Public Health Nursing Psychosocial Family Assessment

Provincial Population & Public Health Guideline

Programs and Policy, Healthy Parenting Early Childhood Development,

Population and Public Health

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1. Abbreviations

ACEs	Adverse Childhood Experiences
CBE	Charting by Exception
FF	Families First
PHN	Public Health Nurse
SDOH	Social / Structural Determinants of Health

2. Purpose

This guideline is based on the Manitoba Prenatal, Postpartum, and Newborn Care Pathways and outlines a stepwise approach to assist public health nurses (PHN's) in completing a comprehensive nursing assessment with a focus on the Psychosocial Health, Family Strengths and Challenges and Lifestyle sections of the pathways to identify variances in family functioning that may be mitigated by additional supports such as home visiting services.

Public health nurses are expected to be familiar with the content of all three nursing care pathways as they are the foundation of public health nursing assessment, with an understanding that the parent and newborn are an inseparable dyad, with the care of one influencing the other. The Families First screen and assessment criteria derived from the Manitoba Nursing Care pathways are intended to guide the nursing assessment and provision of nursing care and services.

3. Scope

This guideline applies to PHNs working with perinatal families.

4. Definitions

Psychosocial Family Assessment: Key assessment areas from the Manitoba Nursing Care Pathways that focus on family functioning including Psychosocial Health, Family Strengths and Challenges, Lifestyle, Preparation for Birth, and General Health.

Positive Families First (FF) Screen: 3 or more risk factors on the FF screen.

Positive Entry Score: 3 or more risk factors on the FF screen in the corresponding areas (within Appendix B) and associated variances in the nursing assessment.

Clinical Positive FF Screen: Less than 3 risk factors on the FF screen in the corresponding areas (within Appendix B); or any other risk factors on the FF screen and/ or variances with limited protective factors noted in the nursing assessment that may contribute to increased risk for negative outcomes for the family.

5. Background

Early childhood is a period of vulnerability when children are most reliant on their families and therefore may be the most susceptible to family dysfunction and other adverse childhood experiences (ACES). Developmentally, pregnancy is also a transformational period when those who are pregnant experience emotional and psychological transitions, in addition to profound biological and hormonal changes, that shape and organize their expectations for parenthood (7). Expectant parents who have experienced early adversity are especially at risk for negative or harmful relationship dynamics, distorted prenatal attributions, and obstetric complications including low birth weight, preterm birth, and peripartum depression (7, 13). It is well established that traumatic events in childhood can be emotionally painful or distressing and have effects that persist for years (2). The nature, frequency and seriousness of the traumatic event, prior history of trauma, and availability of family and community supports are factors that can shape a child's response to trauma (2). Numerous studies have found that ACEs do not occur in isolation, are common and universal, and the level of exposure to ACEs or childhood adversity is strongly associated with risk for negative health outcomes (1,2,6,8). Across the lifespan, it is estimated that approximately 64% of the population have experienced at least one ACE, 19% have experienced 2 to 3 ACEs and 17% have experienced 4 or more ACEs (10). ACEs include experiencing emotional, physical or sexual abuse, emotional or physical neglect; experiencing or witnessing violence in the home; living with someone who is mentally ill, severely depressed or suicidal or who misuses alcohol or substances; having a close family member attempt or die by suicide; and experiencing instability due to abandonment by parental separation / divorce or loss of a parent or guardian due to death or incarceration (1,2,8). Other aspects of the child's environment also play a significant role in contributing to toxic stress in the family and can undermine their sense of safety, stability, and bonding including living in poverty, experiencing food insecurity, overly punitive school discipline, discrimination / racism / microaggressions, and being exposed to violence in the community (1, 8). Exposure to prolonged stress can affect brain development and result in changes in gene expression related to stress regulation, leading to cognitive, emotional, and behavioral difficulties throughout life (4).

Evidence supports that there is a dose-response relationship between ACE count and increased risk of health and developmental difficulties (1). Much of the literature linking

ACEs with negative health outcomes focus on those who have experienced 4 or more ACEs. Compared to children with no ACEs, children who have experienced 4 or more ACEs have: 12x greater risk for alcoholism, drug use, depression, and suicide attempts (1); are 32x more likely to experience learning and behavior problems (8); have 2–3x greater risk for developing heart disease and cancer (2); and have a strong correlation to eight out of the ten leading causes of death in the United States (8). Even children with fewer than 4 ACEs have risk for negative outcomes. Children with more than 2 ACEs are more likely to have attention deficit hyperactivity disorder (ADHD), behavior problems, special health care needs and to bully others (1).

The relationship between risk and resilience is complex, and evidence suggests there are a number of protective factors or "counter ACEs" that can mitigate risk (1, 3, 7). Although ACEs harm health, the absence of "counter-ACEs" or protective factors could be more detrimental to lifelong health than the presence of ACEs, particularly in vulnerable populations with fewer protective factors and simultaneously higher ACEs (3). "Counter-ACEs" or protective factors shown to mitigate risk include having at least one safe caregiver and one good friend, having beliefs that give comfort, enjoying school, having at least one teacher who cares, having good neighbors, having an adult who can provide support or advice (other than parent / caregiver), having opportunities to have a good time, having a positive self concept, and having a predictable routine (3, 7). Having an "always available" trusting adult present in childhood can serve as a buffer for the negative impact of ACEs (1). Sensitive, consistent caregiving enhances the quality of the attachment relationships and contributes to a secure, early attachment, forecasting better social and emotional development (1). This helps to foster close relationships in subsequent years with friends, mentors, and romantic partners, serving protective functions for human adaptation over the life course (1). During pregnancy, expectant parents be screened for psychosocial complications and social support, as social support can have a mitigating effect on stress and may help reduce adverse pregnancy outcomes (13).

Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full health and life potential (2). Supportive programs, like home visiting, have been well established as an important public health strategy for supporting vulnerable families' health and social well-being (11,12). Home visiting aims to strengthen relationships between parents and their young children, to enhance child health and development, foster safe and stable environments / household routines, social / emotional skills, and connect families to health services / community support (1, 3, 11, 12). Home visits by nurses and trained paraprofessionals typically begin in the prenatal period and continue through the first few years of a child's life. Studies from the past two decades in Manitoba show that

home visiting improves pregnancy and birth outcomes, reduces instances of child injury or maltreatment, is associated with increased rates of childhood vaccination, lower rates of children being taken into care of child protective services, supports children's development at school entry, and is associated with reduced economic disparities in health and social outcomes between participating families and the general population (12).

