and providing a way to get help and feel better	Knowing a large portion of women experience this	-all valuable  -be specific when asking for help  -handouts  -helping normalize maternal mental health issue.
10	All key points have been covered	Let parents know they can give themselves permission to limit visitors.	The importance of sharing this information with support people  , you give statistics about the occurrence of baby blues but not about ppd or ppa – it might be reassuring for them to know that these are not frequent and baby blues does not always lead to ppd/ppa	Everything covered	Maybe a section directed right at the husband/partner. They may not be listening or think this relates to them so if there is a title and a slide that indicates the information is for them that may catch their interest. I feel that having partners understand this and how to	none	-nothing  -let parents know they can give themselves permission to limit visitors.  -info directed to support  -stats PPD

					help is so important		
11	<p>I know it is clear in your handouts but in your PowerPoint, I would emphasize the need to seek professional assistance for postpartum depression as it can progress to more severe disease if they don't get help – it is not something that they can deal with themselves</p> <p>there is still lots of stigma about mental health issues – reinforce that it is no different than diabetes for example, not something you can get better with without professional help</p>	<p>Instead of 'nap when baby naps', change to 'REST/relax when baby naps', to avoid creating anxiety and pressure if they can not sleep</p>	<p>Get Help</p> <p>Effects of PPD and PPA on child development</p> <p>Sense of shame associated in society, often associated with mental health disorders.</p> <p>Goals of being more confident in role of parent doesn't match intent of class, like to help you understand the emotional changes that you may feel after giving birth.</p> <p>- you could ask the women questions about what they know and about their self care ideas to make it more interactive</p>	<p>Clearly outline/review at the end of the lesson the resources/phone numbers to call if feeling immediate depression/anxiety to the point of hurting yourself/baby.</p> <p>Maybe could make a small postcard handout to have parents put on the fridge?</p>	<p>The chart on PPD describing each is excellent- I love how it is broken into 4 sections. My only concern is that the font may be a little small.</p>	<p>Know to seek help soon.</p> <p>Postpartum mental health services have an estimated 10 business day wait, and doctor shortages, limited appointments</p>	<p><b>-emphasize seek professional help (soon, since there is a wait time)</b></p> <p><b>-discuss stigma with mental health issues and sense of shame</b></p> <p><b>-effects of PPD on child development</b></p> <p><b>-ask questions about self care to make more interactive</b></p> <p><b>-review resources and phone #s</b></p>
12	<p>Yes – in terms of content</p> <p>Not logistics</p>	<p>Yes once you make requested changes.</p>	<p>No In regard to putting your plans into action, COVID is going to make that impossible. The restrictions</p>	<p>Yes</p>	<p>Yes- this is such an important topic and you did a great job on presenting the information in a comfortable</p>	<p>Yes-lovely format. Good to address mental health in depth.</p>	<p><b>Yes – in terms of content after revisions</b></p> <p><b>Not logistics</b></p>



			in regard to group teaching are not going to be lifted soon		and informative way		
13	<p>Class length will be harder to predict– if no one wants to share</p> <p>covering risk factors – is this important for them to know? Or will it just create more anxiety for some of them? You can develop post partum depression with no risk factors</p>	Great job	<p>Handouts are good.</p> <p>Title confusing: not about babies ex Mom Basics – Care of your Emotions after Birth</p> <p>Have copies of healthy parents healthy children books for parents with no technology.</p> <p>Ice breakers too long for all questions. Depending on moms could take 30mins</p> <p>part of your introduction should include information about yourself – your experience, your background, the reason(s) you are holding the classes</p>	None	Great job	none	<p><b>-Great Job</b></p> <p><b>-handouts good</b></p> <p><b>-risk factors create more anxiety</b></p> <p><b>--add instructor info to intro</b></p> <p><b>-Adapt name of Baby Basics</b></p> <p><b>-include question slide</b></p> <p><b>-Adjust goals are manageable and measurable</b></p> <p><b>-Limit icebreaker questions.</b></p>

