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Summary Report
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Canada

Perinatal health province-wide cycle in Prince Edward Island

Prince Edward Island: Perinatal Health

The first province-wide LoPHID cycle in PEI focuses on improved service performance in relation to pregnancy and early infancy. Concerned with the issue of low prenatal class attendance and low breastfeeding rates across the island, Public Health Nursing, Department of Health and Social Services chose the topic of prenatal and postnatal education and support. The working group consists of Public Health Nursing supervisors from each of the five health regions on PEI, the coordinator for the PEI Reproductive Care Program, the Public Health Nursing provincial coordinator and a provincial Researcher/Planner, Public Health and Evaluation Services. The present cycle addresses quantified issues, such as low birth weight, family size, birth interval or use of public health services; there is also an operational concern about the caring environment, bonding and the impact of these on early developmental milestones. A special concern will be the coverage and quality of coverage with Public Health Nursing services.

The goal of this first cycle is to help expectant parents have the healthiest possible pregnancy, delivery and early postnatal outcomes.

Evidence: The cornerstone evidence is being gathered in a household survey of approximately 1,259 mothers of the 1,466 who gave birth on the island in 1998. These women were identified through routine records kept by Public Health Nursing and contacted by letter and phone for an interview at their home. Key service workers concerned with prenatal and postnatal education and support are being surveyed to include their views in the evidence-based planning process. Focus groups in each health region will discuss survey results and design action strategies. Nursing and psychology students from the University of Prince Edward Island as well as members from local community organizations are interviewing mothers at their homes across the island.

Planning and action to date (late 1999): In the longer term, primary preventive strategies will be developed through a focus on pre-conception knowledge, attitudes and practices relevant to future pregnancies (for example, breastfeeding). For the shorter term impact, the household questionnaire will focus on the interval from initial contact with Public Health Nursing services through to the sixth week of infancy. This will generate evidence for making improvements to prenatal and postnatal education and support on PEI.

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