In their work with families, public health nurses are well-positioned to assess and build upon the strengths of the family as well as identify risk factors that are statistically associated with negative outcomes and help mitigate those risks with supportive interventions including home visiting, which in the longer term, help to improve outcomes.

6. Guideline for Public Health Nursing Psychosocial Family Assessment

6.1. PHN Nursing Assessment

Complete a public health nursing assessment for each family according to the Provincial Public Health Nursing Standards for Prenatal, Postpartum, and Early Childhood and the Prenatal or Postpartum / Newborn nursing care pathways:
www.gov.mb.ca/health/publichealth/phnursingstandards/docs/nursing_standards.pdf

6.2. Assessment Process, Components, and Documentation

Utilize a comprehensive process to complete the assessment for each family that includes identification of strengths and protective factors, risk analysis, and evaluation of adaptive capacity including social and structural determinants of health.

- Assessments are to be conducted in a client-centred, **strength-based manner** (in-person is best practice), with the intent of establishing a trusting relationship with the client / family, using a trauma and violence informed care approach.
- Refer to Appendix A: Psychosocial Family Assessment Tool for examples on conversation starters and open-ended questions to ask families.
- Document details of the assessment (including variances) on the **Provincial Public Health Nursing Assessment Forms** and **Variance Record / Progress Notes** using charting by exception.

6.3. Families First Screen

Complete a Families First Screen for each family with information obtained from the Prenatal or Postpartum / Newborn Assessment.

- Refer to Appendix B and FF Screening Form Guideline.

6.4. Entry to Home Visiting Services:

Strive to engage families into home visiting services with a Positive Entry Score or Clinical Positive Families First Screen based on Families First home visitor caseload capacity.

- **Positive Entry Score:** 3 or more risk factors on the FF screen in the corresponding areas (within Appendix B) and associated variances in the nursing assessment.
- **Clinical Positive FF Screen:** Less than 3 risk factors on the FF screen in the corresponding areas (within Appendix B); or any other risk factors on the FF screen and/ or variances with limited protective factors noted in the nursing assessment that may contribute to increased risk for negative outcomes for the family.
- Refer to Appendix C: Engagement: A Key Role for Public Health Nurses for strategies to effectively engaging families and increase their receptiveness to information, resources, and referrals, including Families First home visiting.
- Refer to Families First Home Visiting Referral guideline.

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8. Appendices

Appendix A: Psychosocial Family Assessment Tool

Appendix B: Families First Screen Positive Entry Score (with highlighted sections)

Appendix C: Engagement: A Key Role of Public Health Nurses

1. Appendix A: Psychosocial Family Assessment Tool

The PHN will conduct a comprehensive nursing assessment (in-person is best practice) in the format of a conversational weave, using a strength-based, client-centred, trauma and violence informed care approach that respects the individual and family, utilizing both the Families First Screen and MB Nursing Care Pathways.

The Psychosocial Family Assessment tool highlights key assessment areas in the MB Nursing Care Pathways that pertain to family functioning and is organized in the following format to facilitate a comprehensive assessment:

- Key assessments, examples of conversation starters / open-ended questions to ask in the areas of Psychosocial Health, Family Strengths and Challenges, Lifestyle, Preparation for Birth, and General Health, and variances.

It is recognized that each practitioner will develop their own assessment style. The questions in the tool offer guidance on how to start a conversation, however, are not intended to be used as a checklist.

- Variances in the Prenatal, Postpartum and Newborn Assessments are as described in the Provincial Public Health Nursing Care Pathways:
  - Public Health Nursing Prenatal Practice: Evidence Informed Care Pathway 2019 (gov.mb.ca)
  - Public Health Nursing: Postpartum Nursing Care Pathway 2019 (gov.mb.ca)
  - Newborn_Nursing_Care_Pathway.pdf (gov.mb.ca)

1.1. Psychosocial Health

1.1.1. Emotional Health & Adjustment to Pregnancy

Assess:
Client's emotional response and adjustment to the pregnancy and becoming a parent.
Conversation Starters:

- How did you feel when you first found out you were pregnant? Were you surprised or was it something you had been planning?
- How about others close to you *(partner, family / parents, other children)*?
- How are you / everyone else feeling about it now?
- How have you been feeling emotionally / physically this pregnancy?
- What do you do for selfcare?
- Who do you have to help you during this pregnancy &/ or after you come home with baby?

Variance(s):
- Not demonstrating expected emotional adaptation to changes or attachment to developing fetus & / or has risk factors for disruptive adjustment
- History of depression *(previous history of postpartum depression, personal or family history of mental health challenges or disorders such as depression, anxiety, bipolar or psychotic disorders)*
- Stressful life situations (relationship conflict, lack of support, bereavement, history of intimate partner violence, financial stress or a major physical move)
- Difficulty adjusting to parental role *(unplanned pregnancy, unexpected change in lifestyle)*
- Isolation
- Lack of access to family, community or care provider

Consider FF Screen #: 17, 34, 35

1.1.2. Perinatal Depression & Anxiety / Other Mental Health Concerns

Assess:
Prenatal: Predisposing or risk factors to perinatal depression: previous history of depression / anxiety, family history of depression / anxiety, previous use of antidepressants, medical or obstetrical challenges, stressful life situations *(relationship conflict, lack of supports, history of violence, financial stress or a major physical move)*, difficulty adjusting to parenting role *(unplanned pregnancy, unexpected changes in lifestyle)* or isolation and current signs of depression, existing mental illness / mental

health concerns such as bipolar disorder, schizophrenia, anxiety disorders or cognitive challenges and the use of medications

Conversation Starters:

- How have you been feeling emotionally during this pregnancy?
- Did you have any health concerns before becoming pregnant? How about now? Are you on any medication? Tell me more about that.
- Many people feel more emotional during pregnancy or sometimes feel a little anxious or depressed. Have you experienced any depression or anxiety during this pregnancy? How about after the birth of your other children?
- Do you *(or others in the family / significant other)* have a history of depression, anxiety, bipolar disorder, schizophrenia, or other mental health concerns?
- Have you *(or significant other)* ever received treatment or taken medication for this?
- Are you taking medication the during pregnancy? Has your HCP discussed the risks / benefits of continuing your medication with you? Is your HCP following up with you to make sure you are doing well?
- Is there anything else happening in your life right now that is causing you stress?
- What helps you feel better when you are feeling stressed?
- Who would you feel most comfortable talking to if you felt down or were anxious or needed support?
- Who will be there to support you when you give birth to your baby?

