

# Newborn News

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MATERNITY & NEWBORN CARE COMMITTEE, CFPC

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## Faculty/Presenter Disclosure

\*Faculty: Dr. Kevin Desmarais and Dr. Sudha Koppula

\*Relationships with financial sponsors:

- Grants/Research Support: none
- Speakers Bureau/Honoraria: none
- Consulting Fees: none
- Patents: none
- Other:
  - Dr. Desmarais is employed by BC Women's Hospital, F/R Square
  - Dr. Koppula is employed by the Department of Family Medicine, University of Alberta

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## Disclosure of Financial Support

- This program has not received financial support
- This program has received in-kind support from the CFPC in the form of support to attend Maternity and Newborn Care Committee meetings at the CFPC offices in Mississauga, ON.
- Potential for conflict(s) of interest:
  - Neither speaker has received payment/funding, etc from any organization about products
  - No specific products will be discussed in this program

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## Outline

Neonate without risk factors

- Vitamin K administration
- Discharge from hospital

Issues that can develop in a neonate

- Vaccines (several topics)
- Introduction of allergenic solids

Pre-existing maternal conditions affecting neonate

- Caring for infants born to mothers on opioids
- Assessment for perinatal HIV

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# Neonate Without Risk Factors

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POSITION STATEMENT

## Guidelines for vitamin K prophylaxis in newborns

Posted: Aug 16 2018 Resource for parents: <https://www.cdc.gov/ncbddd/vitamink/index.html>

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A joint statement with the College of Family Physicians of Canada

Principal author(s)  
Eugene Ng, Amanda D. Loney, Fetus and Newborn Committee  
Paediatr Child Health 2018; 23(8): 304-307

- VKDB subtypes: early (<24h), classic (days 2-7), late (2 weeks-6 months)
- Risk factors: mothers on anti-epileptic medications, preterm infants, exclusively breastfed infants
- CPS recommends single IM dose of Vit K within 6h of life
  - 0.5mg for birthweight <1500g or 1.0mg for birthweight >1500g
- Implement strategies to minimize procedural pain
- Various studies comparing route of administration, PO, IM, IV
- PO dose of 2.0 mg at first feed, repeat at 2-4 & 6-8 weeks of age, for those with parents who decline IM route
- Counsel that PO route is less effective than IM
- IV route is not recommended

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POSITION STATEMENT

## Facilitating discharge from hospital of the healthy term infant

Posted: Nov 19 2018

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Principal author(s)  
Brigitte Lemire, Aivi L. Jefferies, Pat O'Flaherty, Canadian Paediatric Society, Fetus and Newborn Committee  
Paediatr Child Health 2018; 23(8): 615-622, Appendix

- Guideline for term infants >37 weeks, other statements exist for late preterm, and preterm babies
- Family-centred care, rooming-in, discharged home together with mom
- LOS depends on individual mother-dyad needs
- Increased monitoring with those who have risk factors (hypoglycemia, NAS, jaundice, sepsis, etc)
- Assess parental readiness to care for baby
- Support breastfeeding/feeding
- Address family psychosocial needs
- Perform all recommended screening maneuvers
- Follow-up arranged with HCP, with assessment 24-72h after discharge

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Government of Canada / Gouvernement du Canada

Search Canada.ca

MENU <https://www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html>

Home > Public Health Agency of Canada > Services

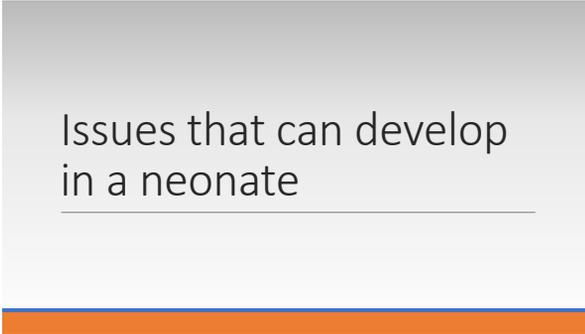
## Family-Centred Maternity and Newborn Care: National Guidelines

