

Session 1: Introduction to Group Care and Newborn Care

Suggest arrive **15 min ahead of time** to set up massage table in kitchen, BP cuff and scale to side of group with paper and pens to write down their own numbers, and put GBS swab card explanation in bathroom. If extra time, consider prefilling out lab reqs and/or DI forms for routine care.

Introduction (~15 min)

Introduction of providers and guest at session

Group Care

1. Difference between group care and individual care
2. Introduction of the Pilot (evaluation)

Administration

3. Consent
4. Confidentiality (signatures)
5. What happens if you miss a class
6. Introductions of each participant
 - a) Where they are in their pregnancy/share what they hope to get out of a group environment, if desired
7. Review the schedule and topics for upcoming sessions
8. Explain the binder they received in clinic and how it will have information in it to reference throughout pregnancy and often in appointments
9. Explain the model of our care
 - a) Shared care between 5 providers
 - b) Call and clinic schedule
 - c) Prenatal visits in time of COVID (i.e. reduced but evidenced based schedule for wellness of pregnancy)
 - d) Postpartum visits in time of COVID (i.e. reduced)
 - i. First week of visits at home
 1. After that in clinic
 - e) Philosophy of care
 - i. Refer to binder and patient and provider promise – informed choice
 - f) Explain who is involved in care in Golden – PHN, acute care nursing, etc.
10. Explain how at each appointment we screen weight and blood pressure in low risk pregnancy. If higher risk, may need to do urine dip. Also, check uterus height and listen for fetus after 20 weeks. Explain what is normal. Explain that at each group visit, to weigh yourself and take blood pressure.

Main Topics of Evening: (~30 min)

To generate the conversation, consider asking participants to list what their thoughts are on some of the points, if they are having any pregnancy related concerns/pregnancy related discomforts, if they are encountering a lot of “advice” about things they are doing in pregnancy from family/friends. Encourage discussion and chime in with advice, clarifications that will continue to facilitate conversation.



Main Topic 1: Staying Healthy in your Pregnancy – reference binder and discussion may include:

- a) Exercise
- b) Review of nutrition if there are questions
- c) Marijuana/alcohol/smoking/vaping
- d) Aches and Pains of Pregnancy
- e) Hormones, mood swings
- f) Sleep
- g) Mental wellness, cultural identity
- h) Social Support through pregnancy, labour and delivery and postpartum

Main Topic 2: Newborn Care – Introduction of Kim Weatherall from the EYC – reference binder and discussion may include:

- a) EYC offerings
- b) Breastfeeding recommendations (note we have a separate breastfeeding talk about the actual mechanics of feeding)
- c) Formula feeding (premade vs. powdered)
- d) “2nd night”
- e) Vitamin D
- f) Purple Crying
- g) When to bath a baby
- h) When can a soother be used
- i) Sleeping with baby/baby sleep position
- j) Jaundice
- k) Schedule of care for newborn after 6 weeks
- l) Immunizations

Clinical Care (~30 min)

One provider will need to show each participant with consent of another participant how to use the automatic BP cuff. Then, each participant can take their own pressure and weight and write it down. At the same time, the other provider should begin belly checks so that all participants can have FHR and SFH in time. Ideally, the lab reqs should be done ahead of time to pass out, which could be done by the second provider not doing belly checks. GBS swabs should be done by women in the bathroom. If there is a need for substantial discussion beyond a low risk pregnancy, then a separate clinic appointment should be made.

Wrap up (~5 min) – handout

Session 2: Physical Changes

Suggest arrive **15 min ahead of time** to set up massage table in kitchen, BP cuff and scale to side of group with paper and pens to write down their own numbers, and put GBS swab card explanation in bathroom. If extra time, consider prefilling out lab reqs and/or DI forms for routine care.

Introduction (~15 min)

Group Check in

11. Pregnant persons may share if they desire
12. Ensure that Guest Speaker (Pelvic Floor PT) is introduced and welcomed

Main Topics of Evening: (~45 min)

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Main Topic 1: Pelvic Floor Health – pelvic floor physiotherapist via zoom - reference binder and discussion may include:

- a) Anatomy of Pelvic Floor (models/diagram)
- b) PF Functions:
 - a. control of bladder/bowel
 - b. pelvic organ support
 - c. sexual
 - d. stability, strength & coordination for low back, pelvis, hips
 - e. lymphatic
 - f. Optimal function requires ability to contract, relax & coordinate muscles
- c) Dysfunctions to be aware of/seek help for:
 - a. incontinence
 - b. urgency
 - c. frequency (outside of expected pregnancy changes due to hormones and baby)
 - d. constipation
 - e. pain (hips, pubic symphysis, vaginal, SIJ, low back)
 - f. pain with sexual intercourse
 - g. prolapse (heaviness, pressure, bulging)
 - h. pelvic congestion/swelling/varicosities
 - i. separation of abs (diastasis recti)
- d) Changes during pregnancy:
 - a. relaxin, joint & ligament laxity (continues postpartum during breastfeeding)
 - b. abdominal stretch/decreased efficiency of core, diastasis
 - c. hormonal shifts (estrogen & continence)
- e) Being proactive during pregnancy:
 - a. awareness of deep core system, practicing breath/core/PF exercises
 - b. strengthening supporting muscles of the pelvis (hip abductors, extensors, rotators)
 - c. release tension in overactive muscles (pelvic floor, adductors)