### Newborn Basics Evaluation Feedback

Question	Topic Expert	Topic Expert	Management	Target Population	Target Population	Target Population	Average
1	3	1	3	1	1	1	1.67
2	2	1	2	1	1	1	1.33
3	2	2	2	1	1	1	1.50
4	1	1	2	1	1	1	1.17
5	2	2	2	1	1	1	1.50
6	1	1	1	1	1	1	1.00
7	1	1	1	1	1	1	1.00
8	2	1	1	1	1	1	1.17
9	All information is valuable and informative	Safe sleep	Only moms will know that	<p>All of the information is valuable, especially since it is the same information the nurses in hospital will use to go over with the patients upon their discharge. It is good to give the</p> <p>parents the baseline knowledge, in hopes that they will have retained some/all by the time they have their baby and it will simply be a review in hospital. The handout on carseats is valuable,</p>	<p>I really like how you had a visual for the safe sleep. SO many parents don't understand why loose blankets, stuffed animals etc in the crib are bad so having a visual that that is unsafe could be helpful. You touched on all of the important points!</p>	Key safety information	<p><b>-all info</b></p> <p><b>-safe sleep</b></p> <p><b>-car seat handout</b></p> <p><b>-only moms will know what is most valuable to them</b></p>
10	information on formula feeding and baby baths	none	<p>How to wake sleepy baby and keep awake during feeding newborn during 1<sup>st</sup> few days.</p> <p>-info on wt loss and gain.</p>	none	<p>Maybe information on formula feeding? I have never used formula so I don't know if there is important related information-maybe proper</p>	<p>Could touch on outside influence. Conflicting advice from family and friends.</p>	<p><b>-formula feeding</b></p> <p><b>-wt loss and gain</b></p> <p><b>-bath</b></p> <p><b>-feeding 1<sup>st</sup> week</b></p>

					bottle sterilization, checking the temperature of the formula prior to feeding?		
11	<p>BF- 4A's, feeding cues handout, and handout that shows the size of the newborn stomach, and importance of monitoring wet and dirty diapers.</p> <p>diaper change, add wiping front to back for girl and not pulling back on the foreskin for boys</p>	<p>Breast feeding information</p> <p>When you tell parents when baby won't stop crying and to put baby in safe place and leave the room, I tell them to go where you can't hear the crying, like stand outside for 5mins because the baby is in a safe environment</p>	<p>-if at all possible, it would be great to incorporate videos into the baby care class like feeding cues.</p> <p>-benefits of skin to skin. Can be provided by support person/father of baby. Same benefits for baby and increases bonding for fathers and gives mom a break</p>	none	none	none	<p>-BF 4A's</p> <p>-feeding cues</p> <p>-monitor wet and dirty diapers</p> <p>-wipe front to back</p> <p>-don't pull back foreskin</p> <p>-benefits of skin to skin</p> <p>-it is more important to calm yourself than to stop the crying.</p>
12	<p>Yes – in terms of content</p> <p>Not logistics</p>	Once feedback is added yes.	No In regard to putting your plans into action, COVID is going to make that impossible. The restrictions in regard to group teaching are not going to be lifted soon	yes	Yes- you highlight all of the important and basic information that all new parents can benefit from	Yes- ties well with info provided by nursing staff.	<p>Yes – in terms of content after revisions</p> <p>Not logistics</p>
13	<p>Just for primes?</p> <p>Under Ice breaker – are you asking all of those questions or just picking 1</p> <p>Under class structure</p>	none	<p>part of your introduction should include information about yourself – your experience, your background, the reason(s) you are holding the classes</p> <p>-at the end of each power point</p>	none	Again-great job	none	<p>-great job</p> <p>--add instructor info to intro</p> <p>-include question slide</p> <p>-Adjust goals are manageable and</p>

	<p>rules, I would start by asking what are their main questions or concerns when it comes to newborn care - then start by addressing those so that then they can focus on the other topics that we think are important - so would be fluid in terms of the sequence of topics based on the needs of the class</p> <p>Wrong goal on powerpoint . You have the maternal mental health goal on the newborn powerpoint .</p>		<p>presentation, there could be a slide that says “Any Questions?” as a reminder for the participants that they can ask questions</p> <p>-two goals listed on the power point as “Class Goals” – “hope class will be enjoyable and informative for everyone” can be used as an introduction and a guideline for you, as the teacher, and “opportunity to make new friends” is not a goal that you can fulfill – “opportunity to meet other new mothers” could be a goal – but is it that one of your goals of the classes?</p> <p>-in regard to the goal “become more confident and feel supported in your role as a new parent” stated on each of the power points: we can give the mother information to help her gain confidence and to help her feel supported – but both feelings are generated within and by the individual – we cannot give them confidence or a feeling of support</p> <p>Have copies of healthy parents</p>			<p><b>measurable</b></p> <p><b>-wrong goal on PowerPoint</b></p> <p><b>-Limit icebreaker questions.</b></p> <p><b>-at beginning of class ask what main question or concerns are.</b></p>
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			<p>healthy children books for parents with no technology.</p> <p>Ice breakers too long for all questions. Depending on moms could take 30mins</p>				
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