

Ep.4-Supporting-Childbearing-Families.mp3

[music]

Christina Bradley [preview]:

I get to see some of my clients really at some of their lowest lows. And I get to see clients at their elated highs. And being a part of another person's journey—seeing them accomplish and achieve their goals, seeing them thrive—is truly a great privilege. But I also have this luxury of being involved in the conversations that inform systems change. The children that I'm working with today, the babies that I'm working with today, the health care that they are going to receive in the future is going to be better because of the nursing efforts that are happening right now.

[music]

Susan Blue:

Hi, I'm Susan Blue.

Maureen Cava:

And I'm Maureen Cava.

Susan Blue:

This is *Stories From The Field: Public Health Nursing in Ontario*. In today's episode, we're excited to meet with two highly experienced public health nurses: Christina Bradley and Jan Tomlinson.

Christina Bradley:

My name is Christina Bradley. I'm a public health nurse and lactation consultant with Niagara Region Public Health.

Susan Blue:

Christina has been a public health nurse for over 20 years. She works with postpartum families, supporting new parents who are having challenges with breastfeeding and infant feeding. Christina approaches her work from a "working *with*" versus "doing *to*" perspective. She'll describe how she meets her clients where they're at, and works with them to meet their infant feeding goals. She'll also share how her role in undertaking nursing research is contributing to evidence-informed practice.

Jan Tomlinson:

My name is Jan Tomlinson, and I'm a public health nurse at the Middlesex-London Health Unit. My official role is on the reproductive health team within our Healthy Start division. That said, for the past year or so, I've been working with our COVID re-deployments.

Maureen Cava:

Jan has been a public health nurse for her entire career of 23 years. She has worked in high-risk home visiting, policy, and advocacy work in a variety of settings, including homes, schools, and community centres. Jan will share how autonomy and independence are aspects of public health nursing practice. Jan will talk about her work in a prenatal program for immigrant women.

But first, we'd like to acknowledge and thank both the Lawrence S. Bloomberg Faculty of Nursing and the University of Toronto. Funding from the Verna Huffman Splane Endowment Fund enabled us to produce the podcast series. A public health nurse who lived to be 100, Verna's legacy donation supports education that promotes public health nursing.

Susan Blue:

We started with Christina, who is passionate about her work with breastfeeding families. She'll begin by describing what prompted her interest in public health nursing.

Christina Bradley:

Well, other than them being the first people to give me a permanent full-time job—which, you know, I was a new graduate, was pretty exciting—but why I stayed there, and why I loved it so much, was because I had an opportunity to not only work with clients directly but I also got to influence things at a population-health level. So I got to work on system changes, I got to work on advocacy issues, and kind of those social determinants of health that influence the health and care of individuals, and work on making changes on those areas. So not only was I getting that satisfaction of developing relationships and working with clients but I was also part of the solutions for system change.

Maureen Cava:

Can you tell us, then, what led to you becoming interested in working with families of childbearing age?

Christina Bradley:

I wanted to work a little bit more closely with clients and have just a little bit more of that balance, in terms of supporting direct client care and working at that population-health level. And that's what really interested me about the role I'm in today.

So, currently, I'm the outreach nurse in our Family Health division. Through that, we have an emphasis on making sure that families have access to supports and services in those early years. Sometimes parents cannot access typical parenting workshops, or breastfeeding clinics, or mental health services because of transportation, or their anxiety, or just sometimes trust of the healthcare system. So what's unique in my role is trying to figure out ways to bring those services to those families. So whether or not I meet those families individually within their home, or if they trust another community partner organization and have a good relationship there, I meet families *there*. I meet families where they're at, where they're most comfortable—quite often, offering that infant feeding support, which we know is so important in those early years, and also

supporting mums and families that might have postpartum depression, and making sure that they have access to supports as well.

Maureen Cava:

So, can you tell us a little bit about some of the, ah, issues and challenges the clients that you're working with are experiencing?

Christina Bradley:

From an infant feeding perspective, we know that there's so many benefits to breastfeeding a child, right—in terms of the attachment that mum has, the health benefits that comes with breastfeeding. It comes very naturally to many families. But there are also sometimes challenges with that.