- d. consider support belt (if necessary)
- e. pelvic floor awareness, relaxation, perineal massage & stretch to prepare for delivery

- f) Postpartum Physical Changes -Recovery – c-sections, vaginal, episiotomy
- g) return to activity guidelines - blog post on Element Therapeutics website
 - a. rehab post-partum similar to rehab from any other injury - adequate time to recover, gradual re-introduction of activity
 - b. recommended low impact until 3-6 months pp, start gentle strengthening as tolerated and symptom free
- h) PF physio for management of c-section scar or vaginal tears/incisions
- i) Sex during pregnancy

Main Topic 2: Growing uterus – reference binder and topics may include:

- a) **Fetal movement (required)**
- b) **Braxton Hicks**
- c) **Preterm labour (required)**
- d) Maternity anatomy
 - a. Consider an exercise to identify uterus, cervix, bladder, breasts in order to teach about changes in those areas
 - b. Handout to draw own ideas on OR a big picture that people can contribute as a group to
 - c. Growing uterus
 - i. How does this correlate to SFH
 - ii. Where is the placenta and why does it matter
 - iii. What is inside of the uterus
 - iv. What is on the outside of the uterus
 - v. How does the uterus work

Clinical Care (~30 min)

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Wrap up (~5 min) – handout

Session 3: Physiologic Birth and Comfort Measures

Suggest arrive **15 min ahead of time** to set up massage table in kitchen, BP cuff and scale to side of group with paper and pens to write down their own numbers, and put GBS swab card explanation in bathroom. If extra time, consider prefilling out lab reqs and/or DI forms for routine care.

Introduction (~15 min)

Group Check in

- j) Pregnant persons may share if they desire
- k) Introduce Guest Speaker if applicable

Main Topics of Evening: (~45 min)

To generate conversation, consider asking participants to list thoughts on some of the points, if they are having any pregnancy related concerns or discomforts, if they are encountering a lot of “advice” about things from family/friends. Have they watched videos or heard “horror” stories? Encourage discussion, chime in with advice and clarifications which facilitates ongoing conversation.

Main Topic 1: Physiologic Birth – birth doula - reference binder and discussion may include:

- a) Labour
 - a. Using Penny Simpkin’s Road Map of labour as a tool:
 - i. Explain early, active, and pushing phases of labour
 - 1. First Stage of Labour
 - a. Effacement and dilation
 - i. Discuss bishop score and show video, if able
 - b. How to tell if you are in labour
 - c. Comfort Measures in Labour
 - i. Water immersion/showers
 - ii. Sterile water injections
 - iii. Position
 - d. Water breaking
 - e. GBS screening and offered treatment
 - f. Transitioning
 - 2. Second Stage of Labour
 - a. Pushing
 - i. spontaneous vs. directed
 - 3. Third Stage of Labour
 - a. Active management and placenta delivery
 - b. Initial latch and “Golden Hour”
 - c. Natural Cord Clamping
 - d. Newborn medications/procedures
 - i. Vitamin K
 - ii. Erythromycin
 - iii. Newborn screen
 - iv. Blood glucose testing
 - v. Newborn exam



Main Topic 2: Choice of Birthplace – reference binder and topics may include

- a) Summarize choice of birthplace in Golden
 - a. Conditions that must be present
 - i. Low risk
 - ii. 2 providers
 - iii. Available transport

Clinical Care (~30 min)

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Wrap up (~5 min) – handout

Session 4: Hospital Tour and Labour Continues

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Introduction (~15 min)

Group Check in

- l) Pregnant persons may share if they desire
- m) Ensure virtual hospital tour is set up (either live or pre-recorded video)

Main Topics of Evening: (~45 min)

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Main Topic 1: Birth continues – hospital tour - reference binder and discussion may include:

Reminder of informed choices - B.R.A.I.N acronym (benefits, risks, alternatives, instincts, nothing/wait and see)

- a. What to Pack for the hospital?
- b. Induction of Labour
 - a. Membrane Sweep
 - b. Foley Catheter
 - c. Cervadil
 - d. Mesoprostil
 - e. Oxytocin
 - f. ARM
- c. Monitoring Labour
 - a. Intermittent
 - b. External
 - c. Internal
- d. Pain medication
 - a. Nitrous Gas
 - b. Morphine
 - c. Fentanyl
 - d. Epidural
- e. Labour Dystocia – in first and second
 - a. Augmentation
 - b. ARM
 - c. Oxytocin
- f. Bladder emptying
- g. Vacuum and Forceps
- h. Episiotomy