Variance(s):

- Exhibits signs or symptoms of depression, anxiety, or other mental illness *(signs will vary depending on illness).*
- History of major depression, psychosis or psychotic illness in previous pregnancies and / or has chosen to discontinue medications during pregnancy and at risk for relapse.
- History of bipolar disorder or psychotic illness *(higher risk for postpartum psychosis)*
- Client with a history of major depression *(*greater risk for postpartum depression)*

Consider FF Screen #: 20-29, 34

1.1.3. Emotional Status & Mental Health

Assess:

Postpartum: Emotional response to delivery and postpartum period *(current and past)*, adjustment to parenthood and emotional status of partner / significant other, medication use for mental health concerns, predisposing / risk factors to postpartum depression (PPD) *(previous prenatal, postpartum or other episodes of depression, history of anxiety*

with current pregnancy, family history of depression, previous use of antidepressants, significant medical or obstetrical challenges), current signs of PPD / other mental health conditions including PP psychosis, schizophrenia, anxiety disorders, personality disorders or suicidal ideation.

Conversation Starters:

- Tell me all about your birth story *(or how was your birth experience?)*. Was it how you expected it to be?
- Did you already know the sex of the baby or was it a surprise? Were you hoping for a boy or girl? Who does the baby look like?
- Who was with you for support during your labor and delivery?
- Who watched your other children when you were in the hospital having your baby?
- Who do you have helping you with the baby? Do you have any friends or family who you see regularly? How often?
- Did you have any health concerns during the pregnancy? Tell me more about that.
- Many people feel more emotional after giving birth or sometimes feel a little anxious or blue. How are you feeling emotionally since having baby? Did you feel that way during the pregnancy? Or after you had your other children?
- Do you *(or others in the family / significant other)* have a history of depression, anxiety, bipolar disorder, schizophrenia, or other mental health concerns?
- Have you *(or significant other)* received treatment / taken medication for this?
- Were you taking medication during the pregnancy? What is your plan for follow up now that you've had baby? Is your HCP checking in with you to make sure you are doing well?
- Is there anything else happening in your life right now that is causing you stress?
- What helps you feel better when you are feeling stressed?
- Who would you feel most comfortable talking to if you felt down or were anxious or needed support?

Variance(s):

- Excessive anxiety, fear, depression, exhaustion, infanticide ideation
- Minimal or no interaction with baby
- Separation of client and baby
- Limited or no supports
- Current symptoms or history of mental illness including depression, anxiety disorders, eating disorders, personality disorders, or suicidal ideation.
- Perinatal loss, traumatic labor and delivery, perinatal complications for mom and/or baby, illness in baby

- Continued dissatisfaction with birth experience or not able to breastfeed as planned
- Negative perception of infant

Consider FF Screen #: 8, 9, 20-29, 32 is > 4 days, 34

1.1.4. Early Pregnancy Loss / Grief

Assess:

Assess general health, grieving reactions, social supports, and whether the client would welcome or benefit from PHN follow-up and support

Conversation Starters:

- I'm so sorry for your loss. Grief often comes and goes in stages or cycles. How are you coping emotionally with the loss? How about your partner?
- Who can you talk to or who is providing support for you during this difficult time?

Variance(s):

- Has experienced a pregnancy loss but does not appear to be grieving or appears to be exhibiting symptoms of postpartum depression & anxiety *(*increased risk after a perinatal loss)*

Consider FF Screen #: 20-22, 34, 10

1.1.5. Bonding & Attachment

Assess:

Postpartum: Parental supports / separation at birth, responses to infant feeding, behavior cues, crying, interaction with baby /attachment, prepared for taking baby home, inappropriate or abusive interactions with infant / other children currently or in the past, family history of trauma and / or lack of positive relationships, conflictual, violent intimate partner relationship.

Conversation Starters:

- How has baby been since coming home from the hospital? Are you getting any sleep?
- If separated from baby *(hospitalized, in care of someone else),* how often are you seeing baby?
- How are you coping with baby's medical condition / care / follow up? *(*for parents who knew prenatally or gave birth to a child with congenital issues or serious illness)*
- How would you describe your baby? What sort of temperament would you say your baby has? Is he / she similar to how your other children were or different?
- How can you tell what your baby wants from watching their cues or behaviors?
- Is he or she easy to settle or more on the fussy side? What settles him or her down?
- If baby was crying nonstop for 30+ minutes and no matter what you did to try to calm him or her it didn't seem to help, what would you do? How about your partner / others involved in baby's care?
- What do you know about "spoiling" your baby?
- Do you have everything you need for taking care of baby? *(safe place to sleep, diapers, clothes, car seat, etc.)*
- Who do you have helping you with the baby?
- What are your hopes & dreams for this baby? How do you want to parent him/ her?
- What would you do differently compared to how you were parented?
- How was it for you *(& your significant other)* growing up?
- Did you feel loved and cared for? Did you have someone to turn to as a young child? Who did you live with? Who raised you? How were you disciplined? How about your partner?
- How did your parents get along? Was there a lot of arguing or any violence in the home? How about your partner's family? How do you and your partner get along?
- Is your family connected to any supportive services or resources currently? *(e.g. child and family services, financial supports, day care)* How about when you were growing up?

Variance(s):

- Parent newborn separation
- Minimal or no interaction with baby
- Lack of or inconsistent responses to newborn feeding and behavior cues, lack of response for discomfort or distress *(*parent may believe baby is crying for no reason, is just spoiled or is manipulating)*
- Eye contact minimal or lacking when infant awake

- Minimal support or support(s) not available
- Limited interaction with newborn from support(s)
- Minimal or no planning for taking baby home *(diapers, baby clothes, car seat),*
- Inappropriate or abusive interactions with infant / other children
- Family history of trauma & / or lack of positive relationships, conflictual or violent intimate partner relationships

Consider FF Screen #: 8, 9, 32, 33, 34, 36, 37, 38-40

1.1.6. Support Systems

Assess:

Clients' support system and current relationships, including connection with partner *(if any)*, family, friends, and community networks, sense of safety, understanding / knowledge of available family and community resources, capacity to access family and community resources and identify variances that may require further assessment.