They can book a consult with me. And I offer a one-hour free support, where I do full assessments of mum and baby, and their feeding relationship. So if they have painful experiences in breastfeeding, low milk supply issues, any kind of challenges bottle-feeding even, we sit down and we work through those issues. And what I love the most is that I never discharge any of my clients; they discharge *me*. So I continue to work with my clients until they feel confident that they're reaching their infant feeding goals.

And sometimes that will happen after a few sessions. And then I don't hear from them, sometimes never again. And sometimes they'll reach out a couple months later and say, "You know, Christina, I've got a new issue now. Can you help me with that?" And I just continue to support them.

Susan Blue:

So when we talk about clients, Christina, is that client just the mum? Or who does it actually incorporate when we're talking about an actual family unit?

Christina Bradley:

It's the entire family that we are supporting. When I'm in—looking in that breastfeeding outreach role—so that lactation consultant role—yes, I'm working with the mum's health, in terms of milk supply or pain or whatever their infant feeding goals look like and helping them reach them, but also taking a look at the infant, right, and making sure that they're getting the nutritional requirements that they need to be healthy and thrive. And if there is a partner involvement at all, then it's also taking a look at what their needs are, how are *they* coping with everything too. So it's taking a look at that family dynamic and the interpersonal relationships that are happening, and just making sure that that family is feeling well-supported, they're on the same page, and they're working towards the same goals.

And family goals can change all the time. So as a nurse, making sure that I'm adaptable and flexible, and making sure that I'm in tune and aware of what the clients' goals are, and helping them reach whatever new goals they may be. And sometimes, when they have to shift in their parenting goals, that can also come with grief. So if parents have an expectation to exclusively breastfeed, and now they have to do a form of

combination feeding or exclusive bottle-feeding, sometimes it's a grieving process and letting go that they were not able to meet that first parenting expectation. So, as a nurse working with that family, we help them to go through that. You never know what's going to happen during an interaction with a client, but that constant assessment, that constant re-shaping of the nursing care plan happens at every single encounter.

Maureen Cava:

Christina, can you share with us a success story?

Christina Bradley:

A story that really sticks out to me is I was supporting a family. When they came to see me, originally they had a goal of exclusive breastfeeding. And this baby completely refused the breast, would not go to the breast. Mum had a very low milk supply; she was not making enough milk in order to meet the nutritional needs of her baby. And so, she was a regular client of mine. We met weekly, sometimes more than once-a-week, first in building up this milk supply. So we reached a point where she was at least able to make enough breast milk to exclusively meet the baby's nutritional needs through breast milk. And we also then worked at getting baby comfortable to be around the breast, and then drinking at the breast with aids, and then exclusively drinking at the breast without any aids at all and without any bottle supplementation.

So we were working towards this goal. And I just had a regular followup check-in like, "Hey, how are things going? Do we need to shift anything in the care plan?" And the client was in tears. I started thinking, "Oh, no. I'd been concerned a little bit about her mental health. Do we need to start doing some interventions for postpartum depression?" And that's when she shared with me that baby was exclusively breastfeeding at the breast, no supplementation, and that these were happy tears.

And to be part of that experience—to be part of this family's journey, and to be part of this moment where she was thankful and grateful that she achieved the personal goal that she had set for herself—to be part of that was just an incredible moment, as a nurse. To see her through those struggles, it took several weeks. She was a client of mine for over two months. We were working at trying to reach this goal. And quite often, clients just kind of cancel, saying, "I don't need your services anymore." But she took the time to still meet with me. And the happy tears just said enough.

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Susan Blue:

In the past, Christina has worked on chronic disease and injury prevention initiatives, developed grant proposals, and written stories and interactive video games for children. She spoke to us about the importance of nurses getting involved in projects beyond their local health unit.

Christina Bradley:

I think it's really important for nurses to take the initiative and seek opportunities. The advantage of working on provincial, or regional, or a central-west project is you begin to meet not only nurses that are practicing across all of Ontario—and just learn from that sharing of expertise, and styles, and opinions—but that multi-disciplinary team. So working with universities and with researchers from universities, they just bring a very different perspective in behavioural sciences, in psychiatry, media, behaviour change, and social media influencing that when you're a nurse and you have that opportunity, I think it's just important to jump at it.