- i. Shoulder Dystocia
- j. PPH
- k. C-Section
- l. NRP
- m. Skin to Skin after C-section

Clinical Care (~30 min)

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Wrap up (~5 min) - handout



Session 5: Breastfeeding

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Introduction (~15 min)

Group Check in

- n) Pregnant persons may share if they desire
- o) Introduce Guest Speaker if applicable

Main Topics of Evening: (~45 min)

To generate the conversation, consider asking participants to list what their thoughts are on some of the points, if they are having any pregnancy related concerns/pregnancy related discomforts, if they are encountering a lot of “advice” about things they are doing in pregnancy from family/friends. Have they watched videos or heard “horror” stories? Encourage discussion and chime in with advice, clarifications that will continue to facilitate conversation.

Main Topic 1: Breastfeeding–reference binder and discussion may include:

Clinical Care (~30 min)

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Wrap up (~5 min) – handout

Session 6: Mental Health

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Introduction (~15 min)

Group Check in

- p) Pregnant persons may share if they desire
- q) Introduce Guest Speaker if applicable

Main Topics of Evening: (~45 min)

To generate the conversation, consider asking participants to list what their thoughts are on some of the points, if they are having any pregnancy related concerns/pregnancy related discomforts, if they are encountering a lot of “advice” about things they are doing in pregnancy from family/friends. Have they watched videos or heard “horror” stories? Encourage discussion and chime in with advice, clarifications that will continue to facilitate conversation.

Main Topic 1: Prenatal and Postpartum Mental Health – Guest mental health nurse or counsellor–reference binder and discussion may include:

- a. What is PPD vs Baby Blues
- b. What is anxiety vs depression
- c. Brain changes after birth – ‘baby brain’
- d. Why mental health might be affected
- e. How long it might last
- f. Implications
- g. Breastfeeding and mental health
- h. Relationships
- i. PPD in men
- j. Stigmas and fears around mental health and treatment
- k. Strategies to cope
- l. Accessing services
- m. Cognitive Behaviour Therapy

- n. Emphasis on the mild/subtle presentation
- o. Goal of reducing ‘shame’ and other barriers to accessing services

- p. Wellness Planning
 - a. Example – THM
- q. Peer stories
- r. Cultural/spiritual identity and supports

- s. Transition to Parenthood/parenting styles
- t. Relationship Changes (including sexual)



Clinical Care (~30 min)

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Wrap up/evaluations (~5 min) – handout and request participants complete survey prior to leaving

Group Prenatal Care Curriculum 2021



Example Schedule and Sign Up

6:30 – 8:00pm
Early Years Centre/GMC/Virtual

Group Prenatal Bundles
June 2020-June 2021

Schedule 2020-2021

First bundle:

June 2 (PHN Session)	Introduction/Care of Self	Joyce, Ginny	Guests
June 16	Physical Changes	Joyce, Aimee, Kristie N.	
June 30	Physiologic Birth/Comfort	Joyce, Jess	
July 7	Labour continued	Joyce, Aimee (Ginny)	
July 21 (Mental Health)	Mental Health	Joyce, Allison	
August 4 (PHN Session)	Breastfeeding/newborn care	Joyce, Ginny	

Second bundle:

Sept 1 (PHN)	Intro/Care of Self/Newborn	Ginny, Celine (NA)	EYC - Kim
Sept 15	Physical Changes	Alison, Joyce (Jess, Celine)	Kristie N. (Zoom)
Sept 29	Physiologic Birth/Comfort	Joyce, Jess (Allison, Ginny)	Doula - Kat
Oct 13	Labour continued	Alison, Joyce (Jess)	RN (Zoom/iPad)
Oct 27 (PHN)	Breastfeeding	Ginny, Jess (Joyce, Allison)	
Nov 10 (MHN)	Mental Health	Allison, Celine (Joyce, Jess)	Alana

Third bundle: Dr. Clare – Bundle Lead

Jan 12 (PHN Session)	Introduction/Care of self	_____
Jan 26	Physical Changes	_____
Feb 09	Physiological Birth/Comfort	_____
Feb 23	Labour Cont.	_____
Mar 09 (Mental Health)	Mental Health	_____
Mar 23 (PHN Session)	Breastfeeding/newborn care	_____

Fourth bundle:

April 20 (PHN Session)	Introduction/Care of Self	_____
May 4	Physical Changes	_____
May 18	Physiological birth/comfort	_____
June 01	Labour cont.	_____
June 15 (Mental Health)	Mental Health	_____
June 29 (PHN Session)	Breastfeeding/newborn care	_____