

*Healthy Growth & Development
Healthy Babies Healthy Children*

2023



Services de santé du
TIMISKAMING
Health Unit

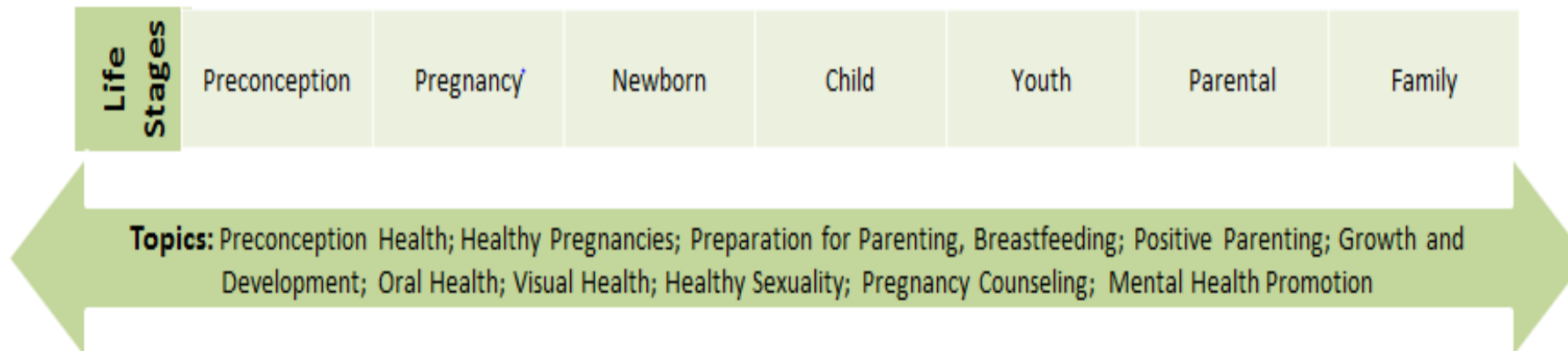


Objectives

- ▶ Healthy Growth and Development
- ▶ Healthy Babies Healthy Children (HBHC) Program
- ▶ HBHC program services, screening and assessment
- ▶ Blended Home Visiting Program
- ▶ Healthy Growth and Development services (breastfeeding support, prenatal education, PPMD follow-up, Well Baby Clinics, Car seat inspections)

Healthy Growth and Development

- ▶ Healthy Growth & Development is 1 of the 9 Program Standards in the OPHS.
- ▶ 1 of the 20 Ontario Public Health Guidelines
- ▶ Healthy child development is a key determinant of health
- ▶ Investments in early childhood development can strongly influence population health and promote health equity



Healthy Babies Healthy Children Program



- ▶ Funded by the Ministry of Children, Community and Social Services (MCCSS)
- ▶ Delivered through Ontario's public health units in partnership with hospitals and other community partners
- ▶ Designed to help children and families reach their optimal potential
 - ▶ Using evidence-informed programs and services
- ▶ Consists of universal screening with targeted assessments and interventions

Healthy Babies Healthy Children

- ▶ Free and voluntary
- ▶ No formal referral form
- ▶ For families
 - ▶ during the prenatal period
 - ▶ with children from birth to 6 years of age



Healthy Babies Healthy Children

- ▶ Helping children
 - ▶ Get a healthy start to life
 - ▶ Reach their optimal potential
- ▶ Helping Parents
 - ▶ Adjust to life with a new baby
 - ▶ Achieve their unique goals



Responsibilities

- ▶ Provide comprehensive HBHC services
- ▶ Promote the HBHC program
- ▶ Designate staff to provide support and deliver the program
- ▶ Collaborate with community partners to offer HBHC program, coordinate services, and facilitate referrals

Mandated Services

- ▶ **HBHC Screening:**
 - ▶ Prenatal
 - ▶ Postpartum
 - ▶ Early Childhood (6 weeks-6 years of age)
 - ▶ HBHC Screen
- ▶ **Hospital liaison**
 - ▶ Postnatal HBHC screen
 - ▶ Breastfeeding education/support
 - ▶ HBHC promotion
 - ▶ Postnatal education/support
 - ▶ Consent to receive follow-up