From Public Health Agency of Canada

**caring for kids**  
Information for parents from Canada's paediatricians  
<https://www.caringforkids.cps.ca/>

**SickKids AboutKidsHealth**  
<https://www.aboutkidshealth.ca/>

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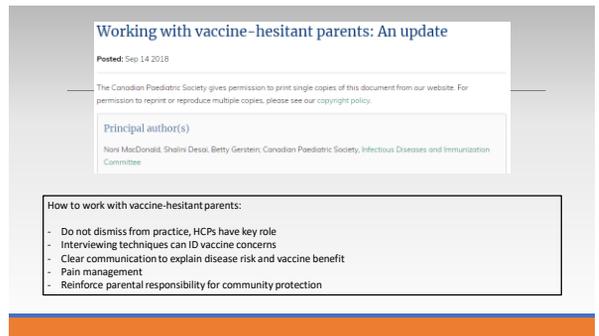
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### Addressing vaccine hesitancy in immunization programs, clinics and practices

**Posted:** Sep 14 2018

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**Principal author(s)**  
Nani E MacDonald, Eve Dubé, Canadian Paediatric Society, Infectious Diseases and Immunization Committee

**Guidance for how to improve vaccine uptake and address hesitancy:**

- Detect under-immunized groups
- Educate all HCWs involved in immunization on best practice
- Evidence-based strategies (reminders, convenient clinic hrs, effective communication)
- Educate children to adults about the importance of immunization
- Work across gov't levels, NGOs, health system

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### Potential strategies to improve childhood immunization rates in Canada

**Posted:** Jul 30 2018

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**Principal author(s)**  
Joan L Robinson, Canadian Paediatric Society, Infectious Diseases and Immunization Committee  
Paediatr Child Health 2018; 23(5):353-356

**Position statement**  
Immunization rates low in Canada  
Other countries, immunization is mandatory for many situations

**What may work in Canada:**

- Immunizations required for school entry
- Immunization registries at province/territory level
- Educate parents/children on vaccine preventable diseases

Ensure immunization is convenient

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### Vaccine-preventable diseases: Uncommon disease primer for the front-line provider

**Posted:** Apr 1 2019

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**Principal author(s)**  
Shalini Desai, Nani MacDonald, Canadian Paediatric Society, Infectious Diseases and Immunization Committee  
Paediatr Child Health 2019; 24(2):130

**For front-line healthcare providers**  
Information on vaccine-preventable diseases that are now rare in Canada because of immunization programs

- Polio
- Measles
- Congenital Rubella Syndrome
- Diphtheria
- Tetanus
- Mumps

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### Vaccine recommendations for children and youth for the 2019/2020 influenza season

**Posted:** Oct 7 2019

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**Principal author(s)**  
Dorothy L Moore, Canadian Paediatric Society, Infectious Diseases and Immunization Committee

- CPS recommends q-1yr flu vaccine for all children/youth equal to or over 6mo of age
- 6mo-17yo: quadrivalent vaccine
- 2yo-17yo: inactivated or live attenuated vaccine if not immunosuppressed (but live attenuated vaccine unavailable this season)

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**Timing of introduction of allergenic solids for infants at high risk**

Posted: Jan 24 2019

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Principal author(s)  
Elissa M. Abrams, Kyle Hildebrand, Becky Blair, Edmond S. Chan, Canadian Paediatric Society, Allergy Section

Food allergy 2-10% of population, increasing prevalence  
Health Canada:  
- Exclusive breastfeeding until 6mo  
- Babies may have interest in solids before that

Introducing foods at 4-6mo may help to prevent food allergy (e.g. egg/peanut) in high risk infants  
- Try these foods at ~6mo old  
- Guide by infant readiness for food

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# Pre-existing maternal conditions affecting neonate

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PRACTICE POINT

**Managing infants born to mothers who have used opioids during pregnancy**

Posted: May 11 2018 | Updated: Oct 3 2019

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Principal author(s)  
Therese Lacaze-Masomontel, Pat O'Flaherty, Canadian Paediatric Society, Updated by Therese Lacaze-Masomontel, Fetus and Newborn Committee