Research is so important. I think it's the only way that we can identify ways to do things differently and do things better. I think, as nurses we're always striving for that. Right? Like always questioning: "But it could be better" and "How could it be better?" "Now, can I get other people around the table to start questioning the same thing?" And "Now, can we get some money behind that?" I think that public health, and particularly public health nursing, is a very under-funded research area.

Sometimes we don't have answers to the practice questions that we're asking as nurses—especially when we're taking a look at population-health level change. We're learning new things about breastfeeding and infant feeding, all the time. And we're in this unique position, as nurses today, that there is an appetite for evidence-informed practice. And with that appetite comes that opportunity to really take a look at, "Is this the best way to do things? And if not, what can it be?" And that's just not only going to be very fulfilling to ourselves—knowing that we're doing the best that we can to support the families under our care—but also just helping the nursing profession in general, and helping the healthcare system in Ontario, when we start to really explore the areas of nursing practice and evidence-informed practice.

Maureen Cava:

Christina, what do you love most about your work?

Christina Bradley:

I love that I feel like I truly make a positive difference in the lives of young families. Just to be part of a family's journey—especially when they're struggling, especially when they've just brought a new life into this world—to be part of that journey to see a family grow in their confidence, to see them explore different ways of parenting, to explore different ways to interact with their child or their partner, and the happy tears. When a mum is struggling with something like feeding her child, and when she first latches that baby to the breast, and she's achieved what she considers a really important parenting milestone—like this was a goal—and to be part of that and to see that baby latch and drink for the first time, and the mum just lets those happy tears just flow, you just know. You know that you've made a difference. That family has worked really, really hard. To be part of that journey in those first moments of life, and to continue to support that mum again until they feel confident, is just a—a real pleasure.

[music]

Maureen Cava:

We're now going to hear from Jan about her work with a prenatal program for women new to Canada. This approach is helping soon-to-be mothers develop comfort in their journey toward parenthood.

Jan Tomlinson:

Over the last few years, I've been working in a program called the "Prenatal Immigrant Program," "PIP" for short. And we deliver prenatal programming to Arabic-speaking newcomers. It was a test pilot. So right now it's Arabic-speaking, but we have great plans that we will expand it to include other languages.

Maureen Cava:

When first meeting with the Prenatal Immigrant Program participants, Jan and her team needed to assess their needs. But there was a language barrier that made the assessment difficult. Thankfully, one of the students doing a placement with Jan spoke Arabic and was able to translate between the nurses and participants.

So what did they tell you? What kinds of needs did they identify for you?

Jan Tomlinson:

They wanted to know how to have a healthy Canadian baby. That was one of their main goals. And that really fits beautifully in with our prenatal programming that we do, because it's all about having the healthiest pregnancy you can. So that was one of the things: they were just wanting to learn about that.

Navigating the healthcare system. Canadians' healthcare system is so different than any other part of the world, really, but especially the countries that they were coming from, where it was privatized. So learning about how you have a family doctor, who then does all the referrals and whatnot.

Maureen Cava:

So, describe for me, then, after you did the needs assessment, and spoke to nurses, and looked at the literature and the research, what happened with the program? How is the program designed?

Jan Tomlinson:

The program is very client-centred. And we really do look at strength-based. So those are kind of some of our driving factors. But, from a very practical point of view, it's a weekly group. And women, they come as soon as they are comfortable in sharing that they're pregnant, they're welcome to join the group. Ideally, we want them to start as early in the prenatal as possible, so we're supporting them during those early, formative trimesters. And then they attend weekly sessions until the baby is born. And then they graduate to our postpartum program.

Each week we have a health literacy piece that we focus on—so doing health teaching. The program is funded as part of the Canadian Prenatal Nutrition Program, so we have

a strong nutrition focus as well as the health focus. Lots of social time as well, because part of the goal of the program is to make sure that the women are connecting and feeling less social isolation. The mental health piece of the program is just as important, if not more important than some of the physical health aspects.

Maureen Cava:

Is it difficult to develop the trust when you don't speak their language and their—English is not their first language?