Healthy Babies Healthy Children Screen

Family ID Number: _____

Mother's Name: _____

Mother's Maiden Name: _____

Mother's DOB: (mm/dd/yyyy) _____

Father's/Partner's Name: _____

Full Address: _____

Infant/Child's Name: _____

Infant/Child's DOB: (mm/dd/yyyy) _____

Telephone: _____

Small Address: _____

Language Preferred: _____

Section A: Pregnancy & Birth

1) Multiple birth? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*2) Premature? (born at less than 37 weeks gestation) ☐ Yes ☐ No ☐ A ☐ B ☐ C

*3) Was the birth weight less than 1500g? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*4) Was the birth weight more than 4000g? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*5) Apgar score of less than 5 at five minutes? ☐ Yes ☐ No ☐ A ☐ B ☐ C

6) Health conditions/medical complications during pregnancy that impact infant? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*7) Complications during labour and delivery? ☐ Yes ☐ No ☐ A ☐ B ☐ C

8) Maternal smoking of cigarettes during pregnancy? ☐ Yes ☐ No ☐ A ☐ B ☐ C

9) Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy? ☐ Yes ☐ No ☐ A ☐ B ☐ C

10) Maternal alcohol use during pregnancy? ☐ Yes ☐ No ☐ A ☐ B ☐ C

11) Maternal drug use during pregnancy? ☐ Yes ☐ No ☐ A ☐ B ☐ C

12) No prenatal care before sixth month? ☐ Yes ☐ No ☐ A ☐ B ☐ C

Section B: Family

Mother

13) Is less than 18 years old? ☐ Yes ☐ No ☐ A ☐ B ☐ C

14) Was less than 18 years old when first child was born? ☐ Yes ☐ No ☐ A ☐ B ☐ C

15) Experienced a previous loss? (pregnancy or baby) ☐ Yes ☐ No ☐ A ☐ B ☐ C

16) Is a single parent? ☐ Yes ☐ No ☐ A ☐ B ☐ C

17) Mother and/or child do NOT have a designated primary care provider? ☐ Yes ☐ No ☐ A ☐ B ☐ C

18) Does NOT have an OHP number? ☐ Yes ☐ No ☐ A ☐ B ☐ C

19) Did NOT complete high school? ☐ Yes ☐ No ☐ A ☐ B ☐ C

Infant/Child

20) Congenital or acquired health challenge? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*21) Maternal separation from infant greater than 5 days? ☐ Yes ☐ No ☐ A ☐ B ☐ C

Partner/Father/Support Person

22) Father/partner/support person involved with child? ☐ Yes ☐ No ☐ A ☐ B ☐ C

Section C: Parenting

23) Client cannot identify support person to assist with parenting of the baby/child? ☐ Yes ☐ No ☐ A ☐ B ☐ C

24) Client cannot identify support person to assist with care of the baby/child? ☐ Yes ☐ No ☐ A ☐ B ☐ C

25) Client or family in need of newcomer support? ☐ Yes ☐ No ☐ A ☐ B ☐ C

26) Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities? ☐ Yes ☐ No ☐ A ☐ B ☐ C

27) Client or parenting partner has a history of depression, anxiety, or other mental illness? ☐ Yes ☐ No ☐ A ☐ B ☐ C

28) Client or parenting partner has a disability that may impact parenting? ☐ Yes ☐ No ☐ A ☐ B ☐ C

29) Client expresses concern about their ability to parent baby/child? ☐ Yes ☐ No ☐ A ☐ B ☐ C

30) Client expresses concern about their ability to care for baby/child? ☐ Yes ☐ No ☐ A ☐ B ☐ C

31) Client's relationship with parenting partner is strained? (evidence of relationship stress observed) ☐ Yes ☐ No ☐ A ☐ B ☐ C

32) Client or parenting partner has been involved with Child Protection Services as a parent? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*33) Client expresses that baby/child is difficult to manage? ☐ Yes ☐ No ☐ A ☐ B ☐ C

