Capital Health
Public Health Services

Change... for good.

We need to make changes to our prenatal classes and postpartum in-home visits - what we call the Healthy Beginnings program. And we're asking for your help.

For decades, prenatal education and in-home nursing visits after the births of babies have been cornerstone Public Health services.

But it's a different world than the one these programs were born into. Community supports are different. Best practices are different. Families are different.

We're looking hard at whether prenatal classes and in-home visits are making the impact they should: Are we reaching the right people? Providing relevant services? Are we connecting with families when and where they need us?

We've heard from and talked to more than 140 people involved with pregnant women and new mothers. Now we've reached what may be the most important part of this year-long listening and learning process - hearing *your* stories.

A little bit about Public Health...

For years, Public Health has best been known through birth - through our prenatal classes, our in-home visits, and our breastfeeding education and hands-on support. Being an ally of moms and babes has been, to many, Public Health's central identity. But our job embraces more than new parents.

Public Health Services is the agency charged with improving the health of *everyone* in the Capital Health district. That's nearly half a million Nova Scotians from West Hants to Sheet Harbour, including the Halifax Regional Municipality. As part of Capital Health, our job is to take on the big picture - everything from communicable disease prevention, to air quality assessment, to reducing childhood obesity. The 10,000-foot view.

Public Health's unique duty is to understand what affects people's health, and to work with others to improve it. It's to close the gap between our most and least healthy community members. That's our marching order. Our reason for being.

That work is growing. The funding pie isn't.

We want to do the best we can, and certainly better than we have been. That goes for babies along with everyone else. And that's where you come in...

Your Stories...

There are lots of people in the health care system who do their best every day to support healthy moms and babies. But we haven't always done a good job of listening to you - the moms, the dads, babies and families.

We're eager to hear your stories about the way we supported you before and after birth - the good *and* the bad. We need to learn from you.

It's not all going to be rosy, we realise. And that's ok. Because hearing how we've hindered, along with how we've helped, is the right thing. Public Health isn't the only game in town when it comes to supporting new moms and their infants; we want to let go of what others can do better than us, and build on what we do best.

We need to make decisions. But first we want to know: what would YOU change?

Here's a little of what we've heard so far...

In our interviews and gatherings this year, stakeholders didn't pull any punches.

A lot of the talk was about "priority families" - parents, caregivers, and children that need access to postpartum and prenatal support most urgently. It could be teen moms, single parents, or women with a history of premature birth. It could mean new Canadians, families who are geographically isolated or moms needing breastfeeding support.

Stakeholders were clear about the what: Public Health needs to do better at connecting priority families with supports. The how? That part's not so easy.

Continuing to offer every new mom postpartum in-home visits is one way to go, because it allows any woman who feels she needs support to access it, without the stigma we've heard can go along with being "labelled" a priority family.

But that costs *a lot*. And we know that not all women who see nurses in their homes consider Public Health a list-topper when it comes to after-birth care. Also? Some moms and their children who could benefit from postpartum support - or prenatal education - won't ever decide to make use of the offerings.

So, do we continue to extend help to all new moms and risk not having enough impact with the families that could benefit most? Do we hone in on priority populations, assuming other families will make their way without us? Or is there another route? A middle road, or *roads*, we haven't even yet considered?

And here's another interesting issue...

We also heard that Public Health must work "in the community." But that means different things to different people.

Public Health has, over the last few decades, migrated more and more to service delivery. We're known for our one-on-one work, like breastfeeding support and in-home nursing visits. But that one-on-one identity isn't supposed to be Public Health's only face. Fostering population health is our imperative - that unique 10,000-foot view.

So, how do we live that mandate?

By digging into the work of community partners? Helping them side-by-side to design and conduct the kind of prenatal and postpartum programming we believe is needed?

Or by taking a generous step back? Many community partners, like Family Resource Centres and Community Health Centres, told us they know their clients better than us. And frankly, they need to be trusted to do their work; they can build on their own strengths, they said, and call on us when they need us.

So... strengthen the community from the inside? Or the sidelines?

The big ask...

These are only sparks. There's a lot to think about and a lot more for us to hear - on these topics and ones we haven't even thought of yet.

We know this: we can't do more than we do now, and the status quo is no option.

So - how does Public Health's role with moms and babies need to evolve to better help the families who need those services most?

We need to make decisions. But first: what would you change?

How to talk to us...

To share your story, or to find out more, visit www.cdha.nshealth.ca/babystories.

Questions? Call (902) 481-5862 or email jennifer.kendell@cdha.nshealth.ca.