



BABY STORIES

Growing our future together



Capital Health
Public Health Services



THANK YOU

To all of the parents, guardians, community partners and professionals who shared stories and insights with us. We hope you see your voice reflected in these pages, and in the changes we make to our programs in the months and years ahead.



THE BEGINNING

About a year ago, we asked ourselves an important question: Is Public Health as meaningful in people's lives as it needs to be?

Because, since the launch of our prenatal and postpartum Healthy Beginnings program, **the world has changed.**

Family resource centres have sprouted up, doula programs have expanded, stores offering baby-care workshops have boomed. The Internet, which wasn't even around when Healthy Beginnings was born, has provided resources and relationships we could not have imagined. We wanted to know, in this support-rich world:

Is Public Health making the impact it should?

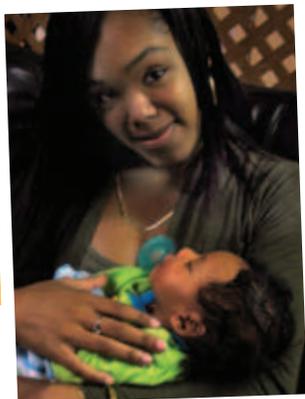
For the answer, we looked to you – moms, dads and people working throughout the community to support parents of little ones.

That's because we wanted the truth – in all its complexity and sometimes difficulty. And we wanted to plan to move ahead with you. We wanted to open the meeting room doors.

We sought out community health leaders, midwives and family physicians. We engaged with families to hear their experiences around pregnancy, birth and raising young kids. We collected stories online and in your own neighbourhoods.

In all, we heard from more than 400 parents and parents-to-be in the Capital district and 140 partners providing on-the-ground support.

Communities told us that they **have changed.** We heard. And that's motivated us to make changes, too.



A NEW PUBLIC HEALTH

Today, we're digging in to realign our Healthy Beginnings work, based on what we've learned, heard and understood.

We're listening to our partners, looking at evidence-based best practices and centring our next moves on what you told us has worked well for you in your early parenting journeys, and on how you make use of the resources, both formal and informal, located within your own communities.

WE'VE LEARNED...

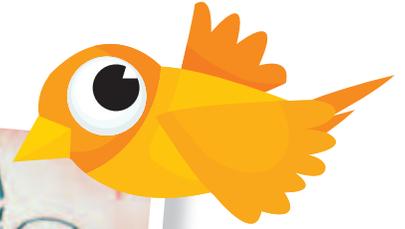
WE NEED TO PROMOTE CONTINUITY OF CARE.

We need to help women find and maintain relationships with primary health care providers they trust – the people who will help them move smoothly from one parenting stage to the next.

WE NEED TO FOCUS MORE ON THE FAMILIES WHO NEED US MORE.

We need to understand and help address health disparities in our communities and build our work on the foundation that there are some families who need us less and others who need us more.





WE NEED TO TRANSFORM OUR RELATIONSHIPS WITH OUR PARTNERS.

We need to appreciate how much better our community health partners know their clients and let them take the lead in building support networks and bolstering health while we work behind the scenes.

WE NEED TO KEEP LOOKING FOR WAYS TO IMPROVE.

We can't just engage this one time and then go off and assume all is well. We need to look at our relationships and our practices again and again and again. Because we really want to get this right.

We aren't just tweaking a few program details. We're looking at the world in a **whole new way**. Throughout this process and into the future, we want to see things through the eyes of parents and their supporters.

The good news is, the changes you've said will best serve families, and make Healthy Beginnings the best it can be, are right in line with our mandate – to understand overall health and to work with community partners to focus on the families who need us more.



LIVING OUR MANDATE

Pledging so strongly to engaging – to really hearing your stories – is new for us.

We've committed to the process because we want to make a greater impact in the lives of families in the Capital district. And because it's part of the way we can best help improve the health of our population as a whole – nearly half a million Nova Scotians from West Hants to Sheet Harbour, including the Halifax Regional Municipality.

To parents of young children, Public Health has been best known through its prenatal classes, in-home visits and breastfeeding support.

But the job we're accountable to do is much bigger.

It's about knowing what affects overall health and working with our partners to improve those factors; it's fostering the environments that enhance health; it's closing the gap between our most and least healthy neighbours.