- Recommend Methadone/Suboxone for OAT  
- \* Consider Eat, Sleep, Console approach vs FNASS (not in CPS document)  
- **Rooming-in** as standard  
- Non-pharmacologic interventions: skin-to-skin, safe swaddling, quiet, minimal stimulation, low lighting  
- Recommend breastfeeding  
- Pharmacologic therapies: morphine, methadone, buprenorphine, clonidine, phenobarbital  
- Discharge planning - neurodevelopmental assessment

SOGC CLINICAL PRACTICE GUIDELINE  
No. 349-Substance Use in Pregnancy  
No. 349 (October 2019) (replaces No. 276, April 2013)

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"Strategies to support **keeping mothers and infants together and breastfeeding are essential**. Providing nonpharmacological interventions, such as skin-to-skin contact, developmental positioning, comfort measures, minimizing environmental stimuli, ensuring adequate nutrition and providing pharmacological treatment when indicated, are key components of a comprehensive plan."

- CPS - Managing infants born to mothers who have used opioids during pregnancy. Lacaze-Masomontel, T., O'Flaherty, P. Updated Oct 3, 2019  
[https://www.cps.ca/en/documents/position/opioids\\_during\\_pregnancy](https://www.cps.ca/en/documents/position/opioids_during_pregnancy)

Podcast:  
A cuddle from mum instead of morphine: How rooming in helps opioid-dependent newborns combat withdrawal  
- White Coat, Black Art; Dr Brian Goldman

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## References cont'd

- Family Immunization Clinic, BC Children's Hospital - <http://www.bchchildrens.ca/our-services/clinics/family-immunization>
- Canadian Family Physician. Addressing Vaccine Hesitancy – Clinical Guidance for Primary Care Physicians Working with Parents. [https://www.cfpc.ca/content/45/3/175\\_abstract](https://www.cfpc.ca/content/45/3/175_abstract)
- CPS – Working with Vaccine-Hesitant Patients: An Update. <https://www.cps.ca/en/documents/position/working-with-vaccine-hesitant-patients>
- CPS – Addressing vaccine hesitancy in immunization programs, clinics, and practices. <https://www.cps.ca/en/documents/position/vaccine-hesitancy-in-immunization-programs>
- CPS – Potential strategies to improve childhood immunization rates in Canada - <https://www.cps.ca/en/documents/position/strategies-to-increase-childhood-immunization>
- CPS – Vaccine-preventable disease: Uncommon disease provider for the front-line provider. <https://www.cps.ca/en/documents/position/vaccine-preventable-diseases>
- CPS – Vaccine recommendations for children and youth for the 2019/2020 influenza season. <https://www.cps.ca/en/documents/position/vaccine-recommendations-2019-2020-influenza-season>
- CPS – Timing of introduction of allergenic solids for infants at high risk. <https://www.cps.ca/en/documents/position/allergenic-solids>

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## Member Interest Groups Section



### Introducing the Member Interest Groups Section (MIGS) *Formerly Communities of Family Practice in Family Medicine*

The Member Interest Groups Section links CFPC members across Canada with similar practice interests. It fosters professional peer connections to explore and address issues impacting family medicine.

The Member Interest Groups Section is designed to support the College of Family Physicians of Canada's (CFPC's) dedication to providing a professional home for family physicians across a diversity of clinical and non-clinical interests and practice types. Currently the Section is comprised of 19 different member interest groups.

To join, simply indicate your interest(s) in your CFPC member profile or see the MIGS team at the Mainpro+ and Practice Support booth and they will make sure you're kept up to date on any future developments!

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## MiGroups

Powered by Members, Connected by TimedRight

MIGS members are invited to join **MiGroups**, a private, secure online community for family physicians

MiGroups is used by members to share their experiences with peers, ask clinical questions, promote new practice tools, learn about upcoming events, and more!

- To join, visit <http://cfpc.timedright.com> or scan the QR code. Then, sign up with the email you use to receive CFPC emails



Questions? Contact us at [migs@cfpc.ca](mailto:migs@cfpc.ca)

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