Jan Tomlinson:

(laughs a little) It's funny you ask that, because my interpreter is so much a part of who I am that I forget to mention I speak very little Arabic. (laughing) I'm learning. And many of the women speak no English when they first start the program. So we're teaching each other. And my interpreters that we hire, they become just as much a part of the group, and very much an essential part of building that trust, as well as some of our community partners, who we partner with, who also are Arabic-speaking. It's definitely a collaboration.

Maureen Cava:

When the program is over, and once they've had their babies they go to a postnatal program, but I assume that at some point the programs end, and then do you hear back from the women? Do they keep connected? How are they doing? Do you get any feedback?

Jan Tomlinson:

They are definitely still connecting. One of the goals of the program is to get them familiar with all of the other resources that we have in our community. The goal is first baby in Canada, be a part of our program and we'll nurture you along. And then we try to introduce them to all the different other programs we have in the community, so that they can go to the play groups at the earlier centre next door. And we do fieldtrips, for example, and we all waddle over to the aquatic centre to see what programming is there. So we have anecdotally heard from our community partners in the city, as well, that they continue to see them in other places.

Maureen Cava:

So, in a non-COVID workday, can you just tell me what your day would look like?

Jan Tomlinson:

You know, actually, the pandemic has highlighted to me how much I enjoy my work under "normal" circumstances—in quotations there. I would be able to go *into* the office, do some program planning, program evaluation, internal meetings in the mornings, connecting with community partners to just do some background planning. And then in the afternoons, I would be able to jump in my car and go off to the different community centres.

So we always did our programming in the afternoons. I would say 95 per cent of our mums all had other children, so the mornings were focused on getting everybody up and out of the house, getting food prepared, and everything, and then the afternoons were the time that they had set aside for themselves. So again something we learned when we were doing our program planning, to decrease barriers, was afternoons worked.

But it also meant that I, then, got to go out into the community in the afternoons, do my programming, meet with community partners out and about, and then wrap up my day somewhere out and about in the city. It was great.

Maureen Cava:

With hopes to expand the program to other communities, Jan talks to us about her desire to have more multilingual nurses on her team. That way, they can connect with participants without the need for interpreters.

Jan Tomlinson:

It would be my dream, my goal. And finding a nurse that has those language skills, also an interest in working in this area too. Right? There's a couple of criteria there. But we've had several nursing students do placements with us. And what I'm seeing there is so exciting. English is their second language; at home maybe they speak Arabic, or Kurdish, or Spanish. We've had a few that have said, "This might actually really be something I want to do." So I'm excited to hopefully see those nurses coming soon.

Maureen Cava:

Tell me what keeps your passion for the work that you do.

Jan Tomlinson:

The other day, I was going through some old totes in storage. I was trying to find an old picture. And I found my Family Nursing journal from third-year Nursing. And I was just, I'm like, "Why did I keep that?" And I flipped it open. But it was me talking about my definition of family. And even in those early stages of my nursing career, I believed strongly in resilience, and strength-based, and looking at family as what is defined by the person that you're working with, not just your typical what a family is.

I also even think of culture that way. It's not just where you're from or what your religion is that does that. It can be the community you're in. Or it's whatever makes you who you are. So it's been something that just spoke to me from the very beginning of my nursing career—those different developmental models. And it's what's fuelled me that whole time.

And public health is exciting, because if you think, "Meh, I'm getting a little stagnant here" or "I need a new challenge," there's lots of things that you can do.

[music]

Susan Blue:

Connecting with Christina and Jan has been a real pleasure. Their commitment, passion, and love for their work is clearly evident. And the difference they're making in supporting new and soon-to-be parents is truly inspiring.

Thank you for listening to *Stories From The Field*, hosted by me, Susan Blue...

Maureen Cava:

... and me, Maureen Cava.

We are so grateful to the Ontario Public Health Nursing Leaders Association, and the Chief Nursing Officers, for their support in identifying public health nurses willing to share their stories.

Susan Blue:

This series is produced by Katie Jensen and Sabrina Brathwaite of Vocal Fry Studios.

Maureen Cava:

If you enjoyed this episode, we'd love if you shared it with a friend and subscribe wherever you listen to your podcasts, because we have more stories on the way.

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