Conversation Starters:

- Who do you have helping you with the baby / other children? Do you feel you have enough support?
- Who would you trust the most or feel comfortable talking to if you needed support?
- If you could have more support, what would be most helpful for you? *(e.g. childcare to have a "break", go shopping or to appointments, help with cleaning / cooking, emotional support if isolated or alone)*
- If newcomer, how are you finding life in Canada? Is it what you expected? How long have you been here?
- Do you have any other family or friends in town / city? How often do you see them?
- Are you connected to any community resources, groups, places of worship, or your cultural community?
- Were you working or going to school during your pregnancy? Will you be eligible to receive maternity / parental benefits? How about your partner?
- How are you coping financially as a family during these difficult times? Are you able to afford your rent, food, transportation, necessities for your family? Are you connected to any resources to help with this? *(*if not managing well, provide support and connect with resources)*
- How are you feeling about your current living arrangements how is your housing? Is it comfortable / suitable for your family? How long have you lived here? How safe do you feel in your home / neighborhood?

Variance(s):

- Socially isolated and / or lacks adequate social supports and community connectedness
- Lack of support
- Lack of resources *(social determinants of health)* to meet needs
- Isolation: cultural, language, other
- Not aware of community resources & follow up

Consider FF Screen: # 34, 36, 39

1.1.7. Resources / Housing / Finances

Assess:

Adequacy of housing to meet the psychological, physical and social needs of the client / family, access to financial resources to meet the psychological, physical and social needs of the client / family.

Conversation Starters:

- Refer to support systems

Variances:

- Does not have or is in imminent risk of not having adequate & / or secure housing
- Lacks access to adequate financial resources to support self, infant & family
- Does not know of or is unable to access community agencies or resources that may be of benefit

Consider FF Screen #: 17, 15, 16, 18

1.1.8. Cultural & Spiritual Care, Beliefs, Practices

Assess:

Cultural and spiritual practices and beliefs that are important to the client / family.

Conversation Starters:

- Are you connected to others in the community or your cultural group through places of worship, groups, other organizations?
- What are your spiritual beliefs? Do you have any cultural practices when it comes to pregnancy, giving birth, or raising your children?

Variance(s):

- Client / family are wanting to further develop spiritual / cultural beliefs & meaning and / or have feeling of disconnection culturally / spiritually, lack of purpose or meaning in life.

Consider FF Screen #: 34

1.2. Family Strengths & Challenges

1.2.1. Family Function / Dynamic / Relationships

Assess:

Interactions between family members, positive / effective family coping strategies, strategies for coping with crying infant, perception of personal safety, history and/or signs of intimate partner violence / abuse, understanding of family dynamics and interrelationships, capacity to identify positive / effective coping strategies (for family, crying infant) or variances that may require further assessment and support

Conversation Starters:

- How are things going since you came home with baby?
- Who lives in your home with you?
- How are you working together as a "parenting team" since coming home with baby? Tell me more about that. Any challenges so far?
- When you feel exhausted, how do others in the home support you?
- How has having baby effected your relationship? How are the other children adapting to the new baby?
- Disagreements or some conflict in relationships are normal. If I were a fly on a wall, what would a disagreement between you and your significant other or others in the home look like?
- How are you able to work through issues or conflict in your relationship? Do the same issues occur repeatedly? How does that feel for you?
- How do you manage your emotions when you feel angry? How about your partner? Have you ever felt afraid when he / she / they are angry?
- Has there ever been a time when you or your partner were angry, and you felt you handled it especially well? What did you do?
- Do you feel supported in your relationship? Do you feel safe in your relationship?

Variance(s):

- Family identified as being vulnerable or at risk
- Increased family stress, increased risk for family breakdown, violence in family

- Lack of strategies & supports to deal with changing family dynamics
- Does not adjust well to new infant
- Client is being abused or is at risk for abuse by current or past partner or significant person in their lives
- Feels or is unsafe or unsupported physically, emotionally &/or financially by partner or family

Consider FF Screen #: 34, 35, 36, 37, 38, 39, 40

1.2.2. Access to Prenatal Care

Assess:

Client's knowledge of need for prenatal care and access to primary care provider for prenatal health care services.

Conversation Starters:

- When did you first find out you were pregnant? How did you know?
- Where are you going for medical care during this pregnancy?
- Who will be delivering your baby?
- Have you started prenatal care? When was your first appointment?
- **If no medical care, ask about / explore potential barriers: transportation, child care, difficulty accessing a care provider, & provide support / connection to resources accordingly*

Variance(s):

- Unaware of the need to see a primary care provider (PCP) or does not have a PCP or unable to access a PCP
- Experiencing barriers that prohibit access to PCP or health care provider (HCP) including lack of transportation, language / cultural barriers, conflicting responsibilities for family / work, literacy challenges.

Consider FF Screen #: 17, 18, 19, 34

1.2.3. Health Follow-up

Assess:

Clients understanding of self-care, newborn feeding including feeding cues, newborn care, capacity to breastfeed infant, identify and respond to infant feeding cues *(position, latch, milk transfer)*, feed infant human milk substitutes *(if not exclusively breast feeding)*, identify variances that may require further medical assessment, access resources or follow-up with primary care provider or seek medical care.

Conversation Starters:

- Do you have an appointment for your baby's first checkup & / or your postpartum checkup? *(explain when those appointments usually take place)*
- Do you have a doctor or health care provider for yourself, baby, other family members? *(if not, assist family to access HCP)*
- If you had a health concern for yourself, baby, or others in your family where would you go for health care?
- When would you be concerned about baby's health or your own health and seek care?