Some of our responsibilities...



- protecting the public from such health threats as communicable diseases, unsafe water and poor air quality
- promoting health and disease prevention
- increasing access to good quality food
- supporting positive child and family environments and healthy school environments
- doing the population health surveillance that keeps us abreast of health changes.

To best achieve these goals, we need to **listen, learn and understand.**

So we reached out to rural, urban and suburban families. We heard stories from young moms, stories from African Nova Scotian parents and stories from Mi'kmaq and Muslim communities.

We wanted to know what worked for families from early prenatal through the first day of school. We asked, at each parenting stage:

How did you feel?

Who was helpful?

How did they help?

We purposely didn't ask about our own programs. That's because we wanted to know about the real depth and the breadth of formal and informal supports out there. We wanted the benefit of hearing it all.

WHAT WE HEARD

We were humbled by the openness of parents who shared with us.

“My husband was nonexistent – drinking and partying a lot. No support for me. I didn’t trust him with the baby.”

“Accessible playgroups are needed. I ended up creating my own.”

“Mothers don’t have time to read pamphlets. But when we’re at home and can’t sleep at night, many of us turn to the Internet. The community we find there informs us more than all the printed literature.”

“I wanted help getting to the family resource centre. We live outside the city and can’t easily access the family resource centre, as we don’t have a car.”

“Although the physician who attended my birth turned out to be a phenomenal person who I would later trust, she was a stranger to me – we met during my labour and a relationship of trust simply did not exist at that time.”

And we were blown away by the **differences** found among their stories.

During the prenatal period:

Some women were seeking culturally specific prenatal education; others were wondering how they even got pregnant.

In the weeks after birth:

Some parents were looking for the best smartphone apps to track their babies’ development; others worried they wouldn’t have enough food.

Among families with preschoolers:

Some parents were pondering French immersion; others reported working hard to break the parenting habits they had learned growing up.

Hearing these stories, it hit us: these **differences matter**.

Our community partners – family practice nurses, midwives, community health workers, developmental psychologists and others – understand this diversity of experience and needs better than we do. And we need to trust them to take the lead. We need to trust them to take the lead – because they’re eager to.



Where we currently provide universal screening at the IWK to identify a small proportion of families needing intensive, ongoing formal supports...

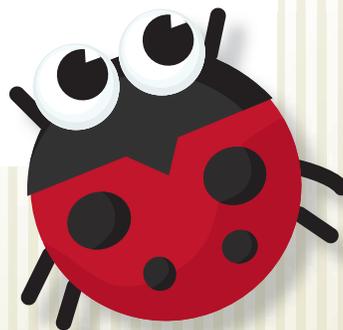
Where we currently offer all women in-person, prenatal classes and workshops, regardless of need...

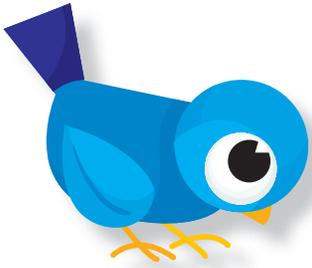
Where we currently offer all women a phone call check-in and the option of an in-home visit, even if they already had established primary health care...

...we would like to enhance screening to determine the different levels of formal support needed by families and make sure women can access support in their communities.

...we want to help build a network of community-based supports (family doctors, midwives, family resource workers and others) to provide that continuity of care.

...we'll work with communities and partners to ensure there's a variety of credible postnatal supports for women and families to choose from.





WHAT IT MEANS FOR FAMILIES

Stepping into **our new role** and embracing our mandate means changes to the way Public Health works. The details aren't set, but we have some ideas...

Instead of mostly making contact with families at brief, early stops on their parenting journeys, parents need Public Health to support the healthy beginnings of their children through networks of formal and informal community supports – **WHEN** they need them, **WHERE** they need them, and **FROM WHOM** they need them.

Public Health needs to be a **catalyst, connector and advocate** – working behind the scenes to understand the health of the population as a whole, changing health environments, and setting up support and resource networks across diverse communities.

And Public Health needs to keep on listening.

To find out what's next and to join in, head to www.cdha.nshealth.ca/babystories



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A different today. A better tomorrow.