

ML BUREAU DE SANTÉ DE
MIDDLESEX-LONDON
HEALTH UNIT
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Family Planning Clinical Pathway & PIPE topic Summaries

Clinical Advisory Group

May 21, 2024

Family Planning Clinical Pathway

- NSO in US had recently developed a pathway (2020)
- Opportunity to review and consider adaptations needed for use in Ontario
- Final placement deliverable was a draft adaptation of the US NFP Pathway
- Goal was to create a clear, accessible, draft clinical resource for PHNs to reference when supporting NFP clients to reach their family planning goals

PIPE Topic Summaries

- Template for topic summary was in draft form at 1 NFP site for our alternative to NFP home visiting program (that also uses PIPE)
- Opportunity to create supportive tool for practice to improve on efficiency of planning PIPE lessons
- Final placement deliverable was set of PIPE topic summaries
- Goal was to create more usable, accessible resources for home visiting practice that summarize and organize these valuable parenting concepts

Review Pathway and Summaries LIVE



Topic Summary: LISTEN Topic 4 (p.79) – Tune In Tune Out

Supplemental Topic for NFP during infancy and childhood		
Supports the NCAST keys to Caregiving materials for families who have difficulty reading their child's cues or whose children are not strong cue givers.	Infancy v	Toddler v

Introductory statement: These PIPE topic summaries were developed to support Public Health Nurses (PHNs) facilitate PIPE for clients within a home visiting program context. They are intended to be utilized by PHNs who already have completed PIPE education (either the in-person, 2-day Introduction to PIPE training or the 35-hour, PIPE Comprehensive E-Training).

PIPE Summaries

- Final pdf versions now posted under [PIPE Resources](#) course on Moodle



Conceptual Overview:

- Babies and toddlers are able to tune in and tune out of their surroundings.** Parents who engage in interaction when their child tunes in and disengage from interaction when their child tunes out are strengthening developmental pathways. This kind of response to the child is a sign of respect. It allows a baby or toddler to regain equilibrium and to participate in an interaction for a longer time. When parents respond appropriately as their children engage and disengage, they encourage self-regulation and self-confidence.
- Recognizing how to engage a child – and when to disengage – is sometimes called the “Dance of Love”.** This type of shared understanding is also referred to as the “shared space between mother and child”. Most mother/primary caregiver-baby or mother/primary caregiver-toddler pairs find this “shared space” several times each day. When the primary caregiver gains this level of sensitivity to the child’s signals, the pair becomes “in tune”. Such babies and toddlers are better behaved and show confidence, rhythmicity, and strong development.
- Nonresponse can be useful or devastating.** When babies know that a parent is available or “there” for them, they will look to the parent for everything they are unsure about. “May I touch this?” or “Should I trust this strange person?” This connection allows the child to learn. But as the child gains confidence, they will try testing the limits of behavior. This is when not responding to a child’s demands is a good way to regulate their behavior. For example, a toddler fusses, “cookie, cookie” and their caregiver responds by ignoring the request and walking away to get their keys. Ignoring a child can help parents redirect the child’s behavior without scolding them. However, *general* non-responsiveness (e.g., from a depressed primary caregiver) can be detrimental and can cause depression in the child. Such children will seek their attachment somewhere else. If they do not find an alternative, they may make slower progress; they may even *lose* developmental abilities and/or valuable social skills.
- Structure for success to help babies and toddlers tune in.** The position of the child, the distractions in the room, age-appropriate toys, the time of day, and the child’s state of awareness all make a difference in how well they will engage and learn. Engagement can be loving and calming (such as rocking), quiet learning (such as reading or playing blocks) or active release (such as exercising). Sometimes when a baby or toddler tunes out, it is only for a short time. Help parents learn to wait for their child to regain balance and tune in again.

Family Planning Clinical Pathway

Canadian NFP Family Planning Clinical Pathway



1

LAY THE FOUNDATION

Pregnancy visits 1-7

Develop rapport with client and build a trusting relationship to support their family planning goals.

Forms/Facilitators/Resources:

- Refer to "A Guide to Taking a Sexual History"
- Complete "Maternal Health Assessment" Form (pregnancy visits 1-4)
- Complete "Life History Assessment" (pregnancy visits 1-4)
- Discuss "How is it Going Between Us?" (pregnancy visit 5)
- Utilize "Family Planning & Sex" Facilitators if appropriate

2

PREGNANCY

Pregnancy visits 8+

Explore client knowledge on family planning methods, goals and desires related to family planning and/or birth control. Understand the available options/access to birth control methods for the client.

ASSESSMENT

Forms/Facilitators/Resources:

- Utilize "Family Planning & Sex" Facilitators (program topic for pregnancy visit 8)
- With client consent, review "Sexuality & Family Planning" Facilitator
- If client discloses exposure to current or past IPV including any form of reproductive or sexual coercion, consider this a client-initiated disclosure on the IPV Clinical Pathway, and follow up with the Clinical IPV Assessment

3

POSTPARTUM

Infancy visits 1-6

Provide health teaching for any gaps in knowledge on family planning, pregnancy spacing and available birth control options. Address any misconceptions and provide client with tools and resources for selecting and accessing the family planning method most appropriate for them. Assess for red flags re: IPV and reproduction coercion). Support, refer and advocate for access to desired family planning method as needed.

NURSING DIAGNOSIS
PLANNING
IMPLEMENTATION

Family Planning Clinical Pathway on the schedule of forms

Data Collection Form	Visit by Age	Visit Number ⁺
Pregnancy:		
Client Intake	Pregnancy intake	1-4
Maternal Health Assessment: Pregnancy Intake	Pregnancy intake	1-4
IPV Clinical Pathway – Build the Foundation (Life History Calendar)	Pregnancy intake	1-4
Health Habits	Pregnancy intake	1-4
General Anxiety Disorder 7-item Scale (GAD-7)	Pregnancy intake	1-4
Patient Health Questionnaire-9 (PHQ-9)	Pregnancy intake	1-4
IPV Clinical Pathway – Build the Foundation (How's it Going Between Us)	Pregnancy	5
STAR Framework – initial review of findings ¹	Pregnancy	5
Universal Assessment of Intimate Partner Violence	Pregnancy	5-7
Family Planning Clinical Pathway – Build the Foundation	Pregnancy	1-7
General Anxiety Disorder 7-item Scale (GAD-7) ²	34-36 weeks gestation	11-12
Patient Health Questionnaire-9 (PHQ-9)	34-36 weeks gestation	11-12
STAR Framework – review and consolidate findings ¹	34-36 weeks gestation	12-12
Health Habits	34-36 weeks gestation	12-12
Family Planning Clinical Pathway - Assessment	Pregnancy	8+
Infancy:		
Infant and Maternal Postpartum Assessment	1st Postpartum Visit	1
General Anxiety Disorder 7-item Scale (GAD-7)	Infancy 1-5 weeks	1-5
Patient Health Questionnaire-9 (PHQ-9)	Infancy 1-5 weeks	1-5
Health Habits	Postpartum/Infancy 6 weeks	6

Feedback

- Unfortunately, minimal feedback received via survey (14 responses)
- PIPE
 - "Helpful"
 - "Use them regularly"
- Pathway
 - couldn't find/didn't know it existed
 - liked visual and layout
 - Simple/easy to follow
 - suggested how to better integrate (introduce with case study, include in V2VG, embed in forms)

Next Steps

- Team Meeting Education Module to be developed
- Review inclusion during orientation, NFP Education and for next form revisions
- Will revisit during Team Education Day at end of 2024

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**Thank
You!**