Variance(s):

- Family doesn't have a primary care provider (PCP) or health care provider (HCP)
- Does not seek follow-up as needed *(cannot be contacted or declines PHN services when contact/ visit is recommended),* no discussion & / or mutual decision making about ongoing contact, or declines a visit when vulnerabilities/ needs identified by care providers.
- Not able to provide newborn care due to illness, death, or infant placed in care or for adoption
- Community resources unavailable 7 days per week at community level
- Do not have a plan for follow up with HCP for newborn
- Parents do not have knowledge or capacity to identify variances in newborn

Consider FF Screen #: 19, 17, 18, 34

1.3. Lifestyle

1.3.1. Activities / Rest:

Assess:

Ability to manage activities of daily living including adequate sleep, rest, and to safely engage in exercise when pregnant *(prenatal).* Understanding of normal activity and rest requirements *(postpartum)*, capacity to identify night time needs of baby, rest requirements as sleep interrupted during the night, variances that may require further medical assessment, and safe resumption of physical activity.

Conversation Starters:

- Overall, how are you feeling?
- How are you managing with taking care of yourself, baby, other children? Do you have enough help / support?
- Do you feel you are getting enough rest, sleep, support & activity to keep you feeling well during this pregnancy & / or to keep up with all of the demands of being a parent / recovering from childbirth?

Variance(s):

- Experiencing difficulty with meeting daily care needs for self or family due to barriers including physical & / or pregnancy limitations, social support, challenges getting adequate rest & sleep, or sufficient exercise to maintain overall health status.
- Unable to sleep
- Pain impacts activities of daily living such as walking, mood, sleep, interactions with others & ability to concentrate.

Consider FF Screen #: 34, 17, 18, 19

1.3.2. Sexuality / Family Planning

Assess:

Client's knowledge and understanding of healthy sexuality / safe sexual practices during pregnancy and postpartum. Resumption of intercourse / sexual activity postpartum and capacity to access / obtain contraception prn.

Conversation Starters:

- How are you feeling about sex during pregnancy? How about your partner? Any concerns?
- Have you thought about sex after childbirth? When do you feel you might be ready? How about your partner? *(explain common concerns, need for good communication between partners, reinforce that important for healing to take place first & for both to feel ready)*
- Have you thought about using any family planning methods to help space future pregnancies? If yes, which ones have you considered? *(provide information accordingly or at a subsequent follow up based on client preference / BF status)*
- Would you like me to provide some condoms in the interim?

Variance(s):

- Does not have a healthy sexual relationship & / or is at risk for engaging in unsafe sexual practices *(prenatal or postpartum)*.
- Pain with vaginal intercourse after perineum healed
- Voiced partner expectations of intercourse prior to healing of perineum / mutual agreement
- STBBI risk if more than one partner or partner has multiple sex partners
- Unaware of contraception choices / unable to access contraception

Consider FF Screen #: 5, 34, 35, 36

1.3.3. Healthy Eating / Nutrition in Pregnancy / Food Security & Safety

Assess:

Client's knowledge of / means / ability to access safe, culturally acceptable, and adequate nutritionally-balanced intake during the pregnancy / postpartum / for feeding family. Knowledge about food safety including safe handling / food storage /need to avoid eating certain foods that may pose a risk to self / developing fetus. Adequate fluid and nutrient intake, ability to consume nutritious food / adequate intake of vitamins with emphasis on Vitamin D and folate

Conversation Starters:

- How is your appetite with this pregnancy or since having baby?
- What information have you received about what to eat when your pregnant?
- What do you know about food safety in pregnancy? *(provide info as needed)*
- Are you taking prenatal vitamins / folic acid?
- How are your iron / hemoglobin levels? Are you taking any supplements?
- How are you feeding yourself / family in the next week? Do you have enough food to feed both yourself and your family *(including infant formula)*? Would you like some support with this? *(*if experiencing food insecurity, provide info re local food banks, Healthy Baby Prenatal Benefit, other available resources)*

Variance(s):

- Unable to access safe, sufficient, nutritious food for self & family *(*attention to family food security important: pregnant clients / parents who have other children often feed the children before eating themselves).*
- Lacks knowledge or is unable to avoid risks associated with unsafe handling of food or the harmful bacteria or chemicals contained in some foods that may have a negative impact on self or developing fetus *(prenatal).*

- Inadequate fluid, food, vitamins & / or folic acid intake due to lack of knowledge, physical, emotional or socio-economic factors
- Low Hb / iron
- Lacking financial resources / experiencing food insecurity

Consider FF Screen #: 15, 16, 17, 18, 19, 34

1.3.4. Commercial Tobacco / Drug / Substance Use

Assess:

History of or current smoking, vaping, use of cannabis / other substances / prescription medication and understanding of the effects / safety issues related to same *(including second and third hand smoke)*, readiness to quit or stay quit, capacity to access support as needed, understanding of alcohol *(and other substances)* as teratogens that can be harmful to the client, pregnancy and developing fetus.

Conversation Starters:

- How far along were you when you found out you were pregnant? Most people don't know exactly when they become pregnant, so it is common to look back to a time in that window period when you may have celebrated a special event or had a few drinks or used substances before knowing you were pregnant. Is that something you are concerned about? Tell me more.
- When was the last time you drank alcohol / used cannabis or other substances? *For each of the following questions, if answer is yes, explore if they have considered cutting back or quitting, and provide support based on readiness to cut back or quit. When asking about amount, start high then go lower.*
- Do you or others in the home smoke? Where do you / others smoke? How many cigarettes per day would you say you smoke?
- Do you or others in the home use cannabis / smoke weed? Where do you / others smoke? How much would you say you *(others)* smoke or use? *(A gram / day? Less?)* Are there cannabis gummies or other edibles in the home? Are they stored safely away from the children?
- Do you or others in the home use any other substances *(including prescription meds)*? What kind? How often / How much?
- Do you or others in the home drink alcohol? How often? About how many drinks would you typically have in 1 sitting or if you went out?
- Have there been any challenges or concerns related to drinking alcohol or using cannabis / other substances? How does this effect your relationship with your partner or with work or finances?