*34) Client's response patterns are inconsistent or inappropriate to the baby's/child's cues? (evidence of inappropriate responses observed) ☐ Yes ☐ No ☐ A ☐ B ☐ C

Section D: Infant/Child Development

*35) Parent(s) identified a risk factor? ☐ Yes ☐ No ☐ A ☐ B ☐ C

Section E: Health Care Professional Observations

36) Health care professional has concerns about the wellbeing of client and/or baby/child? ☐ Yes ☐ No ☐ A ☐ B ☐ C

Additional Comments: _____

Client consent to share information with: _____

Mandated Services

➤ IDA contact

- for families deemed 'with risk' by HBHC screen
- Prenatal, postpartum, and early childhood

➤ In-depth Assessment (IDA)

- for families 'with risk'
- Prenatal, postpartum, and early childhood

➤ Referrals

- to other community services

➤ Blended Home Visiting Program





Blended Home Visiting Program

- ▶ Provided by Public Health Nurse (PHN) and Family Resource Worker (FRW)
- ▶ For 'at risk' expectant families and new parents
- ▶ Educating and supporting families on:
 - Having a healthy pregnancy and birth
 - Connecting with their baby
 - Educating/encouraging healthy child development
 - Parenting
 - Breastfeeding and nutrition
 - Taking care of themselves and their family
 - Other community services and supports

Blended Home Visiting roles

Public Health Nurse

- ▶ Often the first contact with clients/families
- ▶ Complete the IDA
- ▶ Work with family to pick goals and make Family Service Plan
- ▶ Share information on health-related topics
- ▶ Assess parenting interactions (feeding/teaching scales)
- ▶ Send referrals to other community services
- ▶ Monthly visits

Family Resource Worker

- ▶ Support families with parenting
- ▶ Offers advice and encouragement
- ▶ Brings out resources and information
- ▶ Do activities to help parents learn how to play and communicate with their baby
- ▶ Use programs that we are trained in to support families
- ▶ Works closely with families to complete goals
- ▶ Connect families to community resources
- ▶ Weekly/biweekly visits





Healthy Growth & Development Services

- ▶ Breastfeeding Support
- ▶ Prenatal education
- ▶ Well Baby Clinics
- ▶ PPMD Follow-Up (Prenatal, 48h, 2 & 6 months)
- ▶ Vaccine Preventable Disease (Immunizations)
- ▶ Car Seat Inspections



Adverse Childhood Experiences (ACEs)

Guiding Evidence:

- The more healthy relationships a child has, the more likely they will be to recover and thrive
- The most powerful therapy is human love



Adverse Childhood Experiences (ACEs) are highly stressful experiences that can happen between the ages of 0 and 18 years. These events are impactful and can influence the development of a person's mind, body, feelings, and actions.

The Types of ACEs

ABUSE



Physical



Emotional



Sexual Abuse

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother Treated Violently



Substance Use



Divorce

Please note these factors are only considered ACEs if they are disruptive to the child's development.

The Impact of ACEs on Health

- Early death
- High risk sexual behaviours
- Diabetes
- Heart disease
- Relationship difficulties
- Substance use
- Smoking
- Unemployment
- Depression
- Self-harm
- Obesity
- Cancer



Preventing and Healing From ACEs



20 Second Hugs enhance sense of safety, stress reduction, emotional regulation, and improves bonding

Moving your body helps healing by reducing stress



Learning about ACEs raises awareness, enables early intervention, and creates supportive environments



Feeling expression helps children find ways to express, share, talk, and process

Eye Contact (including babies) communicates empathy, builds self-esteem, promotes security, helps regulate, validate, and recognize emotions



Counselling allows individuals to explore the impact of ACEs on their lives, gain insights into their coping mechanisms, and develop healthy strategies for healing and resilience



Counselling Services:
NEOFACS (Child & Youth Mental Health) 1-800-229-5437
CMHA 1-877-677-9596
If you are in a crisis, call or text 9-8-8 to reach the Suicide Crisis Helpline

Thank you

Questions?



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Health Unit

References

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