Variance(s):

- Client is currently using tobacco & / or is regularly exposed to second-hand smoke & is facing barriers to quitting or creating a smoke-free environment *(or both)*.
- Unaware of the potential effect of alcohol / substance use on the fetus, has not felt safe to ask for assistance to reduce or abstain from using alcohol / substances while pregnant, & / or is currently using alcohol / substances.
- Parent is currently using tobacco / cannabis or tobacco / cannabis use during pregnancy
- Family is exposed to second or third hand smoke via dermal exposure, dust inhalation, ingestion
- Mother is currently using drugs / substances and / or family is exposed to harmful substance *(alcohol, drugs)*.
- Alcohol / substance use is seen as a problem for the family *(i.e. finances, anger management, employment).*

Consider FF Screen #: 6, 7, 12, 30, 31

1.3.5. Safe Home Environment / Safety & Injury Prevention

Assess:

Assess knowledge of common safety risks and ability to access support when needed

Conversation Starters:

- What do you think is important for infant safety? What do you know about infants and exposure to smoke, safe sleep / SIDS, pet, hazardous substances?
- How safe is your home for you and your baby?
- Do you have a car seat, safe place for baby to sleep, a working smoke & carbon monoxide (CO) detector, and is the hot water tank set below 49 c?
- Where does baby sleep? Bedding / other objects in crib? How are you positioning baby for sleep? Does baby < 6 months sleep in your room?
- Do you have any safety measures in place related to your pets / younger siblings / falls / choking prevention / exposure to lead or other harmful substances in the home?
  - *(Review common safety tips related to second & third hand smoke, pets, younger siblings, choking, suffocation, falls, lead exposure, shaken baby / managing anger if baby crying ++ i.e. put in a safe place, calm self.)*

Variance(s)

- Home contains safety hazards for newborn: care not taken regarding pets, other siblings or ensuring CO / smoke detectors present & working or ensuring hot water temperatures are below 49 c / using caution around hot liquids
- Parents unable to provide a safe environment for newborn
- Exposure to tobacco or cannabis / second & third hand smoke present
- Unsafe sleep environment, co-sleeping, risk for SIDS
- Not supporting infant's head & neck adequately
- Hazards or unsafe practices related to choking, suffocation & falls, lead exposure, other hazardous substances, anger management / shaking baby

<u>Consider FF Screen #: </u>17, 16, 15, 39, 40

1.3.6. Safety in Pregnancy

Assess:

Assess knowledge of common hazards that may put client or fetus at risk and ability to avoid them.

Conversation Starters:

- What have you heard about what is safe or unsafe in pregnancy? *(review what is safe / not safe)*
- What do you know about pregnancy and infectious or environmental hazards, caring for pets *(toxoplasmosis),* exposure to chemicals, x-rays, food born illness, air travel, hot tubs, saunas, & overheating?
- Are you concerned about your work / home environment such as heavy lifting, stooping, bending, walking on uneven ground, using stairs or getting in and out of bathtubs, standing on chairs or ladders, risk for falling?
- Do you take any medications? Have you discussed this with your HCP?

Variance(s):

- Unaware of hazards that may pose a risk to self or fetus or is unable to avoid exposure or to reduce safety risks.

<u>Consider FF Screen #: </u>5, 6, 7, 12, 30, 31, 15, 16, 17

1.3.7. Infant Safety / Discipline

Assess:

The client's knowledge of factors that pose risk to the health and well-being of the newborn.

Conversation Starters:

- What do you know about holding babies, settling them down, putting them to sleep and taking them out?
- What are your thoughts about discipline? When do you think you should start? What are your partner's views about discipline? Do you agree with each other?
- What works for you to get your children to listen / behave well? What do you do when they don't listen or they misbehave?
- Who would you trust to take care of your baby / other children?

Variance(s):

- Client has no knowledge of any factors that may cause injury or harm to the infant.
- Has history of harsh or inappropriate discipline practices with other children

Consider FF Screen #: 37, 33, 38, 39, 40

1.4. Preparation for Birth

1.4.1. Prenatal Knowledge

Assess:
Client lacks knowledge about pregnancy, the process of childbirth and / or has no access to group or individualized prenatal / childbirth education.

Conversation Starters:

- What have you heard about childbirth? How are you feeling about giving birth?
- What are you doing to prepare for the birth? Would you like more information / info about Healthy Baby groups?

Variance(s):

- Lacks knowledge about pregnancy, the process of childbirth and / or has no access to group or individualized prenatal / childbirth education

Consider FF Screen #: 34, 15, 16

1.4.2. Labor & Delivery Plan

Assess:
Client's knowledge about the birthing process and client plans / preparations for labour and delivery.

Conversation Starters:

- Who will be your birth support person?
- What kind of birth do you hope to have? What is your biggest fear?
- What do you know about when you should go to hospital when labor starts? How about warning signs during pregnancy?
- How will you get to the hospital when you are in labor? Who will take care of your other children / pets?

Variance(s):

- Limited or no knowledge of the signs of labor
- Has no plan or ability to create a plan to manage the details of the laboring process, including obtaining support transportation or care of other children or pets.

Consider FF Screen #: 34, 35, 15, 16, 17, 18

1.4.3. Infant Nutrition: Informed Decision Making

Assess:
Client's knowledge of importance of breastfeeding / human milk to infant / parental health

Conversation Starters:

- How do plan to feed your baby? What have you heard about breastfeeding?

Variance(s):

- Lacks knowledge or is uncertain about breastfeeding or has made an uninformed decision not to breastfeed

Consider FF Screen #: 16

1.5. General Health

1.5.1. Preparation for Parenthood: Newborn Behavior & Care

Assess:
Clients' knowledge about equipment, supplies and / or resources needed to safely transport and care for the newborn / ability to obtain these items

Conversation Starters:

- Do you have what you need to take care of baby? A crib / playpen / safe sleep space / car seat / clothing / diapers / other baby items? *(*including how to install car seat / where to get support with this)*
- How do you plan to get these items? Do you need support with this?

Variance(s)

- Lacks knowledge about what is required to care for baby safely &/ or has no access or means to secure necessary equipment & supplies.

Consider FF Screen #: 17, 34, 18, 15, 16

1.5.2. Infant Behavior / Crying

Assess:

Crying patterns: quality, duration, fussy periods, parental interpretation of crying /coping strategies, newborn behavior states, cues, response to consoling.

Conversation Starters:

- What have you noticed about your baby's daily patterns *(sleep, crying, feeding)*?
- How much / often does your baby cry? How would you describe his or her cry?
- When is he / she most alert and content? When is he / she fussy or crying more?
- Would you say his / her crying pattern or temperament is similar to your other children's or is it different?
- What do you find works for calming your baby?
- What would you do *(or your partner)* if your baby wouldn't stop crying even though you have tried everything you know to console them? *(*normalize that it is common for parents to feel frustrated when this happens / review safety measures: e.g. put baby down in a safe place or let another caregiver hold baby until you feel better)*
- What do you know about spoiling babies? At what age do you think a baby can be spoiled? Are you concerned about spoiling your baby?

Variance(s)

- Unusual high-pitched crying, arching *(neurological)* or weak irritable cry or no cry *(along with other symptoms may reflect illness, e.g. sepsis)*
- In utero exposure to SSRIs, SNRIs, other medications or substances
- Exposure to codeine / other substances in breast milk
- Infant does not respond to consoling techniques

- Inappropriate parental / caregiver response to baby's crying: not responding to infant crying, making negative comments about infant's behavior, inconsolable constant crying, shaking an infant

Consider FF Screen #: 1, 5, 6, 7, 9, 10, 33, 37, 38, 39, 40

Manitoba
Health, Seniors and Long-Term Care

2. Appendix B: Families First Screen: Positive Entry Score (with highlighted sections)

Positive Entry Score on FF screen: 3 or more risk factors on the screen in sections A, B: 6 & 7 and C; and associated variances in the nursing assessment.

Families First **SCREENING Form** 2023 300001

18704

NUMERICAL INFORMATION ONLY
Please do not write any names or addresses on this form. See detailed instructions on reverse.

O Unable to complete screen

PREGNANT PERSON: Age: ☐☐ When was pregnancy confirmed (weeks)? ☐☐ Screened prenatally? O Yes O No
PHIN: ☐☐☐☐☐☐☐☐☐ MHSC: ☐☐☐☐☐☐
Residence Postal Code: ☐☐☐ ☐☐☐ RHA ☐☐ CA ☐☐
Education: O Post secondary O Grade 12 O Less than Grade 12

BABY: Birth Date: Day ☐☐ Month ☐☐ Year 2 0 2 3
PHIN: ☐☐☐☐☐☐☐☐☐
Sex: O Male O Female O Intersex
Family backgound of baby: O First Nations/Status Indian O Metis O Inuit O Newcomer O Francophone

O **BIOLOGICAL FATHER** O **PARENTING PARTNER** *(if not biological father)*
Age: ☐☐ PHIN: ☐☐☐☐☐☐☐☐☐
Education: O Post secondary O Grade 12 O Less than Grade 12

A. CHILDREN WITH KNOWN DISABILITY *(Fill in 'yes' if risk factor is present, 'no' if it is not. If unknown, leave blank.)*

1. Congenital anomaly or acquired disability. Include: .... O Yes O No
   Major (probability of permanent disability) e.g., Down's syndrome, cerebral palsy, FASD
   Moderate (correction may be possible) e.g., cleft palate, loss of limb

B. DEVELOPMENTAL RISK FACTORS

2. Low birth weight (less than 2500 grams at birth) .... O Yes O No
3. High birth weight (greater than 4000 grams at birth) .... O Yes O No
4. Prematurity - an infant born at less than 37 weeks gestation .... O Yes O No

Complications of pregnancy

5. Infections that can be transmitted in utero and may damage the fetus (e.g., rubella, HIV) .... O Yes O No
6. Alcohol use by pregnant person during pregnancy. If "yes", complete section D. .... O Yes O No
7. Drug use by pregnant person during pregnancy (If yes, type of use: O Cannabis O Other drugs) .... O Yes O No

Complications of labour and delivery

8. Difficult vaginal birth (forceps or vacuum) or emergency caesarean .... O Yes O No
9. Infant trauma or illness (e.g., convulsions, respiratory distress syndrome) .... O Yes O No
10. Family history of a disability not detectable at birth that could affect development (e.g., deafness, mentally disabled/challenged) .... O Yes O No
11. Multiple births (e.g., twins, triplets) .... O Yes O No
12. Pregnant person smoking during pregnancy (If Yes, # of cigs/day: O 1-5 O 6-10 O 11-15 O 16-20 O 20 +) .... O Yes O No
13. Diabetes diagnosed before pregnancy OR early in pregnancy (type 2) .... O Yes O No
14. Diabetes diagnosed in 3rd trimester of pregnancy (Gestational Diabetes) .... O Yes O No

C. FAMILY RISK FACTORS

15. Pregnant person's age at birth of first child is less than 18 years .... O Yes O No
16. Pregnant person's highest level of education completed is less than grade 12 .... O Yes O No
17. On social assistance/income support or financial difficulties .... O Yes O No
18. Single parent family .... O Yes O No
19. First prenatal visit occurred at/after 28 weeks gestation .... O Yes O No

Mental illness or disability in pregnant person and biological father OR parenting partner

20. Depression (including postpartum) .... Pregnant person .... O Yes O No
21. Biological father of baby/Parenting partner .... O Yes O No
22. Anxiety Disorder .... Pregnant person .... O Yes O No
23. Biological father of baby/Parenting partner .... O Yes O No
24. Schizophrenia or bipolar affective disorder .... Pregnant person .... O Yes O No
25. Biological father of baby/Parenting partner .... O Yes O No
26. Mentally disabled/challenged parent .... Pregnant person .... O Yes O No
27. Biological father of baby/Parenting partner .... O Yes O No
28. Antisocial type behaviours .... Pregnant person .... O Yes O No
29. Biological father of baby/Parenting partner .... O Yes O No
30. Current substance abuse .... Pregnant person .... O Yes O No
31. Biological father of baby/Parenting partner .... O Yes O No
32. Prolonged separation between baby and pregnant person (5 days or more with little or no contact) .... O Yes O No
33. Assessed lack of bonding (e.g., minimal eye contact, touching) .... O Yes O No
34. Social isolation (lack of social support and/or isolation related to culture, language or geography) .... O Yes O No
35. Relationship distress .... O Yes O No
36. Current or history of violence between parenting partners .... O Yes O No
37. Harsh and/or inappropriate discipline practices (including other children) .... O Yes O No
38. Existing file with Child and Family Services .... O Yes O No
39. Pregnant person's own history of child abuse/neglect .... O Yes O No
40. Biological father /parenting partner's own history of child abuse/neglect .... O Yes O No

D. ALCOHOL USE DURING PREGNANCY *(complete if answered "yes" to item B6)* *(See reverse for detailed instructions)*

In this section, check the option that is most descriptive of alcohol use before the pregnant person knew they were pregnant:

Frequency How often did the pregnant person consume alcohol? O Less than once/mo O 1-4 days/mo O 2-3 days/wk O > 3 days/wk

Usual Amount How *much* alcohol would they consume in one sitting? O 1 or less O 2 to 3 drinks O 4 or more drinks

Binge Did they ever drink 4 or more drinks in one sitting? O Yes O No
How often did binge drinking occur? O Less than once a month O 1-4 days/month O 2-3 days/week O > 3 days/week

Once the pregnant person discovered their pregnancy, did how much or how often they consumed alcohol change ? *Select* *one response.* O No O Yes, reduced use O Yes, increased use O Yes, stopped altogether

Screen Completed By:
Name : ______ (please print)
Phone: ______

Health Unit # ☐☐ 7 7 7 Day ☐☐ Month ☐☐ Year ☐☐☐☐ **TOTAL SCORE** ☐☐

3. Appendix C: Engagement: A Key Role of Public Health Nurses

Goal: Enhance the skills and competencies of Public Health Nurses (PHNs) in effectively engaging families and increasing their receptiveness to information, resources, and referrals, including Families First home visiting.

Why Engagement Matters: When families feel heard, understood, and respected, they are more likely to develop trust. Building rapport and fostering relationships based on mutual respect helps families feel supported and increases their receptiveness to information and resources. This leads to better outcomes in health and well-being (22).

Engaged families are more likely to:

- **Build trust**, allowing for open discussions about challenging topics.
- **Actively participate** in their health and wellbeing.
- **Utilize information, resources and referrals.**
- **Achieve improved outcomes** in areas like child development, family functioning, and overall health and well-being.

PHN Practice: PHNs use relationship-based and trauma and violence informed approaches to create meaningful partnerships with families on their journey toward positive health and well-being. By developing trust and recognizing the impact of trauma, PHNs can enhance family outcomes. PHNs approach families with empathy, understanding, and acceptance to foster a supportive and collaborative environment.

Setting the Stage for Engagement:

The initial contact with the family is fundamental in establishing a positive and collaborative relationship. By following the stages of engagement, PHNs establish a trusting relationship with the family from the outset (18).

1. **Pre-Contact Preparation**
   - Review all available information about the family to understand their life situation including diverse cultural, socioeconomic, and familial contexts.

2. **Initial Contact: Building Rapport**
   - Build rapport by introducing yourself, explaining your role, and addressing any immediate concerns the family may have. E.g., Name, Occupation, Duty (NOD).

   Example: "Hello [client's name], my name is [PHN's name] and I am a Public Health Nurse from [area]. We received a referral from [source]. I'm calling to see how you and your family are doing since coming home from the hospital [pause for response]. We visit with all families to talk about how you're adjusting and any supports or

community resources that might benefit your family. Everything you share is private. How have things been going for you since coming home?

- Learn who they consider family and include them in the invitation for the visit.
- Offer dates and times for the home visit, and mutually agree on the best option.
- Develop a plan of action for the follow-up visit based on the gathered information.

3. Conducting the Visit: Establishing Trust

- Foster a trusting relationship by listening actively, validating the family's experiences, respecting their values and emphasizing their strengths.
- Refrain from providing anticipatory guidance while the client is sharing to ensure they feel heard and valued.
- Conduct a comprehensive nursing assessment to assess the family's physical, emotional, and social well-being following the Nursing Care Pathways and Psychosocial Family Assessment guideline.

Example: "Thank you for sharing that you're feeling uncertain about breastfeeding. It's common to have those feelings, especially in the beginning. What has your experience been like so far?"

4. Closing the Nursing Assessment: Setting Goals

- Encourage the family to share their strengths and successes. Ask the family to identify what is most important for them to action.

Example: "What are some things you feel your family is doing well right now, and are there any areas where we can partner to support you further?"

- Share the strengths you've identified to demonstrate your care and support.
- Provide tailored health information, resources and referrals based on family needs and goals.
- Actively listen to concerns and unmet health needs or barriers. Develop a follow-up plan incorporating family proposed solutions and goals acceptable to them.

5. Providing Information, Resources and Referrals: Encouraging Families First Home Visiting

- When a family has a positive Families First entry score or is determined to be clinically positive, offer Families First home visiting.
- Connect family goals to Families First goals.
- Provide a 'Welcome to Home Visiting' handout to offer more information.
- Share strategies from the "Towards Flourishing Everyday" program.

Example: "You expressed that having a strong bond with your child is important to you. Families First focuses on building attachment and promoting positive parent-child relationships."

6. **Ongoing Engagement: Case Management**
   - Continue to build on trust, following up on the family's progress, adjusting goals, and offering further support.

   Example: "Last time, we talked about how important it is to have a strong bond with your baby. How are you feeling about your connection now?"

Key Reasons Why Families Choose to Participate in Home Visiting

The strongest predictor of families accepting Families First Home Visiting (or other offered resources) is their level of engagement and the establishment of a trusting therapeutic relationship between the PHN and the family (23).

1. **Establishment of Rapport and Relationship-Based Care**
   The foundation of home visiting is built on rapport and trust. Families are more likely to participate when they feel understood and supported.

2. **Recognizing a Good Fit**
   When families see that visits are flexible, family-led, and aligned with their unique needs, they recognise how home visiting fits into their lives and parenting goals.

3. **Seeking Parenting Guidance**
   Many families participate to gain information on topics such as child development, safe sleep, and creating a nurturing environment.

4. **Learning About Community Resources**
   Home visiting connects families to valuable community resources such as parenting groups and health services, helping them feel more connected and supported.

5. **Clear Expectations**
   Families are more willing to participate when they understand what to expect from the visits.

   Example: "The Families First Home Visitor will visit for about an hour. They follow a research-based curriculum and share information on topics that interest you. The visits also include activities designed to support your baby's development."

Fostering Future Engagement

If there is no availability or if the family declines the offer, the PHN will continue to case manage and connect the family with other resources, supports or services. Using clinical discretion, the PHN strives to engage families into home visiting later when caseloads allow.

Example: "Being a new parent with limited support can be tough. I can come by to discuss some resources and supports you may find helpful. Would you be open to setting up a time to talk?"